

SF Bay Area Collaborative Research Network

*A partnership of community clinicians, practices
and UCSF*

SF Bay CRN eNews – Fall, 2016



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.

SFBayCRN Hypertension Data Collaborative

Last January, our stakeholders in county health systems, community health center consortia, and private healthcare systems met at Mission Bay to explore partnerships for practice improvement and research, supported by electronic data sharing. As a demonstration project, three participating health systems shared electronic data for adults with primary care, yielding a de-identified dataset with clinical data for nearly 170,000 individuals receiving primary care from **Contra Costa Health Services, San Francisco Health Network, and UCSF Health**. We are using this data to identify similarities and differences in prevalence, management, and control of hypertension across and within these health systems. Our plan is to work with UCSF researchers and community stakeholders to propose and develop tailored interventions to address hypertension needs that are identified. **For more information on how to get involved with this project, please contact SFBayCRN Director, Dr. Mike Potter: michael.potter@ucsf.edu**

San Francisco Cancer Initiative

SFBayCRN is excited to be a partner in the San Francisco Cancer Initiative (SF-CAN) a partnership between UCSF, local government, local healthcare organizations, and community stakeholders to broadly address the needs of our San Francisco residents across the cancer control continuum, from prevention and diagnosis through treatment and survivorship. SF-CAN is supported by \$3 million in startup funds from the UCSF's **Helen Diller Family Comprehensive Cancer Center**. A formal public announcement and launch is planned for this fall. SFBayCRN stakeholders are welcome to participate. **Please contact SFBayCRN program coordinator, Mr. James Rouse-Iniguez, for more information about SF-CAN: James.Rouse@ucsf.edu**

Project ECHO – A Powerful Resource to Help Community Based Clinicians Provide Optimal Care for Hepatitis C

UCSF, led by hepatologist **Dr. Norah Terrault**, has launched an exciting new program called Project ECHO (Extension for Community Health Outcomes) to create an expanded community of healthcare providers with expertise in the care of patients with hepatitis C. Project ECHO is an interactive, knowledge-sharing network with an academic panel (hub) of experts supporting the education and training of primary care providers in their communities (spokes). The UCSF hub and community spokes form a learning network to share best practices and promote longitudinal mentoring to build provider knowledge, skills and confidence in implementing HCV screening and treatment guidelines. Bi-monthly web-based sessions include case based and didactic learning, free CME, and access to resources for patient care and to support reimbursement for evidence-based treatment. **Please contact Ms. Keri Gailloux, Project ECHO coordinator, for more information: keri.gailloux@ucsf.edu**

California Colorectal Cancer Coalition (C4) Mini-Grant Request for Applications

C4 is initiating the fourth annual community collaborative grant process for fiscal year 2017. Applicant organizations are encouraged to apply for grants that are in alignment with C4's mission to increase colorectal cancer screening rates in an effort to decrease mortality associated with the disease. The C4 mission is to save lives and reduce suffering from colorectal cancer in all Californians. C4 plans to fulfill this mission by: 1) implementing strategies to reduce disparities in CRC screening, diagnosis and treatment among underserved populations in California; 2) increasing capacity for colorectal cancer screening; and 3) advocating for CRC screening programs to serve uninsured and underinsured populations. In 2016, SFBayCRN collaborators from **UCSF** and **LifeLong Medical Care** each received these awards. **Information on applying and on successful on applications from previous years can be accessed:** <http://www.cacoloncancer.org/grants.php> .

[CDC-funded Project to Promote Colorectal Cancer Screening Among Chinese Americans](#)

Congratulations to **Dr. Tung Nguyen** and his colleagues for securing a major grant from the CDC to study and compare innovative small media approaches to Increase colorectal cancer screening among Chinese Americans in 3 San Francisco Bay Area healthcare systems: **Northeast Medical Services, Chinese Community Hospital, and UCSF General Medicine**. His team will also assess how to link community-based organizations to healthcare systems to create more effective patient educational materials and interventions to promote health.

