2014 NAPCRG
Practice-based Research Network Conference
POST CONFERENCE NEWSLETTER

Networking and Partnerships, Prevention & Chronic Disease Management, Quality Improvement, Health Disparities and Research Methodology/Translation into Practice.

We hope you found this year's conference instructive, inspiring, and enjoyable. Please help us make it even better next year by sharing your feedback and ideas with us. Email jhaught@napcrg.org with your thoughts.

We look forward to seeing you next

PBRN Researchers Meet to Share Strategies, Methods and Results

Greetings! On behalf of the North American Primary Care Research Group, thank you for a fantastic Practice-Based Research Network Conference. Your attendance and participation is what makes this conference the fantastic event it is.

It was exciting to see so many PBRN researchers from both the US and Canada and across so many disciplines come together in Bethesda to share strategies, methods, and results.

We also want to extend a thank you to the Agency for Healthcare Research and Quality, who has supported this conference with a generous conference grant.

The Planning Committee worked hard to produce an excellent agenda

including PBRN innovations and research projects on diverse topics of interest to community clinicians, practice facilitators/study coordinators, and network leadership.

This year's plenaries focused on the aggregation of various datasets (e.g. clinical, pharmacy, claims, patient surveys, and publicly available ones) to address questions about clinical care, patient-centered research, and population health. Perspectives on the promise and pitfalls of working with "big data" were presented. I think we all learned something new and exciting while at the meeting. The conference presentations included the full range of issues related to practice-based research, including sessions on PBRN Infrastructure/Operations,

Record breaking Attendence in 2014

Exceeding NAPCRG's expectations and attendance at the prior two PBRN conferences convened by NAPCRG, the 2014 NAPCRG PBRN Conference was attended by a record breaking 218 attendees this year.

Those 218 attendees, representing countless different disciplines, including physicians, researchers, pharmcists, dentists, chiropactors, social workers, registered nurses and dieticians just to name a few, gathered at the Hyatt Regency in Bethesda, Maryland on June 30-July 1, 2014.

Three Part Plenary Series on Big Data Presented

The first plenary on "The Promise of Big Data" was presented by Sarah Green, MPH (PCORI), Rick Glazier, MD (Institute for Clinical Evaluative Sciences, Canada) and Kevin Larsen, MD (Office of the National Coordinator for Health Information Technology). Ms. Green noted the importance of large patient populations in research, how data should be used to ensure personalized healthcare, and how clinicians must partner with patients for meaningful and relevant research. Dr. Glazier discussed the importance that data plays in setting practice priorities to achieve the ultimate goal of better care, better outcomes and reasonable costs while Dr. Larsen introduced new tools for measuring health outcomes from the patient's perspective. He also made the analogy that using data in healthcare is as important as the dashboard on an automobile.

The second plenary on "Pitfalls and Realities of Working with Big Data" was presented by Richard Wasserman, MD (University of Vermont), Steve Ornstein, MD (Medical University of South Carolina), and Karim Keshavjee, MD (Canadian Primary Care Sentinel Surveillance Network). Drs. Wasserman and Keshavjee challenged some of the current thinking about the usefulness of electronic health records in research and promoted validating EHR data and redesigning EHR systems in order to balance the needs of multiple stakeholders. Dr. Ornstein made the point that sometimes you have to study what you can, not what you would like.

The third plenary took place on the second day on "Advice for How PBRNs Can Use Big Data for Creating a Learning Health System." The presenters were Lawrence Hanrahan, PhD (University of Wisconsin), Richard Birtwhistle, MD (Queen's University), and Wilson Pace, MD (University of Colorado). Dr. Hanrahan drew on some of the points from the IOM Roundtable on Evidence-Based Medicine and noted how EHR systems have an opportunity to engage and empower patients. Dr. Birtwhistle explained the Canadian system that provides practice feedback on individual cases requiring follow-up and clinical analytics to compare the practice with other practices in the system in order to improve the local practice. Dr. Pace explained DARTNet as a collaboration of PBRNs utilizing EHR data, claims data and patient-reported outcome data from multiple organizations to improve systems and health outcomes through collaborative learning.

