OKPRN News

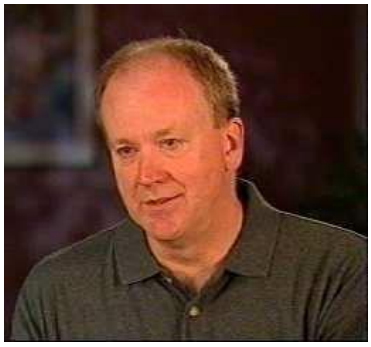
Oklahoma Physicians Resource/Research Network (www.okprn.org) **Summer 2015**

Board of Directors

The mission of OKPRN is to support primary care clinicians through a professional network for peer learning, sharing of resources for best practices and practice-based research.

From the President's Desk

It takes you…



I have been doing a lot of thinking recently about creativity. I know, you find this odd and wonder why I am spending time and effort on this subject. For some, this is a task that is unobtainable and then for others it comes without effort.

For many of us, it is a task and learned behavior. Cultivated and perfected.

So what in the world does this have to do with a research network? Why am I using the concept to usher in my column in this newsletter?

I sense our struggle with creativity has something to do with our love/hate relationship with research. Bear with me as I try to explain this and ask you to look at your own professional career.

For most of our professional lives, research has been an awkward task, something that forced us to work, using a language with which we were not familiar. We use tools for which we have great disdain and frustration...statistics, randomization, etc. and so on. These are logical, left brain kind of tasks. As physicians we have been chosen for our ability to master the left brain tasks...the better we memorized and controlled the facts, the more valuable we became as residents and physicians.

Left brain tasks serve us well in developing differential diagnosis and remembering references. But not so much so when applying the study to the unique situation sitting in front of us in the exam room. The right brain is so much more useful in sorting out the subtleties of the chaotic history, sensing the innuendo of culture or previous experience. We struggle with developing the right brain functions, because they are not innate for most of us and they are not valued by the current healthcare system (they take too long and are not compensated very well)....but they end up being the unique skills that you and I have that makes us valuable as primary care clinicians.

Those right brain skills are the skills that make us unique and creative in how we apply the science of medicine.

You see, the evidence basis of medicine can only take us so far. If we are intellectually honest, applying the evidence is problematic in that it only tells us what to do in situations that are precisely the same as the group that was studied. The nuance of applying evidence in situations that are similar is a bit of an art form...and takes the right brain skills that you and I have held in disdain for all these

years. We are only now waking up to this fact and understanding that creativity is actually useful in the practice of medicine. For those of us that are involved in OKPRN this holds huge benefit. Asking the right question is almost as useful as designing the study or understanding what is identified as the best practice. Seems to me this is why we should participate in the process. Seems to me that if you don't show up or make your voice known as the question is being formulated, then you are stuck with research that is not relevant to your practice.

For me this is the beauty of practice based research.

We gather in August for the OKPRN convocation. It is that time where we come together to develop the questions and review the work of the previous year. Our network continues to produce relevant research, built on the curiosity (that right brained skill).

Come join us, it is a hugely recharging and invigorating process that is often missing in the practice of medicine these days.

And the bottom line is that it takes you and your input to continue the process.

J. Michael Pontious, MD
OKPRN President

REGISTER NOW!

Online Conference Registration

- $75 for OKPRN Members – Includes conference fee, food, two-day park admission and special animal visitor
- Family Members and Guests welcome! We have options with and without food.
  - $75 for Family Members and Guests – Includes food, two-day park admission and special animal visitor
  - $13 for Adult, $8 for Children Two-Day Zoo Admission Only

Room Reservation with Discounted Group Rates!

- $109/night at Courtyard by Marriott Oklahoma City Northwest. 1-800-321-2211
- $94/night at Hyatt Place Oklahoma City Northwest. 405-840-5557
- Breakfast included in both options.
- Let them know you are part of the "Oklahoma Physicians Resource/Research Network (OKPRN) group to get the discount group rate.

Session Topics Include:

- Care Transition and Coordination in Primary Care
- E-Cigarettes as a Stepdown Method
- HPV Vaccination Uptake
- Best Practices in Advance Directive
- County-Level Preventive Care
- Best Practices in Diagnosing & Treating Children with ADHD
- An Overview of the HIE in Oklahoma
- And More!!

To Register and for More Information:

http://www.okprn.org/#!meetings/c12ef

Announcements & Acknowledgements

Thank You For Participating in OKPRN Projects!

