Oklahoma Physicians Resource/Research Network

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

OKPRN Newsletter

In this issue...

Join OKPRN members Aug. 18-19, 2007 at the Post Oak Lodge in Tulsa, Okla.

From the President

James W. Mold, MD

This year has been an extremely busy one for me and for the network. We have successfully transferred most of the administrative responsibilities to Rural Health Projects, Inc./Northwest Area Health Education Center, in Enid, and, on the recommendation of the Board of Directors of OKPRN, Inc. and the Board of Trustees of the OKPRN Foundation, we are in the process of consolidating the 501 (c)(3) and (c)(6) functions of OKPRN into a single 501(c)(3) entity called OKPRN. This will complete the formal separation of OKPRN from the University of Oklahoma, though obviously Department of Family and Preventive Medicine faculty will continue to play an important role in directing its research and development efforts.

Network membership continues to increase. At last count, 246 clinicians in 98 practices across the state are enrolled as members (see Current OKPRN Membership Statistics). We estimate that OKPRN clinicians now serve over 10% of the state's population. Our website was visited 1173 times in the past month alone. The listserv continues to generate interesting and informative discussions. Attendance at the Convocation was down this year, probably because of the difficulties associated with shifting responsibility to Rural Health Projects, which caused delays in getting the information out. Those who did attend gave the program high marks as always. We anticipate the largest attendance ever in 2007, and so we have reserved Post Oak Lodge near Tulsa for the weekend of August 18-19, 2007 for this event.

The reason I have been so busy is primarily because of the interest and excitement generated around the country about OKPRN, the successes that we have had and the innovations that we have introduced. In October alone, I presented at four out of state meetings on topics related to OKPRN. I have also been appointed to a variety of important national commissions and committees having to do with practice-based research and practice-based research committees. That gives all of you the opportunity to have a real voice in the very active discussions that are going on about how to make research more relevant to clinicians. The disadvantage of network growth and my becoming so busy is that I have not been able to visit your offices as often. That means you have to let me know what is going on out there. I respond really well to e-mail (james-mold@ouhsc.edu). If you want a response from the entire network, send your comments and questions to the listserv at okprn-l@speedy.ouhsc.edu.

Current OKPRN Membership Statistics

Membership in OKPRN has now reached 245 clinicians and 97 practices.
Included are 208 physicians, 24 physicians assistants and 13 nurse practitioners.

- One hundred and five of the clinicians are in full-time community practices, while 102 are faculty in the 10 Family Medicine residency programs.
- Native Americans make up approximately 16% of the patients served by OKPRN clinicians.
- Nine of the practices serve primarily Native Americans.
- Five are Federally Qualified Community Health Centers.

We estimate that OKPRN clinicians care for over 353,000 Oklahomans, which is approximately 10% of the state's population.

New on OKPRN.ORG

by Zsolt Nagykaldi, PhD

In January of 2006 the OKPRN web site (www.okprn.org) has been completely overhauled and restructured. A wealth of new information and resources has been added that clinicians may find useful. The website is now much more user friendly, easier to navigate and faster than ever.

Following OKPRN's name and philosophy, web content is structured in three major groups: "Resources," "Research" and "News/Events."

Under the "Resources" section visitors are introduced to:

- free health IT resources developed by OKPRN
- information on how to properly select and implement electronic systems (e.g. EHRs, patient registries, prompt/reminder applications) in primary care offices
- health GIS maps on Oklahoma counties
- newsletters
- "best practices" resources
- presentation library
- Clin-IQ reports

The "Research" section includes:

- past and present OKPRN projects
- OKPRN publications
- an introduction to the Practice Enhancement Assistant (PEA) concept and current PEAs

Finally, the "News/Events" section provides up-to-date information on:

- recent OKPRN activities
- convocations
- awards
- OKPRN's participation in novel initiatives

The site navigation menu takes the visitor to pages that explain the history and mission of OKPRN and provides a portal to member resources that include a member database, the OKAlert -Influenza-Like Illness (ILI) Surveillance System and the PEA clinic visits database.

As a new feature, the OKPRN website can also be reviewed in four additional languages using Google's innovative web content translation engine.

If you have questions or suggestions for the web site, please contact the webmaster and developer, Dr. Nagykaldi at admin@okprn.org.

