



# Oregon Rural Practice-Based Research Network (ORPRN)

July 1, 2024 – June 30, 2025 | ORPRN Impact Report



Director’s Message



Activities in the past year are bifurcated by a dividing line: the before and the after. Some of this is driven by my personal reality – in that, I had my first child and took leave for the fall/winter of 2024. Others are caused by a changing federal landscape that has an emphasis on restructuring and reducing research and health care funding. Thus, I returned to a new world order at the start of 2025 for ORPRN and academic health centers, such as Oregon Health & Science University (OHSU). These are new times and the rules that have guided ORPRN’s success since the network’s inception in 2002 are changing. There are days when it’s hard to know what is coming next, and how we can best continue to serve the needs of our partners across Oregon, the United States, and the world.

But, we have been through dynamic times before. When I started as a regional practice facilitator with ORPRN in 2007, we had a team of about 10 people. During the COVID years (2020-2024), the network grew from a team of 25 to a team of nearly 70 staff.

We have also fostered strong relationships with clinic, community, state, and local partners in addition to our academic collaborators. While the current challenges facing our research network are different than in the past, as noted throughout this annual impact report: our team leads work that matters.

As we respond to the changing tides, we routinely revisit our program’s mission, values, and community agreements to guide next steps. We strive to strategically inform what research, education, and health policy look like in the future. Notably our current lines of work are steeped in partnership, engagement, and co-design. While the future may be uncertain, challenging times root us back to our core values, which for ORPRN are focused on an approach that is collaborative, equitable, impactful, innovative, inquisitive, and supportive. We look forward to continued partnership with each of you on this important work and service to our rural, frontier, and low-resourced communities across the state.

Melinda Davis

Melinda Davis, PhD, MCR  
Director, ORPRN

2024-2025 Impact Report

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Executive Summary

Primary care and public health are facing enormous challenges with health care workforce shortages, shifts in funding structures, growing population health needs, and unwieldy administrative burden. The Oregon Rural Practice-based Research Network (ORPRN) brings 20+ years of experience working with partners in rural, frontier, and low-resourced settings to identify and implement evidence-based solutions. With a mission to advance health through community partnered research, education, and health policy, ORPRN fosters relationships with healthcare providers, communities, and individuals across Oregon.

ORPRN creates statewide connections to identify, develop, and conduct programs that elevate community voices and needs. In the 2024-25 fiscal year, ORPRN funding totaled more than \$9.3M, encompassing more than 80 active projects. Last year, we worked with nearly 129 clinical practices and 115 other organizations, including health plans, public health departments, and community partners across Oregon.



\* Project ECHO® is the Extension for Community Healthcare Outcomes telementoring program.