Poison Ivy Project
Amanda Odom, PA-C
Bruna Claypool, PA-C
Cynthia Sanford, APRN
Dr. Brian Coleman
Dr. Brian Yeaman
Dr. Chad Douglas
Dr. Craig Evans
Dr. Ed Farrow
Dr. Frank Lawler
Dr. Greg Grant
Dr. Greg Martens
Dr. J. Michael Pontious
Dr. Jeff Floyd
Dr. Jo Ann Carpenter
Dr. John Brand
Dr. Kelley Humpherys
Dr. Kelli Koons
Dr. Kevin O'Brien
Dr. Laurel Williston
Dr. Michael Woods
Dr. Ray Long
Dr. Robert Blakeburn
Dr. Robert Stewart
Dr. Robert Valentine
Dr. Ronal Legako
Dr. Russell Click
Dr. Russell Kohl
Dr. Ryan Aldrich
Dr. Sam Ratermann
Dr. Suben Naidu
Dr. Terrill Hulson
Dr. Zack Bechtol
Jennifer Lucas, ARNP
Kenda Dean, ARNP
Mark Davis, PA
Stacy Scroggins, PA-C
Tammy Hartsell, ARNP

CKD Project
Chris Carpenter, ARNP
Dr. Cinda Franklin
Dr. Craig Evans
Dr. Cynthia Maloy
Dr. Frank Davis
Dr. Gary Lawrence
Dr. Greg Grant
Dr. Jeff Floyd
Dr. Jeffrey Cruzan
Dr. John Pittman
Dr. Kelli Koons
Dr. Kevin O'Brien
Dr. Kristin Earley
Dr. Louis Wall
Dr. Marjorie Bennett
Dr. Michael Aaron
Dr. Misty Hsieh
Dr. Paul Wright
Dr. Ray Huser
Dr. Ray Long
Dr. Renee Balllard
Dr. Russell Kohl
Dr. Stephen Connery
Dr. Stephen Lindsey
Dr. Suben Naidu
Dr. Terrill Hulson
Dr. Titi Nguyen
Joyce Inselman, ARNP
Kenda Dean, ARNP
Mark Davis, PA
Nancy Dantzler, ARNP

Spider-Tech Project
Bruna Claypool, PA-C
Cheryl Ross, ARNP
Comm Health Conn
Dr. Brian Sharp
Dr. Clinton Strong
Dr. Chad Douglas
Dr. Gaurangi Anklesaria
Dr. Greg Martens
Dr. James Mold
Dr. Janet Garvin
Dr. Jo Ann Carpenter
Dr. Kalpna Kaul
Dr. Kevin O'Brien
Dr. Michael Woods
Dr. Mickey Tyrrell
Dr. Misty Hsieh
Dr. Ray Long
Dr. Ronal Legako
Dr. Russell Kohl
Dr. Suben Naidu
Dr. Terrill Hulson
Dr. Zack Bechtol
Heather Stanley, ARNP
Jennifer Lucas, ARNP
Johanna Weir, PA
Joyce Inselman, ARNP
Kenda Dean, ARNP
Kiamichi FMR - Idabel
Morton CHC - Tulsa
Muskogee Pulmo
Nancy Dantzler, ARNP
OU FMC
Robin Avery, ARNP

Thank You For Supporting the Work of OKPRN!

We truly appreciate and value clinic staff (nurses, front- and back-office staff, office managers and all associates), who showed dedication and generosity in supporting OKPRN projects in 2014 and before! We are also indebted to our patients and study participants, who often enthusiastically contributed to the success of various OKPRN initiatives throughout the State. We can't thank you enough!

Congratulations to Kristy Baker APRN-CNP

Kristy Baker APRN-CNP, Board Certified Adult Nurse Practitioner of Integris Westview Health Clinic, Clinton, OK, a Fellow in the 2014-15 Duke-Johnson & Johnson Nurse Leadership Program, successfully completed the one year program in June 2015. Program components included three leadership retreats as well as distance-based learning activities and a transformative health leadership project. The Duke-Johnson & Johnson Nurse Leadership Program is a partnership between Duke University School of Medicine, Duke University School of Nursing and Johnson & Johnson. This program provided leadership development for advanced practice nurses to enable them to effectively address the health needs of their communities – especially that of underserved populations. Program Fellows are expected to be change agents within their practice settings and the evolving health care environment.

