OKPRN News

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

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

Whoever it was that wished for colder weather for the new year should consider their wishes a bit more :-)

As we start another year, I wanted to take a quick chance to remind us all that the "R" in OKPRN is really R-squared! One thing that makes our network unique is that it was never meant to be a pure research network. The "R" stands for "Resource/Research." It sometimes seems easy to forget the "Resource" part of it as we band together to answer practice-based research questions and we talk about what upcoming projects we are undertaking. However, I think that "Resource" is a big reason why many of us joined as it one of the least tapped benefits of membership over the past year.

From the website- where you can review best practices from around the state, to the literally centuries of practice experience you can access via the listserve, finding the knowledge or resources you need to help your practice solve a problem is at your fingertips. *If you find a better way to do something in your office, share it with the group.* One of the most common things in best practices research is for a group to say "It just made sense to do this way, so we figured everyone else already did." If you keep being frustrated by the same problem day in and day out, see if someone else on the listserve has a solution. Even if there isn't one yet, the supportive commiseration can reduce the frustration :-)

Let's make this a great year by being a RESOURCE that improves Oklahoma's healthcare!

Russell Kohl, MD, FAAFP

Announcements & Acknowledgements

Thank You For Participating in OKPRN Projects!

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

Thank You For Supporting the Work of OKPRN!

We truly appreciate and value clinic staff (nurses, front- and back-office staff, office managers and all associates), who showed dedication and generosity in supporting OKPRN projects in 2014 and before! We are also indebted to our patients and study participants, who often enthusiastically contributed to the success of various OKPRN initiatives throughout the State. We can't thank you enough!

James Mold, MD named the George Lynn Cross Research Professor Emeritus

OKPRN is proud to announce that the OU Board of Regents has approved President David Boren's recommendation that Dr. James Mold be named the George Lynn Cross Research Professor Emeritus of Family and Preventive Medicine. Dr. Mold was awarded the George Lynn Cross Professor of Family and Preventive Medicine in 2012.

The Regents' Professorship was established on November 12, 1943 on action by the Board of Regents. The criteria for selection provide to qualify for a George Lynn Cross Research Professorship a faculty member must have demonstrated outstanding leadership over a period of years in his or her field of learning or creative activity and have been recognized by peers for distinguished contributions to knowledge or distinguished creative work.

Congratulations, Dr. Mold, on a well-deserved recognition!

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In The Spotlight – Southern Plains Medical Center, Chickasha, Oklahoma

We have all you need providing convenience and clarity to your healthcare concerns.

Since 1915, Southern Plains Medical Center has been a part of Chickasha and a part of community lives. While some the names and faces have changed, the commitment to providing quality health care in central Oklahoma has stayed true. If you have not visited our spacious clinic lately come by and see some of your neighbors and friends who have been helping create a better quality of life in this community!

We are very pleased to have one of the finest groups of local physicians in the state. Many of physicians and PA's have been with SPMC for 15+ years. And more than being experts in their fields, many of our doctors are your neighbors and friends!

Learn more at www.spmcmed.com or by visiting Southern Plains Medical Center in person at 2222 West Iowa Avenue, Chickasha, OK 73018.

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Wisdom from the Listserv

TSH Discussion Thread – (OKPRN Members and a Specialist)

Question:

I HAVE OBSERVED THAT WHEN TESTING FOR THE TSH AND THYROID PANEL, I INTERMITTENTLY GET AN ELEVATED TSH. PRIOR TO TITRATING THYROID SUPPLEMTATION, A REPEAT TSH OFTEN RETURNS WITHIN THE NORMAL RANGE. I HAVE BECOME SCEPTICAL INTERPRETING ELEVATED TSH. HOW ACCURATE IS THE TEST? I WONDER ABOUT THE SPECIFICITY AND SENSITIVITY OF THE TEST. I TRY FOR A RANGE OF 0.2 TO 2.0 AS THIS SEEMS TO KEEP PATIENTS CLINICALLY EUTHYROID.

Answer:

TSH is the best test to use to diagnose and manage hypothyroid patients. Most TSH assays have a normal of 0.4 to 4.8. If a patient has positive antibodies - anti TPO - then they do better with TSH in the range of 2 or so. There is a "gray zone" up to 10 where the patient may or may not be hypothyroid. In the case, I will recheck every 6 months at least 2 more times to establish the patient's baseline and to ask about symptoms. If the TSH is stable and no symptoms have developed, then I consider them euthryoid. The nls for TSH are the mean plus or minus SD, so some nl people will fall outside this range. If a patient has the diagnosis of hypothyroidism already, then I do not pay attention to the "gray zone" and aim for a value of 2 or so.

