



ORPRN

Oregon Rural Practice-based Research Network

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Message from the Director:

Mothers and Children in Practice

Lyle J. Fagnan, MD

Changing demographics and shifts in the health professional workforce are influencing the care of rural Oregon's women and children. ORPRN has made studying rural child health care a priority. Almost 260,000 children between 0 and 14 years of age live in rural Oregon. A recent survey of ORPRN practices found that 1 in 4 patients seen by ORPRN clinicians are children. What does health care for rural Oregon women and children look like and what are the best practice models for delivering effective and safe health care to them? Five current ORPRN studies address issues having a primary influence on the health of children and represent the wide range of research currently underway in the network.

One project, the Oregon Women's Study, looks at the feasibility of studying maternal nutrition and metabolism in the earliest stages of human development and how this may influence their infants' subsequent development of adult illness such as diabetes, heart disease, and cancer. The settings for this study are two primary care practices in Klamath Falls - Cascades East Family Practice Center and the Klamath Medical Clinic. The pilot study examines the feasibility of recruiting women of childbearing age, then following those women who subsequently become pregnant through gestation beginning in the first trimester, and subsequently observing their infants as they mature. Women will have anthropometric and nutritional assessments, 3D ultrasound evaluation of fetal growth, as well as the evaluation of blood flow to the placenta, including gene regulation. If this feasibility study is successful, the larger study will examine the association of maternal nutrition, fetal growth, and childhood and adult illness.

Screening Kids in Lakeview for Development Delays (SKILDD) was a quality improvement initiative completed in January. Children 0 to 6 years of age presenting for a well-child visit were screened for development and behavioral risks using standardized, validated screening tools. Those children screening positive or having concerns identified by the parent and/or clinician were referred to an Early Intervention Family Coordinator (EIFC). The EIFC was an employee of the local mental health services program and co-located in the primary care medical office building. Early analysis of the study shows that 100 children were screened with 10 referrals. Interviews of clinicians, staff and parents provided support for this new approach to the well-child visit. One clinician noted that the screening tools helped anchor discussion with parents during the visit, making it seem less like a "grilling" by the doctor. A parent commented that this is the first time she had been asked what she thought her child could and could not do, rather than just focusing on her child's "eyes and ears."

These two studies represent a range of child and women's health research from generating new clinical knowledge to practice change intervention. Future research opportunities will allow us to continue our efforts to partner with ORPRN communities, clinicians and their practices to improve the health of rural Oregon women and children.

Save these Dates

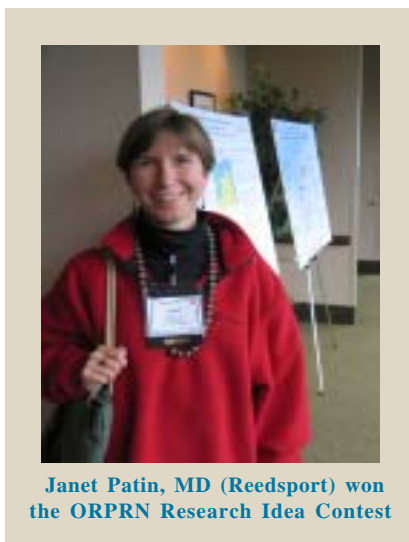
**OAFP Annual Scientific
Assembly and Congress
of Members
May 10-12, 2007
Skamania Lodge**

**Oregon Rural Health
Conference
September 13-15, 2007
Salem**

Rural Health Conference Focuses on Collaboration

The 23rd annual Oregon Rural Health Conference was held in Newport, Oregon on November 2-4, 2006. The theme, "Unique Geography...United Purpose" emphasized the common interests of participants and the overlapping missions of the four sponsoring organizations: ORPRN, the Oregon Office of Rural Health, the Oregon Rural Health Association, and the Oregon Area Health Education Center.

The conference featured talks by Peter Kohler, MD, and Joseph Robertson, MD (outgoing and incoming Presidents of OHSU), and David Meyers, MD, of the Agency for Healthcare Research and Quality (AHRQ). Dr. Meyers discussed AHRQ's focus on the quality and safety of rural health care through Information



Janet Patin, MD (Reedsport) won the ORPRN Research Idea Contest

Technology. Karl Ordelheide, MD (Lincoln City) led a discussion with members of the RxSafe study -- "Using IT to Improve Medication Safety for Rural Elders." Paul McGinnis, MPA, ORPRN's Community Health & Practice Development Director, highlighted

the efforts in the network to address mental and oral health issues of rural Oregonians.

