C-B2-04:

Helping Women be a Part of the Answer: Cognitive Interviews to Assess Attitudes on Hormone Therapy

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Background/Aims: In 1993, the Women's Health Initiative (WHI) began to recruit postmenopausal women to be part of the answer by participating in a study assessing benefits and risks of hormone therapy (HT). From these trials, a complicated picture emerged. Some of this information has made it to the media and it is important to understand how this has shaped women's perceptions of HT. The purpose of this study was to use cognitive interviews to gain a detailed understanding of how a group of women's opinions of HT are shaped, what their opinions are, and to test their knowledge of the risks and benefits of HT. **Method:** Ten subjects who were menopausal were recruited by letter prior to a visit at a rural women's health clinic. A survey was administered to gauge women's opinions, attitudes, and the source of their knowledge. Then, retrospective probing was used to explore the answers given by the women. A qualitative analysis of the interviews was conducted and surveys were evaluated. To verify the accuracy of the women's self report, their responses relating to past medical history, HT exposure, menopause status, hysterectomy status, and demographics were compared to their electronic health records. **Results:** Ten subjects between the ages of 54 and 65, with a mean age of 58, completed interviews. The survey contained 27 questions and took an average of eight minutes to complete while the interviews lasted approximately 45 minutes. All participants preferred response options not asking for specific numbers, indicating it was not something they generally paid attention to. Although 8 out of 10 women answered that taking HT increased a women's chances of developing breast cancer, more than half still thought that it positively affected a women's quality of life and overall health. A recurring theme was the idea that hormone therapy was a personal choice and its benefits or harm depended on the individual's circumstances taking it and her physician's advice. **Conclusions:** In general, the women seemed to value their physician's advice and their personal experiences over other information they had encountered. Their knowledge of HT's actual risks according to the research from the WHI studies was limited. Understanding what shapes a woman's perception of HT, and what they know may make patient education concerning the risks and benefits associated with HT more effective, helping women make the most appropriate decisions for their own health.

PS1-07:

Evaluating the Status of "Translating Research into Practice" at a Major Academic Healthcare System

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Background: This survey was conducted to assess the status of translating research findings into practice at a major academic healthcare system in Central Texas. **Methods:** We conducted a cross-sectional survey addressing knowledge of and participation in translational research of physicians, residents, nurses, and third and fourth year medical students in a major academic healthcare system in Central Texas. Some of the research questions were adapted from an in-house HMORN survey (personal communication). **Results:** Out of 508 respondents, 428 (84.3%) completed all questions. A total of 68.9% of faculty reported having sufficient education and training to conduct research vs. 44.4% of residents and 35.6% of nurses. Fifty-eight percent of faculty, 53% of residents and 9% of nurses reported current involvement in research activity. A total of 55.6% of residents reported that their departments provide them with protected time for research vs. 18.4% of faculty and 10.3% of nurses. In addition, 33.9% of nurses reported interest in participating in research but do not know how to start. A majority of faculty and residents and 58% of nurses indicated they were familiar with translational research. Yet only 42.7% of residents and 35% of faculty, 46.7% of residents and 35.6% of nurses indicated they were aware of any changes in delivery of care that resulted from research projects. **Conclusions:** The study results suggested failure to leverage members of the healthcare team in

a systematic process to ensure translation of research findings into practice. Results highlighted the need to merge the culture of safety and quality improvement with research while dealing with the daily pressures of patient care.

PS1-12:

Acceptability of Group Acupuncture Clinics at a Health Maintenance Organization

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Background: This project aims to assess whether group clinics represent an appropriate and viable mechanism for delivering acupuncture services in a conventional managed care setting. **Methods:** We are conducting a qualitative analysis with adult patients complaining of back or neck pain who have recently received acupuncture services at Kaiser Permanente Northwest. About half of these patients are receiving acupuncture in a group setting. During group acupuncture sessions, about 4-6 patients are treated at one time by a single practitioner. During treatments, patients are seated in reclining chairs in a shared treatment room. Distal acupoints are used so that patients do not need to remove clothing. Patients are asked about satisfaction with their clinician and care received, as well as level of overall clinical improvement. We also ask participants to comment on the advantages and disadvantages of the group clinic setting, and to offer suggestions for improvement. **Analysis:** Data analysis involves three steps. First, we use aggregate respondent answers to each interview question to generate a list of response themes for each question. Second, we summarize each respondent's answers, to highlight individuals' reactions to group acupuncture. We then return to the data to identify overarching themes or new themes that were not addressed in the first two efforts. **Results:** We have conducted fourteen out of an anticipated fifty telephone interviews. Preliminary analysis of patient responses revealed the following themes: both groups reported improvements in quality of life and pain control, but expressed concerns about appointment availability. Patients receiving group acupuncture reported that they were generally satisfied with their care. Patient-reported advantages of group acupuncture include greater flexibility in length of time of appointment, and more time with the clinician. Disadvantages include perceived lack of privacy. In contrast, participants attending individual acupuncture sessions stated strong preferences for remaining in individual sessions, and were unable to imagine how group care could be feasible. **Conclusions:** We conclude that, despite misgivings expressed by patients who have not experienced group acupuncture, those who did participate in the group sessions were generally satisfied and reported clinical improvement.

PS1-14:

Coordination and Integration of Care for Chronically Ill: Meaning and Measurement

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Background: Innovative strategies in chronic care delivery are welcomed as responses to a set of problems that are evident to some degree in all health care services. Uncoordinated or fragmented arrangements for the delivery of care are one example of such problems. Notwithstanding the theoretical conceptualization of coordination and integration, in practice variation exists in how these concepts are applied and measured and in their impact on care. Consequently, difficulties are experienced in deciding how to best resolve care fragmentation. **Methods:** An exploratory, qualitative design is used to make the phenomena understandable and identify the perceptions of experts in chronic care coordination and integration. A purposive sample of 20 experts from the U.S., Canada, Australia, and Europe is in-depth interviewed by telephone or face-to-face. An interview guide is being applied to initiate and guide the interview. Three central topics are addressed: care fragmentation, coordination and integration, measurement. Interviews are audio-recorded and transcribed with the consent of interviewees. A grounded theory

approach is used to analyze the data. Approval for the study is received from the Center's Human Subject Review Office. **Results:** Preliminary results indicate an urgent need to resolve care fragmentation, and concepts of coordination and integration of care being interrelated and partially overlapping. By identifying a plethora of factors and stakeholders involved, the complexity of resolving care fragmentation gets revealed. Diversity is reflected by the type of indicators being identified to measure the impact of coordination or integration on care. **Conclusions:** Final conclusions will be drawn after completion of the data analysis and available in April 2009. Support for this research was provided by The Commonwealth Fund. The views presented here are those of the authors and should not be attributed to The Commonwealth Fund or its directors, officers, or staff.

PS1-15:

What has the HMO Research Network Done for You, Lately? How the Network is Responding to Investigators' Needs

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In late 2007, HMORN leaders surveyed investigators to learn how to better foster and support multi-site projects. This poster recaps survey results, reviews 2008 progress to address findings, and summarizes ongoing efforts. **Methods:** The 2007 HMORN investigators' survey was anonymously administered via www.surveymonkey.com. Directors emailed the survey link to their faculty, including one email reminder. A total of 279 surveys were reportedly distributed. **2007 Survey Results:** Surveys were completed by 161 investigators (58%) from 14 of 15 Centers. Full/senior Investigators represented 49% of responders, 19% were associate and 24% assistant level researchers. Years of experience averaged 15. The top 5 features investigators identified that would make multi-site research more attractive were: ways to find and connect with colleagues (32%); central or streamlined IRB (12%); more opportunities and better dissemination of them (11%); coordinated budget development and grant administration (10%); boilerplate, website, guides, clear processes (9%). Investigators also shared the top five ways the HMORN could assist investigators. These were: PI directory with bios, virtual scientific interest groups, streamlined grants and contracts administration, web-based guides and resources and improved communications. **2008 Progress Made:** The Network responded to investigator priorities in 2008 in a number of ways, and there are now many more resources available than when the survey was conducted. A directory of Investigators by site and research interests is now on the HMORN website with links to biographical information on external Center websites. Search features will be added to the PI Directory in 2009. An SOP for streamlined, facilitated IRB review of low-risk, data only studies was adopted across the Network. Templates for coordinating budget and grant development are available as well as a variety of boilerplate, guides, toolkits and best practices. The Network is working to finalize template subcontract and data use agreements and expand functionality of the Network's website. To support and maintain all of this, every HMORN Center has made a financial commitment to the Network, beginning in 2009. **Next Steps:** With the funding of the 2009 HMORN Operating Budget, the Network is continuing to implement improvements to the website, administrative resources, VDW, communications and more.

