

Community Health Applied Research Network (CHARN)



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Presentation Outline

- ❑ CHARN Background, Mission and Purpose
- ❑ Who makes up CHARN? The CHARN “nodes”
- ❑ Fenway Node
 - Fenway node electronic data resources
- ❑ Example of potential CHARN study

CHARN Background

- ❑ American Recovery and Reinvestment Act of 2009 (ARRA): 3 year funding through the Health Resources and Services Administration (HRSA)
- ❑ HHS Awards \$17 Million for Patient-Centered Outcomes Research
- ❑ Five cooperative agreements were awarded to organizations in 4 states to create CHARN to demonstrate that safety net providers and academic institutions can partner together to create an effective infrastructure that supports patient-centered outcomes research.

CHARN Mission

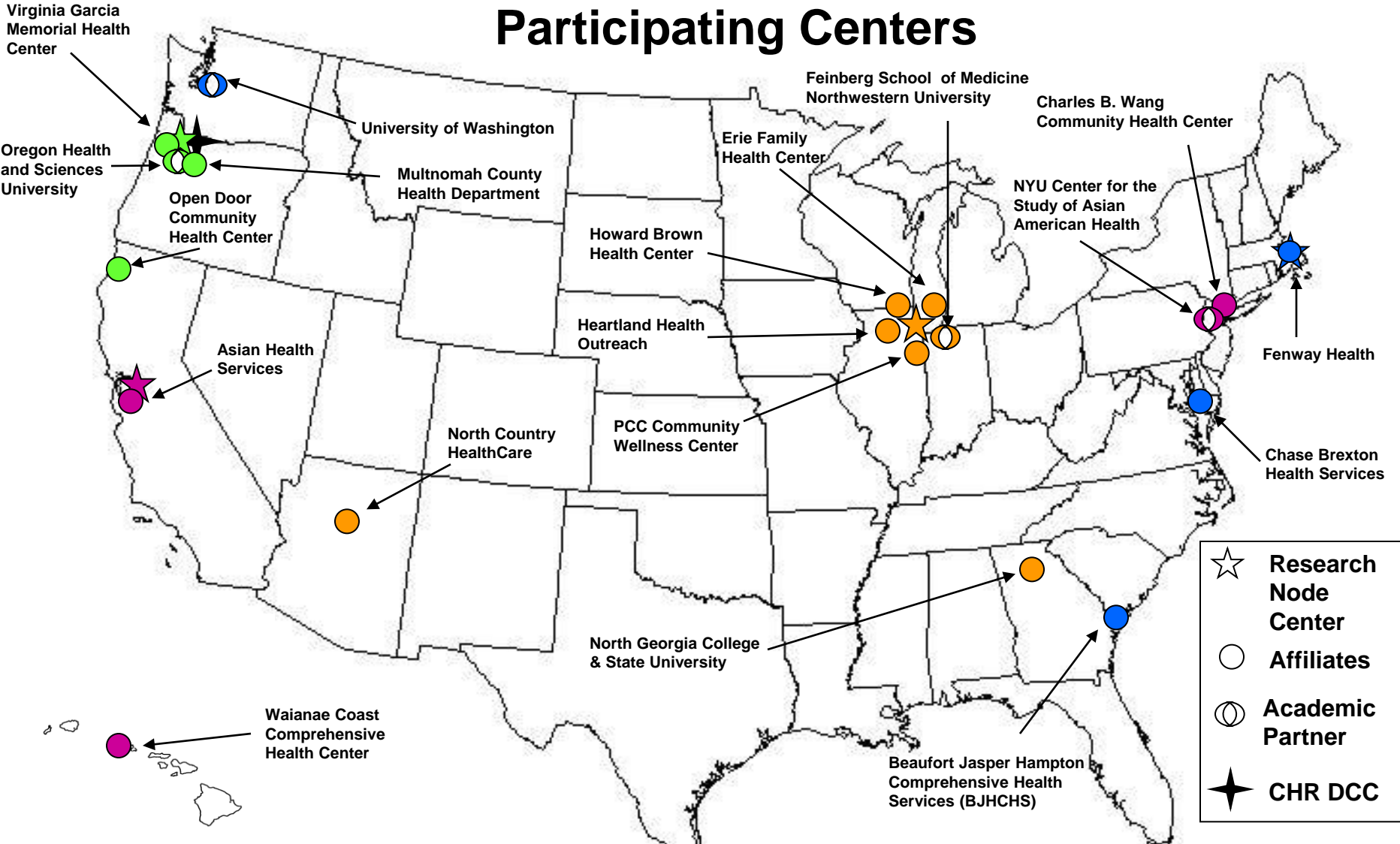
The Community Health Applied Research Network (CHARN) seeks to build capacity to carry out comparative effectiveness research that will lead to better patient care at federally supported community health clinics. These clinics serve people who are significantly underrepresented in traditional health research, including those who are uninsured, poor, and members of racial and ethnic minority groups.



