

POSTER ABSTRACTS

9th Annual HMO Research Network Conference

April 1-2, 2003 Denver, CO

Pharmacoepidemiology

30

Changing the Face of Population Management: Finding the Silent Patient

Jeryl McGaw, MS, RN, ND, Kaiser Permanente Colorado,
Christy Evans, PharmD, Kaiser Permanente, Colorado

Background: As the population of patients with chronic diseases increases, health care continues to move from the treatment of the acutely ill to the prevention of disease and injury. In keeping with this trend, health care delivery systems migrate toward methods of identifying patients at risk. This paradigm shift has led to the growing allocation of resources for initiation of population management programs. In order to manage a population it is necessary to identify two key facts: 1) who is your population, and 2) what are their health risk factors. Utilizing evidence based research and modern technology it is possible to identify patients based on demographic and medical information providing an opportunity to treat at critical points of care. The cornerstone of success in any program of this type is the correct identification of patients and appropriate timing.

Methods: Clinical specialists for asthma and heart failure developed database operational definitions that generated patient registries for analysis to determine if the patients 1) actually had the specified disease, 2) may have the disease but it was never documented in the medical record, 3) may be at risk of developing the disease, or 4) were inappropriately identified and did not have nor were they presently at risk for the individual disease. Criteria for entry into the dataset were compared to see which criteria were the most specific and/or sensitive for each disease state.

Results: Initial diagnostic criteria are not the most useful in identifying patients within an administrative dataset. Predictability of a disease state was enhanced when using pharmacy data and diminished when using hospital discharge diagnosis. Specific recommendations in descending order of specificity were developed for each disease.

Conclusion: If indeed the criteria used to identify patients for outreach and clinical intervention are not able to identify patients in the most physical need then efforts to reduce hospitalizations, morbidity or mortality are minimized. Additionally, when quality improvement projects, specifically those used for national reporting are targeted at inappropriate patients then the effects of interventions will not be demonstrated.