



2017 ANNUAL STAKEHOLDER MEETING

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MEETING AGENDA

January 26th, 2017

7:30 a.m.	Shuttles will transport guests to Harrell Medical Education Building	DoubleTree Gainesville
8:15 - 8:45 a.m.	Registration and Breakfast	Scott Commons
8:45 - 9:00 a.m.	Welcome & Introductions Dave Nelson, M.D.	South Learning Studio, Room 135
9:00 - 9:40 a.m.	Keynote Presentation Joe Selby, M.D.	South Learning Studio, Room 135
9:40 - 10:20 a.m.	OneFlorida: Characterizing the Population & Progress to Date Betsy Shenkman, Ph.D. & Bill Hogan, M.D.	South Learning Studio, Room 135
10:20 - 10:45 a.m.	Panel Discussion: Building Sustainability for OneFlorida Joe Selby, M.D., Betsy Shenkman, Ph.D. & Bill Hogan, M.D. Moderator: Dave Nelson, M.D.	South Learning Studio, Room 135
10:45 - 11:00 a.m.	Break	
11:00 - 12:15 p.m.	OneFlorida Projects Panel - Brief Updates on Projects and Next Steps Hypertension & OPTI-BP: Rhonda Cooper-DeHoff, Pharm.D., M.S. Children's Health & Health System Demo: Jennifer McCafferty, Ph.D. Children's Health & Rare Disease: Krista Vandenborne, Ph.D., and Rebecca Wilcocks, Ph.D. Health System Demos: Stephen Quintero, M.D. Obesity Cohort: Rebecca Essner, Ph.D. & David Janicke, Ph.D. Cancer Population Health: Ramzi Salloum, Ph.D., and Stephanie Staras, Ph.D. Moderator: Ralph Sacco, M.D.	South Learning Studio, Room 135
12:15 - 1:30 p.m.	Boxed Lunch and Poster Session	Scott Commons
1:30 - 3:00 p.m.	Small Group Work Sessions: Cancer: Chris Cogle, M.D. & Ramzi Salloum, Ph.D. Children's Health: Jennifer McCafferty, Ph.D., Matthew Gurka, Ph.D. & Lindsay Thompson, M.D. Heart Health: Rhonda Cooper-DeHoff, Pharm.D. & Carl Pepine, M.D. Quality/Learning Health System: Stephen Quintero, M.D. & Betsy Shenkman, Ph.D. Infectious Disease: Olveen Carrasquillo, M.D. & Bill Hogan, M.D.	Tower Conference Room, 460 Dean's Conference Room, 128 Room 331 South Learning Studio, Room 135 Room 332
3:00 - 3:15 p.m.	Break	
3:15 - 4:00 p.m.	Breakout Reports and Wrap-Up	South Learning Studio, Room 135
4:00 - 4:45 p.m.	Front Door Session Learn How OneFlorida Can Help Support Your Research: Brittney Roth	South Learning Studio, Room 135
5:00 - 6:00 p.m.	Networking Reception	Scott Commons
6:00 p.m.	Shuttles to the Hotel	

KEYNOTE SPEAKER BIO



Joe Selby, M.D., MPH

Executive Director of the Patient-Centered Outcomes Research Institute (PCORI)

After obtaining his M.D. Degree from Northwestern, Dr. Selby moved to Northern California for an internship and a family medicine residency and eventually earned an MPH at UC Berkeley. His fellowship project concerned Behavioral Factors in Cardiovascular Disease. He stayed in the Bay Area at Kaiser Permanente for 27 years, including 13 as Director of Research supervising up to 50 investigators and 500 staff members. He has had academic appointments at UC Berkeley, UCSF and Stanford University. He has authored more than 200 peer-reviewed articles on far-ranging topics such as quality measurement and improvement, primary care delivery, colorectal cancer screening and many studies that could be classified under the heading of “comparative effectiveness” – largely in the areas of diabetes, HTN and cardiovascular disease. He has received honors from the Public Health Service, the American Epidemiological Society, Kaiser Permanente, and in 2009 he was elected into the Institute of Medicine. In July 2011, Dr. Selby became the first Executive Director of the Patient-Centered Outcomes Research Institute (PCORI). PCORI’s mandate is to improve the quality and relevance of the evidence available in order to help patients, caregivers, employers, insurers and policy-makers make informed health care decisions.

COMMITTEE MEMBERS

**Not all bios available*



Claire Baralt

Assistant Director, Communications,
UF Clinical and Translational Science Institute

Claire Baralt serves as an ex-officio member of the OneFlorida Clinical Research Consortium Steering Committee. She is director of strategy and planning for the UF Clinical and Translational Science Institute, which speeds the translation of scientific discoveries into better health. A communications strategist with more than 15 years of experience spanning the nonprofit, philanthropic and academic sectors, Claire is passionate about inspiring action, expanding collaboration and engaging stakeholders to enhance community health and quality of life. Prior to joining the UF CTSI in 2011, Claire served for 11 years as the communications officer and an elected officer of the board for the Doris Duke Charitable Foundation in New York City. Before that, Claire worked in the White House Social Office in Washington, D.C. Claire holds a master's degree in strategic communications from Columbia University and bachelor's degrees from UF in magazine journalism and advertising.



Andy Brickman, Ph.D.

Director, Member Research and Quality, Health Choice Network
Member, OneFlorida Executive and Steering Committees

As Director of Member Research and Quality, Andrew L. Brickman, Ph.D., leads a team charged with building a research data infrastructure at Health Choice Network (HCN), one of the nation's largest health center-controlled networks. Under Dr. Brickman's leadership, HCN is a member of two PCORI Clinical Data Research Networks: ADVANCE, where he serves as co-investigator and site-PI, and the OneFlorida Data Trust, where he also serves as co-investigator and site-PI. He is a member of the steering committee of both networks.

To support this work, his team is implementing strategies for integrating hospital, health plan and practice-level data into an existing community health center outpatient clinical data repository. Additional objectives include building on existing research partnerships and establishing administrative infrastructure toward building community health center capacity to participate in research. Further experience in clinical informatics includes the development of a web-based interface for school nurses that integrates data from school, FQHC and nursing data systems (CHEER).



Barry Byrne, M.D., Ph.D.

Director, University of Florida Powell Gene Therapy Center; Professor, Molecular Genetics & Microbiology; Professor and Associate Chair, Department of Pediatrics, University of Florida

Co-Leader, Duchenne Muscular Dystrophy Rare Disease Team; Member, OneFlorida Steering Committee

Barry Byrne is the UF associate chair of the Department of Pediatrics and director of the UF Powell Center for Rare Disease Research. Byrne is a clinician scientist who is studying a variety of rare diseases with specific attention to developing therapies for inherited muscle disease. As a pediatric cardiologist, his focus is on conditions that lead to skeletal muscle weakness and problems in heart and respiratory function. His research team has been developing new therapies using a missing cellular protein or the corrective gene to restore muscle function in Pompe and other inherited myopathies. Byrne co-leads the Duchenne Muscular Dystrophy (DMD) Rare Disease Team and serves on the OneFlorida Steering Committee. As co-leader of the DMD Rare Disease Team, he works in collaboration with Krista Vandendorpe, PT, Ph.D., on the development of computable phenotypes. He also collaborates with DuchenneConnect and the Phelan-McDermid Syndrome Data Network (PMS-DN), both of which are PCORI Patient Powered Research Networks. Finally, he serves as a liaison to industry representatives focused on rare disease, including Solid Ventures.



Peter Carek, M.D., M.S.

Professor and Chairman, Department of Community Health and Family Medicine, University of Florida

Director, Community Clinician and Health System Engagement Teams; Clinical Champion, OneFlorida Clinical Research Consortium; Member, OneFlorida Executive and Steering Committees

Peter J. Carek, is currently a professor and chair in the Department of Community Health and Family Medicine at the University of Florida. Dr. Carek has authored/co-authored over 90 articles for peer-reviewed journals as well as numerous chapters, monographs and articles for non-peer reviewed journals and has presented over 140 invited presentations and over 90 submitted presentations during meetings of national and international medical organizations. Dr. Carek was the recipient of the Accreditation Council for Graduate Medical Education (ACGME) Parker J. Palmer "Courage to Teach" Award (2009) and the American Academy of Family Physicians' (AAFP) Nikitas J. Zervanos Outstanding Program Director Award (2010). Dr. Carek has been actively involved in quality improvement in primary care in both patient care and medical education on a national level. He has national recognition as a leader in implementing quality improvement into faculty medicine residency programs as well as patient care activities. He has examined the impact of evidence-based guidelines in physician performance and quality of medical care, used numerous quality improvement tools including patient registries in medical education and clinical care, and assisted physicians using reflective learning technique in assessing their clinical performance.



Olveen Carrasquillo, M.D., MPH

Professor of Medicine and Public Health Sciences, Chief, Division of General Internal Medicine Interim Chief, Geriatrics and Palliative Care, University of Miami

Member, OneFlorida Executive and Steering Committees

Olveen Carrasquillo, M.D., MPH, is chief of the Division of General Internal Medicine & Interim Chief of Geriatrics/ Palliative Care at the University of Miami. He oversees a clinical, teaching and research enterprise of 62 full time faculty members and seven primary care / geriatric practices. As a researcher, he has over twenty years of experience leading federal, state and PCORI-sponsored clinical and community-based research projects in minority health and health disparities in areas including diabetes, cancer, and cardiovascular disease. He also serves as director of the consortium core for the Miami-Vanderbilt-Meharry Center of Excellence in Precision Medicine and in OneFlorida as co-director of stakeholder engagement.



TaJuana Chisholm

Administrative Director of Operations, OneFlorida Clinical Research Consortium

Operations Manager, OneFlorida Cancer Control Alliance

Ms. Chisholm is the Administrative Director of Operations for the OneFlorida Clinical Research Consortium funded by the Patient-Centered Outcomes Research Institute and an Operations Manager for the OneFlorida Cancer Control Alliance funded by the Florida Department of Health James and Esther King Biomedical Research Program. Ms. Chisholm has contributed administrative support to several funded projects and grants including (1) the Adolescent Health Risk Assessments in Primary Care: Phase I and Phase II (NIH funded), (2) the UF & Shands Medical Home Care Coordination Program (State of Florida funded), (3) the iPRO study which uses a clinical decision support tool integrated within the EHR to improve care for patients seeking pain management from their primary care providers (Pfizer funded) (4) Evaluating Quality of Care for the Department of Aging and Disability Services (Texas Health and Human Services Commission funded) (5) Clinical and Data Research Network (PCORI funded) (6) OneFlorida Cancer Control Alliance Program (FL DOH funded) (7) Child Health Quality (ChEQ) Partnership Program (AHRQ funded) . Ms. Chisholm's primary roles within the Consortium are to provide leadership and support to internal staff at the University of Florida, demonstrate exemplary customer service to external investigators, and assist the Chief Operating Officer with strategic planning for the Consortium.



Rhonda Cooper-DeHoff, Pharm.D., M.S.

Associate Professor, Department of Pharmacotherapy and Translational Research, College of Pharmacy, University of Florida; Associate Director, Center for Pharmacogenomics, University of Florida Clinical and Translational Science Institute; Joint Faculty Appointment, Division of Cardiovascular Medicine, College of Medicine, University of Florida

Leader, Hypertension Team; Member, OneFlorida Steering Committee

Rhonda Cooper-DeHoff, PharmD, M.S., is an associate professor in the Department of Pharmacotherapy and Translational Research and the Division of Cardiovascular Medicine, College of Medicine at the University of Florida. She is also the associate director for the Center for Pharmacogenomics. Cooper-DeHoff has spent the last 25 years doing research in the areas of hypertension, atherosclerotic heart disease, as well as metabolic syndrome and diabetes and has contributed significantly to the body of published literature in the area of hypertension, pharmacogenomics and pharmacometabolomics. Cooper-DeHoff has responsibility for all aspects of administration and scientific management of the Hypertension Team within the OneFlorida Clinical Research Consortium. She is also a co-PI for the NIH-funded Pharmacogenomics Evaluation of Antihypertensive Responses grant, as well as a previously funded Career Development Award (K23) entitled "Metabolic Effects of Antihypertensive Drugs." She was also an investigator of the International Verapamil Trandolapril Study (INVEST), which evaluated hypertension treatments in elderly coronary artery disease patients. Additionally, she has collaborated extensively with rural health care settings regarding hypertension management. Cooper-DeHoff has been elected a Fellow of the American College of Clinical Pharmacy, the American Heart Association and the American College of Cardiology, in accordance with her accomplishments in the clinical and scientific arena of cardiovascular disease.



Linda Cottler, Ph.D., MPH

Dean's Professor and Founding Chair, Department of Epidemiology, University of Florida
Member, OneFlorida Steering Committee

Linda Cottler, Ph.D., MPH, is associate dean for research at the College of Public Health and Health Professions and dean's professor and founding chair of the Department of Epidemiology at the College of Public Health and Health Professions and the College of Medicine at the University of Florida. Cottler is involved in studies in several major areas with public health importance, including the development of culturally reliable and valid measures for identifying substance use, abuse and dependence, along with psychiatric disorders and their risk factors; innovative methods for conducting national surveys of high-risk behaviors; and community-based, peer-delivered interventions to change HIV risk behaviors and substance abuse. The Cottler lab has focused its work on underrepresented populations, including prescription drug misusers, out-of-treatment drug users and heavy drinkers, female sex workers and criminal justice populations. She developed the community engagement program HealthStreet in St. Louis and brought it to the University of Florida in 2011. HealthStreet uses a storefront location and Community Health Workers to meet people where they live, work and play, assessing the community's health needs and linking people to services they need as well as opportunities to participate in research studies. Cottler's work directly relates to reducing disparities for health research and health services.



Christy Evans

Citizen Scientist

Member, OneFlorida Executive Committee; Co-Chair OneFlorida Steering Committee

Ms. Christy Evans is an undergraduate student at the University of Florida, majoring in economics at the Heavener School of Business. She is primarily interested in the organization and effectiveness of the Citizen Scientist Program and in doing all that she can to help it reach its full potential. She is currently the co-chair of the OneFlorida Steering Committee.



Rebecca Essner, Ph.D.

