LJ Fagnan — Founding a Network

After sixteen years as the Oregon Rural Practice-based Research Network’s founding Director, Dr. LJ Fagnan will step down from his position this summer. Under his leadership, the Network has grown from its original 12 rural primary care practices to a Network that spans Oregon, has touched well over 200 practices, and connects both nationally and internationally.

We asked those who have worked closely with Dr. Fagnan to reflect on the impact he has had on their lives, and healthcare within Oregon. Scattered throughout this special edition of the ORPRN Newsletter are a handful of their responses.

Here’s my memory of how my side of the conversation went:

“Hi, LJ. How you doin?”…yadda, yadda…“Wait. Um. You want me to do what?”

And it went more than once. In my experience, LJ was an unending source of ideas and proposals, and I actually had the good sense to take him up on a few.

The one that’s impacted my life the most started four years ago with an invitation to attend the North American Primary Care Research Group meeting in Ottawa to represent clinician perspectives in helping to set policy and research priorities. But, as usual, there was a catch. Every clinician who attended needed to also bring a patient and do their work as a “dyad.”

The “catch” ended up being the best part because I connected with our local Coordinated Care Organization and got to meet Susan Lowe, an engaged consumer member who has become a friend and a leader in the movement afoot nationally to integrate the perspectives of practicing clinicians and “free range humans” into service design and the national health research agenda. I’ve also met a group of committed people from across the continent who share the same goal: a marketing executive from Montreal, a Methodist minister who immigrated from Nepal and community organizes newcomers in St Louis, a senior services worker from rural Missouri, and a patient advocate from Seattle.

I’m usually one who researches my options before committing, but LJ helped me learn that sometimes it’s best to just cross your fingers and say “yes.”

~ Kristen Dillon, MD ORPRN Steering Committee
In fall 2017, ORPRN launched the Oregon ECHO Network, a statewide utility for Project ECHO® (Extension for Community Healthcare Outcomes) programming and support services. This tele-mentoring education model was originally developed at University of New Mexico to build the capacity of primary care clinicians to manage health conditions that they typically refer to specialty care. Today, this model is also used to educate clinical teams and other participants on topics ranging from practice transformation to training community health workers.

ECHO sessions are delivered through videoconferencing software that allows clinicians or clinical teams to participate in the sessions from their office or home. Each session includes a brief, practical expert presentation on a topic related to the course’s overall theme, followed by an interactive, de-identified case discussion. In the case discussions, clinicians describe challenges they face when treating a patient and receive evidence-based recommendations from a multidisciplinary team of experts. Clinicians receive no-cost CME for all sessions they attend, and internal medicine clinicians receive no-cost maintenance of certification part 2 credits. According to Dr. Ron Stock, Oregon ECHO Network Clinical Advisor, “developing a statewide infrastructure to deliver ECHO programs is a critical element to support Oregon’s re-form efforts. Clinicians, practices, communities and patients will all benefit from having better access to specialty evidence-based knowledge and practice through ECHO.”

Here are some of the participant comments about the value of the sessions.

“Very practical. Both didactic presentation and case presentation included real life messy details.”

“The prepared presentation was excellent and was short enough to give a lot of time to the case discussion; loved the input from multiple individuals related to the case”

“I really like the different input and approaches by different providers”

“Very practical. Both didactic presentation and case presentation included real life messy details.”

“LOVE the lectures. The [specialists] are amazing, caring and helped me change my view of my patients that struggle with addiction.”

For fall 2018, the Oregon ECHO Network will support ECHOs with the following topics:

- Adult Psychiatry
- Child Psychiatry
- Chronic Pain
- Tobacco Cessation
- Nursing Facility Behavioral Health (one year program)
- And others

To learn more about the OEN and participating in upcoming sessions, please contact Maggie McLain McDonnell at mclainma@ohsu.edu.
Dr. Fagnan was one of my instructors as a medical student in the Principles of Clinical Medicine component of the curriculum. My year at OHSU was the first year to have this curriculum and what set it apart from the other instruction we had during our first two years, was that it clearly in my mind implied that medicine was an art and in large part, based on relationships.

During the rest of medical school and residency, I didn’t have much contact with Dr. Fagnan. As my practice in rural Eastern Oregon began to build a foundation, my partners and I felt building a relationship with OHSU was key for many reasons. At about that time, ORPRN was just beginning and Dr. Fagnan came to Baker to discuss his vision for the organization.

