

## The Annual Examination and Testing: What the Public Expects

Oboler SK, Prochazka AV, Gonzales R, et al. Public expectations and attitudes for annual physical examination and testing. *Ann Intern Med* 2002;136:652–9.

### Study Overview

**Objective.** To determine whether American adults believe they need an annual physical examination as well as specific physical examination and laboratory tests, and to determine the impact of monetary charges on these attitudes.

**Design.** Random-digit dialed telephone survey.

**Setting and participants.** English-speaking adults in the Denver, San Diego, and Boston areas were surveyed about their beliefs in the need for services and the impact of charges on these attitudes.

**Main outcome measures.** Respondents were asked if they agreed with the statement, "In addition to seeing my regular doctor when I am sick or for chronic medical problems, I need an annual physical exam." They also were asked to select items from a list that should be included in the annual examination. 600 respondents also were asked if they would still want the examination and the specific components if required to pay customary charges for those services.

**Main results.** 1203 respondents completed the survey for a response rate of 89%. The mean age of respondents was 49 years. 61% of respondents were women and 77% were white. 66% of respondents believed they needed an annual examination. More than 90% of respondents thought that their physician should address diet, exercise, tobacco use, and alcohol during the annual examination, and about 60% believed sexual history and seat belts should be discussed. Over 90% of participants wanted blood pressure, heart, lungs, abdomen, reflexes, and prostate examined (men only). 89% of women wanted a breast examination, and over 70% expected Papanicolaou (Pap) testing and mammography. Expectations were moderately high for prostate-specific antigen (PSA) testing (67%), cholesterol screening (63%), and urinalysis (50%). The results were lower for fecal occult blood testing (44%) and chest radiography (32%). When participants were told that they would be charged \$150, almost half of those who initially believed they needed the annual examination no longer thought so. Women's desire for mammography and Pap smear fell to

38% when charged \$160 and \$150, respectively, and men's desire for PSA testing fell to 43% with a \$50 charge. The impact of charges on changing respondents' beliefs was less pronounced for tests that were less expensive, such as urinalysis.

**Conclusion.** Many adults' perceived need for a comprehensive annual preventive examination and testing is sensitive to charges. This perceived need is not clearly greater for preventive tests that are more strongly supported by medical evidence.

### Commentary

In the past 2 decades, increased attention has been given to the objective assessment of various components of preventive care. Upon scrutiny, many elements of the screening physical examination and laboratory tests that had been used routinely were found to lack evidence of benefit. In fact, the sensitivity and specificity of many tests may not be adequate to yield useful results when applied to populations at low risk, such as healthy adults who receive an annual physical examination. Rituals and cultural expectations, however, change slowly. This is true for health care providers as well as the public. In the case of the annual examination, changes in public belief may come particularly slowly since the public's expectations are dependent on prior changes in physicians' behavior. Oboler et al's study is useful because it reminds us that there are things the public expects. Clinicians who do not keep these expectations in mind run the risk of having unsatisfied and potentially untrusting patients. Openly eliciting patients' expectations, addressing them, and explaining why certain tests may not be necessary may take extra time, but this step may be necessary to help patients adjust to an evidence-based approach to preventive care. Open discussion between patients and clinicians also provides the opportunity for healthcare providers to make a case for why some preventive strategies are worth paying for. This study showed that although the public expects annual preventive care, there are definite limits as to how much they are willing to pay. Although this survey was not nationally representative, it is provocative, and future research should explore this area further.

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### **Applications for Clinical Practice**

Clinicians should be aware that their patients might hold strong expectations about the need for and content of the annual examination. Some of these expectations could be at odds with best medical evidence and may need to be

addressed to improve patients' satisfaction. Financial obstacles are likely to discourage visits for preventive care.

*—Review by Stephen D. Persell, MD*

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