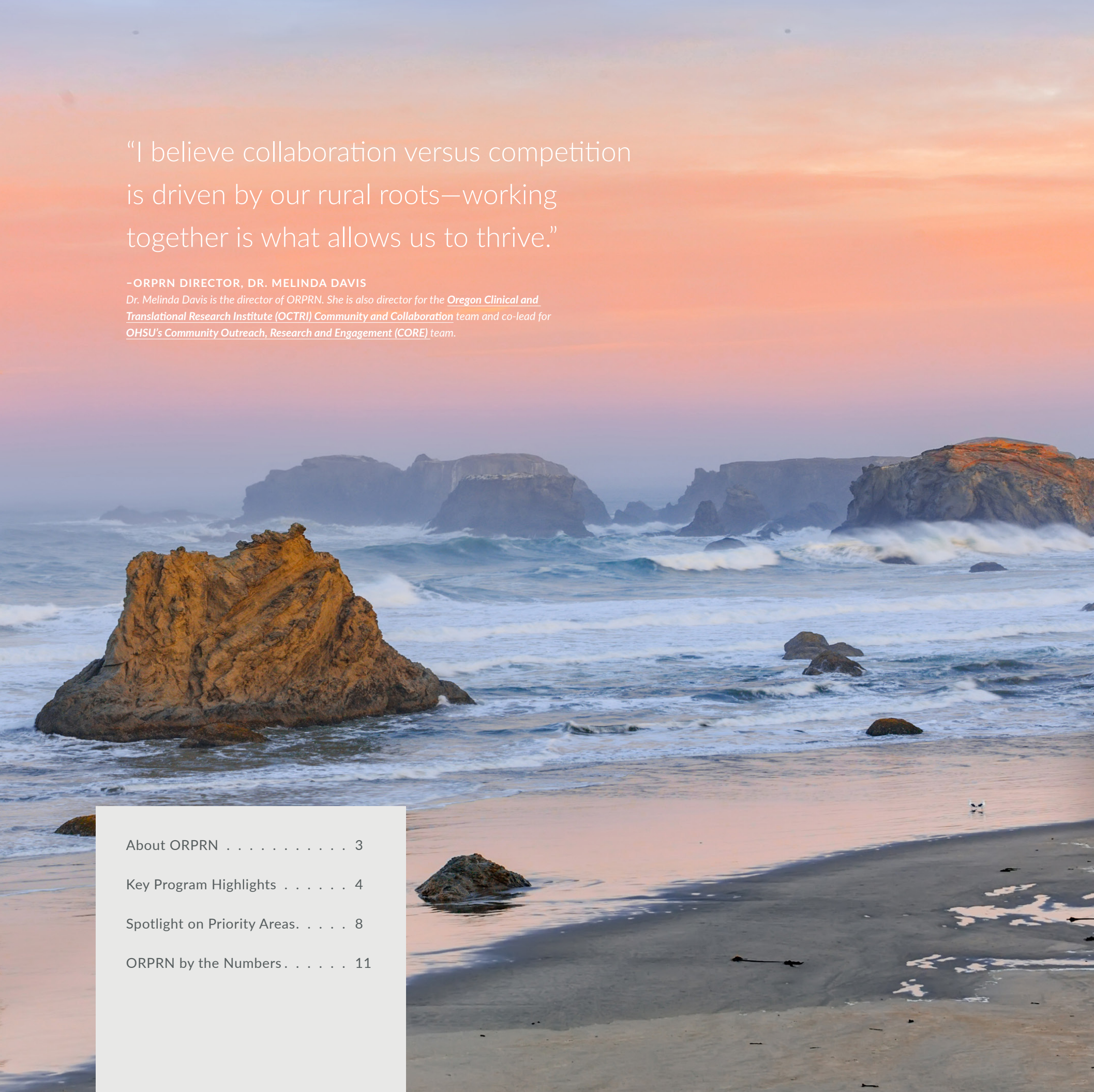


Oregon Rural Practice-Based Research Network (ORPRN)

July 1, 2023 – June 30, 2024 | ORPRN Impact Report





“I believe collaboration versus competition is driven by our rural roots—working together is what allows us to thrive.”

—ORPRN DIRECTOR, DR. MELINDA DAVIS

Dr. Melinda Davis is the director of ORPRN. She is also director for the Oregon Clinical and Translational Research Institute (OCTRI) Community and Collaboration team and co-lead for OHSU’s Community Outreach, Research and Engagement (CORE) team.

