

## Funding Available for AAFP/ Federation of Practice Based Research Networks Convocation

### Practice Change: Discovering Sustainable Improvements

March 7-9, 2008

Cheyenne Mountain Resort, Colorado Springs, CO

For two years ORPRN has funded two rural clinicians to attend this gathering of clinicians and researchers interested in practice-based research. The conference includes presentations of PBRN research conducted nationwide. Attendees are practicing clinicians and researchers from around the country. Previous ORPRN attendees have presented results of ORPRN studies alongside ORPRN investigators and staff.



If you are interested in receiving funding to attend the conference as an ORPRN representative, please email LJ Fagnan at [fagnanl@ohsu.edu](mailto:fagnanl@ohsu.edu).

For more information on the conference, go to the AAFP website: <http://www.aafp.org>

## CONTACT ORPRN

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Lyle J. Fagnan, MD (Director)

Cynthia Morris, PhD, MPH (Research  
Director)

### STEERING COMMITTEE:

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Robbie Law, MD (Vice Chair, Reedsport)

Joe Bachtold, DO (John Day)

Jim Calvert, MD (Klamath Falls)

Sandra Dunbrasky, MD (Ontario)

Richard Fox, MD (Depoe Bay)

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Karl Ordelheide, MD (Lincoln City)

Jon Schott, MD (Baker City)

Albert Thompson, MD (Pacific City)

### STAFF:

Paul McGinnis, MPA; Anne King, MBA;

Jo Mahler, MS; Melinda Davis, MA;

Ann Ford, MBA, MPH; Monica Goubaud,

MA, LPN; Nancy Rollins; Jane Shull



*Register Now  
for the ORPRN  
Convocation...*

## From Research to Practice- Enhancing Rural Health Care



April 10-11, 2008  
OHSU Center for Health & Healing  
Portland, Oregon

### Featured Speakers:

Chuck Kilo, MD, MPH, GreenField Health

Brian Druker, MD,

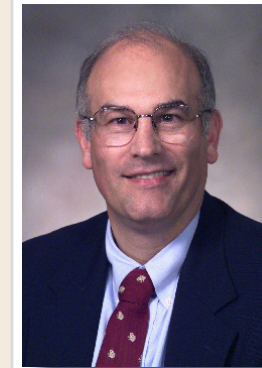
Oregon Cancer Institute

Rick Deyo, MD, OHSU Family Medicine

and a reception with OHSU President

Joe Robertson, MD, MBA

CME credits are available. See registration form on page 7. There is no fee for attending this conference, but pre-registration is required. Rural clinicians who have completed the 2007 ORPRN member survey will receive mileage and one night of lodging. Space is limited so register now.



Lyle J. Fagnan, MD

As clinicians our days are packed with patient visits, paperwork and a myriad of tasks necessary to care for our patients. It's a wonder that any of us can take the time to participate in research. As ORPRN reaches its 5<sup>th</sup> anniversary this winter, we reflect on the question of what keeps clinicians engaged in the network and what we could do to increase and sustain that involvement.

Over the past five years, many theories have been raised as to why rural Oregon clinicians choose to engage in research. In 2006, ORPRN launched the Q-Method Survey Study, a study to try to understand the real reasons rural Oregon clinicians participate in research. The survey asked clinicians whether they felt research yielded positive benefits, such as reducing their isolation, enhancing the prestige of their practices, keeping them on the cutting edge of health care changes, providing continuing medical education, giving them access to useful tools and software, or helping them understand how other rural clinicians do things. The result of the data analyzed from 50 respondents from across the state was that there was only one widely held reason to participate in research: "I want to improve the quality of care to my patients."

For another project, ORPRN and a number of other practice-based research networks around the country collected "stories" of why their members participate in research. Comments from ORPRN

## Message from the Director:

### Why Do We Participate in Research?

clinicians focusing on quality of care were representative of the thoughts of clinicians across the country:

"It is easy to feel isolated from the large medical institutions doing research so it is nice to have input into developing practice improvement goals that we might not think about, e.g.: Are we doing immunizations in the best way we can? Are there new ways of finding out how to screen for patients with memory loss?"

"By and large I think those going into family medicine just like people and just want to care for people. We don't want too much of the numbers and things like that. However, at some point it's important to recognize that in order to provide the highest quality of care for your patients sometimes you have to do just that."

"Many things we fear as clinicians, such as insurance companies looking at prescribing habits, make us hesitate...but (PBRNs) wants to work with us to improve quality of care - they're people we seek out and want to be involved with."

