

Practice-based Research Networks: *Improving Care for Women*

EVIDENCE, RESOURCES, AND TOOLS

Although virtually all Practice Based Research Networks (PBRNs) conduct research with and provide services to women, 58 members of the PBRN community have stated they have a specific focus on this population and health care issues that affect them. These PBRNs range widely in terms of size and number of participating clinics, with some Networks working with as few as five practices and others with as many as 3,500. These practices currently serve thousands of women from all age, socioeconomic, racial/ethnic, and geographic groups. Areas of focus include screening and treatment of cancer and heart disease, addressing female reproductive health issues, and increasing access to services for underserved women such as veterans, low-income, and racial/ethnic minorities.

[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. This collaboration enhances the relevancy, technical quality, and translational merit of projects through engagement of research experts as well as patients and families. Through this model of embedding research in practice and communities, PBRNs have been improving the health and well-being of women.



Summary Highlights:

- PBRNs specifically address the needs of underserved female populations such as racial/ethnic minority, low-income, and women veterans.
- PBRNs are working to improve a wide variety of reproductive health outcomes for women across the US. These include helping pregnant women and moms to be [Smoke-Free](#), and [increasing breastfeeding rates](#).
- The PBRN community is also actively seeking to understand how to prevent and treat cancers that affect women.

Specific PBRNs covering each of these issues are highlighted below.

Providing Care to Underserved Women

Despite considerable improvements to the health and wellbeing of women in the U.S. over the past century, subgroups of women continue to experience poor health outcomes and inadequate access to quality care services. PBRNs are working to specifically address the needs of underserved female populations. The following studies highlight some of this work.



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VA Women's Health Practice-Based Research Network

(VA WH-PBRN)

The number of female veterans using Veterans Health Administration (VA) health care has dramatically increased over the past 10 years. Women currently make up approximately 7% of all veterans who use VA. The VA [Women's Health Practice Network](#) (WH-PBRN) fosters a community of clinicians and researchers with a commitment to women veterans' health and health care, and expertise about emerging areas in VA women's health clinical practice that require research attention. An example of a WH-PBRN initiative is the study examining implementation of the Caring for Women Veterans (CWV) Training, developed by Dawne Vogt, PhD. This evidence-based training program was designed to increase VA employee gender sensitivity and knowledge. To date, over 17,000 VA employees have taken the 5-module training course. With strong support from local facility leaders, the WH-PBRN recently

"The PBRN infrastructure provides the opportunity to build a national learning community of investigators and clinicians encountering similar and different issues in trying to optimize care of women veterans. Together we're able to rapidly share information and problem solve."

Dr. Susan Frayne

Director VA-WH PBRN



Veterans Affairs Women's Health PBRN Site Leads

completed a multi-site study to test an evidence-based quality improvement (EBQI) approach to implementation of CWV within real world clinical practices. The team successfully implemented the training in 24 primary care and specialty clinical workgroups across four geographically dispersed WH-PBRN sites.

Health Care for the Homeless Practice-Based Research Network (HCH PBRN)

[Provision of contraceptive services to homeless women: results of a survey of health care for the homeless providers](#):

This study examined contraception services offered by providers of health care to homeless women and barriers to provision of long-acting, reversible contraception in these settings. Thirty-one member



organizations of the HCH PBRN were surveyed about services provided and barriers to service provision to homeless women. Results suggested that homeless women across the country had very limited access to the two most effective means of long-acting, reversible contraception (intrauterine devices and contraceptive implants). The authors propose that modest investments of resources could reduce a number of barriers to providing these services.



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Health Care for the Homeless Practice-Based Research Network (HCH PBRN)

[Substance Abuse, Mental Health, and Health in Homeless Women in Primary Care](#): This study sampled homeless women who receive care from HCH primary care clinics in nine States in order to examine the prevalence of risky alcohol and drug use and their co-morbidity with mental and physical health conditions. Researchers sought to understand how substance abuse treatment programs were utilized, what were the perceived barriers and motivators to seek treatment, and what was the acceptability and perceived helpfulness of having primary health care providers in HCH programs assist with these issues. They also hoped to identify potentially innovative approaches to prevent and treat substance abuse and mental health problems among women who seek primary health care in HCH programs.

