



# The RAPP Sheet

Newsletter of the Research Association of Practicing Physicians

Volume 5, No. 2 Summer, 2000

## STEP-UP's Initial Intervention Results Are In!

Seventy-seven RAPP practices are participating in The Study to Enhance Prevention by Understanding Practice (STEP-UP), a practice-based, group randomized clinical trial focusing on preventive service delivery. As results from STEP-UP's initial intervention indicate, these practices are providing important insights into the family practice environment and a new understanding of the challenges and opportunities which community practices face.

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more in-depth understanding of family practice by studying 4,454 visits to 138 family physicians in 84 RAPP practices. A multi-method data gathering approach was used, which included direct observation of patient visits by trained research nurses. The impact of the study has been widespread, with more than 30 papers published to date, including a special theme issue of *The Journal of Family Practice*, and dozens more papers in the planning stages.

### A New Approach to Prevention

One of the findings from the DOPC Study was that, although practices were aware of the importance of prevention, rates of preventive service delivery were low. STEP-UP is designed to help improve prevention rates by tailoring intervention strategies to the unique characteristics of individual practices.

(Continued on page 2)

## Conference to Feature RAPP Members

Research by three practice-based family physician members of RAPP will be featured at the annual meeting of the Cleveland Academy of Family Physicians, to be held November 8, 2000. The program will include presentations by Robert Blankfield, MD, of Berea, Henry Bloom, MD, of Cleveland Heights, and Jay Williamson, MD, of Rootstown. Each of the speakers will describe their challenges and successes in conducting practice-based research:

**Dr. Blankfield** will discuss his research on leg edema, pulmonary hypertension and sleep apnea. In studying leg edema, he found that a significant number of patients had unsuspected cardiac or pulmonary conditions. Forty-six percent of patients with bilateral leg edema had pulmonary hypertension without associated cardiac problems or evidence of other lung problems. In a follow-up study, such cases of pulmonary hypertension often indicated sleep apnea.

**Dr. Bloom** will present his study of a family approach to the diagnosis

(Continued on page 4)

### Building on Earlier Work

STEP-UP is the RAPP network's second large-scale study of the inner-workings of family practice. In 1994-95, RAPP practices broke new ground by taking part in the Direct Observation of Primary Care (DOPC) Study, a major study of the content and context of family practice. The DOPC study (also known as the Network Study of Family Practice), sought to gain a

# Initial STEP-UP Results Show Potential of Tailored Approach

(from page 1)

As a result, getting to know participating practices is at the heart of STEP-UP. The initial intervention group, consisting of 38 family practices, participated in a day-long practice assessment by one of the study's two trained nurse facilitators: Mary Ruhe, BS, RN, and Sue Zronek, MSN, CNP. (The control group, which includes 39 practices, is completing a modified assessment and intervention.)

During the assessment day, the nurse facilitator observed practice operations and interviewed key practice personnel. Observations were noted in a practice environment checklist, ethnographic field notes and a "practice genogram," which depicts internal and external practice relationships. The facilitator then met with each practice to present feedback on their current prevention approaches and baseline rates of preventive service delivery, and to assist the practice

in choosing prevention tools and/or approaches from a menu of options (see table, below). Based on practice characteristics observed in the assessment, the nurse facilitator worked with the practice to plan and implement a tailored prevention effort using individualized tools.

## Ongoing Data Collection

Three trained research nurses—Diane Esola, RN, Nancy Konrad, BA, RN, and Sharon Weyer, BSN, RN—visited each practice at six-month intervals to collect data on preventive service delivery rates through confidential medical record reviews of a cross-sectional sample of patients. Confidential questionnaires were also sent to the patient sample. These data, along with the nurses' practice observations, will provide an in-depth look at important elements of practice which have received little attention from the research

community. These include office processes, unique approaches to running practices and serving patients, and the effects of the fast-changing health care environment on family practices.

