STARNet Breakout Sessions

STARNet All-member’s Meeting

Sat., Oct 13, 2012

1:45 – 3:45 pm
Educational Interventions to Change Patient Behavior

1:45 – 2:15 pm
Presenter: Walter Calmbach MD
Learning Objectives

At the completion of this session, participants will:

1. recognize the importance of enhanced counseling skills in the primary care office;

2. be aware of the principles of Motivational Interviewing;

3. be familiar with 4 key “microskills” (using Open-ended questions, Affirmations, Reflective statements, and Summaries; Agenda-setting; assessing Importance and Confidence; and Elicit - Provide - Elicit skills.)
Importance of Enhanced Counseling Skills in the Primary Care Office

- Obesity epidemic in this country
- Primary care physicians are well-placed to address this complex issue:
  - Motivated to help their patients
  - Know their patients well
  - Patients trust their input
- Physicians concerned about
  - Lack of experience/skills with enhanced counseling
  - Time commitment to learn or implement enhanced skills
Principles of Motivational Interviewing

- Not a program but a *style of counseling*
- Not aimless or meandering, but *goal-directed* and *patient-centered*
- The “spirit of MI”
- Think of yourself as an experienced guide
- “rolling with resistance”
- Avoid the “righting reflex”
Motivational Interviewing, 4 Key Microskills:

1. OARS
   - Open-ended questions
   - Affirmations
   - Reflective statements
   - Summaries

2. Agenda-Setting

3. Assessing Importance and Confidence

4. Elicit-Provide-Elicit techniques
Example: Training Clinicians to Use Motivational Interviewing Techniques

PI: Walter Calmbach
Funding Agency: CPRIT
Dates: 10/01/2012 - 09/30/2015
Background

- Obesity is a major health problem, and physical inactivity is an independent risk factor for cancer.
- Primary care clinicians are well-placed to counsel their patients about healthy lifestyles, but feel that they are poorly prepared to provide this level of counseling.
- “Academic Detailing” is an effective means of changing clinician behavior in the busy primary care practice setting.
- Motivational Interviewing (MI) techniques are effective in motivating patients to adopt healthy behaviors.
The purpose of this practice-based study is to identify proven program and teaching materials about Motivational Interviewing (MI) techniques and use these techniques to provide physicians and staff with the skills and resources they need to bring about patient behavior change.
Methods

- recruit 30 STARNet practices
- devise an evidence-based “academic detailing” intervention
- create a Patient Toolkit to support behavior change (diet diary, PA log, tip sheets, pedometer)
- arrange 4 monthly site visits to practices
- review 4 key Motivational Interviewing “microskills” with physicians and staff
- 2 additional “booster visits” 6 and 12 months after first training sessions to reinforce skills
Expected Results

- MD’s and staff will increase their knowledge of MI techniques
- MD’s will use these techniques with overweight/obese patients
- Patients will adopt and use the Patient Toolkits
- Patients’ “Importance of change” and “Confidence in my ability to change” scores will improve
- Patients will improve their diet and PA behaviors
- Patients’ weight/BMI will improve or stabilize
Detailed Description of Physician & Staff Duties for This Study

- Participate in Motivational Interviewing training
  - 4 training sessions, 2 “booster” sessions
- Identify and recruit overweight / obese subjects to study
- Review “Patient Toolkit” items with patients
  - Diet diary, PA log, tip sheets, pedometer
- Complete survey on knowledge of Motivational Interviewing
- Distribute 1-page form to patients to assess whether physician used MI techniques
- Track patients re Importance (1 item), Confidence (1 item), diet (7 items), physical activity (7 items), and weight/BMI
Discussion

1. would something like this work in my practice?

