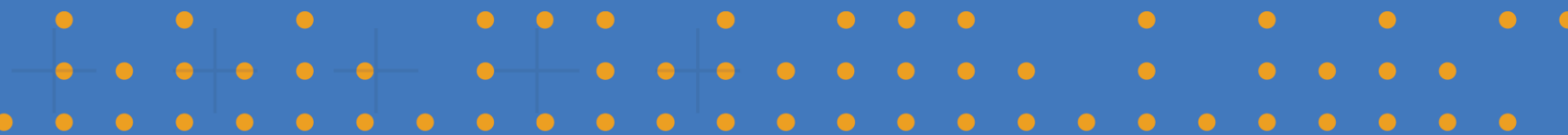
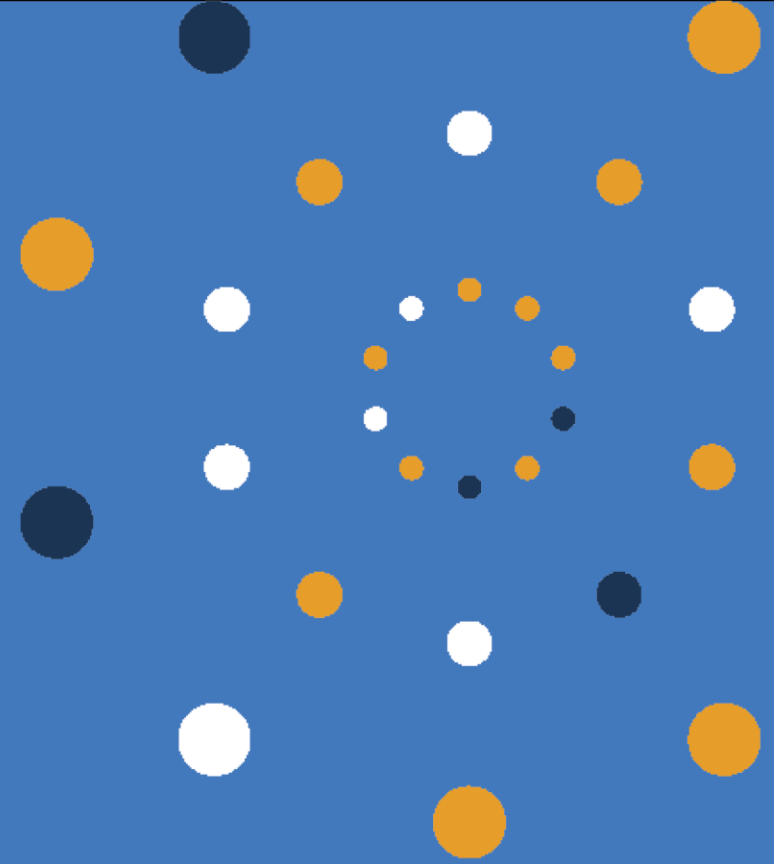


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# The Development of Practice-based Research Network in North America in Early Stage : a Literature Review from Historical Perspective

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## Introduction

Building a practice-based research network (PBRN) is crucial for developing the primary care discipline. Its historical principles and models constitute essential references for building new PBRNs in countries and regions with immature primary care systems. Therefore, we aim to systematically collect and organize historical information about the organization, purpose, research approach, data collection, funding, and key experiences regarding PBRNs in North America between 1978 to 1994.

## Method

This study is a literature review from historical perspective. Researchers conducted a four-stage search on 6 databases : PBRN Literature database, PubMed, Embase, Web of Science, Cochrane Library, and Google Scholar. Included papers need to be published in peer-reviewed journals or by reputable institution (grey literature), and have full text or abstract with key information. Non-original researches need to provide empirical information about PBRN development. Original researches need to be conducted by PBRNs based on multi-clinic cooperation.

