

**DEPARTMENT OF FAMILY MEDICINE
RESEARCH DIVISION MONTHLY REPORT
JUNE 2006**

Research – Benjamin Crabtree, PhD

The vision of the UMDNJ-RWJMS Family Medicine Research Division is to develop and sustain a nurturing and productive research environment that fosters collaborative transdisciplinary approaches to promote the health of families and communities by improving quality of care and eliminating health-related disparities.

Message from the Director:

We are very pleased to announce addition of **Alicja Piasecki, MPH** to the position of Research Teaching Specialist IV. She will be working on data cleaning for the ULTRA project and some data analysis for the SCOPE project. Alicja has a Master's degree in Public Health (MPH) with a quantitative method's concentration. She graduated from UMDNJ – School of Public Health in 2003. She gained most of her research experience while working on the fieldwork project at the François-Xavier Bagnoud Center (FXBC) of UMDNJ. She worked at Trinitas hospital in Elizabeth in the Managed Care Department. In addition to Alicja, the Division is joined by **Tara Cruz** who will be a summer student assistant working on the ULTRA Project scanning and organizing data.

During the month of June, the Division hosted several outside speakers at our weekly division Meetings. **Grace Lu-Yao, PhD**, Associate Professor, UMDNJ/RWJMS Department of Environmental and Community Medicine, and the Cancer Institute of New Jersey presented an overview of her work in prostate cancer. The title of her presentation was "Facing the Prostate Cancer Challenge - Sailing in Uncharted Water." **Timothy Liu, OMD**, Professor and Director of Laboratory of Qigong Study, Beijing University of Chinese Medicine, China is an internationally renowned Qigong researcher and instructor. He is Secretary General of China's National Qigong Education & Study Association and Editor-in-Chief of "Qigong Study in Chinese Medicine." The topic of his presentation was "Introduction to Medical Qigong and Laboratory Study of Its Psychophysiological Effects." Qigong is part of traditional Chinese medicine practice with a history of more than 3000 years.

As part of our Robert Wood Johnson Foundation evaluation of the Prescription for Health (P4H) program, team members continued with site visits to the 10 funded P4H projects. Nicky Isaacson traveled to New Hampshire for the site visit to the Dartmouth program's CECH project that is introducing PDAs as a health risk screening tool for adolescent patients. Meanwhile, Deb Cohen and Ben Crabtree went to Richmond to meet with investigators and local staff from the ACORN network project which is implementing an electronic medical record interface to refer patients into different programs targeting healthy behaviors. Nicky and Ben also visited the Bronx and the NYC-RING network to review its work with inner city practices that are attempting to assist families with small children improve their nutritional intake. The next scheduled P4H site visit will be to North Carolina at the end of August.

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During June, mentors for John Scott's RWJF Generalist Faculty Clinical Scholars grant met to review the progress on his work on healing and to strategize the next two years of work. Mentors William Miller, MD, MA (Lehigh Valley Hospital) and Kurt Stange, MD, PhD (Case Western Reserve University) joined Ben Crabtree and John Scott for two days at Dr. Miller's cabin in the Pocono Mountains. Collaborators Deborah Cohen and Barbara DiCicco-Bloom were unable to attend, but were there in spirit. The retreat led to a new model for thinking of healing that John plans to integrate in a forthcoming publication and a future grant.

Regina Cunningham submitted a new grant to the Lance Armstrong Foundation – Young Investigator category, "Survivor Care in the Primary Care Setting: An Exploration of Perceptions, Practices and Knowledge." Joining Regina on this project are John Scott, Barbara DiCicco-Bloom, Pam Ohman-Strickland, and Ben Crabtree (Mentor). Since little is currently known about the type of care provided to cancer survivors in the primary care setting or survivors' perceptions of that care, this project will fill an important void in the literature. Developing an understanding of survivorship issues in this context is essential to planning for effective care transitions from the more intensive oncology-focused arenas where acute and post-acute cancer care is rendered to the primary care setting. This investigation will provide fundamental knowledge on which to base future interventions aimed at facilitating effective transitions from the acute care to the primary care setting.

Ben Crabtree attended the kickoff learning collaborative of practices participating in the AAFP's new TransforMED initiative which is seeking to fully implement the "New Model of Practice." He was joined in Kansas City by other members of the independent evaluation team, William Miller, Carlos Jaen, Paul Nutting, and Kurt Stange. This two day learning collaborative is the beginning of a two year program to facilitate the integration of a wide range of state of the art information systems, practice management approaches, and collaborative team care in practices throughout the US.

