



ORPRN

Oregon Rural Practice-based Research Network

Volume 2, Issue 2 November 2005

The mission of ORPRN is to improve the health of rural populations in Oregon through conducting and promoting health research in partnership with the communities and practitioners we serve.



Message from the Director- Communities and Practices Take Charge

Lyle J. Fagnan, MD

ORPRN's mission is to improve the health of rural Oregonians by partnering with rural practices and communities. We have been impressed with the commitment, engagement and motivation of community partners and clinicians across the state. I want to shine the spotlight on several projects and events where the primary care practices and communities have led the way in improving healthcare.

Lincoln County has a history of active citizen and clinician involvement. For the RxSafe project that is managed by ORPRN, a community advisory board chaired by **Esther Schwartz** is providing guidance to the project, with a particular focus on sustainability and patient-centeredness. Last month, the **Lincoln County Community Health Improvement Partnership (CHIP) Chronic Care Committee** chaired by **Fran Spigai** sponsored a conference on enhancing chronic illness management. Speakers, including **Paul McGinnis** and myself, discussed the Chronic Care Model, quality improvement, local public health initiatives, and community participatory research. **Drs. Rick Wopat, Karl Ordelheide, and Richard Fox** provided the health system and medical leadership for these projects.

In The Dalles, **Dr. Tom Hodge**, Medical Director of the Mid-Columbia Medical Center Trust, has provided leadership for the Rural Oregon Learning Collaborative in his community. The collaborative is directed by the Oregon Medical Professional Review Organization

(OMPRO) and ORPRN with sponsorship from the Oregon Department of Health, Chronic Illness Division. Dr. Hodge is implementing the Chronic Care Model with diabetes patients. He and his staff populated a diabetes registry for his practice and are working to increase patient education and self-management. Their next steps include group visits for diabetic patients and extending the project to other primary care practices in the community. The leadership of the health care system, **Mark Ackley**, CEO of the Trust, and the **Mid-Columbia Medical Center Board** provided the necessary support and direction for the project.

In Burns last April, the practices of the **High Desert Medical Center** and **Eastern Oregon Medical Associates** held a one-day symposium on rural primary care practice-survival. Organized by **Drs. Tom Fitzpatrick** and **Jon Schott**, the symposium examined the economics of rural practice, practice operations, and the electronic health record. ORPRN provided speakers and assistance in publicizing the conference. Participants came from Baker City, Burns, Lakeview, Pacific City, Elgin, and Halfway. **Albert Thompson**, Chair of the ORPRN Steering Committee, traveled 318 miles to participate.

These projects describe a true network, extending the reach of practices into the community and linking rural practices and their communities across the state. ORPRN will continue to be a catalyst for these activities—blurring the boundaries between quality improvement and research and between practice and public health—as we focus our research projects on preventive health services and chronic illness management.

ORPRN STUDY FINDINGS

RxSAFE—USING INFORMATION TECHNOLOGY TO IMPROVE MEDICATION SAFETY FOR RURAL ELDERS

This study is a collaboration of Samaritan North Lincoln Hospital, OHSU, and other institutions to establish a master medication information system to improve the safety of rural elders. This "research in progress" abstract was accepted for the Agency for Healthcare Research and Quality's June Patient Safety Conference in Washington D.C.

ABSTRACT

Title: Using IT to Improve Medication Safety for Rural Elders (funded by AHRQ)

Principal Investigator: Paul N. Gorman, MD (OHSU), Karl Ordelheide, MD (Lincoln City)

Authors: Gorman P, Ordelheide K, Wallace J, Goubaud M, Young H, Fagnan L, King V

Context: Medication safety is a significant problem of public health interest and a national health care quality issue, affecting both quality of life and health care costs. Parallel medical records sets often exist in the care context of chronically ill elderly patients who reside or have recently resided in assisted living and skilled nursing facilities. These record sets or "medication lists" may result in patient safety related errors.

Objective: The project aims to address the problem of medication safety by implementing, testing, and disseminating a single, accurate web-based master medication list for the rural Oregon community of Lincoln City. This objective is closely related to the reconciliation of multiple medication lists.

