

8th Annual Convocation of Practices and Networks

Hosted by the AAFP National Research Network and the Federation of Practice-based Research Networks

~ Friday March 7 - Sunday March 9, 2008 ~
Cheyenne Mountain Resort
Colorado Springs, CO

The Convocation planning committee is seeking submissions for plenaries, breakout sessions, workshops & posters. Submissions are welcome from all researchers, network directors, clinician members and staff associated with a practice-based research network.

Hurry! The deadline for submissions is December 16, 2007!

For additional information please visit www.aafp.org/nrn and click on "Convocation of Practices" at the left.



Kudos and Celebrations!!

The "Kudos and Celebrations!!" feature is our opportunity to share the good things that are happening in our networks. If something good is happening in your network, please send me the information at chetfox@gmail.com. Although we have featured mostly monetary awards, we are also interested in publications and other innovations that are coming from the

networks such as completing your first project, or increasing your clinician involvement. To me, such things as a network that doubles in size are also cause for celebration. Thank you to all those who have contributed by letting me know what is going on in your network.

In this issue, we are celebrating the successes of a number of networks. Some networks received AHRQ task orders, others received Ambulatory Safety and Quality (ASQ) grants, and some received other awards. Join me in congratulating these networks.

Feature Editor: Chet Fox, MD
Upstate New York Practice Based Research Networks (UNYNET)
chetfox@gmail.com

Minnesota Academy of Family Physicians Research Network (MAFPRN) and WESTAT

PI: Kevin Peterson, MD

MAFPRN in conjunction with Westat will serve as the new leadership/management of the **AHRQ-funded national PBRN Resource Center**. Kevin was PI on the Electronic Primary Care Research Networks (EPCRN) grant. Westat was responsible for the NIH Inventory and Evaluation of Clinical Research Networks (IECRN) and organized the first NIH national leadership forum in clinical research in 2006.

Congratulations to both organizations. We look forward to working closely with them.

Oklahoma Physicians Resource/Research Network (OKPRN)

OKPRN and its consortium of affiliated practices were awarded a \$232,385 task order from AHRQ to develop and test the use of information technologies by primary care practices to support self care management during a pandemic influenza

event. Affiliated networks involved in this project include STARNet, WREN, and CaReNet.

Also, OKPRN has been awarded a \$615,980 grant from AHRQ to develop and study the impact of a wellness portal on the delivery of patient-centered preventive care.

More good news: OKPRN has been awarded a \$68,417 contract from the Oklahoma Medicaid Program to increase the quality and quantity of EPSDT examinations in selected counties in Oklahoma using academic detailing and practice facilitation.

Oregon Rural Practice-based Research Network (ORPRN)

AHRQ TASK ORDER # 5- ASSESSING THE CLINICAL IMPACT AND BUSINESS CASE FOR NURSE-BASED CARE MANAGEMENT

PI: Lyle Fagnan, MD

Funding Agency: Agency for Healthcare Research & Quality

Summary: To test a nurse based care program called Care Management Plus in rural primary care practices collecting data on health outcomes and costs.

RXSAFE: SHARED MEDICATION MANAGEMENT AND DECISION SUPPORT FOR RURAL CLINICIANS

PI: Paul Gorman, MD

Funding Agency: Agency for Healthcare Research & Quality

Summary: This project incorporates decision support into the RxSafe technology developed through a previous grant to reduce medication errors across healthcare sites.

MEDICATION ERRORS AND ADVERSE DRUG EVENTS IN PRIMARY CARE (MEADERS)

PI: Lyle J. Fagnan, MD (ORPRN subcontract from Indiana University)

Funding Agency: Agency for Healthcare Research & Quality

Summary: An electronic reporting system

developed at Indiana University is tested in five clinics to determine whether physicians and/or their staff are willing to report medication errors and adverse drug events as they occur.

COLONOSCOPY IN RURAL OREGON PRACTICE (CROP): QUALITY INITIATIVE

PI: David Lieberman, MD

Funding Agency: National Cancer Institute

Summary: To expand on a national colonoscopy registry to include practices in the Oregon Rural Practice-based Research Network.

