

1 in 3 patient-screening questions deemed repetitively "excessive"

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If you have been feeling as though the screening questions your office has to ask patients have become too much of a burden, a new study backs up that gut instinct.

A research letter published in *JAMA Internal Medicine* explained that after examining nearly 6 million screenings performed at 24 federally qualified health centers on more than 323,000 unique patients, 34.9% were rated "excessive."

Screenings were labeled excessive if a patient was screened more often than performance metrics or best-practice recommendations. One example: Screening a nonsmoker for tobacco use more than once a year. Researchers also looked at screenings for depression, anxiety, passive-smoke exposure, preferred learning style and health literacy.

More than two-thirds of adult patients had at least one excess screen in 2019, with the average number of annual excess screenings per patient standing at 6.4, the study says.

"While I would say we weren't surprised directionally, I would say the order of magnitude was large," said Jodi Simon, DrPH, MS, co-author of the study, "Frequency of Administration of Standardized Screening Questions in Federally Qualified Health Centers." Simon is a research scientist at AllianceChicago, a health center-controlled network and practice-based research network that links community health centers across 20 states.

Among the most surprising findings: More than 40 patients had 100 or more excess screenings. These were often patients with chronic conditions who were in physicians' offices frequently, seen by multiple doctors or clinicians and being asked the same screening questions again and again.

"Asking too many questions may seem harmless, but when you add it up, we think it has implications for the efficiency of our system," said family physician Jeffrey Panzer, MD, MS, director of innovation at AllianceChicago and a co-author of the study. The AMA's Christine A. Sinsky, MD, vice president

of professional satisfaction, was also a co-author of the study.

Poor use of precious time

Dr. Panzer said asking patients relatively sensitive questions rapidly may change where the visit goes and patients may not get to concerns that are of a higher priority to them.

For example, he recalled being in the room when a medical assistant was going through a questionnaire with a patient and once the questions were answered the patient was relieved to get on to the issue that brought her in in the first place.

“It definitely didn’t help, and it took away time that I could have been asking other questions,” Dr. Panzer said, noting that excess screening also takes time away from the relationship building that takes place between patients and their physicians.

“It’s adding work, but not adding much value if folks are just going through the motions of asking questions,” Dr. Panzer said. “This idea that more is better is a problem across our system, and it’s contributing to inefficiencies and burnout.”

What drives excess screening

Because this is a system problem and no one individual player is at fault, there is no easy fix, Simon said.

“Changes need to occur on multiple levels,” she said.

At the policy level, there’s a need to look at the performance measures that encourage excess screening. At the operational level, workflows need to be evaluated. For example, electronic health systems may prompt medical team members to ask questions at every visit.

Simon said this study is an initial step and raises awareness of how bad the problem is. Next, they plan to take a deeper dive into the process and determine whether the screening is accurate.

“It’s possible that we are conducting millions of screens and not getting as much value as we thought,” she said.