O R P R N

Oregon Rural Practice-based Research Network

Volume 3, Issue 1 May 2006

Message from the Director:

Characteristics of ORPRN

Lyle J. Fagnan, MD

With any clinical research it is important to know and describe the denominator, such as who is being studied and to what population of practices, clinicians or patients do the research results apply. In the last quarter of 2005, ORPRN conducted a network-wide survey to answer a number of important questions, such as: What are the demographic characteristics of ORPRN clinicians? Who are their patients? What services are provided by the clinicians? and What tools and resources are available to them?

What we found is that our network has a high degree of rurality with a predominance of small, single-specialty practices. These practices provide a broad scope of services and are accessible to a wide range of patients, regardless of insurance status and age.

As in most rural healthcare settings, family medicine clinicians have a strong presence in ORPRN, with a smaller representation by practitioners of general internal medicine and pediatrics. The network is multidisciplinary with a 60/40 mix of physician and non-physician (nurse practitioner/physician assistant) clinicians. Sixty percent of the practices are private businesses, while Federally Qualified Health Centers and clinics owned by non-profit organizations are significant players in the network.

A strong social contract exists between the ORPRN practices and their communities. The major sources of payment are Medicare and Medicaid, and the practices are accepting new patients with government coverage. Patients of all ages are seen in the network. One out of every four patients in ORPRN practices is age 65 and older compared to the state where 13% of Oregonians are in this age group. These demographic facts have important implications for health policy and research.

ORPRN clinicians provide a wide range of services. They continue to carry their "little black bag" on house calls and assist patients at the end of life in long-term care facilities and through hospice care. ORPRN clinicians are often the sole source of mental health services in their communities.

From an information technology standpoint, high-speed Internet access is universal. A surprising finding is that 40% of ORPRN practices are currently using electronic health records (EHR) with an additional 25% of practices planning on installing an EHR within the next year.

From an anonymous survey we found that ORPRN clinicians are satisfied with their career choice. One out of four ORPRN clinicians plans to retire or leave practice within the next five years, which implies that practices and communities need to be in a recruiting mode.

This survey provides a snapshot of ORPRN practices at the end of 2005. As of April 2006, ORPRN has grown to 36 practices in 29 communities. Our plan is to survey the network annually to provide a longitudinal snapshot of ORPRN, which will allow us to describe the network, assess the generalizability of our studies, and provide benchmarking data for the practices.

SAVE THE DATE

2006 ORPRN CONVOCATION

at the Rural Health Conference

November 3-4, 2006

Newport, Oregon

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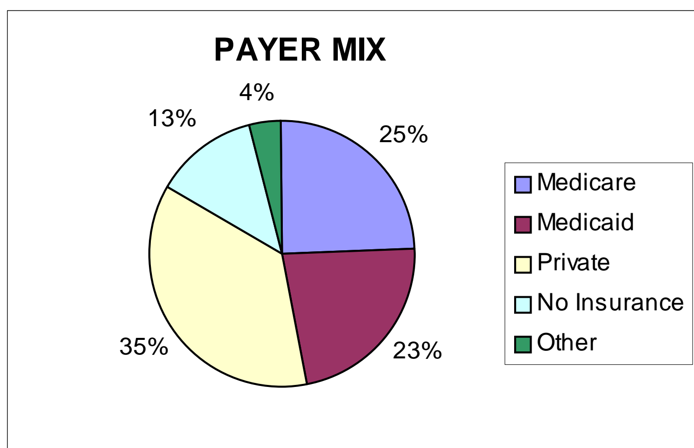
ORPRN STUDY FINDINGS- The 2005-2006 Network Survey

ORPRN's first network-wide survey of Oregon clinics and clinicians provides some interesting insights into rural healthcare. Conducted in late 2005 by ORPRN's Practice Enhancement and Research Coordinators (PERCs), the survey looked at clinician and patient demographics, practice scope, service availability, practice technology and clinician satisfaction.

