IRENE’s mission is to improve the health and well-being of Iowans through collaboration in practice-based research on questions important to primary care physicians and their patients. IRENE’s purpose is to create and foster a network of research collaboration between the academic medical center and primary care physicians throughout the state of Iowa with a particular focus on improving rural health.

**Information About...**

**New Cardiovascular Risk Service**

Cardiovascular disease causes 2,200 deaths in Americans every day, with one person dying every 39 seconds. Evidence suggests that many of these deaths can be prevented with better management of patients’ risk factors. The patient-centered medical home, which includes self-management, personalized health records and team-based care, has been proposed as a strategy to reduce major gaps in risk management. Numerous studies, including several done in the University of Iowa Department of Family Medicine, have found evidence that adding pharmacists to the primary care team improves risk factor control and aligns care more closely to national guideline recommendations. Two current studies (ICARE and MEDFOCUS) build on these earlier studies to investigate whether three clinical pharmacists working at a new centralized cardiovascular risk service (CVRS) at the University of Iowa can work with patients and providers to improve care management and decrease patients’ risk for developing cardiovascular disease. The CVRS pharmacists will work with subjects enrolled in two major federally-funded research studies.

ICARE (Improved Cardiovascular Risk Reduction to Enhance Rural Primary Care), funded by the National Heart, Lung and Blood Institute of the National Institutes of Health for $3.6 million, is headed by Dr. Barry L. Carter, Professor of Pharmacy and Professor in Family Medicine, and Dr. Barcey T. Levy, Professor of Family Medicine and Director of the Iowa Research Network (IRENE). The study will last five years and involve active recruitment of 25 patients per office from each of 12–14 family practice offices across the state (300 total subjects). The goal of ICARE is to virtually integrate CVRS clinical pharmacists into team-based care at IRENE offices and other clinics in Iowa to assist with cardiovascular risk management.

Medical offices that have committed to ICARE and their lead physicians as of this writing include UIHC – River Crossing (Dr. David Bedell), Great River Medical Group in Davenport (Dr. Candyce Ackland), Burlington Area Family Practice (Dr. Peter Reynen), Grinnell Regional Family Practice (Dr. Michelle Rebelsky), Newton Clinic (Dr. Paul Ruggle), Akron Mercy Medical Clinic (Dr. Cynthia Wolff), Mercy Employee Health Center in Cedar Rapids (Dr. Robin Barnett), Iowa Specialty Hospital in Clarion (Dr. Jon Ahrendsen), Iowa Specialty Hospital in Belmond (Dr. Dennis Colby), Siouxland Community Health Center in Sioux City (Dr. Michael Pipiani), Knoxville Hospital & Clinics in Knoxville (Dr. Brent Hoehns), and Atlantic Medical Center (Dr. Elaine Berry).

ICARE has important implications for family medicine practitioners as they try to implement team-based care within the patient-centered medical home. Moreover, the CVRS intervention model, if successful, could strengthen care delivery in small rural clinics that lack routine access to clinical pharmacist services.

Article continues on Page 2
New Cardiovascular Risk Service (continued from front page)

MEDFOCUS (MEDication Focused Outpatient Care for Underutilization of Secondary Prevention) is a new study funded in April 2014 by the National Heart, Lung and Blood Institute of the National Institutes of Health for $10.1 million. The study is being headed by co-principal investigators Dr. Barry L. Carter, Professor of Pharmacy and Professor in Family Medicine, and Dr. Christopher P. Coffey, Professor of Biostatistics in the College of Public Health. Dr. Paul James, the Donald J. and Anna M. Ottilie Chair and Professor in the Department of Family Medicine, is a co-investigator for the project.

The goal of MEDFOCUS is to conduct a multi-center, cluster-randomized study to determine the extent to which medical offices with large geographic, racial and ethnic diversity will implement a care delivery model that utilizes the centralized CVRS, housed at the University of Iowa. The study will last five years and involve active recruitment of 20–25 patients per office from 20 family practice offices across the United States (400 total subjects). The project hopes that at least 240 subjects will represent minority populations, who face unique challenges related to cardiovascular disease.

