OKPRN News

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

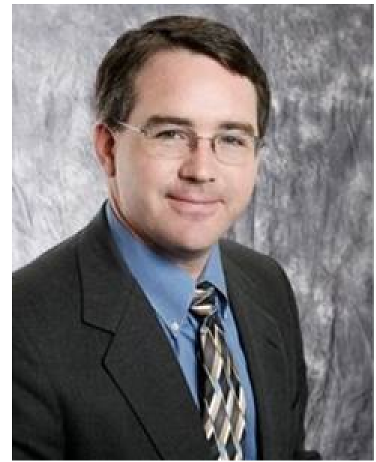
Board of Directors

Russell Kohl, MD, President
803 N. Foreman, Vinita, OK 74301
russellkohlmd@sbcglobal.net
Kristy Baker, ARNP
3140 W. Hayes, Clinton, OK 73601
westview_kristy@sbcglobal.net
Jennifer Damron, MPH
4300 N. Lincoln Blvd, OKC, OK 73105
jdamron@okpca.org
Margaret Enright, RN
1400 Quail Springs Parkway, # 400
OKC, OK 73134
menright@okgio.sdps.org
Neil Hann, MPH
1000 NE 10th Street, OKC, 73117
neil@health.ok.gov
Suben Naidu, MD
1919 E memorial Rd, OKC, OK 73131
sachidanandan.naidu@mercy.net
James Mold, MD, MPH
900 NE 10th Street, OKC 73104
James-mold@ouhsc.edu
Stanley Grogg, DO
1111 W. 17th Street,Tulsa, OK 74107
stanley-grogg@okstate.edu
Mike Crutcher, MD, MPH
1025 Straka Terrace, Oklahoma City, OK 7313
mcrutcher@varietycare.org
Robert Gray, MD
1924 S. Utica #400, Tulsa, OK 74104
robgray@sjmc.org
Frances Wen, PhD
4444 E. 41st Street, Tulsa, OK 74135
Frances-Wen@ouhsc.edu
Helen Franklin, MD
3100 Medical Pkwy #100, Claremore, OK 74017
franklinok@cox.net
Scott Stewart, MD
3204 Medical Park Dr, Shawnee, OK 74804
rsstewart@me.com
Johnny Stephens, PharmD
1111 W. 17th St, Tulsa, OK 74107
johnny.stephens@okstate.edu
Ray Long, MD
3735 Legacy, Weatherford, OK 73096
kimberly2026@gmail.com

Meg Walsh, Network Coordinator
margaret-walsh@ouhsc.edu
Zsolt Nagykaldi, PhD, Administrative Director
znagykal@ouhsc.edu

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



After a seemingly long winter, Spring is in the air and Meg is on the road! As one of her first actions with OKPRN, Meg has been traveling the state to meet our members and reach out to see what we can do as an organization to meet your needs. If you haven't had the opportunity to meet her yet, keep your eyes open for an OKPRN visitor or make plans to meet and greet at either our 20th Anniversary OKPRN Convocation (page 5) or at the OAFP Scientific Assembly.

With the 501(c)3 application submitted, we are awaiting word from the IRS on what will hopefully be the end of our journey to recognition as a tax-exempt, charitable organization. It's been a long and sometimes confusing journey, but Joy Mercer has persevered in accumulating the variety of documents required by the IRS- think of it as a prior auth on meth.

Just as Spring brings new flora and fauna, it also starts a new cycle of research projects. We are looking to potentially participate in projects from AHRQ that focus on a county-based preventive service delivery system, working intensely with HIE's to expand their use in Oklahoma, and a variety of other projects that focus on rural and underserved populations (both of which seem to be far more common in Oklahoma than in many other parts of the country).

As our hibernation comes to a close, we also look to increase the traffic some of the listserve, but want to be respectful of your time and ensure that the content is valuable to you. Help us do this by sharing interesting observations and questions with the group so we can all get smarter and provide better care to our patients together.

Russell Kohl, MD, FAAFP

Announcements & Acknowledgements – Nagykaldi / Vaught / Turner

Thank You For Participating in OKPRN Projects!