Annual progress reports were submitted for the NRSA fellowship program and the NHLBI ULTRA project. The ULTRA project enters its fifth and final year in September.

Benjamin F. Crabtree, Ph.D.
Professor and Director

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Publication

Hudson SV, Harris-Haywood S, Stange KC, **Orzano AJ**, **Crabtree BF**. Recruiting Minority Primary Care Practices into Practice-Based Research. *Med Care*. Jul 2006;44(7):696-700.

In Press

Hahn K, **Ohman-Strickland P**, **Hamilton J**, **Scott J**, **Nazareth T**, **Crabtree B**.

"Hyperlipidemia guideline adherence and the effects of patient gender." *Journal of Women's Health* (in press)

Ohman-Strickland P, **Orzano AJ**, Nutting PA, Dickinson WP, Scott-Cawiezell J, **Hahn K**, **Gibel M**, **Crabtree BF**. Measuring Organizational Attributes of Primary Care Practices: Development of a New Instrument, A New Study in the New Jersey Family Physicians Research Network. *Health Services Research* (in press).

Hroscikosk MC, Solberg LI, Sperl-Hillen, JM, Harper P, **Crabtree BF**. The challenges of change: implementing the chronic care model. *Annals of Family Medicine* (in press).

Hung DY, Rundall TG, **Tallia AF**, **Cohen DJ**, **Crabtree BF**. Productivity and turnover in primary care practice: the role of staff participation in decision making. *Medical Care* (in press).

Isaacson N: "The Promise and Potential Problems of Online Sexuality Education for Adolescents" *Sexuality Research and Social Policy* (in press)

Isaacson N. An Overview of the Role of Sexual Health Organizations, Corporations, and Government in Determining Content and Access to Online Sexuality Education for Adolescents. *Sexuality Research and Social Policy* (in press)

Katerndahl D, **Crabtree BF**. Creating Innovative Research methods: The 10-Year Methodological Think Tank Experience. *Annals of Family Medicine* (in press).

Nutting PA, Dickinson WP, Dickinson LM, Nelson CC, King DK, **Crabtree BF**, Glasgow RE. Use of Chronic Care Model Elements Is Associated with Higher Quality Care for Diabetes. *Annals of Family Medicine* (in press).

Sussman A, Williams RL, Leverence R, Gloyd PW, **Crabtree BF**. The Art and Complexity of Primary Care Clinicians' Preventive Counseling Decisions. *Annals of Family Medicine* (in press).

Under Review

Balasubramanian BA, Gandhi SK, Demissie K, August DA, Kohler B, Oosinubi OO, Rhoads GG. Use of Adjuvant Systemic Therapy for Early Breast Cancer among Women 65 Years and Older (under review, *The Breast*)

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Cohen D, DiCicco-Bloom B, Flocke S. “The nature of weight loss counseling in the primary care visit.” (under review - Annals of Family Medicine)

Ferrante J, **Hahn K, Hudson S, Ohman-Strickland P, Scott J, Crabtree B.** “Colorectal Cancer Screening Among Obese patients in Primary Care Practices” (under review - Cancer Detection and Prevention)

Flocke S, **Crabtree BF,** Stange KC. “Clinician Reflecting on Promotion of Healthy Behaviors in Primary Care Practice.” (under review - Preventive Medicine).

DiCicco-Bloom, B, Frederickson K, O’Malley D, Shaw E, Crosson J: “Concept Development: Social Capital Within a Complex Adaptive System Framework” (submitted for review: Journal of Nursing Scholarship)

Lanham HJ, McDaniel RR, **Crabtree BF,** Miller WL, Stange KC, **Tallia AF,** Nutting PA. Work relationships in primary care practices. (under review – Social Science & Medicine).

Leverence RR, Williams RL, Sussman A, **Crabtree BF.** Obesity guidelines through the viewfinder of clinicians practicing in health disparity communities: A qualitative assessment. (under review – JAMA).

In Process

Balasubramanian BA, Orzano AJ, Ohman Strickland P, Hudson SV, Tallia AF, Crabtree BF. The impact of a quality improvement intervention in primary care practices on staff turnover.

