

2006 Canadian Family Physician Cancer and Chronic Disease Prevention Survey (CFPCDPS)

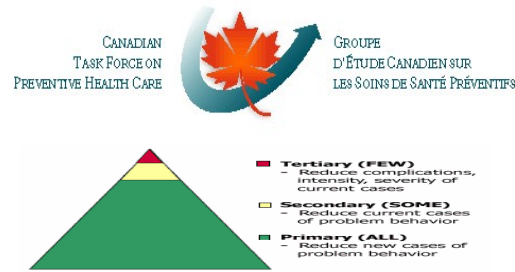
Focusing on chronic disease primary prevention practices *

Alan Katz¹ MD, MBChB, MSc, CCFP Anita Lambert-Lanning² MLS - Anthony Miller³ MD, FRCP Barbara Kaminsky⁴

¹Associate Professor, Dept Family Medicine U of Manitoba, Manitoba Centre for Health Policy ²College of Family Physicians of Canada-National Research System-Mississauga, ON. ³Professor Emeritus, Dept. of Public Health Services, University of Toronto ⁴Chief Executive officer Canadian Cancer Society BC & Yukon Division



Background:



Purpose: Determine Canadian FP knowledge, attitudes & reported behaviours about selected chronic disease prevention practices

- Smoking cessation
- Nutrition
- Physical Activity Counseling
- Alcohol intake
- Sun Exposure
- Environmental / Occupational hazards
- plus
- Attitudes toward periodic health exam (PHE)



Methods:

- Stratified random sample-5013 CFPC members across Canada
- Adequate pan-Canadian sample needed at least 800 completed surveys for appropriately powered analysis
- Modified Dillman method used for 3 mailouts
- 1010 /1720 * completed surveys for national level analysis



* Only 15% of respondents from paying provinces selected for national level analysis

Results: Smoking cessation (n=1010)

- 79.3 % always/often ask about tobacco use at their PHE
- 70.2 % never or rarely refer to specialist for smoking cessation
- 63.9 % use reminder system alerting them to tobacco use
- 60.0 % with reminder systems always or often follow-up w-identified pts
- 54.8 % still ask about tobacco use even when pt is in for unrelated problems
- 54.8 % have established smoking cessation counseling routine



Results: Nutrition (n=1010)

- 90.3 % counsel pregnant pts to breastfeed their babies
- 89.6 % are comfortable w/skills in counseling about healthy nutrition
- 87.7 % address the issue of obesity during visits with obese pts
- 75.4 % enquire about pts eating habits during their PHE



Results: Alcohol Use (n=1010)

- 94.3 % enquire about alcohol intake during PHE
- 87.5 % comfortable w/skills in counseling about alcohol abuse
- 84.1 % access to specialist treatment resources for pts suspected of having alcohol or dependence disorders
- 75.5 % does selective referral of pts w/suspected alcohol abuse/dependence disorders to specialists
- 44.6 % use reminder system to ensure screening for alcohol use up to date



Results: Physical Activity (n=1010)

- 90.8 % report to 'enquire' about their pts exercise habits during the PHE
- 89.9 % address physical activity during visits with obese patients
- 89.2 % are comfortable with their skills in counseling about fitness
- 39.6 % refer their obese patients to physical activity programs



Results: Environmental & Occupational Hazards (n=1010)

- 23.1 % enquire about patients' exposure to occupational / environmental health hazards during their PHE
- 19.1 % have access to expert resources for occupational / environmental health hazard exposure
- 19.0 % refer pts w-concerns re: occupational / environmental health hazards to an occupational health specialist
- 12.8 % feel comfortable with skills in counseling pts about most occupational / environmental health hazards



Results: Sun Exposure (n=1010)

- 39.8 % always/often address sun exposure with their patients at each PHE
- 34.4 % always/often have pamphlets on sun exposure in their waiting room
- 9.0 % always/often give their patients pamphlets about the dangers of sun exposure



Results: Attitudes Toward Periodic Health Exam (PHE) (n=1010)

- 82.2 % believe in doing a PHE on all my patients
- 27.5 % unable to do a PHE on my patients because of insufficient time
- 20.9 % provide PHEs less often due to lack of remuneration



Limitations:

- ✓ Population of current study is representative of CFPC membership 15,000 / 30,000 GP-FPs in Canada
- ✓ Self-reports are subject to bias and should not be used as the sole measure of guideline adherence



Discussion:

- Levels of evidence* for interventions to prevent chronic disease appear to help family physicians in their work
- But what about the PHE? Some provinces are starting to remove remuneration for a PHE



* such as those developed by the CTFPHC

Conclusion:

- ✓ Family physicians get to the finish line
- ✓ Most CFPC members follow currently accepted levels of evidence for the chronic disease primary prevention practices we selected to study but some areas need review:
 - ❖ Sun exposure
 - ❖ Environmental & occupational hazards
 - ❖ More intensive lifestyle interventions for patients with chronic conditions like obesity
- ✓ Majority of CFPC members support use of a PHE for their patients