At the ORPRN annual business meeting on Thursday, the Steering Committee approved adding new clinic sites and clinician members (listed on page 5) and voted in new officers. Michelle Thomas, MD (Klamath Falls), assumed the role of Steering Committee Chair and Robbie Law, MD (Reedsport), will serve as Vice Chair for the next year. Steering Committee members voted in for new terms include Jim Calvert, MD (Klamath Falls), Albert Thompson, MD (Pacific City), Jon Schott, MD (Baker City), Scott Graham, MD, (Lakeview), and Karl Ordelheide, MD (Lincoln City).

ORPRN sponsored a research ideas contest that drew many compelling entries, which are now being discussed within the Network. The prize was a bottle of French champagne. Research ideas included the following:

- o Educating primary care providers to do preventive dental care and measuring the impact on general health through quantitative and qualitative methods.
- o Assessing the outcomes, costs and patient perceptions of common general surgery procedures performed in rural vs. urban settings.
- o Is it feasible for rural primary care clinicians to apply pediatric dental varnish in the office? What are the outcomes and is it reimbursable?
- o Can hip protectors prevent hip fractures in elderly osteoporotic patients in the community vs. patients in a care facility?
- o What are the cost and outcome measures of large, urban hospitals diverting lower acuity procedures to small, rural hospitals?
- o What are the implications of ongoing preventive care, information sharing, and overall continuity of care when patients are referred by rural family practitioners and general surgeons to urban specialists?
- o Are team-oriented primary care models successful in rural environments?
- o Would a consumer health information card (similar to an ATM card) be successful in reducing medication errors?
- o Do nursing education programs adequately train graduates for the broad scope of nursing in rural areas?
- o Is job retention of clinicians in rural areas affected by the quality of rural schools?

The winning idea, proposed by Janet Patin, MD (left), is to use the existing statewide pediatric immunization registry (ALERT) to address adult "patient amnesia" regarding their vaccination dates. ALERT could be expanded to track adult vaccinations, particularly pneumovax, DT/Tdap, Hep A/B. This could be piloted in ORPRN sites and researchers could study how effectively the intervention worked, how patients and clinicians perceived it, and how accurate the data is.

Thanks to all who submitted research ideas!

Next year's Rural Health Conference will take place in Salem September 13-15, 2007.

NOTABLES

Congratulations to the clinics and clinicians who received awards at the 2006 Rural Health Conference.

"Outstanding Rural Health Practice"
Eastern Oregon Medical Associates, LLC

"Rural Health Practitioner of the Year"
Sandra Dunbrasky, MD

Rich Martin, MD, has joined La Clinica del Carino Family Health Center.

Jeanne Bowden, PhD, RN, has been appointed the interim director of the OHSU's Center for Health Disparities Research.

Scott Graham, DO, was awarded "Family Doctor of the Year" by the Lake County Chamber of Commerce in Lakeview.

Dunes Family Health Center welcomed its 100th OHSU Medical student in May. **Karli Edholm** completed her rural rotation at the clinic under the supervision of **Dale Harris, MD**.

Breaking News:

ORPRN Receives Master Contract from AHRQ

January 24, 2007 — ORPRN was selected by the Agency for Healthcare Research and Quality (AHRQ) to serve as a contractor for practice-based research up to five years. This status was obtained through an extensive and competitive application process in 2006 in which networks throughout the country submitted bids to receive master contracts from AHRQ. ORPRN will be one of a handful of networks approved to bid on "task orders" issued by AHRQ. These research or quality improvement projects will range in scope and may include preventive care, methods of diagnosing/treating common conditions, health care for priority populations, health information technology, readiness for emerging public health problems, and the coordination and delivery of primary care. More information will be disseminated to ORPRN clinics once AHRQ begins to issue the task orders.



Sporting their ORPRN hats at the Rural Health Conference are Lyle Fagnan, MD, Robbie Law, MD (Reedsport), and Oregon Senator Bill Morrisette (D)



New Research Staff at ORPRN:

Jo Mariah Mahler, MS

Jo Mahler recently joined ORPRN as its Senior Research Associate, responsible for research project management, program evaluation, and assisting with research design and data management systems development. She has worked in research capacities at OHSU for 17 years, primarily in the

Department of Psychiatry. Earlier, she worked as a certified respiratory therapist for 12 years.

