North American Primary Care Research Group

2015 NAPCRG Practice-Based Research Network Conference

POST CONFERENCE NEWSLETTER

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 the US, Canada, and many other nations coming together to share strategies, methods, and results.

We also want to extend a thank you to the Agency for Healthcare Research and Quality (AHRQ), who has supported this conference with a generous conference grant. AHRQ's role in convening the PBRN learning community, creating communication channels and supporting collaboration is strong.

The Planning Committee produced an excellent agenda including PBRN innovations and research projects on diverse topics of interest to community clinicians, practice facilitators/study coordinators, and network leadership.

Conference co-chairs, Rowena Dolor and LJ Fagnan provided the welcome and orientation. Rebecca Roper, Director of the AHRQ PBRN Initiative, described AHRQ's continuing support for the PBRN community, which includes 174 PBRNs across 29,455 practices where 153,736 clinicians serve 86 million patients.

This year's plenaries focused on Engagement. Various speakers presented a conceptual model for stakeholder engagement, experiences from clinicians and patients who are partnering on research proposals, and perspectives of engaging with health system leaders.

New for this year, was a general session on "Daring Ideas" where presenters gave a short description of their "out of the box" topic followed by audience discussion.

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.

Record Breaking Attendence in 2015

Exceeding NAPCRG's expectations and attendance at the prior three PBRN conferences convened by NAPCRG, the 2015 NAPCRG PBRN Conference was attended by a record breaking 232 attendees this year.

Those 232 attendees, representing countless different disciplines, included physicians, researchers, pharmacists, dentists, chiropractors, social workers, registered nurses, dietitians and patients just to name a few, gathered at the Hyatt Regency in Bethesda, Maryland on June 29-30, 2015.

Three Part Plenary Series on Engagement Presented

The conference kicked off with the first of three plenary talks that provided the framework for two days of non-stop engagement.

The first plenary entitled "What is Engagement" established the growing evidence and importance for bidirectional engagement of patients, clinicians, and other stakeholders across the continuum of research. Consuelo Wilkins, MD, MSCI, along with Jaye Bea Smalley, MPA and Sarah Daugherty, PhD, MPH from the Patient-Centered Outcomes Research Institute (PCORI), discussed their rubric guiding patient engagement and the principles of reciprocal relationships, co-learning, partnership, trust, transparency, and honesty.

Dr. Wilkins emphasized the bidirectional and inclusive nature of engagement and partnership-building. She noted that engagement may mean adapting outreach and eliciting input in various ways from different community members.

Dr. Daugherty discussed the funding opportunities through PCORI and how its funding mechanisms are trying to move from being solely investigator-driven to engaging interested patients, clinicians, health systems, researchers and other partners. Assessing engagement has presented a few challenges and lessons, such as keeping patients engaged over time, responding in a manner that meets funders' expectations and community needs, and being sensitive to respondent burden.

Ms. Smalley discussed PCORI's interest in ensuring patient and stakeholder involvement in all aspects of a study from planning and conducting the research to disseminating the results. She outlined several important elements of engagement, including governance, network recruitment and retention, and collection and sharing of data.

The second plenary, "Patient and Clinician Engagement (PaCE) Project," was led by Jack Westfall, MD, MPH, who serves as Principal Investigator for the Patient and Clincian Engagement (PaCE) Project. Dr. Westfall was joined by two community members, Maret Felzien and Ned Norman who serve as PaCE Project Consultants, Rebecca Borchers, a patient participant in PaCE and her primary care physician, Cynthia Krueger Wolff, MD, who also participates in the program.

Dr. Westfall explained the history of PaCE and each of the presenters discussed their reasons and personal examples for being involved in the PaCE project which ranged from wanting to make their community healthier and the need to bring research closer to the community being served.

The third plenary, "A Primer on Engaging Health Systems in Research," was presented by Jerry A. Krishnan, MD, PhD.

Dr. Krishnan gave a historical perspective on recent healthcare movements such as managed care, which was payer led, and the Affordable Care Act, where the burden has been shifted to providers and health systems. He discussed the competitive nature of the current healthcare marketplace depending on transparency, accountability and value to guide service delivery.

Dr. Krishnan led a highly interactive discussion about the roles of clinicians, health systems, and researchers in controlling costs and utilization with attention still being paid to quality, such as using research to determine the cause of hospital readmissions.