As to variations in TSH - remember that non-thyroidal illnesses can affect all thyroid tests, so if something else medically (or even psychological stress) is going on, I make no changes and recheck in 3-6 months. The other thing I do - if the TSH is slightly off on a patient on long term replacement - I will double check if there have been any changes in meds or diet and review how the patient is taking the thyroid hormone to make sure they have not started a habit which might interfere with absorption and correct it. I will not make any changes in a patient on a stable dose at first abnormal test but will recheck in 3 months and if still abnormal - make the change then. I started this after several years of chasing my tail early in my practice. All of this is if the patient is feeling OK. If the patient has some symptoms of low or high thyroid which are new - then I may go ahead and change but not usually.

As to the issue of Armour thyroid and T3, most endocrinologists do not like Armour thryoid as it is derived from animal sources and the amount of T3 may vary from lot-to-lot. However, I do not argue with patients who insist it is Armour or nothing - but I will adjust the dose to keep the TSH around 2 to avoid long term bone and cardiac issues. The data on the use of combo T4/T3 are soft - primarily because the endpoint is quality of life. There have been a few articles where there is a suggestion that some people feel better on a little T3. Most patients will do fine on levothyroxine - (a company got into trouble a few years ago and had to pay fines after blocking the publication of the research that proved that other preparations of levothyroxine worked as well as Synthroid). My rules here are the patient must stay on the same manufacturer's product and I do not try to fight with patients insisting that they have to be on Synthroid - the fight is not worth the loss of good will. If my patient still has nonspecific symptoms on levothyroxine alone, I will sometimes add a dose of Cytomel at the lowest dose - 5 mcg - it has a half life of hours but I only give it once a day and so far. When I do this every patient has done fine with improvement in quality of life. I prefer Cytomel as the FDA oversees its production and the dose is stable from lot-to-lot.

One issue which has not been touched on as far as I can tell is the formulating pharmacy and thyroid hormone. I do not use formulating pharmacies for this purpose as there it too much variation from lot-to-lot. I use commercially available T4 (and T3 if necessary).

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OKPRN Submits a Letter of Intent to Fund the Development of Oklahoma's First Patient Partners Network - Zsolt Nagykaldi, PhD

The OKPRN Board of Directors has been collaborating with Dr. Barbara Norton and Dr. Nagykaldi to solicit feedback from OKPRN members on the idea of a Patient Partners Network (OPPN), which will be working jointly with OKPRN to establish and operationalize patient-centered primary care with the active participation of a state-level group of patients from OKPRN practices. OKPRN members, who showed interest in this initiative, received an invitation letter including professional quality tri-fold brochures to recruit patients into the forming OPPN. Excerpts from the patient flyer are listed below:

"Oklahoma is a state that has always relied on the wisdom of its people. People turn to their doctors for help, and now Oklahoma's doctors and health researchers are turning to you. Now, more than ever, we need ideas from everyday Oklahomans to help make our communities healthy and to *make sure that healthcare works for everyone*. The Oklahoma Patient Partners Network (OPPN) is composed of people, like you, who are committed to improving health and healthcare in their own communities. OPPN speaks for patients, explaining what people truly need, want and expect from their healthcare."

Things you will do as an OPPN member:

- Meet monthly with other patient partners
- Share your ideas and opinions based on your own experiences
- Participate in opportunities to:
  - Advise researchers in questions patients need answered
  - Help your doctor's team make healthcare better for everyone
  - Teach current and future doctors what patients want, value, and need

The Letter of Intent was sent to the Patient-Centered Outcomes Research Institute (PCORI) that offers a 3-step "Pathway to Proposals" funding program to develop patient networks nationally. We hope that PCORI will support this exciting, new initiative. The new agency provides $15,000 support in the first year to start a new patient group. This project will be synergistic with the ongoing large initiative we already featured: the Patient-Directed Queries Network (PDQNet).

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Meg's Memo – Meg Walsh, OKPRN Network Coordinator

To add to Dr. Kohl's letter, another major resource OKPRN has is the Practice Enhancement Assistant team. PEAs act as our "boots on the ground" working with practices on implementation and quality improvement projects. Having a PEA visit your facility means you don't have to go it alone. In the next couple months, our friends at OCTSI will learn about an AHRQ grant (see below) that would afford weekly PEA visits to 300 practices throughout Oklahoma. Initially, these PEAs will be focused on helping clinics with cardiovascular risk reduction efforts, but as the project continues, they could help with other QI projects as well. Keep an eye on your InBox for more details. This is an awesome opportunity to take advantage of one of OKPRN's most valuable resources!

Please do not hesitate to drop me a line to share your thoughts with me – Margaret-Walsh@ouhsc.edu or 405-271-3451.

