

Avoiding the Fumble: Building on a Decade of Lessons from Pragmatic Clinical Trials

Emily O'Brien, PhD

Associate Professor

Duke University School of Medicine

What is a fumble?

In Merriam Webster:

“To grope for or handle something clumsily or aimlessly.”

In American Football:

“To drop or lose control of (the ball), sometimes causing a turnover.”

On social media:

“When one is given a chance and somehow messes up.”



The Fumble: 1987 AFC Championship (Broncos vs. Browns)

If other industries were like healthcare...

Banking



ATM transactions **would take not seconds but perhaps days or longer** as a result of unavailable or misplaced records.

Home building



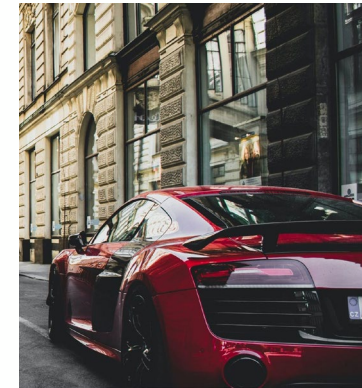
Carpenters, electricians, and plumbers **each would work with different blueprints**, with very little coordination.

Shopping



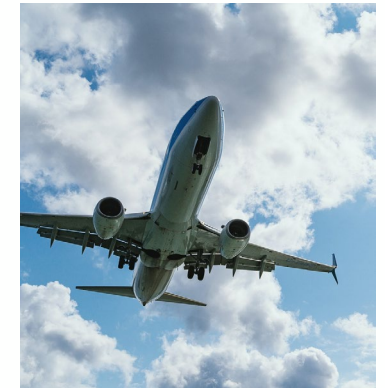
Product prices would not be posted, and the price charged would vary widely within the same store, depending on the source of payment

Car manufacturing



Warranties covering defects would not exist...so few factories would seek to **monitor and improve production** line performance and product quality

Airline travel



Each pilot would be free to **design their own preflight safety check**, or not to perform one at all

But what if...

- ✓ **Records were immediately updated** and available for use by patients
- ✓ Care delivered was **proven reliable at the core** and tailored at the margins
- ✓ **Patient and family needs and preferences** were a central part of the decision process
- ✓ All team members were fully **informed in real time** about each other's activities
- ✓ Prices and total costs were **fully transparent** to all participants
- ✓ Payment incentives were structured to **reward outcomes and value**, not volume
- ✓ Errors were promptly **identified and corrected**; and
- ✓ Results were routinely captured and used for **continuous improvement**.

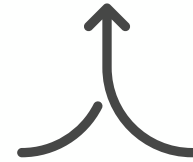


Why should we bother?



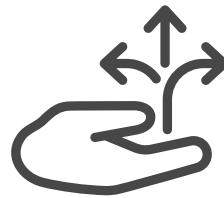
Conducted within the healthcare system

Not disruptive to clinical workflow



Streamlined procedures and infrastructure

Makes use of existing data



Answer questions with major public health importance

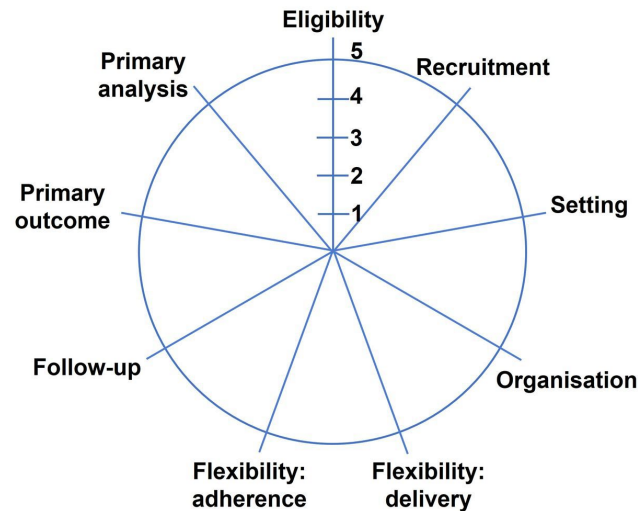
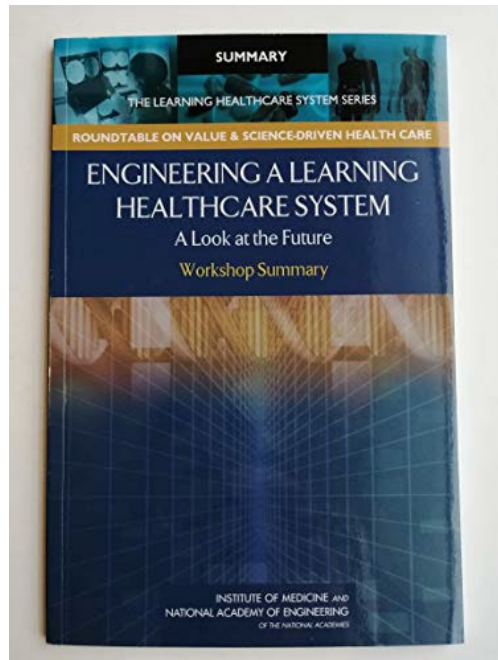
Outcomes important to decision-makers



Diverse, representative study population

Highly generalizable results

A Decade Ago: The High Hopes for PCTs



“Pragmatic clinical trials are having a moment—actually, a decade.”
-Platt, Bosworth, Simon?

- 80% of PCT PubMed hits in last 10 years
- PRECIS-2 ~700 citations

Fast Forward to 2025: Are We Still Fumbling?

“Protocol complexity has steadily risen, increasing site workload and patient burden rather than reducing them. The industry tends to point out that simplifying protocols could reduce patient burden, but **without a fundamental shift in trial design philosophy, the industry’s cautious approach will continue to slow progress.**”

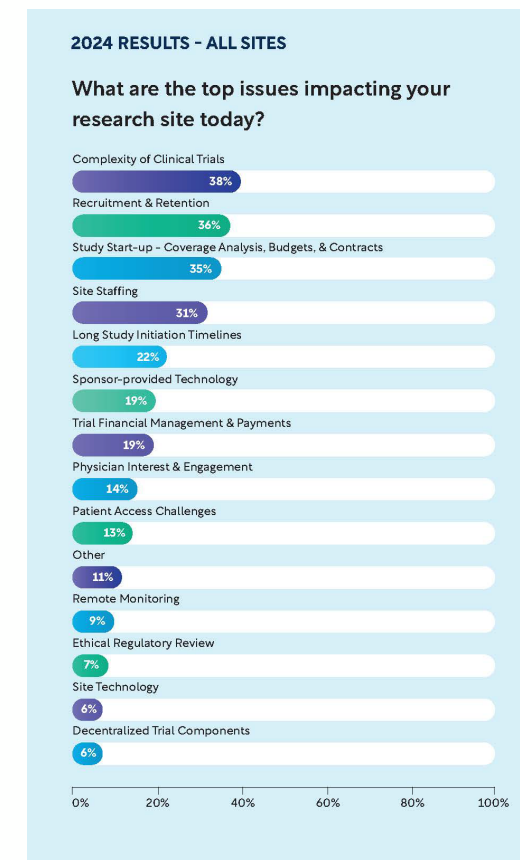
3x

of datapoints

2x

of endpoints

Vs. 2015



Source: WCG 2024 Clinical Research Site Challenges Report

Fast Forward to 2025: Are We Still Fumbling?

