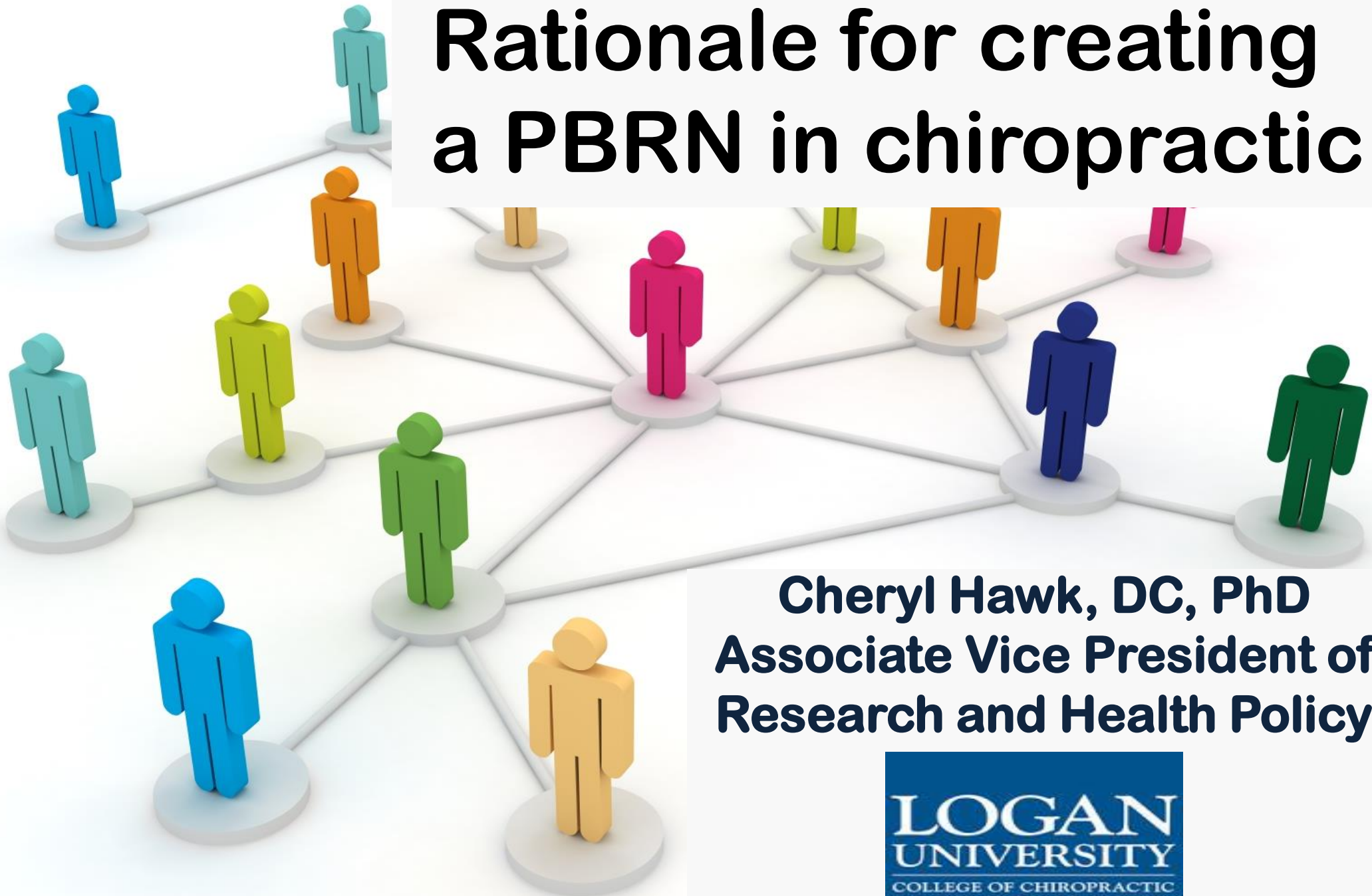


Rationale for creating a PBRN in chiropractic



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*“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

