Practice-Based Research Networks (PBRNs) comprise primary care clinicians and practices that work together to answer community-based health care questions and implement research findings. PBRNs link clinicians with investigators experienced in health services research and distinguish themselves as ideal settings to study processes of care and the manner in which services are delivered, diseases are diagnosed, treatments initiated, and chronic conditions managed in a "real world" setting.

In fiscal year 2013, the Agency for Healthcare Research and Quality (AHRQ) funded infrastructure support grants to establish eight Centers for Primary Care Practice-Based Research and Learning (P30 Center Grants). These 5-year grants support the development of Centers that bring together multiple PBRNs to leverage resources and stimulate innovation in improving the delivery and organization of primary care. The partnerships facilitate conduction of large-scale research, support training activities, and disseminate knowledge with the ultimate aim of improving patient care. They extend the scope of work beyond the boundaries of an individual PBRN's health care system, health information technology (IT) vendor, and geographic and demographic mix.

Reach of PBRN P30 Centers
Membership of PBRN P30 Centers

Membership in the P30 Centers is diverse and expansive, allowing for large-scale research projects and development of powerful and lasting partnerships. Thirty-nine registered PBRNs participate in a P30 Center. This represents 23 percent of all AHRQ-registered PBRNs. Several PBRNs have joined more than one Center in order to more fully expand their scope and leverage resources across the country.

<table>
<thead>
<tr>
<th>Membership of PBRN P30 Centers</th>
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<tbody>
<tr>
<td>Total Number PBRNs Participating in a P30 Center</td>
<td>53</td>
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<tr>
<td>Percentage of Registered PBRNs that Participate in a P30 Center</td>
<td>23%</td>
</tr>
<tr>
<td>Number of PBRNs that Participate in More Than One P30 Center</td>
<td>7</td>
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<tr>
<td>Number of P30 Centers that Have Non-PBRN Members</td>
<td>5</td>
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Description of P30 Networks of PBRNs

Each Center for Primary Care Practice-Based Research and Learning reflects the needs of its patients, clinicians, and administrators in its organizational composition and research focus. These project profiles highlight each Center’s nuances, and invite you to learn more about their unique focus and engaged membership. Below, we provide a brief description of each Center and provide links to some of their highlighted work and to their full summaries.

CoCoNet2: Coordinated Coalition of Primary Care Research Networks

The CoCoNet2 Center comprises six PBRNs and challenges itself to be an active learning community by sharing resources and collaborating on research projects.

Example Projects and Areas of Interest

Clin-IQ: OKPRN, a CoCoNet2 member, developed a training program on Clin-IQ (Clinical Inquiries), a research process where the clinical community can work together to identify, ask, and answer questions by assessing published literature. Clin-IQ addresses topics within the context of residency practices, where there is the added pressure of participating in scholarly activities.

Practice Facilitation: All member PBRNs of CoCoNet2 employ practice facilitators (PFs). A national Practice Facilitator Professional Development and Training Program was developed, disseminated, and implemented through a partnership of several CoCoNet2 members. The certified program consists of lectures, virtual group discussions, presentations by national experts, and a preceptorship that allows trainees to gain practical experience at facilities around the country. CoCoNet2 member PBRN LANet worked extensively with AHRQ and other PBRNs to develop the Practice Facilitation Handbook; designed to assist a clinic or network in developing, administering, and maintaining a practice facilitation program.

For more information on CoCoNet2, please access the full summary profile.
“As a P30 Center for Research and Learning, CoCoNet2 is able to maximize resources through the development of partnerships that increase our scope and reach. Bringing the knowledge of multiple PBRNs together means we can better answer complex research questions and have an impact at the national level.”
Zsolt Nagykaldi, PhD, Director OKPRN, Director CoCoNet2

**COIN: Collaborative Ohio Inquiry Network**

COIN’s mission is to develop the capacity of PBRNs, to do practice-based research by stimulating and fostering research collaborations, and to disseminate research findings by effectively sharing knowledge and translating research into practice.

**Example Projects and Areas of Interest**

**Unique Infrastructure:** COIN comprises Ohio-based PBRNs affiliated with the Clinical and Translational Science Award (CTSA) Centers at Case Western Reserve University, Ohio State University, and the University of Cincinnati. The work of COIN is coordinated work through Northeast Ohio Medical University (NEOMED). COIN also partners with Ohio’s health information exchanges and regional health care improvement collaboratives to further develop its health IT and quality improvement research capacity.

