

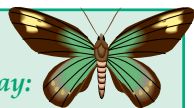
CRN Connection

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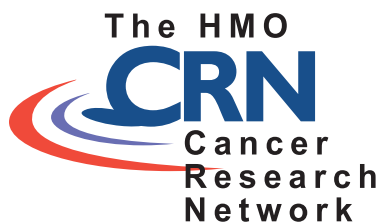
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Thought for the day:

"Happiness is like a butterfly. The more you chase it, the more it will elude you. But if you turn your attention to other things, it comes softly and sits on your shoulder."



The Cancer Research Network (CRN) is a collaboration of 11 non-profit HMOs committed to the conduct of high-quality, public domain research in cancer control. The CRN is a project of NCI and AHRQ.

News from NCI -

What Can Communication Science Tell us About Promoting Optimal Dietary Behavior

On July 14-15, 2005 NCI will sponsor a workshop on communication science and diet. The meeting will be held in the Lister Hill Auditorium on the NIH Campus in Bethesda. Communication experts will help inform the area of nutrition in what has been learned/applied in other health behaviors (such as tobacco). Specific large topic areas to be addressed include media coverage; policy and nutrition; nutrition and special populations; and strategic campaigns applied to the area of nutrition.

More information about the workshop is available at: <http://www.scgcorp.com/dietcomm2005/index.asp>

-Martin Brown, NCI

Ed's Corner of the World

News from the CRN PI

Leah Tuzzio, our new CRN Project Director, Sarah Greene and I had a wonderful visit with the staff of the Clinical Research Unit at Kaiser Colorado. The growth of this unit has been extraordinary expanding their already talented pool of investigators and staff. We heard some exciting ideas for new studies.



Plans for a third phase of the CRN beginning in 2007 are underway. It will most likely require a new RFA and the approval of the NCI Board of Scientific Advisors. Our NCI colleagues have been very helpful in giving the CRN visibility; for example, a presentation of our work to the National Cancer Advisory Board, and a mention in the latest Cancer Bulletin. We expect that the RFA will again request proposals for specific research projects. The CRN Steering Committee decided that the selection of core projects for CRN 3 should be by open solicitation and peer-reviewed competition. To this end, we have distributed a Call for Concept Proposals. For those interested, the Call for Concept Proposals can be found on the CRN Web site. In addition to strong projects, the strength of our application will also depend on our productivity (aka papers published). Our JNCI Monograph is about to go to press, but we can never have enough publications.

A handwritten signature in black ink, appearing to be 'Ed'.



NEW PROJECT DIRECTOR

CRN 2004 EVALUATION RESULTS

Leah Tuzzio, MPH has made her way to Seattle. To her, Seattle is the fourth corner of the US after living and working in California, Georgia, and New York. She is delighted to have the opportunity to be the Project Director for the Cancer Research Network.

Most recently in New York, she was a Project Manager and Executive Director for the Alliance for Health Improvement, LLC at the Mount Sinai School of Medicine's Department of Health Policy. She managed the development, implementation, and evaluation of health services research and evidence-base medicine projects, including randomized controlled trials. She had the opportunity to help author abstracts and publish papers related to racial and ethnic health disparities in uncontrolled hypertension, the evaluation of nurse management to improve quality of care, and indigenous disparities in health through a cross-country comparison of New Zealand and the United States. At Mount Sinai, she received her Green Belt certificate from General Electric's

HealthCare Six Sigma training program.

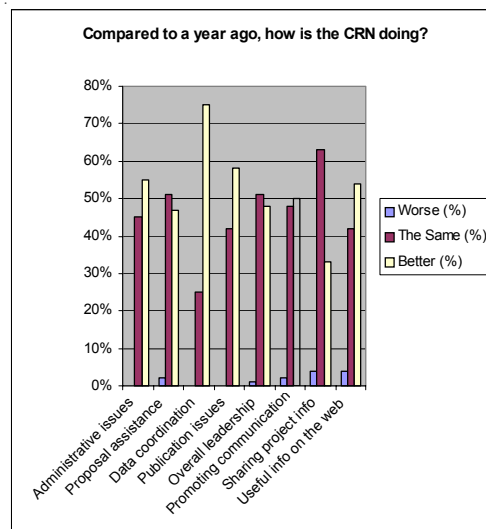
Her project focused on reducing denied outpatient medical claims at Mount Sinai.

