

CINCINNATI PEDIATRIC RESEARCH GROUP
Minutes of the Meeting
May 18, 2004

IN ATTENDANCE: Jeanie Bailey, CCRP
Jeralyn Bernier, MD, MPH
Jim Davis, MD
Manny Doyne, MD
Lisa Green, MD
Robert Siegel, MD

I. ADMINISTRATIVE

1. Administrative Fee – Dr. Bernier reported that there has been discussion of the CPRG charging a fee to outside researchers who request the CPRG's assistance with their research. The strongest concern expressed by those in attendance was that this work would be a diversion/distraction from CPRG projects. However, the group also saw working with other researchers as good PR within the Medical Center, an opportunity to participate in other good research that might be of interest to the group, to collaborate with other academicians, and to create a "slush fund" for various CPRG activities. It was generally agreed that if the CPRG works with other researchers on a fee basis, that there would be no guarantee of a level of participation by the group, and rather than endorsing the research, we would simply be allowing access to our members and practices. We invite further comment regarding these issues.
2. A draft of the first CPRG newsletter was distributed to the attendees for comments, and there was discussion about the most effective method of distribution. It was decided to mail it out to community providers, email it to the CPRG membership, and post it on CenterLink for all Medical Center staff.

The first issue is dedicated to the results of the obesity management survey sent to community pediatricians. The newsletter will be published bi-annually, and there was a suggestion to produce an electronic mini-newsletter more frequently to update the membership on the various projects.

II. STUDIES UNDERWAY

1. CHIRP Study

We still need participants who are 7-15 year old asthmatics (excluding 9 year olds). If they complete the three visit study, patient and provider receive monetary incentive payment of \$35.00.incentives. Call Jeanie at 636-4946 to refer patients.

2. Surveillance

A conference call was held on May 13 regarding changes to the Surveillance system, and changes

will be made in the coming months. The Health department has assigned a new epidemiologist to the project, and Dr. Bernier and Jeanie will be meeting with him very soon.

Dr. Siegel noted that the lunches provided to the clinics with 75% participation or greater in the quarter are very popular and well received. Incentive payments of \$10 per week, to be paid quarterly, will begin for participation during the summer.

3. Obesity patient survey

This study needs more participation to achieve a good sample of the CPRG and to estimate the obesity prevalence in our practices. A few providers are close to their goal of 300 entries, but we would like more than half of our members to enter at least 100 patients to complete this aspect of the study.

III. NEW STUDIES

1. Atkins Study

Dr. Siegel announced that the IRB has approved the study. Funds are still pending the contract, which is being edited and then must go through Sponsored Programs. A dietician has been hired who has OH and KY licenses, and did an adolescent fellowship at CCHMC. Many members are planning their patient participation in this study. Electronic data intake forms will be available.

Dr. Siegel has been looking into pedometers and is leaning toward a model that counts steps, calories, distance, and has a built-in FM receiver. The cost is about \$18 each, and the group agreed that the radio function would be fun for the participants. Dr. Siegel suggested that perhaps the pedometer would be given in lieu of the \$10 incentive for one of the visits to keep the cost lower.

III. PROPOSED STUDIES

2. Dr. Jessica Kahn – Acceptance of STD Vaccination (CDC grant)

*Please see attached proposal. **If you would be interested in participating or have comments regarding the proposal or CPRG participation, please contact Dr. Bernier at jerilyn.bernier@cchmc.org.** The proposal will be submitted Friday, May 28. We would like at least five providers to be willing to help with this study to make it a worthwhile affiliation.*

Dr. Kahn presented a proposal she is submitting to the CDC to determine parental and adolescent attitudes toward STD vaccination for HPV and HSV. She would like CPRG involvement to obtain a more diverse population than what they have in the Pediatric Primary Care Center (PPC) and Teen Health Center (THC). If the CPRG agrees to participate, it would be ideal to have five clinics participate in addition to the PPC and THC.

Concerns and questions put forth by those in attendance included the following:

a) The visits would be done by a full-time study coordinator who would travel to each of the

clinics. The group expressed concern over room availability that would then not be available for patient flow. This may not be necessary if patient privacy can be addressed in another fashion. Dr. Kahn stated that because of her experience in the PPC and THC, she understands the necessity of minimizing disruption to patient flow and the coordinator would work with each clinic to determine the best way to approach patients, obtain consent, and administer the questionnaire.

b) Can the questionnaire be administered in the waiting room, or is this a HIPAA concern? The questionnaire is self administered and would be done via a Palm-type device. The consent could also be part of this, and Dr. Bernier will find out if this has been done elsewhere. If administration can be done in the waiting room, a patient room would not have to be set aside for the study.

c) Incentives are \$15 to each participant. Dr. Doyne asked about provider enrollment compensation incentives, and there was much discussion about the efficacy of provider incentives. The budget does not include provider incentives/enrollment fees.

d) There was concern expressed that some very conservative patients would not want to participate if the questionnaire contains the word “sex” or references to sex. Dr. Kahn replied that it would be very good information for the CDC to have – since the study is determining the attitudes of parents and adolescents to the STD vaccine, it is useful to know if they don’t want to even hear about it, and why.

III. OTHER TOPICS

1. ADD Study

Dr. Doyne stated that the ADD provider survey paper seminars will be finished in July, and reminded the group that there was talk early on about doing a follow-up survey of the community. There were questions from the group regarding the funding source for a follow-up survey and the questions to be asked in the follow-up survey. Dr. Doyne will check with Clinical Effectiveness to see if it can be funded from that group, and he will review the original survey to see what questions should be asked in the follow-up.

Dr. Doyne and Dr. Davis would particularly like to revisit the data differentiating people diagnosed with ADD by the practitioner vs those who were sent to the CCDD for diagnosis. Papers from this study are works in progress.