



The RAP Sheet

Newsletter of the Research Association of Practices

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“Practice-to-Practice”: A New Communication Resource

Where can family practices get together to share information and ideas about clinical topics, practice management and administrative issues? Soon, they'll be able to visit and learn at Practice-to-Practice, a virtual “meeting place” for primary care practices.

Practice-to-Practice is an interactive web site. The concept was developed by the RAP Board of Directors to foster communication among Northeast Ohio practices. Highlights of the web site include:

1) **Let's Talk**—a unique opportunity for participants to pose questions, share ideas and suggest solutions about daily practice. It includes two discussion forums: “What's Going Around,” which allows family practices to report on disease clusters and find out if others are seeing similar trends; and “Q&A From Practice,” a forum for discussing all other aspects of practice, from clinical to management to administrative issues.

2) **Quarterly Question** —Each quarter, we'll give participants the

opportunity to answer a brief, practice-relevant question, based on a topic raised in the Let's Talk discussion forum. We'll summarize the results, to help develop a better understanding of day-to-day practice in our region.

3) **Rapid Research**—Join other clinicians in generating indepth new knowledge. We'll pose a research question directly relevant to primary care practice, and participants will gather brief information about a small number of patients. Aggregate results will be posted for new insights into practice.

Practice-to-Practice will be introduced to family practices later this year. For further information, or to register for the site, contact the RAP office at 216-368-0837 or rsh@po.cwru.edu. ❖

We Have a New Name!

Your research network has a new name! After six years as the Research Association of Practicing Physicians (RAPP), the network is now known as the Research Association of Practices (RAP). The new name was approved by the RAP Board of Directors at its October, 2001 meeting.

The change, while seemingly small, carries an important message, according to network steward Kurt Stange, MD, PhD. “The Board felt it was important to reflect the collaborative nature of practice-based research,” he explained. “Family practice research, like family practice itself, is a team effort.”

“RAP studies have involved important participation by nurses, administrators, medical assistants, and other members at each practice,” Stange continued. “The new name reflects this ongoing collaboration.” ❖

How Prevalent is Staff Turnover? What's New in Medical Records? STEP-UP Provides Insights

If you're a RAP practice, you probably know STEP-UP (the Study to Enhance Prevention by Understanding Practice) as a preventive service delivery project. This clinical trial, which helped practices develop tailored approaches to prevention, is making important contributions to our understanding of the delivery of preventive services. But that's not all: STEP-UP data are generating insights into other aspects of practice as well. Two analyses are examining topics that affect virtually every family practice in Northeast Ohio: 1) staff turnover and 2) the state of medical records.

Staff Turnover: A Common Theme

If staff turnover seems to be a constant problem in your practice, you're not alone. According to a study by STEP-UP nurse facilitator Mary Ruhe, RN, the average rate of turnover among personnel at participating practices was 52% during a 2-year period. Turnover was highest among non-physicians: 93% of practices had a new non-physician staff member within two years, while 12% of practices had a new physician during the same period of time. The average length of employment for non-physician staff was 4 years, compared to 9 years for physicians.

Several factors were related to turnover among practice staff. For example, length of employment varied according to staff position.

Business staff had been with their practices an average of 3.4 years, compared to 4 years for clinical staff and almost 8 years for office managers. Length of employment was also related to whether or not a practice was part of a larger health care network. In network-affiliated practices, staff had an average length of employment of almost 2 years, compared to 4 years in non-network practices. This pattern was similar for physicians: network-affiliated physicians were at their practice sites for almost 6 years, compared to 11 years for physicians at non-network sites.

Variety in Medical Records

Although medical records are a crucial part of practice, there has been little research into the features of records, how they are used, and their relationship to other aspects of practice. A study of STEP-UP data, by research nurse Sharon Weyer, RN, set out to describe medical records and to examine their association with preventive service delivery rates.

Chart reviews were an important source of data for the STEP-UP project and, in the course of reviewing more than 3,400 records, research nurses found great variation in organization, utilization and completeness:

- Northeast Ohio family practices were fairly evenly divided in their use of dictation, with 55%

of practices dictating notes.

