Methods: A mailed survey collected demographic and lifestyle characteristics. Descriptive analyses and multivariable logistic regression, adjusting for demographics, were performed to evaluate the survey data. **Results:** The CMHS cohort is comprised of WNH (62%, 51,909/84,170), 14% (11,407/84,170) Hispanic, 8% (6,298/84,170) African-American, 11% (8,705/84,170) Asian/Pacific Islander, and 5% (6,733/84,170) other/mixed men. Of the 8,705 Asian/Pacific Islanders, 602 identified themselves as Asian-Indian. Although most Asian-Indian men were first generation immigrants (94%, 568/602), over three-fourths had resided in the US for 16+ years. Age distribution did not differ between Asian-Indian and WNH men. Asian-Indians were more likely than WNHs to live in a low income household (22%, 134/602 vs. 15%, 7,963/51,901), yet had considerably higher educational attainment (77% v 53%, with college degree). Asian-Indian men more often reported a healthy BMI (18.5-24.9) [Adjusted Odds Ratio (AOR) = 1.83 (95% CI 1.54-2.18)] and more often consumed <30% calories from fat [AOR = 2.57 (95% CI 2.13-3.11)]. There were no differences for fruit and vegetable consumption; however, Asian-Indian men were more likely to have never smoked and to abstain from alcohol. While Asian-Indian men were less likely to report moderate/vigorous physical activity > 3.5 hours/week [AOR = 0.54 (95% CI 0.46-0.64)], there was little difference in sedentary activity time spent outside of work. **Conclusion:** Despite a higher prevalence of CVD among Asian Indian men, in the CMHS we found Asian-Indian men had fewer CVD-related lifestyle risk factors. These results suggest risk factors other than lifestyle behaviors may be major contributors to CVD in the Asian Indian population.

Keywords: BMI, Physical activity, Diet

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PS2-37:

The Role of Metabolic Syndrome in Emergency Room Visits, Hospitalizations, and Readmissions

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Background/Aims: The Metabolic Syndrome (MetS) increases risk for development of CVD and all-cause mortality, even before disease is clinically apparent (Malik et al. 2004; Lakka et al. 2002; Hu et al. 2004). It is not known whether patients with MetS are at increased risk for hospitalization or readmissions before a catastrophic event occurs. We set out to 1) compare risk for ER visits, hospitalizations, and readmissions between patients with MetS to those without MetS in a large integrated healthcare system, and 2) analyze the role of individual traits comprising MetS as predictors of ER visits, hospitalizations, and readmissions. **Methods:** This retrospective cohort study utilized EMR and billing data from 2005-2009 to identify subjects 35 years or older with MetS (text searches for its components) and without MetS, but without known CVD. The relationship of the 5 traits of MetS with hospitalization was assessed using modified National Cholesterol Education Program (NCEP ATP II) guidelines. Poisson regression models and logistic regression models were used to compare MetS to No MetS groups in terms of number of ER visits and hospitalizations in years, and admission, readmission, and 30-day readmission rates. **Results:** Patients with MetS had a significantly higher number of ER visits (0.47± 1.52 vs. 0.32±1.02, p-value <0.0001), higher number of hospitalizations (0.16± 0.52 vs. 0.09±0.45, p-value < 0.0001), and higher admission rates (11.99% (276 of 2302) vs. 6.84%(384 of 5612), p-value <0.0001), when compared to No MetS group. Survival analysis on time to first ER visit and hospitalization show that MetS group had a higher risk of having an ER visit (HR 1.262 (1.127-1.414), p<0.0001) and a hospitalization (HR 1.686 (1.444-1.968), p<0.0001) than No MetS group. Subjects with 0 MetS traits had a 6% (95 of 1665) admission rate, compared to 18% (31 of 173) for those with 5 traits, increasing linearly with increasing number of traits (P-value < 0.0001). **Conclusions:** Patients with traits defining the MetS are at increased risk for ER visits and hospitalizations even before they develop established CVD. Interventions targeting this specific population may prevent disease exacerbation, improve patient outcomes, and reduce healthcare utilization associated with the MetS traits.

Keywords: Metabolic syndrome, Cardiovascular disease, Hospitalizations

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C-C4-04:

Development of a Measure Set for Routine, Comprehensive, Automated Assessment of Obesity Care Quality

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Background: We have developed a technology platform for scalable and routine measurement of care quality using comprehensive electronic medical record (EMR) data, including providers' free-text notes documenting clinical encounters, and are applying this technology to assess the care delivered to obese and overweight patients in two distinct health systems. NHLBI's evidence-based clinical guidelines for overweight and obesity provide a clear set of patient care procedures for the primary care setting. Using these treatment guidelines, we have developed a set of measures for automated assessment of obesity care quality using EMRs. **Methods:** Development started with an iterative process to identify key quality measures for obesity care. This process was guided by project aims to (1) target primary care, (2) ensure scalable application of the measure set to multiple health systems and EMR implementations, (3) assess feasibility of using natural language processing technology to allow inclusion of information recorded in the free-text notes, and (4) prioritize existing NHLBI efforts to define best clinical practices for obese and overweight patients. Our development process involved a multi-disciplinary team (including data specialists, medical records technicians, clinicians, and obesity treatment experts) reviewing, vetting, and reaching consensus on translating each clinical step in the NHLBI guideline to measurable clinical events documented in the EMR. **Results:** A comprehensive set of process measures have been identified and are in the process of being operationalized for routine automated assessment of obesity care in two distinct health systems caring for diverse patient populations. These measures provide capacity to assess actual care practices for their adherence to recommendations that patients (a) be assessed both for weight and waist circumference as well as for readiness to lose weight, (b) be advised to lose weight if they are overweight or obese, (c) be assisted with goal-setting and plans for diet and exercise activities, and (d) receive follow-up from their primary care clinicians regarding these activities. **Conclusions:** For health information technology to impact obesity care, EMR-based automated quality measures must be subjected to a repeatable and rigorous process of refinement, revision, and validation.

Keywords: Obesity care quality, Health information technology, Automated quality measurement

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PS2-40:

Cystatin C Heralds Early Chronic Kidney Disease Especially in Diabetes (CHECKED): Results from a Pilot Study

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Background/Aims: Identifying early chronic kidney disease (CKD) among patients with diabetes impacts the development of diabetic complications, costs, and prevention. Cystatin C may be a better marker for kidney function than serum creatinine (SCr) and estimated glomerular filtration rate (eGFR), however, it is not routinely collected. The purpose of this analysis was to assess the use of cystatin C to measure and describe early CKD. **Methods:** We recruited members who were English-speakers, non-pregnant, aged