OKPRN News

Oklahoma Physicians Resource/Research Network (www.okprn.org) **Summer/Jul 2013**

Board of Directors

The mission of OKPRN is to support primary care clinicians through a professional network for peer learning, sharing of resources for best practices and practice-based research.

From The President's Desk

It is with great excitement that I pen my first President's Note for my colleagues in OKPRN. The next few years will likely be times of great change for our group. Thanks to sustained grant funding, we will be starting the process of finding a full-time coordinator for OKPRN. This will allow us far greater flexibility in our projects and funding sources and allow our OU resources to offload some of the day-to-day management functions of our network.

The Board has also recently sent a request to our members to consider a $10/month donation of $120 per year. Until our IRS filings are complete, this is deductible only as a business expense and not as a charitable contribution. This sort of funding stability will allow us to use the PEAs more effectively to bring the shared knowledge and learning of OKPRN beyond the website and list serve alone. In my personal experience, the PEAs working with my practice brought me far more value and I'm happy to invest in the future of OKPRN. I hope each of you will see it the same.

I'm always available by e-mail and am happy to answer any questions, concerns or ideas you might have as we continue to work together to make a better Oklahoma for practices and our patients.

Sincerely:

Russell Kohl, MD, FAAFP

Announcements & Acknowledgements – Nagykaldi / Mold

Thank You For Participating in OKPRN Projects!

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

Thank You For Supporting the Work of OKPRN!

We truly appreciate and value clinic staff (nurses, front- and back-office staff, office managers and all associates), who showed dedication and generosity in supporting OKPRN projects in 2013 and before! We are also indebted to our patients and study participants, who often enthusiastically contributed to the success of various OKPRN initiatives throughout the State. We can't thank you enough!

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Wisdom From The Listserv – Christine A. Sinsky, MD, FACP

In Search of Joy in Practice

You might be interested in an article from Dr. Sinsky entitled "*In Search of Joy in Practice*" about a study sponsored by the American Board of Internal Medicine Foundation. It describes innovative primary care practices across the US, identifying elements that can improve both quality of care and physician/staff work life satisfaction. Many of the solutions are applicable across a diverse range of practices. The AMA, for example, is using this study to inform its work on physician career satisfaction across all specialties.

- A brief article is available here: http://annfammed.org/content/11/3/272.full[annfammed.org
- Extended information including a white paper, research agenda, action steps, individual site visit summaries are available on this site: http://www.abimfoundation.org/Initiatives/Finding-Joy-in-Primary-Care.aspx
- Related materials can be viewed on KevinMD's blog: http://www.kevinmd.com/blog/2013/05/find-promote-joy-primary-care.html#comments

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In The Spotlight – Variety Care, Oklahoma

Variety Care developed from a merger between Oklahoma Community Health Services and Variety Health Center. With the shared history of serving low-income individuals and their families, this merger was ideal to serve more patients and provide them with more services. Variety Care served more than 57,000 people in 2012 in all services and in its 15 clinic locations state wide. Variety Care is the largest Community Health Center in Oklahoma and is a vital link to health care for insured and uninsured individuals who have problems getting access to health care services. CHCs provide a broad range of primary and preventive health care services at affordable rates. Their shared mission is to improve the health of communities that do not have ready access to health care.

Officially known as Federally Qualified Health Center (FQHC), CHCs receive funding from the Bureau of Primary Health Care. CHCs also receive funds from Medicare, Medicaid, private insurance, grants and private donations. Patients who are uninsured pay for their care on a sliding fee schedule based on family size and household income. Variety Care provides access to affordable healthcare services for all family members, regardless of age, medical history, immigration status, or insurance coverage.

Variety Care offers a range of health care services. We provide medical, dental, mental health, and optometry services, as well as community and social services in an integrated model of care where the patient is the center of the care team's focus. Each family member will find a medical home at one of our multiple locations, including several conveniently located in the Oklahoma City Metro area and Southwest Oklahoma. Everyone can find a medical home at Variety Care with a variety of services and programs.

