OKPRN News

Oklahoma Physicians Resource/Research Network (www.okprn.org) **Fall 2014**

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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

We've seen a number of changes since our last newsletter, so I wanted to take this opportunity to catch up with a few notables:

First off, I'm happy to announce the election of Dr. Mike Pontious to President-Elect of OKPRN! Dr. Pontious, our most recent Oklahoma Family Physician of the Year, will take the helm next summer and I look forward to his continued strong work to improve the health of our state (and occasional blank editorial humor).

Secondly, our revival of the OKPRN Convocation was a great success. Though a small group ventured to Tulsa, great discussions were held around current projects, future opportunities and attempting to clarify how we make sure that OKPRN doesn't ever forget the "Resource" part of the "Oklahoma Physicians Resource/Research Network."

Finally, we honored Dr. Jim Mold upon his retirement and presented him with a personalized OKC Thunder jersey to use in his continued basketball escapades in North Carolina. A brief newsletter could never describe the indelible mark his work and commitment have made on our state.

I wish each of you the best and challenge you to return the listserv to its former glory through your active contributions and discussions.

Russell Kohl, MD, FAAFP

Announcements & Acknowledgements

Congratulations to President-Elect, Dr. J. Michael Pontious!

Over the past two months, OKPRN held its biennial election for the 2015-2017 presidential term. J. Michael Pontious was nominated for the office by the Nominating Committee and unanimously voted into office by members throughout the state by paper ballot (at the convocation) and electronically (via the listserv).

Dr. Pontious is a professor for the University of Oklahoma HSC, Enid Family Medicine Clinic and the 2014 OAFP Family Physician of the Year as well as a member of the NAPCRG community clinician advisory group. This will be Dr. Pontious' second term as OKPRN president. He previously held the office from 2007 to 2009. We look forward to working with Dr. Pontious again!

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!

Wisdom from The Listserv

Pro-BNP Discussion Thread – (OKPRN Members)

- In following up on your excellent presentation of recent research this weekend, I reviewed the chart of a CHF patient and indeed found the test for pro-BNP. It was run at an OKC hospital in January as an N-Terminal pro-BNP with a normal range of 0-450 PG/ML and sadly my patient's results were much higher. I remember asking the girls at the time what this test was and it must be a mistake because I would never have ordered it and also worrying if it was just this labs name for a BNP and if so, this patient was having a severe, sudden exacerbation except none of us were noticing any symptoms. I never had time to find out what pro-BNP was so thank you for the information.

- The paper that I reviewed with you at the OKPRN Convocation used >150 pG/ml as the cut-off point for significant risk from CHF, which is way below the normal range for your institution. I sense that there is more to this story...will need to look at this a bit closer.

- I have seen ranges all over the place depending on the institution and assay that is used.

- Here is a good reference source for list members: http://www.arupconsult.com/Topics/HeartFailure.html?client_ID=13978

- Both types of BNP have utility for:
  - evaluating acute dyspnoe (helps rule out HF better than rule in); very age dependent
  - titration of therapy for chronic HF treatment
  - prognostic value for mortality

- A good resource: http://effectivehealthcare.ahrq.gov/ehc/products/328/1755/heart-failure-natriuretic-peptide-executive-131120.pdf

- More recent, better studies and meta-analyses suggest this may not be the slam-dunk we would want as a tool for managing chronic systolic HF: http://eurheartj.oxfordjournals.org/content/35/23/1507.extract [BNP-guided therapy for chronic heart failure: anything more than just an attractive concept?]

- What is the price of this test vs. regular BNP I was afraid it might be pricey which is why I knew I would have never ordered it myself.

- The pro-BNP through our lab is $192.00. They made the switch to this and the Troponin to Troponin T in may. I'm not sure what the old BNP was running us price wise.

In The Spotlight – Community Physicians Group – NE Oklahoma

Community Physicians Group comprises of a progressive medical team dedicated to providing compassionate, efficient, quality primary healthcare to the patients and communities we serve. CPG is an independent physician group nestled in the foothills of the Ozark Mountains. We have nine clinics in Northwest Arkansas and Northeast Oklahoma (including Choteau, Grove, Jay, Kansas, Locust Grove and Westville, Oklahoma), with 30 medical providers. We have a long-standing, successful and multi-specialty practice, including family medicine, obstetrics and pediatrics. Our clinics feature the latest technology, including electronic medical records and practice management, modern laboratory and digital imaging systems. We enjoy community involvement and support.