Poison Ivy Project	CKD Project	Adolescent Health	Spider-Tech Project	
Dr. Robert Stewart	Dr. Ray Long	OU FMC in OKC	Dr. Zack Bechtol	Dr. Greg Martens
Dr. Michael Woods	Dr. Michael Aaron	OU Ramona Residency	Dr. Misty Hsieh	Dr. Suben Naidu
Dr. Ronal Legako	Dr. Ray Huser	OU FMC in Lawton	Dr. Russell Kohl	Dr. James Mold
Dr. Ed Farrow	Dr. Terrill Hulson	OU Peds in OKC	Dr. Ronal Legako	Dr. Clinton Strong
Dr. Russell Kohl	Dr. Craig Evans	OU Peds in Tulsa	Dr. Ray Long	Dr. Mickey Tyrrell
Dr. Zack Bechtol	Dr. Frank Davis	Durant FM Residency	Dr. Greg Martens	Dr. Michael Woods
Dr. Frank Lawler	Dr. Suben Naidu	Saints Fam Med, OKC	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'Brien	
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 2013-14 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

Influenza Soapbox – Robert Gray, MD

Question:
True or False: Clinician judgment may be as good as rapid antigen testing
True or False: Testing will be incredibly helpful to make treatment decisions
True or False: If it's likely the patient does have Influenza A and they've been ill for > 48 hours, antivirals are still worth a shot.

Answer 1:
True : Clinician judgment may be as good as rapid antigen testing
False: Testing will be incredibly helpful to make treatment decisions
False: If it's likely the patient does have Influenza A and they've been ill for > 48 hours, antivirals are still worth a shot

Answer 2:
Not sure I agree with the previous post. Assume presumption is that these truths only apply during the week or two of peak flu season and not year round? Like strep throat, I still like to confirm or know someone actually has the disease I am treating before I Rx Tamiflu for their entire family with ILI or for prophylaxis. If what he previous post is suggesting is true, then why would we need sentinel reporting of ILI and confirmatory testing of pos or negative rapid tests?
True, True, False would be my answers.

Answer 3:
Good discussion - appears to be a hot button to push, here would love the epidemiology and statistics folks to weigh in more on this issue. From a clinical standpoint, it is hard for me to make much of the reported prevalence in the state as the numbers of samples submitted for confirmation seem quite low. I have seen more than 9 cases of ILI this week and have chosen to test one based on the impressive presentation of sudden onset of fever, sore throat, myalgias, headache and fever. Not surprisingly it was positive - doubtful this one is a false positive. My suspicion was very high and the test likely confirms strong suspicion. The other "ILI cases" I have seen the last few weeks (by criteria below) did not strike me as "flu-like" and were not tested although they would have easily fit in the definition. I agree that my statistically probable false positive flu test - a flu outbreak does not make, but until there is a better tool … this test and my gut are all I have here in the trench until higher prevalence demands I treat without any testing on clinical grounds alone. Maybe we should all just be careful to test every other person w/ ILI.
My answers: True, False and Depends on the patient and risk of complications.

TTP Survey Results – Zsolt Nagykaldi, PhD & Dee Terrell, PhD

You may recall the short Thrombotic Thrombocytopenic Purpura (TTP) survey we ran recently on the listserv. I attached the results that show a higher level of TTP encounters and being more comfortable with caring for TTP patients than we expected.

Question 1: Have you ever had a patient in your practice who had TTP?

#	Answer	Bar	Response	%
1	Yes		13	46%
2	No		12	43%
3	I don't know / Not sure		3	11%
	Total		28	

Question 2: If yes, approximately how many TTP patients have you seen in the last 5 years?

#	Answer	Bar	Response	%
1	1-2		11	85%
2	3-4		1	8%
3	> =5		1	8%
	Total		13	

Question 3: How comfortable are you or would you be to provide follow-up care for these patients as their primary care clinician?