So, how can ORPRN help us improve the quality of care to our patients? I suggest that one way to do so is to design quality improvement studies that can provide tangible positive change to practices. This issue of the ORPRN newsletter highlights some of the quality improvement research recently completed by the network, such as the ROAM dementia study, ROII - our longest running study on immunizations, and other findings that we hope will both engage clinicians and have a positive impact on practices.



Oregon Rural Practice-based Research Network  
3181 SW Sam Jackson Park Road, Mail Code L222  
Portland, Oregon 97239

# New Members of ORPRN Welcome!

## New Clinics

Urgent Health Care Center (Hermiston)  
 Family Health Associates (Hermiston)  
 Michael H. McQueen, MD, PC (La Grande)  
 South Lane Medical Group (Cottage Grove)  
 Lindsay P. Madden, FNP (John Day)

## New Clinicians

Asher Community Health Center- Margaret Dancan, PA; Daniel Allen, PA-C  
 Baker Clinic, LLP- John Pettersen, MD; Debbi Staats, PA  
 Columbia Gorge Family Medicine- Steve Becker, MD; Ingrid Flanders, NP  
 Columbia Hills Family Medicine- Corinda Hankins, MD; Peter Peruzzo, MD  
 Columbia River Community Health Services- Kristofer McAllister, PA  
 Eastern Oregon Medical Associates- Karen Andruss, NP; Gina Glaubke, PA  
 Family Health Associates in Hermiston- Derek Earl, DO; Deo Fisher, MD; T. Douglas Flaiz, MD  
 Klamath Open Door Family Medicine- Marcy Haas, MD; Terrance James, NP; Sarah Lamanuzzi, MD; Gabe Mayland, MD; Jeffrey Sewing, PA  
 La Clinica del Carino Family Health Center- Melissa Arndt, PA; Brenda Colfelt, MD ; Sandra Koch, PA  
 Lindsay P. Madden, FNP- Lindsay Madden, NP  
 Michael M. McQueen, MD, PC- Michael McQueen, MD  
 Mid-Columbia Medical Group- IM- Maile Anslinger, MD  
 North Bend Medical Center Pediatrics- Philip LaGesse, MD; Donna Rabin,

MD  
 Ochoco Health Systems- Kenneth Maier, MD  
 OHSU Elgin Family Health Center- Tim Neilson, NP  
 OHSU Scappoose Rural Health Center- Kirsten Roberts, MD; Johanna Warren, MD; Michael Yetter, PA  
 OHSU Union Family Health Center- Gwen Short, NP  
 Pine Eagle Clinic- Matt Reed, PA  
 The Rinehart Clinic- John Prata, PA; Breeanna Van Cott, PA; Karin Walczak, MD  
 Siletz Community Health Center- James Haeg, MD  
 South Lane Medical Group- James Harrison, MD  
 Strawberry Wilderness Community Clinic- Andrea Janssen, MD; Andrew Janssen, MD  
 Treasure Valley Pediatric Clinic- Patricia Barfield, NP; Rafael Garcia, MD  
 Urgent Health Care Center (Hermiston)- Katie Winans, PA  
 Winding Waters Clinic, PC- Elizabeth Powers, MD  
 Yachats Community Health Clinic- Robert Jacques, MD; Edward Taylor, PA

## Notables

### Eastern Region

**Treasure Valley Pediatric Clinic** in Ontario is expanding their hours and bringing on three new providers: Dr. Wu, Dr. McKee, and Dr. Devoe.  
 Matthew Reed, PA-C became the new provider at the **Pine Eagle Clinic** in Halfway.

Bud Zunino, FNP joined the **Baker Clinic** in October 2007. The Baker Clinic now offers medical care seven days of the week and has assumed operations of the local school clinic.

**Eastern Oregon Medical Associates** embraced many exciting changes during 2007 including moving into a new building where medical, mental health counseling, labs, and physical therapy services are offered and bringing Gina Glaubke, PA on staff.

Ingrid Flanders, FNP joined **Columbia Gorge Family Medicine** in Hood River.

### Southern/Central Region

Congratulations to **C. Scott Graham, DO**, Lesa Cahill, FNP, Dala

Pardue and the rest of their Lakeview practice for receiving the “Outstanding Rural Health Practice” award at the annual Rural Health Conference held in September.

**Klamath Open Door** recently welcomed new clinicians Dr. Gabe Mayland, Dr. Sarah Lamanuzzi, Dr. Marcy Haas and Jon Neal, PA-C to the clinic.

