

# Enhancing Community-based Quality Improvement in Healthcare via Partnership with **PBRNs**

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# Aligning Goals for Mutual Benefit

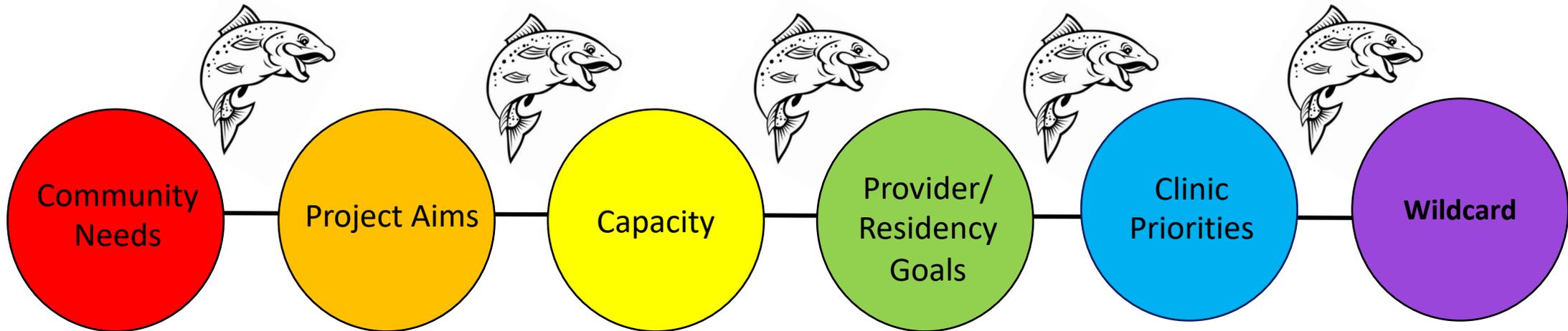


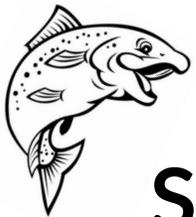
# Objectives



- Describe how RTTs and rural health centers partner with Practice Based Research Networks (PBRNs) to align goals in healthcare Quality Improvement (QI) by:
  - **Community-based QI**: Involving clinics and residencies in community-based and community-vetted research
  - **Residency-based QI**: Connecting faculty and residents to community organizations that can inform and support QI teaching and resident projects
  - **Clinic-based QI**: Boosting QI capacity within rural clinics and encouraging partnership between clinics and community organizations

