

Family History Collection in Oregon Federally Qualified Health Centers

Background

Collection of family health history information is an inexpensive yet powerful tool for chronic disease prevention and early detection. As knowledge about genetics increases, the case for efficiently collecting family history information from patients is stronger than ever. Most chronic diseases can be strongly linked to genomics, which refers to the interaction between genetics and the environment.

Primary care clinics have the opportunity to play an important role in chronic disease prevention by collecting and evaluating patients' family health history information. Most often, patients fill out a form about their family history at their first clinic visit, and the provider reviews this information during the visit.

Federally-qualified health centers (FQHCs) are local, non-profit, primary care clinics serving low income and medically underserved communities. There are 26 FQHCs in Oregon (see map).

Our project had three phases: 1) we collected and analyzed the patient intake forms from Oregon FQHCs; 2) we interviewed providers at 10 FQHCs; and 3) we created a template for collecting family history information on the patient intake form.

Methods

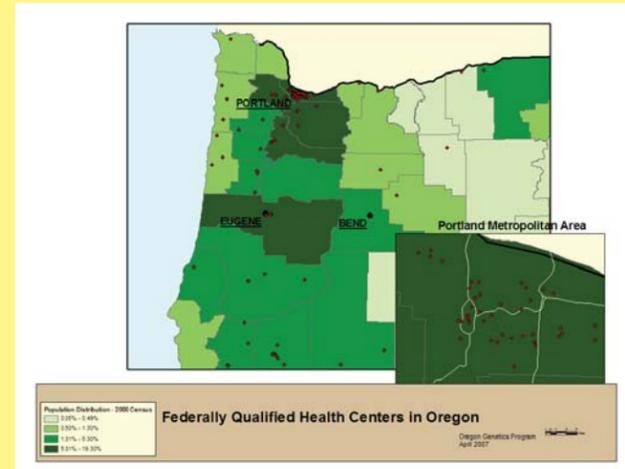
For the form review phase of our project, we successfully collected a blank copy of the patient intake form from all 26 FQHCs in Oregon. All but one of these forms included a family health history section. We developed a matrix to record information about the forms, including which diseases are routinely included in the family history questions, the number of clinics which ask about each disease, and details about the structure of the different forms.

For the interview portion of this project, we created and pilot-tested an interview questionnaire. Based on geographical distribution, we chose to do interviews at a representative sample of 6 urban clinics, 3 rural clinics, and 1 frontier clinic. These clinics were chosen randomly from each category. Interviews were done with a provider (physician, nurse practitioner, or physician assistant) at each clinic.

Finally, for the last phase of our project, we constructed a template for collecting family history information. Interviewees were asked to provide feedback on this template, which was revised in response to their comments.

Beverly Mielke, OHSU MD/MPH student, Epidemiology and Biostatistics track, and Amy Zlot, MPH, Oregon Genetics Program, Department of Human Services

Oregon FQHCs



Interviews

- What do you find is the biggest challenge in collecting FH information?

Most common responses:

- » Time
- » Limited patient knowledge
- » Lack of understanding of why FH is important

- Which diseases do you focus on in FH collection?

Most common responses:

- » Diabetes
- » Heart disease
- » Cancer (especially breast and colon)
- » Mental health (bipolar, schizophrenia, depression)
- » Drug and alcohol use

- Do you change your recommendations for screening based on FH information?

- » 100% said yes
- » Common examples were for breast cancer, colon cancer, heart disease, and diabetes

- Do you change your recommendations for treatment based on FH information?