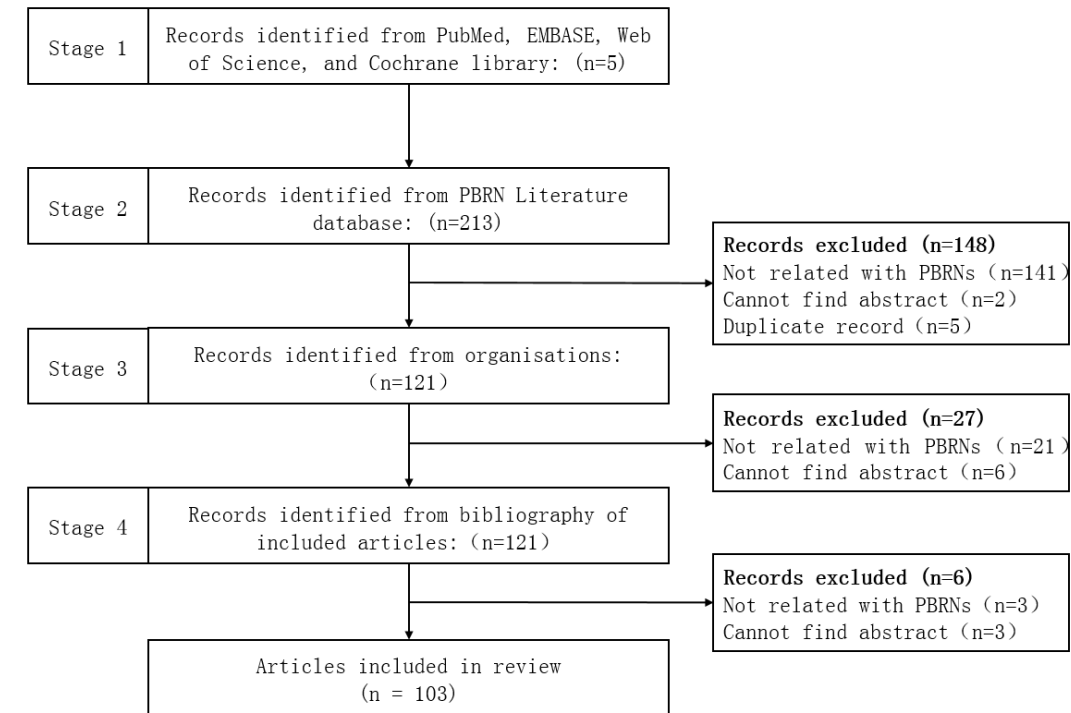


Figure 1 The process of search, review and exclusion of target literatures

Organizational form	National PBRNs		Regional PBRNs			Institution-centered PBRNs	
Scale	More than 300 clinicians		50-300 clinicians			Less than 50 clinicians	
<b>Aim of PBRNs</b>	Exploring primary care knowledge	Supporting primary care reform	Improving primary care services	Developing primary care research in specific areas	Supporting primary care education	Supporting academic communication between primary care physicians	
<b>Aim of physician members</b>	Obtaining more opportunity of academic collaborations	Enhancing sense of belonging in primary care discipline.	Improving personal reputation	Enjoying participating in research activity	Attracted by the culture of respect and equity	Get a sense of achievement from the improvement in their practice	
<b>Research areas</b>	Natura history and risk factors of primary care patients	Clinical services in primary care	Utilities in primary care institution	Transformation of knowledge and evidence from other context to primary care context	Residential training in primary care	Primary care research methods	
<b>Population/phenomenon</b>	Primary care patients		Primary care physicians		Primary care preventive/clinical services		
<b>Design</b>	Cross-sectional survey		Prospective Cohort study	Non randomized controlled interventional study	RCTs	Multi-method study	
<b>Data collection method</b>	Stable collection mechanism (e.j. weekly returned card )	Questionnaire(paper or online)	Clinical record	Interview by telephone	Copy from medical record	Personal diary by patients	Laboratory record
<b>Fund</b>	Research fund ( governments、 private foundations、 pharmaceutical companies、 local organizations )		Maintenance fund ( academies、 family medicine departments、 hospitals、 membership fees )		Labor fund ( primary care physicians )		

**Figure 2 The key elements of PBRNs in North America during 1977 to 1994**

### Conclusion

Clear and ideally aim, academies and research institutions` support, 2-3 years` maintenance funds, cohesive and efficient organizational structure, practice-based research question, co-design by experienced principle investigators and family physicians, trustful and low workload data collection path, which may be the key elements for a PBRN to be successful in early stage.

### Result

In this phase, PBRNs were mainly supported by family medicine or related academies and institutions. Most of the networks have 50-300 physician members. They used three-level organizational structure (management, research-communication, and clinical practice). Their aims are developing primary care knowledge, supporting academic family physicians and improving primary care practice. Their research work focuses on exploring primary care services, patients, and physicians by cross-sectional design and stably or temporarily collected data from multi-clinics. Its main funding source are: government, private foundations, companies, academies, academic institutions, and family physicians.

The full paper (18 pages) has been published in Chinese General Practice in 2021.10 (Chinese). Its full text link is:

