

**Research Involving Outpatient Settings Network
RIOS Net**

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BRIEFING BOOK SUMMARY

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A. PROGRAM SUMMARY

1. INTRODUCTION

One of the goals of the RIOS Net contract was to “*Facilitate the communication and cooperation of RIOS Net with one or more additional networks.*” As described in previous reports, we established a collaborative, PRIME Net (PRIMary care MultiEthnic Network), with two other practice-based research networks (PBRNs) serving similar populations – CaReNet (a Colorado PBRN composed of clinicians in community health centers and academic practices) and the Southeast Regional Clinicians Network (a PBRN composed of clinicians in community health centers in Southeastern states). We subsequently expanded the collaborative to include a fourth PBRN, SPUR-Net (a diverse, Houston-based PBRN of clinicians in community health centers, academic settings, and a large HMO) and a fifth PBRN, the Collaborative Research Network (CRN) of UCSF (a PBRN including community health center, academic and private practice clinicians in Northern California). With this expansion, PRIME Net now includes over 1500 clinicians in over 325 practices in 12 states across the country. (See following tables.) Since that time, there have been several accomplishments related to the further development of PRIME Net.

While we have focused our efforts on continued development of PRIME Net, we have also worked on further strengthening the infrastructure of RIOS Net.

2. HIGHLIGHTS OF ACCOMPLISHMENTS SINCE 11/06

- STEPS TOWARD BROADENING THE FUNDING BASE OF PRIME NET – While each of the component networks in PRIME Net has independent funding, we continue to work on solidifying the consortium with ongoing funding for the collaborative and its research. A three year project to be conducted in collaboration between two PRIME Net networks and the American Academy of Family Physicians’ National Research Network has been funded by the Pepsico Foundation and has begun. PRIME Net was also selected by the Agency for Healthcare Research and Quality for eligibility to be among a set of networks to which a series of task order contracts will be offered. Solicitations for a series of task orders are expected in the next two months, with PRIME Net expecting to respond to most or all of them.
- INITIAL RESEARCH IN PRIME Net – As described in the previous briefing books, we conducted an initial test of the consortium project development, decision-making, IRB, communications, and data collection/analysis processes with a clinician-based survey of management of hepatitis C in primary care. A second preliminary test of the consortium processes – a clinician survey of primary care management of chronic, non-malignant pain – has begun data collection across all five networks in the PRIME Net consortium. This study tests communications and data collection processes within the expanded PRIME Net. A third study has undergone piloting and data collection in one network, with expansion to the other networks planned for later this year. This third initial study focuses on describing underinsured

persons seen in practices throughout the collaborative and tests patient-based data collection.

- PILOT PROJECT IN PRIME Net– A third year objective in our contract is the conduct of a pilot project in PRIME Net. This project will be conducted among the first four PRIME Net PBRNs. The overall goal of the project is to further refine collaborative processes using a variety of research designs and data collection methods. The research objectives are to: 1) examine whether participation in practice-based research changes clinician practices; 2) estimate the prevalence of acanthosis nigricans and risk factors for diabetes among primary care patients seen in practices across the consortium; and 3) examine the relationship of acanthosis nigricans to various metabolic abnormalities. The project is being conducted in 5 stages. Stage 1, a survey of clinicians who participated in a PBRN research project 2-4 years ago has completed data collection and analysis. Stages 2-4, collecting prevalence data and biological samples on primary care patients across the four networks, has been delayed somewhat by protocol and IRB issues. Currently, data collection is planned to begin June 1. Stage 5, a qualitative study of clinician and patient behavior, will begin 2 months after Stages 2-4.
- INVOLVEMENT IN CTSC ACTIVITIES– RIOS Net has continued to be involved in the development of the UNM CTSC, with Dr. Williams as a co-Director of the UNM CTSC's Research Core. RIOS Net is seen as an important component of the institution's translational research efforts.

PRIME NET CLINICIANS AND PATIENTS

Specialty	PBRN					
	PRIME Net (N=761)	RIOS Net (N=113)	CaRe Net (N=214)	CRN (N=179)	SERCN (N=85)	SPUR Net (N=170)
	%	%	%	%	%	%
Family Practice	71.4	68.1	93.9	79.3	58.8	42.9
Internal Medicine	11.2	12.4	0.9	5.6	14.1	27.6
Pediatrics	10.9	16.8	2.3	3.9	14.1	23.5
Other	5.4	1.8	2.8	7.8	10.6	5.9
Missing	1.2	0.9	0	3.4	2.4	0

Discipline	PBRN					
	PRIME Net (N=761)	RIOS Net (N=113)	CaRe Net (N=214)	CRN (N=179)	SERCN (N=85)	SPUR Net (N=170)
	%	%	%	%	%	%
DO	5.1	0.9	12.6	1.1	7.1	1.8
MD	82.7	83.2	72.9	97.2	55.3	92.9
NP/APN	7.9	9.7	7.5	1.7	25.9	4.7
PA	2.6	6.2	4.2	0	3.5	0.6
Missing	1.7	0	2.8	0	8.2	0

