Network Study Featured in National Publication

The Network Study of Family Practice (also known as the Direct Observation of Primary Care Study) was recently featured in a special theme issue of The Journal of Family Practice. The May, 1998 publication features ten reports on Network Study findings.

The decision to devote an entire issue of the Journal to the Network Study was based on its importance to family practice and the health care system at large, according to editor, Paul Nutting, MD, MSPH. In an editorial in the theme issue, Nutting writes, “The insights we can derive from this study will certainly lead to new ways of understanding and improving family practice operations, the physician-patient encounter, and the larger health care system. This study demonstrates the power of practice-based research and the importance of reuniting practice with research.” Among the findings in the theme issue are the following:

- **There is indeed a family focus to family practice.** Seventy percent of patients had family members who saw the same family physician. During 18 percent of visits, the physician provided medical care for an additional family member.

- **Patients develop relationships over time and multiple visits.** On average, patients had been with their family physician for more than five years and saw the physician four times during the previous year.

- **Family physicians identify mental health problems.** Twenty-five percent of adult patients reported recent emotional distress. During 18 percent of those visits, family physicians diagnosed depression or anxiety, often providing counseling.

- **Illness visits are opportunities to provide preventive services.** During 1/3 of illness visits, patients received at least one preventive service, with no decline in patient satisfaction. There was, however, a 2-minute greater visit duration.

- **Family physicians provide a high level of patient education.** In 90 percent of visits, patients received health education or advice.

- **Family physicians show high levels of interpersonal communication, accumulated patient knowledge, coordination of care, and continuity of care.** Delivery of these attributes is associated with patient satisfaction and delivery of different classes of preventive services.

(Continued on page 3)

RAPP Member Returns to Research

Doctor Henry Bloom’s 1968 medical school application was a harbinger of things to come. In it, the young student described his interest in conducting research, especially in the areas of health care delivery and medical systems.

Although 30 years have passed, those early research interests have not been lost. Bloom, who has been in solo practice in Cleveland Heights since 1985, began his medical career as a full-time academician. When he moved from academics to private practice, however, the time and resources available for research began to dwindle. In addition, his career shift meant a shift in priorities. “I feel as though you can only do so many things at once,” states Dr. Bloom. “If you’re a family doc, patients ought to come first.”

**The Time Was Right**

In recent years, however, Dr. Bloom decided that the time was right to undertake research once again. In 1997, he received funding from the OAFP Foundation for a study entitled, “A Strategy for Selective Treatment of Respiratory Infections in the Antibiotic Resistant Era.” Developed with assistance from Kurt Stange, MD, PhD and Stephen (Continued on page 2)
Nurse Facilitators Guide The STEP-UP Process

Sue Zronek (left) and Mary Ruhe

Eighty RAPP practices are currently participating in The Study to Enhance Prevention by Understanding Practice (STEP-UP). The study, which was developed out of findings from the Network Study of Family Practice showing low rates of preventive service delivery, helps practices develop prevention strategies specific to their unique needs and characteristics.

Key to that process are Mary Ruhe and Sue Zronek, STEP-UP’s nurse facilitators. Mary and Sue visit each practice, getting to know personnel, providing feedback on prevention rates, and assisting practices in developing tailored strategies designed to increase prevention rates. They bring both expertise and enthusiasm to the task of enhancing prevention by understanding practice.

Mary Ruhe views her work as a STEP-UP facilitator through a variety of lenses. She earned her nursing degree from Clark State Community College in Springfield, Ohio in 1980 and a bachelor’s degree in English from Central Michigan University in 1992. She has worked in the primary care setting and in occupational health; in the hospital setting she has worked in neonatal intensive care, labor and delivery, and the medical/surgical unit. Thanks to her range of knowledge and experience, as well as her strong interpersonal skills, Mary has developed an understanding of the benefits and challenges of facilitating change, and has gained new insights into the dynamic nature of family practice.

“Primary care practices have become the center of health care, this is where patient services are being orchestrated” Mary explains. “As a result, family practice staff are doing increasingly complex tasks.” Mary is impressed with the ability of practices to adapt to the changing nature of health care and is excited about being part of a study that takes those unique characteristics into account.

Sue Zronek brings extensive experience in both nursing and research to the STEP-UP team. She has worked in a wide variety of research endeavors at CWRU since 1991, and was a research nurse in the Network Study of Family Practice. Sue thrives in the role of facilitator, she explains, because “Every intervention is new and every practice is different.” She recently completed her own investigation of “Elderly Patients’ Understanding of Advance Directives” and has presented seminars for health care providers and community groups on end-of-life decision-making. Sue has been an ICU nurse for 12 years. She received her BSN from CWRU and will complete her MSN as an Adult Nurse Practitioner in May, 1999.

As a researcher and a nurse, Sue appreciates the innovative nature of STEP-UP. “This is a unique opportunity to learn how individual practices function to provide care and to work together in exploring ways to enhance that care. We’ve received a warm welcome and enthusiastic responses from practices, and that has made our role a very positive experience.”