**Quality Improvement:** COIN members partnered to develop a Maintenance of Certification Part IV (MOC) Peer Support Collaborative that aids physicians in executing the MOC-required practice assessment and improvement project. COIN provides guidance on how to: (1) choose, plan, and implement a practice improvement project; (2) exchange peer consultation with other physicians and practices; and (3) take advantage of the assistance and innovative resources offered by the MOC4 Project Team. Participating physicians have the opportunity to learn about practice-based research and the PBRN Shared Resource and to become a member if they are interested.

For more information on COIN, please access the full summary profile.

“Engagement with COIN provides a forum for new investigators to identify and be mentored by those with similar interests. The structure and reach of the Center produces research with more generalizable results, thereby enhancing the importance of the projects we undertake.”
Randy Wexler, MD, MPH, FAAFP, Clinical Research Director, COPBRN – a COIN member
C-PRL: National Center for Pediatric Practice Based Research and Learning

The National Center for Pediatric Practice Based Research and Learning (C-PRL) brings together partners that put child-based research first and facilitate robust research projects in the areas of Meaningful Use and Health IT.

Example Projects and Areas of Interest

Patient Engagement: Through the AHRQ grant "Pediatric Patient Engagement as a Criteria for Meaningful Use Stage 3," PeRC (a C-PRL network) member practices assessed the impact on pediatric asthma care of implementing a patient portal designed to educate, collect patient-reported outcomes, and enable parents to report treatment preferences and goals. The study provides real-world guidance for achieving the Centers for Medicare & Medicaid Services Meaningful Use objectives.

Using Health IT Data to Drive Research: C-PRL is committed to developing and disseminating evidence-based tools in pediatric office settings through the use of integrated data and knowledge management. ePROS (electronic Pediatric Research in Office Systems) is a subnetwork of PROS (a C-PRL network) that extracts data from multiple vendor EHRs. The data is then de-identified, standardized, and aggregated into a database that links the health information of multiple clinical sites. An ePROS partner, the DARTNet Institute, developed the technology to bring together the data from multiple sources, which is further diversified when ePROS data records are combined with those from PeRC, which has a large minority patient population drawn from in and around Philadelphia. Using patient data from multiple pediatric practices, ePROS can conduct observational and interventional comparative effectiveness studies.

Pediatric Practices with EHRs are invited to join ePROS

EHR-based practices throughout the Nation are invited to join ePROS. Benefits include the opportunity to participate in cutting-edge research that will assist in improving child health, receiving point-of-care prompts and reports, having access to individualized patient education materials, and much more!

"With additional members, ePROS will be in a unique position to represent the care delivered to a substantial proportion of children seen in U.S. pediatric practices and clinics."

Dr. Richard “Mort” Wasserman, PROS Director

For more information on C-PRL, please access the full summary profile.

"Pediatric Research in Office Settings (PROS) and electronic Pediatric Research in Office Settings (ePROS) are a part of the American Academy of Pediatrics, a non-academic member organization. The collaboration between the AAP and C-PRL member networks brings together the academic and non-academic worlds and expands the wealth of expertise for all involved."

Richard “Mort” Wasserman, MD, C-PRL, PROS Director
Centers for Primary Care Practice-Based Research and Learning: Nurture Partnerships, Method Development, and Trans-Network Collaborations

**Meta-LARC: Meta-network Learning and Research Center**

Meta-LARC provides a robust infrastructure capable of managing large clinical trials and practice transformation initiatives. The size of the consortium, diversity of analytical methodologies used, focus on patient-clinician partnerships, and collaboration with NIH-sponsored Clinical and Translational Science Award (CTSA) programs facilitates a broad range of projects, including those in the field of health IT and Meaningful Use.

**Example Projects and Areas of Interest:**

**Training and Education for Meta-LARC Members:** Meta-LARC promotes continuous learning to accelerate dissemination of knowledge. All networks and member clinicians have access to research findings, are alerted to presentations and other learning opportunities, and are encouraged to partner on projects. Examples include Dr. Don Nease, (SNOCAP) presenting on the stepped-wedge study design, Dr. France Légaré (QPBRN) presenting a Webinar on quality improvement initiatives, and Mr. Brandon Peterson (IRENE) presenting, "A Mixed Methods Investigation of Leadership and Performance in Practice-Based Research Networks."

