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Accreditation Statement (Physicians)

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of the University of Minnesota and the Agency for Healthcare Research and Quality (AHRQ). The University of Minnesota is accredited by the ACCME to provide continuing medical education for physicians.

The University of Minnesota designates this educational activity for a maximum of 1.0 *AMA PRA Category 1 Credit*[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Disclosure Policy

It is the policy of the University of Minnesota Office of Continuing Medical Education to ensure balance, independence, objectivity and scientific rigor in all of its sponsored educational activities. All participating faculty, course directors, and planning committee members are required to disclose to the program audience any financial relationships related to the subject matter of this program. It is not necessary to disclose relationships with non-profit or government organizations or proprietary entities that do not produce health care goods or services. Relationships of spouse/partner with proprietary entities producing health care goods or services should be disclosed if they are of a nature that may influence the objectivity of the individual in a position to control the content of the CME activity. Disclosure information is reviewed in advance in order to manage and resolve any possible conflicts of interest. Specific disclosure information for each course faculty will be shared with the audience prior to the faculty's presentation.

Commercial Support

There is no commercial support for this activity.

Nursing Contact Hours

The University of Minnesota College of Nursing for Continuing Education will offer contact hours for this program. The University of Minnesota College of Nursing Continuing Education is an approved provider of continuing education by the Minnesota Nurses Association Continuing Education Approval Program Committee, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. A certificate will be awarded to participants at the completion of the conference. Nurse practitioners and nurses who participate in this CME activity may submit their Statements of Hours to their appropriate accrediting organizations or state boards for consideration of credit. The participant is responsible for determining whether this activity meets the requirements for acceptable continuing education.

Welcome!

June 11, 2008

Dear Colleagues:

Welcome to the AHRQ's fourth annual National PBRN Research Conference. This meeting is a part of our ongoing support of the growth and development of primary care PBRNs across the country. It offers this expanding field an opportunity to share its accomplishments, lessons learned, and current challenges to the benefit of both experienced PBRNers and those starting out. Participants in this year's conference include PBRN directors, clinicians, researchers, coordinators, and staff, AHRQ staff, staff from other Federal agencies, medical students, resident physicians, and others interested in learning more about research network efforts.

The goals of the Primary Care PBRN Research Conference are to:

- Disseminate findings and lessons learned through PBRN research
- Enhance the growth and development of primary care PBRNs through
 - Advancing the field of network research methodology
 - Sharing best practices for operating and managing PBRNs
 - Informing PBRNs about potential funding opportunities
- Promote communications/connections within the PBRN research community.

We encourage you to take full advantage of the many opportunities this conference offers, including research presentations, participatory workshops, plenary sessions, poster presentations, and a "Fundings' Fair" featuring representatives of NIH institutes and other organizations ready to tell you about potential sources of PBRN funding. At the same time, we recognize that some of the most valuable time you spend at the conference will be at receptions, lunches, and breaks when you can meet and get to know PBRN researchers from across the country who share your interests and passions.

On behalf of AHRQ, we welcome you to Washington and wish you a productive and enjoyable conference.

Sincerely,

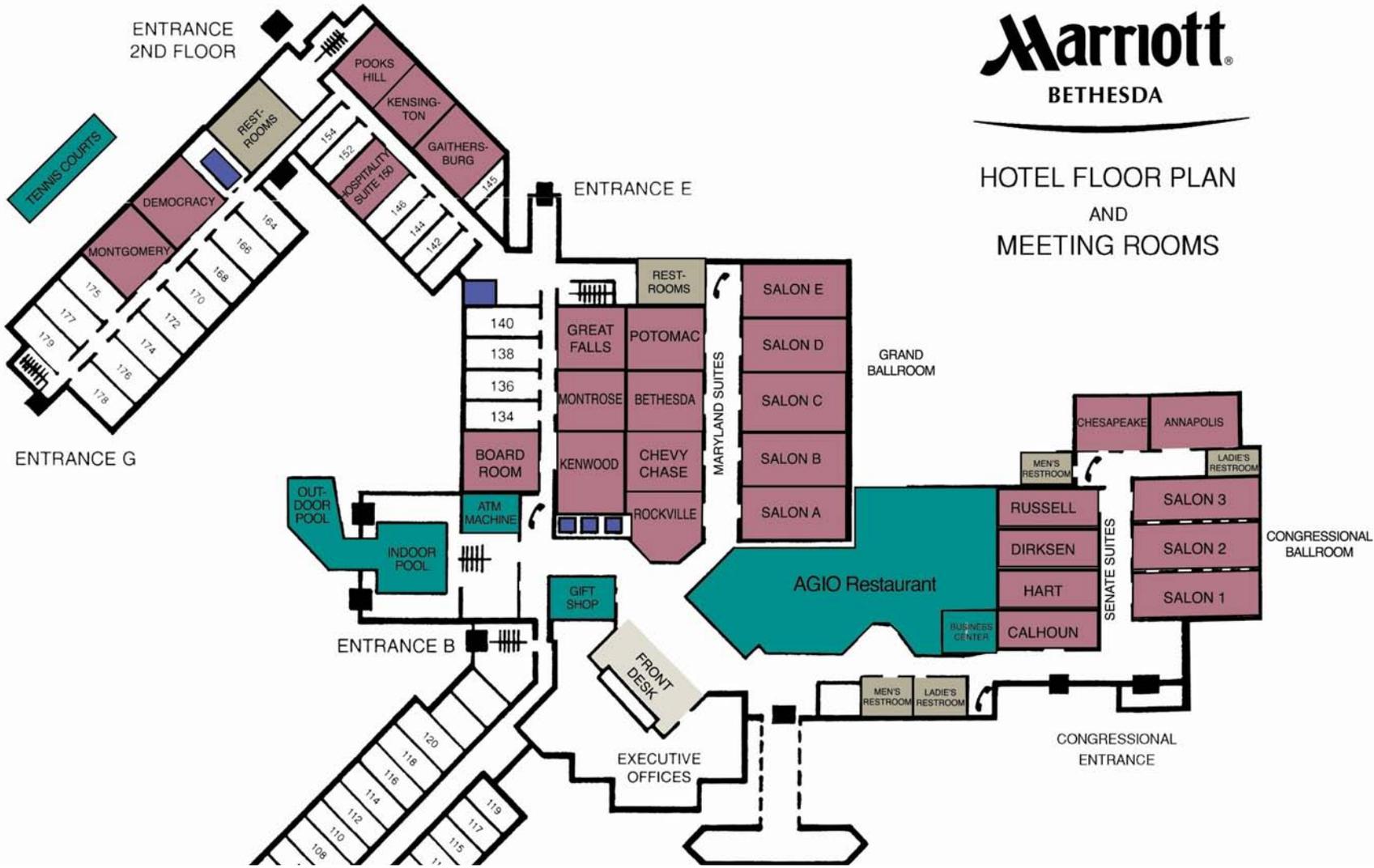
David Lanier, MD, Director, PBRN Initiative
David Meyers, MD, Director, CP3

Center for Primary Care, Prevention and Clinical Partnerships (CP3)
Agency for Healthcare Research and Quality



BETHESDA

HOTEL FLOOR PLAN AND MEETING ROOMS



BETHESDA MARRIOTT • 5151 POKS HILL ROAD • BETHESDA, MARYLAND

THE 2008 AHRQ NATIONAL PBRN RESEARCH CONFERENCE - WELCOME

Conference Event Information

Welcome to the 2008 AHRQ PBRN Research Conference!

GENERAL MEETING INFORMATION

Registration: The PBRN registration desk is located on the lobby level outside the Grand Ballroom.

Registration/Information Desk hours are as follows:

WEDNESDAY, June 11	10:00 AM – 6:45 PM
THURSDAY, June 12	7:00 AM – 5:30 PM
FRIDAY, June 13	7:30 AM – 2:00 PM

Speaker Ready Room: We have provided a room with two computers and a printer for presenters to prepare or edit their slides. The speaker ready room is located in the Chesapeake Room which is on the lobby level.

Sessions: General sessions will be held in the Grand Ballroom. Breakout sessions will be held in the four (4) separate sections of the Grand Ballroom (Salon A, Salon B, Salon C, and Salon D). All meeting space is located on the Lobby Level of the Bethesda Marriott.

Poster Board Session and Poster Reception: Poster board sessions and the poster reception on Wednesday evening will be held in the Maryland Suites. Posters will be available for viewing during the entire conference.

Meals: A plated lunch will be served on Thursday and a boxed lunch will be provided on Friday for those who reserved lunch in advance. Luncheons on both Thursday and Friday will be served in the Congressional Ballroom.

Name Badges: Please wear your name badge throughout the conference.

GENERAL HOTEL INFORMATION

Check In: 4:00 PM

Check Out: 12:00 PM

The Bethesda Marriott offers express check out and video review billing/checkout.

Luggage Storage: On Friday, bag storage will be provided to all conference attendees. Please check with the conference registration desk regarding storing luggage.

Internet Access: Wired service is available in the sleeping rooms at a cost of \$9.95/daily. For that amount, you receive high-speed Internet access, unlimited local telephone calls, and unlimited long distance calls (within the US). In addition, a Cyber Café is available in the Maryland Suites and wireless access is available in the lobby of the hotel.

Parking: On-site parking is available at a daily fee of \$9.00. Valet parking is also available for a nominal fee.

Shuttle Service: The Bethesda Marriott offers a complimentary shuttle to downtown Bethesda and to the NIH METRO stop. Please visit the hotel concierge for the exact schedule of service.

Fitness Center/Pool: The hotel Fitness Center offers both cardiovascular equipment and free weights. In addition, there is a swimming pool on the property.

Additional hotel information can be obtained at the concierge desk located in the main lobby or at the PBRN registration desk.

TRANSPORTATION INFORMATION

Metro: The NIH/Medical Center Metro station is the most convenient for travel to and from the hotel. You can take the hotel shuttle bus or the Ride On bus to and from this stop. Fares on the Metro are \$2.35 generally but are higher during rush hour.

To take the Metro to Reagan National Airport from Pooks Hill Marriott, board the Red Line towards Glenmont and transfer onto the Yellow Line at the Gallery Place-Chinatown station. Take the Yellow Line towards Huntington Station and get off at the Ronald Reagan Washington National Airport exit. See the Metro map located in the interior pocket of this conference book for more information.

Ride On Bus: Montgomery County offers a bus service that goes to the NIH/Medical Center Metro station and to downtown Bethesda and back. At the Pooks Hill Marriott, there is a bus stop directly outside of the hotel. The Ride On bus Route #30 leaves from here and stops at the top of the NIH/Medical Center Metro station escalator. Fares are \$1.35 each way (exact change needed).

Cabs: Cabs are available outside of the airport, Metro station, and hotel. A cab ride to/from Reagan National Airport takes approximately 35 minutes and the fare will be about \$45. A cab ride to/from Dulles International Airport takes approximately 45 minutes and the fare will be about \$50. A cab ride to/from Baltimore-Washington International Marshall Airport takes approximately 50 minutes and will be about \$60. Please note that during rush hour these rides will take longer, leading to higher fares.

Conference Highlights

Plenary Sessions: We aim to provide plenary sessions that are engaging and relevant to PBRN researchers and staff. This year we are pleased to host four outstanding plenary sessions. On Wednesday evening, Dr. Larry Green and his associates will kickoff our conference by discussing the "Prescription for Health" program. The excitement will continue on Thursday, with a morning plenary session from Dr. Kurt Stange and his colleagues on "Appreciative Inquiry to Energize Practice-Based Research and PBRNs" and an afternoon session delving into the "Development and Pilot Testing of Medication Error and Adverse Drug Event System (MEADERS)" with Dr. John Hickner and his associates. Friday's plenary will start the day with an insightful session from Dr. Greg Feero on the "Integration of Genomics into Primary Care: Tsunami or a Rising Tide." We will provide conference attendees a chance to ask questions of the presenters at the end of each session. Please check the conference schedule for the times of each of these sessions.

Workshops: Listen, engage, and learn from your colleagues in a variety of areas pertinent to PBRNs and their research. Throughout this conference you will be able to participate in workshops on Research Methods, Best Practices, and Professional Development. Don't miss the opportunity to participate in and contribute to these excellent interactive and dynamic sessions. Descriptions of the workshops can be found in the daily section for the corresponding day.

Research Presentations: Discover what research other PBRNs are engaged in throughout the country by joining our presentation sessions. There will be over 45 presentations including relevant issues such as pediatric and obesity research, underserved populations, community linkages, and PBRN development and funding. In these sessions, you will listen to interesting presentations with the opportunity for questions at the end.

Cocktail Reception & Posters: Please join us Wednesday evening for cocktails, hors d'oeuvres, and PBRN research posters in the Maryland Suites from 6:00 to 6:45 PM. Take this opportunity to enjoy complimentary food and invigorating conversation about primary care research while networking with your colleagues. There will be a cash bar available for those wishing to purchase alcoholic beverages. Come for the hors d'oeuvres, but stay for Dr. Larry Green's interesting presentation after the reception.

Posters: Poster presenters will be available to discuss their research on Wednesday evening, June 11th from 6:00 to 6:45 PM and Thursday morning, June 12th from 10:00 to 11:00 AM. In addition, posters will be available for viewing during the entire conference in the Maryland Suites, without their presenters.

Cyber Café: For your convenience, we will provide a station of four computers with Internet access and a printer in the Maryland Suites. The Cyber Café will be available during conference hours.

Networking Lunch: Take advantage of the opportunity to discuss a relevant PBRN issue over lunch. These luncheon opportunities are first come, first served and will be available on

Thursday only. Each topic will be facilitated by a professional who is knowledgeable about the issue, offering an unstructured discussion for nine individuals to converse in their area of choice:

- Practice Facilitators – Facilitator: Zsolt Nagykaldi, PhD
- Community-based participatory research grant applications – Facilitator: James W. Mold, MD, MPH
- Health IT– Facilitator: Kevin Peterson, MD, MPH
- PBRN Research Integrity – Facilitator: Victoria Neale, PhD

Special Interest Groups: Contribute to discussions and develop working relationships with other PBRNs who share your interest in a specific topic. These groups will informally discuss the successes as well as the challenges of working in these areas. The special interest groups will be held on Thursday, June 12th from 5:45 to 6:45 PM.

Groups:

- Pediatric PBRNs – Group Leader: Richard C. “Mort” Wasserman, MD, MPH
- Nurses Engaged in PBRN Research – Group Leader: Laura Anderko, RN, PhD
- New PBRNs – Group Leader: Linda Niebauer
- Clinical and Transitional Science Awards – Group Leader: Rowena Dolor, MD
- Physical Health Research – Group Leader: Elizabeth Joy, MD, MPH

Dine Around: Participate in an optional “Dutch-treat” dinner with your PBRN friends and colleagues on Thursday evening. The restaurant options are located in downtown Bethesda and at the hotel restaurant. Signup sheets are located at the conference registration desk. This is a wonderful opportunity to enjoy dinner and conversation with your new or old PBRN friends.

Funders’ Fair: This valuable session allows conference attendees to have one-on-one and small group conversations with a variety of foundations, Federal institutes, and centers regarding funding opportunities. This session will occur simultaneous to the Networking Lunch in the Congressional Ballroom on Friday, June 13th from 11:45 AM to 1:15 PM. Please see the flyer located in your conference materials for a list of agencies and spokespersons.

Networking Opportunities: Take advantage of the variety of options provided for you to network with your PBRN friends and peers. A plated sit-down lunch has been organized for Thursday, June 12th. Boxed lunches will be available on Friday and can be brought to the Funders’ Fair in the Congressional Ballroom beginning at 11:45 AM or the Workshop Sessions beginning at 12:15 PM. Please see the conference registration desk if you are interested in purchasing lunch for either day.

Additional networking opportunities include a cocktail reception held on Wednesday evening as well as the “Dine ArounDs” that will take place on Thursday night. Breakfast and breaks are also excellent times to converse with other PBRN affiliates. If you have any questions regarding these activities, please visit the conference registration desk.

The PBRN Resource Center

To support primary care PBRNs throughout the United States, AHRQ established the Practice-Based Research Network Resource Center (PBRN RC) in 2002. Initially the PBRN RC was created to provide support solely to PBRNs funded through AHRQ's PBRN initiative. In 2004, AHRQ expanded the mission to provide resources and assistance to all registered primary care PBRNs engaged in clinical and health services research. The PBRN RC staff and experts provide support to registered PBRNs through consultative services, informational resources, group learning experiences, and research tools. The PBRN RC also helps plan and manage the annual AHRQ PBRN National Research Conference.

Annual registration with the PBRN RC allows the following benefits for PBRN researchers and network members:

1. Participation in both general and topic-specific listservs
2. Participation in the PBRN Resource Center sponsored web-based seminars (Peer Learning Groups)
3. Attendance and participation at the annual AHRQ National PBRN Research Conference
4. Access to technical assistance from AHRQ and the PBRN Resource Center on operational and research topics relevant to Primary Care PBRNs, including
 - a. Data collection and management
 - b. Research design
 - c. Communication strategies
 - d. Project and network management
 - e. Member recruitment and retention
 - f. Health Information Technology support and resources
5. Ability to post network information on the PBRN Resource Center public website

AHRQ PBRN Resource Center public website: <http://pbrn.ahrq.gov>

The website is a comprehensive and accessible resource with information on PBRNs across the United States. By providing this information we hope to encourage communication, collaboration, and the sharing of best practices, and to support the advancement of clinical research in practice-based settings. The new website has the following features:

- A **PBRN Information** section provides access to a public list of registered PBRNs, including network name, contact information, and geographic coverage. This list can be searched using criteria such as Type of Network, Conditions Studied, and Geographic Coverage
- A **Resources** section with links to key articles about PBRNs, a searchable bibliography of research conducted in Primary Care PBRNs, and Peer Learning Group information
- PBRNs interested in **funding opportunities** can explore the page dedicated to this topic, where links can be found to various organizations that offer such opportunities for PBRNs
- An **Events** section with information from all previous PBRN National Research Conferences

The PBRN Resource Center is a collaborative effort between the University of Minnesota and Westat.

For additional information, please contact the PBRN Resource Center at PBRNRC@umn.edu or by phone at (612) 626-PBRN (7276).

PBRN Registry

Recognizing the tremendous growth occurring around the country in Practice-Based Research Networks and their potential for the promotion of research and quality improvement in healthcare delivery, the Agency for Healthcare Research Quality (AHRQ) would like to invite all interested primary care networks to register with the PBRN Resource Center. **Registration is free!**

Why Register?

Registered PBRNs receive a number of benefits including: notification of AHRQ funding opportunities, the ability to participate in both general and topic-specific listservs and in the PBRN Resource Center sponsored web-based seminars (Peer Learning Groups). Additionally, members are invited to attend the annual AHRQ National PBRN Research Conference. Registration also offers your network access to technical assistance from AHRQ and the PBRN Resource Center on operational and research topics relevant to Primary Care PBRNs. In addition to providing the Resource Center with your PBRN information so they can better serve you, it also provides AHRQ with information that allows them to champion for PBRNs either by providing needed services or locating funding opportunities. Please visit our website for more information on the benefits of registering: <http://pbrn.ahrq.gov/>.

Who Can Register?

All PBRNs that contain more than 50 percent of primary care clinicians (e.g., pediatrics, family medicine, general internal medicine, and geriatrics) are eligible to register including already established PBRNs or those in the process of organizing. Furthermore, your network (or planned network) must consist of at least 15 clinicians or clinician practices.

Also, developing PBRNs or people interested in PBRNs may also register. This registration lets AHRQ and the Resource Center know that you would like to receive information on PBRN related discussions, events and emails.

How to Register?

Registration is easy. To receive a link to the registration form, contact the PBRN Resource Center at PBRNRC@umn.edu or visit our website at <http://pbrn.ahrq.gov/>.

Registry Update.

On an annual basis, the PBRN Resource Center will ask your network to update your registry data in early autumn. In addition, you may provide updated information to the Resource Center as your network evolves.

Plenary Abstracts

PRESCRIPTION FOR HEALTH: 5 YEARS, 27 PROJECTS, 22 PBRNS AND 1 A-TEAM

Presenters: Larry Green, MD, Deborah Cohen, PhD, Maribel Cifuentes, RN, Douglas Fernald, MA, Linda Niebauer

Prescription for Health was a multi-network initiative of the Robert Wood Johnson Foundation in partnership with the Agency for Healthcare Research and Quality that set out to identify, test, and evaluate innovations proposed by PBRNs to address smoking, risky drinking, unhealthy diet, and lack of physical activity for patients receiving care in primary care practice settings. In the past five years, 22 primary care practice based research networks have worked collaboratively on 27 studies-- all aimed at improving the delivery and integration of behavior change counseling into frontline practices. This plenary will describe the journey of Prescription for Health from its inception to its final year. You will learn about the rationale behind the program and hear about the essential team that operationalized its goals and objectives. You will also meet the innovators and practice teams that carried out the studies and learn what it took to implement their interventions in practices across the United States with children, adolescents, and adults. Some key results and insights will be reported. Based on a mixed methods evaluation much was learned and further work is necessary to establish behavior change as core business in primary care practices of the future. Some potential directions for further research for PBRNs will be suggested.

APPRECIATIVE INQUIRY TO ENERGIZE PRACTICE-BASED RESEARCH AND PBRNS

Presenters: Kurt C. Stange, MD, PhD, Caroline A. Carter, LSW, Mary C. Ruhe, RN, MPH

It is hard to get practices' attention because of the growing number of quality improvement initiatives and administrative burdens. A similar pattern exists in PBRNs that also face growing administrative loads and a challenging financing environment. Moreover, the negative, deficiency-emphasizing approach of many research and quality initiatives make it hard to motivate practices and networks.

An Appreciative inquiry (Ai) approach to research and development has the potential to generate the energy needed for transformational change. Used in challenging business and community settings, Ai taps into the core motivations of individuals and groups to imagine, design and work toward a better future.

Ai begins by identifying an appreciative topic that encompasses a problem important to key stakeholders and frames potential opportunities. Around this topic a "4 D" cycle:

- Discovers individual and collective motivation and meaning,
- Dreams a vision for a transformed future,
- Designs a plan based on the envisioned future, and manifests a
- Destiny based on learning from ongoing action and reflection.

Appreciative Inquiry has potential to guide practice and PBRN development quality.

DEVELOPMENT AND PILOT TESTING OF MEADERS, THE MEDICATION ERRORS AND ADVERSE DRUG EVENT REPORTING SYSTEM FOR PRIMARY CARE

Presenters: John Hickner, MD, MSc, , Lyle J. Fagnan, MD, Samuel Forjuoh, MD, MPH, DrPH,
Lyndee Knox, PhD, John Lynch, MPH

Additional Authors: Atif Zafar, MD, William Tierney, MD

Background: Most data regarding adverse drug events (ADE) and medication errors (ME) is derived from hospitals and hospital clinics. Little data exists regarding ADEs and MEs in primary care practice, and it is uncommon for health care providers to submit data to national ADE programs such as the FDA's MedWatch.

Goal: The goal of this AHRQ funded project was to develop and pilot test a Web-based ADE and ME reporting system designed for primary care practice, with the intent of developing a system that could be made available nationally in the public domain.

Methods: The event reporting form of the MEADERS Website was designed based on literature review, expert opinion and review of existing event reporting instruments for ambulatory care. The Website design and programming was conducted by a team at Indiana University led by Atif Zafar. Four PBRNs, CenTexNet, LANet, ORPRN, and ProHealth, each recruited practices to participate in the pilot test of MEADERS during a ten week period in winter of 2007-2008. Outcomes evaluated included the number and type of event reports submitted and the event reporting process. All participants were invited to complete a post reporting survey describing their experience with MEADERS.

Results: Twenty four practices participated and all submitted event reports for a total of 507 events. 216 individuals (clinicians and office staff) participated in the study, and 164 (76%) returned a survey describing their experience. The mean reporting time for an event was 4.3 minutes. An analysis of the distribution of events, harms, contributing factors and medications involved as well as participants experience with reporting will be presented at the meeting.

Conclusions: It is feasible for clinicians and office staff to report adverse drug events and medication errors to a Web-based event reporting system.

INTEGRATION OF GENOMICS INTO PRIMARY CARE: TSUNAMI OR A RISING TIDE?

Presenter: W. Gregory Feero, MD PhD

Discoveries in genetics and genomics are revolutionizing our understanding of many disorders relevant to primary care, and hold great promise to improve health care. Many have used dramatic, if somewhat alarming, metaphors to describe how this wealth of data will affect health care providers and their patients. In reality, many health care providers have yet to notice much more than ripples from genomic discoveries in the day-to-day delivery of health care. This presentation will cover recent advances in genomics likely to be relevant to primary care, how genomic technologies have already begun to make inroads in primary care, and the major challenges faced in transitioning these discoveries to meaningful improvements in the health of individuals.

Plenary Speakers

CAROLINE A. CARTER, LSW

Caroline A. Carter, BA, LSW is a social worker who has been applying the Appreciative inquiry process to facilitate quality improvement in an NCI-funded study in a PBRN of diverse practices. She has adapted the Ai method to the unique challenges of practice-based research in a PBRN that encompasses safety net, independent and integrated network practices. Based on her experience, she is working toward a master's degree in Positive Organization Development and Change.

MARIBEL CIFUENTES, RN

Maribel Cifuentes is an Instructor in the Department of Family Medicine at the University of Colorado Health Sciences Center and Deputy Director of the *Prescription for Health* National Program, a Robert Wood Johnson initiative aimed at promoting healthy behaviors in primary care research networks. After graduating nursing school, Maribel worked at Denver Health Medical Center's neonatal unit and soon realized that her calling was in the realm of academia. After two years in the clinical setting she returned to the CU Health Sciences Center where she has worked in primary care education and research as Assistant Director of the Medical School's Primary Care Curriculum, and later Director of the Medical School's Standardized Patient Program. She holds a Baccalaureate of Science in Nursing and is currently finishing a Masters degree in Health Professions Education from the University of Illinois at Chicago. She has been a member of the Society of Teachers in Family Medicine and NAPCRG for several years and a past member of the Bayer Institute for Healthcare Communication and the National Board of Medical Examiner's Clinical Skills Exam Task Force. Her academic interests include health behavior change, redesign of primary care practice, diffusion of innovations, and strategic collaboration. Maribel is a Guatemalan native and has lived in the US since she was nine years old. She is the proud mother of a 10-year old daughter, enjoys hiking and camping in the beautiful Rocky Mountains, and loves travel near and far.

DEBORAH COHEN, PHD

Deborah Cohen, PhD is an Assistant Professor who joined the Department of Family Medicine at UMDNJ-RWJ Medical School approximately 8 years ago, shortly after completing her PhD in communication at Rutgers University. Since that time, Dr. Cohen has worked as a qualitative analyst on two NIH-funded studies -- Prevention and Competing Demands in Primary Care Practice (Crabtree, PI) and Insights from Multimethod Practice Assessment of Change over Time (Stange, PI). She has recently completed a project funded by the Robert Wood Johnson Foundation to develop a web-based resource on qualitative methods (www.qualres.org). Dr. Cohen is currently PI on two projects. The first is an NCI-funded subcontract with Case Western Reserve University (Flocke, PI) to understand how brief health behavior advice is delivered in primary care illness visits. The second study is an evaluation of the Prescription for Health program funded by the Robert Wood Johnson Foundation. Prescription for Health is program that funded 27 projects to develop innovative strategies for integrating health behavior counseling for diet, physical activity, risky drinking and smoking in to primary care settings. Dr. Cohen is also an Associate Editor for *Annals of Family Medicine*.

LYLE J. FAGNAN, MD

L.J. Fagnan, MD, is the director of the Oregon Rural Practice-based Research Network (ORPRN) founded in 2002. ORPRN is a program of the Oregon Health & Science University (OHSU). ORPRN has 144 clinician members in 46 practices who care for over 224,000 patients—nearly one-third of all rural residents in the state. Dr. Fagnan is an Associate Professor of Family Medicine at OHSU. Dr. Fagnan has a bimodal career with over 20 years of family medicine practice in rural Alaska and Oregon before moving to OHSU in 1993.

W. GREGORY FEERO, MD, PHD

Dr. Feero is chief of the Genomic Healthcare Branch of the National Human Genome Research Institute at the National Institutes of Health. Dr. Feero graduated from the Medical Scientist Training Program at the University of Pittsburgh School of Medicine, where he pursued his doctoral work in the department of Human Genetics in the lab of Eric P. Hoffman, Ph.D. Dr. Feero then completed a residency in Family Medicine at the Maine-Dartmouth Family Practice Residency (MDFPR) Program in Augusta, ME. After completing residency, Dr. Feero became a faculty member at MDFPR and the Department of Community and Family Medicine of Dartmouth Medical School. He remains clinically active seeing patients as a clinical associate professor of Family Medicine at West Virginia University.

DOUGLAS FERNALD, MA

Douglas Fernald, MA has been the Assistant Director of the Colorado Research Network (CaReNet) since 2005. He joined the Department of Family Medicine at the University of Colorado Denver School of Medicine 11 years ago, where he is now a senior instructor. He currently serves as a Research Associate for the *Prescription for Health* National Program Office, a Robert Wood Johnson initiative aimed at promoting healthy behaviors in primary care research networks. Mr. Fernald has supported a number of ongoing research projects that received funding from organizations including the Agency for Healthcare Research and Quality, Utah Department of Health, and the National Heart, Lung, and Blood Institute. Completing his undergraduate work at the Colorado College in 1989, Mr. Fernald continued his studies at the University of Colorado Denver, earning a masters degree in anthropology in 1996.

SAMUEL N. FORJUOH, MD, MPH, DRPH

Dr. Sam Forjuoh is Professor of Family & Community Medicine and Epidemiology & Biostatistics at the Texas A&M Health Science Center College of Medicine, as well as Director, Division of Research in the Department of Family Medicine at the Scott & White Memorial Hospital. Sam is also the Founding Director of the AHRQ-funded Central Texas Primary Care Research Network (CenTexNet) based at Temple, Texas. Formally trained as a generalist physician in Ghana and England, Dr. Forjuoh obtained advanced degrees from Harvard University (*Master of Public Health* in Biostatistics) and the Johns Hopkins University (*Doctor of Public Health* in Maternal & Child Health/Injury Epidemiology). His current research focuses on using health information technology to enhance patient-physician communication and disease management, patient safety and reduction of medical errors, preventive health services in primary care, and injury control and safety promotion. Sam is a member of many professional organizations including the American

Public Health Association (APHA), the North American Primary Care Research Group (NAPCRG), the American Medical Association (AMA), and the Society for Advancement of Violence and Injury Research (SAVIR). He is an editorial board member of Int J Inj Contr Saf Promot and Afr Saf Promot, as well as an active ad-hoc peer-reviewer for many journals including JAMA, J Am Geriatr Soc, J Am Board Fam Med, Ann Fam Med, Health Policy Plan, Am J Phys Med Rehabil, Child Abuse Negl, Inj Prev, Soc Sci Med, and Arch Pediatr Adolesc Med. Additionally, he is on the CDC's Injury Research Grants Review Panel and the AHRQ's PBRN Grants Review Panel. Along with authoring several monographs and contributing to book chapters, Dr. Forjuoh has published more than 70 peer-reviewed papers.

LARRY A. GREEN, MD

Larry A. Green, M.D. is Senior Scholar in Residence at The Robert Graham Center: Policy Studies in Family Medicine and Primary Care in Washington, D.C. He completed his residency in family medicine at the University of Rochester and Highland Hospital and entered practice in Arkansas in the National Health Services Corps, after which he joined the faculty at the University of Colorado. Dr. Green was the Woodward-Chisholm Chairman of the Department of Family Medicine at the University of Colorado for 14 years, and he continues to serve on the faculty of the University of Colorado, where he is Professor of Family Medicine and Director of the National Program Office for Prescription for Health. Prescription for Health is a six-year practice-based research initiative launched in 2002 that is focused on health behavior change, sponsored by the Robert Wood Johnson Foundation and the Agency for Healthcare Research and Quality. Much of his career has been focused on developing practice-based, primary care research networks, including the Ambulatory Sentinel Practice Network (ASPN). Dr. Green practices as a certified Diplomate of the American Board of Family Practice. He is a member of the American Academy of Family Physicians, the Society of Teachers of Family Medicine, the World Organization of Family Doctors, and the North America Primary Care Research Group. Dr. Green received his B.A. degree from the University of Oklahoma and his M.D. from Baylor College of Medicine, Houston, Texas. He is a member of the Institute of Medicine.

JOHN HICKNER, MD, MSC

Dr. Hickner is Professor and Vice Chair of Family Medicine at The University of Chicago. Dr. Hickner came to The University of Chicago in September 2003 to develop a new Department of Family Medicine. He received his M.D. degree from Indiana University, completed his family medicine training at the Medical University of South Carolina in Charleston in 1978, and earned a Masters degree in clinical research design and biostatistics at the University Of Michigan School Of Public Health in 1995. From 1978 to 2000 Dr. Hickner practiced the full spectrum of rural family medicine, taught medical students and led a clinical research program at the Upper Peninsula Campus of Michigan State University. From 2000 to 2004 he was the founding director of the American Academy of Family Physicians (AAFP) National Research Network. During the past 25 years he has participated in more than 70 practice based research projects as principal investigator, co-investigator, data gatherer or study subject in three research networks which he helped to found. He is head of the practice based research unit of the University of Chicago CTSA program. Improving the quality and safety of primary care practice is his research area, with recent projects in pay for performance, access to care, and improving the safety of testing and medication management. He collaborates with Access Community Health Network and Chicago's South Side

Health Collaborative. He is a founding member of the editorial board of The Journal of Patient Safety and a member of the steering committee of the Chicago Patient Safety Forum.

