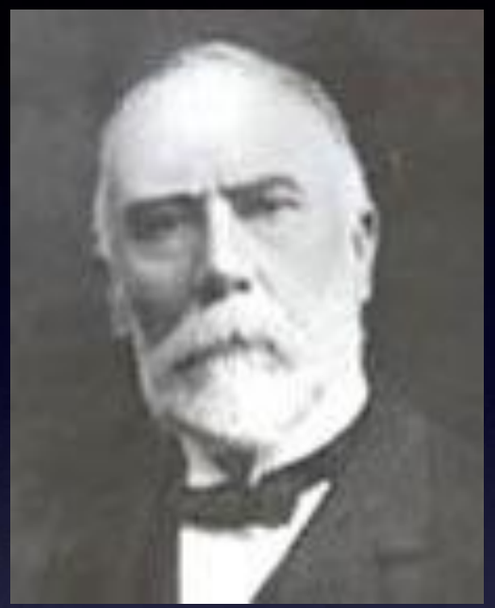
SNOCAP and practice-based research

Don Nease, MD

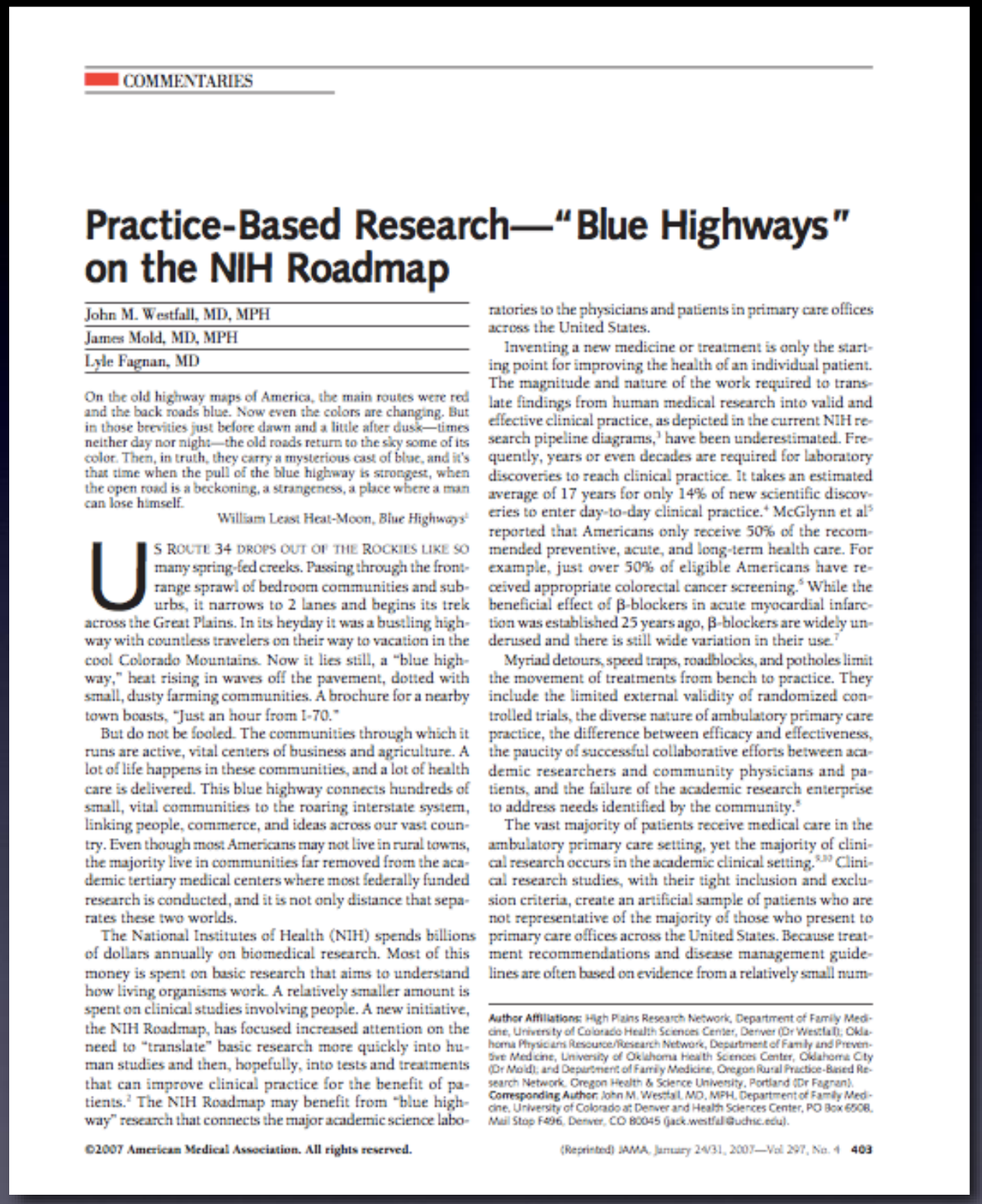
July 31, 2018 - K12 scholars meeting



“I had not been long in my practice when I discovered how defective was my knowledge. I left college under the impression that every patient’s condition could be diagnosed…I came to recognize that the kind of information I wanted did not exist.” *

- Dr. Sir James Mackenzie, Director of the first cardiac department in Europe**

- What is efficacious in randomized clinical trials is not always effective in the real world of day-to-day practice.
- The treatment effect and benefit-to-harm ratio reported in randomized trials are often not found in clinical practice.
- It takes an estimated average of 17 years for only 14% of new scientific discoveries to enter day-to-day clinical practice.
- Westfall JM, Mold J, Fagnan L. JAMA. 2007 Jan. 24;297(4):403–6.



COMMENTARIES

Practice-Based Research—"Blue Highways" on the NIH Roadmap

John M. Westfall, MD, MPH
James Mold, MD, MPH
Lyle Fagnan, MD

On the old highway maps of America, the main routes were red and the back roads blue. Now even the colors are changing. But in those brevities just before dawn and a little after dusk—times neither day nor night—the old roads return to the sky some of its color. Then, in truth, they carry a mysterious cast of blue, and it's that time when the pull of the blue highway is strongest, when the open road is a beckoning, a strangeness, a place where a man can lose himself.

William Least Heat-Moon, *Blue Highways*[1]

US ROUTE 34 DROPS OUT OF THE ROCKIES LIKE SO many spring-fed creeks. Passing through the front-range sprawl of bedroom communities and suburbs, it narrows to 2 lanes and begins its trek across the Great Plains. In its heyday it was a bustling highway with countless travelers on their way to vacation in the cool Colorado Mountains. Now it lies still, a "blue highway," heat rising in waves off the pavement, dotted with small, dusty farming communities. A brochure for a nearby town boasts, "Just an hour from I-70."

But do not be fooled. The communities through which it runs are active, vital centers of business and agriculture. A lot of life happens in these communities, and a lot of health care is delivered. This blue highway connects hundreds of small, vital communities to the roaring interstate system, linking people, commerce, and ideas across our vast country. Even though most Americans may not live in rural towns, the majority live in communities far removed from the academic tertiary medical centers where most federally funded research is conducted, and it is not only distance that separates these two worlds.

The National Institutes of Health (NIH) spends billions of dollars annually on biomedical research. Most of this money is spent on basic research that aims to understand how living organisms work. A relatively smaller amount is spent on clinical studies involving people. A new initiative, the NIH Roadmap, has focused increased attention on the need to "translate" basic research more quickly into human studies and then, hopefully, into tests and treatments that can improve clinical practice for the benefit of patients.[2] The NIH Roadmap may benefit from "blue highway" research that connects the major academic science laboratories to the physicians and patients in primary care offices across the United States.

Inventing a new medicine or treatment is only the starting point for improving the health of an individual patient. The magnitude and nature of the work required to translate findings from human medical research into valid and effective clinical practice, as depicted in the current NIH research pipeline diagrams,[3] have been underestimated. Frequently, years or even decades are required for laboratory discoveries to reach clinical practice. It takes an estimated average of 17 years for only 14% of new scientific discoveries to enter day-to-day clinical practice.[4] McGlynn et al[5] reported that Americans only receive 50% of the recommended preventive, acute, and long-term health care. For example, just over 50% of eligible Americans have received appropriate colorectal cancer screening.[6] While the beneficial effect of β-blockers in acute myocardial infarction was established 25 years ago, β-blockers are widely underused and there is still wide variation in their use.[7]

Myriad detours, speed traps, roadblocks, and potholes limit the movement of treatments from bench to practice. They include the limited external validity of randomized controlled trials, the diverse nature of ambulatory primary care practice, the difference between efficacy and effectiveness, the paucity of successful collaborative efforts between academic researchers and community physicians and patients, and the failure of the academic research enterprise to address needs identified by the community.[8]

The vast majority of patients receive medical care in the ambulatory primary care setting, yet the majority of clinical research occurs in the academic clinical setting.[9,10] Clinical research studies, with their tight inclusion and exclusion criteria, create an artificial sample of patients who are not representative of the majority of those who present to primary care offices across the United States. Because treatment recommendations and disease management guidelines are often based on evidence from a relatively small num-