# Aligning Goals





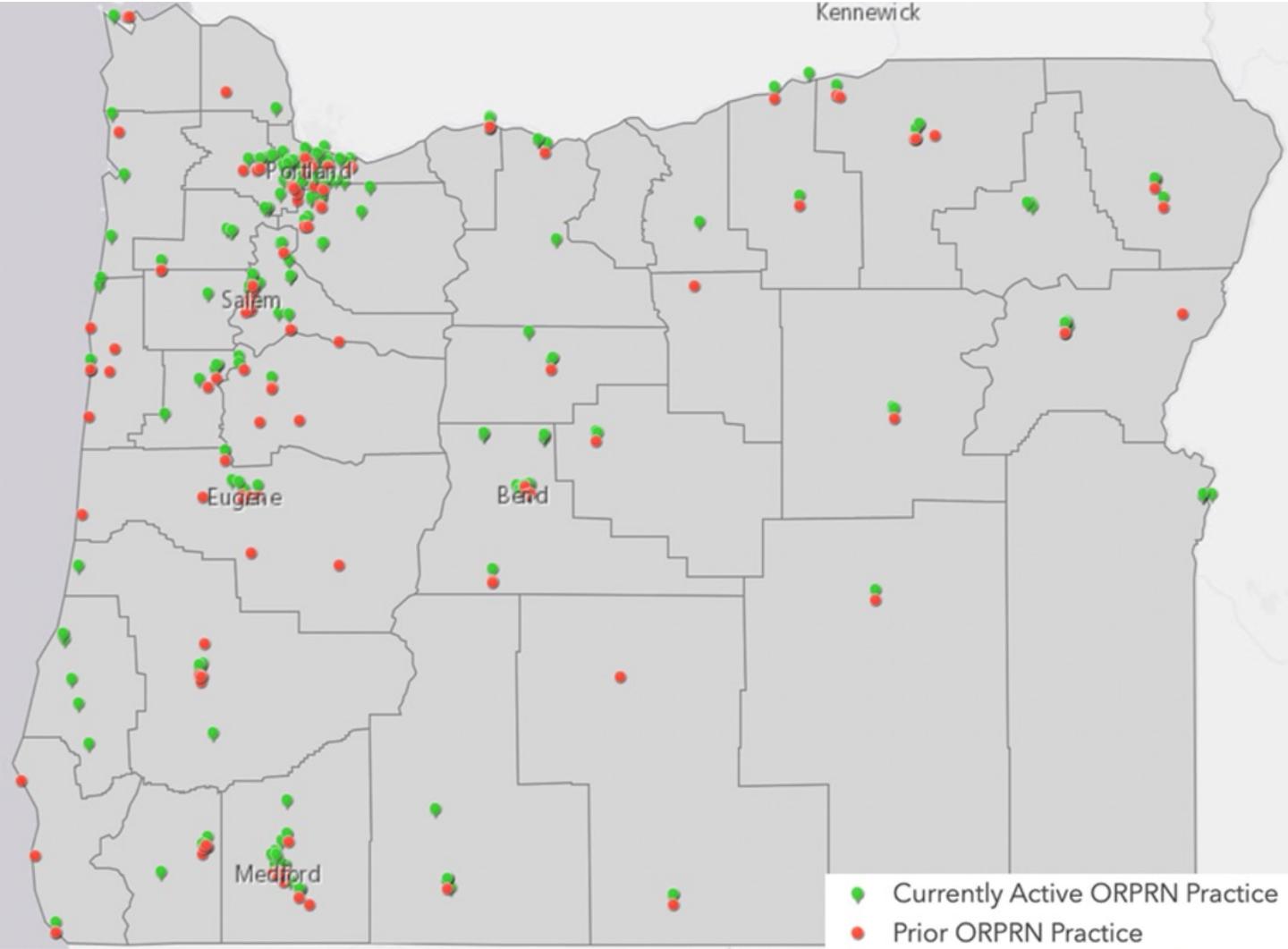
# Setting & Definitions

- Practice-based Research Networks (PBRNs)
- The Oregon Rural Practice-based Research Network (ORPRN)
- Clinical Translational Science Award Hubs (CTSAs)
- The Community Health Advocacy and Research Alliance (CHARA)
- Providence Hood River Family Medicine Residency Rural Training Program
- One Community Health (OCH): RHC, FQHC
- Rural Adolescent Vaccine Enterprise (RAVE)



# Oregon Rural Practice-based Research Network (ORPRN):

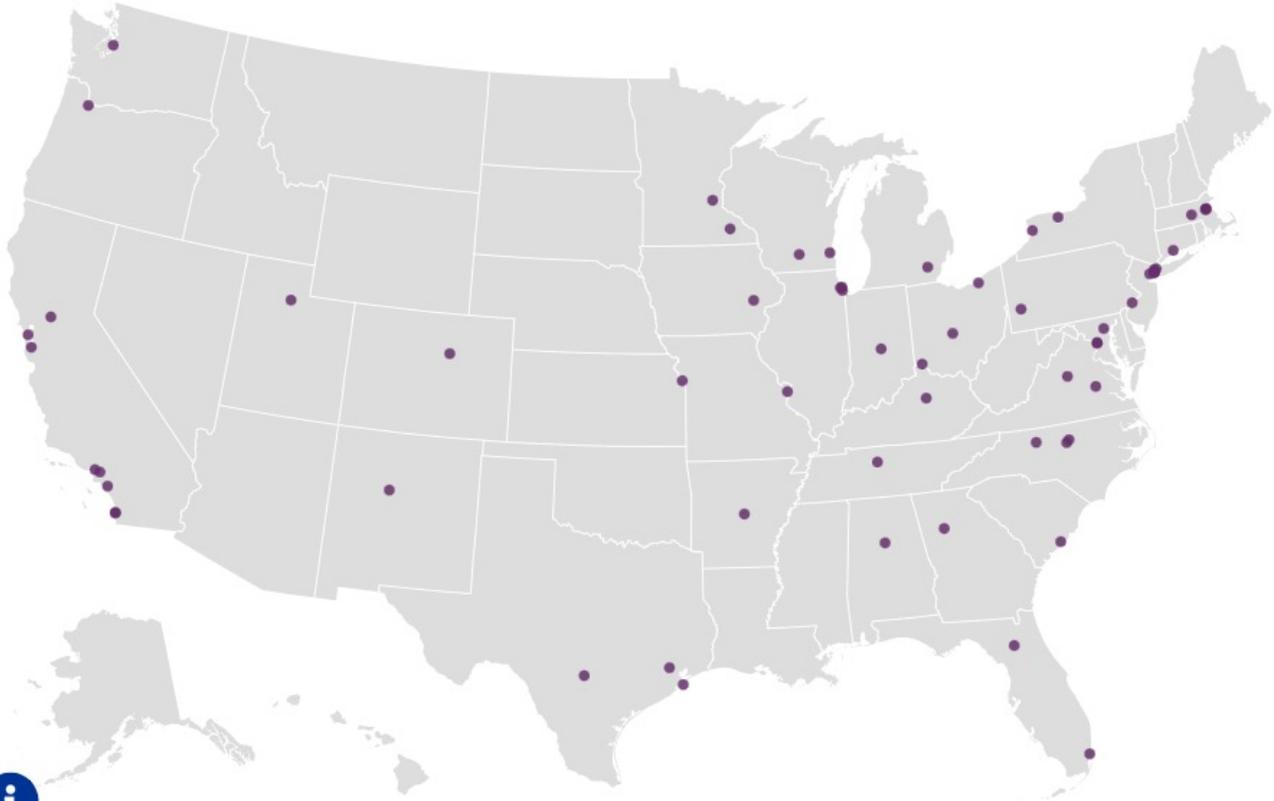
statewide network of primary care clinicians, community partners, and academicians dedicated to studying the delivery of health care, improving the health of Oregonians through community partnered dialogue, research, coaching, and education.



