

Workshop/Panel Presentation/Forum

Type of Presentation: Forum/Panel Presentation
Presentation Track: New PBRN/Infrastructure

FP1: PBRN Organization and Governance to Promote Practice, Clinician, Researcher, and Patient Engagement

SESSION SUMMARY:

Practice Based Research Networks are challenging to develop, organize, and maintain. Representatives from 3 different PBRNs will present their PBRNs' organization, governance, and processes that have led to varying degrees of success in engaging practices, clinicians, researchers, and patients. The Brigham and Women's Primary Care Practice Based Research Network (BWPC PBRN; www.brighamandwomens.org/pbrn/) is relatively small with only 16 practices, but has 145 primary care physicians and 20 nurse practitioners. The BWPC PBRN is mainly staffed with general internists, is academically-affiliated, and is tightly integrated with a common information system and common clinical governance. The BWPC PBRN has representatives from each practice on a Steering Committee and has a well-developed, formal process for handling requests from outside investigators. The BWPC PBRN is working on improvement in engaging front-line clinicians and grass-roots project growth through use of our website, newsletters, site visits, and encouraging quality improvement and research presentations. The Wisconsin Research and Education Network (WREN; www.wren.wisc.edu) is state-wide and much larger with about 300 members (200 practicing clinicians), and more heterogeneous with 80 different clinic sites from 37 healthcare organizations represented. Originally established in 1987 from the Wisconsin Academy of Family Physicians (WAFP), WREN is now housed within the Department of Family Medicine (DFM) at the University of Wisconsin School of Medicine and Public Health. WREN is governed by a Steering Committee composed of community clinicians, DFM faculty, a Medical College of Wisconsin representative and non-clinical members. Among its other activities, WREN is undertaking a project that engages patients as consultants, rather than simply as subjects, evaluating self-management support materials in collaboration with three other PBRNs as part of an AHRQ-funded P30 "network of networks." The Oklahoma Physicians Resource/Research Network (OKPRN; www.okprn.org) was established in 1994 and has over 260 physicians in over 135 locations and is a 501(c)3 non-profit organization. OKPRN has a Board of Directors (BOD) consisting of member clinicians and representatives of key community health stakeholders. The Board has a Project Development and Advisory Committee that receives, prioritizes and submits research project ideas or requests to the BOD. Member engagement has been successfully achieved through an active network listserv, a PBRN website, electronic publications, annual convocations, and face-to-face visits by the Network Coordinator.

SHORT SUMMARY:

Practice Based Research Networks are challenging to develop, organize, and maintain. Representatives from The Brigham and Women's Primary Care Practice Based Research Network, The Wisconsin Research and Education Network, and The Oklahoma Physicians Resource/Research Network will present their respective organization, governance, and processes that have led to varying success in engaging practices, clinicians, researchers, and patients.

MEASURABLE OBJECTIVES:

1. Understand how PBRNs of different size and composition have organized themselves. 2. Understand the governance structure of different PBRNs. 3. Understand the processes that 3 different PBRNs have in place to recruit and retain practices, take requests from outside researchers or internal clinicians, and engage with practices, clinicians, researchers, and patients.

AGENDA/OUTLINE:

1. Overview and agenda for the session (5 minutes) 2. BWPC PBRN Presentation (10 minutes) 3. WREN Presentation (10 minutes) 4. OKPRN Presentation (10 minutes) 5. Activity: Reviewing organization, strengths and weaknesses of other PBRNs in the audience (15 minutes) 6. Additional questions, answers, and discussion (25 minutes)

TARGET AUDIENCE:

Beginner/Intermediate Level

PRESENTERS:

Harry Reyes
David L. Hahn, MD, MS
Zsolt Nagykaladi, PhD

Workshop/Panel Presentation/Forum

Type of Presentation: Forum/Panel Presentation
Presentation Track: New PBRN/Infrastructure

FP2: Scoring Projects to Plan Resources and Recover Costs (SPPRC) for PBRN Research

