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INTRO:

The scope of family medicine is broad but also determined by local practice patterns and geography. Further, the scope of an individual provider is influenced by their residency program, which may have more frequent exposure to certain chronic diseases but less in others.

METHODS:

To begin, we obtained the raw data from the NAMCS survey from 2012, which was generously provided by Dr. Michael Peabody from the ABFM. This data correlated individual ICD-9 diagnoses with the frequency of these reported codes gathered from family practitioners across the country in 2012. We subsequently clustered these ICD-9 diagnoses into diagnostic groups. For example, any diagnosis associated with diabetes, e.g. diabetic nephropathy or insulin-dependent diabetes, was clustered under the diagnosis of diabetes. This process was repeated for ICD-10 diagnoses and frequencies generated by our Information Technology department between October 2017 and 2018. We then selected the top forty diagnostic clusters from NAMCS and compared frequency data from NAMCS to that of Banner-South clinic. Discrepancies between diagnostic groupings of NAMCS and our clinic were then visualized using a column chart and were compared based upon percent deviation between NAMCS frequency data and that of our clinic.

THE UNIVERSITY OF ARIZONA
COLLEGE OF MEDICINE TUCSON
Family & Community Medicine

A Comparison On How Frequently Important Diagnoses Are Seen Across the Nation, Using the NAMCS 2012 Survey, Against How Frequently the Same Diagnoses Occur In Our Clinic.

The goal of this work was to compare the overall practice pattern of the nation, using data from the National Ambulatory Medical Care Survey (NAMCS), with that of residents at Banner-South Abram's Clinic in Tucson, AZ in an effort to assess educational strengths and possible deficiencies.

