



IMPACT: Improving Diabetes Care for Adults with Type 2 Diabetes

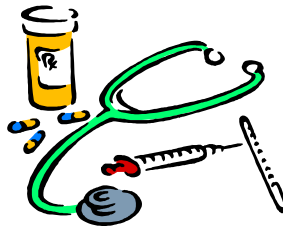
By Joyce Weinhandl, IMPACT Study Program Coordinator

IMPACT is a NIDDK-funded group randomized trial of TRANSLATE, an intervention to improve diabetes care for adults with Type 2 diabetes, being run in association with the MAFPRN. Prior to initiating the study intervention, baseline data was collected on quality of diabetes care at 24 participating primary care clinics in Minnesota and Western Wisconsin.

The study was limited to two health outcomes and six diabetes quality of care indicators. Health outcomes were hemoglobin A_{1c} and systolic blood pressure. The diabetes quality of care indicators included recent laboratory testing in the past year for hemoglobin A_{1c} levels, low density lipoprotein, and renal function. A documented foot examination in the medical record; a dilated retinal eye examination in the past 12 months; and medical record reviews were used to document the number of outpatient visits in the past year.

The cost-effectiveness of the intervention will be determined from the perspective of

the health system. The approach is to determine the additional cost of the TRANSLATE intervention itself and compare this to the potential cost savings of better preventive care.



Preliminary results illustrate that there is wide variation in quality of diabetes care at the clinic level, and that this variation persists even after controlling for patient factors such as age, gender, comorbid conditions, and diabetes complications. An awareness of this variation can lead to a more effective set of intervention goals. There were no “good” or “bad” clinics, so much as clinics that were good at some parts of diabetes care, but not at others.

This variation, and the lack of correlation of clinical quality across multiple clinical domains within a single clinic, serve also to emphasize the importance of systems approach to diabetes care improvement, that are capable of simultaneously supporting multiple domains of diabetes care. IMPACT allows a systems intervention because it is driven by more intelligent use of available data, and by intelligent registries that automatically translate large amounts of data into clinically useful information to guide care.

Finally, we demonstrate that quality of care data can be used to direct maximally effective, tailored intervention strategies to improve diabetes care at primary care clinics. With respect to both barriers and facilitators of better diabetes care, the data support the hypothesis that one size does not fit all, and that tailored approaches to quality improvement at the clinic level can be accomplished in a practical and efficient way.

Minnesota Clinicians Motivating Health Improvement: Motivating Healthy Habits



By Helen Roemhild, Consultant, RWJ Motivating Health Habits Grant

Physicians from ten family medicine clinics in Minnesota were recruited from the Minnesota Academy of Family Physicians (MAFP) Research Network to conduct a brief motivational intervention with adults at risk for Type 2 Diabetes. Physicians and study coordinators utilized specific screening tools to recruit adults with any one of four targeted risk behaviors (current smoker, risky alcohol use, sedentary lifestyle, or unhealthy diet) for study participation. After

consenting subjects, physicians delivered a tailored message to improve subject motivation to increase healthier lifestyle choices. Subjects selected one of three modes of intervention (self-help, telephone, or internet) to receive health behavior motivational counseling and resources to make a specific behavior change. Subject recruitment was aided by an electronic enrollment system that allowed point of entry clinic data, and tracked subject questionnaires and participation in online

educational programming. The goal of this pilot study was to determine subject recruitment issues including number screened vs. number enrolled, subject intervention mode preference, and subject motivational changes as determined by a specific process measure tool at 30 and 180 days post baseline. Lessons learned from this pilot study and future plans for further research will be presented at the MAFP Research Forum on March 5, 2005.

EDITOR'S CORNER



*Kevin Peterson, MD, MPH
Research Network Director*

MAFPRN members represent nearly every health system in Minnesota with a wide variety of reimbursement methods, locations, and practice designs (e.g., clinics owned by managed care organizations, free standing fee for services clinics owned by the provider). About one-third (28%) are participating members of independent practice associations (IPAs), and over half are participating members of other types of health maintenance organizations (HMOs) (56%) or preferred provider organizations (PPOs) (57%). The majority of MAFPRN members see ambulatory patients at a single practice site (78%), with 21% working at two or more sites. Over two-thirds (69.1%) practice in community-based, non-teaching clinics.