Many organizations that Variety Care partners with make resources available to low-income families. Reaching Our City, located at 10th and Council in Oklahoma City, offers many social and community services to tens of thousands of individuals. They offer a food pantry, clothes closet, child development center and more.

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OKPRN Members' Perspectives – Michael Pontious M.D.

Heresy…

Watched a discussion on the OKPRN listserve recently about microalbuminuria in diabetes care. Sometimes I just read and learn, much like a voyeur would watch from the sideline. Taking it all in, but never really accepting the reality. You might accuse me of "old think" or even "medical heresy" with my inability or unwillingness to accept the status quo in medicine. And microalbuminuria is one of those areas...

Can you explain to me why? I know the stock answer, early marker for diabetic renal disease. Ok...now what? Well Dr. Pontious don't you know you should be screening for diabetic renal disease? My answer...of course I do. But I assume that each and every one of the diabetics that I have in my practice are destined for diabetic renal disease...with that assumption, why would I screen...why not put each and every one of them on an ace inhibitor and then watch renal function in the progression of their disease?

Am I delusional in my thinking and belief that the addition of the ace inhibitor will delay or reduce the renal involvement of diabetic nephropathy.

Why am I spending time, effort and resource to check for microalbuminuria on all of my diabetics? Is it good science? Is it to maintain my status of being a competent physician? Or is it because the Diabetic Care Expert Pied Piper has been by to play the microalbuminuria tune and I am following the tune all the way? Or, heaven forbid, it is because the "quality Gestapo" has dictated that I obtain this test, because I want that little check mark on my quality survey?

I know it is medical heresy to challenge this kind of thing, but medicine is full of non-evidence as the motivator for increasing cost, making care more complicated and not benefiting patients. I sense that microalbuminuria is one of those areas...

But I could be wrong.

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NEWSROOM

Celebrating OKPRN Achievements in Vaccine Delivery – Nagykaldi

Three AHRQ PBRNs, including OKPRN, have been recognized by the Department of Health and Human Services' Assistant Secretary for Health, Howard Koh, M.D., M.P.H., for their outstanding work to increase the appropriate use of patient vaccines The PBRNs conducted research and were recognized in a recent competition sponsored by AHRQ and judged by representatives of AHRQ and the National Vaccines Program Office. Members of the PBRNs were eligible to submit research published within the past five years. The research examined innovative methods to increase the appropriate use of vaccines including: providing easier access, automated patient notification systems, automated reminders for providers and team-based care models.

To access the abstract of the study led by Dr. Nagykaldi in OKPRN, select: http://www.ncbi.nlm.nih.gov/pubmed/22403196.

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Network Renewal Continues – Nagykaldi / Naidu

We received very positive feedback from attendees on our 2013 joint OAFP/OKPRN Convocation. This year, we decided not to run a separate OKPRN track which definitely helped us integrate OKPRN sessions into the larger conference and reach out to non-member attendees. Our first-day, recurring open-mike discussion of several hot topics in primary care has been a particular

success. OKPRN sessions visibly energized the audience, including several med students and a small group of family medicine residents, who have commented about how relevant and valuable some of these sessions were.

This year we also collected Clin-IQ questions from conference attendees at our OKPRN booth and experimented with a gift-drawing approach to kindle interest in participating. As last year, we sold OKPRN polo shirts and received new registrations from young clinicians who found belonging to a "collaborative network of peer learning" appealing. At our Board of Directors meeting, we **thanked Dr. Naidu for his excellent, visionary leadership in the past several years and welcomed Dr. Kohl as our new President**.

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OUHSC FMC Clin-IQ Program: A Very Productive 2012-13 Academic Year – Laine H. McCarthy, MLIS, Clin-IQ Research Librarian

As we begin a new academic year, it is a pleasure to welcome Dr. Kaly Ramakrishnan to the Clin-IQ Faculty Team, which also includes Dr. Toney Welborn and Ms. Laine McCarthy. Dr. Rama will be joining Dr. Welborn in teaching research methods and assuring that the process progresses smoothly.

