

Establishing an NIH Network for Research in Primary Care Settings

Key Features of CARE for Health™

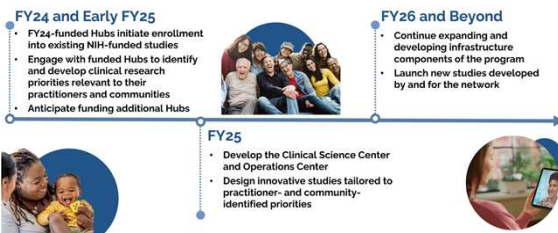
- **Engagement of primary care providers and patient communities** to identify pressing health challenges that, if addressed through robust studies, would meaningfully inform clinical care and improve health outcomes.
- **Sustainable and effective partnership model** to build trusted relationships that promote partnerships and foster collaboration, transparency, mutual learning, and improved health outcomes.
- **Reduce burden on health care providers** with study designs that leverage advances in technology, common data models, and data sharing.
- **Inform clinical practice** through integration of rigorous science with routine clinical care and enhancing dissemination and implementation of findings in primary care settings.
- **Leverages existing networks, resources, and NIH studies** from across the NIH ICs through a cross-disciplinary "whole person health" approach to maximize impact as well as efficiency and synergy in resource utilization.



PRaCTiCe is 1 / 6 Hubs Nationally



Future Plans



Why be part of CARE for Health™?

- **Underrepresentation in clinical research** = results have limited generalizability leading to evidence gaps and compounding health disparities
- Need to extend research participation opportunities to communities underrepresented in clinical research and to integrate opportunities into **settings where people seek care**
- Ability to be more **responsive to clinical site partners** – populations they serve + priority topics for study



Primary Care Rural and Frontier Clinical Trials Innovation Center (PRaCTiCe)

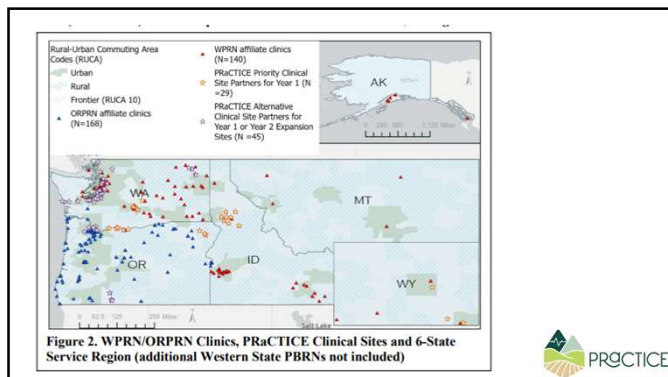
A network research hub collaboration between the Oregon Rural Practice-based Research Network (ORPRN) and the WYAMI region Practice and Research Network (WPRN)

With support from our Institutional Clinical and Translational Science Award (CTSA) Programs



Overview: ORPRN and WPRN Structure and Reach

	ORPRN	WPRN
Year Established	2002	2005
Region	Oregon (>50% in rural/frontier practices)	Washington, Wyoming, Alaska, Montana, Idaho
Clinical Partners	168 primary care practices	140 primary care practices
Governing Body	14-member advisory board of rural clinicians and clinical partners	10-member steering committee of primary care clinicians from across region
Underrepresented Populations Served	<ul style="list-style-type: none"> • Rural/frontier • American Indian, Hispanic • Low income • Uninsured • Peoples with disabilities 	<ul style="list-style-type: none"> • Rural/frontier • Asian, Hispanic • Low income • Uninsured



PRACTICE Clinical Site Partners

Site & Champion (Role)	Federal Designation	# Clinics	Population Demographics			Research Collaborations
			% Rural*	% Hispanic	% Below FPL	
*Priority Clinical Site Partners for Year 1						
Cascades East Family Medicine Clinic	None	1	95	12	14	6
Clearwater Valley Health Saint Mary's Hospital	CAH/RHC	8	80	10	28	7
Community Health Centers of Central Washington	FQHC	5	39	50	55	3
One Community Health	FQHC	8	85	42	75	4
University of Wyoming Family Medicine Clinic	FQHC	3	22	20	82	8
Winding Waters Health Center	FQHC	4	100	10	28	9
Alternative Clinical Site Partners for Year 1 or Year 2 Expansion Sites						
Hillboro Medical Center Primary Care, Forest Grove	None	1	<1	32	13	1
Klamath Health Partnership	FQHC	5	95	12	25	3
OHU Scappoose Family Health Center	RHC	1	10	2	15	4
Providence Northeast Medical Group	CAH/RHC	4	75	3	20	1
Sea Mar Community Health Centers	FQHC	34	8	11	18	4

PRACTICE Cores

Community Engagement Core. Conducts community and clinic needs assessments, implements strategies for inclusive study participation, oversees the PRACTICE Advisory Board, and leads interaction with the ORPRN and WPRN governing boards.

