

Developing a Coordinated Interdisciplinary Approach to Decision Making Around Where to Focus AHRQ's PCORTF Investments – *A view from the worlds of practice-based research networks and community engagement*

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Some background...

- CCTSI CE = Colorado Clinical and Translational Sciences Institute Community Engagement
- SNOCAP PBRNs = State Networks of Colorado Ambulatory Practices & Partners – our Colorado practice-based research networks



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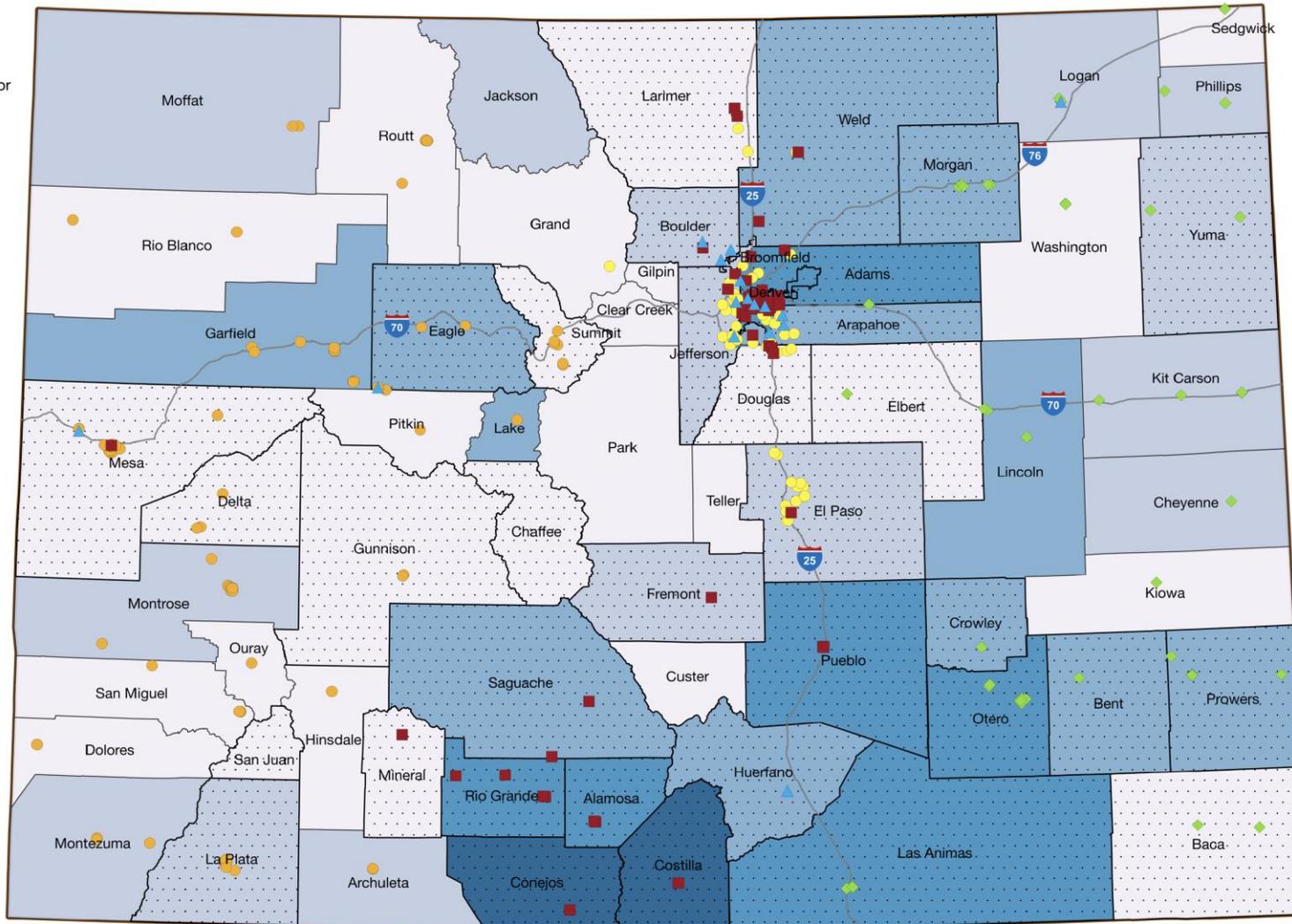
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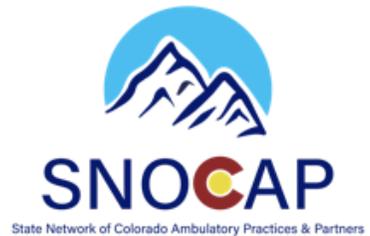
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- CE Representation

