



# PBRNews

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A Quarterly Newsletter from the AHRQ PBRN Resource Center

## The View from AHRQ

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“Spread” is the word (chorus: “is the word, is the word”). Two weeks ago I attended my first AHRQ Annual Conference. In almost every session, someone asked some variation on the following question: “but how do I implement your model/tool/evidence within my health care organization?” This is an especially relevant question for AHRQ, the NIH, and will become more so as the Patient-Centered Outcomes Research Institute gears up its comparative effectiveness research agenda. Dissemination, implementation, diffusion, spread.

By their nature, PBRNs often serve as informal or formal structures where members not only acquire new knowledge, but adopt new practice behaviors as a result of their contact with each other and their participation in research studies. A recent article in the Journal of the American Board of Family Medicine provides some evidence of this phenomenon.\* I would argue that PBRN members tend to be “early adopters” in their communities and perhaps others follow their example. When combined with the amazing growth and

development of primary care PBRNs across the U.S., now 152 registered PBRNs with a member practice in every state in the U.S., one wonders whether PBRNs could be an amazing engine for dissemination and implementation of ideas relevant to primary care. The “Large Hadron Collider” for primary care in the U.S.! (Well, let’s not smash sub-atomic particles just yet.)

What do we know about the science of implementation in primary care? Not enough. So I challenge you: How can PBRNs be both Research AND Learning networks? How can PBRNs be organizations that both generate new knowledge and implement findings/ideas/innovations in a manner that strengthens primary care and benefits the patients we serve? Are we up to the challenge? I believe we are.



*\*Williams RL, Rhyne RL. No longer simply a practice-based research network (PBRN): health improvement networks. JABFP 2011;24:485-488.*

## 2012 Annual Registry

All previously-registered networks will receive an invitation to complete the 2012 AHRQ PBRN Registry in November. If your network was registered previously, many of the registration questions will be pre-populated with the answers that were provided from the last completed registry. If you are unsure if you are registered, please check the “PBRN Registry” tab on the PBRN Homepage to review the list of networks registered for 2011:

<http://pbrn.ahrq.gov>.

If you are registering your network for the first time, or would like to confirm your network’s contact information, please contact Nicholas Buck at [nicholasbuck@westat.com](mailto:nicholasbuck@westat.com).

Please visit the PBRN website for more information on the benefits of registering your network.



Contact Us

[pbrnrc@umn.edu](mailto:pbrnrc@umn.edu)

## Everything You Always Wanted to Know About...PBRNs! Introducing the PBRN Slides

Have you ever needed an estimate of the number of primary care PBRNs in the U.S., or wanted to inform your colleagues about the number of practices nationwide that participate in PBRN research? The Resource Center is now providing aggregate data from the annual registry to answer such questions. Called the “PBRN slides,” as we expect you may find it helpful for presentations, the downloadable and modifiable slides will highlight key elements about AHRQ-registered PBRNs. [Click here](#) to view/download the slides on our website.

**Primary Care Practice-Based Research Networks (PBRNs)**

**Descriptive information about AHRQ-registered PBRNs**

- Number of PBRNs: 152 (as of June 2011)
  - 137 primary care PBRNs
  - 15 non-primary care PBRNs (affiliate members)
- Network coverage:
  - 30% regional, 28% state, 23% local, 20% national
- Network type:
  - 40% mixed, 32% family medicine, 12% pediatric, 16% either internal medicine, nursing, or other
- Number of primary care practices: 16,900
  - Average/median number of practices per PBRN: 101/32
  - 69,000 individual network members
- Patient population: 53 million across all 50 states



**Primary Care Practice-Based Research Networks (PBRNs)**

**Descriptive information about PBRN capacity and productivity**

- 66% of practices use electronic medical records
- 71% of practices have collaborated with another PBRN or plan to
- Average/median number of studies conducted in the past year: 4.9/3
- Most common study designs:
  - Observational epidemiology
  - Health systems/outcomes research
  - Best practices research
- Health conditions most commonly studied:
  - Diabetes
  - Obesity
  - Pulmonary disease/asthma



## New Feature on the Website: Primary Care Toolkits

The PBRN website now features a Toolkits section for PBRN networks. Here you will find a variety of toolkits on Health Literacy, Patient Safety, Health IT and Chronic Care.

