



# PBRNews

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A Quarterly Newsletter from the AHRQ PBRN Resource Center

## Transitions

By Michael Parchman, MD, MPH

As many of you know, I will be leaving AHRQ on March 16 to take on a new challenge in Seattle. It is hard to believe that this will mark the one year anniversary of my arrival at AHRQ. Transitions are always challenging, in part because they increase the level of uncertainty in our lives. Within the past year we have seen the expiration of the PBRN Master Contract mechanism through which AHRQ previously funded much of its partnerships with PBRNs. In its next phase of PBRN support, AHRQ released a P30 Program Grant opportunity for "Research Centers in Primary Care Practice Based Research and Learning." The response to this funding opportunity announcement has been robust and AHRQ intends to fund up to five Centers with plans for future funding opportunities limited to competition among the five or so Centers.

A call for proposals for a 2012 PBRN conference was released, supported by a conference grant from AHRQ to the North American Primary Care Research Group (<http://www.napcrg.org/>). The meeting will be June 21-22 at the Doubletree Hotel in

Bethesda, a familiar location for those of us who have attended past PBRN conferences. Also, very soon, a position will have been posted to recruit my replacement. Given the current budget issues faced by AHRQ and many other federal agencies, this alone is a strong signal that AHRQ remains committed to facilitating the development and growth of primary care Practice Based Research in the United States. Although we live in uncertain financial times, AHRQ will continue its efforts to find innovative ways to advance our shared mission. Stay tuned for exciting news and new opportunities.

Finally, I would be remiss if I did not say "Thank You." It has been an absolute delight to work with such a supportive, energized and dynamic community. You have inspired me almost daily. I frequently listen to the Writers Almanac by Garrison Keillor on NPR and I can think of no better way to conclude than by quoting him:

**"Be well, do good things,  
and keep in touch."**

## Practice Facilitation Manual Announcement

AHRQ recently sponsored the development of a how-to guide for organizations interested in starting a practice facilitation program aimed at improving primary care. The practice facilitation programs described in this guide are designed to work with primary care practices on quality improvement activities, with an emphasis on primary care redesign and transformation. The guide focuses on how to establish and run an effective practice facilitation program, and is intended for organizations or individuals who will develop, design, and administer such programs.

This guide was developed based on information and resources shared by more than 30 experts in the field of practice facilitation. AHRQ convened the expert

working group through a series of webinars and conference calls over a nine month period in 2011. These experts provided practical knowledge and hard-won lessons from their experiences in practice facilitation, and shared resources that they developed or found useful.

To access the guide, please visit [Implementing the PCMH: Practice Facilitation](#).

Lyndee Knox will be providing a PBRN Resource Center Peer Learning Group on this topic on April 24; 2PM ET. For details, please visit the [Peer Learning Group page](#) and email [pbrnrc@umn.edu](mailto:pbrnrc@umn.edu) if you would like to sign up.

### IN THIS ISSUE:

- 2 2012 Annual PBRN Registry
- 2 Submit PBRN Literature
- 2 Topics of Interest
- 3 PBRNs Among CTSAs - An Update
- 3 PBRN Community Engagement Collaboration Workgroup
- 3 Upcoming Peer Learning Groups



### Contact Us

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## 2012 Annual PBRN Registry

Every year in the fall, PBRNs are invited to participate in the Annual Registry. Network directors and/or coordinators provide or update information about their leadership, membership, participation in studies, and research interests. New items on this year's registry asked you to address dissemination, implementation, diffusion, and capacity building activities within your network.

The Resource Center is pleased to report that we currently have **115 registered primary care networks!** Seventy-three of these PBRNs have agreed to participate in the development of a **national PBRN practice map** that will represent the spread and impact of PBRNs from a national perspective. If you have registered this year, your network profile has been updated on the PBRN website and you should have received a copy of your registry responses and a certificate of annual registration. **If you have not yet registered it is not too late!**

**How can you access information about your registered network and other PBRNs that you might want to collaborate with?** Information is available through the public PBRN website. Simple or complex searches can be conducted by network type (e.g., family practice, internal medicine, pediatric) or condition studied (e.g., asthma, chronic pain, diabetes), and by geographic coverage. Potential collaborators or mentors can be identified by areas of common interest or by special populations. The website also hosts an interactive map of the United States that allows users to quickly browse PBRNs according to geographic location of the network's headquarters.

## Submit PBRN Literature!

The PBRN Resource Center seeks to maintain a comprehensive PBRN literature database on the Resource Center website, <http://pbrn.ahrq.gov>. This is accomplished by regularly searching for and identifying literature pertaining to PBRNs and practice-based research.

To be included in the literature database, all citations must meet one or more of the following criteria:

- Research must be conducted by a PBRN or by a member/director of a PBRN; and
- Research must be practice-based.

Please contact the Resource Center ([pbrnrc@umn.com](mailto:pbrnrc@umn.com)) with any questions or additional articles!

