# PPC2: Patient Tracking and Registry Functions

Element E: Identifying Important Conditions:

1. Our top 3 most frequently seen conditions for visits are hypertension, diabetes and asthma. This is determined from our UDS reports that we run each year for our federal grant reporting.

Table 6 - Selected Diagnosis and Services Rendered

01/01/2009   12/31/2009

Diagnostic Category	Applicable ICD-9-CM Code	Number of Encounters by Primary Diagnosis	Number of Patients with Primary Diagnosis
Selected Infectious and Parasitic Diseases			
1. Symptomatic HIV	042; 079.53	1	1
2. Asymptomatic HIV	V08	0	0
3. Tuberculosis	010.xx-018.xx	1	1
4. Syphilis and other venereal diseases	090.xx-099.xx	7	6
Selected Diseases of the Respiratory System			
5. Asthma	493.xx	801	424
6. Chronic bronchitis and emphysema	490.xx-492.xx	42	34
Select Other Medical Conditions			
7. Abnormal breast findings, female	174.xx; 198.81; 233.0x; 238.3; 793.8x	28	21
8. Abnormal cervical findings	180.xx; 198.82; 233.1x; 795.0x	37	28
9. Diabetes mellitus	250.xx; 648.0x; 775.1x	2010	632
10. Heart disease (selected)	391.xx-392.0x; 410.xx-429.xx	708	205
11. Hypertension	401.xx-405.xx	2064	897
12. Contact dermatitis and other eczema	692.xx	105	94
13. Dehydration	276.5x	19	10
14. Exposure to heat or cold	991.xx-992.xx	0	0
14a. Overweight and Obesity	278.0-278.02; V85.xx excluding V85.0; V85.1; V85.51 and V85.52	192	137

2. At CHC-B, we provide planned care for patients with high volume, high risk, and high cost conditions. Ed Wagner's Planned Care Model is integral part of our care system; we have created a proactive system of care designed to best address our patients and conditions.
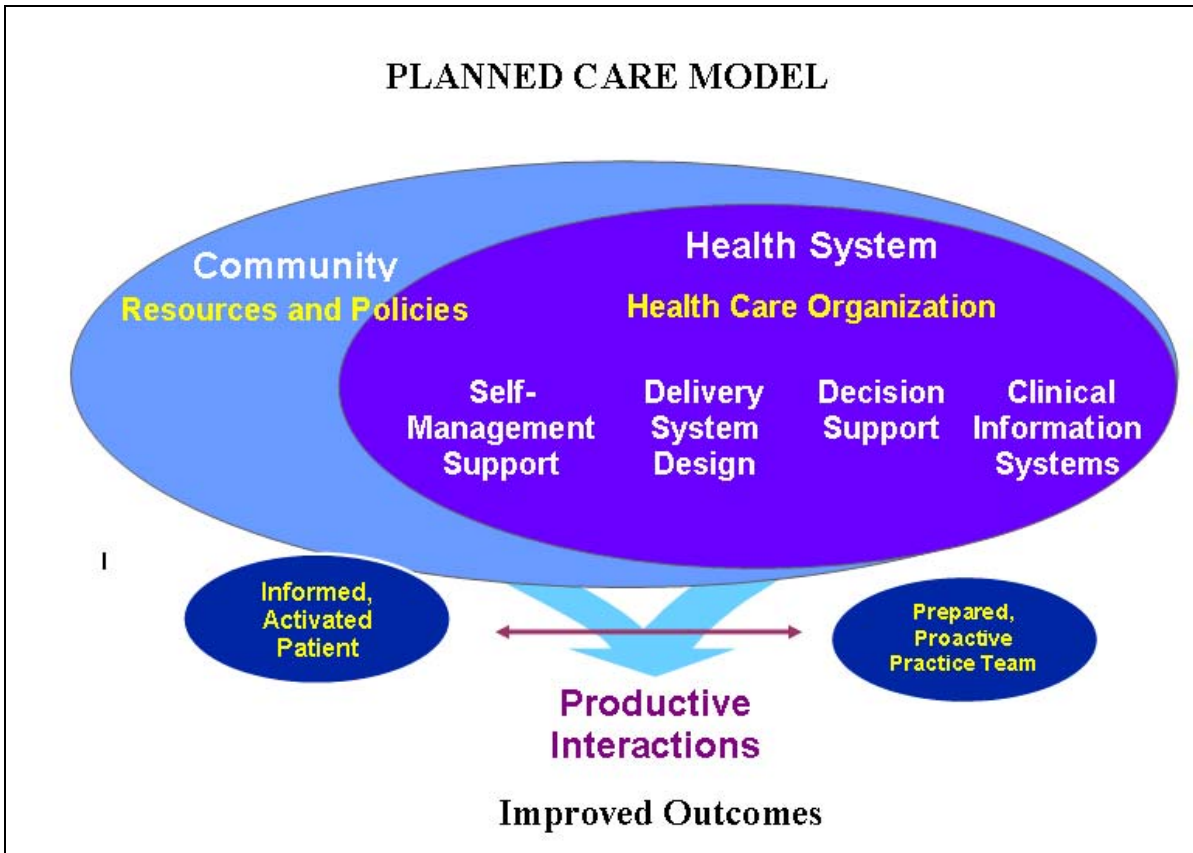
A thorough review of the local health data available for Xxxx County identified several high priority health concerns in our community. Substantial medical research has linked obesity to an increased risk for several chronic conditions including heart disease, type 2 diabetes, stroke, asthma, hypertension, osteoarthritis, dyslipidemia, sleep apnea, and some types of cancer.

