Integrating Family Health History into Everyday Care

Many health organizations, including the American Medical Association, American Association of Family Physicians, and Centers for Disease Control and Prevention, agree that family health history (FHH) is a valuable tool for assessing risk. It also supports patient-centered medicine.
You can collect FHH through:

- Paper forms linked below
- Electronic collection tools like Progeny Triage and electronic health record Family History Questionnaires
- Internal developed processes (e.g., clinical workflow, smartphrases, Best Practice Alert, Clinical Decision Support).

You can also refer to Implementing Family Health History Guidelines in Practice Using Electronic Health Records, DOH 141-197.

In the Exam Room: A Time-Efficient Approach

We recognize your time with patients is short. Below is a minimum family health history assessment with suggested talking points and discussion prompts.

How to introduce it: "I would like to ask you a few questions about your family's health history. Certain conditions can sometimes run in families. And knowing this information can help us personalize your care and suggest screenings or steps that can help you stay healthy. Please think about both sides of the family—your parents, siblings, children, nieces, nephews, aunts, uncles, grandparents, and cousins."

Minimum Family Health History Questions

1. **Have you, or any of your blood relatives, ever been diagnosed with a birth defect, medical problem, or chronic illness? For example, heart disease or defect, cancer, kidney disease, diabetes, or genetic condition.**
   ✓ If yes, document the relative, diagnosis, and their age at diagnosis.
2. **Do any conditions seem to run in your family?**
   ✓ If yes, document the relative, diagnosis, and their age at diagnosis.
3. **Has anyone in your family died before the age of 50? This includes any infants or children.**
   ✓ If yes, document the relative, diagnosis, and their age at diagnosis.
4. **Has anyone had complications related to pregnancy or childbirth?** Examples: birth defects or differences, stillbirth, childhood death, infertility, and more than 3 unexplained miscarriages.
   ✓ If yes, document the relative, diagnosis, and their age at diagnosis.

When Patients Don't Know Their FHH

Not everyone knows or has access to their family health history. Below are a few prompts to have these conversations with your patients:
"If you do not know your FHH off the top of your head, that is okay! You can check with your family and bring in more information at your next visit."
"Not everyone has access to their FHH, which is okay. We will focus on what we know—your personal health, lifestyle, and routine screenings. If you have any specific concerns, we can discuss other ways to assess risk."

Collecting Family Health History is High-Quality Care

- **Patient-centered:** Asking about family history often starts with the patient. It is an opportunity to build trust with patients and encourages shared decision-making.
- **Holistic care:** The minimum FHH questions can help find out if there are genetic, lifestyle, or environmental risks. A patient's genetic risk increases with:
    - o Closer relationships like first-degree relatives
    - o Diagnosis at younger age
    - o Multiple affected family members with the same concern
- **Evidence-based:** A positive family health history impacts screening and care management decisions across several **US Prevention Services Task Force Recommendations**, including BRCA-related, Colorectal, Ovarian, Prostate, Pancreatic cancer
- **Prevention-focused:** Many common conditions are a combination of risk factors. Family health history enables healthcare providers to identify individuals at high risk who may benefit from early screening, preventive measures, or medications.

Family Health History Tools & Resources

Printable FHH Forms

- Prenatal FHH Form
- Pediatric FHH Form
- Adult FHH Form

Condition-Specific Risk Tools

- **Breast Cancer:** Breast Cancer Risk Referral Tool
    - ✓ One "yes" response initiates a referral to cancer genetic services.
- **Colorectal Cancer Risk:** Preprocedural Colorectal Cancer Risk Assessment Tool
    - ✓ One "yes" response to the 3 questions initiates a referral to genetic counseling and genetic testing for Lynch Syndrome-related cancers among patients receiving a colonoscopy.
- **Familial Hypercholesterolemia:** Dutch Criteria for Familial Hypercholesterolemia (FH)
    - ✓ Provides a risk score and next steps based on the score.

Genetics clinics

If a patient has a positive family health history, consider consulting with a genetic provider or referring them to a genetics clinic.

Clinic information: Washington's Regional Genetics Clinics
Questions? Please email the Genetics Program with questions, concerns, or resource needs: genetics@doh.wa.gov.

Genetics Program

We would love to hear from you!

genetics@doh.wa.gov

Genetics Program Survey:

Washington State Department of HEALTH

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