

**The ends are determined by the means:
An international perspective on PBRN structure and function**

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Outline of workshop

- | | Approx. Time |
|--|--------------|
| • A (very) brief history of PBRNs | 10 |
| • Why PBRN structures and functions matter | 5 |
| – Individual networks | |
| – Collaboration | |
| • A typology from 1997 | 10 |
| • How do networks link form to function in 2014? | |
| – ORPRN | |
| – SPCRN | |
| – UTOPIAN | 40 |
| • A new typology? | 10 |

Primary care research networks in the United Kingdom

BMJ

My Perspectives on PBRNs

Frank Sullivan and **colleagues** describe the new bodies emerging to coordinate and boost primary care research in the four UK countries

In British primary care, where 80% of National Health Service consultations take place, policy decisions often depend more on optimistic theory than on evidence.¹ Conducting research has generally been a low priority for primary care clinicians in the United Kingdom. The ethos of independent small business in general practice tends more towards innovation than research, and scarce academic training opportunities are associated with a culture where research is not much expected, valued, or rewarded.² Yet with leadership, resource, and good relationships between researchers and service providers, primary care research can underpin effective and efficient practice in ways that specialist perspectives alone cannot.³⁻⁵

Moreover, the UK has developed primary care research infrastructures that have been enabling and influential internationally.⁶⁻⁸ Most recently, the new

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established in 2006.^{1,2} Focused initially on the five English academic departments of general practice and primary care scoring 5 or 5* in the last research assessment exercise, it has two aims. These are to improve primary care through evidence from research at each stage along the patient pathway (from prevention to management of long term conditions) and to work with UKCRN and other interested organisations to develop a world class UK primary care research portfolio.

Scotland

Scotland (population 5 million) was the first part of the UK to establish, in 1999, a school of primary care. The Scottish Executive and NHS Education Scotland fund the Scottish School of Primary Care to build research capacity and capability through a network called Scottish Practices and Professionals Involved

- Brisbane initiative speaker/mentor Oxford University PC Leadership course 2009-
- Australian Primary Health Care Research Initiative keynote lecturer and visiting professor 2009
- Member Expert Review Committee for our Centres of Excellence Australian Primary Health Care Research Initiative 2010.
- International Advisor Irish Primary Care Research Network (IPCRN) 2013-
- German Primary Care Praxisnetwork 2012-
- Norwegian Directorate of Health on PBRN development 2013-

Sir James McKenzie, 1879-1907

•

- Born near Scone 1853
- Pharmacy assistant in Perth
- Medical undergraduate in Edinburgh
- GP Burnley
- Fundamental research on the clinical polygraph, a forerunner of the ECG
- Physician in London
- Founded **Institute of Clinical Research** in Saint Andrews 1919-24



- Decisions taken in PC should be based on research evidence.
- The evidence base needs strengthened.
- Much of the evidence required is best obtained within primary care.
- Multidisciplinary R&D involvement likely to increase the quality of clinical care.
- Small shifts in the balance of R&D funding will have a major impact in primary care.



Executive

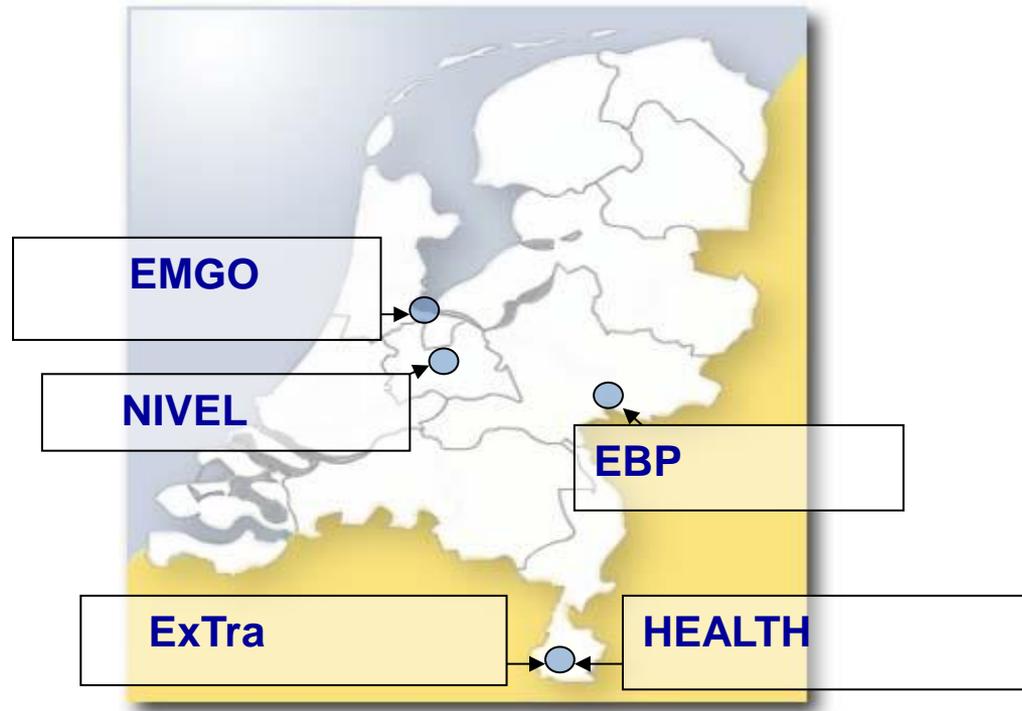
R&D In Primary
Care,
National Working
group report 1997

