

Project Updates

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Primary Care Anxiety Project

The Primary Care Anxiety Project (PCAP) is underway and going very well.

The goal of the PCAP study is to develop a comprehensive picture of anxiety disorders in patients seen in primary care settings, both closed-panel health maintenance organizations and private primary care practices. The study focuses on panic disorder with and without agoraphobia, generalized anxiety disorder, social phobia, post traumatic stress disorder and mixed anxiety depression.

Participating practices include several practices within 30 miles of Hanover, NH, affiliated with the Dartmouth COOP, the Codman Square Health Center in Boston, a primary care practice at the University of Massachusetts in Worcester, MA, and two family-practice-model centers of Harvard Pilgrim Health Care, in Swansea and Plainville, MA.

We look forward to sharing some preliminary data and reviewing the data at the upcoming COOP Annual Meeting.

Non-Steroidal Therapy of Rheumatoid and Osteoarthritis: How We Manage Treatment Failures

In the last Newsletter, we asked Newsletter readers about the most effective ways to treat patients with rheumatoid or osteoarthritis when NSAIDs lack efficacy or cause side effects. Responses from 176 physicians were analyzed. NSAIDs were the initial choice of 67% of physicians for osteoarthritis and 98% for rheumatoid arthritis patients.

Sixty-four percent of physicians would see, in their office, patients who did not improve on the first NSAID. While changing the NSAID was the most common

management option in both diseases, there was no consensus on how best to manage these patients: over 35% would make more than one intervention or refer the patient to a subspecialist.

Patients who developed dyspepsia on a NSAID would be seen in the office of over 75% of physicians, and over 60% would check a blood count or chemistry panel. There was wide divergence on how best to manage NSAID-induced dyspepsia: stopping the NSAID and starting an analgesic (osteoarthritis) or second-line agent (rheumatoid arthritis) were the most common choices, but continuing the NSAID and adding an "anti-dyspeptic" regimen was chosen by half of physicians selecting a single regimen.

Although rheumatoid arthritis patients for whom NSAIDs are ineffective or cause dyspepsia would be referred to a subspecialist more frequently and earlier than osteoarthritis patients, other management approaches did not differ significantly between the two diseases.

We conclude that there is little consensus among physicians on the most effective strategy to manage patients in whom NSAIDs are ineffective or cause significant GI symptoms. Controlled clinical trials and/or the development of practice guidelines might be effective approaches to guide physicians on how best to manage these common clinical problems. Should we do this?

Announcement!

Mark Your Calendars for the....
COOP Annual Meeting

Dates: January 30 - February 1, 1998
Place: Eagle Mountain House
in Jackson, NH
*Registration packets will be
mailed in October.*

Project Updates



Continued

Pain Assessment & Management in Primary Care

Pain is an extremely common symptom presented to primary care physicians and accounts for significant suffering on the part of patients, billions of lost work days per year, and increasing rates of disability and health care utilization. Unfortunately, pain is a problem frequently not helped by the standard medical interventions often because: 1) pain and the impact of prescribed treatments are not assessed in a rapid, timely manner; 2) psycho social problems are not assessed and treated; and 3) patients are not actively engaged in treatment planning.

The primary objective of this project is to design the best, most efficient rapid assessment and management approach for pain in busy community practice settings by developing an Intervention model that utilizes the Dartmouth COOP Clinical Improvement System and a telephone-based Nurse Educator Intervention.

This is a feasibility (pilot) project of 12 months duration. Four-hundred-fifty patients aged 21-69 with significant pain being treated by one of ten New England physicians will be randomly assigned to the Intervention (n=350) or serve as Controls (n=100). The Intervention will consist of two levels: 1) patients with significant pain who do not endorse psycho social problems will receive the Dartmouth COOP Clinical Improvement System (n=250) and 2) patients who report psycho social problems will receive the Clinical Improvement System plus the Nurse-Educator Intervention (n=100). We hypothesize that the rapid assessment and intervention approach will result in: 1) more patient knowledge about self-management of pain; 2) improved control of pain and lessened impact of pain on quality of life; 3) greater physician awareness of the pain and related problems; and 4) greater patient and physician satisfaction with the pain management approach.



AAFP and ACP Combined Annual Meeting for Primary Care

November 7 - 8th, 1997

Radisson Hotel
Burlington, VT

For further details, call Mary Beth Cacciola at
(802)656-4330 between 8AM & 1PM
Monday through Thursday

PORT II

The Primary Care Management of Prostate Disease Study is nearing completion. 2400 male patients over age 50 have been followed for 18 months. Final patient surveys will be sent to patients in New England over the next 2 months and to patients in Arkansas during January. The 50 participating physicians will receive final questionnaires at the study completion. Results will be shared with all.

Other Announcements

~Referral Study~

Calling all Clinicians for a Collaborative Research Study!

ASPN (Ambulatory Sentinel Practice Network) has invited COOP clinicians to participate in their *Referral Study*.

The Referral Study examines the influence of managed care on referrals. The goal of the study is to provide a better understanding of referrals by illustrating the relationships and boundaries that exist between generalists and specialists. Results of the study will be of interest to a broad range of individuals, including public and private policy makers attempting to reshape the health system.

There will be a vast amount of feedback each clinician will receive from participating. ASPN will also reimburse practices for some of the expenses incurred while conducting the study. On average, practices will be reimbursed at the rate of approximately \$265 for each participating U.S. physician.

If you would like a full study packet, please contact Debbie Johnson at the COOP Office (603/650-1974).

Confidentiality in Medicine

What's Possible, What's Not
and

How to Minimize Risks to Patient
at the

**Dartmouth Hitchcock Medical Center
in Borwell 758**

**on Monday, November 17, 1997
from 4:00pm to 6:00pm**

Keynote Speaker

Denise M. Nagel MD

Denise Nagel, MD, Executive Director for the Coalition of Patients' Rights, an organization dedicated to restoring medical privacy through advocacy and public education. Dr. Nagel has testified about confidentiality policy to legislators, insurance commissioners, professional societies, and policy makers such as NCQA, JCAHO, and NCVHS.