

33<sup>RD</sup> ANNUAL UCLA MULTI-CAMPUS FAMILY MEDICINE  
RESEARCH FORUM



June 5, 2017 The California Endowment, Los Angeles

Keynote Speaker: Gerardo Moreno, MD MSHS  
“Improving healthcare outcomes through a patient centered  
and team-based primary care approach”



Sponsored by the UCLA Family  
Medicine Multi-Campus  
Research Committee  
[uclahealth.org/FMResearchDay](http://uclahealth.org/FMResearchDay)

# MAP



# AGENDA

## FACULTY DEVELOPMENT (MORNING SESSION)

*(Invitation Only)*

<b>TIME</b>	<b>LOCATION</b>	<b>EVENT</b>
8:00AM - 8:45AM	Yosemite Foyer	Arrival and Breakfast
8:45AM - 9:00AM	Yosemite	Introductions
9:00AM - 10:30AM	Yosemite	Panel discussion on Resident Well-Being
10:30AM - 10:40AM		Break
10:40AM - 11:45AM	Yosemite	Dr. Karen Miotto presentation on Physician Well-Being

## RESEARCH DAY (AFTERNOON SESSION)

*(RSVP Required)*

<b>TIME</b>	<b>LOCATION</b>	<b>EVENT</b>
11:30AM - 12:00PM	Yosemite Foyer	Arrival and Check-in
11:45AM - 12:10PM	Yosemite Room and Foyer	Lunch and Seating
12:10PM - 12:15PM	Yosemite	Introduction - by Patrick Dowling, MD MPH
12:15PM - 1:00PM	Yosemite	Keynote Speech: Improving healthcare outcomes through a patient centered and team-based primary care approach Speaker: Gerardo Moreno, MD MSHS Assistant Professor of Family Medicine University of California, Los Angeles
1:00PM - 1:05PM		Break
1:05PM - 1:50PM	Mojave, Catalina, & Joshua Tree	Poster Session 1
1:50PM - 2:25PM	Yosemite	Lectern Session 1 (Intro by Parastou Farhadian, MD)
2:25PM - 2:30PM		Break
2:30PM - 3:15PM	Mojave, Catalina, & Joshua Tree	Poster Session 2
3:15PM - 4:00PM	Yosemite	Lectern Session 2 (Intro by Mandeep Ghuman, MD)

4:00PM

Yosemite

Raffle Winners Announced (Tipu Khan, MD FAAFP)

# ABOUT THE COMMITTEE

Central to family medicine training programs is developing family physicians who will embody a number of specific virtues including: excellence in clinical medicine, patient centered practice, and critical skills to enable them to maintain a practice consistent with evidence-based medicine. Scholarly activities, including research, foster a more active, individually driven element in family medicine residencies. Research reflects the knowledge derived from working with primary care, practice-based populations and increasingly is viewed as a key component of family medicine training, education, and practice. The UCLA Department of Family Medicine has a commitment to promoting research on important issues related to improving care provided to patients seen in family medicine and primary care settings.

The UCLA Family Medicine Multi-Campus Research Committee (MRC) was established over 30 years ago to help promote this commitment. Formed by the UCLA Department of Family Medicine and affiliated residency programs, the MRC has held annual research forums to facilitate the exchange of scholarly activities among the residency programs and highlight the creative work conducted by residents, fellows, faculty, and medical students. This forum fosters the understanding that the best practice of Family Medicine and pursuit of health demands an active engagement with one's community - a role of leadership with respect to a community of colleagues, of patients, and of the population at large.

## **UCLA Family Medicine Multi-Campus Research Committee Members:**

John Cheng, MD  
Harbor-UCLA Medical Center

Parastou Farhadian, MD  
Riverside County Medical Center

Lillian Gelberg, MD  
UCLA Department of Family Medicine

Mandeep Ghuman, MD  
Dignity Health – Northridge Medical Center

James Helmer, MD  
Ventura County Medicine Center

Chris Kuhlman, MD  
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Bruno Lewin, MD DTMH  
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Chun Curtis Lin, DrPH  
Pomona Valley Hospital Medical Center

Monique George, MD  
Kaiser Permanente Woodland Hills

Steve Shoptaw, PhD  
UCLA Department of Family Medicine

*Laura W. Sheehan (Administrative Coordinator)*  
*UCLA Department of Family Medicine*

# KEYNOTE

## **Improving healthcare outcomes through a patient centered and team-based primary care approach**



### **GERARDO MORENO, MD, MSHS**

Dr. Gerardo Moreno is Assistant Professor in Family Medicine and Director of UCLA PRIME (Program in Medical Education). He received his medical degree from the UCLA, and completed his residency in Family Medicine at UCSF. He also received a Master's of Science from the UCLA School of Public Health and completed a post-doctoral research fellowship in the Robert Wood Johnson (RWJ) Foundation Clinical Scholars Program at UCLA. Dr. Moreno is a federally funded clinician investigator, the 2015-2017 James C. Puffer M.D./ABFM Anniversary Fellow at the Institute of Medicine (IOM), and a recipient of a National Institute of Aging (NIA-NIH) Paul B. Beeson Career Development Award in Aging (K23). Dr. Moreno chairs the Oversight Committee for the Implementation of the School of Medicine's Diversity Strategic Plan, is a member of the Steering Committee for Community Engagement for the UCLA School of Medicine and Health System, and co-directs the Community Liaison Core for the NIH/NIA funded UCLA Resource Center for Minority Aging Research (RCMAR)/Center for Health Improvement for Minority Elders (CHIME). He is co-director of the UCLA MyMeds program and is co-PI for the evaluation. Dr. Moreno is also co-investigator of an NIH funded research project that investigates treatment options through shared decision making for patients with prediabetes. He is a past recipient of a UCLA CTSI Community Engagement Research Program (CERP) pilot award and has published studies that have increased our understanding of health disparities and the social determinants of health among Latinos.

Dr. Moreno has also published on other important issues addressing physician workforce diversity and medical education; has a continuity clinic at the UCLA-LA County Mid-Valley Comprehensive Health Center; and trains family medicine residents and medical students.

# LECTERNS

## SESSION 1

(1:50PM – 2:25PM)

**ABSTRACT TITLE:** Transitions of Care: Implementing a mnemonic “SIGNOUT” system on the resident family medicine inpatient service

**AUTHORS:** J. Carleton-Nathan, MD, R. Berke, MD, K. Dor, MD, J. Garcia, MD

**AFFILIATIONS:** Kaiser Permanente Woodland Hills, Department of Family Medicine

**INTRODUCTION:** The medical landscape has changed in recent years to include more transitions of care which pose a challenge to healthcare providers to safely and effectively communicate medical information. The purpose of the project was to assess whether or not a simple mnemonic, "SIGNOUT", would increase resident satisfaction with respect to ease of transition and perception of patient safety.

**METHODS:** Three inpatient medicine four week schedule blocks of our academic year were studied. Transitions of care between two residents, where a mnemonic is not being used, represented the baseline for first two weeks. At the beginning of the third week of the rotation the residents complete a survey asking them to rate their current transition system. The third and fourth weeks of the rotation comprised the intervention weeks where residents used the "SIGNOUT" mnemonic during their transitions of care and were asked to rate it on a scale of one to five for efficiency, thoroughness and patient safety both in receiving and giving information.

**RESULTS:** Participants in the study were Family Medicine Residents at Kaiser Woodland Hills. N = 28 total respondents. Anonymous pre and post surveys were returned by all the residents. Of those surveyed, 78.6% of Respondents used the SIGNOUT mnemonic. They showed an increase in quality measured by 9.1 to 31.9%, with the greatest increase being in perceived thoroughness in receiving patient care information, (31.9%, CI 95%, SE 1.53, and in patient safety receiving information (21.9%, CI 95%, SE 1.57) however residents felt that the efficiency in giving signout using the mnemonic was less efficient (11.5%, CI 95%, SE 1.58)

**CONCLUSIONS:**

Resident usage of the "SIGNOUT" mnemonic during patient transitions of care lead to an increase in perceived thoroughness and patient safety in the inpatient setting. Limitations to the study include low sample size therefore perceived differences did not reach clinical significance. In addition data on usage of the mnemonic was self reported creating potential bias.



**ABSTRACT TITLE:** Healthcare Utilization and Teen Pregnancy: Measuring the Relationship between Primary Care, Preventative Health and Contraceptive Counseling Visits on Teen Pregnancy within a Managed Care Setting

**AUTHORS:** Divya Shenoy, MD, MPH; Nicole Morris, MD; Frank Aliganga, MD

**AFFILIATIONS:** Kaiser Permanente Los Angeles Medical Center, Department of Family Medicine

**INTRODUCTION:** Teenage pregnancy is a broadreaching societal problem impacting the health, education and financial stability of teenage parents and their children, with annual public costs of at least \$9.4 billion dollars. Primary care physicians are in a unique position to provide counseling and contraception for pregnancy prevention. This study aims to identify differences in the preventative healthcare accessed by pregnant teens in the 3 years prior to their pregnancy compared with non-pregnant female teens.

**METHODS:** This retrospective cohort study of 131,789 female teenage patients who accessed care within Kaiser Permanente Southern California from 2013-2014, identified pregnant teens by a positive pregnancy test or a pregnancy-related diagnosis code. Healthcare data was obtained for number of office visits in primary care, with assigned PCP, a preventative health diagnosis, a contraception counseling diagnosis and a form of contraception given. Multivariable Poisson regression analysis was performed to compare pregnant vs non-pregnant teens while adjusting for race/ethnicity, age, parental education, median household income, and contraceptive use.

**RESULTS:** While there was no difference in total number of primary care visits obtained by pregnant teens and non-pregnant teens, pregnant teens had fewer visits with their assigned PCP (RR 0.9446, 95% CI 0.9155-0.9746) and had fewer visits with a coded preventive health diagnosis (RR 0.7660, 95% CI 0.7415-0.7926). Pregnant teens had more visits with a contraceptive counseling diagnosis code (RR 1.2217, 95% CI 1.1586-1.2884) compared to non-pregnant teens. Among teens given contraception, non-pregnant teens had more visits with contraception given (RR 0.9239, 95% CI 0.8783-0.9718) compared to pregnant teens.

**CONCLUSIONS:** The association of teen pregnancy with fewer visits with assigned PCP and preventive health diagnoses highlights potential opportunities for prevention with routine health maintenance visits with a personal physician. Among teens who received a contraceptive method, pregnant teens had fewer appointments for contraception, suggesting multiple visits for contraception may improve compliance and effectiveness.

**ABSTRACT TITLE:** The Implementation of an Effective Screening Tool for Hepatitis C Virus Infection at RUHS Family Medicine clinic site 1.

**AUTHORS:** Jessica Andrade MD, Karla Gomez-Pimentel MD, Sze-Wei Tang Shimizu, MD, Adolfo Aguilera, MD, Edgar Ortega, MS3

**AFFILIATIONS:** Riverside University Health System /University Californis Riverside

**INTRODUCTION:** Hepatitis C is a widespread disease that effects estimated 2.7-3.9 million people in the US. Of these most of them are unaware that they may be chronically infected with Hepatitis C. One in 30 people born between 1945 and 1965 (baby boomers) are infected. In 2006, the incidence of Hepatitis C in Riverside County was 190.4 cases per 100,000 population compared to 69 cases per 100,000 across the US. The early detection and treatment of Hepatitis C may ultimately decrease morbidity and mortality.

