OKPRN News

Oklahoma Physicians Resource/Research Network (www.okprn.org) **Winter/Jan 2013**

Board of Directors

Suben Naidu, MD, President
3560 S. Boulevard, Edmond, OK 73013
sachidanandan.naidu@mercy.net
Noble Ballard, MD
1015 E. Broadway, Altus, OK 73521
nballard@cableone.net
Kristy Baker, ARNP
3140 W. Hayes, Clinton, OK 73601
westview_kristy@sbcglobal.net
Daniel Brown, DO
610 S. Walnut, Stillwater, OK 74074
docbrown10@gmail.com
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
Ken Evans, MD
1202 NW Arlington Ave, Lawton, OK
kenneth-evans@ouhsc.edu
Chelsey Griffin, MD
1111 S. St Louis, Tulsa, OK 74120
chelsey-griffin@ouhsc.edu
Neil Hann, MPH
1000 NE 10th Street, OKC, 73117
neil@health.ok.gov
Kelly Humpherys, MD
400 Wyandotte, Ramona, OK 74061
kelly-humpherys@ouhsc.edu
Russell Kohl, MD
803 N. Foreman, Vinita, OK 74301
russellkohlmd@sbcglobal.net
James Mold, MD, MPH
900 NE 10th Street, OKC 73104
James-mold@ouhsc.edu
William Pettit, DO
1111 W. 17th Street, Tulsa, OK 74107
william.j.pettit@okstate.edu
Stanley Grogg, DO
1111 W. 17th Street,Tulsa, OK 74107
stanley-grogg@okstate.edu

Zsolt Nagykaldi, PhD
Administrative Director
Network Coordinator
900 NE 10th Street, OKC 73104
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

Like all of you, I find that time is a precious commodity. It is difficult to complete the To-Do List regularly and often some things get shunted to the bottom of every list.

I was recently happy to be part of the CKD study group. For the first time we were able to conduct meeting by teleconference. I found that even with a busy schedule, meeting by teleconference with colleagues, achieved a successful meeting allowing us to share resources that were quite useful to all of us. We were able to combine the teleconference with e-mail to effectively communicate. All of this was completed within 40 minutes.

Of stark reality is that we are constantly reinventing the wheel in our practices. We do not spend enough time sharing our vast experience with one another. A simple example is sharing effective templates using the EMR. OKPRN has for the longest time used the model of exemplars. This model allows us to share our strengths within our network to streamline workflow and improve quality measures through cross pollination.

As an organization, one of our weaknesses is that as much as OKPRN is a tremendous resource to us, we tend to not invest the time it needs to nourish the strengths. An organization like OKPRN, in maintaining its 501c status and independence, requires active participation from its membership to be successful.

There are tremendous opportunities to be involved in the organizational activities, committee structure, in the BOARD, and in clinical studies. Open communication from the membership, like the vote on maintaining the 501c status communicates the needs and desires of the membership. We need to be innovative in harnessing our energies and time as we engage in organizational functions to maintain the organization as a great resource for all of us. Our involvement in this organization is integral, in taking our organization to the next level. Jim Mold is and has been an awesome steward of OKPRN. The organization needs more of the same now. I hope that we can establish this organization as our legacy of support for Family Medicine and Medicine in general.

Sincerely:

Suben Naidu, MD

Announcements & Acknowledgements – Nagykaldi / Mold

Thank You For Participating in OKPRN Projects!

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

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

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

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

Obesity Project
Lawton Comm HC
Variety Care at Straka
Variety Care at 56th
Variety Care - Lafayette
Variety Care at 10th
OU FamMed Blue
OU FamMed Rose
OU FamMed - Lawton
Saints FMR Clinic
OU FamMed - Tulsa
OU FamMed - Enid
OKC Indian Clinic
OSU FamMed - Enid
OSU Tulsa Peds
OSU FamMed - Tulsa
OSU FamMed - Durant
Kiamichi FMC
Dr. Chriss Roberts

Spider-Tech Project
Dr. Zack Bechtol
Dr. Misty Hsieh
Dr. Russell Kohl
Dr. Ronal Legako
Dr. Ray Long
Dr. Greg Martens
Dr. Suben Naidu
OU FMC
Dr. Clinton Strong
Dr. Mickey Tyrrell
Dr. Michael Woods
Kiamichi FMR - Idabel
Comm Health Conn
Morton CHC - Tulsa
Muskogee Pulmo
Johanna Weir, PA
Dr. Kalpna Kaul
Robin Avery, ARNP
Dr. Gaurangi Anklesaria
Kenda Dean, ARNP
Dr. Kevin O'Brian
Dr. Brian Sharp
Joyce Inselman, ARNP
Nancy Dantzler, ARNP
Cheryl Ross, ARNP
Dr. Misty Hsieh
Dr. Zack Bechtol
Dr. Russell Kohl
Dr. Ronal Legako
Dr. Ray Long
Dr. Greg Martens
Dr. Suben Naidu
Dr. James Mold
Dr. Clinton Strong
Dr. Mickey Tyrrell
Dr. Michael Woods
Bruna Claypool, PA-C

Thank You For Supporting the Work of OKPRN!

