The Evolution of a Learning Community: The ORPRN Experience

Lyle J. Fagnan, MD

Over the past decade I have seen two major shifts in ORPRN’s approach to developing a learning community of primary care practices. The first shift is the transfer in responsibility from academic researchers presenting new knowledge to having practicing clinicians and their teams share new knowledge with colleagues in other practices and communities. The second is the transformation of ORPRN to a horizontal network—transferring knowledge across organizations and communities, and achieving sustainable practice transformation by aligning resources.

At the 2013 ORPRN Convocation of Practices, ORPRN clinicians will report their knowledge and experiences in moving beyond the walls of the primary care practice to improve community health. The agenda for the 2013 ORPRN portion of the ORPRN/OAFP meeting includes a focus on the Social Determinants of Health and the Patient-Centered Primary Care Home (PCPCH). Drs. Elizabeth Powers, Kristen Dillon and Sandra Dunbrasky will share stories about approaches to transforming their practices and communities to address the social factors of health. Six early adopters of practice transformation from Reedsport, Baker City, Springfield, Scappoose, Pacific City and Lincoln City will share their stories, highlighting “potholes” encountered along the way.

Health care reform addresses meaningful EHR use, team-based care, care coordination, population-based health, community linkages, and quality of care metrics and is here to stay. The stories from our practices and clinicians about these foundational issues continue to push the boundaries of ORPRN. We have had to adapt to the priorities and changing circumstances facing primary care practice. The research and quality improvement projects done in our network have taught us the importance of describing and understanding the complex local context influencing adoption of the new PCPCH standards and the objectives of the regional Coordinated Care Organizations (CCOs).

What has ORPRN done to harness and disseminate local knowledge? Practice-Based Research Networks (PBRNs) can be described in a number of ways. ORPRN is a boundary spanner, linking practices to community leaders to cross geography, professional disciplines, specialties, and organizations in order to share their knowledge. Their stories direct ORPRN to develop the capacity to be nimble and relevant as we adapt to new priorities and changing circumstances facing primary care practice. The network has evolved into a learning community for practice and community leaders to cross geography, professional disciplines, specialties, and organizations in order to share their knowledge. Their stories direct ORPRN to develop the capacity to be nimble and relevant as we adapt to new priorities and changing circumstances facing primary care practice. The research and quality improvement projects done in our network have taught us the importance of describing and understanding the complex local context influencing adoption of the new PCPCH standards and the objectives of the regional Coordinated Care Organizations (CCOs).
OAFP and the Oregon Pediatric Society. ORPRN is a convener, bringing together ideas and initiatives that have resulted in over sixty research projects conducted throughout the network. Our nurse care coordination study was conducted in six practices (four family medicine, two pediatric). At the beginning of the project, these practices in aggregate identified four care managers and after 20 months, 14 care managers were in place. These practices became a learning community; the care managers met monthly and shared approaches to meet the goals of developing care plans, collecting quality metrics and engaging the clinicians across their practices. Rene Lowell, then Nurse Care Manager at Klamath Open Door (now nurse practitioner) became a resource for others in the project. The nurse care manager initiative at Eastern Oregon Medical Associates (EOMA) has been recognized as a national model with significant investment of resources and practice leadership. Teams from other practices in the network have made site visits to EOMA to learn about this model.

As part of our knowledge transfer we facilitate our clinicians and practice staff in sharing research results and their stories with the academic community, health care organizations, foundations and increasingly, with their community of patients. The clinician leaders in our Shared Decision Making project have been powerful voices for this essential component of PCPCH. Dr. Betsy Anderson from Pioneer Memorial Clinic in Heppner traveled to the 2010 meeting of the North American Primary Care Research Group (NAPCRG). She demonstrated her former high school science class teaching credentials as she told her story to attentive and engaged audience of primary care academic research leaders using a crumpled piece of yellow paper containing her written notes—no PowerPoint slides for Betsy. Drs. Elizabeth Powers, Renee Grandi, and Office Manager Keli Christman have presented their innovative work using patients and involving their patient advisory council in distributing decision aids to the 68 Oregon consortium of CMS Comprehensive Primary Care practices. The Winding Waters approach will be presented in Washington, DC in May by a patient on their Patient Advisory Council who will serve on a panel entitled “Aligning Incentives for Patient Engagement: Enabling Widespread Implementation of Shared Decision Making”.

We are a listening organization and devote time and resources to finding the voices that are often lost or hidden in the day-to-day pressures of practices. Our listeners include the ORPRN Practice Enhancement Research Coordinators (PERCs) who have developed sustained relationships with the practices and the communities we partner with. As we listen, we have come to understand the need for relationships beyond the practice and community, developing into a horizontal network.