**METHODS:** At RUHS, the FCC 1 clinic services patients of all ages. Questionnaires were given to all non-pregnant patients 18 years of age and older for a 2 month period (August 2016-October 2016).These questions were taken from the CDC guidelines, an English version and translated Spanish version.The screening tool was then given to the provider for review to order proper screening test.To establish whether the observed outcomes were due to the intervention, 200 charts were randomly selected via medical records from FCC 1 between August 2015 and September 2015 (one year prior to the study).

**RESULTS:** Out of the 199 patients surveyed 42.7% qualified for screening based on age and/or risk factor. Of the 42.7%, 64.7% qualified solely based on age, 10.5% qualified based on risk factors other than age and 12.9% qualified based on age and another risk factor. 21.2% of the 42.7% that qualified for Hepatitis C screening had the appropriate test performed. A randomized group of charts from Aug- Sep 2015 showed that only 25.6% were screened appropriately based only on age. Our data demonstrated a 39.1% increase in the screening for Hepatitis C with the use of this survey.

**CONCLUSIONS:** In conclusion, these results suggest that a screening tool should be implemented in FCC1 to increase early detection of Hepatitis C. Given the higher incidence of Hepatitis C in our population; it becomes even more important to implement a screening tool to increase early detection in order to identify the disease, reduce progression and transmission of a now treatable infection.

# LECTERNS

## SESSION 2

(3:15PM – 4:00PM)

**ABSTRACT TITLE:** Efficient and Successful Implementation of Safe Opiate Prescribing Practices in a Large County Family Medicine Residency

**AUTHORS:** James R. Rohlfing, MD; Tipu Khan, MD; Zachary Zwolak, DO; Lindsay Densmore

**AFFILIATIONS:** Ventura County Medical Center

**INTRODUCTION:** Chronic opioid therapy (COT) continues to rise in the United States despite well-documented dose-dependent harms and a notable absence of data on long-term effectiveness. The Center for Disease Control and Prevention (CDC) has issued evidence-based guidelines for prescribing COT. We believe that formalized resident training in safe opiate prescribing and chronic pain management is essential to changing the future practice of medicine and ensuring safe and effective treatment of chronic pain.

**METHODS:** Our residency therefore set out to create a usable safe opiate prescribing protocol (SOPP) and teach it to all residents and core faculty at our institution through formalized didactics, precepting, and email correspondence. We also performed a brief observational pilot study to assess whether simple educational interventions could impact awareness, comfort, and quantity of naloxone prescriptions for patients on COT.

**RESULTS:** In our brief educational intervention study, we found that pre-intervention, 75% of physicians were aware of the recommendation to prescribe naloxone for all patients receiving COT, while afterwards 100% were. None of the surveyed physicians consistently provided naloxone prescriptions beforehand, while 50% consistently did so afterwards. Pre-intervention, 50% of selected physicians expressed any comfort prescribing naloxone, while afterwards 100% expressed at least some comfort prescribing naloxone. Naloxone prescriptions increased from 1 prescription from the 12 providers in the preceding 4 weeks to 11 prescriptions after the intervention.

**CONCLUSIONS:** We conclude that safe opiate prescribing protocols for chronic opioid therapy are attainable in a large county-based family medicine residency. We were able to change provider prescribing practices, which has been shown decrease mortality in patients receiving chronic opioid therapy.

**ABSTRACT TITLE:** Clinician Prescribing Practices Associated with Antidepressant Medication Adherence: A Retrospective HMO Database Study

**AUTHORS:** Laura L. Doan MD MBA, Elisa Chu MD, Karen E. Martinez MD, Maya K. Mitchell MD, Nicole K. Morris MD

**AFFILIATIONS:** Kaiser Permanente Los Angeles Medical Center, Department of Family Medicine

**INTRODUCTION:** Major depression is a prevalent and chronic disease that imposes significant personal, social, and financial burdens. Numerous randomized controlled studies have demonstrated the effectiveness of pharmacologic interventions for depression; however, medication non-adherence remains a significant treatment barrier. Our aim was to identify modifiable clinician prescribing practices that are associated with 6 months of adherence to antidepressant medication newly initiated for treatment of depression.

**METHODS:** This retrospective cohort study used Kaiser Permanente Southern California databases to identify new selective serotonin reuptake inhibitor (SSRI) and selective norepinephrine reuptake inhibitor (SNRI) prescriptions for the treatment of depression in adults from January 1, 2009 – December 31, 2013. Medication adherence was defined as a medication treatment duration of  $\geq 180$  days, with a proportion of days covered (PDC)  $\geq 80\%$ , without a medication treatment gap  $\geq 30$  days. Multivariable logistic regression analysis was used to examine clinician prescribing practices associated with medication adherence.

**RESULTS:** This study included 62,716 participants. Clinician prescribing practices associated with antidepressant adherence of 6 months included provision of  $>30$ -day supply of medication on initial prescription (OR=1.67, 95% CI [1.608, 1.734]), provision of refill(s) on initial prescription (OR=1.119, 95% CI [1.070, 1.170]), prescribing an initial dose  $\leq$  the dose recommended by the American Psychiatric Association treatment guidelines with up-titration within 30 days (OR=2.104, 95% CI [1.792, 2.470]), and having an appointment in which depression diagnosis is coded within 60 days of initial prescription (OR=2.832, 95% CI [2.723, 2.945]).

**CONCLUSIONS:** While reasons for patient medication adherence are varying and multifactorial, the findings of this study demonstrate that modifiable clinician prescribing practices are associated with improved antidepressant medication adherence. These findings may help to develop best practice guidelines for clinicians prescribing SSRI and SNRI medications to treat depression.

**ABSTRACT TITLE:** Female Athlete Triad Cumulative Risk Assessment Score Does Not Correlate with Bone Stress Injury when Combined with a Nutritional Intervention: A Three Year Prospective Study

**AUTHORS:** Andrea Kussman MD, Michael Fredericson MD, Emily Kraus MD, Michelle Barrack PhD, Brian Y Kim MD, Sonal Singh BS, Kristen Gravani RD, Beth Miller RD, Megan Deakins-Roche BS, Adam Tenforde MD, Aurelia Nattiv MD

**AFFILIATIONS:** University of California Los Angeles Department of Family Medicine and Division of Sports Medicine; Stanford University Department of Orthopedics and Division of Physical Medicine and Rehabilitation

**INTRODUCTION:** Bone stress injuries (BSIs) are a common overuse injury in runners, and can result in significant time lost to injury. Previous retrospective studies have shown that the Female athlete Triad Cumulative Risk Assessment (CRA) score correlates with risk of BSI. The purpose of this study is to evaluate how implementation of the Female Athlete Triad Cumulative Risk Assessment (CRA) score at the time of the PPE, combined with a nutritional intervention, affects future risk of BSI.

**METHODS:** A total of 69 female collegiate middle and long-distance runners at two NCAA Division I institutions were followed prospectively over three years. The CRA was calculated at the time of the annual pre-participation physical exam (PPE). All enrolled athletes participated in a nutritional intervention designed to educate runners about the importance of adequate fueling and dietary calcium. The intervention consisted of team and individual meetings with the dietitian, as well as individual goal setting. Athletes were also provided with an interactive phone app. Any BSI diagnosed during the study period was noted and confirmed radiographically.

**RESULTS:** When the risk assessment was assigned prospectively and combined with a nutritional intervention, higher CRA scores were not significantly associated with increased incidence of BSI in female runners, with an OR of 0.98 ( $p=0.873$ ). Furthermore, none of the individual components of the CRA score were associated with risk of BSI. It is possible that implementation of the CRA score at the time of the PPE increased clinician awareness of triad risk factors, and led to high risk athletes receiving more preventative care. Furthermore all athletes were receiving a nutritional intervention as part of the study regardless of their CRA risk score.

**CONCLUSIONS:** This is the largest prospective study to evaluate implementing the CRA at the time of the PPE, and the only one to do so in combination with a nutritional intervention. Although the lack of a control group is a limitation, when taken in the context of prior research, this is the first medical intervention to result in no association between BSI risk factors and future BSI, suggesting a possible protective effect.

**ABSTRACT TITLE:** Improving communication efficiency through a hospital-based protocol for contacting physicians.

**AUTHORS:** Christopher Dan, D.O., Wendy Mak, D.O., Angela Sohn, D.O., Prathima Charugundla, D.O., Mark Amico, M.D.

**AFFILIATIONS:** Dignity Health Family Medicine Residency, Northridge/UCLA

**INTRODUCTION:** Communication inefficiency has contributed to an estimated \$12 billion of waste annually, largely due to an increased length of stay. Our in-patient service faced an increase in misdirected pages following the expansion of the program and creation of a nonteaching hospitalist team. This challenge led us to standardize communication by creating a structured algorithm for nurses and providers to contact the appropriate in-house physician in an effort to reduce incorrectly addressed pages.

**METHODS:** We created a two-page protocol flowsheet and introduced it to the nursing staff during a hospital-wide clinical supervisor meeting. The protocol included information on determining the provider caring for each patient in the EHR as well as a daily census and how the physician should be contacted. The algorithm along with an updated face sheet were distributed to each nursing unit. The number of pages was extracted from our paging system database, and an average number of pages per patient was compared over a fourteen day period prior to and following implementation of the communication protocol.

**RESULTS:** The total number of pages received prior to implementation of our guidelines from March 5th to March 18th was 639 and after implementation from April 1st to April 14th was 445 pages. Correcting for the census size, this was an average of 0.448 pages per patient prior to our intervention and 0.373 pages per patient after intervention, with a difference of 0.075 pages per patient. Overall, there was a 16.7% reduction in the number of pages we received after we redesigned the paging process.

**CONCLUSIONS:** The paging system is still the preferred method of communication at Dignity Health Northridge Hospital Medical Center. With the excessive number of pages, there are presumed misdirected or repeated pages that contribute to delay in patient care. We were able to provide a structured paging protocol to reduce the overall number of pages, which allowed for more efficient triage of urgent messages.

# POSTERS

SESSION 1  
(1:05PM – 1:50PM)

## CATALINA ROOM

**CASE REPORT TITLE:** Dyspnea In An Adolescent:Inflammatory Pseudotumor

**AUTHORS:** Jonathan D Avalos MD

**AFFILIATIONS:** Harbor UCLA Department of Family Medicine

**ABSTRACT / INTRODUCTION:** Inflammatory pseudotumor is a rare condition characterized by non invasive overgrowth of plasma cells affecting the orbit,thyroid,lung or liver. The etiology of this condition is unknown however theories include a reaction to infection or a low grade neoplasia. Immunohistochemical staining reveals the presence of IgG-predominant, polyclonal plasma cells. The preferred modality of treatment is surgical resection.

**CASE REPORT (METHODS / RESULTS):** A 19 y/o m with a history of asthma was admitted with symptoms of progressive dyspnea with exertion, as well as workup of a large thoracic mass w/ complete left side lung collapse noted on chest CT at outside facility. Pt underwent a bronchoscopy which was unrevealing. Repeat imaging confirmed left lung collapse. VATs demonstrated extensive fibrosis and a tissue biopsy was collected which later demonstrated bronchial wall replacement with mixed inflammatory infiltrates,lymphocytes,and spindle cells. Myofibroblast proliferation was eventually confirmed with special stains. The CT surgery service indicated no resectable mass and discussion was initiated regarding the patient's prognosis.A risk/benefit A risk/benefit discussion was held during a family meeting and the patient favored a trial of treatment with glucocorticoids.After a course of IV methylprednisolone followed by 3 months of prednisone,the patient demonstrated marked clinical improvement and reduction in thoracic mass to 4mm.