The Mant Report



Visit to the First National School of Primary Care

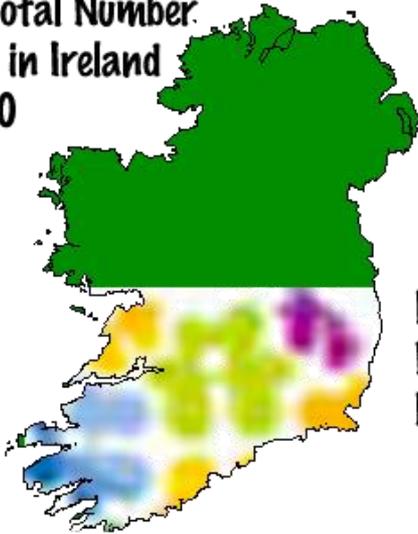
P Hannaford, F Sullivan, S Wyke





International Spread

Estimated Total Number
of Practices in Ireland
= 1,200



IPCRN
Registered
Practices
= 503

U.S. Department of Health & Human Services www.hhs.gov

AHRQ Agency for Healthcare Research and Quality
Advancing Excellence in Health Care www.ahrq.gov

PBRN Primary Care Practice-Based Research Networks *Research in Everyday Practice*

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PBRN Map

The interactive map below displays registered United States-based networks.



BUILDING QUALITY, GOVERNANCE, PERFORMANCE & SUSTAINABILITY

APHCRI CENTRE OF RESEARCH EXCELLENCE

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Welcome to the Centre of Research Excellence in Primary Health Care Microsystems

This Australian Primary Health Care Research Institute (APHCRI) Centre of Research Excellence (CRE) was established in early 2011 and is funded by APHRCRI for four years to address primary health care quality, governance, performance and sustainability issues identified within the national health reform agenda. This CRE, incorporating the clinical microsystem approach, will investigate improved models in regional governance and e-health, effective multidisciplinary teamwork, and primary care performance and accountability.

BREAKING NEWS

Login

Why PBRN structures and functions matter

- Individual Networks
 - Organised to achieve results
 - Enables choice of form to achieve desired function
 - New networks
 - PBRNs reviewing their role
- Collaboration
 - Not all networks are the same
 - Increasing international opportunities

TYPOLOGY OF PRIMARY CARE RESEARCH NETWORKS

Adapted from Evans D *et al*, Primary Care Research Network Report to the NHS Executive, South and West Region, IHPS:
Bath 1997

