



# RESEARCH EXPRESS

Volume 1, Issue 3

FAMILY MEDICINE'S RESEARCH NEWSLETTER

Fall 2008

## MESSAGE FROM THE KAISER PROFESSOR OF EVIDENCE-BASED FAMILY MEDICINE:

### Note to President-Elect Obama: Why You Need Evidence-Based Medicine

Dear President Obama:

We're delighted with your election. Even though you're not yet officially president, the nation's challenges aren't waiting for your inauguration. Besides, it *feels* like you're already president. You're gonna be a busy man.

We know you're planning to reform health care, and does it need reforming! Covering more of the uninsured is a critical goal, but it will be impossible if we don't contain costs. Starbucks spends more on health care than on coffee. GM spends more on health care than on steel. Everyone knows we have the most expensive health care in the world, but sadly, we also have more preventable deaths before age 75 and more infant deaths than Australia, Canada, Germany, the Netherlands, New Zealand and the UK (among others).<sup>1</sup> We've been trying for years to eliminate fraud and abuse, create disease management programs, fiddle with insurance design, and invent new cures, with no success in controlling costs.



Rick Deyo, MD, MPH

Part of the problem is that we've designed and sold a bunch of expensive innovations that ultimately didn't help patients. Vioxx and Bextra come quickly to mind, along with debridement and lavage for knee osteoarthritis, pulmonary artery catheters, and bone marrow transplants for late stage breast cancer. Each of these cost us several billion dollars before we gave them up – billions we could ill afford. And the knee procedure is still being used!

Of course, there are also plenty of treatments that are effective for some people, but get overused. Those drugs for Alzheimer's disease, spinal fusions, and coronary stents may be good examples. And then there are effective treatments

that get used for the right patients, but in the face of less expensive and equally effective treatments. Some blood pressure drugs come quickly to mind.

Maybe you saw the recent Commonwealth study of policy options to reduce the growth of health care spending.<sup>1</sup> That group concluded that the biggest savings would come from better information on the effectiveness of medical treatments, weighing each against other diagnostic or treatment options, and assessing value for money. This is why you need evidence-based medicine: to counteract well-meaning but sometimes misguided expert opinions, outmoded traditions, clinical inertia, and persuasive marketing claims. A Center for Comparative Effectiveness, or a Health Care "Fed", would do nicely.

For the record, preventing obesity was the next biggest source of potential savings, followed closely by strengthening primary care and care coordination. For these efforts to work, you'll want good data to support new programs and good monitoring of their impact: things that evidence-based principles will also help with.

You may have seen a remarkable recent editorial in *The New York Times*, making the case for evidence-based medicine as a way to take American health care "from worst to first."<sup>2</sup> When John Kerry and Newt Gingrich can agree on anything, you have to figure there's something to it.

So, Mr. Obama, keep us in mind. We folks in Family Medicine are eager to help, and we're awaiting your call. In all your spare time.

~

1. Davis K. Slowing the growth of health care costs – learning from international experience. *N Engl J Med* 2008; 359: 1751-5.
2. Beane B, Gingrich N, Kerry J. How to take American health care from worst to first. *The New York Times*, Oct. 24, 2008.



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## In The News

### Greetings!

The FM Research Section is excited to have two new Project Directors and two Medical Record Reviewers join our growing research division. Jim Winkle, MPH, is the Project Director on a new grant (PI: John Muench, MD) funded by SAMHSA that aims to develop, implement, and evaluate curriculum promoting substance abuse SBIRT practices in primary care. Before coming to Family Medicine, Jim worked at OHSU where he trained primary care providers on assessing for Intimate Partner Violence. He has also managed community health education programs in Philadelphia and Minneapolis that targeted obesity, family planning, and HIV prevention. Jim directed the documentary film, "Sex Ed and the State", that played in Minneapolis theaters last summer.

