

Research Seminar

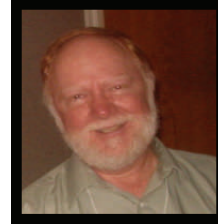
Getting Started: How Can I Do Research With All My Clinical Responsibilities?

- **Date:** Friday, July 15, 2005
- **Place:** Family Practice Center Rm 340
- **Time:** 8:00 AM - 12:00 PM
- **Register by:** July 8, 2005

To register or for more information contact:

Laura Day
lmday@salud.unm.edu
Riosnet@salud.unm.edu
505-272-5646
CME Credit available

Tohatchi Robert Buffaloe, M.D.



I started working in Tohatchi, New Mexico, in July of 2003. I had spent the previous twenty years after my residency in Family Practice in private practice in Missouri and Arkansas, and was tired of the endless hassles with insurance companies and the pressure of always having to see more patients and bring in more money that private practice has become. I wanted something different, so I joined the Indian Health Service, and boy, did I find different in Tohatchi.

Our clinic has three family practitioners, one internist, and two physician's assistants. We have our own pharmacy, lab, and x-ray. We are in the middle of the Navajo Reservation, and the only health care facility between Gallup and Shiprock.

In a typical day, we see about one-hundred and twenty-five patients—half appointments and half walk-in or emergency patients. In addition to problems with diabetes, there is plenty of minor trauma—horse-related falls and broken bones, grandmas getting butted by goats, and the usual childhood injuries. We see a lot

of children, both well and otherwise. The only time I feel really uncomfortable is with a very ill infant, since the closest hospital is thirty miles away.

Working with this rural Navajo population has been a real eye-opener. So many of my patients live without running water and electricity and speak

only Navajo. Despite the poverty and cultural isolation, most of my patients are extremely upbeat and satisfied with their lives and would not trade their lives and land with anyone in the world. All in all, practicing in Tohatchi is a dream come true.

I joined RIOS Net the summer of 2004. Three physicians and one of our physician assistants now participate in RIOS Net. I am glad that RIOS Net is helping with research that can help us better address the medical needs of our population of rural Navajos. Other benefits we get from RIOS Net are a closer connection to an academic medical center and their resources such as library privileges. We also get to network with other clinicians, which is helpful to a rural clinic.

Community Outreach Corner Sabrina Turner Montez

Getting to Know your Community

RIOS Net would like to get to know your community. We want the community to be involved in the RIOS Net projects, not only as participants, but as engaged and concerned citizens who have

a voice and who are informed throughout the work we are doing.

Who should RIOS Net be talking to in your community?

Are there organizations or individuals in your community who would be interested

in participating in a discussion, sharing their health concerns or learning more about RIOS Net?

Please contact Sabrina Montez with your thoughts and suggestions for outreach in your community at:

smontez@salud.unm.edu or 272-5131.

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OUR DEVELOPING RELATIONSHIP WITH RIOSNET

Alfredo Vigil, M.D.

For those of you who do not know me, I am fortunate to work with HEALTH CENTERS OF NORTHERN NEW MEXICO which is a network of community health centers in 15 locations throughout Northern New Mexico. We serve over 16,000 patients in seven counties. Our provider staff consists of about a dozen physicians, a dozen non-physician clinicians, three dentists, two pharmacists, several behavioral health therapists, health educators, lots of great nurses, and many, many wonderful clinical staff.

Like most community health centers, especially in New Mexico, we are challenged by our mission of serving those who would otherwise not be served. The need in New Mexico, particularly amongst the rural and uninsured, grows

constantly while the financial resources either do not change or actually diminish. Nevertheless, our patients inject a never-ending flow of appreciation which sustains our enthusiasm for our mission.

Because of our commitment to providing quality care, we are increasingly focused on creating those processes that we know are critical for improved patient care, namely: quality improvement, provider retention, education, and participation in research. It is not always self-evident that true quality care only exists in environments where there is commitment to improvement, where teaching is part of the daily routine, and where the thirst for knowledge demands participation in research.