RAPP Member Research
(from page 1)

Zyzanski, PhD, of the CWRU Department of Family Medicine, the study examines Dr. Bloom’s innovative, family-wide approach to the evaluation and treatment of respiratory infections. This includes evaluating patients who present with respiratory problems, making a judgment as to the likelihood of viral versus bacterial illness, and doing nasal and pharyngeal swabs.

Patients with probable viral illness are followed and given antibiotics only if cultures grow a respiratory pathogen; patients with probable bacterial illness are empirically prescribed an antibiotic, which is completed if the culture is positive for a respiratory pathogen. The antibiotic used is determined by the results of cultures on other recently ill household members or patient allergies and may be switched based on non-response to therapy, a positive culture showing resistance to the drug and the actual sensitivities of the bacteria.

Dr. Bloom is studying a case series of patients with respiratory infec-

(Continued on page 3)
tions in order to describe this treatment approach and its outcomes. Nurse/office manager Lynn Kelley plays a key role in the study. In addition to logging information about patient cultures and antibiotics, Ms. Kelley prepares a daily list of study enrollees’ family members who have presented with similar respiratory infections during the previous two weeks. These secondary case patients are enrolled if they are treated for respiratory illnesses within two weeks of the index case. She also collects follow-up data by calling patients at 3, 7 and 14 days after their index visit to ask about resolution of symptoms.

**Studying What We Do Every Day**

Dr. Bloom’s unique approach to treating respiratory infections, and his desire to study the approach, have developed over years of observing the course of such illnesses in families. “The most dramatic cases are the families that have staph and/or strep,” Bloom explains. “One kid has a runny nose, another one has impetigo, a third one is asymptomatic but growing the same staph or strep from their nose or throat, a fourth one has a cough...If you try to treat just the individual, you can spend months chasing it around the family. And I believe if you don’t culture them and get sensitivities ... you’re very likely to be treating them with the wrong antibiotics.”

Because the study is based on his usual clinical practice, Dr. Bloom has found it possible to incorporate the protocol into his standard routine. “It fits neatly in practice because it’s what we do every day,” according to Bloom. Lynn Kelley’s extra time on the study, which is funded by the OAFP Foundation grant, has included conducting follow-up calls to patients from home on weekends. Kelley, Bloom’s only full-time employee, describes the additional workload as “rough” but “manageable.” She believes the extra effort is worthwhile because of the importance of raising awareness of the potentially negative effects of long-term antibiotic use.

**Another Horizon To Look At**

The concern about antibiotic overuse/resistance was one of several factors which motivated Dr. Bloom to pursue this study. He had long feared and predicted an increase in resistant bacteria and, after years of observing what he felt was a tendency by the medical community to over prescribe antibiotics, his frustration grew. Other factors included his desire to help increase the body of knowledge about appropriate antibiotic use, and, he candidly admits, the potential ego boost that comes from conducting a successful study.

For Dr. Bloom, the return to research has been a positive experience. Data collection on his study was recently completed and he and Ms. Kelley are working with Dr. Zyzanski on analyses. “It will be interesting and humbling to see how the data come out,” Dr. Bloom said. Regardless of the results, however, he encourages other family physicians to consider initiating a study. “I’m sure there are lots of [people] in practice who have thoughts about what they’re seeing every day, which they might want to test...It pulls you out of the day-to-day drudgery of practice and gives you another horizon to look at.”

---

**National Publication**

(from page 1)

- Family physicians tailor their advice about health habits.
  Health habit advice was given to patients who were at the highest risk and at a time when it was likely to have the most impact.
- Physicians seeing a high and low volume of patients spend their time with patients in similar ways. However, high volume practice was associated with slightly lower levels of patient satisfaction, preventive service delivery, and measures of the quality of the doctor-patient relationship.

Additional data analyses are underway and, according to principal investigator Kurt Stange, MD, PhD, more articles will be published. “Thanks to the 138 RAPP clinicians who took part in the study, we have a wealth of data available. We expect at least 40 more papers to be written.”

Those who wish to suggest additional analyses or be involved in writing or reviewing future papers are encouraged to contact Robin Haynes at (800) 471-7277 or (216) 368-0837.

Page 3 - The RAPP Sheet
Paper Reviewers Needed!

Input from RAPP members has been crucial to the success of the Network Study of Family Practice. Because all study papers have been reviewed by RAPP members, publications reflect the experience and perspective of practicing physicians, as well as the rigor and research methods of the academic team.

On the form below, please indicate your interest in reviewing future Network Study papers and provide any study ideas you might have, then fax to (216) 368-4348. A member of the study team will contact you.

Name ___________________________ Phone ______________________ E-mail ___________________________

☐ I would like to review a future paper from the Network Study of Family Practice. (Please indicate any general or specific areas of interest): __________________________________________________________

☐ I am interested in helping write a future Network Study paper.

☐ I suggest that the following topic(s) be considered for future Network Study papers: __________________________________________________________

☐ I would like a consultation about developing my own study. Please contact me.