Study design Prospective, descriptive study.

Results The smoking rate at 4 clinics was 44%. Two hundred current smokers completed the questionnaires. Smokers claiming that they planned to quit within 6 months scored higher on experiential process statements that are consistent with quitting smoking than did smokers who claimed they were not planning to quit within 6 months. They also scored higher on behavioral statements related to quitting. Concerns about the negative aspects of smoking were more important to smokers planning to quit than to smokers not planning to quit, whereas the statements assessing positive aspects of smoking were rated the same. Fifty-five percent of the smokers were smoking a pack or more each day and reported smoking more during negative situations and from habit than did smokers who smoked less than a pack a day.

Conclusions Smokers planning to quit may benefit from counseling to decrease smoking for specific reasons or from pharmacologic aids. Smokers at the clinics who planned to quit smoking reported experiences and behaviors that were consistent with their stated desire to quit and should be counseled in the same fashion as smokers from more traditional practices.

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CONCORDANCE BETWEEN PATIENT REPORT AND CHARTING HEALTH HABIT COUNSELING IN CLINICS FOR THE MEDICALLY UNDERSERVED

Schrop SL, Gil KM, Pendleton, Stockton L, McCord G, Gilchrist V, McCormick KF

Northeastern Ohio Universities, College of Medicine, Department of Family Medicine, Rootstown, Ohio

Clinics for the underserved may have little continuity of care as measured by continuity of provider. Therefore, providers must rely on contents of the medical record to stimulate or reinforce patient education regarding positive health habits. Patient education should be documented in the medical record and reinforced on a longitudinal basis.

The purpose of this study was to identify the congruence between patient reports and medical record documentation of discussions about health risks in clinics for the medically underserved

Data was collected on 217 visits. Conversations about positive health habits were documented in the medical record less frequently than patients reported them. For instance, 57 patients reported a conversation regarding weight, but a conversation was documented in the medical record only 19 times.

It was concluded that health habit counseling is underreported in the medical record. In clinics for the medically underserved where there is limited continuity of provider, the medical record becomes the major source of continuity of care for the patient. It is important to increase the charting of health habit interventions, including patient education, to help future health care providers continue to reinforce behavioral change efficiently.

PATIENT-PROVIDER DISCUSSIONS CONCERNING MODIFIABLE HEALTH BEHAVIORS AT CLINICS PROVIDING CARE FOR THE MEDICALLY UNDERSERVED

Susan Labuda Schrop, Karen Gil, Brian Pendleton, LuAnne Stockton, Gary McCord, Valerie Gilchrist, Kenelm McCormick

Northeastern Ohio Universities, College of Medicine, Department of Family Medicine, Rootstown, Ohio

National surveys have examined the extent to which patients receive counseling from their primary care physician in the area of smoking, weight control, exercise and alcohol use (adverse behaviors). Patients suffering the consequences of these behaviors tend to be counseled at a greater frequency. Since medically underserved patients have higher rates of these behaviors, they should receive counseling at increased rates. However, underserved patients tend to have more complex medical problems. This would suggest that patients at these clinics would receive less preventive health care counseling. This study was designed to determine the rate at which health care providers address adverse behaviors for the medically underserved.

Approximately half of patients reported that someone discussed smoking; other adverse behaviors were discussed less often. Patients brought up 6% of the conversations about smoking, 3% of conversations about alcohol, but 23% of conversations about exercise and 28% of conversations about weight loss.

Rates for discussion for adverse behaviors approximate those recorded in national studies. An important limiting factor in providing counseling about these behaviors is the need to spend available time on management of medical problems. This study suggests that mechanisms that encourage patients to bring up health behaviors may be a way to increase patient-health care provider interactions.