Nancy Dunn, MS, RNC, CMS, comes to us with years of experience as a nursing consultant in the field of breast and cervical cancer early detection, specifically in the design and implementation of training programs for physicians. Nancy will be stepping into the role of Project Manager for the Breast Health Education Program (BHEP) under Dr. Elizabeth Steiner. The BHEP provides clinician training on vertical strip 3-pressure method CBE (VS3PM) and increases public awareness about high quality CBE (Clinical Breast Exam) and the relevant Oregon legislation.

At the beginning of October, Alex Fox and Josh Steeves joined the staff of Patty Carney's American Cancer Society-funded study. The objective of this study, known as Rural Oregon Cancer Screening Study (ROCSS), is to evaluate the role of health insurance coverage in accessing breast, cervical, and colorectal cancer screening among underserved rural populations in Oregon. Alex and Josh were hired to conduct the medical record review component of the study, which is projected to take about 10 months. Alex moved from Ashland, where he was working at Rogue Valley Medical Center, to Madras to work in the Madras clinics enrolled in the study. Josh is working in the two Hood River clinics, but will still be in Portland part-time as he continues his volunteer work at OHSU (with Dr. Fields at CHH and the Critical Care Academic Associates Program). Both Alex and Josh are applying to medical school and are enjoying the experience of working in these rural clinics as they go through that process. §



Jennifer DeVoe, MD, DPhil

### Uninsured Children Study Big Hit

As mentioned in the October 2008 issue of the Family Medicine Newsletter, Dr. Jennifer DeVoe was selected by the editors of the Journal of American Medical Association (JAMA) to showcase the findings in her paper entitled "Uninsured Children and Adolescents With Insured Parents" in a media briefing held at the National Press Club in Washington D.C. Published in the October 22/29 issue of JAMA, the paper focuses on a subset of families that have at least one insured parent but uninsured children. With the use of nationally pooled data, Dr. DeVoe and her team aimed to identify the demographic and socioeconomic characteristics of children more likely to be in families with parent-only coverage. Along with the media briefing in Washington D.C., Dr. DeVoe was specially selected for this issue by the JAMA editors to be highlighted in a videotaped segment made available to all television stations in the U.S.

The publication is turning into a major hit. More than 374 local television and radio stations have broadcast the news to date. In addition, there has been over 160 online hits including numerous local television and radio web sites; and national hits from the AP, Bloomberg, U.S. News and World Reports, Forbes, Black Entertainment Television, the Washington Post, the Wall Street Journal, U.S. Politics Today, just to name a few. This article in JAMA has also been cited by other articles such as the Editorial on "Health of the Nation 2008 and Beyond", by Fontanarosa et al. §

### Health Literacy and Practice Improvement Presentations

Dr. Clifford Coleman gave a presentation at a conference on Health and Literacy: Constructing Curriculum for Health-Care Providers, A Learning Institute, October 16-18, 2008. The title of the presentation was "Health Literacy and Clear Communication: Assessing Students' Clinical Skills Using Standardized Patients." This was a first-of-its-kind meeting of educators from the US, Canada, and Britain to discuss health literacy curriculum development for health care professionals.

Dr. Coleman also presented at the 2008 STFM Conference in Savanna, GA from December 4 – 7, 2008, on "*Addressing Low Health Literacy: Optimizing Shared Decision-making in the Patient-centered Medical Home*". §

## In The News (CONT'D)

### NAPCRG

The North American Primary Care Research Group (NAPCRG) conference was recently held in Puerto Rico from November 15-19. Researchers and research associates from Family Medicine and ORPRN attended the conference and participated at various levels (posters, presentations, focus groups). The attendees this year were Rick Deyo, Jennifer DeVoe, Dawn Creach, Rebecca Rdesinski, Cat Livingston, Safina Koreshi, Katie Schlessman, Danielle Eigner, Melinda Davis, LJ Fagnan, Jim Calvert, Paul McGinnis, and David Buckley. §