Design: Goals of the project include: implementation of a master medication list for Lincoln City's chronically ill elderly patients who reside or have recently resided in assisted living and skilled nursing facilities; to demonstrate the accuracy of the master medication list and its availability and acceptability to the patients themselves and to the

clinic, hospital, pharmacy, and care-giving staff that serve them; to demonstrate the expandability of the technology and the policies used in creating and securing participation in the master medication list to the rest of the Lincoln City community and to other communities.

Settings: Lincoln City, Oregon's acute care hospital Samaritan North Lincoln Hospital (the lead partner); three community assisted living facilities (Hillside House, Lincoln City Rehabilitation, Lincolnshire Retirement and Assisted Living); all of the community's pharmacies (Safeway, Bimart, Senior, Rexall,) two long-term contract pharmacies (Senior Pharmacy and Preferred Pharmacy); two local medical practices (Lincoln City Medical Center and Bayshore Medical Center); and a Community Advisory Board

Partnering academic institutions: Oregon Rural Practice-based Research Network (ORPRN), the Department of Medical Informatics and Clinical Epidemiology (DMICE) at Oregon Health & Science University (OHSU); Biomedical Engineering Departments at OHSU and Oregon Graduate Institute of Technology (OGI), and the School of Pharmacy from Oregon State University.

Outcome Measures: Objectively measure the usefulness of the master medication list in identifying and reducing medical errors and adverse events, thus increasing patient safety, quality of care and cost effectiveness.

ESTABLISHING A RURAL PRACTICE BASED RESEARCH NETWORK (PBRN) WITHIN AN ACADEMIC MEDICAL CENTER

ORPRN received support from the Agency for Healthcare Research & Quality (AHRQ) and the Oregon Opportunity through OHSU to form the network. This abstract was accepted for a poster at the 2005 AHRQ PBRN conference in Washington, D.C. in the "Best Practices" category.

ABSTRACT

Authors: King A, Wallace J, Fagnan L

Context: Oregon is largely rural, yet most medical research takes place at the state's urban medical school,

ORPRN STUDY FINDINGS

Oregon Health & Science University (OHSU). The Oregon Rural Practice-based Research Network (ORPRN) was created in 2002 by OHSU and funded by the Oregon Legislature with the purpose of addressing rural health disparities.

Objectives/Challenges: To develop a statewide rural PBRN that connects rural primary care practices to a community of researchers and government partners. ORPRN faced many challenges establishing itself as a rural network within an urban university, particularly concerning contracting, HIPAA compliance, and IRB authorization issues.

Approach: In 2003, after a period of recruiting rural clinicians, ORPRN hired staff and began its first study. ORPRN leaders chose to have a steering committee with rural clinicians as the only voting members governing the network. ORPRN clinicians convene annually to share research interests, discuss

methods, and vote on network policies. ORPRN hired three rural-based practice facilitators who serve as research assistants.

Results: Today ORPRN has approximately 120 rural clinicians in 29 practices, and 13 active research studies. ORPRN staff consists of four investigators and eight research coordinators.

Implications for Other PBRNs:

Encouraging university staff to re-think existing policies to meet the unique needs of the PBRN ameliorates some of the challenges. Requesting designated IRB and grants analysts helps facilitate compliance and allows the network to orient the university to the PBRN's unique needs. Rural practice facilitators are helpful in translating the needs of rural areas for university researchers. Having a rural clinician-governed network with the backing of an influential body, such as the state legislature, helps secure institutional support in a challenging environment.



ORPRN'S NEW RESEARCH DIRECTOR— CYNTHIA MORRIS, PhD, MPH

ORPRN is pleased to announce that Dr. Cynthia Morris has joined the ORPRN staff as the interim Director of Research. An Oregon native, Dr. Morris is currently a Professor and Vice Chair of Medical Informatics and Clinical Epidemiology, with joint appointments in the Departments of Medicine and Public Health and Preventive Medicine at OHSU. She is also the Assistant Dean of Admissions in the School of Medicine. Dr. Morris established the Human Investigations Program (HIP) in 2000 at OHSU, an NIH funded program that trains physicians in research methods. Dr. Morris has taught epidemiology to medical and public health students, and has mentored medical and MPH students for almost 20 years.

