

IRENE Newsletter

IOWA RESEARCH NETWORK

Volume 6 No. 1 • SPRING • SUMMER 2012

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.

DIRECTOR OF IRENE



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INFORMATION ABOUT...

Fecal Immunochemical Test

The fecal immunochemical test (FIT) is a newer kind of test that detects occult blood in the stool. This test reacts to part of the human hemoglobin protein, rather than to heme as in guaiac-based testing.

FIT Types

- ◆ Manual liquid-based results which read negative/positive, CLIA-waived
(Examples: Quidel QuickVue iFOB)
- ◆ Automated liquid-based results which read Hb ng/ml or negative/positive, not CLIA-waived
(Examples: OC-Auto Micro 80)
- ◆ Manual dry-slide results read which negative/positive, CLIA-waived
(Examples: Beckman Coulter Hemocult ICT, Immunostics Heme Screen Specific)



FIT Important Points

- ◆ Highly specific for occult lower gastrointestinal (GI) bleeding, as globin is degraded by upper GI enzymes; thus FIT is not suitable for detecting upper GI bleeding; use guaiac test for that
- ◆ No dietary or medication restrictions for stool collection
- ◆ Automated FIT has shown better performance characteristics than guaiac tests using three stool samples*:
 - * Guaiac (Beckman Coulter Hemocult II) sensitivity and specificity for detecting advanced adenomas (14%/92%), cancer (31%/92%), and advanced colorectal neoplasm (17%/93%)
 - * FIT (OC-Sensor) sensitivity and specificity for detecting advanced adenomas (34%/91%), cancer (85%/90%), and advanced colorectal neoplasm (44%/92%)¹
- ◆ Hemoglobin in stool samples stored in liquid-based buffer degrades over time
- ◆ Mailed dry-slide stool samples have better stability of hemoglobin compared with liquid-based tests
- ◆ May not detect a non-bleeding tumor, so multiple stool samples still should be tested; two stool samples are recommended
- ◆ Avoid digital rectal exam to obtain stool sample
 - * Trauma of exam could cause bleeding
 - * Sensitivity for detecting advanced neoplasia in 284 patients was 4.9% for digital rectal exam and 23.9% for 6-sample guaiac FOBT²
- ◆ A positive FIT indicates a need for complete colonoscopy

¹Park D, Seungho R, Kim Y, et al., Comparison of guaiac-based and qualitative immunochemical fecal occult blood testing in a population at average risk undergoing colorectal cancer screening. *Am J Gastroenterol* 2010;105:2017-2025.

²Collins JF, Lieberman DA, Durbin TE, et al. Accuracy of screening for fecal occult blood on a single stool sample obtained by digital rectal examination: A comparison with recommended sampling practice. *Ann Intern Med* 2005;142:81-85.

FUNDING OPPORTUNITIES

NEW GRANT FUNDING SOURCE: PCORI



The Patient-Centered Outcomes Research Institute (PCORI) is an independent organization created to help people make informed health care decisions and improve health care delivery.

PCORI was created by Congress through the Patient Protection and Affordable Care Act of 2010 as a non-profit, nongovernmental organization, governed by a 21-member Board of Governors. PCORI's purpose, as defined by the law, is to help patients, clinicians, purchasers, and policy makers make better-informed health decisions by "advancing the quality and relevance of evidence about how to prevent, diagnose, treat, monitor, and manage diseases, disorders, and other health conditions."

The statutory language defining PCORI is broad and authorizes research that will support a strong patient-centered orientation, inform better choices among alternative treatment and prevention strategies, and direct attention to individual and system differences that may influence strategies and outcomes. PCORI was designed to produce knowledge through the analysis and synthesis of existing research or the support of new research.

PCORI's Proposed Research Agenda

Below is the first version of PCORI's Research Agenda. PCORI expects to learn and update this over time.

