PBRN paper for ADFM special issue (target 1200 words)
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Title: Practice-Based Research Networks - Asphalt on the Blue Highways of Primary Care Research

Abstract:
Practice-Based Research Networks (PBRNs) arose during the 1970's-'80s as a response to the need for evidence from primary care to inform primary care. Early PBRNs were often housed within academic Departments of Family Medicine and this relationship has persisted largely over time as PBRNs began to access external funding through federal and other sources. As laboratories for the research of academic departments and informed by priorities and questions of community family physicians, PBRNs and Departments have had a symbiotic relationship, fostering the academic careers of Family Physician researchers while ensuring that practice-based evidence informs the practice of Family Medicine. Challenges from the changing landscape of practice ownership and affiliation and ongoing infrastructure support needs threaten this important link between communities, their primary care and academic centers. Support from Departments and institutions through this time of change is as important as ever if PBRNs are to continue to serve their critical purposes.

Outline:

Roots of PBRN work

Define up front what we are talking about: Practice-Based Research Networks
Why PBRNs were needed then and remain relevant now.

- Counter-culture reaction to "studying the forest in the lumberyard"
- Source of evidence from the field both in terms of epidemiology, evidence to counter tertiary care based guidelines (otitis, missed Abs, etc.) and evidence about what works in primary care

Discuss genesis of PBRNs in the 1970-80s.
Virginia study & Kerr White calling for epidemiology of primary care
Values & principles of early pioneers: practice-based evidence vs. evidence-based practice
ASPN * CO-OP representing both national and local focus
Early successes based on novel methods – card studies
AAFP promotion of practice-based research via pamphlet

How have we evolved over time

Key role of Departmental support

- incubated early local PBRNs as well as ASPN

Era of AHRQ funding

- R03 grants to support PBRN infrastructure
- P30 grants to build PBRN consortia

Linkage of PBRNs to patient & community engagement movement (High Plains Research Network)
Partnerships with CTRs/CTSAs

Threats

Challenges of funding infrastructure

- Indirects flow to campus infrastructure not the "labs in the community"
- Remains a need to support the infrastructure to build and maintain relationships in between funding cycles

Changes in practice ownership and freedom to make decisions locally

- As practices become less independent, freedom to participate may be limited

MOUs/IRBs

Where we are headed (opportunities)

Asking new questions (e.g. AI)
Working with non-clinical community partners
Working with bigger systems
Non-interoperability of EHRs and the number of vendors/versions has limited their use for larger data (unlike Canada)
Partnerships with ECHO/Health Extension
Advocacy for community practices
Informing policy

Ongoing value of PBRNs

Symbiotic relationship between Departments and local practices, both have benefited from PBRNs

- Direct engagement with community-based practices (and in some cases, organizations and individuals) … academic medical centers doing more and more "community engaged research" (mostly because of grant requirements) with not a lot of experience, PBRNs are key