

TABLE 3

- 5:00** Improving Referral Rates to MDH Asthma Home Based Services
- 5:10** IMPLICIT Interconception Care in a Primary Care Residency Clinic
- 5:20** Eating Disorder Screening in Primary Care Weight Management
- 5:30** SAVETHEBOTTOMS!!! An LGBTQ+ Community Event-Based Anal Cancer Screening Unit
- 5:40** Networking



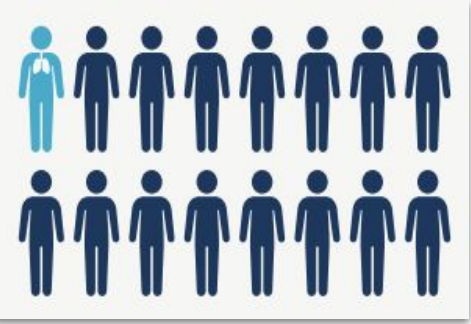
Improving Referral Rates to MDH Asthma Home Based Services

Lindsay Juriga, Alecia Vang,
Joseph Riehm, & Eva Garrison

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Asthma in Minnesota



1 in 16 children have asthma

- ❖ 2017-2021: asthma ED visits for Twin Cities metro children were **1.4x** times higher than the state average
- ❖ 2021: hospitalization rates for children in the Twin Cities metro area were nearly **1.5x** higher than for children living in Greater Minnesota

IN MINNESOTA



13,534

EMERGENCY DEPARTMENT VISITS FOR ASTHMA IN 2021³



1,305

HOSPITALIZATIONS FOR ASTHMA IN 2021³



14%

OF STUDENTS HAD EVER BEEN TOLD THEY HAD ASTHMA IN 2022⁴

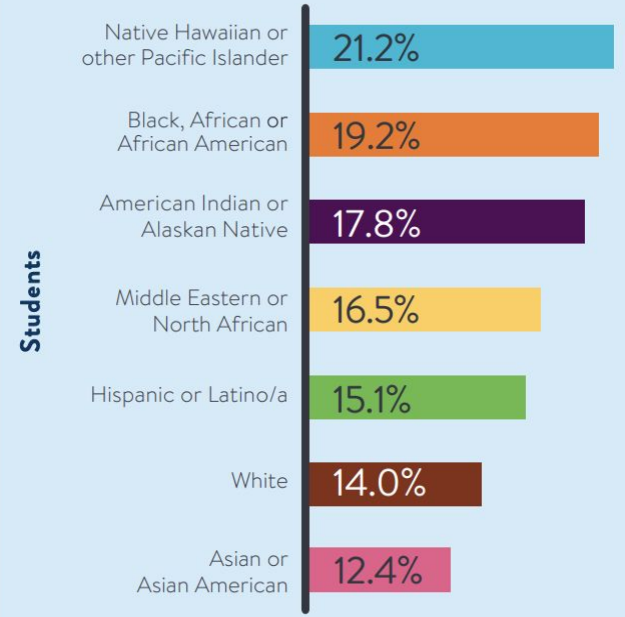


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DEATHS DUE TO ASTHMA IN 2021⁵

The burden of asthma is not equally shared

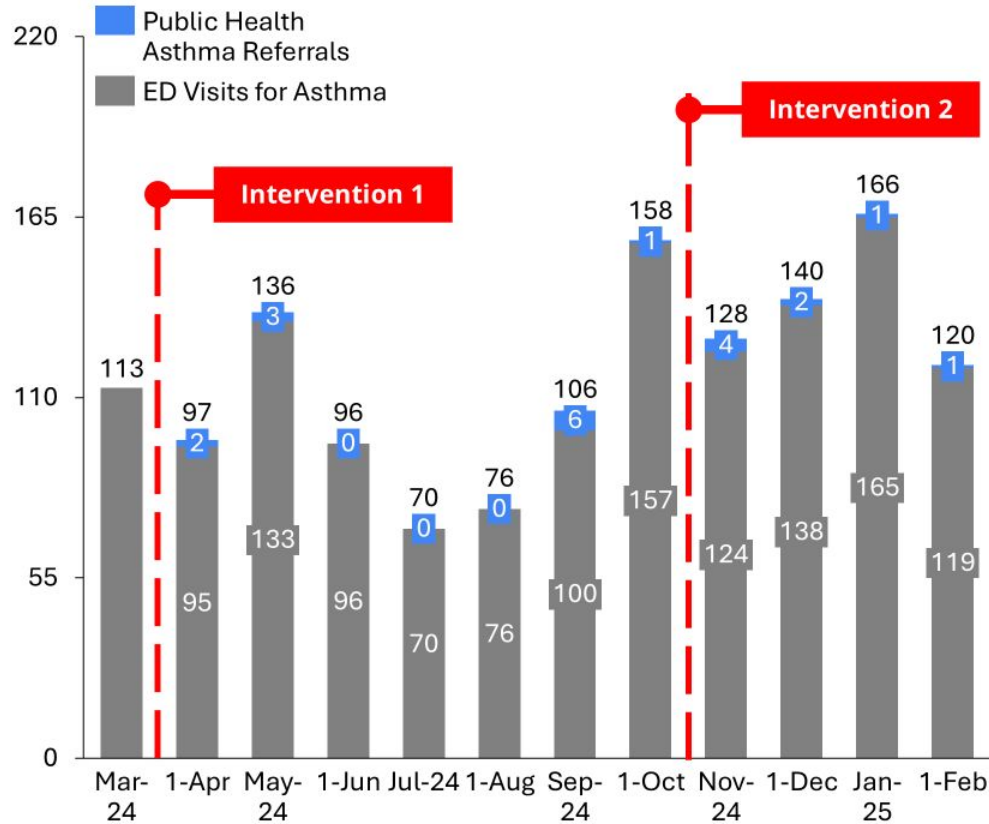
Black, American Indian, Pacific Islander, and Hispanic or Latino/a students are more likely to report asthma than their white counterparts.



