

## The 7th Conference on Health Care of the Chinese in North America



### Utilization Review of Chinatown Health Clinic (CHC) for a One Week Period

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#### **Abstract**

##### **Purpose**

To perform a pilot utilization review with the National Ambulatory Care Health Survey (NACHS) instrument at a community based primary care facility which provides obstetrical, pediatric, and internal medicine services.

##### **Methodology**

All patients who visited the New York City Chinatown Health Clinic from May 2 through May 8, 1994 had their encounter forms abstracted according to the National Ambulatory Care Health 1991 Survey Form. Information was collected on age, primary language, payment, primary care service, reason for visit, diagnosis, diagnostic service, therapeutic service, medications, and follow-up.

##### **Results**

472 patient visits were made during this period. Obstetrics had 128 visits (avg age=29 yrs), pediatrics 170 visits (avg age=4 yrs), and internal medicine 159 visits (avg age=50 yrs). A large majority of adult patients had been born abroad (88%). The most frequent reasons for visit were prenatal care (23%), well child care (22%), and general exam (11%). The most frequent diagnoses were well child (27%), prenatal care (23%), hypertension (9.3%), and positive PPD (7.6%). The medications most frequently prescribed were multi-vitamins (39 pts, 26 for prenatal care), isoniazid with pyridoxine (30 pts), and ferrous sulfate (23 pts, 22 for prenatal care). A PPD test was performed on 59 patients. Hepatitis B vaccine constituted one third of all vaccinations, and was administered to 70 patients, average age 4 yrs, of whom 4 had a history of hepatitis B contact.

##### **Conclusions**

The pattern of reason for visits, diagnosis, and medications reflects certain features of the CHC population: young immigrants for whom preventive and obstetric services are very important. Although this is a limited sample in a skewed population, it does suggest the range of health care needs which can be seen by health care providers to Asian American communities, which may differ from the national norm. This data will be compared to NACHS data for the United States in 1991.