



**Abstracts from the**

**2012 NYC RING**

**Convocation of Practices**

Tuesday September 11, 2012

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# About New York City Research and Improvement Networking Group (NYC RING)

The New York City Research and Improvement Networking Group (NYC RING) was formed in 2003. It is a practice-based research network sponsored by the Department of Family and Social Medicine of Albert Einstein College of Medicine. To date, NYC RING has built a partnership of 36 practices in the Bronx and Manhattan sponsored by six medical centers, and one private practice, providing over 500,000 visits to primarily low-income, minority primary care patients.

Similar to other practice-based research networks nationwide, NYC RING is a voluntary association of practicing clinicians collaborating to improve quality-of-care through research or quality improvement in their offices. We carry a unique goal of focusing solely on the issues of underserved urban communities through research initiatives and quality improvement projects. Some critical elements of NYC RING projects include:

- Clinically relevant to urban primary care
- Potential to change practice
- Results fed back to practices
- Respectful to clinician time and practice realities
- Opportunity for clinician and staff input at all phases

We welcome both *new member practices* and *collaborators* working on research topics appropriate for the practice-based setting to join our network of partner sites.

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# NYC RING PRACTICES

## **Bronx-Lebanon Hospital Center**

- Fulton Family Practice Center
- Ogden Family Medical & Dental
- Crotona Park Family Practice
- Wellness Center

## **Institute for Family Health**

- Mt. Hope Family Practice
- Parkchester Family Practice
- Urban Horizons Family Health Center / River Counseling Center
- Walton Family Health
- Westchester Avenue
- Amsterdam Center
- East 13th Street Family Practice
- Phillips Family Practice
- Sidney Hillman Family Practice

## **Jamaica Hospital Medical Center**

- Family Medicine Residency Program

## **North Bronx Healthcare Network**

- Health Care Center at Gun Hill
- Health Care Center at Tremont
- Health Center at Glebe

## **Private Practice**

- Riverdale Family Practice

## **Saint Joseph's Medical Center**

- Family Health Center

## **Urban Health Plan, Inc.**

- El Nuevo San Juan Health Center
- Bella Vista Health Center
- Plaza Del Castillo Health Center

## **Montefiore Medical Group**

- Astor Ave Pediatrics
- Bronx East
- Castle Hill
- Comprehensive Family Care Center (CFCC)
- Comprehensive Health Care Center (CHCC)
- Co-op City (Bay Plaza)
- Co-Op Dreiser Loop
- Family Care Center (FCC)
- Family Health Center (FHC)
- Fordham Family Practice
- Grand Concourse
- Marble Hill Family Practice
- Riverdale
- South Bronx Children and Family Health Center
- University Avenue Family Practice
- West Farms Family Practice
- White Plains Road
- Williamsbridge Family Practice
- South Bronx Health Center for Children and Families

# 2012 NYC RING Convocation of Practices

“Transforming Primary Care for Underserved Populations”

**Tuesday September 11, 2012**

## Agenda

4:30 - 5:00 pm **Registration**

5:00 – 6:00 pm **Welcome**

**Peter Selwyn, MD MPH**

*Chair, Department of Family and Social Medicine*

### **Keynote Address**

**Kevin Grumbach, MD**

*Professor and Chair, University of California, San Francisco,  
Department of Family and Community Medicine*

### **Closing Remarks**

**M. Diane McKee, MD MS**

*Associate Professor and Co-Director Division of Research,  
Department of Family and Social Medicine*

6:00 – 7:30 pm **Poster Presentations**

First Round: 6:30 – 7:00pm

Authors of **even**-numbered presentations stay by their presentations

Second Round: 7:00 – 7:30 pm

Authors of **odd**-numbered presentations stay by their presentations

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## Abstracts

### Chronic Disease

#### Presentation #1

#### **Disease Management Program Improves Outcomes in Type 2 Diabetes in A Low Income, Urban Setting**

Sheila Felleman, RN, MPA; Pat Farrell, RN, MS, CDE; Sandra Barnaby, RN, MPH, CDE; Henry Chung, MD, Chief Medical Officer, VP

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Background: The Diabetes Disease Management Program (DDMP) was established by the Montefiore Care Management Company (CMO) with responsibility for full risk capitation patients with poorly controlled diabetes. Montefiore is located in Bronx County, New York with a prevalence of diabetes of 12.4% vs 9.1% for New York City and is the 3rd leading cause of death in the Bronx. Patients in the Bronx have high disease burden but also significant literacy and economic challenges. The DDMP is administered by a team of Coordinators, seven RNs (5 are CDEs), PharmD and Behavioral Specialist. CDEs work at Montefiore clinics allowing them patient access for proactive management and care coordination capability that spans the continuum of care (inpatient to outpatient) and supports PCMH through both on-site and centralized mechanisms. Program patients are identified through screening, referral and data mining and then risk stratified to different levels of intervention (low, moderate and complex). Complex patients are further stratified as low, medium and high. A complex, high patient would have a baseline A1C > 8%, no LDL and 1+ diabetic complications. Highly complex patients are managed most closely by the Program Team. Significant results of the management of the most complex diabetics from baseline to 12 months post enrollment included: n = 1032; mean A1C decreased from 8.5% to 7.5% (p<0.001, paired t-test); 2X/year A1C screening rate increased from 48.9% to 71.2% (p<0.001, x2); % with A1C <7% increased from 27.4% to 46.2% (p<0.001, x2); % with A1C >9% decreased from 30.4% to 14.4% (p<0.001, x2); LDL decreased from 110.1 mg/dL to 102.4 mg/dL (p<0.001, paired t-test); % with an LDL <100 mg/dL increased from 44.6% to 50.5% (P<0.001, x2). Significant progress was also seen in other care measures (blood pressure, vaccines, smoking assessments, PHQ-2 screening and others). Significant improvements were seen across the less intensive groups (n=3273) although progress was most dramatic in highest risk patients receiving disease management.

#### Presentation #2

#### **The Role of Familismo and its Influence in Latinos with Asthma**

Lynne Matte, PhD; Bari Scheckner, BA; Alejandro Interian, PhD; Jonathan Feldman, PhD

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Introduction: Familismo is a strong value in Latino communities characterized by a high degree of social interaction, loyalty, obligation, reciprocity, and a large reliance on the immediate and extended family for psychological, social, and security needs (Davis, Resnicow, & Couper, 2011; Steidel & Contreras, 2003). Prior research has indicated that this concept largely influences health behaviors among Latinos and may include both positive and negative influences (Davila, Reifsnider, & Pecina, 2011; Gurman & Becker, 2008; Sheppard et al., 2008). Understanding the influence of familismo is central to developing and

implementing successful health interventions in Latino populations. Methods: Focus groups were conducted with a sample of 20 Latino adults with asthma and panic disorder. Transcripts from focus group participants were analyzed using ATLAS.ti 5.5.9, a qualitative data management software program. Grounded theory, a qualitative research method, was used to capture, discover, describe, interpret and understand the influence of Latino families, specifically in patients with medical and psychiatric disorders. Results: Preliminary themes that arose from qualitative analyses included catastrophizing and family involvement, which influenced participants' adherence to medication and perception of asthma in both positive and negative directions. For example, quotes depicting themes of perception that arose in the negative direction were: 'They know that asthma is delicate...Asthma is more difficult than a cancer...'. Another example expressing this support in a positive direction was: 'My family supports me, they tell me that I should take the medicine and they are attentive.' Therefore, family involvement engendered both catastrophizing the disease and appropriate symptom detection and medication usage. Another theme that arose regarding families' influence on asthma management was participants' use of emergency room (ER) services and complementary and alternative medicine (CAM). Specifically, families seemed to encourage over-use of ER services and participants expressed feeling connected to their roots through the use of CAM.

### Presentation #3

#### **PCP Variation in Adopting Opioid Treatment Agreements: A Qualitative Study**

Joanna Starrels, MD, MS; Bryan Wu, MS; Julia Arnsten, MD, MPH; Frances Barg, PhD; Chinazo Cunningham, MD, MS

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Context: Guidelines recommend using opioid treatment agreements (OTAs) to reduce opioid misuse among patients with chronic non-malignant pain. Reasons for variable adoption in primary care have not been described. Objective: To understand primary care providers' (PCPs) determinants of and justifications for adopting OTAs. Design: Semi-structured telephone interviews. Questions were open-ended and informed by the Theories of Reasoned Action and Planned Behavior. Transcripts were thematically analyzed using a modified Grounded Theory approach. We explored similarities and differences in themes among PCPs who routinely, selectively, or never adopted OTAs. Participants: 28 PCPs (internal and family medicine) in Bronx, NY. Results: Participants were 64% female and 76% white, and practiced for a median of 4.5 years (range 0.5-29). Thirteen (46%) reported routinely adopting OTAs. Determinants of and justifications for adoption fell into 4 thematic categories: beliefs about utility of OTAs, perception of patient risk, governing ethical principles, and decision-making style. PCPs commonly believed in the utility of OTAs to provide reassurance or a roadmap to providers, but doubted a preventive or therapeutic benefit to patients. PCPs selectively adopted OTAs for patients perceived as higher risk for misuse, based on subjective interpersonal factors and behaviors. PCPs evoked the ethical principle of non-maleficence to justify OTA adoption (i.e., to avoid harms caused by misuse) and less prominently, non-adoption (i.e., to avoid harm caused by OTA). Selective and non-adopters predominantly perceived of themselves as a patient's ally (vs. authority) and felt anxious (vs. confident) making opioid prescribing decisions. Conclusion: Beyond educating PCPs about patient risk and the utility of OTAs, interventions to increase use of these tools should address bioethical principles and variation in decision-making style.

**Presentation #4****The Role of a Patient Centered Medical and Dental Home**

Julie Kazimiroff, D.D.S., M.S., F.A.G.D., F.A.C.D., Cert.Ed.; Paul Meissner, MSPH; Nicolas Schlecht, Ph.D.; Joseph Jojo Joseph, M.D.; Behnam Kamvari, D.M.D.; Farbod Raiszadeh, M.D., Ph.D.; Joel Zonszein M.D.

*Contact: jkazimir@montefiore.org*

Context: Montefiore Medical Center (MMC), a large, urban healthcare system provides care to an underserved, racially diverse population with a high prevalence of chronic diseases. MMC is positioned to implement an innovative model of integrated patient-centered medical and dental homecare (PCMDH). Objective Design: Our aim was to investigate health status of patients who visited one of seven MMC Dental Clinics (MMC-DC), Bronx, NYC, and correlate with medical visits in the months leading up to their dental visit. Instrument: Patients self reported interest in health services during their dental visit, and date of last visit for a physical exam (PE). We uploaded dental database into Clinical Looking Glass® (CLG) to identify individuals who visited MMC-DC and any MMC Medical Clinics (MMC-MC). Result: 34,539 patients were seen in MMC-DC from 07-01-2011 to 12-31-2011, of which 59.9% had not visited an MMC-MC for a PE and/or treatment in 6 months prior, with no difference in distribution by age (chi-square test p-value <0.0005). We collected 135 questionnaires. Responders were on average 35.99 years, mostly Hispanic (50.4%), female (71.1%), and had dental (84.4%) and medical insurance (80.0%). When asked when their last PE was, 37% of patients responded <6 months, 5% 6-12 months, 28% >1 year, and 30% did not respond/could not remember. The vast majority, however, strongly agreed/agreed (86.67%) that it was important to get an annual PE. When asked whether they felt it would be convenient to get a PE done at a dental office: 57% strongly agreed/agreed. Most expressed interest in getting screened for high blood pressure (64%), blood glucose (61%) and BMI (58%). Conclusion: If patients with undiagnosed chronic illnesses are proactively intercepted in dental clinics through screening, and then through an integrated PCMDH are referred to medical providers, the potential for improved entry into healthcare exists.

**Presentation #5****Impact of a Transdisciplinary Approach to People with Poorly Controlled Diabetes: 'Spread' of Intensive Case Management (ICM) from WBFP to FHC**

Victoria Gorski, MD

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Intensive Case Management (ICM) for diabetes in a team-based approach to the care of people with poorly controlled diabetes. The target population are patients with HgbA1C > 9 and/or blood pressure or LDL above target for people with diabetes. The approach was born out of a collaboration between Montefiore's Care Management Organization, which provides funding for the RN, Certified Diabetes Educators who participate, the Montefiore Medical Group, and the Department of Family and Social Medicine. It was inspired by involvement in the American Association of Medical Colleges Chronic Care Collaborative and its ongoing progress is guided by principles of CQI and the Chronic Care Model. The transdisciplinary team approach to people struggling with diabetes serves not only as a service delivery model, but also as a training ground for other CDEs, family medicine residents and health psychology students. An ICM team for diabetes was first established at Williamsbridge Family Practice and was able to demonstrate a positive impact on the people it served. Support by a residency training grant from



HRSA, the concept was 'spread' (using Institute for Healthcare Improvement collaboratives lingo) to the Family Health Center. Teams look and approach their work slightly differently at each site, but at both sites they have been effective in lowering and sustaining a lowering of A1C among the patients seen. They have also generated or supported new transdisciplinary approaches to care such as group medical visits.

