

OCFMR News

Volume 10, Issue 1

Oklahoma Center for Family Medicine Research

Spring 2005

Prevention Projects Dominate OCFMR's Agenda

Many of the projects undertaken by OCFMR and OKPRN recently have involved preventive services. Several of these projects are described in more detail in this newsletter. Focusing on preventive services seems reasonable since it is such an important, if under-reimbursed, component of primary care practice. It also is likely that pay-per-performance will spread to outpatient practice within the next two years, and there is no doubt many of the clinical performance indicators will be delivery of preventive services. This area of focus

also is important to our partners, including the Oklahoma Health Care Authority, Oklahoma Foundation for Medical Quality, and State Department of Health.

As the American Academy of Family Physicians prepares to develop model practices through its Practice Resource Center, we have decided to establish model preventive services delivery systems that could inform their efforts. These systems will involve the Preventive Services Reminder System and separation of most preventive services from other office visits, with a preventive

services nurse or mid-level practitioner taking primary responsibility for delivery of these services. Anyone interested in participating in these initiatives are asked to contact Dr. James Mold, who is writing grant applications to fund them.



James W. Mold

Preventive Services Reminder System

The OCFMR rolled out a new Web-based version of the Preventive Services Reminder System (PSRS) July. Since then, we have started a clinical study (PSRS Phase IV) sponsored by the Oklahoma Health Care Authority (OHCA) to test the effectiveness of this system in OKPRN offices. We have enrolled six control and six intervention practices and completed the baseline chart audits to

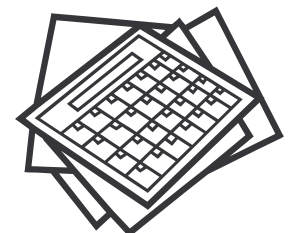
determine their preventive services rates. After six months of implementation, we will re-audit the practices to see whether they have improved.

Other practices are involved in the Agency for Healthcare Quality and Research (AHRQ) Translating of Research Into Practice (TRIP) study which implements PSRS to enhance documentation and delivery of primary and

secondary preventive services. The system recently has been upgraded with new demographics and patient information functions, and a three-year prevention plan generation module have also been added.

OKPRN Convocation Planned

Mark your calendars! The annual OKPRN Convocation will be held at the Family Medicine Center in Oklahoma City August 20 and 21. The times have not been firmly set, though we currently are favoring a noon to noon schedule. The program will include updates on current and future OKPRN projects, reports from OKPRN exemplars, administrative issues including elections, and outside speakers on topics of interest. Those interested in serving on the program committee should contact Michelle Roberts (michelle-roberts@ouhsc.edu).



Translating Research Into Practice (TRIP)

It has been estimated that it takes an average of 17 years for 14 percent of new research findings to be incorporated into practice, and, while some may argue that only 14 percent of new findings are applicable to practice, the 17 years is of particular concern. This recently has been framed as a translational problem. The National Institutes of Health (NIH) have identified two translational steps they believe need attention: translation of bench research into human studies and translation of human research into practice. Both the NIH and the Agency for Research and

Quality are funding research projects to identify effective methods for addressing each of these translational steps.

The OCFMR and OKPRN Inc. are actively involved in TRIP-related research. We currently are involved in our second AHRQ funded TRIP project, which involves translation of what is known about delivery of preventive services in primary care settings into practice. Our TRIP strategy involves four components: audits with feedback and benchmarking; discussion of the evidence and the insights of OKRPN exemplars with clinicians and

their staff (academic detailing); a PEA-directed QI process (Plan-Do-Study-Act cycles); and technology (IT) support when indicated. This multi-component intervention was successful in one diabetes quality improvement initiative, but it was unsuccessful in the next.

Anyone who has suggestions for TRIP interventions or components of TRIP interventions that might be more consistently successful, please contact Dr. Mold by email, (james-mold@ouhsc.edu; or telephone: 271-8000,

Mammography Screening in OKPRN Practices

The United States Preventive Services Task Force has found reasonable evidence that mammography screening every 12 to 24 months significantly reduces mortality from breast cancer. Although this evidence is strongest for women ages 50 to 69, the recommendation is that women ages 40 and older have screening mammograms performed every one to two years. Oklahoma ranks 46th out of the 50 states in that only 73 percent of women ages 50 to 64 have ever had a mammogram and for the cohort of women over 40, only 66

percent have had a mammogram in the past two years.