- Percent People of Color
 7 - 19%
 19 - 31%
 31 - 43%
 43 - 55%
 55 - 67%
- SNOCAP Practices
 BIGHORN
 CaReNet
 COCONet
 HPRN
 PEACHnet



The worlds of SNOCAP and CCTSI Community Engagement



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Two intertwined infrastructures addressing the needs of practices & communities

- SNOCAP – 5 networks reaching 280 practices
 - Network leaders with team members embedded in the field
 - 4 distinct patient/community advisory groups
- CCTSI CE
 - Director, Deputy Director & staff
 - 13 Community Research Liaisons embedded in communities
 - 14 member Council that guides our work
- All the work of each is informed by our stakeholders



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Core principles of both infrastructures

- Facts may be universal, but implementation is local.
- Nothing for us, without us
- Outreach begins with an answer. Engagement ends with an answer.



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What roles do advisory group members play in our PBRNs?

- Research partners throughout *entire* research process
 - Identify and prioritize research topics
 - Co-develop interventions, surveys, and protocols
 - Co-present and co-author presentations and manuscripts
 - Conduct local dissemination of findings
- Opportunities beyond the PBRN:
 - Serve as consultants or co-investigators
 - Serve on state councils, NAPCRG Board



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SNOCAP priority setting

ORIGINAL RESEARCH

Process for Setting Research Priorities: A Case Study from the State Networks of Colorado Ambulatory Practices and Partners (SNOCAP) Consortium

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Purpose: It is important to share processes that practice-based research networks (PBRNs) can implement with PBRN members and partners to determine research topics of priority. Engaging partners at a preproject phase and continuing engagement throughout a project can help address topics of great need and increase meaningfulness at a local level.

Methods: The State Networks of Colorado Ambulatory Practices and Partners (SNOCAP) practice-based research network has a 20-year history of research topic prioritization. Annually, PBRN members and partners come together to set new priorities for SNOCAP to put focus on in the coming years. Methods from these Colorado PBRNs are shared as a framework for other PBRN networks, community and patient partners, and stakeholders to use.

Results: Engaging PBRN members and researchers in a bidirectional manner in preproject prioritization helps address current needs and gaps in care and identifies topics that are meaningful and important statewide. SNOCAP shares various approaches and lessons learned, provides guidance to PBRNs wanting to establish priorities, and helps guide groups that want to engage, or engage more deeply with, network members. Priority setting methods, a sample agenda, and resulting SNOCAP projects from the past 5 years of prioritization are shared.

Conclusions: Inquiry on a regular basis is an important step in practice- or community-based research. Getting to the local level to determine and fully address priority needs is not only “the right thing to do,” rather, it is essential in true bidirectional work. (*J Am Board Fam Med* 2019;32:655–662.)

Keywords: Colorado, Community Medicine, Community Networks, Patient Participation, Practice-based Research, Primary Health Care

Primary care practice-based research networks (PBRNs) grew out of the grassroots concerns of clinicians who felt that research agendas and find-

ings from academic health centers rarely reflected the reality of community-based primary care practice.^{1,2} With the evolution of PBRN funding models, there is more reliance on federally funded research projects to sustain PBRN efforts, and thus this initial “bottom-up” research agenda has shifted toward the interests of funding agencies and academic health center researchers.³ Perhaps reflecting this bias, the 2015 publication titled *Practice-based Research Network Research Good Practices (PRGP): Summary of Recommendations*⁴ describes steps in conducting PBRN research. In the first step, called the preproject phase,⁴ the 3 tasks are the following: (1) PBRN establishes a relationship with the project principal investigator, (2) project

- Engagement to set and revisit priorities is baked into our work
- Annual Convocation (pre and hopefully post COVID)
- Surveying during COVID
- “What are the needs in your practice/community?”