Upstate New York Practice Based Research Networks (UNYNET)

TARGETED RURAL HEALTH PRIMARY CARE RESEARCH IN HIT ADOPTION AND SCOPE OF USE

PI: Ranjit Singh MD, MBA

Funding Agency: HRSA award (\$150,000)

A SYSTEMS ENGINEERING APPROACH: IMPROVING MEDICATION SAFETY WITH CLINICIAN USE OF HEALTH IT

PI: Gurdev Singh PhD

Funding Agency: AHRQ Ambulatory Safety and Quality Grant (\$1,200,000)

Wisconsin Research and Education Network (WREN)

PROACTIVE RISK ASSESSMENT OF PRIMARY CARE OF THE ELDERLY

PI: Ben-Tzion Karsh PhD

Funding Agency: AHRQ ASQ grant (\$132,000).

Dr. John Hickner

John received an AHRQ ASQ grant in proactive risk assessment and has been funded by the CTSA at the University of Chicago to put together a new PBRN. This is in process and there are over 3,000 clinicians in the new network.

**State Networks of Colorado
Ambulatory Practices & Partners
(SNOCAP)**

MULTI-METHOD PROACTIVE RISK
ASSESSMENT-P20

PI: Wilson Pace

Funding Agency: Agency for Healthcare
Research and Quality (AHRQ) \$199,923

Summary: The specific aims of the project
are to: 1) Collect practice level data using
multiple instruments listed below from 12
University of Colorado Hospital (UCH)
ambulatory clinics to help inform a
proactive risk analysis. 2) Analyze data to
corroborate specific ambulatory high risk
areas identified in Aim 1. 3) Develop a data
driven risk reduction plan.

MetroNet

WEB-BASED MANAGEMENT OF
BLOOD PRESSURE AT AN URBAN F.M.
CLINIC (\$50K)

Co-PIs: Kendra Schwartz and Jim Meza

This demonstration project is funded by
INPHAASE, an inter-institutional
competitive award, to determine feasibility
of self-monitoring of blood pressure in a
low-income population and management via
a dedicated web portal.



PBRN Spotlight

***SURF*Net: San Diego Unified Research in
Family Medicine Network***

SURF*net is composed of primary care
clinics throughout San Diego county,
representing the tremendous cultural
diversity that is San Diego. Being one of the
more “web-enabled” cities in the U.S., a
majority of SURF*Net projects focus on
enhancing the transition of clinics to
electronic health records (EHRs) and the

quality improvement activities such
technology enables. The following two
projects illustrate SURF*Net’s vitality.

Martin Kabongo, MD, PhD, is the
Principal Investigator of SURF*Net’s study
of skin cancer screening education. Funded
by the NIH/NCI, this study involves San
Diego as one of four sites assessing the
impact on patient care that results from
physicians completing on-line training on
skin cancer detection. Nearly a dozen sites
have participated in assessing the impact of
such physician education on screening rates;
the study began in 2005 and data collection
will conclude at the end of 2007.

William Sieber, PhD, leads the SURF*Net
study of shared decision making. Since
2005 the Foundation for Informed Medical
Decision Making has funded projects that
focus on helping patients take a more active
role in health care decisions. UCSD Family
Medicine has completed several projects to:
a) identify which patients are most receptive
to informational videos, b) most efficiently
deliver health information to patients, and c)
support patients in acting upon what they
have learned. In 2006 these activities were
expanded to two SURF*Net clinics; Drs.
Payne and Hood have taken advantage of
the resources associated with participation
and have learned much on how to create a
delivery system that improves patient care
and addresses various health issues.

*Article contributed by: William Sieber, PhD,
San Diego Unified Research in Family
Medicine Network (SURF*Net)*

**The Federation of Practice-Based
Research Networks** advocates and builds
capacity for practice-based research, and
fosters collaboration and communication
among networks. Visit the FPBRN website
for information and to join its more than 60
networks in the U.S. and around the world:
[http://www.aafp.org/online/en/home/clinical/
research/fpbrn.html](http://www.aafp.org/online/en/home/clinical/research/fpbrn.html)
Best wishes,
Walter Calmbach, MD
Chair, FPBRN Steering Committee
Director, STARNet



Practice Facilitators' Corner

Practice Facilitators (PFs) are health care professionals who assist primary care clinicians in research and quality improvement projects. In a 1994 publication, Rosemary Cook summed up the characteristics of the facilitator: “an agent of change, coordinator, a cross-pollinator of good ideas, a resource-provider, an information-giver, a trainer, researcher, adviser, and mentor.”

In this column, the FPBRN invites current PFs and those who are interested in the PF concept to ask practical questions about strategies and information on the work of Practice Facilitators. In each newsletter this column will include one or more questions and answers to previous questions from working PFs or PF educators.

The first PF question for the Practice Facilitators' Corner was: *"What does it take for you to establish long-term relationships with your practices and what methods do you use to become part of a new practice team?"*

Thank you to all who contributed responses! We are happy to share them here, and hope to hear from more PFs and colleagues in the future.

“Weekly visits in the beginning establish relationships and trust. It is important to make frequent visits with everyone to let everyone know they have a part in the process. Listen and be prompt with needed feedback.”

Crystal Turner, Oklahoma Physicians Resource/Research Network (OKPRN)

“Aesop must have been thinking of Practice Enhancement Assistants (PEAs) because slow and steady does win this race. It takes time to build these relationships, spending just a few minutes during one day every week for a while. It is important to visit every week, even if you don't have a specific task to complete, so they learn to expect to see your friendly and helpful face. Then they know they can count on you and may have projects and questions ready. Follow through as quickly as possible on all promises to answer questions and provide resources/materials.”

Ellen Merchen, Oklahoma Physicians Resource/Research Network (OKPRN)

“I am a Regional Coordinator for the Dental Practice-Based Research Network (DPBRN) based at the University Of Alabama School Of Dentistry in Birmingham, Alabama. My coworker and I recruit dental practices from the state to participate in our research studies. The primary method we use to recruit is mailings along with follow-up phone calls to the practices that indicate interest. We also generated interest from our CE courses and Annual DPBRN Regional Meetings. Once we establish contact with the practice, one of the most important things is to identify a person (front desk, assistant, hygienist, or office manager) that will act as your “go to” person in the practice and establish a working relationship with them. You then quickly learn the best times to call or fax information to the practice. A long-term relationship is developed after you can assure the practice that you will be there for them when they have a question or need information and you can help them quickly. We call on them as often as possible to make sure that the research projects are running smoothly. Once the research project is ready to implement in the office, we do a lunch and learn session to train the practitioner and staff in the

study procedures. We try to call at least once a week to make sure that everything is running smoothly and check to see if there are any problems. Positive feedback to the staff involved in the research project goes a long way in maintaining cooperation through out the needed time to complete the study.”

Jacqueline Love and Sherry Sutphin, Dental Practice-Based Research Network (DPBRN)

Practice Facilitator Question for next newsletter: *“Once you have established a relationship with a clinic site, how do you make sure that practice-specific issues are being addressed and solutions implemented that go beyond a particular research project or grant? For example, how do you facilitate continuous quality improvement activities in your clinics?”*

E-mail Feature Editor Zsolt Nagykaldi at Zsolt-Nagykaldi@ouhsc.edu with your responses to this PF question and with new questions you would like to pose. Include your name and your PBRN or institutional affiliation. Also e-mail him if you are interested in participating in the National Practice Facilitator listserv.

*Feature Editor: Zsolt Nagykaldi, PhD
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Research Conferences

Upcoming regional, national and international meetings specifically for or including PBRNs

21st Annual Primary Care Research Methods & Statistics Conference

November 30-December 2, 2007 at The Menger Hotel in San Antonio, TX.
Conference Theme: *Social Epidemiology and Multilevel Effects Research*
<http://familymed.uthscsa.edu/research/conferences/conferences.htm>

If questions, contact Walter Calmbach, MD (210) 358-3930 Calmbach@uthscsa.edu

2008 Convocation of Practices and Networks

March 7-9, 2008 at Cheyenne Mountain Resort in Colorado Springs, CO.
Conference Theme: *Practice Change: Discovering Sustainable Improvements*
Sponsored by the AAFP National Research Network and the Federation of Practice-Based Research Networks (FPBRN).
Submission deadline: December 16th, 2007.
<http://www.aafp.org/online/en/home/clinical/research/natnet/convocation-of-practices.html>

2008 AHRQ National PBRN Research Conference

June 11-13, 2008 near Washington, DC.
Sponsored by the Agency for Healthcare Research and Quality (AHRQ)
Stay tuned for more information!

