

Getting Schooled on Health: Patient Education in Primary Care

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Introduction

Ineffective education of patients by physicians is associated with lack of health maintenance and compliance, which often leads to preventable suffering, suboptimal outcomes, and wasted medical resources. Without basic medical knowledge, people are unable to participate in their own care, and the modern concept of a shared decision-making model between the doctor and patient fails. Millions are spent each year on the production and distribution of patient education materials.¹ Also, doctors' verbal counseling has become an equally indispensable tool in primary health care.

Studies have examined how information is distributed, have looked at the effectiveness of such information in improving health outcomes, assessed their readability, and have evaluated patient retention after education. This study aims to show the types and amount of patient education provided in family medicine practices and the age, gender, ethnicity, and economic status of the receiving population. In addition, the association of patient health issues and/or physician diagnoses with the type of education administered will be shown.

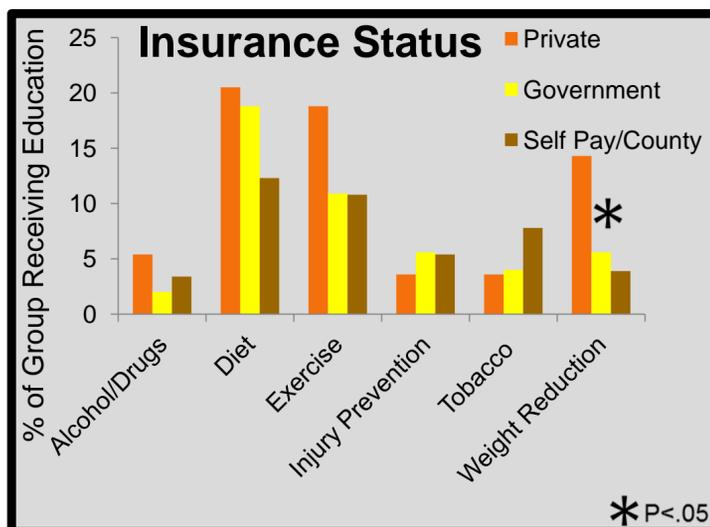
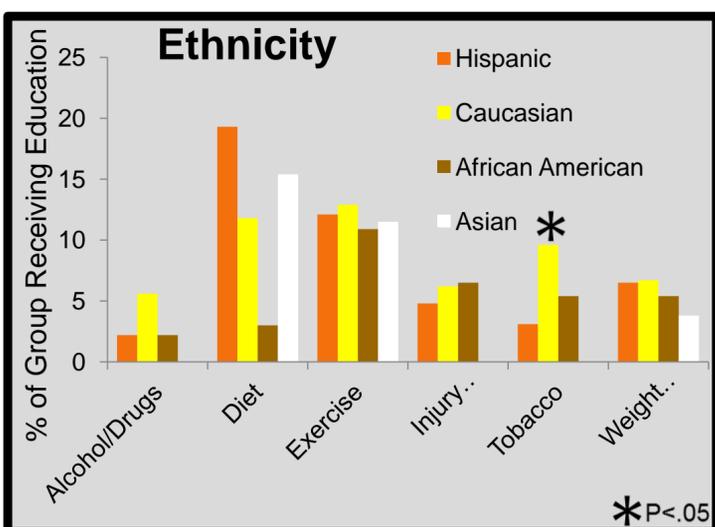
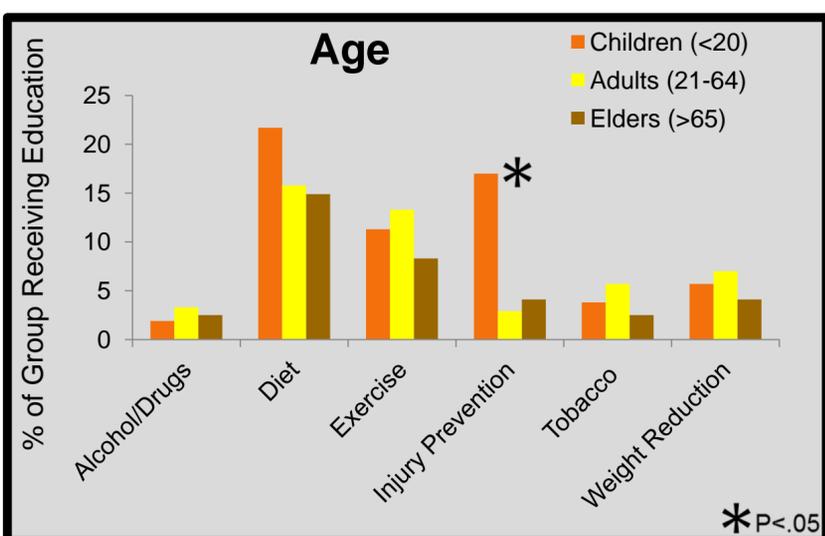
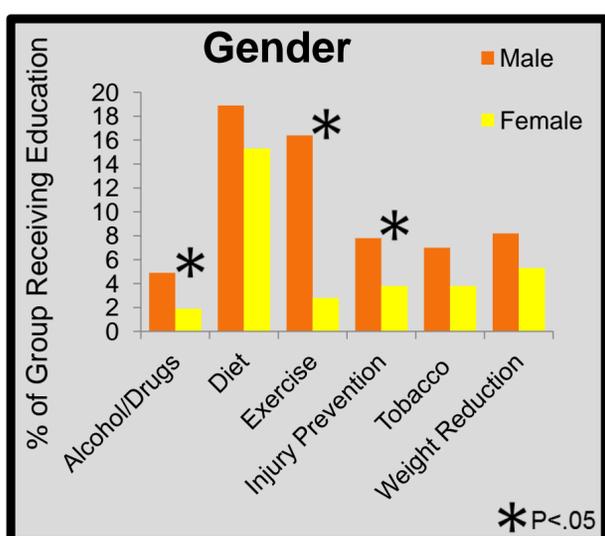
Methods