There was never any question that we wanted to participate in ORPRN. What we couldn’t have known is the impact the relationships that resulted would have on us. Dr. Fagnan and many others became essentially part of our clinic. Those relationships were really personally and as they developed, the clinic as a whole sensed support which enabled them to deal with the discomfort associated with change and transformation.

Dr. Fagnan has developed and led a world class practice based research network but that isn’t the most remarkable thing he has done. He has built relationships across the state which have been instrumental in facilitating clinical transformation. In so doing, he has impacted countless lives and community. I feel very fortunate to call him a mentor and friend.

Jon Schott, MD
ORPRN Steering Committee

Recent ORPRN Publications

Michaels L, et all. A Randomized Trial of High-Value Change Using Practice Facilitation. JABFM.

Davis MM, et all. “Unless it gets used it won’t help solve the problem.” A Qualitative Study of Clinic and Community Member Perspectives on Implementation Toolkits. BMC Health Serv Res.


Davis MM, et all. Milk Options Observation (MOO): A Mixed Methods Study of Chocolate Milk Removal on Beverage Consumption and Student/Staff Behaviors in a Rural Elementary School. J Sch Nurs. [Winner of the Journal of School of Nursing (JOSN)/SAGE Scholarly Writing Award, 2017]

Lindner S, et all. ”Canaries in the mine...” The impact of Affordable Care Act Implementation on People with Disabilities: Evidence from Interviews with Disability Advocates. Disability Health.


For more details please see the ORPRN website www.ohsu.edu/orprn

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A culture of quality improvement — Lessons learned from the Healthy Hearts Northwest (H2N) project

by LJ Fagnan, MD and Caitlin Dickinson, MPH

H2N is one of seven cooperatives funded by the Agency for Healthcare Research and Quality’s (AHRQ) EvidenceNOW initiative to develop the quality improvement (QI) capacity of small and medium-sized practices. H2N enrolled 201 practices across the Northwest – in Oregon, Washington, and Idaho. From 2015 through early 2018, the Oregon Rural Practice-based Research Network (ORPRN) worked with 83 Oregon primary care practices on QI activities related to cardiovascular health as part of H2N.

The H2N program was intense and required a significant investment by the practices. Practices spent over a year and half with an ORPRN facilitator, working to not only improve performance on four clinical quality measures – Aspirin, Blood pressure, Cholesterol, and Smoking cessation (ABCS), but also to build a robust QI infrastructure. Practices completed many PDSA cycles, changed practice workflow, and engaged with patients in new ways over the course of the project. The program was also intense (and at times, challenging) for the project team. Overall, however, the project was successful, and we are proud of the work we did as a team and with the practices. Practice culture can be defined as “The way we do things around here.” We changed the QI culture in our 83 participating practices. Below are examples of our major successes.

Building and strengthening relationships: Approximately 30 clinics that enrolled in H2N had participated in past ORPRN projects. Thus, this project enabled us to build upon their previous QI work and strengthen our relationship with these clinics. Additionally, through H2N, ORPRN was able to engage practices that were new to practice-based research and/or had never received technical assistance support. Furthermore, the project helped cultivate relationships within the clinic setting. Through H2N, it was enforced that QI is a team sport with distributed leadership. As one clinic’s provider mentioned: “For every adult that walks in here, we, as a team, need to be thinking about the ABCS measures...It is not the driver that ultimately wins the race, it’s the pit crew.”

Ensuring project fidelity: We are proud that we conducted all project activities as planned. We provided 15 months of tailored intervention support to 83 Oregon practices (the retention rate of practices completing the work was high – with 83 of 107 enrolled practices contributing data). We offered office hour and webinar sessions to teach and enforce QI principles and to discuss the ABCS metrics. Additionally, practices could participate in site visits with “expert” H2N sites. They could also participate in academic detailing sessions regarding the use of a cardiovascular risk calculator. Furthermore, we will submit several academic manuscripts and create facilitation resources and tools as part of our H2N dissemination package.

