



AUGUST 2021



## FROM OUR DIRECTOR

Dear SNOCAP friends and partners,

Summer is definitely here in Denver and I'm sure wherever you are in Colorado as well. With the heat we're trying to catch a little respite time in the middle of busy projects and hope you are getting a chance to do that as well. Speaking of projects, as you'll read our national trial comparing ways to start medication assisted treatment for opioid dependency has recruited its first patient participants and we are still looking for some more Colorado practices to join. Many of our SNOCAP staff participated in the annual NAPCRG Practice Based Research Network Conference in June, giving presentations and posters. While it was virtual again, it was a great chance to connect with colleagues around the country.

Please take time to read through the stories this month, and let us know how we're doing. We're planning a virtual happy hour this Fall for all of us to get together, pushing our Convocation back to next Spring when we hope to offer a hybrid in-person and virtual meeting.

Thanks for your partnership with us and your communities to improve the health of Coloradoans!

Don

[CONTACT DR. NEASE](#)





## NAPCRG PBRN Conference Overview:

This June brought us another fantastic NAPCRG Practice-Based Research Network conference; held virtually for the second year in a row. For those that have attended in the past, it was sad to not be in-person with our amazing partners locally and from afar. But the conference planning committee did a great job in ensuring things went off smoothly.

We had a number of SNOCAP attendees, including two patient partners, Ken and Marcia Dailey, who help with the planning committee, and our SNOCAP student assistant Elexia Wright, an undergrad BA/BS/MD student at University of Colorado Denver.

Click the links below to open documents of a few of the SNOCAP presentations from the conference, and read on to see what Elexia thought of her first ever conference!

[Clinician Characteristics and Use of Continuous Glucose Monitoring](#)

[Diabetes Self-Management in Rural PBRN](#)

[Home vs. Office vs. Telehealth for Medication Enhanced Recovery \(HOMER\)](#)

[Increasing Understanding of Food Insecurity in Mesa County](#)

[Card Studies: What are they, how they're done, why they are important to PBRNs and practices](#)

## NAPCRG PBRN Conference Reflection from Elexia Wright:

My name is Elexia Wright, and I am a Student Research Assistant for the State Networks of Colorado Ambulatory Practices and Partners (SNOCAP) and the Colorado Clinical and Translational Sciences Institute's Community Engagement Core and having been working on this team for around a year and a half. On June 24<sup>th</sup>, I had the chance to both attend and present at the NAPCRG Practice-Based Research Network (PBRN) Conference. As a first-time attendee, I wasn't sure what to expect, and I was honestly pretty nervous. But from the Coffee Chat session on the first day, the friendly atmosphere and kind faces made me feel welcome and excited to be a part of such a great opportunity. This conference really helped me to put together a much better picture of how my work with SNOCAP not only fits into the larger world of PBRNs, but how it fits into my journey into medicine. It inspired me to want to not only try to improve the care experience for patients, as a hopeful future physician, but also contribute to building a foundation of



knowledge that will allow us to work towards a healthier community and environment. The theme of the conference, Embracing Diversity, Equity, and Inclusion, was also extremely fitting and relevant to both my work in research, academics, and community, as I am continuously learning about what it means to be culturally competent, in order to both serve and appreciate people for all that they are.

Dr. Barrett's and Dr. Pinto's Plenary sessions were especially refreshing, as they provided me with a new perspective on Equity, Diversity and Inclusion and moving for social change. Dr. Barrett's discussion on blind spots, biases, and privilege, gave me a starting point to begin to be intentional in acknowledging my own assumptions in order to move beyond them and shift the paradigm. Dr. Pinto's honest take on what it means for research to take part in social change reminded me of how big of an impact our work with PBRNs stretches; if we are able to utilize that reach, we have the potential to go beyond data collection to commit to justice and reparations. While we still have work to do, it was inspiring to know that my work with PBRNs has a collective impact. I believe these insights will prove useful in both my work with SNOCAP and my future career, as I will be able to work with communities on a conversational basis rather than a transactional one to achieve our goals.