Research Scientist for Data and Development, Florida Hospital
Member, OneFlorida Executive Committee

Rebecca Zuvich Essner has her Ph.D. in Human Genetics and a master's degree in applied statistics, both from Vanderbilt University. Before joining the Florida Hospital in July 2012, Dr. Essner worked as a project manager for Vanderbilt's BioVU, bio-repository of discarded hospital blood samples used for genetics research studies and was a member of the eMERGE-I network (a NIH/NHGRI-organized and funded network of five medical research institutes, querying samples from their respective EMRs to research various genetic traits). At Florida Hospital, she began working on infrastructure and governance for the Translational Research Institute's data warehouse. In May 2015, Becca transitioned into a new role as Research Scientist for Data and Development for the newly formed Center for CREATION Health Research at Florida Hospital, which focuses on using lifestyle interventions to reduce readmission and population health initiatives.

As a member of OneFlorida, Becca serves as a PI liaison and as Honest Broker for Florida Hospital. She sits as a member of the Steering Committee and the Working Group.



Michael Gutter, Ph.D.

Associate Dean for Extension and State Program Leader for 4-H Youth Development, Families and Communities, University of Florida
Member, OneFlorida Steering Committee

Michael Gutter is the associate dean for extension and state program leader for 4-H Youth Development, Families and Communities in the Department of Family, Youth and Community Sciences at the University of Florida's Institute of Food and Agricultural Sciences. He earned a bachelor's degree in family financial management and a doctorate in family resource management with a specialization in finance from The Ohio State University. Gutter's research focuses on examining how socioeconomic status, financial education, personal psychology and financial socialization relate to financial behaviors. His outreach focuses on improving financial behaviors by increasing knowledge, skills and access to services. He provides leadership to Extension efforts conducting outreach related to health and wellness, community development, and youth development programs working with Extension faculty across Florida.



Bill Hogan, M.D., M.S.

Professor, Department of Health Outcomes & Policy, University of Florida; Director of Biomedical Informatics, University of Florida Clinical and Translational Science Institute
Director of Informatics, OneFlorida Clinical Research Consortium; Member, OneFlorida Executive and Steering Committees

Bill Hogan is the director of biomedical informatics for the Clinical and Translational Science Institute at the University of Florida and director of informatics for the OneFlorida Clinical Research Consortium, a statewide collaboration of three universities and health care providers that brings research findings from labs and other clinical settings to more than 9 million patients in all of Florida's 67 counties. To these endeavors, he brings over 15 years of experience in building and implementing large informatics systems, including the National Retail Data Monitor for early detection of outbreaks from point-of-sale data on over-the-counter health care products and the Comprehensive Research Informatics Suite for the National Children's Study and research at academic health centers and in the community.



Myra Hurt, Ph.D.

Professor and Senior Associate Dean for Research and Graduate Programs, Florida State University
Member, OneFlorida Executive and Steering Committees

Myra Hurt, Ph.D., is a distinguished researcher, educator and leader considered the "architect" of Florida State University's College of Medicine, created in 2000. It is a unique, community-based training model – 60% + outside hospitals – focused on recruiting future doctors from demographic groups underrepresented in the medical profession. She was Acting Dean prior to the recruitment of the college's first dean and was the founding dean of Student Affairs. In her current administrative role, Dr. Hurt is leading the development of the College's Clinical Research Network, a statewide collaboration of community-based physicians and faculty researchers conducting clinical and translational research. The network is supported by the College's Translational Science Laboratory, also developed by Dr. Hurt, which serves medical scientists at FSU and elsewhere in their search for disease biomarkers.

During her almost 30 years at FSU, Dr. Hurt also led the creation of educational programs designed to attract into science and medicine young scholars from underserved, rural and minority populations in Florida, as well as playing a founding role the Biomedical Sciences Ph.D. program in 2004, the Honors Medical Scholars program in 2006, and the Interdisciplinary Health Sciences B.S. program in 2016. She was recognized by the American Medical Women's Association as the winner of their "Woman in Science 2015" award, traditionally given to an M.D.

Dr. Hurt earned a B.S. in Biology from an Arkansas university and earned a Ph.D. in Microbiology from the University of Tennessee Health Sciences Center. She did postdoctoral training in cell and molecular biology at Baylor College of Medicine in Houston.



David Janicke, Ph.D.

Professor, Department of Clinical and Health Psychology, University of Florida
Co-Leader, Obesity Team; Member, OneFlorida Steering Committee

David Janicke, Ph.D., ABPP, is a Professor and Associate Chair in the Department of Clinical and Health Psychology in the College of Public Health and Health Professions at the University of Florida. He received his doctorate in Clinical Psychology from Virginia Polytechnic Institute and State University in 2001. Dr. Janicke serves as co-leader of the Obesity Team, which spearheads obesity-related research within the consortium as part of its Patient Population Program, with Steven Smith, M.D., chief scientific officer at Florida Hospital in Orlando.

He also serves as the OneFlorida Consortium site-PI for the PCORnet Obesity Observational Study: Short- and Long-term Effects of Antibiotics on Childhood Growth. He has a broad background in pediatric health psychology. The major focus of his empirical work centers on children's health, notably the translation and dissemination of childhood obesity interventions to underserved populations and real world settings. He currently is or has been a PI and Co-I on multiple NIH-funded randomized controlled trials examining the effectiveness of behavioral family intervention addressing youth health behaviors. Dr. Janicke is a Fellow of Division 54 of the American Psychological Association and a University of Florida Research Foundation Professor.



Dushyantha Jayaweera, M.D.

Interim Executive Dean for Research and Research Education, Miller School of Medicine, University of Miami
Member, OneFlorida Executive and Steering Committees

Dr. Dushyantha T. Jayaweera was appointed as the Executive Dean for Research, Research Education, and Innovation Medicine for the Miller School of Medicine. He was the Associate Vice Provost for Human Subject Protection prior to this appointment. Dr. Jayaweera has over 20 years of experience in HIV and serves as the Director for the HIV/HCV co-infection clinic. He has received grant support from the National Institutes of Drug Abuse, National Institute of Alcohol Abuse and Alcoholism, National Institute of Allergy and Infectious Disease, and the National Science Foundation. Dr. Jayaweera has led and continues to lead numerous industry-funded trials on HIV and HIV/HCV coinfection. Additionally, he serves the larger South Florida community as an AIDS educator, and is a senior faculty member of the AIDS Association and a University of Florida Research Foundation Professor.



Ross E. Jones, M.D.

Medical Director, UF Health and Family Medicine – Elizabeth G. Means Center; Medical Director, Total Care Group; Assistant Professor, Department of Community Health and Family Medicine, University of Florida

Member, OneFlorida Steering Committee

Ross E. Jones, M.D., MPH is an assistant professor in the Department of Community Health and Family Medicine at the University of Florida in Jacksonville, Fla., and serves as the department's medical director of the Total Care Clinic Group. Specializing in family medicine, Dr. Jones seeks to build community programs aimed at reducing health disparities among the under-served. In response to the disparity in which African Americans are the least likely group to find bone marrow matches, he co-created Gators United for a Cause, which offered a weeklong series of educational events that culminated with a drive to add registrants to the National Marrow Registry. Through his work with the Student National Medical Association (SNMA), he fulfills his commitment to mentoring students interested in pursuing medicine. Dr. Jones received his medical degree from the University of Florida College of Medicine in 2009 and completed his family medicine residency at St. Vincent's Family Medicine in Jacksonville, Fla., in 2012. He also completed the Commonwealth Fund Fellowship in Minority Health Policy at Harvard Medical School and received his MPH from the Harvard School of Public Health in 2014.



Beth Kidder

Assistant Deputy Secretary for Medicaid Operations, Florida Agency for Health Care Administration

Member, OneFlorida Executive and Steering Committees

Beth Kidder is the Interim Deputy Secretary for Medicaid at the Agency for Health Care Administration (AHCA). Kidder will ensure that the OneFlorida Clinical Research Consortium can query de-identified data for Florida's Medicaid and CHIP programs, which serve over four million individuals with an annual budget in excess of \$25 billion. She, along with AHCA, will help identify study questions and issues that are of significance to the Medicaid and CHIP populations. Kidder and AHCA are focused on the mission of ensuring that Floridians enrolled in their programs are efficiently and effectively served.

Kidder has eighteen years of experience working for state Medicaid programs including fifteen years with Florida Medicaid and twelve years in executive management positions. She spent the past five years as the Assistant Deputy Secretary for Medicaid Policy and Quality and in October 2016 added the duty of leading Florida's Medicaid program. Her expertise is in managed care, long-term care services, waiver programs, and development of coverage policies. Kidder holds a Bachelor's degree from the University of Florida and a Master of Public Policy degree from Duke University.



Prabir Mandal, Ph.D.

Associate Professor and Interim Chair, Department of Biology, Edward Waters College
Member, OneFlorida Steering Committee

Dr. Prabir K. Mandal, Ph.D. (Genetics) is a full Professor at Edward Waters College, Jacksonville, FL. He joined EWC as an Associate Professor of Biology in 2008 and served as the Interim Chair of the Biology Department until 2010. He serves as the Chair of the Institutional Review Board of EWC and an executive member of the editorial board of a few peer-reviewed journals of international repute. He has been awarded with the Distinguished Professor of the College during 2012-2013 and President's Ideal Faculty in 2010. He has published numerous research papers, editorials, book chapters, book, and made scholarly presentations in national/international scientific meetings exclusively related to the health issues of the African Americans.

Dr. Mandal is the Principal Investigator/Liaison of Edward Waters College chapter for the \$1.6 M research project titled "OneFlorida Cancer Control Network (CCN)" awarded to Dr. Elizabeth Shenkman, P.I. of University of Florida by Florida Department of Health Biomedical Research program. He also serves as the member of the CCN Executive Steering Committee and Scientific Advisory Committee. He is part of the Research Advisory Council of Florida State Health Diversity Research. Dr. Mandal is seriously involved in curriculum reform, mentoring and spearheading new initiatives for Allied Health education focusing on the underserved minority population, specifically African Americans in the State of Florida.



Merry-Jennifer Markham, M.D.

Associate Professor, Division of Hematology and Oncology; Co-Leader, Gynecologic Oncology Disease Site Group, UF Health Cancer Center

Member, OneFlorida Cancer Control Alliance Advisory Committee; Member, OneFlorida Steering Committee

Merry-Jennifer Markham, M.D., FACP, is an associate professor in the Division of Hematology and Oncology at the University of Florida. She is a clinical investigator and educator with a focus on gynecologic malignancies and lymphomas. She serves as the Co-Leader for the Gynecologic Oncology Disease Site Group at UF Health. She is a member of the American Society of Clinical Oncology, the American Society of Hematology, the Society of Gynecologic Oncologists, the American College of Physicians, and numerous clinical trial cooperative groups.



Jennifer McCafferty, Ph.D., CHRC, CHPC, CHC, CCEP

Director, Miami Children's Health System Research Institute

Member, OneFlorida Executive and Steering Committees

As the director of the Miami Children's Health System Research Institute, Jennifer McCafferty, Ph.D., serves as the senior research officer for the organization that provides infrastructure and research services to support and streamline clinical and translational research activity within the Miami Children's Health System. As site principal investigator for the OneFlorida Clinical Data Research Network (CDRN), she leverages the infrastructure and clinical network to identify subject matter experts that will contribute to and align with the CDRN research initiatives, where she has a demonstrated track record of building research infrastructure in varied disciplines and works closely with IT, clinical providers, patients, families and other subject matter experts to ensure the consortium meets its obligations under the PCORI CDRN.



Michael Muszynski, M.D., FAAP

Associate Dean for Clinical Research, Regional Campus Dean-Orlando, Florida State University

Member, OneFlorida Steering Committee

Michael Muszynski, M.D., is the associate dean for clinical research and regional campus dean of the Orlando Regional Campus of Florida State University. As an FSU-affiliated member of the OneFlorida Steering Committee, he will provide scientific oversight for a number of research projects and leads physician recruitment efforts in collaboration with Peter Carek, M.D., M.S., professor and chairman, Department of Community Health and Family Medicine at the University of Florida. Together they will utilize multiple strategies to support and engage clinicians to identify topics of interest to them and facilitate their participation in OneFlorida research. Dr. Muszynski will lend his expertise to the OneFlorida On-the-Road Design Studios, where clinicians statewide are engaged in the generation of research topics within the consortium.



Joe Nadglowski

President and Chief Executive Officer, Obesity Action Coalition
Member, Obesity Team; Member, OneFlorida Steering Committee

Joseph Nadglowski is President & CEO of the Obesity Action Coalition (OAC) – a non-profit organization formed in 2005 dedicated to elevating and empowering those affected by obesity through education, advocacy and support. A frequent speaker and author on the importance of obesity awareness, Mr. Nadglowski has more than 20 years of experience working in patient advocacy, public policy and education and is a graduate of the University of Florida. As a patient advocate who has publicly shared his own personal experience with obesity as well as those of OAC's members on many boards, taskforces, workgroups and public testimony, Mr. Nadglowski was recipient of the 2012 Society for the Study of the Alimentary Tract (SSAT) Public Service Award. As part of his advocacy work, he has dedicated a significant part of his work toward the recognition of weight bias, its impact on those with obesity and our nation's efforts to combat it. He has been a guest of First Lady Michelle Obama at the White House to discuss childhood obesity and has testified before the U.S. Food and Drug Administration (FDA) on the importance of increasing treatment options for individuals affected by obesity.



David Nelson, M.D.

Professor of Medicine, Molecular Genetics and Microbiology; Director, University of Florida Clinical and Translational Science Institute; Assistant Vice President for Research; Associate Dean for Clinical Research, University of Florida

Co-Chair, OneFlorida Steering Committee; Member, OneFlorida Executive Committee

David Nelson, M.D., is assistant vice president for research at the University of Florida, associate dean for clinical research for the UF College of Medicine and director of the UF Clinical and Translational Science Institute. Nelson co-led the development of the OneFlorida Clinical Research Consortium with Elizabeth A. Shenkman, Ph.D. Nelson is the co-chair of the Steering Committee and plays an integral role in facilitating multi-site network partnerships and studies. His clinical expertise is gastroenterology and hepatology with an emphasis on clinical research and viral hepatitis. He currently operates extensive clinical and translational research programs and has organized both statewide and national clinical trial infrastructures. Nelson has led the development of a highly innovative, longitudinal data infrastructure that has allowed large-scale implementation science and comparative effectiveness research to be conducted in a diverse Florida population.



