

The Future of ePCTs: Views From the Field

Moderator: Adrian Hernandez
Coordinating Center PI



**NIH PRAGMATIC TRIALS
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State of affairs

- We're not alone in this
- There are still plenty of evidence gaps to fill
- How do we get there? (together)



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The collage includes logos for: pcornet, AHRQ, Sentinel Initiative, CLINICAL TRIALS TRANSFORMATION INITIATIVE, FDA U.S. FOOD & DRUG ADMINISTRATION, DEPARTMENT OF VETERANS AFFAIRS, NATIONAL ACADEMY of MEDICINE, The Office of the National Coordinator for Health Information Technology, health care systems research network, MHRN Mental Health Research Network, NIA IMPACT COLLABORATORY TRANSFORMING DEMENTIA CARE, pmc painmanagement collaboratory, AcademyHealth, pcori, Réseau de recherche sur les données de santé du Canada Health Data Research Network Canada, All of Us RESEARCH PROGRAM, OHRP Office for Human Research Protections, CTSA Clinical & Translational® Science Awards, CMS CENTERS FOR MEDICARE & MEDICAID SERVICES, NATIONAL LIBRARY OF MEDICINE, HEAL NIH - Helping to End Addiction Long-term, AMIA INFORMATICS PROFESSIONALS. LEADING THE WAY., and PEIJ Pharmacological Evaluation Institute of Japan.



NCCIH NCI NCMRR NHLBI NIA NIAID
NIAMS NICHD NIDA NIDDK NIMH
NIMHD NINR NINDS OBSSR ODP

Priorities

Cross-Cutting
Activities

FUTURE

Collaborations

Initiatives

What have your networks learned about

- Use of pilot studies
- Identifying the right research questions for PCTs
- Designing and conducting PCTs with internal validity
- Healthcare system adoption of PCT interventions



Let's hear from...



Lora Reineck

CARE for Health™

Amy Patterson



NIA IMPACT
COLLABORATORY

Vince Mor
Susan Mitchell



Mental Health Research Network

Greg Simon

CARE for Health™ Program Overview

NIH Pragmatic Trials Collaboratory
Steering Committee Meeting

May 28, 2025

Trinidad Ajazi, MM
Director for Operations

Amy P. Patterson, MD
Scientific and Medical Director

Connect research to primary care



CARE for Health™ Program Overview

A national network of networks to facilitate and accelerate innovative clinical research advances that improve health outcomes and are readily implemented everyday clinical care

PROGRAM GOALS

- Integrate research into routine primary care
- Implement high impact clinical portfolio, including innovative study designs
- Facilitate adoption of evidence-based research findings
- Develop and sustain a national primary care-focused clinical research network of networks
- Establish a foundation for sustained involvement of clinician and patient communities
- Leverage other NIH programs and serve as a resource to all ICOs to maximize efficiency and synergy

