

# Development of a PBRN Logic Model for Evaluation and Planning

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TARGET POPULATION	ASSUMPTIONS	INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES	OUTCOME INDICATORS
<p><b>Community</b></p> <p>Community clinicians and their staff (including primary care clinicians, psychiatrists, and dentists)</p> <p><b>Academic Health Center</b></p> <p>Investigators with interest in working with community members on topics relevant to the community and the investigator</p>	<p><u>Community</u></p> <ol style="list-style-type: none"> <li>Community clinicians have time to participate in PBRN research.</li> <li>Community clinicians have relevant research questions.</li> <li>Community clinicians want to work with investigators from the Health Science Center.</li> <li>Community clinicians are willing to participate in research studies without compensation.</li> <li>Community clinicians have sufficient skills to participate in research.</li> <li>Community clinicians have insight into meaning/interpretation of research results.</li> </ol> <p><u>Health Science Center</u></p> <ol style="list-style-type: none"> <li>Investigators may need training in Community-based Participatory Research (CBPR) principles and methods.</li> <li>Investigators need pilot data for their grant applications.</li> <li>Investigators are willing to work with the PBRN on "bottom-up" projects, which are usually un-funded.</li> <li>Investigators have "top-down" research projects which engage community clinicians.</li> <li>Investigators have funded grants that will contribute to network support.</li> </ol>	<p><u>Resources</u></p> <ol style="list-style-type: none"> <li>An established primary care PBRN founded in 1992 with several publications</li> <li>An established state-wide residency research network founded in 1997 with strong research track record, publications, and research awards</li> <li>Diverse funding from NIH, HRSA, TAFP, AHRQ and sub-contracts</li> <li>Infrastructure support from the Clinical Translational Science Award (CTSA)</li> <li>Leaders (Dr. Mike Parchman, Dr. Sandra Burge and Dr. Walter Calmbach) with expertise in PBRN research methodology</li> <li>Network Directors with clinical expertise and connections with the community</li> <li>Staff to support infrastructure needs and specific project implementation</li> <li>On-line Human Subjects Protection Training video</li> <li>Nine Established PBRNs in primary care, mental health and oral health</li> <li>Ten-year partnership with South Central Area Health Education Center (AHEC)</li> <li>Information Technology (IT) support and expertise from the CTSA Bio-informatics Key Function Group</li> <li>Practice Facilitator manual</li> <li>An established website for each network</li> <li>PBRN Newsletter distributed quarterly</li> </ol> <p><u>Constraints</u></p> <ol style="list-style-type: none"> <li>Community clinicians are limited to the number of research projects they can participate in.</li> <li>Recruiting new members takes time and resources for recruitment.</li> <li>Lack of funding to entice junior faculty to lead a PBRN project</li> <li>Lack of discretionary funds for relationship building (food, small gifts)</li> <li>Lack of space for an increasing number of PBRN personnel</li> </ol>	<p><u>PBRN Resource Center</u></p> <ol style="list-style-type: none"> <li>Host Annual PBRN Convocation</li> <li>Coordinate PBRN specific membership meetings/phone calls</li> <li>Facilitate communication with network members (newsletters, etc.)</li> <li>Assist networks with strategic planning</li> <li>Implement comprehensive marketing strategy</li> <li>Provide technical assistance to Network Directors</li> <li>Support and train practice facilitators</li> <li>Convene an Academic Advisory Committee with representation from all Schools within HSC</li> <li>Host brown bag lunch sessions with junior investigators from each department</li> <li>Apply for grants to support PBRN research</li> <li>Provide on-line human subjects protection training (IRB requirement)</li> <li>Disseminate research findings</li> <li>Determine key metrics for evaluating the growth of PBRNs</li> <li>Develop business and strategic plans</li> </ol> <p><u>Individual Networks</u></p> <ol style="list-style-type: none"> <li>Host a strategic planning retreat annually</li> <li>Convene PBRN meetings</li> <li>Host PBRN Convocation</li> <li>Personally visit community clinicians and maintain good working relationships with staff</li> <li>Recruit community clinicians to the network</li> <li>Apply for grants to support PBRN research projects</li> <li>Provide human subjects protection training</li> <li>Implement research projects in PBRNs</li> <li>Disseminate research findings</li> </ol>	<p><u>PBRN Resource Center</u></p> <ol style="list-style-type: none"> <li>Extent/quality of needs assessment undertaken</li> <li>Extent/quality of evaluation undertaken</li> <li>Existence of communication channels</li> <li>Number/quality of training sessions offered</li> <li>Attendance at training sessions</li> <li>Amount/quality of support/supervision provided</li> <li>Number of community clinician-led projects undertaken</li> <li>Extent of external research funding for community-led research applied