LYNDEE KNOX, PHD

Dr. Lyndee Knox holds a PhD in clinical and school psychology and is an Associate Professor of Family Medicine at the University of Southern California. She is the founding director of LA Net, a primary-care practice-based research network located in Los Angeles. LA Net conducts translational and applied research in partnership with community members focused on improving the quality of primary care for the underserved. Dr. Knox is an elected member of the Federation of Practice-Based Research Networks steering committee, serves as a network director for the Electronic Primary Care Research Network, an NIH Roadmap Initiative project to establish a national primary care registry, and is consultant to the AHRQ funded National PBRN Resource Center. Dr. Knox is associate director for the Center for Community Translation at USC and a member of the CTSI steering committee.

In addition to her work in primary care, Dr. Knox is co-director and co-principal investigator of the Southern California Center of Academic Excellence on Youth Violence Prevention (ACE). Funded shortly after the Columbine school shootings, the Southern California ACE along with its 9 sister centers, is now in its third cycle of funding. Dr. Knox is the principal investigator on the \$1.6 million R01 equivalent effectiveness trial of a violence prevention intervention in Santa Ana, CA for the Center; and of the development of a promotor-delivered intervention for low-income immigrant parents that will be evaluated both in the US and in Latin America. Dr. Knox has published two curricula: Connecting the Dots to Prevent Youth Violence with the American Medical Association (AMA), and An Introduction to Evidence-Based Medicine: A self-study workbook; and advises the AMA and the American Academy of Pediatrics on their violence prevention policies and initiatives. Dr. Knox serves on the board of directors for the National Health Foundation and the Center for Health Justice, both located in Los Angeles, California.

JOHN T. LYNCH, MPH

Mr. Lynch, both Director for ProHealth Physicians Research Network and the Connecticut Center for Primary Care, holds a Bachelor of Science, cum laude, and Master of Public Health degrees from Yale University. He has over 35 years of experience in healthcare informatics working for Yale Medical Computer Sciences, the Hill Community Health Center, the Connecticut Hospital Association, Superior Consulting, and ProHealth Physicians.

Mr. Lynch has served as a co-Investigator on multiple federally funded projects from NLM, ARPA, NIST, NHTSA, ONC, AHRQ, and NSF. Under contract from the Public Health Foundation of CT, he is currently the associate project director of the ONC funded CT Health Information Privacy and Security Collaborative developing specifications for a health care workforce digital identity management system. He is also a co-investigator on the Physicians Foundation funded project "CareConcepts – Integrating Payor Sponsored Disease Management into Primary Care Practice". Past experience includes managing multi-organizational collaboratives (NIST: RxInfo; NSF/NLM: Connecting CT Healthcare Institutions to the Internet; NIST: Healthcare Information Infrastructure Technology; NIST: Healthcare Information Technology Enabling Community Care; ARPA: National Information Infrastructure: Health Information Network; ONC: CT Health Information Privacy and Security Initiative. Mr. Lynch is experienced in investigations of medication errors/outcomes including "RxInfo – Data Mining Tools for Assessing the Impact of Pharmaceutical Therapies on

Population Based Healthcare Outcomes”, “Medication Related Errors in a Community-Based Family Medicine Practice”, “MEADERS”, and “Reducing Adverse Self-medication Behaviors in Older Adults”. Mr. Lynch is experienced integrating multiple large, statewide, healthcare databases and transforming data to information including CHIME inpatient, ambulatory surgery, emergency department, hospital pharmacy, and trauma registry datasets for all hospitals in Connecticut. Mr. Lynch is experienced performing Clinical Quality Improvement outcomes research (TOWARD EXCELLENCE IN CARE) melding clinical insight from provider panels, information analysis, quality comparisons, and comparative monitoring of outcomes.

LINDA NIEBAUER

Linda Niebauer has spent the past 34 years in primary care, mostly working in the Department of Family Medicine at the University of Colorado Denver. She was the Communications Coordinator for ASPN for 15 years and currently works in this capacity with SNOCAP (umbrella organization for several practice-based research networks in Colorado) that includes network coordination, communications, and practice and study recruitment. Ms. Niebauer is also the network associate for the RWJF *Prescription for Health* National Program Office. Most recently she has joined an evaluation team to assist the University of Colorado Residency program with its innovative pilot work relative to TransforMED and the P⁴ residency curriculum initiative.

MARY C. RUHE, RN, MPH

Mary C. Ruhe, RN, MPH is a nurse and public health professional with more than a decade of PBRN research and development experience. Designing and implementing change initiatives that fit with and respond to the unique strengths and characteristics of primary care practices has been her passion. She has worked with more than 100 practices to facilitate quality initiatives and is engaged in ongoing analyses to better understand the process of change in diverse practice settings. She has seen firsthand the need for an energizing approach to PBRN research that ties in to participants’ core sources of motivation and meaning.

KURT C. STANGE, MD, PHD

Kurt C. Stange, MD, PhD is a family physician and epidemiologist with an active clinical practice. At Case Western Reserve University he is the Gertrude Donnelly Hess, MD Professor of Oncology Research, and Professor of Family Medicine, Epidemiology & Biostatistics, Oncology and Sociology. Dr. Stange is an American Cancer Society Clinical Research Professor. He serves as editor for the *Annals of Family Medicine*, and directs the multi-site Center for Research in Family Practice and Primary Care. Dr. Stange is the founding steward of the Northeast Ohio Research Association of Practices (RAP) and is involved with many PBRNs in research and development. His ongoing basic and applied research aims to understand the core structures and processes of primary care practice and their effect on preventive service delivery and patient outcomes, and to discover new methods of enhancing the comprehensive, integrative and relationship-centered generalist approach to patient care. He is a Past-President of the North American Primary Care Research Group, and is a member of the Institute of Medicine of the National Academy of Sciences.

The 2008 AHRQ National PBRN Research Conference

June 11-13, 2008

Bethesda Marriott, 5151 Pooks Hill Road, Bethesda Maryland

Wednesday, June 11, 2008

CONFERENCE AGENDA

REGISTRATION	10:00 AM-6:45 PM
WELCOME AND OVERVIEW OF THE CONFERENCE David Lanier, MD Director, PBRN Initiative, AHRQ	1:00 PM-1:15 PM GRAND BALLROOM
PBRN RESOURCE CENTER UPDATE Kevin Peterson, MD and Steve Durako Co-Directors, National PBRN Resource Center	1:15 PM-1:45 PM GRAND BALLROOM
BREAK	1:45 PM-2:00 PM
WORKSHOPS I	2:00 PM-3:15 PM
“Successful PBRN Business Models – How Have Other Networks Done It?” –Anne King, MBA, Lyndee Knox, MD, Lee Green, MD, John Lynch, MPH MODERATOR: STEVE DURAKO	SALON A
“Designing Quality Self-Administered Questionnaires” – Susan Labuda Schrop, MS, Brian F. Pendleton, PhD, Anthony J. Costa, MD, John Hickner, MD, MSc MODERATOR: VICTORIA NEALE, PHD, MPH	SALON B
“Use of GIS Technology to Characterize Patient Populations in a PBRN” - Elizabeth Joy, MD, MPH, Steve Alder, PhD, Jim Vanderslice, MSEE, PhD, Susanne Cusick MODERATOR: PAUL WOOLF, MD	SALON C
“Health Literacy: The Strongest Demographic Determinant of Health Status and How to Measure It.” -Paul D. Smith, MD MODERATOR: LINDA NIEBAUER	SALON D
BREAK	3:15 PM-3:30 PM
CONCURRENT SESSION I	3:30 PM-4:30 PM
IA – COMMUNITY-PRACTICE LINKAGES	SALON A
<ul style="list-style-type: none"> • “Community and Clinician Partnership for Prevention” – Alex Kemper, MD, MPH, MS • “Community Health Educator Referral Liaison” – Jodi Summers Holtrop, PhD • “An Intervention in Urban CHC’s to Increase Tobacco Use Treatment” – Donna Shelley, MD, MPH, Jennifer Cantrell, MPA FACILITATOR: LISA COOPER, MD	
IB – PREVENTION	SALON B
<ul style="list-style-type: none"> • “A Randomized Trial of an Informatics-Based Intervention to Increase Breast Cancer Screening” – Steven Atlas, MD, MPH • “Measuring Practice Immunization Rates Quickly, Accurately and Confidentially” – Paul Darden, MD • “Prevalence of Overweight in a Sample of South Carolina Children” – Lisa Johnson, MBA. FACILITATOR: JACK PASCOE, MD	
IC – MANAGEMENT OF DIABETES	SALON C
<ul style="list-style-type: none"> • “Ecology Matters: Safety Net Patients’ Perspectives of Diabetes Self-Management Support Strategies” – Yeuen Kim, MD • “Diabetes-Related Health Outcomes and Clinical Staff Perceptions About Transformed Roles in Rural Primary Care Practices Implementing the Chronic Care Model” – Joseph LeMaster, MD, MPH • “Assessing Barriers to ADA Guideline Adherence” – Mitchell Kaminski, MD FACILITATOR: ROWENA DOLOR, MD, MHS	

ID – A NETWORK CONSORTIUM SERVING THE UNDERSERVED	SALON D
<ul style="list-style-type: none"> • “Developing an On-Going PBRN Consortium: PRIMENet” – Robert Williams, MD, MPH • “Collaborative Processes of a Multi-Network Network” – Gina Cardinali, MSW • “PBRN Membership and Retention of Clinicians in Underserved Communities” – Robert Rhyne, MD <p>FACILITATOR: WALTER CALMBACH, MD</p>	
BREAK	4:30 PM-4:45 PM
WORKSHOPS II	4:45 PM-6:00 PM
“Evaluating the Findings of The National Clinical Questions Panel: Identifying Suitable Research Topics for PBRNs” –Sandy Smith, PhD, John Hickner, MD, MSc, Bernard Ewigman, MD MODERATOR: MARGARET LOVE, PHD	SALON A
“Application of the Best Practices Research Methodology in Practice-Based Research Networks” – James W. Mold, MD, MPH, Grace Kuo, PharmD, PhD MODERATOR: LISA COOPER, MD	SALON B
“Integrating Healthcare Information Technology into Provider and Practice Workflow to Improve Quality of Care in a PBRN” – William T. Lester, MD, MS, Jeffrey M. Ashburner, MPH, Steven J. Atlas, MD, MPH MODERATOR: KEVIN PETERSON, MD, MPH	SALON C
“Blending Community Health Development and Participatory Research” – Paul B. McGinnis, MPA MODERATOR: LAURA ANDERKO, RN, PHD	SALON D
COCKTAIL RECEPTION & POSTERS	6:00 PM-6:45 PM MARYLAND SUITES
WELCOME AND INTRODUCTION Carolyn M. Clancy, MD Director, AHRQ	6:45 PM -8:00 PM GRAND BALLROOM
EVENING PLENARY: “Prescription for Health: 5 Years, 27 Projects, 22 PBRNs, and 1 A-Team” LARRY GREEN, MD Additional Presenters: Maribel Cifuentes, RN, Doug Fernald, MA, Linda Niebauer, Deborah Cohen, PhD	

Thursday, June 12, 2008

CONFERENCE AGENDA

REGISTRATION	7:00 AM-5:30 PM
BREAKFAST AND POSTERS	7:30 AM-8:30 AM MARYLAND SUITES
WELCOME AND OVERVIEW OF TODAY’S SESSIONS David Meyers, MD Director, CP3, AHRQ	8:30 AM-8:45 AM GRAND BALLROOM
MORNING PLENARY: “Appreciative Inquiry to Energize Practice-Based Research and PBRNs” KURT STANGE, MD Additional Presenters: Caroline A. Carter, LSW, Mary C. Ruhe, RN, MPH	8:45 AM-10:00 AM GRAND BALLROOM
POSTERS & COFFEE	10:00 AM-11:00 AM MARYLAND SUITES
CONCURRENT SESSIONS II	11:00 AM-12:00 PM

<p>II A – QUALITY AND COST OF CARE</p> <ul style="list-style-type: none"> • “Start Up and Incremental Practice Expenses for Implementing Behavior Change Interventions in Primary Care” – Martey Dodoo , PhD • “Integrating a Patient-Centered Fitness Practice Improvement Program and Evaluating the Program in the NRN, LANet, and SECRN: Lessons Learned” -- Deborah Graham, MSPH, Angela Meers-Lagigan, MPA • “Investigating the Cost to Primary Care Practices of Performance Data Reporting” – Jacquie Halladay, MD, MPH <p>FACILITATOR: PATRICIA FONTAINE, MD, MS</p>	<p>SALON A</p>
<p>II B – CHILDHOOD OBESITY</p> <ul style="list-style-type: none"> • “Obesity in Children: Is Primary Care Missing It?” -- Natascha Lautenschlaeger, MD • “Intervening to Prevent Pediatric Obesity in the Urban Setting” – Diane Mckee, MD, MS • “Preventing Pediatric Overweight by Focusing on Pregnancy in a Family Care Setting” – Mark Stephens, MD <p>FACILITATOR: MORT WASSERMAN, MD</p>	<p>SALON B</p>
<p>II C – MENTAL HEALTH</p> <ul style="list-style-type: none"> • “Improving the Ability of Rural Clinics to Recognize and Evaluate Patients With Memory Loss” – Linda Boise, PhD, Ann King, MBA • “Increasing Assessment and Treatment of Depression in Community Health Centers” – Virna Little, LCSW, Kwame Kitson, MD • “Quality of Life and Depression as Determinants of Treatment Adherence in Hypertensive Patients” – Lisa Kietzer <p>FACILITATOR: MARGARET LOVE, PHD</p>	<p>SALON C</p>
<p>II D – COMMUNITY-BASED PARTICIPATORY RESEARCH</p> <ul style="list-style-type: none"> • “Use of Community-Based Participatory Research to Develop Indicators of Primary Care Utilization” – Michael Dulin, MD • “Community-Based Participatory Research: The Role of Community Outreach in RIOS Net” – Lucinda Cowboy • “Unmet Dental Needs in a Rural Oregon Community: Foundations for a Community-Based Participatory Research Intervention” – Melinda Davis, MA <p>FACILITATOR: PERRY DICKINSON, MD</p>	<p>SALON D</p>
<p>NETWORKING LUNCH</p> <p>Tables will be set aside for Networking Topics:</p> <ul style="list-style-type: none"> • Practice Facilitators – Facilitator: Zsolt Nagykaladi, PhD • Community-Based Participatory Research Grant Applications – Facilitator: James W. Mold, MD, MPH • Health IT– Facilitator: Kevin Peterson, MD, MPH • PBRN Research Integrity – Facilitator: Victoria Neale, PhD, MPH 	<p>12:00 PM-1:15 PM</p> <p>CONGRESSIONAL BALLROOM</p>
<p>AFTERNOON PLENARY: “Development and Pilot Testing of Medication Error and Adverse Drug Event Reporting System (MEADERS)”</p> <p>JOHN HICKNER, MD, MSc</p> <p>Additional Presenters: Sam Forjough, MD, MPH, DrPH, LJ Fagnan, MD, John Lynch, MPH, Lyndee Knox, PhD</p>	<p>1:15 PM-2:30 PM</p> <p>GRAND BALLROOM</p>
<p>BREAK</p>	<p>2:30 PM-2:45 PM</p>
<p>CONCURRENT SESSIONS III</p>	<p>2:45 PM-3:45 PM</p>
<p>III A – PBRNs AND THE NIH “ROADMAP” INITIATIVE</p> <ul style="list-style-type: none"> • “The Roadmap and the Road: Re-Engineering the Clinical Research Enterprise at Ground Level” – Lee Green, MD, MPH • “Pilot Testing of the National Clinical Research Associate Model within CTSA Institutions” – Rowena Dolor, MD, MHS, J. Thomas Bigger, MD, David Warner, MD, Karen Gibson, MEd, NCC <p>FACILITATOR: KEVIN PETERSON, MD, MPH</p>	<p>SALON A</p>

<p>III B – HEALTH LITERACY AND PATIENT SAFETY</p> <ul style="list-style-type: none"> • “What are Important Health Issues for Low Literate Adults? A Focus Group Evaluation of Health Literacy Issues” – Michael Grasmick, PhD • “The Effect of Health Literacy on Medication Safety in the Elderly” – Grace Kuo, PharmD, MPH • “Measuring the Effect of Team Resource Management on Safety Attitudes in Primary Care” – Ranjit Singh, MD, MBA, Gurdev Singh, PhD <p>FACILITATOR: PAULA DARBY LIPMAN, PHD</p>	SALON B
<p>III C – RISK ASSESSMENT IN SPECIAL POPULATIONS</p> <ul style="list-style-type: none"> • “Proactive Risk Assessment of Primary Care of the Elderly” – Katherine Pronschinske • “Use of a PBRN Collaboration to Investigate Acanthosis Nigricans and Risk of Diabetes in Nationally Underserved Multi-ethnic Patients” – Alberta Kong, MD, MPH • “Merging PBRN Data Sets to Investigate Demographic Patterns of Pregnancy Weight Gain in a Diverse Metropolitan Area” – Patricia Fontaine, MD, MS <p>FACILITATOR: VICTORIA NEALE, PHD, MPH</p>	SALON C
<p>III D – DELIVERY OF PRIMARY CARE SERVICES</p> <ul style="list-style-type: none"> • “Integrating Payor Sponsored Disease Management into Primary Care Practice” – John Lynch, MD • “Reducing Health Disparities Among Individuals with Type 2 Diabetes Mellitus Through a Statewide Network of Nurse Managed Health Centers” – Susan Beidler, PhD, Jan Herzog, MSN, RN • “Complexity of Family Practice: A WREN Study” – Peggy O’Halloran, MPH <p>FACILITATOR: PAUL WOOLF, MD</p>	SALON D
BREAK	3:45 PM- 4:15 PM
WORKSHOPS III	4:15 PM-5:30 PM
<p>“Collecting and Analyzing Economic Data in Primary Care Interventions: Why is it Important and How Do I Get Started?” –Maribel Cifuentes, RN, Larry Green, MD, Alex Krist, MD, MPH, Martey Dodoo, PhD & Panel of P4H Researchers</p> <p>MODERATOR: DAVID MEYERS, MD</p>	SALON A
<p>“Biomedical Publishing: The Peer Review Process and Writing a Useful Review” -Anne Victoria Neale, PhD, MPH, Kendra L. Schwartz, MD, MSPH, Marjorie A. Bowman, MD, MPA</p> <p>MODERATOR: ROB WILLIAMS, MD</p>	SALON B
<p>“Meta-Networks: Successes, Barriers and Challenges to Facilitating Collaborative Efforts Among PBRNs” –Rebecca Van Vorst, MSPH, Chester Fox, MD, Wilson Pace, MD, Debbie Graham, MSPH & additional representatives from SNOCAP, Regional PBRN of NY, AAFP NRN and Prime-Net</p> <p>MODERATOR: WALTER CALMBACH, MD</p>	SALON C
<p>“Engagement, Recognition, and Retention of Practices and Clinicians by Practice Facilitators – Best Practices” –Monica Goubaud, MA, John Lynch, MPH, Zsolt Nagykalai, PhD, Annette Sokolnicki</p> <p>MODERATOR: JACK PASCOE, MD</p>	SALON D
BREAK	5:30 PM – 5:45 PM
SPECIAL INTEREST GROUP ROUND TABLES	5:45 PM
Pediatric PBRNs – Group Leader: Richard C. “Mort” Wasserman, MD, MPH	SALON A
Nurses Engaged in PBRN Research – Group Leader: Laura Anderko, RN, PhD	SALON B
New PBRNs – Group Leader: PBRN Resource Center	SALON C
Clinical and Transitional Science Awards – Rowena Dolor, MD	SALON D
Physical Health Research – Group Leader: Liz Joy, MD, MPH	SALON E
ADJOURN FOR THE DAY	6:45 PM

Friday, June 13, 2008

CONFERENCE AGENDA

REGISTRATION	7:30 AM-3:00 PM
BREAKFAST AND POSTERS	7:30 AM-8:30 AM <i>MARYLAND SUITES</i>
WELCOME AND OVERVIEW OF TODAY'S SESSIONS David Lanier, MD Director, PBRN Initiative, AHRQ	8:30 AM-8:45 AM <i>GRAND BALLROOM</i>
SPECIAL PRESENTATION: "Measuring the Cost of Implementing Interventions in Primary Care" – Perry Dickinson, MD, Daniel Longo, PhD	8:45 AM-9:00 AM <i>GRAND BALLROOM</i>
MORNING PLENARY: "Integration of Genomics into Primary Care: Tsunami or a Rising Tide?" GREG FEERO, MD	9:00 AM-10:15 AM <i>GRAND BALLROOM</i>
BREAK	10:15 AM-10:45 AM
CONCURRENT SESSIONS IV	10:45 AM-11:45 AM
<p>IV A – PBRN DEVELOPMENT AND FUNDING <i>SALON A</i></p> <ul style="list-style-type: none"> • "PBRNs as an Incubator of Innovation, Implementation and Policy" – Steven Woolf, MD, MPH • "Development and Impact of PBRNs and AHRQ-Related Support" – Caitlin Oppenheimer, MPH • "Maintaining Network Identity and Integrity" – Jane French, CCRP <p>FACILITATOR: PATRICIA FONTAINE, MD, MS</p>	
<p>IV B – GENERAL PEDIATRICS <i>SALON B</i></p> <ul style="list-style-type: none"> • "How Common are Headache Visits in a Pediatric Primary Care Setting?" – Kristina Gustafson, MD • "The Telephone Asthma Program" – Jane Garbutt, MBChB • "Pure Air for Asthma Safe Kids" – Nancy Rothman, EdD, RN <p>FACILITATOR: MORT WASSERMAN, MD</p>	
<p>IV C – PRIMARY CARE TEAMS AND WORKFORCE <i>SALON C</i></p> <ul style="list-style-type: none"> • "Facilitating Role Change: An Analysis of Primary Care Teams" – Nicole Isaacson, PhD, Robert Ferrer, MD, Jodi Summers Holtrop, PhD • "A Medical Assistant-Based Program to Promote Healthy Behaviors in Primary Care" – Robert Ferrer, MD, MPH • "Physicians' Readiness to Handle Patient Surges in the Event of a Pandemic Influenza Outbreak" – Walter Calmbach, MD, Zsolt Nagykaladi, PhD <p>FACILITATOR: ROWENA DOLOR, MD, MHS</p>	
<p>IV D – SPECIAL CLINICAL ISSUES <i>SALON D</i></p> <ul style="list-style-type: none"> • "Barriers and Facilitators to Delivering Diet and Nutrition Messages into Primary Health Care Visits at Community Health Centers with Latino Patient Populations" – Laura Myerchin, MA • "Factors Associated with Discontinuation of Calcium Supplementation" – James Werner, PhD • "Implementing Chronic Kidney Disease Guidelines in Primary Care Offices" – Chester Fox, MD <p>FACILITATOR: ROB WILLIAMS, MD</p>	
BOXED LUNCH & FUNDERS' FAIR	11:45 AM-1:15 PM <i>CONGRESSIONAL BALLROOM</i>
WORKSHOP IV (LUNCH CAN BE BROUGHT INTO WORKSHOP SESSSIONS)	12:15 PM-1:30 PM
<p>"Closing the Loop: Delivering Research Results to Practices" – Jo Mahler, MS, Lyle J. Fagnan, MD, Andrew L. Sussman, PhD, MCRP, Gina Cardinali, MSW</p> <p>MODERATOR: LINDA NIEBAUER</p>	<i>SALON A</i>
<p>"IRB, Human Subjects Training & Consent Forms – Issues for PBRNs" – Patricia Fontaine, MD, MS, Carol Lange, MPH, Raymond Boyle, PhD</p> <p>MODERATOR: PAULA DARBY LIPMAN, PHD</p>	<i>SALON B</i>
CONFERENCE ADJOURNS	1:30 PM

Wednesday, June 11, 2008

AGENDA & SESSION DESCRIPTIONS

WELCOME AND OVERVIEW OF THE CONFERENCE David Lanier, MD Director, PBRN Initiative, AHRQ	1:00 PM-1:15 PM GRAND BALLROOM
PBRN RESOURCE CENTER UPDATE Kevin Peterson, MD and Steve Durako Co-Directors, National PBRN Resource Center	1:15 PM-1:45 PM GRAND BALLROOM
BREAK	1:45 PM-2:00 PM
WORKSHOPS I	2:00 PM-3:15 PM
“Successful PBRN Business Models – How Have Other Networks Done It?” –Anne King, MBA, Lyndee Knox, MD, Lee Green, MD, John Lynch, MPH MODERATOR: STEVE DURAKO	SALON A
“Designing Quality Self-Administered Questionnaires” – Susan Labuda Schrop, MS, Brian F. Pendleton, PhD, Anthony J. Costa, MD, John Hickner, MD, MSc MODERATOR: VICTORIA NEALE, PHD, MPH	SALON B
“Use of GIS Technology to Characterize Patient Populations in a PBRN” - Elizabeth Joy, MD, MPH, Steve Alder, PhD, Jim Vanderslice, MSEE, PhD, Susanne Cusick MODERATOR: PAUL WOOLF, MD	SALON C
“Health Literacy: The Strongest Demographic Determinant of Health Status and How to Measure It.” -Paul D. Smith, MD MODERATOR: LINDA NIEBAUER	SALON D
BREAK	3:15 PM-3:30 PM
CONCURRENT SESSION I	3:30 PM-4:30 PM
IA – COMMUNITY-PRACTICE LINKAGES <ul style="list-style-type: none"> • “Community and Clinician Partnership for Prevention” – Alex Kemper, MD, MPH, MS • “Community Health Educator Referral Liaison” – Jodi Summers Holtrop, PhD • “An Intervention in Urban CHC’s to Increase Tobacco Use Treatment” – Donna Shelley, MD, MPH, Jennifer Cantrell, MPA FACILITATOR: LISA COOPER, MD	SALON A
IB – PREVENTION <ul style="list-style-type: none"> • “A Randomized Trial of an Informatics-Based Intervention to Increase Breast Cancer Screening” – Steven Atlas, MD, MPH • “Measuring Practice Immunization Rates Quickly, Accurately and Confidentially” – Paul Darden, MD • “Prevalence of Overweight in a Sample of South Carolina Children” – Lisa Johnson, MBA FACILITATOR: JACK PASCOE, MD	SALON B
IC – MANAGEMENT OF DIABETES <ul style="list-style-type: none"> • “Ecology Matters: Safety Net Patients’ Perspectives of Diabetes Self-Management Support Strategies” – Yeuen Kim, MD • “Diabetes-Related Health Outcomes and Clinical Staff Perceptions About Transformed Roles in Rural Primary Care Practices Implementing the Chronic Care Model” – Joseph LeMaster, MD, MPH • “Assessing Barriers to ADA Guideline Adherence” – Mitchell Kaminski, MD FACILITATOR: ROWENA DOLOR, MD, MHS	SALON C

<p>ID – A NETWORK CONSORTIUM SERVING THE UNDERSERVED</p> <ul style="list-style-type: none"> • “Developing an On-Going PBRN Consortium: PRIMENet” – Robert Williams, MD, MPH • “Collaborative Processes of a Multi-Network Network” – Gina Cardinali, MSW • “PBRN Membership and Retention of Clinicians in Underserved Communities” – Robert Rhyne, MD <p>FACILITATOR: WALTER CALMBACH, MD</p>	SALON D
BREAK	4:30 PM-4:45 PM
WORKSHOPS II	4:45 PM-6:00 PM
<p>“Evaluating the Findings of The National Clinical Questions Panel: Identifying Suitable Research Topics for PBRNs” –Sandy Smith, PhD, John Hickner, MD, MSc, Bernard Ewigman, MD</p> <p>MODERATOR: MARGARET LOVE, PHD</p>	SALON A
<p>“Application of the Best Practices Research Methodology in Practice-Based Research Networks”</p> <p>– James W. Mold, MD, MPH, Grace Kuo, PharmD, PhD</p> <p>MODERATOR: LISA COOPER, MD</p>	SALON B
<p>“Integrating Healthcare Information Technology into Provider and Practice Workflow to Improve Quality of Care in a PBRN” – William T. Lester, MD, MS, Jeffrey M. Ashburner, MPH, Steven J. Atlas, MD, MPH</p> <p>MODERATOR: KEVIN PETERSON, MD, MPH</p>	SALON C
<p>“Blending Community Health Development and Participatory Research” – Paul B. McGinnis, MPA</p> <p>MODERATOR: LAURA ANDERKO, RN, PHD</p>	SALON D
COCKTAIL RECEPTION & POSTERS	6:00 PM-6:45 PM
	MARYLAND SUITES
<p>WELCOME AND INTRODUCTION</p> <p>Carolyn M. Clancy, MD Director, AHRQ</p> <p>EVENING PLENARY: “Prescription for Health: 5 Years, 27 Projects, 22 PBRNs, and 1 A-Team”</p> <p>LARRY GREEN, MD</p> <p>Additional Presenters: Maribel Cifuentes, RN, Doug Fernald, MA, Linda Niebauer, Deborah Cohen, PhD</p>	6:45 PM -8:00 PM
	GRAND BALLROOM

WORKSHOPS I

2:00 PM – 3:15 PM

Title: Successful PBRN Business Models- How Have Other Networks Done It?

Presenters: Anne King, MBA, Lyndee Knox, MD, Lee Green, MD, John Lynch, MD **SALON A**

In this session, participants will learn how business models of PBRNs play a crucial role in the successes or challenges faced in implementing research. Presenters will each give an overview of their PBRN's business model, discussing their affiliations, ownership, governance, ongoing and study-dependent infrastructure and staffing, funding mix, and how they handle critical research needs such as IRB review, proposal development and submission, research coordination, site recruitment and grants management.

Title: Designing Quality Self-Administered Questionnaires

Presenters: Susan Labuda Schrop, MS, Brian F. Pendleton, PhD, Anthony J. Costa, MD, John Hickner, MD, MSc **SALON B**

PBRNs are conducting important research to improve primary care. In order to disseminate their findings, researchers must be successful at publishing their work. In this session, participants will be introduced to the aims and value of the journal peer review process, learn what editors expect to gain from a good review; and practice writing a peer review.

Title: Use of Geographic Information System Technology to Characterize Patient Populations in a PBRN

Presenters: Elizabeth Joy, MD, MPH, Steve Alder, PhD, Jim Vanderslice, MSEE, PhD, Susanne Cusick **SALON C**

In this session, participants will become acquainted with methodology that will allow them to characterize the patient population within their practice-based research networks utilizing information available from various sources including billing data, the electronic medical record, and GIS technology. Data such as this provides valuable information to healthcare providers within network clinics regarding the patient populations they serve, to investigators within the PBRN, as well as outside investigators such as those in industry.

Title: Health Literacy: The Strongest Demographic Determinant of Health Status and How to Measure It

Presenter: Paul Smith, MD **SALON D**

Dr. Smith will provide an introduction to literacy and health literacy, social determinants of health, pros and cons of existing health literacy level screening tests, and methods to make written consent documents easier to understand. He will discuss the magnitude of the problem in the United States and why it should be assessed as a research demographic variable and describe the various instruments available for assessing health literacy level and the pros and cons of each method. He will identify the important issues to address when developing informed consent and educational documents for low literate adults

Workshop Title:

Successful PBRN Business Models: How Have Other Networks Done It?

Presenters:

Anne King, MBA
Lyndee Knox, MD
Lee Green, MD
John Lynch, MD

Network Affiliation:

Oregon Rural Practice-based Research Network (ORPRN), LA Net, A Project of Community Partners, Great Lakes Research Into Practice Network (GRIN), Connecticut Center for Primary Care (CCPC)

Presentation Category:

Best Practices

Expertise Level:

Intermediate/Advanced (Assumes previous experience in the topic area)

Content:

Business models of PBRNs play a crucial role in the successes or challenges faced in implementing research. Key decisions include: whether to affiliate with an institution or go it alone; what funding strategies to pursue to obtain an optimal funding mix; what organizational and governance structures to adopt and infrastructure to commit to. Challenges, such as the need for start up funding, IRB review, grants management, and independent decision making have led PBRNs to adopt many different and creative business models.

The speakers selected for this workshop represent a wide-range of PBRN business models. ORPRN was founded through a public-university partnership and is university-based. LANet began as a university-based network and eventually spun off into a nonprofit. GRIN spans two universities and ProHealth is contained in one health system.

Presenters will each give an overview of their PBRN's business model, discussing their affiliations, ownership, governance, ongoing and study-dependent infrastructure and staffing, funding mix, and how they handle critical research needs such as IRB review, proposal development and submission, research coordination, site recruitment and grants management.

Workshop participants will then be split into four groups each facilitated by one of the presenters. Each small group will discuss the strengths, weaknesses, opportunities and threats of the particular business models presented earlier as well as their own network's model.