The Oklahoma Foundation for Medical Quality has launched a statewide campaign to raise the state's mammography rate and also has funded a research project within OKPRN to improve mammography rates. The project is a randomly controlled trial in which eight practices will receive audits with feedback, benchmarking and academic detailing regarding "best evidence" practice to improve mammography rates. They also will

receive the help of a Practice Enhancement Assistant to design and facilitate implementation of their interventions. Data will also be collected at eight control practices. Final audits will be conducted in June along with interviews of practice members to find out what really works to improve mammography screening rates.

OKLAHOMA Studies Cohort Continues to Produce Interesting Findings

The final year of data collection for the Oklahoma Longitudinal Assessment of the Health Outcomes of Mature Adults (OKLAHOMA) Studies was 2004. A total of 853 patients enrolled in 1999 to 2000 have been contacted annually for five years. The data collected from these patients already has resulted in 11 publications with at least as many presentations, and the surface has barely been scratched.

For example, because of the

OKLAHOMA Studies cohort, we now know that idiopathic peripheral neuropathy affects 26 percent, 36 percent and 54 percent of relatively healthy 65 to 74, 75 to 84, and 85 plus year-olds, respectively, and that it is associated with a variety of symptoms including restless legs and discomfort and with reduced quality of life. It also appears to be a predictor of hospitalization and mortality after controlling for age, gender, BMI, functional status, self-rated

health and a variety of medical problems. Though the cause or causes are unknown, factors associated with idiopathic peripheral neuropathy include increasing age, increased BMI, a history of military service and no history of hypertension. Medications may be related as well. In particular, use of NSAIDs was associated with an increased likelihood of idiopathic peripheral neuropathy.

Recruiting Continues for HPV Volunteers

Statewide recruiting efforts continue for a study exploring the knowledge and attitudes of women regarding high-risk human papillomavirus (HR-HPV). Cancer-free, English-speaking women aged 15 to 64 who tested for high-risk HPV within the past year are qualified to participate.

Individual computerized interviews may be completed in Oklahoma City, Lawton, Ada, or at one's home computer. Benefits of participation include education through informative handouts, the opportunity to ask questions regarding HPV, and referral to additional resources. Each woman who completes an interview is

reimbursed \$30.

Preliminary data analyses reveal about 60 percent of women inform their partners of their HPV test results. They are half as likely to disclose their result if it is positive for high-risk HPV, but report that their health care provider's instructions on informing partners were influential. Women with positive tests are more likely to report using condoms since learning their test results, whether they are married or not. Only about five percent of participants have heard that there is an HPV vaccination under development. Those more knowledgeable of HPV and not married would be more likely

to get it themselves and have their adolescent children get it. Women identified cost and lack of belief in vaccine effectiveness as barriers to getting vaccinated.

This CDC-sponsored study will continue through the spring of 2005. For more information, contact study coordinator, Katy Duncan Smith at (405) 271-8000, Ext. 32302, or toll-free at (866) 417-4579. Materials also are available online at: <http://www.fammed.ouhsc.edu/robhamm/PatientHandoutFeb2004.htm>.

Youth Asset Study

The Youth Asset Study has just completed the first year of a three year longitudinal study of 1,000 youth ages 13 to 18. Household in Oklahoma City were randomly selected from targeted census blocks based on race/ethnicity and income targets. One parent and one adolescent from each household were randomly selected to participate in interviews that were conducted in the respondents' homes using a computer-

assisted data entry system. The adolescent and parent were interviewed at the same time, but in different rooms of the residence. The teenager self-administered the risk behavior questionnaire by listening to tape-recorded items with headphones and then entering the responses into the computer. The response rate from the first wave was 60 percent and currently we are maintaining a 98

percent retention rate. The study is funded by the Centers for Disease Control and the principal investigator is Roy Oman of the College of Public Health. Cheryl Aspy, professor in the Department of Family and Preventive Medicine is a co-investigator. Results of the study have been published in 15 peer-reviewed journal articles and over 100 national presentations have been made since the beginning of the project.