#	Answer	Bar	Response	%
1	Very uncomfortable		1	8%
2	Somewhat comfortable		5	38%
3	Neither uncomfortable, nor comfortable		2	15%
4	Somewhat comfortable		4	31%
5	Very comfortable		1	8%
	Total		13	

In The Spotlight – Healing Hands Community Clinic, OKC

Healing Hands is a service site of Community Health Centers, Inc. We are located at 411 NW 11th, OKC, 73103. Our Center provides services to people who are homeless. We see patients who are in one of the following categories:

- Reside in a shelter
- Reside on the streets or in abandoned buildings
- Reside in a transitional housing program
- Reside with others temporarily (1-2 months – not paying rent)

Individuals are eligible for services while they are homeless and for one year only after they are in permanent housing. For and appointment, they need to call 272-0476. Healing Hands takes walk-in clients at primary health care clinics, if time is available. Clients need to be on site by 9:30 AM or 12:30 PM at clinic sessions to be put on a waiting list to see a clinician.

Additional services provided by Healing Hands include: Referrals – for medical specialty care, hospitalization, convalescent care, complex laboratory studies, dental care (emergency extractions only), x-rays, prenatal care. Case management – information or referrals for housing, clothes, food, assistance with transportation, problem solving, stress, employment & education programs, SoonerCare, family problems – parenting, domestic violence etc. and mental health. Healing Hands is an out station application site for the County Pharmacy for our clients only. SoonerCare Choice clients are eligible for services, if Dr. Priya Samant or Febi Mathew ARNP is selected as their Primary Care Provider (PCP).

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NEWSROOM

To our great surprise, AHRQ announced in February that our recent R18 grant submission has received a perfect (10) score from the review panel. We expect a funding decision soon. This is a very rare event in any research portfolio. The project aims at setting up a community-level preventive services delivery system in 3 Oklahoma counties including primary care practices, the county hospital, the county health department and County Health Improvement Organizations (CHIOs). We will also work with all Oklahoma-based HIEs to feed our Preventive Services Reminder System that will be operated by Wellness Coordinators. They will contact patients based on a protocol established by the PCPs and make sure that individuals are linked to recommended, evidence-based preventive services. Upon receiving funding, the project will run for 4 years and will be supported from a $1.6M budget.

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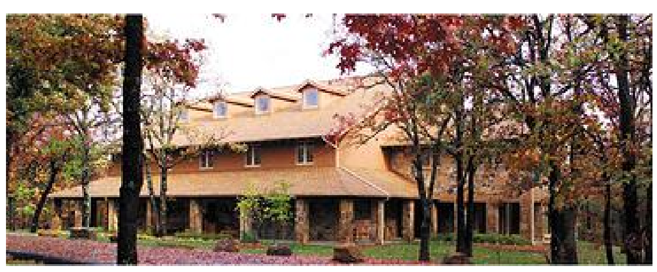
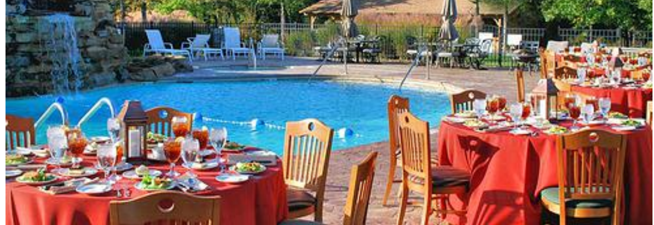
Save the Date! 20th Anniversary Convocation – Nagykaldi / Walsh

August 15 - 17, Post Oak Lodge, Tulsa



Celebrate OKPRN's 20th Anniversary with us in 2014! Our next separate (PBRN-only) Convocation will be held between August 15 and 17 at the Post Oak Lodge in Tulsa. As members requested, in addition to our joint convocation with OAFP, we brought our PBRN convocation back this year that is not associated with the annual OAFP Meeting. All those who enjoyed the collegial and open atmosphere of past OKPRN convocations, this meeting is back! Representatives of the Oklahoma-based pediatric network and the developing pharmacy PBRN will also be joining this completely renewed and exciting program. Families are welcome to attend non-scientific programs, as in past years. Enjoy a relaxing weekend in the secluded Post Oak Lodge in Tulsa!