Mrs. Baker's project focused on developing RN Primary Care Coordinators within the primary care medical home model. During her project development, she was able to interview several clinics who employ RN's and she would like to thank Dr. Stacy Knapp and her staff, Dr. Blake Badgett and his staff and Mrs. Jan Lacy RN for their assistance as well as Integris for sharing their resources with Mrs. Baker for this project.
Mrs. Baker was selected by her peers to give the remarks on behalf of her class at the celebration dinner given in their honor by Duke-Johnson & Johnson at the Washington Duke Inn and Golf Club in Durham, NC.

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In The Spotlight – Okeene Municipal Hospital & Medical Clinic – Okeene, Oklahoma

Our Mission is To Enhance the Quality of Life by providing the Absolute Best Care.

For over 60 years, Okeene Municipal Hospital and Medical Clinic has been committed to caring for people in the Okeene community and surrounding areas. It is a 17 bed critical access facility that provides healthcare services to over 20,000 patients in Northwest, Oklahoma. The staff includes over 80 professionals, technicians, aides and support staff.

Okeene Municipal Hospital and Medical Clinic offers a wonderful care coordination service they call their 'Swing Bed'. For the patients who do not have the ability to return to their everyday life after a hospital stay, the Swing Bed programs allows patients to take extra time ensure a smooth transition between acute care and returning home.

Learn more at http://okeenehospital.wix.com/okeenehospital or by visiting Okeene Municipal Hospital and Medical Clinic in person at 207 East "F" Street, Okeene, OK 73763.

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Wisdom from the Listserv

More Flu-Like Cases This Summer?

Original Question:

We have seen 2 cases in 2 days of fever 101, body aches, cough, no productive cough. No sinus/allergy symptoms - we tested flu neg but think it is H1N1? Anybody seeing this? Seems a bit early... But I guess flu can happen anytime....

Selected Responses:

- Perhaps West Nile?
- We have had a few metapneumovirus infections here.
- I have seen a few as well. No history of tick or mosquito bites. Self-limited illness. I've also seen more pneumonia this summer than in past years.
- Working in urgent care, we are seeing quite a bit of flu-like illness recently. As above, mostly self-limiting. Fever, body aches, dry cough, etc...
- Just got our 3rd call for appt few minutes ago, same symptoms and I heard 2 flu positives in Yukon this week an maybe El Reno?
- Keep in mind the sensitivity of in-office flu tests may be as low as 40%, which is why the CDC doesn't recommend withholding treatment based on them.
- Should really not be rapid testing flu this time of year, false positive rate way too high!

- The reliability of rapid diagnostic tests depends largely on the conditions under which they are used. Understanding some basic considerations can minimize being misled by false-positive or false-negative results.
    - Sensitivities of rapid diagnostic tests are approximately 50-70% when compared with viral culture or reverse transcription polymerase chain reaction (RT-PCR), and specificities of rapid diagnostic tests for influenza are approximately 90-95%.
    - False-positive (and true-negative) results are more likely to occur when disease prevalence in the community is low, which is generally at the beginning and end of the influenza seasons.
    - False-negative (and true-positive) results are more likely to occur when disease prevalence is high in the community, which is typically at the height of the influenza season.

- Currently we attempt to teach and practice to:
    - Only use rapid tests in clinic when local flu incidence is > 10%.
    - Only use antivirals if:
        1. Younger than 2 years or over 65 years
        2. Asthma/COPD, Cardiac, Renal, Hepatic, Sickle cell, Diabetic, Significant debility
        3. Steroids, Biologics, HIV or other Immunosuppression
        4. Pregnant or within 2 weeks of it
        5. BMI >40
        6. Institutionalized

- Referring back to the description of when false positives and true negatives are high (the summer), and when false negatives and true positives are high (the winter), it can be understood if we think of what influences a test result:

  1) base rate: proportion of patients tested who have the disease
  2) sensitivity: proportion of patients with the disease who have a positive test result.
  3) specificity: proportion of patients who don't have the disease, who have a negative test result.

In the summer, the base rate is low. so, of people with flu like illness, a smaller percent will be due to flu in particular; rest will be other viral causes or bacterial causes. (We leave unspecified what proportion of the remainder is viral, what proportion bacterial, mainly because we don't know; certainly that would be pertinent). If there are fewer with flu, there will be fewer where "sensitivity" is relevant, with its true positives (and in case the sensitive test is wrong, its false negatives). Correspondingly, there will be more without flu, where the "specificity" of the flu test is relevant. So there will be more "true negatives" and when the specific test is in error, "false negatives".

