COMMUNITY PHYSICIANS’ NETWORK
Bridging Science and Practice from Cardiovascular Disease to Women’s Health

PROGRAM Syllabus
April 16, 2005
Morehouse School of Medicine
National Center for Primary Care
720 Westview Drive, SW
Atlanta, Georgia 30310-1495
PROGRAM FORMAT

THE MOREHOUSE SCHOOL OF MEDICINE PHYSICIANS’ NETWORK (CPN) is pleased with your attending an exciting CME workshop. The format of this workshop and our roster of distinguished, nationally recognized faculty provide a unique opportunity for evaluation of current practice in diabetes, metabolic syndrome, and depression, and the use of practice-specific strategies to ensure optimal patient outcomes.

AFTER ATTENDING THIS THOUGHT-PROVOKING AND RESULTS-ORIENTED SYMPOSIUM,
THE PARTICIPANTS SHOULD BE ABLE TO:

• Understand the childhood obesity epidemic in the context of cardiovascular and other chronic diseases
• Define CPN strategies to close the treatment gap in cardiovascular disease and the metabolic syndrome
• Use national guidelines to design and apply innovative treatment strategies for diabetes and the metabolic syndrome
• Identify community resources for the management of obesity, and know the role of Bariatric surgery
• Describe appropriate diagnosis and treatment of Fibroids in African-American Women
• Recognize and treat depression in the primary care setting
• Discuss the potential impact of tort reform on primary care practice in Georgia
## SATURDAY, APRIL 16

### 8:00 AM – 8:40 AM

**The Obesity Epidemic: Impact on Practice** – p. 5
T. Darden, Moderator; M. Smith

**Keynote Presentation**
Impact of Childhood Obesity on Adult Cardiovascular and Other Chronic Diseases - G. Mensah

### 8:40 AM – 11:20 AM

**Session I** – p. 6

**Advances in the Management of Diabetes and the Metabolic Syndrome**
W. Gandy, Jr., Moderator

- Metabolic Syndrome in African Americans: Challenges and Treatment Strategies - L. Clark
- New and Emerging Approaches in the Metabolic Syndrome: Emphasis on the Endocannabinoid System - E. Ofili
- CPN Metabolic Syndrome Registry: Benefits for Your Practice - P. Igho-Pemu
- Barriers to the Management of Obesity and Metabolic Syndrome: Perspective of a PCP - G. Strayhorn
- Obesity Management: ICD Codes and Community Resources - K. Umeakunne
- Obesity Management: Role of Bariatric Surgery - T. Duncan
- Contemporary Diabetes Management: A Tool Kit for the Primary Care Physician - S. Gebhart

### 11:20 AM – 12:00 PM

**BREAK AND EXHIBITION**

### Noon – 1:00 PM

**Session II** – p. 7

**Advances in the Treatment of Depression**
G. Mattox, Moderator

- Depression in Primary Care: A Hidden Epidemic - A. Primm
- Psychopharmacologic Agents in Adults and Adolescents with Depression: When to Refer to a Psychiatrist - S. Maass-Robinson

### 2:00 PM – 3:00 PM

**Session III** – p. 8

**Advances in the Treatment of Uterine Fibroids**
R. Matthews, Moderator

- Uterine Fibroids: Disparities in Prevalence, Diagnosis, and Treatment - F. Sengstackle, II
- Uterine Artery Embolization: Current Evidence and Optimum Utilization - J. Lipman

### 3:00 PM – 5:00 PM

**Session IV** – p. 9

**Practice Management and CPN Workshop**
L. Sanders, Moderator

- The Morehouse Community Physicians’ Network: Overview - E. Ofili
- CPN: Business Associate Agreement and Other FAQs - P. Johnson, P. Igho-Pemu
- Tort Reform: What It Means for Your Practice - B.W. Kong
GENERAL INFORMATION

SUPPORTERS

The Morehouse School of Medicine Community Physicians’ Network is funded by:

The Morehouse School of Medicine Clinical Research Center and Center of Excellence on Health Disparities.

This CME Activity is supported by:
CV Therapeutics • GlaxoSmithKline • Pfizer, Inc.