ORPRN’s successful approach to knowledge transfer engages multiple stakeholders by building bridges between practices, health systems, state health agencies, and academic communities. In addition to conducting clinical and health services research, ORPRN has developed a robust Technical Assistance Center (TAC) for practice transformation. ORPRN is currently involved in multiple medical home projects—Enhancing Child Health in Oregon (ECHO) Transforming Outcomes for Patients through Medical home Evaluation & Redesign (TOPMED), the Safety Net Medical Home Initiative (SNMHI), and the Centers for Medicare & Medicaid Services’ Comprehensive Primary Care Initiative (CPC). The ORPRN TAC is building important practice change skills as we engage in a learning community with the participating primary care practices and other organizations. As a horizontal network promoting practice transformation knowledge transfer ORPRN is highly valued for our expertise and ability to connect with relevant stakeholders, ORPRN is viewed as an organizational “Switzerland”—independent of health systems, foundations, and government. The overall result is that ORPRN is a highly effective learning community promoting knowledge transfer across multiple Communities of Practices, sharing knowledge between organizations.

CONTACT ORPRN:
orprn@ohsu.edu
(503) 494-0361
www.ohsu.edu/orprn
3181 SW Sam Jackson Park Road, L-222
Portland, OR 97239
Orpron Page 3

From Barriers to Bridges: Dermatology enters Community-based Research

(A dermatologist reflects on an ORPRN partnership)

Eric Simpson, MD

The Problem. Atopic dermatitis (atopic eczema) affects approximately 15% of Oregon school children. These children suffer from chronically inflamed skin lesions that are accompanied by unrelenting pruritus. These symptoms lead to a negative impact on a child’s quality of life and can negatively impact the whole family. Having eczema early in life also increases an individual’s risk for skin infection, food allergy, allergic rhinitis, and asthma. Because of the high prevalence and negative impact eczema has on children and families, our study team in the OHSU Department of Dermatology have been interested in finding new eczema prevention strategies. There is some evidence to suggest that by reducing eczema prevalence, we may also reduce the associated allergic comorbidities.

Identifying Barriers to Success. Over the past 40 years, most eczema prevention strategies focused on allergen avoidance. Unfortunately, these strategies have not yielded anything consistently effective. Recent breakthroughs in genetics have identified that defects in skin barrier genes are important drivers of the disease. Our group has taken advantage of these findings and has proposed that using daily bland emollients from birth may prevent the onset of eczema by repairing skin barrier defects early in life. For decades emollients have been the cornerstone of eczema management and help to prevent flares of the disease. We hypothesized that emollients could possibly prevent the first flare of the disease (disease onset). Our initial pilot randomized trial involved four sites in the U.K. and one at OHSU of 124 babies at high-risk for eczema development found a 2-fold reduction in the disease at six months in the treatment group. The results of this trial, supported by the NIH, now pave the way for larger confirmatory trials.

Bridging the Gap. An overarching long-term goal of our research has been to make meaningful reductions in the eczema and allergic disease burden in large populations. Eczema and allergies are a global problem, so we strived to make our approach simple, cost-effective, and safe. It was after the completion of our pilot trial that we learned of the Oregon community-based research network, ORPRN. After an initial meeting with Lyle Fagnan, MD, Director of ORPRN, and LeAnn Michaels, Network Manager, we came to realize a collaboration between our groups made perfect sense. Our goal for developing a pragmatic eczema prevention strategy, and ORPRN’s goal of supporting research that can benefit the community, naturally aligned.

The Path Forward. Over the next several months, we hope to begin working with ORPRN to design a community-based trial of eczema prevention. Working with Dr. Fagnan’s team at OHSU has been vital to understanding the intricacies of community-based research. Engaging community stakeholders during the design of the trial will be critical, and we have already received helpful insight from community-based providers who are part of the network. While the learning curve has been steep, the pay-off will be great. The design of the trial mirrors how this intervention would actually be implemented in practice. There are many examples in dermatology, as with other specialties, where research findings do not translate into improved patient outcomes outside of the academic setting. Our partnership with ORPRN removes the barrier between the academic center and the community, enriches the project with community involvement, and ultimately provides more clinically-relevant results that will make the biggest impact on public health.

Welcome . . .