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About ORPRN

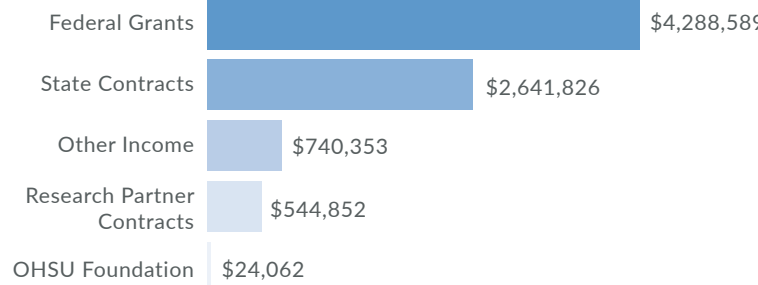
Our Mission

The Oregon Rural Practice-based Research Network (ORPRN) has a mission to advance health and health equity through community partnered research, education, and health policy. ORPRN has about 60 staff members. Since 2020, we have worked with nearly 410 clinical practices and other organizations, such as health plans, public health departments, rural practice associations, and community partners across the state with a focus on rural and frontier regions (see map on back cover). Regional team members live and work throughout the state embedded in the communities we serve.

Our Work

Our work is funded by a blend of federal and foundation grants, state and health plan contracts, Oregon Health & Science University (OHSU) collaboration, and legislative funds. In the 2023-2024 fiscal year, ORPRN funding totaled more than \$8.2M, encompassing more than 50 active projects across the program areas.

FIGURE 1. ORPRN FUNDING BY SOURCE, FISCAL YEAR 2023-2024



*Federal and Research Partner Contracts include funding from the Patient Center Outcomes Research Institute (PCORI) and cross-institutional collaborations. Other income is primarily other research foundations and internal OHSU collaborations.

Key Program Highlights from 2023-2024

ORPRN's work reflects state priorities in health equity and improving the health of Oregonians (see [Spotlight on Priority Areas](#)), and last year, our team presented our work to the Governor's office.

Our statewide reach enables us to bridge different sectors of the health care landscape throughout Oregon and lead health initiatives and research with traditionally underserved populations. We recently completed a listening tour in 6 rural regions across the state with the Oregon Office of Rural Health and other partners. Findings will be used to anchor 2024-2025 ORPRN priorities.

Research

The Research Program (Directors: Jennifer Coury, MA & Caitlin Dickinson, MPH) works with academic and community partners to generate cross-sector collaborative projects to support community engaged research, pragmatic trials, and practice transformation.

Our Research Program has about 30 staff and works actively with more than 15 faculty collaborators across OHSU and others throughout the state (such as Portland State University, Oregon State University, and Legacy Health).

- We help design and conduct participatory research and **implementation science** studies which prioritize clinics and communities in rural and frontier areas. In the past year, team members shared results from several large-scale research studies conducted across Oregon and nationally. Some current studies include whether a nature prescription leads to better adherence to outdoor exercise programs, how to get more people screened for colorectal cancer in rural areas, and whether we can collaborate with rural primary care clinics and rural community-based organizations to increase human papillomavirus (HPV) vaccination completion.
- We work with researchers to design and conduct pragmatic and randomized **clinical trials** with ORPRN-affiliated clinics and communities. Some of our trials underway are focused on: studying a way to screen for 50 different types of cancer with a blood draw, determining whether math-based text messages to parents of 3- and 4-year olds can support kindergarten readiness, discovering if statins improve the health for people 75 years or older, and using a smart watch to study activity and well-being in older adults at risk of developing Alzheimers disease.
- We support **technical assistance, evaluation work**, and observational studies, such as a study of the current state of rural veterans' experience of care in rural Western States and technical assistance projects with the Oregon Health Authority (OHA) to help primary care clinics improve breast, cervical, and colorectal cancer screening. We have a variety of projects with OHA's Oregon Immunization Program (OIP), such as a survey for parents who opt out of vaccinating their child(ren) to understand reasons for non-medical exemptions. We also are hosting OIP regional immunization meetings and workshops across the state and leading a study and data visualization of OHA's community-based organization partnerships before and after the COVID-19 pandemic.
- We have Quantitative, Qualitative, and Practice Facilitation Research Cores that **collaborate** across all three ORPRN programs regularly. ORPRN has also integrated its Practice Facilitation Core with [OHSU's Community Outreach, Research and Engagement \(CORE\)](#) and together they support community-academic partnerships and facilitate community engaged research.

