

Fellowship Symposium



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

May 12, 2022 — 8:00 AM - 2:00 PM

Pyle Center - 702 Langdon St, Madison, WI 53706

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

Primary Care Research (PCR)
Academic (A)
Addiction (Add)
Sports Medicine (PCSM)

Schedule of Events

8:00-8:15	Primary Care Research Fellow Picture	11:00-11:20	Maria Mora Pinzon, MD, MS (PCR) <i>The Wisconsin Alzheimer's Institute Dementia Diagnostic Clinic Network: A community of practice to improve dementia care</i>
8:15-8:30	All Fellows – Technology Check	11:20-11:40	Taylor Boland, MD (A) <i>“Advocacy in Action”: Restructuring Advocacy Curriculum in a Residency Program</i>
8:30-9:00	Breakfast	11:40-12:00	David Leinweber, MD (Add) <i>Evaluation of in-house peer recovery support for patients receiving buprenorphine for opioid use disorder</i>
9:00-9:10	Welcome & Opening Remarks Bruce Barrett, MD, PhD Director, PCR Fellowship	12:00-1:10	Lunch
9:10-9:30	Tana Chongsuwat, MD (PCR) <i>Community Health Worker Led Cervical Cancer Educational Workshops: Lessons and Experiences from Stakeholders</i>	1:10-1:30	Tom Harris, MD (PCSM) <i>Changes in Quality of Life Among Collegiate Athletes During COVID-19</i>
9:30-9:50	Jane Evered, PhD, RN (PCR) <i>Learning from people with experience of clinical trials: Recommendations for trial communication</i>	1:30-1:50	Julie Kirsch, PhD (PCR) <i>A Multi-Site Retrospective Electronic Health Record Cohort Study of Smoking and Social Vulnerability in 60-day Readmission among Hospitalized Patients with COVID-19</i>
9:50-10:10	Asma Ali, PharmD, PhD (PCR) <i>Process and Challenges of a Stakeholder Advisory Group Meeting to Inform Medication Use and Self-management Behavior in Muslim Patients Diagnosed with Type 2 Diabetes</i>	1:50-2:00	Closing Remarks Elizabeth Cox, MD, PhD and David Feldstein, MD Associate Directors, PCR Fellowship
10:10-10:30	KJ Hansmann, MD, MPH (PCR) <i>External coping factors associated with the transition to non-driving among older adults</i>		
10:30-11:00	BREAK [Final call for Breakfast]		

Abstracts

Name: Tana Chongsuwat, MD

Title: Community Health Worker Led Cervical Cancer Educational Workshops: Lessons and Experiences from Stakeholders

Abstract: Objectives: This program was in partnership with the Milwaukee Consortium for Hmong Health (MCHH) to address the disproportionately high rates of cervical cancer incidence among Hmong and Karenni refugee and immigrant women in Milwaukee, Wisconsin. The overall objective was to engage community health workers (CHWs), a community advisory panel (CAB), and mother-daughter dyads to develop CHW-led cervical cancer educational workshops. This project evaluated the process of developing a community-academic partnership and methods to incorporate perspectives from a variety of stakeholders. Methods: CHWs from MCHH collaborated with the research team to develop mixed modality educational materials in bi-weekly sessions over seven months. The CAB consisted of ten members and met over five sessions to review materials, ensure language accuracy, consider cultural-appropriateness, and assist with study design for future programs. Three pairs of Karenni and three pairs of Hmong mother-daughter dyads were recruited to attend two mock workshops. The mid-point mock workshop consisted of CHWs presenting material as if a real workshop followed by feedback and discussion and a final mock workshop to address changes made and further recommendations. At the conclusion of each CAB session, an anonymous online survey explored the following themes: communication, group dynamics, research design, and impact. Results: Survey results from four of five CAB meetings have indicated a high level of satisfaction and agreement with the themes of interest. Feedback provided from mock workshops were useful in evaluating educational practices as well as providing real-time practice to CHWs in delivering the newly developed materials. Conclusions: CHWs are confident in the ability to deliver the cervical cancer educational workshops for future programs. Through continuous communication and stakeholder engagement an equitable partnership for collaboration on future community-based health interventions to promote health equity is possible.