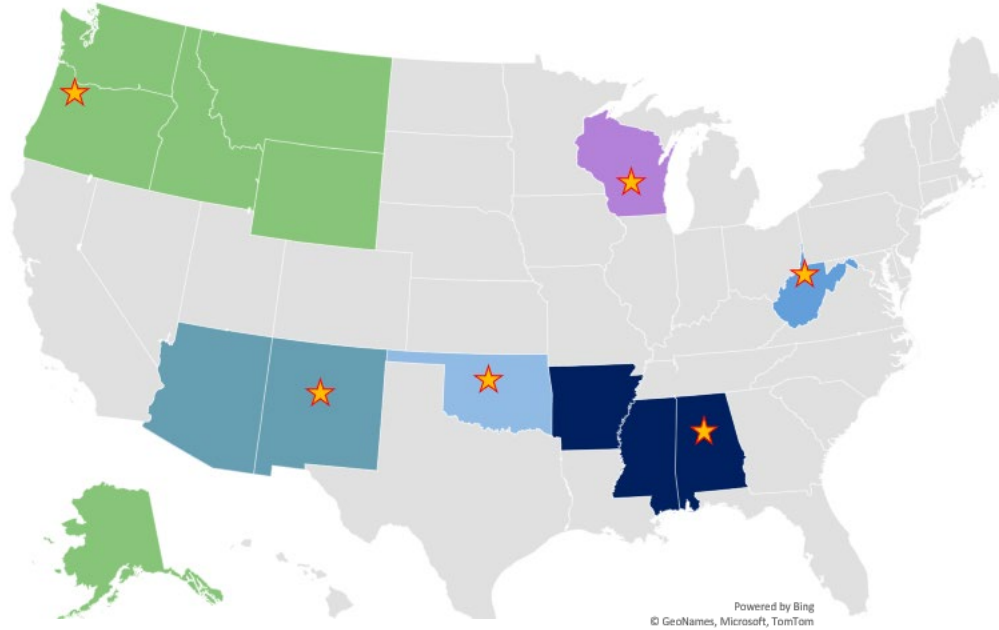
PROGRAM COMPONENTS

Starting in June 2024 as a **two-year pilot phase**, CARE for Health™ will build a Network of Networks in primary care research.



Progress to Date

CARE for Health™ Network of Networks – Proposed Reach of Network Research Hubs



Award Recipient Organization Network	FQHCs ¹	PBRNs ²	Network Affiliations ³
Oregon Health and Science University PRaCTICE	✓	✓	NIH CTSA
University of Wisconsin – Madison WREN	✓	✓	NIH CTSA
West Virginia University WVR3	✓	✓	NIH IDeA-CTR
University of Alabama – Birmingham HEART-NET	✓	✓	PCORnet, NIH CTSA, NIH IDeA-CTR
University of Oklahoma Health Sciences Center PRIME-OK	✓	✓	NIH IDeA-CTR
University of New Mexico Health Sciences Center PC-BRIDGE	✓	✓	NIH CTSA

¹FQHCs: Federally Qualified Health Centers

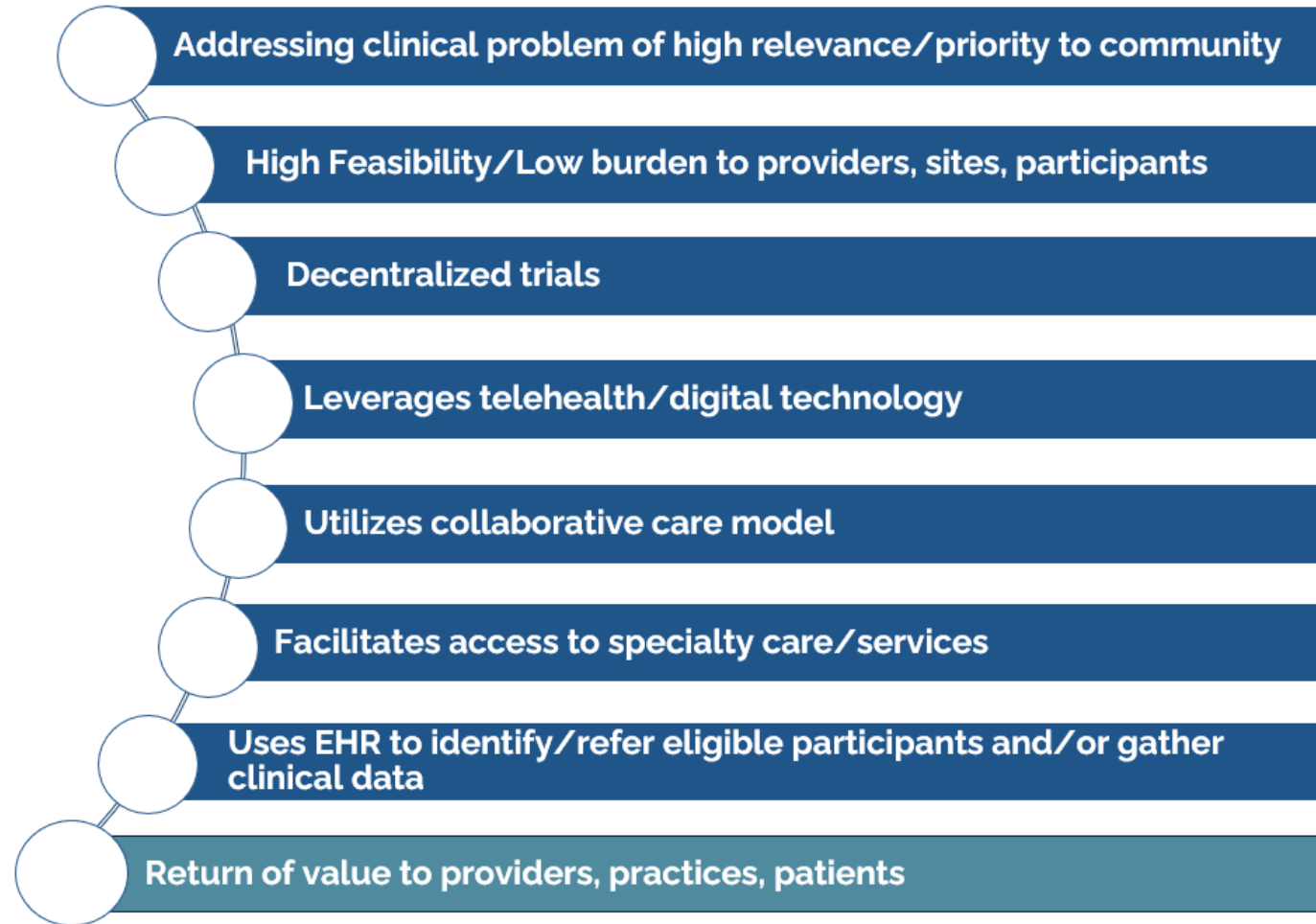
²PBRNs: Practice Based Research Networks

