



Community and Practice Research (CPR) Program NEWSLETTER

www.octri.org/cpr

OCTRI Mission

Improve human health by enhancing clinical and translational research.

CPR Objective

Extend clinical and public health research beyond the walls of academia into the community and community-based practices.

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Message from the Director

Richard A. Deyo, MD, MPH

With all the recent attention to health reform and health policy on the national agenda, we thought this was a good time to highlight some of Oregon's health reform efforts and the key role that research plays in informing health policy.

Accordingly, the goals of this edition are three-fold: 1) to describe the primary state government bodies that are involved in health policy and research; 2) to call your attention to recent health reform legislation in Oregon, with a particular focus on new data sources that may be of interest to health services researchers; and 3) to highlight recent research undertaken by OHSU and OCTRI investigators that assesses the impact of policy decisions and/or involves collaboration with state or local government agencies.

As we move forward with the OCTRI Community and Practice Research

program, we hope to expand our collaborations with state government agencies, and develop a capacity for providing quick analysis of statewide data. This may help to provide key information for policy purposes, but also increase access to data for more conventional academic research purposes.

In this regard, we want to introduce a new member of our CPR team, Erika Cottrell. Erika is finishing a PhD in Sociology and Demography at the University of Wisconsin-Madison and has a Master in Public Policy from Harvard University's Kennedy School of Government. Erika worked on international HIV/AIDS policy for the U.S. Department of State and U.S. Agency for International Development and has a particular interest in health policy research. She gathered and wrote the content for this newsletter, and has already become a valuable part of our program. Welcome Erika!

A Primer on State Government Bodies Involved in Health Policy and Research

Office for Oregon Health Policy & Research

As part of the Director's Office in the Department of Human Services, the **Office for Oregon Health Policy and Research (OHPR)** conducts impartial, non-partisan policy analysis, research and evaluation, and provides technical assistance to support health reform planning and implementation in Oregon.

The office serves in an advisory capacity to the **Oregon Health Policy Board** (see p. 2), the **Oregon Health Authority** (see p. 2), the Governor and the Legislature.

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For more information, see: Oregon Health Policy & Research, http://www.oregon.gov/OHPPR/about_us.shtml



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Oregon Health Research & Evaluation Collaborative

One of the key roles of the Office of Health Policy and Research (OHPR) is to facilitate the work of the Oregon Health Research and Evaluation Collaborative (OHREC), established in 2002. OHREC is a statewide organization that includes health services researchers from Oregon's universities and state and county agencies, as well as representatives of managed care, behavioral health and advocacy organizations, hospital systems, and a variety of other stakeholders. Its unique organizational model allows the OHPR to serve as a conduit between health services researchers and policymakers in the state of Oregon, reducing information gaps and thereby informing both policy and program decisions. **OHSU faculty members Robert A. Lowe, MD, and Jennifer DeVoe, MD, DPhil, are both active members of OHREC.**

Vision:

Healthier Oregonians through evidence-based health policy

Goals:

- Stimulate collaborative health services research and evaluation
- Generalize and communicate quality, non-partisan, and timely health services information
- Foster dialogue among the researchers, policymakers, stakeholders and community members
- Develop capacity to provide ongoing health services research and health policy analysis

Source: Oregon Health Research & Evaluation Collaborative, <http://www.oregon.gov/OHPPR/OHREC/index.shtml>, February 2010.

Oregon Health Authority

The **Oregon Health Authority (OHA)** is a new state agency created by House Bill 2009. By July 2011, most health-related programs in the state will be joined together to form the Health Authority.

Vision

A healthy Oregon.

Priorities

- Expanding health care coverage and access to all Oregonians.
- Transforming health care delivery.
- Improving population health.
- Reducing per capita health care costs.

Mission

Helping people and communities achieve optimum physical, mental, and social well-being through partnerships, prevention and access to quality, affordable healthcare.

The **Oregon Health Policy Board** serves as the policy-making and oversight body for the Oregon Health Authority. It is responsible for improving access, cost and quality of the health care delivery system and the health of all Oregonians.

Oregon Health Policy Board Members

Eric Parsons, Chair. Vice Chair of OHSU Foundation Board of Trustees and chair of the OHSU Knight Cancer Institute Community Council.

