For two years ORPRN has funded two rural clinicians to attend this gathering of clinicians and researchers interested in practice-based research. The conference includes presentations of investigators and staff. If you are interested in receiving funding to attend the conference as an ORPRN representative, please email LJ Fagnan at fagnanl@ohsu.edu.

For more information on the conference, go to the AAFP website: http://www.aafp.org

SCIENCE UNIVERSITY

Oregon Rural Practice-based Research Network

March 7-9, 2008
Cheyenne Mountain Resort, Colorado Springs, CO

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C O N T A C T  O R P R N

orprn@ohsu.edu
(503) 494-0361
www.ohsu.edu/orprn
Lyle J. Fagnan, MD (Director)
Cynthia Morris, PhD, MPH (Research Director)

STEEERING COMMITTEE:
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STAFF:
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April 10-11, 2008
OHSU Center for Health & Healing
Portland, Oregon

Featured Speakers:
Chuck Kilo, MD, MPH, GreenField Health
Brian Drucker, MD, Oregon Cancer Institute
Rick Deyo, MD, OHSU Family Medicine
and a reception with OHSU President Joe Robertson, MD, MBA

CME credits are available. See registration form on page 7. There is no fee for attending this conference, but pre-registration is required. Rural clinicians who have completed the 2007 ORPRN member survey will receive mileage and one night of lodging. Space is limited so register now.

2018 SW Sam Jackson Park Rd, Mail Code L222
Oregon Rural Practice-based Research Network

Why Do We Participate in Research?

Lyle J. Fagnan, MD

As clinicians our days are packed with patient visits, paperwork and a myriad of tasks necessary to care for our patients. It’s a wonder that any of us can take the time to participate in research. As ORPRN reaches its 5th anniversary this winter, we reflect on the question of what keeps clinicians engaged in the network and what we could do to increase and sustain that involvement.

Over the past five years, many theories have been raised as to why rural Oregon clinicians choose to engage in research. In 2006, ORPRN launched the Q-Method Survey Study, a study to try to understand the real reasons rural Oregon clinicians participate in research. The survey asked clinicians whether they felt research yielded positive benefits, such as reducing their isolation, enhancing the prestige of their practices, keeping them on the cutting edge of health care changes, providing continuing medical education, giving them access to useful tools and software, or helping them understand how other rural clinicians do things. The result of the data analyzed from 50 respondents from across the state was that there was only one widely held reason to participate in research: “I want to improve the quality of care to my patients.”

For another project, ORPRN and a number of other practice-based research networks around the country collected “stories” of why their members participate in research. Comments from ORPRN clinicians focusing on quality of care were representative of the thoughts of clinicians across the country:

“It is easy to feel isolated from the large medical institutions doing research so it is nice to have input into developing practice improvement goals that we might not think about, e.g: Are we doing immunizations in the best way we can? Are there new ways of finding out how to screen for patients with memory loss?”

“By and large I think those going into family medicine just like people and just want to care for people. We don’t want too much of the numbers and things like that. However, at some point it’s important to recognize that in order to provide the highest quality of care for your patients sometimes you have to do just that.”

“Many things we fear as clinicians, such as insurance companies looking at prescribing habits, make us hesitate…but (PBRNs) wants to work with us to improve quality of care - they’re people we seek out and we want to be involved with.”

So, how can ORPRN help us improve the quality of care to our patients? I suggest that one way to do so is to design quality improvement studies that can provide tangible positive change to practices. This issue of the ORPRN newsletter highlights some of the quality improvement research recently completed by the network, such as the ROAM dementia study, ROII - our longest running study on immunizations, and other findings that we hope will both engage clinicians and have a positive impact on practices.
Welcome!

New Members of ORPRN

Welcome!

