



“Improving primary health care in Oklahoma by developing and sharing resources and conducting practice-based research.”

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Register online at www.okprn.org for the OKPRN Summer Convocation on August 9-10, 2008 at Quartz Mountain Resort. Visit www.quartzmountainresort.com.

From the President

Greetings from OKPRN. I hope this finds you healthy and content with life. I have been asked to write a brief note to the membership regarding OKPRN and our current projects. I would also like to use the opportunity to share with you some needs and problems that face us in the near future.



I currently serve as the President of OKPRN's Board. I would like to report that you have an active board that meets regularly, trying to guide the organization without getting into micro-management. Practice Based Research networks have always had problems finding funds to assist with the day-to-day costs of running an organization. OKPRN is no different: we eke out an overhead existence with funding that is included as small “subcontracts” within the grants and contracts that support the research and development work in which our members participate. These funds are not huge and keep us in the realm of “hand-to-mouth.”

Recently the Oklahoma Academy of Family Physicians Foundation has allowed its membership to contribute to the Foundation and earmark the donation for OKPRN. This will be an extremely important source of funding for the organization. **Please consider a donation.** And yes, it is tax deductible.

OKPRN staff is working on the planning of the Fall Convocation. It will be held at Quartz Mountain Resort on August 9-10, 2008. If you would like to serve on the program committee, we would love to have your input. Please call: 580/213-3166.

The focus for much of the meeting will be on trying to provide information on improving compensation for OKPRN practices. Several of the speakers will be presenting on this topic area. There will also be presentations on our current projects and time to discuss and assist in the design of future projects. We have just received notification that the Oklahoma State Health Department will not be presenting at the convocation on the Influenza Like Illness project, so all of you OKPRNers that were frightened by the Health Department's presence can make plans to attend...grin

I view the Convocation as an excellent meeting. It is unlike any medical meeting that I have ever experienced. The agenda is pure, working to improve primary care

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From the President (cont'd)

practice by improving the evidence base that you and I use to care for patients on a day in/day out basis. Part of it is scientific, part of it is practice management, all of it is participatory. I come away from each Convocation with ideas about how to improve my practice, the medical care I provide and I come away recharged to try to make things better.

The meeting is worth the cost and the time.

The network is extremely healthy in terms of its membership and participation. We have been recognized throughout the country as one of the most innovative and productive networks in existence. The work of those of you "in the trench" is the reason for this. Without the experienced clinicians supporting the organization, even great research ideas and practice enhancements would be dead in the water.

Don't forget to visit www.OKPRN.org from time-to-time; there is a huge collection of resources for clinical practice there. Also, continue to participate in the online OKPRN discussion group with comments and ideas, this is how we continue to build this "learning community." If you are not signed up for the on-line email discussion list, let me know and we will get it started for you.

As president of the OKPRN Board, I look forward to hearing from you. If you have ideas or concerns or questions, please don't hesitate to contact me. Thanks for the opportunity to serve as your president.

I truly hope to see each of you at the Convocation. Put the date of August 9-10 on your calendar right now!

Sincerely,

J.Michael Pontious, M.D.

michael-pontious@ouhsc.edu

580-242-1304

Delaware County Vaccination Project

Zack Bechtol, MD

Many of you are well aware of how frustrating and inefficient administering flu vaccines every year can be; it is always nice when you order your shipment for all your older patients with COPD and for your diabetics with heart disease only to find out that they went to Wal-Mart and got it a week ago. Then other folks in the community who would benefit from a flu shot and add to the "herd immunity," go to Wal-mart because they don't have a local doctor only to find that all the vaccine was given out last week to all of your patients.

Have you ever thought there has to be a better way or that there should be some guidelines for communities on how to go about this annual process? Well I did! I (we) decided to take back the reigns from this out of control process that market forces only seemed to make worse. This is a community health issue and therefore leaders in the health community should guide it and run it (not grocery stores).

