



16th Annual Conference

Call for Abstract



Emerging Frontiers in Healthcare Research and Delivery

March 21-24, 2010

Hyatt Regency, Austin, TX

For online information:

www.hmoresearchnetwork.org

Email: hmorn2010@swmail.sw.org

Hosted by :

Scott & White Healthcare and Scott & White Health Plan

Abstract Submission Guidelines

CALL FOR ABSTRACTS

The 16th annual HMO Research Network (HMORN) conference will be hosted by Scott & White Healthcare in Austin, TX on March 21-24, 2010. The theme of the 2010 conference is *Emerging Frontiers in Healthcare Research and Delivery*. Abstracts are invited for consideration as a presentation or as a poster at the conference.

Key Dates

September 14, 2009	Online submission system opens
November 17, 2009	Online submission system closes at 11:59PM Eastern Time
January 15, 2010	Notification of submission outcome

The 2010 conference theme demonstrates the network's commitment to reach beyond our traditional collaborators to share our experiences, discuss tools and technologies, and expand opportunities for productive public-private partnerships in cutting-edge healthcare research and delivery. This theme provides the opportunity to build synergy among scientists and clinicians to influence the health of our nation. Authors are encouraged to submit abstracts that fit this year's theme and/or abstracts that fit the topics of the scheduled concurrent sessions. Examples of topics relevant to each category are provided below:

Abstract Categories

- **Behavior Change:** Novel behavior change interventions, Cost analyses of healthy behavior change in individuals and communities
- **Cancer:** Risk factors, Prevention and treatment strategies, Survivorship
- **Cardiovascular Disease:** Risk factors, Prevention and treatment strategies, Disease self management, Surveillance
- **Care Coordination:** Implementation or outcomes of care management, Care transition interventions, Medical Home, Other models of care coordination across pediatric and adult population
- **Clinical Effectiveness:** Emerging scientific methods and statistics applied to clinical effectiveness, Primary or specialty care research related to (1) delivery and quality, (2) Financial return on investment and (3) patient centered care processes stemming from innovative treatments
- **Diabetes and Obesity:** Risk factors, Prevention and treatment strategies, Disease self management
- **Genetics:** Genetic testing and other topics that directly impact patients, Providers and payers, Genetic economics
- **Health and Bioinformatics:** Utilizing electronic medical records and other health data to improve care and efficiency and advance health-related research.
- **HMORN Administration:** Regulatory and Compliance issues, Research administration across member organizations
- **HMORN Research Networks:** Emerging initiatives within our networks
- **HMORN Technical:** Administration of collaborative research projects within the Virtual Data Warehouse
- **Managing Chronic Illness:** Adherence to treatment, Self management of symptoms, Translation of evidenced-based interventions into healthcare and community settings
- **Racial and Ethnic Disparities in Disease Management:** Outcomes from disease management research that provide information on racial and ethnic disparities
- **Research and System Changes to Improve Quality:** Health research that informs change and innovation within integrated healthcare systems
- **Shared Decision Making and Personal Health Record:** Patient engagement activities and their impact on quality and outcomes, Technologies providing personal health record access, Public reporting on quality metrics
- **Treatment Adherence and Formulary Prescribing:** Broad array of pharmaceutical studies from the fields of pharmacoepidemiology and pharmacoconomics
- **Wellness Programs:** Implementation of healthcare and community, School and work-based programs, Outcomes, Demonstrating a return on investment

Abstract Requirements

Abstracts must be written and presented in English. Body of the abstract should contain the following sections: Background/Aims, Methods, Results, and Conclusions.