Improving ABCS measures: Across H2N, practices improved their ABCS metrics from baseline to quarter 3 2017: from 67.1% to 70.2% for aspirin; from 60.4% to 62.5% for blood pressure; from 65.7% to 66.3% for cholesterol; and from 70.3% to 76.7% for smoking (data from September 2017). There were drastic improvements for specific measures within single clinics. For example, with the help of an H2N facilitator, one clinic in Klamath Falls worked to use their EHR to track whether patients who smoke received smoking cessation counseling. The clinic team was able to increase their practice’s rate of of-
It has been my great good fortune to have had LJ Fagnan as a partner, mentor, and friend. It was LJ who first introduced me, as he has so many others, to practice based research.

The first time I saw LJ I was in my 3rd year of residency over 25 years ago, at a job fair in the old OMA building. He was sitting behind a table with a panorama of the Reedsport sand dunes behind him, the embodiment of his own axiom (one of many his practice partners can still recite) “in a small town you are always recruiting”. My wife and I agreed that there was something about that fellow from Reedsport that we really liked.

I began following Reedsport High School sports, and a few months later, I watched LJ, the team doctor, jumping in the air with the football team as they celebrated winning the state championship. It remains one of my favorite LJ memories.

Not long after that I joined LJ and his partners, who became my partners, at Dunes Family Health Care, the practice he founded as one of 13 model rural practices in the Robert Wood Johnson Foundation’s Rural Practice Project.

LJ practiced there for the clinic’s first 17 years. We were proud to be charter members of one of the seminal practice based research networks, ASPN (the Ambulatory Sentinel Practice Network).

DFHC recently celebrated its 40th year of serving the community. It is a testament not simply to LJ’s charisma, but also to his leadership and vision that Dunes Family Health Care endures.

His ability to attract others with talent, idealism, and dedication, to build a team, and grow an organization that laid a solid foundation for Dunes Family Health Care augurs well for the future of ORPRN.

Robbie Law, MD
ORPRN Steering Committee
Helping Patients with Serious Illnesses Plan for the Healthcare They Want — the Meta-LARC ACP project

by Annette Totten, PhD, MPA

“We know that advance care planning (ACP) can help people with serious illnesses get the health care they want and that it improves quality of life. But we need to figure out how to make it happen where most people get their care. This project builds on amazing networks of practices that are dedicated to patient care and research and want to help figure out how to expand ACP in primary care.”

-Annette Totten, OHSU Press Release

People with serious illnesses can experience health care that is at odds with their personal goals and preferences. Advance care planning (ACP) encourages clinicians and patients to talk about what is important to patients so they can plan for the care they would want to receive before the time that their illness worsens or before they became unable to speak for themselves.

At the end of last year, ORPRN led efforts to design a project that would promote ACP in primary care for people with serious, life limiting illnesses and submitted a proposal to The Patient-Centered Outcomes Research Institute (PCORI). In August 2017, OHSU and the Oregon Rural Practice-based Research Network were awarded $8 million by PCORI to conduct a four-year study to engage primary care practices in designing and testing two models of ACP.

This study will implement and evaluate two versions of the Serious Illness Care Program (SICP), which is an ACP program developed by Ariadne Labs, a joint center between Brigham and Women’s Hospital and the Harvard T.H. Chan School of Public Health. These versions change who has the conversation with patients and families, where one arm shares duties across a care team while the other is initiated by the primary care clinician. The goal is to identify effective ways to assure that healthcare corresponds to the needs, goals and preferences of patients with serious illnesses.

We plan to involve primary care practices that are members of seven PBRNs. These PBRNs are members of the Meta-network Learning and Research Center (Meta-LARC), an Agency for Healthcare Research and Quality Center for Primary Care Practice-Based Research and Learning, and include the Quebec PBRN at the University of Laval, the University of Toronto Practice Based Research Network (UTOPIAN), the Iowa Research Network (IRENE) at the University of Iowa, the Wisconsin Research and Education Network (WREN) at the University of Wisconsin-Madison, the Shared Networks of Colorado Ambulatory Practices & Partners (SNOCAP) at the University of Colorado-Denver, the Duke Primary Care Research Consortium (PCRC) at Duke University, and the Oregon Rural Practice-based Research Network (ORPRN) at Oregon Health & Science University.