Donna O'Neal, M.A.

Assistant Dean for Research Activities, Florida State University

Member, Administrative Program; Member, OneFlorida Steering Committee

Donna O'Neal, M.A., is the assistant dean for research activities at Florida State University's College of Medicine. She has been closely involved in all aspects of the development of the college's community-based Clinical Research Network that has access to more than 2,000 physicians in six Florida regions. She previously served as manager of organizational assessment and analysis in the Office of Resource Management, Florida Department of Revenue, and as deputy chief financial officer, Florida Department of Financial Services for the State of Florida.



Carl Pepine, M.D.

Professor of Medicine, Division of Cardiovascular Medicine, University of Florida

Co-Leader, Integrated Clinical Research Program; Member, OneFlorida Steering Committee

Dr. Pepine is a native of Pittsburgh, PA and received his B.S. from the University of Pittsburgh and M.D. from (Rutgers New Jersey Medical School in Newark, NJ). After internship, residency and cardiology training and a tour of duty in the Navy he was recruited to the University of Florida in 1974. Since then he was Chief of Cardiology at the Malcom Randall VA Hospital and then Shands UF and held the AHA Eminent Scholar Chair in Cardiovascular Research.

Dr. Pepine's fields of research interest are Ischemic Heart Disease/Hypertension/Heart Failure/Cell-based therapy/CVD in Women, and he has had continuous peer-reviewed funding (DoD, VA, VA Merit, NIH) for over 40 years. He has authored/co-authored more than 850 scientific publications and edited 6 textbooks all in the field of CV Medicine.

Currently, he serves on the Executive Committee of the UF Clinical and Translational Science Institute (CTSI), the Leadership Committee for the Patient-Centered Outcomes Research Institute (PCORI), OneFlorida Clinical Research Consortium, CDRN, and Foundation for the Accreditation of Cellular Therapy (FACT) Regenerative Medicine Task Force.

He is PI of the UF Center for NIH-supported Women's Ischemic Syndrome Evaluation (WISE) (1996 to present). He is Director of the CV Cell Therapy Program at UF and PI of the NHLBI funded Cardiovascular Cell Therapy (CCTR) Regional Center at UF (2007 to present), MPI of Brain-Gut Microbiome-Immune Axis in Hypertension Project, and Co-I for several others.



Renee Reams, Ph.D.

Professor, College of Pharmacy and Pharmaceutical Sciences, Florida Agriculture & Mechanical University

Member, OneFlorida Steering Committee

Renee Reams, Ph.D., is a biochemist and tenured professor in the FAMU College of Pharmacy and Pharmaceutical Sciences. Dr. Reams is Principal Investigator of an NCI/P20 Minority Cancer Research Training Center, a partnership between FAMU and University of Florida. Dr. Reams is also an associate member of the FAMU P20 Centers of Excellence Cancer Research, Education and Community Outreach Training grant and a tri-chair for the Research Centers for Minority Institutions Translational Research Network. Dr. Reams' research program uses genomics to hunt for genes and gene signatures that might explain the increased prostate cancer incidence and mortality observed in black males. Her research suggests that understanding the genetics of cancer aggressiveness in black males may lie in prostate tumor immunological differences and in over-expression of members of the ATP-binding cassette family in black males. Reams serves as a liaison between the OneFlorida Clinical Research Consortium and Florida Agriculture & Mechanical University and works on the Minority Education Program.



Temple Robinson, M.D.

Chief Executive Officer, Bond Community Health Center, Inc.

Clinical Champion, OneFlorida Clinical Research Consortium; Member, OneFlorida Executive and Steering Committees

Temple O. Robinson, M.D., CEO of Bond Community Health Center, Inc. is an accomplished executive physician with over 25 years of experience in private and public health care. Robinson was instrumental in acquiring research funding and oversees Bond Community Health Center's Center of Excellence fosters accreditation activities, research, clinical trials, grant writing, and graduate education.



Betsy Shenkman, Ph.D.

Professor and Department Chair, Department of Health Outcomes & Policy, University of Florida; Director, Institute for Child Health Policy, University of Florida; Co-Director, University of Florida Clinical and Translational Science Institute

Director, OneFlorida Clinical Research Consortium; Co-Chair, OneFlorida Steering Committee; Member, OneFlorida Executive Committee

Elizabeth A. Shenkman, Ph.D., is the chairperson for the Department of Health Outcomes & Policy, the director of the Institute for Child Health Policy at the University of Florida and the co-director of the NIH-funded University of Florida Clinical and Translational Science Institute (CTSI). Dr. Shenkman's research focuses on: 1) determining which combinations of health care delivery, community, and patient factors influence quality and outcomes of care; and 2) developing corresponding evidence-based strategies to improve health outcomes. She is the lead co-principal investigator (PI) for the PCORI-funded OneFlorida Clinical Data Research Network, which is a statewide alliance of three academic centers and nine health system partners. In her role as the co-director of the UF CTSI, Dr. Shenkman leads the Implementation Science Program, which develops strategies to promote the uptake of evidence-based best practices in health care settings. Additionally, Dr. Shenkman is the PI of a Centers for Medicare and Medicaid Services-funded randomized clinical trial designed to examine effects of the combined use of health navigators and a flexible wellness account on cardiovascular disease risk reduction among individuals with co-occurring physical and mental health conditions. This project leverages large linked electronic health record, health claims and laboratory data to examine patient outcomes.



Steven Smith, M.D.

Chief Scientific Officer, Florida Hospital; Professor, Sanford-Burnham Medical Research Institute; Scientific Director, Translational Research Institute for Metabolism and Diabetes

Co-Leader, Obesity Team; Member, OneFlorida Executive and Steering Committees

Steven Smith, M.D., currently serves as the scientific director of the Translational Research Institute for Metabolism and Diabetes, a joint venture with Florida Hospital and the Sanford-Burnham Medical Research Institute (SBMRI) in Orlando, as professor at SBMRI and chief scientific officer and senior vice president for Florida Hospital, providing oversight of all research activities within the hospital. His deep understanding of obesity pathobiology and medical treatment dovetails with the other experts in the OneFlorida Clinical Data Research Network who specialize in behavioral / lifestyle interventions, PROs, pediatric obesity, obesity in the elderly, stigma and bias, and the medical complications of obesity.



Elaine Van der Put, Ph.D., MSPH

Chief of Strategic Operations, Clinical and Translational Science Institute,
University of Miami

Ex Officio Member, OneFlorida Steering Committee

In addition to serving as the chief of strategic operations for the University of Miami Clinical and Translational Science Institute, where she is responsible for fiscal and administrative oversight, Elaine Van der Put, Ph.D., MSPH, is the chief strategy officer for the Miller School of Medicine at the University of Miami. She has 17 years of experience at the executive level for multinational corporations operating in Latin America, having held positions with responsibility for strategic planning, marketing, planning, communications, financial planning, budget planning and control for companies such as IBM and Coca-Cola.



Dean Watson, M.D.

Vice President, Chief Medical Officer, Tallahassee Memorial Hospital

Member, OneFlorida Steering Committee

Dean Watson, M.D., is Vice President/Chief Health Operations Officer at Tallahassee Memorial HealthCare (TMH). In addition to serving on both the OneFlorida Executive Committee and Steering Committee, Dr. Watson currently is a site principal investigator on a PCORnet Health Systems Demonstration Project for OneFlorida, The Impact of Patient Complexity on Healthcare Utilization. Since joining TMH in 1995, Dr. Watson has held numerous leadership roles, including Chief Medical Officer, Inpatient Director for the Family Medicine Residency Program, Medical Director for the TMH hospitalist group, the original Education Director for Internal Medicine at FSU COM and the original Program Director for the FSU COM/TMH Internal Medicine Residency Program. Dr. Watson has been involved in numerous projects focusing on improving outcomes and access to care for high-risk patient populations, including creating the TMH Transition Center, which aims to reduce readmissions and ER visits by providing follow-up care to discharged patients as they transition through recovery to wellness. He also implemented length-of-stay and continuum of care committees, as well as telemedicine and remote monitoring systems. A graduate of Indiana University's School of Medicine and Board-Certified in Internal Medicine, Dr. Watson also has experience in private practice and was the Chief Resident at Orlando Regional Medical Center.



Michael Weaver, Ph.D., RN, FAAN

Associate Dean for Research and Scholarship, College of Nursing, University of Florida
Member, OneFlorida Steering Committee

Michael T. Weaver, Ph.D., RN, FAAN, is the associate dean for research and scholarship at the University of Florida College of Nursing. Dr. Weaver's research interests are applied statistics and health prevention and promotion. His most recently funded projects include a project evaluating the efficacy of interactive voice responsive technology for enhancing quitline services and a study on a nurse-led intervention that enables stroke caregivers to build skills based on their assessments of their own needs, both of which are funded by the NIH. Weaver is also a member and past co-chair of the American Academy of Nursing Genetics, Health Care Expert Panel; a reviewer for the Patient-Centered Outcomes Research Institute's Addressing Health Disparities Study Section; a member of the Nursing Outlook editorial board; and a member of the manuscript review panel for Research in Nursing and Health and Journal of Advanced Nursing. Dr. Weaver received a doctoral degree from the University of Toledo, a master's degree in nursing from the Medical College of Ohio in Toledo and a bachelor's degree in nursing from Bowling Green State University in Ohio.



Ross Brownson, Ph.D.

Bernard Becker Professor of Public Health, Brown School and School of Medicine; Director, Prevention Research Center, Washington University in St. Louis Member, OneFlorida Scientific Advisory Committee

A leading expert in chronic disease prevention and an expert in the area of applied epidemiology and translational research, Ross Brownson, Ph.D., is regarded as one of the great intellectual, educational, and practice leaders in the field of evidence-based public health. He directs the Prevention Research Center that develops innovative approaches to chronic disease prevention. He leads a large number of other major research and training projects funded by a broad array of federal and foundation sources, including the National Institutes of Health and the Robert Wood Johnson Foundation.



Peter Embi, M.D., M.S., FACP, FACMI

President and Chief Executive Officer, Regenstrief Institute Inc. OneFlorida Scientific Advisory Committee

Peter Embi joined the Medical Center in 2010 from the University of Cincinnati Academic Health Center where he was Associate Professor of Clinical Medicine and Director of Biomedical Informatics in the Center for Clinical and Translational Science and Training. He is also the founding director of the Center for Health Informatics at the University of Cincinnati Academic Health Center and he is an internationally recognized researcher and educator in the field of clinical research informatics, with numerous publications and presentations describing his innovations in the field.



Gary Freed, M.D., MPH

Percy and Mary Murphy Professor of Pediatrics, School of Medicine; Professor of Health Management and Policy, School of Public Health, University of Michigan Member, OneFlorida Scientific Advisory Committee

Gary L. Freed MD, MPH has over 18 years of experience in children's health services research and has been the principal investigator of numerous federal, state and foundation-funded grants. He has published over 140 peer-reviewed articles on child health policy and health economics, physician behavior and interspecialty variation in the provision of preventive services to children. Dr. Freed is the immediate past President of the Society for Pediatric Research, the largest research society in the field of child health. Dr. Freed also serves on several national committees. He is the immediate past Chair of the Department of Health and Human Services National Vaccine Advisory Committee. He is a frequent consultant to state and federal agencies as well as the Institute of Medicine of the National Academy of Sciences and the World Health Organization. He is a member of the American Board of Pediatrics and a Fellow of the American Academy of Pediatrics.



Electra Paskett, Ph.D.

Marion N. Rowley Professor of Cancer Research, Division of Cancer Prevention and Control, Department of Internal Medicine, Ohio State University

Member, OneFlorida Scientific Advisory Committee

Electra D. Paskett, Ph.D., is the Marion N. Rowley Professor of Cancer Research at The Ohio State University. She is the Division Director of Cancer Prevention and Control in the College of Medicine, professor in the Division of Epidemiology in the College of Public Health and Associate Director for Population Sciences and Program Leader of the Cancer Control Program in the Comprehensive Cancer Center of the Ohio State University. She is also Director of the Center for Cancer Health Equity at the James Cancer Hospital. Dr. Paskett's research is directed at cancer prevention, early detection and survivorship issues specifically among underserved populations. Dr. Paskett successfully competed for an NCI-funded P50 to examine why rates of cervical cancer are high in Appalachia Ohio. She also has received funding from the Breast Cancer Research Foundation since 2001. She continues to work with the Women's Health Initiative. Dr. Paskett also has numerous awards such as the American Society of Preventive Oncology Distinguished Achievement Award, The Alliance for Clinical Trials in Oncology Jimmie Holland Award, the American Association for Cancer Research Distinguished Lecture Award and the AACR Team Science Award. In 2016, she became a member of the National Cancer Institute's National Cancer Advisory Board.

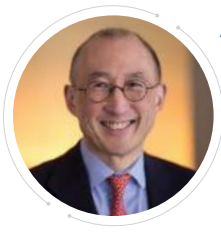


Graham Warren, M.D. Ph.D.

Associate Professor, Department of Cell and Molecular Pharmacology; Vice Chairman for Research Radiation Oncology, Medical University of South Carolina; member, Cancer Prevention and Control Program, Hollings Cancer Center

Member, OneFlorida Scientific Advisory Committee

Graham Warren, Ph.D., M.D., is associate professor in the Department of Cell and Molecular Pharmacology at the Medical University of South Carolina, a member of the Cancer Prevention and Control Program at Hollings Cancer Center, and is vice chairman for research in radiation oncology, which is his primary appointment. Warren's research interests focus on three primary areas: 1) Understanding the effects of tobacco and tobacco-related products on outcomes in cancer patients, 2) Testing the effects of effect modifiers for chemotherapy and/or radiotherapy in cancer cells and normal tissues, 3) Improving methods to optimize data collection that can be used for automated decision making. Warren's work is leading to changes in treatment guidelines as well as the design and execution of clinical trials through coordinated efforts by the American Cancer Society (ACS), American Association for Cancer Research (AACR), American Society of Clinical Oncology (ASCO), the International Association for the Study of Lung Cancer (IASLC), and the National Cancer Institute. Warren earned his Ph.D. and M.D. from the University of Kentucky.



Albert Wu, M.D.

