

*"An invasion of armies
can be resisted,
but not an idea whose
time has come."*

Victor Hugo

PRESCRIPTION
FOR

health highlights

PROMOTING HEALTHY BEHAVIORS IN PRIMARY CARE RESEARCH NETWORKS

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*Innovators' Meeting
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Gaithersburg, MD*

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What's in a Name?

Now the Analysis Team (A-Team) *[the team formerly known as the Independent Evaluation Unit (IEU)]*

Role of the A-Team: From the beginning, our role has been to work closely with you (the Innovators), the National Program Office (NPO), and the Robert Wood Johnson Foundation (RWJF). Our aim has been to help you better understand the feasibility of your projects and to assess your interventions. We believe that our ongoing real-time data collection and analysis function have been masked by a name (IEU) that implied an end-of-project assessment. We hope our new name (Analysis Team) better describes our intention and work—that being an analytic extension of the RWJF, the NPO, and each of your projects. However, be assured that the specifics of diary entries will remain confidential and won't be shared without your permission.

PIFs+PSQs+Diaries=Total: When made regularly and in-depth, diary entries provide a rich and invaluable record that describes what does and doesn't work as you implement and carry out your projects. Not only will these stories inform the program and future endeavors, but they should provide you with the foundation and material necessary for preparing publications and future proposals. The diaries, along with the PIFs and PSQs have been designed to complement each other. The PIF and PSQ data provide information about the organizational backdrop in which your interventions take place. Perhaps some interventions work best in practices where decisions are made hierarchically, whereas others may work best in practices using a participatory decision-making approach. It's this kind of deeper understanding of projects that we envision the diaries, PIFs, and PSQs will provide when integrated.

What You Can Expect: We aim to produce a comprehensive report for each team about your participating practices. This report will integrate all data sources (diaries, PIFs, PSQs, interviews, meetings, and site visits) in a meaningful way. The look of this report is not yet final, but we expect this assessment will include information about how your study practices compare with each other and with national norms gathered by such organizations as Medical Group Management Association, AAFP, and others. Additionally, we hope to give you an organizational assessment of the dimensions of each practice's culture and functioning, as well as the factors that facilitated and inhibited your project. Our hope is that you can use this information to tell the story of the process and outcomes of your interventions, and to help you prepare publications and future proposals.

Cross-Comparison Report: Additionally we will provide such cross-comparison summary to the RWJF and NPO to highlight the learning gained from the Prescription for Health initiative in hopes such findings can inform policy changes in health promotion reimbursement. There is a particular interest in using this document to assist in advocating for better funding from NIH for PBRN research.

We Need Your Help to Accomplish These Goals: If you haven't yet returned your network PIFs, please do so ASAP. And please urge your practices to complete their PSQs in a timely fashion. We can't stress enough the importance of your making frequent and substantive diary entries. We are certain that you are doing impressive work on your projects, but if the process and lessons learned aren't recorded, successes and findings won't be fully appreciated. This will have implications for your learning as well as for ours.

Collaboration by Any Other Name . . .

Collaboration, no matter how you define it or go about it, is a good thing. Among the 17 PBRNs, it is taking many forms, i.e., sharing information across networks, discussions via online learning groups, pooling lessons learned with another project to strengthen a combined future effort, partnering with a community organization to bolster behavior change efforts, contracting with patients for a common goal, tapping into the experience of a seasoned consultant in one's academic institution, working closely with IRB personnel to promote a better understanding of PBRN research activities—to name some. There is no right or wrong way to collaborate—just that we do.

The P4H mantra is to foster this cooperative spirit whenever an opportunity presents itself, and please don't hesitate to let us know how we can further support your desire to collaborate.



P4H Timeline

Sept. 29-Oct. 1, 2004

- Innovators' Meeting at Lansdowne, VA



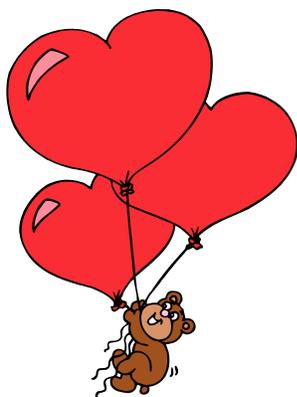
www.lansdowneresort.com

November 30, 2004

- Final Report Due

Myra Crawford, APBRN Reflects: "I'm really glad we..."

- Have such a capable and hardworking team
- Had the opportunity to pilot test the tobacco study PDA program in the AHRQ study, which allowed us to create a more comprehensive program for P4H
- Had already pilot tested the CHA concept with the Alabama Tobacco Free Families Program
- Identified six committed physicians willing to work with us to develop this nontraditional way of linking the medical practice with community resources
- Have dedicated physicians on faculty who are willing to test the programs and give useful feedback



*Happy Valentine's Day
from your P4H Partners*

FYI

- Budget revisions and no-cost extensions are to be submitted directly to the NPO. Guidelines for each are posted on the PBRNet Home Page.
- The Resource Center has consultation funds available (\$1500 per PBRN), so plan to access these funds to your project's advantage individually or collectively.
- Several site visits are planned with projects that tend to represent the spectrum of innovations being piloted in P4H. If time and dollars were plentiful, we'd love nothing more than to visit you all. Visit arrangements will be made with individual sites in the next few weeks.