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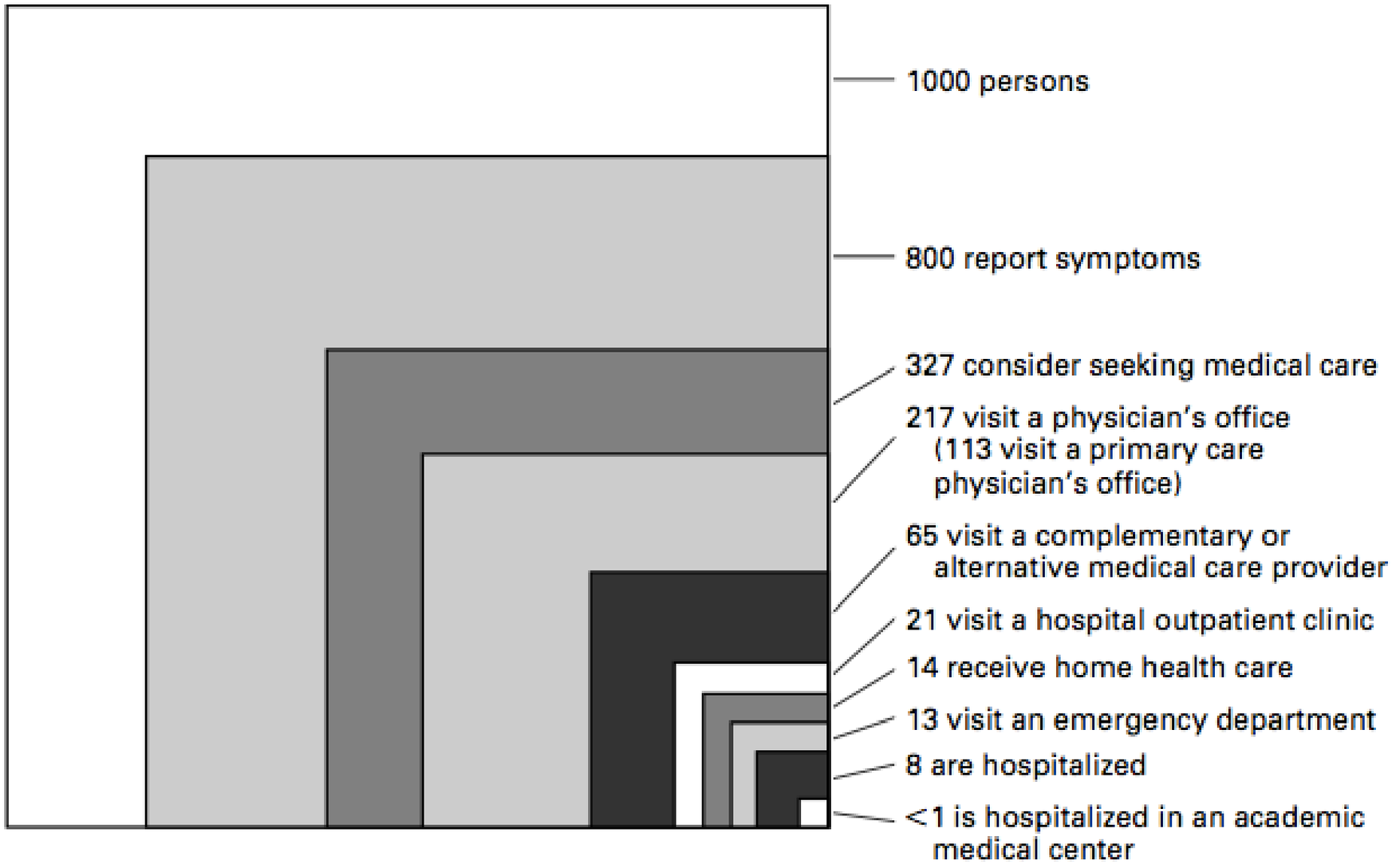

Figure 2. Results of a Reanalysis of the Monthly Prevalence of Illness in the Community and the Roles of Various Sources of Health Care.

Each box represents a subgroup of the largest box, which comprises 1000 persons. Data are for persons of all ages.

Green LA, Fryer GE, Yawn BP, Lanier D, Dovey SM. The ecology of medical care revisited. N Engl J Med. 2001 Jun. 30;344(26):2021–5.

What is practice-based research?

- Research that is developed through questions that arise through daily medical practice (often it takes place in a primary care setting).
- Practice-based research is used to:
  1) Improve population health.
  2) Close the gap between medical literature, medical guidelines, and on-the-ground care.
  3) Increase understanding of culture and disease and decrease health disparities.
  4) Connect clinicians/practitioners with researchers to create a knowledge-sharing community of practice.

What are PBRNs

Per the Agency for Healthcare Research and Quality (AHRQ):

- Primary Care PBRNs are "…groups of primary care clinicians and practices working together to answer community-based health care questions and translate research findings into practice."
- Prioritize questions through steering committee or other governance.
- Work with PIs to develop, revise, adapt study procedures; collect data; analyze and write up results.
- Most networks have some studies that originate with PBRN members as PIs.

- "PBRNs engage clinicians in quality improvement activities and an evidence-based culture in primary care practice to improve the health of all Americans." *

What is SNOCAP?