Many of the participating offices are Family Medicine Residency training programs, including those in Waterloo, Davenport and Sioux City. Each participating clinic will be randomized to either the CVRS intervention arm or the control arm of the study.

The CVRS pharmacists will work telephonically with each subject enrolled at intervention arm clinics and communicate with their providers to optimize subjects’ pharmacological regimens and lifestyle patterns. Each subject will receive the CVRS intervention for 12 months. The intervention will be evaluated on the degree to which the care provided to intervention arm subjects, when compared to control arm subjects, adheres to the Guideline Advantage measurement set criteria. If successful, the CVRS intervention model could become an important strategy to markedly reduced cardiovascular events in the United States.

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Grant Proposal: Diabetes Self-Management

Andrea Wallace, RN, PhD an assistant professor in the College of Nursing is submitting a proposal to the National Institutes of Health to determine the effectiveness of collaborative goal setting as a method of providing diabetes self-management support during routine primary care, particularly related to 1) the effectiveness of two methods for conducting goal-setting and follow-up support (in clinic vs telephone); and 2) whether there is value added by involving Primary Care Providers in the process.

Her research aims are:

Aim 1: Determine the main effect of two strategies (in-person vs call center) for collaborative goal setting with a nurse care manager in improving patient outcomes (e.g., A1C, self-care). We hypothesize one strategy will be more effective than the other at improving diabetes-related health outcomes over one year relative to controls.

Aim 2: Determine the main effect of PCP involvement in the collaborative goal setting process on patient outcomes. We hypothesize that patients whose PCPs are randomized to acknowledge and reinforce the health goals set by nurse care managers (both in-person and call center) will experience greater improvements in diabetes-related health outcomes (e.g., A1C, self-care) over one year when compared to patients whose PCPs don’t acknowledge and reinforce their health goals.

Aim 3: Determine the interaction effect of PCP involvement and the two strategies (in-person vs call center) for collaborative goal setting. We hypothesize that the effect of PCPs acknowledging and reinforcing health goals will differ according to the strategy used for collaborative goal setting.

Dr. Wallace would like to recruit IRENE family physicians who would be will to have their patients contacted about participating in the goal setting intervention with nurse case managers; and be willing to reinforce goals with patients when informed of the goals made between a nurse case manager and their patients with diabetes if assigned to do so. Practice compensation would be provided.

If you are interested in learning more about this study, please contact Barcey Levy at barcey-levy@uiowa.edu or 319-384-8544.


Self-management Support Boot Camp Meeting Held

For the funded project “Implementing Networks Self-management Tools Through Engaging Patients and Practices,” a boot camp meeting was held July 18, 2014. Donald Nease, MD from the University of Colorado and Barcey Levy, MD hosted the meeting. The purpose was to educate participating patients and practice staff about tools and methods that others have used to improve patients’ self-management of chronic diseases and to get a conversation going about these so that they might be adapted for use.

Twenty-seven patients, physicians, health coaches, case managers, RNs, and staff from four offices participated in the meeting held at UIHC in the Melrose Conference Room. Participants were from Akron Mercy Medical Clinic, Red Haw Family Medicine Clinic, Mercy Employee Health Center, and the University of Iowa Hospitals and Clinics Family Medicine Clinic. Discussions were lively and insightful.

Comments from the meeting regarding self-management support included the following:

- Self-management support is patients and families and trusted team members meeting in the middle taking steps toward improved health and quality of life.
- Focus on small accomplishments by the patient.
- Primary care provider or health coach needs to earn the patient’s trust.
- Empower the patient!
- Don’t just hear the patient, listen to them!
- Patients and providers have to meet in the middle.

The group will continue to conference by telephone and Jeanette Daly will make two site visits to each participating office.