



Research Network Banquet Gives Members A Chance To Unite

By Kelly Bellomy, Research Administrative Coordinator

The Research Network held its annual banquet on Friday, February 28, 2003, at the Four Points Sheraton Hotel in Minneapolis. This year's venue was a new spot for the Network and proved to be a successful one. With 32 registrants, members were able to socialize before dinner. Dinner was followed by three short presentations including Dr. Kevin Peterson, Director of the Research Network, who welcomed guests and gave a brief update of current projects. Next, we were honored to hear Paul Nutting, MD, MSPH, Clinical Professor of Family Medicine at the University of Colorado Health



Paul Spilseth, M.D., and David Hunter, M.D., Co-Chairs of the Research Forum Planning Committee, chat with Kevin Peterson, M.D., M.P.H., Program Director of the MAFP Research Network, during the Research Network Banquet.

Sciences Center. He was the keynote speaker for the following day's Research Forum.

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RESEARCHER OF THE YEAR, 2003

Congratulations to **Dr. Kevin A. Peterson** for being selected as the 2003 Researcher of the Year!

Serving as Director of the Research Network for over ten years, Dr. Peterson was selected by his peers to receive this award at the Spring Refresher Luncheon on Thursday, April 10 in Saint Paul at the Radisson Riverfront Hotel.

This year has proved to be another busy one. Not only has the Network been awarded an AHRQ developmental grant, Dr. Peterson was awarded a contract as the site principal investigator for the new National Heart Lung and Blood Institute (NHLBI, NIH) \$270 million multi-center clinical trial Action to Control Cardiovascular Disease in Diabetes (ACCORD).

He has published two articles and three abstracts this year, ran a pre-conference workshop at the North American Primary Care Research Group (NAPCRG) Annual meeting and had several other publications, including a pocket guideline on diabetes care with a circulation of over 75,000.

Thank you to all the Research Committee members who helped serve on the selection committee.

2003 Research Forum Features Range of Speakers and Topics

By Rhonda Witte, Meeting Coordinator



The 23rd Annual MAFP Research Forum was held March 1, 2003, at the Four Points Sheraton in Minneapolis.

Thirty-nine family physicians, residents, medical students, guests and speakers attended the all-day event.

As always, the Research Forum included presentations of 12

research papers by medical students, residents, senior researchers and family physicians.

Four papers were chosen as the 'Papers of Greatest Interest to a Family Physician'. They were "The Problem With No Chart", Paul Spilseth, MD; "Newborn Length of Stay, Health Care Utilization, and the Effect of Minnesota Legislation", Diane Madlon-Kay, MD;

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EDITOR'S CORNER



*Kevin Peterson, MD, MPH
Research Network Director*

This winter has been a busy time for the Research Network! I am happy to report we have been working on new projects and improvements to our infrastructure that will revitalize and strengthen our membership. First and foremost, the Agency for Healthcare Research and Quality awarded the Research Network a two-year grant, with two objectives: 1) enhance our infrastructure and capability to conduct research, and 2) conduct an exploratory study into the best methods of bringing new research findings into practice. Through this grant improvements will be made to the Research Network website to support secure communication and data entry for research studies. Demographic information will be able to be gathered from our members, their practices, and patient populations. Procedures for human subject protections will be enhanced and training facilitated. We will also attempt to expand our membership base, with a focus on supporting members who serve ethnic or racially diverse and/or underserved populations. These activities will be of real value in our future studies.

The exploratory grant will focus on investigating methods to improve the management of type 2 diabetes and colon cancer in four Research Network member clinics. The intervention will follow a thorough needs assessment and will include introduction of a HIPPA-compliant registry system. This system will allow for identification of high-risk patients, provide patient reminders, and patient-specific physician reminders. Perceived barriers to implementing the system will be identified through focus groups and interviews with key informants within the clinic at the beginning and end of the intervention.