RIOS Net obviously provides the ave-

nue for all of those key components! I have known Mark Unverzagt for about 13 years going back to his days as the "country doc" in Reserve. So it has been a true blessing for our provider staff to have the opportunity to be inspired by his enthusiasm for outpatient-based research. He has generated a great deal of interest which will clearly result in enthusiastic participation.

Right now, we are designing a prevalence study for non-malignant (non-cancerous) chronic pain with the intention of investigating diagnostic and therapeutic interventions at a later time.

As you can tell, we are jazzed by the opportunities that RIOS Net has brought to our mission, our clinical staff, and most importantly, our patients!



WOMEN'S HEALTH SERVICES

Justina Trott, MD

Women's Health Services of Santa Fe was designated as a National Community Center of Excellence in Women's Health (CCOE) in 2001 by the Federal Department of Health and Human Services implementing a 5-component model of sex- and gender-specific health care. The five components are direct services, professional education, outreach and education, leadership development for the public and health care workers, and research. We were delighted to be contacted by one of the Northern New Mexico Family Practice Residency Program

graduates helping to put together the RIOS Net network. Because community based participatory research is one of the core components of the CCOE model we felt that RIOS Net was a natural partner.

The 2001 publication of the Institute of Medicine, Exploring the Biologic Contributions to Human Health: Does Sex Matter? is a ground breaking book that emphasizes the importance of sex and gender to human health—in summary: every cell has a sex, sex begins in the womb, sex affects behavior and perception, sex affects health.

The focus of our research interests

includes looking at sex- and gender-specific data specifically for women, since it has been conspicuously absent from the medical literature. Women have traditionally been excluded from clinical research trials because of the complexity of hormonal cycles that complicate study design and reproducibility, and out of concern for reproductive age women being or becoming pregnant during a trial. As RIOS Net matures, our hope is that we can collaborate on developing research protocols that address these issues, designing meaningful research trials that benefit women in all their biologic and socio-cultural and ethnic di-



Future Possibilities at RIOS Net

Gina Cardinali and Sabrina Montez-Turner

Since the inception of RIOS Net it's members have identified priority health topics which are of concern to New Mexico's diverse communities. RIOS Net has successfully secured funding and has implemented several projects that focus primarily on these priorities. Projects have explored tobacco usage, diabetes/obesity prevention and data privacy issues. Currently, as you may know, the network is investigating how the use of traditional, complementary and alternative medicine (CAM) is integrated with allopathic care in New Mexican Hispanic and Native American communities with the goal of identify barriers to integration and communication between clinicians, patients and other healers.

RIOS Net is continuously searching for funding to address other priority areas that have been identified. We would like to share information on the diverse topics the Network is focusing on, as follows:

Tobacco Cessation – A proposal has

been submitted to conduct a pilot program using home-based health workers (promotoras) to counsel on smoking cessation.

Prevention of Diabetes in Young Persons- Seeking funding together with the UNM Preventive Research Center to work with head start programs to teach children and families about healthy eating and exercise habits. (This would be phase III of the Diabetes Prevention Project).

Colon Cancer Screening-A proposal has been submitted to address the issue of the low rates of screening for colon cancer in New Mexico. This project would explore the cultural and medical practice barriers to colon cancer screening.

Family Violence-Searching for funding to look at how family violence affects health outcomes with the intention of identifying actions that primary care practitioners can take that will promote protection from long term health consequences among persons exposed to fam-

ily violence.

Hepatitis C- A survey will be implemented focusing on clinicians' attitudes and practice habits in treating Hepatitis C.

Alcohol- An on-line provider survey has been completed and the information gleaned was used to prepare a proposal to explore alcohol screening and intervention in primary care. We are currently seeking funding to explore how these problems are handled in practice.

Chronic pain- A project is being planned that would seek to understand more about patients presenting with chronic pain in primary care.

The process of identifying priority topics to implementing projects exploring the topics is, as you can imagine, a lengthy one. After writing a grant and submitting it for funding, there is no guarantee that funding will be awarded. We continue to work to develop each priority area and will continue to update you.

Dear Dr. Andrew: I was interviewed for a RIOS Net project. What do you do with this information?