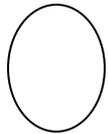
CHARACTERISTICS

EXAMPLES

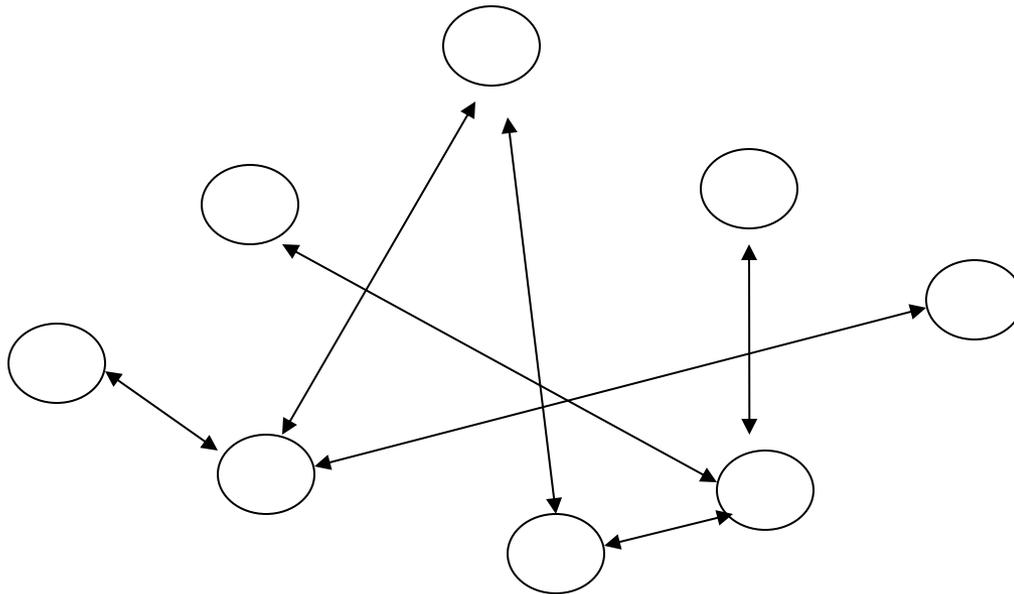
Type	Key Function(s)	Management Style	Coordination	Centre/ Periphery Relations	Degree of Formality	Resource Intensity (cost per member)	Networks	Key Activities	Outputs
Crystal	Mutual Support	Informal/ Collective	Shared with membership	Interactive	Low	Low	HIREN	Meetings; Training	Research skills; Research awareness
Carousel	Promoting Practitioner Research	Members' steering group	Central coordination with collaborating units	Interactive and linear	Medium	Medium to high	TayRen FresCo	Meetings; Training; Technical support	Research skills; Network projects; Grants; Publications
Orbital	Promoting practitioner research; High quality research in primary care	Executive	Central coordination with satellite units	Linear and interactive	High	High	SSPC	Trials; Training; Technical support	Publications; Grants; Network projects; Research skills
Bicycle Wheel	High quality Research in Primary care	Executive	Central coordination	Linear	High	Low to medium	MRC GPRF	Trials	Publications; Grants