The CDC publishes helpful information on who should get a shot, but not too much on how it should happen. This is important for pulling off an annual event effectively and efficiently, taking into consideration certain priority at risk groups and goals to achieve optimal "Herd Immunity." For this we need everyone to work together.

In Delaware County for the past two years we have been able to address these issues with a simple grass roots effort of communication and medical persuasion lead by a single physician. Close to 10,000 vaccines have been given at over 20 separate sites in an organized and orderly fashion.

The Flu-network, as we have called it, has collaborated on the timing and publicity of vaccination for the entire county uniting private physician offices, Indian clinics, health departments, hospital and private vendors like Walgreen's. Priority has been given to physicians offices to allow them to start first and provide their vaccine to the sick and elderly. The HD and Wal-Mart and Walgreen's purposely delayed the timing of their vaccine for two weeks to allow for this; saving their vaccine for those with less health problems who may not have a local physician.

PSAs were run in the local papers and on the radio to inform the public where and how to receive their vaccinations. Some sites did not receive vaccine and the Network allowed for sharing of supply to allow everyone to start at the same time near the end of October.

The process was organized, the intent was well known and adhered to, and the whole thing seemed to run much smoother with less panic or inquiry from the public. We also established a communication network within the health community that may prove vital in the event of a biological warfare or other disasters requiring prompt mass immunization of the public. Hey, If we can't get flu season right with every year to practice, how do we expect to be of much good to our communities if something more important or pressing comes along? Give it a try! You may find it well worth the effort. I did, and no one involved in the process in our county wants to go back.

Convocation Announcement

The 13th Annual OKPRN Convocation will be held at the Quartz Mountain State Resort on Saturday, August 9 and Sunday morning, August 10.



Drs. Woods and Pontious review handouts at the 2007 OKPRN Convocation at the Post Oak Lodge in Tulsa. The 2008 Convocation will be held at Quartz Mountain State Resort (seen at right) on August 9-10.



Register online at www.okprn.org for the OKPRN Summer Convocation at Quartz Mountain Resort. Visit www.quartzmountainresort.com for more information about the facilities.

The keynote speaker will be Paul McGinnis from the University of Oregon, an expert on helping primary care practices function more effective-

ly. Please try to send at least one member of your practice to this very important meeting! Nurses and office staff are welcome, too.

AHRQ Innovations Recognition

Last year, the Agency for Healthcare Research and Quality initiated a plan to develop a website containing practice innovations from the practice-based research networks. OKPRN was invited to submit the Practice Enhancement Assistant (PEA) methodology and were one of the first 10 accepted. The finished project description can be found at <http://www.innovations.ahrq.gov/content.aspx?id=1768>

In June at the Summer Institute on Evidence-Based Practice: Innovation for Quality and Safety meeting in San Antonio, Dr. Cheryl Aspy will present the PEA innovation in a special session. This recognition brings national attention to our network, already recognized as one of the premier PBRNs in the country!

ClinIQ

ClinIQ is a process through which clinical questions submitted by OKPRN members are evaluated and scored for importance, relevance to primary care and answerability by the Project Development Advisory Committee, and then distributed to Family Medicine residents and their faculty mentors to answer based upon a systematic review of the best available information. Currently, three residency programs are participating in this process; OU-OKC, OU-Lawton and Saint Anthony's. Drafts are peer-reviewed and edited until they are suitable for publication either in the *Journal of the Oklahoma State Medical Association* (17 submitted and 10 published to date), *Evidence-Based Practice* (two submitted and two published) or the OKPRN website. Periodically we also send out questions and answers through the OKPRN listserv.

A Simple, Effective, Office-Based Weight Loss Program

At the last Convocation, we became aware that Kristi Baker, FNP (Clinton), has developed a weight loss program that has considerable promise. She was kind enough to let us produce a DVD on which she explains the program and provides a list of key resources to go with it. We plan to show the DVD at the 2008 Convocation.

New Project Proposals/Concept Papers

Anyone wishing to propose projects for the network are encouraged to go to the OKPRN website (www.okprn.org), go to "Project Ideas" on the left side menu, and complete the requested information.