We truly appreciate and value clinic staff (nurses, front- and back-office staff, office managers and all associates), who showed dedication and generosity in supporting OKPRN projects in 2012-13 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!

Wisdom From The Listserv – Baker / Cates

Question:
I see on average 12 to16 patients per day. This is just counting patients that I see for an office visit. I would be interested in a seminar about adding an NP and what they can bill for. - Max Cates, MD

Response:
A lot of NPs that work for physicians call me asking advice or questions. Recently I am hearing a lot of issues regarding productivity. Many are only seeing 10-20 patients per day. I tell them they need to see 20, that 10 is not cutting it. They relate that they start the day with 16-20 but have a lot of no shows. There is also issues of the billing staff not billing for a lot of the work done by the NP, saying they did not think NP could bill for it, like Nursing Home visits. I am trying to help NPs educate their bosses regarding these issues so that they are viewed as productive members of the team. May I ask, on average, how many patients does a family practice physician see in a day? Do you count visits done by your nurse such as UA visits or Coumadin/INR visits or spirometry visits in your numbers or just the number you personally see in a day? How many patients do you think an NP working for you should see in a day? In my budget, I feel an NP employee needs about $200,000.00 in collections per year to be worth having. One problem I am seeing a LOT of is that a family practice physician hires NP, then stops working as much himself, cutting back on his hours and the number of patients he sees in a day and then gets frustrated when he is not making money. This for sure will NOT work. Adding an NP needs to be like adding another physician to the practice in terms of expecting productivity. If it took the physician owner productivity to run the practice in the past, this won't change. Getting $200K in collectables from the NP means the NP pays for themselves, maybe a medical assistant for them and supplies and you might clear $50,000.00 on them. What do you think? Is this anything you care about? Would anyone be interested in a seminar on how to successfully add an NP to a practice? Specialists use NP's very successfully, but I see a lot of frustration from Family Practice physicians trying to expand their practice with NP or PA because they are unsure what the NP can do, what they can bill for, how much they cost, how much they should make, how long it will take. I think this is an important issue as physicians are trying to expand the medical home model and still make money. Thank you. - Kristy Baker APRN-CNP

NEWSROOM

OKPRN Featured As Rural Program of the Year – Naidu

Dr. Naidu had the privilege of receiving a distinguished award last Fall from the Rural Health Association of Oklahoma (RHAO) in the name of all OKPRN members and our leadership. The Award states: "In recognition of outstanding leadership and service – The Oklahoma Physicians Resource/Research Network, 2012 Rural Program of the Year." The award is given by RHAO to an organization that makes exceptional contributions to promoting rural health and health care in Oklahoma.

Congratulations!

OKPRN's My Wellness Portal Featured By AHRQ Report – Nagykaldi

The project was funded by the AHRQ Health IT Portfolio through its "Enabling Patient-Centered Care through Health IT" initiative. It developed and tested the "My Wellness Portal", a comprehensive patient-centered, prevention-oriented, web-based personal health record (PHR). The PHR supports the delivery of preventive services by primary care clinicians and involves patients in the process.

The 'personal health management solution,' as described by its lead developers, Drs. James Mold and Zsolt Nagykaldi at the University of Oklahoma Health Sciences Center, available in English and Spanish, is a component of a larger care delivery framework that takes the concept of patient-centeredness to a level beyond convenience or satisfaction.

The full Report is available via: http://healthit.ahrq.gov/MoldSuccessStory2013.pdf and a nice video on the success of the Portal can be viewed at http://www.okprn.org/News/wellnessportal.html.

Network Renewal Continues – Nagykaldi / Mold

OKPRN continues to "reinvent" and adapt itself to the changing reality of health care and daily life. Based on our current president's suggestion, our organization will continue its strategic planning process with an annual Board of Directors Retreat where members have the opportunity to evaluate our progress and set the course of action to foster existing efforts or initiate new ones, in order to achieve the mission and vision of OKPRN.

Part of this process included a recent member survey that we deployed over the listserv about the future structure of OKPRN. We offered three options, including keeping the current 501(c)6 status, moving to 501(c)3 status, or folding the organization back under the umbrella of OU. Members very strongly supported the second option and expressed their interest in opening the horizon to charitable contributions as an independent nonprofit organization. The directors heard the membership and initiated the transition to a 501(c)3 status.

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	None.

