

The Resuscitation of WReN

By

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They were the dark days of WReN. Following a long and successful childhood, WReN became an uncertain adult. Its generous parents, the [Wisconsin Academy of Family Physicians](#) and the [UW Department of Family Medicine](#)—fearing WReN’s permanent residence in the basement—decided to cut off financial support. I had the “pleasure” of chairing the UW-Future of Family Medicine’s WReN Task Force. I recall that David Hahn and Dennis Baumgartner were also on the task force, among others. We concluded that WReN had made enormous contributions to the UW-DFM, to our discipline, to family medicine in Wisconsin, and to practice-based research networks (PBRNs) across the United States. Its contributions were both direct and indirect. We also acknowledged that WReN, like the young adult living in the parent’s basement, needed to develop a funding stream and independence. We carefully and meticulously developed a set of recommendations and expectations to allow transition to self-funding over the course of three years. The UW-DFM reviewed and entirely rejected the task force recommendations. Moreover, an appointed interim director was not very interested in WReN’s future. WReN had entered senescence and was on life support, and most folks were involved in advanced funeral planning.

Some holdovers and true believers—Rod Erickson, David Hahn, Terry Hanke, Leon Redant, Paul Smith and me—somehow and independently ended up at the [American Academy of Family Physicians \(AAFP\)](#) National Network for Family Practice and Primary Care Research Convocation of Practices in Colorado Springs in March of 2001. At this meeting [David Lanier](#), then the Director of the Center for Primary Care Research at the [Agency for Healthcare Research and Quality \(AHRQ\)](#), presented on the importance of PBRNs and announced an AHRQ initiative to provide infrastructure funding for PBRNs. The WReN attendees met and decided that we needed to respond to AHRQ’s Request for Application (RFA). I discussed this with Dr. Lanier. Of note was his enthusiasm for, and commitment to WReN. He told me that should we put together a credible application and involve an enthusiastic director, he would be very supportive of assuring funding. We submitted, the grant program was placed on budgetary hold, and then, after a year, WReN’s first federal grant, “*Wren’s Response to Emerging Public Health Threats*” was funded at \$99,321. This was an essential act of resuscitation; the funding paid for an office, a WReN Coordinator, and a revised clinician and practice inventory. A second AHRQ grant, “*Wisconsin Bioterrorism and Influenza Sentinel Surveillance and Education Network*,” followed the next year. We were off and running. With the assistance of Dr. LJ Fagnan (Oregon Rural Practice Based Network) serving as a consultant, WReN (Wisconsin Research Network) became WREN (Wisconsin Research and Education Network), to emphasize the educational and translational commitment of WREN.