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Tristate Primary Care Research Network

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As the practice of medicine moves increasingly to outpatient settings, there has been greater interest in the process of health care delivery in these settings. Generalizations about ambulatory healthcare outcomes based on analysis of a single practice are difficult due to the tremendous variability among practices with regard to size, population served, and even the practice styles of group's physicians. For these reasons, the Agency for Health Care Policy and Research and other groups have called for the establishment of clinical practice networks. Jefferson has recently established such a network--the TriState Primary Care Research Network--that includes practices both within and outside the Jefferson Health System.

The TriState Primary Care Research Network includes family practices of various sizes in southeastern Pennsylvania, southern New Jersey and northern Delaware. The network was conceived two years ago by a group of academic family physicians who were interested in combining their resources to conduct clinical and health services research in primary care settings.

The first study completed by the TriState Primary Care Research Network examined patient factors related to compliance with inhaled corticosteroids by 700 asthmatic patients of primary care physicians. For this study, which was supported by a research grant from Merck and Co., Inc., asthmatic patients of more than 180 physicians in 12 family practices were surveyed regarding their medical history of asthma, health beliefs and use of inhaled corticosteroids and other medications. The investigators found that compliance with inhaled corticosteroids in general was poor. Recent hospitalization and certain health beliefs, in particular, the willingness to be an active participant in one's own health care and a belief that asthma was serious, were the strongest predictors of compliance. These results suggest that physicians could identify patients at high risk for poor compliance and target them for behavioral intervention, thereby reducing subsequent hospitalization and other morbidity related to asthma.

There is great enthusiasm among the network participants for further collaboration. For example, the Department of Family Medicine at Jefferson is preparing to establish a clinical trials group. The trials will be offered to network participants, although the center of activities will be on the Jefferson campus. One of the exciting aspects of a network is that participants will be able to choose to participate in activities that meet their own site agenda.

Challenges that remain for the network include issues related to funding and data management. Currently most of the sites are able to use a billing system to identify eligible patients according to diagnostic criteria. More sophisticated electronic surveillance of patients for eligibility and follow-up will re quire additional support and resources. The potential for the network is great, given the representation of a diverse group of family medicine practices where the breadth of encounters provides an opportunity for significant primary care office-based research.

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