The Reach of Practice-based Research Networks: ORPRN’s “Four Pillars Model”

Describing the Four Pillars & Highlighting Current ORPRN Projects that Support the Model

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Overview

The ORPRN “Four Pillars Model” promotes relevance across community engagement, practice transformation, research, and education. This Model describes how the ORPRN network relates to diverse stakeholders, while remaining relevant and of value to member clinicians and practices. In our view, these four pieces are interconnected and critical for ORPRN success. ORPRN’s approach to addressing current clinical practice and the health care environment represents its ability to demonstrate the key attributes of a successful PBRN: nimble, relevant, and responsive.

This poster highlights (green boxes, below) 10 current ORPRN projects, and indicates how these projects fall within the “Four Pillars Model”.

Background

Over the past few years, ORPRN has transformed from “a research network into more of a multi-purpose network.” Founded in 2002, ORPRN’s goals and objectives are to conduct research that fosters an understanding of health care values, dynamics, structure, and the contributions of rural clinical practices; and improve primary care by sharing and generating evidence-based knowledge.

ORPRN, like other relationship-based organizations, bases its success on its ability to recruit, engage, and retain primary care clinicians and their practices. However, in recent years, ORPRN has faced three main challenges with these activities:

1. physician-owned, independent practices in Oregon have declined from 60% to 30%, with health systems and local hospital districts now employing many ORPRN clinicians.
2. changes in funding: increased number of government and payer contracts and task years, ORPRN has faced three main challenges with these activities:
3. medical home standards and the requisite reporting of quality metrics alters practice workflow and staffing needs; practices choose to participate in learning collaboratives that will enhance their ability to meet medical home and quality of care standards instead of clinical research projects.
4. to meet the practice transformation requirements, the practices require at-the-elbow support from ORPRN Practice Enhancement Research Coordinators (PERCs).

Working Collaboratively

ORPRN has responded to health care and clinical practice environmental changes by creating the “Four Pillars Model”, which arranges its organizational framework into community engagement, practice transformation, research, and education activities. The “Four Pillars Model” demonstrates ORPRN’s wide range of activities, including developing community capacity for research, providing technical assistance and quality improvement resources to aid practice redesign, delivering education and skills training for practices to become medical homes, disseminating best practices to practices and communities, and linking health professional schools to practices.

Model

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Community Engagement – Moved beyond individual clinical practices to become a community-based network; currently working on five community engagement projects

Practice Transformation – Developed the PERC model into a robust program for quality improvement and technical assistance in practice redesign; currently has twelve practice transformation projects

Research – Focused on clinical research questions as the foundation of ORPRN; fifteen current studies are research-based

Education – Established focus on dissemination and implementation of “best practices” and over half of member practices teach students; working on seven education initiatives

Disparities in CRC Screening: A Mixed Methods Multi-level Study of Oregon’s Medicaid Population

To use innovative methodologies to identify factors at the patient, practice, and CCO level that influence regional variations in colorectal cancer screening rates and test modality.

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Visit www.ohsu.edu/orprn for more information.