University of Oklahoma Health Sciences Center
Department of Family and Preventive Medicine

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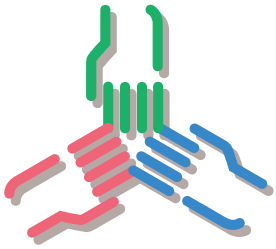
OKPRN Contracts With Northwest Oklahoma Area Health Education Center

Oklahoma Physicians Resource/Research Network, Inc. has entered into a three-year contract with the NW AHEC to provide a physical home and administrative support. The NW AHEC provides similar support for the Oklahoma Rural Health Association. This new partnership should lead to greater collaboration between the three groups in the future, and it will make it easier to include OKPRN as a subcontractor on grants and contracts.



OKPRN Studies Health Behavior Interventions

The Oklahoma Physicians Resource/Research Network was one of 10 practice-based research networks selected by the Prescription for Health National Advisory Committee to conduct 24-month studies of effective, practical strategies for addressing unhealthy behaviors in primary care settings. These studies are sponsored by the Robert Wood Johnson Foundation and the Agency for Healthcare Research and Quality. The purpose of the OKPRN project is to study the impact of a multi-component QI intervention on the ability of primary care clinicians to effectively address diet, exercise, alcohol and tobacco use. Nine practices were selected in three geographic areas of the state: Drs. Aaron, Fey and Swami in the western part of the state; Drs. Jackson, Naidu and Tipsword in central Oklahoma; and Drs. Anderson, Bechtol and Zarintash in the northeast. Each group of practices will focus on one behavior for six months, adding an additional behavior each six-month period until strategies for addressing all behaviors have been incorporated into the practice. Implementation begins with training for the physician and office staff. Practice Enhancement Assistants (PEAs) will work with the practice to facilitate implementation of screening and interventions. Community resources are identified and developed. Jim Mold, M.D., is the principal investigator; Cheryl Aspy, Ph.D., co-investigator; and Millisa Ellefson is the project manager.

AAFP NRN and FPBRN Convocation Scheduled for Dallas in 2006

The American Academy of Family Physicians National Research Network and the Federation of Practice-Based Research Networks will hold their annual convocation Feb. 23-26 in Dallas. This location was chosen to attract clinician members of OKPRN and the several Texas PBRNs. The meeting will include plenary sessions by leaders in primary care and practice-based research and breakout sessions on the current and completed projects of various networks as well as opportunities to design and shape future projects. The planners hope to attract at least as many full-time clinicians as academicians. Participants will earn 18 to 20 prescribed CME credits. The registration fee is $275 per member. For more information, contact Jim Mold (james-mold@ouhsc.edu).

OKPRN Among Three Selected as a Research Network "Best Practice"

The IECRN (Inventory & Evaluation of Clinical Research Networks) project, a component of the NIH road map, has recently announced that three of our primary care PBRNs have been selected as "best practices" for their demonstrated success in operating efficiently, expanding their research scope, translating findings into clinical practice, training clinical researchers and using technology to achieve network goals. Those networks are Pediatric Research in Office Settings (PROS—Directors Eric Slora and Mort Wasserman), Oklahoma Physician Resource/Research Network (OKPRN—Director Jim Mold) and Indiana University Research Network (ResNet—Director Bill Tierney). The networks will now participate in an in-depth assessment of how their PBRN has been able to achieve successes in critical areas of clinical research. The results of this assessment will be published in 2006. Congratulations to all three networks!

Center Researchers Participate in Medicaid Improvement Initiatives

The Oklahoma Health Care Authority recently has begun several initiatives to increase the quality and quantity of screens for the Early and Periodic, Screening, Diagnosis and Treatment program. As part of this effort, the Division of Primary Care Health Policy within the Department of Family and Preventive Medicine, University of Oklahoma Health Sciences Center, was asked to gather information from providers and parents/caregivers about their knowledge, attitudes and suggestions regarding the EPSDT program.

Surveys were sent to 2,185 providers of EPSDT services and 2,900 parents and/or caregivers of Medicaid enrolled children to gather input from providers and parents/caregivers about their knowledge, attitudes and suggestions of EPSDT. Overall, providers indicated three areas of greatest interest: 1) achieving compliance with EPSDT guidelines; 2) understanding the bonus program and calculation; and 3) "best practices" from clinics who have succeeded in getting the bonuses. There was a statistically significant association between parents who had EPSDT explained to them by a health care worker and the likelihood that they had brought their child in for a well-child check.

The Department of Family and Preventive Medicine's Research Division also is working with the OHCA to: 1) re-evaluate the EPSDT periodicity schedule and develop standardized (optional) flow sheets; 2) identify "best EPSDT practices" (exemplary clinics/clinicians) and their methods; 3) spread those methods to other interested clinics/clinicians; 4) help interested practices install and use the Preventive Services Reminder System; and 5) advise the OHCA regarding how it can be more helpful to clinicians and their Medicaid patients with regard to EPSDT.

Please provide input to Sara Hyden (sara-hyden@ouhsc.edu) or Jim Mold (james-mold@ouhsc.edu.).

OKPRN Participants in NIH Road Map Initiative

The Electronic Primary Care Research Network is an exciting new initiative to bring PBRN research into the 21st Century. Funded by the Roadmap Initiative of the National Institutes of Health and administered by the Federation of Practice Based Research Networks, it allows primary care practices to link with researchers and with each other to conduct clinical research anywhere in the United States. ePCRN utilizes cutting-edge technology to collect and analyze clinical data electronically and to connect research teams via the Access Grid, an Internet2-based new audiovisual conferencing system.

In addition to the research-related goals of the project, practices will be able to use the same technology to create disease registries and to report quality indicators. OKPRN is one of 10 PBRNs participating in the ePCRN project. We currently are installing an Access Grid Node, with funding from the Presbyterian Health Foundation located in the OUHSC Family Medicine Department; it will provide an alternative to older technologies for communication and collaboration (e.g., phone conference, Polycom).

Weatherford Doctor Receives Grant for Preventive Services

A grant from the Oklahoma Center for the Advancement of Science is allowing the Center to help Dr. Mike Aaron, a solo practitioner in Weatherford, establish a prevention station within his practice. The station is staffed by a full-time nurse who is the "prevention czar" for his practice. Armed with the Preventive Services Reminder System, she not only catches patients while they are in the office, she sends reminder letters, makes phone calls and uses every other method she can to make sure that all of Mike Aaron's patients get the preventive services they need. There is little doubt that preventive service delivery rates have increased. The question is whether this model is economically sustainable without grant funds. Although the definitive answer to this question will have to wait until the end of the project in June of 2007, early estimates have been encouraging. Any questions about this exciting and important project can be directed to Jim Mold (james-mold@ouhsc.edu).

Colorectal Cancer Screening

The colorectal cancer screening project, funded by the National Cancer Institute, is entering its final phase. The practice enhancement assistants have worked diligently to collect most of the data and Dr. Dewey Scheid, the principal investigator, is following up their structured interviews with some of the doctors for clarification. We are working to build an endoscopy database that meets the needs of OKPRN physicians who are interested in tracking their procedures. In the final phase, four practices will test the feasibility of a colorectal cancer screening practice approach using the "best practices" of OKPRN providers.

Night Sweats: What We Know Now

OKPRN has now completed three studies on night sweats in adults. The following are some of the things we have learned:

1) Between 30 percent and 40 percent of adults who are being seen in a primary-care office, if asked, will report having experienced night sweats at least once in the previous month. About half of them will report night sweats only, and the other half will say they sweat excessively both night and day. It may be important to distinguish these two groups, since the causes may be somewhat different.
2) If you don't ask, most of these patients will not volunteer this symptom even if it is severe and frequent. For example, only 47percent of people with bed- and bedclothes-soaking night sweats had ever told their doctor about it.
3) Excessive sweating during both night and daytime appear to be associated with anxiety (especially panic disorder), depression and/or antidepressants, menopause, use of alcohol or antihistamines, and a variety of sensory deficits. Pure night sweats should prompt further questioning about sleep and sleep-related disorders and gastroesophageal reflux.

Our next study will look at patients who have undergone sleep studies to see which sleep disorders are most strongly associated with a history of night sweats.

See Mold, J.W.; Roberts, M; and Aboshady, H.M. Prevalence and Predictors of Night Sweats, Day Sweats, and Hot Flashes in Older Primary Care Patients. Annals of Family Medicine 2004; 2(5):391-7; Mold, J.W.; Mathew, M.K.; Belgore, S.; DeHaven, M. Prevalence of Night Sweats in Primary Care Patients. J Fam Pract 2002;51(1):38-40, and skill under review by the Annals of Family Medicine, Mold, J.W.; Woolley, J.H.; Nagykaldi, Z. Associations Between Night Sweats and Other Sleep Disturbances.

Age-Associated Peripheral Neuropathy: What We Know Now

We have so far gleaned the following information from the OKLAHOMA Studies about age-associated peripheral neuropathy (AAPN):

1) The prevalence of bilateral deficits of ankle reflex, vibration sense at the ankle, position sense at the ankle, and/or touch sense in the feet in individuals with none of the common causes of peripheral neuropathy (diabetes, B12 deficiency, autoimmune disease, etc.) is 19 percent in 65-74-year-olds, 31percent in 75-84-year-olds and 58 percent in 85 plus-year-olds.
2) AAPN appears to be associated with prior service in the military, greater BMI, osteoarthritis and/or use of NSAIDs, and the absence of hypertension.
3) It is often symptomatic and is associated with lower quality of life, earlier hospitalization and earlier death.

No additional analyses are planned at this time, though we hope to do additional studies in the future with more objective measures of neuropathy and more careful clinical evaluations to confirm the absence of specific causes.

See Mold, J.W.; Vesely, S.K.; Keyl, B.A.; Schenk, J.B.; Roberts, M. The prevalence, Predictors and Consequences of Peripheral Sensory Neuropathy in Older Patients. JABFP 2005;17(5):309-18. In review Cho, D.Y.; Mold, J.W.; Roberts, M. Further Investigation of the Negative Association Between Hypertension and Peripheral Neuropathy in the Elderly. JABFP 2005.

Improving Care Transitions for Seniors in Oklahoma

Efforts to improve the quality of care and improve patient safety for seniors needing emergency room care continue. During this past summer, a focus group study examined the current policy and procedures for seniors who live in nursing homes and require emergency room evaluation. Adam Sharp, OU medical student, participated in the study as part of the Family Medicine Summer Research Experience program.

The preliminary report is based on the results of a multidisciplinary and caregiver focus group analysis. Study groups included nursing home personnel, emergency medical system paramedics, caregivers and emergency room personnel. The preliminary results suggest that the current process of transferring ill patients, along with such vital health information as an accurate medication list and advance directive, lacks a standardized process. This can impede the quality of care and jeopardize patient safety during emergency room care. These preliminary results are consistent with national studies that indicate that seniors may be at risk for adverse events when crossing an acute-care setting associated with poor patient handoffs.

The good news from the study is that all stakeholders agree that system-wide standardized care transition policies are needed as well as support efforts to implement these into practice. The next step will be a statewide meeting with members of the consortium to look at the feasibility of implementing a standardized process and perhaps documentation forms which could accompany a nursing home resident to and from the hospital emergency room. The purpose will be to assure "bi-directional" communication between the sending and receiving teams involved in the care transition.

The timing of our study could not be any better as the new 2006 Long Term Care National Patient Safety Goals, which is part of the Joint Commission of Accreditation of Healthcare Organizations (JACHO), includes improvement of medication reconciliation in emergency rooms and patient handoffs as two new quality-of-care measures.

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