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Agency for Healthcare Research and Quality

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# Contextual Relevancy and Research Collaborations, PBRNs foster Partnerships for Pragmatic, Prompt Resolutions

## **Presented By:**

Jim Werner, PhD; Rebecca S. Etz, PhD; Larry A. Green, MD

## **Moderated By:**

Rebecca Roper, MS, MPH, Director, Practice-Based Research Network Initiative,  
Agency for Healthcare Research and Quality

Sponsored by the AHRQ PBRN Resource Center

March 4, 2015



# Agenda

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- Welcome and introductions
- Presentations
- Individual Q&A session with each presenter and final Q&A with all presenters
- Instructions for obtaining your CME Certificate of Participation

**Note:** After today's webinar, a copy of the slides will be e-mailed to all webinar participants.



# Disclosures

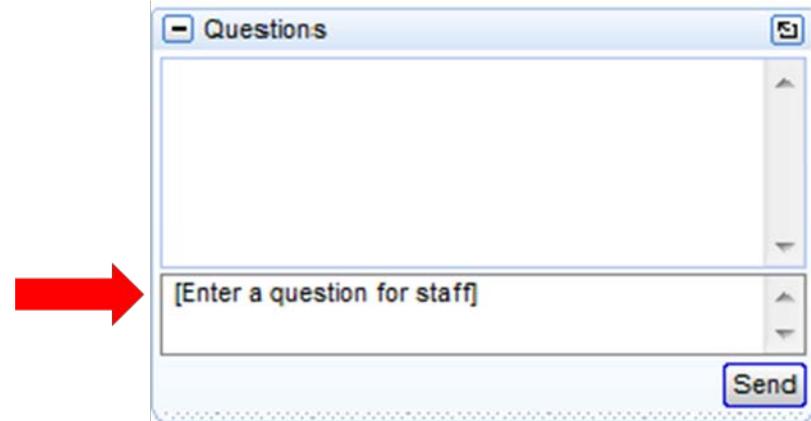
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- None of today's presenters have financial relationships to disclose.
- Presenters will not discuss off label use and/or investigational use of medications in their presentations.



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# Today's Presenters

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## PBRNs Working Beyond the Comfort Zone



**Jim Werner, PhD**

Associate Professor, Department of Family Medicine & Community Health, Mandel School of Applied Social Sciences, Case Western Reserve University;

Director, PBRN Shared Resource of the Cleveland Clinical and Translational Science Collaborative;

Director, PBRN Core Facility at the Case Comprehensive Cancer Center;  
Principal Investigator, Collaborative Ohio Inquiry Network (COIN)



# Today's Presenters

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## Practice-Based Innovation



**Rebecca S. Etz, PhD**

Assistant Professor and Cultural Anthropologist, Department of Family Medicine and  
Population Health, Virginia Commonwealth University;

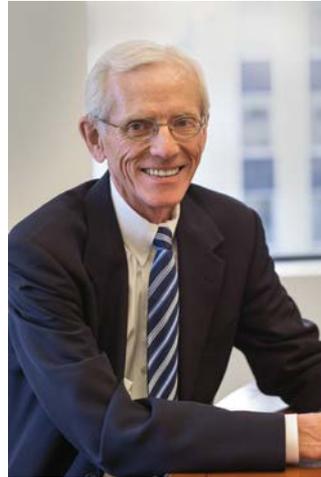
Co-Director, Ambulatory Care Outcomes Research Network (ACORN)



# Today's Presenters

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## Will We Ever Have a Primary Care Data Model?



**Larry A. Green, MD**

Epperson Zorn Chair for Innovation in Family Medicine and Primary Care, University of Colorado Denver;

Board of Directors, American Board of Medical Specialties;  
Member, Institute of Medicine



# PBRNs Working Beyond the Comfort Zone

Jim Werner, PhD

Kurt Stange, MD, PhD

Department of Family Medicine & Community Health  
Case Western Reserve University  
Cleveland, OH