for/obtained</li> <li>Number of community clinician-led publications/presentations submitted</li> <li>Extent/quality of literature searches and critical appraisals undertaken</li> </ol> <p><u>Individual Networks</u></p> <ol style="list-style-type: none"> <li>Dissemination of network research findings</li> <li>Number of research projects in which community clinicians are participating</li> <li>Number of network members/membership turnover</li> <li>Extent of involvement in network activities</li> <li>Number of Health Science Center investigators assisting with PBRN research design &amp; methodology</li> </ol>	<p><u>Short-Term</u></p> <ol style="list-style-type: none"> <li>An established and functional PBRN Resource Center</li> <li>The development of a sustainable network infrastructure.</li> <li>The development of the research and resource capacity of community clinicians.</li> <li>Established PBRNs have met all operational requirements</li> </ol> <p><u>Intermediate</u></p> <ol style="list-style-type: none"> <li>Community clinicians will find the PBRN useful.</li> <li>An increase in the use of the research findings by the community clinicians in their daily practice.</li> <li>An increase in the number/quality of research projects in which Health Science Center investigators collaborate</li> <li>An increase in the number/quality of research projects in which community clinicians participate.</li> </ol> <p><u>Long-Term</u></p> <ol style="list-style-type: none"> <li>Health Science Investigators will acknowledge and engage the PBRN as a rich laboratory for collaborative research.</li> <li>Community clinicians are recognized leaders of quality research projects.</li> <li>PBRNs will become the dominant mechanism for collaborative research between community clinicians and basic science investigators.</li> <li>Health outcomes of patients served by PBRN community clinicians will improve.</li> </ol>	<p><u>Short-Term</u></p> <ol style="list-style-type: none"> <li>Successful recruitment of clinicians to join the network</li> <li>Operational Manuals(s) completed</li> <li>Staff orientation and training completed</li> <li>Business &amp; Strategic Plans developed</li> <li>Resource Center website designed and launched</li> <li>Documented use of communication channels</li> <li>Quality/use of websites</li> </ol> <p><u>Intermediate</u></p> <ol style="list-style-type: none"> <li>#/% attendance at network meetings</li> <li>#/% attendance at network conferences</li> <li>#/% of quality of network newsletters</li> <li># research courses taken by community clinicians</li> <li># community clinician-led final reports; projects published/presented</li> <li># publications/presentations/final reports in which community clinicians collaborated</li> <li>Rates of practice/community clinician recruitment to studies</li> <li>Rates of recruitment of patients by community clinicians to studies</li> <li># research awards</li> </ol> <p><u>Long-Term</u></p> <ol style="list-style-type: none"> <li>Data on Implemented programs based on findings of network research</li> <li># funded grants</li> <li>Rate of rapid translation of research findings into community practice</li> <li>Proportion of network projects that are interdisciplinary</li> <li>Rate of Health Science Investigators recruitment to studies</li> <li>Data on community clinicians' satisfaction with network</li> <li>Number/quality of research projects led by community</li> <li>Patient records (Electronic Medical Record) documenting health status improvements over time</li> </ol>

## Introduction

The University of Texas Health Science Center at San Antonio received a Clinical Translational Science Award in May, 2008. The CTSA included funds to create a PBRN Resource Center which currently supports nine PBRNs (primary care, dentistry, nursing and psychiatry) in thirty-eight counties.

During the second year of funding, the Resource Center realized that its networks lacked short, intermediate and long-term outcome measures to document the growth and maturity of the networks and also demonstrate their effectiveness to funders, community clinicians and principal investigators.

## Hypothesis/Objectives

The leadership decided that a logic model would be a useful framework to improve planning, implementation and evaluation of the networks. The logic model would describe the activities expected from the individual network directors, reduce or eliminate activities not directly linked to key outcomes and increase the potential for sustainability and expansion of the networks.

## Methods

Recurrent iterative meetings with leadership, staff and stakeholders were used to develop the logic model. It represents a collaborative process involving the PBRN Resource Center leadership and staff and an evaluation specialist.

## Conclusion

The logic model is proving to be an effective tool in clarifying the relationship between PBRN activities and related process and outcome objectives. PBRN Resource Center staff and network directors more clearly understand the most important desired outcomes. The logic model will be used for the development of sustainable research agendas for individual networks and the Resource Center as a whole.

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