- Computerized medical records are not yet a regional standard—only one participating practice had a paperless medical record system in place.
- Practices vary in their use of flowsheets for preventive services delivery. Furthermore, the presence of a prevention flowsheet did not ensure that it was used. For example, immunization flowsheets were present on 71% of charts, however, they were used on only 34% of charts. And while 16% of medical records had flowsheets for health habit counseling, they were used on only 3% of records reviewed.
- The study found a relationship between the use of flowsheets and rates at which patients were up to date on recommended preventive services. When flowsheets were present, patients were more likely to be up-to-date on the delivery of immunizations, screening and health habit counseling.

For information on how you can participate in STEP-UP data analyses, or in writing or reviewing papers, contact RAP at 216-368-0837 or rsh@po.cwru.edu. ❖

Network Study Still Generating New Knowledge

RAP's inaugural project, conducted in 1995-96, was the Direct Observation of Primary Care Study, also known as The Network Study of Family Practice. The study gained a new, indepth understanding of the family practice setting by directly observing 4454 patient visits in 84 RAP practices.

More than 35 papers from the DOPC Study have been published or are under review. Recent publications include the following:

Blankfield RP, Goodwin MA, Jaen CR, Stange KC. **Addressing the unique challenges of inner city practice: A direct observation study of inner city, rural and suburban family practices.** *J Urban Health.* 2002; in press.

Oliver MN, Goodwin MA, Gotler RS, Gregory PM, Stange KC. **Time use in clinical encounters: Are African-American patients treated differently?** *J Nat Med Assoc.* 2001;93:380-385.

The DOPC Writing Group. **Conducting the Direct Observation of Primary Care Study.** *J Fam Pract.* 2001;50:345-352.

Williams RL, Flocke SA, Stange KC. **Race and preventive services delivery among black patients and white patients seen in primary care.** *Med Care.* 2001;11:1260-1267.

Yawn BP, Zyzanski SJ, Goodwin MA, Gotler RS, Stange KC. **Is diabetes treated as an acute or chronic illness in community family practice?** *Diabetes Care.* 2001;24:390-396.

Yawn BP, Zyzanski SJ, Goodwin MA, Gotler RS, Stange KC. **The anatomy of asthma care visits in community family practice.** *J Asthma.* 2002; in press.

RAP members are encouraged to take part in analyses of data from the DOPC Study or in writing or reviewing papers. For further information, contact the RAP office at 216-368-0837 or rsh@po.cwru.edu. ❖

Pediatrics Program Seeks Primary Care Input

The Division of Pediatric Endocrinology at Rainbow Babies and Children's Hospital is undertaking programs addressing the needs, perceptions and evaluation of children with short stature. They would like to work with primary care physicians on joint projects, and to best meet their needs and those of their patients. For information and/or discussion, contact:

Leona Cutter, M.D.
Chief, Pediatric Endocrinology and Metabolism
Rainbow Babies and Children's Hospital, Room 737
11100 Euclid Ave.
Cleveland, OH 44106
Phone: 216-844-3661 or 216-844-3666
Fax: 216-844-8900

Research Association of Practices
Department of Family Medicine
Case Western Reserve University
10900 Euclid Avenue
Cleveland, OH 44106-7136

The RAP Sheet is a publication of the Research Association of Practices, administered by the Department of Family Medicine at Case Western Reserve University. Correspondence should be addressed to the department at 10900 Euclid Ave., Cleveland, OH 44106-7136.

Editor:
Kurt C. Stange, MD, PhD
Managing Editor:
Robin S. Gotler, MA

Make the NIH Asthma Guidelines Work For You!

Gain hands-on experience and personalized support in utilizing the practical concepts of the National Asthma Education and Prevention Program's clinical guidelines. In this program, sponsored by MetroHealth Medical Center and Case Western Reserve University, you will:

- Learn about the latest in asthma care and apply your learning. A one-day session will provide classroom education and a hands-on workshop/precepting.
- Meet the specific needs of your practice. Individualized follow-up and support will be provided, at your practice, to address medical, technical and organizational issues.
- Earn as much as 8 - 20 CME credits.

Upcoming sessions will be held June 28, September 13, and October 4.

For information, see the program brochure at
<http://cme.cwru.edu/newCMEsite/brochures/asthma/default>
or call the CWRU CME office at (216) 368-2408.