Recruitment & Trials Core. Responsible for engaging with clinical sites for study recruitment and co-developing PRACTICE studies. This core will also be responsible for overseeing study start-up, participant recruitment, and addressing recruitment barriers as they arise.

Data Coordination Core. Supports and prepares sites for EHR data queries to assess study feasibility, and support data management and acquisition for research studies. Supports reporting PRACTICE performance data to inform continuous process improvement and PRACTICE evaluation.

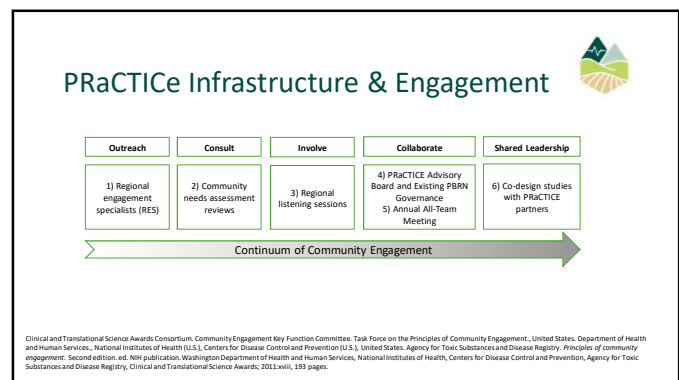
Communications & Dissemination Core. Communicates with all PRACTICE partners, including NIH, clinical sites, community partners, and PBRN partners. Responsible for study marketing to facilitate recruitment of clinical sites and participants. Advance tools developed by ORPRN and WPRN to communicate study progress and outcomes.

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2) Community Needs Assessment Review

- CHA review underway
 - Washington: 39 counties
 - Wyoming: 23 counties
 - Oregon: 36 counties
- State, County, Rurality, Year Published, Data Sources/Methods
- Regional Data: Demographics, Strengths, Resources
- Priority Areas: Top Health Priorities, Key Gaps, Potential Actions
- Summary due to NIH in May

3) Regional Listening Sessions

Type	State	City	Date
Community	Washington	Colville	April 23, 2025
Event	Wyoming	Casper	April 24, 2025
Clinic	Wyoming	Casper	April 25, 2025
Community	Washington	Yakima	May 19, 2025
Community	Oregon	Hood River	May 20, 2025
Community	Oregon	McMinnville	May 21, 2025
Community	Oregon	Portland	May 22, 2025

6) CARE for Health™ New Study Development Process



- Each hub engages partners to identify critical clinical questions
- Each hub proposes preliminary clinical study concepts (4/30)
- CARE for Health™ Workgroups prioritize concepts for study development
- Hubs lead or collaborate in the development and implementation of studies

Selecting Year 1 Trials



- NIH provided list of 10 studies to rank for year 1
 - 'Go', prioritized study because of high likelihood of success
 - 'Maybe', would need further discussion/clarification with PI
 - 'No', not a great fit/hard to reach this population/not a priority/challenging for some other reasons
- Reviewed each study and ranked based on:
 - Relevant past research experience with studies of similar design
 - Clinical site and community interest in being part of the study
 - Capability to enroll and retain the study population, with a focus on underrepresented populations
 - Capacity to conduct protocol with appropriate support

Selecting Year 1 Trials



- Following submission of 'Go' studies to NIH...
 - NIH facilitated 2 meetings (per study) with PRaCTICE and study leads to determine fit
 - Each meeting was ~60 minutes and attended by PIs from PRaCTICE and study
 - Study PIs led with an overview of their study
 - We described PRaCTICE and the anticipated sites we'd work with
- NIH played matchmaker to connect NRHs with studies
 - We paired with 2, the only NRH to-date to work on 2 studies in year 1