RIOS Net – Research Involving Outpatient Settings Network

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Age (years) of Patients	PBRN					
	PRIME Net (N=7329)	RIOS Net (n=3311)	CaReNet (n=1595)	CRN (n=804)	SERCN (n=629)	SPUR-Net (n=1500)
	%	%	%	%	%	%
0-17	24.4	26.7	19.3	12.1	30.1	29.1
18-44	31.7	27.8	44.5	36.3	26.9	26.2
45-64	28.8	27.3	24.2	31.5	31.4	34.4
65+	14.4	16.8	11.9	20.1	11.0	1.0
Missing	0.7	1.4	0.1	0	0.6	0.3

Gender of Patients	PBRN					
	PRIME Net (N=7839)	RIOS Net (n=3311)	CaReNet (n=1595)	CRN (n=804)	SERCN (n=629)	SPUR-Net (n=1500)
	%	%	%	%	%	%
Female	63.3	62.7	66.3	63.1	66.5	60.2
Male	36.3	36.8	33.5	36.9	32.2	39.7
Missing	0.4	0.5	0.2	0	1.3	0.1

Primary Source of Payment for Patients	PBRN					
	PRIME Net (N=7839)	RIOS Net (n=3311)	CaReNet (n=1595)	CRN (n=804)	SERCN (n=629)	SPUR-Net (n=1500)
	%	%	%	%	%	%
Private Insurance	35.5	19.3	45.0	46.7	13.0	64.7
Medicare	12.4	14.2	11.7	16.1	9.8	8.1
Medicaid	19.3	21.5	20.3	21.8	44.2	1.6
Self-pay	7.3	6.9	9.1	5.3	19.2	2.2
No charge	1.8	3.0	0	1.7	0.9	1.4
Other, Unknown, Workers Comp	23.8	35.1	13.9	8.4	12.9	22.0

Race of Patients	PBRN					
	PRIME Net (N=7839)	RIOS Net (n=3311)	CaReNet (n=1595)	CRN (n=804)	SERCN (n=629)	SPUR-Net (n=1500)
	%	%	%	%	%	%
White	62.2	57.1	85.1	66.3	24.3	62.9
Black	12.8	1.6	4.2	10.3	61.0	27.8
Asian or Pacific Is	4.3	3.2	2.1	16.5	1.5	3.8
American Indian	14.9	33.8	3.1	0.1	0	0
Multiple	3.4	2.3	1.3	5.8	5.7	5.5
Missing	2.4	2.0	4.2	1.0	7.5	0

Ethnicity of Patients	PBRN					
	PRIME Net (N=7839)	RIOS Net (n=3311)	CaReNet (n=1595)	CRN (n=804)	SERCN (n=629)	SPUR-Net (n=1500)
	%	%	%	%	%	%
Hispanic or Latino	30.3	32.9	39.0	21.3	15.0	27.0
Not Hispanic/Latino	68.9	66.8	60.1	77.0	81.4	73.0
Missing	0.8	0.3	0.9	1.7	3.6	0

B. BUILDING COLLABORATION FOR CLINICAL RESEARCH NETWORKS

1. RIOS NET –

a. Within network (i.e., between primary care clinicians)

challenges

- voluntary; limited or no compensation to clinicians
- competing demands in underserved communities

best practices

- frequent communication – electronic, in person, on-site
- convey sense of purpose/meaning at each step
- minimize burden
- focus on relevant topics
- individualized reporting of individual clinician results
- convey group findings
- express gratitude/value
- compensate as possible (e.g., CME, small honoraria, benefits of membership)
- involve in network prioritization/decision making

b. With communities

challenges

- history of difficult relations with research/researchers
- cultural differences

best practices

- involvement in prioritization/decision making
- involvement at each step of research process
- focus on relevant topics
- convey sense of purpose/meaning at each step
- frequent communication
- feedback after completion
- express gratitude/value
- culturally appropriate methods/language
- return value to community

c. With outside researchers

challenges

- lack of understanding about primary care
- lack of understanding about community based research
- lack of understanding about resistance in minority communities

- difficulty in converting research interests into primary care-relevant questions

best practices

- “mentoring” researchers about primary care, community based research and research in minority communities
- support for researcher in new steps of research process required in this environment (community meetings, etc.)

2. PRIME NET –

a. Between networks

challenges

- differing network structures/memberships
- differing network priorities
- differing communications processes and infrastructure
- differing data collection and processing capabilities
- decision making processes
- differing levels of resources
- multiple IRBs

best practices

- collaborative advance planning with MOA
- joint decision making processes
- advance decisions regarding resource allocation and responsibility
- value to each network
- common communication processes