Lillian Shirley, BSN, MPH, MPA, Vice Chair. Director of Multnomah County Health Department.

Michael Bonetto, PhD, MPH. Director of Community Benefit and Government Affairs for Cascade Healthcare Community in Bend.

Eileen Brady. Co-owner of New Seasons Market.

Carlos Crespo, MS, DrPH. Professor of Community Health and Director, School of Community Health at Portland State University.

Felisa Hagins. Political Directors for the Service Employees International Union (SEIU) Local 49.

Chuck Hofmann, MD, MACP. General Internist, Baker City.

Joe Robertson, MD, MBA. President of OHSU.

Nita Werner, MBA. President/CFO of Ornelas Enterprises Inc.

Source:

Oregon Health Authority, http://www.oregon.gov/OHA/features/feature_what_is_oha.shtml, February 2010.

Oregon Health Policy Board, <http://www.oregon.gov/OHA/OHPB/members.shtml>, February 2010.

Recent Legislative Accomplishments and New Opportunities for Health Services Research

Health Reform Legislation in 2009

On June 11, Oregon's legislature passed historic health reform legislation. Key aspects are the creation of the *Healthy Kids* program, which aims to make coverage affordable for all children, and the mandate to establish an All-Payer, All-Claims database.

Healthy Kids

***Healthy Kids* provides coverage for all uninsured children up to age 19.** The plan includes coverage of dental, vision, mental health and physical health care. It provides options for families at all income levels. The program will cover 80,000 currently uninsured children and will include enhanced outreach to children in under-served communities.

The Office for Oregon Health Policy and Research is developing a survey to evaluate the effectiveness of the *Healthy Kids* program. The survey will be implemented this spring, with results available later this year. Oregon Health Research and Evaluation Collaborative (OHREC) members Jennifer DeVoe, MD, DPhil (Assistant Professor, OHSU Department of Family Medicine) and Matt Carlson, PhD (Assistant Professor, Portland State University Department of Sociology) are collaborating on survey design and implementation.

Source: Office of Private Health Partnerships, http://www.oregon.gov/OPHP/health_kids.shtml, February 2010.



All-Payer, All-Claims Data Base

In an effort to monitor health reform efforts, HB 2009 mandated the creation of an All-Payer, All-Claims (APAC) database to collect information on the quality and cost of health care in Oregon. The system is expected to be up and running in fall of 2010. Claims data will be collected from insurance carriers, health plans, third-party administrators, pharmacy benefit managers, Medicaid, and Medicare. The data will include eligibility information and medical, pharmacy, and dental claims. Though billing data are currently collected by individual insurance carriers, claims to different carriers cannot be linked, and proprietary data are difficult to access. Data collection will not increase the burden on doctors, and in fact may even serve to reduce burden as insurers move to a single, coordinated dataset.

A complete data collection program of all claims paid by all health care payers will be an invaluable tool for studying the health care delivery system. This data will be instrumental to health services researchers investigating such topics as health care utilization, patterns of care, disease prevalence and cost of care. In addition, comprehensive data about the quality and cost of health care will allow state policymakers to monitor efforts to reduce health care costs and improve both health care quality and population health. Data can be grouped by community to highlight disparities between counties, regions, or other geographic areas. This will enable evaluation of statewide variations in care, whether evidence-based guidelines and best practice clinical standards are being followed, and how they affect cost and quality.

Source: Office for Oregon Health Policy & Research, http://www.oregon.gov/OHPPR/HFB/docs/2009_Legislature_Presentations/Policy_Briefs/PolicyBrief_AllPayerAllClaimsDatabase_4.30.09.pdf, April 2009.

Oregon Health Study

A prime example of collaborative efforts between researchers and policymakers is the **Oregon Health Study (OHS)**, a three-year, \$11 million project designed to evaluate the impact of health insurance.

OHS is the first randomized controlled experiment to examine the causal effects of having some type of insurance coverage versus having no insurance. Results will provide policymakers with timely information on the effects of expanding access to health insurance both on the individual and system levels.

