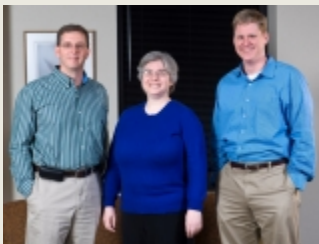
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Virginia ACORN's New Team & Engagement Focus

Under the leadership of Steve Woolf, MD and Steven Rothemich, MD (left), ACORN was founded in 1996. As times change, so do roles and positions. While Drs. Woolf and Rothemich remain involved in some of the activities of the network, the leadership has recently shifted to Rebecca S. Etz, PhD (middle) and Alexander H. Krist, MD, MPH (right), who serve as the Co-Directors of Virginia ACORN working closely with our new Practice Advocate Camille F.

ACORN Clinician Perspective

Providers and staff from across the network have expressed interest in hearing about how others are dealing with the changes and requirements occurring in primary care, especially those from CMS, NCQA, AMA and other regulatory organizations. The ACORN Clinician Perspective is a new method of gaining views from individual clinicians on the ever changing climate of the practice of family and internal medicine.

The first topic we will inquire about focuses on the new cholesterol guidelines published by the American College of Cardiology this past fall. For some, the new recommendations are not seen as evidence based and are highly controversial. Overall, these changes will have a drastic effect on lipid management. The questions below will comprise the first ACORN Clinician Perspective survey. The survey will be emailed to all ACORN clinicians. If you do not receive the survey, please contact us to verify your email address. Additionally, the survey can be found here: <https://redcap.vcu.edu/rc/surveys/?s=qAyBra>.

Survey questions include the following:

- 1. Are you aware of the new cholesterol guidelines?**
- 2. How much do you agree with the new guidelines?**
- 3. Do you plan on following the new guidelines?**
- 4. Specifically how will you change your practice in response to the new guidelines?**

Network clinicians will receive an email with a new Clinician Perspective question bi-monthly. The email will include a link to an online survey of 2-4 items. Results gathered from this survey will be collated and published in the following issue of the newsletter. Provide your input on these important issues so we can share your thoughts and concerns with the rest of our network. We

Washington, MHA
(below).

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HELPFUL LINKS

[Clinician Perspective Survey](#)

[Patient Centered Medical
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[JAMIA Article](#) (pdf)

[Webinar registration AAFP](#)

ask that you encourage completion of this survey among your colleagues as well. In order to process the survey information in time for development and publication of results in the next issue, please respond to this survey by no later than February 28, 2014.



Practice Research In Action

Practices are doing quality improvement and research activities on a continuous basis, producing successful outcomes and positive changes to practice work flow and operations. Two of our ACORN network physicians from Front Royal Family Medicine recently submitted a grant to the American Academy of Family Physicians Foundation. J. William Kerns, MD (left) and Jonathan Winter, MD (right) are pursuing a qualitative pilot study to examine why primary care physicians (PCPs) prescribe antipsychotics



Electronic Health Record Functionality Needed to Better Support Primary Care

Recently, Dr. Krist, along with a number of primary care physicians and researchers from across the United States, published an article in the Journal of the American Medical Informatics Association focused on gaps in current EHR functionality and improvements needed to support primary care. The article highlights that moving beyond documentation and towards interpretation and tracking, among other important factors, is needed to help primary care clinicians deliver care while reducing documentation burden. IOM attributes were compared to Meaningful Use objectives, showing that EHRs are not supporting all that is needed to successfully provide primary care to patients. The

(APs) and what other strategies they employ to manage patients with behavioral and psychological symptoms of dementia (BPSD).

[Read More](#)

Agency for Healthcare Research and Quality is hosting a webinar to discuss this recent publication with Dr. Krist and four of the co-authors. For details, see the Informative Webinars and Resources Section.

Informative Webinars and Resources

Free and accessible resources are available to help your practice function better and expand your knowledge base.

EHRs to Support Comprehensive, Coordinated Primary Care

February 28, 2014, 2:30 PM to 4:00 PM EST [Read More](#)

Call for Papers: Share Your Lessons Learned from Community-based Health IT Initiatives [Read More](#)

New Resources: New Videos, Web Pages Offer Treatment Info for Spanish-Speaking Patients

Videos, a Facebook page, and a new text-messaging program are among the tools now available to connect Spanish-speaking patients to evidence-based information about treatment options for dozens of health conditions. [Read More](#)

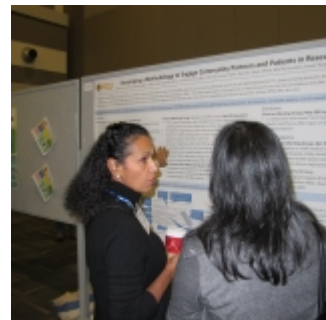
The Patient Centered Primary Care Collaborative recently published [The Patient-Centered Medical Home's Impact on Cost & Quality: An Annual Update of the Evidence, 2012-2013](#). The report is sponsored by the [Milbank Memorial Fund](#), and presents a showcase of the year's 20 peer-reviewed and industry-generated studies that demonstrated the medical home's impact on cost, quality, and population health outcomes.



