

Meta-LARC: Meta-network Learning and Research Center

NURTURING PARTNERSHIPS IN RESEARCH,
TRAINING, DISSEMINATION, AND IMPLEMENTATION

Partnerships & Collaborations:

Meta-LARC builds on the strengths of each member network when responding to research opportunities and partnering to form effective interdisciplinary teams. Although each network brings its own expertise, they have common research pursuits such as Shared Decision Making, the Physician-Patient Dyad, Community and Patient Engagement in Research, and Self-Management Support. This synergistic partnership has led to successful research endeavors such as the [Evaluation of the Workflow Assessment for Health Information Technology Toolkit](#), [Implementing Networks' Self-management Tools Through Engaging Patients and Practice](#) (INSTTEPP), and development of expertise in working with Institutional Review Boards (IRB) and IRB Ceding to encourage collaborative research.

IRB Collaboration

 A [Webinar focusing on various types of IRB cooperation](#) that can be pursued to support practice-based research was hosted by AHRQ in September 2014. Processes for ceding review to a lead IRB, serving as the IRB of record, and participating in [Ohio's Reliant IRB](#) review were described and presenters gave examples of how PBRNs have successfully implemented these strategies in research. Jeanette M. Daly, Iowa Research Network (IRENE); Tabria Winer, Shared Network of Collaborative Ambulatory Practices & Partners (SNOCAP); and LeAnn Michaels, Oregon Rural Practice-based Research Network (ORPRN) from Meta-LARC presented, along with Amanda Ross from the Collaborative Ohio Inquiry Network (COIN). There is hope that in the future IRB processes will become more streamlined in order to support cooperative research projects. Ms. Michaels stated that Meta-LARC “envisioned a high level of IRB agreement and waiving oversight, but we’re not there yet.”

This Webinar and others are available on the [AHRQ Primary Care Practice Based Research Network YouTube page](#).

Select Webinars provide Continuing Education credits.



Training & Education:

Meta-LARC promotes continuous learning to accelerate dissemination of knowledge. All networks and member clinicians have access to research findings, are alerted to presentations and other learning opportunities, and are encouraged to partner on projects. Presentations made at national conferences are often also made to the team, and all members have the opportunity to present ideas for presentations and receive feedback from the larger group.

Example Learning Opportunities:

-  Dr. Don Nease, (SNOCAP) presented on the [stepped-wedge study design](#) being used to evaluate self-management support materials in the IN-STTEPP study at the 2013 NAPCRG meeting. Dr. Nease, and Drs. Miriam Dickinson and Jack Westfall have presented on this topic and the boot camp translation method implemented in the IN-STTEPP study, including during [a PBRN Resource Center-sponsored Webinar](#) in February 2015. Continuing Education credits for the stepped-wedge design Webinar are offered through February 2016.



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-  Dr. France Légaré (QPBRN) presented a [Webinar on quality improvement initiatives](#) focused on changing clinical behaviors of health professionals. Dr. Légaré also presented on work related to [shared decision-making](#) at the 2013 NAPCRG Meeting.
- Mr. Brandon Peterson (IRENE) presented results from his dissertation study, “[A Mixed Methods Investigation of Leadership and Performance in Practice-Based Research Networks](#),” to the Meta-LARC team in 2013.

Implementing Network’s Self-Management Tools Through Engaging Patients and Practice (IN-STTEPP) – An Exciting Evaluation!

[Project Number: 1R18HS022491-01](#)

The goal of IN-STTEPP is to assess the impact of the [Self-Management Support \(SMS\) toolkit](#) on practice staff and patients engaged in chronic care management and identify factors related to successful implementation. The toolkit, developed by AHRQ to help primary care clinicians and office staff integrate principles of SMS into everyday care, was evaluated in 16 practices across Meta-LARC in 2014/2015. The project is a highly collaborative effort involving four Meta-LARC member PBRNs that meet regularly, share resources, and partner on many aspects of the study.

SMS is a component of the [Expanded Chronic Care Model](#), which helps practices transform, enhance the care they provide, and partner with the community. IN-STTEPP measures patient and practice engagement and acceptance of tools using a [stepped-wedge design](#), qualitative comparative analysis, the [theory of planned behavior](#), and an intervention called Boot Camp Translation (BCT). During the IN-STTEPP study, BCT begins with a 1-day retreat where patients and clinicians learn about SMS and the Toolkit. Participants continue the conversation and implement selected elements of the Toolkit with their clinics over the two-month intervention period.