For these chronic diseases, the percentage of CHC-B patients diagnosed with these conditions exceeds comparable prevalence rates for the state and the nation as well as the goals established in Healthy People 2010 (Table 1).

Table 1
Prevalence of Overweight, Obesity, and Related Chronic Conditions

Condition	CHC-B	Colorado	United States	Healthy People 2010 Goal
Overweight (BMI 25 – 29.9)	34.1%	31.7%[i]	40.7%[ii]	25%
Obesity (BMI (> 30)[iii]	**40.9%**	18.7%	25.6%	15%
Cardiovascular Disease	**15.4%**	4.8%[iv]	6.5%	n/a
Diabetes	**6.4%**	3.8%[v]	5.5%[vi]	2.5%

Note: **Bolded figures** indicate local rates higher than both state and national values.
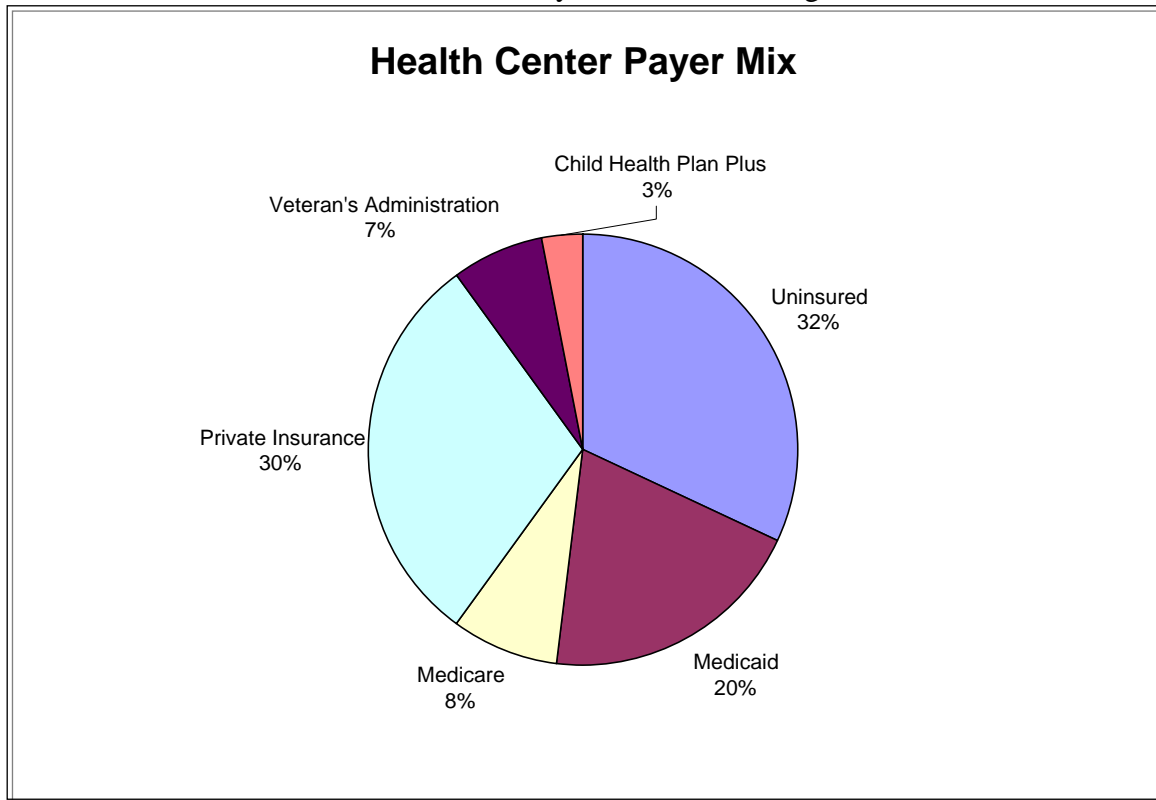
Vital statistics for Xxxx County also indicate that cardiovascular diseases and cancers have been the county's two leading causes of death in every year since 1996. As the largest safety net primary care clinic in Xxxx County, CHC-B is the principle provider of health services to poor and low-income individuals in Xxxx County (Table 2). As a result, 70% of CHC-B patients are either uninsured or publicly insured (Table 3).

