



THE ROLE OF NUTRITION IN THE TREATMENT AND MANAGEMENT OF CHRONIC DISEASE

A Survey Among Primary Care Physicians

Conducted By Hart Research Associates
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From April 1 to 7, 2009, Hart Research Associates conducted a national online survey among 400 primary care physicians (PCPs) who are in family practice or general internal medicine and whose practices focus mainly on adult patients. Hart Research conducted this survey in association with the American Dietetic Association and The University of Tennessee—Graduate School of Medicine—Department of Family Medicine with funding provided by Abbott Nutrition, a division of Abbott, the global healthcare company.

Executive Summary Of Key Findings

- Nearly all (96%) PCPs believe the nation’s health care system should be placing more emphasis on nutrition when it comes to the treatment and management of chronic disease, including nearly three in five (59%) who believe the system should be placing much more emphasis in this area.
- PCPs are nearly unanimous in their agreement that nutrition plays a major role in the prevention, treatment, and management of chronic disease.
 - Fully 94% believe that nutrition plays a major role in preventing chronic disease.
 - A comparable 95% believe that nutrition plays a major role in the treatment and management of chronic disease.
- On average, PCPs estimate that two in three of their adult patients who have chronic disease would benefit from nutrition services¹.
- Ninety-eight percent (98%) of PCPs universally agree that third-party payers should reimburse the cost of nutrition services. Furthermore, PCPs indicate that were costs reimbursed, more patients with chronic disease would receive counseling and referrals for nutrition services.
 - Eighty-seven percent (87%) of PCPs say that if costs were reimbursed they would spend more time counseling their patients with chronic disease about nutrition in the management of their chronic disease.
 - If costs were reimbursed, 94% of PCPs say they would refer more of their patients with chronic disease for nutrition services than they currently do.
- Consensus among physicians is broad about the cost-effectiveness of nutrition services for the treatment of patients with chronic disease.
 - Fully 90% of PCPs believe that it definitely (46%) or probably (44%) would be cost-effective to provide routine nutrition services to their patients who suffer from chronic disease.

¹ The survey identified nutrition services as including “referral to a registered dietitian and/or recommendation of specific nutrition products.”

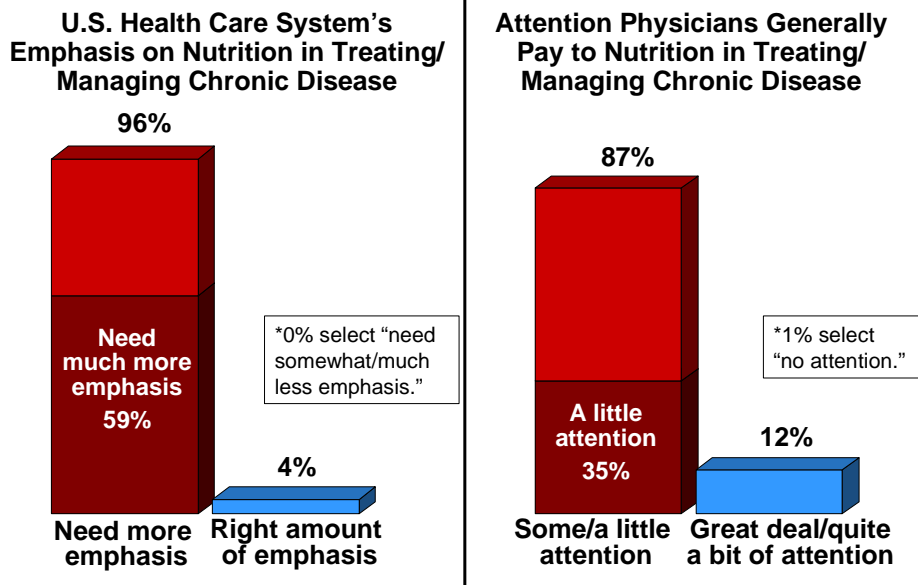
Key Findings

- **Chronic disease is a pervasive problem that has an impact on Americans' health.**
 - Four in five primary care physicians say that the incidence of chronic disease in their practice has increased in the past five years.
 - PCPs estimate that two in three of their own adult patients suffer from chronic disease. Fully 86% say that at least half of their adult patients have at least one chronic disease, and 32% indicate that at least four in five fall into this category.