Andrew Peterson, MD and Stephen Ames, MD at Treasure Valley Pediatric Clinic in Ontario

Samaritan Family Medicine in Corvallis

Rick Wopat, MD at Samaritan Medicine Home in Lebanon

Joanne Holland, MD in Drain

Santiam Medical Associates in Stayton

Springfield Family Medicine in Corvallis

Nathan Smith, Clinic Manager at Columbia Gorge Family Medicine in Hood River
Welcome ORPRN staff

Sankirtana Danner, MFT, is a Research Associate with ORPRN. She holds a Bachelor’s degree in Psychology from the University of Illinois and a Master’s degree in Marital and Family Therapy from the University of San Diego. Prior to joining ORPRN, she worked in Seattle, Washington managing NIH funded research trials studying the dissemination of evidence based treatments to behavioral health clinicians. Sankirtana has a particular interest in the integration of mental and behavioral health treatment into primary care settings. In her personal time, she volunteers with a community service organization to promote health care accessibility to populations in southern India.

Mark Remiker, MA, joined ORPRN as a Practice Enhancement Research Coordinator (PERC) in the Oregon Pacific region. Mark came to us from the Wisconsin Research & Education Network (WREN), a PBRN based at University of Wisconsin-Madison. His past research experience focused on implementing evidence-based guidelines for chronic kidney disease in primary care settings and validating EHR selection criteria for asthma and diabetes. Mark holds a BA in psychology from University of Wisconsin-Eau Claire and a MA in biological anthropology from Washington State University. He is originally from Milwaukee, Wisconsin.

Katrina Ramsey, MPH, Research Analyst, has experience in the use and analysis of administrative data, community-based research in American Indian and Alaska Native communities, and respondent-driven sampling. In addition to ORPRN, she works with the Department of Medical Informatics and Clinical Epidemiology and the Department of Public Health & Preventive Medicine at OHSU. She is the point of contact for the Biostatistics & Design Program.

ORPRN Page 4

Meta-network Learning and Research Center

ORPRN is one of eight recipients of a five-year P30 Center of Excellence in Primary Care Practice-Based Research and Learning award from the Agency for Healthcare Research and Quality (AHRQ). With ORPRN as the lead, six networks have collaborated to form the Meta-network Learning and Research Center (Meta-LARC) with the aims to:

- conduct research to improve the quality, effectiveness, and safety of primary care
- accelerate PBRN research through a well designed and highly functioning infrastructure, and
- promote learning and sharing across networks and practices.

In addition to ORPRN, Meta-LARC Network members include the Iowa Research Network (IRENE), State Networks of Colorado Ambulatory Practices and Partners (SNOCAP), OCHIN Safety Net West PBRN (SNW), the Quebec Practice Based Research Network (QPBPN), and the Wisconsin Research & Education Network (WREN).

Meta-LARC investigators and research coordinators attend monthly conference calls and met face-to-face at the December NAPCRG meeting for a day of team building, sharing research ideas, and planning for success. ORPRN Steering Committee Chair Robert Law, MD, joined the NAPCRG meeting and provided clinician perspective to the Meta-LARC team.

Dr. Law wrote of his experience; “NAPCRG and New Orleans in December were a great combination and I appreciated the chance to hang out with LJ as well as seeing LeAnn Michaels and Nancy Rollins work their magic as ORPRN convened the inaugural face-to-face meeting with Meta-LARC participants. ORPRN is the lead network for this international (with Canada represented) consortium of PBRNs funded by AHRQ to collaborate on large research projects.”

Dr. Law continued, “Meta-LARC flocked together the day before NAPCRG activities began. I noted that other participants who were primarily community clinicians were rare birds at this (NAPCRG) meeting, though I did have a few sightings and inspiring interactions with others of our species. I found significant interest in ‘hearing our songs’ as community physicians interested in research. I am grateful to ORPRN for the opportunity to participate in this meeting. It was a wonderful learning experience and chance to be energized by meeting and talking with many stimulating and friendly people enthused about primary care research. A taste of New Orleans music and cuisine kept me literally and figuratively well rounded!”

Meta-network Learning and Research Center
It is a complex world out there.

Paul McGinnis, MPA

A few years back, I heard a physician speaking about his experience of coming through the front door of the clinic. His normal routine consisted of rounding at the hospital, driving to clinic, parking in a designated spot, going through a staff entrance, and finally setting up to begin seeing patients. However, when he came through the front door, he was amazed by what he saw. The number of confusing signs regarding insurance and payment, the foreboding effect of the glass partition separating the receptionist from the patients, the clutter of the waiting room and the pamphlets left on the reading tables espousing views he did not support.

Changes were made.