Name: Jane Evered, PhD, RN

Title: Learning from people with experience of clinical trials: Recommendations for trial communication

Abstract: Clinical trials are widely considered the gold standard of evidence informing evidence-based medicine. Previous literature offers condition- and trial-specific evaluations of peoples' clinical trial experiences. A holistic understanding of peoples' experiences of diverse types of trials can help inform clinical trial recruitment and retention strategies necessary for generative human subjects research. Using Database of Individual Patient Experience Methodology with maximum variation sampling, we elicited narratives of people with experience declining or participating in various clinical trials for a range of conditions. In addition to conducting in-depth interviews with 39 people who have multiple sclerosis, we considered narratives from people who participated in Health Experiences Research Network (HERN) interviews about their experiences of breast cancer (11 people), being part of families with high cancer risk (9 people) and having a child with pediatric cancer (30 people). Using inductive content analysis with constant comparative technique, we analyzed peoples' experiences participating in a range of different clinical trials. People shared diverse experiences learning about trials, deciding whether to participate in a trial, being in a trial or trials, and ending participation. Our findings describe how people would like to be informed before, during, and after their trials. We provide illustrative examples from experiences with consent, interactions with the study team, and experiences getting or not getting information back after the end of trials. We offer pragmatic recommendations for improving clinical trial experiences through engaging potential participants as partners in the design and implementation of clinical trials.

Name: Asma Ali, PharmD, PhD

Title: Process and Challenges of a Stakeholder Advisory Group Meeting to Inform Medication Use and Self-management Behavior in Muslim Patients Diagnosed with Type 2 Diabetes

Abstract: Background: Islam is the fastest growing religion in the US and is expected to double by 2050. More than 150 million Muslims are diagnosed with diabetes worldwide. This presentation describes the process and challenges of conducting a stakeholder advisory group (SAG) to inform qualitative research about Muslims' type 2 diabetes management behavior. Methods: We conducted a 90-minute virtual SAG. The first 30 minutes all members were in one "room" to build rapport, describe the study, set norms, and answer questions. Then the group split into 2 rooms: clinicians, and patients. Members discussed: 1) questionnaire refinement, 2) recruitment strategy recommendations, 3) challenges related to interpreters. Two facilitators led discussions; 2 research assistants took notes. The Wisconsin Network for Research Support (WINRS) toolkit helped with preparations. Results: Members included 3 patients, refugee case coordinator, and 4 clinicians (3 pharmacists, 1 physician assistant). SAG challenges included member recruitment, technology, and member language preference. Diverse Muslim ethnicities were included. Members were encouraged to reduce items, but instead added a domain. Each group ranked 4 of 8 different domains based on: "how challenging the topic is to you (for your patients) when managing diabetes". Patients ranked healthy behavior regarding food, exercise, and blood sugar monitoring as most challenging, then social support, then religious factors. Clinicians ranked access to healthcare services and medications as most challenging, then medication use, then language. Independently, patient and clinician groups added the domain of managing diabetes during the fasting month of Ramadan. To enhance recruitment, SAG members recommended using social media platforms (e.g., WhatsApp). Participants reported gender-concordant and in-person interpreters are preferred, and that disclosing interpreters' gender and modality of interpretation would help minimize challenges. Conclusion: Diverse Muslim community members helped prioritize interview questions while expressing interest in learning from this research to better serve the community.

Name: KJ Hansmann, MD, MPH

Title: External coping factors associated with the transition to non-driving among older adults

Abstract: Background and Objectives: The number of drivers aged 65 years and older is rapidly growing and driving remains the preferred mode of transportation for many older adults. However, most older adults can expect to live between 6 and 10 years after they transition to non-driving. Driving cessation is associated with negative impacts on social participation, community engagement, mental health, physical function, and risk of mortality. There is a critical need to determine the modifiable external coping factors that mediate the transition to non-driving and moderate the driving cessation's association with adverse quality of life outcomes. I propose to characterize the direct and moderating effect of individual-level and area-level transportation alternatives on the transition to non-driving and subsequent association with decreasing social participation. Methods: I am proposing to conduct a secondary analysis of data from the National Health and Aging Trends Study, a representative cohort of Medicare beneficiaries aged 65 years and older. I will use mixed effects logistic regression to 1) characterize the direct and moderating effect of transportation alternatives at the individual and neighborhood level on driving self-regulation and driving cessation and 2) characterize the moderating effect of these transportation alternatives on the association between driving cessation and decreased social participation. Models will be adjusted for sociodemographic characteristics, mental health, physical health, and physical functioning. Anticipated Results: 1) Older adults with less transportation alternatives (smaller social networks, live in less walkable neighborhoods) will have a lower odds of driving cessation and self-regulation. 2) Older adults who stop or reduce driving and who have fewer transportation alternatives (smaller social networks, live in less walkable neighborhoods) will have a higher odds of decreasing social participation. Potential Implications: Further investigation into individual and area-level transportation alternatives will inform future efforts to develop and evaluate community-driven interventions that help older adults prepare for and make the transition to non-driving while maintaining meaningful social participation and community engagement.