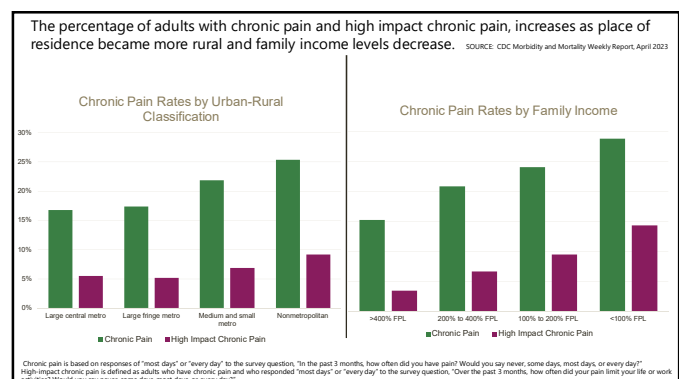
PRaCTICE's Year 1 Pre-determined Trials

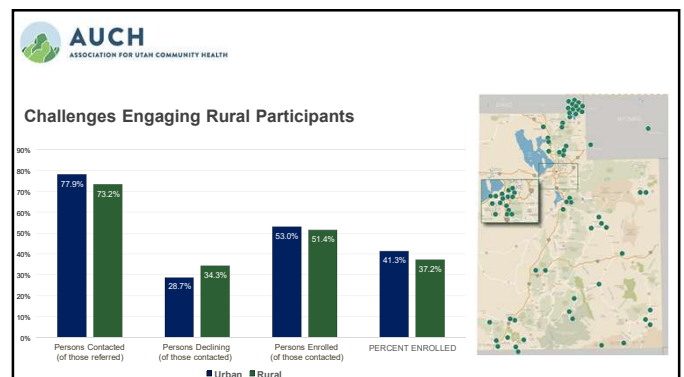
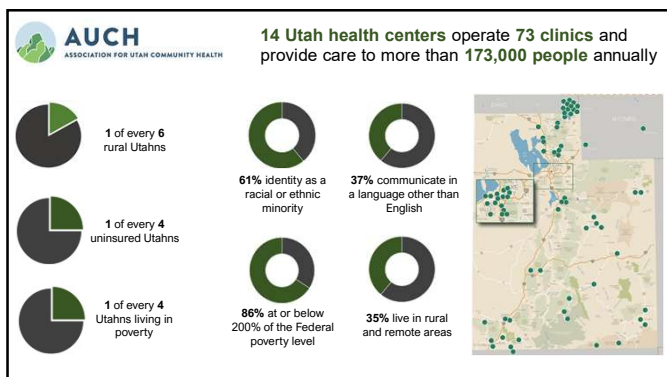
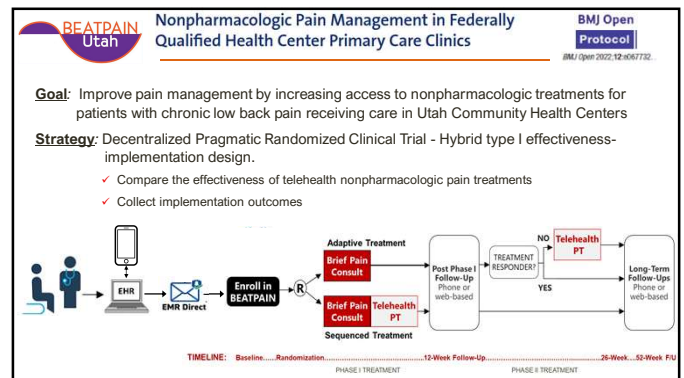
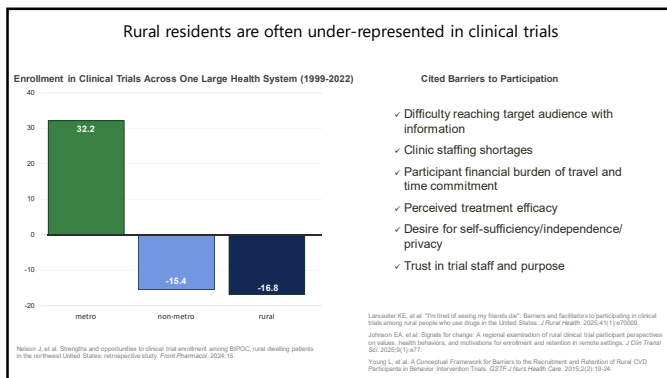
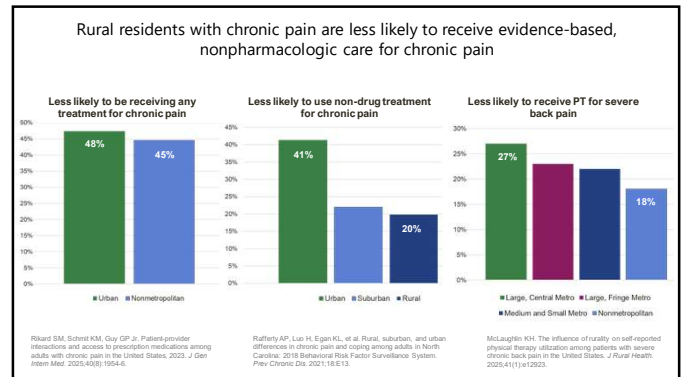
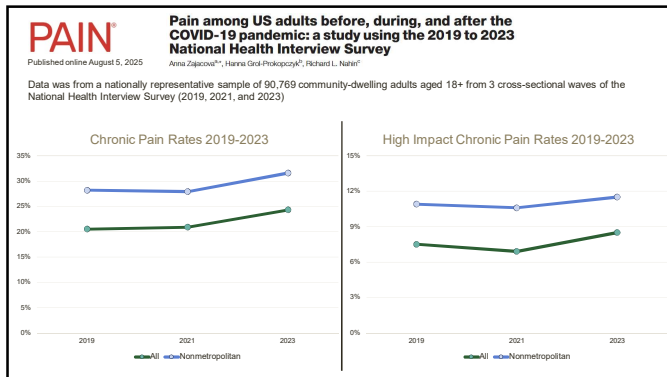
- **BeatPain**
 - Study team from University of Utah
 - Goal: **improve pain management** and reduce reliance on opioids for patients with chronic back pain in FQHCs
 - Strategy: Hybrid Type I Effectiveness-Implementation Trial
 - Compare effectiveness of first-line nonpharmacologic pain treatments using telehealth to overcome access barriers, improve patient-centered outcomes, and reduce opioid use
 - PRaCTICE target: engage 3 sites to support enrollment of up to 75 patients
- **Co-Care (CTN-0139)**
 - Study team from New York University
 - Primary Objective: Examine the efficacy of Co-Care, in comparison to EUC (Enhanced Usual Care), for reducing **days of opioid, stimulant, and heavy alcohol use**
 - Strategy: Cluster randomized trial at the level of PCP
 - Patients will receive 6 months of collaborative care intervention
 - PRaCTICE target: engage 1 site to support enrollment of at least 50 patients



