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CDC FAMILY HEALTHWARE IMPACT TRIAL UPDATE

In the fall of 2005 RAP practices had the opportunity to join a multi-center study of the CDC's newly developed *Family Healthware* family history tool. Two practices in the network took advantage of this opportunity joining clinicians from AAFP Nation Research Network practices in twelve states who enrolled a total of 425 participants. From all centers 3785 patients participated in this national CDC study.

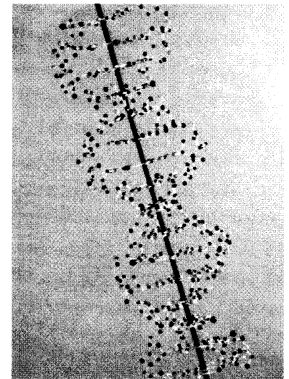
Family Healthware is a web-based tool that can be used to assess a person's familial risk for six diseases (coronary heart disease, stroke, diabetes, and colorectal, breast, and ovarian cancer). It provides users with a "prevention plan" containing personalized recommendations

for lifestyle changes and screening. Researchers at three academic centers collaborated with the CDC National Office of Public Health Genomics to conduct this cluster-randomized clinical trial to investigate the utility of the *Family Healthware* tool in primary care practices.

Throughout the coming months the investigators, including principal investigator, Louise Acheson, MD, MS, will be working on analyzing and reporting the baseline data and the study outcomes, such as effects of the personalized messages on preventive care. Baseline findings of the study have been submitted for presentation at several government-sponsored and professional meetings, including STFM Spring Conference,

American Society of Human Genetics, Society of Behavioral Medicine and the American Association for Cancer Research.

Follow-up data collection from patients wrapped up at the end of September, by which time participants from all practices had the opportunity to use *Family Healthware*. Although the website is now closed, the CDC is offering a license to groups that want to use *Family Healthware* for research or healthcare. Those who may be interested in obtaining a Family Healthware license are asked to contact Rodolfo Valdez at the Office of Public Health Genomics via email at: rbv4@cdc.gov



Patients completed an online survey about their health and the health of their relatives and received a personalized health risk report

THE RAP SHEET

NEWSLETTER OF THE RESEARCH ASSOCIATION OF PRACTICES

WINTER 2008 VOLUME 11, NO. 1

NIH CTSA FUNDING PREDICTS STRONGER PBRN INFRASTRUCTURE

The National Institutes of Health has awarded \$64 million to Case Western Reserve University, in partnership with University Hospitals, the Cleveland Clinic and MetroHealth Medical Center to transform how clinical and translational research is conducted, ultimately enabling researchers to provide treatment more efficiently and effectively to patients.

Cleveland Clinic, University Hospitals and MetroHealth Medical Center cover 90 percent of the medical care delivered in the seven county area, offering a wealth of clinical research opportunities.

Pamela Davis, MD, PhD,

Dean of the Case School of Medicine, is Principal Investigator on the project.

The goal of the Cleveland Clinical and Translational Science Award (CTSA) is to provide full service, integrated clinical translational research capability within the Cleveland clinical research community. Dr. Richard Rudick, vice chairman of the Neurological Institutes at the Clinic, and co-principal investigator of the grant, indicates, "patients are depending on us to work together—this grant really stimulates that."

The Cleveland CTSA provides resources for the development of a Practice-Based Research Network

(PBRN) Shared Resource. This Shared Resource will foster collaborative PBRN research, creating an environment in which productive relationships will be cultivated between community-based clinicians and clinical researchers.

(Cont on page 3)



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GEAUGA COUNTY MEETS THE CHALLENGE

When Mark Rood, MD attended a seminar on practice-based research at Case last year he found himself challenged. In the second session, the audience was asked to think of ways in which they might contribute to practice-based research.

I had the opportunity to sit down with Dr. Rood and his wife, Robin Rood, MEd, RD to specifically

discuss how together they met that challenge by challenging others.