Clinical Directors Network, Inc. (CDN)

[Discrimination and Sexual Risk Among Young Urban Pregnant Women of Color](#): This study estimated the impact of discrimination on risky sexual behavior and sexually transmitted infection (STI) diagnosis among young, pregnant, socioeconomically disadvantaged women of color in New York City. The authors found that greater discrimination during the second trimester predicted greater odds of STI diagnosis and having a risky sexual partner during the third trimester, but did not predict condom use.

Reproductive Health

Reproductive health is a central component of health and well-being for men and women across the life course. Numerous PBRNs are working to improve a wide variety of reproductive health outcomes for women across the US. A selection of this exciting work is highlighted below.

The Dartmouth Practice-based Research Network

(The Dartmouth CO-OP Project)

[Smoke-Free Moms](#): The current approaches to smoking cessation counseling during pregnancy have low quit rates (6%). Currently, 16.4% of pregnant women in New Hampshire (NH) are smokers, but in some NH federally qualified health centers rates are more than double. The Smoke Free Moms project seeks to reduce smoking during pregnancy beyond what is achieved with current counseling. The Dartmouth CO-OP Project is conducting a small prospective controlled trial with 200 women to test the feasibility of paying women to stop and continue to remain smoke-free, as documented with urine cotinine levels, throughout their pregnancy and early postpartum period. It is being conducted within three federally qualified health care systems of NH that serve low-income populations.

Continuity Research Network (CORNET)

[A Randomized Controlled Community-Based Trial to Improve Breastfeeding Rates Among Urban Low-Income Mothers](#): The purpose of this study was to assess whether providing a breastfeeding support team results in higher breastfeeding rates at 6, 12, and 24 weeks postpartum among urban low-income mothers. Compared with the usual-care group, more



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women reported breastfeeding in the intervention at 6 weeks postpartum: 66.7% vs 56.9% (odds ratio, 1.71; 95% confidence interval, 1.07-2.76). This time coincided with the most intensive part of the intervention. Differences in breastfeeding rates at 12 and 24 weeks postpartum were not statistically significant.

WWAMI Region Practice and Research Network ([WPRN](#))

[Contraceptive methods and informed consent among women receiving medications with potential for adverse fetal effects](#): This longitudinal cohort study at 7 clinics abstracted medical records of 328 women aged 18 to 44 with ≥ 1 prescription for ACE-I/ARB/statins and ≥ 1 visit for hypertension, diabetes, or hypercholesterolemia during the previous year. Researchers measured informed consent documentation and contraceptive methods before and after QI interventions in which providers contacted their patients to discuss medication risks and benefits. Women prescribed ACE-I/ARB/statins were not consistently using contraception or were not consistently informed of the risks. Provider-implemented QI interventions improved care but were difficult to accomplish, suggesting that new interventions are needed.

AAFP National Research Network ([AAFP NRN](#))

[TRIPPD: a practice-based network effectiveness study of postpartum depression screening and management](#):

AAFP NRN undertook this study to determine the effect of a practice-based training program for screening, diagnosis, and management of depression in postpartum mothers. A total of 28 practices were randomized to usual care or intervention. The intervention sites received education and tools for postpartum depression screening, diagnosis, initiation of therapy, and followup within their practices. Usual-care practices received a 30-minute presentation about postpartum depression. The investigators found that, among women with elevated postpartum depression screening scores, women in intervention practices were more likely to receive a diagnosis and subsequent treatment for postpartum depression. These women also displayed lower depressive symptom levels at 6 and 12 months postpartum. The authors conclude that primary care-based screening, diagnosis, and management improved mother's depression outcomes and that this intervention could be implemented widely with only modest resource investment.

The Postpartum Depression in Primary Care: Translating Screening and Management (TRIPPD) Project has resulted in several publications and a [Postpartum Toolkit](#) for practices.

Visit the [project website](#) for more information.