I share this analogy to ask you to consider how your normal routine might affect the way you view your community. We experience and form our perceptions based on what we tend to see. We need broader experiences to fully understand the social determinants of health experienced by community residents, their families and local institutions to be able to fully improve health. We need a better understanding of assets and community resources available to support patient needs. Everybody in your practice, from front to back staff, and anyone else, represents themselves as an agent of change. In Malcolm Gladwell’s book, *The Tipping Point: How Little Things Can Make a Big Difference*, he describes how ideas and products and messages and behaviors spread the way viruses do. His analogy is that ideas are like an “epidemic” and he identifies three “agents of change” in the tipping point of epidemics.

Gladwell describes three types of people who are the agents of change. They are the Connector, Maven, and Salesman. Think about their characteristics and the people employed in your clinic. Connectors are people who know large numbers of people and are in the habit of making introductions (think Melinda Davis, PhD). Mavens are people who are information specialists and Salesmen are the persuaders among us. Gladwell’s book is well worth the time to read to gain more detailed perspective.

It is a complex world outside the clinic, but we are expected to be aware of all the resources. We carry with us a certain set of pre-conceived notions about the community, and we need to make connections to improve health. Find people who aren’t clinic-agoraphobic (look it up) and set them loose on the world to begin making connections. Or, maybe you can start by doing something as simple as taking a few extra steps to walk through the front door of your clinic tomorrow morning, after you have driven to work via a different route. And, keep your eyes open.

Managing the activities and workload that usually accompany primary care transformation can be overwhelming, no matter where you are in the process. The Patient-Centered Primary Care Institute (PCPCI) is a new organization focused on helping practices achieve a patient-centered approach to care in Oregon.

PCPCI is the brain child of a partnership between the Oregon Health Authority (OHA) and the Northwest Health Foundation (NWHF). In 2010 OHA and NWHF gathered together a variety of community stakeholders to formulate recommendations for broad implementation of the Patient-Centered Primary Care Home model (PCPCH) across Oregon. Essentially, these stakeholders were asked to elucidate how best to support clinics in adopting a patient-centered approach to care and in meeting the requirements of Oregon’s PCPCH recognition program along the way. Thus, PCPCI was conceptualized.

In July 2012, OHA and NWHF collectively awarded $1.3 million to the Oregon Healthcare Quality Corporation, commonly known as Quality Corp, to develop the Institute. The overarching objectives of PCPCI are to:

- Promote knowledge sharing through easy access to tools, resources, online learning, best practice information and networking opportunities for health care providers and leaders.
- Facilitate collaborative learning using a network of technical assistance providers who provide face-to-face learning and practice facilitation to selected practices.
- Build Capacity for ongoing primary care transformation by offering opportunities for technical assistance providers to collaborate and deploy resources collectively through networking and train-the-trainer programs.
- Create alignment by coordinating efforts with other practice transformation initiatives in Oregon to leverage resources, maximize benefits for practices and accelerate transformation.

In application, PCPCI seeks to function as a clearing house for connecting practices with technical assistance services and expertise tailored to address their particular stage of patient-centered primary care home transformation.

**PCPCI Learning Collaborative and ORPRN**

In January, the Institute initiated their first Learning Collaborative. Twenty-five practices, including eight ORPRN-member practices, were selected to participate in this new 9-month venture. As part of the Learning Collaborative, practices will attend three day-long learning sessions focused on a variety of aspects integral to developing or strengthening a patient-centered approach to care. Technical assistance experts will deliver education and training to participating practices and support opportunities for these practices to learn from each other.

The following ORPRN-member clinics are participating in this initiative:

- Deschutes Rim Health Clinic - Maupin
- Treasure Valley Pediatric Clinic, PC - Ontario
- Strawberry Wilderness Community Clinic - John Day
- South County Health District - Union
- Pine Eagle Clinic - Halfway
- Harney District Hospital Family Care - Burns
- Columbia Hill Family Medicine - The Dalles
- Columbia River Community Health Services - Boardman

The Institute hosts monthly webinars, open to all, on a variety of topics related to the patient-centered model of care. Please visit their website for more information: [http://www.pcpci.org/](http://www.pcpci.org/).
St. Luke’s EOMA Receives National Recognition

Please join ORPRN in congratulating St. Luke’s Eastern Oregon Medical Associates (EOMA) in Baker City for being recognized in the Robert Wood Johnson Foundation’s best-practices program titled The Primary Care Team: Learning from Effective Ambulatory Practices (LEAP). St. Luke’s EOMA is one of 30 primary care practices in the country to be identified as an “exemplar practice” in quality and patient centered care transformation. To learn more about the LEAP project, please visit http://www.rwjf.org and search for LEAP.