Balasubramanian BA, Tallia AF, Scott JG, Ohman Strickland P, Miller WF, Crabtree BF. Multimorbidity in Diabetic Patients and Adherence to Screening Guidelines in Primary Care

Crosson JC, Ohman-Strickland P, Hahn K, Bass C, Shaw E, O’Connell ME, Crabtree BF. “Divergent views of physicians and staff regarding decision-making in family medicine practices.”

Crosson JC, DiCicco-Bloom B, Shaw E, O’Malley D, Crabtree BF. “Electronic medical records and adherence to diabetes guidelines in primary care: a multimethod comparative case study.”

DiCicco-Bloom B, O’Malley D, Shaw E, Crosson JC, Bass C, Miller WF, McDaniel R. “The extension of the jazz metaphor to understand relationships among members of family medicine practices.”

DiCicco-Bloom B, O’Malley D, Shaw E, Crosson JC, Bass C. Frederickson, K. “The development of the concept social capital within the complexity science framework.”

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Hahn K, Ferrante J, Crosson J, Hudson S, Crabtree B. "Associations of chronic disease flow sheet use with guideline adherence."

Hudson SV, Ferrante J, Ohman-Strickland P, Crabtree BF. "Primary care team versus individual provider impact on colorectal screening."

Hudson, SV, Bates, D. "Coder Reliability and Qualitative Software" in *When Methods Meet Technology: Qualitative Data Analysis using Computer-Assisted Software*, edited by R. Maietta and S. Hesse-Biber. Thousand Oaks, CA: Sage Publications.

Hudson SV, Ohman-Strickland P, Ferrante J, Young D, Hahn K, Harris-Haywood S, Crabtree BF. "Organizational Factors Associated with Cancer Screening Disparities in Primary Care Settings."

Hudson SV, Ohman-Strickland P, Lu-Yao G, Ferrante J, Cunningham R, Orzano AJ, Crabtree BF. "Prostate-specific antigen screening in primary care practices."

Hung, DY, Rundall, TG, Crabtree, BF, Tallia, AF, Cohen, DJ. "Preventive Care Processes for Health Behaviors: Application of the Chronic Care Model in Primary Care Practice."

Looney JA, Shaw E, Chase S, Stello B, Crabtree BF. "Passing the Torch in Quality Improvement Trials."

Parchman ML, McDaniel RR, Crabtree BF. "Methodological implications of complexity theory for studying clinical microsystem redesign."

Phillips RL, Dryer M, Weyer SM, Guirguis-Blake J, Crabtree BF, McNellis R, Johnson-Pawlson J. The direct observation of nurse practitioners and physician assistants in primary care practice: are there differences and do they matter?

Scott JG, DiCicco-Bloom B, Stello B, Crosson JC, O'Malley D, Shaw E, Bass C, O'Connell ME, Solberg L, Gilchrist V, Jaen C, Crabtree BF. "The Influence of pharmaceutical representatives on adherence to guidelines for treatment of hypertension."

Scott JG, DiCicco-Bloom B, Stroebel C, Stello B, Crosson JC, O'Malley D, Shaw E, Bass C, O'Connell ME, Solberg L, Gilchrist V, Jaen C, Crabtree BF. "Food for thought: How Pharmaceutical Representatives Influence Primary Care Physicians."

Shaw E, Looney JA, Chase S, Stello B, Crabtree BF. "In the Moment: An Analysis of Facilitator Impact during a Quality Improvement Process."

Sussman A, Williams RL, Leverence R, Gloyd PW, Crabtree BF. "Using Self Determination Theory to Explain Clinical Decision Making in Primary Care"

Tallia A, Scott JG, Diccico-Bloom B, Orzano AJ, O'Malley D, Shaw E, Crosson JC,

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Crabtree B “Comparison of Genograms and Social Network Diagrams in the Analysis of Primary Care Practices.”

Abstract Submission

JC Crosson, B Balasubramanian, M Roland, RL Phillips, A Bazemore, M Dodoo, C Fullwood, T Doran, **AF Tallia, JG Scott**. A comparison of US and UK family medicine practices using two pay-for-performance standards. (accepted for presentation at 2006 Annual NAPCRG conference)

Balasubramanian BA, Tallia AF, Scott JG, Ohman Strickland P, Miller WF, **Crabtree BF**. Multimorbidity in Diabetic Patients and Adherence to Screening Guidelines in Primary Care. (accepted for presentation at the 2006 Annual NAPCRG conference)

DiCicco-Bloom, B: Social Capital in Primary Care Practices and Implications for Patient Outcomes. (accepted for presentation at the 2006 Annual NAPCRG conference)

