



Lunch & Learn



PCC Lunch and Learn

Thursday, January 27, 2021 | 11:00 AM - 12:00 PM ET



Lunch and Learn Co-chairs and Presenters



Irene Dankwa-Mullan, MD, MPH
Deputy Chief Health Officer,
IBM Watson Health



Jack Westfall, MD, MPH
Director,
Robert Graham Center



**David Grande,
MD, MPA**
University of
Pennsylvania



Ashlee Harris
Penn Center for
Community Health
Workers



**Sonal Patil,
MD, MSPH**
Cleveland Clinic
Community Care
Institute



Two Dozen
Curated Articles
to Shape
Primary Care
Policy & Practice



https://www.pcpcc.org/the-list

The screenshot shows the PCC website interface. At the top, the URL bar displays 'pcpcc.org'. The navigation bar includes links for 'My Workbench', 'Content', 'Structure', 'Configuration', 'Memberships', and 'Reports'. On the right, it shows '301 / 1' and 'Hello nwestfall' with a 'Log out' button. The main header features the PCC logo and the text 'primary care collaborative', along with links for 'Home', 'About Us', 'Sign Up', 'Contact Us', and 'Log In'. A search bar is also present. Below the header is a secondary navigation bar with categories: 'About Us', 'The Medical Home', 'Priority Issues', 'Join Us', 'Resources', 'Events', 'News', and 'Transformation'. A dropdown menu is open under 'Resources', listing 'PCC Resources', 'Webinars/Videos', 'Resource Library', 'Research', 'Training Database', and 'Initiatives Map'. The 'Research' option is circled in red, and a sub-menu for 'PCC Hub for Current Research' is visible. The main content area features a 'Primary Care' banner with 'MD-19' and a 'Lunch Learn' event on Thursday, January 27, from 11:00am to 12:00pm ET. The event has three presenters: David Grande, MD, MPA (University of Pennsylvania School of Medicine); Sonal Patil, MD, MSPH (Cleveland Clinic Community Care Institute); and Ashlee Harris (Penn Center for Community Health Workers). A 'Sign on to the Shared Principles' button is also visible.



Two Dozen Articles to Transform Primary Care Policy and Practice


Configuration Memberships Reports

In addition to this central research hub page, selected articles will receive additional dissemination treatment through our quarterly Lunch and Learn discussions and other dissemination documents. You can access previous Lunch and Learn discussions and view the additional dissemination materials on the About the Project page.

The overall project is funded by a Patient-Centered Outcomes Research Institute Eugene Washington PCORI Engagement Award (19760-PCPCQ).


Research Articles | About the Project | Lunch and Learns | Other Research

Shared Principle: Article Type:




Estimated Effect on Life Expectancy of Alleviating Primary Care Shortages in the United States

Annals of Internal Medicine | July 2021




Prior studies have reported that greater numbers of primary care physicians (PCPs) per population are associated with reduced population mortality, but the effect of increasing PCP density in areas of low density is poorly understood....




Higher Medicare Spending On Imaging And Lab Services After Primary Care Physician Group Vertical Integration

Health Affairs | May 2021




This study highlights how the growing trend of vertical integration, combined with differences in Medicare payment between hospitals and nonhospital providers, leads to higher Medicare spending.




Primary Care Practices Providing a Broader Range of Services Have Lower Medicare Expenditures and Emergency Department Utilization


Journal of General Internal Medicine | March 2021



This article explores the shared principle of "comprehensiveness" and assesses the impact comprehensiveness has on medical expenditures and emergency department utilization.



Geographic variation in overscreening for colorectal, cervical, and breast cancer among older adults





This article was featured in the July 22, 2021, Lunch and Learn discussion



In this segment of the July Lunch and Learn discussion, Dr. Eugene Rich, Senior Fellow at Mathematica, presented the paper and answered questions from the audience.