An interdisciplinary team of researchers and policymakers in the fields of public health, economics, sociology, medicine, and health policy designed the study. OHS builds upon previous health policy studies such as the RAND Health Insurance Experiment, designed nearly 40 years ago by Joseph Newhouse, now a professor of Health Policy at Harvard University and a key advisor on the design and analysis of the OHS. **The OHS accomplishes something that Newhouse and others once never thought possible: tracking two large groups of people who are similar except for one randomly imposed difference – whether or not they have health insurance.**

How was Oregon able to establish a “no coverage” group for comparison? In April 2008, Oregon’s Medicaid agency determined that it had enough funds to provide health insurance to an additional 10,000 uninsured low-income adults through the Oregon Health Plan (OHP) Standard, (a limited-benefit insurance option for the state’s estimated 60,000 childless adults with incomes below 100% of the federal poverty level). To be as fair as possible, the state held a computerized “lottery” to determine who could apply for Medicaid health coverage and who could not. Recognizing the unique opportunity for research, investigators from Oregon and across the country used this natural experiment to launch the Oregon Health Study.

Oregon Health Study Partners

The State of Oregon is providing the research team with access to administrative data on costs and utilization from hospital and emergency departments, on public costs from the state Medicaid budget, and on mortality from vital statistics.

OHREC is the primary forum through which the Oregon Health Study researchers communicate with Oregon policymakers.

The Providence/Center for Outcomes Research & Education research team is responsible for fielding mail surveys and conducting in-person interviews.

The Harvard/MIT/National Bureau of Economic Research Team is working closely with Providence on the study design and analysis.



Sources:

Oregon Health Study, <http://www.oregonhealthstudy.org/en/home.php>, February 2010.

Peck, Dennis. “Before the Oregon Health Study, there was RAND,” The Oregonian, May 12, 2009, http://www.oregonlive.com/health/index.ssf/2009/05/before_the_oregon_health_study.html.

RECENT HEALTH POLICY AND HEALTH SERVICES RESEARCH INVOLVING OHSU AND OCTRI INVESTIGATORS

Children's Health Care

Although current debates about health reform have centered largely on the importance of stable health insurance, Jennifer DeVoe, MD, DPhil (OHSU Assistant Professor of Family Medicine) and co-authors recently published a study in the journal *Pediatrics* highlighting the significance of having a usual source of care in ensuring access to needed health care services.



Their findings come from a statewide survey of 8,636 households who were enrolled in the food stamp program at the end of January 2005 (2,681 households completed the survey and statistical weights were applied to ensure that the sample was representative of the overall population of 84,087 Oregon households receiving food stamps). The survey asked parents whether their child had experienced an "unmet need" in the previous 12 months (i.e. unmet medical or prescription need; missed medication doses; delayed urgent care; no outpatient visits; or problems obtaining dental, specialty or urgent care). In order to assess whether they had a usual source of care, parents were also asked where they took their child for needed medical care. Those who received care at a community health center, private clinic or school-based clinic were considered to have a usual source of care. Those who didn't receive care or who received regular care only at an emergency department or urgent care facility were considered to have no usual source of care.

Compared to children with a stable source of care, those who changed their usual source had 2.6 times the odds of experiencing unmet medical needs. A change in insurance coverage was found to be an important predictor of having a usual source of care. Indeed, 23 percent of low-income children in Oregon had changed their usual source of care due to insurance changes.

Source: DeVoe J, Saultz JW, Krois L, Tillotson CJ. "A Medical Home Versus Temporary Housing: The Importance of a Stable Usual Source of Care," *Pediatrics*. 2009 October 19; 124(5).

Image courtesy of: www.ohsu.edu/oneday/

Oregon Genomics Surveillance Program

Currently, one of the major efforts of the Oregon Genetics Program is developing, implementing, and evaluating a three year, CDC-funded surveillance program (*Oregon Cancer Genomics Surveillance Program: Translation of Genomics Applications into Healthcare Practice*) to monitor the use of cancer-specific evidence-based genomic tests and family history in Oregon. Katherine Bradley, PhD, RN, Administrator of the Office of Family Health, is the Principal Investigator and Nannett Newell, PhD, of the Oregon Public Health Genetics Program, is the Project Director. In addition to providing substantial help in developing the proposal, CPR team member **Patty Carney, PhD (OHSU Professor of Family Medicine)**, and **Cindy Morris, PhD (OCTRI Education Program Director)**, serve as program advisors. **LJ Fagnan, MD (Oregon Rural Practice-based Research Network Director)**, is a consultant on issues related to rural primary care practice.

