

# THE RAP SHEET

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## PBRN SEMINAR SERIES OFFERED FALL 2008

A seminar series entitled, *Principles of Practice-Based Network Research*, will be held Thursday evenings at Case from August 28 through November 20, 2008, from 6-7pm. The seminars are free and open to the public.

Practice-based research networks (PBRNs) are groups of ambulatory practices that affiliate to investigate issues that emerge from clinical practice. By linking clinicians' questions with rigorous research methods, a PBRN can produce research findings that are readily assimilated into everyday practice.

The PBRN Seminar Series will address clinical and translational research issues relevant to community-based clinicians, academically-based investigators, and PBRN leaders.

The seminar series is sponsored by the Cleveland Clinical and Translational Science Collaborative and the CWRU Department of Family Medicine and will cover topics including:

- PBRN history and theory
- PBRN development strategies
- Community-based participatory

research

- Quality Improvement research
- Funding for PBRNs
- Writing for publication

Guest speakers include PBRN-member clinicians, PBRN leaders, and clinical investigators from CWRU and other universities.

Learn more about the seminar series at the PBRN Shared Resource website:

<http://www.case.edu/med/pbrn/resources.html>

## RAP BOARD

### MEMBERS

Robert Blankfield, MD, MS

Henry Bloom, MD

Gwen Haas, MD

Patricia Kellner, MD

Conrad Lindes, MD

Tom Mettee, MD

Michael Rabovsky, MD

Heather Ways, MD

Archie Wilkinson, MD

## CA-MRSA AND FAMILIAL TRANSMISSION

"In Family Medicine, treat the family." This approach is recommended by Henry Bloom, MD, when a patient presents with a bacterial infection in a primary care setting. In a recent letter to the editor in *JAMA*, Dr. Bloom had the opportunity to provide this advice to the author of a case report (1). The article highlighted a case of CA-MRSA in a 39-year-old man who was treated without consideration of his wife and toddler at home, who happened to simultaneously be in treatment for otitis media. Dr. Bloom suggested that the clinical assessment and plan was flawed when the evaluation stopped at the patient, recommending the other family members undergo culturing (2).

"Just as an emotional issue affects the entire family, so does staph," explains Dr. Bloom. In a study he conducted in his own practice in 2003, Dr. Bloom and colleagues examined, among other factors, the familial transmission of pathogens in respiratory tract infections. The results of this study suggest that pathogenic bacteria do not always present with classic symptoms, but clinical judgment is associated with positive culture results (3). Nearly five years later, Dr. Bloom continues to

track familial transmission through culturing and in so doing he is able to prescribe more selective antibiotics.

Dr. Bloom believes most clinicians would site cost and time as two barriers to culturing. He also believes that all too often, practitioners rely on a rapid strep test to diagnose throat infections. Given the test's questionable accuracy and a high rate of false-positives, Dr. Bloom recommends taking the time to send cultures to the lab for more conclusive results. In addition, he suggests that children who have strep throat often present with fever and vomiting but without sore throat. This might deter some clinicians from conducting any tests for strep, thereby allowing for a missed opportunity for proper treatment. He also believes that first line treatment is often "gorillacillin" which lends itself to the rise in community acquired methicillin-resistant staph. Culturing enables the clinician to use antibiotics selectively.

When a family is cultured and pathogenic bacteria are present, Dr. Bloom will advise his patients to return home and wash all dishes, silverware, sheets, towels, etc. with hot, soapy water. He

also recommends they invest in new toothbrushes. "Hand washing with simple soaps is imperative to slow or stop the spread of bacteria."

In the future, Henry Bloom plans to determine the rate of positive staph cultures within in his practice over the past six months in order to track familial transmission. The bigger picture for him includes a larger, prospective study that follows families over a two-year period to better and more accurately inform the epidemiology of CA-MRSA.

If you share an interest with Dr. Bloom and would like to further this discussion, please email:

[michelle.hamilton@case.edu](mailto:michelle.hamilton@case.edu)

1. Moellering, RC Jr. A 39-year-old man with a skin infection. *JAMA*. 2008;299(1):79-87

2. Bloom, HR. Intrafamilial spread of methicillin-resistant *staphylococcus aureus* infections. *JAMA*. 2008;299(21):2511.

3. Bloom, HR, et al. Clinical judgment predicts culture results in upper respiratory tract infections. *JABFM*. 2003;15(2):93-100.



## FIND US ON THE WEB!

The Practice-Based Research Network Shared Resource is on the web! Visit us at:

<http://www.case.edu/med/pbrn/subject.html>

Learn about network activities, share/submit research ideas, view our list of services, obtain information on fellowship and training opportunities, connect to valuable PBRN resources, and meet the PBRN Shared Resource team!



Clinical & Translational Science Collaborative



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## PRACTICE ENHANCEMENT ASSOCIATES JOIN THE PBRN TEAM

Practice Enhancement Associates (PEAs) have joined the Practice-Based Research Network Team in the Department of Family Medicine-Research Division at Case. PEAs work directly with clinicians and office staff to provide assistance and guidance on network research projects.

The PEA role involves collaborating with community practices to develop and conduct clinical research, quality improvement, and practice enhancement projects. The PEAs will serve as liaisons between networked practices and investigators in the Practice-Based Research Network Shared Resource of the NIH-funded Clinical and Translational Science Collaboration (CTSC). The Cleveland CTSC is designed to transform the way clinical research is done—to translate research into practice and practice into research, and to engage

communities in generating and using new knowledge to improve health.

The PBRN Shared Resource is happy to welcome Joshua Terchek, Dena Fisher, and Michelle Hamilton as Practice Enhancement Associates. Each bring a unique set of skills and experience to the department and all share a passion for developing practice-based and translational research in family medicine.

RAP clinicians and staff can look forward to utilizing the PEAs in their practices. PEAs will assist with protocol development and consultation, data collection through chart abstraction, group facilitation, and data analysis. They will also provide communication support by bridging the gap between academic researchers and community-based clinicians.

A similar concept was first developed in England in the early 1980's

when practical help was provided to general practitioners to assess screening rates for cardiovascular disease (1). Today, PBRNs around the country have deployed PEAs into practices to plan, implement, and evaluate the effectiveness of office system interventions that enhance prevention (2).

To learn more about PEAs and to meet Joshua, Dena, and Michelle visit our website at:

<http://www.case.edu/med/pbrn/aboutus.html>

1. Fullard, E. Extending the roles of practice nurses and facilitators in preventing heart disease. *Practitioner*. 1987;231(1436):1283-6.
2. Nagykaldi, Z. The practice facilitator concept. *Family Medicine*. 2005 Sep;37(8):581-8.

*The Practice Enhancement Associate, or Practice Facilitator has been referred to as: "resource-provider, information-giver, and coordinator"*



**PEA Request: Did you receive your Clinician Interest Survey? Please complete and fax form to: (216)368-4348**