



ORPRN

Oregon Rural Practice-based Research Network

January 2010

ORPRN Research and Health Care Reform

Lyle J. Fagnan, MD

I read an article written by Atul Gawande in the December 14, 2009 issue of the *New Yorker* magazine that caused me to reflect on ORPRN research/quality improvement projects and health care reform. Dr. Gawande is a cancer surgeon, health policy scholar and author, whose recent writings discuss the quality and cost of health care. He points out that in the United States 18 per cent of every dollar we earn goes to cover the cost of health care. In the last ten years, the annual insurance premium for a family went from \$5,800 to \$13,400 and the average cost for Medicare patients rose from \$5,500 to \$11,900 per beneficiary. These increases drain our resources and have an adverse impact on other determinants of health that include food, housing and education. It is widely recognized that the U.S. health care system is dysfunctional with payments based on the quantity of service and not on the quality and need of health services. Access, costs and quality of care are driving the current health care reform discussion.

As he discussed the health care reform imperative, Dr. Gawande suggested looking at what happened to agriculture in the U.S at the turn of the twentieth century when two-fifths of a family's income went to pay for food. Our agriculture system

needed reform. The United States Department of Agriculture established the Cooperative Extension Service in 1914 which deployed over 7,000 federal extension agents to set up over 700,000 demonstration farms, establishing a network that functioned as learning communities sharing new knowledge and techniques. Using comparative effectiveness research such as deeper plowing and better soil preparation on "test" farms and disseminating the lessons from this research led to improved crop yields. These efforts were successful and by 1930, food costs dropped to one-quarter of family spending and current food account accounts for only eight percent of the family income. Using the agricultural model, Dr. Gawande and others suggest that a health care extension agent program will have a similar effect in terms of reducing costs and improving the quality and safety of our health care delivery system.

What does this have to do with ORPRN and the research we conduct with our community partners? When I reflect on ORPRN research over the past seven years I have identified three cores of activity that are relevant to the current health care reform imperative. The three cores are practice facilitation, community-based participatory research and comparative effectiveness research.

Practice facilitation. Practice transformation research, often described in the context of the patient-centered medical home, requires considerable effort by primary care practices and places a premium on trusting relationships and support.

In ORPRN we have our own version of the agricultural extension agents. We employ skilled practice change facilitators,

the Practice Enhancement Research Coordinators (PERCs). Two examples of the role of the PERC in practice change include chronic illness care redesign and the meaningful use of health information technology. Our care coordination study uses nurse care managers to care for the 5 to 10 percent of patients in primary care practices who are complex and who are time and resource intensive for practices. The care coordination study uses enhanced communication, tracking of quality measures, and implementing patient self-management skills. The PERCs provide "at-the-elbow" assistance to the practices. The six ORPRN practices participating in this practice redesign study include two pediatric practices and four family medicine practices.

Information technology has transformed modern day farms, providing data to farmers to make rational planting decisions. Similarly, health information technology (HIT) is transforming health care by providing data and decision support to clinicians and patients. The electronic health record (EHR) has taken the place of paper records in forty percent of ORPRN practices. The EHR is currently used to document the



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content of the patient visit and facilitate billing. Few of these EHR practices have employed meaningful use of these systems which include computerized order entry, electronic prescribing, disease registries, quality measures, and direct communication with the patient and access for the patient to their records. The Office of the National Coordinator for HIT has set aside \$2 billion dollars through the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009 to promote the adoption and use of meaningful HIT, especially EHRs. HITECH will select 70 regional extension centers in the United States to work initially with primary care providers in small practices to select an EHR and then assist the clinicians to become meaningful users. The Oregon Community Health Information Network (OCHIN) has applied to be one of the 70 centers. The Oregon HITECH proposal is a partnership with OCHIN that includes three OHSU programs — the Department of Medical Informatics and Clinical Epidemiology, the Department of Family Medicine, and ORPRN. The ORPRN contribution will be to train and deploy Meaningful use PERCs (MuPERCs). The MuPERCs will work with existing ORPRN practices and recruit new practices to join in practice transformation efforts across Oregon.