Jo has an MS in Counseling Education and spent more than two years in Anchorage, Alaska as a mental health therapist with sexual abuse/assault survivors, and was a senior legal assistant for Alaska oil and gas royalties litigations. Most recently, Jo worked in Sitka, Alaska as the Data and Program Evaluation Specialist at an Alaska Native rural health consortium for the CDC's "Steps to a Healthier US" cooperative agreement initiative. The initiative focuses on increasing physical activity, promoting good nutrition, and decreasing the use of tobacco, with a participatory approach to primary prevention planning in rural communities.



From the Community Health & Practice Development Director:

Where Have All the Children Gone?

Paul McGinnis, MPA

In October, 2006, the Robert Graham Center for policy studies in family medicine and primary care released a brief titled "The Diminishing Role of FPs in Caring for Children." The brief finds that nationally, family physicians deliver a smaller portion of the outpatient care of children than they did 14 years ago. From 1992 to 2002 the share of children's health care provided by FPs declined by 33 percent.¹ While ORPRN is multidisciplinary, the majority of member clinics are oriented toward family medicine or pediatrics. The Graham Center report suggests that family medicine's role in serving children is more stable in rural communities and underserved populations. Still, this trend should be on the planning radar for ORPRN clinics. In keeping with the theme of this newsletter "Mothers and Children," this article examines this issue in Oregon and its potential business impact on ORPRN member clinics.

What has caused the decline? First, the number of pediatricians trained in the US has more than doubled since 1981 and the birth rate has declined over the same period. In short, there are more pediatricians and fewer kids. A brief review of licensure data in Oregon comparing 2000 and 2006 data shows a similar trend regarding pediatricians. In 2000 there were 62 pediatricians serving in Rural Primary Care Service Areas (PCSA) as defined by OHSU's Oregon Office of Rural Health (ORH). By 2006 that number had increased to 74, a 19.3% change. Using the same data set, the number of Family Physicians in rural areas increased from 469 to 537, a 14.4% change. ORH data reveals that for the time period 2000 to 2005 the percentage change of rural children ages 0 to 14 years declined by 4.5%.

According to Oregon Medical Association's 2004 Workforce Survey, the average number of patient encounters for pediatricians was 3,130 per year.² That means those 12 new pediatricians are serving some 37,560 encounters that might well have gone to a family physician, family nurse practitioner or physician assistant.

Second, as family physicians make the choice to stop delivering babies because of malpractice expense, call coverage issues and longer hours, the natural flow of new patients into the practice panel is diminished. 54.6% (30/55) of ORPRN family physicians responded in our 2005 clinician survey that they were providing obstetrical services. A secondary related issue here is that as the family practice

workforce in rural Oregon ages, it is these clinicians who are more likely to limit their hours after having served their communities faithfully over the years. As one clinician said, "the grayer my hair gets, the less children I see."

Yet, there are currently some 95,076 children ages 0-14 living in rural Oregon PCSAs where no pediatrician practices. What can your practice do to ensure that children remain an important part of your patient panel? While it may sound simple, always define the role of family medicine in your advertising. According to the Future of Family Medicine report, most Americans can identify pediatricians as "the doctor who cares for children."³ The same cannot be said for the role of Family Physicians. Let your community know children are welcome and wanted in your practice.

Moms and kids need to feel comfortable in your clinic. Establish an area in your waiting room with a variety of age-appropriate toys and books. Ideally, there should be separate areas for sick and well children. Install diaper changing tables in the public restrooms. Decorate a few exam rooms with brighter colors, children's artwork and appropriate reading materials. Anatomical models and mannequins are fun and educational for kids to look at in those rooms.

Lastly, help parents learn how to talk with their children about "going to the doctor." If the child has a good experience with you, the mom will want to continue the relationship.

However, the "visit" starts long before they reach your clinic. There are several strategies you can provide to parents that help relieve the anxiety of a doctor or dentist visit. The following website has a brochure that you can customize for mailing or to give to parents as part of your "Welcome to Our Practice" package:

<http://www.pbs.org/parents/talkingwithkids/health/doctor.html>

As community demographics and clinician workforce distribution change, it makes good business sense to monitor its impact on your practice, and respond to those changes.

