Forms Used to Collect Family History Information at Oregon Federally Qualified Health Centers

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Background

Family history collection is an inexpensive yet powerful tool to improve the health of the population. 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 history information. Most often, patients fill out a form about their family history at their first clinic visit. Then, the provider reviews the family history information with the patient and incorporates this information into preventive screening or treatment plans.

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.

We had two main goals for this project: 1) determine which diseases are routinely collected, and the number of clinics that ask about each disease; and 2) examine the structure of the various forms.

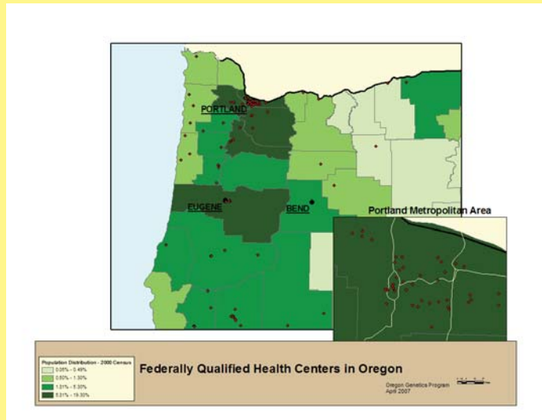
Methods

We successfully collected a blank copy of the patient intake form from all 26 FQHCs in Oregon.

We developed a matrix to record information about the forms. A background literature search enabled us to create a list of diseases with the strongest genetic links. These diseases were included during the initial form review. This initial list included heart disease, hypertension, cholesterol abnormalities, cerebrovascular accident (stroke), cancer in general, breast cancer, ovarian cancer, prostate cancer, colorectal cancer, atopy/asthma, diabetes mellitus type II, osteoporosis, psychiatric disorders, depression, and alcoholism.

In the second round of the form review, any diseases that were included on 5 or more forms were added to the initial list. This was a more extensive group than expected, and included anemia, tuberculosis, epilepsy, arthritis, birth defects, thyroid abnormalities, liver disease, kidney disease, headaches, bleeding abnormalities, clotting abnormalities, allergies, and ulcers.

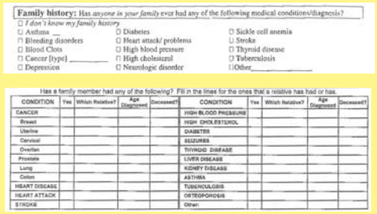
Oregon FQHCs



Clinic List

Clinic	Location(s)
Asher CHC	Fossil, Spray
Benton County	Corvallis, Monroe
Central City Concern	Portland
Clackamas Co. Health Services	Molalla, Oregon City, Sandy
Coastal Family Health Center	Astoria
Columbia River CH Services	Boardman
CHCs of Lane County	Eugene, Springfield
Community Health Center, Inc.	Ashland, Medford, White City
Klamath Health Partnership	Klamath Falls, Bly
Lincoln CHC	Newport
La Clinica del Carino	Hood River, The Dalles
La Clinica del Valle	Medford, Phoenix
Multnomah Co.	Portland
NARA NW, Inc.	Portland
Northwest Human Services	Salem, Monmouth
Ochoco Health Systems	Prineville, Madras, Bend
Outside In	Portland
Siskiyou CHC	Cave Junction, Grants Pass, Wolf Creek
Tillamook Co.	Tillamook, Rockaway, Cloverdale
Umpqua CHC	Roseburg, Glide, Drain
Valley Family	Nyssa, Vale, Ontario
Virginia Garcia MHC	Hillsboro, Cornelius, McMinnville, Beaverton
White Bird Clinic	Eugene
Yakima Valley FWC	Hermiston, Portland, Salem, Silverton, Woodburn
OHSU - Richmond	Portland
Waterfall Clinic Inc.	North Bend

Forms



Top form: This form shows an example of a free response section, which enables the patient to write whatever is pertinent for each close relative. This form has clearly defined which family members should be included. On the right, there is also a section with specific diseases. Very few forms had a combination of these two formats.

Second form: This form shows an example of a checklist for specific diseases. It does not define which family members should be included in responses. It also does not ask for information such as age of onset, age of death, or cause of death of family members.

Third form: Here, again, family is not defined. However, more information is collected than on the previous form.

Bottom form: This form clearly states which family members should be included in responses. The structure is focused on specific diseases. This style prompts patients to think about certain diseases.

Results

Ninety-six percent of the FQHCs in Oregon have a family history section on their initial patient intake form. There was a remarkable amount of variety in the forms, both in the diseases included and in the basic structure.

Using these results, the next step is to evaluate which form structures are the most useful in efficiently collecting pertinent family history information. As more is learned about genomics and disease prevention, the diseases for which family history information should be routinely asked will become more apparent. Through the use of efficient and evidence-based forms, family history information can be more easily collected and used in helping to prevent chronic disease.

Form Structure

Characteristic	Percent
family defined	50
1st degree relatives	65.4
2nd degree relatives	46.2
household member	11.5
age of onset	3.8
age of death	15.4
cause of death	19.2
no family history	3.8
free response	23.1
other conditions	65.4

Explanations:

family defined: Does the form define the family members which the patient should include in providing family history information?

1st degree relatives: Does the form ask for information about 1st degree relatives? First degree relatives include parents, siblings, and children (biological).

2nd degree relatives: Does the form ask for information about 2nd degree relatives? Second degree relatives include grandparents, aunts, and uncles (biological).

household member: Does the form ask for information about household members?

age of onset: Does the form ask for the age of onset of disease?

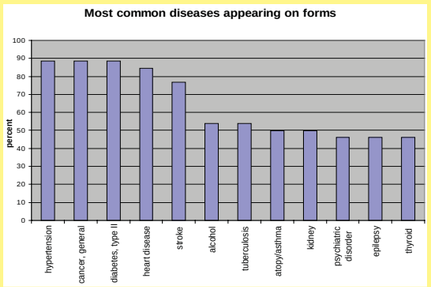
age of death: Does the form ask for the age of death of family members?

cause of death: Does the form ask for the cause of death of relatives?

no family history: Is a family history section absent from the form?

free response: Does the form have a free response section for collecting family history?

other conditions: Are other conditions besides those on our list asked about?



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