This surveillance system monitors the use of cancer-specific genomic tests and family history in Oregon. Specifically, the program aims to evaluate:

- ➔ How familial risk of colorectal, breast and ovarian cancer influence healthcare practice and behavior;
- ➔ Awareness, knowledge, and use of BRCA 1 & 2 testing (genetic tests that identifies susceptibility to breast cancer);
- ➔ Healthcare providers' knowledge, attitudes, and use of genomic tests for colorectal, breast, and ovarian cancer;
- ➔ Disparities in access to genetic testing and genetic counseling for colorectal, breast, and ovarian cancer.

Investigators will utilize data from the Behavioral Risk Factor Surveillance System (BRFSS), Medicaid claims, the Oregon State Cancer Registry, and genetics services data. In addition, healthcare providers in urban, rural, safety net, and private insurance settings will be surveyed to identify disparities in access to genomic testing and genetic counseling services. The team will create a report of surveillance findings, including information on how genomic testing influences provider practice and patient behavior and recommendations for healthcare provider education in this area.

Source: Oregon Genetics Program, http://www.oregon.gov/DHS/ph/genetics/genomics_grant.shtml, February 2010.

Emergency Medicine

Robert A. Lowe, MD, MPH (Senior Scholar in the Center for Policy and Research in Emergency Medicine at OHSU) and colleagues received funding from the Robert Wood Johnson Foundation and the Office for Oregon Health Policy & Research, through the Oregon Office of Medical Assistance Programs, to investigate the impact of cuts to the Oregon Health Plan (OHP) in 2003. The OHP cuts resulted in the disenrollment of more than 50,000 beneficiaries. Dr. Lowe's team assessed the impact of these cuts on emergency department (ED) use, obtaining data from 26 of Oregon's 58 EDs, representing about 62 percent of all ED visits statewide. ED use is an important metric on its own and also serves as a measure of access to primary care.

In a December 2008 paper published in the *Annals of Emergency Medicine*, Dr. Lowe and his co-authors (John McConnell, PhD, Molly Vogt, MA, and Jeanene Smith, MD, MPH) explained that Oregon's Medicaid cuts were followed by increases in ED use and hospitalizations by the uninsured. After the OHP policy changes, ED visits by the uninsured increased abruptly from 6,682 per month in 2002 to 9,058 per month in 2004. On the other hand, OHP-sponsored and commercially insured visits actually decreased. These results held even after statistically adjusting for other factors such as secular trends and seasonality.

The authors suggest that recent federal legislation forcing similar Medicaid changes may lead to replication of these events in other states. As articulated by the editor of the *Annals of Emergency Medicine*, "Policymakers contemplating changes to insurance eligibility need to consider the risk to patients and the clinical and financial burden placed on hospitals and EDs as a result of these decisions" (Lowe et al., 2008).

OHSU's Center for Policy and Research in Emergency Medicine breakthrough research leads to new standards of care and a better understanding of important issues involving emergency medicine, disaster preparedness, and toxicology. The Center partners with policy-makers on all levels identifying and enhancing emergency healthcare issues facing our community, our state and our nation.
<http://www.ohsu.edu/emergency/research/index.htm>

Source: Lowe RA, McConnell J, Vogt M, Smith J. "Impact of Medicaid Cutbacks on Emergency Department Use: The Oregon Experience." *Annals of Emergency Medicine*. 2008 December; 52(6).

Maternity Care

A paper published in August 2009 by Ariel Smits, MD, MPH, Valerie King, MD, MPH, Rebecca Rdesinski, MSW, MPH, Lisa Dodson, MD and John Saultz, MD, (all of the OHSU Department of Family Medicine), revealed that Oregon continues to lose maternity care providers, despite a policy initiative designed to mitigate this trend. Responding to concern about the declining number of maternity providers in Oregon, particularly in rural areas, in 2003 the Oregon Legislature initiated a program to subsidize malpractice premiums for qualifying rural physicians.



The authors surveyed all of Oregon's obstetrical care providers in 2002 and 2006. These survey data were supplemented with state administrative data to investigate changes in the provision of maternity care, reasons for ceasing to provide maternity care, and the impact of the malpractice premium subsidy on obstetrical practice.

