Comprehensive Community Mental Health Services for Children and Their Families Program

A Practice-Based Research Network for Systems Of Care

Author:
G. Kurt Moore, Ph.D.
Walter R. McDonald and Associates, Inc.

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Challenges

- How to discover which treatments and practice elements work best for which youth and families within which contexts?
- Current children's systems of care contain dozens of languages and cultures
- Most of these language and culture groups are not included in significant numbers in RCTs of psychotherapeutic treatments.

Challenges

"Results suggest that intervention research needs to move beyond testing new approaches in comparison to 'normal' business. New approaches need to be tested in complex, real world settings, and particularly as an integrated part of an individualized treatment plan."

(Freidman & Drews, 2005, p.10)

"In contrast to the evidence demonstrating the efficacy of psychotherapeutic interventions, evidence supporting the effectiveness of mental health treatment ***delivered in community settings*** is quite weak."

(Casey Family Programs *RFP:* Regarding a Study of Evidence-Based Treatment for Youth in Foster Care, 2007, p.3)

Learning from our peers…

- Pediatricians
- Family practitioners
- The British Columbia Mental Health and Addictions Research Network
- The Wales Mental Health in Primary Care Network
- The Care Services Improvement Partnership, the National Institute for Mental Health in England.
- The Community-Campus Partnerships for Health (CCPH)
- The American Psychiatric Association
- Child STEPS Clinic Treatment Project

- **These groups all use Practice-Based Research Networks to improve their services.**

Agency for Healthcare Research and Quality

AHRQ defines a primary care practice-based research network, or PBRN, as a group of ambulatory practices devoted principally to the primary care of patients, and affiliated in their mission to investigate questions related to community-based practice and to improve the quality of primary care… PBRNs often link practicing clinicians with investigators experienced in clinical and health services research, while at the same time enhancing the research skills of the network members.

(http://www.ahrq.gov/research/pbrn/pbrnfact.htm)

- The CMHS system of care community is a thriving network of consumers, family members, community partners, providers, and researchers.
- Why not use our network to research effective community-based practices for the treatment of SED?

- The greatly increased use of computerized management information systems (MIS) could facilitate this proposed PBRN.
- One model for this is the Practice Partner Research Network (PPRNet), formed in May 1995 as a joint effort between the Department of Family Medicine at the Medical University of South Carolina, and Practice Partner in Seattle, WA, a medical records software company.

- PPRNet has created a database of longitudinal patient information drawn from electronic medical records from participating physicians throughout the United States.
- "Currently, PPRNet has 116 physician practices, representing over 570 health care providers, and approximately 1.8 million patients located in 38 states."

(http://www.musc.edu/PPRNet/index.htm)

We already have the ingredients!

- A similar data gathering structure could be used among system of care providers.
- This proposed PBRN could be a good match for the core system of care values of community based, culturally and linguistically competent, family focused, and youth-guided.

- Some existing medical PBRNs have community participation in their management, asking them for input on research questions and priorities.
- This PBRN could involve youth, family, and community members at many levels, from system creation to data gathering to analysis to dissemination. This idea extends the power and roles of all participants in the research process.

The structure of this PBRN could take advantage of recent advances in data storage and analysis. For example, it could use an On-line Analytic Processing (OLAP) system with a web-accessible dashboard; participating researchers and practitioners could obtain customized data analyses in real time from their own computers.

- This technology was successfully used in the Texas Department of Family and Protective Services Data Enhanced Management Online Support (DEMOS) project described by Schoech, Basham, & Fluke (2006).
- In addition, the PBRN could employ methods derived from the bioinformatics field, allowing modeling and forecasting of potential treatment options.

- This PBRN could include multiple tiers and associations; a practitioner working with a particular cultural/ethnic group could share results with other practitioners nationwide who are engaged with similar populations.
- Data could be analyzed at local, regional, cultural, and national levels. All varieties of data could be used, including qualitative case narratives.

Comments and suggestions?