113%

↑ in substantial
amendments

27%

↑ in time from
protocol approval to
FPV

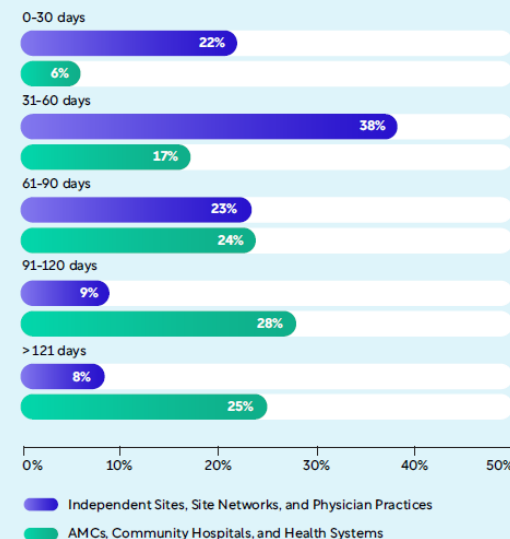
105%

↑ in dropout rates

Vs. 2015

ACADEMIC MEDICAL CENTERS, HEALTH SYSTEMS,
AND COMMUNITY HOSPITALS VS INDEPENDENT
SITES, PHYSICIAN PRACTICES, AND SITE NETWORKS

How long did your site's average study
start-up process take last year?



Source: WCG 2024 Clinical Research Site Challenges Report

Fast Forward to 2025: Are We Still Fumbling?

- Not all “positive” trials adopted by health systems
- Some “negative” trials were adopted (subgroup effects, patient/staff satisfaction, optics)
- Trial success ≠ system priorities

Table 1. Intervention *Not Sustained* When Intervention *Did* Improve Primary Outcome

Primary Endpoint	Post Hoc/Secondary Findings	Implementation
PPACT		
<u>Significant</u> : Reduction in pain	<u>Significant</u> : Reduction in pain-related disability and benzodiazepine use	<u>Not sustained</u> : None of the participating health systems fully sustained the intervention, largely due to upfront staffing costs and feasibility considerations
TSOS		
<u>Significant</u> : Reductions in PTSD symptoms at 6 months (but not at 12 months)	<u>Significant</u> : Secondary stratified analyses showed significant 3, 6 and 12-month PTSD intervention treatment effects at sites with good/excellent implementation, but no significant intervention treatment effects at sites with fair/poor implementation.	Trauma centers must have protocols to identify and refer patients at high risk for psychological sequelae; no trauma center-based intervention required.

Table 2. Intervention *Sustained* When Intervention *Did Not* Improve Primary Outcome

Primary Endpoint	Post Hoc/Secondary Findings	Implementation
ABATE		
<u>Null</u> : No significant reduction in infections in the non-critical care population	In patients with medical devices, intervention was associated with reductions in all-cause bloodstream infections and multi-drug resistant organism cultures	<u>Sustained</u> : Health system sustained the intervention for patients with a medical device in participating hospitals that were in the intervention arm <u>Expanded</u> : Adopted intervention for patients with a medical device in all other health system hospitals
LIRE		
<u>Null</u> : No decrease in spine-related healthcare utilization after imaging	Slightly reduced subsequent opioid prescriptions	<u>Sustained (partially)</u> : Half of participating systems sustained the intervention based on its potential to reduce opioid use; no additional resources were required to

Source: Getting the Right Evidence to Decision-Makers Faster: Insights From the NIH Pragmatic Trials Collaboratory: NIH-Hosted Workshop (June 2023)

Why the Disconnect?

- Different audiences require different kinds of evidence.
 - Systems: want timely, actionable signals (often subgroup- or cost-driven)
 - Funders/guidelines: want $p < 0.05$, prespecified endpoints
- NIH-style 5-10 year studies misaligned with systems' 2-3 year decision horizons
- Cost and EHR infrastructure rarely factored in



“Researchers often have a tail-wagging-the-dog problem. We assume if we think something is a good idea, the healthcare system will too... We need to remember that we’re the tail and the healthcare system is the dog.”

-Greg Simon, MD, MPH

Not-so-easy lessons for the next decade



Collect sustainability data from the start



Align outcomes with system priorities (*Ask: what would motivate systems to adopt?*)



Health system-friendly timelines (2-3 years)



Flexibility in design and implementation

“Fumbles” are part of the game

- Progress takes time
- We can't improve if we only share wins
- Transparency + teamwork helps us bounce back faster

GROWTH MINDSET



Analyze mistake
Accept challenges
Ability to learn new things
Inspired by others success

FIXED MINDSET



Unchangeable aptitude
Avoid challenges
Avoid failure
Give up easily

The Playbook

- Inspired by the Collaboratory Living Textbook + PCORnet lessons
- Practical “drills” for avoiding common fumbles (recruitment, workflow, outcome capture)
- Tool for sharing, refining, and learning