What inspired the Geauga County Fitness Challenge?

"I went home after the PBRN session and talked with my wife about what was discussed in the seminar. She, being a dietitian, reminded me of then recent findings from a

Robert Wood Johnson study on obesity. It found Geauga to be the most obese county in the country. We were the county with the most urban sprawl and highest rates of obesity. Geauga is a unique county with one community hospital and an active primary care practice presence (cont on page 5)

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GEAUGA COUNTY FITNESS CHALLENGE *(CONT FROM PAGE 1)*

of doctors who all know each other. I thought these factors would lend themselves to an intervention or a response to say, 'look, here is a county with an identified problem and here is our intervention—here's how we respond; Geauga County fights back, so to speak.'

How did you begin to bring your ideas to fruition?

"Don Goddard and I brainstormed and jotted our ideas down on a napkin. We were approaching it as more of an in-class project rather than an initiative. We wanted to involve the local YMCA and mobilize other community resources such as the library, churches, county commissioners and senior centers."

How did the shared resource of the PBRN assist you in the planning?

"Kurt Stange, MD, PhD advised us a lot on funding and how we might go about gaining support for our project. However, we realized early on that if we went the grant route, we could potentially end up having more costs than we had initially anticipated. We were afraid time spent seeking grant funding would be time spent away from the project—valuable time that was much needed.

He also guided us on the project's title. Rather than deeming it 'The Geauga County Obesity Study' we decided, per his suggestion, to give it a more positive connotation by referring to it as a 'challenge'. One of the things we learned from the PBRN seminar was that, while methods, objectives and protocols were important, time was also of the essence."

How then did you define your population and how did you pay for it?

"We decided that we would provide access to residents and those employed in Geauga County. We then went to community stakeholders. We approached the Geauga YMCA and the UH Geauga Medical Center and asked them if they would be interested in sponsoring, or at least agree to defer some of the costs. To their credit, the hospital immediately agreed to fund the entire project themselves. It was a shoestring budget but we were confident it could work."

Robin enters to join the discussion. She serves the study as lead dietitian and project coordinator.

How did you market the project on such a tight budget?

Robin: "One of our first news articles appeared almost by accident in the Cleveland Plain Dealer last year, day after Thanksgiving. It was a great opportunity for free advertisement but we were not technically ready to roll out the challenge. When the phones began to ring off of the hook we wait-listed interested people and contacted them when we were ready to launch. I also attended several health expos in surrounding areas so I was able to reach many people at those events. I still attend, give my talk about the challenge and hand out information as to how to get involved."

What do you offer participants who take on the challenge?

"We offer three group fitness sessions at the Geauga Y and

three group nutrition sessions. I lead the nutrition sessions and focus primarily on portion control, grocery shopping and eating out. I also talk about mood and eating, recipe modification and, especially during the holidays, how to make healthy choices at social events and parties."

You are nearing your one year anniversary. What are some of your goals for 2008?

"We would like to complete follow-up for those who are near or at the six-month wrap up. We would also like to bring the Fitness Challenge to the schools and take on a whole family approach. There is a definite call to address teen obesity in the county. It is also our hope to publish in the same journal the original RWJ study was in; we would say, 'here's an interesting Geauga County response to being labeled the most obese county in the nation and here's what we did.'"

While the GCFC continues to enroll, the Rood's began working with an MPH student to oversee follow-up. Other family physicians in the county have offered their practices as "weigh-in" locations in order to correctly calculate BMI and track it over time. Mark and Robin will tell you there were lessons to be learned from the project and that their ultimate goal is to integrate fitness and wellness into the community while promoting preventive health maintenance. Ultimately, facilitators would like to see everyone wearing the T-shirt that claims, "I met the Geauga County Fitness Challenge." Hats off to Mark and Robin Rood and the citizens of Geauga—keep up the good work!

