



# Clinical Practice Best Approach

Monday, March 30 - Thursday, April 2, 2009  
Westin La Paloma  
Tucson, Ariz.

## About the Course

The evolution of health care delivery and the remarkable benefits of evidence-based medicine (EBM) make it increasingly important for clinicians to understand EBM and how to best apply its principles in clinical practice.

This conference provides a foundation in EBM basics through the presentation of common clinical conditions and a rigorous, transparent process for discovering the best evidence and its clinical implications for those conditions. Attend clinical presentations in the areas of cardiology, women's health, oncology, diabetes, and orthopedics to see how EBM results in quality clinical decisions. Also, learn the key tools, systems, and resources for obtaining and creating valid clinical information for use by clinicians and patients.

## Course Objectives

At the end of this program, participants will be able to:

- Articulate which decisions are the most effective in improving patients' health outcomes and which decisions add little or no value.
- Apply practical strategies toward using the electronic medical record to improve patient care and improve the clinician's day.
- Recognize high-risk and commonly misidentified and/or mistreated orthopedic conditions and how to best triage or manage them.
- Review cancer patient prognosis and cancer survivor medical care issues.
- Determine the best online clinical resources for patients and increase their capacity for assessing the validity of the information.
- Locate critically-reviewed research on complementary and alternative therapies.
- Describe new developments in managing atherosclerotic cardiovascular disease to improve patient outcomes.
- List the top ten priorities for effective diabetes management.
- Demonstrate techniques for explaining the pros and cons of treatment choices in a manner that allows patients to make the best decision.
- Summarize the latest developments in deep venous thrombosis and pulmonary embolus diagnosis and management.
- Evaluate and manage patients with hip and knee arthritis, learn to identify potential candidates for joint replacement, and learn the benefits of new technologies.
- Discuss the indications for hysterectomy and the pros and cons of alternative surgical and pharmacologic approaches.
- Apply a framework for local teams to improve their practice.
- Incorporate findings from recent hormone replacement studies in managing patients with complex medical histories.
- Develop tools to support local practice improvements.

# Program Agenda

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## Monday, March 30, 2009

6:15 – 6:45 a.m. Refreshments & Registration

6:45 – 7:00 Introduction – Matt Handley, MD and David K. McCulloch, MD, FRCP

7:00 – 8:00 Principles and Values of Evidence-based Medicine – David K. McCulloch, MD, FRCP

*As clinicians, we like to believe our decisions are based on the best clinical and scientific evidence available. And yet, if ten clinical specialists are asked how best to treat the same case, you may get ten slightly (or very!) different answers. Dr. McCulloch demystifies clinical decision-making using common clinical scenarios showing how the principles of EBM improve outcomes.*

8:00 – 9:00 Ten Tricks to Shorten Your Day: How to Make Epic Work for You (and Your Patients) – Matt Handley, MD

*We all strive to do the best for our patients, and with a comprehensive electronic medical record it's never been easier to do so. But all of us struggle with doing the right thing in a way that results in a sustainable practice. All too often we do the right thing, but at our own expense. Dr. Handley covers simple and pragmatic strategies for improving practice efficiency and utilizing Epic to improve patients' outcomes and your work life.*

9:00 – 9:15 Break

9:15 – 10:15 Orthopedic Pitfalls in Primary and Urgent Care – Hank Tanz, MD

*Despite the ease of orthopedic consultation via electronic medical records and digital radiography, primary care or urgent care evaluation is still the determinant of care for the majority of musculoskeletal complaints. Don't get burned by conditions which may lead to avoidable complications.*

10:15 – 11:00 E-searching for Evidence-based CAM Information – Andrea Ryce, MLIS

*Finding useful information on complementary and alternative medicine (CAM) may seem challenging, but there are methods for finding critically appraised syntheses and recommendations on CAM therapies online. This presentation gives an overview of how to best navigate established biomedical resources for evidence-based CAM information.*

