



RESEARCH EXPRESS

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FAMILY MEDICINE'S RESEARCH NEWSLETTER

Summer 2008

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

Using Evidence to Sniff Out Misleading Claims



Rick Deyo, MD, MPH

We hear claims about new treatments on almost a daily basis: from journal articles, drug reps, CME courses, and the newspapers. These typically include the results of a scientific study supporting the claims. Unfortunately, the folks who conduct such studies are often subject to a variety of interests that can affect their objectivity. They may have an intellectual stake in a particular theory; be seeking fame and attention; have a financial stake in the results; be hoping to generate more referrals for a particular specialty, need more grant funding, and so forth. Therefore, it behooves us all to have an approach to sniffing out misleading claims.

Evidence-base medicine (EBM), with its approach to critical appraisal, offers a strategy for dealing with this problem. But this approach advocates a set of strategies that can be time consuming and sometimes requires statistical sophistication. The question many practitioners have is, "How can I make it practical in day-to-day practice when I'm seeing 20 patients a day, making hospital rounds, dealing with insurance companies, have a slow internet connection, no access to paid internet

resources, my key nurse is out on maternity leave, Medicare is threatening (again) to cut my reimbursement, and I have to pick-up the kids at day care by 5:30?"

Realistically, it takes short cuts. But some of the gurus of EBM have proposed a fairly parsimonious set of strategies for trying to identify some of the more misleading claims we're exposed to (1). They're helpful in adopting a more skeptical and critical stance. In slightly adapted form, they suggest these strategies:

- **Use critically appraised secondary sources** (like Evidence-Based Medicine, FPIN, ACP Journal Club): these abstracts are usually prepared by people who have no direct interest in a result, usually present key features of research design and results, and will save you time.
- **Discount the Discussion section and focus on Methods and Results:** This way you avoid much of the spin that often gets included. As an example, the authors cite two systematic reviews of albumin for fluid resuscitation, which reviewed much the same articles. Both came up with results suggesting increased mortality from albumin compared to crystalloid. But the one written by the plasma protein trade association concluded the results were reassuring with regard to safety; while the one written by the British National Health System concluded that albumin should be banned except from clinical trials. The relative risks and confidence intervals suggested that caution in the use of albumin was in order.

~ Continue on p.2



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- **Beware of faulty comparisons:** When newer antipsychotics are compared to a fixed high dose of Haldol, guess what? The newer drugs have fewer side effects... though comparison to appropriately titrated Haldol might yield a different result. Ask: is the comparison to an optimal dose and delivery of the best available treatment, or to some suboptimal regimen (including placebo)?
- **Beware of surrogate outcomes:** A recent *JAMA* article noted how rarely diabetes trials actually studied outcomes relevant to patients (2). Perhaps this is why we have the belated discovery that new hypoglycemic drugs like rosiglitazone improve blood sugar, but may increase the risk of heart disease. A drug may “shrink the prostate”, but does it improve symptoms? Cancer treatments can shrink tumors without improving survival. Patients care about longevity and quality of life, but lab tests and physiologic measures are less compelling.
- **Beware of small treatment effects:** (a corollary is to ask about absolute differences rather than relative differences): If a study reports a 20% improvement in average pain scores over placebo – but no change in functional status, return to work, medication use, or health care utilization – is it really a clinically important effect? When Fosamax hit the market, breathless news reports noted an “almost miraculous” 50% reduction in fracture risk. This was accurate, but represented the relative risk. The absolute risk reduction was from 2% to 1%: an absolute improvement of 1%. Perhaps important, but probably not miraculous in most peoples’ eyes.

As clinicians, these rules of thumb may help us to avoid using new drugs and devices that turn out to be duds, and to avoid raising unrealistic expectations. As researchers, we can try harder to avoid some of these

pitfalls. As a recent *JAMA* commentary noted, “Newly approved does not always mean ‘new and improved’” (3). §

1. Montori VM, Jaeschke R, Schunemann HJ, et al. Users’ guide to detecting misleading claims in clinical research reports. *BMJ* 2004; 329: 1093-6.
2. Gandhi GY, Murad MH, Fujiyoshi A, et al. Patient-important outcomes in registered diabetes trials. *JAMA* 2008; 299: 2543-9.
3. Anderson GM, Juurlink D, Detsky AS. Newly approved does not always mean new and improved. *JAMA* 2008; 299: 1598-600.

IN THE NEWS

Newly Funded Projects

The Department of Family Medicine was recently granted funding by the Health Resources & Services Administration (HRSA) in Pre-Doctoral and Residency Education for three years. Dr. Lisa Dodson was funded for her proposal, “Oregon Rural Scholars Program” which impacts the pre-doctoral curriculum by increasing the rural exposure and experience of selected OHSU medical students who are predisposed to entering rural practice. In residency education, Dr. Robert Ross was awarded funds in support of his proposal on “Supplementing Skills in Rural Training”. The project looks to develop specific curriculum for Family Medicine residents in Klamath Falls, OR that would enable them to enter rural and remote practices with competencies otherwise unavailable to that population.

