Getting Involved in Practice-Based Research (PBR): Voices from the Left of the Dial*

Lyle J. Fagnan, MD

Are you looking to make your practice fun and stimulating along with improving the quality of health care and generating new knowledge? If so, a practice-based research network may just be the place for you. I have been involved in conducting practice based research (PBR) for over a quarter of a century. In 1984 when I was in Reedsport my practice, Dunes Family Health Care, was Practice #29 with the Ambulatory Sentinel Practice Network (ASPN). ASPN was a practice-based research network (PBRN) of North American Primary Care Clinicians, involving family physicians in the United States and Canada. ASPN published over 35 studies on a variety of subjects, including: carpal tunnel syndrome, pelvic inflammatory disease, HIV prevalence, otitis media, new onset headaches, and chest pain. I became involved in ASPN and PBR to escape the day-to-day pressures of primary care. I found myself isolated, wanting to make connections with people who were thinking about the best approaches to the common problems I cared for. Relevant and useful information was not readily available and guidelines and evidence-based recommendations did not translate well into my practice.

Twenty-five years later, as a faculty member in the Department of Family Medicine at OHSU and Director of the Oregon Rural Practice-based Research Network (ORPRN), my work with ASPN came full circle when I had the opportunity to conduct research nationally exploring the question, “What do primary care clinicians have to say about participation in PBRNs?” Our PBRN Clinician Stories Project* uses a narrative research approach to describe motivations to participate in PBR. The stories come from clinicians representing 12 PBRNs with practices located in 14 states.

The stories described in Voices from the Left of the Dial reflect the three basic psychological needs for competence, autonomy, and relatedness that are behind intrinsic motivation and mental health (Deci and Ryan, American Psychologist, 2000).

1. Competence: intellectual stimulation, “the physician as the critical scientist,” creating and applying the primary care evidence based and staying up to date.

2. Autonomy: enjoyment of research without the hassle of academic work-life.

3. Relatedness: the importance and influence of mentors, belonging to a group of like-minded individuals, and social gatherings (convocations).

The PBRN provides the antidote to the intellectual isolation and loneliness associated with day-to-day primary care practice.

Competence. Two selected quotes reflect intellectual stimulation around medicine: 1) “I think I have the best of both worlds. In terms of clinical practice, I think that medicine is more enjoyable in a nonacademic setting, away from all the politics that are part of academia.” and 2) “They [practice-based clinicians] are the farm teams of research, growing investigators from the large field of doctors interested enough to participate, but not so much as to quit their day jobs and go into academia. That is me. I may be growing slowly, but at least I am growing.”

Autonomy. Several clinicians described improving the quality of care to their patients. One physician commented: “Many things we fear as continued on page 2
Relatedness. Several clinicians described creating a learning community and identity with other practitioner-researchers. One physician noted that, “Participating in practice-based research encourages critical thinking skills and develops the necessary mindset to question basic assumptions, accept new and better solutions, and work towards increasing the value of the health care—this has to come from within the profession.” Another family physician describes, “feeling the need for continuing research to keep abreast of changes, [and] keep skills up. And being curious, I heard about the research network for those nonacademics who represented private practice. I’ve been hooked ever since.”

A number of clinicians reported motivations that emphasize community and system level improvements relating to the populations they care for. One physician noted, “I feel it is important to put research in places where it can benefit people and their community.” Another clinician stated, “Evidence-based practice is important and there is not a lot of data out there on problems more common to rural [rather] than an urban setting.”

The stories we heard reflected primary care clinicians who place a high value on improving their quality of care and adopting new models of care. Our story telling physicians describe PBRNs as facilitators of change and relationship builders with academic researchers and like-minded members of the primary care community. This is a personal invitation to every rural Oregon primary care clinician to bring new knowledge to your practice and community. Sign up today as a member of the ORPRN family.