**DISCUSSION/CLINICAL SIGNIFICANCE:** This case represents a dramatic improvement in the clinical condition of a patient after initiating treatment with glucocorticoids prior to definitive pathologic diagnosis. While this condition is very rare, the course of this case represents the importance of maintaining a broad differential diagnosis and the value of primary care led multi specialty decision making in the setting of an ambiguous clinical setting.

**ABSTRACT TITLE:** Improving provider comfort level in counseling patients in culture-specific diabetic diet through formal didactic sessions

**AUTHORS:** Mandy Kao MD, Shahrzad Lalezari DO, Kathleen Dor MD

**AFFILIATIONS:** Kaiser Permanente Woodland Hills Family Medicine Residency Program

**INTRODUCTION:** There is a lack of culturally specific resources available for family medicine residents to utilize when counseling diabetic patients on their diet. This leads to less effective communication between provider and patient. Therefore, we developed a didactic session and standardized patient handouts for patients with diabetes from Asian, Mediterranean, and Latino backgrounds.

**METHODS:** A 45-min didactic session was held for family medicine residents covering topics such as plate method, portion control, and reducing carbohydrates in Asian/ Mediterranean/ Latino - style meals. Residents all received a pre-didactic questionnaire to assess their comfort level with counseling patients from these backgrounds. Patient handouts covering the same information were provided to this group of residents, to be used in patient encounters. After a 3-month study period, residents filled out a post-study questionnaire to assess changes in their counseling after the didactic and with the provided handouts.

**RESULTS:** There is an improvement in provider comfort level in providing culture-specific diabetic diet counseling to patients from diverse culture backgrounds. Most providers found the didactic session and the provided patient handouts to be at least somewhat helpful.

**CONCLUSIONS:** Formal didactic session and patient handouts on diabetic diet modifications that are consistent with Asian, Mediterranean, and Latino dietary habits are helpful tools for improving provider comfort in providing effective counseling. More didactic sessions and broadening the scope to include other types of cuisines would potentially improve provider comfort and effectiveness in counseling a larger patient population.



**CASE REPORT TITLE:** Atypical presentation of neonatal abnormalities due to diabetes versus Holt Oram Syndrome

**AUTHORS:** Ying Mei, DO, Mary Hoang, DO, Diana Lev, MD, Catherine Cho, MD

**AFFILIATIONS:** Northridge Hospital Medical Center / UCLA

**ABSTRACT / INTRODUCTION:** Diabetes is currently the most common metabolic disorder affecting pregnancy with a predicted increase in prevalence of 165% by 2050. This case highlights an infant with congenital anomalies consistent with Holt Oram Syndrome, born to a DM mother. Investigation reveals that the anomalies were consistent with uncontrolled diabetes instead of the autosomal dominant syndrome, highlighting the importance of early DM screening.

**CASE REPORT (METHODS / RESULTS):** Patient is a female born at 35 6/7 weeks at 2215 grams to a 45-year-old mother with an antepartum HgbA1c of 12% and gestational diabetes (GDM) in prior pregnancies. Mother was admitted with rupture of membranes and PIH. Infant's APGARS were 7, 4, and 9 with respiratory distress. Further evaluation revealed many anomalies. Micrognathia and retropositioned required intubation. An abnormal right elbow and wrist with pedunculated thumb and absent radius were identified. An echocardiogram showed a ventricular septal defect and patent ductus arteriosus. Patient had a right helical malformation and immature retina. A geneticist suggested that the array of abnormalities were consistent with HOS vs VACTERL syndromes. The markers for HOS, TBX5, returned negative. The mother had a glucose tolerance test of 269 in the 1st trimester requiring insulin. Uncontrolled DM before 7 weeks GA is consistent with anomalies. Mom was not screened between pregnancies, despite previously having GDM.

**DISCUSSION/CLINICAL SIGNIFICANCE:** Major malformations occur in 6-12% of the fetuses of Type I/II diabetics, but there are currently only broad guidelines for diabetic screening every 1-3 years postpartum. In the above case, patient had GDM with previous pregnancies without routine physicals or screenings. Early detection could have made a difference in the patient's outcome as embryogenesis occurs before 10 weeks. The anomalies were consistent with fetal exposure to uncontrolled DM, preventable with patient education, routine screenings and treatment between pregnancies.

**ABSTRACT TITLE:** MyPlate high-satiety approach versus Calorie Restriction comparative effectiveness randomized controlled trial for treatment of overweight in predominantly Latino low-income patients

**AUTHORS:** Rico M(1), Gelberg L (1,2), Aguilar E(1), Chandler M(4), Ramirez E(4), Love S(4), and McCarthy WJ(2,3)

**AFFILIATIONS:** 1. Department of Family Medicine, Geffen School of Medicine, University of California-Los Angeles; 2. Department of Health Policy & Management, Fielding School of Public Health, University of California-Los Angeles; 3. Department of Psychology, University of California-Los Angeles; 4. The Childrens Clinic of Long Beach

**INTRODUCTION:** Recommended approach to treating overweight patients is calorie restriction (CR) but alternative MyPlate.gov high-satiety approach (MyP) was introduced in 2011. MyP promotes eating more fruits and vegetables, choosing whole grains, replacing sugary drinks with water. We conducted a 1-year comparative trial of CR and MyP. Hypothesis 1: MyP yields greater satiety, increased mental health than CR. Hypothesis 2: Both approaches will reduce body weight, waist circumference and blood pressure equally.

**METHODS:** Setting: A federally qualified health center in Long Beach, CA.

Patients: Low-income overweight primary care patients (BMI>27). Interventions: two home-based health education sessions, 2 group education sessions, and 7 phone coaching sessions over 6 months. MyP participants also received two cooking demonstrations. Bilingual health promotoras conducted the health sessions. Measures: Survey, anthropometry, and food frequency questionnaire data was collected at baseline, 6- and 12-months follow-up. Main outcome: Perceived satiety (fullness, meal satisfaction, hunger). Secondary outcomes: Waist circumference, mental health, quality of life.

**RESULTS:** 261 participants were randomly assigned to either the CR (n=130) or MyP (n=131) conditions. Characteristics: 95% female, 86% Latino, 8% African American. Mean age: 41 years. 56% of participants completed at least 5 sessions. Study retention: 80.1% at 12 months follow-up. Patients in both groups reported achieving lower sugary drink intake and higher water intake. Both groups reported negligible increase in physical activity. Hypothesis #1: satiety, mental health and quality of life improved in both conditions. Hypothesis #2: waist circumference declined in both conditions, as predicted, but body weight and blood pressure were unchanged.

**CONCLUSIONS:** Both intervention approaches increased satiety, mental health, quality of life, and reduced waist circumference at 12 months follow-up. Increasing patient physical activity seems not to be necessary to effect sustained, desirable weight control. Seeking to optimize patients' eating choices towards satiation and satiety is associated with increasing mental health and higher health-related quality of life.

**ABSTRACT TITLE:** Appropriate stool study ordering in the work up of acute diarrhea

**AUTHORS:** Nhan, Danny M.D., Lewin, Bruno M.D., Nomura, Jim M.D.

**AFFILIATIONS:** Kaiser Permanente Los Angeles Dept of Family Medicine, Kaiser Permanente Los Angeles Dept of Infectious Diseases

**INTRODUCTION:** Infectious diarrheal diseases are the second leading cause of morbidity and mortality worldwide. New testing methods are moving from labor intensive stool culture and microscopy to new culture independent methods which perform best when a targeted approach is taken. An examination of current stool study ordering practices for appropriateness will help inform how to transition to newer culture independent methods.

**METHODS:** We analyzed stool studies resulted from 1/1/2015- 4/31/2015 submitted from Kaiser Permanente Los Angeles Medical Center (LAMC). Only studies performed in the outpatient and ED settings were included as well as cases in which 2 or more stool studies were ordered. Once the sample cases were identified, a retrospective chart review was performed to determine patient age, significant history (symptoms, past medical history, travel and / or antibiotic exposure), and test results. Analysis was done to identify appropriateness of ordered studies based on national guidelines.

**RESULTS:** A total of 2597 stool studies were ordered at LAMC in adults which represented 1370 unique patient encounters. After exclusion of studies ordered in the inpatient setting, a random sample of 159 cases was identified and narrowed further to 140 patient cases with full data, representing approximately 10% of the total sample. For these patients, there was a total of 353 stool studies ordered. Of these encounters, 52 (41%) were deemed inappropriate based on the ordering of stool for ova and parasite testing in patients with less than 7 days of symptoms. There were 20 significant positive stool study results out of the 140 reviewed cases.

**CONCLUSIONS:** . We found significant inappropriate ordering of ova and parasite studies for diarrhea of short duration in the outpatient and ED setting. There is need for provider education and tools to improve this. There may also be additional benefits from provider education which is hinted at by our review. For patients with recent antibiotic exposure, starting with just testing for C. Difficile may be appropriate.

**ABSTRACT TITLE:** Outcomes of the implementation of CIWA protocol at three UCLA hospitals

**AUTHORS:** Jonathan Velasquez, Derjung Tarn

**AFFILIATIONS:** UCLA Family Medicine

**INTRODUCTION:** Up to 20% of primary care and hospitalized patients are treated for alcohol dependence. The abrupt cessation of alcohol consumption can lead to a spectrum of withdrawal symptoms including death. This study evaluates the uptake of a newly implemented Clinical Institute Withdrawal Assessment for alcohol (CIWA protocol) order set for assessing and managing alcohol withdrawal.

**METHODS:** Retrospective analysis of data from UCLA's Integrated Clinical and Research Data Repository, which provides electronic health record data. Data were pulled for 1733 patients who were admitted to UCLA Ronald Regan, UCLA Santa Monica, or UCLA Resnick Neuropsychiatric Hospitals from May 1, 2016 to April 30, 2017 with a diagnosis of alcohol withdrawal. The primary outcome examined was whether the CIWA protocol was used.

**RESULTS:** Of the 1733 patients in the study, 791 were admitted to UCLA Ronald Reagan Hospital, 917 to UCLA Santa Monica Hospital, and 25 to UCLA Resnick Neuropsychiatric Hospital. during the one year period. The CIWA protocol was used for 211 (12.2%) of the patients. Bivariate analyses comparing implementation of the CIWA protocol by patient gender, age, race, and number of comorbidities is pending. We also will examine whether the mean length of hospital stays was associated with CIWA protocol use.

**CONCLUSIONS:** CIWA protocol uptake was low in this study, despite the potential of the protocol to reduce length of hospital stays and improve patient care. More research is needed to determine the reasons for the low uptake, and to find ways to encourage providers to use the order set.

# JOSHUA TREE ROOM

**CASE REPORT TITLE:** Coracoid process fracture in a 16-year old football player

**AUTHORS:** Shintau Lin, MD, Victoria Kang, DO, William Hohl, MD

**AFFILIATIONS:** Harbor UCLA Family Medicine Residency, Harbor UCLA Sports Medicine Fellowship

**ABSTRACT / INTRODUCTION:** 16 year old high school football player presents with left shoulder pain after falling on an outstretched arm during a game. Exam was unremarkable, however radiographs revealed a coracoid fracture. Coracoid process fractures are rare and difficult to diagnose, especially in the pediatric population where it can be difficult to distinguish from an apophysis. Failure to diagnose may result in instability or nonunion.