[News from the Integrative Medical Clinic Foundation:](#)

Former SFBayCRN mini-grantees Cynthia Calmenson and Ellen Barnett recently wrote to share their gratitude for our early support of their “Imagine You” program, which challenges individuals to imagine and optimize their health. The program has become a popular health improvement program in the North Bay. We wish them continued success and growth of this successful program. **For more information about IMCF and Imagine You, visit** <http://www.integrativemedicalclinicfoundation.org/>.

[Recent Research From SFBayCRN – Thanks to Many of You Who Participated!](#)

Bacon O, Gonzalez R, Andrew E, Potter MB, Iñiguez JR, Cohen SE, Liu AY, Fuchs JD. [Informing strategies to build PrEP capacity among San Francisco Bay Area clinicians](#). J Acquir Immune Defic Syndr. 2016 Sep 19. A large pool of clinicians is needed to meet growing demand for HIV pre-exposure prophylaxis (PrEP). We surveyed a mixed group of HIV specialists and non-specialists in the San Francisco Bay Area to determine their attitudes toward and training needs regarding prescribing PrEP to persons at increased risk of HIV infection. Willingness to prescribe was associated with experience in caring for HIV-infected patients (AOR 4.76, 95% CI 1.43-15.76, p=0.01). Desire for further training was associated with concerns about drug resistance (p=0.04) and side effects (p=0.04), and was more common among non-ID specialists. Clinicians favored on-line and in-person training methods.

Willard-Grace R, Sharma AE, Parker C, Potter MB. [Engaging patients as partners in practice improvement: A survey of community health centers](#). Journal of Clinical Outcomes Management. 2016;23(7) Objective: To explore how community health centers engage patients in practice improvement and factors associated with patient involvement on clinic-level strategies, policies, and programs. Methods: Cross-sectional web-based survey of community health centers in California, Arizona, Nevada, and Hawaii (n = 97). Results: The most common mechanisms used by community health centers to obtain patient feedback were surveys (94%; 91/97) and advisory councils (69%; 67/97). Patient-centered medical home recognition and dedicated funding for patient engagement activities were not associated with reported patient influence on the clinic's strategic goals, policies, or programs. When other factors were controlled for in multivariable modeling, leadership support ($\beta = 0.31$, 95% confidence interval [CI] 0.10–0.53) and having a formal strategy to identify and engage patients as advisors ($\beta = 0.17$, 95% CI 0.02–0.31) were positively associated with patient influence on strategic goals. Having a formal strategy to identify and engage patients also was associated with patient impact on policies and programs ($\beta = 0.17$, 95% CI 0.01–0.34). The clinic process of setting aside time to discuss patient feedback appeared to be a mechanism by which formal patient engagement strategies resulted in patients having an impact on practice improvement activities ($\beta = 0.35$, 95% CI 0.17–0.54 for influence on strategic goals and $\beta = 0.44$, 95% CI 0.23–0.65).

for influence on policies and programs). Conclusion: These findings may provide guidance for primary care practices that wish to engage patients in practice improvement. The relatively simple steps of developing a formal strategy to identify and engage patients and setting aside time in meetings to discuss patient feedback appear to be important prerequisites for success in these activities.

Other Relevant Research from Our SFBayCRN Steering Committee:

Karliner L, Marks A, Mutha S. Reducing healthcare disparities for minority women in the era of the Affordable Care Act: Opportunities within primary care. J Healthcare Poor and Underserved. 27(2016): 392-415. Despite improvements in overall health of the American population, disparities persist, particularly for minority women. The Affordable Care Act (ACA) offers the potential to reduce disparities through expanded insurance coverage, greater access to high-quality care, and bolstered prevention efforts in the context of new models of care such as the patient-centered medical home (PCMH) We use case studies representing three clinical conditions (breast cancer, HIV, and coronary heart disease to present strategies for how a PCMH could reduce disparities for minority women. The case studies highlight the opportunity that further implementation of the ACA provides to improve screening, risk assessment, and prevention for a range of conditions that impact the health of minority women, as well as areas ripe for future investigation.

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> .**