International Chiropractic Pediatric Association Practice Based Research Network ([ICPA-PBRN](#))

[The use of the Webster Technique in pregnant patients: a prospective cohort study within a practice-based research network](#): Investigators examined the use of the Webster Technique in the care of pregnant women prior to and following a trial of chiropractic care. The technique involves a specific chiropractic analysis and the application of spinal manipulation to mitigate the consequences of sacral misalignment/subluxation and/or sacroiliac (SI) joint dysfunction. In addition to socio-demographic and clinical correlates of the history and physical examination findings, primary outcome measures are the [PROMIS 29](#), [PROMIS Global Health Scale](#), and the [RAND VSQ9](#) instruments.

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Quebec Practice-Based Research Network of Laval University / Réseau de recherche axé sur les pratiques en première ligne Université Laval Québec (QPBRN/RRAPPL)

[Shared decisionmaking and embedding decision aids in the context of prenatal screening](#): Prenatal screening is a common practice in most industrialized countries, and many tests are now offered to pregnant women who have to decide whether or not to do prenatal screening. Health professionals are expected to engage pregnant women in Shared Decision Making (SDM) and support them in making informed value-based decisions regarding prenatal screening. Using a patient decision aid could promote SDM in clinical practice by actively engaging pregnant women in the decisionmaking process. Patient decision aids help people clarify and communicate personal values about each option, increase knowledge, and improve the accuracy of risk perception. Embedded within a large comparative effectiveness trial of [Non Invasive Prenatal Testing](#) in the context of prenatal testing for Down Syndrome, this study will develop a patient decision aid coupled with training for health providers so pregnant women will be supported in making informed value-based decisions regarding this decision.

Cancers Affecting Women

Cancer is the second leading cause of death for women in the US, exceeded only by heart disease.¹ The PBRN community is engaged in a number of initiatives to improve cancer outcomes among women through the development of prevention programs as well as interventions to improve cancer screening and treatment. A few of these efforts are described in greater detail below.

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

[Mammography FastTrack: An Intervention to Facilitate Reminders for Breast Cancer Screening across a Heterogeneous Multi-clinic Primary Care Network](#):

This publication describes the development, implementation, and preliminary use of a new breast cancer screening outreach program in a large multicenter primary care network. A novel health information technology tool paired population-based surveillance with customized information delivery based on a validated model that linked patients to providers and practices. In the first six months, 86% of physicians and all case managers voluntarily participated in the program. Providers intervened in 83% of the mammogram-overdue population by initiating mailed reminders or deferring contact. Overall, 63% of patients were successfully contacted. Systematic population-based efforts are promising tools to improve preventive care.



[Barriers to followup of an abnormal Pap smear in Latina women referred for colposcopy](#): The investigators sought to identify patient-perceived barriers to followup after an abnormal Pap smear result among Latina women. Patients were asked open-ended questions to explore their knowledge, beliefs, and experiences with colposcopy. Anxiety/fear was the most common personal barrier, while difficulty scheduling appointments and

¹ <http://www.cdc.gov/women/lcod/2011/index.htm>. Accessed June 30, 2015.

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inadequate communication were the major systems barriers identified for these Latina women. Interventions to lower these barriers to colposcopy among Latina women may increase adherence to followup of abnormal Pap smears.

Other

American Academy of Family Physicians, National Research Network ([AAFP NRN](#))

[Management of Menopausal Symptoms through Shared Decision Making and the Use of Technology for Improved Data Gathering](#):

This study is designed to evaluate a patient-centered, shared decisionmaking intervention in 12 primary care practices that use an electronic health record (EHR) and have a wireless Internet connection. Approximately half of all women between the ages of 45 and 60 years of age experience menopausal symptoms, yet only a third discuss treatment options with their provider, and almost half say information about managing and treating symptoms is confusing. Hormone therapy (HT) has proven to be an effective treatment and acceptable option for many women under 60 years of age, but consideration of other options is necessary for women who are unable or do not want to take HT. Due to the potential risks of long-term HT use, it is equally important that women between the ages of 60-65 years stop using HT unless deemed appropriate. Further, breast cancer risk increases with age, and medication use among women at increased risk is low. Tablet computer technology will be integrated into practice workflow and results of health risk appraisal tools (menopause rating scale, breast cancer risk assessment) will be incorporated into the EHR for shared decisionmaking at the point of care. The target audiences for this intervention are primary care providers and staff caring for women age 45-65 years.

