The development of ORPRN coincided with a national emphasis on the importance of moving research from Academic Medical Centers into the community. Primary care research leaders pointed to the fact that the majority of health care takes place in community-based primary care settings; yet, less than one percent of funded medical research takes place outside of academic medical centers. Recognizing this disparity, the Agency for Healthcare Research and Quality (AHRQ) provided support for the development of primary care practice based research networks (PBRNs) in 2000 and 2002. ORPRN was one of 36 PBRNs to be awarded a PBRN infrastructure grant in 2002. AHRQ emphasized the value of PBRNs as a source of new, highly relevant and actionable knowledge to improve community health. In a scientific community where it takes an average of 17 years for 14% of original research to reach clinical practice and benefit patients, PBRNs provide an opportunity to deliver knowledge directly to community-based primary care clinicians. PBRNs use the community as a laboratory; provide access to important neglected phenomena, and link questions from practices to answers for practices.

A major activity of a PBRN such as ORPRN is the recruitment of busy primary care clinicians and their practices to participate in research and the generation of new knowledge. ORPRN recruitment is based on four basicclinician-oriented outcome principles: 1) Clinicians will not get home later for dinner than they do now; 2) participation will not be a financial drain; 3) participation will be stimulating and fun; and, 4) clinicians will be proud of the research they produce. ORPRN is directed by a steering committee of ten clinicians who decide on ORPRN direction and priorities.

After recruitment comes retention of these community partners. ORPRN understands the importance of relationships and trust. Oregon is a big state geographically and many miles show up on the ORPRN odometer. There is no substitute for making “Home Visits” to the communities and practices. We have a strong practice facilitator model with Practice Enhancement Research Coordinators (PERCs) located in LaGrande, Prineville, Lincoln City...
and Portland. The PERCs are practice advocates, keeping the studies that ORPRN conducts grounded in the realities of daily practice. In addition to the practice facilitators, ORPRN has a full time director of Community Health and Practice Development. The emphasis on community participation in research has resulted in adapting the Community Health Improvement Partnership (CHIP) model from the Oregon Office of Rural Health to an innovative model of community-based participatory research, the Community Health Improvement and Research Partnership — (CHIRP). ORPRN considers as a measure of success both community health and practice health.

With these foundational blocks, ORPRN has received $15.4 million in over 60 funded grants during our first decade. ORPRN’s diverse research portfolio covers a range of health topics including: care coordination, shared decision making, evidence-based prescribing, colonoscopy quality, access to cancer screening, osteoporosis, exercise and nutrition counseling, clinician workforce issues, workflow analysis for health information technology, the culture of medical office safety, emergency care, community linkages and the provision of preventive services and immunization practices.

ORPRN has a national reputation. In 2007, ORPRN was named by AHRQ as one of ten PBRN Master Contractors. AHRQ cited building on community-based participatory research and implementation science as particular strengths of the network. In September, 2012, ORPRN was one of eight organizations to receive a 5-year award as a Center of Excellence in Primary Care Practice-Based Research and Learning from AHRQ. ORPRN leads a consortium of six PBRNs — Oregon Community Health Information Network (OCHIN) PBRN; Iowa Research Network (IRENE); State Networks of Colorado Ambulatory Practices and Partners (SNOCAP); Quebec Practice Based Research Network (QPRBN), the Wisconsin Research & Education Network (WREN); and ORPRN. These networks form Meta-LARC (Meta-network Learning And Research Center). Meta-LARC will accelerate the generation of knowledge and create a venue for community learning among the 6,000 clinicians and 533 primary care practices participating in the consortium.

Back home in Oregon, ORPRN faces a number of challenges keeping up with the competing demands of busy primary care practices and health reform in Oregon. ORPRN is developing partnerships with existing healthcare systems and is a resource for Oregon’s practice transformation efforts. ORPRN is able to provide assistance to practices in developing new models of care, including becoming Patient-Centered Primary Care Homes and participating in the developing Coordinated Care Organizations (CCOs). Recognizing the role of social determinants of health has encouraged the development of the ORPRN Health Extension model to enhance the team-based care in practices with effective linkages with community resources.

After a decade of connecting, involvement, and community health, ORPRN has established four pillars of strength — community engagement, practice transformation, research, and education. The next decade will continue to see rapid and unpredictable changes in health care. We will work with our member practices, communities, and organizational partners, and seek new partners to help tell the story of the second ORPRN decade.