**Patient Engagement and Self-Management Support:** The Implementing Network’s Self-Management Tools Through Engaging Patients and Practice (IN-STTEPP 1R18HS022491-01) project assessed the impact of the AHRQ-developed Self-Management Support (SMS) toolkit. The toolkit was evaluated in 16 practices across Meta-LARC in 2014/2015. The project was a highly collaborative effort involving four Meta-LARC member PBRNs that met regularly, shared resources, and partnered on many aspects of the study. IN-STTEPP measured patient and practice engagement and acceptance of tools using a stepped-wedge design, qualitative comparative analysis, the theory of planned behavior, and an intervention called Boot Camp Translation.

For more information on Meta-LARC, please access the full summary profile.

“Canada is expending more resources to do research related to primary care, and our connection to the Meta-LARC P30 Center for Primary Care Practice-Based Research and Learning allows us to engage with other researchers, get feedback on project ideas, and cross pollinate concepts.”

France Légaré, MD, PhD, CFFP, FCCP, Director, Quebec Practice-based Research Network (QPBRN)
MOSAIC: Meaningful Outcomes and Science to Advance Innovations Center of Excellence

MOSAIC combines the efforts of over a dozen PBRNs and other partners, such as the American Academy of Family Physicians and the DARTNet Institute, to advance the field of health IT and Meaningful Use, engage patients in practice-based research, and provide support to new researchers to ensure the field of practice-based research continues to evolve and be vibrant.

Example Projects and Areas of Interest

Care Coordination Enabled by Health IT: AHRQ funded a research program examining stage 3 of the Meaningful Use incentive program through studies that evaluate and propose strategies for EHR innovations. MOSAIC, in collaboration with the National Commission on Quality Assurance and the New York City Department of Health and Mental Hygiene, led a project that focused on care coordination objectives.

Drs. Kimminau and Scholle of MOSAIC presented findings from the project on a Webinar hosted by the PBRN Resource Center. Some of the conclusions they presented include:

- Standard workflows and enhanced interoperability are needed
- Practices need financial and technical support
- Engaging patient in care coordination should be a priority

Patient Engagement: MOSAIC is dedicated to identifying and disseminating valuable ways to engage patients in practice-based research. Educating patients on what practice-based research is and why it is valuable is key to understanding how researchers and patients can work together. Currently, MOSAIC makes resources such as this Patient Engagement Webinar available to the public. In the future, the Center plans to work with member networks and other partners such as the North American Primary Care Research Group to develop standard operating procedures, cultivate a repository of resources, and promote the identification of a patient engagement model ideally suited to PBRN research.

For more information on MOSAIC, please access the full summary profile.

“Members of MOSAIC develop strong partnerships that generate the opportunity to participate in unique research projects. The work being done by our members on health IT and patient engagement improves the practice of family medicine, informs patient-centered care and payment reform policy, and accelerates comparative effectiveness research.”

Kim Kimminau, PhD, Research Director, MOSAIC
**N²: Building a Network of Safety Net PBRNs**

*N²* is a network of safety-net PBRNs dedicated to serving the underrepresented and developing fruitful relationships with the community health centers that serve its target population. Projects such as **Collaborative Care to Reduce Depression and Increase Cancer Screening among Low-Income Urban Women (PCM3)** and **Enhancing Community Health Center Based Patient Centered Outcomes Research (EnCoRE)** highlight this focus.

### Example Projects and Areas of Interest:

**Community-based Research:** N² partners with its member PBRNs to conduct community-based research and learning projects, such as the randomized controlled trial, **Collaborative Care to Reduce Depression and Increase Cancer Screening among Low-Income Urban Women (PCM3)**. PCM3 is a partnership between two N² member PBRNs, Clinical Directors Network and NYCRING, and was funded by PCORI (Grant No. IH-12-11-4522). PCM3 compares two evidence-based interventions examining the effectiveness of improving cancer screening and patient-reported outcomes.