11:00 – 12:00 p.m. Update in ASCVD: Assorted Topics of Relevance to Everyday Primary Care Practice – Art Resnick, MD, FACC

*Management of ASCVD has changed in recent years. Dr. Resnick reviews the evidence basis for these changes and the implications for primary care practice. Topics include management of non-LDL lipids, antiplatelet therapy issues (particularly following stent placement), and controversies in preoperative management of cardiac patients having non-cardiac surgery.*

12:00 p.m. Evaluation & Adjournment



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## Tuesday, March 31, 2009

12:30 – 1:00 p.m. Refreshments & Registration

1:00 – 1:15 Introduction – Matt Handley, MD and David K. McCulloch, MD, FRCP

1:15 – 2:15 Evidence-based Answers to Clinical Questions – Diane Civic, PhD and Andrea Ryce, MLIS

*This presentation demonstrates how to navigate the wealth of online resources to quickly and efficiently find evidence-based information to support your clinical practice. Using clinical examples, the instructors guide you through key online decision support tools and provide tips on searching PubMed and other databases. Also, learn how to assess the validity and relevance of the information you find before using it to inform a decision.*

2:15 – 3:15 Diabetes: EBM Theory to Clinical Practice – David K. McCulloch, MD, FRCP

*With the exploding epidemic of diabetes comes an exploding epidemic of strongly held opinions! With glycemic control, is lower always better or can a really low HbA1c kill your patients? Should we measure waist circumference and screen for The Metabolic Syndrome and "Pre-diabetes?" If the newer drugs lower insulin levels more shouldn't we use them more? Isn't it more important to lower insulin levels than glucose levels? Dr. McCulloch walks you through the "hot topics" in diabetes management to help you find a rational approach to the care of all your diabetic patients.*

3:15 – 3:30 Break

3:30 – 5:00 Translating Evidence into Practice (a Hands-on Session) – Diane Civic, PhD, Matt Handley, MD and Art Resnick, MD, FACC

*Gain practical experience in the critical appraisal of medical literature and research studies using a common clinical condition as an example. In small groups, participants will review the three steps of using a research article: 1) assessing the study's validity, 2) identifying the results, and 3) applying the results to patient care. The workshop also introduces a validity checklist and tools for calculating practical statistics, such as number needed to treat.*

5:00 – 6:00 A Rational and Patient-centered Approach to Cancer Care – Eric Feldman, MD

*Explore three major issues in cancer patient care, including: the rational and expedited evaluation of suspected cancer cases, understanding prognosis and participating in end-of-life decision making, and ongoing medical care of cancer survivors (two-thirds of cancer patients are long-term survivors). Dr. Feldman also discusses the role of PET scan and other new diagnostic tests, outcomes in specific malignancies, and cancer survival.*

6:00 p.m. Evaluation & Adjournment

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## Wednesday, April 1, 2009

6:30 – 7:00 a.m. Refreshments & Registration

7:00 – 7:15 Introduction – Matt Handley, MD and David K. McCulloch, MD, FRCP

7:15 – 8:15 Shared Decision-making: How Evidence Helps Patients Make Better Health Decisions  
– David K. McCulloch, MD, FRCP

*At the heart of evidence-based medicine is the idea that decisions should be based on the best available scientific evidence. The best available information, however, is insufficient to provide patient-centered care. We must pay close attention to how we organize and present evidence-based “content,” and how we communicate it to our patients. In this workshop, Dr. McCulloch presents the key concepts of shared decision-making, including patients’ varying styles of decision-making, how to incorporate patients’ values and preferences into decision-making, and how “decision aids” can assist clinicians in providing useful information to their patients.*

8:15 – 9:15 Diagnosis and Management of Deep Venous Thrombosis – Eric Feldman, MD  
*Explore the latest developments in venous thrombotic disease as Dr. Feldman discusses essential topics such as predictive testing, deciding on how long to treat, and who to treat with long-term low-molecular-weight heparin.*

