

## ARCHNet Launches New Research

**David Schneider, MD, PhD**  
**Carissa van den Berk, PhD, MSW**

ARCHNet has taken on several exciting projects recently. At the May 2016 ARCHNet meeting, members agreed to collaborate on two studies to better understand the health of our patients. The previous ARCHNet Advisor reported on results of a project focusing on the relationship between patient reports of allergies and mental health disorders. After reviewing these results in a robust discussion at the May meeting, members agreed to focus more tightly on the relationship between childhood trauma and multiple allergies. There was broad consensus among practitioner-members that anecdotal practice experience seemed to support a correlation between these variables.

ARCHNet has also received seed funding to conduct a trauma screening feasibility assessment for primary care. Details on this project are on the next page.

Members left the meeting energized about the new research. ARCHNet is beginning to gain traction!

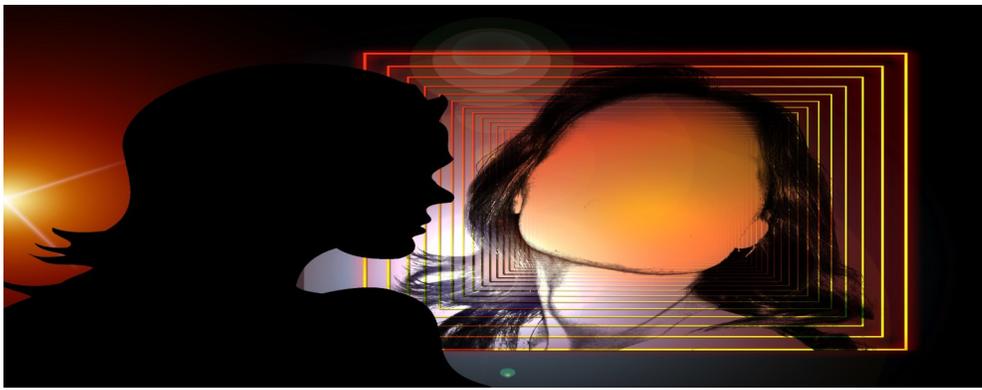
*“It is in practice-based research where effectiveness can be measured, where new clinical questions may arise, where readiness to change and adopt new treatments can be studied and addressed, where patient knowledge and preferences are encountered and managed, and where the interface between patients and their physicians can be explored and medical care improved. Practice-based research is the final common pathway for improving individual patient care and outcomes.”*

*-Westfall, Mold and Fagnan,  
JAMA, 297(4), 2007*



### ONGOING PROJECTS

- Multiple Allergies and Childhood Trauma
- Trauma Screening Feasibility in Primary Care
- Chronic Pain and Trauma
- Physician attitudes about opioids



## ARCHNet Study: Trauma Screening in Primary Care

**Carissa van den Berk Clark, PhD, MSW**

Drs. F. David Schneider and Carissa van den Berk Clark have received a small grant to examine patient and provider responses to a trauma screen in primary care. Trauma exposure is high among individuals with mental health issues, in high risk occupations (military, police, firefighter, etc.), refugees, individuals with significant somatic issues, chronic pain and with substance use disorders and inner city populations. Meanwhile, primary care screening tools tend to target unipolar depression and often ignore trauma exposure and resulting anxiety syndromes. Under-recognition of trauma exposure and PTSD can result in more treatment-resistant depressive course and has a significant impact on psychiatric health, physical health and health behaviors (e.g., substance use, physical activity, diet, medical adherence, etc.).

The seed funding will be used to stimulate active participation in the recently developed ARCHNet. A series of focus groups will be conducted with patient and provider stakeholders. The goal of these focus groups is to identify barriers to screening and to develop a training intervention plan for implementing trauma and PTSD screening and treatment into a primary care setting. The screening tools will be sensitive to the constraints of the brief primary care visit, patient-provider relationships and will be culturally sensitive and community relevant.

### ARCHNet Heads to PBRN Conference

In July, Bethesda, Maryland will host NAPCRG's 2016 PBRN Conference, and for the first time, ARCHNet will be sending representatives. Assistant Professor Carissa van den Berk Clark Ph.D, MSW, and Research Assistant Adam Seehaver, MSW, will attend as representatives of ARCHNet.



Rowena Dolor, MD, MHS.  
2016 PBRN Conference Co-chair



Lyle (LJ) Fagnan, MD.  
2016 PBRN Conference Co-chair

The theme of this year's conference is ***"Dissemination and Implementation: Ensuring PBRN (and Patient Centered Outcomes) Research Evidence is Understood and Used"***, and will include plenary sessions on ***"Getting to 'Better' in Ontario's Primary Care System"***, ***"Learning from Lived Experiences to Improve Primary Healthcare"*** and ***"AHRQ's EvidenceNOW: Implementation at the Intersection of Quality Improvement and Research"***.

## Nuts and Bolts



- **Inter-IRB Agreement**  
We have a draft agreement from the SLU General Counsel's Office to make the SLU IRB the IRB of record for ARCHNet studies involving non-SLU sites. Your IRB will hear from ARCHNet staff or the SLU General Counsel's Office in coming weeks to formalize the agreement.
- **Federalwide Assurance**  
Private practice physicians: Expect to hear from Adam Seehaver to facilitate completion of your Federalwide Assurance (FWA). This is necessary for ARCHNet practices not overseen by an IRB
- **Practice Profiles**  
As mentioned at the last meeting, we are collecting "practice profile" information, for purposes of filling out IRB protocols. We need to know staffing levels, and the numbers and ethnic breakdown of patients you see. These don't need to be hard numbers, rough estimates are fine. Expect a call from Adam if you haven't spoken with him already.