Findings suggested that only 36.6% of responding clinicians qualified to deliver babies were actually providing maternity care in Oregon in 2006. This is significantly lower than the 47.8% who reported providing care in 2002. Cost of malpractice insurance was the number one reason cited for discontinuing maternity care (50.7% in 2002 and 58% in 2006), followed by lifestyle issues (42% in 2002 and 38.2% in 2006).

Surprisingly, despite the importance placed on the cost of malpractice insurance, the study found no statistical association between receiving the subsidy and continuing maternity care. The authors concluded that additional policies, such as increasing Medicaid payments for deliveries and implementing innovative supports for maternity care providers, are needed to maintain and increase the provision of maternity care in Oregon.

Source: Smits A, King V, Rdesinski R, Saultz J. "Change in Oregon Maternity Care Workforce after Malpractice Premium Subsidy Implementation." *Health Services Research*. 2009; 44(4).

Image courtesy of: www.ohsu.edu/oneday/

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OHSU Health Discoveries Program**Let's Get Healthy!**

Let's Get Healthy! (originally titled Nutrition World) was created by OCTRI Community & Practice Research (CPR) program team member Jackie Shannon and others. The exhibit debuted at OMSI in summer 2007 and was hugely popular. Over 3,000 individuals lined up to participate over the week and a half of the exhibit.

OHSU was recently awarded two grants from the National Institutes of Health (NIH) to take Let's Get Healthy! to rural Oregon communities. These grants support community engagement, NIH research and health education by joining the efforts of our partners in rural clinics, research institutions, museums, schools, and educational programs.

Attendees are invited to enroll as research participants where they learn about the research process and the quality of their own diet and body composition. Participants can contribute their anonymous health information to a population database that researchers can use to study the relationship between eating habits, body composition and genetics. All data is anonymous.

Upcoming Fairs

Wednesday, March 10th 2010: PSU Native American Student and Community Center; Portland, OR

Friday, March 12th 2010: St. Helen's Middle School; St Helens, OR

Wednesday, April 7th 2010: OHSU Center for Health and Healing

Saturday, April 24th, 2010: Madras High School; Madras, OR

Saturday, September 25th 2010: Hermiston High School; Hermiston, OR

Saturday, October 16th 2010: African American Health Coalition; Portland, OR



Jackie Shannon, PhD and Jonathan Purnell, MD

Interested in Participating or Volunteering to Help?

These fairs are open to the public and we welcome volunteers of all backgrounds to help with the exhibit.

For more information about participating or helping with the fair as a volunteer, visit: www.octri.org/letsgethealthy or contact Lisa Marriott, PhD (503-494-8775, marriott@ohsu.edu)

**CPR Program Contacts**

Christina Bethell, PhD, MBA, MPH

*Health Services and Policy Research,
Health Administration,
Public Health*
bethellc@ohsu.edu

Arwen Bunce, MA

Medical Anthropology
bunceaw@ohsu.edu

Patricia Carney, PhD

Health Services Research
carneypp@ohsu.edu

Erika Cottrell, MPP, PhD

Candidate

*Health Policy, Demographic &
Sociological Research*
cottrele@ohsu.edu

Greg Clarke, PhD

Clinical Psychology
Greg.Clarke@kpchr.org

Richard Deyo MD, MPH

*Primary Care Physician, Health
Services Research*
deyor@ohsu.edu

Lyle J. Fagnan, MD

*Primary Care Physician, Practice-
based Research*
fagnanl@ohsu.edu

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NEWS

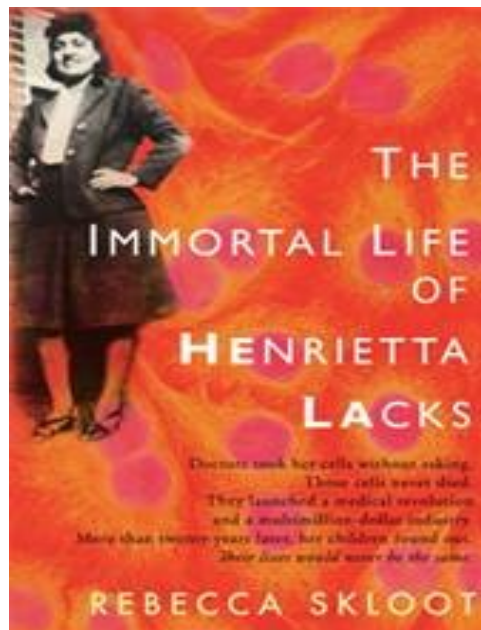
Thanks to the hard work of **Christina Elmore** (OCTRI Communications Specialist) and others, OCTRI has a new website. **Please visit us at www.octri.org/cpr.**