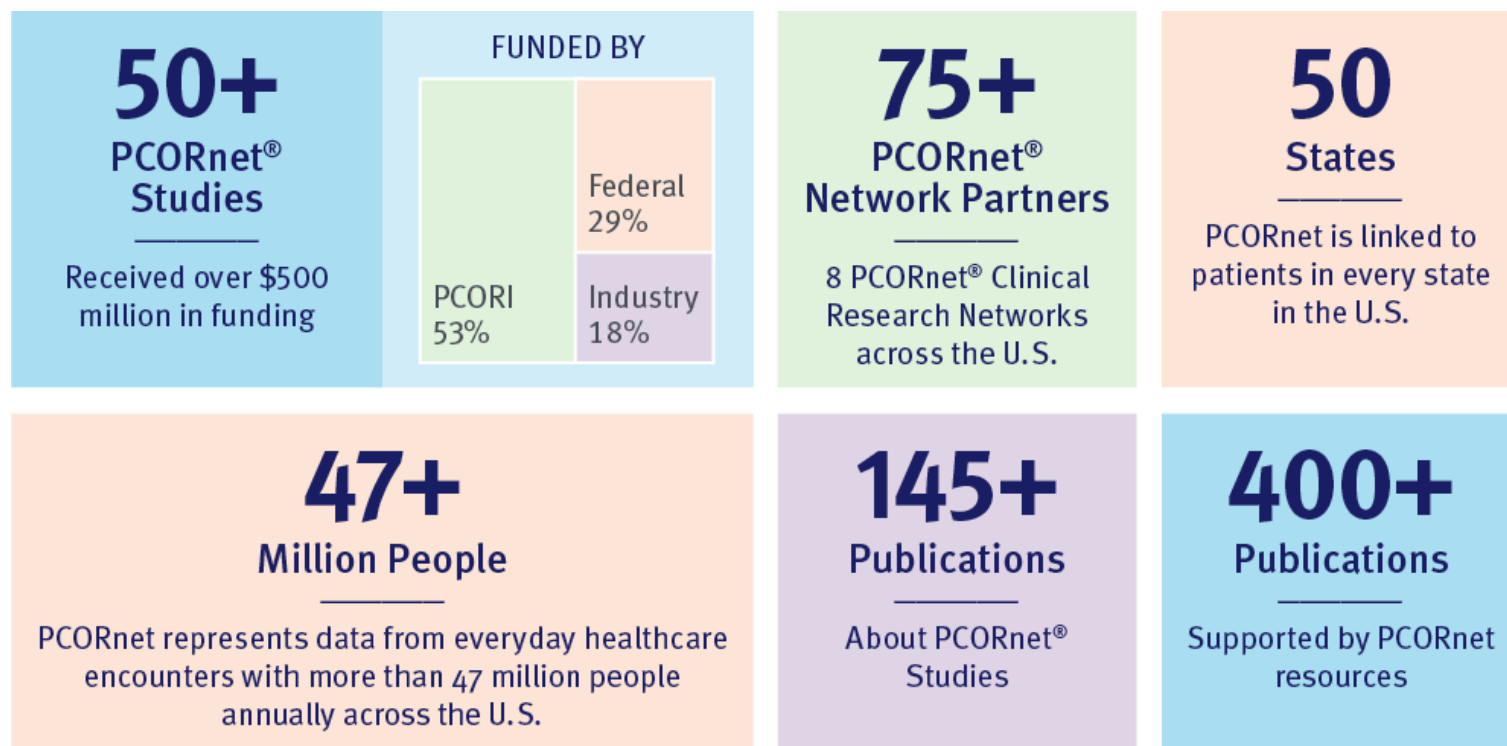
It's not “failing faster,” it's learning sooner.



Instead of a new stadium for every game...

- ✓ **Research networks develop analysis-ready data**
 - Standard format
 - Harmonized definitions
 - Quality checked in advance
- ✓ **Simple, pragmatic studies integrated into routine care**
- ✓ **Administrative simplicity**
- ✓ **Reusable analysis tools**
- ✓ **Efficient clinical trial enrollment and follow up mechanisms**

The PCORnet Track Record



Goal

Develop a user guide and instruction manual to catalyze and support national-scale research



Learn how to engage
with the PCORnet
community



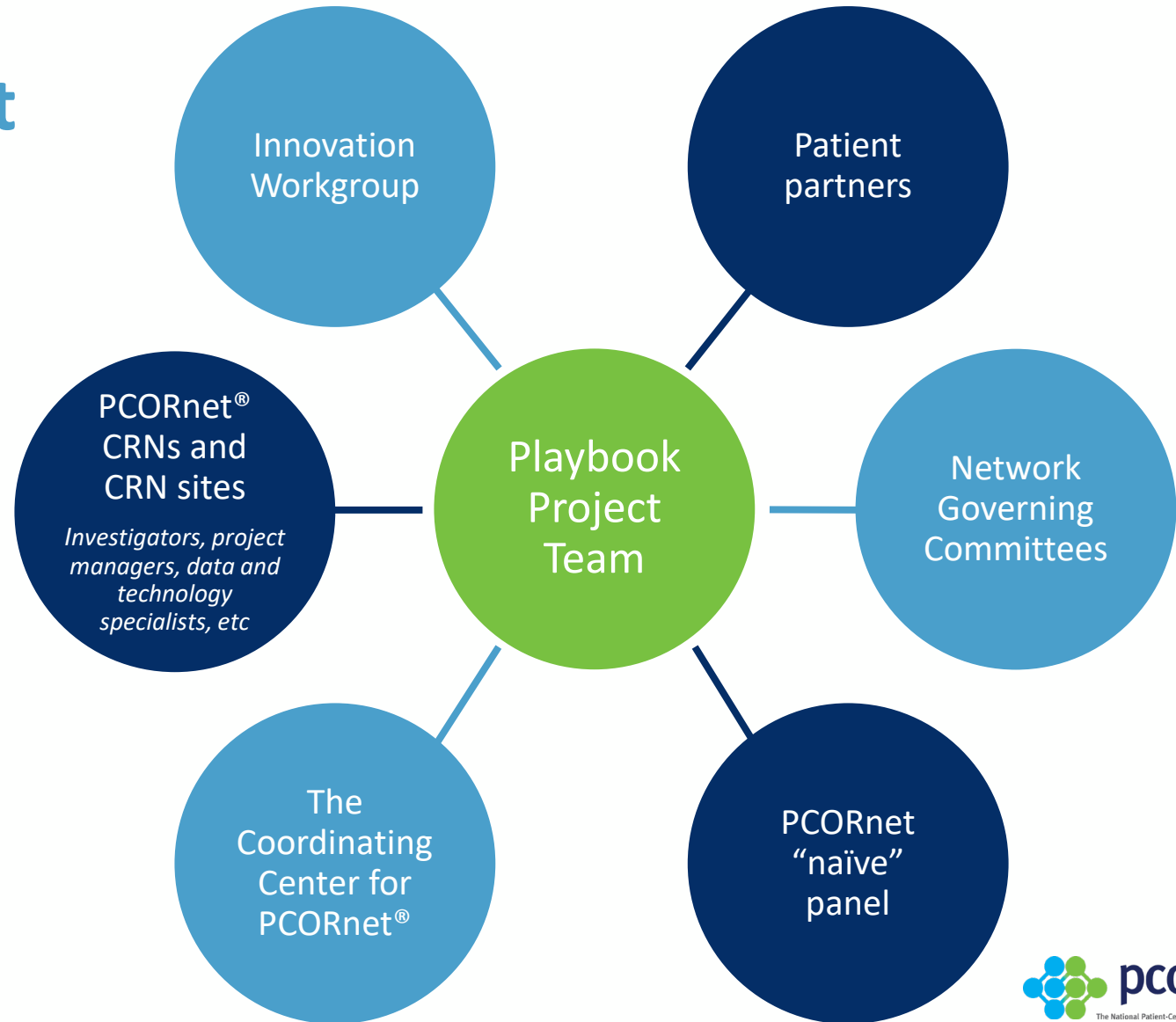
Design projects that
appropriately leverage
infrastructure