**Cascades East Family Medicine** recently welcomed new clinicians Dr. Justin Clutter, Dr. Nellie Wirsing and Dr. Robert Sears to the clinic.

ORPRN would like to bid a fond farewell to Dr. Leland “Bud” Beamer of the **Madras Medical Group** who after 33 years of private practice will be moving to the Emergency Department. We would also like to welcome Dr. Kristine Delamarter to that clinic.

### Coastal Region

Fran Spigai and Ed Parker were awarded the “Outstanding Contribution to Rural Health in Oregon” at the 2007 Rural Health Conference. Fran and Ed are the cornerstones of many efforts to improve the health of residents of Lincoln County.

**Dunes Family Healthcare** hosted OHSU’s 100<sup>th</sup> medical student in a rural rotation in May under the supervision of Dale Harris, MD.

**The Rinehart Clinic’s** annual Sand Dollar Auction brought in \$58,000 to help pay for patient prescriptions.

Congratulations to Albert Thompson, MD of **Bayshore Family Medicine** in Pacific City who celebrated 25 years of practice in September!

We are sorry to see Ron Vail, MD of **Dunes Family Health Clinic** in Reedsport leave us. He and his family are moving to New Zealand early in 2008. The clinic welcomed two new clinicians to the practice, Lucas Stang, PA and Dr. Jianming Song.

**Dunes Family Health Clinic** also celebrated 30 years of providing health care to the residents of Reedsport!

**Yachats Community Health Clinic** had a makeover this last year with the expansion of their center and the arrival of Eddie Taylor, PA as the new clinician with Robert Jacques, MD as Medical Director.

Medical Director Bev Phillipson, MD retired this year from **Siletz Community Health Center** and Lisa Taylor-Shepherd, FNP has assumed that position.

## 2008 ORPRN Convocation:

# From Research to Practice – Enhancing Rural Health Care

April 10 & 11, 2008

Yes, please register me for the 2008 ORPRN Convocation.

Fax this page to 503-494-1513.

- I am an ORPRN clinician member.
- I am interested in becoming an ORPRN member.
- I will attend the convocation as a guest.

First Name	Last Name	Discipline
Address		
City	State	Zip
Name of Practice		
Area Code & Phone Number	Email Address	

### Please check all that you will attend:

- Thursday afternoon sessions
- Reception on Thursday evening
- Spouse or additional guest to reception
- Friday morning sessions
- Friday lunch



Portland Tram at OHSU Center for Health & Healing

### THURSDAY APRIL 10, 2008

#### AFTERNOON

1:00-1:30 PM Welcome and ORPRN Overview – LJ Fagnan, MD  
 The Oregon Clinical and Translational Institute (OCTRI) and Practice-based Research – Eric Orwoll, MD  
 1:30-2:00 PM The Oregon Cancer Institute and One Researcher’s Story – Brian Druker, MD  
 2:00-3:00 PM The Challenges of Delivering “Best Practices” Care – Chuck Kilo, MD, MPH  
 3:00-3:15 PM Break  
 3:15-4:45 PM ORPRN Projects Updates – Aging, preventive services, immunizations, childhood obesity, and oral health  
 4:45-5:30 PM Listening to Practices: Idea Generation – facilitated by Paul McGinnis, MPA  
 5:30-6:00 PM Tram Ride  
 6:00-8:00 PM Reception at the Center for Women’s Health lobby in the Peter O. Kohler Pavilion – with Joe Robertson, MD, MBA, OHSU president – Welcome and highlight of travels in Oregon. Zimbabwe inspired live music. Guests include ORPRN members, researchers, students, residents, faculty, friends, and OHSU leadership.

### FRIDAY APRIL 11, 2008

#### MORNING

7:30-8:30 AM Breakfast – Full breakfast buffet in the meeting room  
 8:30-10:00 AM Keynote Talk: Rick Deyo, MD, MPH – Evidence-Based Medicine and Practice-Based Research. Discussion will follow with students, residents, fellows and faculty.  
 10:00-10:15 AM Break  
 10:15-12:00 Generating Research Ideas using a Case-Based Approach – interactive session moderated by Cynthia Morris, PhD and David Buckley, MD

#### AFTERNOON

12:00-1:30 PM Lunch with Paul McGinnis, MPA – Findings from the Field: Practice Enhancement in Rural Oregon  
 ORPRN General Business Meeting

# Registration

**Registration is required.** Send this page by Fax to 503-494-1513 before March 8, 2008. Space is limited.

ORPRN will pay for mileage and one night of lodging for ORPRN clinician members (MDs, DOs, NPs, PAs.) The hotel is within walking distance or a one minute streetcar ride to the Center for Health & Healing. Non ORPRN members are welcome to attend all events, free of charge. **Registration is mandatory.** For information about ORPRN membership, please visit our website at <http://www.ohsu.edu/orprn/> or call 503-494-0361.