PLANNING COMMITTEE

Elizabeth O. Ofili, MD, MPH
Director, Community Physicians’ Network

Priscilla E. Igho-Pemu, MD, MS
Co-Director, Community Physicians’ Network

Cheryl L.M. Johnson
Sunday Nkemdiche, MD
Adefisayo Oduwole, MD
Anekwe Onwuanyi, MD
Clifford Thomas, MD

MESSAGE CENTER

The Symposium hotel number is 888.855.5701 or 404.521.0000. Alternatively, the contact number at the Morehouse School of Medicine, National Center for Primary Care is 404.756.8805. Have your office or family members access this number to leave emergency messages.

SYMPOSIUM PARTICIPANTS

Physicians, nurses and other health professionals are expected to attend this activity.

CONTINUING EDUCATION

The Morehouse School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians. The Morehouse School of Medicine designates this continuing medical education activity for up to 8 hours in Category 1 credit of the Physician’s Recognition Award of the American Medical Association.

Howard University Continuing Education has been reviewed and approved as an authorized provider of continuing education and training by the International Association for Continuing Education and Training and has agreed to provide CEUs for the Community Physicians’ Network CME Program, April 16, 2005. Participants may receive a maximum of 0.8 CEUs for this workshop.

Continuing Education clock hours will be offered for other health professionals by the Whitney M. Young, Jr. School of Social Work, Clark-Atlanta University.

REGISTRATION LOCATION

National Center for Primary Care
1st Floor Atrium

REGISTRATION SCHEDULE

Saturday, April 16 .................................................. 7:00 AM-12:30 PM

BADGES

Identification badges and meal tickets will be provided to all registered participants, speakers, and special guests. Badges must be worn to gain entrance into all scientific sessions and meal tickets presented at all meal functions.

EXHIBITION

11:00 AM - 2:00 PM
Exhibitors include:
Electronic Medical Records
Pfizer

SPEAKER INFORMATION

Speaker Ready Room - NCPC Rm 128
7:00 AM-4:00 PM

SESSION RECORDING

Participants are asked to refrain from video or audio taping during sessions.

SYMPOSIUM SECRETARIAT

The 1Joshua Group, LLC
Atlanta, Georgia
www.the1joshuagroup.com
AGENDA

8:00 AM - 8:40 AM
OPENING SESSION
The Obesity Epidemic: Impact on Practice

Location: NCPC Auditorium

Truddie Darden, MD - Moderator

Marjorie Smith, MD .......................... Opening Remarks

George A. Mensah, MD ........................ Keynote Presentation
“Impact of Childhood Obesity on Adult Cardiovascular and Other Chronic Diseases”

Objectives:
• List the key clinical and public health challenges of childhood overweight and obesity
• Explain the pathophysiological mechanisms that link obesity to CVD and diabetes
• Address promising strategies and the underlying scientific evidence for the prevention and control of childhood overweight and obesity

Moderated Discussion
Agenda

8:40 AM - 11:20 AM
Session I
Advances in the Management of Diabetes and the Metabolic Syndrome

Location: NCPC Auditorium

Winston H. Gandy, Jr., MD - Moderator

Luther T. Clark, MD .................... Metabolic Syndrome in African Americans: Challenges and Treatment Strategies

Objectives:
• Identify the cardiovascular risks associated with the metabolic syndrome
• Describe the therapeutic goals and approaches to the metabolic syndrome
• Explain the burden of risk of metabolic syndrome in African Americans

Elizabeth O. Ofili, MD, MPH .......... New and Emerging Approaches in the Metabolic Syndrome: Emphasis on the Endocannabinoid System

Priscilla E. Igho-Pemu, MD, MS ...... CPN Metabolic Syndrome Registry: Benefits for Your Practice

Gregory Strayhorn, MD, PhD ........ Barriers to the Management of Obesity and Metabolic Syndrome: Perspective of a PCP

Objectives:
• Identify barriers to the management of diabetes mellitus and metabolic syndrome
• Develop strategies to overcome barriers to managing diabetes mellitus and metabolic syndrome

Kayellen Umeakunne, RD, MS ........ Obesity Management: ICD Codes and Community Resources

Titus Duncan, MD ...................... Obesity Management: Role of Bariatric Surgery