1. *The Diminishing Role of FPs in Caring for Children*. The Robert Graham Center, 10/2006.

2. 2004 Oregon Physician Workforce Survey. Oregon Department of Human Services, Office of Medical Assistance Programs; Oregon Medical Association; Office of Oregon Health Policy and Research, 7/2005.

3. Marin JC, Avant JF, Bowman MA, et al. *The future of family medicine*. Ann Fam Med 2004;2(suppl 1):S3-32.

NEW CLINICS & CLINICIANS

The following clinics and clinicians received membership in ORPRN between April and November of 2006:

Clinics:

Baker Clinic (Baker City)
Columbia Gorge Family Medicine (Hood River)
Depoe Bay Clinic (Depoe Bay)
David M. Bice, MD (Newport)
Madras Medical Group (Madras)
North Lake Clinic (Christmas Valley)
Pacific Family Medicine (Astoria)
Samaritan Coastal Clinic (Lincoln City)
Siletz Community Health Clinic (Siletz)

Clinicians:

Tom Allumbaugh, MD (Dunes Family Health Center)
Kathleen Bakke, MD (Klamath Medical Clinic)
Michelle Beaman, MD (Columbia Hills Family Medicine)
Leland Beamer, MD (Madras Medical Group)
Ann Becker, CNM (Columbia Gorge Family Medicine)
Helen Bellanca, MD (La Clinica del Carino Family Health Center)
David Bice, MD (David M. Bice, MD)
Melody Bradley, NP/APN (Baker Clinic, LLP)
Bryan Braun, MS, PAC (Baker Clinic, LLP)
Craig Brown, MD (Bayshore Family Medicine)
Stephen Burns, MD (Siletz Community Health Clinic)
Lesa Cahill, FNP (C. Scott Graham, DO, PC)
James Calvert, MD (Cascades East Family Practice)
Bruce Carlson, MD (Gilliam County Medical Clinic)
Jolene Cawfield, FNP (High Desert Medical Center)
Patricia Dannen, PA-C (Samaritan Coastal Clinic)
Clara DeLeon, PA-C (Columbia Gorge Family Medicine)
Kristin Dillon, MD (Columbia Gorge Family Medicine)
Ralph Eccles, DO (Cascades East Family Practice)
Suzanne El-Attar, MD (Madras Medical Group)
Linda Ellis, NP/APN (Eastern Oregon Medical Assoc. LLC)
David Evans, MD (Madras Medical Group)
Molly Fauth, MD (La Clinica del Carino Family Health Center)
Kevin Finnigan, PA-C (Baker Clinic, LLP)
Thomas Fitzpatrick, MD (High Desert Medical Center)
Richard Fox, MD (Depoe Bay Clinic)
Tony Gay, MD (Columbia Gorge Family Medicine)
C. Scott Graham, DO (C. Scott Graham, DO, PC)
Joyce Hollander-Rodriguez, MD (Cascades East Family Practice)
Erin Hume, PA (Siletz Community Health Clinic)
Ingrid Huth Flanders, T-NP (La Clinica del Carino Family Health Center)
Bob Jackman, MD (Cascades East Family Practice)
Kevin Johnston, MD (High Desert Medical Center)
Yazohli Kanikkannan, MD (High Desert Medical Center)
Douglas Lieuallen, MD (Madras Medical Group)
Keith Long, PA (Madras Medical Group)
Robert McKim, MD (Baker Clinic, LLP)
Kate Merrill, MD (Pacific Family Medicine, LLP)
Paul Moyer, PA-C (La Clinica del Carino Family Health Center)
Angela Nairn, MD (Pacific Family Medicine, LLP)
Janet Patin, MD (Dunes Family Health Center)
Mike Pendleton, MD (Columbia Gorge Family Medicine)
Beverly Phillipson, MD (Siletz Community Health Clinic)
Jennifer Pflug, MD (Columbia Hills Family Medicine)
Gary Plant, MD (Madras Medical Group)
Janet Purvis, MD (Cascades East Family Practice)
Brendan Ramey, MD (La Clinica del Carino Family Health Center)
Judy Richardson, MD (Columbia Hills Family Medicine)
Robert Ross, MD (Cascades East Family Practice)
Connie Serra, MD (La Clinica del Carino Family Health Center)
Muriel Shaul, NP/ANP, PhD (Union Family Health Center)
Scott Swindells, PA (Siskiyou Community Health Center)
Lisa Taylor, RN, FNP (Siletz Community Health Clinic)
Steward Tuft, MD (Siletz Community Health Clinic)
Sandra Turbes, MD (La Clinica del Carino Family Health Center)
Patricia Widenoja, FNP (North Lake Clinic)

