

**FPBRN**

**Federation of  
Practice Based  
Research Networks**

# **Network Inventory**

**November 2006**

Last updated December 12, 2006

## Table of Contents

### Introduction

FPBRN Membership	4-5
FPBRN Steering Committee	5

### FPBRN Member Networks

AAFP National Research Network	6-10
Abington Primary Care Research Network (APCRN)	11
Advanced Practice Registered Nurse Research Network (APRNnet)	12-13
Alabama Practice Based Research Network (APBRN)	14-16
Ambulatory Network for Scholarship and Research (ANSR)	17-18
AMDA Foundation Long Term Care Research Network	19-26
Capital-Adirondack Practice Based Research Network (Cap-Ad PBRN)	27-28
Capital Area Primary Care Research Network (CAPRICORN)	29
Clinicians to Enhance Child Health PBRN (CECH)	30-32
Clinical Directors' Network (CDN)	33-35
Colorado Research Network (CaReNet)	36-39
Community Research Oral Wellness Network (CROWN)	40-42
The Dartmouth-Northern New England Primary Care Research Network (The COOP Project)	43
Great Lakes Research Into Practice Network (GRIN)	44-46
HamesNet (Medical College of Georgia)	47-48
High Plains Research Network (HPRN)	49-52
Indiana Family Practice Research Network (INet)	53-54
Iowa Research Network (IRENE)	55-58
Kansas Practice Research Network (KSPRN)	59-60
Kentucky Ambulatory Network (KAN)	61-64
LA Net - USC Department of Family Medicine PBRN	65-66
MetroNet	67-68
Midwest Nursing Centers Consortium Research Network	69-70
Minnesota Academy of Family Physicians Research Network (MAFPRN)	71-73
New Jersey Family Medicine Research Network (NJFMRN)	74-75
New York City Research and Improvement Network Group (NYC RING)	76-77
The North Texas Primary Care Practice-Based Research Network (NorTex)	78-80
Northeastern Ohio Network (NEON)	81-83
Northwest Ohio Primary Care Research Network (NOPCRN)	84-85
Oklahoma Physicians Resource/Research Network (OKPRN)	86-90
Oregon Rural Practice Based Research Network (ORPRN)	91-93
Pediatric Practice Research Group (PPRG)	94-95
Pediatric Research in Office Settings (PROS)	96-97
Penn State Ambulatory Research Network	98

Practice Partner Research Network (PPRNet)	99-101
Prohealth Physicians Research Network	102-103
Research Association of Physicians (RAP)	104-106
Residency Research Network of South Texas (RRNeST)	107-108
Rushmore Practice-based Research Network	109
San Diego Unified Research in Family Medicine (SURF*Net)	110-111
South Florida Primary Care Practice-Based Research Network (SoFlaPBRN)	112
South Texas Ambulatory Research Network (STARNET)	113-114
Southern Primary Care Urban Research Network (SPUR-NET)	115-116
Statewide Primary-care Ambulatory Research and Resource Consortium (SPARRC of Texas)	117-118
Tri State Primary Care Research Network (TSPCRN)	119
UCSF/Stanford Collaborative Research Network (CRN)	120-121
The Upstate New York Practice Based Research Network (UNY-Net)	122-124
Valley Health Plan (VHP)	125-126
Virginia Ambulatory Care Outcomes Research Network (ACORN)	127-131
West Virginia Research Network (WVRN)	132-133
Wisconsin Research Network (WReN)	134-135

#### **FPBRN U.S. Affiliates**

Alliance for Research in Community Health (ARCHnet)	136-137
Eastern Pennsylvania Inquiry Collaborative Network (EPICnet)	138
Empowering More Physicians in Research (EmpireNet)	139
New England Clinicians Forum PBRN	140-141
PrairieNet	142
Primary Care Research in Central New York (PC-RICNY)	143
University of Virginia Practice Support and Research Network	144

#### **FPBRN International Affiliates**

Alberta Family Practice Research Network (AFPRN)	145-146
Chunan Practice-Based Research Network (CnPBRN)	147-148
Maritime Family Practice Research Network (MaRNet-FP)	149-150
National Research System (NaReS) – College of Family Physicians of Canada	151-154
Nijmegen University Academic Network Family Medicine (CMR/NMP)	155-157
North Toronto Primary Care Research Network (NorTRen)	158
Wessex Primary Care Research Network (WReN)	159-160

*For additional information, please contact Terri Vokins, Senior Project Coordinator, Clinical Policies and Research, AAFP Scientific Activities Division, at 1-800-274-2237 x3166 or via e-mail at [tvokins@aafp.org](mailto:tvokins@aafp.org). The American Academy of Family Physicians provides the secretariat functions for the Federation of Practice-Based Research Networks.*

# Federation of Practice Based Research Networks

## *Network Inventory*

November 2006

The Federation of Practice-Based Research Networks (FPBRN), established in November 1997, promotes the growth and development of clinical investigation in practice settings in primary care medicine. The FPBRN:

- Advocates for practice-based research
- Builds capacity for practice-based research
- Fosters collaboration and communication among networks

The FPBRN helps new networks gain a foothold in the research community, and supports established networks in their current work and evolution. The organization serves as a communication link for networks, both inside and outside the United States, to foster scientific and organizational collaboration. It advances practice-based research methods. The FPBRN provides a common voice for networks at the national level — within our professional societies and governmental agencies — to increase support for practice-based research.

As part of this mission, the FPBRN has developed this inventory of networks in the United States and internationally — both family practice networks and those involving other primary care clinicians. While not inclusive of every practice-based research network now existing, the inventory showcases the scope and richness of clinical investigation in primary care, and the diversity of organizations pursuing it. The inventory is divided into Federation members (voting), U.S. Affiliates and International Affiliates. We include selected accomplishments of each network, and a sample of their current and planned research activities.

Please keep in mind that this inventory is a document in progress. We will update it periodically as we receive information from networks.

### **FPBRN membership**

The FPBRN has designated as voting members networks meeting the following criteria:

- Have conducted at least one study
- Be a primary care network
- Primarily located within the United States
- Have a provision for membership governance

We believe networks of all sorts share common goals and can learn from each other. The Federation welcomes all types of practice-based research networks inside and outside the United States. This larger membership supports our two goals of building capacity for practice-based research and fostering collaboration and communication among clinicians engaged in primary care research.

However, because the FPBRN must focus many of its external efforts on issues affecting policy for practice-based research networks in the United States, voting membership in this phase of our development is limited. Non-voting Affiliate members are so designated because these networks have not done a study, may not be primarily located within the United States, or do not have a provision for membership governance. U.S. affiliates may become full-fledged FPBRN members when they mature to meet the criteria. In addition, the Federation welcomes networks

from other nations that share our goals and interests. These non-voting members are designated as International Affiliates.

## **Joining the FPBRN**

Joining the Federation is a simple, no-cost matter. Just contact *Terri Vokins, Senior Project Coordinator, Clinical Policies and Research, AAFP Scientific Activities Division, at 1-800-274-2237 x3166 or via e-mail at tvokins@aafp.org.* and request an application. Once this is filled out and returned, we can add your network's information to this inventory.

## **FPBRN steering committee**

The Steering Committee comprises member network directors and other research-oriented medical professionals in primary care, selected each November by the leadership of member networks. Steering Committee members serve volunteer terms of up to three years; terms are renewable. Currently the Committee's members are:

### **Walter Calmbach, MD– Chair**

South Texas Ambulatory Research Network (STARNet)

### **Alan Adelman, MD, MS**

Penn State Ambulatory Research Network

### **John Beasley, MD**

Emeritus member representing the International Federation of Primary Care Research Networks (IFPCRN)

### **Lyle J. (LJ) Fagnan, MD**

Oregon Rural Practice Based Research Network

### **Chet Fox, MD**

Upstate New York Practice Based Research Network

### **Margaret Handley, PhD**

UCSF/Stanford Collaborative Research Network

### **David Lanier, MD, MPH**

Non-voting member representing the Agency for Healthcare Research and Quality and the PBRN Resource Center

### **Barcey Levy, MD, PhD**

Iowa Research Network (IRENE)

### **Margaret Love, PhD**

Kentucky Ambulatory Network (KAN)

### **James W. Mold, MD, MPH**

Oklahoma Physicians Research/Resource Network (OKPRN)

### **Wilson Pace, MD(non voting member)**

AAFP National Research Network

### **Kevin Peterson, MD, MPH**

Minnesota Academy of Family Physicians Research Network (MAFPRN)

### **John G. Ryan, DrPH**

South Florida Primary Care Practice-Based Research Network (SoFlaPBRN)

### **Kendra Schwartz, MD, MSPH**

MetroNet

### **Robert Williams, MD**

RIOSNet

## FPBRN MEMBER NETWORKS

### **AAFP National Research Network**

American Academy of Family Physicians  
11400 Tomahawk Creek Parkway  
Leawood, KS 66211  
800-274-2237 x3172  
913-906-6099 fax  
Last update: November 2006

**Network Director:** Wilson Pace, MD, FAAFP      **e-mail:** wpace@aafp.org

**Research Director:** James M. Galliher, PhD      **e-mail:** jgallihe@aafp.org

**Network Administrator:** Thomas Stewart      **e-mail:** tstewart@aafp.org

**Web Site:** <http://www.aafp.org/natnet>

**Region:** National

**Year Founded:** 1999

**Number of Clinicians:** 358    **Number of Practices:** 200

**Number of Patients Served:** approx. 1,300,000

**Percentage of members who are:**

Family medicine (91.0), Other MD/DO/NP/PA(9.0)

**Mission:** To conduct, support, promote, and advocate for primary-care research in practice-based settings that:

- Addresses questions of importance to the discipline of Family Medicine
- Improves the health-care delivery to and health status of patients, their families and communities

**Ownership:** AAFP

**Governance:** The National Network is a project of the American Academy of Family Physicians and, as such, is governed by the AAFP's Board of Directors. The Network resides within the AAFP's Scientific Activities Division and the Network Director reports to the Director of the Scientific Activities Division.

**Support:** Core support: AAFP. Actively seeking Federal, foundation, and industry support (some of which has been received).

**Membership Requirements:**

- Primary care practice
- Expressed interest in practice-based research
- Completion of a demographic information form
- Participate in at least one study per year

**Research Interests:** To perform research to answer questions of importance to family physicians.

**Other Networks Collaborated With:** Minnesota AFP Research Network, Penn State Ambulatory Research Network, SPUR-NET, Wisconsin Research Network, CaReNet, PrimeNet

**Work in progress:**

**Current Studies**

*Joint AAFP National Research Network (AAFP-NRN)/Americans In Motion (AIM) Project*

PI: Wilson Pace, MD

Funded by the PepsiCo Foundation

This project will investigate and develop an educational/implementation program intended for family physicians to more effectively deliver patient-centered behavior change interventions related to "fitness" (physical activity, nutrition and emotional well-being). Due to barriers primary care clinicians face when supporting patients' needs related to fitness and health behavior change, we seek to develop a unique program that positions fitness in a central role as "the treatment of choice" when attending to issues of prevention and treatment of many chronic disease states. In addition, this newly developed program is intended to help shift the paradigm of family physicians' use of common advice-giving methods to more effective patient-centered lifestyle counseling. Ultimately, this program will seek to improve care for all patients through fitness-related physician interventions.

The specific aims of this project are to:

1. Develop, from existing materials, sets of culturally appropriate patient education materials to support office-based counseling on behavioral change for physical activity, diet, and emotional well-being (depression and anxiety).
2. Evaluate, in a randomized controlled trial, the effects of encouraging clinicians and office staff to personally use educational tools and how this affects the intervention as delivered to patients.
3. Evaluate, in a randomized controlled trial, the effectiveness of the intervention on patient level behavioral change and additional physiologic measures of increased exercise and improved diet.

*Prescription Methods Assessment Project (PMAP)*

PI: James M. Galliher, PhD

Funded by Opt-e-script, Inc.

PMAP is a randomized clinical trial at the patient level that will compare two methods of prescribing medications, 1) the standard way that physicians prescribe medications (*standard group*) and 2) the N-of-1 trial method (Opt-e-scrip methodology), on patient health-related outcomes. The Penn State Ambulatory Research Network is collaborating on this project.

*TRIP for Post-partum Depression (TRIPPD)*

PI: Barbara P. Yawn, MD, MSc, Olmsted Medical Center, Rochester MN

Funded by AHRQ

TRIPPD is a randomized clinical trial of the effectiveness of translating research on PPD screening and follow-up into family medicine practices. A total of 1500 women from 30 practices will be randomized to either usual care or to the intervention (screening, education and implementation of the follow-up program tools).

*Improving Health Behaviors Through Telephone Linked Care*

PI: Wilson Pace, MD

Funded by the Robert Wood Johnson Foundation

A randomized trial that aims to integrate a proven, telephonic, interactive voice response behavior change intervention, into 8 primary care practices and examine its effectiveness in improving selected health behaviors (i.e., smoking, risky drinking, physical activity, diet).

*Evaluating Tools for Health Promotion and Disease Prevention.*

PI: Louise Acheson, MD, MS, Case Western Reserve University, Cleveland, OH.

Funded by the Centers for Disease Control and Prevention

This project will test a computer-based family history tool in family physicians' offices. This project is currently in the field.

*PBRN Representativeness Project.*

PI: James M. Galliher, PhD

Funded by a grant from the AAFP/AAFP Foundation Joint Grant Award Program  
The AAFP NRN staff has conducted five surveys of its members between 2001 and 2004, including: Bioterrorism Preparedness of Family Physicians (2001), Hepatitis C Survey (2003), Pharyngitis Survey (2004), Hyperlipidemia Survey (2004), and Immunization Survey (2004). These surveys were also conducted with random samples of AAFP active members. This project will compare AAFP sample respondents to NRN respondents across these surveys and address the question: To what extent are NRN physicians representative of the larger population of family physicians with respect to their self-reported clinical practices/behaviors and their knowledge and beliefs about selected clinical care issues?

*Addressing Conflicts of Interest in Research CME Presentations;*

Wilson Pace, MD, PI

Funded by the Association of American College of Medical Colleges (AAMC) and the federal Office of Research Integrity (ORI)  
The NRN will investigate conflicts of interest declared by presenters at two national conferences whose educational presentations (CME) include their own research results. Thirty CME presentations with potential conflicts of interest will be selected and investigated using these three methods: 1) peer-review prior to the presentations; 2) monitoring of the presentation by two reviewers; and 3) qualitative interviews with the presenters. We will develop and disseminate scenarios from the cases that will illustrate how conflicts of interest enter into the research process as demonstrate successful and inappropriate forms of resolution.

**Network accomplishments:**

**Completed Studies:**

1. Patient safety study.
2. Annual influenza immunization shortage questionnaire
3. Diabetes outcomes study. Funded by Eli Lilly.
4. Alcohol/problem drinking study. In cooperation with the University of Missouri. Funding for this study comes from the AAFP/AAFP Foundation Joint Grant Award program and the Alcoholic Beverage Medical Research Foundation.
5. Bioterrorism readiness survey. Funded by AHRQ
6. Cancer care by family physicians survey. Funded by the 2002 AAFP Annual Clinical Focus.
7. PRINS data collection. Funded by AHRQ
8. Hepatitis C survey. Funded by Schering
9. Pneumococcal immunization barriers in older adults. Funded by AHRQ
10. Pharyngitis Survey in Family Medicine
11. Spirometry Use in Family Medicine Pilot. Funded by the National Heart, Lung, and Blood Institute, NIH.
12. Initiative to Improve Depression Care. In collaboration with the American College of Physicians and the American Psychiatry Association, and supported by a consortium of pharmaceutical companies.
13. Improving Communication During Office Visits. Funded by an unrestricted research grant from Pfizer, Inc.

**Manuscripts Accepted for Publication**

Graham D, Spano M, Manning B, Staton E. **The IRB Challenge for Practice-Based Research: Strategies of a National Research Network.** Is It Time To Move Towards an Alternative

Review Model? Journal of the American Board of Family Medicine (in press).

Binns HJ, Lanier D, Pace WD, Galliher JM, Ganiats TG, Grey M, Ariza AJ, Williams R. for the Primary Care Network Survey (PRINS) Participants. **Describing primary care encounters: The Primary Care Network Survey and The National Ambulatory Medical Care Survey.** Annals of Family Medicine 2006 (in press).

Elder NC, Graham D, Brandt E, Hickner J. **Barriers and motivators for making error reports from family medicine offices: A report from the American Academy of Family Physicians National Research Network.** Journal of the American Board of Family Medicine (in press).

### **Published Research**

Phillips RL, Dovey SM, Graham D, Elder NC, Hickner JS. **Learning from Different Lenses: Reports of Medical Errors in Primary Care by Clinicians, Staff and Patients. A Project of the AAFP National Research Network.** Journal of Patient Safety. 2(3):140-146, September 2006.

Elder NC, Graham D, Brandt E, Dovey S, Phillips R, Ledwith J, Hickner J. **The Testing Process in Family Medicine: Problems, Solutions, and Barriers as Seen By Physicians and Their Staffs. A Study of the American Academy of Family Physicians' National Research Network.** The Journal of Patient Safety (2006) 2 (1):25-32.

Eaton CB, Galliher JM, McBride PE, Bonham AJ, Kappus JA, Hickner J. **Family Physician's Knowledge, Beliefs and Self-Reported Practice Patterns regarding Hyperlipidemia: A National Research Network (NRN) Survey.** Journal of the American Board of Family Medicine, January-February 2006; 19: 46-53.

Park SY, Gerber MA, Tanz RR, Hickner JM, Galliher JM, Chuang I, Besser RE. **Clinicians' Management of Children and Adolescents with Acute Pharyngitis.** Pediatrics. 2006 Jun;117(6):1871-8

Spann SJ, Nutting PA, Galliher JM, Peterson KA, Pavlik VN, Dickinson LM, Volk RJ. **Management of type 2 diabetes in the primary care setting: A practice-based research network study.** Annals of Family Medicine (2006). 4(1):23-31.

Clark EC, Yawn BP, Galliher JM, Temte JL, Hickner, JM. **Hepatitis C Diagnosis, Management, and Treatment by Family Physicians.** Family Medicine 2005 Oct;37(9):644-649

Graham DG, Pace W, Kappus J, Holcomb S, Galliher JM, Duclos CW, Bonham AJ. **Institutional Review Board Approval of Practice-based Research Network Patient Safety Studies.** Advances in Patient Safety: From Research to Implementation. Volume 3, AHRQ Publication No. 050021 (3). February 2005. Agency for Healthcare Research and Quality, Rockville, MD.

Phillips RL, Dovey SM, Hickner JS, Graham D, Johnson M, Robinett T. **The AAFP Patient Safety Reporting System: Needed bridges for the next chasms in patient safety.** Advances in Patient Safety: From Research to Implementation. Volume 3, AHRQ Publication No. 050021 (3). February 2005. Agency for Healthcare Research and Quality, Rockville, MD.

Elder NC, Graham D, Hickner J. **Can a national primary-care error reporting system make a difference in medical practice.** Focus on Patient Safety (2004) 7(1):5-6.

Lindbloom EJ, Ewigman BG, Hickner JM. **Practice-based research networks: the laboratories of primary care research.** Medical Care. 2004 Apr;42(4 Suppl):III 45-9.

Vinson DC, Galliher JM, Reidinger C, Kappus JA. **Comfortably engaging: Which approach to alcohol screening should we use?** Annals of Family Medicine 2004 2: 398-404.

Chen FM, Hickner J, Fink KS, Galliher JM, Burstin H. **On the front lines: family physicians' preparedness for bioterrorism.** Journal of Family Practice (2002). September (51):745-749.

Dovey SM, Meyers DS, Phillips RL Jr, Green LA, Fryer GE, Galliher JM, Kappus J, Grob P. **A preliminary taxonomy of medical errors in family practice.** Quality and Safety in Health Care (2002) Sep;11(3):233-238.

## **Abington Primary Care Research Network (APCRN)**

Abington Memorial Hospital  
1200 York Road  
Abington, PA 19001-3788  
215-481-2608  
215-481-4361 fax  
Last update: November 2006

**Network Director:** John J. Kelly, MD, FACP   **e-mail:** jkelly@amh.org

**Network Coordinator:** Mary Naglak, PhD, RD   **e-mail:** mnaglak@amh.org

**Contact:** Mary Naglak, PhD, RD

**Region:** Southeastern Pennsylvania

**Year Founded:** 2001

**Number of Clinicians:** 100   **Number of Practices:** 30

**Number of Patients Served:** 250,000

**Percentage of members who are:**

Family medicine (25), General Internal Medicine (50), OB/GYN (25)

**Mission:** To provide primary health care services in physician office community settings and to incorporate research and education into the practice of Family Medicine, Internal Medicine, and General Obstetrics and Gynecology Practice.

**Ownership:** 501c(3) Hospital based network consisting of employed and non-employed providers.

**Governance:** Non-profit hospital ownership with leadership council of physicians representing each participating practice.

**Support:** Hospital funding and pharmaceutical sponsorship for clinical trials in office settings as well as inpatient settings.

**Membership Requirements:** Medical staff privileges at Abington Memorial Hospital (owner hospital).

**Research Interests:** Patient safety and error reduction, impact of patient education on outcomes, impact on physician education on patient outcomes and physician variation, disease-specific care process improvement.

**Other Networks Collaborated With:** None yet!

**Studies in Progress:**

1. Type 2 Diabetes (008) May 2003 – Funded by Bristol Myers Squibb
2. C-Reactive Protein (011) July 2002 – Funded by Astra Zeneca
3. Type 2 Diabetes (347) January 2003 – Funded by Glaxo SmithKlein
4. Osteoarthritis of the Knee (142) July 2002 – Funded by Pharmacia
5. Community Acquired Pneumonia (0-600) March 2001 – Funded by Smith Kline
6. Hypertension (420) March 2001 – Funded by Sankyo

## **Advanced Practice Registered Nurse Research Network (APRNet)**

Yale University School of Nursing  
100 Church Street South, Room 242  
P.O. Box 9740  
New Haven, CT 06536-0740  
203-785-4809 or 203-737-5432  
Fax: 203-737-4480 or 203-737-5710  
Last update: November 2006

### **Network Director:**

Martha K. Swartz PhD, APRN, CPNP  
Professor  
Associate Dean for Clinical and Community Affairs  
**e-mail:** martha.swartz@yale.edu

### **Network**

**Coordinator:** Jo Cecille Demarest, MS    **e-mail:** APRNet@yale.edu

**Network contact person:** Fran Hackerman    **e-mail:** frances.hackerman@yale.edu

**Web site:** Under development

**Region encompassed by network:** New England

**Year of network's founding:** 1999

**Mission of network:** APRNet is a new, regional Practice-Based Research Network (PBRN) for Advanced Practice Nurses (APRN's) who are providing primary care in New England. Our goals are to enhance our capability to do research in APRN primary care practice settings, to develop evidence-based practice models for APRN's, to enhance the translation of research findings into APRN primary care practice and to work with and compare data with other regional PBRNs in primary care research.

**Academic affiliations:** Yale University School of Nursing, Boston College School of Nursing, University of Mass at Amherst and at Worcester, University of Connecticut, and University of Rhode Island

**Type of governance:** Advisory board

**Sources of support:** Agency for Healthcare Research and Quality(AHRQ), Robert Wood Johnson Foundation, GlaxoWellcome, Inc.

**Areas of research interest:** APRN practice in primary care settings; Primary care practice with an emphasis on health promotion and disease prevention.

**Number of member practices:** 60 practice sites                    **Number of member clinicians:** 70

**Number of patients served:** 93,700 patients – over 50% are minority and underserved populations

**Percent of members who are:** Nurse practitioners: 100%

**Requirements for membership:** 1) APRN education/certification; 2) Practice is in the New England region; and 3) APRN is certified in HSR

### **Studies in progress (title and brief description):**

1. **PRINS-2 Survey Study.** National survey of primary care practitioners' practices over a two week period of time, reporting on 30 patient visits. Funded by AHRQ.
2. **Data Privacy and Confidentiality Study.** Network wide survey of 25 members and 250 of their patients via telephone to collect data on participants' issues re: privacy and confidentiality of healthcare information. Survey tool was developed through use of clinical and patient focus groups and content was validated by ratings from a panel of experts in the fields of ethics/IRB + Fed. regs. Re: data confidentiality as well as a panel of consumers/patients. Funded by AHRQ.

### **Manuscripts**

1. Deshefy-Longhi T, Swartz MK, Grey M. "Establishing a practice-based research network of APRNs in Southern New England," Nursing Outlook, May/June 2002.
2. McCloskey B, Deshefy-Longhi, Grey M. "Characteristics of APRNs in Southern New England: An APRNet Study," Nurse Practitioner, in press.
3. Swartz MK, Allan JB, Ridenour N, Grey M. "A day in the life of nurse practitioners in the United States," Nursing Outlook, in press.

## **Alabama Practice Based Research Network (APBRN)**

930 South 20<sup>th</sup> Street, Room 307  
Birmingham, AL 35205  
(205) 934-9376  
(205) 934-9398 Fax  
Last update: November 2006

**Network Director:** T. Michael Harrington, MD      **e-mail:** tmh@fms.uab.edu

**Research Director:** None

**Network Coordinator:** Jean Marie White, BA      **e-mail:** jmwhite@uab.edu

**Web site:** www.uab.edu/apbrn

**Region encompassed by network:** Alabama

**Year of network's founding:** 2000

**Number of member practices:** 33      **Number of member clinicians:** 47

**Number of patients served:** Approx. 150,000 annually

**Percentage of members who are:**  
Family physicians: 98%, General internists: 2%

**Mission of network:** To conduct, promote and advocate primary care research in practice-based settings that addresses questions of importance to the discipline of family medicine, and improves health care delivery to and health status of patients, their families, and communities.

**Ownership:** University of Alabama at Birmingham School of Medicine

**Academic affiliation:** UAB Department of Family & Community Medicine, Division of Research

**Type of governance:** Advisory board

**Sources of support:** Previous support from the U.S. Agency for Healthcare Research and Quality (AHRQ), Robert Wood Johnson Foundation (RWJF), U.S. Health Resources and Services Administration (HRSA), and Alabama Family Practice Rural Health Board (AFPRHB). Currently unfunded.

### **Areas of research interest:**

Electronic data collection and transfer from multiple remote sites using PDA and web-based technology. Translating research into practice via PDA-based interventions for tobacco and overweight/obesity. Topics: smoking cessation, physical activity, healthy diet, complementary and integrative practices.

**Other Networks Collaborated With:** ePCRN / MAPFPRN

### **Network Accomplishments:**

**Studies in Progress:**  
ePCRN (participating PBRN)

## **Completed Studies:**

### Testing PDA Based Interventions for Smoking and Unhealthy Diet

Goals: 1) test the impact of evidence-based, best-practice protocols loaded on PDAs to guide patient interventions for tobacco use and unhealthy diet; and 2) assess the utility of using community health advisors / practice extenders to support patients in making physician-recommended behavior changes. Funded by: Robert Wood Johnson Foundation Prescription for Health initiative (2003-2005)

### Building the APBRN

Goals: 1) conduct feasibility and pilot study of PDA based interventions and system of electronic data collection from remote sites; and 2) provide APBRN infrastructure support. Funded by: Agency for Healthcare Research and Quality (AHRQ) (2002-2004)

## **Manuscripts Accepted for Publication:**

None since last report.

## **Published Research**

Crawford MA, Harrington TM, Russell TV, Franklin FA, Lorish CD, Turner TJ, Baumann BK. Practice extenders and PDA-based counseling for smoking and unhealthy diet. *Annals of Family Medicine*, July/August 2005 Volume 3, Supplement "Prescription for Health: Changing Primary Care Practice to Foster Healthy Behaviors," 3:S41-S43, 2005.

Crawford MA, Woodby LL, Russell TV, Turner TJ, Hardin JM, Harrington TM: Tobacco use assessment and counseling practices among Alabama primary care physicians. *Quality in Primary Care*. 13:163-170, 2005.

## **Presentations:**

### **National**

Crawford MA, Woodby L, Harrington TM, Turner T: Using a practice-based research network to assess smoking counseling among family physicians. National Rural Health Association 25th Annual Conference, Kansas City, MO, May 15-17, 2002.

Crawford MA, Harrington TM, Woodby LL, Turner TJ: Smoking cessation and counseling practices among family physicians. North American Primary Care Research Group 30<sup>th</sup> Annual Meeting: Building Research Capacity, New Orleans, LA, November 19, 2002.

Woodby LL, Crawford MA, Turner TJ: Smoking cessation and counseling practices among Alabama primary care physicians. Society for Research on Nicotine and Tobacco 9<sup>th</sup> Annual Meeting, New Orleans, LA, February 2003.

Crawford MA, Harrington TM, Baumann BK, Russell TV, Franklin F, Lorish C, Turner TJ: Testing PDA based interventions for smoking and unhealthy diet. North American Primary Care Research Group 31<sup>st</sup> Annual Meeting: "Linkages: Collaboration With Researchers, Communities and Funders." Banff, Alberta, Canada, October 27, 2003.

Crawford MA, Woodby LL, Turner TJ, White JM: Smoking cessation training for healthcare providers: Alabama tobacco free families. American Public Health Association 131<sup>st</sup> Annual Meeting, San Francisco, CA, November 15-19, 2003.

Crawford MA, Harrington TM. How does a PDA-managed protocol affect the assessment and counseling behaviors of clinicians with patients who smoke? An Alabama PBRN study. PBRN Grantee Meeting, US Department of Health and Human Services, Agency for Healthcare Research and Quality, Rockville, MD, January 26, 2004.

Crawford MA, Harrington TM. Translating national tobacco use and obesity guidelines into a PDA program. American Academy of Family Physicians 2004 Convocation of Practices: "Eliminating Healthcare Disparities." Kansas City, MO, March 18-21, 2004.

Crawford MA, Harrington TM, Russell TV, Franklin FA, Lorish CD, Turner TJ, Baumann BK. Practice extenders and PDA-based assessment and counseling for smoking and healthy

diet. North American Primary Care Research Group 32<sup>nd</sup> Annual Meeting: "Making a Difference in Research and Clinical Practice." Orlando, FL, October 10-13, 2004.

Crawford MA, Harrington TM, Russell TV, Franklin FA, Lorish CD, Turner TJ, Baumann BK. Practice extenders and PDA-based assessment and counseling for smoking and healthy diet. American Academy of Family Physicians 2005 Convocation of Practices: "The Future of Family Medicine." Colorado Springs, CO, March 4, 2005.

Crawford MA, Harrington TM, Russell TV, Baumann BK. Translating tobacco use clinical practice guidelines into a PDA program for use in routine care. Society for Research on Nicotine and Tobacco 11<sup>th</sup> Annual Meeting and 7<sup>th</sup> Annual SRNT European Conference, Prague, Czech Republic, March 21, 2005. (International)

Crawford MA, Harrington TM, Russell TV, Baumann BK. PDAs and practice extenders: Integration of 5-A tobacco use intervention. Society for Research on Nicotine and Tobacco 11<sup>th</sup> Annual Meeting and 7<sup>th</sup> Annual SRNT European Conference, Prague, Czech Republic, March 22, 2005. (International)

Crawford MA, Harrington TM, Russell TV, Baumann BK, White JM. PDAs and practice extenders: Integration of 5-A tobacco use intervention. 2005 National Conference on Tobacco or Health, Chicago, IL, May 5, 2005.

Crawford MA, Harrington TM, Russell TV, Baumann BK. PDAs and practice extenders: Integration of 5-A tobacco use and obesity interventions. 2005 Translating Research into Practice Conference, Washington, DC, July 19, 2005.

Crawford MA, Harrington TM. PBRNs and PDAs: Creating an electronic network. 2005 AHRQ PBRN Meeting: Putting Research into Practice and Practice into Research, Washington, DC, July 21, 2005.

Crawford MA, Harrington TM, Russell TV, Baumann BK. PDA-based interventions and practice extenders: The Prescription for Health Project. North American Primary Care Research Group 33<sup>rd</sup> Annual Meeting. Quebec City, Quebec, CAN, October 15-18, 2005.

### **Regional, State, Local**

Crawford MA, Herzig T, Hardin JM, Woodby L, Harrington TM: Data collection and wireless PDAs: A conceptual research architecture for rural physicians. International Biometric Society Eastern North American Region Annual Meeting, Charlotte, NC, March 2001.

Hardin JM, Herzig T, Crawford M, Harrington TM: Applications of PDAs for data collection in physician practices: The Alabama practice based research network. UAB Information and Technology Day, Birmingham, AL, May 16-17, 2001.

Harrington TM, Crawford MA, Patterson BS: PDA Workshop. Alabama Academy of Family Physicians Annual Meeting, Destin, FL, June 13, 2003.

Crawford MA: PDA-based obesity studies. UAB Clinical Nutrition Research Center Grand Rounds, January 11, 2005.

## **Ambulatory Network for Scholarship and Research (ANSR)**

815 Main Street, Suite B

Peoria, IL 61602

(309) 672-4598

(309) 672-4592 Fax

Last update: November 2006

**Network Director:** Gregg Stoner, MD

**e-mail:** gstoner@uic.edu

**Network Coordinator:** Lora Murphy

**e-mail:** lora@uic.edu

**Region encompassed by network:** Illinois (statewide)

**Year of network's founding:** 2003

**Number of member practices:** 29

**Number of member clinicians:** 73

**Number of patients served:** Active patient population >100,000

**Percentage of members who are:**

Family physicians: 100%

**Mission of network:** To promote, support and conduct practice based research that addresses questions relevant to the discipline of family medicine

**Ownership:** Department of Family Medicine, University of Illinois College of Medicine (Peoria)

**Academic affiliation:** Department of Family Medicine, University of Illinois College of Medicine (Peoria)

**Type of governance:** ANSR is organized with a Director who is appointed by the Chair of the Department of Family and Community Medicine. There shall be an ANSR Core Committee appointed by the Director.

The ANSR Core Committee shall consist of academic faculty, practicing family physicians, a family practice resident, a non-physician community member, a statistician, a grant writer, and administrative support appointed by the director. The director of the community IRB, who functions in the role of ethicist, shall be an ex officio non-voting member.

The duties of the Core Committee will be to:

- recruit physicians to participate in multi-site studies,
- assist principal investigators in proposal preparation for multi-site studies,
- foster linkages with other disciplines and other research networks for potential collaborative research,
- provide methodological and technical assistance as needed (literature reviews,
- study design, data collection, data management, analysis, manuscript preparation, securing funds, etc),
- provide a network of community-based and academic physicians to support research project needs (e.g. pilot test survey instruments),
- provide members adequate research population,
- provides fiduciary oversight of funding for the network, and
- perform other duties as needed to fulfill the goals and mission.

**Sources of support:** Department funds (development and operations). See specific projects below for project-related funding sources.

**Membership Requirements:** Members will be family physicians and other DFCM faculty who have voluntarily signed an agreement to participate. Primary care physicians who are associated with a practice with a family physician ANSR member may also join.

Members will demonstrate a willingness to participate in research projects, volunteer their patients and practices for participation in research projects, and conduct research in an ethical and prudent manner. They will also comply with UICOMP IRB and HIPPA certification requirements and any other federally mandated programs required for research networks.

**Areas of research interest:** no specific areas at this time – we remain in development stage

**Other PBRNs your network has collaborated with:** Currently working with WREN - AZMATICS study

### **Network Accomplishments:**

#### **Studies in Progress:**

1. Use of Cephalosporin to Treat Pancreatitis; evaluating use of intravenous cephalosporin in the treatment of acute pancreatitis to shorten the duration of time from initiation of treatment of the pancreatitis to the normalization of serum lipase, compared to the usual therapy of support and analgesia alone

Funded by: Department of Family and Community Medicine

#### **Completed Studies:**

#### **Manuscripts Accepted for Publication:**

#### **Published Research:**

## **AMDA Foundation Long Term Care Research Network**

10480 Little Patuxent Parkway  
Suite 760  
Columbia, MD 21044  
410-992-3134  
410-740-1318 fax  
Last update: November 2006

**Network Director:** Jurgis Karuza, Jr, PhD (Interim)  
**e-mail:** jurgis\_karuza@urmc.rochester.edu

**Director Address (if different than above):**  
Monroe Community Hospital  
ATTN: Medical Administration Dept  
435 E Henrietta Rd  
Rochester, NY 14620

**Network Coordinator:** Barbara Calabrese, RN, BA   **e-mail:** bcalabrese@amda.com

**Network Contact Person:** Executive Director, Gwendolyn Maddox, MS  
**e-mail:** gmaddox@amda.com

**Web Site:** <http://www.amdafoundation.org>

**Region:** National

**Year Founded:** 2000

**Number of Clinicians:** 388   **Number of Practices:** 250 (700 LTC facilities in Network)

**Number of Patients Served:** Approx. 70,000

**Percentage of members who are:**  
Family med/IM (80%), NP (5%), Allied health personnel (5%)

**Mission:** The mission of the AMDA Foundation's Long Term Care Research Network, an emerging national PBRN of family physicians, general internists, and geriatricians who spend part of their professional effort delivering primary care and providing medical direction in long term facilities, is to develop an evidence base for long term care practice with the goal of improving quality of care and quality of life for the more than 2 million seniors who spend at least some time in a nursing facility each year.