Network members are sometimes not able to participate in various projects that are presented to the Network. In order to better focus recruitment for specific studies and to better serve the needs of members able to participate, we are asking each of you to select a membership level that would best identify your level of involvement in the Network. Bronze members are interested in Network activities but are not able to participate in studies at this time, silver members can be involved in a research project but cannot involve their patients, and gold members can involve both themselves and their patients. I appreciate your assistance with this process. This identification will also allow us to use Network expertise and resources to assist members at the gold level to secure proper human subjects protections.

In addition to our grant activities, we recently held our annual Research Forum and banquet. It was a great success, with 45 attending the forum and 35 attending the banquet. Paul Nutting, MD, from the University of Colorado Health Sciences, was our distinguished guest speaker at the forum. He also attended the banquet and shared with us his thoughts about the value of practice based research and its importance to family practice.

As I mentioned before, we will soon have capability for secure data collection through the Research Network website. Please check the website in the near future at www.mafp.org, by going to the research network page, and clicking on the members section. This will allow you to learn how to submit your Primary Care Network Survey (PRINS-1) data over the Internet! It is your interest and involvement that gives this Research Network energy. Thank you for all of your efforts. I invite you to plug in to the MAFPRN and find a way to get involved.

Papers of Greatest Interest to a Family Physician

The following research abstracts were selected as winners at the 2003 Research Forum.

“The Problem With No Chart”

Paul Spilseth, M.D.

Purpose: To gain a better understanding of patients seen without a paper chart.

Background: A major frustration of primary care physicians is that clinical information is not always available at the time of the patient visit. Patients with complex problems may bring up many issues and expect their physician to remember all the details of their care. If no clinical information is available except in the memory of the doctor, the quality of the visits is likely to be less than ideal and the physician is immediately disadvantaged.

Method: The author uses an electronic medical record and a paper chart within a group practice. For a period of 3 months the author recorded the frequency of no paper chart available at the time of the visit. He also recorded the time of the visit, when the patient was seen, and the narrative of the visit using a voice activated electronic record system.

Results: In this study paper charts were missing 12.0% of the time over a three month period (Group 1) compared to patients with the chart present (Group 2). Group 1 patients were younger and more commonly female. Smoking rates were similar in both groups. The number of missing charts was approximately equal for each day of the week. Charts were missing most frequently in the early afternoon hours. Over half of the patients without charts called for an appointment within 2 hours of when they appeared at the clinic. Fifteen percent of Group 1 patients were walk-ins with no appointment. Most of the Group 1 patients visited the clinic during the last 6 months. The Group 1 patients were significantly different from Group 2 patients with more ENT and respiratory infections, skin problems, and back problems.

Conclusions: Missing charts may be a major reason why family physicians are likely to abandon paper charts in favor of electronic records. This study may not generalize to other practices because missing charts are more common in some clinics than in others. The problem of missing charts in outpatient care warrants further study because missing information has potential to increase risk and decrease quality of care.

“Newborn Length of Stay, Health Care Utilization, and the Effect of Minnesota Legislation”

Diane J. Madlon-Kay, M.D.

Objective: To describe newborn length of stay, post-discharge follow-up and healthcare utilization in the context of Minnesota’s early discharge legislation.

Design and Setting: Retrospective study using claims data from a large managed-care organization.

Participants: 22,944 term newborns born from 1/95 through 2/99.

Outcome Measures: Newborn length of stay; home or clinic visits within one week of discharge (early follow-up); immunizations within three months of age; readmissions within one month of discharge; urgent care or emergency room visits within two months of discharge.

Results: The percentage of newborns with short stays (0-1 days after vaginal birth, 2-3 days after cesarean birth) decreased after enactment of Minnesota early-discharge legislation in 1996, from 52% to 16% for vaginally-born infants and from 87% to 63% for cesarean-born infants ($p=0.001$). Although the legislation mandated coverage for home visits after short stays, only 12.4% of short-stay newborns had early home visits. Overall, 50% of infants had early home or clinic follow-up; compared with those who lacked early follow-up, these infants were more likely to have complete immunizations (adjusted odds ratio=1.09, 95% confidence interval 1.03-1.14), urgent care or emergency room visits (adjusted odds ratio=1.22, 95% confidence interval 1.07-1.39), and readmissions (adjusted odds ratio=2.49, 95% confidence interval 2.02-3.08).

