

original study), tumor stage, comorbid conditions, presence of positive margins, seminal vesicle involvement or perineural invasion at RP, age at recurrence, year of recurrence, time to recurrence, and intensity of follow-up, Caucasian men were more likely than African-American men to receive SRT in this study population (OR 1.5; 95% CI 0.7-3.1). However, this difference did not reach statistical significance. The factors that did predict for receipt of SRT were the absence of comorbid conditions (OR 2.1; 95% CI 1.1-4.2), recurrence prior to 1994 (OR 2.8; 95% CI 1.4-5.6), and local (rather than biochemical) recurrence (OR 6.9; 95% CI 2.6-18.6). **Conclusions:** Although the difference in receipt of SRT between Caucasian and African-American men was not statistically significant, the point estimate suggests that Caucasian men were about 50% more likely to receive it. It is possible that this is a real difference, and that a study with a larger sample size would show that.

Keywords: Racial Differences; Prostate Cancer Therapy
doi:10.3121/cmr.2013.1176.ps1-61

PS1-62:

Evaluation of the National Coalition for Cancer Survivorship (NCCS) - Cancer Survival Toolbox®: A Mixed Methods Approach

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Background/Aims: In 1998, the NCCS released the Cancer Survival Toolbox® (Toolbox), a free, self-learning audio program that can help people develop skills to better meet and understand the challenges of their cancer. The objectives of the current study were to increase the dissemination potential for the Toolbox by learning from individuals who had been diagnosed with cancer about their experiences and preferences related to health information and with the Toolbox specifically. **Methods:** Newly diagnosed cancer patients (N = 42) from Kaiser Permanente Colorado were sent a copy of the Toolbox. Participants were asked to complete a questionnaire at one and three months, post-receipt of the Toolbox, asking how they used the Toolbox, timing of receiving the Toolbox in relation to their diagnosis, and actual usage. A sub-set of individuals who completed the questionnaire participated in interviews at one and three months to further explore experiences related to receiving, using, and understanding the Toolbox. Usability testing was conducted at three months, comparing usage of the original Toolbox and alternative modalities. **Results:** Overall, participants felt the Toolbox was a useful and comprehensive resource. Almost half of the study participants thought the Toolbox provided more useful information compared to other health information sources they found. Many specifically stated they liked the personal stories told on the CDs and that hearing about someone else's experience was very helpful. Participants emphasized wanting to receive the Toolbox at the time of diagnosis. At the three month assessment, participants stated that they found the information in the Toolbox easy to understand and were able to apply the information provided as they reported feeling more comfortable and confident in asking questions and expressing opinions about their care and treatment options. **Conclusions:** Study participants used numerous sources to find cancer-related information, including the Internet, cancer-related organizations, members of healthcare team, family, and friends. Given that people are different in terms of interests, learning style, and comfort using technology, it is important to have cancer-related health information in a multitude of formats and modalities to meet the patients' preferences and needs.

Keywords: Mixed Methods Research; Health Information; Evaluation
doi:10.3121/cmr.2013.1176.ps1-62

Cardiovascular Disease

A3-1:

Outcomes of a Randomized Trial of Home Blood Pressure Telemonitoring with Pharmacist Case Management

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Background/Aims: Patients with high blood pressure (BP) visit a physician on average 4 times per year though fewer than half achieve BP control. Practical, effective, and sustainable models are needed to improve BP management. Hyperlink is a clinic-randomized trial testing an intervention that combines home BP telemonitoring with pharmacist case management in patients with uncontrolled hypertension. **Methods:** We enrolled 450 patients with uncontrolled BP from 16 primary care clinics. Eight clinics (222 patients) were randomized to usual care and 8 clinics (228 patients) to intervention. Intervention patients received home telemonitors that transmit BP data to a secure database. Pharmacists consult with patients by phone and adjust antihypertensive therapy based on home BP data. The intervention lasts 12 months with follow-up to 18 months to observe durability. The primary outcome is BP control at 6 and 12 months, defined as BP \leq 140/90 mm Hg (or \leq 130/80 mm Hg in patients with chronic kidney disease or diabetes). Data on demographics, medication use and adherence, and satisfaction with care were also gathered. Here we report 6-month BP outcomes. General and generalized linear mixed models are used to accommodate the cluster-randomization. **Results:** Enrollees were 45% female, 82% white, and 12% black, with mean age of 61 years. Mean BP at baseline was 148/85 mm Hg in both treatment groups. Of the 403 attending the 6-month visit (197 usual care, 206 intervention), 45.2% in usual care and 71.8% in intervention achieved BP control ($P < 0.0001$). In usual care, mean systolic BP decreased by 10.8 mm Hg and diastolic decreased by 3.4 mm Hg. In intervention, mean systolic BP decreased by 21.5 mm Hg and diastolic decreased by 9.4 mm Hg. The difference in change between groups was 10.7 mm Hg systolic ($P < 0.0001$) and 6.0 mm Hg diastolic ($P = 0.002$). Secondary outcomes, including changes in self-reported satisfaction with care, treatment intensification, and medication adherence, will also be reported. **Conclusions:** Home telemonitoring with pharmacist case management was effective at reducing BP for hypertensive patients over 6 months. This intervention may be cost-effective for managing hypertensive patients with uncontrolled BP, especially if results are sustained during the maintenance and post-intervention phases of follow-up.

Keywords: Hypertension; Team-Based Care; Telemonitoring
doi:10.3121/cmr.2013.1176.a3-1

A3-2:

The Signs and Symptoms of Heart Failure are Frequently Documented to Wax and Wane in the Years Prior to a Clinical Diagnosis of Heart Failure: Data from 4,644 Patients Followed in Primary Care

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Background/Aims: The diagnosis of heart failure (HF) is frequently delayed until patients are symptomatic enough to require hospitalization. Earlier identification of these patients would allow for the aggressive initiation of preventive strategies, potentially resulting in a decrease in hospitalizations and improved outcomes. **Methods:** Patient Electronic Health Record (EHR) data from 39 community practice clinics within the Geisinger Clinic were used. Among primary care patients, 4,644 incident cases of HF were identified between 2001 and 2010 with their diagnosis date determined by specific operational criteria. A validated natural language processing application was applied to primary care encounter progress notes to identify affirmations and denials of Framingham signs and symptoms for heart failure. **Results:** During a mean duration of 3.4 years of observation preceding the HF diagnosis date, positive affirmations of HF signs/symptoms were frequently documented. The median duration of time between first