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From the SelectedWorks of Glen Mays

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Data Acquisition Plan for the Public Health Multi-Network Practice and Outcome Variation (MPROVE) Study

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PUBLIC HEALTH Practice-Based Research Networks National Coordinating Center

Creating and Implementing an MPROVE Data Acquisition Plan

I. Overview

As the next step in the MPROVE study, each participating Public Health PBRN needs to develop and implement its ***Data Acquisition Plan*** that details the steps to be followed in obtaining and compiling data on the core (and optional) measures selected for the MPROVE study. MPROVE data will need to be obtained from several different sources:

- Data for some measures already exist in administrative records, surveillance systems, or other sources maintained by the local and state public health agencies that participate in your PBRN.
- For other measures, it may be necessary to obtain data from other agencies that collaborate with the public health agencies in your PBRN.
- In still other cases, it may be necessary to undertake primary data collection by fielding a brief survey with local public health professionals included in your PBRN.

Your PBRN's MPROVE Data Acquisition Plan should document the sources and approaches you will use based on the data landscape that exists within your network.

To develop your MPROVE Data Acquisition Plan, review the list of MPROVE core measures with the key stakeholders in your PBRN to determine (1) which data elements already exist somewhere in the network, (2) which agencies and individuals have access to these data, (3) which data elements will need to be acquired via primary data collection; and (4) who will need to respond to primary data collection activities. In seeking this information, remember that the objective of the MPROVE study is to obtain data ***for each local public health practice setting represented in your PBRN***, or (if 100% coverage is not possible) for as many of these practice settings as possible.[1] Consequently, your PBRN will want to identify whether data elements can be obtained for all practice settings from a single source (e.g. records or surveillance systems maintained by a state agency) or whether data elements will need to be acquired from each practice setting individually.

Remember, a key objective of the MPROVE study is to ***demonstrate*** and ***enhance*** the capabilities of Public Health PBRNs to use their network relationships to acquire, analyze, and interpret research-quality data from multiple practice settings effectively and efficiently. These capabilities are an important part of what makes PBRNs attractive to research funding agencies, collaborating research partners, and participating practice agencies. By developing and implementing your network's MPROVE Data Acquisition Plan, you will be expanding your network's experiences and qualifications with this important component of the research process, ultimately opening up new research opportunities for your PBRN.

[1] Depending on the measure, a practice setting is defined either as a local public health agency (for agency-level measures) or as the community/jurisdiction served by the local public health agency (for community-level measures). At the discretion of your PBRN, your network may choose to define and measure practice settings at the sub-agency or sub-community level.

II. Developing Your PBRN's Plan

For each measure on the MPROVE core list, you should identify answers to each of the following questions and document these answers in your Data Acquisition Plan:

1. Do the data elements needed to construct this measure already exist? If so:

    a. Do these data elements exist for all practice settings from a single (e.g. statewide) source?
    b. Which organization(s) must provide access to the data? Does your PBRN and/or its members already have a relationship with the appropriate entity or entities?
    c. Is a formal data request and/or data use agreement required to obtain the data? What type of processing time is required to fulfill a data request of this nature?
    d. For which time period(s) are the data elements currently available, and when will calendar year 2012 data become available?
    e. Are the data elements available in an electronic (machine-readable) format? If not, does the PBRN have sufficient capacity to convert paper records into a machine-readable format (e.g. scanning, records abstraction, data entry)?
    f. What documentation exists about these data elements, about how they are collected or constructed, and about their file format(s)?

2. Is primary data collection required for this measure? If so:

    a. Which organizations/agencies need to respond to the survey?
    b. Who has contact information on the individuals who need to respond to the survey?
    c. Will data need to be collected through a new, stand-alone survey or can questions be added to an existing or ongoing survey activity?
    d. What mechanism(s) of survey administration will work best (e.g. self-administered web-based survey, computer-assisted telephone interview, pencil-and-paper survey)
    e. Who can perform respondent recruitment and follow-up activities?
    f. When can the survey be fielded, and what time period will be required to complete data collection?

3. For all MPROVE measures collectively:

    a. What IRB determinations, reviews and approvals, if any, are needed by your PBRN to acquire these data elements? Note: we do <u>not</u> anticipate that the MPROVE measures will require your PBRN to access and use protected health information (PHI) as defined by the U.S. Health Insurance Portability and Accountability Act (HIPAA) privacy and security rules.

III. Documenting your PBRN's Plan

Your PBRN should create a brief document that summarizes the answers to these questions for each measure or each bundle of measures. This document can then be shared with the other participating PBRNs and the Coordinating Center in order to identify opportunities for synergy as well as inconsistencies that need to be addressed. You may use the ***attached template*** to create your plan. Contact the Coordinating Center for any assistance that you may require in preparing your Data Acquisition Plan.

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MPROVE Data Acquisition Plan Template

PBRN Name:

Measure Bundle Name:

Measure Number/Name:

1. Do the data elements needed to construct this measure already exist? If no, delete sub-questions below and skip to Question 2. If yes, type short responses to the following:

a. Do these data elements exist for all practice settings from a single (e.g. statewide) source?

b. Which organization(s) must provide access to the data? Does your PBRN and/or it members already have a relationship with the appropriate entity or entities?

c. Is a formal data request and/or data use agreement required to obtain the data? What type of processing time is required to fulfill a data request of this nature?

d. For which time period(s) are the data elements currently available, and when will calendar year 2012 data become available?

e. Are the data elements available in an electronic (machine-readable) format? If not, does the PBRN have sufficient capacity to convert paper records into a machine-readable format (e.g. scanning, records abstraction, data entry)?

f. What documentation exists about these data elements, how they are collected or constructed, and their file format(s)?

2. Is primary data collection required for this measure? If no, delete the subquestions below. If yes, type short responses to the following:

a. Which organizations/agencies need to respond to the survey?

b. Who has contact information on the individuals who need to respond to the survey?

c. Will data need to be collected through a new, stand-alone survey or can questions be added to an existing or ongoing survey activity?

d. What mechanism(s) of survey administration will work best (e.g. self-administered web-based survey, computer-assisted telephone interview, pencil-and-paper survey)

e. Who can perform respondent recruitment and follow-up activities?

f. When can the survey be fielded, and what time period will be required to complete data collection?