

Believing, Belonging, and Behaving: Voices from Left of the Dial

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Madrid III ~ 1:10pm - 1:50pm

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Objectives

- To share the voices of family physicians across the U.S. involved in practice-based research.
- List the top five motivating factors for participating in practice-based research
- List the top five denominative factors (challenges) for participating in practice-based research.

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None

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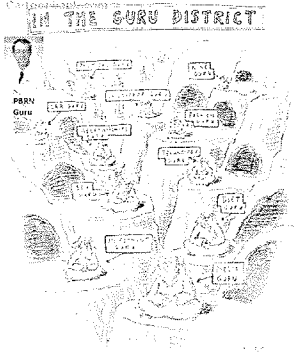
What Motivates Family
Physicians to do Practice-Based
Research—Belonging, Behaving
and Believing

L.J. Fagnan, MD
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Research Network (ORPRN)
Oklahoma Academy of Family Physicians
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Key Points

- Why Family Medicine needs you?
- OKPRN as a national model of what is possible
- Lessons from the ORPRN Q-Method Study
- Reflections of Practice-based Researchers
- Belonging, Behaving, and Believing—the congregation of practice-based research networks

Searching for the Truth



The Reach of Relevant Research



- It is estimated that it takes an average of 17 years for 14% of original research to reach practice and benefit the patients they care for. (Balas and Boren. Yearbook of Medical Informatics 2000:65-70)



“If we want more evidence-based practice we need more practice-based evidence”

L.W. Green, ORPRN Convocation Plenary Speaker, 2004

The Journal of Family Practice

Practice-Based Research Networks



Capital Limited Evidence in Primary Care
Practice of Care, E-Clinical
Practice Care by Primary Care Providers
Diagnostic and Underused Tests
Discharge Referrals: Family Practice
The Journal of Practice-Based Research Networks

**Practice-Based Research Networks:
The View from the Office**
Linda Niebauer and Paul A. Nutting, MD, MSPH
Denver, Colorado

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OKPRN Evidence From Practice

- Identification by Primary Care Clinicians of Patients with Obstructive Sleep Apnea: A PBRN study. *J Am Board Fam Med* 2011
- Launching a community-wide flu vaccination plan. *Fam Prac Manag* 2008
- Clinical Decision-Making in Blood Pressure Management of Patients with Diabetes Mellitus: An OKPRN Study. *J Am Board Fam Med* 2006
- Management of brown recluse spider bites by family physicians. *J Am Board Fam Pract* 2004
- Reduction and management of no-shows by family medicine practice exemplars. *Ann Fam Med* 2007
- Prevalence of night sweats in primary care patients. An OKPRN and TAFP-Net collaborative study. *The Journal of Family Practice* 2002
- Patient-Physician E-mail Communication Revisited a Decade Later: An OKPRN Study. *JOSMA* 2009

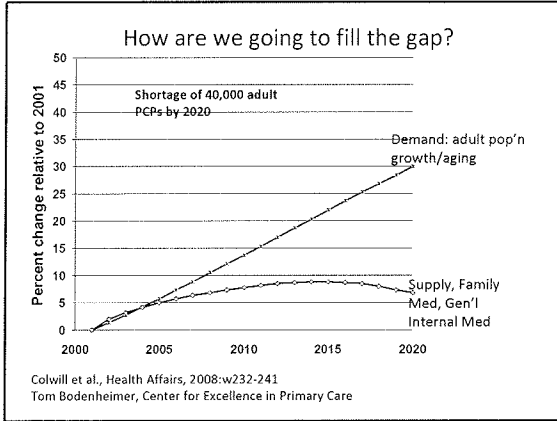
Sisyphean Exercise

- PBRNs such as OKPRN and ORPRN are always in the clinician recruitment, engagement, and retention mode
- Family physicians work hard and day-to-day routine takes a toll
- PBRNs provide respite care for family physicians



The Primary Care Practice Landscape in 2011

- Increasing numbers of complex patients
- Fewer physician-owned practices
- Dramatic shortage and maldistribution of primary care physicians
- Increasing role for non-physician clinicians—NPs and PAs
- Technology is here to stay—increasing access to information for the physician and the patient



What Does Your Workday Look Like?