**CASE REPORT (METHODS / RESULTS):** 16 year old RHD male injured his left shoulder during a high school football game. He fell on an outstretched arm and another player landed on his back. Evaluation on the field was unremarkable. He desired to return to play but was pulled. He was evaluated the next morning at clinic. He felt well and denied pain. Exam demonstrated full range of motion, full strength, and he was nontender to palpation. Hawkin's test and crossover adduction tests were positive. Neer's was negative. Yergeson's, Speed's, and O'briens tests were negative. X-ray of the left shoulder showed a 1.5cm displaced coracoid process fracture and surgery was recommended. The patient sought a second opinion at an outside hospital. His new set of radiographs at the outside clinic did not include an axillary view with a clear image of the coracoid, thus the fracture was missed and the radiograph was read as normal. The patient declined surgery and continued to play football and remained asymptomatic.

**DISCUSSION/CLINICAL SIGNIFICANCE:** This patient has radiologic evidence of an Ogawa Type 2 coracoid fracture. Type 2 fractures can typically be managed conservatively with immobility to prevent painful nonunion. However, given the degree of displacement and the patient's interest in collegiate football, surgery was recommended. The patient declined and continued to play. Given his age and lack of symptoms, we considered three possibilities: a true coracoid fracture, a normal physis, or a Salter-Harris I fracture through the physis. Based on the appearance and degree of displacement, this is a true coracoid process fracture. Because these can present asymptotically as in this patient, it is important to ensure appropriate radiographs are performed including an axillary view with clear visualization of the coracoid.

**ABSTRACT TITLE:** The Importance of the Well Physician: a Longitudinal, Resident-Led Wellness Curriculum to Combat Burnout in Resident Physicians

**AUTHORS:** Rima S. Shah MD MPH, Raymond Park DO, Isabel Chen MD MPH, Aleksandr (Sasha) Lewicki MD, Camille Cleifton MD, Young Kim MD, Christine Navarro MD

**AFFILIATIONS:** Kaiser Los Angeles Medical Center Family Medicine Residency Program

**INTRODUCTION:** Physician burnout is a public health crisis that threatens the primary care workforce of this country. Medscape's 2015 Lifestyle Report found that 46% of surveyed physicians self-reported experiencing burnout, with a 10% rise among family physicians. Structured methods of mitigating burnout at the level of residency training have not been well established. This study examines the impact of a longitudinal, evidence-based Wellness Curriculum on family medicine residents at a single institution.

**METHODS:** Following a review of the literature, resident volunteers met with program administration to develop an evidence-based multifaceted Curriculum. The Curriculum consisted of voluntary bimonthly group activities and were supplemented by a Wellness Corner in the Family Medicine Clinic and a Facebook page. The Maslach Burnout Inventory (MBI) was distributed to all resident physicians of the Family Medicine Residency at Kaiser Permanente Los Angeles Medical Center in July 2015, January 2016, and July 2016. The residents also ranked specific curriculum components based on their preference. Data was analyzed using 2x2 Anova statistical analysis.

**RESULTS:** Analyzing the Maslach Burnout Inventory results, at baseline, residents scored worse than the general public in emotional exhaustion and depersonalization, while simultaneously having scores surpassing the general public in personal accomplishment. From this we surmised residents feel accomplished, but exhausted and detached from the work they entered medicine to do. Repeat survey in one year after the Wellness Curriculum was implemented revealed residents feeling an increased sense of accomplishment and decreased depersonalization. However, the data is not yet of statistical significance and will continued to be collected yearly.

**CONCLUSIONS:** With recent focus on physicians' burnout and wellbeing, studies suggest that physicians who take care of themselves are better able to take care of patients. In reducing our house staffs' burnout using the Curriculum described above, along with continued study of its impact, the Kaiser Los Angeles Family Medicine Wellness Committee strives to assist our colleagues in becoming not only good physicians, but well physicians.

**ABSTRACT TITLE:** Identifying Inactive Individuals to Promote Increase in Physical Activity Level

**AUTHORS:** Jin Choi, DO, Chau Bui, DO, Samra Rashid, DO, Christopher Kuhlman, MD, Mandeep Ghuman, MD

**AFFILIATIONS:** Dignity Health Northridge Family Medicine Residency

**INTRODUCTION:** In the United States, more than 250,000 deaths are attributed to lack of physical activity (1). Evidence supports that physical activity provides physical and mental health benefits, but it is still challenging for healthcare providers to screen for inactive individuals and promote physical activity. The purpose of this quality improvement project is to design a simple questionnaire survey to detect individuals with zero or less than sufficient activity level and improve counseling.

**METHODS:** Surveys consisting of 3 questions in regards to how often individuals exercised were conducted from February 2017 to March 2017. Patients included were between age 18 and 65 who do not have any discernable factors that may prohibit physical activity. Based on the survey results, patients were then categorized into three groups based on their activity level and physicians were encouraged to document in the medical record using the code for physically inactive Z72.3. Records were also reviewed for documentation of counseling done by the physicians.

**RESULTS:** Of the 28 people who filled out the survey, 18 of them (64.3%) were categorized into the inactive category (zero and less than sufficient activity level). Of those inactive patients, 5 (27.8%) had zero physical activity and 13 (72.2%) had less than sufficient physical activity. From the 18 inactive patients, 10 of them (55.6%) received physical activity counseling from their provider. Of all the 18 inactive patients, only 1 was coded in the chart with the code Z72.3.

**CONCLUSIONS:** More than half of the patients' polled were not meeting the recommended level of activity. However, only one was coded in the chart. A future goal would be to determine a way to standardize a measurement of physical activity to better counsel our patients. Exercise prescriptions may be a useful tool to encourage patients to be more physically active and to help physicians in counseling their patients.

**CASE REPORT TITLE:** Disseminated Varicella Zoster Virus with Asymptomatic Central Nervous System Involvement as the Initial Presentation of Acquired Immunodeficiency Syndrome

**AUTHORS:** Anita Wong MD, Daniel T. Lee MD

**AFFILIATIONS:** UCLA Department of Family Medicine

**ABSTRACT / INTRODUCTION:** Herpes zoster is caused by the reactivation of varicella zoster virus (VZV) in the dorsal root ganglia. In the immunocompetent patient, it typically presents as a painful, vesicular rash affecting a single dermatome. However, in an immunocompromised patient, the virus can disseminate affecting multiple dermatomes and causing neurologic complications including leukoencephalitis, myelitis and vasculopathies.

**CASE REPORT (METHODS / RESULTS):** A 42 year old Hispanic male gardener with no past medical history presented with a rash on his left arm for six days. On exam, he had coalesced clear vesicles with surrounding erythema on all fingers and the dorsum of his left arm up to the biceps. He also had similar scattered vesicles on his abdomen. Neurological exam showed no deficits. The patient was started on high dose IV acyclovir for presumptive multi-dermatomal zoster. VZV PCR was sent on the vesicular fluid and was positive. HIV was ordered and was positive with a CD4 count of 123. On further work-up, cryptococcal antigen was positive in the serum, thus he was started on amphotericin B. Thus, a lumbar puncture was performed to assess for cryptococcal meningitis. CSF was negative for cryptococcal antigen, but positive for VZV PCR. Therefore, the decision was made to continue IV acyclovir for two weeks given the presence of VZV in the CSF. Serial neurological exams were stable, and he was discharged with outpatient follow up.

**DISCUSSION/CLINICAL SIGNIFICANCE:** This case reinforces the need to suspect an underlying immunodeficiency when a patient presents with multi-dermatomal zoster. There is very little literature regarding the evaluation and management of asymptomatic CNS VZV. Currently, no guidelines exist for whether a LP should be done in patients with disseminated VZV without neurologic symptoms to assess for CSF involvement. There is data suggesting that untreated VZV can lead to increased risk of cerebrovascular accidents, thus supporting a possible role for a LP in patients with disseminated VZV regardless of the presence of neurologic symptoms as it affects the length of treatment. Lastly, further studies may need to be considered for vaccination against VZV in immunocompromised populations to prevent disseminated disease.



**ABSTRACT TITLE:** Is RUHS adequately screening for at-risk obstetric patients for Gestational Diabetes

**AUTHORS:** Shunling Tsang, MD, Zachary Thomas, MD, Trina Mansour, BS, Ivy Cao, MD, Yoo Kyung Kim, BS, Dao Tran, DO, Tarvinder Singh, MD

**AFFILIATIONS:** Riverside University Health System/University of California Riverside Family Medicine Residency

**INTRODUCTION:** The prevalence of Gestation Diabetes (GDM) is rising in the US. GDM is a type of diabetes that occurs only during pregnancy and put affected mothers and neonates at risk for: spontaneous abortion, fetal anomalies, preeclampsia, intrauterine fetal demise, macrosomia, neonatal hypoglycemia, neonatal hyperbilirubinemia. Obesity is a major risk factor for GDM. This study evaluates GDM screening practices at RUHS, the impact of intervention on BMI and relation between BMI and fetal weight.

**METHODS:** This is a non-randomized, retrospective chart review (N=66) to include patients diagnosed with GDM only. Data collected include: gestational age (GA), BMI, date of GDM diagnosis, enrollment in intervention program (Sweet Success) and pregnancy outcome including delivery complications, BMI and fetal weight. Patients with preexisting diagnosis of Type I and Type II diabetes are excluded. Abstracted data was coded, de-identified and entered in Excel. SAS 9.4 was utilized to analyze the data.

**RESULTS:** On average, patients with BMI>30 were diagnosed at 23.9 +/- 8.4 WGA, patients with BMI<30 were diagnosed at 28.9 +/- 8.8 WGA. For women who were diagnosed at or before 22 weeks GA, the average BMI gain at birth was 1.4 +/- 1.0. For women who were diagnosed after 22 weeks GA, the average BMI gain at birth was 0.65 +/- 1.6. The two sample t-test shows a value of t=1.29, p=0.23. There was a weak positive correlation between BMI and fetal weight percentile analyzed using Spearman's rank-order correlation with  $r(s) = 0.297$ ,  $p=0.131$ .

**CONCLUSIONS:** Obese GDM patients were diagnosed at a earlier GA compared to non-obese GDM patients. The Sweet Success program did not significantly change BMI at delivery for patients diagnosed with GDM at RUHS. In addition, obese GDM patients had higher BMI at delivery and this positively correlates to a larger fetal weight. Further research should be conducted to evaluate the management of weight in GDM patients at RUHS

**ABSTRACT TITLE:** Evaluating the Efficacy of a Sports Medicine Longitudinal Curriculum Track in a Family Medicine Residency

**AUTHORS:** Christopher Fox MD, Joshua Goldman MD MPH, Phillip Brown MD, Lillian Gelberg MD

**AFFILIATIONS:** UCLA Family Medicine Resident

**INTRODUCTION:** Primary Care Sports Medicine remains a popular and competitive fellowship among Family Medicine Residents. Developing and implementing a longitudinal curriculum to be incorporated in all three years of a Family Medicine Residency can help improve residents' musculoskeletal knowledge and confidence, and help prepare residents for a successful fellowship match. Our goal was to evaluate whether a formal Sports Medicine Track improved resident's preparedness for a Sports Medicine Fellowship.

**METHODS:** Subjects completed an online survey via email that consisted of 38 questions. The surveys consist of multiple choice questions and fill in the blank questions to assess the applicant and program demographics, whether the applicant participated in a sports medicine track, and various objective and subjective measures of the applicant's experiences and preparedness for a Sports Medicine Fellowship. Categorical variables were summarized using frequencies and percentages, and compared between groups using chi-squared or Fisher's exact tests. Continuous variables were compared between groups using t-test format.

