Practice-Based Research Networks: A FEW BASICS

What is a Practice Based Research Network?

It is a conglomerate of dental practices and practitioners committed to improving clinical practice through research and collegiality. They have the potential to significantly and uniquely contribute to improving clinical practice. In this model, several private practices are tied to the University which will serve as the central connecting point to calibrate the practitioners, gather the data and disseminate them into several different forms of publications.

When did this whole new direction start?

In 2004, the National Institute of Dental and Craniofacial Research (NIDCR) created a whole new road map for dental research, with this being the most important aspect. The idea at the time was to invest 75 million dollars over the next seven years to create three practice-based research networks across the country. Ultimately, the grant was awarded to three dental schools: New York University along the North-East, University of Alabama at Birmingham in the South and University of Washington, Seattle for the West.

Who can be a part of this network?

Currently, these three networks are the ones that are funded heavily and have a structured way of working. Each network has dental practitioners and hygienists from quite a few states that are working with it and the network in Alabama even has three Scandinavian countries such as Norway, Sweden and Denmark operating out of the University of Denmark.

How do these networks operate?

These networks are created to have a few committees at different levels for an effective way of working. There is an executive committee at the top, which will come up with the research questions and study ideas. These will be forwarded to a protocol review committee, which on merit will be passed on the other committees for execution. The data will then be utilized by the presentations and publications committee to publish the outcomes. Each committee would have a good spread and diversity to keep as unbiased as possible.

What is the specific advantage of this kind of research?

It has long been the feeling that most of the clinical research is done in academic settings or centers, which are far from the way dentistry is practiced every day in private practices. This makes up the bulk of how dental care is provided to the common man. Another problem or complaint has been that a lot of the research findings take a long time to get into everyday clinical practice. The PBRN addresses both of these issues in a dynamic way. Research is done in individual practitioner settings, in their own offices, and the academic center serves as a facilitator to get consistency in methodology and data collection. The method would also help to get started with translational research, where exciting new finds can find their way to dental offices sooner and provide meaningful data. In simple words, this study would reduce the usage of phrases like “It has worked for so long in my hands” or “the way we do it in our office is,” providing an accessible team to get clinical evidence-based answers for everyday practice from practitioners themselves.

So, what’s in it for the private practitioner?

PBRNs can improve clinical practice by engaging dentists in the development and implementation of studies that are of direct interest to them and their patients, and by incorporating findings from these studies into their daily clinical practice. It distinguishes the practice from others in the region, provides greater visibility and stature for patients. It allows practitioner-investigators to see what is effective in their practices in comparison to other practices, using results that are presented anonymously. It enhances communication with patients by showing that the practitioner-investigator cares about the scientific basis of daily clinical practice. The answers for the questions above were the author’s derivations from the four articles in this issue and personal experiences at the UAB school of dentistry.

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REFERENCES:


