



DC PRIMCARE PBRN

DISTRICT OF COLUMBIA PRIMARY CARE PRACTICE-BASED
RESEARCH NETWORK

WINTER 2009

VOLUME 2 ISSUE 3

Message from the Director:

Charles P. Mouton, MD, MS

2009 Year in Review



Greetings providers, supporters and participants of DC PrimCare, First and foremost I would like to wish each and everyone much success in the new year and I look forward to us continuing to work together as a team. In this issue of the *Clinician Connector*, we would like to update our network on the activities we have participated during the year 2009 as well as the upcoming studies we will be a part of. The network was represented at the AHRQ PBRN conference and the data collected from the practices was presented. Also, the Consumer Genetics Education Network hosted a town hall meeting focused Family Health History. Details of these events as well coming events can be found in this issue. The fourth annual providers and staff meeting was also held and ballots were casted for two additional members to join the board of directors. We hope that you will continue to support the network and continue to visit our website www.dcpimcare.com to keep abreast of the network events.

Annual Provider and Staff Meeting

DC PrimCare hosted its 4th annual Provider and Staff Meeting on *Monday, September 15, 2009* at Howard University Hospital. This was a joint meeting with the Department of Community and Family Medicine Clerkship Appreciation Ceremony. At this meeting attendees had the opportunity to meet and network with other primary care providers as well as to collaborate in research endeavors to improve access to care for their patients. Ballots were casted to nominate two additional board members. Based upon the results, we are pleased to welcome *Drs. Babafemi Adenuga and Anthony Ibe* as part of our leadership. Also, Mezbah Faruque, MD, PhD, Associate Director of the National Human Genome Center at Howard University, presented an overview of a study entitled "Genome Wide Admixture Mapping of Asthma" which was approved by the DC PrimCare board of directors. The study will begin in February 2010. Please see page 5 for project details.

INSIDE THIS ISSUE:

Message from Director	1	Proposals Submitted	4
Physician Spotlight	2	Upcoming Project: Engagement of	5
Upcoming Events		DC PrimCare PBRN in Asthma Genomics	
Research	3	Research	
AHRQ PBRN Conference			

Upcoming Events

March

March 5-March 7

Chronic Illness: An Evidence-based Approach to Practical Management
Kansas City, MO

March 20

AAFP Live! Diabetes and Cardiovascular Disease
Hyatt Regency Buffalo
Buffalo, NY

April

April 24-28

STFM Annual Conference
Vancouver, British Columbia

May

May 11- May 12

Family Medicine Congressional Conference
JW Marriott Hotel
Washington, DC

June

June 22-June 26

Family Medicine Update and Review
Hard Rock Hotel
Las Vegas, NV

July

July 29-31

AAFP National Conference
Kansas City, MO

July 31- August 4

NMA National Convention
Orlando, FL

Physician Spotlight



Dr. Veronica Jenkins

Why did you choose infectious diseases as your specialty?

Actually, I am trained in Internal medicine. I came to Family Medical and Counseling Services (FMCS) to do women's Health and found HIV/AIDS instead.

Do you work in a private or community practice?

FMCS is a community clinic

Why did you choose to work in this setting and what are the benefits of working in this type of setting?

In most community settings, you can see the gamut of disease states. Here are those who are least likely to seek medical service and present generally in more advance stages of disease states. In addition, because of the complexity of the populations served, we see atypical presentations of certain conditions. Many clients are comorbidly infected and affected by substance abuse, mental illness and homelessness.

Does your practice utilize electronic health records? If yes, how has it helped your practice?

It has made us more efficient and able to compress a larger amount of material into the records that we would not have been able to do with paper charts.

What inspired you to join DC PrimCare Practice Based Research Network?

It is always important to get research and clinical data that is specific for your population to best manage their care. The paucity of research data on African Americans dictates that we be pro active in finding, procuring and including our clients to best chose medications and treatments for optimal outcomes.

What do you think is the role of Practice-Based Research Networks in enhancing research in clinical practice?

This will hopefully enhance the participation of subpopulations that are not readily invited or included in research. By including area practitioners in the research process, we will demystify it first for clinicians and hopefully have them encourage patient participation. Bringing research to the community allows clients to be a part of the medical continuum and openly include the physicians that they trust and follow in the discourse.

Physician Spotlight

What areas of research are you interested in?

Diabetes and weight control

What other research have you being involved in?

Most recently I have participated in observational studies with Pfizer for their CCR5 inhibitor

What is the most rewarding aspect of your profession?

When a client wakes up or walks or simply feels better after we have developed a treatment plan, I am happy. It is the joy of recovery that gives me pleasure. If I can change one attitude about the science and teach a client one fact that they repeat, I am happy.