Director, Center for Health Services and Outcomes Research; Director, PhD Program in Health Services Research & Policy; Director, Certificate Program in Quality, Patient Safety & Outcomes Research; Professor, Bloomberg School of Public Health, John Hopkins University

Member, OneFlorida Scientific Advisory Committee

Albert Wu, MD, MPH., is a professor in the Department of Health Policy and Management at John Hopkins University, with joint appointments in Medicine, Epidemiology, International Health, Surgery, and Business.. He was among the first to measure quality of life outcomes in people with HIV and helped develop the Outcomes Committee of the AIDS Clinical Trials Group of the NIH ACTG. Since 1988, he has studied the handling of medical errors. Wu was president of the International Society for Quality of Life Research, a member of the Institute of Medicine committee on Preventing Medication Errors, and Senior Adviser to the World Health Organization Patient Safety program in Geneva from 2007-2009. He has published 395 peer reviewed papers and maintains a clinical practice in general internal medicine.

NETWORK STUDIES

APPROVED STUDIES

Project Title	Sponsor
Child Health Quality (CHeQ) Partnership Program	AHRQ
Florida Pancreas Collaborative	FL DOH-JEK
OneFlorida Cancer Control Alliance: Implementing the 6As in Pediatric Primary Care	FL DOH-JEK
OneFlorida Cancer Control Alliance: Tobacco Use Pediatric Patient Registry	FL DOH-JEK
Maximizing HPV Vaccination: Real-time Reminders, Guidance and Recommendations	NCI
Genomic Medicine Implementation: The Personalized Medicine Program: Genotyping in Family Medicine Clinic	NIH
Genomic Medicine Implementation: The Personalized Medicine Program: Education Protocol for Healthcare Professionals	NIH
Center for Excellence in Precision Medicine and Population Health	NIMHD
Florida Obesity Report Card and Behavioral Risk Factor Surveillance System (BRFSS)	OneFlorida Funding
Florida Data Trust	PCORI, FL DOH-JEK
Antibiotic Use and Childhood Obesity	PCORnet
Bariatric Surgery Outcomes	PCORnet
Automating Quality and Safety Benchmarking for Children: Meeting the Needs of Health Systems and Patients	PCORnet
Identifying and Predicting Patients with Preventable High Utilization	PCORnet
The Impact of Patient Complexity on Healthcare Utilization	PCORnet
Development and Validation of a Frailty Phenotype Using Electronic Health Data	PCORnet
Aspirin Dosing: A Patient-Centric Trial Assessing Benefits and Long-term Effectiveness (ADAPTABLE)	PCORnet
Influenza Vaccine to Effectively Stop CardioThoracic Events and Decompensated heart failure (INVESTED)	PCORnet
Genesis: A Collaborative Initiative to Support the Development of an Evidence Generation System - Congenital Zika syndrome surveillance"	PCORnet
Cardiovascular Health Collaborative Research Group	PCORnet
Hypertension Prevalence and Disparities in the OneFlorida Data Trust	UF CTSI (NIH CTSA funding)
Characterization of Resistant Hypertension and Associated Outcomes in OneFlorida	UF CTSI (NIH CTSA funding)
Developing a Facebook app to promote colorectal cancer screening: pilot testing a social media intervention	UF CTSI (NIH CTSA funding)
Optimizing Blood Pressure Control (OPTI-BP)	UF CTSI (NIH CTSA funding)
Comparing Effectiveness of MS DMTs in a Real-World Study (completed)	Prep-to-Research
Osteonecrosis of the Jaw in OneFlorida Clinical Research Consortium (completed)	Prep-to-Research
Validation of computable phenotypes for juvenile idiopathic arthritis (completed)	Prep-to-Research

PENDING STUDIES

Project Title	Sponsor
Ischemia-Intensive Medical Treatment reduce events in subjects with non-obstructive CAD (Ischemia-IMT)	DoD
OneFlorida Precision Public Health Initiative	FL DOH-JEK
Home-based vs center-based dialysis intervention	In Development
Expanded Access Trial of Systemic Delivery of Aspartoacylase ASPA (rAAV9-CB6-AspA) Gene Vector in a Single Patient with Canavan Disease	Internal Funding
Hepatitis C Virus	Moffitt Internal Funding
Developing Robust Predictive Models and Analysis Tools to Personalize Palliative Care for Hospitalized Cancer and Cardiac Patients: Novel Use of Standardized Nursing Care Plan Data	N/A
Advancing personalized hypertension care through big data science	NHLBI
Medicaid Prior Authorization Policies for Chronic Hepatitis C Treatment in a Vulnerable Population	NIH
Risk factors for hepatic decompensation and hepatocellular carcinoma in patients with hepatitis C during direct-acting antiviral therapy era: a retrospective cohort study using HCV-Target registry linked to Medicaid claims data	NIH
Distribution of Prescriptions for Different Classes of Type 2 Diabetes Medications in Florida	NIH
Assessing the Representation of Older Adults with Multiple Chronic Conditions in Cancer Clinical Studies	NIH
GIS Evaluation of OneFlorida Zip Codes	NIH
Social Network Analysis of Perioperative Outcomes (SNAPO)	NIH
Effectiveness of the CaPCaS Intervention among Ethnically Diverse Black Men: A Pragmatic Clinical Trial	NIH
INVATI-SUD: harnessing big data to advance research on drug abuse	NIH
Osteonecrosis of the Jaw in OneFlorida Clinical Research Consortium	NIH
Assessing population-level response to genetic testing for colorectal cancer	NIH
Characterization of the Colorectal Cancer Workup Period Using Network Models Describing Interactions Between Patients and Healthcare Systems	NK
Roflumilast or Azithromycin to Prevent COPD Exacerbations (RELIANCE)	PCORI
Development of a Computable Phenotype for Duchenne Muscular Dystrophy	PCORI
Linkage of a de-identified hepatitis C therapeutic registry and research network (HCV-TARGET) registry with Medicaid data	UF Opportunity Funds

MEETING ABSTRACTS

Oral Health's Association with Cardiovascular Disease, Dementia, Respiratory Infections, and Diabetic Complications

Andrew Brickman, Ph.D.

Health Choice Network

Introduction

Human Resources and Services Administration (HRSA) and National Institutes of Health (NIH) have recently focused on oral health, recognizing its association with cardiovascular disease, dementia, respiratory infections, and diabetic complications in children as well as in adults. Access to oral health care is limited in populations with health disparities. Additionally, dental disease negatively impacts quality of life, affecting not only physical wellbeing but also psychological and social wellbeing.

Health Choice Network (HCN), DataQuest Institute (DQI) and the National Institute on Dental and Craniofacial Research (NIDCR) plan to build on this vision and host a data repository, Integrated Data Research Network (IDRN), to support research on the intersection of children's oral and medical health. HCN, a health center controlled network of 23 Federally Qualified Health Centers, and DQI recognize a unique opportunity to develop a national resource at the center of this emerging field. HCN's role would be to integrate data from multiple sources, including a medical electronic health record, a dental electronic health record, school health data and dental images. The goal would be to support research studies with a focus on synergies achieved through integrative care for medical and oral health conditions.

Methodology

The central site for integrating data for this study will HCN in Doral, Florida. HCN is one of the largest health center controlled networks in the U.S. supported in part by HRSA. Data will be integrated in multiple phases. Phase 1 will include medical and oral health data integration; Phase 2 will include school health data integration; and Phase 3 will include integrating digital imaging data. Data will be secured and stored at DQI, a different location from the data source (HCN). To ensure data completeness, biannual delta feeds will be submitted for attributes that have been modified or added since the last submission. A Steering Committee will be established to oversee the IDRN's research goals, development, and sustainability plans.

Anticipated Results

This project will break new ground because of the integration of pediatric oral and medical data and the accessibility of data through a interoperable research network.

Assessing Racial and Ethnic Disparities in Cancer Information Needs via Social Media

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Department of Social Work, Florida A&M University Department of Health Outcomes & Policy, University of Florida

Now more than ever, cancer patients want health information. In the U.S., 87% of adults have Internet access and 72% look online for health information. Meanwhile, the quality of online health information varies widely. However, little has been published to characterize the information needs, barriers, and preferred sources of that information for cancer patients. Information-seeking behavior is a strategy that many people use as a means of coping with, and reducing stress, throughout their cancer experience. The importance of providing information to people with cancer and many of the problems encountered with its provision have been well documented. However, very little research has explored the use of social media data such as Twitter, and Yahoo Answers to assess racial disparities in cancer information needs and barriers. The purpose of this proposed research is to assess racial and ethnic disparities related to cancer information needs online (primarily social media).

Center of Excellence in Precision Medicine and Population Health

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Vanderbilt University Medical Center; University of Miami; Meharry Medical College; FL members of Advisory Board: Miami Dade College and the FL Community Health Workers Coalition, Inc.

The Center of Excellence in Precision Medicine and Population Health was funded in 2016 to enable research using precision medicine approaches to confront health disparities in the Southeastern US. The lead institutions in this \$11.6 million Center are Vanderbilt University Medical Center - a global leader in precision and personalized medicine; the University of Miami - an international hub for health disparities research and training of Latino health professionals; and Meharry Medical College - the nation's top producer of African American biomedical sciences PhDs and a leader in community engaged research. Key partners include academic health centers, minority serving institutions, and community based organizations in the region. The Center is leveraging unique assets and resources to develop novel methods and approaches using prevention and treatment strategies that take individual variability into account to address disparities. Center resources include BioVU, one of the largest biobanks in the world with more than 200,000 DNA samples linked to robust electronic health records, NIH-funded health disparities centers, and partners having expertise leading and coordinating regional and national research consortia such as the OneFlorida Clinical Research Consortium. The Center is developing transinstitutional, transdisciplinary Core resources focused on building and sustaining a regional consortium and developing strategies to speed implementation, diffusion, and implementation of precision medicine discoveries and is pursuing three individual research projects. Engaging community members will be vital for the Center's activities, fostering ethical, deliberate, socially and culturally acceptable methods for engaging racial and ethnic minorities and vulnerable populations in precision medicine research, and then collaboratively identify the areas and associated methods to secure the earliest impact on eliminating health disparities.

Optimizing Precision of HTN Care to Maximize BP Control Pilot (OPTI-BP Pilot)

Rhonda M. Cooper-DeHoff, PharmD, M.S.; Yan Gong, Ph.D.,

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Disparities in hypertension (HTN) prevalence, treatment and control in the US have persisted for decades, and awareness of, treatment for, and control of HTN is not optimal. Blacks and Latinos are disproportionately affected by HTN.

Plasma renin activity (PRA) plays a major role in the body's regulation of blood pressure. Although it has long been suggested that PRA could, and should, be used as a biomarker to more precisely guide anti-HTN drug selection, it has yet to be widely accepted or applied in clinical practice.

Optimizing Precision of HTN Care to Maximize BP Control Pilot (OPTI-BP Pilot), an on-going study, is a pragmatic, open label clinical trial, based on a conceptual framework that utilizes a mixed methods approach. We have implemented an existing smartphone app that suggests the appropriate anti-HTN medication based on the patient's PRA level. This app has been incorporated into the workflow of 3 rural OneFlorida primary care clinics where disparate populations are common. A total of 46 patients with untreated or uncontrolled HTN have been enrolled.

Because the study is still ongoing, data has not yet been extracted from the EMR. We plan to compare blood pressure when study participation is complete (end of 6 months) with blood pressure before the study participation began. We will also compare blood pressure control in the enrolled population with a cohort of age, race and gender matched historical control group from each of the three clinics.

The success of our intervention will be determined largely by effectiveness of the implemented tool to improve blood pressure lowering to anti-HTN drugs and satisfaction of key stakeholders, both providers and patients.

Person-Centered Ambassador Model Increases Enrollment of Community Member Volunteers into Health Research

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Department of Epidemiology, University of Florida

Community members face barriers to enrolling in health research. We compared two models of facilitating enrollment: a Community Health Worker (CHW) model (NAU) and a model with an ambassador offering additional assistance (N+). Total number of successful contacts between ambassador and community member and provision of transportation were analyzed by enrollment status to better understand the effectiveness of additional assistance.

A Florida-led collaborative approach to advancing perinatal depression research in the US

Heather A. Flynn, Ph.D.

College of Medicine, Florida State University

Untreated depression and anxiety during pregnancy is relatively common and have been shown to have detrimental effects for the mother and the infant. In routine practice, prenatal care clinicians may not have systems in place to diagnose and treat depression and anxiety. Although many individual studies have been conducted on rates and impact of these issues in obstetrics settings, aggregation and translation of women's mental health research has yet to impact overall prevalence and burden of Mood Disorders in the US. Florida State University has led a national effort increase coordination of perinatal mental health studies. The primary aim of this project was to determine the feasibility of collecting standard depression-related questionnaires across varied sites and settings within a new Women's Depression Network. The prevalence of mental health and service use was across sites was also calculated. A standard women's mental health questionnaire was developed and administered across seven different women's health sites in the US. Validated measures of depression and anxiety were included (PHQ-9 and GAD-7). Administration of the questionnaire was embedded into existing clinical or research activities at each site. Results support the feasibility of administering a standard questionnaire across multiple sites. Data from 1316 women was collected from 7 sites over 12 months. A total of 14% and 15% of the women scored at or above the cut-off on the PHQ-9 and GAD-7 respectively. Just over half of the women screening positive for either depression or anxiety reported current treatment use. Findings suggest that coordination and administration of a standard women's mental health questionnaire is feasible across multiple settings and sites. Results highlight a low percentage of treatment use across various settings. The infrastructure developed for this study sets the stage for hypothesis-driven studies that can facilitate coordinated, network-based research that has the potential to accelerate advances in the field.

