

From the Staff of ACPNet:

Welcome to ACPNet's first quarterly newsletter. As our network matures, you can look to this publication to update you on the latest research and infrastructure developments, and to highlight our accomplishments.

Each issue will include:

- ❖ A "Featured Investigator" column that will single out a network physician-investigator who has dedicated himself or herself to the network's success;
- ❖ An article review relevant to the research being conducted; and
- ❖ A preview of upcoming projects and ideas for future research studies.

Remember, this is your network! ACPNet exists to provide the support and infrastructure to help you answer questions from your practice. Do you wonder how to better manage your patients with asthma? Are you interested in the average time your staff spends coding? Do you want to know how your practice measures up to others similar? Together, we can develop the knowledge base to help improve patient outcomes, inform public policy, and develop better and more efficient systems for primary care.

This project is supported by an exploratory grant from the Agency For Healthcare Research and Quality (AHRQ: 1 R21 HS13508) to develop practice-based research networks.

Featured Investigator

William J. Hall, MD, MACP



Practice-based research has been a way of life for me throughout my professional career. I was fortunate enough to have the early mentorship of my father-in-law, Burtis Breese, MD, who published over 150 articles relating to streptococcal pharyngitis during his 50-year career as a practicing pediatrician. Over the years my colleagues and I have studied a wide variety of clinical issues ranging from our approaches to common respiratory symptoms, such as cough, to more complex issues such as the epidemiology of respiratory tract infections in the community. My partners and I have also tried to understand how we can enhance our communication methods with our patients. More recently, my interests have followed the changing medical needs of my patients, most of whom are now older adults. Now I concentrate on understanding how we can continue to provide comprehensive quality care and preventive measures to these older adults, even given the enormous constraints on time and resources.

During my recent year as President of ACP, I attended regional meetings in over 25 states. I don't think I ever participated in a Chapter meeting when I wasn't impressed by the quality and import of observations of practicing internists at those meetings. The tragedy is that such insight usually remains in the local community, much to the detriment of our over 150,000 members and our patients. It is for that reason that I am so enthusiastic about ACPNet, as it provides a venue for all of us to contribute key information to improve medical care, and to enhance our intellectual life. I hope you will strongly consider having your practice join this vital network.

You could be the next featured Investigator! We encourage you to share your practice experience with us. Submit to pbrn@acponline.org

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The ACPNet Practice-Based Research Network is
now recruiting for its first study:

Diabetes Management

Members from all practice types are welcome to join this study
examining the effect of diabetes education and practice
characteristics on diabetes management.

All participants will receive QI-style feedback during the study.

For more information, see page 2 inside or email:

PBRN@acponline.org

Announcing Our First Study Opportunity: *Diabetes Management*

We are pleased to announce the launch of ACPNet's first pilot study on diabetes management, scheduled to start in the fall of 2003.

The prevalence of diabetes mellitus in the United States has reached 17 million, or 6.2% of the population, although one-third of these are undiagnosed. The impact of this disease on the society is forcefully reflected in the high rates of comorbidities, associated medical expenditure and lost work time, in addition to premature mortality.

Numerous studies have demonstrated the importance of systematic monitoring of indicators, which are reflected in clinical practice guidelines. However, as you are well aware, formulation of guidelines alone cannot improve practice; the much greater challenge is in the implementation.

Therefore, in this exploratory, highly qualitative study, our principal goal is to examine the primary care office and, in the longer run, generate best practices and institutional support customized for this setting. The demographic and practice diversity of ACPNet will enable us to understand the barriers to implementing optimal care across a diverse group of physicians and practice settings. This is a crucial first step towards identifying research questions that are directly relevant to ACPNet members, and to construct quality improvement models that are practical as well as effective. Another objective of this study will be to assess the feasibility of disseminating guidelines using an electronic module based on the most current performance measures.

This one-year longitudinal study consists of 3 performance measurements—baseline, 6-month, and 12-month follow-ups. We will use an audit-feedback approach to collect patient data, and strive to keep the data-gathering process as non-intrusive as possible. The data-gathering tool is a simple one-page form containing key performance measures. It also serves to disseminate evidence-based best practices. After each measurement, participants of the study will receive reports summarizing the diabetes management process and outcome of their own patients compared to the entire network.

Immediately after the first measurement, participants in the test group will receive a unique electronic module, designed to provide a practice-oriented and tool-based review of diabetes. It has several levels of thoroughness, i.e. the participants can choose to review the key points of the most current performance measures, or review the rationale and the evidence supporting them. The module also contains various practice-enhancement tools to aid the patient care process.

Because of its exploratory nature, this study will generate more questions and ideas than answers. We look forward to working with you, and using your feedback to develop clinically relevant, methodologically sound analytical studies for the next round of ACPNet studies.

Classic Article Reviews:

Practice-Based Research Networks Answer Primary Care Questions.

