

Fellowship Symposium



Department of Family Medicine
and Community Health

UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

December 5, 2024 – 8:30 am – 12:10 pm

Department of Family Medicine and Community Health Administrative Office

Oak Room, 2nd Floor

610 Whitney Way, Madison WI, 53705

This symposium will feature short presentations by fellow representatives of the following Department of Family Medicine and Community Health fellowships:

Academic (A)

Primary Care Research (PCR)

Schedule of Events

8:00 am - 8:30 am	Room opens – Presenting Fellows Technology Check	10:35 am – 10:55 am	Elizabeth Ver Hoeve, PhD (PCR) Primary and O ncology I ntegration for S urvivorship E quity in Wisconsin (POISE Wisconsin)
8:30 am – 9:00 am	Breakfast	10:55 am – 11:15 am	Emily Claypool, PhD (PCR) Evidence-based Optimism vs. Advocacy: Competing Ideas for Social Change in a Harm Reduction Clinical Trial
9:00 am – 9:15 am	Welcome & Opening Remarks Earlise Ward, PhD, LP Director, PCR Fellowship	11:15 am – 11:35 am	David Mallinson, PhD (PCR) Prenatal Care Coordination and Well-Child Visit Receipt in Early Childhood
9:15 am – 9:35 am	Laura Andrea Prieto, PhD (PCR) Latino Adults with Parkinson Disease and their Care Partners face Barriers to Accessing Physical Activity that is Congruent with their Occupational Priorities	11:35 am – 11:40 am	Academic Fellowship Intro Jessica Dalby, MD Director
9:35 am – 9:55 am	Sydney Tan, MD (PCR) Demographics in Distress: Prevalence of Burnout and Well-being in Residency	11:40 am – 12:00 pm	Ashlyn Brown, MD (A) Improving Comprehensive Early Pregnancy Care within Family Medicine
9:55 am – 10:15 am	Miena Hall, MD, IBCLC (PCR) Implementing Optimal Breastfeeding Care in Large Health Systems: Barriers, Facilitators, and Recommendations	12:00 pm – 12:10 pm	Closing Remarks
10:15 am- 10:35 am	Break		

Name: Laura Andrea Prieto, PhD (PCR)

Title: Latino Adults with Parkinson Disease and their Care Partners face Barriers to Accessing Physical Activity that is Congruent with their Occupational Priorities

Abstract:

Purpose: Physical activity (PA) participation can help manage Parkinson disease (PD) symptoms and enhance performance in daily occupations (Foster et al., 2014). However, Damron et al. (2014) reported that only 35% of Latino people with PD (PwP) and 0% of care partners (CPs) believed PA was useful in managing PD. The purpose of this study is to describe the perspectives and experiences of Latino PwP and CPs with PA and how it relates to their self-identified occupational problems.

Design: This descriptive qualitative study recruited ten participants (5 PwP and 5 CPs) from Parkinson-specific organizations, a Latino-focused senior center, and via word of mouth. Participants lived in the Midwestern United States, had PD or cared for someone with PD, and identified as Latino.

Methods: Participants completed a demographic questionnaire, the Canadian Occupational Performance Measure (Law et al., 1990), and a semi-structured interview guided by the RE-AIM framework on perspectives and experiences in PA (Glasgow et al., 2019). Data were collected via Zoom, telephone, or in-person, as well as in English or Spanish, based on participants' preference.

Results: Preliminary reflexive thematic analysis demonstrates that PA participation often does not align with participants' occupational priorities, however, participants indicated interest in a future program doing so. Major barriers to PA participation included cost, knowledge, and lack of programming tailored to the Latino community.

Conclusion: Barriers to accessing PA programs may limit how Latino PwP and CPs see the relevance of PA to their PD management. Further investigation on the integration of occupational priorities into PA programming and the role of occupational therapists and interventionists is needed. These findings will help inform the application of occupational science in the development of future PA interventions for Latino PwP and their CPs.

