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2025 - 2026  
ANNUAL REPORT

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The Board of Directors of DARTNet Institute is proud to announce the promotion of Christina M. Hester, PhD, to the dual role of Chief Operating Officer and Vice President of Research. This appointment reflects the Board's strong confidence in her exceptional leadership and the transformative impact she continues to have on our organization.

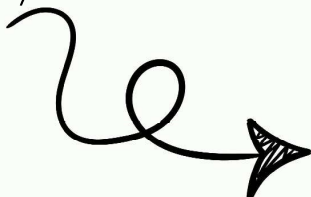
## Letter from our leaders

### Dear DARTNet Institute Community:

Over the past two years, DARTNet Institute has experienced a period of meaningful growth and transformation. Certainly, since the Company's founding in 2011, the most meaningful change has been the integration of the AAFP National Research Network (NRN) team into the DARTNet Institute. This strategic initiative marked more than an organizational change. It represented a deliberate alignment of people, expertise, and shared commitment to advancing primary care research that is practical, rigorous, and grounded in real-world impact. A review of the contributions of the combined effort and presence of the enlarged DARTNet Institute at the 2025 Annual Meeting of the North American Primary Care Research Group offers unequivocal evidence of our material contributions to the field of primary care research, resulting in 18 posters, 11 presentations and six workshops.

Bringing together the strengths of the NRN staff and DARTNet has expanded our collective capacity. We have strengthened our national research infrastructure, deepened relationships with clinicians and health systems, and enhanced our ability to generate timely, practice-based evidence that responds to the evolving needs of patients and communities. This integration has also reinforced our role as a trusted partner that bridges data, research, and implementation in service of better health outcomes.

The past year has also underscored the importance of adaptability. As the healthcare and research landscapes continue to shift, DARTNet Institute remains focused on supporting primary care as the foundation of a high-functioning, equitable health system. Our teams are working across disciplines and sectors to translate data into insight and insight into action, whether through pragmatic research, learning health system initiatives, or community-engaged partnerships. Our research partnerships with the American Diabetes Association and the American Psychiatric Association are evidence of a broadening reach and collaboration with other disciplines and specialties in medicine in addition to our historic collaboration with the American Academy of Family Physicians.



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# Letter from our leaders - continued

None of this work is possible without the dedication of our staff, researchers, clinicians, and collaborators. Their commitment, creativity, and persistence are the driving force behind DARTNet Institute's impact. Together, they have embraced the opportunities that come with growth while remaining anchored in our mission. Looking ahead, DARTNet is well positioned for the future. Our financial picture has stabilized under the leadership of an expanded and strengthened finance and accounting division. We have initiated a philanthropic fund development program that is off to a robust start in its first year, thanks to the participation of generous donors and the contributions of our employees whose commitments go beyond the mission-critical work they do. We will continue to invest in innovation, strengthen partnerships, and expand the reach of our research to ensure it remains relevant, responsive, and grounded in the realities of care delivery. As we move forward, we do so with optimism, confident in our direction and energized by the collective potential of this integrated Institute.

In the pages ahead, you will see features of DARTNet's research work in action and we encourage outreach from you with questions or comments about participation in our Data-Insight-Action Model.

Thank you for being part of the DARTNet Institute community and for your continued engagement in this important work.



  
**John Turner White, IV, MBA**  
President and Chief Executive Officer  

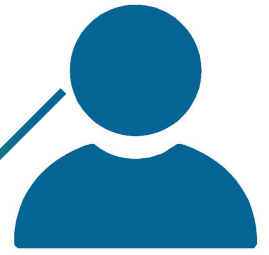

  
**Wilson Pace, MD**  
Chief Medical and Technology Officer  


  
**Christina Hester, PhD, MPH**  
Chief Operating Officer and Vice President of Research  


  
**James Keeney**  
Chief Financial Officer  


  
**John Westfall, MPH, MD**  
Vice President of Medical Affairs  


# A year in review - Highlights



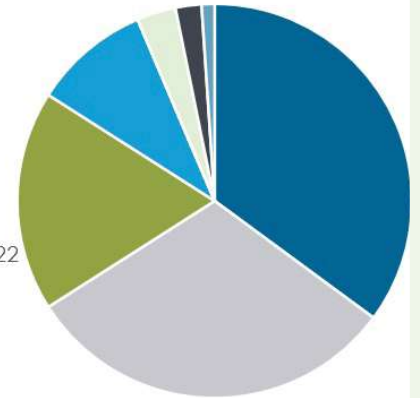
## PROJECTS

More than 25 active research and data projects on topics including:

- Adult ADHD
- Annual Wellness Visits
- Asthma
- Cervical Cancer
- Chronic Kidney Disease
- Chronic Cough
- Cognitive Care
- Colorectal Cancer Screening
- COPD
- COVID-19
- Dementia
- Diabetes
- Obesity

## FUNDING SOURCES

■ PCORI Grants/Contracts	\$2,295,425
■ Milestone Grant/Contracts	\$2,051,633
■ Federal Grants/Contracts	\$1,196,645
■ Effort Grants/Contracts	\$621,405
■ Deliverable Grants/Contracts	\$451,214
■ Fee for Service Grants/Contracts	\$183,222
■ Contributions	\$134,162
■ PPR Fees	\$103,982



**TOTAL: \$6,903,525**

## DISSEMINATION

**100+** Journal articles and conference presentations published to date!

For more information on our studies and recent publications, visit <https://dartnetinstitute.org>

## SPARK Network

DARTNet Institute works with hundreds of clinical organizations across the country. Our expansion and increased collaborative network have provided impetus for us to better track our partnerships related to research, data activities, patient safety activities and implementation activities. Sentinel Practice Ambulatory Research and Knowledge (SPARK) Network is the name we selected to encompass those partnerships.

**SPARK  
NETWORK**

# FMD RapSDI

With generous support from the American Academy of Family Physicians (AAFP) Foundation and implementation leadership from the DARTNet Institute, the Family Medicine Discovers Rapid Cycle Scientific Discovery and Innovation (FMD RapSDI) program continues to invest in and strengthen the family physician research pipeline, generating practical knowledge with real-world impact.



## Scholars in action

### Dr. Boris Bayerman, MD

#### Empowering People Living with Long COVID Through Self-Management

Originally from Minsk, Belarus, Dr. Bayerman is a practicing family physician with Kaiser Permanente Colorado who brings a holistic approach to wellness and care. His FMD RapSDI project addresses one of the most urgent and complex challenges facing primary care today: Long COVID.



Dr. Bayerman's study evaluates whether a virtual, multidisciplinary self-management education course can improve self-management skills, functional status, and quality of life for adults living with post-acute sequelae of SARS-CoV-2 infection (PASC). To date, six of nine planned course cohorts have been completed, with participants actively engaging in pre- and post-course surveys. Additional cohorts are underway, reflecting strong patient interest in practical, patient-centered approaches to Long COVID care.

In November 2025, Dr. Bayerman presented his research as a poster at the 52nd North American Primary Care Research Group (NAPCRG) Annual Meeting, helping to share early insights with the national primary care research community. His work fills a critical evidence gap and highlights the potential of structured self-management education to support patients navigating a condition with limited established treatment pathways.

### Dr. Seth Kramer, DO, MPH

#### Innovating Diabetes Care with Wearables and AI in Primary Care

Dr. Kramer is a highly experienced primary care physician and Assistant Professor in the Department of Family Medicine at the University of Colorado Anschutz Medical Campus, where he has practiced since 2017. His FMD RapSDI project explores an innovative, technology-enabled approach to diabetes self-management designed for real-world primary care settings.



Dr. Kramer's 12-week feasibility study integrates wearable activity trackers, artificial intelligence-delivered diabetes self-management education and support (DSMES), and targeted text messaging to support adults with type 2 diabetes who are sedentary and not meeting physical activity guidelines. The study has made strong progress, with active enrollment underway and recruitment, data systems, and clinical workflows fully operational.