## Presentation #6

### **The Relationship between Memory Complaints, Diabetes Knowledge, and Treatment Adherence in Predominantly Ethnic Minority Adults with Type-2 Diabetes Mellitus**

Rachel Baek, MS, MA; Seth Margolis; Luba Nakhutina, Ph.D.; Jeffrey Gonzalez, Ph.D.

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Self-management is important to prevent poor health outcomes in Type-2 Diabetes Mellitus (T2DM). Yet, adherence can be suboptimal in many patients. This study examined the relationship between memory complaints, diabetes knowledge, and treatment adherence in adults with T2DM (n=107, M age=56, SD=8.9; 68% female; 56% Black; 22% Hispanic). Measures included the Prospective and Retrospective Memory Questionnaire (PRMQ), Diabetes Self-Care Inventory (SCI), Diabetes Knowledge Test (DKT), Morisky Medication Adherence Scale (MMAS-8), and self-ratings of medication adherence. Pearson correlations and t-tests were performed to assess for potential covariates. Multiple regression analyses were conducted to elucidate whether memory complaints predicted medication adherence and self-care behaviors. Diabetes knowledge was assessed for its potential to moderate these relationships. After controlling for age, PRMQ total score significantly predicted MMAS-8, SCI, and self-rated adherence ( $\beta=.349, p<.001$ ;  $\beta =-.302, p=.001$ ;  $\beta =-.29, p=.002$ ;  $\beta =-.307, p=.001$ ). Likewise, Retrospective Memory significantly predicted MMAS-8, SCI, and self-rated adherence after adjusting for age ( $\beta =.365, p<.001$ ;  $\beta =-.271, p=.004$ ;  $\beta =-.273, p=.004$ ;  $\beta =-.260, p=.006$ ). Similarly, Prospective Memory significantly predicted MMAS-8, SCI, and self-rated adherence after controlling for age ( $\beta =.299, p=.002$ ;  $\beta =-.304, p=.001$ ;  $\beta =-.287, p=.003$ ;  $\beta =-.317, p=.001$ ). Diabetes knowledge did not moderate any of these relationships. Findings suggest that patients' subjective experience of prospective and retrospective memory problems is important for diabetes self-management. Given these findings, more attention should be paid to the influence of memory on self-management behaviors. Those at greater risk of non-adherence and diabetes complications, such as ethnic minorities, may especially benefit from evaluation and intervention for memory problems.

## Presentation #7

### **Diabetes Group Visits: An Evidence-Based Patient-Centered Approach Towards Chronic Disease Management**

Himabindu Ekanadham, MD; Ullanda Fyffe, MD; Joel Bumol, MD; Ariel Aguillard, MD; Christopher Moore, MD; Karen Becker, MD; Belinda Johnston-Briggs MD

*Contact: hekanadh@montefiore.org*

Diabetes represents one of the most prevalent chronic diseases amongst our patients at Williamsbridge Family Practice. In an effort to improve both disease-oriented and patient-oriented outcomes for our diabetic patients, we propose an 8 month program comprised of monthly group visits based on previous evidence-based models that have validated this approach. Eligible participants include our patients who have hemoglobin A1c values greater than 7 and who are not already participating in our clinic's intensive care management program. Over the course of the next 8 months (September 2012 to April 2013) we

have planned 8 one-hour sessions that center around the key factors that impact our patients' diabetes. Some of these factors include nutrition education, access to healthy food, preparation of healthy food, incorporation of exercise into daily routine, medication adherence, and psychosocial barriers to managing diabetes. Primary disease-oriented outcomes to be measured at 0 months, 4 months, and 8 months include hemoglobin A1c, blood pressure, weight, and LDL. Additionally, pretests and post-tests administered at 0 months and 8 months respectively will assess patient's understanding of diabetes as well as their own individually perceived challenges, successes, and changes in managing their diabetes. Aside from improving our patients' diabetes, we hope that our group visits will create an environment in which patients and providers can better understand barriers to diabetes care and learn from one another. In terms of patients' benefits, these visits will increase start-to-finish time that patients spend with their providers and will also provide an opportunity for peer-based learning that is not present in the traditional one-on-one clinic encounter. In terms of providers' benefits, diabetes group visits teach residents an alternative evidence-based model of care that can be applied to chronic disease management in other settings and with other disease forms. All of these advantages are intimately in sync with the philosophy behind the patient-centered medical home that Williamsbridge Family Practice is newly transitioning into.

### **Presentation #8**

#### **Asthma BELT Study: Black and Exacerbations on LABA vs. Tiotropium at two Montefiore Medical Group Sites**

Donald Raum, MD; Asif Ansari, MD; Manuja Mathur, MD; Paul Meissner, MSPH; Fabienne Daguilh, MD; M. Diane McKee, MD MS; Uduakobong Luke Mark MPH, Claudia Lechuga, MS  
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African-Americans and Black bear a disproportionate burden of asthma morbidity and mortality. In its 2005 report on ethnic disparities in health care, AHRQ identified hospital admissions for asthma as the second largest disparity in quality of health care for African-American/Blacks vs. Whites. Long-acting beta-agonists (LABAs), a popular treatment option for asthma, are in a class of drugs acting at ADRB2, which have been associated with rare loss of long-term asthma control and increased serious adverse outcomes including death and respiratory failure, even when used with ICS. The risk appears four to five-fold greater in African-Americans/Black than non-African-American/Black patients with asthma. Comparison of studies with LABA/ICS in African-Americans/Black vs. studies where African-Americans/Black were a small minority suggests that African-Americans/Black may have much less benefit than other racial groups. In order to address the resulting knowledge gaps, a study is underway to determine, in a one year practice-based, real-world, randomized, prospective, parallel group, longitudinal comparative effectiveness trial with the clinically important primary outcome of asthma exacerbations, whether in self-identified African-American/Black patients with asthma, treatment with LABA/ICS is superior to use of a non- $\beta_2$ -adrenergic bronchodilator (tiotropium) combined with ICS (Tio/ICS). Study recruitment is currently underway at three Montefiore Medical Group and NYC RING-partner locations located throughout the Bronx, NY: Bronx East, Grand Concourse, and Williamsbridge Family Practice. From June 2011 to July 2012, 81 patients have been recruited and followed through various study visits.

**Presentation #9****Using System Dynamics Modeling as a Tool to Evaluate Engagement and Retention in HIV Primary Care Programs**

David Lounsbury, PhD; Anton Palma, MPH; Gregory Jo; Arthur Blank, PhD

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Context: African Americans currently account for 57% of women diagnosed with HIV/AIDS each year and have an HIV prevalence rate of more than 15 times that of white women and 3 times that of Latina/Hispanic women (CDC, 2011). Moreover, women of color (WOC; African American and Latina/Hispanic) are more likely to lack health insurance and to live in poverty (APA, 2011). To address disparities in access to high quality HIV primary care, a Special Projects of National Significance (SPNS) Program targeting WOC was funded by the Health Research and Services Administration (HRSA; 2009-2014). Ten demonstration projects in rural and urban communities were established. Purpose: As part of an on-going, multi-site evaluation conducted by Einstein [Arthur Blank, PI; HRSA GRANT H9HA15152], we created a system dynamics (SD) model - computerized simulation tool - to examine the dynamics of HIV care delivery within a SPNS site's targeted catchment area. Approach: Currently, we have successfully engaged five sites in the SD modeling exercise. Participating sites are working collaboratively with the multi-site evaluators to produce a profile of basic epidemiological trends, primary care capacity, and program intervention indicators for their catchment area. In turn, these data are used as input parameters to a SD model that evaluates how effectively an individual program recruits, engages, and retains WOC in HIV primary care. Simulated output showing the effect of interventions, including 'outreach to newly diagnosed persons,' 'enhanced retention activities,' and 'outreach to persons lost to care' are jointly reviewed by the evaluators and the site, and subsequent adjustments are made to model inputs until simulated output is validated. Site-specific performance metrics are used to foster strategic decision making about how best to achieve and sustain HIV care goals. Discussion: Sites report that SD modeling is teaching new ways to synthesize data, and that it is useful for evaluating both clinic- and community-level interventions.

**Presentation #10****Initial Presentations from the HTPN-065 TLC-Plus Study**

Paul Meissner, MSPH; Ricardo Yanes; Robert Beil, MD

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Several NYC RING sites have been participating in the HPTN 065 TLC-Plus: A Study to Evaluate the Feasibility of an Enhanced Test, Link to Care, Plus Treat Approach for HIV Prevention in the United States. Recently, five HPTN 065 Posters were presented at the AIDS 2012 conference in Washington, DC. These cover community engagement, HIV testing results, viral suppression, clinical practices and attitudes, Linkage-to-Care and ART Adherence Practices. We present the poster for THPE120: Linkage-to-Care and ART Adherence Practices at participating sites in HPTN 065 (TLC-Plus) Study. Additional presentations are available at the hptn.org website, including: TUPE411: Community Engagement for the HPTN 065 (TLC-Plus) study, a community based study evaluating the feasibility of a combination of interventions to prevent HIV transmission in the U.S. TUPE293: HIV testing in six cities using behavioral surveillance data for the TLC-Plus (HPTN 065) study WEPE115: Assessing viral suppression amongst HIV patients accessing care in five cities using US HIV surveillance data for the TLC- Plus (HPTN 065) study. THPE102: Clinician Practices and Attitudes Regarding Early Antiretroviral Therapy in the US: Baseline Results from HPTN 065.

**Presentation #11****Implementing Group Medical Visits for Patients with Type II Diabetes Mellitus in a Community Health Center**

Stephen Ferrara, DNP; Robert Burke, DNP; Lucille Ferrara, EdD; Victoria Gorski, MD

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The management of type 2 diabetes and other chronic medical conditions is complex and necessitates a transdisciplinary approach, peer support, and strategies that empower individuals to have a more proactive role in managing their health. The group visit model optimizes the health care experience for patients and team members by incorporating all of these elements along with a primary care visit within the same appointment, allowing individuals with diabetes to address multiple needs within one appointment. Recent evidence from a systematic review and meta-analysis of this model for adult patients with type 2 diabetes demonstrates modest improvements in core diabetes clinical markers in the United States and Europe. These findings spawned the development of a group visit model, where a clinician prescriber was present during and after the group session, at a Federally Qualified Health Center in the north east Bronx for the chronic disease management of their patient population with DM2 with positive process and clinical outcomes. The model is part of an ongoing quality improvement project at the health center. An English-speaking cohort and a separate Spanish-speaking cohort of patients were assembled for the group medical visit intervention. The following storyboard presentation will provide the background for the genesis of the visits, the methods, preliminary results, and conclusions.

**Presentation #12****Multidisciplinary Intensive Case Management Approach to Diabetes Care in a Defined High-Risk Population**

Sandra Barnaby, RN, CDE; M-L. Fabienne Daguilh, MD; Victoria Gorski, MD; Jennifer Egert, Psychology

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The diabetes epidemic is growing globally and nationally. The prevalence of self-reported diabetes has nearly doubled in NYC. The Bronx, the poorest of the five boroughs, has the highest adjusted prevalence rate of diabetes of 12.1%. The Williamsbridge Family Practice at Montefiore Medical Center, located in the heart of the Bronx, has close to 24,000 visits per year, serves 8,000 patients, and had over 960 patients with diabetes. Twenty-one percent of these patients had an A1C over 9.5. In 2005, a team from Williamsbridge participated in the Academic Chronic Care Collaborative. The team focused on strategies to overcome 'clinical inertia' using a multidisciplinary approach to patient assessment and intensification of therapy. The intensive care team for diabetes started at Williamsbridge a year later (2006). The focus was to provide individualized, multidisciplinary diabetes education and management to high risk patients with an A1C > 9% and LDL > 100 or BP >130/80. The team, lead by Sandra Barnaby, our certified diabetes nurse educator, includes a supervising physician, a psychologist, a family practice resident, and a psychosocial intern. We will present the results of the A1C and LDL data of two different cohorts 2006-07 and 2008-09. In addition to our quantitative data on the efficacy of the program, we will present selected case vignettes illustrating training points and successes since the inception of the program. Personal perspectives from family medicine trainees' will be presented regarding their reactions to this nurse lead, multidisciplinary, intensive case management approach to diabetes care in a defined high-risk population.