Title:

- Include a short descriptive title with no abbreviations that indicates the nature of the investigation
- Use Arial 12-point font in **bold** typeface
- Capitalize the first letter of each word in the title

Authors:

- For each author, list name, degrees and affiliation.
- For each affiliation list: Institute/Hospital, Department, City/State and Country

Abstract Body:

- Must not exceed 350 words
- Use the following subheadings: Background/Aims, Methods, Results, Conclusions
- Use Arial 11-point font, do not bold
- Include detailed results in support of your conclusions (include data when appropriate)
- Do not begin sentences with numerals. When percentages are used, the absolute number from which they are derived must be included; for example, "33% (10 of 30)"
- Standard abbreviations may be used without definition. Nonstandard abbreviations (kept to a minimum) must be placed in parentheses after the first use of the word or phrase abbreviated.
- Do not include references, credits, or grant support.
- **Proofread abstracts carefully to avoid errors before submission. Abstracts will be printed as submitted.**

**Early Career Investigators (i.e. presenters within five years of their terminal degree at the time of the meeting) will be considered for a special award. Those interested should indicate their status on the online abstract submission form. **

Publication of Abstracts

Abstracts accepted for presentation at the 2010 HMORN Conference will be archived on the HMORN public website as in the past. This year, selected abstracts may also be considered for publication in *Clinical Medicine & Research* as part of the conference proceedings. *Clinical Medicine & Research* is an indexed, peer-reviewed journal with editorial offices at Marshfield Clinic. The journal has both print distribution and open electronic access through PubMed Central and the journal's website. In the online submission form, you will have the option of indicating whether you want your abstract to be considered for publication in *Clinical Medicine & Research*, provided it has not been previously published.

Submission Information

To complete the abstract submission form, please go to: <http://hmoresearchnetwork.org/confpgs/abstract.htm>
Please note that the submission system closes November 17, 2009 at 11:59 pm Eastern Time. Upon successful submission of the abstract, an email notification will be sent to the address included on the abstract submission form. If you do not receive notification within 24 hours, please contact Erica McMahon by email hmorn2010@swmail.sw.org or by phone (254)724-7932.

Review Process

Abstracts will be evaluated on the following criteria:

- Significance of the research
- Value of material to our audience
- Timely or innovative topic
- Relevance to the conference theme
- Organization and format

Notification

Corresponding authors will be informed of the status of their abstracts and, if accepted, the type of presentation no later than January 15, 2010. All presenters, oral and poster, must register for the conference.

Contact Information

For issues related to abstract submission please first check the website and then contact:

Erica McMahon

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Example of Abstract

Using Electronic Health Record Data to Predict Heart Failure Diagnosis

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Background: Heart Failure (HF) is one of the most common and serious progressive illnesses among elderly patients. It is usually detected at a relatively advanced stage, after irreversible damage has occurred. Early detection offers the potential to substantially reduce patient disability and health care costs.

Aim: To develop a novel detection strategy, making use of longitudinal electronic health record (EHR) data to create an early heart failure detection prediction model.

Methods: All data were obtained from Geisinger Clinic's EHR for patients who had a primary care provider. A prediction model was developed using a nested case-control study design, where HF cases diagnosed between 2003-2006 were identified. Controls were randomly selected and matched on sex, age, and clinic. We used conditional logistic regression to model the relation between EHR data and detection of HF 6+ months and 18+ months before the actual date of diagnosis. Variables for the model included diagnoses, the most recent lab and clinical (e.g., SBP, DBP, pulse pressure) measures, medication orders and ambulatory care use in the previous two years, and smoking status. Data were only used if they occurred in the record either 6+ months or 18+ months before the diagnosis date, depending on the specific model. Model results were validated by combining a bootstrap re-sampling approach with a backwards elimination selection method.

Results: We identified at least one matching control for 2,239 of the 2,764 cases; 9 or 10 controls were identified for 81% of the cases. A total of 24,249 controls were selected. The model for detecting HF 6+ months before usual diagnosis had an AUC of 0.80; the parallel model for detecting HF 18+ months before usual diagnosis had an AUC of 0.75 (95% CI: 0.73, 0.79). The AUC findings were similar for separate models completed on systolic HF and diastolic HF.

Conclusions: In practice, clinicians do not have the time or ability to process seemingly disparate data points over a series of visits that might suggest a preclinical HF for a given patient. Our analysis of EHR data indicate that HF can be detected 6 or more months before usual diagnosis with good AUC and high specificity. These findings suggest that routine evaluation of EHR data may be useful in screening for patients at high risk of HF, creating numerous opportunities for early and aggressive intervention and potentially altering the natural history of heart failure for many patients.