**Why does the Resource Center collect this information?** PBRNs have amazing potential to promote research and quality improvement in healthcare delivery and can be (as Dr. Parchman stated in the October 2011 issue of this newsletter) "an amazing engine for dissemination and implementation of ideas relevant to primary care." AHRQ supports the efforts of PBRNs through the Resource Center, funding opportunities, and an annual research conference. In return, AHRQ requests that all interested primary care networks register with the AHRQ PBRN Resource Center so that a centralized repository of organizations associated with this expanding field can be compiled and available as a resource. This information helps AHRQ learn more about the size and location of networks across the country and the type of research conducted, and provides guidance on resource allocation.

**What are some of the benefits of registration to the PBRN?** Members of registered networks can:

- Participate in both general and topic-specific listservs and in the PBRN Resource Center sponsored web-based seminars (Peer Learning Groups);
- Receive direct access and technical assistance support from the PBRN Resource Center for operational and research topics relevant to primary care PBRNs; and
- Have access to the PBRN research portal that serves as a mechanism for communicating with your network staff and membership, storing information, and conducting multi-network studies.

## Topics of Interest

In addition to maintaining a comprehensive literature database, the PBRN Resource Center also maintains a [Topics of Interest page](#) under the PBRN Literature tab.

This provides important announcements of interest to the PBRN community about a variety of topics including:

- Recently published journal supplement;
- White papers;
- Articles discussed in learning groups; and
- Call for papers/abstracts.



Please visit the website frequently for updated information!

## **PBRNs Among the CTSA's– An Update *by Paul Meissner***

Over the past several years it has become apparent that there is synergy between the characteristics and capabilities of PBRNs and the activities of the CTSA's. According to the 2011 registry data collection, 60% of registered PBRNs report affiliation with a CTSA. Many leaders in the field of practice-based research are also actively engaged in providing leadership for CTSA efforts and these are becoming formally recognized. Two areas that pertain to the CTSA Strategic Goal Committee Four are the Community Engagement (CE) and Dissemination and Implementation Research (DIR) workgroups. The CE workgroup has recently dedicated a particular focus to the intersection of PBRNs and CTSA's. Both workgroups are well endowed with PBRN leaders among their members. (For more information on the CE Workgroup, see Leslie's article below.)

In addition, while conducting interviews with key informants regarding best practices in CER dissemination, the DIR workgroup learned that PBRNs are viewed as both integral research platforms and important dissemination mechanisms for clinical results and policy. The DIR workgroup is also consulting with two other workgroups - Methods and Information Technology - regarding development of information sharing systems and comparative effectiveness methods which focus on maximizing the utility of PBRNs. The DIR workgroup and the PBRN Resource Center have developed contacts that allow for cross pollination of information and resources so that activities and opportunities can be shared among both communities.

Please visit: <https://www.ctsacentral.org/content/strategic-goal-committees> for more information.

## **PBRN Community Engagement Collaboration Workgroup *by Leslie Boone***

### **Rationale**

The mission of CTSA Strategic Goal Committee Four is “To identify and develop effective partnerships between academic researchers and community stakeholders that... promote[s] the translation of the results of clinical and translational research into practice...by linking and facilitating collaboration among community-based research networks....” For the past 30 years PBRNs in the U.S. have created effective participatory partnerships between academic investigators and community clinicians. As CTSA's are deployed, PBRNs can and should be an important mechanism within the CTSA's to achieve its objectives. The PBRN CE Collaboration Workgroup was established in the Fall of 2011 to develop and further enhance a productive relationship between CTSA's and PBRNs. The objectives of this workgroup include:

- Assess the extent and nature of PBRN affiliation/support within current CTSA's;
- Assess needs and identify priorities of CTSA-supported PBRNs;
- Define “best practices” for PBRN-CTSA interactions and disseminate them to CTSA PIs;

- Identify and/or develop material/curriculum for training investigators who will work with PBRNs; and
- Work with the Regulatory Knowledge Workgroup regarding recommendations for IRB support to PBRNs.

### **Membership**

Membership has been defined as practice-based research networks that are 1) engaged with a CTSA CE Core, 2) focused on clinical care at the population level (e.g., primary care, dentistry, ambulatory pharmacy, home health care, public health), and 3) include community practices or sites of care in the network. At least one member of the CE Steering Committee who is not involved with PBRNs also participates in the Workgroup.

### **Operations and Leadership**

The CTSA PBRN Workgroup has a monthly conference call to carry on its work. The Group is led by a leadership group which also holds a monthly planning conference call. The Co-Chairs are: Rowena Dolor (Duke), Wilson Pace (Denver), Michael Parchman (AHRQ), and Paul Targonski (Mayo).

## **Upcoming Peer Learning Groups**

Please visit the [Peer Learning Group page](#) for the most updated information:

- April 2; 12 PM ET: Social Media- Ben Miller, PsyD and Mark Ryan, MD
- April 10; 12PM ET: Comparative Effectiveness Research- PCORI- Submissions/Idea Sharing Discussion- Paul Meissner

- April 24; 2PM ET: Practice Facilitation Manual- Lyndee Knox, PhD
- May 08; 12PM ET: Comparative Effectiveness Research - A Randomized Trial to Improve Patient-Centered Care and Hypertension Control in Underserved Primary Care Patients: Design and Analysis Considerations- Lisa A. Cooper, MD, MPH, FACP