OKPRN News

Oklahoma Physicians Resource/Research Network (www.okprn.org) **Spring/Apr 2013**

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

This has been another productive year for us.

The one guaranteed constant in health care is change. OKPRN has allowed me to embrace the changes in healthcare, health care provision, reimbursement and provider compensation. I think I feel more comfortable with the changes, knowing that my colleagues are navigating the same pathways, often using OKPRN as a supportive organization. The wealth of information sharing has been evolutionary. I think that OKPRN can only grow in leaps as we continue to contribute to medicine using OKPRN as a valuable tool.

OKPRN recently appointed board members to fill open positions. I was happy to recognize that members were eager to step up to direct the organization in a very productive direction. I have found that one usually gets out of it what one invests in it. To this end, I see many members earmark their annual donation to OKPRN. I know that the membership appreciates this as it allows the organization to provide uncontaminated support to its membership in return. In this vein, OKPRN is hosting its annual convocation in conjunction with OAFP in June at the Annual OAFP/OKPRN Scientific Assembly. I urge our membership to attend and make this assembly a huge success.

I wish our membership another successful year and let's make the organization work for us.

Sincerely:

Suben Naidu, MD

Announcements & Acknowledgements – Nagykaldi / Mold

Thank You For Participating in OKPRN Projects!

Poison Ivy Project	CKD Project		Spider-Tech Project	
Dr. Robert Stewart	Dr. Ray Long		Dr. Zack Bechtol	Dr. Greg Martens
Dr. Michael Woods	Dr. Michael Aaron		Dr. Misty Hsieh	Dr. Suben Naidu
Dr. Ronal Legako	Dr. Ray Huser		Dr. Russell Kohl	Dr. James Mold
Dr. Ed Farrow	Dr. Terrill Hulson		Dr. Ronal Legako	Dr. Clinton Strong
Dr. Russell Kohl	Dr. Craig Evans		Dr. Ray Long	Dr. Mickey Tyrrell
Dr. Zack Bechtol	Dr. Frank Davis		Dr. Greg Martens	Dr. Michael Woods
Dr. Frank Lawler	Dr. Suben Naidu		Dr. Suben Naidu	Bruna Claypool, PA-C
Dr. Brian Coleman	Dr. Gary Lawrence		OU FMC	
Dr. Ryan Aldrich	Dr. John Pittman		Dr. Clinton Strong	
Dr. Russell Click	Dr. Jeff Floyd		Dr. Mickey Tyrrell	
Dr. Robert Blakeburn	Dr. Louis Wall		Dr. Michael Woods	
Dr. John Brand	Dr. Kevin O'Brien		Kiamichi FMR - Idabel	
Dr. Greg Martens	Dr. Russell Kohl		Comm Health Conn	
Dr. Ray Long	Dr. Stephen Connery		Morton CHC - Tulsa	
Dr. Terrill Hulson	Dr. Greg Grant		Muskogee Pulmo	
Dr. Craig Evans	Dr. Misty Hsieh		Johanna Weir, PA	
Dr. Suben Naidu	Dr. Kristin Earley		Dr. Kalpna Kaul	
Dr. Greg Grant	Dr. Renee Balllard		Robin Avery, ARNP	
Dr. Jeff Floyd	Dr. Cinda Franklin		Dr. Gaurangi	
Dr. Kevin O'Brien	Dr. Cynthia Maloy		Anklesaria	
Dr. Brian Yeaman	Dr. Kelli Koons		Kenda Dean, ARNP	
Stacy Scroggins, PA-C	Nancy Dantzler, ARNP		Dr. Kevin O'Brian	
Bruna Claypool, PA-C	Joyce Inselman, ARNP		Dr. Brian Sharp	
Amanda Odom, PA-C	Kenda Dean, ARNP		Joyce Inselman, ARNP	
Dr. Kelley Humpherys	Dr. Marjorie Bennett		Nancy Dantzler, ARNP	
Dr. Kelli Koons	Mark Davis, PA		Cheryl Ross, ARNP	
Tammy Hartsell, ARNP	Chris Carpenter, ARNP		Dr. Misty Hsieh	
Dr. Jo Ann Carpenter	Dr. Titi Nguyen		Dr. Zack Bechtol	
Cynthia Sanford, APRN	Dr. Paul Wright		Dr. Russell Kohl	
Mark Davis, PA	Dr. Jeffrey Cruzan		Dr. Ronal Legako	
Dr. Chad Douglas	Dr. Stephen Lindsey		Dr. Ray Long	

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 2012-13 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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Wisdom From The Listserv – Baker / L. Salinas

Question: I had a patient today with sporotrichosis, only cutaneous that I can tell at this time. She got it from a stray cat. This is only the second time I have had a patient with this and I did not treat, the previous patient. I ordered itraconazole 200 mg daily for 4 weeks to start with but the patient cannot afford as it is over $200. Can anyone tell me if fluconazole 400 mg daily would be ok? I only know it can be substituted for lymphocutaneous disease but cannot find the guideline that says OK to substitute for cutaneous disease. I could use potassium iodide (SSKI) 5-10 gtts PO tid with increase to 40-50 gtts po TID, but I really hate to use this if I don't have to. Appreciate your feedback**.**

Response: An alternative is terbinafine 500 mg PO BID. It is relatively inexpensive, and, I believe, it is on some of the $4 lists. There is a compassionate use program available for itraconazole (or at least there was) which the provider may wish to explore.

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In The Spotlight – Farrow Clinic, Eufaula Oklahoma

Welcome to the Farrow Clinic medical practice in Eufaula, Oklahoma! I am Dr. Ed Farrow and I was trained at the University Of Arkansas School Of Medicine in Little Rock, Arkansas, interned at Louisiana State University in Shreveport, Louisiana, and completed my residency in family medicine in Pensacola Florida. I am Board Certified family doctor, a Diplomat of the American Board of Family Medicine and a Fellow of the American Academy of Family Physicians. I am also one of the "founding fathers" of OKPRN. At a OAFP Board meeting at Murray State Park in 1994 or so, Dr Mold sat down for supper with my wife and I to discuss a new organization ....utilizing computers for interaction. This was still a new idea then. We didn't even start electronic billing in my office until 1997. I said I was interested and became one of the Charter members, and have been active since. I am considered to be the "Spider King" of Oklahoma (most brown recluse bites evaluated in our classic OKPRN study in 1998), I received an award for "Outstanding Lab Results Management" in 1999 and another award for the "Poison Ivy Study" in 2012. I am strongly involved with the Boy Scouts and I am the Medical Director of the McIntosh County Health Department and the Medical Reserve Corp in McIntosh City Unit.

I am a hard-core, solo country doc. My philosophy of Medicine includes seeing my role as a "counselor". When you come to see me, you are paying for my professional opinion. In turn, I feel that you are responsible for your own health and must often make changes in your lifestyle to achieve and maintain good health. Our shared goal for medical decision-making is to use the latest scientific information and a good dose of old-fashioned common sense. Since I'm in the twilight of my career, I can spend more time with my patients, so I encourage preventive methods, including nasal rinses to avoid sinus infections, the use of MegaRed or fish oil before statins, or trying Bob Marley teas before Ambien. My patients seem to appreciate the "old fashioned" touch, however, after 32 years of practice, anything I do is "old fashioned".

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OKPRN Members' Perspectives – Mold et al.

THE PRIMARY CARE EXTENSION PROGRAM

Anticipating many challenges to primary care transformation, the Affordable Care Act (ACA) authorized the Agency for Healthcare Research and Quality (AHRQ) to create a national Primary Care Extension Program (PCEP). This section of the law states that the principal charge of the PCEP is to "assist primary care providers to implement a patient-centered medical home to improve the accessibility, quality, and efficiency of primary care services" through local deployment of community-based Health Extension Agents. In addition to their practice facilitation roles, these agents may "collaborate with local health departments, community health centers, tribes and tribal entities, and other community agencies to

identify community health priorities and local health workforce needs, and participate in community-based efforts to address the social and primary determinants of health, strengthen the local primary care workforce, and eliminate health disparities." This concept is not new, and these local change-agents have previously been referred to as "practice coaches," "practice facilitators," or "practice enhancement assistants."

Though no funding was allocated for a primary care extension program, AHRQ used existing appropriations to launch a pilot initiative in 2011 called Infrastructure for Maintaining Primary Care Transformation (IMPaCT). IMPaCT awards are supporting PCEPs in 4 states, including Oklahoma, each serving as a lead for disseminating PCEP activities to 3 neighboring states.

There is growing evidence that local change agents can successfully facilitate quality improvement in primary care practices. In addition to other research, several studies were conducted in OKPRN that helped primary care practices improve delivery of preventive services, manage patients with chronic disease, and use health information technology. The PCEP is important for the success of many programs implemented by the ACA, from integrating primary care and public health to translating research into practice. Many practices are aware of new models of care, but few have the time or resources to understand or implement them. Many communities are the recipients of ACA grants and programs but have little support to coordinate with primary care practices. These practices and communities could benefit from the help of Health Extension Agents.

