



The RAP Sheet

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STEP-UP:

Increased Prevention Rates Sustained over 24 Months

The STEP-UP clinical trial previously reported increased preventive service delivery rates at 12 months of follow-up in participating RAP practices. More recent results reveal a sustained increase in preventive service delivery rates at 24 months post intervention. These results are particularly exciting for two reasons. First, few interventions have been subjected to long-term analysis of effectiveness. Second, they allay concerns that practice change may diminish after the outside stimulus is gone, when competing demands and inertia might divert time and energy toward other activities.

In previous studies, sustainability beyond the end of an intervention and

a brief follow-up period typically has not been addressed. When longer follow-up is available, decay usually is observed. The findings of STEP-UP, and a few other studies showing sustained effects from multifaceted interventions, are cause for optimism among those working to improve preventive service delivery.

STEP-UP researchers believe these sustained effects are likely due to the practice-individualized approach of the intervention. A change plan designed to fit the unique characteristics of a practice are more likely to become a part of the usual practice routines than an intervention dependent on outside stimulus or advocating the use of standardized or "one size

fits all" tools and approaches. In addition, STEP-UP's continued peer-comparison feedback on preventive service delivery rates allowed practices to track progress while assuring that improvements in one area did not come at the expense of other preventive services. For additional information this article is available at: www.ajpm-online.net, then click "View All Issues," and select Vol. 25 issue 4.

Stange KC, Goodwin MA, Zydzanski SJ, Dietrich AJ. **Sustainability of a practice-individualized preventive service delivery intervention.** *Am J Prev Med.* 25 (4): 296-300, Nov 2003. ❖

The Future of Family Medicine

Join the Discussion

The March/April issue of the *Annals of Family Medicine*, available at www.AnnFamMed.org,* features as a supplement the report of the Future of Family Medicine Project. The main findings are presented in a report and ten recommendations that are available both online and in print. More details are available in the reports of five task forces that are published online. You can get a quick

overview by reading the abstract at the beginning and the 10 recommendations at the end of the main report.

Begun with a goal "to transform and renew the discipline of family medicine to meet the needs of patients in a changing health care environment," this project was conducted by seven family medicine organizations. It engaged a large group of family physicians and other concerned individuals in gathering information, iden-

tifying challenges and opportunities, and presenting a plan for moving forward.

The report presents a starting point for action. However, it will only be useful if it becomes a living blueprint that evolves through interaction with those who care about the potential of family medicine and its partners to improve health and healthcare. The *An-*

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* The *Annals*, now indexed by Index Medicus and MEDLINE, is available free to everyone. The print version is available free to members of the AAFP, STFM, NAPCRG, AFPRD, ADFM and those certified by the ABFP, and to others by paid subscription. Sign up at www.AnnFamMed.org.



Practice to Practice Website Quarterly Question Results ...and a New Question

The Practice-to-Practice website (<http://cme.cwru.edu/ptop/>) is a vehicle to foster communication among family practices in Northeast Ohio. One way this is accomplished is with the "Quarterly Question" presented on the "Let's Talk" discussion forum.

The latest Quarterly Question, "How has the current malpractice crisis affected you?" yielded interesting and sometimes chilling responses. Here are the numbers and narratives shared by the 9 clinicians from Northeast Ohio who logged onto the website to answer the question. The

results show a high degree of impact of the malpractice crisis, at least among many of the 9 respondents.

For us, the short stories below were even more compelling than the statistics, and portray a picture of an important negative impact on at least some family practices, and potentially on patient care.

If you would like to continue this discussion, log onto the Practice-to-Practice website and share your comments on the "Let's Talk" discussion forum. Also please take the time to respond to the next Quarterly Question: *"How have your elderly patients been affected by the rising cost of prescription medications and how are they responding to the situation?"* This question will be posted on the Member's Section of the Practice-to-Practice website.

Access to the website is available by the URL address: <http://cme.cwru.edu/ptop/> . The public information section is available to everyone. To gain access to the interactive Member's Section, log in using the green "Login" navigation bar; non-members must first click on "Become a Member" and follow the directions. The "Let's Talk" discussion forum can be accessed on the member's home page by clicking on the blue navigation bar on the left or the blue circle on the right. If you have any questions or difficulties email Sharon Weyer at ptop@cwru.edu. ❖

Quarterly Question: "How has the current malpractice crisis affected you?"