Stange KC, **Crabtree BF**, Miller WL. Developing Integrated Approaches to Reporting Mixed Methods Research. Workshop abstract. (accepted for presentation at the 2006 Annual NAPCRG conference)

Ferrante JM, Hahn KA, Hudson SV, Ohman-Strickland P, Scott JG, Crabtree BF. “Colorectal cancer screening among obese patients in primary care practices” (accepted for presentation at 2006 Annual NAPCRG conference)

Hudson SV, Ohman Strickland P, Ferrante JM, Hahn K, Cunningham R, Crabtree BF. “The effects of teamwork and reminders on colorectal cancer screening in primary care practices” (accepted for presentation at 2006 Annual NAPCRG conference)

Ohman Strickland P, Orzano J, Tallia A, Hudson SV, Balasubramanian B, Crabtree BF. “Diabetes care in family medicine practices with nurse practitioners and physician assistants” (accepted for presentation at the 2006 Annual NAPCRG conference)

Orzano AJ, Tallia A, McInerney C, Scharf D, Crabtree BF. “Knowledge Management and Enhanced Practice Performance: An Exploratory Qualitative Data Analysis”(accepted for presentation at 2006 Annual NAPCRG conference)

Grants/Contract Related Activities

Active Grants

Cohen, D., PI: “Using illness visits to address health behavior advice” National Cancer Institute with CWRU (subcontract); 2004-2008; total project subcontract costs: \$150,419.

This subcontract provides support for conversation analysis in a study which seeks to characterize the way a teachable moment arises and is constructed within physician-patient interaction and to evaluate the effectiveness of this strategy on patient recall of advice, motivation to modify behavior and change in health behavior.

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Cohen D., PI. Prescription for Health Independence Evaluation Unit. Robert Wood Johnson Foundation; 2004-2008; total project costs: \$963,576.

This multiyear project is performing an ongoing content and process analysis of Robert Wood Johnson Foundation funded projects submitted by Practice Based Research Networks to the Prescription for Life: Promoting Health Behaviors Initiative. Methodologies include a comparative case analysis of projects, built on qualitative and quantitative data collected at the initiative, project, and practice levels.

Cohen, DJ: “Study of Determinants of High Quality Care in Family Practice Offices”, agreement, University of Chicago (PI Hickner); 2005; total project direct costs: \$12,352.

This supports a collaboration to provide on-site and off-site research data collection and analysis to document and assess the quality of care, organizational structure and function of the project as they relate to increasing and sustaining a high quality of care; and to understand the interpersonal relationships and processes within the practice.

Cohen, D, PI: “Using Qualitative Methods in Healthcare Research: A Comprehensive Guide for Designing, Writing, Reviewing and Reporting Qualitative Research,” Robert Wood Johnson Foundation (RWJF); 2005-2006; total project costs: \$33,894.

A one year project to collect and synthesize multiple sources in order to develop a web-based resource that will be an important resource to those with varying degrees of familiarity and experience with qualitative research methods.

Crabtree BF. Trial to Enhance Adherence to Multiple Guidelines. National Heart, Lung, and Blood Institute; 2002–2007; total project costs: \$3,722,849.

The major goal of this grant is to test a tailored practice level intervention strategy to simultaneously improve the delivery of care for diabetes, hypertension, and asthma and for tobacco and cholesterol screening. A group randomized clinical trial of practices is being used to test the intervention.

Crabtree, BF, PI: “Enhancing colorectal CA screening through learning teams,” National Cancer Institute; 2005 – 2010; total project costs: \$2,997,356.

This study evaluates a tailored practice-level MAP/RAP intervention that seeks to enhance relationships among practice members in order to improve rates of colorectal cancer screening in primary care practice.

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Crabtree, BF, PI: “New Jersey Family Physicians Research Network – Cancer Center Support Grant”, 2005 – 2010; total project costs: \$806,348.

This work supports the NJFPRN to offer investigators an opportunity to have direct access to community-based patients and physicians in order to translate research evidence into community-based primary care practices with a long-term vision of enhancing the quality of care patients receive in New Jersey.

Crosson, JC, PI: "Tests of Medicare's initial electronic prescribing standards in the New Jersey e-prescribing action coalition" Subcontract (D Bell, PI) Funding Agency: Agency for Healthcare Research and Quality/Center for Medicare and Medicaid Studies. January 1, 2006 – December 31, 2006. Project total cost: \$173,093

This subcontract is to examine the effect of e-prescribing on workflow and organizational function in 12 primary care practices in New Jersey. The goal of the larger project is to provide evidence for the Department of Health and Human Services to use when setting policy regarding electronic prescribing standards.

