

*Those who hear not
the music,
think the dancer's mad.*
Anonymous

Partners in Prescription for Health

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*Your NPO at work
processing P4H proposals
3/2003*

PRESCRIPTION FOR health highlights

PROMOTING HEALTHY BEHAVIORS IN PRIMARY CARE RESEARCH NETWORKS

Volume 1, Issue 1

The Nation's PBRNs to Help Write the Prescription

The Prescription for Health national program office received 70 proposals from PBRNs around the country to test behavior change interventions, and the Robert Wood Johnson Foundation awarded grants to 17 of them for this unique 16-month learning enterprise that begins July 1, 2003. The 17 PBRN projects include:

Alabama Practice Based Research Network (APBRN) — Dr. Myra Crawford

Two evidence-based, best practice protocols mounted on PDAs will be used to guide patient interventions around smoking and diet. Community health advisors will promote and support patients attempting change.

Center to Enhance Child Health (CECH) Network—Dr. Ardis Olson

Collaborative team approach using enhanced counseling model (rapid cycles of testing & evaluation). A PDA-mounted assessment tool will assist teen advisement about risky behaviors with follow-up e-mail support.

Colorado Research Network (CaReNet)—Dr. Wilson Pace

Creation of an office culture that promotes/supports wellness to encourage/enhance the uptake of effective behavior change interventions among its staff that are, in turn, modeled and translated to patients.

Dartmouth COOP Project—Dr. John Wasson

Assess cost-effectiveness of practice changes to improve health behaviors through web-based assessment tool, practice training/support to improve office efficiency, and community resources to which interventions are linked.

Great Lakes Research into Practice Network (GRIN)—Dr. Jodi Holtrop

Consult model using the 5As assessment that trains quality assurance nurses to provide practice consultation services that lead to system improvements that encourage preventive service delivery to patients.

Kentucky Ambulatory Network (KAN) —Dr. Thomas Armsey

Evidence-based program designed to offer clinicians expanded tangible community resources to put prevention into practice. Telephonic counseling will be provided to patients at their determined stage of adoption.

Midwest Nursing Center Consortium Research Network—Dr. Laura Anderko

A multi-dimensional strategy to promote behavior change tailored for disadvantaged populations at risk. Group support sessions, development of social networks and intensive nurse outreach form the foundation of this project.

Minnesota Academy of Family Physicians Research Network—Dr. Kevin Peterson

Intensive interactive patient education program designed to enhance utilization and success of established behavior-specific programs, using trained motivational counselors. Patients choose the intensity of their interventions.

New England Clinicians Forum Practice-based Research—Jennifer Granger, MPH

Implement/evaluate integrated screening and brief interventions (SBI) for smoking and risky drinking using two different models of SBI delivery in four community-based primary care centers that serve disadvantaged populations.

Northwest Ohio Primary Care Research Network (NOPCRN) —Dr. Sandra Puczynski

Randomized, crossover trial to increase physical activity and promote healthy eating in 80 sedentary, overweight patients with impaired fasting glucose that uses PDA screening tool, patient goal-setting and nurse surveillance.

Pediatric PitNet—Dr. Ellen Wald

Study that targets disadvantaged, overweight children using the chronic care model to increase the use of BMI as standard measure of wt. status with nurse educators providing group interventions and linkages to community resources.

Pediatric Practice Research Group (PPRG) —Dr. Helen Binns

Systematic nutritional assessment to increase pediatric counseling around improved diet and increased physical activity through medical record review, visual aids, handouts, improved charting, and practice change evaluation.

Pennsylvania State Ambulatory Research Network (PSARN)—Dr. Alan Adelman

Integrated model (motivational/focused educational materials, telephone follow-up, community resource link, longitudinal database) used for patients with BMI >30 who are referred to behavior change facilitators.

Research Association of Practices (RAP) —Dr. Susan Flocke

Tailored intervention to link patients wishing to make behavior changes to an existing web-based resource that provides local support and educational materials. Patients will be directed to this resource via a health promotion Rx.

