

## Selected Abstracts from the 14th Annual HMO Research Network Conference, April 13-16, 2008, Minneapolis, Minnesota

### Oral Presentations

#### Research Administration

Abstract C-A1-01

#### Administrative Support for Advancing Collaborative HMORN Research

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**Background:** Frequently, only a short time exists between preparation of a multi-site HMORN proposal and its submission. When a collaborative project is under development, the prime institution needs to work individually with other institutions to gather information for submission. This approach is significantly time consuming. **Methods:** Over the past year and a half, the above presenters have been addressing ways in which collaborative HMORN grant submissions and awards could be streamlined and facilitated. This working group has begun to address such issues as: developing a web site in order to house HMORN members' resources, boilerplate documents, guidelines, etc.; effort reporting practices; standardizing checklists and statement of intent forms; compiled human subjects training requirements; facilitating the implementation of multi-site clinical trials; and developing post award subcontract boilerplates. Several working committees were established and convened on a monthly basis to address each of these issues. Each committee was charged with the responsibility of creating guidelines and/or documents that would successfully address these issues. **Results:** The results of this year's efforts will be presented at this workshop. Materials that have been created will be distributed to all audience participants and subsequently posted on the HMORN website. In addition, all attendees will be asked for additional input to the final recommendations of the committees. Lastly, participants at this workshop will be asked to indicate those issues that, as administrators, they believe will continue to need to be addressed in order to further facilitate collaborative grant applications among the HMORN members. **Conclusions:** Multiple multi-site grants have been submitted and awarded to one of the HMORN members on behalf of the HMORN. The CRN, CERT, CCSN, IDSRN, as well as the Vaccine Data Safety Link, the Cancer Care and Outcomes Research Surveillance Consortium and, most recently, the Cardiovascular Research Network are examples. In a tight funding environment, additional collaborative grant applications will become increasingly necessary. Success can be further enhanced with streamlined research administration practices.

#### Pharmacoepidemiology

Abstract C-A2-02

#### Development, Implementation and Evaluation of an Educational Curriculum on Pharmaceutical Marketing and Prescribing

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**Background:** Lawsuit settlement funds from off-label marketing of Neurontin were earmarked for clinician education on drug development, approval and marketing. Four HMORN CERTs sites, including Kaiser Permanente Colorado (KPCO), received grants. **Aims:** To develop, implement, and evaluate curricula on drug marketing and prescribing based on needs assessments of prescribing clinicians (PCs) and KPCO organizational leaders. **Methods:** Online interactive curricula were developed after surveys of physicians, nurse practitioners, physician assistants and KPCO organizational leaders. 'Pharmaceuticals from Development to Practice,' included 3 modules (4 CME credits): Off-Label Use of Pharmaceuticals, Accessing & Appraising Unbiased Drug Information, and Addressing Patient Inquiries about Specific Medications Advertised to Consumers. Modules contained didactic material, case studies incorporating heavily marketed medications, and self-reflection questions. Participants could pose questions to faculty, who responded by email. Participants were invited to a follow-up session to share learnings and interact with faculty. PCs were randomized to participate in 2 phases, the latter cohort a delayed comparison group for pre-post time-series prescribing analysis of heavily marketed medications. Other outcomes included self-reported intent to change, knowledge changes, number and descriptions of questions posed to faculty, qualitative summaries of reflection questions, and participant ratings of each module. **Results:** Final sample sizes were 43 for prescribing and 47 for other outcomes. Each module had 33 to 44 participants. 14 questions were posed to faculty; 131 intent-to-change statements were generated. Nearly all participants agreed that the modules met their objectives. Over 90% of participants indicated increased knowledge on accessing/appraising drug information and off-label prescribing/promotion; 70% indicated increased comfort in addressing patient inquiries. Due to small sample size, cohorts will be combined for prescribing analysis, with participants compared to non-participants. **Conclusions:** Participants valued the curricula on the impacts of pharmaceutical marketing and prescribing. Subsequent evaluation will include effect on prescribing and follow-up on intended practice changes. Additional strategies are needed to increase prescriber interest and participation in curricula on this topic.

Abstract C-A2-04

#### Adherence to Urate Lowering Medications for the Treatment of Chronic Gout

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**Background:** Patients with chronic gout require sustained treatment with urate-lowering drugs (ULDs). Little is known regarding adherence to medication treatment for gout. Our aim was to assess the level and determinants of adherence with ULDs prescribed for chronic gout. **Methods:** A retrospective cohort study was conducted using administrative data from two health plans participating in the HMO Research Network Center for Education and Research on Therapeutics. We identified all persons 18 years