

Fellowship Symposium



Department of Family Medicine
and Community Health
UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

December 8, 2022 — 8:00 AM - 1:00 PM
Health Sciences Learning Center (HSLC)
Interactive Learning Center (ILC) 3110A
750 Highland Avenue, Madison WI, 53792

This symposium will feature short presentations by fellow representatives of the following Department of Family Medicine and Community Health fellowships:

Primary Care Research (PCR)
Addiction (Add)
LGBTQ+ Health (LH)

Schedule of Events

7:45 am - 8:00 am	Room opens - Presenting Fellows Technology Check	10:20 am - 10:40 am	Justin Williams, DrPH, MSPH (PCR) Multi-level analysis of evaluating health disparity outcomes due to unstable housing, associated with being formerly incarcerated
8:00 am - 8:30 am	Breakfast	10:40 am - 10:45 am	Intro: LGBTQ+ Health Fellowship Drs. Elizabeth Petty and Bill Schwab
8:30 am - 8:40 am	Welcome & Opening Remarks Earlise Ward, PhD, LP Interim Director, PCR Fellowship	10:45 am - 11:10 am	Margaretta Gergen, DO and Muhammad Daud, MD (LH) Increasing access to PrEP at Northport Family Medicine Residency Clinic: A Quality Improvement Project
8:40 am - 9:00 am	Jane Evered, PhD, RN (PCR) Experiences of Opioid Use Disorder: A Health Experiences USA Module	11:10 am - 11:15 am	Intro: Addiction Medicine Fellowship Heather Williams
9:00 am - 9:20 am	Julie Kirsch, PhD (PCR) Patient and Clinical Factors Associated with Same Hospital 60-day Readmission among Inpatients with COVID-19 at 21 United States Health Systems	11:15 am - 11:35 am	Rebecca Kellum, MD (Add) Harm reduction: Making Clinical Settings Safer for People Who Use Drugs and/or Have Addiction
9:20 am - 9:40 am	Taylor Watterson, PharmD, PhD (PCR) Examining Usability of RxFill: Integrating Health IT to Support Medication Adherence	11:35 am - 11:55 am	Virginia Richey, DO (Add) Promoting Utilization of HIV Pre-exposure Prophylaxis (PrEP) in Addiction Medicine and Primary Care Setting
9:40 am - 10:00 am	David Mallinson, PhD (PCR) Maternal Opiate Use and Infant Mortality: Early Evidence from Wisconsin, 2010-2018	11:55 pm - 12:00 pm	Closing Remarks Earlise Ward, PhD, LP David Feldstein, MD Interim Director and Associate Director PCR Fellowship
10:00 am - 10:20 am	BREAK [Final call for Breakfast]	12:00 pm	Lunch

Abstracts

Name: Jane Evered, PhD, RN (PCR)

Title: Experiences of Opioid Use Disorder: A Health Experiences USA Module

Abstract:

Objective: We aim to create a publicly available web module about peoples' heterogeneous experiences of opioid use disorder and medication-assisted therapy that is of immediate, direct use to people, families, clinicians, and policymakers.

Key Questions: Based on a review of the literature and in consultation with community stakeholders, we are focusing on understanding patient, community, and systems-level barriers and facilitators to initiating and completing medication-assisted therapy for opioid use disorder.

Methods: Participants were recruited from diverse communities, clinical contexts, and personal circumstances using clinical and community recruitment strategies. Eligible participants include people over age 18 who have used opioids within the past 5 years and sought or received medication-assisted therapy. In-depth virtual and in-person interviews lasting 1-2 hours are being conducted and preliminary analyses are underway.

Results: We present an initial analytic structure for the 38 interviews conducted to date along with illustrative video clips from select interviews. Preliminary categories focus on experiences of first and continued use and processes of stopping use and continuing non-use, including experiences with starting, stopping, and continuing on MAT.

Conclusions/Implications: Integrating MAT into primary care is a possible approach to expanding access to treatment. However, there are numerous barriers to widespread implementation, including insurance issues, the persistent stigma associated with MAT, patient access, and clinician training. Understanding experiences of opioid use disorder and MAT is critical in expanding access to treatment in ways that align with peoples' lived realities.