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OKPRN Project Updates

Name of the Project	Disseminating and Implementing PCOR Through the Oklahoma Primary Healthcare Extension System
Funding Source/Amount/Period	Agency for Healthcare Research and Quality (AHRQ) Funding: $15,000,000; 2015 - 2018
PI/Director Contact Information	Daniel F. Duffy, MD (Daniel-Duffy@ouhsc.edu) Steven Crawford, MD (Steven-Crawford@ouhsc.edu)
Purpose of the Project	1) Construct an effective and sustainable Oklahoma Primary Healthcare Improvement Cooperative (OPHIC) to disseminate and implement the results of patient-centered outcomes research 2) Help 300 small to medium-sized primary care practices improve management of four cardiovascular disease risk factors: smoking, blood pressure, cholesterol, and use of low-dose aspirin; and 3) Carefully evaluate the effectiveness of the implementation strategies.
Participant Enrollment Status	Once the grant is officially awarded, we will begin to recruit 300 practices across the state of Oklahoma.
Key Findings To-Date	None yet. We have good reason to believe that this grant will be awarded in early 2015
Requests to OKPRN Members	We will need MANY OKPRN practices to participate in this study. Stay tuned for requests for participation.

Name of the Project	Implementing a Community-Based Model for Delivering Preventive Services in Rural Counties
Funding Source/Amount/Period	Agency for Healthcare Research and Quality (AHRQ) Funding: $1,400,000; 07/01/2014 - 06/30/2018
PI/Director Contact Information	Zsolt Nagykaldi, PhD (znagykal@ouhsc.edu)
Purpose of the Project	1) Substantially increase the rates of delivery and receipt of evidence-based primary, secondary, and tertiary preventive services to approximately 70,000 individuals, cared for by 59 primary care clinicians in 20 PCPs in 3 rural counties; 2) Increase average estimated life expectancies of those patients; and 3) Calculate the financial impact of the model on participating hospitals, primary care practices, and county health departments. 4) Prepare a Guidebook that can be used by other rural counties wishing to implement similar models
Participant Enrollment Status	In progress.
Key Findings To-Date	None yet. The project is in the 6-month run-in period including relationship building, recruitment, and administrative work.
Requests to OKPRN Members	None at this time.

Name of the Project	Clin-IQ: Resident Scholarly Activity
Funding Source/Amount/Period	None.
PI/Director Contact Information	Elizabeth Wickersham MD (elizabeth-wickersham@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	CoCONet2 – The Coordinated Coalition of Networks -2 (P30)
Funding Source/Amount/Period	Agency for Healthcare Research and Quality (AHRQ) Funding: $476,125 ; 07/1/2012 - 06/30/2017
PI/Director Contact Information	Zsolt Nagykaldi, PhD (zsolt-nagykaldi@ouhsc.edu)
Purpose of the Project	The purpose of this project is to develop a network of networks to improve the quality and effectiveness of primary care by engaging frontline clinicians in the conduct and dissemination of relevant practice-based research, and by acquiring, developing, and sharing new knowledge through networks of clinicians and practices. In addition to OKPRN, we will collaborate with UNYNET from upstate New York, LANet from Los Angeles, WREN from Wisconsin, MAPFRN from Minnesota, and the OCHRN – Oklahoma Pediatric Network. Westat, Inc (Rockville, Maryland) will be the coordinating Center for this project to develop communication processes among the individual networks and to facilitate development of a data repository for future projects. This "meta-network" has already submitted applications for several multi-network projects. Funding is for 5 years with funds dedicated each year to building infrastructure in each of the networks to facilitate collaboration and development of future researchers.
Participant Enrollment Status	Not applicable.
Key Findings To-Date	CoCoNet2 is a meta-network made up of 6 regional PBRNs including OKPRN, the Upstate New York Network (UNYNET), the Wisconsin Research and Education Network (WREN), the Minnesota Academy of Family Physicians Research Network (MAFPRN), the Los Angeles Network (LANet), and the Oklahoma Child Health Practice Based Research Network (OCHPBRN).
Requests to OKPRN Members	Please consider participating when the call for participation in a specific project goes out.