Interview by Dena Fisher on October 18, 2007



Dietitian, Robin Rood encourages participants to shop smartly, read labels and to keep food logs of their dietary intake. They are also given the opportunity to revisit the nutrition sessions multiple times.

This, says Rood, has increased the effectiveness of the experience.

"GEAUGA HAS A STRONG COMMUNITY OF FAMILY PHYSICIANS WHO WERE WILLING TO PARTICIPATE"



All participants receive baseline height and weight measurements to correctly calculate BMI

QUALITY IMPROVEMENT: SIX SIGMA AT WORK



When Don Goddard, M.D. first came to UH Extended Care Campus he found there was plenty of room for quality improvement.

"THE IMPROVEMENT PROCESS IS ABOUT BREAKING A LARGE PROBLEM DOWN INTO SMALL STEPS IN ORDER TO COME UP WITH CREATIVE SOLUTIONS TO FIX IT"



The UH Extended Care Campus

Don Goddard, M.D. has a black belt though he does not use it to test his own physical strength or that of others; rather he uses it to improve quality and delivery processes in a healthcare setting. Dr. Goddard's black belt is in Six Sigma, a highly effective improvement approach used to advance quality of care, patient safety and satisfaction, organizational efficiencies and the bottom line. As Chief Medical Officer of University Hospitals Extended Care Campus in Geauga County, Dr. Goddard sees many opportunities to exercise his black belt in striving to cultivate long-term, sustainable process improvements through the tools Six Sigma affords him.

"Six Sigma does quality improvement", says Goddard. And this is exactly what he does on his campus. The tools he speaks of stem from five basic principles of Six Sigma: Define, measure, analyze, improve and control. Goddard measures each in stages as he and his team work to solve a problem. By measuring the tools in stages, Goddard believes you are able to rectify the problem while improving the bottom line. This, he feels, allows for a business case to be made.

Dr. Goddard says his interest in quality improvement is rooted in the early stages of his career before he became a family physician. Before attending medical school, Goddard was an electrical engineer. When he made the transition to medicine he continued to focus on quality improvement and looked for ways to apply it to the ever evolving healthcare setting. "I never really paid much attention to the numbers, only focused on quality and patient satisfaction." This

paid off. When a consultant came into his practice to evaluate their work, Goddard was informed that his was among the top 2% in the country for patient satisfaction and his overall collection rate had reached a boastful ninety-nine percent.

Goddard brought his Six Sigma expertise from Geauga Medical Center where he oversaw many projects that made both tangible and intangible improvements. "Here, at the extended care campus, when we look at projects we look to answer how it is going to affect the bottom line; when we present it to the board we hope to promote cohesiveness among the many levels of administration to ensure we are all working toward the same goal."

Dr. Goddard rarely utters, "I" or "me." When he refers to the success of a project he reminds me that it is the team who identifies a problem and then works together to solve that problem: "The more diverse your team is the more likely you are to develop a good, solid solution to the problem...a well-rounded team is extremely important."

One of the initial projects Goddard tackled when he first arrived at the extended care campus was to solve the mystery of lost and unaccounted for rental equipment. "No one could figure out where it was going... according to our spreadsheets we were losing over 300,000 dollars a month in lost equipment." In response, Goddard facilitated a meeting among a core group to address the situation. Using the tools of Six Sigma and going through each step, Goddard's team was able to grasp the prob-

lem and develop a solution while grossly improving the bottom line—one that is still in place today.

Other examples of Goddard's recent Six Sigma projects are neatly displayed in a large binder and include projects such as getting medications to the floors on time, surgery scheduling and receiving timely lab reports. The status and success of each project is posted in common areas around the campus including the nurse and staff lounges. This reinforces the value of the team's work, as well as serves as a reminder of the importance of quality improvement through the Six Sigma process.