All 31 practices that completed the member survey are "rural" according to the Office of Rural Health definition, which denotes "rural" as a geographic area that is 10 or more miles from the centroid of a population center of 30,000 or more. Fifteen of ORPRN practices are located in "frontier" counties (<6 people/square mile). More than 1.3 million people live in rural Oregon with, according to the survey, 170,000 residents receiving their care from an ORPRN clinician.

PRACTICES

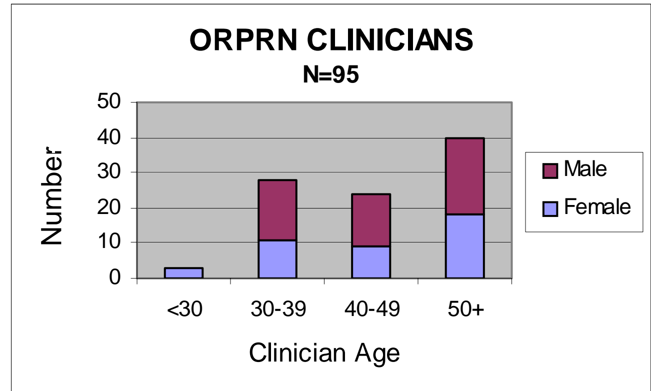
The majority of practices are private businesses and almost half are Federally Certified Rural Health Clinics. Most are small, single specialty group practices with an average of four clinicians (range: 1-8) and 12 staff members. Practices range in size from solo practice to groups with 8 clinicians. Ninety percent of practices are accepting new patients, including those with Medicare and Medicaid coverage. Forty-eight percent of practice payments come from Medicare and Medicaid.

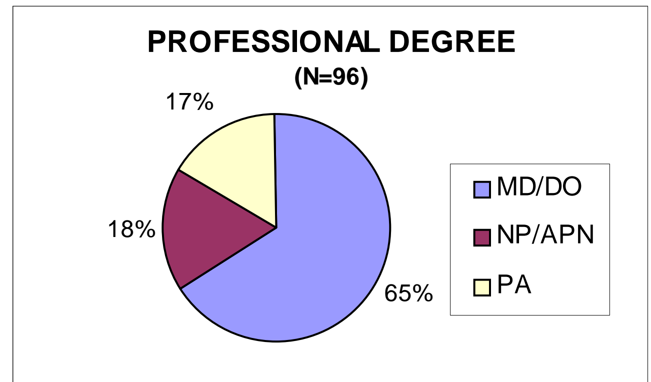


The average practice size is 5,463 active patients (range: 400 to 17,000), with 213 visits per week (range: 24-600). All age groups are cared for by ORPRN clinicians, with 22% of patients under age 14, 52% ages 15-64, and 26% age 65 and over. Three out of five practice patients are female and 12% are Hispanic/Latino.

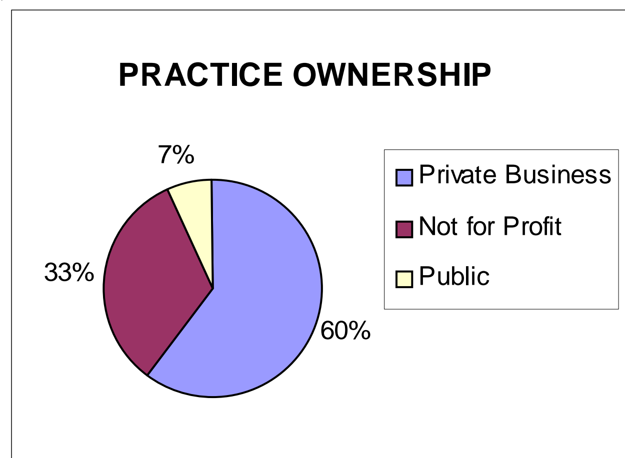
CLINICIANS

ORPRN members are physicians, nurse practitioners and physicians assistants. Family medicine is the predominant specialty (88%), with internal medicine and pediatrics comprising 15% of the network. Over 40% of ORPRN clinicians are 50 years of age or older and 40% are female.





Thirty-two percent of clinicians surveyed own their practices, while 68% are employees or contractors. Over half of the practices are owned by physicians.



