Group Health and Group Health Research Institute Translational Successes June 2012

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Selected Group Health Research Institute translational highlights

Program and Selected Projects	Examples of translational impact	Related References	
Aging and geriatrics			
Seattle Longitudinal study (1956-)	Cognitive training positively affects function; health, environment and personality factors affect risk of cognitive decline. Results shape national efforts on healthy aging.	(Schaie et al., 2004)	
Alzheimer's Disease Patient Registry (1986- 2000), Adult Changes in Thought, ACT (1994-)	Evidence for beneficial behaviors and clinical practices for healthy aging, including delaying dementia. Leads to Group Health patient resources on preventive care, exercise, smart eating, maintaining memory, chronic condition care.	(Kukull et al., 2002; Kukull et al., 1992; Kukull et al., 1996; Larson, 2008; Larson et al., 1990; Larson et al., 2004; Larson et al., 2006)	
Exercise and aging	Exercise programs reduce risk of falls and fractures. Group Health's Medicare Advantage care covers senior exercise programs.	(Buchner et al., 1992; Teri et al., 2011; Wagner et al., 1992)	
Alternate approaches to	healing		
Complementary and alternative medicine for back pain	Yoga, acupuncture and massage can be effective for back pain. National guidelines recommend these therapies for back pain and Group Health covers massage for certain types of pain and offers complementary therapy discounts.	(Cherkin et al., 2001; Cherkin et al., 2011; Chou et al., 2007)	
Herbal alternatives for menopause symptoms	Some herbal treatments are not effective for menopause symptoms. Findings incorporated into Group Health patient information.	(Newton et al., 2006)	
Behavior Change			
Smoking cessation	Effectiveness and cost of telephone-based tobacco cessation counseling and integrated phone + Web programs. Effectiveness and safety of drugs. Free & Clear (Alere	(Curry et al., 1998; McClure et al., 2010; Orleans et al.,	

	Wellbeing) established nationwide. Results change Group Health medication policies and program coverage.	1991; Swan et al., 2003; Swan et al., 2010)
Bicycle helmets and head injuries	Helmets are effective at promoting head injuries and promoting helmet use is cost-effective. Helmet use increases nationwide.	(Thompson et al., 2000; Thompson et al., 1989)
Home blood pressure monitoring (e-BP)	Web-based at-home blood pressure monitoring helps control hypertension. Testing and piloting moves to communities.	(Green et al., 2008)
Weight loss	Interventions in real-life situations (families and workplaces). Development of practical weight control interventions.	(Benedict and Arterburn, 2008; Ludman et al., 2010a)
Biostatistics		
Statistical support for networks	Statistical methods development for the Breast Cancer Surveillance Consortium, Cancer Intervention and Surveillance Modeling Network (CISNET) for colorectal cancer, Centers for Disease Control and Prevention's National Vaccine Safety Datalink project and Food and Drug Administration's Sentinel Initiative. Methods used nationally in safety and effectiveness research.	(Cook, in press; Knudsen et al., 2010; Li, 2011; Miglioretti and Heagerty, 2004; Nelson, in press; Nelson et al., 2009; Rutter et al., 2011a; Rutter et al., 2011b)
Cancer control		
Population-based breast cancer screening	Early study results show cost-effectiveness, leading to acceptance of insurance coverage for risk-based breast cancer screening. Ongoing research explores screening safety and effectiveness with findings influencing national guidelines.	(Barlow et al., 2006; Buist et al., 2011; Buist et al., 2009; Buist et al., 2004; Carney et al., 2010; Taplin et al., 2004a; Thompson, 1988; White et al., 2004)
Multisite studies through networks: Breast Cancer Surveillance Consortium (1994-), Cancer Biomedical Informatics Grid (caBIG), the Cancer Care Outcomes	Cancer research on etiology, prevention, detection, treatment, survivorship, clinical care, health services and costs, and translational and implementation science using diverse population-based data and in collaboration with national networks. Projects include breast, lung, colorectal, ovarian, prostate, pancreatic cancer and	(Fenton et al., 2010; Lash et al., 2007; Taplin et al., 2004b; Wagner et al., 2010; Wagner et al., 2005)

