

## Wrap-Up Reflections from a Longtime WREN Member

By

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In the 1980's I began my PBRN career as the lone Iowa dot on the Ambulatory Sentinel Practice Network (ASPEN) map. ASPEN was one of the first U.S. primary care research networks founded in the United States. Though I enjoyed my uniqueness as an Iowan, I was eager to move back to Wisconsin, a land with many dots on the ASPEN map. In an effort to distract me from doing any harm locally, my new partners Jim Deming and Mike Saunders sent me off to [WREN](#), as they had already incorporated a Health Maintenance form they developed as part of a [Pat McBride](#) WREN project. Docs at the UW were very accepting. Of course they had been used to working with bright, creative community docs like Leon Radant, Terry Hankey, Mike Grajewski, and David Hahn. Every bell curve needs someone at the bottom so they let me in.

Over the first several years, our "retreats" in Wausau were a great way to rejuvenate, unwind a bit, and generate new mischief for the coming year. The WREN staff put together great meetings for an eclectic group of researcher-type family docs, community docs, and us country docs - think herding feral cats. I especially remember Pam Wiesen's work and Mary Stone, who always had her husband Arlie working hard. For years I thought he was part of the staff. And there was always snow on ground when we arrived Wednesday night for the meetings, no matter what time of year.

Reflecting back with my selective memory, there was a common pattern that seemed to flow from these convocations: [John Beasley](#) would help generate ideas, perhaps because he had the greatest "stamina" during our evening bull sessions; [Paul Smith](#), when it was possible, would find funding; and [Jon Temte](#) ended up as the one who actually had to turn all this into a workable project that was always fun and relevant to what we did in day to day practice. Whether it was atypical rashes or common everyday belly pain, they made us think about what we often do reflexively every day. They also probably increased H. pylori testing 3 fold, but that's off the record.

When we started, my group of five family docs could just decide we'd do a project, explain to the staff what to do and away we'd go. Life was easy (aside from the 90 hour work weeks). Now we need administrative approval, nursing approval (our local nursing leader Laura Smith has been awesome, I must say in her defense) and then an okay from several other sources including an IRB in Rochester. We've had several projects become undoable just because of the red tape - argh! Even so, we plug on.

Our old format struggled as my colleagues have explained in previous commentaries. Our group began looking increasingly like a good old boys' club. Fortunately some fresh faces found us and are now part of our established crew, like Kari Lathrop Capaul, outgoing chair; Andy Wright, incoming chair; and WREN Program Manager, Regina Vidaver.

Jim Mold calls what we do “basic research for primary care.” I don’t know, probably. But, in addition to our Health Maintenance Sheet, which was actually adopted by the whole Lacrosse region (they thought it came from the local residency, which made it a “good idea”), our alcohol screening tool from [Comfortably Engaging](#) (a project from another PBRN) and some previsit planning processes carried over from another WREN project, there have been other practice changes either directly or indirectly from our WREN involvement. Jon Temte’s, John Beasley’s and Bentzi Karsh’s projects on work effort had significant impact on how we manage our hospitalist service locally.

Involvement in WREN and practice-based research has had an impact directly on our practice and improves the care we provide our patients. Personally speaking, it has provided me with a sense of sanity in an ever-changing environment.