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NEWSROOM

OKPRN's "My Wellness Portal" Was Featured As One of Five Innovations On AHRQ's New HIT YouTube Channel – Nagykaldi

AHRQ has a new YouTube channel, https://www.youtube.com/ahrqhealthit, AHRQ HealthIT, which features 5-6 minute videos highlighting successful health information technology projects which enhance quality. These videos provide insights for health services researchers, health care providers, and patient advocates on how AHRQ research supports the use of health IT to improve quality of care.

Dr. Mold and colleagues' video can be viewed at: Health IT Success Story: Moving Toward Person-Centered Care

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Network Renewal Continues – Nagykaldi / Naidu

The OKPRN Board of Directors completed their Annual Board Retreat on April 11th, 2013. The Retreat continued the enthusiasm of the first (2012) Retreat that set out to energize and renew OKPRN. Clinician and health professional members of the Board discussed plans for a new administrative structure that will leverage the advantages of the soon-restored 501(c)(3) nonprofit status. The plan, once it is turned into reality, will facilitate the following main activities, among others:

- Enhance the engagement and involvement of existing members
- Improve the daily operational and administrative capacity
- Facilitate quarterly board meetings and leadership activities
- Aid with the organization of the annual convocation
- Facilitate the publication of the quarterly (this) newsletter
- Improve external marketing of OKPRN and its products and resources
- Improve internal marketing and opportunities for networking among members
- Seek additional opportunities for disseminating existing assets, including innovative technology

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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	Objectives: Health Risk Appraisals (HRAs) have been implemented in a variety of settings, however few studies have examined the impact of computerized HRAs systematically in primary care. The study aimed at the development and pilot testing of a novel, comprehensive HRA tool in primary care practices. Methods: We designed, implemented and pilot tested a novel, web-based HRA tool in four pair-matched intervention and control primary care practices (N=200). Outcomes were measured before and 12 months after the intervention using the HRA, patient surveys, and qualitative feedback. Intervention patients received detailed feedback from the HRA and they were encouraged to discuss the HRA report at their next wellness visit in order to develop a personalized wellness plan. Results: Estimated life expectancy and its derivatives, including Real Age and Wellness Score were significantly impacted by the HRA implementation (P<0.001). The overall rate of 10 preventive maneuvers improved by 4.2% in the intervention group vs. control (P=0.001). The HRA improved the patient-centeredness of care, measured by the CAHPS PCC-10 survey (P=0.05). HRA use was strongly associated with better self-rated overall health (OR = 4.94; 95% CI, 3.85-6.36) and improved up-to-dateness for preventive services (OR = 1.22; 95% CI, 1.12-1.32). A generalized linear model 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 (all P<0.03). Patients were satisfied with their HRA-experience, found the HRA report relevant and motivating and thought that it increased their health awareness. Clinicians emphasized that the HRA tool helped them and their patients converge on high-impact, evidence-based preventive measures. Conclusions: Despite study limitations, results 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	We are interested in disseminating the Wellness Portal - HRA to more OKPRN practices who need a free evidence-based tool to meet the Medicare Annual Wellness Visit (AWV) health assessment requirement.

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	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 complete the menopausal symptoms survey, which should take only 1-2minutes.

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 (performance feedback, academic detailing, and weekly practice

facilitation) were enrolled, and 31 received Wave 1 interventions. One practice in Minnesota had to delay involvement until Wave 2 because of unexpected damage to their building. They are receiving Wave 1 interventions during Wave 2.

- Post Wave 1 data collection has been completed including practice surveys, clinician interviews, and unofficial chart abstractions (for the benefit of the practices).
- 59 Wave 2 practices are now participating in local learning collaboratives.

Requests to OKPRN Members: Nothing at this time

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

Key Findings To-Date: No findings yet.

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 – 2/28/2014

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 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, but, once Spring hits, 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

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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	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 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	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 Report – Nagykaldi

2012-13 Publications Based on Research Linked to OKPRN

- 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	256
By member status	Active members: 192; Affiliate members: 54; Inactive members: 10
By discipline	MDs: 145; DOs: 64; NPs: 18; PAs: 20; Other: 9
By specialty	Family & General Medicine: 213; Internal Medicine: 10; Pediatrics: 13; OBGYN: 5; Other: 15
By demographics	Gender: 37% female; Mean age: 40-49 years; Mean years in practice: 23 years; Mean years in OKPRN: ~ 6.0 years
PRACTICES	
Number of practices	148
By location	Urban: 43; Sub-urban: 33; Rural: 72
By OK quadrant	SW: 29; SE: 40; NE: 43; NW: 35; +1 former member now in Texas
By ownership	Hospital: 17; Physician or group: 59; Other corporate or system: 22; Other: 50
Average practice size	~2 clinicians per practice

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