



### Summaries of UW ICTR Funded Patient-Centered Outcomes Research Awards, 2013

**1. PI: Elizabeth Cox, Assistant Professor, SMPH/Pediatrics**

**Title:** *Engaging Stakeholders to Deliver Family-Centered Diabetes Self-Management Resources*

Academic Collaborators: Nancy Pandhi (SMPH)

Community Collaborators: American Family Children's Hospital, Juvenile Diabetes Research Foundation Western Wisconsin Chapter

**Summary**

Unlike type 2 diabetes, type 1 diabetes cannot be prevented or cured, nor treated solely with better diet and exercise. The only way for children with type 1 diabetes to survive is by enduring multiple insulin injections daily in order to control blood sugars; yet, taking too much insulin can cause seizures or even death. Controlling blood sugars requires "self-management," carefully balancing the amount of insulin injected, the sugar consumed in food, and the fuel needed for activities. Each family faces unique barriers to self-management. Type 1 diabetes is nearly always cared for by a team of specialists, nurses, diabetes educators, nutritionists, and psychologists—who have no way to easily determine what barriers a family faces, so families often repeatedly visit resources not tailored to their needs, resulting in frustration and wasted time. To efficiently align resources to families' needs, we will gather input directly from families and children which will then provide the basis for incorporating stakeholder perspectives into research on how to improve outcomes and provide self-management resources that address their unique barriers. Results can also be used to educate clinicians, guide policies for chronic disease care, and support future research in other chronic diseases.

**2. PI: David Mott, Professor, Pharmacy**

**Title:** *Expanding the Role of the Community Pharmacist in Falls Prevention*

Academic Collaborators: Jane Mahoney (SMPH), Beth Martin (Pharmacy), Bob Breslow (Pharmacy), Sarah Esmond (CCHE), Rachel Smedley (CAARN)

Community Collaborators: LaCrosse County Aging Unit, Aging and Disability Resource Center (ADRC) of Calumet, Waupaca and Outagamie counties, Brown County ADRC

**Summary**

Falls are the number one cause of injury-related death for Wisconsin's older adults and research shows that minority older adults have higher rates of falling. One contributor to loss of balance and falling is medication, classified as fall risk-increasing drugs (i.e. FRIDs); older fallers use these drugs regularly. Recent research has shown that when a pharmacist works directly with a senior regarding the risks of FRIDs and make recommendations for how to safely remove these medications from use, these drugs are more often taken off the list of a senior's medication regimen. This research was done in conjunction with the county-provided Stepping On workshops that provide a built-in mechanism for patient identification. Without the involvement of these workshops, identifying seniors using FRID and referring them to a pharmacist would be difficult. This project will create a screening tool and referral process to link at-risk older adults with local pharmacists. This study will help community health organizations overcome health system structural and procedural barriers to promote older adults' access to care. In one county, minority patients' health care providers and minority older adults' perspectives will contribute to the process. Given the growth in the older adult population and the high prevalence of FRID use among older adults, it is important to show the impact of pharmacists, accessible community providers, on reducing FRID use and improving the safety of older adults. Understanding better how minority older adults can be served by local pharmacists may reduce



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disparities in access to pharmacists as well as disparities in outcomes such as reduced FRID use and reduced falls.

**3. PI: Sharon Weber, Professor, SMPH/Surgery**

**Title:** *Reducing Readmission After Complex Cancer Surgery: A Human Factors and Systems Engineering Approach*

Academic Collaborators: Pascale Carayon (Engineering), Caprice Greenberg (SMPH), Emily Winslow (SMPH), Amy Kind (SMPH)

Community Collaborators: UW Hospitals & Clinics, Pancreas Cancer Task Force, Carbone Cancer Center

**Summary**

Following an initial hospitalization for complex cancer surgery, the rate of return to the hospital—readmission—is very high, occurring in one of every five patients. The cost of all unplanned readmissions in Medicare patients is exorbitant, at over \$17 billion. No study to date has looked at the human factors engineering reasons behind these readmissions – in other words, no one has looked at the intersection of people, technology, policy, and work across multiple disciplines to learn more about why these readmissions might be occurring at such high rates. Therefore, it is likely that there are missed opportunities to improve the quality of care for cancer patients by decreasing the readmission rate after surgery. This is particularly important since these operations are planned; resulting in a window of opportunity before surgery here an intervention could occur to decrease the risk of readmission. The goals of the project include assessing the cause of readmission from the patient and caregiver’s perspective and assessing the clinical risk factors associated with increased risk of readmission. With this information, we plan to test this surgery-specific, patient-centered readmission reduction tool in a follow-up study to evaluate whether it will decrease the readmission rates for these complex patients.

