OKPRN News

Oklahoma Physicians Resource/Research Network (www.okprn.org) **Fall 2012**

Board of Directors

From The President's Desk

OKPRN is the organization where we, as clinicians, can seek the security of having a network of support.

We may choose to indulge in a small PDSA cycle or clinical trial or choose to complete a performance improvement project that may be vital for MOC. Jim Mold has single-handedly taken this organization to the national stage. It is up to us to use this resource to our advantage. We can only reap the rewards as we invest in the organization. There are so many opportunities available and I particularly have enjoyed being involved in those projects that improved clinical outcomes.

Projects such as the immunization project, colonoscopy screening, the brown recluse spider bite study, poison ivy study was exciting and allowed me to dabble in a little research and also be involved in the outcomes. It certainly added to the variety that I see in family practice. It has become a forum for discussion, a resource for difficult clinical cases, and important tool for maintenance of certification.

The time has come for us to take the organization to the next level by our participation in the organization. We have such a strong network of expertise. My recent life or death experience reinforced my belief that we need to be looking at the big picture. Family medicine needs mentors such as are present in this organization. The experience and leadership that is present in this group can certainly influence the direction of this organization to ensure that it is relevant, useful and a great resource. It would be great to leave a large footprint of family medicine in the evolution of medicine towards the medical home concept.

I look forward to your participation in our organization!

Sincerely:

Suben Naidu, MD

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Acknowledgements & Announcements – Jim Mold & Zsolt Nagykaldi

Thank You For Participating in OKPRN Projects!

Protect Project
Dr. Steve Crawford
Dr. Rachel Franklin
Dr. Dewey Scheid
Dr. Michael Talley
Dr. John Pittman
Dr. Michael Aaron
Dr. Ronal Legako
Dr. Brian Yeaman
Dr. Ed Farrow
Dr. Thomas Kincade
Dr. Jason Graham
Dr. Oscar Martinez
Dr. Margo Short
Dr. Kimberly Young
Dr. Kelley Humpherys

K08 – HRA Project
Kristy Baker, APRN
Dr. Ronal Legako
Dr. Zack Bechtol
Dr. Russell Kohl

HIE- Task Order #17
Dr. Brian Yeaman
Dr. Thomas Merrill
Dr. Kevin O'Brien
Dr. Johnny Johnson
Dr. Harold Haralson
Dr. Misty Hsieh

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

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

Asthma Project
Dr. Michael Aaron
Dr. Javier Flores
Dr. Catherine Flores
Dr. Scott Stewart
Kristy Baker, APRN
Dr. Solomon Ali
Dr. Anna Burson
Dr. Paul Preslar
Dr. Robert Dimski
Dr. Robert Blakeburn
Dr. Max Cates
Dr. Michael Talley
Dr. Kenneth Parrott
Dr. Ed Farrow
Dr. Kent King
Dr. Miguel Sabedra
Dr. Stacey Knapp
Dr. Terrill Hulson
Dr. Craig Evans
Dr. Frank Davis
Dr. Nathan Boren
Dr. Jeff Floyd
Dr. Gary Lawrence
Dr. Suben Naidu
Tammy Hartsell, ARNP
Redbird/Smith HC
Will Rogers HC
Variety Care HC
OU Family Medicine
Norman Peds Assocts
Three Rivers HC
Canyon Park Med Grp

