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Title of Initiative: Practice-based clinical research networks to improve health care for populations that experience health disparities

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Objective: This initiative will support practice-based clinical research networks (PBRNs) to improve health care for populations that experience health disparities.

Background: A practice-based clinical research network (PBRN) is a group of ambulatory care clinical practices that investigate empirical research questions to improve the quality of primary care. PBRNs draw on the experience and insight of practicing clinicians to identify and frame research questions. PBRNs are ideal for conducting and implementing a wide variety of clinical practice studies, pragmatic clinical trials, and health services research studies. Further, PBRNs are uniquely positioned for dissemination, implementation, and comparative effectiveness research. By investigating research questions directly linked to care of patients with rigorous research methods, PBRNs produce relevant research findings that can be more easily translated into everyday practice and integrated into health care systems.

PBRNs in the United States have been supported through many sources including universities, research institutions, federal agencies (e.g., NIH, CDC, HRSA, AHRQ), and private foundations. PBRNs currently supported by NIH focus on a specific health care area such as [mental health care](#), [addiction](#), or [dentistry](#). Additionally, the [NIH Health Care Systems \(HCS\) Research Collaboratory](#) engages health care delivery organizations as research partners in the conduct of pragmatic clinical trials and disseminates best practices through its [Collaboratory Coordinating Center](#). While some PBRNs focus on addressing health disparities, there is an urgent need to accelerate interventions that can transform health care to address health disparities. Thus, there is a need to support PBRNs that design and conduct research with a health equity approach, through an emphasis on including disease-agnostic clinical practices that have rich representation from clinicians from underrepresented backgrounds and that serve populations that experience health disparities.

Description of Initiative: This initiative will support disease-agnostic PBRNs with a health equity research lens to improve minority health and reduce disparities in care. The PBRNs will be comprised of ambulatory primary care settings that serve patients from the NIH-designated United States health disparity populations [e.g., racial and ethnic minority populations, sexual and gender minority groups, underserved rural populations, and socioeconomically disadvantaged populations (<https://www.nimhd.nih.gov/about/overview/>)] and will be led by clinicians with representation from backgrounds that are underrepresented in health-related sciences on a national basis (<http://www.nsf.gov/statistics/wmpd/>). These PBRNs will develop and test disease agnostic interventions and service delivery strategies that are feasible, scalable, and sustainable to improve routine health care services for populations that experience health disparities. By having a rich diversity of patients and clinicians, these PBRNs will be able to examine the role of the patient-clinician relationship in care delivery, including cultural competence and conscious and unconscious bias that are implicated in health disparities.

NIMHD will prioritize primary care clinicians serving a higher-than-average proportion of patients with no insurance coverage, Medicaid, CHIP, or Medicare dual eligibility, but privately insured patients will also be included. Examples include health care settings such as tribal health clinics, academic health

centers, Federally Qualified Health Centers (FQHCs), rural health clinics, Accountable Care Organizations, and staff model Health Maintenance Organizations. Furthermore, PBRN sites that provide ambulatory primary care in family medicine, general internal medicine, and general pediatrics, as well as cognitive subspecialties with a component of chronic diseases such as rheumatology, endocrinology (especially diabetes), general cardiology, asthma/chronic lung disease, geriatrics, and general gynecology (especially for younger women) will be prioritized. Research questions can address urgent health care priorities as well as disparities in access, quality, and outcomes of treatment and services.

Studies conducted through the PBRNs will be pragmatic and deployment-focused, incorporating stakeholder perspectives and criteria used for clinical decision-making with an emphasis on improving minority health and reducing disparities in care. These PBRNs will support a wide range of practice-based research, including pragmatic and comparative effectiveness trials, optimization and testing of scalable preventive and therapeutic interventions, and health service and public health services research. For example, a study might include comparative effectiveness research that tests clinical services interventions targeting patient-, provider-, or systems-level factors to improve service use, care delivery, and/or outcomes. These PBRNs will also support implementation science approaches to encourage adoption, quality, scale-up, and sustainability of new innovations and existing best practices. It is expected that the PBRNs would be able to respond to requests to conduct real-world clinical trials of relevant treatments.

Research Priorities:

- Develop and assess approaches to address limited English proficiency, such as interpreter-mediated versus concordant language visits and other approaches.
- Understand and address the effects of emerging infectious diseases such as the COVID-19 pandemic on disparities in access to quality care for different health care systems and settings, including strategies for optimization of organization and structure.
- Develop and assess innovative preventive or health promotion interventions (e.g., health education, wellness programs, early screening, immunizations/vaccinations) delivered in-person or virtually within ambulatory care settings.
- Test innovative models of health care delivery in rural areas and their impact on health outcomes, e.g., integration and coordination of services between rural community health clinics and larger health care hubs, including novel uses of telehealth such as remote patient monitoring.
- Test initiatives to integrate social determinants of health with other health care data and their impact on ambulatory care access and health outcomes.
- Develop and assess strategies to improve the quality of health care such as patient safety bundles, health improvement collaboratives, and innovative primary care models.
- Understand and address factors that facilitate or deter engagement of patients in clinical care and assess the impact of interventions to enhance patient engagement on health outcomes.
- Develop and assess strategies to increase health equity through the structure and organization of health care systems and health services utilization.
- Develop and assess interventions to reduce clinician and/or health care system bias and their impact on quality of care and patients' health outcomes.
- Understand and address racism and discrimination at multiple levels (structural, institutional, interpersonal) in the health care system to improve minority health and health disparities.
- Evaluate community-level strategies by health care systems to address social determinants of health and reduce health disparities, including intersectoral partnerships with social services, urban planning, transportation, the criminal justice system, and community service organizations.
- Assess implementation of evidence-based practices within community or clinical settings to meet the needs of patients with complex medical needs.
- Conduct comparative effectiveness research for the prevention, early diagnosis, and treatment of common diseases and symptoms in populations affected by health disparities.