Not all of the projects Dr. Goddard and his staff tackle require the full Six Sigma approach however. "Here we use a Plan, Do, Study, Act approach (PDSA) in that we teach the teams to map out a problem with cause and effect diagrams and then how to effectively brainstorm. We gave classes on these techniques and the brief PDSA cycles have seen a lot of success." For example, a group of nurses in Unit A at the campus get together every Thursday for pizza and, using some of the Six Sigma tools, they do brief PDSA cycles to address current issues or problems they are experiencing. Dr. Goddard notes that these are very useful. "In healthcare, people are so strapped and we find we can only manage two, maybe three, Six Sigma projects at a time... the PDSA cycles enable us to make quick, incremental improvements."

Continued on next page...

SIX SIGMA AT WORK *CONT..*

Although the entire Six Sigma process takes roughly 90-120 days to complete, Goddard does not feel that this is conducive to a medical setting. "Six Sigma should be one of the many weapons you have in your bag to approach quality improvement. Your 'tank division' is Six Sigma but your 'ground troops' tackle PDSA cycles." This tactic seems to be what has continually worked for Goddard and his teams and when asked about the future of Six Sigma pertaining to family medicine he has this to say: "Six Sigma can really work in family medicine when all of the steps are appropriately and effectively covered. Take diabetes, for instance, everyone knows hemoglobin A1c needs to be at goal—the process however to get to that goal can be long and arduous. It's about breaking it down into small steps in order to develop solutions to larger problems." He adds that it has been his experience that most all of the physicians he knows who have been involved with Six Sigma really "love it" and find they are able to encourage and foster staff involvement. As far as time constraints, Goddard has seen projects in outpatient offices move from start to finish in about six weeks.

Before outpatient offices plan to

implement Six Sigma Goddard suggests first that they pilot a few PDSA cycles. "There are certain tools that work better in different environments. One question I would ask is what tools work best in primary care offices." He also recommends to anyone who is doing Six Sigma in their practice to follow the steps exactly as indicated. "Veering away is not a good idea; it inevitably will get you into trouble. When we try to skip a step or add an extra task, we find ourselves off track." He adds, "It's kind of cool when you find out what the real problem is, be it simple or complex, and are able to solve it because you have taken the necessary steps to properly define it."

Don Goddard's enthusiasm is rich and infectious. His passion for quality improvement is evident in how he works to problem solve everyday. For 2008 his plans are to monitor the improvements made through Six Sigma. "Our plan is to follow all of the projects beginning in '08 for one year. The idea is that after a year, the process improvement is established and becomes a natural part of practice." To further his Six Sigma agenda in the coming year, Goddard plans to circulate a three-month report highlighting im-

provements made and ask other managers to submit additional success stories they would like to share. "This is necessary to motivate and drive home the idea of a continuous improvement culture."

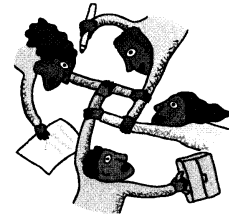
As I exit down the large corridor of the Extended Care Campus I hear music playing and am reminded of Dr. Goddard's compression wound project. The Six Sigma team developed a tactic to play music every two hours to serve as a reminder to ensure regular wound checks are being done. On Sundays, they developed breakfast in bed as an opportunity for the patients to have their skin thoroughly evaluated. This is quality improvement. The black belt Goddard obtained does not afford him trophies and physical recognition; however it certainly provides him with the satisfaction of knowing that he carries the tools necessary to improve healthcare delivery and patient satisfaction.

To learn more about Six Sigma for healthcare visit *The American Society for Quality* at: <http://www.asq.org>

Contact:

donald.goddard@UHhospitals.org

Interview by Dena Fisher on October 12, 2007



Goddard encourages his teams to discuss, debate and challenge in order to develop solutions.

"IT IS NECESSARY TO DRIVE HOME THE IDEA OF A CONTINUOUS IMPROVEMENT CULTURE"

CTSA AWARD *CONTINUED FROM PAGE 1*

The leaders of the CTSA's PBRN component, Kurt Stange, MD, PhD and James Werner, PhD aim to expand local and regional PBRNs, catalyze the generation and application of new knowledge at the front lines of practice, and train a new generation of transdisciplinary PBRN researchers.

