

# KENTUCKY AMBULATORY NETWORK

## NEWSLETTER

Matt Kelder, KAN Administrator

Phone: (866) 305-3592

<http://www.mc.uky.edu/kan>

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### *The First Major KAN Study is Nearing Completion!*

'NAMCS-Plus', KAN's replication of the CDC's National Ambulatory Medical Care Survey is nearing completion in the community KAN practices. Data collection is scheduled to be completed by July of this year. To date, 62 primary care clinicians representing 25 practices have participated in this study. Residency practices began survey collection in October of last year and will be completed October 2002. Preliminary results will be presented at this year's annual Convocation. Survey data will give a detailed picture of the types of problems, diagnoses, treatments (including medications), preventive services, counseling and referrals that currently comprise our practices. This study will also describe patient demographics, payment source, body mass index, tobacco use, and whether chronic pain, anxiety or depression played a role in the visit. *All KAN members are invited to submit creative ideas on how to look at this wealth of information. Contact KAN faculty or staff if you have an idea.*

***Congratulations and Thank you,  
to all KAN members who have made this FIRST KAN Study a SUCCESS!***



### ***- Mark Your Calendar for the Third Annual KAN Convocation -***

The network's Third Annual Convocation is set for ***Friday, December 6<sup>th</sup>*** and ***Saturday, December 7<sup>th</sup>***. This year's meeting will be held at the Hyatt Regency Hotel in downtown Lexington. Planning for convocation sessions are underway. If you have suggestions for this year's meeting, please contact us.

### ***-Opportunities to Participate in New KAN Research Activities-***

KAN's growth is evident by several opportunities for KAN members to participate in funded research studies for 2002 and beyond. Brief descriptions of these opportunities are provided. We will be inviting practitioners to participate in these studies. **Please contact the KAN faculty or staff if you are interested in participating in one of these studies or would like to discuss the study further.**

If you know someone who would be interested in participating in one of these studies, please share this information with them. KAN welcomes your ideas for identifying interested practices and maximizing the value and efficiency of each study for each participating practice.

#### **Incidence and Typology of Barriers to Prescribed Medical Treatments and Services**

**Study Leaders:** David Greene, MD (Berea) and Kevin Pearce, MD (Lexington)

**Purpose:** Investigate clinician's perceptions of patient barriers to prescribed medical equipment and services. Barriers such as money, transportation, and provider and patient knowledge or resources will be investigated. The secondary purpose of this study is to explore the use of palm-top computers (PDAs) for data collection and transmission in our network.

**Procedures:** Each participating clinician will use a PDA to record types of barriers perceived by the clinician after the visit. Each clinician will collect data for four weeks on every visit in which they perceive that a patient insured by Medicaid, Medicare, or with no insurance will probably be unable to access prescribed medicines or medical services. KAN staff will train each participating clinician to use the PDA, and has several PDAs to loan.

**Funding:** Health Resources and Services Administration (HRSA)

**Study Duration:** July 2002 - January 2003

### Colorectal Cancer Screening Pilot Study

**Study Leaders:** John Mel Bennett, MD (Georgetown); Joyce Beaulieu, PhD (Lexington); Margaret Love, PhD (Lexington)

**Purpose:** To facilitate colorectal cancer screening in primary care

**Procedures:** This pilot study has two-phases. Phase I, which is a brief survey via fax about KAN practitioners' current activities related to colorectal cancer screening is currently being conducted. Phase II will use a randomized controlled trial to test a program to facilitate the use of fecal occult blood testing (FOBT) as a screening tool.

**Funding:** U.S. Agency for Healthcare Research and Quality (AHRQ)

**Study Duration:** June 2002 – May 2003

### Cardiovascular Risk Education and Social Support (CaRESS)

**Study Leaders:** Kevin Pearce, MD (Lexington), Margaret Love, PhD (Lexington), John Mel Bennett, MD (Georgetown)

**Purpose:** To investigate a practice-based intervention designed to harness the power of social support to improve adherence to prescribed treatments among Type II diabetic patients, with the ultimate goal of decreasing cardiovascular risk.

**Procedures:** This will be a randomized, controlled trial of a special patient education intervention. The intervention itself is a simple, practical strategy to formally involve a relative or friend in the management of hypertension and/or dyslipidemia. Most of the data collection will be completed by the UK-KAN research nurse. Each participating practice will receive compensation to offset the cost of participating in the study. Each participating practice will be involved for about one year, and the whole study will take three years to complete.

**Funding:** U.S. Agency for Healthcare Research and Quality (AHRQ)

**Study Duration:** August 2002 – July 2005

### Increasing Colorectal Screening Rates Among Kentucky's Women

**Study Leaders:** Paul Dassow, MD (Lexington) and Mark Dignan, PhD (Lexington)

**Purpose:** To determine if targeted mail-out messages to patients can lower barriers to colorectal cancer screening and increase screening rates among women over age 50 who receive primary care.

**Procedures:** This will be a randomized trial. Patients randomized to the control group will get general health promotion patient education materials in the mail. Those randomized to the intervention group will be mailed targeted patient education materials about colorectal cancer screening and prevention. KAN clinicians' time-commitment will be minimal. Participating clinicians will identify female patients, age 50 and older, who could participate. Data (survey data completed at 6 and 12 months) will be collected and analyzed by the study leaders.

**Funding:** National Institutes of Health (NIH)

**Study Duration:** August 2002 – December 2003

### Prevalence of Chlamydia Infection in Kentucky Ambulatory Network Practices

**Study Leaders:** Shersten Killip, MD (Lexington) and A.Stevens Wrightson, MD (Lexington)

**Purpose:** To pilot a larger study designed to determine the true prevalence of genitourinary Chlamydia infection among people who attend primary care practices in central and eastern Kentucky.

**Procedures:** All patients (male and female) ages 18 to 35 presenting for any reason will be eligible to participate. If patient consents to participate, he or she will give a urine sample for chlamydia testing, and complete a brief anonymous questionnaire about sexual activity. All procedures are free of cost to patient and practice participants. Test results will go directly to the physician. Modest compensation for the practice's time to participate is included.

**Funding:** American Academy of Family Physicians (AAFP)

**Study Duration:** July 2002 – March 2003