

UAMS



# Arkansas Research Collaborative for Quality Improvement

## THE ARKANSAS RESEARCH COLLABORATIVE MESSAGE FROM THE DIRECTOR

**Geoffrey Goldsmith, MD, MPH**

**Garnett professor and chair, Department of Family and Preventive  
Medicine**

The Arkansas Research Collaborative for Quality Improvement (ARC-QI), has enjoyed a successful year. We are excited to share our accomplishments with you, supporters of the network's research mission to improve patient care in family medicine settings through practice based research. Thanks to your office team— including physicians, nurses and office staff, we have two ongoing projects underway in the community and one nearly completed project. One project involves improvement of colorectal cancer screening in patients seen in family medicine office practices. Seventeen physicians in 13 practices, are participating in this project. The other research project is a collaboration with the Cancer Control Outreach Center, directed by Dr. Ronda Henry-Tillman. The Colorectal Cancer Demonstration Project is a result of the Arkansas Colorectal Cancer Act of 2005. You can read more about these projects on pages 2 and 3.

The diabetes patient education project has completed its data gathering phase. This study, funded by the American Academy of Family Physicians, tested the effectiveness of providing internet based patient education on disease self-care and physiological outcomes of diabetes control. Data analysis should be completed within 6 months.

In addition to the ongoing research, we have submitted 2 grant proposals this year and are currently writing another that will be submitted in February of 2007. Our network has grown this year to over 70 primary care physicians and their practice staff located in 18 counties across the state with a capability of reaching over 180,000 Arkansans. Other members include UAMS faculty and staff with expertise ranging from direct patient care, health and behavior change, to epidemiology and biostatistics.

### PUBLICATIONS AND PRESENTATIONS

**Geoffrey Goldsmith, MD, MPH**, will be published in an upcoming issue of the *Journal of Family Medicine*. The article "Patient Recommendations About How to Improve Communications Regarding Colorectal Screening," was co-authored with Carrie Chiaro.

**Marcia Bias, RN, BSN**, presented at the 40<sup>th</sup> annual anniversary meeting of the American Association for Cancer Education (AACE) in San Diego Oct. 12-14. Ms. Bias' Poster was titled, "*Colorectal Screening in Family Medical Patients: A Pilot Study.*"

FALL 2006

**ARC-QI**

WE'RE ON THE WEB AT  
[WWW.UAMS.EDU/ARC](http://WWW.UAMS.EDU/ARC)

### INTERESTED IN WORKING ON A RESEARCH PROJECT?

Check the Articles on page 3 for more information on upcoming studies. To participate or get more information, call 501-686-6606 or email [BiasMarcia@uams.edu](mailto:BiasMarcia@uams.edu)

### INSIDE THIS ISSUE:

ONGOING RESEARCH 2

RECENT SUBMISSIONS 2

STUDY UPDATES 2

ARKANSAS CRC ACT OF 2005 3

RESEARCH STUDIES RECRUITING SITES 3

ARC-QI INFORMATION 4

## ONGOING RESEARCH

**“Multi-level Approaches to Improve Colorectal Cancer (CRC) Screening,”** Geoffrey Goldsmith, MD, Principal Investigator. In September, 2005, this study was funded by the National Cancer Institute. We are investigating the effectiveness of strategies to increase the colorectal cancer screening rates in rural family practice. The primary outcomes are to improve the intention to receive CRC screening and the CRC screening adherence rate.



Subject recruitment and follow-up took place between November 2005 and December 2006. Physician and nurse focus groups were conducted in June of 2006 and patient focus groups are scheduled for January 2007. Data analysis is expected in February and submissions for publication will follow. We would like to thank the following physicians and their staff for their participation in this project: Jose Abiseid, MD, Les Anderson, MD, Faith Baker, MD, Kevin Bay, MD, Michael Beard, MD, Jennifer Faith, MD, Herb Fendley, MD, Kenneth Heiles, MD, Michael Justus, MD, Jack Lyon, MD, Jeff Mayfield, MD, Joseph Nelsen, MD, Jonathan Norcross, MD, Robbie Pickle, APN, Genice Perry, MD, Peter Post, MD, Harry Starnes, MD, Garry Stewart, MD, Tearani Williams, MD, and Terry Yates, MD. The nurses and office staff who work for these physicians also did a wonderful job in helping our research staff conduct this study. Bryant Family Clinic staff are pictured on the left.