Independent Assessment of Quality of Care for the Florida Statewide Medicaid Managed Care Long-Term Care Program

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College of Medicine, Florida State University; College of Social Work, Florida State University

In August 2013, the Florida Agency for Health Care Administration (AHCA) implemented the Statewide Medicaid Managed Care (SMMC) Long-term Care (LTC) program whereby six Health Maintenance Organizations (HMOs) and one provider service network (PSN) began providing Nursing Facility (NF), Assisted Living Facility (ALF), and Home and Community-Based (HCBS) Services to eligible Medicaid recipients. As part of an independent evaluation of the program, we examined differences in quality of services received by recipients during state fiscal year 2013-2014 as they moved from legacy fee-for-service/managed care (pre-SMMC) into the SMMC LTC program. **METHODS.** Quantitative and qualitative data were assessed including the Minimum Data Set (for NF residents), Client Information and Registration Tracking System form 701B (for ALF/HCBS), and enrollee/caregiver interviews. Preliminary descriptive analyses were conducted. **RESULTS.** 98,412 Florida Medicaid recipients who met financial qualifications and level-of-care requirements were examined, with most over age 75 (67%), Female (68%), and White (57%). We found a stable or slight increase in quality-of-care under the LTC program for most indicators across the three sites of care. Overall, enrollees were satisfied with services, had contact with case managers, and were receiving appropriate services. Complaint and grievance data suggested responses were appropriate/timely. **CONCLUSION.** This evaluation represents an initial attempt to assess changes in measures of quality-of-care for LTC program enrollees related to person-centered care and levels of satisfaction with services received. Overall, enrollees demonstrate modest improvements on these measures compared to pre-implementation of the LTC program.

Quantitative Methods for Comparative Evaluation of Biomedical Ontologies

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The biomedical informatics community has long recognized ontologies as crucial tools for data integration and knowledge discovery.¹⁻⁶ In the next decade, biomedical ontologies will play a significant role in supporting data science initiatives that aim to integrate, disseminate, and reuse vast amounts of patient data to promote significant breakthroughs in understanding human health and disease. For this reason it is crucial that we are able to evaluate ontologies empirically and quantitatively. However, such methods remain scarce. The OneFlorida Data Trust provides an opportunity to comparatively evaluate the suitability of biomedical ontologies for representing and retrieving large quantities of actual patient data. This project proposes to develop methods for empirical, quantitative, and comparative evaluation of the Drug Ontology (DRON) and the National Drug File Reference Terminology (NDF-RT) ontologies for querying structured patient data. DRON and NDF-RT have significant differences in how they model drugs. The question we aim to answer is, does DRON's approach to modeling drugs improve precision and recall of structured patient data based on anti-hypertensive drug class queries compared to NDF-RT's approach to modeling drugs? A manually annotated gold standard data set of prescription OneFlorida HIPAA limited data sets for patients with hypertension will be created. Two ontology-based knowledge bases will be created with the data sets. One knowledge base will be based on DRON and the other on NDF-RT. The knowledge bases will then be queried according to patients on drugs by therapeutic function and mechanism of action. The results of each query will be evaluated for precision and recall against the gold standard data set.

Planning for Congenital Zika Syndrome Surveillance in PCORnet and Sentinel

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The United States has declared Zika to be a public health emergency in Puerto Rico, and autochthonous transmission of Zika has established itself in Miami, Florida. Congenital Zika syndrome and its devastating consequences to pregnancies, fetuses, and newborns have alarmed public health authorities nationwide. At the same time, a body of evidence shows that electronic health record and administrative data can substantively assist the fight against public health threats. Despite this evidence, however, these data remain inaccessible to public health due to technical, legal, regulatory, and economic barriers. The advent of the National Patient Centered Clinical Research Network (PCORnet) and the Food and Drug Administration's Sentinel Initiative has the potential to surmount these barriers and enlist electronic health record and administrative data in the fight against Zika. The purpose of the project is to understand the most effective way to leverage this infrastructure to enhance congenital Zika syndrome surveillance as well as to contribute data to help more clearly define it and understand its natural history. Specifically, we will work with public health authorities to define their data requirements for surveillance and understanding of congenital Zika syndrome, begin to mobilize those data in PCORnet, and begin to characterize the EHR data in PCORnet for separating out congenital Zika syndrome from other infectious genes, and other causes of microcephaly as well as other neurological defects and deficits similar to those seen in Zika. The net result will be a vastly improved understanding of how PCORnet and Sentinel can be brought to bear against public health threats.

Reducing stroke disparities related to the selection of antithrombotic medications prescribed in high-risk uninsured/underinsured patients via electronic health record (EHR) alerts and physician-directed interventions

Brian Johnson, Pharm.D.

Bond Community Health Center, Inc.

Our research seeks to reduce stroke incidences in patients who are at the highest risk, i.e. having been diagnosed with deep vein thrombosis (DVT), pulmonary embolism (PE), atrial fibrillation or mechanical heart valves, and are uninsured or underinsured by addressing the patient's ability to pay for the prescribed medications intended for prevention. We hope a computerized alert system, along with a designated medical representative that evaluates the patient's insurance coverage status and drug formulary will assist the prescriber in selecting a patient-specific, cost-conscious approach to their stroke-prevention management.

Strokes are 5th leading cause of deaths in U.S. Uninsured Florida residents, and especially those living in the North and the Panhandle (on the edges of the Stroke Belt), are disproportionately affected. With the uncertainty of the future of the Affordable Care Act and the increase numbers of uninsured and underinsured patients in the State, it is imperative that the cost of care be considered when attempting to influence compliance in preventing strokes. From 1989 to 2009, approximately 7 million Americans have suffered from a stroke (1(<http://www.cdc.gov/nchs/data/databriefs/db95.htm>)). In 2008, direct medical costs of stroke were about \$18.8 billion, with almost half of this amount being for hospitalization (1(<http://www.cdc.gov/nchs/data/databriefs/db95.htm>)).

Promoting Community Stroke Risk Assessment, Education and Interventions

Brian Johnson, Pharm.D.

Bond Community Health Center, Inc.

The purposes of this project are to 1. Begin an assessment of the overall stroke risk factors attributed to our underserved/uninsured community via Stroke.org Stroke Risk Scorecards and community outreach efforts, 2. Improve community education regarding strokes and high-risk groups (i.e. African Americans) as well as connection to specific diseases (i.e. Diabetes) and 3. Develop strategic plan for addressing disparities in risk factors compared to national averages, including medication/therapy management via Bond CHC clinical services.

Stroke.org Risk Assessment Cards distributed by Bond Community Outreach to local barbershops, beauty salons, community recreational centers and churches to be completed by patrons and returned to Bond staff/volunteers. Patrons will have option to include information for additional contact (i.e. name, phone number) with study coordinators. Information from risk cards to be analyzed and reported. Patients deemed at "high risk" will be provided opportunities for health and Medication Therapy Management assessments.

Strokes are 5th leading cause of deaths in U.S. Uninsured Florida residents, and especially those living in the North and the Panhandle (on the edges of the Stroke Belt), are disproportionately affected. With the uncertainty of the future of the Affordable Care Act and the increase numbers of uninsured and underinsured patients in the State, it is imperative that the cost of care be considered when attempting to influence compliance in preventing strokes. From 1989 to 2009, approximately 7 million Americans have suffered from a stroke (1(<http://www.cdc.gov/nchs/data/databriefs/db95.htm>)). In 2008, direct medical costs of stroke were about \$18.8 billion, with almost half of this amount being for hospitalization (1(<http://www.cdc.gov/nchs/data/databriefs/db95.htm>)).

A Descriptive Study of Unintentional Injury Patterns in Florida

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Injuries are the leading cause of morbidity and mortality in the United States in children over 1 year of age, causing more deaths each year than infectious and non-communicable diseases combined. Florida has an injury death rate in pediatrics which is higher than the national average, and a large proportion of those are drownings. We hypothesize that there are large variations to injury in the state of Florida, with specific patterns unique to each region. Characterizing injury patterns within the various regions of our state will best inform specific and targeted interventions to address the burden of unintentional injury, and we seek to use the OneFlorida networking and data to facilitate this.

The 4E's of injury prevention are education, enforcement, economics, and engineering. These are the four categories that in combination can decrease the burden of unintentional injury on children and their families. I hope to use the results from this descriptive study to develop interventions using the 4E's. One such intervention would be the development of Safety Centers at key locations across the state. Safety Centers are stores which provide education in injury prevention and discounted equipment to families – a combination which has been shown to lead to behavior changes, which we know lead to reduced injuries.

Assessing healthcare providers' attitudes on seven implementation outcomes for a tobacco prevention decision tool in pediatric primary care: Preliminary findings

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Odessa Chambliss Center for Health Equity, Bethune-Cookman University; Department of Health Outcomes and Policy, University of Florida; Pediatrics, University of Florida; Department of Social and Behavioral Sciences, Harvard T.H. Chan School of Public Health

Primary care providers play a critical role in tobacco screening, counseling and early intervention among youth. Following guideline recommendations for primary care tobacco prevention, we are developing a patient-facing preference based decision tool through an iterative process that includes patient cognitive interviews and provider focus groups. The decision tool will screen for use and susceptibility to conventional and alternative tobacco products, and facilitate patient provider communication about tobacco prevention. We presented a prototype of the decision tool to providers to elicit their feedback on integrating the tool into existing clinical workflow within their practice.

Antibiotic exposure in pre-term infants and risk of pediatric obesity

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Antibiotic exposure during infancy has been linked with long-term health outcomes including obesity. Preterm very low birthweight infants are routinely exposed to antibiotics and the long-term health outcomes are unknown. The goal of this proposal is to determine optimal levels of antibiotic use that protects the babies from infection with minimal effect on the long-term risk of pediatric obesity. The over-arching hypothesis of this proposal is that early antibiotic use in preterm neonates will predispose the neonate to long-term risk of obesity. We propose a pragmatic randomized controlled trial of pre-emptive antibiotics versus no-pre-emptive antibiotics in preterms born at <33 weeks gestation at NICU clinical sites using the PCORnet and OneFlorida Clinical Research Consortium. Infants enrolled in this study will be followed from birth until 4 years and data collection will include electronic health records and clinical research visits. The primary outcome in this study will be infant adiposity measured by PEA POD and/or anthropometrics.

Enhancing Health Outcomes in African American Women with Early-Stage Breast Cancer

Debra Lyon, Ph.D., RN, FAAN

Department of Natural Sciences, Bethune-Cookman University

The long-term goal of this research is to reduce or eliminate health disparities in African American (AA) women with breast cancer. It is now well-established that African American women with early-stage breast cancer experience worse outcomes in mortality and morbidity than women from other ethnic-minority groups. Although there may be some underlying genetic differences that increase risk for AA women with breast cancer, one of the potentially modifiable risk factors is obesity. AA women are more likely than white women to be obese prior to breast cancer treatment and weight gain during breast cancer treatment may further compound this risk given that 50–96% of women experience significant weight gain during and after treatment. In women with breast cancer, excessive adipose expansion during obesity causes adipose dysfunction and contributes to inflammation that can accelerate tumor growth and recurrence. These same metabolic factors may lead to differential risks for adverse cardiovascular outcomes.

Multiple studies have tested interventions for influencing metabolic parameters, enhancing symptom management and/or increasing physical activity for women with breast cancer. However, there has been little testing of readily adaptable interventions, such as increase in steps/walking, that may address the multiple factors that increase adverse health outcomes in women with breast cancer. In addition, the timing and location of optimal exercise intervention initiation is not yet clear. For many women, diagnosis and treatment for breast cancer may initiate entrée into the healthcare setting and may possibly facilitate the readiness for considering a health promotion intervention. For others, their treatment in oncology practices may focus primarily on the acute stage cancer treatment with less focus on long-term outcomes. Thus, it is not yet clear whether the setting and timing of exercise interventions for women with breast cancer can be optimized so that intervention fidelity and outcomes are maximized.

Therefore, we propose a pragmatic randomized clinical trial in collaboration with the OneFlorida Clinical Research Consortium to examine change in objectively measured physical activity in a pragmatic clinical trial of a wearable sensor/device (FITBIT) with pre-test/post-test measures in 200 sedentary, obese African American women being treated for early-stage breast cancer. The specific aims are to: 1) evaluate the feasibility of using the FITBIT for data collection in an outpatient oncology setting vs. primary care practice; 2) examine intervention implementation during active treatment vs. survivorship; and, 3) compare the effects of the tailored walking intervention to usual care on levels of physical activity; symptom severity (fatigue, depression, pain); sleep patterns; and, changes in metabolic and hormonal measures associated with recurrence risk and cardiovascular outcomes (fasting insulin, inflammatory cytokines, C-reactive protein, lipid panel). Results from this study will be used to evaluate STEPS effectiveness and dissemination potential.

Characterization of Resistant Hypertension and Associated Outcomes in OneFlorida

Caitrin W. McDonough, Ph.D., University of Florida; Mentor: Rhonda M. Copper-DeHoff, Pharm.D., M.S.; Co-Mentor: William R. Hogan, M.D.; Citizen Scientist: Carlos Maeztu

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Resistant hypertension (RHTN) defines a portion of the population with hypertension that does not respond to multiple antihypertensive medications, and is associated with an increased risk for adverse cardiovascular outcomes and death. There have been prior reports from randomized controlled trials describing the prevalence, characteristics, and outcomes associated with RHTN; however, this information has not been investigated in a large, diverse, real-world population. Our long-term research goal is to be able to accurately use electronic health record (EHR) data to identify HTN patients who are at high risk for RHTN, and utilize targeted, precision-focused antihypertensive care, which will reduce their long-term cardiovascular disease and stroke risk. We hypothesize that the very large, diverse patient population within OneFlorida will allow for the detection of novel characteristics associated with RHTN, and an improved understanding of the risk predictors and outcomes associated with RHTN. Our overall objective is to determine the characteristics and outcomes of RHTN in the >2 million individuals with HTN within the OneFlorida Data Trust, a statewide EHR database. Specifically, we will identify and validate characteristics that predict RHTN as well as adverse outcomes associated with RHTN within OneFlorida. Additionally, we will validate and compare these characteristics to those previously identified in randomized controlled trials. The utilization of biomedical “Big Data” to study RHTN characteristics and outcomes will fill current knowledge gaps regarding RHTN, and provide knowledge on the utility of this type of data compared to data from randomized controlled trials. Using data from OneFlorida will advance our understanding of RHTN in a large, real-world population, and begin to transform the manner in which clinical and population research is conducted.

Hypertension: Knowledge-based and culturally-focused interventions

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The purpose of this study was to research the benefit of tools used to educate patients about high blood pressure, when tailored to their own culture. We found articles in the PubMed database. Thirteen articles were found to educate patients about high blood pressure tailored to their culture and showed positive health benefits. None of the articles attempted to increase the participant's knowledge of hypertension medication or explain the differences seen in different cultural groups.