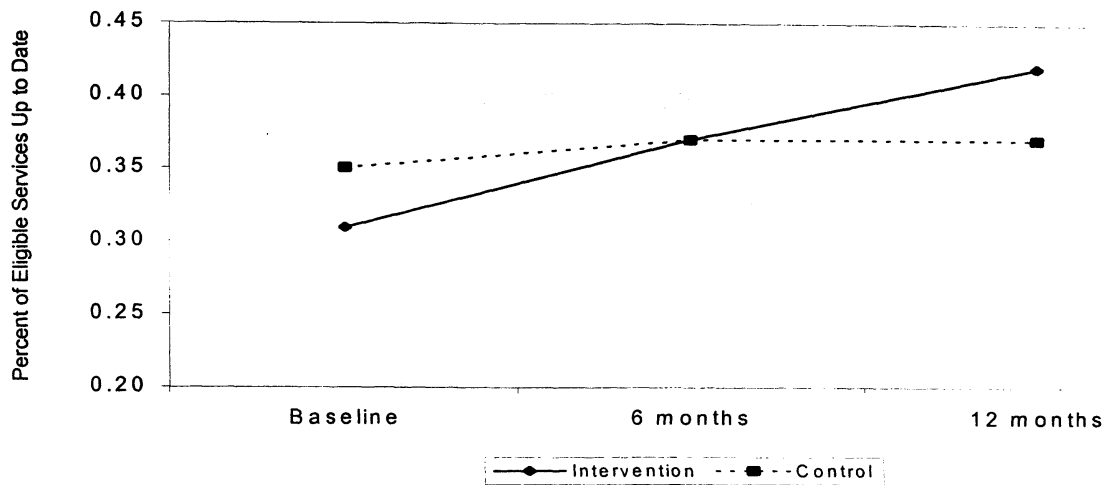
Following each round of data collection, practices' preventive service delivery rates were calculated. The main outcome measure was services recommended by the U.S. Preventive Services Task Force. Task Force guidelines were also used to determine patient eligibility and recommended time intervals for the provision of services. Rates were calculated indicating the percent of patients up-to-date on preventive services, a global summary score on the proportion of preventive services on which patients were up-to-date, and summary scores indicating the proportion of screening, health habit counseling, and immunization services for which patients were up-

(Continued on page 3)

## Menu of Tools and Approaches for Increasing Preventive Service Delivery

<u>Tools</u>	<u>Approaches</u>
Patient intake form	Focus on a short list of feasible services
Prevention Post-it note	Increase well visits
Flow sheets	"Opportunistic" prevention during illness
Prevention stickers, stamps	Increase efficiency of physician delivery
Patient health guide	Increase documentation
Patient education	Increase staff involvement
Prevention posters	Conduct patient outreach
Outreach letters or calls	Find time by focusing on efficient approaches
Central database	Find time by minimizing less beneficial uses of time
Practice protocol/guidelines	Implement new prevention activities "one step at a time"

**Figure 1**  
**Global Preventive Service Delivery Rates at Baseline, 6 months and 12 months**



to-date.

Initial Results Show Promise

Over a 12-month period, data were collected on 10,172 patient visits to 169 physicians in the intervention and control groups. Patients made an average of four visits to the practice in the previous year, with 15% of those visits for well care.

On average, practices in the intervention group had a significant increase (p=.015) in their preventive service delivery rates (see figure, above). The increase was largest for rates of health habit advice (p=.007) and screening services (p=.048). Some practices showed little or no change in rates while others greatly increased rates of delivery of one or more categories of preventive services. Counseling services illustrate this variability. About 20% of practices showed no change or a slight

decrease in counseling rates while, in 25% of practices, rates of counseling services more than doubled.

Ongoing analyses are assessing the sustainability of these rate increases and are studying the many health system changes affecting family practices in Northeast Ohio. RAPP members who are interested in posing additional research questions, helping write a paper or reviewing a paper prior to publication are encouraged to call the study office at 216-368-2757.

“STEP-2”: The Next Step

Based on our experience in the first phase of STEP-UP, a more in-depth approach to understanding family practices has been developed. Practices in the STEP-UP control group are working with the nurse facilitators to implement this “STEP-2” intervention approach.

The STEP-2 intervention focuses not only on preventive services but also on the values, structures and processes which characterize individual practices. Following an in-depth, global assessment of these elements of practice, a nurse facilitator and a physician member of the study team meet with each practice to reflect on what is important to them, how their work is accomplished and other internal and external factors which help shape their practice. This approach appears to be leading to more individualized prevention interventions and to a higher level of understanding of the unique stresses and opportunities for family practices in the current health care environment. Follow-up of the STEP-2 practices is ongoing.

*(Continued on page 4)*

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*The RAPP Sheet* is a quarterly publication of the Research Association of Practicing Physicians, 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.

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## *RAPP Research to be Featured*

(from page 1)

and treatment of upper respiratory infections. Based on years of observing the course of staph and strep infections in families in his practice, Dr. Bloom decided to study a case series of patients with respiratory infections and their family members. The study evaluated his unique approach to diagnosing and treating respiratory illness through clinical assessment and culture of multiple family members.

**Dr. Williamson**, who is a member of both RAPP and the NorthEast Ohio Network (NEON), also translated an observation from

practice into a research question. His study looked at characteristics of outpatient visits which included an "oh by the way" problem, that is, a problem or issue raised by the patient after the clinician thought the encounter had ended. Data were collected by 18 RAPP practices utilizing a quick and easy "card study" methodology.

For further information on the Cleveland Academy of Family Physicians Annual Meeting, contact Dr. Colette Willins at 440-899-4400. ❖

## *STEP-UP Results*

(from page 3)

### Tailoring Can Make a Difference

Previous studies have tried to increase delivery of a small number of preventive services by using a "one size fits all" approach. STEP-UP's initial findings, and the project's new, more in-depth approach, suggest that individualized strategies can help practices meet their unique needs while increasing delivery of a broad range of preventive services. Such strategies promise to be useful for individual practices, health systems and practice-based research networks. ❖