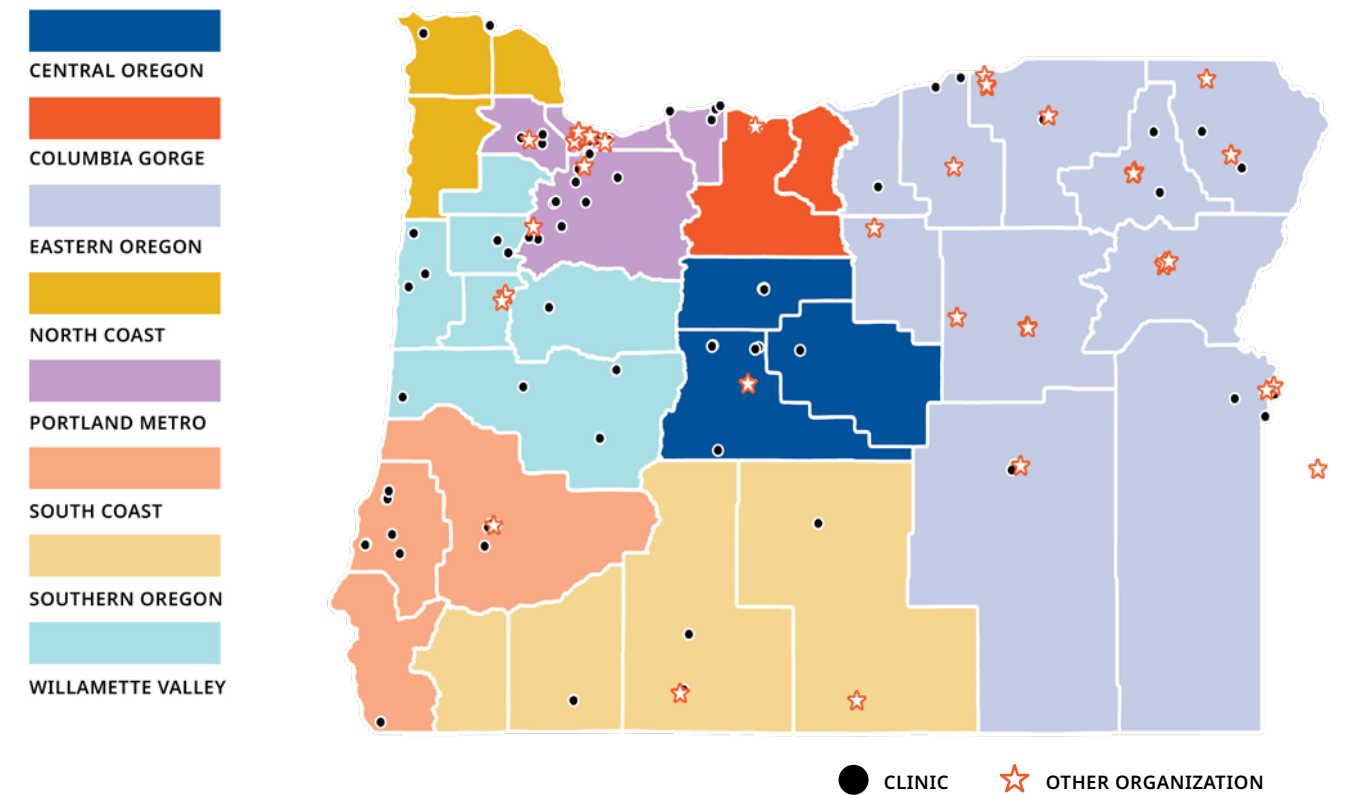


# Approach and Impacts

Primary care and public health face enormous challenges with health care workforce shortages, shifts in funding structures, growing population health needs, and unwieldy administrative burden. Rural and frontier populations experience health differences compared to their urban counterparts, with higher rates of chronic diseases, health risk behaviors, and mortality.

ORPRN brings 20+ years of experience working with partners in rural, frontier, and low-resourced settings to identify and implement evidence-based solutions. ORPRN fosters relationships with healthcare providers, communities, and individuals across Oregon. We provide direct support through education, research, technical assistance, and policy implementation.

FIGURE 1. ORPRN REGIONS AND CLINIC ENGAGEMENT – 2024-2025



Our team creates statewide connections to identify, develop, and conduct programs in rural, frontier and low-resourced communities that elevate community voices and needs. Program leadership and team members live and work throughout the state and are embedded in the communities we serve. As detailed in Figure 1, between 2024-2025, ORPRN programs engaged 129 clinics and 115 other organizations in this collaborative work. We work with partners and professionals in all 36 Oregon counties. Of the more than 400 Oregon primary care clinics in ORPRN's network, about **50% are rural or frontier** and we have worked with **all 16 of Oregon's Coordinated Care Organizations (CCOs)**.

ORPRN staff and projects bridge the divide between health care innovations, best practices, and implementation in routine practice by building capacity and improving care in rural, frontier, and low-resourced settings. Our approach ensures (1) that all populations are engaged in research and (2) research findings in health care can be practically applied. Impacts from our work include:

- Better access to care for rural and low-resourced patients
- Increased quality, safety, and efficiency
- Reduced variations in care
- Improved provider retention in rural areas
- Rapid dissemination of best practices



# The Path Forward

As ORPRN looks to the future, we continue to pursue a vision of a connected Oregon for optimal health. Our path forward includes partnerships, service, connections, and community engagement.

### Academic

- Holding close ties with all OHSU schools and numerous departments via partnerships with 11 ORPRN-affiliated research investigators who conduct projects within ORPRN's network, 14 academic collaborators from 21 departments who partner on studies, and 48 faculty who facilitate ECHO programs.
- Fostering national and international connections with other collaborators focused on rural health and practice-based research, such as the National Institutes of Health, CARE for Health™ Initiative, the World Organization of Family Doctors (WONCA) with PBRN Initiative, and leadership with Project ECHO® collaborators across the country.