Suzanne S.P. Gebhart, MD ............. Contemporary Diabetes Management: A Tool Kit for the Primary Care Physician

Objectives:
• Identify goals and objectives in treating Type 2 diabetes
• Detail the use of oral antidiabetic drugs alone and in combination
• Explain the use of insulin in Type 2 diabetes

Panel Discussion

Abstract (E. Ofili)
Obesity, and specifically abdominal obesity, is a key component of the metabolic syndrome. New scientific research suggests that the body weight is centrally regulated by the hypothalamus, through a feedback loop that includes body fat mass, beta cells, the stomach, appetite and of course food intake. This “adipostat” is set higher in obese individuals, with loss of the feedback loop or at least, less sensitivity. This loss of feedback, appears to drive an overactivity of the Endocannabinoid system (ECS). The ECS is a naturally occurring system in the brain and peripheral tissues, acting through CB1 and CB2 receptors. The CB1 receptors are particularly important in the feedback loop, and regulation of the body fat stores. Fat cells have increased numbers of CB1 receptors; the ECS activity is increased with increased fat cells. Rimonabant is the first selective CB1 receptor antagonist, and acts to reset the disrupted EC system in obesity.
AGENDA

Notes

11:20 AM - NOON
BREAK AND EXHIBITION
Location: NCPC Dining Hall

NOON - 1:00 PM
SESSION II
Advances in the Treatment of Depression
Location: NCPC Auditorium

Gail Mattox, MD - Moderator

Annelle B. Primm, MD, MPH...........Depression in Primary Care: A Hidden Epidemic
Highlights p. 15

Objectives:
• Explain the epidemiology of depression
• Identify the reasons why the detection of depression is challenging in the primary care setting
• Detail the prevalence of depression and chronic disease co-morbidity
• Utilize the PHQ-9 depression screening instrument to improve diagnosis of depression in primary care

Saundra A. Maass-Robinson, MD ...Psychopharmacologic Agents
in Adults and Adolescents with Depression: When to Refer a Psychiatrist

Objectives:
• Identify the primary mechanisms of action of the major antidepressants
• Describe the side effects associated with the various classes of antidepressants
• Discuss the recommended guidelines for the medical management of depression

Panel Discussion
1:00 PM - 2:00 PM
LUNCH AND EXHIBITION

Location: NCPC Dining Hall

2:00 PM - 3:00 PM
SESSION III
Advances in the Treatment of Uterine Fibroids

Location: NCPC Auditorium

Roland Matthews, MD - Moderator

Frederick D. Sengstacke, II, MD .......................Uterine Fibroids:
Disparities in Prevalence, Diagnosis, and Treatment

John Lipman, MD .........................Uterine Artery Embolization:
Current Evidence and Optimum Utilization

Panel Discussion
AGENDA

3:00 PM - 5:00 PM
SESSION IV
Practice Management and CPN Workshop

Location: NCPC Auditorium

Lawrence L. Sanders, Jr., MD, MBA - Moderator

Elizabeth O. Ofili, MD, MPH - The MSM Community Physicians’ Network: Overview Highlights p. 19

Priscilla Johnson, PhD, MSN / Priscilla E. Igho-Pemu, MD, MS - CPN: Business Associate Agreement and Other FAQs

B. Waine Kong, PhD, JD - Tort Reform: What It Means for Your Practice

Panel Discussion
Abstract (E. Ofili)
Disparities in healthcare are maintained by three primary factors: a) patient factors which include multiple risk factors and comorbidities, b) healthcare practitioner factors comprise inconsistent application of practice guidelines due to a limited database of clinical trials of effective therapies in African American and other underrepresented minorities; and c) health care delivery system barriers such as poor access to care. The Morehouse School of Medicine Community Physicians Network© was established to address disparities in healthcare by focusing on provider specific strategies. The mission of CPN© is to promote evidence based medical care through participation in quality improvement programs, and to foster the highest standards of clinical research and good clinical practice (GCP).

Objectives
1. Use disease specific registries to identify treatment gaps, and facilitate quality improvement processes among CPN© practices
2. Develop practice specific and guideline based educational messages, to promote quality care.
3. Engage and train CPN© physicians for participation in approved NIH, other governmental, as well as industry supported clinical protocols.
4. Develop a data repository of all CPN© sponsored clinical trials that include significant numbers of African American and other underrepresented minorities.