The IN-STTEPP study involved patients at each stage of the project. For example, Meta-LARC member network Wisconsin Research & Education Network (WREN) engaged eight patient advisors from four clinics throughout the State in conversations about SMS tools for chronic conditions. The clinicians and care managers joining these conversations found the patient perspectives refreshing, informative, and critical. The IN-STTEPP study launched important relationships with patients that WREN hopes to continue in the future.



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[More on Boot Camp Translation](#)

BCT is a community-based participatory research approach used to translate scientific evidence-based guidelines and recommendations into constructs and language accessible to patients. SNOCAP member [High Plains Research Network and its Community Advisory Council developed the process to translate evidence into messages and dissemination methods to improve health in rural Colorado](#). It brings together various community members, organizations, and primary care practices to build solutions to address local health problems. High Plains has conducted four Boot Camp Translations on colon cancer prevention, asthma diagnosis and management, hypertension, and the patient-centered medical home.



Area served by the High Plains Research Network.
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Getting to Know Meta-LARC's Key Personnel

Lyle J. Fagnan, MD

Director, Oregon Rural Practice-based Research Network (ORPRN), Director Meta-LARC

"Meta-LARC and the other seven P30 Centers for Primary Care Practice-Based Research and Learning provide a springboard for collaboration and learning. Meta-LARC has the benefit of connecting research entities in the U.S. and Canada and continually looks to partner with all member PBRNs, an effort that is sometimes challenging. Future studies could focus on involving the patient in research because their voice is getting louder, changing the culture of medicine, and research should be based on the principle that patients can articulate the questions and outcomes that influence their medical decisionmaking."

France Légaré, MD, PhD, CFFP, FCCP

Director, Quebec Practice-based Research Network (QPBRN)

"Working with Meta-LARC is an opportunity to bring together researchers with a shared vision. This allows for the development of fruitful relationships and meaningful connections. As a country, Canada is expending more resources to do research related to primary care, and our connection to the Meta-LARC P30 Center for Primary Care Practice-Based Research and Learning allows us to engage with other researchers, get feedback on project ideas, and cross pollinate concepts."

*"The patient's perspective is being hailed as a pillar of the health care system."
Michael Millenson, WREN
Newsletter 2014*

Donald Nease Jr., MD

Director, State Network of Colorado Ambulatory Practice (SNOCAP)

"Working with the member PBRNs of the Meta-LARC Center fostered meaningful working relationships. The SNOCAP team was fortunate to travel to almost all of the Meta-LARC member PBRN sites to facilitate the Boot Camp Translation process for the IN-STTEPP project. We will continue to provide support throughout the evaluation to ensure fidelity, build capacity within the networks, and maintain the connections forged through working so closely together. The P30 Federal funding mechanism provides the opportunity to develop partnerships that motivate us to look for other projects on which we can collaborate."



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What is next for Meta-LARC?

Shaking Hands, Extending Reach

The capabilities of Meta-LARC to conduct research and improve the quality of primary care continue to grow. The successful collaborations on large-scale research projects have produced further excitement about opportunities for shared research.

For example, Dr. Eric Simpson of the Oregon Health and Science University was interested in studying how to prevent the first occurrence of atopic dermatitis (eczema) in children, but needed a larger and more diverse patient population than was available in Oregon. After a meeting with Dr. Fagnan and other Meta-LARC team members, five member PBRNs joined the study. ORPRN, WREN, SNOCAP, IRENE, and Duke are all lending their time and research expertise to this 2-year planning study that will hopefully become a 5-year RCT. Working with Meta-LARC provided Dr. Simpson with the patient population needed to make the study successful, demonstrating the value of the P30 Federal funding mechanism to the larger research community.

Meta-LARC will continue to grow and seek out research projects on which the diverse expertise and common interests of members can come together, as well as seek out strategic partnerships with patients, communities, and other institutions. This includes their extensive work on planning the annual meeting between the PBRN and the North American Primary Care Research Group.

Here Drs. Fagnan, Rowena Dolor (Duke), and Rick Glazier (Toronto, Canada) celebrate at the 2014 NAPCRG Conference.