Practice



**Colorectal
Cancer**



Current Studies

Profile

Previously known as the “Practice Inventory,” the ACORN Practice Profile is a tool to gather information specific to each practice in the network. As a registered practice based research network with the Agency for Healthcare Research and Quality, we are required to report some basic information about our practices such as numbers of patients served, quantity and type of staff, research interests, and quality initiatives. [Read more](#)

Screening Study

Practices have expressed increased follow up and dissemination of results on projects and studies from previous years. In an effort to meet this need, each newsletter will feature a brief summary of a completed ACORN study. The Patient-Reported Barriers to Colorectal Cancer Screening study was funded by the National Cancer Institute (2005-2008) and included 13 ACORN practices. The primary project goal was to describe the factors patients identify as their reason for not getting screened for colon cancer and the relative importance they assign to each factor.

[Read More](#)

with ACORN Practice S

Redesigning Diabetes Work Processes for Population-Based Primary Care

[Read more](#)

Implementing Personal Health Records to Promote Evidence-Based Cancer Screening

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An Interactive Preventive Health Record to Increase Colorectal Cancer Screening

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Understanding Patient Preferences for Informed Decision Making

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Virginia ACORN Practice Member

Comments and feedback are welcomed and encouraged. If you or your practice would like to share information about your quality improvement and research activities, to submit a question or topic for

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the ACORN Clinician Perspective, or have other input you would like to provide, contact Camille Washington at 804.827.3403 or rcfwashington@vcu.edu.

Our mailing address is:
Virginia Commonwealth University
PO Box 980101
Richmond, VA 23298-0101



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New ACORN Team continued....

Dr. Etz is a cultural anthropologist and Associate Professor with the Department of Family Medicine at VCU. As a researcher, she is very interested in topics related to primary care, especially those fostering everyday integration of mental and behavioral health into primary care practice in addition to primary care practice transformation, patient centered care, and qualitative inquiry, community engaged research, adoption of HIT, and the integration of primary care with public health. Dr. Krist is an Associate Professor in the department and is faculty for the Fairfax Family Practice Residency. His research has focused on preventive care, informatics, evidence based practice, clinical-community collaboration, and design and evaluation of patient centered integrated personal health records that will allow for greater behavioral changes, shared patient decision making, and patient engagement.

Recently, you may have been contacted, visited, or will likely be in touch with our new Practice Advocate, Camille F. Washington, MHA. There is a renewed focus on increasing ACORN's activities while expanding our footprint throughout the state. Camille focuses on the development and growth of community among practices and assesses the needs and interests of each practice. Much of this work involves more frequent contact with practices as a way to foster mutually beneficial relationships. Our goal: make the network more physician and practice focused overall utilizing ongoing communication and engagement at a higher level.

Establishing an Interim ACORN Practice Board is another level of engagement Camille is spearheading. This group of network physicians, nurses, and administrative staff will provide practical perspectives for network leadership and governance. We are grateful to those who have already agreed to assist with this effort as members of the Interim Board.

As we begin the new year, the Virginia Ambulatory Care Outcomes Research Network (ACORN) is taking steps to improve its focus on the needs and concerns of family and internal medicine practices that make what we do possible. We thank each of you who have helped us in projects, activities and studies over the years and hope that you will continue with us on this journey.

~ ~ ~

Practice Research in Action continued...

Currently, the FDA and CMS limit the use of APs due to significant morbidity and mortality. Information found from this study will be used to inform a set of suggested recommendations to PCPs regarding how to approach prescription decisions for medications accompanied by FDA 'black-box warnings.' Utilizing semi-structured interviews of physicians in Northwestern Virginia, they will develop a catalog of physician beliefs and strategies to address BPSD highlighting decision making and medication use. Dr. Etz, Co-Director of Virginia ACORN, is serving as a consultant on this study and has extensive qualitative knowledge and expertise to assist with this effort.

We would like to feature your achievements in this newsletter as well. Sharing this information can encourage other practices with relative challenges and interests to realize similar accomplishments.

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EHRs to Support Comprehensive, Coordinated Primary Care

The Agency for Healthcare Research and Quality (AHRQ) is hosting a webinar Friday, February 28 from 2:30 - 4:00 p.m. ET, on needed Electronic Health Record (EHR) functionality to support the delivery of primary care. The expert panel will discuss the need for EHRs to move beyond documentation to interpreting and tracking information over time, supporting patient partnering activities, enabling team-based care, and allowing providers to use population-management tools to facilitate care delivery.

The session will provide an interactive presentation of the recent publication, "Electronic health record functionality needed to better support primary care," Krist AH, et al. J Am Med Inform Assoc 2014;0:1-8. doi:10.1136/amiajnl-2013-002229. Submission of questions in advance is encouraged and participants are requested to submit questions by February 14, via the webinar registration form or via an e-mail to PBRN@abtassoc.com. This webinar is under review for up to 1.25 elective continuing education credits by the American Academy of Family Physicians. To register, select: <https://www1.gotomeeting.com/register/876407152>.