Community Participatory Research (CPR). Communities have shown a strong interest in growing their own crops and creating community gardens. Similarly, communities have demonstrated the capacity and interest in participating in research that is relevant and improves community health. Research addressing behavioral issues such as tobacco abuse, alcohol and drug abuse, domestic violence and obesity extends beyond the primary care practice walls into the community. Paul McGinnis, ORPRN Community Health and Practice Development

Director, describes the intersection of community health development and research in this newsletter.

Comparative Effectiveness Research (CER). The Institute of Medicine (IOM) defines CER as the generation and synthesis of evidence that compares the benefits and harms of alternative methods to prevent, diagnose, treat, and monitor a clinical condition or to improve the delivery of care. In June 2009 the IOM published a list of 100 initial priority topics for CER and health care delivery systems and decision support play a prominent role in these priority area. The practices in our network function as “test farms”, implementing new approaches to care. Three ORPRN research activities highlight our work with CER. First is the Rural Oregon Academic Detailing (ROAD) project. ROAD, a partnership with the leadership from the OSU School of Pharmacy, uses academic detailing to provide evidence-based information alongside the clinicians’ prescribing patterns to promote cost-effective use of medications.

With ROAD we have selected the use of antidepressant medications as our first academic detailing effort. Four ORPRN member practices are participating in this CER study.

ORPRN’s Shared Decision Making (SDM) Study uses evidence-based decision aids for preference sensitive conditions such as low back pain and the treatment of menopause to assist patients and their clinicians to arrive at a treatment that is informed by the best evidence and the patient’s values and preferences. Our SDM team is working in partnership with four ORPRN practices: Bayshore Family in Pacific City, Lincoln City Medical Center, Winding Waters Clinic in Enterprise and Pioneer Memorial Clinic in Heppner to study how to implement SDM and decision aids in their practices.

ORPRN recently submitted a proposal to the Agency for Healthcare Research and Quality to study the use of oral

hypoglycemic medications for diabetes in primary care practices. Cindy Morris, Research Director for ORPRN, is the Principal Investigator for this national study. This study partners with seven practice based research networks and Westat (a nationally recognized coordinating and data management center for medical research) to recruit 6000 patients for this study. The participating networks include the Oregon Rural Practice-based Research Network, the American College of Clinical Pharmacy Practice-Based Research Network, the Eastern Pennsylvania Inquiry Collaborative Network, the Great Lakes Research Into Practice Network, the Iowa Research Network, the Minnesota Academy of Family Physician Research Network, and the South Texas Ambulatory Research Network.

These three cores: practice facilitation, community participatory research and comparative effectiveness research, are ORPRN’s future. The imperative for health care reform will fill these cores with a steady stream of opportunities to use research to improve the health of communities and contribute new knowledge locally, statewide, and nationally.

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Jon Schott, MD (Baker City)

Albert Thompson, MD (Pacific City)

Research as a Community Asset

Paul McGinnis, MPA



Community health development activities have served rural communities well over the past several decades. These activities including

direct technical assistance from ORPRN and the Office of Rural Health's Community Health Improvement Partnership (CHIP) process encourage broader participation in health system development beyond those organizations and individuals delivering the care. The health development model embraces the idea that people have a right to participate in public affairs that affect their lives. Moreover, there are few things more important than what health resources and personnel might be available in a rural community to meet demand for services. While health professional recruitment and health resource development are important,

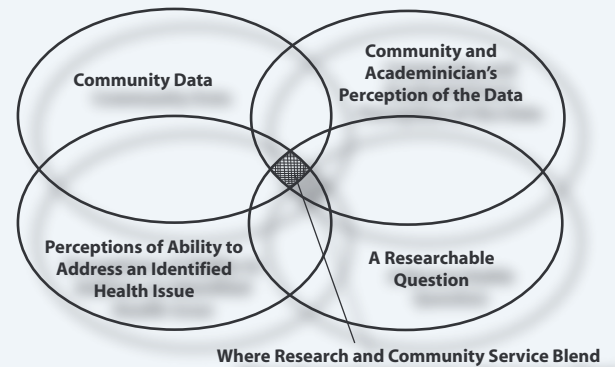
communities now need to be challenged to participate fully in research that addresses local concerns.