Nonpharmacologic Pain Management in Federally Qualified Health Center Primary Care Clinics

Julie M. Fritz, PhD, PT
Distinguished Professor of Physical Therapy and Athletic Training
University of Utah

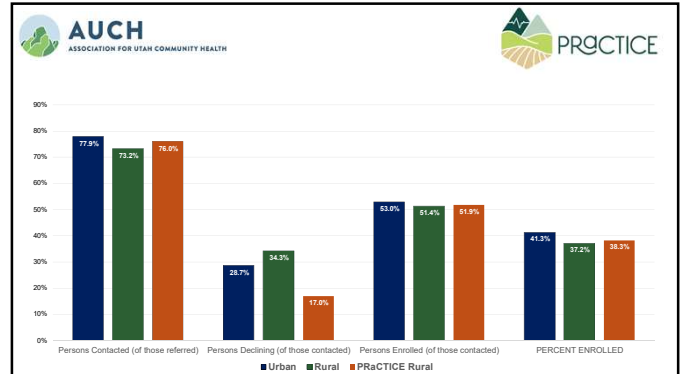






4 community health centers located in rural communities in Oregon/Washington serving about 30,000 persons annually

- 9/26/2024 Announcement of partnership with PRaCTICE and BeatPain
- 1/28/2025 IRB and data use agreements completed for first PRaCTICE health center
- 2/25/2025 First PRaCTICE referral to BeatPain team
- 10/10/2025 165 referrals, 95% rural residents



Lessons Learned

- Regulatory oversight and data sharing – who is engaged in research?
- EHR operability for sending referrals & receiving feedback
- Localizing the study to the partnering communities
- Building trust with referring providers and patients
- Coordinating how to stop
- More community-engaged work is needed to increase the reach of nonpharmacologic pain interventions in rural communities
- Decentralized trial methods hold promise for engaging more rural residents and clinics in clinical research

University of Utah

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- Nora Fino
- Danielle Cook
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- Kelly Lundberg
- Psychiatry
- Guilherme Del Fiol
- Bryan Gibson
- Leticia Stevens
- Alana Woodbury
- Biomedical Informatics
- Julie Fritz
- Anne Thackeray
- Physical Therapy

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- Gabby Ranger
- Dania Iniguez
- Research Staff
- Isaac Ford
- Laura Vinci de Vanegas
- Juan Piaz Delgado
- Cynthia DeFrancesco
- Whitney Rokul
- Jessica Lord
- Physical Therapists

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- Community Engagement
- Heather Haley
- Jennyfer Morales
- Program Management

AUCH

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- Leadership
- Tracey Siaperas
- Care Coordination
- Shlisa Hughes
- Quality Improvement
- Health Center Staff and Providers

PRaCTICE Network

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- Caitlin Dickerson
- Sebastian Tong
- Investigators
- Laura Ferrara
- Roni Hyde
- Megan Roemmich
- Nathalie Guevara
- Research Staff
- Health Center Staff and Providers



Questions?