The relatively high rates of obesity, cardiovascular disease and diabetes documented among patients may be associated with the socioeconomic and demographic characteristics of the clinic's patient population. CDC surveillance data indicates that health disparities are more prevalent among individuals with low incomes and ethnicity other than white.
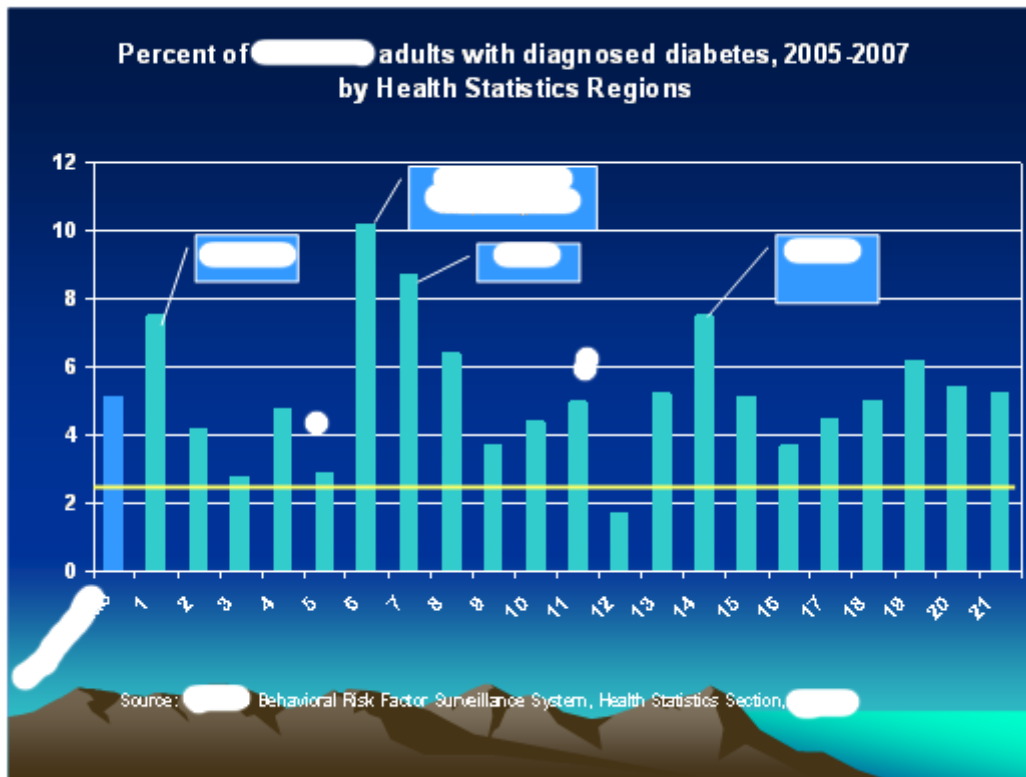
Table 2
Demographic Characteristics of 2007 CHC-B Patients

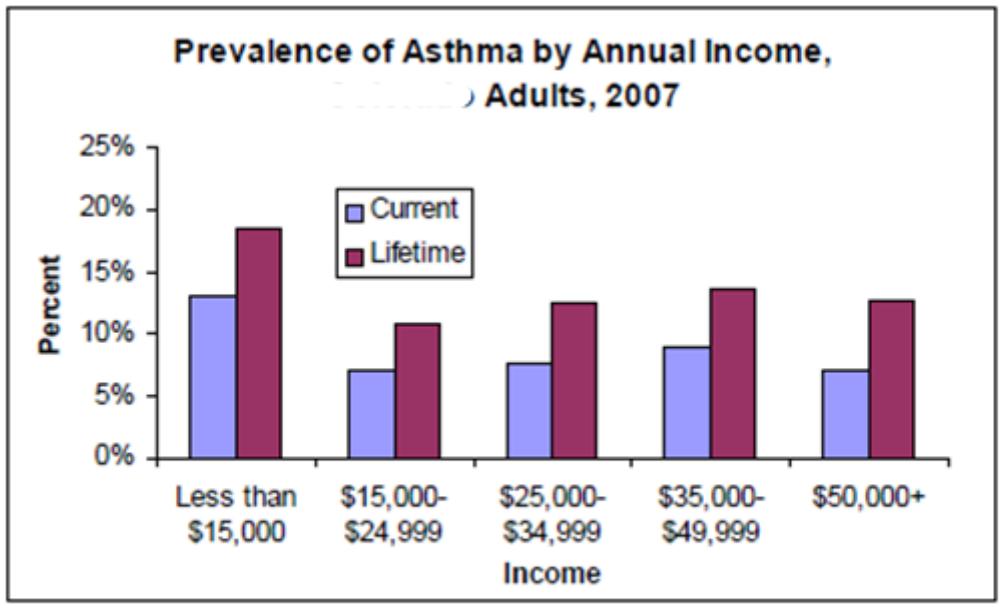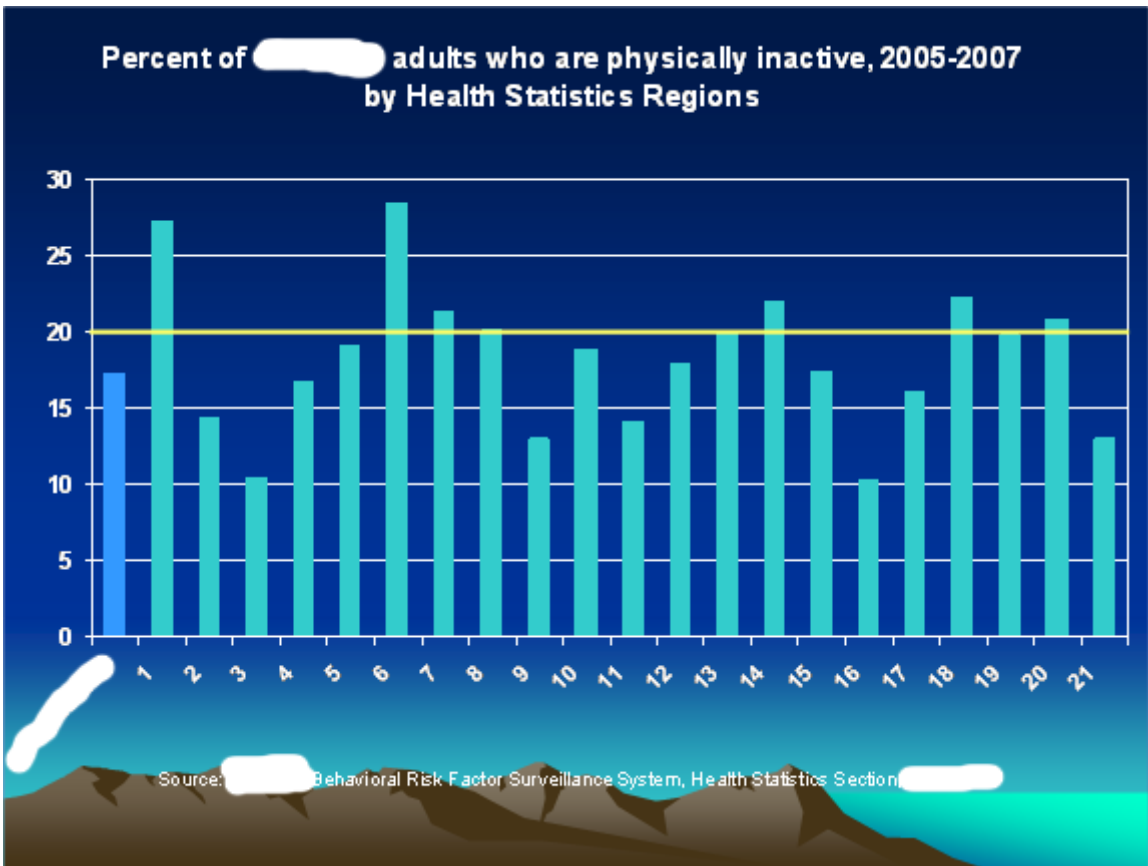|	CHC-B Patients
Total unduplicated patients	7,776
Total patient visits	26,403
Race and Ethnicity	
Persons of Hispanic of Latino origin	31.9%
White persons not Hispanic or Latino	68.1%
Other race or ethnicity	1.7%
Household Income	
Below federal poverty level	44.4%
Below 200% of federal poverty level	76.4%
200% of federal poverty level or above	23.5%