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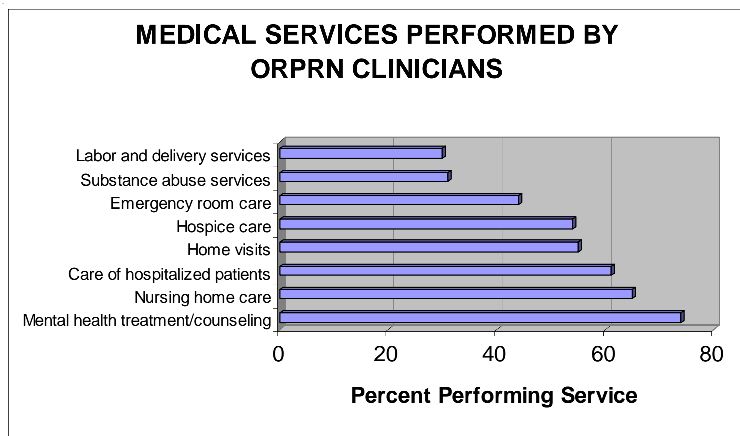
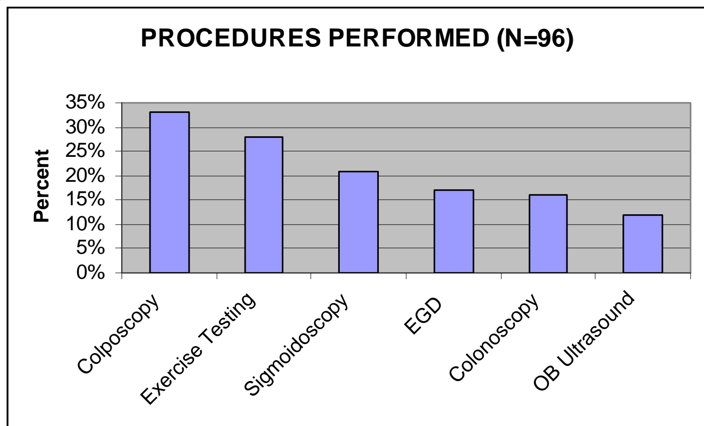
ORPRN STUDY FINDINGS- The 2005-2006 Network Survey

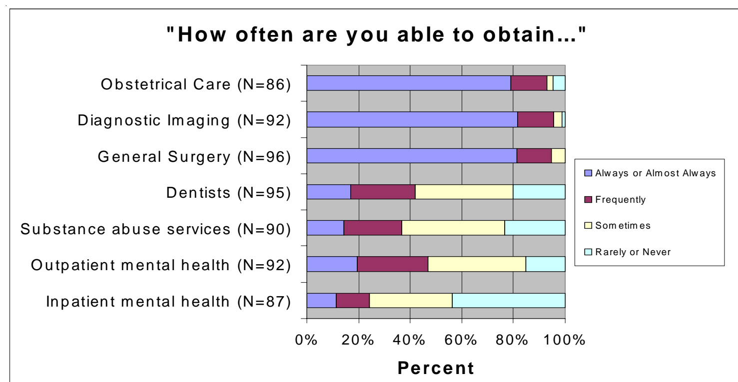
ORPRN clinicians provide multiple services to their communities.



ORPRN clinicians provide a wide range of procedures, including colposcopy, colonoscopy, exercise testing, and sigmoidoscopy.

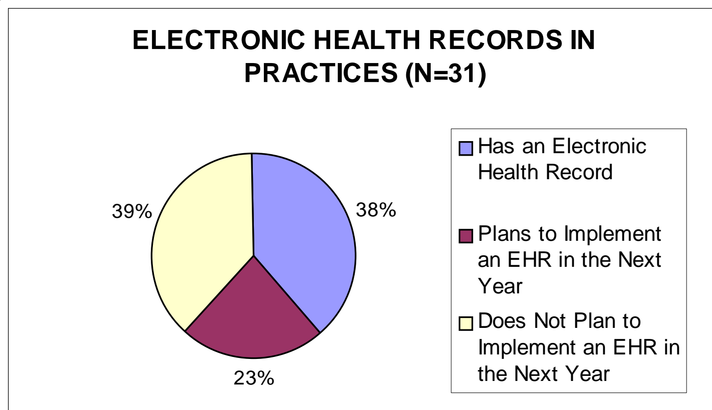


Clinicians are often able to obtain surgery, obstetrical care, and imaging services for their patients, but mental health, substance abuse and dentistry services can be more difficult to secure.