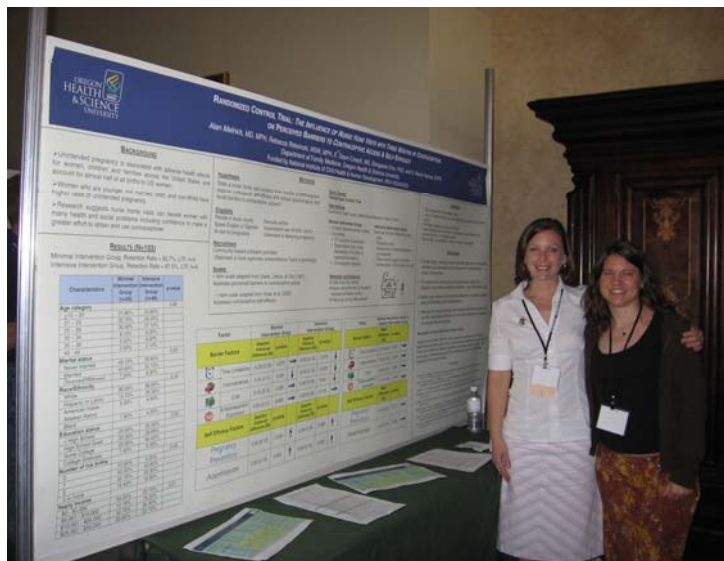
#### Dinner Get Together

(L-R) Rebecca Rdesinski, Paul McGinnis, LJ Fagnan, Jim Calvert, Melinda Davis, and Dawn Creach



#### NAPCRG Hosted Dance Party

(L-R) Danielle Eigner, Dawn Creach, Rebecca Rdesinski, Safina Koreshi, Daisuke Yamashita, Katie Schlessman, and Melinda Davis



#### Poster Presentation

*Randomized Control Trial: The Influence of Nurse Home Visits With Three Months of Contraception on Perceived Barriers To Contraceptive Access and Self-Efficacy*

(L-R) Dawn Creach & Rebecca Rdesinski

### GW6 Summit

Dr. Patty Carney, Associate Director in the OHSU Cancer Institution and Family Medicine Professor, participated in the first GW6 Summit in Santa Fe on November 17 which brought together six western state National Cancer Institute (NCI) cancer centers. The purpose of the summit was to create an ongoing forum for the cancer centers and their researchers to share information and resources relating to cancer prevention and cancer care improvement across communities in the western United States. §

### Body Worlds 3 Research Data Published

Arwen Bunce recently had her manuscript entitled “Educating Youth About Health and Science Using a Partnership Between an Academic Medical Center and Community-based Science Museum” accepted for publication in the Journal of Community Health. Ms. Bunce’s research used data collected from the OHSU/OMSI Body Worlds3 Exhibit, held in Portland, OR in the summer of 2007, to examine the impact the 17-week exhibition had on educating rural underserved youth about science and health research. §

## In The News (CONT'D)

### ABSAME 2008, 38<sup>th</sup> Annual Meeting

Dr. Patty Carney presented at the Thirty-eighth Annual Meeting on Developing and Assessing Core Behavioral Competencies in San Diego, CA from October 16 -18, 2008. The title of the presentation was "What Must a Medical Student Know About the Behavioral Sciences." Dr. Carney was also an invited plenary and presented "The NIH Social and Behavior Sciences Curriculum: Advancing Medical Education for a Better Tomorrow." §

### Elizabeth Steiner, MD, Quoted in Parade Magazine Article



Elizabeth Steiner, MD

In Parade Magazine, October 19, 2008 "Taking The Mystery Out Of Breast Cancer Screening", the author indicates that many medical organizations no longer recommend that women perform self-exams because they have shown little benefit in reducing the rate of death from breast cancer. So when asked what women should be doing to detect breast cancer as early as possible, Dr. Elizabeth Steiner is quoted to say:

"The answer is critical, because when we catch breast cancer early, when it is confined to the breast, we can cure it 95% of the time." Dr. Steiner goes on to say that "clinical breast examinations are 80% to 85% sensitive in women in their 40s". So, hands-on exams are still highly recommended in helping to detect abnormalities in the breast. §

