



The Pediatric Examiner



Department of Pediatrics, IU School of Medicine
Spring 2006

Dr. Eva Schaff: Connecting General Pediatrics with CHSR

Dr. Eva Schaff is the Associate Director for Clinical Affairs. Her main charges here at IUPUI include developing an infrastructure to facilitate academic activities for all the members of the Section; developing an infrastructure for Practice Based Research; and to redefine the role of General Pediatrics at Riley.

Originally from Warsaw, Poland, Dr Schaff came to the United States as an exchange student in 1969. She attended the University of California in San Diego and was there for one year. She finished medical school and did her residency at the University of Michigan in Ann Arbor. Upon graduation, she opened a solo practice in Bowling Green, Ohio. By this point in her life, she was married and had two children, and stayed quite busy.

After four years with her practice, she took a hiatus and did a fellowship at the University of Chicago in Endocrinology. She went back to her practice for another 16 years. She developed an interest in Health Care organization and obtained a Masters of Public Health from the University of Michigan. In 1998, Eva moved to North Carolina. She worked for Blue Cross Blue Shield as Medical Director for Quality. She also worked for the University of North Carolina as Continuity Clinic Director.

It was at UNC where Eva met Dr. Stephen Downs, where he worked as a preceptor in the clinic. Consequently when Dr. Downs was recruited to Indianapolis and offered the directorship of the Section of General and Community Pediatrics, in addition to his CHSR position, he made his acceptance conditional on Eva



*Dr. Eva Schaff, Associate Director for Clinical Affairs,
General and Community Pediatrics*

coming to help him restructure the section. It took a little while...in fact, years went by. Steve was delicate, but relentless. Every few months they would have dinner in Chapel Hill. He would tell her how fantastic Indianapolis was and asked her to pay a visit. So, eventually she came to see what Steve had been talking about and she was hooked. Everyone here seemed happy, moderately relaxed, and still aiming high. Her projected tasks, namely bringing unity to the fragmented and large section, developing an infrastructure for a Pediatric Based Research Network, and redefining the general pediatric presence at Riley Hospital, seemed like missions bordering on the impossible. And "Mission Impossible" is what she likes.

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Dr. Eva Schaff, continued

She loves the people and the breadth of possibilities.

She also loves being able to walk to work!

When asked why she became a pediatrician, she said that originally, when she was younger, she wanted to be a physicist or mathematician. She studied mathematics in Warsaw, but soon learned that it was out of her league. When she then decided she wanted to be a doctor, originally she had wanted to be an endocrinologist. One of her Attendings during clinical clerkship in medical school told her that endocrinology only makes sense in Pediatrics. With adults, he said, you mainly deal with toes falling off of diabetics! However, Pediatric Endocrinologists have fun. Thus began her foray into Pediatric Medicine.

What she enjoys most about living and working in Indianapolis is the variety. She loves the people and the breadth of possibilities. She also loves being able to walk to work!

In her free time, she visits North Carolina as often as possible to spend time with her grandchildren. She runs daily and she also loves to read. She is very involved in family affairs. Her husband, Josef, is a workaholic and he often pulls her into his work preoccupations.

Since most of her husband's work involves organizing various computing services in Poland, of which Eva really knows something, it is easy to lure her into the mix... and then there goes her free time!

The greatest reward in her position comes from her practice. In practice, she says, it is those few and far between instances when you feel that you made the lives of kids and their parents better, and you sense that the parents recognize it. That brings the most satisfaction. As far as her overall job, the most attractive aspect for her is being able to have a plan and seeing it implemented without barriers.

Partnership for Policy Implementation: PPI

A Pilot Project to Integrate Health Information Technology Development into the American Academy of Pediatrics' Policy

Three members of the division, Aaron Carroll, Paul Biondich, and Steve Downs are integral members of a new initiative called the Partnership for Policy Implementation (PPI). This American Academy of Pediatrics project began in June 2005 with aims to create fundamental paradigm shifts in how policy statements, clinical reports, technical reports, and clinical guidelines are both written and ultimately integrated into care. These statements, designed to summarize current standards of care,

have become a critical resource in disseminating "best practices" to health care providers. However, their acknowledged shortcomings in truly changing clinician behavior are well documented.