I also found both of the workshop sessions valuable, as I was able to engage with smaller groups in thought-provoking discussions. This was awesome as I was able to listen to some of the experts in the field, while also contributing my own ideas as both a student and research assistant. The Health Equity Research Funding Panel was also super insightful, as each panelist discussed different disparities and the kinds of initiatives, they were taking to combat them.

As for both the poster sessions and oral presentations, I particularly enjoyed seeing the passion in which each of the speakers spoke of their work; I could clearly see how much these projects and PBRNs meant to them. When it became my turn to present, I realized that I was no longer nervous, but excited to speak about the project I had spent so much time working on. I had more confidence in my presentation, as seeing other projects helped me to realize how this project relates and where it fits into PBRN work as a whole. It was great to not only hear about the work of others and reflect on both their successes and challenges but support our own team's projects. The variety of projects helped me to realize just how widespread the work of PBRNs is, and how many spheres of influence it has.

Attending the NAPCRG PBRN Conference was such an invaluable experience, and I am so thankful for my team at SNOCAP for offering me the chance to be a part of it! This conference really complemented my experience in the world of practice-based research, helping me to expand my viewpoint, fill in some gaps in understanding, and network with some amazing individuals. I learned more than I thought possible over the course of the two days, and I hope to apply many of the lessons learned to my future work with SNOCAP, as well as in my academic and community work.

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## Local Presentations

### CAFMR's Rocky Mountain Research Forum



In May, Don Nease, Mary Fisher, and Taryn Bogdewiecz had the opportunity to attend this year's Colorado Association of Family Medicine Residencies (CAFMR) Rocky Mountain Research Forum. For the past few years, SNOCAP has helped to support their Shark Tank presentation session and award the top 3 teams with prized, including scholarship to attend the

### CAFP's Annual Summit



In April, Don Nease, Mary Fisher, Linda Zittleman, and Elena Broaddus had the opportunity to present at the Colorado Academy of Family Physician's annual summit on the history of SNOCAP and some of our current work.

SNOCAP presented just after Dr. Scott Hammond who shared about Aspen Renaissance Transformation Team (ART2) that works to design, implement, and study

NAPCRG Annual Meeting, and VISA gift cards to celebrate a job well done as a team.

This year, the winning presentations were:

1. Creating a Weight Loss Clinic in a Primary Care Setting: Effectiveness and Patient Outcomes
2. Nar(can) We Decrease Opioid Related Deaths? A Chronic Opioid QI Project
3. Increasing Resident Readiness to Incorporate Intimate Partner Violence Screening in Primary Care Prenatal Visits

During our presentation, we shared a bit about our annual priority setting process. We surveyed those in attendance to see what topics they were seeing as topics of need/interest.

Some of the top needs included:

- Health equity/racial inequity in primary care
- Social determinants of health
- Mental health/depression
- Transgender care
- Maternal mortality
- Opioid use/medication assisted treatment
- Continuity of care
- Diabetes/obesity

initiatives to enhance healthcare for patients in our local community and beyond. Dr. Hammond also shared about the Colorado Center for Primary Care Innovation (CCPCI) group that works to create patient-centered innovations to improve health care delivery by partnering with patients, health care organizations, academic institutions, and private practices, and the work they are doing on addressing loneliness in primary care.

Since that meeting, SNOCAP has connected with two new partners, and has received inquiries about participation in the burnout card study (which you can learn more about, below).

Thank you to all who attended, asked questions, and reached out to talk and learn more.



## STUDY UPDATES & REQUESTS

**Update from the HOMER team:**

**Home vs Office vs telehealth for Medication Enhanced Recovery (HOMER) – Primary Care practices generating the evidence for how to best start Medication Enhanced Treatment for Opioid Dependency**



HOMER is a national study comparing treatment outcomes in primary care patients who begin buprenorphine for opioid dependence and use disorder with a home (unobserved), office-based induction (observed), or telehealth (synchronous observed) induction.

