

PBRNews

A Quarterly Newsletter from the AHRQ PBRN Resource Center



IN THIS ISSUE:

- 2 2011 AHRQ PBRN Annual Research Conference
- 2 Growth of Registered Networks in 2011
- 3 Submit PBRN Literature
- 3 PBRN Research Portal
- 4 Featured Network: Duke Primary Care Research Consortium

Meet Michael Parchman, MD, MPH AHRQ's New Leader of the PBRN Initiative



Dr. Parchman joins AHRQ from The University of Texas Health Science Center at San Antonio, where he directed their PBRN Resource Center and the South Texas Ambulatory Research Network. He spoke with the Resource Center about practice-based research, PBRNs, and his new role at AHRQ.

What do you find most intriguing about your new role at AHRQ?

I am intrigued by the amazing diversity of people and projects that I interact with every week. I have many opportunities, as I work with people both within and outside of AHRQ, to explain practice-based research and its relevance to their work.

What do you consider to be the biggest challenges to conducting primary care practice-based research? How can/do PBRNs help address these challenges?

Obviously the biggest challenge is a lack of resources and support to maintain healthy, trusting relationships between members within a PBRN. AHRQ can help, but it cannot be everything to everybody in the PBRN community. PBRNs should think outside the box about natural partners and stakeholders who can work with them: their CTSA if their academic health center has one CTSA, Area Health Education Centers, the state Primary Care Associations, their state's Centers for Medicare and Medicaid Services Quality Improvement Organizations, etc.

From your perspective, what motivates primary care providers/practices to join PBRNs? What do these members need from PBRNs?

Intellectual stimulation and learning, improving patient care, giving back to the discipline, contributing to the evidence base of primary care practice, an opportunity to be a part of something bigger than themselves, all are common reasons I hear. I loved the

article "Voices Left of the Dial: Reflections of Practice-based Researchers" in the July-August 2010 edition of the Journal of the American Board of Family Medicine.

Members need their PBRN to listen to them and hear their questions, members need feedback from studies they participated in, members need the PBRN to be a true "community of practice," an informal learning organization. They need to be engaged in the sense-making process of interpreting research results: what does this mean, what are the implications for practice? They need to be an equal partner in the research journey: true community-based participatory-based research.

What is your vision for the PBRN Initiative within AHRQ?

I would like for primary care PBRNs to become the disruptive research technology for primary care in the U.S.: the Large Hadron Collider if you will! Where researchers from many disciplines and disparate fields come to get answers to their questions. I would like to see more collaborative work between the PBRNs. Some PBRNs may not be able to address certain research questions because clustering of patients within PBRN practices can create sample size problems. I think we underestimate how often that is the case. I would like for PBRNs to be both research and learning networks: an environment where new knowledge is both generated and implemented in a way that demonstrably improves patient care and outcomes. Where member practices are on a waiting list to join a local PBRN and are willing to support it financially! I would like to see the day when someone might ask a primary care clinician: "What! You are not a member of a PBRN?!"



Contact Us

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2011 AHRQ National PBRN Research Conference

The seventh annual National PBRN Research Conference is scheduled for June 22-24, 2011 at the DoubleTree Hotel in Bethesda, Maryland. This meeting is one of the ways that the agency supports the growth and development of primary care PBRNs across the country. Please visit our website, <http://pbrn.ahrq.gov>, for more information about the conference.

During the conference, we will provide plenary sessions that are engaging and relevant to PBRN researchers and staff. This year we are pleased to host three outstanding plenary sessions. On Wednesday afternoon, Professor **Brendan Delaney**, MD, from King's College London will present on Electronic Health Records and how they can work for

patient care and research in a learning health care system. On Thursday, the first David C. Lanier Distinguished Lecturer, **Eric Dishman**, Intel Fellow, Director of Health Innovation and Policy, Intel Digital Health Group, will present on gray technologies for global aging. On Friday morning, **Grace Kuo**, PharmD, MPH, PhD, **Richard (Mort) Wasserman**, MD, MPH, and **T. Michael Harrington**, MD, will present on their experience with PBRN collaborations.

The registration deadline was Monday, June 6, 2011.

If you would like to register after this date, please contact the CME Registrar at cme@umn.edu or call 612-626-7600 or 1-800-776-8636. On-site registration will be available, with payment (\$25) accepted by check or cash only.

