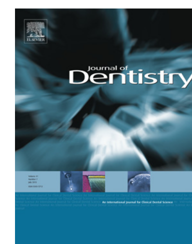
Available online at www.sciencedirect.com

SciVerse ScienceDirect

journal homepage: www.intl.elsevierhealth.com/journals/jden



Purpose, structure, and function of the United States National Dental Practice-Based Research Network

Gregg H. Gilbert [a,*], *O. Dale Williams* [b], *James J. Korelitz* [c], *Jeffrey L. Fellows* [d], *Valeria V. Gordan* [e], *Sonia K. Makhija* [a], *Cyril Meyerowitz* [f], *Thomas W. Oates* [g], *D. Brad Rindal* [h], *Paul L. Benjamin* [i], *Patrick J. Foy* [j]

National Dental PBRN Collaborative Group, Birmingham, AL, United States

[a] *Department of Clinical and Community Sciences, School of Dentistry, University of Alabama at Birmingham, Birmingham, AL, United States*
[b] *Department of Biostatistics, Robert Stempel College of Public Health and Social Work, Florida International University, Miami, FL, United States*
[c] *Westat, Rockville, MD, United States*
[d] *Kaiser Permanente Center for Health Research, Portland, OR, United States*
[e] *Department of Restorative Dental Sciences, College of Dentistry, University of Florida, Gainesville, FL, United States*
[f] *Eastman Institute for Oral Health, Rochester, NY, United States*
[g] *Department of Periodontics, School of Dentistry, University of Texas Health Science Center at San Antonio, San Antonio, TX, United States*
[h] *HealthPartners Institute for Education and Research, Minneapolis, MN, United States*
[i] *Private Practice of General Dentistry, Miami, FL, United States*
[j] *Private Practice of General Dentistry, Minneapolis, MN, United States*

ARTICLE INFO

Article history:
Received 8 January 2013
Received in revised form
3 April 2013
Accepted 5 April 2013

Keywords:
Practice-based research
Dentistry
Primary care
Health services research
Multi-centre studies

ABSTRACT

Objective: Following a successful 2005–2012 phase with three regional practice-based research networks (PBRNs), a single, unified national network called "The National Dental PBRN" was created in 2012 in the United States to improve oral health by conducting practice-based research and serving dental professionals through education and collegiality.

Methods: Central administration is based in Alabama. Regional centres are based in Alabama, Florida, Minnesota, Oregon, New York and Texas, with a Coordinating Centre in Maryland. Ideas for studies are prioritized by the Executive Committee, comprised mostly of full-time clinicians.

Results: To date, 2763 persons have enrolled, from all six network regions; enrollment continues to expand. They represent a broad range of practitioners, practice types, and patient populations. Practitioners are actively improving every step of the research process, from idea generation, to study development, field testing, data collection, and presentation and publication.

Conclusions: Practitioners from diverse settings are partnering with fellow practitioners and academics to improve clinical practice and meet the needs of clinicians and their patients.

Clinical significance: This "nation's network" aims to serve as a precious national resource to improve the scientific basis for clinical decision-making and foster movement of the latest evidence into routine practice.

© 2013 Elsevier Ltd. All rights reserved.

* *Corresponding author at*: Department of Clinical & Community Sciences, UAB School of Dentistry, SDB Room 109, 1530 Third Avenue South, Birmingham, AL 35294-0007, United States. Tel.: +1 205 934 5423; fax: +1 205 975 0603.
E-mail address: ghg@uab.edu (G.H. Gilbert).

Abbreviations: ADA, American Dental Association; ADHA, American Dental Hygiene Association; PBRN, practice-based research network; NIDCR, United States National Institute of Dental and Craniofacial Research.

0300-5712/$ – see front matter © 2013 Elsevier Ltd. All rights reserved.
http://dx.doi.org/10.1016/j.jdent.2013.04.002

1. Introduction

Practice-based research networks (PBRNs) have demonstrated that they can make major and unique contributions in improving clinical practice.[1–3] Their growth in number and diversity is due to the unique advantages that they offer both to research and quality improvement, to their ability to bring practice-relevant topics onto the research agenda, and to their ability to move scientific advances into routine practice quickly.[4–11] Although medical PBRNs began in the 1970s, to our knowledge no dental PBRN existed in the United States before 2002. To catalyze the development of dental PBRNs, the National Institute of Dental and Craniofacial Research (NIDCR), part of the National Institutes of Health, the main funder of biomedical and health research in the United States, funded three regional dental PBRNs in 2005 for a seven-year period. By the end of their funding period in 2012, the regional PBRNs had conducted numerous studies with thousands of patients and hundreds of practitioners on a broad range of topics and study designs; demonstrated rigour, adherence to protocol, and impact on clinical practice; and proved that dental practitioners can effectively contribute to every step of the research process. Owing to the success of the regional PBRNs, NIDCR funded the PBRN initiative for an additional seven-year period, but in this new phase, as a single, unified national network, rather than regional PBRNs. In April 2012, this new network, ''The National Dental PBRN'', began operation. Our objectives are to describe the purpose, structure and function of this new national network, as well as to encourage participation in it.