OCTRI/CPR and the Knight Cancer Institute co-sponsored a Cancer Survivorship Program Project Grant Planning retreat led by CPR team members **Patty Carney and Lillian Nail** (February 11-12, 2010).

OCTRI and the Department of Family Medicine co-sponsored an informational Seminar ("Bringing Data on the Uninsured into Focus") highlighting the unique data resources available through **OCHIN** (October 15, 2009).

Rick Deyo received an administrative supplement from NIAMS for his project "Complications of Surgery for Spinal Stenosis: A Clinical Prediction Rule."

Rick Deyo and Mark Spofford participated in EXCITER, an initiative involving **KPCHR**, the Evidence-Based Practice Center, **OCHIN** and **ORPRN**. **Arwen Bunce, David Buckley and Paul McGinnis** also participated and helped facilitate EXCITER focus group sessions. EXCITER brought together community clinicians, researchers, and patient advocates to discuss the results of a systematic evidence review on screening for depression in primary care and brainstorm research questions to address gaps in the existing literature.

**SAVE THE DATE!**

**Rebecca Skloot will speak
about her book:**

***The Immortal Life of
Henrietta Lacks***

(currently #2 on the New York Times
Bestseller List)

April 13th at 4:00

**School of Nursing Auditorium
OHSU**

Co-sponsored by OCTRI and The
Foundation for Medical Excellence.

Scientists know her as HeLa, but her name was Henrietta Lacks. She was a poor Southern tobacco farmer who worked the same land as her slave ancestors, yet her cells—taken without her knowledge—became one of the most important tools in medicine. The first “immortal” human cells grown in culture, they are still alive today, though Henrietta has been dead more than sixty years. They were vital for developing the polio vaccine; uncovered secrets of cancer, viruses, and the effects of the atom bomb; helped lead to important advances like *in vitro* fertilization, cloning, and gene mapping; and have been bought and sold by the billions.

Now Rebecca Skloot takes us on an extraordinary journey, from the “colored” ward of Johns Hopkins Hospital in the 1950s to the small, dying town of Clover—a land of wooden slave quarters, faith healings, and voodoo— to East Baltimore today, where Henrietta’s children, unable to afford health insurance, wrestle with pride, fear, and betrayal. Their story is inextricably linked to the birth of bioethics, the dark history of experimentation on African Americans, and the legal battles that could determine whether we own our bodies.

For more information, visit
www.rebeccaskloot.com

**CPR Program
Contacts**

**Jeanne-Marie Guise, MD,
MPH**

*Obstetrician/Gynecologist,
Health Services Research,
Maternal-child health*
jguisej@ohsu.edu

Robert A. Lowe, MD, MPH

*Emergency Physician,
Health Services Research*
lowero@ohsu.edu

David Mosen, PhD, MPH

*Health Services Research,
Quality Improvement and Pro-
gram Evaluation*
david.m.mosen@kpchr.org

**Richard A. Mularski, MD,
MSHS, MCR, FCCP**

*Pulmonary/Critical Care & Pallia-
tive Medicine, Health Services
Research, Quality Improvement*
Richard.A.Mularski@kpchr.org

Lillian Nail, PhD

*Symptom Management Research,
Cancer Survivorship Issues, Re-
search on Coping with Illness*
nail@ohsu.edu

Jackie Shannon, PhD

*Nutritional and Molecular
Epidemiology*
shannoja@ohsu.edu

Mark Spofford, PhD

Clinical Psychology
mark.spofford@kpchr.org

Evelyn Whitlock, MD, MPH

*Preventive Medicine,
Evidence-based Medicine*
evelyn.whitlock@kpchr.org

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SELECTED PUBLICATIONS BY CPR MEMBERS

McGinnis P, Hunsberger M, **Davis M**, Smith J, Beamer BA, Hastings D. Transitioning from CHIP to CHIRP: Blending Community Health Development with Community-Based Participatory Research. *Family & Community Health*. In press.