Crystal Model e.g. academics

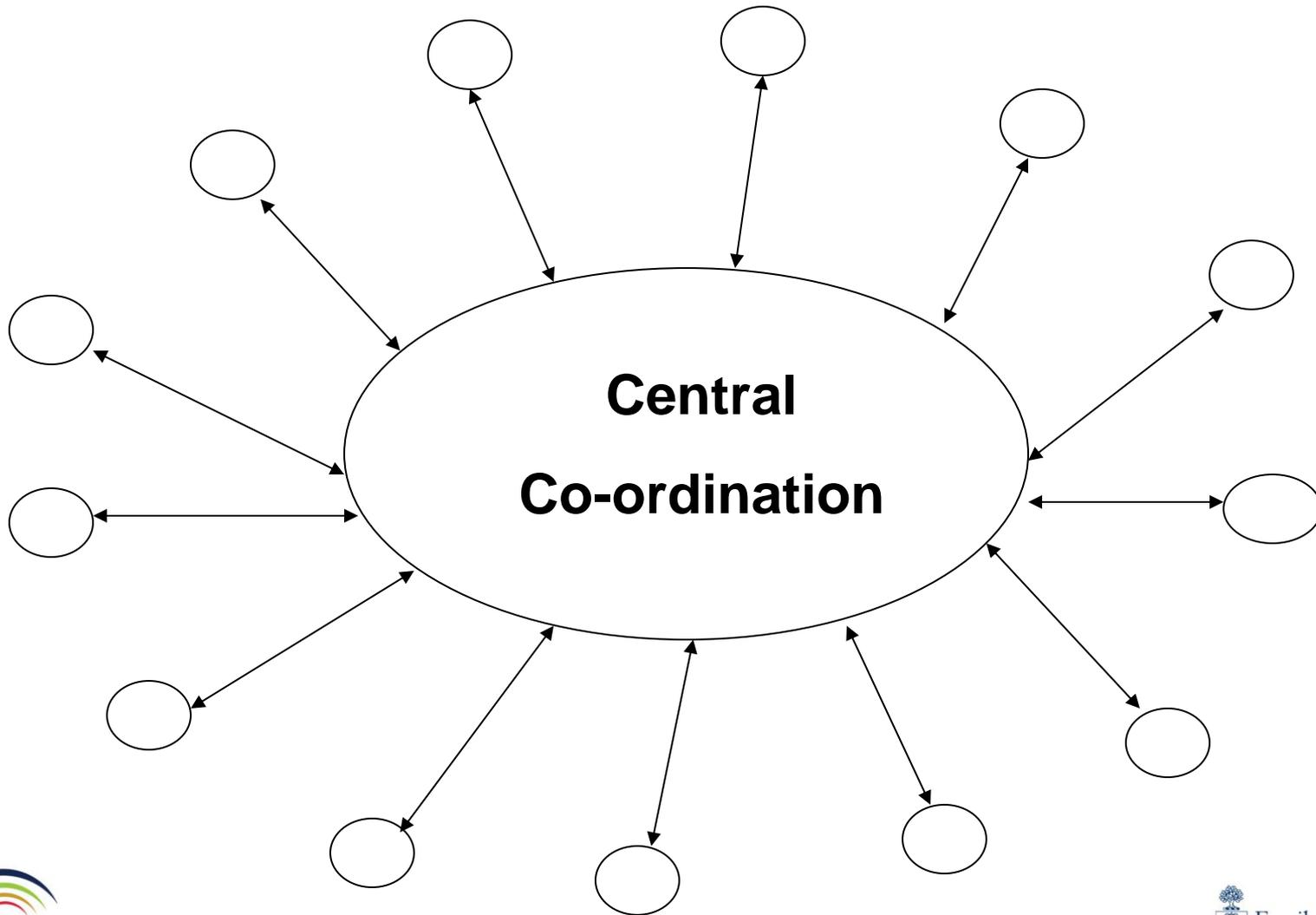
Network Members

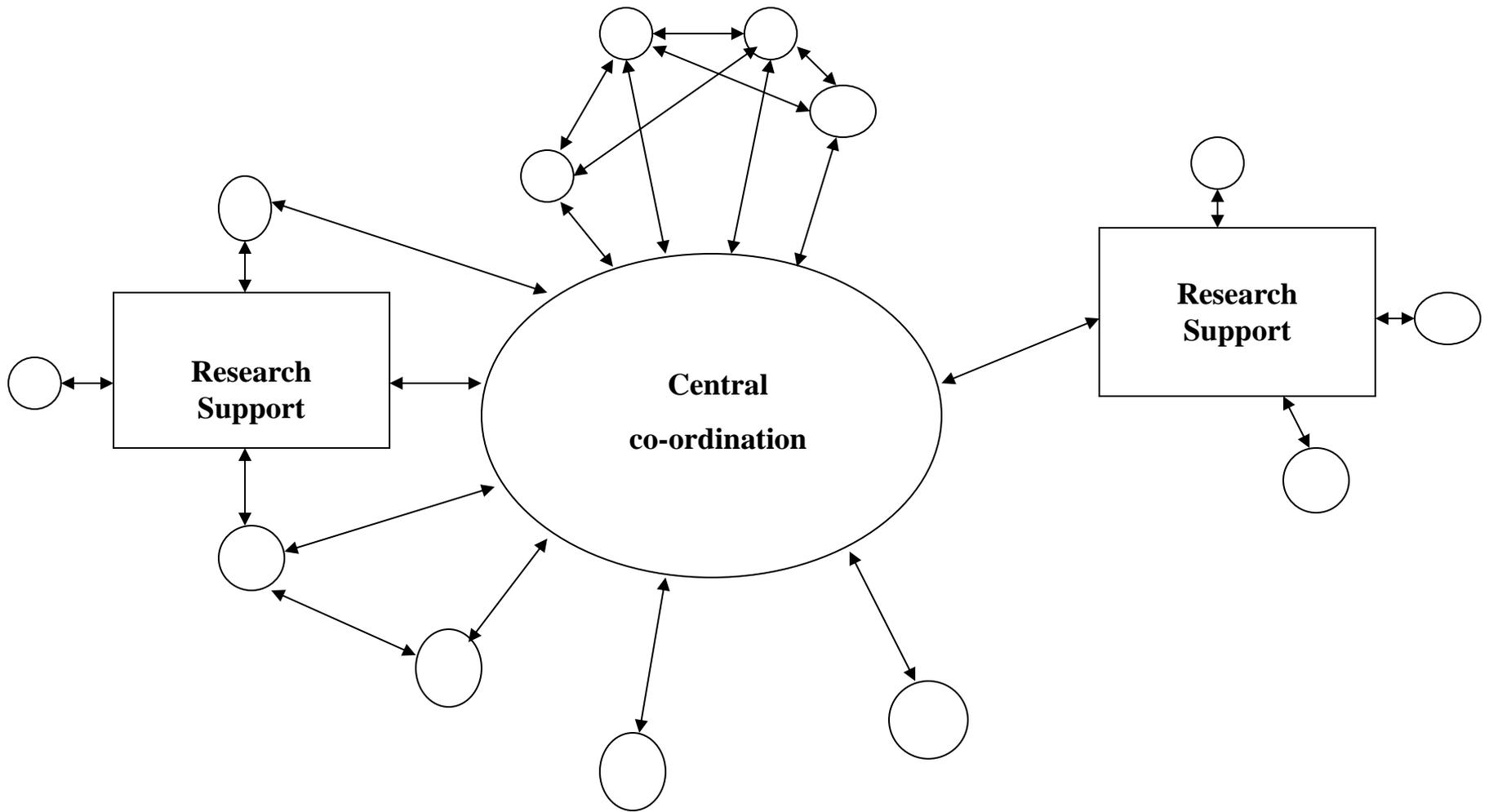


Evans D et al
Primary Care research networks
Report to the NHS executive
South and West Region, Bristol 1997