Obesity Project
Lawton Comm HC
Variety Care at Straka
Variety Care at 56th
Variety Care - Lafayette
Variety Care at 10th
OU FamMed Blue
OU FamMed Rose
OU FamMed - Lawton
Saints FMR Clinic
OU FamMed - Tulsa
OU FamMed - Enid
OKC Indian Clinic
OSU FamMed - Enid
OSU Tulsa Peds
OSU FamMed - Tulsa
OSU FamMed - Durant
Kiamichi FMC
Kiamichi FMR - Idabel
Comm Health Conn
Morton CHC - Tulsa
Muskogee Pulmo
Johanna Weir, PA
Dr. Kalpna Kaul
Robin Avery, ARNP
Dr. Gaurangi Anklesaria
Kenda Dean, ARNP
Dr. Kevin O'Brian
Dr. Brian Sharp
Joyce Inselman, ARNP
Nancy Dantzler, ARNP
Cheryl Ross, ARNP
Dr. Misty Hsieh
Dr. Zack Bechtol
Dr. Russell Kohl
Dr. Ronal Legako
Dr. Ray Long
Dr. Greg Martens
Dr. Suben Naidu
Dr. James Mold
Dr. Clinton Strong
Dr. Mickey Tyrrell
Dr. Michael Woods
Bruna Claypool, PA-C

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 2012 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!

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In The Spotlight – Introducing Yeaman Signature Health Clinic

In my family practice at Norman, seeing patients every day can be a challenge with all of the different data sources from which I need to capture information. I think we all know the struggles of attempting to gather the preventive service data in particular. One of the ways that we have adapted to meet this challenge is through health information exchange. We have created a local exchange which aggregates the ambulatory data and then connects to the regional exchange and SMRTNet to combine with the local and regional Hospital data.

This larger aggregation of patient health information is commonly referred to as the global patient medical record. But, as you would expect the amount of data can become overwhelming. In my experience working with OKPRN we have been able to feed the aggregated data to the Preventive Services Reminder System (PSRS). This has resulted in 253 data elements being analyzed and creating a recommendation for the appropriate screening procedures for patient that has yet to be completed.

Today, when I see a patient in my clinic one of the first things I do when I begin to address prevention is look at the PSRS recommendation to get a leg up on what that patient is going to need. Frequently components of their screening are done outside of the purview of my office. Often the patient can't recall the dates of service. Much of that confusion is alleviated by their custom recommendation from PSRS. I can say that is one of the first times where I feel like the technology finally completely went to work for me and promoted high-quality patient care. It is exciting to be a part of this work with OKPRN and to promote these services and newly developing best practices to all of our members.

Brian Yeaman, MD, CMIO

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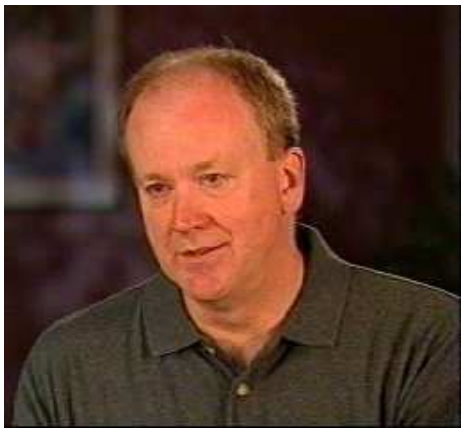
OKPRN Members' Perspectives – Enid OU Family Medicine Residency

On the Concept of Best Practice



I have been involved with practice based research since 1984 or so, guess that puts me in the ancient category...but it has also allowed me to see the progress that has been made and the fact that organizations like OKPRN are now seen as mainstream medicine. It was not always that way as colleagues and the research communities were quick to discount and to scratch their heads with this concept that the practicing physician could actually dissect researchable questions and work to improve patient outcomes.

It has been this focus that has helped me to focus and to improve the way that I teach over these years. There is lots of research out there, little of it is relevant to the patients who entrust their health care to me.

And then there is this "best practice" style that has been developed and modeled by my colleagues in OKPRN. We are actually known across the country for this and the approach has been replicated by other groups, with wonderful results. I find that as I am exposed to this approach I am blown away by how others have figured out complex problems in primary care and then have the willingness to share their approach with the rest of us.

I have always seen my life as a family physician as an isolated experience. I use the word "silo" to describe the academic isolation that one experiences. I know that theoretically I am supposed to keep up by continuing medical education, reading and self-study, but I find that the ability to discuss the complexity that researchers do not like, because it is hard to "control" or "measure" is the

stuff that our care is made out of. Good family physicians live and breathe this stuff and have found ways to improve the chaos and make the work more structured and evidence based.