Asthma Home-Based Services

- Asthma home-based services allow health professionals to visit patients in their homes
 - Assessment of potential asthma triggers
 - Individualized patient/family education and management
 - Referrals for additional community resources
- Research has shown effectiveness of asthma home-based services
 - Improved asthma control with fewer asthma symptoms
 - Reduced missed days from school (2.42 days in 3 months) and work (0.48 days in 3 months)
 - Reduced use of clinic, emergency department, urgent care visits, and inpatient hospitalizations
 - Positive return on investment (\$1.61 to \$5.25 for every \$1.00 spent)
- Research aim statement
 - We aim to have 30% of the asthma ED visits at Masonic Children's Hospital receive a home-based asthma services referral by utilizing the orderset in EPIC by February 2025.

Boost to Asthma Public Health Referrals from Increased ED Education is Not Sustained



- **Intervention 1:** Decision Support System goes live in Epic
- **Intervention 2:** Email education was sent to ED doctors and posters were put up in the ED workroom
- Initial impact saw **increased referral volume** in the months after each intervention
- Increased awareness effect **quickly decreased**

Results

- Despite an initial increase in percentage of eligible monthly referrals to asthma home based services at the time of interventions, the increases were not sustained
- Only a small fraction (6% or less) of eligible patients in the emergency department received referrals each month even after interventions

Next Steps

- Streamline submission process by creating an efax system in Epic
- Increase inpatient resident teams referrals for those admitted with an asthma exacerbation



IMPLICIT Interconception Care in a Primary Care Residency Clinic

Kate Neitzke



Background

- The Broadway Family Medicine (BFM) residency clinic is located in North Minneapolis and sees a moderate volume of well child visits (WCVs) each year.
- BFM implemented the IMPLICIT Network Study based within the Family Medicine Education Consortium.
- Mothers/BP accompany their children to 92.7% of 0-24 mo WCVs¹
 - However, mothers can often self-sacrifice their postpartum care for their child's.²
- In addition to mothers prioritizing their child's care, when attending WCVs, interconception care (ICC) is screened a varying 59.7-98.4% of the time between clinic locations.¹
- Although not widely implemented, ICC screening can help to improve birthing outcomes for women and children.³

Purpose

- The purpose of this study was to bring attention to birthing individual's care in-between pregnancies by increasing mother-child dyad risk factor screening and interventions implemented.
- Additionally, we aim to promote the health of women, birthing people (BP), infants, and families for the eventual goal of improved birthing outcomes.

References

- ¹Srinivasan S, Schlar L, Rosener SE, et al. Delivering interconception care during well-child visits: An IMPLICIT network study. *Journal of the American Board of Family Medicine*. 2018;31(2):201-210. doi:10.3122/jabfm.2018.02.170227 ²Barkin JL, Wisner KL. The role of maternal self-care in new motherhood. *Midwifery*. 2013;29(9):1050-1055. doi:10.1016/j.midw.2012.10.001 ³Rosener SE, Barr WB, Frayne DJ, Barash JH, Gross ME, Bennett IM. Interconception Care for Mothers During Well-Child Visits With Family Physicians: An IMPLICIT Network Study. *Annals of family medicine*. 2016;14(4):350-355. doi:10.1370/afm.1933

Methodology

- Retrospective chart review was conducted from January 2024-December 2024 looking through 0-24 mo WCVs and entering data from the IMPLICIT smartset into a secure REDCap survey.
- Four modifiable risk factors of smoking, depression, family planning and prenatal/multivitamin use were screened for.
- Out of moms/BP who screened positive for ICC risk factors, the amount of provider documentation/interventions was measured.