### Elizabeth Steiner, MD, Gives Talks for Breast Cancer Awareness Month in October

As part of Breast Cancer Awareness month, Dr. Elizabeth Steiner has been out pounding the pavement, getting the message out about early detection. On October 1<sup>st</sup> she presented at the OHSU CHH as part of the "Ask the Health Experts" series. Her presentation was also given to OHSU residents on October 3<sup>rd</sup>, and on October 12<sup>th</sup> she presented to the Nevah Shalom Women's League. Dr. Steiner also presented two presentations at Gesthemene Church. §

### NIH Submissions Limited to Two

The NIH has recently issued a major policy change that limits the number of times a principal investigator can submit the same application. Beginning with the January 25, 2009 deadline, original new applications and competing renewals will have only one chance to be revised. This new policy applies to all applications (e.g. R01s, R21s, and K awards).

By establishing such a policy, the NIH hopes to reduce the amount of time it takes for applications to be funded. Currently, the NIH estimates that it will not only allow reviewers to fund more applications on the first round, but it will also reduce reviewer burden by reducing the number of applications submitted each year. §

For more information please visit:

<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-09-003.html>

### OHSU UPCOMING EVENTS

#### Funding Focus: "Research Compliance 101 (make NIH & the IRB Happy!)"

Lecturer: Susan Bankowski, MS, JD

#### IRB Co-Chair

Thursday, December 11, 2008

12:00 – 1:00 PM

Mac Hall 2201

#### HIP Buffet: "Developing a Research Budget"

Tuesday, December 16, 2008

12:00 – 1:00 PM

Mac Hall, Room 1116

#### OCTRI: Design Studio

Tuesday, December 16, 2008

12:00 - 3:00 pm

Hatfield Research Center, 10th floor, Room D03

A research seminar (to be held quarterly) to help young investigators receive mentoring as they develop their first national research proposal. The event will include 6 junior faculty and/or fellows who present the research concept, specific aims, and methods that they are proposing in a mentored career development award. Also invited is a group of experienced investigators with a wide breadth of expertise. For more information, please contact Sandra Kollenburn at [kollenbu@ohsu.edu](mailto:kollenbu@ohsu.edu) or (503) 418-9793.

#### EIRB 101

Tuesday, January 20, 2009

2:30 – 3:00 PM

BICC 104

## FEATURED PROJECT

## Behavioral and Social Sciences as Core Elements of Physician Training

Sponsor: National Cancer Institute  
Principal Investigators: William Toffler, MD & Patricia Carney, Ph.D.

**Written by Patty Carney, PhD, Kathy Chappelle, MA, & Rebecca E. Rdesinski, MSW, MPH**

In 2004, the Institute of Medicine released a report (1) summarizing how undergraduate medical school curriculum should be enhanced to address critical health issues faced in the United States (U.S.) today. One of their major findings was that approximately half of all causes of death in the U.S. are linked to social and behavioral factors such as smoking, diet, alcohol, sedentary life-style and accidents (2). Generally, it is recognized that biomedical research cannot address these issues. Less than 5% of the more than two trillion dollars spent on healthcare annually in the U.S. is devoted to reducing behavioral and social risk factors (3, 4). The IOM also found that the curriculum in most U.S. medical schools does not provide sufficient teaching about these behavioral and social risk factors, despite the fact that significant mortality and morbidity are associated with them (1).

In response to the IOM report, the National Institutes of Health (NIH) awarded grants to nine medical schools (see below) to develop, pilot, and disseminate behavioral and social sciences modified curricula across the six Domains identified by the IOM (of note is that the IOM suggested revised curriculum integration rather than the development of new courses): 1) Mind-Body Interactions in Health and Disease, 2) Patient Behavior, 3) Physician Role and Behavior, 4) Physician-Patient Interactions, 5) Social and Cultural Issues in Health Care, and 6) Health Policy and Economics.