More information will be available soon on the OKPRN website (www.okprn.org > Meetings) and via the OKPRN Listserv. We hope that we will see you many of you there! Read more on the venue: http://www.postoaklodge.com

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Meg's Memo – Meg Walsh, OKPRN Network Coordinator

In order to get to know our practices better and to understand the expectations, challenges and goals of our members, I have begun state-wide visits of the OKPRN member practices. With 9 travel days under my belt, I've had the opportunity to meet with 29 clinicians at 27 different practices – from Clinton through Durant to Tahlequah, with many more on the horizon. These quick, 15-minute meetings cover topics such as board membership, potential new members, and two of the studies OKPRN is currently working: Poison Ivy and Spider Bite. They also give clinicians the opportunity to provide feedback on possible future studies, challenges to membership, and ways to improve the network. Those of you on the listserv have already seen the success of these meetings. When Dr. Mold emailed asking about interest in nocturnal leg cramp studies, he was following up on a great idea submitted by Dr. James Gerber in Okarche.

One thing that really elevates OKPRN among other PBRN is communication. Over the years, OKPRN has truly become a learning community with two-way communication among its membership. This wouldn't be possible without your input and feedback.

To the clinicians I've already spoken with, thank you for taking time out of your busy day to chat with me about OKPRN. To those I haven't met yet, please let your schedulers know to expect my call. For those clinicians who may be out of the office or slammed by appointments (thank you, allergy season), when I visit your town, please do not hesitate to drop me a line to share your thoughts with me that way – Margaret-Walsh@ouhsc.edu or 405-271-3451.

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

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	The 2012-13 Clin-IQ enrollment has been completed.
Key Findings To-Date	University of Oklahoma, Oklahoma City Residency Program

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

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

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

Tentative Answer: Yes. Level of Evidence: A

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

Tentative Answer: Yes. Level of Evidence: A

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

Tentative Answer: N/A

5. In adults with chronic constipation, are stool softeners like docusate more effective at

reducing constipation when used alone compared with combination use with other laxatives/bowel stimulants?

Tentative Answer: No. Level of Evidence: A

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

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

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

Tentative Answer: Yes. Level of Evidence: B

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

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

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

Tentative Answer: Yes. Level of Evidence: A

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

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

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

Tentative Answer: N/A

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

Tentative Answer: N/A

St Anthony Residency Program

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

Tentative Answer: N/A

2. In patients with concussions, is total number of concussions more predictive of permanent neurologic deficit compared to severity and duration of symptoms from any one concussion?

In adults with chronic pain does long term treatment with SSRI/SSNI (alone or in conjunction with other medications) control pain more effectively?

Tentative Answer: N/A

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

Tentative Answer: N/A

4. In adults with heart failure with preserved ejection fraction (HFPEF), are ACE inhibitors equal to ARBs or beta-blockers in decreasing mortality and hospital admissions for heart failure?

Tentative Answer: N/A

Requests to OKPRN Members	You can send us researchable clinical questions of interest to you in your practice via the OKPRN website: http://www.okprn.org/OKPRN_members/ProjectIdea.asp.

Name of the Project	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. Please contact the PI at znagykal@ouhsc.edu for more information, if you are interested.

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, 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	**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.
Participant Enrollment Status	All participants have been enrolled.
Key Findings To-Date	Key findings to date include: Analysis of data from this project suggests that both the early adopter practices and their trainee practices were able to improve their care of CKD patients. One interesting finding, however, was that use of ACE inhibitors and ARBs remained MUCH lower in Oklahoma than in any of the other states. CKD Guidelines say that we should be prescribing ACEIs or ARBs in patients with all stages of CKD unless or until they begin to have difficulty with hyperkalemia or have other adverse effects of these medications.
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 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 – 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. 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	Spider Tek

Source/Amount/Period	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	We got the grant. Activities will begin September 1, 2013. Funding for a 75% 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).

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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)

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