In the winter, the base rate is high. That is, of people with flu like illness, a larger proportion of them will actually have flu. So there are a large proportion of the patients with flu like illness for whom the sensitivity of the flu test is relevant, and a higher proportion of true positives (and because the test is not perfectly sensitive, false negatives). Concomitantly, a smaller proportion of these patients will have a non-flu cause of their flu like illness, with fewer true negatives and false positives on the flu test.

And harking back to residency CDM seminars, the above relations follow from whose theorem?

- That's pretty restrictive use of Tamiflu! Agree with your high risk folks for sure. But during peak season we treat with a much broader brush than that unless there is a shortage. The key criteria is starting tx with in 24 hrs of onset of fever and symptoms. High risk or not its pretty worthless and waist of meds if its not started that early. 48 hrs is too late in my experience
  We test a few cases of west nile every year usually in sick hospitalized patients we cant figure out. Usually not flu like illness in clinic. This is the time of year we see it. Also don't forget about tick illness with any summer time fever. It gets missed every year with devastating results.

- Definitely a challenge choosing low-risk candidates for Tamiflu. Certainly a patient pleaser but clinical benefits are marginal for many patients, esp if started late. Also have to keep resistance in mind—remember amantadine? Too much treatment of low risk (or non-flu) patients and we'll run out of antivirals for the sick folks. Again, per CDC during flu season we need to treat high-risk patients with ILI without POC testing, or you'll miss the opportunity to treat patients with (common) false negatives.

- It would be worth it to publicize this information in multiple forums. These antivirals are not inexpensive and are not harmless for little benefit.

- I had a similar personal experience and so was surprised by the evidence, but if we try to embrace EBM at all, a 46 trial 24,000 patient Cochrane review should be one we seriously consider following.

- Agree with others that said don't test for flu in non endemic period. If you need a false positive test to convince a patient they have a virus your sunk from the start. Result are more likely to confuse you than help you. Same issue you pos strep in summer time. At least with strep you can get a few sample back up cultures to confirm your rapid test results.

- I just talked to the state epidemiologist on-call at the OSDH and she said that they are not picking up any significant increase in ILI reporting state-wide (so far). Keep in mind that they have cough in the criteria (as you recall from OKPRN's many years of ILI surveillance history with the OSDH), which might change the statistics. Their current sentinel surveillance network reports only weekly, while OKPRN used to report daily, so they may be somewhat behind. They asked us to continue observing this trend and report back to them, if we see something.

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NEWSROOM

Clinician Stipend Program for the North American Primary Care Research Group Annual Meeting – Meg Walsh, OKPRN Network Coordinator

This year's NAPCRG Annual Meeting is taking place in sunny Cancun, Mexico October 24-28 2015. For those of you are interested in attending, but can't quite foot the bill to this beautiful hotspot, the organization offers a Clinician Stipend Program! The North American Primary Care Research Group (NAPCRG) provides seven stipends up to $2,000 each to enable clinicians to participate in NAPCRG's Annual Meetings.

Clinician attendance at NAPCRG's annual meetings is critical to bridge knowledge, communication and networking between primary care researchers and practicing clinicians. Unlike most academic clinicians, clinicians can't easily attend research meetings for a number of reasons. NAPCRG also recognizes that clinician time away from their practices often results in financial losses to individual clinicians. In 2014, the NAPCRG Board of Directors adopted a policy to create a stipend program to offset the costs for clinicians to attend NAPCRG Annual Meeting.

More information on the event and the stipend can be found on their website:
www.napcrg.org/Conferences/2015AnnualMeeting

AHRQ Infrastructure for Maintaining Primary Care Transformation (IMPaCT) Grants – Zsolt Nagykaldi, PhD

A new report from AHRQ features (among other states) the Oklahoma IMPaCT project and the success of building a Primary Healthcare Extension System in Oklahoma with the leadership of Dr. Jim Mold.

See more at: http://www.ahrq.gov/professionals/systems/primary-care/tpc/impactgrants.html

Meg's Memo – Meg Walsh, OKPRN Network Coordinator

OKPRN members have two major opportunities right now that I wanted to make sure are not overlooked. The first (and most important!) is the OKPRN Annual Convocation that will be held at the Oklahoma City Zoo 29-30 August. Our dialog-driven convocation really differentiates itself from other lecture series conferences. This is not the place for passive learning. Attendees are expected to follow presentations with questions and personal insight in order to make the session as relevant as possible to their everyday practice. Visit our website for more info:
http://www.okprn.org/#!meetings/c12ef

The second huge opportunity in Oklahoma right now is the Healthy Hearts for Oklahoma (H2O) project. AHRQ awarded the state of Oklahoma $15 million over the next three years to be spread throughout every single county in OK. The project needs to recruit 300 practices with 10 or fewer clinicians, that have an EHR, and are willing to connect to the HIE. The project is a quality improvement study focusing on cardiovascular risk reduction and is heavily based on the PEA work OKPRN has been doing over the past 20 years. It would be wonderful for OKPRN to have a strong presence with the project. Take the practice interest survey to determine eligibility (http://healthyhearts.ouhsc.edu), or contact one of the principal investigators listed below for more information.

Please do not hesitate to drop me a line to share your thoughts with me – Margaret-Walsh@ouhsc.edu or 405-271-3451.
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OKPRN Project Updates – Mold / Nagykaldi / Welborn / McCarthy

Name of the Project	**Healthy Hearts for Oklahoma (H2O)**
Funding Source/Amount/Period	Agency for Healthcare Research and Quality (AHRQ) Funding: $15,000,000; 2015 - 2018
PI/Director Contact Information	Daniel F. Duffy, MD (Daniel-Duffy@ouhsc.edu) Steven Crawford, MD (Steven-Crawford@ouhsc.edu)
Purpose of the Project	1) Construct an effective and sustainable Oklahoma Primary Healthcare Improvement Cooperative (OPHIC) to disseminate and implement the results of patient-centered outcomes research 2) Help 300 small to medium-sized primary care practices improve management of four cardiovascular disease risk factors: smoking, blood pressure, cholesterol, and use of low-dose aspirin; and 3) Carefully evaluate the effectiveness of the implementation strategies.
Participant Enrollment Status	We are actively recruiting 300 practices across the state of Oklahoma. To be eligible practices must: 1) Have 10 or fewer clinicians. 2) Have an EMR/ER. 3) Be connected to, or be willing to be connected to, the Health Information Exchange (HIEO)
Key Findings To-Date	None yet.
Requests to OKPRN Members	We need **MANY** OKPRN practices to participate in this study. Contact the PIs for more information or complete the practice interest survey to determine eligibility http://healthyhearts.ouhsc.edu

Name of the Project	**Implementing a Community-Based Model for Delivering Preventive Services in Rural Counties**
Funding Source/Amount/Period	Agency for Healthcare Research and Quality (AHRQ) Funding: $1,400,000; 07/01/2014 - 06/30/2018
PI/Director Contact Information	Zsolt Nagykaldi, PhD (znagykal@ouhsc.edu)
Purpose of the Project	1) Substantially increase the rates of delivery and receipt of evidence-based primary, secondary, and tertiary preventive services to approximately 70,000 individuals, cared for by 59 primary care clinicians in 20 PCPs in 3 rural counties; 2) Increase average estimated life expectancies of those patients; and 3) Calculate the financial impact of the model on participating hospitals, primary care practices, and county health departments. 4) Prepare a Guidebook that can be used by other rural counties wishing to implement similar models
Participant Enrollment Status	In progress.
Key Findings To-Date	None yet. The project is in the 6-month run-in period including relationship building, recruitment, and administrative work.
Requests to OKPRN Members	None at this time.

Name of the Project	**Clin-IQ: Resident Scholarly Activity**
Funding Source/Amount/Period	None.
PI/Director Contact Information	Elizabeth Wickersham MD (elizabeth-wickersham@ouhsc.edu)
Purpose of the Project	The Residency Review Committee (RRC) requires that residents and faculty collaborate on research. The purpose of Clint-IQ is to fulfill the RRC requirement by answering a clinically relevant question in publishable format.
Participant Enrollment Status	The 2012-13 Clin-IQ enrollment has been completed.
Key Findings To-Date	**University of Oklahoma, Oklahoma City Residency Program**

1. In women over 18 years of age with breast cancer in a 1st degree relative, at what age should screening for breast cancer begin, and with what imaging modality?

Tentative Answer: Routine Mammography screening for women with a positive family history of breast cancer should start earlier than 40 but not before age 25 or 10 years younger than the youngest family member diagnosed with breast cancer, whichever is later. Contrast-Enhanced MRI + Mammography should be utilized in screening women with known BRCA 1 or 2 mutations or how have 1st degree relatives with these mutations and this screening should start at age 30. Women treated with Mantel Radiation should undergo Contrast-Enhanced MRI + Mammography screening 8 years after completion of radiation therapy. Level of Evidence for the Answer: A

2. In adults with osteoarthritis, what therapies have been shown to slow progression of disease compared to weight bearing exercise alone?

