The Reinvigoration of WREN's "Grassroots"
By
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In the previous few e-newsletters, Drs. Beasley (the Founding), Temte (the Resuscitation), and Smith (the Integration) have described WREN's past.

I became Director of the Wisconsin Research & Education Network (WREN) in November 2012. Throughout WREN's history I had been a community practice member and was extremely grateful for the support I had received over the years from WREN on multiple research and education endeavors, but I had had less contact with WREN during the years during which WREN was becoming integrated into the Community Academic Partnership core of ICTR (ICTR-CAP) as described by Dr. Smith. So, like Rip van Winkle, I awoke as Director to new and different community and academic environments that were very different from the early days of WREN.

Regarding community practice, in the 1980s when WREN was founded the majority of WREN primary care practices were physician-owned and these independent-minded clinicians formed the original core of WREN. Flash forward 25 years and the landscape had changed significantly: more consolidation, fewer independent practices, more team-based care, fewer solo practices. WREN still needs "clinic champion" leaders, but it is also necessary and wise to view the whole clinic team (prescribers, staff, and managers) as the core of WREN nowadays.

Regarding the academic environment, WREN has evolved from the early days of being a neglected step-child of little interest or perceived value, to an important member of the academic family. This major transition brought more academic input into WREN, and I received feedback from several longtime WREN members of the need to "reinvigorate the grassroots" of WREN, i.e., build up a community clinic sense of participation equal to the new infusion of academic participation.

Current WREN activities reflect these new realities. Regarding academic collaborations, in addition to family medicine, general internal medicine and pediatrics, WREN works with a wide variety of academic medical specialties and other disciplines including cardiology, pediatric surgery, oncology, addiction medicine, education, and Industrial and System Engineering on projects as diverse as shared decision making, self-management support, disease co-management, and electronic medical record interface redesign. WREN also fosters community practice initiated projects (e.g., on medication side effects, genetic screening of high risk populations and improving access to opioid addiction treatment services in rural clinics) and purposefully engages health system leaders to promote the idea that practice-based research and rigorously evaluated quality improvement activities create value for the health system(s).

WREN continues to be a *practice-based* research network (PBRN). Does a practice nowadays end at the front door of the clinic? Or does it extend into the surrounding community? And if so, how far and how deep? In this era of “patient-centered” care WREN is beginning to explore these questions by collaborating with other primary care PBRNs across the US and even Canada; with pharmacy and public health PBRNs; and perhaps most importantly with the patients we are committed to serving. A highlight of my tenure as WREN director so far has been a two-year long activity that began with the 2015 WREN Convocation bringing patients, community clinic teams and academic researchers together to create a research agenda for WREN. This activity continues to move forward under the capable leadership of WREN’s Program Manager, Regina Vidaver.