Wellness Portal Project

Jim Mold, MD & Zsolt Nagykaladi, PhD

Funded by the Agency for Health Care Research and Quality (AHRQ) in September of 2007, OKPRN set out to design, test and implement a web-based patient Wellness Portal that interfaces with the existing Preventive Services Reminder System (PSRS), a clinician interface to patient preventive and wellness records.

A Wellness Portal is a secure website that provides access to personalized health information that helps individuals improve their health. It focuses on wellness, lifestyle and

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Wellness Portal Project (continued)

preventive services, and facilitates patient-centered, continuous care through a "medical home." The Wellness Portal we are developing can help individuals maintain a record of their personal profile, history of preventive services, personal risk factors, care preferences, vital signs, symptoms and medical encounters. Patients can also get personalized care recommendations, participate in self-education activities and communicate securely with their primary care clinicians. We are currently looking for eight clinicians who would be willing to help us recruit patients from their practices to test the Portal in a randomized controlled trial scheduled to begin in October. To participate, clinicians must have had experience with PSRS. Visit the portal's home page at: <https://mpsrs.us/WPortal>.

Screening and Interventions for Unhealthy Behaviors Project

Cheryl Aspy, PhD

The old adage, "The job isn't over until the paperwork is completed" applies readily to research projects such as the Robert Wood Johnson Foundation (RWJF)-funded Prescription for Health project that was completed last September. In this project, nine practices in three geographic clusters around the state worked to change screening and interventions for four health behaviors: diet, exercise, alcohol and tobacco use.

As a summary of this project, we submitted an abstract for a special supplement for the American Journal of Preventive Medicine, which was accepted and the final article was submitted in January. The focus of this article was on the practice-level outcomes (adoption, implementation and maintenance).

The results for adoption showed that of 30 clinicians invited; nine agreed to participate for a 30% rate. Implementation was determined by screening and brief intervention rates that increased (average of 25 and 9 percentage points, respectively) for all behaviors. Screening increases were maintained across three of the behaviors for up to 12 months. For both diet and alcohol, screening rates continued to increase throughout the study period, even during the periods when the practices were focused on the other behaviors. The rate of combined interventions returned to baseline for all behaviors 6 and 12 months after the intervention period while clinicians focused on the other behaviors. These results suggest that the translational strategy is feasible, acceptable and effective. The article is under review, but we anticipate a Fall publication.

EPSDT Projects: Canadian and Garfield Counties

Crystal D. Turner, MPH, PEA

Within the last year, the practice enhancement assistants (PEAs) have implemented a variety of strategies to increase visit rates and improve the quality of Medicaid Child Health Check Ups (EPSDT visits), first in Canadian County and then in Garfield County. These strategies have included: reorganizing staff duties; developing regular staff meetings; implementing an evidence-based use of the OHCA EPSDT forms; implementing a developmental screening tool ("Ages and Stages"); providing PDAs for BMI calculation and documentation; sending monthly reminder and welcome letters to existing and new patients; improving documentation of provided services, and many smaller tasks resulting in positive changes throughout all practices.

The PEAs also had the opportunity to introduce the practices to a community case coordinator. The coordinator took the burden of making personal calls to overdue and no-show patients and coordinated more complicated referrals.

The PEAs continue to offer practice support and encouragement by conducting and sharing results of regular chart reviews which show significant improvements (in comparison to baseline data) in visit rates and quality measures. Overall visit rates have increased from 70% to 76% (6 month review) with quality increasing a whopping 14% from 71% to 85% (6 month review).

Eileen Merchen, BS, PEA

Under a contract with the Oklahoma Health Care Authority, we have deployed a practice enhancement assistant using weekly visits to help five Garfield County practices increase visit rates and improve the quality of the Child Health Check Up (EPSDT well child check). The project started in the fall of 2007 with baseline audits and reports. After the holidays the practices became actively involved in increasing quality of care and documentation of that care despite a very busy influenza season. The practices added new interventions such as ordering of blood lead screening and calculation and documentation of the BMI.