### Nine Participating Medical Schools

- Albert Einstein College of Medicine
- Baylor College of Medicine,
- Columbia University College of Physicians and Surgeons
- David Geffen School of Medicine at the University of California, Los Angeles
- Indiana University School of Medicine
- Oregon Health and Science University
- University of California School of Medicine
- University of North Carolina School of Medicine
- University of Wisconsin School of Medicine and Public Health

Briefly, the projects vary with respect to the focus of the interventions, but all nine medical schools are addressing how to incorporate behavioral and social sciences content throughout all four years of medical school in both the preclinical and clinical curricula. Examples of the curricular changes implemented include incorporation of bio-psychosocial approaches that stress holistic, culturally sensitive, and interactive approaches to patient care, development of student empathy, communication, and teamwork skills with a particular focus on patient safety, and promotion of lifelong habits of self-directed learning and self-care.

OHSU specifically, has had the opportunity to review, revise, and rebuild the full four-year curriculum, and to bring together faculty experts in behavioral and social sciences with existing course leadership. It has also engendered educational research and evaluation, publications, and national presentations stressing the importance of physician training in the behavioral and social sciences. The following are three of what has been the most valuable and far-reaching accomplishments to date:

### [Revitalization of Health Policy and Economics Curriculum](#)

Prior to the grant project, the teaching of health policy was disjointed, redundant, and based on student evaluations and demonstrated lack of understanding; it was largely ineffective. Redesigned by grant leaders in health policy, the entire Health Policy & Economics sequence (24 hours) has now been fully developed, implemented, and integrated into the Principles of Clinical Medicine two-year curriculum. The quality of individual sessions has been vastly improved with an eye to appropriate sequencing of subject material and increasing student engagement in health policy topics through demonstrated relevance. The foundation of these changes has been found to be strong enough to withstand a change of leadership this year, and is structured in such a way as to be exportable to other institutions. Innovative aspects of new Health Policy & Economics curriculum include:

- Speakers from state government and national health policy organizations (e.g. John Kitzhaber, MD) who demonstrate relevance and bring issues to life for students
- Student-run five-session sequence promoting student interest and buy-in to health policy learning
- Ethnographic interview assignment emphasizing real-life effects of health policy on patients
- Six additional hours of health policy didactics in Year 3 Family Medicine Clerkship focused on continuity, comprehensiveness, coordination, and context of current and potential models of care

- continue on p.6

## FEATURED PROJECT (CONT'D)

- Increased respect for and valuing of health policy and economics by students, as evidenced attitudinally in classes as well as through the student-driven formation of a new health policy interest group, request for an elective on new models of care, and participation in “Cover the Uninsured Week” activities

### Expansion and Enhancement of Training in Doctor-Patient Communication

The grant project has enabled us to review and revise every session in the first and second year involving doctor-patient communication. Curriculum planners have emphasized the importance of student participation in learning activities which enable them to actually practice communication and psychosocial skills, and activities for sessions have been revised accordingly to include role playing and direct feedback to students. Newly developed sessions have been added throughout the curriculum specifically focusing on providing students with better training and practice in communication skills, and faculty development is focused on training faculty how to effectively teach using new modalities such as on-line playback of student interactions with simulated patients. In addition, grant-supported case development of Objective Structured Clinical Exams (OSCEs) has enabled courses to take advantage of new testing facilities and statistical tools in a move toward more rigorous and individualized evaluations of student performance. Innovative aspects of the new Doctor-Patient curriculum include:

- Two redesigned introductory sessions on patient interviewing emphasizing role play and skill practice rather than case discussion
- Additional Year 1 session on the BATHE technique, aimed at enhancing student confidence and skills eliciting and responding to psychosocial issues of patients
- Increased opportunities (one in Year 1, two in Year 2) for students to interact with simulated patients and be individually evaluated in OSCE session
- Two new sessions requiring students to bring in videos of interactions with simulated patients and watch these in small facilitated groups, promoting increased communication skills in giving and getting feedback as well as advancing students’ skills in communicating with patients
- Motivational interviewing session added to Year 2 curriculum along with a follow-up session in the Year 3 Family Medicine Clerkship specifically focused on how to talk with patients about smoking cessation and other behavioral changes

### Increased Institutional Acceptance of Importance of Behavioral and Social Sciences in Medicine

One of the most impressive benefits of the grant project at OHSU has been at the faculty and institutional level. Faculty have been extremely supportive of proposed changes as well as the rationale behind changes. Though we cannot attribute all changes to the grant project, there has been a renewed energy and enthusiasm for teaching throughout the medical school. With multidisciplinary planning committees and course directors working toward the same overarching goal, connections have been made and relationships built.

