



Practice-Based Research Networks in the VHA: Supporting Collaboration to Accelerate Improvement

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We'll cover:

- What is a PBRN.
- Why do we do it?
- Examples of research done in PBRNs
- The South Texas VA Primary Care Research Network
- Dental Practice-based Research in the VA



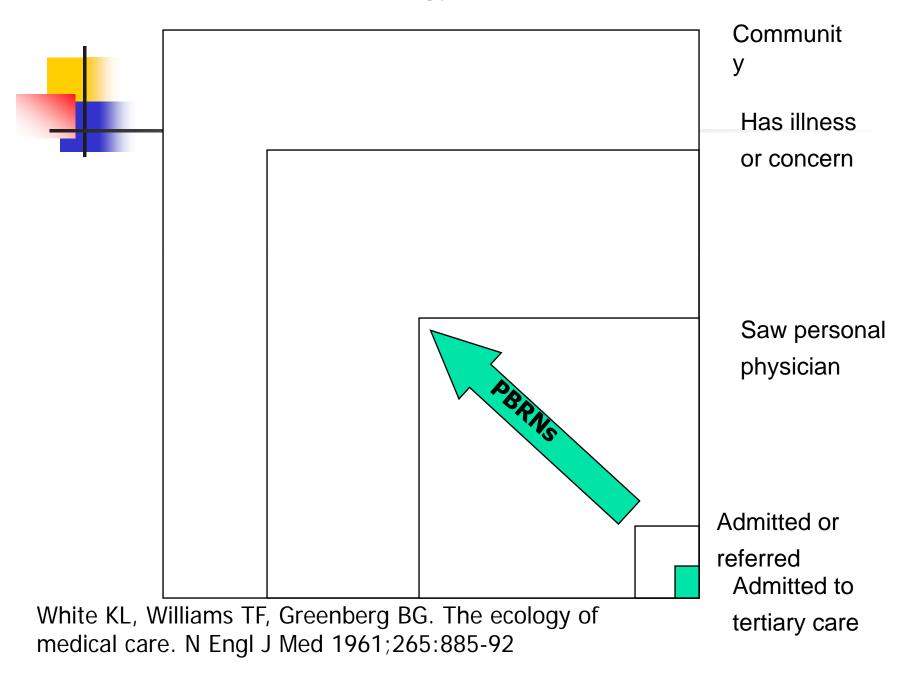
What is a Practice-based Research Network?

• An organization of clinicians and researchers, united by a shared commitment to expand the science base of primary care practice through systematic inquiry to better understand the health and health care events that unfold daily in their practice setting.



Practice-based research informs the care that most people receive most of the time.

Kerr White and the Ecology of Medical Care



Ecology of Medical Care Revisited

Adult population at risk 1000 Adults reporting one or more 750 illnesses or injuries per month Adults consulting a physician one or more times per month 250 Adult patients admitted to a hospital per month Adult patients referred to another physician per month Adult patients referred to a university medical center per month

Green LA et al. NEJM 2001;344:2021-2025



- Examine health and health care phenomena in typical patients in typical primary care settings
- Answer questions of great relevance to practicing clinicians
- Capture the wisdom, insight, and experience of practicing clinicians
- Reunite practice and research
- It's fun and energizing*

*Nityamo Sinclair-Lian, Robert L. Rhyne, Shirley H. Alexander, and Robert L. Williams **Practice-based Research Network Membership is Associated with Retention of Clinicians in Underserved Communities**: A Research Involving Outpatient Settings Network (RIOS Net) Study. J Am Board Fam Med, July-August 2008; 21: 353 - 355



 "If we want more evidence-based practice we need more practice-based evidence."

Lawrence Green, MD



Green LW. Public health asks of systems science: to advance our evidence-based practice, can you help us get more practice-based evidence? Am J Public Health 2006; 96: 406–9