Prevention Nurse Role in Primary Care: Is a Prevention Nurse Economically Feasible?

by James Mold, MD, Zachary Bechtol, MD and Michael Aaron, MD

We are now about 18 months into our prevention nurse project, which was funded by the Oklahoma Center for the Advancement of Science and Technology (OCAST). Here are some of the things we think we have learned:

- It is difficult, if not impossible, for a primary care clinician to offer all of the recommended preventive services consistently without adding staff and developing new processes of care.
- Consistent delivery of preventive services is more likely to happen in practices that schedule regular wellness visits (e.g. annual exams), use standing orders so that nurses or medical assistants can order immunizations and screening tests without consulting the clinician, and use some kind of recall and reminder system (doesn't have to be electronic).
- The addition of a "prevention nurse" can increase the rate of delivery of preventive services by managing the recall and reminder system, assisting with wellness visits and performing office testing (e.g. EKG, PFT, hearing and vision testing).
- It seems to require between 0.5 and 1.0 prevention nurse per clinician to perform the necessary tasks.
- The addition of a prevention nurse may or may not increase the number of patients seen by the clinician, though the total number of patients seen does go up some because of nurse visits and the level of service increases for a proportion of the visits.
- The economic impact of a prevention nurse depends upon the number and types of office tests and procedures done in the practice and the demographic characteristics of the patients (e.g. age and gender distribution, well versus chronically ill). In the two experimental solo practices, total income has increased by approximately 10-20%.
- Problems may occur when a new nursing role is created within an established office. In small offices especially, it may be better to involve all of the nurses and medical assistants in carrying out the prevention activities, rather than identifying one person to do it all.

Improving Mammography Screening Using Best Practices And Practice Enhancement Assistants: An OKPRN Study

by Cheryl Aspy, PhD

The purpose of this randomized controlled trial was to determine the impact of a practice facilitator and "best practice" interventions on mammography rates. A total of 16 practices participated with 8 assigned to intervention and 8 to control. Pre and post audits of mammography rates were conducted. Intervention practices received feedback with benchmarking, academic detailing, and the assistance of a Practice Enhancement Assistant (PEA) to help with practice redesign over a nine month period. The groups differed significantly ($p<0.0001$) for both the proportion of mammograms offered to eligible patients and for the proportion of patients with current mammograms. For the control group, post-intervention, 38% of eligible women were offered a mammogram and 202 (35% of those eligible) actually had documentation that a mammogram had been performed. Fifty-three percent of the eligible patients in the intervention group were offered a mammogram and 52% of those eligible (n=332) had documentation in the chart that the mammogram had been completed. The results suggest that these interventions that can improve mammography rates in a range of practice settings. Given the low mammography rates in the state of Oklahoma, having such strategies could reduce the burden of breast cancer within the state. These findings are consistent with other studies that have tested multi-component interventions that included modified academic detailing, patient education, physician education, prompt and reminder systems, and audit and feedback, touch sensitive computer system providing patient specific preventive service recommendations; and a practice facilitator to help redesign office routines including

Improving Colorectal Cancer Screening in Primary Care (funded by the National Cancer Institute)

by Dewey Scheid, MD

We are currently in the final year of a three-year project that uses best practices research methods to identify effective and efficient CRC screening processes in primary care practices. We conducted structured interviews with 48 clinicians to describe the step-by-step processes of the delivery of CRC screening services. PEAs audited the medical records of the patients of each provider to determine the proportion of asymptomatic patients over the age of 50 with adherence to an evidence-based CRC screening method. The practices of physician exemplars, those who were at the 75th percentile in performance, define our discovered best practices. We found that exemplars focus their efforts on promoting a limited number of CRC screening strategies. Essentially, they pick two strategies (FOBT, colonoscopy) and "push" one (usually colonoscopy), using the second strategy as an immediate back-up when patients seem reluctant. While all exemplars depend on some type of reminder system, the solution is usually a low tech modification of an existing form in the medical record. They are opportunistic - using any symptom potentially associated with CRC, even a minor one, to justify screening. Exemplars have well rehearsed scripts, we call "spiels," that they use to introduce, motivate, and address barriers to screening perceived by their patients. However, they off-load the detailed explanation of procedures and preparation to maintain clinical efficiency. They reduce barriers by arranging visiting endoscopists, negotiating hospital fee reductions, and outsourcing FOBTs. They use sophisticated counseling techniques tailored to their patient's attitudes and stage of change and rely on repetition of their message to succeed.

Current OKPRN Projects and Funding

At the present time, OKPRN is involved in the following projects:

- Creating a New Model of Delivery of Preventive Services (Prevention Nurse Project). Funding from OCAST. Project period: 07/05 - 06/07 Number of practices involved: 2

1. Systematic Delivery of Brief Behavioral Counseling in Primary Care (Prescription for Health Project). Funding from the Robert Wood Johnson Foundation. Project period: 07/05 - 06/07. Number of practices involved: 9

- Delivery of Preventive Services in Primary Care (Translation of Research into Practice Project). Funding from the Agency for Healthcare Research and Quality. Project period: 10/04 – 12/06. Number of practices involved: 24.

- Enhancing the Rate and Quality of EPSDT Examinations. Funding from the Oklahoma Health Care Authority. Project period: 7/06 – 6/07. Number of practices involved: 12.