2. Methods

2.1. *Administrative structure of the network: central offices*

The mission of the network is ''to improve oral health by conducting dental practice-based research and by serving dental professionals through education and collegiality''. It is committed to maximizing the practicality of conducting research in everyday clinical practice across geographically dispersed regions and diverse practice types. Its structure is designed to focus some activities at the regional level (e.g., close interactions with practitioners), while other activities of the entire network are better managed centrally (e.g., study development and dissemination). The network's organizational chart is shown in Fig. 1. The central administrative base is at the University of Alabama at Birmingham, with six network regions administratively based in Alabama, Florida (University of Florida), Minnesota (HealthPartners Institute for Education and Research), New York (University of Rochester), Oregon (Kaiser Permanente Centre for Health Research), and Texas (University of Texas Health Science Centre at San Antonio). All enrolled practitioners are associated with one of these regional centres.

2.2. *National Network Director*

The National Network Director is responsible for overall scientific and administrative leadership, operations and fiscal management, and chairing the Executive Committee and Steering Committee. The office of the National Network

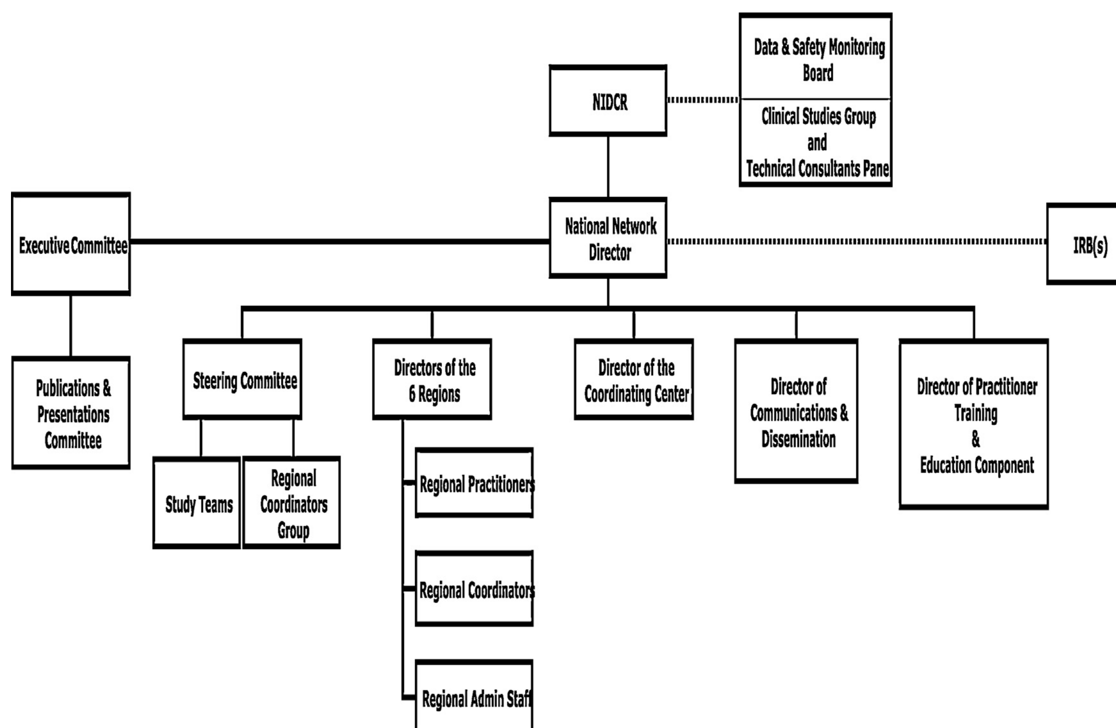


Fig. 1 – Network organizational chart.

Download English Version:

https://daneshyari.com/en/article/6053174

Download Persian Version:

https://daneshyari.com/article/6053174

Daneshyari.com