TECHNOLOGY

All ORPRN practices have Internet access, 93% of which is high-speed. Twelve of the 31 responding practices have an electronic health record, with an additional seven practices planning to implement an EHR within the next year.



E-mail is used to varying degrees in ORPRN clinics. Fifty-seven percent of clinicians agree strongly or somewhat strongly that patient e-mail communication enhances practice, yet only 17% of ORPRN clinicians use e-mail to communicate with their patients. Ninety-nine percent of clinicians said that patients have discussed Internet information with them.

SATISFACTION WITH PRACTICE

An anonymous survey looked at satisfaction with practice, retention, control over practice income and operations, and perceptions of care. Over 90% of clinicians reported being somewhat or very satisfied with their career. One-quarter plan on retiring or leaving practice within the next five years. The majority of clinicians feel in control of their income, hours, and clinical decisions, although over a quarter of clinicians feel isolated in their practice. Four out of five clinicians feel that it is possible to provide high quality care to all of their patients.

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NEW CLINICS & CLINICIANS

The following clinics and clinicians were given membership in ORPRN between 12-05 & 4-06

Clinics:

Baker Clinic, LLP

Madras Medical Group

North Lake Clinic

Clinicians:

Tom Allumbaugh, MD

Michelle Beaman, MD

Leland Beamer, MD

Sage Benentendi, PA

Melody Bradley, NP/APN

Bryan Braun, PA-C

Lesa Cahill, NP/APN

Suzanne El-Attar, MD

Linda Ellis, NP/APN

David Evans, MD

Molly Fauth, MD

Kevin Finnigan, PA

Rich Hamblin, PA

Ingrid Huth, NP/APN

Douglas Lieuallen, MD

Keith E. Long, PA

Paul Moyer, PA

Jennifer Pflug, MD

Gary M. Plant, MD

Brendan Ramey, MD

Judy Richardson, MD

Connie Serra, MD

Sandra Turbes, MD

Patricia Widenoja, NP/APN

From the Community Health & Practice Development Director:

Paul McGinnis, MPA

Skewed Productivity Numbers?

Over the past several years I've noticed a marked difference between the number of patient encounters in Oregon clinics as compared to recognized benchmarks. I refuse to believe that our clinicians are that much less productive than their counterparts in the western states or the United States. Further, I don't think that Oregonians are so much healthier than the norm that they use fewer physician services, or that they are less healthy and take much more time to treat than people elsewhere.

To conduct practice and community health assessments, you must believe in the power of large numbers and the actuarial tables and benchmarks that are the product of those large numbers. While all communities and clinics are unique, the numbers tell us that if you are of a certain age and gender you are likely to face the same health promotion, acute, self limited problems, or chronic illnesses whether you live in frontier Oregon or New York City. And physician use rate per capita in the US in 1975 was 2.7 visits and rose only to 3.1 visits in 2003.

When I was starting out my career in rural health 24 years ago I had the privilege to accompany a national consultant who was under contract with the National Health Service Corps while he worked with a rural Oregon clinic conducting a practice management assessment. While by nature I tend to purge and throw out rather than save information, I kept several of those historic tools upon which I still base some of my work. Back then, the standard for number of encounters served in a year for a family physician was 6,665 with an expected revenue per encounter of $30.00. If the clinician worked a 32 hour week, that translated into roughly 36 patients per day.

Of course the practice of medicine with an emphasis on preventive services, chronic illness care, counseling and insurance utilization controls have caused the number of encounters to decline over time. But by how much? And, why is there such variance among the usual sources for benchmarking? ORPRN's clinician survey covered earlier in this newsletter shows that the mean number of encounters for ORPRN physicians was 3,365 per year (18.2 per day) while NPs and PAs averaged 2,548 (13.8 per day). The productivity requirement of PAs and NPs in certified Rural Health Clinics is 2,100 encounters per year. Take a look at the table below. Which numbers would you prefer to be measured against? Draw your own conclusions about benchmarks and how you fit.

