



2002 Research Forum a Success

The MAFP Research Forum and Research Network Banquet were held this past spring at the Radisson Hotel Metrodome in Minneapolis. Despite the blizzard-like conditions, forty family physicians, medical students and guests attended the all-day conference.

As always, the Research Forum included presentation of sixteen research papers by medical students and family physicians. All of the presentations were followed by a discussion session led by a family



Robin Gotler, M.S., speaks to banquet attendees about the history of medicine. Gotler is from Case Western Reserve University in Cleveland, Ohio.

physician. Four papers were chosen as the “Papers of Greatest Interest to a Family Physician.” They were “Should Intrathecal Narcotics be Used as a Sole Labor Analgesic? A Prospective Comparison of Spinal Opioids and Epidural Bupivacaine,” by Patricia Fontaine, M.D., MS; “Maternal Assessment of Neonatal Jaundice After Hospital Discharge,” by Diane Madlon-Kay, M.D.; “Translating Disease Specific Care in Primary Care Clinics – A Report of the East Metro Diabetes Initiative,” by Kevin Peterson, M.D. and Carol Lange; and “Frustrations after the Rx: Medication Refills,” by Paul Spilseth, M.D.

In addition to the research presentations, participants had the opportunity to attend educational sessions. Those sessions included: “Toward a Basic Science of Generalist Practice,” presented by Kurt Stange, M.D., Ph.D.;

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New Location for Next Year’s Forum

Mark your calendars! The 2003 Research Forum will be held Saturday, March 1, 2003 at the Four Points Sheraton Hotel in Minneapolis. This new location, just off of 35W and Industrial Boulevard, offers easy access to guests and better yet - free parking. Please note, the abstract submission deadline for the upcoming event is January 15, 2003.

If you are interested in being part of the planning committee, please contact Rhonda Witte at (952) 542-0130, (800) 999-8198 or e-mail her at rwwitte@mafp.org. Most of the planning is done via conference call so don’t let distance keep you from getting involved!

RESEARCHER OF THE YEAR, 2002

Barbara Elliott, Ph.D., Duluth, received the 2002 Researcher of the Year Award from the Minnesota Academy of Family Physicians.

The recipient of the Researcher of the Year Award must, through the course of his/her career,



Barbara Elliott, Ph.D.

have contributed in a major, outstanding manner to the development of family medicine research in Minnesota and/or nationally.

Elliott is a faculty member at the Department of Family Medicine at the University of Minnesota Duluth. She is a member of the MAFP Research Committee and a former President’s Award Winner.

Nominators said Elliott has played a vital role in helping to develop future researchers, as well as solving problems that plague the marginalized and economically deprived in society.

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EDITOR'S CORNER



*Kevin Peterson, MD, MPH
Research Network Director*

I hope that the summer finds everyone well, and I hope you are finding some time to break away from the hard work. When you do get a chance to take a breather, I would ask that you think back to some of those clinical questions that seem to come up during the

course of a busy practice. My partner used to say that he found at least one interesting question or one fascinating bit of information every day that he practiced. If that happens to you, then let's see if we can put our heads together and put those to work.

The Research Network just finished up a couple of studies, and although there is plenty of work to do in data analysis and paper writing, there is also room for a new innovative project or two. Is there something you would like to know? Is there something that deserves investigation, perhaps something that you think works, or perhaps that you think doesn't work? Have some of what were 'clinical pearls' over the years seemed to become dogmatic opinions, or perhaps the opinions have now become pearls?

If you have an idea, or a pet project, and are willing to give a little effort to be the point person in an investigation, please call us or send a letter. If you can convince other family doctors to join you in gathering information, the Network will provide you with the opportunity. The Network will make sure that the project is doable and not overwhelming for a community practice. We can also provide the infrastructure and the support to find an answer that may have far more importance to the way we practice medicine than you may first realize. Isn't it about time you gave it a try?

Here at the MAFPRN, we are waiting for a response on the grant application for the MAFPRN infrastructure support that went to the Agency for Healthcare Research and Quality (AHRQ) in the spring. This was a request for additional support for staff, communications, and project development from the federal government's

principle funder of primary care research. The project officer reported that a "gazillion" applications went in for this request for proposals. Nevertheless, we are holding our lottery number and waiting by the phone. My thanks go out to the many people involved in this difficult and arduous process of putting in a federal "PHS398" grant application.

For those of you involved in the Diabetes Outcomes Study, the data has undergone first analysis, and three abstracts have been submitted to the North American Primary Care Research Group meeting on November 16-19 in New Orleans. I understand there were 101 family physicians who completed the study and approximately 840 patients. This should be one of the largest sets of data describing family practice patients with diabetes in the literature, and should help a great deal in describing who we take care of and how we do it. Although the data has not been released yet, I understand that it looks very good for Family Medicine. Congratulations! It is about time that we demonstrate the value and importance of what we do for people with diabetes.

