



PBRN Research & Educational Practices: Current Status and Future Projections from a CERA Survey

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Introduction/Background

- ▶ Important to sustain progress of PBRNs
- ▶ Be mindful of the history and changes over time
 - ▶ Recent research trends
- ▶ Build pipeline of investigators who can conduct research within different practice models
- ▶ PBRNs' future directions

(Williams & Rhyne; DeVoe et al; Werner & Stange)

Study Aims

- ▶ Compare the current PBRN research foci with suggested trends
- ▶ Describe PBRN community-engaged research methods and practices
- ▶ Explore types of quality improvement projects conducted by PBRNs
- ▶ Assess amount of training PBRNs provide to physicians at all levels of training
- ▶ Determine extent of PBRN health policy advocacy engagement

CERA: CAFM Education Research Alliance

- ▶ Council of Academic Family Medicine (CAFM)
- ▶ Invite survey proposals
- ▶ Select PIs and survey questions
- ▶ Manage omnibus survey

Survey Methods

- ▶ **Sampling frame:**
 - ▶ Family medicine/primary care PBRN directors
 - ▶ Self Identified directors from the 2017 NAPCRG PBRN conference
- ▶ **Survey emailed to 126 PBRN directors**
 - ▶ 5 follow-up emails were sent to encourage participation
- ▶ **31-item survey**
 - ▶ 6 of the questions were from the larger CERA omnibus survey (characteristics)
 - ▶ 8 questions - current PBRN research activities
 - ▶ 6 questions - future research foci
 - ▶ 7 questions - Training health care professionals and trainees about PBR
 - ▶ 4 questions - CME for research-related activities

Response Rate 56/126 = 44%

Characteristics of PBRNs participating in the CERA PBRN survey (n=56)*

Geographic Scope of PBRN	local	18 (32%)
	state	20 (36%)
	regional	13 (23%)
	national	5 (9%)
PBRN age	< 1 year	1 (2%)
	1-3 years	4 (7%)
	4-5 years	6 (11%)
	6-10 years	10 (18%)
	> 10 years	35 (62%)
Years PBRN Director in current role	< 1 year	6 (11%)
	1-3 years	14 (26%)
	4-5 years	12 (21%)
	6-10 years	10 (18%)
	> 10 years	13 (24%)

*Due to missing data, N responding varies by question

Characteristics of PBRNs participating in the CERA PBRN survey (n=56)

Number of active practitioners in PBRN	1 - 20	9 (16%)
	21-49	10 (18%)
	> 49	35 (66%)
Number of practice locations comprising the PBRN	< 5	1 (2%)
	5-9	3 (5%)
	10-19	11 (20%)
	> 19	41 (73%)
Number of residencies affiliated with the PBRN	0	11 (20%)
	1-3	27 (48%)
	4-18	15 (26%)
	19-24	0 (0%)
	> 24	2 (4%)

Affirmative Responses to Education and Research Training Activities (n=56)

Our medical students receive training on practice-based research methods	11 (20%)
Our medical students engage in PBRN research projects	25 (45%)
Our PBRN provides training for medical students	20 (36%)
Residents in our program receive training in practice-based research methods	14 (25%)
Residents in our program engage in PBRN research projects	26 (47%)
Our PBRN provides training to medical residents	22 (41%)
Our faculty receive CME for training in PBR methods	12 (22%)
Faculty receive CME for PBRN-related activities for:	
study participation	24 (44%)
reviewing study results	7 (13%)
attending presentation of results	24 (44%)
planning future studies	13 (24%)

Affirmative responses to current & projected research efforts (n=56)

Questions	Current (%)	Future (%)
Engage with community stakeholders in research efforts	48 (87%)	46 (84%)
Contribute data to epidemiologic surveillance efforts	18 (33%)	14 (26%)
Conduct research using patient registries	35 (64%)	39 (71%)
Conduct QI for local practice sites	42 (76%)	*
Conduct QI for multiple practice sites	38 (69%)	42 (76%)
Conduct research projects to facilitate practice transformation	46 (84%)	39 (71%)
Conduct research linking clinical work with health policy reform efforts	25 (45%)	32 (58%)
Conduct research transitioning to PCMH	33 (60%)	*

*Future plans to conduct research in this area were not asked

Discussion

- ▶ Time for strategic planning of PBRNs
- ▶ CME
 - ▶ Modest response to thought leaders' vision for providing CME
- ▶ Training
- ▶ Community Engagement
 - ▶ Most common current research area and future research foci
 - ▶ How is CE defined by respondents?
- ▶ Research Foci
 - ▶ Aligned with recommendations
- ▶ Health Policy Research

Limitations

- ▶ 44% response rate
- ▶ Single snap-shot in time
- ▶ Limited by number of survey questions
- ▶ Not all terms defined well
- ▶ Difficult to gauge future intentions



Conclusion

- ▶ PBRNs are successful and responsive to health care developments
- ▶ Training health care professionals and trainees remains a challenge
 - ▶ CME efforts are challenging
- ▶ Training is needed in health policy research
- ▶ Expand into a variety of stakeholder sectors
- ▶ Strategic planning for PBRNs



References

- ▶ Williams RL, Rhyne RL. No longer simply a PBRN: Health improvement networks. *J Am Board Fam Med*, 2011; 24:485-8.
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- ▶ Werner JJ, Stange KC. Praxis-based research networks: An emerging paradigm for research that is rigorous, relevant, and inclusive. *J Am Board Fam Med*, 2014; 27: 730-5.