# CTSA: Clinical & Translational Science Awards

funded by NIH National Center for Advancing Translational Sciences

## CTSA Program Hub Directory



# CHARA

Mission: Bringing together community stakeholders, patients, health care professionals, and researchers to collaboratively identify, design, and conduct pragmatic health research to answer questions that matter in the Columbia River Gorge.

**Advisory Board:**  
Provides oversight and strategic direction

Introduce  
researchers  
to  
community

Connect  
community  
to research  
opportunities

Share  
learnings

Support  
program  
evaluation

Track local  
research  
efforts

Provide  
training and  
technical  
assistance

Identify  
opportunities  
for research  
support

# Providence Hood River Family Medicine Residency Rural Training Program

- Launched in 2013
- Fully accredited 1-2 Rural Training Program
- 6 residents, 2 per year
- QI curriculum:
  - 1st year Portland-based individual QI project
  - 2nd-3rd year Hood River clinic/community-based individual QI project





# One Community Health (OCH)

- FQHC & RHC in Hood River, Oregon. Established 1986, formerly La Clínica del Cariño
- Mission: to advance health and social justice for all members of our community.
- Continuity clinic for the Providence Hood River Family Medicine Residency Rural Training Program

# RAVE: Rural Adolescent Vaccine Enterprise

A rigorous study designed to test novel interventions for **increasing HPV vaccination completion in both males and females aged 11-17 years.**

18 month long facilitated clinic intervention

Boost Quality Improvement Capacity

Evidence-based practices to increase HPV vaccination in adolescents

Community partnership



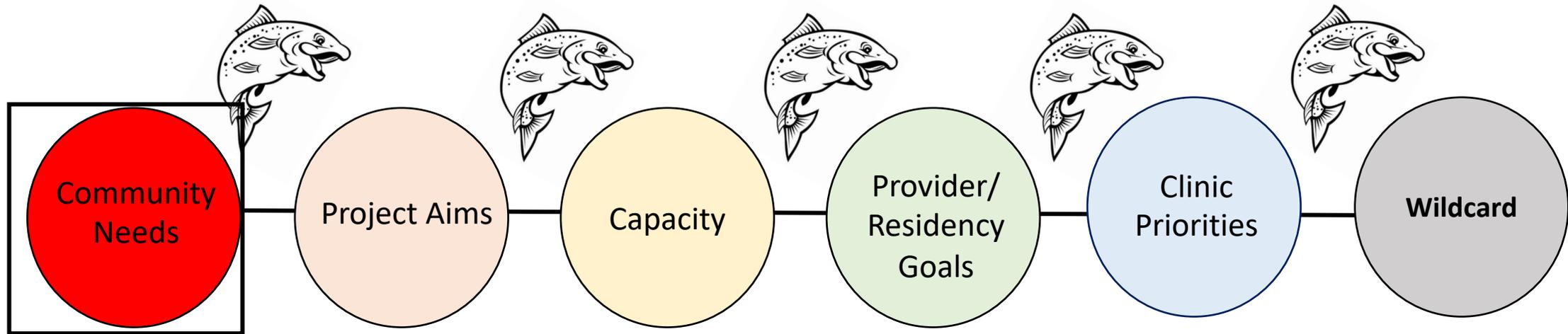
# RAVE

Rural Adolescent Vaccine Enterprise

# Example Projects & Research in Hood River: Involving Rural Health Centers, RTTs, PBRNs with Community input

- Increasing adolescent HPV Immunization rates (RAVE)
- Local high school medical profession career pathway
- Novel COVID testing & diagnostics
- Healthcare cost transparency
- Early multiple cancer detection testing
- Quality improvement capacity