9:15 – 9:30 Break

9:30 – 10:30 Total Hip and Total Knee: What, When, and for Whom? – Hank Tanz, MD  
*Do partial knee replacements, surface replacement hips, and longer lasting bearing surfaces change the indications and age recommendations for surgery? When is mini-incision surgery appropriate? Is direct marketing to patients leading to informed consumers or raising unreasonable expectations? Join Dr. Tanz and understand the risks and benefits of total hip and knee replacements and the shared decision-making process your patients need to follow to decide if these procedures are right for them.*

10:30 – 11:30 Before the Referral: Talking to Patients About Hysterectomy Options – David Hunter, MD, EdM, FACOG  
*The guarantee of no more bleeding is a siren for many women who request or have been advised to inquire about a hysterectomy. But given the 5–7 percent risk of major complications and the impact of more than a half-million hysterectomies for benign disease annually, less invasive alternatives need to be considered, including: NSAIDs, hormonal suppression of the endometrium, endometrial ablation, uterine artery embolization, and myomectomy. Involving patients in the decision-making process can begin in the primary care clinic.*

11:30 a.m. Evaluation & Adjourment

## Thursday, April 2, 2009

6:30 – 7:00 a.m. Refreshments & Registration

7:00 – 7:15 Introduction – Matt Handley, MD and David K. McCulloch, MD, FRCP

7:15 – 8:15 How to Track and Improve Your Current Practice: Part I – Matt Handley, MD  
*To effectively lead our clinical teams, physicians need to understand the basics of improving the satisfaction and clinical outcomes of their patients. What’s the best way to start? How do we engage our clinical teams to that end? What simple tools can we use to help us be successful? We discuss a simple and pragmatic framework for local improvement that can get any team started on the road to better outcomes.*

8:15 – 9:15 Hormone Replacement Therapy and Pre-Existing Medical Conditions – David Hunter, MD, EdM, FACOG  
*The Women’s Health Initiative and other studies continue to publish a wealth of sometimes conflicting information. It’s a challenge to counsel menopausal women without significant health issues, and even more problematic for women whose history would have excluded them from these studies. This talk addresses the extrapolation of current findings for women with breast cancer, cardiovascular disease, sexual dysfunction, obesity, cognitive disorders, osteoporosis, and joint disease.*

9:15 – 9:30 Break

9:30 – 11:30 How to Track and Improve Your Current Practice: Part II – Matt Handley, MD  
*Roll up your sleeves and get to work using the tools to improve your own practice. Participants choose their own topic and develop a plan that they can take back to their practices and start using next week.*

11:30 a.m. Evaluation & Adjourment

## Course Faculty

### **Diane Civic, PhD**

*Clinical Epidemiologist, Supervisor  
Evidence Appraisal and Analysis  
Group Health Cooperative*

### **Eric Feldman, MD**

*Hematology/Oncology  
Capitol Hill Specialty Services  
Service Line Chief, Oncology  
Group Health Permanente*

### **Matt Handley, MD**

*Associate Medical Director, Quality and Informatics  
Group Health Cooperative  
Family Medicine, Capitol Hill Medical Center  
Group Health Permanente  
Clinical Associate Professor of Medicine  
University of Washington*

### **David Hunter, MD, EdM, FACOG**

*Ob/Gyn, Tacoma Specialty Center  
Chief, Obstetrics/Gynecology/Midwifery  
Group Health Permanente  
Auxiliary Faculty  
University of Washington*

### **David K. McCulloch, MD, FRCP**

*Diabetologist  
Medical Director of Clinical Improvement  
Group Health Permanente  
Clinical Professor of Medicine  
University of Washington*

### **Art Resnick, MD, FACC**

*Cardiology, Capitol Hill Specialty Center  
Group Health Permanente  
Clinical Associate Professor of Medicine  
University of Washington*

