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2019 PBRN CONFERENCE HIGHLIGHTS: HOW DO WE KEEP PREVENTION ON THE TABLE IN THE FACE OF DISEASE MANAGEMENT INCENTIVES?

The 2019 NAPCRG Practice-Based Research Network Conference brought together the energy of 155 participants from the United States, Canada, and Haiti in Bethesda, Maryland on June 24-25, 2019. Conference co-chairs, Donald Nease, Jr, MD, and Michelle Greiver, MD, MSc, provided the welcome and orientation for this AHRQ-sponsored conference. Additionally, Arlene Bierman, MD, MS, Director of the Center for Evidence and Practice Improvement at the Agency for Healthcare Research and Quality shared a welcome on behalf of AHRQ and gave the audience a brief update on current initiatives.

Nav Persaud, MD, MSc, BA, BSc, family physician at St Michael's Hospital and Assistant Professor in the Department of Family and Community Medicine at the University of Toronto delivered the first plenary, *"Preventing the Harms of Inequities in Primary Care,"* addressing how screening interventions can address health inequities, including those that pertain to the social determinants of health rather than the management of diseases. Dr Persaud discussed how specific recommended interventions can promote or undermine health equity. Referencing a randomized controlled trial of free essential medicine distribution that was co-designed by a community guidance panel and conducted in a PBRN, Dr Persaud explained how the design and preliminary results of the trial can be used to help inform public policy in a way that promotes health equity.

The second plenary, entitled *"Prevention and Value,"* was delivered by John W. Epling, Jr, MD, MSEd, Professor of Family and Community Medicine at the Virginia Tech Carilion School of Medicine and Medical Director of Research for Family and Community Medicine. Dr Epling's presentation discussed the mission, methods, and scope of the US Preventive Services Task Force in recommending preventive services. Additionally, Dr Epling noted the challenges of balancing preventive services, chronic care management, and other facets of primary health care in value-based care systems and how to develop approaches to better integration of preventive services into clinical practice in the volume-to-value world.

The third plenary was a panel presentation hosted by several practice facilitators in a campfire-chat format entitled, *"Reframing Primary Care Transformation Through Practice Facilitation."* The presenters provided a welcoming format enabling a dynamic discussion between presenters and attendees that covered ways through which practice facilitation has contributed to primary care transformation and what role this profession may play in the future. Presenters used case studies and findings from the International Conference on Practice Facilitation (ICPF) to highlight how facilitators are moving beyond the walls of primary care and supporting alignment across multiple transformation initiatives.

The 10-member PBRN Planning Committee reviewed 83 abstracts leading to 30 poster presentations, 5 workshops/forums, and 38 oral presentations. Each submitter was asked to include a statement of why their research is relevant to clinical practice and patients. The 14 oral presentation tracks included PBRN infrastructure, prevention, technology, training, stakeholder engagement, network operations, practice facilitation, quality improvement, health disparities, chronic care management, dissemination and implementation, behavioral health, community engaged research, and other clinical topics.

The planning committee allowed for substantial time to accommodate 5 workshops. These workshops covered a variety of topics, including: person-centered care in research, community-based participatory research, and motivational interviewing, along with innovative models and community partnerships to address health disparities.

The 2 poster sessions were well attended and included ample opportunity for extended conversations and networking. Themed poster walks, in which attendees were led by a facilitator while presenters shared their research questions, methods, results, and key implications, were held this year. Poster walks offered the opportunity for attendees to learn more about a particular subject matter and research methodologies.

Conference participants were asked to vote for their choice of the best posters for the 2019 David Lanier Poster Awards. Winning posters can be found on the NAPCRG website (https://www.napcrg.org/conferences/past-meeting-archives/).

The enthusiasm and engagement of attendees at the 2019 PBRN Conference was high from start to finish. Videos of the 2019 plenary presentations and conference resource materials are available on the NAPCRG website (https://www.napcrg.org/conferences/past-meeting-archives/).

We are looking forward to the 2020 PBRN Conference that will take place in Bethesda, Maryland next summer.

Hope to see you there next year!

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HIGH-PERFORMING PRIMARY CARE RESIDENCY CLINICS: A COLLABORATION

Primary care is essential to the functioning of a high-value health system. It helps achieve the Triple Aim: improved health care experience, improved health of the population, at decreased overall cost. However, primary care practice is challenging. Many residents and medical students see overburdened, high-stress practices and decide not to continue to care for patients in a primary care setting. We've proposed that in fact the goal in our health system is the Quadruple Aim, which is the Triple Aim plus joy in practice, that is, satisfaction for clinicians and staff.[1]

But how do we achieve the Quadruple Aim in our residency practices? How do we build excellent practices where residents are happy to work and provide excellent care for diverse patients? Two of us (M.K., T.B.) have visited a number of effective primary care practices over the last few years, practices we call "bright spots." Based on our findings from these visits we've described "The 10 Building Blocks of High-Performing Primary Care"[2] and after studying residency clinics, we added 3 more building blocks pertinent to residents: resident scheduling, engagement, and work life[3] (Figure 1).

Six action steps to fix primary care residency training are:

- Design resident schedules that prioritize continuity of care and eliminate tension between inpatient and outpatient duties
- Develop a small core of clinic faculty
- Create operationally excellent clinics
- Build stable clinic teams that give residents, staff, and patients a sense of belonging
- Increase resident time spent in primary care clinics to enhance ambulatory learning and patient access
- Engage residents as coleaders of practice transformation[4]

The Association of Family Medicine Residency Directors (AFMRD) (S.B.) partnering with the University of California San Francisco Center for Excellence in Primary Care (M.K., T.B.) embarked on a project of coaching and collaboration to help apply the 10+3 building blocks to our members' programs. In November 2017 we sent out the first call to programs to participate and selected 18 programs. In February 2018 with travel funding from AFMRD we held our first in-person meeting with these programs for a day and a half in Kansas City, Missouri. The collaboration continued with 6 interactive webinars over the next 8 months. Topics covered in the meeting and webinars included: prompt access to care, scheduling, advanced

Figure 1. Building Blocks of High-Performing Primary Care model for residency teaching clinics.