Poster Sessions

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

The poster sessions offered ample opportunity for extended conversations and networking highlighted the work of a wide range of topics from PBRN-related projects. Both poster sessions were well-attended as evidenced by the lively conversation and mingling of participants around the room.

Oral Presentations

Forty-two oral presentations were offered in six tracks throughout the conference including Stakeholder Engagement, Clinical Topics, Electronic Medical Records, PBRN Methods, Patient-Centered Medical Home, and Quality Improvement/ Practice Facilitation.

Presenters gave a 10-minute presentation, followed by 5 minutes of Q&A with the audience on a wide range of topics, including:

- PBRN Infrastructure/Operations
- Networking and Partnerships
- Prevention
- Chronic disease management, Quality Improvement
- Electronic Health Records/ Health Information Technology
- Health Disparities
- Research Methodology/ Translation into Practice

David Lanier Top Poster Presentations Awarded

This year attendees were asked to vote for the best posters presented. The top scoring poster presentations were acknowledged during the closing remarks on Tuesday afternoon.

First Place
Identifying Primary Care Measures that Matter
Rebecca Etz, PhD; E. Marshall Brooks, PhD; Martha Gonzalez, BA

Second Place
Vaccine Reminder Messages and Direct-to-Adolescent Messaging: Does Gender Matter?
James Roberts, MD, MPH; Paul Darden, MD; Erin Hinton, BS

Third Place - Tie
Use of the Automated Remote Monitoring System (ARMS) in Los Angeles County: Wrapping our ARMS Around Chronic Disease and Prevention
Laura Myerchin Sklaroff, MA; Nina Park, MD; Sandra Gross-Schulman, MD, MPH, RN

A Novel Method for Achieving Covariate Balance in Cluster Randomized Immunization Delivery Trials
Sean O'Leary, MD, MPH; Jennifer Pyrzanowski, MSPH; Norma Allred, PhD, MSN

Congratulations!

Congratulations to Christi Madden, MPA, at Research Program Coordinator a OUHSC Department of Pediatrics. Christi was the winner of the drawing for a free conference registration for the 2016 PBRN Conference for completing her overall evaluation of this year's conference.

Hungry for More?

Abstracts for all of the workshops, posters and oral presentations presented are available on the NAPCRG website.

Workshop Summaries

Twelve workshops were presented over the course of the conference covering a variety topics.

PBRN to CBRN: Moving from Practice-Based Research Network to Community-Based Research Network in Michigan

PBRNs have proven their value in carrying out translational research; the next step forward is addressing the broader community context in which health care occurs. This workshop described the development of a Community-Based Research Network (CBRN) to address this community context. Presenters described steps taken by GRIN, its 'parent' CTSI, and the Jackson community to create a Community of Solution, and progress to date in behavioral health integration and clinical transformation.

Some of the discussions included the challenges of establishing a community-based network which can be daunting and include substantial pre-award work and efforts to maintain connections.

Boot Camp Translation: A Tool to Engage Communities for Patient-Centered Outcomes

This interactive session provided a brief overview of the Boot Camp Translation (BCT) method of patient engagement.

BCT is an innovative method for engaging patients and community members in long-term collaborative research projects.

This workshop provided the background and development of Boot Camp Translation, along with an overview of how-to conduct a BCT: topic selection, timeline, budget, facilitator skills. Examples of successful BCTs and their locally relevant messages were interspersed throughout the workshop.

Moving Beyond the Job Description: Exploring How Practice Facilitators Support Primary Care

A facilitator must be flexible in meeting practices on their terms and must possess both specific competencies and general knowledge in order to support quality improvement efforts in a practice. This workshop explored the differing approaches to practice facilitation relative to project goals/protocol, collaborative partners, and the facilitator's skill strength.

Session presenters described their work as practice facilitators and lessons learned in three projects, then engaged audience members to discuss their experiences and share their input on the topics discussed in the session.

Discussions included key similarities and differences and shared lessons learned from the three projects implemented by their PBRN.

Creating the Value Proposition for Practice and Clinician Recruitment in PBRN Studies of Practice Change/Transformation

Getting to "Yes" in recruiting primary care practices to participate in PBRN studies is challenging. The adapted Max Weber typology of social action was used by workshop participants to develop a motivational tools template designed to facilitate the crafting of effective value proposition statement(s).