Why? Because improved health status is not fully achieved within the walls of the clinic or hospital. Good health status is derived from having healthy behaviors, impacting the social determinants of health, and lastly, recognizing that the individual lives within the context of a family, work environment, social structure and community. There are complex systems that create supports or barriers to healthy eating, physical activity, tobacco use, alcohol consumption, access to preventive screening services and health literacy. Communities need to participate in research so that those social systems are accounted for in the design, implementation and interpretation of data.

Besides the benefit of improved community health, there are also more

concrete measurable assets communities can derive from research. Research funding can be used to create projects or resources that the community wants to test. Further, research personnel can be hired in the community creating

The Intersection of Community Health Development and Research



Where Research and Community Service Blend

jobs and adding to the local economy. The key to community asset building through research is to allow the community to identify their research interests through interpretation of data and blend a potential community response to the problem with a researchable question.

ORPRN research dissemination

2009 was an active year of sharing ORPRN's activities to improve rural health at regional, national, and international conferences.

Annual Agency for Health Care Research and Quality (AHRQ) PBRN Conference - June 24-26, 2009 - Bethesda, Maryland

Presentations: ● Getting to Know your Network: Collecting PBRN Member Surveys ● Strategies for Building Productive CTSA-PBRN Partnerships ● Engaging Clinic Staff in Practice Improvement and Research ● The Interaction of PBRNs and Community Collaboratives ● The Rural Nurse Care Manager Study

Posters: ● Perceived Impact of a Medication Management system, RxSafe, in Rural Long-Term Care ● Perceived Barriers to Assessment, Treatment, and

Prevention of Childhood Obesity in Rural Primary Care ● Physical Disability and Cancer Screening in Rural Primary Care

National Rural Recruitment and Retention Network - September 23-25, 2009 - Albuquerque, New Mexico

● Practice-based Research Networks: A Recruitment and Retention Tool?

26th Annual Oregon Rural Health Conference - November 5-7, 2009 - Glededen Beach, Oregon

Presentations: ● Implementing the Patient-Centered Medical Home (PCMH) in Rural Primary Care ● Making Quality Improvement Work - Highlights from ORPRN Research Studies

North American Primary Care Research Group (NAPCRG) Annual Meeting - November 14-18, 2009 - West Montreal, Quebec, Canada

Posters: ● Does a Standard Measure of Physical Disability Correlate with Clinician Perception of Impairment Related to Cancer Screening?

● Developing a 'Best Practices' Model for Implementing Shared Decision-making In Primary Care: The ORPRN Experience ● Primary Care Clinician Expectations Regarding Aging and Quality of Care

Workshops: ● Linking Practice-based Research with Implementation Sciences: Which Approaches can Lead to Best Practices for CTSA and Community Partnerships? ● Getting the Community out of Community Based Participatory Research ● Implementing the Patient Centered Medical Home: Lessons Learned from a Care Coordination Intervention in Rural Primary Care Practices ● Balancing Research with a Service Orientation to Practices

Notables

The **Rinehart Clinic** was busy in 2009. In addition to adjusting to their new status as a Federally Qualified Health Center, the clinic is changing their practice management system and installing the EPIC EMR, under the guidance of OCHIN. **Milar Moore, PMHNP**, completed her first year as a “fully integrated” mental health care provider in September. In October, the clinic welcomed **Kathryn Mayhew, PA-C**, a recent graduate of Pacific University, to assist with an increasing patient population and care of those in chronic pain.

Congratulations to **Albert Thompson, MD of Bayshore Family Medicine**: 2010 marks his 28th year of service within the community of Pacific City and environs. This is a year of education for the Thompsons. **Myra Thompson, FNP** is into the second quarter of her two-year Doctorate of Nursing Practice program through OHSU. Albert is completing a BA in music through Walla Walla University. Albert conducts the Midway Choir and Orchestra with musicians and singers from **Bayshore Family Medicine** and **Lincoln City Medical Center** and produces Handel’s Messiah every other year at Salishan. Myra sings, and **Sydney Thompson** (practice manager) plays the violin. Music please, maestro!