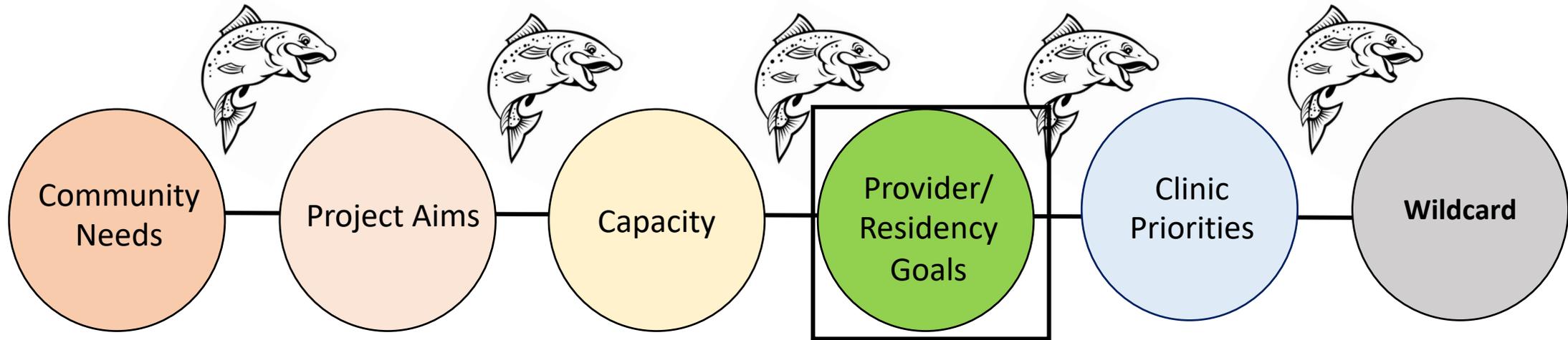
# RAVE: Community Partnership



# Community-based QI: CHARA

- Project assessment & feedback
- Resident proposals
- New Research from outside institutions
- Community needs + priorities
- Connection to resources
- Example: HPV coalition: Health Department, The Next Door, Prevention Dept and RAVE

# RAVE: Residency Partnership



# Residency-based QI: Providence Hood River Family Medicine Residency Rural Training Program

## Partnering with ORPRN

- Support for teaching QI
- Expanding the scope of QI Projects to be Community-based
- Providing opportunities for faculty development and research



### Cost Transparency at an OCHIN Federally Qualified Health Center

Madeline Bierle, MD

**Background**

Providing high quality health care is crucial to a healthy and vibrant community, but cost is often a confusing factor. About two-thirds of Americans are either “very worried” (35%) or “somewhat worried” (30%) about being able to afford unexpected medical bills (KFF poll). This worry of unexpected bills can be a barrier to care. Further, the upcoming No Surprises Act will mandate healthcare institutions provide transparency regarding cost and protection from surprise medical bills.

**Problem and AIM Statements**

To increase provider knowledge and comfortability counseling patients with all insurance types on accurate cost information for procedures and labs obtained at One Community Health (OCH) clinic in Hood River, OR by June 2022.

**PDSA #1 BASELINE DATA**

**P:** Gathered data and perspective from current OCH providers regarding comfort and ability to counsel on cost.

**D:** Utilized survey monkey and surveyed all OCH providers. Surveys included questions regarding provider comfort on cost counseling.

**S:** There were 14 responses, a 93% response rate. Provider surveys showed 85% feel uncomfortable with cost counseling. Only 14% reported feeling “somewhat comfortable”. Only 1 provider was able to accurately identify the cost of common labs.

**A:** From the baseline surveys we were able to identify that providers at OCH do not feel confident counseling regarding cost transparency. They identified time as a barrier, as well as access to cost information.

**PDSA#2 Intervention 1**

**P:** Identify accessible tool that can be efficiently used during patient visit. A recent update to the OCHIN EPIC system revealed a new financial predictor tool. However, it was unclear how reliable it was.

**D:** Recorded visits that included labs and procedures. Then with the help of OCH billing department, the predicted cost and the actual cost were compared. Different insurance types and different procedures were queried.

**S:** 14 out of 16 (or 87.5%) were correctly predicted. Analyzed the visits the tool was unable to correctly predict

**A:** The findings showed the financial tool could improve provider ability to counsel patients on cost.

**PDSA #3: Next steps**

**P:** Plan to hold teaching session for OCH providers to review the financial predictor tool & repeat survey of provider comfortability

**Graphs/Stats**

How comfortable/confident do you feel counseling patients regarding cost of a procedure?

Answered: 14. Report 1

**Conclusions**

Provider baseline surveys showed that 85% felt uncomfortable with cost counseling. The financial tool in the OCHIN EPIC EMR was identified as the best potential tool given its accessibility and ease of use. The outcome of the pilot test showed that the OCHIN financial tool correctly predicted the price for 14 of the 16 visits queried. The visit the financial tool could not predict was due to the patient being uninsured and on OCH's sliding scale, which gives cost information separately. Findings showed the OCHIN EPIC financial tool could improve provider accessibility to predicted cost and lead to better counseling and access to care. A provider teaching session is scheduled to review the use of the financial tool as well as the clinic's new Good Faith Estimates. I expect their knowledge and comfortability to improve.