Beyond feasibility, the project examines behavioral, clinical, psychosocial, and health-economic outcomes—providing critical insights into scalability, sustainability, and potential value for primary care practices. Dr. Kramer also presented his work-in-progress findings at the November 2025 NAPCRG Annual Meeting, signaling early momentum and growing national interest in technology-enabled care models.

# Data Driven Research

## The DARTNet Institute's Population Health Registries

The DARTNet Institute has developed several population health systems to support partners in using their data to improve patient care and safety. The Quality and Safety Learning Network is the framework under which all the population health registries reside and is comprised of the In4MedCare®, Practice Performance, and Patient Safety Registries. All three utilize EHR data derived from ambulatory practices to report quality or patient safety measures at the population level.

Through the In4MedCare® Registry, practices can access population-level metrics that inform and guide clinical decision support. The In4MedCare® Registry is focused on adherence to the metrics adopted by the practice, allowing them to identify and address gaps in provider, staff, or patient engagement, or identify areas for metric modification. The In4MedCare® Registry is included with the In4MedCare® Clinical Solutions package and is often used to complement the In4MedCare® Point of Care Clinical Decision Support tool.

The Practice Performance Registry (PPR), like the In4MedCare® Registry, provides visualization into practice behavior by focusing on a defined set of metrics based on specialty and evidence-based guidelines. The PPR provides up to two years of data allowing practices to track improvements over time or in response to specific operational workflow. The PPR, launched in 2008, currently houses data for over 380 organizations and 4000 providers.

The Patient Safety Organization (PSO) began in 2015 under the Department of Health and Human Services Agency and has been recertified through 2027. The PSO shifts the focus from quality improvement to patient safety through ambulatory risk models that identify increased likelihood of patient harm. Participation in a PSO allows practices to understand and address factors that put patients at risk without exposing them to legal consequences.

In addition to the above Registries, DARTNet recently began a partnership with the American Psychiatric Association to build a national mental health registry to support behavioral health providers focused on quality metrics for mental health care. This EHR-based clinical data registry is comprised of over 20 evidence-based metrics and receives data from over 2000 providers across 24 practices, with more organizations onboarding in the next few months.

Using any DARTNet Registry is an excellent way for providers and practices to visualize adherence to nationally recognized standards that drive quality of care delivery for patients. We look forward to continuing to expand the capabilities of our registry platforms to continue this work across many more medical specialties and practice-based research network projects.

# Research

## Mapping Colorectal Cancer Screening Workflows in Primary Care

Early detection of colorectal cancer saves lives, yet many patients are still screened too late. In 2024, DARTNet Institute, with funding support from Exact Sciences, partnered with eight primary care practices across the United States to better understand how colorectal cancer screening is carried out in everyday clinical settings and where opportunities for improvement exist.

Using a mixed-methods, implementation science–informed approach, the project mapped colorectal cancer screening workflows for normal-risk patients from patient identification through test completion and follow-up. Through interviews, a validated implementation survey, and collaborative workflow mapping with practice teams, the study identified both shared strengths and meaningful variation across practice types. Clear patterns emerged. Practices with higher screening rates consistently relied on team-based approaches, with multiple staff reinforcing screening messages and thorough clinical conversations that educated on the value of screening and the screening tests available. These practices also had defined processes for following up when test results were missing. Screening was treated not as a one-time task, but as a coordinated effort embedded throughout the patient visit.

Key lessons were equally instructive. Practices with lower screening rates, many of them academically affiliated, were less likely to have systems in place to track incomplete tests or follow up on missing results. Screening conversations were often shorter or deferred, limiting opportunities for shared decision-making. These findings reinforce that improving screening rates requires more than technology or guidelines; clarity of roles, redundancy, and follow-through are essential.

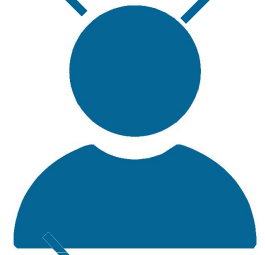
Overall, this project demonstrates the value of pairing practice-based research with implementation science to move beyond what should happen in care delivery and focus on how it happens. By identifying concrete leverage points, this work offers actionable insights for strengthening cancer prevention efforts in primary care.

