

Treating Smoking Status as a Vital Sign Increases Counseling

ACORN has completed the data collection phase of the "Vital Sign" study, funded by the Robert Wood Johnson Foundation. This study has examined in the largest number of practices to date whether treating smoking status as a routine vital sign increases tobacco cessation counseling to visiting smokers.

Tobacco Use: (circle one)
Current **Former** **Never**

At 18 practices, research assistants invited all adult patients to participate in a brief exit survey that included questions about smoking status and of smokers, receipt that day of cessation counseling. After a 6 week baseline period, half the practices were randomly assigned to the intervention. Surveys were continued in all practices for nine more months. Almost 9000 patients, including over 1500 current smokers participated.

Smokers visiting practices that assessed smoking status as a vital sign were more likely to report receiving any cessation counseling (64% versus 55%). Most of this increase was in the form of simple advice from providers to quit. The intervention did not significantly increase smokers' report of more intensive discussions of how to quit.

This simple intervention is indeed effective at increasing advice to quit, a

finding which could have a large impact on public health.

Participating practices will soon receive a more detailed report. Preparation of a research journal submission is underway.

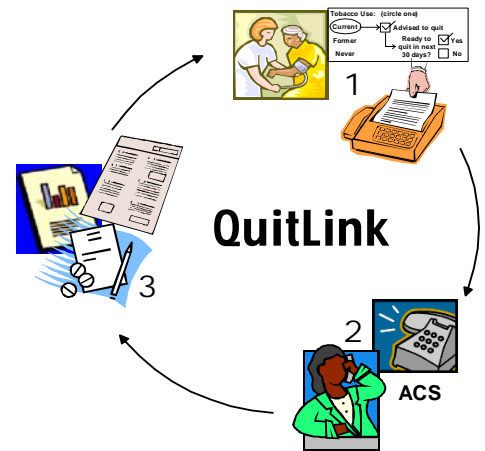
"QuitLink" Study Powering Up

Building on ACORN's "Vital Signs" study, Stephen F. Rothemich, M.D., M.S. was successful in obtaining a \$300,000 grant from the Agency for Health Research and Quality (AHRQ) for a follow-up study. ACORN will study whether practices can provide more intensive cessation counseling more frequently by partnering with a tobacco quit line.

Even with identification systems to find smokers, going beyond simple advice to provide the recommended 2-3 minutes of assistance to more than a handful of the smokers seen on any given day is more than most providers can accomplish. In order to provide counseling to more smokers in primary care offices, creative strategies that make counseling smokers feasible without an unrealistic burden to practices is necessary. We believe one answer may be to provide a linkage between practices and telephone counselors at the American Cancer Society (ACS).

In this soon to be launched study, we will ask sixteen practices to all adopt smoking as a vital sign. After a three month baseline period (using the

successful exit survey method from the Vital Signs study), 8 of 16 practices will be randomly assigned to the QuitLink intervention and data collection will continue for an additional year. We will compare in the two groups the rates of counseling (including referral) beyond simple advice to quit.



In the intervention practices, nursing staff will utilize a modified vital sign stamp to identify smokers who want to quit in the next month. Using a fax referral form, practices will be able to offer these patients proactive telephone counseling from the American Cancer Society at no cost to the patient or practice. ACS will provide feedback to the practice, including results of each referral.



Why Virginia HealthSource Values Participation in ACORN Research

Bon Secours Health System is enthusiastic about the participation in research by its Virginia HealthSource practices. In an interview in late July 2004, Quality Improvement (QI) officer Brian Boyce explained that he encouraged practices to participate in a randomized controlled trial of a staff intervention, "Vital Signs", funded through the RWJ Foundation with Dr. Stephen Rothemich as Principal Investigator (see above).

Of the eighteen practices recruited to the study, 7 were part of the Virginia HealthSource system. Each practice welcomed a research assistant into the practice who invited adult patients to

complete a survey before leaving the practice after a visit.

Mr. Boyce cited several aspects of this ACORN study he found appealing:

ACORN:

- had undertaken the appropriate Institutional Review Board approvals;
- provided all of the materials & supplies for the study: there were no costs to the system or practices of participation;
- provided the staff (research assistants) for the surveys;
- provided the training to key personnel;
- provided regular feedback to the system and to each practice;
- is associated with a known entity of good repute, VCU Medical Center.