Methods
**Disease Specific Outpatient Registries will have the following features:**
1. Data structures and data elements will use standard database codes, and a data dictionary
2. HIPPA compliant data abstraction and data transfer tools.
3. Baseline chart review to establish practice patterns, and provide practice specific feedback.
4. Annual update of registry
5. Data registry and repository maintained on Morehouse School of Medicine’s secure servers.
6. Registry publications will include only aggregate data, without identification of contributing practices.
7. Electronic medical records platform will be encouraged as the ultimate data management tool for CPN practices.

Continuing Medical education (CME): Up to three CME programs each year, will feature national speakers, and promote evidence based practice guidelines.

Results:
Fifty primary care and subspecialty practices are actively enrolled in CPN, with a total of 300,000 annual outpatient visits. Insurance status: HMO/PPO (45%); Medicare only (19%), Medicare HMO (11%), Medicare plus (8%), Medicaid (6%), Uninsured (11%).

Conclusions
The Community Physicians’ Network will address specific gaps in the healthcare of African-American and other minority patients by promoting quality care among its members, and by facilitating participation in approved clinical trial protocols. The unique academic community partnership is consistent with NIH roadmap strategy to eliminate healthcare disparities.
FACULTY

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p. 5

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Association of Black Cardiologists, Inc.
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p. 9

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Brooklyn, New York
Receives grant or research support from Bristol-Myers Squibb, Merck, Pfizer, and Schering
p. 6

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Marietta, Georgia
p. 8

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Atlanta, Georgia
p. 7

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Minority and National Affairs
The American Psychiatric Association
Arlington, Virginia
p. 7

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Disclosure information has been listed for faculty with relationships with commercial groups.
Statements of Disclosure will be made at the podium

1-No Financial or other relationships to disclose
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Clinical Research Center - Bionutrition Research
Morehouse School of Medicine
Atlanta, Georgia
p. 6

Disclosure information has been listed for faculty with relationships with commercial groups.
Statements of Disclosure will be made at the podium
\(^1\)-No Financial or other relationships to disclose
New and Emerging approaches in the Metabolic Syndrome with Emphasis on the Endocannabinoid System

Elizabeth Ofili, M.D., M.P.H., F.A.C.C.
Professor of Medicine, Chief of Cardiology
Director, Clinical Research Center
Associate Dean, Clinical Research
Morehouse School of Medicine
Atlanta, Georgia

WHAT IS THE ENDOCANNABINOID SYSTEM (ECS)?

- Naturally occurring system recently identified and characterized in the brain & the peripheral tissues
- Acting through two receptors: CB1 & CB2
- CB1 receptors play a role in maintenance of energy balance and tobacco dependency
- Over-activity of the ECS is observed in obesity, excessive fat mass & smoking

THE “ADIPOSTAT”

- With obesity: Body adiposity is “set” higher than lean individuals
- Etiology may be genes, alterations in one or more factor responsiveness (release or action), endogenous energy expenditure (REE) or combinations
- With aging is there:
  - Less sensitivity of system?
  - The gradual development of resistance to one or more of the factors (e.g. insulin, leptin, etc)?
  - More activity of the endogenous endocannabinoid system?
  - A combination of effects occurring?

ADIPOCYTE (FAT CELLS)

- There is an increased volume and mass of adipocytes in obese individuals
- There is an increased number of CB1 receptors in obese fat cells
- Adipocytes have CB1 receptors which are associated with lipid metabolism and release/suppression of hormones

BODY WEIGHT REGULATION

A BRIEF HISTORY OF THE CANNABINOID SYSTEM

- 1988 — receptor discovered
- 1990 — CB1 cloned
- 1992 — AEA (endogenous ligand) discovered; system described
- 1993 — CB2 cloned
- 1994 — Acomplia™ discovered (CB1 antagonist)
Cannabinoid Receptors

- CB1, CB2

EC system

Central and Peripheral mode of action
- Mesolimbic system translates the incentive value of food into the motivation to eat
- Adipocytes, via decreased leptin, signal the lack of energy to the hypothalamus, which translates this into appetite
- Energy replenishment is translated into fat accumulation in adipocytes, and signaled to the hypothalamus via increase of leptin