Dr. Rick Deyo, Family Medicine’s Kaiser Endowed Professor, was awarded funds by the Oregon Clinical & Translational Research Institute (OCTRI) to study opioid usage for chronic non-cancer pain in a primary care setting. His project, in collaboration with Kaiser Permanente, will try to link automated patient data, clinic visit, pharmacy, and laboratory data on thousands of primary care patients with back pain who are receiving opioid therapy in hopes of

improving the safety and effectiveness of long-term opioid prescribing.

Summer Research Internships

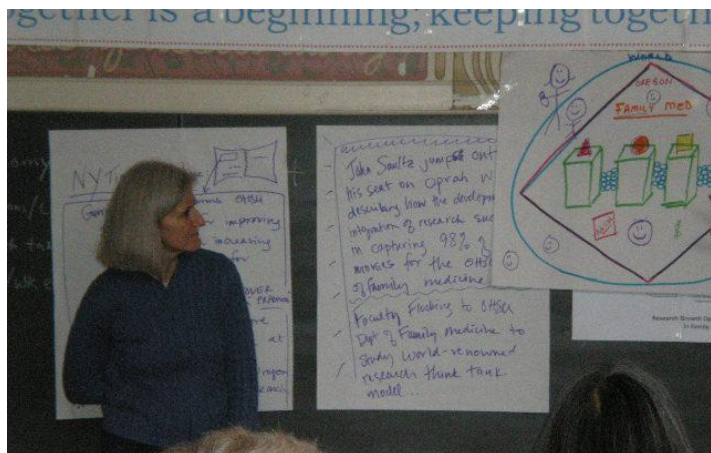
Every year, several medical students from the MD or MD/MPH program are chosen for a research internship on projects already established in the department. Four interns were selected this year to work on projects ranging from maternity care to access to care. Lauren Faricy was chosen as the 2008 OAFP Family Medicine Research Intern. Lauren is working with Dr. Tanya Page at the Outside In Clinic in downtown Portland. Her internship will focus on examining the effectiveness of practices at Outside In and addressing presumptive treatment of gonorrhea and chlamydia in a homeless population. Stephanie Crocker, an MD/MPH student, was selected by Dr. Valerie King to work on maternity care policy involving a survey of hospitals in Oregon regarding their policies and procedures on trial of labor after cesarean. Finally, Jenny Goding and Nick Westfall were selected by Dr. Jennifer DeVoe to assist with survey development and followup interviews relating to Dr. DeVoe’s research on the interrelatedness of parental and children’s health insurance as well as more general questions about healthcare access for children.

Research Retreat

The Research Retreat was held this year on June 17th at the Kennedy School in NE Portland. Research faculty and staff got together to reexamine and discuss changes to the overall infrastructure due to the gross expansion over the past couple of years and to discuss the future of research for the section. Sean Woodard from Human Resources facilitated the event and the discussion proved to be engaging and informative. §

~ Photos on p.3

IN THE NEWS (CON'T)



Valerie King, MD presenting her group's depiction of success in Family Medicine Research



Morning small group discussion between Jennifer DeVoe, MD, LJ Fagnan, MD, and David Buckley, MD with facilitator Sean Woodard observing



Afternoon small discussion group #1



Afternoon small discussion group #2

UPCOMING OHSU EVENTS

eIRB 101.

Research Integrity Office

Learn the basics of the eIRB and have your questions answered.

Thursday, August 21, 2008

1:30 pm - 3:00 pm, BICC 104

Targeted Grant Writing Workshop: Research Design & Methods - Two Opportunities to Attend Research Development & Communication Services

Learn how to organize this section of your grant for greater readability and logic as well as gain some valuable peer review experience.

Friday, September 12, 2008, 9:00 am - 12:00 noon

Friday, September 19, 2008, 9:00 am - 12:00 noon

This workshop is open to anyone submitting to the NIH or other large federal agency. Snacks and drinks will be provided. Registration: Please email funding@ohsu.edu to register. Space is limited to 6 participants for each session.

Webinar: "First Things First: How to Manage When Your Plate is Too Full"

OCTRI

Receive advice on defining the principles of study management, developing tools for the prioritization of protocols, providing hints and tips on improving team communication, and forging a pathway map to increase team effectiveness.

Friday, August 22, 2008, 9:00am - 10:30am

For more information, including session objectives, target audience and presenter information, please go to: <http://www.acrpnnet.org/Events/FirstThingsFirstHowToManageWhenYourPlateisTooFull.aspx>

Space is limited and registration through OCTRI is required. Please email Jennifer Kepler at keplerj@ohsu.edu to register.