\$Funding Opportunities\$

A listing of opportunities specifically for or including PBRNs

NCCAM Outcomes and Cost-Effectiveness Studies of CAM Using Existing PBRNs (R21)
<http://grants.nih.gov/grants/guide/pa-files/PAR-07-291.html>

Application Submission/Receipt Dates:
November 19th in 2007 and 2008

American Academy of Family Physicians Foundation (AAFP/F) Practice Based Research Network (PBRN) Stimulation Grants
<http://www.aafpfoundation.org/x445.xml>
Next submission deadline: TBA

Special Emphasis Notice: AHRQ Announces Interest in Research Implementation Small Research (R03) Grants
<http://grants.nih.gov/grants/guide/notice-files/NOT-HS-07-002.html>

NIH Clinical and Translational Science Awards (CTSA)
<http://grants1.nih.gov/grants/guide/rfa-files/RFA-RM-07-007.html>
Application receipt date: November 7th, 2007

Stories from PBRN Clinicians

The Subcommittee on Practice-Based Research, of the North American Primary Care Research Group (NAPCRG) Committee for the Advancement of Science of Family Medicine, has issued a “Request for Stories” – or “RFS.” The RFS is for one-page personal stories that describe the influence and impact of participation in a PBRN on the lives and practices of clinicians. These stories will be used as a tool to recruit and engage clinicians for PBRNs and to influence organizations and funders, from the NIH to legislative bodies to academic medical centers.

So far, the subcommittee has collected 31 stories from 10 networks, and would like to include more stories from more networks. Stories from clinicians, staff in member clinics, PBRN researchers, directors, and research associates are welcome.

*Send stories to: Lyle J. Fagnan, MD
Oregon Rural Practice-based Research Network (ORPRN) fagnanl@ohsu.edu*

“Fresh out of residency in 1980, I began primary care practice in Michigan's Upper Peninsula. I was ambivalent about starting practice because I had seriously considered entering academic medicine and a career in primary care research. It seemed to me that rural practice and research were mutually exclusive... I was elated to discover that I could contribute to primary care research while serving a rural population... PBRN participation has and continues to energize my professional career both as a clinician and researcher. I believe that active participation in a PBRN has improved my critical thinking skills and my patient care, kept me at the forefront of contemporary primary care practice, and serves as a source of (and stimulus to) continuing medical education. It also invigorates my office staff and encourages them to look for ways to improve the care we provide

our patients. I enthusiastically encourage all primary care physicians to become active in a PBRN.”

*Steve Dosh, MD, MS, General Internal Medicine
The Great Lakes Research Into Practice Network*

“Initially the research we were interested in with ORPRN was related to immunizations. At that time our county was struggling to maintain immunization rates. Our work with ORPRN helped jumpstart the work of our local health department to continue this project so that the last time immunization data reports came out our county was in the top three. For us, participating in ORPRN is a lifeline. The philosophy of the EOMA partners is such that we want to be involved in research and offer specialty treatment locally but geographically we struggle to stay on top of it. This is especially important for quality of care provided to our patients and also because we participate in rural health rotations for training current medical students.”

*Jon Schott, MD, Family Physician, Eastern Oregon Medical Associates
The Oregon Rural Practice-based Research Network, 2007*

Contributions Welcome

The goal of the Federation of Practice-Based Research Networks newsletter is to improve communication among networks, and hopefully promote greater collaboration as well.



The newsletter is designed to be member-driven, so your contributions are more than welcome. Please let us know your suggestions for information you would find helpful in the newsletter.

Margaret Love, PhD, Kentucky Ambulatory Network (KAN), mlove@email.uky.edu

Kendra Schwartz, MD, PhD, MetroNet, kensch@med.wayne.edu