Objective:

To learn why different PBRNs have adopted certain business models and what opportunities and challenges have arisen as a result of these decisions. PBRNs in all stages of development can benefit from learning how other networks have developed and by considering the effects of their choices on their research enterprises.

Setting:

This workshop will be interactive and conversational. Presentations will be followed by small group discussion and Q&A.

Workshop Title:

Designing Quality Self-Administered Questionnaires

Presenters:

Susan Labuda Schrop, MS

Brian F. Pendleton, PhD

Anthony J. Costa, MD

Network Affiliation:

Northeastern Ohio Network (NEON)

Presentation Category:

Professional Development

Expertise Level:

General (Does not assume any previous experience in the topic area)

Content:

Questionnaires are frequently used to collect information directly from patients. Data quality is often related to the quality of the questionnaire as well as to the methodological considerations involved with this approach.

Objective:

To ensure the success of network-based primary care research, much effort is devoted to sound research design. However, regardless of the effectiveness of the research design, data integrity is often dependent on the quality of a questionnaire used to collect information.

The goal of this workshop is to provide participants with an introduction to the knowledge and skills needed to develop and critique questionnaires to elicit information from patients.

Following the workshop, the participants will be able to:

1. design a questionnaire considering factors such as content, format, wording, order of items, readability, understandability, literacy level, and aesthetics;
2. examine a questionnaire to assess its strengths and identify areas needing improvement; and
3. identify the consequences of various questionnaire administration methods in order to optimize the use of questionnaires.

Setting:

Participants will be actively involved in the workshop including discussing key elements and principles of questionnaire design and distribution, and critiquing questionnaires.

Workshop Title:

Use of Geographic Information System (GIS) Technology to Characterize Patient Populations in a PBRN

Presenters:

Elizabeth Joy, MD, MPH
Steve Alder, PhD
Jim Vanderslice, MSEE, PhD
Susanne Cusick

Network Affiliation:

Utah Health Research Network (UHRN)

Presentation Category:

Research Methods

Expertise Level:

General (Does not assume any previous experience in the topic area)

Content:

Data such as this provides valuable information to healthcare providers within network clinics regarding the patient populations they serve, to investigators within the PBRN, as well as outside investigators such as those in industry.

A better understanding of the patients served by a network can inform future research and QI efforts. Enhanced knowledge of patients within networks can promote greater use of the PBRN for research, with the potential for infrastructure support, as well as revenue from database use and clinical trials.

Objective:

PBRN staff and investigators will become acquainted with methodology that will allow them to characterize the patient population within their practice-based research networks utilizing information available from various sources including billing data, the electronic medical record, and GIS technology.

Setting:

This workshop will consist of a series of presentations from UHRN staff and investigators followed by a question and answer period.

Workshop Title:

Health Literacy: The Strongest Demographic Determinant of Health Status and How to Measure It

Presenter:

Paul D. Smith, MD

Network Affiliation:

Wisconsin Research and Education Network (WREN)

Presentation Category:

Research Methods

Expertise Level:

General (Does not assume any previous experience in the topic area)

Content:

Literacy skills are one of the strongest predictors of health status, yet literacy level is rarely measured as a demographic factor in general research. About 20% of high school graduates are functionally illiterate, so years of education are not a reliable predictor of literacy level. In addition, 20% of American adults read English at or below the 5th grade level, yet the majority of medical documents, such as informed consent forms, are written at the 10th grade level or higher.

This interactive workshop will include an introduction to literacy and health literacy, social determinants of health, pros and cons of existing health literacy level screening tests, and methods to make written consent documents easier to understand. Interactive activities will include a small group exercise critiquing samples of written informed consent materials and audience administration of three available health literacy measurement tools to each other with plenty of time for questions.

Objective:

On completion of this seminar, the participants should be able to:

- Define literacy, health literacy, the magnitude of the problem in the United States and why it should be assessed as a research demographic variable.
- Describe the various instruments available for assessing health literacy level and the pros and cons of each method.
- Identify the important issues to address when developing informed consent and educational documents for low literate adults.

PBRNs and their researchers have an obligation to be sure that subjects understand the implications of their participation in research, so complete understanding is necessary for informed consent. Written documents that are understandable to all subjects is vital to the consent process. Since educational level is not a valid proxy for literacy, literacy or health literacy should be measured and included in data analysis to assess literacy's impact on the variables of interest.

Setting:

Interactive activities will include a small group exercise critiquing samples of written informed consent materials and audience administration of three available health literacy measurement tools to each other with plenty of time for questions.

Wednesday, June 11, 2008

CONCURRENT SESSION I

3:30 – 4:30 PM

I A – COMMUNITY-PRACTICE LINKAGES

SALON A

- Community and Clinician Partnership for Prevention – Alex Kemper, MD, MPH, MS
- Community Health Educator Referral Liaison – Jodi Summers Holtrop, PhD
- An Intervention to Urban CHC's to Increase Tobacco Use Treatment – Donna Shelley, MD, MPH, Jennifer Cantrell, MPA

FACILITATOR – Lisa Cooper, MD

I B – PREVENTION

SALON B

- A Randomized Trial of an Informatics-Based Intervention to Increase Breast Cancer Screening in a Primary Care PBRN– Steven Atlas, MD, MPH
- Measuring Practice Immunization Rates Quickly, Accurately and Confidentially – Paul Darden, MD
- Prevalence of Overweight in a Sample of South Carolina Children – Lisa Johnson, MBA

FACILITATOR –Jack Pascoe, MD

I C – MANAGEMENT OF DIABETES

SALON C

- Ecology Matters: Safety Net Patients' Perspectives Of Diabetes Self-Management Support Strategies – Yeuen Kim, MD
- Diabetes-Related Health Outcomes and Clinical Staff Perceptions About Transformed Roles in Rural Primary Care Practices Implementing the Chronic Care Model – Joseph LeMaster, MD, MPH
- Assessing Barriers to ADA Guideline Adherence – Mitchell Kaminski, MD

FACILITATOR –Rowena Dolor, MD, MHS

I D – A NETWORK CONSORTIUM SERVING THE UNDERSERVED **SALON D**

- Developing an On-Going PBRN Consortium: PRIMENet – Robert Williams, MD, MPH
- Collaborative Processes of a Multi-Network Network – Gina Cardinali, MSW
- PBRN Membership and Retention of Clinicians in Underserved Communities – Robert Rhyne, MD

FACILITATOR – Walter Calmbach, MD

Presentation Title:

Community and Clinician Partnership for Prevention

Presenter:

Alex R. Kemper, MD, MPH, MS

Additional Authors:

Philip Sloane, MD, MPH
CAPT Tricia L. Trinité, APRN, MSPH
Rowena Dolor, MD, MHS

Network Affiliation:

North Carolina Network Consortium (NCNC)

Presentation Category:

Presentation on PBRN research in progress

Context:

Tobacco use, poor diet, and lack of physical activity are associated with the leading causes of significant morbidity and mortality. Community resources can help individuals modify these unhealthy behaviors. However, little is known about how to develop partnerships between health care providers and these community resources to improve health outcomes.

Objective:

To evaluate the impact of strategies to develop and foster sustainable linkages between primary care practices and existing community resources to help patients address unhealthy behaviors.

Setting:

Primary care practices in two counties in North Carolina.

Participants:

Nine general internal medicine and family medicine practices.

Intervention/Essential Feature of Study:

This is a practice-level randomized controlled trial. We will compare usual care to two other interventions: a "passive" intervention in which practices will receive information about community resources and referral material and an "active" intervention in which practices will also participate in quality improvement activities and have access to a website that will provide further information. There will be three practices in each arm of the study.

Outcome Measures/Design:

The main outcome measure will be the likelihood that patients with unhealthy behaviors are referred to a community resource. Secondary outcome measures include: the probability that referrals are completed; provider knowledge, attitudes, experience with developing partnerships with community resources; and, patient-perceived barriers and facilitators to referral to community resources.

Presentation Title:

Community Health Educator Referral Liaison (CHERL): A Potential New Role for Primary Care Practice

Presenter:

Jodi Summers Holtrop, PhD

Additional Authors:

Steven A Dosh, MD, MS
Trissa Torres, MD, MSPH

Network Affiliation:

Great Lakes Research Into Practice Network (GRIN)

Presentation Category:

Presentation on completed PBRN research

Context:

Tobacco use, unhealthy diet, physical inactivity, and risky alcohol use are leading causes of preventable death. It is difficult for primary care clinicians to effectively assist patients with these behaviors due to lack of time, reimbursement, knowledge and other barriers. Connecting patients with health behavior change resources may reduce unhealthy behaviors and improve patient health status.

Objective:

A new primary care practice-adjunct role, the Community Health Educator Referral Liaison (CHERL), was created to test if the CHERLs were effective in assisting clinicians and their staffs with assisting their patients with health behavior improvement through telephone-based counseling and referral to other resources. Practices identified and referred at-risk patients to the CHERL, who contacted patients by phone, assessed health risks, provided health behavior change counseling and/or referral to other resources, and sent patient progress reports to referring clinicians.

Setting:

Fifteen primary care medical practices in three Michigan communities participated.

Participants:

Patients represented a wide range of demographic and social characteristics, were patients in the participating practices, and needed improvement in one or more health behaviors.

Intervention/Essential Feature of Study:

CHERL available to practices and practice patients.

Outcome Measures/Design:

(Primary) Feasibility to assess the practice acceptance and use of the CHERL. (Secondary) Effectiveness to assess the CHERL effect on patient health behaviors.

Results/Goals:

A total of 797 patients were referred to the CHERLs over eight months; a referral rate of 0-2% per practice of eligible patients. Among referred patients, 55% enrolled and 61% participated in multiple session telephone counseling with the CHERL. Eighty-five percent were referred to at least one other resource. Patients, by six month follow-up, significantly improved all health behaviors.

Conclusions/Next Steps:

CHERL assisted primary care practices in providing patients with effective behavior change assistance. The role of the CHERL will be discussed as an adjunct to the evolution of the patient-centered medical home.

Presentation Title:

An Intervention in Urban CHC's to Increase Tobacco Use Treatment

Presenters:

Donna Shelley, MD, MPH
Jennifer Cantrell, MPA

Additional Author:

Dan Hyman, MD

Network Affiliation:

Ambulatory Care Research Network (ACRN)

Presentation Category:

Presentation on completed PBRN research

Context:

State Quitlines provide a sustainable, effective infrastructure for the translation of evidence-based interventions into practice settings, yet they are an underutilized resource in community health centers (CHC's).

Objective:

To evaluate whether a referral system to the New York State (NYS) Quitline in CHC's would improve assistance rates for referrals and tobacco medication education.

Setting:

Four Ambulatory Care Research Network (ACRN) clinics serving a minority population.

Design:

Quasi-experimental research design with 2 intervention clinics and 2 comparison clinics. Cross-sectional interviews were conducted with patients at all 4 clinics at baseline and follow up.

Participants:

A convenience sample of smokers 18 years and older visiting a primary care provider at one of the four clinics.

Intervention/Essential Feature of Study:

Two comparison clinics offered usual care (a chart stamp that prompts providers to offer 4 A's (ask, advise, assess, assist). Two intervention sites received the chart stamp and an integrated fax referral system to the Quitline.

Outcome Measures/Design:

Comparisons between intervention and comparison clinics in: 1) screening index (range: 0-3): measured whether smokers were asked about tobacco use, advised, assessed for readiness to quit; 2) assistance index (range: 0-3): measured referrals to local cessation programs or Quitline, discussion of medications; 3) odds of referring to Quitline; 4) odds of intensive assistance (providing a referral and medication education).

Results/Goals:

The mean screening and assistance indices increased significantly from baseline to follow-up among intervention clinics only (2.4 to 2.7, $p=.02$ and .83 to 1.31, $p=.000$, respectively). Referrals to the Quitline increased from baseline to follow-up over 5 times higher in intervention vs. comparison clinics ($p=.02$). Intensive assistance was almost 7 times higher in intervention vs. comparison clinics ($p=.000$).

Conclusions/Next Steps:

An office-based fax referral link to a state Quitline combined with a chart reminder system significantly improved rates of referral and assistance to smokers. System changes in urban-based CHC's can facilitate compliance with evidence-based guidelines for tobacco use treatment.

Presentation Title:

A Randomized Trial of an Informatics-Based Intervention to Increase Breast Cancer Screening in a Primary Care PBRN

Presenter:

Steven J. Atlas, MD, MPH

Additional Authors:

Jeffrey M. Ashburner, MPH

William T. Lester, MD

Richard W. Grant, MD, MPH

Yuchiao Chang, PhD

Michael J. Barry, MD

Network Affiliation:

Massachusetts General Primary Care Practice Based Research Network (MGPC-PBRN)

Presentation Category:

Presentation on completed PBRN research

Context:

Despite widespread recommendations for breast cancer screening, mammography rates remain sub-optimal.

Objective:

To increase breast cancer screening by implementation of a novel informatics tool with “actionable” information and “one-click” ordering.

Setting:

6 intervention and 6 control practices in a primary care PBRN.

Participants:

Women 42-69 years of age without prior bilateral mastectomy and with no record of having a mammogram in the prior two years.

Intervention/Essential Feature of Study:

A cluster randomized clinical trial. In intervention practices, providers received email alerts directing them to a web-based informatics tool that listed their overdue patients. Patients selected from that list received an automatically-generated letter with information about the value of screening and how to schedule a mammogram. The tool also transferred these patients to a practice delegate who called patients to schedule tests. Control practices continued with usual care.

Outcome Measures/Design:

Six month outcomes included tool usage, completed mammograms at an in-network site, and time to mammogram completion.

Results/Goals:

Baseline mammography rates in intervention and control groups did not differ (79.5% vs. 79.3%, $p=0.73$). Of the 6730 (20.6%) eligible patients who were overdue for mammograms at the start of the study (3054 in intervention and 3676 in control practices), intervention patients were younger, more likely to be non-Hispanic white, and to have health insurance. Most intervention providers (61 of 70, 87%) used the tool. Action was taken in 2607 (85.4%) intervention patients (2216 [85%] contacted and 366 [14%] deferred). After 6 months, mammography rates were significantly higher in the intervention arm (22% vs. 15% in control arm, $p=0.01$).

Conclusions/Next Steps:

A novel, visit-independent, web-based informatics tool increased mammography screening rates in intervention practices after 6 months. Primary outcome assessment at 1 year follow-up will be available in June 2008.

Presentation Title:

Measuring Practice Immunization Rates Quickly, Accurately and Confidentially: A Study from South Carolina Pediatric Practice Research Network (SCPPRN)

Presenter:

Paul M. Darden, MD

Additional Author:

James R. Roberts, MD, MPH

Network Affiliation:

South Carolina Pediatric Practice Research Network (SCPPRN)

Presentation Category:

Presentation on completed PBRN research

Context:

Measuring practice-specific immunization rates have become more complicated with HIPAA and related privacy concerns.

Objective:

To continue validation of a HIPAA-compliant method for measuring immunization rates in office practices.

Setting:

The South Carolina Pediatric Practice Research Network (SCPPRN) is a practice-based research network established by concerned primary care physicians who see a need for outcomes-based research that is "relevant" to their practice. The network is community-wide with participation of practicing physicians from Charleston, SC and the surrounding areas.

Participants:

Seven practices in the SCPPRN collected immunization data on 50-60 consecutive patients aged 8-35 months using two methods.

Intervention/Essential Feature of Study:

The reference standard method used two trained examiners independently examining photocopied patient Vaccine Administration Records. In the quick-count (QC) method, office staff recorded counts of the number of patient vaccine doses without submitting patient identifiable information. Up-to-date immunizations (UTD), at 8 months of age, was assessed for each patient.

Outcome Measures/Design:

UTD was defined as 3 DTaP, 2 Hib, 2 Hep B and 2 Polio vaccines. Measures examined included kappa, sensitivity, specificity, positive predictive value, and negative predictive value.

Results/Goals:

Both methods were used to assess 368 patients. The mean percentage of patients UTD by 8 months of age using the reference method was 80%. The mean percentage of patients UTD by the QC method was 85%. Of concern, the lowest performing practice by the reference standard (69% UTD) had the highest misclassification rate (13%). The QC method was more likely to classify a patient as UTD compared to the reference. Agreement with the reference standard was excellent. QC was highly sensitive in determining UTD immunizations (94%) and had a high specificity of 96%. QC had a positive predictive value for UTD immunizations of 99% and negative predictive value of 74%.

Conclusions/Next Steps:

The QC method is a valid and HIPAA-compliant tool for assessing practice immunization rates. This method must incorporate controls to insure that misclassification of patients in low performing practices is minimized.

Presentation Title:

Prevalence of Overweight in a Sample of South Carolina Children: Comparison to a National Study

Presenter:

Lisa M. Johnson, MBA

Additional Authors:

Shannon A. Kennedy, MD
James R. Roberts, MD, MPH
William T. Basco, MD
Paul M. Darden, MD

Network Affiliation:

South Carolina Pediatric Practice Research Network (SCPPRN)

Presentation Category:

Presentation on completed PBRN research

Context:

The prevalence of overweight children in the US has risen by 45% between 1988 and 2002 according to the NHANES recorded data.

Objective:

To determine the prevalence of childhood overweight in a sample of South Carolina children from the South Carolina Pediatric Practice Based Research Network (SCPPRN) and compare it with the prevalence of overweight children measured in the National Health and Nutrition Examination Survey (NHANES).

Setting:

SCPPRN is a practice-based research network established by concerned primary care physicians who see a need for outcomes-based research that is "relevant" to their practice. The network is community-wide with participation of practicing physicians from Charleston, SC and the surrounding areas.

Participants:

Height and weight were measured in 1392 patients from 6 SCPPRN practices, collected October 2006.

Intervention/Essential Feature of Study:

BMI was calculated for children ages 2 to 18 years. Children were categorized as overweight if their BMI was greater than the 95th percentile. Age groups were made according to the national data. We compared the prevalence of overweight children and overweight by age in the SCPPRN with that of NHANES.

Results/Goals:

In the SCPPRN the mean BMI for children age 2-5 years was 16.4; age 6-11 years was 18.6; and age 12-19 years was 23.2. The prevalence of overweight children in the SCPPRN age 2-5 years was 14%; age 6-11 years was 21.7%; and 12-19 years was 17.3%. NHANES comparison rates were 13.9%, 18.8% and 17.4%, respectively. When adjusted for race, the prevalence of overweight in SCPPRN in white children was 11.2% compared to 16.3% nationally; in black children 21.2% compared to 20.0% nationally; and in Hispanic children 34.4% compared to 19.2% nationally.

Conclusions/Next Steps:

The prevalence of overweight South Carolina children determined from measured data approximates the national prevalence. Hispanic children and children in the 6-11 year age group from the SCPPRN have a prevalence of overweight that exceeds the national prevalence. South Carolina should work to improve upon the increasing prevalence of overweight in children.

Presentation Title:

Ecology matters: Safety Net Patients' Perspectives of Diabetes Self-Management Support Strategies

Presenter:

Yeuen Kim, MD

Additional Authors:

Dean Schillinger, MD
Thomas Rundall, PhD
Margaret Handley, PhD

Maryann Situ
Ivonne McLean

Network Affiliation:

University of California San Francisco Collaborative Research Network (UCSF PBRN)

Presentation Category:

Presentation on completed PBRN research

Context:

While most self-management support interventions target the individual, few studies examine participants' experiences with accessing and adopting these strategies in safety net settings.

Objective:

We used qualitative methods to explore safety net participants' experiences with diabetes self-management support in a practice-based research network.

Setting:

The UCSF Collaborative Research Network was established in 1984 to conduct practice-based research in primary care settings throughout California. Our participants had primary care providers at community health centers funded by the San Francisco Department of Public Health.

Participants:

We purposefully sampled 126 participants who had been randomized to automated telephone self-management or group medical visits, and had responded to at least one automated call or attended one group visit. Participants represented a range of languages (44% English, 40% Spanish, 16% Cantonese), health literacy (55% limited), insurance (50% uninsured, 23% Medicaid 18% Medicare) and ethnicities (47% Latino, 22% Asian, 20% African American, 8% White). Mean hgbA1c was 9.8% (SD 1.7) at enrollment.

Intervention/Essential Feature of Study:

Bilingual research assistants conducted semi-structured interviews at exit visits. Multidisciplinary investigators identified major themes using grounded theory and iterative coding, and grouped themes into two major domains. We then identified an ecologic model to organize themes within each domain.

Results/Goals:

The two domains related to "engagement", defined as patients' participation with the self-management intervention, and "activation", defined as patients' self-management behavior. Themes corresponded to a 4-level ecological model, with internal (e.g. depression, physical illness), local milieu (e.g. role in family, family obligations), health system (e.g. health care access, language concordance), and environmental (e.g. neighborhood safety, food insecurity) factors influencing both engagement and activation.

Conclusions/Next Steps:

Our results extend an ecologic model of chronic disease management by identifying factors which influence participation with and effectiveness of self-management support interventions in a single practice-based research network. Anticipating and addressing challenges for participants may inform future efforts to facilitate self-management within safety net communities.

Presentation Title:

Diabetes-Related Health Outcomes and Clinical Staff Perceptions about Transformed Roles in Rural Primary Care Practices Implementing the Chronic Care Model

Presenter:

Joseph W. LeMaster, MD, MPH

Additional Authors:

Robert Ferrer, MD
Jodi Summers Holtrop, PhD
Nicky Isaacson, PhD
Tamara Day, BSN

Network Affiliation:

MU Curators Better Self-Management of Diabetes

Presentation Category:

Presentation on PBRN research in progress

Context:

In rural Missouri, the prevalence of type 2 diabetes is 17% higher than in cities. Rural residents with diabetes are more likely to be elderly, poor, have multiple chronic conditions, have worse health status, and have difficulty accessing appropriate care due to lower physician availability and longer travel distances and time. Resources to support practice re-organization or improve patients' self-management efforts are severely limited.

Objective:

What are self-management baseline characteristics and 6 month clinical outcomes among patients from 6 rural Missouri clinics participating in a new PBRN? The intervention model uses practice nurse case-managers (LPNs) who identify patients at high-risk of treatment failure using a simple electronic registry/reporting system, and intervene using 'chronic care model' techniques (goal-setting, patient and provider reminders) and community-based diabetes support groups.

Setting:

6 rural Missouri clinics participating in a new PBRN initially focused on improving patient's diabetes self-management.

Participants:

1,098 patients with type 2 diabetes mellitus from 6 rural Missouri clinics (and providers and staff from the clinics).

Intervention/Essential Feature of Study:

Quasi-experimental intervention using practice nurse case-managers (LPNs) who identify patients at high-risk of treatment failure using a simple electronic registry/reporting system, and intervene using 'chronic care model' techniques (goal-setting, patient and provider reminders) and community-based diabetes support groups.

Outcome Measures/Design:

Mixed-method pre-post analysis, qualitatively investigating patients' and clinic staffs' (nurses', physicians') changing perceptions about transformed nurse case manager roles; and quantitatively, investigating how patient and provider attitudes (and other clinic and patient characteristics) predict change in patients' glycemic control and reported self-care behaviors over one year of patient participation in this setting.

Presentation Title:

Assessing Barriers to ADA Guideline Adherence

Presenter:

Mitchell A. Kaminski, MD, MBA

Additional Authors:

Dale N. Schumacher, MD, MPA
Bret A. Boyer, PhD
Gina Bodycot, RN
AnneMarie Allie

Network Affiliation:

Crozer-Keystone PBRN

Presentation Category:

Presentation on PBRN research in progress

Context:

Barriers impede the translation of evidence-based guidelines into sustainable practice. Few studies have considered multiple barriers, and there is a lack of evidence-based strategy in choosing interventions to overcome these barriers. This proposal involves a comprehensive assessment of practice barriers to diabetes guideline adherence across our PBRN.

Objective:

Can a questionnaire about perceived barriers, administered to primary care providers and staff, correlate with success at implementing ADA care guidelines?

We test five hypotheses.

The BAT:

- 1) measures perceived barriers to adherence to ADA guidelines, while showing adequate internal consistency and an identifiable subscale structure.
- 2) inversely correlates with practice and provider adherence to guidelines.
- 3) will inversely correlate with use of the Diabetes Flow Sheet (DFS).
- 4) inversely correlates with clinical outcomes.
- 5) The use of the DFS correlates with higher adherence to ADA guidelines.

Setting:

The Crozer Keystone Health Network (CKHN) includes 53 primary care providers and 100 medical support staff in 23 practices located in the Philadelphia metropolitan area.

Participants:

204 CKHN primary care employees in 21 primary care practices were invited to participate; 126 (62%) consented to participate.

Intervention/Essential Feature of Study:

The BAT was administered twice during the 15 month study period and scored. Diabetes outcomes data were collected from chart reviews conducted in the practices, and from commercial and hospital lab data downloads.

Outcome Measures/Design:

The instrument was analyzed for internal consistency and an identifiable subscale structure. The frequency of testing of HbA1c, urine microalbumin, and serum low-density lipoprotein-LDL and actual values achieved for HbA1c and LDL were correlated with barrier scores. DFS completion in patient charts will also be correlated with BAT responses and outcomes data to determine if flow sheet use enhances guideline adherence. Detailed data will be presented.

Presentation Title:

Developing an On-Going PBRN Consortium: PRIME Net

Presenter:

Robert Williams, MD, MPH

Additional Authors:

Robert Rhyne, MD

Robert Volk, PhD

Stephen Spann, MD

Wilson Pace, MD

Bennett Parnes, MD

Elvan Daniels, MD

Margaret Handley, PhD

Michael Potter, MD

Network Affiliation:

PRIME Net Consortium

Presentation Category:

Presentation on completed PBRN research

Context:

Collaborative research across PBRNs is attracting interest from both researchers and funders. Most instances of such collaborations are one-time collaborations developed in response to specific funding opportunities or research projects. On-going PBRN consortia spanning multiple research projects offer potential efficiencies in planning and conduct of research, but examples of such consortia are rare.

Objective:

To describe the process of developing, growing, and maintaining a PBRN consortium across a wide geographic area, multiple research projects, and time, including challenges and facilitators.

Setting:

In 2004, a consortium entitled PRIME Net (PRiMary care MultiEthnic Network) was initially formed by three PBRNs and later expanded to include five PBRNs: RIOS Net (NM), CaReNet (CO), SERCN (GA), SPUR-Net (TX), and CRN (CA). PRIME Net is composed of over 1500 primary care clinician-members who serve over 2.5 million, predominately low-income, minority patients in 11 states across the country.

Participants:

Leaders, key staff, and community members from collaborating networks participated in processes leading to formation, development, research planning and conduct, and growth of the consortium.

Intervention/Essential Feature of Study:

Description of observed key elements in establishing and growing a PBRN consortium.

Results/Goals:

Consortium structures, including decision-making, prioritization, leadership, research project selection and planning, communication, resource allocation, and data ownership will be described. Observed challenges and solutions will be discussed.

Conclusions/Next Steps:

The development and growth of an on-going PBRN consortium requires formal attention to a number of collaborative attributes and processes to assure productivity. Maintenance of consortium infrastructure is a principal challenge.

Presentation Title:

Collaborative Processes of a Multi-Network Network: PRIME Net

Presenter:

Gina Cardinali, MSW

Additional Authors:

Nancy Weller, PhD
Elvan Daniels, MD, MPH
Bennett Parnes, MD
Robert Volk, MD
Robert Williams, MD, MPH

Toye Metoyer, MPH
Doug Fernald, MA
Javan Quintela
Gina Urias-Sandoval

Network Affiliation:

Research Involving Outpatient Settings Network (RIOS Net)

Presentation Category:

Presentation on completed PBRN research

Context:

Practice-based research networks (PBRNs) are increasingly interested in working together to expand their range of research. While there are potential benefits of PBRN collaborations, practical challenges of conducting consortium research must also be considered. This presentation will explore the process of implementing a project within PRIME Net (PRImary care MultiEthnic Network), a collaboration consisting of five PBRNs including RIOS Net (NM), CaReNet (CO), SERCN (GA), SPUR-Net (TX), and CRN (CA). The study focused on acanthosis nigricans and risk of diabetes in underserved, multi-ethnic patients.

Objective:

To design and test collaborative procedures for implementing a multi-stage project within PRIME Net.

Setting:

The project was conducted in PRIME Net practices that span the country and predominately serve low-income, minority patients.

Participants:

Network leaders and staff from each of the participating networks.

Intervention/Essential Feature of Study:

A case study of the process of conducting multi-method research across a consortium of PBRNs. Participant observation, field notes, and analytic group meetings were used to identify key consortium research process facilitators and barriers.

Results/Goals:

Results include lessons learned about conducting research in a PBRN consortium and focus on challenges related to: communication strategies, multi-institutional IRB protocols, study planning, training of geographically dispersed research assistants, protocol development and fidelity, data collection in various clinical settings, and varying network structures and capabilities.

Conclusions/Next Steps:

We found conducting research in a multi-network PBRN consortium rewarding and feasible, but consortium research can pose challenges. We believe our experiences may help inform other such PBRN consortia efforts.

Presentation Title:

PBRN Membership and Retention of Clinicians in Underserved Communities

Presenter:

Robert L. Rhyne, MD

Additional Authors:

Nityamo Sinclair-Lian, DOM, MPH

Shirley H. Alexander, MBA

Robert L. Williams, MD, MPH

Network Affiliation:

Research Involving Outpatient Settings Network (RIOS Net)

Presentation Category:

Presentation on completed PBRN research

Context:

Professional isolation is a barrier to rural practice. One potential contribution of Practice-Based Research Networks (PBRN) may be their beneficial effect on retention of providers in medically underserved areas.

Objective:

To investigate the relationship between membership in RIOS Net, a New Mexico PBRN, and the length of time spent in underserved community practice.

Setting:

RIOS Net (Research Involving Outpatient Settings Network) is an 8 year old PBRN in New Mexico with 255 members, whose purpose is to improve the health (care) of underserved, low income, multiethnic populations. We selected 7 clinics throughout New Mexico with RIOS Net members and non-members, and compared their years of employment.

Participants:

The 7 clinics employed 95 clinicians; of which 41, or 43%, were RIOS Net members (21/59 MDs, 8/18 Nurse Practitioners, 9/15 Physician Assistants and 3/3 others).

Intervention/Essential Feature of Study:

Cross-sectional telephone interviews comparing length of employment of RIOS Net members to non-members working in the same clinics. Membership includes individual clinicians, not clinics; therefore, clinic staffing may include RIOS Net members and non-members.

Results/Goals:

RIOS Net members had a mean employment time of 7.0 years (SD 6.8; median 5.0) compared to 4.0 years (SD 5.0; median 2.3) for non-members, a significant difference using the Wilcoxin Rank Sum test ($p=0.003$). Stratification analysis showed that more RIOS Net members had been in their clinic for 2 or more years (80%) compared with non-members (56%) ($p = 0.01$), and 5 or more years (54%) compared to non-members (31%) ($p = 0.03$).

Conclusions/Next Steps:

PBRN members' length of employment was 3 years longer than non-members. This study does not show causation, just a strong association between PBRN membership and retention. This finding is hypothesis generating and worth further study. Membership in a PBRN may make a significant contribution to a decision to stay in underserved community practice longer.

WORKSHOPS II

4:45 PM – 6:00 PM

**Title: Evaluating the Findings of the National Clinical Questions Panel:
Identifying suitable research topics for PBRNs**

**Presenters: Sandy Smith, PhD, John Hickner, MD, MSc, Bernard
Ewigman, MD**

SALON A

The National Clinical Questions Panel (NCQP) is designed to systematically identify research priorities by having primary care physicians rate for research purposes the importance of clinical questions. The NCQP, currently comprised of 135 clinicians from 19 PBRNs, rated the importance of definitive answers for 120 inadequately answered clinical questions. During this session, the top rated clinical questions will be examined by the participants for their suitability as PBRN research questions.

**Title: Application of the Best Practices Research Methodology in
Practice-Based Research Networks**

SALON B

Presenters: James W. Mold, MD, MPH, Grace Kuo, PharmD, PhD

“Best practices research” is a method used to answer questions of the form “What is the best way to do “x” where “x” can be either a clinical or administrative task. It is commonly used in other industries but only rarely in practice-based research networks. It is an approach that is well-understood and appreciated by clinicians because it is solution-focused, and useful results are generally available within a reasonable period of time.

**Title: Integrating Healthcare Information Technology into Provider
and Practice Workflow to Improve Quality of Care in a PBRN**

**Presenter: William T. Lester, MD, MS, Jeffrey M. Ashburner, MPH,
Steven J. Atlas, MD, MPH**

SALON C

In this session, participants will understand the application of healthcare information technology (HIT) in the primary care setting and how it has been offered as a potential solution to many of the vexing problems afflicting the healthcare system. The conceptual framework to guide the development of effective HIT tools will be discussed as well as the practical aspects of implementing them into population management interventions within a PBRN.

**Title: Blending Community Health Development and Participatory
Research**

Presenter: Paul B. McGinnis, MPA

SALON D

To get communities interested in research there must be both a technical assistance and problem solving orientation brought by the Practice-based Research Network (PBRN). Mr. McGinnis will describe how to engage communities in Community-based Participatory Research (CBPR), and how PBRNs must either develop broad health planning skills or coordinate with other organizations that provide those services.