Did you know?

Audio recordings of all of the Big Data plenary presentations are available on the NAPCRG website, www.napcrg.org.

Sharing Materials

NAPCRG enourages you to share your presentation outside the PBRN community. Conference presenters are invited to upload their conference presentations/papers and handouts, learning modules and exercises to www.fmdrl.org.

Pioneer in PRBN Research Award

LJ Fagnan presented the Pioneer in PBRN Research Award to James Mold, MD, MPH.

Dr. Mold has exhibited deep respect and admiration for the primary care physicians and recognizes that without the dedication and scientific orientation of practicing clinicians our PBRN world would not be possible.

Dr. Fagnan noted that Dr. Mold's informed irreverence has been evident throughout his research career along with his ability to think outside the traditional research box. In regards to to PBRN methodology, Dr. Mold has promoted the use of practice facilitators, dividing the state of Oklahoma into pods and calling the practice facilitators Practice Enhancement Assistants, creating PEAs in a pod.

Dr. Mold will soon be retiring from the Department of Family & Preventive Medicine and from the University of Oklahoma Health Sciences Center. His resourceful research-driven talents will be sorely missed not only within the University and the State of Oklahoma, but the entire PBRN community.

Poster Sessions

Monday evening attendees gathered for a networking reception and the first of two posters sessions at the conference .

The poster sessions highlighted the work of 67 PBRN-related projects. New PBRNs – dietetics, pharmacy, veteran women's health, and mental health – were eager to share their work in developing their PBRN and surveying their membership for research priorities. Established PBRNs gave updates on research projects in progress or completed studies. Many of the Canadian PBRNs were involved in assessing the use and management of drug samples in their teaching clinics. PBRN methodology posters included information on community-based participatory research, measuring implementation of evidence-based guidelines, and engaging stakeholders for dissemination and implementation research. The Research & Scientific posters demonstrated work on using electronic health records to improve chronic disease management and keep track of screening or prevention strategies. One winning poster presented results on PBRN participation in a full spectrum of translational research activities on CA-MRSA treatment and recurrence in community health clinics. The other winning poster presented results on utilizing a PBRN for real-time influenza surveillance. Both poster sessions were well-attended as evidenced by the lively conversation and mingling of participants around the room.

PBRN Anniversary Celebrated

At the meeting, the PBRN community celebrated its 15-year anniversary of working with AHRQ, as it has grown from about a dozen PBRNs in 1999 to more 123 registered US Primary Care PBRNS. Other settings of care are using the PBRN configuration, as well. AHRQ has 157 PBRNs currently registered.

Travel Scholarships Awarded

NAPCRG provided travel support scholarships in the amount of $320 to subsidize travel costs for selected first-time attendees, junior investigators, PBRN research staff/practice facilitators and community clinicians. The receipts were:

Adam Baus, MA, MPH;
West Virginia Practice Based Research Network Coordinator | Assistant Director, West Virginia University Office of Health Services Research
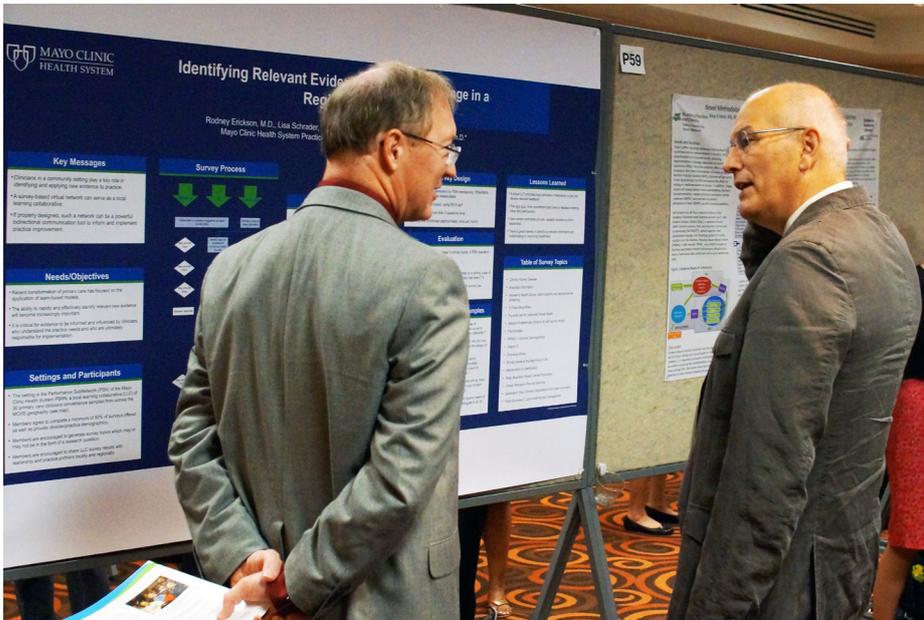
Linda Council, RN, MSN;
Professor-Nursing | DD-PBRN Cleveland

Jillian Currey, MPH;
Practice Facilitator/Practice Enhancement and Research Coordinator | Oregon Rural Practice-based Research Network (ORPRN)

Mary Ann Kozak, DrPH
Program Manager, Community Pharmacy Programs | Network Manager, Medication Community Health Resource Network

Workshop Summaries

The Ends are Determined by the Means: An International Perspective on PBRN Structure and Function

This workshop addressed the question of why PBRN structures and functions matter. In 1997, a typology was developed that classified research networks into four broad categories based on key function, management style and coordination. The categories were: Crystal (less formal and more interactive), Carousel (loosely linked with central coordination), Orbital (central coordination but promoting practitioner research), and Bicycle Wheel (centrally controlled). Since 1997, many changes have occurred in the PBRN environment—most significantly the introduction of the electronic medical record (EMR). The workshop explored the extent to which the classifications are still relevant and the model useful. Three international examples were cited by the presenters: the Scottish Primary Care Research Network, the University of Toronto Practice-Based Research Network, and the Oregon Rural Practice-based Research Network.

One of the workshop conclusions was that PBRNs can be categorized into a variety of models based on their structure and function. Awareness of these models can assist PBRN leaders and members to make intentional choices that best suit the purposes and goals of their PBRN.

Identifying Core Competencies for Primary Care Practice Facilitators

Workshop presenters described how practice facilitation is an evidence-based method for supporting quality improvement, guideline implementation, dissemination of comparative effectiveness research, and practice transformation in primary care practices. Practice facilitators (PFs) are an important workforce for PBRNs of the future. This session reported on a recently compiled list of core competencies developed for PFs as part of an AHRQ-funded project for a PF training curriculum.

Session leaders described the rationale for including the competencies and then engaged participants in a discussion in order to refine the list to reflect the needs of diverse practices in PBRNs.

The group critiqued the list, added to the subcategories of the competencies and discussed the distinction between consulting (providing answers) and facilitating (encouraging others to provide the answers). The group talked about the qualitative skills needed to adapt to the other individuals in the practice, and the need to continually adapt and modify processes. Comments and suggestions ranged from ensuring that the patients' perspective was included to rearranging some of the competencies. In general, the group emphasized the need for Practice Facilitators to be flexible and learn on the job as each practice has its own context, configuration and priorities.