Tentative Answer: Yes. Level of Evidence: A

3. In adult smokers unwilling to quit, does changing from tobacco cigarettes to "electronic cigarettes" decrease the negative health effects associated with smoking tobacco?

Tentative Answer: Yes. Level of Evidence: A

4. In patients with type 2 diabetes mellitus on oral hypoglycemics does self-monitoring blood sugars influence control and consequences of diabetes?

Tentative Answer: N/A

5. In adults with chronic constipation, are stool softeners like docusate more effective at reducing constipation when used alone compared with combination use with other laxatives/bowel stimulants?

Tentative Answer: No. Level of Evidence: A

6. In adolescent athletes, does single sport specialization lead to increased injury rate compared to multi-sport athletes?

Tentative Answer: No clear evidence that single sport specialization leads to an increase in injury rate. However, amount of time spent doing a sport specific activities and intensity can increase the injury rate. Level of Evidence: B, limited quality patient oriented evidence.

7. In adult strength trainers, are over-the-counter protein supplements effective at increasing muscle bulk and strength compared with weight training alone?

Tentative Answer: Yes. Level of Evidence: B

8. In adult males with low testosterone, does supplementation with testosterone increase their risk of prostate cancer compared with no supplementation?

Tentative Answer: The current evidence suggests that exogenous testosterone does not increase the risk of prostate cancer. Level of Evidence: B.

9. In patients on warfarin, does home self-testing of PT/INR provide the same outcomes compared to testing by a home health nurse or in a clinical setting?

Tentative Answer: Yes. Level of Evidence: A

10. In overweight or obese adolescents, is a calorie-controlled diet alone more effective at decreasing BMI than exercise alone?

Tentative Answer: Behavioral modification, including a calorie controlled diet contributes to weight loss in the pediatric and adolescent population, at greater levels than exercise alone. Level of Evidence: B

11. Are at home sleep studies as effective at diagnosing obstructive sleep apnea in adults as poly-somnography

Tentative Answer: N/A

12. In adults with a diagnosis of tinnitus, what treatment modalities (OTC, naturopathic, prescription drugs, psychological counseling) have been shown effective at relieving symptoms and/or improving quality of life?

Tentative Answer: N/A

St Anthony Residency Program

1In adults with chronic insomnia, is melatonin as effective as other sleep medications with fewer side effects?

Tentative Answer: N/A

2. In patients with concussions, is total number of concussions more predictive of permanent neurologic deficit compared to severity and duration of symptoms from any one concussion? In adults with chronic pain does long term treatment with SSRI/SSNI (alone or in conjunction with other medications) control pain more effectively?

Tentative Answer: N/A

3. What are the appropriate treatments of proctalgia fugax and chronic proctalgia and are these treatment modalities founded on solid evidence?

Tentative Answer: N/A

4. In adults with heart failure with preserved ejection fraction (HFPEF), are ACE inhibitors equal

	to ARBs or beta-blockers in decreasing mortality and hospital admissions for heart failure? *Tentative Answer: N/A*
Requests to OKPRN Members	You can send us researchable clinical questions of interest to you in your practice via the OKPRN website: http://www.okprn.org/OKPRN_members/ProjectIdea.asp.

Name of the Project	**CoCONet2 – The Coordinated Coalition of Networks -2 (P30)**
Funding Source/Amount/Period	Agency for Healthcare Research and Quality (AHRQ) Funding: $476,125 ; 07/1/2012 - 06/30/2017
PI/Director Contact Information	Zsolt Nagykaldi, PhD (zsolt-nagykaldi@ouhsc.edu)
Purpose of the Project	The purpose of this project is to develop a network of networks to improve the quality and effectiveness of primary care by engaging frontline clinicians in the conduct and dissemination of relevant practice-based research, and by acquiring, developing, and sharing new knowledge through networks of clinicians and practices. In addition to OKPRN, we will collaborate with UNYNET from upstate New York, LANet from Los Angeles, WREN from Wisconsin, MAPFRN from Minnesota, and the OCHRN – Oklahoma Pediatric Network. Westat, Inc (Rockville, Maryland) will be the coordinating Center for this project to develop communication processes among the individual networks and to facilitate development of a data repository for future projects. This "meta-network" has already submitted applications for several multi-network projects. Funding is for 5 years with funds dedicated each year to building infrastructure in each of the networks to facilitate collaboration and development of future researchers.
Participant Enrollment Status	Not applicable.
Key Findings To-Date	CoCoNet2 is a meta-network made up of 6 regional PBRNs including OKPRN, the Upstate New York Network (UNYNET), the Wisconsin Research and Education Network (WREN), the Minnesota Academy of Family Physicians Research Network (MAFPRN), the Los Angeles Network (LANet), and the Oklahoma Child Health Practice Based Research Network (OCHPBRN).
Requests to OKPRN Members	Please consider participating when the call for participation in a specific project goes out.