**Ownership:** The Research Network operates through the AMDA Foundation, an independent 501 (3)(c) organization, which serves as the research arm for the American Medical Directors Association (AMDA), the national organization of long term care physicians

**Governance:** The Network is governed by a steering committee consisting of research network members. The Director of the Network serves as a non-voting member of the Foundation's Board of Directors.

**Academic Affiliation:** Michigan State University's IRB serves as the central IRB for the Network, although there is no official academic affiliation.

**Support:** The Network is supported by the AMDA Foundation, contributions from AMDA members, individuals, grants, and private foundations.

**Membership Requirements:**

- Be active in LTC practice
- Be a member in good standing of AMDA (Includes associate members)
- Be interested in and have time to be involved in LTC research
- Be willing to participate in at least one Network project every two (2) years
- Complete a Membership Profile, initially upon joining and an update bi-annually or as requested by the Steering Committee
- If acting as principal investigator, co-investigator or site investigator be able to demonstrate competence in Human Subjects Protection by completing either the National Institutes of Health (NIH) Human Subjects Protection (HSP) program or another NIH approved HSP program
- If seeking access to the membership for a study, must be willing to follow the AMDA Foundation proposal processes
- Abide by the AMDA Foundation policies and procedures

**Research Interests:** Validation of the AMDA clinical practice guidelines, patient safety, consenting/assenting patients with dementia, medical provider practice patterns, quality of care issues

**Other Networks Collaborated With:** RAND Corporation

**Past Performance**

**AMDA-F Long Term Care Quality Improvement Partnership**

**Grant: 5U18 HS013710**

**Amount: \$ 1,300,000**

**Period of Performance: 9/30/02 to 9/29/06**

**Key Project Staff:**

**PI: David Polakoff, MD, CMD**

**Co-PI Dr. David Gifford, MD, MPH**

**Sponsor: AHRQ**

The purpose of the Partnership study is to assess the effectiveness of Clinical Practice Guideline (CPG) implementation to improve health care outcomes for pain and pressure ulcers. This study involves fifty NHs in six states. The project itself, reflects our ability to bring together national, state and local stakeholders, recruit and retain local nurse coordinators, work with our designated IRB, manage a project of this size and allows us to refine our expertise in facility recruitment, dissemination of educational information, measuring processes of care, and evaluating outcomes, all the while protecting privacy and maintaining confidentiality.

***Geriatric Syndromes and Barriers to Management and Treatment of Urinary Incontinence/ Overactive Bladder \****

**Amount: \$ 346,665**

**Period of Performance: 10/1/04 to 9/1/06**

**Key Project Staff:**

**PI: Larry Lawhorne, MD**

**Co-PI: Joseph Ouslander, MD, CMD**

**Sponsor: Novartis Pharmaceuticals Corporation**

The Geriatric Syndrome Study is a multi-phase study designed to grade the importance of several geriatric syndromes from the perspective of Medical Directors, Directors of Nursing, Nurse Practitioners and Certified Nursing Assistants with respect to assessment and management and their effect on quality of life, clinical outcomes, and cost of care. Focus groups with geriatric practitioners were conducted to identify attitudes and issues that were used to develop a survey instrument. This study found that physicians, GNP's, and DON's are more likely to be involved in evaluating and managing behavioral symptoms of dementia, pain, falls, delirium, and unintended weight loss than UI in the NF setting leaving NAs as first-line managers for a condition that they perceive to have an important impact on quality of life. Perceived barriers to improving UI care differ among the 4 groups suggesting that approaches to overcoming the barriers should be multi-faceted. This process demonstrates AMDA-F's ability to facilitate a successful survey development and implementation model for use with various long term care medical providers.

**Person Centered Care Approach to Dementia**

**Amount: \$ 7,000**

**Key Project Staff:**

**Period of Performance: 2/1/04 to 1/8/05**

**PI: Iris Boettcher, MD, CMD**

**Sponsor: Eli Lilly & Company**

The primary goal of this study was to develop a person-centered system of care to improve and maintain the quality of life for persons with cognitive impairment and/or dementia and to reduce or avoid need driven behaviors. The data showed a statistically significant improvement in starting an interaction with a person with dementia, in helping with Activities of Daily Living (ADLs), improvement in conversation, initiating activities and improvement in responding to calls for help. A decrease in some categories of need driven behaviors was noted in persons with dementia. This small study demonstrates the variety of interests of Research Network members and their capacity to conduct research in their home facilities.

**Assessment of and treatment approaches for behavioral disturbances associated with dementia: Utilization of non-pharmacologic treatments and barriers to their use.**

**Part I: Amount: \$ 7,000**

**Key Project Staff:**

**Period of Performance: 2/1/04 to 1/31/05**

**PI: Jiska Cohen-Mansfield, PhD, ABPP**

**Sponsor: Eli Lilly & Company**

**Part II Amount: \$25,000**

**Period of Performance: 4/1/05 to 3/31/06**

Behavior problems are one of the most complex problems in long term care. Assessment and treatment should involve a team approach but often the medical provider is asked to provide a quick solution to the problem. Many physicians have little or no training in non-pharmacological treatment and many not have the resources to provide such treatment. The goal of the first part of this study was to develop a survey

for nursing home physicians that will assist in achieving the following aims: ascertain how physicians treat agitation, clarify the decision-making process in treating agitation, and elucidate physicians' perceptions about non-pharmacologic interventions and institutional culture change. The second part of this study involved administering the questionnaire developed in Part I to the AMDA membership via a web based format. This involved revising the survey to suit the electronic format, piloting and wider distribution of the electronic version of the survey. The methodology demonstrates our ability to a translate survey instrument into an electronic format that will accomplish its goals using modern technology.

### **Improving Ecological Validity of Neuropsychological Assessment in a Continuing Care Retirement Community\***

**Amount: \$ 7,000**

**Key Project Staff:**

**Period of Performance: 2/5/04 to 2/21/05** **PI: Janet Lieto, DO, CMD**

**Sponsor: Eli Lilly & Company**

In an effort to improve the translation of neuropsychological assessment to real world activities, the primary goal of the project was to evaluate the usefulness of the Naturalistic Action Test (NAT) and Medication Administration Test (MAT) and develop a Medication Administration Test. The MAT and NAT scores were both found to differentiate Independent Living and Assisted Living residents; thus the NAT and MAT may have a broader applicability with respect to hospital discharge decisions and post-rehabilitation placements. This small study demonstrates the variety of interests of Research Network members and their capacity to conduct research in their home facilities.

### **Testing the Feasibility and Effectiveness of Two Clinical Guidelines for Long Term Care\***

**Amount: \$ 50,000**

**Key Project Staff:**

**Period of Performance: 12/1/01 to 11/30/03**

**PI: Barbara Resnick, PhD, CRNP**

**Sponsor: Purdue Pharma L.P.**

The principle objectives of this study were to explore the feasibility of implementing two specific clinical practice guidelines (pain management and falls and falls risk) developed by the American Medical Directors Association (AMDA) and to test the impact of implementation on specific clinical process and outcomes data in forty nursing facilities in Maryland. This study used a combined quantitative and qualitative design using a single group repeated measure design for the qualitative component. The study provides support for the feasibility of implementing CPG's in volunteer facilities and useful suggestions to facilitate the implementation process. The study demonstrates the ability of the Network to recruit and partner with multiple nursing facilities to complete a research study.

### **Do Not Hospitalize Orders In Nursing Homes: A Plot Study\***

**Amount: \$300 + In kind support**

**Key Project Staff:**

**Period of Performance: 11/01 – 11/03**

**PI: John Culberson, MD**

**Sponsor: AMDA-F**

The aim of this study was to determine the prevalence of “do not hospitalize” (DNH) orders in the nursing home, characterize the nature of institutional policy regarding the use of DNH orders and identify barriers to the use of DNH orders. This nascent study was developed, piloted and refined by a focus group at the annual AMDA-F Research Network meeting. Data collection was performed using an online census extended electronically from July 1 through August 14, 2003. To our knowledge this is the first use of an electronic survey to conduct a study within a long term care practiced-based research network. The methodology demonstrates our ability to develop a nascent idea into an executable study that provides insight into LTC issues.

### **Assessing Physician Practices that Influence End of Life in the Nursing Home**

**Amount: \$6500**

**Key Project Staff:**

**Period of Performance: 12/1/01 to 11/30/03**

**PI: Janet Lieto, DO, CMD**

**Sponsor: AMDA-F**

In an effort to better define the dying process in the nursing home setting, the goal of this project was to describe and clarify physicians’ roles and level of involvement surrounding end of life issues. This study, developed as a prospective card study, required physicians to complete a short survey for patients dying within a defined time period. The results demonstrated that health care providers play a critical role in end of life issues but physicians, staff, families and the resident need education and open discussion about expectations and goals. This study demonstrates the Research Network members’ willingness to participate in research involving prospective card surveys but highlights the need to provide compensation to improve response rates.

### **Differences in Diabetes Management of Nursing Home Patients Based on Functional and Cognitive Status\***

**Amount: \$550 + In kind support**

**Key Project Staff:**

**Period of Performance: 11/02 to 11/03**

**PI: Matthew McNabney, MD, CMD**

**Sponsor: AMDA-F**

With a high prevalence of diabetes in the long term care community it is necessary to extrapolate care management in this population for clinical, regulatory, legal and financial reasons. Physicians were asked to complete a survey based on three patient profiles: (1) intact cognition - dependent function; (2) impaired cognition- independent function; and (3) impaired cognition- dependent function. The results indicate

physicians appear to alter their approach to diabetes management based on the functional and/or cognitive status of the patient. This study demonstrates the Foundation's ability to survey different physician groups: Research Network and non Network members, CMD and non CMD physicians.

### **Medical Data Needed upon Transfer from Nursing Home/ Assisted Living to Hospital**

**Amount: In kind support**

**Key Project Staff:**

**Period of Performance: 4/04 to 3/06**

**PI: Howard Nachamie, MD**

**Sponsor: AMDA-F**

In an effort to improve the existing system of patient transfer and because missing or incorrect patient information provided at the time of transfer to the hospital can lead to critical consequences for the patient it is important to identify current practice. Because the electronic survey was distributed to a limited number of participants and did not have numbers large enough to demonstrate significance, the investigators were only able to identify trends. This study demonstrates the Foundation's interest in assisting young researchers to identify a critical issue, develop a pilot methodology to research the issue, critically reflect on the experience and revise their methodology in preparation for a more robust study.

### **Information Transfer to Nursing Homes: Survey of Medical Directors**

**Amount: In kind support**

**Key Project Staff:**

**Period of Performance: 6/04 to 5/06**

**PI: Paul Katz, MD, CMD**

**Sponsor: AMDA-F**

The purpose of this study was to systemically examine the type and adequacy of information accompanying recently discharged hospitalized patients upon admission to the nursing home and to lay the groundwork for future studies addressing quality of care during transitions. Participating physicians were asked to complete a survey for ten consecutive admissions. The results demonstrated inconsistent patterns of transfer information in some situations although there were some consistent trends under other circumstances. This study is another example of the collaboration within the Network to identify and study issues related to long term care.

### **Profile of Medical Directors and their Practices**

**Amount: \$22,700**

**Key Project Staff:**

**Period of Performance: 3/04 to 3/05**

**PI: Jurgis Karuza , PhD**

**Sponsor: AMDA-F**

The aim of this study was to develop and test a survey to define characteristics of medical director's practice pattern in the nursing homes and prove the ground work for

future studies exploring the relationship between long term care physicians and quality of care. This study has entered into the next phase with the researches partnering with the Foundation on an NIH sponsored grant. This study demonstrates the Foundation's ability to develop and test a survey instrument and later collaborate with other researchers to expand the reach of the study.

### **Factors that Affect Physician Decision Making Regarding the Use of Statins in Older Adults**

**Amount: \$ 22,500**

**Period of Performance: 1/02 to 6/03**

**Key Project Staff:**

**PI: Jurgis Karuza , PhD**

**Sponsor: Pfizer, Inc**

In response to limited knowledge regarding statin use in nursing homes, a survey was conducted that focused on three research questions: (1) what is the prevalence of statin use in nursing homes, (2) what are the physician-based knowledge and attitudes regarding statin uses, and (3) what are the physician, nursing home, and patient characteristics correlates of statin use. A convenience sample computer-based survey of physicians during the AMDA Annual Meeting and a random sample mail survey of AMDA physician members was conducted. The data suggest that guideline recommendations may be especially important in shaping physician statin prescribing behavior with nursing home patients. The study demonstrated the Foundation's ability to complete a computer based survey at the AMDA annual meeting.

### **Vitamin B-12 Deficiency in Long Term Care**

**Amount: \$**

**Period of Performance: 11/03 to 11/04**

**Key Project Staff:**

**PI: TS Dharmarajan, MD, FACP**

**Sponsor: AMDA-F**

Vitamin B12 deficiency is a well known cause of neuro-psychiatric manifestations and central nervous system abnormalities but may be under recognized in the LTC setting. The aim of this pilot study was to measure B12 status of patients from twelve geographically diverse nursing facilities that B12 levels had been obtained within the past two years. The results showed that vitamin B12 deficiency was observed in one of four LTC residents and that early identification would promote earlier intervention preventing irreversible consequences of B-12 deficiency. This study demonstrates the Foundation's ability to use various recruiting methods for LTC studies.

### **Medical Director's Administrative Response/Action to a Report of a Fall**

**Amount: In kind support**

**Period of Performance: 11/00 to 11/01**

**Key Project Staff:**

**PI: Larry Lawhorne, MD**

**Sponsor: AMDA-F**

The aim of this first Research Network study were to learn more about how medical directors deal with falls from an administrative prospective and to test the Network's ability to collect data efficiently and effectively. Using a simple card study method members were asked to record information about twenty consecutive reports of falls during a predetermined time period. With responses from 50% of the membership, 886 falls were reported. Medical Directors most often found out about falls via incident reposts and that 40% of falls involved residents who had fallen previously. This study demonstrated a substantial number of Research Network members were willing to respond quickly to a call to arms and that we should be prepared to provide a copy of the central IRB approval to members who need local approval.

**Network Accomplishments (list five representative papers):**

Culberson J., Levy C., & Lawhorne L. (2005). Do not hospitalize orders in nursing homes: a pilot study. *J Am Med Dir Assoc.* Jan-Feb; 6(1):22-6.

Lieto J.M., & Schmidt K.S. (2005) Reduced ability to self-administer medication is associated with assisted living placement in a continuing care retirement community. *J Am Med Dir Assoc.* Jul-Aug;6(4):246-9.

McNabney M.K., Pandya N., Iwagwu C., Patel M., Katz P., James., Calabrese B., & Lawhorne L. (2005).. Differences in diabetes management of nursing home patients based on functional and cognitive status. *J Am Med Dir Assoc.* Nov-Dec; 6(6):375-82.

Resnick B., & Simpson M. (2004). Implementing the Falls Clinical Practice Guidelines in long-term care: an exemplary model. *Director.* 2004 Spring; 12(2):76-81.

Resnick B., Quinn C. & Baxter S. (2004). Testing the feasibility of implementation of clinical practice guidelines in long-term care facilities. *J Am Med Dir Assoc.* Jan-Feb;5(1):1-8.

**Capital-Adirondack Practice Based Research Network (Cap-Ad PBRN)**

30 Century Hill Drive  
Latham, NY 12110  
518-220-4606  
Fax: 518-220-5723

**Network Director:** Steven E. Szebenyi, M.D., M.M.M.

**Network Director e-mail:** szebenyi.steven@healthnow.org

**Network Coordinator:** Becky Van Vorst, MSPH **E-mail:** vanvorst.rebecca@healthnow.org

**Network contact person:** Becky Van Vorst

**Region encompassed by network:** Capital and Adirondack region of Upstate New York

**Year of network’s founding:** 2004

**Mission of network:** The mission of the Capital-Adirondack PBRN is continuously improve health care delivery and health outcomes, with an emphasis on preventive care and chronic illness management. Cap-Ad PBRN achieves its mission by linking practice-based primary care physicians and academic researchers in the study and implementation of evidence-based medicine.

**Ownership:** The Foundation for Healthy Living (501(c) health services/research foundation)

**Academic affiliation:** State University of New York at Albany, School of Public Health

**Type of governance:** PBRN Steering Committee

**Sources of support:** HealthNow NY Inc., AAFP, Jacob and Valeria Langeloth Foundation, NY State Dept of Health

**Areas of research interest:** translating research into practice, preventive care, depression, chronic illness, palliative care

**Number of member practices:** 61

**Number of member clinicians:** 331

**Number of patients served:** 300,000

**Percentage of members who are:**

Family physicians	49	%	Other physicians	18	%
General internists	13	%	Nurse practitioners	11	%
Pediatricians	20	%	Physician assistants	18	%

**Requirements for membership:** Located within the geographic area of Northeastern New York and commitment to participation in the Cap-Ad PBRN Steering Committee

**Other Networks Collaborated With:** Cap-Ad has a collaborative project in development with UNYNET

**Network Accomplishments:**

**Studies in Progress:****Rural Elders Access to Clinical Care at Home (REACH)**

The REACH study aims to determine the cost-effectiveness of providing preventive and interventional care home visits to rural frail elderly. Funded by the Jacob and Valeria Langeloth Foundation.

**Increasing Knowledge of Ovarian Cancer Through the Use of a Community Advisory Council**

This project engages community members from a seven county area of rural, upstate New York to assist in the development and implementation of a community-based ovarian cancer awareness and education campaign aimed at both rural community members and providers in the region. Funded by the NY State Department of Health

**Completed Studies:****The Need for Home-Based Primary Care Program for Rural Elderly**

This project involved a telephone survey of local elderly residents to determine eligibility and receptiveness of a home-based primary care program. Funded by the American Academy of Family Physicians Foundation.

**Manuscripts Accepted for Publication:**

None

**Published Research:**

None

## **Capitol Area Primary Care Research Network (CAPRICORN)**

Georgetown University Medical Center  
Kober-Cogan, Suite 220  
3750 Reservoir Road  
Washington, DC 20007  
202-687-0426  
202-687-7230 FAX  
Last update: 2005

**Network Director:**    **e-mail:**

**Network Coordinator/Contact:** Ranit Mishori, MD, MHS    **e-mail:** mishorir@georgetown.edu

**Web Site:** <http://www.capricorn.georgetown.edu/>

**Region:** Washington, DC metropolitan area

**Year Founded:** 2001

**Number of Clinicians:** 48

**Number of Practices:** 16

**Number of Patients Served:** 25,000

**Percentage of Members Who Are:** Family Medicine (68), Internal Medicine (11), Pediatrics (3.5), Other physicians (3.5), Nurse Practitioners (11), Physician Assistants (3.5)

### **Mission:**

CAPRICORN's mission is to develop and maintain primary care research programs that will lead to improved understanding and delivery of primary care for all persons, with a particular focus on problems specific to our diverse urban population.

**Ownership:** CAPRICORN is supported by the Department of Family Medicine of Georgetown University School of Medicine.

**Governance:** Steering Committee of active members

### **Support:**

Departments of Family Medicine, Infrastructure grants, research grants

### **Membership Requirements:**

Practicing primary care clinician with an interest in participating in practice-based research.

### **Research Interests:**

Healthcare for the uninsured, underinsured, and underserved; minority/ethnic health; medical errors; the integration of medical informatics in data collection

**Other Networks Collaborated With:** None to date

## **Clinicians Enhancing Child Health PBRN (CECH)**

HB 7925

Dartmouth-Hitchcock Medical Center

One Medical Center Drive

Lebanon, NH 03756

603-650-1998

603-650-1153 Fax

Last update: 2005

**Network Director:** Ardis Olson, MD

**e-mail:** Ardis.Olson@Hitchcock.org

### **Director Address (if different than above):**

HB 7450

Dartmouth Hitchcock Medical Center,

One Medical Center Drive,

Lebanon, NH 03756

### **Network**

**Coordinator:** Stephanie Singer, MS

**e-mail:** stephanie.c.singer@Dartmouth.edu

**Region encompassed by network:** Maine, New Hampshire, & Vermont

**Year of network's founding:** 2000

**Mission of network:** Community practice-based research relevant to the health and primary health care of children and families

**Ownership:** Dartmouth Medical school

**Academic affiliation:** Departments of Pediatrics and Community Family Medicine

**Type of governance:** Board of community family physicians and pediatricians

**Sources of support:** HRSA Title VII Academic Enhancement of Primary Care Departments

**Areas of research interest:** Mental health of children, teens, and parents; health risk behavior of teens; school health; as well as a broad range of issues related to the health of children, teens, and families

**Number of member practices:** 24

**Number of member clinicians:** 80

**Number of patients served:** 100,000

**Percentage of members who are:** Family physicians: 50%, Pediatricians: 50%

**Requirements for membership:** Completion of practice environmental assessment; willingness to participate in at least on project every two years

**Other PBRNs your network has collaborated with:** Dartmouth COOP; AAP PROS

**Studies in progress (title and brief description):**

2. The Parental Well-Being Project:

Aims to develop effective ways to screen for parental depression during routine office visits and addresses the practical treatment of parental depression. This project is presently engaged in a collaborative process of developing and piloting new approaches to screen/ address parental depression with pediatric practices. Future efforts will involve family practitioners as well.

Funded by: Federal Title VII support

3. Adolescent Health Care Study:

Survey of teens and Mds to define current preventive health and psychosocial screening and counseling behaviors and teen satisfaction. Based on these results this project is involved in a cooperative effort of developing and piloting new approaches to enhance today's adolescent health care treatment with various pediatric and family practices.

Funded by: Federal Title VII support

4. The School-Based Health Initiative:

Strives to improve and monitor the health habits/functioning of school age children/ adolescents via an educational, interactive web-based screening tool. This project is currently piloting studies in both the school health center and health education class settings.

Funded by: Federal Title VII support

5. Child Mental Health Study:

Focuses on developing an effective office care system, which aims to improve current screening and treatment practices relating to child mental health conditions in primary care settings. This project is presently engaged in a collaborative process of developing pilot work.

Funded by: Federal Title VII support

6. Identification of Safety Concerns Regarding Mercury Levels in Fish:

Engages medical student(s) in conducting a professional research project. The purpose of this project is to find out how knowledgeable people are about the current fish consumption advisories, specifically relating to mercury levels. This project also aims to serve the public by increasing the awareness of current fish consumption advisories and educating about the danger of eating mercury contaminated fish.

Funded by: Federal Title VII support

7. Development of effective Risk Screening Tools for Primary Care:

Involves the development and pilot activities using hand held computers  
To screen adolescents for health risk factors and family's for child behavior  
Problems

Funded by: Federal Title VII support

7. The Pediatrician's Maternal Depression Screening Project:

This project was funded following the results of the Parental Well-Being Project. It will implement a system of maternal depression screening by pediatricians that includes follow-up support for screen positives.

Funded by: The Commonwealth Fund

8. The Healthy Teens Project:

This project will develop and test an “enhanced counseling” model (computerized assessment, face-to-face negotiation of action plan and follow-up support through e-mail) for pediatricians to use with teens in assessing their health and risk behaviors based on the 5A’s (Assess, Advise, Agree, Assist, Arrange).

Funded by: Robert Wood Johnson Foundation’s Prescription for Health

**Network Accomplishments (list five representative papers):**

1. Recent network studies completed but not yet published. Currently abstracts of research on studies #1, 2 and 5 listed above are accepted for national presentation.
2. Dietrich AJ, Olson AL, Sox CH, Stevens M, Tosteson TD, Ahles T, et. al., *A Community-based randomized trial encouraging sun protection for children*, Pediatrics 99: URL:<http://www.pediatrics.org/cgi/content/full/102/6/e64>, Dec. 1998.
3. Dietrich AJ, Olson AL, Sox CH, Winchell CW, Grant-Petersson J, Collison DW. *Sun Protection Counseling for Children: New Hampshire Primary Care Practice Patterns and the Impact of an Intervention*. Archives of Family Medicine;9:155-159, 2000.\_
4. Stevens MM, Olson AL, Gaffney CA, Tosteson TD, Mott LA, Starr P. *A pediatric practice-based randomized trial of drinking and smoking prevention and bicycle helmet, gun, seatbelt safety*; Pediatrics:109;490-497, 2001.

## **Clinical Directors Network (CDN)**

5 West 37<sup>th</sup> Street – 10<sup>th</sup> Floor  
New York, NY 10018  
212-382-0699, ext. 234  
212-382-0669 Fax  
Last update: November 2006

**Executive Director:** Jonathan N. Tobin, PhD      **e-mail:** jntobin@cdnetwork.org

**Contact:** Andrea Cassells, MPH, Director of Clinical Affairs: 212-382-0699, ext. 227

**Web Site:** <http://www.cdnetwork.org/>

**Region:** New York, New Jersey, Connecticut, California (dental), Virgin Islands, Puerto Rico, Florida, Missouri, Utah, Oklahoma, Maine, Massachusetts, Rhode Island, Vermont, New Hampshire, Virginia, West Virginia, Maryland, Delaware, Pennsylvania, Washington DC, Texas

**Year Founded:** 1985

**Number of Clinicians:** 1,100

**Number of Practices:** 230 community health centers

**Number of Patients Served:** 2 million (est.)

**Percentage of Members Who Are:** Family Medicine (30 ), Internal Medicine (30), Pediatrics (20), Dentists (15 ), Other (5)

### **Mission:**

To provide and improve comprehensive and accessible community-oriented primary and preventive health care services for poor, minority, and underserved populations.

**Ownership:** Private, non-profit organization

**Governance:** Board of directors

### **Support:**

National Cancer Institute, National Institute of Mental Health National Heart, Lung, and Blood Institute, Environmental Protection Agency, HRSA Region II, MHRA/Ryan White Title I, NYS Attorney General, Robert Wood Johnson Foundation, March of Dimes Foundation, Susan G. Komen Breast Cancer Foundation, Hyde & Watson Foundation

### **Membership Requirements:**

Primary care clinician in an underserved community.

### **Research Interests/Current Projects (with funders listed in parentheses):**

HIV/AIDS:

Stress Management and Relaxation Training/Expressive Support Therapies for HIV+ Women (SMART/EST II) (*NIMH*)

Stress Management and Relaxation Training/Expressive Support Therapies for Women with AIDS (SMART/EST I) (*NIMH*)

Study-Link (*Ryan White CARE Act Title I/MHRA*)

Community Program for Clinical Research on AIDS (CPCRA) (*NIAID*)

Community-Based Clinical Trials Network (CBCTN) (*AmFAR*)

Prisoner Linkage Project 0 with Montefiore-Rikers Island Health Services  
(DIFFA/OASAS)  
AIDS Education and Training Center (AETC) (HRSA)  
Pharmaceutical Industry Clinical Trials (Roche/DuPont-Merck)

Cancer Prevention and Control Program:

New York Prevention Care Manager Project (PCM) (NCI)  
Community Health Centers/Cancer Prevention Project (CHC/CCP) (NIH)  
Improving Education & Access to Breast Cancer Clinical Trials (Komen Foundation)  
PAP Test Compact Disk Interactive Technology Training (AHRQ)

Cardiovascular Disease Program:

Social Stress, Ethnic Discrimination & Blood Pressure Project (NHLBI)  
Medication Adherence in Poorly Controlled Hypertensives (NHLBI)  
Conditioned Placebo Effect & the Treatment of Hypertension (NHLBI)  
Women's Initiative to Save Heart (WISH) Cardiac Rehabilitation with Lenox Hill  
Hospital's Women's Heart Program (Langeloth Foundation)  
Antihypertensive and Lipid-Lowering Treatment to Prevent Heart Attack (ALLHAT)  
(NHLBI)  
Lower Extremity Amputation Prevention (LEAP) (BPHC)  
Migraine Clinical Trial (Merck)  
Diabetes/Health Disparities Collaboratives Project (CDC/HRSA)  
INVEST Clinical Trial (AG Knoll Pharmaceuticals/ University of Florida)

Immunization Program

Together for Tots Immunization Program (CDC/HRSA)  
Adolescent & Adult Immunization Quality Improvement Project (CDC/BPHC)  
Immunization for Homeless Adults (CDC)

Projects also in the areas of Behavioral Medicine & Mental Health, Nutrition/Physical Activity & Behavior, Pediatrics, Oral health, Complementary/Alternative Therapies, and Clinical Informatics.

**Other Networks Collaborated With:** ASPN, NMA, PROS, FPBRN

**Network accomplishments/CDN Peer Reviewed Publications:**

1. Jones DL, Ishii M, LaPerriere A, Stanley H, Antoni M, Ironson G, Schneiderman N, Van Splunteren F, Cassells A, Alexander K, Gousse YP, Vaughn A, Brondolo E, Tobin JN, Weiss S. Influencing medication adherence among women with AIDS, *AIDS CARE*, 2003 Aug 15(4): 463-474.
2. Olfson M, Tobin JN, Cassells A, Weissman, M. Improving the Detection of Drug Abuse, Alcohol Abuse, and Depression in Community Health Centers. *J Health Care Poor Underserved*. 2003 Aug;14(3):386-402.
3. Lechner SC, Antoni MH, Lydston D, LaPerriere A, Ishii M, Devieux J, Stanley H, Ironson G, Schneiderman N, Brondolo E, Tobin JN, Weiss S. Cognitive-behavioral interventions improve quality of life in women with AIDS. *J Psychosom Res*. 2003 Mar;54(3):253-61.
4. Major outcomes in high-risk hypertensive patients randomized to angiotensin-converting enzyme inhibitor or calcium channel blocker vs diuretic: The Antihypertensive and Lipid-Lowering Treatment to Prevent Heart Attack Trial (ALLHAT). *JAMA*. 2002 Dec 18;288(23):2981-97.
5. Major outcomes in moderately hypercholesterolemic, hypertensive patients randomized to pravastatin vs usual care: The Antihypertensive and Lipid-Lowering Treatment to Prevent Heart Attack Trial (ALLHAT-LLT). *JAMA*. 2002 Dec 18;288(23):2998-3007.

6. Zalos GP, Glied SA, Tobin JN, Amato E, Turgeon L, Mootabar RN, Nolon AK. "Cost-effectiveness analysis of a school-based dental sealant program for low-socioeconomic-status children: a practice-based report." *J Health Care Poor Underserved*. 2002 Feb;13(1):38-48.
7. Leung GS, Stanford JF, Giordano MF, Stein A, Torres RA, Giffen CA, Wesley M, Sarracco T, Cooper EC, Dratter V, Smith JJ, Frost KR. "Trimethoprim-Sulfamethoxazole (TMP-SMZ) Dose Escalation versus Direct Rechallenge for *Pneumocystis Carinii* Pneumonia Prophylaxis in Human Immunodeficiency Virus-Infected Patients with Previous Adverse Reaction to TMP-SMZ." *J of Infect Dis* 2001 Oct 15; 184(8): 992-7.
8. Jones DL, Weiss SM, Malow R, Ishii M, Devieux J, Stanley H, Cassells A, Tobin JN, Brondolo E, LaPerriere A, Efantis-Potter J, O'Sullivan MJ, Schneiderman N. "A brief sexual barrier intervention for women living with AIDS: acceptability, use, and ethnicity." *J Urban Health*. 2001 Dec;78(4):593-604.
9. Wright JT Jr, Cushman WC, Davis BR, Barzilay J, Colon P, Egan D, Lucente T, Nwachuku C, Pressel S, Leenen FH, Frolkis J, Letterer R, Walsh S, Tobin JN, Deger GE. "The Antihypertensive and Lipid-Lowering Treatment to Prevent Heart Attack Trial (ALLHAT): clinical center recruitment experience." *Control Clin Trials*. 2001 Dec;22(6):659-73.
10. Kario K, Tobin JN, Wolfson LI, Whipple R, Derby CA, Singh D, Marantz PR, Wassertheil-Smoller S. "Lower standing systolic blood pressure as a predictor of falls in the elderly: a community-based prospective study." *J Am Coll Cardiol*. 2001 Jul;38(1):246-52.
11. Shlay JC, Chaloner K, Max MB, Flaws B, Reichelderfer P, Wentworth D, Hillman S, Brizz B, Cohn DL. "Acupuncture and amitriptyline for pain due to HIV-related peripheral neuropathy: a randomized controlled trial. Terry Bein Community Programs for Clinical Research on AIDS." *Obstet Gynecol*. 2000 Sep;96(3):410-6.
12. Dietrich AJ, Tobin JN, Sox CH, Cassells AN, Negron F, Younge RG, Demby NA, Tosteson TD. "Cancer early-detection services in community health centers for the underserved. A randomized controlled trial." *Arch Fam Med*. 1998 Jul-Aug;7(4):320-7; discussion 328.
13. Gordin FM, Matts JP, Miller C, Brown LS, Hafner R, John SL, Klein M, Vaughn A, Besch CL, Perez G, Szabo S, El-Sadr W. A controlled trial of isoniazid in persons with anergy and human immunodeficiency virus infection who are at high risk for tuberculosis. Terry Bein Community Programs for Clinical Research on AIDS. *N Engl J Med*. 1997 Jul 31;337(5):315-20.
14. Schuman P, Capps L, Peng G, Vazquez J, el-Sadr W, Goldman AI, Alston B, Besch CL, Vaughn A, Thompson MA, Cobb MN, Kerkering T, Sobel JD. "Weekly fluconazole for the prevention of mucosal candidiasis in women with HIV infection. A randomized, double-blind, placebo-controlled trial. Terry Bein Community Programs for Clinical Research on AIDS." *Ann Intern Med*. 1997 May 1;126(9):689-96

## **Colorado Research Network (CaReNet)**

Department of Family Medicine  
UCHSC at Fitzsimons  
P.O. Box 6508, Mail Stop F496  
Aurora, CO 80045-0508  
303-724-9767  
303-315-9747 fax  
Last update: November 2006

**Network Director:** Bennett Parnes, MD    **e-mail:** Bennett.Parnes@uchsc.edu

**Assistant Director:** Doug Fernald, MA                    **e-mail:** Doug.Fernald@uchsc.edu

**Communications Coordinator:** Linda Niebauer    **e-mail:** Linda.Niebauer@uchsc.edu

**Web Site:** <http://.fammed.uchsc.edu/carenet/default.asp>

**Region:** Colorado

**Year Founded:** 1998

**Number of Clinicians:** 550    **Number of Practices:** 35

**Number of Patients Served:** Approx. 120,000

**Percentage of members who are:**

Family med (77.9), Peds (6.4), IM(14.7), Psych (0.5), OB/GYN (0.5)  
MD (73), DO (9.5), PA/NP (13.9), PhD/PsyD (1.6), Other (RN, MSW, PharmD)(1.9)

**Mission:** CaReNet's purpose is to improve health and well-being by the application of scientific methods to questions important to primary care clinician, their patients, and their communities. CaReNet is committed to questions with the potential to understand health, disease, and illness, and the roles and values of primary care, with a particular focus on disadvantaged populations.

**Ownership:** University of Colorado Department of Family Medicine

**Governance:** Board of directors from practice members

**Academic Affiliation:** University of Colorado Department of Family Medicine (CUDFM)

**Support:** Dean's Academic Enrichment fund, AHRQ grants, DFM operating dollars, AAFP Research Stimulation grants, NHLBI, Environmental Protection Agency, NIH, NIDDK, CDC, RWJ Foundation, HealthONE Alliance.

**Membership Requirements:** Practices with commitment to the underserved and/or teaching practices affiliated with the CUDFM.