§

MY LIFE. MY RESEARCH.

My Life. My Research.

My Name is: TERESA FRANCES GIPSON

Childhood Ambition: dance like Judith Jamison

Wildest dream: take a year off to sail through the Caribbean

Proudest moment: 10.16.04. The day we opened our clinic in Kenya

Biggest challenge: staying centered - so much to do - so little time

First job: Cook at a Jewish Retreat Center in upstate New York

Indulgence: Chocolate & Red Wine (together please)

Favorite movie: Shawshank Redemption

Inspiration: Martha Seldon & Paul Robeson

My Life: So blessed, so many choices so much fun

My Research: Education, Contraception, Disparities



Teresa F. Gipson, MD, MPH

Hard at work delivering babies in the slums of Nairobi

Teresa Gipson MD, MPH is an Assistant Professor in the Department of Family Medicine. Her primary research includes, educational programming and evaluation, mixed methods research on contraception and community based research on health disparities. Dr. Gipson's current grant integrates comprehensive reproductive health training into the Family Medicine Residency program; this is a two year grant involving implementation and evaluation of the curriculum.

Working with the AAFP Advanced Life Support in Obstetrics advisory board, Teresa has recently created a new curriculum-"Basic Life Support in Obstetrics" (BLSO) which is designed for nurses, paramedics and lay midwives. The program was piloted in Qatar, Ecuador and Mexico and evaluation of the program is underway. Teresa also maintains a continuity practice at the Richmond Clinic and supervises residents on family medicine obstetrical service at OHSU.



BLSO pilot, Hamad Training Center Doha, Qatar, June 2008

Teresa is the founder of the Ray of Hope Foundation (www.rayofhopeinternational.org). The foundations' mission is guided by the aspirations and self identified needs of the Kenyan communities in which it serves. It strives to empower people through education, the exchange of resources and improved infrastructure. At present, ROHF's work is focused on safe motherhood, sanitation, health worker training and community outreach programs.



Reproductive Health Beliefs Focus Group, Bware

Kenya



Teresa with young friend, Shiseno

Kenya

FEATURED PROJECT

Early Detection of Breast Cancer with Clinical Breast Exam

Sponsor: Susan G. Komen for the Cure, Oregon and Southwest Washington Affiliate
Principal Investigator: Elizabeth Steiner, MD

Written by Lisa Regan-Vienop, MPH, CMS, Project Director & Elizabeth Steiner, MD, Principal Investigator

Tomorrow, we may be able to prevent breast cancer. Today, the best defense is early detection. The OHSU Breast Health Education Program (BHEP) is a key player, in Oregon and nationwide, in the effort to arm clinicians with the tools to best serve their patients in early detection of breast cancer.

Education

One of the services provided by the BHEP is a unique skill-based course for primary care clinicians and other providers of screening services for women. The course is called “Clinical Breast Examination (CBE) and Early Detection of Breast Cancer: Standardization for Quality Practice”. It consists of a web based self study module and an office based skills practicum. For hundreds of Oregon clinicians - physicians, nurse practitioners, nurse midwives, physicians assistants and naturopathic physicians – who have taken this course, the part that stands out the most is the immediate and specific feedback provided by the coaching team.

The coaching team consists of a faculty peer coach (as part of the program’s high standards, these individuals must be licensed for clinical practice in Oregon) and a patient instructor (a woman trained to know what a high-quality breast exam feels like and to give appropriate feedback to learners as they practice). Using tools such as the Mammacare™ proficiency lamp and realistic silicone breast models imbedded with discrete masses learners are guided through a five part process consisting of the following:

- Assessing the effectiveness of their current breast exam technique in finding masses in silicone models,
- Reviewing key points from the self-study materials including explanations of correct and incorrect answers for the self study post-test questions,
- Guided learning with feedback while palpating breast tissue of the patient instructor,

- Evaluation of technique adaptation while palpating breast tissue of the patient instructor, and
- Post-practicum assessment of the clinician’s ability to detect discrete masses in silicone breast models using the three pressure vertical strip method.

Outreach

The general public is often urged to be a responsible partner in their own health care. Knowledge is power. One thing that has become obvious in this age of high speed access to information is that there is a lot of inaccurate information floating around in cyberspace. The outreach component of the BHEP provides information to groups large and small. The staff and faculty of the BHEP give presentations on general breast health, breast cancer statistics, and debunking cancer myths to the hot topics in current breast cancer research. Elizabeth Steiner, MD is a sought after speaker whose popular interactive presentations seem to have everyone jumping out of their seats to ask and answer questions.

