

## SF Bay Area Collaborative Research Network

*A partnership of community clinicians, practices and UCSF*

**SF Bay CRN eNews – Fall, 2015**



Dear Colleagues and Friends,

Welcome again to the San Francisco Area Bay Collaborative Research Network (SFBayCRN) eNews. SFBayCRN facilitates primary health care practice-based research partnerships between researchers and clinical practice groups at UCSF, in the greater Bay Area, and beyond. We offer free initial consultations on practice-based research issues for our members. **For more information about SFBayCRN, visit:** [www.sfbaycrn.org](http://www.sfbaycrn.org).

### Steering Committee Member Spotlight

**Nishant Shah, MD, MPH** is a family physician at Contra Costa Health Services. Currently, Dr. Shah is involved in the SFBayCRN Hypertension Data Collaborative and is interested in how high blood pressure can be measured and addressed at a community level. According to Dr. Shah “moving beyond the walls of the clinic is going to be essential to addressing the risk factors leading to chronic diseases and the disparities we see within our communities.” Dr. Shah participated in his first SFBayCRN project in 2013. He recruited African American men from his primary care practice to understand their needs around counseling and their decision to test for prostate cancer. Dr. Shah was a primary care provider in Richmond, CA for 10 years and provided leadership in his county health department as medical director of Healthcare for the Homeless and a consultant in communicable disease. This year, Dr. Shah is in Baltimore, MD where he is a Visiting Scholar at American’s Essential Hospitals in Washington D.C. His goal as a visiting scholar is to understand the policy landscape affecting safety net systems, and the integration of public health and health care delivery. We look forward to welcoming Nishant home at the conclusion of his fellowship.

### SFBayCRN and UCSF School of Nursing Participate in AHRQ PBRN Certificate Program

Congratulations to **Kara Birch, DNP, FNP, PMHNP**, who will be one of 16 participants in a new AHRQ-sponsored training program designed to develop a new generation of independent investigators within the practice-based research network (PBRN) community. It will provide training in concepts, skills, and methods for conducting practice-based research and building PBRNs. Kara recently joined the faculty of the UCSF School of Nursing as an assistant clinical professor. She works with the UCSF Medical Center Care Support Team working on multidisciplinary teams to bridge improve clinical outcomes for medically complex patients. She says that “through practice-based research I hope to improve physical and mental health outcomes for patients and solve real-world concerns for providers.” We wish Kara success in these endeavors.

### **TWO NEW PROJECTS!**

#### Putting Patients at the Center of Patient Centered Medical Homes

The UCSF Center for Excellence in Primary Care, partnering with SFBayCRN, recently received a 1-year award from the Kaiser Permanente National Community Benefit Fund to continue our work to understand and disseminate best practices for engaging patients in primary care practice transformation activities. This work will be spearheaded by **Anjana Sharma, MD**. Congratulations, Anjana!

## Enhancing Self-Management Support in Diabetes through Patient Engagement

The UCSF Behavioral Diabetes Research Group and SFBayCRN recently received a major 5-year award from the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) to evaluate the impact of an intervention to increase patient engagement as part of self-management support for diabetes. This project will take place in 12 bay area community health center clinical sites and will build on what we are learning from our ongoing "Connection to Health" project, already involving 18 SFBayCRN clinical sites. **Danielle Hessler, PhD** and **Mike Potter, MD** will be co-principal investigators.

### **DISSEMINATION SUCCESS!**

Steering Committee Member **Robin Corelli, PharmD**, reports that faculty from the UCSF School of Pharmacy recently conducted a randomized controlled trial in collaboration with Safeway Inc., to evaluate two different training and implementation approaches for community pharmacy personnel (pharmacists, technicians, clerks) and to integrate brief smoking cessation interventions as a routine component of care. At the conclusion of the 3-month trial in 20 stores throughout California, more than 15,000 patients were asked about tobacco use and more than 1,100 patients received smoking cessation counseling. As a result of the study, the smoking cessation program was launched in more than 1,100 Safeway pharmacies nationwide in 2015.

### **RECENT SFBayCRN-RELATED PUBLICATION:**

**Rosenstein MG, Nijagal M, Nakagawa S, Gregorich SE, Kuppermann M. The Association of Expanded Access to a Collaborative Midwifery and Laborist Model with Cesarean Delivery Rates. *Obstet Gynecol.* 2015 Oct; 126:716-23. PMID 26348175.**

**OBJECTIVE:** To examine the association between expanded access to collaborative midwifery and laborist services and cesarean delivery rates. **METHODS:** This was a prospective cohort study at a community hospital between 2005 and 2014. In 2011, privately insured women changed from a private practice model to one that included 24-hour midwifery and laborist coverage. Primary cesarean delivery rates among nulliparous, term, singleton, vertex women and vaginal birth after cesarean delivery (VBAC) rates among women with prior cesarean delivery were compared before and after the change. Multivariable logistic regression models estimated the effects of the change on the odds of primary cesarean delivery and VBAC; an interrupted time-series analysis estimated the annual rates before and after the expansion. **RESULTS:** There were 3,560 nulliparous term singleton vertex deliveries and 1,324 deliveries with prior cesarean delivery during the study period; 45% were among privately insured women whose care model changed. The primary cesarean delivery rate among these privately insured women decreased after the change, from 31.7% to 25.0% ( $P=.005$ , adjusted odds ratio [OR] 0.56, 95% confidence interval [CI] 0.39-0.81). The interrupted time-series analysis estimated a 7% drop in the primary cesarean delivery rate in the year after the expansion and a decrease of 1.7% per year thereafter. The VBAC rate increased from 13.3% before to 22.4% afterward (adjusted OR 2.03, 95% CI 1.08-3.80). **CONCLUSION:** The change from a private practice to a collaborative midwifery-laborist model was associated with a decrease in primary cesarean rates and an increase in VBAC rates.

### Do you have questions or news to share?

*We would love to hear from you!*

SFBayCRN is a program of UCSF's Clinical and Translational Science Program and its Community Engagement and Health Policy Program. **Visit us at <http://www.sfbaycrn.org>.**