A growing body of research continues to demonstrate the distinct role of health information technology (HIT) in facilitating quality improvement efforts and putting standards of care into practice. It is the team's belief that in order to meet this growing trend, clinical guideline statements must be "operationalized" to provide HIT standard-developing groups and software designers with specific, unambiguous content. The PPI aims to ensure that HIT implementations are designed to meet the specific needs of

Partnership for Policy Implementation: PPI (from previous page)

child health professionals by facilitating creation of some of the fundamental building blocks of electronic health record (EHR) systems during the process of guideline development. There are currently many national efforts to develop these functional and technical standards, but these efforts are currently independent of the guideline development process. The PPI believes that integrating these groups together will allow both to inform each other's work. In the process, statements written within this framework will also provide more straight-forward guidance for all pediatric health care providers, even those who continue to use paper records.

Members of the PPI team will consult directly with statement authors during the production of either a new or a revision to a preexisting AAP statement. During the initial project period, the goal is to produce 6-8 published examples of statements written within this framework, which will both serve as substrate for HIT standards development and illustrate

ways to alleviate many common shortcomings of such standard-of-care statements. For example, statements are commonly ambiguous in their language, don't provide clear definitions of concepts, have incomplete decision logic, don't point towards specific ways to implement recommendation advice, and aren't action oriented.

The PPI team is comprised of eight pediatric-trained informatics specialists from across the country (led by Paul Biondich and Andy Spooner) each coupled with a medical home implementation experts (led by Carl Cooley). The group is actively working with guideline developers and expects to have completed initial work by the end of 2006. Future plans involve teaching guideline authors these techniques so that this approach can scale to fundamentally change the AAP policy development process and creating medical "logic software modules" so that these recommendations can plug into electronic medical record systems.

Health Outcomes Research Feasibility Funds (HORFF) Program: CHSR Faculty Projects

*From the General Clinical Research Center
Announcement:*

"The primary goal of the HORFF program is to provide one year of support (\$10,000-\$20,000) for pilot studies to enable an applicant to obtain preliminary data for a K23, RO3, or other type of grant submission. Up to six grants will be available in each GCRC budget year depending on funds being available."

CHSR faculty members have received HORFF funding. The following are brief descriptions of their planned research.

Dr. Toni Laskey

Abusive head trauma (also known as shaken baby syndrome) fatally or severely injures 1,300 children each year in the US. Thousands more are injured with lasting consequences. Research has shown that nearly 30% of all children who suffer from abusive head

trauma will not be correctly diagnosed when they are brought to medical attention. Patient race is one of the primary predictors of the correct diagnosis of abusive head trauma: 80% of minority children are correctly identified and only 60% of white children are correctly diagnosed on their first visit. There is no research to suggest that minority children are more likely to be physically abused than white children. The use of a patient's race to determine who should be evaluated for abusive injuries is not advised or supported by data. This project is designed to systematically test the effect of a patient's race on the diagnosis of abusive head trauma in a hypothetical patient. The main goal of this research is to improve the quality of care delivered to patients of all races by developing an educational program to be used with health care providers to increase their awareness of the reliance on unconscious beliefs that influence patient care. This educational initiative will improve the quality of care for abused chil-

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CHSR Faculty Projects: HORFF Program*(continued from page 3)*

dren but will also be applicable in other pediatric and adult medicine populations.

Dr. Sarah Wiehe

Most US adult mortalities result from health behavior and lifestyle choices developed in childhood. Personal and neighborhood poverty are likely to contribute to risky adolescent health behaviors in connected, but distinct ways, but how they do so is not well understood.

By defining the interactions between individual characteristics, neighborhood type, and health, we may discover how to design or modify neighborhoods that foster healthy behaviors and thereby optimize the health outcomes of its residents.

The HORFF-funded research project (Health Outcomes Research Feasibility Funds) covers a one-year period and is organized into three phases. Phase 1 (months 1-2) entails collecting data on health behaviors and neighborhood characteristics. Phases 2 (months 3-6) and 3 (months 6-12) involve developing (Phase 2) and piloting (Phase 3) measurement tools of individual characteristics such as self-efficacy, locus of control, and optimism and how these relate to the association between neighborhood poverty and adolescent health behaviors.

In Phase 1, Dr. Wiehe surveyed approximately 300 children, ages 12 to 19, in Project SHAPE (Summer Health Assessment Program and Education) run by the Marion County Health Department, Indianapolis, IN. SHAPE offers the opportunity to survey low-



income children regarding neighborhood characteristics and health behaviors. These data are currently being analyzed to determine whether this population is comparable to a separate test population (ongoing study Moving to Opportunity). Beginning this winter, Phase 2 will involve small group discussions with 50 adolescents of similar age range on measurement tools for individual characteristics in order to make them age-, culturally-, and time-appropriate. Phase 3 will involve piloting revised measurement tools to a group of 250 adolescents.