Hotel reservations are made by calling the Residence Inn by Marriott at 503-552-9500 between 7:00AM and 5:00PM and asking for Katy or Dijah. You must mention that you are part of OHSU Oregon Rural Practice-Based Research Network group block. Hotel reservations must be made prior to March 10, 2008. The conference group rate is \$149 per night. Please make your reservations for your total length of stay. ORPRN will pay for the night of April 10 for network members.

This activity has been reviewed and is acceptable for up to 8.75 Prescribed credits by the American Academy of Family Physicians.

Questions? Please email [rollinsn@ohsu.edu](mailto:rollinsn@ohsu.edu) or call 503-494-1584.

CLINICAL AND PRACTICE CHANGE RESEARCH

**ASSESSING THE CLINICAL AND BUSINESS CASE FOR NURSE-BASED CARE MANAGEMENT**

**PI:** Lyle Fagnan, MD  
**Funding Agency:** Agency for Healthcare Research and Quality  
**Settings:** Scappoose, Baker City, The Dalles, Klamath Falls, Coos Bay, Ontario  
**Topic:** Analysis of clinical and economic outcomes of introducing nurse training and health IT to manage patients with chronic conditions.

**CROP- COLONOSCOPY IN RURAL OREGON PRACTICES**

**PI:** David Lieberman, MD  
**Funding Agency:** National Cancer Institute  
**Settings:** Statewide  
**Topic:** Expanding a nationwide colonoscopy database.

**MANAGEMENT OF CHRONIC KIDNEY DISEASE IN PRIMARY CARE PRACTICES IN RURAL OREGON**

**PI:** Maya Rao, MD  
**Funding Agency:** Medical Research Foundation  
**Settings:** Statewide  
**Topic:** Whether identifying and diagnosing kidney disease is affected by distance to specialty care.

**OREGON WOMEN’S STUDY**

**PI:** Kent Thornburg, MD  
**Funding Agency:** Northwest Health Foundation, Collins Foundation, private donors  
**Settings:** Klamath Falls

**Topic:** Effects of maternal nutrition on fetal health and later adult disease.

**ROAM - RURAL OREGON ADULT MEMORY STUDY**

**PI:** Linda Boise, PhD  
**Funding Agency:** Agency for Healthcare Research & Quality  
**Settings:** Wheeler, Astoria, Scappoose, Pacific City, Newport, Florence, Reedsport  
**Topic:** Testing a dementia screening and evaluation model.

**PREVENTIVE SERVICES STUDY**

**PIs:** Valerie King, MD, Lyle Fagnan, MD  
**Settings:** Statewide  
**Topic:** Summer projects by medical

Current ORPRN Research Studies

students. 2007 projects examined HPV vaccine trends and attitudes in rural Oregon; rural Oregon emergency department coverage; and counseling for childhood obesity in rural primary care practices.

**ROI – RURAL OREGON IMMUNIZATION INITIATIVE**

**PI:** Lyle Fagnan, MD  
**Funding Agencies:** Centers for Disease Control & Prevention, Oregon Department of Health & Human Services, American Academy of Family Physicians Foundation  
**Settings:** Baker City, Hermiston, John Day, Pacific City, Astoria, Grants Pass, Scappoose, Enterprise, Burns, John Day  
**Topic:** Screening practices, attitudes and quality improvement opportunities for rural immunization delivery.

**SOCS – STRENGTHENING OREGON COMMUNITY SERVICES**

**PI:** Brian Rogers, MD  
**Funding Agency:** National Institute for Child Health & Human Development  
**Settings:** Statewide  
**Topic:** Enhancing community systems of care for children with chronic conditions including physical, cognitive, and mental health impairments.

**UNDERSTANDING UNMET DENTAL NEED IN A RURAL OREGON COMMUNITY**

**PI:** Tom Hilton, MD  
**Settings:** Baker City  
**Topic:** Screening to identify unmet dental needs in a single rural clinic.

