

WVPBRN & COMMUNITY NEWS

A monthly newsletter brought to you by the Community Engagement Core of the West Virginia Clinical and Translational Science Institute

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Project ECHO comes to West Virginia

Cabin Creek Health Systems is teaming up with [Project ECHO](#) (Extension for Community Healthcare Outcomes), the West Virginia University School of Medicine, the West Virginia Primary Care Association, and the WVCTSI to evaluate and manage Hepatitis-C patients in rural primary care settings throughout West Virginia.

The project connects WVU Hepatitis-C specialists with rural primary care providers from around the state. In project ECHO-WV, participating primary care providers will present HepC patient cases to WVU specialists in video-conferencing sessions. The interactive hour-long sessions will be held weekly and include between 3-5 cases. Specialists will also provide 15 minutes of didactics on HepC topics. Thus, Project ECHO promotes interaction between academically-based specialists and community-based primary care providers, offers learning opportunities and continuing education credits to those who participate, and expands the reach of specialty care state-wide. The intent is to begin but not end with Hepatitis-C sessions; other serious West Virginia chronic conditions will later be addressed using the ECHO model.

Project ECHO will hold a launch event on April 12, 2016 at 3:00pm at the WVU Erikson Alumni Center. More information on the launch event and how to participate in the project coming soon.

SPOTLIGHT: Diabetic eye screening takes off around the state

Ron Gross, MD, Dana King, MD, and Jonathan Kline, PharmD, are co-investigators on a multi-site and multi-level project to improve patient diabetic retinopathy outcomes by increasing access to retinal screening scans in a primary care setting, leading to early detection and treatment.

This project is funded by the Alcon and Allergan Foundations, and the West Virginia Clinical and Translational Science Institute (WVCTSI). Intellectual Retinal Imaging Systems® (IRIS) is providing the device, training, and grading platform being used. The focus is to integrate the scanning device into primary care to assess the cost-effectiveness, from a provider standpoint, while improving patient care management of the growing diabetic population. Ophthalmology referral processes were customized for each site to provide access and streamlined information back to the patient.



Valley Health Systems, in Huntington, Harpers Ferry Family Medicine, in Harpers Ferry, and Community Care of WV, in Weston, are taking part in this WVPBRN pilot study. These sites are all either a Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC), as these are the most common clinical distinctions found in West Virginia. Starting in January, all three sites began training and implementing the retinal scan device.

Diabetes patients who have not received yearly diabetic eye care are eligible for this exam on an annual basis. The clinical staff captures an image of the eye and electronically send it to retinal fellows at the West Virginia University Eye Institute where it is graded and referral recommendations can be made. Reports are then sent back to the primary care site who contact the patient with results and any referral information.

Multiple partners provide guidance and support throughout implementation, including primary care providers, clinical staff, industry specialists, technical assistance, insurance providers, ophthalmologists, and public health representatives. Preliminary data has helped change Medicaid policies to cover the retinal photography code for this service and continues to inform other agencies.

As this project moves forward, information collected will impact patients' detection and treatment of diabetic retinopathy, clinical patient quality measures, distribution and use of ophthalmic resources and policy changes around the state.

Health disparities group assembles at WVU

The Health Disparities Working Group, led by WVCTSI director, Dr. Sally Hodder, is a collaborative group of investigators from across the WVU campus that identify as health disparities researchers. Areas of investigation include opioid addiction, economic disparities, tobacco/smoking, and oral health. The Working Group currently meets on the first Tuesday of each month for a different networking event.

On Tuesday, February 2nd, the group was privileged to welcome Dr. Rahul Gupta, commissioner of the WV Department of Health and Human Resources Bureau of Public Health, to speak at our kickoff event. Future events include a funding collaboration event on Tuesday, March 1 from 4-6 p.m. in the Barnett Board Room of the Erickson Alumni Center and a seminar by Taya Williams, coordinator of the WV DHHR Office of Minority Health, on Tuesday, April 5.

Any questions about the Health Disparities Working Group can be directed to Brandi Talkington, binsnyder@hsc.wvu.edu, or Andrew Denny, adenny1@hsc.wvu.edu.

CAIPEC Roundtables have great success around the state

The Central Appalachia Inter-Professional Pain Education Collaborative (CAIPEC) has concluded eight Roundtable Events, plus one mini-session, totaling 67 participants. The West Virginia events were held at: University Town Center in Morgantown, Health Sciences Center in Charleston, West Virginia Rural Health Association in Stonewall Resort, United Hospital Center in Bridgeport, and Preston Memorial Hospital in Kingwood. Speakers included Roberto Cardarelli, MD, professor and division chief of the University of Kentucky Division of Community Medicine Department of Family and Community Medicine, Chong Kim, MD, associate professor from the West Virginia University Pain Clinic, William Elder, professor and clinical psychologist, and Katie Stewart, licensed massage therapist.

Participants discussed interactive case-based chronic pain management topics including how to conduct pill counts, opioid tapering, urine drug screens, functional assessments, patient medication education, and risks of drug diversion. The forum provided the opportunity for participants to ask questions regarding personal cases and to share best practice information. The two-hour events provided continuing education to physicians, mid-level providers, physical therapists, behavioral therapists, and massage therapists.

For more information, visit the [CAIPEC](#) website.

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