Name: Maria Mora Pinzon, MD, MS

Title: The Wisconsin Alzheimer's Institute Dementia Diagnostic Clinic Network:
A community of practice to improve dementia care

Abstract: Background: The Wisconsin Alzheimer's Institute (WAI) Dementia Diagnostic Clinic Network is a community of practice formed in 1998 as a collaboration of community-based clinics from various healthcare systems throughout the state. Its purpose is to promote the use of evidence-based strategies to provide high quality care throughout Wisconsin for people with dementia. The purpose of this study is to describe the use of a community of practice to facilitate education of healthcare providers on best practices in dementia care, and the implementation of an interprofessional approach to diagnose and manage dementia and related disorders. Methods: Cross-sectional study of the members of the WAI's Dementia Diagnosis Clinic Network. Characteristics of clinics and healthcare teams, learners' participation in educational events and educational outcomes were collected from evaluation forms. Number and characteristics of patients seen in the memory clinics were collected from de-identified data forms submitted by members to a centralized location for data analysis. Results: The clinic network currently has 38 clinics affiliated with 26 different healthcare systems or independent medical groups in 21 of 72 Wisconsin counties. Most (56%) are based in primary care, 15% in psychiatry, and 29% in neurology. Between 2018 and 2021, we received data on 4,710 patients; 92% were ≥ 65 years old, 60% were female, and 92% were white. Network members meet in-person twice a year to learn about innovations in the field of dementia care and to share best practices. Educational events associated with the network are shown to be relevant, useful, and improve knowledge & skills of participants. Conclusion: Communities of practice provide added value via shared best practices and educational resources, continuing education of the health workforce, continuous quality improvement of clinical practices, and adoption of new diagnostic and management approaches in dementia care.

Name: Taylor Boland, MD

Title: “Advocacy in Action”: Restructuring Advocacy Curriculum in a Residency Program

Abstract: Advocacy is defined as “the act or process of supporting a cause or proposal.” The ACGME includes advocacy as a milestone by which to evaluate resident competency. Our Family Medicine Residency Program has a robust community health curriculum that discusses advocacy in formal didactics, but does not have a formal or interactive advocacy curriculum. The objectives of this project were to improve resident understanding of and involvement in health advocacy, and to restructure how advocacy is integrated into the curriculum. Residents were surveyed on their current understanding and involvement in advocacy. All residents reported advocating directly within their clinical practice, but only 14-38% of residents reported involvement in health policy or organized medicine. Feedback was gathered, and residents unanimously desired a more interactive and personalized advocacy curriculum. Initially, informal advocacy mentoring was provided and was found to be an unsustainable model, despite some individual successes. As a result, a more informational approach was taken that would be sustainable and allow each resident to determine their level of engagement. Thus far, a new Advocacy page has been created on the residency program’s Curriculum Resource Site to highlight resources and involvement opportunities; an accessible online platform has been created to submit and compile resident advocacy ideas; and a brief advocacy integration will be piloted at several resident conferences starting in the 2022-2023 academic year. After the implementation of these components, residents will be surveyed again on the perceived success of this advocacy curriculum as well as their current understanding and involvement in advocacy during residency. Several interested residents plan to work with advocacy leaders and the Office of Community Health to update these resources as needed. If successful, this can serve as a model for other residency programs, especially within primary care, to establish their own integrated, interactive advocacy curriculum.

Name: David Leinweber, MD

Title: Evaluation of in-house peer recovery support for patients receiving buprenorphine for opioid use disorder