**RESULTS:** There were 20 total completed surveys with 12 participants with a SMT and 8 without. MSK procedural training in those with a track was 29.1 hours compared to 13 hours in those without. 100% of participants reported sideline coverage with the most common being football (90%). The mean number of hours for sideline coverage in those with a track was 20.3 compared to 16.2 hours without. Participants with a SMT had higher average confidence levels on 9 of 12 surveyed competencies. The highest overall average confidence level was the ability to perform a PPE. The lowest overall confidence level was the ability to perform a diagnostic MSK ultrasound.

**CONCLUSIONS:** After our survey it appears there is a trend in higher applicant subjective confidence levels in many areas of sports medicine in those applicants who completed a SMT. The mean number of hours of training was also higher in those with a SMT for ultrasound training, MSK procedure training, and sideline coverage. SMT also appears to give applicants a larger breadth of experiences. Differences were not significant given small n.

# MOJAVE ROOM

**CASE REPORT TITLE:** Knee Pain In A Soccer Player

**AUTHORS:** Kenneth Choi, MD; Marissa Vasquez, MD; Michael Fong, MD

**AFFILIATIONS:** Kaiser Los Angeles Medical Center

**ABSTRACT / INTRODUCTION:** Knee pain is a common complaint in athletes. The majority of time, injuries are related to overuse or a traumatic. There are other causes of knee pain that can present in patients including infection or malignancy. The below case demonstrates an example of an atypical diagnosis of knee pain in an athlete after a traumatic injury.

**CASE REPORT (METHODS / RESULTS):** An 18-year old male college soccer player presented to sports medicine clinic with left knee pain for three months after sustaining an injury during a soccer game. He was hit on the medial knee with a twisting mechanism. He did not get radiographs and his only treatment was rest. At time of visit, he complained of posteromedial knee pain. He denied locking, clicking, swelling, or instability. On physical exam, he had a trace effusion and tenderness to the posteromedial tibia. He had no joint line tenderness or range-of-motion deficits. He had a negative Lachman's, posterior drawer, varus/valgus stress, and McMurray's exam. MRI was obtained, showing a 7 mm x 6 mm x 7 mm intracortical lesion with periostitis and surrounding bone marrow edema consistent with osteoid osteoma. CT of the knee confirmed the diagnosis. Conservative management was attempted with rest and NSAIDs for two months with no improvement. He eventually underwent CT-guided radiofrequency ablation successfully.

**DISCUSSION/CLINICAL SIGNIFICANCE:** This case was a unique example of an incidental finding of osteoid osteoma after a traumatic knee injury. It is likely that the osteoid osteoma lesion was present even before the injury, but became symptomatic in the setting of the trauma. It was initially unclear whether his pain was primarily due to a bone contusion or from the osteoid osteoma. When he did not have improvement after conservative therapy and in the time usually required for a bone contusion to heal, the decision was finally made for operative intervention. It is also unclear whether an osteoid osteoma can become symptomatic with local trauma as a trigger, and could be an avenue for investigation in the future.

**ABSTRACT TITLE:** Teaching Basic Osteopathic Skills to Allopathic Physicians

**AUTHORS:** Andrew Frerking DO PGY3

**AFFILIATIONS:** Harbor UCLA Family Medicine Residency

**INTRODUCTION:** By 2020 there will be a single accreditation system for graduate medical education. According to the American Osteopathic Association, "The new system will recognize the unique principles and practices of the osteopathic medical profession." Combining allopathic and osteopathic graduate medical education while maintaining osteopathic uniqueness will provide challenges. This project seeks to help develop a method for teaching osteopathic principles to allopathic residents and faculty.

**METHODS:** This study consists of utilizing a core principle of osteopathic diagnosis to teach general osteopathic principles and understanding of somatic dysfunction. Allopathic residents and faculty are introduced to the principle of "TART" (Tissue texture changes, Asymmetry, Restriction of motion, Tenderness). This is done via a combination of a brief lecture using clinical vignettes and hands-on practice. A pre and post intervention survey consisting of 10 questions was completed. The data was then analyzed for effectiveness of the instruction method. Higher post intervention scores indicate better understanding of osteopathic principles.

**RESULTS:** pending

**CONCLUSIONS:** pending

**CASE REPORT TITLE:** Congenital Hyperinsulinism: a rare cause of neonatal and infant hypoglycemia

**AUTHORS:** Aubrey Tell, MD

**AFFILIATIONS:** Dignity Health Northridge Family Medicine Residency

**ABSTRACT / INTRODUCTION:** This is case presentation of a 5-month-old infant who presented to Northridge Hospital following a seizure and was found to have a blood sugar of 19, leading to a diagnosis of Congenital Hyperinsulinism (HI). HI is a rare disease that is caused by the overproduction of insulin by the pancreas.

**CASE REPORT (METHODS / RESULTS):** E.T. presented to the ED of our hospital at the age of 5 months following a generalized tonic-clonic seizure witnessed by his mother. BMP and CBC were normal except for a glucose of 19, which was confirmed by a repeat fingerstick of 35. An amp of d25 was administered and the baby was admitted to the floor, where the blood sugar again dropped to 35. The baby was transferred to the PICU where D10 was started and titrated to maintain blood sugars, eventually requiring a rate of 60ml/hr to maintain euglycemia. Any attempt to wean the dextrose caused hypoglycemia, so the baby was then transferred to UCLA . Labs drawn at the time of hypoglycemia revealed a detectable insulin level and so a diagnosis was made of Congenital Hyperinsulinism. Initially he was treated with diazoxide but only partially responded to this. Further testing revealed a single, paternally inherited mutation in his ABCC8 gene. He required twice daily octreotide injections and overnight dextrose to maintain euglycemia.

**DISCUSSION/CLINICAL SIGNIFICANCE:** Hypoglycemia is the most common cause of preventable brain damage in the neonatal period. Transitional hypoglycemia is very common and needs to be distinguished from more serious and permanent causes of neonatal hypoglycemia. Persistent hypoglycemia beyond 48-72 hours of life requires further workup looking for metabolic and congenital causes of hypoglycemia. Awareness of diseases like Congenital Hyperinsulinism will help accurately diagnose these diseases and prevent the consequences of untreated disease.

**ABSTRACT TITLE:** Helping Primary Care Providers Prescribe HIV PrEP Utilizing EMR Smartphrases

**AUTHORS:** Grosz, Andrea M. Cardenas, Charles. Perez-Pascual, Hendry. Tymchuk, Christopher. Donohoe, Thomas. Brooks, Ronald.

**AFFILIATIONS:** UCLA Department of Family Medicine. UCLA Department of Medicine

**INTRODUCTION:** HIV PrEP has been shown to significantly reduce transmission of HIV, a preventive measure that is appropriate in the primary care setting. However, some primary care physicians are hesitant to prescribe PrEP. At the UCLA Family Health Center (FHC), a clinic staffed by Family Medicine attendings and residents, we sought to identify the barriers to prescribing HIV PrEP and target those barriers utilizing the electronic medical record.

**METHODS:** Data centering on physician comfort with PrEP and the potential utility of EMR smartphrases focusing on PrEP use among clinic physicians was gathered using Survey Monkey. Surveys were sent to all UCLA FHC physicians, including residents, and survey completion was voluntary and without incentive. Smartphrases designed to be used in visit documentation were developed using CDC guidelines and in collaboration with Infectious Disease specialist Dr. Christopher Tymchuk. A follow up survey will be conducted to assess the utility and effect of the smartphrases on physician comfort with and knowledge about HIV PrEP.

**RESULTS:** In our initial survey, there were 19 participants, including 8 attending physicians and 11 residents. 53% reported they had prescribed HIV PrEP before, although 74% reported that a patient had inquired about PrEP while under their care. Only 37% of respondents reported they felt "very comfortable" or "somewhat comfortable" prescribing PrEP. Knowledge about PrEP was variable. 100% reported they believe a readily accessible guideline such as an EMR smartphrase would aid in their prescription of PrEP. We therefore implemented several smartphrases to aid the PrEP prescription. Results from the follow up survey are pending.

**CONCLUSIONS:** HIV PrEP is essential to the prevention of HIV acquisition in the United States and is well within the realm of primary care. Primary care physicians at the UCLA Family Health Center want to and have been asked by their patients to prescribe HIV PrEP, but comfort level and knowledge is variable. We implemented several EMR smartphrases, and will follow up with a survey to assess the impact.

**ABSTRACT TITLE:** Mentorship Program in a Community-Based Teen Clinic

**AUTHORS:** Teresa Doan, MD, Tracey Young, MD, Heather Belcher, MD

**AFFILIATIONS:** Kaiser Woodland Hills, Valley Community Healthcare - North Hills Center

**INTRODUCTION:** Patient populations are becoming increasingly diverse. However minority groups are underrepresented in health profession. It is important to recruit and retain students from underrepresented minorities into the medical fields with programs including outreach, mentoring and tutoring at all education levels. Via a partnership with the Valley Community Healthcare North Hills Clinic, we developed a mentorship programs with Monroe High School to nurture interest in entering the healthcare profession.

**METHODS:** Over the course of the 2015-2016 and 2016-2017 academic year, we held 5 information sessions ranging from 1-3 hours for high school students from Monroe High School which is comprised of 87% Hispanic students. These sessions provided students access to panels of healthcare providers including attending and resident physicians giving career advice about opportunities in and the path to entering the medical field. Students also participated in interactive activities such as suturing and splinting workshops, wilderness medicine sessions, planning nutritional meals and obtaining vital signs.

**RESULTS:** The program generated great interest amongst students. Sessions were each attended by 25-45 students and some students were able to return for multiple sessions. Many of these students were already interested in the health care field e.g. enrolled in health vocabulary classes, in the process of obtaining EMT certification or enrolled to go to nursing school after graduation. Other students were motivated to pursue volunteer opportunities to further explore their interests in the medical field. Students identified barriers to achieving their goals and these were reviewed during panel discussions.

**CONCLUSIONS:** It is important for healthcare professionals to mirror the communities in which they serve in an effort to reduce disparities among minority populations. Outreach and mentorship programs provide an opportunity to stimulate and nurture interest in the medical profession. By developing a mentorship program with students at a majority Hispanic high school, we were able to foster and nature an interest in the healthcare field.

**ABSTRACT TITLE:** Programs and Interventions to Increase Diversity in GME: What are the Best Practices?

**AUTHORS:** Yulsi Fernandez Montero, MD MPH, Gerardo Moreno, MD

**AFFILIATIONS:** UCLA Family Medicine Department of Medicine

**INTRODUCTION:** Historically minority populations have lower access to healthcare. Numerous factors, including poverty and lack of healthcare providers, contribute to the existence of these disparities. Increasing the number of URM (Under Represented Minority) healthcare providers has been shown to improve access for underserved populations. This study will assess existing interventions implemented to increase the diversity of the physician workforce to determine best practices in existence.

**METHODS:** A literature review of published studies, case studies and case reports involving interventions to increase the diversity of physician workforce in recruitment and training of URM physicians was conducted. Relevant research themes explored included existent recruitment tools, cultural competency trainings, and training modalities. Research modalities were catalogued and will be further analyzed to determine best practices and how to best implement them in GME.

**RESULTS:** Recruitment - interventions using strategies such as scholarship programs, funded events, and increasing involvement and visibility of URM faculty seem to be most effective at recruiting URM resident applicants. Practice location - financial incentives, special training programs and replicating curricula and programs proven to produce clinicians who practice in underserved areas have shown to be effective in training PCPs who locate to underserved areas.

**CONCLUSIONS:** Recruitment, training and support of URM physicians and GME programs that are effectively training PCPs that locate to underserved areas could potentially lead to improved access to healthcare for underserved populations. Data compiled will be further analyzed to determine best practices and further GME implementation.