"We're always interested in ORPRN studies because I think it always helps push us to get better in a lot of ways, and to look at ourselves and be able to analyze what we're doing and how we can do it better."

- RESEARCH CLINICAL PARTNER

Education

The Education Program (Director: Maggie McLain McDonnell, MPH) 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.

The Education Program includes the Oregon ECHO Network (OEN) and workforce development activities. Our Education Program has grown from 2 staff members in 2018 to a dozen ORPRN staff members. Each year, more than 100 experts from OHSU and the state serve as experts for OEN programs, with scores more contributing lectures as guest speakers for ECHO programs.

OEN supports about 15-20 virtual programs each quarter ranging in topics from adult and child mental health to diabetes to hepatitis diagnosis and treatment to sexually transmitted infection prevention. Project ECHO® is a tele-mentoring education model developed to build the capacity of primary care clinicians to manage health conditions that they typically refer to specialty care. Since inception, OEN programs have **engaged** over 4,628 unique participants from every Oregon county. About 23% of participants come from rural communities.¹

- A focus on **health equity** has been a key driver for OEN's philosophy and programming. Much work remains in addressing the health inequities among rural, aging, people with disabilities, BIPOC, LGBTQIA+, and other historically marginalized populations across Oregon and the OEN team and experts work to incorporate health equity into all ECHO programs.



Promoting Oregon ECHO Network Programs at the Oregon Public Health Association Conference in Corvallis, OR.

- The Oregon ECHO Network supports a wide range of **health care and clinical topics** including:
 - » Substance Use Disorders
 - » Adult and Child Psychiatry
 - » Chronic Pain
 - » Women's Health Topics (Reproductive Health, Menopause)
 - » Gender Affirming Care
 - » Geriatric Care Topics (Deprescribing, Dementia Care)
 - » Integrating Community Health Workers and Peer Mentors into Clinical Settings
- The Education Program has also partnered with the OHSU/PSU School of Public Health for **workforce development** initiatives like the 30-30-30 project, which aimed to address our state's healthcare workforce needs by increasing the number of graduates from programs by 30% and increasing all OHSU learner diversity by 30% by the year 2030.

Health Policy

The Health Policy Program (Director: Nancy Goff, MPH) helps state, clinic, payer, and community partners build bridges and implement programs to address upstream drivers of health (e.g., food security, housing).

Our Health Policy program has 14 staff, 3 consultants, and over 15 distinct projects. The Health Policy Program is Oregon's primary technical assistance provider in policy and systems approaches to moving health care upstream to address the social determinants of health and equity.

- We are **connectors** between people (Oregon's community members, policy makers, providers, and payers) and across programs (we connect the dots across siloed health system efforts to address the social determinants of health and equity).



Meeting with Recipient of a CCO Grant Administrated by ORPRN at the Court Appointed Special Advocates (CASA) of Eastern Oregon headquarters, Baker City, OR

- Our staff bring **subject matter expertise** in Oregon's health policy landscape, topics such as social-health care integration, behavioral health, expanding the traditional health worker workforce, engaging community organizations with the Medicaid system, and health care investments in the social determinants of health.
- We help translate statewide **policy into action** alongside local partners and play an important role in making fragmented health systems more collaborative and connected.
- We support and extend OHA work by leading large-scale **Medicaid program and policy implementation** related to the social determinants of health and equity. Since 2020, we have worked with all 16 Medicaid health plans (i.e., Coordinated Care Organizations or CCOs) and their community partners to help them implement policies. Some current policy implementation projects include:
 - » Supporting health plans in spending related to health-related social needs,
 - » Building a peer sharing network so that health plans can learn from one another, share innovations and create more standardization that helps to move them towards common statewide goals,
 - » Providing technical support on implementing "upstream" metrics, like the social emotional health of children and the social needs screening metric, and
 - » Administering community benefit programs and grants for health plans.