Summary of Discussion Highlights:

- Expand team-based care:
 - Utilize the full range of the primary care workforce including mobile pharmacists, mobile health workers, social workers, and so on, allowing each profession to work at the top of their license.
 - Conduct more research on the range of services provided in practices that include NPs and PAs.
- Integrate behavioral health and primary care:
 - When practices provide a broader range of services (including counseling), their Medicare beneficiaries subsequently experience fewer ED visits and lower total spending.
 - Include team members who have behavioral health skills and take advantage of existing primary care physician competencies.
 - E.g., family medicine has historically included training in basic mental health counseling and cognitive behavioral therapy.

Full Resource/Source: Journal of General Internal Medicine

About the Project

The Two Dozen Articles to Reform Primary Care Policy and Practice is a product of PCC's Bridging the Gap in Primary Care Research project, funded by a Patient-Centered Outcomes Research Institute Eugene Washington PCORI Engagement Award (19760-PCPCC). This two-year project (2021-2022) addresses, in part, shortcomings in the dissemination of primary care research, which can slow down the adoption of research results that can improve care. The project aims to identify important primary care patient-centered outcomes research/comparative effectiveness research and health services research results and engage key stakeholders in disseminating these select, high-impact results in different ways.



PCC is partnering on this project with the North American Primary Care Research Group (NAPCRG), which has vast experience in primary care research and dissemination strategies, including getting input from patients about research priorities and an annual process for crowdsourcing the highest-impact research results (research "pearls"). The 24 research articles on the list were curated by two different groups of experts and leaders, described below.

- Add

Research Articles

About the Project

Lunch and Learns

Other Research

Methods

The PCC worked with the North American Primary Care Research Group (NAPCRG), a multidisciplinary organization for primary care researchers, and the PCC-formed Research Dissemination Workgroup (RDWG) to identify and select the most relevant primary care research. The result is a list of the most relevant and actionable patient-centered outcomes research/comparative effectiveness research (PCOR-CER) and health services research (HSR) articles spanning primary care specialty groups.

NAPCRG undertook a structured review process to select the top primary care clinical research articles, which included:

- a review of NAPCRG "pearls," the top 10 best studies presented at NAPCRG's

Upcoming Lunch and Learns

Join us for our next discussion:

Thursday, January 27, 2022
11:00 am-12:00 p.m. EST

[More information and registration](#)

Attending for the first time? Watch this short intro video.

Lunch and Learns

December Lunch and Learn Discussion

October Lunch and Learn Discussion

July Lunch and Learn Discussion

Workgroup Leadership

The PCC formed a Research Dissemination Workgroup (RDWG) to identify the most relevant primary care research and inform the translation and dissemination of its selected articles. Its goal was to enhance the accessibility of research results and engagement with the findings across diverse audiences, including patients.

Workgroup Co-chairs:

- Eugene Rich, Senior Fellow, Director on Healthcare Effectiveness | Mathematica
- Joseph LeMaster, MD, MPH, Professor | University of Kansas School of Medicine



Eugene Rich,
MD



Joseph LeMaster,
MD, MPH

Workgroup Members:

- Sanjay Basu, MD, PhD, Director of Research | Harvard Center for Primary Care
- Wendy Bennett, MD, MPH, Associate Professor | Johns Hopkins Medicine
- Arlene Bierman, MD, Director | Agency for Healthcare Research and Quality (AHRQ)
- Marjorie Bowman, MD, MPA, Chief Academic Affiliations Officer | Department of Veterans Affairs
- Irene Danilewicz-Mullan, MD, MPH, Deputy Chief Health Officer | IBM
- Daniel Davies, JD, Director | Satcher Health Leadership Institute at Morehouse School of Medicine
- Susan Edgman-Lavitan, PA, Executive Director | John D. Stoeckle Center for Primary Care Innovation at Massachusetts General Hospital
- Bianca Frogner, PhD, Deputy Director | Primary Care Innovation Lab
- Stephanie Gold, MD, Assistant Professor | University of Colorado Denver, Department of Family Medicine
- Ann Greiner, MCR, President and CEO | Primary Care Collaborative
- Jane Kogan, PhD, Associate Chief Research and Translation Officer | University of Pittsburgh Medical Center
- Julia Murphy, Director, Dissemination | Paterson Center on Healthcare
- Monica O'Reilly-Jacob, PhD, FNP-BC, Assistant Professor | Boston College, Connell School of Nursing
- Michael Parchman, MD, MPH, Senior Investigator | MacColl Center for Health Care Innovation
- Susan Rainhard, RN, PhD, FAAN, Senior Vice President and Director | AARP
- Renae Turchi, MD, Faculty | Drexel University College of Medicine