SESSION SUMMARY:

PBRN leaders lack well-established models to allocate resources and recover costs for research in their networks. Use of a project scoring system may alleviate some of these challenges by providing a score that is representative of the estimated amount of work for PBRN and practice staff throughout the course of the research project. Additionally, a SPPRC score may help determine whether individual practices are approaching their capacity for research. This panel presentation will demonstrate a model used by 2 collaborating pediatric PBRNs for research project scoring and service utilization. The panel presentation will review in depth the development of this system, including components of the measure. We will demonstrate through case examples how this system can be applied to individual research projects.

SHORT SUMMARY:

MEASURABLE OBJECTIVES:

1. Participants will be able to define categories of research project scoring. 2. Participants will be able to score a research project utilizing the tool. 3. Participants will be able to use the information presented in this presentation to adapt the SPPRC for their own PBRN research scoring and service utilization.

AGENDA/OUTLINE:

1. Introduction and background of our PBRNs. (5 minutes) 2. History of tool development. (10 minutes) 3. Present scoring and service utilization model. (20 minutes) 4. Demonstrate case examples. (20 minutes) 5. Question and answer session. (10 minutes) 6. Solicit input from PBRN members and use to inform a cost recovery model. (10 minutes)

TARGET AUDIENCE:

General Audience

PRESENTERS:

Jim Massey, RN, BSN, MBA
Carrie Fascetti, LSW

Workshop/Panel Presentation/Forum

Type of Presentation: Forum/Panel Presentation
Presentation Track: Researcher (Methods/Funding)

FP3: Describing the Intersection Between Evaluation Research and Quality Improvement

SESSION SUMMARY:

PBRNs conduct research, quality improvement and research on quality improvement. What are the defining characteristics of each? How can one design evaluation studies of short-cycle research projects so that rigorous data are collected for both research and quality improvement purposes? And which techniques can promote evidence based practices into primary care? During this session, panelists offer stories from the ImproveCareNow network, the Ambulatory Primary Care Innovations Group (APCIG) PBRN and the NIATx learning communities to launch a discussion with participants of how evaluation research and quality improvement intersect. Panelists will discuss how research networks in general, and how PBRNs specifically, can engage in quality improvement and can also play a unique role in collecting rigorous data that informs practice change. To disentangle and illustrate these concepts, the presenters will give practical examples of the interface between research and quality improvement. • Lloyd Provost will discuss the Improve Care Now Network: an organization of care providers, researchers, patients and families using data to drive improvements for kids with Crohn's disease and ulcerative colitis. The network analyzes results from thousands of doctor/patient visits and reviews the latest studies and treatments worldwide to continue to improve care for all patients. • Bernard Ewigman from the Ambulatory Primary Care Innovations Group (APCIG) PBRN will discuss APCIG's efforts to unify research and quality improvement agendas. Dr. Ewigman will also present findings from a successful, technology-based quality innovation that was developed by the APCIG PBRN to identify undiagnosed hypertension among primary care patients. • David Gustafson will moderate, share examples from his research with NIATx, a national informal network of 5,000 addiction treatment providers who have participated in quality improvement collaboratives and research on quality improvement. The session is intended to be interactive and audience members will be invited to share their experiences and solicit feedback from the panelists and other PBRNs. Audience members will provide informal input on which topics discussed in this session should be explored further as part of a PBRN learning collaborative focusing on ways to accelerate innovations into primary care practice. This presentation is being sponsored by the AHRQ PBRN Resource Center. The Resource Center is maintained by Abt Associates and its partners the MacColl Center for Health Care Innovation at Group Health Research Institute and the NIATx Foundation under AHRQ contract No. HHS290-2010-00004i.

SHORT SUMMARY:

PBRNs conduct research, quality improvement and research on quality improvement. What are the defining characteristics of each? How can one design evaluation studies of short-cycle research projects so that rigorous data are collected for both research and quality improvement purposes? Panelists will share examples of how evaluation research and quality improvement can intersect, and will discuss how research networks can collect rigorous data that informs practice change.

