

POSTER ABSTRACTS
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Chronic Disease
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Feasibility of Arthritis Surveillance in Managed Care

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Background: Arthritis and other rheumatic conditions have a major impact on the health of nearly 45 million persons in the United States and are the leading cause of disability. While the Centers for Disease Control (CDC) and other organizations have measured arthritis prevalence using self-reported data from health interview surveys, there is increased interest in surveillance systems that can take advantage of administrative and clinical data available in managed care administrative databases. Kaiser Permanente Georgia (KPGA), in association with the CDC and Georgia Department of Public Health, explored the feasibility of such surveillance.

Methods: The service area of KPGA is the 20-county Atlanta Metropolitan area, and covers approximately 260,000 members. Using a list of 616 codes developed by the National Arthritis Data Workgroup and the CDC, we identified individuals with arthritis-related visits between 1995-1999 in administrative data sources (primary care, specialty care, emergency room, inpatient hospital, and ambulatory/hospital observations). We identified the distribution of arthritis within 15 sub-categories by age and sex, compared the estimated 1997-1999 arthritis prevalence rates in KPGA to national estimates, and reported the burden of arthritis in terms of the number of in- and outpatient clinical visits, and arthritis-related procedures and pharmacy dispensings. As an additional validity verification, we conducted a chart review to determine the accuracy of the administrative data.

Results: Measured arthritis prevalence was 29% in 1999. The age-stratified estimates closely matched 1998 national estimates: ages 0-17 (7%), 18-44 (25%), 34-64 (43%), 65 + (52%). Among arthritic persons, 1 of every 4-7 primary care visits was arthritis related. The chart review corroborated the administrative diagnoses 79% of the time, resulting in a few more false positives than false negatives.

Conclusions: Managed care administrative databases are a feasible and practical method for surveillance of arthritis and its associated health care burden. Given the broad number of diagnoses included, we conclude that the administrative databases may represent a slight overestimate of the actual prevalence within the insured population.