**Reflections**

Cost transparency is an important aspect of access to healthcare and will soon be federally mandated. Limitations included predicting cost of external labs and cost for patients without insurance/fee for service. Additionally, not all insurances or all labs/procedures have been checked for accuracy with this tool. And finally, the patient perspective is not currently included in this project but would be the next planned step.

**Acknowledgements**

OCH providers  
One Community Health  
Brett Loomis and the OCH billing department  
Kathleen McKenna, CQI advisor

**Resources**

**Good Faith Estimates**

Your One Community Health Guide to Good Faith Estimates

**Cash Pay Costs & Services**

Below is a list of fees for some of our most common services based on our most frequent during office visits. These prices do not reflect any of the additional programs that OCHIN offers.

Code	Service	Cost
99201	Office Visit Established Patient (90+ minutes)	\$100
99203	Office Visit New Patient (90+ minutes)	\$100
99204	Office Visit New Patient (45-60 minutes)	\$75
99205	Office Visit New Patient (30-45 minutes)	\$50
99206	Office Visit New Patient (15-30 minutes)	\$25
99207	Office Visit Established Patient (15-30 minutes)	\$25
99208	Office Visit Established Patient (30-45 minutes)	\$50
99209	Office Visit Established Patient (45-60 minutes)	\$75
99210	Office Visit Established Patient (90+ minutes)	\$100
99211	Office Visit Established Patient (90+ minutes)	\$100
99212	Office Visit Established Patient (90+ minutes)	\$100
99213	Office Visit Established Patient (90+ minutes)	\$100
99214	Office Visit Established Patient (90+ minutes)	\$100
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99250	Office Visit Established Patient (90+ minutes)	\$100