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

James Calvert, L.J. Fagnan, Bruin Rugge, Robbie Law, Elizabeth Powers, Albert Thompson, and Mike Pontious, from OKPRN (Oklahoma) wear their ORPRN hats at the OAFP/ORPRN Annual Spring CME Weekend.
New study examines PCPCH model across primary care settings

Oregon Health & Science University has begun a $1.6 million, three-year study partnership with the Gordon and Betty Moore Foundation to deliver safe, effectively coordinated health care in primary care, especially to at-risk patients affected by multiple chronic conditions. This partnership will enable OHSU researchers and primary care clinicians in the Oregon to leverage expertise in the design of health care management models to improve and measure the safety, effectiveness and experience of patient care in medical home models such as the Patient-Centered Primary Care Home (PCPCH).

The project, titled Transforming Outcomes for Patients through Medical home Evaluation and re-Design (TOPMED), will address improving the quality of clinical care for adults with chronic illness while reducing preventable hospitalizations and emergency department (ED) visits and providing a high-level of patient satisfaction. TOPMED will test the economic impact, clinical outcomes and feasibility of implementing PCPCH for the care of high-risk patients in a variety of practice settings.

The OHSU research team, led by Dr. David Dorr in the Department of Medical Informatics & Clinical Epidemiology, has identified ORPRN to implement this randomized controlled trial at eight clinics spanning four diverse health care settings: 1) small clinics in rural areas, 2) moderate-sized clinics in rural areas, 3) clinics in moderate-sized health systems, and 4) an academic medical center. As part of the project, the research team will provide each clinic with the following:

- The population management software tool Integrated Clinical Coordination Information Systems (ICCIS), with technical support and customizations for PCPCH performance, progress and audits.
- Practice facilitation, including reinforcement of training, access to resources, targeted education and tailored goal-setting.
- Completion of PCPCH attestation and CAHPS PCMH patient experience of care survey.
- Assistance acquiring additional funding for PCPCH activities from payer organizations.
- Enhanced payments based on meaningful outcomes.

The project aims to improve quality metrics by 20%, reduce preventable utilization of hospitals and EDs by 15%, and improve patient satisfaction with care by 10%. The clinics will be evaluated on their performance in achieving the triple aim of improving quality, cost, and experience of patient care.

This work will provide an evidence base for a practical and sustainable approach to those across the U.S. grappling with implementation of the medical home model to achieve improved patient outcomes.

Thank you, Dr. Ordelheide

Karl Ordelheide, MD, FACP has participated in many research studies with ORPRN. As an ORPRN Steering Committee member since 2003, and as a primary care physician at Samaritan Lincoln City Medical Center, he has worked to improve the health of Lincoln County by conducting and promoting health research. He served as Principal Investigator on the RxSafe study for three years, and participated in numerous studies since then, most recently taking part in the Shared Decision Making and AHRQ Task Order #21 studies. Dr. Ordelheide received his medical degree and did his residency at Loma Linda University School of Medicine. In 1980, he moved with his family to Lincoln City to practice general internal medicine. Dr. Ordelheide's next chapter starts this year as he begins a full-time hospitalist practice in Tillamook, Oregon. ORPRN thanks Dr. Ordelheide for his many years of service and wishes him all the best in continuing to bring quality healthcare to rural Oregon.
Meet these office managers who have provided outstanding support to ORPRN.

Sheri Aasen is the Clinic Manager at Dunes Family Health Care (DFHC) in Reedsport, and has worked with ORPRN since it first began. Says Sheri, “It has been a pleasure to work with LJ and everyone involved with ORPRN. Our staff enjoys being a part of the research and important work achieved by ORPRN.”

Sheri has lived in Reedsport since 1979, is married, and has two children and two grandchildren. Her husband also has two children and four grandchildren. One of her passions is taking long road trips with her husband. She enjoys reading, Zumba, running and yoga.

Sheri worked for the Reedsport School District (RSD) as the Administrative Assistant to the Superintendent, Business Manager and Curriculum Coordinator for 18 years, during which time she also worked with the Board of Directors where one of the DFHC doctors, Michelle Petrofes, MD, served as Chairperson.

She began as DFHC’s Clinic Manager in 1997. DFHC is a Rural Health Clinic and a National Health Service Corp Loan Repayment Site.

Keli Christman is the practice administrator for Winding Waters Clinic (WWC) in Enterprise and will be celebrating eight years of service with the clinic next month.

Keli enjoys this particular ORPRN projects and says of ECHO, “It has acted as a springboard to jumpstart our care coordination team, which is actively working on adopting best practices for coordinating care to pediatric (and eventually) adult populations.” For Keli, caring for both of her “families,” at work and home has always been a full time job. One of these days, she says she will be ready to “go off the grid” and have some “me time.”