CURRENT STUDIES

RxSafe – USING INFORMATION TECHNOLOGY TO IMPROVE MEDICATION SAFETY FOR RURAL ELDERS

PIs: Paul Gorman, MD, and Karl Ordelheide, MD (Lincoln City)

Funding Agency: Agency for Healthcare Research & Quality

Dates: 10/04-9/07

Settings: Samaritan North Lincoln Hospital, OHSU, Lincoln City Medical Center, and long-term care facilities and pharmacies in Lincoln County, Springfield and Portland

Summary: This study is a collaboration with Samaritan North Lincoln Hospital, OHSU, and other institutions to establish a master medication information system to improve the safety of rural elders.

SKILDD – SCREENING KIDS IN LAKEVIEW FOR DEVELOPMENTAL DELAYS

PI: Lyle Fagnan, MD

Lead ORPRN Clinicians: C. Scott Graham, DO, Steven Hussey, MD, Robert Bomengen, MD (Lakeview)

Funding Agency: SAMHSA/CSAP through the State of Oregon, subcontract from Lake County Mental Health

Dates: 11/04-1/07

Settings: Family practice offices in Lakeview, Lake County Mental Health and other local behavioral health providers

Summary: This study examines a quality improvement effort to systematically screen children ages zero to six years within the primary care setting for early risks of behavioral health disorders. The project is also designed to integrate medical and mental health settings to provide coordinated referral and follow-up services in Lake County, Oregon.

TREATMENT GUIDELINES FOR MI IN RURAL OREGON

PI: Steve Riley, MD

Funding Agency: NIH/NRSA

Dates: 9/05-9/07

Settings: Southwestern Oregon

Summary: ACC guidelines for acute treatment of MI require revascularization early in the course of care. Because most rural hospitals do not have these facilities, this requires referral to one of two centers in rural Oregon. This study examines if the rate of referral of rural patients has increased after implementation of national guidelines.

CHRONIC OPIOID THERAPY AND PREVENTIVE SERVICES

PIs: James Calvert, MD (Klamath Falls), and David Buckley, MD

Funding Agency: American Academy of Family Physicians Foundation

Dates: 3/05-2/07

Settings: Klamath Open Door (Klamath Falls), Strawberry Wilderness (John Day), Rinehart Clinic (Wheeler), Elgin Family Health Clinic, Union Family Health Clinic, Cascades East (Klamath Falls), Lincoln City Medical Center

Summary: This study investigates, through retrospective chart review, potential associations between chronic opioid therapy for non-malignant pain in the primary care setting and the performance of preventive health services.

RURAL OREGON IMMUNIZATION INITIATIVE – PHASE I & II

PIs: Scott Shipman, MD, MPH, Lyle Fagnan, MD, James Gaudino, MD, MS, MPH

Funding Agencies: Centers for Disease Control & Prevention via the Oregon Department of Health & Human Services and American Academy of Family Physicians Foundation

Dates: 5/04-9/06

Settings: Eastern Oregon Medical Associates (Baker City), Ken McClain, MD and Maria Bolanos McClain, MD (Hermiston), Strawberry Wilderness (John Day), Bayshore Family Medicine (Pacific City), Pacific City Medicine (Astoria), Siskiyou Community Health Center (Grants Pass), Scappoose Clinic (Scappoose), Winding Waters (Enterprise), High Desert Medical Center (Burns), Robert Holland, MD and Russell Nichols, MD (John Day)

Summary: Phase I was an email and paper survey of approximately 1,100 rural clinicians in Oregon regarding immunization practices and beliefs. The survey was completed in April, 2005, and data analysis is underway. The follow-up study (Phase II) is being conducted in ORPRN practices and includes the use of the statewide immunization registry (ALERT), provider and parent focus groups, chart reviews, and implementation of a quality improvement program, AFIX.

