

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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GRANT PROPOSAL WORK

The IRENE team is hard at work on writing grant proposals.

The I-CARE study: Improved Cardiovascular Risk Reduction to Enhance Rural Health. This study will examine whether centralized pharmacy case management will improve outcomes in individuals at high risk for cardiovascular disease. Barry Carter, PI

Cancer Education Proposal: The proposal will address gaps in education regarding cancer prevention and screening. We would like family medicine learners at all levels to participate (residents, board-certified practitioners, nurses, and medical assistants). Barcey Levy and George Bergus, Co-PIs

Comparison of several fecal immunochemical tests (FITs) using colonoscopy as the gold standard: This proposal will compare several FITs for their detection of adenomatous polyps and cancer. We would enroll individuals who are planning to undergo a colonoscopy. Barcey Levy, PI

Compensation will be available for participation in all of these studies if funded. Please call Jeanette Daly at the toll-free number below for more information.

UPCOMING IRENE PROJECTS

Risk Factors for Early Childhood Caries (Steven Levy, PI)

We are setting up a project to determine risk factors for childhood caries. Childhood caries are one of the most common infectious diseases in children and are largely preventable. We have been funded by NIH to collaborate with investigators from the University of Michigan, Indiana University, and Duke University to study risk factors for childhood dental cavities. **We are looking for practices that care for infants and children and that are within a reasonable driving distance from Iowa City.**



We plan to recruit healthy children 12 months-of-age (\pm 3 months) and follow them for about 3 years. Parents will complete questionnaires about their child's toothbrushing and eating habits and three dental exams would be conducted. Some of the dental exams would be done in their local community (at no charge to the families), while others might require the parents to bring their child to the University of Iowa College of Dentistry. Compensation for parents is provided.

If interested, contact Jeanette Daly (jeanette-daly@uiowa.edu, 1-866-890-5963).

ONGOING IRENE PROJECTS

A Colorectal Cancer Screening Intervention Trial in the Iowa Research Network

Principal Investigator: *Barcey T. Levy, PhD, MD (barcey-levy@uiowa.edu)*

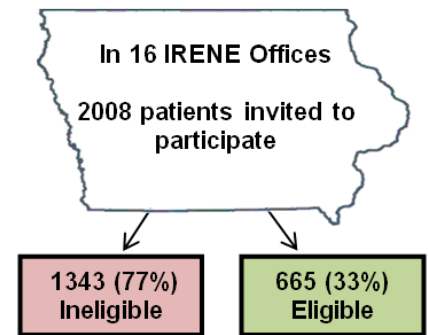
Funded by the American Cancer Society (Research Scholar Grant Targeted-08-148-01-CPPB, BTL)

Sixteen IRENE practices and a total of 665 patients participated in a randomized clinical trial to see which interventions lead to the greatest improvement in CRC screening. The overall purpose of the study was to enroll family medicine practices in a randomized clinical trial to 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. All patients enrolled were due for screening. The interventions were: 1) usual care, 2) physician chart reminder, 3) physician chart reminder, mailed educational materials, and an easy-to-return single sample Fecal Immunochemical Test (FIT) and 4) physician chart reminder, mailed educational materials, FIT, and a telephone reminder. The main outcome goal was to persuade unscreened individuals to get screened by any appropriate test. The outcome variable of CRC screening rates was determined by chart review of each subject enrolled 15 months after the interventions were complete.

A two-step process was needed for subject eligibility. Initially, the eligibility criteria included: age 52-79 years, patient of participating practice, and ability to understand the Informed Consent document and complete written surveys. The subjects also needed to be due for CRC screening, which was determined from their responses on the baseline survey. Being due for CRC screening meant that no FOBT or FIT had been conducted in the past year, no barium enema or flexible sigmoidoscopy had been

completed in the past 5 years, and no colonoscopy had been completed in the past 10 years. CRC test information was based on patient self-report and chart review.

Those due for screening and hence eligible for the study included 358 men (54%), with a mean age of 61 years. Five men (1%) reported a personal history of colon cancer, 78 (12%) reported an immediate family member with colon cancer, and 83 (13%) reported a distant relative with colon cancer. Six men (1%) reported a personal history of ulcerative colitis or Crohn's disease. These family and personal history characteristics were significantly different for the eligible and ineligible group. Subjects predominantly had a male health care provider (66%).