**Training and Education:** N² provides free onsite and online learning opportunities. The curricula focus on evidence-based practices and methods that demonstrate effectiveness at transforming clinical research into a more clinician- and patient-engaged, cost effective research and translation model. Over 750 CME-accredited educational Webcasts are available through the CDN Webcast library, including:

- Engaging Patients to Inform Community Health Research within a Practice-Based Research Network
- Using Technology for Patient Engagement: Examples from the Charles B. Wang Community Health Center
- Preparing a New Generation of PBRN Leaders: Strategies and Experiences in Training and Mentoring

For more information on PCM3:  
- Poster presentation
- Webinar

For more information on N², please access the [full summary profile](#).

“N² fosters collegial business development opportunities among its members and other P30 PBRN Centers. We seek to identify best-practices for project self-sustainability, practice relevance, and conducting community-led patient-centered outcomes research.”  

*Jonathan Tobin, Principle Investigator, N²*
PPRNet: Primary (Care) Practice Research Network

PPRNet works with its member practices to conduct research on various aspects of practice improvement and team-based care. All PPRNet practices use electronic health records (EHRs) and research at PPRNet such as the project, Impact of an Electronic Medical Record System on Community-based Primary Care Practices, focuses on this area of work.

Example Projects and Areas of Interest:

Health IT: A common thread of all PPRNet member practices is the use of an EHR. Many long-time PPRNet members pioneered their use in primary care and, because most use a common EHR, it is possible to conduct in-depth and informative EHR-related research studies. Highlighted projects include:

- **Learning from Primary Care Meaningful Use Exemplars** – This project evaluated the Health Information Technology for Economic and Clinical Health (HITECH) Act EHR Meaningful Use incentive program as one of the twelve projects funded by AHRQ to inform stage 3 Meaningful Use requirements.

- **The Impact of Electronic Medical Records on Primary Care Practice** – This project examined the organizational and economic impact of electronic medical records on community-based, primary care practice. Six PPRNet practices that converted from paper to electronic medical records participated.

Interactive Learning Opportunities through Webinars

PPRNet makes available a library of Webinars providing information on topics such as involving the practice team in quality improvement initiatives and understanding Patient-Centered Medical Home and Physician Quality Reporting System standards. The PPRNet listserv includes notifications of upcoming Webinars.

For more information on PPRNet, please access the full profile summary.

"The P30 Center opportunity enticed new partners to join the PPRNet family and allowed us to extend our work with practices and to develop an evidence-based, patient-centered obesity intervention.”

Chanita Hughes-Halbert, PhD, Co-Investigator, PPRNet
PRIME Net: Primary Care MultiEthnic Network Center in Practice-Based Research and Learning

PRIME Net is a consortium of geographically diverse PBRNs that engage diverse primary care patients in practice-based research. For example, several member networks came together to partner with their communities to develop best practices for participation in research and PRIME Net member San Francisco Bay Collaborative Research Network led a project to develop multilingual prescription instructions for patients with limited English proficiency.

Example Projects and Areas of Interest:

Patient Engagement: PRIME Net conducts collaborative research projects to improve the health of multiethnic patients in communities that are traditionally underrepresented in health research.

Projects include:

- “Impact of Meaningful Use Patient Engagement Objectives in a Multicultural PBRN”: an AHRQ-funded project involving PRIME Net members SPUR Net and MetroNet.

- Patient-Centered Outcomes Research Institute (PCORI) and Stakeholder Engagement: PRIME Net Member SF Bay CRN offers guidance on how to maximize stakeholder engagement in PCORI research.

“PBRN Research Good Practices (PRGPs)” Guide:

Through an AHRQ funded R18 project, the PRGPs Guide was developed by a team of PBRN researchers and members of the P30 community. The resource provides succinct and actionable guidance on building a PBRN infrastructure, study development and implementation, data management, and dissemination policies. The PRGP Guide is the culmination of a four-year mixed-methods research effort in which dozens of researchers, including two other P30 networks (CoCoNet2 and Meta-LARC) and seven PBRNs (IRENE, OKPRN, ORPRN, MetroNet, RIOS Net, and WREN) developed, tested, and disseminated it under the leadership of PRIME Net principal investigator Dr. Anne Victoria Neale.

Dr. Neale and colleagues presented the PRGP Guide on a PBRN Resource Center-sponsored national Webinar in September 2014.