# POSTERS

SESSION 2  
(2:30PM – 3:15PM)

## CATALINA ROOM

**ABSTRACT TITLE:** Prevalence and Perception of CrossFit in Collegiate Athletics

**AUTHORS:** Aladeen Sarieh, MD, Cathia Vazquez, MD, Brian Kurose, MD, Michael Fong, MD, Marissa Vasquez, MD

**AFFILIATIONS:** Kaiser Permanente Los Angeles Medical Center- Primary Care Sports Medicine Fellowship Program; Kaiser Permanente Los Angeles Medical Center- Family Medicine and the Division of Sports Medicine; Kaiser Permanente San Diego Medical Center

**INTRODUCTION:** CrossFit is constantly varied, functional movements performed at relatively high intensity that has seen huge growth in popularity worldwide since its inception sixteen years ago. The purpose of this study was to investigate the prevalence of the CrossFit participation amongst collegiate student-athletes and coaches and to provide information about the perceptions.

**METHODS:** An online survey was distributed amongst collegiate-athletes and coaches among community college athletes. Data collected included general demographics, familiarity with, participation in, and perceptions of the CrossFit program, as well as injuries sustained through participation in CrossFit, and consequences of participation in CrossFit

**RESULTS:** A total of 19/50 (38%) athletes and 2/17 (11.7%) coaches reported having participated in CrossFit. Positive perception of CrossFit by student-athletes was significantly ( $P < .001$ ) higher in those with a history of CrossFit participation (15/25). The majority of coaches 88.2% (15/17) were familiar with CrossFit, however, 41.2% (7/17) did not allow their athletes to participate, most often 71.4% (5/7) citing concern that athlete may get injured via participation. Overall 2/17 athletes reported an injury from CrossFit, both of which informed their coach. The majority of coaches 70.6% (12/17) indicated no negative consequences for injured athletes

**CONCLUSIONS:** In conclusion, collegiate athletes participate in CrossFit and participation correlates with a positive perception of CrossFit. A few athletes reported CrossFit related injuries and this is the major reason why coaches do not allow their athletes to participate in CrossFit. Future studies should investigate the effect of educating non-participants on the CrossFit training regimen as this may lead to a more open relationship

**ABSTRACT TITLE:** Family Medicine Resident Skin Clinics As A Method Of Increasing Access To Dermatologic Care

**AUTHORS:** Dr. Joshua Tarpley, MD & Dr. Monique George, MD

**AFFILIATIONS:** Kaiser Permanente-Woodland Hills Medical Center

**INTRODUCTION:** More than a third of patients are referred to a specialist each year and specialty visits constitute more than half of outpatient visits in America. The Family Medicine Resident Skin Clinic at Kaiser Permanente Woodland Hills was formed with the goal of increasing access to Dermatologic care. The aim of this study was to ascertain the importance of these Skin Clinics by quantitating the number of patients evaluated within the past year and the amount of Dermatology referrals that were avoided.

**METHODS:** The data from this study was collected via manual retrospective chart review. Individual patient encounters were analyzed for a 12 month period from June 2015 through May 2016. For every patient seen in clinic, it was recorded if they were evaluated for a 'skin lesion' or 'rash'. It was also recorded if a biopsy was performed, if a repeat Skin Clinic appointment was scheduled, and if a Dermatology referral was made within 2 months-1 year after the initial Skin Clinic visit.

**RESULTS:** A vast majority of the rashes and lesions included common, benign diagnoses including seborrheic keratosis (11.8%), actinic keratosis (5.7%), atopic dermatitis (3.3%), acne (2.0%), benign melanocytic nevi (1.6%), and solar lentigo (0.4%). Other relevant diagnoses included BCC (4.5%), alopecia areata (2.0%), lichen simplex chronicus (1.6%), and pityriasis rosea (0.8%). Of the patients evaluated in Skin Clinic, very few required follow up appointments and less than 8% of patients required a Dermatology referral.

**CONCLUSIONS:** The Skin Clinic saves Dermatology referrals and serves as a triage for common cutaneous diagnoses. The Clinic not only increases patient satisfaction and improves resident education, but it also improves access to our Dermatology Department for patients with more complicated cutaneous disease.

**ABSTRACT TITLE:** Food Insecurity in a Family Medicine Clinic

**AUTHORS:** David Kay, DO Family Medicine Resident, Sheryl Thouin, MPH, RD Faculty, Pamela Davis, MD Program Director

**AFFILIATIONS:** Northridge Hospital Medical Center / UCLA

**INTRODUCTION:** 50 million people in the US and 4.1 million households in California (38%) are food insecure, defined as limited access to an adequate food supply. This poses a serious health risk for children and adults, including risks of birth defects and higher levels of cognitive and psychological disorders. Primary care physicians are usually unaware of a patient's ability to access sufficient quantity and quality of food. This project was created to evaluate the level of food insecurity in our practice.

**METHODS:** We chose a clinically validated questionnaire to determine prevalence of food insecurity among our practice population. Over a 3-month period, 172 patients were asked to fill out a 2 item questionnaire, which has been previously shown for validity to screen families at risk for food insecurity. Patients responded yes or no to the following questions: Within the past 12 months, 1) we worried whether food would run out before we got money to buy more and 2) the food we bought just didn't last and we didn't have money to get more.

**RESULTS:** Our clinic is made up of approximately 7,000 patients. Of the 172 patients surveyed, 109 responded no to both questions, 52 responded yes to at least one question and 11 declined to answer the survey. Participants were not separated into ethnic groups, sex or age, although we saw an age range spanning from 30 years old to 82 years old. There were roughly equal amounts of males and females completing the survey and there was an attempt made at not allowing multiple family members filling out the survey. Our findings indicated 30% were food insecure, 63% were not food-insecure and 6% declined to answer the survey.

**CONCLUSIONS:** The proportion of our practice population that identified as food-insecure compares to the general California population. Our preliminary data provides support for our practice to help connect these families with available food assistance resources. Future research, with an emphasis on larger number of participants, can provide additional information that would help us customize programs to meet the specific food assistance.

**ABSTRACT TITLE:** Understanding the Unique Experiences and Needs of Homeless Veteran Families in Los Angeles County

**AUTHORS:** Betty Nguyen, Lillian Gelberg, M.D., M.S.P.H, Sophie Feller, M.D., Roya Ijadi-Maghssoodi, M.D., M.S.H.P.M

**AFFILIATIONS:** UCLA Department of Family Medicine; UCLA Semel Institute for Neuroscience and Human Behavior; VA Greater Los Angeles Healthcare System

**INTRODUCTION:** Family homelessness is a critical issue. Homelessness affects health outcomes of parent caregivers, while their children are at increased risk for poor health and mental health, and later homelessness. Homeless Veteran families face additional strains of deployment and combat stress. Our aims were to understand the experiences, barriers, and needs of homeless Veteran families, and obtain recommendations to improve care.

**METHODS:** We conducted in-depth semi-structured interviews with 18 homeless or recently homeless Veteran parents and 7 providers of homeless services in Los Angeles. Interviews explored the needs, barriers, and recommendations to improve services in key areas of the family's life, such as health, housing, parenting and child needs, and employment. Interviews were audio-recorded, transcribed, and coded for main themes using Atlas.ti.

**RESULTS:** A majority of the parents in our sample reported significant stress and mental health problems, including depression and post-traumatic stress disorder, and concern about worsening mental health of their children. Parents experienced strain from caring for the family and trying to find housing, stable employment, and exit homelessness. Participants suggested the need for childcare services, parental support, mental health services for the whole family, and access to safe and quality permanent housing.

**CONCLUSIONS:** Homeless parents experience significant stressors, restrictions and challenges navigating services with children, and worsening family mental health. Our findings can inform services for homeless Veteran families, including recognizing mental health and substance use treatment needs among parents, providing adequate childcare and family services, and improving access to safe and high-quality permanent housing.

**ABSTRACT TITLE:** Time to Hamstring Injury in NCAA collegiate soccer: The Effect of Running Behaviors.

**AUTHORS:** Clark Madsen MD MS, Brian Lancaster MD, Brian Donohoe BS, Michael O'Reilly, Joshua Goldman MD MPH

**AFFILIATIONS:** UCLA Sports Medicine, UCLA Family Medicine

**INTRODUCTION:** Hamstring injuries are among the most common injuries in collegiate soccer with a rate around 1/1000 hours of activity. They result in significant pain, discomfort, and lost playing time. Tracking of players running habits may indicate those at risk research into this area is limited. Using GPS tracking software we intend to determine if running patterns correlate with injury.

**METHODS:** Women's NCAA division 1 collegiate soccer teams were monitored for injury over 3 years with GPS tracking devices during practices and games. Data from these devices including running speed, number of sprints, and distance run were compared to characteristics surrounding a player injury. Injured athletes were compared using a Student's T-test and Cox survival analysis.

**RESULTS:** Data was collected on 45 athletes with 17 injuries identified in 12 athletes over the years 2013-2016. Six percent of the injuries occurred with contact and 20% occurred during games. Fifty-eight percent of athletes with an injury during this time had a recurrence. Compared to those without injuries, injured athletes had an average of 23 high intensity sprints during a session compared to 13 in the non-injured group ( $p=0.01$ ). At 90 days into their NCAA career 27% of Sprinters (18 or more high intensity sprints per session) had already developed a hamstring injury compared to 6% of athletes that average less than 18 sprints ( $p=0.06$ ).

**CONCLUSIONS:** Many collegiate and professional teams now track their teams with GPS. There has been little previous evidence for its use in injury prevention. This study suggests that hamstring injuries are more likely to occur in athletes that have numerous high intensity sprints. Future studies will include larger numbers and comparisons including preseason hamstring strength and flexibility testing.

# JOSHUA TREE ROOM

**ABSTRACT TITLE:** Increased Incidence of Syphilis in Riverside County: the Need to Screen

**AUTHORS:** Mariam Arabyan MD, Melinda Ada Jorge and Christine Soliman

**AFFILIATIONS:** University of California, Riverside & Riverside University Health System

**INTRODUCTION:** Statistics obtained from CDC and DPH indicate there has been an increase in syphilis incidence in Riverside County from 2010-2014, providing the basis of our research. While there are no recommendations for routine screening in the general population according to CDC, IDSA and USPSTF, syphilis detected via one-time routine screening in all males and non-pregnant females, ages 15-65 will help prevent further infection and disease progression.

**METHODS:** As part of the retrospective analysis, we reviewed 300 randomly selected patient charts to detect if patients had ever been screened for syphilis and the reason why. As part of the quality improvement, a sexual and social history questionnaire was randomly distributed to Family Care Clinic patients. We were able to review the data for patients that tested positive for syphilis serology between 2010-2016 provided by the information from Infection Prevention and Control department at RUHS-MC.

**RESULTS:** 183 patient charts were reviewed. Of the 183 patients, 34.2% were female and 65.6% were male. Mean age was 38.7. High risk groups included: incarceration, polysubstance abuse, infection/STI, and psychiatric disease. 41% were identified as high risk and 59% were not. 74.3% were diagnosed at RUHS with only 50% being treated for syphilis. While 41.9% were not treated, though diagnosed at RUHS. Of the patients who were diagnosed with syphilis at an outside facility, only 51% of them were documented as having had treatment. 15 of the 183 (8.2%) patients were newborns and 33.3% were either untreated or had unknown status.

**CONCLUSIONS:** Given the increased incidence of syphilis and under-treatment in Riverside County, it would be beneficial for providers to complete a one-time screen in all male and non-pregnant females, ages 15-65, regardless if high risk or not.

