

How Participation In WREN Has Improved Our Clinical Practices

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Objectives

- ❖ Learn the history and utility of practice-based research networks
- ❖ Understand advantages of and barriers to participation in a PBRN
- ❖ Our experience with WREN
- ❖ Speculate on the improvement and continued relevance of PBRNs

What I Knew About PBRNs

- ❖ A Practice-Based Research Network pools the resources of real, often non-academic, clinics to address clinical questions important to primary care physicians; hopefully, to guide improvements in care for our patients



A Very Brief History of PBRNs

- ❖ 1960s: US, morbidity and mortality monitoring networks
- ❖ 1970: first PBRN in The Netherlands, Dutch Sentinel Stations
- ❖ 1978: Dartmouth Primary Care Cooperative Information Project (COOP)
- ❖ 1981: 1st (inter)National Network: Ambulatory Sentinel Practice Network (ASPEN)--> 1985 IPCN
- ❖ Mid 1980s: PROS, WReN, PPRG, UPRNet
- ❖ 1990s: RAPP, AAFP NRN, Recognition from IOM
- ❖ 2000s: proliferation of regional PBRNs, unified funding from NIH ('03-'06), collaboration with AHRQ
- ❖ 2010s: continued work with Translational Research Institutes and Community-based Participatory Research

Nutting PA et al. JAMA. 2011(8) 1999; Lindbloom EJ et al. Medical Care. 42(4): 2004

Notable Findings from PBRN Studies

- ❖ Found outpatient management of PID acceptable in appropriately selected patients
- ❖ Suggested routine Head CT not often necessary for acute headache workup
- ❖ Found non-intervention safe for spontaneous abortion
- ❖ CTS best managed conservatively

Green LA, et al. JFP. 38 (4) 1994

Goals of a PBRN

- ❖ Link practicing primary care physicians with rigorous multimethod research designs in appropriate "real life" selection and observer biased clinical events to answer relevant clinical questions
- ❖ Strive to involve the network clinicians in formulating the research questions
- ❖ A relatively quick translation of the research into meaningful practice enhancing information/process

Types of Research Questions Addressed

- Public Health Surveillance
 - Real-Time Influenza Surveillance
- Questions of Diagnosis and Therapy
 - Head CTs in Headaches, Watchful Waiting with Spontaneous Abortion
- Healthcare Disparities
 - Hypertension in Young Adults
- Chronic Disease Management/Healthcare Quality Improvement
 - CKD-OK, INSTTEPP
- The Complexity of the Primary Care Visit
 - Problems Addressed per Visit, DOPC
- The Flow of the Primary Care Visit
 - SAFE-C

Why not participate in a PBRN?

- We're too busy.
- What's in it for me?
- I get paid by the patient, this will reduce my income
- My patients will object to being studied.
- Our ancillary staff is stressed to the max, how could we ask them to do more work?



Why Participate in a PBRN?



Tim Ellis © Rick

- Team building and appropriate delegation of tasks takes place
- A sense of well-being and accomplishment in knowing you are advancing the quality of primary care
- Practice-relevant learning at the point of care
- An opportunity for service
- Broadens clinicians' and patients' expectations and approach to the primary care visit

Richland Medical Center became a full-support clinic in 2010

Why Participate?

Life is not just about seeing sick kids, old people with many medical problems in nursing homes, and patients set on the 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 is not being isolated in one's practice, but rather working together and being involved in advancing primary care in an interesting way. It's avoiding "burnout" while expanding our horizons and helping patients.

-Catherine Kroll, DO

Nebauer L et al. JFP. 38(4). 1994



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It is the right thing to do, as data needs to come from the real world, even though we don't have the time or resources to do it ourselves.

Richland Medical Center, LTD

- Serving Richland County and parts of Iowa, Grant and Sauk Counties, working with the Richland Hospital
- 13 Family Physicians
- 4 Physician Assistants
- 3 Nurse Practitioners
- 1 OB/GYN
- 1 General Surgeon
- 1 Orthopedic Surgeon



The Study and Its Aim

Chronic Kidney Disease--Guideline Implementation

- A facilitated, team process to implement the KDOQI guidelines vs. local learning collaborative
- Rationale: CKD is more predictive of CV and all-cause mortality than HTN and DM2 combined; treating this should improve outcomes
- Flexibility in the research protocol allowed us to meet monthly to gradually build systematic implementation