**Research Interests:** Practice redesign, patient safety, diabetes, colorectal cancer screening, asthma, translating research into practice

**Other Networks Collaborated With:** High Plains Research Network, AAFP NRN, PRIMENet, MAFPRN

**Work in progress:**

1. Improving blood pressure and lipids management for adults.
2. Cardiovascular risk reduction in patients with diabetes
3. Colorectal cancer screening – testing of patient-activation tracking system designed to promote screening
4. Help clinicians increase their use of proven environmental tobacco smoke reduction strategies
5. Determine the impact of direct-to-consumer advertising
6. Implement and evaluate a patient-oriented diabetes registry
7. Increasing interventions for diet, physical activity, smoking and at-risk drinking
8. Test an innovative intervention to improve diabetes care
9. Test an innovative intervention to improve depression care
10. Improve care for patients with Type 2 diabetes care
11. Identify and describe patients who are underinsured and unable to afford healthcare needs

### **Published papers**

1. Hildebrandt DE, Westfall JM, Fernald DH, Pace WD. Telephone triage in primary care and patient harm: A report from the ASIPS Collaborative. *JABFM* 2006; 19:437-42.
2. Nagykaldi Z, Mold JW, Robinson A, Niebauer L, Ford A. Practice facilitators and practice-based research networks. *Journal of the American Board of Family Medicine: JABFM* 2006; 19:506-10.
3. Peterson KA, Fontaine P, Speedie S. The Electronic Primary Care Research Network (ePCRN): A new era in practice-based research. *J Am Board Fam Med* 2006; 19:93-7. Erratum for “The Electronic Primary Care Research Network (ePCRN): A new era in practice-based research. *JABFM* 2006; 19:329.
4. Parnes B, Niebauer L, Holcomb S, Dickinson LM, Westfall J, Van Vorst B, Pace W. Provider deferred decisions on HbA1c results: A report from CaReNet and HPRN. *JABFM* 2006; 19:20-3.
5. Hansen LB, Fernald D, Araya-Guerra, Westfall JM, West D, Pace W. Pharmacy clarification of prescriptions ordered in primary care: A report from the Applied Strategies for Improving Patient Safety (ASIPS) Collaborative. *JABFM* 2006; 19:24-30.
6. Quintela J, Main DS, Pace WD, Staton EW, Black K. LEAP—a brief intervention to improve activity and diet: a report from CaReNet and HPRN. *Ann Fam Med* 2005 Jul-Aug;3 Suppl 2:S52-4.
7. Duclos CW, Eichler M, Taylor L, Quintela J, Main DS, PaceW, Staton EW. Patient perspectives of patient—provider communication after adverse events. *Int J Qual in Health Care* 2005; 17:479-86.
8. Pace WD, Staton EW. Electronic data collection options for practice-based research networks. *Ann Fam Med* 2005; 3:S21-9.
9. Pace WD, Staton EW, Holcomb S. Practice-based research network studies in the age of HIPAA. *Ann Fam Med* 2005; 3:S38-45.
10. Baldwin D, Quintela J, Duclos C, Staton EW, Pace WD. Patient preferences for notification of normal laboratory test results: A report from the ASIPS Collaborative. *BMC Family Practice*. 2005, 6:11.

11. West DR, Westfall JM, Araya-Guerra R, Hansen L, Quintela J, VanVorst R, Staton EW, Matthews B, Pace WD. Using reported primary care errors to develop and implement patient safety interventions: A report from the ASIPS Collaborative. *Advances in Patient Safety. From Research to Implementation*. Volume 3. Implementation Issues. AHRQ Publication No. 05-0021-3. Rockville, MD: Agency for Healthcare Research and Quality; 2005 Feb.
12. Pace WD, Fernald DH, Harris DM, Dickinson LM, Araya-Guerra R, Staton EW, VanVorst R, Parnes BL, Main DS. Developing a taxonomy for coding ambulatory medical errors: A report from the ASIPS Collaborative. *Advances in Patient Safety. From Research to Implementation*. Volume 2. Concepts and Methodology. AHRQ Publication No. 05-0021-2. Rockville, MD: Agency for Healthcare Research and Quality; 2005 Feb.
13. Harris DM, Westfall JM, Fernald DH, Duclos CW, West DR, Niebauer L, Marr L, Quintela J, Main DS. Mixed methods analysis of medical error event reports: A report from the ASIPS Collaborative. *Advances in Patient Safety. From Research to Implementation*. Volume 2. Concepts and Methodology. AHRQ Publication No. 05-0021-2. Rockville, MD: Agency for Healthcare Research and Quality; 2005 Feb.
14. Graham DG, Pace W, Kappus J, Holcomb S, Galliher JM, Duclos CW, Bonham AJ. Institutional review board approval of practice-based research network patient safety studies. *Advances in Patient Safety. From Research to Implementation*. Volume 2. Concepts and Methodology. AHRQ Publication No. 05-0021-3. Rockville, MD: Agency for Healthcare Research and Quality; 2005 Feb.
15. Smith, Peter C.: Araya-Guerra, Rodrigo; Bublitz, Caroline; Parnes, Bennett; Dickinson, L. Miriam; Van Vorst, Rebecca; Westfall, John M.; Pace, Wilson D. Missing Clinical Information During Primary Care Visits: A report from SNOCAP and the ASIPS Collaborative. *JAMA* 293(5)
16. Main DS, Quintela J, Araya R, Holcomb S, Pace WD. Exploring patient reactions to pen-tablet computers: A report from CaReNet. *Annals of Family Medicine*. 2004 2:421-424
17. Hickner JM, Fernald DH, Haris DM, Poon EG, Elder NC, Mold JW. Issues and initiatives in the testing process in primary care physicians offices. *Joint Commission Journal on Quality and Safety* 2005; 31:81-9.
18. Fernald D, Pace WD, Harris DM, West DR, Main DS, Westfall JD. Event reporting to a primary care patient safety reporting system: A report from the ASIPS Collaborative. *Annals of Family Medicine* 2004; 2(4):327-332.
19. Pace W, Dickinson M, Staton E. Season variations in diagnoses and visits to family physicians. *Ann Fam Med* 2004; 2411-7.
20. Parnes B, Main DS, Dickinson LM, Niebauer L, Holcomb S, Westfall J, Pace W. Clinical decisions regarding HbA1c results in primary care: A report from CaReNet and HPRN. *Diabetes Care* 2004; 27:13-16
21. Pace WD, Staton EW, Higgins GS, Main DS, West DR, Harris DM. Database design to ensure anonymous study of medical errors: A report from the ASIPS Collaborative. *JAMIA* 2003; 10
22. Bayliss EA, Steiner JF, Fernald DH, Crane LA, Main DS. Descriptions of barriers to self-care by persons with comorbid chronic disease. *Annals of Family Medicine*. 2003; 1:15-21
23. Parnes BL, Main DS, Holcomb S, Pace W. Tobacco cessation counseling among underserved patients: A report from CaReNet. *Journal of Family Practice*. 2002; 51:65-69

## Papers in Press

1. Hansen LB, Saseen JJ, Westfall JM, Holcomb S, Nuzum DS, Pace WD. Evaluation of sample medications in primary care: A practice-based research network study. Joint Commission Journal on Quality and Safety. In press

**2. Hicks P, Westfall J, Van Vorst R. Bublitz C, Dickinson LM, Pace W, and Parnes B. Action or inaction? Decision-making in patients with diabetes and elevated blood pressure in primary care. Diabetes Care. In Press**

## **Community Research for Oral Wellness Network (CROWN)**

Department of Community Dentistry  
Case Western Reserve University  
10900 Euclid Ave.  
Cleveland, OH 44106  
216-368-8804  
216-368-5888 fax  
Last update: November 2006

**Network Director:** Stephen Wotman, DDS      **e-mail:** stephen.wotman@case.edu

**Network Coordinator/Co-Director:** Catherine Demko      **e-mail:** catherine.demko@case.edu

**Web Site:** <http://case.edu/dental/dentalpractice/>

**Region:** Northern Ohio

**Year Founded:** 2004

**Number of Clinicians:** 172      **Number of Practices:** 172

**Number of Patients Served:** Approx. 190,000

**Percentage of members who are:**

Dentists – 100%

**Mission:** The purpose of this network is to generate a collaboration of general dentists, researchers, and dental students to address areas of importance for dentists. The primary area of importance for the network is to determine barriers in preventive service delivery and implement changes that will encourage and promote more preventive service delivery to patients, thereby improving oral and systemic health.

**Ownership:** Sponsored by CWRU School of Dental Medicine

**Governance:** Steering Committee and Advisory Board

**Academic Affiliation:** Case Western Reserve University School of Dental Medicine,  
Department of Community Dentistry

**Support:** NIDCR Federal Research Institutional Funds

**Membership Requirements:** Practicing DDS in Northern Ohio with desire and willingness to participate in practice based research.

**Research Interests:** Oral Wellness, Health Promotions, Oral Cancer, Tobacco, Diabetes, Cardiovascular Disease, Prevention, Risk Assessment and Reduction, Emerging Trends in Oral Health and Systemic Disease

**Other Networks Collaborated With:** The Research Association of Practicing Physicians (RAPP), Cleveland, Ohio. The Rainbow Research Network (RNN), Cleveland, Ohio.

**Network Accomplishments:**

1. **Direct Observation Study:** Direct observation of over 3800 dental visits in 120 practices in Northern Ohio supplemented with chart audits, billing data, self-reports, and qualitative notes to determine what actually happens in the course of a patient visit. These findings will enable the development of methods that will enhance the provision of preventive service for all patients. Funded by: NIDCR/NIH
  
2. **Oral Lesions: Knowledge and Attitudes:** Study in 24 CROWN offices in which 57 providers (DDS and RDH) received a 3 hour oral pathology refresher course and received reference materials for lesion recognition and diagnosis. Each provider agreed to screen all patients for oral lesions for 3 weeks and record in a structured format, in addition to taking a pre and post questionnaire on knowledge, opinions, and behaviors regarding oral cancer exams. This study assists in determining type and frequency of lesions encountered and provider roles in oral lesion screening and detection. Funded by: American Cancer Society
  
3. **Asking for Behavior Change: The ABC Dental Study:** Providers will be trained to perform the four following behaviors dealing with tobacco cessation and counseling, nutrition counseling, and oral hygiene instruction.
  1. Use of pre-prevention menu card in which the patient will check off problem areas/topics that they would like to learn more about or be willing to hear about;
  2. Providers ask the patients two questions, How ready are you to change a specified behavior?, How confident are you that you can change?;
  3. Set Goal with patient for behavior change and Chart the goal.
  4. Follow up with patient in 30 days to see if they were able to reach the goal or still in process of reaching the goal.

These behaviors, performed by the DDS and RDH, will be observed and charted by 2<sup>nd</sup> year dental students based on a modified DOC (Davis Observation Code) checklist of different behaviors. The purpose of the study is to determine how effective dental health professionals are at assisting in behavior change and how willing patients are at following through with a behavior modification proposed in some degree by their dentist or hygienist. Funded by: CROWN and CWRU School of Dental Medicine
  
4. **The Executive Coaching Study:** is a CROWN affiliated study initiated by a PhD student in Organizational Behavior and Management at Weatherhead School of Management at Case Western Reserve University. The purpose of this research project is to learn more about how coaching participants respond to, and feel about, their executive coaching experience and to determine how executive coaching can enhance the careers of dentists and the profession of dentistry.

The methods of study are three-fold. First participants fill out an online 360-Degree Feedback Assessment tool that enables the researchers to assess areas of need for the practitioner. The participants, members of CROWN, also fill out three short surveys and give a noninvasive collection of a salivary cortisol sample. Third, the participants will receive an hour long coaching session by a professional executive coach. This coaching is meant to support the participant for work within practice management, professional development, time management, work-life balance, and any other specific goals that participant feels he/she needs to work on improving.

### **Completed Studies:**

### **Manuscripts Submitted/Accepted for Publication:**

1. Abbe M, Sudano J, Demko C, Victoroff K, Williams K, Lalumandier J, Wotman S. (2006). "Revisiting Comfort: Strategies Observed in the Direct Observation Study." *Gen Dent*. SUBMITTED.

### **Published Research:**

1. Wotman, S., Lalumandier, J., Nelson, S., and Stange, K. (2001). "Implications for dental education of a dental school-initiated practice research network." *J Dent Educ* 65(8): 751-759.
2. Wotman, S., Demko, C.A., Victoroff, K., Sudano, J., Lalumandier, J., Williams, K., and Abbe, M. (2006). "Direct Observation Study: Methods and Design." *Journal of Dental Research* 85(Special Issue A). ABSTRACT
3. Demko, C.A., Victoroff, K.Z., Sudano, J., Lalumandier, J., Williams, K., Abbe, M., and Wotman, S. (2006) "Direct Observation of Prevention Counseling and Procedures in Dental Offices." (2006). *Journal of Dental Research* 85(Special Issue A). ABSTRACT
4. Demko, C.A., Lalumandier, J., Wotman, S., Victoroff, K., Sudano, J., Williams, K., and Abbe, M. "Chart Audit and Billing Data Validity." (2006). *Journal of Dental Research* 85(Special Issue A). ABSTRACT
5. Victoroff, K.Z., Demko, C.A., Lalumandier, J., Sudano, J., Williams, K., Abbe, M., and Wotman, S. "Direct Observation Study: Observed Type and Frequency of Services Provided." (2006). *Journal of Dental Research* 85(Special Issue A). ABSTRACT
6. Sudano, J., Abbe, M., Demko, C.A., Victoroff, K.Z., Williams, K., Lalumandier, J., and Wotman, S. "Organizational Characteristics and Preventive Services Delivery: A Qualitative Investigation." (2006). *Journal of Dental Research* 85(Special Issue A). ABSTRACT
7. Abbe, M., Sudano, J., Demko, C.A., Victoroff, K., Williams, K., Lalumandier, J., and Wotman, S. "Revisiting Comfort: Strategies Observed in the Direct Observation Study." (2006). *Journal of Dental Research* 85(Special Issue A). ABSTRACT
8. Williams, K., Demko, C.A., Sudano, J., Victoroff, K.Z., Abbe, M., Lalumandier, J., and Wotman, S. "Dental Procedures Provided to Ohio African American and Caucasian Patients." (2006). *Journal of Dental Research* 85(Special Issue A). ABSTRACT

**The Dartmouth-Northern New England Primary Care Research Network (The COOP Project)**

Dartmouth Medical School, HB 7265  
Hanover, NH 03755  
603-650-1220  
603-650-1331 FAX  
Last update: 2004

**Network Director:** John H. Wasson, MD

**e-mail:** John.H.Wasson@Dartmouth.EDU

**Network**

**Coordinator:** Deborah J. Johnson

**e-mail:** Deborah.J.Johnson@Dartmouth.edu

**Network contact person:** Deborah Johnson

**Web site:** Under construction

**Region encompassed by network:** Vermont, New Hampshire, Maine and Northern New York

**Year of network's founding:** 1972

**More information to follow**

## **Great Lakes Research Into Practice Network (GRIN)**

Department of Family Practice  
Michigan State University  
Room 215, East Fee Hall  
East Lansing, Michigan 48824  
517-355-4751  
517-355-5126 fax  
Last update: Spring 2005

**Network Director:** Lee Green, MD, MPH

**e-mail:** [greenla@umich.edu](mailto:greenla@umich.edu)

### **Director Address (if different than above):**

University of Michigan  
Department of Family Medicine  
1018 Fuller Street, Campus 0708  
Ann Arbor, MI 48109

**Network Coordinator:**

**e-mail:**

**Network Contact:** See Director or Coordinator contact information above

**Web site:** [sitemaker.umich.edu/grin](http://sitemaker.umich.edu/grin)

**Region:** Michigan

**Year founded:** October 1, 2000

**Number of member clinicians:** 350

**Number of member practices:** 116

**Number of patients served:** Not determined

### **Percentage of members who are:**

Family physicians - 47%  
General internists - 6%  
Pediatricians - 8%  
OB/GYN – 2%  
Other physicians - 5%  
Nurse practitioners – (all nurses) 8%  
Other allied health personnel – 6%

### **Mission of network:**

To carry out research important and useful to primary care physicians and their patients in office practices in Michigan, particularly regarding the translation of research into useful practice.

### **Academic affiliation:**

Michigan State University, the University of Michigan, and Wayne State University

### **Type of governance:**

Representation from practitioners and from the Departments of Family Practice at the University of Michigan, Michigan State University and Wayne State University. Governance shall be by the GRIN Oversight Committee (GOC) serving as a subcommittee of the Michigan AFP Foundation (MAFP-F) board of directors. The GOC includes an MAFP-F board member who serves as the chair of the GOC, the three Department chairs or their designates, two community practitioners with no or no more than minimal academic

appointment, and a patient representative. The MAFF-F board shall delegate oversight of GRIN to the GOC, and the GOC chair will report on GRIN activities to the MAFF-F board. The GOC will meet quarterly, and the director will report to the GOC at each meeting on GRIN'S activities (recently completed, current, and planned.)

**Sources of support:** Originally from the Agency for Health Care Research and Quality for 2000-2001. Currently, infrastructure support is from the AAFP as well as the Department of Family Practice at Michigan State University and the Department of Family Medicine at the University of Michigan.

**Requirements for membership:**

- 1) Primary care practitioners/practices in the state of Michigan who are willing to become members of a research network and potentially participate in research at some level.
- 2) At least one member of each practice/affiliation who will agree to be the primary contact.
- 3) Each clinician must complete a 1-week NAMCS-like survey to establish a baseline denominator for the Network.

**Areas of research interest:**

- 1) Depression and mental health
- 2) Health promotion, disease prevention, and cancer screening
- 3) Women's health
- 4) Asthma
- 5) Respiratory infections and appropriate antibiotic usage
- 6) Congestive heart failure
- 7) Coronary artery disease
- 8) Hypertension
- 9) Complimentary and alternative medicines

**Other PBRNs your network has collaborated with:**

GRIN is the result of merging MIRNet, PCRNet, UPRNet and affiliating with the new Detroit-area network - MetroNet.

**Studies in progress:**

1. BAA: The Michigan Collaboratory: PI Lee Green, MD, MPH (University of Michigan Department of Family Medicine) This project is a collaboration of GRIN with the University of Michigan's clinical research center. The BAA is a demonstration project aimed at bringing together community and academic research resources.

2. FARE: Family Assessment of Risk Evaluation: PI Mack Ruffin, MD, MPH (University of Michigan Department of Family Medicine) This CDC-funded project will have patients complete a risk assessment tool for family risk of major illnesses (coronary heart disease, colorectal and breast cancers, and others), developed by the CDC. Physicians and staff members will be given training in using the results, and the effect of preventive services and patient acceptance of physicians' screening and advice will be measured.

3. PREP: Prompting and Reminding at Encounters for Prevention: PI Don Nease, MD (University of Michigan Department of Family Medicine) This is an NCI funded, two year study of the practical aspects of using a computerized reminder system for colon cancer screening in community primary care offices.

4. GRIPS: GRIN Research Infrastructure Practice Survey (GRIPS): PI Donald Nease, MD (University of Michigan Department of Family Medicine) and Henry Barry, MD, MS (Michigan State University Department of Family Practice) This Agency for Healthcare Research and Quality (AHRQ) funded project will conduct two detailed on-site structural and functional assessments of practices belonging to GRIN. Assessments will be made of practice

infrastructure and clinician and staff attitudes relevant for implementation of translational network trials. Specifically, the investigators will assess these factors in relationship to partial or full implementation of a computerized reminder system (CRS). At the completion of the project, each practice will receive a specific action plan tailored to their practice, describing the steps necessary to participate in translational network trials using a CRS.

5. Testing a Consultation Model of Support in GRIN Practices (P4HinGRIN Study): PI Jodi Holtrop, PhD (Michigan State University Department of Family Practice) This Robert Wood Johnson Foundation funded project is designed to determine if a consultation model of support encourages primary practices to increase their delivery of asking, advising, assessing, assisting, and arranging follow-up (5A's) for the health behaviors of tobacco use, physical activity, diet and risky drinking during appropriate medical visits in 20 GRIN practices (two health care systems).

6. Health Care Assessment of Immigrant Women (Newcomers) in an Urban Primary Care Clinic: PI Victoria Neale, PhD and Flora Dean (Wayne State University Department of Family Medicine). The primary objective of this study is to describe the health status of female patients receiving primary care at a clinic that serves a large newcomer population. A secondary objective is to investigate possible differences in the health status of women of different ethnicity or country of origin that are seeking primary care at a single family practice center (FPC) in Hamtramck (MetroNet/GRIN practice) that serves a large number of newcomers.

7. The Impact of Systemic Antibiotic Use on the Prevalence of Vulvovaginal Candidiasis in Adult Women in Primary Care Setting: PI Xinping Xu, MD (Wayne State University Department of Family Medicine). This pilot study is designed to evaluate the feasibility and the pragmatic aspects of the method to estimate the incidence of symptomatic VVC following a short course of antibiotics. Study participants are seen at a family practice clinic (MetroNet/GRIN).

8. Role of Symptom Representations in the Insomnia Complaint: PI James Aikens, PhD (University of Michigan Department of Family Medicine) This is a cross-sectional survey of adult primary care patients with self-reported problem sleep. Family practice clinic patients were recruited in the waiting room of a University-based family practice clinic (GRIN practice).

#### **Network Accomplishments:**

1. Barry HC, Hickner J, Ebell MH, Ettenhofer T. **A Randomized Controlled Trial of Telephone Management of Suspected Urinary Tract Infections in Women.** Journal of Family Practice, 2001;50(7):589-594.
2. Holtrop J, Hickner J, Dosh S, Noel M, Ettenhofer T. **Sticking to it – Diabetes Mellitus: Behavior change program for women with type 2 diabetes.** American Journal of Health Education. 2002;33(3): 161-166.
3. Nease DE Jr, Aikens JE. **Do DSM depression and anxiety criteria accurately predict symptom severity in primary care? – Plato vs. Aristotle.** British Medical Journal 2003 (in press).
4. Aikens JE, Reed BD, Gorenflo DW, Haefner HK. **Depressive symptoms among women with vulvar dysesthesia.** American Journal of Obstetrics and Gynecology 2003;189: 462-466.
5. Thorpy M, Ehrenberg BL, Hening WA, Mahowald M, Malow BA, Phillips B, Richardson CB, Wellbery C. **Restless Leg Syndrome: Detection and Management in Primary Care.** American Family Physician 2000;62(1): 108-114.

## **HamesNet**

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Last update: 2005

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**Physician Director:** Jerry Lambert, MD                      **e-mail:** jlambert@mail.mcg.edu

**Network Contact Person:** Peggy Wagner, PhD

**Region encompassed by network:** Georgia and the Southeast US

**Year Founded:** 2002

**Mission of Network:** HamesNet is a primary-care based research network formed to develop a mechanism to generate primary care research data in the state of Georgia and surrounding areas. The purpose is to encourage research in the areas of health promotion and disease prevention and to study methods to reduce health disparities.

**Ownership:** MCG Department of Family Medicine – Research Area

**Academic affiliations:** Medical College of Georgia

**Type of Governance:** Steering Committee

**Sources of Support:** AHRQ, Department of Family Medicine funding

**Area(s) of Research Interest:** Colorectal cancer, QI topics, Behaviors associated with diet, Aspirin and blood pressure

**Number of member practices:** 40                      **Number of member clinicians:** 138

**Number of patients served:** 75,000

**Percentage of members who are:**

Group practices: 68%, Multispecialty groups: 3%, Family medicine residency programs: 14%, Solo practices: 14%, Nursing home: 3%.

Most practices consist of family physicians. There is one physician assistant and two internal medicine physicians.

**Requirements for membership:** Interest in primary care research and willingness to participate. Currently practicing in primary care in Georgia or the Southeast US.

**Other PBRNs your network has collaborated with:** None yet

**Studies in progress (title and brief description):**

**Question of the Week:** Short questionnaire, completed anonymously by patients 18 years old and older in primary care office. Various topics (supersizing, medication use compliance, sunscreen use, aspirin and blood pressure). New topics have been generated by research staff

and family medicine residents such as referral preferences, television viewing, physical activity, and cholesterol.

**Using pedometers to Encourage Physician Discussion of Exercise Behavior:** This study examines the accuracy with which physicians can estimate their own walking behavior. We propose that their ability will be similar to others with a consistent overestimation of the number of steps they take daily. Secondly, we propose that this discrepancy between actual and perceived movement will encourage physicians to increase their own walking and serve as a stimulus to address physical activity or pedometer use with their patients. (Funded by Hames Foundation).

**Smoking Cessation:** This patient survey was proposed by a network physician who wants to find out from patients who smoke, why they haven't quit, and for patients that did quit smoking, what methods they used to quit. (unfunded).

**Dysphagia Prevalence:** The dysphagia survey assessed prevalence of swallowing problems in patients. We collected 996 surveys in 13 network practices. Prevalence of difficulty swallowing was 34.3%. Of those patients who had a swallowing problem and were convernec, 41.3% never talked to their doctor. Sixty-nine percent said they are not taking any medications for their problem.



**Support:** Robert Wood Johnson Foundation, AHRQ, Colorado Heart Consortium through the Center for Research in Ambulatory Health Care Administration, Colorado Foundation for Medical Care, Centers for Disease Control and Prevention.

**Membership Requirements:** Practice in a rural community in the high plains region of the U.S.

**Research Interests:** We are interested in all aspects of rural health care from access to Hispanic community members to care of patients with acute heart attack.

**Other Networks Collaborated With:** Kansas Practice Research Network, CaReNet (Colorado Research Network)

### **Work in progress:**

1. **Promoting colorectal cancer screening in rural Colorado.** Jack Westfall, PI. (Funded by CDC) Using a community-based participatory research model, this project will design, pilot test, and refine a community-based intervention to improve rates of colorectal cancer (CRC) screening in rural Colorado.
2. **Use of participatory research in PBRNs.** Jack Westfall, PI. This anonymous survey ascertained PBRN's use of participatory research in their networks.
3. **Community members' perception of harm from medical mistakes.** Jack Westfall, PI. In conjunction with the High Plains Research Network's Community Advisory Council, we surveyed almost 300 community members from 4 rural Colorado towns regarding their experiences with medical mistakes and the perceived harm associated with those errors.
4. **Applied strategies for improving patient safety (ASIPS).** Funded by AHRQ. This study is a collaborative effort between the University of Colorado Department of Family Medicine, CaReNet, and numerous organizations to analyze the causes and effects of errors in primary care and reduce the incidence of errors. ASIPS will collect reports of errors or incidents through the Patient Safety Reporting System, a voluntary incident reporting system.
5. **Assessing and improving quality of care for dying patients in rural Colorado.** This study is in collaboration with the Kansas Practice Research network. The purpose of this project is to gather information from rural health care professionals regarding their perceptions on the care that dying patients receive in rural Colorado and Kansas, ways of improving end-of-life-care in rural communities, and potential areas for interventions to improve the care of dying patients.
6. **Hypertension control among patients with Diabetes Mellitus II.** Paul Hicks, PI, Bennett Parnes, Co-PI. This study investigated providers' decision making regarding blood pressure management among patients with DMII. What factors predict change in treatment?
7. **Improving care of depression with an electronic depression management tool.** Jeff Smith, PI. This study aims to translate research into practice. Specifically to modify a successful depression management tool for use in rural and frontier communities.

### **Completed Research**

1. **Care of Acute Myocardial Infarction, Unstable Angina, and Chest Pain in Rural Colorado:** Funded by the Robert Wood Johnson Foundation. The primary aim of this study is to ascertain how rural primary care physicians currently care for patients suffering acute myocardial infarction.
2. **Improving the Diagnosis of Acute Cardiac Ischemia through Implementation of the Acute Cardiac Ischemia-Time Insensitive Predictive Instrument in Rural Hospitals:** Funded by AHRQ. Study involves the implementation and use of a real-time diagnostic tool (ACI-TIPI) to aid in the diagnosis and treatment decisions of patients suffering with acute cardiac ischemia.

**3. Improving Access to health Care for Hispanic Community Members in Western Yuma County:** Funded by HRSA. Evaluation and assessment of the barriers that Hispanic Community Members face in accessing health care in a rural Colorado county.

**4. Youth violence prevention/intervention/ role of family medicine physicians.** Funded by AAFP stimulation grant: Christine Duclos, Ph.D., MPH (PI). The primary aim of this study is to explore qualitatively current attitudes, practices, training, and experiences of approximately 30 primary care physicians in the area of youth violence in preparation for future survey and intervention research.

**5. Why don't primary care providers adhere to glycemia guidelines in type 2 diabetes?** Bennett Parnes, MD (PI). This study is investigating clinicians' decision-making regarding HbA1c lab results on patients with type 2 diabetes.

**Network accomplishments:**

1. Femald D, Pace WD, Harris DM, West DR, Main DS, Westfall JD. Event reporting to a primary care patient safety reporting system: A report from the ASIPS Collaborative. *Annals of Family Medicine* . 2(4):327-332.
2. Westfall JM, Femald DH, Staton EW, VanVorst R, West D, Pace WD. Applied strategies for improving patient safety: A comprehensive process to improve care in rural and frontier communities. *Journal of Rural Health*. 2004 20(4):355-362.
3. Fames B, Main DS, Dickinson LM, Niebauer L, Holcomb S, Westfall J, Pace, W. Clinical decisions regarding HbA1c results in primary care: A report from CaReNet and HPRN. *Diabetes Care*, 2004; 27:13-16.
4. West DR, Westfall JM, Araya-Guerra R, Hansen L, Quintela J, VanVorst R, Staton EW, Matthews B, Pace WD. Using reported primary care errors to develop and implement patient safety interventions: A report from the ASIPS Collaborative. In press: *Advances in Patient Safety*
5. Pace WD, Femald DH, Harris DM, Dickinson LM, Araya-Guerra R, Staton EW, VanVorst R, Parnes BL, Main DS. Developing and analyzing a taxonomy to code ambulatory medical errors: A report from the ASIPS Collaborative. In press: *Advances in Patient Safety*
6. Harris DM, Westfall JM, Femald DH, Duclos CW, West DR, Niebauer L, Marr L, Quintela J, Main DS. A mixed methods approach to analyzing medical error event reports submitted to a voluntary patient safety reporting system: A report from the ASIPS Collaborative. In press: *Advances in Patient Safety*
7. The impact of double counting and transfer bias on rates and outcomes of acute myocardial infarction. *Medical Care* 2001; 39:459-468.
8. Evaluation and management of patients presenting to a rural emergency room with chest pain or ischemic heart disease. Paper in progress.
9. Community Evaluation: Methods and results from the Improving Access to Hispanic Community Members Project. Presentation at the Colorado Rural Health Conference, June 2001.
10. Provision of advanced technology for early diagnosis of acute MI in rural Colorado. Funded by the Caring for Colorado Foundation. The purpose of this grant was to provide state of the art electrocardiograph machines for each hospital and several of the ambulatory offices within the network.

11. Improving the Diagnosis of Acute Cardiac Ischemia through Implementation of the Acute Cardiac Ischemia-Time Insensitive Predictive Instrument in Rural Hospitals: A Report from the High Plains Network. Distinguished Paper Presentation at NAPCRG 2003, Banff, Alberta.
12. Knowledge and Attitudes Towards Dying Patients in Rural Colorado and Kansas: A Report from the High Plains Network and the Kansas Rural Research Network. Presented at NAPCRG 2003.

## **Indiana Family Practice Research Network (INet)**

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Last update: 2005

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**Network contact person:** Carolyn M. Muegge

**Region encompassed by network:** State of Indiana

**Year of network's founding:** September 2000

**Mission of network:** The mission of INET is to utilize the principals of research to find answers for patient care questions and to address issues relevant to the practice of Family Medicine in the State of Indiana.

**Ownership:** Indiana University School of Medicine

**Academic affiliation:** Department of Family Medicine

**Type of governance:** Currently being studied and planned

**Sources of support:** Department of Health and Human Services Health Resources and Services Administration

**Areas of research interest:**  
Ambulatory Care Medical Survey

**Number of member practices:** 80, including all 12 family practice residency sites in Indiana.

**Number of member clinicians:** 123

**Number of patients served:**

**Percentage of members who are :**  
Indiana's Primary Focus is Family Medicine; however other Family Medicine Clinicians and ancillary personnel are invited to join the network.

**Requirements for membership:** Voluntary Membership. To participate in research, all participants will be expected to comply with IRB requirements

**Other PBRNs your network has collaborated with:** (1) Kentucky Ambulatory Network (KAN)

**Studies in progress (title and brief description):**

1. Primary Care Network Survey (PRINS)

## **Proposed AHRQ Research Studies:**

**1. Expanded Recruitment of a Representative Group of Physicians in the State of Indiana and Implementation of a Detailed Physician Survey:** The goal of this study is to recruit a representative and geographic sample of practicing physicians in Indiana. Recruitment will be based on 3-digit ZIP codes in order to have a representative patient and physician base, including race and ethnicity. The sample will also include a proportional representation from medically underserved areas.

**2. Pilot Study to Assess the Use on an Electronic Computer Device to Enhance Adherence to the ACC/AHA Guidelines for the Evaluation and Management of Chronic Heart Failure in Adults in the Primary Care Setting:** The goal of this study is to evaluate adherence to heart failure guidelines in the primary care setting using tablet computers. Physician feedback questionnaires will be used to measure satisfaction and utility, gather pilot data to measure the adherence to the heart failure guidelines, and gather pilot data measuring the health status and utilization of patients involved in the study intervention using quality of life measures and health care utilization (physician visits, procedures, laboratory, prescriptions, hospitalization, and emergency department visits).

**3. Comparison of Healthcare Recertification Measures (CHARM):** This project will evaluate opportunities to acquire quality of care information from family physicians and encourage higher quality care through modifications of the specialty board recertification process.

**Proposed Robert Wood Johnson – Smoke-free Families:** This project will implement the Best Practice Smoking Cessation Guidelines into the Indiana Prenatal Substance Use Prevention Program system.

**Proposed National Institutes of Health:** This project will implement the Best Practice Smoking Cessation Guidelines into the Family Practice Residencies in the State of Indiana.

**Iowa Research Network (IRENE)**

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Last update: November 2006

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**Web Site:** <http://www.uihealthcare.com/depts/med/familymedicine/research/irene/index.html>

**Region encompassed by network:** State of Iowa

**Year of network's founding:** 2002

**Mission of network:** to create new knowledge and improve clinical practice, especially in rural communities.

**Ownership:** University of Iowa; Iowa Academy of Family Physicians

**Academic affiliation:** Roy J. and Lucille A. Carver College of Medicine, University of Iowa

**Type of governance:** Membership

**Sources of support:** Department of Family Medicine, Roy J. and Lucille A. Carver College of Medicine, University of Iowa; Iowa Academy of Family Physicians; Agency for Healthcare Research and Quality.

**Areas of research interest:** Diabetes Management, Colorectal Cancer Screening, Depression in Rural Iowa, Osteoporosis.

**Number of member practices:** 146

**Number of member clinicians:** 268

**Number of patients served:** Approx. 1,000,000

**Percentage of members who are:**

Family Physicians: 100%

**Requirements for membership:**

**Network Accomplishments:**

**Studies in Progress:**

1. R21 HS014859-01A1. "An Evaluation of the WISE QI Program" awarded through an Agency for Health Care Research and Quality grant; 04/01/06-3/31/08. Principal investigator: Paul James, MD and Co-Investigators: Elizabeth Clark, MD, Jeanette Daly, RN, PhD, Jeffrey Dawson, ScD, Arthur Hartz, PhD, MD, and Barcey Levy, MD, PhD. Award amount: \$442,500.

Purpose: to test the effectiveness of a multifaceted intervention program to improve the quality of care for high-risk diabetic patients in rural settings. The program to be tested is the Wellmark Incentive-Support to Encourage Quality Improvement (WISE QI) a program based on the chronic care model.

**2. 1 R01 HL070740-01A1. “Improving Adherence to Blood Pressure Guidelines”** awarded through a National Institutes of Health grant; 7/1/03-6/30/08. Principal investigator: Barry Carter and Co-Investigators: George Bergus, MD, Elizabeth Chrischilles, PhD, Jeffrey Dawson, ScD, William Doucette, PharmD, Arthur Hartz, MD, PhD, Paul James, MD, and Jessica Milchak, PharmD. Award amount: \$3,215,674.

Purpose: to develop and evaluate collaborative relationships between physicians and pharmacists that improve pharmacotherapy. This is a five-year, multi-center study to evaluate the impact of physician/pharmacist collaborative teams on adherence to hypertension guidelines in six community-based family practice sites. There are two study phases. Phase I comprises a needs assessment to identify barriers to guideline adherence and design intervention implementation refinement strategies. Phase II is a prospective, randomized trial to assess the impact of physician/pharmacist collaborative teams on hypertension guideline adherence and BP control.

#### **Completed Studies:**

**1. 5 R21 HS013581-02. “Development of the Iowa Research Network”** awarded through an Agency for Health Care Research and Quality grant; 9/30/2002 - 9/29/2005. Principal Investigator: Paul James, MD and Co-Principal Investigator Arthur Hartz, PhD, MD. Award amount (includes direct and indirect costs): \$297,456.

Purpose: to build the 1) Organizational structure of IRENE to enable linkages between practicing clinicians and researchers, improving communication and establishing long-term commitments to common goals for research, 2) Capacity Building Infrastructure to grow the network, especially in medically underserved communities and among minority practices, certify physicians and offices for Federal Wide Assurance, and develop and test communication pathways to collect and disseminate research findings to practitioners, and 3) Research Development Process to generate grant applications, conduct research, assure integrity of projects and produce products of research for dissemination.

**2. 5D12HP00028. “Improving the Research Infrastructure of Family Medicine and General Internal Medicine”** awarded through a Health Resources and Services grant; 9/01/2000-8/31/04. Principal Investigator: Cynda Johnson, MD and Co-investigators: Suzanne Bentler, MS, Jeffrey Dawson, ScD, Caroline Doebbeling, John Ely, MD, Arthur Hartz, PhD, MD, Barcey Levy, MD, PhD, Russell Noyes, MD, Thomas Vaughn, PhD, Marcia Ward, PhD, and Bradley Doebbeling, MD. Award amount: \$619,920.