We are pleased to report on the many Clin-IQ research successes of our residents and faculty mentors at the Oklahoma City (OUHSC) Family Medicine Residency Program this past academic year. Twelve teams of two residents – one second year, one third year and one faculty mentor completed 12 projects that resulted in 12 posters, 11 of which were presented at the OAFP/OKPRN Annual Convocation in Norman. The 12th poster was unable to be presented because both authors had hospital and clinical duties that precluded them attending the conference. The posters were well received. Much thanks for Stacy Wigley, Family Medicine Administrative Secretary, for her fine work preparing the posters.

We are also pleased to report that one Clin-IQ paper has already been submitted to the Journal of the Oklahoma State Medical Association. The paper entitled, "In patients with concussions, is the probability of permanent neurological damage predicted better by total number of concussions than by severity and duration of individual concussions?" by Joseph Nguyen, MD (PGY-3), Jennifer Brown, MD (PGY-2), James W. Mold, MD, MPH and Toney L. Welborn, MD, MS, concluded, "In patients with concussions, severity of the TBI appears to be more predictive of long-term cognitive deficit than total number of concussions. Consideration of these implications is important when reviewing the health of athletes that play contact sports and determining their ability to return to the game. This is especially true for children and young patients that may experience long-term cognitive dysfunction after only a single TBI. It is hoped that the manufacturers of protective sports equipment will continue to review the evidence and employ the findings in pursuit of helmets that minimize the severity of concussions and other TBI."

At the present time, several more of this year's projects are in the pipeline for publication. We look forward to reporting on those in the next newsletter. We are now beginning the Clin-IQ program for 2013-14. Teams have been selected and we are awaiting final question rankings. Teams will be given the opportunity to rank three questions they would like to answer. Questions will be issued in order based on which teams request a particular question first, etc. Mentors will be assigned and the first didactic session will occur on August 1, 2013.

Each year at graduation, an award is presented to the Clin-IQ resident team that scored the most points for their project. Points are awarded for timeliness, completeness, quality of presentation and quality of final product. This year, Drs. Melanie Marshall (PGY-3) and Kristen Jordan (PGY-2) won the Best Clin-IQ Project award for their paper and poster entitled, "In women over 35 years of age who smoke, does Mirena (levonorgestrel-releasing intrauterine system) reduce the risk of DVTs compared to oral contraceptives?" Congratulations to both residents for their fine work. Dr. Jordan was chosen as one of the chief residents for next year along with Dr. Summer Jatala, who was a member of a runner-up team for Best Clin-IQ Project.

Please remember that as an OKPRN member, you have the opportunity to submit "burning" research questions that matter in your practice via the OKPRN website: http://www.okprn.org/OKPRN_members/ProjectIdea.asp

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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	**1. In peri-menopausal and menopausal women, have nontraditional therapies proven effective at relieving symptoms (hot flashes, irritability, etc.) compared to traditional hormone replacement therapy (HRT)?** *Answer: Yes, there are several effective therapies effective for treating symptoms of menopause. However, no single therapy is more effective than traditional HRT. Level of Evidence: A.* **2. In adults what is the best diagnostic test for restless leg syndrome?** *Answer: Yes. Level of Evidence: A.* **3. In patients with concussions, is the probability of permanent neurological damage predicted better by total number of concussions than by severity and duration of individual concussions?** *Answer: No. Level of Evidence: B.* **4. Does prolonged (one year or more) breast feeding result in adverse behavioral outcomes compared to bottle fed children?** *Answer: No. Level of Evidence: B.* **5. In patients receiving joint injections, does ultrasound guidance increase the probability that the injection is in the correct location compared to using anatomical landmarks?** *Answer: Yes. Level of Evidence: A.* **6. Among all adult males independent of comorbidities, which adult males should be tested for testosterone deficiency?** *Answer: All males who are symptomatic for low libido, fatigue, muscle wasting. Level of Evidence: B.* **7. In adult athletes with partial thickness rotator cuff tears, is conservative management superior to surgery in allowing the athlete to return to competitive function?** *Answer: No. Level of Evidence: B.* **8. In women with complete hysterectomy and history of cervical cancer how often should a Papanicolaou smear be done to detect early stage recurrence?**

Answer: Depends on stage at diagnosis. Patients diagnosed at early stages without adjuvant therapies like chemotherapy and radiation should be screened every 6 months for the first 2 years and then annually, while patients with advanced disease and use of adjuvant therapies should receive screening every 3 months for the first year after treatment, then every 6 months for years 2 through 5 returning to annual screening. Level of Evidence: B.