New Clinics
Urgent Health Care Center (Hermiston)
Family Health Associates (Hermiston)
Michael H. McQueen, MD, PC (La Grande)
South Lane Medical Group (Cottage Grove)
Lindsay P. Madden, FNP (John Day)

New Clinicians
Asher Community Health Center - Margaret Duncan, PA
Daniel Allen, PA
Baker Clinic, LLP - John Pattersen, MD; Debbi Staats, PA
Columbia Gorge Family Medicine - Steve Becker, MD; Gabe Mayland, MD; Jeffrey Sewing, MD
Columbia Hills Family Medicine - Corinda Hankins, MD; Peter Peruzzo, MD
Columbia River Community Health Services - Kristofor McAllister, PA; Steve Becker, MD
Eastern Oregon Medical Associates - Karen Andrus, NP; Gina Glabka, PA
Family Health Associates in Hermiston - Doris Earl, DO; Dick Fisher, MD; T. Douglas Fladz, MD
Klamath Open Door Family Medicine - Mary Haas, MD; Terrance James, NP; Sarah Lamamzu, MD; Gabe Mayland, MD; Jeffrey Sewing, PA
La Clinica del Carino Family Health Center - Melissa Arndt, PA; Brenda Collett, MD; Sandra Koch, PA
Lindsay P. Madden, FNP
Michael M. McQueen, MD, PC - Michael McQueen, MD
Mid-Columbia Medical Group - Imma Andreoli, MD
North Bend Medical Center Pediatrics - Philip LaGesse, MD; Donna Rabin, MD
Ochoco Health Systems - Stephanie Maizer, MD
OSU Elgin Family Health Center - Tim Neilson, NP
OSU Scappoose Rural Health Center - Kirsten Roberts, MD; Johanna Warren, MD; Michael Allen Verder, PA
OSU Union Family Health Center - Gwen Short, NP
Pine Eagle Clinic - Matt Reed, PA
The Rinhart Clinic - John Prata, PA; Broncyna Van Cott, PA; Karin Walsacz, MD
Siletz Community Health Center - James Haeg, MD
South Lane Medical Group - James Harrison, MD
Strawberry Wilderness Clinic - Andrea Janssen, MD; Andrew Janssen, MD
Treasure Valley Pediatric Clinic - Patricia Barfield, NP; Rafael Garcia, MD
Urgent Health Care Center (Hermiston) - Katie Winans, PA
Winding Waters Clinic - Elizabeth Powers, MD
Yachats Community Health Clinic - Robert Jacques, MD; Edward Taylor, PA

Notables
Eastern Region
Treasure Valley Pediatric Clinic in Ontario is expanding their hours and bringing on three new providers: Dr. Wu, Dr. McKenzie, and Dr. Devoe.
Matthew Reed, PA became the new provider at the Pine Eagle Clinic in Halfway.
Bud Zunino, FNP joined the Baker Clinic in October 2007. The Baker Clinic now offers medical care seven days of the week and has assumed operations of the local school clinic.

Eastern Oregon Medical Associates embraced many exciting changes during 2007 including moving into a new building where medical, mental health counseling, labs, and physical therapy services are offered and bringing Gina Glabka, PA on staff.

Ingrid Flanders, FNP joined Columbia Gorge Family Medicine in Hood River.

Southern/Central Region
Cascades East Family Medicine recently welcomed new clinicians Dr. Justin Clutter, Dr. Nellie Wirting and Dr. Robert Sears to the clinic.

ORPRN would like to bid a fond farewell to Dr. Leland “Bud” Beamer of the Madras Medical Group who after 33 years of private practice will be moving to the Emergency Department. We would also like to welcome Dr. Kristine Delamarter to that clinic.

Coastal Region
Frani Spigai and Ed Parker were awarded the “Outstanding Contribution to Rural Health in Oregon” at the 2007 Rural Health Conference. Frani and Ed are the cornerstone of many efforts to improve the health of residents of Lincoln County.

Dunes Family Healthcare hosted OHSU 100th medical student in a rural rotation in May under the supervision of Dale Harris, MD.
The Rinhart Clinic’s annual Sand Dollar Auction brought in $58,000 to help pay for patient prescriptions.