You could be featured in the next issue! We encourage you to share your practice experience with us.
Submit to fkhunter@howard.edu

Research

AHRQ PBRN CONFERENCE



L-R: Kerry-Ann Suckra and Finie Richardson, MPH represented the Network at the 2009 AHRQ National PBRN Research Conference.

The AHRQ PBRN conference was held June 24-26 2009, at the Double Tree Hotel in Bethesda, Maryland. Finie Richardson, MPH did a poster presentation for the PBRN research in progress category. The presentation was entitled *The Development and Characterization of DC PrimCare: An Urban Primary Care Practice Based Research Network in Washington, DC*. The objectives of this presentation was to assess and document the representation and diversity of the DC PrimCare patient population and to describe the clinical encounters and medical patterns of the network practices. In the study conducted, the National Ambulatory Medical Care Survey was administered using the 2006 Patient Record Form and followed the national model for collecting the data. The participants included twelve primary care practices and one Family Health Center within DC PrimCare Practice Based Research Network.

Research at a Glance

Proposals Submitted

National Institutes of Health Challenge Grants

Two proposals were submitted to the National Institutes of Health on behalf of the Department of Community and Family Medicine and DC PrimCare Practice Based Research Network. These were entitled *Pharmacist-Led Intervention to Improve Adherence in African Americans with Uncontrolled Hypertension* and *Development of a Translational Clinical Research Program in Primary Care*.

The proposal entitled *Pharmacist-Led Intervention to Improve Adherence in African Americans with Uncontrolled Hypertension* will use a pharmacist-led counseling session to address both problems of health literacy and medication non-adherence. This study will develop a pharmacist-led medication adherence intervention as a promising new strategy to reduce the problem of medication adherence in primary care practices. It will also promote adherence through promoting adequate medication education for low literacy patients. It will involve health services researchers at Howard University College of Medicine and Howard University's College of Pharmacy, Nursing and Allied Health as well as primary care physicians in the community serving African American patients.

The goal of the *Development of a Translational Clinical Research Program in Primary Care* study will be to identify and describe a feasible strategy for preventing cardiovascular disease and avoiding poor outcomes in those with pre-existing cardiovascular disease. With the proven efficacy of this pharmacist-led intervention, we will be able to deliver a feasible collaborative strategy with application at the practice level to maximize control of hypertension and its associated cardiovascular problems.

Enhanced Navigator Program to Improve Prostate Cancer Outcomes (ENIPCO)

The proposal submitted entitled *Enhanced Navigator Program to Improve Prostate Cancer Outcomes (ENIPCO)* seeks to address this problem of prostate cancer diagnosis and treatment at two levels. These involve a community-based education intervention and screening program combined with a developmental quasi-experimental intervention study using patient navigators and enhanced medical decision making support to improve adherence. Specifically, we will conduct a community-based screening program called the Men-Take-Ten program to identify men with potential prostate cancer in the predominantly African American Washington, DC metropolitan area. This community-based screening will be followed by a randomized trial of an intervention to encourage men to confirm the prostate cancer diagnosis and receive treatment. For this proposal, the Men Take Ten project will identify men who screen positive for prostate cancer and link them to the Urology Division at HUH to provide the appropriate services to improve prostate cancer outcomes. Also, this program emphasizes the role that community resources and self-management support can play in facilitating good outcomes.

Upcoming Project

Engagement of DC PrimCare-PBRN in Asthma Genomics Research

Asthma is a complex disease with a worldwide impact on public health. Asthma is a key component in the respiratory disease chapter of the *Healthy People 2010* objectives. In 2005, in the US, an estimated 7.7% of people (22.2 million) had asthma (1), whereas 8.9% of children aged 2 to 17 years were reported to be asthmatic (2). In 2000, asthma accounted for 4,487 deaths, approximately 465,000 hospitalizations, an estimated 1.8 million emergency department (ED) visits, and approximately 10.4 million physician office visits among persons of all ages (3). Asthma is one of the diseases that shows disproportionately higher incidence and disease associated mortality rate in African Americans compared to 44 in whites (1).

Upcoming Project (Continued)

Engagement of DC PrimCare PBRN in Asthma Genomics Research

In 2004, the number of asthma emergency department visits were 201 in African Americans compared to 44 in whites, and number of hospitalizations were 34 in African Americans compared to whites in 2003 [3.3 and 1.1 respectively, per 10,000 populations] (1).