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Get to Know the Members of Meta-LARC

| Who, Where, When | How | What | |
|---|---|---|---|
| | | Key publication | Recently funded project |
| Duke Primary Care Research Consortium (PCRC) www.dcri.org/our-research/primary-care | | | |
| Director: Rowena Dolor 477 Clinicians in 32 Clinics Location: North Carolina Founded in 1997 | PCRC is a community-based research network with guidance from an academic medical center, namely the Duke University Health System. The goals of the PCRC are to (a) perform clinical studies that will improve health care delivery and patient outcomes, (b) provide educational opportunities for clinicians to maintain their clinical skills and develop new research skills, (c) offer clinicians support through a central administrative office and trained study coordinators enabling them to participate in primary care research, and (d) generate research to support the practice of evidence-based medicine. | Dolor RJ, Greene SM, Thompson E, Baldwin LM, Neale AV. Partnership-Driven Resources to Improve and Enhance Research (PRIMER): A Survey of Community-Engaged Researchers and Creation of an Online Toolkit . Clinical and translational science 2011;4(4): 259-65. | www.researchtoolkit.org : Facilitate research by providing the entire translational research community (scientists, clinical practitioners, community members) with a variety of resources that span the continuum from design to dissemination. |



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| | | Key publication | Recently funded project |
| Iowa Research Network (IRENE) www.medicine.uiowa.edu/familymedicine/irene/ | | | |
| Director: Barcey Levey 308 Clinicians in 186 Clinics Location: Iowa Founded in 2001 | IRENE works to create new knowledge and improve clinical practice, especially in rural communities. | Visit the IRENE Web site for a full list of publication , including: Levy BT, Xu Y, Daly JM, Ely JW. A randomized controlled trial to improve colon cancer screening in rural family medicine: an Iowa Research Network (IRENE) study . J Am Board Fam Med 2013 Sep-Oct;26(5):486-97. | Visit the IRENE Web site for a list of projects , including: A Pilot Study to Investigate the Operational Feasibility and Screening Effectiveness of Telephonic Administration of Scales for the Assessment of Possible Cognitive Impairment in Primary Care Settings: Identify a testing method/process that can effectively be used to identify subjects with early Alzheimer's Disease in primary care settings. This testing method/process may be deployed to identify subjects for participation in future clinical trials of investigational drugs in Alzheimer's Disease. |
| OCHIN (Oregon Community Health Information Network (formerly Safety Net West PBRN (SNW)) www.ochin.org/services/research/ | | | |
| Director: Jennifer DeVoe 3,366 Clinicians in 506 Clinics Location: National Coverage, based in Oregon Founded in 2007 | OCHIN works to improve the health of underserved populations, enhance their quality of care, and inform health policy through research. | DeVoe JE, Angier H, Burdick T, Gold R. Health information technology: an untapped resource to help keep patients insured . Ann Fam Med 2014;12(6):568-72. | Visit the OCHIN Web site for a list of projects , including: Enhancing Clinical Effectiveness Research with Natural Language Processing of EHR (CER-HUB): Creating and evaluating an Internet-based Comparative Effectiveness Research Hub (the CER HUB), which will serve as a portal for CER researchers to collaboratively develop applications that code clinical data, allowing uniform processing of data from any EHR implementation. |



