



**Roane County Family Health Care:
Targeting Patients in Need of Preventive Care**

Public Health Problem

Across West Virginia and the nation, chronic diseases such as diabetes, hypertension, heart disease, and asthma are among the most prevalent of conditions. Access to preventive health care is essential to reducing the burden of these health conditions and improving the quality of life among persons living with these conditions.¹ The most recent state-wide Behavioral Risk Factor Surveillance Survey Report shows that West Virginia ranks 3rd lowest of any state in terms of influenza vaccination rates among adults aged 65 and older.² Improving the influenza vaccination rate is one route by which the complications of multiple chronic diseases can be avoided.

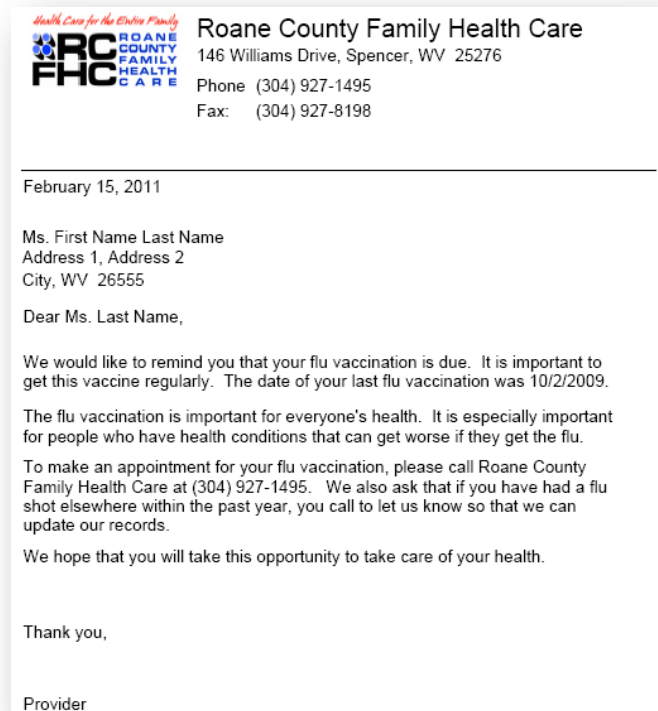
Program

Enhancing clinical data management practices is a key component of the National Committee for Quality Assurance health information framework and is gaining increasing attention as vital to the success of health information technology-based endeavors.³⁻¹² Since early 2006, Roane County Family Health Care (RCFHC), located in Spencer, West Virginia, has used the Chronic Disease Electronic Management System (CDEMS) registry to track and target care provided to patients with diabetes. RCFHC receives support from the West Virginia University Office of Health Services Research in its application of clinical data to quality improvement. While at first the registry was used as a stand-alone system, CDEMS is now used in combination with the electronic health record at RCFHC.

Emma White, RN, Director of Nursing at RCFHC uses CDEMS to create reminder letters for preventive care. One of the reminder letters is used to identify patients in need of an influenza vaccination and invite these patients to come to their health center for the influenza vaccine. (See the figure to the right for an example of this letter.) This letter is an example of RCFHC uses their registry to automate the assembly of clinical data and put it to use in a meaningful way for patient care.

Impact

During the first week of January 2011, Emma White headed an effort to mail influenza vaccine reminder letters to over 300 patients with diabetes who receive care at RCFHC. This lead to a 13% increase (from 36% to 49%) in percent of patient with diabetes with an influenza vaccination in the past 12 months. RCFHC is working toward a 90% influenza vaccination rate goal.





For questions and additional information on work, please contact:

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