Abstract: In-house peer recovery support was implemented at University of Wisconsin Health Yahara and the DeForest-Windsor clinics in January 2021 as part of the UW Hub and Spoke Program. Peer recovery support is offered in the community through organizations like Safer Communities but has not been implemented directly into the primary care clinic. Peer recovery supports must be certified as a peer specialist and be in long-term recovery. They advocate for people in recovery, build community and relationships, lead recovery goals, and act as mentors. Peer recovery support may communicate with patients via text or phone, accompany them to appointments, or meet with. The American Society of Addiction Medicine recognizes peer support as beneficial in recovery. To evaluate impact of in-house peer support on appointment attendance and ED utilization, a retrospective cohort study was performed. In this study, patients who received in-house peer support at UW Health Yahara Clinic between January 2021-January 2022 were reviewed. Comparison groups were patients who received buprenorphine for opioid use disorder from January 2020-2021 and January 2019-2020 and did not receive in-house peer support at that time. Cross-matching was performed based on age and sex. Primary outcomes included: (1) primary care appointment attendance rate per month (2) primary care appointment no show rate per month, and (3) rate of ED visits per month. A questionnaire to collect qualitative data on patient experience receiving in-house peer support was also administered. Patients who received peer support had increased appointments attended (7.82 vs 4.90), increased no shows (1.71 vs 0.71), and increased ED visits per month (1.39 vs 0.44) compared to the 2019-2020 group at a p-value of <0.05. 6 patients in the qualitative survey. Results demonstrated increased engagement through increased appointments attended when patients receiving buprenorphine for OUD worked with the inhouse peer recovery support. Future work includes evaluation of in-house peer recovery support as the study lacked statistical power due to small sample size and length of time. Qualitative data indicated that patients felt benefit when working with peers.

Name: Thomas Harris, MD

Title: Changes in Quality of Life Among Collegiate Athletes During COVID-19

Abstract: Objective: The COVID-19 pandemic has produced significant changes in the mental health of children and young adults. This study aimed to evaluate the impact and the relationship of the COVID-19 pandemic on collegiate athletes and their quality of life. Methods: Surveys including the Veterans RAND 12 item health survey (VR-12) were distributed to collegiate athletes on multiple occasions from January 2018 to May 2021. Using a mixed effects model, physical component score (PCS) and mental component score (MCS) were compared over time (pre-COVID to during COVID) to measure changes related to the COVID-19 pandemic. Additionally, interactions between gender and time and sport type (team, individual) and time were evaluated as well. Results: A total of 4669 surveys were collected from 1814 athletes (907 male, 907 female). For all athletes, the PCS increased (54.7, [95% CI = 54.5-54.9] to 55.5 [55.2-55.9], $p < 0.001$) and the MCS decreased (54.7 [54.4-55.0] to 53.1 [52.6-53.7], $p < 0.001$) from pre-COVID to during COVID. When evaluating the interaction between gender and time, females demonstrated a greater increase in PCS (1.0 +/- 0.35, $p=0.005$) and greater decrease in MCS (1.7 +/- 0.56, $p=0.001$) from pre-COVID to during COVID relative to males. With respect to sport type, participants in individual sports demonstrated a greater decrease in MCS (2.4 +/- 0.56, $p < 0.001$) relative to team sports, but no interaction was identified with respect to PCS (0.41 +/- 0.36, $p=0.25$). Conclusions: Collegiate athletes demonstrated a decrease in their self-reported mental quality of life during the COVID-19 pandemic, as compared to before the pandemic. This effect was most noticeable in females and those participating in individual sports. In contrast, athletes also reported an increase in physical quality of life during COVID (as compared to pre-COVID) that was also larger in females but was not related to sport.

Name: Julie Kirsch, PhD

Title: A Multi-Site Retrospective Electronic Health Record Cohort Study of Smoking and Social Vulnerability in 60-day Readmission among Hospitalized Patients with COVID-19

Abstract: Background: Smoking is a risk factor for initial health complications from COVID-19, including hospitalization and mortality. Socially and economically disadvantaged groups are also more vulnerable to the health impacts of smoking and COVID-19. The independent and combined impact of smoking and social vulnerability on downstream health complications from COVID-19 remains understudied. The current study therefore examined smoking status and sociodemographic differences in hospital readmission after discharge for COVID-19 inpatient treatment. Methods/Results: This observational cohort study included patients with COVID-19 who were hospitalized and discharged between February 1st, 2020 to November 30, 2021 at 21 different healthcare networks across the US. De-identified electronic health records were abstracted from each site and harmonized. Data elements included clinical events (e.g., intubation), patient co-morbidities, sociodemographic factors, smoking status, and COVID-19 treatment. Descriptive and generalized linear regression analyses compared sociodemographic characteristics, smoking status, co-morbidities, and clinical outcomes between readmitted and non-readmitted patients. Conclusion: This project identifies key vulnerabilities to the downstream impacts of COVID-19. These initial findings may underscore the need to address inequities in health by offering effective smoking cessation treatment as a key part of COVID-19 rehabilitative care.