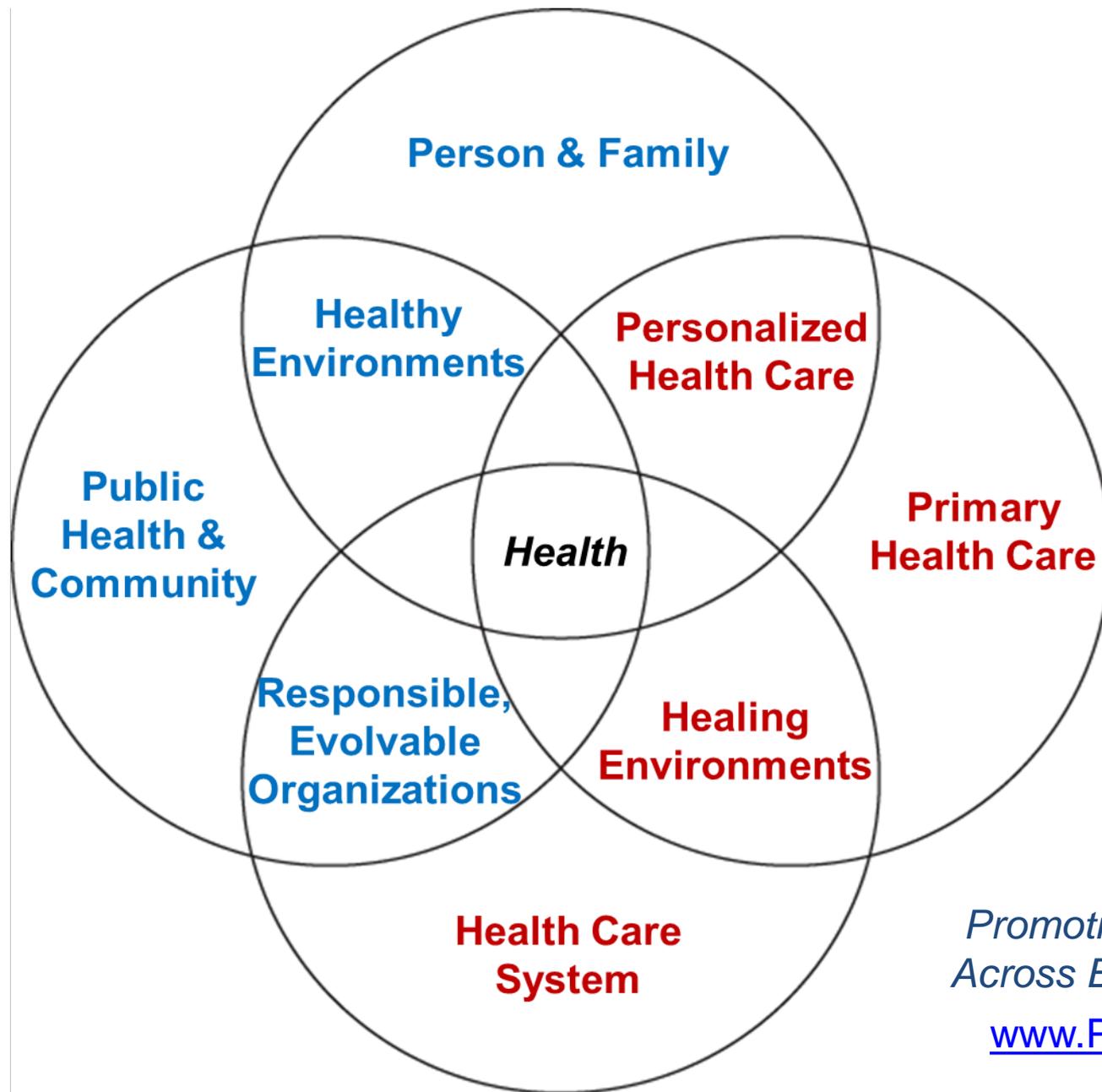
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# Overview

1. What are our comfort zones?
2. PBRNs that stretch their comfort zones
3. Why networks engage in this work
4. Challenges
5. Methods
6. Developing skills and infrastructure





*Promoting Health  
Across Boundaries*

[www.PHAB.us](http://www.PHAB.us)

# Comfort Zones

***Networks differ from one another***

***Well within the PBRN comfort zone:***

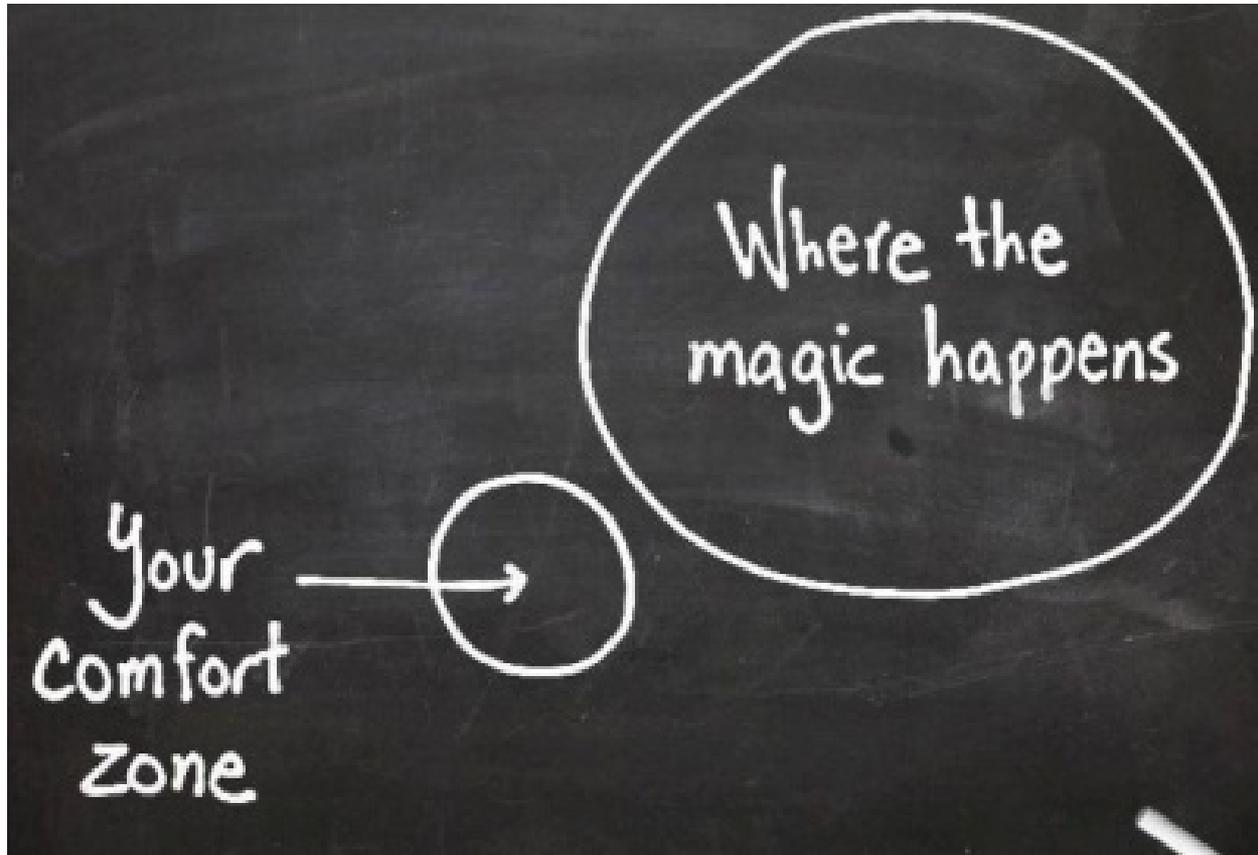
PBRN research involving practices and healthcare systems

