

## NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

**Submission Id:** 6420

### **Title**

*Insights from an Operational Survey within the NNE CO-OP PCBRN*

### **Priority 1 (Research Category)**

Research Capacity Building

### **Presenters**

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### **Abstract**

Context: The Northern New England CO-OP Practice and Community-Based Research Network (NNE CO-OP PCBRN) conducted an operational survey to gather insights from primary care (PC) practices across Northern New England (NNE). Objective: Summarize the findings of the operational survey and lessons learned while conducting the survey across the NNE CO-OP PCBRN (CO-OP), providing insights into enablers for survey engagement and primary care practice needs and research interests. Study Design and Analysis: The structured questionnaire covered various aspects of primary care practice, including the scope of clinical learners, specialties offered, onsite services, telehealth, EMR data querying, patient advisory groups, and IRB affiliation. Data analysis included descriptive statistics and qualitative analysis of open-ended responses. Setting or Dataset: Primary care practices within the CO-OP's network (ME, NH, and VT, and some NY affiliates) from large academic hospitals, smaller federally qualified and rural health centers, and independent practices. Population Studied: Practice managers and medical directors of primary care practices within the NNE CO-OP's network. Intervention/Instrument: N/A. Outcome Measures: Scope of clinical learners, specialties offered, onsite services, telehealth provision, EMR data querying, patient advisory groups, and IRB affiliation. Results: Sixty-five practice sites (71% response rate) completed a survey. The findings show elements that support and limit research environments. Since 88% use a single EHR (EPIC) and 44% with dedicated staff to query, 46% have a patient and/or community advisory group, ten sites report priority research areas, and most sites (97%) host clinical learners, the future for practice-based research is promising in NNE. Still, with 70% of sites reporting that they do not have a known Institutional Review Board (IRB) affiliation, of which only 7% would commit to use the Dartmouth-Hitchcock IRB for coverage, operational needs remain. Conclusions: The operational survey provided valuable insights into primary care practice needs and research interests within the CO-OP's network informing future research initiatives and supporting research alignment with member interests. Moreover, the value of early, direct communication with primary care leaders

cannot be overstated as this enabled widespread input and yielded valued relationships for further engagement.

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