

**Research and Evaluation Committee Meeting
Minutes
September 10th 2015 1PM EST**

Attendance

	Present	Absent
*Jennifer Funderburk	X	
*Jennifer Hodgson	X	
*Jeff Goodie	X	
*Jodi Polaha		X
*Jennifer Wray	X	
*Zephon Lister	X	
Rusty Kallenberg	X	
Astrid Beigel	X	
Ian Bennett		X
Bill McFeature		X
Tom Bishop		X
Brian DeSantis		X
C R Macchi		X
Christine Runyan		X
Chris Hunter		X
Colleen Cordes		X
Danielle King		X
Dave Johnson	X	
Emma Gilchrist		X
Gary		X
Jeri Turgesen		X
Jessica Pittrizzi		X
Karen Kinman		X
Polly Kurtz	X	
Lesley Mason		X
Katilin Lilenthal		X
Lori Zeman		X
Mark Vogel		X
Mary Peterson		X
Mary Talen		X
Matthew Tolliver		X
Tawnya Meadows		X
Miyoung Yoon Hammer		X
Beth Nolan	X	
Patrick Palmieri		X
Randi Dublin		X
Robyn Shepardson	X	
Stacy Ogbeide		X
Christina Studts		X
Suzanne Daub		X
Will Lusenhop		X
Kathryn Woods		X
Rodger Kessler	X	
Joe Grasso		X
Kaitlin Lilienthal		X
Nyann Biery		X
Waymon Hinson	X	

*** voting member**

- 1) Approve minutes from June and August
 - a. June- Jen F moves to approve, Jeff seconds
 - b. August- Jen F moves to approve, Jeff seconds
- 2) CFHA conference
 - a. Discuss sending out approved email to local universities or other individuals
 - i. Jen F will be sending this to VA colleagues
 - ii. Jen W will be sending to colleague at OHSU
 - iii. Jen H will send this out to some of her family medicine colleagues
 - iv. The email is below- if you have colleagues who would be interested in this track (especially in the Portland area) please send them this email!
 - b. Discuss certificate for research track- committee members discussed feedback and suggestions for the completion certificate
 - i. Discussed what the certificates will be used for
 - ii. Add Rusty as signer
 - iii. Specify "CFHA 17th annual conference" on certificate, potentially the location as well
 - iv. Might consider for next year adding more but for this year let's just acknowledge their attendance with this certificate
 - c. Discuss PPT slides for presenters to insert (to explain certificate and evaluation)
 - i. Committee members agreed that this would be useful and thought the slides looked good
 - d. Have 1 volunteer from research committee attend each research track presentation
 - i. We'd like to hear how these presentations are going as well as the chatter happening in the room so we have some more feedback for improving this track in the future
 - ii. Jen W will send out an email to get some volunteers
 - e. Updates regarding promotional video that Jodi et al are working on
 - i. This is still in the works and will be ready in time for the conference
 - f. In person meeting at CFHA ---take up entire time 7:30-9am Sat? and with what?
 - i. Last year- brainstormed ideas about what we would do over the upcoming year, new members
 - ii. May want to spend some time talking about research gaps
 - g. Special issue of Family Systems & Health
 - i. Special issue or subsection of FSH that would be more regular, Jen and Jodi can update the committee when there is more info on this
 - h. Jen W will send an email to the committee soliciting information about presentations and posters that committee members have at the conference and then will send out an email to members so we can attend one another's presentations
- 3) Webinar 9/23 at 1PM EST- please attend if possible!
 - a. Our committee will be sponsoring this
 - b. Beth Nolan will present on program evaluation and QI
 - c. Hopefully will generate some excitement about the research and evaluation track at the CFHA conference
 - d. So far has 60 participants
- 4) Timeline and voting for new leadership, including descriptions of positions
 - a. Typically nominations via email
 - b. Let's send an email out to entire CFHA organization to let them know about the committee and the leadership opportunities

- i. Special email to early career professionals involved in CFHA who might be interested in getting more involved in the committee
 - c. Nominations collected at Nov meeting, vote during November, and can announce during December meeting
 - d. If you know people who want to get more involved
 - e. Jen W and Jen F mentioned that they would be happy to answer questions if you know people who may be interested
- 5) Will meet in person at CFHA (see above); Next telephone meeting will be Thursday November 5th 2015
 - 6) Brian's project (tabled until future meeting as he will be unable to attend)
 - 7) Create feedback to planning committee CFHA abstract/reviewer process (tabled)

Meeting adjourned.