Name of the Project	**CoCONet2 – The Coordinated Coalition of Networks -2 (P30)**
Funding Source/Amount/Period	Agency for Healthcare Research and Quality (AHRQ) Funding: $476,125 ; 07/1/2012 - 06/30/2017
PI/Director Contact Information	James W. Mold, MD (james-mold@ouhsc.edu)
Purpose of the Project	The purpose of this project is to develop a network of networks to improve the quality and effectiveness of primary care by engaging frontline clinicians in the conduct and dissemination of relevant practice-based research, and by acquiring, developing, and sharing new knowledge through networks of clinicians and practices. In addition to OKPRN, we will collaborate with UNYNET from upstate New York, LANet from Los Angeles, WREN from Wisconsin, MAPFRN from Minnesota, and the OCHRN – Oklahoma Pediatric Network. Westat will be the coordinating Center for this project to develop communication processes among the individual networks and to facilitate development of a data repository for future projects. This is a master grantee process that will allow us to compete for future grants as one of eight networks awarded through this process. Funding is for 5 years with funds dedicated each year to building infrastructure in each of the networks to facilitate collaboration and development of future researchers.
Participant Enrollment Status	Not applicable.
Key Findings To-Date	CoCoNet2 is a mega-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	Nothing at this time. Surveys about potential research projects involving 1) dissemination and use of a self-management support resource, shared decision-making in the area of recognition and treatment of menopausal symptoms, and fall prevention in the elderly will be released within the next few weeks.

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	**Clin-IQ: Resident Scholarly Activity**
Funding Source/Amount/Period	None.
PI/Director Contact Information	Toney Welborn MD (toney-welborn@ouhsc.edu)
Purpose of the Project	The Residency Review Committee (RRC) requires that residents and faculty collaborate on research. The purpose of Clint-IQ is to fulfill the RRC requirement by answering a clinically relevant question in publishable format.
Participant Enrollment Status	2011-2012 OUHSC OKC: 12 projects, St. Anthony's: 2 projects; OAFP 2012 conference: 35 questions.
Key Findings To-Date	**Clinical Question**: In patients with chronic diabetic nephropathy, do angiogenesis converting enzyme inhibitors (ACEI) have greater renal protective effect as compared to angiogenesis receptor blockers

(ARB)?
Authors: Sean Tucker, MD (PGY-2), Yi Chen, MD (PGY-2);
Faculty Mentor: Robert Bell, MD
Residency Program: St. Anthony Family Medicine Residency , OKC, OK.
Level of Evidence for the Answer: “A”. Our findings strongly suggest that both ACEI and ARB have similar Reno protective effect in this patient population. However, it is still recommended that an ACEI be the preferred treatment option followed by an ARB given the former’s all-cause mortality benefit and lower cost.

Clinical Question: In adults with Restless Legs Syndrome, which treatments have been found to be effective?
Authors: Laura Myrick, MD (PGY-3) and Rose Tress, MD (PGY-2)
Faculty Mentor: James W. Mold, MD
Residency Program: University of Oklahoma Health Sciences Center, Department of Family and Preventive Medicine, Oklahoma City, OK.
Level of Evidence for the Answer: “A”. Aerobic exercise and pneumatic compression devices have been studied, and some results have shown efficacy with these non-pharmacologic interventions. Pharmacologic agents that have been investigated include dopaminergic agents, iron supplementation, the anti-convulsants, gabapentin and pregabalin, and opioids. All of these agents have been shown to be efficacious to some degree in clinical studies. Because of the diversity of patients and the differences in severity of symptoms, it is important to consider each patient individually when approaching treatment options.

Clinical Question: In non-diabetic patients over 12 years of age with cellulitis being treated in an outpatient setting, does antibiotic therapy with clindamycin or trimethoprim-sulfamethoxazole better prevent hospitalization due to failed outpatient therapy? Authors: Monica Nall MD (PGY-3) and Christine Bridges, MD (PGY-2) Faculty Mentor: Kalyanakrishnan Ramakrishnan, MD
Residency Program: University of Oklahoma Health Sciences Center, Department of Family and Preventive Medicine, Oklahoma City, OK. Level of Evidence for the Answer: B
Findings from literature review showed a higher success rate with TMP-SMX as compared to clindamycin. Among patients presenting with cellulitis to the ER, there was a high rate of TMP-SMX susceptibility and ER providers prescribed it preferentially. TMP-SMX was found to be the cost-effective choice in populations with high MRSA prevalence. Though there is room for more investigation into this question, with a focus on diabetic patients, currently available research prompts physicians to choose TMP-SMX in an outpatient setting in patients over 12 years of age, presenting with cellulitis.

Requests to OKPRN Members	Clinical Questions of interest to you in your practice.