	2003 AMA National	2003 AMA Western US	2004 OMA Workforce
Family Practice	4,900	4,655	3,488
Internal Medicine	3,250	3,087	2,636
Pediatrics	4,320	4,104	3,136
OB/GYN	3,900	3,705	2,901

Sources: American Medical Association- Physician Socioeconomic Statistics 2003 Edition; 2004 Oregon Physician Workforce Survey. Oregon Department of Human Services, Office of Medical Assistance Programs; Oregon Medical Association; Office for Oregon Health Policy and Research. SPSS file forwarded to the Oregon Office of Rural Health, July 2005.

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Reflections on the AAFP PBRN National Convocation of Practices

Michelle Thomas, MD (Klamath Falls)

From February 23 to 25, 2006 Janet Patin, L.J. Fagnan and I attended the American Association of Family Physicians' Practice Based Research Network Convocation of Practices in Dallas, Texas. This meeting is attended by clinicians, study coordinators, and directors of PBRNs throughout the United States, as well as members of the AAFP National Research Network.

The first day was a research skills training workshop and went over a number of topics, including the importance and relevance of PBRN research, tips for smoothly working research into a practice, and developing clinical questions. There were a number of clinicians from across the U.S. attending this session who were about to begin a large study on postpartum depression, and the study was used as an example for many of the topics being discussed. During the second two days, there were talks on research studies in progress and those that have been completed in PBRNs, as well as talks on the importance of including families in primary care research.

One highlight for me was a report on the projects that were done through the Robert Wood Johnson Prescription for Health grant, which funded five networks specifically looking at ways to influence behavior change in patients with risky behaviors. Other studies discussed included research on herbal supplement usage in Latino patients, the effects of magnesium supplementation on blood pressure in African American patients, a rather complex study involving looking at two new biochemical markers in metabolic syndrome, and a study involving the community to create a colon cancer awareness program.

L.J. gave a very nice presentation of the results of the ORPRN clinician survey. There were a few talks that were a little more theoretical and methodological about family systems theory and statistical models that both Janet and I found to be a little abstract and difficult to understand. But as a whole, I left the conference feeling inspired about PBRN research.

Many of the clinicians at the conference have been involved in PBRN research for many years in networks that are more experienced than ours, and it was really enlightening to hear about the projects that they are doing, as well as descriptions of their successes and their pitfalls. During the talk on the Prescription for Health trials, all the groups reporting had aspects of their projects that they felt worked well, and things that they would change if they had the chance to do it over. It was encouraging to see many busy family physicians who have been willing and able to work research into their practices. So many of them are passionate about the importance of doing research so as to develop practical, generalizable answers to the questions that we all have in practice.

NOTABLES

Robbie Law, MD (Reedsport) was elected the 2006-2007 President of the Oregon Academy of Family Physicians.

Michelle Thomas, MD (Klamath Falls) was elected Vice President of the ORPRN Steering Committee at the Convocation in November. She replaced **Jeanne Bowden, RN, MPH, PhD** (LaGrande) who retired from the committee.

Strawberry Wilderness Family Practice in John Day welcomed **Andrew Janssen, MD** and **Andrea Janssen, MD** as new clinicians in the practice.

OHSU Library Resources Available to Oregon Healthcare Professionals

Have you wondered about how to obtain access to the resources of the OHSU library? Many of the OHSU medical library resources are available to off-campus users via the Internet.

There is a simple signup page for all licensed health professionals in Oregon. MD and DOs have access to both OVID and StatRef!, and other licensed health professionals can access OVID.

An OHSU library barcode needs to be requested at: https://www.ohsu.edu/library/libcdapp.shtml

If you have any questions about this form or OHSU Circulation Services, please e-mail liboff@ohsu.edu or call 503-494-3460.

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 old 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.

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: 3/05-6/06
Settings: Klamath Open Door (Klamath Falls), Strawberry Wilderness (John Day), Rinehart Clinic (Wheeler), Elgin, Union, 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 1 & 2

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 1 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) will be conducted in ORPRN practices and includes the use of the statewide immunization registry (ALERT), provider and parent focus groups, chart review, and implementation of the quality improvement program, AFIX.