The PCC also established the regular Lunch and Learn discussion series to evaluate and disseminate the policy implications of select articles identified by the Research Dissemination Workgroup. The Lunch and Learn series is another dissemination channel that is meant to inform and educate a wide range of primary care stakeholders of the most relevant and actionable primary care research. In these meetings, primary care researchers, advocates and policymakers are brought together to discuss the key messages and policy implications of the most important research identified by the RDWG, with the goal of better translating the research findings into their own practice and policy-making activities.



JAMA Internal Medicine | [Original Investigation](#)

Effect of Community Health Worker Support on Clinical Outcomes of Low-Income Patients Across Primary Care Facilities A Randomized Clinical Trial

Shreya Kangovi, MD, MS; Nandita Mitra, PhD; Lindsey Norton, MSS, MLSP; Rory Harte; Xinyi Zhao, MPH; Tamala Carter, CHW;
David Grande, MD, MPA; Judith A. Long, MD

Discussant: Ashlee Harris – Penn Center for Community Health Workers

Funding Source: PCORI-1310-07292; NHLBI K23-HL128837



Social Determinants of Health



Photo Credit: JGJ Consulting
Gottlieb et al Am J Prev Med 2017

Community Health Workers



IMPACT



1. Patient-centered
2. Standardized
3. Evidence



Research

Original Investigation

Patient-Centered Community Health Worker Intervention to Improve Posthospital Outcomes A Randomized Clinical Trial

Shreya Kangovi, MD, MS; Nandita Mitra, PhD; David Grande, MD, MPA; Mary L. White; Sharon McCollum;
Jeffrey Sellman, BA; Richard P. Shannon, MD; Judith A. Long, MD

AJPH RESEARCH

Community Health Worker Support for Disadvantaged Patients With Multiple Chronic Diseases: A Randomized Clinical Trial

Shreya Kangovi, MD, MS, Nandita Mitra, PhD, David Grande, MD, MPA, Hairong Huo, PhD, Robyn A. Smith, BS, and Judith A. Long, MD

Objective

In a multi-center randomized controlled trial (VA, FQHC, AMC), determine whether 6 months of CHW support leads to improved outcomes

Methods

- Participants:
 - Uninsured or publicly insured
 - Residents of a high-poverty region in Philadelphia
 - ≥ 2 : hypertension, diabetes, obesity and tobacco dependence, one in poor control
- Outcomes assessed at 6, 9 months:
 - Self-rated physical health, mental health, chronic disease control, patient activation, quality of primary care, and all-cause hospitalizations