### Key Findings at a Glance

- Team-based approaches matter. Higher-performing practices engaged multiple staff in screening conversations.
- Follow-up drives completion. Clear protocols for tracking missing results distinguished higher screening rates.
- The conversation counts. More intentional, patient-centered discussions supported screening uptake.

# Research

## iTREAT - Exploring Individualized Asthma Treatment Approaches



What is the best way to prevent an asthma exacerbation (a worsening of symptoms that disrupts a person's life)? That is the question DARTNet is seeking to answer in our Individualizing Treatment for Asthma in Primary Care or iTREAT study, an innovative national trial funded by a \$29.7M grant from the Patient-Centered Outcomes Research Institute. When the target 3,200 people are enrolled, we will compare four different treatment arms, all of which are supported by evidence, but none of which stands as a clear "top" pick for everyone. The first group will use rescue inhaled corticosteroids (ICS), which means taking an inhaled corticosteroid as part of rescue therapy, anytime a person needs their quick relief inhaler. The second arm will take azithromycin, which has been shown to reduce asthma exacerbations when taken for about six months. The combination of rescue ICS plus azithromycin will be third arm, plus the fourth will be a control group of usual care. We know that asthma includes clinical and biological variations, but we don't know which variations respond best to rescue ICS versus azithromycin. Furthermore, the two have not been studied when used together.

The iTREAT study promises to increase our knowledge of asthma variations and improve care for the 25 million people who have asthma in the US, especially the 45% who experience an exacerbation each year. We are indebted to our community, patient, caregiver, scientific, and policy partners who have helped mold the study and will continue to work with us to ensure the results are applicable to the very people most invested in improving asthma care.

Periodic study updates will be posted on the dedicated website [iTREATasthma.org](http://iTREATasthma.org).



**iTREAT**  
**PRIMARY CARE**

# PBRNs

## PBRNs Are Back - and Primary Care Is Leading the Way

Practice-Based Research Networks (PBRNs) are not new, but this is a defining moment. In June 2024, DARTNet Institute convened Starfield Summit VI, bringing together 50 PBRN leaders and federal partners to reimagine how frontline practices can generate the knowledge our health system urgently needs. The message was clear: PBRNs are essential to the future of primary care and DARTNet is helping lead their renewal.

For decades, PBRNs have moved research out of the ivory tower and into the exam rooms where most people receive most of their care most of the time. They are “living laboratories,” rooted in real communities, where clinicians ask practical questions and co-create answers that improve care for people across the lifespan and across diverse settings.

Today, momentum is being built. The NIH is investing \$30 million to expand rural participation in research, with PBRNs positioned as a central vehicle. The American Diabetes Association is investing directly in primary care research and partnering with DARTNet to engage networks nationally. AHRQ, PCORI, and NIGMS are strengthening infrastructure and embedding stakeholder engagement into funded research. These are not incremental shifts. They signal recognition that primary care and family medicine in particular must help shape the national research agenda. This investment aligns directly with the National Family Medicine Strategic Plan for Research, which calls for strengthening infrastructure, expanding mentorship pathways, and building scalable research capacity across U.S. family medicine. Despite being the backbone of comprehensive, whole-person care, family medicine has historically received disproportionately low research funding. Rebuilding PBRNs is a critical strategy for closing that gap.

But infrastructure alone is not enough. Starfield Summit VI emphasized that PBRNs must balance top-down investment with bottom-up leadership. Clinicians and practices must not merely recruit for centrally designed trials; they must help define the questions. Their wisdom, rooted in caring for families and communities, is the foundation of meaningful discovery.

DARTNet stands at the center of this effort. With national reach, deep data capabilities, and longstanding partnerships across clinics and professional organizations, we are strengthening the connective tissue between practices, researchers, funders, and patients. We are investing in the data systems, training, and collaborative structures that allow frontline clinicians to generate practice-changing evidence at scale.

The opportunity lies before us. If we reinforce the foundation now, modernizing infrastructure, engaging practices, and centering community wisdom, PBRNs will not simply return. They will define the next era of primary care research.

And DARTNet will be here helping to build it.