“The PRGPs have received an enthusiastic reception from practice-based researchers.”

Dr. Neale

For more information on PRIME Net, please access the full summary profile.

“Coming together as a P30 Center provides the opportunity for our member networks to reconnect, reenergize, reach out to patients we would not be able to otherwise.”

Anne Victoria Neale, PhD, MPH, Director, PRIME Net
Centers for Primary Care Practice-Based Research and Learning: Nurture Partnerships, Method Development, and Trans-Network Collaborations

Resources

P30 Centers work tirelessly with their member networks, clinicians, and researchers to develop and disseminate helpful resources for their members and the research community at large. A selection highlighting Webinars, handbooks, databases and more is included in the table below. To learn more about what each P30 Center has to offer, access their individual summaries.

P30 Centers have been featured on ten PBRN Resource Center Webinars to date. Look for the AHRQ symbol ( ) in the table below.

To access all Webinars made available by the PBRN Resource Center visit:
- PBRN Events Page
- PBRN YouTube Page

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<tr>
<th>P30 Center</th>
<th>Webinar</th>
<th>Description</th>
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<tbody>
<tr>
<td>CoCoNet2</td>
<td>PBRN Workforce of the Future</td>
<td>Discussion of the evolving PBRN workforce, focusing specifically on the role of practice facilitators and research assistants in PBRN member practices in the context of quality improvement.</td>
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<tr>
<td>CoCoNet2</td>
<td>Best Practice for Measuring Practice Transformation to Implement the Triple Aim</td>
<td>Discussion on successful models that have been used by PBRNs to measure practice transformation.</td>
</tr>
<tr>
<td>CoCoNet2</td>
<td>Exemplar Primary Care Practice Facilitation Training Programs</td>
<td>Presentation of case studies on the formation, operation, and curricula of three exemplar Primary Care Practice Facilitation (PCPF) training programs.</td>
</tr>
<tr>
<td>COIN/N²</td>
<td>Preparing a New Generation of PBRN Leaders</td>
<td>Discussion on approaches to mentoring, training, and developing PBRN investigators among full-time PBRN clinicians, practicing clinicians and academics.</td>
</tr>
<tr>
<td>C-PRL</td>
<td>Use of Health Information Technology in Practice-Based Research Networks (PBRNs) to Improve Patient Care</td>
<td>A series of Webinars designed to increase practitioners’ ability to improve health care decisionmaking, support patient-centered care, and improve the quality and safety of care through the use of health information technology.</td>
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<tr>
<td>Meta-LARC/COIN</td>
<td>Strategies to Support Cooperation of Multiple Organizations’ Institutional Review Board (IRB)</td>
<td>Discussion on various types of Institutional Review Board (IRB) cooperation that can be pursued to support practice-based research. The presenters defined and described processes for ceding review to a lead IRB, serving as the IRB of record and participating in Reliant IRB review.</td>
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<tr>
<td>P30 Center</td>
<td>Webinar</td>
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<tr>
<td>Meta-LARC</td>
<td><strong>Advanced Methods for Primary Care Research:</strong> The Stepped Wedge Design</td>
<td>Presentation on the key features of the stepped wedge design, including issues and challenges around implementing stepped wedge design in primary care based studies creative applications of methods and solutions to these unique challenges.</td>
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Centers for Primary Care Practice-Based Research and Learning: Nurture Partnerships, Method Development, and Trans-Network Collaborations

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<thead>
<tr>
<th>P30 Center</th>
<th>Webinar</th>
<th>Description</th>
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<tr>
<td>All</td>
<td>Harnessing Health Information Technology to Assist Individuals and Teams: Practical Insights from the Journal of Ambulatory Care Management, PBRN issue, April-June 2014 <a href="https://www.ahrq.gov">AHRQ</a></td>
<td>Discussion of three innovative strategies for harnessing health information technologies to help patients and primary care teams improve care processes and outcomes.</td>
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### Handbooks, databases, and other helpful resources

**CoCoNet2**
- **Clin-IQ, (Clinical Inquiries)** is a research process in which the clinical community can work together to identify, ask, and answer clinical questions by assessing published literature.

**CoCoNet2**
- The **Practice Facilitation Handbook** is designed to assist a clinic or network director in developing, administering, and maintaining a practice facilitation program to make meaningful practice changes and improve patient outcomes.