*Fagnan L, Handley M, Rollins N, and Mold J. Voices from Left of the Dial: Reflections of Practice-based Researchers. Journal of the American Board of Family Medicine, July-August 2010. Vol. 23, No. 4. [*“Left of the Dial” refers to the radio stations that are found on the lower end of the radio dial where local community programming can be heard, and to a song from The Replacements, which describes the resilience of local musicians who can best be heard left of the dial (fading in and out) when driving across country.]*
Outreach Beyond the Practice Walls

Paul McGinnis, MPA

Care Coordination is a core component of the Patient Centered Medical Home. It involves the linking of your patients with community resources to facilitate referrals and respond to social service needs. When outsiders look at your clinic to evaluate Care Coordination, they would determine if you have referral protocols and agreements in place with a variety of specialists and other organizations to meet patient needs.

While detailing the process for making a sub-specialty medical, dental or mental health referral would be fairly easy for most clinics, establishing referrals to non-medically based services is a different matter.

ORPRN has conducted several studies which involved creating these connections. These include:

1. Implementation of the Chronic Care Model developed by Ed Wagner, MD, MPH
2. Screening Kids in Lakeview for Developmental Delays (SKILDD)
3. Strengthening Oregon Community Services (SOCS)
4. Nurse-Based Care Management (AHRQ Task Order #5), and
5. Creating Linkages between Primary Care Clinics and Community Resources to Manage Obesity (AHRQ Task Order #21).

Organizations that clinics connected with were quite varied. Some are part of nationally recognized programs and others are community-specific. Examples include Stanford University’s Living Well with Chronic Illness, Quit Assist (tobacco cessation), Weight Watchers, local school educational assessment resources, parish nurses, lay health coaches, food counseling resources and food preparation classes. All of these programs provide a service patients need that is not economically feasible to perform in the clinic setting.

While the clinician may help the patient establish a self-management goal and provide brief counseling interventions regarding diet, exercise, and other health behaviors, it is these other organizations that assist with the longer time commitments needed to ensure patient understanding, commitment and compliance to garner the results the clinician and patient both desire.

Making connections with these resources requires outreach. Outreach may be thought of as an effort by your clinic to connect its ideas and practices to the efforts of other organizations. It differs from marketing in that you are not trying to increase market share for the clinic. On the other hand, the community resourc-

es you may use in your referral network could indeed see an increase in utilization as you guide the patients toward them. But outreach is normally a two-way street in which mutual benefit is derived for both parties.

When making connections with community organizations, it is important to have a strategy in mind before you approach them. One common approach model is called AIDA – Awareness, Interest, Desire and Action. In order for a connection between two organizations to be made they must be aware the other exists. Awareness answers the questions: Who are you? What do you do? Interest defines the reason for the connection. What do we have in common? Do we share common clients? Desire can be described as the answer to “What is in it for you (me)”? Action is the formal agreement or the establishment of protocols to make the referral.

The building of bridges between clinic and community resources holds promise to help with modification of health behaviors. To start, reach out to organizations in your community and begin the process of learning about each other.
Outreach: A Community Perspective

Molly DeSordi

“Where healing, teaching and discovery come together;” sound familiar? For anyone who has ever visited the Oregon Health and Science University’s website, this statement should be easily recognizable as the motto heading its home page. This mission is the driving force propelling advances and maintenance in healthcare, education, research and outreach for OHSU and its investments throughout Oregon and even beyond.

In many regions of Oregon, the utilization of various resources is challenged by geographical and economical barriers. Fortunately, there are organizations and community members throughout the state that are willing to address those barriers, endeavoring to reach all Oregonians. OHSU’s commitment to outreach has created over 200 community service programs statewide.

A particular region involved with OHSU outreach activities is Central Oregon. Oregon Rural Practice-based Research Network (ORPRN), Office of Rural Health (ORH), School of Medicine and School of Dentistry have cultivated significant medical resources, impacting many counties statewide, including Crook and Jefferson. Curious to know what those outreach programs mean to the community members they affect, three individuals were asked to lend their thoughts on the matter. What does outreach mean to them? What makes outreach successful? Are there ways to improve? These are their stories:

Outreach is “creating opportunities for rural communities they wouldn’t get without OHSU’s involvement” says Sharon Vail of Crook County, the Community Health Improvement Partnership (CHIP) coordinator for the County and the Executive Director of the Rimrock Health Alliance. Sharon has been a part of the community for several years and has seen the positive transition and impact that being involved with OHSU, ORH and Oregon Health Education Center (AHEC) made possible, and how the community has reaped benefits for improved health. She feels the key to a successful outreach is to “identify a community need and create a community solution,” utilizing any available and willing resource.

