

CREATION OF PRACTICE BASED RESEARCH NETWORKS IN RURAL AREAS IN LOW INCOME COUNTRIES: ADVANTAGES AND DISADVANTAGES

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What is a practice-based research network (PBRN)?

- The Agency for Healthcare Research and Quality (AHRQ) defines a practice-based research network (PBRN) as: **a group with at least 15 ambulatory practices and/or 15 clinicians devoted principally to the primary care of patients, affiliated with each other (and often with an academic or professional organization) in order to investigate questions related to community-based practice.**
- ✓ The physicians gather information, collect research data and academic institutions have the staff and facilities required to design research studies and process, analyze, interpret, and eventually publish the data.

Characteristics of a PBRN

- a mission and statement of purpose
- a continuous commitment to research
- a director with responsibility for administration of the network
- at least one support staff
- an advisory board that asks for input from communities of patients served by the PBRN clinicians
- channels for communication among network participants.

PBRN Start-Up Issues

- the purpose and mission of the network must be identified in order to briefly explain the network to new sites, as well as to funders
- It is best to start with network members who are well known to the research team and where the research team has easy access
- it is important that the network develops its own identity, typically with an acronym and logo, that allows both members and outside agencies a sense of permanence and organization

Requirements of a future member

- How did you get interested in or recruited to PBRN?
- What are your research interests?
- What motivates you to get involved in research or quality improvement projects?
- How has participation in research affected you as an individual clinician, your practice, your community or health system?

What type of research do PBRNs conduct

- The treatment or prevention of common diseases and symptoms
- Continuity and Coordination of care
- The nature, characteristics and organization of prescription drug distribution and use

Historical route

- Practice-based research in family medicine has its beginning in the 1970's in Europe and Australia.
- In Europe, appeared in the 90's in Belgium, continued in the United Kingdom and the Netherlands. Additionally, there are primary care PBRNs that have been established in some other European countries too.
- In 2003, the World Organization of Family Physicians (Wonca) held an international conference on how to get family medicine research started as a global activity and responsibility.

Existing examples of PBRNs

- In Poland, researchers focused on: the quality of life and health behavior of chronically ill, rural patients and health care quality etc
- In Greece, the Cretan Practice-Based Research Network (CPBRN)
- In the USA, there are 152 PBRNs (135 primary care and 17 affiliates [dental, pharmacy, international]) registered with the AHRQ PBRN Resource Center. These networks care for 53 million people in 16,900 practices and average 4.9 studies conducted in the last year.

The Cretan Practice-Based Research Network (CPBRN)



- CPBRN : set up in July 2006 / CSFM - University of Crete
- Under the name: **"G. Lamprakis"**
- 20 rural primary care practices, serving rural areas and urban areas
- Monthly meetings - involved in writing, submitting and implementing studies in collaboration with CSFM
- 1st network in Greece to bring together University research activities and Primary Health Care Practice, (both public and private) promoting General Practice across the country.
- The network contributes to research activity, doctors' training, and quality of care in primary health care and general medicine in Crete

Financial crisis

The economic instability has had an impact on:

1. Mental health disorders
2. Alcohol abuse and domestic violence
3. Transmissible diseases
4. Use of inexpensive diagnostics and technology
5. Increasing number of patients who now seek public rather than private healthcare services
6. Reduced research capacity in family practice and primary care

Advantages of a PBRN

- The systematic **improvement of healthcare services** provided by network members
- Development of **disease prevention programs**
- Development of a **database on selected common diseases** and clinical contribution in primary health care
- Design and **implementation of different types of studies for chronic illness** in the local population
- Participation in **National and European collaborative research programs**
- Opportunity of **training** for the students and trainees

Disadvantages of a PBRN

- Restricted budget by the governments
- Tightness of funding streams to the sponsorship of research programs
- Increase of work assigned leads to reduction of quality research time
- Recruitment difficulties are a major impediment, fuelled by general practitioners' time constraints, lack of remuneration, non-recognition, and workforce shortages.
- The bigger and more geographically diverse the network is, the more difficult this message is to be delivered.
- The inevitable tension between perfectly conducted studies and the real circumstances under which a research in busy clinical settings is conducted

THE BENEFITS OF TAKING PART IN A PBRN

- Developing research instruments
- Comprehension of the social, cultural and environmental circumstances
- Assessing effectiveness and efficiency of a person-centered approach
- Simultaneous delivery of curative care and preventive activities in the same patients.
- Effective methods of future GP training

Research in general practice: a future scenario

- The network has decided to focus on respiratory disease.
- The university , develop a project on improved diagnosis of COPD.
- The project is discussed at a network meeting.
- The project is funded.
- The project budget includes a payment to practices to compensate for administrative time spent on the project.
- The protocol is explained to practice staff, and roles and responsibilities are agreed.
- Recruitment occurs over a short period, and regular updates on progress are provided.
- The results of the research are fed back to all involved — patients, practice staff and GPs — , as well as being presented at a network meeting and at relevant conferences.
- The participation of network practices is acknowledged in the publications arising from the project.

Conclusions

Financial crisis → disempowerment of Health care System / patient

- The chance to know your patient better....
- Best quality and results with less cost
- Development of better cooperation among the participants
- Knowledge Improvement of the Health System , Quality of Health , Medical skills