- ⇒ **Assessment of Prevention, Diagnosis, and Treatment Options.** Research should focus on 1) clinical options with emphasis on patient preferences and decision-making, 2) biological, clinical, social, economic, and geographic factors that may affect patient outcomes.
- ⇒ **Improving Healthcare Systems.** Research should focus on 1) ways to improve access to care, receipt of care, coordination of care, self-care, and decision-making, 2) use of non-physician healthcare providers, such as nurses and physician assistants, and the impact on patient outcomes, 3) system-level changes affecting all populations, diseases, and health conditions.
- ⇒ **Communication and Dissemination.** Research should focus on 1) strategies to improve patient and clinician knowledge about prevention, diagnosis and treatment options, 2) methods to increase patient participation in care and decision-making and the impact on health outcomes, 3) communication tools that enhance decision-making and achieve desired outcomes, 4) ways to use electronic data ("e-health records") to support decision-making, 5) best practices for sharing research results.
- ⇒ **Addressing Disparities.** Research should focus on 1) ways to reduce disparities in health outcomes, 2) benefits and risks of healthcare options across populations, 3) strategies to address healthcare barriers that can affect patient preferences and outcomes.
- ⇒ **Accelerating Patient-Centered and Methodological Research.** Research should focus on 1) ways to improve the quality and usefulness of clinical data in follow-up studies, 2) methods to combine and analyze clinical data that follow patients over time, 3) use of registries and clinical data networks to support research about patient-centered outcomes, including rare diseases, 4) strategies to train researchers and enable patients and caregivers to participate in patient-centered outcomes research.

PCORI has released one call for pilot projects to assist in development of research agenda, collection of preliminary data to advance the field of patient-centered outcomes research, and identify methodologies that can be used to advance patient-centered outcomes research. We will keep you apprised of future PCORI grant program announcements.

Iowa Primary Care Infrastructure Training (2012)

Funded by NIH National Cancer Institute Grant

AUG 8, 2012 — HOTEL WINNESHIEK, 104 EAST WATER STREET, DECORAH, IA

Please join the Iowa Community-Based Cancer Prevention Project for a **FREE** infrastructure building session for all Iowa Family Medicine and Iowa Research Network (IRENE) Clinics. Participants will learn how their clinic may participate in current and future research projects. **NURSES, MEDICAL ASSISTANTS, OTHER OFFICE STAFF, AND HEALTHCARE PROVIDERS ARE WELCOME.**

- **3.25 AMA PRA Category 1 Credits™** awarded to physicians at no charge.
- Nurses: Full time attendance will award **7.2 contact hours**.
- Each participating IRENE clinic will receive an **E-TABLET or COMPUTER & PRINTER** for patient education and research in the clinic
- **Travel costs will be reimbursed** (mileage, meals and hotel, *if needed*)
- Attendees will be trained in Human Subjects Protection (**\$200/person** or up to **\$400 incentive** for each office completing the training)
- Participating clinics will be eligible for **travel support for future meetings**

8:15 a.m.	REGISTRATION & CHECK-IN (<i>Coffee, Juice and light breakfast available</i>)
8:45	WELCOME/INTRODUCTIONS OVERVIEW: BUILDING INFRASTRUCTURE FOR CANCER CONTROL IN IOWA AND THE IOWA RESEARCH NETWORK (IRENE) Barcey Levy, PhD, MD, <i>Professor, University of Iowa Department of Family Medicine</i>
9:30	HUMAN SUBJECTS PROTECTIONS CERTIFICATION TRAINING Patricia Gillette, <i>Application Administrator, Human Subjects Office, University of Iowa</i>
10:30	BREAK
10:45	E-TABLET TRAINING Brad McDowell, PhD, <i>Director, Population Research Core at the University of Iowa Holden Comprehensive Cancer Center</i>
11:15	A RANDOMIZED CLINICAL TRIAL TO IMPROVE COLORECTAL CANCER SCREENING IN IOWA FAMILY PHYSICIAN PRACTICES Barcey Levy, PhD, MD, <i>Professor, University of Iowa Department of Family Medicine</i>
11:45	LUNCH (Provided) & CONTINUED E-TABLET DISCUSSION
12:15	USE OF THE FECAL IMMUNOHISTOCHEMICAL TEST Jeanette Daly, PhD, RN, <i>Associate Research Scientist, University of Iowa Department of Family Medicine</i>
12:45	COLORECTAL CANCER SCREENING RESOURCES Sara Comstock, MSW, <i>Executive Director, Iowa Cancer Consortium</i>
1:15 p.m.	CLOSING & EVALUATIONS Barcey Levy, PhD, MD