This issue’s featured toolkit is the newly launched AHRQ Workflow Assessment for Health IT Toolkit, developed under an AHRQ-funded contract by the University of Wisconsin-Madison’s Center for Quality and Productivity Improvement (CQPI). The toolkit assists small and medium sized practices in workflow analysis and redesign before, during, and after health IT implementation, and includes tools to analyze workflow, examples of workflow analysis and redesign, and stories of other practices’ experiences with health IT and workflow.

View the toolkit at:  
<http://healthit.ahrq.gov/work>



Other recently added AHRQ toolkits include:

Toolkit for Implementing the Chronic Care Model in an Academic Environment:  
<http://www.ahrq.gov/populations/chroniccaremodel/>

Integrating Chronic Care and Business Strategies in the Safety Net  
A Toolkit for Primary Care Practices and Clinics  
<http://www.ahrq.gov/populations/businessstrategies/>

Patient Safety Toolkits can be found at:  
<http://www.ahrq.gov/qual/pips/grants.htm#leonhardt>

ie Medical Office Patient Safety Culture Survey was developed in the PBRNs:  
<http://www.ahrq.gov/qual/patientsafetyculture/survindex.htm>

If you have any suggestions for other toolkits that could be listed, please contact the PBRN Resource Center at [pbrnrc@umn.edu](mailto:pbrnrc@umn.edu).

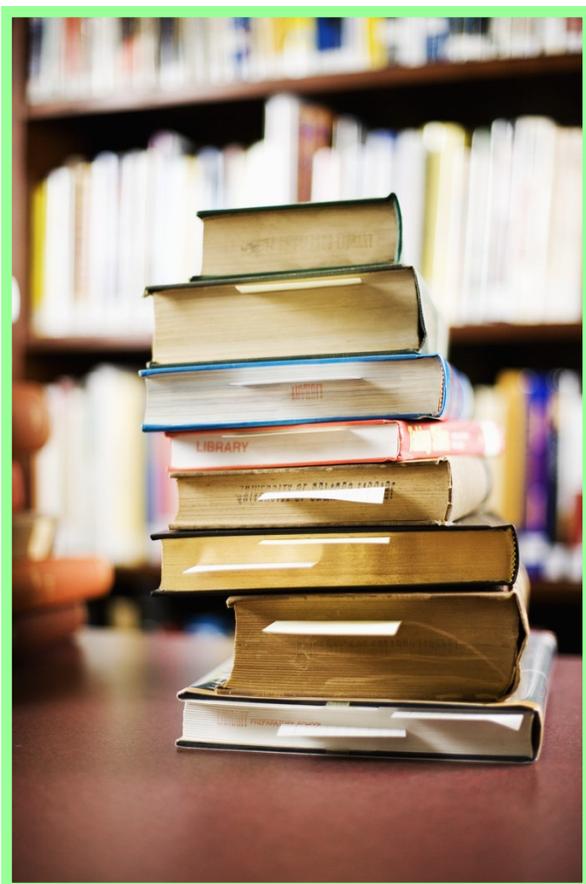
## PBRN Research Bibliography

Many thanks to the networks (listed to the right) that contributed literature for our annual citation database update.

Citations address practice-based research conducted by a PBRN or its members.

A highlight for this year is the Journal of the American Board of Family Medicine's Sixth Annual Practice-based Research Network Theme Issue. The individual articles, as well as a link to the full issue, are available on the website.

We hope the database is a valuable resource for developing papers and grant proposals. If you would like to submit an article for inclusion in the PBRN Research Bibliography, please first review the PBRN Literature Guidelines posted on the website, and then email the article's PubMed ID or full text web link to [nicholasbuck@westat.com](mailto:nicholasbuck@westat.com).



- Centricity Healthcare User Research Network (CHURN)
- Collaborative Care Research Network (CCRN)
- Dental PBRN (DPBRN)
- High Plains Research Network
- International Chiropractic Pediatric Association PBRN (ICPA PBRN)
- Iowa Research Network (IRENE)
- Massachusetts General Primary Care PBRN (MGPC-PBRN)
- Minnesota Academy of Family Physicians Research Network (MAFPRN)
- National Interdisciplinary Primary Care PBRN (NIPC PBRN)
- North Texas Primary Care PBRN (NorTex)
- Northwest Practice-Based REsearch Collaborative in Evidence-based DENTistry (Northwest PRECEDENT)
- Oregon Rural PBRN (ORPRN)
- Palo Alto Medical Foundation Research Institute (PAMFRI)
- Pediatric Research in Office Settings (PROS)
- Residency Research Network of Texas (RRNET)
- Safety Net West
- San Francisco Bay Collaborative Research Network (SF Bay CRN)
- South Texas Ambulatory Research Network (STARNet)
- Texas A&M Health Science Center Rural and Community Health Institute (TAMHSC-RCHI)
- The Studying, Acting, Learning, and Teaching Network (SALT-Net)
- Upstate New York PBRN (UNYNET)
- Virginia Ambulatory Care Outcomes Research Network (VACORN)

## **Featured PBRN: The Mecklenburg Area Partnership for Primary Care Research**

The Mecklenburg Area Partnership for Primary Care Research (MAPPR) in North Carolina was formed in 2003 and began with just three primary care clinics and one community-based organization. The common goal that brought the network together was improving access to care for a growing Hispanic immigrant community. MAPPR received an R03 grant in 2006 from AHRQ that allowed them to build the network infrastructure and conduct a community needs assessment. The MAPPR team then met with several other AHRQ grantees at the 2007 Annual PBRN Research Conference and developed a consortium that included four other networks in North Carolina.

Since then, the MAPPR network has grown to include all primary care clinics within Carolinas Healthcare System and the majority of free/low cost clinics serving the immigrant population.

In 2010, MAPPR received a Comparative Effectiveness Research award that has allowed them to leverage 95 primary care practices in an effort to improve health outcomes for patients with asthma.

### **Opportunities/Challenges**

MAPPR was developed within a community-based health center and initially lacked many academic resources associated with medical school affiliation. To overcome this, MAPPR partnered with the University of North Carolina at Charlotte to provide additional depth to their research skills and now has the advantage of being the only research team in the region working within the community.

### **Carolinas Medical Center**

MAPPR's home is the Department of Family Medicine at Carolinas Medical Center (CMC). CMC has a long history of supporting and understanding the value of primary care which has greatly facilitated MAPPR's growth and development. Since receiving initial start-up funding from CMC in 2003 to support its first study, MAPPR has gained perspective on working within a large integrated healthcare system and is now closely aligned with our system's research and quality improvement endeavors.

### **Knowledge/Technology**

MAPPR is known for community projects using geospatial mapping. The MAPPR team has found that sharing data in the form of maps has greatly helped to engage community members, community organizations, and practices in the research process. In particular, they have created service area models for clinics and shown them how they contribute to the primary care safety net for the community as a whole.

MAPPR has developed and published specific processes around partnering with stakeholders to use geospatial data to develop models identifying gaps in the safety net and demonstrating areas that need improved access to primary care.

### **MAPPR Vision**

MAPPR continues to use geospatial modeling to examine the social determinants of health. In particular, the MAPPR team is interested in identifying determinants that predict poor health outcomes, identifying at risk areas, and using participatory research methods to improve access to needed medical services. In addition, the MAPPR team is developing expertise in the shared decision making model for chronic disease management. They are currently applying this model to asthma care, and hope to apply this to diabetic management in the near future.