Name: Julie Kirsch, PhD (PCR)

Title: Patient and Clinical Factors Associated with Same Hospital 60-day Readmission among Inpatients with COVID-19 at 21 United States Health Systems

Abstract:

Objective: Unplanned readmissions are costly for hospitals and reduce quality of life for patients. Most studies on readmission rates in patients hospitalized with COVID-19 were conducted prior to vaccine availability and therapeutic advancements. The current study examined patient and index admission factors associated with 60-day readmission in a sample of patients who were discharged from their index admission between February 1, 2020 to November 30, 2021 and followed up through January 31, 2022. **Methods:** This retrospective cohort study included 105,543 inpatients with COVID-19 at 21 US healthcare systems who were discharged alive. Electronic health record data elements were abstracted from each health system and harmonized. Multivariate generalized linear regression analyses examined social and demographic factors, health factors (smoking status, obesity status, and comorbidity burden), timing of hospitalization, and index admission acute complications and severity indices in relation to 60-day readmission. **Results:** Of patients discharged alive from the first hospitalization, 14.5% were readmitted within 60-days ($n = 15,249$). The readmission rate did not significantly vary pre versus post vaccine availability. Higher odds of readmission were observed in male patients relative to female patients, in patients who were on government insurance relative to commercial insurance (on Medicare, Medicaid, or other types), in patients who currently smoke or formerly smoked versus never smoked, and in patients with a higher co-morbidity burden. Specific diagnoses associated with higher odds of readmission included chronic obstructive pulmonary disease, coronary artery disease/chronic heart failure diabetes, chronic renal failure, and cancer. **Conclusion:** Patients who are male, who formerly or currently smoke, who have higher comorbidity burden and who are on government insurance (Medicaid, Medicare, or Other types) may benefit from targeted post-acute care planning. Further research is needed to identify specific mechanisms that contribute to increased readmission risk in these populations.

Name: Taylor Watterson, PharmD, PhD (PCR)

Title: Examining Usability of RxFill: Integrating Health IT to Support Medication Adherence

Abstract:

The Objective(s): Over 50% of patients do not take their medications as prescribed or are non-adherent. Medication non-adherence is associated with poor health outcomes. Primary care providers are crucial resources to address non-adherence, however, current methods for obtaining adherence are unreliable. RxFill is a novel health information technology (IT) that integrates medication fill data from community pharmacies into the electronic health record (EHR). The goal of this study is to examine how primary care providers use RxFill during a simulated case.

The Question(s): The study aims to identify provider perceptions of RxFill usability and factors that impact implementation into clinical workflow.

Methods: The study will take place at UW Health, a midwestern academic health system. UW Health implemented RxFill in June 2022; 8 primary care providers will participate in this study. The study will leverage several usability testing methods. The participant will be asked to review a hypothetical patient's chart in preparation for an annual appointment. The research team will provide instructions to navigate the EHR, view RxFill data, and prompt participants to "think aloud." After the case, a semi-structured interview will elicit general attitudes towards RxFill. Think-aloud commentary and interview transcripts will be analyzed via qualitative content analysis. Participants will also complete a System Usability Scale survey and demographic questionnaire.

Results or Progress: Data collection and analysis is currently underway. Potential usability themes include RxFill visibility, workflow, content, understandability, and usefulness. New health IT may not be used if providers do not know the information exists, cannot find it readily, or cannot quickly interpret and use the findings.

Conclusions/Implications: RxFill can facilitate conversations between patients and providers that improve medication adherence and clinical outcomes. The way in which the RxFill information is designed and implemented is crucial to ensure its actual use.