³CARE for Health™ Networks have affiliation(s) with CTSA, IDeA CTR, and/or PCORnet

- **Launched:** June 2024
- **Awards:** Sep 2024, Jan 2025
- **Pilot status:**
 - **6 Networks serving rural communities**
 - Distributed across **14 states**
 - **8 clinical trials** underway (2 NIH Collaboratory trials)
 - New studies in development with clinical care provider and patient communities

CARE for Health™ Clinical Portfolio: Key Features

- **Clinical care provider and patient community-driven studies**
 - Currently have 8 ongoing clinical trials
 - New studies in development through a novel clinical care provider and patient community-driven process
- **Clinical trial portfolio includes high public health impact conditions**
 - Commonly seen in primary care
 - Have, or lead to conditions with:
 - High morbidity/mortality
 - High cost of care for condition
 - High economic impact



Looking Ahead: Portfolio of CARE for Health™ New Clinical Studies

Purpose:

- Generate high quality evidence-based answers to compelling questions of importance to the primary care practitioners and patient communities
- Promote and facilitate rigorous primary care-based clinical research portfolio that:
 - Addresses a broad range of health conditions;
 - Aims to improve health outcomes;
 - Has potential for high impact on public health; and
 - Thereby advances the NIH mission

Scope:

- Interventional studies (screening, prevention, and treatment)
- Observational studies
- May include dissemination and implementation components as well as biomarker analyses

Features of New Study Development Process

- Clinical studies will be part of a menu of studies developed through a multi-hub, network of networks and NIH ICOs collaborative approach
- Network outreach to broad range of primary care practices, researchers, and their patient communities to identify and prioritize critical clinical questions and potential research approaches

CARE for Health™ New Studies: Key Questions

What is important?

- **Critical Clinical Questions** from frontlines of primary care:
 - Questions that, if addressed through rigorous well-designed study, would meaningfully inform PC practice and improve health outcomes
- **Preliminary Clinical Study Concepts** co-developed by PIs, clinical care providers, and patient communities

Which clinical studies should be prioritized?

- **Significance:**
 - Addressing evidence gap
 - Clinical impact (health outcomes, public health)
- **Scientific Evidence Base**
- **Innovation**
- **Operational Feasibility**
- **Rigor and Approach**

What are the best methodologic approaches?

- **Multi-disciplinary Protocol Development Teams**
- **Expert consultations** including input on Draft Protocols from **NIH Collaboratory, CTSA Trial Innovation Network**

Challenges (Examples)

Scientific/clinical

- Adequately addressing clinical question and preserving scientific rigor while implementing a study design that is feasible in primary care settings
- Developing high impact portfolio
 - Taking into account/balancing need to make advances in new treatment and prevention approaches AND testing/validating effective care delivery strategies in local contexts

Operational

- IRB review and FWA
- Staffing
- Space
- Time: Patient, Clinical Care Provider, Clinic Staff
- Contracting
- Transportation
- Internet access
- Providing for sustained engagement and support

The Future of ePCTs: Views From the Field



Susan Mitchell, MD, MPH – Hebrew SeniorLife’s Hinda and Arthur Marcus Institute for Aging Research
Vincent Mor, PhD – Brown University School of Public Health

Key Questions for the Field

Realizing the vision for ePCTs of non-pharmacological interventions to transform the care

1. Can the research methods (*implementation, design, outcome measurement, data platforms etc..*) be optimized to the point that the ePCT study design can be efficiently and confidently used to determine whether an intervention embedded in a HCS is or is not effective?
➤ *i.e., internal validity*
2. If shown to be effective, will HCS be willing adopt these interventions?

