The RAP Sheet

Newsletter of the Research Association of Practices

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FAMILY HISTORY TOOL STUDY TO BE CONDUCTED IN RAP

RAP practices will have the opportunity to participate in the innovative Family History Tool Study this fall. Louise Acheson, MD, MS of CWRU Department of Family Medicine is the Principal Investigator of this randomized controlled trial, which is funded by the CDC. The goal of the study is to assess the clinical utility of the CDC's new online Family History Tool. The study will investigate the effects of the Family History Tool on patients' risk perceptions and preventive health behaviors, and primary care physicians' responses to information provided by the tool.

Each physician will recruit 55 healthy patients between the ages of 35-65 who have an upcoming medical visit. Patients will complete an online survey (at home or in the office) about their own health and the health of relatives, and a baseline health behavior questionnaire.

Intervention group patients will receive a personalized health risk report to read and

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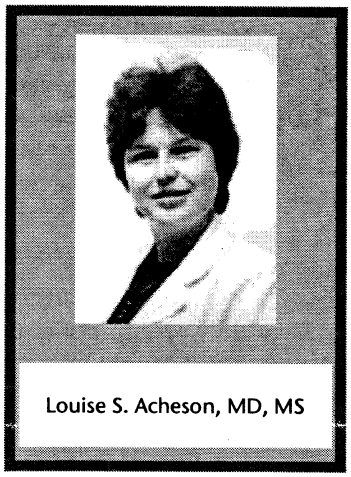

Louise S. Acheson, MD, MS

RAP BOARD DISCUSSES RESEARCH PROJECTS, NEW IDEAS

The RAP Board of Directors met in early summer to discuss current research projects, emerging study ideas, and new opportunities for the network. Also in attendance were several members of the CWRU Department of Family Medicine research division who are engaged in RAP research projects.

CDC Family History Tool Study

As noted above, Louise Acheson MD, MS of the CWRU Department of Family Medicine presented the CDC-funded Family History Tool study, in which RAP practices have the opportunity to participate. The goal of this randomized, controlled trial is to assess the clinical utility of the CDC's computerized Family History Tool and to investigate the effects of the tool on patients' risk perception and preventive health behaviors, and on primary care physicians' responses to information provided by the family history tool.

Medical Student Projects

The Case medical school curriculum has been revised to include a significant research component. Beginning with the class matriculating in late summer 2005, students will be required to conduct a research project during medical school. Students can earn a Master's degree, but only if they also complete the additional course work required for the degree.

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RAP SAYS FAREWELL TO VALERIE GILCHRIST, M.D.

RAP is losing a long-time member of the Board of Directors. Valerie Gilchrist, MD has left her position at the Northeastern Ohio Universities College of Medicine (NEOUCOM) to become the Chair of the Department of Family Medicine at East Carolina University. We wish Val all the best in this exciting new position, and thank her for her friendship, intellectual stimulation, and her leadership in linking the NEON and RAP networks. ❖

Inside this issue:

RAP Physician Profile: An Interview with Bob Blankfield, MD, MS

How did you get involved in practice-based research?
I had some research aspirations during my family medicine residency at Fairview General Hospital. With the help of Rob Kelly, MD, I was able to complete a research project regarding the effect of continuity of care upon physician satisfaction in a residency program setting. Upon finishing residency, I completed a research fellowship at the Case Western Reserve Department of Family Medicine, in the process obtaining a degree of Masters of Science in Family Medicine. Steve Zyzanski, PhD, was a wonderful advisor during the fellowship. He helped me complete a thesis project, a study of taped therapeutic suggestions in coronary artery bypass patients. Since then, he has been an instrumental consultant and collaborator in a series of practice-based research projects.

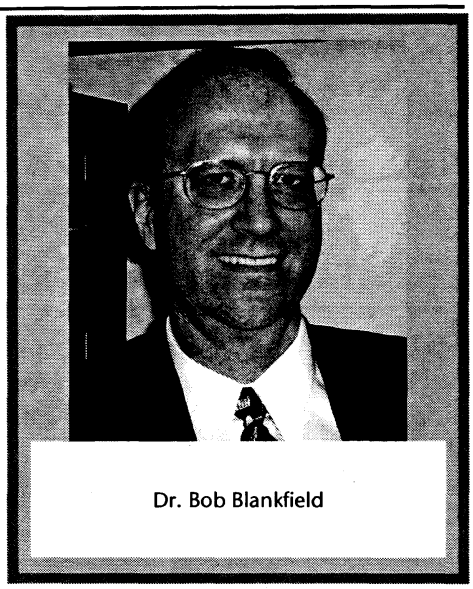
Tell me about your current area of inquiry.
During medical school, I noticed that many ambulatory patients had leg edema, but they did not have heart failure, cirrhosis of the liver, or nephrotic syndrome. I wondered as to the cause of all this leg edema. Eventually, I learned to make a diagnosis of venous insufficiency in these individuals.