Conclusions: Although implementation of Minnesota’s early-discharge legislation corresponded with significantly increased lengths of stay, very few short-stay infants received the post-discharge care for which coverage was mandated. Our findings indicate, however, that infants at higher risk for adverse outcomes were appropriately identified to receive early follow-up.

Papers of Greatest Interest to a Family Physician

“Will Tobacco Users Who Are Ready To Quit Participate in a Tobacco Cessation Helpline Program That Is Recommended By Their Physician?”

Donald Pine, M.D.

Cessation counseling, pharmacotherapy, and follow-up are effective treatment for smokers who are ready to quit in the primary care setting. These services are not routinely provided because of time constraints and other formidable barriers. Tobacco helpline services are readily available to provide counseling services and have been shown to be effective. In this pilot study one physician referred smokers routinely to the helpline, but did not provide counseling or offer follow-up cessation services in the practice. Observations about the feasibility of this strategy as well as smoker acceptance were recorded.

Methods: Users ready to quit were asked to set a quit date, provided pharmacotherapy and encouraged to call a tobacco helpline program for follow-up cessation services. They were asked about their response to this referral if a subsequent visit occurred.

Population: suburban primary care, community-based practice.

Results: During 19-month period 29 users were referred to the helpline at least once. The number of users having a clinic visit more than 1 month following referral to the helpline was 19. In this group 2 patients contacted the helpline about pharmacotherapy issues and subsequently participated in extensive counseling services over time. Smokers were receptive to referral and usually asked questions during brief helpline-related discussions. The principal reason for not contacting the helpline was the perception that callers were obligated to participate in extensive counseling services.

Conclusions: Referring smokers routinely to a tobacco helpline was feasible in a 1-physician study. Advising smokers that brief helpline contacts are welcomed may increase helpline participation. Further study of this strategy for helping smokers quit with multiple physicians is needed.

“Diversity of Procedures Performed: A Comparison of Physician Cohorts”

Theodore Ruzanic, MSII

The purpose of this MAFP sponsored research was to determine which cohort(s) within a large group of Minnesota Family Practice Physicians are performing the most diverse number of procedures.

A survey was mailed to four hundred board certified Family Practice Physicians (FPs) practicing in Minnesota. FPs were asked to respond to a series of questions regarding their length of time in practice, the size of the community in which they practice, their gender and their part/full time work status. They were asked to indicate which of 22 listed procedures they had performed at least once in the previous twelve months. Two-hundred and sixty-five (61%) of the 400 surveys were completed and returned. FPs were divided into cohorts based on their length of practice, gender, size community in which they practice and work status for statistical analysis.

Responses varied greatly, both between and within physician cohorts. Two general conclusions can be made. First, a physician's length of practice does not significantly impact the diversity of procedures performed. Physicians that have been in practice 1-5 years tend to perform the same number of different procedures as physicians that have been in practice for 11-15 years. Second, the most striking differences between cohorts centered on the size of community in which the physician practices, the physician's gender and work status.

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“Will Tobacco Users Who are Ready to Quit Participate in a Tobacco Cessation Helpline Program that is Recommended by Their Physician?” Donald Pine, MD; and “Diversity of Procedures Performed: A Comparison of Physician Cohorts”, Theodore Ruzanic, MSII. In addition to the research presentations, participants had the opportunity to attend educational sessions which included “Improving Chronic Care Practice: Challenges in Turning Successful Research Interventions into Sustainable Improvements”, by Paul Nutting, MD, MSPH, the day’s

keynote speaker. Other speakers included Mark Yeazel, MD; Jon Hallberg, MD; Patrick Keenan, MD; Dwenda Gjerdingen, MD; Kevin Peterson, MD, MPH; Timothy Van Wave, Dr.P.H.; and Leif Solberg, MD.

