

PS2-24:

60 Seconds or Less: Factors Influencing the Likelihood of a Mental Health Discussion During Periodic Health Exams

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Background/Aims: The majority of patients with mental health concerns turn to their primary care physician (PCP). We investigate whether periodic health exams (PHEs) may be a good opportunity for these patients to receive mental health services. We examine the impact of patients' need for mental health care, competing demands from biomedical issues, and the availability of behavioral health providers on the probability of discussing mental health. **Methods:** The study uses audio recordings of 308 unique patients' PHEs with 59 PCPs. Visits took place in 22 clinics of an integrated delivery system in metropolitan Detroit between 2007-2009. Administrative data and electronic medical records spanning 12-months before the PHE are also used. Patients are aged 50 to 80; all were deemed to be potentially in need of mental health services because of their Personal Health Questionnaire (PHQ2) score, prior diagnosis of mental illnesses, use of behavioral health services, or psychotropic medication use. We coded the audio to capture visit contents and time spent on each "topic" (defined as an issue that had at least two complete exchanges between patient and physician). We examined the probability of a mental health discussion using a logit generalized estimating equation (GEE) regression. **Results:** The median length of patient-physician interaction was 26 minutes. The median number of "topics" was 19. Biomedical discussions were present in all visits; 38% (118 of 308) of the visits included a mental health discussion. The median length of a mental health discussion was 47 seconds. Logit results suggest the likelihood of mental health discussion increased if the patient had a PHQ2 =3 (odds ratio [OR]=5.30, p<0.01), was on psychotropic medication (OR=2.47, p<0.05), had a mental health diagnosis in prior year (OR=2.52, p<0.05), and was female (OR=1.88, p<0.05). The likelihood decreased if the clinic has co-located behavioral health (OR=0.47, p<0.05). Percent time spent on biomedical issues did not significantly impact the probability of a mental health discussion. **Conclusions:** Many discussions occurred during PHEs with patients potentially needing mental health care. Only 38% (118 of 308) of all visits contained mental health discussions, and in those that did more than half lasted less than a minute.

Keywords: Mental Health Discussions; Periodic Health Exams; Mental Health

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Obesity

CA4-01:

Obesity and Health Care Utilization

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Background/Aims: Maternal obesity (BMI > 30) is associated with increased prenatal health care utilization and puts infants at risk for macrosomia and delivery complications. Our aim was to investigate whether obese women and their infants have higher rates of health care utilization in the first year postpartum. **Methods:** We extracted EMR data of 1663 women who had singleton, live births in 2006-2009, height and weight measurements for BMI, known delivery and discharge dates, and continuous health insurance coverage for 12 months post-partum. We used multivariate regression analyses to evaluate associations between maternal pre-pregnancy BMI category and maternal and infant outpatient visits and hospitalizations. **Results:** During the first year post-partum, women made an average of 7.0 + 7.3 ambulatory visits, including a wide variety of ancillary services as well as primary and specialty care. Thirty percent (492/1663) were hospitalized at

least once, 19% (311/1663) had at least one emergency department visit and 25% (421/1663) visited urgent care. When adjusted for age, race/ethnicity, insurance status and delivery type, women with BMIs > 30 had significantly more ambulatory, urgent care and emergency visits. Women with BMIs > 40 had significantly more hospitalizations and outpatient visits of all types compared to women with normal BMIs. There were 1427 infants with adequate data for inclusion. During the first year of life, 21% (299 of 1427) were hospitalized, 32% (454/1427) had at least one emergency visit, and 47% (676 /1427) visited urgent care. Essentially all infants (99.7%) had an ambulatory visit. Maternal BMI was not significantly associated with infant hospitalization, emergency or urgent care visits. However, infants whose mothers had BMIs >30 had significantly fewer ambulatory visits compared to infants of mothers with normal BMIs (p=.008). **Discussion:** During the first year post-partum, obese women had more ambulatory care and emergency visits than normal weight women, the greatest differences occurring between extreme obesity and normal BMI categories. In contrast, infants of obese women have fewer ambulatory visits. This finding merits investigation to determine whether the obese mother's need for medical services after delivery competes with her ability to bring her infant for recommended care.

Keywords: Obesity; Pregnancy

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CA4-02:

When Additional Pounds Become a Health Threat: Childhood Obesity as a Risk for Hypertension?

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Background/Aims: Extreme obesity is an increasing concern in pediatric care but its association with pre-hypertension and hypertension are not clear. The objective of the present study is to assess the prevalence of different stages of pre-hypertension and hypertension in the pediatric population, to investigate potential disparities, and to evaluate the ideal BMI-for-age thresholds for pre-hypertension and hypertension. **Methods:** In a cross-sectional study, blood pressure and measured height and weight were extracted from electronic medical records of 309,435 youth aged 6-19 years who were enrolled in an integrated, prepaid health plan in 2007-2009. Youths were defined as having low, moderate and high grade prehypertension or hypertension using a modified NHBPEP classification. BMI-for-age thresholds corresponding to increased risk for prehypertension and hypertension were evaluated using receiver operating-curves (ROC). **Results:** The prevalence of hypertension was 1.8% in boys and 1.5% in girls, respectively. In extremely obese, the prevalence of high grade pre-hypertension and hypertension was 30.3% and 8.5%, respectively, compared to 5.5% and 0.5% in normal weight. Hypertension was more frequent in Black, Hispanics, and Asian youth (p<0.001). The adjusted ORs of hypertension for normal weight, overweight, moderate obesity and extreme obesity were 1.00 (Reference), 2.63 (95% CI 2.36-2.94), 5.72 (95%CI 5.18-6.32), and 15.34 (95%CI 13.96-16.86), respectively. ROCs indicated a BMI-for-age threshold at the 90th percentile for high-grade pre-hypertension, and at the 95th percentile for hypertension. **Discussion:** Our findings suggest that extreme obesity in children substantially elevates risk for hypertension, which complicates pediatric care and may contribute to premature onset of cardiovascular disease in this pediatric population.

Keywords: Obesity; Childhood

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CA4-04:

Using the Concept of "Population Dose" in Planning and Evaluating Community Health Initiatives

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Background/Aims: There are a number of recent large-scale community-level initiatives targeting obesity prevention that focus on policy and