adjusted for sex, age, BMI percentile, race/ethnicity and clinic department. **Results:** Overall, blood pressure was measured at >80% of children's visits to pediatric and family medicine clinics. The predicted probability of a blood pressure recorded at a primary care visit increased steadily with age (from .81 in 3-5 year olds to .89 in 15-17 year olds, p for trend <.0001). Of the 60% of visits where children had a recorded BMI, children with a BMI =95th percentile were slightly less likely to have a blood pressure recorded compared to BMI 85th <95th, and BMI<85th (91%, 93%, 94%, respectively, p <.0001). There were no differences by sex or race/ethnicity in the adjusted prevalence of documented blood pressure measurement. **Conclusions:** Blood pressure measurements are documented at a large proportion of children's visits to pediatric and family medicine clinics. Younger children were less likely to have blood pressure measurements recorded than adolescents. The relative lower likelihood of blood pressure measurement in obese children warrants further investigation given the higher prevalence of hypertension in these children.

Keywords: Pediatric, Hypertension, Obesity

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C-B5-03:

Linking Parent and Child Medical Records to Identify Youth at Risk for Familial Hypercholesterolemia

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Background: Despite consistent recommendations in numerous guidelines sponsored by professional societies, screening youth for familial hypercholesterolemia (FH) and/or those with a family history of premature cardiovascular disease (CVD) identifies only a small percentage of high-risk youth. By linking parent and child data in the virtual data warehouse, we can assess current screening practices, factors that impact screening practices and ultimately strategies aimed at improving childhood screening. **Aims:** the aim of this study is to compare cholesterol testing and screening rates in youth who have at least one parent covered under the same health plan with a history of CVD defined as a history of myocardial infarction, percutaneous coronary artery intervention (PCI) or coronary artery bypass surgery (CABG) and/or a parent with FH established by ICD-9 diagnoses or an abnormal cholesterol level. **Methods:** A cohort of youth who were 2-26 years of age anytime between service dates inclusive of 01/01/2001 and 12/31/2009 and who were covered as insured members under their parents' health plans within the Scott & White HMO were identified including a subset with any ICD-9 diagnosis code associated with hyperlipidemia. Parent-child linkages were created using a subscriber_id relationship code and relationship description. The parental cohort with CVD was identified from the CVRN Surveillance study as well as parents who have FH defined as an LDL-C of > 215 mg/dl or a total cholesterol > 300 mg/dl. **Results:** We found that adherence to guidelines for cholesterol screening of youth at a higher risk for premature CHD is no greater than screening rates for children with a lower risk who do not have an affected parent. Moreover, a family history of CHD and hypercholesterolemia is rarely documented in a dependent's medical record. **Conclusions:** Cost-effective approaches to screening for FH in the pediatric population rely on a parental history of CVD and/or FH. However, this approach does not identify the majority of youth at risk for premature CVD. Universal screening of youth may be warranted.

Keywords: Hypercholesterolemia, Children, Screening

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C-B5-01:

Childhood Obesity: Risk Factors, Associated Morbidity and Service Utilization

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Aims: To identify parent-level and child-level risk factors for childhood obesity, to study health consequences and medical service utilization among the overweight children. **Methods:** The study included families with children aged 4-11 years old, registered with Maccabi Healthcare Services at 2 community clinics in the Greater Jerusalem Area. During 2008, 409 mothers completed questionnaires and interviewers weighed and measured 714 children. There was a 50% response rate. Information on associated morbidity and utilization of Health Services was obtained from Maccabi's computerized database. **Results:** Approximately 30% (122 of 409) of the families had at least one overweight or obese child (BMI>85th percentile / BMI>95th percentile, respectively). Twenty percent of the children sampled were overweight or obese (overweight: 11.9%, 85 of 714. obese: 8.3%, 59 of 714). The variables with an independent effect on having at least one overweight child in the family were: father of Asian-African origin; immigration to Israel since 1995; non-academic education; a maternal age less than 40; a mother who had a history of being overweight and who reported lack of control over her eating habits. Variables with an independent effect on children's obesity/overweight were: age below 7 years old; eats a broad variety of foods (not fussy); has an 'inactive' lifestyle; eats the main daily meal at a daycare center or afternoon enrichment center at least once a week. Among the overweight children, mainly in the 7-11 age groups, a higher rate of associated morbidity (particularly asthma, orthopedic problems and dermatological conditions) was documented. The service utilization rates were also higher among overweight children compared to children within the normal weight range. **Conclusions:** Pro-active medical monitoring of overweight or obese children must be encouraged even if they do not present other symptoms. Parents and caregivers should be provided with information regarding the risk factors for obesity, as some of those are modifiable. It is recommended that a follow-up study be conducted with a national representative sample of children to verify the findings.

Keywords: Obesity, Child, Risk factors

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C-B5-02:

A Parent Failure Modes and Effect Analysis: Parent Teams Can Identify Problems and Propose Interventions

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Background: Parents of many children with cancer administer highly complex chemotherapy regimens at home which are error prone. One way to identify and repair potential error prone processes is with a Failure Mode and Effect Analysis (FMEA). An FMEA is a systematic, team-based approach to understanding the ways a process can fail and developing interventions; it has been used in hospitals for decades but has never, to our knowledge, been used with a team of parents. **Methods:** The objective of this study was to identify aspects of the home medication use processes at risk for error and propose interventions using an FMEA with a group of parents. We recruited parents of children with cancer taking home medications. FMEA steps included: selection of a high-risk process; diagram the process; brainstorm potential failure modes; rate and prioritize failure modes; identify root causes; and redesign the process. The target high-risk process was parent/caregiver administration of 6-mercaptopurine following a change in medication dose. Parents were trained in FMEA methodology using materials at a 6th grade reading level and a real-life example. Failure modes were prioritized using ratings for severity, frequency of occurrence, and detectability. **Results:** The process diagram developed by the parent-team included 12 steps. The highest priority failure modes were: (1) shared instructions by the parent who attended the clinic visit regarding change in dose are misunderstood by the other caregiver(s); (2) administration of chemotherapy without realizing that another caregiver already administered it; (3) parent misunderstanding of physician's instructions about the change in dose; and (4) the parent who attended the clinic visit shares incorrect instructions regarding the change in dose with other caregivers. During the

discussion of interventions, communication tools (e.g. written instructions from the physician, a home medication calendar with communication tools such as check boxes to indicate when a dose had been administered, and others) were high priority for parent participants. **Conclusions:** Parents can understand and perform an FMEA. The parent-team identified modifiable failure modes, many communication-related, which could lead to significant patient injury in home medication use. Parents prioritized tools that could lead to system improvements and reduce errors.

Keywords: FMEA, Medication administration, Pediatric cancer
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PS1-17:

H1N1 Flu and Pregnancy: The Kaiser Permanente Experience

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Background/Aims: It is known that seasonal influenza infection disproportionately impacts pregnancy. Based on preliminary information, the pandemic H1N1 virus that first surfaced in spring 2009 appears to cause disproportionate morbidity and mortality among pregnant women – possibly to an even greater degree than that seen from seasonal flu. While it is estimated that over 10% of the pandemic influenza-related deaths in the United States have been in pregnant women-there is little data on the total impact of H1N1 infection upon pregnant women and their developing infants. This study will present a population-based assessment of the impact of H1N1 flu upon pregnancy, maternal, and birth outcomes. **Methods:** This is an open cohort study covering the seasonal (mid 2008-2009) and H1N1 (mid 2009-2010) influenza seasons, with follow-up for pregnancy and infant outcomes up to one month after delivery. All pregnant women in KPNC, KPSC, KPCO, KPMA and KPGA during this period (mid 2008-2010) will be categorized according to their infection status as defined via lab test and/or ICD-9 code for influenza-like-illness. Descriptive and regression analyses will be conducted to examine neonatal and pregnancy outcomes. **Results:** Due to time constraints in relation to availability of the most recent data within Kaiser Permanente, the final data extraction will not be completed until November 2010. Statistical analyses will be conducted on the following outcomes: pregnancy (pre-eclampsia, eclampsia, premature labor, premature delivery, pregnancy-induced hypertension; maternal (hospitalization for respiratory-related conditions, other hospitalizations, death); infant (intra-uterine growth retardation; low birth weight, major congenital anomalies); vaccine use and effect (extent to which pregnant women received H1N1 and seasonal flu vaccine; impact of vaccination upon the risk for adverse pregnancy, maternal and infant outcomes); antiviral use and effect (extent to which pregnant women received antiviral medication for H1N1 or seasonal flu, and the impact of these therapeutics upon the risk for adverse pregnancy, maternal and infant outcomes). **Conclusions:** This study will be both analytic and descriptive, showcase the abilities of CESR and inform the scientific and public health communities with a range of unique information related to H1N1 infection during pregnancy within the combined KP populations. Note: Final analyses and results will be presented at the HMORN Conference.

Keywords: H1N1, Pregnancy, Neonatal
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Chronic Illness Management

PS2-16:

Patient Knowledge and Beliefs Concerning Gout and Its Treatment

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Aim: We sought to examine patients' knowledge and beliefs concerning gout and its treatment in order to identify ways to improve gout care. **Methods:** We identified all members (≥18 years of age) of a group-model health maintenance organization (HMO) with documentation of at least one health care encounter associated with a gout diagnosis during the period 2008-2009 (n=1346). From this population a random sample of 500 subjects were sent a questionnaire assessing knowledge with regard to gout, beliefs about prescription medications used to treat gout, satisfaction with physician-patient communication, and trust in the physician. **Results:** Two hundred and forty patients returned surveys and research authorization forms (response rate of 51%). The majority of patients were male (80%), white (94%), and aged 65 and older (66%). Only 14 (6%) patients were cared for by a rheumatologist. Many participants were unaware of foods that may lead to a gout flare. Specifically, more patients reported vegetables (58%), chicken (55%) and legumes (39%) as triggers as compared to seafood (23%), beef (22%) and pork (7%). Only 43% reported beer could increase the chances of a gout flare. Awareness of dietary triggers was not greater among those with more encounters for gout or chronic gout (identified by use of urate-lowering drugs [ULDs]). For the management of acute flares, nonsteroidal anti-inflammatory drugs were considered easy to take (86%) and effective in decreasing pain (78%) with only 22% having side effects to the agents. Among colchicine users, colchicine was considered easy to take (91%) and effective (76%) but 37% reported side effects to the medication. There were 101 patients prescribed a ULD of whom 21% reported forgetting to take their medication in the past month. Only a minority of ULD users (12%) were aware of the risk of flare when initiating treatment with this medication class. **Conclusion:** In this gout patient population cared for mostly by primary care providers, we identified several knowledge deficits that may worsen disease management including lack of knowledge regarding dietary triggers and lack of awareness of the risk of gout flare with initiation of ULDs.

Keywords: Gout, Disease management, Urate-lowering drugs (ULDs)
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PS2-08:

Adherence to Statins and Low-Density Lipoprotein Cholesterol Goal Attainment in Patients with Coronary Artery Disease

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Background/Aims: While it is known that cholesterol control in coronary artery disease (CAD) patients is essential for preventing recurrent coronary events, studies continue to show that adherence to lipid-lowering drugs is suboptimal. The clinical decision on how best to manage a patient with suboptimal adherence and at goal for LDL-c is different than for a patient with optimal adherence and not at goal. **Methods:** We examined the rate of LDL-c goal attainment, defined as <100 mg/dL, by level of adherence to statins in CAD patients aged ≥18 years in a diverse integrated health care delivery system serving over 3.2 million members. Patients in the May 2010 CAD Registry and dispensed ≥2 statin prescriptions on two unique dates between June 2009 and May 2010 were identified through electronic medical records. Patients with rhabdomyolysis, creatinine kinase >10,000 IU/L, allergy or intolerance to statins and those without LDL-c results, continuous membership or drug benefits in the previous 12 months were excluded. Medication adherence was calculated as the ratio of the number of days supply to the number of days between the first and last fill over 400 days. Adherent behavior was defined as ≥80%. **Results:** Altogether, 67,100 CAD patients (63% male) with a mean (SD) age of 71.4 (10.7) years were identified. Over 85.8% were at LDL-c goal attainment and 79.8% had ≥80% adherence with 53.1% having 96-100% adherence. LDL-c goal attainment had a positive association with increasing adherence, but goal attainment leveled off once adherence was over 86%. Over 65% of patients not at goal were adherent while 23.9% of patients not at goal were not adherent (26.9% in women and 21.8% in men). Patients aged ≥65 years had the highest rates of adherence (81.6%) and men had consistently higher rates of adherence compared with women in all age groups. **Conclusions:** Although overall LDL-c goal attainment was high in this population, there is still a substantial