Congratulations to Albert Thompson, MD of Bayshore Family Medicine in Pacific City who celebrated 25 years of practice in September!
We are sorry to see Ron Vail, MD of Cascade Area Health leave us. He and his family are moving to the residents of Reedsport!

ORPRN will pay for mileage and one night of lodging for ORPRN clinician members, researchers, students, residents, faculty, friends, and ORPRN staff members.

The Oregon Clinical and Translational Institute (OCTRI) recently welcomed new clinicians Dr. Gabe Mayland, Dr. Allen Verder, and Lisa Taylor-Shepherd, FNP to welcome Dr. Kristine Delamarter to that clinic.

The Rinhart Clinic’s annual Sand Dollar Auction brought in $58,000 to help pay for patient prescriptions.

New ORPRN members are welcome to attend all events, free of charge. ORPRN will pay for mileage and one night of lodging for ORPRN clinician members.

Follow the hotel shuttle to the Center for Health & Healing. Non-ORPRN members are welcome to attend all events, free of charge. ORPRN will pay for mileage and one night of lodging for ORPRN clinician members.

Registration is required. Send this page by Fax to 503-494-1513 before March 8, 2008. Space is limited.

ORPRN will pay for mileage and one night of lodging for ORPRN clinician members (MDs, DOs, NPs, PAs). The hotel is within walking distance or a one minute shuttle ride to the Center for Health & Healing. Non ORPRN members are welcome to attend all events, free of charge. registration is mandatory. For information about ORPRN membership, please visit our website at http://www.ohsu.edu/orprn or call 503-494-0361.

Hotel reservations are made by calling the Residence Inn by Marriott at 503-552-9500 between 7:00AM and 5:00PM and asking for Katy or Dijah.

OHSU is committed to the elimination of all forms of discrimination in employment, education, and delivery of care and services. Individuals with disabilities are encouraged to attend all events, free of charge. ORPRN will pay for mileage and one night of lodging for ORPRN clinician members.

This activity has been reviewed and is acceptable for up to 8.75 prescribed credits by the American Academy of Family Physicians.

Questions? Please email enroll@ohsu.edu or call 503-494-1584.
Current ORPRN Research Studies

Students: 2007 projects examined HPV vaccine trends and attitudes in rural Oregon; Oregon emergency department coverage; and counseling for childhood obesity in rural primary care practices.

ROH – RURAL OREGON IMMUNIZATION INITIATIVE

PI: Lyle Fagman, MD

Funding Agencies: Centers for Disease Control & Prevention, Oregon Department of Health & Human Services, American Academy of Family Physicians Foundation

Settings: Baker City, Hermiston, John Day, Pacific City, Astoria, Grants Pass, Scappoose, Enterprise, Burns, John Day

Topic: Screening practices, attitudes and quality improvement opportunities for rural immunization delivery.

SOC5 – STRENGTHENING OREGON COMMUNITY SERVICES

PI: Brian Rogers, MD

Funding Agency: National Institute for Child Health & Human Development

Settings: Statewide

Topic: Enhancing community systems of care for children with chronic conditions including physical, cognitive, and mental health impairments.

UNDERSTANDING UNMET DENTAL NEED IN A RURAL OREGON COMMUNITY

PI: Tom Hiltun, MD

Settings: Baker City

Topic: Screening to identify unmet dental needs in a single rural clinic.

PATIENT SAFETY RESEARCH

MEDICATION ERRORS AND ADVERSE DRUG EVENTS IN PRIMARY CARE (MEADERS)

PIs: Lyle J. Fagman, MD

Funding Agency: Agency for Healthcare Research & Quality

Settings: John Day, Enterprise, Baker City, Scappoose, The Dalles

Topic: An electronic reporting system for medication errors and adverse drug events.

RSSAFE- USING INFORMATION TECHNOLOGY TO IMPROVE MEDICATION SAFETY FOR RURAL ELDERS

PIs: Paul Gorman, MD and Kurt Orscheidt, MD

Funding Agency: Agency for Healthcare Research & Quality

Settings: Statewide

Topic: Examines the concordance between patient reports of disability and the medical records.