Participants offered PEARLS/recommendations which included:

- Engaging practices in building the research question
- Have clinicians involved in framing the questions
- "We want you to help shape the research design/approach"
- Maximize flexibility.
- Identifying the charismatic leader and the charismatic moment is important
- We are beyond the "Zealot" phase of PBRN research
- There is a need for pilot testing of interventions
- Regarding the Weber typology—"You build trust first, then push all four levers."

Qualitative Comparative Analysis: What It Is, When to Use It, and How it Works for PBRN Research

Qualitative comparative analysis (QCA) is an analytic method that has potential utility in PBRN research because it allows the researcher to examine patterns in small n studies and determine necessary and sufficient conditions associated with an outcome. In this session an overview of QCA was given, how it works and for what type of research it is helpful for. Attendees worked through examples of how to use QCA in PBRN research. The utility and lessons learned were shared across the group.

Jump Start Your Stakeholder Engagement with a Community Engagement Studio

The Community Engagement Studio (CES) was a guidance session to facilitate project-specific input from diverse stakeholders. This structured, yet simple process, is effective for engaging patients, caregivers, health care providers, and other non-researcher stakeholders. Attendees had the opportunity to experience the CES process and gained new understanding of how stakeholders can contribute meaningfully to research and ideas on how to recruit stakeholders and grow their capacity to contribute to research.

Moving Practice Based Research Networks Beyond the Physician's Office: Affiliate PBRN Contributions and Opportunities for Collaboration

This panel focused on four PBRNs that represented dietetics, massage, pharmacy, and athletic training. Each of the network's director shared their contributions to the PBRN field and their vision of opportunities for collaboration with other affiliate and traditional PBRNs. Besides representing different professions, the four selected PBRNs also represented different geographic ranges, stages of development, and experiences with collaborations, which will provide additional insight into opportunities for PBRNs to move beyond the physician's office.

There were common elements to all four networks: high level of enthusiasm; smaller projects and smaller grants, interest in efficacy, effectiveness and cost effectiveness of care provided. The barriers experienced included lack of funding, lack of access to EMRs, privacy and recruitment difficulties.

ADAPT-NC: A Multi-Institutional Approach to a Shared Decision Making Dissemination Study from Practice Facilitators' Perspective

This workshop refers to a state-wide PCORI funded randomized trial in which 30 practices are engaged to study dissemination of an asthma shared decision making intervention.

The workshop sought to answer the question, is a facilitated approach to shared decision making implementation better than traditional approach from a facilitator perspective?

During the discussion, Practice Facilitators (PFs) representing the 4 participating PBRNs described (1) successes; challenges/barriers overcome; and lessons learned.

They discussed common themes including, but not limited to, practice and patient recruitment, practice readiness to participate, staffing dynamics, organizational barriers, individual tailoring of the toolkit, effective identification and engagement of a "practice champion," provider concerns about the impact of the intervention on productivity, provider and staff "buy in" relating to potential improvement in patient outcomes, and efficient implementation of SDM visits. They discussed how supporting each other, effective communication, and sharing of best practices were instrumental in the successes experienced thus far.

Workshop Summaries
(continued)

Engaging Parents in Research: Creation of a Parent Research Advisory Board in a Pediatric PBRN

Workshop leaders from the Children's Hospital of Philadelphia's Pediatric Research Consortium (PeRC) presented on creating a parent research advisory board in a pediatric PBRN.

Session objectives were to teach PBRN leadership and PBRN staff how they could:

- Enlist the help of PBRN clinicians to identify appropriate parent volunteers for the Research Parent Advisory Board (RPAB);
- Understand the infrastructure required to support a RPAB;
- Leverage the strengths of the RPAB to identify appropriate research studies for their PBRN and help them succeed.

The leaders described the overall scope and structure of a RPAB and reviewed strategies used to engage clinicians and practices to find prospective parent volunteers, the process of communicating with parent nominees, selection of parents, and how to teach parents to be effective partners. Approaches for soliciting feedback from parents about specific research studies and for communicating parent concerns about studies to researchers were also discussed.

Gathering Sexual Orientation and Gender Identity Demographics in the Clinical Setting

This session provided an overview of data categories and definitions that are important for understanding individual health issues relating to Gender Identi-ty (internal perspective), sex (anatomy), sexual orientation (with whom you interact/experience desire), and sexual expression (how the individual presents them-selves to others). These are complex issues that require careful framing. Even the order of asking questions is important (e.g., pose questions about gender identity before those about sex assigned at birth). Information about sexual orientation and gender identify is currently only collected at a few Academic Health Centers in the United States (two specific institutions were named). The session also provided an overview of the LGBT population with an emphasis on health disparities and higher risk factors among this population.