The 2003 Research Forum was possible, in part, because of generous support from its sponsors. Thank you to the following organizations for their support of Family Medicine and Research: Abbott Laboratories, Aventis, Department of Family Practice and

Community Health at the University of Minnesota, HealthEast, HealthPartners Research Foundation,



Donald Pine, M.D., Diane Madlon-Kay, M.D., and Milton Seifert Jr., M.D., at the Research Network Banquet.

McNeil Specialty Pharmaceutical, Park Nicollet/Methodist Family Medical Residency Program, UCare Minnesota, Upsher-Smith Laboratories and Wyeth.

A great many thanks to all of our speakers, presenters, committee members, judges and moderators; they made the 2003 Research Forum a success!

AAFP News

CME Update

In a recent bulletin from AAFP, the Commission on Continuing Medical Education (COCME) determined that participation in clinical research studies is eligible for Prescribed credit.

Members participating in clinical research studies, including case reports, series, systematic reviews and other descriptive and experimental studies, may claim credit. The bulletin states that participation is defined as writing a research grant proposal, working as a study investigator or co-investigator, or serving as an author or co-author of a research manuscript. These activities will be eligible for up to 10 hours of Prescribed credit per year. Any studies done in part by pharmaceutical firms, medical device manufacturers or other proprietary entities does not qualify.

Dr. Peterson’s Commission Appointment

Congratulations to Kevin Peterson, MD, MPH, Director of the MAFP Research Network for being appointed to the Commission on Clinical Policies and Research. He will serve a one four-year term. Functions of the commission include promoting the practice of patient-centered, evidence-based medicine and supports the development of scientific knowledge to meet the needs of family physicians, their patients and communities. To achieve these goals, the commission fosters the interpretation and dissemination of new knowledge through appropriate clinical policies and other tools and research relevant to the practicing family physician.

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Barbara Murdock, Manager of Public Health Laboratories at the Minnesota Department of Health was also invited to attend and gave the Network an overview of the current Biomonitoring Project that is being done. It was an interesting talk and hopefully any interested members will give Barbara a call! Georgann McClure, MAFP Foundation Executive Director, thanked the Network for their hard work and noted that Dr. Peterson will be speaking at the Foundation Luncheon at this year’s Annual Spring Refresher in April.

Research Network Developmental Grant

We are excited to report that we received national funding for a new study this past year. In November, our network was awarded the Minnesota Academy of Family Physicians Research Network Developmental Grant. This two-part grant was awarded to support and enhance the infrastructure of the current MAFPRN. Specific aims of Category 1 of the grant include: (1) Having members complete the PRINS in an effort to characterize their practices and patients (2) Enhancing physician recruitment and supporting clinics serving populations identified as underserved or with greater ethnic/racial diversity (3) Ensuring protection of human subjects for all clinicians and key

personnel who participate in MAFPRN research studies (4) Configuring the MAFPRN website for initiation of electronic data collection. Category 2 is an Exploratory Research Project with the goal of identifying methods of successfully translating empirical knowledge regarding preventive care delivery into sustainable clinical practice within the MAFPRN member clinics. The proposed exploratory study evaluates, in 4 MAFPRN clinics, the effectiveness of a multifaceted intervention on improving delivery of preventive services for (1) the management of type 2 diabetes, and (2) colon cancer screening among patients ≥ 50 years of age.

Membership Report

Total Members: Currently 185 members

Platinum = 0 members

Platinum Level membership will be awarded to a primary care clinic where all the currently practicing primary care providers are members of the Research Network, and are interested in enrolling their patients in studies.

Gold Level = 51 members

Gold Level members have indicated an interest in participating in Research Network studies individually as well as enrolling their own patients.

Silver Level = 19 members

Silver Level members have indicated an interest in participating in Research Network studies, but are not interested in involving their patients.

Bronze Level = 114 members

Bronze Level members have indicated an interest in receiving educational material concerning research findings that may impact their practice, but are not willing to participate in research opportunities.

PRN is a quarterly publication of the MAFP Research Network, intended for health care providers with an interest in primary care research. Except for official reports and announcements, no material in *PRN* is to be construed as representing the policies or views of the MAFP.

If you wish to become a member of the Research Network or receive the *PRN*, please contact:

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