



## A MAFPRN Pilot Study: Motivating Healthy Habits



By Jacky Hanson, Research Coordinator

The purpose of this pilot study is to engage participants in a series of semi-structured learning exercises to encourage reflection about how health behavior change is influenced by one's thoughts, feelings, perceptions, and values.

This study will involve 10 primary care clinics. A provider at each clinic site will recruit 18 patients to engage in a motivational program oriented to one of the following health-related foci: 1) smoking; 2) healthy eating; 3) physical exercise; 4) drinking. Three motivational programs will be implemented, varying in intensity: 1) a self-help manual; 2) self-help manual

+ counselor support by telephone; 3) computer-based program + counselor support by telephone. Participants' readiness to change will be measured at 0, 1, and 6 months.

Ten motivational process measures that relate to patients' thoughts and feelings regarding change will also be evaluated. The number of patients starting any behavior specific intervention will be determined at the 6-month evaluation.

Analysis will evaluate change in the readiness to change scale, change in the motivational process measures,

**Healthy Habits-Continued on page 4**

## Impact: Improving Diabetes by Primary Care Translation



By Jacky Hanson, Research Coordinator

We are currently involved in a study whose purpose is to successfully translate empirical knowledge regarding diabetes treatment and management into sustainable clinical practice. This study, known as IMPACT, has been funded by the National Institute of Diabetes, Digestive, and Kidney Disease and is being administered by the University of Minnesota Department of Family Practice and Community Health. The IMPACT study is a group

randomized and controlled trial proposed in 24 primary care clinics in Minnesota and Western Wisconsin. The focus of the study is on the primary care environment, where the majority of patients with diabetes seek ongoing health care. IMPACT will evaluate the effectiveness of the TRANSLATE intervention which promotes better comprehensive diabetes management. Key features include the targeting of high-risk

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## Developing an Asthma Apgar

The MAFPRN is currently involved in a study, funded by the Agency for Health Research and Quality, to develop an Asthma Apgar.

Fewer than 25% of medical records from asthma visits include the elements of the asthma-related history and physician examination required to score asthma severity. This gap in documented care is the basis for the practice Asthma Apgar.

This project will collaborate with rural PBRN physicians using participatory action research to modify and validate the Asthma Apgar developed by the principal investigator. The practice Asthma Apgar is used to provide targeted feedback to physicians and practices to guide asthma translating research into practice activities.

After assuring face validity, the effectiveness of the practice Asthma Apgar will be assessed in helping practices identify asthma care gaps and develop simple solutions that could be implemented for those gaps. Finally, the potential for spreading use of the tool to other rural practices will be evaluated.

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## EDITOR'S CORNER



*Kevin Peterson, MD, MPH  
Research Network Director*

Now that we are well into winter, the initiation of several of the new MAFPRN projects is beginning to wind down. Participation has been absolutely wonderful, and I would personally like to thank everyone who is taking part in one of the MAFPRN's current programs.

With IMPACT (24 clinics), Motivating Healthy Habits (10 clinics), The Men's Health Study (9 clinics), Asthma Apgar (4 clinics), Diabetes and Colon Cancer (4 clinics), ACCORD (1 clinic), PRINS 1 (84 providers), and PRINS 2 (13 providers and growing) it appears that the Network has over 200 family physicians currently working on projects ranging from quality improvement to motivational interviewing. Many different common problems are being evaluated in real practice settings. Areas currently under study include asthma, diabetes care, colon cancer screening, tobacco and alcohol cessation, etiology of prostate cancer, and treatment of obesity and sedentary lifestyles in our patients.

Both the level of participation and the quality of the research produced has finally caught the attention of major government funding agencies. The National Institutes of Health has recently released its first Request for Proposals (RFP) with the name "Practice-Based Research Network" in its title. The purpose of the RFP is to evaluate how primary care physicians can more quickly translate research into practice. We can use this research funding to examine our own practices, and to improve what we do for our patients. This kind of work will help to make family medicine better in the future. Thank you for making this possible, and thank you for all of your hard work. A closer evaluation of family medicine will result in a better understanding nationally of what we do, and of the value of what we do.

Last month, the AAFP took the Practice-Based Research Network (PBRN) show on the road. They presented to the division directors of the National Cancer Institute (NCI, NIH) and have plans to present to other institutes

shortly. There is a great deal of current interest in technology, how it can be used to improve primary care delivery, and how family medicine physicians can work with the research team at NIH to improve both research and practice. Family medicine appears to be on the forefront of technology, and this appears to be a major driving factor in the ability to involve many small clinics in sophisticated projects. Good research isn't just for the academic centers any longer.

There is still a great deal to do. If you are not a member of a research network, join one. If you are a member, think about advancing to gold membership (if you can involve your patients in research). If you are a gold member, talk to your partners about joining. Current projects that are open for additional participation include the Asthma Apgar study (Barbara Yawn, MD, Olmstead Medical Group, Rochester), and PRINS (Jacky Hanson, MAFPRN Research Coordinator, University of MN, Minneapolis). The point is to discover what we can do to improve our practices, our patients, and primary care in general. The investment is long term, but the rewards are great.