2. Am I willing to make the time commitment to learn MI skills?
Health IT Applications in the Primary Care Office

2:15 - 2:45
Presenter: Walter Calmbach MD
Learning Objectives

- At the completion of this session, participants will:
  - 1. be aware of the capabilities of new software packages designed to improve patient care;
  - 2. be familiar with the capabilities of a “integrated data repository” to make it easier for primary care physicians to participate in clinical research; and
  - 3. recognize the value of these systems to patient care.
New Software Capabilities to Improve Patient Care

- CINA
  - Point of care reports

- CKD study
  - Customized POC reports
  - Reminders re
    - BP, hgba1c, LDL, smoking cessation, referral to nephrologist, avoidance of NSAID’s COX-2 inhibitors
S Tx Electronic Primary Care Research Network (STEPCARE)

- Follow-up to Clinical Informatics Collaborative (Project CLIC)
- Utilized existing CLIC sites
- Supported the ASPREE study (a randomized trial of low dose aspirin in the elderly)
- Initiated the collection of biologic specimens (proof of concept)
Capabilities of the “Integrated Data Repository”

- Housed and supported by ITHSCSA Dept. of Epidemiology and Biostatistics (DEB)
- Collates “Clinical Data Repository” created at each CINA enabled-site
- Allows quick assessment of prevalence conditions among member sites
- Makes STARNet an attractive research partner
How These Systems Improve Patient Care

- **CINA**
  - Access “clinical data repository” created for each member practice
  - Create customized data queries re your patients

- **Integrated Data Repository**
  - HIPAA compliant, meet federal security requirements, data use agreements in place
  - Facilitate queries by experienced research on UTHSCSA campus
  - Encourage projects of interest to member physicians
Discussion

1. Does everyone have to have an EMR as well as facilitating “middleware” to do practice-based research?

2. What are the barriers to
   A. purchasing an EMR system?
   B. investing in clinical decision support middleware?
Getting the Word Out: Sharing Lessons Learned and “Best Practices”

2:45 – 3:15

Presenter: Walter Calmbach MD
Learning Objectives

- At the completion of this session, participants will:
  1. be aware of techniques available to identify and share “best practices” in primary care;
  2. be familiar with dissemination approaches; and
  3. recognize the importance of documenting their own “best practices” and sharing them with others.
Identifying “Best Practices”

- e.g., tracking abnormal patient lab values
  - Insure patient contact and follow-up
- e.g., CA MRSA study
  - Best practices re clinical appraisal, testing, diagnosis, and treatment
Dissemination Approaches

- “word of mouth”
  - Surprisingly powerful
- Medical journals
- STARNet newsletter
- TAFP
  - Website
  - Interim and Annual Sessions
Documenting and Sharing our own “Best Practices”

- Identify key areas of interest
- Perform literature search
- Create a framework for analysis
Example

- Addressing Childhood Obesity in Primary Care
Purpose

- The purpose of this survey is to assess a parent’s perception of their child’s weight and body size, as well as usual diet, physical activity, and screen time behaviors (TV, computer, video games) in the home.

- We will use what we learn from this survey study to help busy doctors do a better job of following recommended guidelines about identifying, treating, and preventing childhood obesity.
Methods

- Recruit 20 practice to take part
- Distribute Physician Survey to MD champion at each site
- Ask each site to distribute a 4-page survey to a parent of an overweight or obese child (20 parental survey total)
- Collect 20 surveys at each of 20 participating sites (n=400)
Expected Benefits

- We expect that parents will receive several benefits, including:
  - a better understanding of how they see their child’s ideal body weight, and
  - a better understanding of diet choices, physical activity habits, and total screen time (that is, TV, computer, and videogames) in their home.
Discussion

1. what “best practices” would I be most interested in learning about?

2. what processes in my clinic would qualify as ”best practices” to share with others?
Collaborating with the AAFP National Research Network: Benefits to the Primary Care Physician

3:15 – 3:45

Presenter: Walter Calmbach MD
Learning Objectives

- At the completion of this session, participants will:
  - 1. be familiar with the implications for primary care research involved in the Distributed Ambulatory Research and Therapeutics Network (DARTNet);
  - 2. be aware of the research applications available thru the patient-oriented software system; and
  - 3. recognize the importance of collaborating with other primary care physicians involved in clinical research around the country.
Distributed Ambulatory Research and Therapeutics Network (DARTNet)