Workshop Title:

Evaluating the findings of the National Clinical Questions Panel: Identifying suitable research topics for PBRNs

Presenters:

Sandy Smith, PhD
John Hickner, MD, MSc
Bernard Ewigman, MD

Network Affiliation:

National Clinical Questions Panel

Presentation Category:

Research Methods

Expertise Level:

General (Does not assume any previous experience in the topic area)

Content:

Little is known regarding family physicians' beliefs about the most important primary care research questions. The Family Physician Inquiries Network (FPIN) has been gathering practice-based clinical questions from family physicians and providing evidence-based answers to these questions, published as Clinical Inquiries in the Journal of Family Practice, since 2001. But many of these questions lack adequate evidence based answers, and these inadequately answered clinical questions might lead to important research questions. The National Clinical Questions Panel (NCQP) is a joint project of FPIN and the Federation of Practice Based Research Networks designed to systematically identify research priorities by having primary care physicians rate for research purposes the importance of clinical questions. The NCQP, currently comprised of 135 clinicians from 19 PBRNs, rated the importance of definitive answers for 120 of these inadequately answered clinical questions. During this breakout, the top rated clinical questions will be examined by the participants for their suitability as PBRN research questions.

Objective:

Within an interactive format the aim is to:

1. Determine the most appropriate type of research to answer the top-rated clinical questions;
2. Elicit the reasons behind PBRN directors' and participants' judgments about what is/is not suitable for PBRN research;
3. Identify networks' interest in pursuing specific topics related to specific questions, and;
4. Elicit views about the value of the NCQP project in informing the national research agenda.

Setting:

This is intended to be primarily an interactive session with network directors. Apart from brief introductory and concluding components, the session will seek to elicit network directors' views about the outcomes of the NCQP. Participants will answer up to 5 brief survey questions about each high priority question and their responses will provide the basis for discussion. Finally, the participants will be asked about the utility of the NCQP process and findings for future PBRN research efforts.

Workshop Title:

Application of the Best Practices Research Methodology in Practice-Based Research Networks

Presenters:

James W. Mold, MD, MPH

Grace Kuo, PharmD, PhD

Network Affiliation:

Oklahoma Physicians Resource/Research Network (OKPRN)

Presentation Category:

Research Methods

Expertise Level:

Beginning/Intermediate (Assumes a basic level of understanding of the topic area)

Content:

"Best practices research" is a method used to answer questions of the form "What is the best way to do "x" where "x" can be either a clinical or administrative task. It is commonly used in other industries but only rarely in practice-based research networks. We published a methods paper in 2003 and have incorporated the method into a number of prior and subsequent studies. It is an approach that is well-understood and appreciated by clinicians because it is solution-focused, and useful results are generally available within a reasonable period of time. It encourages collegiality and collaboration, important steps in the development of learning communities. Although there remain areas of controversy and a need for further refinement, this method has the potential to be extremely valuable for practice-based research networks.

Objective:

Teach participants how and when to use the "best practices research" methodology.

Setting:

The workshop will be highly interactive. After a relatively brief introduction, the audience will identify a research question and we will develop the specific methods together.

Workshop Title:

Integrating Healthcare Information Technology into Provider and Practice Workflow to Improve Quality of Care in a PBRN

Presenters:

William T. Lester, MD, MS
Jeffrey M. Ashburner, MPH
Steven J. Atlas, MD, MPH

Network Affiliation:

Massachusetts General Primary Care Practice Based Research Network (MGPC-PBRN)

Presentation Category:

Best Practices

Expertise Level:

General (Does not assume any previous experience in the topic area)

Content:

Persistent deficiencies exist in the quality of health care in the United States. Because primary care physicians (PCPs) are the major point of entry for most preventive and chronic illness care, efforts to measure and improve quality of care have often focused on these physicians. The application of healthcare information technology (HIT) in the primary care setting has been offered as a potential solution to many of the vexing problems afflicting the healthcare system. Though only in the early stages of primary care HIT implementation, evidence to date supports modest improvement but not the transformational change promised.

This workshop will address the question: "How do we design and build the HIT tools to seamlessly and simply support busy PCPs and practices to 'do the right thing?'" An approach to HIT implementation will be presented that includes: 1) a conceptual framework for designing HIT tools, 2) the practical development and implementation of HIT into the workflows of individual PCPs and practices, and 3) how research can be used by PBRNs to test new HIT tools prior to implementation as part of routine clinical care.

Objective:

The presenters will discuss the conceptual framework to guide the development of effective HIT tools and the practical aspects of implementing them into population management interventions within a PBRN. We will focus on how to integrate HIT tools into clinical practice to translate clinical information into clinical action. These broad objectives will be presented using examples from prior and ongoing work in the Massachusetts General Primary Care Practice (MGPC)-PBRN. The MGPC-PBRN includes approximately 180 PCPs working in 15 clinically and demographically diverse practices (4 community health centers and 10 hospital-affiliated practices). All practices have electronic medical records, and use electronic billing and scheduling systems.

Setting:

The workshop is intended as a general review for individuals working in PBRNs who are in various stages of using HIT tools to perform population management. The workshop will be structured to take the audience from a conceptual framework, to a practical HIT tool demonstration, and will conclude by discussing how such a process can be used to study, modify, and implement complex technologies within the heterogeneous workflow across a PBRN's PCPs and practices. After each presentation, the audience will be invited to participate in a discussion of the topic by encouraging them to frame the issues in terms of their own PBRN's activities and capabilities.

Workshop Title:

Blending Community Health Development and Participatory Research

Presenter:

Paul B. McGinnis, MPA

Network Affiliation:

Oregon Rural Practice-based Research Network (ORPRN)

Presentation Category:

Best Practices

Expertise Level:

General (Does not assume any previous experience in the topic area)

Content:

Various community health development process models are used across rural America to improve the population's health status and address health resource needs. Community members get involved and volunteer their time because they want to improve their community. To get communities interested in research there must be both a technical assistance and problem solving orientation brought by the Practice-based Research Network (PBRN). Research does not have to be the only outcome of Community-based Participatory Research (CBPR). Communities can and should improve. Many health status improvement efforts lend themselves to CBPR involving primary care clinics. To engage communities in CBPR, PBRNs must either develop broad health planning skills or coordinate with other organizations that provide those services. Research should be conducted while simultaneously meeting the needs of the community.

Objective:

If PBRNs want to engage communities they must be aware of or develop skills to assist communities.

- To describe community health development models and their components
- To describe how those components fit with the principles of CBPR
- To provide a tool to gauge readiness of the community for health development and research
- To describe and share the health planning kits and tools needed to help communities
- To describe the infrastructure available in many states with which PBRNs can coordinate
- To provide examples of community problem solving which has led to research activities in Oregon
- To encourage PBRNs to partner with communities to help them solve their issues as well as conduct research

Setting:

A general audience is welcome. While there is an emphasis on rural areas, many of the same strategies can be deployed in urban environments.

Thursday, June 12, 2008

AGENDA & SESSION DESCRIPTIONS

BREAKFAST AND POSTERS	7:30 AM-8:30 AM <i>MARYLAND SUITES</i>
WELCOME AND OVERVIEW OF TODAY'S SESSIONS David Meyers, MD Director, CP3, AHRQ	8:30 AM-8:45 AM <i>GRAND BALLROOM</i>
MORNING PLENARY: "Appreciative Inquiry to Energize Practice-Based Research and PBRNs" KURT STANGE, MD Additional Presenters: Caroline A. Carter, LSW, Mary C. Ruhe, RN, MPH	8:45 AM-10:00 AM <i>GRAND BALLROOM</i>
POSTERS & COFFEE	10:00 AM-11:00 AM <i>MARYLAND SUITES</i>
CONCURRENT SESSIONS II	11:00 AM-12:00 PM
<p>II A – QUALITY AND COST OF CARE SALON A</p> <ul style="list-style-type: none"> • "Start Up and Incremental Practice Expenses for Implementing Behavior Change Interventions in Primary Care" – Martey Doodoo, PhD • "Integrating a Patient-Centered Fitness Practice Improvement Program and Evaluating the Program in the NRN, LANet, and SECRN: Lessons Learned" -- Deborah Graham, MSPH, Angela Meers-Lagigan, MPA • "Investigating the Cost to Primary Care Practices of Performance Data Reporting" – Jacquie Halladay, MD, MPH <p>FACILITATOR: PATRICIA FONTAINE, MD, MS</p>	
<p>II B – CHILDHOOD OBESITY SALON B</p> <ul style="list-style-type: none"> • "Obesity in Children: Is Primary Care Missing It?" -- Natascha Lautenschlaeger, MD • "Intervening to Prevent Pediatric Obesity in the Urban Setting" – Diane Mckee, MD, MS • "Preventing Pediatric Overweight by Focusing on Pregnancy in a Family Care Setting" – Mark Stephens, MD <p>FACILITATOR: MORT WASSERMAN, MD</p>	
<p>II C – MENTAL HEALTH SALON C</p> <ul style="list-style-type: none"> • "Improving the Ability of Rural Clinics to Recognize and Evaluate Patients With Memory Loss" – Linda Boise, PhD, Ann King, MBA • "Increasing Assessment and Treatment of Depression in Community Health Centers" – Virna Little, LCSW, Kwame Kitson, MD • "Quality of Life and Depression as Determinants of Treatment Adherence in Hypertensive Patients" – Lisa Kietzer <p>FACILITATOR: MARGARET LOVE, PHD</p>	
<p>II D – COMMUNITY-BASED PARTICIPATORY RESEARCH SALON D</p> <ul style="list-style-type: none"> • "Use of Community-Based Participatory Research to Develop Indicators of Primary Care Utilization" – Michael Dulin, MD • "Community-Based Participatory Research: The Role of Community Outreach in RIOS Net" – Lucinda Cowboy • "Unmet Dental Needs in a Rural Oregon Community: Foundations for a Community-Based Participatory Research Intervention" – Melinda Davis, MA <p>FACILITATOR: PERRY DICKINSON, MD</p>	

<p>NETWORKING LUNCH</p> <p>Tables will be set aside for Networking Topics:</p> <ul style="list-style-type: none"> • Practice Facilitators – Facilitator: Zsolt Nagykaladi, PhD • Community-Based Participatory Research Grant Applications – Facilitator: James W. Mold, MD, MPH • Health IT– Facilitator: Kevin Peterson, MD, MPH • PBRN Research Integrity – Facilitator: Victoria Neale, PhD, MPH 	<p>12:00 PM-1:15 PM CONGRESSIONAL BALLROOM</p>
<p>AFTERNOON PLENARY: “Development and Pilot Testing of Medication Error and Adverse Drug Event Reporting System (MEADERS)”</p> <p>JOHN HICKNER, MD, MSc</p> <p>Additional Presenters: Sam Forjough, MD, MPH, DrPH, LJ Fagnan, MD, John Lynch, MPH, Lyndee Knox, PhD</p>	<p>1:15 PM-2:30 PM GRAND BALLROOM</p>
<p>BREAK</p>	<p>2:30 PM-2:45 PM</p>
<p>CONCURRENT SESSIONS III</p>	<p>2:45 PM-3:45 PM</p>
<p>III A – PBRNs AND THE NIH “ROADMAP” INITIATIVE</p> <ul style="list-style-type: none"> • “The Roadmap and the Road: Re-Engineering the Clinical Research Enterprise at Ground Level” – Lee Green, MD, MPH • “Pilot Testing of the National Clinical Research Associate Model within CTSA Institutions” – Rowena Dolor, MD, MHS, J. Thomas Bigger, MD, David Warner, MD, Karen Gibson, MEd, NCC <p>FACILITATOR: KEVIN PETERSON, MD, MPH</p>	<p>SALON A</p>
<p>III B – HEALTH LITERACY AND PATIENT SAFETY</p> <ul style="list-style-type: none"> • “What are Important Health Issues for Low Literate Adults? A Focus Group Evaluation of Health Literacy Issues” – Michael Grasmick, PhD • “The Effect of Health Literacy on Medication Safety in the Elderly” – Grace Kuo, PharmD, MPH • “Measuring the Effect of Team Resource Management on Safety Attitudes in Primary Care” – Ranjit Singh, MD, MBA, Gurdev Singh, PhD <p>FACILITATOR: PAULA DARBY LIPMAN, PHD</p>	<p>SALON B</p>
<p>III C – RISK ASSESSMENT IN SPECIAL POPULATIONS</p> <ul style="list-style-type: none"> • “Proactive Risk Assessment of Primary Care of the Elderly” – Katherine Pronschinske • “Use of a PBRN Collaboration to Investigate Acanthosis Nigricans and Risk of Diabetes in Nationally Underserved Multi-ethnic Patients” – Alberta Kong, MD, MPH • “Merging PBRN Data Sets to Investigate Demographic Patterns of Pregnancy Weight Gain in a Diverse Metropolitan Area” – Patricia Fontaine, MD, MS <p>FACILITATOR: VICTORIA NEALE, PHD, MPH</p>	<p>SALON C</p>
<p>III D – DELIVERY OF PRIMARY CARE SERVICES</p> <ul style="list-style-type: none"> • “Integrating Payor Sponsored Disease Management into Primary Care Practice” – John Lynch, MD • “Reducing Health Disparities Among Individuals with Type 2 Diabetes Mellitus Through a Statewide Network of Nurse Managed Health Centers” – Susan Beidler, PhD, Jan Herzog, MSN, RN • “Complexity of Family Practice: A WREN Study” – Peggy O’Halloran, MPH <p>FACILITATOR: PAUL WOOLF, MD</p>	<p>SALON D</p>
<p>BREAK</p>	<p>3:45 PM- 4:15 PM</p>
<p>WORKSHOPS III</p>	<p>4:15 PM-5:30 PM</p>
<p>“Collecting and Analyzing Economic Data in Primary Care Interventions: Why is it Important and How Do I Get Started?” –Maribel Cifuentes, RN, Larry Green, MD, Alex Krist, MD, MPH, Martey Dodoo, PhD & Panel of P4H Researchers</p> <p>MODERATOR: DAVID MEYERS, MD</p>	<p>SALON A</p>

<p>“Biomedical Publishing: The Peer Review Process and Writing a Useful Review” -Anne Victoria Neale, PhD, MPH, Kendra L. Schwartz, MD, MSPH, Marjorie A. Bowman, MD, MPA MODERATOR: ROB WILLIAMS, MD</p>	SALON B
<p>“Meta-Networks: Successes, Barriers and Challenges to Facilitating Collaborative Efforts Among PBRNs” –Rebecca Van Vorst, MSPH, Chester Fox, MD, Wilson Pace, MD, Debbie Graham, MSPH & additional representatives from SNOCAP, Regional PBRN of NY, AAFP NRN and Prime-Net MODERATOR: WALTER CALMBACH, MD</p>	SALON C
<p>“Engagement, Recognition, and Retention of Practices and Clinicians by Practice Facilitators – Best Practices” –Monica Goubaud, MA, John Lynch, MPH, Zsolt Nagykaldi, PhD, Annette Sokolnicki MODERATOR: JACK PASCOE, MD</p>	SALON D
BREAK	5:30 PM – 5:45 PM
SPECIAL INTEREST GROUP ROUND TABLES	5:45 PM
Pediatric PBRNs – Group Leader: Richard C. “Mort” Wasserman, MD, MPH	SALON A
Nurses Engaged in PBRN Research – Group Leader: Laura Anderko, RN, PhD	SALON B
New PBRNs – Group Leader: PBRN Resource Center	SALON C
Clinical and Transitional Science Awards – Rowena Dolor, MD	SALON D
Physical Health Research – Group Leader: Liz Joy, MD, MPH	SALON E
ADJOURN FOR THE DAY	6:45 PM

Thursday, June 12, 2008

CONCURRENT SESSION II

11:00 – 12:00 PM

II A – QUALITY AND COST OF CARE

SALON A

- Start Up and Incremental Practice Expenses for Implementing Behavior Change Interventions in Primary Care – Martey DoDoo, PhD
- Integrating and Evaluating a Patient-Centered Fitness Practice Improvement Program in the NRN, LANet, and SECRN: Lessons Learned -- Deborah Graham, MSPH, Angela Meers-Lagigan, MPA
- Investigating the Cost to Primary Care Practices of Performance Data Reporting – Jacquie Halladay, MD, MPH

FACILITATOR – Patricia Fontaine, MD, MS

II B – CHILDHOOD OBESITY

SALON B

- Obesity in Children: Is Primary Care Missing It? -- Natascha Lautenschlaeger, MD
- Intervening to Prevent Pediatric Obesity in the Urban Setting – Diane Mckee, MD, MS
- Preventing Pediatric Overweight by Focusing on Pregnancy in a Family Care Setting – Mark Stephens, MD

FACILITATOR – Mort Wasserman, MD

II C – MENTAL HEALTH

SALON C

- Improving the Ability of Rural Clinics to Recognize and Evaluate Patients With Memory Loss – Ann King, MBA
- Increasing Assessment and Treatment of Depression in Community Health Centers – Virna Little, LCSW, Kwame Kitson, MD
- Quality of Life and Depression as Determinants of Treatment Adherence in Hypertensive Patients – Lisa Kietzer

FACILITATOR – Margaret Love, PhD

II D – COMMUNITY-BASED PARTICIPATORY RESEARCH

SALON D

- Use of Community-Based Participatory Research to Develop Indicators of Primary Care Utilization – Michael Dulin, MD
- Community-Based Participatory Research: The Role of Community Outreach in RIOS Net – Lucinda Cowboy
- Unmet Dental Needs in a Rural Oregon Community: Foundations for a Community-Based Participatory Research Intervention – Melinda Davis, MA

FACILITATOR – Perry Dickinson, MD

Presentation Title:

Start Up and Incremental Practice Expenses for Implementing Behavior Change Interventions in Primary Care

Presenter:

Martey S. Dodoo, PhD

Additional Authors:

Alex Krist, MD, MPH

Maribel Cifuentes, RN, BSN

Larry A. Green, MD

Network Affiliation:

Child and Adolescent Research Network (CARENET), Virginia Ambulatory Care Outcomes Research Network (ACORN), American Academy of Family Physicians National Research Network (AAFP NRN), Clinicians Enhancing Child Health (CECH), New York City Research & Improvement Networking Group (NYCRING), PRENSA-Practice Research Network of San Antonio (PRENSA), Great Lakes Research Into Practice Network (GRIN), Research Association of Practicing Physicians (RAP), Oklahoma Physicians Resource/Research Network, Inc. (OKPRN), North Carolina Family Medicine Research Network (NC-FM-RN)

Presentation Category:

Presentation on completed PBRN research

Context:

If behavior change services are to be offered routinely in primary care practices, providers must be appropriately compensated. Estimating what is spent by practices in providing such services is a critical prerequisite for establishing appropriate payment, and is the objective of this study. There is very little published on such estimates in the U.S. This study was part of Prescription for Health (P4H) and funded by RWJF.

Objective:

To collect data and calculate credible estimates of the start-up and incremental expenses required to plan, prepare, adopt, implement and deliver each of ten behavior change interventions targeting: lack of physical activity; unhealthy diet; tobacco use; and risky use of alcohol, in a routine primary care practice.

Setting:

It involved 30 practices nested in 10 PBRN interventional studies across the U.S. during 2006/2007.

Participants:

Each PBRN purposefully selected 3 practices representative of their participating sites.

Intervention/Essential Feature of Study:

A before-and-after study design for calculating the incremental expenses.

Outcome Measures/Design:

In-practice expenditure data were collected from each practice using a standardized instrument. The data were analyzed and credible expense estimates were calculated for the startup period, and incremental estimates for the implementation phase of the interventions.

Results/Goals:

Average startup expenses were \$1860 per practice (s.e. = \$455). Most startup expenditures were for staff training. Average monthly direct care intervention expenditures were \$15 per patient participant (s.e. = \$5). Average monthly overhead intervention expenditures were \$43 per patient participant (s.e. = \$17). The bulk of the intervention expenditures were spent on recruitment and screening of patient participants, and might be under-estimates.

Conclusions/Next Steps:

Primary care practices must spend money to address their patients' unhealthy behaviors, at least \$1860 to initiate systematic approaches and \$58 per participant/month to implement them routinely. Until primary care payment systems incorporate these expenses, it is unlikely these services will be readily available.

Presentation Title:

Integrating a Patient-Centered Fitness Practice Improvement Program and Evaluating the Program in the NRN, LANet, and SECRN: Lessons Learned

Presenters:

Deborah G. Graham, MSPH
Angela Meers-Lanigan, MPA

Additional Authors:

Sarah McMullen, MEd, CHES, ICCE
Janet Ann McAndrews

Network Affiliation:

American Academy of Family Physicians National Research Network (AAFP NRN)

Presentation Category:

Presentation on completed PBRN research

Context:

Practices participating in a practice-based research study which includes both a practice improvement component and a research evaluation component frequently have a difficult time distinguishing between the expectations for the two very different pieces.

Objective:

To develop methods so that a family medicine office can both successfully integrate a patient-centered fitness program into their practice and contribute to the evaluation of the reach and effectiveness of the program.

Setting:

Twenty-four family medicine practices in the AAFP National Research Network (NRN), LANet, and Southeast Clinicians Regional Network (SECRN).

Participants:

Clinicians, staff and patients from the 24 practices.

Intervention/Essential Feature of Study:

This study includes the development and implementation of a patient-centered practice improvement program that presents fitness in a central role as “the treatment of choice” for general prevention and management of chronic conditions. The study also includes the evaluation of the effectiveness and reach of the program, as well as the effect on patient outcome measures of clinician and staff involvement in improving their own personal fitness and feedback of novel clinical measures to patients.

Results/Goals:

The research team incorporated several methods so that practice clinicians and staff could distinguish between the expectations for implementation of the practice improvement program and carrying out the research evaluation, including a weekend training session for practice Lead Physicians and Study Coordinators; separate weekly email newsletters for the Research Study and for Tips and Ideas of implementing the practice improvement program; a series of three webinars for the implementation of the practice improvement program; and weekly telephone calls to the practice Study Coordinators.

Conclusions/Next Steps:

The concept of distinguishing between practice improvement and research evaluation is not easy for practices to grasp. It is important to incorporate techniques to assist the clinicians and staff to distinguish between the expectations for these two components.

Presentation Title:

Investigating the Cost to Primary Care Practices of Performance Data Reporting: A PBRN Works-in-Progress Presentation

Presenter:

Jacquie Halladay, MD, MPH

Additional Authors:

Philip D. Sloane, MD, MPH

Thomas Wroth, MD, MPH

Sally Stearns, PhD

Sara Hofstetter, MPH

Sheryl Zimmerman, PhD

Network Affiliation:

North Carolina Family Medicine Research Network (NC-FM-RN)

Presentation Category:

Presentation on PBRN research in progress

Context:

Insurers and payers are increasingly asking primary care practices to supply performance data on chronic disease care (e.g. diabetes, asthma), preventive care, and other topics, and such reporting is projected to become more widespread and to be linked to reimbursement ("pay for performance").

Objective:

To determine the direct and indirect cost to practices of implementation and maintenance of performance data reporting to four separate programs: Medicare's Physician Quality Reporting Initiative (PQRI), the North Carolina Improving Performance in Practice (IPIP) project, the Blue Cross / Blue Shield Bridges to Excellence program, and state Medicaid's Community Care of North Carolina (CCNC) quality improvement program.

Setting:

A comparative case analysis of eight primary care practices in North Carolina that are successfully reporting data to one or more of the target programs

Participants:

Lead physicians, practice managers, other clinicians, and practice staff.

Intervention/Essential Feature of Study:

A comparative case analysis.

Outcome Measures/Design:

Quantitative economic analysis about costs; qualitative interviews about barriers, facilitators, benefits, drawbacks, and sustainability; and questionnaires about practice and organizational characteristics.

Presentation Title:

Obesity in children: Is Primary Care Missing It?

Presenter:

Natascha Lautenschlager, MD

Network Affiliation:

Utah Health Research Network (UHRN)

Presentation Category:

Presentation on PBRN research in progress

Context:

Pediatric obesity increases the risk of adult obesity. Early interventions may be beneficial, especially in preschool children, whose lifestyle habits have not been fully formed. It is important to assess the identification and management of pediatric obesity.

Objective:

To assess the prevalence and documentation of overweight /obese preschool children within a PBRN and describe evaluation and treatment methods.

Setting:

University Health Research Network (UHRN), which includes 9 outpatient clinics with 300,000 visits/year.

Participants:

Records of children ages 2-5 years seen during 1/1/2004-12/31/2006 for a preventive health encounter.

Intervention/Essential Feature of Study:

It is vital to develop adequate evaluation methods of detection to evaluate potential interventions.

Design:

In this retrospective descriptive cohort study, overweight/at risk patients were objectively identified by growth chart measurements (> 85 % and >90 for age/sex) entered in the EPIC EMR during a preventive visit from 1/1/2004-12/31/2006. Documentation of overweight /obesity was reviewed by three approaches:

1. diagnosis/billing codes (end data points);
2. documentation within the progress note or related orders (process data points), and
3. a combination of the above. Differences in proportions identified as overweight/obese by the different endpoints, will be assessed by chi-square, and adjusted for patient and clinician characteristics by linear regression.

Results/Goals:

Preliminary results: Less than 20% of overweight/obese children had documentation. Currently, no difference is evident in documentation related to age/sex of child or the provider type or sex. Of importance, the EMR format may be contributing to lack of documentation. Drop down templates default to normal values, and the provider must alter these to input abnormal findings. Several charts with assessment/plan obesity documentation had HPI and physical exam sections that included contrasting normal defaults. For several charts with obesity documentation in the HPI and exam, the assessment/plan documentation was often limited to the default menu of routine counseling.

Presentation Title:

Intervening to Prevent Pediatric Obesity in the Urban Setting: Outcomes of the FLAIR Intervention

Presenter:

M. Diane Mckee, MD, MS

Additional Authors:

Stacia M. Maher, MPH
Darwin Deen, MD, MS
Arthur Blank, PhD
Alice Fornari, EdD
Jason Fletcher, MA, MS

Network Affiliation:

New York City Research and Improvement Networking Group (NYC RING)

Presentation Category:

Presentation on completed PBRN research

Context:

Pediatric obesity is common in urban primary care. Family-based approaches for prevention are needed.

Objective:

Analysis of change in health behaviors after an urban practice-based intervention.

Setting:

Six practices serving low-income patients in the Bronx.

Participants:

Parents/guardians of 2-4 year olds.

Intervention/Essential Feature of Study:

The Family Lifestyle Assessment of Initial Risk (FLAIR) project encouraged primary care providers (PCP) to help families set behavior change goals. At 3 intervention sites, the 2-to-3 year old well child visit was reframed to focus on family lifestyle risk assessment and behavior change. Clinician counseling was augmented by contact with a health educator. At 3 control sites families received usual care.

Outcome Measures/Design:

Telephone survey, administered before and after an intervention to increase screening and counseling. Measures of child diet and activity (PNB), adult diet (SC-N) and exercise (IPAQ), and readiness to change family and personal health behaviors.

Results/Goals:

At the intervention sites there were 1102 well child visits, and 32% (N=354) were screened ("FLAIREd"). Of those FLAIREd, 59% participated in goal setting, and 55% were referred to a health educator. At these sites, 16 out of 17 clinicians participated in screening. There were no changes between initial and final assessments for the control or comparison group in adult nutrition or physical activity practices. There were no changes in children's physical activity, but there was a decrease in unhealthy food children ate (11.7 vs. 10.7; $p < .05$).

Conclusions/Next Steps:

The intervention was successful in changing the dialogue with families to include behavior change goal setting. Ability to evaluate the effectiveness of the intervention is limited by small numbers of families who could be reached to interview who also had visits during the intervention period. Modest change in child diet was observed, but the approach was probably not robust enough to help families overcome barriers to child and adult activity.

Presentation Title:

Preventing Pediatric Overweight by Focusing On Pregnancy in a Family Care Setting

Presenter:

Mark B. Stephens, MD, MS, FAAFP

Additional Author:

Marian Tanofsky-Kraff, PhD

Network Affiliation:

Primary Care Evaluation and Research Learning Consortium (PEARL Consortium)

Presentation Category:

Presentation on PBRN research in progress

Context:

American children are becoming increasingly overweight. Overweight during childhood places youth at high risk for poor health outcomes as children and as adults. If the current trend in overweight and obesity continues, the present generation of American children will be the first in modern history to NOT outlive their parents. To date, programs intended to reverse or slow the rising trend in overweight have been met with limited short-term success and virtually no long-term success. Of the many contributing factors to poor success rates, we feel that one important reason is the fragmentation of healthcare delivery in modern American medicine. Patients see multiple doctors for multiple reasons and often receive conflicting, inconsistent advice, or a frank lack of information.

Objective:

The purpose of this project is to see whether or not counseling to women during their pregnancy and early in their baby's life specifically prevents the child from gaining too much weight.

Setting:

Primary care clinics within the military health system.

Participants:

First time pregnant women (18-35yo) whose pregnancies are categorized as low-risk singleton-births, will be studied.

Intervention/Essential Feature of Study:

The program, developed by the researchers, for use in the current project consists of 6 individual sessions designed to prevent excess weight gain in youth. Each 20-minute session focuses on educating pregnant mothers about prevalence and risk of excess weight gain in children and provides them with steps to promote healthy weight trajectories during pregnancy and in early childhood. Sessions occur during each trimester of pregnancy and at 2, 4 and 6 month well-child care visits.

Outcome Measures/Design:

Trajectory of infant weight gain.

Presentation Title:

Improving the Ability of Rural Clinics to Recognize and Evaluate Patients with Memory Loss: The Rural Oregon Adult Memory Study (ROAM)—Oregon Rural Practice-based Research Network (ORPRN)

Lead Presenter:

Linda Boise, PhD

Co-presenter:

Anne King, MBA

Network Affiliation:

Oregon Rural Practice-based Research Network (ORPRN)

Presentation Category:

Presentation on completed PBRN research

Context:

Screening for memory loss is seldom part of routine primary care. ORPRN tested a dementia education, screening and evaluation model for primary care adapted from UCLA and Rand's ACOVE model.

Objective:

To test the feasibility and acceptability of a primary care model to recognize and evaluate memory loss in patients age 75 and older. Questions included: 1) Is it feasible and acceptable to clinicians, staff and patients to screen all patients age 75 and over for memory concerns? 2) Can training increase clinicians' confidence in diagnosing dementia? 3) Does the model increase the detection of dementia?

Participants:

Nineteen clinicians and 26 medical staff from seven rural practices participated. 436 patients 75 years or older were screened during the three-month intervention.

Intervention/Essential Feature of Study:

Medical assistants were trained to conduct a brief memory screen of all patients age 75 and older. Patients screened were surveyed regarding their opinions of being screened. For positive screens, clinicians were encouraged to conduct a dementia workup using tools and tests provided by the study.

Results/Goals:

The intervention was feasible and was associated with increased clinicians' confidence in diagnosing dementia and an increased identification of patients with cognitive impairment. Patients responded very positively to being screened. Twenty-one (4.8%) of the 436 patients screened were diagnosed with either probable dementia (5) or mild cognitive impairment (16), a significant increase in dementia-related diagnosis (Pearson's chi-square = 9.865, 1 degree of freedom, $p < .01$).

Conclusions/Next Steps:

The intervention was feasible and acceptable to clinicians, staff, and patients, increased clinicians' confidence in diagnosing dementia, and increased the detection of dementia. Further research is needed to determine if a more specific screening tool is needed and what factors influence clinicians to schedule memory evaluations.

Presentation Title:

Increasing Assessment and Treatment of Depression in Community Health Centers: A PBRN Study

Presenters:

Virna Little, LCSW
Kwame Kitson, MD

Network Affiliation:

Institute for Family Health Research Network (IFHRN)

Presentation Category:

Presentation on PBRN research in progress

Context:

Undiagnosed depression is widespread, and less than one-quarter of those with identified depression are in treatment. Of those who are treated, half seek such care from primary care providers. Minorities have particularly low treatment rates, are more likely to delay seeking treatment until symptoms are more severe, and are more likely to go to primary care providers rather than mental health professionals for such care.

Objective:

The goal of this study is test the effectiveness of an intervention to increase rates of assessing and treating depression in a community health center network.

Setting:

An urban community health center network with an electronic health record (EHR) system that serves a predominantly minority population.

Participants:

Health care providers at nine community health centers.

Intervention/Essential Feature of Study:

The study includes three interventions to increase the rate at which primary care practices assess and treat patients for depression. Interventions implemented at all health center sites include:

- Automated alerts within an EHR system to prompt assessment of patients for symptoms of depression using the PHQ-2 tool, with follow-up prompts for more comprehensive assessment using the PHQ-9 tool and periodic reassessments for patients with diagnosed depression;
- Tracking and monthly reporting of performance to individual providers, health center sites, and the network.

A third intervention, participation in mandatory depression-related education and training sessions for health center staff, was implemented at selected sites.

Outcome Measures/Design:

Percentage of patients > 18 who:

- Were screened for depression using the PHQ-2;
- Tested positive for depression using the PHQ-2 and were subsequently screened with the PHQ-9;
- Had a PHQ-9 reassessed within 3 months of the most recent positive screening; and
- Had a PHQ-9 reassessed within 3 month of the most recent positive screen and have a current PHQ-9 level < 10.