As an epidemiologist, her research focuses on cardiovascular disease and maternal and child health with additional expertise in nutritional epidemiology. Her recent work has focused on the etiology of conotruncal heart defects, particularly the role that maternal folate intake and metabolism may play in the development of these defects. Within the last 10 years, her research assessed the cause and possible prevention of preeclampsia. She is currently the codirector of the NIH funded National Endoscopic Database and is a member of the Evidence-Based Practice Center at OHSU, a principal scientist of the Oregon Center for Complementary and Alternative Medicine in Neurodegenerative Disease, and she serves on national or regional advisory boards for the American Heart Association, a Parkinson's disease research and education group, and research career development grants in women's health at OHSU. Dr. Morris is overseeing ORPRN's research studies, and the development of ORPRN's research portfolio.

NOTABLES

ORPRN's own **Lyle Fagnan, MD** was named "Oregon Family Doctor of the Year" by the Oregon Academy of Family Physicians. *Congratulations, LJ!*

Jeanne Bowden, RN, MPH, PhD of LaGrande, is retiring from her role as Associate Dean of the School of Nursing in LaGrande. Jeanne has been an active member of ORPRN, serving as the Vice President of the ORPRN Steering Committee.

Nancy Rollins has joined ORPRN as its Research Coordinator. Nancy replaces **Margaret Christensen** who retired in September. Nancy has worked in the Department of Family Medicine at OHSU for the last 12 years.

Baker Clinic in Baker City welcomed a new clinician, **Melodee Badley, FNP**, to the clinic in June.

Charlene Toniato of the **Rinehart Clinic** in Wheeler has been named "Clinic Manager of the Year" by the Office of Rural Health.

Sandra Dunbrasky, MD of **Treasure Valley Pediatric Clinic** in Ontario recently returned from serving victims of Hurricane Katrina in Louisiana.

Congratulations to **Tim Gallagher, MD** of **Lake County Medical Clinic** in Lakeview and his wife on the birth of their baby.

THE CHRONIC CARE MODEL IN RURAL OREGON

Can a rural Oregon county successfully implement the Chronic Care Model? Over the next several years coastal Lincoln County will find out. The Chronic Care Model, developed by an organization called "Improving Chronic Illness Care", was the centerpiece of a conference which took place October 7, 2005, in Lincoln City, Oregon. The conference, titled "**Preventing & Managing Chronic Care in Lincoln County: Better Health Through Collaboration**" brought national experts to rural Oregon to explore and explain how communities, the health system, patients and their clinicians need to work together to improve health outcomes.

The conference grew out of the Lincoln County Community Health Improvement Partnership's (CHIP) Chronic Disease Committee and was spearheaded by Fran Spiagai. The committee recognized that current efforts have been worthwhile, but often fall into what is called "projectitus"—time-limited projects that plug small holes in the system. The committee felt the need for a comprehensive approach to this costly and often times preventable situation.

Brian Austin, Deputy Director of Improving Chronic Illness Care and co-developer of the Chronic Care Model, started the conference off by explaining the model's history and current use. LJ Fagnan, MD, Director of the ORPRN, shared information on "Community-based Participatory Research," a necessary component of the Chronic Care Model. John Irwin, Healthcare & Community Informatics Consultant, discussed patient disease self-management components. William Hersh, MD, Professor and Chair of OHSU's Department of Medical Informatics & Clinical Epidemiology explained the role of information technology (IT) as a means to improve quality and safety, reduce costs, and make certain the information clinicians need is available when they need it. The luncheon address, provided by Forrest Calico, MD, Senior Advisor on Quality for the National Rural Health Association, served as a "call to action" for rural Americans to participate in partnership with their community health systems to improve their care.

The afternoon was devoted to activities taking place in Lincoln County. Karen Bondley, CHIP Coordinator, Paula Sampson and Barbara Dougherty of Lincoln County Public Health, Rick Wopat, MD and Larry Mullins of Samaritan Health Services and Paul Gorman, MD, Principal Investigator of the Health Information Technology project "RxSafe" presented information about applications of the Chronic Care Model in Lincoln County.

