



PBRNews

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A Quarterly Newsletter from the AHRQ PBRN Resource Center

AHRQ Awards over \$20 Million in ARRA Grants to PBRNs

By Dr. David Lanier

Under the American Recovery and Reinvestment Act (ARRA) of 2009, \$300 million was directed to AHRQ to support comparative effectiveness research (now known as patient-centered outcomes research). Over the past 12 months, AHRQ has issued multiple RFAs and thousands of applications were submitted, including numerous proposals from PBRNs. The agency recently announced the recipients of the ARRA awards, which will support efforts in many areas, including comparisons of health care interventions in real world settings, data infrastructure, and dissemination and implementation. A complete list of awards by category is available at: <http://www.ahrq.gov/fund/recoveryawards>.

The exciting news for primary care PBRNs is that \$20.7 million of these grants was awarded to our networks. Receiving R24 awards (of up to \$1 million) were PPRNet in South Carolina (PI, Steve Ornstein) and CCPC in Connecticut (PI, John Lynch). R18 awards (ranging from \$1 to 3 million) went to

a network consortium led by OKPRN, including LANet, WREN and MAFPRN (PI, Jim Mold), MAPPR (PI, Michael Dulin), CECH (PI, Ardis Olson), and UHRN (PI, Michael McGill). The largest award for data architecture/distribution went to DARTNet (PI, Lisa Schilling).

In 2000, AHRQ invested \$1 million in infrastructure support to 18 PBRNs (average award \$75,000). Other small solicitations followed. PBRNs were also supported by grant “set-asides” included in several RFAs to assure that a certain number of networks received awards. In the past few years, PBRNs have competed very successfully on their own at AHRQ despite a shrinking grants funding pool. However the announcement of this large amount of grant funding to PBRNs with ARRA funds represents a high watermark for network research and strong evidence of the increasing maturity of our PBRNs.

Congratulations to the grant recipients!

2011 Registry

All previously-registered networks will receive an invitation to complete the 2011 AHRQ PBRN Registry in early November. If your network was registered in 2010 (see the “PBRN Registry” tab on the PBRN Homepage to review the list of networks registered for 2010: <http://pbrn.ahrq.gov>), many of the registration questions will be pre-populated with the answers that were provided last year.

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

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



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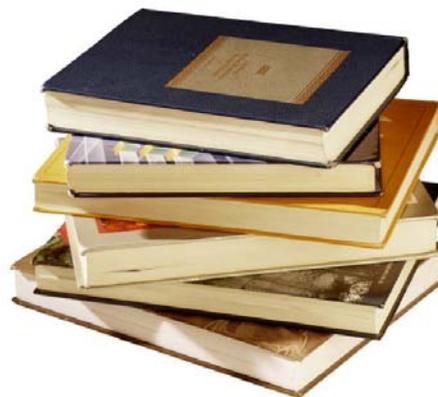
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Bibliography

We are pleased to provide you with an update on our PBRN Research Bibliography, a comprehensive citation database available on the Resource Center website at <http://pbrn.ahrq.gov>. To be included in the database, research must be conducted by a PBRN, its member(s)/director(s), or be conducted in a practice setting. Users can search for PBRN research by **Publication Year** and **Author Name**. The availability of a direct link to the article's full text or PubMed ID (if applicable), indicated by a "link" icon alongside the citation, means that the information is readily available and accessible.

The database currently houses over 1,000 citations, with over 200 citations added this year. In addition to conducting database searches for relevant citations, the Resource Center periodically asks PBRN directors for their help in identifying research articles. In July 2010, we received a total of **150 citations**, thanks to the 15 PBRNs listed below that responded to the request:

American College of Physicians (ACPNNet)
 Brigham and Women's Primary Care Practice-Based Research Network (BWPC PBRN)
 Continuity Research Network of the Academic Pediatric Association (CORNET)
 Central Texas Primary Care Research Network (CenTexNet)
 Centricity Healthcare User Research Network (CHURN)
 High Plains Research Network (HPRN)
 International Chiropractic Pediatric Association PBRN (ICPA PBRN)
 North Carolina Family Medicine Research Network (NC-FM-RN)
 North Texas Primary Care Practice-Based Research Network (NorTex)
 Oregon Rural Practice-Based Research Network (ORPRN)
 Pediatric Practice Research Group (PPRG)
 Research Involving Outpatient Settings Network (RIOS NET)
 UCSF Collaborative Research Network (UCSF CRN)
 Upstate New York Practice-Based Research Network (UNYNET)
 Virginia Ambulatory Care Outcomes Research Network (VACORN)



We hope that you find this to be a valuable resource and we welcome your feedback or comments. If you would like to submit an article for inclusion in the PBRN Research Bibliography, please email the PubMed ID or full text web link to nicholasbuck@westat.com.

Peer Learning Groups

The PBRN Resource Center hosts a series of Peer Learning Groups (PLGs) for PBRN researchers and network members. These PLGs allow PBRN staff and members to have discussions with colleagues and experts on topics such as PBRN Operations and PBRN Research Methodology. The curricula of the sessions are decided upon by group members.

PLG events in the past month included an NVivo8 webinar on October 14th and a Comparative Effectiveness Research (CER) inaugural phone meeting on October 20th. Nearly 40 participants were involved in these two interactive PLG sessions. Future PLG sessions on these topics are planned for next year. The CER PLG will be evolving into monthly sessions, starting in January. To be included in the CER specific listserv, please contact the Resource Center at pbrnrc@umn.edu.

Upcoming Events:

November 04, 2010:	PBRN Operations
January 12, 2011:	Research Methods
February 10, 2011:	Health IT

For more information about these events, please visit the PBRN website (<http://pbrn.ahrq.gov>) and click on the "Peer Learning Groups" tab. Members with PBRN portal accounts can view PowerPoint presentations and recorded webinars by clicking "Schedule of Events" under the "Peer Learning Group" tab.

If you would like to participate in a PLG webinar please RSVP and provide the following to the Resource Center at pbrnrc@umn.edu.

- 1) The name and date of the webinar;
- 2) The name of your network; and
- 3) Email addresses for any additional network members that would like to participate.

Featured Network: Pediatric Research in Office Settings

Pediatric Research in Office Settings (PROS), a national pediatric network established in 1986 by the American Academy of Physicians (AAP), is one of the country's five oldest functioning practice-based research networks. PROS boasts an extensive national representation of over 1,750 pediatric practitioners and 730 practices, which are divided into chapters and organized at the state level. Their collective mission is to "improve the health of children and enhance primary care practice by conducting national collaborative practice-based research." For this issue of *PBRNews*, PROS's network director, Dr. R. "Mort" Wasserman, was invited to share his thoughts on the network's history and relationship with the AAP, strengths and challenges of functioning as a national PBRN, and current and future endeavors.

HISTORY: In 1985 AAP President Dr. Robert Haggerty envisioned creating a practice-driven network that would adhere to the ethos of practitioners, based on the notion that getting practitioners involved in research makes them better clinicians. He commissioned a Task Force on Collaborative Research and, in 1986, the AAP Board approved the formation of an academy-sponsored PBRN. Since launching its first study in 1988, PROS has conducted over two dozen research projects. According to Dr. Wasserman, the vision for PROS is a practice-driven research organization that listens to practitioners, engages them as study PIs, and helps to bring about improvements in pediatric practice. "PROS is a marketplace for anyone who wants to do research in a primary care setting," Dr. Wasserman said. "We are a lab." Given its national scope, the focus of PROS is on generating new knowledge aimed at improving care for patients, rather than on quality improvement or process change.

PROS has been well supported by infrastructure funding from the HRSA Maternal and Child Health Bureau and through its association with the AAP. Being embedded in the AAP allows PROS results to be disseminated to its national membership of approximately 70,000 physicians. In addition, PROS has representation in most of the academy chapters, providing access to the "real docs" who are essential to the design of studies that are feasible in practice settings. PROS also has found that, on occasion, collaborating with regional networks can be successful if the networks have developed exciting projects that need a national sample to enhance generalizability.

STRENGTHS AND CHALLENGES: A major strength of PROS is its access to geographically dispersed populations and a diverse group of practitioners. In addition, while study PIs are typically responsible for data analysis, PROS is able to guide the process of protocol development, practice recruitment, and data collection. When asked about PROS challenges, Dr. Wasserman discussed the lack of on-site research assistants often needed to conduct complex studies and carry them to completion. PROS has had mixed success training practices to

collect data in complex projects and also has encountered difficulties hiring local research personnel to help support the practices.

CURRENT AND FUTURE ENDEAVORS: PROS is currently in the midst of two of their largest projects, each a cluster randomized controlled trial with a family-oriented intervention. The first study (CEASE – Clinical Efforts Against Secondhand Smoke Exposure) involves 40 practices engaged in a smoking cessation intervention directed at parents with young children who smoke. Thirty-seven practices are participating in the second study, targeting childhood obesity by focusing on the behavior of the family and examining the impact of brief motivational interviewing on reductions in child body mass index.

VISION FOR NEXT FIVE YEARS: Dr. Wasserman recently developed a proposal with the University of Colorado, DARTNet and the Children's Hospital of Philadelphia to develop a sub-network of practices with electronic medical records (ePROS). In September 2010, this project received funding from the HRSA Maternal and Child Health Bureau and is now underway. As it is not reasonable to routinely expect research quality data from information collected for clinical purposes, standardizing certain data elements and having a structured format will improve the application of these data to address research questions and will improve the overall utility of electronic medical records. Part of the ePROS project funding will allow participating practices to work collaboratively to standardize some of their data collection.