**COIN**
- The **PBRN Shared Resource** facilitates collaborations between primary care practices, communities, and academic investigators and aims to generate and answer questions relevant to everyday practice.

**C-PRL**
- C-PRL member, PROS provides a **compilation of training materials** on topics such as disparities, and methods for behavioral interventions on its Web site.

**Meta-LARC**
- A presentation on the community-based participatory research approach **Boot Camp Translation**.

**MOSAIC**
- Assorted resources related to patient engagement
  - **Patient/clinician dyad model from the North American Primary Care Research Group**
  - **Patient Voices Project** – A community of educated and involved patients working hand in hand with physicians in making decisions about their own health care (UNYNet PBRN in Buffalo, NY)

**N²**
- **Virtual Webcast library** with over 500 presentations made available to all

**PPRNet**
- Variety of projects highlighting Health Information Technology
  - **Enhancing Comparative Effectiveness Research Capabilities in PPRNet**
  - **Reducing Inappropriate Prescribing of Antibiotics by Primary Care Clinicians** (ABX-TRIP)
  - **Implementation and Evaluation of Standing Orders Using Health Information Technology** (SOTRIP)
  - **The Impact of Electronic Medical Records on Primary Care Practice**
Trans-Center Research

Cornerstones of P30 PBRN activities include working towards a common goal and collaborating with other Centers and Networks. The P30 funding mechanism facilitates development of innovative programs and initiatives. Below are some examples of P30 Centers working on complimentary projects.

**Meaningful Use**

The Agency for Healthcare Research and Quality (AHRQ) funded a research program examining stage 3 of the Meaningful Use incentive program through studies that evaluate and propose strategies for innovations to increase the value of the meaningful use objectives. Several P30 Centers worked together and with other partners on projects under this program.

**C-PRL** led [Pediatric Patient Engagement as a Criteria for Meaningful Use Stage 3](R18 HS 022689)

This project evaluated the use of an asthma portal focusing on the implementation and health outcomes for children, low-income families, and children with special health care needs.

Specific aims include:

- Study the feasibility for pediatric primary care practices of using an electronic health record-linked portal
- Assess the impact on asthma management resulting from gathering data from families through the portal
- Describe barriers and solutions to improve the adoption, sustainability, and impact on clinical care of implementing portals across practice settings.

**MOSAIC**, in collaboration with the National Commission on Quality Assurance (NCQA) and the New York City Department of Health and Mental Hygiene, led [Care Coordination Enabled by Health Information Technology: What Will It Take?](R18 HS 022693)

Specific aims include:

- Assess the technical feasibility and clinical acceptance of the proposed MU Stage 3 objectives for care coordination in diverse practice settings
- Identify organizational and contextual factors that distinguish practices with a higher versus lower level of implementation of EHR functionality and clinical workflows for care coordination
- Explore methods for measuring and reporting on implementation of proposed MU Stage 3 objectives.
PPRNet led Learning from Primary Care Meaningful Use Exemplars R 18 HS 022701

This project assessed the degree to which primary care providers using EHRs are able to help their patients achieve Meaningful Use clinical quality measures. It also evaluated how high-performing practices achieve success, proposed ways that other providers may improve their practices and developed suggestions for policymakers to improve these quality measures.

PRIME Net led Impact of Meaningful Use Patient Engagement Objectives in a Multicultural PBRN, which analyzed the utilization of patient engagement features in an EHR in primary care settings. R18 HS 022746

Specific aims include:

- Describe the content of a sample of After Visit Summary (AVS) Patient Instructions
- Survey primary care providers about their knowledge, attitudes, and practices related to using the AVS Patient Instructions Section
- Compare patients’ utilization of a secure Web portal to view their medical records and communicate with providers in a private practice versus a public health care setting

Patient and Family Engagement

Many of the P30 Centers are dedicated to patient-centered research; where the patient and their families and caregivers are part of the entire research process.