Name of the Project	Infrastructure for Maintaining Primary Care Transformation (IMPaCT – U18)
Funding Source/Amount/Period	Agency for Healthcare Research and Quality (AHRQ) Funding: $999,015; 09/30/2011 - 09/29/2013
PI/Director Contact Information	James W. Mold, MD (james-mold@ouhsc.edu)
Purpose of the Project	To develop a Primary Care Extension Program (PCEP) throughout Oklahoma and to assist Arkansas, Missouri, and Colorado as they try to develop similar systems. Three other states, North Carolina, Pennsylvania, and New Mexico also received IMPaCT grants. The PCEP idea came directly from the quality improvement research done in OKPRN. Oklahoma's PCEP will connect primary care practices more closely with the Area Health Education Centers, the three academic health centers, and local Turning Point Partnerships, providing practices with no or low-cost performance assessment and feedback, academic detailing, practice facilitation, and a set of shared community resources, including care managers, social workers, preventive services registry managers, community health workers, IT

	consultants, and pharmacy consultants. County Health Improvement Organizations (CHIOs) will serve as neutral conveners, bring together representatives from primary care, public health, mental health, and community organizations to solve local health problems like inactivity, obesity, tobacco use, and alcohol and drug abuse.
Participant Enrollment Status	All participants have been enrolled. This study has concluded.
Key Findings To-Date	There are now 19 certified county health improvement organizations (CHIOs) including 20 counties, with at least 2 more applications in progress.
Requests to OKPRN Members	Nothing at this time.

Name of the Project	Epidemiology and Management of Poison Ivy in Primary Care
Funding Source/Amount/Period	AAFP Foundation Funding: $41,539; 3/1/2010 – 8/31/2014
PI/Director Contact Information	James W. Mold, MD (james-mold@ouhsc.edu)
Purpose of the Project	The purpose of this project is to learn more about the presentation, course, and treatments of poison ivy in the primary care setting.
Participant Enrollment Status	This study has concluded. To date, of the 400 we anticipated, 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	Nothing at this time.

Name of the Project	Specificity and Sensitivity of ELISA Test For Detection of Loxosceles Reclusa (Brown Recluse) Spider Venom
Funding Source/Amount/Period	Spider Tek Funding: $12,000; 7/1/2010 – 6/30/2013
PI/Director Contact Information	Elizabeth Wickersham, MD (elizabeth-wickersham@ouhsc.edu)
Purpose of the Project	The purpose of this project is to find a faster, simpler way to determine if a patient has actually been bitten by a brown recluse spider, so the bite can be managed appropriately.
Participant Enrollment Status	We have enrolled 25 patients and need more.
Key Findings To-Date	The spider bite assay development/validation study continues and good progress is being made. Our contract has been extended, and we are still enrolling patients with suspected spider bites.
Requests to OKPRN Members	We request your participation in the brown recluse project. If you would like to participate in the spider bite project please contact Cara Vaught at cara-vaught@ouhsc.edu. You would be reimbursed $180 for your time. You would be asked to fill out a progress note on the patient, swab the spider bite site, and take pictures of the bite. The patient would be reimbursed $25 for their time.

Name of the Project	Clinical and Translational Science Award (CTSA) and the IDEA Grant
Funding Source/Amount/Period	National Institutes of Health (NIH) Funding: no funding yet
PI/Director Contact Information	Mark Doescher, MD (mark-doescher@ouhsc.edu)
Purpose of the Project	Approximately 7 years ago, in response to concerns from Congress that funding for the National Institutes of Health (NIH) did not always seem to produce tangible benefits for population health, the then Director of the NIH pulled some money from each Institute and began awarding multi-million dollar grants to academic health centers to support clinical and "translational" research. The term, translational, refers to the notion that there are several translational steps required to move findings from basic research into clinical trials and then eventually into practice. In 2013, the OUHSC received a 5-year grant, which established the Oklahoma Clinical and Translational Science Institute (OCTSI) and the Oklahoma Shared Clinical and Translational Science Resource (OSCTR). One of the "key component activities (KCA)" is called "Community Engagement." Funding for this activity is going toward a network coordinator (Meg), support for spread of the ClinIQ process to other programs and institutions, and development of a "translational think tank" process that helps move research along the pipeline more quickly. Continued development of the Oklahoma Primary Healthcare Extension System is also included within the Community Engagement KCA.
Participant Enrollment Status	The OUHSC was awarded the grant. Activities began September 1, 2013. Funding for a 60% FTE OKPRN Network Coordinator is included.
Key Findings To-Date	No findings yet.
Requests to OKPRN Members	For additional information, contact Jim Mold (james-mold@ouhsc.edu).

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Academic Accomplishments – Nagykaldi

2013-15 Publications From Research Linked to OKPRN

- Mold JM, Aspy CB, Smith PD, Zink T, Knox L, Darby Lipman P, Krauss M, Harris DR, Fox C, Solberg LI, Cohen R. Leveraging Practice-based Research Networks to Accelerate Implementation and Diffusion of Chronic Kidney Disease Guidelines in Primary Care Practices: a Prospective Cohort Study. Implementation Science. 2014, 9:169
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- 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.

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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