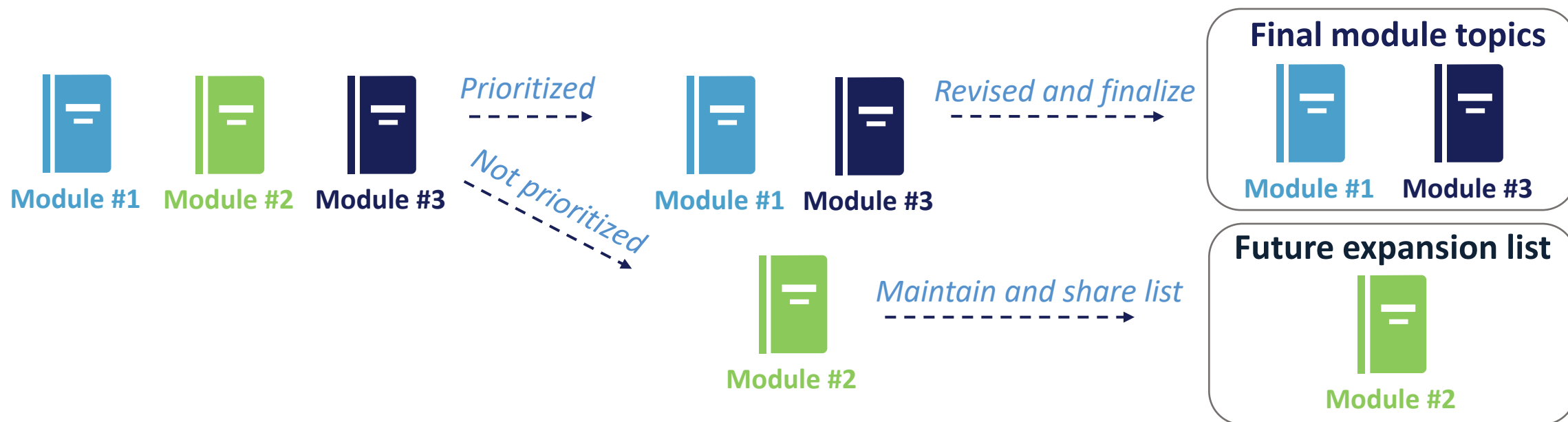
Know what to expect
when working with
Network Partners

Playbook Development

User-centered design process: Engage PCORnet groups, partners, and members of the Playbook's intended audience to inform and guide the content



Topic Prioritization

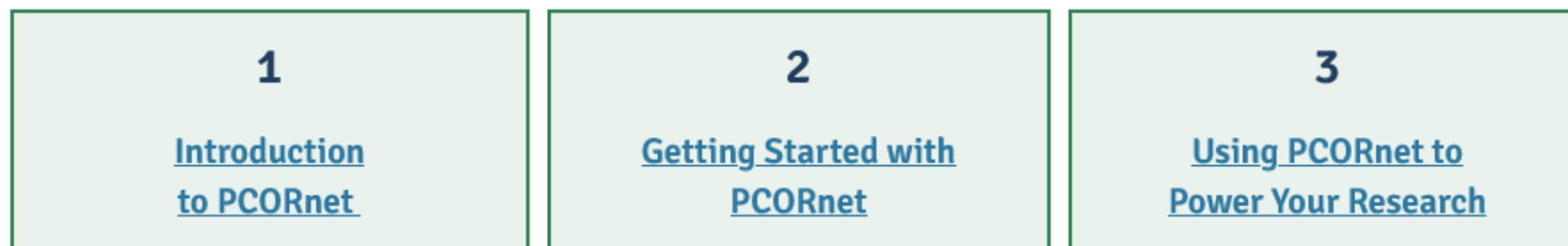


Launching 2025

Modules	Content Includes
1: Introduction	<ul style="list-style-type: none">• Benefits of using PCORnet• Types of research PCORnet can support
2: Getting Started in PCORnet	<ul style="list-style-type: none">• How PCORnet supports research teams• What is a PCORnet® Study?
3: Using PCORnet to Support Your Research	<ul style="list-style-type: none">• What to expect: process, timing, and pricing• Types of requests
4: Dissemination and Implementation	<ul style="list-style-type: none">• Expectations for PCORnet® Studies• Sharing opportunities through PCORnet
5: Case Studies	<ul style="list-style-type: none">• Examples of a variety of PCORnet® Studies

Playbook Overview

Getting to know the Playbook



- Introduction
- What Kind of Research Can the PCORnet Infrastructure Support?
- Frequently Asked Questions

- Knocking on the PCORnet® Front Door
- What is a PCORnet® Study?

- What to Expect
- Administrative Simplicity
- Pricing Guidance

Playbook Overview

Getting to know PCORnet



[ABOUT](#) [PARTNERS](#) [RESEARCH](#) [DATA](#) [ENGAGEMENT](#) [RESOURCES](#)

PCORnet® Playbook

[PLAYBOOK HOME](#)

[MODULE 1](#)

[MODULE 2](#)

[MODULE 3](#)

Introduction to PCORnet®

PCORnet is one of the largest real-world data networks in the country for patient-centered research, with a proven history of supporting [hundreds of high-quality research studies](#). This network is a valuable resource designed to make health research more efficient, especially in patient-centered comparative clinical effectiveness research (CER). PCORnet connects a wide range of health data, research expertise, and patient perspectives to improve the nation's ability to answer critical health questions. It was developed with funding from the Patient-Centered Outcomes Research Institute® (PCORI®).

More than a decade ago, researchers across the United States posed an important question:

"What if patients and caregivers, researchers, health systems, and clinicians across the U.S. could work together on research that matters to patients?"

