"Innovations & Technology for Improving Health"
Patient Advisory Roundtable: Getting Up to PAR

STARNet is launching a new initiative, the Patient Advisory Roundtable (PAR). The impetus for this project is the requirement of a new funding agency, the Patient Centered Outcomes Research Institute (PCORI), that patients be involved at all levels when developing a new research project. But when we surveyed other networks like STARNet about what they were doing in this regard, we quickly discovered that routinely soliciting patient input was a “best practice” among the most successful Practice Based Research Networks (PBNN’s) nationwide. For example, one of our PBNN colleagues in Colorado told us that their patient panel was “invaluable for our study investigators and myself personally in keeping our work real and relevant.”

We discussed this idea with the STARNet Board of Directors at their January 2013 Strategic Planning session, and we are starting by recruiting 3 patients from each board member’s practice. We plan to meet with the PAR in face-to-face meetings twice a year, probably after each STARNet all-member’s meeting but before our semi-annual Board of Directors meeting. And of course we will ask for patient input through frequent email contacts and phone calls.

When discussing current or potential STARNet projects, we plan to get patient input on topics that we should address, implementation steps that are patient-friendly, outcomes that matter to patients, and dissemination strategies that will help us reach patients “in the real world.” And we will also solicit their input on other issues such as patient education materials, making the STARNet website more patient-friendly, and using smartphone app’s to improve practice-to-patient communication.

Our STARNet coordinator, Alex Machuca, will be heading up this effort, and he has already begun contacting prospective Roundtable members. The patients we have recruited so far have been very enthusiastic, and are glad to see that their “medical home” is so interested in listening to their input.

If you have any questions about STARNet’s Patient Advisory Roundtable (PAR), please call or email Alex (phone: 210-562-5653, email: machuca@uthscsa.edu).

For more information about PCORI, please go to: http://www.pcori.org.

It’s Your Project!

Dr. Calmbach and Alex Machuca recently visited the Shavano Family Practice for our first staff feedback on the planned educational intervention. This meeting was meant to inform the practice staff on our plans to implement our newest Motivational Interviewing/Academic Detailing project. The purpose of this study is to teach 4 basic Motivational Interviewing skills to physicians and their staffs. These skills would include 1) using open-ended questions, 2), Agenda-Setting, 3) Assessing Importance and Confidence, and 4) Ellicit-Provide-Elicit skills. Little did we know that we would be the ones who gained valuable knowledge from this meeting. The principle concept we learned that day was that the key to any successful project is allowing each practice to take ownership. After all, this is not our project, it’s your project. It was amazing to watch a practice take control of a project and truly make it their own. The level of input that we received from the staff was very valuable and allowed us to make critical improvements to the original plans.

Dr. Finnie suggested that they should start small with 1 or 2 patients a day to start the project. His leadership and input was instrumental to the success of this meeting because it was his initiative that started the flow of ideas from the staff. Lor-an, Denise and Marilyn provided us with great insights into their practice, informing us that they did interact with the patient often enough that they could probably implement the Motivational Interviewing skills being discussed. They also suggested that the point of entry into the project should take place during patient intake. Moreover, the staff informed us that many times during triage intake the patients mention their weight concerns. Marilyn (the Shavano Family Practice office manager) also indicated that the patients are sometimes very sensitive about weight issues. This in turn led to more great ideas and suggestions from the staff, such as changing the name of the project from “the Obesity project” to something more positive and inviting for the patient to participate in, such as “the Healthy Lifestyle challenge”. The staff also suggested that Dr. Finnie could promote the study with a “Hall of Fame” for patients who demonstrate positive lifestyle changes, such as regular walking, healthy diet, or improved waist-to-hip ratios.

We learned many lessons from this important practice site visit. But the key insight was that success in implementing any STARNet project is discussing the project with the practice so they can make it their own. After all, it’s your project.

For more details about the planned Motivational Interviewing project, please feel free to visit the STARNet website at: http://tiim.uthscsa.edu/STARNet/home
Health Information Technology (HIT) Can Improve Care

This is the first time in history that we have more information available to us than we can possibly process. Anyone with an internet connection and a portable device can access the bulk of human knowledge in the palm of their hands. But what do we do with this new technology that will define the future. As imagination creates innovation, technology will allow us to redefine and individualize the healthcare experience. The possibilities are endless.