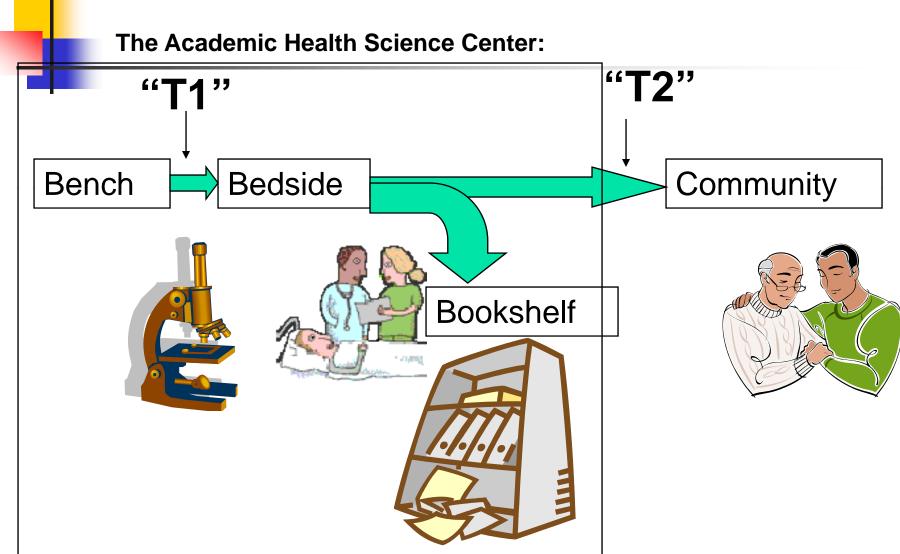
Life isn't only seeing sick kids, old people with many medical problems in nursing homes, and patients set on a path of self destruction. It is being able to ask a question about a medical problem, and arriving at a conclusion by doing a study with our peers. It's avoiding "burn out" while expanding our horizons and helping patients.

Catherine Kroll Gwinn, Michigan

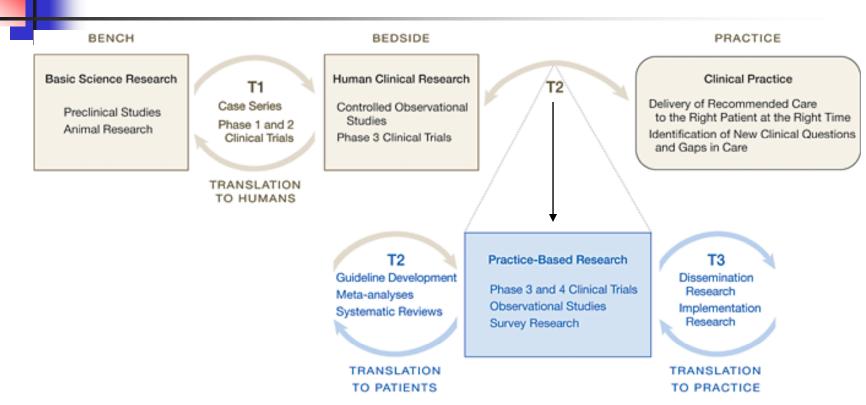
There is a sense that what we are doing is not only right, but is particularly important in these times of turmoil in medicine. As we try to solve our health care problems, it is becoming increasingly apparent that the answers lie in primary care and cost effective medicine, the understanding of which depends on practice based research.

Tillman Farley Brighton, Colorado

Translational Science



"Blue Highways" on the NIH Roadmap



Westfall, J. M. et al. JAMA 2007;297:403-406.