NATIONAL CLINICAL QUESTIONS PROJECT

OHSU PI: Valerie King, MD, MPH

Dates: 11/05-ongoing

Settings: Klamath Falls, Reedsport, John Day, Coos Bay, Hood River, Scappoose, Lakeview, Yachats

Summary: The purpose of the study is to identify the areas of priority for research in family medicine practice by nationally surveying family medicine clinicians.

OREGON WOMEN'S STUDY

PI: Cynthia Morris, PhD, MPH

Funding Agency: Northwest Health Foundation, Collins Foundation, and private donors

Dates: 8/06-12/08

Settings: Klamath Falls

Summary: This 18-month feasibility study will follow women prior to, during, and after pregnancy, conducting anthropometric measurements, 3-D ultrasound assessment of the fetus, nutritional assessments, and gene regulation in a placental sample. The overall purpose is to assess how diet, body composition, and lifestyle factors affect the growth of the fetus and later development of chronic conditions.

OSTEOPOROSIS SCREENING IN RURAL OREGON

PIs: Eric Orwoll, MD, Lyle Fagnan, MD, Breanna Percel

Funding Agency: Bone and Mineral Unit at OHSU

Dates: 5/04-5/07

Settings: Statewide

Summary: An email survey of clinicians was conducted in nine ORPRN practices and a mailed survey sent to approximately 6,000 women age 65 and older in the same nine communities. The purpose of the survey is to help understand osteoporosis screening, care and attitudes, and their potential relationship to access to DEXA scans.

RURAL OREGON ADULT MEMORY (ROAM) PROJECT

PI: Linda Boise, PhD

Funding Agency: Agency for Healthcare Research & Quality (AHRQ)

Dates: 7/06-6/07

Settings: Dunes Family Health Clinic, Reedsport; Health Associates of Peace Harbor, Florence; David M. Bice, MD, Newport; Bayshore Family Medicine, Pacific City; Rinehart Clinic, Wheeler; Pacific Family Medicine, Astoria; OHSU Family Health Center, Scappoose.

Summary: Recognizing dementia and developing care plans for patients in rural areas is of concern due to the scarcity of specialists and community resources. The ROAM project adapts a clinical practice model for Alzheimer's and other dementia diagnosis developed by UCLA and the RAND Corporation for use in primary care clinics. The study will implement, observe and measure the process and outcomes, with intent to link patients with signs and symptoms of possible dementia and mild cognitive impairment with information and services.

Q-METHOD STUDY

PI: Lyle J. Fagnan, MD

Dates: 6/06-9/07

Settings: Network-wide

Summary: Blue Blake, while a Masters student in Medical Informatics at OHSU, recruited ORPRN clinicians to participate in an exploration (Q-method) of the subjective factors that encourage or discourage participation in research. The title of the study is "Clinician Participation in a Rural Practice-based Research Network: a Q-Methodology Approach." The aim is to identify factors that influence members' engagement in patient recruitment to studies, study development, resource and information sharing, and governance.

STRENGTHENING OREGON COMMUNITY SERVICES (SOCS)

PI: Jim Ledbetter, MD

Funding Agency: National Institute for Child Health & Human Development, Subcontract from Oregon Center for Children and Youth with Special Health Needs

Dates: 10/05-4/08

Settings: Statewide

Summary: This initiative aims to enhance community systems of care for children and youth with chronic conditions including physical, cognitive, and mental health impairments. The project focuses on the development and enhancement of practice-based family/professional teams. Teams work to plan and implement quality improvements within the individual practice and community aimed at improving care for children with special health care needs and their families.

USING MILITARY AND AVIATION SIMULATION EXPERIENCE TO IMPROVE RURAL OBSTETRIC SAFETY

PI: Jeanne-Marie Guise, MD, MPH

Funding Agency: Agency for Healthcare Research & Quality

Dates: 9/05-6/07

Settings: Oregon Health & Science University (OHSU); Madigan Army Medical Center, Fort Lewis, Washington; Silverton Hospital, Silverton; Lake District Hospital, Lakeview; Harney District Hospital, Burns; St. Elizabeth Health Services, Baker City; Providence Hood River Memorial Hospital, Hood River; Good Samaritan Regional Medical Center, Corvallis; The Corvallis Clinic, Corvallis

Summary: This intervention implements aviation crew resource management and medical simulation training to improve the safety of obstetric care in Oregon rural communities statewide.



Members of the
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