The APA and the Rise of Pediatric Generalist Network Research

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ABSTRACT

The Academic Pediatric Association (APA, formerly the Ambulatory Pediatric Association) first encouraged multi-institutional collaborative research among its members over 30 years ago. Individual APA members subsequently went on to figure prominently in establishing formal research networks. These enduring collaborations have been established to conduct investigations in a variety of generalist contexts. At present, 4 generalist networks—Pediatric Research in Office Settings (PROS), the Pediatric Emergency Care Applied Research Network (PECARN), the COntinuity Research NETwork (CORNET), and Pediatric Research in Inpatient Settings (PRIS)—have a track record of extensive achievement in generating new knowledge aimed at improving the health and health care of children. This review details the history, accomplishments, and future directions of these networks and summarizes the common themes, strengths, challenges, and opportunities inherent in pediatric generalist network research.

KEYWORDS: collaborative research; generalist practice–based research; network research; PBRN; practice-based research network; research; research network

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RESEARCHERS TYPICALLY WORK at single institutions, and the patients available to them as research subjects may be either too few in number or insufficiently representative to address certain scientific questions. In recognition of this fact, the APA (formerly the Ambulatory Pediatric Association, now the Academic Pediatric Association) began in the late 1970s to encourage ad hoc multi-institutional collaborative research among its members.[1,2] Over time, many APA members became prominently involved in establishing more enduring collaborations—formal research networks designed to conduct studies in a variety of generalist contexts, including primary care sites, emergency departments (EDs), and hospital inpatient units. The founders of these collaborations recognized that apart from the enhanced numbers of subjects and increased generalizability afforded by networks, clinicians might be more likely to adhere to guidelines based on research results that they themselves had generated from their own settings. In this sense, the establishment of research networks anticipated the modern emphasis on translation of evidence into practice.

Both as an organization and through its members, the APA has been a leader in the multi-institutional collaborations known as research networks. The objective of this review is to track and highlight the APA's history in the rise of pediatric generalist network research, drawing attention to early models for research networks, and describing the development, accomplishments, and future directions of 4 national generalist research networks: Pediatric Research in Office Settings (PROS), the Pediatric Emergency Care Applied Research Network (PECARN), the COntinuity Research NETwork (CORNET), and Pediatric Research in Inpatient Settings (PRIS) (Table). This review will conclude by summarizing the common themes, strengths, challenges, and opportunities inherent in pediatric generalist network research.

REGIONAL PRACTICE-BASED RESEARCH NETWORKS

An early collaboration between a pediatrics department and a group of primary care practices began in Rochester, NY, as described by Hoekelman and colleagues.[3] Begun under the aegis of former APA presidents Robert Haggerty and Evan Charney, this group, although never formally designated as a network, conducted landmark investigations on such topics as adherence to medication and the acceptability of pediatric nurse practitioners.[4,5]

The Pediatric Practice Research Group of Children's Memorial Hospital in Chicago was the first regional collaborative group to self-designate as a network.[6] This highly productive group has been generating new knowledge for 25 years and has served as the model for more than a dozen successful regional networks, from Seattle to

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Table. Pediatric Generalist Networks Overview

Network	Year Founded	Mission/Purpose	Number of Sites	Estimated Patient Population
Pediatric Research in Office Settings (PROS)	1986	To improve the health of children by conducting collaborative practice-based research to enhance primary care practice	750	2.7 million
Pediatric Emergency Care Applied Research Network (PECARN)	2001	To conduct high-priority multi-institutional research on the prevention and management of acute illnesses and injuries in children and youth of all ages	22	950 000 emergency department visits annually
COntinuity Research NETwork (CORNET)	2001	To establish a self-sustaining collaborative research network among pediatric continuity clinicians that will produce high-quality research in primary care, health care delivery, and medical education	100 pediatric training programs/129 clinical sites	750 000
Pediatric Research in Inpatient Settings (PRIS)	2001, redesigned 2009	Improve the health of and health care delivery to hospitalized children and their families	168 hospitals	>500 000 annual discharges

New Hampshire. Although a full discussion of these groups and their contributions is beyond the scope of this summary, it is worth citing their role as innovation engines. For example, the Puget Sound Pediatric Research Network conducted a definitive placebo-controlled trial of echinacea for upper respiratory infections.[7] The Pediatric Research Consortium of Children's Hospital of Philadelphia has evaluated the effectiveness of clinical decision support for immunization in its electronic health record–based research network.[8]

NATIONAL RESEARCH NETWORKS

Pediatric oncologists[9,10] and rheumatologists[11] had formed the first national pediatric multi-institutional research networks in the 1950s and 1970s, respectively. Family physicians created the first US national primary care network in the early 1980s.[12]

PROS

With these national models, Drs Haggerty and Charney collaborated with another former APA president, Barbara Starfield, and other APA leaders in the creation of PROS. PROS is a program of the American Academy of Pediatrics (AAP). Dr Haggerty, in his capacity as AAP president in 1985, set in motion the process that created the nation's first national pediatric primary care research network. The PROS mission is to improve the health of children and enhance primary care practice by conducting national collaborative primary care research. PROS history, governance, structure, and function of have been described in detail elsewhere.[13,14] Of note, PROS strives to be a practitioner-driven network, wedding the wisdom of the practitioner to scientifically sound research methods. As such, its steering committee is controlled by practicing pediatricians, and new project approval depends on a majority vote of practitioner representatives. PROS currently comprises over 1750 pediatric clinicians in more than 730 practice and clinic sites in all 50 states, the Commonwealth of Puerto Rico, and 2 Canadian provinces. Network practitioners care for an estimated 2.7 million children. Network research has resulted in scores of publications and presentations.[15] Particular contributions of PROS research are changes in guidelines for the age of vision screening[16] and referral of girls for signs of puberty.[17] Findings from another PROS study[18] have underlined the need for revision of guidelines for managing young febrile infants,[19] with a new guideline currently under development by the AAP Clinical Practice Guideline Subcommittee on Fever in Infants Under 3 Months.

KEY STRENGTHS

The strengths of PROS include the following: 1) long-standing core funding from the Health Resources and Services Administration Maternal and Child Health Bureau (HRSA/MCHB) and the AAP; 2) a well-tested set of processes for selecting projects, designing protocols, and obtaining high quality data from busy clinical settings; 3) a 25-year track record of dozens of federal and foundation

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