MEASURABLE OBJECTIVES:

1.) To understand the similarities and differences between research and quality improvement. 2.) To generate ideas for designing evaluation studies of short-cycle research projects so that rigorous data are collected for both research and quality improvement purposes. 3.) To understand steps that research organizations - such as PBRNs - can take to promote implementation and dissemination of innovative improvements.

AGENDA/OUTLINE:

0 – 5 mins: Welcome and Introduction to the Session (Moderator: David Gustafson) 5 – 20 mins: Intersection of Research and QI Example 1: Improve Care Now Network (Lloyd Provost) 20 – 35 mins: Intersection of Research and QI Example 2: Ambulatory Primary Care Innovations Group (APCIG) PBRN (Bernard Ewigman) 35 – 50 mins: Intersection of Research and QI Example 3: NIATX learning communities (David Gustafson) 50 – 75 mins: Interactive Discussion

TARGET AUDIENCE:

General Audience

PRESENTERS:

David Gustafson, Ph.D.

Lloyd Provost, M.S.

Bernard Ewigman, MD, MSPH

Workshop/Panel Presentation/Forum

Type of Presentation: Forum/Panel Presentation
Presentation Track: Researcher (Methods/Funding)

FP4: Advancing Primary Care Research and Practice through Improved Measurement

SESSION SUMMARY:

The Agency for Healthcare Research & Quality (AHRQ) produces evidence to make health care safer, higher quality, more accessible, equitable, and affordable. As part of its Improving Primary Care initiative, AHRQ has invested in building a foundational conceptual and measurement framework to study specific aspects of comprehensive primary care services that are hypothesized to improve the quality, safety, and value of care. These include care coordination, the integration of behavioral health and primary care, team-based care, and clinical-community relationships for the delivery of preventive services. AHRQ worked with partners to improve understanding and measurement of each of these inter-related areas, focusing on these activities: 1) developing a specific conceptual framework for research and measurement for each of the aspects of care; 2) highlighting critical research and measurement gaps and questions; and 3) improving measurement by compiling measures and instruments that map to the conceptual framework for each area, and that have the potential to be used for research as well as quality improvement in primary care settings. This panel includes 4 presentations that describe the development and potential uses of the Care Coordination Measures Atlas, the Atlas of Integrated Behavioral Health Care Quality Measures, the Atlas of Instruments to Measure Team-based Care, and the Clinical-Community Measures Atlas. These atlases collectively offer a conceptually-based and comprehensive inventory of high-quality measures that can be used in primary care settings to understand what works to improve health care quality and outcomes.

SHORT SUMMARY:

This panel includes 4 presentations that describe AHRQ's Care Coordination Measures Atlas, Atlas of Integrated Behavioral Health Care Quality Measures, Atlas of Instruments to Measure Team-based Care, and Clinical-Community Measures Atlas. These measures atlases collectively offer a conceptually-based and comprehensive inventory of high-quality measures that can be used in primary care settings to better understand what works to improve health care quality and outcomes.

MEASURABLE OBJECTIVES:

1. Participants will be able to identify 4 comprehensive inventories of high-quality measures that can be used in primary care for research and quality improvement purposes. 2. Participants will be able to describe the importance of the conceptual framework for one measurement area (care coordination, clinical-community relationships, integration of behavioral health and primary care, and team-based care) for selecting appropriate measures for research purposes. 3. Participants will be able to describe one key research gap in one measurement area (care coordination, clinical-community relationships, integration of behavioral health and primary care, and team-based care).