Nutting PA, Beasley JW, Werner JJ.
JAMA 1999 Feb 24; 281(8):686-688. PMID: 10052423

This review article offers insight into the relevance of practice-based research networks (PBRNs) for primary-care research, and generally advocates for more widespread approaches using these methods. Below are some salient points from the article:

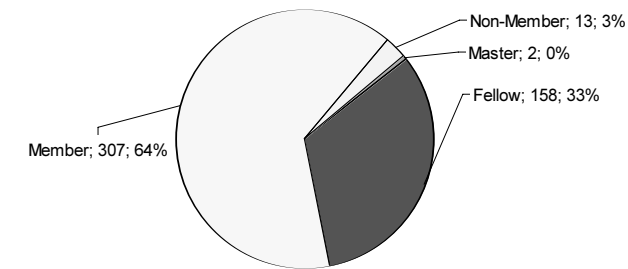
- ❖ “Research conceived and conducted in practice can follow a short feedback loop back into practice, and this shortens the usually laborious translation process to apply the results of biomedical research to the practice of medicine.”
- ❖ PBRNs have a varied agenda of research:
 - Opening the black box of primary care practice
 - Improving office function and structure for clinical preventive services
 - Improving the quality of primary care
 - Conducting clinical trials in practice settings
 - Conducting health services research
 - Providing an infrastructure for the development of a “learning discipline”
- ❖ PBRNs have four central features:
 1. “Networks capture health care events that reflect the selection and observer bias that characterize primary care in community-based patient populations.
 2. “The PBRNs provide access to the practice experience and care provided by full-time primary care clinicians.
 3. “The PBRNs focus their activities on practice-relevant research questions, apply appropriate, multimethod research design, and generally avoid the tendency to permit research methods to define the question.
 4. “Networks strive for the systematic involvement of network clinicians in defining the research questions, participating in the study design, and interpreting study results.”
- ❖ “PBRNs will contribute to the development of the knowledge base to guide primary care clinicians in providing care for most problems most people experience most of the time”

The Average ACPNet Practice Compiled from your responses

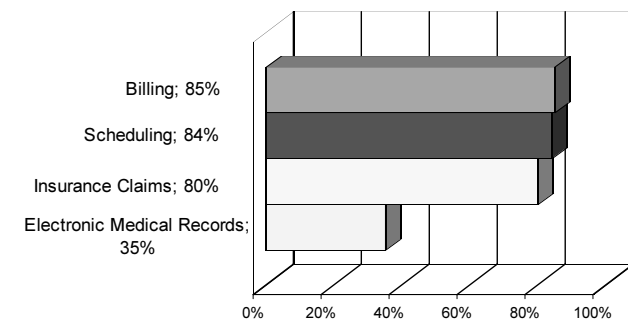
After this summer's enormously successful membership drive, ACPNet boasts a membership of 480 practicing primary-care physicians throughout 48 states (if you have any colleagues in Alaska or Montana, encourage them to join!). The membership includes 3 Governors, 3 Governors-Elect, a member of the CEAS Subcommittee (guidelines), a former Chair of the Board of Regents, and a former President.

Below is a profile of the 198 doctors who already have returned their physician information form:

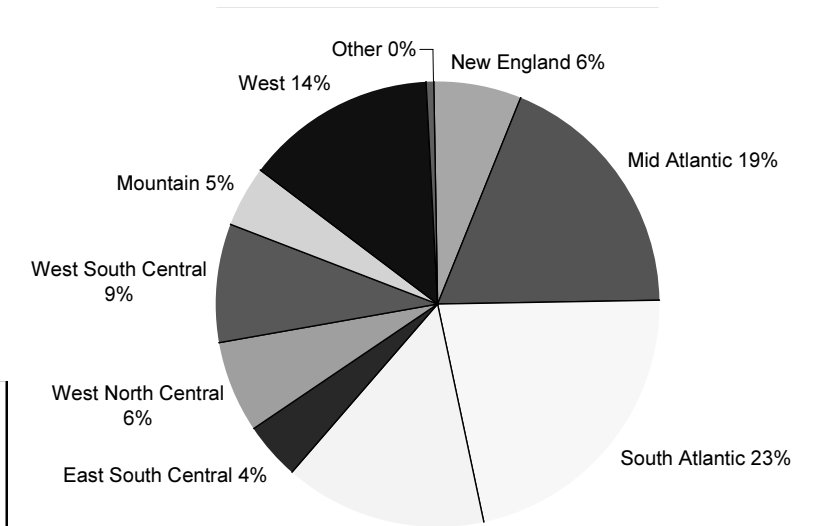
Average number of office locations: 1.25
 Average number of patients you see each week: 87.87 (includes part-time physicians)
 Percent of physicians self-employed or in a physician-group: 62%
 Percent of physicians associated with an institutional review board: 17%
 Percent with secondary board certifications: 28%
 Number of physicians who have previously participated in practice-based research: 11



Membership by ACP Status



What do you use your computer for?



Membership By Census Division

For questions, comments, or suggestions, contact:

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