Effects of Endocannabinoid System Overactivity

- Obesity
- External stimuli (e.g., stress)
- Brain
- Peripheral tissue
- Increased food intake
- Sustained tobacco dependence
- Increased food intake
- Sustained tobacco dependence

PROPOSED ACTIONS OF RIMONABANT ON BODY WEIGHT

- Decrease fat & CHO intake
- Reset “Adipostat”
- Decrease adipocyte lipogenesis
- Increase satiety factor input

Cannabinoid CB1-receptors, and ECs to activate them, are present in ALL these tissues
Depression in Primary Care: A Hidden Epidemic

Annette B. Primm, MD, MPH
Director, Minority and National Affairs
American Psychiatric Association
Associate Professor of Psychiatry
Johns Hopkins School of Medicine

Mood Disorders: Epidemiology

- Major Depression
  - 6.6% (point prevalence)
  - 16.2% (lifetime prevalence)
  - Females > Males, 2:1
- Bipolar Disorder
  - 1%
  - Males = Females.
- Age of onset
  - Major Depression: 27 - 35 years.
  - Bipolar Disorder: 30 years.

Mental Disorders in Primary Care

- 25% of patients have a mental disorder
- 88% of patients with mental disorder seek primary care first
- Depression is most commonly seen condition second only to hypertension
- Diagnosis of depression is missed half the time

DSM IV Criteria - Major Depression

- Sadness or irritability
- Loss of interest in activities
- Appetite or weight change
- Sleep disturbance
- Guilt, low self worth, hopelessness
- Inability to concentrate
- Fatigue or loss of energy
- Restlessness or slowed activity
- Thoughts of suicide or death

Depression Relapse and Recurrence

“Depression Should Be Conceptualized as a Chronic or Relapsing/Remitting Rather Than an Acute Illness”

Presentation influences psychiatric diagnosis in primary care

Bridges KW, Goldberg DP. J Psychosom Res. 1985;29:563-569.
Depression Co-occurring with Other Diseases

- Depression is common in post-MI and CHF patients
- Depression is an independent risk factor in the development of MI, and possibly hypertension
- Untreated depression is related to poor cardiovascular disease prognosis, such as worse outcomes among post myocardial infarction patients

Heart Disease, Diabetes, and Depression

- 30% of patients with diabetes mellitus have depressive symptoms
- Twofold risk of depression among diabetics, and diabetes among people with depression
- Depression is associated with lack of adherence to treatment plans and complications of diabetes

How is Depression Diagnosed?

- Past history and family history
- Direct examination of mood, thought, emotion, and thinking process
- Information from family members
- No lab test available

Prevalence of Depressive Episodes

<table>
<thead>
<tr>
<th></th>
<th>Lifetime</th>
<th>One year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>3.6*</td>
<td>2.2*</td>
</tr>
<tr>
<td>Women</td>
<td>8.7</td>
<td>5.0</td>
</tr>
<tr>
<td>Ethnicity:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>6.6*</td>
<td>3.7</td>
</tr>
<tr>
<td>Black</td>
<td>4.4</td>
<td>3.3</td>
</tr>
<tr>
<td>Hispanic</td>
<td>5.6</td>
<td>3.9</td>
</tr>
</tbody>
</table>

*significant difference (p<.05)
The PHQ-9 (Patient Health Questionnaire, part of PRIME-MD)
- Scoring provides discrete measure for follow-up and assessment of response
- Validates that screening measure (in conjunction with coordinated follow-up care) improves outcomes
- Focus on depression—most significant, treatable

Depression Related Complaints

<table>
<thead>
<tr>
<th>Complaints</th>
<th>Culture</th>
</tr>
</thead>
<tbody>
<tr>
<td>“nerves” and headaches</td>
<td>Latino</td>
</tr>
<tr>
<td>weakness, tiredness, “imbalance”</td>
<td>Asian</td>
</tr>
<tr>
<td>“problems of the heart”</td>
<td>Middle Eastern</td>
</tr>
<tr>
<td>“bad nerves”, “evil”</td>
<td>African American</td>
</tr>
</tbody>
</table>