One particular success story Sharon shared involved a link with OHSU’s School of Dentistry. A research endeavor to discover the prevalence of children in Crook County that have untreated cavities uncovered a staggering rate of 42% in the kindergarten through fifth grade age range. This discovery process involved the need for basic dental exams to be completed in the town’s largest elementary school. To meet the need, four OHSU dental students traveled down to Prineville and examined the mouths of 500 kids in one day. Because of this partnership, the awareness level for dental care was raised throughout the community, and a new Advantage Dental clinic opened to treat patients who would have had to travel to different communities for aid.

Respect is one of the most important aspects of being a part of a successful outreach says Beth Ann Beamer of Jefferson County, the CHIP coordinator for Madras and the surrounding areas. She feels a foundation built on relationships within a community is the imperative base needed before building a bridge to any resource outside the community. With that foundation, those outside resources are able to work collectively to meet the needs in that area. However, outside individuals or groups must respect that community members are the inherent experts for determining the local needs. Local residents need to respect that the resource program coming in to assist in the creation of a healthier environment do so with the sole intention to enhance their community’s healthcare.

An OHSU dental student participates in the Decayed, Missing and Filled Teeth Study at Cecil Sly Elementary School in Prineville.
One of the requirements in OHSU’s School of Medicine is a rural rotation for third year medical students. Madras has had a program in place for about ten years that allows students to complete their rural primary care rotation at Madras Medical Group (MMG). David Evans, MD has been practicing at MMG for over 13 years. He says that the “rotations are well done” and he has enjoyed working with the students over the years. In fact, Kristine Delamarter, MD rotated at the clinic as a fourth-year medical student in 2003 and is now one of the family physicians at MMG. This program brings an awareness of rural health’s uniqueness and provides hands-on experience working in that environment.

When asked about how OHSU’s outreach programs could be improved, everyone responded with a resounding “More!” More individuals are needed to continue the work and expand existing programs that have demonstrated a highly beneficial outcome for rural communities. More research projects are already taking place in communities that are excited to make use of the resulting data and promote improved health care throughout their communities. With a heightened community awareness, adequate funding and enthusiasm to reach more individuals, undoubtedly geographic and economic barriers will continued to be addressed by local residents and by OHSU.

All the medical students who have worked at Madras Medical Group are displayed on a bulletin board in the clinic. The dates of their clerkship range from Fall/Winter 2002 to the present.
2010-2011 RESEARCH STUDIES

**CLINICAL & PRACTICE CHANGE**

**SCREENING, EVALUATING AND ASSESSING RATE CHANGES OF DIAGNOSING RESPIRATORY CONDITIONS IN PRIMARY CARE (SEARCH)**
- **PI:** Barbara Yawn, MD and Lyle Fagnan, MD
- **Funding Agency:** Boehringer-Ingelheim Pharmaceutical Inc.
- **Settings:** 21 practices across the state
- **Topic:** Study the feasibility of diagnosing chronic obstructive pulmonary disease in primary care settings at earlier stages.

**SHARED DECISION MAKING**
- **PI:** Lyle Fagnan, MD
- **Funding Agency:** Foundation for Informed Medical Decision Making
- **Settings:** Enterprise, Heppner, Lincoln City, Pacific City, Cottage Grove, Baker City
- **Topic:** Identify best practice approaches to using DVD Decision Aids in rural primary care with the objective of improving shared medical decision making.

**CLINIC LEVEL IMPROVEMENT IN PREVENTIVE SERVICES (CLIPS)**
- **PI:** David Buckley, MD, MPH
- **Funding Agency:** National Institute on Disability and Rehabilitation Research
- **Settings:** Scappoose, Enterprise
- **Topic:** A quality improvement study to assess a primary care clinic intervention to improve routine preventive services for adults with mobility impairments.