Table 3
CHC-B Patients by Insurance Coverage

Health Center Payer Mix

Child Health Plan Plus
3%

Veteran's Administration
7%

Uninsured
32%

Private Insurance
30%

Medicare
8%

Medicaid
20%

We are region X in this slide showing the prevalence of diabetes in Xxxx County:

We are region X in this slide showing the prevalence of inactivity in Xxxx County:

Percent of [redacted] adults who are physically inactive, 2005-2007 by Health Statistics Regions

Source: [redacted] Behavioral Risk Factor Surveillance System, Health Statistics Section

Prevalence of Asthma by Annual Income, [redacted] Adults, 2007

Source: Behavioral Risk Factor Surveillance System, Health Statistics Section,

We are Xxxx County in these to maps showing Asthma hospital discharge:

3. Hypertension is a high volume, high risk population for us. In 2009, we saw 897 patients for a total of 2,064 visits. Diabetes is a high risk, high cost population at CHC-B. In 2009, we saw 632 patients with diabetes for a total of 2,010 visits. Asthma is a high volume, high cost population. In 2009, we saw 424 patients with Asthma for a total of 801 visits. At CHC-B, we identify populations that are traditionally at risk in a low income population and then focus our redesign on those groups. High risk populations need population based management regardless of the population size. Other formal planned care populations include:

1. CVD
2. BMI > 25
3. Depression
4. COPD
5. Immunizations & Well Child Checks
6. Positive Pregnancy Tests
7. Case Management for Cancer Screening: Mammogram, Pap Smear & Colonoscopy
8. Tobacco Use
9. Substance Abuse or Risky Substance Use (SBIRT)
10. Pnuemovax for seniors and patients with chronic conditions
11. Phase I Dental Treatment Completion for all patients with emphasis on children, pregnant patients, and patients with diabetes
12. Health Coaching for at risk patients with emphasis on the health disparity documented in our Hispanic patients.

---

[i] Xxxx Department of Public Health and Environment, BRFSS Survey data, http://www.cdphe.state.co.us/hs/brfss/trends.pdf

[ii] Ogden CL, Carroll MD, Curtin LR, McDowell MA, Tabak CJ, Flegal KM. Prevalence of overweight and obesity in the United States, 1999-2004. JAMA 295:1549-1555. 2006.

[iii] CDC, 2008. State-specific prevalence of obesity among adults- United States, 2007. MMWR; 28:765-768.

[iv] CDC, 2007. Prevalence of heart disease- United States, 2005. MMWR; 56(06):113-118.

[v] CDC, 2008. http://apps.nccd.cdc.gov/DDTSTRS/Index.aspx?stateId=8&state=Colorado&cat=prevalence&Data=data&view=TO&trend=prevalence&id=1

[vi] CDC, 2008. http://www.cdc.gov/diabetes/statistics/prev/national/figage.htm