Faculty and volunteer faculty not involved directly in planning the new curriculum have been offered new opportunities to learn from course leaders and each other. In short, we are in the process of creating an environment in the School of Medicine not only conducive to the improved teaching of behavioral and social sciences, but one in which faculty may find more meaning in their own roles as clinicians and teachers. Highlights of this process include:

- Increased emphasis upon BSS knowledge, skills, and attitudes in student evaluation
- Increased respect and valuing of behavioral and social sciences by faculty and institution
- Improved role modeling by faculty and residents in patient care
- Increased collegial relationships between departments, disciplines and individual faculty members
- Increased opportunities for faculty development in behavioral and social sciences
- Increased opportunities for faculty to demonstrate leadership and scholarship in the behavioral and social sciences
- Improved ability to assess and address hidden curriculum issues with faculty and residents and promote professionalism at an institutional level §

#### References

1. IOM (2004). *Improving Medical Education: Enhancing the Behavioral and Social Science Content of Medical School Curricula*. Washington, DC: The National Academies Press.
2. McGinnis JM, Foege WH. Actual Causes of Death in the United States. *JAMA*, 1993; 270(18): 2207-2212.
3. Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Prevalence Data, 1988. <http://ww2.cdc.gov/nccdphp/brfss/index.asp>.
4. Health Care Financing and Administration, Department of Health and Human Services Fiscal Year 2000 Freedom of Information Annual Report (<http://www.hhs.gov/foia/reports/00anlrpt.html>) – Accessed 3/6/08.

My Life. My Research.



**Janice Hohnstein,**  
Grants/Contracts  
Coordinator

*My Name is:* Janice Elizabeth Hohnstein (Tedder)  
*Childhood ambitions:* To become a Teacher, Secretary or Airline Stewardess  
*Wildest dreams:* Have the ability to Time Travel; Live forever  
*Proudest moment:* Realizing I have raised four children who are now responsible adults  
*Biggest challenge:* Balancing career with home and family life  
*First job:* Sales clerk at JC Penney's when I was a high school junior  
*Indulgence:* Dark Chocolate and Champagne Pedicures  
*Favorite movies:* Chick Flicks: Especially "Somewhere in Time," "While You Were Sleeping," and "Kate & Leopold"  
*Inspiration:* Artistic, Creative, Imaginative People  
*My Life:* My husband of 40 years; 2 sons and 2 daughters; a son-in law, Adam; a daughter-in-law, Michelle; 5 grandsons, and our dog, Sassy. It keeps getting busier!  
*My Research:* Administrative support for many years in Wells Fargo Bank Economic Research Dept., and now at OHSU in Family Medicine

*Our Family – Dave & Janice, David II, Joelle, Daniel, Jullane, and Grandsons*



Janice Hohnstein is a Grants/Contracts Coordinator in the Department of Family Medicine's Research Support Services Office, and is a liason between the Department's Principal Investigators and the Research Grants & Contracts office. She coordinates both pre-award and post-award activities for the grant process including budgets, biosketches, IRB, COIR, RCR, and purchasing. She is currently developing a grants project database and will be coordinating and maintaining the Family Medicine Research website in the near future. §

RECENT PUBLICATIONS

**Bunce AE,** Griest S, Howarth LC, Beemsterboer P, Cameron W, Carney PA. *Educating Youth About Health and Science Using a Partnership Between an Academic Medical Center and Community-based Science Museum.* J of Community Health (In Press).

**Carney PA,** Hoffman RM, Lieberman D, Hornbrook MC, Dietrich AJ, Klabunde CN. *Data Systems to Evaluate Colorectal Cancer Screening Practices and Outcomes at the Population Level.* Medical Care, 2008 Sep; 46 (9; Supplement 1): S132-137.

