

East Jefferson Street, Suite 500, Rockville, MD 20852-4908. Copies of the proposed collection plans, data collection instruments, and specific details on the estimated burden can be obtained from the AHRQ Reports Clearance Officer.

FOR FURTHER INFORMATION CONTACT: Cynthia D. McMichael, AHRQ Reports Clearance Officer, (301) 594-3132.

SUPPLEMENTARY INFORMATION:

Proposed Project

“Needs Assessment of Primary Care Practice-Based Research Networks (PBRNs)”

The project is being conducted in response to an AHRQ RFP entitled “Resource Center for Primary Care Practice-Based Research Networks (PBRNs)” (issued under Contract 290-02-0008). The Healthcare Research and Quality Act of 1999, amending section 911(b) of Title IX of the Public Health Service Act (42 U.S.C. 299 *et seq.*), states that AHRQ will “employ research strategies and mechanisms that will link research directly with clinical practice in geographically diverse locations * * * including provider-based research network”.

In order to assist AHRQ in meeting this goal, AHRQ created an RFP that specifically requires a resource center to “access the specific needs, if any, of each PBRN awarded (by AHRQ)” by determining “the stage of development of networks funded under the PBRN initiatives [AHRQ RFA-HS-02-003] and the specific resource needs of each network.”

The PBRNs are groups of primary care practices working together with academic researchers to address community-based health care research questions and to translate research findings into practice to improve health

care. AHRQ funded 36 PBRNs in September, 2002, as well as a Resource Center intended to provide technical assistance and support to the PMRNs in their efforts to design and implement research projects. It is expected that an additional 24 PBRNs will be funded in 2003. In the proposed activities, the PBRN Resource Center will collect data directly from each PBRN and their affiliated practices. The collection is a needs assessment of each of the AHRQ funded PBRNs. The collection will identify how the Resource Center can best support these networks through the development and use of information technology, and by linking the PBRNs with appropriate technical experts.

The in-depth needs assessment of each PBRN will use written and web surveys and telephone interviews. Each needs assessment will ascertain the current capabilities of an individual PBRN in several respects, including:

- The ability to design and implement appropriately rigorous and complex research plans, including their access to key resources such as validated instruments and competence conducting advanced data analysis;
- The technical capacity for conducting data management tasks such as aggregating research data across networks, developing data files, and warehousing data;
- The ability to use information technology to foster effective communication with affiliated practices and with other research networks;
- The ability to address HHS priorities such as research involving populations of diverse race or ethnicity, socioeconomic status, age, gender and geography as well as preparedness for bioterrorism and other emerging public health threats;

- The ability to engage the network’s practicing clinicians and community representatives in the design, conduct and dissemination of research studies;

- The ability to design and implement data collection instruments in clinical settings;

- The mechanisms for supporting AHRQ’s central goal of assuring new research findings are translated into everyday practice; and

- Their capacity for long-term sustainability.

To obtain the necessary information, surveys and interviews will be conducted with PBRN staff and staff members in each network’s participating practices.

Method of Collection

Due to the relatively small number of organizations in the respondent universe of AHRQ funded PBRNs, and the expected diversity of needs, we will survey all of the AHRQ funded PBRNs (including those to be funded in 2003).

The method of data collection for the needs assessments consists of web-based and paper-based surveys and telephone interviews. We expect to involve multiple individuals from each PBRN in the data collection, including the PBRN administrator, information technology personnel, and the PBRN’s lead clinician as well as individuals with similar roles at the affiliated practice level.

All individuals or networks unable to complete the survey via the Web will be sent a paper-based survey to complete and return by mail. The Resource Center will data enter any surveys completed by hand so that these responses can be included in the analyses. Non-respondents will receive a telephone reminder and, if necessary, will be sent an additional survey.

ESTIMATED ANNUAL RESPONDENT BURDEN

Data collection effort	Number of respondents	Estimated time per respondent in hours	Estimated total burden hours	Average hourly wage rate	Estimated annual cost to the Government
Needs assessment	180 (maximum of three individuals from each of 60 PBRNs).	1	180	*40.26	\$7,246.80
Needs assessment	720 (maximum of two individuals at member practices PBRNs)***.	0.5	360	**45.77	16,477.20
Total	900	0.6	540		

Footnotes:

*Based on the mean of the average wages for manager in medicine and health, physicians, and computer systems analyst/scientist, National Compensation Survey: Occupational Wages in the United States, 2000, “U.S. Department of Labor, Bureau of Labor Statistics, September 2001”.

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***This estimate assumes that variation exists in the number of member practices that comprise each PBRN. Consequently, we will survey two individuals (the lead clinician and the administrator) at each of three member practices in 20 PBRNs; in 20 PBRNs we will survey two individuals at each of six member practices; and in 20 PBRNs we will survey two individuals at each of nine member practices.