Presentation Title:

Quality of Life and Depression as Determinants of Treatment Adherence in Hypertensive Patients

Presenter:

Lisa Kietzer

Additional Authors:

Leonelo Bautista, MD, MPH, DrPH

Paul Smith, MD

Cynthia Colombo

Network Affiliation:

Wisconsin Research and Education Network (WREN)

Presentation Category:

Presentation on PBRN research in progress

Context:

Almost one third of the adults in the US have hypertension. Hypertension increases the chance of developing heart attacks, strokes, heart failure and kidney failure. The chance of developing these diseases decreases significantly if hypertension is detected and treated. However, the benefits of antihypertensive drugs are considerably reduced because almost half of all patients stop taking them within 12 months after they start treatment. Little is known about what causes patients to discontinue treatment.

Objective:

Determine if symptoms of depression or lower quality of life correlates with patients discontinuing their antihypertensive medication.

Setting:

All study visits will occur in primary care clinics.

Participants:

280 hypertensive men and women, ages 20-69, starting drug treatment.

Intervention/Essential Feature of Study:

This study will determine if discontinuation of antihypertensive medication can be attributed to depression or quality of life issues.

Outcome Measures/Design:

Treatment adherence will be assessed at 3, 6, 9, and 12 months following enrollment.

Presentation Title:

Use of Community-Based Participatory Research to Develop Indicators of Primary Care Utilization

Presenter:

Michael F. Dulin, MD, PhD

Additional Authors:

Heather A. Smith, PhD

Owen Furusest, PhD

Network Affiliation:

Mecklenburg Area Partnership for Primary-Care Research (MAPPR)

Presentation Category:

Presentation on completed PBRN research

Context:

Hispanic immigrants in the Charlotte, NC community have limited ability to access primary care services. Indicators of primary care utilization needed to be developed to evaluate future interventions aimed at improving primary care access.

Objective:

- 1) Identify indicators of community-wide primary care access.
- 2) Develop geospatial models to monitor changes in healthcare utilization.

Setting:

The Mecklenburg Area Partnership for Primary Care Research (MAPPR) worked with six member clinics that provide care to the majority of the region's uninsured along with local community advocacy organizations and churches.

Participants:

Hispanic community members and key informants. Primary care physicians and mid-level providers.

Outcome Measures/Design:

Clinic demographics and geospatial models of utilization.

Results/Goals:

Community-derived indicators of primary care access included: (1) new pregnancy diagnosis, STD diagnosis, and depression diagnosis in a primary care setting vs. ED setting; (2) primary care clinic demographics; (3) qualitative indicators; (4) a composite geospatial model of community-wide primary care needs based on emergency room utilization and immigrant settlement patterns; and (5) a geographic retrofitting model of primary care utilization.

During the data collection process itself, changes were noted in primary care access as measured by clinic demographics and geospatial models.

Conclusions/Next Steps:

CBPR can be used within a PBRN to develop robust indicators of primary care access. The participatory research method itself may influence patterns of primary care utilization.

Presentation Title:

Community-based Participatory Research: The Role of Community Outreach in RIOS Net

Presenter:

Lucinda Cowboy

Additional Authors:

Gina Urias-Sandoval

Gina Cardinali, MSW

Nityamo Sinclair-Lian, DOM, MPH

Robert Leverage, MD

Network Affiliation:

Research Involving Outpatient Settings Network (RIOS Net)

Presentation Category:

Presentation on completed PBRN research

Context:

Practice-based research networks have increasingly recognized the importance of including community members throughout the research process. In New Mexico, Native American and Hispanic communities have historically not been included in health research processes. In order to build research collaborations with these underrepresented groups, our PBRN has employed two community outreach specialists. The outreach specialists possess unique linguistic (fluency in Navajo and Spanish, respectively) and cultural competency skills.

Objective:

The primary aims of the outreach specialists are to: 1) gather input about local health priorities and topics for PBRN research; 2) review the community and cultural appropriateness of research plans with community members; 3) provide reports on the findings from ongoing and completed network studies; and 4) provide health education on the priority topic areas. A secondary aim is to build a partnership and enhance trust with community-based partners.

Setting:

These activities take place in RIOS Net, a New Mexico PBRN composed of clinicians primarily based in medically underserved communities.

Participants:

Outreach efforts have been directed toward organizations, coalitions and consumer groups that have interest in health related issues as well as broadly representative groups in Native American and Hispanic communities.

Intervention/Essential Feature of Study:

The outreach specialists' goal is to meet with a diverse, state-wide set of community members on an annual basis.

Results/Goals:

Information and perspectives obtained during outreach activities have been integral in providing community and cultural context that influence network approaches, research design, and priorities. Specific examples pertaining to the challenges (financial and time costs) and benefits (modifications of network plans) of these outreach activities will be provided.

Conclusions/Next Steps:

Community outreach specialists play a key role in bridging the divide between researchers and underrepresented communities in New Mexico. We believe that these experiences will be relevant to other PBRN researchers seeking to engage with the communities they serve.

Presentation Title:

Unmet Dental Needs in a Rural Oregon Community: Foundations for a Community Based Participatory Research Intervention

Presenter:

Melinda Davis, MA

Additional Authors:

Tom Hilton, DMD, MS

Jon Schott, MD

Sean A. Benson, DDS

Paul McGinnis, MBA

Lyle Fagnan, MD

Network Affiliation:

Oregon Rural Practice-based Research Network (ORPRN) & OHSU Practice-based Research in Oral Health Network (PROH)

Presentation Category:

Presentation on PBRN research in progress

Context:

Oral health is an essential component of general health and well-being, yet dental access barriers are pronounced, particularly in rural areas. Baker City, a community of 10,035 located in frontier eastern Oregon, is currently facing numerous oral health access barriers. In 2007 community medical, dental, and public health leaders partnered with the Oregon Rural Practice-based Research Network (ORPRN) and the OHSU Practice-based Research in Oral Health (PROH) Network to begin addressing these disparities.

Objective:

To determine the prevalence of oral health conditions and unmet dental needs in a rural Oregon Community as they present in family practice.

Setting:

Eastern Oregon Medical Associates (EOMA) is a for-profit federally certified rural health clinic in Baker City, OR. Their patient panel is 9,948.

Participants:

Eight family medicine clinicians (4 MD, 1 PA, 3 FNP) and clinic staff participated in the study.

Intervention/Essential Feature of Study:

EOMA clinicians were trained to conduct basic oral health screens for 7 conditions using ICD-9 codes: dental caries, broken/cracked tooth, abscess, complete endentulism, partial endentulism, unspecified disorder of teeth, and no conditions observed. For 6 weeks willing EOMA patients over 1 year in age received oral health screens and completed a brief dental access survey. This is the first study to have primary care clinicians conduct oral health screens to describe the prevalence of dental conditions as they occur across the lifespan.

Outcome Measures/Design:

Of the 1647 unique patients presenting to EOMA, 40.9% received oral health screens and 46.0% had significant conditions, including: 42% partial endentulism, 22% dental caries, 17% complete endentulism, and 15% cracked teeth. Seventy three percent of the patients completed the dental access survey and 27.1% reported experiencing unmet dental needs. Data from the present study will be used to facilitate community based interventions to enhance oral health in Baker City and other ORPRN communities.

Thursday, June 12, 2008

CONCURRENT SESSION III

2:45 – 3:45 PM

III A – PBRNs AND THE NIH “ROADMAP INITIATIVE

SALON A

- The Roadmap and the Road: Re-engineering the Clinical Research Enterprise at Ground Level – Lee Green, MD, MPH
- Pilot Testing of the National Clinical Research Associate Model within CTSA Institutions – Rowena Dolor, MD, MHS, J. Thomas Bigger, MD, David Warner, MD, Karen Gibson, MEd, NCC

FACILITATOR – Kevin Peterson, MD, MPH

III B – HEALTH LITERACY AND PATIENT SAFETY

SALON B

- What are Important Health Issues for Low Literate Adults? A Focus Group Evaluation of Health Literacy Issues – Michael Grasmick, PhD
- The Effect of Health Literacy on Medication Safety in the Elderly – Grace Kuo, PharmD, MPH
- Measuring the Effect of Team Resource Management on Safety Attitudes – Ranjit Singh, MD, MBA, Gurdev Singh, PhD

FACILITATOR – Paula Darby Lipman, PhD

III C – RISK ASSESSMENTS IN SPECIAL POPULATIONS

SALON C

- Proactive Risk Assessment of Primary Care of the Elderly – Katherine Pronschinske
- Use of a PBRN collaboration to Investigate Acanthosis Nigricans and Risk of Diabetes in Nationally Underserved Multi-ethnic Patients – Alberta Kong, MD, MPH
- Merging PBRN Data Sets to Investigate Demographic Patterns of Pregnancy Weight Gain in a Diverse Metropolitan Area – Patricia Fontaine, MD, MS

FACILITATOR – Victoria Neale, PhD, MPH

III D – DELIVERY OF PRIMARY CARE SERVICES

SALON D

- Integrating Payor Sponsored Disease Management into Primary Care Practice – John Lynch, MD
- Reducing Health Disparities Among Individuals with Type 2 Diabetes Mellitus Through a Statewide Network of Nurse Managed Health Centers – Susan Beidler, PhD, Jan Herzog, MSN, RN
- Complexity of Family Practice: A WREN Study – Peggy O’Halloran, MPH

FACILITATOR – Paul Woolf, MD

Presentation Title:

The Roadmap and the Road: "Re-Engineering the Clinical Research Enterprise" at Ground Level

Presenter:

Lee Green, MD, MPH

Additional Authors:

Annette Sokolnicki

Julia Sobesky

Daniel Holtrop, MS

Amy Kowalk, MA, CHES

Network Affiliation:

Great Lakes Research Into Practice Network (GRIN)

Presentation Category:

Presentation on completed PBRN research

Context:

The NIH Roadmap RFA "Re-Engineering the Clinical Research Enterprise" supported infrastructure to enable research collaborations between diverse entities. Reuse of and bridging existing technology was emphasized, rather than building one-off information technology (IT) solutions. The Great Lakes Research Into Practice Network (GRIN) partnered with the University of Michigan's Cardiovascular, Depression, and Clinical Research centers in one of the 12 Re-Engineering projects, the Michigan Clinical Research Collaboratory (MCRC).

Objective:

Create a secure, HIPAA-compliant Honest Broker (HB) information system hub connecting the Depression Center's telephone outreach program, the Cardiovascular Center's statewide percutaneous coronary intervention registry, the Velos eResearch clinical trial support system, and the Cielo Clinic primary care registry and clinical reminder system. Conduct a demonstration project merging study activity (consent forms, data collection, and follow-up into regular clinic workflow, linking to existing IT in the practices while the HB works behind the scenes).

Setting:

Four GRIN practices with diverse patient populations and organizational structures.

Participants:

All English-speaking mentally competent adult patients with coronary heart disease.

Intervention/Essential Feature of Study:

Prospective demonstration project incorporating an observational study of depression symptomatology.

Outcome Measures/Design:

Recruitment rate. Actions required to achieve implementation.

Results/Goals:

More than 70% of all eligible patients were entered into the study. Unique solutions were required at each practice, even those that were members of the same large group. The IT effort in creating the HB was straightforward. The IT integration in practices required much more effort than anticipated, required several iterations, and was heavily determined by practice rather than project staff.

Conclusions/Next Steps:

By integrating research into clinic workflow, PBRN practices can enroll patient samples promising excellent external validity. Resources must be refocused from academic medical centers to practices to accomplish this. IT integration was expected to be a technology challenge but depended more on close collaboration between IT and clinic staff.

Presentation Title:

Pilot testing of the National Clinical Research Associate Model within CTSA institutions

Presenters:

Rowena J. Dolor, MD, MHS
J. Thomas Bigger, MD
David Warner, MD
Karen Gibson, MEd, NCC

Additional Authors:

Suzanne Bakken, DNSc
Peter G. Szilagyi, MD, MPH
Lisa M. Schrader, MT, MBA

Network Affiliation:

Duke Primary Care Research Consortium (PCRC), Mayo Health System PBRN, Univ. of Rochester PBRN, Columbia Clinical Trial Network

Presentation Category:

Presentation on PBRN research in progress

Context:

As part of the NIH Roadmap initiative to conduct more efficient and effective research, there is strong interest in establishing and nurturing a network of qualified community-based practitioners in a National Clinical Research Associates (NCRA) model to participate in multi-center studies and make studies available to populations currently underserved. The community engagement components of existing Clinical and Translational Science Award (CTSA) institutions offer an environment in which networks of varying stages of development can combine experiences and processes to explore the feasibility of multi-center and multi-network studies.

Objective:

To evaluate the feasibility, methodology, and costs of setting up multi-center and multi-network studies at four CTSA sites.

Setting:

Community-based practices near Columbia University Medical Center, Duke University Health System, University of Rochester Medical Center, and the Mayo Health System.

Participants:

Community providers (MD, NP, PA) from primary care and other disciplines who are affiliated or practice in a region near the 4 CTSA institutions.

Intervention/Essential Feature of Study:

Common features to the four pilot projects include (a) surveys or interviews of clinicians to assess interest, incentives and barriers to CRA involvement, and (b) developing services to train and support community practitioners.

Outcome Measures/Design:

Description of provider interest in research network involvement, training materials, and implementation costs.

Presentation Title:

What are Important Health Issues for Low Literate Adults? A Focus Group Evaluation of Health Literacy Issues

Presenter:

Michael Grasmick, PhD

Additional Authors:

Paul Smith, MD (PI) Peggy O' Halloran, MPH
Michael Grasmick, PhD Cynthia Colombo

Network Affiliation:

Wisconsin Research and Education Network (WREN)

Presentation Category:

Presentation on completed PBRN research

Context:

Approximately 50% of adults living in the U.S. have inadequate or marginal literacy. There are few published reports from the perspective of low literate adults that adequately describe the constellation of barriers and issues they face in the healthcare system.

Objective:

To use focus group techniques and analysis to describe thematic barriers faced by low literacy adults in seeking and receiving healthcare, and 2) To review our design after the focus group to better recommend how to conduct focus groups with low literacy adults in future research projects.

Setting:

Adult education student subjects from three community-based literacy councils were recruited using a prepared script read by students' tutors for focus group participation. Recruitment was accomplished through the cooperation of local literacy councils in three Wisconsin cities; two focus groups were conducted at each location. Childcare, food, beverages and a \$25 stipend was provided for each student upon the completion of the focus group.

Participants:

61 English speaking and ESL adults were recruited by local literacy council tutors. Tutors were allowed to assist with interpretation of study questions or student answers, but did not answer study questions themselves.

Intervention/Essential Feature of Study:

Focus groups were conducted in English and facilitated by a trained research specialist using a semi-structured interview guide. The session was audio-taped and then transcribed with removal of identifiers. Analysis by three independent reviewers identified major themes.

Outcome Measures/Design:

Three independent reviewers analyzed focus group transcripts and identified five major themes defining barriers faced by low literacy adults.

Results/Goals:

Much cultural diversity was evident in all focus groups. Students' accents presented challenges in deciphering audio taped responses to questions. Emerging themes were centered around 1) difficulty in communication, 2) medication errors, 3) challenges in accessing healthcare, 4) understanding forms, and 5) significant anxiety and shame.

Conclusions/Next Steps:

The experience in how questions were asked and in deciphering transcripts has led to the opportunity to publish a "methods" paper (manuscript in progress). Major themes and supporting quotes underscore significant barriers in providing quality healthcare to low literate adults.

Presentation Title:

The Effect of Health Literacy on Medication Safety in the Elderly

Presenter:

Grace M. Kuo, PharmD, MPH

Network Affiliation:

Southern Primary-Care Urban Research Network (SPUR-Net)

Presentation Category:

Presentation on completed PBRN research

Context:

Limited health literacy may decrease medication safety. Evidence for how it affects medication management in the primary care setting is lacking.

Objective:

The aim of the NIH-funded study was to evaluate medication safety, using indicators of medication discrepancy and medication use among elderly primary care patients who have low (inadequate and marginal) functional health literacy (FHL) vs. those who have adequate FHL.

Setting:

The study was conducted in six primary care clinics affiliated with the Southern Primary-Care Urban Research Network (SPUR-Net).

Participants:

A convenient sample of 269 patients at least 65 years of age (153 patients with adequate FHL, 43 patients with marginal FHL, and 73 patients with inadequate FHL), taking at least five medications, either English or Spanish speaking.

Intervention/Essential Feature of Study:

Outpatient medication safety outcome comparisons between adequate and low FHL.

Outcome Measures/Design:

Outcome measures were 1) medication discrepancy defined as discrepancy between medications patients take at home and medications documented in the medical record, including its frequency and associated factors; and 2) medication use by the patient, including compliance and medication knowledge.

Results/Goals:

Preliminary analyses showed that 74% of patients in the study had at least 1 medication discrepancy; discrepancy did not differ between adequate and low FHL groups ($p=0.22$). In multivariate analyses, medication discrepancy was related to clinic type ($OR=0.9$, 95% CI 0.76-1.2) even after adjusting for age, gender, marital status, race and ethnicity, education, and total number of medication. Analysis is currently being conducted to explore the effect of FHL on medication use by patients at home.

Conclusions/Next Steps:

Medication discrepancy did not appear to differ in patients from different health literacy groups; however, clinic type is associated with medication discrepancy and warrants further investigation.

Presentation Title:

Measuring the Effect of Team Resource Management on Safety Attitudes in Primary Care.

Presenters:

Ranjit Singh, MD, MBA
Gurdev Singh, PhD

Additional Authors:

Reva Fish, PhD
Diana Anderson, MEd

Network Affiliation:

Upstate New York Practice Based Research Network (UNYNET)

Presentation Category:

Presentation on completed PBRN research

Context:

As part of an AHRQ-supported project, the study evaluates the impact of a Team Resource Management (TRM) intervention in primary care offices. One of the goals of TRM is to contribute to the development of a culture of safety. The Safety Attitudes Questionnaire (SAQ), developed with AHRQ funding, provides a method of assessing safety culture and has been shown to have satisfactory psychometric properties.

Objective:

1. To evaluate the impact of the TRM intervention (with and without the use of a practice enhancement associate (PEA) on safety culture by examining changes in six safety attitude constructs of the ambulatory version of the SAQ (SAQ-A).
2. To test the internal consistency-reliability of the SAQ-A in primary care offices.

Setting:

The study took place at eight primary care offices within the Upstate New York Practice Based Research Network.

Participants:

All practice members at all eight sites were invited to anonymously respond to the SAQ-A.

Intervention/Essential Feature of Study:

A Team Resource Management intervention in which all practice members participate in a failure modes and effects analysis focused on medication safety. This study focuses on the impact of the intervention on safety attitudes as measured using the SAQ-A.

Outcome Measures/Design:

- (1) Changes in safety attitudes.
- (2) Consistency-reliability of the six attitude scales of the SAQ-A measured by Cronbach's alpha.

Results/Goals:

At baseline (pre-TRM), analysis of variance showed significant differences between sites ($p < .001$) on five of the six attitude scales. Comparison of post- ($n=112$) vs. pre-TRM ($n=156$) data showed no significant difference in either the with PEA or without PEA groups. In the reliability analysis, using the baseline data, Cronbach's alphas for the six safety attitude constructs ranged from 0.58 to 0.77. The lowest alphas were for 'Perceptions of Management' (especially for nursing staff) and 'Working Conditions' (especially for administrative staff).

Conclusions/Next Steps:

At baseline the SAQ-A revealed significant differences in safety attitudes between sites. The TRM intervention appeared to have no significant effects on safety attitudes as measured by the SAQ-A. The instrument appeared to have good overall consistency-reliability in primary care offices but performed poorly with some subgroups. Further work may be needed to evaluate and refine it for these settings.

Presentation Title:

Proactive Risk Assessment of Primary Care of the Elderly: A Wisconsin Research and Education Network Study

Presenter:

Katherine Pronschinske

Additional Authors:

Ben-Tzion Karsh, PhD
John Beasley, MD
Paul Smith, MD
Jon Temte, MD, PhD
Mike Grasmick, PhD
Vicki Bier, PhD

Roger Brown, PhD
Pascale Carayon, PhD
Mary Ellen Hagenauer
Lisa Kietzer
Jamie Lapin

Network Affiliation:

Wisconsin Research and Education Network (WREN)

Presentation Category:

Presentation on PBRN research in progress

Context:

This study will use proactive risk assessment methods to identify hazards and model their risk in the primary care of elderly patients. Primary care is complex and likely to have a high prevalence of safety hazards. The elderly are a vulnerable group at greater risk of injury as a result of such hazards.

Objective:

The specific aims targeted are to (1) identify hazards in the primary care of elderly patients, (2) conduct a proactive risk assessment of the identified hazards, and (3) compile a report detailing the documented hazards, the proactive assessment results, and approaches for eliminating identified hazards.

Design:

This is an observation and focus group study. The methods used to achieve Aims 1 and 2 will be rigorous proactive work system analyses followed by three proactive risk analysis methods: Variance Analysis, Hazard and Operability (HAZOP) studies, and Failure Mode and Effects Analysis (FMEA). Aim 3 will be guided by collaborations between safety experts and clinicians using evidence-based human factors engineering design guidelines.

Setting:

Fifteen clinics throughout Wisconsin that provide family and internal medicine ambulatory care, including urban and rural clinics with and without the use of electronic medical records.

Participants:

Fifteen primary care physicians and 30-45 patients age 65 and over.

Outcome Measures/Design:

This research will generate a report detailing categorized hazard rankings, the proactive risk assessment results and suggested approaches for eliminating hazards. The report will provide the primary care community with hazard prioritization information and mitigation strategies to implement at their home institutions, allowing each organization to assess their safety situation.

Presentation Title:

Use of a Primary Care Practice-Based Research Network (PBRN) Collaboration to Investigate Acanthosis Nigricans and Risk of Diabetes in Nationally Underserved Multi-Ethnic Patients

Presenter:

Alberta Kong, MD, MPH

Additional Authors:

Robert Rhyne, MD

Bennett Parnes, MD

Robert Volk, PhD

Elvan Daniels, MD

Nancy Weller, PhD

Betty Skipper, PhD

Robert Williams, MD, MPH

Network Affiliation:

Research Involving Outpatient Settings Network (RIOS Net)

Presentation Category:

Presentation on completed PBRN research

Context:

Evidence shows acanthosis nigricans is often associated with hyperinsulinemia and increased risk of type 2 diabetes mellitus. The purposes of this study were to determine the prevalence of acanthosis nigricans across a PBRN consortium and to investigate its association to type 2 diabetes mellitus risk factors.

Objective:

The specific aims were to determine the prevalence of acanthosis nigricans among persons 7-65 years of age seen in primary care, and to determine the relationship of AN to traditional diabetes risk factors.

Setting:

The project was conducted in PRIME Net practices that span the country and predominately serve low-income, minority patients.

Participants:

All consenting patients between the ages of 7-65 seen for an office visit with a participating clinician during a one-week data collection period were included. Exclusion criteria included patients who were pregnant, who were too ill to participate, and who had disabilities preventing them from answering questions.

Intervention/Essential Feature of Study:

A cross-sectional study was conducted in Primary care MultiEthnic Network (PRIME Net), a collaboration consisting of four participating PBRN's including RIOS Net (Albuquerque, NM), CaRe Net (Denver, CO), SERCN (Atlanta, GA), SPUR Net (Houston, TX). Participating clinicians (N=82) collected data on children and adults (N=1925) seen during a one-week sampling period. PDA's and paper surveys were used to collect data.

Results/Goals:

Among the 1925 enrolled patients, 42% were Hispanic, 20% were African-American, and 30% were White, non-Hispanic. Among all patients, 70% had a BMI placing them in the overweight or obese categories. Overall, 18.81% were found to have acanthosis nigricans. Rates of acanthosis varied by ethnicity, and included some persons with normal BMI.

Conclusions/Next Steps:

Alarming high rates of acanthosis nigricans were found in primary care practices in underserved communities across the country.

Presentation Title:

Merging PBRN Data Sets to Investigate Demographic Patterns of Pregnancy Weight Gain in a Diverse Metropolitan Area

Presenters:

Patricia Fontaine, MD, MS

Additional Authors:

Nancy Sherwood, PhD

Melanie Wall, PhD

Caitlyn Dayman

Network Affiliation:

Minnesota Academy of Family Physicians (MAFPRN)

Presentation Category:

Presentation on completed PBRN research

Context:

The Institute of Medicine (IOM) has established guidelines for optimal weight gain in pregnancy, yet only 30 to 40 percent of women achieve them.

Objective:

To examine the weight and weight-gain characteristics of a large and ethnically diverse population of pregnant women as a first step in developing interventions to promote healthy weight gain.

Setting:

MAFPRN, a large network of community-based and academic practices in Minnesota, and HealthPartners Medical Clinics in the HMO Research Network (HMORN).

Participants:

1,680 women aged 18 to 40 with measured baseline and prenatal weights, with term, singleton pregnancies delivered between July 2004 and July 2007.

Intervention/ Essential Feature of Study:

Demographic and clinical data were abstracted from electronic prenatal records at HealthPartners Clinics, using programming created for this study. Two MAFPRN clinics with paper charts were included to add Asian and African American women to the sample.

Outcome Measures/Design:

Multivariate analysis was performed with pregnancy weight gain outside IOM guidelines adjusted for baseline BMI, age, insurance status (commercial, subsidized or none), and self-identified race.

Results/Goals:

37% of women achieved weight gain within the IOM guidelines, 38% gained too much and 25% too little. Baseline BMI ($p < .0001$), race ($p = .0007$), and age ($p = .002$) were significant predictors of exceeding guidelines. White women, younger women, and women in high BMI categories were more likely to exceed guidelines. Baseline BMI ($p = .02$) and race ($p = .0007$) also predicted insufficient weight gain, with obese and African American and Asian women more likely to gain too little.

Conclusion/Next Steps:

The merged data set proved well suited to meet study objectives. Similar to previous studies, we found that most pregnant women do not meet IOM recommendations. Racial differences need to be addressed when developing appropriate interventions. Obese women present a particular challenge, as they are more likely than those with BMIs in the healthy range to be both over and under recommendations.

Presentation Title:

CareConcepts

Integrating Payor Sponsored Disease Management into Primary Care Practice

Presenter:

John Lynch, MPH

Additional Authors:

Jonathan Rosen, MD

Karen Pasquale, MPH

Network Affiliation:

Connecticut Center for Primary Care (CCPC)

Presentation Category:

Presentation on PBRN research in progress

Context:

Identify and discuss methodological issues in translational and transformational research around disease management, medical home, and care coordination models.

Objective:

To improve the process of chronic illness care within primary care practices and the clinical outcomes for chronic disease patients.

Setting:

Connecticut's largest primary care group practice.

Participants:

PBRN, Primary care practitioners, chronic disease patients, Connecticut managed care organizations, and disease management entities.

Intervention/Essential Feature of Study:

Phase 1: Two hundred primary care practitioners were surveyed and five managed care organization (MCO) medical directors were interviewed to determine their perspectives on disease management. Project identified barriers to the integration of disease management (DM) into routine primary care practice.

Phase 2: Research team identified optimal disease specific communications between PCP and DM entities into patient centric CareConcepts. The project is testing referral communications initiated by the PCP, a patient status communications completed by DM coordinators, and supplemental exchange of lab results, medication history, and visit schedules. The research team utilized CQI processes to translate into practice and pilot test the efficacy of a CareConcepts structured communications between primary care practitioners, patients, and disease management entities.

Phase 3: Research team will document ROI and patient outcomes and attempt to transform and achieve sustainability with MCOs.

Outcome Measures/Design:

Barriers identified by PCPs and MCO Medical Directors were documented. The results identified communication as a key barrier to the integration of DM into primary care. The pilot process identified a number of additional roadblocks that had to be overcome to translate into practice.

Presentation Title:

Reducing Health Disparities among Individuals with T2DM through a Statewide Network of Nurse Managed Health Centers

Lead Presenter:

Susan M. Beidler, PhD, MBE, APRN

Co- Presenter:

Jan Herzog MSN, RN

Additional Author:

Teresa L. Barry, PhD

Network Affiliation:

Nursing Centers Research Network (NCRN)

Presentation Category:

Presentation on PBRN research in progress

Context:

T2DM is pandemic in this country. Minorities and people living in poverty are unequally affected, related to the stress and powerlessness of their social status, as well as genetic predisposition. The problem is further compounded by significant disparities in access and quality of care received by minorities and people living in rural areas. Implementation of the Chronic Care Model (CCM) through a statewide network of nurse-managed health centers is one approach toward decreasing disparities in access to high quality care and improvement in self-management of T2DM.

Objective:

What is the impact of implementing the CCM in a network of nurse-managed health centers? What are the outcomes in diabetes control and health status from implementing patient-centered care? What impact does implementation of the CCM have on patient, staff, and student satisfaction?

Setting:

The Nursing Centers Research Network (NCRN) is a collaborative partnership of Nurse Managed Health Centers (NMHCs) for the purpose of promoting practice-based research within and among national and international NMHCs. The Morehead Center for Nursing Practice (MCNP) is a member center of the NCRN. The MCNP brings University of Nebraska Medical Center (UNMC) College of Nursing (CON) faculty practices together in a centralized and integrated system designed to support academic nursing practice as faculty work to reduce health disparities by providing care to underserved populations in an environment focused on student service learning and evidence-based practice. Setting for research: Network of community based primary care nurse-managed health centers, mobile nursing center, home visits, and health promotion clinics for seniors.

Participants:

All individuals with T2DM receiving care through a statewide network of nurse managed health centers will be invited to participate in the study.

Intervention/Essential Feature of Study:

The intervention utilizes the structure of the CCM which is organized around elements that improve outcomes; organizational support, clinical information systems, delivery system redesign, decision support, self-management support, and community resources.

Outcome Measures/Design:

Patient measures: PHQ-9, HSQ-12 V2.0, DES-SF, Vulnerability Index (Fiandt), Diabetes Action Plan, Patient Satisfaction Tool (NCRN), ER Utilization, HbA1c, BMI, urine microalbumin, lipids. Program measures: Student satisfaction survey, Assessment of Chronic Care, 5As Quiz, student, staff, and provider mix.

Presentation Title:

Complexity of Family Practice: A WREN Study

Presenter:

Peggy O'Halloran, MPH

Additional Authors:

Jon Temte, MD, PhD (PI)

John Beasley, MD

Mike Grasmick, PhD

Richard Holden, MD

Ben-Tzion Karsh, PhD

Lisa Kietzer

Beth Potter, MD

Paul Smith, MD

Network Affiliation:

Wisconsin Research and Education Network (WREN)

Presentation Category:

Presentation on completed PBRN research

Context:

The relationship between time factors and medical error in the primary care setting is not well understood. It is hypothesized that the competing demands of multiple patient problems and limited time have a significant effect on clinician mental workload, which in turn affects quality of care and propensity for medical error.

Objective:

To better define the relationships between encounter problem density, clinician mental workload, perceived medical error, and quality indicators.

Setting:

Wisconsin Research and Education Network (WREN) clinics

Participants:

Thirty WREN clinicians will record information on each of 20 encounters.

Intervention/Essential Feature of Study:

N/A

Outcome Measures/Design:

Clinician mental workload as measured by the NASA-TLX, and perceived medical error.

Results/Goals:

Patients have been recruited by clinicians from four WREN clinics, and 11 clinicians have completed data collection. The study will be completed in March 2008. Analysis of preliminary data shows that the mean number of problems per encounter is 3.45 (range: 1 - 10). The mean number of problems per scheduled time is 9.87 (range: 2 - 28). Mean clinician mental workload, as measured by the NASA TLX is 51.9 (scale: 0-100). Perceived medical error is relatively low (mean 6.23; range 3-10). Significant differences among clinicians for all of these measures are evident ($p < .001$).

Conclusions/Next Steps:

Preliminary study results indicate that clinicians commonly handle multiple problems during family practice patient visits addressing about 3.45 problems per patient encounter, and 10 problems per hour (encounter problem density - EPD). This is consistent with a study by Beasley et. al. that looked at number of problems per encounter as a measure of complexity in primary care. Future analyses will examine the associations between EPD, clinician mental workload, quality indicators, and perceived medical error.

WORKSHOPS III

4:15 PM – 5:30 PM

Title: Collecting and Analyzing Economic Data in Primary Care Interventions: Why is it Important and How Do I Get Started?

Presenters: Maribel Cifuentes, RN, Larry Green, MD, Alex Krist, MD, MPH, Martey Dodoo, PhD & Panel of P4H Researchers **SALON A**

In this session, participants will understand the need for more economic data in primary care research and discuss alternative methods, including their strengths and limitations. Discover how to collect data to estimate incremental and start-up expenditures using templates developed in P4H and the advantages and challenges faced by using these templates.

Title: Biomedical Publishing: The Peer Review Process and Writing a Useful Review

Presenters: Anne Victoria Neale, PhD, MPH, Kendra L. Schwartz, MD, MSPH, Marjorie A. Bowman, MD, MPA **SALON B**

PBRNs are conducting important research to improve primary care. In order to disseminate their findings, researchers must be successful at publishing their work. In this session, participants will be introduced to the aims and value of the journal peer review process, learn what editors expect to gain from a good review; and practice writing a peer review.