Subjects. Medical students documented 726 outpatient visits from 9 family medicine residency programs across Texas. Eligible patients included all patient-visitors seeing a physician in the study clinics during the study period. Patient age ranged from infants to 97 years old.

Measurement. A Visit Survey documented elements of each primary care visit, including patient demographics, vital signs, reasons for visit, diagnoses, health education, medications prescribed, diagnostic tests ordered, nonmedical treatments, referrals to specialists and admissions to hospitals. Study materials were available in Spanish and English.

Procedure. Over a one-month period, students identified half-days for data collection, then randomly selected a physician to shadow. During the physician's clinic session, the student invited all the physician's patients to participate in the study. After informed consent, patients completed the Patient Survey, and students observed the visit and completed the Visit Survey.

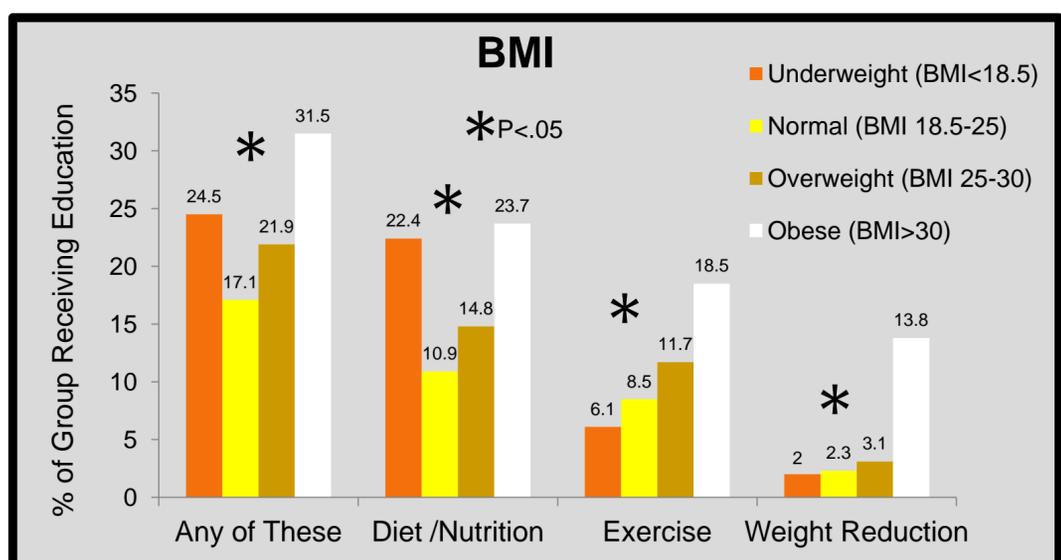
Results



Of the 726 visits studied, 33.9% were male and 66.1% female. More males received at least one type of health education, as well as more alcohol/drug abuse, exercise, growth/development, and injury prevention education than females. The mean age was 44.3; most subjects were aged 40-64, followed by the 21-39 group. Subjects under 20 received much higher amounts of growth, injury, and behavioral/mental education than any other age group.

Hispanics were seen most frequently. The majority of subjects were on Medicaid or a county plan. Privately insured (highest economic status) subjects received much more counseling on diet, exercise, or weight reduction. Diet, exercise, and weight reduction education combine to form 22.3% of all education administered, and diet/nutrition education was the single highest education type administered.

As seen to the right, obese patients received the most weight-related education. 27% of smokers and 5% of previous smokers received tobacco education. Of patients diagnosed with substance abuse, 33% received the respective education. Of those diagnosed with a mental issue, 12% received stress management education.



Conclusions

Only 1/4 of patients who smoked and 1/3 of those who abused drugs received counseling for that issue during this visit. Many patients received diet/exercise/weight reduction counseling, but it was most often directed at those with private insurance and those with a BMI > 30. We recommend:

- consistent use of counseling about tobacco use, alcohol/drug abuse, and weight issues;
- more preventive counseling with children regarding tobacco and alcohol/drug abuse;
- more counseling with *overweight* individuals, to prevent their progression to obesity.

Acknowledgements

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