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

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Dr. Lyle (LJ) Fagnan, MD
Outline of workshop

• 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? 40
  – ORPRN
  – SPCRN
  – UTOPIAN
• A new typology? 10
My Perspectives on PBRNs

- 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.
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

IPCNRN Registered Practices = 503

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

This Australian Primary Health Care Research Institute (APCHRI) Centre of Research Excellence (CRE) was established in early 2011 and is funded by APCHRI 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.

B R E A K I N G  N E W S
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

<table>
<thead>
<tr>
<th>CHARACTERISTICS</th>
<th>EXAMPLES</th>
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<tr>
<td><strong>Type</strong></td>
<td><strong>Key Function(s)</strong></td>
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<tr>
<td>Crystal</td>
<td>Mutual Support</td>
</tr>
<tr>
<td>Carousel</td>
<td>Promoting Practitioner Research</td>
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<tr>
<td>Orbital</td>
<td>Promoting practitioner research; High quality research in primary care</td>
</tr>
<tr>
<td>Bicycle Wheel</td>
<td>High quality Research in Primary care</td>
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**Family & Community Medicine**

**University of Toronto**
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

Central Co-ordination
Carousel Model e.g. loosely linked local networks
Orbital Model

Scottish Primary Care Research Network

North

East

West

South East

Grampian

Highland

Fife

Tayside

Lothian

Edinburgh

Borders

Ayrshire & Arran

Dumfries & Galloway

Argyll & Clyde

Lanarkshire

Glasgow

Evans D et al
Primary Care Research Networks
Report to the NHS Executive
South and West Region, Bath 1997
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 ?
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

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<tr>
<th>Year</th>
<th>Local</th>
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Research Ready self-accreditation

Research Ready is an online self-accreditation tool covering the minimum requirements of the Research Governance Framework for undertaking primary care research in the UK. It has been developed in conjunction with the MHRA Clinical Research Network and the Primary Care Research Networks (PCRN).

Further information on research governance

Benefits

- Enables practices to reflect on their ability and capacity to conduct high quality research
- Provides a means for chief investigators, study teams, MHRA inspection teams or inspectors and Research Management & Governance staff to be satisfied that any practice accredited to Research Ready level is up-to-date and compliant with national standards for research
- Can be used as evidence for the research domain in your appraisal
- Aware of how it can minimise any potential risks for your practice, practice staff and study participants
- Reaccreditation ensures that practices are up-to-date with constantly changing research governance and that their details remain accurate

UTOPIAN membership is open to all 14 DFCM teaching hospitals, four rural and 38 teaching practice sites.
New typology suggestions
How about a wheel?
Members only involved in studies vs. leading research

Knowledge translation: academic output only vs. high quality clinician/policy makers engagement

Representativeness of the network: own organization only vs. anyone

Few members vs. more members

Involving only doctors vs. other healthcare professionals

Only members can use the network vs. anyone interested