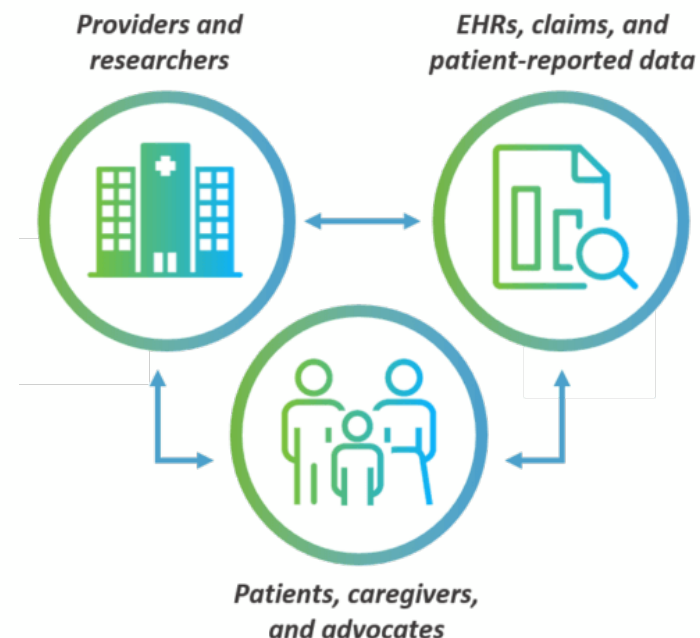
Last Updated: May 29, 2025

[DOWNLOAD MODULE 1](#)

Module 1 Contents

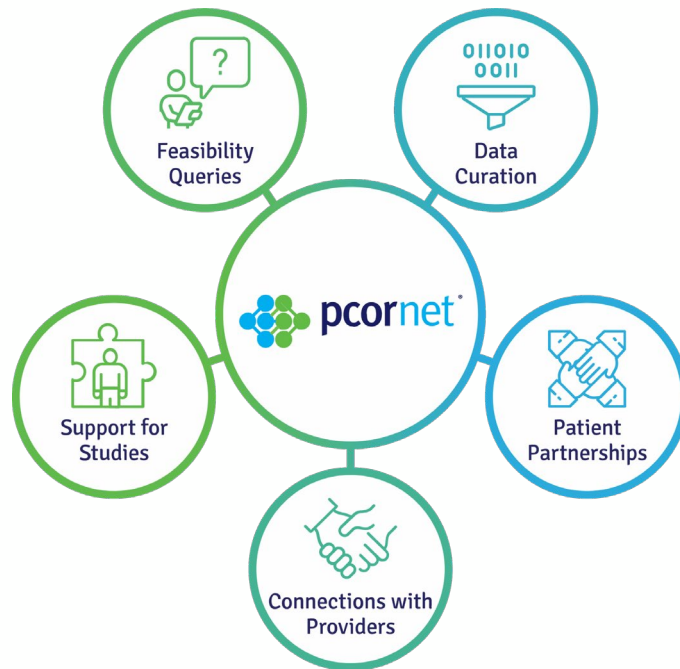
[Introduction to PCORnet](#)

- [What Makes PCORnet Unique?](#)
- [The PCORnet® Common Data Model](#)
- [The PCORnet® Common Engagement Model](#)
- [Understanding the Infrastructure of PCORnet](#)
- [PCORnet® Clinical Research Networks](#)



Module 1: Introduction to PCORnet

Sharing the vision



Other large-scale research infrastructures offer some of these capabilities, but only the PCORnet infrastructure offers them all.



“Innovating in clinical research means we need to embrace new technologies, new ways of contacting and following participants... and working together to push the envelope to do research in new ways.”

Russell Rothman
Principal Investigator at STAR, a PCORnet® Clinical Research Network

Module 1: Introduction to PCORnet

Illustrating study diversity



Real-World Evidence Research

Using data collected from routine clinical practice



Comparative Clinical Effectiveness Research

Assessing the benefits and harms of different interventions



Population Health Research

Understanding health outcomes of groups and influencing factors



Pragmatic Research

Evaluating intervention effectiveness in real-world practice settings



Health Systems Research

Studying how healthcare delivery systems function



Implementation Science Research

Examining how to help healthcare settings implement interventions or practices

Studies may fall into multiple categories

Module 1: Introduction to PCORnet

Links to external resources

The Big Picture: Healthcare Data and Interoperability

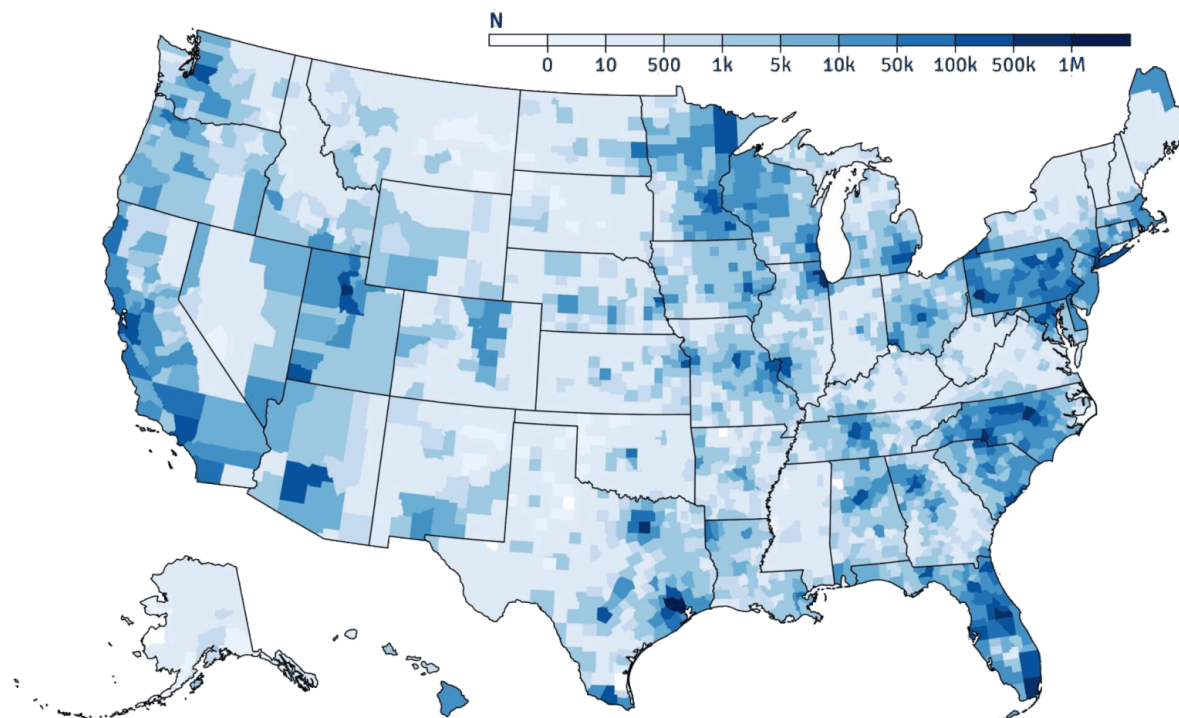


Common Data Models



Module 1: Introduction to PCORnet

Highlighting Partnerships



Module 1: Introduction to PCORnet

Answering FAQs

Frequently Asked Questions

Are all PCORnet® Studies funded by PCORI?

+

Can PCORnet® Studies include sites outside PCORnet?

+

Am I able to access raw data through PCORnet?

+

Is PCORnet only for multi-center studies?

+

What does PCORnet offer other than data?

+

How do I use the PCORnet infrastructure?