St. Luke’s EOMA presents ECHO project to local community resources

In September, the Enhancing Child Health in Oregon (ECHO) team at St. Luke’s Eastern Oregon Medical Associates (EOMA) hosted 12-15 community resources in Baker County that serve pediatric patients. The purpose of the dinner meeting was to identify resources in the community that provide direct service to children and their families, and to learn more about how the different organizations can collaborate to enhance the health of children in Baker County. Attendees included representatives from EOMA, Babies First! Program, CaCoon (CAre COordinatiON) Eastern Oregon Audiology, and Women, Infants & Children (WIC), St. Alphonsus Medical Center, Breast Feeding Support (LATCH), Building Healthy Families, Baker Valley Physical Therapy, Child Care Resource and Referral, Diabetic Education, Healthy Start and Healthy Families, Early Intervention and Early Childhood Special Education, Immunization Services, Kid Talk: Oregon Scottish Rite Clinics, Mountain Valley Mental Health, and Saint Alphonsus Rehabilitation Services (STARS). Attendees found the event highly educational and valued the opportunity for networking. Said one attendee, “It was great to meet and learn about available services in our area.”

Bayshore Family Medicine Joins Adventist Health

Bayshore Family Medicine, with locations in Pacific City and Lincoln City, has joined the Adventist Health network of patient-centered care clinics. Quoted in an Adventist Health press release, Albert Thompson, MD said: “As the changes in health care sweep across our nation, many private practices in rural areas are moving to a business model in which they align with a health care system that is able to provide the resources and specialty services needed for the community. We look forward to continuing to serve our communities with the same dedication and excellence of service that we have for the past 30 years.”

EOMA’s ECHO team was prompted to host this informal gathering as a component of their Plan-Do-Study-Act (PDSA) cycle on identification of community resources. Next steps include working with each community resource involved in their pediatric patient’s care on a weekly, monthly or ad hoc basis to identify service needs. Local agencies will coordinate times to meet one-on-one with each provider to coordinate services and share pertinent patient health information. The goal of this collaboration is to establish a way to effectively communicate and work with the community resources in order to provide comprehensive health care to their pediatric population and their families.

Attendees share a meal prepared by The Little Pig in Baker City.
Community Health Improvement & Research Projects

Beginning in the fall of 2011, ORPRN partnered with four established community health coalitions in rural Oregon to participate in the Community Health Improvement & Research Project (CHIRP) to increase the capacity of community members to serve as active partners in the design and execution of research. The CHIRP project centered on childhood obesity, an issue that each of the four participating groups had identified as a community health concern. Using childhood obesity as an anchoring theme, ORPRN held a symposium, conducted research trainings, and executed four community-based participatory research projects.

The four CHIRP communities were active in all stages of developing and implementing their pilot studies on childhood obesity, and they are already using their results to improve the health in their communities:

Jefferson County: Chocolate milk availability in the school cafeteria was a debated topic in Jefferson County because of the tradeoff between added sugar to the children's diets and the benefits of calcium and protein in milk. The local CHIRP group used a mixed methods cafeteria plate waste study and observations to see if kindergarten through second graders would drink white milk after chocolate milk was removed from the lunch menu. They found that children still drank milk or water at lunch, received adequate amounts of protein and calcium, and lowered their sugar consumption after chocolate milk was removed. The group has taken their results to the local school board and is recommending removing chocolate milk permanently.

Crook County worked to identify issues with local recreation services using key informant interviews with 40 non, low, medium, and high recreational service users. They developed an interview guide and trained community members to carry out the interviews. The results identified several problematic areas in recreational offerings, and helped the CHIRP group successfully apply for a grant that is allowing them to build a new community bike path. They have incorporated the study results as part of an ongoing environmental scan.

Lincoln City used elements of Share Our Strength's curriculum, Cooking Matters, to educate high school students on how to read nutrition labels and to shop for healthy foods on a budget. Despite a small sample size, they found that the students were better at utilizing the information on the nutritional label after receiving the curriculum. The group plans to revisit the study on a larger scale in the future.

Lebanon public schools have been distributing Pick of the Month food flyers highlighting an in-season vegetable for three years, and they wanted to evaluate the effectiveness of the flyers. One of the main outcomes of the study was that despite interest, Spanish speaking families used the flyers at a much lower rate because of English illiteracy. The group is now working to make improvements to the fliers including translating them into Spanish.

RECENT PUBLICATIONS