AGENDA/OUTLINE:

Panel Overview (7 minutes) Presentation 1: Advancing Care Coordination through Improved Measurement: The Care Coordination Measures Atlas (12 minutes) Presentation 2: Measuring Connections between Providers and Community Resources for Prevention: The AHRQ Clinical-Community Relationships Measures Project (12 minutes) Presentation 3: Developing a Framework and Atlas of Integrated Behavioral Health Care Quality Measures (12 minutes) Presentation 4: Developing a Framework and Atlas of Instruments to Measure Team-based Primary Care (12 minutes) Recap and facilitated discussion among presenters (10 minutes) Questions (25 minutes)

TARGET AUDIENCE:

Beginner/Intermediate Level

PRESENTERS:

Janice Geneviro, PhD
Ellen M. Schultz, MS
David Meyers, MD
Kathryn M. McDonald, MM
Russell E. Mardon, PhD
Deborah Carpenter, RN,MSN,CPHQ, PMP

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Workshop/Panel Presentation/Forum

Type of Presentation: Forum/Panel Presentation
Presentation Track: New PBRN/Infrastructure

FP5: Hybrids, Chimeras, or New Species? Emerging Models of PBRNs

SESSION SUMMARY:

The increasing emphasis on team-based health care and community engagement is affecting how established primary care PBRNs are conducting their work and how nascent PBRNs are forming. Are these newer models of PBRNs hybrids of established models, chimeras of previously distinct models, or entirely new species of PBRN altogether? In this session we begin with a literature overview and discussion examining the core features, structures and functions of traditional primary care PBRNs. Next, representatives of three “newer generation” PBRNs will describe their networks and define: (1) similarities and differences between theirs and traditional networks; (2) forces, decisions, and influences that led to the development of their network; and (3) advantages and disadvantages associated with their unique network characteristics. Finally, we provide time for participants to examine their own networks and to consider ways they might integrate and adapt the best features of newer generation PBRNs into their existing or emerging networks.

SHORT SUMMARY:

Representatives of three “newer generation” PBRNs will describe their networks and define: (1) similarities and differences between theirs and traditional networks; (2) forces, decisions, and influences that led to the development of their network; and (3) advantages and disadvantages associated with their unique network characteristics. Attendees will consider ways they might integrate and adapt features of newer generation PBRNs into their existing or emerging networks.

MEASURABLE OBJECTIVES:

(1) Articulate core features, structures, and functions of traditional PBRNs. (2) Define characteristics of newer-generation PBRNs that differ from traditional ones. (3) Identify features of newer generation PBRNs that might be integrated and adapted to attendees’ established or emerging networks.

AGENDA/OUTLINE:

(1) Lecture: Literature summary followed by full group commentary: Characteristics of traditional PBRNs (15 minutes). (2) Presentations by 3 PBRN representatives: Characteristics of newer generation PBRNs (10 minutes each, total of 30 minutes). (3) Small group discussion: Integrating and adapting features of newer generation PBRNs to attendees’ own PBRNs (15 minutes). (4) Full group: Summaries of small group discussions and reflections (10 minutes).

TARGET AUDIENCE:

General Audience

PRESENTERS:

Jill M Currey, MPH, CCRP
Carl.Tyler,.MD
Lyndee Knox, PhD
James Werner, PhD, MSSA

Workshop/Panel Presentation/Forum

Type of Presentation: Forum/Panel Presentation
Presentation Track: New PBRN/Infrastructure

FP6: Overview of the PBRN Research Good Practices Toolkit

SESSION SUMMARY:

Background: Building Research Culture and Capacity with Quality Improvement (QI) Strategies is a demonstration project to build clinical research capacity by providing training and technical assistance to practice-based research networks (PBRNs) as they formalize research procedures (RPs) to improve their research operations. Methods: Over a 4-year period, 7 experienced PBRNs working in 2 teams collaborated and shared knowledge about PBRN research operations to develop RPs in domains identified in earlier research to be essential PBRN research best practices. In the final year, generalizability of the Research Procedures was explored by involving a new group of PBRNs to peer review, critique and suggest changes. Results: QI consultants provided training and group facilitation that fostered productive teams that collaborated to share wisdom on their PBRN operations. The resultant Toolkit contains protocols for PBRN research practice in four domains: PBRN Infrastructure, Study Development and Management; Data Management; and Dissemination. In each area, PBRN researchers identified a minimum set of preconditions necessary for effective research practice. Research procedures were formalized and addressed the unique aspects of PBRNs, e.g. building relationships and partnership with members, working with decentralized practices, relative isolation of clinicians, lack of dedicated research staff onsite, competing demands of clinical care, and relevance of research topics to clinical practice. Conclusions: This panel presentation will provide an overview of the demonstration project and outcomes. The ToP® strategies for multidisciplinary group facilitation will be introduced. A copy of the Toolkit will be provided.