King Arthur is alive and well and sees patients at **PeaceHealth** in Florence. **Mike Hodulik, MD**, sang the part in the musical Camelot at the Florence Event Center in late fall. Mike sang in Fiddler on the Roof, Kiss Me Kate, and other productions, including two with his daughter, Hannah. He is now auditioning for American Idol (not!). On a professional note: **Dr. Hodulik** and **Anthony Dodson, MD** have been involved in a planned care project which now includes another physician, **Paul Pearson, MD** and an RN care coordinator.

Karl (MD) and Bobbi Ordelleide (RN) of Lincoln City Medical Center continue to direct the **Lincoln County Chapter of the Coronary Health Improvement Project (CHIP)**, a national program that teaches about the health risks of a sedentary lifestyle and a diet high in animal protein. The program shares the benefits of a plant-based diet, exercise, and reflection on the important things in life. This community effort is in its fourth session of health talks and vegan meals. Over 250 participants have completed the 4-week sessions. Many of the meals are made by the Ordelleides and Thompsons! For more information on CHIP, go to www.chipusa.org.

Congratulations to **Erika Lemke, PA-C** at **OHSU Scappoose Family Medicine** who gave birth to a beautiful baby girl, Kalista, on October 28th, 2009. The clinic had a total of six staff and one clinician pregnant at the same time, thus contributing to the local baby boom! Two new **Nurse Practitioners, Leslie Iverson** and **Holly Balsbaugh**, both from the OHSU ER Department, joined the staff, as did **LPNs Gabby Clardy, Nicky Townsend, and Jessica Macaluso**. The LPNs, along with veteran LPN **Dawn Hammel**, complete the four care teams as nurse care managers, thus providing the needed traction for the clinic to become a true medical home. Clinic manager **Diane Hutson** joined the **Columbia Health District (CHD)** Board for Columbia County in November. The CHD oversees Columbia County Public Health Department and is currently spearheading the new Columbia River Hospital project. The clinic is expanding yet again, adding another 1400 square feet, adding x-ray services and an additional clinic team by July 1, 2010.

Donna Rabin, MD of **North Bend Medical Center (NBMC) Pediatrics** retired this fall after 28 years of practice. She continues some of her work in the community and spends a lot of time with her grandchildren. NBMC Peds

welcomes **Kariktan Cruz, MD** as the newest pediatrician.

Congratulations to **Kathy Moon, MSN, FNP-BC** of **Dunes Family Health Care**. She was asked to represent the **Oregon Nursing Association** on the **Rural Health Coordinating Council**. **Robbie Law, MD** has been asked to serve on the **Patient Centered Primary Care Home Standards Advisory Committee** (see related article on page 7). Welcome to **Rio Lion, DO, Dunes Family Health Care’s** (and Reedsport’s) first doctor of osteopathy and his family, wife Lolita and son Luke. **Dunes Family Health Care** was awarded a United States Department of Agriculture Rural Development Grant to install a Renewable Energy Solar system at the clinic. The project is currently in the planning stages but is expected to be implemented early this year. This has made the “green” partners very proud!

Cottage Grove Community Hospital and Clinics, aka South Lane Medical Group – PeaceHealth, successfully piloted a project that added a consulting pharmacist to the care team through a grant from a risk management group. A community pharmacist was hired to provide individual patient consults: both patients and physicians reported a very high level of satisfaction with the project, and patients perceived significant changes in their use of prescription and non-prescription medication. The clinic hopes to be able to incorporate this permanently into a Medical Home model.

Dr. Greg Melby (Columbia Hills Family Medicine, The Dalles) and **Dr. Kristin Dillon (Columbia Gorge Family Medicine, Hood River)** participated in “EXCITER”, an initiative to bring community clinicians, researchers, and patient advocates together to discuss the results of a systematic evidence review on screening for depression among adults in primary care and to brainstorm research questions to address gaps in the existing literature.

Representatives from **OHSU Family Medicine at Scappoose (Diane Hutson, Dr. Bruin Rugge, and Dr. Kar-ye Wu)** and **Winding Waters Clinic, PC** in Enterprise (**Keli Christman & Dr. Renee Grandi**) assisted ORPRN (**Melinda Davis**) in a presentation at the 2009 Annual Office of Rural Health Conference titled “Implementing the Patient Centered Medical Home in Rural Primary Care.”

