

PPRNet *Quality Improvement*

“Exhaustive research documents the fact that today, in America, there is no guarantee that any individual will receive high-quality care for any particular health condition.”

PPRNet Research provides evidence that electronic medical records, implemented within a theoretical sound framework, can help overcome these quality problems.

PPRNet is win, win, win....

Member Practices:

- Reports
- Recognition
- QI assistance
- Learning Network
- Travel money for meetings
- CME credit

Practice Partner:

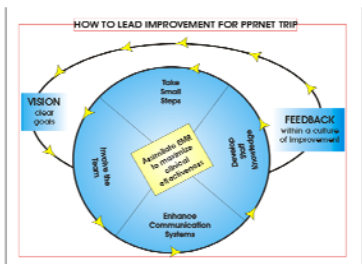
- Niche in EMR field
- Academic Partner

MUSC/DFM:

- Practice sites with data/EMR for interventions
- Clinical Database

PPRNet Quality Improvement Model:

- Prioritize Performance
- Involve All Staff
- Delivery System Redesign
- Patient Activation
- EMR Tools



Practice Partner Research Network

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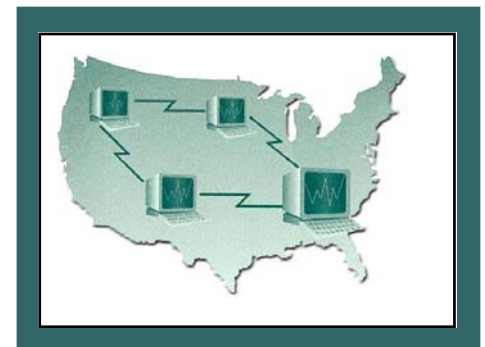
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Practice Partner Research Network (PPRNet) 1995-2009



PPRNet is a practice-based learning and research organization designed to improve health care in its member practices and elsewhere in the U.S.

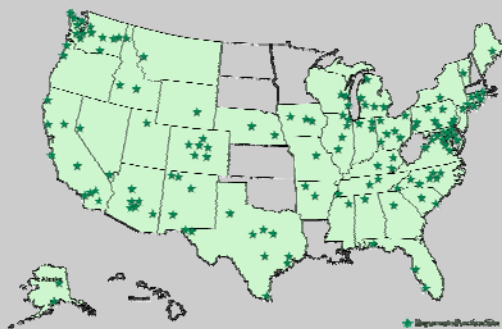


What is PPRNet

PPRNet Motto: *Blurring* the distinction Between Quality Improvement and Research.

Established in 1995, the Practice Partner Research Network (PPRNet) is a collaborative effort between the Medical University of South Carolina, Practice Partner, and participating practices across the United States. PPRNet is a unique and exciting practice-based research network. It is the only practice-based research network in the United States linking physicians who use electronic medical records (EMRs).

A longitudinal patient data-base comprised from practices throughout the United States provides the basis for PPRNet's research activities. PPRNet's design protects the confidentiality of patients and physicians and requires **minimal** time commitment for busy physicians.

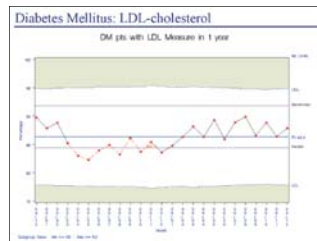


PPRNet Member Practices

PPRNet Reports

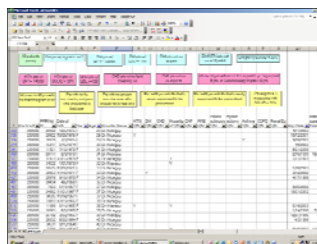
PRACTICE PERFORMANCE REPORTS

PPRNet offers **free**, to its members, quarterly Practice Level Performance Reports to aid practices in quality improvement initiatives. Reports are created from your periodic data extracts. Extracts are run the first week of each new quarter (Jan, April, July, Oct). Depending on the size of your practice, data extracts can take several hours for an initial or several minutes for a periodic extract to run. And yes, you can run your PPRNet data extract while you are running Patient Records. Your PPRNet Performance Report is created in a .pdf file format and placed in a password protected folder on the PPRNet web page.



PROVIDER & PATIENT LEVEL REPORTS (PLRS)

Quarterly PLRs are **free** to practices participating in PPRNet research projects. An excel spreadsheet shows one patient per row with approximately 70 columns (fields) from demographics, diagnosis, vital signs, lab tests, immunizations and medications. A Summary Quality Index (SQUID) is included as well as built in macros and "ad hoc" queries to identify patients not at clinical targets, needing procedures, etc.



PPRNet CME Provider

NETWORK MEETINGS

Each year PPRNet holds its Network Meeting to further expand the knowledge of its users and to network their experiences with other PPRNet members. Network meetings offer CME credit hours to physicians in topics covering PPRNet current and past research, evidence based medicine, Quality Improvement tips from "**Best Practices**" and Patient Record tips for users.

The 14th Annual Network Meeting will be held September 10-12, 2009 at the Embassy Suites Hotel in Historic Downtown Charleston, SC. For more information go to: www.musc.edu/pprnet



PROJECT MEETINGS

Grant supported funds for annual project meetings help support the attendance by a physician, nurse or staff member on the project. Meeting activities are designed to share "Best Practice" approaches to improving patient care. PPRNet has secured over \$12.3 million in research funding.

CURRENT PROJECTS

- Colorectal Cancer Screening in Primary Care
- Medication Safety in Primary Care
- Implementation of Alcohol Screening, Intervention and Treatment in Primary Care
- Implementation and Evaluation of Standing Orders Using Health Information Technology
- Effect of FDA Boxed Warnings and Public Information on Pharmaceutical Use
- Reducing Inappropriate Prescribing of Antibiotics by Primary Care Clinicians