SHORT SUMMARY:

This panel presentation will provide an overview of the new Toolkit of Recommended Research Procedures for PBRNs, which was developed by 7 experienced PBRNs, and vetted by members of several more. Presentation will include a summary of how the toolkit was developed and plans for sustainability. Toolkit chapters include: PBRN Infrastructure; Study Development and Management; Data Management; and Dissemination. A copy of the Toolkit will be provided.

MEASURABLE OBJECTIVES:

1. Understand the scientific basis and generalizability of the new Toolkit of Recommended Research Procedures for PBRNs. 2. Explore the Toolkit to identify areas to implement to improve current PBRN research processes. 3. Discuss how the Toolkit can be implemented and sustained in the busy PBRN environment.

AGENDA/OUTLINE:

5 minutes: Introduction of Panel 5 minutes: Session Objectives 15 minutes: Overview and History of Study 10 minutes: Demonstration Project: 7 PBRNs collaborated over 3 years to develop operational procedures for research best practices specific to the PBRN context 10 minutes: Testimonial comments from panel 10 minutes: WIKI phase is a project of the NAPCRG CASFM PBRN workgroup. Collaboration of three P30 Centers. New practice-based researchers providing peer review to extend the generalizability of the PBRN 5 minutes: Guided tour of wiki; Disseminate Toolkit on flash drive 5 minutes: Next steps include national webinar 10 minutes: Q and A

TARGET AUDIENCE:

General Audience

PRESENTERS:

Kimberly Campbell-Voytal, PhD, MSN
Zsolt Nagykaldi, PhD
Rowena Dolor, MD
Elizabeth Patterson, RN
Barcey Levy, MD, PhD
Jeanette Daly, PhD, RN

ADDITIONAL AUTHORS:

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Workshop/Panel Presentation/Forum

Type of Presentation: Forum/Panel Presentation

Presentation Track: Researcher (Methods/Funding)

FP7: Methods of Evaluating Practice Transformation

SESSION SUMMARY:

What are the frameworks available to evaluate when practice transformation has truly occurred. Four successful models that have been used in experienced PBRNs will be presented followed by an open discussion of what other people are using. The four models will be: RE-AIM:and VIP Reach Effectiveness Adoption Implementation Maintenance Vermont Integration Project (VIP) regarding behavioral integration with Primary Care TRANSLATE: Target Reminders through computer decision support Administrative buy-in Networked Information Systems or Registries Site Coordination Local Clinician Champion Audit and Feedback Team Approach Education and training CPCQ (Clinical Process Change Questionnaire) Priority Change Capacity Change Processes Content IPC-H-IT (Improving Primary Care through Health Information Technology) Practice Team Care Adapt and Use Health IT tools Transform Practice Culture and Quality Activate Patients Each group will present their experience measuring practice transformation for 10 minutes each followed by open discussion of the concepts

SHORT SUMMARY:

Four groups with experience measuring practice transformation will present the models they have used to measure it followed by open discussion. The models are RE-AIM, VIP, TRANSLATE, Clinical Change Capacity, and Improving Primary Care through Health Information Technology. Data and lessons learned will be shared.