Congratulations to **Beth Hart at Pendleton Family Medicine**. After 10 years of service she has been promoted to Office Manager! The clinic also welcomed three new providers to the practice in 2009: **Russell Harrison, MD, Jencina Butler, DO, and Kristin Dunlap, PA-C**.

Eastern Oregon Medical Associates, LCC in Baker City welcomed **Kal Kelley, MD** to their team of nine primary care providers. **Mary Sterns, RN** also joined **Kathy Robbins, RN, and Jacque Cobb, RN** as EOMA’s third nurse care manager.

Dr. Tom Hodge retired this fall from **Mid Columbia Medical Group Internal Medicine** after more than 30 years of service to The Dalles community.

Asher Community Health Clinic received statewide and national recognition for their community weight loss program (i.e. “The Biggest Loser”) and for the Susan G. Komen for the



Beth Landon (above right), NRHA President, presents the award to Paul.

Cure rural mammography program. The clinic also opened a new office in Mitchell, OR – bringing the first primary care services to the community in over 20 years.

Dr. Liz Powers from the **Winding Waters Clinic, Enterprise** had a beautiful baby boy. The clinic also expanded in 2009 by hiring a team of three for the clinic’s new care coordination office.

Baker Clinic implemented Noteworthy as their EHR and expanded the clinic’s hours to offer 7-day access.

Grande Ronde Hospital Children’s Clinic welcomed **Dr. Meldy Lim** to the practice in 2009.

Erica Didier, MD and **Jesse Papac, MD** joined the **La Clinica del Carino Family Health Care Center** team.

Paul McGinnis, MPA, Community Health & Practice Development Coordinator for **Oregon Rural Practice-based Research Network (ORPRN)** and Instructor in the **Department of Family Medicine**, received the **National Rural Health Association’s (NRHA) 2009 Louis Gorin Award** for Outstanding Achievement in Rural Health Care. Presented annually, the Louis Gorin Award is NRHA’s way of recognizing an individual who has demonstrated creativity, unselfishness, compassion and a cooperative attitude in seeking ways to make lasting contributions to rural health care.

Sharon Vail, Crook County CHIP Coordinator, shared the work of the Crook County School-based Oral

Left to right: Krisin Dunlap, PA-C, Russell Harrison, MD, Jonathan C. Hitzman, MD, Frank Szumski, DO, and Jencina Butler, DO.



Health Project at the 2009 Annual **Office of Rural Health** Conference. During the first year, their school-based fluoride varnish program reached 46% of children in K-5th grade and distributed more than 3,000 free “Tooth Tool Kits.” They also conducted a study of oral health in K-4 children.

Debbie Boettner, PA-C and **Dan Allen, PA-C** of the **Asher Clinic** gave a talk at the 2009 Annual **Office of Rural Health** Conference called “Fossil: Where Losing Makes You a Winner!” This talk highlighted their creative community efforts to enhance health care and increase awareness of health maintenance standards through a local “Biggest Loser” health challenge and the Komen sponsored Mammography bus.

At the 2009 Annual **Office of Rural Health** Conference, **Daniel Lamb** and **Heather Carpentier**, OHSU medical students, highlighted work on “The Ontario Greenhouse Project” conducted during their 5-week primary care rural rotations. In partnership with **Dr. Dunbrasky** at **Treasure Valley Pediatric Clinic** and three other 3rd year medical students, they worked to combat childhood obesity and improve nutritional education in local grade schools by developing community gardens in Ontario, Oregon.

2009-2010 ORPRN Research

CLINICAL & PRACTICE CHANGE RESEARCH

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

PIs: Lyle Fagnan, MD and David Dorr, MD

Funding Agency: Agency for Healthcare Research and Quality

Settings: Baker City, Coos Bay, Klamath Falls, Ontario, The Dalles, Scappoose

Topic: Analysis of clinical and economic outcomes after introducing nurse training and health IT to manage patients with chronic conditions.