The PHQ: Fulfills criteria for ideal depression screening instrument
- Quick, easy, & inexpensive to administer
- Yields accurate, validated diagnoses that are otherwise often missed
- Educates patients & providers
- Can be used to follow patients over time
- Associated with improved outcomes

Translating PHQ-9 scores into practice
1-4: no further action
5-9: watchful waiting, periodic screening
10-14: Treatment plan—counseling, follow-up, consider pharmacotherapy
15-19: Immediate institution of therapy
≥ 20: High Risk—pharmacotherapy & referral (also favor referral for bipolar, suicidality, psychosis, & good insight)
Summary

- Depression is ubiquitous in the primary care setting
- Depression is an equal opportunity illness but people with chronic disease have higher risk
- If diagnosed at all, PCPs are > likely to treat
- Maintain high index of suspicion in those with no medical explanation for physical complaints, non-adherence to treatment

PHQ-9 and Depression Care Info

- MacArthur Foundation Primary Care and Depression website: http://www.depression-primarycare.org/clinicians/toolkits/full/
- IHI web link: http://ihi.org/ihi
The Community Physicians Network (CPN©): An Academic-Community Partnership to Eliminate Healthcare Disparities

Elizabeth Ofili, M.D., M.P.H., F.A.C.C.
Professor of Medicine, Chief of Cardiology
Director, Clinical Research Center
Morehouse School of Medicine
Atlanta, Georgia

Excess Cardiovascular Mortality Rates in African Americans Compared to Whites

www.raceandhealth.hhs.gov

Translation in Health Care

“Lost” in Translation

Specific Aims

- Identify treatment gaps for key diseases such as hypertension, heart failure and diabetes
- Develop practice specific and guideline based educational messages
- Engage and train community physicians for ongoing NIH and industry supported clinical protocols
- Develop clinical trials data repository in African Americans and other underserved minorities.
Conceptual Framework

Predisposing Factors:
- High Risk Patients
- Multiple Co-morbidities
- Limited Time for MD Encounter

Enabling Factors:
- Practice Registries
- EMR
- Practice Guidelines

Reinforcing Factors:
- Practice Based CME
- Reminder Systems

Adherence to Treatment
- Recommendations
- Lifestyle
- Medications

Health Outcomes:
- BP control
- Cholesterol control
- Weight management
- Reduce HF hospitalization (and mortality)

Methods/Strategies: CPN© Disease Specific Registries
- Helps practices to measure outcomes
- Linked to practice guidelines
- Standardized data elements and definitions
- Audit feedback
- Practice based CME

Conclusions
- CPN© practices offer tremendous opportunities for disease management, and quality improvement
- Electronic medical records (EMR) systems adaptable to the practice setting, and scalable for clinical research, must be developed to support ongoing data retrieval

Acknowledgements
CO-Investigators: Priscilla Igho Pemu, MD, MS
- Alexander Quarshie, MD
- Chamberlain Obialo, MD
- Adefisayo Oduwole, MD
- Clifford Thomas, MD
- Folake Ojutalayo, MD, MPH
- Sarah Obidusa, MD
- Gary Gibbons, MD
- Robert Mayberry, PhD, MPH
- CPN Staff: Debra Teague
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- Sharon Obialo
- Kening Yuan
- Priscilla Johnson, MSN, PhD

Next Steps: Electronic Medical Records (EMR)
- Factors for success
  - engaged MD and support staff
  - ongoing training
  - patient self-efficacy strategies
  - reimbursement incentive: pay for quality
  - Innovation diffusion and rate of uptake
  - Identify early adopters
  - Model best practice
  - Personalized Healthcare!
ABOUT MOREHOUSE SCHOOL OF MEDICINE

Historical Brief
Founded in 1975 as The School of Medicine at Morehouse College, Morehouse School of Medicine (MSM) became independent from Morehouse College in 1981. In 1983, MSM joined the Atlanta University Center, a consortium of six predominantly black institutions of higher learning. Today, MSM is a four-year medical school conferring the M.D., Ph.D. and master of public health (M.P.H.) degrees. MSM holds the maximum accreditation (seven years) by the Liaison Committee on Medical Education and full accreditation by the Southern Association of Colleges and Schools. MSM residency programs are fully accredited by the Accrediting Council on Graduate Medical Education.