Purpose: A small portion of this grant funded the depression study in two IRENE offices to assess whether screening for depressive symptoms improves outcomes for depressed patients seen in rural fee-for-service primary care offices. This was the first study conducted within the IRENE network.

**3. 1 R01 LM007179-03. “Obstacles to Answering Physicians’ Patient-Care Questions”** awarded through a National Institutes of Health grant; 5/15/01-5/31/05. Principal investigator: John Ely, MD and Co-investigators: Donna D’alessandro, MD, Marcy Rosenbaum, PhD. Award amount: \$650,475.

Purpose: to characterize areas where knowledge sources, such as textbooks and the Internet, fail to meet the information needs of primary care physicians. The long-term goal was to provide high-quality answers to busy clinicians asking about how to care for their patients. Research Question: What problems occur when attempting to answer patient-care questions and how can these problems be categorized and addressed?

**4. 1 R03 HS014410-01. “Computerized Interviews to Assist Secondary Prevention,”** Agency for Health Care Research and Quality grant; 9/30/03-9/29/06. Principal investigator: Arthur Hartz, MD, PhD and Co-Investigators: Paul James, MD. Award amount: \$99,957. Purpose: to have our practice-based research network develop and pilot test a new information technology for gathering and summarizing information about patient self-care behaviors. The technology investigated was use of computer tablets to administer a questionnaire that we have recently developed and validated for patients with diabetes.

**5. 1 8175700. “Advanced Research Training Grant”** awarded through an American Academy of Family Physicians Foundation grant; 01/01/01-12/31/03. Principal investigator: Barcey Levy, MD and Mentor: Arthur Hartz, MD, PhD. Award amount: \$99,471. Purpose: to provide the applicant with a firm foundation in the skills needed to perform high quality, family practice-based clinical research and to learn to successfully compete for research funding to support these efforts. The specific aims of this training were for the applicant to: 1) learn the basics of epidemiology and statistics in order to appropriately design studies and communicate with methodological experts; 2) learn how to develop, utilize, and maintain a research network to help answer research questions that are important to practicing primary care physicians; 3) develop special expertise on factors involved in adherence to practice guidelines; and 4) learn how to write a grant application to obtain funding to further extend the pilot research project developed as part of specific aim 2.

**6. 1 R21 HS014490-01. “Colorectal Cancer Screening Among Patients Attending Rural Family Physicians’ Practices”** awarded through the National Institutes of Health; 9/9/03-8/31/06. Principal investigator: Barcey Levy, MD, PhD and Co-Investigators: Jeffrey Dawson, ScD, Arthur Hartz, MD, PhD, Paul James, and Marcy Rosenbaum, PhD. Award amount: \$289,015.

Purpose: is to improve the delivery and utilization of preventive services for colorectal cancer (CRC). The objective of this application was to assess current rates and modalities of CRC screening in busy, primarily rural, primary care settings and to identify physician and patient barriers/facilitators to screening. A manuscript based on this work has been published by the *American Journal of Preventive Medicine* (September, 2006) and another describing the qualitative factors for why patients have not been screened has been submitted to *Family Medicine*.

**7. 1 R01 HL069801-01A1. “Collaborative Management of Hypertension,”** awarded through a National Institutes of Health grant; 7/1/03-6/30/06. Principal investigator: Barry Carter and Co-Investigators: George Bergus, MD, Elizabeth Chrischilles, PhD, Jeffrey Dawson, ScD, William Doucette, PharmD, Sheryl Eastin, RN, Michael Ernst, PharmD, Karen Farris, PharmD, Christopher Goerdts, MD, Arthur Hartz, MD, PhD, Paul James, MD, David Katz, MD, Karen Kluesner, RN, Jessica Milchak, PharmD, Janyce Stewart. Award amount: \$1,974,407.

Purpose: to accrue patients in the study of hypertension and to provide staff with extensive training on hypertension and the correct method for obtaining and recording blood pressures.

**8. No. 1 8996200. “Comparative Effects of Hydrochlorothiazide and Chlorthalidone on Ambulatory and Office Blood Pressures,”** awarded through an American Association of Colleges of Pharmacy grant; 12/1/03-12/01/05. Principal investigator: Michael Ernst and Co-Investigators: George Bergus, MD, Barry Carter, PharmD, and Beth Phillips, PharmD. Award amount: \$10,000.

Purpose: to perform an 8-week, open-label, crossover trial comparing the blood pressure lowering effects of hydrochlorothiazide (HCTZ) versus chlorthalidone on both office based and ambulatory blood pressures in hypertensive patients.

#### **Manuscripts Accepted for Publication:**

Hartz A, Kent S, James P, Xu Y, Kelly M, Daly M. (In press 2006). Factors that Influence Improvement for Patients with Poorly Controlled Type 2 Diabetes. *Diabetes Research and Clinical Practice*.

### **Published Research:**

- Bergus GR, Hartz AJ, Noyes R Jr., Ward MM, James PA, Vaughn T, Kelley PL, Sinift SD, Bentler S, Tilman E. The Limited Effect of Screening for Depressive Symptoms with the PHQ-9 in Rural Family Practices. *Journal of Rural Health*, 2005;21(4):303-9.
- Hartz AJ, Bentler S, Noyes R, Hoehns J, Logemann C, Sinift S, Butani Y, Wang W, Brake K, Ernst M, Kautzman H. Randomized controlled trial of Siberian ginseng for chronic fatigue. *Psychological Medicine*. 2004;34:51-61.
- Hartz AJ, Bentler S, Brake K, Kelly M. The effectiveness of citalopram for idiopathic chronic fatigue. *The Journal of Clinical Psychiatry*. 2003;64(8):927-935.
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- Milchak JL, Carter BL, Ardery G, Black HR, Bakris GL, Jones DW, Kreiter CD. Development of Explicit Criteria to Measure Adherence to Hypertension Guidelines. *Journal of Human Hypertension*. 2006;20(6):426-33.
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- Ely JW, Osheroff JA, Chambliss ML, Ebell MH, Rosenbaum ME. Answering physicians' clinical questions: obstacles and potential solutions. *Journal of the American Medical Informatics Association*. 2005;12(2):217-24.
- Carter BL, Hartz A, Bergus G, Dawson JD, Doucette WR, Stewart JJ, Xu Y. Relationship Between Physician Knowledge of Hypertension and Blood Pressure Control. *The Journal of Clinical Hypertension*. 2006;8:481-486.
- Levy BT, Dawson J, Hartz AJ, James PA. Colorectal Cancer Screening Among Patients Cared for by Iowa Family Physicians. *American Journal of Preventive Medicine*. 2006;31:193-201.
- Nordin TA, Hartz AJ, Noyes Jr. R, Anderson MC, Rosenbaum ME, James PA, Ely JW, Agarwal N, Anderson SW, Levy BT. Empirically Identified Goals for the Management of Unexplained Symptoms. *Family Medicine*. 2006;38(7):476-82.

## **Kansas Practice Research Network (KSPRN)**

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Last update: 2004

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**Network Coordinator:** Nicole Rogers, PhD **e-mail:** nrogers2@kumc.edu

**Region:** Kansas

**Year Founded:** 2000

**Number of practices:** 40 **Number of clinicians:** 120

### **Percentage of members who are:**

Family physicians 71%, General internists 6%, Nurse practitioners 14%, Physician assistants 9%

**Mission:** To investigate critical and clinically-relevant issues related to the practice of primary care.

**Ownership:** University of Kansas School of Medicine-Wichita

**Academic Affiliation:** University of Kansas School of Medicine-Wichita

**Governance:** Shared among KUSM-W and participating practices.

**Sources of support:** KUSM-W, external grants, and participating volunteer physicians.

**Areas of research interest:** Primary care outcomes and processes.

**Membership requirements:** Rural, small town, and urban practices whose physicians are associated as volunteer faculty of KU-Wichita.

**Network accomplishments:** Completed AHRQ-funded feasibility study using NAMCS survey. The Network had its most recent meeting (12/3/04). The Network is expanding into two new forums; long-term care (residential and nursing home) and active e-mail survey and discussion groups for the State of Kansas. We have submitted three major grant applications and are awaiting funding decisions.

### **Network Bibliography**

Walling AD, Woolley DC, Molaard C, Kallail K. Discontinuation of Triptan Therapy for Migraine by Primary Care Patients. Project completed and manuscript being prepared for submission. Presented at NAPCRG '03

Woolley D, Studenski S, Perera S, Rogers N. Feasibility and Reproducibility of Walking Speed as a Geriatric Vital Sign in Community Practice. Journal of the American Geriatrics Society 2004. 52:S195 Abstract. Full manuscript in preparation

Moser SE. Dorsch JN. Kellerman R. The RAFT approach to academic detailing with preceptors. *Family Medicine* 2004. 36:316-8.

Frisch L. Kellerman R. Ast T. A cohort study of family practice residency graduates in a predominantly rural state: initial practice site selection and trajectories of practice movement. *Journal of Rural Health* 2003. 19:47-54.

Beasley BW. Woolley DC. Evidence-based medicine knowledge, attitudes, and skills of community faculty. *Journal of General Internal Medicine* 2002. 17:632-9

Moser S. Callaway P. Kellerman R. Involving the office staff in teaching medical students. *Family Medicine* 2002. 34:565-6.

Kellerman R. Ast T. Dorsch J. Frisch L. Itinerant surgical and medical specialist care in Kansas: report of a survey of rural hospital administrators. *Journal of Rural Health* 2001. 17:127-30

Beasley BW. Kallail KJ. Walling AD. Davis N. Hudson L. Maximizing the use of a Web-based teaching skills curriculum for community-based volunteer faculty. *Journal of Continuing Education in the Health Professions* 2001. 21:158-61.

Walling A, Sutton LD, Gold J. Administrative relationships between medical schools and community preceptors. *Academic Medicine*, Feb 2001, 76(2): 184-7.

Woolley D. The Influence of Gender on Student Clinical Experience in A Community-Based Family Medicine Clerkship. *Family Medicine* 2000 32 468-468

## **Kentucky Ambulatory Network (KAN)**

University of Kentucky Clinic  
Room K-302  
Department of Family Practice  
Lexington, KY 40536-0284  
859-323-3592  
859-323-6661 Fax  
Last update: 2005

**Director:** Kevin A. Pearce, MD, MPH

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**Research Director:** Margaret M. Love, PhD

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**Network coordinator:** Mary Barron, RN, BSN

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**Contact person:** Jonndrea Elam

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**Web site:** <http://www.mc.uky.edu/kan>

**Region:** Kentucky and its borders

**Year founded:** 2000

**Number of practices:** 130 community clinicians plus the 7 Kentucky family practice residency practices.

**Percentage of members who are:** Family physicians 74%, General internists 4%, Nurse practitioners 10%, Physician assistants 4%, Non-MD researchers 8%

**Network mission:** The Kentucky Ambulatory Network (KAN) is an emerging primary care practice-based research network (PBRN) established in the fall of 2000. KAN seeks to enhance the ability of office-based clinicians to deliver high-quality primary health care to their patients through:

1. Collaborative research conducted in primary care practices
2. Translation of research into primary care practices

KAN emphasizes the prevention and management of common health problems in Kentucky, and their broader implications.

**Ownership:** University of Kentucky

**Academic affiliation:** University of Kentucky

**Governance:** Program director and a general advisory council with representatives from private practitioners, the Kentucky AFP, medical schools, and FP residency programs.

**Source(s) of support:** US Health Resources and Services Administration, University of Kentucky and the US Agency for Healthcare Research and Quality

**Areas of research interest:** Overall content of primary care practice regionally and nationally; chronic pain, obesity, tobacco use, anxiety and depression as they present and are addressed in primary care practice; improving delivery of preventive services, such as cancer screening; cardiovascular health; chronic disease management; patterns of antibiotic prescribing; palliative care. Barriers to access to prescribed treatments and vulnerable populations such as the rural elderly.

**Membership requirements:** Actively engaged in primary care practice, primary care research, or health services research

**Other Networks you have collaborated with:** Indiana Family Practice Research Network (INET), Ohio Alliance for Research in Community Health (ARCH Net).

### **KAN Publications**

Andrews JE, Pearce KA, Sydney C, Ireson C, Love M. **Current state of information technology use in a US primary care practice-based research network.** Informatics in Primary Care. 2004; 12: 11-18.

Killip S, Mahfoud Z, Pearce K. **What is an intracluster correlation coefficient? Crucial concepts for primary care researchers.** Annals of Family Medicine 2004; 2: 204-208.

Pearce KA, Love MM, Barren MA, Matheny SC, Mahfoud Z. **How and why to study the practice content of a practice-based research network.** Annals of Family Medicine 2004; 2: 425-428.

### **KAN Studies Completed**

#### **KANNAMCS-Plus**

Investigators: Pearce K, Love M, Matheny S.

Funding source: HRSA

Fifty six community-based clinicians collected data on about 2200 patient visits to their practices. This study gives a rich description of the patients and problems that are cared for by primary care clinicians in the Commonwealth, and provides guideposts for future studies. The preliminary results have been presented regionally and nationally.

#### **Primary Care Provider Perspectives on Government-Sponsored Health Insurance for Children**

Investigators: Bennett K, Mankad V, Love M, Pearce K.

Survey of primary care clinicians aimed at studying their perspectives about Medicaid and the Kentucky Child Health Insurance Program, in relation to access to care.

#### **Prevalence of Chlamydia Infection in KAN Practices**

Investigator: Killip, S.

Funding sources: HRSA, AAFP

A pilot study employing a urine test to screen for chlamydia infection, with the goal of measuring (and ultimately reducing) the prevalence of this sexually-transmitted infection among young adults in Kentucky.

#### **Communication about Complementary and Alternative Medicine (CAM) in Kentucky Primary Care Practices:**

Practitioner Perspectives

Investigators: Flannery M, Love M, Luan J.

Funding sources: HRSA, AAFP

Detailed survey of primary care clinicians about their attitudes, knowledge, beliefs, and communications with their patients related to CAM; results will be used to guide educational programs for medical students and physicians.

#### **Preconception Care among Adolescents by Primary care Providers in an Ambulatory Research Network**

Investigators: Wrightson A, Love M.

Funding source: AHRQ BRIC grant (J. Beaulieu, M. Love, S. Fleming)

Analysis of NAMCS-Plus study data on visits by adolescents to KAN practices that explored the frequency with which they received any preconception counseling during visits made for any reason.

### **Fecal Occult Blood Testing, a Practice-based Intervention**

Investigators: Bennett JM, Love M, Fleming S, Pearce K.

Funding source: AHRQ BRIC grant (J. Beaulieu, M. Love, S. Fleming)

Pilot study of an office-systems intervention to enhance screening for colon cancer in primary care practices.

### **Complementary and Alternative Medicine Use among Patients in Kentucky Ambulatory Network Practices: Patient Perspectives**

Investigators: Flannery, M.

Funding source: AAFP

To determine the extent to which patients in KAN practices utilize complementary and alternative medicine (CAM), what types of CAM they use and why they use them, and how they communicate with their health care providers about their use.

### **Informatics Technology Assessment of the Kentucky Ambulatory Network**

Investigators: Pearce K, Andrews J, Ireson C, Love, M.

Funding source: AHRQ

Two-year planning grant that includes survey of all KAN clinicians which is the first step in a comprehensive plan to facilitate the use of electronic information management among KAN members, for the purposes of enhancing original research and the translation of research findings into practice.

### **Prescription for Health: Bringing the UK Health Improvement Plan to Rural Kentucky**

Investigators: Dassow P, Hoke D

Funding sources: RWJ Foundation and AHRQ

Sixteen-month demonstration project to assess the practicality and usefulness of the UK BeHIP program in rural primary care practices, focusing on smoking cessation and increased physical activity.

## **KAN Studies Underway**

### **KAN-NAMCS in FP Residency Programs**

Investigators: Love M, Pearce K, Wood R.

Funding source: HRSA

KAN-NAMCS methods replicated in six FP residency programs in Kentucky, with the intent to compare and contrast practice content in these training environments with private practices in KY and the US.

### **Cardiovascular Risk Education and Social Support (CaRESS)**

Investigators: Pearce K, Love M, Blumenschein K, Schoenberg N.

Funding source: AHRQ

Elaborate three-year study of a practice-based intervention designed to harness the power of social support to improve adherence to prescribed treatments among diabetic patients, with the ultimate goal of reducing their risk of heart attack and stroke.

### **Barriers to Prescribed Medical Treatments and Services**

Investigators: Greene D, Pearce K.

Funding source: HRSA

An investigation of clinician's perceptions of what prevents patients from accessing prescribed medical treatments, tests or services in rural communities.

### **Improving Colorectal Cancer Screening Rates Among Kentucky's Women**

Investigator: Dassow P.

Funding source: NIH BIRCWH Program

A study of the effectiveness of printed education materials for improving colon cancer screening in this population.

**Designing Support for Colorectal Screening Decisions**

Investigators: Wackerbarth S, Joyce J, Love M.

Funding source: AHRQ BRIC grant (S. Fleming, M. Love)

A project that will use information gleaned from interviews with primary care providers and their patients to design and evaluate decision aids that can be used by providers and patients to inform their decisions about the recommendation and actual use of colorectal cancer screening tests.

## **LA Net - USC Department of Family Medicine PBRN**

1000 S. Freemont Avenue  
Building A7, Room 7423  
Alhambra, CA 91803  
Phone: 626-457-4140  
Fax: 626-457-4109  
Last update: November 2006

**Director:** Lyndee Knox, PhD

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**Network Coordinator:** Laura M. Myerchin, MA

**e-mail:** [laura\\_myerchin@hotmail.com](mailto:laura_myerchin@hotmail.com)

**Region:** Los Angeles County and surrounding areas

**Year Founded:** 2000

**Number of Clinicians:** 180

**Number of Practices:** 20

**Number of Patients Served:** 202,500

### **Percentage of Members Who Are:**

Family Medicine (85), Pediatrics (5), General Internal Medicine (2), OB/GYN (3), Nurse Practitioners (5)

### **Mission:**

LA Net's mission is to conduct research that will 1) have direct impact on members' practice; 2) aid in the reduction in health care disparities for the uninsured, underinsured, and poor patients in Los Angeles County.

**Requirements for membership:** Clinics/Providers interested in health disparities reduction

**Governance:** Provider driven. Governance council with 80% clinician members

**Academic Affiliation:** University of Southern California Department of Family Medicine

**Support:** HRSA, CDC, AHRQ, USC DFM

**Other Networks Collaborated With:** One of the National Child Study (NCS) PBRN sites

### **Areas of Interest:**

Health Disparities Reduction. Participatory research; CAM use by patient population. Quality of care improvement in primary care. Community health centers. Minority populations. Uninsured.

### **Network Accomplishments:**

#### **Studies in Progress:**

1. CAM use by Latino patient population
2. ePCRN with the Federation of Practice Based Research Networks (FPBRN)
3. Office-based colonoscopy
4. Parenting intervention to reduce pediatric obesity
5. Azmatics clinical trial
6. Promotores to reduce disparities in diabetes

**Completed Studies:**

1. Proof of concept study of modified endoscopy in family practice
2. Impact of immigration on child nutrition
3. National Children's Study

**Manuscripts Accepted for Publication:****Published Research:**

Foster, K., Liskin, J., Cen, S., Abbott, A., Armisen, V., Globe, D., Knox L., Mitchell, M., Shtir, C., & Azen, S. The Trager approach in the treatment of chronic headache: A pilot study. *Alternative Therapies*, 10 (5), 40-46, 2004.

Knox L., Lomonaco, C., & Elster, A. The American Medical Association's Connecting the Dots to Prevent Youth Violence Training and Outreach Guide. *American Journal of Preventive Medicine* 2005; 29: 226-229.

## **MetroNet**

Department of Family Medicine  
Wayne State University  
101 E. Alexandrine  
Detroit, MI 48201  
313-577-4160  
313-577-3070 Fax  
Last update: 2005

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**Network coordinator:** Joseph Monsur

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**Contact person:** Joseph Monsur

**e-mail:** jmonsur@med.wayne.edu

**Web site:** under development

**Region:** Metropolitan Detroit

**Year founded:** 2001

**Number of practices:** 26

**Number of clinicians:** about 60

**Percentage of members who are:** Family physicians 95%, General internists 5%

**Network mission:** To address health disparity concerns in the primary care setting by including members of diverse ethnic/racial and socio-economic populations in MetroNet studies.

**Ownership:** Department of Family Medicine, Wayne State University

**Academic affiliation:** Department of Family Medicine, Wayne State University

**Governance:** Advisory Board

**Source(s) of support:** Federal and foundation grants, DFM funding

**Areas of research interest:** Health disparities; cancer control and prevention; chronic disease

**Membership requirements:** Interest and participation

**Other Networks you have collaborated with:** GRIN

### **Studies in progress:**

1. Survey of patient use of Internet for health informaton. Funded by the Department of Family Medicine, Wayne State University.
2. Comparison of fingerstick glycosylated hemoglobin results with HPLC results. Funded by HRSA.
3. Utilization of lipid-lowering drugs in an urban family practice center. Funded by the Blue Cross Blue Shield of Michigan Foundation.
4. Reducing disparities in influenza vaccination. Funded by CDC.

### **Completed Studies**

1. Dailey RK, Neale AV, Northrup J, West P, Schwartz K. **Herbal product use and menopause symptom relief: A MetroNet study.** *Journal of Women's Health* 2003; 12(7): 633-642.
2. Schwartz K, Monsur J, Northrup J, West P, Neale AV. **Pharyngitis clinical prediction rules: effect of interobserver agreement: A MetroNet study.** *Journal of Clinical Epidemiology* 2004; 57(2): 142-146.
3. Xu J, Schwartz K, Monsur J, Northrup J, Neale AV. **Patient-clinician agreement on signs and symptoms of 'strep throat': a MetroNet study.** *Family Practice* 2004 Dec;21(6):599-604.
4. Neale AV, Schwartz K. **A primer of the HIPAA Privacy Rule for practice-based researchers.** *Journal of the American Board of Family Practice* 2004; 17(6): 461-465.

## **Midwest Nursing Centers Consortium Research Network (MNCCRN)**

University of Wisconsin – Milwaukee College of Nursing POB 413

Milwaukee, WI 53201-0413

414-229-4189

Fax: 414-229-2640

Last update: Spring 2006

**Network Director:** Sally P. Lundeen, PhD, RN, FAAN      **e-mail:** slundeen@uwm.edu

**Deputy Director:** Laura Anderko, PhD, RN      **e-mail:** landerko@uwm.edu

**Network Coordinator:** Claudia Bartz, PhD, RN, FAAN      **e-mail:** cbartz@uwm.edu

**Web site:** <http://cfprod.imt.uwm.edu/nursing/mncc/DEV/index.cfm>

**Region encompassed by network:** Midwest (14 states)

**Year of network's founding:** 2001

**Mission of network:** The mission of the MNCCRN is to carry out a collaborative program of participatory community-focused research that will inform primary care practice, health professional education and health care policy.

**Ownership:** The MNCCRN is organized within the Midwest Nursing Centers Consortium. Operating resources are managed by the University of Wisconsin- Milwaukee.

**Academic affiliation:** The (18) MNCCRN-member academic nursing centers/nurse managed health centers are part of their specific university college/school of nursing.

**Type of governance:** The MNCC Governing Board and the MNCC Research and Nursing Information Systems Committee provide administrative oversight of the MNCCRN.

**Sources of support:** AHRQ Grant (2002-2004); RWJF Grant (2003-2004).

**Areas of research interest:** Community-based participatory research; translation of research into practice/evidence-based practice; health promotion, disease prevention; cardiovascular diseases; obesity, nutrition, physical activity; information technology in primary care, electronic health records, data warehousing; case management; practice improvement, quality improvement, PBRN operations.

**Number of member practices:** 18

**Number of member clinicians:** >80

**Number of patients served:** >17,000

**Percentage of members who are:**

Nurse practitioners/Advance Practice Nurses: 80%

Other allied health personnel: 20 %

**Requirements for membership:** Nursing centers with qualified staff who will participate in multi-site research. Nursing centers include, but are not limited to, community nursing organizations, nurse-managed health centers, nursing clinics, community nursing centers and academic nursing centers.

**Other PBRNs your network has collaborated with:** none to date.

**Network Accomplishments:**

1. Anderko, L., Bartz, C., & Lundeen, S. (2005). **Wellness for a lifetime: Improving lifestyle behaviors of low-income, ethnically diverse populations.** *Annals of Family Medicine*, 3:S35-S36.
2. Woolf, S., Glasgow, R., Krist, A., Bartz, C., Flocke, S., Holtrop, J., et al. (2005). **Putting it together: Finding success in behavior change through integration of services.** *Annals of Family Medicine* 3:S20-S27.
3. **Anderko, L., Bartz, C., & Lundeen, S. (In press). Practice-based research networks: Nursing centers and communities working collaboratively to reduce health disparities.** *Nursing Clinics of North America*.

## **Minnesota Academy of Family Physicians Research Network (MAFPRN)**

600 S. Highway 169, Suite 1680

St. Louis Park, MN 55426

Phone: 612-542-0130

Fax: 612-542-0135

Last update: 2005

**Director:** Kevin A. Peterson, MD, MPH    **e-mail:** peter223@umn.edu

**Contact:** Jacky Hanson, Research Coordinator    **e-mail:** hanso027@umn.edu

Phone: 612-625-0931

Fax: 612-624-3037

**Web Site:** <http://www.mafp.org>

**Region:** Minnesota and surrounding states

**Year Founded:** 1979

**Number of Clinicians:** 184

**Number of Practices:** 101

**Number of Patients Served:** Not available.

**Number of members who are:**

170 MD (family practice), 6 DO (family practice), 1 MS, 1 CNH, 1 Ed, 3 PhD, 1 Nurse Practitioner.

**Mission:** The mission of MAFPRN is to provide opportunities for practice-based research, education, and networking among primary care physicians. The goals of MAFPRN include:

1. To simplify initiation of individual research projects by network members.
2. To facilitate cooperative work among physicians with similar interest.
3. To promote interest among future or potential investigators.
4. To identify and acknowledge Minnesota family physicians involved in continuing research.

**Ownership:** The MAFPRN is a non-profit organization, affiliated with the Minnesota Academy of Family Physicians (MAFP) and MAFP Foundation.

**Governance:** The MAFPRN is governed by a representative steering committee and headed by the Research Network Director.

**Support:** The MAFPRN has historically been supported by the MAFP, MAFP Foundation and research grants from national organizations such as the American Academy of Family Physicians and the Agency for Healthcare Research and Quality.

**Membership Requirements:** Membership in the MAFPRN is open to individuals actively interested in participating in practice-based research. The majority of MAFPRN members are also members of the MAFP, although it is not a requirement.

**Other Networks Collaborated With:** The MAFPRN has collaborated with the Ambulatory Sentinel Practice Network (ASPN), American Academy of Family Physicians Research Network, Pediatric Research in Office Settings (PROS), Upper Peninsula Research Network (UPRNet), and the Wisconsin Research Network (WReN).

### **Work in Progress:**

**Asthma Apgar Study:** Funded by AHRQ, the purpose is to collaborate with rural PBBN physicians using participatory action research to modify and validate an asthma Apgar developed by the PI.

**BAA Contract; The electronic Primary Care Research Network (ePCRN):** Funded by the NIH roadmap, the principal aim of this proposal is to enable the development of an electronic infrastructure that facilitates the recruitment of subjects and the performance of randomized controlled trials (RCTs) in primary care practices anywhere in the United States, and that promotes the rapid integration of new research findings into primary care.

**Diabetes Outcomes Study:** Funded by the American Academy of Family Physicians through an unrestricted grant from Eli Lilly. The purpose of this study is to evaluate the patterns of care for diabetes in primary care practices. Data collection complete, papers in progress.

**Improving Diabetes by Primary Care Translation:** Funded by NIDDK, the purpose is to evaluate a highly developed multifaceted diabetes-specific intervention in 24 primary care clinics.

**MAFPRN Category 2 Study:** Funded by the Agency for Healthcare Research and Quality (AHRQ), the purpose of this exploratory study is to examine strategies for assuring that recommendations concerning colon cancer screening and diabetes care are translated into practice.

**Minnesota-Wisconsin Men's Health Study:** Funded by the University of Minnesota School of Public Health (National Cancer Institute grant), this is a case-control study of prostate cancer in the states of Minnesota and Wisconsin, Data collection complete, analyses underway.

**Motivating Healthy Habits:** Funded by Robert Wood Johnson Foundation, the purpose of this intervention is to engage participants in a series of semi-structured learning exercises to encourage reflection about how health behavior change is influenced by one's thoughts feelings, perceptions, and values.

**National Children's Study pilot:** This is a feasibility pilot for the National Children's Study (NCS), which is being undertaken by the NICHD and AHRQ. The aim of the pilot study is to determine whether practice-based research networks (PBRNs) will be able to recruit subjects, collect data, and submit urinalyses according to protocols modeled after those anticipated for the National Children's Study. The Minnesota Academy of Family Physicians Research Network (MAFPRN) is one of 6 PBRNs nationally to be awarded a contract from Indiana University and the National Opinion Research Center (collectively known as the "PBRN Resource Center") to participate in the feasibility pilot study.

**PRINS:** We are asking the majority of the members of the MAFPRN who are interested in participating in research projects to complete the PRINS so that we can better characterize our groups.

### **Network accomplishments:**

Please note: The MAFPRN collaborated in some fashion on projects described in the publications listed below, either directly or indirectly through participation of MAFPRN members.

1. Murphy JM, Kelleher K, Pagano ME, et al. **The family APGAR and psychological problems in children: a report from ASPN and PROS.** J Fam Pract 1998; 46:54-66.
2. Nutting PA, Baier M, Werner JJ, et al. **Practice patterns of family physicians in practice-based research networks: a report from ASPN.** J Am B Fam Pract 1999; 12:278-284.
3. Meredith LS, Rubenstein LV, Rost K, et al. **Treating depression in staff-model versus network-model managed care organizations.** J Gen In Med 1999; 14:38-48.
4. Zhang M, Rost KM, Fortney JC. **Earnings changes for depressed individuals treated by mental health specialists.** Am J Psych 1999; 156:108-114.

5. Gunzburger LK, Kees J, Peterson KA, Fischer JL. **Faculty development: continuing professional learning and education.** Poster presentation at Congress 2000: A Continuing Medical Education Summit, April 2000.

## **New Jersey Family Medicine Research Network (NJFMRN)**

1 World's Fair Drive  
Somerset, NJ 08873  
732-743-3282  
743-3395 FAX  
Last update: Spring 2006

**Medical Director:** Robert Spierer, MD

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**Research Director:** Benjamin Crabtree, PhD

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**Program Administrator:** Terry Falco  
732-743-3387

**e-mail:** falcote@umdnj.edu

**Website:** <http://www2.umdnj.edu/fmedweb/research/NJFMRN/>

**Region:** New Jersey

**Year Founded:** 2001

**Number of Clinicians:** 150

**Number of Practices:** 50

**Number of Patients Served:** 300,000

### **Number of members who are:**

Family Practice (90%), Pediatrics (1%), General Internal Medicine (1%), Nurse Practitioners (3%), and Physician Assistants (5%).

**Mission:** The mission of this primary care practice-based research network is to establish a community of practice for creating and managing knowledge that informs, serves, and improves primary care practices and the health of their patients in New Jersey. The NJFMRN must bring meaningful, added value to its participating membership.

**Ownership:** New Jersey Academy of Family Physicians/Foundation.

**Academic Affiliation:** UMDNJ-Robert Wood Johnson Medical School

**Governance:** Board majority practicing clinicians; advisory board including patients and consultants.

**Support:** NJAFP/Foundation, Department of Family Medicine UMDNJ-RWJMS, and the Cancer Institute of New Jersey (CINJ)

**Membership Requirements:** Member of NJAFP

**Areas of Research Interest:** Practice improvement, pharmaceutical trials relating to multiple aspects of Family Medicine.

### **Work in Progress:**

1. \$2.4 million NHLBI-funded trial of a systems intervention to improve adherence to multiple chronic disease management and screening guidelines. Funded by the National Heart, Lung, and Blood Institute.
2. CDC Flu Project – Three NJFMRN practices from diverse geographic regions are enrolled. A field researcher conducts a two week multi-method assessment of the practice during flu season. Subsequent visits are made to provide feedback to the practices and to collect

additional data. This study serves as a first step towards improving the delivery of the vaccination to diverse populations.

3. Healing and the Doctor-Patient Relationship – Robert Wood Johnson Foundation grant to study of the nature of healing in the doctor-patient relationship. Seven Network physicians and 28 of their patients will be interviewed about their experiences of healing. Insights gained from the interviews will be used to develop a survey tool, which will be administered to 400 physicians and patients in New Jersey.

4. Capacity Building in Organizational Research – A four-year intensive project to develop the personal research capacity of a family physician primary care health services researcher in New Jersey at the Robert Wood Johnson Medical School. One of the purposes of the research is to develop an instrument to measure organizational effectiveness relevant to primary care practice.

## **New York City Research and Improvement Network Group (NYC RING)**

1300 Morris Park Avenue  
Belfer Building, Room 908  
Bronx, NY 10461  
716-430-2154  
716-430-4685 Fax  
Last update: 2005

**Director:** M. Diane McKee, MD, MS

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**Network Coordinator:** Paul Meissner, MSPH

**e-mail:** pmeissne@montefiore.org

**Program Coordinator:** Eduardo Lacalle, MPH

**e-mail:** elacalle@aecom.yu.edu

**Region:** Bronx, New York, and Lower Manhattan

**Website:** <http://nycring.org>

**Year founded:** 2003

**Number of practices:** 20

**Number of clinicians:** 148 attendings

**Percentage of members who are:** Family physicians 56%, pediatricians 24%, internists 13%, OB/GYN 7%

**Network mission:** To define and strengthen the specific contributions of Family Medicine to primary care research through: 1) indentifying and addressing research questions important to family physicians, patients, families, and their communities, 2) defining and pursuing a research agenda focused on the specific health, disease, and health services issues of urban underserved patients, families, and communities, and 3) providing a research resource for undergraduate and graduate medical education in family medicine and community health.

**Academic affiliation:** Albert Einstein College of Medicine

**Governance:** Advisory Board with representation from residency/practice members

**Sources of Support:** AECOM institutional and hospital budgets, Federal and other grants anticipated

**Areas of research interest:** Primary care of urban underserved populations, chronic illness, end of life, methodologic issues in measuring family as the denominator of medical interventions, homelessness.

**Membership requirements:** Commitment to the underserved, participate in one study annually.

**Other Networks collaborated with:** South Florida

### **Studies in progress:**

- 1. NAMCS Replication in an Underserved Population** Funded by AECOM Department of Family Medicine.
- 2. Inter-observer variability of the Whiff test**
- 3. Psychological factors impeding control of Type 2 diabetes among inner-city Latinas.**
- 4. Rates and barriers of colorectal cancer screening**

5. **Cost-effectiveness of domestic violence interventions**
6. **A study of metabolic syndrome in primary care**
7. **Exploration of unmet health needs of adolescents in primary care**

## **The North Texas Primary Care Practice-Based Research Network (NorTex)**

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Fort Worth, TX 76107

817-735-2405

Fax: 817-735-5089

Last update: November 2006

**Network Director:** Roberto Cardarelli, DO, MPH

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**Network Coordinator:** Ana Chiapa, MS

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**Network contact person:** Carol Knisley

**E-mail:** NorTex@hsc.unt.edu

**Web site:** <http://www.hsc.unt.edu/NorTex/>

**Region encompassed by network:** North Texas/ Texas

**Year of network's founding:** 2005

### **Mission of network:**

Our mission is to create a forum for researchers and clinical practitioners in North Texas to collaborate in primary care research activities with the ultimate goal to improve the health of the North Texas community, especially the underserved and underrepresented populations, and to contribute to our country's scientific knowledge base

**Ownership:** University of North Texas Health Science Center at Fort Worth

**Academic affiliation:** University of North Texas Health Science Center/ Texas College of Osteopathic Medicine/ Department of Family Medicine/ Division of Education and Research

**Type of governance:** Scientific Review Committee and the Community Advisory Committee

**Sources of support:** University of North Texas Health Science Center (UNTHSC)/ Texas College of Osteopathic Medicine/ Department of Family Medicine/ Division of Education and Research/ UNTHSC School of Public Health/ UNTHSC Office of Research and Biotechnology/ UNTHSC Gibson Lewis Health Science Library

**Areas of research interest:** Health Disparities Research; Diabetes; Chronic disease; Primary care topics; Health systems; Osteopathic principles and manipulative therapy

**Number of member practices:** 50 +

**Number of member clinicians:** 100+

**Number of patients served:** 250,000

### **Percentage of members who are:**

Family physicians: 44%

Other physicians: 0%

General internists: 30%

Nurse practitioners: 1%

Pediatricians: 13%

Physician assistants: 1%

OB/GYN: 11%

**Requirements for membership:** A member must be:

- A clinician (DO, MD, PA, NP) in primary care, which includes family medicine, general internal medicine, geriatrics, general pediatrics, and obstetrics/gynecology.
- Willing to fill out the required membership form to provide information about their training, demographic characteristics, and experience.
- Willing to designate one member of the practice as the contact clinician who must fill out a second form describing characteristics demographics of the practice.
- Willing to display a furnished certificate and patient information brochures in the waiting room that identifies the practice as a site for collaborative research.
- In agreement that participation in NorTex studies effects practice routines in varying degrees. Studies may ask for completion of brief data collection forms (only part of which needs to be filled out by the practitioner). Some studies require informed consent from parents and/or patients. However, minimal disruption to the clinician's busy clinic is one of NorTex's highest priorities.
- In agreement that NorTex practices are not required to participate in all studies, but they are expected to remain active in the network by participating on a regular basis.