Title: Meta-Networks: Successes, barriers and challenges to facilitating collaborative efforts among PBRNs

Presenters: Rebecca Van Vorst, MSPH, Chester Fox, MD, Wilson Pace, MD, Debbie Graham, MSPH & additional representatives from SNOCAP, Regional PBRN of NY, AAFP NRN and Prime-Net **SALON C**

In this session, participants will learn about the efforts of four meta-networks in varying stages of development: SNOCAP, established 2005; Prime-Net, established 2006; Regional PBRN of NY, established 2007; and the AAFP National Research Network, a well established network that began to affiliate with other networks in 2006. Representatives from each meta-network will describe its history and process by which it was established as well as the outcomes produced by the collaborative.

Title: Engagement, Recognition, and Retention of Practices and Clinicians by Practice Facilitators –Best Practices

Presenter: Monica Goubaud, MA, John Lynch, MPH, Zsolt Nagykaldi, PhD, Annette Sokolnicki **SALON D**

Workshop participants will learn about current strategies employed by the participating Practice Facilitators to engage, recognize, and retain network practices in research and quality improvement projects. Interactive discussion will help participants and audience understand the breadth of approaches utilized and allow participants to identify a set of “best practices” standards which are appropriate for use in their PBRNs.

Workshop Title:

Collecting And Analyzing Economic Data In Primary Care Interventions: Why Is It Important And How Do I Get Started?

Presenters:

Maribel Cifuentes, RN
Larry Green, MD
Alex Krist, MD, MPH
Martey Dodoo, PhD
Panel of Prescription for Health Researchers

Network Affiliation:

Prescription for Health National Program Office

Presentation Category:

Best Practices

Expertise Level:

General (Does not assume any previous experience in the topic area)

Content:

While PBRNs have proven adept laboratories for generating and answering relevant research questions, most practice-based studies lack estimates of expenditures (economic data) necessary to develop, implement and sustain practice-level interventions. Such estimates are useful for practice decisions and in making cohesive arguments to payers and policy makers about primary care compensation and the need for redesigned payment systems. The Prescription for Health (P4H) program set out to calculate incremental expenses for 10 interventions using a standardized study protocol, instructional guide, and data collection instruments.

Objective:

(1) Discuss the importance of collecting and analyzing economic data in primary care research, the rationale behind the P4H methods to obtain credible expense estimates, and the strengths/limitations of alternative methods; (2) Describe the process, methods and standardized set of templates used in P4H as an example; (3) Learn from researchers who used these templates.

Setting:

Address compelling reasons about the need for more economic data in primary care research, discuss alternative methods, their strengths and limitations, explain how to collect data to estimate incremental and start-up expenditures using templates developed in P4H, discuss the advantages and challenges faced by using these templates. This forum will not address cost benefit/cost effectiveness methods, but participants will learn how to use standardized templates, pre-programmed with essential formulae, to estimate incremental expenditures associated with clinical interventions. Forum participants will receive a CD with these templates.

Workshop Title:

Biomedical Publishing: The Peer Review Process and Writing a Useful Review

Presenters:

Anne Victoria Neale, PhD, MPH
Kendra L. Schwartz, MD, MSPH
Marjorie A. Bowman, MD, MPA

Network Affiliation:

Metro Detroit Practice Based Research Network (MetroNet)
Workshop presented by editors of the Journal of the American Board of Family Medicine

Presentation Category:

Professional Development

Expertise Level:

Beginning/Intermediate (Assumes a basic level of understanding of the topic area)

Content:

Many researchers volunteer their time and expertise to read and critique submissions to journals. This devotion to advancing biomedical research and practice, plus the commitment to nurture their colleagues, is a service to us all. Journal peer reviewing also offers a number of benefits for researchers. This form of professional socialization is an avenue for the reviewer to improve his or her own critical appraisal and writing skills. Peer reviewing is likely to increase the quality of one's own manuscripts.

Objective:

PBRNs are conducting important research to improve primary care. In order to disseminate their findings, researchers must be successful at publishing their work. The objectives of this workshop are: a) To orient researchers to the aims and value of the journal peer review process; b) To learn what editors expect to gain from a good review.

Setting:

Questions to the editors about peer review will be encouraged throughout the session. The second segment of the workshop will be interactive with the editors and participants discussing the qualities of a good review.

Workshop Title:

Meta-Networks: Successes, Barriers and Challenges to Facilitating Collaborative Efforts Among PBRNs

Presenters:

Rebecca Van Vorst, MSPH

Chester Fox, MD

Wilson Pace, MD

Debbie Graham, MSPH

Additional representatives from SNOCAP, Regional PBRN of NY, AAFP NRN and Prime-Net

Network Affiliation:

Regional PBRN of NY, Capital-Adirondack PBRN

Presentation Category:

Best Practices

Expertise Level:

General (Does not assume any previous experience in the topic area)

Content:

PBRNs are clinical laboratories for primary care research and dissemination. PBRNs typically draw on the experience and insight of practicing clinicians to identify and frame research questions whose answers can improve the practice of primary care. An underlying principle of practice-based research is that PBRNs can produce research findings that are immediately relevant to the clinician and, in theory, can be more easily translated into practice. By virtue of a common purpose, many PBRNs share similar characteristics including: the involvement of physicians and clinics committed to conducting research of importance and relevance to themselves, their practices and their patients; utilizing experienced clinicians located in community settings in the formation of research ideas; and the development of an infrastructure that exists beyond a single study. Yet, considerable differences exist among PBRNs, such as varying governance structures, delivery systems, interests and expertise. Despite these differences, PBRNs have realized the importance of facilitating knowledge and resource sharing among PBRNs. Recent collaborative efforts have been initiated among PBRNs that are linked by a common purpose, shared vision or location. To these means, "meta-networks" are beginning to emerge across the country.

Objective:

This workshop will describe the efforts of four meta-networks in varying stages of development: SNOCAP, established 2005; Prime-Net, established 2006; Regional PBRN of NY, established 2007; and the AAFP National Research Network, a well established network that began to affiliate with other networks in 2006. Representatives from each meta-network will describe its history and process by which it was established as well as the outcomes produced by the collaborative. Common lessons learned, challenges and solutions to forming these collaborations will also be discussed. Panel representatives will describe what policies and procedures have been established or utilized by their networks and will make available examples for workshop participants.

Setting:

General. Familiarity with basic organizational structure and administrative functions of a PBRN would be helpful.

Workshop Title:

Engagement, Recognition, and Retention of Practices and Clinicians by Practice Facilitators

Presenters:

Monica Goubaud, MA
John Lynch, MPH
Zsolt Nagykalai, PhD
Annette Sokolnicki

Network Affiliation:

Oregon Rural Practice-based Research Network (ORPRN)

Presentation Category:

Best Practices

Expertise Level:

Intermediate/Advanced (Assumes previous experience in the topic area)

Content:

Practice Facilitators provide the ongoing personal contact with clinicians and clinic staff necessary for successful PBRN research and quality improvement projects. While network directors communicate with clinicians about research projects they might be interested in, it is often the personal relationships the Practice Facilitators have developed with key members of an office practice that make the implementation of a research or quality improvement project go smoothly.

This workshop addresses activities and strategies used by Practice Facilitators to engage, recognize, and retain both clinicians and clinic staff on an on-going basis. Participating networks will describe their PBRN, identify their role as Facilitators in their network, and discuss strategies for initially involving the whole practice staff, recognizing their efforts and participation in research studies, and keeping them involved even when not doing a study or project with them.

Objective:

- To identify current activities and strategies utilized by Practice Facilitators in:
 - initially engaging clinicians and staff in PBRN activities
 - recognizing clinician and staff contributions and participation
 - retaining interest and participation of the practice staff even when they are not currently involved in study activities
- To provide examples which highlight the benefits and challenges of maintaining good working relationships with network members and their staff;
- To allow workshop participants to identify “best practices” standards that enrich relationships within the network and that provide and maintain the necessary basis for successful participation in network activities.

Setting:

This workshop is intended for an Intermediate/Advanced Audience although new facilitators will gain insight into practices that make other networks successful. Workshop participants will learn about current strategies employed by the participating Practice Facilitators to engage, recognize, and retain network practices in research and quality improvement projects. Interactive discussion will help participants and the audience understand the breadth of approaches utilized and allow participants to identify a set of “best practices” standards which are appropriate for use in their PBRNs.

Friday, June 13, 2008

AGENDA & SESSION DESCRIPTIONS

BREAKFAST AND POSTERS	7:30 AM-8:30 AM <i>MARYLAND SUITES</i>
WELCOME AND OVERVIEW OF TODAY'S SESSIONS David Lanier, MD Director, PBRN Initiative, AHRQ	8:30 AM-8:45 AM <i>GRAND BALLROOM</i>
SPECIAL PRESENTATION: "Measuring the Cost of Implementing Interventions in Primary Care" – Perry Dickinson, MD, Daniel Longo, PhD	8:45 AM-9:00 AM <i>GRAND BALLROOM</i>
MORNING PLENARY: "Integration of Genomics into Primary Care: Tsunami or a Rising Tide?" GREG FEERO, MD	9:00 AM-10:15 AM <i>GRAND BALLROOM</i>
BREAK	10:15 AM-10:45 AM
CONCURRENT SESSIONS IV	10:45 AM-11:45 AM
<p>IV A – PBRN DEVELOPMENT AND FUNDING SALON A</p> <ul style="list-style-type: none"> • "PBRNs as an Incubator of Innovation, Implementation and Policy" – Steven Woolf, MD, MPH • "Development and Impact of PBRNs and AHRQ-Related Support" – Caitlin Oppenheimer, MPH • "Maintaining Network Identity and Integrity" – Jane French, CCRP <p>FACILITATOR: PATRICIA FONTAINE, MD, MS</p>	
<p>IV B – GENERAL PEDIATRICS SALON B</p> <ul style="list-style-type: none"> • "How Common are Headache Visits in a Pediatric Primary Care Setting?" – Kristina Gustafson, MD • "The Telephone Asthma Program" – Jane Garbutt, MBChB • "Pure Air for Asthma Safe Kids" – Nancy Rothman, EdD, RN <p>FACILITATOR: MORT WASSERMAN, MD</p>	
<p>IV C – PRIMARY CARE TEAMS AND WORKFORCE SALON C</p> <ul style="list-style-type: none"> • "Facilitating Role Change: An Analysis of Primary Care Teams" – Nicole Isaacson, PhD, Robert Ferrer, MD, Jodi Summers Holtrop, PhD • "A Medical Assistant-Based Program to Promote Healthy Behaviors in Primary Care" – Robert Ferrer, MD, MPH • "Physicians' Readiness to Handle Patient Surges in the Event of a Pandemic Influenza Outbreak" – Walter Calmbach, MD, Zsolt Nagykaladi, PhD <p>FACILITATOR: ROWENA DOLOR, MD, MHS</p>	
<p>IV D – SPECIAL CLINICAL ISSUES SALON D</p> <ul style="list-style-type: none"> • "Barriers and Facilitators to Delivering Diet and Nutrition Messages into Primary Health Care Visits at Community Health Centers with Latino Patient Populations" – Laura Myerchin, MA • "Factors Associated with Discontinuation of Calcium Supplementation" – James Werner, PhD • "Implementing Chronic Kidney Disease Guidelines in Primary Care Offices" – Chester Fox, MD <p>FACILITATOR: ROB WILLIAMS, MD</p>	
BOXED LUNCH & FUNDERS' FAIR	11:45 AM-1:15 PM <i>CONGRESSIONAL BALLROOM</i>
WORKSHOP IV (LUNCH CAN BE BROUGHT INTO WORKSHOP SESSSIONS)	12:15 PM-1:30 PM
"Closing the Loop: Delivering Research Results to Practices" – Jo Mahler, MS, Lyle J. Fagnan, MD, Andrew L. Sussman, PhD, MCRP, Gina Cardinali, MSW MODERATOR: LINDA NIEBAUER	SALON A

“IRB, Human Subjects Training & Consent Forms – Issues for PBRNs” – Patricia Fontaine, MD, MS, Carol Lange, MPH, Raymond Boyle, PhD MODERATOR: PAULA DARBY LIPMAN, PHD	SALON B
CONFERENCE ADJOURNS	1:30 PM

Friday, June 13, 2008

CONCURRENT SESSION IV

10:45 – 11:45 AM

IV A – PBRN DEVELOPMENT AND FUNDING

SALON A

- PBRNs as Incubators of Innovation, Implementation and Policy – Steven Woolf, MD, MPH
- Development and Impact of PBRNs and AHRQ-Related Support – Caitlin Oppenheimer, MPH
- Maintaining Network Identity and Integrity When Approached by a Non-Profit Economic Development Institute to be Involved in Data Collection for Research Biological Repository – Jane French, CCRP

FACILITATOR – Patricia Fontaine, MD, MS

IV B – GENERAL PEDIATRICS

SALON B

- How Common are Headache Visits in a Pediatric Primary Care Setting? – Kristina Gustafson, MD
- The Telephone Asthma Program – Jane Garbutt, MBChB
- Pure Air for Asthma Safe Kids – Nancy Rothman, EdD, RN

FACILITATOR – Mort Wasserman, MD

IV C – PRIMARY CARE TEAMS AND WORKFORCE

SALON C

- Facilitating Role Change: An Analysis of Primary Care Teams – Nicole Isaacson, PhD, Robert Ferrer, MD, Jodi Summers Holtrop, PhD
- A Medical Assistant-Based Program to Promote Healthy Behaviors in Primary Care – Robert Ferrer, MD, MPH
- Physicians' Readiness to Handle Patient Surges in the Event of a Pan-Flu Outbreak – Walter Calmbach, MD, Zsolt Nagykaladi, PhD

FACILITATOR – Rowena Dolor, MS, MHS

IV D – SPECIAL CLINICAL ISSUES

SALON D

- Barriers and Facilitators to Delivering Diet and Nutrition Messages into Primary Health Care Visits at Community Health Centers with Latino Patient Populations – Laura Myerchin, MA
- Factors Associated with Discontinuation of Calcium Supplementation – James Werner, PhD
- Implementing Chronic Kidney Disease Guidelines in Primary Care Offices – Chester Fox, MD

FACILITATOR – Rob Williams, MD

Presentation Title:

Practice-Based Research Networks as an Incubator of Innovation, Implementation, and Policy

Presenter:

Steven H. Woolf, MD, MPH

Network Affiliation:

Virginia Ambulatory Care Outcomes Research Network (ACORN)

Presentation Category:

Presentation on completed PBRN research

Context:

Although new practice-based research networks (PBRNs) must focus their energies on establishing themselves and organizing studies and grants, mature networks can reflect on the processes by which their ideas have evolved and have acted as an “incubator” of innovation and research that influences policy.

Objective:

To examine the experience of a 12 year-old PBRN as an incubator of innovative inquiry and an active policy influencer, the pathway by which the studied interventions evolved, and the role of end-users and funders in redirecting the research agenda.

Setting:

The Virginia Ambulatory Care Outcomes Research Network (ACORN)

Intervention/Essential Feature of Study:

Pathway analysis of projects, publications, and ramifications for 1996 to 2008 to understand how innovation occurred in a mature PBRN. The analysis was grouped by sectors of innovative inquiry, with a focus on when innovations, implementation, policy influence, and redirection by end-users occurred.

Results/Goals:

ACORN began with two foci of research interest – patient decision support tools and clinician reminder systems. Although these portfolios began as separate tracks, the insight that ultimately evolved from their experience was the effectiveness of blending both strategies into an integrated approach that was sensitive to practice demands, supported clinicians and patients together, and interfaced smoothly with programs outside the practice to enhance efficiency, intensity, and quality. These insights attracted the interest of funders and policy organizations, which in turn influenced the direction of future ACORN studies.

Conclusions/Next Steps:

As a laboratory where strategies for improving care can be tested, refined, and applied in practice, PBRNs led by effective research teams can function as an incubator of innovation and best practices in a way that traditional research environments cannot replicate. Too little has been made of this role for PBRNs, which can be used by investigators, systems of care, policymakers, and clinicians to develop and refine innovative, real-world solutions that can be implemented in practice.

Presentation Title:

Development and Impact of PBRNs and AHRQ-Related Support

Presenter:

Caitlin Carroll Oppenheimer, MPH

Organization Affiliation:

National Opinion Research Center (NORC)

Presentation Category:

Presentation on completed PBRN research

Context:

Since 2000, AHRQ has funded PBRNs to accelerate the translation of research into practice and perform research relevant to everyday primary care. Although AHRQ funding played a major role in the expansion and development of PBRNs, the extent of this impact is less clear. Thus, NORC sought to assess the development of PBRNs, the quantity and quality of their research, and the dissemination of research findings, and then to measure the impact of AHRQ funding on second generation medical research and practice.

Objective:

To evaluate the impact of AHRQ funding for PBRNs and to guide future AHRQ funding for PBRNs.

Participants:

Participants of the semi-structured interviews included 27 PBRN network leaders that received AHRQ funding, and 9 PBRN leaders that had not. The sample was representative in terms of geographic coverage, number of patients, affiliation (university/non-university), and PBRN stage of development.

Results/Goals:

Findings suggest that overall, PBRNs matured over this time period and that PBRN research has had substantial impact. Dissemination of research is one example: at least 451 peer-reviewed journal articles were published by 67 PBRNs, with one prominent article cited by 528 articles; another by 408 articles. AHRQ-sponsored PBRN research grants were important to the success of many PBRNs. AHRQ's non-competitive support (for PBRN conferences, technical assistance, and its "spreading the word of the importance of practice-based research") also facilitated the PBRNs' success.

Conclusions/Next Steps:

PBRNs have impacted medical research and practice over the 2000-2007 time period and AHRQ's support for PBRNs has contributed significantly to this impact.

Presentation Title:

Maintaining Network Identity and Integrity When Approached by a Non-Profit Economic Development Institute to be Involved in Data Collection for Research Biological Repository

Presenter:

Jane French, CCRP

Network Affiliation:

Pediatric Research Network (ResNet)

Presentation Category:

Presentation on PBRN research in progress

Context:

The challenges experienced when approached by a non academic organization to implement a large bio-repository project within an inner city based primary care network are reported.

Objective:

A service of the Indiana University School of Medicine (IU SOM), ResNet is the only mechanism by which patients can be recruited from IU Medical Group-Primary Care (IUMG-PC). ResNet aimed to assist with this project if found acceptable to IUMG-PC's leadership and met minimum standards of ethical research. Because the sponsoring organization had close ties to the IU SOM and a philanthropic organization that supports research and education in the IU SOM, both the primary care practices and ResNet received political pressure to participate. Eventually, discussions rose to the level of the university's Vice President for Research. This presentation will describe the various stakeholders involved, the conflicts that developed for each as a result, and the processes for reaching final consensus. Lastly, it will describe the status of the project currently and the lessons learned, regarding studies involving exploratory bio-repositories and aimed at fostering economic development, not just science.

Setting:

ResNet is an active, established practice based research network designed to facilitate clinical and health services research to improve quality and outcomes of care. The institute's leaders had minimal prior research experience and had problems balancing issues raised by the IUMG-PC, investigators, the university, and ResNet.

Participants:

Practice Based Research Network, Indiana University, IU Medical Group Primary Care and Economic Development Institute

Intervention/Essential Feature of Study:

Maintaining network identity and integrity in a politically charged arena.

Outcome Measures/Design:

Maintaining network integrity and identity can be very difficult when a network is presented with a project that has high political costs. Deliberations to find common ground between all the parties involved is challenging but necessary for projects that have high risks and benefits for a network.

Presentation Title:

How Common Are Headache Visits in a Pediatric Primary Care Setting? Clinician Perceptions from the SCPPRN

Presenter:

Kristina K. Gustafson, MD

Additional Authors:

J. Routt Reigart, MD

Paul M. Darden, MD

Network Affiliation:

South Carolina Pediatric Practice Research Network (SCPPRN)

Presentation Category:

Presentation on completed PBRN research

Context:

Headache and migraine, although prevalent in school-aged children, are infrequently diagnosed in the primary care setting. Previous research of the NAMCS survey and experience in 3 SCPPRN practices suggest that there are similarly poor rates of diagnosis.

Objective:

To compare practice experiences of headache visits for clinicians in the South Carolina Pediatric Practice Network (SCPPRN).

Setting:

SCPPRN is a practice-based research network established by concerned primary care physicians who see a need for outcomes-based research that is "relevant" to their practice. The network is community-wide with participation of practicing physicians from Charleston, SC and the surrounding areas.

Participants:

Headache surveys about school-aged children from 22 clinicians (20 pediatricians and 2 pediatric nurse practitioners) in the eight practices in the South Carolina Pediatric Practice-Based Research Network (SCPPRN) were examined.

Intervention/Essential Feature of Study:

The 22 question survey contained twelve 5-point likert scale, three multiple-answer, three dichotomous, and four open-ended questions.

Results/Goals:

Thirteen clinicians agree that headache is a common reason for children to visit the pediatrician (59.0%). However, only 31.8 percent of our clinicians are familiar with the international classification of headache disorder (ICHDII) criteria. Almost two-thirds of the clinicians routinely asked patients or parents about headaches/migraines at sick visits (63.6%). 81.8% of clinicians routinely complete a fundoscopic examination on patients with a headache complaint while 27.3% examine all school-aged patients' fundus. 63.6% of our clinicians are neutral or disagree that headaches from a brain tumor are easily differentiated from migraine while 95.5% of clinicians agree that most pediatric headaches can be independently managed in primary care without the need for neurology referral. Most clinicians would like both further education and an effective, efficient mechanism to screen for headache or migraine (86.4; 76.2). Thirteen out of 18 clinicians estimated that 3-10% of school-aged children have migraine headaches (4 clinicians at 3%, 6 at 5%, and 3 at 10%).

Conclusions/Next Steps:

SCPPRN clinicians believe that headache is a common, manageable reason to visit the pediatrician. Referral is not necessary if increased knowledge about the ICHDII criteria and headache management is provided to the primary care provider.

Presentation Title:

The Telephone Asthma Program (TAP)

Presenter:

Jane Garbutt, MBChB

Additional Authors:

Randall Sterkel, MD	Lisa Swerczek, BSN, RN
Christina Banister	Suzanne Well, RN
Jay Epstein, MD	Gordon Bloomberg, MD

Network Affiliation:

Washington University Pediatric and Adolescent Ambulatory Research Consortium (WU PAARC)

Presentation Category:

Presentation on completed PBRN research

Context:

Asthma morbidity is largely preventable with effective maintenance care.

Objective:

Evaluate if the Telephone Asthma Program (TAP) reduces asthma impairment and emergent events.

Setting:

Community pediatric practices in St. Louis, MO.

Participants:

Children (5-12 years old) with persistent asthma and > 1 emergent events in past year were recruited through a call center.

Intervention/Essential Feature of Study:

TAP was a telephone-coaching program based on the transtheoretical model of behavior change. Over 12-months, an asthma coach called the parent with tailored advice and support to improve use of controller and rescue medications and partnership with their pediatrician. TAP was evaluated in a randomized controlled trial compared to usual care. Measurements included telephone interviews and chart review before and 12 months following randomization. Regression methods were used to compare study outcomes between groups.

Outcome Measures/Design:

Asthma impairment was assessed with the Juniper tool for asthma-related quality of life (QOL) and a measure of asthma control (well, partially, poorly controlled). Emergent events (office visits, calls to the call center, emergency department visits and hospitalizations) were summed for each 12-month measurement period.

Results/Goals:

362 patients cared for by 95 pediatricians were randomized (190 TAP, 172 control). At baseline, patient and family characteristics were similar in both groups (32% African American, 22% Medicaid). 56% of children had poorly controlled asthma.

Statistically significant positive changes in the pre-post measures of impairment and emergent events occurred in both groups. Change in QOL scores for the intervention group were clinically significant and greater than change in the control group (0.72 units vs. 0.3 units, P=.0025), and the decrease in the proportion of children with poorly controlled asthma was greater (34% vs. 20%, P=.0285). The decrease in emergent events did not differ between groups (P=.42).

Conclusions/Next Steps:

Compared with usual care, TAP reduced asthma impairment but did not reduce emergent events.

Presentation Title:

Pure Air for Asthma Safe Kids

Presenter:

Nancy L. Rothman, MSN, EdD, RN

Additional Authors:

Tine Hansen Turton, MG

Laura Line, MS

Network Affiliation:

National Nursing Centers Consortium (NNCC Data Mart)

Presentation Category:

Presentation on PBRN research in progress

Context:

Asthma remains a major environmental health concern for children within urban environments.

Objective:

Would adding an air purification system in a child's sleeping area reduce asthma symptoms and the need to use emergency inhalers, as well as improve quality of life for a child diagnosed with asthma?

Setting:

PHMC Nursing Network includes 4 nurse-managed primary care centers. Two of these centers are within urban public housing developments, another serves the chronically homeless within the City of Philadelphia and the fourth serves an immigrant Mexican population, many of whom work on mushroom and horse farms.

Participants:

Participants will include children up to 18 years of age with asthma, who have been hospitalized or made two emergency room visits within the past 6 months and their caregivers.

Intervention/Essential Feature of Study:

The control group will receive our normal Asthma Safe Kids home visitation program that assesses the home environment and teaches a family how to control asthma. The experimental group will receive Asthma Safe Kids and an air purification system.

Outcome Measures/Design:

Thoughts about what outcomes to examine include: emergency room visits, hospitalizations, pre/post-test: evaluation of knowledge related to asthma, home environmental assessments, child and caregiver quality of life related to asthma diagnosis.

Presentation Title:

Facilitating Role Change: An Analysis of Primary Care Teams

Lead Presenter:

Nicole E. Isaacson, PhD, MSS

Co-presenters:

Robert Ferrer, MD

Jodi Summers Holtrop, PhD

Network Affiliation:

New Jersey Family Medicine Research Network (NJFMRN)

Presentation Category:

Presentation on completed PBRN research

Context:

Collaborative team models have been championed to improve quality of care and to ensure delivery of preventive services. Health behavior change is one area where a team approach has been advocated. Team approaches may require changes to existing roles for health care workers in the primary care practice setting, however, the conditions for role transformation are not well understood.

Objective:

To identify barriers and facilitators to role change in primary care practice using sociological Role Change Theory.

Setting:

Three primary care Practice-Based Research Networks in Texas, Michigan and New York. Participating practices serve urban, rural and suburban populations

Participants:

Staff members and researchers participating in three behavioral health change interventions.

Intervention/Essential Feature of Study:

Cross-case comparative analysis. Secondary analysis of qualitative data (site visits notes, grantee reports, interviews with grantees, and online diary entries) identified instances related to role change.

Results:

In primary care practice, team members had greater success in taking on a new role when: (1) there was patient demand for services provided by the role change; (2) occupants of the new role were successfully mobilized (3) the new role had cultural credibility; (4) there was institutional support in the practice setting; (5) practice team members taking on the new role had structural autonomy. Role transformation was impaired when these conditions were absent.

Conclusions/Next Steps:

Attention to key factors identified using role change theory will help to ensure the successful implementation of patient-centered and team-based improvements to primary care preventive service delivery.

Presentation Title:

A Medical Assistant-Based Program to Promote Healthy Behaviors in Primary Care

Presenter:

Robert L. Ferrer, MD, MPH

Additional Authors:

Priti Mody-Bailey, MD
Carlos R. Jaen, MD, PhD
Sherri Gott, PhD
Sara Araujo

Network Affiliation:

Practice Research Network of San Antonio (PRENSA)

Presentation Category:

Presentation on completed PBRN research

Context:

Unhealthy behaviors are the major causes of preventable death in the U.S. With its high population contact rate, primary care is well-positioned to address behavioral risks but its evolution as an acute care delivery system has hindered its progress.

Objective:

To promote team-based care for behavioral risks, medical assistants in primary care practices were trained to apply a 5A (assess-advise-agree-assist-arrange) strategy to screen patients for 4 risk behaviors and arrange interventions to pre-existing resources within the practice, health system, or community.

Setting:

Practice Research Network of San Antonio (PRENSA) including 6 primary care practices serving a large, disadvantaged Latino population in San Antonio, Texas.

Participants:

864 adult patients presenting for primary care visits, enrolled in a county assistance program for uninsured residents.

Intervention/Essential Feature of Study:

Screening for tobacco use, risky drinking, low physical activity, and unhealthy diet by medical assistants, who then follow behavior-specific algorithms to refer patients to behavioral interventions.

Outcome Measures/Design:

Primary outcome was risk behavior change on standardized risk assessments (quit smoking, stopped risky drinking, activity increased above low, now eating more than 5 servings fruit/vegetables per day). Secondary outcomes included proportion of patients completing referrals, time-motion assessment of medical assistant workload, and qualitative assessment of program impact on medical assistant job satisfaction.

Results/Goals:

At mean follow-up of 12 months, 42.9% of the intervention group completed an intervention vs. 25.8% of the control group (absolute risk difference 17.1%; $p < .001$). Risk behaviors improved in 21.9% of intervention patients vs. 16.8% of control patients (absolute risk difference 5.1%; $p = .17$). Qualitative interviews revealed implementation barriers at the practice, medical assistant, and patient levels that diminished the program's effectiveness.

Conclusions/Next Steps:

Medical assistants can function in this transformed role, but need substantially more support in the form of training, administrative backing, and redefined task expectations.

Presentation Title:

Physicians' Readiness to Handle Patient Surges in the Event of a Pandemic Influenza Outbreak

Lead Presenter:

Walter L. Calmbach, MD

Additional Authors:

John G. Ryan, DrPH

Jon Temte MD, PhD

Lauren DeAlleaume, MD

Co-Presenter:

Zsolt Nagykaldi, PhD

Network Affiliation:

South Texas Ambulatory Research Network (STARNet)

Presentation Category:

Presentation on completed PBRN research

Context:

The threat of pandemic influenza outbreak is real, but specific risk is unknown. Measures of physician preparedness are important elements of any planning process.

Objective:

The aims of this study were to 1) assess physicians' readiness to handle patient surge in the event of a pandemic influenza outbreak; 2) identify "best practices" approaches from exemplary settings; and 3) use this information to create resources that help other primary care clinicians prepare for the expected patient surge in the event of a pandemic influenza outbreak.

Setting:

Local or statewide PBRNs in four states (OK, TX, CO, FL)

Participants:

Primary care clinicians who are members of a local or statewide PBRN

Intervention/Essential Feature of Study:

Clinician interviews

Results/Goals:

Structured clinician interviews were conducted among nine clinicians in each of the four Practice-Based Research Networks (PBRNs): OKPRN, STARNet, So-Fla-PBRN, and SNOCAP. Most practices had no formal plan for handling a patient surge. Practices with some form of preparation in place planned to: increase appointments, use home health agencies to facilitate home visits, issue standing orders about influenza screening, vaccination, and testing, provide additional staff, find additional space, stock personal protective equipment, activate a phone triage system, change to or increase open access scheduling, and make use of the mass media (e.g., have a clear message, know who you can trust, have access to Spanish language outlets).

"Best practices" in exemplary settings included: planning for influenza vaccinations well in advance, providing influenza vaccinations to all patients not just those at high risk, making a "second push" to maximize vaccinations during influenza season, and coordinating with local schools, employers, pharmacies, nursing homes, etc.

Conclusions/Next Steps:

Primary care physicians are not well prepared for a pandemic influenza event. Compensation, training, supplies, and communication are key deficiencies.

Presentation Title:

Barriers and Facilitators to Delivering Diet and Nutrition Messages into Primary Health Care Visits at Community Health Centers with Latino Patient Populations

Presenter:

Laura M. Myerchin, MA

Network Affiliation:

LA Net

Presentation Category:

Presentation on completed PBRN research

Context:

In order to address rising rates of obesity and related co-morbidities, particularly in the Latino community, the American Academy of Family Physicians National Research Network (AAFP NRN) and two PBRNs have implemented a national research study of practice level interventions to improve "fitness" (physical activity, diet and nutrition, and emotional well-being) in adult patients. Five Community Health Centers (CHCs) located in Southern California are currently participating in "Americans in Motion - Healthy Interventions" (AIM-HI). These LA Net clinics are specifically interested in examining the unique needs and challenges that come with making diet and nutrition counseling concurrent to their patients' cultural background.

Objective:

To identify barriers and facilitators to delivering culturally sensitive diet and nutrition messages during routine health care visits with Latino patients.

Setting:

Five CHCs located in low-income mainly Latino communities in Southern California that are participating in the AIM-HI study.

Participants:

Four physicians and six staff members from the five CHCs participated in the key informant interviews. Eight physicians and staff members participated in the focus groups. The physicians and staff members were of multiple cultural backgrounds.

Intervention/Essential Feature of Study:

Key informant and focus group interviews were conducted with clinicians from five CHCs. Data were analyzed for content and theme using methods recommended by Crabtree and Miller.

Outcome Measures/Design:

Surveys assessed demographics, perceptions and worry about child's weight, and visit satisfaction. Child's weight and height from the visit were obtained.

Conclusions/Next Steps:

Clinicians counseling Latino patients on diet and nutrition should be aware of cultural issues related to food and attempt to incorporate these in order to increase patient fitness and improve quality of care to their Latino patients.

