Routine Visits: The Evidence

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(No Relevant Conflict of Interest)
The NEJM on SGIM’s Position on Annual Visits

“Cognitive specialists name very few of their own revenue-generating services. The notable exception is the Society of General Internal Medicine, whose list includes the annual physical, a common visit type for primary care physicians . . . Payers may use lists to inform coverage, payment, and utilization-management decisions.”
“Last month my specialty group — the Society of General Internal Medicine — released its choosing wisely recommendations. No. 2 was ‘don’t perform routine general health checks for asymptomatic adults. . . . Yet, I still do them. Each time I see a healthy patient, I close the visit by saying, ’see you in a year.’ It’s a reflex. . . . But seeing these new, strongly worded recommendations, I may have to re-evaluate.”
Boulware LE, . . . and Bass EB., Systematic Review: The Value of the Periodic Health Evaluation
Ann Int Med 2007

“Our definition specified the PHE as consisting only of the history, risk assessment, and a tailored physical examination that could lead to the delivery of preventive services.”
Conclusion

“Evidence suggests that the PHE improves delivery of some recommended preventive services and may lessen patient worry. Although additional research is needed to clarify long-term benefits, harms, and costs of receiving the PHE, evidence of benefits in this study justifies implementation of the PHE in clinical practice.”
• “We defined health checks as screening general populations for more than one disease or risk factor in more than one organ system.”

• “We did not include geriatric trials.”

• “Some general health checks include a conversation with a health professional.”
Krogsboll et al
The 14 Trials (Start Year)

- Goteborg (1963)
- Kaiser (1965)
- SE London (1967)
- Northumberland (1969)
- Malmo (1969)
- Stockholm (1969)
- Goteborg (1970)
- WHO - UK, Belgium, Poland, Italy - (1971)

- Salt Lake City (1972)
- Mankato, MN (1982)
- Oxcheck - UK (1989)
- British Family Heart (1990)
- Ebeltoft – Denmark (1992)
- Inter – Denmark (1999)
Goteborg (1963)

- “The first screening was performed by staff at a local hospital”
- Questionnaire, height, weight, skinfold thickness, BP, EKG, UA, lipids, Hct, ESR, Cr, Serum PEP, NA, K, Cl, Blood type, CXR, PE, Opth exam.
SE London (1967)

• “The intervention group was invited for two rounds of multiphasic screening, done independently from the participants’ own general practitioner.”
Malmo Trial (1969)

- “The participants’ primary care physicians were not involved with the study.”
The Stockholm Trial (1969)

• “Participants with an identified need for specialist services were directly referred, whereas participants were instructed to contact their primary care physician for other issues.”
Th Salt Lake City Study (1972)

- 642 intervention, 454 controls – mostly low income members of a prepaid health plan
- Intervention = 5 x-ray studies, mammogram, Pap, spirometry, EKG, tonometry, audiometry, visual acuity, STD screening, 12 blood tests, 6 urine tests
- Analysis excluded those whose economic status changed, did not attend screening, did not consult MD about results, did not attend 1 year f/u. Excluded 51% of intervention, 18% of controls.
The Mankato Trial (1982)

- Randomized addresses - 1,156 intervention, 1,167 controls
- One person from household invited for initial screening
- Participants in 1st screen invited for 2nd screen one year later, as were all controls
- Only screened participants were analyzed – missing data for >50%.
- “Participants were referred to their regular physician for treatment when necessary.”
The Kaiser Study (1965)

- RCT – 5,156 Intervention, 5,557 controls
- Gyn exam/Pap, sigmoidoscopy, PE, BP, EKG, CXR, spirometry, tonometry, UA, CBC, chem panel, audiogram, visual acuity
- 16 year f/u
- 84.3% of intervention pts had at least one health check vs. 64.8% of controls
Kaiser Multiphasic Checkup Study
Inervention Group Didn't Get More Doctor Visits

# of Doctor Visits/ per/ year

Intervention: 3.2
Control: 3.2

Kaiser Multiphasic Checkup Study:
Fewer Preventable* Deaths in Intervention Group

Death rate per 1000 over 16 years

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>15.0</td>
<td>21.5</td>
</tr>
</tbody>
</table>

Source: J Chronic Disease 1986;39:453-63
* Potentially preventable causes of death, a prespecified study endpoint
Note: p value for difference = .012
Kaiser Multiphasic Checkup Study: No Significant Difference in All Cause Mortality

Death rate per 1000 over 16 years

- Intervention: 113.9
- Control: 116.1

Source: J Chronic Disease 1986;39:453-63
Percent With No Health Care Visit, 2011
All Ages

Percent with no visit to any health professional past 12 months

Percent of Poverty

Source: Health United States
HIP Automated Multiphasic Health Testing Study: Screening Was More Revealing Among the Poor

Percent reporting symptom

<table>
<thead>
<tr>
<th>Condition</th>
<th>Poor (%)</th>
<th>Non-poor (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dyspnea on exertion</td>
<td>32%</td>
<td>18%</td>
</tr>
<tr>
<td>Chest pain</td>
<td>47%</td>
<td>31%</td>
</tr>
<tr>
<td>Severe headaches</td>
<td>43%</td>
<td>27%</td>
</tr>
<tr>
<td>Foot/ankle/edema</td>
<td>19%</td>
<td>11%</td>
</tr>
</tbody>
</table>

Source: Preventive Medicine 1973;2:266-77
Summary

- Annals: “Evidence justifies implementation”
- BMJ: Largely irrelevant – few US trials (where access is worse), assessed multiphasic screening added on to primary care (most controls probably had routine visits). ? More relevant to PCMH than to routine visits
- Little evidence on poor, elderly, underinsured
- Is evidence stronger for interventions which SGIM supports? – PCMH, ACOs, P4P