- 11 ORPRN-AFFILIATED RESEARCH INVESTIGATORS
- 14 ACADEMIC COLLABORATORS FROM 21 DEPARTMENTS
- 48 FACULTY WHO FACILITATE ECHO PROGRAMS

ACADEMIC



ORPRN

HEALTH CARE DELIVERY



### Health care delivery

- Leading research, education, policy, and support activities that are of value to rural communities, including health care providers, in Oregon and throughout the nation.
- Working on strategic efforts that accelerate the transformation of health systems in Oregon.
- Serving as connectors between health care providers, policy makers, payers, researchers, and rural communities.



### Community

- Elevating the voices and priorities of Oregon's rural communities in statewide and local decision-making.
- Growing the number of projects that are co-designed or co-developed with clinical and community partners in priority topic areas, such as chronic disease, maternal care, mental health, substance use, access to care, and others.



COMMUNITY



# Advancing Research, Education, and Health Policy

Our work is funded by a blend of federal and foundation grants, state and health plan contracts, Oregon Health & Science University (OHSU) collaborations, and Oregon state legislative funds. In the 2024-25 fiscal year, ORPRN funding totaled more than \$9.3M, encompassing more than 80 active projects. ORPRN led or supported more than 40 grant and contract proposal submissions last year to 25 different agencies or organizations.

Network activities are overseen by Melinda M. Davis, PhD with projects led by or across our three program areas:



## RESEARCH PROGRAM

*Directors: Jennifer Coury, MA & Caitlin Dickinson, MPH*

The Research Program works with academic and community partners on community engaged clinical research, implementation science and pragmatic trials, and practice transformation.



## HEALTH POLICY PROGRAM

*Director: Nancy Goff, MPH*

The Health Policy Program collaborates with state and local government agencies, clinics, payers, and community partners to develop and implement health policies and systems changes.



## EDUCATION PROGRAM

*Director: Maggie McLain McDonnell, MPH*

The Education Program informs strategies that meet the needs of rural practitioners and learners, supports alignment with existing rural-serving programs, and hosts the Oregon ECHO (Extension for Community Health Outcomes) Network.

ORPRN leaders work closely with primary care clinicians, health plans, and community organizations to achieve the network’s mission. These strategies are integrated in partnership with other OHSU community-facing programs via regional staff at ORPRN, [Oregon Clinical and Translational Research Institute \(OCTRI\)](#) and the [Knight Cancer Institute’s Community Outreach and Engagement](#) via OHSU’s [Community Outreach, Research, and Engagement \(CORE\)](#).

Our reach extends beyond the individual clinical trial participant to organizations, county governments, hospitals, and community organizations. This networked approach aligns with the fiber of rural and frontier communities. We reach thousands of people directly through research and technical assistance activities (Table 1).

TABLE 1. TOTAL PARTICIPANTS IN ORPRN RESEARCH AND TECHNICAL ASSISTANCE (TA)

PARTICIPANT TYPE	# OF PARTICIPANTS
Individual Research Participants	6873
Research dyads*	1541
TA Participants	1944
GRAND TOTAL	10358

*\*Research participants were either patient dyads or parent-child dyads.*



## Making a Difference for Rural Oregonians

In the following pages we highlight key projects active between July 2024-June 2025 that emphasize ORPRN's impact on the health of Oregonians.

### Practice-based research leads to evidence-based technical assistance

ORPRN translated research evidence into practice through numerous technical assistance contracts, including support for tobacco cessation, cancer screening outreach, and unmet social needs. Last year, the Colorectal Cancer (CRC) Technical Assistance collaboration with Oregon Health Authority wrapped up its 5-year grant cycle with tremendous improvements in rates of cancer screening (use of fecal tests increased by 18% and colonoscopy increased by 28%) in participating clinical practices.

In addition, 22% of clinics implemented a CRC screening policy and 78% improved data collection and quality. This project is a great example of ORPRN's ability to use both knowledge from an ongoing research study (the SMARTER CRC study of ways to improve rates of CRC screening in rural areas) and our close connection to the Knight Cancer Institute, who provided the walk-through colon and educational staffing (pictured below).