For this I am thankful…I count it a blessing to be a part of this organization and revel in its focus. I am hopeful that we, as a group, will continue to push the envelope and continue to share and grow and improve.

Improving patient care in Oklahoma is a needed process and we are doing it, one patient at a time.

Michael Pontious, MD

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NEWSROOM

Prevention Workshop at the OKPRN Convocation – Westview Health Clinic

As an observer, facilitator and participant of the Prevention Workshop at the 2012 OAFP/OKPRN Convocation I was in turns excited, frustrated and overwhelmed with the vast amount of information that we covered during this session. This has been a year of significant change in how Medicare and other entities are looking to both promote their version of primary prevention and reimburse the services identified as billable in primary prevention. Primary prevention is certainly not a new concept and participants of this session were clearly able to articulate the variety of preventive services they provide in their own clinics. What was not so easily articulated during this session was how to get paid for these services. Providers were resistant to changing their current procedures to fit the somewhat cookie-cutter style that is being offered by payers to reimburse for pieces of the preventive care puzzle. Even facilitators of the session were in disagreement of how the process would be successfully implemented in the primary care setting. The most exciting part of the session however, was that so many providers were able to sit around the table together and share ideas for how to make it work. Family practice recognizes the need to change the old way of health care delivery. With the advent of the PCMH, HIT and the expanding role of providers in Family Practice, the days of the solo family physician providing all the personal care to a patient is being replaced with primary care teams including physicians, APRNs and PAs and the office nursing staff, as well as the medical neighborhood. Providers at this session shared a wonderful array of ideas including how to communicate with patients about smoking cessation and healthy lifestyles, to outstanding websites, evidence based tools, good books and even how to increase compliance with screening colonoscopies. Providers also shared information on lab tests, reimbursement, and emerging programs for comprehensive weight loss and home sleep apnea studies.

The workshop started off as a step-by-step guide to reimbursement for the new preventive codes offered by Medicare this year, and the resources were provided for this. However, the meeting evolved into a grand rounds session covering annual visits, coding, staffing, smoking cessation, physical activity, weight reduction, colorectal cancer screening, mammography, depression and anxiety, obstructive sleep apnea, EPSDT visits and more. If you missed this workshop at the annual session this year, you missed a progressive dialogue with colleagues, excellent take home tools, advice on billing and reimbursement, and an opportunity to observe the transformation of primary care in Oklahoma. My advice... Don't miss the next one!

Kristy Baker, APRN-CNP

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Network Renewal Through Strategic Planning – Zsolt Nagykaldi

Shortly after Dr. Naidu became our President, he had a fantastic idea. He suggested that in order to move OKPRN ahead into the 21st Century, the organization should attempt to renew and "reinvent" itself through a systematic process, starting with a strategic planning Board of Directors Retreat. The Retreat became a reality in April, this year. OKPRN Board members and several invited clinicians, representing various segments of the organization came together under the skilled guidance of Denise Caudill, DrPH, at the OUHSC Samis Education Center for a day-long discussion. The meeting resulted in a document that outlines a strategic plan

for OKPRN, perhaps for the next decade. The Retreat was preceded by an organization-wide member survey and personal conversations with clinician stakeholders that substantially informed the decision-making process.

The members spoke and the Board listened. With your help and input, we crafted new Mission and Vision Statements that aligned the traditional mission of OKPRN with a reinvigorated profile that can respond to the challenges of a new Century of primary care: "*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.*" You may notice that the idea of a learning community, professional networking, and sharing of resources received even more emphasis than before, while practice-based research has also been highlighted. An array of organizational recommendations was discussed and solidified during the meeting. These included issues critical to the continued wellbeing and improvement of OKPRN, such as sustainability (new business model), leadership transitions, marketing of the organization, members taking ownership of the network, organizational culture, innovations, and new activities. Short- and long-term goals were formulated in each category and key areas of next steps have been identified. Several of these goals have already been accomplished or steps have been taken to achieve them. We will make the content of the report available and we certainly hope that you will actively participate in building and improving OKPRN, as members who take ownership of their organization.