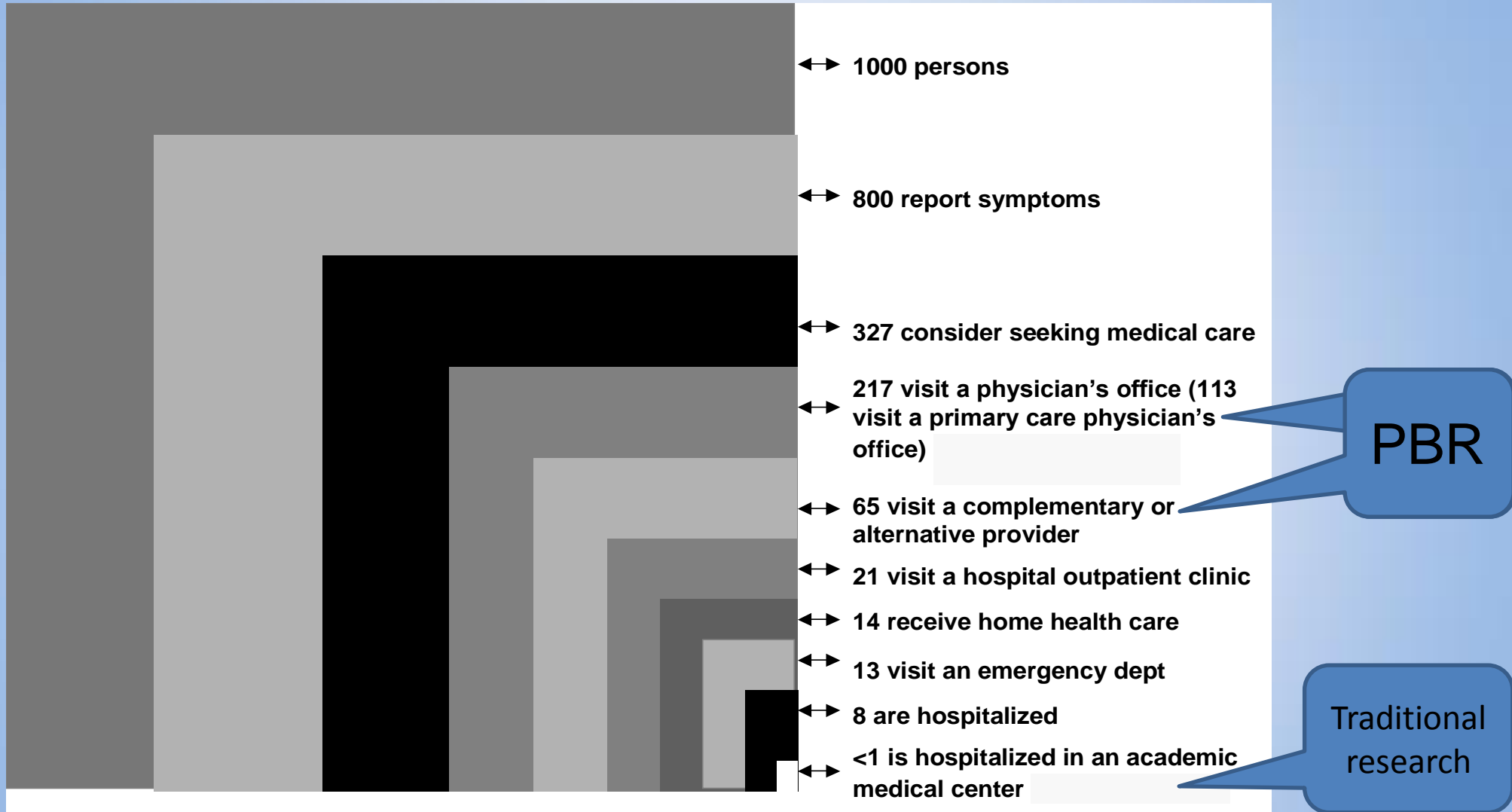
What Practice Based Research is NOT

- 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.

Why practice based research is needed



Results of a reanalysis of the monthly prevalence of illness in the community and the roles of various sources of health care. Green LA et al., *N Engl J Med* 2001, 344:2021-2024.

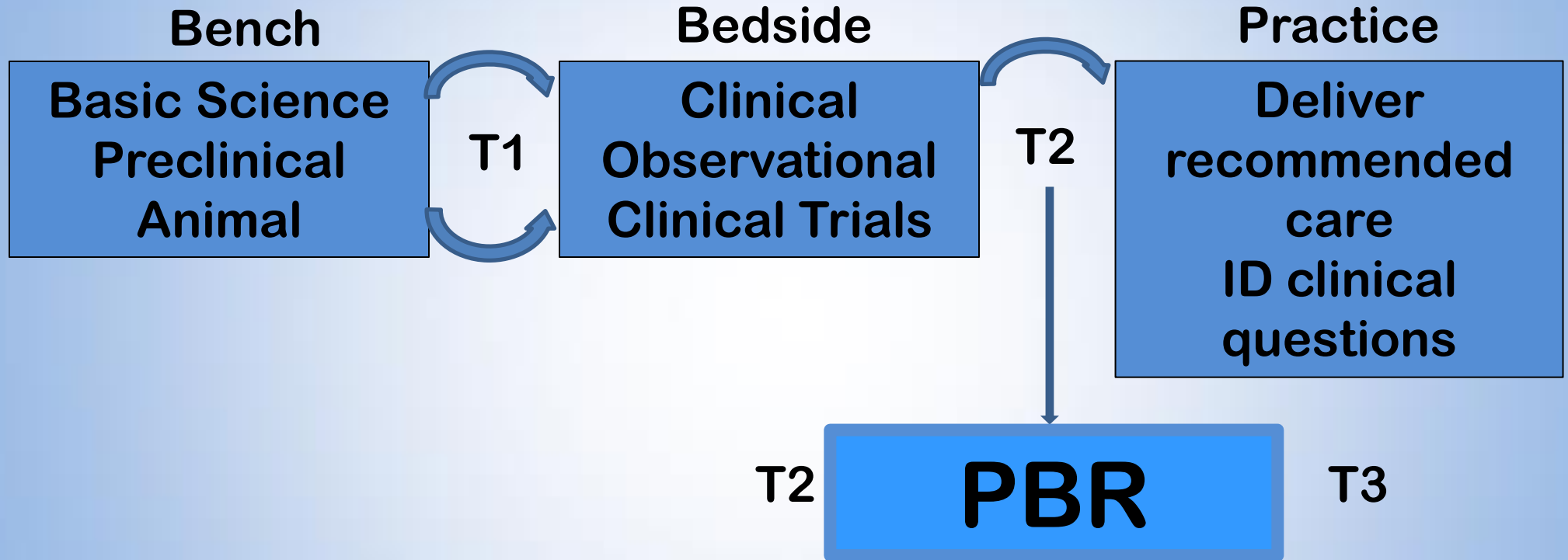
Information in (gathering practice information)

- 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: *t*ranslate *r*esearch *i*nto *p*ractice
- Best practice information
- Guideline dissemination and implementation

PBRNs are “new clinical laboratories for primary care research and dissemination”*



*Westfall, JM et al. JAMA 2007;297:403-406.

Relationship to translational research



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)**