



“Improving primary health care in Oklahoma by developing and sharing resources and conducting practice-based research.”

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Register online for the OKPRN Summer Convocation on August 18-19, 2007 at www.okprn.org.

From the President



James W. Mold, MD

The 2007 OKPRN Convocation will be held on Saturday, August 18 and Sunday morning, August 19 at the Post Oak Lodge in Tulsa. The theme is “Innovations in Primary Care,” and we have invited two outstanding keynote speakers to talk about financially feasible ways to improve care and meet quality standards.

Reservations for lodging should be made directly with the Lodge (918/425-2112) as early as possible since attendance is likely to be high based upon a preliminary head count. Be sure to mention the OKPRN Summer Convocation to reserve the Queen or doubles rooms, available for \$85/night, or king rooms are available for \$95/night. The registration cost this year will be a little higher because of the location: \$150 for members of OKPRN, \$175 for non-members, so if you have not joined, go to www.okprn.org and do so. You can also register for the Convocation online at www.okprn.org.

Also available this year is the option to bring guests. Guests should have plenty to do while you are at the Convocation; Tulsa shopping is within seven miles, the Post Oak Lodge has walking trails, fishing, volleyball, softball, croquet, horseshoes, a swimming pool and two hot tubs. Guests are also invited to attend the Saturday night barbeque (an option for guest attendance for this event is listed on the registration form) to mingle with OKPRN members.

Current OKPRN Membership Statistics

Membership in OKPRN has now reached 234 clinicians in 102 practices.

Included are 197 physicians, 24 physicians assistants and 13 nurse practitioners.

- Fifty-five percent of the practices serve rural areas, 19% serve suburban areas and 23% serve urban areas.
- Respondents reported:
 - 86.4% clinics accept Medicare, while 13.6% do not.
 - 70.5% clinics accept Medicaid, while 29.5% do not.
 - 62% of the clinics reporting said they accept workers comp, while 38% do not.
 - 98% clinics accept self pay, while 2% do not.

AZMATICS

The AZMATICS study is a randomized, controlled trial with the primary hypothesis that azithromycin will significantly improve asthma control (decrease symptoms and medication use) by three months (end treatment) and the improvement will continue to 12 months (end study).

The study is a joint venture between OKPRN and the WREN practice-based research network under the guidance of Dr. David L. Hahn. Dr. Hahn has studied asthma for the past 20 years and has proposed that about 60% of asthma cases are caused by the *Chlamydophila pneumoniae* organism and that it can be successfully treated with azithromycin.

Patients are enrolled in the study by Practice Enhancement Assistants (PEAs) and report their data via ZoomerangTN (a commercially-available data collection tool) periodically until one year after randomization: Data collected include: (1) study medication adherence and side effects weekly until 12 weeks, (2) asthma control and exacerbations every 6 weeks until 12 months, and (3) asthma quality of life and asthma controller medication changes every 3 months until 12 months. The primary outcome variable is overall asthma symptoms. Secondary outcomes are asthma medication use, quality of life and exacerbations. The predictive value of baseline patient characteristics including age, sex, smoking, co-morbid respiratory diagnoses and degree of airflow limitation will be evaluated.

To be eligible for the study, patients must have physician-diagnosed asthma, no excluded co-morbidities, evidence of reversibility, and access to the internet in order to complete the data collection process. If you have patients that you think will qualify, please contact Dr. Cheryl Aspy at cheryl-asp@ouhsc.edu who will schedule a Practice Enhancement Assistant (PEA) to visit your practice.

Prevention Nurse Project

The Prevention Nurse Project we initiated with the help of the Oklahoma Center for the Advancement of Science and Technology (OCAST) in the Spring of 2005 is still going strong in two OKPRN practices. Both practices have gone through a significant re-engineering process and many lessons have been learned. The project's main goals included the improvement and sustainability of preventive services delivery and facilitation of system-level changes in primary care practices that allow for a significant improvement in the quality of preventive care without increasing the practices' net expenses.

We can report that both practices have reached impressive marks in their preventive services delivery, while maintaining a cost neutral operation, or even producing a positive ROI. One of the practices realized an approx. \$40,000 increase in net revenues during the second half of 2006 in conjunction with additional improvements in the frequency and quality of preventive services.

Update on the 2006-2007 Influenza-Like Illness (ILI) Surveillance Project

This is the fourth year of the very successful OKAlert-ILI Surveillance Project with the Oklahoma State Department of Health (OSDH). The OKAlert-ILI System is the State's first and now official electronic syndromic ILI surveillance initiative. Over 30 OKPRN providers have been reporting daily via a web browser or PDA. Real-time ILI data is analyzed regularly in the context of other surveillance reports and timely feedback is provided in the form of frequent OKAlert messages.

According to CDC criteria, we have incorporated four age groups into ILI reporting during the 2005-06 flu season (age 0-4; 5-24; 25-64; 65+). In 2006, we have also added more data collection points including: number of patients hospitalized, number of rapid flu tests performed and number of positive tests (for type A and B) and transfer media sent to the OSDH for culture. The system has been enhanced with more data query options and an online graph that shows ILI visit ratios each week based on live data.

The OKAlert-ILI System now includes other useful features as well, e.g. automatic e-mail alerts are sent to the OSDH when ILI reports indicate values over the historic threshold or when transfer media has been sent to the OSDH.

PEA Questions of the Week

Do you know the most effective strategies to get patients to bring their medications to each visit? What about the best ways to track the care of your chronically ill patients? Get the answers to these and an ever-growing list of clinically relevant questions at OKPRN.org. Each week a Practice Enhancement Assistant gathers information from members and makes it available to you online; just go to OKPRN.org and click on PEA Question of the Week, under News/Events. We are always open to new ideas and answers to share, so please visit with a PEA to propose the newest Question of the Week.

Update on the Prescription for Health Project

As the Robert Wood Johnson Foundation Prescription for Health Project winds down (7/1/05 - 9/30/07), we have learned several things. Our refined translational intervention, which now includes performance feedback, training, practice facilitation and quality circles (local mini-collaboratives), appears to be an effective way to help practices improve their clinical and administrative processes.

It is possible for nurses and medical assistants to accurately screen for the four unhealthy behaviors (unhealthy diet, inadequate exercise, smoking and excessive consumption of alcohol) as part of the vital signs process, and to provide very brief interventions in the form of handouts or referral information. This process seems to take an additional two minutes and doesn't seem to disrupt patient flow in most cases. With focused training, primary care clinicians can become comfortable and effective with brief behavioral counseling.

The cost per patient of screening every patient at every visit and providing very brief or brief counseling interventions when appropriate (e.g. 10% of the time) appears to cost about \$1 per patient encounter. Smoking cessation counseling is reimbursable using the new G-codes. Reimbursement for the other behavioral interventions can only be obtained through upcoding at this point.

AHRQ Master Contract

The Agency for Healthcare Research and Quality, in its continued efforts to support practice-based research networks on a limited budget, has designated 10 PBRNs as "AHRQ Master Contractors." This will allow them to award contracts to us for work that either they or someone else thinks needs to be done and can be done in primary care settings. We are also able to have a fair amount of input into this process, and we have already made a number of suggestions to them of things we think need to be addressed. As always, your suggestions are encouraged.

So far the Agency has released requests for four different task orders. We will probably be bidding on one that involves trying to develop an automated system for notifying patients of an epidemic (e.g. bird flu) and giving them medical advice so they don't flood your office and the hospital ED with viruses. Zsolt Nagykaldi will be taking the lead on this one, and, if we get the contract, we will be working with many of you and with other PBRNs around the country.

EPSDT Project: PEAs Invade Canadian County

Under a contract with the Oklahoma Health Care Authority, we have deployed three of our practice enhancement assistants (PEAs) to help five different Canadian County practices increase rates and improve the quality of well child examinations. We are working in concert with the county, which is providing money for a case manager to assist with difficult cases. The initiative seems to be going very well, and we plan to do the same in Garfield County in a few months. Meanwhile my hope is that the clinicians in Canadian County can find ways to work collaboratively to improve the care of children in that county, and we will explore ways they might do that.

Improving Preventive Services Translation Project

The network has focused a lot of its efforts over the last few years on trying to help practices improve their rates of delivery of primary and secondary preventive services. We have learned from our exemplars that without additional nursing staff, the best we can do is to focus on a few key services that we can deliver consistently.

Increasing the number of wellness visits (e.g. performing annual physical exams), allowing nurses to deliver preventive services through standing orders and having some sort of prompt/reminder system all increase delivery rates.

Two practices, Mike Aaron's in Weatherford, and Zack Bechtol's in Grove, have experimented with adding a half- or full-time prevention nurse. Early results suggest that doing so can increase preventive service delivery rates and increase practice revenues beyond the cost of the additional nurse. These two models and the very interesting results will be presented at the Convocation in August.

**Go to www.okprn.org/News/convocation07.html
to register online for the OKPRN Summer Con-
vocation at the Post Oak Lodge in Tulsa.
Don't forget to call the Lodge at (918) 425-2112
and mention the OKPRN Convocation
to reserve your room.**