1. For more details on HRSA's definition of rurality, read "How Do We Define Rural?" at <https://www.hrsa.gov/rural-health/about-us/what-is-rural>

Spotlight on Priority Areas

ORPRN's work aligns with the Oregon Governor's priorities of behavioral health, houselessness, and early learning; our work also aligns with OHA's strategic plan focusing on behavioral health, access to care, and fostering healthy families and environments by improving access to social needs and prevention. This work cuts across all three ORPRN programs.



Addressing Health Disparities and Promoting Health Equity

The Health Policy Program is closing out another successful year of statewide policy implementation to address the root causes of health inequities. One major focus is working alongside health plans, OHA, health care providers and community organizations to build a statewide system for social needs screening and referral. We work on this through individual, organization, systems, and policy approaches, including: screening individual Medicaid members for social needs like housing and food, providing support to clinics implementing new workflows to ensure every patient is screened, providing technical assistance to health plans to collect the data needed to meet the social needs quality incentive metric, supporting partners use of Community Information Exchange platforms to send social needs referrals across organizations and partnering with the OHA to create statewide standards and guidance.

ORPRN Retreat Cross-Program Discussion of Access to Care and Social Drivers of Health



“Well, we have just always done as much as we can with ORPRN. We’ve had all kinds of different [practice facilitators], and we’ve just continued to work with them. They’ve brought a lot to the table. They’ve taught us a lot. They have really given us good ideas. They’ve helped just expand on anything and everything that they could help us as a small clinic would need.”

- CLINIC PARTNER

The Research Program also partners with OHA to support clinics and other health system partners across the state serving rural and diverse populations to implement key screening and prevention programs. The knowledge and skills gained from breast and cervical cancer, colorectal cancer, and tobacco cessation technical assistance projects that occurred between July 2023 – June 2024 translate to progress addressing state health disparities. For example, last year alone the breast and cervical cancer project partnered with three clinical practices that served 14,735 patients; the colorectal cancer project partnered with five clinics that served 12,122 patients; and the tobacco cessation project reached 22 local public health authorities and community-based organizations responsible for tobacco cessation programming in their communities.

Behavioral Health

Behavioral health improvement is an important priority in Oregon and ORPRN has numerous ongoing projects in this area. The Research Program, for example, is currently supporting a project to build a simulation model of the current acute mental health system in Oregon to help policy makers understand successes and barriers in this system. In the end, the team will have an interactive simulation model for policy makers to help guide and support their decisions for how they invest and expand Oregon's acute mental health system. In the Education Program, mental and behavioral health and substance use disorders (SUD) are key ECHO content areas. OEN has offered more than a dozen different programs focused on the diagnosis and treatment of SUD and continues to offer rich educational programming in this area.

The Health Policy Program is working to ensure greater access to behavioral health services in community settings and with non-traditional providers and settings. ORPRN led a robust community engagement process to create a host of new In Lieu of Services, which will enable health plans to offer more behavioral health services by non-traditional providers in community-based settings. We are also helping to define Medicaid billing pathways for non-traditional services and

“As clinicians, we ultimately want to help our patients. The addiction medicine ECHOs always remind me why I am in healthcare.”
- ECHO PARTICIPANT

settings that meet the social and emotional needs of young children, which enables greater access to behavioral health services for children.

This year, a cross-program ORPRN team partnered with Daniel Hoover, MD (Assistant Professor, OHSU Addiction Medicine) and the Oregon Criminal Justice Commission to help 24 Oregon counties build deflection programs that connect people with substance use treatment as an alternative to entering the criminal-legal system. Counties are standing up deflection programs as part of a recently passed law that among other things recriminalizes the possession of controlled substances. ORPRN's Deflection Implementation Technical Assistance program is providing training, direct coaching, ECHO programs, and resources to the counties building deflection programs.