- Primary care physician with panel of 2500 average patients will spend 7.4 hours per day doing recommended *preventive care* [Yarnall et al. Am J Public Health 2003;93:635]
- Primary care physician with panel of 2500 average patients will spend 10.6 hours per day doing recommended *chronic care* [Ostbye et al. Annals of Fam Med 2005;3:209]



- Average panel size in US: 2300
- Average panel size community clinics: 1200

Tom Bodenheimer, Center for Excellence in Primary Care

Burnout on Columbia River


- "Primary care, the backbone of the nation's health care system, is at grave risk of collapse." (American College of Physicians, 2006)
- "Without a multidisciplinary team, consistently good chronic care is impossible. Without payment reform, such teams are impossible." (Bodenheimer, Health Affairs, 2009)
- "LJ, I cannot continue to care for diabetic patients the way I do now. It is wearing me out." (Columbia Gorge community internal medicine physician, 2006)

Who Are the Family Physician Practice-Based Researchers, Role Models and Teachers in Oklahoma?

ORPRN Research Principles:
 Clinician Oriented Outcomes

- Clinicians will not get home later for dinner than they do now
- Participation will
 - not be a financial drain
 - will be stimulating and fun
- Produces research that they will be proud of



Top Five Motivating Responses

Q-Statement	Mean (CI)
I want to improve the quality of care to my patients	3.46 (3.17 to 3.75)
ORPRN makes research in a rural clinic possible	1.6 (1.15 to 2.05)
ORPRN creates new knowledge regarding rural primary care	1.38 (0.92 to 1.84)
ORPRN supports research that will bring direct benefits to my practice	1.3 (0.85 to 1.75)
I want to contribute to the pool of clinical knowledge	1.18 (0.65 to 1.71)

Top Five Demotivating Responses

Q-Statement	Mean (CI)
I have sufficient time to participate	-1.94 (-2.45 to -1.43)
My staff is motivated to participate in research	-1.5 (-1.94 to -1.04)
ORPRN research does not interfere with the efficiency of my practice	-1.36 (-1.81 to -0.91)
I don't have the staff resources to support research	-1.36 (-1.97 to -0.75)
My clinical colleagues encourage my participation in ORPRN	-1.16 (-1.67 to -0.65)

NAPCRG Clinician Stories Project



NAPCRG Clinician Stories Project*

- *Competence*: intellectual stimulation, “the physician as the critical scientist”, creating and applying the primary care evidence based and staying up to date.
- *Autonomy*: enjoyment of research without the hassle of academic work-life
- *Relatedness*: the importance and influence of mentors, belonging to a group of like-minded individuals and social gatherings (convocations).

The PBRN provides the antidote to the intellectual isolation and loneliness associated with day-to-day primary care practice.


*Fagnan, Handley, Mold. Voices from Left of the Dial: Reflections of Practice-based Researchers. JGIM. 2010

Themes that motivated family physicians to include PBR

- Personal satisfaction from participation
- Satisfaction associated with improving local (practice-level) clinical care
- Satisfaction in making improvements in health care across the community and the larger health system


Clinician Stories

What motivates me in particular is that I am involved, not just with research, but with a group that is interested in doing research based on the patient population we see, which is rural and has special needs that aren't going to show up in an urban setting.



➤ Family Physician, Astoria, OR

Clinician Stories



- *The PEA has served as an extension of the University...The PEA is able to take the oftentimes complex and difficult to understand research protocols and make it a simpler understanding for each person's part in the protocol. Sometimes the PEA is our only personal contact beyond telephone or Polycom from the Health Science Center. Without a doubt it would have been much more difficult to implement many of the preventive programs we do now without the input of the PEAs.*

➤ Oklahoma Family Physician

Clinician Stories



- *I went back home from the network convocation at which we discussed influenza surveillance and immunization efforts, and began working on a better system.....I feel we finally got some hold of this monster (flu vaccine demand) and took it back from the consumer demand chaos of years past. This year the medical community directed traffic.*

➤ *Oklahoma Family Physician*

Competence

- *"I think I have the best of both worlds. In terms of clinical practice, I think that medicine is more enjoyable in a nonacademic setting, away from all the politics that are part of academia."*

➤ *Ohio Family Physician in solo practice*

- *"They [practice-based clinicians] are the farm teams of research, growing investigators from the large field of doctors interested enough to participate, but not so much as to quit their day jobs and go into academia. That is me. I may be growing slowly, but at least I am growing."*