**Presentation #13****Acupuncture for Chronic Pain in Urban Primary Care: Results of the ADDOPT Trial**

M. Diane McKee, MD, MS; Ben Kligler, MD; Arthur E. Blank, PhD; Jason Fletcher, PhD; Francesca Biryukov, MS, LAc; Sheila George, MD CA; William Casalaina MS, LAc; Anne Jeffre, DOM; Wendy Whitman, MA, LAc; Giselle Campos, BS

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**Purpose:** To describe outcomes of the Acupuncture to Decrease Disparities in Outcomes of Pain Treatment (ADDOPT) trial, testing acupuncture as an adjunct to usual treatment for chronic pain in urban health centers. **Method:** We conducted a non-randomized quasi-experimental repeated measures trial in which each patient served as his/her own control. Primary care patients (>18 yrs) with chronic pain due to osteoarthritis, neck or back pain in care in four hospital owned safety net health centers in the Bronx, NY received weekly acupuncture treatments for up to 14 weeks. Pain and functional status were assessed during a 6-week run-in period before acupuncture, during treatment and post treatment. **Results:** Of 495 referred patients, 226 (46%) initiated acupuncture. Back pain was the most common referring diagnosis (58.8%) followed by OA (17.3%). Patients were older (mean age 53.9), mostly Medicaid insured (57.1%), often on disability (38.5%), often (46.7%) in poor or fair overall health, and had high baseline levels of pain (mean BPI pain severity 6.8, mean 12.3 of 14 days with pain). The mean number of treatments was 9.7 (SD 7.3). Pain severity improved from baseline (6.8 vs 5.7 at 12 wks and 5.8 at 24 wks) as did physical well being (31.8 vs 35.4 at 12 wks and 35.2 at 24 wks). Using HLM methods, reduction in pain severity between baseline and treatment phase was significant ( $p < .001$ ). Improvements in physical well being were significant at 12 and 24 weeks post-baseline ( $p < .001$ ). **Conclusions:** Referred primary care patients experienced high levels of pain and pain-related disability. In this setting, weekly acupuncture resulted in improvements in pain and quality of life.

**Presentation #14****Prior Buprenorphine Experience is Associated with Office-based Buprenorphine Treatment Outcomes**

Chinazo Cunningham, MD, MS; Robert Roose, MD, MPH; Joanna Starrels, MD, MS; Angela Giovannello, PharmD; Nancy Sohler, PhD, MPH

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**Background:** As buprenorphine treatment and illicit buprenorphine use increase, many patients seeking buprenorphine treatment will have had prior experience with buprenorphine. Little evidence is available to guide optimal treatment strategies for patients with prior buprenorphine experience. **Objectives:** We examined whether prior buprenorphine experience was associated with treatment retention and opioid use. We also explored whether type of prior buprenorphine use (prescribed or illicit use) was associated with these treatment outcomes. **Methods:** We analyzed interview and medical record data from a longitudinal cohort study of 87 individuals who initiated office-based buprenorphine treatment at a Bronx community health center. We examined associations between prior buprenorphine experience and 6-month treatment retention using logistic regression models, and prior buprenorphine experience and any self-reported opioid use at 1, 3, and 6 months using non-linear mixed models. **Results:** Most (57.4%) participants reported prior buprenorphine experience; of these, 40% used prescribed buprenorphine and 60% illicit buprenorphine only. Compared to buprenorphine-naïve participants, those with prior buprenorphine experience had better treatment retention (AOR=2.65, 95% CI=1.05-6.70). Similar

associations that did not reach significance were found when exploring prescribed and illicit buprenorphine use. There was no difference in opioid use when comparing participants with prior buprenorphine experience to those who were buprenorphine-naïve (AOR=1.33, 95% CI=0.38-4.65). Although not significant, qualitatively different results were found when exploring opioid use by type of prior buprenorphine use (prescribed buprenorphine vs. buprenorphine-naïve, AOR=2.20, 95% CI=0.58-8.26; illicit buprenorphine vs. buprenorphine-naïve, AOR=0.47, 95% CI=0.07-3.46). Conclusions: Prior buprenorphine experience was common and associated with better retention. Understanding how prior buprenorphine experience affects treatment outcomes has important clinical and public health implications.

## Community Health

### Presentation #15

#### **Partnering for Health Promotion of LGBT Youth of Color at an Urban Community Center**

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Einstein student participants in a DFSM extra-curricular service-learning initiative, Einstein Cares for the Community, partnered with a local community-based organization to identify client health needs and to craft research, education, and preventive health projects to address this need. Over the past two years, students volunteered monthly in an urban community center for members of the lesbian, gay, bisexual, and transgender (LGBT) communities. Projects include evaluating a case management program for homeless youth, a GED program for LGBT youth, and assessing social media use among YMSM of color to identify opportunities for health education and outreach. This work-in-progress poster presents the project design and future directions.

### Presentation #16

#### **Building Capacity for Community-Based Research: A Social-Ecological Framework to Advance Community Health Equity and Social Justice**

Barbara Salcedo; Arthur Blank, PhD; Samuel De Leon, MD; Jennifer Erb-Downward, MPH; Eileen Enny Leach, MPH, RN; Jennifer Lukin; Paul Meissner, MSPH, Bruce Rapkin, PhD; Elisa S. Weiss, PhD; Paloma Hernandez, MS, MPH; Elizabeth Walker, PhD, RN, CDE

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This poster illustrates a social-ecological framework developed by an NIH-funded community-academic partnership in Bronx, NY. The vision is to build capacity for research, promote equitable health access among less privileged groups, impacting policy and enhancing community health. The framework is based on principles of collaboration and social justice. The working premise is that clinical research can help transform the delivery of healthcare services and advance health equity in the community. The documents developed to guide the partnership's work will be presented. Most significant infrastructure developments were leadership roles, levels of participation, and research prioritization. An AE/UHP partnership survey, jointly developed and implemented, identified interests, barriers, and potential

facilitators for collaboration. Collaborative research projects will be described as models for advancing health equity and ensuring mutual benefit to both community and academic partners.

### Presentation #17

#### **Bronx Subway Stations and Unhealthy Food Advertising: Targeted Marketing to Vulnerable Groups**

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Context: Family Physicians increasingly confront obesity and diet-related diseases. Management and prevention of these conditions extends beyond physicians' offices to patient environments. An important part of patients' environments may be unhealthy-food advertising, which prior studies suggest targets vulnerable groups like minorities and children. The extent of advertising on mass transit has not been reported, but may be particularly important in urban areas. Objective: To characterize the extent, type, and distribution of food advertising in subway stations, considering target audience. Design: Cross-sectional. Setting: Bronx subway system advertisements (N=1,609) in all Bronx subway stations (N=68), excluding ads on and within trains themselves. Method: Researchers rode all Bronx subway lines, assessing all ads in all stations, Jun-Aug 2012. Demographic data on surrounding neighborhoods came from the U.S. Census, and health characteristics came from city data. Outcome Measures: The number, size, and content of food-and-beverage ads, and associations with neighborhood characteristics. Preliminary Results: Each station had 0 to 82 ads (median 16), not counting duplicates (0-15 per station). For the 43% of ads analyzed so far: 17% were for foods or beverages; 82% of these were for 'unhealthy' items (ads which were more likely to feature children, minorities, and foreign-language text). The odds of a station having unhealthy ads increased with neighborhood poverty ( $p < 0.06$ ), low-education ( $p < 0.05$ ), percent foreign-born ( $p = 0.11$ ), mean sugary-drink intake ( $p = 0.08$ ), mean cholesterol ( $p = 0.08$ ), and mean blood pressure ( $p = 0.08$ ) in the neighborhood. [We project p values will achieve statistical significance at  $\alpha = 0.05$  when all of the data is analyzed]. Conclusions: Unhealthy-food ads were more likely in neighborhoods with greater socioeconomic challenges, unhealthier eating, and greater burdens of diet-related disease, with most ads geared toward youth and minorities in high-immigrant areas. Policy should address unhealthy marketing to vulnerable and affected groups in subways.

**Delivery System Innovations****Presentation #18****Implementing Group Well-Child Visits as an Alternative to the Individual Provider Model**

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Context: Traditionally, well-child care occurs with individual providers. However several studies have shown that group visits were an effective way of delivering well-child care. The purpose of this project is to provide group well-child care as an alternative to individual provider care with the hope of improving patient outcomes. Objective: Overall objectives are to implement group well-child visits, and to evaluate the efficacy of group versus individual provider visits. Long-term objectives include: developing parenting skills, promoting self care and infant care skills, reducing abuse, neglect, injuries and hospitalizations, promoting healthy growth and development, promoting healthy family development, reducing unintended pregnancies and promoting the use of community resources. Design: This study is a prospective cohort study of newborns and their parents receiving care at the Montefiore Medical Group Family Health Center (FHC). Setting: FHC is a Federally Qualified Health Center in a Latino, African American, and Asian community in the Bronx. Participants: Participants are newborns accompanied by their parent(s), with approximately 8-10 newborns per group. Intervention: The primary intervention is the group visit. Newborns accompanied by their parents will receive routine well-child care in a group setting using the Centering Parenting Model. Main outcome measures: Outcomes will assess differences between patients receiving group care versus individual provider care. Variables include vaccination rates, visit compliance, emergency room visits, growth and development, early intervention need, and continuity with FHC. Results and conclusions: We have initiated two groups consisting of four and seven families respectively. While the data are too small to be analyzed, participants have been compliant with visits and immunization requirements. Parents report incorporating medical advice such as exclusive breastfeeding, and developing valuable skills and strong bonds with their children and their group as a result of the visits. Future groups will determine the sustainability and efficacy of this model.

**Presentation #19****Does Transition to a Patient Centered Medical Home Affect Teamwork and Burnout at Residency and Non-Residency Clinics Similarly?**

Erin Goss, MD; Jason Fletcher, PhD; Claudia Lechuga, MS; Paul Meissner, MSPH; Arthur Blank, PhD; David Lounsbury, PhD; M. Diane McKee MD, MS

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Background: Patient Centered Medical Home (PCMH) pilot projects have shown that practice transformation to team-based care is challenging. No studies compare outcomes of practice transformation among clinics with and without residents. Our objective is to evaluate change over time in perceived teamwork and burnout among staff at two pilot clinics (one year into PCMH transition) relative to comparison clinics, and at teaching relative to non-teaching clinics. Methods: Clinical and clerical staff from two PCMH pilot clinics (1 with residents) and 4 comparison clinics (2 with residents) completed a survey at baseline and year 1. The survey included the Healthcare Team Vitality Instrument (HTVI) and



Burnout Self Report. The HTVI was analyzed within four validated factors. The Maslach Burnout Inventory - General Survey, analyzed within 3 subscales, was added in year 1. Results were compared using t tests. Results: 337 employees responded to the baseline survey and 328 to the year 1 survey. Half of respondents each year were from pilot clinics. At year 1, resident clinics have significantly higher levels of burnout and lower levels of teamwork than non-resident clinics on the exhaustion and cynicism ( $p < 0.001$ ) subscales of the Maslach and the support structure and patient care transition ( $p < 0.05$ ) factors of the HTVI. No significant differences were observed between pilot and comparison clinics on Maslach subscales. Mean scores on the Burnout Self Report and HTVI factors did not improve from baseline to year 1 at PCMH intervention clinics ( $p > 0.05$  for all). Conclusions: Clinics with resident learners scored lower on measures of teamwork and burnout than non-resident clinics. One year into PCMH implementation, there was no improvement in employee burnout or perceived teamwork, regardless of the presence or absence of residents. This study did not address what aspects of teaching clinics may make this transition harder. Possibilities include high turnover of resident physicians, more part time clinicians leading to unfamiliarity among team members, and lack of accountability and a different payer mix.

## Presentation #20

### **Employee Burnout among Patient Centered Medical Home Implementation and Non-implementation Sites: Implications of Teaching Status**

Claudia Lechuga, MS; Erin Goss, MD; Jason Fletcher, PhD; Marie Fleury, BS; Diana Carvajal, MD, MPH; Paul Meissner, MSPH; Arthur Blank, PhD, M. Diane McKee, MD, MS

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The New York City Research and Improvement Networking Group (NYC RING), a PBRN focusing on the urban underserved is currently conducting a mixed-methods, multidisciplinary evaluation of a Patient Centered Medical Home transformation at two pilot sites (one teaching and one non-teaching) in the Bronx, NY. We collected quantitative data on employee burnout at two pilot sites, as well as four comparison sites (two teaching and two non-teaching) at Baseline and Year 1. Our goal is to evaluate the change in employee burnout over time, and compare burnout levels among implementation and control sites, as well as teaching and non-teaching sites. The Burnout Self Report tool, a 15-item questionnaire rated on a 1-5 Likert scale with higher scores indicating increased burnout, was administered at Baseline and Year 1 to all sites. Baseline data demonstrate no significant differences in mean scores of burnout between pilot and comparison sites (37.5 and 37.8, respectively), and significantly higher scores among teaching sites compared to non-teaching sites (add values). Year 1 Burnout Self Report tool data demonstrate no change in burnout mean scores over time at any site, or between pilot and comparison sites (38.39 and 36.52, respectively), and higher significant mean scores, again, in teaching sites compared to non-teaching sites (add values). Data from the Maslach Burnout Inventory-General Survey, added to the Year 1 survey, further supports this finding; no difference is observed between pilot and control sites, and higher significant mean scores in teaching vs. non-teaching sites among exhaustion (13.1 vs 8.7) and cynicism (8.3 vs 5.3) subscales. Burnout is higher at teaching than non-teaching primary care sites but did not change one year into implementation of PCMH. This difference and the lack of change in burnout scores at sites, independent or relative to implementation status, has implications for primary care transformation.