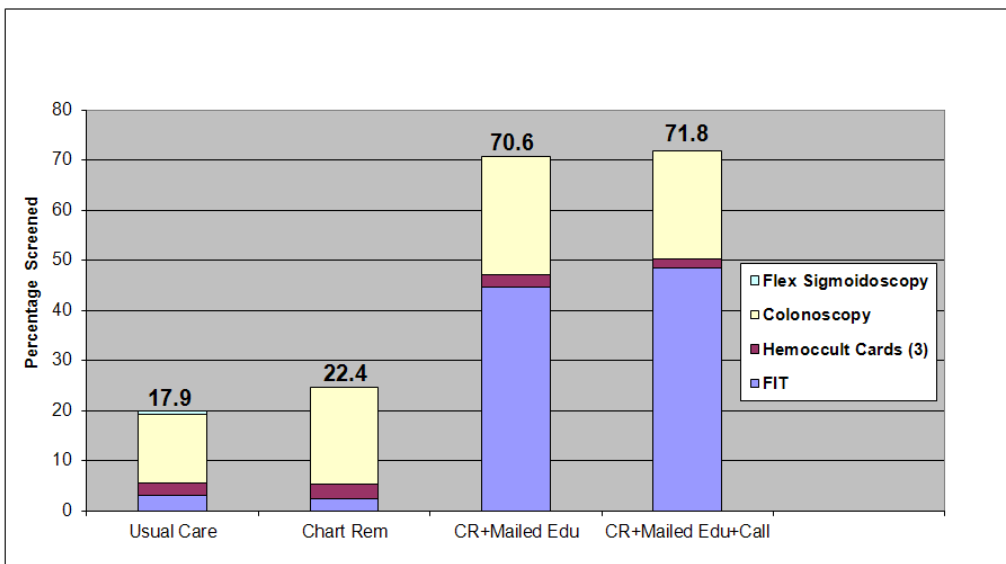


Preliminary analysis indicates that mailed intervention plus fecal immunochemical test (with or without a telephone reminder) was very successful in getting patients to obtain CRC screening. The final rates of any CRC screening among

initially unscreened subjects were: usual care 17.9 %; chart reminder only 22.4%; chart reminder, mailed education, plus FIT 70.6%; chart reminder, mailed education, FIT, and telephone reminder, 71.8% (chi-square, $p < .0001$) (see figure). Thus, mailed education, including a FIT, led to significantly more individuals being screened than a chart reminder or usual care alone. A telephone reminder did not improve screening when added to the last intervention.

We have begun documenting the time spent in various activities for the cost-effectiveness portion, which will be conducted with John Brooks, PhD as co-investigator.

CRC Testing Rates by Different Methods



ONGOING IRENE PROJECTS (CONTINUED)

Enhancing Community-Based Cancer Control in Iowa

Funded by the National Institutes for Health
Principal Investigator: Barcey T. Levy, PhD, MD



The Iowa Research Network and the University of Iowa Department of Family Medicine currently have funding from an NIH National Cancer Institute grant to develop research infrastructure in the state of Iowa to improve colon cancer screening. *We would like to make a visit to your office in order to explain this project and to find out what issues you encounter in ensuring that eligible patients are screened for colon cancer.*



One of the main goals of the grant will be to increase the number of family physician practices actively involved in cancer control research. Through the grant, we will provide support for 50 practices to partner with us in this effort. Part of this will include information technology support for a computer to be placed in your office for cancer control efforts (creating patient registries), providing learning sessions about cancer control issues, and for your practice to be able to meet with and communicate with grant staff at the University, or an iPad for patient educational instruction.

If interested, contact Jeanette Daly (jeanette-daly@uiowa.edu, 1-866-890-5963).

Quality of Colonoscopy Services for Physicians in the Iowa Research Network

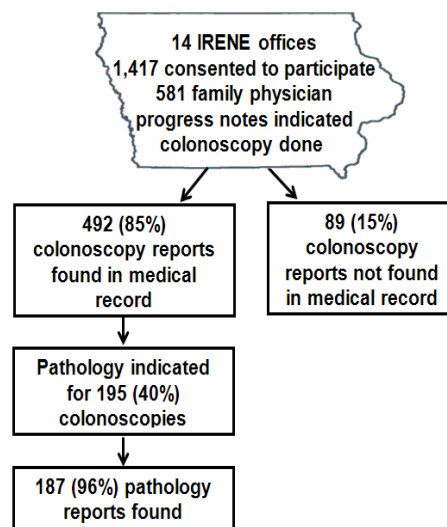
by J. Daly, Y. Xu, & B. Levy

Purpose: Primary care physicians initiate colorectal cancer (CRC) screening and manage healthcare issues that present from these procedures. Quality of colonoscopy services can be determined by a set of indicators. The purpose of this study was to identify the quality of colonoscopy services provided for patients of family physicians in the Iowa Research Network (IRENE). Quality of services was delineated by 1) presence of a colonoscopy report on the medical record, if the medical record indicated a colonoscopy had been completed, 2) cecal intubation rate, 3) adenoma detection rate, and 4) the content of the colonoscopy report.

Methods: Medical record review was conducted in 14 IRENE offices.

Results: Of 581 medical records indicating a colonoscopy had been completed, 89 (15%) did not have a

colonoscopy report. Main reasons for having the colonoscopy were screening and obvious blood in the stool. Polyp detection rate for all colonoscopies was 35%. The adenoma detection rate for screening colonoscopies was 31% for men and 19% for women. Depth of insertion to the cecum was reached for 92%. Items least mentioned in the report were the time to complete the procedure and current medications. Only 223 (45%) reports listed the follow-up interval for next colonoscopy.