RURAL COLLABORATIVE PROJECT TO IMPROVE DIABETIC AND CARDIOVASCULAR HEALTH IN OREGON— PHASE I AND II

PIs: Lyle Fagnan, MD and David Shute, MD (OMPRO)
Funding Agency: Centers for Disease Control via the Oregon Department of Health, Chronic Illness Division
Dates: 2/05-9/06
Settings: **Phase 1:** The Dalles, Condon, Union, Elgin, and Halfway; **Phase 2:** Lincoln City, Pacific City, Siletz, Newport, Yachats, Depoe Bay, Baker City
Summary: This is a quality improvement initiative in partnership with the Oregon Medical Professional Review Organization (OMPRO). The three objectives for this project are to: 1) identify and track a cohort of 50 adult patients with diabetes and/or hypertension; 2) recruit a community partner to develop a menu of ideas to improve coordination of care; and, 3) participate in distance learning sessions to improve diabetes and hypertension care through the Chronic Care Model.

OSTEOPOROSIS SCREENING IN RURAL OREGON

PIs: Eric Orwoll, MD, Lyle Fagnan, MD, Breanna Percel
Funding Agency: Bone and Mineral Unit at OHSU
Dates: 5/04-9/06
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.

STRENGHTENING 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 will then 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.

HEALTH COACHING

PI: Paul McGinnis, MPA
Funding Agency: Federal Office of Rural Health Policy
Dates: 9/05-9/06
Summary: Health Coaches from the communities of Lincoln County, Reedsport and Baker County were hired and trained in "Motivational Interviewing" techniques. They are currently taking referrals from local clinicians and are working with the referred patients to increase physical activity and improve diet.

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.

TREATMENT GUIDELINES FOR MI IN RURAL OREGON

PI: Steve Riley, MD
Funding Agendy: 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.

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.

Q-METHOD STUDY

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

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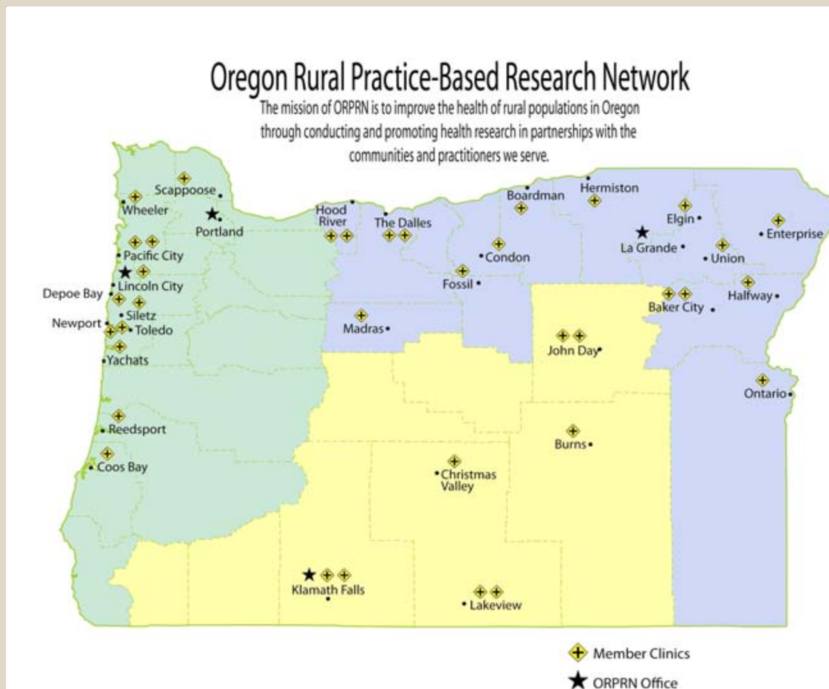

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Network Manager: Anne King, MBA
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Research Data Coordinator: Mary Masterson, MPA, MPH
Research Coordinators: Heather Angier, CCRP, Nancy Rollins

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