CHARN Purpose

- ❑ Develop and refine clinical data systems (EMR data)
- ❑ Create infrastructure for pooling patient data across different sites (i.e registries)
- ❑ Develop improved approaches for transferring research findings into practice
- ❑ Foster practice-based collaboration among clinics and center personnel, practitioners and researchers
- ❑ Develop and conduct study protocols
- ❑ Train community health center personnel in research methods and protocols
- ❑ Develop research proposals for additional funding through AHRQ, NIH and other agencies

Community Health Applied Research Network (CHARN) Participating Centers



☆	Research Node Center
○	Affiliates
⊙	Academic Partner
★	CHR DCC

Association of Asian Pacific Community Health Organizations Node

OCHIN Node

Center For Health Research Data Coordinating Center (CHR DCC)

Alliance of Chicago Community Health Services Node

Fenway Health Node

	<u>AAPCHO</u>	<u>Fenway</u>	<u>Alliance</u>	<u>OCHIN</u>
Node Description				
# Health Centers (in	3	3	7	4
# of Clinics	13	15	60	43
# of Medical Providers	85	80	187	690
# of Provider FTEs	415.99			
# of Patients	87,334	46,088	207,076	380,842
Racial and Ethnic Population Characteristics				
African American	1.21%	39.7%	33%	7.4%
Latino/Hispanic	1.38%	11.0%	29%	30.1%
Asian Americans	69.09%	3.4%	2%	4.6%
Native Hawaiians	17.01%			
Other Pacific Islanders	3.57%			
White	6.16%	37.9%	23%	60%
Other/Unknown		4.2%	13%	28%
% Female	58.74%	41%	57%	55.8%
% Age < 18 years	51.12%	22.9%	24%	38.5%
% Uninsured	21.97%	31%		29%
% Homeless/Transient	1.00%	1.8%	3%	14.3%
% Substance-abusing	0.98%	0.9%	2%	--
% GLBT		31.5%		

Fenway Node HIV/AIDS Research Experience

- ❑ Fenway founded in 1971 as a neighborhood CHC
- ❑ Large LGBT population, responded to AIDS epidemic in New England
- ❑ HRSA federally qualified CHC, more than 250 staff
- ❑ Full range of clinical services
- ❑ HIV clinical and behavioral research for >25 years:
(MDPH, CDC, NIAID, NIMH, HRSA)
- ❑ The Fenway Institute founded in 2001; the research, training, and health policy division of Fenway



Fenway Node

Community Partners

- Chase-Brextton Health Services
- Founded in 1978 as gay health clinic
- Grown into a multi-faceted health center offering continuum of care to local underserved community
- 4 clinics
- Beaufort-Jasper-Hampton Comprehensive Health Services
- Providing care since 1970
- Rural, disenfranchised South Carolina communities
- 8 clinics



Fenway Node

Academic Partner's Experience

University of Washington

- Leadership experience coordinating large multi-center HIV cohort collaborations
- CFAR Network of Integrated Clinical Systems (CNICS) collects data on 22,000 HIV+ patients in routine care at 8 sites, including Fenway
- North American AIDS Cohort Collaboration on Research and Design: data from 100 sites (n=120,000 HIV+/150,000 HIV-)
- Will play a key role in site training, study design, data integration, and analysis



Fenway Node Electronic EMR Systems

- ❑ Fenway Clinical Data System
 - Vendor/version: GE Centricity Version 9.2
 - Installation date (s): initial install July 1997, upgraded to 9.2 December 2010

- ❑ Chase Brexton Clinical Data System
 - Vendor/version: GE Centricity 2005 Version 6.0, will upgrade to V9
 - Installation date: February 2003

- ❑ BJHCHS Clinical Data System
 - Vendor/version: Practice Partner for Windows Version 9.2.2.1
 - Installation date: 2006

Concept Proposal: PROs Background

Patient-Reported Outcomes (PROs) improve clinical care

- IOM report: provider educational interventions not sufficient
- Incorporate patient voice in care systematic, standardized way
- PROs are extension of Chronic Care Model (E. Wagner)

Enhance patient-provider communication

- Adherence, mental health, substance abuse
- Patients more likely to report poor adherence, substance abuse, depression, risk behavior to CASI than provider
- Decreased social desirability bias

Facilitate clinical research

- Factors associated with depression, substance use, risk behaviors
- Barriers to adherence in routine clinical care



PROs: Objectives

- Implement PRO data collection with clinic work flow
- PRO instruments: clinically relevant, valid, reliable
- Provide PRO data at point-of-care to assist provider in clinical decision-making
- Potential Barriers
 - Staff burden: data collection, data entry, space, etc.
 - Patient burden, language issues
 - Competing clinical priorities
- Build capacity for ongoing patient-reported outcome measurement in Community Health Centers
- Evaluate improvement in clinical outcomes using CASI adherence and other PRO assessments with provider feedback