**Presentation #21****Health Systems Change Though Changing Providers Behavior in an Urban Community Health Center**

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Tobacco dependence is a chronic disease that requires repeated intervention and multiple attempts to quit. Each year, approximately 25,432 New Yorkers die prematurely as a result of smoking. Poor New Yorkers have the highest smoking rate at 22.1% and a large percentage lives in the Bronx. Tobacco use is responsible for 21% of all coronary heart disease deaths, 30+% of all cancers, 90% of lung cancer and COPD deaths. The U.S. Public Health Service Clinical Practice Guideline recommends that clinicians assess their patients' tobacco use at every encounter. The Bronx Einstein Alliance for Tobacco-Free Health and Environmental Services (BREATHES), the Bronx Tobacco Cessation Center funded by the NYSDOH Tobacco Control Program and Urban Health Plan (UHP), Inc. a Federally Qualified Health Center in the South Bronx formed a collaboration to implement health systems change to help assess their patients smoking status with the goal of helping them to quit. A tobacco use identification system within the Electronic Medical Record (EMR) was created to record patient's smoking status and provider intervention. BREATHES and UHP Quality Improvement (QI) staff conducted providers and medical assistants training. Weekly data reports were run and shared with the team. BREATHES collaborated with UHP administration to enhance policies that support and provide tobacco dependence and treatment services. The provider documentation of smoker status increased from 0.1% to 85.0% and interventions increased from 0% to 86.5% in 14 weeks. This shows that when providers implement small changes in their practice it can result in better health for their patients.

**Presentation #22****Do Primary Care Patient Experiences Vary by Teaching vs. Non-teaching Sites?**

Diana Carvajal, MD, MPH; Paul Meissner, MSPH; Claudia Lechuga, MS; Marie Fleury, BA; Clyde Schechter, MD; Arthur E. Blank, PhD; M. Diane McKee, MD, MS

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Context: The Patient Centered Medical Home (PCMH) is critical to primary care improvement. Patient experiences in their medical homes are important components of the PCMH. Due to competing demands of patient care and resident education, busy teaching sites have been associated with inefficiencies that may contribute to poor patient experiences. Yet, little is known about whether the commitment to high-quality education at teaching sites may also provide positive patient experiences. Objective: Assess differences in patient experiences between teaching and non-teaching urban, primary care practices. Methods: Design: cross-sectional. Setting and Participants: 1,313 patients above the age of 18 years across 4 sites (2 teaching; 2 non-teaching) in the Bronx, were surveyed using self-administered questionnaires. Instruments: The Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey; the Patient Assessment of Chronic Illness Care (PACIC) survey. Main Outcomes: Patient experiences including four subscales: access to care, provider communication, courtesy of clerks/staff, chronic care management. Results: Overall response rate: 56%. Two-thirds of participants were female, majority ages 45-64 years. Insurance: 63-66% of teaching site participants were Medicaid-insured or uninsured; at non-teaching sites, 20% were Medicaid-insured/uninsured. Language preference: 29-30%

preferred Spanish at teaching sites and 0-6% at non-teaching sites. Access scores were highest at non-teaching compared to teaching sites ( $p < .001$ ). Communication was highest at one teaching site but did not vary among other sites ( $p = .006$ ). Clerk/staff courtesy was highest at non-teaching sites and lowest at teaching sites ( $p < .001$ ). Chronic care management was highest at teaching compared to non-teaching sites ( $p = .004$ ). Preliminary Conclusions: While there are clear differences in access, clerk/staff courtesy, and chronic care scores between teaching and non-teaching sites, there are also significant distinctions between populations (insurance coverage, language preference). These differences require careful consideration before assertions can be made about patient experiences by teaching versus non-teaching site.

### Presentation #23

#### **Patient Advocate Connection (PACT): A Longitudinal Experience for Medical Students and Patients**

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Context: The Bronx is both New York City's poorest borough and the first to have a majority minority population. Physicians in the Bronx must be culturally and structurally competent, providing comprehensive care in the face of poverty and low health literacy. Objective: To foster early development of these skills, the Department of Family and Social Medicine at Einstein oversaw student development of PACT. The program aims to: (1) develop student empathy for, advocacy skills around, and dedication to underserved communities; and (2) improve (a) efficacy of self-management by, and (b) access to continuous, comprehensive care for patients in these communities. Design: Conceived in November 2011, and piloted in March-June 2012, PACT established longitudinal relationships with patients enrolled in primary care in the Bronx, to expose first and second year Einstein medical students to the complex socioeconomic conditions that contribute to poor health. Participants: The pilot included 9 patients and multiple health care team members at the Montefiore Family Health Center, 18 students, and 3 physician faculty mentors. Intervention: Students helped patients establish and pursue health or self-management goals through home visits, joining physician visits, and facilitating communication with social service agencies and providers. Students also attended trainings and case reviews with physician-mentors. Evaluation: In the summer of 2012, surveys were administered in-person to patients and health care team members and online to Einstein students to provide feedback on the pilot. Results: Preliminary results suggested patients, students, and health care team members were enthusiastic about the pilot, with successful establishment of ongoing partnerships, but patients sought greater clarity on the goals of the program, and students requested training in specific skills. Conclusions: This initial pilot shows promise for establishing longitudinal student partnerships with patients with complex needs as a way of furthering medical education and health.

**Presentation #24****Effects of Limiting the Number of Visits at a Student-run Free Clinic on Establishing a Stable Medical Home for Uninsured Chronic Disease Patients**

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The Einstein Community Health Outreach (ECHO) clinic is a student-run free clinic associated with the Albert Einstein College of Medicine and the Institute for Family Health in the Bronx, NY. To address issues in continuity, ECHO transitioned in 2009 from a model of indefinite care to providing patients with only two visits before transferring them to a traditional primary care facility. We studied ECHO's effectiveness at linking diabetic patients to primary care facilities by tracking patient referrals to these sites using a shared electronic medical record. We compared diabetic patients who visited ECHO between 7/1/2009 and 6/30/2011 (n=25) to a control group seen between 1/1/2007 and 12/31/2008 (n=25). We studied the transition's effect on the establishment of a stable medical home by measuring the percent of patients making follow-up visits at least once every three months, based on JNC7 guidelines. Patients who successfully transferred to a stable medical home were significantly older (56 vs. 46, p=0.0068). The two-visit policy made no significant difference on successful transfers (p=0.3705), but there was a trend toward increased delay of subsequent visits (p=0.0810) after implementation of the two-visit limit. These initial results suggest that a visit limit may not be an effective strategy in linking patients to continuous care. Further evaluation, however, with a larger sample including patients with other chronic diseases will help to clarify whether the new policy is detrimental to the establishment of a stable medical home, and why.

**Presentation #25****Utilizing Clinical Looking Glass' Pre-Fabricated Reports as a Resource for Patient Centered Medical Home Implementation at Bronx East**

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In order to facilitate the continuous quality improvement needs at clinical sites, data collection and interpretation has become a valuable asset to our clinics. Through the use of database tools like Clinical Looking Glass (CLG), we can reliably pull data on various demographics and practices as often as needed by whichever department or individual requires the information. Through the use of two pre-fabricated reports currently available in CLG, the Preventive Care Adult Daily and Preventive Care Adult reports, outpatient clinics have easy and immediate access to a wide variety of patient information that can be used to improve internal performance as well as patient care. While the simplicity of these reports limits the strength and number of positive conclusions that can be drawn, they open up avenues for investigation and research into care outcomes that can spur quality improvement and enhance the quality of care provided, as well as improve the flow for medical staff, clerical staff and patients. Furthermore, these data can be used to aid in complying with the standards required for status as a Patient Centered Medical Home, enabling more locations to make the change to this model through a centralized and reliable source of patient data. The move towards universal adoption of the PCMH model will necessitate the use of patient data to drive care and practice management, and the proper application

of tools like Clinical Looking Glass and its 'Smart Reports' will be paramount in facilitating this change as we go forward.

### **Presentation #26**

#### **One Step Forward, Two Steps Back: Electronic Communication between Nursery and Ambulatory Care Providers**

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Background: Health information technology (health IT) has the potential to transform provider communication by enabling the sharing of patient information across providers and settings. Although health IT is being rapidly adopted nationwide, the impact of current implementations on provider communication across transitions in care is unclear. Objectives: To assess the impact of health IT on provider communication as newborns transition from the inpatient to ambulatory care setting. Design/Methods: Qualitative study conducted among a diverse network of New York City pediatric and family medicine practices. Participating clinics and providers were chosen using a purposive sampling strategy. To provide triangulation, three phases of data collection were used: 1) Semi-structured interviews with key-informants (managing or experienced providers); 2) Direct observations of initial outpatient newborn visits; 3) Focus groups of 3-6 providers. Data collection continued until saturation was achieved. Transcripts from all phases were coded independently by two investigators. Themes were discussed and agreed upon. Results: Health IT implementation was in various stages in the 15 participating clinics, ranging from no health IT (paper records) to complete electronic medical record (EMR) systems shared with the inpatient setting. The theme of multiple distinct methods of communicating newborn nursery information was paramount for clinics transitioning from paper records but without a complete EMR system. Though some newborn nursery information at these clinics with partial IT systems was available electronically, other information was recorded on paper or conveyed verbally. As a result, though providers in these clinics reported valuing health IT for its accuracy, legibility and timeliness, they often did not use the health IT available to them to obtain nursery information. Barriers to using partial health IT systems included 1) Negative impact on workflow; 2) Difficulty finding pertinent information; 3) Lack of a patient summary. Conclusions: Incomplete implementation of health IT may result in multiple distinct communication methods which can increase health provider work and introduce errors. As new health IT systems are implemented, attention to their incorporation into a unified communication strategy may increase health IT use and improve provider communication across care transitions.

### **Presentation #27**

#### **Research in Home Care: Examples of Care Transition Programs**

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Context: Home Care plays a vital role in the care transitions of patients from both the acute care setting and the primary care setting. The goals of home care are: to provide disease management and patient education; improve a patient's health, quality of life and function; prevent unnecessary and avoidable ED visits and hospital admissions. Setting: Two programs at Montefiore Home Care that ensure the

coordination and continuity of health care as patients transfer between different health care settings or levels of care are: Telehealth and Post-partum C-section staple removal program. These are two of many programs started at Montefiore Home Care to assist in avoiding complications of poor care transitions (i.e. adverse events, increased health care utilization, patient dissatisfaction and provider dissatisfaction). Research Design: We present some early research design and data collection considerations encountered in trying to develop some research activities for these two programs.

### **Presentation #28**

#### **Patient Perceptions of Racial Discrimination in Health Care: A Card Study**

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Background: Few studies of patient perceptions of racism in clinical care have been done in clinical settings. Study Design: In this study we used the card study technique to quickly assess if patients receiving care in our outpatient clinics perceive racism in clinical care. Methods: This study was conducted at three FQHC associated with Montefiore Medical Center. Resident and attending physicians carried small cards in their pocket with a two question survey regarding perceptions of racism; providers noted age, gender, insurance type and self-reported race and ethnicity. Results: 248 patients completed the card survey. Self-identified African Americans made up 46.4% of respondents, and 47.6% identified as Hispanic. Of the remainder, 1.3% were Asian, 3% self-identified as 'Other', and less than one percent identified as White or Native American/Alaska Native. 65.1% had Medicare or Medicaid, 27.0% had private insurance, and 7.9% were self-pay (ie, without insurance). Among respondents, 20/248 (8.1%) felt that a doctor or medical staff member judged them unfairly or treated them with disrespect because of their race or ethnic background. 33/248 (13.3%) thought there was a time when they would have gotten better medical care if they had belonged to a different race or ethnic group. 37/248 (14.9%) responded affirmatively to either question, and 16/248 (4.5%) responded affirmatively to both questions. There were no differences in responses to these questions based on age, gender, or race/ethnicity. Patients with private insurance were less likely to report they would have gotten better medical care if they had belonged to a different race or ethnic group. They were also less likely to report feeling that medical personnel had judged them unfairly or treated them with disrespect because of their race or ethnic background. Discussion: One out of seven patients in our study reported discrimination in health care. Given the evidence of pervasive unequal treatment in medicine it is surprising that more patients in our community did not report discrimination.

## Health Promotion

### **Presentation #29**

#### **Doctor-patient Communication about Colorectal Cancer Screening**

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Low-income patients and cultural and racial minorities experience cancer and cancer mortality at significantly higher rates than do their counterparts. A documented contributing factor to these disparities is lower rates of cancer screening, which leads to late-stage diagnoses and poor outcomes. A doctor's recommendation is highly valued and seen as critical to adherence to cancer screening in low-

income, minority populations. Yet, even with a recommendation, many patients still do not get screened. We hypothesize that one contributing factor is that recommendations vary widely in quality. Little attention has been paid to the quality of the recommendation, the communication surrounding the recommendation, and the relational context in which the recommendation is given. This study proposes to apply established communication theory to explore the variance in doctor-patient discussions about cancer screening through an observational study of consultations in which cancer screening is discussed. Colorectal cancer (CRC) screening will be the context for this study as disparities in CRC screening are significant and adhering to screening recommendations requires an active and measurable behavior on the part of the patient. The target sample of this study will be approximately 200 doctor-patient dyads in total, with the goal of identifying and studying 150 doctor-patient dyads who discuss CRC screening during the course of a clinical visit. We aim to consent approximately 25 primary care physicians and 8 patients per physician who are due for colorectal cancer screening. Our expectation is that this will yield six patient consultations per each of 25 physicians where discussions about CRC screening occur, giving us a sample of 150 doctor-patient conversations about CRC screening. Patients will be asked to consent to have their consultation with the doctor audio-recorded. Patients will complete a demographic survey and a post-consultation questionnaire. Primary care physicians will complete a short post-consultation survey. Nine months after the recorded visit, we will assess adherence to screening recommendations and follow up with non-adherent patients via phone call to assess reasons for non-adherence.