➤ *Colorado Family Physician*

Autonomy

- *"Many things we fear as clinicians, such as insurance companies looking at prescribing habits, make us hesitate to participate...but the research network wants to work with us to improve quality of care—people we seek out and want to be involved with."*

➤ *Oregon Family Physician*

Relatedness

- *“Feeling the need for continuing research to keep abreast of changes, keep skills up. And being curious, I heard about the research network for those non-academics who represented private practice. I’ve been hooked ever since.”*

➤ Louisiana Family Physician in solo practice

- *“The connections keep me going. The meetings are in the evenings after a long day in the office, but I always feel energized after a meeting and have a fresh perspective.”*

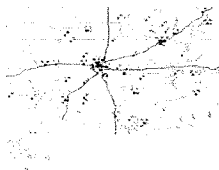
➤ Detroit, MI Family Physician

Stories reflect three levels of influence

1. Meaning and Belonging to the Primary Care Profession and Culture
2. Generating an Evidence Base for Primary Care
3. Ensuring that the Primary Care Evidence Base is Locally Relevant and Contributes to Policy and Population Health

Staying Connected—On the Road Again

Oklahoma Physicians Resource/Research Network



Oregon Rural Practice-based Research Network

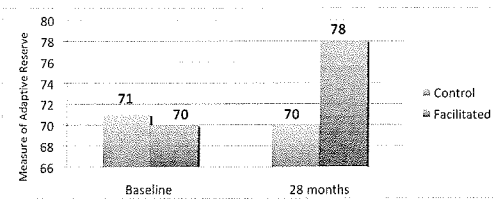


PBRN Wisdom

- Blurred boundaries—QI and PBR
- At the elbow practice facilitation—PEAs and PERCs
- Network clinician ownership
- Primary care practices are complex and unpredictable
- Model PBRNs evolve into effective, real time learning organizations



The Role of Practice Facilitation and Change in Adaptive Reserve*



*Adaptive reserve includes measures of leadership, sensemaking, diversity, mindfulness, communication, respectful interaction, learning culture, reflection and general work environment. Baseline vs. 28 months for facilitated group is statistically different (p<0.01) [From Nutting PA et al. Initial lessons from the NDP. *Ann Fam Med* 2009;7:254-260]

Practice Enhancement Research Coordinators (PERCs and PEAs): What do they bring to practice change initiatives?

- Build relationships with the practices and go in the “Employee Only” entrance
- Have a knowledge of how decisions are made in each unique practice
- Facilitate bridge building—adapting “Best Practice” interventions to local circumstances
- Trusted as individuals who provide benefit to the practice and their patients while minimizing harms

The Research Menu

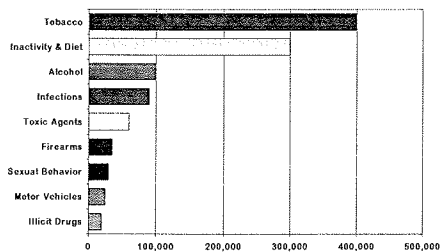
- Preventive health services
- Chronic illness management
- Patient safety/quality improvement
- Behavioral health change
- Health policy and financing-access, insurance gaps
- Practice structure, values, processes, and redesign
- Information systems-guidelines, evidence-based practice

It Takes a Village*

- Primary care can no longer be practiced in isolation from public health, mental health, social services, and community organizations
- Obesity, lack of exercise, lack of culinary culture, smoking, and abuse of alcohol account for 37% of all premature deaths.

*Slide from J. Mold, Director OKPRN

Modifiable Factors Associated with Deaths, US, 1990



Source: McGinnis JM, Foegle WH. JAMA 1993;270:2207-12.

ORPRN Lesson #9: Move beyond the
clinic walls to the community

- The community is where the action is for behavioral health interventions
- The boundaries between delivering primary care and public health are becoming increasingly blurred
- Community Participatory Research makes sense

Believing, Belonging, and Behaving*

- Belonging—affiliation with a PBRN
- Behaving—commitment to a PBRN with participation in studies and convocations
- Believing—belief in practice-based research

* Adapted for the PBRN community from the Pew Forum on Religion and Public Life. Feb.2008

Belonging



Behaving



Believing



ASPN Convocation, Steamboat Springs, CO, 1987
