

West Virginia Practice-Based Research Network: Community Research Showcase

Presented by:

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Core

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West Virginia
Clinical and Translational Science Institute

WVPBRN

The **mission** of the WVPBRN is to improve the health of West Virginians by collaborating with primary care practices to conduct translational practice-based research.

West Virginia Practice-Based Research Network



WVPBRN Timeline

- 2012: Development initiates.
- 2013: WVPBRN is registered with AHRQ
- 2014: Network has 53 sites, Co-Chairs, General Advisory and Protocol Review Committees, and policy and practice procedures
- 2015: 55 primary care centers across 15 independent organizations
- 2016: 68 sites and 43 projects; 12 with external funding; 89% of sites are implementing and/or developing a current WVPBRN project



Highlight Projects

- **WV Diabetic Retinopathy Project (IRIS)**
 - Stacey Whanger, MPH, WVPBRN
 - Gregory Peters, MD, Community Care of WV
- **WV Hep C ECHO Project**
 - Jay Mason, WVPBRN
 - Amber Crist, MS, Cabin Creek Health Systems
- **Project Better Health**
 - Melissa Olfert, DRPH, MS, RDN, LD, WVU Nutrition Sciences
 - Treah Haggerty, MD, MS, WVU Department of Family Medicine

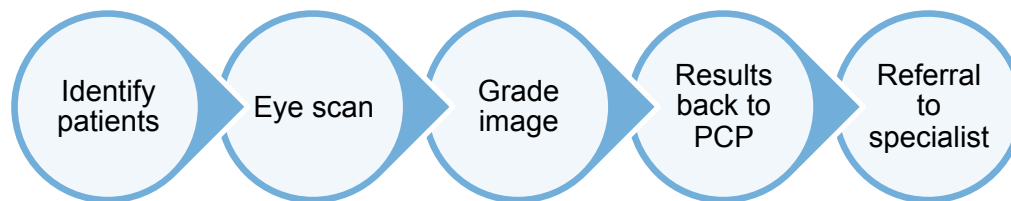
WV Diabetic Retinopathy Project

Project Development

- WVPBRN identified need for diabetic eye care
- Network partnered with WVU Eye Institute and IRIS
- 3 WVPBRN clinical sites to pilot: Harpers Ferry Family Medicine, Community Care of WV, and Valley Health Systems

Project Objectives & Description

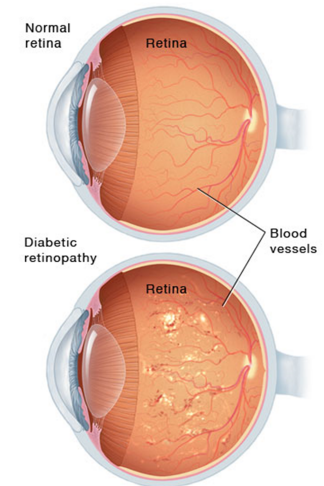
- To increase rate of eye exams in patients with diabetes
- Funded by WVCTSI, Alcon Foundation, Allergan Foundation
- Implementing retinal imaging cameras



WV Diabetic Retinopathy Project

Results

- A total of 1282 patients were scanned
- 391 (30.0%) found ophthalmic pathology
- 210 (16.4%) had diabetic retinopathy present
 - 27 (2%) patients had severe/proliferative retinopathy
- Quality measures improved >20% in 6 months



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Conclusion

- Demonstrates access in rural areas increases sight-saving detection
- Shows cost-effectiveness of early treatment
- Informs translational impact
 - Reimbursement policy changes

WV Diabetic Retinopathy Project

Clinical Impact

Community Care of WV* - Gregory Peters, MD

- Improves access for patients
- Improves quality measures
- Identifies end organ damage

WV HepC ECHO Project

Project Development

- Initial idea originated at Cabin Creek Health Systems
 - Funding from the Claude Worthington Benedum Foundation of \$100,000
- WVCTSI partnered with the WV Primary Care Association



Project Description

- Started in May 2016
- Weekly web conferencing session between “Hub” specialists and Primary Care Physicians throughout WV
- Review HepC cases presented by providers
- Didactic presentations done by Hub members

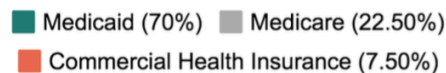


WV HepC ECHO Project

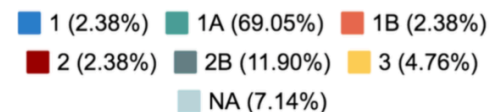
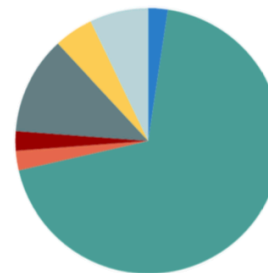
Results

- 15 participating clinics
 - 14 in WV and 1 in OH
- Reviewed 39 cases and have had 14 didactic presentations
- 46 individual providers participated in at least one session
 - Average 10 providers per session

Insurance



HepC Genotype



WV HepC ECHO Project

Next Steps

- Developing future ECHO projects based on network input
 - Chronic Pain
- Sustainability planning

Clinical Impact

Cabin Creek Health Systems – Amber Crist, MS

- *Provides education to primary care providers*
- *Helps retain patients instead of sending to specialists*
- *Providers have a better understanding of what to look for in HepC patients*

Project Better Health

Project Development

- Nutrition Services in rural WV
- Partners GM, CTSI, PBRN, CTRU, WVU
- 7 WVPBRN clinical sites



good measures™



Project Description

- Funded by WVCTSI and Nutrition Counseling Services by GM
- Feasibility Study using GM Approach in Rural and Academic Clinics in WV
- Webinar introducing GM Approach (May 2015), Training of clinical site staff, Recruitment (n=64), 12 week Intervention of research protocol and GM enrollment, Close of study (August 2016)



Project Better Health

Results

- Total patients recruited n=64 (AC=26 and RC=38)
- Retention 56 continued to 4 wks, 50 continued to 12 wks = 78% completion rate
- Positive consistent Behavior/Attitude scores improvement toward use of the GM approach
- Weight decrease at 12 wks AC -2.5 lbs (8.4SD) and RC -3.2 lbs (8.0SD) (p-value 0.78)
- Systolic BP at 12 wks AC -2.1(13.3SD) and RC -3.8 (15.8SD) (p-value 0.70)

Conclusions

- This feasibility study demonstrates that novel mHealth Nutrition Service approaches reaching rural populations through clinics can impact the health of these individuals. Technology is not a limitation like many perceive it to be, so considering virtual approaches should be considered in serving this rural population.

Project Better Health

Clinical Impact

WVU Family Medicine – Trea Haggerty, MD

- Improves access to weight management for patients
- Better communication with patients
- Feasibility of a clinical trial in PBRN practice sites
- Provides patients with resources for weight self-management techniques

Thank you!

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