Name of the Project	**Infrastructure for Maintaining Primary Care Transformation (IMPaCT – U18)**
Funding Source/Amount/Period	Agency for Healthcare Research and Quality (AHRQ) Funding: $999,015; 09/30/2011 - 09/29/2013
PI/Director Contact Information	James W. Mold, MD (james-mold@ouhsc.edu)
Purpose of the Project	To develop a Primary Care Extension Program (PCEP) throughout Oklahoma and to assist Arkansas, Missouri, and Colorado as they try to develop similar systems. Three other states, North Carolina, Pennsylvania, and New Mexico also received IMPaCT grants. The PCEP idea came directly from the quality improvement research done in OKPRN. Oklahoma's PCEP will connect primary care practices more closely with the Area Health Education Centers, the three academic health centers, and local Turning Point Partnerships, providing practices with no or low-cost performance assessment and feedback, academic detailing, practice facilitation, and a set of shared community resources, including care managers, social workers, preventive services registry managers, community health workers, IT consultants, and pharmacy consultants. County Health Improvement Organizations (CHIOs) will serve as neutral conveners, bring together representatives from primary care, public health, mental health,

	and community organizations to solve local health problems like inactivity, obesity, tobacco use, and alcohol and drug abuse.
Participant Enrollment Status	All participants have been enrolled. This study has concluded.
Key Findings To-Date	There are now 19 certified county health improvement organizations (CHIOs) including 20 counties, with at least 2 more applications in progress.
Requests to OKPRN Members	Nothing at this time.

Name of the Project	**Specificity and Sensitivity of ELISA Test For Detection of Loxosceles Reclusa (Brown Recluse) Spider Venom**
Funding Source/Amount/Period	Spider Tek Funding: $12,000; 7/1/2010 – 6/30/2013
PI/Director Contact Information	Elizabeth Wickersham, MD (elizabeth-wickersham@ouhsc.edu)
Purpose of the Project	The purpose of this project is to find a faster, simpler way to determine if a patient has actually been bitten by a brown recluse spider, so the bite can be managed appropriately.
Participant Enrollment Status	We have enrolled 25 patients and need more.
Key Findings To-Date	The spider bite assay development/validation study continues and good progress is being made. Our contract has been extended, and we are still enrolling patients with suspected spider bites.
Requests to OKPRN Members	We request your participation in the brown recluse project. If you would like to participate in the spider bite project please contact Cara Vaught at cara-vaught@ouhsc.edu. You would be reimbursed $180 for your time. You would be asked to fill out a progress note on the patient, swab the spider bite site, and take pictures of the bite. The patient would be reimbursed $25 for their time.

Name of the Project	**Clinical and Translational Science Award (CTSA) and the IDEA Grant**
Funding Source/Amount/Period	National Institutes of Health (NIH) Funding: Project is ongoing
PI/Director Contact Information	Mark Doescher, MD (mark-doescher@ouhsc.edu)
Purpose of the Project	Approximately 7 years ago, in response to concerns from Congress that funding for the National Institutes of Health (NIH) did not always seem to produce tangible benefits for population health, the then Director of the NIH pulled some money from each Institute and began awarding multi-million dollar grants to academic health centers to support clinical and "translational" research. The term, translational, refers to the notion that there are several translational steps required to move findings from basic research into clinical trials and then eventually into practice. In 2013, the OUHSC received a 5-year grant, which established the Oklahoma Clinical and Translational Science Institute (OCTSI) and the Oklahoma Shared Clinical and Translational Science Resource (OSCTR). One of

	the "key component activities (KCA)" is called "Community Engagement." Funding for this activity is going toward a network coordinator (Meg), support for spread of the ClinIQ process to other programs and institutions, and development of a "translational think tank" process that helps move research along the pipeline more quickly. Continued development of the Oklahoma Primary Healthcare Extension System is also included within the Community Engagement KCA.
Participant Enrollment Status	The OUHSC was awarded the grant. Activities began September 1, 2013. Funding for a 60% FTE OKPRN Network Coordinator is included.
Key Findings To-Date	Lots of findings from academic infrastructure building and from many individual projects.
Requests to OKPRN Members	For additional information, contact Mark Doescher (mark-doescher@ouhsc.edu).