While working at Neighborhood Family Practice, and with the assistance of a cardiologist, a vascular surgeon, and my colleagues in the practice, I conducted a study to look at the causes of leg edema. The family doctors and a nurse practitioner rendered a clinical impression prior to sending the patients for laboratory evaluation. In the vast majority of instances, the clinical diagnosis was venous insufficiency. However, after performing echocardiograms and duplex scans of the lower extremities, it turned out that only a fraction of the patients had venous insufficiency.

The big surprise was that 40% of the enrollees had pulmonary hypertension, and in half of those instances, the pulmonary hypertension was unexplained. That is, there was no associated cardiac or pulmonary condition to explain the pulmonary hypertension. The differential diagnosis for pulmonary hypertension is fairly short, and most of the conditions are uncommon. The only condition on that list that occurs frequently is obstructive sleep apnea.

Since then, I completed several studies to clarify the relationship between leg edema and obstructive sleep apnea. Initially, I thought that the combination of leg edema and pulmonary hypertension would be a marker for sleep apnea. However, in edematous patients, the frequency of obstructive sleep apnea is high, regardless of whether they have pulmonary hypertension or not.

Because most of these patients were obese, and since obesity is a risk factor for sleep apnea, it became necessary to answer the question "Is edema a marker for sleep apnea, independent of obesity?" That study, published last year, demonstrated that in women, but not men, leg edema is a marker for sleep apnea, independent of obesity. After 10 years of toil, that was my first positive study. A related study showed that treating the obstructive sleep apnea lessens the edema, thereby making the case for a causal relationship between obstructive sleep apnea and leg edema.



Dr. Bob Blankfield

Not many Family Physicians engage in research as a principal investigator who initiates research projects. What motivates you?
I enjoy it a great deal. I hesitate to confess to my family medicine colleagues that it's more interesting than seeing patients, but for me, that's the case.

Are you engaged in any research projects currently?
Data involving my own patients indicates that sleep apnea patients with edema have a slightly lower albumin level than sleep apnea patients without edema. Steve Zyzanski and I are in the process of writing a paper based upon these results.

I would like to perform echocardiograms during sleep in a group of sleep apnea patients. I suspect that they experience intermittent left ventricular failure, during apneic episodes. However, it may not be technically feasible to obtain echocardiograms while these individuals sleep.

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Interview with Bob Blankfield, MD, MS

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My work with leg edema and sleep apnea has provided me with some insights regarding the cardiovascular system. Based on those insights, I wrote three essays. The topic of the first essay is fluid retention and antihypertensive medications. The topic of the second essay is fluid retention, cardiovascular disease, natriuretic peptides and cyclooxygenase-2 (COX-2) inhibitors. The topic of the third essay is the cause of essential hypertension.

Have you considered becoming an academic physician-researcher?
That's something that I've thought about from time to time. To this point, I think I've had the best of both worlds. In terms of clinical practice, I think that medicine is more enjoyable in a non-academic setting, away from all the politics that are part of academia. As far as research is concerned, most of my research subjects have been my own patients. Were I in an academic setting, I would have had a smaller panel of patients, and, in some instances, probably not enough to achieve statistically significant results.

What has been absolutely vital for my research is the assistance I have received over the years from the members of the Research Division of the Department of Family Medicine at Case Western Reserve University School of Medicine. Without that support, I could not have completed any of my research projects. I am grateful, for that type of assistance is usually available only if one works in an academic environment.

I do not have protected time to do research, which some might see as a problem. But when I talk with clinical researchers at the medical school, oftentimes they do their research work on nights and weekends because their days are taken up with other responsibilities. So, doing research as a community physician has distinct advantages and few disadvantages. It works for me. ❖