Dates of WCV	Q1: Jan-Mar 2024	Q2: Apr-Jun 2024	Q3: Jul-Sep 2024	Q4: Oct-Dec 2024
MBP/mbly Dyads	61	69	100	72
Total WCV	61	69	100	72
All ICC	31	30	38	25
Partial ICC	20	26	38	30
ICC Screen Rate WCV	83.6	81.2	76	76.4
WCV MBP Present	54	64	92	63
MBP Present Rate	88.5	92.8	92	87.5
ICC Screen Rate MBP Present	94.4	87.5	82.6	87.3

Figure 1. Q1 (Jan-Mar) vs. Q4 (Oct-Dec) 2024 Comparison of Screening Rates. Example of quarterly data that was collected on screening rates for 0-24 month WCVs excluding data on ICC screening categories (smoking, depression, family planning, multivitamin use)

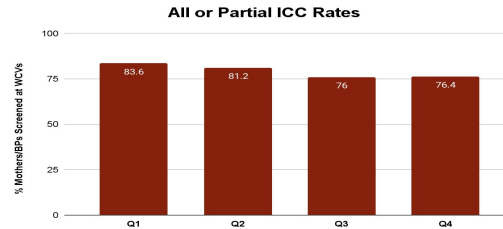


Figure 2. Q1 vs. Q4 All or Partial ICC Screen Rate. ICC screen rates decreased from 83.6% to 76.4% (-7.2%) when comparing data from Q1 and Q4.

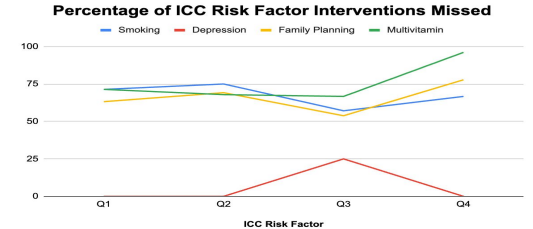


Figure 3. Jan-Mar 2024 IMPLICIT ICC Data Results. Data analysis was performed after each quarter in 2024. This quarterly data shows increased percentage of interventions missed in smoking, family planning and multivitamin ICC risk factor categories from Q1 to Q4 (% Inter. Missed = Percentage of WCV at risk but intervention missing). Depression interventions missed stayed relatively consistent despite an increase in interventions missed in Q3 (25%).

Conclusion

- By Q4 2024, there was a decrease in ICC risk factor screening, and an increase in the amount of missed interventions.
- Depression screening consistently had the best intervention rates, with Q3 being the highest (25%), indicating strong adherence to this aspect of care.
- This data suggests that increased awareness of intrapartum care can lead to improved ICC risk factor screening, however, stronger attention to adherence is needed for longterm results.

Future Plans

- Continued efforts are needed to maintain and increase ICC screening of Mothers/BP during WCVs in all ICC risk factor categories at BFM.
- Future research could benefit from following each dyad during the 0-24mo WCVs to investigate screening rates throughout this period.
- Subsequent studies could compare birthing outcomes between mothers/BP who received ICC risk factor screening and interventions and those who did not.



Eating Disorder Screening in Primary Care Weight Management

Savannah Nelles & Marcie Darden



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Introduction

Increased availability and access to GLP1 medications has sparked a rapid demand for medical weight management. The danger and abuse potential of weight loss medications is unexplored in this quickly changing area of medicine.

- Past research suggests the prevalence of eating disorders in those seeking weight loss ranged from 30% to 73%.¹
- Those with eating disorders and elevated BMI are historically more likely to seek weight loss treatment than treatment for eating disorders.¹
- Developed in 1999, the SCOFF questionnaire is an effective and widely used eating disorder screening tool.²³

SCOFF Questionnaire³

Scan QR code to view



Aim

- Assess prevalence of eating disorders in patients seeking medical weight management at a family medicine residency practice.
- Increase awareness of eating disorder frequency among resident physicians.

Acknowledgements

- Dr. Zach Merten, Faculty Physician at Methodist Family Medicine Residency
- Deb Mullen, University of Tennessee at Chattanooga
- Mark Mershon, Park Nicollet Medical Library
- Dr. Margaret Funk, Melrose Eating Disorder Center

Methods

Patients were asked to participate in this quality improvement project if meeting the following criteria:

- Aged 18+
- First time seeking medical weight management
- Not currently on weight loss medication

Applicable patients completed a modified SCOFF questionnaire and data was collected on gender, prior diagnosis of eating disorder, and history of bariatric surgery.

