

Family Medicine Updates



From the North American
Primary Care Research Group

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PBRN CONFERENCE SUMMARY AND UPDATE

On June 18-19, 2013, NAPCRG held its second annual practice-based research network (PBRN) conference, supported by a conference grant from the Agency for Healthcare Research and Quality (AHRQ). The goals of the conference are to educate the PBRN community and disseminate up-to-date methodology and outcomes of PBRN research.

A preconference session on “Research Procedures to Guide the Quality of PBRN Operations” was led by Dr. Victoria Neale and provided an overview of a 3-year demonstration project with collaborators from 6 US-based PBRNs—Wisconsin Research and Education Network, Oregon Rural Practice-based Research Network, Duke Primary Care Research Consortium, Oklahoma Physicians Resource/Research Network, Iowa Research Network, and University of New Mexico’s Research Involving Outpatient Settings Network. The project aimed to build the PBRN research capacity by creating research procedures in the following areas: PBRN infrastructure; PBRN supervision; off-site study management; data management; and dissemination policies. Feedback from attendees on the 4 nearly final chapters of the Research Procedures Guide has been invaluable to the revision process. Participants were highly engaged with one individual reporting being, “amazed that reviewing a protocol manual could be so energizing.” As a result, Dr. Neale is now leading the newly constituted PBRN workgroup of the NAPCRG Committee for the Advancement of the Science of Family Medicine to continue this work with NAPCRG and PBRN members.

The 176 attendees primarily from the United States, Canada, and Australia spent time networking, sharing operational challenges and solutions, and hearing from notable plenary speakers about PBRN hot topics. Rebecca Roper, MS, MPH, from AHRQ opened the conference and led the first plenary session. She explained the PBRN initiative within AHRQ and in-depth details about the PBRN Resource Center and Centers of Excellence. The second plenary con-

vened the next day with Canadian France Légaré MD, PhD, as the presenter. She discussed shared decision making as an interdependent process in which health care providers and their patients relate to each other as they collaborate about the patient’s health care. The third plenary occurred during lunch on the second day when Rachael Fleurence, PhD, and David Meyers, MD, presented funding initiatives, from the Patient-Centered Outcomes Research Institute (PCORI) and AHRQ respectively, that are relevant to PBRNs.

Thirteen workshops were presented at the conference as well as 8 oral presentations and 50 posters presented in 3 poster sessions during the day and a half event. From these informative sessions we learned that:

- PBRNs are collaborating in multi-network research and using The Focused Conversation Method to address the overarching question: “How could you advance PBRN research using a multi-network setting?” A list of potential research questions was created, linking attributes of the consortium members to facilitate a multi-network research approach.
- A workshop involving 3 well-established PBRNs discussed the evolution of their networks in response to a changing primary care landscape—building a new infrastructure that can leverage owned and networked practices and develop new partnership opportunities and new funding sources aligned with practice transformation.
- Members are creating best practices for non-PBRN investigators to collaborate with PBRNs for multisite research, including topics on working with project teams, clinical sites, budgeting, and communication. This is especially important with the emerging interest in conducting large, pragmatic clinical trials in outpatient settings.
- Engaging patients, caregivers, community members, and other stakeholders is a strength of PBRN research and has led to several funded projects for patient-centered outcomes research from PCORI and AHRQ.
- Health information technology continues to play an important role for PBRNs who have linked multiple electronic health records to conduct comparative effectiveness research, including linkages to other large administrative and claims datasets that augment their ability to understand the complete set of services delivered in patient care.
- Practice facilitation methodology and evaluation of its ability to improve preventive and chronic care management is growing.

- More PBRNs are developing linkages to the community in the hybrid PBRN/CBPR model and achieving success in improving population health.

NAPCRG will continue the new tradition of hosting the PBRN conference from 2014 to 2016 after receiving a multi-year conference grant from AHRQ. We have broadened the representation of the planning committee to include perspectives from patients, community clinicians, federal agencies, PBRN coordinators/staff, new PBRNs, and Canadian PBRNs. The 2014 conference will be held June 30 to July 1, 2014, at the Bethesda, Maryland Hyatt hotel and promises to be filled with sessions and presentations on the latest, priority topics and findings from PBRN research.

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AHRQ UPDATES ON PRIMARY CARE RESEARCH: RAISING AWARENESS ABOUT CARING FOR PATIENTS WITH MULTIPLE CHRONIC CONDITIONS

In order to raise awareness about improving care for people with multiple chronic conditions (MCC), the Agency for Healthcare Research and Quality (AHRQ) has developed an animated video and an infographic. These creative, plain language materials were designed to help interested audiences learn about the importance of this topic and understand some of the key issues related to multiple chronic conditions.

The animated video depicts "A Day in the Life" of Mae, a 52-year-old woman living with multiple chronic conditions. We see her as she begins her morning with her family and then proceeds throughout the day, attending multiple appointments with different health care providers. The video, supported by voice-over narration, depicts the difficulty and effort necessary for Mae to keep up with the numerous and sometimes conflicting instructions, treatments, and prescriptions she receives from her various providers, while also balancing the demands of her busy life. Toward the end, the story shifts, showing another and much better option for Mae. In this option, she, her family, and her clinicians work together to create a care plan just for her. The plan coordinates the care for her multiple conditions and takes into account other factors in her life that affect her health. It ends with the following call to action, "Working together we can transform the health care system to serve the whole person with all their complexities. It will take everyone—clinicians, researchers, policymakers, patients and families—working together to get it done."

An infographic uses graphic visual representations to present data and other complex information in a way that is visually compelling and can be understood quickly and easily. AHRQ's MCC infographic (see below) contains a series of graphics to describe common chronic conditions; the large and growing prevalence of MCC; the enormous cost of MCC for individuals, Medicare, and the US health care system in general; and the impact of MCC on patients and families. The infographic provides an innovative way to convey key information about the impact and importance of MCC.