FUTURE OF PBRNS: According to Dr. Wasserman, there has never been a greater need for PBRNs, which can help answer critical questions about improving health care. However, the precarious state of the field of primary care, with fewer physicians entering the fields of pediatrics and family and internal medicine and the trend toward less practice ownership, may mean that younger cohorts of clinicians will be less interested in or committed to practice-based research. Overall, he is concerned that clinicians will have increasingly less time to act on their interest in participating in research. On a positive note, however, the core of PROS practitioners remain enthusiastic about participating and efforts such as the Academic Pediatric Association resident continuity clinic research network (CORNET) may provide the needed stimulus for the future.

In conclusion, Dr. Wasserman attests that PROS is a "system that works" and that its structure, process, and principles ensure that it will continue to be a successful pediatric research network for many years to come.

<http://www.aap.org/pros/>

2010 PBRN Annual Research Conference Recap

AHRQ's sixth annual National PBRN Research Conference was held on June 16-18 at the DoubleTree Hotel in Bethesda, Maryland. This year's meeting was well attended, with over 270 registrants, each of whom had the opportunity to participate in oral presentations, poster sessions, workshops, and panel presentations.

Also featured were four outstanding plenary presentations, special interest groups, a networking lunch, and facilitated evening dine-arounds. We would like to thank everyone once again, both presenters and attendees, for making this conference a great success. We hope to see you again next year.

Evaluation Feedback: Comments on Learning More About "The Power of PBRNs!"

We received 72 responses to the conference evaluation sent to all attendees in September. Feedback about the impact of the conference from the 57 attendees *associated with a primary care PBRN* is particularly helpful as we plan for the 2011 conference. These respondents include network directors (51%), researchers (28%), and coordinators (21%). Almost half attend the PBRN conference regularly, one-third were first-time attendees, and 19 percent had attended at least once before.

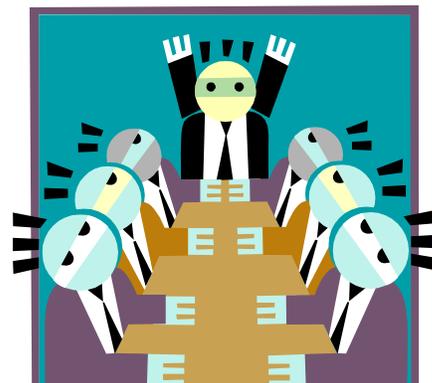
We are pleased to report that there was strong agreement that we were successful in reaching our objectives of advancing the field of primary care practice-based research methodology, disseminating research findings, sharing operational best practices, and building and strengthening communication among members of the PBRN community.

New Insights. The fielding of our conference evaluation survey was designed to give attendees time to reflect on their participation. One-third of the respondents told us that they had *gained a new perspective or insight* into practice-based research through their conference attendance. Attendees new to PBRNs, as well as others, learned more about the "resources available to PBRNs," that "all PBRNs face similar challenges," and that "great people" are involved. Methodological insights include:

- The importance of common longitudinal data
- The need for a multi-morbid research focus with alternatives to RCT designs
- The value of cooperative research partnership across PBRNs
- The need to create "networks of networks" for large research studies

Examples of insights about one's own network include:

- How to incorporate different methodologies in our PBRN, including CER
- How to recruit and maintain good relations with member practices
- How to conduct more research projects
- New research ideas for our PBRN



Finally, more general observations include awareness of "parallel interests of networks across the nation," the "role of PBRNs in dissemination and implementation," and both the "challenges of primary care research" and "the power of PBRNs."

Implementing Changes. Almost half of the respondents (47%) have already begun to make changes within their networks. Changes intended to strengthen infrastructure include adopting policies and procedures, drafting bylaws and membership agreements, establishing email communication systems, developing a network evaluation plan, and reorganizing financial structure. Other new efforts are being directed toward improving outreach and engagement of practice members, such as implementing a network survey of members; developing new approaches to recruitment and retention; and learning more about site costs to participate in research. The adoption and implementation of tools and strategies was also addressed; examples include templates for network development, Resource Center survey tools, standardized project management techniques, and regulatory steps.

2011 PBRN Research Conference. Several comments pertained to an interest in seeing more sessions on operating and managing PBRNs, PBRN infrastructure, how to make PBRNs successful, and PBRN research methods. Respondents also expressed support for a more thematic focus for the conference as well as for structuring the sessions into "tracks." While two of the first-time attendees were not sure if they will return next year, many of you (40%) think it is quite likely and most of you (58%) may already have the 2011 date on your calendar! We hope to see all of you for the 2011 PBRN Research Conference, June 22-24, in Bethesda, Maryland. For more information, please visit the [PBRN Annual Conference page](#) on the PBRN website.