*"I want to thank the entire OHSU team for supporting the Ashland Clinic in their CRC screening project and this year's Colon Cancer Awareness 5k Fun Run & Walk. The "gut hut" was a huge success!"*

- Community Engagement Manager,  
Rogue Community Health



Supported by the Oregon Health Authority, three community-based events were hosted by participating primary care clinics. All events featured OHSU's inflatable "gut hut," a walk-through colon exhibit that provides an engaging, educational experience.





## Communities drive research priorities via study co-design

ORPRN has been playing a pivotal role in shaping the future of clinical research engagement in rural communities. As part of the Primary Care Rural and Frontier Clinical Trials Innovation Center (PRaCTICe) initiative, funded by the National Institutes of Health (NIH) CARE for Health™, ORPRN is collaborating on a new way of conducting community-engaged research with rural and frontier primary care clinics in the Pacific Northwest and our academic partner, WPRN, a practice-based research network based at the University of Washington. PRaCTICe is partnering to identify community-driven health priorities, implement research studies relevant to primary care, and expand the role of primary care in clinical research. Partner clinics are engaging in two NIH studies that were selected based on fit with clinic needs and priorities: Co-Care, a study focused on team-based care to address polysubstance use, and BeatPain, a telementoring program to address back pain and reduce the use of opioids. Working on these studies with rural

*“Our listening sessions engaged a diverse group of community partners, public health representatives, clinicians, and researchers to explore the benefits, barriers, and practical needs of engaging in clinical trials at the community level. We heard repeatedly about the importance of aligning research with local priorities and sustaining community trust through meaningful partnerships.”*

– Dr. Melinda Davis, Director ORPRN, the Oregon Clinical and Translational Research Institute (OCTRI) Community and Collaboration team; co-lead for OHSU’s Community Outreach, Research, and Engagement team

*ORPRN, in collaboration with OCTRI, has been supporting listening sessions aimed at understanding the unique challenges for clinical research participation in rural and community-based practices.*

clinics diversifies participants in research. Team members also conducted listening sessions last Spring to learn about the health priorities in rural communities and how to include them in health research. Conversations centered around the desire to improve their community’s health issues, with the ultimate goal of co-designing research studies that are responsive to those priorities.

## Expert policy support bridges healthcare and social systems to improve health outcomes

Working with state policy makers, Medicaid payers, providers, and the Traditional Health Worker commission, ORPRN facilitated a Medicaid policy development process regarding supervision and payment for peer support specialist, peer wellness specialist, and community health worker services in community-based settings. This has historically been a challenge due to medical

*The support from ORPRN was very much appreciated. They shared excellent resources and information that were very useful in moving our work forward. The assistance in goal setting was meaningful and the check-ins helped us stay focused on our goals.*

– Clinic Representative Receiving Social Needs Screening Technical Assistance



*Mari Tasche, MPH, and Claire Londagin, MPH, after presenting examples of clinical challenges, workflows, and strategies to implement social needs screenings in rural settings at the Oregon Critical Access Hospital Quality Incentive Workshop in Seaside, Oregon.*