Influenza Vaccine to Effectively Stop Cardio Thoracic Events and Decompensated Heart Failure (INVESTED)

Carl Pepine, M.D., Eileen Handberg, Ph.D., ARNP, Mustafa Ahmed, M.D., Juan Aranda, M.D., Juan Vilaro, M.D.

Division of Cardiovascular Medicine, University of Florida

Background: Influenza infection is associated with increased risk of cardiovascular (CV) events including death. Several lines of investigation indicate that influenza vaccine has the potential to attenuate CV risk in high-risk populations. However, ***influenza vaccine is widely and profoundly underutilized*** in this population. A meta-analysis of randomized controlled trials (RCTs) suggests that use of influenza vaccine, compared with placebo or routine care, in high-risk patients is associated with lower risk of major adverse CV events (MACE).

Key observations and mechanistic work provide the rationale to proceed with a ***definitive randomized, controlled trial to provide the highest level of evidence to support these findings***: (1) a treatment interaction detected between patients with and without a recent acute coronary syndrome suggests that higher risk CV patients derive the greatest cardioprotective benefit from influenza vaccine; (2) further reduction in MACE is suggested in RCTs of more potent versus standard influenza vaccine; (3) patients with advanced CVD [e.g. heart failure (HF)] who develop influenza are at greater risk for acute HF and CV hospitalizations during winter months versus similar high-risk patients without influenza infection; (4) HF patients have reduced influenza antibody titers and altered cytokine production following influenza vaccination (immunosenescence) and this reduction is related to the severity of underlying CV disease; and (5) a pilot RCT suggests that immunosenescence in patients with advanced heart disease may be overcome with higher-dose influenza vaccine.

Specific Aims: The main trial objective is to compare high-dose influenza vaccine to standard-dose vaccine in terms of the time to first occurrence of death or cardiopulmonary hospitalization within influenza seasons.

Design: This is a randomized, double-blind, active-controlled, multi-site trial comparing *high-dose trivalent* influenza vaccine to *standard-dose quadrivalent influenza vaccination* for up to three influenza seasons in 9,300 high-risk CVD patients. The latter is defined as history of myocardial infarction in the previous 12 months OR HF hospitalization in the previous 24 months. Subjects will be randomized in a 1:1 ratio to high-dose or standard-dose, using permuted blocks of random block size, balanced by site, without stratification, except for the natural stratification by influenza season.

Aspirin Dosing: A Patient-centric Trial Assessing Benefits and Long-Term Effectiveness (ADAPTABLE)

Carl Pepine, M.D., Eileen Handberg, Ph.D., ARNP, R. David Anderson, M.D., M.S., Anthony Bavry, M.D., MPH, C. Richard Conti, M.D., David Winchester, M.D., M.S., Rhonda Cooper-DeHoff, Pharm.D., M.S., Ki Park, M.D.

Division of Cardiovascular Medicine, University of Florida

Background: Aspirin is a mainstay therapy for patients with atherosclerotic cardiovascular disease (ASCVD). Aspirin reduces adverse outcomes such as myocardial infarction and stroke in patients with previous cardiovascular (CV) events and/or atherosclerosis. However, despite dozens of clinical trials, the optimal dose of aspirin that is most effective in reducing ischemic events, balanced by the potential for adverse events (e.g. bleeding) has not been determined in direct comparative-effectiveness trials.

The ADAPTABLE study compares the effectiveness of two, once-daily doses of aspirin (81 mg versus 325 mg) in a secondary-prevention trial of patients with ASCVD. The trial uses a novel format that repurposes the use of EHR data that have been standardized per a common format. The trial uses a web-based communication system among trial investigators and enrolled patients, with support of health systems interested in optimal patient care.

Specific Aims: The *primary aim* is to compare adverse outcomes between high-risk patients with a history of MI or documented atherosclerotic cardiovascular disease assigned to either low or high dose aspirin. Adverse outcomes are defined as the first occurrence among all-cause mortality, hospitalization for nonfatal MI, or hospitalization for nonfatal stroke.

The *secondary aim* is to compare the effects of these aspirin doses in selected, prospectively defined, subgroups (ie. sex, age, race and chronic conditions).

The *third aim* is to develop, refine, and evaluate the infrastructure for PCORnet to conduct multiple comparative-effectiveness trials in the future.

Design: Prospective, Randomized, Open label intervention trial with Blinded Evaluation (PROBE design) of adverse outcomes the will recruit 20,000 participants over 2 years and follow them for 2.5 years.

Statewide partnership to train Community Health Workers in Patient- Centered Outcomes Research (PCOR)

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From 2012-2014, the Florida Community Health Worker (CHW) Coalition led a multi-stakeholder group in developing a structured state certification program for CHWs. One of the requirements for certification and renewal is completion of elective modules. With support from the Patient-Centered Outcomes Research Institute (PCORI), in 2015-2016 we developed a structured program aimed at training Florida CHWs in patient-centered outcomes research (PCOR), which could also be used as electives towards state certification requirements. Stakeholders engaged in developing the training program were the Health Council of South Florida, the University of Miami, individual community health workers, and patient caregivers/advocates.

During 2016, we trained a total of 69 CHWs, patients and caregivers in 6 sessions across the state (Tallahassee, Gainesville, Orlando, St. Petersburg, Ft. Lauderdale and Jacksonville) using the seven-credit hr module we had developed. Of these 85% were women and 52% self-identified as black and another 34% as Hispanic. Evaluation data showed that over 100% of attendees thought the information provided during the presentation was excellent and 99% would recommend it to others. Qualitative comments included “even though the training was tailored for research, I feel that it applies to many other aspects of the CHW role” and “I feel more empowered in my role after hearing explicitly the opportunities...for a CHW to be more involved in the research process”. Suggestions for improvement included making the session available in Spanish, making some available online, and including more real-world scenarios. We are now developing a toolkit to be used by groups in other states to develop a similarly structured program. The toolkit will include a Facilitator’s Guide, Student Manual and slide deck.

The OneFlorida Cancer Control Alliance: Implementing the 6As in Pediatric Primary Care

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The primary purpose of our study is to conduct a pilot, practice-based intervention focused on increasing adherence to the 6As for youth ages 11 through 17 years. We also will incorporate American Academy of Pediatrics (AAP) best practice recommendations to screen and counsel parents. The specific aims of this study are to: (1) Develop and deploy an electronic short screening tool for tobacco and nicotine product use into pediatric primary care workflow in conjunction with clinician and office staff training on the 6As and parent screening through the use of trained Clinical Practice Facilitators, clinician-engaged adaptations of the intervention to fit their practice workflow, and support for Maintenance of Certification (MOC) to engage pediatricians in implementing the best practices; (2) Gather pilot data about the effectiveness of the intervention on clinician adherence to best practices and changes in practice capacity for change, adaptive reserve, and clinician self-efficacy; and (3) Examine the congruence between documentation of the intervention in the EHR and youth report of the intervention.

Number of Circulating Progenitor Cells and Systolic Blood Pressure in Symptomatic Women with Non-obstructive CAD: A Sub-study of NHLBI-Sponsored Women's Ischemia Syndrome Evaluation-Coronary Vascular Disease (WISE-CVD)

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Rationale: Hypertension (HTN) is associated with inflammation and loss of structural integrity and functional impairment of the vasculature and among women carries the highest attributable risk of mortality. Circulating progenitor cells (PCs) play a key role in endothelial homeostasis and promote vascular repair. Reductions of circulating PCs and their functional activity are associated with cardiovascular risk factors, but the relation between HTN and PCs remain unclear.

Objective: To test the hypothesis that numbers of circulating PCs are related to systolic blood pressure (SBP) in women with symptoms/signs of ischemic heart disease (IHD) without obstructive CAD.

Mechanism of the Blood Pressure Response to a Novel Vascular Disrupting Agent Combretastatin A1-Diphosphate (OXi4503)

Christopher Cogle, M.D.; Mahan Shahrivari, M.D.; Elizabeth Wise; Leslie Pettiford, RN; Douglas M. Bennion; David Chaplin, Ph.D., Carl Pepine, M.D.

College of Medicine, University of Florida; Department of Physiology and Functional Genomics; University of Florida; OXiGENE

Background: Hypertension has been observed in cancer trials of vascular disrupting agents (VDAs) but the mechanism is unknown. We hypothesized that VDAs may influence blood pressure (BP) via activation of the renin-angiotensin system and/or the endothelin-1 (ET1) pathway.

Methods: Escalating doses of OXi4503 were given in a phase IA trial of refractory AML or MDS. Plasma levels of angiotensin II (AngII), angiotensin-converting enzyme (ACE), and endothelin-1 (ET1) were measured prior to and serially after OXi4503 infusion.

The Impact of Patient Complexity on Healthcare Utilization

Elizabeth Shenkman, Ph.D.; Abby Sears, MBA, William Hogan, M.D., M.S.; Yi Guo, Ph.D.

Department of Health Outcomes and Policy, University of Florida; OCHIN

Healthcare providers are increasingly evaluated by the quality of care they deliver to their patient panels and the extent to which their patients utilize external services such as the ED. The predominant approaches for assessing quality of care delivered often do not account for clinical comorbidities and rarely account for the individual social complexity of a patient. Social and clinical complexity greatly influence a health system's ability to deliver high-quality services and affects a patient's ability to comply with provider recommendations. This proposal aims to: 1) engage with patients and clinicians to identify the most critical social determinants of health to test in a model predicting healthcare utilization and engage health system leaders to identify the quality of care measures of greatest interest; 2) assess whether clinic level summaries of patients' clinical comorbidity and SDH correlate with variability in clinic-level preventive quality of care measures and rates of ED visits, avoidable hospitalizations, and other select primary quality measures; and 3) engage stakeholders to identify how clinic level measures of comorbidity and social complexity are useful to health system leaders, clinicians, and patients in managing population health, resources, and decision-making, delivering quality clinical care, improving treatment adherence and health. For this study, the coordinating site Accelerating Data Value Across a Network of Community Health Centers (ADVANCE) will partner with the OneFlorida CDRN.

Identifying and Predicting Patients with Preventable High Utilization

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Five percent of patients, or “high utilizers,” account for 50% of health care utilization. Understanding the needs of these individuals and designing appropriate interventions is fundamental to improving the health of these patients as well as the efficiency, effectiveness, and quality of the U.S. health care system. As health systems increasingly become responsible for entire populations, ineffective management of these patients adds unsustainable burden to the healthcare delivery system, jeopardizing the quality of health and healthcare with resultant poor clinical outcomes for individual patients. High utilization often indicates that patients with complex or specific needs are failing to receive the appropriate care in the appropriate setting at the appropriate time. Many algorithms have been designed to predict risk of future utilization, with mixed practical utility for healthcare delivery systems. Further, there are gaps in the evidence for patients with high utilization, which contribute to variations in practice patterns and clinical uncertainty. This project will 1) solicit feedback from patients, clinicians, and health system leaders about which group of patients with preventable high utilization should be prioritized and which evaluative criteria should be emphasized in the resulting algorithm; 2) develop data sets and computable phenotypes to identify and characterize patients with prioritized preventable high utilization; 3) develop and compare the effectiveness of different methodological approaches and data sources to predict a patient’s annual risk of falling into one of the prioritized groups of patients with preventable high utilization; and 4) disseminate these results back to health system stakeholders. OneFlorida is partnering with the Chicago Area Patient-Centered Outcomes Research Network (CAPriCORN) and the New York City Clinical Data Research Network (NYC-CDRN), the lead site, on this project.

Assessing an HPV vaccine intervention with OneFlorida: Clinic recruitment and application enhancement

Stephanie Staras, Ph.D.; Lindsay A. Thompson, M.D.; Elizabeth A. Shenkman, Ph.D.; Matthew Gurka, Ph.D.; William Hogan, M.D., M.S.; Michael Muszynski, M.D.; Michelle Vinson, M.S., RDN

Department of Health Outcomes and Policy, University of Florida; Pediatrics, University of Florida; College of Medicine, Florida State University

Background: Human papillomavirus (HPV) vaccines have potential to prevent nearly 35,000 cancer cases each year in the U.S. Yet, half of teens remain under- or unvaccinated.

Purpose: To assess the feasibility of conducting a HPV vaccine improvement trial within OneFlorida using an in-clinic health information technology (HIT) system.

Methods: From the OneFlorida consortium, we recruited six diverse, community clinics providing primary care to adolescents. We enhanced our existing HIT system by adding parent and provider elements to motivate clinics to use the system.

Results: Stratifying by metropolitan area, Daytona Beach (population = 623,279), Jacksonville (population = 1.4 million), and Orlando (population = 2.4 million), we randomly assigned six clinics to the HIT system or standard-of-care condition. Participating clinics are diverse by physician specialty (family medicine and pediatrics or pediatrics only), clinic ownership (academically affiliated, independent, or health system), and patient population (between 8-90% of patients are Medicaid enrollees). Clinics range from 271 to 865 11- to 12-year-old patients with between 4 to 44% initiating the HPV vaccine series.

In real-time, the HIT system queries the child's vaccine history in the Florida vaccine registry and Florida Medicaid and Children's Health Insurance claims. From due vaccines, parents select hesitant vaccines, the main reasons for their hesitations, and receive issue-specific education. Simultaneously, providers use the system to assess due vaccines, parent hesitations, and tailored discussion tips.

Conclusions: It was feasible to recruit a diverse sample of adolescent primary care clinics within the OneFlorida consortium and enhance our HIT system for clinic use. Next steps include a workflow study, a usability study of the HIT system, and a feasibility trial of our enhanced HIT system.

A Clinical Workflow Study to Improve Implementation of a Health Information Technology System

Stephanie Staras, Ph.D.; Lindsay A. Thompson, M.D.; Elizabeth A. Shenkman, Ph.D.; Matthew Gurka, Ph.D.; William Hogan, M.D., M.S.; Michael Muszynski, M.D.; Michelle Vinson, M.S., RDN; Natalie Rich

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Background: Previous research studies involving Health Information Technology (HIT) systems have been shown to have a positive effect on clinical efficiency. One target for possible improvement of clinical quality is enhancing Human Papillomavirus (HPV) vaccination rates, which lag behind vaccination rates for other recommended adolescent vaccines. A HIT system specifically targeting HPV vaccination was shown to increase vaccination rates in a prior study, however was only utilized in less than 10% of eligible adolescent visits. Studying clinic workflow is a promising strategy to increase how much the HIT system is used within clinics.