Where to Learn More

PBRNs Specifically Focusing on Women's Health	
AAFP National Research Network (AAFP NRN)* www.aafp.org/nrn Location: Kansas (With 800 Practices Across 50 States)	North Texas Primary Care Practice Based Research Network (NorTex) http://pbrn.ahrq.gov/pbrn-registry/north-texas-primary-care-practice-based-research-network Location: Texas (With 101 Practices in 1 State)
American Association of Nurse Practitioners Network for Research (AANPNR) http://www.aanp.org/research/get-involved Location: Texas (With 387 Practices Across 50 States and the Territories of Guam, Puerto Rico, or Virgin Islands)	Network to Support Pharmacy practice Innovation, Research and patient care (NSPIRE) http://pbrn.ahrq.gov/pbrn-registry/network-support-pharmacy-practice-innovation-research-and-patient-care Location: British Columbia, Canada
Alliance of Chicago Community Health Services (ACCHS) www.alliancechicago.org Location: Illinois (With 200 Practices Across 11 States)	New York City Research and Improvement Networking Group (NYC RING) http://www.einstein.yu.edu/departments/family-social-medicine/nycring/ Location: New York (With 38 Practices in 1 State)



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PBRNs Specifically Focusing on Women's Health	
<p>Access Community Health Network (ACHN) www.accesscommunityhealth.net Location: Illinois (With 35 Practices in 1 State)</p>	<p>OCHIN Practice-Based Research Network (formerly SafetyNet West) (OCHIN PBRN) https://ochin.org/services/research/ Location: Oregon (With 506 Practices Across 13 States)</p>
<p>Ambulatory Care Research Network (ACRN) http://pbrn.ahrq.gov/pbrn-registry/ambulatory-care-research-network Location: New York (With 12 Practices in 1 State)</p>	<p>Oregon Rural Practice-based Research Network (ORPRN) http://www.ohsu.edu/xd/outreach/oregon-rural-practice-based-research-network/ Location: Oregon (With 50 Practices in 1 State)</p>
<p>Ambulatory Primary Care Innovations Group Network (APCIG Network) http://www.northshore.org/APCIG Location: Illinois (With 47 Practices in 1 State)</p>	<p>Palo Alto Medical Foundation Research Institute (PAMFRI) http://www.pamf.org/ Location: California (With 44 Practices in 1 State)</p>
<p>The Appalachian Research Network (AppNET) http://www.etsu.edu/com/appnet/default.aspx Location: Tennessee (With 17 Practices Across 3 States)</p>	<p>Duke Primary Care Research Consortium (PCRC) https://www.dcri.org/our-research/primary-care Location: North Carolina (With 32 Practices in 1 State)</p>
<p>A. T. Still University, School of Osteopathic Medicine in Arizona PBRN (ATSU SOMA PBRN) https://sites.google.com/a/atsu.edu/practice-based-research-network/ Location: Arizona (With 12 Practices Across 9 States)</p>	<p>Pediatric PittNet: University of Pittsburgh CTSI PBRN (Pediatric PittNet) http://www.pedspittnet.pitt.edu/ Location: Pennsylvania (With 37 Practices in 1 State)</p>
<p>Cincinnati Area Research Improvement Group Network (CARInG Network) http://www.familymedicine.uc.edu/research/caring-net.aspx Location: Ohio (With 33 Practices in 1 State)</p>	<p>The Pediatric Research Consortium (PeRC) https://ctrc.research.chop.edu/services-facilities/pediatrics-research-consortium-perc Location: Pennsylvania (With 31 Practices Across 2 States)</p>
<p>Clinical Directors Network, Inc. (CDN)* www.CDNetwork.org Location: New York (With 250 Practices Across 50 States and the Territories of Guam, Puerto Rico, or Virgin Islands)</p>	<p>Quebec Practice-Based Research Network / Réseau de recherche axé sur les pratiques en première ligne (QPBRN / RRAPPL) http://decision.chaire.fmed.ulaval.ca/ Location: Québec, Canada (With 12 Practices)</p>
<p>Cystic Fibrosis Newborn Screening Practice Based Research Network (CFNBS PBRN) http://www.cdph.ca.gov/programs/nbs/Pages/NBSCFParents.aspx Location: California (With 15 Practices in 1 State)</p>	<p>Research & Education for Academic Achievement Network (REACH Network) http://www.feinberg.northwestern.edu/sites/cch/research/practice-based/reach.html Location: Illinois (With 15 Practices in 1 State)</p>