The presenters demonstrated the importance of collecting this information for providing high quality care and illustrating the importance of collecting data for developing Clinical Decision Support appropriate to the population. Challenges and value in organizing collection of this data within a primary care context was also discussed.

PBRN Research Best Practices: Stakeholder Engagement

This interactive session identified strategies for engaging stakeholders in the work of a PBRN. Workshop leaders provided a brief overview and orientation and participants worked in small groups to share strategies derived from their PBRN experiences, followed by exchanging and enhancing these best practices within the larger group.

This session was developed by the working group that prepared the electronic document, "PBRN Research Good Practices" and this session laid the foundation for the Stakeholders Engagement chapter of the document.

Integrating Maintenance of Certification (MOC) Part IV Requirements in PBRN Research

The AHRQ PBRN Resource Center presented an overview of a field guide developed to help primary care practice-based research networks (PBRNs) better understand how they can be a resource to and support their members in meeting Maintenance of Certification (MOC) requirements, specifically MOC Part IV requirements, which relate to quality improvement.

The presentation provided guidance about MOC Part IV requirements of the three primary care medical specialty boards: the American Board of Family Medicine (ABFM), the American Board of Internal Medicine (ABIM), and the American Board of Pediatrics (ABP).

The presentaton included an overview of the MOC process, examples of different levels of support that a PBRN might provide its members, how a research study might be used to meet MOC Part IV requirements, how PBRN resources and infrastructure are currently configured or might be reconfigured to support MOC Part IV activates, and a comparison of similarities and differences across the three primary care specialties boards of MOC Part IV requirements.

Daring Ideas

New this year, the planning committee launched a new format on "Daring and Dangerous" ideas. The concept was borrowed from our primary care colleagues in the United Kingdom. In a fast paced and interactive session five presenters shared their "dangerous" PBRN research or clinical care idea that they thought needed to be heard in the PBRN community.

David Hahn presented, "Guidelines are dangerous beasts requiring proof of value before being released". David proposed that all guidelines should be subjected to randomized comparative effectiveness research (CER) in PBRNs prior to being released into the wilds of primary care.

Jonathan Tobin, Kevin Fiscella, and Jennifer Carroll dared us to think about a new approach to ethical oversight in quality improvement and quality improvement research. Their idea is to create a new review process to re-balance oversight appropriate to risk. This approach includes a two-step review with a much shorter turnaround time.

Mark Stephens presented the daring idea that burnout can be identified among physicians by creating masks and describing meaning to the mask.

Betsy Escobar's "dangerous" idea was that we disrupt the current pattern of "permanently hospitalizing" undocumented immigrants and provide a new model of providing social support and long term care aid, thus saving our health system dollars.

Lindsay Kuhn dared us to think about moving beyond the traditional supervising physician-PA relationship to embrace PAs as first-line research colleagues.

The audience applause response meter indicated that each of these daring ideas was well received. We all agreed that encouraging "thinking out of the box" made for a stimulating conference.

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 2015 recipients were:

Laura Sklaroff, MA
Los Angeles County Department of Health Services PBRN
Sylmar, CA

Doan Hoang, MPH
San Francisco, CA

Diane Mastnardo, BS, LMT
Massage of Northern Ohio Practice Based Research Network (MNO-PBRN)
Cleveland, OH

Harry Reyes Nieva
Brigham and Women's Primary Care Practice-Based Research Network
Boston, MA

See you next year!

The enthusiasm and engagement at the 2015 PBRN Conference was high from start to finish and people are excited about returning next year.

The 2016 PBRN Conference will be July 11-12 in Bethesda with the theme of "Dissemination and Implementation: Ensuring PBRN (and Patient Centered Outcomes) Research Evidence is Understood and Used".

Funding for this conference was made possible [in part] by grant 1R13HS022371-01 from the Agency for Healthcare Research and Quality (AHRQ). The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

2016
NAPCRG PBRN Conference

July 11-12, 2016 • Bethesda, Maryland

SAVE THE DATE!

North American Primary Care Research Group

11400 Tomahawk Creek Parkway, Ste 540
Leawood, Kansas 66211