Conclusions: Quality of colonoscopy services for this group of IRENE physicians was comparable to recommended standards of depth of insertion and adenoma detection rate. Improvements are warranted to have all colonoscopy reports and follow-up interval for next colonoscopy on a patient's medical record.



IRENE
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Iowa Family Medicine Training:

Building Capacity for Quality Care Improvement in Cancer Screening & Prevention

- I'm interested in attending the Primary Care Training.
- I would attend the **Iowa City** meeting, **February 23, 2012**
- I would attend the **Des Moines** meeting, **March 29, 2012**
- I would attend the **Sioux City** meeting, **April 19, 2012**
- I'm not interested in attending. Please fax back now to 319-384-7647.

Office Name:

Name: _____

Title: _____

Contact phone: _____

Contact email: _____

Register by: January 31, 2012

Call 319-384-1741, Fax 319-384-7647 or E-mail Kelly-Rollins@uiowa.edu

INTERESTED IN BECOMING AN IRENE MEMBER?

If so, please send a fax to Barcey T. Levy, PhD, MD at 319-384-7647 for more information.
Be sure to include your name, practice name and address, phone and fax.

As a member of IRENE you will receive:

- ◆ Newsletters semi-annually
- ◆ Invitations to participate in funded research studies involving primary care
- ◆ Requests for letters of support to submit with grant applications
- ◆ Invitations to IRENE dinners during IAFP and refresher course meetings to discuss research/quality improvement ideas
- ◆ Occasional surveys to update your practice demographics and areas of research interest

Become a member of the IOWA RESEARCH NETWORK today!

UPCOMING IRENE EVENTS

Iowa Family Medicine Training:

Building Capacity for Quality Care Improvement in Cancer Screening & Prevention

Please join the Iowa Community-Based Cancer Prevention Project for a FREE infrastructure building session for Iowa Research Network (IRENE) Clinics. Participants will learn how their clinic may participate in current and future research projects.

Why attend?

- Each participating IRENE clinic will receive an **e-tablet** or **computer and printer** for patient education and research in the clinic;
- **Travel costs will be reimbursed** (mileage, meals and hotels, *if needed*);
- Attendees will be trained in Human Subjects Protection (**\$200** incentive for each individual completing the training);
- Participating clinics will be eligible for travel **support for future meetings**: Iowa Academy of Family Physicians Annual Meeting, Family Medicine Refresher Course, Iowa Cancer Summit, and Iowa Cancer Consortium Meetings;
- Receive a **free** colon cancer polyp model and other CRC screening educational materials;
- Share your thoughts about cancer issues affecting your community;
- Meet clinic staff from around Iowa interested in improving the quality of patient care.

Who should attend?

Clinic staff including physicians, RNs, PAs, NPs, Nursing Assistants and Office Administrators.

Presenters:

Barcey Levy, PhD, MD, Iowa Research Network (IRENE) Director
Chris Forcucci, Community Based Research Program Manager, University of Iowa

Training Date Options:

February 23, 2012	March 29, 2012	April, 19 2012
Iowa City	Des Moines	Sioux City
10:00- 2:00	10:00 - 2:00	10:00- 2:00
Lunch provided	Lunch provided	Lunch provided

Register by: January 31, 2012

Call 319-384-1741, Fax 319-384-7647 or E-mail Kelly-Rollins@uiowa.edu

RECENT IRENE PUBLICATIONS

1. Daly JM, Ely JW, Levy BT, Smith TC, Merchant ML, Bergus GR, & Jogerst GJ. (2011). Primary care clinicians' perspectives on management of skin and soft tissue infections: An Iowa Research Network study. *Journal of Rural Health*, 27, 319-328.
2. Daly JM, Levy BT, Ely JW, Swanson K, Bergus GR, Jogerst GJ, & Smith T. (2011). Management of skin and soft tissue infections in community practice before and after implementing a "best practice" approach: An Iowa Research Network intervention study. *Journal of the American Board of Family Medicine*, 24, 524-33.
3. Daly JM, Jones J, Gereau P, & Levy BT. (2011). Non-response error in mail surveys: Top ten problems. *Nursing Research and Practice*, vol. 2011, Article ID 987924, 5 pages, 2011.



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

**Join us at the 39th Annual
Refresher Course
for the Family Physician**

**Meet other IRENE Members and encourage
non-IRENE physicians to join**

**April 10-13, 2012
Marriott Hotel and Conference Center
Coralville, Iowa**

**IRENE Dinner:
Tuesday, April 10, 2012, 5:30 - 7:30 PM
Coralville Marriott**

**To sign up for the dinner contact: Jo Bowers, (319) 384-8994
Email: Josephine-bowers@uiowa.edu**

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We're on the web!

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