Growth of Registered Networks in 2011– Update on 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. They also indicate the areas of network functioning that are strengths or challenges for their network.

The Resource Center is pleased to report that there are **139 registered primary care networks** this year – an increase of 20% from 2010 (N = 112). Of these, 119 are established PBRNs, 10 are developing, and 10 are affiliates.

- ◆ **PBRN practices:** Over 16,000 practices/clinics are associated with research networks
- ◆ **PBRN membership:** over 65,000 individuals are members of PBRNs
- ◆ Estimate of the **number of patients** served within PBRN clinics: Over 50,000,000

After networks submit their Registry information, the Resource Center updates the network profiles on the PBRN website, and sends the network a copy of its registry responses and a certificate of annual registration.

How can you access information about registered networks? 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 also 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 networks headquarters.

Why does the Resource Center collect this information?

Because of the growth in the number of PBRNs in the past decade, and their potential for the promotion of research and quality improvement in healthcare delivery, AHRQ supports their efforts 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 growing field can be compiled. This information helps AHRQ learn more about the size and location of networks across the county and the type of research conducted, and provides guidance on resource allocation based on the expressed needs and interests of the participating networks.

What are 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;
- ◆ Have access to a research portal that serves as a mechanism for communicating with your network staff and membership, storing information, and conducting multi-network studies; and
- ◆ Learn and share with their colleagues at the annual AHRQ National PBRN Research Conference, with priority for receiving conference travel stipends given to members of registered networks.

Submit PBRN Literature!

One of the goals of the PBRN Resource Center is 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.

The PBRN Literature tab on the Resource Center website includes three categories to search on:

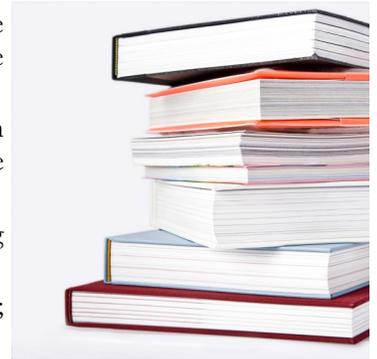
- Essential PBRN Literature—Includes key articles about practice-based research.
- PBRN Research by Year—Categorizes the PBRN literature by year of publication.
- PBRN Research by Author—Categorizes the PBRN literature alphabetically by first author.

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

Citations excluded from the PBRN literature database include:

- Those not found in Pub Med/Google Scholar;
- Posters/Meeting Presentations;
- Anything *in press*; and
- Articles in very specialized and/or local journals.



Please help us keep the bibliography up-to-date by notifying us of any published articles that should be included. **Responding networks will be listed in our next issue!**

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

PBRN Research Portal

The PBRN Research Portal has seen an increase in traffic in recent months as more PBRN members explore the site and utilize its resources. The portal complements the PBRN public website by housing a variety of research resources and providing tools to enhance communication and collaboration among PBRN members. Portal access is a benefit provided to members of registered PBRNs.

Over 360 portal accounts have been created in the past year. This includes accounts for directors and coordinators of PBRNs that registered with AHRQ in 2011. Every registered network has a network space available on the portal, which is accessible only to its members and includes collaborative spaces for sharing documents and participating in discussions.

Other valuable features of the portal include study-specific web pages (collaboration spaces for single- or multi-network studies), PBRN Conference archives, resources for new PBRNs, sample recruitment materials and bylaws, the PRINS tool to characterize PBRNs, and peer learning group calendars and presentations. For more information about the portal and how to access these resources, contact the Resource Center at pbrnrc@umn.edu. Portal demonstrations will also be available in the Resource Room at the AHRQ National PBRN Research Conference.

How can the research portal help my network?

- [Create study web pages](#)
- [Share information with network members](#)
- [Use new research tools](#)
- [Characterize your network using the PRINS form](#)
- [View presentations from past PBRN conferences](#)
- [Access toolkit for New PBRNs](#)

Featured Network: Duke Primary Care Research Consortium

The Duke Primary Care Research Consortium (PCRC), formed in 1997, is among the 25 oldest PBRNs registered with AHRQ. It is community-based with 25 practices in 8 counties in North Carolina, representing over 150 primary-care clinicians caring for over 250,000 patients. The PCRC has conducted over 50 studies enrolling more than 3000 patients. For this issue, PCRC's Director, Dr. Rowena Dolor, was asked to describe the evolution of the network, its strengths and challenges, and her view of the future of PBRNs.