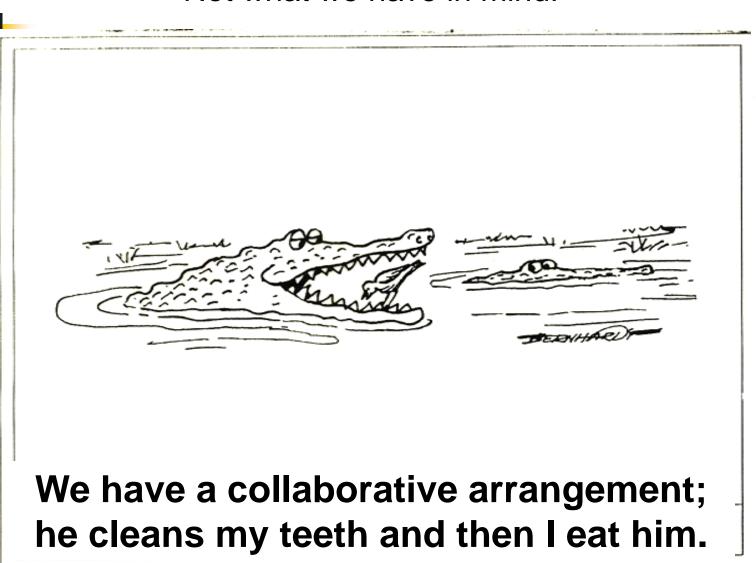


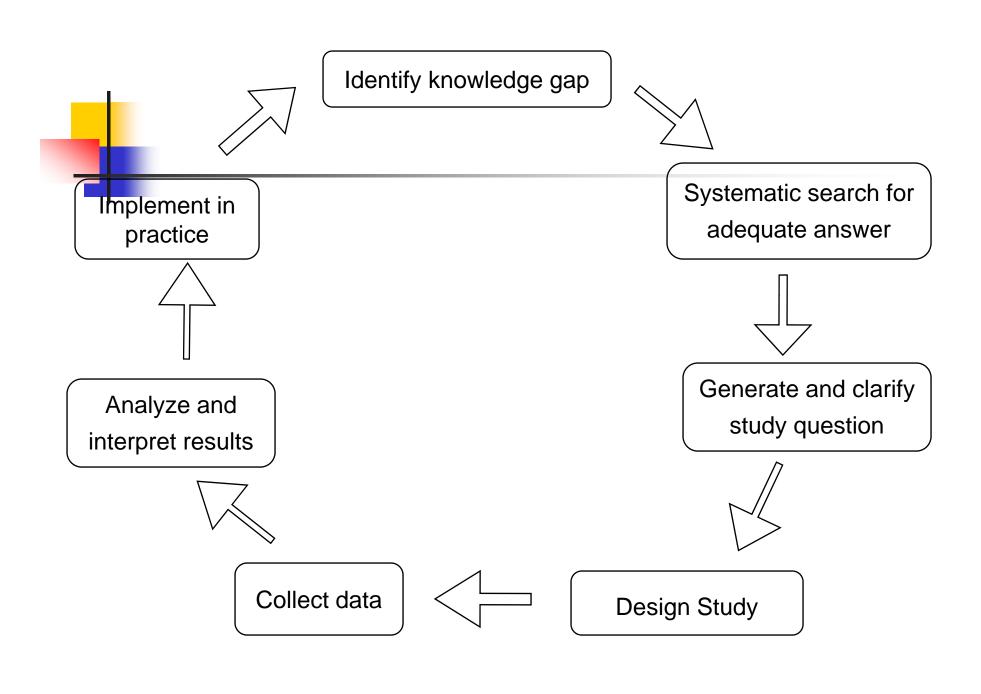


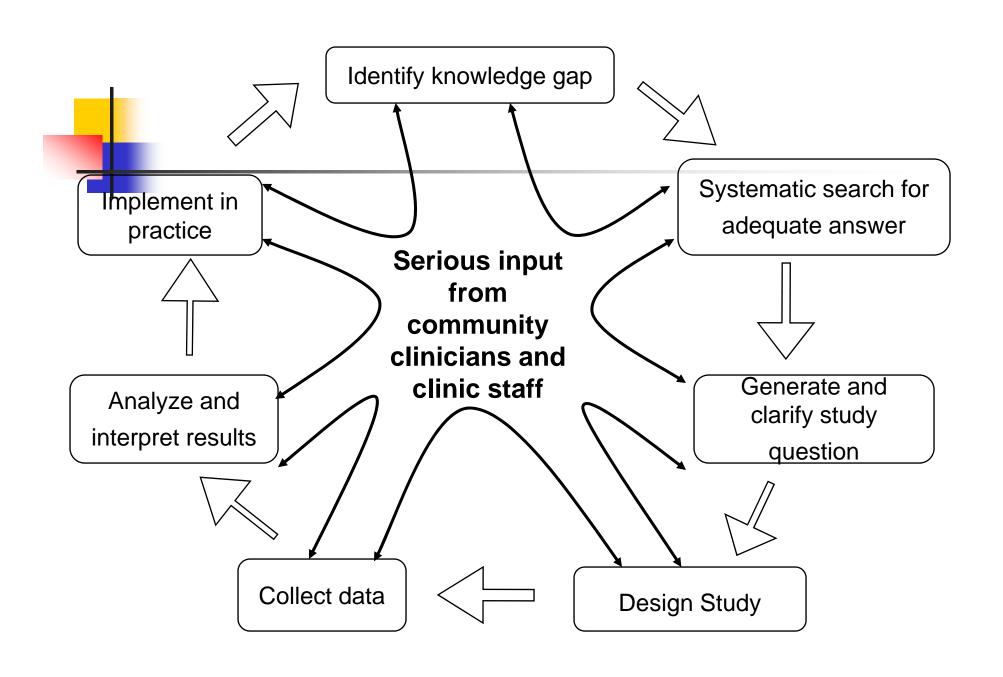
Methods: How do we do it?

- NOT just research *in* practice settings
- Research with practices, with the physicians, nurses, office staff, and patients.
- Principles of participatory research:
 - trust building,
 - long term relationships,
 - recognition and incorporation of local expertise,
 - shared decision making, and
 - identification of relevant clinical questions.

Not what we have in mind!









History of PBRNs

- Dutch Sentinel Stations 1970
- Dartmouth COOP Project 1978
- Ambulatory Sentinel Practice Network 1981
- Pediatric Practice Research Group 1984
- Pediatric Research in Office Settings 1985
- Other regional networks in MI., MN., WI. in mid 1980's
- Dental, Mental Health, Pharmacy PBRNs started in last 10-15 years



Current status of practice-based research networks

- Over 100 regional and national primary care networks in the U.S. in 2007
- National Networks
 - PROS: pediatric research in office settings
 - AAFP NRN
 - ACPNet
- Not just primary care
 - Dental
 - Nurse Practitioners
 - Pediatrics

PBRN Home | AHRQ | Questions? | Contact Us | Site Map | What's New | Browse | & Print

PBRN Primary Care Research in Everyday Practice

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Primary Care

Practice-Based Research Networks

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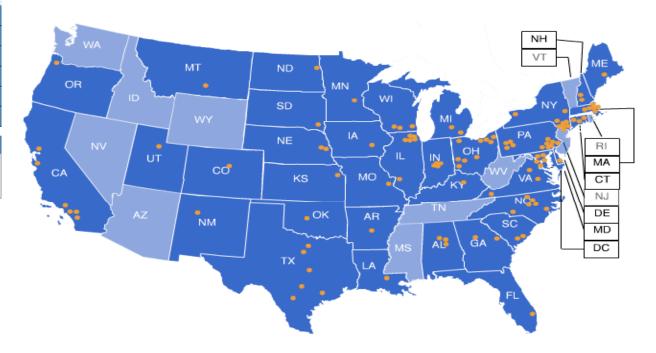
PBRN Networks

Select a State within the U.S. map below to view the current PBRN networks within that State.

Networks Listed in Alphabetical Order by Acronym

US Networks | International Networks | Affiliate Networks

Search for PBRN Networks



Search for PBRN Networks

| Type of Networ | k * | Cone | ditions Studied * | | |
|----------------|-------------|------|----------------------------|---|---|
| Affiliates | | | lcohol and Drug Abuse | ^ | |
| Family Practic | e Network | □ A | sthma | | |
| Internal Medic | ine Network | | ancer | | |
| Mixed Network | < | | ardiovascular Risk Factors | | J |
| | | | | | |



- Relevant Clinical Questions
 - Carpal Tunnel Syndrome
 - MRSA Skin and Soft Tissue Infections
- Accelerating Improvement
 - Depression Case Management
 - Improving Risk Factors for Diabetes Complications (NIH/NIDDK)

Carpal Tunnel Syndrome (CTS)

Ambulatory Sentinel Practice Network (ASPN)

- N=552 patients from 74 family practices
- Describe how CTS present to primary care and how initially evaluated and managed.
- In most patients, this condition was successfully managed by family doctors.
- Treatment was generally conservative

Miller RS, Iverson DC, Fried RA, Green LA, Nutting PA. Carpal tunnel syndrome in primary care: A report from ASPN. J Fam Pract 1994; 38:337–44.



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| DIAGNOSTIC CRITERIA (check all that apply) (Mark eppropriate box above if any symptoms, findings, or hand movements Symptom(s) Present (in median nerve distribution) • hypesthesia • paresthesia • numbness DIAGNOSTIC CRITERIA (check all that apply) (Mark eppropriate box above if any symptoms, findings, or hand movements Positive Finding(s) • positive Phalen's and/or Tinel's • decreased pinprick in median nerve distribution | are present) 3. Ciccupational Hand Movement(s) • frequent/repetitive • high force • awkward • vibratory • palm or wrist pressure | eg. canning. residential construction | ARE D | DE ALL PATIENTS DUE TO RADIC T SYNDROME, C OME. | ULOPATH | Y, THO | RACIC |



ASPN Carpal Tunnel Syndrome

At 4 month follow up: over 50% reported improvement in symptoms

- 17% had worsened symptoms
- 4% not able to carry out routine activities
- 39% modified job requirements
- 10% unable to continue in job

Potential for Selection Bias in Carpal Tunnel Study

| | All Patients N=380 | Seen by Neurologist N=46 | | |
|----------------------------|-----------------------|--------------------------------|--|--|
| Management: | | | | |
| Referral for surgical eval | 7.9% | 46.1% | | |
| Surgery | 2.9% | 24.9% | | |
| Outcomes at 4 months: | | | | |
| Continued usual activities | 57.2% | 26.9% | | |
| Unable to continue job | 5.8% | 30.0% | | |

MRSA Skin and Soft Tissue Infections



- South Texas Ambulatory Research Network (STARNet)
- Since 1992
- Non-VA, small offices
- Annual membership meeting
 - "Seems like I am seeing a lot of MRSA in my office"

Parchman ML, Munoz A. Risk Factors for Methicillin-Resistant *Staphylococcal aureus* Skin and Soft Tissue Infections Presenting in Primary Care: A South Texas Ambulatory Research Network (STARNet) Study. J Am Board Fam Med 2009;22:375–9



Physician "Card" Study

- 168 cases collected in 6 months across 5 clinics
- Two-thirds of all cultures were MRSA
- No historical risk factors assoc with likelihood of MRSA except "health care worker."
- No physical exam features assoc. with MRSA except abscess



MRSA Next Steps

- UT College of Pharmacy faculty
- Used card study for 2 year pilot research funding from our CTSA
 - "Community Acquired MRSA Skin Infections: Genetics, Resistance, and Treatment in a South Texas Practice-Based Research Network"



Implementation Research

- The challenge is no longer to show that something works, we now have to figure out how it works in everyday practice.
- 17 years to translate research findings into community. (Science Sept 2008)



- 24 physicians in 12 practices: Randomization by practice
 - Usual care vs care management and tracking
 - Care management embedded in practice operations--not 'carved out'
 - 12,000 patients screened, 480 with major depression enrolled in trial
 - Patients followed for 2 years
 - 21 articles published from study

ASPN Depression Trial Intervention

- Use of the PHQ-9 for monitoring severity and adjusting treatment
- Care management conducted by an office nurse with training from the research staff
- Used a manual (pencil and paper) tracking system
- Contacted patients frequently during acute and chronic phases
- Helped patients identify and work through barriers to care





- Significant improvement in depression severity at 6 months and increased benefit at 2 years.
- Significant improvements in general health status
- Significantly more satisfied with their overall care.
- Patients in rural areas and those with no insurance derived even greater benefit.



Improving Risk Factors for Diabetes Complications in Primary Care

- STARNet Study; Parchman PI
- NIH/NIDDK 5 year cluster-randomized trial (2007-2012)
- 40 small family physician and general internist offices
- Practice Facilitator/Office Coach: Implement Chronic Care Model
- Practice Teams and Learning Sessions

Parchman ML, Pugh JA, Culler SD, Noel PH, Arar NH, Romero RL, Palmer RF. A group randomized trial of a complexity-based organizational intervention to improve risk factors for diabetes complications in primary care settings: study protocol. Implementation Science 2008 Mar;3:15



PBRNs: A Learning Organization

- PBRNs can and will continue to evolve to be more effective, real time, learning organizations.
- Key: participatory based research



South Texas VA Primary Care PBRN



- VA HSR&D funded Short Term Health Project (SHP 08-157)
- March 2008-Sept 2008
- Objectives:
 - Recruit members: 8 VA OPCs
 - Establish research priorities
 - Develop pilot study

Results

- Initial Meeting Sept 2008 at VA Primary Care Service Line Meeting
- Pre-meeting survey of research interests
- Prioritization of topics, development of initial research questions



Initial Study

- Is the level of competing demands created by clinical reminders during a visit inversely associated with the patient's perception that their needs were met?
- Post-visit Card completed by clinician (content of visit)
- Patient survey to be mailed back to PBRN office (satisfaction with visit)