Credit

Physicians

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of the University of Iowa Roy J. and Lucille A. Carver College of Medicine and The Iowa Cancer Consortium and the Department of Family Medicine. The UI Carver College of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

The University of Iowa Carver College of Medicine designates this live activity for a maximum of **3.25 AMA PRA Category 1 Credits™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

DISCLOSURE POLICY:

Everyone in a position to control the content of this educational activity will disclose to the CME provider (University of Iowa Carver College of Medicine) and to attendees all relevant financial relationships with any commercial interests. They will also disclose if any pharmaceuticals or medical procedures and devices discussed are investigational or unapproved for use by the U.S. Food and Drug Administration (FDA).

Nurses

This program is offered in cooperation with the University of Iowa College of Nursing, an Iowa Board of Nursing approved provider, number 1. Full time attendance will award **7.2 contact hours**. Program number 12 221 93 has been assigned for the August 8 session in Decorah.

RECENT IRENE PUBLICATIONS

1. Ely JW, Kaldjian LC, D'Alessandro DM. Diagnostic errors in primary care: lessons learned. *Journal of the American Board of Family Medicine*, 2012;25(1):87-97.
2. Daly JM, Levy BT, Xu Y. Quality of colonoscopy services for physicians in the Iowa Research Network. *Family Medicine*, 2012;44(3):164-170.
3. Levy BT, Daly JM, Xu Y, Ely J. Mailed fecal immunochemical tests plus educational materials to improve colon cancer screening rates in Iowa Research Network (IRENE) practices. *Journal of the American Board of Family Medicine*, 2012;25(1):73-82.
4. Daly JM, Xu Y, Ely JW, Levy BT. A randomized colorectal cancer screening intervention trial in the Iowa Research Network: Study recruitment methods and baseline results. *Journal of the American Board of Family Medicine*, 2012;25(1):63-72.
5. Daly JM, Xu Y, Levy BT, Bedell DA, Marquardt MD, Vonderhaar KM, James PA. Implementation of a diabetes management program for patients in a rural primary care office. *Journal of Primary Care and Community Health*, 2012;3(2):88-98.



If you are interested in receiving a copy of any of the above publications, please email the request to IRENE@uiowa.edu.

**2012 Iowa Cancer Summit:
A Decade of Collaboration**

October 3-4, 2012

West Des Moines Marriott

To register or for more information:
<http://iowacancerconsortium.wildapricot.org/>

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We're on the web!

<http://www.uihealthcare.com/depts/med/familymedicine/research/irene/index.html>

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Iowa Primary Care Infrastructure Training (2012)

Registration Form (complete one for each attendee)

Attendee Name:
Role in Office:
Contact Name: <i>(if different than attendee)</i>
Phone:
E-mail:
Please check the session for which you are registering: <input type="checkbox"/> Decorah, IA – 8/8/12
Attendees will be trained in Human Subjects Protection (\$200/person or up to \$400 incentive for each office completing the training). Please indicate to whom the check should be made payable: Name: _____ <input type="checkbox"/> Same address as listed above <input type="checkbox"/> Different mailing address Street address: _____ City, State, Zip: _____
Each IRENE clinic which sends a staff member to the training is eligible for a computer and printer <u>or</u> an e-tablet for clinic use. Please check which option your clinic chooses: <input type="checkbox"/> Desktop computer and printer <input type="checkbox"/> E-tablet
Travel: Mileage, food and hotel (if requested) are provided to all attendees. Indicate if you will be requesting travel reimbursement: <input type="checkbox"/> Yes <input type="checkbox"/> No
Dietary restrictions or other needs:

Please register by July 27th, 2012

Fax Registrations to **Kelly Rollins at 319-335-4072** (no cover sheet needed)

