

**DEPARTMENT OF FAMILY MEDICINE
RESEARCH DIVISION MONTHLY REPORT
SEPTEMBER 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:

The research division is very pleased to welcome **Jung Jin Cho, MD, PhD**, Associate Professor, Department of Family Medicine, Hallym University College of Medicine and Director of Comprehensive Health Promotion Center at Hallym University Sacred Heart Hospital, Korea. Dr. Cho will be working as a visiting professor with the Research Division for one year, during which time she will work with the ULTRA team on data analysis and dissemination. She will also participate in the activities of the NRSA fellowship. Dr. Cho graduated from Seoul National University College of Medicine and has been working at Hallym University for the past five years. Her interest are in preventive health services and medical policy. She is the Director of the Study Group for Women's Health at the Korean Academy of Family Medicine.

The Division also welcomes **Rebecca Etz, PhD**, who joined the NRSA fellowship on September 12, 2006. As a cultural anthropologist, Dr. Etz engaged in interdisciplinary research both in New Zealand and the US with a focus on community studies, race, gender, sexuality, historical narratives, social inequalities and identity construction. As a postdoctoral fellow, she will participate in a fellows group project that focuses on "social capital" in the primary care practice setting, including issues of access to, and delivery of, primary care. As a qualitative analyst with the "Prescription for Health" project, she is committed to promoting and supporting the redesign of family medicine through innovative research and interventions.

Also joining the NRSA fellowship is **Sandra Echeverria, MPH, PhD**, who started her fellowship on September 18, 2006. Dr. Echeverría received her Ph.D. in Epidemiology from Columbia University, Mailman School of Public Health in 2006. As a social epidemiologist, Dr. Echeverría is interested in examining the effect of neighborhood conditions on health and how social conditions contribute to and modify racial/ethnic disparities. During her postdoctoral fellowship training she will participate in the fellows' group project, submit manuscripts for publication based on her dissertation work, develop new research proposals that examine neighborhood-health effects, and strengthen her skills in qualitative methodologies to support the epidemiological investigations she will conduct.

The Division was very pleased to host **Kevin Oeffinger, MD**, who presented a stimulating talk on cancer survivors and provided individual consultation to faculty. Dr. Oeffinger is a family physician and the Medical Director of Living Beyond Cancer: A Program for Adult Survivors of Pediatric Cancer and Member and Attending in the Departments of Pediatrics and Internal Medicine at Memorial Sloan-Kettering Cancer Center. Prior to arriving at MSKCC in July 2005, he was a Professor of Family Medicine at the University of Texas Southwestern Medical Center in Dallas and the Director of the After the Cancer Experience (ACE) Young Adult Program. In

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addition to providing survivorship health care for over 12 years, Dr. Oeffinger has been actively involved in survivorship research. As an independently supported investigator, his two main areas of research are cardiovascular risk in survivors of childhood leukemia and facilitating and enhancing risk-based health care of pediatric cancer survivors. Dr. Oeffinger served as a consultant for the Institute of Medicine report, *Childhood Cancer Survivorship: Improving Care and Quality of Life*. The title of his well-attended presentation was “The Cancer is Cured. Now What? Risk-based Health care of Pediatric Cancer Survivors.”

The Division was also privileged to welcome the Director of the Samueli Institute, **Wayne Jonas, MD**, and key members of the Samueli Institute staff, **Barb Finlay** and **Katherine Smith**, who spent a day discussing activities and directions of the Samueli Institute’s Optimal Healing Environments program and to explore potential areas for future collaboration. The Samueli Institute, a major funder of healing research, is particularly interested in the organizational change work that has been undertaken in the Division.

During September, **Nancy Stimpfel, RN**, Research Nurse with the AAFP’s supported TransforMED, Inc. visited the Division to review procedures for taking fieldnotes while doing chart audits. She spent considerable time with ULTRA and SCOPE project members to learn first hand the challenges of doing medical record reviews, especially when practices have combinations of EMR and paper chart. The Division will be actively participating in the formal evaluation of TransforMED’s National Demonstration Project, with Ms Stimpfel visiting each of the widely scattered 36 practices 3 times!

Barbara DiCicco-Bloom, RN, PhD submitted an R01 grant application to the National Institute for Nursing Research (NINR) entitled “Expanding Nurse/Physician Relationships to Improve Diabetes Care.” This five year project is designed to build and sustain attributes of social capital among nurses and physicians to then improve overall practice relationships to enhance care of patients with diabetes. The integrated care processes that are the foundation of diabetes care make it an ideal condition for evaluating interventions seeking to enhance work relationships in primary care settings.

Site visits to the 10 projects funded by the RWJF Prescription for Health Initiative continued with visits to Grand Rapids, Michigan and San Antonio, Texas. Ben Crabtree and Al Tallia traveled to Texas and Ben and Nicky Isaacson to Michigan and joined members of the National Program Office to better understand these innovative projects. The Texas project is attempting to expand the role of MAs in the delivery of care, while the Michigan project introduces a new health professional, called a CHERYL, who works with practices to link patients with community resources. During September, members of the Division’s Prescription for Health’s “A-Team” attended a retreat in Denver for members of the National Program Office and National Advisory Committee to review all 10 Round 2 projects and to coordinate dissemination efforts. A-Team members attending included Drs. Cohen, Isaacson, Balasubramanian, Crabtree, and Etz.

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

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New Jersey Family Medicine Research Network (NJFMRN)

Mid month Robert Spierer, MD and Terry Falco attended:

“Research in Primary Care: Strengthening Methodology and Other Skills”

sponsored by the New Jersey Medical School. Ben Crabtree, PhD; Research Director for the Network presented on Qualitative Research.