They have improved the amount of and documentation of the quality indicators that are expected by OHCA for the Child Health Checkup, such as developmental screening and anticipatory guidance.

Practice facilitation varies at each practice depending on what is needed and desired by the practice. Some practices desire help with the no show patients or the improve

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EPSDT Project: Canadian and Garfield Counties (continued)

developmental screening of children under the age of six.

A Care Coordinator receives the monthly Medicaid rosters from the practices and then determines which children are due for a Child Health Checkup. Parents then receive a reminder call to schedule a visit for their child. The calls that the Care Coordinator has placed are making an impact, and practices report that parents call to schedule because of the reminder call. The Care Coordinator also locates resources for patients and the practices as requested by the provider.

Development of County Coalitions - James Mold, MD

Canadian County

In 2006, two Canadian County organizations came up with a total of \$10,000 to improve well child visits for Medicaid children (EPSDT). This state contribution was then matched through the Medicaid program to pay for a half-time case manager for participating clinicians.

The Department of Family and Preventive Medicine then contributed \$50,000 in faculty and staff time, matched by \$50,000 through Medicaid to put practice enhancement assistants into five practices to help them with their EPSDT processes. A \$50,000 grant from the Commonwealth Foundation provided additional support to teach the practices how to do evidence-based developmental screening.

Because of the success of these projects, county stakeholder groups have now joined together to form a 501c3 organization to bridge gaps between public, private and mental health, social services and community organizations to improve the health of the citizens of the county. In addition, a small group of clinicians, all members of OKPRN, are meeting over lunch on a regular basis to share ideas and design new approaches to care; a process we are calling a "local learning collaborative." Laura McGuinn, a pediatrician from the OU Child Study Center, is now the primary research consultant for these projects. She hopes eventually to start a pediatric practice-based research network closely affiliated with OKPRN.

Stephens County

Through the efforts of Dr. Kent King and Carol Wanzor, a member of the community, key stakeholder groups are coming together in Stephens County (Duncan, Marlow, etc.) to create a 501c3 organization that can seek and receive funding to improve the health of the county. They are particularly interested in developing a communitywide preventive services program using PSRS as the community registry. They are also hoping to help the State Department of Health pilot its low-dose aspirin campaign.

Pandemic Influenza Preparedness Project - Zsolt Nagykaladi, PhD

The 2007-08 influenza season has been a very successful fifth year of the OKAlert(r)-ILI Surveillance Project with the Oklahoma State Department of Health (OSDH). The OKAlert-ILI System is the State's first and only electronic syndromic ILI surveillance initiative. Over 30 OKPRN providers have been reporting daily via a web browser or PDA. Real-time ILI data has been analyzed regularly in the context of other surveillance reports and timely feedback was provided in the form of weekly PDF summaries and electronic OKAlert messages.

We continued to populate sentinel feedback in four age groups and track the number of patients hospitalized, number of rapid flu tests performed and number of positive tests (for type A and B) and transfer media sent to the OSDH for culture. The OKAlert-ILI System incorporates other useful features, e.g. automatic e-mail alerts are sent to the OSDH when ILI reports indicate values over the historic threshold or when transfer media has been sent to the OSDH.

In the course of the 2007-08 influenza season, sentinel OKPRN clinicians transmitted 2810 reports via the system on a total of 102,021 patient visits. Reports were sent via PDAs (136), and via the ILI surveillance web site (2674). In all age groups, a total of 3344 ILI cases were identified and reported (3.2% seasonal average), ranging from 0.5% ILI in September, 2007 to 11.5% ILI in February, 2008. The number of hospitalizations were significant (110 - 3% of all ILI cases), in addition to 1832 rapid influenza tests that were done on-site by clinicians, and 49 viral culture media sent to the OSDH lab.