Iowa Cancer Consortium, 100 MTP4, Room 162, Iowa City, IA 52242

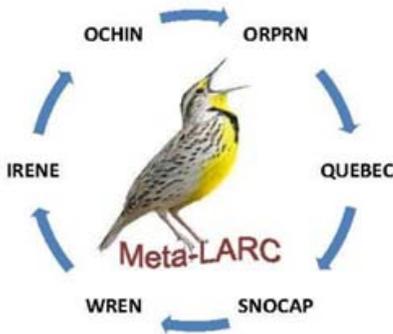
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FUNDING ANNOUNCEMENTS

Meta-network Learning And Research Center (Meta-LARC)



The Agency for Healthcare Research and Quality (AHRQ) released a funding announcement for Research Centers in Primary Care Practice Based Research and Learning. The Iowa Research Network (IRENE) worked with L.J. Fagnan, MD at the Oregon Rural Practice-based Research Network and submitted a proposal. ***This past month we learned it has been funded!***

The new Research Center in Practice-Based Research is a collaboration of six well-established practice-based research networks (PBRNs) that joined together to create the Meta-network Learning and Research Center (Meta-LARC). Meta-LARC’s mission is ***to sustain a consortium of PBRNs dedicated to increasing the quality, effectiveness and safety of primary care through accelerated research and collaborative learning.***

Meta-LARC members include the Oregon Rural Practice-based Research Network (ORPRN, Center home), the Iowa Research Network (IRENE), State Networks of Colorado Ambulatory Practices and Partners (SNOCAP), Oregon’s Safety Net West Practice-based Research Network (SNW), the Quebec Practice Based Research Network (QPBRN), and the Wisconsin Research and Education Network (WREN). These PBRNs are comprised of 533 primary care practices and over 6,000 clinicians who provide care for an estimated three million patients in rural, urban, and underserved communities. Combined, the networks have conducted over 200 studies and published nearly 200 scientific publications.

The specific aims of Meta-LARC are described below:

Aim 1: Foster the capabilities of six PBRNs and 533 primary care practices through a robust collaboration designed to conduct research to improve the quality, effectiveness and safety of primary care.

We will build on the strengths of each network when responding to research opportunities and enlist the expertise of investigators, biostatisticians, bioinformaticists, and community practices from the collaborating institutions to form effective interdisciplinary teams. Studies will be appropriately powered and designed to take into account the variability across sites. All six networks have identified practice redesign and transformation into Medical Homes and Neighborhoods as a priority.

Aim 2: Accelerate the conduct of PBRN research through a well designed, high functioning common infrastructure that enables the efficient conduct of research.

The Administrative Core and Research Core will be housed within ORPRN at Oregon Health and Science University (OHSU), but will draw from best practices and methods of the collaborating PBRNs and the PBRN literature. Each of the cores’ structures and operating procedures are designed to be nimble in responding to research opportunities, effective in implementing research protocols across a variety of clinic models, and positioned to advance PBRN study methodology through best practices frameworks and inter-PBRN synergy. Meta-LARC will develop opportunities and a structure for senior investigators to partner with junior researchers and research fellows to understand and become familiar with PBRN research methods.

Aim 3: Promote continuous learning and sharing across Meta-LARC networks and practices to accelerate the dissemination of knowledge and bi-directional communication.

Through a structured learning collaborative and the use of the online Clinical and Translational Science Award (CTSA)-developed ShareCenter tool, networks and their member clinicians will be exposed to research findings more quickly, be empowered to communicate with colleagues, and be encouraged to participate more fully in PBRN research. Meta-LARC will emphasize knowledge translation research and uptake into primary care practices, using the methods and approaches developed by the QPBRN and their Canadian collaborators.

Network & Headquarters Location	Institutional Affiliations	Principal Investigator
ORPRN—Portland, OR	Oregon Health & Science University	Lyle Fagnan, MD (Consortium PI)
IRENE—Iowa City, IA	University of Iowa College of Medicine	Barcey Levy, PhD, MD
QPBRN—Quebec City, Quebec, Canada	University of Laval Medical School	France Légaré, MD, PhD
SNW—Portland, OR	OCHIN, Kaiser NW, OHSU	Jennifer DeVoe, MD
SNOCAP (Consortium of 3 Networks)—Denver, CO	University of Colorado School of Medicine	Donald Nease, MD
WREN—Madison, WI	University of Wisconsin School of Medicine	Paul Smith, MD