PATIENT SAFETY RESEARCH

**MEDICATION ERRORS AND ADVERSE DRUG EVENTS IN PRIMARY CARE (MEADERS)**

**PIs:** Lyle J. Fagnan, MD  
**Funding Agency:** Agency for Healthcare Research & Quality  
**Settings:** John Day, Enterprise, Baker City, Scappoose, The Dalles  
**Topic:** An electronic reporting system for medication errors and adverse drug events.

**RxSAFE– USING INFORMATION TECHNOLOGY TO IMPROVE MEDICATION SAFETY FOR RURAL ELDERS**

**PIs:** Paul Gorman, MD and Karl Ordelheide, MD  
**Funding Agency:** Agency for Healthcare Research & Quality

**Settings:** Lincoln County  
**Topic:** Establishing a master medication information system across a community to reduce medication errors for elderly patients.

**RxSAFE- SHARED MEDICATION MANAGEMENT AND CLINICAL DECISION SUPPORT**

**PI:** Paul Gorman, MD  
**Funding Agency:** Agency for Healthcare Research & Quality  
**Settings:** Lincoln County  
**Topic:** Expanding the RxSAFE technology to incorporate clinical decision making.

DESCRIPTIVE RESEARCH

**CHRONIC OPIOID THERAPY AND PREVENTIVE SERVICES**

**PIs:** James Calvert, MD and David Buckley, MD  
**Funding Agency:** American Academy of Family Physicians Foundation  
**Settings:** Klamath Falls, John Day, Wheeler, Elgin, Union, Lincoln City  
**Topic:** Investigating potential associations between chronic opioid therapy for non-malignant pain in the primary care setting and performance of preventive health services.

**NATIONAL CLINICAL QUESTIONS PROJECT**

**PI:** Valerie King, MD, MPH  
**Settings:** Klamath Falls, Reedsport, John Day, Coos Bay, Hood River, Scappoose, Lakeview, Yachats  
**Topic:** Areas of priority for research in family medicine practice are identified by surveying family medicine clinicians.

**Q-METHOD SURVEY STUDY**

**PI:** Judith Logan, MD, Lyle J. Fagnan, MD, Blue Blake, PhD  
**Settings:** Statewide  
**Topic:** Subjective factors that encourage or discourage participation by clinicians in research.

**SCREENING AND PREVENTIVE SERVICES FOR ADULTS WITH DISABILITIES**

**PI:** David Buckley, MD  
**Setting:** Klamath Falls  
**Topic:** Examines the concordance between patient reports of disability and the medical records.

From the Community Health and Practice Development Director:

Paul McGinnis, MPA



“And Now the Bad News...”

Dr. Fagnan’s “Message from the Director” in this issue highlights the positive experiences, motivations, and benefits

that may be derived from participation in practice-based research. The Q-Method Survey study results he references also highlighted some of the factors that were perceived as detrimental to participation in research. Of the seven least motivating reasons, five have a relationship to “time” and “staff.”

Of course clinicians want to improve the care they give to their patients, which was the number one motivator for participation (we needed a study to show that?) But to do that involves time, which there is never enough of, and involves clinic employees and staff, who clinicians in the study believe are neither motivated to participate in research nor have the resources to support research.

During the past few years, I have been conducting practice management assessments with ORPRN member practices. Two pieces of the assessment involve the staff of the practices. They include one-on-one interviews with everyone employed by the practice and a tool which prioritizes their factors for job satisfaction. Why involve staff? Because to implement a strategic plan and practice change requires idea generation, participation and buy-in from everyone involved, not just the leaders.

While clinicians who filled out the Q-Method Survey may have felt they were protecting their already busy staff, that isn’t necessarily what I hear from employees. In interviews with high performance practices, staff sees themselves as providing quality patient care in a team environment. They aren’t just “getting a patient checked-in and ready to be seen by the clinician.” They

too want to improve the care given to the patients. Like clinicians, many of your staff derive job satisfaction from building a personal relationship with your patients. Further, staff have ideas about how it can be done better. Testing those ideas for practice enhancement or research is welcome by ORPRN. If people are properly motivated by factors bigger than their own personal needs, “time,” miraculously often becomes available. Good wages, a clean working environment and having tasks which match their skills will not generate high levels of job satisfaction. In practices I assessed where those factors were not present there was indeed a lot of dissatisfaction. Staff motivation comes from having the responsibility to make decisions, a sense of achievement in a bigger purpose, being appreciated for their contributions and being welcomed to share ideas and input. ORPRN research studies can provide a means to enhance those issues most staff value. 🌿

Meet Your Research Staff



Melinda Davis, MA Regional Research Coordinator for Eastern Oregon Clinics

Many of you in Eastern Oregon may have already met ORPRN’s new Regional Research Coordinator, Melinda Davis. Melinda has previous experience in program management, sports medicine, and in

community based research. She is currently working toward her PhD in social/developmental psychology with an emphasis on community and rural health. Melinda also has an honors BA in biology-environmental studies from Whitman College. Originally a Columbia Gorge native and an outdoor enthusiast, Melinda is enjoying living in the heart of the Grande Ronde Valley conducting ORPRN research and meeting the members and friends of ORPRN.