The HOMER study is a partnership between the State Network of Colorado Ambulatory Practices and Partners (SNOCAP) and the American Academy of Family Physicians National Research Network.

Highlights from the past year include:

- 73 out of 100 primary care and behavioral health practices have signed up – 30 are in Colorado.
- 42 practices attended Orientation and are referring patients to the study. Patients are enrolling and completing their first surveys.
- Our Community Advisory Council was very busy, meeting seven times to review and approve study practice and patient recruitment and data collection materials and procedures and presentation for the national PBRN conference.

This is important work – opioid abuse can affect anyone. Be proactive and think broadly about your patients that could be in need of treatment. Follow the words from one of the HOMER community advisors about patients who can benefit:

*Don't just think about "druggies" on the streets. Look at the whole picture. Don't be blind. It's all kinds of people that have this problem. You know, it's your doctors, your lawyers, it's everybody!*

Are you interested in joining a national team of primary care practices helping to fill a gap in the evidence around effectively treating OUD with MAT? Fill out this survey link to connect with us!

LEARN MORE ABOUT HOMER BY CLICKING HERE



## Colorado COVID-19 Monoclonal Antibody (mAB)Treatment Project

We are deeply appreciative for the several SNOCAP clinicians who have engaged in different parts of the statewide monoclonal antibody treatment for COVID-19 project.

Clinicians have informed community messaging, clinical tools, and local public health engagement strategies (like the attached PDF). Thank you for participating in the provider survey, interviews, and/or clinician Community Engagement Studios.

Visit the website by clicking the button below to see practical tools to increase awareness of COVID-19 monoclonal antibody treatments.

[mAB COLORADO WEBSITE](#)

[CLICK HERE TO VIEW POLICY BRIEF 7-12-21](#)



## Burnout Card Study

Burnout, or "physical or mental collapse caused by overwork or stress," is common for all lines of work, but especially those in the healthcare setting. This issue has the potential for broad implications, for both sufferers and the patients they serve, such as poor job performance, lack of interest in work, and a higher likelihood of making unnecessary mistakes. Healthcare team burnout has been a topic of concern for patient advisors and SNOCAP practice-based research partners during priority setting conversations over the last three years, making it a relevant concern in the eyes of patients, practices, and community partners.

This study aims to primarily investigate the patients' perspective of primary care staff burnout, and secondarily to address self-reported levels of burnout among said staff. The patient perspective of burnout has very little research associated with it, so this card study will serve as a valuable foundation for further research concerning burnout in the primary care setting from the perspective of those being treated. What does participation involve?

- The study will be looking to work with practices over a 3-

- day period, reaching at least 75 patients per practice.
- You have the opportunity to receive up to \$300 for participation.
  - Each patient will be given the opportunity to complete a one-page survey covering the care they received during the visit, specifically if any signs of burnout were observed.
  - Staff members will also be asked to fill out a 1-question survey on their self-perceived level of burnout.

[CLICK HERE TO LEARN MORE](#)

[CLICK HERE TO CONTACT MARY FISHER TO SIGN UP](#)

## SNOCAP SPOTLIGHT

**Name and role:**

Sindy Gonzalez, MPH  
HOMER Professional Research Assistant

**How long have you been with COCONet/SNOCAP?**

In August 2021, it will be one year

**What did you do previously?**

I was a Population Health Specialist in Ambulatory Case Management and a Medical Assistant prior to that.

**What have you be working on in your role?:**

I'm a research assistant helping recruit both practices and participants for the HOMER study.

**What originally drew you to your role with SNOCAP/HOMER?:**

What originally drew me to my role with HOMER is my past experience as a medical assistant and work in ambulatory case management. I understand how family care practices function and was able to easily transition to the department of family medicine. I'm able to use my medical assistant and case management knowledge and experience to provide a different outlook and understanding as a research assistant.