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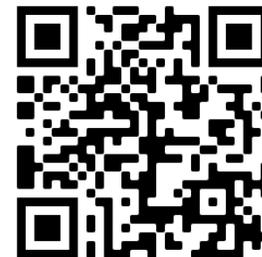
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CCTSI Community Engagement

- Facilitating local uptake and use of evidence through Community (Boot Camp) Translation
- Example: Colorado Community Engagement Alliance against COVID-19 Disparities

“We bring community members together to take medical information and jargon and turn it into messaging and information that is relevant and responsive in communities.”

Sarah Brewer, Ph.D., M.P.A.

Colorado CEAL, Department of Family Medicine at the University of Colorado

Same evidence translated 5 ways

- **In the rural Somali community:**
- Flyer and poster were created for community members and business owners to share with family and friends
- PowerPoint presentation was created to share important information by word of mouth in Somali by trusted members of the community at community events
- Informational Somali-language video to be shared via social media



WAX KA BARO COVID-19

LEARN ABOUT COVID-19

Waa maxay calaamadaha lagu garto?
What are the symptoms?

Xurnaad
Fever

Qufac
Cough

Nafsaadaha oo
caba ah
Trouble
Breathing

Daal da'rimaya
Feeling Tired

Garir ama limo
Sore Throat
or Chills

Madax xanuun
Headache

Cune xanuun
Sore Throat

Dhabka iyo
urka oo taga
Loss of smell
or taste

Maxaa la samayn karaa si looga hortago COVID-19?
What can be done to help prevent COVID-19?

- Xiro maaclu, ka fogow 6 feet dalka kale markaad banaanu u baxdo, gamaha dhac, ka ilaali taabashada wejiga, gurgu jooq haddi aad jirran tahay, iska ilaali meelaha dadku ku badan yahay sida:
 - fit shaqada
 - meeqaayisho
 - gymelaha la isugu yimaado
 - Masjidka, imn.
- Weary your mask, social distance - keep 6 feet from others, wash hands, avoid touching face, stay home if sick, avoid crowded spaces such as:
 - fit work
 - restaurants
 - gathering places
 - mosque, etc.

Haddad isku aragto calaamadaha COVID-19:
Do you have COVID-19 Symptoms?

- Iska baadh COVID-19.
Get a COVID-19 test.
- Ka fogow dadka kale, ugu yaraan 5 maalmood kaa intaad aad ka fogawnaayo.
Isolate from others.
- Gurgu jooq ilaa aad ka ficnaato.
Rest at home until you are better.
- Dab cabtaasno badan oo durrereyaal ah.
Drink plenty of fluids.

Ma xanuunsan tahay in ka badan 5-7 maalmood?
Are you sick longer than 5-7 days?

- Haddi aad weli buuto 5-7 maalmood kadib marki laga helay COVID-19 ama ay lagu idag tahay nafaqadaha, la xiriir dhakhtariga ama qofka degdegga ee isbitaalaha.
- If you are still sick 5-7 days after positive COVID-19 test or you have trouble breathing, get help from primary care or hospital emergency room.
- Haddi aad heesho daryeel caafimaad ama adeegyada degdegga ah ee dawaaynta COVID-19-ba cayminta adan ku jiri, wada kaa ba'in doona kharashadaha dawaaynta COVID-19 kamaaynta federaal ah.
- If you receive primary care or emergency services for COVID-19 symptoms and are uninsured, federal programs will pay for COVID-19 treatment.

WAX KA BARO TALAALKA COVID-19
LEARN ABOUT THE COVID-19 VACCINE

Baahdaada talaalka iyo wada hista. Viruska COVID-19 waa lagu dhici karaa ka dib markaad iska talaasho, laakiin talaalku wuxuu si weyn hoos u dhigayaa in lagu jilfoo isbitaalaha ama dhimashada COVID-19 swagad, wayna yar yahay inaad faafiso fayadka ama aad dadka u guubiso.