Name: David Mallinson, PhD (PCR)

Title: Maternal Opiate Use and Infant Mortality: Early Evidence from Wisconsin, 2010-2018

Abstract:

In the United States, the prevalence of maternal opioid use disorder (OUD) during pregnancy has increased over the past decade. Prenatal OUD exposure elevates the risk of neonatal opioid withdrawal syndrome (NOWS), although it is uncertain whether it impacts infant mortality (death before 365 days post-birth). Using a longitudinal population-based birth cohort that linked birth records, infant death records, and Medicaid claims, we investigated the relationship between maternal OUD and infant mortality. Our sample consisted of Medicaid-paid live deliveries in Wisconsin during 2010-2018 (N=239,047 births). There were two variables for OUD exposure, which we constructed with maternal Medicaid claims. First, we distinguished OUD status by NOWS diagnosis (no OUD; OUD, no NOWS; OUD with NOWS). Second, we distinguished OUD status by maternal medication-assisted treatment (MAT) for OUD (no OUD; OUD, no MAT; OUD with MAT). Our outcome was infant mortality, and we tracked time to death using infant birth dates and death dates. Cox regressions that were adjusted for maternal demographic characteristics indicated that maternal OUD exposure was positively associated with the likelihood of infant mortality, particularly if the infant was not diagnosed with NOWS or if the mother received MAT during pregnancy. These findings suggest that the harm of maternal OUD on infant health is greatest for infants who are not identified for early intervention by way of a NOWS diagnosis or for infants whose mothers may have had a more severe OUD.

Name: Justin Williams, DrPH, MSPH (PCR)

Title: Multi-level analysis of evaluating health disparity outcomes due to unstable housing, associated with being formerly incarcerated

Abstract:

Background/Rationale: This study is based on my DrPH dissertation entitled “Mass Incarceration, Prison Release & HIV Infection in Florida Counties, 2015-2019,” which described how mass incarceration was associated with racial inequities of health experiences after formerly incarcerated individuals are release. The HIV incidence rate of African Americans was associated with release of formerly incarcerated African American males. Thus, HIV transmission is driven by interruptions of antiretroviral therapy, which is essential for maintaining HIV viral load suppression. **Hypothesis:** We hypothesize (1) The first factor of unstable housing is predicted to contribute the most to disrupting the HIV viral load suppression, manifesting the increase in HIV infection; to the point our aims were shifted to comprehend what other health disparity-outcomes are manifested, due to housing insecurities. (2) Outcome variables such as substance abuse, health coverage, employment, incarceration, relationship status and case management intervention will all be worsened by unstable housing. (3) Racial disparities will be significantly impacted, where minority groups will be affected to a greater extent by unstable housing. **Objective:** The objective of this investigation is to evaluate issues such as unstable housing for formerly incarcerated individuals, which can be accounted for to cause interruptions in HIV viral load suppression, covariate variables and how they are affected by racial disparities. The study should take 5 years for span of study to produce adequate findings. **Methods:** Based on longitudinal cohort analysis, a 5-year investigation will take place to evaluate a consistent duration of statistical observations, supplied with data from ART CHES program and Vivent Health Cohort that are simultaneously in progress. Data will be collected from ART CHES pilot sites and distributed for collaboration purposes. **Benefits:** This study can provide valuable information on the key role housing stability and security can play for opposing risk factors that cause health disparities and inequity.

Name: Margaretta Gergen, DO and Muhammad Daud, MD (LH)

Title: Increasing access to PrEP at Northport Family Medicine Residency Clinic: A Quality Improvement Project

Abstract:

Objective: According to the Wisconsin HIV Surveillance Annual report, 208 Wisconsin residents were diagnosed with HIV in 2020, with a significant number of cases in Dane County. Like national data, significant disparities exist in HIV acquisition among historically discriminated communities in Wisconsin including people of color, LGBTQIA+ folks, and persons who use substances. Although Pre-Exposure Prophylaxis (PrEP) for HIV is an effective tool to prevent HIV acquisition, uptake remains dismal particularly among these historically marginalized communities. Reasons include the patient's lack of awareness and primary care providers' comfort in prescribing PrEP. In this Quality Improvement Project, we aim to increase awareness and access to PrEP at Northport Family Medicine Clinic via multistep approach.

Methods: We aim to accomplish our objective via threefold strategy: (1) Increase patient awareness by exhibiting PrEP education posters with associated virtual patient education in examination rooms. (2) Develop a provider in-service curriculum to support prescribers in their clinical and advocacy skills to provide and promote PrEP uptake. (3) Collaborating with the UW Infectious Disease Clinic and Healthlink staff to help develop a new Primary Care PrEP Smart-set in Healthlink to assist in PrEP decision making and prescription management.