Vital Signs:

- did not require a complicated protocol that might impede patient flow;
- held the possibility of new knowledge about the practices and patients;
- offered the possibility of changing outcomes for patients at risk.

Mr. Boyce also asserted that QI seeks to improve patient outcomes, and that prevention saves money in the long run. He felt that the Bon Secours system would participate in future studies using the criteria he outlined above.

Subsequent to this interview, Mr. Boyce has taken a new job as a manager for LabCorp in Northern Virginia.

The previous issue highlighted our primary researchers: Drs. Steven H. Woolf, Anton "Tony" J. Kuzel, Stephen F. Rothemich, Alexander H. Krist, Robert Johnson & J. William Kerns. In this issue, we would like to introduce our staff and affiliated researchers.

ACORN Staff



Amy Burgett, RN
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 Amy Burgett holds an administrative faculty appointment as an Assistant Professor in the Department of Family Medicine.

Amy is a Registered Nurse with a B.S. in Health Education from St. Cloud (MN) State University. She has a background in Critical Emergency Care, Long Term Care, Oncology Nursing and Public Health. Ms. Burgett serves as the liaison between network practices' staff and physicians and the ACORN faculty and staff at VCU. She works to launch practices new to the network and provides communication and feedback for established network members.



Sharon Flores, M.S.
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 Sharon Flores began working as a Research Coordinator with the ACORN team November 1, 2004.

She has a graduate degree in Human Services Program Management with a Policy Analysis Concentration from the University of Maryland. She most recently worked as a Senior Research Coordinator for Health Partners Research Foundation, Minneapolis, MN. She has experience in the areas of proposal development and survey instrument design, and has coordinated study publicity, subject recruitment and retention, medical chart abstraction and data collection.



Carole Hale
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 Carole Hale is a Research Specialist in the Research Division of the Department of Family Medicine. She provides

project support to Director of Research, Network Director and Senior Staff personnel. She manages administrative activities by serving as information resource, assessing research project status and recommending resource needs, maintaining current research project supplies and materials, and communicating on a regular basis with contact personnel at ongoing research sites. Her duties also include compiling and maintaining data from data collection instruments, assessing data collection and ensuring data integrity, and assisting research students with ongoing projects. Ms. Hale joined the Department of Family Medicine in 1976 after working eight years in the Department of Engineering at a major insurance company in the Richmond Area.



David Williams, M.S.
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 Mr. Williams is a faculty member in the School of Arts at VCU. He has an undergraduate degree in engineering from University of Virginia and a Masters Degree in Computer Science from VCU in 1985. He has worked extensively with relational database management systems and is responsible for designing and maintaining the ACORN database.

Research Faculty



Lisa Anderson, M.P.H.
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 Lisa Anderson is a Research Instructor in the Department of Preventive Medicine & Community Health (PMCH). She holds an M.P.H. degree

from VCU and became a faculty member in 1997. She worked for three years as a Research Associate on the Program for Hearing Loss Research in PMCH, and then spent 4 years in the Dept. of Human Genetics as administrative faculty, coordinating studies associated with the Mid-Atlantic Twin Registry in the Virginia Institute for Psychiatric and Behavioral Genetics. Her current research involvement in PMCH includes projects on youth violence prevention and the status of women's health in Virginia. She will be conducting data analysis on an ACORN project examining racial disparities in cancer screening.



Kelly J. Devers, Ph.D.
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 Kelly is an Associate Professor in the Departments of Health Administration and Family Medicine at VCU. She is a qualitative and mixed

methods research expert and has conducted extensive research on the impact of physician group and hospital system competition, and characteristics of the organization and delivery of care and its impact on quality and patient safety, cost, and access. Dr. Devers has over 35 publications in peer-reviewed journals, has served as guest editor of *Health Services Research*, edited a book on managed care and is currently authoring a textbook on mixed methods research. Dr. Devers received her doctorate from Northwestern University and was a post-doctoral fellow through the Robert Wood Johnson (RWJ) Scholar in Health Policy Research Program at the Universities of California-Berkeley & San Francisco. Prior to coming to VCU, Dr. Devers was a researcher at the Agency for Health Care Research and Quality (AHRQ) and then the Center for Studying Health System Change (HSC), a non-partisan health policy research group funded by the RWJ Foundation. Currently, she is a co-investigator on the AHRQ funded project titled "Quitlink: A leveraging solution to tobacco counseling", (Dr. Stephen Rothemich of the Dept. of Family Medicine, Principal Investigator (PI); co-investigator on a congressionally mandated study conducted through the Center for Medicare and Medicaid Services (CMS) on physician-owned specialty hospitals and their impact on hospital costs and quality. (Dr. Jerry Cromwell, Research Triangle International, PI); and task leader on a AHRQ H-CAPHS funded project on physician-patient communication about hospital quality data & implications for hospital referral and choice (Dr. Steve Garfinkel, American Institutes for Research, PI).