Implementing Network’s Self-Management Tools Through Engaging Patients and Practice (IN-STTEPP) – An Exciting Evaluation at Meta-LARC! 1R18 HS 022491-01

The goal of IN-STTEPP is to assess the impact of the Self-Management Support (SMS) toolkit developed by AHRQ to help primary care clinicians and office staff integrate principles of SMS into everyday care. The project is a collaborative effort involving four Meta-LARC member PBRNs who meet regularly, share resources, and partner on many aspects of the study. The IN-STTEPP study involved patients at each stage of the project. For example, Meta-LARC member network Wisconsin Research & Education Network (WREN) engaged

“The patient voice is getting louder and changing the culture of medicine. The research Meta-LARC conducts has influenced our approach to patient care and the way we listen to patients. I am more aware of the importance of shared decision making, patient engagement, and patient autonomy.”

Lyle “LJ” Fagnan, OKPRN, PI, Meta-LARC
eight patient advisors from four clinics throughout the state in conversations about SMS tools for chronic conditions. The clinicians and care managers joining these conversations found the patient perspectives refreshing, informative, and critical.

N²: Enhancing Community Health Center Based Patient Centered Outcomes Research (EnCoRE)
N² lead network, Clinical Directors Network (CDN), and the National Association of Community Health Centers (NACHC), in partnership with the Association of Asian Pacific Community Health Organizations (AAPCHO), the Institute for Community Health at Harvard (ICH), South Carolina Primary Health Care Association (SCPHCA), and Access Community Health Network in Chicago, partnered to build a learning community focused on Patient Centered Outcomes Research (PCOR). EnCoRE provides a yearlong training curriculum designed to educate and engage Health Center teams including patients, clinical and administrative staff in PCOR.

Webcasts and materials from the project will be open and widely disseminated and Webcasts will offer continuing education credits for physicians, dentists, nurses, social workers, and community health educators.

Dissemination of Real World Experience and Sage Advice

Annual PBRN Meeting at the North American Primary Care Research Group Conference: PBRN leaders and members of the P30 Centers come together once per year to share information and gain insights that will enhance the capacity of PBRNs to successfully engage their practice communities. Drs. Rowena Dolor and Lyle LJ Fagnan are tasked with engaging the community at the 2015 meeting, as they have successfully done in the past. Here, Drs. Fagnan, Rowena Dolor (Duke), and Rick Glazier (Toronto, Canada) celebrate at the 2014 NAPCRG Conference.

PBRN Research Good Practices (PRGPs) Guide
5R18 HS 019601-03

Through an AHRQ funded R18 project, the PBRN Research Good Practices Guide was developed by an extensive team of PBRN researchers and members of the P30 community. The Guide details recommendations and strategies to support the primary care research enterprise and is the culmination of a 3-year mixed-methods research effort in which more than 100 researchers, including several P30 networks (CoCoNet2 and Meta-LARC), developed, tested, and disseminated the Guide under the leadership of PRIME Net principal investigator Dr. Anne (Victoria) Neale.

Dr. Neale and colleagues presented the Guide on a PBRN Resource Center-sponsored national Webinar in September 2014. Next steps for the Guide include translation into French, development of an implementation checklist, and performing regular updates to content.
Learning Groups and Resources

The PBRN Resource Center, supported by AHRQ, provides the P30 members an opportunity to come together to learn and share information through various learning and dissemination activities:

**Rapid Cycle Research** – This learning group comprised over a dozen leaders in PBRN research who came together to develop a practical guide to the uses of and methods for conducting rapid-cycle research. The document will help research teams accelerate the research cycle from concept development to implementation in practice, while exploring the intersection between research and quality improvement models. Specific objectives identified by the learning group include defining rapid-cycle research, laying out a process for conducting rapid-cycle research, providing tools for rapid cycle research, and providing examples of where rapid cycle research has been employed. Visit the [Tools and Resources](#) page to access the Guide.

**Business Models and Accountable Care Organizations** – This learning group will work to identify synergies between PBRNs and outside organizations such as ACOs that may facilitate the expansion of business partnerships. Based on discussions with members of the PBRN community and outside organizations, including ACOs, the PBRN Resource Center is developing a Field Guide to describe existing business models under which PBRNs provide quality improvement services to other organizations that could then be adapted into PBRN-ACO business partnerships. The Guide will contain resources, strategies, and infrastructure guidance that may contribute to ACO quality of care objectives, such as quality improvement processes and Patient Centered Medical Home designation. Visit the [Tools and Resources](#) page to access the Guide.