SCOPE (Supporting Colorectal Outcomes Through Participatory Enhancements) begins wave two in November 2006. Through an organizational assessment and quality intervention, this study offers intellectual stimulation in ground-breaking primary care research and the opportunity to provide better care for your patients in a rewarding work environment. Call Terry Falco at 732-743-3387 to schedule time to hear about the project in greater detail.

SAVE THE DATE

Saturday, November 18th NJFMRN Practice Convocation - 8:30 am till 3 pm at the Cancer Institute of New Jersey. **CME / CEU Credits**

PRESENTATIONS:

Confessions of the Biggest Loser: Promoting Lifestyles to
Our Patients, Our Children and Ourselves by Practicing
What We Teach - Jeff Levine, MD

Redesigning Office Workflow for EHR Implementation -
Family Residency Program, Centra State – Ken Faistl, MD;

Contact Terry Falco at 732-743-3387 or falcote@umdnj.edu for further information on SCOPE, Practice Convocation and other Network projects.

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In Press

Ferrante JM, **Hahn KA, Hudson SV, Ohman-Strickland P, Crabtree BF.** . “Colorectal Cancer Screening among Obese Patients in Family Medicine Practices.” *Cancer Prevention and Detection*, 30, 5. (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).

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).

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*)

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

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

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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).

M Heisler, B Tabaei, R Ackerman, KV Narayan, B Waitzfelder, M Safford, C Tseng, K Duru, **JC Crosson**, B Herman, C Kim. Physicians' participatory decision-making and quality of diabetes care processes and outcomes: results from TRIAD. (under review. Journal of General Internal Medicine)

JC Crosson, PA Ohman-Strickland, KA Hahn, B DiCicco-Bloom, E Shaw, AJ Orzano, BF Crabtree. Use of electronic medical records is associated with lower quality diabetes care in primary care practices. (submitted August 1, under review). Annals of Family Medicine.

Salas-Lopez D, Mouzon DM, Cespedes LM, McLaughlin C, **Hudson SV**, Natale-Pereira A. "Evaluation of a Medical Interpreter Training Program for Bilingual Dual-Role Hospital Employees" (under review: Journal of General Internal Medicine).

Orzano AJ, Tallia AF, McInerney CR, McDaniel RR, Crabtree BF. Enhancing Practice Performance by Stepping-Up to Knowledge Management. (under review: J Family Practice Management).

Orzano AJ, Ohman Strickland P, Tallia AF, Hudson S, Balasubramanian, Nutting PA, Crabtree BF. Improving Outcomes for High Risk Diabetics: Practices' Capacity to Access and Use Information. (under review: Diabetes Care)

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."

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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.”

JC Crosson, B Balasubramanian, P Ohman-Strickland, M Roland, RL Phillips, A Bazemore, M Doodoo, C Fullwood, T Doran, **AF Tallia, JG Scott.** A comparison of US and UK family medicine practices using UK pay-for-performance standards.

JC Crosson, P Ohman-Strickland, B Balasubramanian, M Roland, RL Phillips, A Bazemore, M Doodoo, C Fullwood, T Doran, **AF Tallia, JG Scott.** How do different P4P schemes sort ULTRA practices?

C Brazeau, **JC Crosson.** Observation of teaching in a third year clerkship: the hidden curriculum of patient care.

MS Johnson, S Rovi, **JC Crosson,** L Boyd. Offsite mentors program: an approach to increasing research capacity.

JC Crosson, S Johnson, C-W Tseng, B Swain, other TRIAD study group members. Clinician perceptions of why some patients with diabetes do better than others.

C-W Tseng, TRIAD study group, **JC Crosson.** Impact of cost on medication use and communications with physicians about cost among patients with diabetes.

JC Crosson, D Bell, N Isaacson, **B DiCicco-Bloom, D Lancaster,** EA MacDonald, T Schueth. Effect of electronic prescribing on workflow and work relationships in ambulatory practices.

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.”

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.

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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, DiCicco-Bloom 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, DiCicco-Bloom B, Orzano AJ, O’Malley D, Shaw E, Crosson JC, 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)

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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)

Shaw E, Looney JA, Chase S, Stello B, Navalekar R, Crabtree BF. "In the Moment: An Analysis of Facilitator Impact during a Quality Improvement Process." (accepted for presentation at 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)

Conference Presentation

Scott, JG, "Balancing Priorities: Healing in the context of evidence- based medicine. (accepted for presentation at the 2006 Annual Robert Wood Johnson Foundation Generalist Physician Faculty Scholars 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.

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Hudson SV, PI/Mentor. "Understanding Cancer Clinical Trial Barriers: training in survey design and measurement," New Jersey Commission on Cancer Research Summer Research Fellowship, 7/01/06-9/30/06, \$4,000

The goal of this project is to provide the mentee, Lydia Louis MPH, with mentored research experience focused on cancer health disparities. She will focus on barriers to cancer clinical trial recruitment and accrual and will gain experience in survey design as she develops a survey to measure barriers in an oncology setting.

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

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.

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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; 2007-2008; 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.

DiCicco-Bloom, B, PI: "Expanding Nurse/Physician Relationships to Improve Diabetes Care".
Funding Agency: National Institute of Nursing Research (NINR)/National Institute for Diabetes and Digestive and Kidney Diseases; 2007-2012; total project costs: \$3,887,324.

This project is designed to build and sustain attributes of social capital among nurses and physicians to then improve overall practice relationships to enhance care of patients with diabetes. The integrated care processes that are the foundation of diabetes care make it an ideal condition for evaluating interventions seeking to enhance work relationships in primary care settings.