**Other PBRNs your network has collaborated with:** Although we are a new PBRN, we have been in communication with SPUR-Net in Houston who has been gracious in helping us as we develop. They have expressed interest to potential collaborate in the future.

**Network Accomplishments:**

**Studies in Progress:**

Grants (Received)

1. 1-P20-MD001633-01- NIH - Texas Center for Minority Health, Education, Research, and Outreach, To establish a center for health disparities education and research. 9/1/2005-8/31/2010
2. 1-P20-MD001633-010003 (Sub-study 2); NIH, Cardiovascular Disease, Perceived Discrimination, Social Support, and Sense of Control: Understanding Biological Pathways. This study will assess the relationship between psychosocial factors and cardiovascular disease. 1/1/2006-6/31/2007
3. University of North Texas Health Science Center EXPORT Intramural grant, Visceral fat and lipid and inflammatory risk factors: The role of ethnicity. To assess ethnic difference in visceral fat as a potential to excess cardiovascular risk. 2/1/2006-1/31/08
4. University of North Texas Health Science Center EXPORT Intramural grant; Ethnic disparity in a co-occurring disorders population. To assess ethnic differences in co-occurring medical conditions with bi-polar disorder. 2/1/2006-1/31/2008

5. Office of the President, University of North Texas Health Science Center, Development grant for the North Texas Primary Care Practice Based Research Network. To help support in the development of the North Texas Primary Care Research Network. 4/1/2005-3/31/2006
6. Office of the Dean, University of North Texas Health Science Center/TCOM, Continuation support for the North Texas Primary Care Practice Based Research Network. 9/1/2006-8/31/2007

Grants (Pending)

1. NIH - 4/1/2007-3/31/2009 - Racism and blood pressure control among Hispanics
2. NIH – Clinical Translational Service Award (University of Texas, Southwestern) 2007-2012 - The North Texas Primary Care Practice Based Research Network (NorTex) was approached as a collaborator for the CTSA submitted by UT Southwestern (\$30 million) for NorTex (\$5 million allocated)
3. American College of Osteopathic Family Physicians - 1/1/2007-12/31/2009 - North Texas Primary Care Practice Based Research Network Development Grant
4. Susan G. Komen Foundation - 5/1/2007-4/31/2010 - Patient-clinician communication, psychosocial factors, and mammogram screening among asymptomatic African American women.
5. American Cancer Society - 7/1/2007-6/30/2012 - Communication and mammogram screening among African American women.

**Completed Studies:**

**Manuscripts Accepted for Publication:**

**Published Research:**

1. Cardarelli R, Knisley C. The North Texas Primary Care Practice-Based Research Network (NorTex): Creating the largest osteopathic primary care research network. *Texas D.O.* 2005; 12(3): 28
2. Cardarelli R, Knisley C. The North Texas Primary Care Practice-Based Research Network (NorTex): Member recruitment in progress. *Tarrant County Physician.* 2005; 77(5): 11

## **Northeastern Ohio Network (NEON)**

4209 St. Rt. 44, PO Box 95  
Rootstown, Ohio 44272  
Phone: 330-325-6770  
Fax: 330-325-5903  
Last update: November 2006

**Director:** Anthony J. Costa, MD   **e-mail:** [acosta@neoucom.edu](mailto:acosta@neoucom.edu)

**Network coordinator:** Gary McCord, MA   **e-mail:** [gmccord@neoucom.edu](mailto:gmccord@neoucom.edu)

**Web site:** <http://www.neoucom.edu/audience/about/departments/FamMedicine/Research>

**Region:** Northeastern Ohio, primarily Akron, Youngstown, Kent and Canton

**Year Founded:** 1995

**Number of Clinicians:** 110 residents, 140 teaching physicians, 192 community-based physicians.

**Number of Practices:** 6 residency centers at 9 sites, 32 community-based sites, 12 underserved sites.

**Number of Patients Served:** Approx. 200,000

**Percentage of Members Who Are:** Family Medicine (100 )

**Mission:** To produce collaborative, consortium-wide research projects of interest to family medicine; provide a research resource for consortium family practice residency programs.

**Ownership:** Northeastern Ohio Universities College of Medicine, Department of Family Medicine.

**Governance:** Collaborative, via a representative from each of our six family practice residency programs and private practice representatives.

**Academic Affiliation:** Northeastern Ohio Universities College of Medicine

**Support:** Originally funded by a departmental development grant (1995-97); now a function of the Department of Family Medicine.

**Membership Requirements:** Faculty and residents at each of the six family practice residency programs associated with the medical school. Interested community practitioners also participate.

**Other Networks Collaborated With:** Research Association of Practicing Physicians

### **Work in progress:**

Labuda Schrop S, Costa A, McCord G, Pendleton BF, Dullabh P. Empowering low-income, medically underserved mothers to improve family nutrition.

Costa A, Labuda Schrop S, McCord G, Office of Research. Expanding and enhancing the Northeastern Ohio Network, family medicine's practice-based research network.

Labuda Schrop S, McCord G, Pendleton BF, Kinion E, Stockton L, McCormick KF, Ritter C, Cray J, Gil KM. Preventive health discussions at clinics for the medically underserved.

Gillette R, McCord G, Labuda Schrop S, Selius B, Davidson E, Hannan S. Disparity Among Family Physicians in the Management of Grade I Ankle Sprains.

Labuda Schrop S, Cray J, Pendleton BF, Kinion E. Access to and utilization of health care: A new Organic Behavioral Model.

Stange K, McCord G, Gotler R, Smucker W, Selius B, Hannan S, McCormick K, Labuda Schrop S, Bourguet C. Practice based research network characterization and automated NAMCS by patient report.

McCormick KF, Labuda Schrop S, Pendleton BF, McCord G, Cray J, Kinion E, Ritter C, Stockton L. Concordance of patient report and charting of preventive health care.

Labuda Schrop S, Pendleton BF, McCord G, Cray J, Kinion E, McCormick KF, Ritter C, Stockton L. Use of a computer kiosk to deliver patient education in clinics for the medically underserved.

Costa A, McCord G, Labuda Schrop. Meeting quality standards for diabetic patients.

Davidson E, Office of Research. Improving lipid levels using the Mobile Lipid Clinic PDA software.

Gilchrist VJ, McCord G, Office of Research. Evaluation of the Components of Primary Care at the Department of Family Medicine's residency training sites.

Labuda Schrop S, Sutton J, Gilchrist VJ, McCord G. Exercise as a function of stage of change in private practice offices.

Gilchrist VJ, McCord G. Decision making in the management of hypertension.

### **Network Accomplishments:**

McCord G, Smucker W, Selius B, Hannan S, Davidson E, Labuda Schrop S, Rao V, Albrecht P. Answering questions at the point of care: Practicing EBM or managing information sources? Academic Medicine, in press.

Labuda Schrop S, Pendleton BF, McCord G, Gil K, Stockton L, McNatt J, Gilchrist VJ. The medically underserved: Who is likely to exercise and why? J Health Care Poor Underserved 2006,17,276-289.

Wagner EJ, McCord G, Stockton L, Fedyna DM, Gilchrist VJ, Schroeder L, Sheth S. Teaching and evaluation of a human sexuality curriculum. Med Teach 2006,28,180-182.

Gilchrist VJ, McCord G, Labuda Schrop S, King BD, McCormick KF, Oprandi AM, Selius BA, Cowher M, Maheshwary R, Patel F, Shah A, Tsai B, Zaharna M. Physician activities during time out of the examination room. Ann Fam Med 2005,3,494-499.

Costa A, Labuda Schrop S, McCord G, Ritter C. Depression in family medicine faculty. Fam Med 2005;37:271-275.

Sutton J, McCord G, Stockton L, Fedyna D, Gilchrist V. Handheld computer use in a family medicine clerkship. Acad Med 2004,79:1120-1126.

McCord G, Gilchrist VJ, Grossman S, Labuda Schrop S, King B, McCormick K, Oprandi A, Selius B, Smucker W, Weldy D, Amorn M, Carter M, Deak A, Hefzy H, Srivastava M. Discussing spirituality with patients: A rational and ethical approach. *Ann Fam Med* 2004,2, 356-361.

Gilchrist VJ, Stange K, Flocke SA, McCord G, Bourguet CC. A comparison of the National Ambulatory Care Survey (NAMCS) measurement approach with direct observation of outpatient visits. *Med Care* 2004,42:276-80.

Gil K, Schrop SL, Kline SC, Kimble EA, McCord G, McCormick K, Gilchrist VJ. "Decisional Balance in Smokers Attending Clinics for the Underserved." Online version of the *Journal of Family Practice*, December 2002.

Stange KC, Zyzanski SJ, Gilchrist VJ et. al. "Illuminating the 'black box': A description of 4454 patient visits to 138 family physicians." *Journal of Family Practice* 1998;46(5):377-389.

Bourguet C, Gilchrist V, McCord G, NEON. "The consultation and referral process: A report from NEON." *Journal of Family Practice*, 1998, 46:47-53.

Costa A, Schrop S, McCord G et. al., "To stay or not to stay: Recruiting and retaining family practice residents for your community", *Family Medicine*, 1996; 28:214-219.

Scheid D, Logue E, Gilchrist V et. al., "Do we practice what we preach? Comparing the patients of faculty and residents", *Family Medicine*, 1995; 27:519-524.

Casey L, Gillanders WR, Oprandi A et. al., "The economic analysis of five family medicine residency programs", *Family Medicine*, 1995; 27:424-30.

Gilchrist V, Miller RS, Gillanders WR, et al. "Does family medicine practice at residency teaching sites reflect community practice?" *Journal of Family Practice*, 1993; 37:555-563.

## **Northwest Ohio Primary Care Research Network (NOPCRN)**

1015 Garden Lake Parkway  
Toledo, OH 43614  
419-383-5561  
419-382-7876 Fax  
Last update: 2005

**Director:** Kenneth Bertka, MD / Sandra Puczynski, PhD

**e-mail:** bertka@mindspring.com / spuczynski@mco.edu

**Network Coordinator:** Wendy Boone, RN

**E-mail:** joint\_research\_program@mco.edu

**Network contact person:** Sandra Puczynski, PhD

**Region encompassed by network:** Northwest Ohio

**Year founded:** 1999

**Number of member practices:** 76

**Number of member clinicians:** 120

**Number of patients served:** still gathering data

**Percentage of members who are:** Family physicians: 55.8%, General internists: 13.9%, Pediatricians: 22.5%, Other physicians <.1%, research personnel: .1%, other allied health personnel: <.1%

**Mission:** The mission of the Northwest Ohio Primary Care Research Network (NOPCRN) is to conduct collaborative practice-based research to enhance primary care practice and improve the health of children and adults in our communities. The mission will be accomplished through the establishment of a network that engages practicing physicians by active participation in the development, planning, implementation, and dissemination of relevant outcomes-based research.

**Ownership:** The community

**Academic affiliation:** Medical College of Ohio

**Type of governance:** Advisory Committee

**Sources of support:** Core support for NOPCRN is provided by a grant from the Health Resources and Services Administration Bureau of Health Professionals.

**Areas of research interest:** Diabetes, adherence, depression, immunizations, antibiotics vs health promotion/disease prevention, elderly issues.

**Other network s you have collaborated with:** none at this time

## **Completed Studies:**

### **1. Diabetes Screening Project.**

Purpose: To implement and evaluate a risk assessment and screening protocol for identifying patients at risk for Type 2 Diabetes Mellitus and Impaired Fasting Glucose. This was a descriptive observational study conducted in four primary care practices in the Northwest Ohio Primary Care Research Network.

Funded by: American Academy of Family Physicians/AAFP Foundation

Presentations: NAPCRG, October 2003, Banff, Alberta, Canada.

Publications: Manuscript in process.

### **2. Pneumococcal Conjugate Vaccine Shortage: Challenges Faced in the Clinical Setting**

Purpose: To examine the challenges experienced by primary care physicians during the Prevnar vaccine shortage and to evaluate the tracking and recall systems used to capture patients whose vaccines were deferred. This was a multi-method study (survey plus telephone interviews) of 44 primary care physicians in Northwest Ohio.

Funded by: American Academy of Pediatrics Resident Research Award

Presentations: American Academy of Pediatrics, AAP Section on Resident Education Program, October 2003, New Orleans, LA.

### **3. Medication Adherence and Depression**

Purpose: To examine attitudes and behaviors associated with adherence to antidepressant medication. Survey of 150 patients treated with depression medications.

Funded by: Lilly Pharmaceuticals, Medical College of Ohio

Presentations: Third Annual Convocation of Practices and Networks, March 2003, Arlington, VA and NAPCRG, October 2003, Banff, Alberta, Canada.

## **Studies in progress:**

### **1. Goal Setting to Improve Healthy Lifestyle Behaviors: A NOPCRN Study**

Purpose: A Prescription for Health Grant, the purpose of this study is to examine the effectiveness of a multi-component lifestyle activity intervention that includes goal setting for increasing physical activity and healthy eating on specific health outcomes. This is a randomized, cross-over trial with a 16-week intervention period in patients with BMI  $\geq 25$  kg/m<sup>2</sup> and Impaired Fasting Glucose.

Funded by: Robert Wood Johnson Foundation in collaboration with AHRQ.

### **2. Falls in the elderly.**

Purpose: To test the effectiveness of an intervention designed to reduce falls in the elderly. This study is being conducted in 11 practices.

Funded by: HCR Manor Care Foundation/MCO

## **Oklahoma Physicians Resource/Research Network (OKPRN)**

Rural Health Projects, Inc.  
Northwest Oklahoma State University  
2929 E. Randolph, Room 130  
Enid, Oklahoma 73701  
Ph: (580) 213-3166  
Fax:(580) 213-3167  
[admin@okprn.org](mailto:admin@okprn.org)  
Last update: November 2006

**President, Board of Directors:** James W. Mold, MD, MPH  
**e-mail:** james-mold@ouhsc.edu

**Research Director:** James W. Mold, MD, MPH  
**e-mail:** james -mold@ouhsc.edu

**Contact:** Zsolt Nagykaldi, PhD, Network Coordinator  
**e-mail:** zsolt-nagykaldi@ouhsc.edu

**Web site:** www.okprn.org  
1

**Region:** Oklahoma (state-wide)

**Year Founded:** 1994

**Number of Clinicians:** 249

**Number of Practices:** 96

**Number of Patients Served:** 350,000

**Percentage of Members Who Are:** Family Medicine (99), Internist (0.5), OB/GYN (0.5)

**Mission:** To improve the quality of primary health care in Oklahoma through collaboration and research.

**Ownership:** OKPRN, a free-standing not-for-profit organization.

**Governance:** Board of Directors, Director, bylaws, participatory democracy

**Support:** Oklahoma Academy of Family Physicians, Department of Family and Preventive Medicine (OUHSC), Oklahoma State Medical Association, Oklahoma State Department of Health, Oklahoma Foundation for Medical Quality, Oklahoma Health Care Authority, and research grants/contracts.

**Membership Requirements:** Active: attendance at 50% of convocations; participation in one-third of projects. Affiliate: None.

**Research Interests:** Varied, e.g., primary and secondary prevention, common symptoms, chronic care, cognitive screening, peripheral neuropathy, diabetes care, primary care processes.

**Other Networks Collaborated With:** Chunan Practice-Based Research Network in Korea, the Texas Academy of Family Physicians Network, South Texas Research Network (STARNet), Electronic Primary Care Research Network (ePCRN) member networks.

**Work in progress:**

**Project Title:** "AZMATICS/Azithromycin Trial In Community Settings"  
**PO No.:** H-2005-0258  
**Principal Investigator:** David Hahn, M.D. Univ of Wisconsin  
**Project Dates:** 05/01/06 – 12/31/08  
**Sponsor:**  
**Annual Direct Costs:** \$2,500

This is a multi-center RCT to determine within a 3-months course of weekly azithromycin can benefit adult patients with asthma.

**Project Title:** "Enhance the Rate and Quality of EPSDT Examinations"  
**PO No.:**  
**Principal Investigator:** James W. Mold, M.D., M.P.H.  
**Project Dates:** 07/01/06 – 06/30/07  
**Sponsor:** Health Care Authority  
**Annual Direct Costs:** \$36,064

The purpose of this project is to improve both the rate and quality of EPSDT examinations performed in primary care offices in eight Canadian County practices and in eight other selected practices throughout the state.

**Project Title: "Creating a New Model of Delivery for Preventive Services"**

**PO No.:** HR05-083  
**Principal Investigator:** James W. Mold, M.D., M.P.H.  
**Project Dates:** 07/01/05 – 06/30/07  
**Sponsor:**  
**Annual Direct Costs:** \$44,999

The major goal of this project is to establish and then study, within a single primary care practice in Weatherford, Oklahoma, a model, evidence-based preventive services delivery system. The model system, which will substantially separate preventive services from routine office visits, will include brief, periodic "longevity visits" between physician and patient followed by longitudinal interactions between the patient and a preventive services nurse. The entire process will be facilitated by a computerized patient registry with decision support, recall and reminder, and audit functions.

**Project Title:** "Improving Colorectal Cancer Screening in Primary Care"  
**PO No.:** 5 R21 CA100518-02  
**Principal Investigator:** Dewey Scheid, M.D., M.P.H.  
**Project Dates:** 07/01/03 – 03/30/07  
**Sponsor:**  
**Annual Direct Costs:** \$100,000

To use "best practices research" to identify effective and efficient colorectal screening processes in a primary care based research network.

**Project Title:** "Systematic Delivery of Brief Behavioral Counseling in Primary Care"

**PO No.:** 62333  
**Principal Investigator:** James W. Mold, M.D., M.P.H.  
**Project Dates:** 07/01/05-06/30/07  
**Sponsor:**

Principal Investigator: James W. Mold, M.D., M.P.H.  
Project Dates: 07/01/05-06/30/07  
Sponsor: for Research in Schizophrenia and Affective  
Annual Direct Costs: \$18,000

The purpose of this study is to examine the effect (good or bad) of past mood difficulties on thinking in older adults. Additionally, the study will examine the effect of past psychiatric treatments on thinking in adults as they age.

### **Network accomplishments**

- Established in 1994. One of the most experienced and successful primary care practice-based research networks in the world. Includes family physicians, general internists, pediatricians, obstetricians, nurse practitioners, and physicians assistants from communities throughout Oklahoma.
- Working relationships established through boards, committees, and contracts with the University of Oklahoma Health Sciences Center, the Oklahoma State University College of Osteopathic Medicine, the Oklahoma State Department of Health, the Oklahoma Foundation for Medical Quality, the Oklahoma Health Care Authority, the Oklahoma State Medical Association, and the Oklahoma Academy of Family Physicians.
- More than \$3 million in external research funding has been obtained from 15 different funding sources.
- 33 papers published in peer-reviewed journals.
- Largest published series of brown recluse spider bites in the medical literature.
- Largest published study of night sweats in the medical literature.
- More than 50 presentations of research findings and PBRN methods at national and international conferences.
- Introduction of practice facilitators to U.S. practice-based research networks (PBRNs).
- Introduction of the best practices research method to PBRNs.
- More than 3000 hours of time contributed by full-time primary care clinicians to improving primary health care services for Oklahomans. This represents nearly a half million dollars of clinician “in-kind” contributions to this effort.
- More than 12,000 hours of quality improvement support provided to Oklahoma clinicians.
- One of the first PBRNs to become an independent non-profit organization.
- Continuous representation on the Steering Committee of the Federation of Practice-Based Research Networks. Member, International Federation of Practice-Based Research Networks.
- One of 29 clinical practice networks and one of 4 primary care PBRNs included in the NIH IECRN Best Practice study conducted in 2006 by the Westat Corporation.

### **Selected OKPRN publications**

Nagykaldi Z, Stone J, Fox C, Fontaine P, Gallo S, Peterson K. Improving Collaboration Between Primary Care Practice-Based Research Networks Through The Use of Access Grid Technology, *In Preparation*.

Nagykaldi Z, Mold JW. The Role of Health Information Technology In The Translation of Research Into Practice, *J Am Board Fam Med*, In Press.

Mold JW, Enright MM, Oehlert WH. Improving the quality of care for diabetic patients using best practices research and practice enhancement assistants. *In preparation*.

Nagykaldi Z, Mold JW, Robinson A, Niebauer L, Ford A. Practice Facilitators And Practice-Based Research Networks. *J Am Board Fam Med* 2006 September-October;19(5):506-510.

[PubMed](#)

Mold JW, Wooley J, and Nagykaldi Z. Associations between night sweats and sleep disturbances. *Ann Fam Med* 2006 Sep-Oct;4(5):423-6

[PubMed](#)

Nagykaldi Z, Mold JW, Bradley KK, Bos JE. Bridging The Gap Between Public And Private Health Care: Influenza-Like Illness Surveillance In A Practice-Based Research Network. *J Public Health Manag Pract* 2006 Jul;12(4):356-364

[PubMed](#)

Cho DY, Mold JW, Roberts M. Further Investigation of the Negative Association between Hypertension and Peripheral Neuropathy in the Elderly: An Oklahoma Physicians Resource/Research Network (OKPRN) Study. *J Am Board Fam Med* 2006 May-Jun;19(3):240-50.

[PubMed](#)

Cotton A, Aspy CB, Mold J, Stein H. Clinical Decision-Making in Blood Pressure Management of Patients with Diabetes Mellitus: An Oklahoma Physicians Resource/Research Network (OKPRN) Study. *J Am Board Fam Med* 2006 May-Jun;19(3):232-9.

[PubMed](#)

Ferrell CW, Aspy CB, Mold JW. Management of prescription refills in primary care: an Oklahoma Physicians Resource/Research Network (OKPRN) study. *J Am Board Fam Med*. 2006 Jan-Feb;19(1):31-8.

[PubMed](#)

Nagykaldi Z, Mold JW, Aspy CB. Practice Facilitators: A Review of the Literature. *Family Medicine* 2005;37(8):581-8.

[PubMed](#)

Mold JW and Peterson K. Primary Care Practice-Based Research Networks: At the intersection of research and quality improvement. *Annals of Family Medicine* 2005;3(Suppl 1)S12-S20.

Mold JW and Thompson DM. Management of brown recluse spider bites in primary care. *JABPF* September/October 2004, 17(5): 347-352.

[PubMed](#)

Mold JW, Aboshady HM, and Roberts AM. Prevalence and predictors of night sweats, day sweats, and hot flashes. *Annals of Family Medicine* 2004 September/October, 2(5): 391-397.

[PubMed](#)

Mold JW, Vesely S, Schenk, J, Keyl B, and Roberts AM. The prevalence, predictors, and consequences of peripheral sensory neuropathy in older patients. *JABFP* September-October 2004, 17(5): 309-318.

[PubMed](#)

Mold JW, Fryer GE and Roberts AM. When do older patients change primary care physicians? *JABFP* November 2004 17: 453-460.

[PubMed](#)

Mold JW. Management of brown recluse spider bites by family physicians. *J Am Board Fam Pract* 2004;17:347-52. [PubMed](#)

Mold JW, Gregory ME. Best Practices Research. *Family Medicine* 2003 February, 35(2): 131-134. [PubMed](#)

Roberts M and Mold JW. Primary care network survey. *Presented at OKPRN Convocation 2/2003*.

Nagykaldi Z, Mold JW. Diabetes Patient Tracker, a personal digital assistant-based diabetes management system for primary care practices in Oklahoma Oklahoma. *Diabetes Technol And Therapeutics* 2003;5(6):997-1001. [PubMed](#)

Mold JW, Mathew MK, Belgore S, DeHaven M. Prevalence of night sweats in primary care patients. An OKPRN and TAFP-Net collaborative study. *The Journal of Family Practice* 2002 May, 51(5): 452- 456. [PubMed](#)

Hulson TD, Mold JW, Scheid D, Aaron M, Aspy CB, Ballard NL, Boren N, Gregory ME, Truong TC. Diagnosing Influenza: The Value of Clinical Clues and Laboratory Tests. *The Journal of Fam Pract* 2001 December. 50(12): 1051-1056. [PubMed](#)

Mold JW, Cacy DS, Dalbir DK. Management of Laboratory Test Results in Family Practice. An OKPRN Study. *The Journal of Family Practice*, 2000 August. 49(8): 709-715. [PubMed](#)

Cacy J, Mold JW. The Clinical Characteristics of Brown Recluse Spider Bites Treated by Family Physicians: An OKPRN Study. *The Journal of Family Practice* 1999. 48(7): 536-542. [PubMed](#)

Mold JW, Cacy JR, Barton ED. Patient-Physician E-Mail Communication. *J Oklahoma State Med Assoc*, 1998 September. 91(6): 331-334. [PubMed](#)

Mold JW, Barton ED. OAFP starts practice-based resource/research network. *J State Med Assoc*, 1996 Dec;89(12):433-4. [PubMed](#)

## **Oregon Rural Practice Based Research Network (ORPRN)**

Oregon Health & Science University  
3181 SW Sam Jackson Park Road, Mail Code L222  
Portland, OR 97239-3098  
503-494-1584  
Last update: November 2006

**Director:** Lyle J. (LJ) Fagnan, MD

**e-mail:** fagnanl@ohsu.edu

**Network Coordinator:** Anne King, MBA

**e-mail:** kinga@ohsu.edu

**Network contact person:** Margaret Christensen

**email:** christem@ohsu.edu

**Region encompassed by network:** Rural Oregon

**Year founded:** 2003

**Number of member practices:** 36

**Number of member clinicians:** 120

**Number of patients served:** 120,000 (estimate)

**Percentage of members who are:** Family physicians: 60%, General internists: 7%, General Pediatricians: 5%, Nurse Practitioners: 16%, Physician Assistants: 12%

**Mission:** To improve the health of rural populations in Oregon through conducting and promoting health research in partnerships with the communities and practitioners we serve.

**Ownership:** Oregon Health and Science University

**Academic affiliation:** Oregon Health and Science University

**Type of governance:** Steering Committee

**Sources of support:** Grants, OHSU Oregon Opportunity Initiative.

**Requirements for membership:** A voting member of ORPRN may be any clinically active, primary care clinician (MD, DO, RN, PA, NP) whose practice is based in a rural Oregon community. The clinician agrees to provide initial and annually updated professional and practice information each year and actively participate in selected network practices.

**Areas of research interest:** Translating research into practice and community-participatory research.

**Other networks you have collaborated with:** none at this time

### **Current Research Studies**

***Osteoporosis Screening in Rural Oregon. Funded by Eli Lilly through a grant to the Bone and Mineral Unit at OHSU; PI: Eric Orwoll, MD; 5/04-12/06.*** This project includes an emailed survey of clinicians in nine ORPRN practices and a mailed survey sent to approximately 6,000 women age 65 and older in the same nine communities. The objective is to understand osteoporosis screening, care and attitudes, and their potential relationship to access to DEXA scans in rural communities.

**Rural Oregon Immunization Initiative. Funded by The Centers for Disease Control and Prevention through the Oregon Department of Health and Human Services, and the American Academy of Family Physicians Foundation; PI: Lyle Fagnan, MD; 3 phases-5/04-present.** In the initial stage (Phase 1), ORPRN staff conducted a mail survey of all 1,100 rural clinicians in Oregon regarding immunization knowledge, attitudes, and practice. A mixed-methods Phase 2 study evaluated the use of a statewide immunization registry in 11 ORPRN clinics through chart abstraction. A qualitative assessment aimed at discerning the barriers to childhood immunization included provider, local health department, and parent focus groups.

**RxSafe – Using Information Technology to Improve Medication Safety for Rural Elders. Funded by the Agency for Healthcare Research and Quality (AHRQ); PI: Paul Gorman, MD.** This project takes place in rural Lincoln County and utilizes a coastal hospital, ORPRN-member clinics, all of the community's pharmacies, three long-term care facilities, and a community advisory board. A patient-centered master medication information system has been developed with the objectives of reducing the medication errors created in transfer between care giving institutions and creating a system that is scalable and sustainable.

**Evidence-based Practices: An Opportunity to Prevent Behavioral Health Disorders in Children Ages 0-6 Years. Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) through the State of Oregon; PI: Lyle Fagnan, MD.** This study implements a regimen of systematic screening for developmental delay and behavioral disorders at well-child checkups. For children who screen at risk, a community-wide case management and referral process has been implemented. ORPRN is responsible for the overall project, including designing the screen using validated instruments, a quantitative assessment of outcomes on all children in the practice to determine the prevalence of delay, and conducting a qualitative assessment of practice and family impact. The study is a collaboration of ORPRN, the ORPRN clinics, and the county-wide mental health provider in rural Lake County in Southeastern Oregon.

**Rural Collaborative Project to Improve Diabetic and Cardiovascular Health in Oregon. Funded by The Centers for Disease Control and Prevention through the Oregon Department of Health and Human Services.** This project was developed in partnership with ORPRN, the Oregon Department of Health and Human Services and Acumentra, the statewide quality improvement organization. The partners have conducted a series of seminars to instruct clinicians of 12 ORPRN clinics in the Chronic Care Model and assist them in applying quality improvement practices to their care of patients with diabetes and/or hypertension.

**Chronic Opioid Therapy and Preventive Services. Funded by the American Academy of Family Physicians Foundation; PIs: David Buckley, MD, James Calvert, MD.** This is a retrospective cohort study in seven ORPRN clinics to investigate potential associations between chronic opioid therapy for non-malignant pain in the primary care setting and the performance of preventive health services.

**Rural Health Coaching. Funded by the Federal Office of Rural Health Policy; PI: Paul McGinnis, MPA.** This project trained health professionals from three ORPRN communities in motivational interviewing/behavior change techniques. ORPRN clinicians refer patients to the health coaches to work with them on lifestyle changes pertaining to physical activity and diet.

**Treatment Guidelines for MI in Rural Oregon. Funded by the NIH National Research Service Award; PI: Stephen Riley, MD.** National guidelines for acute treatment of MI require revascularization early in the course of care. As most rural hospitals do not have facilities for revascularization, they are required to refer to one of two cardiovascular care centers in the region. This study examines if the rate of referral of rural patients has increased after implementation of national guidelines.

**Using Military and Aviation Simulation Experience to Improve Rural Obstetric Safety. Funded by the Agency for Healthcare Research and Quality; PI: Jeanne-Marie Guise, MD, MPH.** This intervention implements aviation crew resource management and medical simulation training to improve the safety of obstetric care in Oregon rural communities statewide.

**Strengthening Oregon Community Services. Funded by the Maternal and Child Health Bureau; PI: Jim Ledbetter, MD.** This initiative aims to enhance community systems of care for children and youth with chronic conditions including physical, cognitive and mental health impairments. The project focuses on the development and enhancement of practice-based family and professional teams that work together to improve care within the practice for children with special health care needs.

**Enhancing Dementia Diagnosis and Treatment. Funded by the Agency for Healthcare Research and Quality; PI: Linda Boise, PhD.** This AHRQ-funded study which began in July, 2006 tests a modified version of a dementia screening model in rural elders in six ORPRN clinics.

**Screening and Preventive Services for Adults with Disabilities in Rural Primary Care Practice. Funded by the American Academy of Family Physicians Foundation; PI: David Buckley, MD.** This pilot study in a single ORPRN clinic is examining the concordance between patient reports of disability and the clinic medical records.

**Oregon Women's Study. Funded by the Northwest Health Foundation, the Collins Foundation and private donors; PI: Cynthia Morris, PhD, MPH.** This pilot study, which began in August of 2006, takes place in the rural community of Klamath Falls. The pilot examines the feasibility of implementing a 3-cohort study of women prior to, during, and after pregnancy, conducting anthropomorphic measurements, nutritional assessments, 3-D ultrasound assessment of the fetus, and gene regulation in a placental sample. The larger study planned if the pilot is successful is designed to examine the association between maternal nutrition and fetal growth and development.

## **Pediatric Practice Research Group (PPRG)**

Children's Memorial Hospital  
2300 Children's Plaza, #157  
Chicago, IL 60614  
312-573-7782  
312-573-7826 Fax  
Last update: November 2006

**Director:** Helen J. Binns, MD, MPH

**e-mail:** hbinns@northwestern.edu

**Contact:** Sherry Lyons, MA

**e-mail:** slyons@childrensmemorial.org

**Web Site:** [www.childrensmrc.org/pprg](http://www.childrensmrc.org/pprg)

**Region:** Metropolitan Chicago area

**Year Founded:** 1984

**Number of Clinicians:** About 480

**Number of Practices:** 77

**Number of Patients Served:** Not known

**Percentage of members who are:** Pediatricians (83), Nurse practitioners (14), Family Medicine (3)

**Governance:** Steering committee and Parent Advisory Board

### **Academic Affiliation**

Children's Memorial Hospital, Northwestern University, Loyola University, University of Chicago, Evanston Northwestern Hospital, University of Illinois at Chicago, Cook County Hospital

**Support:** Grants

### **Membership Requirements**

Members must be child health providers, not hospital-based nor subspecialty practice. All providers in a practice become members.

**Research Interests:** Patient-oriented outcomes research.

**Other Networks Collaborated With:** PROS

### **Work in progress**

1. Various research related to assessment and counseling of families related to tobacco
2. Various studies that describe the primary care encounter
3. Improving Medication Use For ADHD in Primary Care
4. A Prospective Study of Chronic Fatigue Syndrome in Adolescents
5. An exploration of parent and child interactions in relationship to children's behavioral and emotional problems
6. Various studies that examine practice systems and provider actions related to child overweight identification and management

### **Network accomplishments**

1. Binns HJ, LeBailly SA, Fingar AR, Saunders S; for the Pediatric Practice Research Group. **Evaluation of risk assessment questions used to target blood lead screening in Illinois.** *Pediatrics* 1999;103:100-106.
2. Benuck I, Gidding SS, Binns HJ. **Identification of Adolescent Tobacco Users in a Pediatric Practice.** *Archives of Pediatric and Adolescent Medicine* January 2001; 155:32-35.
3. Lavigne JV, Cicchetti C, Gibbons RD, Binns HJ, Larsen L, DeVito C. **Oppositional defiant disorder with onset in preschool years: longitudinal stability and pathways to other disorders.** *Journal of the American Academy of Child and Adolescent Psychiatry* 2001; 40:1393-1400.
4. Flaherty EG, Sege R, Mattson CL, Binns HJ; for the Pediatric Practice Research Group. **Assessment of suspicion for abuse in the primary care setting.** *Ambulatory Pediatrics* 2002; 2:120-126.
5. LeBailly S, Ariza A, Bayldon B, Binns HJ; for the Pediatric Practice Research Group. **The origin and evolution of a regional pediatric practice-based research network: Practical and methodological lessons from the Pediatric Practice Research Group.** *Current Problems in Pediatric and Adolescent Health Care* 2003; 33:124-134.
6. Thomas DG, Flaherty EG, Binns HJ; for the Pediatric Practice Research Group. **Parent expectations and comfort with discussions of normal childhood sexuality and sexual abuse prevention during office visits.** *Ambulatory Pediatrics* 2004;4;232-236.
7. Ariza AJ, Binns HJ, Christoffel KK; for the Pediatric Practice Research Group. **Evaluating computer capabilities in a primary care practice-based research network.** *Ann Fam Med* 2004;2:418-420.
8. Mears CJ, Taylor RR, Jordan KM, Binns HJ; for the Pediatric Practice Research Group. **Sociodemographic and symptom predictors of fatigue in an adolescent primary care sample.** *J Adolesc Health* 2004;35:528.e21-528.e26.
9. Ariza AJ, Greenberg RS, LeBailly SA, Binns HJ; for the Pediatric Practice Research Group. **Parent perspectives on messages to be delivered after nutritional assessment in pediatric primary care practice.** *Ann Fam Med* 2005;3(suppl 2):S37-S39.
10. Eckstein, KC, Mikhail LM, Ariza AJ, Thomson JS, Millard SC, Binns HJ; for the Pediatric Practice Research Group. **Parents' perceptions of their child's weight and health.** *Pediatrics* 2006;117:681-90.