***Expanding the PBRN comfort zone:***

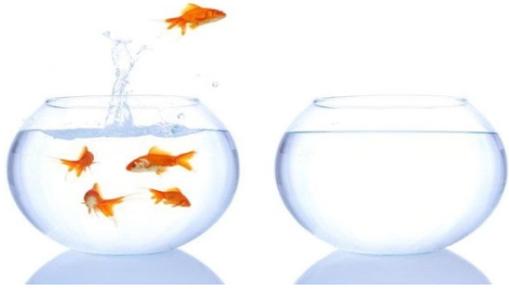
PBRN research involving regional quality improvement organizations, public health departments

***Stretching the PBRN comfort zone:***

PBRN research involving community organizations, patient groups, social service agencies, neighborhood groups, faith-based organizations, school systems



# Venturing Beyond the Comfort Zone



OKPRN

High Plains Research Network

RIOSNet

LANet

Source: Werner JJ, Stange KC. Praxis-based research networks: An emerging paradigm for research that is rigorous, relevant, and inclusive. *JABFM* 2014;27(6): 730-735.



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# Potential Partners

- Public health departments
- Schools & school systems
- Neighborhood groups
- Patient advocacy groups
- Social service organizations
- Faith-based organizations
- Community engaged research groups



# Resources that Support Working Beyond the Comfort Zone

- Patient-Centered Outcomes Research Institute (PCORI)
- CTSA Community Engagement Pilot grants
- CDC Prevention Research Center supplement grants (SIPs)
- NCI Comprehensive Cancer Center community-based research programs
- FDA grants to increase access to healthy foods
- State & local initiatives on healthy/safe environments
- School-based health initiatives
- Community-academic partnership grants
- AHRQ Centers for Primary Care Practice-Based Research and Learning Program (P30)



# Challenges in Going Beyond the Comfort Zone

- Broadening the vision of what is possible
- Creating conditions for partnerships to thrive
  - Bridging organizational missions
  - Understanding organizational cultures



# Approaches

- A long-term approach to partnering
  - Model used by PBRNs with member practices
- Flexibly engaging
  - Selectively permeable network borders
  - Choosing partners for productive collaborations
- A co-learning process