PS1-21:

Evaluation of Commercial Workflow Engine for Modeling Clinical Processes in Quality Improvement and Decision Support

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Background: Workflow technology (WT) is a new emerging technology which offers support for modeling, execution and analysis of processes within information systems. WT has been successfully implemented in many industries resulting in increased efficiency and decreased variability and costs. Similar potential exists in healthcare; however the penetration of this technology, according to Gartner, is less than 5%. Marshfield Clinic is

considering integration of a workflow technology within their electronic health record system to enable user friendly creation and customization of numerous EHR features. **Methods:** We have evaluated the suitability of a commercially available workflow editor and engine for modeling clinical processes. The evaluated editor was used to model several sample processes (e.g., osteoporosis QI process and laboratory monitoring processes). Robustness of the features was evaluated with three target users in mind: programmer, designated workflow process engineer, and champion clinician. Compliance with the XPDL standard (XML process definition language) was also evaluated. Modeled sample processes were then loaded into the tested workflow engine and support for process deployment and execution was evaluated (specifically ability to interface with external databases, web services and legacy systems). We have also briefly evaluated modules for process analysis and discovery (ability to mine process definition from existing healthcare event logs). **Results:** We have successfully installed both the workflow editor and engine of a chosen commercial WT Vendor and were able to execute several example processes. The installation of the engine required some assistance from the vendor. The evaluated workflow editor did not provide a separate perspective for a non-expert in WT (e.g., champion clinician) and lacked several graphical and modeling features. The tested editor did use XPDL as the underlying standard, however make heavy use of external attributes which is a special part of the standard for vendor specific features. Deployment of interfacing processes required repeated assistance from the vendor and a few duplicate steps in the editor and the workflow engine. **Conclusion:** Marshfield Clinic is one of the very few healthcare institutions pioneering the integration of workflow technology with an EHR system. Our results were shared with the vendor and further collaboration talks are planned.

PS1-25:

Patient Outcomes in Systemic Lupus Erythematosus: A Collaborative Study Fostered by a New CTSA-based Partnership

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Introduction: This project catalyzes a strategic partnership between Marshfield Clinic Research Foundation (MCRF) and the University of Wisconsin (UW), supported by an NIH Clinical and Translational Science Award (CTSA), to explore outcomes of systemic lupus erythematosus (SLE) in a community setting. The study pairs pilot funding and study staff from MCRF with a KL2 scholar/rheumatologist from the UW Institute for Clinical and Translational Research (ICTR). The project also uses ICTR-supported core resources at MCRF (Marshfield Epidemiologic Study Area [MESA]) and at UW (biostatistical support). **Background:** Survival among SLE patients has improved in recent decades, although studies continue to demonstrate excess mortality and cardiovascular disease. Whereas typical SLE studies represent urban tertiary referral populations, this study explores a community base, where the presence and extent of any mortality or cardiovascular excess is not clearly established. A past study described the spectrum of SLE in MESA from 1991-2001, finding cases were older, were less predominantly female, and had milder disease than in published reports from tertiary referral centers. **Methods:** Incident cases from 2002-2007 in this rural, population-based cohort are being ascertained and validated using the same American College of Rheumatology diagnostic criteria as the previous study. All incident cases 1991-2007 are being followed longitudinally to examine rates of all-cause and cardiovascular mortality, and of non-fatal cardiovascular events including MI, stroke, or heart failure hospitalization. Outcomes are to be compared with a matched set of MESA cohort members without SLE. **Results/Conclusions:** Automated data queries identified 167 new potential cases of SLE. After applying proportions of invalidation and non-incidence from the previous study, we estimate there will be an additional 31 incident cases from 2002-2007 to join the 44 cases previously identified. This represents one of only two rural US-based SLE cohorts with reported mortality outcomes. We anticipate that study results will support future funded research opportunities to ultimately inform evidence-based prevention strategies for SLE patients in real-world community practice.