Results: We will evaluate our first step via QR codes on the PrEP awareness posters to observe how many patients accessed this virtual patient education. For our second step, we will consider pre- and post-curriculum surveys for providers. For our third step, we will consider working with Healthlink staff to generate data reports on PrEP prescription/counseling during clinical encounters at Northport.

Conclusions/Implications: Our hope is that our project leads to an increase in awareness and comfort in managing PrEP at Northport Family Medicine. If this three-step approach is successful, we hope to expand it to other family medicine residency clinics within the UW system.

Name: Rebecca Kellum, MD (Add)

Title: Harm reduction: Making Clinical Settings Safer for People Who Use Drugs and/or Have Addiction

Abstract:

Though gains have been made, within healthcare settings, stigma towards people who use substances remains prevalent. Not only is this unjust, but it negatively impacts the care that is provided as well as many of the health outcomes of people who use drugs (PWUD). Harm Reduction, as a paradigm, centers the well-being and dignity of people who use drugs (PWUD). When integrated into clinical settings, harm reduction not only increases access to interventions that reduce the harms of illicit drug use and addiction, it offers tangible actions through which healthcare providers can remain aligned with their patients. Harm reduction recognizes “any positive change” as a valid goal, shifting away from “abstinence only” as the singular, supportable healthcare outcome and thereby offering a means to strengthen therapeutic alliances with PWUD and/or have addiction. It also potentially mitigates the helplessness and frustration that many providers often experience when their patients cycle in and out of healthcare settings without obvious benefit.

I will briefly discuss a harm reduction intervention I am helping to implement at Meriter hospital: the provision of overdose prevention kits to at-risk hospitalized patients before discharge. This is an extension of a pilot that was recently started in the ED at Meriter. The kits themselves will increase patient access to life-saving measures. The implementation of providing these kits creates an opportunity for inpatient medical and nursing staff to learn more about harm reduction and stigma towards PWUD, hopefully reinforcing changes to clinical protocols and culture that will reduce the stigma-based harms that PWUD too often experience in healthcare settings.

Name: Virginia Richey, DO (Add)

Title: Promoting Utilization of HIV Pre-exposure Prophylaxis (PrEP) in Addiction Medicine and Primary Care Setting

Abstract:

People who use drugs (PWUD) are disproportionately affected by human immunodeficiency virus (HIV), in part, due to higher rates of sexual and injection-related exposures. In addition, multiple structural and social factors including housing instability, incarceration, poverty, discrimination, and lack of access to healthcare contribute to existing disparities in HIV prevention, screening, and treatment among vulnerable populations. While it is well established that HIV Pre-Exposure Prophylaxis (PrEP) is highly efficacious in reducing HIV acquisition in diverse populations, including MSM, transgender women, people who inject drugs (PWID), and heterosexual partners, PrEP utilization in PWUD has lagged far behind that observed in other groups. Preliminary studies suggest that PrEP uptake among PWID is less than 3% and that interventions addressing these structural and sociodemographic barriers can improve PrEP utilization. One such measure is integrating HIV PrEP into services already accessed by diverse populations and those identified to be at increased risk for HIV acquisition, including Primary Care and Substance Use Disorder (SUD) treatment settings. This educational QI project will use data collected from a novel web-based “PrEP Utilization Survey” distributed to physicians affiliated with Addiction Medicine Fellowship programs throughout the US, to identify current and emerging trends in PrEP utilization including existing barriers. This project will result in 1) the summarization of PrEP efficacy, indications, prescribing, and monitoring 2) identification of common barriers to PrEP provision and potential solutions to increase utilization of PrEP in populations with increased HIV acquisition risk, including PWUD, and 3) create and make available a “PrEP Quick Start Guide” to be utilized in Primary Care and Addiction Medicine clinical settings. These educational materials will be shared during a live session with current Addiction Medicine fellows and made available to other clinicians and learners as interested.