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OKPRN Project Updates – Mold / Nagykaldi / Aspy / Welborn / Scheid

Name of the Project	**Using Health Risk Appraisal to Prioritize Primary Care Interventions (K08)**
Funding Source/Amount/Period	Agency for Healthcare Research and Quality (AHRQ) Funding: $425,122; 07/01/2008 - 06/30/2013
PI/Director Contact Information	Zsolt Nagykaldi, PhD (znagykal@ouhsc.edu)
Purpose of the Project	1) Conduct a systematic review of the existing literature in order to refine a novel implementation model of a clinically integrated Health Risk Appraisal (HRA) implementation that will help clinicians prioritize evidence-based interventions; 2) Refine and pilot test the integrated HRA technology within a primary care practice-based research network to determine the feasibility of implementation and the efficacy of the instrument; 3) Conduct a randomized clinical trial to examine the impact of this integrated HRA approach on important patient outcomes, including estimated life expectancy, patient centeredness of care, and provider and patient satisfaction in primary care practices.
Participant Enrollment Status	Completed.
Key Findings To-Date	**Background**: Health Risk Appraisals (HRAs) have been implemented in a variety of settings, however few studies have examined the impact of HRAs systematically in primary care. **Methods**: We designed, implemented and pilot tested a novel, web-based, and comprehensive HRA tool in four pair-matched intervention and control primary care practices (50 patients per practice; N=200). Patient and practice-level outcomes were measured before and 12 months after the implementation using the HRA questionnaire, patient surveys and qualitative feedback. Intervention patients received feedback from the HRA, and were encouraged to discuss the report at their next wellness visit and implement a personalized wellness plan. **Results**: Bivariate analyses suggested that *estimated* life expectancy (ELE) and its derivatives, including Real Age and Wellness Score were significantly impacted by the HRA implementation (P<0.001). The overall rate of preventive maneuvers that included 10 services, improved by 4.2% in the intervention group vs. control (P=0.001). A difference-in-differences analysis demonstrated that the HRA improved the patient-centeredness of care, measured by the CAHPS PCC-10 survey (0.74 point increase on a 10-point scale; P=0.05). Logistic regression models, adjusting for age, gender and the number of comorbidities indicated that HRA use was strongly associated with better self-rated overall

	health (OR = 4.94; 95% CI, 3.85-6.36), in addition to improved up-to-dateness for preventive services (OR = 1.22; 95% CI, 1.12-1.32). A generalized linear model that controlled for age and gender suggested that increase in Wellness Score was associated with improvements in patient-centeredness of care, up-to-dateness for preventive services and being in the intervention group, while it showed an inverse relationship to the number of visits, comorbidities, BMI, and smoking (all P<0.03). **Conclusions**: Despite study limitations, results strongly suggest that a comprehensive, web-based, and goal-directed HRA tool can improve the receipt of preventive services, patient-centeredness of care, behavioral health outcomes, and various wellness indicators in primary care settings.
Requests to OKPRN Members	None.

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	James W. Mold, MD (james-mold@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 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 is a master grantee process that will allow us to compete for future grants as one of eight networks awarded through this process. 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	Waiting on award letter.
Requests to OKPRN Members	Nothing at this time.

Name of the Project	**Improving Care for Asthma Patients: Helping Practices Implement Asthma Guidelines (R01)**
Funding Source/Amount/Period	*National Heart Lung and Blood Institute (NHLBI)* *Funding:* $1,496,988 (multi- network project)*;* 09/01/2009 - 08/31/2012
PI/Director Contact Information	James W. Mold, MD (james-mold@ouhsc.edu)
Purpose of the Project	The purpose of this 2 x 2 factorial (four-arm), mixed-method, randomized, controlled trial of practice facilitation (PF) and local learning collaboratives (LLC), provided individually and in combination,

compared to the provision of the asthma guidelines and toolkit plus performance feedback (GTF) alone is to test the effectiveness and acceptability of these interventions when applied to asthma guideline implementation in primary care practices. This study compared these 4 methods for improving implementation of NAEPP asthma guidelines among practices in New York (n = 21) and Oklahoma (n = 24).