+

Module 2: Getting Started with PCORnet

How to access the Front Door

Knock on the PCORnet® Front Door to access PCORnet



- 1**
Tell us
about your
study via a short
intake form
- 2**
Discuss
your study
with the PCORnet®
Front Door team
- 3**
Learn how
PCORnet can
support your
research goals with
a Study Feasibility
Review
- 4**
Determine
next steps with
the PCORnet®
Front Door team

If PCORnet is able to
support your study,
you may choose one
or both services.



Get data insights
from PCORnet® Clinical
Research Networks with
a Data Network
Request

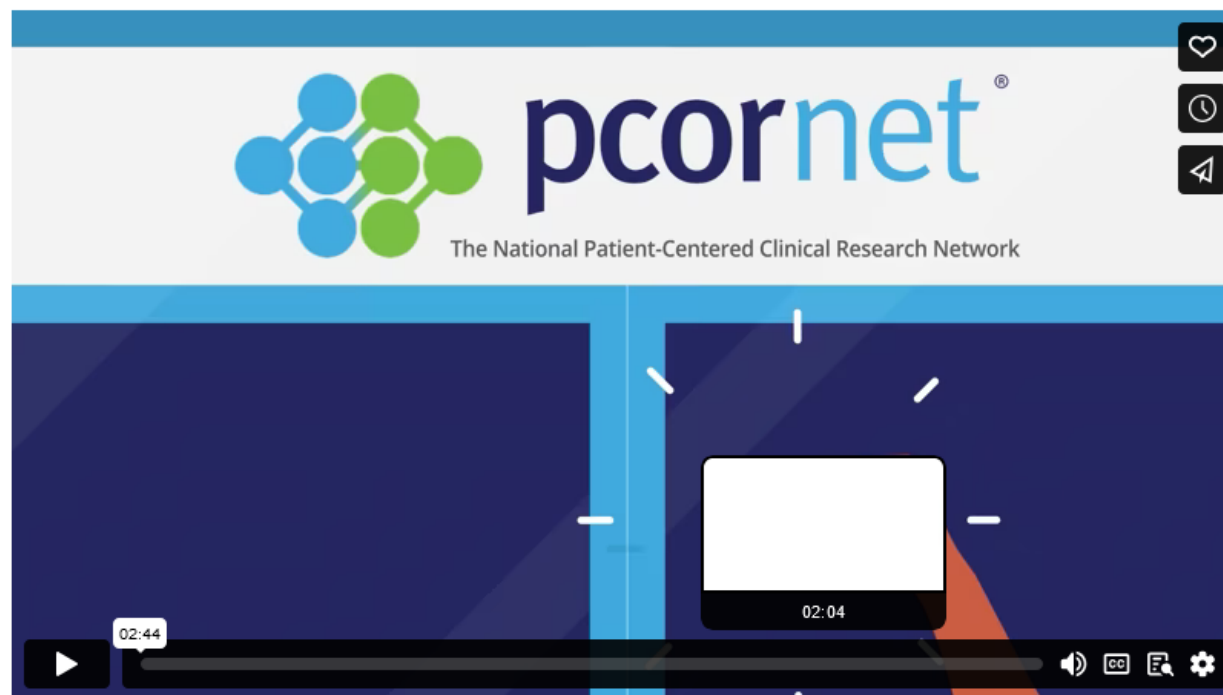


Build your study team
with a Network
Collaborator
Request

Module 2: Getting Started with PCORnet

How to access the Front Door

Watch this video to learn more about the PCORnet® Front Door



Module 2: Getting Started with PCORnet

Defining “PCORnet Study”

What is a PCORnet® Study?

“PCORnet® Studies are designed specifically in service to the patient, from engagement in the design and conduct to dissemination of results. It is one way we help ensure research that matters to patients continues to progress—and, at the end of the day, that’s what the PCORnet is all about.”

Russell Rothman

Principal Investigator at STAR, a PCORnet® Clinical Research Network

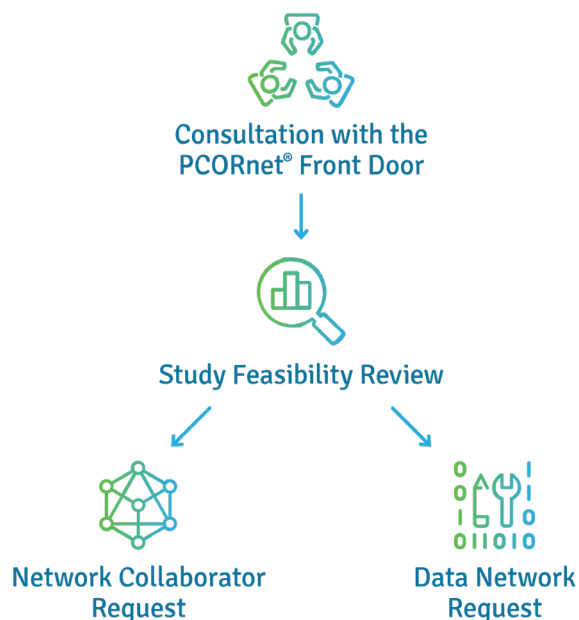
To be designated a PCORnet® Study, your project must:

- Include at least two [PCORnet® Clinical Research Networks \(CRNs\)](#). Sites that are not partnered with the network may participate in PCORnet® Studies.
- Demonstrate how participants and patients are engaged throughout the study.
- Be committed to returning results to participants.
- Agree to regularly share study progress and best practices.
- Leverage the [PCORnet® Common Data Model](#), as applicable.

Module 3: Using PCORnet® to Power Your Research

Demystifying the process

3 Main Service Types within a Consultation



We really appreciated the PCORnet® Front Door team, who explained everything to us and helped us navigate the process, including timelines (ours was short!), and connections with CRNs (regional networks) and individual sites.”

— Brendan Everett, Principal Investigator, PRECIDENTD, a PCORnet® Study

Module 3: Using PCORnet® to Power Your Research

“What does PCORnet offer besides data?”