Family History Tool Study to be Conducted in RAP

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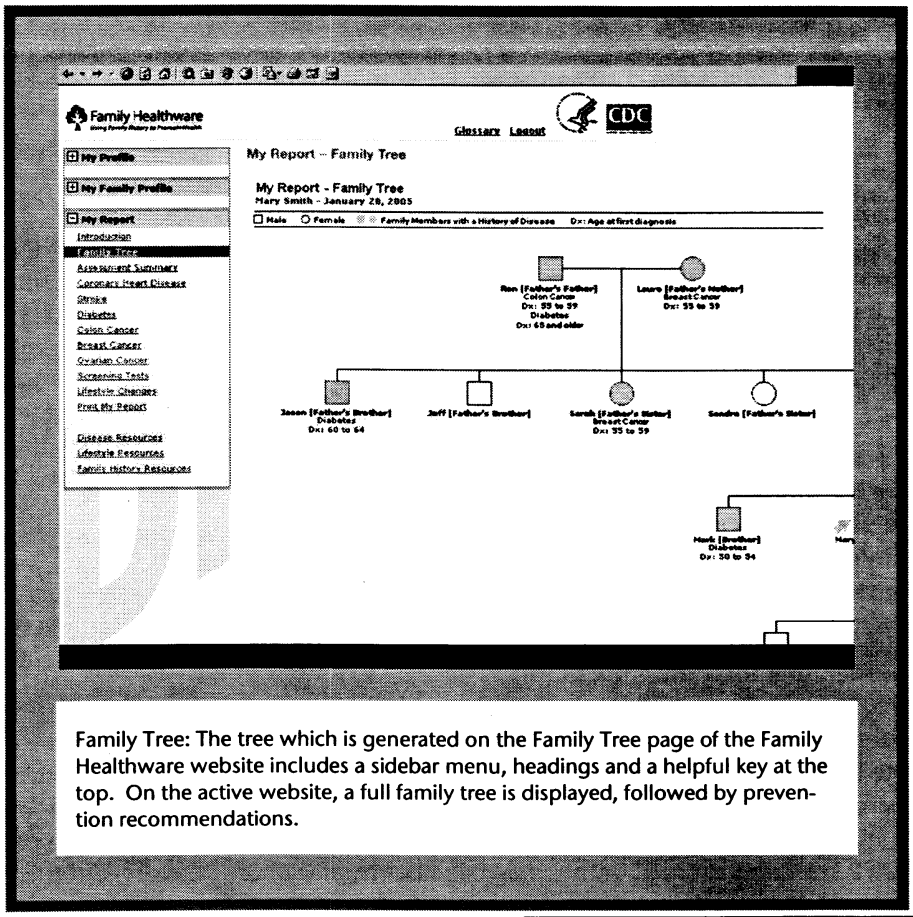
take to their medical visit. Control group patients will receive a standard non-tailored report. Changes in patients' risk perceptions, health status, and prevention behavior will be assessed at 6 months.

Intervention group patients' personalized reports will feature a family tree, which is illustrated (right).

Practices with at least 2 full-time or nearly full-time physicians are eligible for participation. Participating practices will designate a study coordinator, who will attend a weekend training session. Practices will be given a PC or laptop and a printer, which can be kept after the study is completed. A generous stipend will also be given to participating practices.

If you are interested in participating in this exciting study, please contact Jim Werner, PhD at james.werner@case.edu or (216) 262-6655. ❖



Family Tree: The tree which is generated on the Family Tree page of the Family Healthware website includes a sidebar menu, headings and a helpful key at the top. On the active website, a full family tree is displayed, followed by prevention recommendations.

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RAP Board Discusses Research Projects and New Ideas

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The medical school enrolls approximately 160 new students each year.

The Board agreed that students conducting research in Family Medicine are likely to need a mentor to assist with research design and a community preceptor to provide a practice environment for carrying out studies.

The Board discussed the potential burden that this new curriculum might place on area preceptors, and suggested that it might be appropriate for the medical school to compensate community preceptors with a stipend. It was also suggested that AAFP Foundation small grants may be a means of funding for preceptors; however, these funds are quite limited. Local hospitals may also be able to provide small grants to cover a group of preceptors. It is likely that preceptors can obtain CME credit for their efforts.

Emerging Study Ideas

Henry Bloom, MD suggested that it would be interesting to examine the health effects of caffeine in patients over age 40.

Patty Kellner, MD suggested that there is a need to document what a nurse brings to a practice. Currently MAs answer patient calls, triage patients, and organize visits, but this can be problematic because many MAs do not have the necessary level of training for these tasks. Employing Registered Nurses to do these tasks can save time for physicians, but may be cost prohibitive. Through group discussion, the question that emerged was, "How can you make it financially viable to use a nurse to take patient calls, triage patients, and organize visits?"

The next RAP Board meeting is scheduled for Wednesday, November 2 from 12:30-5:00 pm. ❖

Want to get involved? Use the pull-out form!