**INTEGRATING PRIMARY CARE PRACTICES AND COMMUNITY-BASED PROGRAMS TO MANAGE OBESITY (Clemente)**
- **PI:** Lyle Fagnan, MD
- **Funding Agency:** Agency for Healthcare Research & Quality
- **Settings:** Hood River, Crook, Jefferson, and Lincoln Counties
- **Topic:** Implementation and evaluation of a partnership model between rural primary care clinics and community-based programs to manage obesity across the lifespan.

**LIPOIC ACID AND OMEGA-3 FATTY ACIDS IN ALZHEIMER’S DISEASE**
- **PI:** Lynne Shinto, ND, MPH
- **Funding Agency:** National Institute on Aging
- **Settings:** Klamath Falls
- **Topic:** Determine if lipoic acid plus omega-3 fatty acids (omega-3) can delay cognitive and functional decline in Alzheimer’s disease using MRI total brain volume change as a biomarker, as well as plasma and serum biologic markers.

**QUALIS SAFETY NET MEDICAL HOME INITIATIVE (SNMHI)**
- **PI:** Jonathan Sugarman, MD, MPH
- **Funding Agency:** Commonwealth Fund, Qualis Health and the MacColl Institute for Healthcare Innovation
- **Settings:** Enterprise, Baker City
- **Topic:** Demonstration project to develop a replicable and sustainable implementation model to help safety net primary care clinics become high-performing patient-centered medical homes and achieve benchmark levels. In partnership with CareOregon and the Oregon Primary Care Association, one of five regional coordinating centers to provide medical home facilitation.

**MANAGEMENT OF CHRONIC KIDNEY DISEASE IN PRIMARY CARE PRACTICES IN RURAL OREGON**
- **PI:** Maya Rao, MD
- **Funding Agency:** Medical Research Foundation
- **Settings:** Statewide
- **Topic:** Whether identifying and diagnosing kidney disease is affected by distance to specialty care.

**CARE TRANSITIONS INNOVATIONS (C-Train)**
- **PI:** Honora Englander, MD
- **Funding Agency:** OHSU Hospital
- **Settings:** OHSU Hospital
- **Topic:** Hospital intervention providing primary care, medication and transitions support for uninsured and Medicaid-insured patients. Survey of patient experience of care and focus groups to assess experiences in multiple settings.

**ENHANCING COMPLEX CARE THROUGH AN INTEGRATED CARE COORDINATION INFORMATION SYSTEM (ICCIS)**
- **PI:** David Dorr, MD
- **Funding Agency:** Agency for Healthcare Research & Quality
- **Settings:** Scappoose, Baker City, Klamath Falls
- **Topic:** Use of care management tracking software by nurse care managers to help clinics better care for patients with chronic conditions.

**RURAL OREGON ACADEMIC DETAILING (ROAD)**
- **PIs:** Lyle Fagnan, MD and Daniel Hartung, PharmD, MPH
- **Funding Agency:** Pew Charitable Trust and Oregon Department of Human Services
- **Settings:** Klamath Falls, Reedsport, Wheeler
- **Topic:** Pilot testing of two approaches to academic detailing to provide balanced, non-commercial, evidence-based prescribing information to clinicians.

**ACCESSING THE CLINICAL AND BUSINESS CASE FOR NURSE-BASED CARE MANAGEMENT**
- **PIs:** Lyle Fagnan, MD and David Dorr, MD
- **Funding Agency:** Agency for Healthcare Research and Quality
- **Settings:** Baker City, Coos Bay, Klamath Falls, Ontario, The Dalles, Scappoose
- **Topic:** Analysis of clinical and economic outcomes after introducing nurse training and health IT to manage patients with chronic conditions.

**PATIENT SAFETY RESEARCH**

**CANCER RESEARCH TO OPTIMIZE SCREENING SUCCESS FOR RURAL OREGON ADULTS WITH DISABILITIES (CROSSROAD)**
- **PI:** David Buckley, MD, MPH
- **Funding Agency:** American Cancer Society
- **Settings:** Astoria, Condon, Reedsport, John Day
- **Topic:** Develop and test survey on cancer screening and prevention for adults with physical disabilities to determine if services are received are comparable to the general population.