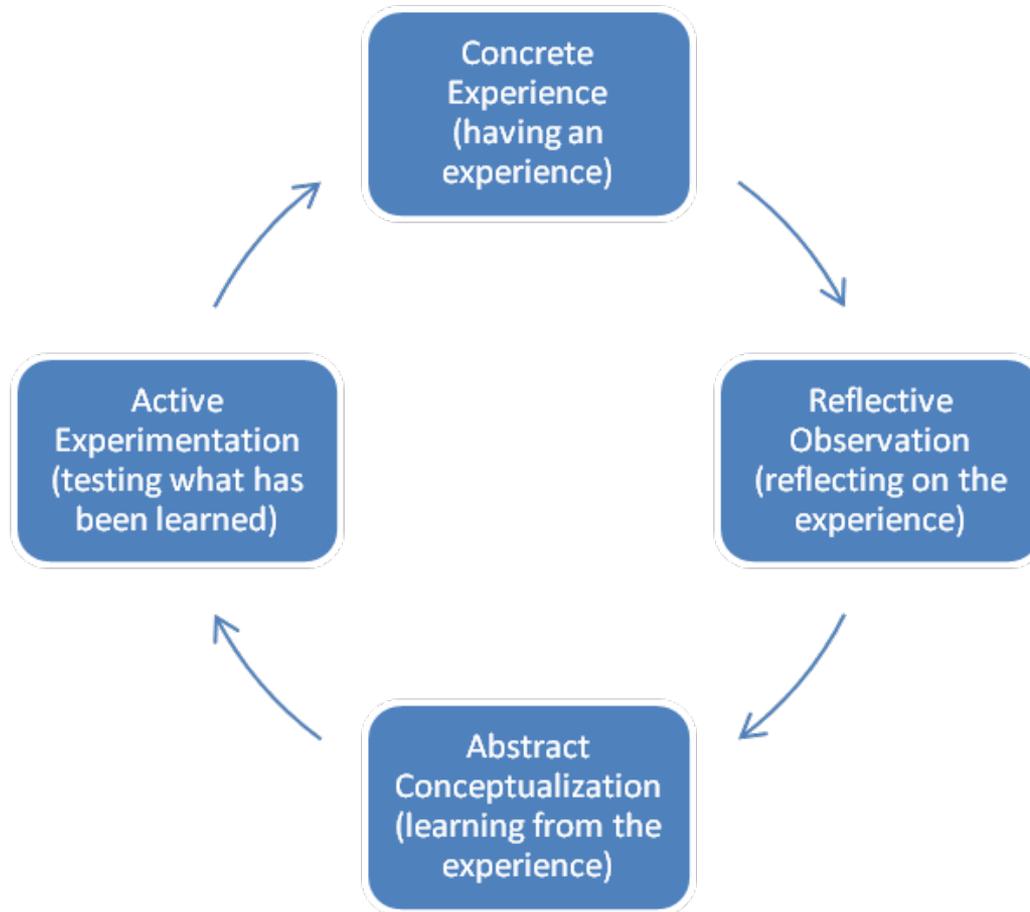


# Enhancing Mutual Learning & Understanding

- Shared learning
  - History
  - Mission
  - Structure
  - Funding sources
  - Challenges
  - Successes
  - Past research experiences
- Shared understanding
  - Being explicit about expectations
  - Assessing mutual commitment to project
  - Clarity about project responsibilities & time frame
  - Sharing power, funding, credit, benefits



# Framework for Engaging with New Partners



Source: Kolb DA. *Experiential learning: experience as the source of learning and development*. Englewood Cliffs, NJ: Prentice Hall; 1984.

# CBR & PCOR Learning Resources

- Experienced PBRNs & investigators
- CTSA Community Partnership Cores (aka Shared Resources) (61)
- CDC Prevention Research Centers (26)
- Experienced CBO research partners in your community
- Online resources from UCSF, Tufts, & others



# Research Training Programs for Community Partners

Examples:

- Fellowship programs at CWRU
  - *Partners in Learning, Education, & Research (PEER)*
  - *Community Research Scholars Initiative (CRSI)*
- Developing a research network of community organizations



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# Online Training Resources

- UCSF CTSI:  
(<http://accelerate.ucsf.edu/research/community-manuals>)
- Tufts CTSI:  
<http://www.tuftsctsi.org/Services-and-Consultation/Community-Engagement/Community-Engagement-Tools-and-Resources>



Thank You



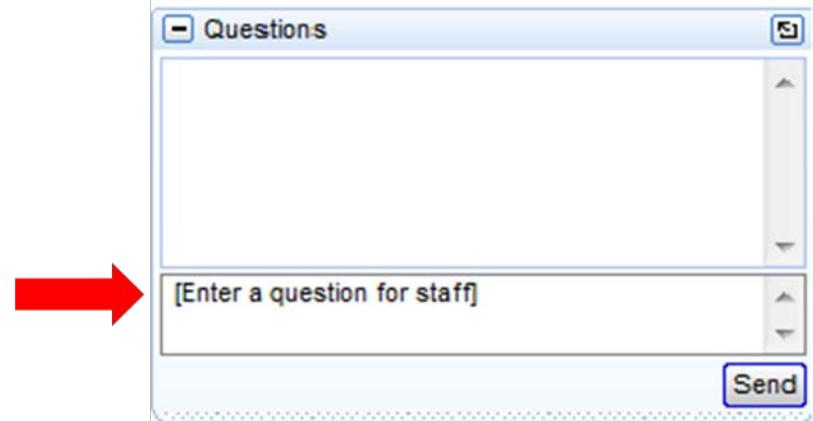
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# PRACTICE-BASED INNOVATION

Rebecca S Etz, PhD

Department of Family Medicine and Population Health, and  
Ambulatory Care Outcomes Research Network (ACORN)

March 4, 2015

## POLICY BRIEF

### Practice-Based Innovations: More Relevant and Transportable Than NIH-funded Studies

Rebecca S. Etz, PhD, Karissa A. Habn, MPH, Martha M. Gonzalez, BA, Benjamin F. Crabtree, PhD, and Kurt C. Stange, MD, MPH

In 2003, the National Institutes of Health (NIH) created a translational science funding stream to foster widespread, practice-based dissemination of scientific evidence. A decade later, our study of a national cohort of innovative practices suggests that effective dissemination continues to be prevented by the limited biomedical focus of funded research, conventional research strategies, and failure to report contextual factors. (J Am Board Fam Med 2014;27:738–739.)