## RECENT SUBMISSIONS

**“Improving Compliance with Colorectal Screening in Family Medicine Residencies”** This R-25 was submitted to the National Institute of Health in June of 2006. This project is designed to disseminate a cancer education program to family medicine residency training programs here in Arkansas and also residencies in several other states. This study was not funded in its first round, however, reviewer comments were very positive and we will be resubmitting in February of 2007.

**Agency for Healthcare Quality and Research contract submission.** In August, 2006 we submitted a contract application to the federal government agency

charged with improving primary care through office based research projects (Agency for Healthcare Research and Quality). In essence, this RFP provides qualified vendors an opportunity to compete for contracts from AHRQ for primary care oriented health services and quality improvement primary care oriented research projects. The contracts are for 3 years with 2 year extensions. The topics that we be requested are not known but are closely related to health services issues in primary care. Geriatrics, preventive care, tobacco and drug addiction, common chronic disorders seen in the primary care setting, and psychiatric care, are all likely to be topics. After a topic is announced then only approved contractors can compete for an award. Award announcements are expected in December 2006.

## STUDY UPDATES

**“Improvement in the Outpatient Care of Adult Type II Diabetic Patients Through the Use of Internet Based Strategies and Person to Person Health Educator”** This study investigated whether the use of Internet Websites impacted the physiological and functional status of diabetic patients. Functional and behavioral status was assessed with the SF-36 and Zung depression inventory. Experimental patients received a training session on the use of several diabetes specific websites, including a brief overview of how to evaluate the scientific credibility of the websites. Patients also received monthly individualized preventive and surveillance e-mails, based on their individual disease profile, consistent with the ADA guidelines. Data analysis is currently being conducted.

**“Development and Testing of a Patient Education Videotape”** This study, funded by the National Cancer Institute, was designed to improve colorectal cancer screening rates in the African American population. Four patient education videos were developed that featured the most recent screening guidelines. The videos were tailored to an African American audience. The hypothesis that patients were more likely to respond to CRC screening education if their own physician delivered the message in the video was not statistically significant due to small sample size. Other factors such as age, gender, living status, concordance of patient and video gender and the video rating by the patient, when considered jointly utilizing statistical multiple regression, did demonstrate statistically significant influences on the proportion of patients completing CRC screening. Manuscripts are under preparation.

## ARKANSAS COLORECTAL CANCER ACT OF 2005

Did you know Arkansas passed legislation for colorectal cancer screening? In 2005, the Arkansas State Legislature passed the Colorectal Cancer Act of 2005. The law called for a capacity study of CRC screening as well as insurance coverage for fecal occult blood tests, flexible sigmoidoscopy, double contrast barium enema, and colonoscopy. It also provides a limited amount of funding to provide screening for uninsured and underinsured patients. Dr. Henry-Tillman, Associate Professor in the UAMS, ACRC, serves as Principal Investigator.

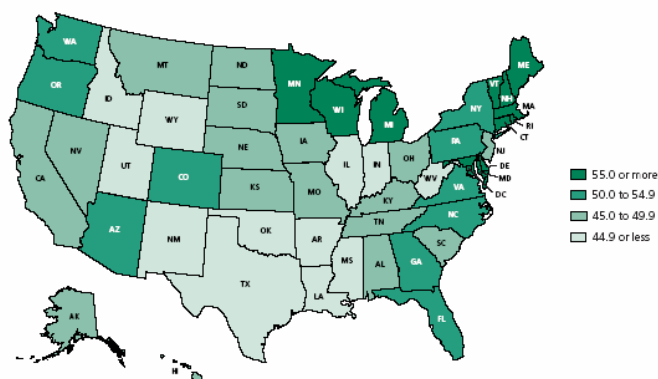
The first step of this program is to assess the capacity for CRC screening in the state. In order to accomplish this, the UAMS/ACRC Cancer Control Department is sending surveys to all facilities, gastroenterologists, and a sample of primary care physicians in the state. These surveys are designed to provide a detailed view of colorectal cancer screening. As a primary care provider, you may be receiving a survey. All completed surveys are eligible to receive a \$50 incentive for your participation. If you would like more information about the program, please call Kelly Duke at (501) 526-6335 or (800) 259-8794.

## RESEARCH STUDIES RECRUITING SITES

A low colorectal Cancer screening rate continues to burden the citizens of Arkansas. As noted on the map, Arkansas has one of the lower CRC screening rates in the nation.