**ABSTRACT TITLE:** Harnessing Online Peer Education (HOPE) social media intervention to reduce prescription drug abuse among UCLA pain patients.

**AUTHORS:** Hendry Perez Pascual, MD; Kiran Gill, MS; Keith G. Heinzerling, MD; Lillian Gelberg, MD, MSPH; Sean Young, PhD, MS

**AFFILIATIONS:** Department of Family Medicine, David Geffen School of Medicine, University of California, Los Angeles, CA, USA

**INTRODUCTION:** Prescription opioid use has become a public health crises. The HOPE Study (Harnessing Online Peer Education) successfully reduced people's HIV risk behaviors by harnessing the immense power of social media to improve public health. This study examines the potential for applying the HOPE intervention to deliver low-cost, novel interventions to prevent prescription opioid abuse and overdose, and how the peer leader (PL) model can disseminate behavior change messages through the online community.

**METHODS:** In the initial phase, 8 PLs who were in long-term opioid therapy were trained. For the 12-week study, 57 UCLA Health System patients (n=57) were enrolled who were experiencing chronic pain, on long-term opioid therapy, and had prescription opioid abuse adverse behaviors assessed by the Current Opioid Misuse Measure (COMM). The intervention group joined the HOPE Facebook group where they interacted with PLs. The PLs responded to questions or comments from participants, and shared tips from personal experiences in managing their pain. The control group joined a "control" Facebook group that provided only general health information.

**RESULTS:** Attrition at 12 weeks: 5 PLs and 6 participants. Patients used social media to share personal information that is often stigmatizing by friends, family or society. Higher baseline COMM scores were associated with higher levels of anxiety ( $r=0.46$ ,  $p=0.001$ ), depression ( $r=0.45$ ,  $p=0.001$ ), pain catastrophizing ( $r=0.31$ ,  $p=0.024$ ), and use of other drugs ( $OR=1.065$ ,  $p=0.034$ ). Additional behavioral outcomes among participants in the intervention group compared to control group will also be discussed. Limitations: Study included interventions with UCLA patients, limiting generalizability to other patient populations.

**CONCLUSIONS:** The HOPE social media intervention appears to be a promising resource for improving opioid-related prevention and care among patients in chronic opioid therapy. Implementation of technology-based behavior change interventions such as HOPE may minimize risk of misuse of opioid pain medications among patients with chronic pain in the primary care setting.

**ABSTRACT TITLE:** Residency Site and Practice Location of Physicians in West vs South LA.

**AUTHORS:** Trinidad Solis, MD, Charles Cardenas, MD, Ashley Portillo, Sofia Chou, Gerardo Moreno MD, MSHS, Patrick Dowling, MD

**AFFILIATIONS:** UCLA Dept. of Family Medicine. David Geffen School of Medicine at UCLA, Center for Health Sciences Los Angeles, CA 90095-1683

**INTRODUCTION:** A key predictor of physician practice location is where physicians complete residency. Identifying residency training locations of practicing physicians is important for future GME planning, which can help address disparities in access to health care. **OBJECTIVE:** To describe the educational training (residency) of family medicine physicians currently practicing in SPA 5 (West LA) versus SPA 6 (South LA) in order to examine trends in this subset of the physician workforce.

**METHODS:** Using 2015 cross sectional data obtained from the Medical Board of California, physicians with a primary practice location in SPA 5 and those with a practice location in SPA 6 were identified. Each physician's practice location was based on their self-reported practice zip code. Data for physician's residency training was obtained from Doximity. All data was gathered and inputted manually. Data was analyzed using tables and graphs. Primary variables of interest were physician specialty and residency program completion of family physicians.

**RESULTS:** There exists a marked difference in the number of total physicians practicing in SPA 5 (n=4376) versus SPA 6 (n = 507). Approximately 1/3 of family physicians practicing in SPA 5 and SPA 6 trained in residency programs based in these areas.

**CONCLUSIONS:** An important factor associated with a physician's practice location is the site where they completed residency training. Consideration should be given to the allocation of additional funding for new GME programs located in underserved communities in order to reduce disparities in access to health care.



**ABSTRACT TITLE:** UCLA Resident Community Project: A community pipeline project to integrate mentorship, leadership and advancement opportunities for underserved youth at Van Nuys High School (VNHS)

**AUTHORS:** Heard, Kiyumi, MD, Cardenas, Charles, MD, Balderas-Anaya, Yohualli MD, Sur, Denise MD

**AFFILIATIONS:** UCLA Family Medicine Residency

**INTRODUCTION:** Underserved communities represent a high-potential source of future leaders in healthcare. The implementation of this mentorship-based pipeline project in partnership with VNHS, located in an underserved area of Los Angeles, aims to foster leadership and motivation among students through teaching and mentorship that will ultimately lead to increased matriculation into higher education and beyond, while simultaneously providing UCLA FM residents with more direct community engagement and involvement

**METHODS:** Surveys were provided to all participants, including VNHS students and participating UCLA Family Medicine Residents. Prior to the start of the curriculum, students were asked to identify demographical and situational markers, including race/ethnicity, familial education levels, primary languages, perceived barriers to career advancement, and areas of interest, to ascertain identifiable risk factors and areas of need. Residents were surveyed with questions pertaining to their comfort level with teaching, their view of residency involvement in the underserved community, and how this experience improved their experience with underserved populations

**RESULTS:** Final results pending

**CONCLUSIONS:** Polling of the targeted students identified a multitude of factors, including financial and personal, as barriers to their success. Preliminary results suggest that many residents feel as though they have not had sufficient non-clinical underserved community involvement and agree that implementation of this project has proven both beneficial and rewarding and should be continued in the community medicine curriculum.

**CASE REPORT TITLE:** Unilateral Joint Swelling as Presenting Sign of Disseminated Coccidioidomycosis

**AUTHORS:** Jason P Alvarado, MD; Eric L Maher, DO; Bernadette M Pendergraph, MD

**AFFILIATIONS:** Harbor-UCLA Department of Family Medicine

**ABSTRACT / INTRODUCTION:** 20 y/o M healthy football player was evaluated for atraumatic unilateral knee joint effusion. Thorough evaluation is always required, including aspiration of the joint, which led to the diagnosis of disseminated coccidioidomycosis. This case represents a very unique presentation with no systemic symptoms and overall nonspecific initial diagnostic study results.

**CASE REPORT (METHODS / RESULTS):**

20 y/o M college football player with 3 yrs of right knee swelling without inciting event, trauma, or functional limitations, currently living in California but previously lived in Alaska and Arizona. He is able to run and exercise without difficulty. He has no fevers, chills, or other signs of infection. His knee exam was unremarkable except for large effusion and flexion to 120 degrees. Arthrocentesis showed amber colored fluid with 9825 white blood cells predominantly lymphocytes and monocytes. No crystals. Sedimentation rate and CRP are normal. MRI of right knee showed large suprapatellar joint effusion with frond-like fatty tissue consistent with lipoma arborescens. His synovial biopsy showed extensive lymphoblastic infiltrate necrosis and granulomatous inflammation with stains positive for fungal spherules consistent with coccidioidomycosis. Infectious Disease was consulted and patient began fluconazole therapy with CXR and CT chest planned for evaluation of pulmonary involvement.

**DISCUSSION/CLINICAL SIGNIFICANCE:** Coccidioidomycosis is a fungal infection transmitted by inhalation of airborne fungal spores of *Coccidioides immitis* and *posadasii*, endemic to the southwestern US, Mexico, and South America. Presenting symptoms can be broad and nonspecific, but tend to include evidence of pulmonary involvement. Approximately 60% of infected patients remain asymptomatic, with the rest displaying only mild flu-like symptoms. Less than 1% of all infections will disseminate, with only 10-50% of those cases developing skeletal spread as in this case. This patient's presentation remains significantly atypical given his lack of accompanying symptoms or signs of infection, and overall normal labs, reinforcing the need for a broad differential and thorough history when evaluating persistent knee effusions.

**ABSTRACT TITLE:** Resident versus Attending Hospitalist Expectations and Experiences in Managing Urgent Medical Issues During the Float Rotation .

**AUTHORS:** Maya X Benitez, MD; Joseph D Dixon, MD; Shaadi Azadeh, MD; Kathleen T. Dor, MD

**AFFILIATIONS:** Kaiser Permanente Woodland Hills Family Medicine Residency

**INTRODUCTION:** During the Float rotation, R2 residents at Kaiser Woodland Hills respond to all urgent calls from the general medical wards, including the ICU. If needed, the residents may contact a hospitalist attending for assistance. To date, there is no guideline of scenarios in which residents are expected to call hospitalists for assistance. Our goal was to explore the differences in opinions between residents and hospitalists regarding when a resident should contact a hospitalist.

**METHODS:** We conducted a survey of all the 2nd and 3rd year residents as well as all of the hospitalists. In the survey, we asked the residents and the hospitalists about specific medical scenarios in which they feel a resident should contact a hospitalist for help versus when they actually do contact a hospitalist. 8/12 residents responded to the survey and 8/25 hospitalists responded. We used Microsoft Excel for data aggregation and quantified the differences in opinion regarding the above.

**RESULTS:** There was little difference of opinion between residents and hospitalists regarding when R2s should ask for assistance. There were exceptions, however: i.e., residents were twice as likely to report that they should contact a hospitalist 75%-100% of the time for an unclear EKG in a symptomatic patient. There was also notable variance in resident and hospitalist reporting of when the R2s actually do contact hospitalists, i.e., 25% of hospitalists reported that residents contact them for new respiratory distress, tachycardia, or bradycardia 75%-100% of the time, but 0 residents reported contacting a hospitalist with this same frequency.

**CONCLUSIONS:** Despite relative overall consensus regarding when R2s on the Float rotation should contact hospitalists, we found some interesting and unexpected differences in resident and hospitalist reporting. To some degree, these differences likely reflect previously unexamined disparity in resident versus hospitalist expectations and experiences. Using this information, we developed a clinical guideline to be used by future R2s on Float.

# MOJAVE ROOM

**CASE REPORT TITLE:** Ischiofemoral Impingement - Posterior hip pain in a 36 year old Runner

**AUTHORS:** Jasmin Mosley Gooden, DO; Michael Fong, MD; Marissa S. Vasquez, MD

**AFFILIATIONS:** Kaiser Permanente Los Angeles Medical Center, Division of Sports Medicine

**ABSTRACT / INTRODUCTION:** Ischiofemoral impingement (IFI) is a diagnosis based on radiographic evidence of quadratus femoris inflammation due to narrowing between the ischial tuberosity and lesser trochanter of the femur. IFI was initially hypothesized to be sequelae of hip replacements. In the case of this 36-year-old runner with no surgical history, IFI was discovered after advance imaging was indicated to evaluate her persistent hip pain.

**CASE REPORT (METHODS / RESULTS):** 36-year old female runner presented with posterior hip pain of insidious onset for 5 years. Pain worsened with running up-hill and running faster than an eight-minute mile. Pain inhibited her ability to race and complete speed workouts. Review of symptoms was otherwise negative. Previous work-up and treatments included normal nerve conduction and MRI arthrogram of left hip, and corticosteroid injection to hip without significant improvement, respectively. Examination in sports medicine was notable for tenderness to deep palpation at left ischial tuberosity. Back office ultrasound was suggestive of possible hamstring tendinosis. MRI was notable for asymmetric narrowing of left ischiofemoral space and quadratus space consistent with ischiofemoral impingement. Patient had 100% pain ablation for 2 weeks after a back office US guided steroid injection to effected area. Patient elected for surgical intervention and is currently recovering from a resection of her lesser trochanter.