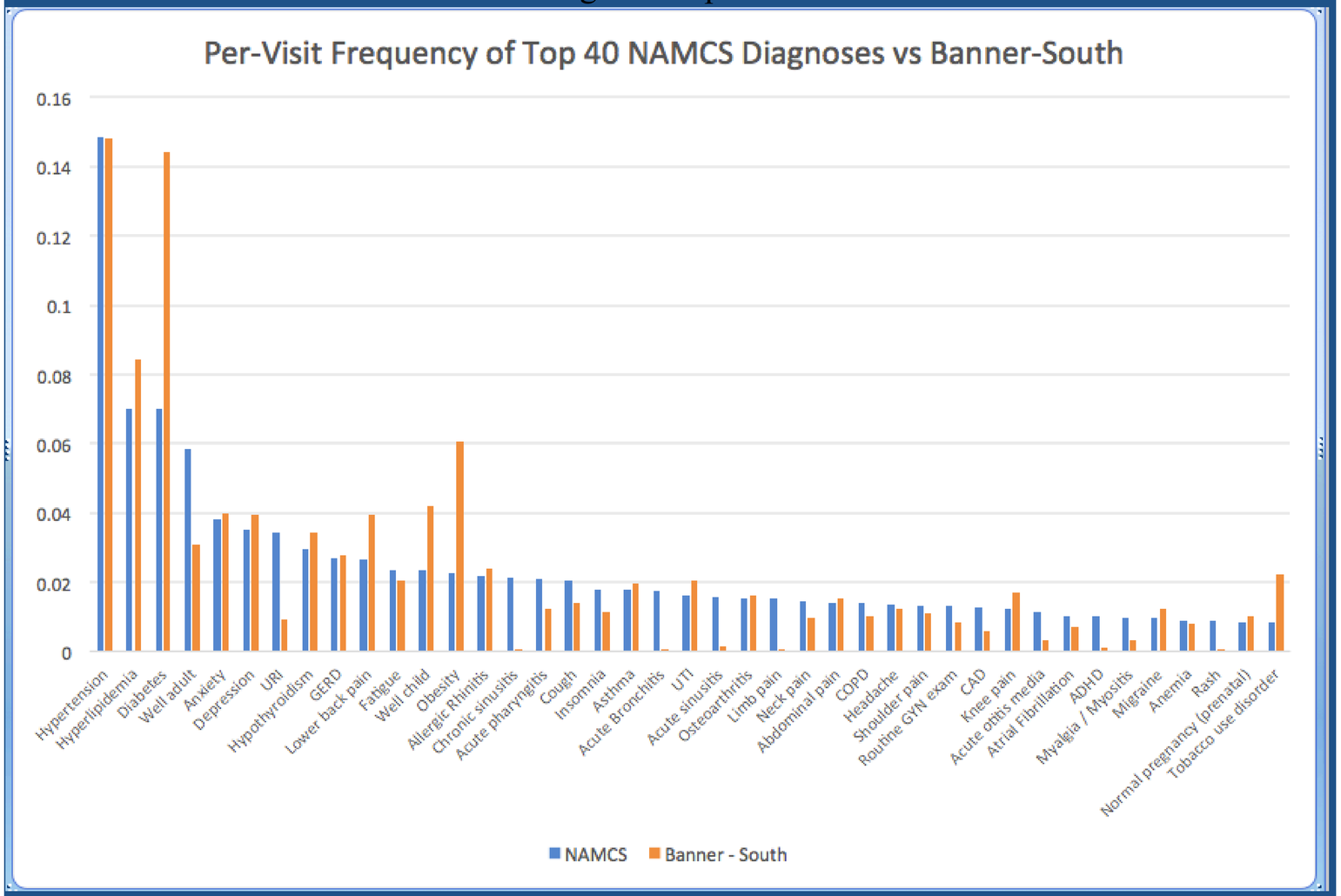

Table 1. Diagnostic discrepancy is relative difference between NAMCS and Banner-South data in regards to diagnostic frequency. For example, diagnostic discrepancy of < 10% means that the condition in question is diagnosed at similar rates across the country and at Banner-South. Conversely, a large diagnostic discrepancy means that the condition in question is diagnosed at different rates. Bold indicates the condition is more common at Banner-South and italics indicate the condition is more common across the country.

RESULTS:

See Table 1.

Diagnostic Discrepancy with Associated Conditions

1.) < 10%: HTN, **anxiety**, **GERD**, **OA**, **abdominal pain**, HA, anemia.

2.) 10 – 25%: **HLD**, **depression**, **hypothyroidism**, fatigue, **allergic rhinitis**, **asthma**, shoulder pain, prenatal care.

3.) 25 – 50%: well adult, **low back pain**, strep throat, cough, insomnia, **UTI**, neck pain, *COPD*, well woman, **knee pain**, *Atrial Fibrillation*, **migraine.**

4.) > 50%: **DM**, URI, **well child, obesity**, chronic sinusitis, acute bronchitis, *CAD*, acute sinusitis, AOM, ADHD, myalgia, rash, **tobacco use disorder.**

Conclusion:

Abram's clinic had a higher disease burden in the areas of DM, obesity, mental health, and tobacco use. However, the nation overall, i.e. the average practice as defined by NAMCS data, had a higher disease burden in COPD and several common cardiac conditions, namely: Atrial Fibrillation, CAD, and CHF (though CHF was outside of the top 40).

Reasons for this discrepancy may be: 1.) Abram's clinic may have an overall younger patient population, which would have a lower prevalence of the aforementioned conditions; 2.) residents are less incentivized to code "higher" and may not code directly for diseases such as CAD if cardiology is already following; 3.) residents are less comfortable taking part in the management of these conditions and may defer to specialists; or 4.) patients have already been referred to specialists so residents do not feel it is efficient to co-manage these conditions.

FAQ

What if my intro/methods/results doesn’t fit in the silent bar?

- If you’re trying to put so much into that bar that it doesn’t fit, they won’t have time to read it anyway. First try moving stuff to the ammo bar. Next, cut cut cut.
- Instead of trying to fill space, you’re trying to conserve space.