**What have you been enjoying most about working with SNOCAP/HOMER so far?:**

This is my first role as a research assistant and I'm loving learning about PBRNs and all the responsibilities and duties a research assistant undertakes.

**What are the big things coming up for you professionally in the next few months ?:**

I enjoy learning new skills and look forward to strengthening my newly acquired skills and knowledge.

**What has been one of your main successes, proudest moments, or biggest "ah-ha!"s recently?:**

One of my recent “ah-ha” moment has been deciding to return to school in the next year to obtain my PhD in Epidemiology.

**What is one thing everyone reading should know about you?:**

I enjoy hiking. I've hiked in Colorado, Montana, and Oregon. I hope to continue hiking throughout the United States.

[CONTACT SINDY HERE](#)

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**Name and role:**

Ben Sofie, MSW  
HOMER Project Manager

**How long have you been with COCONet/SNOCAP?**

I've been a part of SNOCAP/the HOMER Study for almost one year (started in August, 2020).

**What did you do previously?**

Prior to working on HOMER, I worked in various departments in the CU School of Medicine as a PRA, including Infectious Disease and Psychiatry.

**What have you be working on in your role?:**

My role on the HOMER study is to be the lead Project Manager (there are several other project managers who help me out with various tasks/responsibilities). So, I have my hands in a bit of everything on the project! A lot of my work on this first year of this project has involved: developing study materials and procedures, IRB/regulatory tasks, facilitating team meetings/workflows, and helping to recruit primary care practices on study.

**What originally drew you to your role with SNOCAP/HOMER?:**

After working as a research assistant/coordinator for three years in the CU School of Medicine, I was looking for a higher level of responsibility on research projects. Additionally, I really enjoy working on community based research projects. I've never worked with a PBRN before, so when I heard about the community based research that SNOCAP is doing I was very interested in being a part of that!

**What have you been enjoying most about working with SNOCAP/HOMER so far?:**

By far, I love working with this research team – including the academic folks and community members who help on this project. Everyone on this project is incredibly passionate and determined to execute high quality and impactful research, which I really admire and appreciate!

**What are the big things coming up for you professionally in the next few months ?:**

Starting in August, I'll have been with SNOCAP/HOMER for one year, which is an exciting milestone! Additionally, in September, we will have recruited 100 primary care practices across the country onto the HOMER project, which is another exciting milestone to reach! I'm looking forward to moving into the second year of the HOMER study and tackling some new tasks, like patient recruitment.

**What has been one of your main successes, proudest moments, or biggest "ah-ha!"s recently?:**

I'd say one of the most complex tasks on the HOMER study has been the IRB side of things – since this is a multi-site study and we are working with multiple IRBs, the regulatory work on this project can be pretty complex at times. We recently submitted and approved a big IRB amendment that took several months of work, and just got the approval of that amendments a couple of weeks ago – that felt great!

**What is one thing everyone reading should know about you?:**

I'm very social and extroverted – so if you ever see me around campus or at an event, feel free to say hi and chat!

*~~Welcome, Sindy and Ben! We are so excited to have you both on board and look forward to continued work with you both!~~*

## MONTHLY MEETING

SNOCAP Monthly Meetings are a way to connect with practices and providers across the state. We use this opportunity to showcase current and upcoming work, as well as to discuss potential work and partnerships with other researchers.

NEXT MEETING: TUESDAY, SEPTEMBER 7TH, 12:00-1:30PM VIA ZOOM

Join from PC, Mac, Linux, iOS or Android: [https://ucdenver.zoom.us/j/94096983934?  
pwd=dUxYUkZZNTA4OU11N2puMGRDaWVYdz09](https://ucdenver.zoom.us/j/94096983934?pwd=dUxYUkZZNTA4OU11N2puMGRDaWVYdz09)

Password: 466008

Or iPhone one-tap (US Toll): +16699006833,,469856135#

Or Telephone: Dial: 1 669 900 6833 (US Toll), Meeting ID: 469 856 135

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