Vaccines are safe and can save you. There is a chance you could still get COVID-19 after being vaccinated, but vaccination greatly lowers your chance of hospitalization or death due to COVID-19, and you are less likely to spread the virus to those around you.

Faahfaahin ku saabsan Talaalka Iyo Xoojintisa
Vaccine & Booster Details

Talaalka Pfizer wuxuu ka ilaawinaysa ama ka hortagaysa in ka badan 90% xanuunsan daran ee COVID-19. <small>The Pfizer vaccine gives more than 90% protection against severe COVID-19.</small>	Talaalka Moderna wuxuu ka hortagaysa in ka badan 90% is aad ku xanuunsato COVID-19. <small>The Moderna vaccine gives more than 90% protection against getting sick from COVID-19.</small>	Talaalka Johnson & Johnson wuxuu ka hortagaysa in ka badan 70% is aad ka xanuunsato COVID-19. <small>The Johnson & Johnson vaccine gives more than 70% protection against getting sick from COVID-19.</small>
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- **Booster doseka waxay xoojinaysaa talaalka sababtoo ah dhammaan talaalada COVID-19 ka awoodoodaya ay ku difaacaan jirkaaga way yaraanaysaa in mudda ah ka dib.**
- **Waxaad ka qaadan kartaa booster dose kaaga mid ka mid ah saddexda shirkadood ee talaalka.**
- **A booster dose is needed because all vaccines lose their ability to protect your body over time.**
- **You can get your booster dose from any of the three vaccine companies.**

Talaalka Pfizer waa loo ogolaaday da'da 5 iyo ka weyn waana 2 talaal, wuxaa kaabo loo ogolaaday xoojinta talaalka (booster shot) 5 bilood ka dib. *The Pfizer vaccine is authorized for ages 5 and up and is 2 shots AND a booster shot 5 months later.*

Talaalka Moderna waa la ogolaaday da'da 12 iyo ka weyn waana 2 talaal, wuxaa kaabo loo ogolaaday xoojinta talaalka (booster shot) 5 bilood ka dib. *The Moderna vaccine is authorized for ages 12 and up and is 2 shots AND a booster shot 5 months later.*

Talaalka Johnson (Johnson & Johnson) waa la ogolaaday da'da 18 iyo ka weyn waana 1 talaal bilowgi, waana inaad qaadataa xoojintaha talaalka 2 bilood ka dib. *The Johnson (Johnson & Johnson) vaccine is authorized for ages 18 and up and is 1 initial shot AND you should get a booster 2 months later.*

Xaqiigoyinka COVID-19:
COVID-19 FACTS:

- Talaalka COVID-19 ka waa baahdaada kama hawaynaya suurto fara badan, qofka dhintay, dhismo ka badan, ama dhimasho kamaan sin doona fayadka COVID-19.
- Sida laga soo agayay Xarumaha Kamaaynta Iyo Ka hortagiga Caafimaadka ee loo yaqaano (CDC), dhammaan talaalka COVID-19 waa loo hawlaha heerar ugu saraysa in baahdaada, waxa kale oo ay jiraan. Mid kasto oo ka mid ah talaalka COVID-19 dhammaynta wayso baahdaada tolahay wuxuu ka.
- Talaalka COVID-19 kama hawl doona: baahdaada hargajaha ama (gobow). Wuxaad wali u baahdaada doonaa laah hawl doonaa baahdaada ee COVID-19-iyi laah hargajaha.
- The COVID-19 vaccines are safe and will not cause you to get disease, illness, infertility, or death. We will not give you COVID-19 virus.
- According to the CDC, all of the COVID-19 vaccines meet high standards for safety, effectiveness, and quality. Any of the COVID-19 vaccines are safe to use in pregnancy.
- The COVID-19 vaccines will not protect you from getting the flu or common cold. You will still need to get both the COVID-19 and the flu vaccine.

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Questions we keep asking...

- Do we have the right people at the table?
 - (who's being impacted?)
- Are we engaging people equitably?
 - (have we lowered all the barriers to hearing their voices?)
- Is our work building capacity?
 - (will our participants be able to carry this experience into others?)



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