

Case finding

Patient identification plays a vital role in any study. This identification process can be time consuming and frustrating because of the poor yield when healthcare professionals use traditional screening methods (1). Screening methods include applying tests to entire populations to determine prevalence or probability that individual will have a disease regardless of the presence or absence of risk factors (1). In order to improve the yield and the patient identification process as a whole case finding (a focused approach) was suggested. This is a targeted approach using demographics, risk factors and/or symptoms to decide whether to apply a test or proceed with further testing (1).

What should I consider when designing a case finding strategy?

Two major components should be taken into consideration when designing a case finding strategy, those components are:

1. Prevalence: The proportion of patients who have the condition of interest. We know that the population prevalence cannot be controlled; however the yield will be much higher if the focus was on those who are more likely to have the disease.
2. Risk factors: Factors that may indicate the presence of disease, poor disease control or suboptimal treatment (1)

A search strategy that includes points related to both the prevalence and the risk factors of the condition of interest can be very helpful in case finding (1).

More than 120,000 Albertans are currently living with cardiovascular disease (CVD) and many more are at risk of having CVD (2). These individuals have different risk factors such as diabetes, hypertension, hyperlipidemia, chronic kidney disease, smoking, elevated body mass index, sedentary lifestyle, unhealthy diet, old age, family history and race (e.g. First Nation and East Indian origins) (2).

How would I find patients with CVD or at risk of developing CVD?

Pharmacy electronic records represent a source to obtain reports about individuals with CVD or at high risk of having CVD.

Table 1 provides examples about certain conditions and the medications that can be used to identify them.

Consider adding a pop-up alert to these medication files to prompt you to assess the patients' CVD risk.

Table 1 CVD or CVD risk factors and medication used to identify them

Condition	Medications
Coronary Revascularization, MI, Stroke	Anti-platelet therapy (especially Clopidogril), ACE inhibitors, ARBs, Statins
Diabetes	Oral hypoglycemics (metformin, insulin secretagogues), Insulin, supplies (needles, strips)

CKD	ARBs, ACE inhibitors, Statin, oral hypoglycemics, insulin
Hypertension	ARBs, ACE inhibitors, Beta blockers, CCBs, thiazide diuretics
Dyslipidemia	Statins, fibrates, ezetimibe
Smoking	Nicotine replacement therapy (patches, gums, varenicline)
Elevated BMI	Weight reduction medications (Orlistat)

Write your case finding strategy and keep it posted in the pharmacy, that way it'll be on the top of your mind and the minds of your staff (1).

When case finding you need to be proactive and actively seeking patients who will benefit from the intervention rather than depending on referrals from physicians or patients. Remember that pharmacists see their patients more often than physician and this gives them a chance to apply their knowledge and expertise in promoting the patient-centered services (1).

References

1. Kassamali A, Houle SKD, Rosenthal M, Tsuyuki RT. Case finding: the missing link in chronic disease management. CPJ 2011; 144: 170-171 e1
2. Heart and Stroke foundation. Statistics. 2012. Available online at: <http://www.heartandstroke.com/site/c.ikIQLcMWJtE/b.3483991/k.34A8/Statistics.htm> (accessed on 17/7/2013)