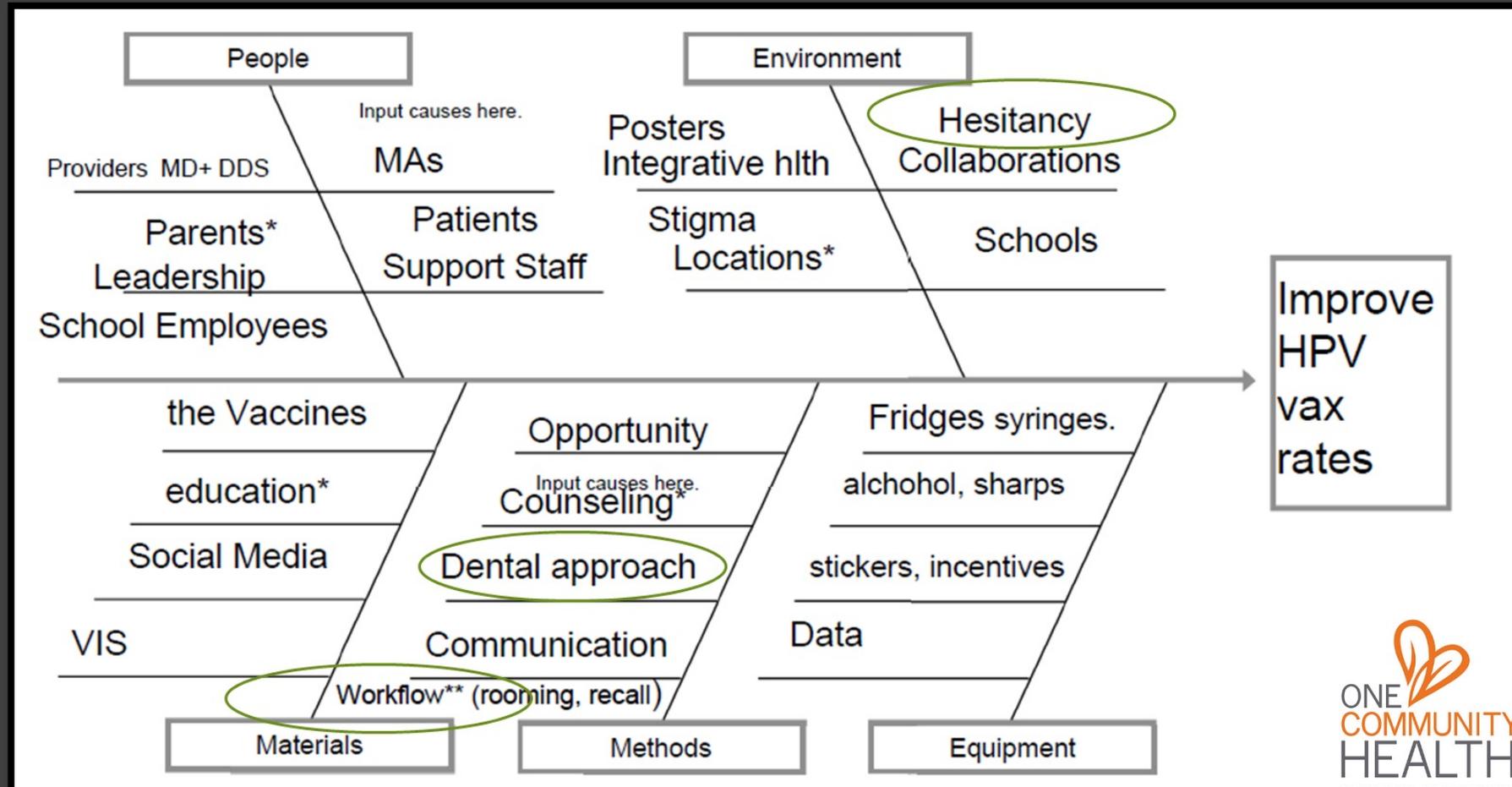


# Applying QI Fundamentals in residency: RAVE

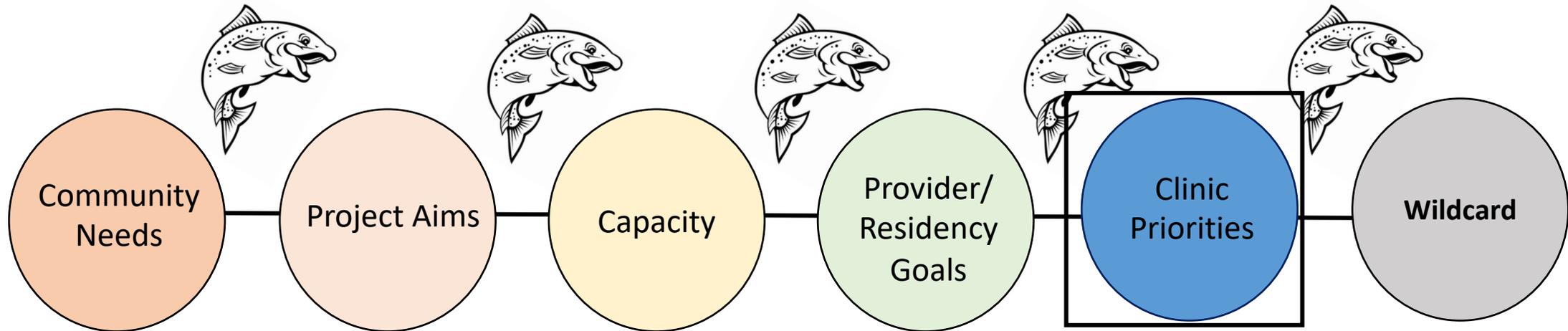
- Fishbone Diagram
- Model for Improvement
- PDSA cycles
- SMARTIE GOALS

Fishbone Diagram

Increase HPV  
vaccination  
completions to  
70\* among all 11-  
17 year olds by  
June 2022