This is tragic since early detection and surgical removal of polyps and stage 1 lesions has been shown to dramatically reduce the morbidity and mortality from CRC. We are committed to find and test, in partnership with community based family medicine partners, novel approaches to educating our patient population to undergo CRC screening. Based on several small pilot projects done in the family medicine office setting, we believe we can encourage more patients to undergo CRC screening. We are now ready to undertake a major, statewide research project done in the family medicine office setting to test one such new approach to patient education done in the family medicine office setting despite being as much as 90% preventable through early detection. Our aim in a proposed research project is to test the effectiveness of two types of patient education DVDs on colorectal cancer and screening options. One approach uses a brief video with a format you are all familiar with that requires the patient watch the video from start to finish. The weakness of this approach is that all patients see the same video regardless of their risks. The other patient education tool will be a newly created DVD that the patient can interact with and will be tailored in real time to match the patient's risk factors. It is not clear whether one approach is superior to the other or whether patients will feel comfortable interacting with the DVD. These DVD's will be viewed in the physician offices while the patient is waiting to see their physician for a scheduled appointment.

Figure 5. Combined\* FOBT/Endoscopy Prevalence (%) in Adults Aged 50 and Older, 2001-2002



\*Either an FOBT within the last year or a sigmoidoscopy or colonoscopy within the preceding 5 years.  
 Note: The colorectal cancer screening prevalence estimates do not distinguish between examinations for screening or for diagnosis.  
 Source: Behavioral Risk Factor Surveillance System public use data tapes 2001 and 2002, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, 2002, 2003.

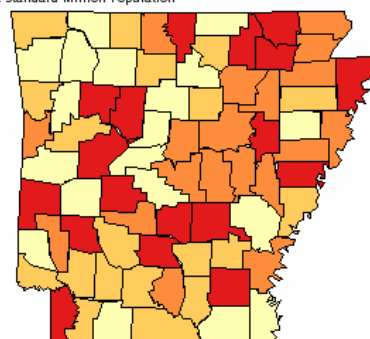
### Age-Adjusted Invasive Cancer Incidence Rates by County in Arkansas Colon and Rectum, 1998-2002

Total Population 1998-2002

Age-Adjusted to the 2000 U.S. Standard Million Population

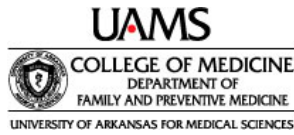
Rate per 100,000

29.7 - 46.5
46.6 - 49.9
50.1 - 53.9
55.0 - 65.3



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This grant will be submitted to the National Cancer Institute at the end of January, 2007. We are currently recruiting interested sites that have electronic medical records systems in place. Support letters and practice demographics are required. For more information contact Marcia Bias at 686-6606.



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## ARKANSAS RESEARCH COLLABORATIVE FOR QUALITY IMPROVEMENT

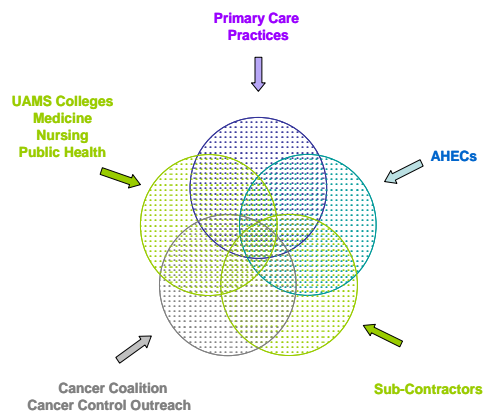
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### Join the Quality Improvement Team!

The Arkansas Research Collaborative for Quality Improvement is a volunteer network of primary care clinicians coming together to conduct, support, and promote office based research in primary care clinics throughout the State of Arkansas. Our goal is to improve the quality of office based care through practice based research.

The topics of research conducted within the network vary from improving cancer prevention to treatment of medical and disorders. Participation in any study is voluntary and physicians that do participate find that the studies benefit their patients and can be incorporated within the usual patient flow. The studies are self supporting and if additional work is required from clinic staff, funds are written into the grants to reimburse them for their time. If you would like to become a

### ARC-QI Partnerships



member of the network, contact us today at 501-686-6606 or email [biasmarcia@uams.edu](mailto:biasmarcia@uams.edu). We look forward to hearing from you.