SHARED DECISION MAKING

PI: Lyle Fagnan, MD

Co PIs: Paul Gorman, MD; Valerie King, MD, MPH; Bruin Ruge, MD, MPH

Funding Agency: Foundation for Informed Medical Decision Making

Settings: Enterprise, Heppner, Lincoln City, Pacific City

Topic: Identify best practice approaches to implementing DVD Decision Aids (DA) in rural primary care practices, with the objective of improving shared decision making.

RURAL OREGON ACADEMIC DETAILING (ROAD)

PIs: Lyle Fagnan, MD, and Daniel Hartung, PharmD, MPH

Funding Agency: Pew Charitable Trust and Oregon Department of Human Services

Settings: Klamath Falls, Reedsport, Wheeler

Topic: Pilot test two different academic detailing approaches to providing balanced, non-commercial, evidence-based prescribing information to clinicians.

ENHANCING COMPLEX CARE THROUGH AN INTEGRATED CARE COORDINATION INFORMATION SYSTEM (ICCIS)

PI: David Dorr, MD

Funding Agency: Agency for Healthcare Research & Quality

Settings: Scappoose, Baker City, Klamath Falls, Lincoln City

Topic: Training for nurse care managers and use of care management tracking software to help clinics better care for patients with chronic conditions. The model helps the clinical team prioritize needs and prevent complications, and provides tools to assist patients to self-manage.

CLINIC LEVEL IMPROVEMENT IN PREVENTIVE SERVICES (CLIPS)

PI: David Buckley, MD

Funding Agency: National Institute on Disability and Rehabilitation Research

Settings: Scappoose, Enterprise

Topic: A quality improvement study to assess a clinic intervention designed to

improve the receipt of routine preventive services for adults with mobility impairments in the primary care setting.

PHARM FREE

PIs: David Evans, MD and Daniel Hartung, PharmD, MPH

Funding Agency: AAFP Foundation

Settings: Madras

Topic: Assesses the impact on prescribing patterns and clinical environments of limiting pharmaceutical representative access in primary care.

COLONOSCOPY IN RURAL OREGON PRACTICES (CROP)

PI: David Lieberman, MD

Funding Agency: National Cancer Institute

Settings: Statewide

Topic: Implementing a nationwide colonoscopy database.

PRACTICES, BARRIERS, AND TRAINING NEEDS OF RURAL HEALTH CARE PRACTITIONERS RELEVANT TO THE MANAGEMENT OF PEDIATRIC OBESITY

PI: Nancy Findhold, PhD, RN

Funding Agency: OHSU School of Nursing Betty Gray Rural Health Development Fund

Settings: Union County, Baker County, and Wallowa County

Topic: To explore barriers to prevention, assessment, and treatment of childhood obesity in rural primary care and to identify community and to identify targets for intervention.

CANCER RESEARCH TO OPTIMIZE SCREENING SUCCESS AMONG RURAL OREGON ADULTS WITH DISABILITIES (CROSSROAD)

PI: David Buckley, MD

Funding Agency: American Cancer Society

Settings: John Day, Astoria, Reedsport

Topic: To better understand and improve possible barriers and facilitators in cancer screening for adults with disabilities.

HEALTH INSURANCE AND CANCER SCREENING IN RURAL OREGON

PI: Patricia Carney, PhD

Funding Agency: American Cancer Society

Settings: TBA

Topic: Conduct a community-based assessment of high-risk underserved individuals and identify areas for intervention to improve cancer screening.

SAFETY NET PATIENT CENTERED MEDICAL HOME

PI: Jonathan Sugarman, MD, MPH

Funding Agency: Commonwealth Fund and Northwest Health Foundation

Settings: Klamath Falls, Scappoose, Enterprise, Hood River, Baker City

Topic: ORPRN sites, in partnership with

CareOregon and OPCA, are part of a national learning collaborative to transform safety net primary care clinics into patient centered medical homes.

PATIENT SAFETY RESEARCH

SAFETY CULTURE OF AMBULATORY CARE: MEDICAL OFFICE SURVEY ON PATIENT SAFETY (SOPS)

PI: Lyle J. Fagnan, MD

Funding Agency: Agency for Healthcare Research & Quality

Settings: 300 practices in the US, including 25 in Oregon

Topic: Survey of clinicians and administrative staff to capture a comprehensive snapshot of safety culture to bring visibility to the issues of patient safety in the ambulatory environment and contribute to the national benchmarking database.