“Some” Top Future Priorities

- Advance rigor of feasibility/pilot studies for full ePCTs
- Mature RWD platforms in HCS to enable ePCTs especially in community settings
- Plan ePCTs with investigators/HCS/community partners from onset
- Advance methodologies
 - *Obtain “meaningful” outcomes pragmatically
 - ePCT “success” depends on primary outcome selected
 - If not solved, many interventions cannot be tested in ePCTs
 - Novel technical/data approaches

What is a Feasibility/Pilot study?

- Aims should address key aspects that require feasibility testing for full scale ePCT:

Aim 1: Intervention implementation

***Aim 2:** Subject identification/enrollment using pragmatic approach

***Aim 3:** Clinical outcome ascertainment using a pragmatic approach

* *Must be feasible in intervention and control (future) arm* *

“Dream” Real World Data Platform for ePCTs

HCS System EHR



Any Researcher



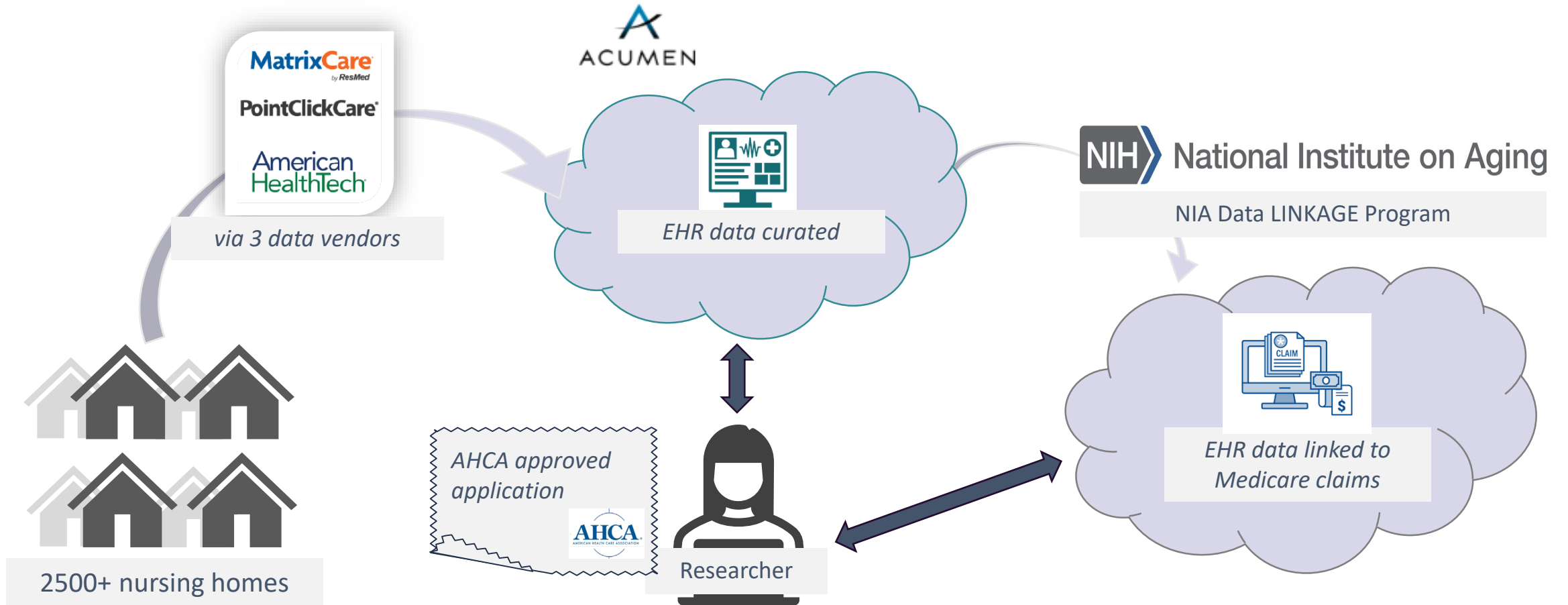
Claims Data



Conduct ePCT

- Randomize sites
- Identify/enroll eligible subjects
- Characterize subjects & sites
- Track outcomes
- (Introduce nudge interventions)