### Presentation #30

#### **Randomized Clinical Trials of Primary Care-based Breastfeeding Promotion Interventions**

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Context: Suboptimal breastfeeding is associated with increased morbidity for mothers and infants. Objective: Determine effectiveness of routine, primary-care based, pre- and postnatal interventions to increase breastfeeding. Design: Two randomized controlled, single-blind trials, 2008-2011. Setting: Two urban, medical center affiliated ob/gyn practice sites in Bronx, NY. One (BINGO study) a federally qualified health center, the other (PAIRINGS study) a faculty practice. Participants: BINGO screened 719 women, enrolled 666, and obtained infant feeding data for 628. PAIRINGS screened 291 women, enrolled 275 and obtained infant feeding data for 262. Interventions: PAIRINGS: 2 arms, usual care vs. pre- and postnatal visits with a Lactation Consultant (LC) and electronically prompted anticipatory guidance from prenatal care providers (EP). BINGO: 4 arms, usual care, LC alone, EP alone, or LC+EP. Main Outcome Measure(s): High breastfeeding intensity, defined as >80% of all feedings, and exclusivity at 1, 3 and 6 months postpartum. Results: For BINGO's primary outcome of breastfeeding intensity at 3 months, compared to usual care, high intensity breastfeeding rates were greater for the LC+EP (17.3% vs 8.1%, OR=2.72, 95%CI= 1.08-6.84) and LC (20.5% vs 8.1%, OR=3.22, 95%CI= 1.14-9.10) groups, but not for the EP group. For the PAIRINGS primary outcome of exclusive breastfeeding at 3 months, intervention group rates exceeded those of usual care, (16.0% vs. 6.2% , OR= 2.86, 95% CI=1.21-6.76). Conclusions: Professional LCs integrated into routine care alone, and combined with EP guidance from prenatal care providers, increases exclusive and high-intensity breastfeeding at 3 months post-partum. The trials' findings are among the most robust to date, though effects beyond 6 months were limited. Recent health care legislation covering breastfeeding support provides opportunities for implementing these interventions.

**Presentation #31****Integrating Routine HIV Screening - A NYC Community Health Center Collaborative**

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Background: According to the Mayor's Report released in September 2011, new AIDS cases dropped by 25% from June 2010 to July 2011. This is the highest new AIDS case rate drop in a single year which the City attributes to improved care. In September 2010, NYS HIV testing legislation required that medical providers offer patients ages 13-64 an HIV Test. Urban Health Plan (UHP) is a network of Federally Qualified Health Centers (FQHC) providing primary and specialty care to the South Bronx, and Corona, Queens, New York. In January 2011 UHP launched a multi-site performance improvement collaborative to implement routine HIV screening in primary care. Harnessing our Electronic Medical Record (EMR), UHP employed a data driven model, monitoring and sharing HIV test offer and HIV testing rates with providers to drive performance improvement. Methods: UHP transformed its system from a counselor driven/dedicated tester model to a primary care data driven model in which the primary care provider and medical assistant are responsible for offering HIV testing to patients 13 to 64 years old. Structured data fields were added to the EMR to prompt and document HIV test offer, and HIV test order. Results: UHP internal learning collaborative comprised of primary care provider and medical assistant teams resulted in a successful scale up to 84% HIV test offer rates, and an increase in HIV testing rates from a baseline of 8% to 51%. Conclusions: Routine offering in the primary care setting may help to normalize and de-stigmatize screening in impoverished communities. Awareness of HIV status should result in improved linkage to care for positives and changes in risk behavior. The ultimate public health benefit is early treatment and reduction of HIV transmission.

**Presentation #32****Fit for Life: An Innovative, Team Based, Parent Focused Obesity Prevention Program**

Shamiza Ally, MD

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Urban Health Plan, Inc. (UHP) a network of Federally Qualified Community Health Centers located in the South Bronx, and Corona, Queens, New York, has an innovative approach to address the childhood obesity epidemic; the Fit for Life Program. The unique aspect of our program is beginning our intervention with children from birth to 47 months old where the focus is on prevention of unhealthy weight. Setting: The Fit for Life program is multidisciplinary in which healthy eating education is commenced at the child's first visit. The provider, nutritionist, nutrition educator, and behavioral specialist all play vital roles in helping the parent maintain the child's weight between the 5th and 85th percentiles. Strategies: Body Mass Index (BMI) is documented by the provider at every well child and sick visit, which prompts multiple interventions at point of care. Using a Nutrition Curriculum the educators provide age appropriate education on healthy eating habits for healthy weight children. The nutritionists focus on the overweight and obese children and the behavioral specialist addresses parenting as it relates to healthy lifestyles. Waiting room presentations are conducted twice a day on sugary drinks, healthy cereal choices, portion control etc. After food demonstrations parents are escorted to the local supermarket, and learn about food label reading. Parents are escorted to the Farmers Market to shop for healthy foods. Health bucks provided by the NYC DOH offer an incentive for parents to try out healthy alternatives. Program Results: 1) The program serves 2,626 children ages 0-47 months. 2) 68% of patients 0-47 months are at a healthy weight compared to 49% in the South Bronx.



3) 80% of obese and overweight patients have had a nutrition consult. 4) 95% of healthy weight patients have received nutrition education. 5) 99% of parents have set a self management goal. 6) 78% of patients seen by the behavioral specialist are moving towards a healthy weight

### Presentation #33

#### **Williamsbridge Wellness Initiative: A Patient Survey in the Bronx, NY**

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Context: As noted in the NYC DOH Community Health Profiles published in 2010, the health characteristics of the residents of the Northeast Bronx were noted to be different from that of the rest of NYC and of the US at large. For example, 31.2% of Northeast Bronx residents were obese, compared with 23.4% in NYC as a whole. The prevalence of diabetes in the Northeast Bronx was 15%, as compared with 9.3% throughout NYC, making this an area with a major opportunity for intervention. Among the patient community of the Williamsbridge Family Practice (WBFP) site of the Montefiore Medical Group (MMG) in the northeast Bronx, NY there are potentially reversible obstacles to following doctors' recommendations on maintaining a healthy diet. Objective: To create and distribute a survey to the patients of WBFP in the Bronx, NY to identify specific obstacles to maintaining a healthy diet. The long-term goal is to use the results of this survey to potentially eliminate the elicited obstacles via specific interventions. Design: Create and distribute a survey to patients of WBFP to discover the barriers to healthy eating of the community. The results of the survey will be compiled. Setting: Williamsbridge Family Practice Center, a clinical residency teaching site of the Montefiore Medical Group in the Northeast Bronx, NY. Patients or Participants: Adult patients age 18 years and older, fluent in English or Spanish, who attend WBFP during the time of survey distribution. Intervention: None at this stage of the project. Eventual interventions will be targeted at eliminating the obstacles elicited by the survey. Results: There are significant obstacles to healthy eating for this patient population, including high cost, inadequate access, and suboptimal labeling of healthy foods in local retail food establishments.

### Presentation #34

#### **My Healthy Plates - Culturally Relevant Teaching Tools**

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Background: Since 2008, educators at the Institute for Family Health have been using the Healthy Plate Planner, adapted from the Idaho Plate Method by The New York City Department of Health and Mental Hygiene to teach nutrition to patients with diabetes. However, our educators quickly realized the tool's limitations. The ethnic diversity and variety of literacy levels among patients across the Institute's sites were too great to be served by a 'one size fits all' approach to nutrition teaching. Objective: The educators at the Institute decided to create culturally-specific healthy plate teaching tools to better incorporate typical ethnic foods, demonstrating that these can be part of a healthy diet when eaten in the appropriate amounts. By showcasing customary foods, patients would feel more comfortable following the healthy plate method. Design: In May 2011, the Healthy Dominican and Puerto Rican plate was finalized. This tool incorporates the Stop Light diet tier system (Green = 'Go Foods', Yellow = 'Slow Down Foods', Red 'Stop/Use sparingly Foods').<sup>1</sup> One side of the page presents a nine-inch plate with appropriately portioned elements of a typical Dominican/Puerto Rican meal. The reverse side places

typical food options into nutritional categories such as starches, fruits, dairy, protein or vegetable foods. Suggested serving sizes are given and foods are labeled as green, yellow or red foods, highlighting starchy foods which are commonly eaten by people from the Dominican Republic. Setting: The plates are used throughout the entire IFH clinics, as part of group classes and individual sessions. Results: The plates have been well received by the Latino patients and also by non-Latino patients who enjoy Caribbean foods. Conclusions: The Institute will to run focus groups with the hopes of improving all that are developed. The West African and African-American Healthy plates are in the final stages of production and the Mexican/Central American Plate is in its initial phases of development.

## Mental Health

### Presentation #35

#### **Depression Screenings for Adults with Type 2 Diabetes Bring Out Illness-Specific Distress**

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Assessing depression in patients with diabetes presents measurement challenges. This mixed-method study analyzed clinical interview (Montgomery-Asberg Depression Rating Scale, MADRS) and self-report data from 56 adults with type 2 diabetes. Interviews were coded for themes and rated for frequency of endorsing diabetes. Half endorsing at least one MADRS symptom described diabetes as contributing. When questioned directly, 61% reported that diabetes contributed to depressive symptoms. Themes related to problems with appetite, weight and sleep; distress about self-care regimen; guilt/frustration about falling short with self-care; and fear of complications. MADRS correlated with Diabetes Distress Scale ( $r=.45$ ,  $p<.001$ ) and MADRS diabetes responses ( $r=.38$ ,  $p=.004$ ). More frequent MADRS diabetes responses were associated with higher HbA1c ( $r=.31$ ,  $p=.02$ ). Participants reporting diabetes contributing to distress had significantly ( $p=.02$ ) higher MADRS scores ( $M=13.00$ ,  $SD=9.65$ ) than those who did not ( $M=7.14$ ,  $SD=7.61$ ). Participants on insulin endorsed more frequent MADRS diabetes responses than those on pills only. Improved depression assessment methods are needed to distinguish between distress from diabetes burden and psychiatric disorder.

### Presentation #36

#### **Using a Computer Adaptive Test to Identify Depressive Disorders in Primary Care**

Arthur E. Blank, PhD; M. Diane McKee, MD, MS; Matthias Rose, MD, PhD; Janine Devine, PhD  
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Mental disorders are among the most prevalent conditions in the United States, and their burden for the individual and society is tremendous. Nevertheless, they are still widely under-diagnosed in community-based health care systems. One way to help primary care physicians identify and monitor mental health problems is to use self-administered patient questionnaires. As a way of achieving this, Matthias et al recently built a Computer Adaptive Test based on the Item Response Theory to assess the mental health

status of patients in community based health care settings (MH-CAT). Within a 2½-year project Matthias et al proposed to: (1) establish an adaptive algorithm for the MH-CAT to identify depressive disorders with high sensitivity and specificity, (2) demonstrate its feasibility as a routine screening instrument in clinical practice, and (3) assess its impact for case recognition and clinical decision making. As part of the last phase, the MH-CAT tool was introduced and incorporated as part of routine care at two large health centers of the New York City Research and Improvement Networking Group located in underserved communities in the Bronx. Within a cross-over observational study we will evaluate the screening success and impact on clinical decision making in comparison with the PHQ-9. Positive screened patients will be assessed with the Structured Clinical Interview for DSM-IV Axis I Disorders to confirm the diagnostic classification and followed-up for three month to assess which actions have been taken. From January 2011 through June 2012, there were 1188 participants screened across the two health centers, with an overall refusal rate of 59% among patients approached. Approximately 20% (n=232) of participants screened were noted as positive for mental health symptoms. Data analysis is currently underway to assess the MH-CATs reliability of mental health case recognition and its impact on clinical decision making.