**Keywords:** Health Policy, Practice-based Research, Primary Health Care, Program Sustainability, Translational Medical Science

We previously published an assessment of US primary care workforce innovations that involved a review of more than 4400 abstracts and more than 350 articles published since 2000.<sup>1</sup> Based on the combined experience of the research team, we determined that the literature did not capture the observable landscape of primary care innovation. We therefore followed the first study with a purposeful sampling of investigators based on the literature and snowball sampling to follow up leads. In the second study, we identified and interviewed 250 primary care leaders associated

with 190 practice settings at the cutting edge of workforce innovation with the intention of identifying exemplars for further investigation.<sup>2</sup>

The majority of published accounts of primary care workforce innovation focus on specific diseases or disease clusters and a fidelity to research design, resulting in incremental innovations that are not sustainable. In addition, National Institutes of Health-funded studies seem to favor biomedical data, thus missing many of the contextual factors critical to localized success. In contrast, the innovative practices of our study developed solutions to everyday problems, informed by awareness of local context and funding constraints. Such solutions, built on practice-based evidence,<sup>3</sup> enjoy greater sustainability, improved attention to context-specific preconditions, fluid adaptations to workflow, and greater potential for translation (Table 1). Many practices report visiting peer sites as part of their problem-solving approach, noting that understanding context is critical to disseminating pro-

This article was externally peer reviewed.

Submitted 4 February 2014; revised 16 April 2014; accepted 21 April 2014.

From the Department of Family Medicine and Population Health, Virginia Commonwealth University, Richmond (RSE, MG); the Department of Family Medicine and Community Health, Rutgers University Robert Wood Johnson Medical School, New Brunswick, NJ (KAH, BFC); and the Departments of Family and Community Health, Epidemiology and Biostatistics, and Sociology, Case Western Reserve University, Cleveland, OH (KCS).

Funding: This study was funded by the Robert Wood

- Everyday problems
- Context specific solutions
- Comprehensive in scope
- Grounded in community
- Long term and viable
- Crowd sourcing
- Learning organizations

# AFTER TRANSLATION?



How are problems defined?

How are solutions identified?

What methods do we use?



Or



## REIMAGINING PBRNs

Create both *exploratory* and *explanatory*  
Define problems grounded in people and places  
Develop infrastructure that is nimble and elastic  
Foster PBRNs that are equally nimble  
Appreciate the significance of scale

Evidence  
Expert Knowledge  
Research Design

ELEMENTS OF RESEARCH

# Reimagining Research

- Translation –
- Fidelity –
- Sustainability –
- Models –
- Validated instruments –
- Research design –
- Feasibility –
- Engagement –

# Persistent Challenges

- Entrenched definitions of “good research”
- Ill-fitting definitions of data points and measures
- Lack of meaningful baselines on which to build

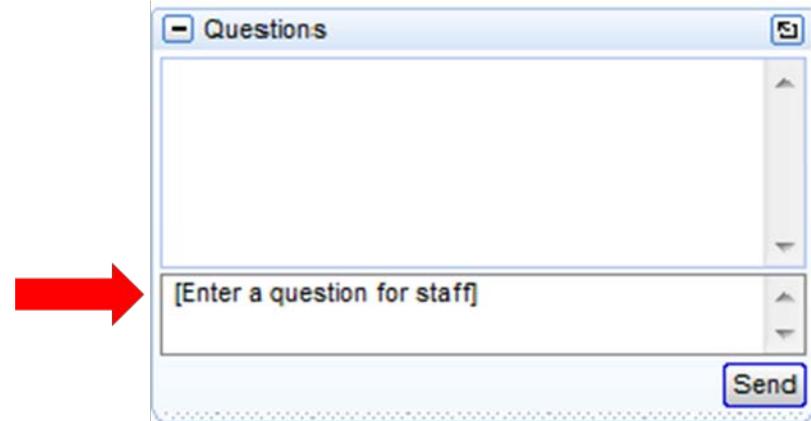


And yet...



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# Will We Ever Have A Primary Care Data Model?

Larry A. Green, MD

Epperson Zorn Chair for Innovation in Family Medicine  
and Primary Care

University of Colorado Denver

March 4, 2015

# University of Colorado Denver Anschutz Medical Center



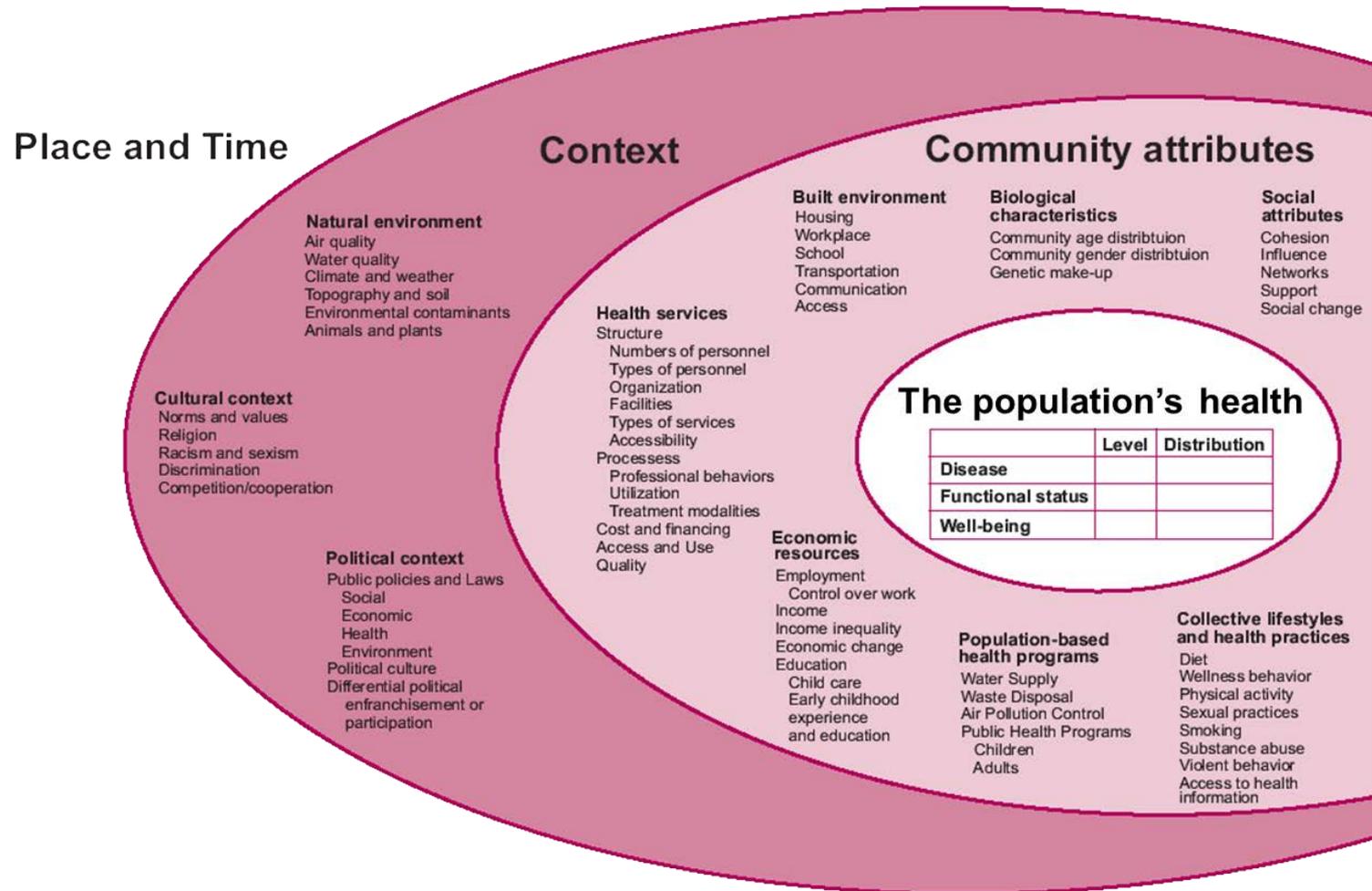
# Goal

- Generate reflection to address a gap
- Build from Phillips RL, Klinkman M, Green LA. Conference Report: Harmonizing Primary Care Clinical Classification and Data Standards. October 10-11, 2007, Washington DC
- Motivate considerations by PBRNs and AHRQ

# What is a Data Model?

- A description of objects to be represented in a system, their properties and interrelationships
- Contains a collection of concepts
- Involves classification and terminology
- Requires rules (standards) to be used in dealing with the model

# Shaping a Health Statistics Vision for the 21<sup>st</sup> Century (2002) NCVHS



# What is Primary Care?

Primary care is the provision of integrated, accessible services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community.

Donaldson MS, Yordy, KD, Lohr KN, and Vanselow NA, Editors. Primary Care. America's Health in a New Era. Institute of Medicine. National Academy Press. Washington, DC. 1996

# Reprise of a 2007 Conference

- With support from the US Agency for Healthcare Research and Quality Conference Grant 1R13HS016764-01 (Dr. Jonathan White, Project Officer), the Robert Graham Center hosted the conference and Dr. Robert L Phillips chaired it.
- Conference attendees included experts from AHRQ, WHO, NLM, CDC, NCVHS, SNOMED, the Office of the (HIT) National Coordinator, health IT vendors, and primary care organizations.
- The conference grew out of concern that health information technology standards were evolving rapidly without sufficient attention to primary care, the largest platform for formal health care in the US, with half a billion visits each year.
- The key decision made by attendees was that it was very important to act now to develop and promote the data model for personal doctoring in the medical home to support the transformations of health IT and personalized health care that are already underway.