Abstracts

Name: Sydney Tan, MD (PCR)

Title: Demographics in Distress: Prevalence of Burnout and Well-being in Residency

Abstract:

Purpose: Burnout in residency harms learning and negatively impacts patient care, physician retention, and healthcare costs. Recently, focus has shifted toward prioritizing physician well-being. However, literature on residents focuses on burnout, often overlooking well-being.

This study assessed post-pandemic burnout and well-being among frontline residents nationwide and evaluated differences across demographics. We hypothesized that women and racial minorities would show worse well-being outcomes.

Methods: A nationwide cross-sectional survey was conducted as part of a randomized clinical trial evaluating a well-being training among residents in high-burnout specialties (surgery, obstetrics-gynecology, family, internal, and emergency medicine). The survey assessed burnout and well-being outcomes. Prevalence rates of elevated levels of burnout or low well-being were calculated and compared by demographics. Linear regression models examined associations between demographics and well-being, adjusting for gender, race, ethnicity, specialty, level of training, relationship status, geography, and seasonality.

Results: A total of 540 residents responded. The sample was predominantly 356 (67%) cis-gender women, 355 (67%) White, and 303 (56%) in a medical specialty. Most residents (68%) had elevated stress, 70% had burnout, and 92% had elevated loneliness. Surgery residents had higher burnout overall ($p < 0.05$), especially in the depersonalization scale ($p < 0.001$), while having higher personal accomplishment ($p < 0.05$). Women were more stressed ($p < 0.01$) and lonely ($p < 0.01$) with lower resilience ($p < 0.001$), flourishing ($p < 0.001$), meaning and purpose ($p < 0.01$), and self-efficacy ($p < 0.001$). However, women had less burnout on the depersonalization scale ($p < 0.05$), as did black residents ($p < 0.05$). Multiracial residents were lonelier ($p < 0.05$) and had lower self-efficacy ($p < 0.05$). Compared to those married or in long-term relationships, single residents had lower flourishing ($p < 0.05$), meaning and purpose ($p < 0.001$), and worse sleep ($p < 0.05$).

Conclusions: Stress, burnout, and loneliness were prevalent among residents, with significant differences by gender, race, and relationship status. These results highlight certain demographics at higher risk for poor well-being, underscoring the need for further research on targeted support and prevention.

Name: Miena Hall, MD, IBCLC (PCR)

Title: Implementing Optimal Breastfeeding Care in Large Health Systems: Barriers, Facilitators, and Recommendations

Abstract:

Background and Objectives: Breastfeeding and lactation medicine (BFLM) is a growing field, but few standards for its practice and integration into health systems (HSs) exist. Comprehensive care across HSs is necessary to address the needs of breastfeeding dyads throughout the course of lactation. This research aims to determine the criteria for a breastfeeding knowledgeable and supportive health system (BKSHS) and the barriers and facilitators to effectuating these system level changes.

Methods: We performed a qualitative study of focus groups with BFLM physician leaders who currently work within large HSs in the U.S. and analyzed transcripts using the Exploration, Preparation, Implementation, and Sustainability (EPIS) Framework. We identified barriers, facilitators and recommendations for BKSHS within the resulting themes.

Results: Three focus groups of 13 participants were pediatricians (10), family medicine physicians (2) and obstetricians (1) from 12 different states. Participants considered HSs to be important institutions for breastfeeding support practices. Themes of the power and influence of HSs encompassed their impact on pre-clinical and clinical training programs, clinical research, evidence-based medicine, HS payors, and racial and social health disparities. Systemic barriers included the influence of staff/leadership personal breastfeeding experiences, lack of staff knowledge, poor systemic coordination in dyad care, substandard organizational staffing practices, and insufficient support for lactating employees. Electronic health records were a potential facilitator.