The AAFP National Network is continuing to grow, and has attracted several offers for large studies. The planned projected size of the AAFP Network has increased from less than 175 to approximately 800 members. With the continued growth of the AAFP Network, questions arise as to whether the Chapter Networks, such as the MAFPRN, should merge with the AAFP organization to provide a larger, more nationally representative physician and patient database. The Oklahoma Network has formally suggested that we all join forces, although the politics of how this would work are nebulous. As members, what do you think? Would you like to see continued chapter ownership, or would you like to be a member of the national AAFP research organization? If you have ideas about this, please give me a call. There seem to be both advantages and disadvantages to such a move.

I would like to thank the MAFFP Foundation again for their generous contribution to the Network, and to the MAFFP for their continued support over the course of the budget year. Those of you who encourage support, and those in leadership positions who promote research in Family Practice, are the people that are really responsible for the continued success of the Network.

Papers of Greatest Interest to a Family Physician

The following research abstracts were selected as winners at the 2002 Research Forum.
Congratulations to all involved!

“Should Intrathecal Narcotics be Used as a Sole Labor Analgesic? A Prospective Comparison of Spinal Opioids and Epidural Bupivacaine”

Patricia Fontaine, M.D., MS

Objectives: Intrathecal narcotics (ITNs) are being used in some settings as a sole labor analgesic. However, they have not been directly compared to epidural analgesia.

Population and Study Design: 82 women with uncomplicated full-term pregnancies were enrolled upon analgesia request during spontaneous labor with cervical dilation 3-7 centimeters. 63 chose ITNs (morphine and fentanyl) and 19 epidural analgesia (continuous infusion bupivacaine and fentanyl) in a prospective observational design. Outcomes were analyzed with multivariate regression techniques.

Outcomes: Pain scores were documented using a visual analog scale. Satisfaction and side effects were rated with Likert scales during a structured interview on the first post partum day.

Results: ITNs were associated with significantly higher pain scores than epidural analgesia during the first and second stages of labor and on an overall postpartum rating. The median effective duration for ITNs was between 60-120 minutes; however, they provided excellent analgesia for a subgroup of women who delivered within 2-3 hours of receiving them. While women in both groups were satisfied with their pain management, women receiving ITNs had statistically lower overall satisfaction scores.

Conclusion: Within the limitations of a non-randomized study, a single intrathecal injection of morphine and fentanyl has a shorter duration and provides less effective pain control than a continuous epidural infusion of bupivacaine and fentanyl. ITNs may, however, have a role in settings with limited support from anesthesiologists or for women whose labors are progressing rapidly.

“Maternal Assessment of Neonatal Jaundice After Hospital Discharge”

Diane J. Madlon-Kay, M.D.

Objective: To determine whether mothers can accurately assess the presence and severity of jaundice in their newborns visually and with an icterometer after hospital discharge.

Study design: Mothers were taught how to examine their infants for jaundice by determining the extent of caudal progression of jaundice, and by use of an Ingram icterometer. The mothers documented the exams for 7 days after discharge. Home health nurses also examined the babies for jaundice after discharge and obtained serum bilirubin tests.

Population: Mothers of infants cared for in the normal newborn nursery of a 340-bed community hospital.

Outcomes Measured: Maternal assessment of the presence of jaundice and its caudal progression; icterometer readings; bilirubin levels.

Results: Jaundice extending to the nipple line or below had a positive predictive value of 55% and a negative predictive value of 86% for identifying infants with bilirubin levels of ≥ 12 mg/dL. Icterometer readings of ≥ 2.5 had a positive predictive value of 44% and a negative predictive value of 87% for identifying infants with bilirubin levels of ≥ 12 mg/dL. The three infants with bilirubin level ≥ 17 mg/dL were recognized by the mothers as having jaundice below the nipple line, and had icterometer readings ≥ 2.5 .

Conclusion: Further study is needed to determine the optimal method of parental education about newborn jaundice. However, maternal use of the Ingram icterometer and determination of jaundice in relation to the infant's nipple line are both potentially useful methods of assessing jaundice after hospital discharge.

Papers of Greatest Interest to a Family Physician

“Translating Disease Specific Care in Primary Care Clinics – A Report of the East Metro Diabetes Initiative”

Kevin Peterson, M.D., Victor Corbet, Carol Lange

Context:

Few effective models for improving the delivery of chronic medical care in primary care clinics exist.

Objective: To improve the methodology which allows empirical knowledge to be translated into sustainable clinic practice in primary care clinics by developing and testing a disease specific intervention model.

Design: Nine primary care clinics worked together to develop a multifaceted diabetes specific intervention incorporating evidence-based components directed at both physicians and at practice redesign. The intervention incorporated evidence-based tools previously demonstrated to be effective in altering clinical outcomes with new tools to help physicians and to enable clinical support. The intervention used a local clinic site coordinator to facilitate the implementation. The site coordinator was supported by an audit and feedback system facilitated by a disease specific clinical information system. Upper level management and administrative personnel were integrated into review of endpoints and resources use. The intervention included targeting of individuals with an A1c > 9.0, a reminder system, academic detailing, local opinion leaders, and addition of a diabetes specific flow sheet.

Setting: Nine primary care community clinics. Patients: All patients with type 1 or 2 diabetes in participating clinics.