9. In adults with coronary artery disease or at high risk of stroke, does taking 81 mg of aspirin daily result in improved outcomes compared to those taking 325 mg aspirin per day?

Answer: No. Level of Evidence: A.

10. In adults with normal cardiovascular function, at what level of consumption (daily, weekly, etc.) is wine or other alcohol found to be cardio-protective compared to cardio-adverse?

Answer: 1-3 drinks per day. Level of Evidence: B.

11. Are antibiotics helpful in the treatment of non-necrotizing ischemic colitis?

Answer: Inconclusive. Level of Evidence: C

12. In women over 35 years of age who smoke, does Mirena(levonorgestrel-releasing intrauterine system) reduce the risk of DVTs compared to oral contraceptives?

Answer: Yes. Level of Evidence: B.

Requests to OKPRN Members

You can send us researchable clinical questions of interest to you in your practice.

Name of the Project

Using Health Risk Appraisal to Prioritize Primary Care Interventions (K08)

Funding Source/Amount/Period

Agency for Healthcare Research and Quality (AHRQ)
Funding: $425,122; 07/01/2008 - 06/30/2013

PI/Director Contact Information

Zsolt Nagykaldi, PhD (znagykal@ouhsc.edu)

Purpose of the Project

1) Conduct a systematic review of the existing literature in order to refine a novel implementation model of a clinically integrated Health Risk Appraisal (HRA) implementation that will help clinicians prioritize evidence-based interventions;
2) Refine and pilot test the integrated HRA technology within a primary care practice-based research network to determine the feasibility of implementation and the efficacy of the instrument;
3) Conduct a randomized clinical trial to examine the impact of this integrated HRA approach on important patient outcomes, including estimated life expectancy, patient centeredness of care, and provider and patient satisfaction in primary care practices.

Participant Enrollment Status

Completed.

Key Findings To-Date

Objectives: Health Risk Appraisals (HRAs) have been implemented in a variety of settings, however few studies have examined the impact of computerized HRAs systematically in primary care. The

study aimed at the development and pilot testing of a novel, comprehensive HRA tool in primary care practices.

Methods: We designed, implemented and pilot tested a novel, web-based HRA tool in four pair-matched intervention and control primary care practices (N=200). Outcomes were measured before and 12 months after the intervention using the HRA, patient surveys, and qualitative feedback. Intervention patients received detailed feedback from the HRA and they were encouraged to discuss the HRA report at their next wellness visit in order to develop a personalized wellness plan.

Results: Estimated life expectancy and its derivatives, including Real Age and Wellness Score were significantly impacted by the HRA implementation (P<0.001). The overall rate of 10 preventive maneuvers improved by 4.2% in the intervention group vs. control (P=0.001). The HRA improved the patient-centeredness of care, measured by the CAHPS PCC-10 survey (P=0.05). HRA use was strongly associated with better self-rated overall health (OR = 4.94; 95% CI, 3.85-6.36) and improved up-to-dateness for preventive services (OR = 1.22; 95% CI, 1.12-1.32). A generalized linear model suggested that increase in Wellness Score was associated with improvements in patient-centeredness of care, up-to-dateness for preventive services and being in the intervention group (all P<0.03). Patients were satisfied with their HRA-experience, found the HRA report relevant and motivating and thought that it increased their health awareness. Clinicians emphasized that the HRA tool helped them and their patients converge on high-impact, evidence-based preventive measures.

