RECRUITMENT METHODOLOGY FOR EVIDENCENOW: DESCRIBING OREGON’S HEALTHY HEARTS NORTHWEST RECRUITMENT PROCESS

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Background

During the first 14 months of EvidenceNOW, 250 primary care practices were recruited in Oregon (100), Washington (120), and Idaho (30) to participate in a pragmatic clinical trial comparing the impact of different evidence-based methods for disseminating cardiac risk reduction interventions - Healthy Hearts Northwest (H2N). Recruitment in Oregon was conducted by the Oregon Rural Practice-based Research Network (ORPRN), an Oregon-centered practice-based research network with five offices throughout the state and 60 “member” practices. Although ORPRN had longstanding relationships with member practices prior to H2N recruitment, the scope and size of H2N required ORPRN to extend their recruitment reach well-beyond the 80 member practices.

Objective

To date, the methods required to enroll small primary care practices in large, regional initiatives are unknown. For this poster, we aim to describe ORPRN’s recruitment approach and processes for enrolling 100 Oregon clinics in H2N.

Methods

ORPRN’s H2N project management team tracked data on the recruitment methods used for identifying and connecting with practices. Multiple modalities were implemented to provide information about the project and to enroll practices, including: media blasts, conferences, and in-person group meetings with leaders from: health and hospital systems, accountable care organizations, independent practice associations, the Oregon Academy of Family Physicians (OAFP), the Oregon Primary Care Association (OPCA), and other local health organizations (see line chart). Additionally, the ORPRN 10-member Steering Committee agreed to recruit for the study.

Data Collection

In addition to collecting data on initial recruitment methods, the H2N team tracked who conducted the initial activities (see pie chart) and how many interactions it took to enroll a practice (see table).

Results

Over the course of 14 months, ORPRN recruited 679 practices for H2N, with 107 practices enrolling in the project. Twenty of the enrolled practices (19%) were ORPRN member practices. The majority of the practices recruited in Oregon were health system-owned (46%) and independent clinician-owned (39%). Among enrolled practices, 49% were health system-owned and 37% were independent clinician-owned (see table). Rural practices made up 55% (n=56) of enrolled practices. ORPRN succeeded in enrolling small and medium-sized clinics—17% (n=18) were solo-owned practices, 54% (n=58) were small practices with 2-5 clinicians, and 29% (n=31) were medium-sized practices with 6-10 clinicians.

Average Interactions per Ownership for Enrolled Practices

<table>
<thead>
<tr>
<th>Practice Ownership</th>
<th>Enrolled Interactions</th>
<th>Enrolled/Recruited (%)</th>
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</thead>
<tbody>
<tr>
<td>Independent</td>
<td>104/286 (15%)</td>
<td></td>
</tr>
<tr>
<td>Health System</td>
<td>204/214 (17%)</td>
<td></td>
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<tr>
<td>FQHC</td>
<td>213/206 (18%)</td>
<td></td>
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<tr>
<td>LHS/Tribal</td>
<td>126/314 (17%)</td>
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<tr>
<td>Total Average</td>
<td>107/679 (16%)</td>
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</tbody>
</table>

“Relationships move at the speed of trust.”

Cullen Conway, MPH

ORPRN H2N PF

“Health System Leadership doesn’t guarantee a sign-on and can close doors.”

Dr. LJ Fagnan, MD

ORPRN Director