2024 Fall ORPRN Team Retreat, Portland, OR

2023-2024 ORPRN by the numbers

ACADEMICS AND DISSEMINATION



18

ACADEMIC PUBLICATIONS



27

CONFERENCE PRESENTATIONS AND POSTERS



16

TOTAL FUNDERS ENGAGED



77

TECHNICAL ASSISTANCE (TA) EVENTS HELD



4

NEW POLICIES DEVELOPED



37

ECHO PROGRAMS



21

POLICY GUIDANCE DOCUMENTS CREATED



\$6,862,321

TOTAL GRANT DOLLARS AWARDED

PARTNERS AND COLLABORATORS

112

TOTAL ECHO FACULTY SPEAKERS

179

TOTAL CLINIC RESEARCH PARTNERS

92

TOTAL ECHO GUEST SPEAKERS

1,550

TOTAL ECHO LEARNERS*

98

TOTAL COMMUNITY BASED ORGS, PUBLIC HEALTH DEPT, OTHER PARTNERS

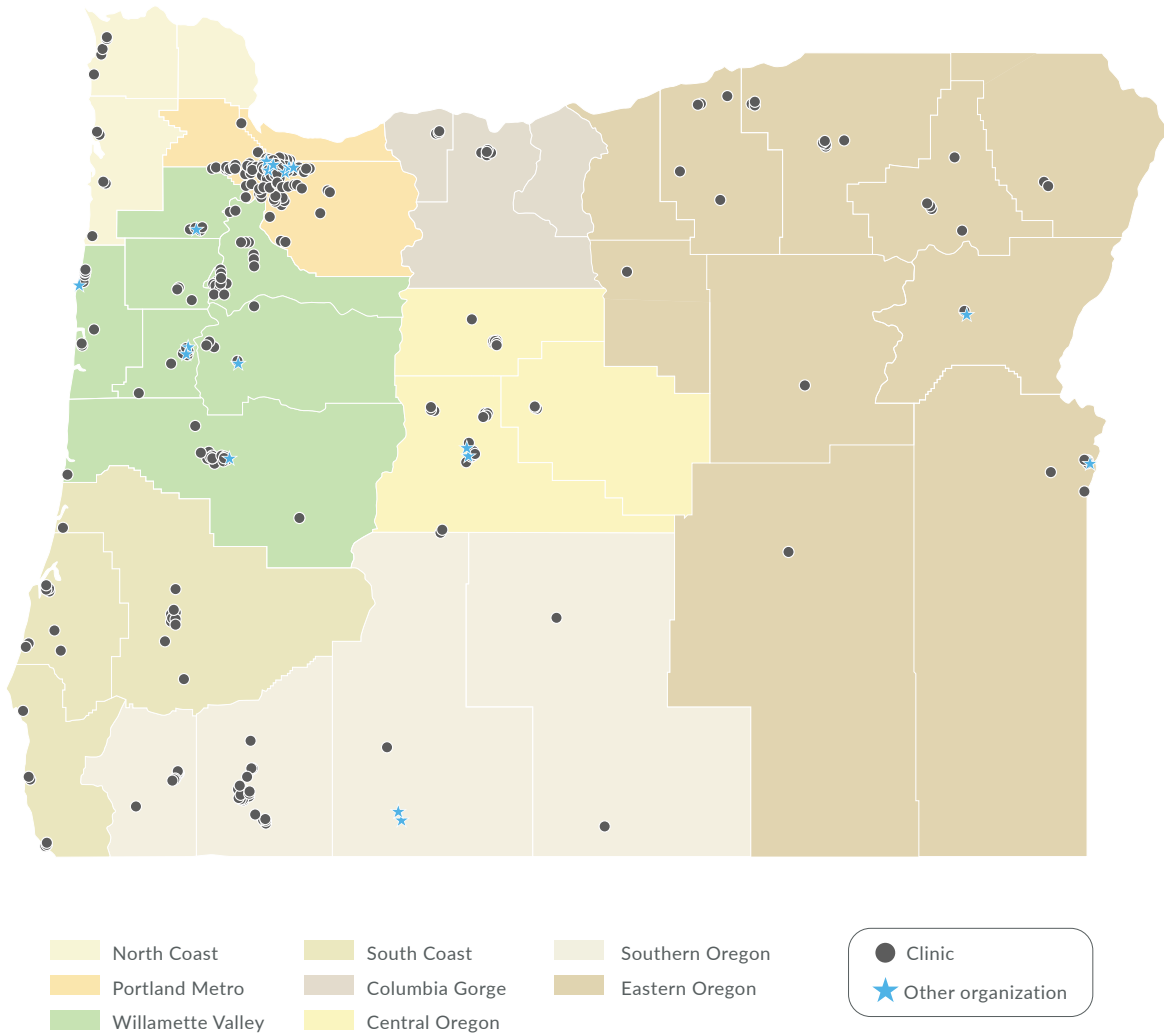
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ECHO COHORTS

*Non duplicated count of ECHO participants

ORPRN Regions and Collaborators

ORPRN REGIONS AND CLINIC ENGAGEMENT 2020-2024



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