HISTORY: PCRC is composed of practices that are a part of the Duke Health System, as well as independent practices located in the same counties. All of the primary care specialties are represented (pediatrics, family medicine, internal medicine) and all provider types (physicians, NPs and PAs). Initially the PCRC was a participating site for Duke Clinical Research Institute (DCRI) multi-center studies, and now it also includes health services researchers at Duke and the Durham VAMC as collaborators on investigator-initiated studies funded by NIH institutes, AHRQ, the CDC, and foundations. The current PCRC grant portfolio has evolved from having a majority of industry-sponsored studies in the 1990s to nearly an equivalent distribution of industry and federally-funded grants.

STRENGTHS AND CHALLENGES: Study opportunities flow from collaborators at the DCRI, Durham VA Center for Health Services Research, and the Duke Translational Medicine Institute (DTMI; Duke's CTSI). The Duke PCRC is a component of the Community Engagement and DCRI cores, and while it does not receive direct infrastructure funding from the CTSI award, its infrastructure costs have been covered by the DCRI since 1997. The role of PCRC is to continue engagement with the practices and to serve as a resource for investigators and community members to conduct PBRN research. The benefits to the PBRN include high visibility within the CTSI consortium and collaborations with other CTSI investigators for the CTSA supplement awards. For example, the PCRC worked with University of Rochester, Columbia University, and Mayo Clinic to pilot test the National Clinical Research Associates model, and with Group Health Research Institute, University of Washington, and Wayne State University on the Partnership-driven Resources to Improve and Enhance Research (PRIMER) toolkit. PCRC reviews CTSA-developed tools (e.g., ResearchMatch, RedCap) to identify those that should be utilized within the PBRN. Dr. Dolor described a challenge resulting from the creation of software that allows investigators to query the Clinical Data Warehouse for potential research subjects. As many of these patients are seen in the primary care clinics, network providers have experienced an increase in the number of requests to sign recruitment letters on behalf of specialty

investigators. In response, PCRC is establishing guidelines for the proper use of the database and contacting PCPs for permission. There are challenges to addressing the increase in requests for collaboration and to ensuring that the protocols address important issues for primary care. Potential investigators are advised that the PCRC prefers bidirectional academic and community partnerships and research conducted within the practices to address practice and patient priorities; the PBRN is not a recruitment mill for specialty trials conducted on the main university campus.

OTHER COLLABORATIONS: The Duke PCRC also collaborates with other PBRNs in North Carolina. The North Carolina Network Consortium (NCNC), comprised of seven PBRNs including PCRC, received an AHRQ PBRN master contract award in 2007. The NCNC mission is to address pressing questions on the delivery of primary care health services, to investigate the management of primary care problems, and to carry out statewide and nationally relevant research. The benefits include state-wide coverage of practices and patient populations, the ability to participate in AHRQ PBRN Master Contracts, and a regular communication strategy. The primary challenge has been creating new grant proposals to utilize the existing structure of NCNC.

VISION FOR THE NEXT FIVE YEARS: The Duke PCRC plans to build capacity for dissemination and implementation research that requires greater involvement of the clinicians on practice improvement projects. Two recently hired faculty members will serve as co-investigators on upcoming proposals, assist with practice communication, review investigator requests, and develop their own research areas of interest for future grant proposals. PCRC plans to collaborate with the CTSI to formally train community providers, trainees, and investigators on community-engaged practice-based research.

FUTURE OF PBRNS: Dr. Dolor is cautiously optimistic that the PBRN movement will continue to grow in importance. "We need to be clear on our strengths and limitations for conducting research in community-based settings whenever we work with non-PBRN colleagues that have expressed an interest in collaborating with us." Dr. Dolor advises that emerging opportunities to create project-specific collaborations between primary care and subspecialty groups need to be managed carefully. She asks "Do we want to be a referral mechanism for subspecialty studies? How can we effectively partner to create protocols that address evidence gaps within primary care and subspecialty medicine?" In conclusion, Dr. Dolor views PBRNs "as an opportunity to change the way that clinical research is conducted" and she challenges members to increase awareness of community clinicians so that more of them become part of the PBRN learning health system.