



WVPBRN Summary of Goals 2016

Mission: The mission of the WVPBRN is to improve the health of West Virginians by collaborating with primary care practices to conduct translational practice-based research.

2016 Goals: The goals for the WVPBRN for 2016 reflect the collaborative input of clinical, academic and community partners defined at the 2015 Annual Meeting.

1. Identify and support all types of PBRN projects including site-specific capacity building (single site activities leading to research that require no review process), feasibility projects (single site or small scale projects within the network approved by the PRC to test the feasibility of creating a network-wide project) and network-wide projects (multi-site projects reviewed and approved by PRC).
2. Strengthen PBRN infrastructure to improve communication, work flow, leadership structure, and dissemination strategies.
3. Identify sustainability strategies to continue the mission of the PBRN as funding and partners change over time.
4. Investigate and make initial plan a 'Summer Escape Retreat' that provides outdoor/indoor activities and relaxation opportunities for providers, staff, and their families.

Objectives:

1. Support 2-3 projects of each type (capacity building, feasibility, and network level). Current and potential projects are listed below.

2. Work with the General Advisory Committee and Protocol Review Committee to maintain and uphold WVPBRN policies and procedures.

- a. Membership guidelines (PBRN, GAC and PRC)
- b. Leadership structure for each committee
- c. Project approval process
- d. Data governance

3. Create plan to improve communication among PBRN site partners.

- a. Develop (in partnership with GAC) a rapid response plan to disseminate findings from PBRN projects (both successes and challenges)
- b. Investigate and support a web-based communication link that would include WVPBRN newsletters, active and past projects, forums to dialogue about issues, concerns, and success stories of PBRN members, and links to reports, white papers, and articles about PBRN activities
- c. Report progress and activities to all PBRN members
- d. Distribute PBRN membership survey (for reporting to members and AHRQ)
- e. Hold annual meeting and report progress on goals and objectives.

4. Disseminate PBRN work through manuscripts, presentations, white papers, and/or reports.

Examples of PBRN projects (active and potential) for 2016

Project	Type	Site Partners	Clinical Relevance	Status	PBRN Lead
Practice-based research capacity building – 6 indiv. projects (ped. obesity, breastfeeding, special need adulthood transition, overweight children, osteoporosis research)	Capacity building	Robert C. Byrd Clinic	Quality of care; quality of life; prevention and treatment	Active – Various stages	Jill Cochran
Pediatric Immunization Project	Capacity Building	WVU Family Medicine	Quality of care	Development	Treah Haggerty
Care Coordinating in Roane County Family Health Care	Capacity Building	Roane County Family Health Care	Clinical work flow with usage of a care coordinator	Post-test implementation	Emma White
*Patient outcomes a in rural pulmonary rehabilitation pilot	Feasibility	Cabin Creek Health Systems, New River Health Association, Boone Memorial Hospital	Quality of care; treatment	Analysis	Dan Doyle
West Virginia/Kentucky Health Data Collaborative	Feasibility	Robert C. Byrd Clinic	Quality improvement; research capacity building; data governance formation	Implementation /Analysis	Cecil Pollard
CERA Survey	Feasibility	WVU Family Medicine, WVPBRN Committees	Quality improvement	Received results - analysis	Treah Haggerty
Resident Learning Collaborative	Feasibility	WVU Family Medicine, West Virginia University Eastern Division/Harpers Ferry Family Medicine, United Hospital Center Residency, WVSOM	Quality improvement; research capacity building	Material development for initial project	Bill Lewis, Treah Haggerty, Eric Radcliffe
ePHQ-2 IPAD Depression Screening	Feasibility	Cabin Creek Health Systems, Valley Health Systems, ETC	Quality Improvement, Quality of care, clinical work flow	Protocol Development	Matt Weimer, Mary Ann Maurer
IRIS West Virginia Sight Outreach Program	Feasibility	Valley Health Care; Harpers Ferry Family Medicine; Community Care of WV/St. Joseph's Hospital	Disease diagnosis and treatment	Implementation	Dana King
*Central Appalachia Inter-Professional Pain Education Collaborative (CAIPEC)	Network	Roane County Family Health Care, WVU Family Medicine, New River Health Association	Continuing education for rural practitioners; clinical work flow	Implementation of intervention and roundtable discussions	Dana King
*Project Better Health (Good Measures)	Network	Cabin Creek Health Systems, Robert C. Byrd Clinic, New River Health Association, Valley Health Systems, CAMC Family Medicine, WVU Family Medicine, Wirt County Health Asso.	Quality of care, access to resources	Implementation /Training	Melissa Olfert, Mary Ann Maurer
*Transitional Care Management	Network	Roane County Family Health Care, New River Health Association, Cabin Creek Health Systems, Mon Valley Association of Health, FamilyCare, Camden Family Health	Clinical work flow	PRC Approved: Grant submitted to PCORI Nov 2015	Dana King

*Denotes projects approved by the WVPBRN Protocol Review Committee