Purpose: To evaluate clinic workflow for adolescent visits in pediatric doctor's offices to make the HIT system easier to use for parents, nurses, and doctors.

Methods: We will directly observe adolescent visits for 11-12 year olds at three OneFlorida Clinical Research Consortium clinics. After observing patient appointments, we will construct flow chart diagrams of the workflow for each clinic, including patient wait-time estimates. Semi-structured interviews with clinic staff and providers will be performed to confirm the accuracy of the constructed flow charts.

Hypothesis: Given the evidence for studying workflow as a successful intervention for other HIT implementations, we aim to clarify the workflow and identify the optimal timing and personnel for system administration in each clinic.

Efficacy of novel antifibrotic compounds in suppression of type I collagen in keloid fibroblasts

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Fibrosis affects millions of people and is characterized by excessive accumulation of type I collagen in vital organs. There is no cure for fibrosis and there are no approved antifibrotic drugs. Research in my lab has discovered the key molecular interaction that regulates type I collagen biosynthesis in fibrosis; binding of protein LARP6 to the 5' stem-loop structure of collagen mRNAs. This interaction takes place only on collagen mRNAs and is critical for type I collagen protein expression. High throughput screen for inhibitors of LARP6 binding discovered a therapeutic lead compound which was effective in suppressing hepatic fibrosis in experimental animals when administered at a dose of 1 mg/kg (see Fig). Based on the specificity and potency, this compound is a promising therapeutic lead and we will further optimize and validate it in suppression of type I collagen in human keloids.

To optimize the compound a series of derivatives will be synthesized by medicinal chemists at the Dept. of Pharmacy, FAMU University. The derivatives will be tested for inhibition of type I collagen production by keloid fibroblasts or keloid explants. Keloid explants will be provided by Dr. George Cohen, Director of Residency in Dermatology, FSU College of Medicine. By evaluating the dose dependent effect on inhibition of type I collagen synthesis, the most potent derivatives that are active in human skin will be selected. The toxicology and pharmacokinetics of these derivatives will be evaluated in the follow up study.

Together, these efforts will result in development of specific and potent antifibrotic drugs, which we expect to be advanced into clinical testing for treatment of keloids, as well as fibrosis of other organs.

Evaluating Cardiomyopathy Associated with Targeted Cancer Therapies Using Electronic Health Records

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Background: Targeted anticancer therapy associated cardiomyopathy is an increasingly recognized serious adverse effect among cancer survivors. The purpose of this study is to estimate the incidence of cardiomyopathy associated with targeted therapies using the Integrated Data Repository (IDR) from the University of Florida healthcare system (UF Health).

Methods: Relevant patient data from 2011 to May 2016 was extracted from the UF Health IDR. All patients who received antineoplastic drugs and all patients with a diagnosis of any heart disease were included. Patients with a cardiomyopathy diagnosis after the initiation date of the targeted therapies were identified using ICD-9 and ICD-10 codes. Incidences of cardiomyopathy following exposure to each drug and drug class were estimated. Multivariable Cox regression analysis was performed to estimate the hazard ratios (HRs) and 95% confidence intervals (CIs) of the targeted therapy classes adjusting for age, gender, and comorbidities associated with cardiomyopathy such as hypertension and diabetes. All analyses were performed in SAS v 9.4 (Cary, NC).

Results: A total of 2,637 patients were exposed to targeted therapies and among those a diagnosis of cardiomyopathy was identified in 107 patients following initiation of targeted therapies. Cardiomyopathy incidence was highest among patients treated with proteasome inhibitors (10.4%) and anti-HER2 inhibitors (7.7%), while the incidences were lowest among those treated with immunomodulatory agents (1.9%). Compared with those treated with anthracyclines, patients treated with anti-HER2 inhibitors and proteasome inhibitors had higher risk for cardiomyopathy; adjusted HR 3.3 (95% CI 1.6 – 6.6) ($p = 0.0009$) and 2.6 (1.4 – 5.0) ($p = 0.003$), respectively.

Conclusion: Incidence of target therapy associated cardiomyopathy was highest in those treated with proteasome inhibitors and anti-HER2 inhibitors. Our study provides important preliminary data applicable to clinical practice and is useful for the future design of studies to identify risk factors including genetic markers that could potentially predispose patients to targeted therapy associated cardiomyopathy.

In vivo efficacy of the niclosamide analogue DK-520 in controlling Zika virus infection

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The Zika virus (ZIKV) has actively spread to over 69 countries, including the USA, since its reemergence in 2014 in South America. Clinical symptoms of Guillain–Barré syndrome, fetal microcephaly, meningoencephalitis and myelitis have been reported in association with ZIKV infection. Several studies, including the isolation of ZIKV-infected fetal brain tissue and infection of stem-cell derived neural progenitor cells suggest that ZIKV may cause fetal microcephaly by inducing apoptosis in neural progenitor cells. Parallel to vaccine development efforts by other labs, we have been investigating the use of small-molecules with anti-ZIKV activity as a potential drug therapy for ZIKV infection. We have recently reported the screening of 6,000 compounds for anti-ZIKV activity. In this screen, we identified the FDA approved anthelmintic drug niclosamide as effective against ZIKV infection in several cell culture models. Due to the suspected poor bioavailability of niclosamide, we have synthesized several chemical analogues of niclosamide to improve its pharmacokinetics profiles. In the present study, we are testing niclosamide and DK-520, a pro-drug of niclosamide with improved pharmacokinetics, for anti-ZIKV efficacy in an established ZIKV mouse model.

To test the efficacy of niclosamide or DK-520, we are challenging A-129 mice with ZIKV strain FSS13025 in the presence and absence of drug on day zero. The dosing of drug is continued for seven days, and the animals are maintained for three additional days without drugs. During this time, mortality rate, body weight, and moribund status will be monitored. The viral load in the mouse plasma and tissues such as brain, liver, and kidney will be measured using a ZIKV-specific NS1-ELISA, qRT-PCR and immunohistochemistry. The study-protocol is approved by IACUC, Florida State University.

Disparities in tobacco-related cancers trends

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Tobacco-Related cancers (TRC) pose disproportionate burden of disease among racially ethnic groups. The State of Florida ranks second in the nation for both incidence and mortality from TRC. More than 1 in 3 cancer-related deaths are attributable to tobacco use, either in active or passive form. The purpose of the study is to characterize these gender and ethno-racial disparities in incidence trends of TRC in Florida. TRC incidence cases were drawn from Florida Cancer Data System (FCDS) and included cancers of the lung and bronchus, oral cavity and pharynx, larynx, esophagus, stomach, pancreas, kidney and renal pelvis, urinary bladder, and cervix, and acute myeloid leukemia. The FCDS is the largest population-based cancer incidence registry in the nation. A total of 413,090 cases of TRC cancer were identified from 2000- 2012. Study population was older, had more whites, more males, and included a greater proportion of patients on Medicare. Cancers of the lung and bronchus had the highest frequency distribution. The overall age-adjusted incidence of cancer of the lung and bronchus was significantly decreasing for Non Hispanic Whites while a slight increase was observed for Hispanics. Significant decreasing trends were observed for both sexes for lung/bronchus cancer with a greater decline in males. Significant trends were also observed for the pharynx, larynx, and lip cancers for both females and males. Analyzing temporal trends in TRC incidence can provide a clearer picture of the cancer burden due to tobacco use and generate insight into the effect of various interventions. Characterizing these gender and ethno-racial disparities has important public health implications, especially for Florida, a state with great racial and ethnic diversity.

Social Media and text messaging for research participant recruitment

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Background: Text message and social media interface are new methods of health care delivery, communications and participant recruitment sources for health research studies.

Objectives: This study explores the demographics of text messaging (TM) and social media (SM) users from a community sample recruited through the community engagement initiative – HealthStreet.

Methods: Findings presented here are based on the responses to questions on the use of any type of social media and/ or text messaging.

Results: Among the 7,250 HealthStreet participants 71% used TM and 26% used SM such as Twitter, Facebook, Google plus, or Instagram. Significantly more females used TM (76% vs 66%; $p < 0.001$) and SM (29% vs 23%; $p < 0.001$) than males. Further, the TM/SM users are of significantly ($p < 0.001$) younger age, have more education (≥ 12 years of education TM-75% vs 60% ; SM-28% vs 19%), are more likely employed (TM-83% vs 66% ; SM-31% vs 24%), never married (TM-29% vs 24%; SM-77% vs 67%), and are more interested to participate in research (TM-72% vs 63%; SM-27% vs 16%) than their counterparts. However, significantly more SM users (32% vs 25%, $p < 0.001$) as compared to TM users have participated in a research study previously.

Discussion: Findings indicate that TM/SM is widely used by certain group of people and therefore is an effective channel to recruit the users; however, those who are older, less educated and unemployed still need to be recruited through specific outreach strategies to avoid increasing the existing disparities.

State of the state of child health in Florida

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Health issues such as obesity, diabetes, hypertension and behavioral and mental health problems are today's dominant childhood morbidities. While immunization rates and information from vital statistics remain fundamental to childhood prevention, we need more robust analyses of the myriad emerging problems to best promote life-long health, taking setting, region and diverse patient characteristics into account.

Florida consistently ranks low in national health statistics, especially for children. According to Kids Count Florida, we rank roughly 40th, with high rates of multiple sociodemographic indicators of poor health for children. Yet these indicators are not well-suited to actionable interventions to reduce the burden of these morbidities for children. We plan to provide a State of the State report on the health of children in Florida. We will divide output by region, community and learning health systems in an effort to best understand variation, and implement solutions that apply to that arena. We believe this level of knowledge will be the foundation for any child-oriented grant or project within OneFlorida.

Maximizing HPV Vaccination

Stephanie Staras, Ph.D.; Lindsay A. Thompson, M.D.; Elizabeth A. Shenkman, Ph.D.; Matthew Gurka, Ph.D.; William Hogan, M.D., M.S.; Michael Muszynski, M.D.; Michelle Vinson, M.S., RDN; Brittany Wells, Ph.D.

Department of Health Outcomes and Policy, University of Florida; Pediatrics, University of Florida; College of Medicine, Florida State University

While evidence demonstrates the effectiveness of the human papillomavirus (HPV) vaccine to prevent cervical cancer, low utilization rates continue to exist among 11-12 year-olds. Parental concerns about vaccine efficacy and safety are among top barriers to vaccine uptake among this population, in addition to communication difficulties with the teens' physicians. The goal of the present study is to evaluate and improve a pre-existing health information technology (HIT) system using focus groups of parents of 11-12 year-olds who are patients at one of three OneFlorida clinics, located in Jacksonville, Orlando, and Daytona Beach. Potential participants visiting the clinic will be told about the study and given an informational flyer by clinic staff. With permission, clinic staff will refer interested parents to study staff, who will then follow up using a standard script to invite them for participation in the focus group. Focus group participants will evaluate current HIT system messaging by providing their perceptions of the messages and recommendations for improvement. In preparation for this study, the author has received training in an intensive qualitative inquiry workshop as well as assisted with the development of a protocol for collecting focus group data. We will revise the context and messaging to best address concerns that were raised by participants based on outcomes from this study. Tailored parent informational messages will better prepare parents for provider discussion about the HPV vaccine, improving the efficacy of both the HIT system and provider discussion, with the long-term outcome of increasing HPV vaccination rates among adolescents.

The Development of a Computable Phenotype for Duchenne Muscular Dystrophy

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University of Florida; Pediatrics, University of Florida; College of Medicine, Florida State University

Duchenne muscular dystrophy (DMD) affects 1/3500 to 1/6000 boys, and causes progressive muscle weakness in childhood and early mortality. Boys and men with DMD are at increased risk of osteoporosis and fracture in both the vertebrae and long bones, which causes pain and increases disability. There is a pressing need for evidence around which to base guidelines for management of bone health in patients with DMD. In this project we propose to build a foundation to examine the comparative effectiveness of current interventions to treat bone fragility in boys with DMD. We will take advantage of data acquired in the OneFlorida Data Trust, the UF ImagingDMD Database, DuchenneConnect and the Pedsnet Data Warehouse to develop and validate a computable phenotype for DMD, to characterize bone health problems and treatments in this population, and to perform a comparative effectiveness study of treatments for bone fragility in DMD. The initial phase of the research will use UFHealth data to develop and validate a computable phenotype for DMD. Because International Classification of Diseases codes for progressive muscular dystrophy are not specific to DMD, the phenotype will include age, sex, and lab or prescription information to optimize the sensitivity and specificity of the algorithm. This observational study will provide a valuable platform for future interventional studies in boys with DMD related to bone fragility. In the future, we will use PCORnet data to document current clinical care practices surrounding bone in DMD and to compare the outcomes of boys receiving different bone treatments. This work will provide a foundation for future interventional research to attempt to reduce the co-morbidities and increased pain and disability caused by poor bone health in DMD.

Chronic Disease Targeted Prevention and Outreach Activities using the OneFlorida Data Trust

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Incidence rates for chronic diseases like cancer are higher with ethnic and racial groups from rural, socioeconomically disadvantaged and medically underserved backgrounds. Targeted prevention and outreach activities in the state of Florida can be developed based on the results of the analysis of data from the OneFlorida Data Trust analyzing the 29 counties served by the University of Florida's Cancer Center. However, demographics information including cancer incidence and mortality rates for each county must first be collected and analyzed. Therefore, in this pilot project data from eight counties were collected and analyzed. Next, a systematic method for identifying Community Organizations and Events (COE) that promoted cancer prevention between the years of 2009 and 2016 was developed. Results will display if a correlation exists between the quantities of cancer prevention COE and the cancer incidence and mortality rates.

The Child Health Quality (CHeQ) Partnership Program

Elizabeth Shenkman, Ph.D. Matt Gurka, Ph.D., Yi Guo, Ph.D., Bruce Vogel, Ph.D., Lindsay Thompson, M.D., Christopher Forrest, M.D., Ph.D.