## **Pediatric Research in Office Settings (PROS)**

### **Network Address, Phone, Fax**

Center for Child Health Research  
American Academy of Pediatrics  
141 Northwest Point Blvd.  
P.O. Box 927  
Elk Grove Village, IL 60009-0927  
Phone: 800-433-9016 x7623  
Fax: 847-228-9651  
Last update: 2004

**Director:** Richard C. "Mort" Wasserman, MD, MPH

### **Director's Address, Phone, Fax, E-mail**

PROS Network, Vermont Office  
111 Colchester Ave. Burgess 421  
Burlington, VT 05401  
Phone: 802-656-4611  
Fax: 802-656-5225  
E-mail: [rwasserm@zoo.uvm.edu](mailto:rwasserm@zoo.uvm.edu)

**Network Coordinator:** Norma De Santiago, PROS Project Assistant

E-mail: [ndesantiago@aap.org](mailto:ndesantiago@aap.org)

**Contact:** Eric J. Slora, PhD

E-mail: [eslora@aap.org](mailto:eslora@aap.org)

**Web Site:** <http://www.aap.org/pros/>

**Region:** United States

**Year Founded:** 1986

**Number of Clinicians:** ~ 1800

**Number of Practices:** ~ 650

**Number of Patients Served:** ~ 2.5 million

**Percentage of members who are:** Family Medicine (<1), Pediatricians (89), Nurse Practitioners (9), Physician Assistants (1)

### **Mission**

To improve the health of children by conducting collaborative, practice-based research to enhance primary care practice.

**Ownership:** Center for Child Health Research, American Academy of Pediatrics (AAP)

**Governance:** Steering committee

**Academic Affiliation:** None

### **Support**

Maternal and Child Health Bureau (MCHB), Agency for Healthcare Research and Quality (AHRQ), American Academy of Pediatrics (AAP), plus project-specific funding from various agencies, foundations and corporate sources.

### **Membership Requirements**

A PROS member can be any primary care practitioner working in a practice that has an AAP member.

### **Other Networks Collaborated With**

ASPN, PPRG, NMAPedsNet, CORNET

### **Work in progress**

1. **Life Around Newborn Discharge:** 1) Describe readiness of mother and newborn for postpartum hospital discharge based upon maternal, pediatric and obstetrical perceptions and clinical judgments, and explore determinants of readiness; 2) Examine the relationship between maternal, pediatric and obstetrical perceptions and clinical judgments of mother/infant readiness for postpartum hospital discharge on health care utilization, health-related behaviors, and infant and maternal health status during the first four weeks after discharge. Funded by Maternal and Child Health Bureau.
2. **The Randomized Control Trial to Prevent Child Violence:** a four-year study, funded by the National Institute of Child Health and Human Development (NICHD) and Agency for Healthcare Research and Quality (AHRQ). This study will test the effectiveness of a new violence prevention screening and counseling approach that is easily incorporated into check-ups in a busy primary care office. This project involves two groups of practitioners. One of the study groups will receive training and tested educational materials to incorporate violence prevention into standard practice, and the other will receive educational materials on reading aloud to children.
3. **The Child Abuse Recognition Experience Study (CARES):** a four-year study funded by AHRQ to look at the management of 16,000 childhood injuries seen in practice settings. The study seeks to: 1) identify factors that affect identification of abuse; 2) identify factors that affect management of suspicious injuries; and 3) assess the validity of practitioner management of childhood injuries.

### **Network accomplishments**

1. Wasserman RC, Slora EJ, Bocian AB, Fleming GV, Baker AE, Pedlow SE, Kessel W. **Pediatric Research in Office Settings (PROS): A national practice-based research network to improve children's health care.** Pediatrics 1998; 102: 1350-1357.
2. Forrest CB, Glade GB, Baker AE, Bocian AB, Kang M, Starfield B. **The pediatric primary-specialty care interface:** How pediatricians refer children and adolescents to specialty care. Arch Pediatrics and Adol Med 1999; 153: 705-714.
3. Kelleher KJ, Childs GE, Wasserman RC, McInerney TK, Nutting PA, Gardner WP. **Insurance status and recognition of psychosocial problems:** A report from PROS and ASPN. Arch Ped and Adol Med 1997; 151: 1109-1115.
4. Darden PM, Taylor JA, Slora EJ, Hasemeier CM, Asmussen L, Recknor JC, Wasserman RC. **Methodological issues in determining rates of childhood immunization in office practice:** A study from Pediatric Research in Office Settings (PROS). Arch Ped and Adol Med 1999; 153: 9-14.

## **Penn State Ambulatory Research Network**

Penn State University  
Department of Family and Community Medicine  
500 University Drive, H154  
Hershey, PA 17033  
717-531-8187  
717-531-5024 FAX  
Last update: Spring 2006

**Director:** Alan M. Adelman, MD, MS    **e-mail:** aadelman@psu.edu

**Network Coordinator:** Toni Graybill, RN    **e-mail:** mgraybill2@psu.edu

**Region:** Southcentral Pennsylvania

**Year Founded:** 2001

**Number of Clinicians:** 138 Community Clinicians    **Number of Practices:** 23 office sites

**Number of Patients Served:** 180,000 patients with over 393,000 visits per year

**Percentage of Members Who Are:** Family medicine (50%), General internal medicine (12%), Pediatrics (13%), Med/Peds (5%), DDS (1%), CRNP/PA (19%)

**Mission:** To improve the care provided to our patients in our offices through practice-based research. Improving care includes issues of safety, quality, access, office efficiency and the provision of care for acute and chronic conditions

**Ownership:** Center for Primary Care, Penn State University College of Medicine

**Academic affiliation:** Penn State University College of Medicine

**Type of governance:** program directed by the Center for Primary Care, Penn State University College of Medicine

**Sources of support:** Academic Administrative Units in Primary Care Grant support, Bureau of Health Professions, HRSA, HHS

**Areas of research interest:** cancer screening, cancer communications, bronchospasm associated with upper respiratory disease, health behavior change strategies

### **Work in progress:**

Four studies in progress at present time: Natural history study of bronchospasm associated with upper respiratory infection, qualitative study of the cancer care provided by primary care physicians, adolescent health, Prescription for Health

Funded by: funded by network development grant, RWJ Prescription for Health Grant

### **Network accomplishments:**

Bronchospasm associated with Upper Respiratory Tract Infection, presented at NAPCRG Annual Meeting, New Orleans, Louisiana, November, 2002. Manuscript in preparation.

## **Practice Partner Research Network (PPRNet)**

Medical University of South Carolina  
Department of Family Medicine  
PO Box 250550  
135 Rutledge Ave.  
Charleston, SC 29425  
843-876-1212  
Fax: 843-876-1211  
Last update: November 2006

**Director:** Steven M. Ornstein, MD    **e-mail:** ornstesm@musc.edu

**Contact:** Steven M. Ornstein, MD

**Network Coordinator:** Loraine Roylance    **e-mail:** roylanlf@musc.edu

**Web site:** [www.musc.edu/pprnet](http://www.musc.edu/pprnet)

**Region:** 38 states

**Year Founded:** 1995

**Number of Clinicians:** over 570    **Number of Practices:** 116

**Number of Patients Served:** 1.8 million

**Percentage of Members Who Are:** Family Medicine (81%); General Internists (7%); Other Physicians (1%); Nurse Practitioners (6%); Physician Assistants (5%)

**Mission:** PPRNet is a practice-based learning and research organization designed to improve health care in its member practices and elsewhere in the U.S.

**Ownership:** Medical University of South Carolina

**Governance:** Advisory board

**Support:** Grants

**Membership Requirements:** Use Physician Micro System's Practice Partner Patient Record Electronic Medical Record.

**Research Interests:** Electronic medical records, quality improvement, CRC screening, CHD, diabetes, prevention.

### **Work in progress**

1. Colorectal Cancer Screening in Primary Care Practice, PI: Steve Ornstein, MD, Funded by the NCI, 06/1/06 to 4/30/10

### **Network accomplishments**

1. Miller PM, Stockdell R, Nemeth L, Feifer C, Jenkins R, Nietert PJ, Wessell A, Liszka H, Ornstein S: Initial steps by nine primary care practices to implement alcohol screening guidelines with hypertensive patients: The AA TRIP project. Substance Abuse, 27(1/2):61-70

2. Bradford W, Kleit A, Nietert P, Steyer T, McIlwain T, Ornstein S: How direct to consumer television advertising for osteoarthritis drugs affects physicians' prescribing behavior, 2006, Health Affairs, 25(5):1371-1377
3. Paul J. Nietert, Andrea M. Wessell, Chris Feifer and Steven M. Ornstein: Effect of Terminal Digit Preference on Blood Pressure Measurement and Treatment in Primary Care, American Journal of Hypertension, 2006, 19(2): 147-152
4. Jenkins RG, Ornstein SM, Nietert PJ, Klockars SJ, Thiedke C: Quality Improvement for Prevention of Cardiovascular Disease and Stroke in an Academic Family Medicine Center: Do Racial Differences in Outcome Exist? Ethnicity & Disease, 2006, 16: 132-137
5. Feifer C, Ornstein SM, Jenkins RG, Wessell AM, Corley ST, Nemeth LS, Roylance L, Nietert PJ, Liszka, H: The logic behind a multi-method intervention to improve adherence to clinical practice guidelines in a nationwide network of primary care practices. Evaluation & the Health Professions, 2006, 29(1): 65-88
6. Nietert PJ, Ornstein SM, Jenkins RG, Roylance LF, Dickerson LM, Feifer C. The effect of ethnicity on outcomes in a practice-based trial to improve cardiovascular disease prevention. Int J Equity Health. 2004 Dec 07;3(1):12.
7. Ornstein S, Jenkins RG, Nietert PJ, Feifer C, Roylance LF, Nemeth L, Corley S, Dickerson L, Bradford WD, Litvin C. A multimethod quality improvement intervention to improve preventive cardiovascular care: a cluster randomized trial. Ann Intern Med. 2004 Oct 5;141(7):523-32.
8. Feifer C, Ornstein SM. Strategies for increasing adherence to clinical guidelines and improving patient outcomes in small primary care practices. Jt Comm J Qual Saf. 2004 Aug;30(8):432-41.
9. Miller PM, Ornstein SM, Nietert PJ, Anton RF. Self-report and biomarker alcohol screening by primary care physicians: the need to translate research into guidelines and practice. Alcohol Alcohol. 2004 Jul-Aug;39(4):325-8.
10. From research to daily clinical practice: what are the challenges in "translation"? Jt Comm J Qual Saf. 2004 May;30(5):235-45. Erratum in: Jt Comm J Qual Saf. 2004 Aug;30(8):413.
11. Ornstein SM, Nietert PJ, Dickerson LM. Hypertension management and control in primary care: a study of 20 practices in 14 states. Pharmacotherapy. 2004 Apr;24(4):500-7.
12. Ornstein S. Practicing beautiful medicine beautifully: Hiram Curry's vision in the 21st century. J S C Med Assoc. 2003 Aug;99(8):227-32.
13. Stuart GW, Laraia MT, Ornstein SM, Nietert PJ. An interactive voice response system to enhance antidepressant medication compliance. Top Health Inf Manage. 2003 Jan-Mar;24(1):15-20.
14. Niertert PJ, Ornstein SM, Dickerson LM, Rothenberg RJ. Comparison of changes in blood pressure measurements and antihypertensive therapy in older, hypertensive, ambulatory care patients prescribed celecoxib or rofecoxib. Pharmacotherapy. 2003 Nov;23(11):1416-23.

15. Wessell AM, Ornstein SM, Nietert PJ, Wilson JP, Brooks A. Achieving blood pressure control in patients with diabetes: a case study in primary care. *Top Health Inf Manage.* 2003 Jan-Mar;24(1):3-7.

**Other information:** 11<sup>th</sup> Annual Network meeting held at Embassy Suites Hotel, Charleston, SC September 25-26, 2006

## **Prohealth Physicians Research Network**

Prohealth Physicians  
4 Farm Springs Road  
Farmington, CT 06032  
860-284-5200  
Last update: 2005

**Director:** Jonathan Rosen, MD

**e-mail:** jrosen@prohealthmd.com

**Contact:** Lisa Honigfeld, PhD

**e-mail:** lhonigfeld@prohealthmd.com

**Web site:** www.prohealthmd.com

**Region:** Connecticut

**Year Founded:** 1999

**Number of Clinicians:** 195

**Number of Practices:** 76

**Number of Patients Served:** 325,000

### **Percentages of Members Who Are:**

Family Medicine: 27

Internal Medicine: 24

Pediatrics: 26

Nurse Practitioners: 16

Physician Assistants: 6

**Mission:** Promote primary care research within a large primary care group practice.

**Ownership:** ProHealth Physicians, Inc./Connecticut Center for Primary Care

**Governance:** Physician-owned private practice

**Academic Affiliations:** University of Connecticut School of Medicine

### **Work in Progress:**

Evaluation of training for utilization of new state early intervention services for children ages birth to 5. Funded by the Commonwealth Fund.

Evaluation of a fall prevention educational intervention in primary care practice. Funded by the Donaghue Foundation.

Assessment of childhood obesity diagnostic and treatment practices of primary care physicians.

Improvement of sensory screening services as part of child health supervision visits Funded by the US Department of Education, Office of Special Education.

### **Network Accomplishments:**

CQI using students in primary care academic medicine settings.

Development and pilot testing of a medical record tracking tool for universal newborn hearing screening. Funded by the US Department of Education, Office of Special Education.

Alzheimer caregiver support: study of the effects of caregiver support on overall alzheimer care. Funded by the Alzheimer Foundation.

Advanced care planning: evaluated the introduction of education on advanced directives into primary care practice. Funded by the Donaghue Foundation.

Study of factors impacting physician satisfaction with clinical practice

Pilot testing of otoacoustic emission testing in pediatric practice. Funded by the US Department of Education, Office of Special Education.

Assessment of developmental monitoring and referral practices of child health providers. Funded by the American Academy of Pediatrics

## **Research Association of Practices (RAP)**

Case Western Reserve University  
Family Medicine Research Division  
10900 Euclid Ave.  
Cleveland, OH 44106  
216-368-2996  
Fax: 216-368-4348  
Last update: November 2006

**Directors:** Kurt C. Stange, MD, PhD  
James J. Werner, PhD

**e-mail:** kcs@po.cwru.edu  
james.werner@case.edu

**Contact:** James J. Werner, PhD  
Phone: 216-368-2996

**e-mail:** james.werner@case.edu

**Region:** Northeast Ohio

**Number of Clinicians:** 400

**Number of Practices:** 135

**Number of Patients Served:** unknown

**Percentage of Members Who Are:** Family Practice 98%

**Mission:** To increase understanding of family practice and to identify new knowledge that will enhance the ability of primary care practices to improve the health of Americans.

**Academic Affiliation:** Case Western Reserve University

**Governance:** Board of Directors comprising 12 family physicians

**Support:** National Cancer Institute, Dept. of Health and Human Services, Robert Wood Johnson Foundation, Centers for Disease Control and Prevention, AAFP

**Year Founded:** 1994

**Membership Requirements:** Interest and participation

**Research Interests:** Understanding and improving family practice.

**Other Networks Collaborated With:** AAFP National Research Network, Northeastern Ohio Network (NEON), ASPN, WreN, Rainbow Pediatrics Network, Safety Net Providers' Strategic Alliance Network.

### **Work in progress**

1. Enhancing Practice Outcomes in Community and Healthcare Systems (EPOCHS): a multi-site, randomized, controlled trial that is testing novel models for increasing cancer preventive service delivery by linking practices, healthcare systems, and community resources. Funded by NCI.
2. Using Illness Visits to Provide Health Behavior Advice: a qualitative study to characterize effective communication (teachable moments) about health behavior change during medical encounters. The study aims to identify factors that enhance or impede the use of illness visits to provide health behavior advice, and to determine the effectiveness of 'teachable moments' for increasing patient recall of advice, motivation to modify behavior, and change in health behavior. Funded by NCI.

3. Use of a Family History Tool for Health Promotion: a multi-site, randomized, controlled trial to investigate the clinical utility of the CDC's Family History Tool (FHT) for targeting prevention of common, chronic diseases among adults visiting primary care physicians. The project aims to investigate the effects of the FHT on patients' risk perception and preventive health behaviors, and on primary care physicians' responses to information provided by the FHT. Funded by the Centers for Disease Control and Prevention.
4. Prescription for Health: a mixed-methods study to implement and evaluate a practice-tailored intervention to improve primary care practices' promotion of healthy behaviors by utilizing tools and mechanisms to engage both non-clinician office staff and health behavior change resources, and to increase the understanding of sustainable practice-community partnerships for health behavior change. Funded by the Robert Wood Johnson Foundation.
5. Opportunities for Improved Diabetes Care in Safety Net Patients: a clinician-initiated, descriptive card study capturing patients and clinicians perceptions of barriers to diabetes care and self-management, and enabling factors that support efforts to manage diabetes. Network-funded.
6. Factors Contributing to Successful Self-Management of Diabetes: a clinician-initiated, interview-based study to examine strategies and resources used by medically uninsured safety net patients who are effectively managing their diabetes. Network-funded.
7. Knowledge, Attitudes, and Risk Factors Associated with Supplemental Calcium Use: a cross-sectional survey study to determine the reasons given by adult women for taking or not taking supplemental calcium and vitamin D; to compare knowledge, perceptions of health risk, and demographic characteristics associated with the use, non-use, and former-use of supplemental calcium and vitamin D by adult women; to examine the frequency with which women recall discussing calcium and vitamin D supplementation with a physician and their likelihood of taking the supplements if recommended by a physician. Funded by HRSA.

### **Network accomplishments**

1. Direct Observation of Primary Care Study, a multimethod study of 4,454 patient visits to 138 family physicians in 84 practices. Thirty papers have been published, are in press or are under review, including the May 1998 theme issue of the *Journal of Family Practice*. Additional publications are planned and in process. For information on the study process see:  
 The DOPC Writing Group. **Conducting the Direct Observation of Primary Care Study: Insights from the process of conducting multimethod transdisciplinary research in community practice.** *Journal of Family Practice*. 2001; 50:345-352.
2. Study to Enhance Prevention by Understanding Practice (STEP-UP), a clinical trial of the design, evaluation and implementation of new approaches to improving preventive service delivery, funded by NCI. Key publications:  
 Goodwin MA, Zyzanski SJ, Zronek S, Ruhe M, Weyer SM, Konrad N, Esola D, Stange KC. **A clinical trial of tailored office systems for preventive service delivery: The Study to Enhance Prevention by Understanding Practice (STEP-UP).** *Am J Prev Med*. 2001; 21:20-28.  
  
 Stange KC, Goodwin MA, Zyzanski SJ, Dietrich AJ. **Sustainability of a practice-individualized preventive service delivery intervention.** *Am J Prev Med*. 2003;25:296-300.
3. Card study of the "Oh, by the way" phenomenon, funded by an AAFP research center grant.

4. Ongoing nurturing of individual member research projects. Member publications include:

- Blankfield RP, Tapolyai AA, Zyzanski SJ. **Left ventricular dysfunction, pulmonary hypertension, obesity, and sleep apnea.** *Sleep Breathing.* 2001; 5:57-62
- Blankfield RP, Hudge DW, Tapolyai AA, Zyzanski SJ. **Bilateral leg edema and obesity, pulmonary hypertension and obstructive sleep apnea.** *Archives of Internal Medicine.* 2000; 160:2357-2362.
- Blankfield RP, Finkelhor RS, Alexander JJ, Flocke SA, Maiocco J, Goodwin M, Zyzanski SJ. **Etiology and diagnosis of bilateral leg edema in primary care.** *Am J. Med* 1998; 105(3):192-197.
- Blankfield RP, Sulzmann C, Fradley LG, Tapolyai AA, Zyzanski SJ. **Therapeutic touch in the treatment of carpal tunnel syndrome.** [J Am Board Fam Pract.](#) 2001 Sep-Oct;14(5):335-42.
- Bloom H, Zyzanski SJ, Kelley L, Tapolyai A, Stange KC. **The clinical course, microbiology and familial transmission of upper respiratory infections treated with a protocol for selective antibiotic use in a solo family practice.** *J Am Board Fam Pract* 2002; 15: 93-100
- Blankfield RP, Zyzanski SJ. **Bilateral leg edema, pulmonary hypertension, and obstructive sleep apnea: a cross-sectional study.** *J Fam Pract.* 2002; 51: 561-564.
- Blankfield RP, Goodwin MA, Jaén CR, Stange KC. **Addressing the unique challenges of inner city practice: A direct observation study of inner city, rural and suburban family practices.** *J Urban Health.* 2002; 79:173-185.
- Blankfield RP. **Clinical correlates of pulmonary artery systolic pressure.** *Circulation.* Aug 13 2002;106(7):e34.
- Blankfield RP. **Pulmonary hypertension, sleep-disordered breathing, and beta blockers in heart failure patients.** *Sleep Breath.* Dec 2002;6(4):181-187.
- Blankfield RP. **Angiotensin-receptor blockers, type 2 diabetes, and renoprotection.** *N Engl J Med.* Feb 28 2002;346(9):705-707.
- Blankfield RP. **Helicobacter pylori infection and the development of gastric cancer.** *N Engl J Med.* Jan 3 2002;346(1):65-67.
- Blankfield RP, Ahmed M, Zyzanski SJ. **Effect of nasal continuous positive airway pressure on edema in patients with obstructive sleep apnea.** *Sleep Med.* Nov 2004;5(6):589-592.
- Blankfield RP, Ahmed M, Zyzanski SJ. **Idiopathic edema is associated with obstructive sleep apnea in women.** *Sleep Med.* Nov 2004;5(6):583-587.
- Blankfield RP. **Fluid matters in choosing antihypertensive therapy: a hypothesis that the data speak volumes.** *J Am Board Fam Pract.* Mar-Apr 2005;18(2):113-124.
- Blankfield RP. **Can natriuretic peptide levels predict the cardiovascular complications of COX-2 inhibitors and nonsteroidal anti-inflammatory drugs?** *J Am Board Fam Med.* Mar-Apr 2006;19(2):178-182.
- Blankfield RP. **Obstructive sleep apnea associated with leg edema.** *Am Fam Physician.* Feb 15 2006;73(4):589; author reply 589.
- Blankfield RP. **The thermoregulatory-vascular remodeling hypothesis: an explanation for essential hypertension.** *Med Hypotheses.* 2006;66(6):1174-1178.

### Residency Research Network of South Texas (RRNeST)

Department of Family and Community Medicine  
UTHSC-San Antonio

7703 Floyd Curl Drive  
San Antonio, TX 78229-3900  
210-358-3930  
Fax: 210-220-3763  
Last update: 2005

**Director:** Sandra Burge, PhD      **e-mail:** burge@uthscsa.edu

**Network Coordinator:** Marcia Dahlman      **e-mail:** dahlman@uthscsa.edu

**Region encompassed by network:** Texas

**Year founded:** 1997

**Number of member practices:** 9 FP residency programs

**Number of member clinicians:** 88 faculty physicians, 267 residents

**Number of patients served:** Approximately 244,000 patient visits annually

**Percent of members who are:** Family physicians 100%

**Mission:** To improve family physicians' interest and skills in research, and to find answers to clinical questions that are relevant to family practice patient populations in Texas.

**Ownership:** Department of Family Medicine, UTHSC San Antonio

**Academic Affiliation:** Department of Family Medicine, UTHSC San Antonio

**Type of governance:**

**Source(s) of support:** HRSA

**Areas of research interest:** Hispanic health, economic disparities, diabetes, health services, obesity.

**Requirements for membership:** Residency programs that are in the State of Texas.

**Other Networks collaborated with:** None to date

**Studies in progress:**

**Firearm safety.** Funded by HRSA

**Network Accomplishments:**

1. McCutcheon TA, Parchman M, Burge SK, RRNeST Investigators. **Predictors of self care behavior in adults with type 2 diabetes.** An RRNeST study. *Family Medicine* 2001; 33(5) 354-360.
2. Burge SK, Albright T, RRNeST investigators. **Complementary and alternative medicine use among family practice patients in south Texas:** an RRNeST project. *American Journal of Public Health*, 2002; 92(10):1614-1616.
3. Parchman ML, Burge SK, RRNeST Investigators. **Is continuity related to quality of care for adult patients with type 2 diabetes?** An RRNeST study. *Journal of Family Practice* 2002; 51(7):619-624.

4. McCutchon T, Burge SK, et al. **Use of complementary and alternative medicines among family practice patients in south Texas: An RRNeST study.** *Family Medicine* 2000, (July/Aug).
5. Albright T, Parchman M, Burge SK, et al. **Family support is strongest indicator of self-care compliance: Conference highlights from the 52<sup>nd</sup> annual scientific assembly of the American Academy of Family Physicians.** *American Family Physician* 2000 (Dec 15).
6. Cigarroa L, Burge SK, Parchman M. **Barriers to care for type 2 diabetes: An RRNeST study.** Research paper, Denver CO, April 30, 2001.
7. McCutchon T, Burge SK, et al. **Use of complementary and alternative medicines among family practice patients in south Texas: An RRNeST study.** Research paper. Orlando FL. May 4, 2000.
8. Parchman M, Burge SK, McCutchon T. **Continuity of care and quality of care for patients with type 2 diabetes: An RRNeST study.** Research paper, NAPCRG 2000, Amelia Island Florida, November 2000.
9. Burge SK. **Use of complementary and alternative medicine among family practice patients in south Texas: An RRNeST study.** Research paper, San Diego CA. November 1999.
10. McCutchon T, Parchman M, Burge SK. **Predictors of self-care for diabetes: An RRNeST study.** American Academy of Family Physicians Annual Meeting in Dallas, TX; September 2000.

**Awards:**

- 2003- Distinguished Paper Award. Society of Teachers of Family Medicine: "Correlates of Medication Knowledge and Compliance: Findings from RRNeST".
- 2000- Second-place Award for Research  
For "Predictors of self care behavior in adults with type 2 diabetes. An RRNeST" from the American Academy of Family Physicians
- 1999- Physician's Research Award  
For "Alternative medicine use in south Texas: an RRNeST study" Texas Academy of Family physicians

## **Rushmore Practice-based Research Network (Rush Net)**

1400 West 22<sup>nd</sup> Street  
Sioux Falls, SD 57105  
Phone: 605-357-1500  
Fax: 605-357-1546  
Last update: November 2006

**Medical Directors:** Sarah L. Patrick, MPH, PhD and H. Bruce Vogt, MD

**E-mail:** sarah.patrick@usd.edu OR hvogt@usd.edu

**Network Coordinator:** Wendy Wulf, MBA                      **E-mail:** wendy.wulf@usd.edu

**Contact:** Wendy Wulf, MBA

**Web Site:** None

**Region:** South Dakota.

**Year Founded:** 2003

**Number of Clinicians:** 25

**Number of Practices:**

**Number of Patients Served:** Have not surveyed yet.

**Percent of members who are:** Family physicians (52%), General internists (40%),  
Pediatricians (8%)

**Mission:**

**Ownership:** Sanford School of Medicine of The University of South Dakota

**Governance:** .

**Academic Affiliation:** Sanford School of Medicine of The University of South Dakota

**Membership Requirements**

**Other Networks Collaborated With:** None yet!

**Network Accomplishments:**

**Studies in Progress:**

No studies in progress at this time.

**Completed Studies:**

**USDSM Mental Health Questionnaire.** The objective of this study was to determine the validity of a three question mental health screening tool utilized in health care maintenance examinations by primary care physicians when compared to the gold standard, the PRIME-MD.

## **San Diego Unified Research in Family Medicine (SURF\*Net)**

8950 Villa La Jolla Drive  
Suite 2143  
La Jolla, CA 92037  
Phone: 858-622-1788  
Fax: 858-622-1790  
Last update: 2004

**Director:** Martin L. Kabongo, MD, PhD    **e-mail:** mlkabongo@ucsd.edu

**Network Coordinator:** Dave Strom    **e-mail:** dstrom@ucsd.edu

**Contact:** Martin Kabongo, MD, PhD

**Web Site:** <http://surfnet.ucsd.edu>

**Region:** Southern California (southern Los Angeles, Riverside and San Diego Counties)

**Year Founded:** 1998

**Number of Clinicians:** 73

**Number of Practices:** 27

**Number of Patients Served:** 35,000

**Percentage of members who are:** Family physicians (98), Other (2)

### **Mission:**

Effective collaborative practice-based research network located in southern California to stimulate research ideas and programs of relevance to family practice. It combines research and clinical practice to develop a vital body of knowledge for the discipline of family medicine.

**Ownership:** San Diego Family Practice Consortium

**Governance:** Surf\*Net Steering Committee

### **Academic Affiliation:**

University of California at San Diego Department of Family and Preventive Medicine, Sharp Healthcare, Scripps, Kaiser, Camp Pendleton Marine Base Family Medicine, Community Clinics.

**Support:** Initial Support - CAFPP: In Kind Support - Div Fam Med, Dept Fam & Prev Med UCSD

### **Membership Requirements:**

Members must be board certified in family practice or other primary care provider, believe in the network's mission, and be willing to participate in network activities.

### **Research Interests:**

1. Alternative medicine and alternative delivery of care
2. Managed care and primary care interface
3. Outcome studies trials in primary care
4. Family physicians in community clinics
5. Patient safety and office systems prevention of medical errors in care
6. Diabetes and cultural competency
7. Latino health

**Other Networks Collaborated With:** None so far, potential future collaboration: OKPRN, WREN

**Network Accomplishments:**

1. Palinkas L, Iniguez E, Vargas V, Kabongo M, David K: **Latino health and health services utilization.** A report to the California on access to care, California policy research center, University of California, January 2000.
2. Palinkas L, Kabongo ML. **The use of complementary and alternative medicine by primary care patients.** A SURF\*NET study the Journal of Family Practice. 2000; 49: 1121-1126.
3. Completion of Primary Care Network Survey (PRINS) study – funded by AHRQ

**Work in progress**

1. **Diabetes and cultural competency.** Do outcomes of diabetic patients cared by culturally competent providers better than those who are not?
2. **Insomnia in primary care.** Comparison of physician and patient perspectives. How do family doctors care for their insomniac patients? It raises research questions and proposed survey tools to measure patient and physician perspectives on insomnia.
3. **Spouses' perception of the effect of Viagra on sexual life and marital life.** The study would look at the quality of life issues related to response of a spouse to the rediscovered sexual performance of the husband.
4. **Physical exam based on prevention guidelines.** Would patient education decrease patient anxiety and confusion re: new type of physicals based on prevention guidelines, compared to "classic" physical exam checkup.
5. **"Slump Test".** A comparison of the straight leg raise test and contra-lateral straight leg test with the "slump" test in the evaluation of patients with suspected herniated nucleus pulposus. This research study can have a strong impact on our understanding of how the primary care physicians diagnose low back pain.
6. **Misoprostol in induction of labor.** Critical review of literature and systematic evaluation of available evidences for the use of misoprostol in induction is a two-phase study. The first phase consistd of evidence collection and critical appraisal of the literature. The second phase of the study was focus groups study evaluation by misoprostol primary care users in the community. Both phases have been completed. Analysis of compiled data collected and possibly three papers are currently being processed.
7. **DEER (Diagnostic Error Evaluation Research)** Collaborative study with seven institutions, with Surf\*Net providing primary care aspect of epidemiology of errors of diagnosis.

## **South Florida Primary Care Practice-Based Research Network (SoFlaPBRN)**

Department of Family Medicine & Community Health  
University of Miami School of Medicine  
P.O. Box 016700 (R-700), Miami FL 33101-6700  
Phone: 305-243-2848  
Fax: 305-243-2905  
Last update: 2005

**Director:** John G. Ryan, DrPH    **e-mail:** [jgryan@med.miami.edu](mailto:jgryan@med.miami.edu)

**Contact:** Ajit Patel ([Apatel2@med.miami.edu](mailto:Apatel2@med.miami.edu)) or Deborah Biele ([dbiele@med.miami.edu](mailto:dbiele@med.miami.edu))

**Web Site:** [http://familymedicine.med.miami.edu/research\\_SoFla-PBRN.asp](http://familymedicine.med.miami.edu/research_SoFla-PBRN.asp)

**Region:** Southern Florida (Monroe, Miami – Dade and Broward Counties)

**Year Founded:** 1999

**Number of Clinicians:** 42

**Number of Practices:** 37

**Number of Patients Served:** unavailable

**Percentage of Members Who Are:**

Family Medicine (85%), General Internal Medicine (10%), Physician Assistants (5%)

**Mission:**

To enhance the quality of medical care provided by primary care physicians in South Florida.

**Ownership:** Department of Family Medicine and Community Health.

**Governance:** Advisory Board.

**Support:** Federal, private, academic

**Membership requirements:** Participation in a research project.

**Network Accomplishments:**

1. Complementary and Alternative Medicine Use by Primary Care Patients in South Florida, May 2002, Principal Investigators: John G. Ryan, DrPH and Bernard Wallschlaeger, MD
2. Estimating Risk for Type 2 Diabetes in Primary Care Patients and Hispanic Subpopulations Pilot Test, October 2002, Principal Investigators: John G. Ryan, DrPH and Ed Shahady, MD

## **South Texas Ambulatory Research Network (STARNet)**

Department of Family & Community Medicine  
7703 Floyd Curl Dr., Suite 610-L, mailcode 7795  
San Antonio, TX 78229-3900  
Phone: 210-358-3930  
Fax: 210-223-6940  
Last update: 2005

**Director:** Walter L. Calmbach, MD                      **e-mail:** calmbach@uthscsa.edu

**Research Director:** Michael Parchman MD MPH   **e-mail:** parchman@uthscsa.edu

**Region:** South Texas

**Number of Clinicians:** 30

**Number of Practices:** 24

**Number of Patients Served:** 48,000

**Percentage of Members Who Are:** Family Medicine (95%), Internal Medicine (5%)

**Support:** DHHS Academic Administrative Units grant, National Institute of Diabetes & Digestive & Kidney Diseases (NIDDK), U.S. Hispanic Nutrition Research and Education Center

**Year Founded:** 1991

### **Membership Requirements:**

- board-certified Family Physician
- Participate in at least 1 of 2 semi-annual network meetings per year
- Participate in at least 1 network research project per year

### **Research Interests:**

Diabetes, physical activity, domestic violence, panic disorder, preventive services delivery

**Other Networks Collaborated With:** UCSF Collaborative Research Network, South Florida Primary Care Practice-Based Research Network (SoFlaPBRN), Minnesota Academy of Family Physicians Research Network (MAFPRN), Oklahoma Physicians Resource/Research Network (OKPRN), American Academy of Family Physicians National Network

### **Works in progress**

- 1) Behavioral Intervention for Exercise and Nutrition: a STARNet Pilot study - Walter L. Calmbach MD (PI)
- 2) Diabetes and Cardiovascular Risks in Primary Care - Michael Parchman MD MPH
- 3) Diabetes and Dental Care - Thomas Oates DDS (PI)

### **Network accomplishments**

1. Exercise Among Older Patients - Walter L. Calmbach MD (PI)
2. Chest Pain and Panic Disorder - David A. Katerndahl MD (PI)
3. Patients' Advice to Physicians about Intervening in Family Conflict - Sandra K. Burge PhD (PI)
4. Advance Directives: Knowledge and Attitudes Among Patients and Caregivers - Melissa Talamantes MA (PI)
5. Determinants of Exercise in the Elderly Study (DEES) - Walter L. Calmbach MD (PI)
6. Using Geographic Information Systems to Define the Denominator of Primary Care - Michael L. Parchman MD MPH (PI)

7. Continuity, Stage of Change and Glucose Control in Type 2 Diabetes: A STARNet Study - Michael L. Parchman MD MPH (PI)
8. Direct Observation of Diabetes Care - Michael L. Parchman MD MPH (PI)
9. Replication of the National Ambulatory Medical Care Survey - Walter L Calmbach MD

### **Publications**

1. Mouton CP, Calmbach WL, Dhanda R, Espino DV, Hazuda HP. Barriers and benefits to leisure time physical activity among older Mexican-Americans. *Arch Fam Med* 2000; 9: 892-897.
2. Katerndahl DA, Trammell C. Prevalence and recognition of panic states in STARNet patients presenting with chest pain. *J Fam Pract* 1997; 45-54.
3. Dergance JM, Calmbach WL, Dhanda R, Miles TP, Hazuda H, Mouton CP. Barriers to and benefits of leisure-time physical activity in the elderly: differences across cultures. *J Am Geriatr Soc* 2003; 51(6): 863-868.
5. Burge SK, Schneider FD, Ivy L, Catala S. Patients' Advice to Physicians about Intervening in Family Conflict. *Annals of Family Medicine* 2005, accepted for publication.

## **Southern Primary Care Urban Research Network (SPUR-NET)**

Baylor College of Medicine  
5615 Kirby Drive, Suite 610  
Houston, TX 77005  
Phone: 713-798-3636  
Last update: 2003

**Director:** Jeffrey R. Steinbauer, MD

**e-mail:** jeffrey@bcm.tmc.edu

**Network coordinator:** Grace Kuo, Pharm.D

**e-mail:** gkuo@bcm.tmc.edu

**Contact person:** Anna Perales

**e-mail:** aperales@bcm.tmc.edu

**Region:** Houston, TX

**Year founded:** 2000

**Number of practices:** 5 organizations/30 practices

**Number of clinicians:** 291

**Number of patients :** 600,000

**Percentage of members who are:** Family physicians 47%, General internists 27%, pediatricians 22%, Nurse practitioners and Physician assistants 2%

**Network mission:** To enhance the professional lives of members through investigation that leads to innovation and improved quality of care.