Progress to Date

- Instruments piloted March-April 2009
- CITI training required for all physicians who participate
 - Difficult due to high level of other mandatory training requirements
- University IRB and VA R&D committee approval pending CITI training
- Medical Directors and AOs kept informed of progress at monthly V-Tel primary care service line meeting

Characteristics Of Successful Networks

- Clear clinician involvement all aspects of network governance and operation
- Clear rewards for clinicians participating in the (often diverse) network activities
- A "network of researchers" who have learned how to work within a network



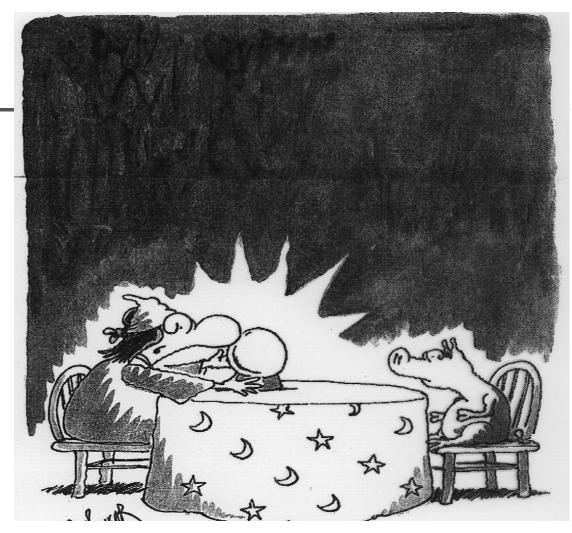
Characteristics Of Successful Networks

- Visionary leadership
- A huge dose of commitment by all players
- Consistent infrastructure support
- A varied stream of project revenue
- A benevolent academic program(s) that does not try to "own" the network

Future Challenges to PBRNs in the VA

- Infrastructure Support
 - PBRNs are a "laboratory" and require minimum maintenance to keep going
 - Admin Staff and Director
- Regulatory/Training for Full Time Clinicians
 - Human subjects protection
 - VA specific research training

The Future of PBRNs in the VA?



There, I can see you....you're eating an apple....no, you're not exactly eating it.....

"There, I can see you...you're eating an apple...
no, you're not exactly eating it..."



Recommended Readings

- J Am Board Fam Med June 2009 Special Issue on PBRNs
- Westfall J, Mold J. Practice-Based Research: "Blue Highways" on the NIH Roadmap. JAMA 2007;297:403-406.
- Mold JW, Peterson KA. Primary Care Practice-Based Research Networks: Working at the Interface Between Research and Quality Improvement. Ann Fam Med 2005 3: S12-S20
- Green LA. Infrastructure requirements for practice-based research networks. Ann Fam Med 2005;3(S).

VA DENTISTS ENGAGED IN RESEARCH

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Program Officer/NIH/Practice-based Research Networks





VA Mission Statement



- Our Mission... The mission of the Veterans Healthcare System is to serve the needs of America's veterans by providing primary care, specialized care, and related medical and social support services.
- To accomplish this mission, VHA needs to be a comprehensive, integrated healthcare system that provides excellence in health care value, excellence in service as defined by its customers, and excellence in education and research,......



VA Office of Dentistry (OOD)



Integrated approach to research, education, and quality measures

- VA OOD Quality Group
- VA Dental Practice-based Research Network (PBRN)
- VA OOD Education Initiative



VA OOD Quality Group



- Mission is to improve the oral health of veterans by promoting clinical practice based on the best evidence available
- Develops Quality Indicators and Scorecards
- Develops Information Papers
- Develops Clinical Guidelines