The study is directed toward helping primary clinicians adopt six specific asthma implementation guidelines recommended by the National Asthma Education and Prevention Program Guidelines Implementation Panel. These include conducting severity assessments, assessing environmental triggers, prescribing inhaled corticosteroids for persistent asthmatics, providing patients with a written action plan, assessing level of control, and recommending routine follow-up visits.
To date, all data has been collected and we are in the process of analysis and manuscript preparation. The project ends in September.

Participant Enrollment Status

All data have been collected.

Key Findings To-Date

Some of the key findings include (among others):

A. Interview/qualitative findings:

- Staff (clinicians and non-clinicians) in 30 practices (14 NY and 16 OK) participated in baseline interviews. A total of 53 interviews were conducted between May-August 2010.
- Analysis addressed facilitators and barriers to quality improvement (QI) concepts (priority for change, capacity for change, and content of change) for asthma care from the perspective of staff participating in a QI study. *Barriers* included limited resources and lack of time and *facilitators* were use of EMR (associated with Capacity), patient education (Content), staff training (Content), and spirometry (Content)

B. Practice facilitation visit data:

- A total of 182 PF visits occurred over the 27 week intervention phase
- This first qualitative analysis addressed PF visit objectives and barriers.
  - Assessing *progress on strategy implementation* was a PF objective for more than half of all visits. Other objectives include *meeting one-on-one with staff* and *observing*.
  - The most frequently reported barriers were *accessing information*, *availability of staff*, and *problems with the practice implementing the strategy.*
  - For the majority of the visits the PFs did not report a barrier to meeting their facilitation objectives.

Requests to OKPRN Members

Nothing at this time

Name of the Project

Leveraging Practice Based Research Networks to Accelerate Implementation and Diffusion of CKD Guidelines (R18)

Funding Source/Amount/Period

Agency for Healthcare Research and Quality (AHRQ)
Funding: $3,199,548 (multi-network project)*;* 09/01/2010 - 08/31/2013

PI/Director Contact Information

James W. Mold, MD (james-mold@ouhsc.edu)

Purpose of the Project

The purpose of this project was to help 96 primary care practices in 4 states implement CKD guidelines (KDOQI) by giving intensive assistance to 32 early adopter practices (performance feedback, academic detailing, and weekly facilitation) and then helping them to assist 2 additional practices each through

	performance feedback, local learning collaboratives, and monthly facilitation. We also anticipate that participation in this project will prepare these practices and the four participating PBRNs to conduct future QI initiatives. Our work will also inform the processes used within the "primary care extension" programs.
Participant Enrollment Status	All participants have been enrolled.
Key Findings To-Date	Key findings to date include: • 32 Wave 1 practices have been enrolled, and 31 have received Wave 1 interventions. One practice in Minnesota had to delay involvement until Wave 2 because of unexpected damage to their building. They will then receive Wave 1 interventions and participate in Wave 2 with two other practices but will not have had the benefit of the 9 month head start that all other Wave 1 practices will have had. • Post Wave 1 data collection has been completed including unofficial chart abstractions (for the benefit of the practices only), practice surveys, and clinician interviews. • 55 of the 64 Wave 2 practices have been recruited and are now participating in baseline data collection, academic detailing, and initial local learning collaboratives.
Requests to OKPRN Members	Nothing at this time