**Pragmatic Research and Translation Learning Group** – This Learning Group is led by Paul Meissner, Rowena Dolor, and Jonathan Tobin. It focuses on topics such patient engagement, the role of PBRNs in research, PBRN engagement in pragmatic trails, strategies for translation of research into practice, and considerations in pragmatic research and translation. Visit the [Tools and Resources](#) page to access summaries of learning group discussions.

**Maintenance of Certification** – The PBRN Resource Center developed a guidance document with input from experts in practice-based research and from medical specialty boards. This document explains and provides guidance about the Maintenance of Certification (MOC) process that physicians undertake to retain board certification. The goal of the document is to help PBRNs align their infrastructure and activities to support physicians in meeting MOC Part IV (quality/practice improvement) requirements. PBRNs have the potential to serve as a partner to all clinicians—particularly physicians, physician assistants, and nurse practitioners—who have a professional expectation to engage in quality/practice improvement as a part of their commitment to patients. The guide will help PBRNs understand the potential synergy between their current infrastructure and activities that support their members in meeting MOC Part IV requirements from primary care medical specialty boards. Visit the [Tools and Resources](#) page to access the Guide.
Opportunities for Learning and Partnering

**Maintenance of Certification**

Through AHRQ and the different P30 Centers, there are many opportunities for professional development in order to maintain professional certification.

**MOC Part IV Field Test** – Through an AHRQ-funded contract with Westat, SNOCAP PBRN collaborative, at the University of Colorado Department of Family Medicine, a new interactive PDF MOC Part IV quality improvement activity of health assessment is being developed. The module is based on [AHRQ’s Health Assessment in Primary Care Guide: A How-To Guide for Clinicians](#). Physicians, Nurse Practitioners, and Physicians Assistants will review and field test the module to assure the content and flow are instructive and helpful. Please contact [Douglas Fernald at UC](#) for more information.

**C-PRL Center** – C-PRL member, CHOP, maintains a network of data to create MOC programs. For more information, access [Maintenance of Certification Part 4 Credit and recruitment for practice-based research](#), an article published in *Pediatrics* by Dr. Wasserman and others.

**COIN Center** – COIN members partnered to develop the [MOC Peer Support Collaborative](#) to aid participating physicians in executing the MOC-required practice assessment and improvement project. Specifically, the Center gives guidance on how to: (1) choose, plan, and implement a practice improvement project; (2) exchange peer consultation with other physicians and practices; (3) take advantage of the assistance and innovative resources offered by the MOC4 Project Team. Participating physicians also have the opportunity to learn about practice-based research and the [PBRN Shared Resource](#) and to become a member if they are interested.

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**2015 NAPCRG PBRN Conference**: June 29 and 30 in Bethesda, Maryland. The conference theme is ENGAGEMENT of communities of practice based research networks, patients, clinicians and practices.

**2015 NAPCRG Conference**: October 24-28, 2015 in Cancun, Mexico

**2016 NAPCRG PBRN Conference**: July 11-12 in Bethesda, Maryland. The theme for 2016 will be "Dissemination and Implementation: Ensuring that PBRN Research Evidence is Understood and Used by Clinicians and Patients."
Centers for Primary Care Practice-Based Research and Learning: Nurture Partnerships, Method Development, and Trans-Network Collaborations

For more information on P30 member networks and other AHRQ-registered PBRNs, visit the PBRN Registry.

**National PBRN Fellowship Training Program**

Social scientists and health services researchers are vital in assuring the methodological rigor of PBRN studies and many serve as principal investigators and network leaders. At present, there are no direct paths to PBRN careers for these individuals and many remain unaware of the unique career opportunities offered by PBRNs. The purpose of the proposed training program is to prepare doctoral-level social scientists and health services research investigators for careers as PBRN investigators and leaders. This fellowship program will be made available to the eight AHRQ-funded Centers of Excellence in Primary Care Practice-Based Research and Learning. It is anticipated that one to two fellows from each Center will be recruited into the program annually for participation in the two-year fellowship program.

Point of Contact: Jim Werner, COIN

Use the PBRN Registry [advanced search feature](#) to search for networks by location, type of network, health conditions of interest, and geographic coverage.

**Relevant Literature**

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<th>Selected Relevant Materials</th>
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