**DISCUSSION/CLINICAL SIGNIFICANCE:** Ischiofemoral impingement (IFI) is a relatively rare diagnosis earning more popularity in the literature. IFI became the working diagnosis in this case due to the positive radiographic findings, and the lack of hamstring and bursal pathology, which are common etiologies of posterior hip pain in runners. There is not a consensus on the treatment. Treatments range from ultrasound/CT guided corticosteroid injections and surgical resection of the lesser trochanter. Although our patient had 100% pain improvement after the injection, she elected to pursue surgical options rather than a repeat injection to treat her re-occurring symptoms. She is currently healing. Her outcome can contribute to the growing data for the patient demographics, presentation and treatment of IFI.

**ABSTRACT TITLE:** Resident Physician Burnout

**AUTHORS:** Chau Bui, DO; Manessa Shaw, DO; Aubrey Tell, MD; Colleen Warnesky, PsyD

**AFFILIATIONS:** Dignity Health Family Medicine Residency

**INTRODUCTION:** Physician burnout has received more recognition due to its influence on the healthcare system, quality of care, and patient satisfaction (1). High levels of work stress can result in burnout which affects physician productivity and quality of care. An assessment for burnout was conducted at the Dignity Health Northridge Family Medicine Residency Program among the residents to evaluate changes to levels of physician burnout in response to structural changes to the inpatient workflow.

**METHODS:** The Maslach Burnout Inventory (MBI) is recognized as the leading measure of burnout, which measures burnout through evaluation of three components, exhaustion, depersonalization, and personal achievement. Each section had 7-8 questions with options for a score of 0-6 with each question that indicated a frequency of how often a resident would experience a certain statement. Low, moderate, and high level burnout were indicated based on the total scores of each section. An abbreviated MBI survey was handed out to residents at various intervals to monitor the effect on levels of burnout that structural changes within the residency.

**RESULTS:** Surveys conducted in June 2016, before the intervention, showed that residents averaged moderate to high levels of burnout. Changes to the inpatient workflow were implemented in August 2016. Surveys done in October 2016 showed that there was a low level of burnout in terms of exhaustion. Depersonalization still was at a high level of burnout. Personal achievement correlated to a high level of burnout. When using statistical analysis between the data obtained from June 2016 and October 2016, we used an F-test analysis with a p value of <0.05. When looking at the F-test, we failed to reject the null hypothesis for each of the three categories.

**CONCLUSIONS:** Despite structural changes in the residency's inpatient workflow, residents still averaged high burnout levels according to the Maslach Burnout Inventory. Initial scores from the beginning of the year were lower than the preceding year, but may be due to inclusion of new residents. At the core of what causes physician burnout is work-life balance, thus more focus should be done on resident well being to improve burnout.

**ABSTRACT TITLE:** Integration of CSEC into Reproductive Health Training in Residency

**AUTHORS:** Piali Basu, DO, MPH, PGY-3

**AFFILIATIONS:** Harbor UCLA Family Medicine Residency

**INTRODUCTION:** Human trafficking is the leading form of human rights violations. The prevalence of Commercial Sexual Exploitation of Children has risen, defined as sexual activity with a minor. Physicians hold a coveted position to identify victims, as 75% of CSEC report seeing a provider within 6 months. As current residency curriculum lacks training, providers lack confidence to care for this population. This needs assessment guides educational interventions, to enhance reproductive health training.

**METHODS:** A survey of 8 itemized questions will be administered to 35 Family Medicine residents at Harbor UCLA. This needs assessment addresses current knowledge, attitudes, beliefs and efficacy regarding CSEC training for resident physicians. The aim is to assess how comfortable physicians currently feel in identifying potential victims, identify current level of training with management of trafficked patients, and assess importance residents attribute to such training to a career in family medicine. Results will be analyzed via quantitative analysis to assess for statistical significance, to guide future educational interventions at Harbor UCLA.

**RESULTS:** The survey tool was administered to a total of 35 subjects. Inclusion criteria include enrollment in family medicine residency training at Harbor UCLA. Current attendings and fellows, as well as former residents, were excluded from the study. Informal interviews with several of the family medicine residents above show that residents endorse a lack of knowledge, skills and confidence to address highly sensitive medical issues with CSEC patients. The needs assessment also highlighted a subjective concern for safety for the physicians caring for CSEC patients. The majority expressed a desire for additional training, to better identify patients.

**CONCLUSIONS:** CSEC has quickly become the most prevalent form of human trafficking. Physicians play a pivotal role in identification of patients. Residents endorse a current lack of knowledge and confidence with identifying victims; however, the majority desire training for these high-risk patients. It is critical that residency programs strengthen the reproductive health curriculum, to include training on victims of sexual violence.

**ABSTRACT TITLE:** Chronic kidney disease in family medicine residency clinic patients: A retrospective study measuring diagnosis and adherence to clinical guidelines

**AUTHORS:** Sheryl Recinos, MD; Pooja Bhojak, MD; Wael Hamade, MD

**AFFILIATIONS:** RUHS/UCR

**INTRODUCTION:** Chronic kidney disease (CKD) impacts an estimated 10% of the population in the United States, and can greatly impact the morbidity and mortality of affected patients. Patients generally are asymptomatic throughout the early course of the disease process, as kidney damage accumulates. Therefore, prevention, early diagnosis, and management of CKD is essential to improving overall morbidity and mortality of patients.

**METHODS:** This study is a retrospective chart review of Family Care Clinic patients over a 12-month period (1/1/15-12/31/16) who are 18+, have a BMP/CMP, and at least 2 visits. Patients with ESRD on HD and minors were excluded. Records were reviewed on Nextgen, Dashboard, and scanned outside medical records. A convenience sample was obtained, and eGFR was calculated for the population sample using the MDRD calculator on the NIH website. Patients with CKD 3-5 were selected for the study group, followed by a detailed chart review and analysis.

**RESULTS:** We reviewed 480 patient charts, and excluded 423 patients with GFR >60 and 6 patients with ESRD on HD. We found 51 patients with CKD 3-5. Among these patients, 23 patients were diagnosed with CKD (45.1%), with the greatest proportion of undiagnosed patients found to be in CKD 3a and 3b; respectively 70.5% and 65%. 80.4% patients with GFR <60 were still on nephrotoxic medications. 74.5% of patients were on ACEi/ARBs, 62.7% on statins, and 54.9% on beta blockers. Control of underlying conditions, such as diabetes mellitus, hypertension, dyslipidemia, and hypothyroidism was reviewed. Patients were found to be at their target HbA1c 62.7% of the time.

**CONCLUSIONS:** Our study demonstrated that our high risk patients for development of CKD are being underdiagnosed, and therefore early opportunities to reduce use of nephrotoxic agents, improve blood pressure control, and provide medical management with statins and ACEi/ARBs are being missed.

**ABSTRACT TITLE:** Evaluation of quality of physician exercise counseling and baseline BMI at MidValley 4th floor clinic

**AUTHORS:** Christopher Fox, MD Gerardo Moreno, MD Arthur Ohannessian, MD

**AFFILIATIONS:** UCLA Family Medicine

**INTRODUCTION:** Mid-Valley clinic is a Los Angeles County Clinic located in Van Nuys. It is a largely underserved Hispanic community. Our primary goal was to evaluate the baseline BMI of our patient's and the frequency and quality of physician exercise counseling at the clinic. We also aimed to evaluate if there were any change's in weight or BMI based on the quality of exercise counseling the patient's received.

**METHODS:** A retrospective chart review was completed among patient's seen in clinic from November 1<sup>st</sup> 2014-October 31<sup>st</sup> 2015. Patient's were only included if they were seen twice in clinic for problem visits or once for an H&P. Data was collected on patient demographics, chronic conditions, medications and weight and BMI over the course of the 12 months. Physician exercise counseling was based on chart documentation and scored from 0-3 on the basis of 0-no counseling, 1-box checked for counseling, 2-documented counseling, 3-detailed exercise plan. These values were averaged over the course of the 12 months for the patient and compared using t-test.

**RESULTS:** There was a total of 119 charts reviewed. The mean age was 52.7 and 66.4% female. 51% were Caucasian and 41% Hispanic. 34% were primarily spanish speaking. 18.5% were smokers. The mean initial BMI was 29.3 and weight was 176 lbs. 65% received some form of exercise counseling and 56% diet counseling. The mean number of medications was 4.7 and chronic conditions was 1.6. The overall mean degree of exercise counseling was 1.08. There were higher mean degrees of counseling for females and patients with diabetes, hypertension, or hyperlipidemia. Rates were lower for smokers and patient's with coronary artery disease. Average delta weight was +0.7lb.

**CONCLUSIONS:** Baseline BMI for the clinic's patient base appears to be borderline obese with mean BMI>29. Exercise counseling was provided 65% of the time however the degree was low at 1.08/3.0. Patient's with chronic conditions received higher degrees of counseling however smokers or CAD patient's had lower rates. There were no significant differences found between degree of counseling and weight loss likely due to a small sample size.

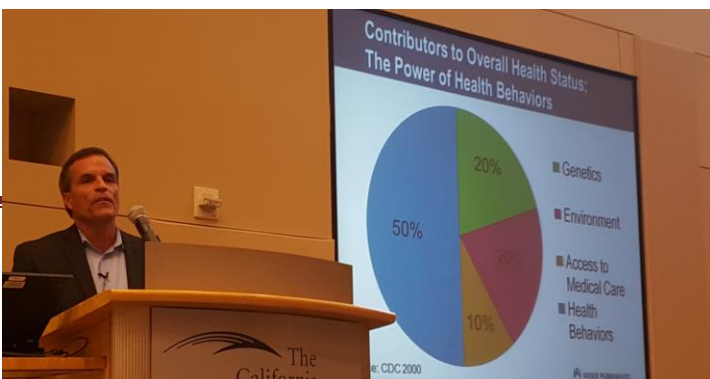
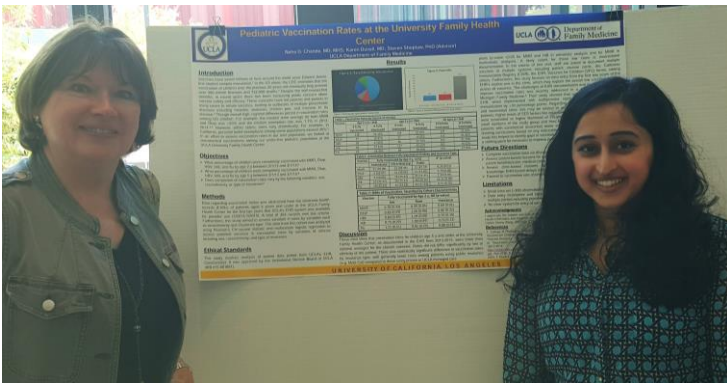


# NOTES

- Please add your name to the gift card drawing, which will be held at the end of today's event, for a chance to win one of three \$25 gift cards to Starbucks, Target, or Amazon. You must be present to claim the prize, so please stay until the end of the event!
- We encourage all attendees to complete an evaluation of the event so that we can assess its success and identify areas of improvement for future years. You can obtain an evaluation form at the registration desk. Please submit completed forms by dropping them in the labeled box at the registration desk.
- If you have any questions, comments, or concerns, please feel free to contact the committee directly at [FMResearchDay@mednet.ucla.edu](mailto:FMResearchDay@mednet.ucla.edu).



# PHOTOS FROM 2016 EVENT



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