Rationale for creating a PBRN in chiropractic

Cheryl Hawk, DC, PhD
Associate Vice President of Research and Health Policy
“If we want more evidence-based practice, we need more practice-based evidence.”

Lawrence Green, DrPH
Practice-based research

Partnership between clinicians and academic institution to address topics relevant to everyday clinical practice

⇒ Information in: the “best setting for studying the process of care.”

http://www.ahrq.gov/research/findings/factsheets/primary/pbrn/index.html

⇐ Information out: Knowledge translation
What Practice Based Research is NOT

• Practitioners may have misconceptions about PBRNs
  ▪ *Not* the method of choice for conducting controlled experimental studies
  ▪ *Not* individual doctors conducting studies in their practice; PBRNs are team efforts
  ▪ *Not* suitable for investigating single procedures or for placebo-controlled studies
  ▪ *Not* a method to conduct mechanistic studies
According to the US Agency for Healthcare Research and Quality (AHRQ)

- PBRNs involve practicing clinicians in *asking* and *answering* clinical and organizational questions.
- PBRNs may be the best setting for studying the entire process of “real world” care.
1000 persons

800 report symptoms

327 consider seeking medical care

217 visit a physician’s office (113 visit a primary care physician’s office)

65 visit a complementary or alternative provider

21 visit a hospital outpatient clinic

14 receive home health care

13 visit an emergency dept

8 are hospitalized

<1 is hospitalized in an academic medical center

Information in (gathering practice information)

- Epidemiology and surveillance (prevalence, natural history, adverse events tracking)
- Management (delivery system design, common clinical problems, aspects of clinical encounter): *what works best for whom*
- Phase III and IV clinical trials
- Comparative effectiveness
Information out (knowledge translation)

- TRIP: translate research into practice
- Best practice information
- Guideline dissemination and implementation
PBRNs are “new clinical laboratories for primary care research and dissemination”*

Relationship to translational research

PBR
Clinical Trials
Observational Studies
Survey Research

T2
Guideline Dev.
Systematic Reviews
Meta analyses

Translation to patients

T3
Dissemination Research
Implementation Research

Translation to practice
Why a chiropractic PBRN?

• *Information in* (gathering practice information)
  ▪ More effectiveness studies are needed
  ▪ Chiropractic practice is highly variable in terms of techniques, procedures, visit frequency
  ▪ Better surveillance of adverse effects is needed
  ▪ Little data available about specific populations of chiropractic patients (demographics, chief complaints)
Why chiropractic PBRNs?

• **Information out** (knowledge translation)
  - DCs are not well-informed about current evidence so *TRIP* is needed
  - Best practices and guideline dissemination
    - Help decrease practice variability so that patients know what to expect
    - Improve patient outcomes
    - Collect data to feed back into further refinement of guidelines
Why chiropractic PBRNs?

• 146 AHRQ-registered PBRNs in U.S.
  ▪ > 55,000 clinicians in over 17,000 locations
  ▪ 46 million patients
  ▪ At least one primary care PBRN in every state.
  ▪ Family practice PBRNs serve approximately 15% of US population. (Peterson KA et al. J Am Board of Fam Med 2012)

• Only 1 is chiropractic (pediatrics only—ICPA)