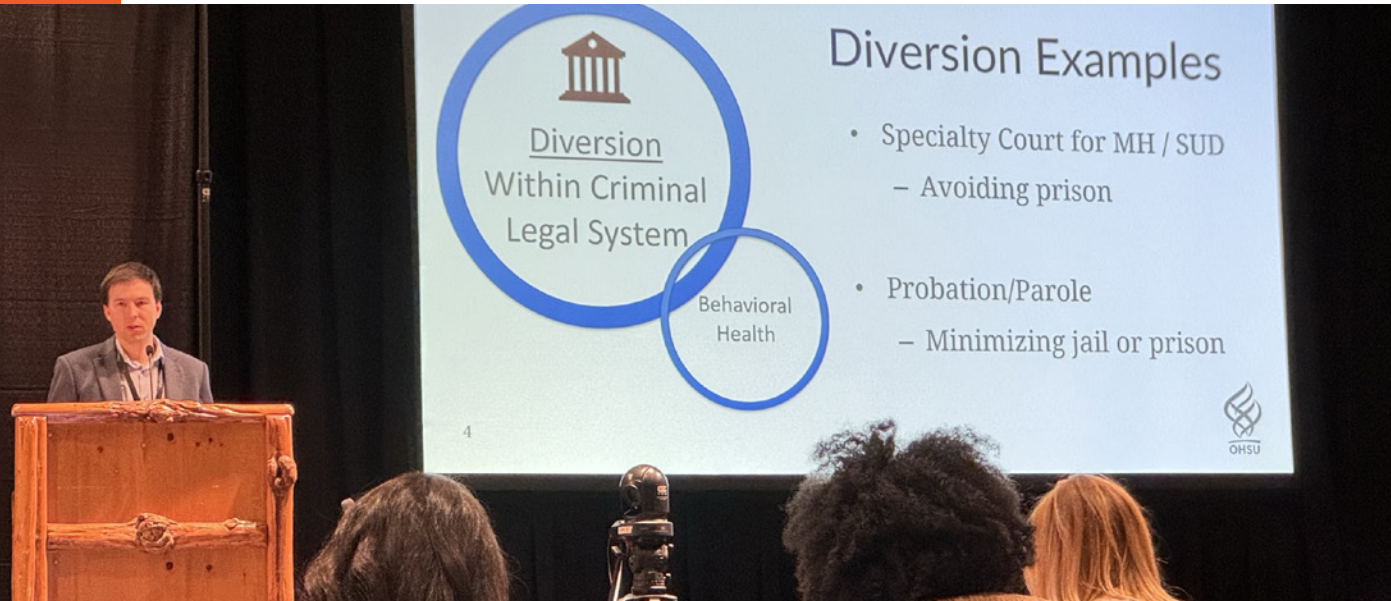
infrastructure requirements uncommon in community-based settings, like having a licensed independent practitioner on staff and the ability to submit Medicaid claims. Sponsored by the OHA, this pathway now opens opportunities to strengthen Medicaid members’ access to services (e.g. navigation, education, and care coordination) by expanding options of where they can receive them. We also aligned numerous state and national requirements for health-related social needs screening (e.g. food, housing, transportation) in clinical and community settings across Oregon, a practice shown to improve health outcomes and reduce healthcare costs. This effort supported clinics, community-based organizations, and payers in promoting a trauma-informed screening approach, reducing patient over-screening and streamlining reporting. ORPRN continues to provide vital support in bridging healthcare and social systems to improve the health of Oregonians.

*“ORPRN team! I wanted to ... express my appreciation for the excellent TA meeting you organized today for community partners. Your efforts in bringing together various community-based organizations and facilitating this valuable resource are commendable.”*

– A Health-related Social Needs service provider after a learning collaborative in February 2025



# The Oregon Deflection Program improves access to behavioral health care



Since April 2024, ORPRN has worked with OHSU's Section of Addiction Medicine and OHSU's Oregon Clinical and Translational Research Institute (OCTRI) to improve access to behavioral health care by helping stand up behavioral health deflection programs across the state. Deflection, as directed in House Bill 4002, offers individuals a path to behavioral health treatment and recovery support instead of being cited and arrested for drug possession. Sponsored by the Oregon Criminal Justice Commission, ORPRN and OCTRI teams have connected counties, law enforcement, first responders, and behavioral health providers to learn and collaborate in creating deflection programs that connect people with substance use treatment as an alternative to entering the criminal-legal system. 26 counties have received technical assistance from a team of our Deflection Implementation Technical Assistance coaches, who engaged with county leadership teams to define goals and guide implementation of each county's unique initiative. As of August 2025, 1,909 people have been referred to deflection programs. This will positively affect many Oregon communities by giving law enforcement officers a new tool in their toolbelt, aside from arrest, when encountering people in possession of controlled substances.