Historically, BHEP’s outreach efforts have adjusted themselves to meet the needs of the communities they serve. For instance, in 2005 the program outreach took on a different focus when BHEP introduced and helped pass the Oregon Legislative Bill, HB2498, requiring commercial insurers to pay for high quality CBE separate from a comprehensive women’s health exam.

Research and Evaluation

Data are gathered through the various activities that BHEP participates in, including research on implementation of standardized CBE training in primary care residency programs, a randomized controlled trial of CBE training in the OHSU medical school, and community presentations. This information has resulted in several publications and many valuable insights. Several databases are active in storing program data which we hope will yield future publications.

BHEP was modeled on a similar program in another state, piloted with CDC funding. To become successful and sustainable, BHEP has adapted this model to fit its home in both academic medicine and Oregon. Elizabeth Steiner, MD, the current Director of the BHEP, has a strong background in research and it shows in the many high quality products and

FEATURED PROJECT (CON'T)

services available through BHEP. She prides herself on keeping the curriculum for the continuing education course current and relevant for practicing physicians such as herself. The evaluation components of “Clinical Breast Examination (CBE) and Early Detection of Breast Cancer: Standardization for Quality Practice” include baseline assessments, post-tests for both the didactic and practicum sessions, a six month follow-up with clinicians, and assessments of faculty and patient instructors, as well as other standardized measures for continuous quality control and improvement.

The Outlook for BHEP

The Breast Health Education Program became part of OHSU in 2000. This was in large part because of the desire to provide its services to all Oregon clinicians practicing clinical breast exams, not just those associated with the State of Oregon Breast and Cervical Cancer Program, its previous home. In the past eight years the program has morphed and changed to adapt to available resources and opportunities

while staying true to its core mission. As new clinicians move into Oregon or complete their studies and become practicing professionals, it is imperative that the valuable resources provided by the BHEP remain available. Until nursing and medical schools throughout the nation adapt a consistently high standard for clinical breast examination skills, BHEP hopes to provide this needed service. §

1. Steiner E, Klubert DA, Knutson D. Assessing Breast Cancer Risk in Women, American Family Physician (in press).
2. Austin DF, Steiner E. Clinical Breast Exam Standardized Training Evaluation. Proceedings of Preventive Medicine 2008, Austin TX, February 2008.
3. Steiner E, Austin DF, Prouser NC. Detection and description of small breast masses by residents trained using a standardized clinical breast exam curriculum. J of Gen Int Med. 23(2):129-34, 2008 February.



Breast Health Education Program Faculty & Instructors

(Pictured from left to right) *Jill D'Aubery*, Standardized Patient Model, Dean's Office – Medicine, *Heather Baskin*, Assistant Professor, Internal Medicine – Women's Primary Care, *Peggy Lukens*, Research Associate, OHSU Cancer Institute, *Andi Petro*, CBE Patient Instructor, OHSU Cancer Institute, *Elizabeth Steiner*, Director, Breast Health Education Program, *Mary C. Manning*, Research Assistant, OHSU Cancer Institute, *Jeanette Doherty*, Research Assistant, School of Medicine, *Judy Hargis*, Research Associate, Family Medicine, *Nancy Dunn*, Instructor, OHSU Cancer Institute, *Jean Ashby*, Research Assistant, OHSU Cancer Institute

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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
Understanding Variability in Community Mammography
 12/1/05-4/30/09

DHHS, NIH
Strategic Studies in Breast Cancer Surveillance
 12/1/05-7/31/08

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

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

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

DHHS, NIH National Cancer Inst.
Behavioral & Social Sciences as Core Elements of the Medical School Curriculum
 5/1/07-4/30/11

[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](#)

Washington State Department of Labor and Industries
SCS for Injured Workers with Low Back and Leg Pain after Lumbar Surgery
 10/1/07-9/31/08

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

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

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

[Lisa G. Dodson, MD, PI](#)

HRSA
Development of the Oregon Rural Scholar's Program
 7/1/08 – 6/30/11

[Scott A. Fields, MD/Ann O'Connell, PI](#)

CareOregon
The Whole System Primary Care Delivery
 1/1/08-12/31/08

[Teresa Gipson, MD, PI](#)

Anonymous Sponsor
Abortion and Reproductive Health Education
 3/19/07-3/18/09

[Tanya Page, MD, PI](#)

Unfunded
Outside In Referral Patterns - ED
 3/1/07- 12/31/08

[Rebecca R. 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
Clerkship Medical Home Project
 8/1/08-7/31/09

[Elizabeth Steiner, MD, PI](#)

Susan G. Komen Breast Cancer Fdn.
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
Integration of Acupuncture into Family Medicine Teaching Clinics
 12/12/07-12/11/09

Association Between Acupuncture and Narcotics Usage
 10/1/07-9/30/09

Contact OHSU Family Medicine Research

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