











NP3 2020 Practice-Based Research Seed Grant Recipients

The Northwestern Primary Care Practice-Based Research Program (NP3) is excited to formally announce the 2020 Practice-Based Research Seed Grant awards. The NP3 seed grant program supports research partnership development and collaboration between community-based primary care practices and academic researchers.

These one year awards, totaling \$85,000, are generously supported by the Northwestern University Clinical and Translational Sciences Institute (NUCATS), the Center for Community Health, and the Division of General Internal Medicine and Geriatrics. We thank these groups for their continued dedication to practice-based research.

The 2020 seed grant recipients are below. Abstracts for each project are available on the following pages.

- Examining the Impact of Primary Care Visit Length on Health Care Use and Outcomes
 - **Principal Investigators:**
 - -David Liss, General Internal Medicine and Geriatrics, Feinberg School of Medicine
 - -Marilyn Pearson, Northwestern Medicine
- Exploring Data Systems to Track Homeless Healthcare Services and Outcomes in Chicago

Principal Investigators:

- -Bruce Doblin, Heartland Alliance Health
- -Matthew O'Brien, General Internal Medicine and Geriatrics, Feinberg School of Medicine
- Screening for Gun Violence in the Primary Care Setting

Principal Investigators:

- Audrey Brewer, Ann & Robert H. Lurie Children's Hospital of Chicago
- Bruce Rowell, Lawndale Christian Health Center
- We're here! Identifying Bi+ Individuals' Primary Care Needs through Collaborative Community Engaged Research

Principal Investigators:

- -Lauren Beach, Northwestern University Institute for Sexual and Gender Minority Health and Wellbeing
- -Cori Blum, Howard Brown Health
- -Casey D. Xavier Hall, Northwestern University Institute for Sexual and Gender Minority Health and Wellbeing

Co-Investigator:

-Jessie Miller, Bisexual Queer Alliance Chicago

Email us at NP3@northwestern.edu to learn more about practice-based research.













Examining the Impact of Primary Care Visit Length on Health Care Use and Outcomes

Principal Investigators:

- David Liss, PhD Research Associate Professor, NU FSM
- Marilyn Pearson, MD Medical Site Leader, Northwestern Medicine

Abstract:

The amount of time that a clinician spends with a patient during an in-person office visit affects virtually every aspect of the encounter, from the clinician's pace of work to the substance of clinician-patient interactions. Nevertheless, the impact of primary care visit length on quality of care remains poorly understood. This project stems from questions originally posed by Dr. Marilyn Pearson, our Community Principal Investigator (PI), and will evaluate the relationship between primary care visit duration and measures of health care utilization and quality. Specifically, we will leverage the Northwestern Medicine Enterprise Data Warehouse to: 1) Evaluate the impact of primary care visit length on specialty care use, continuity of outpatient care, and primary care quality; 2) Explore potential disparities in the relationships under study across patient race/ethnicity, age group, insurance type, and illness burden, and; 3) Initiate learning health system activities to disseminate findings across Northwestern Medicine and prepare for future quality improvement and evaluation cycles. In addition to fostering a primary care-academic partnership, generating important findings, and stimulating ideas for future changes in care delivery at Northwestern Medicine, this project will also include activities to support the development of proposals for external funding.

Exploring Data Systems to Track Homeless Healthcare Services and Outcomes in Chicago

Principal Investigators:

- Bruce Doblin, MD Medical Director, Heartland Alliance Health
- Matthew O'Brien, MD, MSc Associate Professor of Medicine, NU FSM

Abstract:

Heartland Alliance Health (HAH) is the principal provider of medical and behavioral health services to Chicago's homeless population. HAH patients face many unique challenges that lead to fragmented care provided across the city, which may adversely impact their health outcomes. The proposed research aims to develop a population-based data infrastructure that will support ongoing HAH efforts to redesign its practice model and evaluate recently adopted value-based insurance contracts. To do so, HAH proposes convening an Advisory Board composed of the following organizations that provide health care and/or collect data for Chicago's homeless population: HAH, Northwestern's Center for Health Information Partnerships, the Chicago Area Patient-Centered Outcomes Research Network (CAPriCORN), AllianceChicago, Cook County Health, and the Chicago Department of Family and Support Services. HAH's Medical Director, Dr. Bruce Doblin, will serve as the project's community Co-PI. Dr. Matthew O'Brien, a faculty member in Northwestern's Center for Community Health, will serve as the academic Co-PI. This Advisory Board will meet several times throughout the project period to develop a research agenda that leverages the unique data assets of each member to support the ongoing work of HAH. This project will help HAH improve the health of Chicago's homeless population and ensure its success as an innovative model for homeless health care nationally.













Screening for Gun Violence in the Primary Care Setting

Principal Investigators:

- Audrey Brewer, MD MPH Instructor of Pediatrics, Ann & Robert H. Lurie Children's Hospital of Chicago
- Bruce Rowell, MD Chief Clinical Officer, Lawndale Christian Health Center

Abstract:

Community pediatric primary care physicians (PCP) are in a unique position to identify children and families exposed to gun violence and future firearm violent behavior. This study proposes exploring the feasibility of integrating a gun violence risk assessment tool into a pediatric healthcare screening form and providing referrals to community violence intervention and prevention programs for low-income high-risk children (ages 12-17 years) at Lawndale Christian Health Center (LCHC), a community-based primary care setting. Proposed aims: (1) Explore LCHC pediatric provider and staff perspectives on gun violence screening, intervention, and prevention among adolescents by convening focus groups; (2) Establish advisory committee of stakeholders to develop a gun violence protocol; (3) Train providers and staff on gun violence protocol; and (4) Initiate a small scale pilot of the gun violence protocol. This study proposes to use a practice-based mixed methods research design. Primary care clinics are the ideal setting to ensure children and families at highest risk for gun violence have equitable access to resources that meet their needs by helping to mitigate and prevent the existing and future impact of gun violence in low-income communities.

We're here! Identifying Bi+ Individuals' Primary Care Needs through Collaborative Community Engaged Research

Principal Investigators:

- Lauren Beach, JD, PhD Research Assistant Professor, NU Institute for Sexual and Gender Minority Health and Wellbeing
- Cori Blum, MD Director of New Initiatives, Howard Brown Health
- Casey D. Xavier Hall, PhD, MPH Postdoctoral Fellow, NU Institute for Sexual and Gender Minority Health and Wellbeing

Co-Investigator:

Jessie Miller, Bisexual Queer Alliance Chicago

Abstract:

Howard Brown Health, Northwestern University, and Bisexual Queer Alliance Chicago propose a practice-based research collaboration aimed at identifying bi+ individuals' primary care needs and concerns to better equip healthcare providers to engage the community in primary care. The team will host Stakeholder-Academic Resource Panels (ShARPs) to obtain feedback about what it is like to access primary care for bi+ individuals across Chicago's neighborhoods and demographics. Information collected at ShARP sessions will guide development of













novel items and selection of validated survey measures to administer to bi+ people engaged in primary care throughout Howard Brown Health's network. Surveys will capture data identifying strengths and weaknesses of patient-provider communication and healthcare delivery to assess bi+ engagement, satisfaction, and quality of care. The role patient "outness" about sexual identity and/or sexual behavior may play in influencing these outcomes will be emphasized within the project. The team will host a community event to disseminate project results. Research findings will prepare the team to develop future NIH-funded projects proposing interventions to strengthen primary care workflows by providing culturally responsive care to bi+ patients. By using a community-engaged approach throughout the project, the initiative will enable bi+ people to offer meaningful input to design a patient-centered health system that prioritizes their well-being.