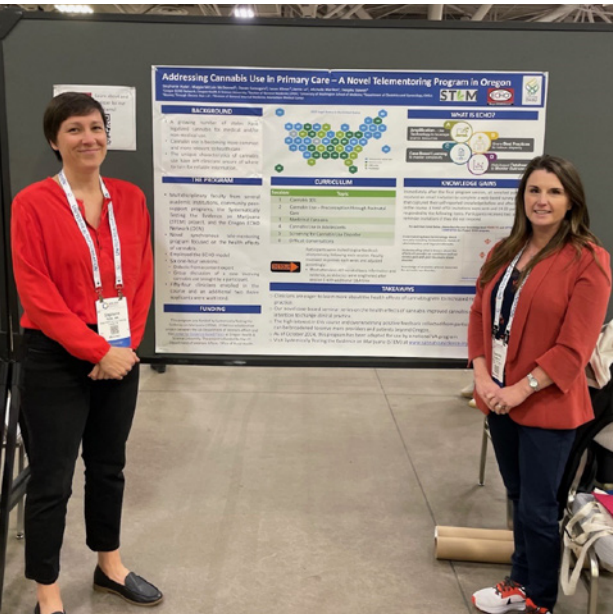
*Dan Hoover, M.D., OHSU welcoming participants to a Deflection Technical Assistance Regional Workshop in Bend, Oregon*

*"I enjoyed the new way to approach crisis mitigation planning with the emphasis on including/centering the family's culture. I look forward to using your templates in my own practice!"*

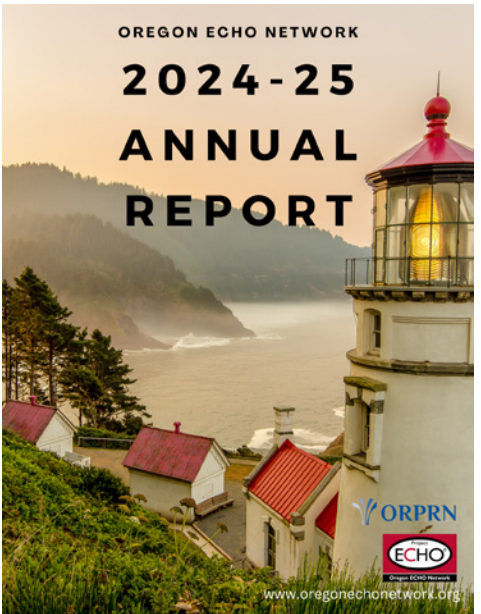
*- IDD ECHO participant*

# Educational resources can improve health care access and quality in rural Oregon

ORPRN has leveraged its OEN expertise to lead the Heal Oregon (HEAL-OR), funded by a US Health Resources and Services Administration (HRSA) grant\*. This 5-year program is focused on bringing key ECHO programming to rural Oregon, with a focus on 6 counties in the Columbia River Gorge and Eastern Oregon (Baker, Umatilla, Wasco, Gilliam, Sherman, and Hood River counties). As part of the HEAL-OR project, ORPRN staff visited rural clinics this summer with the aim of sharing ECHO opportunities, understanding community providers health education interests, and learning about the most pressing community health concerns. ECHO programs like the HEAL-OR Adult Mental Health address the most prevalent mental health conditions addressed in primary care settings, as well as the HEAL-OR Syphilis and HIV ECHO was developed because of rising congenital syphilis rates in rural communities.



*ORPRN Education Program staff presented posters or gave talks at the 2024 APHA National Meeting in Minneapolis, MN. Pictured are Tuesday Graham and Steph Hyde in front of Ms. Hyde's poster entitled "Addressing Cannabis Use in Primary Care - A Novel Telementoring Program in Oregon"*



*The Oregon ECHO Network 2024-2025 Annual report is published in November each year and highlights the last year's programs, participants, and overall accomplishments.*

*\*The project described is supported by grant number 6 U3IRH43509-04-02 from the Office for the Advancement of Telehealth, Health Resources and Services Administration, DHHS*



## Oregon ECHO Network (OEN) telementoring improves access to specialty care and population health approaches

The OEN is a telementoring education program that improves access to specialty care and supports a wide range of over 40 health care topics. Since 2017, the OEN has engaged over 160 cohorts with over 5,000 individual health professionals representing all 36 Oregon counties, 47 states and Canada; over 20% of the participants come from rural zip codes.