Meet Your Steering Committee Members Jon Schott, MD

Jon Schott, MD is a family physician at Eastern Oregon Medical Associates in Baker City. Jon grew up in Baker City



and later completed medical school at Oregon Health and Science University. After a family medicine residency at Idaho State University, Jon

returned to his hometown to practice medicine. Jon and his wife Dawn, a pharmacist, have two children. Jon and his practice have participated in many ORPRN research studies including the National Children’s Study Pilot, the Rural Oregon Learning Collaborative, the Rural Oregon Immunization Initiative, Osteoporosis Screening in Rural Oregon, Medication Errors and Adverse Drug Events in Primary Care, Understanding Unmet Dental Need in a Rural Oregon Community, and Assessing the Clinical and Business Case for Nurse-based Care Management.

## Rural Oregon Adult Memory Study

Coastal clinics in the ORPRN network conducted the Rural Older Adult Memory Study (ROAM) in 2007. This study was funded by the Agency for Healthcare Research and Quality and directed by Linda Boise, PhD a researcher with the Layton Center for Alzheimer's and Aging at OHSU. The purpose of ROAM was to test a dementia screening and evaluation model for primary care. The model was adapted from ACOVE, a practice-change model developed by UCLA and Rand.

This was a small pilot study in seven clinics (see map insert) involving 19 clinicians and 26 medical staff. Each clinic was responsible for screening all patients age 75 and older over a three month period. The screen was generally conducted by the medical assistant and consisted of the following:

1. A three-word recall test (testing their recall of the words "pony," "orange," and "quarter,")
2. Asking the patient if he/she has noticed a change in memory,
3. Asking the family member or caregiver (if in attendance) if he/she has noticed a change in the patient's memory that concern him/her, and
4. Asking the medical assistant if he/she has any concerns about the patient's memory.

An affirmative answer to any of these questions or a failure to recall 2 or 3 of the three words was considered a failed screen. Patients who were already diagnosed with dementia, were taking dementia medications and/or were considered by the medical assistant to be "too ill" were excluded from screening.

For failed screens, clinicians were given a protocol for a dementia evaluation. Most of these evaluations required a separate 30-40 minute visit to complete. Instruments and procedures included in the memory evaluation included:

1. Mini Mental Status Exam
2. Clock Draw test
3. Verbal Fluency test

4. Abstraction test
5. Judgment test
6. Get up and go test
7. Neurologic exam
8. Activities of Daily Living and Independent Activities of Daily Living
9. Geriatric depression scale
10. Caregiver burden assessment
11. Tests (blood and brain)

A clinician training session in diagnosing and treating dementia was given by Elizabeth Eckstrom, MD an OHSU geriatrician. Data collection included screening and evaluation forms, a patient satisfaction survey, medical chart abstraction, and clinician focus groups.

In all, 436 patients were screened by the participating clinics during the 12-week intervention. 204 (49%) screened positive and a memory work up was completed for 66 (32%) of these patients. Of the 204 patients who screened positive, 84% had self-reported concerns about their memory. 21 patients received diagnoses of dementia or mild cognitive impairment, representing 4.5% of patients who were screened.

The MAs found the screening process easy to administer and incorporate into their routine and the clinicians found the evaluation form and procedures easy to use.

Clinicians reported a significant improvement in their confidence in distinguishing dementia from delirium and depression. However, they found the number of work up forms cumbersome. Clinicians rated the study most positively on increasing their knowledge about dementia diagnosis and least positively on increasing their knowledge about dementia management and community resources.

## ORPRN RESEARCH FINDINGS

Patients were overwhelmingly positive about the screening. 75% of patients screened completed the patient satisfaction survey and of these, 98% reported "no concerns," "I was pleased" or checked both of these response options when asked about how they felt about being asked about their memory and possible memory problems.