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PBRNs Specifically Focusing on Women's Health	
<p>Consortium for Southeastern Hypertension Control (COSEHC) www.cosehc.org Location: North Carolina (With 170 Practices Across 10 States)</p>	<p>Research Involving Outpatient Settings Network (RIOS Net) http://fcm.unm.edu/research/rios-net/index.html Location: New Mexico (With 30 Practices in 1 State)</p>
<p>Continuity Research Network (CORNET)* http://www.academicped.org/research/research_CORNET.cfm Location: Virginia (With 130 Practices Across 39 States)</p>	<p>Rainbow Research Network (RRN) http://www.case.edu/med/pbrn/networks/RRN/ Location: Ohio (With 81 Practices in 1 State)</p>
<p>Greater Rochester Practice-Based Research Network (GR-PBRN) http://www.urmc.rochester.edu/gr-pbrn/ Location: New York (With 85 Practices in 1 State)</p>	<p>Slone Center Office-based Research Network (SCOR Network) http://www.bu.edu/slone/research/scor-network/ Location: Massachusetts (With 488 Practices Across 50 States)</p>
<p>Health Care for the Homeless Practice-Based Research Network (HCH PBRN)* https://www.nhchc.org/pbrn/ Location: Tennessee (With 61 Practices Across 27 States)</p>	<p>Southeast Regional Clinicians Network (SERCN) http://pbrn.ahrq.gov/pbrn-registry/southeast-regional-clinicians-network Location: Georgia (With 1600 Practices Across 9 States)</p>
<p>Holistic Healthcare and Research Centre (Holistic Healthcare and Research Centre) https://pbrn.ahrq.gov/pbrn-registry/holistic-healthcare-and-research-centre Location: Andhra Pradesh, India (With 15 Practices in 1 State)</p>	<p>San Francisco Bay Area Collaborative Research Network (SF Bay CRN) http://accelerate.ucsf.edu/community/sfbaycrn Location: California (With 200 Practices in 1 State)</p>
<p>High Plains Research Network (HPRN) http://www.ucdenver.edu/academics/colleges/medicalschoo/department/familymed/research/PBRN/HPRN/Pages/HPRN.aspx Location: Colorado (With 56 Practices in 1 State)</p>	<p>Scripps Health PBRN (SH) http://pbrn.ahrq.gov/pbrn-registry/scripps-health-pbrn Location: California (With 5 Practices in 1 State)</p>
<p>The International Chiropractic Pediatrics Association PBRN (ICPA PBRN) http://icpa4kids.com/research/pbrn.htm Location: Pennsylvania (With 3500 Practices Across 50 States and the Territories of Guam, Puerto Rico, or Virgin Islands)</p>	<p>Safety Net Provider's Strategic Alliance (SNPSA) http://snpsa.weebly.com/about.html Location: Ohio (With 20 Practices in 1 State)</p>
<p>The Institute for Family Health Research Network (IFHRN) www.institute2000.org Location: New York (With 27 Practices in 1 State)</p>	<p>SAIHP PBRN (South Asian PBRN) http://pbrn.ahrq.gov/pbrn-registry/saihp-pbrn Location: Orissa, India (With 9 Practices)</p>



