Meeting Facilitators
- Paul Meissner, Network Coordinator for the New York City Research Improvement Networking Group and Primary Facilitator
- Rowena Dolor, Network Director, Duke Primary Care Research Consortium
- Jonathan Tobin, Network Director, Clinical Directors Network, Inc.
- Rebecca Roper, Director of the AHRQ PBRN Initiative

Attendees
- Lori Billelo – JaxHERO
- Walter Calmbach – STARNet
- Jeannette Daly – IRENE
- Paul Darden – OCHRN
- Jane Garbutt – WU PAARC
- David Hahn – WREN
- Susan LeBailley – REACH Network
- John Lynch – CCPC
- Laura Mae Baldwan – WPRN
- Hazel Tapp – MAPPR
- Meg Walsh – OKPRN
- Camille Washington – ACORN

Goals
- This working group is focused on PBRN engagement in pragmatic trials and practical strategies for translation of research into practice. This working group builds on previous PBRN and NIH Clinical and Translational Science Awards (CTSA)-sponsored forums and provides a platform for PBRN colleagues to share challenges and solutions.

Topics for Deliberation
- Potential topics for deliberation include stakeholder/patient engagement, use of observational data, study design, data analysis, dissemination and implementation science, and using Stepped Wedge and Interrupted Time Series designs.
- Attendees described interests in methodology and collaboration, namely PBRN community partnerships and pragmatic clinical trials that move beyond the PBRN and into the community.

Definition of Pragmatic Trials and Their Scope
- There are a variety of requirements for a trial to be considered pragmatic:
  - The input has to be generalizable to patient populations (externally valid).
  - Methods have to be internally valid.
  - The output has to focus on patient outcomes (not surrogates).
  - Trials have to be implementable in real world settings.
The PRECIS model has a 10 domain wheel of pragmatism that measures how pragmatic a trial is; the PRECIS model can be used as a launching pad to describe PBRN studies.

More studies should focus on measurable health outcomes and the improvement of health rather than simply health care.

A valuable resource that could be helpful when trying to determine health outcomes is PCORnet. Working with the PCORnet would increase the sample sizes and statistical power of studies and may allow PBRNs to measure improvements in process, clinical, and population health outcomes.

Potential Collaborators
- A potential collaborator with this group is the Patient-Centered Outcomes Research Institute (PCORI).
  - PCORI has funded an RCT of pragmatic ways to implement shared decision making (SDM) in practices working with Hazel Tapp’s MAPPR, and she would be willing to speak on this topic with the group.
  - PCORI applications also often ask about stakeholder engagement and the struggle to engage patients and physicians in research.
  - PCORI has continued to evolve rapidly, and the group will review recent PCORI grants to see if any of them are engaged with PBRNs.
- Jonathan Tobin described one strategy that worked well for CDN (Clinical Directors Network, Inc.) in which networks were invited to present on a set of topics. The group should consider having networks present a few examples around pragmatic research and have comments/discussions around those examples. Common themes that emerge could be captured to identify best practices/challenges.
- An idea was proposed to invite people who may not yet be engaged with PBRNs to speak about what they need in practice-based settings and ways we could collaborate.

Dissemination of Pragmatic Trial Research
- By designing pragmatic trials that are conducted in practices, dissemination has already begun because the intervention is already integrated into primary care.
- The steps between finishing a trial and the certification/general acceptance of the knowledge are the key to quality improvement (QI). QI is the sustainability mechanism to put evidence-based practices into place and ensure that the right decisions are being made under the right conditions.
- Researchers often focus on doing research and getting funded but they often do not receive the opportunity to think about disseminating outcomes.