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Academic Accomplishments – Nagykaldi

2013-15 Publications From Research Linked to OKPRN

- Mold JM, Aspy CB, Smith PD, Zink T, Knox L, Darby Lipman P, Krauss M, Harris DR, Fox C, Solberg LI, Cohen R. Leveraging Practice-based Research Networks to Accelerate Implementation and Diffusion of **Chronic Kidney Disease Guidelines** in Primary Care Practices: a Prospective Cohort Study. Implementation Science. 2014, 9:169
- Nagykaldi Z. Practice-based Research Networks at the **Crossroads of Research** Translation. J Am Board Fam Med. 2014 Nov-Dec;27(6):725-729
- Krist AH, Beasley JW, Crosson JC, Kibbe DC, Klinkman MS, Lehmann CU, Fox CH, Mitchell JM, Mold JW, Pace WD, Peterson KA, Phillips RL, Post R, Puro J, Raddock M, Simkus R, Waldren SE. **Electronic health record functionality** needed to better support primary care. J Am Med Inform Assoc. 2014 Sep-Oct;21(5):764-71.
- Mold JW. How **primary care produces better outcomes** - a logic model. Ann Fam Med. 2014 Sep;12(5):483-4.
- Mold JW, Fox C, Wisniewski A, Lipman PD, Krauss MR, Harris DR, Aspy C, Cohen RA, Elward K, Frame P, Yawn BP, Solberg LI, Gonin R. **Implementing asthma guidelines** using practice facilitation and local learning collaboratives: a randomized controlled trial. Ann Fam Med. 2014 May-Jun;12(3):233-40.
- Nagykaldi ZJ, Jordan M, Quitoriano J, Ciro CA, Mold JW. User-centered design and usability testing of **an innovative health-related quality of life module.** Applied Clinical Informatics 2014; 5:958–970.
- Nagykaldi Z, Yeaman B, Jones M, Mold JW, Scheid DC. HIE-i: **Health Information Exchange** With Intelligence. J Ambul Care Manage. 2014 Jan-Mar;37(1):20-31.
- Scheid DC, Hamm RM, Ramakrishnan K, McCarthy LH, Mold JW; Oklahoma Physicians Resource/Research Network. Improving **colorectal cancer screening** in family medicine: an Oklahoma Physicians Resource/Research Network (OKPRN) study. J Am Board Fam Med. 2013 Sep-Oct;26(5):498-507
- Nagykaldi Z, Voncken-Brewster V, Aspy CB, Mold JW. Novel Computerized **Health Risk Appraisal** May Improve Longitudinal Health and Wellness in Primary Care: A Pilot Study. Applied Clinical Informatics 2013; 4: 75–87.
- The **Primary Care Extension** Program: A Catalyst for Change. Phillips RL Jr, Kaufman A, Mold JW, Grumbach K, Vetter-Smith M, Berry A, Burke BT. Ann Fam Med. 2013 Mar;11(2):173-8.
- Nagykaldi Z, Aspy CB, Chou A, Mold JW. Impact of a **Wellness Portal** on the delivery of patient-centered preventive care. J Am Board Fam Med. 2012 Mar;25(2):158-67.
- Lawler FH, Mold JW and McCarthy LH. Do Older People **Benefit from Having a Confidant**? An Oklahoma Physicians Resource/Research Network (OKPRN) Study JABFM 2013;26:9–15.

OKPRN By The Numbers	
MEMBERS	
Total membership	264
By member status	Active members: 198; Affiliate members: 55; Inactive members: 11
By discipline	MDs: 154; DOs: 60; NPs: 21; PAs: 20; Other: 9
By specialty	Family & General Medicine: 222; Internal Medicine: 12; Pediatrics: 13; OBGYN: 5; Other: 13
By demographics	Gender: 38% female; Mean age: 40-49 years; Mean years in practice: 10.5 years; Mean years in OKPRN: 6.5 years
PRACTICES	
Number of practices	136
By location	Urban: 44; Sub-urban: 36; Rural: 66
By OK quadrant	SW: 33; SE: 44; NE: 326; NW: 33; +1 former member now in Texas
By ownership	Hospital: 18; Physician or group: 40; Other corporate or system: 8; Other: 70
Average practice size	~2.2 OKPRN clinicians per practice (counting OKPRN members only)

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