- A Collaboration of 9 national and regional PBRN’s around the country
- All member PBRN’s have EMR linking capability (most CINA)
- Initially organized by AAF NRN
  - Now an independent 501c3
- Initially created to facilitate Comparative Effectiveness Research (CER) studies)
Clinical Integration Network of America (CINA)

- Provider of “middleware” that supports enhanced practice management
  - Patient registries
  - Customizable “Point-of-Care” reports
  - Clinical Data Repository (CDR)
    - Allows “data queries to assess patient management

- Works closely with AAFP NRN & DARTNet
Collaborative Research

- AAFP National Research Network
  - CKD study, PBRN Center of Excellence
- UNYNet
  - Chronic Kidney Disease study
- WWAMI
  - Mgmt of chronic pain
- OKPRN, LA Net
  - ECHO study, academic detailing
Improving Evidence-Based Primary Care for Chronic Kidney Disease

PI: Chet Fox MD
Upstate New York Research Network (UNYNet)

Funding Agency: NIDDK

Dates: 04/01/2012 - 03/30/2016
In the US, the prevalence of chronic kidney disease (CKD) is steadily increasing, causing significant morbidity and mortality.

Evidence suggests that specific actions by primary care physicians can delay CKD and reduce mortality.

However, CKD is under-recognized and under-treated in primary care offices.

Clinical decision support (CDS) for CKD may promote effective, evidence-based care, but CDS alone may not be enough to improve quality of care.

Diabetes studies have shown improvement from a combination of CDS plus practice facilitation.
The purpose of this CINA-enabled practice-based study is to conduct an intention-to-treat and process analysis between the Clinical Decision Support practices with facilitation, versus practices that only receive the Clinical Decision Support, with regard to 1) CDK progression, 2) all-cause mortality, and 3) overall cost per quality adjusted year of life (QALY)
Methods

- The practice facilitation intervention is based on an effective approach to implement the Chronic Care Model.
- Clinical Decision Support (CINA) plus having practice facilitators work with on-site teams led by physician champion.
- In addition, each practice will be assigned an academic mentor and have routine audit and feedback of key elements of evidence-based chronic kidney disease care.
- Compare Clinical Decision Support (CINA) practices with facilitation (Intervention) vs the CDS-only practices (control) on 1) CKD progression 2) all-cause mortality., and 3) overall cost per quality adjusted years of life.
Duties, Control practices

- $2,500 compensation (can be used for CINA fee)
- Free CKD treatment reference guide including Glomerular Filtration Rate (GFR) treatment chart
- Point-of-Care decision support by CINA based on analysis of practice electronic health record
- Give practice consent
- Keep CINA informed of any questions or concerns in regard to the Clinical Decision Support rec’s
- Complete Human Subjects Training online course
Duties, Intervention Practices

- Clinical Decision Support *plus* Practice Facilitation
- $3,500 compensation (can be used for CI NA fee)
- Point-of-Care decision support by CI NA
- Videoconferencing with AAFP practice facilitators
- Academic mentoring c PI (Chet Fox, Joe Vassalot)
- Audit and feedback of patient-level outcome reports generated by CI NA
- Case studies of CKD treatment improvements
- “Best-practice” shared with all facilitated-Clinical Decision Support sites
Timeline & Compensation

- Practice Facilitation calls monthly
- Academic Mentoring calls monthly (prn)
- Audit Data Review quarterly
- Performance Enhancement semi-annually

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Collaborative Research

- AHRQ P30 PBRN Center of Excellence
- Quick turnaround grant opportunities
- Limited submission proposals
- Collaborate with other DARTNet affiliates
- Take the lead on projects of direct STARNet interests:
  - diabetes, obesity, atherosclerosis, Health IT issues, Patient-Centered Medical Home, etc.
Discussion

1. what projects or topics are we most interested in pursuing?

2. what support do I need from STARNet to facilitate research in my busy practice?
Summary & Evaluations

- Enhancing patient behavior change
- Using IT in the primary care office
- Dissemination techniques and “best practices’
- Future projects with the AAFP NRN

*Please take a moment to complete the evaluation forms...*