MEASURABLE OBJECTIVES:

1. To understand what frameworks have been used for evaluating practice transformation 2. To share audience experiences with evaluation models 3. To draw basic and common themes from the different approaches 4. To set up future collaborative leaning groups regarding how to evaluate transformation sponsored by AHRQ PBRN resource center

AGENDA/OUTLINE:

Four 10 minute presentations of practice transformation evaluation methodologies followed by 35 minutes of open discussion

SESSION HISTORY:

Has this session been presented before? No
If yes, when and where?

TARGET AUDIENCE:

Intermediate/Advanced Level

PRESENTERS:

Rodger Kessler PhD
Paula Lipman PhD
Zsolt Nagykaldi PhD
Lynne Nemeth PhD, RN

Workshop/Panel Presentation/Forum

Type of Presentation: Forum/Panel Presentation
Presentation Track: Researcher (Methods/Funding)

FP8: Powering Up: Lessons Learned from Project Collaborations Across Multiple PBRN Networks

SESSION SUMMARY:

Remarkable efforts to drive health care improvements are underway at the national, state, and community level. Practice-based Research Networks (PBRNs) are designed to answer community-based health care questions and translate research findings into practice. More and more, multiple PBRN's are coming together seeking collaborative funding opportunities to more broadly address primary care research and dissemination. These collaborations allow greater reach on complex issues, such as clinic redesign, patient safety, evaluation of toolkits, use of electronic health record for project implementation, expanding care partnerships, and engagement in comparative effectiveness research. However, these collaborations can be particularly challenging in an environment of rapid development and change. Four diverse PBRNs will discuss their work on collaborative projects across multiple PBRNs, distill key similarities and differences, barriers and facilitators, and disseminate lessons learned.

SHORT SUMMARY:

More and more, multiple PBRNs are coming together seeking collaborative funding opportunities to address larger scale primary care research and dissemination. These collaborations allow broader reach on complex issues in an environment of rapid development and change. Four diverse PBRNs will discuss their work on collaborative projects across multiple PBRNs, distill key similarities and differences, barriers and facilitators, and disseminate lessons learned.

MEASURABLE OBJECTIVES:

Upon completion of this panel discussion, participants will be able to: 1) Identify key barriers and facilitators of establishing, engaging, and maintaining working partnerships with multiple PBRN's across the US. 2) Summarize similarities and differences across diverse PBRN networks. 3) Integrate these key barriers and facilitators into lessons learned, which can be used with future PBRN collaborations.

AGENDA/OUTLINE:

15 minutes – Each of the four panelists will introduce themselves, describe their PBRN, and give a brief introduction to their studies that have involved multiple PBRN collaborations. Panelists will discuss their lessons learned on the following four topics from joint-funded collaborations with multiple PBRN networks. The audience will be encouraged to participate in the discussion. 15 minutes – COMMUNICATION. What works, what doesn't, for effective communication often severely challenged by geographical constraints and time commitments. 15 minutes – RECRUITMENT. Both patient and practice recruitment throughout multiple PBRNs will be discussed. Should recruitment strategies vary or be consistent? 15 minutes – FLEXIBILITY. Should partners be flexible and allow some of the protocol to unfold as it will, without being too rigidly bound to what was written on paper? How do we balance the need to tailor methods and strategies to individual PBRNs and practices while maintaining project fidelity? 15 minutes – PRE & POST AWARD. How do we get to grips with budgets, protocols, IRBs and the reality post-funding, of the rapidly changing primary care world?

SESSION HISTORY:

Has this session been presented before? No
If yes, when and where?