Wally R. Smith, M.D.
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 Dr. Wally Smith is a distinguished physician with emphasis on internal medicine, prevention, and clinical

epidemiology. His current positions at VCU include Chair of the Division of Quality Health Care, Assoc. Prof. of Medicine and Director of the General

Dr. Smith (con't)

Medicine Fellowship, Assoc. Prof. & Director of the Masters Degree program in Clinical Epidemiology and Biostatistics. He has almost 20 years of experience in teaching and performing critical reviews of the medical literature, has published over 30 peer-reviewed articles. He has clinical trials' experience, both in educational and pharmaceutical interventions. He has served as PI for projects for the AHRQ, NIH, RWJ Foundation, and the Virginia DMAS. Dr. Smith is currently PI for the NHLBI-funded study of the epidemiology of pain in sickle cell disease and program director for the HRSA-funded Institutional National Research Service Award in Primary Care. In addition to his clinical research, Dr. Smith has led or

participated in a number of health services research studies; he has an interest in the impact of social and cultural factors on access, quality, and use of health services.



Diane B. Wilson, Ed.D., M.S., R.D.

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Dr. Wilson is an Associate Professor who joined the VCU faculty in 2001 with appointments in the Department of Internal Medicine, Division of Quality Health Care, the Massey Cancer Center, and the Department of Exercise Science. With expertise in nutrition and public

health, Dr. Wilson is an investigator who has conducted research examining the role of diet/exercise in cancer risk over the last ten years. Most recently, she was the principal investigator of a low-impact exercise study for African American breast cancer survivors. Her other research focus is smoking prevention and she serves as co-investigator on the Youth Tobacco Evaluation project. Prior to joining the VCU faculty, she served as Associate Professor and coordinator of nutrition research in cancer prevention and control at the Hollings Cancer Center, Medical University of South Carolina. She serves as co-investigator on the RWJ "Prescription for Health" study and as co-PI with Dr. Rothemich on a study of tobacco use in primary care practice populations.

Residency Research Day

VCU Family Medicine residents from Blackstone, Chesterfield, Fairfax, Hanover, Riverside and Shenandoah programs traveled to the medical campus of VCU on Wednesday, August 11, 2004 to learn about the research mission of the Department, and the role of primary care providers in research



Highlights included:

- Steven H. Woolf, M.D., M.Ph., Director spoke of the Dept.'s Research effort
- Dept. Chairman, Anton "Tony" Kuzel, M.D., M.P.H.E. spoke about the Department's research mission and qualitative studies
- Scott Strayer M.D. M.Ph. UVA discussed Practice of Evidence-based Medicine (POEM)s
- Deborah Brokaw, Pharm.D of VCU School of Pharmacy presented case studies as a research tool
- Catherine Canevari from VCU Thompson-McCaw Library discussed PubMed Searches & the Cochrane Database
- J. Wm. "Bill" Kerns M.D. Front Royal Family Practice speaking about Family Practice Inquiries Network (FPIN)
- "Gus" Lewis M.D. & Jim Ledwith M.D., both in private practice, spoke about practices in Practice-Based Research Networks (PBRN)
- Steve Heim, M.D., M.S.P.H., UVA & residency faculty led an open discussion about research fellowships

Woolf Recognized

Dr. Steven Woolf, VCU Family Medicine's Director of Research was recently honored with two separate awards.

On June 17, 2004, twelve VCU School of Medicine faculty members were recognized for their research achievements in 2003-2004. Dr. Steve H. Woolf, M.D., M.P.H. was nominated by the Department of Family Medicine for "exceptional contributions in advancing the School of Medicine (SOM) research mission." From this very distinguished group, Dr. Woolf was named as recipient of the **Outstanding Research Achievement Award**.