In California, she worked at the University of California, San Francisco's Institute for Health and Aging where she helped implement a health promotion program for seniors to help increase their levels of physical activity (CHAMPS: Community Healthy Activities Model Program for Seniors). In Georgia, Leah worked at the American Cancer Society where she had the opportunity to help write and edit consumer books on breast cancer, alternative and complementary medicine, and pain related to cancer. She also worked at the Centers for Disease Control and Prevention with the Division of Adult and Community Health, Health Care and Aging Studies Branch where she helped develop a marketing plan to disseminate the CDC's technical report on health-related quality of life ("Health Days" measure). She received her M.P.H. from Emory University in 2001 where she wrote her thesis on the relationships between the quality of life of persons with dementia, their troubling behaviors, and their caregiver's burden.

When not at work, she applies her energy to a variety of active pursuits including skiing, running, soccer, yoga, travel, and arts and crafts. Please join us in welcoming Leah to the CRN family!

Each year, we learn more about how to improve the CRN through our annual Evaluation survey. This year's results definitely proved that point. While rating scales generally showed that the CRN is pretty effective, qualitative feedback revealed that many of our key infrastructure components are less than visible to quite a number of CRN collaborators. With this in mind, we are looking for opportunities to enhance visibility of numerous aspects of the CRN infrastructure, including periodic profiles of our committees in the CRN Connection.

There is one notable piece of evaluation data that deserves highlighting—75% of respondents felt that the CRN is doing better on data coordination issues than it was a year ago. This is a tremendous finding that buoys the hard work that the SDRC has been doing to build the Virtual Data Warehouse. Full results are posted on the CRN Web site. Again, thanks for participating in this vital aspect of the CRN.



-The GHC PI Office Team, GHC

INFORMATICS FEATURE:

The role of Natural Language Processing in EMR data analysis

Implementation and adoption of electronic medical records (EMRs) is increasing, fueled in part by the prospect that these systems will facilitate quality improvement through faster and more accurate analyses of clinical data. A significant amount of electronic data, however, is unusable by available automated analysis methods because these data are not systematically coded. These so-called “free-text” portions of the EMR often contain critical information that would allow more comprehensive assessment of specific evidence-based care.

One recent analysis concluded that of the information necessary to complete a comprehensive quality assessment of a health plan with a modern EMR, at most 50% could be obtained from commonly utilized coding schemes. Furthermore, structured data entry to the EMR has proven difficult for clinicians and this difficulty is amplified for preventive care activities, such as counseling about smoking cessation, which are based on the content of complex discussions between provider and patient.

For complex conversations involving multiple topics, the task of creating complete and meaningful codes is simply impractical. However, multiple and complex aspects of the encounter are relatively easily captured by the

clinician in free-text notes. One solution to this problem, utilizing so-called Natural Language Processing (NLP) technologies, would allow clinicians to capture relevant clinical information in a modality that comes easiest to them (natural language) while providing automatic structuring of information for reporting and post-entry processing.

In the HIT2 project, we have developed a medical record classifier called “MediClass” that uses natural language processing to assess delivery of the “5 A’s” of smoking cessation care (Ask, Advise, Assess, Assist, Arrange).

The system has been deployed at four HMO’s in the CRN to enable a trial testing the effects of feedback to primary care clinicians regarding their delivery of the 5 A’s to smokers. Several manuscripts have been developed, and one recently published, reporting on the MediClass system design and its performance in assessing the 5 A’s.

We found the system to perform with similar accuracy (and much less cost and time) to trained medical record abstractors. Systems such as MediClass show promise for addressing a wide variety of concerns in health care research and operations including care quality, disease surveillance, and adverse event detection. These



systems can help bridge the gap between the promise and the realization of value in electronic medical records. To learn more, direct your inquiries to Brian.Hazelhurst@kpchr.org.

-Brain Hazelhurst, KPNW

CRN Connection

The *CRN Connection* is a publication of the CRN developed to inform and occasionally entertain CRN collaborators. It is produced with oversight from the CRN Communications Committee.

