EMBARGOED Until: 5 PM ET, November 17, 2014
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- How Can Hospitals Protect the Efficacy of Antibiotics?
- Do Smartphone Apps Help People Lose Weight?
- Can Electronic Health Records Increase Use of Generics?
- What’s a Physician to Do When Patients Won’t Follow Directions?

Find out in the Upcoming *Annals of Internal Medicine* Special Supplement Supported by the Robert Wood Johnson Foundation Clinical Scholars Program.

Chapel Hill, N.C.—Researchers have found an easy and effective way for hospitals to improve antibiotic prescribing practices, but when it comes to helping patients lose weight, an easy fix doesn’t work, according to new research in a special November supplement of the *Annals of Internal Medicine* supported by the Robert Wood Johnson Foundation (RWJF) Clinical Scholars program.

“The common thread in this body of research is to improve care for patients,” said RWJF Clinical Scholars National Program Director Desmond Runyan, MD, DrPH. “This theme embodies the goal of the RWJF Clinical Scholars program: to guide young physicians to become change agents to improve the health care system and the health of their patients.” Following are brief overviews of four of the nine studies in the *Annals* supplement.

**Special Training for Physicians in Antibiotics Decreases Inappropriate Use and C. difficile Infections**

With growing concerns about increasing antibiotic-resistant bacteria, the Centers for Disease Control and Prevention (CDC) has been urging hospitals to adopt antibiotic “timeouts.” Nearly 50 percent of antibiotic use is unnecessary or inappropriate, according to the CDC, so what can hospitals and physicians do to ensure that antibiotics continue to be effective? The McGill University Health Centre (MUHC) in Montreal tested a simple approach: provide monthly in-person trainings for physicians and residents in appropriate antibiotic use and implement a weekly review of all patients receiving antibiotics. This approach decreased inappropriate antibiotic use and resulted in a mild decline in *Clostridium difficile* infections. “Our pilot program led to significant savings in the cost of antibiotics paid out of our hospital budget,” said RWJF Clinical Scholars alumna and Louise Pilote, MD, PhD, MPH, Chief of Internal Medicine at the MUHC and McGill University. “This is good news for anyone concerned about antibiotic effectiveness and reducing health care costs.”

**Smartphone Apps for Weight Loss Fail to Help Users Shed Pounds**

Despite an explosion in the number of mobile health tools, apps, and devices designed to help people lose weight, little is known about their efficacy. “We wanted to know if any of these worked,” said Brian Yoshio Laing, MD, MPH, a primary care physician at the Martin Luther King Jr. Outpatient Center and a RWJF Clinical Scholars alumus. “A 15- to 20-minute visit is just not enough time for physicians to address all our patients’ needs, which is why we hoped a simple phone-based tool could help patients lose weight.” Laing and his fellow researchers gave the MyFitnessPal app, which allows users to monitor their calorie intake by documenting what they eat, to one group of primary care patients, but not a second group. After six months, the MyFitnessPal users had not lost any more weight than the non-app users. “Patients were excited about the app at first, but we were surprised by how quickly their usage dropped off,” said Laing, who recommends that weight loss app developers consider how to engage users more in their offerings.
A Simple Change to Electronic Health Records Can Increase Generic Use, Save Costs

“Prescribing brand-name drugs contributes to unnecessary health care spending when equivalent generics exist,” said Mitesh Patel, MD, MBA, MS, an assistant professor at the Philadelphia Veterans Affairs Medical Center, and at the Perelman School of Medicine and the Wharton School at the University of Pennsylvania. Given the potential for significant savings, some payers have tried offering financial incentives but with limited success. Patel and his fellow researchers tried a cost- and burden-free approach: they changed the default for the medication prescriber in the electronic health record to show generics first. The switch led to a relative increase in generic prescribing as high as 10 percentage points, compared with a control group. “After limited prior success to change physician prescribing behavior, this simple electronic health record intervention was effective,” said Patel. “As a result, the University of Pennsylvania Health System is considering expanding this approach more broadly.”

Need to Encourage Patients to Screen for Colon Cancer? Try a Lottery

A fetal occult blood test is the least expensive way to screen for colon cancer, but requires patients to take a sample of their bowel movement and mail it to a lab. Only about one-third of patients adhere to the test, according to Jeffrey Kullgren, MD, MS, MPH, an RWJF Clinical Scholar alumnus who is now a research scientist in the Veterans Affairs Ann Arbor Healthcare System and an assistant professor of internal medicine at the University of Michigan Medical School, so he explored how physicians can improve test compliance. He started by offering $5, $10, or $20 for test completion, but none of these increased completion. Then he tried three ways of offering an incentive: a $5 payment, a lottery with a chance of $50, or a raffle for $500. The lottery approach increased the test completion rate by 20 percent. “Given our findings, I encourage physicians and public health officials to consider lottery-based incentives to improve health behaviors,” said Kullgren.

Additional studies in the special Annals supplement include the following (only Clinical Scholars-affiliated authors listed):

- “12-Month outcomes of community engagement versus technical assistance to implement depression collaborative care: a partnered, cluster, randomized, comparative-effectiveness trial,” Bowen Chung, MD, MSHS; Kenneth B. Wells, MD, MPH
- “Comparison of two models of community health worker-led diabetes medication decision-making support,” Michele Heisler, MD, MPA; Caroline Richardson, MD; Laurence C. An, MD
- “Development and use of an administrative claims measure for profiling hospital-wide performance on 30-day unplanned readmission,” Leora I. Horwitz, MD, MHS; Lisa G. Suter, MD; Joseph S. Ross, MD, MHS; Susannah M. Bernheim, MD, MHS; Harlan M. Krumholz, MD, SM
- “Opportunities for quality measurement to improve the value of care for patients with multiple chronic conditions,” Arjun Venkatesh MD, MBA, MHS; Kate Goodrich MD, MHS; Patrick H. Conway MD, MSc
- “Patient ratings of case managers in a medical home: associations with patient satisfaction and health care utilization,” Lindsay E. Jubelt, MD, MS.

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For more than four decades, the Robert Wood Johnson Foundation Clinical Scholars program has fostered the development of physicians who are leading the transformation of health care in the United States through positions in academic medicine, public health, and other leadership roles. Through the program, future leaders learn to conduct innovative research and work with communities, organizations, practitioners, and policymakers on issues important to the health and well-being of all Americans. This program is supported in part through collaboration with the U.S. Department of Veterans Affairs. For more information, visit http://rwjcsps.unc.edu.

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