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PBRNs Specifically Focusing on Women's Health	
<p>Jacksonville Health Equity Research Organization (JaxHERO) http://hscj.ufl.edu/research/jaxhero/ Location: Florida (With 48 Practices in 1 State)</p>	<p>South Texas Psychiatric Practice-Based Research Network (STP PBRN) http://pbrn.ahrq.gov/pbrn-registry/south-texas-psychiatric-practice-based-research-network Location: Texas (With 72 Practices in 1 State)</p>
<p>Johns Hopkins Community Physicians Primary Care Research Network (JHCP-PCRN) http://pbrn.ahrq.gov/pbrn-registry/johns-hopkins-community-physicians-primary-care-research-network Location: Maryland (With 36 Practices Across 3 States)</p>	<p>Texas A&M Health Science Center Rural and Community Health Institute (TAMHSC-RCHI) www.rchitexas.org Location: Texas (With 60 Practices in 1 State)</p>
<p>Lutheran Family Health Center Network (Lutheran Network) www.LutheranMedicalCenter.com Location: New York (With 9 Practices in 1 State)</p>	<p>The Dartmouth Practice-based Research Network (The Dartmouth CO-OP Project)* www.Dartmouthcoopproject.org Location: New Hampshire (With 575 Practices Across 4 States)</p>
<p>Minnesota Academy of Family Physicians Research Network (MAFPRN) http://www.mafp.org/research Location: Minnesota (With 135 Practices Across 2 States)</p>	<p>Instituto de Salud/Hospital Escuel (UNAH) (UNAH PBRN) http://pbrn.ahrq.gov/pbrn-registry/instituto-de-saludhospital-escuel Location: Francisco Morazán, Honduras (With 1400 Practices)</p>
<p>Meharry-Vanderbilt Community Research Network https://medschool.vanderbilt.edu/meharry-vanderbilt/meharry-vanderbilt-community-research-network Location: Tennessee (With 35 Practices in 1 State)</p>	<p>University of Utah Primary Care Research Network (UUPCRN) http://medicine.utah.edu/dfpm/divisionph/research/UUPCRN/index.htm Location: Utah (With 10 Practices in 1 State)</p>
<p>Metropolitan Detroit Practice-based Research Network (MetroNet) http://www.med.wayne.edu/fam/research_scholars_hip/metronet.asp Location: Michigan (With 18 Practices in 1 State)</p>	<p>VA Women's Health Practice-Based Research Network (VA WH-PBRN)* http://pbrn.ahrq.gov/pbrn-registry/va-womens-health-practice-based-research-network Location: California (With 2946 Practices Across 25 States)</p>
<p>Massachusetts General Primary Care Practice Based Research Network (MGPC-PBRN)* http://pbrn.ahrq.gov/pbrn-registry/massachusetts-general-primary-care-practice-based-research-network Location: Massachusetts (With Practices in 1 State)</p>	<p>Weitzman Institute Safety Net Practice Based Research Network (WINS PBRN) http://chc1.com/WeitzmanInstitute/ Location: Connecticut (With 25 Practices Across 2 States)</p>



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PBRNs Specifically Focusing on Women's Health	
<p>Military Primary Care Research Network (MPCRN Network) http://www.mpcrn.org/ Location: Maryland (With 15 Practices Across 12 States)</p>	<p>WWAMI region Practice and Research Network (WPRN)* http://depts.washington.edu/fammed/research/centers/wprn Location: Washington (With 49 Practices Across 5 States)</p>
<p>North Carolina Child Health Research Network (NCCHRN) http://tracs.unc.edu/begin-research/north-carolina-child-health-research-network-ncchrn.html Location: North Carolina (With 75 Practices in 1 State)</p>	<p>Wisconsin Research and Education Network (WREN) http://www.fammed.wisc.edu/research/wren Location: Wisconsin (With 80 Practices in 1 State)</p>
<p>UNC Practice Based Research Network (NCnet) http://ncnc.unc.edu/networks/ncnet/ Location: North Carolina (With 197 Practices in 1 State)</p>	<p>Washington University Pediatric and Adolescent Ambulatory Research (WU PAARC) http://icts.wustl.edu/icts-researchers/icts-cores/find-services/by-core-name/washington-university-pediatric-adolescent-ambulatory-research-consortium-wu-paarc Location: Missouri (With 33 Practices Across 2 States)</p>
<p>New Jersey Primary Care Research Network (NJPCRN) http://rwjms.rutgers.edu/departments_institutes/family_medicine/centers_networks/gspr/about/index.html Location: New Jersey (With 115 Practices in 1 State)</p>	

*Featured in this summary.

For more information on these and other AHRQ-registered PBRNs, visit the [PBRN Registry](#). Use the PBRN Registry [advanced search feature](#) to search for networks by location, type of network, health conditions of interest, and geographic coverage.

Citations

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For more information about the AHRQ PBRN Resource Center, please visit pbrn.ahrq.gov or e-mail PBRN@ahrq.hhs.gov.

