



IRENE Newsletter

IOWA RESEARCH NETWORK

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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 throughout the state of Iowa with a particular focus on improving rural health.

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Management of Skin and Soft Tissue Infections by Primary Care Clinicians in the Era of Community-Acquired Methicillin Resistant Staphylococcus Aureus: An Iowa Research Network Study

The Agency for Healthcare Research and Quality has funded a task order to the Iowa Research Network to (1) identify and evaluate best methods and procedures for primary care practices to follow in managing patients suspected of having community acquired methicillin-resistant staphylococcus aureus (CA-MRSA) infections and (2) disseminate widely those strategies found to be effective, efficient and sustainable.

The prevalence of skin and soft tissue infections caused by methicillin-resistant Staphylococcus aureus acquired in the community (CA-MRSA) by persons without established risk factors for MRSA has increased rapidly over the past decade. CA-MRSA has the potential to develop quickly from a localized abscess or furuncle into an invasive skin infection requiring hospital admission, and has also been associated with severe complications such as sepsis and necrotizing pneumonia. Since most CA-MRSA infections are managed initially on an outpatient basis, it is critical that primary care clinicians recognize and treat appropriately patients suspected of having such infections.

IRENE Clinics Interested in CA-MRSA Study:



- Ellsworth Family Medicine, Iowa Falls, IA, Dr. Pisney*
- Family Medical Associates, Guttenberg, IA, Dr. Hoffman*
- Family Practice, West Des Moines, IA, Dr. Studer
- Genesis Family Medicine, Blue Grass, IA, Dr. Bunting*
- Genesis Family Medicine, Davenport, IA, Dr. Andresen*
- Manchester Family Medical Association, Manchester, IA, Dr. Boom*
- Medical Associates, Le Mars, IA, Dr. Doorenbos*
- Mercy Care Community Physicians, Cedar Rapids, IA, Dr. Keating
- Siouxland Medical Education Foundation, Sioux City, IA, Dr. Jung
- The Country Doctor, PC, Bloomfield, IA, Dr. Brodale*
- UIHC CMS Lone Tree Clinic, Lone Tree, IA, Dr. Bedell*
- UIHC CMS Sigourney Clinic, Sigourney, IA, Dr. Saxena*
- Urbandale Family Physicians, Urbandale, IA, Dr. Shirk*
- West Des Moines Family Practice, West Des Moines, IA, Dr. Studer

*Clinics selected to participate by AHRQ project officer

At this time, focus group meetings are being conducted with the office clinicians to explore the perspectives of community physicians and nurses regarding the management of skin and soft tissue infections in the office to gain an understanding of the management problems that arise in practice.

THANK YOU EVERYONE FOR OFFERING TO PARTICIPATE

AMERICAN CANCER SOCIETY COLON CANCER SCREENING PROJECT

Dr. Barcey Levy's CRC study to determine the relative effectiveness of physician chart reminders and patient-directed interventions to increase CRC screening rates in rural, primary care offices is ongoing. Patient recruitment is ongoing at this time and the following fifteen IRENE offices are participating.

Office	City	Lead Physician
Spencer Family Care Avera Health	Spencer	Dr. Hunziker
Medical Associates	Le Mars	Dr. Doorenbos
Kossuth Regional Health Center	Algona	Dr. Richards
Unity Healthcare	Muscatine	Dr. Paulsrud
Burlington Area Family Practice Center	West Burlington	Dr. Carlson
Siouxland Medical Education Foundation	Sioux City	Dr. Jung
Sioux Center Medical Clinic	Sioux Center	Dr. Jongewaard
Rebelsky Family Practice LLC	Grinnell	Dr. Rebelsky
Manchester Family Medical Associates, PC	Manchester	Dr. Boom
Union County Health Foundation	Elk Point	Dr. O'Shea
Ellsworth Family Medicine	Iowa Falls	Dr. Pisney
Alegent Health Center	Corning	Dr. Gruba
Medical Associates	Clinton	Dr. O'Shea
Family Medicine Associates	Guttenberg	Dr. Hoffmann
Dubuque Family Practice, PC	Dubuque	Dr. Dietz

NIH FUNDS UI BLOOD PRESSURE STUDY FOR \$8.5 MILLION

Only about half the people with high blood pressure who see a doctor keep their pressure under control. To study whether physician-pharmacist collaboration can improve control rates, particularly among minorities, the University of Iowa College of Pharmacy and College of Public Health have received a total of \$8.5 million through two grants from the National Heart, Lung and Blood Institute of the National Institutes of Health.

The five-year grants include \$4.8 million awarded to

the College of Pharmacy and \$3.7 million to the College of Public Health. The project also involves investigators in the Carver College of Medicine. The \$4.8 million grant awarded to pharmacy is the largest award ever received by a principal investigator in that college.

“The study will focus on people with high blood pressure who receive clinical care through a doctor's office, yet, for various reasons, have not achieved control of their condition,” said Barry Carter, Pharm.D.,



UI professor of pharmacy practice and science, who as a principal investigator will manage study clinical interventions and personnel.

"Research shows that among people who already see a doctor, blood pressure control rates vary from about 45 to 60 percent. Our intention is to see if using a collaborative model that involves a clinical pharmacist working with each patient and the physician will make a difference in helping patients control their high blood pressure," said Carter, who also is professor and associate head for research of family medicine.

The study's second principal investigator, William Clarke, Ph.D., UI professor of biostatistics, will lead the collection, review and analysis of data.

Approximately 1,200 study participants will take part in the investigation at 27 physician offices nationwide, including several in Iowa. The participating medical offices are members of the National Interdisciplinary Primary Care Prac-



tice Based Research Network that Carter directs. "Many of the sites care for large numbers of minority populations," Carter said.

"While there have been blood pressure control studies using a clinical pharmacist intervention, we do not know if this approach is effective across populations," he said. "Minorities typically have had more difficulty with blood pressure control, with lower rates of successful control. This investigation should help us determine if minority groups can be assisted by the collaborative approach."

Study participants will be seen by their regular doctors and be assigned to one of three groups: regular care, nine months of collaborative care involving a clinical pharmacist, or the collaborative model for two years. The collaborative model involves the pharmacist employed in the doctor's office who will identify patients' problems and work with the physician to optimize therapy.

Carter said that lack of blood pressure control among patients being seen by doctors can be attributed primarily to these situations: forgetting to take medication, taking medications incorrectly, not being prescribed the proper medication or not being prescribed medication in sufficiently high dosages.

"Patients don't necessarily take their medications properly and at the same time, some doctors are not prescribing enough medications needed to achieve control," he said. "In defense of physicians, given our nation's care and payment systems, doctors are lucky to have 10 or 15 minute with a patient who may have multiple chronic problems. So it's a huge challenge for physicians to address blood pressure control issues in this context."

NIH Funds UI Blood Pressure Study for \$8.5 Million *(continued from page 3)*

Nationwide, approximately 60 million people, regardless of whether they have regular care, have high blood pressure. Guidelines for controlled blood pressure are 140/90 for people without other conditions and 130/80 for people with other conditions such as diabetes or kidney disease.

The top number in a blood pressure reading -- the systolic pressure -- is the highest pressure that occurs in the blood stream during a heartbeat. The bottom number -- the diastolic pressure -- is the lowest pressure within the bloodstream that occurs during a heartbeat.

"We're fortunate at the UI to be able to put together interdisciplinary teams and serve as leaders in interventional research on blood pressure, especially efforts involving team-based care provided by physicians, pharmacists and public health specialists," Carter said.

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