VCU honored four distinguished professors in the areas of teaching, scholarship, service and overall excellence during Convocation 2004. Dr. Steven H. Woolf, was presented with the **Distinguished Scholar Award**. In acknowledging his award, Dr. Woolf commented that he realized early in his medical training, that "all the advances in the world don't mean very much if the bottom line is that they don't improve patient health." So, he's made a career out of ensuring that they do. "I've been drawn like a magnet to the kind of research that focuses in very sharply on whether health outcomes are improved by what we do in medicine." Dr. Woolf is the author of two books and more than 80 journal articles. He has — in the words of Dr. Heber Newsome, Dean of VCU's School of Medicine — "helped guide the care of literally hundreds of millions of people worldwide."

Since 1987, Dr. Woolf has worked with the U.S. Preventive Services Task Force, where he has served as science

adviser and a major editor of the landmark 1989 and 1996 editions of the "Guide to Clinical Preventive Services."

While he does not deny the importance of the traditional research approach that focuses on a biomedical model, he says that "modern thinking is to understand that health is part of a larger set of influences that have to do with culture, personal preferences, education, income and the environmental context in which people live. Understanding the larger picture, he says, is "vitaly important to understanding how we can improve health outcomes, much more dramatically than we can with drugs or operations."

Woolf Joins Partners for Prevention

Dr. Woolf has been appointed Executive Vice President for Policy Development at Partnership for Prevention — a non-profit health policy organization based in Washington, D.C. that develops evidence-based policy recommendations to enhance the priority on prevention and health promotion in U.S. health policy and practice. This organization advises

decision-makers in the public, private and nonprofit sectors on policies and practices to prevent disease and injury prevention and to promote health. Steve will lead the analysis of policy and program options and development of policy recommendations to reduce major health burdens in the United States, such as cancer, heart disease, stroke, diabetes, and other preventable conditions, as well as health disparities. Dr. Woolf will maintain his faculty designation at Virginia Commonwealth University.



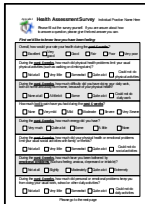


ACORN Welcomes Front Royal Family Practice

Founding partner, J. William Kerns, M.D. has announced that Front Royal Family Practice will join ACORN by contributing to the longitudinal primary care database.

Front Royal Family Practice is a well-established, full service practice which has been providing health care to the Front Royal & surrounding community for over 20 years. The practice hosts VCU's Shenandoah Family Medicine Residency program.

Other ACORN Research

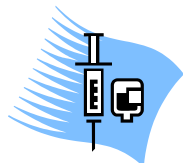


Tobacco Use in Primary Care Practice Populations: A Pilot Cohort Study

Principal Co-Investigators: Stephen F. Rothemich, MD, MS & Diane B. Wilson, RD, Ed.D.

Specific Aims: 1) Demonstrate the feasibility of using a postal survey methodology to collect longitudinal patient-provided data in multiple primary care practices on health behaviors, functional health status, demographics and receipt of evidence-based screening tests, for subsequent use in larger, longer cohort studies; 2) Examine tobacco cessation and relapse in this population, including associations with demographics, co-morbidities, health status, and other health behaviors.

This study, funded by the VCU Massey Cancer Center, will involve patients of the Family Medicine Clinic, Nelson Clinic at VCUHS, and Fairfax Family Medicine Center, Fairfax, VA.



Shortages of Pneumococcal Vaccine Limit Administration

Principal Investigator: Alexander H. Krist, M.D.

Purpose: To evaluate infant vaccination with heptavalent conjugate pneumococcal vaccine (PCV) during national shortages.

Methods: This study utilized ACORN administrative data at one large practice to assess the impact of national vaccine shortages on the ability of physicians to adequately immunize infants with PCV by age one.

Conclusion: The lack of PCV during shortage periods prevented its effective administration through physical lack of vaccine but also through indirect factors. The adverse impacts of decreased vaccine underscores the need to maintain supply and for healthcare practices to develop systems to deal with shortages.



My Healthy Living Prescription for Health

Promoting Healthy Behaviors in
Primary Care Research Networks

Principal Investigator: Steven H. Woolf, M.D., M.P.H.

Purpose: To develop a specialized website that helps patients pursue healthy eating, physical activity, smoking cessation, and alcohol moderation; and to integrate use of the website into primary care practice.