For healthcare professionals, technology can play an important role in advancing the doctor-patient relationship, facilitating communication, and supporting patient self-management. Many of these emerging technologies allow the primary care physician a more accurate insight into patient behavior, activity, and lifestyle patterns. Behaviors that a decade ago would have required paper-and-pencil surveys or written self-reports are now available electronically in a fraction of a second. Emerging health IT software and applications (app’s) allow physicians to increase productivity by automating routine tasks such as follow-up or reminder phone calls, freeing staff for more productive and patient-friendly uses of their time.

History is filled with first steps. The first step taken by humans on the moon or across the Bering Strait were difficult achievements. However, much like those initial steps, we too are on the cusp of an exciting revolution, the merging of technology, information, and the human experience. This will drastically impact the overall wellbeing and connectedness of our patients. Patient “dashboards” on medical outcomes, smartphones used to gather data routinely, dedicated patient portals allowing asynchronous access to medical records and advice, and 24/7 activity monitors are only the beginning. The possibilities are endless.

To help STARNet meet this IT challenge, please join us on Oct. 12, 2013, 9-11AM for the STARNet All-members’ Fall 2013 Meeting, which will include a discussion of health IT applications in the primary care practice. [Location: Howe conference room, 5th floor, Briscoe Library, UT Health Science Center at San Antonio, 7703 Floyd Curl Dr., San Antonio, TX]

Link: Family Practice Management, “Medical Apps: Making Your Mobile Device a Medical Device”

Health Literacy and Doctor-Patient Communication

The patient tries to seem engaged as you explain their condition and treatment plan within the time constraints of the private practice. They eagerly nod their heads repeatedly and passively agree to your suggestions and off the patient goes back to their own lives to either adhere or not to your recommendation. But why do so many patients misunderstand or misinterpret the information that their primary care physician provides?

The answer is Health Literacy. Healthy People 2010 defined Health Literacy as “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.” Low health literacy is an expensive and counterproductive epidemic afflicting our nation. In 2004 the Institute of Medicine released a report indicating that nearly half of all American adults, an estimated 90 million, had difficulty comprehending and utilizing health information. This in turn results in higher rates of hospitalization and use of emergency room services. Additionally, there is an estimated annual cost of $73 billion associated with low health literacy rates.

Health Literacy is an especially crucial topic when talking about the health and well-being of the residents of San Antonio. Although firm health literacy rates are not available for San Antonio, we can gain a better understanding of the issues by reviewing the 2000 U.S. Census Bureau data which indicates that 15.5% of San Antonio’s population, the equivalent of 100,429 people, are illiterate. Furthermore, Bexar County is the second most illiterate county in Texas, with an 11.3% illiteracy rate. These figures surpass both the statewide (10.74%) and national (9.4%) averages.

Health literacy impacts several STARNet priorities, including obesity, asthma, diabetes, “Academic Detailing”, and health information technology (HIT). Not surprisingly, member physicians consistently rank addressing health literacy as a research priority for the network. According to the medical literature, chronic diseases such as hypertension and diabetes require education to achieve adequate control and prevent adverse health outcomes (Williams 1998). Increasing the health literacy of STARNet patients could help them and their doctors achieve improved health outcomes (e.g., increased adherence to metered dose inhalers for patients with asthma, or greater understanding of diet and nutrition for patients with obesity or diabetes). Various tools are available to assess a patient’s health literacy, such as the Test of Functional Health Literacy in Adults (TOFHLA), Word Pronunciation Test, Rapid Estimate of Adult Literacy in Medicine (REALM), Wide Range Achievement test, and Newest Vital Sign (NVS). Additionally, health literacy studies show that patients achieve a higher level of understanding and satisfaction with their clinical experience when physicians use the teach-back collaborative method. This method is similar to the basic teach-back method but differs in the sense that it can reduce the embarrassment associated with “not knowing” the correct answer by asking the patient to help you recall what you told them.