Research and Surveillance (CanCORS) Consortium, the Cancer Intervention and Surveillance Modeling Network (CISNET, 2000-), and the Cancer Research Network (CRN, 1999-)	myeloma, among others for pediatric and adult populations. Results influence local policies and national guidelines.	
Cardiovascular health		
Links between heart disease, lifestyle, genetics, medication use	New ways to monitor and treat heart disease and comprehensive analysis of multiple risk factors. Clinical awareness of patient risk factors increases at Group Health and nationally.	(Dublin et al., 2011; Dublin et al., 2010)
Safety of drugs for chronic conditions	Some hypertension medications linked to higher heart attack risk. Leads to additional trials, Food and Drug Administration review, and an intervention at Group Health motivating changes to safer drug alternatives.	(Kaplan et al., 1998; Psaty et al., 1995; Psaty et al., 1990)
Child and adolescent he	ealth	
Healthy families and preventive care	Children have specific preventive care needs. Studies on boosting parenting skills, enhancing safety and improving care for chronic conditions such as asthma and depression. Interventions developed to encourage lifelong healthy behavior.	(Curry et al., 2003; Lozano et al., 2004; Richardson et al., 2010)
Improving health care for disadvantaged youth	Cultural competence improves youth care. Impact on research at GHRI and elsewhere on obesity, asthma and other conditions.	(Lieu et al., 2004)
Chronic Illness Manage	ment	
Chronic care model	Model for team-based, patient-centered care improves management of diabetes and other chronic conditions. National implementation through MacColl Center and Robert Wood Johnson-funded Improving Chronic Illness Care.	(Battersby et al., 2010) (Glasgow et al., 2001; Wagner et al., 2001a; Wagner et al., 1996)
Health Informatics		
Secure websites for patients and providers	Patient-focused health IT assists communication and streamlines clinical practice. MyGroupHealth has health-risk assessment profiles, electronic health records and other health IT used in the patient-centered medical home.	(Ralston et al., 2010)
Health Services and Eco	onomics	
Studies on health care	Health promotion programs (e.g. smoking	(Conrad et al.,

and economics	cessation) are an effective use of health care dollars. Findings comparing fee-for-service and Group Health model inform national health care decisions.	2008; Curry et al., 1998; Fishman et al., 2003; Wagner et al., 2001b)
Patient-centered medical home	Clinical care model that emphasizes preventive care and chronic disease management, improves collaboration and communication among medical team members, and gives patients greater access. Implemented at Group Health medical centers.	(Conrad et al., 2008; Larson and Reid, 2010; Reid et al., 2010; Reid et al., 2009; Tufano et al., 2008)
Immunization and Infec	tious Disease	
Primary care and AIDS	Primary care management increases survival. Leads to improved care for AIDS patients.	(Bluespruce et al., 2001)
Vaccine safety datalink (1990-)	Post-market surveillance of vaccines. Results improve detection of vaccine effectiveness and adverse events.	(Jackson et al., 2011)
Vaccine and treatment evaluation unit (2007-)	Clinical trials of nationally used vaccines and therapies including flu vaccines. Results disseminated through the National Institute of Allergy and Infectious Diseases.	(Jackson et al., 2010)
Vaccine hesitancy	Study and intervention features developed. Pilot programs launched to address parent concerns about vaccination.	(Opel et al., 2011)
Medication Use and Pat	ient Safety	
Centers for Education and Research on Therapeutics (CERTS)	Studies to optimize safe use of medication and medical products funded by the Agency for Healthcare Research and Quality working with the Food and Drug Administration. Dissemination through the HMO Research Network.	(Boudreau et al., 2010)
Opioid safety	Risk of overdose linked to higher doses. Group Health initiates primary care-based individualized patient care plans to standardize opioid use for chronic non-cancer pain.	(Dunn et al., 2010; Trescott et al., 2011)
Mental Health		
Depression and mood disorders	New models for evidence-based patient- centered and collaborative care. At Group Health, individualized depression programs use new communication technology and are integrated with primary care.	(Simon et al., 2004)
Mental health care management	Simple, inexpensive care options (teambased primary care, telephone-based treatment) can improve mood disorders and treatment adherence. Findings integral to chronic care and patient-centered care	(Katon et al., 1995; Katon et al., 2010; Simon et al., 2011)

	models. Dissemination through national and international advisory boards.		
Obesity			
Cost-effectiveness and safety of obesity treatments	Multipronged analysis of intervention programs and shared decision-making for bariatric surgery. Results used to design optimal research and implementation methods for obesity treatment. Group Health implements shared decision-making patient aids.	(Arterburn et al., 2011)	
Preventive Medicine			
Department of Preventive Care	Health promotion in clinical settings and investigations of surveillance systems and screening tests through a subspecialty in Group Health's medical staff. Physicianscientists conduct studies and develop innovations in care. Translation through collaboration with Group Health clinical quality improvement activities.	(Fishman et al., 2010; Grossman et al., 2011; Riter et al., 2008)	
Women's Health			
Osteoporosis and bone health	Identification of factors that affect bone health (diet, hormone therapy, oral contraceptive use). Findings influence global health guidelines.	(Beasley et al., 2010; Scholes et al., 2002)	
Menopause symptoms	Rigorous analysis of the effectiveness of alternative treatments. Evidence-based information available for Group Health members.	(Newton et al., 2006)	
Chlamydia screening	Results on Chlamydia screening for at-risk women and pelvic inflammatory disease risk provide evidence for national guidelines.	(Scholes et al., 2006; Scholes et al., 1996)	

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