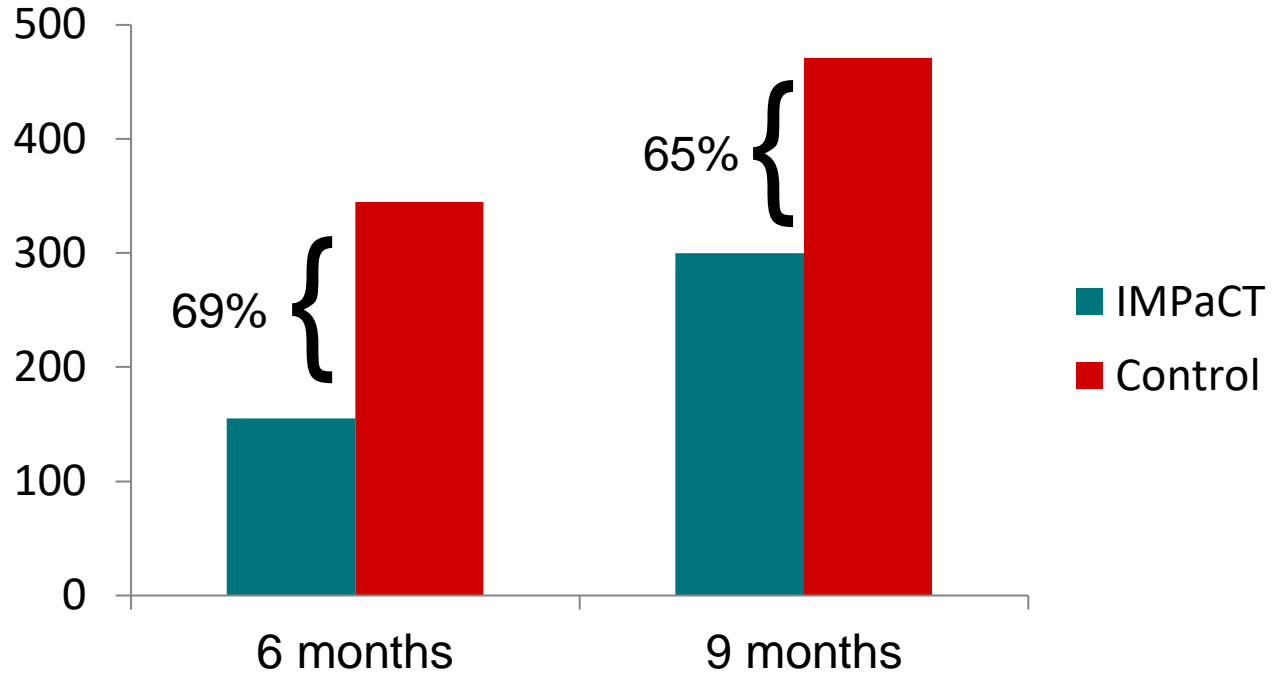
Participants (n=592)

Age, years	52.6
African-American	94%
Household Income < 15K	65%
Trauma History	98%
Baseline Chronic Disease Control	
Systolic Blood Pressure (mmHg)	161.6
Obesity (BMI)	42.5
Diabetes (HbA1c%)	10.5
Tobacco dependence (Cig per day)	9.3

Outcomes

	Diff-in-diff	P value
ΔSelf-rated Physical Health	-0.7	0.30
ΔSelf-rated Mental Health	0.8	0.41
ΔPatient Activation	1.9	0.06
ΔChronic disease control		0.21
Systolic blood pressure (mmHg)	-6.3	
Obesity (BMI)	-0.2	
Diabetes (HbA1c%)	-0.2	
Tobacco dependence (Cig per day)	-0.5	
	Odds Ratio	P value
Highest quality (CAHPS)	1.8	<0.001

Total hospital days



Outcomes

	Diff-in-diff	P value
Mean length of stay	-3.1	0.06
	Odds Ratio	P value
Repeat admissions	0.4	0.02
30-d readmission	0.3	0.04

† Among those with index admission

Conclusions

- Addressing outcomes that matter to patients:
 - Better experience/quality
 - Decreased acute care utilization
 - Prior studies have shown mental health benefits
- Persistence of effect
- Favorable ROI for Medicaid

Ashlee Harris

*Penn Center for
Community Health Workers*

<http://chw.upenn.edu/>

Home Blood Pressure Monitoring in Cases of Clinical Uncertainty to Differentiate Appropriate Inaction from Therapeutic inertia