Interested parties met on the morning of October 8 to begin the process of implementing the Chronic Care Model. Paul McGinnis of ORPRN facilitated the meeting and will provide outside guidance and assistance to the group as they move forward during the next year. To learn more about the Chronic Care Model go to—
www.improvingchroniccare.org

REFLECTIONS ON BEING A PART OF A RURAL RESEARCH NETWORK



by Jeanne Bowden, RN, MPH, PhD

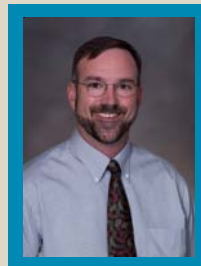
When we first met Dr. L.J. Fagnan in early 2003 we instantly knew we wanted our practices to become a part of the ORPRN. Having spent three years implementing a funded NIH study within one of our clinics, our practitioners learned first hand the isolating feeling of doing solo research in a small rural clinic. ORPRN has given us the opportunity to talk to others in similar circumstances, bounce ideas off colleagues across the state, obtain expert assistance from OHSU clinical researchers, and partner with other clinics to reach that magic ‘N.’ The selling point for us, in LJ’s words: “Clinicians will not get home later for dinner than they do now, participation will not be a financial drain, and participation will be stimulating and fun.” We were sold on the idea, but had to ask ourselves what we could bring to the network.

We believe that our nurse/nurse practitioner models offer ORPRN a different way of assessing the delivery of primary care. The OHSU School of Nursing in La Grande serves nursing students in the entire eastern region, with students coming to us from as far away as Boise, tri-cities Washington, and place-bound students from Burns, John Day, Ontario, Enterprise, and Heppner. We operate two certified rural health clinics in the towns of Elgin and Union, Eastern Oregon University’s Student Health Service, Union County Corrections health services, the Healthy Start Program, school-linked services (Health Network for Rural Schools) in Cove, Elgin, Imbler, North Powder, and Union, and administer the Robert Wood Johnson grant, “Covering Kids and Families,” a program designed to increase access to health care by navigating options for health insurance coverage for uninsured families.

ORPRN contributes to our practices and communities. Network discussions gathered from rural primary care providers across the state are rich in substance and probing in nature. The questions come from the real world of everyday practice occurrences, not from the academic “ivory tower.” For example, two very practical outcomes include improving our system of care for patients with diabetes and for those at risk for cardiovascular disease. Our clinicians learned methods for monitoring changes in clients’ assessments through the Chronic Care Model. One of our senior baccalaureate nursing students became engaged in the

project and presented the work to faculty, clinicians, and fellow students. This ORPRN/OMPRO/DHS collaborative included networking with community partners and gave us the opportunity to involve others in the network. This strengthened our knowledge about resources for patients with cardiovascular conditions and diabetes.

Overall, we learned that for our clinics to become involved in research, we needed to find a network of clinicians to tap into. Since we joined ORPRN we find we can be involved in research while running quality, productive clinics— and, hopefully, not get home later for dinner than before joining the network!



ORPRN'S NEW COMMUNITY HEALTH AND PRACTICE DEVELOPMENT DIRECTOR, PAUL MCGINNIS, MPA

Paul McGinnis joined the ORPRN staff in July as ORPRN’s Community Health and Practice Development Director. In this capacity, he is helping to design, develop, and conduct projects related to community-based participatory research, coordinating with the ORPRN Practice Enhancement and Research Coordinators (PERCs) to support ORPRN’s work in rural areas, and disseminating information regarding policy development, regulations, reimbursement and other issues relevant to rural practice.

Paul was previously the Director of Field Services at OHSU’s Office of Rural Health, and he will continue to provide guidance and training to the staff of that office. Mr. McGinnis has 22 years of experience providing services to rural communities throughout the nation. He is the creator of the Community Health Improvement Partnership (CHIP) community health development model which directly involves citizens in improving health status and health resources in rural areas and has been used by hundreds of communities nationwide.

Paul has a BS in Community Development from Penn State University and a Masters in Public Administration from Valdosta State University.