Presentation Title:

Factors Associated with Discontinuation of Calcium Supplementation

Presenter:

James J. Werner, PhD

Additional Authors:

Carl Tyler, MD, MS
Jessica Conway, MD
Donald Ford, MD

Brenda Powell, MD
Sandra Snyder, DO
Christopher Young, MD

Michael Smolak, MD
Vanessa Panaite
Stephen J. Zyzanski, PhD

Network Affiliation:

Research Association of Practices

Presentation Category:

Presentation on completed PBRN research

Context:

Epidemiologic studies clearly demonstrate a cause-and-effect relationship between adequate calcium intake and protection against osteoporosis. However, the majority of U.S. women do not achieve adequate daily calcium intake.

Objective:

This study examined reasons for discontinuation of calcium supplements by those who formerly used them. The characteristics and calcium knowledge of these former-users group were compared with those of current-users and of individuals who had never taken calcium supplements.

Setting:

The study was conducted by a PBRN of family physicians practicing at six-community-based health clinics affiliated with a major healthcare institution in northeast Ohio.

Participants:

Women ages 20-64, presenting consecutively for routine care, were invited by their physicians to complete a questionnaire regarding calcium supplement use. Questionnaires were completed until 30 were collected per clinic.

Intervention/Essential Feature of Study:

Cross-sectional survey to assess reasons and factors associated with discontinuation of supplemental calcium.

Results/Goals:

Mean age of all participants was 43 years; former- and never-users were significantly younger than current-users. Educational levels were high, with 84% having at least some college. 20% had formerly used calcium supplements but discontinued, 37% reported to currently use calcium supplements, and 43% had never used calcium supplements. Former-users were significantly less likely than current-users to take a daily multivitamin, and were more likely than never-users to report family history of osteoporosis and perceive osteoporosis risk. Former-users reported seldom obtaining adequate calcium from their diet. Leading reasons for their discontinuation were forgetting (78%), dislike of taking supplements (54%), and not replacing (35%). 97% of former-users reported being likely to resume calcium supplementation if asked by their family physician.

Conclusions/Next Steps:

Former-users tended to be young women who perceived a personal risk for osteoporosis, who understood the protection provided by calcium, and who acknowledge seldom obtaining adequate intake from diet. They reported discontinuing due to forgetfulness and dislike for supplement-taking. Office-based interventions may be effective, as former-users reported a high degree of willingness to resume if requested by their physician.

Presentation Title:

Implementing Chronic Kidney Disease Guidelines in Primary Care Offices: Translating Evidence into Practice

Presenter:

Chester H. Fox, MD

Additional Authors:

Brian Murray, MD

Andrew Swanson

Linda S. Kahn, PhD

Kathryn Glaser

Network Affiliation:

Upstate New York Practice Based Research Network (UNYNET)

Presentation Category:

Presentation on completed PBRN research

Context:

With the rising prevalence of Chronic Kidney Disease (CKD) in the United States from 10 to 13% of the population, implementation of the evidence-based Kidney Disease Outcomes Quality Initiative (KDOQI) guidelines developed for the delay of progression of CKD is of increasing importance in primary care offices. Previous studies have shown limited knowledge and uptake of KDOQI guidelines by primary care physicians. CKD and its complications are still largely under-diagnosed and under-treated

Objective:

A multi-faceted quality improvement (QI) study was undertaken to test if these guidelines could be implemented in underserved practices.

Setting:

UNYNET is an eight county network with 60 clinicians and 228,000 patient lives in Western New York

Participants:

2 inner city underserved practices

Intervention/Essential Feature of Study:

Utilizing a combination of Practice Enhancement Assistants (PEA), computer decision making support and academic detailing, we sought to increase physician awareness of the guidelines and improve CKD management in two inner-city practice sites.

Outcome Measures/Design:

Diagnosis of CKD; Diagnosis of anemia; Obtaining bone mineral metabolism labs; Use of ACE or ARB; Use of ASA 81 mg; Discontinue NSAID; Discontinue Metformin; Rate of change of GFR

Results/Goals:

181 patients were selected with a Glomerular Filtration Ratio less than 60, meeting the inclusion criteria. This represented a 100% sample of patients with CKD at baseline. Recognition of CKD improved significantly from 30/21% initially, to 114/79% following the intervention ($P < .001$). Diagnosis of anemia increased significantly from 26/33% at baseline, to 53/67% following the intervention ($P < .001$). Angiotensin converting enzyme inhibitor and aspirin use did not change significantly ($P = .31$ and $P = .233$, respectively). Changes in medications showed significant changes; Metformin use decreased from 12 patients to 6 patients/50% ($P < .001$); and NSAID use decreased 23 patients to 14 patients/41% ($P < .001$). Mean GFR increased significantly from 45.75 to 47.34 ($p < .001$)

Conclusions/Next Steps:

Recognition and treatment of CKD and its complications can be markedly improved in primary care offices using a combination of PEA, computer decision support, and academic detailing. Larger studies in a more geographically spread region are needed to confirm these preliminary results.

WORKSHOPS IV

12:15 PM – 1:30 PM

Title: Closing the Loop: Delivering Research Results to Practices

Presenters: Jo Mahler, MS, Lyle J. Fagnan, MD, Andrew L. Sussman, PhD, MCRP, Gina Cardinali, MSW **SALON A**

Delivering research results back to practices is an important yet challenging task for PBRNs. This session will provide a forum to review the range of approaches, strategies and funding mechanisms used by PBRNs to disseminate research results. We will draw upon case study experiences of several PBRNs to assess different ways of closing the loop and share examples that highlight the challenges, missed opportunities and successes in efforts to deliver research results and engage network members.

Title: IRB, Human Subjects Training and Consent Forms – Issues for PBRNs

Presenters: Patricia Fontaine, MD, MS, Carol Lange, MPH, Raymond Boyle, PhD **SALON B**

PBRNs and community based research often provide IRB's with a different research environment than they are accustomed to reviewing. It is important for PBRNs to work with their IRBs and to educate the IRB on the benefits and value of practice-based research. Human Subjects Training for practice-based research is ideally tiered to meet the needs of the investigators and the site leaders. This interactive workshop will include a brief review of the code of federal regulations, IRB expectations of an application, common problems with submissions and consent forms and PBRN solutions to these problems.

Workshop Title:

Closing the Loop: Delivering Research Results to Practices

Presenters:

Jo Mahler, MS

Andrew Sussman, PhD, MCRP

Lyle J. Fagnan, MD

Gina Cardinali, MSW

Network Affiliation:

Oregon Rural Practice-based Research Network (ORNRN)

Presentation Category:

Best Practices

Expertise Level:

General (Does not assume any previous experience in the topic area)

Content:

Delivering research results back to practices is an important yet challenging task for PBRNs. Once a study has been completed, competing priorities make it difficult to disseminate findings to participating clinicians. PBRNs may also experience challenges in maintaining funding to support these dissemination activities. The need to “close the loop” is recognized as both a vital and underdeveloped aspect in PBRN research.

This workshop will provide a forum to review the range of approaches, strategies and funding mechanisms used by PBRNs to disseminate research results. We will draw upon case study experiences of several PBRNs to assess different ways of closing the loop. Presenters will share examples that highlight the challenges, missed opportunities and successes in efforts to deliver research results and engage network members.

Objective:

1. To provide an overview of the central issues, strategies and approaches used by PBRNs to disseminate research results to member practices/clinicians.
 - a. Existing dissemination models/typologies will be presented.
 - b. The role of PBRNs in supporting practices to translate results for practice enhancement.

Why important to PBRNs: It can be difficult to know when and how to “close the loop” with practices upon completion of a study. Understanding issues, strategies and approaches related to dissemination provides some structure for planning when and how to “close the loop.”
2. To identify the challenges in maintaining an adequate infrastructure to support outreach activities, and possible ways to address them.

Why important to PBRNs: Moving from passive dissemination into active dissemination can pose challenges to PBRNs. The ability to create and maintain infrastructure that supports related outreach activities is an important component in working with practices to translate research into practice.
3. To assess the added value of dissemination activities including staying in touch with member practices, enhancing a sense of investment in the network and facilitating further action based on research results.

Why important to PBRNs: A sense of network ownership and involvement is a critical element for translating research into practice.

Setting:

This workshop is intended for a full range of audience experience or understanding of this topic area: General, Beginning/Intermediate, and Intermediate/Advanced.

Workshop Title:

IRB, Human Subjects Training and Consent Forms – Issues for PBRNs

Presenters:

Patricia Fontaine, MD, MS
Carol Lange, MPH
Raymond Boyle, PhD

Network Affiliation:

PBRN Resource Center

Presentation Category:

Research Methods

Expertise Level:

General (Does not assume any previous experience in the topic area)

Content:

PBRNs and community based research often provide IRB's with a different research environment than they are accustomed to reviewing. It is important for PBRNs to work with their IRBs and to educate the IRB on the benefits and value of practice-based research. Human Subjects Training for practice-based research is ideally tiered to meet the needs of the investigators and the site leaders.

Objective:

The purpose of this workshop is to assist PBRNs identifying successful strategies to work with their IRB, to streamline the completion of applications, to improve the quality of consent forms and to have tools available to assist members to meet the appropriate Human Subject training requirements.

Workshop attendees will be able to:

1. Describe steps to working effectively with IRBs and the design of Human Subject Training.
2. Describe the options for the use of central or cooperative review mechanism.
3. Identify consent form readability scores and benefit of ePRISM toolkit.

Setting:

This interactive workshop will include a brief review of the code of federal regulations, IRB expectations of an application, common problems with submissions and consent forms and PBRN solutions to these problems. Human Subject Training options will be presented. The attendees will break into small groups and discuss specific challenges and barriers faced by attendees, potential methods for overcoming these barriers as well as work with ePRISM to solve consent form issues. The workshop will conclude with a group conversation from the small group discussions. This workshop is ideally suited to intermediate level practice based researchers and coordinators. Attendees are encouraged to bring a current or planned consent form.

Poster Abstracts by Number

Poster #	Last Name	First Name	Poster Title
1	Binns	Helen	Parental Perceptions of Well Child Care Delivery (PPRG)
2	Gans	Alyssa	Mothers' and Primary Care Clinicians' Perceptions of a Mother's Resource Guide (SOAR-Net)
3*	Wilson	Kimberly	Assessing Parental Preference for Hypothetical Health States for Their Children (PResNet)
4	Specht	Sandra	Parents' Perception of Their Communities' Social Capital: Geographic Variation and Associated Factors (SOAR-Net)
5*	Daly	Jeanette	Computerized Support for Managing Type 2 Diabetes in a Free Medical Clinic (IRENE)
6*	Levy	Barcey	Promoting Best Practices in Rural Diabetes Care (IRENE)
7*	Donahue	Katrina	Pilot Study of Diabetes Prevalence in the Robeson County Primary Care Research Network: Challenges and Early Results (RCPCrN)
8*	Parchman	Michael	A Group Randomized Trial of a Complexity-based Organizational Intervention to Improve Risk Factors for Diabetes Complications in Primary Care Settings: Study Protocol (STARNet)
9	Sussman	Andrew	Perspectives on Patient and Clinician Receptivity to Risk Reduction Counseling for Type 2 Diabetes Following the Identification of Acanthosis Nigricans (PRIME Net)
10*	Dolor	Rowena	Evaluation of a Medication Therapy Management Program Modeled on Patient Safety in Medicare Beneficiaries at High Risk of Adverse Drug Events (PCRC)
11*	Mahler	Jo	RxSafe: Shared Medication Management and Decision Support for Rural Clinicians (ORPRN)
12	McPherson	Laurie	The Role of IT in a Primary Care Multi-Network Collaborative (PRIME Net)
13	Cardarelli	Roberto	Having a Personal Healthcare Provider is the Greatest Predictor of Colorectal Cancer Test Use (NorTex)
14	Cardarelli	Roberto	General Health Status and Adherence to Antiretroviral Therapy (NorTex)
15*	Dulin	Michael	Economic Analysis of Emergency Department Usage for Ambulatory Care Sensitive Conditions (MAPPR)
16*	Fernald	Douglas	Monitoring Multiple Health Risk Behaviors in Primary Care: A Report from Prescription for Health (Prescription for Health)
17*	Gannon	Meghan	Raising Achievement: What We Know vs. What we Do for Alcohol Use Disorders (ACP Net)
18	Maher	Stacia	Lessons Learned – Investigators and Project Leaders' Insights into Conducting Practice Based Research (NYC RING)
19	Maher	Stacia	Exploration of Mental Health Need at the Family Health Center: Results of a One Week Card Study (NYC RING)
20*	Neale	Victoria	Research Best Practices for PBRNs (MetroNet)
21*	Pascoe	John	How to Create a Newsletter for Your Nascent Network Using Microsoft Word (SOAR-Net)
22*	Richardson	Finie	Pilot Study of Complementary and Alternative Medicine (CAM) Use in Urban Primary Care Practices (DCPrimCare)
23*	Targonski	Paul	A Survey of Research Experience and Interests among PBRN Providers (Mayo Clinic)
24	Targonski	Paul	A Facilitated Peer Mentored Writing Pilot Program for Primary Care Physicians: Effect on Scientific Writing Comfort and Performance (Mayo Clinic PBRN)
25*	Sorra	Joann	Introduction to Two New Medical Office Surveys on Patient Safety and Health Care Quality (AAFP NRN/PROS)
26	Anderko	Laura	Evaluating Client Satisfaction within Community Nursing Centers (NCRN)
27*	Curro	Frederick	Multi-site IRB approvals and clinician recruitment: Challenges faced by a dental practice-based research network (PEARL)

* The star indicates that the poster represents research in progress.

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24	Targonski	Paul	A Facilitated Peer Mentored Writing Pilot Program for Primary Care Physicians: Effect on Scientific Writing Comfort and Performance (Mayo Clinic PBRN)
3*	Wilson	Kimberly	Assessing Parental Preference for Hypothetical Health States for their Children (PResNet)

* The star indicates that the poster represents research in progress.

Poster Title:

Parental Perceptions of Well Child Care Delivery

ID# 1

Presenters:

Helen Binns, MD, MPH
Adolfo Ariza, MD

Additional Author:

Poushali Bhattacharjee

Network Affiliation:

Pediatric Practice Research Group (PPRG)

Presentation Category:

Poster on completed PBRN research

Context:

Many parents do not perceive their overweight/obese (OW) child as OW. Also, clinicians under-recognize child OW status. Little is known about parental reactions to growth information provided during health supervision visits (HSVs).

Objective:

To assess the influence of discussions of growth during HSVs on parental perceptions and levels of concern about child weight, as well as parental satisfaction with the growth information provided.

Setting:

Two multi-specialty federally-qualified health centers.

Participants:

Parents of children ages 2-10 years. Analyses were limited to the 29/65 (45%) subjects with a child with BMI > 84th percentile.

Intervention/Essential Feature of Study:

Evaluation of pediatrician counseling on parent perceptions of child's weight.

Outcome Measures/Design:

Surveys assessed demographics, perceptions and worry about child's weight, and visit satisfaction. Child's weight and height from the visit were obtained.

Results/Goals:

Children were: 69% ages 2-5 years; 45% male; 48% Hispanic, 48% African American, 4% other; and 76% received Medicaid or lacked insurance. Pre-visit, only 7/29 (24%) of parents perceived their child as OW or a little OW. Among those perceiving their child as OW/little OW, 71% were worried about their child's weight, while only 18% of those perceiving their child as normal/underweight were worried (Fisher's Exact, $p=0.018$). Parents who perceived their child as OW/little OW were reassured by the visit (less likely to perceive their child as OW/little OW after), but less satisfied with discussions of weight during the visit than those who held the perception that their child was at the right weight/underweight before the visit.

Conclusions/Next Steps:

Parental perceptions about their child's weight status before a visit and the discussions occurring at the visit may influence parental satisfaction with the visit and may change their perceptions following a visit. Additional research is needed to identify ways to effectively deliver important health messages about children's weight status.

Poster Title:

Mothers' and Primary Care Clinicians' Perceptions of a Mother's Resource Guide

ID# 2

Presenters:

John M. Pascoe, MD, MPH
Sandra Specht, PhD
Alyssa Gans, MA

Additional Authors:

Cameron Chumlea, PhD
Taunya Jasper, MD
Marla Himmeger, LSW
Amy Heneghan, MD
(Sponsored by John Manford Pascoe, MD, MPH)

Network Affiliation:

Southwestern Ohio Ambulatory Research Network (SOAR-Net)

Presentation Category:

Poster on completed PBRN research

Context:

Mothers' depressive symptoms have significant negative consequences for their children and are a major public health problem that requires a community response. Primary care clinicians have the opportunity to provide early identification, intervention, and treatment to at-risk mothers.

Objective:

To compare mothers' and primary care clinicians' perception of the utility of a Mothers' Resource Guide pamphlet (MRGP) that may be helpful to mothers with high levels of depressive symptoms.

Setting:

Southwestern Ohio Ambulatory Research Network (SOAR-Net) clinicians and mothers from their practices.

Participants:

Nineteen SOAR-Net clinicians and 804 mothers from SOAR-Net practices were recruited. 100% of the clinicians participated (N=19). Ninety-one mothers refused to participate and 12 surveys were incomplete (N=701). Mothers and primary care clinicians examined the MRGP and completed evaluations regarding its utility.

Results/Goals:

Mean age of clinicians was 43.8 years, 52.7% "in practice" >10 years, providing 76.3 ambulatory visits per week. Clinicians identified an average of 3.6 mothers with depression during the previous month (total of 37.7 the past year). Mother's mean age was 30 years with a mean of two children, 62.5% of children received Medicaid. Clinicians (94%) and mothers (98-99%) found the MRGP easy to read and believed the MRGP addresses important services (98%). Most clinicians (95%) indicated they would give the guide to mothers. Mothers and clinicians indicated that parenting support (76.2%, 84.2%) and stress/depression (71.6%, 78.9%) were important resources. Compared to clinicians, mothers thought healthcare (72.1% vs 52.5%) and child support (54.6% vs 26.3%) to be more important.

Conclusions/Next Steps:

Most mothers and clinicians indicated that the guide was helpful and easy to use. Mothers believed resources for parenting support, healthcare, and stress/depression as most valuable. Mothers were more likely to report that healthcare and child support information was important than clinicians.

Poster Title:

Assessing Parental Preference for Hypothetical Health States for Their Children

ID# 3

Lead Presenter:

Kimberly Wilson, MPH

Additional Presenter:

Brittney Carelock

Network Affiliation:

Pediatric Research Network (PResNet)

Presentation Category:

Poster on PBRN research in progress

Context:

A recent study of 54 pediatric cost-utility studies that were published between 1983 and April 2004, found 34 of these utilized quality adjusted life years (QALY) as a measure of effectiveness, and therefore all required utility values. Only 11 (20%) studies, however, used the standard gamble (SG) or time-tradeoff (TTO) methodologies to elicit utility values directly from parents. This is not consistent with the recommendations of the 1993 Panel on Cost-Effectiveness in Health and Medicine, which called for the use of a choice-based valuation method (e.g. SG or TTO) in all such studies. Unfortunately, collecting these values is not trivial, and little is known about the utilities parents give to health states for their children.

Objective:

Describe parental utilities for hypothetical health outcomes for their children and (2) Compare utilities derived by risk-sensitive (SG) and risk-insensitive (TTO) measures to determine the risk attitudes of parents.

Setting:

Local pediatric physician offices, local urgent care centers, health fairs, and other events in Indiana.

Participants:

Convenience sample of adults with children under the age of 18 who were able to speak English. Approximately 3600 people have participated with a goal of 4000.

Intervention/Essential Feature of Study:

Participants are asked to rate three random health states out of a possible 39 we are evaluating. Descriptions are read about each health state so that they are well understood. All three are assessed by both the SG and TTO, in random order. Demographic data are also collected.

Outcome Measures/Design:

Utility values for all 39 health states, by both SG and TTO.

Poster Title:

ID# 4

Parents' Perception of Their Communities' Social Capital: Geographic Variation and Associated Factors

Presenters:

Sandra Specht, PhD
John Pascoe, MD, MPH
Greg Eberhart, MD

Additional Authors:

Eileen Kasten, MD
Taunya Jasper, MD
Alyssa Gans, MA
Wendy Looman, PhD

Network Affiliation:

Southwestern Ohio Ambulatory Research Network (SOAR-Net)

Presentation Category:

Poster on completed PBRN research

Context:

Research supports the observation that individuals who are more "embedded" socially in their communities enjoy better health compared to more isolated individuals.

Objective:

To assess the putative differences of social capital reported by parents across communities using a new Social Capital Scale (SCS) as well as factors related to SCS scores

Setting:

A cross sectional convenience sample of parents was recruited from a children's hospital's subspecialty clinic and general pediatric practices within the Southwestern Ohio Ambulatory Research Network.

Participants:

521 parents of children seen between September 2006 and October 2007. Study parents were recruited to complete a written survey that included demographic data (e.g., family residence's zip code), the SCS and the Center for Epidemiological Studies Depression Scale (CES-D).

Outcome Measures/Design:

CES-D
SCS

Results/Goals:

663 parents were approached to complete the survey, 118 refused to participate and 24 survey were incomplete. Therefore, 521 surveys were analyzed of parents from the subspecialty clinic (N=120) and general pediatric offices (N=401). 75% of the children were white, 48.2% received Medicaid, 80.0% of respondents were birth mothers and the majority of parents had at least a high school education. Parents from the six zip codes with more than 20 families (N=186) were included in geographic analyses. Mean SCS scores, mean CES-D scores and annual household income (AHI) all varied statistically significantly across the six zip codes, range of means: SCS-75.6 (+/-1.4) to 67.4 (+/-1.3), p=0.002, CES-D, 15.1 (+/-1.7) to 8.94 (+/-1.0), p=0.034, range of AHI <=\$50,000, 96.6% to 8.7%, p=0.000. Parents from zip codes with higher incomes reported higher levels of social capital (r=+.14, p=0.07) and fewer depressive symptoms (r=-.263, p=0.001).

Conclusions/Next Steps:

Mean SCS and CESD scores vary significantly across communities. Parents from zip codes with higher mean AHI report higher levels of social capital and lower levels of depressive symptoms.

Poster Title:

Computerized Support for Managing Type 2 Diabetes in a Free Medical Clinic

ID# 5

Presenter:

Jeanette Daly, RN, PhD

Additional Authors:

Barcey Levy, PhD, MD

George Bergus, MD

Yinghui Xu, MS

Mrinalini Joshi, MBBS, MPH

Network Affiliation:

Iowa Research Network (IRENE)

Presentation Category:

Poster on PBRN research in progress

Context:

Many individuals with type 2 diabetes are poorly controlled and clinicians are often at a loss to know which self-care behaviors to focus on or what barriers the patient perceives to diabetes management.

Objective:

Our overall objective is to evaluate whether this self-care behavior survey and a computerized summary of responses will improve the medical care of English and Spanish speaking patients at a free medical clinic which lacks a multidisciplinary diabetes team.

Objective 1: Evaluate whether the patients, nurses, and physicians at the free medical clinic believe that the software programs are feasible to use and may improve patient care.

Objective 2: Obtain feedback as to how the software programs can be improved to be more effective.

Setting:

Iowa City Free Medical Clinic (ICFMC)

Participants:

Patients with Type 2 diabetes.

Intervention/Essential Feature of Study:

A laptop computer with the Diabetes Management Program (DMP) is set up at the ICFMC and performs three functions:

1. the DMP software asks patients a standardized list of questions to obtain critical information without the direct involvement of the clinicians;
2. it summarizes the information about the patient's behavior; and
3. it makes patient-specific recommendations to address the behavior. A feature of the program allows each component of the program to be used in English or Spanish.

Outcome Measures/Design:

Health care providers and patients evaluation of the DMP and HbA1c levels.

Results:

Summary results and recommendations from the program will be demonstrated.

Poster Title:

Promoting Best Practices in Rural Diabetes Care

ID# 6

Presenter:

Barcey T. Levy, PhD, MD
Jeanette Daly, RN, PhD

Additional Authors:

Paul A. James, MD
Yinghui Xu, MS
Mrinalini Joshi, MBBS, MPH
Mary Merchant, PhD
John Ely, MD, MSPH

Network Affiliation:

Iowa Research Network (IRENE)

Presentation Category:

Poster on PBRN research in progress

Context:

Clinical guidelines for patients with type 2 diabetes exist, but are often not followed. This project will test a multi-faceted intervention based on the chronic care model (CCM) to improve diabetes care.

Objective:

This project will test the generalizability of the CCM as applied to privately insured individuals covered by a fee for service health plan. This program is called the WISE QI (Wellmark Incentive-Support to Encourage Quality Improvement).

Setting:

Four rural family practice offices in the Iowa Research Network.

Participants:

Patients at high risk for complications from type 2 diabetes identified by Wellmark; physicians, staff and nurse educators in these family practice offices.

Intervention/Essential Feature of Study:

Randomized controlled clinical trial, with patients randomized to WISE-QI vs. usual care. The WISE QI program will incorporate each of the six elements of the CCM. Nurse case managers will deliver patient education based on patient needs as assessed using our Diabetes Self-Care Management Survey and will remind physicians about specific guideline recommendations; based on our medical record review, a computer generated clinical summary of A1c levels, lipid levels, blood pressures, and suggestions for diabetes medication changes is given to the physician/nurse case managers.

Outcome Measures/Design:

Hemoglobin A1c levels, process measures for diabetes (lipids, retinal screening, foot exams, vaccinations, preventive screening (including depression)); health care charges.

Poster Title:

ID# 7

Pilot Study of Diabetes Prevalence in the Robeson County Primary Care Research Network: Challenges and Early Results

Presenter:

Katrina Donahue, MD, MPH

Additional Authors:

Jacquie Halladay, MD, MPH
Bonnie C Yankaskas, MPH, PhD
Latasha Oxendine

Network Affiliation:

Robeson County Primary Care Research Network (RCPCrN)

Presentation Category:

Poster on PBRN research in progress

Context:

Robeson County is the largest rural, economically deprived county in NC. The American Indian population in Robeson, largely members of the Lumbee Indian tribe, represent one of the largest concentrations of American Indians in the eastern US. Data on the health of NC American Indians are sparse. Diabetes and obesity have become an increasing concern of the local health providers.

Objective:

To create a network of primary care providers in practices that serve mainly American Indian patients and to examine diabetes prevalence and processes of care among adults and children in Robeson County's major racial/ethnic groups.

Setting:

16 primary care practices including 3 pediatric, 12 family practices and the health department in Robeson County.

Participants:

Primary care practice members.

Intervention/Essential Feature of Study:

Creation of Network. We held group meetings with practices, sought IRB approval of practices, established an advisory board, produced listerv, newsletter for communication and conducted a practice profile. We collected data on patient age, race/ethnicity, date of visits and ICD9 billing codes for all diabetes related visits of children and adults over a 6 month period. Chart reviews of 10 patients in each practice were reviewed for processes of care, number of visits in one year, reasons for visits, treatment plans, and comorbidities.

Outcome Measures/Design:

Outcome measures- Diabetes prevalence by age and race/ethnicity

Results/Goals:

Among the 16 practices, on average, 5158 patients are seen per week (range 70-1500) and 43.6% have Medicaid (range 20%-75%). Providers note several obstacles for their patients, including, literacy, medication adherence, transportation and chronic disease management. Results of the prevalence study will also be presented.

Conclusions/Next Steps:

There were challenges in getting all IRB issues worked out, and in determining the best way to get prevalence data from practices. It is a challenge to create a network in a rural, poor community; it takes extra time and communication.

Poster Title:

ID# 8

A Group Randomized Trial of a Complexity-based Organizational Intervention to Improve Risk Factors for Diabetes Complications in Primary Care Settings: Study Protocol

Presenter:

Michael Parchman, MD, MPH

Additional Authors:

Jacqueline Pugh, MD Raymond Palmer, PhD
Polly Noel, PhD Raquel Romero, MD, MPH
Nedal Arar, PhD Krista Bowers, MD

Network Affiliation:

South Texas Ambulatory Research Network (STARNet)

Presentation Category:

Poster on PBRN research in progress

Context:

Although the chronic care model (CCM) provides a roadmap for improving these diabetes outcomes, developing theoretically sound implementation strategies for diverse primary care settings is challenging. It is possible that most strategies do not account for the complex adaptive system characteristics of this setting. One implementation strategy that may be used to leverage these properties is practice facilitation (PF). PF creates time for learning and reflection by members of the team in each clinic, improves their communication, and promotes an individualized team approach to implement a strategy to improve patient outcomes.

Objective:

1. Evaluate the effectiveness and sustainability of PF to improve risk factor control in patients with type two diabetes;
2. Assess the implementation of the CCM in response to the intervention;
3. Examine the relationship between communication within the practice team and the implementation of the CCM;
4. Determine the cost of the intervention both from the perspective of the organization conducting the intervention and from the perspective of the practice.

Setting:

South Texas Ambulatory Research Network.

Participants:

Inclusion criteria:

1. Not owned by a vertically integrated health care system
2. Five or fewer physicians
3. Have seen at least 50 patients with type 2 diabetes in the past 90 days
4. Be willing and able to use their billing records to identify these patients
5. Representative members in the practice must agree to meet with the PF for 15 one-hour practice team meetings over 12 months.

Intervention/Essential Feature of Study:

The intervention will consist of a series of practice improvement team meetings led by trained facilitators over 12 months. A "toolbox" of change ideas will be introduced to each practice at the start of the facilitation.

Outcome Measures/Design:

Primary Outcome: repeated measures of A1c; Secondary outcomes: blood pressure and Low Density Lipoprotein cholesterol.

Poster Title:

ID# 9

Perspectives on Patient and Clinician Receptivity to Risk Reduction Counseling For Type 2 Diabetes Following the Identification of Acanthosis Nigricans

Presenter:

Andrew Sussman, PhD, MCRP

Additional Authors:

Robert Rhyne, MD Verna Welch, PhD, MPH
Doug Fernald, MA Elvan Daniels, PhD, MPH
Nancy Weller, DrPH

Network Affiliation:

Research Involving Outpatient Settings (RIOS Net)

Presentation Category:

Poster on completed PBRN research

Context:

Given high rates of obese patients seen in primary care practices and challenges associated with preventive counseling for diabetes, strategies to stimulate discussions of lifestyle modifications are desired. Anecdotal findings from a previous study suggested that identification of acanthosis nigricans (AN), a dermatologic condition often associated with hyperinsulinemia, may influence patient and/or clinician receptivity to taking time for diabetes prevention counseling.

Objective:

The aims of this study were to:

1. explore how participation in a PBRN study may lead to short- and long-term influences on clinician practice;
2. explore how diagnosis of AN may influence dynamics of patient encounters with regard to diabetes preventive counseling.

Setting:

This study was conducted in PRIME Net, a national consortium of five practice-based research networks. The participating PBRNs in this study were: RIOS Net (New Mexico), Care Net (Colorado), SPUR Net (Houston) and SERCN (based in Atlanta, GA).

Participants:

A total of 72 (95% response rate) primary care clinicians completed the long-term follow-up survey and 15 clinicians participated in semi-structured interviews.

Intervention/Essential Feature of Study:

This mixed method study involved the use of clinician surveys conducted less than 6 months and 2-4 years after participating in PBRN studies of AN, and in-depth qualitative interviews with some of these primary care clinicians.

Results/Goals:

In the long-term follow-up clinician survey, the majority of respondents agreed that participation in the AN study led them to continue to screen more often for AN and that patients were more receptive to counseling for diabetes prevention following diagnosis of AN. Findings from the interviews added clarity to contextual factors that influence decisions about screening for AN in the brief clinical encounter.

Conclusions/Next Steps:

Findings from this mixed method study indicate that participation in this PBRN study led to changes in clinician practice, and heightened patient receptivity to counseling for type 2 diabetes.

Poster Title:

ID# 10

Evaluation of a Medication Therapy Management Program Modeled on Patient Safety in Medicare Beneficiaries at High Risk of Adverse Drug Events

Presenter:

Rowena J. Dolor, MD, MHS

Additional Authors:

Daniel Touchette, PharmD, MA

Andrew Masica, MD

Glen T. Schumock, PharmD, MBA

Scott R. Smith, RPh, PhD

Network Affiliation:

Duke Primary Care Research Consortium (PCRC)

Presentation Category:

Poster on PBRN research in progress

Context:

Medication therapy management (MTM) programs, as mandated by the Medicare Prescription Drug, Improvement and Modernization Act, should be designed to reduce the risk of adverse events. Little is known about the effectiveness of community-based MTM with respect to patient safety.

Objective:

To assess the effects of two different methods of MTM on patient safety in community dwelling Medicare beneficiaries.

Setting:

Outpatient clinics at University of Illinois-Chicago, Baylor Health Care System, and the Duke Primary Care Research Consortium.

Participants:

Six hundred subjects at high risk of adverse drug events will be enrolled. Eligibility criteria include age ≥ 65 , ≥ 3 chronic illnesses, regular use of multiple prescription medications, and a recent circumstance increasing the risk of drug related problems (DRPs).

Intervention/Essential Feature of Study:

Subjects are randomized to one of 3 study arms. The control group (Arm 1) receives usual care. The intervention groups (Arms 2 and 3) undergo 2 MTM visits with a pharmacist over a 6-month period. All MTM visits involve medication reconciliation, assessment of DRPs and attempted resolution of those problems by a pharmacist. Arm 2 MTM visits are performed by patient interview only. In Arm 3, the patient interview is supplemented by a synopsis of clinical history and lab data.