- **Primary care physicians identify a variety of problems faced by their chronic disease patients, with insufficient exercise and improper nutrition ranking as the most problematic.**
 - Nearly universally, PCPs say that not getting enough exercise is a major problem for their patients with chronic disease. Three in four (76%) say that not getting enough exercise is a *very* major problem, and another 22% say it is a *somewhat* major problem.
 - While they are less likely to cite it as a *very* major problem, nearly nine in 10 PCPs believe that not getting proper nutrition is a major (45% very major, 43% *somewhat* major) problem for their patients with chronic disease.
 - PCPs rank the above issues as more of a problem than patients' taking a large number of prescribed medications (37% very major problem, 49% somewhat major problem), patients' waiting too long to see a physician about their health problems (23% very major problem, 50% somewhat major problem), and patients' taking a large number of over-the-counter medications (9% very major problem, 36% somewhat major problem).

- **Primary care physicians perceive insufficient emphasis on nutrition in the treatment and management of chronic disease.**
 - Nearly all (96%) PCPs believe that the nation's health care system should be placing more emphasis on nutrition when it comes to the treatment and management of chronic disease, including nearly three in five (59%) who believe the system should be placing *much* more emphasis in this area.
 - When asked to think about their profession broadly, just 12% of PCPs say that physicians generally pay a great deal or quite a bit of attention to nutrition in the treatment and management of chronic disease. Just more than half (52%) believes that physicians pay some attention, and more than one-third believes they pay little attention. No subgroup thinks physicians are paying a lot of attention: those who have been practicing for 10 years or less (16% a great deal or quite a bit) and those under age 45 (16% a great deal or quite a bit) give the highest marks to the profession in this area.

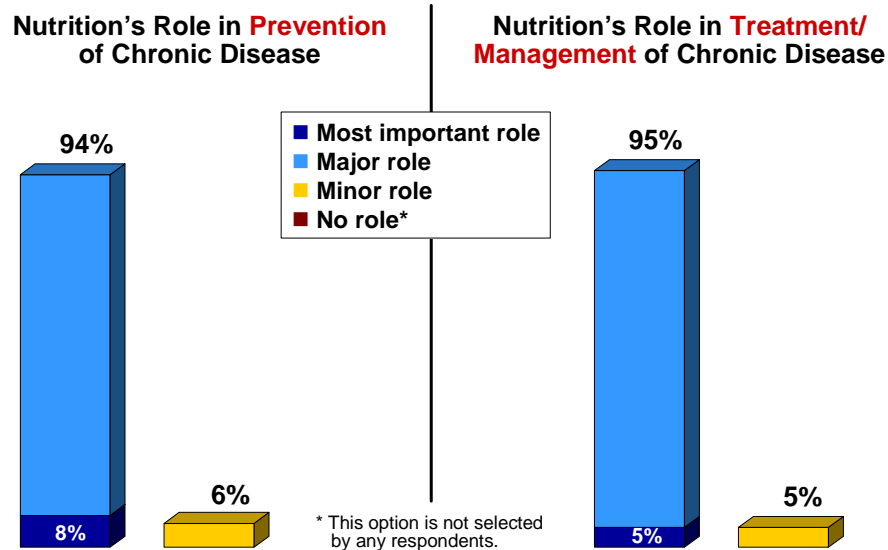
Physicians Perceive Insufficient Emphasis On Nutrition In Treatment/Management Of Chronic Disease



➤ **Primary care physicians are nearly unanimous in their agreement that nutrition plays a major role in the prevention, treatment, and management of chronic disease.**

- More than nine in 10 believe that nutrition plays a major role (86%) or the most important role (8%) in *preventing* chronic disease. Only 6% of PCPs say it plays a minor role, and none think it plays no role.
- A comparable proportion believes that nutrition plays a major role (90%) or the most important role (5%) in the *treatment and management* of chronic disease. Just 5% think nutrition plays a minor role, and none think it plays no role.

Nutrition Seen As Playing Major Role In Prevention/Treatment Of Chronic Disease



➤ **On average, primary care physicians estimate that two thirds of their adult patients who have chronic disease would benefit from nutrition services.**

- PCPs estimate that 67% of their adult chronic disease patients would benefit from nutrition services, which include referral to a registered dietitian and/or recommendation of specific nutrition products.
- PCPs who are newer to the field (mean of 69%) estimate that a slightly higher proportion of their chronic disease patients will benefit from nutrition services than do those who have been practicing more than 20 years (mean of 64%).
- PCPs under age 45 (mean of 69%) also are slightly more convinced than their older counterparts (mean of 64%) about the extent to which their patients with chronic disease will benefit.
- Regionally, PCPs in the South (mean of 72%) expect a higher proportion of their chronic disease patients will benefit from nutrition services than do those in other regions of the country.