Dick JF, Yi JP, Gallaher T, Brenner RJ, Reisch-Osterman L, Abraham LA, Miglioretti DL, **Carney PA,** Cutter G, Elmore JG. *Predictors of radiologists' perceived risk of malpractice lawsuits in breast imaging.* AJR (In Press).

**Carney PA,** Bunce AE, Perrin N, Howarth LC, Beemsterboer P, Griest S, Cameron W. *Educating the Public About Research Funded by the National Institutes of Health Using a Partnership Between an Academic Medical Center and Community-based Science Museum.* J of Community Health (In Press).

Geller BM, Aiello Bowles E, Sohng HY, Brenner J, Miglioretti D, Yankaskas B, **Carney PA,** Cuttler G, Elmore JG. *Radiologists' performance and satisfaction with their work in breast imaging.* AJR (In Press).

Clark EC, **Saultz JW,** Buckley DI, Rdesinski R, Goldberg B, Gill JM. *The Association of Family Continuity on the Quality of Health Service Use.* J Am Board Fam Med 2008; 21:385-91.

PAPERS IN ACTIVE REVIEW

Taplin S, Abraham LA, Geller BM, Barlow WE, Buist BSM, Smith-Bindman R, Lehman C, Weaver D, **Carney PA**, Yankaskas BC. *The Association Between Prior Benign Breast Biopsy and the Sensitivity, Specificity, Positive Predictive Value and Accuracy of Subsequent Screening Mammography.* (In Review).

**Carney PA**, Rdesinski R, Blank AS, Graham M, Wimmers P, Chen HC, Thompson B, Jackson SA, Foertsch J, Hollar D. *Utility of the Association of American Medical Colleges' (AAMC) Graduation Questionnaire to Study Behavioral and Social Sciences Domains in Undergraduate Medical Education.* (In Review).

Gallagher TH, Brenner J, **Carney PA**, Miglioretti DL, Geller BM, Kerlikowske K, Onega T, Rosenberg RD, Yankaskas BC, Elmore JG. *Disclosing Harmful Mammography Errors to Patients.* (In Review).

Eiff M, Garvin R, Fogarty CT, LoPresti L, Young RA, Duane MR, Creach ED, Saultz JW, Pugno P, **Carney PA**. *A Model for a Standardized National Family Medicine Graduate Survey.* (In Review).

Bunce AE, Griest S, Beemsterboer P, Perrin N, Howarth LC, Cameron W, **Carney PA**. *Educating Youth About Research Funded by the National Institutes of Health Using a Partnership Between an Academic Medical Center and Community-based Science Museum.* (In Review).

**Carney PA**, Eiff MP, Saultz JW, Tillotson C, Douglas A, Crane S, Jones S, Green LA. *Aspects of the Patient-Centered Medical Home Currently in Place in Community-based versus Academic Family Medicine Training Programs: Initial Findings from the P4 (Preparing the Personal Physician for Practice) Project.* (In Review).

Cronin KA, Miglioretti DL, Krapcho M, Binbing Y, Geller BM, **Carney PA**, Onega T, Feuer EJ, Breen N, Ballard-Barbash R. *Bias Associated With Self-Report of Prior Screening Mammography.* (In Review).

Contact the OHSU Research Section

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*Happy Holidays  
 and a  
 Happy New Year*

From  
 The Family Medicine  
 Research Section

## CURRENT PROJECTS

[David I. Buckley, MD, MPH, PI](#)

American Cancer Society  
**Cancer Prevention and Screening for Disabled Adults in Rural Primary Care**  
 1/1/08-12/31/12

[Patricia A. Carney, PhD, PI](#)

DHHS, NIH  
**Harvest Fiesta: A Partnership for Health Research**  
 9/29/2008-8/31/10

NIH, NCI  
**Variations in Colonoscopy Screening: A Population Based Study**  
 9/8/08 – 7/31/09

DHHS, NIH  
**Understanding Variability in Community Mammography**  
 12/1/05-4/30/09

