**GP Primary Care PBRN Board of Directors Meeting**

January 4th, 2021|12:00 PM

Attendees:

Dillon Savard, Jeffrey Harrison, Paul Estabrooks, Dave Palm, Sean Navarrette, Lorance (Hank) Newburn, Ladonna Hart, Pam Flax-Laws, Matt Rizzo, Emily Frankel

Agenda:

1. Welcome
   1. Introductions
      1. Paul Estabrooks, PhD-UNMC COPH Department Chair-Health Promotion, IDeA-CTR Community Engagement and Outreach KCA Director
      2. Matt Rizzo, MD-UNMC Department Chair-Neurological Sciences, PI for IDeA-CTR
      3. Dillon Savard, MD-Offutt Air Force Base Family Medicine
      4. Jeffrey Harrison, MD-UNMC Chair of Family Medicine
      5. Dave Palm, PhD-UNMC COPH Department of Health Services Research & Administration, Chair IDeA-CTR Community Advisory Board
      6. Hank Newburn, MD-Saunders Medical Center Family Medicine
      7. Sean Navarrette, MPH-UNMC IDeA-CTR Community Engagement and Outreach KCA Coordinator
      8. LaDonna Hart, DNP-Hart and Arndt Family Health Family Nurse Practitioner and Owner
      9. Pam Flax-Laws, MA-UNMC IDeA-CTR Program Coordinator and Chief Scientific Administrator
      10. Emily Frankel, MPH-UNMC IDeA-CTR PBRN Coordinator
2. Brief overview of PBRN
   1. See attached PowerPoint
3. Engagement and metrics of success
   1. Engagement is a key metric of success
      1. Increase familiarity of PBRN
         1. Work with SERPA ACO and other healthcare organizations
         2. Ensure representation of clinics across the state to yield generalizability (ex. clinics integrated with a larger organization vs. stand-alone clinic)
      2. Process to engage clinics and leveraging social relationships
         1. Network with residents and community clinics that utilize UNMC residents/students
         2. Continue to utilize Health Professions Tracking Service through the College of Public Health at UNMC
   2. Quantitative metrics: number of research projects circulating through the PBRN, number of investigators participating in projects, number of publications and presentations, practice changes that are of benefit to the patient
4. Potential projects to increase engagement
   1. Future of primary care post-COVID (i.e. telehealth)
   2. How to address social determinants of health in rural/critical access hospital settings
   3. COVID-19 Vaccination Distribution
      1. Ideas:
         1. Scholarly writing: lessons learned/challenges in implementation
         2. Checking in with PBRN sites to identify strengths and weaknesses in vaccine distribution
         3. Work with DHHS and use vaccine distribution as a case study
            1. Resource assessment at PBRN sites
         4. Lightning report: qualitative research method with qualitative feedback that is typically tied to advancing a specific clinical goal
5. Meeting schedule and regularity
   1. BOD meetings: meet monthly for 3 months, then re-address regularity
   2. Doodle poll: <https://doodle.com/poll/ddcswmhbtvers9n5?utm_source=poll&utm_medium=link>
6. Adjourn

**Action Items**:

* Meet with DHHS to discuss vaccine distribution guidelines: Tuesday January 12th-Matt, Pam, Emily
* Develop vaccine distribution survey for lightning report-PBRN Board, discuss at next meeting
  + Lived experience from PBRN practice sites
  + Develop research frame for rapid response to vaccination distribution
  + More information following meeting with DHHS on January 12th
* Circulate draft of BOD roles and responsibilities-Emily
* Schedule next meeting for early February-Emily