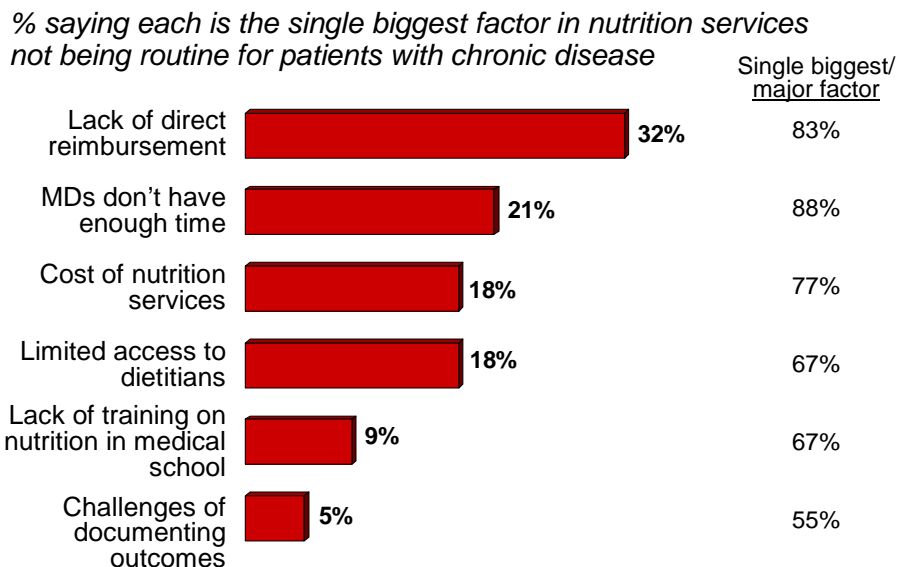
➤ **The majority of primary care physicians are dissatisfied with the accessibility of nutrition services for their patients with chronic disease.**

- Fifty-five percent (55%) are dissatisfied, including 22% who are very dissatisfied, while 45% are satisfied, and only 13% are very satisfied.
- PCPs who are under age 45 (50% satisfied, 50% dissatisfied) and those who are newer to the field (48% satisfied, 52% dissatisfied) are more satisfied than are those age 45 and over (39% satisfied, 61% dissatisfied) and those who have been practicing for more than 20 years (40% satisfied, 60% dissatisfied).

➤ **One of the major obstacles to the routine provision of nutrition services to chronic disease patients is the lack of direct reimbursement by third-party payers.**

- PCPs identify the main obstacles to the routine provision of nutrition services to be a lack of direct reimbursement, physicians’ not having enough time with patients, and the cost of nutrition services—factors that are interrelated.
- Physicians place the greatest emphasis on the lack of direct reimbursement, with nearly one-third labeling it as the single biggest factor for why nutrition services are not routine.

Significance Of Factors In Nutrition Services Not Being Routine



- Many also cite limited access to dietitians and physicians' not receiving adequate nutrition training in medical school as major reasons that nutrition services are not routinely provided.
- In fact, nearly four in five (78%) PCPs wish they had received more nutrition training in medical school.

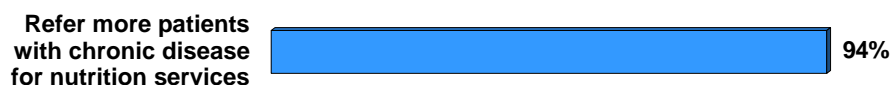
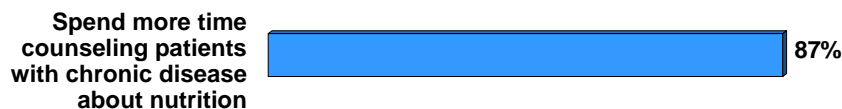
➤ **Primary care physicians widely agree that the cost of nutrition services should be reimbursed by third-party payers and that doing so would result in more patients receiving counseling and referrals for nutrition services.**

- Ninety-eight percent (98%) of PCPs universally agree that third-party payers should reimburse the cost of nutrition services.
- Eighty-seven percent (87%) of PCPs say that if costs were reimbursed they would spend more time counseling their patients with chronic disease about nutrition in the management of their chronic disease.
- If costs were reimbursed, 94% of PCPs say they would refer more of their patients with chronic disease for nutrition services than they currently do.