Name of the Project	**Integrating Primary Care Practices and Community-Based Programs to Manage Obesity (Task Order #6)**
Funding Source/Amount/Period	Agency for Healthcare Research and Quality (AHRQ) and Oklahoma Health Care Authority (OHCA) Funding: $ 538,134; 7/01/2010 - 8/31/2012
PI/Director Contact Information	Toney Welborn MD (toney-welborn@ouhsc.edu)
Purpose of the Project	The purpose of this project is to link 24 primary care practices (PCPs) throughout Oklahoma with county-based nutrition education programs (Naps) offered by the Oklahoma Cooperative Extension Service Family and Consumer Sciences (OCES-FCS) Division.
Participant Enrollment Status	Twenty-three clinics of twenty-four have been recruited for year two.
Key Findings To-Date	Clinics have the resources to refer to community based resources. Clinics in year one of the study improved BMI, BMI percentile and nutrition/physical activity documentation.
Requests to OKPRN Members	None.

Name of the Project	**Clin-IQ: Resident Scholarly Activity**
Funding Source/Amount/Period	None.
PI/Director Contact Information	Toney Welborn MD (toney-welborn@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	2011-2012 OUHSC OKC: 12 projects, St. Anthony's: 2 projects; OAFP 2012 conference: 35 questions.
Key Findings To-Date	**Clinical Question**: In patients with chronic diabetic nephropathy, do angiogenesis converting enzyme inhibitors (ACEI) have greater renal protective effect as compared to angiogenesis receptor blockers (ARB)? Authors: Sean Tucker, MD (PGY-2), Yi Chen, MD (PGY-2); Faculty Mentor: Robert Bell, MD Residency Program: St. Anthony Family Medicine Residency , OKC, OK. Level of Evidence for the Answer: "A". Our findings strongly suggest that both ACEI and ARB have similar Reno protective effect in this patient population. However, it is still recommended that an ACEI be the preferred treatment option followed by an ARB given the former's all-cause mortality benefit and lower cost. **Clinical Question**: In adults with Restless Legs Syndrome, which treatments have been found to be effective? Authors: Laura Myrick, MD (PGY-3) and Rose Tress, MD (PGY-2) Faculty Mentor: James W. Mold, MD Residency Program: University of Oklahoma Health Sciences Center, Department of Family and Preventive Medicine, Oklahoma City, OK. Level of Evidence for the Answer: "A". Aerobic exercise and pneumatic compression devices have been studied, and some results have shown efficacy with these non-pharmacologic interventions. Pharmacologic agents that have been investigated include dopaminergic agents, iron supplementation, the anti-convulsants, gabapentin and pregabalin, and opioids. All of these agents have been shown to be efficacious to some degree in clinical studies. Because of the diversity of patients and the differences in severity of symptoms, it is important to consider each patient individually when approaching treatment options. **Clinical Question**: In non-diabetic patients over 12 years of age with cellulitis being treated in an outpatient setting, does antibiotic therapy with clindamycin or trimethoprim-sulfamethoxazole better prevent hospitalization due to failed outpatient therapy? Authors: Monica Nall MD (PGY-3) and Christine Bridges, MD (PGY-2) Faculty Mentor: Kalyanakrishnan Ramakrishnan, MD Residency Program: University of Oklahoma Health Sciences Center, Department of Family and Preventive Medicine, Oklahoma City, OK. Level of Evidence for the Answer: B Findings from literature review showed a higher success rate with TMP-SMX as compared to clindamycin. Among patients presenting with cellulitis to the ER, there was a high rate of TMP-SMX susceptibility and ER providers prescribed it preferentially. TMP-SMX was found to be the cost-effective choice in populations with high MRSA prevalence. Though there is room for more investigation into this question, with a focus on diabetic patients, currently available research prompts physicians to choose TMP-SMX in an outpatient setting in patients over 12 years of age, presenting with cellulitis.
Requests to OKPRN Members	Clinical Questions of interest to you in your practice.

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 very low-cost performance assessment and feedback, academic detailing, practice facilitation, and a set of shared community resources, which might include 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	In progress.
Key Findings To-Date	No findings yet.
Requests to OKPRN Members	Those interested in further information or involvement should contact Jim Mold (james-mold@ouhsc.edu) or their regional AHEC.