**SAFETY CULTURE OF AMBULATORY CARE: MEDICAL OFFICE SURVEY ON PATIENT SAFETY (MOSOPS)**
- **PI:** Lyle J. Fagnan, MD
- **Funding Agency:** Agency for Healthcare Research & Quality
- **Settings:** 300 practices in the US, including 25 in Oregon
- **Topic:** Survey of clinicians and administrative staff to capture a comprehensive snapshot of safety culture in the ambulatory environment.

**DESCRIPTIVE RESEARCH**

**ORPRN MEMBER SURVEY**
- **PI:** Lyle Fagnan, MD
- **Settings:** Statewide
- **Topic:** Characteristics of practices and clinicians in ORPRN member clinics.
Chehalem Medical Clinic in Newberg makes the front page

Chehalem Medical Clinic was the first in Oregon to receive designation as a patient-centered medical home by the National Committee for Quality Assurance. In a front page story in The Oregonian on Thursday, February 10, 2011, Joe Rojas-Burke reports on William Bailey, MD and his team’s work to create a new model of care.

ORPRN’s medical home studies are mentioned in the Oregon Center for Children and Youth with Special Health Needs (OCCYSHN) newsletter. Bob Nickel, MD will produce quarterly newsletters highlighting medical home activities in Oregon. Read the current issue on the OCCYSHN website: http://www.ohsu.edu/cdrc/occyshn/publications/documents/Medical-HomeNews_2011_Winter.pdf

Rojas-Burke wrote: “The primary care practice is one of many in Oregon and across the nation attempting to transform the quality of medical care — and hold down costs — by giving people a stable, well-coordinated ‘medical home.’”

ORPRN is proud to have William Bailey, MD as a member. To find out more about Chehalem Medical Clinic and the medical home model, read the article at: http://www.oregonlive.com/health/index.
Greetings. We are excited about this year’s meeting and look forward to seeing you there. Following on last year’s successful collaboration, the Oregon Rural Practice-Based Research Networks (ORPRN) and the Oregon Academy of Family Physicians (OAFP) are again unveiling their annual spring meetings. This wonderful collaboration offers important and timely CME for both groups. Registrants are encouraged to join one another and attend all sessions.

Of vital importance to family physicians, this annual conference also provides an excellent opportunity for fellowship and rejuvenation. This weekend will help you remember why you love being a family doctor.

THURSDAY, April 7
11:00 Registration Opens
1:00 Introduction and Report on the Literature of Academic Detailing
- L.J. Fagnan, MD
1:15 Oregon Rural Academic Detailing (ROAD): A Pilot Study Comparing Approaches to Delivering Prescribing Information in Rural Oregon
- Dan Gladding, Pharm. D, MPH and Ann Hamer, Pharm. D
1:45 Prevalence and Impact of Industry Detailing in Rural Oregon
- Gabriel Andrus, 4th year medical student
2:45 Evolution and impact of going Pharma Free in a Family Medicine Practice
- David Evans, MD
3:15 Break
3:30 Practice Transformation/Economic and Adaptive Reserve
- Paul McGinnis, MPA and L.J. Fagnan, MD
4:15 Getting to Great Practice Facilitation and Clinic Transformation in the Patient Centered Medical Home
- Melinda Davis, PhD
An interactive discussion about ORPRN’s PERC model and facilitating clinic transformation. Critical incidents and lessons learned will be identified by audience participants.
5:00 Highlights of the OAFP Meeting Agenda
- L.J. Fagnan, MD
6:00 Welcome Dinner. Columbia Gorge Interpretive Center Museum. A short drive (or walk) from Skamania Lodge, the Interpretive Center Museum showcases the natural and cultural history of the Columbia Gorge. The Museum is designed for all age levels.

OAFP/ORPRN Annual Spring CME Weekend
April 7-9, 2011
Skamania Lodge

ORPRN’s sessions are on Thursday afternoon. ▲

Register now!
Please go to the OAFP website to view the complete program, register, and get hotel information.
http://www.oafp.org/CME.php

The Most Important Meeting For Family Physicians in 2011!

PUBLICATIONS