TARGET AUDIENCE:

General Audience

PRESENTERS:

Hazel Tapp, PhD
Douglas Fernald, MA
Lyle Fagnan, MD
Alex Krist, MD
Thamara Alkhazraji, MSPH
Andrew McWilliams, MD, MPH

ADDITIONAL AUTHORS:

Jacque Halladay, MD; Rowena Dolor, MD; Paul Bray, MS; Michael Dulin, MD, PhD

Workshop/Panel Presentation/Forum

Type of Presentation: Skill Development Workshop
Presentation Track: New PBRN/Infrastructure

W1: The ends are determined by the means: An international perspective on PBRN structure and function

SESSION SUMMARY:

All models are wrong, but some are useful. In 1997 a typology of research networks was developed summarizing existing knowledge about research networks internationally. It was considered that networks could be classified into four broad categories: Crystal, Carousel, Orbital and Bicycle Wheel, based on the following eight concepts: • Key Function(s) • Management Style • Coordination • Centre/Periphery Relations • Degree of Formality • Resource Intensity (cost per member) • Key Activities • Outputs SPCRN (The Scottish Primary care Research Network) is an established network of clinicians and academics working in primary care in Scotland. The network involves approximately half of all practices covering 3M patients in the country, in 50-60 studies each year. The overall aim of SPCRN is to increase the amount of research relevant to patient care undertaken in a primary care setting. UTOPIAN (The University of Toronto Practice-Based Research Network) is a developing network incorporating all 14 academic sites and hundreds of community practices affiliated with the Department of Family and Community Medicine at University of Toronto. These practices serve up to a million patients in the Greater Toronto Area. Its mission is "To improve the health of our patients and communities by collaboratively addressing primary healthcare questions and translating research findings into practice." ORPRN (The Oregon Rural Practice-based Research Network) is a statewide network comprised of 161 clinicians and 49 primary care practices located in 37 Oregon communities and serving over 250,000 patients. Membership features small- and medium-sized primary care practices that are not aligned with health systems. ORPRN's mission is to improve the health of rural Oregonians by promoting knowledge transfer between communities and clinicians. In the two decades since this classification, there have been major changes to the climate, infrastructure and skills within PBRNs internationally. One of the most obvious 'game changers' in many settings is the Electronic Medical Record. This forum aims to explore the extent to which this model remains useful and in which settings.

SHORT SUMMARY:

All models are wrong, but some are useful. In 1997, a typology was developed classifying research networks into four broad categories: Crystal, Carousel, Orbital and Bicycle Wheel. There have since been changes to the climate, infrastructure and skills within PBRNs internationally; the Electronic Medical Record an obvious 'game changer'. This forum will explore the extent to which this model remains useful and in which settings using the SPCRN, UTOPIAN and ORPRN research networks as examples.

MEASURABLE OBJECTIVES:

By the end of this session participants will be able to: • Describe a PBRN typology. • Determine the extent to which this matches the reality of their own PBRN. • Participate in planning a publication of an updated typology.

AGENDA/OUTLINE:

This workshop will describe the above model and present evidence for each of the concepts in SPCRN, UTOPIAN and ORPRN and invite forum participants to consider how their PBRN compares with these models. The need for a different typology based on these discussions will be tested and may result in a publication arising from the workshop depending upon the originality, interest and importance of the discussion.

TARGET AUDIENCE:

General Audience

PRESENTERS:

Frank Sullivan, FRSE, FRCP, FRCGP, MCFP

David White, MD, CCFP(EM), FCFP

Lyle J. Fagnan, MD

Workshop/Panel Presentation/Forum

Type of Presentation: Skill Development Workshop
Presentation Track: New PBRN/Infrastructure

W2: Community/Academic Research Partnerships: A Workplan Approach

SESSION SUMMARY:

Fostering productive community-academic collaborations is a key network development strategy for PBRNs. PBRN infrastructure is often supported by academic medical school departments. Community providers are often not connected to academic institutions. The organizational structure and terminology used by community providers is primarily clinically, quality improvement, and productivity focused. While academic departments include additional educational and research imperatives whose currency is academic advancement from attracting research funding and producing peer reviewed publications. Bronx community collaborative opportunities for research and education (Bronx C2ORE) is NIH-funded by NIMHD to develop a research capacity-building model in underserved communities. BxC2ORE used a workplan strategy which includes mutually developing goals and provides detailed descriptions of activities and time frames for both the community and the academic partners to foster lasting productive relationships between the two parties. This workshop will present a workplan strategy developed in an interactive set of activities between initially one NYC RING community health center and Albert Einstein College of Medicine research faculty and subsequently replicated with another NYC RING health center. The evaluation of this strategy by both community and academic partners reflects high levels of collaboration, mutual understanding and mutual commitment to continuation beyond the funding period.