The funded portion of this study is complete; analysis of findings is ongoing. We found a collaborative approach was highly effective in designing and promoting the web site. Uptake of the website was immediate, and the rate of new patient visits persisted throughout the study period. Anecdotal reports from clinicians and patients were largely positive. Empirical data are pending to determine whether the patients who could benefit visited the website in adequate numbers and whether the exposure was beneficial.

This study was funded by the Robert Wood Johnson Foundation and the Agency for Healthcare Research and Quality.

Cancer Preventive Care Website

Principal Investigator: Alexander H. Krist, M.D.

Research Aim: 1) Development of a Cancer Preventive Care website for patients that would integrate multiple tools proven to improve uptake of 1° and 2° cancer prevention: e.g., tailored health messages, reminder systems, decision aids, and risk stratification instruments; 2) Evaluation of whether such a website would be used by primary care clinicians and patients.

Building on the experience from the "My Healthy Living" website, this study, funded by the Massey Cancer Center, will take place in Northern Virginia at the Fairfax Family Practice consortium of practices.

Selected Recent Publications by ACORN Researchers

- Adair G, Grant J, Pandhi N, Saunders R, Sadowsky I, West B, Kerns JW, Knight K. When should patients with stroke receive thrombolytics? *J Fam Pract.* 2004 Aug;53(8):656, 658-9; discussion 659.
- Devers KJ, Pham HH, Liu G. What is driving hospitals' patient-safety efforts? *Health Aff (Millwood).* 2004 Mar-Apr;23(2):103-15.
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- Ebell MH, Siwek J, Weiss BD, Woolf SH, Susman J, Ewigman B, Bowman M. Strength of recommendation taxonomy (SORT): a patient-centered approach to grading evidence in the medical literature. *J Am Board Fam Pract.* 2004 Jan-Feb;17(1):59-67.
- Ebell MH, Siwek J, Weiss BD, Woolf SH, Susman J, Ewigman B, Bowman M. Strength of recommendation taxonomy (SORT): a patient centered approach to grading evidence in the medical literature. *Am Fam Physician.* 2004 Feb 1;69(3):548-56.
- Ebell MH, Siwek J, Weiss BD, Woolf SH, Susman JL, Ewigman B, Bowman M. Simplifying the language of evidence to improve patient care: Strength of recommendation taxonomy (SORT): a patient-centered approach to grading evidence in medical literature. *J Fam Pract.* 2004 Feb;53(2):111-20. Review.
- Kuzel AJ, Woolf SH, Gilchrist VJ, Engel JD, LaVeist TA, Vincent C, Frankel RM. Patient reports of preventable problems and harms in primary health care. *Ann Fam Med.* 2004 Jul-Aug;2(4):333-40.
- Kuzel AJ. Clinical research. In M Lewis-Beck, AE Bryman, TF Liao (Eds.). *The Sage Encyclopedia of Social Science Research Methods.* Thousand Oaks, CA: Sage, 2004.
- Riddle DL, Hillner BE, Wells PS, Johnson RE, Hoffman HJ, Zuelzer WA. Diagnosis of lower-extremity deep vein thrombosis in outpatients with musculoskeletal disorders: a national survey study of physical therapists. *Phys Ther.* 2004 Aug;84(8):717-28.
- Rimer BK, Briss PA, Zeller PK, Chan EC, Woolf SH. Informed decision making: what is its role in cancer screening? *Cancer.* 2004 Sep 1;101(5 Suppl):1214-28.
- Sheridan SL, Harris RP, Woolf SH: Shared Decision-Making Workgroup of the U.S. Preventive Services Task Force. Shared decision making about screening and chemoprevention. a suggested approach from the U.S. Preventive Services Task Force. *Am J Prev Med.* 2004 Jan;26(1):56-66.
- Woolf SH, Kuzel AJ, Dovey SM, Phillips RL Jr. A string of mistakes: the importance of cascade analysis in describing, counting, and preventing medical errors. *Ann Fam Med.* 2004 Jul-Aug;2(4):317-26.
- Woolf SH. Society's choice: the tradeoff between efficacy and equity and the lives at stake. *Am J Prev Med.* 2004 Jul;27(1):49-56.
- Woolf SH. Patient safety is not enough: targeting quality improvements to optimize the health of the population. *Ann Intern Med.* 2004 Jan 6;140(1):33-6.