### NEW MAFPRN WEB RESOURCES

Working with the AHRQ, the MAFPRN has put together a number of different tools for better communication with members. You can find these resources at [www.pbrnet.org](http://www.pbrnet.org). This includes discussion groups on various topics of interest, including potential research projects, summaries of ongoing research, and communication with other researchers from other PBR Networks across the country. There are chat rooms, threaded discussions, and list serves on a variety of PBR topics, and the ability to start new ones. There is even a new tool (Ultimate Apps) to design simple E-based surveys that requires very little experience or learning. The site is secure (128-bit https), and can act as a simple data collection site for approved studies. If you have not received your password and username please call Jacky Hanson (612-625-0931). Please let us know if you have other ideas about how to improve the site, and make it even more useful to the PBRN researcher.

# 2004 Research Forum: Future Directions for Research in Family Medicine

Attend the annual Research Forum on Saturday, March 6, 2004, 7:30 a.m. - 3:00 p.m., at the Four Points Sheraton in St. Paul, Minnesota. This is an opportunity for family physicians, residents, medical students and other medical professionals to learn about future directions for research in Family Medicine and to gain CME credits.

The keynote presentation will be made by **Macaran Baird, M.D., M.S.**, Professor and Head, Department of Family Practice and Community Health, University of Minnesota Medical School. **Patricia Fontaine, M.D.**, and **Richard Gebhart, M.D.**, will host a workshop on "How to Turn an Idea or Data into a Research Project." There will also be a Networking Discussion about Practice-Based Research Project Ideas.



Abstracts will be presented by practicing and academic family physicians, residents, medical students and medical researchers. Research presentations will include issues relating to patient care, patient education and practice management.

The 2004 Research Forum is made possible with the generous support of our grantors: HealthEast, HealthPartners Research Foundation, North Memorial, Park Nicollet/Methodist Family Medical Residency Program, UCare Minnesota, and the United Hospital Foundation.

Please go to [www.mafp.org](http://www.mafp.org) for more information about the Research Forum.

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## Register for the Research Forum

Name \_\_\_\_\_

M.D.   D.O.   Ph.D.   MS   Other

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### Lunch Reservations

- Regular Meal
- Vegetarian Meal
- I will not be eating lunch

### Registration Fee

Registration includes CME, handouts, continental breakfast, break and lunch.

- Physician (\$75)    Resident (\$30)
- Medical Student (\$15)    Other (\$75)

**\*Attendees are welcome to register at the hotel on the day of the Research Forum.**

### Payment Options

Please fax a copy of this registration form to the MAFP office at (952) 542-0135. You will be invoiced.

Or mail the registration form and a check to:  
Minnesota Academy of Family Physicians  
600 S. Highway 169, Suite 1680  
St. Louis Park, MN 55426

## New Asthma Study: Participants Needed

### Asthma Is:

Common - 5% of adults and up to 20% of children by age 18

Variable - week by week, seasonal and over life span

Not well controlled - continued symptoms and activity restrictions

A burden on people and their families - cost, stress, lack of support

Cared for in primary care practices

*We can provide our patients and families with more help.*

### Goals Of This Project Are:

1. Develop a simple tool that allows you to assess your practice's care of asthma.
2. Use that tool to identify strengths, weaknesses and gaps in your practice.
3. Use the results to develop practice changes to improve asthma care.
4. Learn enough to disseminate the tool into other primary care practices.

### Your Work:

1. Identify people with asthma - help provided
2. Review charts of 20 people with asthma - done and scored by physicians
3. Meet as a practice to review findings and suggest changes
4. Implement changes and find new resources - help provided
5. Reassess asthma care in your practice and consider using tool for direct patient care
6. Appropriate reimbursement provided

*If you are interested in participating, please call Jacky Hanson, MAFPRN Research Coordinator, at 612-625-0931.*

## Welcome New MAFPRN Members

We would like to welcome all new MAFPRN members.

We look forward to working with you.

Thomas Applegate, M.D., Virginia, MN  
Thomas Bracken, M.D., Onamia, MN  
Raymond Christensen, M.D., Moose Lake, MN  
Mark Druffner, M.D., Hudson, WI  
Carol Farchmin, M.D., Duluth, MN  
Amy Gilbert, M.D., St. Paul, MN  
Kelly Goeb, M.D., Sandstone, MN  
John Halfen, M.D., Staples, MN  
Kristen Hansberry, M.D., Chanhassen, MN  
Patrick Keenan, M.D., Minneapolis, MN  
Vincent LaPorte, M.D., Marshall, MN  
Karen Long, CFNP, Edina, MN  
Keith Olson, D.O., Sauk Centre, MN  
Dan Palmquist, M.D., Cloquet, MN  
Lon Peterson, M.D., Hastings, WI  
Mari Thomas, M.D., Sauk Centre, MN  
Ruth Westra, D.O., Moose Lake, MN

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and the utilization of specific behavioral change programs against the independent variables of selected behavior intervention format, clinic, and selected demographic variables.