We offer the following services:

- Health and wellness fairs, including an on-site consultation with a provider
- Comprehensive laboratory testing, including hematology, chemistry and immunoassays
- Flu & Pneumonia Shots
- Spirometry
- Ultrasound Screenings
- Vitals
- Appointment Scheduling and Consultations

For more information, visit their website: www.cpgclinics.com.

NEWSROOM

New *Healthier Together Campaign* in Three Rural Counties

Zsolt Nagykaldi, PhD

Recently, Dr. Nagykaldi and his team received a sizeable grant to design and test an innovative preventive services delivery model in three rural Oklahoma counties. The original title of the grant is "*Disseminating Patient-Centered Outcomes Research to Improve Healthcare Delivery (R18)*". The project aims to implement, evaluate, and spread a sustainable, rural county-based preventive service delivery model in which wellness coordinators, working with primary care practices, county health departments, and hospitals, help patients obtain evidence-based preventive services. These entities will be linked by County Health Improvement Organizations (CHIOs) and a regional health information exchange (HIE).

Wellness coordinators who operate at the community level will call patients from the practices and remind them of recommended primary (immunizations), secondary (screening), and tertiary (chronic disease management) services. They then direct them to the most appropriate services and resources. Primary care practices will implement systematic screening for tobacco use and physical inactivity and provide brief counseling and referrals. The model will be supported by a comprehensive, web-based Preventive Services Registry and Wellness Portal/Health Risk Assessment tool interfaced to PCPs' electronic health record systems (EHRs). The registry will be linked to a regional health information exchange which will supply information on patients' "community health records" in order to more inclusively inform the care recommendation engine. We expect to reach about 70,000 patients cared for by 59 clinicians in 20 primary care practices, increasing delivery of preventive services and average estimated life expectancies, while producing financial and other benefits (e.g. improved health care quality metrics, a better community-level coordination of care, etc) to local hospitals, PCPs, and county health departments. We will carefully document context, implementation, and outcomes in a guidebook that can be used to spread the model to other counties nationally.

This exciting, new project integrates lessons learned and best practices that OKPRN developed in the past 20 years for improving preventive health and empowering practices and communities to develop better systems for health improvement. We expect and hope that this project will become an "amplifier" that can attract and involve other entities interested in rural health (e.g., private and public payers, allied health, mental health, technology vendors, researchers, legislators, and various community organizations).

20th Anniversary Convocation – Meg Walsh, OKPRN Network Coordinator

OKPRN hosted their 2014 Annual Convocation and 20th Anniversary meeting at the beautiful Post Oak Lodge in Tulsa, OK 15-17 August 2014. It was big success! Attendees enjoyed the programming which included sessions on Oklahoma's healthcare extension program, scribes in the exam room, medication use issues, vaccines, and recruiting issues in rural communities, to name a few. High scores went to the presenters as well, with representation from our MD, PhD, MPH, and ARNP members from academia, private practice, urban and rural communities – a true OKPRN affair!

Several attendees were awarded "Achievement Awards" for their participation in OKPRN projects and activities throughout the year. Those accolades are listed below. And of course, the organization also took time to celebrate (read: mourn) the retirement of Dr. Jim Mold, founder and driving force behind OKPRN's success. President Russell Kohl, MD presented Dr. Mold with a personalized OKC Thunder jersey paying homage to the 1994 founding of OKPRN and Jim's love for the game of basketball. He is a stalwart who will truly be missed!

OKPRN 2014 Achievement Awards

CHIO Champion – Michael Woods, MD –	For being the OKPRN clinician who worked the hardest to make the Community Health Improvement Organizations a success.
CKDiva – Cynthia Maloy, MD –	For being the clinician who most successfully followed the guidelines in the Chronic Kidney Disease study.
Glutton for Punishment – Kristy Baker, ARNP –	For agreeing to do anything that needs to be done, whether it is a project, survey, presentation, listserv response or Board activity.
Poison Ivy Guru – Ed Farrow, MD –	For registering the most patients to participate in the Epidemiology and Management of Poison Ivy in Primary Care study.
Teen Angel – Michael Woods, MD –	For reaching out to local schools as part of the Adolescent Health Study, a community health project focusing on immunizations.
Sider Bite Queen – Jo Ann Carpenter, MD –	For submitting the most brown recluse spider bite samples of all participating OKPRN clinicians in the Specificity and Sensitivity of ELISA Test for Detection of Loxosceles Resulsa Sider Venom study.
Social Networker – J. Michael Pontious, MD –	For his frequent, thorough, thoughtful and humorous contributions to the OKPRN listserv.