DiCicco-Bloom, B. Institutional National Research Services Award (T32). Health Resources and Service Administration, 2003–2008; total project costs: \$1,319,174.

The NRSA fellowship seeks to produce researchers who: 1) are knowledgeable about national, state, and local health promotion and disease prevention; 2) are capable of investigating the appropriateness, effectiveness, and quality of health care in primary care settings; and 3) contribute to ongoing clinical and health policy research.

DiCicco-Bloom, B, PI: “Patterns of nurse-physician relationships”. Funding Agency: National Institute of Nursing Research (NINR); 2005–2007; total project costs: \$151,199.

This study aims to 1) describe the presence of social capital and 2) describe the presence of movement in conceptual space among nurses and physicians in primary care practices and determine their association with standards of chronic illness care.

Hudson, SV (Pilot Project PI), DHHS, Project EXPORT, Addressing Cancer Disparities in NJ Communities, 9/30/04-9/29/07; total project costs: \$1.2 million.

This three year grant focuses on development of resources and infrastructure needed for cancer research, training, community education and outreach. It focuses on conducting health disparities research designed to reduce cancer rates among minorities in New Jersey and to increase the participation of African-Americans, Latinos and other health disparity groups in biomedical and behavioral research as well as prevention and intervention activities.

Orzano AJ, PI. Capacity in Organizational Research, AHRQ (K08 HS014018) Career Development Award; 2004 – 2008; total project costs: \$435,219.

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This grant supports a variety of educational strategies designed to make Dr. Orzano an expert in relevant organizational performance measure and to enhance his skills in survey and multimethod research approaches.

Roemheld-Hamm, B., PI: “National Needs Assessment: Problem Physician Early Warning System”, subcontract with National Board of Medical Examiners, Funding agency: Robert Wood Johnson Foundation; 2005–2006; Subcontract total costs: \$150,453.

A subcontract that seeks to develop an evidence-based early warning system to identify and remediate at-risk practitioners who are at a high probability of causing harm to the public.

Scott, JG, PI. Robert Wood Johnson Generalist Physician Faculty Scholars Program, “Balancing Priorities: Healing in the context of evidence-based medicine”; Robert Wood Johnson Foundation; 2004 – 2008; total project costs: \$300,000.

This grant supports Dr. Scott to explore how the doctor-patient relationship promotes patient healing.

Tallia, A.F., PI: “Academic Administrative Units in Primary Care”, 1 R18 DK067083-01A2, Health Resources and Services Administration; September 2005 – August 2008; total project costs: \$741,915.

The major goals of the grant are to: 1) develop a state-wide quality of care research network; 2) support a critical mass of family medicine researchers, and 3) build the infrastructure necessary to support and sustain network-based quality of care research and primary care practice improvement research productivity.

Tallia, A., (subcontract PI): “Using learning teams for reflective adaptation for diabetes”; NIDDK; September 2005 – August 2010) subcontract project amount: \$315,363

A subcontract that will compare the magnitude and timing of the intervention effects with a state of the art quality improvement effort that focuses on diabetes.

Pending grant applications (submitted)

Crabtree, B.F., PI: "Practice Redesign to Improve Depression Care – PRIDE Care" (subcontract), Funding agency: NIMH; 2006-2010; Project total costs: \$167,732.

This subcontract will assist the main study in a group randomized trial To evaluate a Chronic Care Improvement intervention for implementing and sustaining chronic care office systems to improve depression care in 36 small, semi-autonomous, mixed-payer community-based primary care practices.

Cunningham, R.S., PI: "Survivor Care in the Primary Care Setting: An Exploration of Perceptions, Practices and Knowledge"; Funding agency: Lance Armstrong Foundation; 2007-

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2008; Project total costs: \$82,499.

Little is currently known about the type of care provided to cancer survivors in the primary care setting, or survivors' perceptions of that care. Developing an understanding of survivorship issues in this context is essential to planning for effective care transitions from the more intensive oncology-focused arenas where acute and post-acute cancer care is rendered to the primary care setting. This investigation will provide fundamental knowledge on which to base future interventions aimed at facilitating effective transitions from the acute care to the primary care setting.