Mission Statement
Morehouse School of Medicine was established to recruit and train minorities and other students as physicians, biomedical scientists, and public health professionals committed to the health care needs of minorities and the underserved.

ACADEMICS
• Admission to MSM is very competitive. MSM receives nearly 2,500 applications annually for 40 matriculants.
• MSM’s class size will increase to 64 students by 2005.
• MSM students perform very well on the United States Medical Licensing Examination (USMLE). Ninety-seven percent of fourth-year medical students passed the USMLE, STEP II exam during the 1999-2000 academic year.

RESEARCH
• The MSM faculty excels in basic science research. Among the nation’s 125 medical schools, MSM ranks 81st in competitive research awards—ahead of almost a third of the medical schools in the country, all but two of which are older. Among Georgia’s four medical schools, MSM ranks number two in overall research support from the National Institutes of Health (NIH).
• Established in 1996, the MSM Neuroscience Institute is the first research center devoted to neuroscience research and training at a predominantly African-American higher education institution.
• MSM focuses its research on diseases and conditions that disproportionately affect African-Americans and other minorities. The Cardiovascular Research Center, for example, conducts investigations into heart disease and other cardiovascular disorders, with an emphasis on their impact on minority populations.

CLINICAL SERVICE
• MSM has residency programs in Family Medicine, Public Health and Preventive Medicine, Internal Medicine, Psychiatry, General Surgery, and Obstetrics and Gynecology.
• MSM residents serve in hospitals that address the health care needs of Atlanta’s underserved population.

ALUMNI
• MSM graduates live our mission. Eighty-four percent are practicing in underserved communities.
• On three national surveys in the 1990s, MSM has ranked number one among medical schools in the percentage of graduates in primary care practices on national surveys (Association of American Medical Colleges, 1993, and the American Medical Student Association, 1995 and 1999).
• Seventy-five percent of M.D. graduates in 2000 entered primary care residencies (the average among all U.S. medical schools is 18 percent).

LEADERSHIP
• The National Center for Primary Care at MSM opened in late 2002 as a national resource for education, research, and policy leadership in primary health care.
• Annually, MSM sponsors educational conferences on women’s health care, HIV/AIDS, managed care, family practice and pediatrics. MSM also sponsors educational pipeline programs for young African-American students interested in health careers.
• MSM training for community physicians through a series of faculty development workshops. MSM faculty members hold international leadership positions and are recognized spokespersons in their areas of expertise.
The Morehouse School of Medicine’s Center of Excellence on Health Disparities was formed in 2002 with funding from the National Center on Minority Health Disparities. Under the leadership of Dr. David Satcher, Director and former United States Surgeon General, the Center seeks to respond to MSM’s mission of recruiting and training minority and other students as physicians, biomedical scientists, and public health practitioners who are committed to research and the primary healthcare needs of the underserved.

Center Purpose
Our vision is to be recognized as the leading national resource for the reduction and ultimate elimination of health disparities

Our mission is to develop transferable models for the elimination of health disparities while maintaining our shared values of integrity, respect for community and trustworthiness.

The Goals of the Center of Excellence on Health Disparities are:
• to educate, motivate and mobilize the MSM community, its academic partners and the surrounding community(ies) toward activities focused on the elimination of disparities in health among different racial, ethnic and socio-economic groups;
• to build the infrastructure within the MSM, its academic partners and its community partners to eliminate disparities in health;
• to develop, expand and conduct multi-disciplinary research to better define the nature, magnitude and distribution of disparities, their determinants and interventions that work to prevent and ameliorate them; and
• to evaluate strategies/programs for eliminating disparities in health in selected areas and with selected populations/communities.

Research Component Cores
Cardiovascular Health & Stroke Prevention: Concentrating on surveillance, environmental determinants, access to care, lifestyle choices, and gene/environment interactions as they related to health disparities and cardiovascular disease.
HIV/AIDS: Examining in detail the clinical complications related to HIV/AIDS in association with cultural- and gender-specific issues such as behavior, access to care and specific therapies.
Cancer: Conducting cancer research that addresses racial and ethnic disparities in incidence and mortality, with a special focus on smoking and tobacco.
Maternal Child Health: Researching the disturbing disparities and high impact of low-birth weight and asthma.
Diabetes: Developing an extensive team of research scientists, physicians, and public health leaders to explore diabetes.
Mental Health: Improving public awareness of mental health issues and developing and implementing depression screening programs.

