ORPRN E-News - May 2016

The ORPRN monthly e-news will keep you up-to-date on ORPRN news, events, and resources, as well as opportunities to participate in research and practice transformation activities.

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PROJECT UPDATE

Healthy Hearts Northwest

Early last month, we welcomed the participation of our 100th practice in the Healthy Hearts Northwest: Improving Practice Together initiative. To date, we have 103 small to medium-sized primary care practices in Oregon enrolled in the study, with several others that have vocalized their intent to enroll.

"This project gives us a jumpstart and re-boosts are energy," said Lisa Kranz, practice administrator at one participating practice, Family Medical Group Northeast in Portland, OR. Jane Conley, a practice administrator for Springfield Family Physicians stated, "We know that this is an important step [participating in H2N] in helping us take better care of our patients...."

Death rates from stroke are higher in the Pacific Northwest than in other areas in the United States; heart health indicators vary across the region and are worse in less populated rural counties than in urban areas. Most Americans get care from small- and medium-sized primary care practices, and more Americans die from heart disease than from any other cause. Nearly half of U.S. people are at risk for heart disease, and many aren't getting the care they need. For instance, one in three Americans have hypertension (high blood pressure), a major risk factor for heart disease, and almost half of them aren't getting treatment for it - and may not even know they have it, since it causes no symptoms.
"Doctors can do a lot to help people lower their risk for heart attacks and stroke," said Michael L. Parchman, MD, MPH, a Group Health Research Institute senior investigator and director of the MacColl Center, located in Seattle, WA.

For 15 months, Oregon Rural Practice-based Research Network's (ORPRN) Practice Enhancement Research Coordinators (PERCs) will help primary-care teams to deliver this risk-reducing care. PERCs also help participating teams learn how to improve their practices more generally: for instance, to use new evidence from medical research, and harness the power of their electronic health records. The practices share learning opportunities, including phone calls and webinars.

Enrollment remains open until June 1, 2016. Please visit www.healthyheartsnw.org to learn more about how you can be involved.

Colorectal Cancer Screening: Applying Evidence-based Interventions to Achieve 80% by 2018

Dr. Melinda Davis, Robyn Pham, and Ann Romer joined approximately 50 other representatives from around the state for Oregon's Colorectal Cancer (CRC) Roundtable on April 20th, 2016. Organized by the American Cancer Society as part of a Knight Community Partnership Program Tier I Award, the CRC Roundtable shared current evidence and initiated a cross-organization conversation to help partners reach the target goal of 80% screened by 2018. Sign the National Colorectal Cancer Roundtable (NCCRT) pledge today at http://nccrt.org/tools/80-percent-by-2018/80-percent-by-2018-pledge/

Oregon currently ranks 22nd out of 51 states (including the District of Columbia) for up-to-date CRC screenings. CRC is the second-leading cause of cancer death in the United States; however, incidence and mortality rates can be substantially reduced with screening. Multiple screening options for CRC exist – including annual at-home stool based screening options termed fecal occult blood tests (FOBT) or fecal immunochemical tests (NCCRT), colonoscopy every 10 years, or sigmoidoscopy every 5 years plus interval FOBT/FIT.

Dr. Davis and ORPRN staff are currently working on multiple studies to describe and address variation in CRC screening rates and practices in Oregon by patient, practice, and regional characteristics. With support of the Oregon Health Authority Dr. Davis and Dr. Gloria Coronado (Kaiser Permanente Center for Health Research) are hosting a series of webinars targeting CCO leaders focused on the identification and implementation of evidence-based interventions to increase CRC screening. For more information on the webinar series contact Robyn Pham at pharo@ohsu.edu.

IN THE NEWS

PCPCH 2017 Proposed Changes

If your practice is planning on applying or reapplying for PCPCH status, please be aware that there are changes proposed for 2017.

- Currently recognized PCPCHs that are due to reapply between January 1, 2016 and December 31, 2016 shall be granted an extension of their PCPCH recognition until January 1, 2017.
- Currently recognized PCPCHs that choose to reapply for recognition between January 1, 2016 and December 31, 2016 shall be recognized until January 1, 2017.
- Practices applying for PCPCH recognition for the first time between January 1, 2016 and December 31, 2016 shall be granted an extension of their PCPCH recognition until January 1, 2017.
31, 2016 shall be recognized until January 1, 2017.

New for 2017:

Proposed Changes to Point System

- **Tier 1:** 30 - 60 points and all 11 must-pass measures
- **Tier 2:** 65 - 125 points and all 11 must-pass measures
- **Tier 3:** 130 - 250 or more points and all 11 must-pass measures
- **Tier 4:** 255 - 390 points and all 11 must-pass measures
- **Tier 5:** 5 STAR Designation (previously 3-STAR)

Must-Pass Standards

- **3.B.0** PCPCH reports that it routinely offers all of the following categories of services: Acute care for minor illnesses and injuries; Ongoing management of chronic diseases including coordination of care; Office-based procedures and diagnostic tests; Preventive services; Patient education and self-management support.
- **3.C.0** PCPCH has a screening strategy for mental health, substance use, or and developmental conditions and documents on-site and local referral resources and processes.
- **6.C.0** PCPCH surveys a sample of its patients and families at least every two years on their experience of care. The patient survey must include questions on access to care, provider or health team communication, coordination of care, and staff helpfulness. The recommended patient experience of care survey is one of the CAHPS survey tools.

Additional information can be found on [Oregon.gov](http://Oregon.gov).

**UPCOMING LEARNING OPPORTUNITIES**

**OCHEA Equity Training**

- May 12
- 4-hour Racial Equity Training by Western States Center and the Oregon Health Authority's Health Promotion & Chronic Disease Prevention Section
- For more information, or to RSVP contact Joseph Santos Lyons joseph@apano.org or Linda Roman linda@orlhc.org

**Improving Colorectal Cancer Screening Rates and Save Lives!**

- Primary Care and Public Health webinar series event to discuss how to improve rates in your practice and community.
- May 18, 2016 11:30 am - 12:30 pm
- Visit the [PCPCI website](http://PCPCIwebsite) to register

**Save the Date: Oregon Community Health Worker Association (ORCHWA) Annual Conference**

- Friday and Saturday, August 26 - 27, 2016 in Portland, Oregon.
- Registration and conference schedule will be coming in May/June
- Call for abstracts now open