



Veterans Health Care June 2004

1: Am J Manag Care. 2004 Apr;10(4):265-72.

Comment on:

Am J Manag Care. 2004 Apr;10(4):247-8.

Primary care practice and facility quality orientation: influence on breast and cervical cancer screening rates.

Goldzweig CL, Parkerton PH, Washington DL, Lanto AB, Yano EM.

BACKGROUND: Despite the importance of early cancer detection, variation in screening rates among physicians is high. Insights into factors influencing variation can guide efforts to decrease variation and increase screening rates. **OBJECTIVES:** To explore the association of primary care practice features and a facility's quality orientation with breast and cervical cancer screening rates. **STUDY DESIGN:** Cross-sectional study of screening rates among 144 Department of Veterans Affairs (VA) medical centers and for a national sample of women. **METHODS:** We linked practice structure and quality improvement characteristics of individual VA medical centers from 2 national surveys (1 to primary care directors and 1 to a stratified random sample of employees) to breast and cervical cancer screening rates determined from a review of random medical records. We conducted bivariate analyses and multivariate logistic regression of primary care practice and facility features on cancer screening rates, above and below the median. **RESULTS:** While the national screening rates were high for breast (87%) and cervical cancer (90%), higher screening rates were more likely when primary care providers were consistently notified of specialty visits and when staff perceived a greater organizational commitment to quality and anticipated rewards and recognition for better performance. **CONCLUSIONS:** Organization and quality orientation of the primary care practice and its facility can enhance breast and cervical cancer screening rates. Internal recognition of quality performance and an overall commitment to quality improvement may foster improved prevention performance, with impact varying by clinical service.

PMID: 15124503

2: Arch Dermatol. 2004 May;140(5):530-4.

Full-body skin examinations: the patient's perspective.

Federman DG, Kravetz JD, Tobin DG, Ma F, Kirsner RS.

OBJECTIVES: To determine (1). primary care practitioner (PCP) and dermatologist full-body skin examination (FBSE) rates by using a patient questionnaire and (2).

whether patient risk factors for skin cancer alter these rates. **DESIGN:**

Questionnaires pertaining to whether participants underwent regular FBSE, their feelings about this screening test, and their risks for developing skin cancer.

SETTING: The primary care and dermatology clinics at the West Haven Veterans

Affairs Medical Center. PARTICIPANTS: A convenience sample of 356 patients awaiting clinic appointments. Of those asked to participate, 251 (71%) agreed. MAIN OUTCOME MEASURES: Patient report of undergoing FBSE, attitudes regarding this examination, and risk factors for cutaneous malignancy. RESULTS: Thirty-two percent of all respondents reported undergoing regular FBSE by their PCP, whereas 55% of those with a history of skin cancer reported undergoing FBSE. Eight percent of participants reported embarrassment with FBSE, 83% reported that their PCP would be considered thorough by performing FBSE, and 87% would like their PCP to perform FBSE regularly. Only 2% of participants would refuse the examination if the PCP were of the opposite sex, whereas 8% would be more willing to be examined. CONCLUSIONS: Although patients report a low incidence of FBSE, those with a personal history of skin cancer are more likely to be screened. A low rate of embarrassment and a high rate of perceived PCP thoroughness are associated with FBSE. Patients have a strong preference to undergo FBSE. A sex difference between the PCP and the patient should not be a barrier to this examination. PMID: 15148096

3: J Nerv Ment Dis. 2004 May;192(5):389-90.

Relationship of alcohol craving to symptoms of posttraumatic stress disorder in combat veterans.

Freeman T, Kimbrell T.

To examine the relationship of alcohol craving to symptoms of posttraumatic stress disorder (PTSD), 129 male veterans with chronic PTSD were asked to complete the Obsessive Compulsive Drinking Scale (OCDS), the Mississippi Scale for combat-related PTSD symptoms, and other instruments to assess general psychopathology and lifetime alcohol and substance use. No correlations were found between current PTSD symptoms and alcohol craving, although significant correlations were found between the OCDS and measures of lifetime alcohol and substance use.

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