The following information on the membership was collected from the recent PRINS survey of the membership.

The MAFPRN includes 236 health care providers from over 100 clinics located throughout Minnesota. Membership is distributed across three levels of research involvement, each reflecting a different level of intensity. MAFPRN “bronze” members are active consumers of educational and related materials that may impact their practice. While bronze members are not directly involved in the production of research findings themselves, the information they consume and integrate into their work is based on research findings directly produced by others in the research network. MAFPRN “silver” members similarly consume findings produced within the network, but are also actively involved in contributing to it as it relates to their own practice characteristics and functioning within the sites wherein they are positioned. MAFPRN “gold” members go one

step beyond this as they involve patients in primary care research. This work is varied and diverse in terms of its focus and goals, encompassing studies regarding individual and group behavior, interventions in tobacco cessation, diabetes, colon cancer screening, asthma, risky drinking, and motivational counseling for the adaptation of healthy lifestyles.

The following is a description of providers within the MAFPRN that are involved in research production (n = 78). Surveys were distributed to all of our silver and gold members, and data presented here were derived from the 68 surveys that were returned to us (response rate = 87%).

Ninety-one percent of the MAFPRN’s silver and gold membership is composed of MDs, followed by DO’s and other disciplinary backgrounds (e.g., NP/APNs). Almost all (99%) identify themselves as specialists in family practice. Approximately half practice at sites with 10 providers or less, and half practice at sites with more than 10 providers. About one third (28%) are owners of the sites in which they provide care.

The majority of MAFPRN members are Caucasian, with 97% identifying themselves as such. Most are over the age of 40 (82%), with 41% between 40-49 years old and 37% between 50-64 years old. About two-thirds (66%) are male.

The MAFPRN continues to grow in regional and national recognition. On February 10, I will be talking to the National Heart, Lung, and Blood Institute Advisory Council about the future of PBRNs and the work on the Roadmap. There is much to be proud of, but none of it is possible without the dedication and work of the members of the MAFPRN. As we move forward, I hope we can lead the discipline in accomplishing recommendation #7 from the Future of Family Medicine Committee: “Participation in the generation of new knowledge will be integral to the activities of all family physicians ... Practice-based research will be integrated into the values, structure, and processes of family medicine practices.”

MAFPRN Category 1 and 2 Grant

The MAFPRN Category 1 and 2 Grant, funded by the AHRQ, is in its final stages. 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.

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.

This project was originally to have been completed by October, 2005, but was granted a six-month extension due to minor delays in implementation as well as a change in Principal Investigator (Patricia Fontaine, MD is now PI). The main work of the study has been completed and additional analysis and development of presentation materials and papers is currently in process. The study is due to finish on March 31, 2005. The preliminary results of this study will be presented at the MAFPR Research Forum on March 5, 2005.

- Jacky Hanson, Research Coordinator



The 25th Annual Research Forum

The Family Physician's Role in Moving Research From Bench to Bedside to Better Patient Care

Gather for the 25th Annual Research Forum held on Saturday, March 5, 2005, 7:30 a.m. - 3:00 p.m., at the Four Points Sheraton, St. Paul/Capital. Practicing and academic family physicians, senior researchers, residents and medical students from across Minnesota will present their work in Family Medicine Research.

Barbara P. Yawn, M.D., M.Sc., Director of Research at Olmsted Medical Center and Adjunct Professor with the Department of Family Medicine and Community Health at the University of Minnesota, is our keynote speaker.

In the afternoon, members of the MAFP Research Network will present findings and updates on their research projects



and provide information on how to be involved in the Research Network. A reception, hosted by the Research Network, will be held at the hotel at 3:00 p.m. Everyone attending the Research Forum is welcome.

The MAFP is grateful to these organizations for providing educational grants which make the Research Forum possible: HealthEast, HealthPartners Research Foundation, Mayo Clinic Rochester – Department of Family Medicine, North Memorial Medical Staff, Park Nicollet/Methodist – Family Medicine Residency Program, UCare Minnesota.