Key Tools



Data Sharing Agreement



Clinical Research Collaboration Agreement



SMART IRB and IREx List



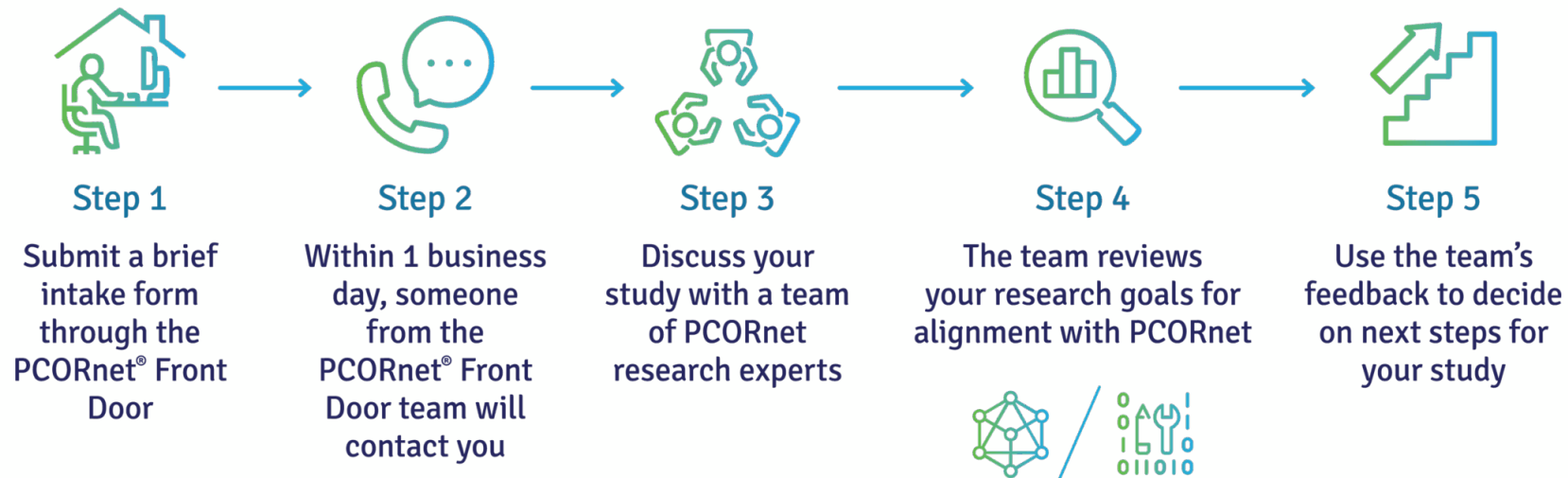
Data Study Flow Templates

Data Sharing Agreement	+
Clinical Research Collaboration Agreement	+
SMART IRB	+
IREx List	+
Data Study Flow Templates	+

Module 3: Using PCORnet® to Power Your Research

“What is a feasibility review?”

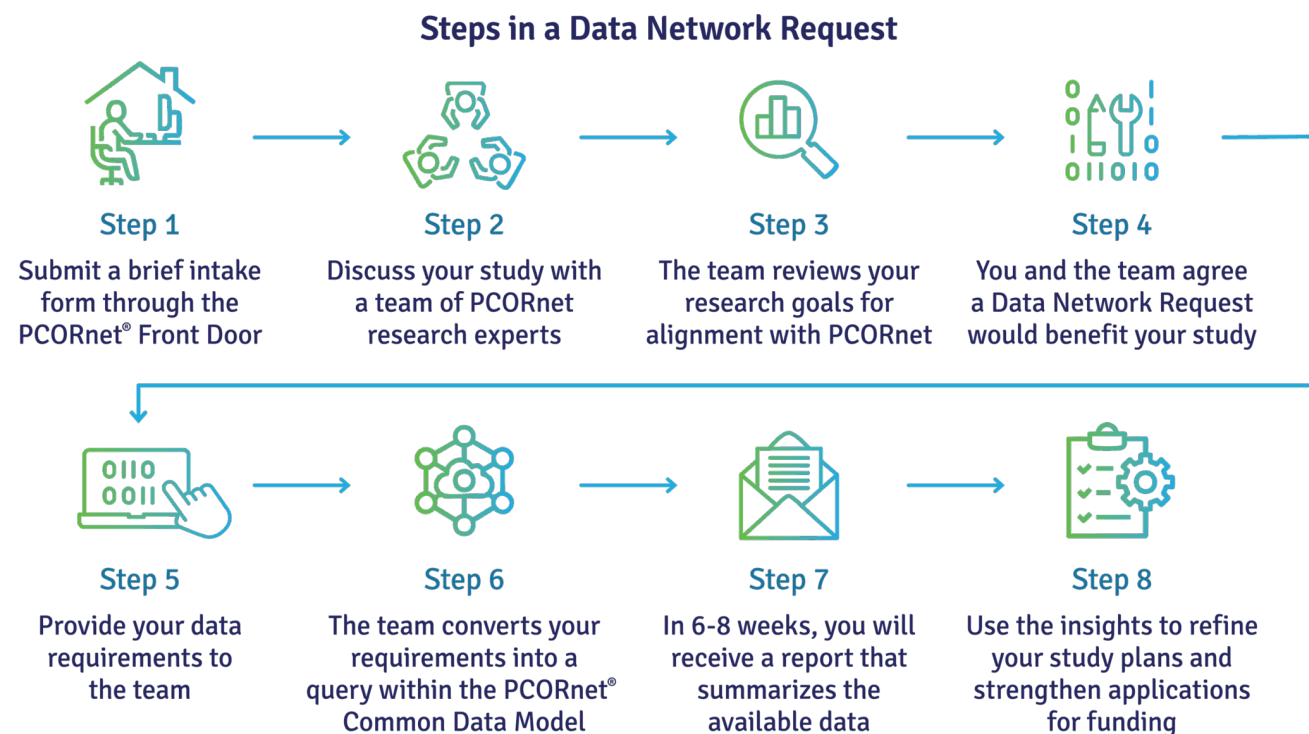
Steps in a Study Feasibility Review



If PCORnet is able to support your study, the team may recommend a Network Collaborator Request and/or a Data Network Request

Module 3: Using PCORnet® to Power Your Research

“What is a Data Network Request?”



Module 3: Using PCORnet® to Power Your Research

Pricing Guidance

Planning services provided at no cost

- Study Feasibility Reviews
- Data Network Requests
- Network Collaborator Requests

Study Costs

- Site-Specific Activities
- Query Costs

“Costs **depend on the needs of a study** and vary across different PCORnet® CRNs, so this module doesn’t include specific amounts.

However, it provides **general guidance** and describes the various factors that influence cost and how to account for them.”