Community/Academic Research Partnerships: A Workplan Approach

The workshop objective was to help participants foster community-academic research partnerships. An example was explored during the workshop involving the Bronx Community Collaborative Opportunities for Research and Education (Bronx C^{2}ORE) which is NIH-funded and involves a large and successful community health center (Urban Health Plan, Inc.) as well as academic researchers from Albert Einstein College of Medicine. Bronx C^{2}ORE developed a research capacity-building model in underserved communities and produced a step-by-step Guide to help others create similar partnerships. Both sides of the Bronx partnership were described and then the facilitators lead small groups to discuss the Guide. It became clear during the presentation and small group discussions that community – academic partnerships require developmental steps on the part of both partners as well as co-developmental steps for the partnership. These steps were organized into five goals:

1. Build collaborative infrastructure and capacity;
2. Co-develop site research capacity;
3. Co-facilitate engagement of faculty with site providers and staff;
4. Develop mechanisms for a sustainable collaborative; and
5. Disseminate collaborative results.

New Awards for Posters & Presentations

New this year, awards were given to the top oral presentation sessions as judged by conference attendees in the categories of Best of Innovations in PBRN Methodology and Best of Research & Scientific.

The Best of Innovations in PBRN Methodology Oral Presentation award was presented to Lyndee Knox, PhD and Vanessa Nguyen, MPH for their presentation entitled "Using a Tablet and Smart-Phone Based Survey and Health Education System to Collect Information From Low3 Literacy and Non-English Speaking Patients and Create the Wait Room of the Future: Research and Clinical Applications for PBRNs."

The winner for the Best of Research & Scientific Oral Presentation was a session on "Findings from the Demonstration of the Health Literacy Universal Precautions Toolkit" presented by Natabhona M. Mabachi, MPH, PhD, Maribel Cifuentes, RN, Angela G. Brega, PhD, Juliana Barnard, MA, Karen Albright, PhD, Barry D. Weiss, MD, and David R. West, PhD.

Awards were also given to the top posters as judged by Steering Committee members during the poster sessions.

The winning poster for Best of Innovations in PBRN Methodology

was awarded to "PBRN Networks Conduct the Full Spectrum of Translational Research Studies of CA-MRSA Treatment and Recurrence in Community Health Centers" by Jonathan N. Tobin, PhD, Rhonda G. Kost, MD, Alexander Tomasz, PhD, Nancy Jenks, NP, Christopher R. Frei, PharmD, MSc, BCPS, Shirish Balachandra, MD, Chamanara Khalida, MD, MPH, Brianna D'Orazio, BA, Tracie Urban, RN, Scott Salvato, PA, Claude Parola, MD, Rhonda Burgess, RN, BSN, Carmen Chinea, MD, Cameron Coffran, MS, Nonkulie Dladla, MD, MS, Rishika Budhrani, NP, Andrea Leinberger-Jabari, MPH, Mina Pastagia, MD, Teresa Evering, MD, MS, Maria Pardos de la Gandara, MD, PhD, Herminia de Lencastre, PhD, Barry S. Coller, MD, Liem C. Du, MD, Lucina B. Treviño, MD, and Sylvia B. Treviño, PA-C.

The winning poster for the Best of Research & Scientific was "Back to the Future, With a Twist: Utilizing a PBRN for Real-Time Influenza Surveillance" by Erin K. Leege, Amy L. Irwin, Kate Judge, Melody Bockenfeld, David L. Hahn, Jonathan L. Temte, Shari Barlow, Amber Schemmel, Emily Temte, Tom Haupt, Erik Reisdorf, Mary Wedig, Peter Shult, David Booker, and John Tamerius.

Conference Materials Online

Did you attend a fantastic session and want to revisit what was presented? Copies of the workshop, forum, and panel presentation materials are available on the NAPCRG website, along with copies of all of the abstracts for posters and presentations.
Visit www.napcrg.org.

AHRQ's Updated Mission & Vision

Richard Kronick, PhD (AHRQ Director) and Rebecca Roper (AHRQ Project Officer) presented a in-depth review of AHRQ's updated mission and vision at the opening session.

Dr. Kronick explained AHRQ's mission being "To produce evidence to make health care safer, higher quality, more accessible, equitable, and affordable, and to work with HHS and other partners to make sure that the evidence is understood and used" and noted PBRN's role in improving the practice of primary are and disseminating vital research findings to clinicians in practice.