Meg's Memo – Meg Walsh, OKPRN Network Coordinator

As you just read, we had a successful convocation in Tulsa in August. I'm very pleased with how well it turned out and the positive feedback we received from the attendees. After all, we want to offer the best event possible to suit the needs of OKPRN members. For example, based on feedback received in previous years, instead of lectures, speakers were invited to host conversations on a broad spectrum of topics with plenty of time scheduled for discussion and debate. This was an aspect that conference attendees said they really enjoyed.

Now we're focusing on making the OKPRN 2015 Annual Convocation even better! Each convocation attendee returned an evaluation, so we have their feedback. However, we don't have the thoughts of those who did not attend. If you're reading this newsletter, I know you're engaged in OKPRN and interested in what the organization has going on. Please take a moment to drop me a line and let me know what we could do to get you to the convocation next year.

Is there a better time of year than mid-August? Weekdays instead of the weekend? Should we have let you know the dates earlier so you could block them out on your calendar? Would you prefer a different location? Was the registration fee uncomfortable for your budget? Were there topics you wish the agenda would have included? Maybe there are things that affected your decision that we haven't thought of?

Please do not hesitate to drop me a line to share your thoughts with me – Margaret-Walsh@ouhsc.edu or 405-271-3451. I look forward to seeing you at the OKPRN 2015 Annual Convocation!

Bringing Patients to Bear: Developing a Patient Partners Network in Oklahoma - Barbara Norton, DrPH

In introducing a new research project being organized within OU Family Medicine's Research Division, some may think that this could have just as easily be called, "Bringing *Patience* to Bear," since it might bring to mind the headaches, time demands, and burdens linked to so-called "patient-oriented" requirements of the ACA, especially those connected to patient-facing health technology. While we are stuck with ACA's current rules, the patient- or person-centered impulse underlying it and much of IOM's *Crossing the Quality Chasm* is well worth exploring through the research and development structures of OKPRN.

From our perspective, we see many talking about patient-centeredness, but few attempting to operationalize it within a primary care context. Therein lays the strategic opportunity for an experienced and innovative practice-based research and development network like OKPRN.

The FMC Research Division – through the vision of Zsolt Nagykaldi, Cheryl Aspy, and Jim Mold -- has held for some years the vision of creating a sustainable network of engaged and informed patient partners, enmeshed within the OKPRN structure. The purpose of such a network would be multi-fold – to identify clinician-patient partner teams to participate in an experiential study exploring the meaning, principles, and the processes of patient-centered care; to identify and prioritize practice-based strategies for person-centeredness from an informed patient perspective; and to build capacity of a state-level patient partners network to advise and guide research aimed at improving primary health care in the broadest sense. And this is just a starting point. There may be other priority areas not listed. It may make sense to build upon strategies incrementally or perhaps in tandem. With OKPRN guidance and with hands-on experience we will figure out answers to these questions and many more as we build a learning partnership of clinicians and patients that will shape the development of – what we are presently calling – the Oklahoma Patient Partners Network (OPPN).

We need your input. Our aim is to get ahead of the curve on this patient centeredness movement and to contribute Oklahoma's unique perspectives on "goal-directed care" and health risk assessment, while also demonstrating what approaches work in a largely rural state powered through a practice-based research network and exploring how this work can advance health improvement through broader public health and community systems, as through the primary health care extension system.

I was thrilled to join the faculty of the FMC Research Division in July, after helping to build an investigator network for community- and clinic-based cancer control research affiliated with the OU's cancer center and a 20+ year career in public health research, evaluation, and teaching both at OU and the national level, mainly in participatory community health initiatives. For the past six weeks I've had the pleasure of speaking with several of you to explore suggestions and support for a patient partners network. Based on that input, I will draft a proposal for your consideration, and you can anticipate it being released through the listserv in October with a request for reactions and suggestions, followed by a revised proposal going to the Board for endorsement. Meanwhile, I'd welcome any input, so don't hesitate to contact me at bnorton@ouhsc.edu, 405-271-3733.

