

# The RAP Sheet



Newsletter of the Research Association of Practices

## WINTER BOARD OF DIRECTORS MEETING HELD AT CASE

The RAP Board of Directors met in early December to discuss a range of issues relevant to the practice-based research network (PBRN). The meeting provided an opportunity for Board members to reconnect with one another, discuss important opportunities, and present research ideas.

### *Clinician-initiated Research Ideas*

The tradition of clinician-initiated research in PBRNs is alive and well in RAP.

Board members presented a variety of interesting and important study ideas inspired by real-world family practice. Here is sample of the study ideas discussed:

- How do patients value and prioritize visit-related issues including

complaints, family issues, mental health, prevention, chronic disease, follow-up and visit duration?

- In order to prioritize screening recommendations, can medical communities effectively develop local consensus statements about which conditions require routine screening?

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### **RAP Board of Directors**

Robert Blankfield, MD, MS  
Henry Bloom, MD  
Valerie Gilchrist, MD  
Gwen Haas, MD  
Patricia Kellner, MD  
Conrad Lindes, MD  
Tom Mettee, MD  
Michael Rabovsky, MD  
Heather Ways, MD  
Archie Wilkinson, MD

## NEW RESEARCH DIRECTOR

A new faculty member in the Case Department of Family Medicine, **Jim Werner, PhD**, was recently appointed as RAP's Director of Research. For 7 years, Jim worked as the Research Director of ASPN, one of the largest and most productive practice-based research networks. He brings expertise in grant writing and practice-based research methods, and has experience in all aspects of PBRN development.

At Case, Jim is leading an initiative at the Cancer Center to develop capacity in practice-based research and community-based participatory re-

*"It's a privilege for me to be working with RAP and the terrific researchers at Case."*

search. In addition to working with RAP, he is developing practice-based research capacity at the Case School of Dentistry and among community health centers in Cleve-

land. The RAP Board of Directors welcomed Jim to the network at its meeting on December 8. "It's a privilege for me to be working with RAP and the terrific researchers at Case. I look forward to collaborating with RAP clinicians to develop studies that address questions of importance to them," he commented. He added that RAP clinicians should be encouraged to contact him to discuss research ideas. Jim can be reached at james.werner@case.edu or (216) 368-2758. ❖

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## WINTER BOARD OF DIRECTORS MEETING HELD AT CASE

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- How can racial and ethnic disparities in the assessment and treatment of heart disease be effectively addressed?
- What is the impact of malpractice litigation on practice patterns?

### Proposed Fellowship Program

The Board discussed several new and proposed research projects at Case. Network Steward Kurt Stange, MD, PhD led the discussion of a grant proposal recently resubmitted to obtain federal funds for a novel PBRN-Cancer Control re-

search training program. The full-time, 2 to 3 year fellowships would train clinicians in both cancer control and practice-based research methods. There

is currently no other training program of this type in the U.S. If funded, fellows will work closely with RAP practices where they would conduct research. In exchange, fellows will relieve several

RAP physicians of clinical duties for brief period so that the network clinicians can pursue their own research interests. At the completion of the program, fellows will have the capacity to be successful independent investigators. Kurt expects to learn about the funding status of the proposed fellowship within a few months.

gator of the 5-year study entitled, "EPOCHS: Enhancing Practice Outcomes through Community and Healthcare Systems." EP-OCHS will examine ways to enhance practices' capacity to reach self-determined goals by maximizing strengths and drawing upon a variety of resources.

### Student Research Projects this Summer

Board members expressed enthusiasm about working on research projects with medical students again this summer. Sue Flocke, PhD has coordinated this student program in conjunction with her summer research course for several years. If you would like to serve as a preceptor or suggest topics for student research projects, please com-

plete and fax the enclosed form, or e-mail Sue at [susan.flocke@case.edu](mailto:susan.flocke@case.edu). ❖



RAP Board of Directors:

Back L-R: Conrad Lindes, MD, Robert Blankfield, MD, MS, Tom Mettee, MD

Front L-R: Henry Bloom, MD, Gwen Haas, MD, Michael Rabovsky, MD, Patricia Kellner, MD

Not pictured: Valerie Gilchrist, MD, Heather Ways, MD, Archie Wilkinson, MD

### Newly Funded Study

The Board engaged in an extended discussion about the latest project in RAP's continuing study of practice organizational systems, which will begin in a few months. Kurt Stange is the Principal Investi-

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

## RAP PHYSICIAN PROFILE: AN INTERVIEW WITH MIKE RABOVSKY, MD

**T**ell me about your practice. I practice with the Cleveland Clinic Health System in Beachwood. It's a multi-specialty practice with many different departments including ambulatory surgery, radiology, and a range of medical subspecialties. It's a great place to work in terms of all the support systems that we have.

