



Practice Based Research at UC San Diego Family Medicine

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UC San Diego
HEALTH SYSTEM

Research Projects

Goal: Describe several examples of development from clinical problem to 'scholarly product'

Each of the following projects will describe

- Clinical research question
- Who is involved**
- Resources accessed
- Issues/challenges

****** Assumes a) faculty-level clinician, b) research director/mentor and c) research assistant

CALM Study (Coordinated Anxiety Learning and Management)

- Does manualized (computer assisted) CBT for anxiety patients result in lower anxiety levels?
- Patients identified by clinic physicians with any of 4 anxiety diagnoses
- Collaborative Care provider (MFT faculty), NIH-funded Dept. of Psychiatry PI, FM physician champion, research support team
- Coordination with Collaborative Care Team efforts; identification of participating clinician, space, computer support; publication

COMED: One vs. Two Medications for Depression Treatment

- Does addition of a second drug improve treatment for depression?
- Patients with diagnosed depression by PHQ-9 in family medicine
- Physician champion, Dept. of Psychiatry PI, research staff
- Referral through EPIC, coordination of scheduled visits for care with visits by research team, space, EMR coding of study drugs; publication

Planned CORR (Planned Care for Obesity and Risk Reduction)

- Does stepped intensive intervention with exercise and dietary counseling for overweight individuals result in weight loss and reductions in CVRF outcomes, QOL and costs of care?
- Patients meeting BMI criteria for obesity + CVRFs in FM clinic identified by physician or chart review
- RCT, physician champion, NIH/NHLB-funded Prev. Med. PI and research team
- Use of My Chart to identify potential patients, coordination of scheduled visits with research visits, space for research staff pt. interactions; publication

Colorectal cancer screening video

- Does viewing a decision aid on CRC screening options result in increased screening rate? (RCT)
- All patients not meeting guidelines for CRC screening being seen for clinic visit
- IT staff for video, identifying eligible patients; sending out letter to eligible patients prior to scheduled visit; capture of screening Orders for 180 days post visit (colonoscopy, sigmoidoscopy, FOBT)
- Loading video on UCSD system for viewing; defining 'view' of decision aid; feedback to foundation to have patient direct navigation of video

Depression screening

- Can universal screening for depression identify more patients for treatment than usual care/screening? (pre-post)
- 45+ physicians across 3 clinics; front desk staff; nursing/MA staff; Epic programmers; collaborative care directors
- PCMH efforts; investigators for roll-out and QI over one year
- Corrective action for low performing MD/MA teams; identifying previously undetected depression

Scribes

- Does the involvement of a scribe during clinic visits lower physicians' stress without lowering patient satisfaction? (w/in subject time series)
- 6 physicians at one FM clinic; 3 scribes
- Support for scribe time; measurement development; MA support; medical student data entry; research assistant data analysis
- Completion of pre-scribe data; physician schedules that made scribe time inconsistent; consistent forms completion and data entry; extraction of physician time on Epic from Epic

CMMI Health Coaching

- Does coaching of patients at risk of CV events (MI, stroke) to improve adherence to medication guidelines lower risk of CV events?
- UCSD is 1 of 9 sites; Medicare/Med-Cal patients at risk; collaborative care therapists; research assistant; physician advocate
- Trained coaches; Epic tools; coaching program
- Complex recruitment (eligibility criteria and availability); patient adherence to phone calls

Diabetes Burden Screening (proposed)

- Does use of a diabetes-specific screener identify more patients in need of behavioral medicine more than a common measure of depression (PHQ-9)?
- All patients with diabetes seen consecutively for one month at one clinic completing a diabetes burden screener and PHQ-9
- Graduate student; medical student/resident; front desk staff/MAs
- Identifying eligible patients; forms distribution/collection; Flowsheet in Epic for comparison with PHQ-9

Proposed IMMANU (IM Modalities as Alternative to Narcotics as Usual)

- Does offering/experiencing IM services allow patients with chronic pain to reduce their narcotic dosages?
- Patients in FM/GIM with at least 3 mos. of chronic pain treated with daily narcotics
- Proposed PCORI grant (LOI) with Pain Service, Psychiatry, FM and GIM
- Wait-list cohort study with measures of daily narcotic dose, withdrawal, use of IM modalities, and array of PROs; patient focus groups, funding for IM interventions, students/residents/SRA

Evolution of Methods for PBR

- Support: SRA → PEA, Research Director, IRB, stats
- Recruitment: real time physician referral, waiting room recruitment, registry development for patients with desired target qualities/conditions, MyChart solicitation
- Physician champion, team collaborators, ISPs/SPs/CORE trainees
- EPICized data components (automated data collection *during practice*)
- Coordination of research visits with routine clinical care