Sonal J. Patil, MD, MSPH

Staff, Clinician-Investigator

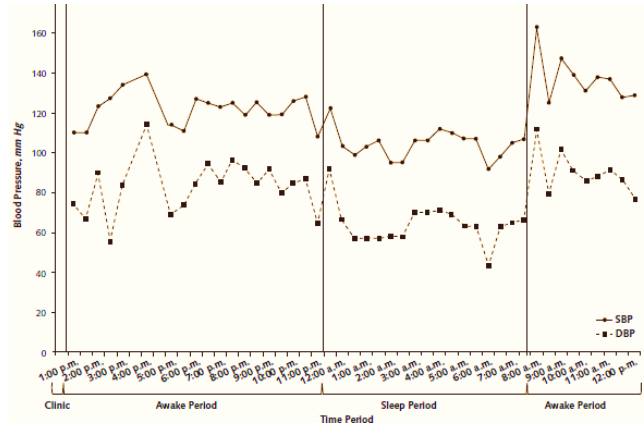
Wellness and Preventive Medicine Department, Cleveland Clinic
Community Care Institute

January 27, 2021

Funding: This project was funded by American Academy of Family Physicians (AAFP) Joint Grants Award Program

White coat effect in treated hypertension is not associated with adverse long-term cardiovascular outcomes.

Blood pressure (BP) is a physiologic parameter that fluctuates throughout day.

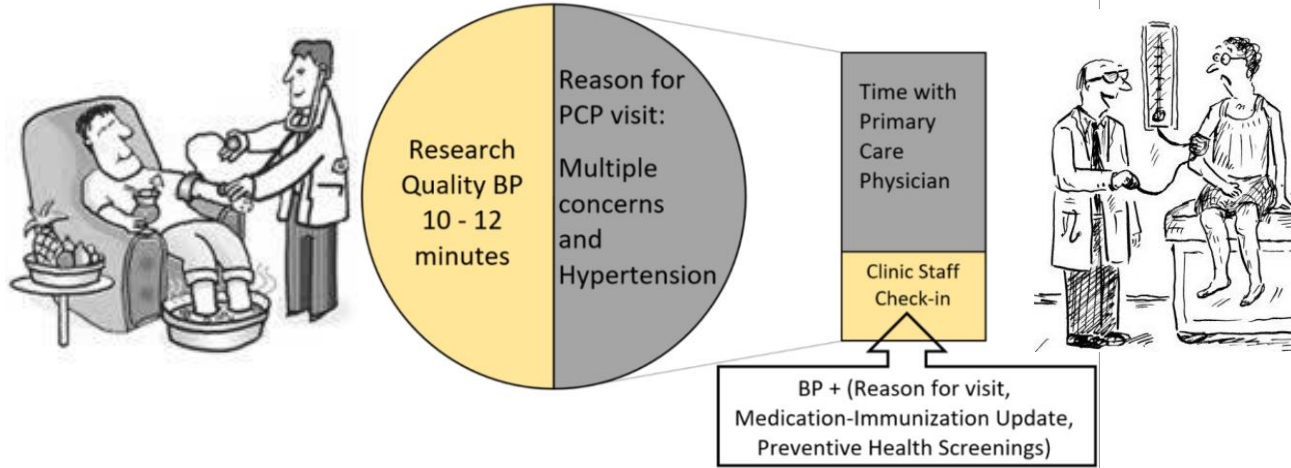


Physicians and patients are reluctant to intensify treatment when they are uncertain if the single elevated clinic BP truly reflects patient's hypertension control status.

Clinic BPs are known to be least accurate. Repeated out of office BP measurements accurately reflect hypertension control status.

However, physicians' hypertension control rates continue to be calculated and ranked based on the last documented single conventional clinic BP (rarely research quality BP measurement)

Typical Primary Care Visits: 15-20 minutes



Research Question: When physicians and patients are uncertain about intensifying treatment in presence of an elevated clinic BP reading, will documenting average home BPs improve hypertension control rates and clinical decision making?