The OEN offered 35 programs in the 2024-2025 program year which reached 1441 unique participants this year alone. In Winter 2025, we launched the Suicide Prevention ECHO in collaboration with Oregon Health Authority. This program emerged from an ORPRN research project and engaged 55 primary care team providers from 20 Oregon counties. Curriculum focused on screening/assessing for suicidal thoughts and behaviors, safety planning, lethal means counseling, and accessing local resources. Participants reported “better”, or “much better” practices related to performing suicide risk assessments, risk formulations for patients at risk,

and ongoing suicide risk management after participating in the ECHO program.

In Spring 2025, we launched the Behavioral Health for Youth with Intellectual and Developmental Disabilities (IDD) ECHO. Youth with IDD are not immune from mental health challenges or substance use disorders and deserve effective, appropriate treatment from local providers. 48 behavioral health providers from 15 Oregon counties met over a dozen weeks to grow their capacity to provide that care by adapting therapy models and generating a behavior support plan for youth and their families. The ECHO series produced substantial improvements in both knowledge (5-30% gains across competencies) and confidence (32-70% increases), with participants advancing from ‘not at all’ to ‘slightly knowledgeable’ baseline confidence to ‘slightly’ to ‘moderately knowledgeable’ confidence post-program, demonstrating meaningful skill-building in serving youth with IDD and behavioral health needs.

*“This class was extremely beneficial to me and to my patients. I feel like I have more tools in my toolbox now.”*

- Suicide Prevention ECHO participant

*“I enjoyed the new way to approach crisis mitigation planning with the emphasis on including/centering the family's culture. I look forward to using your templates in my own practice!”*

- IDD ECHO participant

*“It's probably hard for you to know the true impact it has on the ground for patients and providers as well. People are getting better care, and their health is improving, because of this work.”*

- Adult Mental Health 1 ECHO participant



### ORPRN AT WORK, 2024-2025

- 1 ORPRN Education Program staff, Spring 2025
- 2 Heal Oregon site visit, July 2025
- 3 Staff members gather for the ORPRN All Staff meeting, Spring 2025, Portland, OR





ORPRN Scientific Publications, July 2024 - June 2025

A Behind-the-Scenes Look at Practice Facilitation to Improve Delivery of Unhealthy Alcohol Use Screening and Management Services in Primary Care. Rockwell, M.R., Villalobos, G., Bannon, J., Bishop, D., Kirchner, S., Jonas, D., Krist, A., Davis, M.M., Brooks, E. (2025). *Journal of Primary Care & Community Health*, 16, 1–11.

<https://doi.org/10.1177/21501319251351144>

A Framework for Advancing Colorectal Cancer Screening, Follow-Up, and Care Delivery for All. Kobrin, S., Subramanian, S., Hoover, S., McCarthy, S., Castañeda, S., Mishra, S., Adsul, P., Blanchard, J., Coronado, G., Davis, M. M., Dignan, M., Kim, K., Lance, P., Nodora, J. (2025). *Health Education & Behavior*, 1090198125.

<https://doi.org/10.1177/10901981251346803>

Challenges Using Electronic Health Records to Support Unhealthy Alcohol Use Screening and Intervention in Primary Care Practices in the Pacific Northwest. (2025). McCormack, J.L., Thomas, T., Sanchez, V., Kenzie, E.S., Barnes, C., Weekley, T., Coury, J., Hatch, B.A., Singh, M.A., Davis, M.M. *Journal of the American Medical Informatics Association (JAMIA)*.

<https://doi.org/10.1093/jamia/ocaf083>

Difference-Making Factors for Successful Implementation of a Multicomponent Colorectal Cancer Screening Program in Rural Clinics (SMARTER CRC). (2025). Petrik, A.F., Badicke, B., Davis, M.M., Miech, E. J., Coury, J., Kenzie, E.S., Schneider, J.L., Durr, R., Edelmann, A.C., Herreid-O'Neill, A., Myers, E., Coronado, G.D. *Frontiers in Medicine*, 12.

<https://doi.org/10.3389/fmed.2025.1522738>

Evaluating Nature-Based Versus Generic Physical Activity Programs to Address Chronic Health Conditions: Lessons from an Oregon (USA) Pilot Study. (2025). Bluffstone, R., Chan, M., Cox, C., Davis, M.M., Dickinson, C., Dissanayake, S.T.M., Kline, J.D., Carrera López, C., Ojha, H., Stokes, S., Thosar, S.S., Vedantam, S. *Forests*, 16(5), 752.