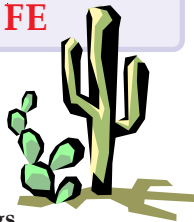
Contributors. Martin Brown, Sarah Greene, Bria Hazelhurst, Leah Tuzzio, and Ed Wagner Oversight. Gary Ansell, Joann Baril, Martin Brown, Gene Hart, Judy Mouchawar, Dennis Tolsma, Leah Tuzzio, and Ed Wagner Editor. Maurleen Davidson

Please send comments or suggestions on this newsletter to Maurleen Davidson, [CRNConnectionEditor, at davidson.ms@ghc.org](mailto:CRNConnectionEditor@daavidson.ms@ghc.org) or fill out a feedback form on the web site. All submissions are welcome!

Special thanks to all of you for your contributions in the publishing of this newsletter.

SLEEPLESS IN SANTA FE

HMORN 2005
Conference
Marked by Great
Program, Many
Collaborative Meetings...



As always, it was enjoyable to see so many of you in Santa Fe. Maggie Gunter and the 2005 conference planning team deserve thanks, praise, and a vacation!

In addition to a full (and fantastic) conference program, there were nearly two dozen collaborative meetings held in conjunction with the conference. Most of these meetings were convened under the auspices of either the CRN, CERT or CCSN. This is a great barometer of our productivity, but it also meant that more than a few of us were in meetings from 7:00 a.m. to 7:00 p.m. for 3 days, dinner meetings notwithstanding! We show no signs of letting up from this pace in 2006, given the many projects and interests groups that comprise our large consortia.

With that in mind, planning is already underway for the HMO Research Network conference in Boston on May 1-3, 2006. The Conference Planning committee is very aware of the proliferation of collaborative meetings and will be working to minimize overlap and hopefully, cut down from 12 hour days to 10 hour days!

If you have suggestions for the organization of our 2006 CRN meetings, please contact the PI's office.

-Sarah Greene, GHC

THE CRN MEETS THE CRU Site Visit Recap

Though Leah has barely had a chance to settle into her new Seattle home and office space (see related story on Page 2), she hit the road with Ed and Sarah on June 16th for a CRN Site Visit to Kaiser Permanente Colorado. Our KPCO hosts were wonderful. Ed presented the CRN to a standing-room-only crowd, mostly comprised of investigators from the KPCO Clinical Research Unit (CRU). We were joined by investigators from the local cancer center, affording an opportunity to discuss potential collaboration opportunities.

We also capitalized on the face-to-face time to discuss KPCO's involvement with current CRN projects and ideas that might fit with the upcoming Renewal. The Clinical Research Unit has enjoyed a growth spurt over the past few years, and now has a cadre of energetic and productive investigators with expertise in clinical epidemiology, behavioral science, informatics, economics, and pharmacoepidemiology. These scientific capabilities are augmented by strong ties to the KPCO delivery system, diverse enrollee population and data resources.

Fun fact—Some of the CRU team members are even in the enviable position of being able to bike to and from work, as evidenced by a stack of bicycles in one of the hallways. We're grateful to Judy Mouchawar and Kim Bischoff for orchestrating this terrific visit.

-Sarah Greene, GHC

CRN NEWS & MILESTONES

■ We are in the planning stages of the CRN Renewal. The call for concept proposals was distributed to the CRN Investigators and collaborators in late May. Proposals are due July 28, 2005. Questions about concept proposals should be directed to CRN Project Director, Leah Tuzzio, (206) 287-2109 or tuzzio.l@ghc.org.

■ Our JNCI Monograph is ahead of schedule. A few manuscripts were being finalized as the CRN Connection went to press. We hope that the Monograph will be published prior to submitting the next CRN renewal. Upon publication of the Monograph, we will have published about 40 articles from the CRN.

■ **Mark Your Calendar!!**
The Annual Fall Steering Committee/NCI/ALC meeting is scheduled for September 29, 2005 in Bethesda, Maryland. Project Leaders are invited to attend. CRN project presentations may be requested as the agenda takes shape. More detailed information will be forthcoming this summer.

CONGRATULATIONS!!



Ed Kim and Chelsea Jenter were married on Saturday, June 25, 2005. They are on their honeymoon in Spain!