VA Dental Practice-based Research Network

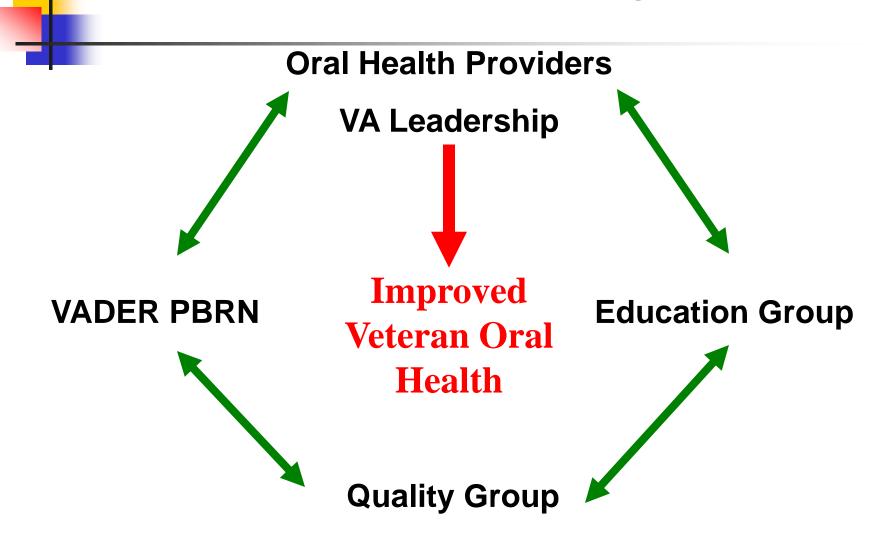
- Mission is to conduct research and provide answers to the questions facing VA Dentists in their daily practices
- Strengthen the knowledge base for making clinical decisions.
- Provide data to the VA Quality Group to assist them in addressing issues of greatest importance to the oral health of veterans
- Provide information to the Educational Group to guide the development of education and training for the VA Dental Team

VA OOD Education Group

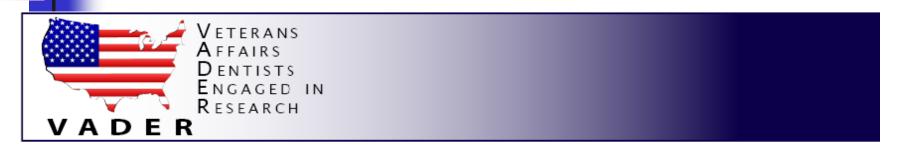
- Mission is to improve the oral health of veterans by enhancing the translation and implementation of evidence into clinical practice
- Provides monthly VA wide webinars on topics of interest to the VA Dental Team
- Maintains a VA website with educational materials, archived webinars, and links to other educational resources



Integrated Approach to Research, Education, and Quality Care



VA Dental Practice-Based Research Network (VADER)



- Deployed in September 2007
- A virtual network open to all 600+ VA Dental Professionals
- Governed by an executive committee of "volunteers" composed of VA practitioners, researchers, IT experts, educators, residents, and fellows





- 204 dental clinics VA wide
 - 127 facilities (hospitals)
 - 77 outpatient clinics
- Oral Health Research Officers (OHRO)
 - 44 Officers: Certified VA Researchers VA wide
 - 37 Dentists
 - 7 Dental Hygienists



VA Dental Practice-Based Research Network (VADER)

- Primary objectives:
 - Conduct clinical studies to improve the health of Veterans
 - Emphasize effectiveness of oral health treatment and disease prevention
 - Facilitate clear and clinically meaningful outcomes
- Secondary objectives:
 - Surveillance: Provide data on disease and treatment trends
 - Obtain estimates of the prevalence of less common conditions



Dental Practice-Based Research Network in the VA

Research Ideas:

- Stimulated by the clinical challenges faced by VA practitioners
- Generated by practicing dentists and dental hygienists (i.e. practitioner - investigators)
- Accepted from sources outside the VA PBRN (academia, individuals, etc...)



Unique Aspects of the VADER PBRN

- A virtual network with no defined budget and staffed by volunteer VA dental professionals!
- The first VA practice-based research network!







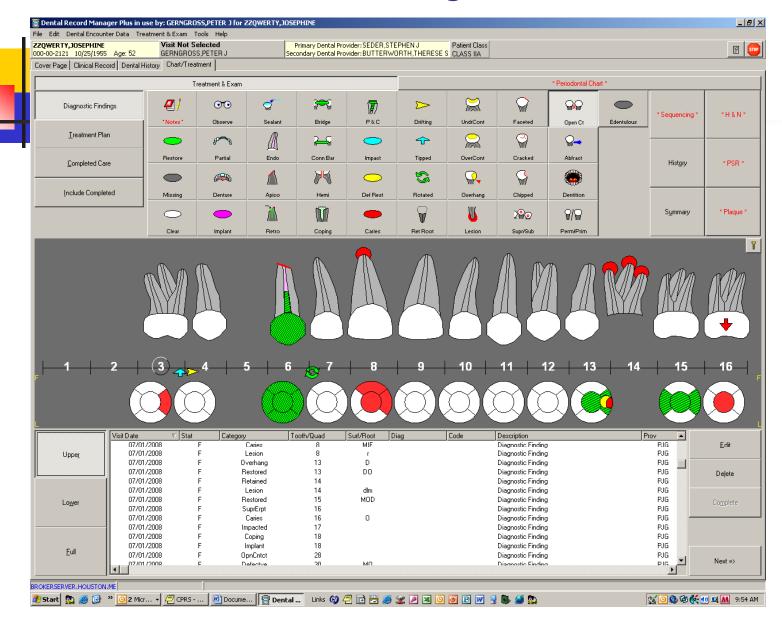
Establishing A Research Network in the VA