Draft of email:

(personal greeting if research committee member knows someone at organization or university)

The Collaborative Family Health Association (CFHA) announces a **new** Research and Program Evaluation track at the 2015 CFHA Conference in Portland, Oregon. We hope some representatives from your organization will attend.

Demonstrating patient outcomes, service delivery, and cost effectiveness by engaging in ongoing quality improvement is increasingly important in the modern health care landscape. This track is designed provide practical “how to” lessons for key representatives in your organization regarding how to plan and conduct research, quality improvement, and program evaluation in real-world health care settings.

The proposals included in this track are:

- 1) **Unlocking Implementation in Primary Healthcare: The Family Check-Up as an Example** (presented by Polaha, J., Smith, J., Smith, C., Schetzina, K.) The field of Implementation Science (IS) recently developed models to guide the implementation of new practices in healthcare clinics and empirically validated evaluation strategies for field-based researchers. We present two such models and evaluation methods conducive to collaborative family healthcare using the Family Check-Up (FCU) program as an example. The FCU has had wide-ranging effects in large-scale trials implemented in public middle schools, community mental health, and social service systems (e.g., Dishion et al. 2008; 2011; 2014). Drs. Polaha and Smith are engaged in efforts to embed the FCU in diverse pediatric primary care clinics. In this presentation, we will focus on the CFIR (Damschroder et al. 2009) and EPIS (Aarons, Hurlburt & Horwitz, 2011) models, as they apply to the FCU in pediatric primary care; the measurement of implementation outcomes using the Proctor et al. (2009) model; and consider how organizational factors serve as facilitators or barriers to implementation (Powell et al. 2015).
- 2) **An Interactive Case-based Introduction to Quality Improvement within Integrated Health Care Settings** (presented by Grasso, J. & Pomerantz, A.) Quality Improvement (QI) can yield health care innovations and beneficial outcomes for patients, health professionals, and health care systems. With the implementation of the Affordable Care Act, QI skills are more essential, as payment becomes tied to clinical outcomes and performance measures. However, QI curriculum is new to many primary care training programs and is largely absent from graduate school training for mental health providers. Thus, the proposed presentation will serve as an interactive, case-based introduction to QI for beginners. Presenters will explain the purpose of QI and how QI differs from research as well as types of system performance, professional development, and clinical issues that are appropriate for QI methods (20%). Attendees will split into teams to 1) discuss their QI project ideas to address needs in their own clinics 2) select one promising idea within the group. Groups will be guided through developing an aim statement for their sample project (25%). Presenters will discuss components of the Plan-Do-Study-Act (PDSA) model, including simple tools for process analysis and outcome measurement. Throughout the discussion, presenters will refer to a QI case project that was initially designed to improve access in a VA clinic and resulted in a new model of primary care/mental health integration in the VA system. We will demonstrate how each step in the PDSA cycle is illustrated in the case (25%). Finally, teams will apply the PDSA cycle to their

group's project idea. Presenters will answer questions and troubleshoot problems before teams share their PDSA plan with fellow attendees (30%).