Through the PBRN Shared Resource, the Research Association

of Practices and other local and regional PBRNs can strengthen and expand network infrastructure and develop linkages to other resources within the Cleveland CTSA.

The PBRN Shared Resource will support RAP in conducting clinician-initiated studies, creating new linkages with clinical researchers, and developing a ro-

bust infrastructure for data management and communications.

The Cleveland CTSA will be funded through 2012. To learn more about the Clinical and Translational Science Award visit:

<http://www.ctsaweb.org/>

<http://www.ncrr.nih.gov>

CALCIUM SURVEY STUDY RESULTS PRESENTED

The Cleveland Clinic Ambulatory Research Network (CIAReN) has completed its first phase of a calcium study and results will be published in the *Journal of the American Board of Family Physicians*.

Carl Tyler, MD, MS led a group of Cleveland Clinic physicians in an effort to determine barriers to calcium supplementation. Users of calcium were positively associated with age, multivitamin use and perceived risk. Among the former and never users of calcium, 96% indicated they would

consider taking a supplement if their doctor recommended it.

Results were also shared at regional and national meetings.

Jessica Conway, MD and Chris Young, MD presented findings at the 2007 Annual NAPCRG meeting in Vancouver, BC

Brenda Powell, MD and Mike Smolak, MD shared at the AHRQ 2007 Annual PBRN Research Conference in Bethesda, MD

Donald Ford, MD, FAAFP and Sandra Snyder, DO presented in Newark, OH at the OAFP Ohio Family Medicine Symposium on Research and Education in 2007

Vanessa Panaite, BA presented at the 2007 Regional meeting of the Society of Teachers of Family Medicine (STFM) in Pittsburgh, PA

Additionally, an abstract for a workshop has been submitted to the National STFM conference to take place in Baltimore, MD. This seminar will use the CIAReN's work to facilitate a session on Title VII teaching grants.

The second phase of the calcium study is currently being developed. Updates will follow.

AAFP RESEARCH OPPORTUNITY

The AAFP's National Research Network (NRN) is looking for family physicians and other health care providers interested in participating in a new study that examines the prevalence of and association between alcohol and sleep problems in primary care patients.

The NRN study is designed to investigate the relationship between sleep disorders and types of severity of alcohol problems; clinicians' awareness level of the possible connection between these two types of patient problems; and the relationship between sleep disorders, alcohol problems and selected chronic diseases, including coronary artery disease, chronic obstructive pulmonary disease, hypertension and depression.

Although evidence is sparse regarding the prevalence and association of alcohol problems and sleep disorders in primary care patients, this research may help develop improved approaches to

integrating screening and brief interventions for alcohol and sleep problems into routine primary care practice.

The project will address several research questions:

- In a primary care patient population, what is the proportional representation of specific sleep problems by patient age, gender, and ethnicity?
- What is the concurrent proportional representation of alcohol and sleep problems?
- How does the clinician's awareness of sleep problems vary by different characteristics of the patient, including selected chronic diseases, alcohol problems and demographic characteristics?
- How does the clinician's awareness of alcohol problems vary by different characteristics of the patient?
- What is the concordance between the patient and clinician reports of their discussions about alcohol and sleep problems?

The study, which is funded by the Society of General Internal Medicine, will be undertaken at the point of care in selected primary care practices. The NRN is interested in enrolling approximately 100 clinicians and 2,500 patients in the study. Each clinician will collect data for three half days within a seven to ten day period.

Eligible patients in the practices chosen for the study will be invited to complete an anonymous exit questionnaire about various sleep disorders and self-reported alcohol problems. Clinicians also will complete a brief exit survey after each enrolled patient's visit asking about the patient's sleep problems, alcohol problems and possible diseases.

Those interested please contact Dena Bartko at:

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