**Ownership:** Baylor Family Medicine

**Academic affiliation:** Baylor College of Medicine, Department of Family and Community Medicine

**Governance:** Executive committee of members

**Source(s) of support:** AHRQ

**Areas of research interest:** Diabetes, chronic illness, screening tests (substance abuse, cancer prevention), informatics, obesity, stress, medication safety

**Membership requirements:** Employment as a primary care physician in one of five participating organizations.

**Other Networks you have collaborated with:** AAFP National Network for Family Practice and Primary Care Research

### **Studies in progress:**

- 1. Stress in Primary Care**
- 2. Energy and obesity in primary care**
- 3. Medication Safety and EMR**
- 4. Effects of EMR/Reminders on Compliance of ATPIII Clinical Guidelines.**
- 5. Colon Cancer Screening**

**Network Accomplishments/Completed Studies:**

1. **Diabetes Outcomes Study** in cooperation with the AAFP National Network. Funded by Eli Lilly Co.
2. **Screening for microalbumin among family physicians/** look at differing rates of screening between different practices and reasons for differences. Funded by AHRQ.
3. **Primary care network survey (PRINS)**/describing the demographics of patients and providers
4. **Herbal use survey**

## **Statewide Primary-care Ambulatory Research and Resource Consortium (SPARRC of Texas)**

Dept. of Family and Community Medicine  
University of Texas Health Science Center  
7703 Floyd Curl Drive, Suite 610-L  
San Antonio, TX 78229-3900  
210-358-3930  
Fax: 210-220-3763  
Last update: November 2006

**Director:** Walter L. Calmbach, MD    **e-mail:** calmbach@uthscsa.edu

### **Contact:**

Paige Newman  
Network Research Associate  
Texas Academy of Family Physicians  
12012 Technology Blvd  
Austin, TX 78727  
512-329-8666  
Fax: 512-329-8237  
e-mail: pnewman@tafp.org

**Region:** Texas

**Number of clinicians:** 56 (as of 9/11/02)

**Number of practices:** 56

**Number of patients served:**

**Percentage of members who are:** Family practice: 100%

**Ownership:** TAFP

**Governance:** A governing board that reports to the TAFP executive committee.

**Support:** Texas Academy of Family Physicians

**Year founded:** 1999

### **Membership requirements:**

- Member of Texas AFP

**Research interests:** Diabetes, hormone replacement therapy, night sweats

**Other networks collaborated with:** Oklahoma Practice-based Research Network (OKPBRN),  
AAFP National Research Network

**Works in progress:**

### **Network Accomplishments:**

#### **Studies in Progress:**

- 1 Diabetes and Depression study

**Completed Studies:**

- 1 **First phase of Night Sweats data collection.** (Jim Mold, MD and Mark DeHaven, PhD)
- 2 **“Continuity of Care, Stage of Change and Diabetes Outcomes”** survey (Michael Parchman, MD) Fall 2000
- 2 **AAFP Diabetes Study** (Steve Spann, MD)
- 3 **NAMCS survey**

**Manuscripts Accepted for Publication:****Published Research:**

## **Tri State Primary Care Research Network (TSPCRN)**

Jefferson Medical College  
Department of Family Medicine  
1015 Walnut St.- Suite 401 Curtis  
Philadelphia, PA 191071  
Phone: 215-923-6256  
Fax: 215-923-6256  
Last update: 2003

**Directors:** Christopher V. Chambers, MD and James J. Diamond, PhD

**e-mail:** Christopher.Chambers@mail.tju.edu or James.Diamond@mail.tju.edu

### **Web Site:**

**Region:** Delaware, western New Jersey, southeastern Pennsylvania

**Year Founded:** 1995

**Number of Clinicians:** 203

**Number of Practices:** 25

**Number of Patients Served:** 83,630

**Percentage of members who are:** Family physicians (90%)

**Mission:** To improve the health of the general population by studying the process, delivery, and outcomes of primary care.

**Ownership:** Department of Family Medicine, Jefferson Medical College

**Governance:** Co-directors, steering committee

**Academic Affiliation:** Jefferson Medical College

**Support:** Generated from research grants funded by private foundations and pharmaceutical companies.

**Membership Requirements:** Interest in research collaboration.

**Research Interests:** Patient-physician communication.

**Other Networks Collaborated With:** Asthma Clinical Research Network

### **Work in progress**

1. **Self-monitoring of blood pressure – HTN patient and their physicians.** Funded by Novartis, the Kynett Foundation and Omron.
2. **Primary management survey on the adequacy of training** – a survey of preceptors and their attitudes about training of residents. Funded by Endo Pharmaceuticals.

### **Network accomplishments**

1. Health beliefs and compliance with inhaled corticosteroids in asthma.
2. NSAID use and side effects study.
3. Migraine survey. A short survey to screen for migraine. Funded by Merck.
4. Pain assessment and management: family practice residency training approaches.

## **UCSF/Stanford Collaborative Research Network (CRN)**

Department of Family and Community Medicine  
Box 0900  
University of California, San Francisco  
San Francisco, CA 94143-0900  
Phone: 415-476-0502  
Fax: 415-476-6051  
Last update: Summer 2006

**Director:** Margaret Handley, Ph.D., Project Director **e-mail:** [handley@itsa.ucsf.edu](mailto:handley@itsa.ucsf.edu)

**Region:** Northern and central California

**Year Founded:** 1984

**Number of Clinicians:** 404

**Number of Practices:** 300

**Number of Patients Served:** Unknown

### **Percentage of Members Who Are:**

Family Medicine (83 ), Pediatrics (2), General Internal Medicine (6), OB/GYN (0), Other (3), Nurse Practitioners (1), Physician Assistants (0), PhDs (3)

### **Mission:**

To facilitate and enhance the conduct of practice-based research in primary care.

**Ownership:** Department of Family and Community Medicine, UCSF

**Governance:** Director, associate directors, assistant director, and elected practice representatives.

**Academic Affiliation:** University of California, San Francisco

**Support:** Grants for the Establishment of Departments of Family Medicine; California Academy of Family Physicians; department funds; project grant awards.

### **Membership Requirements**

Members are primary care physicians actively involved in the delivery of primary care services, and interested in and willing to participate in practice-based research. Practices must be located within northern or central California.

**Other Networks Collaborated With:** Stanford, ASPN, WReN

### **Areas of Interest:**

All areas identified by network members. Current interests include pain, obesity, managed care, lead poisoning, and research methodology.

### **Work in progress**

1. **Treatment of Chronic, Non-Malignant Pain:** 1) survey of CRN members' treatment modalities, and 2) randomized clinical trial of treatment protocols. Funded by department grants and UCSF School of Medicine.
2. **Obesity Interventions by Family Physicians:** 1) a randomized clinical trial of obesity interventions; and 2) a patient survey of preferred obesity interventions. Funded by department grants and application sent to NIH.

3. **Patient Satisfaction and Health Care Utilization with Managed Medicare:** a survey of patients within a single practice. Funded by department grants.

**Network accomplishments**

1. Thom DH, Bloch DA, Segal ES, for the Stanford Trust Study Physicians. **An intervention to increase patients' trust in their physicians.** Academic Med 1999; 74(2):195-198.
2. Thom DH, Ribisl KM, Stewart AL, Like DA, and the Stanford Trust Study Physicians Scale. **Further validation and reliability testing of the Trust in Physician Scale.** Med Care 1999;37(5):1-8.
3. Croughan-Minihan MS, Thom DH, Petitti DB. **Research interests of physicians in two practice-based primary care research networks.** West J Med 1999;170:19-24.
4. Petitti DB, Grumbach K. **Variation in physicians' recommendations about revisit intervals for three common conditions.** J Fam Pract 1993;37:235-240.
5. Croughan-Minihan MS, Petitti DB, Rodnick JR, Eliaser GA. **Clinical trial examining effectiveness of three cough syrups.** J Am Board Fam Pract 1993;6:109-115.

## **The Upstate New York Practice Based Research Network (UNYNET)**

CC-108

462 Grider St.

Buffalo, NY 14215

Phone: 716-898-6205

Fax: 716-898-3536

Last update: November 2006

**Director:** Chet Fox, MD    **e-mail:** chetfox@gmail.com

**Contact:** Susan Smith    **e-mail:** sjsmith3@buffalo.edu

**Website:** <http://fammed.buffalo.edu/unynet/>

**Region:** Western New York State

**Year Founded:** 1987

**Number of Practices:** 50

**Number of Patients Served:** Over 230,000

**Percentage of Members Who Are:** Family Medicine (80), Other (20)

**Mission:** To rapidly improve patient care by:

- A. Using a systems engineering approach to improve patient safety
- B. TRIP – Translating Research Into Practice
- C. Involving practices in research – tapping the collective wisdom of our practicing clinicians and our patients by putting scientific rigor to clinical observation.

**Ownership:** Defined by participation

**Governance:** Region-wide Steering Committee

**Academic Affiliation:** SUNY at Buffalo, Department of Family Medicine

**Support:** Department of Family Medicine, UB; research grants as applicable.

**Membership requirements:** Interest and participation.

**Research Interests:** Patient safety, chronic kidney disease, improved asthma care, cardiovascular risk reduction, Diabetes Mellitus, magnesium supplementation in African Americans, and reduction of health disparities. We are testing the methods of practice facilitation and telephonic nurse case management supplemented with computer decision support.

**Other Networks Collaborated With:** OKPRN, MAFPRN

**Work in progress:**

2006    **R03 AHRQ grant Making CKD guidelines work in underserved practices.** A UNYNET study

- 2005 **Improving asthma care for Buffalo children in poverty.** A UNYNET study funded by the Community Health Foundation of Western & Central New York
- 2005 **R21 AHRQ grant to study geriatric drug safety.** A UNYNET study
- 2005 **A randomized controlled trial of magnesium supplementation in African Americans with hypertension.** A UNYNET study funded by the American Academy of Family Physicians
- 2004 **Implementation of a Multi-Phase Tailored Intervention to Improve Mammographic Screening Rates in Women with Mental Health and Substance Abuse Issues.** Funded by the Western NY Chapter of the Susan G. Komen Foundation.
- 2004 **Empowering the East Side to Manage Illness Through Education.** REACH grant funded by the American Medical Association. This is a medical student run community education project. Only two of these were awarded nationally.
- 2004 **Can Magnesium Supplementation reduce insulin resistance and blood pressure in African Americans with hypertension?** Funded by the National Kidney Foundation of Western NY.
- 2004 **Understanding Barriers and Facilitating factors in the use of screening mammography in women with Mental Health and Substance Abuse Issues.** Funded by the Western NY Chapter of the Susan G. Komen Foundation.

#### **Network publications**

1. Eberl M, Fox C, Edge S, Carter C, and Mahoney M. BI-RADS Classification for Management of Abnormal Mammograms. JABFM. March-April 2006; 19: 161-164.
2. Niescierenko M, Cadzow R, Fox, CH. Insuring the uninsured: A student-run initiative to improve access to care in an urban community. JNMA. 2006; 98(6): 906-911.
3. Fox CH, Brooks A\*, Zayas L, McClellan B, Murray B. Physicians knowledge and practice patterns in the diagnosis and treatment of chronic kidney disease. JABFM. 2006;19(1): 154-162.
4. Hemiup J, Carter C, Fox CH, Mahoney MC. Correlates of obesity among patients attending an urban family medical center. JNMA. 2006; 97(12): 1-7.
5. Kahn L, Fox C, Berdine D, Krause-Kelly J. Identifying Barriers and Facilitating Factors to Improve Screening Mammography Rates in Women Diagnosed with Mental Illness and Substance Use Disorders. Women and Health. 2005; 42(3): 111-126.
6. Singh R, Singh A, Fox C, Seldan Taylor J, Rosenthal T, Singh G. Computer visualisation of patient safety in primary care: a systems approach adapted from management science and engineering. Inform Prim Care. 2005;13(2): 135-44.
7. Fox CH, Dang G.\*\*\* (Research Letter) Probiotics and diarrhea. Journal of Alternative and Complementary Medicine. Aug 2004; 10(4): 601-3.
8. R Singh, T Servos, M Kalsman, C Fox, G Singh. Estimating impact on safety caused by introduction of electronic medical records in primary care. Journal of Informatics in Primary Care. 2004; 12(4): 235-242.

9. Feeley T, Servoss T, Fox C, Gipe R. The effects of a wellness program for psychiatric outpatients. *Psychiatric Rehabilitation Journal*. Sept. 2004; 27(2): 275-8.
10. G Singh, R Singh, JS Taylor, A Singh, A Danzo, C Fox. Use of Hazard Ratings from Safety Science to Target Error Reductions in Primary Health Care. *The Journal of Safety Science*, June 2004.

## **Valley Health Plan (VHP)**

706 South Main Street.  
Harrisburg, VA 22801  
(540) 564-7000  
(540) 564-7010 Fax  
Last update: Spring 2006

**Director/Contact:** John Taylor, MBA     **e-mail:** jtaylor@valleyhealthplan.com

**Region:** Rockingham, Page, and Augusta Counties in Virginia

**Year Founded:** 1996

**Number of Practices:** 100

**Number of Patients Served:** 200,000

**Percentage of Members Who Are:** Family Medicine (17.3), General Internal Medicine (8.2), Pediatrics (3.3), OB/GYN (2.9), Other Physicians (29.3), Nurse Practitioners (4.0), PAs (2.7), Allied health professionals (32.0)

**Mission:** To improve the cost, quality, and access to health care in the Central Shenandoah Valley.

**Ownership:** 50% by Rockingham Memorial Hospital (RMH), 50% by 90 physicians on active staff at RMH

**Governance:** Membership organization with 50/50 representation by RMH and physicians

**Academic Affiliation:** None

**Support:** Services provided to RMH; Services provided to insurance plans; Dues charged to members

**Membership requirements:** Participation in Network contract; meeting Network credentialing requirement, payment of PHO dues where applicable

**Research Interests:** Chronic disease management in terms of practice process improvements and patient compliance interventions.

**Other Networks Collaborated With:** None

### **Work in progress:**

1. Diabetes disease management: Compliance with ADA management and clinical guidelines through reporting of practice results relative to peers.
2. Hypertension disease management: Compliance with ATP III management and clinical guidelines through reporting of practice results relative to peers.
3. High-risk hyperlipidemia management: Compliance with JNC-7 management and clinical guidelines through reporting of practice results relative to peers.

4. Diabetes management disparity analysis: Are Medicaid patients treated similarly to commercial patients in earlier study?
5. CHP OP follow-up study: Assessment of the impact of OP management post-discharge on readmission and mortality rates.
6. AMI OP follow-up study: Assessment of the impact of OP management post-discharge on readmission and mortality rates.

**Network publications**

None published

## **Virginia Ambulatory Care Outcomes Research Network (ACORN)**

Virginia Commonwealth University  
Department of Family Medicine  
P.O. Box 980251  
Richmond, Virginia 23298-0251  
Phone: 804-828-9625  
Fax: 804-827-0227  
Last update: November 2006

**Network Director:** Stephen F. Rothemich, MD      **e-mail:** srothemich@vcu.edu

**Research Director:** Steven H. Woolf, MD,, MPH      **e-mail:** swoolf@vcu.edu

**Research Coordinator:** Sharon K. Flores, MS      **e-mail:** skflores@vcu.edu

**Network Practice Liaison:** Amy Burgett, RN, BS      **e-mail:** aburgett@vcu.edu

**Contact:** Carole Hale      **e-mail:** chale@vcu.edu

**Website:** Web site: <http://www.acorn.fap.vcu.edu>

**Region:** Commonwealth of Virginia

**Number of clinicians:** 259

**Number of practices:** 47

**Number of patients served:** approximately 500,000

**Percentage of members who are:** Physicians: Family physicians 71%, Internal medicine 17%, Pediatrics <1%, Med/Peds <1%. Physician Extenders: Nurse practitioners 8.5%, physician assistants 3%.

**Mission of Network:** “The Virginia Ambulatory Care Outcomes Research Network (ACORN) is a collaborative partnership between primary care practices and a multidisciplinary team of researchers devoted to evaluating and improving the quality of primary health care. Research results are intended to inform and influence decisions along the continuum of service to patients, from research to practice and policy.”

**Ownership:** ACORN is supported by the Department of Family Medicine of Virginia Commonwealth University.

**Governance:** Academic. Biweekly ACORN team meetings bring together a multidisciplinary ensemble of VCU investigators, notably those from the VCU Department of Family Medicine but also faculty from the VCU Departments of Internal Medicine, Epidemiology and Community Health, Biostatistics, Health Administration, and the Massey Cancer Center. Practice site clinicians, as well as other stakeholders, are invited to attend ACORN meetings to learn from the research team and to share their perspectives from the front line. A formal agenda guides large- and small-group discussion topics, and a working lunch maintains momentum and collegiality.

**Academic affiliation:** Virginia Commonwealth University School of Medicine, Department of Family Medicine.

**Support:** \$2.5 million from AHRQ, the National Cancer Institute, Health Resources and Services Administration (HRSA), Robert Wood Johnson Foundation, American Academy of Family Physicians (AAFP), VCU Massey Cancer Institute, and AD Williams Foundation.

**Year founded:** 2000 (planning began in 1996)

**Membership requirements:** Family medicine and general internal medicine groups within Virginia with an information system compatible with ACORN project needs, and a commitment to the long-term goals of the ACORN project.

**Research interests:** ACORN research focuses on improving the quality of preventive services and on helping patients adopt healthy behaviors. Team researchers emphasize efficient system redesign within practices and through partnerships with community resources. Specific examples include tobacco cessation interventions, cancer screening, automated electronic medical record alerts regarding unhealthy behaviors or risk factors, and Web-based health promotion and referral. Researchers have an abiding interest in collection of core longitudinal data set on primary care patients, practices, and outcomes as a platform for observational studies and clinical trials.

The team has expertise in informatics and information technology (e.g., electronic health records, website development, e-curricula, network maintenance, data security); the administration of surveys (e.g., waiting room surveys, exit surveys, postal surveys, telephone interviews, Web-based surveys); and qualitative methods (e.g., focus groups, cognitive interviewing, motivational interviewing). ACORN has more than a decade of practical experience and lessons learned in PBRN research, understanding the importance of careful methods in recruiting and nurturing practices and health systems, securing genuine investment (“buy-in”) from practices and their staff, obtaining institutional review board approval, and disseminating results and products developed back to the practices to maintain enthusiasm for the work.

**Other networks collaborated with:** Capital Area Primary Care Research Network (CAPRICORN), Great Lakes Research in Practice Network, consultation with researchers from RAPP (Research Association of Practicing Physicians) in Ohio. See tables following.

**Works in progress:**

Project Title	Sponsor/Dates/ Participants	Lessons Learned – Network Growth
<i>A “Practice-Friendly” Model for Offering Comprehensive Health Behaviors Counseling</i>	7/05 – 7/07 RWJF / AHRQ \$299, 892 9 Practices	Complex study design Practice recruitment Customized postal survey methodology Multiple collaborative relationships established
<i>Patient Reported Barriers to Colorectal Cancer Screening</i>	5/05 – 4/07 NCI \$256,280 12 Practices	Gained insight in working with multiple IRBs Recruited new practices to ACORN
<i>Quitlink: A Leveraging Solution to Tobacco Counseling</i>	9/04 – 8/06 AHRQ \$256,280 16 practices	Linked practices & community resources Collaboration with ACS Mixed methods analysis Intervention decay

**Network accomplishments:**

Project Title	Sponsor Data-Participants	Lessons Learned-Network Growth
Repeat Colonoscopy: Endoscopists' Adherence with National Guidelines for Colorectal Cancer (CRC) Screening	3/06 – 9/06 No sponsor 10 Practices	Leveraged study to give residents-medical students educational opportunity Utilized chart audit methodology Partnered with another PBRN (CAPRICORN)
<i>Revising the My Health Living (MHL) website</i>	2/06 – 8/06 AHRQ \$16,694 4 PBRNs	Task order Worked with PBRNs nationwide
<i>Tobacco Use in Primary Care Practice Populations: A Pilot Cohort Study</i>	1/04 – 12/05 Massey Cancer Center \$29,978 1/04 – 12/05	Partial authorization waiver to contact patients for surveys Experience with large volume postal surveys
<i>A Preventive Care website to Promote Primary and Secondary Prevention of Common Cancers</i>	7/04 – 6/05 Massey Cancer Center \$30,000 1 practice	Interactive website Collaboration with AARP, public library Measured preventive services quality
<i>Web-based Portal to Healthy Behaviors: A Physician's Tool to Reach Beyond the Primary Care Visit</i>	7/03 – 12/04 RWJF / AHRQ \$124,989 6 practices	Practice recruitment Practice study champions Expert consultant network 10 national partners & community resources Rapid completion with minimal funding
<i>Internet-Based Patient Education as a Tool to Increase Patient Involvement in the Shared Decision Making Process for Prostate Cancer Screening</i>	1/02 – 1/04 AAFP \$19,675 1 Practice	National & international expert consultant network Coordinated with AAFP Patient exit surveys Website development

Primary Care Practice-Based Research Networks: Network-Defining Data for ACORN	10/01 – 9/02 AHRQ \$49,681 Entire network	Longitudinal data collection from practices & health systems In-office & mail surveys Practice recruitment & maintenance Rigorous IRB & privacy protocols
Practice Based Research Network Infrastructure	9/01 – 8/04 HSRA \$395,421 Entire network	
Primary Care Practice-Based Research Networks: Virginia Ambulatory Care Outcomes Research Network	10/00 – 9/01 AHRQ \$93,287 Entire network	
Does Checking Smoking Status as a Vital Sign Increase Physician Counseling? A Practice Level Randomized Controlled Trial	7/99 – 9/04 RWJF \$331,465	Fielding of practice QI intervention Streamlined practice recruitment Developed methodology to use RAs for exit surveys Sophisticated cluster-level analysis of results

### ACORN publications, July 2006

**Krist AH, Woolf SH, Johnson RE, Kerns JW.** Does pre-visit patient education for prostate cancer screening promote patient involvement in decision-making. *Ann Fam Med* 2006; Accepted for publication.

**Krist AH, Woolf SH, Johnson RE.** How physicians approach prostate cancer screening before and after losing a lawsuit. *Ann Fam Med* 2006; Accepted for publication.

**Woolf SH, Krist AH, Johnson R, Wilson D, Rothemich S, Norman G, Devers K.** A practice-sponsored Web site to help patients pursue healthy behaviors: an ACORN study. *Ann Fam Med* 2006;4:132–136.

**Woolf SH, Krist AH, Johnson R, Wilson D, Rothemich S, Norman G, Devers K.** A practice-sponsored Web site to help patients pursue healthy behaviors: an ACORN study (Supplemental Appendix). *Ann Fam Med* 2006;Supplemental Appendix. Available at: <http://www.annfammed.org/cgi/data/4/2/148/DC1/1>

**Jones RM, Johnson RE, Rothemich SF, Woolf SH.** Colorectal cancer screening adherence in a diverse patient population. *Am J Epidemiol* 2006 161(11 Suppl):S107.

Merenstein D, Deiner-West M, Halbower A, **Krist A**, Rubin H. The trial of infant response to diphenhydramine: The TIRED study, a randomized controlled trial. *Arch Pediatr Adolesc Med* 2006; 160:707-12.

Merenstein D, Pinneger M, **Krist A**, Diener-West M, Cooper L. An Assessment of the Shared Decision Model with Caregivers of Children with Acute Otitis Media. *Ped* 2005; 116(6): 1267-75

**Krist AH, Woolf SH, Rothemich S, Johnson RE, Wilson DB.** It Takes a Partnership: The Value of Collaboration in Developing and Promoting a Website for Primary Care Patients. *Ann Fam Med* 2005; 3(Suppl 2): S47-S49.

**Woolf SH, Glasgow RE, Krist AH, Bartz C, Flocke SA, Holtrop JS, Rothemich SF, Wald ER.** Putting it Together: Finding Success in Behavior Change Through Integration of Services. *Ann Fam Med* 2005; 3(Suppl 2): S20-S27.

**Woolf SH, Krist AH, Johnson RE, Stenborg PS.** Unwanted control: how patients in the primary care setting decide about screening for prostate cancer. *Pat Educ Counsel*; 2005 56(1): 116-124.

**Woolf SH, Rothemich SF.** Overuse of administrative data to measure underuse of care. *JAMA* 2001;285:736.

**Woolf SH, Rothemich SF, Johnson RE, Marsland DW.** Selection bias from requiring patients to give consent to examine data for health services research. *Arch Fam Pract* 2000;9:1111-18.

**Rothemich SF, Woolf SH, Johnson RE, Marsland DW.** Evaluating the administration of an office-based health survey in a primary care practice. *J Clin Epidemiol* 2000;53:1002-12.

**Woolf SH, Rothemich SF, Johnson RE, Marsland DW.** Is cigarette smoking associated with impaired physical and mental functional status? An office-based survey of primary care patients. *Am J Prev Med* 1999;17:134-7.

**Woolf SH, Rothemich SF, Johnson RE, Marsland DW.** The functional status of inner-city primary care patients: diminished function in a family practice population and its potential determinants. *J Fam Pract* 1998;47:312-15.

## **West Virginia Research Network (WVRN)**

Robert C. Byrd Health Sciences Center  
West Virginia University  
Department of Family Medicine  
P.O. Box 9152, Health Sciences Center  
Morgantown, WV 26506-9152  
304-598-6900 x5894  
304-598-6921 FAX  
Last update: November 2006

**Director:** C. Ken Shannon, MD, PhD

**e-mail:** shannonk@rcbhsc.wvu.edu

**Contact:** C. Ken Shannon, MD, PhD

**Network Coordinator:**

**Region:** West Virginia

**Year Founded:** 1996

**Number of Clinicians:** 20

**Number of Practices:** 15

**Percentage of Members Who Are:** Family Medicine (79), Pediatricians (7), Nurse Practitioners (14)

**Mission:** Study issues of importance to West Virginia and rural health care.

**Support:** HRSA departmental grants, Pharmaceuticals

**Membership requirements:** Primary care medical practice in West Virginia

**Research Interests:** Atherosclerotic risk, rural health issues

**Network Accomplishments:**

**Studies in Progress:**

Survey study of effect of heel screening as an educational intervention for awareness of osteoporosis

**Completed Studies:**

Study of adherence to guidelines for assessment and control of atherosclerotic risk factors in hyperlipidemic patients in three primary care and one specialty clinic

Medical student extern network study of adherence to guidelines for patients with diabetes

Study of two interventions to promote physician documentation of adherence to guidelines for assessment and control of atherosclerotic risk factors

Survey of family medicine residents and faculty in WV regarding counseling on firearms

Survey of WV high school athletic directors regarding medical coverage at sports events

Survey of WV family practice residents regarding practice intents and important recruiting factors

Medical student extern network project on influenza immunization of elderly patients

Medical student extern network project on pneumococcal immunization of elderly patients

Survey study of residents of Doddridge County, WV regarding attitudes toward need for health care providers

Survey of attitudes of attending physicians in long term care facilities regarding quality of information accompanying newly admitted patients

### **Studies proposed**

Study on feasibility of health care discipline students serving as patient educators in rural clinics

### **Conference presentations**

Adherence to Assessment and Control Guidelines for Atherosclerosis – research forum at WVU Hal Wanger conference

Doddridge County Healthcare Attitudes Survey – research forum at West Virginia Academy of Family Physicians conference

Effect of Two Interventions to Promote Documentation for Atherosclerotic Assessment and Control – research forum at West Virginia Academy of Family Physicians conference

### **Manuscripts Accepted for Publication:**

#### **Published Research:**

Shannon CK, Gunel E. A study of the future practice location intent of family medicine residents in West Virginia. West Virginia Medical Journal. Sep/Oct 1999.

## **Wisconsin Research Network (WReN)**

777 South Mills Street  
Madison, WI 53715-1896  
Phone: 608-263-7373  
Fax: 608-263-5813  
Last update: Summer 2006

**Director:** Paul Smith, MD     **e-mail:** paul.smith@fammed.wisc.edu

**Contact:** Larry Pheifer     **e-mail:** larry@wafp.org  
Phone: 262-242-6280

**Web site:** www.wafp.org

**Region:** Wisconsin (state-wide)

**Year Founded:** 1987

**Number of Clinicians:** 125

**Number of Practices:** 24

### **Percentage of Members Who Are:**

Family Medicine (90), General Internal Medicine (10)

### **Mission:**

- Support for community physicians conducting primary care research, including methodological, technical and financial assistance.
- Serve as a network of physicians in primary care practices interested in participating in multi-site studies.
- Develop research expertise among community-based Wisconsin physicians to facilitate practice-based research.
- Develop capacity of academic centers to provide resources for community-based research in Wisconsin.
- Provide a community-based laboratory for academic studies.

**Ownership:** Wisconsin Academy of Family Physicians

**Governance:** Research Committee of the WAFP. Director reports to WAFP's Board of Directors.

**Support:** WAFP, WAFP Foundation, the University of Wisconsin Department of Family Medicine, and Medical College of Wisconsin Department of Family Medicine

### **Membership requirements**

Open to family physicians and others interested in primary care research. Membership provides specific benefits. No cost to join. WReN has been designed to provide individualized research assistance to its members, and the opportunity for multi-practice studies. Members are requested to respond periodically to membership surveys about individual research needs and the demography of their practices.

Members and others may propose studies to be considered by the network. Proposals are reviewed by the Wisconsin Academy of Family Practice Research Committee, which acts as the WReN Steering Committee. Selected projects are presented to the members-at-large for their participation. Participation in a multi-practice site study entail specific responsibilities for that study.

### **Work in progress:**

1. **Azithromycin Therapy in Asthma (ASTHMA)**. PI: David Hahn, MD, MS. Funding: Multiple small grant support (including AAFP). Status: Analysis.
2. **Number of Problems Per Encounter (NPPE)**. PI: John Beasley, MD. Funding: Multiple small grant support. Status: Analysis.
3. **Study to determine whether men and women delay or avoid routine health care because they are overweight**. Co-PIs: Cheri Olson, Barbara Knox, John Beasley. Funding: Pending. Status: Analysis.
4. **QOWL-FP (Quality of Work Life for Family Physicians)**. John Beasley, MD and Francois Sainfort, PhD, Co-PIs. Funding: WAFP and UW Center for Quality and Productivity Improvement support. Status: Analysis.
5. **Firearm safety study**. Leon Radant, MD, PI. Status: Survey complete.

### **Network accomplishments**

NOTE: WReN's accomplishments have included supporting the studies of academically based investigators in the papers included below; some of these are listed even though they were not technically WReN projects.

1. Love R, Brown R, Davis J et al. **Frequency and determinants of screening for breast cancer in primary care group practice**. Arch Int Med 1993;153:2112-2117.
2. McBride P, Schrott HG, Plane MB, Underbakke G, Brown RL. **Primary care practice adherence to National Cholesterol Program (NCEP) guidelines for patients with coronary heart disease: The HEART Project**. Arch Int Med 1998;158:1238-1244.
3. Fleming MF, Barry KL, Manwell LB, Johnson MA, London R. **Brief physician advice for problem alcohol drinkers**. A randomized controlled trial in community-based primary care practices. JAMA 1997;277:1039-1045.
4. Plane MB, Beasley JW, Wiesen P, McBride P, Underbakke G. **Physician Attitudes Toward Research Study Participation: A Focus Group**. Wis Med J, 1998;97(4):49-51.
5. **Recruitment of Practices for Primary Care Research: Experiences in a Preventive Services Clinical Trial**. Jnl Fam Pract 1996;43:389-395.

## **FPBRN U.S. Affiliates**

### **Alliance for Research in Community Health (ARCHnet)**

School of Medicine, Dept of Family Medicine

Wright State University

3155 Research Blvd, Suite 100

Dayton, OH 45420

937-775-1450

937-775-1775 FAX

Last Update: Spring 2006

**Network Director:** William N. Tindall, PhD, R.Ph

**e-mail:** william.tindall@wright.edu

**Network Coordinator:** janet.ruckrigl@wright.edu

**e-mail:** janet.ruckrigl@wright.edu

**Network contact person:** Dr. William (Bill)Tindall\_

**Web site:** www.med.wright.edu/ARCH

**Region encompassed by network:** South central Ohio

**Year of network's founding:** Jan 2003

#### **Mission of network:**

a) to replicate the National Ambulatory Medical Care Survey

b) to serve as a scholarly activity for family medicine physicians in the Dayton area

**Ownership:** Department of Family Medicine, Wright State University

**Academic affiliation:** School of Medicine, Wright State University

**Type of governance:** The Research Division of the Department of Family Medicine

**Sources of support:** Internal support by the Dept of Family Medicine and the HRSA grant funding its Alliance for Research in Community Health

#### **Areas of research interest:**

a) Family Medicine\_

b) Scholarly interests of Faculty and Residents and physicians in the area

**Number of member practices:** at the moment, 4

**Number of member clinicians:** 17

**Number of patients served:** 45,000

**Percentage of members who are:** Family physicians:100 %, Physician assistants: 2%

**Requirements for membership:** Believe in the mission of ARCH.net and be willing to contribute data sets as needed that help better understand family medicine practice.

**Other PBRNs your network has collaborated with:** Kentucky Area Network (KAN)

**Studies in progress (title and brief description):**

1. National Ambulatory Medical Care Survey: we have agreed to share data with Kentucky Area Network, Funded by:\_\_\_\_\_ School of Medicine, WSU
- 2: Robt Wood Johnson Foundation grant application is underway for a study to test group visit medical appointments
- 3: Working with the Dept of Pediatrics to initiate collaborative studies. Funding by: Children's Medical Center Foundation, Dayton

## **Eastern Pennsylvania Inquiry Collaborative Network (EPICnet)**

SON/17<sup>th</sup> and Chew Streets  
P.O. Box 7017  
Allentown, PA 18105  
610-402-4894  
610-402-4952 FAX  
Last update: 2005

**Network Director:** Julie Dostal, MD

**e-mail:** julie.dostal@lvh.com

**Network Coordinator:** Melanie Johnson

:

**Network contact person:** Melanie Johnson

**e-mail:** Melanie\_b.johnson@lvh.com

**Web site:**

**Region encompassed by network:** Lehigh Valley of Pennsylvania

**Year of network's founding:** 2003

**Mission of network:**

The mission of the primary care practice-based research network is to establish a community of practice for creating and managing knowledge that informs, serves, and improves primary care practices and the health of their patients in the larger Lehigh Valley region. This will require creating cultures of inquiry and a learning community that focus on whole systems learning.

**Ownership:** Lehigh Valley Hospital and Health Network

**Academic affiliation:** Penn State Medical School

**Type of governance:** Advisory Board

**Sources of support:** Endowed chair monies and operating funds from the Departments of Family Practice, Division of General Internal Medicine, and the Department of Community Health and Health Studies.

**Areas of research interest:**

Collaborative mental health care, community based prevention, improving quality of practices, patient outcomes and practice satisfaction.

**Number of member practices:** 21

**Number of member clinicians:** 47

**Number of patients served:**

**Percentage of members who are:** Family physicians:70%, General internists: 25%, Physician assistants/Nurse Practitioners: 5%

**Requirements for membership:** Any licensed primary care clinician from the Greater Lehigh Valley area can be a member of EPICnet.

## **Empowering More Physicians In Research (EmpireNet)**

Erie County Medical Center  
Clinical Center CC-165  
462 Grider Street  
Buffalo, NY 14215  
716-898-5273  
716-898-3536 Fax  
Last update: 2004

**Director:** John Epling, MD                   **e-mail:** eplingj@upstate.edu

**Network Coordinator:** Chet Fox, MD

**Network Contact Person:** Erin Cleary           **e-mail:** epcleary@acsu.buffalo.edu

**Region encompassed by network:** Urban populations in New York State

**Year Founded:** 2001

**Mission of Network:** A state-wide practice based research network to study the specific needs of urban and minority populations.

**Ownership:** Defined by participation

**Academic affiliations:** SUNY Buffalo, SUNY Syracuse, Albany Medical College, Albert Einstein University, Institute for Urban Family Health

**Type of Governance:** Open

**Sources of Support:** Title VII HRSA grant for Academic Administrative Units 2000-2002

**Area(s) of Research Interest:** Study of the burden of all types of violence faced by urban patients.

**Number of member practices:** Still forming                   **Number of member clinicians:** 6

**Number of patients served:** Still forming

**Percentage of members who are:**  
Family Physicians: 84%, Clinical Psychologists: 16%

**Requirements for membership:** A practice or clinician in New York State interested in improving the health of urban populations.

**Other PBRNs your network has collaborated with:** None yet

**Studies in progress (title and brief description):**  
**A survey of the burden of violence faced by patients presenting at an urban urgent care facility.** 120 surveys have been completed and need to be analyzed. Unfunded.