3) Let's Talk! Questions and Answers Regarding How to Convert Clinical Practice into

Research and Program Evaluation (presented by Goodie, J., Funderburk, J., Studts, C., Lusenhop, W.) The primary purpose is to allow attendees a chance to discuss their questions and ideas about research and program evaluation. The CFHA Research and Evaluation Committee has identified the need to provide an interactive, question and answer style forum to meet the needs of CFHA attendees who do not have easy access to research and program evaluation resources in their practices. The target audience is for any clinician or researcher working in a primary care environment who wants to conduct a study or program evaluation. We will break participants into small groups to allow for targeted question and answer sessions. Although we are planning on four groups, this number may be adjusted based on the needs and size of the audience. 1. Introductions of panelists (5 mins) 2. Overview of common barriers and effective strategies to conducting research and program evaluation in primary care settings (20 mins) 3. Small groups are formed based on the primary type of question the audience member has, e.g.: a. Here's my research/evaluation question; I need help with the method! b. Here's my research/evaluation question and method; I have hit some obstacles! c. Here's my research/evaluation question and method; how can I measure my outcomes? d. I need another kind of help! (30 mins) 4. Small groups are re-arranged allowing audience members to move and presenters to take a new question. Then, discussion of questions will continue. (25 mins) 5. Panelists will summarize themes of questions and answers and discuss resources for continuing to have questions answered. (10 mins)

4) PCBH Clinical and Process Outcomes: Program Evaluation in the Department of Defense

(presented by Dombeyer, A., Hunter, C., Bell, J.) Although literature on the primary care behavioral health (PCBH) model of service delivery has increased in recent years, the majority focuses on description of the model, implementation efforts, and training approaches. Less is known about process and clinical outcomes of this form of integrated primary care. This presentation addresses the Training in Research and Evaluation track and the Primary Care Behavioral Health Model of Service Deliveryâ€” a focus area by describing initial program evaluation results of the Department of Defense's (DoD's) implementation of PCBH services in 228 primary care clinics with over 3,000 enrollees in each clinic. The DoD has behavioral health consultants (BHCs) trained to provide focused, consultative assessment and intervention in primary care to address a range of psychological and medical conditions in each of these clinics. We will discuss initial program evaluation efforts, which include quarterly reviews of key PCBH process metrics (e.g., fidelity to model of care) and clinical outcomes as measured by the Behavioral Health Measure-20 (BHM-20), which is administered to each adult patient at every BHC appointment. Data from the first 3 quarters of this program evaluation will be presented and discussed. Recommendations for addressing barriers to program evaluation in large systems will be discussed, and directions for future program evaluation will be highlighted. The presentation format will be a combination of lecture (60%) and interactive discussion (40%). Attendees will gain a better understanding of the early program evaluation efforts and outcomes (process and clinical) obtained in a large medical system implementing the PCBH model of service delivery, as well as barriers and strategies for approaching PCBH program evaluation in a real worldâ€” settings.

5) Interdisciplinary QI Initiative: Pharmacist-Initiated Medication Reviews to Facilitate Safety and Efficacy Monitoring in Primary Care

(presented by Gallimore, C. & Schreiter, E.) While increasing percentage of psychotropic medications are prescribed in primary care, monitoring rates for these medications are sub-optimal. This presentation describes an interdisciplinary quality improvement initiative facilitating appropriate monitoring of psychotropic medications in a primary care clinic. Pharmacists reviewed medications of complex patients to provide monitoring recommendations to providers via electronic health record (EHR). The project significantly increased percent of patients up to date on lab monitoring, reduced drug interaction risk, and was viewed favorably by providers. Target audience includes primary care, behavioral health and pharmacy clinicians managing patients with mental health conditions involving pharmacotherapy. The QI project introduces an integrated care process that aligns with conference goal of "helping make the shift from health care to health" and research track by describing a QI project that demonstrated improved patient care. Presentation structure: Lecture (30 min): Description of QI project need, structure and evaluation results; barriers/challenges; future directions; sustainability and transferability to other health systems Audience interaction (10 min): feedback, experience sharing, questions

For further information about other presentations at the conference or interest in registering to attend a day or the entire conference, please review the Collaborative Family Healthcare Association website at: www.cfha.net