As many of you know, our projects involve different ways of collecting information. In some cases, we send you a survey asking about your thoughts on a topic or how often you provide a given service. For the Tobacco and Diabetes projects, we asked you to record information about a patient. After we receive this information, we typically enter it into a database and analyze the findings using statistical techniques that describe the results in quantitative terms. For other projects, however, including the second Diabetes project, we came out to clinics and interviewed some of you. Similarly, in the CAM project currently underway, we are heading out to several clinics to interview patients. Our question this month addresses how we interpret this kind of information.

Once the interview is completed, we have each audiotape transcribed so that we can read through each transcript. The amount of material adds up quickly as each one hour interview is about 15 single spaced

pages. In the second Diabetes project, for example, we had over 350 pages of transcripts. For these projects, however, we don't wait until all the information is collected to begin making sense of the findings. After we get a few transcripts back, the project team will read through them individually and then we meet to compare notes and discuss the important themes from each interview. We also continually monitor whether we're asking the right questions and think about ways to ask these questions more effectively. After we begin to observe patterns in the responses, one person on the team (often yours truly) will begin to organize the interviews Using a qualitative data analysis software program specifically designed for this task, we label pieces of text (a sentence or paragraph) using a consistent set of codes. The benefit is that we can then ask the program to retrieve all instances of a code rather than page through a few hundred pages to find each passage.

I like to think of this process as both an art and a science. The art of interview analysis involves creativity as we try to make sense of others' experiences and perceptions as well as to identify similarities and patterns in the data. This work must also adhere to principles of good science; that is, it must be transparent, reliable and transferable to other settings. Interpreting interview data is labor intensive and involves a significant time commitment from members of the project team. However, interviews often provide incredibly rich sources of information and allow people to tell their stories with a level of depth that can not be captured in a brief survey.

So, next time we show up with a tape recorder in hand to speak with you or your patients, you'll have a better idea about what we do after we turn off the record button. Please send along any questions you have about research to asussman@salud.unm.edu.



University of New Mexico
Health Sciences Center
Family & Community Medicine
MSC 09 5040
1 University of New Mexico
Albuquerque, NM 87131

[Http://hsc.unm.edu/rios](http://hsc.unm.edu/rios)

From the Field

Gina Cardinali and Nityamo Lian

We, Nityamo and Gina, continue to visit with you through-out the state to report on all the network projects to date, highlighting the network survey, tobacco use prevalence project, and diabetes prevention project phase I (which looked at prevalence of diabetes risk factors and of acanthosis nigricans) and phase II (which focused on how clinicians handle counseling for prevention of diabetes/obesity in the brief primary care encounter).

Our goal is to let all network members know of the results of their efforts in these and to hear your feedback on these and other network topics. To date we have visited diverse clinics throughout the state including those located in: Chama, Angel Fire, Santa Fe, Taos, Reserve, Bernalillo, Cuba, Hatch, Tohatchi, Belen, Columbus, Silver City, Pojoaque

and many UNM clinics throughout Albuquerque.

We are eager to elicit your inquiries on issues of interest. Thus far we have learned that many of you identify numerous factors outside the clinic that impact obesity and tobacco use. Poverty came up as one of these issues in many places. How can patients afford to go to the gym? What can be done when pre-schools are providing refined sugar snacks and juices? Other broader issues are impacting our clinics and the quality of care provided. Reduced Medicaid and insurance reimbursements leading to higher overhead costs require some of our clinicians to spend less time per patient. Doctors are concerned about requiring co-pays up-front for all patients, worrying that those who can least afford to may go without care. Patients outside of

We thank you for your feedback and look forward to learning more about your topics of interest as we continue to meet with you. We would like to remind you that CME credit is awarded for our meetings and that member benefits include: appointment as adjunct faculty in UNM's Department of Family and Community Medicine, access to UNM's medical library resources, Johnson Gym and reduced UNM entertainment prices. Additionally, there is some funding available for travel for members to attend national research related conferences and funding for members to conduct their own pilot projects. Please feel free to contact us with any questions you may have or if you would like to arrange a meeting. Gina can be reached at gcardinali@salud.unm.edu, and Nityamo at nlian@salud.unm.edu. Thank you.