Ms. Roper presented a look into Garnering Insight in Administration, Evidence-Building, and Translation of Findings in Primary Care PBRNs. The presentation highlighted the state of the PBRN community based on the AHRQ PBRN registry and provided an update on AHRQ's PBRN initiative, including plans to convene National Webinars and learning groups over the next year 1) to develop guidance to assist PBRNs on organizational issues, 2) to tackle prevailing challenges in conducting evidence-based research, and 3) to share and develop innovations in translating research evidence into primary care practice.

Post-Conference Publication?

Did you publish your presentation in peer-reviewed journal? Email Jill Haught at jhaught@napcrg.org and let us know .

Forum & Panel Summaries

PBRN Organization and Governance to Promote Practice, Clinician, Researcher, and Patient Engagement

Since it is recognized that Practice Based Research Networks are challenging to develop, organize, and maintain, this session helped participants understand how PBRNs of different size and composition have organized themselves and how they're governed. Representatives from The Brigham and Women's Primary Care Practice Based Research Network, The Wisconsin Research and Education Network, and The Oklahoma Physicians Resource/Research Network presented their respective organization, governance, and processes that have led to varying success in engaging practices, clinicians, researchers, and patients. Panelists discussed the processes that the three PBRNs have in place to recruit and retain practices, take requests from outside researchers or internal clinicians, and engage with practices, clinicians, researchers, and patients.

Scoring Projects to Plan Resources and Recover Costs (SPPRC) for PBRN Research

The session focused on the development of the Scoring Projects to Plan Resources and Recover Costs for PBRN Research (SPRRC) tool. After describing the two regional PBRNs in which the tool had been developed (Pediatric Research Consortium of the Children's Hospital of Philadelphia and Pediatric PittNet of the University of Pittsburgh), the presenters credited the idea for a PBRN project resources scoring

tool as originating in the Cystic Fibrosis Therapeutics Development Network. They described the 13 categories of research project scoring that would allow PBRN staff to assess prospectively the burdens and complexities of studies being proposed by researchers in their networks, the testing and validating of the tool in their networks, their plans for further revisions to enhance the generalizability of the tool, and the lessons they had learned.

The audience was given opportunities to estimate how the tool would score a variety of projects and was enthusiastic about the utility of the tool in their own PBRN settings. In order to enhance dissemination, it was suggested that the developers of the tool create and submit a manuscript to describe the tool and its development.

Describing the Intersection Between Evaluation Research and Quality Improvement

This session provided an overview of differing strategies and perspectives on how to frame and conduct rapid cycle research and quality improvement. Presenters and the audience shared examples of how evaluation research and quality improvement can intersect, and the importance of timeliness and accuracy of data. The need for efficient research as a means for supporting sustainable quality improvement strategies resonated with the audience. Dr. David Gustafson presented a framework of seven stages of quality improvement and introduced the "Dirty Secrets of Rapid Research" Framework. He emphasized that a critical first step is for the researchers/evaluators to base

their understanding of the process they seek to measure or improve upon first-hand knowledge, rather than perception. Dr. Bernard Ewigman gave a practical example of sustained quality improvement in a primary care setting with an established electronic health record and electronic data warehouse. He noted some of the critical initial challenges that had to be overcome, such as potential disruption of patient flow and initial resistance from primary care physicians and operations/management. Lloyd Provost provided an analytical framework for quality improvement that has been robustly applied both within healthcare and elsewhere, Collaborative Innovation Network (COIN). He stated that patients and providers worked together to choose care based on best evidence, and together they drive discovery as a natural outgrowth of patient care.

It was noted that the AHRQ-sponsored PBRN Resource Center will be conducting additional learning webinars to explore this material and to generate a research guide on this topic. AHRQ will have this document available by the NAPCRG-PBRN Meeting in 2015.