Mary Jackson has been the office manager at Treasure Valley Pediatrics Clinic (TVPC) in Ontario, OR since January 2007. A native of southern Idaho, Mary has worked closely with ORPRN on several projects, including the National Children’s Study Pilot, the Medical Office Survey on Patient Safety (MOSOPS) and AHRQ’s Nurse Care Management. Mary especially appreciated the support provided by ORPRN’s Paul McGinnis and Melinda Davis in extensively with the eastern Oregon PERCs, first with Melinda Davis, whom she considers “an outstanding person and friend,” and now with Jill Currey, “her ray of sunshine.”

Currently, the clinic is participating in the Enhancing Child Health in Oregon (ECHO) project as part of the CHIPRA demonstration grant. Keli enjoys this particular ORPRN projects and says of ECHO, “It has acted as a springboard to jumpstart our care coordination team, which is actively working on adopting best practices for coordinating care to pediatric (and eventually) adult populations.” For Keli, caring for both of her “families,” at work and home has always been a full time job. One of these days, she says she will be ready to “go off the grid” and have some “me time.”
HDH Family Care has been an ORPRN member for many years and formed lasting relationships with ORPRN staff through participation in various projects. Stacie remembers one study in particular: the Rural Oregon Immunization Initiative. This was one of the first studies the practice participated in and Stacie recalls this story: “We encountered a problem with our VFC temperatures around the same time (as the project) and lost a large amount of vaccine and had to revaccinate a lot of kids. The data collected during the study was useful and interesting not only to the providers within the clinic but to all our staff members because of the huge vaccine loss we had encountered and were dealing with.” Currently the practice is part of a study looking at Internet Cognitive Behavioral Therapy treatment for Depression called MoodHelper.

**Sydney Thompson**, MBA, practice administrator at Bayshore Family Medicine in Pacific City and Lincoln City, explains: “Growing up with two very busy healthcare practitioner parents taught me a great deal about the value of hard work and finding a profession that inspires not only yourself, but those around you. Though continuing the family lineage of providing physical healing to others certainly would have brought joy, it was never expected of me or my three siblings. In my senior year in college, I committed to pursuing a career in Physical Therapy.”

Practice Management was something he had never considered, at least not full time. “Certainly business administration would aid me as I pursued independent practice within the Allied Health profession,” says Syd, “so, when it came up at the Thanksgiving table in 2002 that the folks’ current practice administrator would be leaving that following summer, I found myself saying, ‘Well hey, I could do that!’ ” Syd continues, “As it often is in life, seemingly out of nowhere a magnificent opportunity had been presented, and no one saw it coming!”

Syd and his new wife moved to the Oregon Coast in July of 2003. “Practice Management is something I enjoy every day I walk into the office. Certainly we all have those days. . . sometimes weeks, but practice management has given me the opportunity to support those who directly impact the lives of thousands of rural Oregon families. The work we are doing alongside ORPRN to improve health outcomes and transform healthcare within Oregon is no different and I hope others take the same enjoyment in serving others that I do.”
During nearly every presidential election, since Ronald Reagan first asked the question of Americans in 1980 between him and President Carter, someone asks “Are you better off now than you were four years ago?” As ORPRN reaches its 10th anniversary I thought I’d ask a similar question of the state of rural health in Oregon. Are rural clinicians and communities better off now than they were ten years ago? And how is ORPRN ten years later?

Those questions might best be answered by another famous political quote from Rufus Miles, 1948: “Where you stand depends on where you sit.” For some, conditions are indeed better and for others that is not the case.

For rural Oregonians in general, the situation is mixed. The percentage of people below the poverty level, and below 200% of poverty, has remained the same. But the chances of being eligible for Medicaid rose from 11.8% to 18.3%. Without these improvements, it is unlikely that many would have continued to exist.

If you live in Jordan Valley, Yachats, Powers or Bly, permanent primary care is no longer available in your community. But if you live in “ex-urban” rural communities such as Canby, Estacada, Sandy, Veneta, Junction City, or Phoenix/Talent, services are more available than before. In 2002 there were 27 certified Rural Health Clinics (RHCs). In 2011 there are 60. This designation allows for cost-based reimbursement for Medicaid, therefore providing financial stability to primary care clinics in health professional shortage areas. Back in 2004, 70% of RHCs reported a negative operating margin, averaging -13.8%. Without these improvements, it is unlikely that many would have continued to exist.