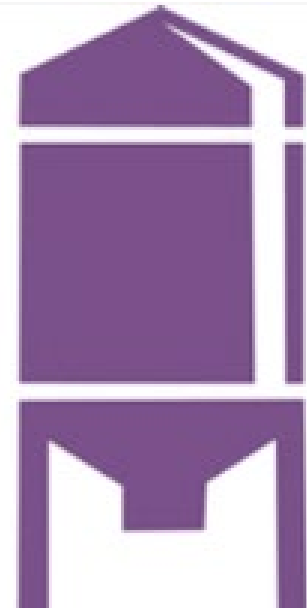
Long-Term Care DATA COOPERATIVE



Putting It All Together: The Silo Problem



Health Care System
(Learning Health Network)



PLWD and CPs
(LEP Reports)



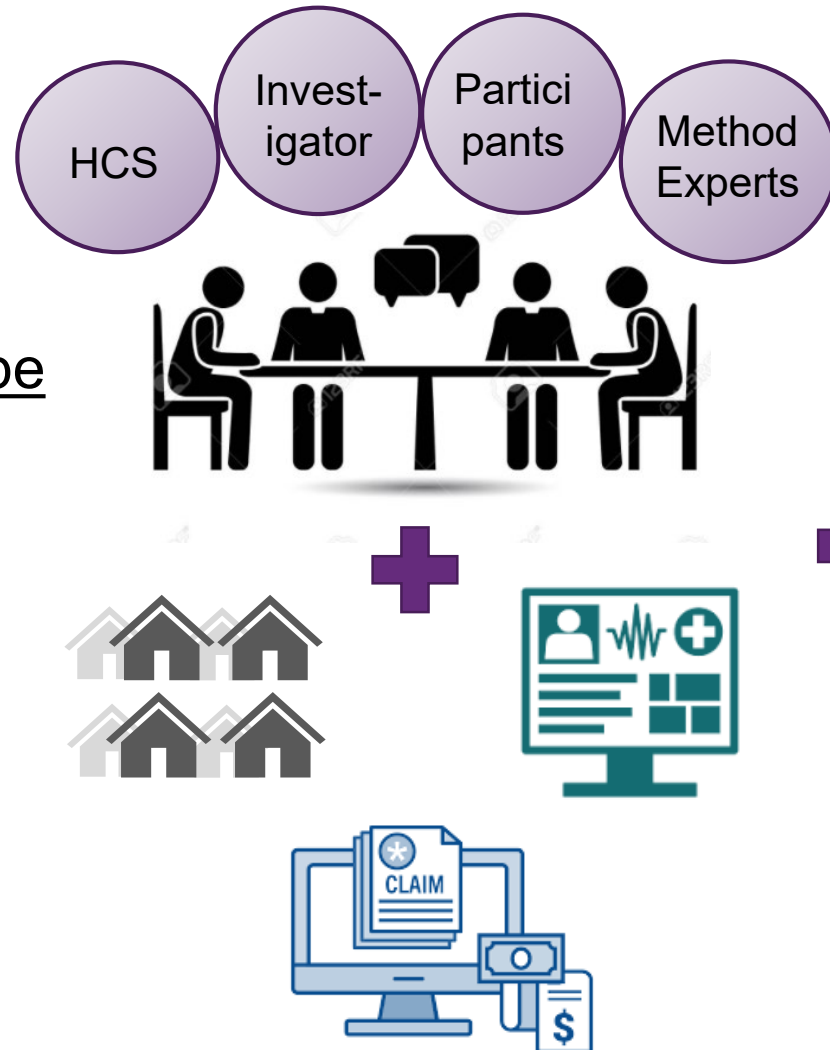
Investigators
(Funded Projects)



Method Experts
(Knowledge Generation)

Putting It All Together : The Fix

- Educate each other
- Identify priority amenable to intervention that can be evaluated with ePCT
- Design ePCT
- Leverage real world data platform



- Feasibility ePCT
- Full ePCT

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Discussion



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