CURRENT STUDIES

RxSAFE—USING INFORMATION TECHNOLOGY TO IMPROVE MEDICATION SAFETY FOR RURAL ELDERS (see abstract on page 2)

PIs: Paul Gorman, MD (OHSU), Karl Ordelheide, MD (Lincoln City)

Funding Agency: Agency for Healthcare Research & Quality

Dates: 10/04-9/07

Settings: Samaritan North Lincoln Hospital, OHSU, Lincoln City Medical Center, and long-term care facilities and pharmacies in Lincoln County

Summary: This study is a collaboration with Samaritan North Lincoln Hospital, OHSU, and other institutions to establish a master medication information system to improve the safety of rural elders.

Status: Implementation/Data Collection

SKILDD—SCREENING KIDS IN LAKEVIEW FOR DEVELOPMENTAL DELAYS

PI: Lyle Fagnan, MD (OHSU)

Lead ORPRN Clinicians: Scott Graham, DO, Steven Hussey, MD, Bob Bomengen, MD (Lakeview)

Funding Agency: SAMHSA/CSAP through the State of Oregon, subcontract from Lake County Mental Health

Dates: 11/04-1/07

Settings: Family practice offices in Lakeview, Lake County Mental Health, other local behavioral health providers

Summary: This study examines a quality improvement effort to systematically screen children ages zero to six years old within the primary care setting for early risks of behavioral health disorders. The project is also designed to integrate the medical and mental health settings to provide coordinated referral and follow-up services.

Status: Implementation

CHRONIC OPIOID THERAPY AND PREVENTIVE SERVICES

PIs: James Calvert, MD (Klamath Falls) and David Buckley, MD (OHSU)

Funding Agency: American Academy of Family Physicians Foundation

Dates: 3/05-10/05

Settings: Klamath Open Door, Strawberry Wilderness, Rinehart Clinic, Elgin, Union, Cascades East, Lincoln City Medical Center

Summary: This study investigates, through retrospective chart review, a possible association between chronic opioid therapy for non malignant pain in the primary care setting and the performance of preventive health services.

Status: Implementation/Data Collection

ORPRN on the National Stage

ORPRN had a strong showing at the **Agency for Healthcare Research and Quality's (AHRQ) 2005 "PBRN Research Conference,"** with five presentations and two posters on ORPRN research studies. The July meeting held in Washington, D.C. drew nearly 200 PBRN researchers, clinicians, and staff.

ORPRN's Director, Lyle Fagnan, MD gave presentations on the "Screening Kids in Lakeview for Developmental Delays" (SKILDD) project, the "Rural Oregon Immunization Initiative" (ROI), and the statewide "Osteoporosis Survey." David Buckley, MD, gave a presentation on the "Chronic Opioid Therapy and Preventive Services" study. James Wallace, ORPRN's Project and Site Manager, participated in a panel discussion for PBRN coordinators and displayed a poster on "RxSafe— Using Information Technology to Improve Medication Safety for Rural Elders." ORPRN Network Manager, Anne King, displayed a poster on the formation of ORPRN.

ORPRN staff also presented studies at the October 2005 **North American Primary Care Research Group (NAPCRG)** meeting in Quebec, a conference attended by primary care researchers from across the US, Canada and Europe. Themes for this year's conference were patient-physician communication, obesity, and behavioral intervention studies. Dr. Fagnan presented the results of the Rural Oregon Immunization Initiative survey, Dr. Buckley presented the Chronic Opioid Therapy and Preventive Services study, Mr. Wallace served on a panel discussing communication strategies for practice-based research networks, and medical students Jennifer Holliday and Brett Gourley gave a presentation and poster respectively on the ORPRN "Preventive Services" study.

RURAL OREGON IMMUNIZATION INITIATIVE – PHASE 1 & 2

PIs: Scott Shipman, MD, MPH (OHSU), Lyle Fagnan, MD (OHSU), James Gaudino, MD, MS, MPH (DHS)

Funding Agencies: Centers for Disease Control via the Oregon Department of Health & American Academy of Family Physicians Foundation

Dates: 5/04-12/05

Summary: Phase 1 was an email and paper survey of approximately 1,100 rural clinicians in Oregon regarding immunization practices and beliefs. The survey was completed in April and data analysis is underway. The follow-up study (Phase II), which will be conducted in ORPRN practices, includes the use of the statewide immunization registry (ALERT), provider and parent focus groups, chart review, and implementation of the quality improvement program AFIX.