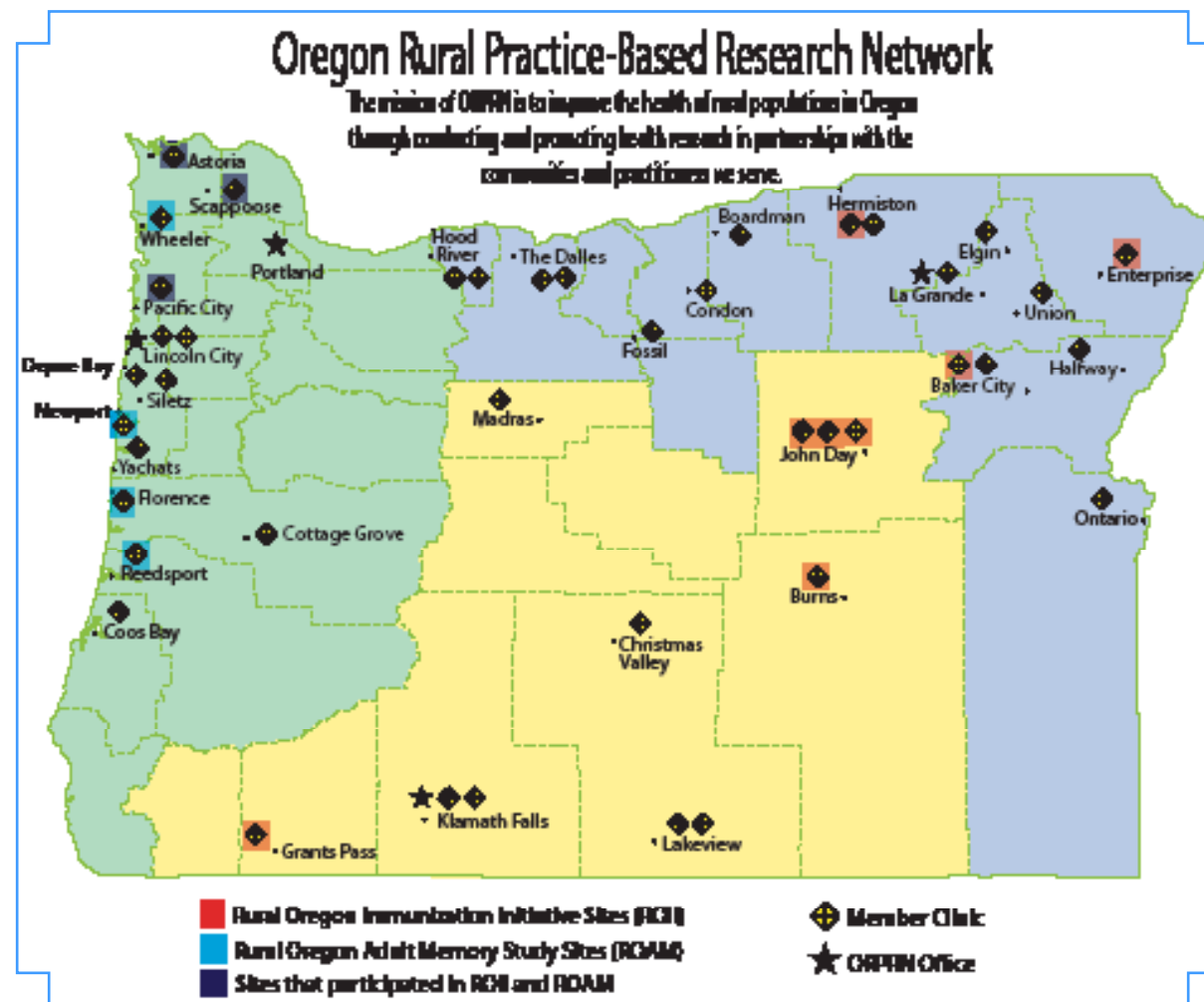
There was no substantial increase in assistance to patients or their families to gain access to community resources in the study.

More research is needed to understand why the intervention led to fewer diagnoses of dementia than expected, whether the screening tool is too sensitive, resulting in too many positive screens, and what influences the decision to schedule a work up when a patient screens positive for

## Rural Oregon Immunization Initiative

The Rural Oregon Immunization Initiative (ROII) is ORPRN's longest running study, and represents a partnership between ORPRN and the State of Oregon Immunization Program (OIP). The study, funded by the Centers for Disease Control and Prevention, included a statewide survey of clinician immunization practices, an in-depth assessment of immunization delivery in 11 ORPRN clinics (see map insert,) and an interactive review of practice-specific reports and quality improvement opportunities (see figure 1.)