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.

OTHER

POLICY APPROACH TO CHILDREN'S HEALTH (PATCH)

PI: Monica Hunsberger, PhD, and Paul McGinnis, MPA

Funding Agency: Northwest Health Foundation

Settings: Jefferson County 509-J School District

Topic: School based nutrition policies

UNMET DENTAL NEEDS IN RURAL PRIMARY CARE -- A CLINIC, COMMUNITY, AND PBRN (ORPRN/PROH) COLLABORATIVE

PI: Thomas Hilton, DMD, MS

Funding Agency: Oregon Clinical & Translational Research Institute

Settings: Baker City primary care and public health

Topic: CBPR study to determine the prevalence of oral health conditions and unmet dental needs among patients presenting for routine care in a rural family medicine practice.

DESCRIPTIVE RESEARCH

ORPRN MEMBER SURVEY

PI: Lyle Fagnan, MD

Settings: Statewide

Topic: Characteristics of practices and clinicians in ORPRN member clinics.

RxSAFE project completed

The final report was favorably received for a project that began in Lincoln County in 2005 -- "Using Information Technology to Improve Medication Safety for Rural Elders." Funded by the Agency for Healthcare Research & Quality (AHRQ), the Principal Investigators on this project were Paul N. Gorman, MD, Department of Medical Informatics and Clinical Epidemiology, OHSU, and Karl Ordelheide, MD, Samaritan North Lincoln Hospital, Lincoln City, Oregon.

From the Conclusions:

To summarize the results of this project, it is fair to say that we failed to engage all the organizations needed achieve our vision, and we failed to achieve complete integration of our system into existing systems. On the other hand, we clearly were successful at engaging the interest and participation of the community, at forging an effective core of committed organizations who actively contributed patient data and professional expertise, at implementing a prototype application which hospital based clinicians found useful for performing common tasks, and at completing formative evaluation of its impact using qualitative methods.

In the course of the project we identified two formidable barriers to effective integration of disparate patient data, whether it be medication information or other health related data: (1) the absence of universally adhered to technical standards for exchange of health data (technical interoperability) and (2) the absence of a policy and regulatory environment that ensures true portability of each patient's health information (organizational interoperability). Each of these is a significant barrier to health information exchange and neither seems likely to become less difficult to surmount in the current health care environment.

Robert Law, MD, a leading voice in health care

The Northwest Health Foundation (NWHF) added Robbie Law, MD, of Reedsport to its governing board in December.



Also added were Carl Talton and Vanetta Abdellatif. Said president Thomas Aschenbrener, "Northwest Health Foundation's board members bring a multifaceted voice of community to our work and the new board members continue our commitment to bringing the best informed voices into our strategic planning and policy work."

"It is an honor to be asked to serve on these bodies. This will be an opportunity for those of us working in rural Oregon to have an influence in health policy."

The NWHF's mission is to advance, support and promote the health of the people in Oregon and southwest Washington. Since 1997, the Foundation has invested in efforts that address the root causes of health through community-driven solutions. It focuses its work in three areas: public health, health care reform, and health workforce.

Dr. Law was also chosen to sit on the Patient Centered Primary Care Home (PCPCH) Standards Advisory Committee, formed to advise the Oregon Health Authority, a state

body. The Oregon Academy of Family Physicians (OAFP) recruited Dr. Law and meetings began in November.

The goal of the PCPCH program is to improve the availability and affordability of high quality patient centered primary care to all Oregonians through promotion and development of Oregon's existing primary care infrastructure into patient centered primary care homes.

The Committee will provide policy and technical expertise in the first steps of this process by identifying core attributes of PCPCHs and developing measures to provide a common vision to promote development of PCPCHs in state health care programs.

Dr. Law has served on the ORPRN Steering Committee since 2004. He has practiced at Dunes Family Health Center in Reedsport since 1991, and served on the faculty at OHSU since 1993. He is the medical director for the Extended Care Facility at Lower Umpqua Hospital.