It is recognized that there is a strong genetic component to asthma development. Reports of dozens of susceptibility candidate genetic loci from linkage and association studies in multiple populations over past several years reflect the nature of tremendous genetic heterogeneity for asthma. Additionally, limited successes obtained from these studies warrant for new approaches for identifying the genetic determinants of asthma as well as clues behind the observed disparity. In this regard, admixture mapping (AM) strategy is receiving increasing recognition as a complementary approach. Admixture mapping AM is based on the assumption that some susceptibility variants will be associated with continental ancestry and that this association can be discerned in admixed populations by examining linkage to ancestry. In chromosomal regions containing variants contributing to disease risk, there will be an overrepresentation of ancestry from whichever population has a higher proportion of risk alleles at the locus. Theoretically, when admixture between continental populations has occurred relatively recently, the chromosomal segments derived from the parental populations can be deduced from the different gametic allele frequencies in the admixed population. This gene flow between genetically distinct populations also results in admixture linkage disequilibrium (LD) among loci that have different allele frequencies in the founding populations. AM is designed to study populations descended, at least in part, from the recent mixing of ethnic groups from multiple parts of the world, African Americans being a good example.

The DC PrimCare developed by the Department of Community and Family Medicine, Howard University, consists of an excellent resourceful network of practices and clinicians that serve approximately fourteen thousand patients per month and serves predominantly African American patients. One major objective of the DC PrimCare is to participate and support translation research that bears strong potential for transforming basic and clinical research findings to patient's benefit.

Our asthma genomics project in collaboration with the DC PrimCare network is aimed to identify asthma susceptibility genetic factors in African Americans by admixture mapping. Specific objectives of the project include: (1) to enroll and characterize 2000 African American participants (1000 asthma cases and 1000 matched controls), (2) to perform genotyping of a highly informative and established ancestry informative marker (AIM) panel for African Americans in the entire 2000 participants, and (3) to perform a follow-up fine mapping of the identified admixture linkage genomic regions to identify asthma susceptibility gene(s). Inclusion criteria for cases include: (1) age 6 years, (2) doctor's diagnosed asthma, (3) documented willingness to participate, and (4) unrelated with other participants. Exclusion criteria for cases are: (1) age < 6 years, (2) congenital or acquired pulmonary disease at birth, (3) history of or current presence of chronic lung disease, (4) active infectious respiratory disease (5) uncorrected congenital heart disease, and (6) medical condition or usage of medication that, in the opinion of the team's medical staff, may increase risk to the subject, if she/he participates. Inclusion criteria for non-asthmatic controls will include: (1) age 6 years and (2) documented willingness to participate. Exclusion criteria for controls will be the same like cases, plus absence of any evidence of asthma.

Through the DC PrimCare network, we will contact the physicians and identify asthma cases and non-asthmatic controls. Recruitment will take place in two phases.



Upcoming Project (Continued)

In the first phase, cases and controls will be identified by the study coordinator working with the physician's office, followed by obtaining their informed consent.

Detailed demographic, anthropometry, vitals, medical, socio-economic and personnel information will be obtained by proper examination and by administering appropriate questionnaires and collecting information from participant's medical records. Blood will be collected from the participants for genetic, biochemical and immunological tests. In the second phase, participants will be invited to the General Clinical Research Center (GCRC) at Howard University Hospital (HUH) for clinical phenotyping by conducting pulmonary function tests (PFTs) to assess disease severity. PFTs will include baseline spirometry and "albuterol reversibility test" according to the American Thoracic Society/European Respiratory Society task force guidelines (4). Since proper interpretation of PFTs may require discontinuation of certain medications, the first phase at the physician's office will also allow us to obtain necessary information to identify, as necessary, medicines that may be needed to be discontinued prior to performing the PFTs. However, such request to the participant for discontinuation of medication will be contingent upon approval of his/her physician.

Findings generated from this study bears strong potential to identify biomarkers for asthma in African Americans, as well as to explore their role in other population groups. As we are approaching towards a "personalized genomics" era, details of the underlying genomics of asthma will be a key for translating research findings from "bench side" to "bedside". With the rapid progress in the identification of genes involved in various ethnic populations combined with the availability in future of well-targeted drugs, it will be possible to have appropriate medicine as per the genetic make-up of an individual. The unique pattern of genetic variations in African Americans identified through this study will not only add valuable information about asthma but will solve many puzzles related to the observed disparity. Asthma susceptibility biomarkers identified from the results of this study may thus have significant impact on management of this disease in African Americans. The identified biomarkers may be utilized in screening at-risk population that could help in early diagnosis as well as implementing appropriate intervention required to prevent this disease .

Have you signed up to participate in this interesting and innovative study?

If you would like to participate, please contact:

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We invite you to Come Aboard!
Join
DC PrimCare PBRN

DC PrimCare primary care practice-based research network (PBRN) was established on January 2006 by the Department of Community and Family Medicine at Howard University College of Medicine to improve the understanding of health disparities in urban minorities and to develop practical strategies to promote prevention and enhance treatment of diseases common in minorities, particularly those of African Ancestry. The goal of the DC PrimCare PBRN is to facilitate and provide resources for community based primary care clinicians to address relevant issues regarding underserved populations and translate research into practice.

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