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A Word From Your President

By Dr. Terrence Truong

Access Is More Than an Appointment: A Call to Recenter Primary Care on What Patients Can Actually Reach

- As a practicing family doctor, I often find that the hardest part of caring for a patient is not knowing what needs to be done. It is making sure that the patient can actually do it. I see patients who need routine care but cannot afford a visit because of loss of insurance. I prescribe medications that are medically appropriate, as a part of guideline-directed medical therapy, only to discover that inadequate insurance coverage, formulary restrictions, or burdensome prior authorizations make those medications inaccessible. I recommend preventive services to patients who want to participate in their care but do not have a family member or caregiver to accompany them, help them navigate the healthcare system, or provide the support needed to follow through with the appointments. These experiences have changed the way I think about access. Access is not only whether a service exists or whether an appointment is available. True access means that a patient can reach the clinician, afford the care, obtain the treatment, understand the recommendations, and have the support necessary to act on them.

Too often, these failures are interpreted as those of the patient. A missed appointment becomes “nonadherence,” an unfilled prescription, “noncompliance.” A patient who does not complete a recommended screening may be perceived as disengaged. Although doctors cannot change every structural determinant of health, we can recognize that a treatment plan is meaningful only when it is feasible within our patients’ circumstances. Clinical recommendations that the patient cannot realistically access are not truly accessible care.

We have an opportunity, and responsibility, to close some of this gap. But this does require our unity to advocate for changes and interventions that require more investment in primary care. Supporting models such as direct primary care and rewarding longitudinal care can reduce financial barriers and preserve the continuity that is fundamental to effective primary care. Expanding telehealth coverage can extend care to.....

A Word From Your President (cont.)

those patients whose transportation, work, geography, or mobility makes traditional visits difficult. Making professional language services more affordable and a standard of care would transform communication from a barrier into a bridge. Most importantly, although primary care practices can systematically identify patients at risk for unmet medical and social needs, a robust social support and care coordination system is needed to connect these patients with additional resources and support.

For primary care to improve health outcome, we must move from a model that simply offers care to one that actively makes it obtainable. Many of my patients do not lack the motivation to be healthy. They lack the resources, coverage, support, or flexibility needed to navigate a fragmented healthcare system. Our practices should be the place where those barriers are recognized and where clinical care is connected to the realities of our patients' lives. We should not accept a system in which a prescription is written but the medication remains on the pharmacy shelf, the preventive services are recommended but never completed, or the appointment is available but financially out of reach. Access should not be measured by what the healthcare system offers. It should be measured by what patients can actually receive.



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In The Spotlight



Terrence Truong, M.D.

Every OKPRN Newsletter edition, he provides wisdom and encouragement relevant to current issues and topics you face but who is the man behind the title? Who is your OKPRN President?

Dr. Terrence Truong is a Family Medicine physician at Great Plains Family Medicine in Oklahoma City, where he has practiced for approximately 25 years. With a medical career spanning 35 years, Dr. Truong earned his medical degree from the University of Texas-Houston and completed his residency training at the OU Family Medicine Residency Program, where he served as Chief

Resident. Prior to joining Great Plains Family Medicine, he practiced for about 10 years in Mangum, Oklahoma.

At Great Plains Family Medicine, Dr. Truong works alongside a large, multidisciplinary team that includes physicians, pharmacists, a behavioral scientist, and family medicine residents. What he values most about his practice is the opportunity to serve as both a comprehensive physician and educator. He goes on to explain, “I practice full-scope family medicine, including surgical obstetrics, in providing care for a diverse population of all ages in the outpatient and inpatient setting, while serving in my role as an attending at a family medicine residency program.”

Outside of medicine, Dr. Truong enjoys a variety of adventurous hobbies and activities. One surprising fact about him is his passion for building custom fishing rods, ranging from ultra-light fly rods to unlimited class deep-sea fishing rods. Among his more daring experiences are noodling for catfish in southeastern Oklahoma, hunting wild boar with only a knife in Northern California, and swimming with sharks and stingrays in Monterey Bay, CA.

As an OKPRN leader and member, Dr. Truong values the intellectual growth and curiosity sparked by the network’s research projects and discussions. His favorite project was the Brown Recluse Spider Bite Study, which fostered significant collaboration, communication, and scientific camaraderie among participating physicians. He found this experience especially rewarding because it created a sense of professional connection and shared intellectual engagement that can sometimes be difficult to find in private practice settings.

Overall, Dr. Truong exemplifies a lifelong commitment to patient care, medical education, research, and continuous learning, while bringing an adventurous spirit and unique personal interests to his professional life.

WHAT'S HAPPENING IN RESEARCH?

PROJECT UPDATE & FINDINGS



TEALS

Tribally Engaged Approaches to Lung Screening

The **TEALS** randomized controlled trial tested a multi-level, community-engaged program to improve lung cancer screening (LCS) among Native American patients in partnership with the Choctaw Nation of Oklahoma.

The trial was conducted across six Choctaw Nation tribal clinics. The recruited participants included 420 eligible patients (mostly older, low-income, heavy smokers) that were cluster-randomized to early or late intervention groups. Data showed that LCS was up-to-date more often across the study population (a significant increase of 53%), alongside improvements in clinician communication, care planning, and screening offers. Clinician-initiated conversations drove uptake, while limited time and staffing hindered education efforts. The trial demonstrates that tailored, multi-level interventions can meaningfully boost screening rates in underserved, high-risk populations and offers a scalable model for similar communities.

It was the success of the **TEALS** model that lead to the Lung Screen Tribal-Oklahoma (LST-OK) project partnering with the Cherokee Nation Health System. The LST-OK project will also be focusing on improving lung cancer screening among Native American patients. More to come on these findings.



OKPRN Mission

Supporting primary care through a professional network for peer learning, resource sharing, and practice-based research.

OKPRN Vision

Promoting a healthy Oklahoma by excellence through primary care research.

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For more OKPRN information, contact
Crystal Turner, MPH, Network Coordinator

Upcoming Conferences

Association of Oklahoma Nurse Practitioners (AONP)
32nd Annual Conference
Oklahoma City, OK ~ September 9-11, 2026

Oklahoma Academy of Physician Associates (OAPA)
53rd Annual Fall CME Conference
Oklahoma City, OK - September 30-October 2, 2026

Rural Health Association of Oklahoma
Oklahoma Rural Health Conference
Broken Arrow, OK - September 30-October 2, 2026

American Academy of Family Physicians (AAFP)
2026 FMX Conference
Nashville, TN ~ October 20-24, 2026

American College of Osteopathic Family Physicians (ACOFP)
64th Annual Convention & Scientific Seminar
Louisville, KY ~ March 31-April 4, 2027

American Osteopathic Academy of Sports Medicine (AOASM)
Clinical Conference
Montreal QC ~ May 4-8, 2027

Oklahoma Academy of Family Physicians (OAFP)
ELEVATE Primary Care Summit & 79th OAFP Scientific Assembly
Location & Dates - TBD