### Presentation #37

#### Successful Use of Internet Based Mental Health Screening Tool in an Urban Primary Care Center

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Background: Over 25% of children have a diagnosable mental health problem in the US, but only one in five receives services. Undetected social-emotional health disorders in children increase their risk of dysfunction at home and at school, and increase the potential for substance abuse. The AAP recommends the use of pre-visit mental health questionnaires as well as electronic tools for screening purposes. It is unknown whether internet based questionnaires are acceptable and accessible to patients in urban settings. Objective: To determine the level of satisfaction with and barriers to use of an internet based mental health screening tool for school-age children in an urban inner city population. Design/Methods: In an urban hospital based practice over a four-month period in 2011, a convenience sample of [X] consecutive English and Spanish speaking caretakers were approached in the waiting room by a bilingual facilitator to register for CHADIS, an internet based mental health screening tool. Caretakers who accepted completed the Pediatric Symptom Checklist, (PSC-17) a validated mental health screen after accessing the CHADIS website. After the physician visit and a discussion of the PSC-17 results, caretakers completed an anonymous paper based 19-item survey to assess their satisfaction with the internet-based system and identify barriers to future use. Statistical analyses of the 175 responses were performed with Pearson Chi-Square tests. Results: Most of the caretakers were women (80%) and had at least a High School (HS) education (53.7%) 15.3% had less than a HS education. 49% were Hispanic, 30.7% were Black, 14.1% identified themselves as Black and Hispanic and 2.6% were White. 83.5% found the CHADIS website easy to use; 68.6% felt CHADIS helped their doctor better identify their concerns, and 67.2% felt it improved their communication with the physician. Compared to those who found the website useful, the caretakers who indicated they would not use the site in the future (13.3%) were significantly more likely to report discomfort sharing personal information online (Odds ratio 2.0 (95% CI 1.05-3.82), p=.03) and to report concerns about their ability to properly use the computer (Odds ratio 2.7 (95% CI 0.95-7.59 p=.05). Those with less than a high school education were four times more likely to have concerns about

finding someone to help them complete the form. ( Odds ratio 4.5(95% CI 1.53-12.9) p=.003).  
Conclusions: An internet based screening tool can be accessible in a primary care pediatric urban setting with the use of a facilitator to aid in the website registration process. High rates of satisfaction with the internet-based system are achievable although parental concern about the sharing of sensitive information on the internet persists. Despite these small concerns, our study highlights that this tool could be successfully used for pediatric mental health screening in urban populations.

### **Presentation #38**

#### **Project Impact model in MMG-CFCC: Outcomes of Problem Solving Treatment**

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We are implementing a successful model for identifying and treating depression, first for our over 60 year old adults, and then applied across our 18-59 year old adult population. We are one of four health centers in NYC benefiting from the combined forces of Samuels Foundation, CHCANYS, and the Institute of Family Health, in a grant funded initiative. Our 45 year old health center, MMG-CFCC, a member of Bronx Community Health Network, incorporated the methodology of Impact Depression Care, into our team structure. This has transformed our team and facilitated a culture change in the way everyone now views and takes action with patients with depression. The incremental success of this initiative is enabled by our well-developed approach to Social Work practice. This has involved imbedding the approach in a very busy teaching environment with many providers of many levels, using and adapting processes in our EMR, creating new workflows, expanding collaborative care in primary care by further developing our psychosocial team, and aligning towards billing for these social worker delivered mental health services.

## Pediatrics/Adolescents

### Presentation #39

#### **New York State Pediatricians Start Transition Process Later than Recommended**

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Patricia Diaz; Andrew Racine, MD, Ph.D

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Background: The "Transition for Young Adults with Special Health Care Needs" consensus statement was released in 2002 to educate pediatricians and assist in the optimal transition needs of these adolescents. Subsequent literature expanded these recommendations to include the importance of starting transition planning early (between ages 12-14). Despite these efforts, approximately 60% of nationally surveyed children with special health care needs do not receive services important for transition. In New York State 62% of families do not receive these services (2005/2006). Similarly, less than 50% of pediatricians nationally surveyed in 2008 assist their special health care needs patients in the transition process. The objective of this study was to determine New York State (NYS) pediatricians' practices with regard to initiating the transition of care process for adolescents with and without special health care needs (SHCN). Methods: In the spring of 2011, New York State Pediatricians who are members of the American Academy of Pediatrics (n=4000) were invited to answer a cross-sectional survey via Survey Monkey to assess practice patterns in regards to transitioning adolescents to adulthood. This abstract summarizes data obtained through September 2011. Results: Out of the 201 survey responses (5% response rate) 71% were females and 77% were within the 30-64 year age group. The respondents came from 21 counties which comprise the workplace of 94% of all AAP pediatricians in New York State. Among those who answered whether they assist their patients in the transition process (75% of total respondents), the majority (86%) report assisting their patients in transitioning to an adult practice. Different survey questions revealed that more than half (63%) of pediatricians reported assisting all their adolescent patients while close to 30% reported assisting only adolescents with special health care needs (n=133). For adolescents without SHCN, 13% of pediatricians report initiating the transition process before 18-20 years of age (n=134) while a slightly higher percentage (22%) reported doing so for adolescents with SHCN (n=133). Conclusions: These results suggest that a majority of New York State AAP pediatricians assist their patients in transitioning to adult practice; however, most begin the process much later than recommended. Ongoing research is needed to determine the barriers and tools needed to encourage starting the transition process earlier.

### Presentation #40

#### **Transition Policies amongst New York State Pediatricians**

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Background: The "Transition for Young Adults with Special Health Care Needs" consensus statement was released in 2002 to educate pediatricians and assist in the optimal transition needs of these adolescents. Subsequent literature expands these recommendations which include the importance of a comprehensive Transition Policy at sites serving adolescents. The objective of this study is to determine what percent of New York State pediatricians have a written transition policy where they practice and to

determine what are the potential predictors of having a transition policy. Methods: In the spring of 2011, New York State (NYS) Pediatricians who are members of the American Academy of Pediatrics (N=4000) were invited to answer a cross-sectional survey via Survey Monkey to assess practice patterns in regards to transitioning adolescents to adulthood. This abstract reflects data obtained thru September 2011. Statistical tests of association were performed using Pearson Chi Squares. Results: Out of the 201 survey responses (5% response rate), 71% were females and 77% were within the 30-64 year age group. The respondents came from 21 counties which comprise the workplace of 94% of all AAP pediatricians in New York State. Of the 76% percent who answered the question, only 13% reported having a written transition policy (95% CI: 8%, 18%). No significant differences were found between genders, primary vs. subspecialty pediatricians, or between percentages of time practiced in an urban setting. Those < 50 years old were more likely to have a written transition policy compared to those 50 years old (21.8% vs. 4 %, P = .001 Odds Ratio (OR) 5.8 [95% CI; 1.6, 20.9]) as were those practicing pediatrics 20 years compared to those practicing > 20 years (20.7% vs. 4.3%, P= .003 OR 6.7 [95% CI;1.9, 23.9]). Conclusions: These results suggest that only a minority of New York State AAP pediatricians have a written transition policy in their workplace, and that those who have a policy are more likely to be younger pediatricians and practicing less than twenty years. Ongoing research is needed to determine the barriers to instituting written transition policies, and the tools needed to include them as an essential part of the transition.

#### Presentation #41

##### **Maternal Depressive Symptoms and Child Obesity in Low-Income Urban Families**

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Background: Mothers with depression often have reduced cognitive and emotional engagement with their children. While depression is known to negatively affect maternal-child interactions, its relationship specifically with child weight and with child obesity-promoting behaviors remains unclear, especially in low-income urban families. Objectives: To characterize the relationship between maternal depressive symptoms and child weight status, obesity-promoting feeding practices and activity-related behaviors in low-income urban families. Patients and Methods: We conducted a cross-sectional survey of mothers with five-year-old children receiving their pediatric care at a federally qualified community health center. Using regression analyses, we examined the relationship between maternal depressive symptoms (categorized as: none, mild, moderate-severe) and 1) child weight status; 2) obesity-promoting feeding practices, including mealtime practices and feeding styles; 3) activity-related behaviors, including sleep time, screen time and outdoor playtime. Results: The sample included 401 mother-child pairs, with 23.4% of mothers reporting depressive symptoms (15.7% mild, 7.7% moderate-severe). Mothers with moderate-severe depressive symptoms were more likely to have overweight and obese children than mothers without depressive symptoms (Adjusted odds ratio: 2.62; 95% confidence interval: 1.02-6.70). Children of depressed mothers were more likely to consume sweetened drinks and to eat out at restaurants and were less likely to have family meals and to eat breakfast than children of non-depressed mothers. Mothers with depressive symptoms were less likely to set limits, to use food as a reward and to model and monitor healthy eating than non-depressed mothers. Children with depressed mothers had less sleep per day than children of non-depressed mothers. Conclusions: Maternal depressive symptoms are associated with child overweight and obese status and with several obesity-promoting practices.

These results support the need for maternal depression screening and treatment in pediatric primary care and child obesity prevention programs.

### Presentation #42

#### **Assessing Staff Attitudes Toward Teen Sexuality and Contraception**

Ruth Lesnewski, MD; Lisa Maldonado, MPH; Rachel Simpson, BS

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How can we make our health centers more teen-friendly? In an effort to reduce the rate of unintended teen pregnancy in a network of family health centers, we surveyed all staff members regarding their attitudes toward adolescent sexuality and contraception. We hypothesized that staff members' attitudes can affect delivery of care, particularly reproductive health care for adolescents. We developed a web-based survey regarding attitudes toward adolescent sexuality, contraception, and parental involvement in teens' health care. Using email, we sent this survey to all staff members at a network of family health centers in New York City and the Hudson River Valley. We offered a small incentive (a chance to win gift cards) to employees who completed the survey. Most questions used a 4-point Likert scale and included room for written comments. We found a wide range of attitudes regarding adolescent sexuality and contraception. There were significant differences between rural and urban sites. For example, staff members in urban sites believed that providers should begin to ask patients whether or not they are sexually active at an earlier age; in a similar vein, more staff members in urban sites believed that teens should be able to get birth control without their parents' knowledge. Written comments revealed that clinicians' attitudes on these topics affect adolescents' access to contraception and reproductive health information.

### Presentation #43

#### **Seeking Health Care on Their Own: The Experience of Teen Patients in an Urban Community Health Center**

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**Background:** Although NYS law gives minors the right to consent for reproductive, substance abuse and mental health care, a recent focus group study of adolescent primary care patients at 3 Montefiore Medical Group (MMG) sites described barriers to access and confidential services. **Purpose:** As part of a larger quality improvement initiative, the purpose of this pilot study was to document and quantify the experience of minor adolescents receiving primary care at a MMG center, part of the Bronx Community Health Network in order to determine need for systems changes and adolescent/ staff education. **Methods:** A convenience sample of 33 patients 12-17 years, identified in the waiting area of Comprehensive Health Care Center (CHCC), completed a 12 question written survey. **Results:** Sample median age was 14 years, 71% female. Over half were patients at CHCC for >5 years. **Appointment access:** 27% (N=9) attempted to make own appointment by phone, 7 succeeded. Two subjects denied; told they were too young or parent must make the appointment. When asked if they would recommend the center to a friend that needed confidential services, 27% would not 2/3 believed that one could not be seen without a parent. **Need for 'private' care:** 15% (N=5) who had ever needed MD confidential care received it. The 28 subjects who did not need confidential care were asked what they would do if the need arises, 68% would ask to see their doctor, 32% would use another medical facility and 25% did not

know what they would do. Time alone with doctor during visit: 70 % of subjects indicated that time alone occurred 'sometimes'; 15 % 'always' and 15% 'never'. Knowledge of right to confidential care: Nearly 60 % of subjects were unaware of this right. Conclusion: The majority of adolescents did not experience barriers to needed care. However, many lacked information needed to access such care if needed. Medical home staff should be encouraged to educate adolescents and their families about the right to confidential care.

#### Presentation #44

##### **BOPS (Bronx Ongoing Pediatric Screening) in the Medical Home**

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The Division of General Pediatrics of the Albert Einstein College of Medicine, the New York City Research and Improvement Networking Group (NYC-RING), the Division of Family Health of the New York State Department of Health, and Chapter 3 District II of the American Academy of Pediatrics will collaborate to develop, implement and evaluate Bronx Ongoing Pediatric Screening in the Medical Home (BOPS in the Medical Home). Within the context practice network in Bronx, New York, the poorest urban county in the United States, the objective of BOPS is to incorporate continuous, comprehensive, coordinated, evidence-based, culturally appropriate screening strategies across the lifespan from birth through adolescence. During the four-year project we will emphasize four elements posing particular difficulties for pediatric practitioners: 1) newborn screening for genetic, metabolic and infectious diseases, 2) infant and toddler screening for developmental, behavioral and social/emotional disorders, 3) school age and adolescent mental health screening, and 4) screening of sexually active adolescents for sexually transmitted infections. To implement the four screening domains, we employ a novel combination of two distinct well-validated approaches to inducing operational change in primary care practices: a) a modified learning collaborative fashioned after the Institute for Health Improvement's Breakthrough Series, and b) a pay-for-quality monetary incentive for participating practices. Since the launch of the project's learning collaborative in March 2011, we have conducted 5 other successful learning sessions, close to 100 site visits to the participating practices and demonstrated improvement in screening in the first two project domains, Newborn Screening for Metabolic, Genetic and Infectious Diseases and Adolescent Sexual Activity and STI Screening. In mid-September 2012, we will be launching the final two domains of the project: School Aged and Adolescent Mental Health Screening and Infant-Toddler Developmental, Behavioral and Social-Emotional Screening.

#### Presentation #45

##### **The Feeding Young Children Study: Preliminary Results from a WIC-Based Bottle Weaning Intervention**

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Objective: The Feeding Young Children Study (FYCS) was a randomized controlled trial of a bottle-weaning intervention among 300 12-month-olds from 2 Bronx WIC sites. Description: WIC nutritionists delivered the intervention. FYCS staff collected length and weight measurements and 24-hour dietary recalls, quarterly, through 24 months of age. Evaluation: Primary outcomes include: (1) bottle-feeding



practices, and (2) association with BMI, dietary intake, and mealtime behaviors. Results: Intervention group consumed significantly fewer bottles & oz milk per bottle at first follow-up time-point.

#### Presentation #46

### **Communication of Confidentiality and Care by New York City Clinic Personnel: Barriers and Facilitators to Adolescent HIV Testing**

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Purpose: This study sought to evaluate HIV testing locations in New York City in terms of staff communication of confidentiality and care policies towards adolescent clients. Methods: Using the New York State Directory of HIV Counseling and Testing Resources as a sampling frame, this study made telephone contact with 164 public HIV testing locations in New York City and used a semi-structured interview to gather data on testing availability and awareness and communication of confidentiality guidelines. Results: At 48% of locations, HIV testing was either not offered or we were unable to reach a staff member to ask questions about testing options and confidentiality. At the remaining sites, information provided regarding confidentiality, parental consent, and privacy of test results was correct only 69%-85% of the time. Conclusions: Our findings point to a need for increased quality control at the clinical level to ensure that consumers in need of HIV testing are provided with accurate information and accessible services. Further, these results highlight the need for more 'patient-centric' sites with enhanced accessibility for potential clients, particularly youth.

## Reproductive Health

#### Presentation #47

### **Primary Care Physicians' Concerns May Affect Adolescents' Access to Intrauterine Contraception**

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Purpose: Although the intrauterine device (IUD) may be safely used in adolescents, few U.S. adolescents utilize IUDs. Increasing IUD use decreases adolescent pregnancy rates. We explored primary care physicians' (PCPs) approaches to contraception counseling with adolescents, focusing on their views about appropriate IUD candidates. Methods: Phone interviews with 28 urban family physicians, pediatricians and obstetrician-gynecologists. Using standard qualitative technique, developed coding template and applied codes. Results: Most respondents have a patient-centered general contraceptive counseling approach. However when discussing IUDs many PCPs describe paternalistic counseling. Although many respondents believe adolescents' primary concern is pregnancy prevention, many PCPs prioritize sexually transmitted infection (STI) prevention. Attributes PCPs associate with an appropriate IUD candidate include responsibility, reliability, maturity and monogamy. Conclusion: When considering IUDs for adolescents, our findings suggest that PCPs subjective assessment of adolescent sexual behavior limits IUD counseling and provision. Education around best practices may be insufficient to counterbalance attitudes concerning adolescent sexuality and STI risk.

**Presentation #48****Ambivalence about Pregnancy Planning: A Qualitative Study of Providers and the Women they Counsel**

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Context: Ambivalence about pregnancy is recognized as affecting contraception non-use and misuse, leading to 'unintended' pregnancy; however, how ambivalence impacts contraception decision-making begs further study. Little is known about ambivalent women's receptivity to contraceptive counseling or provider and patient factors that affect communication about ambivalence, although provider-patient interactions have direct bearing on adherence. No clear guidelines exist for assessing ambivalence or counseling ambivalent women. Primary care physicians, who routinely care for women's reproductive health needs, need guidance to provide targeted reproductive healthcare to ambivalent patients. Design: Qualitative, dual prospective study of two groups: family planning providers and ambivalent patients regarding ambivalence and decision-making about contraception. In-depth interviews, conducted confidentially, audio-recorded, and transcribed. Data analyzed using standard, iterative approach. Setting: Family health and family planning clinics in New York City. Participants: Selected using purposive sampling. 1) Adult female patients ambivalent about becoming pregnant (N=14. Inclusion criteria: not-pregnant, age 18-45, sexually active with men, English-speaking, and ambivalent. Age range: 19 - 45; 0-6 past pregnancies). 2) Family planning providers (N=13, inclusion criteria: practicing in New York, provide family planning > 20% of patient encounters). Results: Women conveyed ambivalence in assorted ways, which may indicate varying levels of awareness of and/or ability to articulate ambivalence. The majority of women described positive views of contraception and experience with multiple contraceptive methods, with some choosing long-acting, non-user-dependent birth control methods to prevent intentional lapses in contraception motivated by pro-pregnancy sentiments. Many ambivalent women expressed reluctance to plan for pregnancy, which contrasts with providers who overwhelmingly valued pregnancy planning. Conclusions: Data suggest a framework to understand patients' and providers' attitudes about ambivalence and potential effects of ambivalence on contraceptive counseling, choices, and adherence. Based on our findings, we recommend the development of more-effective counseling approaches for ambivalent women.

**Presentation #49****Contraception Information in the After-visit Summary**

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The US has the highest rate of unintended pregnancy in the developed world, especially among teens and indigent women. Health care reform promises to insure the uninsured, bringing many new patients into our health centers who previously could afford only over-the-counter contraceptive methods. In order to communicate clearly with women and teens about contraception, the authors of this poster have developed low-literacy patient education materials that are integrated into our electronic health record's after-visit summary. This poster showcases these materials. Our patient information sheets review each method of contraception: when to start the method, how to handle missed or late doses, what side effects to expect, and when to use emergency contraception as back-up. These information sheets can be attached to the after-visit summary and reviewed with the patient after any contraceptive management

visit by a nurse, clinician, or health educator. This initiative aims to improve patients' understanding of their contraceptive, to help patients avoid medication errors, and thus to improve contraceptive adherence.

### **Presentation #50**

#### **Expanding Access: The Impact of Training on Family Physicians' Intention to Provide Abortion Care**

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Family physicians provide the bulk of primary care in the United States. Integrating abortion into family medicine could greatly expand access to abortion care, especially in underserved communities where family physicians are more likely than other medical specialties to work. Only 6.5% of the 436 family medicine residency programs in the United States offer abortion training. Residents attending all other family medicine residency programs interested in abortion training must seek training during their elective time. This study analyzes data from a multi-year survey of third year family medicine residents graduating primarily from family medicine residency programs offering abortion training. Residents were asked to report: 1) whether they received training in a range of reproductive health services, including abortion, 2) their intention to provide these services in their post-residency practice, and 3) where and in what capacity they would be practicing medicine post-residency. This presentation will report on factors associated with residents' intention to provide abortion care, on where residents intended to practice medicine and provide abortions, the residency training factors associated with planning to provide abortion care, the barriers to abortion provision perceived by those who do not intend to provide abortions, and the current policy environment around abortion care. In addition, by mapping trained residents future practice sites, we assess the impact training family physicians has on expanding access to abortion care. The presentation will also suggest some recommendations on improving the uptake and utility of family medicine residency abortion training.

### **Presentation #51**

#### **A Review of Abortion, Family Planning, and Miscarriage Management Content in Family Medicine Textbooks**

Sarp Aksel; Marji Gold, MD; Nancy Glassman, PhD; Finn Schubert; Ariana Bennett, MPH; Cara Herbitter, MPH

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Context: Textbooks serve as important sources of information for family medicine students, residents, and physicians. Despite the increasing availability of online journals and databases, textbooks continue to be utilized in third year family medicine clerkships across the country. Recent data demonstrate that family physicians have less knowledge about contraception and abortion than OB/GYN physicians, suggesting that their education in these areas may be inadequate. Objective: A review of the coverage of abortion, contraception, pregnancy options counseling, and miscarriage management in family medicine textbooks was performed to describe the presence and accuracy of information for these topics. Design: We conducted a qualitative textbook review using an original content schema as a standard to assess extent and accuracy of topic coverage. Reproductive health topics within the scope of practice of family medicine were used as data points, including unintended pregnancy (epidemiology, options counseling,

and management), abortion methods, contraceptive methods, and miscarriage management. Contraindications and indications, counseling points, contraception failure rates, and management protocols were crosschecked with the latest evidence-based recommendations. A computerized literature search was performed to retrieve relevant family medicine textbook titles published since June 22, 2001. Titles were also included if listed as recommended by the third year family medicine clerkship at Albert Einstein College of Medicine. Textbooks were excluded if not available in the library's print or electronic book collections, not published in the United States, or not published in English. Twelve textbooks were identified for inclusion. Results: Preliminary analysis of the data demonstrates that while coverage of contraceptive methods tends to be accurate in two-thirds of the textbooks, coverage of abortion options, unintended pregnancy options counseling, and miscarriage management is often lacking. For instance, only 8% of textbooks covered abortion options accurately and adequately. Conclusions: Family medicine textbooks were found to not provide up-to-date, evidence-based information about some important reproductive health topics.

## Presentation #52

### **Comparison of the 6-month Post-Intrauterine or Implantable Contraceptive Device Insertion Experience between Adolescents and Non-adolescents in NYC Family Medicine-staffed Federally Qualified Health Centers**

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Context: Unintended adolescent pregnancy is associated with significant social and economic costs. While implantable and intrauterine contraception are the most effective reversible contraceptive methods and indicated for use in adolescents, less than 5% of adolescents utilize these methods. Reasons for underuse in this population are multi-factorial, including provider concern about insertion due to sexually transmitted infections, side effect intolerance and the potential for increased intrauterine contraception (IUD) expulsions. While family practitioners are poised to further contraceptive access for adolescents, implantable and IUD contraception provision in primary care settings is understudied in this population. Objective: Determine if there is a significant difference in the 6-month post-insertion experience of adolescents vs non-adolescents with regard to: rates of method continuity, expulsions, infection and pregnancy, as well as number of device related office contacts and side effects experienced. Setting: The Institute for Family Health (IFH), a Federally Qualified Health Center network which provides full-spectrum primary care at 14 sites. Design: Retrospective chart review of all implants and IUDs inserted in 2011 and followed six months post-insertion. Participants: All patients 14 to 35 years of age who had an implant or IUD inserted at IFH during 2011. Instrument/Intervention: All IFH sites utilize the EPIC electronic medical record system using a standardized electronic visit note for all implant and IUD insertions. Abstracted data from insertion visit and all office contacts in the 6-month post insertion time period is entered into SurveyMonkey. We will use life table analysis to estimate contraceptive continuation, Cox proportional hazards models to estimate discontinuation associated factors, and regression models to predict removal outcome within six-months of insertion. Results and Conclusions: While data collection is in process, preliminary data shows approximately 774 total IUDs and Implants were inserted in 2011 and among adolescents aged 14 to 20, there were 185 IUD and 30 Implanon insertions. We anticipate that study outcomes will inform clinicians about the feasibility of implant and IUD insertions in adolescents in family practice settings.

**Presentation #53****Contraceptive Needs of Women Incarcerated at Rikers Island Jail Complex**

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Context: There are more than one million women incarcerated, under parole or on probation in the United States. More than 80% of incarcerated women report a history of unintended pregnancy. Previous studies have shown that the majority of incarcerated women would like to start a form of birth control. While incarcerated, women have access to health care that they may not have otherwise. Despite this, contraception is not routinely available in correctional facilities. Objectives: 1. Describe women's perceptions of what their contraceptive needs will be upon release from Rikers Island. 2. Describe women's perceptions of access and barriers to contraceptive services after release from Rikers Island. Methods: In-depth interviews were conducted with women incarcerated at Rikers Island. We used purposive sampling of women of reproductive age. Interviews were analyzed using modified grounded theory. Data analysis is ongoing. Results: Thirty two interviews were conducted. Initial data analysis reveals that the majority of women have positive opinions of birth control. Influences on contraceptive use can be considered at three different levels: environmental, interpersonal and individual. While environmental factors include obstacles such as cost and lack of insurance, the most powerful external influences are substance abuse and sex work. Interpersonal influences include relationships with sexual partners. Factors relating to the individual include misconceptions on the safety and effectiveness of birth control, fears of infertility, and frustration with side effects. Women express ambivalence towards pregnancy. The majority of women believe that contraception should be available at Rikers and incorporated into discharge planning. Women also feel it is important to have a referral network for follow up care. Conclusions: Contraceptive services and information should be available on-site and incorporated into routine discharge planning. It is important that women have access to follow up care in the community.

## Resident Education

**Presentation #54****Efforts to Expand Procedural Training in Urban Family Medicine: What is Doable and What is Not**

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In 2008 and 2009 Family Medicine published two consensus statements by the STFM Group on Hospital Medicine and Procedural Training. Faculty in the Beth Israel Residency Program in Urban Family Practice subsequently made efforts to expand procedural training in the outpatient setting. Dedicated teaching sessions were created and then expanded whenever capacity was reached in efforts to increase the procedural training of the residents. By the fall of 2012 three sessions with two full templates were in operation. Using the electronic health record to retrospectively review the cases, this article compares the range and volume of procedures performed, and compares the types of procedures available in this urban setting to the goals laid out in the Consensus statements.