In conclusion, medical health literacy is an important issue for our patients. It has the potential to improve health outcomes here in south Texas, and it may also reduce the risk of malpractice suits and provide an overall cost benefit to the health care system.

For more information on Health Literacy in San Antonio please visit:
http://www.sahealthliteracyinitiative.com

References:
3. www.census.gov
4. Mark V. Williams, MD; David W. Baker, MD, MPH; Ruth M. Parker, MD; Joanne R. Nurss, PhD. Relationship of functional health literacy to patients’ knowledge of their chronic disease: a study of patients with hypertension and diabetes. Arch Intern Med. 1998; 158:166 – 172.
5. teach-back collaborative method
STARNet Spring 2013 Meeting: Current Interests, Future Directions

STARNet’s Spring 2013 All-Member’s Meeting was held March 23, 2013, at the Hyatt Regency Hotel.

Alex Machuca, the STARNet Coordinator, led a discussion about physicians’ stated interest in addressing the problem of Health Literacy in their practices. An experienced researcher from Kansas University Medical Center (KUMC) has approached STARNet as a possible partner in a national study aimed at assessing the health literacy capabilities, practices, and needs among primary care clinics. Dr. Rocha emphasized that addressing “health literacy” was essentially a form of enhancing doctor-patient communication, and our goals should be to “communicate with the patient, monitor the patient, and lead the patient.” Dr. Van Winkle added that we should “leverage the primary care physician” to lobby for more appropriate reimbursement for complicated patient visits (i.e., “asynchronous care, cognitive care, and coordination of care”).

Luke Rosenberger, an IT expert from the UTHSCSA Briscoe Library, led a discussion of Health IT applications that could “add value” to a busy primary care practice. In particular, we talked about using IT solutions to help busy practices, e.g., text message reminders for patients regarding diabetes and obesity behaviors, and finding smartphone apps that might support positive behavior changes. Dr. Finnin mentioned that it might be useful to send text messages to patients to remind them to go walking. Dr. Munoz remarked that perhaps we should send patients a link to a recommended YouTube video, one that we had reviewed and approved. Dr. Reyes suggested that we ask patients “what do you want? how do you want it?” (i.e., what are the patients’ preferred methods of communication with us). To assess patient interests and preferences, Dr. Barrera recommended that we consult with STARNet’s newly-formed Patient Advisory Roundtable (see story page 2).

Awilda Ramos MD Receives TMA Foundation Award

The TMA Foundation awarded a John P. McGovern Champion of Health $2,500 grant to the Pediatric Obesity Symposium in Central Texas. This medical educational forum is designed to empower communities in Comal and Guadalupe counties to address health issues related to diabetes and obesity. It brings together lecturers from medical education, active medical practice, allied health, and the community to share information, approaches, and intervention strategies. Founded by Awilda Ramos, MD, of New Braunfels, the fifth annual summit in 2012 attracted more than 1,000 physicians, allied health professionals, concerned citizens, students, and organizations.

“This is an important endeavor that requires a community effort not just locally but countywide, statewide, and perhaps nationally,” said Dr. Ramos. “It is my hope that we as a community can come together and ignite enough interest so our efforts make a difference in our children’s lives and their future.”

As a result of the symposium, New Braunfels pediatricians adopted guidelines for lab evaluation, appropriate community referral, and more aggressive lifestyle intervention. Future goals of the Pediatric Obesity Symposium include advocacy for more accessible, safe outdoor exercise and increased physician participation on school health advisory committees. Future lectures will address techniques for appetite control, recognition of sleep apnea, and more.

For more information, please visit:
http://www.texmed.org/Template.aspx?id=26369#sthash.oSMgXpAq.dpuf

Upcoming Meeting & Special Events

Mark Your Calendars!

STARNet All-members’ Fall 2013 Meeting

When: Saturday, Oct. 12, 2013, 9-11 am
Where: Howe conference room, Briscoe Library, UTHSCSA campus
Topics: Health IT Applications, Doctor-Patient Communication, Managing Pediatric Obesity, and Using the Chronic Care Model of Disease Management.

We hope to see everyone there!