SHORT SUMMARY:

The objective of this workshop is to help participants foster community-academic research partnerships. During the workshop a workplan tool developed and refined with NIH RC4 funding will be presented. Faculty will respond to participants questions regarding strategic and operational issues and will provide consultation to assist participants to customize workplan activities to reflect their contextual considerations.

MEASURABLE OBJECTIVES:

1. Participants will be exposed to the workplan strategy for development of community - academic research partnerships. 2. Participants will understand how to facilitate use of the workplan tool to develop partnerships. 3. Participants will begin adaptation of the workplan tool to their contextual situations.

AGENDA/OUTLINE:

Project Background - 10 min Orientation and Review of Workplan - 30 Participant Q&A and Faculty Consultation - 35

SESSION HISTORY:

Has this session been presented before? Yes

If yes, when and where?

TARGET AUDIENCE:

General Audience

PRESENTERS:

Barbara Salcedo

Elizabeth Walker

Franco Barsanti

Bruce Rapkin

Eileen Leach

Arthur Blank

ADDITIONAL AUTHORS:

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Workshop/Panel Presentation/Forum

Type of Presentation: Skill Development Workshop
Presentation Track: New PBRN/Infrastructure

W3: Identifying Core Competencies for Primary Care Practice Facilitators

SESSION SUMMARY:

Practice facilitation is an evidence-based method for supporting quality improvement, guideline implementation, dissemination of comparative effectiveness research, and practice transformation in primary care practices. Practice Facilitators (PF) are emerging as an important workforce for the PBRN of the future. But what should PFs know, what skills should they have in order to be optimally effective for PBRNs? This session will report on the progress of an AHRQ-funded effort led by Mathematica Policy Research and LA Net to develop a PF curriculum. Specifically, this session will focus on refining a list of core competencies for PFs that will be used to guide creation of new training materials and revision of existing resources. We will present 82 PF competencies across 9 domains of practice identified in cooperation with a national Technical Expert Panel. Session leaders will present these competencies, describe the rationale for their inclusion, and then engage participants in a discussion aimed at refining this list to reflect the needs of diverse practices in PBRNs. Results of the workshop discussions will inform development of the PF curriculum.

SHORT SUMMARY:

Practice facilitators (PFs) are an important workforce for PBRNs of the future. This session will report on a recent list of core competencies developed for PFs as part of an AHRQ-funded project to develop a PF training curriculum. During the session attendees will refine this list of competencies to reflect the needs of diverse practices in PBRNs, and share current needs and lessons learned in fielding a PF workforce.

MEASURABLE OBJECTIVES:

1) Participants will be familiar with the working list of competencies for PFs developed as part of the PF training curriculum project 2) Participants will map these competencies to the needs of diverse practices in their networks, to identify gaps and assist in refining the list of competencies 3) Participants will provide input into resources PBRNs need to effectively prepare a PF workforce for their network

AGENDA/OUTLINE:

1) Introductions (10 minutes) 2) Overview of the AHRQ-funded Practice Facilitator curriculum project (10 minutes) 3) Review of current list of PF competencies (15 minutes) 4) Interactive discussion and gap analysis of competencies list with participants, identification of new competencies, refinement of list, prioritization of competencies for inclusion in curriculum (35 minutes) 5) Wrap-up and reflection (5)

SESSION HISTORY:

Has this session been presented before? No
If yes, when and where?

TARGET AUDIENCE:

Intermediate/Advanced Level

PRESENTERS:

Lyndee Knox
Lisa Schottenfeld
Liz Babaloa
Jesse Crosson

ADDITIONAL AUTHORS:

The AHRQ PF Curriculum Technical Advisory Panel