Dr. Paul Biondich

Decision support systems (DSS) are tools designed to make it easy for health care providers to "do the right thing." We have developed the Child Health Improvement through Computer Auto-

mation (CHICA) system to facilitate outpatient pediatric preventive care through a dynamic paper-based, computer-interpretable interface that gathers and distills the most relevant patient data for providers. This DSS has been used for direct patient care since November, 2004 in a high-volume pediatric primary care clinic infamous for its resistance to information technology implementations. CHICA contains a number of innovative features which augment steps along the process of preventive service provision through real-time and retrospective collection of coded historical data.

It is the goal of this HORFF grant proposal to formally evaluate CHICA's case finding and data gathering capabilities prospectively via CHICA-targeted family surveys administered by research assistants following a clinical encounter. The results of this work will serve as foundations for further work where we intend to perform three more focused evaluations of specific aspects of the system, and ultimately install it into another outpatient pediatric setting to allow for true randomized clinical trials by practice.

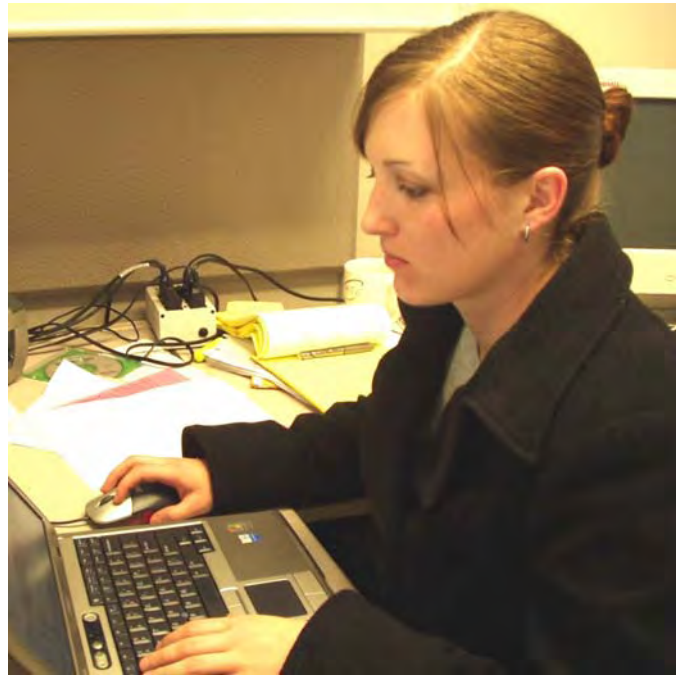
Upcoming CHSR Works in Progress**Tuesdays at 11:30AM– 1:00PM****Riley Research, Room 339***Lunch provided*

- May 9th: Sarah Wiehe
- May 16th: Toni Laskey
- May 23rd: Stephen Downs– PBRN Scientific Board Meeting

Staff Spotlight: Meaghan Zore

I was born in Indianapolis and have lived here for most of my life. In 2002, encouraged by the idea of getting money for college, my best friend and I enlisted in the Air Force Reserves. Wanting to go into a career field that would be useful both inside the military as well as in civilian life, we chose to enlist as electricians. As a result, we spent nearly a year in Texas on active duty training for our career field. Upon my return, I went to work for my aunt's company that renovates old homes and was able to put my new found skills to work. From this experience, like Sarah and Gil, I became able to look past the many issues that come with taking care of an old home and see a house for its potential.

Thus, about a year and a half ago, I too purchased "a diamond in the rough." However, like Gil, my parents' were not quite as sold on the deal. They questioned the repairs that would need to be done and the safety of the neighborhood into which I was about to move. However, so far I have no regrets. In the short time I have lived in my house on the corner of 30th and College, I have seen the neighborhood make many encouraging improvements; most notably the Starbucks that recently opened a block south of my house. Moreover, the location cannot be beat, its half way between Broad Ripple and Downtown and two blocks from the Monon Trail, so I can ride my bike to almost anywhere in the city.



This is my first "real job" but my second position here at the University. Prior to coming to Children's Health Services Research, I worked for University Information Technology Services. Currently as software support technician, I work with Vibha Anand on the CHICA (Child Health Improvement thru Computer Automation) system. I work with a very dedicated group of pediatricians in designing software packages that improve systems of health care in the continuity clinic at Wishard Hospital. In addition, I am also responsible for the maintenance of the Children's Health Services Research website, www.ichsr.org. I enjoy utilizing my technical expertise to assist faculty and staff with their individual grants and projects.