UCSF/Stanford Collaborative Research Network (CRN) —Dr. Thomas Bodenheimer

Incorporate behavior change action plans into routine visits and follow with six-month patient self assessment questionnaire and clinician action plan assessment questionnaire.

Virginia Outcomes Research Network—Dr. Steven Woolf

Website that hosts a stage-based portal to direct patients to resources best suited for them and their stage of readiness to change—data compared with four months of control group data that had no access.

Virginia Practice Support and Research Network—Dr. Steven Heim

Patient-tailored counseling at the point of care using a handheld clinical decision support tool. Practices will adopt smoking and BMI as vital signs, which cues the clinician to address the target behavior and use the software.

Independent Evaluation Unit (IEU) - Work Plan

The evaluation team had the good fortune to talk recently with the 17 grantees through a series of teleconference. PBRN input regarding project evaluation is proving extremely useful and is helping shape and refine the process.

Challenges faced by the P₄H Independent Evaluation Unit include:

1. Making the process project-specific to provide the most meaningful feedback
2. Providing real time input relating to diary entries to create a more immediate and fluid process
3. Assisting with the IRB process as it relates to project evaluation

To meet the above challenges, the IEU:

1. Has clarified its role and responded to concerns via the teleconferences.
2. Is working on using the AHRQ extranet to allow for secure, user-friendly diary entry and other on-line group-learning capabilities that enhance communication and make the process as painless as possible. The diaries will be discussed at length at next week's AHRQ meeting.
3. Has worked to minimize and simplify the IRB effort required of PBRNs. The RWJ Medical School IRB reviewed and approved the IEU's evaluation tools. As prescription for health recipients, the 17 PBRNs agreed to participate in an evaluation assessment that mostly involves providing network data. The evaluation itself is expected to impact individual projects only minimally.

Practice involvement by the IEU is expected to be limited to the Practice Staff Questionnaire (PSQ), possible site visits, and the web-administered Practice Information Form implemented by the PBRN Resource Center. Packets containing the PSQ and consent forms will be sent to PBRNs for distribution once the PIF has been received by the Resource Center. A summary of findings will be provided when available.

PBRN Resource Center (RC) - Laying the Groundwork

The RC is now contacting the 17 PBRNs to discuss activities, timelines, needs, offerings, and plans.

The RC can offer PBRNs expert consultation in the areas of: data collection, storage and analysis; IRB and HIPAA compliance; translation of results into practice; information technology; grant writing; and publishing in peer-reviewed journals.

To get a better grasp of the networks it will be assisting, the RC is asking grantees to:

1. Participate in an introductory call.
2. Provide network structure and demographic information via a web-based survey.
3. Provide staff CVs or biosketches.
4. Provide network publication citations or articles in press.

Network practices will be asked to:

- Complete the Practice Information Form (PIF), a web-based 50-question survey pertaining to practice staff, patient demographics, management, research/educational activities, and information technology. *Practices will receive compensation for completing this measure.*

The RC believes that the summary information gleaned from the nation's PBRNs will better position networks as viable research laboratories, showcasing their strengths and capacity.

Workshops offered July 13 at the AHRQ meeting include: grant writing, publishing, advanced statistics, methodology and design, PDA/tablet use, access database design, and web-based surveys.

Prescription for Health

Timeline



July 3, 2003

- RWJF mails award letters

July 13-16, 2003

- AHRQ-sponsored PBRN meeting in Maryland

End of July, 2003

- Practice Information Form (to be completed online)

August

- Begin keeping diaries
- NPO mails consultation summaries
- Practice Staff Questionnaire (time dependent on PIF completion and return)

September 10-12, 2003

- P₄H PBRNs meet in Colorado Springs

September 15, 2003

- Implement interventions
- Site visits

February 6, 2004

- 8-mo. progress report due

October 29, 2004

- Final report due