From the Community Health and Practice Development Director:

Paul McGinnis, MPA

“And Now the Bad News…”

Dr. Fagman’s “Message from the Director” in this issue highlights the positive experiences, motivations, and benefits that may be derived from participation in practice-based research. The Q-METHOD Survey study results he references also highlighted some of the factors that were perceived as detrimental to participation in research. Of the seven least motivating reasons, five have a relationship to “time” and “staff.”

Of course clinicians want to improve the care they give to their patients, which was the number one motivator for participation (we needed a study to show that)? But to do that involves time, which there is never enough of, and involves clinic employees and staff, who clinicians in the study believe are neither motivated to participate in research nor have the resources to support research.

During the past few years, I have been conducting practice management assessments with ORPRN member practices. Two pieces of the assessment involve the staff of the practices. They include one-on-one interviews with everyone employed by the practice and a tool which prioritizes their factors for job satisfaction. Why involve staff?

Because to implement a strategic plan and practice change requires idea generation, participation and buy-in from everyone employed by the practice and those factors were not present there was indeed alot of dissatisfaction. Staff motivation comes from having the responsibility to make decisions, a sense of achievement in a bigger purpose, being appreciated for their contributions and being welcomed to share ideas and input. ORPRN research studies can provide a means to enhance those issues most staff value.

Clinical and Practice Change Research

ASSESSING THE CLINICAL AND BUSINESS CASE FOR NURSE-BASED CARE MANAGEMENT

PI: Lyle Fagman, MD

Funding Agency: Agency for Healthcare Research and Quality

Settings: Scappoose, Baker City, The Dalles, Klamath Falls, Coos Bay, Ontario

Topic: Analysis of clinical and economic outcomes of nurse training and health IT to manage patients with chronic conditions.

CROP – COLONOSCOPY IN RURAL OREGON PRACTICES

PI: David Lieberman, MD

Funding Agency: National Cancer Institute

Settings: Statewide

Topic: Expanding a nationwide colonoscopy database.

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.

OREGON WOMEN’S STUDY

PI: Kent Thornburg, MD

Funding Agency: Northwest Health Foundation, Collin Foundation, private donors

Settings: Klamath Falls

Topic: Effects of maternal nutrition on fetal health and later adult disease.

ROAM - RURAL OREGON ADULT MEMORY STUDY

PI: Linda Boise, PhD

Funding Agency: Agency for Healthcare Research & Quality

Settings: Wheeler, Astoria, Scappoose, Pacific City, Newport, Florence, Reedsport

Topic: Testing a dementia screening and evaluation model.

PREVENTIVE SERVICES STUDY

PIs: Valerie King, MD, Lyle Fagman, MD

Funding Agency: Agency for Healthcare Research & Quality

Settings: Statewide

Topic: Summer projects by medical students.

Meet Your Steering Committee Members

Meet Your Research Staff

Melinda Davis, MA
Regional Research Coordinator for Eastern Oregon Clinics

Many of you in Eastern Oregon may have already met ORPRN’s new Regional Research Coordinator, Melinda Davis. Melinda has previous experience in program management, sports medicine, and in community-based research. She is currently working toward her PhD in social/developmental psychology with an emphasis on community and rural health. Melinda also has an honors BA in biology-environmental studies from Whitman College. Originally a Colombia Gorge native and an outdoor enthusiast, Melinda is enjoying living in the heart of the Grande Ronde Valley conducting ORPRN research and meeting the members and friends of ORPRN.