# Channeling:

Michael S Klinkman, MD, MS



Professor, Department of Family Medicine  
University of Michigan Health System;

Director, Great Lakes Research into Practice Network;  
Medical Director;

Jackson Health Network Chair, Wonca International Classification  
Committee

# Core PCMH attributes and data needs

<b>Population-focused</b>	Accurate information about WHO is in population (denominators and registries), WHO is responsible clinician
<b>First contact</b>	Capacity to capture data from direct and indirect encounters, routine capture of reason for encounter (RFE), capacity to record symptoms and social problems (“non-disease”) in addition to medical diagnoses
<b>Patient-centered</b>	Reliable and up-to-date data on patient preferences, goals, satisfaction, significant life events
<b>Efficient and effective</b>	Capacity to discriminate between conditions that require diagnosis and treatment and problems that do not (episode of care structure), clinical decision support capability, functional status, general and disease-specific outcome measures
<b>Integrative</b>	Interoperability (data exchange standards), capacity for patients to enter and share own data, capacity to share data across distributed clinical network (example: care management)

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# **STRUCTURE**

## **Person:**

demographics  
social structure  
goals, preferences

## **Problem(s):**

RFE as starting point  
current/active  
severity

## **Clinical Modifiers:**

prevention  
risk factors  
Significant events

## **Actions (“Process”):**

Decisions  
Interventions  
Plans

## **Time:**

Episode structure

## **Data import/export:**

Exchange protocols

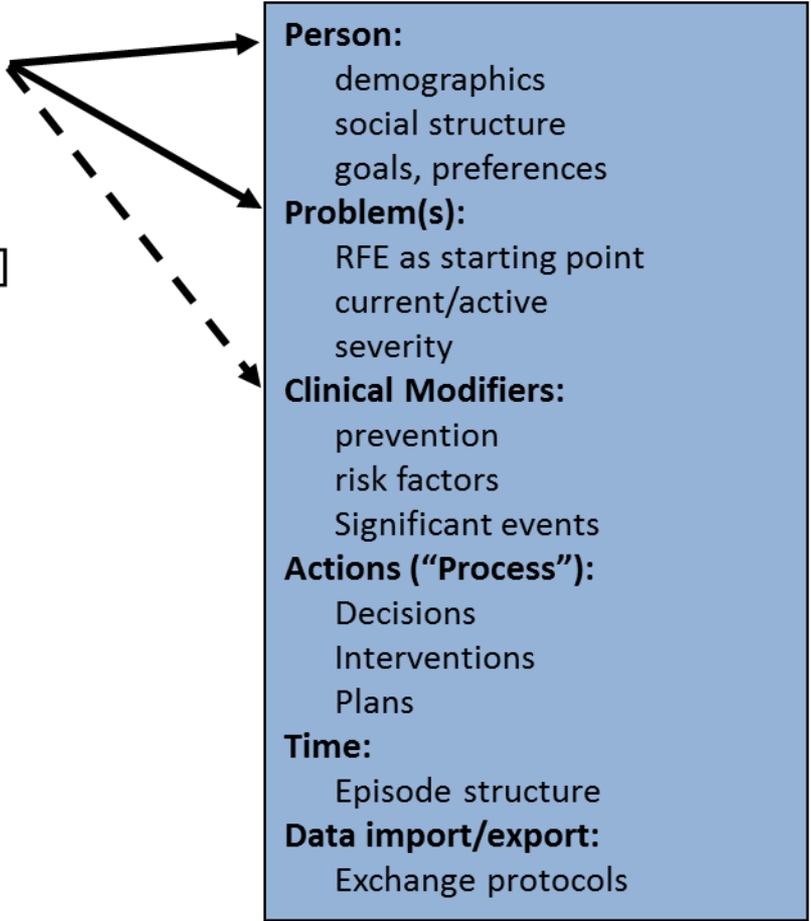
**A Primary Care Data Model:  
simple building blocks to capture complex reality.**