I can not think of any other place I'd rather be. I love working for the University because of the environment here. Being that it is a college campus, there is always something going on and there is a lot of exposure to new people and ideas.

When I'm not working, I enjoy going out to restaurants, playing guitar, remodeling my house, and spending time with friends. I also like to travel. I studied Chinese in high school and college and hope to someday be able to go to China and recover what I'm already forgetting of the language.

Upcoming Regenrief WIP Presentations

Wednesdays at 11:30AM– 12:30PM

Regenrief 6th Floor Boardroom

Lunch Provided

- May 17th: Caroline Carney-Doebbeling, MD, MSc
- May 24th: James Christensen, MD
- May 31st: Kevin Terrell, DO, MS
- June 7th: Jeff Friedlin, MD



The Pediatric Examiner is a publication of Children's Health Services Research, Department of Pediatrics, Indiana University School of Medicine.

Mission:

We strive to improve the health and healthcare of children by developing and applying the best scientific evidence and methods in health services research and informatics.

Values:

We are guided by compassion for children, partnerships with others, and scientific rigor.

Vision:

We seek to become the nation's preeminent center for children's health services research and informatics. We strive for excellence in research, education and service to children, their families, their communities and the professionals who serve them.

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Announcements:

The Pediatric Academic Societies (PAS) Conference was held in San Francisco, California from April 29th through May 3rd. Faculty representation was strong with seven faculty and associates presenting. Look for more information in our Summer 2006 issue.

Rachel C. Vreeman and Aaron E. Carroll

◇ Do School-Based Interventions for Bullying Work? A Systematic Review

Antoinette Laskey and M. Catellier

◇ Post-Mortem Skeletal Survey Use in Pediatric Forensic Autopsies: A National Survey.

Aaron E. Carroll

◇ The relationship between age of diabetes diagnosis and long-term physical and behavioral outcomes—the TRIAD study

◇ Medical Trainees and the Pharmaceutical Industry: A Systematic Review

Sarah M. Stelzner and Alvaro Tori

◇ Resident Run Radio Show Delivers Health Information to Disperse Latino Community

Sarah Wiehe

◇ Gender Differences in the Association between Discrimination and Adolescent Smoking

◇ A Sibling Analysis of the Role of Parent Monitoring, Parent Support and Violent Exposures on Problem Behavior

Gilbert Liu

◇ Older Sibling and Parent Physical Activity predicts a child's physical activity

◇ Associations between food retail locations, neighborhood vegetation and overweight in urban versus suburban children

Recent Publications (since Summer 2005):

The Role of Significant Others in Adolescent Diabetes: A Qualitative Study

Aaron E. Carroll, MD, MS and David G. Marrero, PhD. *The Diabetes Educator*, Vol. 32, No. 2, 243-252, Mar 2006.

The Indiana Chronic Disease Management Program.

Rosenman MB, Holmes AM, Ackermann RT, Murray MD, Doebeling CC, Katz B, Li J, Zillich A, Prescott VM, Downs SM, Inui TS. *Milbank Quarterly*. 84(1):135-63, Mar 2006.

Shortcomings in infant iron deficiency screening methods.

Biondich, Paul G, Downs, Stephen M, Carroll, Aaron E, Laskey, Antoinette L, Liu, Gilbert C, Rosenman, Marc, Wang, Jane, Swigon-ski, Nancy L. *Pediatrics*. 117(2):290-4, Feb 2006.

Indiana chronic disease management program risk stratification analysis.

Li J, Holmes AM, Rosenman MB, Katz BP, Downs SM, Murray MD, Ackermann RT, Inui TS. *Medical Care*. 43(10):979-84, Oct 2005.

Individual and neighborhood-level factors in predicting asthma.

Saha C, Riner ME, Liu G. *Archives of Pediatrics & Adolescent Medicine*. 159(8):759-63, Aug 2005.

Cigarette tax increase and media campaign cost of reducing smoking-related deaths.

Fishman PA, Ebel BE, Garrison MM, Christakis DA, Wiehe SE, Rivara FP. *American Journal of Preventive Medicine*. 29(1):19-26, Jul 2005.

Implementing electronic medical record systems in developing countries.

Fraser, Hamish S F, Biondich, Paul, Moodley, Deshen, Choi, Sharon, Mamlin, Burke W, Szolovits, Peter. *Informatics in Primary Care*. 13(2):83-95, June 2005.

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