STRENGTHS

- Electronic Health Records
- Uniform Practice Environment
- Relatively Stable Research Population
- Access to the superb VA Research Culture
- Potential Access to the VA Central IRB



VA Dental Record Manager Module: CPRS





Establishing A Research Network in the VA

CHALLENGES

- Integration of research into a patient care environment
- Providing incentives to participate in research
- Managing fluctuations in fiscal and other support resources



VADER PBRN Research Portfolio Studies in Progress

- VADER Study One: Assessment of Caries Diagnosis and Caries Treatment
- VA/UAB Study of ONJ in Veterans
- VA/DOD Registry of Veterans with Cranial Implants



VADER Study One: Assessment of Laries Diagnosis and Treatment

A Quality Survey









VADER Study One: Assessment of Laries Diagnosis and Treatment

A Quality Survey



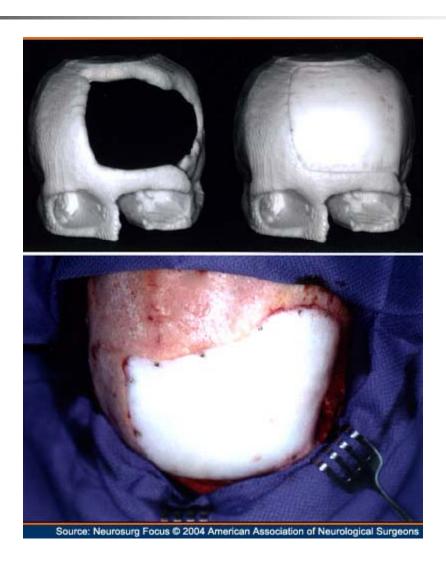
Osteonecrosis of the Jaw: VADER/UAB/ IOWA City VA/ VA Pharmacy

- Cohort study of ONJ in Veterans (AHRQ funded)
- Case-Control study of ONJ in Veterans (VA funded)





VA Cranial Implant Registry: A Joint VA / DOD project



VADER PBRN Research Portfolio Studies in Development

Endodontic Outcomes Study



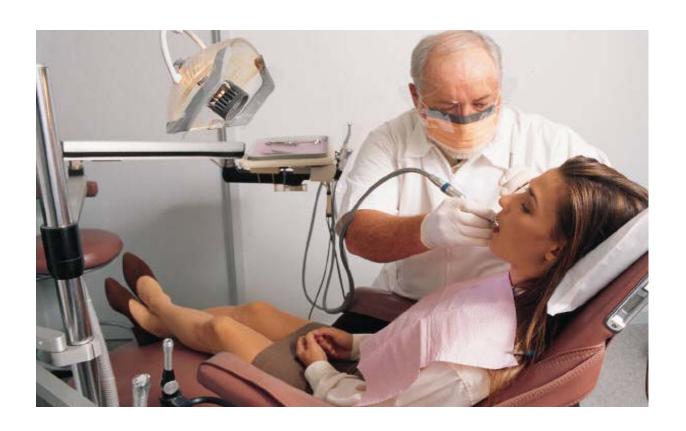


VADER PBRN Research Portfolio Studies under Consideration

- Web/computer based smoking cessation study
- Implant outcomes study
- Oral cancer detection study
- Effective treatments for dry mouth



ADA Professional Product Review (PPR) – VADER





ADA Professional Product Review (PPR) – VADER

- Evaluation of dental products and equipment by VA Dental Professionals
- Provided by the American Dental Association; hence no direct contact with industry
- Evaluated in the real-world environment of VA clinical practice
- Potential to inform VA acquisition decisions and the oral health community in general



Integrated Approach to Research, Education, and Quality Care



VA Office of Dentistry (OOD)



Integrated approach to research, education, and quality measures

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