Results: In 3534 patients average A1c dropped from 8.65 to 8.28 over one year ($p < .05$). Targeted patients

dropped from an average of 9.5 to 7.6 ($p < .001$). Average A1cs for targeted patients dropped significantly ($p < .001$) by the second visit to a nadir at the fourth visit ($p < .0001$).

Conclusion: The intervention model appears to be an effective translation technique easily adaptable to other chronic diseases.

“Frustrations after the Rx: Medication Refills”

Paul Spilseth, M.D., M.S.

Hypothesis:

Refilling medications that patients use on a continual basis is a costly, time consuming, and frustrating unit of work provided by family physicians that could be improved.

Research Questions:

How many medication refills are provided by family physicians each working day?
What are the estimated costs of this process?
What frustrations do family physicians feel about doing this work?
How could the process be improved?

Methods:

Survey of frustrations 20 FPs
Count of refills by author over 9 months
Estimate of costs

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“Evidence-Based Hormone Replacement Therapy,” presented by Jamie Feldman, M.D; and “The Evidence Behind Colorectal Cancer Screening Recommendations,” presented by Mark Yeazel, M.D., M.P.H.

The 2002 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: American Academy of Family Physicians, AstraZeneca, Aventis,



James Boulger, Ph.D., Jeremy Springer, M.D., Donald Pine, M.D., and Rhonda Witte, MAFP staff.

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A great many thanks to all of our speakers, presenters, committee members, judges and moderators - they made the 2002 Research Forum a success!



George Smith, M.D., Research Committee Chair, with his wife, Chris.

AAFP 2002 Convocation

By Charmaine Morrison, Research Coordinator

This year the 2002 Convocation of Practice-Based Research Networks gathered together on March 13-16 in Kansas City, Missouri. Many physicians, research assistants and project coordinators from across the country congregated to share and discuss issues surrounding practice-based research in primary care.

The Convocation, established just last year, intended to serve a dual purpose: the annual meeting of the AAFP National Research Network physicians and the major meeting of the Federation of Practice-Based Research Networks.

At the Convocation this year, several presentations were offered each day on a wide number of issues pertaining to the activities and interests of the Research Network members. The topics

varied to accommodate issues, questions and ideas at every level of research.

Many presentations served as a forum for discussion of past research, including methods that were and were not successful. In addition, data and results from current studies, such as the Diabetes Outcome Study, were presented. Also, hot topics of current and future research were discussed to inform members of the Research Networks about what is happening on a national level.

Overall, the Convocation served as a venue for the exciting exchange of ideas surrounding topics pertaining to practice-based research in primary care. Please look for information in future issues of the *PRN* regarding next year's Convocation that will take place in Washington D.C. in March 2003.

Important Dates To Remember

Nominations for Researcher of the Year Award

Accepted November 4, 2002 through January 31, 2003

Research Forum Abstract Submission Deadline

January 15, 2003

Research Network Banquet

February 28, 2003

All members are invited to attend.

More information to come!

Research Forum

March 1, 2003

Four Points Sheraton Hotel

Minneapolis, MN

AAFP Convocation of Practices

March 20-23, 2003

Doubletree Crystal City Hotel

Arlington, VA

MAFP Annual Meeting

April 9-11, 2003

Radisson Riverfront Hotel

St. Paul, MN

RESEARCH NETWORK STUDY UPDATES

On-going Studies

Diabetes Outcome Study

The MAFPRN completed its role in the Diabetes Outcome Study this past summer. The MAFPRN worked with study coordinators at Baylor and the AAFP to enroll 24 physicians into the study. Three abstracts were presented at the Convocation Meeting held this past March in Kansas City.

Hormone Replacement Therapy (HRT) Study

The HRT Study participant recruitment officially ended August 31, 2001. During the final months we were able to significantly increase the enrollment of participants. The final numbers totalled 30 physicians who were able to recruit 87 participants. The recruitment of participants proved to be very difficult for this study. We would like to thank those physicians who contributed their time and energy. The study is currently in the data analysis phase and we will update the participating physicians with the results from the study as soon as we are made aware.

Minnesota Men's Health Study

The MAFPRN recruited its last clinic for the Minnesota Men's Health Study this month. Nine clinics in Minnesota are now participating in this study. The final clinic to join the study was the Parkview Clinic in New Prague. The clinics have a critical role in performing the blood draws and then shipping these samples to the study laboratory.

The MAFPRN continues to work with the Minnesota School of Public Health to help make the study procedures occur smoothly. We would like to thank the clinic managers and lab personnel for their willingness and cooperation in making this study a success.



New Studies

NAMCS

We are planning to begin NAMCS data collection for all the Research Network members. The data will characterize network members and their patients. This information is extremely valuable for future research and grant applications that involve the network.

Pfizer/Omnicare Real World Feasibility Study

We have just received IRB approval to begin the Pfizer/Omnicare Real World Feasibility Study. This study will look at a patient's willingness to use inhaled insulin as an option for diabetes treatment. Drs. Kevin Peterson and Carroll Galvin will both be participating in this study and will involve recruitment of 10 patients by each physician throughout the next few months.

PRN is a 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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