Born and raised in Astoria, Oregon, Dr. Law graduated from medical school at OHSU in 1988 and from the OHSU Family Medicine residency in 1991.

Dr. Law has received many awards for his outstanding service. In 2003, he was chosen for the OHSU Department of Family Medicine Master Teacher Award. He was named the Oregon Academy of Family Practice Family Physician of the Year in 1999.

He and his wife Tricia have a daughter, Alison and two sons, Brian and Duncan. Robbie enjoys jogging, reading, sports, parenting, and volunteering for the Reedsport schools as well as playing bass for the Highland School Melody Makers.

2010 ORPRN Convocation and OAFP Annual Spring CME Weekend / 63rd Scientific Assembly and Congress of Members

Mark your calendars for **May 6 - 8, 2010**

Embassy Suites in downtown Portland, Oregon

This year we are excited to combine our annual convocation with the Oregon Academy of Family Physician's (OAFP) annual meeting. This collaboration offers exciting sessions, extended CME, opportunity for fellowship. Registrants will join one another in sessions.

THURSDAY, May 6 – The Patient Centered Medical Home – Facilitating Practice Change through ORPRN Research

Beginning at 1:00 PM to include presentations on Nurse Care Management in Rural Primary Care, Clinician Perceptions of Shared Decision Making (SDM) in Rural Primary Care, Implementing the Patient Centered Medical Home (PCMH) in Rural Primary Care – Highlights from the Qualis/Commonwealth Safety Net Medical Home Initiative, ORPRN PCMH Studies, a reception at 6:00.

FRIDAY, May 7 -- all day, to include a talk on Health Reform in Oregon, small group workshops on Care Management in the PCMH, Federal support of EMR, Learning how to be an efficient family physician (without sacrificing the quality of patient care), Building the Team Based Care Model in the Medical Home, Coordination of Complex Care, a Town Hall, The Medical Office Survey on Patient Safety Culture, Shared Decision-Making: Part of the Medical Home, the 6th Annual OHSU Department of Family Medicine Statewide, the OAFP Foundation Auction and hors d'oeuvre stations.

SATURDAY, May 8 -- Morning to include A Decade of Biologics: What have we Learned?, workshops on breast exams, joint injections, Depression – Screening and Management, Performing Skin Biopsies-- A Variety of Techniques for the Primary Care Clinician, a Member Spouse Luncheon. Installation of officers and surprise announcement of the Oregon Family Doctor of the Year, closing of Congress of Members, mid afternoon workshops to include How to talk to patients about end of life decisions and an update on the Oregon POLST Registry.



Primary Care Quality Measures

In February 2010, nine adult primary care quality measures will be publicly reported at the clinic level. As medical director of this initiative, Partner for Quality Care: Information for a Healthy Oregon, David Shute, MD will provide updated information and answer any questions that you have.

Key Dates

- January – Reports will be mailed to medical groups with four or more adult primary care practitioners. Updated data and detailed reports, including patient-level data, will be available on a secure website for groups that have signed a Business Associate Agreement.
- February 5, 2010 – Deadline for providing feedback on data accuracy.
- February 2010 – Public reporting of scores for clinics and medical groups with four or more adult primary care practitioners will be posted on the patient website: www.PartnerForQualityCare.org

If you have any questions or comments, please contact:

Email: info@partnerforQualityCareforPractitioners.org

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Welcome to ORPRN

After working on the data generation and collection side of clinical research as a research associate studying genetic influences on cardiovascular disease, **Jean O'Malley, MPH** decided to focus on the statistical analysis of research data. She received an MPH from OHSU in the Biostatistics and Epidemiology track in 2004. She is a research associate with the OCTRI Biostatistics and Design Program, providing statistical analysis and educational support to OHSU investigators. She looks forward to working on ORPRN studies.



Lisa M. Lyman, PhD is an Agency for Health Research & Quality postdoctoral fellow. She received her doctorate in Health Services Research and Policy from the Johns Hopkins University Bloomberg School of Public Health. Dr. Lyman's research examines access, quality and outcomes of primary care for children and women. Her primary methodological interests are statistical analysis of large datasets and the application of mixed methods to health services research.