ScottShawyer © Flickr

What is required

- ❖ An indefatigable facilitator adept at moving an ambivalent group to implementation
- ❖ Time to meet
- ❖ Clear goals to be accomplished
- ❖ An interdisciplinary team that shares the goal of improved care for our patients
- ❖ 33 staff members participated

What is gained

- ❖ A team approach to caring for patients
- ❖ Tools in our EHR to educate, treat, and track the patients with CKD
- ❖ An awareness, as a clinician and support staff that it is important to recognize and treat CKD
- ❖ A willingness to change daily workflow patterns to accommodate new learning and processes to identify, track, and treat CKD
- ❖ MOC CME for physicians (IV)

Practice Impact

- ❖ EHR Tool for Managing CKD Added
- ❖ Tracking of Patients with CKD Added
- ❖ Improvement across all indicators of CKD management: ACE inh/ARB use, Bp goals, LDL goals, Lab monitoring, No NSAIDs, Appropriate Vaccination, Smoking cessation, CKD on EHR problem list, Appropriate referral to Nephrologist
- ❖ Effects of Study Sustained

Team Involved in the CKD Study

- ❖ Practice Facilitator: Kate Judge, WREN RRC
- ❖ WREN Clinical Liaison: Sherry H
- ❖ LPN/MA staff: Nicky M, Colleen H, Darci T, Helen B, Lyndi D, Tonya K, Lora M, Gloria B, Shelly R, Christy W
- ❖ Office Management: Brenda C, Geri D, Monica M
- ❖ Lab Personnel: Jenny S, Tonya K, Betty H, Ruth W, Melissa W
- ❖ Administration: Karl H, Monica M
- ❖ IT: Tessa M
- ❖ Clinicians: Kay B, Jamey D, Tom R, Eric B, Robin B, Steve W, David M, Neil B, Andy W

A Practical Application of the CKD Study

- ❖ 84 yo, active, WWII vet seen in Urgent Care
- ❖ PMH: HTN, PAD, Gout, CKD3
- ❖ Meds: indomethacin, atenolol, asa
- ❖ Labs: BUN 29, Cr 1.9, K 5.1, Ca 10.1
- ❖ Interventions: stop daily NSAID, better Bp and Gout management, CKD surveillance and calcium metabolism balance



This is Going to Hurt: the SAFE-C Study



Emilio Labrador @ flickr

Situational Awareness to Facilitate Excellent Care: A Human Factors Intervention to Reduce Risk in Primary Care of the Elderly

- ❖ Aim: to test an intervention that provides primary care physicians with the information they need at the time that they need it. Evaluation to see if clinicians' mental workload and ability to care for elderly patients improved
- ❖ 3 phases: pre-, intervention, post-
- ❖ 4 components to intervention: Patient overview document (POD), Huddle, Clinician use of POD, Clinician completion of 4 page questionnaire after each visit
- ❖ The questionnaire: tedious, redundant, flow interrupting
- ❖ Long term impact: med list, PMH, vaccinations, visit focusing by MA/LPN

Other Studies and Impact

Study and Purpose

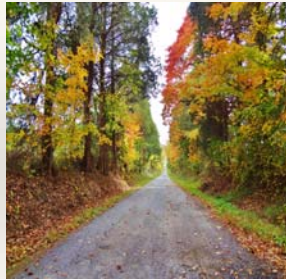
- ❖ HTN in YA: to Dx and Tx in more timely manner and explore barriers
- ❖ INSTEPP: Boot Camp intervention of AHRQ SMS Toolkit, and assessment of implementation
- ❖ Feasibility of Real-Time Flu Surveillance

Impact

- ❖ Increased Awareness to Dx and Tx YAs with HTN
- ❖ Limited to Intervention Clinician: better Chronic Dz Mgmt
- ❖ Real time Flu Surveillance

The Road Less Travelled?

- ❖ What kind of clinician do I want to be?
- ❖ How should clinical inquiry and curiosity play a role in our practice?
- ❖ How will we meet clinical quality measures?



Jennifer @ Rick

The future for PBRNs

- ❖ Likely to be robust in light of quality benchmarks mandate
 - ❖ How will we improve care quality?
- ❖ Should strive to be more inclusive of the primary care physicians' clinical questions
- ❖ Will continue to enrich those who choose to participate

“Participation in one of the various community or regional networks helps to nurture the physician as scientist, and to maintain an inquiring attitude in daily practice and patient encounters. Discovery occurs in settings where there is an alert, observant and creative mind at work. These are the qualities supported in a practice-based research network.”

—Joseph A. Cincotta, MD

Niebauer L et al. JFP. 38(4). 1994