Modified SCOFF⁴ answers being yes/no

1. Do you make yourself sick (use laxatives, water pills, or exercise) because you feel uncomfortably full?
2. Do you worry you have lost control over how much you eat?
3. Have you recently lost (or gained) more than 10-15 pounds in a three-month period?
4. Do you think you are fat, even though others say you are too thin?
5. Would you say food dominates your life?

Individuals answering "yes" to 2 or more questions were referred for further eating disorder evaluation and treatment.

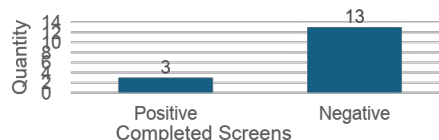
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Results

- 16 screens completed
- 3 were positive (Score of yes to 2 or more questions)

Positive Screening Questionnaires



- 1 individual with hx eating disorder.
- 2 individuals screened out due to hx prior medical weight management.
- 0 referrals for eating disorder treatment were sent.

Patients with a positive screen all reported "yes" to weight loss or gain of over 10-15lbs in a 3-month period.

Resident Learning

"Given the sudden rise in use of GLP1 medications and weight loss talks, I think this is super relevant right now and something that could easily be missed!" - PGY1

"These questions can give you more insight into a patient's relationship with food than our typical nutrition questions at a physical. Do you eat 4 servings of vegetables a day? Maybe we add SCOFF type questions there." - PGY1

Conclusions

- Positive screens primarily came from those with recent weight change due to recent weight loss medications.
- Residents welcomed extra education in this area of medicine.

Practical Application

- Recognize prevalence of disordered eating in individuals seeking weight loss.
- Recognize prevalence of disordered eating in individuals with obesity.

Limitations and Future Directions

- Residents acknowledged that skill and comfort in discussions regarding eating habits and body weight perceptions vary and may affect referral patterns.
- Other screening questionnaires may be more appropriate:
 - Screen for Disorders Eating (SDE), developed by Haugen Et Al in 2018.⁵
- While weight loss in obese patients with eating disorders may have health benefits, similar results may be found in weight neutral care patterns (Health At Every Size) although long term studies are needed.⁶



SAVETHEBOTTOMS!!!
An LGBTQ+ Community Event-Based
Anal Cancer Screening Unit

Lindsay Welton

SAVETHEBOTTOMS!!!
An LGBTQ+ Community
Event-Based Anal Cancer
Screening Unit

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save the
bottoms 



Background

- MSM/TW are at increased risk for anal cancer
 - HPV-mediated disease
 - Highest in HIV+
- Screening rates are low
 - Lack of screening guidelines until February 2024
- Established clinic self-swab protocols
- Mobile cancer screening units have been described

Hypothesis

LGBTQ+ community events may provide unique opportunities to raise awareness of, and conduct on-site screening for, anal cancer among MSM/TW.



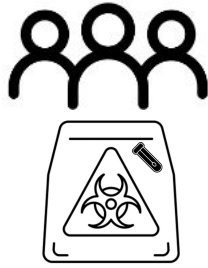
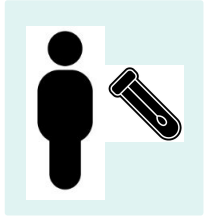
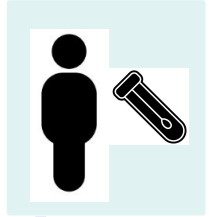
Methods

- 2 days @ Twin Cities Pride, 2024
- 2 large tents
 - On-site anal cancer screening
 - Anal swab (self or clinician performed per participant preference)
 - cytology and hrHPV
 - Surveys: pre/post-swab
- Inclusion criteria:
 - 18+ years
 - Male sex at birth
 - No prior anal dysplasia
 - Agreeable to follow up High Resolution Anoscopy



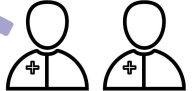
Methods

Private Swabbing Booths



HRA

STB Screening Tents



Clinicians



Pre-swab survey



Research staff



Check-in/consent



Post-swab survey



Pride walkway



Results

- 144 people screened
- 123 (85%) self swabbed
- 85% obtaining a sample satisfactory for evaluation
- 27% (39) participants screened positive
 - 66% (25) underwent follow-up HRA
 - ~1/4 (9) were found to have high-grade dysplasia
- Majority white (81%), cisgender (97%), median age 37 (18-76)
- >60% did not know @ increased risk for anal cancer
- 82% never undergone screening
- 79% never discussed screening with provider
- 2/3 learned about our screening efforts passing by "SAVETHEBOTTOMS!!!"
- 92% would screen again
- 91% would recommend it to a friend



Conclusions

- Need for improvement in screening rates even among a “privileged” sub-population of MSM/TW
- Self swabbing at an LGBTQ+ community event is acceptable and feasible