

San Francisco Bay Area

Collaborative Research Network

*A partnership of community clinicians, practices
and UCSF*

SF Bay CRN eNews – Spring, 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.

Steering Committee Comings and Goings

Best wishes to **Eliseo Perez-Stable, MD** who leaves UCSF (and our steering committee) to become Director of the National Institute on Minority Health and Health Disparities. Eliseo's departure is UCSF's loss, but provides us an opportunity to celebrate his many accomplishments in health disparities research in our diverse communities. (See NIH announcement at <http://www.nih.gov/news/health/apr2015/od-28.htm>). His departure also provides an opportunity to welcome **Leah Karliner, MD**, a primary care researcher who focuses on language access for patients with limited English proficiency, and **Tung Nguyen, MD**, Director of the Asian American Research Center on Health and expert in community-based participatory research, to our SFBayCRN Steering Committee.

PROJECT UPDATES

SFBayCRN Hypertension Data Collaborative (SFBayCRN HDC) Started in February 2015, the SFBayCRN-HDC is a partnership of leaders and medical informatics experts from SFBayCRN, UCSF Academic Research Systems, and UCSF Primary Care, with several of the SF Bay Area's largest community health center consortia, including **Contra Costa Health Services, the San Francisco Health Network, and the Redwood Community Health Coalition**. The HDC will demonstrate the feasibility of electronic data sharing on hypertension, with a longer term vision of developing an electronic health information network to support regional health improvement initiatives in safety net primary care health systems. We are pleased to announce that CTSI has agreed to continue to support the development of this vision through June 2016.

ASCENT Project will Focus on Patient Safety The San Francisco Ambulatory Safety Center for Innovation (ASCENT) is a 4-year project funded by the Agency for Healthcare Quality and Research (AHRQ), led by **Urmimala Sarkar, MD**. The goal of ASCENT is to design, develop, test, and evaluate workflows and health information technology-facilitated innovations that prevent medical errors and improve the safety of care provided in the **San Francisco Health Network**. Dr. Sarkar will be working on this project with physicians and pharmacists who provide direct care for patients. Congrats, Urmimala!

Innovative Technology to Deliver Smoking Cessation Support to Asian Men who Smoke SFBayCRN collaborator, **Janice Tsoh, PhD** has led a team of researchers at UCSF and Asian Health Services in Oakland in a California Tobacco-Related Disease Research Program funded study to examine the use of a novel, interactive "Mobile Doctor" to enhance patient provider discussion and support smoking

cessation in Vietnamese and Korean men. Additional funding to expand the program for Chinese men has been secured. This work will provide a foundation for leveraging primary care, dental health, and mental health settings to promote smoking cessation in these underserved groups.

New PCORI Award on Clinician Language Concordance and Interpreter Use

Congratulations to, **Leah Karliner, MD** on her new 3-year grant from the Patient Centered Outcomes Research Institute, which will focus on an evaluation of dual-improvement initiatives at UCSF to enhance language access for limited English proficient (LEP) patients. The initiatives encompass 1) certifying bilingual clinicians to use their non-English language skills directly with patients, and 2) simultaneously increasing easy access to professional interpreters by instituting video medical interpretation (VMI) in its ambulatory practices. Dr. Karliner and her team hypothesize that these improvement programs will lead to: more professionally interpreted and fully language concordant visits for LEP patients, better patient understanding of clinician recommendations after a primary care visit, and improved clinical outcomes for patients with chronic conditions. They anticipate that dissemination of the results of this study will help to shape the national conversation about the implementation of bilingual clinician certification as well as accessibility of professional interpreters as a means to improve communication and care for the growing and aging population of LEP patients requiring care for chronic diseases.

FluFIT on the Frontera – SFBayCRN Research Migrates to the Rio Grande!

Thelma Hurd, MD, from the University of Texas Health Science Center recently received a major grant from the Cancer Prevention and Research Institute of Texas (CPRIT) to study the implementation of the FluFIT Program, an evidence-based colorectal cancer screening intervention, in immigrant communities along the Rio Grande. **Mike Potter, MD**, who originally developed the FluFIT Program for SFBayCRN practices and materials for national dissemination by the American Cancer Society and others, will serve as a consultant on the project. For more information on the FluFIT Program, visit <http://fulfit.org>.

RECENT SFBayCRN PUBLICATION: Thank you to SFBayCRN members who participated in this study!

Jamé S, Wittenberg E, Potter MB, Fleischmann KE. **The New Lipid Guidelines: What Do Primary Care Clinicians Think?** Am J Med. 2015 Mar 30. [epub ahead of print]

BACKGROUND: Little is known about the opinions of primary care clinicians regarding the newly released 2013 American College of Cardiology/American Heart Association (ACC/AHA) Guidelines for the Prevention of Primary and Secondary Atherosclerotic Disease. This survey was created to assess the awareness, attitudes, and practices of primary care clinicians on adoption of the new guidelines and to explore obstacles to implementation and suggestions for improving shared decision-making. **METHODS:** Six hundred practicing clinicians within the San Francisco Bay Area Collaborative Research Network were invited to participate in this cross-sectional, Internet-based pilot survey of primary care clinicians. These survey data were collected in March 2014, approximately 4 months after the release of the new guidelines and 1 month after the release of the ACC/AHA risk estimator application. **RESULTS:** One hundred eighty-three clinicians responded to the survey. Of those respondents, 176 (96%) were aware of the guidelines. The majority (64%) reported implementing the new guidelines with at least some of their patients, while a minority (25%) reported adopting the guidelines for many of their patients. Disagreeing with the guidelines was the main hindrance to adoption. **CONCLUSIONS:** While many primary care clinicians are aware of the new guidelines, a substantial proportion has yet to implement them into their clinical practice, and obstacles remain for full adoption. Further understanding of clinicians' views, opinions, and needs is necessary to optimize the approach to lipid management and ensure integration into current practice.