- A collaborative of 5 Colorado based practice-based research networks
- An infrastructure to promote bi-directional cultivation of research ideas and projects
- Support for YOUR research??

SNOCAP

Fort Morgan

Denver

Grand Junction

Colorado Springs

25

70

76

70

25

rics

trics

SNOCAP's infrastructure

- Staff: Director, Coordinator (Mary Fisher), PRA (Cat Halliwell), plus individual network directors and PRA's
- Funding: Green-Edelman Chair (DFM), DFM budget line, ACCORDS budget lines

external collaborations

- **MetaLARC P30**
  - ORPRN (Oregon), SNOCAP (Colorado), IRENE (Iowa), WREN (Wisconsin), Duke, Quebec, UTOPIAN (Ontario)

- **PRIME Net**
  - MetroNet (Detroit), CaReNet (Colorado), LA Net (Los Angeles), RIOS Net (New Mexico), SERCN (SE US), SFBayCRN (San Francisco), SOAR-Net (Ohio), SPUR Net (Texas)

- **AAFP National Research Network**

keeping the wheels on…

- 1st Tuesday meetings: project updates, presentations of ideas, etc.
- Quarterly Directors' meetings
- Bi-monthly newsletters sent via e-mail: project opportunities, results, news
- Annual in-person meetings: ECER and Convocation
- Constant and annual updates of our practice info

SNOCAP
State Networks of Colorado Ambulatory Practices & Partners

SNOCAP Monthly Meeting Agenda

Tuesday July 3rd, 2018

Time: 12:00pm-1:30pm **Location**: Academic Office 1, 3rd floor, Room 3101
Conference Call Number: 415-762-9988 (US Toll) or 646-568-7788 (US Toll), **Meeting ID:** 657 944 8372
Online using Zoom: https://ucdenver.zoom.us/j/6579448372

Attendance: Linda, Don, Robert, Sarah B, Cat, Matt, Kristen, Tristen, Mary, Anna, Noy, Hillary Lum
(Zoom: Beka, Sandra, Sean, Judy Schlay, Anne, Doug, Stephanie Mitchell)

Time	Item	Responsible
12:00pm-12:15pm	**Welcome to our monthly SNOCAP meeting!!**	
	Introductions and Welcome	Don Nease
	Conference Updates • North American Primary Care Research Group's Practice-Based Research Network (NAPCRG PBRN) ○ 10+ presentations from SNOCAP/Colorado folks! • American Academy of Family Physicians' National Research Network (AAFP NRN) Patient Engagement • North American Primary Care Research Group (NAPCRG) Annual Conferences – Sessions were announced last week *(Chicago in November)*	Don Nease, Mary Fisher

12:15pm-12:45pm	ECER Conference Updates
	• Registration Link in Newsletter, or below
	  ○ https://formstack.io/E8DF6
	• Priority Topic Setting and Discussion
	  ○ World Café but with less topics, walk away with 3 big ideas—deeper dive
	  ○ How do we continue down the path with topics we're already focusing on?
	  ○ Who should be at the table for some of these topics? Community/political leaders would be helpful to make more immediate change
	  ○ Intentional for what SNOCAP can do—in clinical setting… or do we broaden it to community, political, etc.
	  ▪ What needs to be done vs. what can we do (as SNOCAP)?
	  ○ Where are current SNOCAP strengths and where could we be stronger in this? Disparities, leveraging strengths…
	  ○ James Lind Alliance Framework
		Mary Fisher

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Help

splay a menu

active projects:

- **SNOCAP General:**
  - CASCADE (infant eczema)
  - Advanced Care Planning
  - IT MATTTRs/IT MATTTRs2 (opioids)
  - Loneliness
  - Making Obesity Services and Treatments Work
  - EvidenceNOW Southwest (ENSW) (cardiovascular)
  - INVESTED in Diabetes
- **BIGHORN:**
  - Patient Safety in Primary Care
- **CaReNet:**
  - Medical Marijuana
- **COCONet:**
  - MI for infant vaccine uptake
  - COCONet practice contact survey
- **PEACHnet:**
  - DOGMA Card Study (mental health, obesity & diabetes)
  - HPV Vaccination BCT
  - PCORI Eugene Washington Grant
- **HPRN:**
  - Just Check It (hypertension)
  - CAPTURE-COPD
  - Cancer Survivorship
  - COMET Mental Health

Funders: PCORI , NIH, AHRQ, CCTSI, & internal

principles of our work

- think CBPR with practices
- our projects have to benefit our practices
- relationships matter
- we are a community

how can you access us?

- How would you like to engage? Individual network level or across SNOCAP?
- Consultation - one on one
- Present your idea - Monthly SNOCAP meetings
- Sign up for our Newsletter - mary.fisher@ucdenver.edu