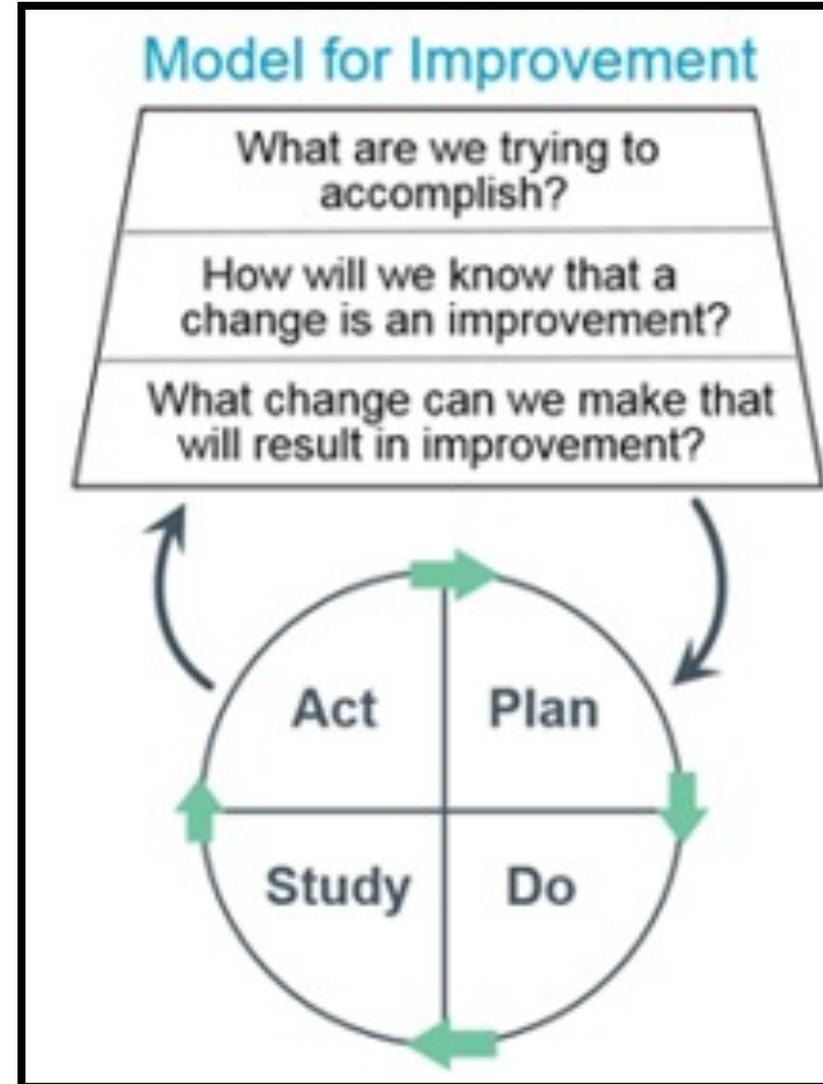
# RAVE: Clinic Partnership



# Clinic-based QI: One Community Health

## Partnering with ORPRN

- QI organizational strategy
  - Quality Improvement Change Assessment
- QI skills + tools
- Cross departmental collaboration
- Evidence-based Best practices
- Facilitated project work
- Encouraging Community Partnership
- Research into an FQHC RHC



# Clinic-based QI RAVE: HPV Quality Improvement at One Community Health

Cancer Prevention Messaging to the Community

Recall reminder magnets

Recall internal workflows

HPV awareness in dental

School based health center

**HPV CANCER PREVENTION**

Unfortunately the HPV virus is so common that it infects nearly 5.5 million people each year, including pre-teens.

**90%** Immunization prevents over 90% of cancers related to the Human Papilloma Virus (HPV).

**Prevention is Key**  
HPV infects both males and females. Immunization is recommended at age 11-12 but can start as early as age 9.

**Immunization Recommendations**  
Ages 9-14: 2 doses  
Ages 15-26 require 3 doses

**Where can I get the HPV Vaccine?**  
HPV vaccines are available at your PCP's office or your local Public Health Department

in partnership with:  
Public Health  
ONE COMMUNITY HEALTH

Social Media

**Protect your Kids from HPV-Related Cancers**

You may have heard of it as the 'HPV virus'. HPV stands for Human Papillomavirus. HPV is a highly contagious virus that affects the skin and moist membranes of the body and in some cases can cause cancer.

**90%**  
The Vaccine prevents 90% of cancers. Immunization works and prevents over 90% of cancers when administered before infection.

**Ideal HPV Vaccine Age is 11 or 12 for boys and girls**  
Immunization can start as early as nine years old. Prevention is key!

The HPV virus is so common that it infects nearly 5.5 million people each year, including pre-teens.

Public Health  
ONE COMMUNITY HEALTH

Where can I get the HPV Vaccine?  
HPV vaccines are available at your PCP's office or your local Public Health Department (541-506-2800)

One Community Health Patients: Call 541.386.6380 to schedule your child's HPV vaccine

School backpack flyer

**HPV VACCINE REMINDER!**

1st dose DATE: / / TIME:

2nd dose DATE: / / TIME:  
(1-2 months after 1st)

PROTECT YOURSELF!  
**541.386.6380**  
ONECOMMUNITYHEALTH.ORG

Magnet Reminder

**CANCER PREVENTION for your child starts at the DENTIST!**

**HPV and the Cancer Connection**

HPV (human papillomavirus) is spread by intimate skin-to-skin contact.

Nearly 79 million people in the U.S. are infected, often without knowing it.

Some types of HPV can cause cancer of the tongue, tonsils, throat, cervix, vulva, vagina, anus, and penis.

About 34,800 people will develop cancer caused by HPV each year.

In the last 20 years, oral cancer cases have more than tripled in the USA.