Nearly Universal Support For Third-Party Payer Reimbursement Of Nutrition Services Costs



IF cost of nutrition services were reimbursed by third-party payers, respondent would:

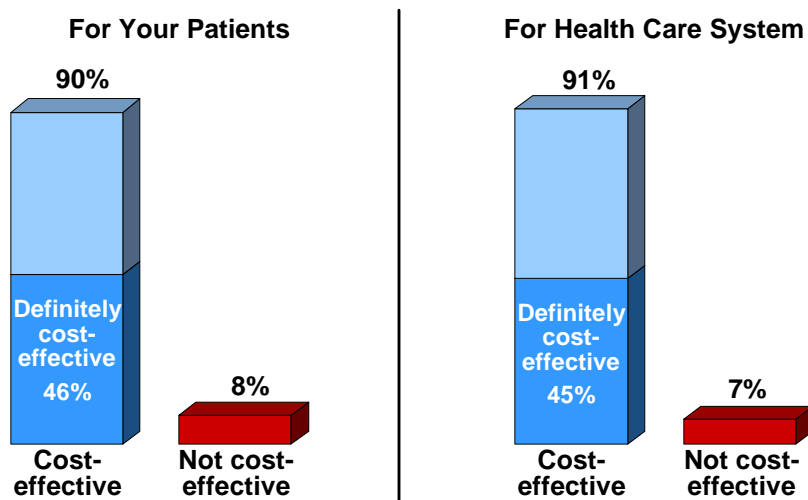


➤ **There is a broad consensus among physicians about the cost-effectiveness of nutrition services for the treatment of patients with chronic disease.**

- Fully 90% of PCPs believe that it definitely (46%) or probably (44%) would be cost-effective to provide routine nutrition services to their patients who suffer from chronic disease.
- A similar proportion believe that it definitely (45%) or probably (46%) would be cost-effective for the health care system in general to provide routine nutrition services for individuals with chronic disease.

Routinely Providing Nutrition Services Seen As Cost-Effective

Taking into account both costs and potential savings, would it be cost-effective to provide routine nutrition services to patients with chronic disease?



➤ **When it comes to their patients with chronic disease, primary care physicians are most likely to routinely discuss weight and blood pressure in regard to their impact on chronic disease (82%) and to routinely ask their patients about their exercise habits (62%).**

- Less than half (46%) of PCPs routinely discuss eating habits with their chronic disease patients. PCPs who believe that their patients would benefit from nutrition services are the most likely to ask their patients about their eating habits. Even among this group of PCPs who are most optimistic about the benefit of nutrition services, however, only 55% say they routinely ask their chronic disease patients about their eating habits.

- Referrals to dietitians are not routine for chronic disease patients (only 6% of primary care physicians say they routinely refer almost all patients), and just 8% of PCPs routinely recommend specific nutrition products.
 - Nonetheless, seven in 10 PCPs say they make a referral to a dietitian when it seems appropriate, and 44% recommend specific nutrition products when it seems appropriate.
- Female PCPs, those who have been practicing 20 years or less, and general internists are more likely than men, those who have been practicing more than 20 years, and family practitioners to refer their chronic disease patients to dietitians and recommend specific nutrition products when it seems appropriate.

**How Often PCPs Take Specific Actions
With Their Patients With Chronic Disease**

	Do Routinely With Almost All Patients %	Do Only Sometimes W/Some Patients When It Seems Appropriate %	Rarely Do %	Never Do %
Discuss weight and blood pressure in regard to their impact on chronic disease	82	18	-	-
Ask your patients about their exercise habits	62	36	2	-
Ask your patients about their eating habits	46	52	2	-
Recommend specific nutrition products	8	44	43	5
Refer your patients to a dietitian	6	70	23	1

Additional Findings

- **Most primary care physicians say that including a set of nutrition elements in all electronic medical records (EMRs) would be helpful in treating patients with chronic disease and tracking outcomes.**
 - Fully 55% say that including a set of nutrition elements in all EMRs that would pull together demographic information, medical history, and lifestyle indices with basic nutrition and disease parameters would be *very* helpful; another 32% think it would be *fairly* helpful.

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