Progress is well underway in this study. Physicians and staff at all 10 clinic sites have been recruited and trained, and 9 sites have begun patient recruitment. Institutional Review Board (IRB) submissions from 3 of the institutions involved have been completed and Unaffiliated Investigator Agreements and Human Subjects Assurance Certifications have been collected for all study personnel. Also, confidential telephone counseling booths with appropriate technology to support intervention have been built. In addition, several forms have been developed including a site visit protocol, site responsibilities list, consent form, patient screening tool, patient recruitment log, patient baseline data collection instrument, patient recruitment follow-up letter and a communications log. Finally, an operation manual with all forms and introductory materials for each respective site has been constructed.

# MAFPRN Developmental Grant

Progress is being made toward meeting the goals of this two-part grant that was awarded to the MAFPRN to support and enhance its infrastructure.

## Category 1: Support and Enhance the Infrastructure of the MAFPRN

The specific goals of Category 1 are to 1) have silver and gold members complete the PRImary care Network Survey (PRINS-1 and PRINS-2), 2) enhance physician/clinic recruitment, 3) ensure human subject protection for all MAFPRN research projects, and 4) configure the MAFPRN website for initiation of electronic data collection.

We are pleased to report that to date, almost 100% of the PRINS-1 surveys have been returned and analysis is underway. The PRINS-2 surveys have recently been sent out and we are hoping for the same kind of response.

As to physician/clinic recruitment, a recent mailing was sent out and has resulted in several new members. We will continue to periodically send out mailings and hopefully achieve our recruitment goal. As far as ensuring human subject protection, when a physician/clinic participates in an MAFPRN study, they will be required to have the appropriate training before beginning the project.

Finally, the last goal, configuring the MAFPRN website, has been completed.

## Category 2: Exploratory Research Project

The goal of Category 2 is to identify methods of successfully translating empirical knowledge regarding preventive care delivery into sustainable clinical practice within the MAFPRN member clinics. Progress is well underway with this component of the MAFPRN initiative.

Eight clinics have been recruited to participate in in-depth interviewing regarding principal barriers to the delivery of optimal chronic disease care within primary practice. Attention is divided across two foci: diabetes and colon cancer screening. Interviews with representatives of the four clinics participating in the diabetes-oriented work are nearly complete (12 finished, 1 remaining). A rich variety

of perspectives and professional viewpoints have been captured, as interviewees have included physicians, administrators, nurse educators, medical records, and billing personnel. The four clinics participating in the colon-cancer screening are currently being scheduled for interviews, and will encompass an equally diverse range of professionals.

Interviews are being transcribed verbatim shortly after they are conducted, and qualitative analyses of transcripts are already underway. These analyses are based on data reduction, in which information is extracted and arranged into patterns, categories, and themes that emerge from the gross database. General themes are being identified, and groupings of topics are being consolidated as repeated passes through the data are made. Topics that are conceptually similar are being merged under broader conceptual themes, and unique categories are being identified in their own right. Descriptive wording consistent with the content and nature of themes is being developed. Preliminary results encompass patterns relevant to barriers across practice, provider, patient, and fiscally related foci. Analyses will continue until all interviews are complete and data saturation is achieved.



Follow-up interviews will be conducted next spring or summer, after our electronic reminder systems and related intervention components have been implemented and employed regularly at each respective site.

Providers' perspectives regarding the effectiveness of these interventions in improving chronic disease care will be elicited, as well as their viewpoints about how practice can be further-improved vis-à-vis remaining or new barriers identified as problematic.

# MAFPRN STUDY UPDATES

## Minnesota-Wisconsin Men's Health Study

The Minnesota-Wisconsin Men's Health Study, funded by the University of Minnesota School of Public Health (National Cancer Institute grant), is a case-control study of prostate cancer in the states of Minnesota and Wisconsin. In-person interviews through the Minnesota center were completed with 1,751 subjects (857 cases/894 controls). Blood samples were provided by 1,462 of these participants (740 cases and 722 controls), and tumor blocks were obtained for 360 cases who participated in the study. Midway through the study additional funding was obtained to administer a dietary questionnaire. Of the subjects

interviewed, 1,373 (686 cases, 687 controls) completed the dietary questionnaire. Overall the investigators were very pleased with the final status of the data collection. Analysis of this data is now underway.



## Diabetes Outcome Study

The Diabetes Outcome Study, funded by the American Academy of Family Physicians, was designed to evaluate the patterns of care for diabetes in primary care practices. Data collection is now complete on this project and papers are in progress.

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patients, a patient reminder system for routine visits, both passive and patient specific physician reminders, and a disease specific networked reporting system. Quality improvement methods will be employed to optimize implementation in each unique clinic setting. The outcome measures will be averaged changes in A1C and systolic

blood pressure, frequency measures of LDL, microalbumin, foot exam and cost effectiveness of the intervention. Currently 20 clinics have been recruited throughout Minnesota and Western Wisconsin and well over 6,000 charts have been abstracted.

## Important Dates to Remember

MAFP Research Forum, March 6, 2004  
St. Paul, MN

AAFP Convocation of Practices, March 20-23, 2004  
Arlington, VA

MAFP Spring Refresher, May 20-21, 2004  
Minneapolis, MN

*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.

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