If you are a rural hospital administrator or a board member, the answer is “Yes, I’m doing better.” No rural hospitals have closed in the past ten years in Oregon. Many have attained the Critical Access Hospital (CAH) designation in the last decade, which allows for cost-based reimbursement. Many have been able to build new facilities, contracted for emergency room physician coverage, and acquired primary care clinics. While still not great, rural hospital financial viability has improved over the past decade.

How is ORPRN ten years later? The organization has more and better educated staff, a broader research portfolio, and has diversified into community-based research over the decade. Tin is the traditional gift for a 10th wedding anniversary. It is believed that tin was selected because it is a soft material and that it represents flexibility. That is, that the relationship has give and take. Tin is undoubtedly an appropriate anniversary gift for ORPRN, as we look to stay malleable to serve the needs of our members, yet remain strong enough to lead and survive.

Are you better off?

Paul McGinnis, MPA

Rural Health Transformation Conference

On May 4, 2012, ORPRN hosted a conference to share multiple perspectives on how health care transformation innovation at national and local levels could impact rural health care in Oregon. Held at OHSU, the conference was attended by over 25 professionals representing 17 health care organizations. To review the agenda and see the presentations, go to: http://www.ohsu.edu/xd/outreach/oregon-rural-practice-based-research-network/news-and-events/health-care-transformation.cfm

Speakers:
Joe Robertson, President, OHSU
Charlie Alfero, Director, Center for Health Innovations, Hidalgo Medical Services, Silver City, NM
Roger Rennekamp, Associate Dean for Outreach and Engagement, and Tom Eversole, Director of Strategic Development, College of Public Health and Human Sciences, OSU
Sharon Vail, Executive Director, Rimrock Health Alliance, Prineville, OR
Kristen Dillon, Columbia Gorge Family Medicine, Hood River, OR
Jeanene Smith, Director, Office for Oregon Health Policy Research
Troy Soenen, Director of Field Services, Oregon Office of Rural Health
The Annual Spring CME Weekend was held in downtown Portland. Over 100 participants attended ORPRN’s afternoon sessions. ORPRN’s theme this year was “The Patient Centered Medical Home - Facilitating Practice Change through ORPRN Research.”

OAFP/ORPRN Spring Conference

Drs. Albert Thompson and Harry Rinehart

Drs. Heidi Beery and Rand Hale

Kent Sharman, MD

Drs. Robbie Law, Fred Matthies, and Miles Rudd

Paul Gorman, MD, tells of Adventures in Using HIT in Your Practice.

ORPRN MDs Chuck Crisp-en, Elizabeth Foster, Elizabeth Powers, and Bill Irvine participated on a Panel on Practice Transformation, facilitated by Robert Law (far left).
**ORPRN practices recognized as Patient-Centered Primary Care Homes**

**Congratulations** to these ORPRN clinics that have been recognized by the Oregon Health Authority on Policy and Research as Patient Centered Primary Care Homes (PCPCH). These clinics are committed to improving the quality of health for their patients by focusing on prevention, proactive and coordinated care and chronic condition management. Clinics that are recognized for PCPCH have the opportunity to receive additional Medicaid funding to support patient-centered care. To learn more about the application process, funding, or to find your name on the list, visit the OHA website: http://www.oregon.gov/oha/OHPR/Pages/healthreform/pcpch/index.aspx

**Meet ORPRN’s staff**

**Susan Aromaa** is a Research Associate with ORPRN. She is also the Community and Practice Research Program Manager for the Oregon Clinical and Translational Research Institute (OCTRI) at OHSU. She works with ORPRN and OCTRI to build partnerships with communities and encourage community-based participatory research. Susan is originally from rural Maine and enjoys horseback riding in her spare time.

**Stefan Shearer** joined ORPRN as a research assistant earlier this year. Stefan keeps busy working on a number of research and community projects for ORPRN and at the Oregon Clinical and Translation- al Research Institute’s Community Program. Prior to joining us, he worked for in the Family Medicine Residency Program at OHSU. Stefan is a fifth-generation Oregonian who enjoys the great outdoors and traveling.

**Beth Sommers** is a Practice Enhancement Research Coordinator serving the Portland-Metro area. She is working on the TOPMED project (see page 3). She received her Masters of Public Health from Portland State University. Her previous experience in primary care transformation research is with the Multnomah County Health Department’s patient-centered medical home model, Building Better Care, and evaluation of two OHSU primary care improvement demonstration projects centered around the care of patients with chronic health conditions.