The statewide survey covered many aspects of immunization delivery practice.

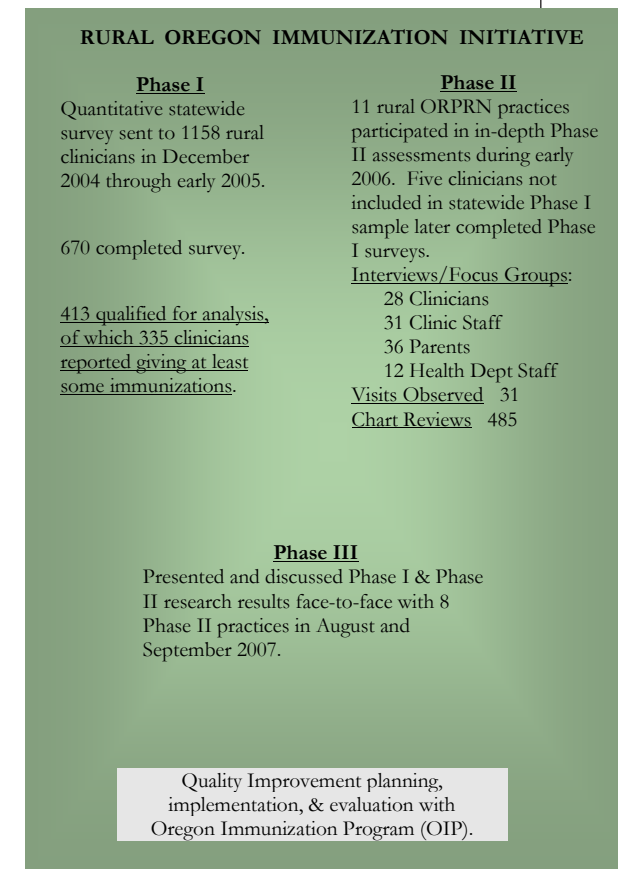


possible memory concerns. Dr. Boise and ORPRN continue to work on developing future investigations to address these questions.

Some notable findings of the survey include:
 

- Of the 413 clinicians who provide care for young children (ages 0 to 36

Figure 1. ROII Project Phases



months,) 81% (335) provided at least some immunizations.

- The local health departments play an important role in rural childhood immunizations.
- The majority (98%, N=324) of immunizing clinicians give the core vaccines in their offices routinely. These include Hep B, DTaP, Hib, IPV, and MMR.
- Inadequate reimbursement and unavailability of vaccines were most often reported as reasons to refer patients outside of practices. Vaccine storage and stocking was a referral reason for one-third of respondents.
- 69% (230) of clinicians are willing to give as many immunizations as indicated at a single visit.
- 56% (187) of clinicians screen for immunization status at all visits.
- 82% (272) of clinicians offered vaccination only visits and 80% (263) participate in the Vaccines For Children (VFC) program.
- 48% (154) of clinicians send out or phone patient reminders.

Parents indicate they feel responsibility for tracking their child's vaccinations, but would like reminders.

- 61% (193) of clinicians have a system (manual and/or computerized) to identify children behind on immunizations.
- 71% (236) of clinicians submit data to ALERT.

Through observation of clinical practices in 11 clinics, chart abstraction and focus groups, ORPRN investigators developed "snapshots" of immunization practices in those sites. In July, ORPRN and OIP staff, including LJ Fagnan, MD (principal investigator), Jo Mahler, MS (project coordinator), and Lisa Luna (OIP health educator), traveled to practices with written reports to conduct structured discussions about the results with clinicians, clinic staff and local health

department immunization staff. The four domains of the reports included immunization delivery demographics, barriers and facilitators to delivering immunizations, attitudes and opinions about immunizations, and immunization tracking and other practices. Discussions were focused on whether the findings were accurate and how feasible it would be for the clinics to adopt evidence-based practices for childhood immunizations. After discussing the reports, clinics were invited to participate in OIP's quality improvement program AFIX (Assessment, Feedback, Incentives, and eXchange) ([www.oregon.gov/DHS/ph/imm/afix/index.shtml](http://www.oregon.gov/DHS/ph/imm/afix/index.shtml)).

Clinicians contributed enthusiastically to the discussions, and afterwards gave very positive responses about the report presentation process.

ORPRN and the OIP are grateful to the clinicians and clinic staff who participated in this study.