The project officially started with a kick-off meeting in November 2017 at the NAPCRG meeting in Montreal. Currently the team is working on developing a short ACP training, strategies to identify patients mostly likely to benefit from ACP, and measures for the evaluation. We plan to recruit practices in the near future, hold training sessions in Fall 2018 and begin recruiting patients in January 2019.
Oregon Accountable Health Communities—Changing How We Address Health Related Social Needs

by Anne King, MBA and Alisa Jackson

In May, 2017 ORPRN took on the ambitious task of building the Oregon Accountable Health Communities (OAHC) consortium. This five year project, funded by the Centers for Medicare and Medicaid Services (CMS), brings together Coordinated Care Organizations (CCOs), primary care clinics, hospitals, dentist offices, public health departments, behavioral health, State Medicaid, and others, to screen Medicaid and Medicare populations for five health-related social needs, (housing, food insecurity, transportation, violence and utilities), and provide navigation to community resources.

CMS’s goal is to determine whether systematically identifying the health-related social needs, and addressing those needs, impacts Medicaid and Medicare beneficiaries’ total health costs, and their inpatient and outpatient utilization of health care services. Oregon’s goal is to create a sustainable model for screening and navigating to services, as well as identifying missing resources.

The Oregon Accountable Health Communities project takes place in four regions: Southern OR (Curry, Jackson, and Josephine counties), Central OR (Crook, Deschutes, and Jefferson counties), Columbia River Gorge (Hood River and Wasco counties), and Yamhill county. ORPRN has engaged all six of the CCOs within these regions, and nearly fifty clinical sites will participate in the screening and navigation.

The Oregon model is designed to be as flexible as possible, allowing for screening any time a patient is seeking clinical care. This could be at a doctor’s office, emergency room, dentist’s office, mobile clinic patient’s home, WIC office, etc. Because one of the ultimate goals for Oregon is to create a process that is sustainable, ORPRN staff are developing workflows that can be adapted to any setting.

ORPRN is working with Vistalogic to develop a data collection tool for the project, which expands Vistalogic’s existing Community Linked Assistance Referrals and Assessment (Clara) platform. The database identifies a need, and provides a list of resources for that need, using 211info social service resource data, as well as community identified resources. ORPRN staff have worked with both Vistalogic and 211info to prioritize the resources generated based on identified need, and distance from the beneficiary. This effort is the first time social services resources have been prioritized in this way within Oregon. When it’s done, clinical staff will be able to provide a list of resources, specifically relevant to the individual’s social needs.

Overall, this project will provide insight into the social determinants needs of a large proportion of Oregon’s Medicare and Medicaid patients, the acceptability of screening for social needs in a variety of settings, and a better understanding of needs that cannot be addressed due to resource constraints.

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Please contact Anne King, kinga@ohsu.edu for more information
Welcome New ORPRN Staff

Sara Crowell, Oregon Pacific Practice Enhancement Research Coordinator (PERC)

Sara works on the Comprehensive Primary Care Plus (CPC+) initiative. Her past experience includes coordinating community-based research projects on health disparities in rural areas, providing technical assistance to clinics applying for Patient-Centered Primary Care Home recognition in Southern Oregon, and managing projects to improve care delivery and performance on state and federal clinical quality metrics at the health plan level. She holds a Bachelor’s of Arts in Biocultural Anthropology from Western Washington University.

Martha Snow, MPH, Northern Oregon Practice Enhancement Research Coordinator (PERC)

Martha is working primarily on the Comprehensive Primary Care Plus (CPC+) initiative. She received her Masters of Public Health from Emory University, and her Bachelors of Science in Psychology from the University of Oregon. Her previous experience includes research and program evaluation for nonprofit services in New York City, chronic heart disease and stroke prevention with the Centers for Disease Control in Atlanta, and disabilities and development with OHSU.

Miriam Wolf, Program Assistant

Miriam joins ORPRN to support the Oregon ECHO Network. She earned her Bachelor’s of Science in Health Studies from Portland State University in 2011. Since then, she has worked in wellness and healthcare administration. Prior to her career in health, she was a journalist and continues to write extensively on topics such as food, health, exercise, and books.

Melissent Zumwalt, Network Manager

Melissent holds a Bachelor’s degree in Sociology from the University of Oregon and is currently working towards her Master’s degree in Public Administration at Portland State University. Prior to joining ORPRN, Melissent was an administrator in the Department of Neurology at UCSF for over a decade. She brings extensive experience in financial and administrative management, team building and strategic planning.

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