Administrative Core
Focusing on the management, coordination and integration of center procurement of financial resources and nurturing of critical partnerships

Training Resource Core
Increasing the pool of African-American faculty with core skills needed to participate in research and writing for medical literature.

Community Outreach & Information Dissemination Core
Designing community research and service activities, while assisting in the dissemination of health-related information.

Share Resource Cores
Biostatistical and Data Management: Providing technical support and consultation in the areas of data analysis, database administration, and study design.
Basic Science Research: Providing genetic and protein analysis of biological samples to determine the root cause of disease as it relates to health disparities.
Community Practitioner Network: Developing a community practitioner network consortium, clinical practice registries and clinical data repositories for the purpose of enhancing research capacity.
Community Partnership Development: Fostering partnerships, creating advisory consumer participant groups, and facilitating the development of culturally appropriate materials and interventions.
**JOIN THE COMMUNITY PHYSICIANS’ NETWORK NOW!**

*For More Information Call 404.756.5051 • Return This Form Via Fax to 404.756.8972*

Practice Name________________________________________________________________________________________________

Address_____________________________________________________________________________________________________

Phone/Fax/Email______________________________________________________________________________________________

Specialty____________________________________________________________________________________________________

# Practitioners _____ # Physicians _____ # Nurses _____ # Physician Assistants _____ # Other _____

**List Practitioners**

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**Hospitals Where Practitioners Hold Active Privileges**

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**Practice Demographics**

Practice Size # _____ # Outpatient Visits per year _____ # Hospital Admissions per year _____

Gender Ratio M/F _____ Infants (0-12 months) % _____ Children (1-12 yrs) % _____ Teens (12-17 ys) % _____

Adults (18-64 years) % _____ Elderly (65 yrs and older) % _____

**Practice Plan Participation**

Managed Care/HMO % _____ Fee for Service/PPO % _____ Medicare % _____ Medicaid % _____

Self-pay or Uninsured % _____

African American Patients % _____ Hypertensive % _____ Congestive Heart Failure % _____

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Ensuring Health Equity Through Quality Clinical Research and Innovative Education

The overall goal of the Morehouse School of Medicine Community Physicians’ Network is to promote evidence-based practice among consortium members through innovative educational strategies, participation in NIH and industry sponsored clinical protocols and to establish a clinical practice registry. The registry will support practice-oriented health services and health outcomes research critical to understanding and reducing health care disparities.

Network Objectives are to:

- Establish a longitudinal disease-specific clinical practice registry for health services research on disparities.
- Pilot test the effectiveness of a practice-based intervention to improve hypertension control. Additional studies such as renal outcomes in diabetes, HIV/AIDS, cancer, etc, supported by the practice registry as these disease-specific regimens are similarly established with HDC.
- Establish and maintain clinical trials repository. Disseminate the results for studies done by the CPN through HDC.
- Establish government and industry partnerships for long-term support of the CPN consortium, the clinical practice registry, and clinical trial data repository.
- Develop a clinical research fellowship program in collaboration with other faculty development programs within the MSM Center of Excellence on Health Disparities as well as the MS in Clinical Research Program.

The CPN is located on the campus of the Morehouse School of Medicine in the Clinical Research Center. Easily accessible, the school is part of the Atlanta University Center; a consortium of Historically Black Colleges in the West End District of Atlanta.

Opened in 1996, the Clinical Research Center is the first freestanding outpatient research facility of its kind to receive accreditation by the Joint Commission on the Accreditation of Health Care Organizations, both in the State of Georgia and nationally.

The CRC has over sixty-five research protocols sponsored by several agencies including: National Institutes of Health, NASA, CDC and other government agencies as well as pharmaceutical companies.

For More Information Contact:
Program Coordinator - 404.756.5051
Hypertension Registry Coordinator - 404.752.1887
Heart Failure Registry Coordinator - 404.756.8967