Total respondents: 9

The Numbers:	YES
Premiums raised	78%
No longer insured by carrier	22%
Considering changing carrier	22%
Given up aspects of practice	22%
Considering quitting practice	0%
Have quit practice	0%
Enjoyment of practice diminished	44%

The Narratives:

- 1 Stopped OB last year, 80% increase, had to pay \$250,000 tail for 5 doctors. This year had 25% increase, and we will soon be back to paying what we used to pay while doing OB.
- 2 I had to get a new carrier after two went bankrupt. I'm certainly nervous about hospitalizing patients, and I'm doing more defensive medicine.
- 3 This is my FOURTH carrier in 4 years. My last carrier dropped ratings and I had to change and they raised my rates from 8400/yr to 10500/yr, which at the time was not a reason to change. I am now with GE Medical Protective by the skin of my teeth and paying 8000/yr for this year only. I do not do OB or any significant surgical procedures.
- 4 It is becoming increasing difficult to provide Obstetric care.
- 5 I am employed by a hospital system. My hospital is strongly considering self insuring for professional liability. I worry that if I decide to leave this practice, I will not be able to initiate a new policy as an individual. I have put all consideration of fulltime nursing home based practice on hold because malpractice insurers will not cover anyone in full time nursing home practice.
- 6 I was in a rural area doing OB as part of my Family Practice. My premiums went from 16 to 36 thousand dollars in one year with NO claims. My rural hospital had to close their OB unit, my partner and I had to leave, (He left Ohio) and I am no longer doing OB. I am miserable and I am currently working to find a way to do OB again.
- 7 I am in an academic setting and malpractice is provided through hospital (self-insured for deductible with catastrophic umbrella insurance). I have been fortunate to have experienced no direct personal effect on my practice.

Something to Crow About: RAP Researchers Keep Up the Quality Research

Below is an abridged list of recent publications detailing the network research of RAP members. RAP members are encouraged to submit reprints or citations detailing their collaborative work for recognition on these pages. For further information, contact the RAP office at 216-368-2756 or Sweyer3@netscape.net. ❖

Callahan EJ, Stange KC, Bertakis KD, Zyzanski SJ, Azari R, Flocke SA. **Does time use in outpatient residency training reflect community practice?** *Fam Med* 35(6): 423-7, 2003 June.

Outpatient visits by 244 new adults seeing 33 second- and third-year residents in a university clinic in Northern California were compared to 277 new adult outpatient visits to 92 community family physicians in Northeast Ohio, using the Davis Observation Code (DOC). The DOC uses observation to classify visit time into 20 different behavioral categories, reflecting different physician styles of interaction with patients. Experienced family physicians provide more technical and less preventive and psychosocially oriented care than residents. This may reflect differences in patient mix, practice setting, physician experience, and the time and financial pressures of community practice. These findings may be used to modify residency training to better reflect actual community practice and to guide future studies of the effects of experience and different practice environments on physician style with patients.

Carpiano RM, Flocke SA, Frank SH, Stange, KC. **Tools, teamwork, and tenacity: an examination of family practice office system influences on preventive service delivery.** *Prev Med* 36 (2): 131-40, 2003 Feb.

Testing a theoretical model of practice influences on preventive service delivery that accounts for Tools (preventive service aids/equipment), Teamwork (office organization), and Tenacity (prevention delivery attitudes), we found Teamwork and Tenacity appear to be more important than Tools in delivering preventive services in primary care practices. This suggests that future research and initiatives need to focus beyond Tools as the sole answer for improving

prevention and consider prevention within the context of the physician office—a social environment that is a dynamic system comprising multiple staff members with multiple tasks and demands related to the goal-driven task of providing patient care.

Yawn B, Zyzanski SJ, Goodwin MA, Gotler RS, Stange KC. **The anatomy of asthma care visits in community family practice.** *J Asthma* 39 (8): 719-28, 2002 Dec.

Visits for asthma shared several characteristics with visits for other chronic conditions but were longer than visits for other chronic illnesses or for acute illness. A greater percentage of time is spent discussing patient compliance, evaluating patient knowledge, and providing smoking assessment and cessation advice. Visits for asthma are structured differently than acute care visits and specifically address issues important to asthma self-management. Future quality improvement initiatives should recognize, affirm, and enhance many current behaviors by family physicians, while working to expand specific areas of care that still fall short of asthma care guidelines.

Yawn B, Goodwin MA, Zyzanski SJ, Stange KC. **Time use during acute and chronic illness visits to a family physician.** *Fam Pract* 20 (4): 474-7, 2003 Aug.

Time use varies by visit type with more time spent on compliance assessment, negotiation, and nutrition advice during chronic care visits. Acute care visits include more time for procedures, physical examination, feedback on test results and health education. Physicians structure their use of time to fit the differing goals of acute and chronic care visits.



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The Future of Family Medicine

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nals features an online forum that provides an opportunity to discuss this. *Your voice is important.* Please join the discussion at www.AnnFamMed.org. Click on Current Issue, Supplement, and Comment on This Article.

Plan for Northeast Ohio

This report can serve as an important springboard for action. The sponsoring organizations are developing national action plans. We have an opportunity to shape the future of family medicine in Northeast Ohio.

If you would like to participate in a planning group to examine how family practices and our health care systems can be “renewed and transformed” locally, please email your name and any initial thoughts that you have to Kurt Stange at kcs@case.edu, along with any times (specific weekday afternoons, evenings, Saturdays) that you might be willing to attend a planning meeting. If you don’t have access to email,

send this information to the “Correspondence to” address noted above. We will arrange a meeting to plan next steps. One option would be to hold this meeting in the afternoon on Saturday, June 12th, after the Case Department of Family Medicine 2nd Annual Family Medicine Scientific Assembly, which will be held from 8 a.m. – noon that day, and will provide 4 hrs of CME credit. ❖

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