### **Andrea Ryce, MLIS**

*Medical Librarian  
Group Health Cooperative*

### **Henry Tanz, MD**

*Orthopedic Surgery  
Tacoma Specialty Center  
Group Health Permanente*



## Clinical Practice Best Approach

Westin La Paloma • Tucson, Ariz.  
Monday, Mar. 30 - Thursday, Apr. 2, 2009

**Tuition:**  Medical Staff: \$475  
 Residents, Locum Tenens, ARNPs, Nursing, Others: \$395

**Register and pay in full by  
Oct. 31, 2008, and deduct \$50  
from your tuition payment!**

Name \_\_\_\_\_ Title \_\_\_\_\_

Address/Mailstop \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Email \_\_\_\_\_

**Payment Method:**  Check Enclosed  VISA  MasterCard

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**GHC CME and mail to:**  
Office of CME  
201 16th Ave. E, CWB-3  
Seattle, WA 98112

**For more information contact:**  
Maria Cardenas-Anson  
Phone: 206-326-2084  
Fax: 206-877-0714  
E-mail: [cardenasanson.m@ghc.org](mailto:cardenasanson.m@ghc.org)

## Accreditation

Group Health Cooperative is accredited by the Washington State Medical Association CME Accreditation Committee to sponsor continuing medical education activities for physicians. Group Health Cooperative designates this educational activity for a maximum of **17.25 hours in Category I** to satisfy the re-licensure requirements of the Washington State Medical Quality Assurance Commission. Group Health Cooperative designates this educational activity for a maximum of **17.25 AMA PRA Category 1 Credit(s)**<sup>™</sup>. Physicians should only claim credit commensurate with the extent of their participation in the activity.

## Conflict of Interest

Group Health Cooperative requires that faculty participating in a GHC CME activity disclose to the audience any relationship with a commercial interest that might pose a potential, apparent, or real conflict of interest with regard to that faculty member's contribution to the program.

## Registration

Tuition includes all educational sessions, course syllabus, and refreshments the day of the course. You will receive written confirmation of your registration. To receive Category I credit, providers are required to attest to how many hours they were actually present at the given activity by completing a Verification of Hours form provided by the CME office. Failure to return this form will result in denial of credit for that activity.



## About the Westin La Paloma, Tucson, Ariz.

The Westin La Paloma is a deluxe resort nestled in the foothills of the Catalina Mountains. The surrounding lush high Sonoran deserts play host to the giant saguaro cactus, rare native succulents, wild flowers, and song birds. La Paloma is designed to complement its natural setting through its desert gardens, a waterfall, and natural rock formations.

The Westin La Paloma hosts a 27-hole Jack Nicklaus Signature Golf Course, which surrounds the resort, the Red Door Spa, and a kids club with children's activities. The tennis and health center offers lighted clay floor tennis courts, indoor racquetball, a pro shop, aerobics room, Nautilus, and a personal services center. The pool area includes a specially designed kids-only pool, a quiet relaxation pool just for adults and the Slidewinder, a 177-foot waterslide. Every room at the Westin La Paloma has its own private balcony or patio, spacious sitting area, separate shower and tub, plus oversized closet wardrobe for extended stay.



## Lodging and Registration

The Westin La Paloma is pleased to offer Group Health a special group rate of single/double guest rooms at \$269 per night. Suites are available at an additional cost per the La Paloma rates. **To receive your group rate, please make your reservation no later than February 26, 2009 and identify yourself as a participant in this Group Health event.** Please register directly with the Westin La Paloma reservation services at 1-800-Westin1 (937-8461). Further accommodation and local activities information will automatically be sent to you upon registration. See you in Tucson!

**Cancellation Policy:** The Office of Continuing Medical Education must receive telephone or written notification of your cancellation. A \$35 processing fee will be deducted from refund requests received at least 14 days before the first day of the course. Requests for cancellation received within 14 days of a course will be given a refund less half of the tuition fee. No refunds will be issued following the beginning date of the course.

*The CME Office exercises the right to conduct its courses based on meeting a minimum enrollment and reserves the right to cancel this course 30 days prior to the course date. If this happens, each registrant will be notified and given a full refund. Group Health Cooperative is not responsible for any travel costs incurred, including cancellation penalties.*