IRENE Newsletter

IOWA RESEARCH NETWORK

Vol 2 No. 1 Spring • Summer 2008

Our MISSION and PURPOSE

IRENE's mission is to improve the health and well-being of Iowans through collaboration in practice-based research on questions important to primary care physicians and their patients. IRENE's purpose is to create and foster a network of research collaboration between the academic medical center and primary care physicians through out the state of Iowa with a particular focus on improving rural health.

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American Cancer Society Awards Grant to Dr. Levy

The American Cancer Society awarded Dr. Barcey Levy a Research Scholar Grant entitled, "Interventions to Improve Colon Cancer Screening in Poor Rural Iowa Counties," in the amount of $1,635,307.

National clinical guidelines recommend colorectal cancer (CRC) screening for average-risk individuals beginning at age 50, yet fewer than half of all eligible Americans comply with these guidelines. Compliance rates are markedly lower for rural patients and individuals of low socioeconomic status. Iowans have the third highest incidence rates of CRC of the Surveillance and Epidemiology End Results (SEER) registries and are in the upper half of SEER registries for late-stage CRC diagnoses. Because patients generally access CRC screening via their primary care physicians, interventions to improve screening should be tested in the primary care setting, and there is a critical need to test evidence-based office reminder systems for improving CRC screening in rural primary care practices. It is estimated that 75 – 90% of CRCs could be prevented by appropriate screening.

Our *long-term goal* is to reduce CRC incidence and late-stage disease in individuals living in rural communities. Our *objective in this project* is to determine the relative effectiveness of physician chart reminders and patient-directed interventions to increase CRC screening rates in rural, primary care offices. Our *central hypothesis* is that providing offices with one or more CRC screening support systems based on the Chronic Care Model will significantly increase CRC screening rates in comparison with usual care, and that such interventions will be cost-effective and accepted in practice. This hypothesis is based on our own work, and that of others. Our *rationale* is as follows: 1) the literature suggests that office reminder systems increase compliance rates; 2) rural populations in general, and Iowans in particular, are at high risk for late-stage CRC, have low compliance rates and are understudied; and 3) the Iowa Research Network (IRENE), is in place to facilitate the proposed study. Practice-based research networks (PBRNS) are ideal settings for the much needed research in real-world settings necessary to provide translation of efficacy-tested interventions into effectiveness trials in clinical practice or broader evaluations of programs combining multiple interventions. Documenting an effective intervention could lead to significantly increased CRC screening among individuals

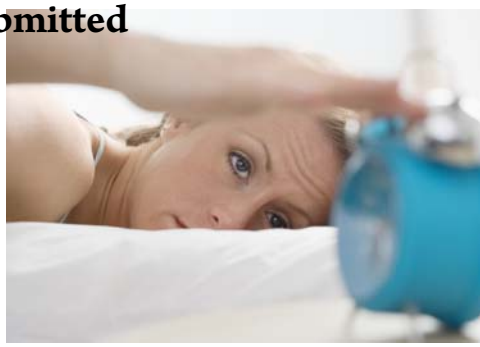
Continued on page 2

American Cancer Society Award *(continued from page 1)*

attending rural practices throughout the U.S., potentially resulting in earlier detection and improved CRC-free quality of life for tens of thousands of rural Americans.

To accomplish our goals, we will test office reminder systems of gradually increasing intensity to ensure that the patient is educated about CRC screening and receives a physician recommendation for screening. Patients due for screening within each practice (never screened or lapsed with screening) will be randomized to one of four groups that will receive office reminder system strategies of increasing intensity: 1) Usual care, 2) Physician chart reminder alone, 3) Physician chart reminder + multifaceted mailed patient education, including FOBT cards and returnable CRC screening test preference sheet or 4) Physician chart reminder + multifaceted mailed patient education/FOBT cards/ preference sheet + a telephone reminder. The primary outcome for each patient will be whether their CRC screening status becomes up to date by any one of the four accepted CRC screening methods (take home 3-card FOBT, flexible sigmoidoscopy (FS), colonoscopy, or double contrast bariumenema (BE))during the 12-month interval following the interventions.

Agency for Healthcare Research and Quality Task Order Submitted



A task order entitled, "Management of Obstructive Sleep Apnea by Primary Care Providers," was submitted this April by Drs. Jeanette Daly and Barcey Levy.