Ron Schott, MD

Jon Schott, MD is a family physician at Eastern Oregon Health Network in Baker City. Jon grew up in Baker City and later completed medical school at Oregon Health and Science University. After a family medicine residency at Idaho State University, Jon returned to his hometown to practice medicine. Jon and his wife Dawn, a pharmacist, have two children. Jon and his practice have participated in many ORPRN research studies including the National Children’s Study Pilot, the Rural Oregon Learning Collaborative, the Rural Oregon Immunization Initiative, Osteoporosis Screening in Rural Oregon, Medication Errors and Adverse Drug Events in Primary Care, Understanding Unmet Dental Need in a Rural Oregon Community, and Assessing the Clinical and Business Case for Nurse-based Care Management.

ORPRN 3/8
The Rural Oregon Immunization Initiative (ROI) is ORPRN’s longest running study, and represents a partnership between ORPRN and the State of Oregon Immunization Program (OIP). The study was funded by the Centers for Disease Control and Prevention, included a statewide survey of clinician immunization practices, an in-depth assessment of immunization delivery in 11 ORPRN clinics (see map insert), and an interactive review of practice-specific reports and quality improvement opportunities (see figure 1).

The statewide survey covered many aspects of immunization delivery practice.

Patients were overwhelmingly positive about the screening. 75% of patients screened completed the patient satisfaction survey and of these, 98% reported “no concerns.” 1% was pleased or checked both of these response options when asked about how they felt about being asked about their memory and possible memory problems.

There was no substantial increase in assistance to patients or their families to gain access to community resources in the study. More research is needed to understand why the intervention led to fewer diagnoses of dementia than expected, whether the screening tool is too sensitive, resulting in too many positive screens, and what influences the decision to schedule a work up when a patient screens positive for dementia.

In summary, 41% of patients age 75 and older over a three month period were remembered for a dementia screening and evaluation forms, a patient care for young children (ages 0 to 36 months) 81% (335) provided at least some immunizations.

- The local health departments play an important role in rural childhood immunization delivery.
- The majority (98%, N=324) of immunizing clinicians give the core vaccines in their offices routinely. These include Hep B, DTaP, Hib, IPV, and MMR.
- Inadequate reimbursement and unavailability of vaccines were most often reported as reasons to refer patients outside of practices. Vaccine storage and stockpiling was a referral reason for one-third of respondents.  69% (230) of clinicians are willing to give as many immunizations as indicated at a single visit.
- 56% (187) of clinicians screen for immunizations at all visits.
- 82% (272) of clinicians offered vaccination only visits and 80% (263) participate in the Vaccines For Children (VFC) program. 48% (154) of clinicians send out or phone patient reminders.

ORPRN RESEARCH FINDINGS

Rural Oregon Adult Memory Study

Coastal clinics in the ORPRN network conducted the Rural Older Adult Memory Study (ROAM) in 2007. This study was funded by the Agency for Healthcare Research and Quality and directed by Linda Boise, PhD a researcher with the Luton Center for Alzheimer’s and Aging at OHSU. The purpose of ROAM was to test a dementia screening and evaluation model for primary care. The model was adapted from ACOWE, a practice-change model developed by UCLA and Rand.

This was a small pilot study in seven clinics (see map insert) involving 19 clinicians and 26 medical staff. Each clinic was responsible for screening all patients ages 75 and older over a three month period. The screen was generally conducted by the medical assistant and consisted of the following:

1. A three-word recall test (testing their knowledge about dementia management of the three words was considered a memory.

2. Asking the patient if he/she has noticed a change in memory.

3. Asking the family member or caregiver (if in attendance) if he/she has noticed a change in the patient’s memory that concern him/her.

4. Asking the medical assistant if he/she has any concerns about the patient’s memory.

An affirmative answer to any of these questions or a failure to recall 2 or 3 of the three words was considered a failed screen. Patients who were already diagnosed with dementia, were taking dementia medications and/or were diagnosed by the medical assistant to be “too ill” were excluded from screening.

For failed screens, clinicians were given a protocol for a dementia evaluation. Most of these evaluations required a separate 30-40 minute visit to complete. Instruments and procedures included in the memory evaluation included:

- Mini Mental Status Exam
- Clock Draw test
- Verbal Fluency test

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