Outcome Measures/Design:

The primary outcome is number of adverse drug events at 90 and 180 days. Secondary outcomes include hospitalizations and emergency room visits at 90 and 180 days, and patient satisfaction at 180 days. These outcomes will be compared between all three study arms. Process measures for comparison between the 2 MTM intervention arms include number of DRPs identified, medication reconciliation accuracy, pharmacist time requirements, and physician acceptance of MTM recommendations.

Poster Title:

RxSafe: Shared Medication Management and Decision Support for Rural Clinicians

ID# 11

Presenters:

Paul N. Gorman, MD
Jo Mahler, MS

Additional Authors:

Lyle J. Fagnan, MD	Valerie King, MD
Karl Ordelheide, MD	Dave Maier, PhD
Monica Goubaud, MS	Dale Kraemer, PhD
Heather Young, PhD	Teresa Bianco, PhD

Network Affiliation:

Oregon Rural Practice-based Research Network (ORPRN)

Presentation Category:

Poster on PBRN research in progress

Context:

Medication management for patients with chronic conditions is complex. The RxSafe computer system facilitates information sharing and integrated decision support in multidisciplinary community-based care, enabling clinicians to view multiple medication lists so that everyone is on the same page.

Objective:

Poster will describe the RxSafe system, its current status, main challenges, and future aims.

Setting:

Oregon Rural Practice-based Research Network is a statewide network of primary care clinicians, community partners, and academicians researching delivery of health care to rural residents to reduce rural health disparities. ORPRN includes 42 rural primary practices which care for over 166,000 patients.

Participants:

This HIT implementation project is a collaboration among rural clinicians and a multidisciplinary research team, made possible by ORPRN.

Intervention/Essential Feature of Study:

The project has three components: *technical component* - design system architecture, ensure security, and create computer connections; *evaluation component* - examine medication management processes and assess project impact; *organizational component* - build relationships with the community and partnering organizations.

Challenges include:

1. **Technical interoperability:** a) information systems are organization-specific, not designed to share information; b) standards, if employed, are implemented differently;
2. **Organizational interoperability:** a) healthcare organizations such as pharmacies, clinics, and hospitals are accustomed to competing with one another; a paradigm shift is required for effective collaboration; b) local policies meeting regulatory requirements such as HIPAA are not in harmony; c) constant flux in structure, ownership, and personnel limits continuity; d) small town facilities belong to national chains; our small project must succeed at both levels.
3. **Evaluation challenges:** a) no tool exists to measure concordance of multiple medication lists where none is known to be correct. The project requires managing a complex multidisciplinary team of co-investigators with diverse expertise and multiple responsibilities employed by independent organizations.

Poster Title:

The Role of IT in a Primary Care Multi-Network Collaborative

ID# 12

Presenter:

Laurie McPherson, MCIS

Additional Authors:

Anthony Adams
Garth Colasurdo
Phil Kroth, MD
Sherry Holcombe
Bob Leverage, MD
Robert Rhyne, MD
Nancy Weller, PhD
Robert Williams, MD

Network Affiliation:

Research Involving Outpatient Settings (RIOS Net)

Presentation Category:

Poster on completed PBRN research

Context:

Maintenance and research productivity of an on-going PBRN consortium requires structures to support a variety of research designs and practice circumstances. Information technology (IT) plays a key role in supporting this long-distance collaboration.

Objective:

The objective is to describe a robust and flexible model for applying IT to coordinating and sustaining the consortium, and supporting of a variety of joint research activities, such as complex, multi-stage multi-site studies with biological sampling.

Setting:

PRIME Net, a PBRN consortium, including RIOS Net (in New Mexico), CaReNet (in Colorado), SERCN (in Georgia, Tennessee, and beyond), CRN (in California), and SPUR-Net (in Houston).

Participants:

The consortium network leaders, staff, investigators, and primary care clinicians all participate in IT communications and data collection processes.

Intervention/Essential Feature of Study:

IT personnel have implemented a variety of communications, planning, and data collections tools to create:

1. ready, multi-format communication between network leaders and staff;
2. multi-format communication linkages with clinician participants
3. low-impact systems of data collection for busy clinicians from networks/practices whose technical resources or readiness vary widely;
4. support for a variety of research designs. Flexibility, low-cost, low clinician burden, collaborative design and support, and rapid response were emphasized. Examples, challenges, and lessons learned will be presented.

Conclusions/Next Steps:

IT approaches are integral to operating a PBRN consortium. A combination of custom programming, convenient off-the-shelf software, and dedicated personnel for support can successfully provide a flexible and cost-effective approach for consortium research.

Poster Title:

ID# 13

Having a Personal Healthcare Provider is the Greatest Predictor of Colorectal Cancer Test Use

Presenter:

Roberto Cardarelli, DO, MPH

Additional Author:

Jennifer E. Thomas

Network Affiliation:

The North Texas Primary Care Practice-Based Research Network (NorTex)

Presentation Category:

Poster on completed PBRN research

Context:

Little empiric evidence has focused on whether having a personal healthcare provider impacts cancer screening after accounting for socioeconomic and system-level factors.

Objective:

The objective of this study was to assess the relationship between having a personal healthcare provider and adequate colorectal cancer (CRC) testing after controlling for age, gender, race/ethnicity, education, income, and health insurance status, using a dataset involving all 50 states.

Setting:

Data were collected in the United States and included all 50 states.

Participants:

Only respondents 50 years of age and older were included since CRC screening is recommended for this age group.

Intervention/Essential Feature of Study:

Cross-sectional study data were obtained from the 2004 Behavioral Risk Factor Surveillance System.

Methods: Associations of having a personal healthcare provider, age, gender, race/ethnicity, education, income, and health insurance status on CRC testing were examined. Respondents were dichotomized as "adequately tested" or "not adequately tested". Multiple logistic regression was performed using complex samples techniques.

Results/Goals:

Of the 149,731 respondents, 13,966 (9.3%) reported having no personal healthcare provider. Having a personal healthcare provider significantly predicted adequate CRC testing in both the univariate (OR = 4.13, 95% CI 3.72-4.59) and multivariate models (OR = 3.00, 95% CI 2.66-3.38). In the final model, age, gender, race/ethnicity, education, income, and health insurance were also all significantly associated with adequate CRC testing.

Conclusions/Next Steps:

Having a personal healthcare provider was significantly associated with adequate CRC testing, even after controlling for potential confounders. Future research should further explore this relationship as well as the effect of having a personal healthcare provider on other types of preventive services.

Poster Title:

General Health Status and Adherence to Antiretroviral Therapy

ID# 14

Presenter:

Roberto Cardarelli, DO, MPH

Network Affiliation:

The North Texas Primary Care Practice-Based Research Network (NorTex)

Presentation Category:

Poster on completed PBRN research

Context:

HAART adherence is crucial in lowering mortality associated with HIV/AIDS. General health status has been shown to predict future mortality, but no study has assessed whether it is associated with HAART adherence.

Objective:

The objective of this study was to evaluate the relationship between general health status (GHS) and HAART non-adherence among individuals living with HIV/AIDS while addressing confounding effects of other known factors.

Setting:

Subjects were recruited from a preventive medicine clinic at a county health department of the North Texas Primary Care Practice-Based Research Network (NorTex).

Participants:

103 Caucasians, African Americans, and Hispanic/Latinos with HIV/AIDS were included.

Intervention/Essential Feature of Study:

This was a cross-sectional study. Participants underwent an interview using validated psychosocial measures and HAART adherence. Regression analyses assessed the relationship between general health status and HAART adherence while controlling for known confounding factors, including social support, sense of control, depression, perceived stress, HIV stigma, substance abuse, unfair treatment due to race.

Results/Goals:

Over 70% of the participants were found to be non-adherent to their HAART regimen. Those rating their general health as fair/poor were 4 times more likely to be non-adherent to HAART (OR, 4.34; 95% CI 1.19-15.79). This association dramatically strengthened in the multiple logistic regression model (OR, 10.96; 95% CI 1.46-82.36) after controlling for age, gender, race/ethnicity, education, unfair treatment due to race, social support, sense of control, stress, HIV stigma, depression symptomatology, and total medications.

Conclusions/Next Steps:

General health status was the strongest predictor of HAART non-adherence, and future research is needed to assess whether this 1-question general health measure can be clinically used to improve medication adherence.

Poster Title:

ID# 15

Economic Analysis of Emergency Department Usage for Ambulatory Care Sensitive Conditions

Lead Presenter:

Andrew McWilliams

Co Presenter:

Michael Dulin, MD, PhD

Network Affiliation:

Mecklenburg Area Partnership for Primary Care Research (MAPPR)

Presentation Category:

Poster on PBRN research in progress

Context:

A growing underserved population can challenge the ability of a health care system to deliver care - particularly in Emergency Department (ED) settings. Often, disadvantaged patients seek acute care for ambulatory care sensitive (ACS) conditions. In an integrated system, improving primary care access should provide a cost-effective solution that improves health outcomes while decreasing ED utilization.

Objective:

Our preliminary results show the average number of ACS visits for the county and for the county's Hispanic population as 57.6% and 84% respectively. A large proportion of the ACS visits come from small, well-defined geographic areas. Prior work has identified barriers to primary care access within these areas, suggesting the potential for interventions that would enhance primary care access. The economic analysis from this study will be used to support the cost-effectiveness of these interventions to improve primary care utilization and subsequently decrease dependence upon acute care services.

Setting:

The MAPPR research network in Charlotte, NC. This network includes the majority of the city's primary care clinics, hospitals, and emergency departments that together provide over 85% of the city's safety-net care.

Participants:

N/A

Intervention/Essential Feature of Study:

Using charges as an indirect measure of cost, we will analyze the total expense for ACS, ED visits. These preventable ED visits will be identified using the New York University (NYU) Emergency Room Algorithm. We will determine the total and mean charges for all ACS ED visits, and charges for ACS visits will be compared based on specific demographic indicators. This analysis will demonstrate the cost savings that result from decreasing primary care preventable ED visits. Finally, the status quo costs to the community health care system will be compared with the hypothetical cost after implementing strategies that improve primary care access.

Poster Title:

ID# 16

Monitoring Multiple Health Risk Behaviors in Primary Care: A Report from Prescription for Health

Presenter:

Douglas Fernald, MA

Network Affiliation:

Prescription for Health

Presentation Category:

Poster on PBRN research in progress

Context:

There is a need for practical approaches to assess and monitor health risk behaviors in primary care. Prescription for Health assembled a 22-item survey covering four health behaviors: eating patterns, tobacco use, alcohol consumption, and physical activity.

Objective:

Discuss preliminary results from the application of a brief set of measures designed for routine use in primary care to assess and monitor multiple health risk behaviors.

Setting:

Prescription for Health is a national initiative that aims to identify, test, and evaluate practical, evidence-based tools, cues, and techniques to improve the delivery and effectiveness of health behavior change strategies in routine primary care practice. Round 2 of P4H funded PBRNs to implement interventions to address multiple health behaviors. De-identified health assessment data administered to adults in 9 PBRNs at baseline and follow-up.

Participants:

Adult primary care patients. Selection criteria varied by network.

Intervention/Essential Feature of Study:

Nine PBRNs used a common set of health behavior measures across an array of primary care practices and interventions. This study examines the use of these same measures in these differing projects.

Outcome Measures/Design:

4835 patients across 54 practices. 4824 have baseline assessments; 3089 have at least one follow up assessment. We will present preliminary analyses of health behavior and quality of life data pre- and post-intervention, including multi-level models (e.g., network, practice effects). Analyses will also assess the measures' ability to detect change.

Poster Title:

Raising Achievement: What We Know vs. What We Do for Alcohol Use Disorders

ID# 17

Presenters:

Meghan Gannon, MSPH
Amir Qaseem, MD, PhD, MHA

Network Affiliation:

American College of Physicians Network (ACPNNet)

Presentation Category:

Poster on PBRN research in progress

Context:

The prevention of morbidity and mortality related to alcohol use disorders is an important strategy for a primary care physician. Patients with hypertension, sleep disorders, and depression frequently have alcohol use disorder. There is a quality gap in the ability of practices to screen, detect, and counsel patients for alcohol use disorders in patients with hypertension, sleep disorders, and depression.

Objective:

1. To develop an alcohol assessment tool kit that will be of value for primary care physicians.
2. To use a pre- and post- intervention design survey to examine physicians' attitudes, knowledge, and behavior related to screening and counseling their patients for alcohol use disorders.

Setting:

Internal Medicine clinical practices nationwide.

Participants:

We plan on recruiting 50 ACPNET (ACP's quality improvement network) physicians into the study. Recruitment begins 1/08.

Intervention/Essential Feature of Study:

The educational intervention is a web-based module that will cover Quality Improvement (QI) techniques and methods for practice improvement related to alcohol use disorders, especially in patients with associated chronic diseases such as hypertension, sleep disorders, and depression.

Outcome Measures/Design:

This study will have a pre-post design, and data will be collected twice during the study period through administration of the physician survey: the baseline measurement will be done at the start of the study, and the second measurement will be taken after completion of the educational intervention, approximately six months post-baseline measurement. Confidential reports and feedback will be provided to the physicians with information on their counseling and screening practices for patients with alcohol use disorders in patients with hypertension, sleep disorders, and depression. For the analysis of differences in physicians' attitudes, beliefs, and behaviors before and after the intervention, we will utilize Analysis of Variance (ANOVA). We will compare the overall domain scores of attitudes, beliefs, and behaviors between the intervention group and the control group.

Poster Title:

ID# 18

Lessons Learned – Investigators and Project Leaders’ Insights into Conducting Practice Based Research

Presenter:

Stacia Maher, MPH

Additional Authors:

M. Diane McKee, MD, MS

Paul Meissner, MSPH

Network Affiliation:

New York City Research and Improvement Network Group (NYC RING)

Presentation Category:

Poster on completed PBRN research

Context:

The New York City Research and Improvement Networking Group (NYCRING) has worked with experienced and novice investigators since it's founding in 2003. Many participating practices are relatively naïve to research.

Objective:

For our 4th Annual Convocation held in November 2007 we sought to gather insights from the diverse community of individuals who have conducted research in our PBRN.

Setting:

NYC RING

Participants:

Clinician project leaders and investigators presenting posters of completed or work in progress.

Intervention/Essential Feature of Study:

We asked project leaders and investigators to answer two questions regarding the lessons they learned while conducting research or quality improvement projects in NYC RING practices.

Outcome Measures/Design:

The questions were:

1. “What is the most important fact and/or process information you learned?” and
2. “What did you learn about conducting PBRN work?”

Results/Goals:

25 of 36 presenters responded. Brief analysis of responses identified four themes for Question 1: the unique culture of individual practices, the importance of communication for building relationships, contextual issues specific to urban underserved care settings, and the significance of electronic medical records in research. For Question 2, we identified three themes: the importance of collaboration, the need to gain buy-in from clinicians, and the challenges of conducting research and quality improvement in the clinical setting.

Conclusions/Next Steps:

Themes reflected the importance of building effective collaboration with stakeholders through effective communication, and the unique challenges of conducting projects in urban health centers. The poster will discuss these themes and their implications for guiding both experienced and novice investigators as they undertake projects in an urban PBRN.

Poster Title:

ID# 19

Exploration of Mental Health Need at the Family Health Center: Results of a One Week Card Study

Presenter:

Stacia Maher, MPH

Additional Authors:

Joanna Dognin, PsyD Paul Meissner, MSPH
Eliana Korin, Dipl, Psic

Network Affiliation:

New York City Research and Improvement Network Group (NYC RING)

Presentation Category:

Poster on completed PBRN research

Context:

Medical and psychosocial problems are often intertwined, putting primary care physicians in a unique position to detect emotional difficulties and to refer their patients to appropriate mental health services. Yet, this process is often complicated by a serious lack of resources in our communities.

Objective:

To address this gap, we developed and implemented a needs assessment, in the form of a card study.

Setting:

A primary care health center located in an impoverished section of the Bronx.

Participants:

37 primary care providers participated in the study for one week.

Intervention/Essential Feature of Study:

Providers were asked to complete one card per patient for 10 consecutive adult patients.

Outcome Measures/Design:

The card contained 4 questions asking the provider's perception of whether their patient had a psychosocial problem, were in distress, were in mental health treatment, whether they had referred their patient to services, and whether they would refer in house if appropriate services were available.

Results/Goals:

238 cards were completed and used in the analysis. Providers identified a mental health need in 42% of the cards returned. The majority of patients (73%) were currently in distress, and 22% had been given a mental health referral in the past year. The vast majority (92%) had providers who would have made an in-house referral if appropriate services were available, and 26% were currently receiving any mental health services. Providers believed they were receiving all necessary services in 54% of these cases. Insurance status may be related to who was currently receiving services. Compared to those with a needs-based policy, fewer patients with commercial insurance, and no uninsured patients, were currently in mental health care.

Conclusions/Next Steps:

Access to appropriate mental health services are indeed lacking at our health center. Increased resources and tailored approaches are needed to meet the mental health needs of our patients.

Poster Title:

Research Best Practices for PBRNs

ID# 20

Presenter:

Victoria Neale, PhD, MPH

Additional Authors:

Kendra Schwartz, MD, MSPH

Jason Booza, MA

Monina Bartoces, PhD

Marilyn Wayland, PhD

Joseph Monsur

Network Affiliation:

Metropolitan Detroit Practice-Based Research Network (MetroNet)

Presentation Category:

Poster on PBRN research in progress

Context:

The practice-based research network (PBRN) movement has resulted in decentralized community-based research, which raises particular challenges to research integrity. While practice-based primary care research offers the advantage of greater external validity, it also presents challenges that include: implementing standardized research protocols in decentralized settings; training and monitoring of ethical research practices among the community-based clinic staff; and data management and quality control issues.

Objective:

The study objective is to develop a self-assessment tool for PBRNs to evaluate and improve their research processes.

Setting:

Many PBRNs are participating in the web-based survey research study.

Participants:

The survey research experts were recruited from the NAPCRG Consultants Directory.

PBRN members were recruited from a variety of sources including membership directories, steering committee members, and participants at PBRN-related meetings.

Intervention/Essential Feature of Study:

Progress to date:

1. An extensive list of research integrity best practices was developed from the published literature and suggestions from PBRN experts. The wording for these PBRN-specific best practices was reviewed by 20 survey research experts.
2. 76 PBRN experts rated the best practices as essential or less than essential.
3. We computed content validity coefficients, an objective approach to content analysis which provides an empirical basis for selecting items for the self-assessment instrument.

Current phase:

45 PBRNs are being recruited to evaluate the use of best practices in their network.

3 respondents per PBRN independently rate the use of specific research practices in their network. The 3 roles we are contrasting are: a) PBRN director or research director; b) network coordinator or experienced research assistant; and c) community-based staff person who worked on previous PBRN studies. To date about 30 PBRNs have completed their participation in this phase.

Outcome Measures/Design:

A psychometrically-sound self-assessment tool of research best practices specific to the PBRN context.

Poster Title:

How to Create a Newsletter for Your Nascent Network Using Microsoft Word

ID# 21

Presenter:

John M. Pascoe, MD, MPH

Co-Presenters:

Gregory Eberthart, MD

Sandra Specht, PhD

Network Affiliation:

Southwestern Ohio Ambulatory Research Network (SOARNet)

Presentation Category:

Poster on PBRN research in progress

Context:

Communication among practice-based research network (PBRN) members as well as between the network and the community is always important for PBRNs and especially critical in the early months and years when networks are in their infancy. A network newsletter published at predictable intervals (e.g., biannual) is one strategy to share initial PBRN projects and accomplishments both among network members and with the community. A network newsletter may also be used to solicit research ideas from clinicians within and outside the network.

Objective:

Does publishing a biannual newsletter help communicate network accomplishments, solicit research ideas from clinicians, and help recruit new clinician members?

Setting:

The Southwestern Ohio Area Research Network (SOARNet) is a new and growing group of pediatricians and family medicine physicians associated with Wright State University and the Children's Medical Center in Dayton, Ohio. This group involves 35 physicians and nurse practitioners in 3 counties.

Participants:

All members of SOARNet receive a copy of The SOARNet Sentinel (SOARNet's biannual newsletter). The newsletter is also distributed to other faculty members at the Wright State University School of Medicine and at Grand Rounds at The Children's Medical Center of Dayton.

Intervention/Essential Feature of Study:

SOARNet publishes its newsletter (The SOARNet Sentinel) on a biannual basis.

Outcome Measures/Design:

The SOARNet Sentinel is published biannually and created by the community coordinator of SOARNet. The leadership group gathers information for potential articles. Through the newsletter, members are encouraged to submit new research ideas.

Poster Title:

ID# 22

Pilot Study of Complementary and Alternative Medicine (CAM) Use in Urban Primary Care Practices

Presenter:

Finie Richardson, MPH

Additional Authors:

Kimberly Miller, MFS Charles P. Mouton, MD, MS
KerryAnn Suckra, PBT

Network Affiliation:

District of Columbia Primary Care Practice Based Research Network (DC PrimCare)

Presentation Category:

Poster on PBRN research in progress

Context:

Complementary and Alternative Medicine (CAM) use has drastically increased in the United States. Integration practices of CAM therapies with usual Western health care are poorly understood among minority populations. Moreover, cultural attributes significantly influence adoption of CAM modalities and terminology describing CAM.

Objective:

1. To estimate the prevalence of CAM use in adults 18 and over;
2. To identify CAM therapies and modalities used by minorities served in medically underserved areas to manage health; and
3. To assess patient health management behavior regarding CAM use.

Setting:

The Howard University DC PrimCaRe PBRN consists of 25 primary care practices located in the Washington Metropolitan Area that serve a predominantly African American patient population.

Participants:

A convenience sample of 168 adult patients age 18 and over were anonymously surveyed in using a brief questionnaire. Twenty patients were recruited from each practice. The majority of the participants were female (60%), of African Descent (87%), and U.S. citizens (78%).

Intervention/Essential Feature of Study:

This cross-sectional study explored the use of CAM and other health management practices including the types of activities, therapies, and behaviors patients think positively contribute to the improvement of their health.

Outcome Measures/Design:

One-hundred and eleven patients (66%) reported CAM use within the past 12 months. It was most prevalent among patients managing back problems (13%), hypertension (12.3%) and headaches (9.7%). Of the 27 participants managing chronic pain within the past 12 months, 30% were 50-60 years of age, 33% were 61-79 years of age and 15% were 80 years and older. Twenty-three patients reported suffering from chronic pain and using CAM therapies simultaneously. Other commonly used CAM therapies to treat chronic pain included massages, exercise and megavitamin therapy; 10 (44%) reported using both therapies. Exercise as a medical treatment was reported by 50% of the participants. While CAM treatments are popular among the patient population 68% stated CAM was not covered by their insurance. We also found patients used other modalities to improve their health which included yoga, reflexology, relationships, meditation, focus factor, tai chi, flax seed oil, olive oil, herbal/natural products and lemon. Other activities reported were participating in 12 step groups, chewing gum for relaxation, reading self improvement books, participating in book clubs and positive thinking.

Poster Title:

ID# 23

A Survey of Research Experience and Interests among Practice Based Research Network Providers

Presenter:

Paul Targonski, MD, PhD

Additional Authors:

Lisa Schrader, MT, MBA

Rod Erickson, MD

David Warner, MD

Tom Grau, MD

Kay Kluge

Network Affiliation:

Mayo Clinic PBRN

Presentation Category:

Poster on PBRN research in progress

Context:

A number of survey tools have been employed in PBRN settings to assess the capacity of sites and networks to support PBRN research. The specific interests and expertise of providers in patient-oriented and practice-based research, as well as areas in which to target prioritized educational and skills development PBRN outreach, are less fully defined.

Objective:

1. To describe the research interests and expertise of Mayo Health System Practice-Based Research Network providers and sites.
2. To identify areas of interest for educational outreach regarding clinical research skills development.

Setting:

Mayo Clinic is a not-for-profit organization with integrated research, education and clinical practice activities on a multi-campus environment. Mayo Health System is a nationally-recognized network of 12 organizations providing health care in 61 clinics and hospitals in Minnesota, Iowa, and Wisconsin that comprise the Mayo Health System PBRN.

Participants:

Over 1000 participants were identified based on appointments as health care providers (MD, DO, nurse practitioners and physician assistants) in Mayo Health System and primary care practitioners at Mayo Clinic Rochester. The complete sample was solicited for participation.

Intervention/Essential Feature of Study:

An e-mail recruitment letter with provision for informed consent receipt providing participants access to a web-based 14 question survey documenting self-reported, Likert scale assessments of 1) experience with specific types of research (ie, clinical trial, patient-oriented, bench, etc) and research roles (ie, principal investigator, co-investigator, collaborator, recruiter, reviewer, etc), 2) provider demographics (type and length of practice, training, geographic location, age, gender, race/ethnicity) and 3) interests in specific research topics.

Outcome Measures/Design:

Basic descriptive analyses documenting research expertise and interests among PBRN providers and secondary inferential analyses exploring interests and expertise by provider demographics.

Poster Title:

ID# 24

A Facilitated Peer Mentored Writing Pilot Program for Primary Care Physicians: Effect on Scientific Writing Comfort and Performance

Presenter:

Paul Targonski, MD, PhD

Additional Authors:

Paul Takahashi, MD Kris Thomas, MD
Liselotte Dyrbye, MD Lisa Schrader, MT, MBA

Network Affiliation:

Mayo Clinic PBRN

Presentation Category:

Poster on completed PBRN research

Context:

Lack of comfort and lack of expertise with writing are among the most frequently cited barriers to publishing productivity among health providers interested in research.

Objective:

To evaluate the effect of a facilitated peer mentored writing program on writing comfort and expertise among primary care physicians.

Setting:

Mayo Health System PBRN is a new multi-site PBRN in Minnesota, Wisconsin and Iowa comprised of 62 clinics and almost 1000 healthcare providers.

Participants:

Eight primary care physicians in a single site group practice

Intervention/Essential Feature of Study:

This was a longitudinal cohort analysis of post-intervention improvement from baseline in writing comfort, fund of knowledge, and performance metrics. A 12-month writing program including monthly meetings with lecture and group participation activities, and monthly writing assignments and journaling was evaluated. Norms for participation were agreed upon by participants. A collaborative manuscript was completed by the group and sent for mock review to two outside expert reviewers. Reviewer comments were incorporated into a final manuscript that was submitted for publication by the group.

Outcome Measures/Design:

Pre-to-post intervention changes in 26 measures of self-reported comfort with technical skills (manuscript preparation, conducting literature reviews, supervising trainees, collaborative writing), knowledge (journal selection and impact factors, library resources, communication with editors/reviewers), and behaviors (time spent writing, scheduled writing, project-oriented writing) assessed by matched surveys.

Results/Goals:

All 26 writing measures demonstrated improvement from baseline among participants surveyed 6 months following completion of the program. Statistically significant improvements were observed in 10 measures ($p < 0.05$ via paired t-test), including time spent writing and manuscript completion rate. The collaborative group manuscript was also accepted for peer-reviewed journal publication.

Conclusions/Next Steps:

Facilitated peer mentored writing can successfully enhance primary care physician comfort, competence, and productivity in scholarly writing. We plan to generalize this model across our PBRN and believe that it can be implemented in most of the practices engaged in PBRN research.

Poster Title:

ID# 25

Introduction to Two New Medical Office Surveys on Patient Safety and Health Care Quality

Presenter:

Joann Sorra, PhD

Additional Authors:

John Hickner, MD

Samantha Sheridan, MA

Network Affiliation:

American Academy of Family Physicians National Research Network (AAFP NRN) and Pediatric Research in Office Settings (PROS)

Presentation Category:

Poster on PBRN research in progress

Context:

The Agency for Healthcare Research and Quality (AHRQ) has recently supported the development of two new surveys for use in medical offices: (1) the Consumer Assessment of Healthcare Providers and Systems Clinician & Group Survey (CG-CAHPS) and (2) the Medical Office Survey on Patient Safety & Healthcare Quality (MO-SOPS). These new surveys can be used as quality and safety measures in research in the medical office setting.

Objective:

These new surveys can be used as quality and safety measures in research in the medical office setting.

Setting:

We will discuss the development of these two surveys, the areas assessed with each survey, as well as present results from pilot tests of the surveys. We will discuss the potential uses of these surveys for researchers interested in studying quality and safety in medical office settings.

Participants:

The CG-CAHPS survey is administered to patients and asks about essential functions of group practices and individual clinicians, such as physician-patient communication and care management. The MO-SOPS survey is administered to providers and staff and asks for their opinions about patient safety and health care quality on issues such as office processes and standardization and patient care tracking/follow-up.

Intervention/Essential Feature of Study:

To develop the MO-SOPS survey, an extensive literature review was conducted and over two dozen physicians, ambulatory care and patient safety experts were consulted with and asked to review the draft survey. The CG-CAHPS survey was developed by a CAHPS consortium--Harvard Medical School, RAND, the American Institutes for Research (AIR) and Westat.

Outcome Measures/Design:

A panel of experts will review the final MO-SOPS survey before it is released through AHRQ some time in early summer 2008. The survey will be available for use in the public domain by researchers, healthcare systems, and medical offices to assess patient safety culture. The current CAHPS consortium--Yale/Harvard Medical School and RAND--will be field testing the new version of the survey in several demonstration sites over the next several years.

Poster Title:

Evaluating Client Satisfaction within Community Nursing Centers

ID# 26

Presenter:

Laura Anderko, PhD, RN

Additional Authors:

Elizabeth Fayram, PhD, RN

Kay Roberts, EdD, ARNP, FAAN

Katherine Dontje, MSN, APRN, BC

Joyce Splann Krothe, DNS, RN

Judith McDevitt, PhD, APN, CNP

Network Affiliation:

Nursing Center Research Network (NCRN)

Presentation Category:

Poster on completed PBRN research

Context:

This study involves the evaluation of client satisfaction within eight academic community nursing centers that are members of the Nursing Center Research Network. Client satisfaction is one of the critical elements of quality within health care organizations. Research regarding client satisfaction has primarily occurred within hospitals or ambulatory centers offering medical care. There are limited research studies of client satisfaction with nurse practitioners in community nursing centers.

Objective:

The purpose of the study was to complete a multi-site study (five universities) to evaluate client satisfaction of adult clients seeking health care at community nursing centers.

Setting:

Eight academic community nursing centers who are members of the Nursing Center Research Network.

Participants:

Adult clients were asked to complete a written satisfaction survey at the end of their visit to a community nursing center. Participation was voluntary. 303 participants completed the survey.

Intervention/Essential Feature of Study:

Written Client Satisfaction Survey, developed by the Michigan Academic Consortium, was used. In addition to measures of satisfaction, demographic characteristics, reason for visit, and type of provider are included in the survey tool.

Outcome Measures/Design:

The framework used identifies factors that affect client entry into the health care organization and the fit between the client and the organization's characteristics (Penchansky and Thomas, 1981). Satisfaction findings were analyzed according to the framework's five dimensions: availability, accessibility, accommodation, affordability, and acceptability.

Results/Goals:

Findings indicate high overall satisfaction and across all five framework dimensions.

Conclusions/Next Steps:

Nursing centers provide needed and valued service to communities and are an innovative model of health care delivery to reduce health disparities.

Poster Title:

ID# 27

Multi-site IRB Approvals and Clinician Recruitment: Challenges faced by a dental practice-based research network (PBRN)

Presenter:

Frederick A. Curro, DMD, PhD

Additional Authors:

Jonathan A. Ship, DMD	Anita Sung
Van Thompson, DDS, PhD	Mariko Hashimoto
Ronald Craig, DMD, PhD	Donald Vena
Eileen Capstraw	Kimberly Mosby
Lisa Harewood	

Network Affiliation:

Practitioner's Engaged in Applied Research and Learning Network (PEARL Network at NYUCD)

Presentation Category:

Poster on PBRN research in progress

Context:

Two major challenges the PEARL Network has faced are clinician recruitment and multi-site IRB approvals for a study to evaluate dental risk factors contributing to Osteonecrosis of the Jaw (ONJ). Both have been found to be study-specific.

Objective:

Poster session attendees will understand the challenges faced by a PBRN with regard to site recruitment as well as multi-site IRB approvals.

Setting:

The PEARL Network PBRN conducts clinical studies on the delivery and effectiveness of treatment of oral health care.

Participants:

The PEARL Network currently consists of 130+ dental practices exploring effectiveness of treatments related to dental care.

Intervention/Essential Feature of Study:

Initially, the recruitment process was relatively open to dental practitioners who were interested in conducting dental studies from their offices. As the network matured a set of standards or levels (I-III) were devised describing the practitioner's office and support staff which dictated the level of involvement of the dental practice. The PEARL Network now recruits dentists to participate in a particular study working with each to develop proficiency and expertise in the research process. IRB issues related to the PEARL Network required educating the university administration and the IRB to the concept of a PBRN and most importantly, to the kind of studies to be conducted. Recruiting P-Is for the ONJ study in the northeast proved challenging. In an area dense with medical centers the PEARL Network worked with a number of IRB's. A diversity in cooperation, understanding of PBRN's and willingness to work on a project that may have a national benefit for patients with this condition proved challenging.

Outcome Measures/Design:

For recruitment, we are now in the process of assessing the appropriate reimbursement a P-I should receive per study. For IRB, we have found that designing studies for a PBRN and for multi-sites have their own unique sets of issues.

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