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 – 3/30/2014
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 characteristics and treatments of poison ivy in the primary care setting.
Participant Enrollment Status	About 400 people will take part in the project. We have 69 enrolled participants.
Key Findings To-Date	We have found that the mean duration of pruritus is about 12 days and the mean duration of rash is about 15 days. The most popular treatments for poison ivy are oral corticosteroids and parenteral corticosteroids. More information will be available as additional data are collected.
Requests to OKPRN Members	We request your participation in the poison ivy project. Your responsibilities would be to fax a contact sheet of the patient with poison ivy to our office and to fill out a 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. They would be reimbursed $20 for their time. 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 – 7/30/2013
PI/Director Contact Information	James W. Mold, MD (james-mold@ouhsc.edu)
Purpose of the Project	The purpose of this project is to find a faster, simpler way to determine if a patient has been bitten by a brown recluse spider, so the bite can be treated appropriately.
Participant Enrollment Status	We have 25 enrolled participants.
Key Findings To-Date	No findings yet. All specimens are sent to a lab in Missouri for analysis.
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	James W. Mold, MD (james-mold@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 be producing 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. The OUHSC applied several times unsuccessfully for a CTSA through the usual mechanism, coming very close each time (but no cigar). When a new competition opened up for states with less overall NIH funding, it again applied and received the second highest score. However, at this point it appears likely that only one award will be made this year. That simply means reapplication for the next funding cycle, and that process is underway and ought to be successful. The application includes funding for OKPRN to contract for a 75% time network coordinator. It would also establish a program called "translational think tanks" that would bring together small groups of researchers and community clinicians to develop innovative ideas into research and development projects, and it would help to expand the ClinIQ program to more residency programs.
Participant Enrollment Status	Waiting for more information to reapply.
Key Findings To-Date	No findings yet.
Requests to OKPRN Members	For additional information, contact Jim Mold (james-mold@ouhsc.edu).

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Network Development – Zsolt Nagykaldi

New PR Effort For Extending Network Support

A special panel convened for strategic planning at the OKPRN BOD Retreat this year decided that the network should improve its PR activities by revisiting our traditional approaches (e.g. selling OKPRN paraphernalia, advertisement at professional meetings, etc) and to initiate some new projects as well. These included our first OKPRN booth at the 2012 joint OAFP/OKPRN Scientific Assembly that featured a large, newly designed OKPRN display. Based on your feedback, we also designed a light blue polo shirt that shows a small OKPRN logo on the front and optionally, Dr. Mold's signature on the right sleeve. Our booth helped us sell 14 OKPRN shirts at the Convocation, in addition to new member recruitment and promotion of OKPRN to clinicians and residents from across the State. We also printed 250 new OKPRN pens that were available at the booth. If you would like to get either a shirt ($20 for the unsigned model and $40 for the signed one) or a pen (free), just let us know. Your support helps OKPRN and our mission to improve primary care in Oklahoma.

OKPRN Committees Are Back!

As part of our network renewal, we reinvigorated the work of several Committees in OKPRN. The Nominations Committee advises the BOD on the process of elections and suggests suitable candidates according to the Bylaws. The Programs Committee helps the board design and organize our annual network convocations, other meetings, and professional activities. The Project Development and Advisory Committee is responsible for making recommendations pertaining to research and development projects OKPRN should pursue in consultation with the membership. Current members of these Committees are listed below:

Nominations Committee (NC):
Michael Woods MD, Thomas Owens MD, and Suben Naidu MD

Programs Committee (PC):
Russell Kohl MD, Michael Pontious MD, and James Mold MD

Project Development and Advisory Committee (PDAC):
Margaret Enright RN, Stanley Grog DO, Doug Ivins MD, Kristy Baker ARNP, Kelly Humpherys MD, and Zsolt Nagykaldi PhD

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