Conclusions: Despite study limitations, results suggest that a comprehensive, web-based, and goal-directed HRA tool can improve the receipt of preventive services, patient-centeredness of care, behavioral health outcomes, and various wellness indicators in primary care settings.

Requests to OKPRN Members	We are interested in disseminating the Wellness Portal - HRA to more OKPRN practices who need a free evidence-based tool to meet the Medicare Annual Wellness Visit (AWV) health assessment requirement.

Name of the Project	**CoCONet2 – The Coordinated Coalition of Networks -2 (P30)**
Funding Source/Amount/Period	Agency for Healthcare Research and Quality (AHRQ) Funding: $476,125 ; 07/1/2012 - 06/30/2017
PI/Director Contact Information	James W. Mold, MD (james-mold@ouhsc.edu)
Purpose of the Project	The purpose of this project is to develop a network of networks to improve the quality and effectiveness of primary care by engaging frontline clinicians in the conduct and dissemination of relevant practice-based research, and by acquiring, developing, and sharing new knowledge through networks of clinicians and practices. In addition to OKPRN, we will collaborate with UNYNET from upstate New York, LANet from Los Angeles, WREN from Wisconsin, MAPFRN from Minnesota, and the OCHRN – Oklahoma Pediatric Network. Westat will be the coordinating Center for this project to develop communication processes among the individual networks and to facilitate development of a data repository for future projects. This is a master grantee process that will allow us to compete for future grants as one of eight networks awarded through this process. Funding is for 5 years with funds dedicated each year to building infrastructure in each of the networks to facilitate collaboration and development of future researchers.
Participant Enrollment Status	Not applicable.
Key Findings To-Date	CoCoNet2 is a meta-network made up of 6 regional PBRNs including OKPRN, the Upstate New York

	Network (UNYNET), the Wisconsin Research and Education Network (WREN), the Minnesota Academy of Family Physicians Research Network (MAFPRN), the Los Angeles Network (LANet), and the Oklahoma Child Health Practice Based Research Network (OCHPBRN).
Requests to OKPRN Members	Please consider participating when the call 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. Our work will also inform the processes used within the "primary care extension" programs.
Participant Enrollment Status	All participants have been enrolled.
Key Findings To-Date	Key findings to date include: • 32 Wave 1 practices (performance feedback, academic detailing, and weekly practice facilitation) were enrolled, and 31 received Wave 1 interventions. One practice in Minnesota had to delay involvement until Wave 2 because of unexpected damage to their building. They are receiving Wave 1 interventions during Wave 2. • Post Wave 1 data collection has been completed including practice surveys, clinician interviews, and unofficial chart abstractions (for the benefit of the practices). • 59 Wave 2 practices are now participating in local learning collaboratives.
Requests to OKPRN Members	Nothing at this time

Name of the Project	**Infrastructure for Maintaining Primary Care Transformation (IMPaCT – U18)**
Funding Source/Amount/Period	Agency for Healthcare Research and Quality (AHRQ) Funding: $999,015; 09/30/2011 - 09/29/2013
PI/Director Contact Information	James W. Mold, MD (james-mold@ouhsc.edu)
Purpose of the Project	To develop a Primary Care Extension Program (PCEP) throughout Oklahoma and to assist Arkansas, Missouri, and Colorado as they try to develop similar systems. Three other states, North Carolina,

	Pennsylvania, and New Mexico also received IMPaCT grants. The PCEP idea came directly from the quality improvement research done in OKPRN. Oklahoma's PCEP will connect primary care practices more closely with the Area Health Education Centers, the three academic health centers, and local Turning Point Partnerships, providing practices with no or very low-cost performance assessment and feedback, academic detailing, practice facilitation, and a set of shared community resources, which might include care managers, social workers, preventive services registry managers, community health workers, IT consultants, and pharmacy consultants. County Health Improvement Organizations (CHIOs) will serve as neutral conveners, bring together representatives from primary care, public health, mental health, and community organizations to solve local health problems like inactivity, obesity, tobacco use, and alcohol and drug abuse.
Participant Enrollment Status	Clinician champions interested in either primary care extension or primary care-community partnerships are being sought.
Key Findings To-Date	There are now 6 certified county health improvement organizations (CHIOs) with 9 more 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. We have 69 enrolled participants. To date we have enrolled 139 patients, of whom 72 have completed their diaries.