<https://doi.org/10.3390/f16050752>

Goal Alignment and Unintended Consequences of Accountable Care: How the Structure of Oregon's Medicaid Coordinated Care Model Shapes Health Plan-Clinic Partnerships. Kenzie, E.S., Campbell, J., Seater, M., Singh, M.A., Robbins, A., Davis, M.M. (2025). *Journal of Clinical and Translational Science*, 1–24.

<https://doi.org/10.1017/cts.2025.26>

Mailed Outreach and Patient Navigation for Colorectal Cancer Screening Among Rural Medicaid Enrollees: A Cluster Randomized Clinical Trial. (2025). Coronado, G.D., Petrik, A.F., Leo, M.C., Coury, J., Durr, R., Badicke, B., Thompson, J.H., Edelmann, A.C., Davis, M.M. *JAMA Network Open*, 8(3), 250928.

<https://doi.org/10.1001/jamanetworkopen.2025.0928>

Reducing Stigma Through Conversations in Primary Care About Unhealthy Alcohol Use. Bishop, D., Parsons, D., Villalobos, G., Bannon, J., Rockwell, M.R., Krist, A., Jonas, D.E., Davis, M.M., Riley, S., Brouwer, L., Walunas, T., Kho, A., Cohen, H., McPherson, T., Rosenfeld, A., Flanagan, E. (2025). *Annals of Family Medicine*, 23(1), 83.

<https://doi.org/10.1370/afm.240384>

Video versus Audio Telehealth in Safety Net Clinic Patients: Changes by Rurality and Time. (2024). Larson, A. E., Stange, K.C., Heintzman, J., Zahnd, W.E., Davis, M.M., Harvey, S.M. *Journal of Rural Health*.

<https://doi.org/10.1111/jrh.12887>

Tele-collaborative Outreach to Rural Patients with Chronic Pain: Pragmatic Effectiveness Trial Protocol for the CORPs study. (2024). Morasco, B.J., Pal, N., Ono, S.S., McPherson, S.M., Lynch, F.L., Dickerson, J.F., Dobscha, S.K., Krebs, E.E., Makris, U.E., Mixon, A.S., Maloy, P., Davis, M.M., Lovejoy, T.I. *Pain Medicine*, 25(Supplement\_1), S91–S98.

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<https://doi.org/10.1177/23733799241269944>

Do Electronic Health Records Used by Primary Care Practices Support Recommended Alcohol-Related Care? (2024). Bradley, K., McCormack, J., Addis, M., Hamilton, L.K., Lapham, G.T., Jonas, D., Bishop, D., Parsons, D., Budimir, C., Sanchez, V., Bannon, J., Villalobos, G., Krist, A.H., Walunas, T., Day, A. *JAMIA Open*, 7(4).

<https://doi.org/10.1093/jamiaopen/ooae125>

Improving Screening, Brief Intervention And Referral To Treatment For Unhealthy Alcohol Use In Diverse, Low-Resourced Primary Care Clinics. (2024). Davis, M.M., Coury, J., Sanchez, V., Kenzie, E.S., Larson, J.H., Barnes, C., McCormack, J. L., Durr, R., Weekley, T., Robbins, A., Singh, M., Hatch, B.A. *BMC Health Services Research*, 24(1).

<https://doi.org/10.1186/s12913-024-11870-8>

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<https://doi.org/10.1370/afm.3167>

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<https://doi.org/10.1093/tbm/ibae059>

“Moving beyond silos”: Focus Groups to Understand the Impact of an Adapted Project ECHO Model for a Multidisciplinary Statewide Forum of Substance Use Disorder Care Leaders. (2024). Ramalingam, N., Rieke, E., McDonnell, M.M., Myers, E., Hoover, D. *Addiction Science & Clinical Practice*, 19(1).

<https://doi.org/10.1186/s13722-024-00485-3>





Oregon Rural Practice-based Research Network  
3181 S.W. Sam Jackson Park Road  
Portland, OR 97239-3098  
Mail Code: L222  
[www.ohsu.edu/orprn](http://www.ohsu.edu/orprn)

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