**Presentation #55****The Effect of Grant-funded LARC (long acting reversible contraceptive) Devices on Reproductive Health Care in an Academic Family Medicine Office**

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Purpose: This study was designed to describe the characteristics, clinical and educational outcomes of the LARC (long acting reversible contraception) program at a family medicine residency based office between June 2009 and May 2012. Background: LARC provides an effective and safe method of contraception, but its use faces multiple barriers, including high upfront cost, lack of trained providers, and misconceptions commonly held by both patients and physicians. A grant-funded LARC program at a residency continuity site removes the cost barrier, increases resident training, and educates faculty and patients about these devices. Methods: A retrospective chart review was conducted including 219 LARC device insertions for 209 patients who received a grant-funded LARC device between June 2009 and May 2012. Results: Trainees placed 119 LARC devices and faculty placed 100 devices; 166 LNG-IUS, 34 Copper IUDs, and 19 progestin implants. Fifteen of 200 IUDs were expelled, 12 that were inserted by trainees (10.4%) and 3 by faculty (3.5%), ( $p= 0.1013$ ). Despite 9.0% of IUDs complicated by an STI, only 2 cases of PID were diagnosed, neither requiring removal of IUD. One perforation occurred during IUD insertion by a faculty physician. 17.8% (39/219) of devices were removed, with 17 premature removals. Trainee-inserted devices had a higher proportion of premature removals with 11.8% (14/119) of trainee-inserted devices versus 3.0% (3/100) of faculty-inserted devices ( $p = 0.0208$ ). Conclusions: The grant-funded LARC program has provided training opportunities for family medicine residents. The expulsion rate in devices placed by trainees was approximately 3 times the expulsion rate of devices placed by faculty, however this difference was not statistically significant. Premature removals were also higher in devices placed by trainees; the reasons for this are unknown. Additional studies in other residency sites in this network are needed to evaluate the outcomes of resident inserted LARC devices.

**Vulnerable Populations****Presentation #56****Outreach to the Homeless: Education, Empowerment, Access**

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Einstein student participants in a DFSM extra-curricular service-learning initiative, Einstein Cares for the Community, partnered with a local community-based organization to identify client health needs and to craft research, education, and preventive health projects to address this need. Over the past two years, students volunteered monthly in an urban residential homeless shelter for women and men. Current projects include developing an emergency room alert system to engage homeless clients who utilize emergency departments for medical care, health education classes for shelter residents, and a resource website for homeless people in the Bronx. This work-in-progress poster presents the project design and future directions.

**Presentation #57**

## **The Montefiore Transitions Clinic: Linking Formerly Incarcerated Persons to Care**

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**Problem:** Chronic conditions, such as HIV infection, opioid dependence, and severe mental illness, are common among incarcerated persons; accessing medical care is challenging following release from correctional facilities. **Objective:** To link former prisoners to high-quality primary care within 2 weeks of prison release. **Setting:** We developed a Transitions Clinic (TC) at a community health center in the Bronx, NY. We partnered with the Osborne Association (OA), which provides reentry services (case management, job retraining, etc.) to formerly incarcerated persons. **Participants:** Former prisoners with chronic conditions referred to TC between 7/2011-7/2012 **Intervention:** A community health worker at the OA provided referrals to TC, patient navigation, and follow-up phone calls. At TC, every Saturday morning, a volunteer generalist physician saw 2-3 new patients and 4-5 follow-up visits. **Assessment:** We assessed quality measures for 3 chronic conditions: HIV infection (CD4 count, viral load suppression, and treatment retention); opioid-dependence (urine drug testing results and buprenorphine treatment retention), and severe mental illness (psychiatric referral completion). **Results:** Over one year, 25 former prisoners were referred to TC; 64% were seen within 2 weeks of release. Participants were mostly male (88%), Hispanic (64%), and the median age was 46. Of the 16 with HIV-infection, 14 received HIV care at TC, 93% had a CD4 count >200 cells/ul, 50% had a suppressed viral load (< 40 copies/ml), and 75% were retained in care. Of the 7 prescribed buprenorphine treatment for opioid-dependence, 90% had opioid-negative urine drug tests at their last visit and 100% were retained in care. Of the 14 referred for psychiatric evaluation, 50% completed the referral and received evaluation. **Conclusions:** The TC was successful at providing prompt access to primary care. Most participants were retained in care. Quality improvement efforts could target rates of viral load suppression for HIV care and psychiatric referral completion for severe mental illness.

## **Additional Abstracts**

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### **Presentation #58**

#### **The SAPNA Oral Health Project: Results from Preliminary Data Collection**

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**The SAPNA Project Findings from Phase I: Formative Research** **Background:** South Asian immigrant children are at high risk for dental caries. In addition to structural factors such as poverty and linguistic isolation, feeding practices including delayed weaning and the addition of sweeteners and solid foods to the bottle contribute to the epidemic of caries among young Bangladeshi children. **The Study:** South Asian Parents and Navigators' Action for Oral Health (SAPNA) project is a primary care based intervention designed to improve oral health and prevent dental caries in young Bangladeshi children aged 12-18 months. Funded by NICDR, SAPNA is an education and counseling intervention designed to empower Bangladeshi mothers to take charge of their children's' health. During Phase I of the project, we interviewed key stakeholders with the goal of understanding more about cultural and familial barriers to child oral health. **Procedures:** We interviewed 8 pediatricians, conducted two focus groups with mothers of young children, and conducted 12 in-depth interviews with mothers. Topics focused on feeding practices, oral health beliefs, and values regarding child health and oral health. Data was coded and

analyzed using NVIVO, a qualitative data analysis program. Results: Pediatricians expressed frustration at perceived barriers to communication with Bangladeshi mothers regarding child feeding and oral health. Many described giving the same advice repeatedly, without results. Interviews with mothers suggest that many mothers are well aware of physician advice to wean toddlers at one year, avoid sweeteners, and brush children's teeth. Yet pervasive anxiety regarding children's weight and the desire to increase consumption leads many mothers disregard physician advice. The prolonged use of the bottle helps mothers feel more confident that children are getting enough to eat. Most mothers resort to force feeding. Criticism from husbands and elders reinforces mothers' anxiety about children's food intake. Conclusion: Our results indicate the appropriateness of an empowerment-based counseling approach addressing the problem of childhood caries at the individual and familial level.

### Presentation #59

#### **The APPLE ('Activating People to Pursue Lifestyle change through Empowerment') Project**

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Background. Rates of obesity among low income immigrant communities are at epidemic levels. Traditional health education programs are expensive and difficult to implement in community settings, while interventions that strengthen the participation and empowerment of patients and communities have potential for preventing chronic disease. This presentation describes APPLE, ('Activating People to Pursue disease Prevention and Lifestyle change through Empowerment') a community based life style intervention, based on empowerment theory, designed to address obesity among low income South Asian immigrant women. This pilot project was funded by Bronx CREED. Procedures: The project was conducted by the Westchester Square Partnership, a community based organization serving South Asian women in the Bronx. 24 Bangladeshi overweight and obese women were recruited into the 26 week intervention. Groups of 8 women, led by peer group leaders, worked together to establish goals for health and nutrition, create strategies for lifestyle change, and address barriers to change. A major goal of the project was to build social networks among participants that would help sustain weight loss and lifestyle change over the long term. During the final phase of the project groups explored the social and structural antecedents of women's obesity. Each group developed outreach materials, including pamphlets and videos, and implemented an education and outreach project in the community. Results: The retention rate of the program was over 80%. Participants lost an average of 5.8% of body weight and reported improved mood, physical mobility, and overall health. The project was successful in establishing lasting support networks: during the follow up period, APPLE groups continue to meet, record their weights, and exercise together. Over 200 women were reached through the community interventions. Conclusion. This community based, culturally sensitive, participatory intervention was successful in accomplishing its goals in an initial pilot study. Next steps involve the formal testing of the intervention in a larger trial.



**Presentation #60****Evaluation of a Community-based Weight Management Program for Obese, Inner-city, Minority Adolescents using the RE-AIM Framework**

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Background: Effective, sustainable weight loss interventions for obese, inner-city adolescents are limited. We evaluated a community-based intervention tailored for this population using the Reach, Efficacy, and Implementation components of the RE-AIM Framework. Methods: Our 9-month intervention combines medical services and community center programming. We enrolled 349 adolescents (2007-09); mean age  $15 \pm 2$  years; mean BMI percentile  $98.9 \pm 1.5$ ; 52% black; 44% Hispanic. Reach: Estimated the proportion of eligible adolescents in the community who enrolled. Efficacy: Compared longitudinal trends in anthropometric measures from one year before (T-12) [obtained from electronic medical records] to baseline (T0) to program-end (T9) using mixed-effects linear models accounting for dropouts; compared lifestyle changes for program completers from T0-T9. Implementation: Documented staff execution of program components and participant retention. Results: Of an estimated 5,250 obese adolescents in our community, 7% enrolled: 67% with severe obesity; 53% parental obesity; 82% had low motivation for behavior change. From T-12 to T9, the rate of gain in BMI (0.12 vs. 0.04,  $p < 0.05$ ), BMI z-score (0.003 vs. -0.003,  $p < 0.001$ ), and BMI percentile (0.0003 vs. 0.000,  $p < 0.001$ ) decreased. From T0-T9, the number of vegetable servings/day ( $0.6 \pm 0.9$  vs.  $1.0 \pm 0.9$ ,  $p < 0.01$ ), fruit servings/day ( $0.8 \pm 1.1$  vs.  $1.2 \pm 1.1$ ,  $p < 0.02$ ), and the proportion exercising  $> 6$  days/2 weeks (13% vs. 25%,  $p < 0.05$ ) increased. Staff implemented 89% of program components. 26% of participants completed the program. Conclusions: A weight management program for ethnic minority adolescents with severe obesity can be successfully implemented in an inner-city community. Although program reach and completion were low, modest but significant improvements in anthropometrics and lifestyle behaviors are attainable.

**Presentation #61****Bronx Community Research Review Board**

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Background: The Bronx Community Research Review Board (BxCRRB) is a community-academic partnership between the Einstein-Montefiore Institute for Clinical and Translational Research (ICTR) and the Bronx Health Link (TBHL). Rather than asking clinical investigators to create their own individual process de novo, we have developed an innovative, structural approach to achieve community consultation in research planning, implementation, and dissemination that involves and educates the public about research. Objectives: Our Specific Aims are to collaboratively develop (1) an independent research review board of volunteer community residents and representatives at TBHL that tests a model of community consultation, dialogue, and 'community informed consent' by reviewing community-based research proposals; (2) a training curriculum in the protection of communities and human subjects for community residents and representatives to become BxCRRB members; (3) appropriate evaluation measures of the BxCRRB's success in promoting community trust, community-academic research partnerships, and public understanding of the clinical research process; and (4) increased understanding of and participation in clinical research in the Bronx. Results: Since November 2010, TBHL has recruited and trained two cohorts of community residents and representatives in research ethics and review. The

Board's membership reflects the demographics of the Bronx (i.e., half Latino and one-third African-American). The BxCRRB has reviewed nine research proposals in face-to-face dialogue at various stages in their process, including conceptualization. Several investigators have returned to report results and discuss follow-up plans. Board members attended and presented at NIH-sponsored community partner meetings in Boston and Manhattan, including a national invitational meeting convened to explore best practices with other such community-based research review committees. The Board has presented at Einstein, begun dialogue with its IRB on mutual collaboration, and is now developing its own mission statement and by-laws. Columbia's CTSA has conducted a formal process evaluation, which will be presented in our poster.

### Presentation #62

#### **Einstein-Montefiore Institute for Clinical & Translational Research**

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The Albert Einstein College of Medicine and Montefiore Medical Center are partners in the Institute for Clinical and Translational Research (ICTR) as a Clinical and Translational Science Award (CTSA) awardee. The CTSA is a national consortium linking more than 60 institutions across the US. The co-directors of the ICTR are Brian Currie, MD, MPH, Assistant Dean and Vice President for Medical Research, Paul Marantz MD, MPH, Associate Dean, Clinical Research Education, and Harry Shamoon MD, Associate Dean for Clinical & Translational Research ([www.einstein.yu.edu/ictr](http://www.einstein.yu.edu/ictr) and [www.montefiore.org/research-resources-for-professionals](http://www.montefiore.org/research-resources-for-professionals))

### Presentation #63

#### **Teaching the Electronic Medical Record (EMR) to Family Medicine Interns: Transforming A Problem Into A Tool**

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The Electronic Medical Record (EMR) has become an indispensable part of modern clinical practice. It does represent, however, a new skill-set to teach to Family Medicine interns. The literature suggests that education can help improve residents' attitudes about the EMR. However, it is not clear how to best teach EMR to interns, so as to maximize comfort with the EMR and improve quality charting. We suggest one model of teaching the EMR which employs experiential modes of learning, from a 'scavenger hunt,' a mock patient care afternoon, to acting as a scribe for senior residents. We formally evaluate the effectiveness of this intervention with results of intern satisfaction surveys around EMR (before and after intervention), as well as results of QI chart reviews.

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