Links to other resources

Connecting to other PCORnet tools

Data Reports

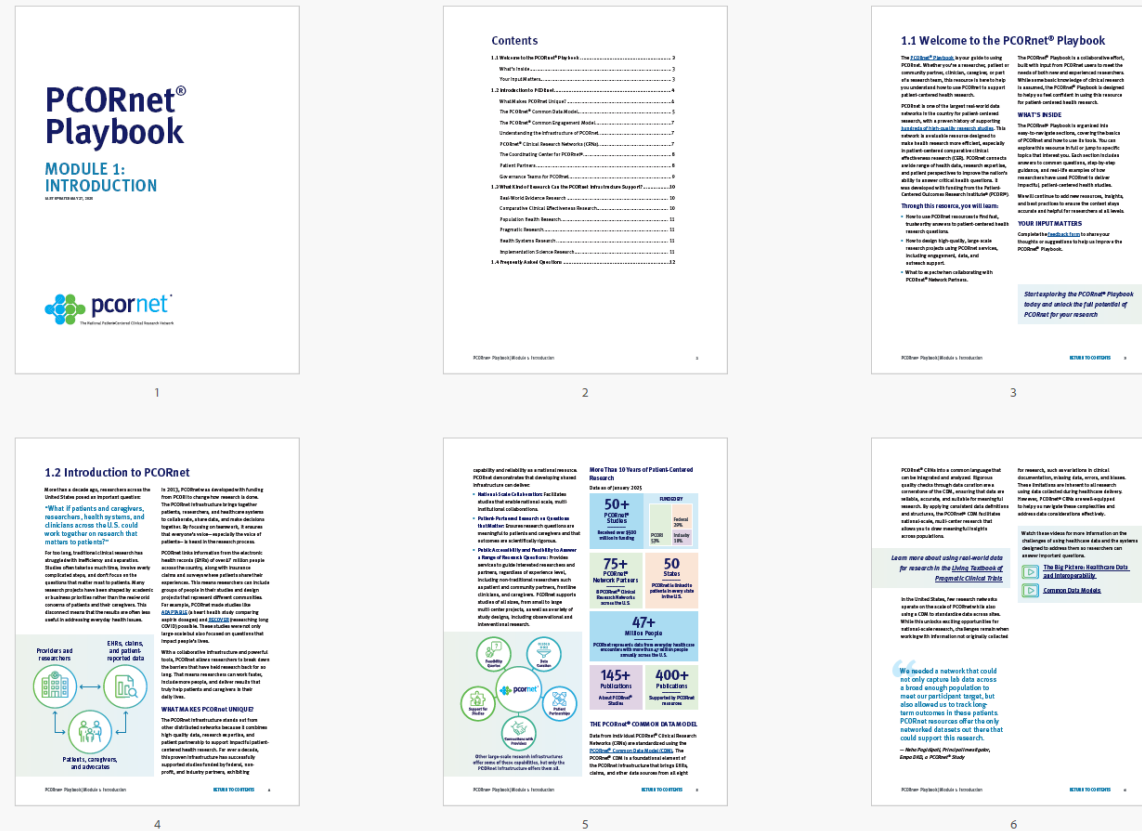
Data Reports Powered by PCORnet®

Data reports provide a valuable starting point for understanding how the PCORnet infrastructure can be leveraged to investigate key health topics prioritized by PCORI for research. These reports offer topic-specific snapshots of the extensive, real-world patient data collected across PCORnet® Clinical Research Networks (CRNs), helping researchers gain a deeper understanding of the rich data resources available within the network. This allows research teams to refine research questions, identify relevant data elements, and design more informed, impactful studies.



All modules are available for PDF download

DOWNLOAD MODULE 1



Quotes from Collaborators

Making it personal



"We needed a network that could not only capture lab data across a broad enough population to meet our participant target, but also allowed us to track long-term outcomes in these patients. PCORnet resources offer the only networked datasets out there that could support this research."

Neha Pagidipati
Principal Investigator, Empa DKD, a PCORnet® Study



"The PCORnet® Front Door team was exceptionally helpful. During the initial consult, the team identified the types of PCORnet resources most directly related to my proposal, and provided me with resources to better frame our request and understand the data model used by sites and networks."

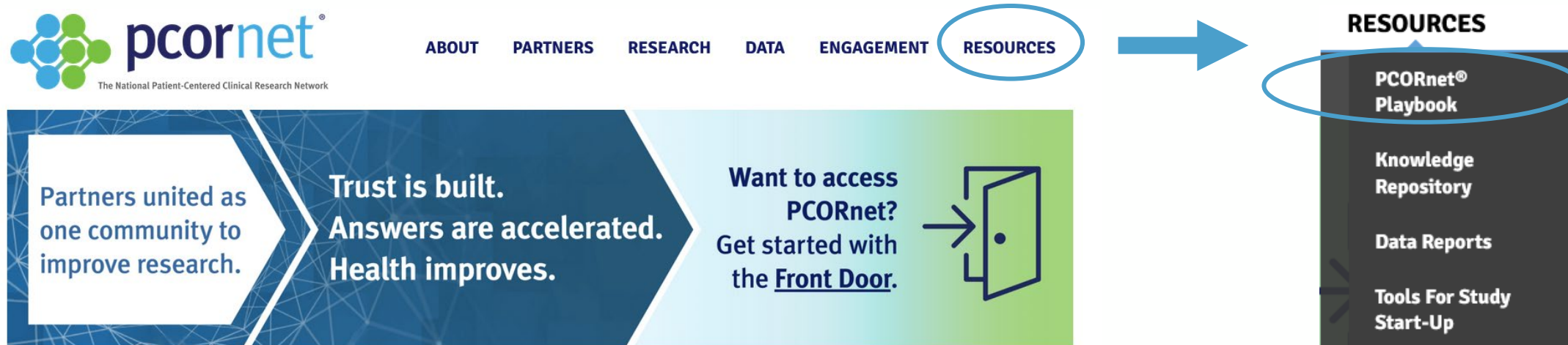
Keith Feldman,
PCORnet® Front Door requestor, Children's Mercy Research Institute

"In its first decade, the PCORnet infrastructure has made great strides in helping researchers embed the patient voice at every level. We are not experts at clinical research, but we are experts in what it is like to be a patient considering participation in a clinical trial—and for a research team designing a study, that expertise can be quite valuable."

— Greg Merritt, Patient Partner on the PCORnet® Steering Committee

Where is the Playbook?

The Playbook is publicly available on Pcornet.org under “Resources”



Feedback Form

PCORnet® Playbook Feedback

Your input matters! Share your thoughts or suggestions to help us improve the PCORnet® Playbook.

How helpful did you find the PCORnet® Playbook in understanding how to engage PCORnet to support patient-centered research?

- ☐ Not helpful
- ☐ Somewhat helpful
- ☐ Mostly helpful
- ☐ Very helpful

Do you have any suggestions for areas of improvement or content that would be helpful to add to the PCORnet® Playbook?

Long-Term Vision

- Regular review and maintenance
- Ongoing enhancement and expansion
- Similar to NIH Pragmatic Trials Collaboratory's Living Textbook (rethinkingclinicaltrials.org)



What's Next

Module Topic	Target Date
Engagement <i>(partnership with Vanderbilt team)</i>	2026
Dissemination and Implementation	Q3 2025
Case Studies	Q4 2025
Representativeness <i>(possible integration with existing module)</i>	Q4 2025
Digital Toolkit <i>(possible integration with existing module)</i>	Q1 2026 <i>(tentative)</i>



Q&A

