

**SCAFP Abstract Submission Form**  
**Summer Break Away & Annual Assembly**  
**June 4-7, 2026**

**Resident Research Presenters ONLY**

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Primary Presenter Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ AAFP ID Number#: \_\_\_\_\_

2<sup>nd</sup> Presenter Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ AAFP ID Number#: \_\_\_\_\_

Presentation Title: \_\_\_\_\_

Residency Program Name & City \_\_\_\_\_

Was Institutional Review Board (IRB) or similar approval obtained? \_\_\_\_\_

\*\*If IRB approval wasn't obtained, please provide documentation of IRB exemption status.

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**Abstract and Biography Submission Format**

1. The abstract must utilize the IMRAD format (Introduction, Methods, Results, and Discussion).
2. Limit abstract to 300 words.
3. Abstracts must be typed and single-spaced on a single sheet of paper. The name(s) of the presenter(s) should be beneath the presentation title, which should be in all capital letters at the top of the page.
4. Please avoid abbreviations. Limit the title to 15 words.
5. The abstract should not contain references or credits.
6. Upload WORD Documents only
7. Upload Abstract
8. Upload Biography

**Sample Abstract Format:**

**REDUCING HOSPITAL UTILIZATION THROUGH IMPLEMENTATION OF A COMPREHENSIVE COPD CLINIC**

**Jessica Hund, MD and Meg Sorrell, DO**

**INTRODUCTION:**

Chronic obstructive pulmonary disease (COPD) is the third leading cause of death in the United States. In 2014, readmission for COPD was included in the Hospital Readmission Reduction Program, with hospitals facing financial penalties for excessive readmission rates. The goal of this study is to assess the effectiveness of implementing a comprehensive COPD clinic on ER utilization and hospital admissions.

**METHODS:**

Patients were identified at discharge from an inpatient stay or emergency room visit for a COPD exacerbation and referred for follow-up at a comprehensive COPD clinic. A standard template and order set were created for outpatient visits. Patients underwent pulmonary function tests, evaluation and adjustment of medications and inhalers based on current guidelines, and referrals to pulmonology, palliative care, and pulmonary rehab when appropriate. Smoking cessation counseling, initiation of long-term oxygen use and nutrition counseling were also provided if needed. The number of healthcare utilization occurrences (hospital admissions and

ED visits) for each patient was collected for 6 months prior to their enrollment in the COPD clinic and compared to healthcare utilization occurrences during the 6 months post-intervention. Data was compared using paired Students t-test.

**RESULTS:**

Currently, 36 patients have enrolled in our COPD clinic. Most (75%) of patients are female and the average age is 62. On average, there were 1.8 healthcare utilization occurrences per person in the 6 months prior to enrollment versus 0.61 events in the 6 months post-enrollment ( $p < 0.01$ ). This represents a 66.1% reduction in healthcare utilization occurrences. The majority of our referrals (78%) are from inpatient providers at our affiliated hospital, with the remaining referrals from the ED and outside hospitals.

**DISCUSSION:**

Implementation of a comprehensive COPD clinic requires a multidisciplinary, hospital-wide approach but shows early promise for reducing ED visits and hospital admissions.