Advancing Primary Care Research and Practice through Improved Measurement

This panel included four presentations describing AHRQ's Care Coordination Measures Atlas, Atlas of Integrated Behavioral Health Care Quality Measures, Atlas of Instruments to Measure Team-based Care, and Clinical-Community Measures Atlas. These atlases collectively offer a conceptually-based and comprehensive inventory of high-

quality measures that can be used in primary care settings to better understand what works to improve health care quality and outcomes. AHRQ worked with partners to improve the understanding and measurement of each of these inter-related areas, focusing on the following activities:

1. Developing a specific conceptual framework for research and measurement for each of the aspects of care;
2. Highlighting critical research and measurement gaps and questions; and
3. Improving measurement by compiling measures and instruments that map the conceptual framework for each area, and that have the potential to be used for research as well as quality improvement in primary care settings.

All atlases are available on the AHRQ website: www.ahrq.gov

Hybrids, Chimeras, or New Species? Emerging Models of PBRNs

The session began with a literature overview and discussion examining the core features, structures and functions of traditional primary care PBRNs. Representatives of three "newer generation" PBRNs--Oregon Rural Practice-based Research Network (ORPRN), L.A. Net Community Health Resource Network, and the PBRN at the Case Comprehensive Cancer Center--described their networks and defined:

1. Similarities and differences between theirs and traditional networks;
2. Forces, decisions, and influences that led to the development of their network; and

3. Advantages and disadvantages associated with their unique network characteristics.

Attendees discussed ways they could integrate and adapt features of newer generation PBRNs into their existing or emerging networks.

Overview of the PBRN Research Good Practices Toolkit

This panel presentation provided an overview of the new Toolkit of Recommended Research Procedures for PBRNs, which was developed over a four-year period by seven experienced PBRNs (the Metropolitan Detroit Research Network/MetroNet; the Iowa Research Network/IRENE; the Oklahoma Physicians Resource/Research Network/OKPRN; the Oregon Rural Practice-based Research Network/ORPRN; the Duke Primary Care Research Consortium/PCRC; Research Involving Outpatient Settings Network/RIOS Net; and the Wisconsin Research Network/WREN). The presenters summarized how the toolkit was developed and discussed plans for its sustainability, including use of Wiki. Toolkit chapters include:

Chapter 1: Building PBRN Infrastructure
Chapter 2: Study Development and Implementation
Chapter 3: Data Management
Cheater 4: Dissemination Policies

Methods of Evaluating Practice Transformation

Four groups with experience measuring practice transformation presented the models they have used to measure it. The four successful models that have been used in experienced PBRNs include:

1. RE-AIM and VIP Reach Effectiveness Adoption

Implementation Maintenance Vermont Integration Project (VIP) regarding behavioral integration with Primary Care.
2. TRANSLATE: Target, Reminders through computer decision support, Administrative buy-in, Networked Information Systems or Registries, Site Coordination, Local Clinician Champion, Audit and Feedback, Team Approach, Education and training.
3. CPCQ (Clinical Process Change Questionnaire to measure practice transformation).
4. IPC-HIT (Improving Primary Care through Health Information Technology) with the following strategies: Practice Team Care, Adapt and Use Health IT tools, Transform Practice Culture and Quality, and Activate Patients.

Data and lessons learned were shared, and a discussion about the models followed.

Powering Up: Lessons Learned from Project Collaborations Across Multiple PBRN Networks

More and more, multiple PBRNs are coming together seeking collaborative funding opportunities to address larger scale primary care research and dissemination. These collaborations allow greater reach on complex issues, such as clinic redesign, patient safety, evaluation of toolkits, use of electronic health record for project implementation, expanding care partnerships, and engagement in comparative effectiveness research. Four diverse PBRNs discussed their work on collaborative projects across multiple PBRNs. A discussion followed to distill key similarities and differences of the PBRNs, barriers and facilitators, and ideas for dissemination of lessons learned.

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2015
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