DHHS, NIH  
**Strategic Studies in Breast Cancer Surveillance**  
 12/1/05-7/31/09

DHHS, NIH, NCI  
**Behavioral & Social Sciences as Core Elements of the Medical School Curriculum**  
 5/1/07-4/30/11

TransforMed  
**Preparing the Personal Physician for Practice (P4)**  
 6/1/07-5/31/12

American Cancer Society  
**Health Insurance and Cancer Screening in Rural Oregon**  
 7/1/07-6/30/11

American Cancer Society  
**Assessing and Improving Mammography Interpretive Skills**  
 8/1/07-7/31/09

[Jennifer E. DeVoe, MD, DPhil, PI](#)

DHHS  
**Does Parental Health Insurance Loss Affect Children's Access to Care?**  
 7/1/06-6/30/11

[Richard A. Deyo, MD, MPH, PI](#)

NIH, NIAMS  
**Complications of Surgery for Spinal Stenosis: A Clinical Prediction Rule**  
 9/16/08-7/31/11

NHLBI, NIH  
**Nasal Turbinate Reduction and CPAP Outcome for Sleep Apnea: A Sham-Controlled RCT**  
 12/1/06 – 11/30/11

State of Oregon, Department of Justice  
**Drug Reps In The Attic: Smoking Out The Influence Of The Pharmaceutical Industry On Providers Prescribing Practices**  
 10/1/07-12/31/08

OCTRI Pilot Project  
**Long-term Opioid Therapy for Chronic Back Pain: Correlates and Consequences**  
 6/1/08 – 5/31/09

[Lisa G. Dodson, MD, PI](#)  
 DHHS, HRSA  
**Pre-Doctoral Training in Primary Care: Development of the Oregon Rural Scholar's Program**  
 7/1/08 – 6/30/11

[Scott Fields, MD/A. O'Connell, PI](#)  
 CareOregon  
**The Whole System Primary Care Delivery**  
 1/1/08-12/31/08

[Teresa Gipson, MD, MPH, PI](#)  
 Anonymous Sponsor  
**Abortion and Reproductive Health Education**  
 3/19/07-3/18/09

Montefiore Medical Center, Center for Reproductive Health Education in FM  
**OSCE Project**  
 8/1/08-10/31/08

[Alan L. Melnick, MD, PI](#)  
 Anonymous Sponsor  
**Effectiveness of Home Based Distribution of Hormonal Contraception for Women at Risk for Unintended Pregnancy**  
 9/1/08-8/31/13

[John Muench, MD, PI](#)  
 SAMHSA  
**PCP Tradition (Primary Care Physicians Take Responsibility for Alcohol & Drug Treatment, Oregon)**  
 10/1/08 – 9/30/13

[Tanya Page, MD, PI](#)  
 Unfunded  
**Outside In Referral Patterns - ED**  
 3/1/07- 12/31/08

[Rebecca Rdesinski, MSW, MPHA, PI](#)  
 Northwest Energy Efficiency Alliance  
**Post Occupancy Review at OHSU, CHH**  
 7/25/07-12/31/08

[Robert G. Ross, MD, PI](#)  
 DHHS, HRSA  
**Supplementing Skills in a Rural Family Medicine Training Program**  
 7/1/08-6/30/11

[John Saultz, MD, PI](#)  
 STFM  
**STFM Clerkship Medical Home Project**  
 8/1/08-7/31/09

[Elizabeth Steiner, MD, PI](#)  
 Susan G. Komen Breast Cancer Foundation  
**Enhancing Clinical Breast Exams**  
 4/1/08-3/31/09

[William L. Toffler, MD, PI](#)  
 DHHS, NIH Curriculum  
**Behavior & Social Sciences as Core Elements of the Medical School**  
 5/1/06-4/30/11

[Joanne Wu, MD, PI](#)  
 Unfunded  
**Association Between Acupuncture and Narcotics Usage**  
 10/1/07-9/30/09

Unfunded  
**Integration of Acupuncture into Family Medicine Teaching Clinics**  
 12/12/07-12/11/09