OKPRN Project Updates – Mold / Nagykaldi / Welborn / McCarthy

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	Elizabeth Wickersham MD (elizabeth-wickersham@ouhsc.edu)

Information	
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	<u>University of Oklahoma, Oklahoma City Residency Program</u>

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	Clinician champions interested in either primary care extension or primary care-community partnerships are being sought.

Key Findings To-Date	There are now 15 certified county health improvement organizations (CHIOs) including 17 counties, with at least 5 more applications in progress.
Requests to OKPRN Members	Those interested should contact Jim Mold (james-mold@ouhsc.edu) or their regional AHEC or Turning Point Partnership.

Name of the Project	Epidemiology and Management of Poison Ivy in Primary Care
Funding Source/Amount/Period	AAFP Foundation Funding: $41,539; 3/1/2010 – 8/31/2014
PI/Director Contact Information	James W. Mold, MD (james-mold@ouhsc.edu)
Purpose of the Project	The purpose of this project is to learn more about the presentation, course, and treatments of poison ivy in the primary care setting.
Participant Enrollment Status	About 400 people will take part in the project. To date we have enrolled 153 patients, of whom 76 have completed their diaries.

Descriptive Statistics on Data Collected to Date

Age:	Mean 46; S.D. 18; Range 5-80
Gender:	61% female
Race:	85% white
Vesicles When Seen:	51%
Duration of Pruritis:	Mean 11 days; Range 1-43 days
Duration of Rash:	Mean 14 days; Range 1-42 days

Average number of treatments used per patient: 2.3
Numbers of Different Categories of Treatments Used by at Least One Person: 11
Number of Different Individual Treatments Used by at Least One Person: 44
Most Frequent Categories of Self Treatments: oral antihistamine (39%); topical antipruritic (32%)
Most Frequent Categories of Prescribed Treatments: oral corticosteroid (47%); parenteral corticosteroid (38%)

Key Findings To-Date	We are having difficulty recruiting a sufficient number of patients for the poison ivy study. We have very little trouble enrolling them once they have been recruited. We need all clinicians on deck so that we can meet our enrollment target.
Requests to OKPRN Members	We request your participation in the poison ivy project. It's really easy!! Your responsibilities would be to fax a contact sheet of the patient with poison ivy to our office and to fill out a simple progress note on the patient with poison ivy. The patient would then be contacted by a PEA for consent and directions on their part in the project. Patients are reimbursed $20 for completing a symptom diary. If you would like more information please contact Cara Vaught via email at cara-vaught@ouhsc.edu.

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	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: no funding yet
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	No findings yet.
Requests to OKPRN Members	For additional information, contact Jim Mold (james-mold@ouhsc.edu).

Academic Accomplishments – Nagykaldi

2012-14 Publications From Research Linked to OKPRN

- Nagykaldi ZJ, 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.
- Mold JW. Primary Care Research Conducted in Networks: Getting Down to Business. J Am Board Fam Med. 2012 Sep;25(5):553-6.
- Mold JW, Lipman PD, Durako SJ. Coordinating Centers and Multi–Practice-Based Research Network (PBRN) Research. J Am Board Fam Med. 2012 Sep;25(5):577-81.
- Mold JW, Lawler F, Schauf KJ, Aspy CB. Does Patient Assessment of the Quality of the Primary Care They Receive Predict Subsequent Outcomes? An Oklahoma Physicians Resource/Research Network (OKPRN) Study. J Am Board Fam Med. 2012 Jul;25(4):e1-e12.
- Aspy CB, Hamm RM, Schauf KJ, Mold JW, Flocke S. Interpreting the psychometric properties of the components of primary care instrument in an elderly population. J Fam Comm Med. 2012 August;19(2):119-124.
- Thompson, DM, Fernald, DH, Mold JW. Intraclass Correlation Coefficients Typical of Cluster-Randomized Studies: Estimates From the Robert Wood Johnson Prescription for Health Projects. Ann Fam Med. 2012 May/June;10(3):235-240.
- O'Mahar KM, Duff K, Scott JG, Linck JF, Adams RL, Mold JW. Brief report: the temporal stability of the Repeatable Battery for the Assessment of Neuropsychological Status (RBANS) Effort Index in geriatric samples. Arch Clin Neuropsychol 2012 Jan;27(1):114-8.
- Mold JW, Holtzclaw BJ, McCarthy L. Night sweats: a systematic review of the literature. JABFM 2012 Nov-Dec;25(6):878-93.

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)