Developing an effective writing collaborative to share learnings from primary care redesign

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Introduction

• Primary care redesign was embedded into UW Health strategic initiative
• But gaps were evident between…
  – Clinical success and regional/national recognition
  – Primary care researchers and leaders redesigning care
  – Scholarly writing and clinical leaders’ skill sets
Our mission is to bridge primary care clinical transformation and rigorous scientific study in order to improve our health system for the benefit of patients and communities. We will disseminate learnings locally and nationally, emphasizing scholarly contributions, in order to enable effective implementation.
PATH Membership

Senior clinical vice-chairs of primary care (family medicine and community health, general internal medicine, general pediatrics & adolescent medicine)

Subgroups involving other primary care physicians

Clinical operational leaders from Population Health and Quality

Tenure track Health services researcher MD faculty in family

Patient engagement expert from the UW Center for Patient Partnerships
PATH Goals

• Bridge the cultural divide between research and clinical practice
• Provide opportunities for individuals to develop skills in scholarly writing
• Serve as primary care practice transformation thought leaders for UW Health
• Communicate learnings and accomplishments of UW Health primary care practice transformation work to both internal and external audiences
Writing Process

1. Reflect on lessons learned from our experience and identify topics of interest, generalizable lessons
2. Determine co-authors and target audiences
3. Paper ideas and initial timelines
4. Individual writing meetings and subgroup meetings
5. Draft reviews by main group
6. Final journal selections and submissions

PATH
Key Resources and Infrastructure

• Protected time for co-directors
• Staff support
  – Administrative staff
  – Research Assistant
  – Intranet
  – Biostatistical support
Key PATH Agreements

- Attendance at PATH meetings is required
- Collaborative decision making
- Collaborative authorship agreement ensures contribution from all named authors
- Mindful strategy to include stakeholders in primary care redesign
- Periodic evaluation of PATH activities
Accomplishments since 2013

- Published and Accepted Papers: 9
- Presentations and Posters: 19
- Manuscripts in process or under journal review: 6
- Editorial letter: 1
- Toolkit: 1
Lessons learned

- Multidisciplinary mindset
- Time commitment from all parties
- Starting with leaders open to a culture shift that allows operational improvement to occur with goals of measurement and scholarship
- Non-punitive writing encouragement
Conclusions

• Linking scholarly contribution with operational improvement is possible if the necessary resources (including time and skills) are committed

• This collaboration is mutually beneficial for clinician leaders and clinician researchers
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Questions?