**Registration information is available at www.okprn.org
Don't forget to call the Quartz Mountain Resort at 877-999-5567 ext. 1 and
mention the OKPRN Convocation
to reserve your room.**

OKPRN

2008 NAPCRG Meeting

The North American Primary Care Group (NAPCRG) is the premiere research meeting for family physicians. The location of the meeting alternates between the United States and Canada. This year's meeting will be in Puerto Rico from November 15 – 19, 2008. Most of the attendees are academicians. They/we REALLY need to be able to interact with more full-time clinicians. Terrill Hulson, Clinton Strong and Scott Stewart have all attended the meeting in the past. Anyone interested in attending can contact Jim Mold for more information.

Charitable Contributions

Tomás P. Owens, MD

President-Oklahoma Academy of Family Physicians

One of the hallmarks of an established institution is having an ongoing foundation with endowments on its behalf. OKPRN has already been recognized nationwide for the quality of its research and for its novel approaches to investigation. Now, we advance further by maintaining a source of regular charitable contributions.

This year, we are partnering with the *Oklahoma Academy of Family Physicians* (OAFP) to provide you with more ways to contribute to OKPRN.

You can still send us a check, money order or use PayPal to donate to our organization directly (it is tax-deductible). Or, when you receive the *Family Health Foundation of Oklahoma* notice this year, look for the option of channeling that contribution to OKPRN. If you make the \$1,000.00 per year mark, you can become an OAFP President Club member and a golden contributor of OKPRN simultaneously! Contributions can be made in lump sum or payments per month, your choice!

Thanks for making OKPRN part of your charitable giving today and in the future!

Recent Publications

Nagykaldi Z, Stone J, Fox C, Fontaine P, Gallo S, Peterson K. Improving Collaboration Between Primary Care Practice-Based Research Networks Through The Use of Access Grid Technology, *Informatics in Primary Care* 2008; 16(1):51-8.

Nagykaldi Z, Mold JW. The Role of Health Information Technology In The Translation of Research Into Practice, *J Am Board Fam Med*, 2007 Mar-Apr;20(2):188-95.

Duff K, Mold JW, Roberts MM. Walking Speed and Global Cognition: Results from the OKLAHOMA Study. *Aging, Neuropsychology, and Cognition*, 2007. 1-9.

Duff K, Leber WR, Patton DE, Schoenberg MR, Mold JW, Scott JG, Adams RL. Modified Scoring Criteria for the RBANS Figures. *Appl Neuropsychol*. 2007;14(2):73-83.

Opportunities to Serve on Committees

We are always looking for OKPRN members willing to serve on any of the following:
Board of Directors
Project Development Advisory Committee
Information Technology Committee.

Current members of the **Board of Directors** are: Mike Pontious, MD, President; Tomas Owens, MD, Secretary/Treasurer; Jim Mold, MD, Immediate Past-President; Jim Bishop; Anna Burson, MD; Steve Crawford, MD; Charles Henley, DO; Terrill Hulson, MD; Judy Kelley; Angela Monson, MPA; William Pettit, DO; Bobby Rader, MD; Robert Salinas, MD; Terry Truong, MD, and Michael Woods, MD.

Current members of the **Project Development Advisory Committee** are: Jim Mold, MD; Suben Naidu, MD; Paul Keenan, MD; Deborah Booton-Hiser, PhD, ARNP; Kevin O'Brien, MD; R. Scott Stewart, MD; Gary R. Sharp, PA-C, MPH; Paul Williamson, MD, and Dan Criswell, MD.

Current members of the **Information Technology Committee** are: Zsolt Nagykaldi, PhD; Nathan Boren, MD; Jim R. Cacy, PhD; Ronal D. Legako, MD; Dan Hollacher, and Doug Ivins, MD.

These committees meet on an as-needed basis, usually by e-mail or conference call. Please let Mike Pontious (michael-pontious@ouhsc.edu) or Allison Haney-Seigars (aghaney@nwosu.edu) if you are interested and willing to serve on any of these committees.