Frequently-asked Questions

1. What is a practice-based research network (PBRN)?
The Agency for Healthcare Research and Quality (AHRQ) defines a practice-based research network (PBRN) as a group with at least 15 ambulatory practices and/or 15 clinicians devoted principally to the primary care of patients, affiliated with each other (and often with an academic or professional organization) in order to investigate questions related to community based practice.
The defining characteristics of a PBRN include:

- a mission and statement of purpose;
- an ongoing commitment to research;
- a director with responsibility for administration of the network;
- at least one support staff;
- an advisory board that solicits input from communities of patients served by the PBRN clinicians; and
- channels for communication among network participants.

2. Where can I learn more about Practice-Based Research Networks?

A supplement to the Annals of Family Medicine in July 2005 was devoted to Practice-Based Research Networks. This issue of the Annals is freely accessible at http://www.annfammed.org/content/vol3/suppl_1/index.shtml.

Between 2000 and 2005, AHRQ funded four major competitive grant programs directed at PBRNs. In addition to funding opportunities, AHRQ is supporting PBRNs through a national resource center, an annual national conference, peer learning groups, an electronic PBRN research repository, and a dedicated community extranet. To learn more about AHRQ’s interest and support of practice based research networks, visit http://www.ahrq.gov/research/pbrn/pbrnfact.htm#FAQs.

3. What is a clinical research network (CRN)?
The National Institutes of Health (NIH) defines a clinical research network (CRN) as a group made up of at least 3 independent or semi-independent organizations for the purpose of conducting research in human subjects, or using data from human subjects, to improve the quality of human health. CRNs conduct studies involving epidemiology, behavior modification, health communication, patient care, medical practice, clinical quality improvement and clinical process improvement. Patient registries and surveillance systems meet the definition of a CRN if there is research output from the program.
The defining characteristics of a CRN include:

- a research mission;
- scientific leadership that either develops research ideas or critically evaluates the ideas or protocols presented by outside investigators; and
4. What’s the difference between a PBRN and a CRN?
Members of PBRNs are practices devoted to the care of patients and also committed to studying and improving primary care. The practices affiliate with each other, and often with academic or professional associations, to investigate the phenomena of clinical practice. PBRNs typically form for the purpose of improving practice within the network along with the intent of sharing the results of their investigations with others through the peer-reviewed professional literature. PBRNs typically are organized by practice setting, such as networks of community health centers, pediatric practices, long term care facilities, and primary care practices in rural and inner city settings.

Clinical research networks may include member organizations that do not provide clinical care, and not all participating entities are necessarily research performance sites. For example, one of the participating organizations may be a statistical or data management center. The research studies that CRNs perform are not necessarily conducted in clinical practice settings.

5. What type of research do PBRNs and CRNs perform?
Research performed by PBRNs includes, but is not limited to:
- the treatment or prevention of common diseases and symptoms;
- continuity and coordination of care;
- the nature, characteristics and organization of prescription drug distribution and use;
- the interface between pharmacy practice and other health care providers;
- decisions made by patients about health care and health practices for themselves, their families, and the community.

Research conducted by CRNs tends to be disease based. Examples include networks for the study of asthma, bone marrow transplants, rare diseases, etc.