- Azmatics (An RCT examining the role of Chlamydia in asthma). Funding from the Wisconsin Academy of Family Physicians and Pfizer. Project period: 9/06 – 12/07. Number of practices involved: 11 (and can accept two more).

- Mood and thinking in Older Adults. Funding from the National Alliance for Research in Schizophrenia and Affective Disorders. Project period: 07/05 – 06/07. Number of practices involved: 23.

Influenza-like Illness Surveillance. Funding from the Oklahoma State Department of Health. Project period: 7/06 – 6/07. Number of Practices involved: 17.

OKPRN Summer Convocation 2007

Dr. Terry McGeeney, MBA

This year's OKPRN Convocation of Practices will take place on Saturday and Sunday, August 18-19, 2007 at the Post Oak Lodge near Tulsa.

The 2007 OKPRN Convocation theme will be "Innovations in Primary Care Practice." The keynote speakers will be Terry McGeeney, MD, MBA and Christine A. Sinsky, MD.

Dr. McGeeney is the President and CEO for TransforMED. TransforMED is "a not-for-profit practice redesign initiative of the American Academy of Family Physicians (AAFP) focused on studying and implementing transformed models of high performance practices that meet the needs of both patients and practices."

Post Oak Lodge

Dr. Sinsky practices internal medicine at Medical Associates Clinic, a large multispecialty group in Iowa. The author of a recent paper published in Family Practice Management, and a consultant to several national professional associations, she will discuss practical ways to improve primary care processes.

The Post Oak Lodge is located just seven miles from downtown Tulsa, yet offers all the seclusion of a hillside escape. The Post Oak lodge offers fishing, basketball, softball, croquet, horseshoes and a ropes course (with prior arrangement) for families to enjoy. The Post Oak Lodge also has on-site dining options, a swimming pool and two hot tubs. To learn more about the Post Oak Lodge, visit www.postoaklodge.com.

Please reserve August 18-19, 2007 for this unique and exciting OKPRN Convocation of Practices.

OKPRN Offers Opportunity to Make Tax Deductible Contributions to Support Practice-Based Research

Upon approval of the OKPRN Board, letters were sent this month to all members of OKPRN and OKPRN Boards and Committees offering them the opportunity to make a tax-deductible contribution to OKPRN (a non-profit, charitable 501c3 organization).

The contributions would primarily be used to support OKPRN infrastructure (e.g. the administrative contract with Rural Health Projects), to support training of students and residents, and to support the involvement of clinician members in national meetings and training activities. Those who would like to contribute and do so at www.okprn.org/Documents/Support_letter.doc and www.okprn.org/Documents/2006_PledgeForm_a.doc.

Who's New to OKPRN?

Anita Tanner, PAC

Anita Tanner, PAC works in a family practice at Allied Medical Center in OKC, a group of family practice clinics owned and operated by Dr. Brent Siemens D.C.

The clinic is located at 2952 SW 59 in the old Almonte shopping center. The home office is in Bethany with Robin Avery, ARNP. The offices are expanding to Midwest City in January and all are bilingual.

The clinic accepts Medicaid and also has a client health plan that is currently $240 per year and real cut rate deals on care including laboratory and imaging tests and pharmaceuticals. Office visits are $20. Spouse membership is $120. Child membership $60.

Tanner sees patients of all ages and speaks Spanish.

(continued)

Have you visited OKPRN **OKPRN.ORG lately?**

Who's New to OKPRN? *(continued)*

Piedmont Family Health

Dr. Ric Corman is one of the newest members of the OKPRN Network.

His independent solo practice in Piedmont just opened in August and already is busy enough that he will be adding a physician assistant, Kari Cochran, in February.

Ric designed and built his own facility and has molded his practice in accordance with the "New Model Practice" described in the Future of Family Medicine Report. He installed an electronic health record called e-MDs, uses an open access scheduling system, communicates asynchronously with his patients, and strives to follow a patient-centered approach to the practice of family medicine.

Because of these innovations, the practice was one of 36 out of over 530 applicants selected for participation in the AAFP-sponsored TransforMed National Demonstration Project.

Save the Dates

OAFP Annual Scientific Assembly
Thursday—Sunday, June 14-17, 2007
Renaissance Hotel and Convention Center
Tulsa, OK

OKPRN Annual Convocation
Aug. 18—19, 2007
Post Oak Lodge
Tulsa, OK

Federation of Practice-Based Research Networks Meeting
Mar 1 - 4, 2007
Virginia Beach, VA

2007 OAFP Midwinter CME Symposia
Tulsa
Saturday, January 13, 2007
7:30 am - 1:10 pm
Renaissance Hotel and Convention Center

Oklahoma City
Saturday, January 20, 2007
7:30 am—1:10 pm
50 Penn Place, Level R3, Conference Room

.

Questions or comments? E-mail us at aghaney@nwosu.edu or call 580/213-3166.