Patients:

Hypertension + recent Clinic BP high (>140/90) + No change in hypertension management at current visit or prior 4 weeks



Intervention:

Home BP monitoring twice daily for 2 weeks
- Proper home BP measurement technique taught and verified initially and when returning home BP machine using checklists

Outcomes:

- Change in hypertension control rates by substituting clinic BPs with average home BPs
- Physician responses to average Home BP notifications
- Patients surveyed for their opinions on home BP monitoring
- Chart review 6 months later to check subsequent clinic BPs and physician responses to those clinic BPs

What did we find?

2/3rd of patients (59/90) with clinic BP in uncontrolled hypertension range had controlled hypertension with average Home BPs (<140/90)

Of the 31 patients with uncontrolled hypertension by average home BPs only 14 (15%) needed medication changes.

Average Home BP documentation improved hypertension control rates

Substituting average home BP for last clinic BP in 13 of the 278 hypertensive patients improved an individual physician's hypertension control rates by 5%.

20 patients with average home BP in controlled hypertension range had a subsequent elevated clinic BP within 6 months - Physicians did not change medications (appropriate inactions).

Participant Survey responses to Home BP monitoring

Improved health behaviors :

“Reduce salt intake because one day I ate a small pack of pretzels in the evening, my BP...was noticeably higher than other days “

“It made me consider how my anxiety affects blood pressure.” “Breathing exercises, mental happy thoughts.”

“Increased frequency and intensity of exercise”

Improved understanding of their hypertension control:

“Assured me that my bp is lower when I'm not near a health professional.”

“I thought it was better controlled, but realized it was not.” “Started taking blood pressure medication afterwards.”

Recommendations for clinical practices:

67% of patients said that nurses did not follow the proper BP measurement steps. *“They should follow the same rules”*

“Have those of us affected bring in some ‘kitchen’ readings.”

We could not predict clinic BP cutoff for which patients are more likely to have average home BP reading <140/90

Clinic BP cutoff (n)	Average Home BP <140/90	
	N	
Below 160/95 (n= 39)	25	64%
Above 160/95 (n=51)	34	67%

16 patients had systolic clinic BP >170 and 10 of those patients had average home BP of < 140/90.

In sum, hypertension guidelines and performance measures do not consider the impact of conventional clinic BP measurements on BP thresholds. **Average Home BPs should be used for estimating hypertension control rates and for clinical decision making.**

Policy and Practice Implications:

- Loan or prescribe valid Home BP monitors (www.validatebp.org). Insurance coverage of valid home BP machines may reduce disparities
- Team-based care to facilitate home BP monitoring. 3 days or maximum 7 days of twice daily home BP readings are enough
- Trust patient's self-report of home BP readings if they own valid BP monitors to improve patient engagement
- EHR's should have discrete extractable data fields for average Home BP entry
- If documented, last recorded average Home BP should be used for calculating hypertension control rates irrespective of follow-up clinic BP readings.



Thank you!

The image shows three individuals sitting on a red couch. On the left is a woman wearing a dark blue hijab and a blue and white plaid shirt, waving her right hand. In the center is a man with glasses wearing a yellow and blue plaid shirt, also waving his right hand. On the right is a man in a light blue polo shirt, resting his chin on his hand. A large white speech bubble with a black border is positioned above them, containing the text 'Thank you!'. In the background, an orange poster with text is visible on the wall.

If so, you may be eligible to join the study. We're looking for those who are:

- At least 18 years of age.
- Employed with high blood pressure (including but not limited to high blood pressure).
- Able to attend 4 visits to South Providence Clinic (over 2-4 weeks).
- Able to cover any additional study costs (available on our website).

Those who meet the criteria and are enrolled in the study will receive a \$500 gift card compensation for their study participation.

Please stop near the information desk if you the Research Center, in front of the office machine.

1551 South Hampton Dr. Columbia, MS 39201

If you had any additional questions or would like more information, contact us at 1770-MS-2117 or by email at msrc@mc.man.ac.uk

Principal Investigator: Dr. Sonal Pathil, Research Assistant: Nisha Wang, South Providence Clinic

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