Status: Phase I- Analysis; Phase II- Implementation

RURAL COLLABORATIVE PROJECT TO IMPROVE DIABETIC AND CARDIOVASCULAR HEALTH IN OREGON

PIs: Lyle Fagnan, MD (OHSU) and David Shute, MD (OMPRO)

Funding Agency: Centers for Disease Control via the Oregon Department of Health, Chronic Illness Division

Dates: 2/05-9/05

Settings: The Dalles, Condon, Union, Elgin, and Halfway

Summary: This is a quality improvement initiative in partnership with the Oregon Medical Professional Review Organization (OMPRO.) The three objectives for this project are to: 1) identify and track a cohort of 50 adult patients with diabetes and/or hypertension; 2) recruit a community partner to develop a menu of ideas to improve coordination of care; and, 3) participate in distance learning sessions to improve diabetes and hypertension care through the Chronic Care Model.

Status: Pilot completed. Phase II- Design

ORPRN MEMBER SURVEY

PI: Lyle Fagnan, MD and Cynthia Morris, PhD, MPH (OHSU)

Dates: 5/05-11/05

Settings: All ORPRN clinicians and practices

Summary: ORPRN has expanded the Primary Care Network Survey to include more in-depth questions about clinicians and practices which will help to

characterize the network to aid with research data analysis and grant proposals.

Status: Analysis

OSTEOPOROSIS SCREENING IN RURAL OREGON

PIs: Eric Orwoll, MD (OHSU), Lyle Fagnan, MD (OHSU)

Funding Agency: Bone and Mineral Unit at OHSU

Dates: 5/04-12/05

Settings: Statewide

Summary: An email survey of clinicians was conducted in nine ORPRN practices and a mailed survey sent to approximately 6,000 women age 65 and older in the same nine communities. The purpose of the survey is to help understand osteoporosis screening, care and attitudes.

Status: Analysis

STRENGTHENING OREGON COMMUNITY SERVICES (SOCS)

PI: Robert Nickel, MD (OHSU)

Funding Agency: National Institute for Child Health & Human Development, Subcontract from Oregon Center for Children and Youth with Special Health Needs.

Dates: 10/05-4/08

Summary: This initiative aims to enhance community systems of care for children and youth with chronic conditions including physical, cognitive, and mental health impairments. The project focuses on the development and enhancement of practice-based family/professional teams. Teams will work to plan and implement quality improvements within the individual practice and community aimed at improving care for children with special health care needs and their families.

Status: Implementation

HEALTH COACHING

PI: Paul McGinnis, MPA (OHSU)

Funding Agency: Federal Office of Rural Health Policy

Dates: 9/05-1/06

Summary: Health Coaches from the communities of Lincoln County, Reedsport and Baker County were hired and trained in "Motivational Interviewing" techniques. They are currently taking referrals from local clinicians, working with their patients to increase physical activity and improve diet.

Status: Implementation



CONTACT ORPRN

www.ohsu.edu/orprn

orprn@ohsu.edu

3181 SW Sam Jackson Park Rd., L222

Portland, OR 97239

(503) 494-0361

STEERING COMMITTEE

Chair: Albert Thompson, MD (Pacific City)

Vice Chair: Jeanne Bowden, RN, MPH, PhD (LaGrande)

ORPRN STAFF

Director: Lyle J. Fagnan, MD

Research Director: Cynthia Morris, PhD, MPH

Community Health & Practice Development Director:

Paul McGinnis, MPA

Investigators: Valerie King, MD, MPH, David Buckley,

MD, Scott Shipman, MD, MPH, Julie Reynolds, PhD

Network Manager: Anne King, MBA

Site and Project Manager: James Wallace, BA

PERCS: Ann Ford, BA, Monica Goubaud, MA, LPN,

Julie Reynolds, PhD

Research Data Coordinator: Mary Masterson, MPA, MPH

Research Coordinators: Heather Angier, BA, CCRP, Nancy Rollins, BA