DFPM Seeking Funds for Summer Research Projects

The Department of Family and Preventive Medicine at OUHSC is gearing up to host six first-year medical students in this summer's Family Medicine Summer Research Experience. In this program, students spend ten weeks conducting a clinical research project in partnership with a family medicine faculty member. In the past, these projects have involved a variety of common illnesses and issues such as diabetes, obesity, cancer screening, patient beliefs about their ability to recover from

illness without medicine, and physicians following of practice guidelines regarding care post MI. Students have been placed in clinics in Oklahoma City, Enid and Tulsa, and some have completed projects that involved visiting the OKPRN clinics.

This year, the faculty have a list of projects available for the students involving screening for colorectal, cervical, or breast cancer, night sweats, obesity, diabetes risk; continuity of care associated with transfer from nursing home to emer-

gency room and back, and pain control. At this time we are seeking the funds (\$3,500 per student stipend for the ten-week program) to support as many of the students as possible. If you know of any individual or institution that would be interested in supporting a student this summer, please forward their contact information to Jim Mold or Rob Hamm.

Acute Care Transition From Nursing Home to Hospital Emergency Department

The OU Department of Family and Preventive Medicine is pleased to announce that Dr. Robert C. Salinas has been awarded a five-year Geriatric Academic Career Award from the U.S. Department of Health and Human Services, Health Resources and Services Administration. The five-year \$300,000 award will allow Dr. Salinas to continue his patient safety and quality enhancement projects aimed at improving the quality of medical care that members of our elderly population receive when evaluated in a hospital's emergency department setting.

Dr. Salinas' research focuses on how nursing home staff prepare health care information for patients who

require transfer to emergency departments for treatment and evaluation following an injury or acute illness. Each year, over three million visits are made to emergency departments across the United States originating from nursing homes or similar facilities. Many patients transferred from nursing homes to emergency departments are very ill and unable to effectively communicate their significant past medical history or give an accurate history of their exact symptomatology, making them more vulnerable to improper medical care.

As of today, we are unaware of whether standard nursing home to emergency department protocols are in place or if they are widely used by

(more than the over 300 nursing homes) other than Oklahoma nursing homes. Recent data suggest that "lack of, or inappropriate healthcare information, such as a current medication list or stated preferences for end-of-life care, on arrival to an emergency department, can initiate a cascade of medical events that may jeopardize patient safety and create an environment opportune for medical mistakes," said Dr. Salinas. The first strategy will be to look at the current practices and identify any potential barriers to system-wide use of standard protocols.

**This newsletter is supported by the
Department of Family and
Preventive Medicine at the
University of Oklahoma Health
Sciences Center in Oklahoma City
and the Oklahoma State
Department of Health.**

**Copies were printed by
University Printing Services with
monies from the
Dr. Petre and Mrs. Rodica Grozea
Education Trust Fund.**

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**The University of Oklahoma is an
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OKPRN Funding in 2004

Oklahoma Health Care Authority

- A project to increase delivery of preventive services to Medicaid beneficiaries, Phase IV \$45,380

Oklahoma Foundation for Medical Quality

- A randomized control trial to improve mammography screening in OKPRN practices \$45,000

MERCK

- HPV burden of illness study—\$20,100

Association for Teachers of Preventive Medicine/Centers for Disease Control and Prevention

- Cooperative agreement TS-0571 Women's emotional and rational response to high-risk HPV \$170,565

National Cancer Institute Agency for Healthcare Research & Quality

- Improving colorectal cancer screening in primary care. \$147,000

Department of Health & Human Services

- Geriatric Academic Award - Robert Salinas—\$58,090

Centers for Disease Control

- HEART: Longitudinal study of youth assets and teen pregnancy—\$6,785
- HEART: The relationships among youth assets and teen pregnancy—\$10,845

Agency for Healthcare Research Quality

- Improving preventive services in primary care—Translating Research Into Practice (TRIP) — \$300,000
- Preventive services—\$150,000



OKPRN Publications in 2004

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