- » 50% yes, 50% no
- » Most common change is being more aggressive in starting prescription drug treatment for diabetes or hyperlipidemia if a patient has a strong FH

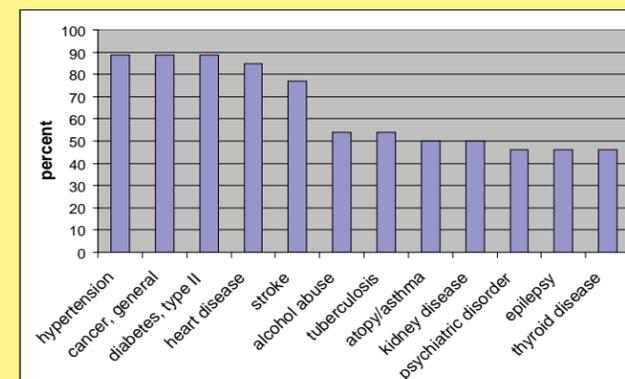
Form Review

Characteristics of the structure of forms used to collect family history information at Oregon Federally Qualified Health Centers.

Characteristic	Percent
no family history ^a	3.8
1st degree relatives ^b	65.4
2nd degree relatives ^c	46.2
household member ^d	11.5
age of onset ^e	3.8
age of death ^f	15.4
cause of death ^g	19.2

^ano family history: Family history section is absent from the form.
^b1st degree relatives: The form asks for information about 1st degree relatives, which includes parents, siblings, and children (biological).
^c2nd degree relatives: The form asks for information about 2nd degree relatives, which include grandparents, aunts, and uncles (biological).
^dhousehold member: The form asks for information about household members.
^eage of onset: The form asks for the age of onset of disease.
^fage of death: The form asks for the age of death of family members.
^gcause of death: The form asks for the cause of death of relatives.

Diseases Most Commonly Appearing on Forms



Template

Suggestions for a template

- » Limit the length of the list of diseases
- » One side of a page (entire intake form)
- » Specify which family members to include and ask which relative was affected
- » Ask about alcohol/drug abuse
- » Ask about mental health
- » Only include diseases that would influence screening, care and education

Our Template

Family Health History
 Have any of your close blood relatives (grandparent, parent, brother, sister, child) ever had the following?

Disease	Yes	No	Which Relative?	Age at Diagnosis
High Blood Pressure				
Heart Disease				
Diabetes				
Stroke				
Asthma				
Breast Cancer				
Colon Cancer				
Other type of cancer: Please list				
Mental Problem (depression, bipolar, schizophrenia)				
Alcohol or Drug Problem				
Other diseases that run in your family: Please list				

Conclusions

- » Goal: Use family history as a tool for early detection and prevention of disease in high-risk patients
- » Point of asking for family health history on intake form is to "start the conversation"
- » Form must be concise, can't expect complete information to be gathered from form alone
- » Many patients do not know much detail about their family history
- » Next step: Evaluate family history collection template in practice settings

References

Acheson LS, Wiesner GL, Zyzanski SJ, et al. Family history taking in community family practice: implications for genetic screening. *Genetics in Med* 2002;180-185.
 American Medical Association. Family medical history in disease prevention. 2004. Available at www.ama-assn.org/familyhistory. Accessed 20 October 2006.
 Guttmacher AE, Collins FS, Carmona RH. The family history—more important than ever. *N Engl J Med* 2004;351:2333-6.
 Harris EL, McMullen C. Final report: family history in clinical practice. Kaiser Permanente Center for Health Research. March 31, 2006.
 Johnson J, Giles RT, Ware J, et al. Utah's family high risk program: bridging the gap between genomics and public health. *Prev Chronic Dis*. 2005 Apr. Available at http://www.cdc.gov/pcd/issues/2005/apr/04_032.htm. Accessed 5 October 2006.
 Oregon Department of Human Services. CD Summary: All in the Family. July 11, 2006. Available at <http://oregon.gov/DHS/ph/cds/summary>. Accessed 15 September 2006.
 Rich EC, Burke W, Heaton CJ, et al. Reconsidering the family history in primary care. *J Gen Intern Med* 2004;19:273-280.
 Yoon PW, Scheuner MT, Gwinn M, et al. Awareness of family health history as a risk factor for disease—United States, 2004. *MMWR Weekly* 2004;53:1044-1047.