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| | | Key publication | Recently funded project |
| Oregon Rural Practice-based Research Network (ORPRN) www.ohsu.edu/xd/outreach/oregon-rural-practice-based-research-network/index.cfm | | | |
| Director: Lyle Fagnan 186 Clinicians in 50 Clinics Location: Oregon Founded in 2002 | The mission of ORPRN is to improve the health of rural Oregonians by promoting knowledge transfer between communities and clinicians. | Visit the ORPRN Web site for a full list of publications , including: Young-Lorien J, Davis M, Kirks N, Hsu A, Slater JK, Rollins N, Aromaa S, McGinnis P. Rural Oregon Community Perspectives: Introducing Community-based Participatory Research into a Community Health Coalition . Progress in Community Health Partnerships: Research, Education, and Action 2013 Fall;7(3):313-22. | Visit the ORPRN Web site for a list of projects , including: Shared decisionmaking in primary care: Identify best practice approaches to implementing DVD Decision Aids in rural primary care practices with the objective of improving shared medical decisionmaking. In 2009, we surveyed clinicians affiliated with ORPRN Member Clinics about their perceptions and use of shared decisionmaking and decision aids in rural primary care. |
| Quebec Practice Based Research Network (QPBRN) www.decision.chaire.fmed.ulaval.ca/en/pbrn/ | | | |
| Director: France Légaré Location: Quebec, Ontario Founded in 2014 279 Clinicians in 12 Clinics | The mission of the Université Laval practice-based research network is to collaboratively address the clinical issues raised by clinicians and patients in primary care using scientific methods with the goal of producing and applying knowledge that will have an immediate impact on practice improvement and thus on patient and community health. To fulfill this vision and mission we will: <ul style="list-style-type: none"> • Conduct a broad range of collaborative community-based primary care research projects • Translate the knowledge produced into practice and develop new directions for inquiry | Légaré F, Stacey D, Brière N, Robitaille H, Lord MC, Desroches S, Drolet R. An interprofessional approach to shared decision-making: An exploratory case study with family caregivers of one IP home care team . BMC geriatrics 2014;14(1):83. | EXACKTE2 : A Systematic Process for Recruiting Physician Patient Dyads In Practice-Based Research networks. This study tested a systematic process for recruiting dyads of family physicians and their patients and implemented it in two primary care practice-based research networks in Canada. The recruitment strategy was developed to address most of the barriers to clinician and patient participation and was shown to be highly efficient. The EXACKTE2 recruitment of dyads was successful and built a rich and relevant dyadic data set that will be helpful in health care research for years to come. |



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| QPBRN, continued | <ul style="list-style-type: none"> • Encourage clinician involvement and increase research capacity in primary care research in the university hospitals • Promote collaboration among clinicians, researchers, staff, and patients • Act as a resource for all practices in the network. | | |
| State Networks of Colorado Ambulatory Practices and Partners (SNOCAP) www.ucdenver.edu/academics/colleges/medicalschoo/departments/familymed/research/PBRN/SNOCAP/Pages/SNOCAP.aspx | | | |
| Director: Donald Nease SNoCAP is an umbrella network and has member practices and clinicians across the State of Colorado Location: Colorado The oldest PBRN under SNOCAP was founded in 1997 | SNOCAP is an umbrella network of the PBRNs affiliated with the University of Colorado Denver. SNOCAP member networks are housed in the Department of Family Medicine, Division of General Pediatrics, and the Colorado School of Public Health an collaborate on projects and studies, share resources, and jointly sponsor an annual meeting of member practices and clinicians. | Nease DE. Addressing the health care needs of patients with serious mental illness—it takes a system. J Prim Health Care 2014;6(1):6. | Creating Locally Relevant Health Solutions with the Appreciative Inquiry and Boot Camp Translation Method : Further test and refine a combined AI/BCT method so researchers can more quickly translate health recommendations and guidelines into relevant and sustainable messages and care for diverse patients and community members. |



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| | | Key publication | Recently funded project |
| Wisconsin Research and Education Network (WREN) www.fammed.wisc.edu/research/wren | | | |
| Director: David L. Hahn 241 Clinicians in 80 Clinics Location: Wisconsin Founded in 1987 | The mission of the Wisconsin Research and Education Network (WREN) is to improve health outcomes for the people of Wisconsin through education, and through promoting and conducting primary care research in partnership with primary care clinicians and the community they serve. | Visit the WREN Web site for a full list of publications and presentations , including: Reiter J, Demirel N, Mendy A, Gasana J, Vieira ER, Colin A A, Quizon A, Forno E. Macrolides for the long-term management of asthma – a meta-analysis of randomized clinical trials. Allergy 2013;68:1040–9. Baumgardner D, Louks H, Fixmer J. Clinical Approach to Non-Resolving Pneumonia: A WREN Survey of Wisconsin Primary Care Clinicians. Oral presentation at the 2013 Wisconsin Health Improvement & Research Partnerships Forum. | Visit the WREN Web site for a full list of projects , including: Building on the WREN and Diabetes Leadership Initiative Experience – Implementing Chronic Kidney Disease Guidelines at University of Wisconsin Medical Foundation: Using Practice Facilitators to develop workflow changes, offer tools to enhance patient education, develop a statewide local learning collaborative and implement changes to HealthLink to increase efficiency and sustainability of workflows for CKD care and pilot test the changes. |

For more information about Meta-LARC, contact:

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For more information about the AHRQ PBRN Resource Center, please visit www.pbrn.ahrq.gov or e-mail PBRN@ahrq.hhs.gov