**DOCTORS RECOMMEND THAT ALL CHILDREN AGE 11-12 RECEIVE THE HPV VACCINE TO PREVENT CANCER. TALK TO YOUR DOCTOR ABOUT GETTING THE HPV VACCINE.**

Look for this brochure to find out more

Understanding HPV & Cancer at the Dentist

HPV Cancer PREVENTION CHECKLIST

- See the dentist yearly for an oral cancer screening
- Get the HPV vaccine
- Get regular Pap & HPV tests as recommended by your doctor

For more information about HPV cancers and prevention, contact the Washington State Department of Health  
www.doh.wa.gov/immunization  
DC2@doh.wa.gov  
PO Box 67483, Olympia, WA 98504

Washington State Department of Health  
Health Care Services Division  
500 3rd Avenue North  
PO Box 340000  
Seattle, WA 98103-4000

Hygienist goody bag flyer

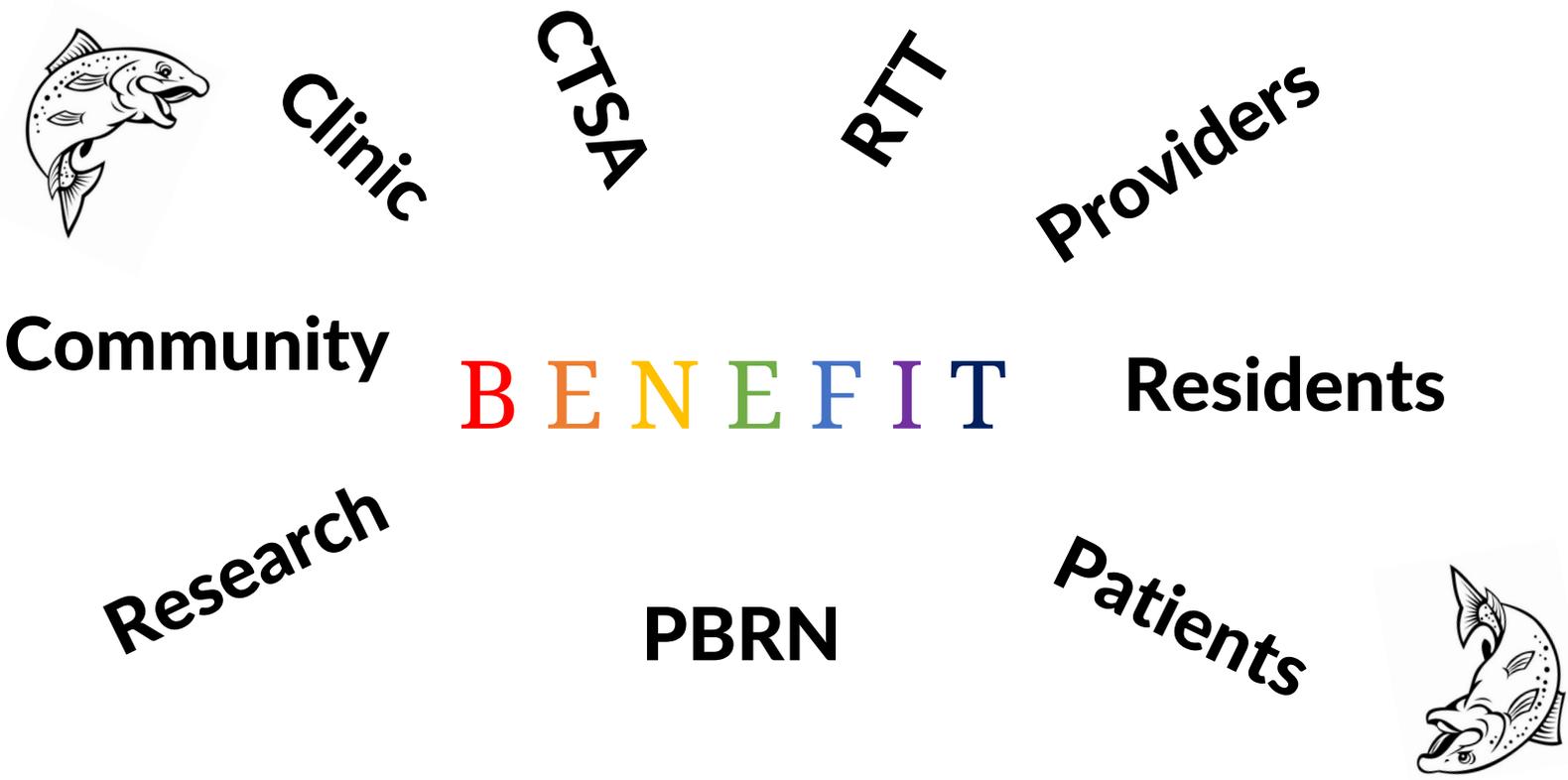


# ORPRN benefits

- Understanding the pulse of clinic setting, including priorities and roadblocks
- Access to minority underserved populations for research
- Competitive application for grants that reflect priorities of rural Oregon communities
- Practice network to connect clinician, researchers, legislators to improve health for Oregonians
- Understanding of the rural residency experience



# Summary: community-based healthcare QI projects & research are created through healthcare partnerships that aligns goals for mutual benefit



# What are your fish ladders?





# Questions?

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