Name of the Project	**Infrastructure for Maintaining Primary Care Transformation (IMPaCT – U18)**
Funding Source/Amount/Period	Agency for Healthcare Research and Quality (AHRQ) Funding: $999,015; 09/30/2011 - 09/29/2013
PI/Director Contact Information	James W. Mold, MD (james-mold@ouhsc.edu)
Purpose of the Project	To develop a Primary Care Extension Program (PCEP) throughout Oklahoma and to assist Arkansas, Missouri, and Colorado as they try to develop similar systems. Three other states, North Carolina, Pennsylvania, and New Mexico also received IMPaCT grants. The PCEP idea came directly from the quality improvement research done in OKPRN. Oklahoma’s PCEP will connect primary care practices

	more closely with the Area Health Education Centers, the three academic health centers, and local Turning Point Partnerships, providing practices with no or very low-cost performance assessment and feedback, academic detailing, practice facilitation, and a set of shared community resources, which might include care managers, social workers, preventive services registry managers, community health workers, IT consultants, and pharmacy consultants. County Health Improvement Organizations (CHIOs) will serve as neutral conveners, bring together representatives from primary care, public health, mental health, and community organizations to solve local health problems like inactivity, obesity, tobacco use, and alcohol and drug abuse.
Participant Enrollment Status	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 in further information or involvement should contact Jim Mold (james-mold@ouhsc.edu) or their regional AHEC.

Name of the Project	**Epidemiology and Management of Poison Ivy in Primary Care**
Funding Source/Amount/Period	AAFP Foundation Funding: $41,539; 3/1/2010 – 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 a great deal of difficulty recruiting 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 and we can stop “apologizing” to the AAFP Foundation, which is funding the study.
Requests to OKPRN Members	We request your participation in the poison ivy project. Your responsibilities would be to fax a contact sheet of the patient with poison ivy to our office and to fill out a progress note on the patient with poison ivy. The patient would then be contacted by a PEA for consent and directions on their part in the project. They would be reimbursed $20 for their time. If you would like more information please contact Cara Vaught via email at cara-vaught@ouhsc.edu.

Name of the Project	**Specificity and Sensitivity of ELISA Test For Detection of Loxosceles Reclusa (Brown Recluse) Spider Venom**
Funding Source/Amount/Period	Spider Tek Funding: $12,000; 7/1/2010 – 6/30/2013
PI/Director Contact	James W. Mold, MD (james-mold@ouhsc.edu)

Information	
Purpose of the Project	The purpose of this project is to find a faster, simpler way to determine if a patient has been bitten by a brown recluse spider, so the bite can be treated appropriately.
Participant Enrollment Status	We have 25 enrolled participants.
Key Findings To-Date	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).

Network Development Report – Nagykaldi

OKPRN continued its steady, slow-pace growth and ongoing membership refreshment process during 2012, reflective of a mature PBRN. Altogether, OKPRN gained 7 clinician members last year. Our current numbers are listed below.

OKPRN Accomplishments

- ✓ More than $15 million in external research funding has been attracted from 20 different funding sources.
- ✓ Over 70 research projects completed and 85 papers published in peer-reviewed journals since 1994.
- ✓ Largest published series of brown recluse spider bites in the medical literature.
- ✓ Largest published study of night sweats in the medical literature.
- ✓ More than 100 presentations of research findings and PBRN methods at national and international conferences.
- ✓ Introduction of practice facilitators to U.S. practice-based research networks (PBRNs).
- ✓ Introduction of the best practices research method to PBRNs.
- ✓ More than 4500 hours of time contributed by full-time primary care clinicians to improving primary health care services for Oklahomans. This represents a half million dollars of clinician "in-kind" contributions to this effort.
- ✓ More than 15,000 hours of quality improvement support provided to Oklahoma clinicians.
- ✓ One of the first PBRNs to become an independent, non-profit organization.
- ✓ Continuous representation on the Steering Committee of the Federation of Practice-Based Research Networks. Member, International Federation of Practice-Based Research Networks.
- ✓ One of 29 clinical practice networks and one of 4 primary care PBRNs included in the NIH IECRN Best Practice study conducted in 2006 by the Westat Corporation.

OKPRN By The Numbers	
MEMBERS	
Total membership	253
By member status	Active members: 189; Affiliate members: 54; Inactive members: 10
By discipline	MDs: 140; DOs: 67; NPs: 18; PAs: 20; Other: 8
By specialty	Family & General Medicine: 210; 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	147
By location	Urban: 42; Sub-urban: 34; Rural: 71
By OK quadrant	SW: 29; SE: 40; NE: 41; NW: 36; +1 former member now in Texas
By ownership	Hospital: 16; Physician or group: 47; Other corporate or system: 10; Other: 50
Average practice size	~2 clinicians per practice