Workgroup or Research Selection Committee are considered Active Members. Activities for which active members are eligible are;

- Participation in NECF PBRN research/quality improvement projects
- Password protected access to authorized sections of PBRN Virtual Office
- Subscription to the NECF PBRN List serv
- Representative to the NECF PBRN Workgroup
- Submission of proposals for consideration by the review committee
- Serve on Research Selection Committee to review potential proposals
- Serve as P.I. for NECF PBRN grants
- Represent the NECF PBRN at other organizational meetings
- Participate in NECF PBRN decision-making activities

### **Regular Members**

Individuals that participate in fewer than one research project per calendar year. Activities for which regular members are eligible are;

- Participation in NECF PBRN research/quality improvement projects
- Password protected access to authorized sections of PBRN Virtual Office
- Submission of proposals for consideration by the review committee
- Subscription to the NECF PBRN List serv

### **Organizational Members**

Organizations that facilitate the success of the NECF PBRN by promoting the work of or recruiting new members of the NECF PBRN. Organizations may appoint individuals to become active or regular members.

**Prairie Net**

983075 Nebraska Medical Center  
Omaha, NE 68198-3075  
402-559-8287  
Last update: 2003

**Director:** William Minier, MD **E-mail:** wcmnier@unmc.edu

**Network Coordinator:** Diane Dodendorf, PhD **E-mail:** ddodend@unmc.edu

**Region encompassed by network:** Nebraska

**Year founded:** 2000

**Number of member practices:** 25

**Number of member clinicians:** 47 community physicians, 27 faculty, 62 residents

**Number of patients served:** 210,000

**Percent of members who are:** Family physicians (92%), General internists (3%), OB/GYN (2%), Nurse practitioners (2%), Physician assistants (1%)

**Mission:** To improve patient care through collaboration of primary care physicians in sharing knowledge and performing practice-based research.

**Ownership:** PrairieNet

**Governance:** Director, Steering Committee, Membership

**Academic Affiliation:** Nebraska Medical Center

**Sources of support:** Department of Family Medicine – Nebraska Medical Center, Nebraska Academy of Family Physicians, Research grants

**Areas of research interest:** Adult women's preventive services, tobacco use identification and cessation, geriatric care.

**Requirements for membership:** NAFP membership; Attendance at 50% of meetings; participation in one or more projects per year.

**Studies in progress:**

1. **Partnering for Prevention.** Intervention study to improve rates of Pap smear and mammography. Funded by Nebraska Health and Human Services System.

## **Primary Care Research in Central New York (PC-RICNY)**

Department of Family Medicine  
SUNY-Upstate Medical University  
475 Irving Ave., Suite 200  
Syracuse, NY 13210  
Last update: November 2006

**Director:** John Epling, MD, MSEd                      **e-mail:** eplingj@upstate.edu

**Network Coordinator:**

**Network Contact Person:** Marsha Mills      **e-mail:** millsm@upstate.edu

**Region encompassed by network:** Central and Northern New York

**Year Founded:** 2006

**Mission of Network:** A regional practice-based research network dedicated to solving problems and promoting excellence in primary care to improve the health of the region.

**Ownership:** Department of Family Medicine – SUNY-Upstate Medical University

**Academic affiliations:** SUNY Upstate Medical University, Syracuse, NY

**Type of Governance:** Open

**Sources of Support:** AAFP Foundation – PBRN Stimulation Grant Program

**Area(s) of Research Interest:** Application of evidence-based practice, clinical and population prevention, quality improvement and practice change

**Number of member practices:** Still forming                      **Number of member clinicians:** TBD

**Number of patients served:** Still forming

**Percentage of members who are:**  
TBD

**Requirements for membership:** A practice or clinician in New York State interested in improving primary healthcare.

**Other PBRNs your network has collaborated with:** None yet

**Other Networks Collaborated With:** None.

**Network Accomplishments:** Successful funding for first project from AAFP/F.

**Studies in Progress:** Survey: Barriers to Physician Management of Obesity in Primary Care.

**Completed Studies:** None

**Manuscripts Accepted for Publication:** None

**Published Research:** None

## **University of Virginia Practice Support and Research Network**

PO Box 800729

UVA Health System

Charlottesville, VA 22908

Phone: 434-924-1617

Fax: 434-243-4800

Last update: Spring 2006

**Medical Director:** Steven Heim, MD, MSPH

**Research Director:** Fern Hauck, MD, MS

**Network Administrator:** Jim Taylor

**Contact:** Barbara Zuckerman      **e-mail:** brz2n@virginia.edu

**Web Site:** None

**Region:** Open, but primarily in central Virginia in the area around the University of Virginia (UVa) in Charlottesville.

**Year Founded:** 1999

**Number of Clinicians:** 40

**Number of Practices:** 7

**Number of Patients Served:** 109,800 annual patient visits

### **Mission:**

To enhance the health of patients and communities through effective and efficient delivery of the highest quality health care. The network is a collaboration of community and academic primary care practitioners that will translate the best current medical evidence into clinical practice, making the best use of existing resources. While viewing patients' health within the environment of the community's health, the network will seek to discover new knowledge that improves the prevention, diagnosis, and treatment of problems commonly encountered in primary care.

**Ownership:** Department of Family Medicine, University of Virginia Health System

**Governance:** Steering committee comprised of representatives from practices, network director and research advisors.

**Academic Affiliation:** University of Virginia Health System

### **Membership Requirements**

Pilot practices will be invited to join based on interest in practice-based research and willingness to actively shape the pilot program.

### **Research Interests:**

1. Prevention and health promotion
2. Eliminating health disparities
3. Clinical quality enhancement

## **FPBRN International Affiliates**

### **Alberta Family Practice Research Network (AFPRN)**

370, 10403 – 172 Street  
Edmonton, Alberta, Canada T5S 1K9  
Phone: 780-488-2395  
Fax: 780-488-2396  
E-mail: [afprn@acfp.ca](mailto:afprn@acfp.ca)  
Last update: 2005

**Clinical Director:** Donna Manca, MD, CCFP, MCLSC, FCFP

**Network Coordinator:** Lorainne Dubois

**Web Site:** [www.afprn.ca](http://www.afprn.ca)

**Region:** Alberta, Canada

**Year Founded:** 1992

**Number of Clinicians:** 437

**Number of Patients Served:** Unknown

**Percentage of Members Who Are:** Family Medicine (100)

**Mission:** To bring together relevant questions, skills, and resources of physicians in community practices, with the expertise and resources of academic institutions, to conduct primary care research and increase primary care research capacity.

**Ownership:** AFPRN is an initiative of the Alberta Chapter of the College of Family Physicians of Canada, thus the ownership is the membership of the Alberta Chapter.

**Governance:** The Clinical Director, a community physician, is directly accountable to the Board of the Alberta Chapter, the College of Family Physicians of Canada, through the Executive Director and through the Chair of the AFPRN Steering Committee, for all activities associated with AFPRN.

The AFPRN Steering Committee provides overall guidance and direction to the Clinical Director of AFPRN and his/her team. The Steering Committee is a standing committee of the Board of the Alberta Chapter. The Chair is a member of the Executive Committee of the Board.

**Academic Affiliation:** Universities of Alberta and Calgary.

### **Support**

An initiative of the College of Family Physicians (Alberta Chapter)  
Alberta Heritage Foundation for Medical Research  
University of Calgary  
University of Alberta

**Membership Requirements:** Family physicians practicing in Alberta, Canada.

**Research Interests:** Varied

**Other Networks Collaborated With:** NaRes (Oltana), HealNet, Socio-Behavioral Cancer Research Network in Canada.

**Work in progress (sample)**

1. Discussions have been held regarding the Care of the Elderly. The aim is to explore the role of the family physician in caring for the elderly, the role of the College of Family Physicians in caring for the elderly, and the role of the University (educational) in training family physicians in caring for the elderly.
2. Identifying Research Priorities in Rural Family Medicine. A web-based Delphi survey to identify research priorities for rural family medicine in Alberta.
3. The Rewards and Challenges of Family Practice. A web-based Delphi survey aimed to identify the key rewards and challenges experienced by family physicians in Alberta.

## **Chunan Practice-Based Research Network (CnPBRN)**

Department of Family Medicine  
Dankook University  
College of Medicine San 16-5  
Anseo Dong, Chunan  
Chungnam, Korea (330-715)  
Phone: 82-417-550-6385  
Fax: 82-417-550-3999  
Last update: 2005

**Director:** Eal-Whan Park, MD

**e-mail:** ewpark@dku.edu

**Contact/Coordinator:** Yoo-Seock Cheong

**e-mail:** drloved@unitel.co.kr

### **Web Site:**

**Region:** Chungnam Province, Korea

**Year Founded:** 1994

**Number of Clinicians:** 11

**Number of Practices:** 9

**Number of Patients Served:** 50,000

**Percentage of Members Who Are:** Family Medicine (100)

### **Mission**

1. To gather epidemiologic data in primary practice
2. To develop practical practice guidelines and feedback

**Governance:** Board of directors

**Academic Affiliation:** Dankook University Department of Family Medicine, Korean Academy of Family Medicine

**Support:** Regular membership fees

### **Membership Requirements**

Family physicians who have their own offices in the Chungnam province.

### **Research Interests**

Epidemiologic research in primary practice (e.g., prevalence studies), the doctor-patient relationship, and compliance studies.

**Other Networks Collaborated With:** Oklahoma Physicians Resource/Research Network (OKPRN)

### **Work in progress**

1. Prevalence of night sweats (with OKPRN)

### **Network accomplishments**

1. **Use of traditional medicine and folk remedies in hypertensive patients.** J Korean Acad Fam Med 1998; 19(2).
2. **Prevalence of urinary incontinence in adults who visited family practice clinics.** J Korean Acad Fam Med 1999; 20(1).

3. **Family physician as a counselor focused on sexual and family problems.** J Korean Acad Fam Med 2004; 25(4)

## **Maritime Family Practice Research Network (MaRNet-FP)**

Dalhousie Family Medicine  
5909 Veterans Memorial Lane  
AJLB Bldg, Rm 8524  
Halifax, NS B3H 2E2  
Telephone: 902-473-4741  
Fax: 902-473-4760

**Web site:** <http://family.medicine.dal.ca/Research/mpcrn.html>

**Network Director:** Dr. Wayne Putnam

**Network Director e-mail:** [wayne.putnam@dal.ca](mailto:wayne.putnam@dal.ca)

**Network contact person:** Natalie Dawson

**Contact e-mail:** [natalie.dawson@dal.ca](mailto:natalie.dawson@dal.ca)

**Region encompassed by network:** Three Canadian provinces: Nova Scotia, New Brunswick, Prince Edward Island

**Year of network's founding:** 2005

### **Mission of network:**

- a. To enable community family physicians to combine their relevant questions, skills and resources with the expertise and resources of academic family physicians to conduct primary care research and increase primary care research capacity.
- b. To conduct and support primary care research in practice-based settings that addresses questions of importance to family medicine and improves health care delivery to, and the health status of, patients and their families.
- c. To assist in research skills development of family physicians who are part of this network.

**Ownership:** Dalhousie Department of Family Medicine

**Academic affiliation:** Dalhousie Department of Family Medicine

**Type of governance:** Centralized with Department of Family Medicine at this time

**Sources of support:** Dalhousie Department of Family Medicine, Nova Scotia Health Research Foundation, Dalhousie Medical Research Foundation, Prince Edward Island Health Research Institute, Canadian Institutes of Health Research

**Areas of research interest:** Type 2 diabetes – particularly hypertension

**Number of member practices:** 17

**Number of member clinicians:** 17

**Number of patients served:** Unknown

**Percentage of members who are:**

**Family physicians** 100%

**Requirements for membership:**

Open to any practicing family physician/general practitioner in Nova Scotia, New Brunswick or Prince Edward Island and any other health care professional working in collaboration with a family physician. Also open to specialist physicians and researchers who are involved in projects initiated by the network.

**Other PBRNs your network has collaborated with:** None to date

**Studies in progress (title and brief description):**

1. Hypertension in type 2 diabetes in primary care: How much do drugs matter in reaching target blood pressures? – A descriptive study of hypertension in type 2 diabetic persons with the current emphasis on drug management.  
Funded by: CIHR, Nova Scotia Health Research Foundation, Dalhousie Faculty of Medicine, Dalhousie Medical Research Foundation, Capital Health

## **National Research System (NaReS)**

2630 Skymark Ave.  
Mississauga, ON L5A 2B5 CANADA  
905-629-0900 x417  
905-629-0893 fax  
Last update: 2005

### **Network Director:**

**Network Coordinator:** Anita Lambert-Lanning    **e-mail:** all@cfpc.ca

### **Web Site:**

<http://www.cfpc.ca/English/cfpc/research/national%20research%20system/default.asp?s=1>

**Region:** 10 provinces and 3 territories in Canada

**Year Founded:** 1976

**Number of Clinicians:** Entire CFPC membership >15,000

**Number of Practices:** 747 registered sentinel practices

### **Percentage of members who are:**

Family med 100%

### **Mission:**

- Encourage participation in primary care research & research networks by sharing research news via e-mail, departmental listservs and individual correspondence.
- Provide access to information on potential & completed research whenever possible
- Provide opportunities for conducting appropriately financed research studies in FM settings that answer FM research questions
- Assist in skills development of FM researchers who are part of this network
- Identify local training needs
- Facilitate cooperation & collaboration between primary care practitioners & other health related agencies where ever possible (e.g. social services, local health authorities, acute care)

### **Ownership:**

**Governance:** Board of Directors from practice members

**Academic Affiliation:** College of Family Physicians of Canada (CFPC) – Section of Researchers

**Support:** CFPC and individual project funding

**Membership Requirements:** Member of the CFPC

### **Research Interests:**

- disease / illness surveillance

- surveys - knowledge, attitude, behaviour
- evaluation of educational material (e.g. health promotion, guidelines etc.)

**Other Networks Collaborated With: Alberta Family Practice Research Network, Nortren, (formerly) ASPN, Kingston Network**

**Current Projects:**

**(a) 2002-2004 National Influenza Surveillance System – YEAR ROUND Reporting**

**INVESTIGATING TEAM:** Jeannette Macey (Epidemiologist- Viral Respiratory Diseases,DIRD,PPHB,Health Canada), Anita Lambert-Lanning MLS (Research Information Coordinator

NaReS CFPC), Jamie Jensen (FluWatch Coordinator NaReS CFPC)

**FUNDING SOURCE:** Health Canada Immunization and Respiratory Infections Division

**Summary:** The National Research System (NaReS) of the College of Family Physicians of Canada recruits sentinel physicians and nurses for the [National FluWatch \(FW\) Program](#) for the Infectious Disease Prevention and Control Division of Health Canada (HC). The NaReS FluWatch programme is the longest running operational research project of NaReS with the current system in place since 1997. Setting: FW recruits sentinels on an ongoing basis in 7/10 provinces and 3/3 territories in Canada. The 2002-2003 period has been the first in which sentinels were asked to do surveillance 'year round'. Due to the recent SARS outbreak in Ontario sentinels are now being asked to continue reporting weekly until further notice. Study Design/Participants: Feedback survey results [returned to date = 117/167 (70%)] from 2002-2003 participants in the sentinel surveillance component of the FW program. Main & Secondary Outcomes: Seminal findings from this years evaluation results include: 1) that the weekly reporting rate among sentinels averaged 78.46% (higher than most comparable sentinel reporting programs) 2. >50% of the sentinels are in rural areas (not the usual distribution for other NaReS projects) 3. 27.5% of sentinels applied for MainPro M2 CME credits based on their work as sentinels in the 'FluWatch' Program (a completely new finding) 4. 55.6% are willing to do 'year round' reporting next year (which is an increase of >20% from last fall) Conclusion: In the fall of 2002 initial agreement to participate in FW 'year round' was at 32.5%. It would appear that increased willingness to participate in 'year round' ILI surveillance has borne fruit. There is potential for such a system to provide ongoing surveillance for other flu-like illnesses such as SARS and/or related events. [Results from this year's survey will be presented as a poster](#) at NAPCRG in Banff in the fall of 2003.

**(b) Family Physician Survey on T2D Education: Emerging Role of Lifestyle in the Prevention and Management of Type 2 Diabetes**

**INVESTIGATING TEAM:** Stewart Harris MD CCFP, Robert Petrella MD CCFP, Wendy Leadbetter (McMaster), Patricia Marturano (CFPC) Anita Lambert-Lanning (NaReS) **FUNDING SOURCE:** Health Canada (through the CFPC's Diabetes Strategy)

**Summary: Lifestyle Management for Type 2 Diabetes Canadian Family Physicians Believe But Don't.**

**OBJECTIVE:** To determine practices and perceptions of family physicians regarding lifestyle interventions for the prevention and management of Type 2 diabetes (T2D). **DESIGN:** Confidential mail survey. **SETTING:** Canada.

**PARTICIPANTS:** Random, stratified sample of 1499 2001 *National Family Physician Workforce Survey (NFPWS)* respondents. **MAIN OUTCOME MEASURES:** Physicians' self-reported practice patterns and perceptions of lifestyle counselling for patients at risk for, and those diagnosed with, T2D. **RESULTS:** Response rate was 53% (749/1410). Respondents frequently asked patients at risk for T2D and patients diagnosed with T2D about physical

activity (96% and 92.8% of the time, respectively) and about weight loss, when applicable (96.9% and 93.7% of the time, respectively). However, far fewer respondents provided written advice, particularly about physical activity (33.8% and 30.3%, respectively). In general, more respondents felt that counselling with interventions such as generic patient handouts (94.9%) was preferable to more intensive lifestyle management strategies such as scheduling specific appointments to provide stage-matched counselling on physical activity (68%). Most respondents felt that family physicians should perform lifestyle interventions, but are confounded by barriers such as lack of patient interest and limited provider time.

**CONCLUSION:** Family physicians are keen to implement lifestyle interventions to reduce the incidence and prevalence of T2D. Yet current efforts are hampered by barriers and the use of ineffective strategies. Analysis of copious amounts of 'free text' from respondents is being conducted separately in accordance with content analysis techniques. Results of this investigation have been accepted for presentation at NAPCRG in the fall of 2003.

### **(c) Falls Prevention and Management Among Community-Dwelling Seniors Through Primary Care**

**INVESTIGATING TEAM:** Jean Kozak Ph.D. Director of Research Services, SCOHS Ottawa, ON; Tom Elmslie MD, Msc. CCFP; Campbell T. Lamont Centre for Studies in the Primary Care of the Elderly Ottawa, ON; Andrea Moser MD, CCFP Ottawa Hospital, Ottawa, ON; Jacqui Wakefield Foundation for Medical Practice Education Hamilton, ON.

**FUNDING SOURCE:** Sisters of Charity of Ottawa Health Service in collaboration with Health Canada

**Summary:** The sponsoring organization for the proposed falls initiative will be the SCO Health Service (SCOHS). SCOHS is a bilingual, non-profit umbrella organization that provides a wide range of services along the continuum of care for older adults, the disabled and the dying. The purpose of the proposed initiative is twofold: 1) to advance the knowledge of falls prevention and falls management among family physicians and their clients (seniors and veterans) through the development of falls educational modules and care guides; and 2) to do a preliminary evaluation of the use of these educational materials by family physicians and their older clients. Through the assistance of NaReS at the CFPC 120 family physicians will be randomly selected from Eastern Ontario to participate in this evaluation pilot. Each family physician willing to participate in the initiative (once consent is obtained) will be asked to select 4 older clients from their practices who will be approached to be invited to participate (and consent obtained). Ethics approval

has been obtained from the SCOHS in Ottawa and educational tools and evaluation instruments were developed in collaboration with the *Medical Practice Foundation* in Hamilton over the summer of 2003 and invitations for participation are about to be sent out.

### **(d) What questions are Family Medicine undergraduate students asking and do they think they are finding evidence-based answers? University of Toronto Clinical Clerkship Curriculum 2001-2002.**

**INVESTIGATING TEAM:** Anita Lambert-Lanning MLS, Rita Shaughnessy MLS, Risa Freeman MD, CCFP, Harvey Blankenstein MD CCFP. **FUNDING SOURCE:** Support (in kind) from the DFCM University of Toronto, the Information Technology-Faculty of Medicine (IT-FoM), and the 'Adaptive Technologies' centre at U of T, and The College of Family Physicians of Canada for teaching staff time involved in this Family Medicine undergraduate curriculum initiative.

**Summary:** "Net Explorations: Finding the Internet Evidence" is a 2-3 hr. workshop conducted with 3rd year Clinical Clerks on their Family Medicine (FM) rotation since 1997 at the University of Toronto. Evaluations of this interactive workshop using PubMed Clinical Queries, a meta-search engine, and selected FM web resources have remained high since it's inception in 1997. This study is the first attempt to analyse trainee work on the 'Educational Prescription' exercise for the 2001-02 year. **Method:** Content analysis techniques informed by 'critical appraisal' categorization of the questions posed (n=182) and subject heading assignment was conducted as well as quantitative analysis of other variables from the workshop assignment.

**Results:** 167/182 (91.8%) of trainees were able to correctly categorize an appropriate methodological search filter type among the top 5 which include: therapy, prognosis, etiology, diagnosis, prognosis, or guidelines. Additionally there were 109 primary subject headings (MeSH) covered in the unique questions posed by trainees with osteoarthritis, migraine, and breast neoplasms being among the top 10 subjects. Forty percent [73/182 (40.1%)] located a relevant document to appraise from the web and 104/182 (57.1%) directly from MEDLINE (PubMed or Ovid). A clear majority of trainees ranked their found document as having high/highest ratings for authority 145/182 (79.7%), accuracy (78.6%), objectivity (79.7%), currency (75.8%), and coverage (73.6%). **Discussion:** While traditional methodological search filters were seen in the majority of trainee questions posed both health services and guideline question types required different levels of search filtering in both MEDLINE and the web at large. **Conclusion:** We believe this evidence-based exercise allows clinical clerks to re-focus their information need on a specific question related to their current FM rotation and allows them an opportunity for support in acquiring evidence-based searching skills in their pre-residency years but with a distinct FM focus. Results from this analysis were accepted as a poster presentation at the *Evidence-based Librarians Conference* in Edmunton in June of 2003 and also by the *FMF* in Calgary 2003.

**Network Accomplishments (list five representative papers):**

1: Warner E, Carroll JC, Heisey RE, Goel V, Meschino WS, Lickley HL, Doan BD, Chart PL, Orr V, Lothian S. Educating women about breast cancer. An intervention for women with a family history of breast cancer. *Can Fam Physician*. 2003 Jan;49:56-63. PMID: 12602843 [PubMed - indexed for MEDLINE]

2: Fitch MI, Gray RE, Greenberg M, Carroll J, Chart P, Orr V. Self-help groups: oncology nurses' perspectives. *Can Oncol Nurs J*. 2001 Spring;11(2):76-81. PMID: 11894487 [PubMed - indexed for MEDLINE]

3: Carroll JC, Gray RE, Orr VJ, Chart P, Fitch M, Greenberg M. Changing physicians' attitudes toward self-help groups: an educational intervention. *J Cancer Educ*. 2000 Spring;15(1):14-8. PMID: 10730797 [PubMed - indexed for MEDLINE]

4: Gray RE, Carroll J, Goel V V, Orr V V, Fitch M, Chart P, Fleshner N, Morris BA, Greenberg M. Canadian family physicians and prostate cancer: a national survey. *Can J Urol*. 1999 Dec;6(6):892-897. PMID: 11180791 [PubMed - as supplied by publisher]

5: Keast DH, Marshall JN, Stewart MA, Orr V. Why do patients seek family physicians' services for cold symptoms? *Can Fam Physician*. 1999 Feb;45:335-40. PMID: 10065307 [PubMed - indexed for MEDLINE]

## **Nijmegen University Academic Network Family Medicine (CMR/NMP)**

Department of Family and Social Medicine  
Radboud University Nijmegen  
229-HAG  
P.O. Box 9101  
6500 HB Nijmegen, The Netherlands  
Phone: x-31-24-3616332  
Fax: x-31-24-3541862  
Last update: 2005

**Director:** Professor Chris Van Weel

**e-mail:** C.vanWeel@hag.umcn.nl

**Region:** Nijmegen and suburbs.

**Year Founded:** 1967

**Number of Clinicians:** 28

**Number of Practices:** 9

**Number of Patients Served:** 50,000

**Percentage of Members Who Are:** Family Physicians (100)

### **Mission:**

Family medicine epidemiology and access to patients for clinical research.

**Ownership:** Radboud University Nijmegen

**Governance:** A representative steering group of members.

**Academic Affiliation:** Radboud University Nijmegen

### **Support:**

Radboud University Nijmegen, and research foundations for specific projects.

### **Areas of Research Interest**

Chronic morbidity in family medicine: asthma/COPD, diabetes, cardiovascular disease, depression; long-term outcomes of care, continuity of care.

### **Membership Requirements**

Practices are selected by the department. No current solicitation of members.

### **Other Networks Collaborated With**

University of Maastricht, Family Medicine Research Network (RNH)

### **Work in progress**

1. **Prognosis of depression in primary care:** a 10+-year follow-up of patients with a first episode of depression. Outcome: recurrence rate, psychiatric status, quality of life. Funded by University of Nijmegen.
2. **Prognosis of type 2 diabetes mellitus.** A long-term follow-up of patients for mortality, morbidity and CV risk factors; effects of intensive treatment of chronic, poorly controlled diabetes. Funded in part by Diabetes Research Fund.
3. **Outcome of intensive treatment of COPD (RCT).** Effectiveness of inhaled steroids and Nacetyl cysteine. Outcome: survival, pulmonary function, health status. Funded by Sich Fund Programme Evaluation of Medicine// Z.O.N.

4. **Early intervention for asthma (RCT).** Effectiveness of prenatal and very early childhood interventions to prevent development of asthma/avoidance of irritants. Outcome: asthma, severity of asthma. Funded by Medical Research Council, Asthma Foundation, Royal Academy.
5. **Continuity of Care. Analysis of essential information for patient-related clinical decisions.** Outcome: decision-supportive computer program. Funded by SGO Fund for Clinical Research.

### Network accomplishments

#### Diabetes mellitus type 2:

1. de Grauw WJ, van Gerwen WH, van de Lisdonk EH, van den Hoogen HJ, van den Bosch WJ, van Weel C. Outcomes of audit-enhanced monitoring of patients with type 2 diabetes. *J Fam Pract.* 2002 May;51(5):459-64.
2. Muller IS, de Grauw WJ, van Gerwen WH, Bartelink ML, van Den Hoogen HJ, Rutten GE. Foot ulceration and lower limb amputation in type 2 diabetic patients in dutch primary health care. *Diabetes Care.* 2002 Mar;25(3):570-4.
3. de Grauw WJ, van de Lisdonk EH, van Gerwen WH, van den Hoogen HJ, van Weel C.
4. Insulin therapy in poorly controlled type 2 diabetic patients: does it affect quality of life?
5. *Br J Gen Pract.* 2001 Jul;51(468):527-32.
6. de Grauw WJ, van de Lisdonk EH, van Gerwen WH, Verstappen M, van den Hoogen HJ, Willems JL, van Weel C. Microalbuminuria in patients with Type 2 diabetes mellitus from
7. general practice: course and predictive value. *Diabet Med.* 2001 Feb;18(2):139-43.
8. de Grauw WJ, van de Lisdonk EH, Behr RR, van Gerwen WH, van den Hoogen HJ, van Weel C. The impact of type 2 diabetes mellitus on daily functioning. *Fam Pract.* 1999 Apr;16(2):133-9.
9. de Grauw WJ, van den Hoogen HJ, van de Lisdonk EH, van Gerwen WH, van Weel C.
10. Control group characteristics and study outcomes: empirical data from a study on mortality of patients with type 2 diabetes mellitus in Dutch general practice. *J Epidemiol Community Health.* 1998 Apr;52 Suppl 1:9S-12S.
11. de Grauw WJ, van de Lisdonk EH, van de Hoogen HJ, van Gerwen WH, van den Bosch WJ, Willems JL, van Weel C. Screening for microalbuminuria in type 2 diabetic patients: the
12. evaluation of a dipstick test in general practice. *Diabet Med.* 1995 Aug;12(8):657-63.

#### Cardiovascular:

1. Bakx JC, Van den Hoogen HJ, Van den Bosch WJ, Thien T, van Weel C. Cardiovascular risk factors and disease in general practice: results of the Nijmegen Cohort Study. *Br J Gen Pract.* 2002 Feb;52(475):135-7.
2. Bakx JC, Veldstra MI, van den Hoogen HM, Zielhuis GA, Thien T, van Weel C, van den Bosch WM. Blood pressure and cardiovascular morbidity and mortality in a Dutch population: the Nijmegen cohort study. *Prev Med.* 2001 Feb;32(2):142-7.
3. Bakx JC, van den Hoogen HJ, Deurenberg P, van Doremalen J, van den Bosch WJ. Changes in serum total cholesterol levels over 18 years in a cohort of men and women: The Nijmegen Cohort Study. *Prev Med.* 2000 Feb;30(2):138-45.
4. Bakx JC, van den Hoogen HJ, van den Bosch WJ, van Schayck CP, van Ree JW, Thien T, van Weel C. Development of blood pressure and the incidence of hypertension in men
5. and women over an 18-year period: results of the Nijmegen Cohort Study. *J Clin Epidemiol.* 1999 Jun;52(6):531-8.
6. Bakx C, Oerlemans G, van den Hoogen H, van Weel C, Thien T. The influence of cuff size on blood pressure measurement. *J Hum Hypertens.* 1997 Jul;11(7):439-45.

7. Bakx JC, Stafleu A, van Staveren WA, van den Hoogen HJ, van Weel C. Long-term effect of nutritional counseling: a study in family medicine. *Am J Clin Nutr.* 1997 Jun;65 (6 Suppi): 1946S-1950S.

#### Astma / COPD

1. Jacobs JE, van de Lisdonk EH, Smeele I, van Weel C, Grol RP. Management of patients with asthma and COPD: monitoring quality of life and the relationship to subsequent GP interventions. *Fam Pract.* 2001 Dec;18(6):574-80.

#### Depression

1. van Weel-Baumgarten EM, Schers HJ, van den Bosch WJ, van den Hoogen HJ, Zitman FG.
2. Long-term follow-up of depression among patients in the community and in family practice settings. A systematic review. *J Fam Pract.* 2000 Dec;49(12):1113-20.
3. van Weel-Baumgarten EM, van den Bosch WJ, van den Hoogen HJ, Zitman FG. The long-term perspective: a study of psychopathology and health status of patients with a history of depression more than 15 years after the first episode. *Gen Hosp Psychiatry.* 2000 Nov-Dec;22(6):399-404.
4. van Weel-Baumgarten EM, van den Bosch WJ, van den Hoogen HJ, Zitman FG. The validity of the diagnosis of depression in general practice: is using criteria for diagnosis as a routine the answer? *Br J Gen Pract.* 2000 Apr;50(453):284-7.
5. van Weel-Baumgarten EM, van den Bosch WJ, Hekster YA, van den Hoogen HJ, Zitman FG. Treatment of depression related to recurrence: 10-year follow-up in general practice. *J Clin Pharm Ther.* 2000 Feb;25(1):61-6.
6. van Weel-Baumgarten E, van den Bosch W, van den Hoogen H, Zitman FG. Ten year follow-up of depression after diagnosis in general practice. *Br J Gen Pract.* 1998 Oct; 48(435):1643-6

## **North Toronto Primary Care Research Network (NorTReN)**

Sunnybrook and Women's College  
Health Sciences Centre  
2075 Bayview Avenue, Room E3-49  
Toronto, ON M4N 3M5  
416-490-6100 x7095  
416-480-4536 Fax  
Last update: 2005

**Director:** Dr. Neil Drummond      **e-mail:** Neil.Drummond@swchsc.on.ca

**Contact person:** Jess Haines      **e-mail:** jess.haines@swchsc.on.ca

**Region:** North Toronto

**Year founded:** November 2000

**Number of practices:** 13

**Number of clinicians:** 13

**Percentage of members who are:** Family physicians 77%, Other allied health personnel 23%

**Network mission:** Research by family doctors for family doctors and their communities.

**Ownership:** Network members

**Academic affiliation:** University of Toronto Department of Family and Community Medicine

**Governance:** Participatory democracy

**Source(s) of support:** North York General Hospital, Sunnybrook and Women's College Health Sciences Centre, Scarborough Hospital General Division, University of Toronto Department of Family and Community Medicine

**Areas of research interest:** Primary Care

**Membership requirements:** Prior involvement in structured inquiry (either research or teaching).

**Other Networks you have collaborated with:** None

### **Studies in progress:**

**The Management of Suspected Angina in General Practice-** A Descriptive Study: The focus of this investigation is to gain insight into the process of investigation and diagnosis of chest pain by the family physician. A chart review of all patients aged 45-74 years in a single practice who have presented with chest pain in a three year period is presently being conducted. It is intended that this knowledge will inform the evaluation of a computerised, diagnostic support tool for suspected angina.

## **Wessex Primary Care Research Network (WReN)**

Primary Medical Care  
Aldermoor Health Centre  
Aldermoor Close  
Southampton SO16 5ST  
United Kingdom  
Phone: 023 80 241055  
Fax: 023 80 701125  
Last update: 2005

**Director:** Dr. Michael Moore

**E-mail:** mvm198@soton.ac.uk

**Contact:** Joan Dunleavy or Jenny Baurersback

**E-mail:** J.L.Dunleavy@soton.ac.uk  
Jenny@soton.ac.uk

**Region:** Old Wessex region, which includes the counties of Hampshire, Wiltshire, Dorset and the Isle of Wight.

**Year Founded:** 1994

**Number of Clinicians:** 719 practice-based members

**Number of Practices:** 274 – WReN has members based in other establishments – these are general practices only.

**Number of Patients Served:** Not known

**Percentage of Members Who Are:**

General Practitioners (38), Practice Nurses (21), Allied Health Care Personnel (41)

**Mission:** To support the research activities of primary care and community health workers throughout Wessex.

**Ownership:** Members

**Governance:** Advisory Board

**Support:** Department of Health National Coordinating Center for Research Capacity and Development (NCCRCD).

**Areas of Research Interest:** Numerous; Biobank (genetic/environmental outcome of disease), allergy, use of vitamin D in primary care.

**Membership Requirements**

An interest in primary care research (certain groups are associate members).

**Other Networks Collaborated With:** NOREN, Trent Focus

Work in progress

1. **The Vitamin D Study:** Does an annual injection of vitamin D reduce the incidence of fractures in those over 75? Funded by Southwest NHSE R&D and National Osteoporosis Society.
2. **Rhino – Can high-dose sublingual immunotherapy improve symptom control in hay fever sufferers?** Funded by Stallergenes S.A.

3. **Study of Respiratory Syncytial Virus (RSV) in Adults Aged 65 Years and Over** (WReN and Public Health Laboratory Service). Funded by Wyeth & Pierre Fabre.
4. **Biobank** – Genetic/environmental outcome of disease. Funded by Department of Health, Medical Research Council, Wellcome Trust.

### **Network accomplishments**

1. Exworthy M, Wilkinson, McColl A, Moore M, Roderick P, Smith H, et al. **The role of performance indicators in changing the autonomy of the general practice profession in the UK.** *Social Science and Medicine* 2003; 56:1493-1504.
2. Lattimer V, Sassi F, George S, Moore M, Turnbull J, Mullee M, et al. **Cost analysis of nurse telephone consultation in out of hours primary care: evidence of a randomised control trial.** *British Medical Journal* 2000; 320:1053-7.
3. McColl A, Roderick P, Wilkinson E, Smith H, Moore M, Exworthy M. **Clinical governance in primary care groups: the feasibility of deriving evidence-based performance indicators.** *Quality in Health Care* 2000; 9:90-7.
4. Mynors-Wallis L, Moore M, Maguire J, Hollingbery T. **Shared care in mental health.** Oxford. Oxford University Press, 2002.
5. Smith H, Pikerling RM, Struthers A, Simpson I, Mant D. **Biochemical diagnosis of ventricular dysfunction in elderly patients in general practice: observational study.** *British Medical Journal* 2000; 320:906-8
6. Smith H, Lattimer V, George S. **General practitioners' perceptions of the appropriateness and inappropriateness of out-of-hours calls.** *British Journal of General Practice* 2001; 51:270-5
7. Woodcock A, White P, Smith H, Coles C, Campion-Smith C, Stannard T. **GP selection of postgraduate education has implications for colleagues: messages for course providers and for those writing practice professional development plans.** *British Journal of General Practice* 2000; 50:785-90.
8. Wrigley H, George S, Smith H, Snooks H, Glasper A, Thomas E. **Trends in demand for emergency ambulance services in Wiltshire over nine years: observational study.** *British Medical Journal* 2002; 324:646-7.

Note: WReN members publish more papers than featured here. However this list reflects publications featuring several members.

### **Other information**

Dr. Michael Moore is GP lead researcher at the Three Swans Surgery, Salisbury, Wiltshire.