Specific aims of the proposal were:

Aim 1: *To describe and estimate the proportion of patients with symptoms of sleep apnea:* ***a)*** *who self-report discussing their symptoms with their primary care physician,* ***b)*** *whose physician documented symptoms of sleep apnea in the medical record, and* ***c)*** *who were referred for a formal sleep study.*

Self-reported data from patients with symptoms consistent with sleep apnea will be linked with information in their medical record to ascertain whether primary care physicians are documenting potential sleep apnea symptoms and the proportion of these individuals who have had sleep studies.

Aim 2: *To ascertain the perceptions of Iowa family and general internal medicine physicians regarding identification of patients with obstructive sleep apnea, how a potential diagnosis is confirmed, and who prescribes and manages therapy for those who are diagnosed with sleep apnea.*

Survey results will provide information on the proportion of physicians who refer their patients for either polysomnography (PSG), home sleep monitoring, or prescribe continuous positive airway pressure (CPAP) to confirm suspected obstructive sleep apnea. Also, an estimate of the approximate number of patients referred for PSG in a sleep center or for home sleep monitoring will be obtained. Concerns about scheduling PSG in sleep centers and follow-up treatment will also be explored.

Aim 3: *To determine the characteristics and services provided at both accredited and non-accredited Iowa sleep centers.*

To accomplish this aim, mailed survey and telephone interviews will be conducted with the directors of Iowa's sleep centers. A main finding from this work will be to better understand the current status of in-home sleep monitoring.

Thanks to all who provided letters of support for this project during the multiple times this proposal was submitted!

If you are interested in having your office participate in this study, please contact Barcey Levy, PhD, MD at (319) 384-7622.

Late-Life Depression Project

Late-life depression is an important disease. It often coexists with chronic medical conditions and influences the prognosis of other diseases. Also, it is associated with lower perceived health status, potential barriers to self management, and high mortality. Late-life depression is a treatable disease, and the patients' compliances and continuous treatments are important. However, people believe that elderly persons may perceive depression as a normal part of aging which does not require medical treatment. So, we want to discover elderly patients' perceptions about depression and the barriers for treatment of depression and compare the international differences in these perceptions and barriers. We will ask physicians in primary care clinics in U.S.A., Russia and Korea to participate. A questionnaire that includes a diagnostic screening tool for depression will be given to patients as they sign-in for an office visit. A copy of the questionnaire will be given to their physician and another copy will be returned to the study coordinator.

If you are interested in participating in this project, please call Gerald Jogerst, MD at (319) 384-7704.

Personal Health Records and Elder Medication

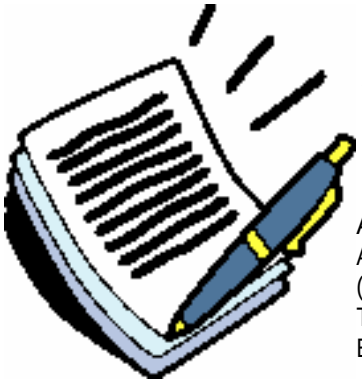
The Iowa Research Network (IRENE) has received funding from the Agency for Healthcare Research & Quality to conduct a study entitled, "Personal Health Records and Elder Medication Use Quality." Personal health records (PHRs) are an evolving tool in which patients and physicians can work together to optimize patients' medication regimens. One part of this study is to conduct focus groups with physicians and staff at several medical clinics to find out their views about patients managing their medications and how patient use of personal health records could affect physicians' practices.

We are conducting focus groups at physician offices to discuss this work. If you are interested in participating, we are asking physicians to do the following:

- Participate, along with your office staff, in one focus group session of physicians and office staff. The primary goal of the focus group session is to get your opinions about patient roles for managing their medications AND to collect feedback about how your practice might respond to patients' use of personal health records. The session will last 45 to 50 minutes and will be scheduled at your convenience. Ideally, we would like several physicians, nursing and office staff to participate.

If we are able to schedule the focus group session during lunch time, we will bring food for the participants. In addition, each focus group participant will be paid $50. The focus groups will be conducted by Bill Doucette, Ph.D., a Professor in the University of Iowa College of Pharmacy. If you have more questions or would like to discuss this project, you can contact him at 319-335-8786 or by email william-doucette@uiowa.edu.

INSIDE THIS ISSUE



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The longer we live, the more that we know,
Old age is the time for wisdom to show;
Who knows how much good some word we might say
Could do for the leaders of some future day. —Bosch

To forget the elderly is to ignore the wisdom of the years.