*Klinkman, Phillips, Green, Pace: 2008*

**INPUTS**

**STRUCTURE**

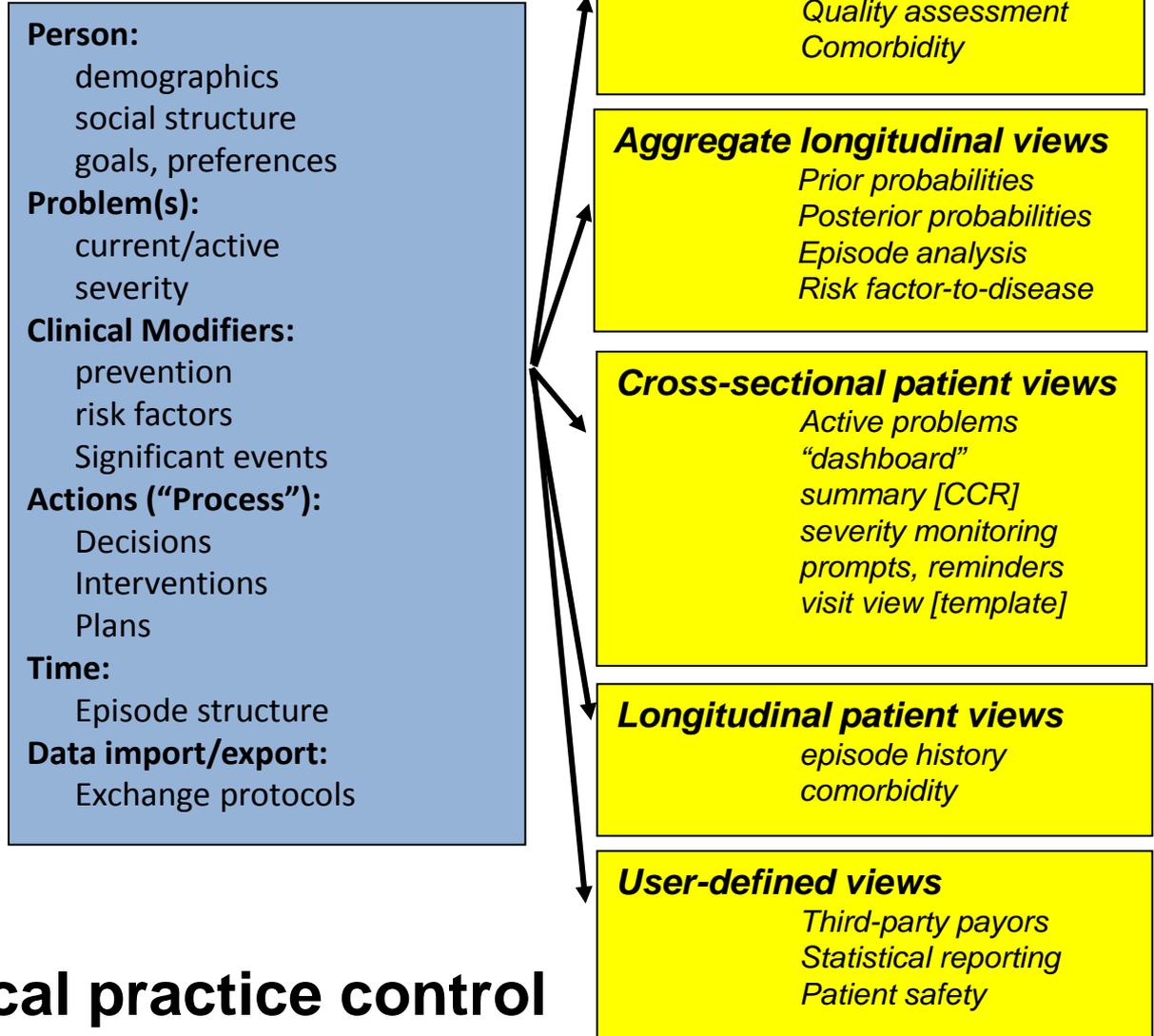
People  
[templates or  
interface  
terminologies,  
through PHRs]



—→ *primary inputs*  
- - → *possible inputs*

**Direct inputs from people**

# OUTPUTS



**Outputs- under local practice control**

# Current primary care health IT environment

- Information overload on specific clinical problems (new guidelines, new treatment recommendations, new data)
- One-size-fits-all prompts, reminders (Best Practice Alerts)
- Lack of knowledge about how clinical problems interrelate makes collected information less relevant to managing real-world patients
- Increased time and effort required to manage complex health information technology software
- Current EHRs do not accommodate patient-side data such as the stated reason(s) for encounter, patients' own priorities and goals, or relevant social context
- Practice-based EHRs do not support distributed care across networks

# Key Resources

- [www.graham-center.org/online/etc/medialib/graham/documents/publications/mongraphs-books/2007/rgcmo-harmonizing-primary.Par.0001.File.tmp/classification.pdf](http://www.graham-center.org/online/etc/medialib/graham/documents/publications/mongraphs-books/2007/rgcmo-harmonizing-primary.Par.0001.File.tmp/classification.pdf)
- <http://www.globalfamilydoctor.com/groups/WorkingParties/wicc.aspx>



**go on**

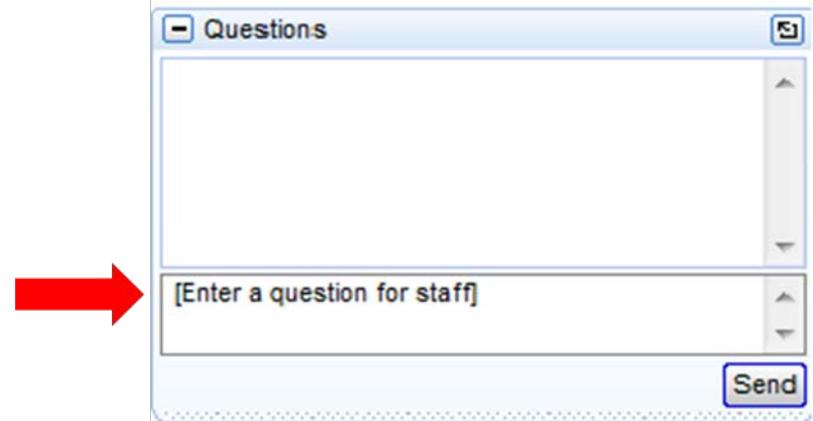


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# Upcoming Events

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Upcoming AHRQ PBRN Resource Center Webinars:

- **May 1, 1:30 – 3:00pm ET:** How Pragmatic is it? Lessons Learned Using PRECIS and RE-AIM for Determining Pragmatic Characteristics of Research

Visit <http://pbrn.ahrq.gov/events> for webinar registration information and details on other upcoming PBRN-relevant events

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