Department of Health Outcomes and Policy, University of Florida; Department of Pediatrics, University of Florida; Children's Hospital of Philadelphia (PEDIStnet)

The Institute for Child Health Policy at the University of Florida (UF-ICHP) currently measures and evaluates quality of care for almost 1 in 5 children enrolled in Medicaid and the Children's Health Insurance Program (CHIP) in the US. We collaborate with the Texas Health and Human Services Commission (HHSC), the Florida Agency for Health Care Administration (AHCA), the Florida Healthy Kids Program which oversees CHIP, two Texas Medicaid Managed Care Plans and their health system partners, two dental plans, the OneFlorida Clinical Data Research Network, and two External Quality Review Organization (EQRO) partners. The collaborators joined to form the Child Health Quality (CHeQ) Partnership. We also partner with PEDIStnet, a national network of children's hospitals and providers, who will participate in validation for measure refinements that incorporate electronic health record (EHR) data.

Through our collaboration experiences, we identified implementation and dissemination opportunities for two Pediatric Quality Measurement Program-Centers of Excellence (PQMP-COE) measure sets: 1) Linkage Between Dental Treatment and Dental Prevention and 2) Safe and Judicious Antipsychotic Use in Children and Adolescents. Texas and Florida together enroll 6M or 19% of all children in Medicaid and CHIP nationally. UF-ICHP has a 16-year history in both states in measuring children's quality of care (QOC) and evaluating performance improvement projects. For all enrolled children from 2007 to the present we house fully identified Medicaid and CHIP health care, dental, and pharmacy data that are refreshed monthly. A separate central data repository called the OneFlorida Data Trust houses EHR data for 1.2M or 49% of all children in Florida Medicaid and CHIP. The data will be used to enhance the Antipsychotic Use Measure set with metabolic screening and monitoring lab results. All OneFlorida Data Trust and PEDIStnet EHR data is standardized to the Patient Centered Outcomes Research Institute (PCORI) Common Data Model; and provides an efficient mechanism for computing QOC metrics relying on clinical data available only from EHRs.

The two goals of this project are to test the feasibility and usability of the selected PQMP-COE measure sets through: 1) field testing; refining; collecting data, including testing the efficient collection of valuable clinical data from EHRs; and reporting on the measures; and 2) translating the results into QI goals and multi-level performance improvement projects (PIPs). The proposed project has the following four specific aims to improve the quality of care children receive and thereby meet the two goals.

PCORnet Bariatric Surgery Study

David E. Arterburn, M.D., MPH, Steven R. Smith, M.D.

Group Health Research Institute; Florida Hospital

The use of bariatric surgery to treat severe obesity has risen in recent years. While there is plenty of evidence associating bariatric surgery with long- and short- term benefits (weight loss, diabetes remission, and decreased mortality) there is still a gap in knowledge as it relates to long-term comparative effectiveness and safety of bariatric procedures in real world clinical settings. The PCORnet Bariatric Surgery study looks to compare the long-term risks and benefits of three common types of bariatric surgeries.

Three main types of bariatric surgery include gastric bypass (RYGB), adjustable gastric banding (AGB) and sleeve gastrectomy (VSG). This study will assess records from approximately 60,000 patients who have had one of the surgeries, and compare patient weight loss and regain, diabetes improvement or relapse, and the frequency of complications. Additionally, this group will have approximately 17,000 patients with diabetes and 900 adolescents who have had bariatric surgery.

The PI for the nationwide study is David E. Arterburn, M.D., MPH, of Group Health Research Institute. The OneFlorida site PI for this study is Steven R. Smith, M.D., co-leader of the OneFlorida Clinical Research Consortium Obesity Work Group and Chief Scientific Officer for Florida Hospital. This study will utilize data from three OneFlorida partners: UF Health, Tallahassee Memorial Hospital, and Orlando Health.

PCORnet Antibiotic Use in Infants and Obesity Study

Jason Block, M.D., MPH, David Janicke, Ph.D., ABPP

Population Science, Harvard Medical School; Clinical and Health Psychology, University of Florida

Antibiotics rank among the more valuable medical discoveries of the 20th century. Unfortunately antibiotics have been prescribed appropriately and inappropriately, with a peak prescribing rate being for infants and children between 3-24 months old. While it has been known for decades about the growth effects of antibiotics on farm animals, reports of these effects on children have emerged fairly recently. However there has not been a study large enough to test out the different types, timings and amount of antibiotic treatment. The PCORnet Antibiotic Use in Infants and Obesity Study aims to be such a study.

This study will look at antibiotic use in the first two years of life, and examine any possible relationship with weight gain in later childhood. Using the vast amount of data available through PCORnet, this study will review around 600,000 patient records to determine what effects, if any, different types of antibiotics have on children's growth and weight at ages 5 and 10. Additionally this study will look at the timing (frequency) and the amount of antibiotic use and other factors that could potentially affect weight gain or loss.

The PI for the nationwide study is Jason Block, M.D., MPH, assistant professor in the Department of Population Science at Harvard Medical School. The OneFlorida site PI for this study is David Janicke, Ph.D., ABPP, co-leader of the OneFlorida Clinical Research Consortium Obesity Work Group and professor at the University of Florida in the Department of Clinical and Health Psychology. This study will utilize data from three OneFlorida partners: UF Health, Tallahassee Memorial Hospital, and Orlando Health.

Automating Quality and Safety Benchmarking for Children: Meeting the Needs of the Health Systems and Patients

Kathleen E. Walsh, M.D., MSc, Elizabeth Shenkman, Ph.D.

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Our aim is to implement and test electronic measures of outpatient pediatric healthcare quality and safety using the PCORI Common Data Model. The PCORnet Common Data Model is a way of organizing data, including data mined directly from the electronic health record, into a standard structure. This research will take place in two PCORI funded networks which use the PCORI Common Data Model: PEDSnet and OneFlorida. This will be the first study to use the PEDSnet and OneFlorida data, and will include analysis of the data pulled directly from the electronic health record for over 5 million children, and validation of this data using a manual review of a sample of approximately 500 charts. We will test the creation of a benchmarking report so health systems can compare their performance to others. Without this information, hospitals do not know if they have the best quality care or the worst, and cannot learn from each other, which limits improvement. We will focus on 3 well-established measures of quality: (1) transcranial Doppler screening for children with sickle cell disease; (2) appropriate antibiotics for ear infections; and (3) cholesterol and glucose testing for children on antipsychotic medications. Only 30% of children with sickle cell disease receive transcranial Doppler screening, which identifies high risk for stroke and initiates treatments that reduce risk by 92%. Only 70% of children with ear infections receive the appropriate antibiotics. Over 600,000 children take antipsychotic medications which greatly increase the risk for diabetes and high cholesterol; only 19% of these receive glucose and cholesterol tests.

Obesity Report Cards

Matthew Gurka, Ph.D.

Department of Health Outcomes and Policy, University of Florida

The prevalence of overweight and obesity has increased rapidly over the past 30 years. Nationally current data shows that nearly 1 in 3 children, and 2 in 3 adults, are overweight or have obesity. In an era where healthcare expenditures continue to increase year-over-year and at a rate generally greater than inflation, additional attention is focused on obesity as a driver of these costs. Health care systems, state and federal government currently seek a better understanding of obesity rates not only in the population at large, but also among patients who actively consume health care. Publicly available population level data sources such as the Behavioral Risk Factor Surveillance System (BRFSS), or the National Health and Nutrition Examination Survey (NHANES), among others, have limitations such as self-report bias, or a lack of abundant state-level data to draw strong conclusions regarding the true distribution of obesity across Florida. The availability of data in the OneFlorida data trust is expansive, and provides detailed demographic information allowing for many different views of rates of obesity and will address this gap in knowledge by providing one source which spans the state with significant data from our partners. This knowledge would be valuable to OneFlorida stakeholders and population health scientists. The scope of data in the OneFlorida network will allow us to analyze geographic patterns of obesity rates in the state of Florida broken down in a variety of ways which can guide targeting interventions to the areas and individuals of greatest need, and modeling the future state of healthcare in Florida.

This proposal is to utilize biomedical “Big Data” from children, adolescents and adults in the OneFlorida data trust to investigate the secular trends in obesity from 2012 to 2015 by examining the rates of patients with obesity from participating health care systems. General study specific aims include: 1) Calculate the rate of patients with obesity who have received care within the OneFlorida network by county as well as characterizing this data by age group, sex, and racial/ethnic group; 2) examine the differences in the rates of patients with obesity; and 3) explore similar relationships for patients with obesity and other important comorbidities including hypertension, hyperglycemia and asthma.

QIPR: Creating a Quality Improvement Project Registry

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Background

The third highest cause of death in the U.S. is due to medical error (Makary and Daniel, 2016). Quality Improvement plays a key role in the systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups.

Makary, M. A., & Daniel, M. (2016). Medical error—the third leading cause of death in the US. *Bmj*, 353, 2139.

Methods

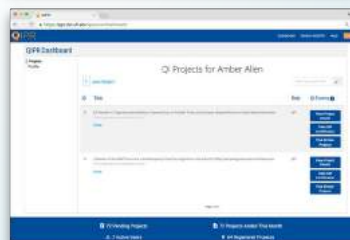
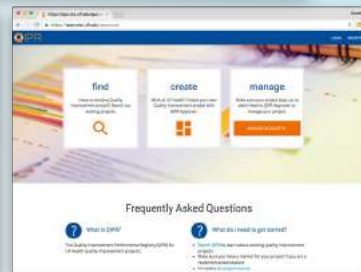
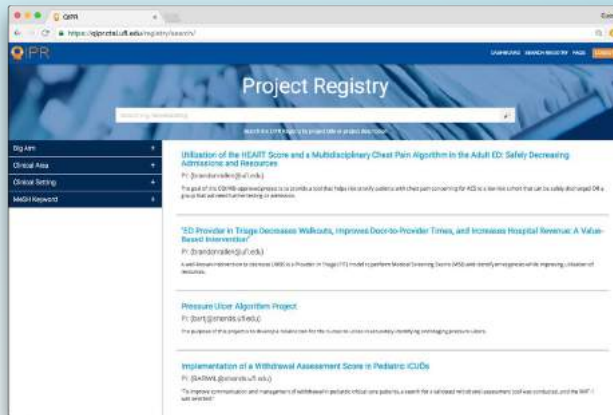
This project used a variant of the spiral software development model and principles from the ADDIE instructional design process for the creation of a registry that is web based. To understand the current registration and tracking of quality projects in the UF Health system a needs assessment was performed with the UF Health Sebastian Ferrero Office of Clinical Quality & Patient Safety to gather project requirements. Bi-weekly meetings were held between the QI and CTS-IT teams during the entire project.

We created a series of design templates for further customization and feature discovery. We then proceed with the development of the registry using a Python web development framework called Django, which is a technology that powers Pinterest and the Washington Post websites. The registry consists of a quality investigator profile that lists contact information, expertise and areas of interest. A dashboard allows for the creation and review of quality improvement projects. A search function enables certain quality project details to be publicly accessible to encourage collaboration.

We developed the Registry Matching Algorithm (RMA) that uses quality project features to find similar quality projects. The algorithm allows for quality investigators to find existing or previous quality improvement projects to encourage collaboration and to reduce repeat projects. We also developed the QIPR Approver Algorithm (QAA) that guides the investigator through a series of questions that allows an appropriate quality project to get approved to start without the need for human intervention.

Results and Conclusions

A product of this project is an open source software package that is freely available on GitHub for distribution to other health systems under the Apache 2.0 open source license. Adoption of the quality improvement registry and promotion of it to the intended audience are important factors for the success of this registry. This registry was created to help understand the impact in a hospital system. The ultimate result will be to reduce time to approve quality improvement projects, increase collaboration across the UF Health Hospital system, reduce redundancy of quality improvement projects and translate more projects into publications. Thanks goes to the UW-Madison and their QI/Program Evaluation Self-Certification Tool used as example and inspiration for this project. (https://uwmadison.co1.qualtrics.com/SE?SID=SV_3IVeNuKa8FkC73)



Potential Study: Reducing stroke disparities related to the selection of antithrombotic medications prescribed in high-risk uninsured/underinsured patients via electronic health record (EHR) alerts and physician-directed interventions

Brian Johnson, Pharm.D.

Tallahassee Memorial Healthcare • Capital Regional Medical Center • Southern Medical Group

Background

Strokes are 5th leading cause of deaths in U.S. Uninsured Florida residents, and especially those living in the North and the Panhandle (on the edges of the Stroke Belt), are disproportionately affected. With the uncertainty of the future of the Affordable Care Act and the increase numbers of uninsured and underinsured patients in the State, it is imperative that the cost of care be considered when attempting to influence compliance in preventing strokes. From 1989 to 2009, approximately 7 million Americans have suffered from a stroke (1 (<http://www.cdc.gov/nchs/data/databriefs/db95.htm>)). In 2008, direct medical costs of stroke were about \$18.8 billion, with almost half of this amount being for hospitalization (1 (<http://www.cdc.gov/nchs/data/databriefs/db95.htm>)).

Methods

Our research seeks to reduce stroke incidences in patients who are at the highest risk, i.e. having been diagnosed with deep vein thrombosis (DVT), pulmonary embolism (PE), atrial fibrillation or mechanical heart valves, and are uninsured or underinsured by addressing the patient's ability to pay for the prescribed medications intended for prevention. We hope a computerized alert system, along with a designated medical representative that evaluates the patient's insurance coverage status and drug formulary will assist the prescriber in selecting a patient-specific, cost-conscious approach to their stroke-prevention management.

Potential Study: Promoting Community Stroke Risk Assessment, Education and Interventions

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Background

The purposes of this project are to 1. Begin an assessment of the overall stroke risk factors attributed to our underserved/uninsured community via Stroke.org Stroke Risk Scorecards and community outreach efforts, 2. Improve community education regarding strokes and high-risk groups (i.e. African Americans) as well as connection to specific diseases (i.e. Diabetes) and 3. Develop strategic plan for addressing disparities in risk factors compared to national averages, including medication/therapy management via Bond CHC clinical services.

Methods

Stroke.org Risk Assessment Cards distributed by Bond Community Outreach to local barbershops, beauty salons, community recreational centers and churches to be completed by patrons and returned to Bond staff/volunteers. Patrons will have option to include information for additional contact (i.e. name, phone number) with study coordinators. Information from risk cards to be analyzed and reported. Patients deemed at "high risk" will be provided opportunities for health and Medication Therapy Management assessments.