Descriptive Statistics on Data Collected to Date

Age:	Mean 46; S.D. 18; Range 5-80
Gender:	62% female
Race:	85% white
Vesicles When Seen:	53%
Duration of Pruritis:	Mean 11 days; Range 1-43 days
Duration of Rash:	Mean 10.2 days; Range 3-31 days

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 (51%); parenteral corticosteroid (52%)

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

Name of the Project	**Clinical and Translational Science Award (CTSA) and the IDEA Grant**
Funding Source/Amount/Period	National Institutes of Health (NIH) Funding: no funding yet
PI/Director Contact Information	James W. Mold, MD (james-mold@ouhsc.edu)
Purpose of the Project	Approximately 7 years ago, in response to concerns from Congress that funding for the National Institutes of Health (NIH) did not always seem to be producing tangible benefits for population health, the then Director of the NIH pulled some money from each Institute and began awarding multi-million dollar grants to academic health centers to support clinical and "translational" research. The term, translational, refers to the notion that there are several translational steps required to move findings from basic research into clinical trials and then eventually into practice. The OUHSC applied several times unsuccessfully for a CTSA through the usual mechanism, coming very close each time (but no cigar). When a new competition opened up for states with less overall NIH funding, it again applied and received the second highest score. However, at this point it appears likely that only one award will be made this year. That simply means reapplication for the next funding cycle, and that process is underway and ought to be successful. The application includes funding for OKPRN to contract for a 75% time network coordinator. It would also establish a program called "translational think tanks" that would bring together small groups of researchers and

	community clinicians to develop innovative ideas into research and development projects, and it would help to expand the ClinIQ program to more residency programs.
Participant Enrollment Status	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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Network Development Report – Nagykaldi

2012-13 Publications From Research Linked to OKPRN

- Nagykaldi Z, Voncken-Brewster V, Aspy CB, Mold JW. Novel Computerized **Health Risk Appraisal** May Improve Longitudinal Health and Wellness in Primary Care: A Pilot Study. Applied Clinical Informatics 2013; 4: 75–87.
- The **Primary Care Extension** Program: A Catalyst for Change. Phillips RL Jr, Kaufman A, Mold JW, Grumbach K, Vetter-Smith M, Berry A, Burke BT. Ann Fam Med. 2013 Mar;11(2):173-8.
- Nagykaldi Z, Aspy CB, Chou A, Mold JW. Impact of a **Wellness Portal** on the delivery of patient-centered preventive care. J Am Board Fam Med. 2012 Mar;25(2):158-67.
- Lawler FH, Mold JW and McCarthy LH. Do Older People **Benefit from Having a Confidant**? An Oklahoma Physicians Resource/Research Network (OKPRN) Study JABFM 2013;26:9–15.
- Mold JW. Primary Care **Research Conducted in Networks**: Getting Down to Business. J Am Board Fam Med. 2012 Sep;25(5):553-6.
- Mold JW, Lipman PD, Durako SJ. **Coordinating Centers** and Multi–Practice-Based Research Network (PBRN) Research. J Am Board Fam Med. 2012 Sep;25(5):577-81.
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OKPRN By The Numbers	
MEMBERS	
Total membership	259
By member status	Active members: 195; Affiliate members: 54; Inactive members: 10
By discipline	MDs: 145; DOs: 64; NPs: 21; PAs: 20; Other: 9
By specialty	Family & General Medicine: 215; Internal Medicine: 10; Pediatrics: 13; OBGYN: 5; Other: 16
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	146
By location	Urban: 43; Sub-urban: 33; Rural: 70
By OK quadrant	SW: 29; SE: 40; NE: 41; NW: 35; +1 former member now in Texas
By ownership	Hospital: 17; Physician or group: 59; Other corporate or system: 21; Other: 49
Average practice size	~2 clinicians per practice

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