Remmers C, Hibbard D, **Mosen DM**, Wagenfield M, Hoyer RE, Jones C. Is patient activation associated with future health outcomes and health care utilization among patients with diabetes? *Journal of Ambulatory Care Management*. 2009 Oct-Dec; 32(4):320-7.

Mularski RA, Munjas BA, Lorenz KA, Sun S, Robertson SJ, Schmelzer W, Kim AC, Shekelle PG. Randomized controlled trial of a mindfulness-based therapy for dyspnea in chronic obstructive lung disease. *Journal of Alternative and Complementary Medicine*. 2009 Oct; 15(10): 1083-1090.

Sewo H, Snyder CF, Shugarman LR, **Mularski RA**, Kutner JS, Lorenz KA, Wu AW, Dy SM. Developing quality indicators for cancer end-of-life care: Proceedings from a national symposium. *CANCER*. 2009; 115(17):3820-3829.

Whitlock EP, O'Connor EA, Williams SB, Beil TL, Lutz KW. Effectiveness of primary care interventions for weight management in children and adolescents: An updated, targeted, systematic review for the U.S. Preventive Services Task Force. Agency for Healthcare Research and Quality. Rockville, MD. In press.

O'Connor EA, **Whitlock EP**, Beil TL, Gaynes B. Screening for depression in adult patients in primary care settings: A systematic evidence review. *Annals of Internal Medicine*. 2009 Dec 1; 151(11):793-803.

Michener L, Scutchfield FD, Aguilar-Gaxiola S, Cook J, Strelnick AH, Ziegahn L, **Deyo RA**, Cottler LB, McDonald MA. Clinical and Translational Science Awards and Community Engagement: Now is the time to mainstream prevention into the Nation's health research agenda. *American Journal of Preventive Medicine*. 2009; 37(5).

Fagnan LJ, Davis M, Deyo R, Werner JW, & Stange KC. Linking Practice-Based Research Networks and Clinical and Translational Science Awards: New Opportunities for Community Engagement by Academic Health Centers. *Academic Medicine*. 2009 March; 85(3):476-483.

SELECTED PRESENTATIONS BY CPR MEMBERS

Rick Deyo delivered the OHSU Marquam Hill Community lecture, "Low Back Pain: Don't Take It Lying Down."

Rick Deyo gave a lecture on "Manipulation of Knowledge" in Stockholm, Sweden at a conference sponsored by Academia Europaea and the Wenner Gren Foundation regarding challenges and changes facing higher education in the digital age.

Jackie Shannon was the key note presenter at the Longview Hospital 1st Annual Breast Cancer Event.

Jackie Shannon presented on Diet and Breast Cancer Prevention for the Southwest Waterfront Community Group.

Mark Spofford presented a draft report on provider retention, with specific research action recommendations, for the Clinical Advisory Committee of the Oregon Primary Care Association.

Melinda Davis presented "The Patient Centered Medical Home in Rural Primary Care," with OHSU Family Medicine at Scappoose & Winding Waters Clinic at the 26th Annual Oregon Rural Health Conference in Gleneden Beach, Oregon.

Melinda Davis and Monica Goubaud facilitated a workshop "Making Quality Improvement Work: Highlights from ORPRN Research Studies," at the 26th Annual Oregon Rural Health Conference.

Paul McGinnis & LJ Fagnan presented the study "Assessing the Clinical and Business Case for Nurse-based Care Management" at the 2009 North American Primary Care Research Group Conference (NAPCRG) in Montreal, Canada.

Melinda Davis & LJ Fagnan presented "Primary Care Clinician Expectations Regarding Aging and Quality of Care" at the 2009 NAPCRG in Montreal, Canada.

Melinda David, LJ Fagnan & LeAnn Michaels presented the poster "Developing a "Best Practices" Model for Implementing Shared Decision-Making in Primary Care: The ORPRN Experience" at the 2009 NAPCRG in Montreal, Canada.

David Buckley and Melinda Davis presented the poster "Does a Standard Measure of Physical Disability Correlate with Clinician Perception of Impairment Related to Cancer Screening?" at the 2009 NAPCRG in Montreal, Canada.