Please go to www.mafp.org for more information on the Forum.

Research Forum Registration

Name _____

(Circle those that apply)

M.D. D.O. Ph.D. MS Other _____

Address _____

City, State, Zip _____

Phone _____ Email _____

Lunch Reservations

Regular Meal Vegetarian Meal None

Registration Fee

Includes CME, handouts, continental breakfast, break and lunch.

Physician (\$75) Resident (\$30) Other (\$75)

Attention Medical Students:

Barbara Yawn, M.D., M.Sc., has provided a scholarship that covers registration for any medical student who wishes to attend the Research Forum. If you would like to take part in the scholarship, please register by checking the box below.

Medical Student (\$0 - Scholarship)

Payment Options

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

National Children's Study

By Pat Fontaine, M.D., and Gillian Lawrence, Lead Research Assistant

After a whirlwind of activity, the National Children's Study Pilot Project has finished data collection within MAFPRN. The National Children's Study (NCS) is a longitudinal research project proposed by the National Institute of Child Health and Development to comprehensively study children's health and development from birth until age 21. The goal of the Pilot Project, sponsored by the Agency for Health Care Quality and Research (AHRQ), was to determine whether PBRNs and their affiliated clinic sites would be able to take part in the NCS. MAFPRN was selected to participate, along with 5 other networks nationally.

On an extremely tight timeline, a total of 71 pregnant women, 1-year-olds, and 5-year-olds completed physical exams, nutritional interviews and developmental assessments. Data has been forwarded to the Resource Center at Indiana University, where it will be evaluated for completeness and quality. Our performance in the NCS Pilot demonstrates that Minnesota's primary care clinics, through MAFPRN, are poised to make significant contributions to high-level research.

Asthma Apgar Study

By Barbara P. Yawn, M.D., M.Sc.

Collaborating with 15 MAFPRN practices, a tool has been developed and tested to assess asthma care in family medicine office practice. The tool provides information on specific gaps in care including essential elements of the history that are often missed.

Each practice identified the strengths and weaknesses of their current asthma practice and designed simple solutions to improve care. From these results Phase 2 has been initiated in which we will work with practices around the country to move the tool from a practice assessment tool to a direct patient care tool.

Results will be presented at the MAFPRN Research Forum on March 5, 2005.

With Special Thanks...

Congratulations are due to Gillian Lawrence, lead research assistant, and to the ten clinics, lead physicians, and site coordinators who participated in the project.

Andover Park Clinic

Ron Jankowski, M.D., Kathy Keller and Jacky Prescott

Camden Physicians: Four Seasons, Minneapolis and Grove Square Clinics

Rick Gebhart, M.D., Mary Maher, Caryn Carlson and Barb Johnson

Phalen Village Clinic

George Smith, M.D., Mary Beth Collins, Jean Jansen, Joe Carbajal and Faith Parenteau-Ek

Bethesda Clinic

David Power, M.D., David Hunter, M.D., and Melissa Pearson

North Memorial Clinic

Pat Fontaine, M.D., M.S., and Lori McPherson

Community University Health Care Center

Susan Ferron, M.D., and Marion Herman

Smiley's Clinic

Patricia Adam, M.D., MSPH and Jennifer Ellison

Soteria Family Health Center

Ruth Bolton, M.D., and Peggy Welch

PRN is a publication of the MAFPRN 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 MAFPRN.

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

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ePCRn

By Jacky Hanson, Research Coordinator

The ePCRn is an NIH funded proposal through the NIH Roadmap initiative to develop an electronic infrastructure that aids in the recruitment of subjects and the performance of randomized controlled trials in primary care practices, and that promotes the rapid integration of new research findings into primary care. The initiation of this project has generated much excitement and has been accompanied by a great deal of activity. As expected, many planning meetings

have taken place between the collaborators in Birmingham, England, University of California-San Francisco, and the University of Minnesota to review the National Health Service system that will be replicated. Equipment is now being ordered and the project is on schedule. A complete update on this project will be presented at the MAFPRN Research Forum on March 5, 2005.