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Call for Papers: Share Your Lessons Learned from Community-based Health IT Initiatives

Unprecedented efforts to drive health care improvement and reduce costs using health IT are underway at the national, state, and community level. Given the complexity of these efforts and the rapid pace of development and change, those involved are often in a position of breaking new ground. [eGEMs](#) is pleased to announce a call for papers for a [new special issue](#) that will capture important insights and lessons from these efforts so that others can learn from their experiences. This [special issue](#) is sponsored by AcademyHealth's [Beacon Evidence and Innovation Network](#), with support from the Commonwealth Fund. **Deadline: April 18, 2014.** Click [here](#) to submit today!

New Resources: New Videos, Web Pages Offer Treatment Info for Spanish-Speaking Patients

The "[*Toma las riendas*](#)" ("Take the reins") Web page, launched this fall, showcases Spanish-language resources to help patients take a greater role in their health care by exploring the benefits and harms of different treatment options and preparing for their next medical appointment. Click [here](#) to access this webpage, which offers three Spanish-language animated videos and links to information about treatments for specific health issues. To encourage use of existing Spanish-language [research summaries for clinicians and patients](#), AHRQ has also launched a [Facebook page](#) and a Spanish-language [text messaging program](#). Click [here](#) for other AHRQ Spanish-language tools.

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Practice Profile continued...

In addition, it helps us to better meet the needs of our practices, and to better match practices with research opportunities of interest to you, if we know something about you and your interests. Information in the Practice Profile will be used to help identify areas of research to pursue and so that our grants and funding activities are driven by network interests. The Practice Profile will also help with grant application preparation as we pursue projects and grants of interest to the network practices-the care settings in which our research will take place. Camille will be contacting each office or practice manager in order to complete this form on site. Due to requirements for our network reporting, we will look to have information from all practices collected by May 1st. We ask for your cooperation and assistance with this goal.

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Colorectal Cancer Screening continued...

Learning about barriers from a diverse group of patients, especially those who did not adhere to the nationally recommended screening guidelines was important to the study. Patients identified fear and the bowel preparation as the most important barriers to screening. Only 1.6% of responses cited the absence of physician advice as a barrier to screening. While focus group participants cited similar issues to other previous reports on barriers, their remarks exposed the intricacies of complex barriers, such as fear, lack of information, time, the role of physicians, and access to care.

Barrier scores differed depending on whether respondents were never screened, overdue for screening, or adherent to guidelines (higher scores for never screened and overdue compared to adherent). The top 5 barriers for each modality included test-specific barriers (e.g., handling stool, bowel preparation), which often outranked generic barriers to screening such as a clinician's failure to suggest screening, not knowing testing was necessary, financial concerns, etc. Barriers to screening are not homogenous across colorectal cancer screening tests, and test-specific barriers warrant consideration to improve screening rates.

opportunity to improve screening rates by educating patients about alternative tests such as fecal occult blood test or FIT. In addition to the importance of test-specific barriers, we also found that adults who discussed two or more colorectal cancer screening test options with their provider were 1.6 times more likely to be confused than those who discussed one option [95% confidence interval (CI),1.08-2.26]. Further, patients who reported being confused were 1.8 times more likely to be non-adherent to screening than those who did not (95% CI, 1.14-2.75).

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Studies with ACORN Practices

Redesigning Diabetes Work Processes for Population-Based Primary Care

Short study title: Supporting Practice Adoption of Registry Based Care or SPARC. Purpose: To evaluate the effectiveness of a multi-faceted organizational change intervention focused on diabetes registry adoption. Currently recruiting practices for study participation.

Implementing Personal Health Records to Promote Evidence-Based Cancer Screening

Short study title: My Preventive Care (MPC) NCI R01. Purpose: To learn how practices engage patients to provide tailored, patient centered, preventive care recommendations, educational materials, resources and tools to inform and activate patients. Currently recruiting practices for study participation.

An Interactive Preventive Health Record to Increase Colorectal Cancer Screening

Short study title: My Colorectal Cancer Screening or My CRCS+. Purpose: To develop an effective, interactive, web-based tailored decision aid tool within a personal health record that promotes informed decisions and increase colorectal cancer screening. Currently developing and refining intervention materials and tools.

Understanding Patient Preferences for Informed Decision Making

Short study title: An Informed Decision Making Module for Cancer Prevention Screenings or PCORI IDM. Purpose: To explore patients' preferred approach to cancer screening using an interactive website about informed decision-making (IDM) preferences, study the assistance offered by clinicians, its congruence with patient preferences, and effect of website exposure on conversation and decision outcomes. Currently fielding the IDM module in practices as the website has been revised and usability testing has occurred.

What Do Vulnerable Patients Want in Publicly Available Health Care Consumer Reports?

Short Study title: Health Care Consumer Reports. Purpose: To make recommendations for consumer reports for Type 2 Diabetes by engaging vulnerable populations' perceptions of their needs. Currently in the analysis phase of the study.