

PRACTICE-BASED RESEARCH NETWORK

“Practice-based research networks (PBRNs) are research laboratories as essential to advancing the scientific understanding of medical care as bench laboratories are to advancing knowledge in the basic sciences.”¹ At the same time that basic science research is focusing on molecular biology and unraveling the secrets of the human genome, the daily issues surrounding the effective delivery of primary care continue to be a challenge. Common minor clinical events (such as viral upper respiratory infections) are treated indiscriminately (adding to the epidemic of antibiotic resistance) while common chronic clinical problems, such as asthma, are more poorly controlled than ever, despite the availability of technologically superior drugs and delivery systems. Best clinical practice has not yet been delineated for many common problems and even when guidelines are developed they are infrequently implemented in the practice setting.

Several key elements have been identified as essential to the successful creation of a PBRN.^{2,3} The composition of the network is important in determining its success. It appears that a network that combines a university department (which has an understanding of research methods and design, statistical analysis and grant writing) with an active group of practitioners (with diverse practices, values, and clinical intuition) is the most successful.⁴ Allowing participants to have input into the selection of research topics, design of the research, and collection of the data are the most effective means of recruiting and retaining practice sites. Selection of research topics should reflect the global concerns of the participants and should also be carefully thought out to insure the success of early projects.⁵ To keep the members engaged, it is essential to develop a mechanism for frequent and meaningful communication. This can be accomplished through regularly scheduled meetings and electronic communications (newsletters and access to a common website) – updating the progress of studies, asking for new ideas and sharing information. This two-way communication system allows for participation in the decision-making process that is key to the long-term involvement of practitioners.⁶ Having a personal relationship with the researchers is a very powerful way to both enhance recruitment as well as retention.

The Central Ohio Practice-Based Research Network (COPBRN) consists of 21 primary care sites – eight family medicine sites of The Ohio State University Primary Care Network, including one shared site with general internal medicine; five Ohio State University Division of General Internal Medicine sites and eight PrimaryOne Health, Inc. sites. This collaborative of clinical networks serves to maximize the diversity, breadth and depth of the available primary care study populations in central Ohio and represents the diverse demographics of the region.

The COPBRN is committed to the performance of high quality practice-based research in order to add to the primary care knowledge base, enhance the delivery of preventive medicine and positively influence the diagnosis and treatment of health problems of patients, families and communities. The COPBRN is a member of the Agency for Health Research & Quality (AHRQ) PBRN registry and is a member of the Collaborative Ohio Inquiry Network (COIN), a designated Center of Excellence for Primary Care Practice-Based Research and Learning Networks (PCPRLN) recognized by AHRQ. The COPBRN is administratively housed in the Department of Family Medicine at The Ohio State University and is led by a steering committee including representatives from each of the member clinical networks.

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3 Nutting PA, Beasley JW, Werner JJ. Practice-based research networks answers to primary care questions *JAMA* 1999;281:686-688.

4 Croughan M. Factors influencing physician participation in practice based research networks studies. *J Fam Pract* 2001;50:978-979.

5 Kelleher KJ, Moore CD, Childs GE, Angelilli MY, Comer DM: Patient race and ethnicity in primary care management of child behavior problems: A report from PROS and ASPN. *Medical Care* 1999;37:1092-1104.

6 Kelleher KJ, Scholle SH: Children with chronic medical conditions: II. Managed care opportunities and threats. *Ambulatory Child Health* 1995;1:139-146.