Recommendations to be a BKSHS included breastfeeding medicine leadership at the departmental level, adequate staffing, coordination of care, appropriate staff/provider/physician education and training, support of breastfeeding employees, and collaboration with community organizations.

Conclusion: Overarching themes included the impact of the personal breastfeeding experiences and attitudes of clinical and administrative leadership, the power and influence of HSs, especially academic centers, and the lack of exposure and training regarding the care of the breastfeeding dyad. BKSHSs are essential to improve the care of breastfeeding families.

Abstracts

Name: Elizabeth Ver Hoeve, PhD (PCR)

Title: PPrimary and Oncology Integration for Survivorship Equity in Wisconsin (POISE Wisconsin)

Abstract:

Background: The cancer survivorship population is increasing in number, age, and medical complexity. Currently, 67% of survivors are 65 years or older, 48% have survived for at least 10 years since diagnosis, and approximately 8 million are living with pre-existing comorbid conditions (e.g., hypertension). Medically complex survivors require highly coordinated cancer care to ensure optimal health outcomes, and evidence suggests that the current oncologist-based model of care is inadequate.

Purpose: Primary care providers (PCPs) are well equipped to manage chronic health conditions. In patients with cancer, PCPs have been most frequently involved post-treatment with the use of survivorship care plans (SCPs). Unfortunately, growing evidence suggests that SCPs do not consistently lead to improved health outcomes. In addition, re-engagement of PCPs only at the point of post-treatment survivorship often exacerbates care coordination challenges. An emerging model of cancer survivorship engages a team medicine approach that begins with integrating PCPs at the time of diagnosis and continues that integration throughout a patient's cancer care journey.

Current Study: Strengthening primary care's connection to the patient and patient's oncology team during active cancer treatment (i.e., onco-primary care) represents a potential solution to optimizing long-term health outcomes among survivors with comorbidities. Emerging data demonstrate onco-primary care intervention acceptability, but a rigorous pre-implementation assessment is required to understand the context and perspectives of PCPs practicing in Wisconsin. The Primary and Oncology Integration for Survivorship Equity in Wisconsin (POISE Wisconsin) study will develop an implementation science informed survey for primary care providers to: 1) identify existing challenges they experience while managing care for patients undergoing active cancer treatment, and 2) elicit PCP perspectives on the pre-implementation determinants associated with a onco-primary care coordination intervention. This presentation will report on the iterative development of the POISE Wisconsin survey and discuss plans for survey distribution and analyses.

Abstracts

Name: Emily Claypool, PhD (PCR)

Title: Evidence-based Optimism vs. Advocacy: Competing Ideas for Social Change in a Harm Reduction Clinical Trial

Abstract:

Background: Since the Center for Disease and Control (CDC) recognized opioid overdose as an “epidemic” in 2010, over one million people have died a preventable death. Championed by activists and increasingly aligned with evidence-based policy, harm reduction has recently gained the attention of federal funders. With harm reductions’ growing emphasis on “evidence-based” approaches and its integration into the criminal-legal system, diverse professionals—often with divergent values and approaches to overdose—now work collaboratively. This presentation pursues the question: how are scientific commitments of a clinical trial (e.g., neutrality) negotiated with harm reduction commitments in a socio-behavioral trial conducted in jails?

Site & Methods: I conducted a two-year long ethnographic project studying a multi-sited hybrid effectiveness-implementation trial which focused on testing a harm reduction-based case management intervention to prevent overdose post-jail release. This included analysis of over 500 hours of meetings that I participated in and 25 interviews with researchers, community partners, jail administrators and HaRP practitioners. Literature reviews and current theories related to my research questions guided my original analysis; I also looked for theoretically surprising cases, comparing existing theory against empirical observation (Tavory & Timmermans, 2014).

Findings: Practitioners and researchers called for greater attention to the social and economic conditions leading to overdose (e.g., criminalization of Naloxone). However, institutional research commitments, the perceived culture of jails, and policymakers’ pursuit of “neutral” evidence limited potential avenues for social change.