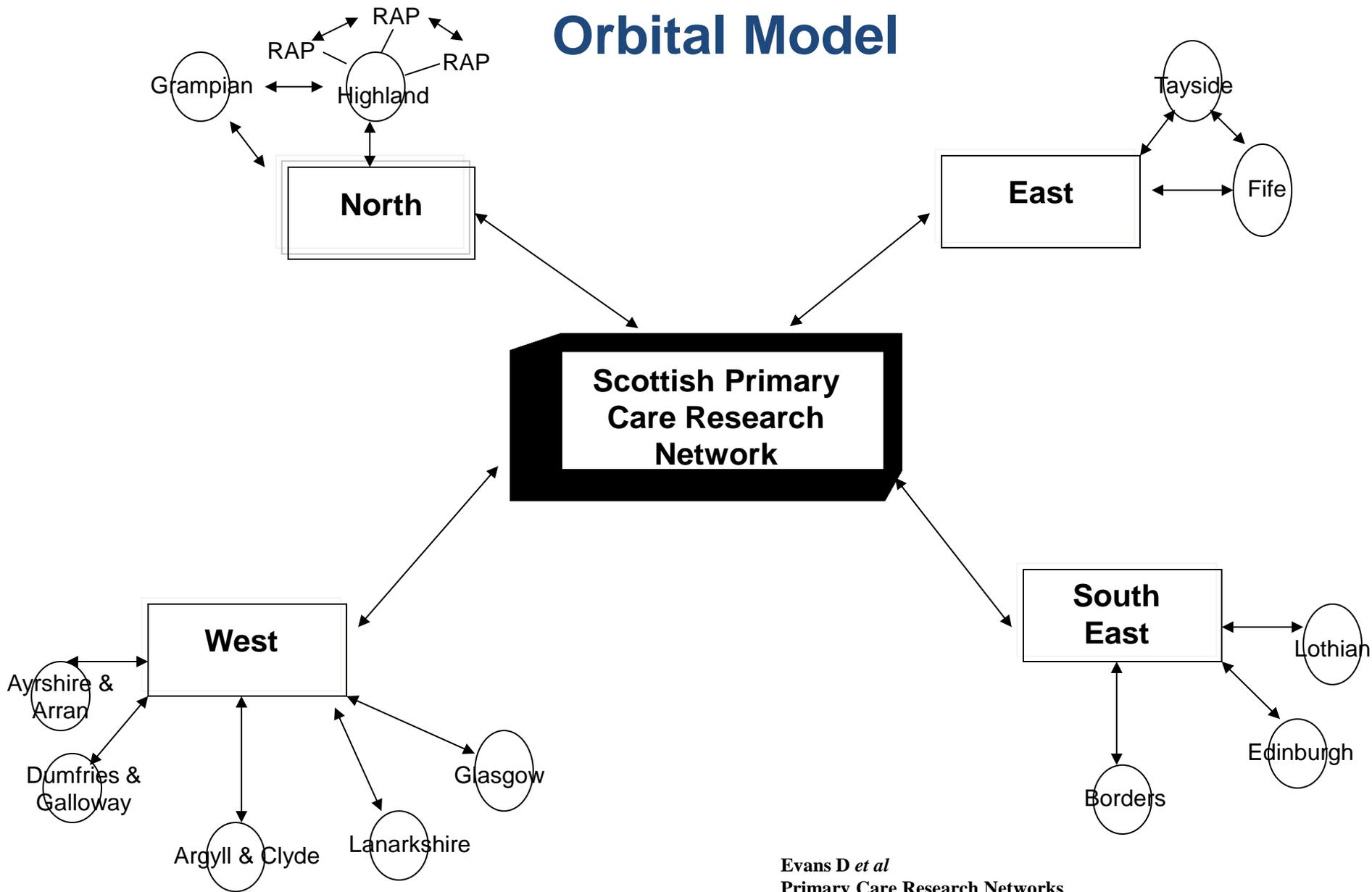
Bicycle Wheel Model eg MRC





Carousel Model e.g. loosely linked local networks

Orbital Model



Evans D *et al*
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Does the typology represent the 2014 range of structures & functions

1. What is the network trying to achieve?
2. What % of network projects are led by a primary care clinician?
3. What are the main activities of the network?
4. How are the network's activities quantified?

More typology characteristics

5. What is the annual cost per member?
6. Is network membership exclusive?
7. What are the Governance arrangements?
8. Beyond clinicians, what other stakeholders are involved in the network?
9. What dissemination strategies does the network use?

Additional characteristics ?

Oregon Rural Practice-based Research Network (ORPRN)

Founded in 2002

60 practices in 42 communities seeing >250,000 patients

170 member clinicians

Diverse practice ownership and type (FQHC, RHC, Hospital-based etc.)

Governed by Steering Committee

ORPRN's mission is to improve the health of rural Oregonians by promoting knowledge transfer between communities and clinicians.





ORPRN Research

- **Quality and Safety**
 - Management of Chronic Kidney Disease (CKD)
 - Medical Office Survey on Patient Safety (SOPS)
 - Medication Errors & Adverse Drug Event Reporting System (MEADERS)
 - Shared Medical Management and Clinician Decision Support (RxSafe)
 - Colonoscopy in Rural Practices (CROP)
 - Oregon Rural Learning Collaborative
- **Practice Management**
 - Practice Management Assessments
- **Information Systems**
 - Alternative methods for disseminating evidence-based Rx drug information (ROAD)
 - ICCIS +NCM
- **Adoption of Patient Centered Medical Home**
 - Qualis Safety-net Medical Home Initiative
 - Enhancing Child Health in Oregon (ECHO)
- **Access to Care**
 - Integration of Care Coordination Information System (ICCIS)
- **Continuity of Care Services**
 - Screening Kids in Lakeview for Developmental Delays (SKILDD)
 - Rural Oregon Adult Memory Study (ROAM)
- **Point of Care Services & Team-based Care**
 - Shared Decision Making in Primary Care (SDM)
 - Oregon Rural Learning Collaborative

ORPRN: Goals & Objectives

ORPRN aims to conduct community-based research that:

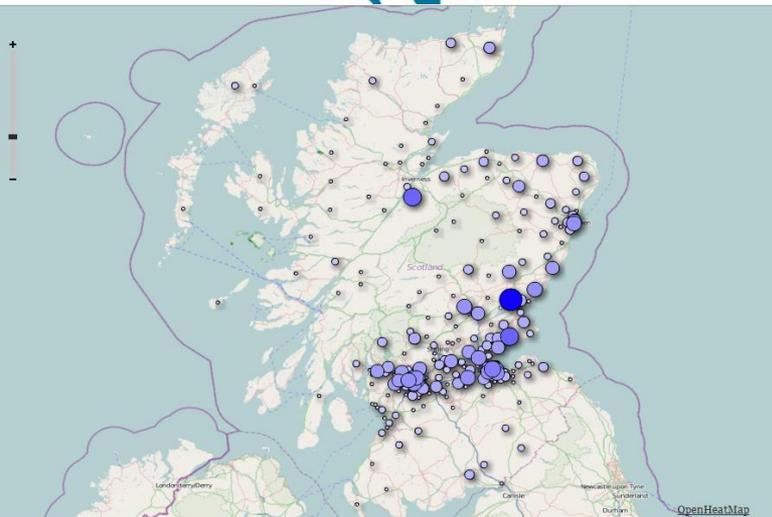
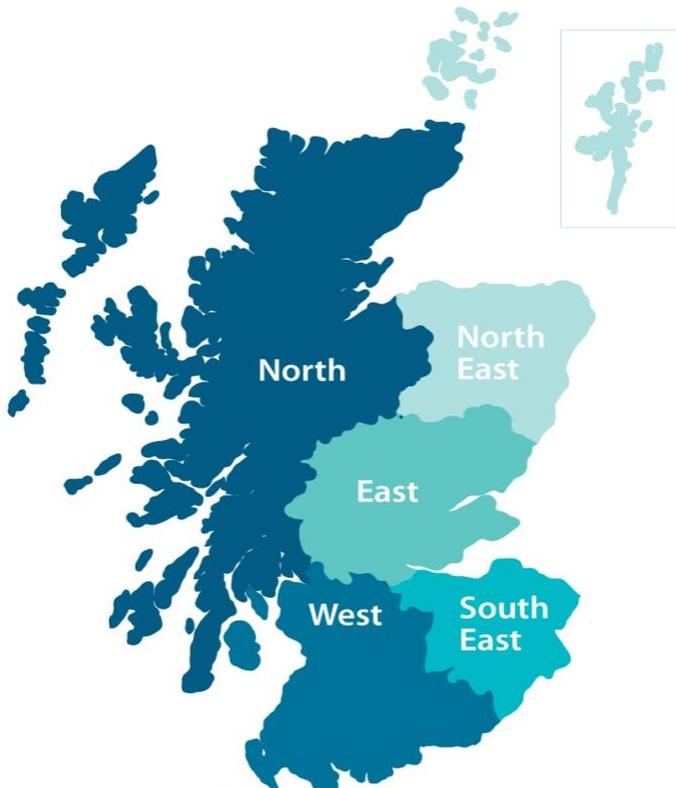
- Is woven into the fabric of the community and the rural practices;
- Reflects community health values, priorities, and needs;
- Is durable and withstands the test of time and changes in health care funding; and
- Fosters understanding of the health care values, dynamics, structure, and contributions of the practices in rural communities.



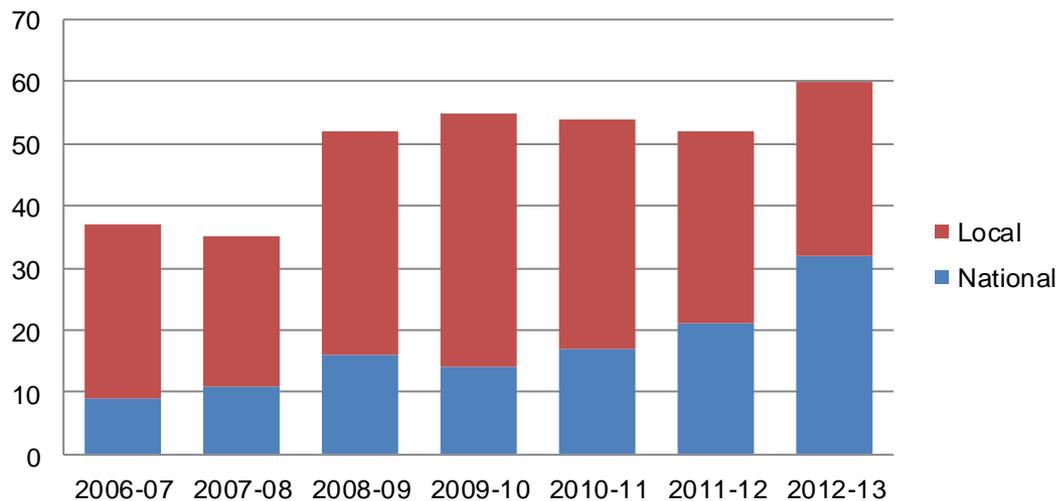


Belonging, Behaving and Believing





Number of national and local Studies recruited to by SPCRN 2006-13



New typology suggestions

How about a wheel?