*How long have you been there?* Seventeen years ago I started a solo family practice in this building, and it grew to be a 4-person group practice. We decided to incorporate it into the Cleveland Clinic when they bought this building in 2000, so I've been with the Clinic for 4 years. Our family medicine suite has 5 family docs; I'm the Medical Director, so about 30% of my time is administrative. The remainder is spent in patient care.

*How did you get involved in research?* I've not done a great deal of research because patient care always takes precedence, but I started working on clinical projects when I was on the teaching faculty at the University of Connecticut in the 1980's. Then I became involved in Kurt Stange's studies and participated in the Direct Observation of Primary Care study and STEP-UP. I'm a member of the RAP Board; it's a great group with a lot of energy and good ideas.

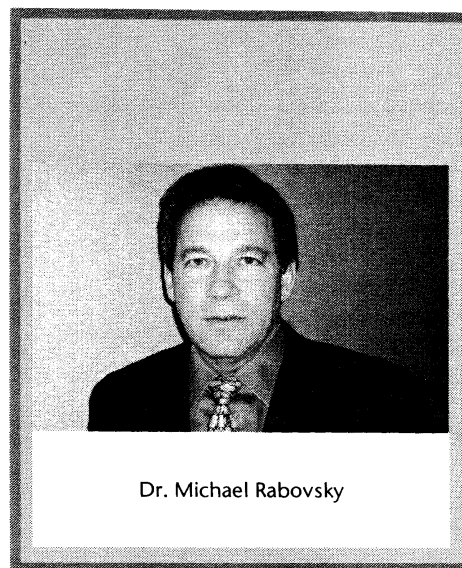
*Tell me about your research project.*

I've given a smoking prevention talk to the 5<sup>th</sup> grade class at Beachwood Elementary School every year for the last 7 years. The 5<sup>th</sup> grade has about 100 kids each year. The talk is based on the AAFP's Tar Wars presentation to make kids aware of the long-term effects of tobacco use. The school is part of a small, fairly affluent school district, and the elementary school kids go on to attend Beachwood high school.

It occurred to me that it would be interesting to study the kids' attitudes and tobacco use as they progress through school. Steve Zyzanski, Kurt and others at Case helped me develop a survey to look at attitudes and influences on tobacco use, frequency of use, age of earliest experimentation with tobacco, and what kids recall from the 5<sup>th</sup> grade prevention talk. The survey has 16 items, and we were able to get approval to administer it to kids in grades 6 through 12 in 2004. Most of them attended my presentation when they were in the 5<sup>th</sup> grade. A high school student was trained to administer the survey, and she continued doing this even after she graduated from high school. We're in the process of analyzing the data now.

*What do you hope the study achieves?*

It will be interesting to see what influences these kids to smoke or to stay away from smoking.



Dr. Michael Rabovsky

Since the study started, smoking-related advertising has been curtailed; for instance, you don't see Joe Camel in ads anymore, but 5 years ago you did. I'd like to find out about kids' perceptions of tobacco in the current environment. It will be interesting to see if the Tar Wars talk has had any positive impact and which aspect of the talk made the most lasting impression. We might also compare the smoking prevalence data to schools with similar demographics, to see how well we're doing relative to others.

*Are you hoping to publish the findings?*

That wasn't my primary objective from the start, but we'll publish it if it's considered to be publishable work. Mostly, we hope the findings will give the school system and parents more information about what these kids are thinking and doing with respect to tobacco use. ❖

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## OPPORTUNITY TO PARTICIPATE IN STUDY OF DIABETES IN CHILDREN

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The incidence of type 2 diabetes (T2DM) in youth has increased 10-fold over the last decade. However, systematic data regarding optimal methods to treat T2DM in children and adolescents are lacking.

Rainbow Babies and Children's Hospital is one of 12 clinical centers in the US participating in a prospective, randomized, NIH-funded trial to evaluate treatment regimens and the clinical course of T2DM in youth. The **Treatment Options for type 2 Diabetes in Adolescents and Youth (TODAY)** Trial compares the efficacy of 3 treatments in maintain-

ing glycemic control among 750 participants over 2-5 years. The 3 treatment arms consist of standard diabetes education plus: (i) metformin, (ii) metformin & rosiglitazone, and (iii) metformin & an intensive lifestyle program incorporating nutrition, physical activity, and behavior modification.

The primary outcome is time to treatment failure, defined as HbA1c  $\geq 8\%$  for 6-months. Secondary outcomes include measures of beta cell function, insulin resistance, nutritional status, physical fitness, diabetes complications, quality of life, and cost

effectiveness. The influence of individual and family behaviors is also evaluated.

TODAY provides medical care and supplies at no cost. Individuals who are 10-17 years old and have had T2DM for less than 2 years may be eligible. For more information about the TODAY trial or to discuss patient referral, call 216-368-1833. ❖