Conclusion: Researchers require additional guidance on how to negotiate locally embedded social and professional values and activist commitments with the obligations of scientific inquiry during socio-behavioral clinical trials. Given society has become more intimately involved in clinical trials, whether as a site for recruitment or service provision, and in co-productive roles (e.g., advisory boards), how do we ensure our interventions reflect the desires of practitioners and study participants who help to accomplish them?

Name: David Mallinson, PhD (PCR)

Title: Prenatal Care Coordination and Well-Child Visit Receipt in Early Childhood

Abstract:

Background: Obstetric care coordination services during pregnancy can connect participating families to additional preventive care following delivery. The extent to which care coordination impacts an infant's health care receipt—particularly beyond infancy—is uncertain.

Purpose: This study evaluates participation in Wisconsin Medicaid's Prenatal Care Coordination (PNCC) program and its association with children's well-child visit (WCV) receipt within the first four years of life.

Study Design: Data came from linked Wisconsin birth records (2011-2015) and Medicaid claims and enrollment data (2010-2019). The sample comprised 113,347 children with Medicaid-paid births and continuous Medicaid enrollment ranging from 12 to 48 months post-birth. A sibling subsample comprised of 35,373 children. PNCC receipt in pregnancy was measured dichotomously (none; any) and categorically (none; assessment/care plan only; service uptake). Any WCV receipt and recommended WCV receipt (which varied by age) was measured during each year from age 0 up to 4 years-old. Conventional logistic regressions and sibling fixed effects (FE) regressions estimated association between PNCC receipt and WCV receipt.

Results: Demographic-adjusted sibling FE regressions—which best control for unobserved confounding—indicated that any PNCC was positively associated with children receiving any WCVs at age 0 to <1 year-old (OR 1.48; 95% CI 1.05-2.08) and at age 1 to <2 years-old (OR 1.24; 95% CI 1.03-1.50). Additionally, adjusted sibling FE regressions found that PNCC service uptake was associated with children receiving the recommended number of WCVs at age 0 to <1 year-old (OR 1.35; 95% CI 1.18-1.55).

Conclusions: PNCC may improve children's WCV attendance in the first two years of life. Findings underscore the potential for obstetric care coordination programs to enhance the continuity of preventive care for participating families.

Abstracts

Name: Ashlyn Brown, MD (A)

Title: Improving Comprehensive Early Pregnancy Care within Family Medicine

Abstract:

Objectives: To create, present, and assess didactics and workshops for all levels of training focused on early pregnancy loss (EPL) management, including manual vacuum aspiration (MVA), and abortion laws in the Midwest.

Background: Family medicine providers are uniquely positioned to provide comprehensive reproductive healthcare, especially management of early pregnancy loss (EPL) and abortion. Not only are FM providers trained in these services, but also tend to practice in more underserved and rural areas where they may be the only provider offering this care (deFiebre G). Despite this, a small proportion of providers are offering this care, with a frequently cited reason being limited comfort and lack of recent training.

Methods: Collaborative efforts between faculty and residents led to the development of two presentations, both of which were delivered at the Family Medicine Midwest conference in October, 2024. Attendees of each presentation took pre- and post- surveys regarding the presentations' objectives. Pre/post changes were analyzed with a Wilcoxon signed-rank test, with the support of the Biostatistics department.

Results: Attendees of the EPL presentation felt more comfortable performing MVA and counseling patients about management options for EPL after the workshop. Attendees of the abortion laws interactive didactic reported increased knowledge around the laws both within their state and adjacent states. Attendees of the same session, though, did not report increased comfort around counseling patients on abortion options.

Discussion: Workshops and interactive didactics on critical reproductive health topics such as MVA, EPL, and abortion can be effective ways to increase the knowledge and comfort levels of family medicine providers. Further efforts in this area have the potential to improve patient access to comprehensive reproductive healthcare within the primary care setting.
