



Overview of the NIH Pragmatic Trials Collaboratory and a Cooperative Agreement

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The NIH Collaboratory Story



History: Initiated through the NIH Common Fund in 2012
Selected as the Pragmatic and Implementation Studies for the Management of Pain to Reduce Opioid Prescribing (PRISM) Resource Coordinating Center in 2019

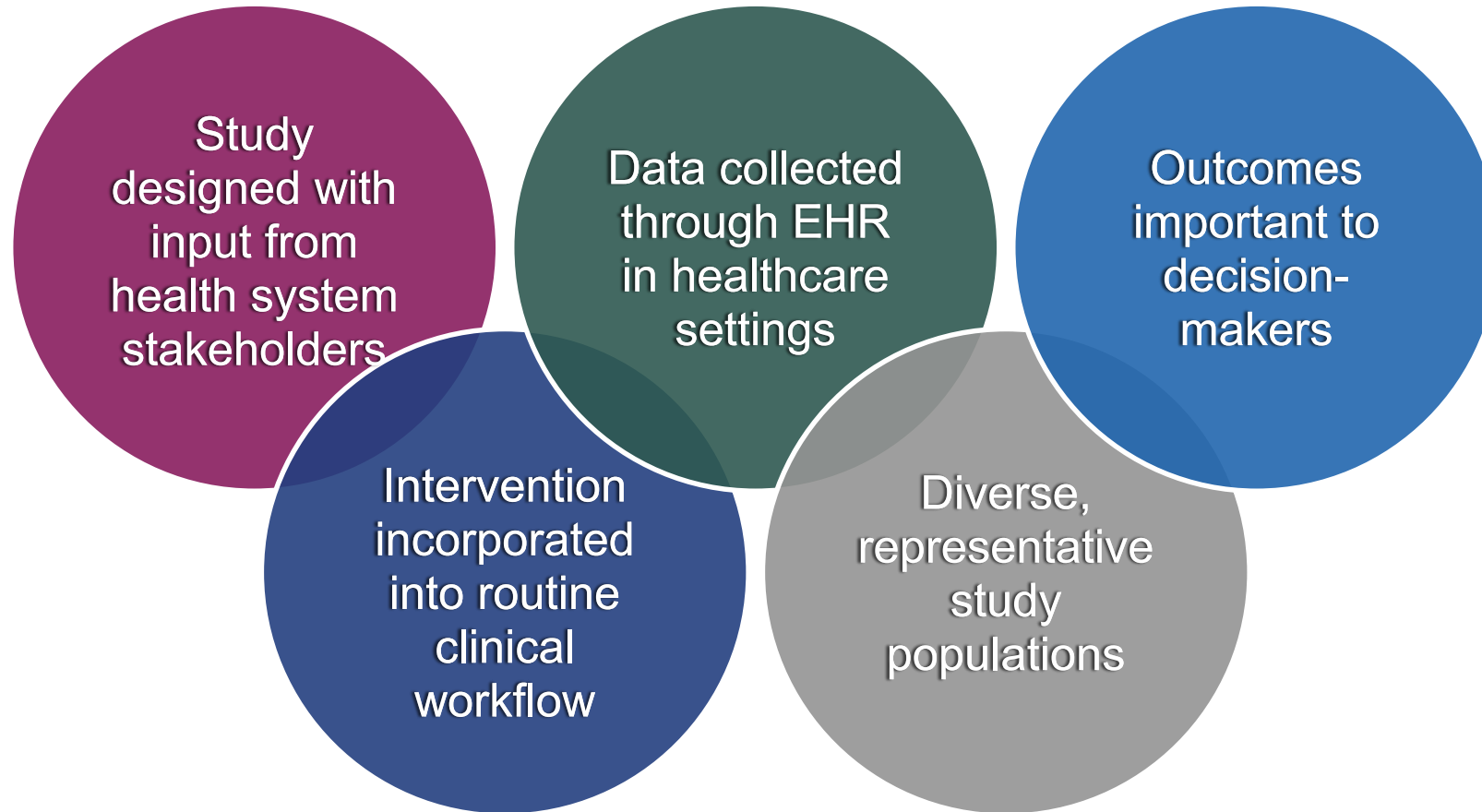


Goal: Strengthen the national capacity to implement cost-effective large-scale research studies that engage health care delivery organizations as research partners



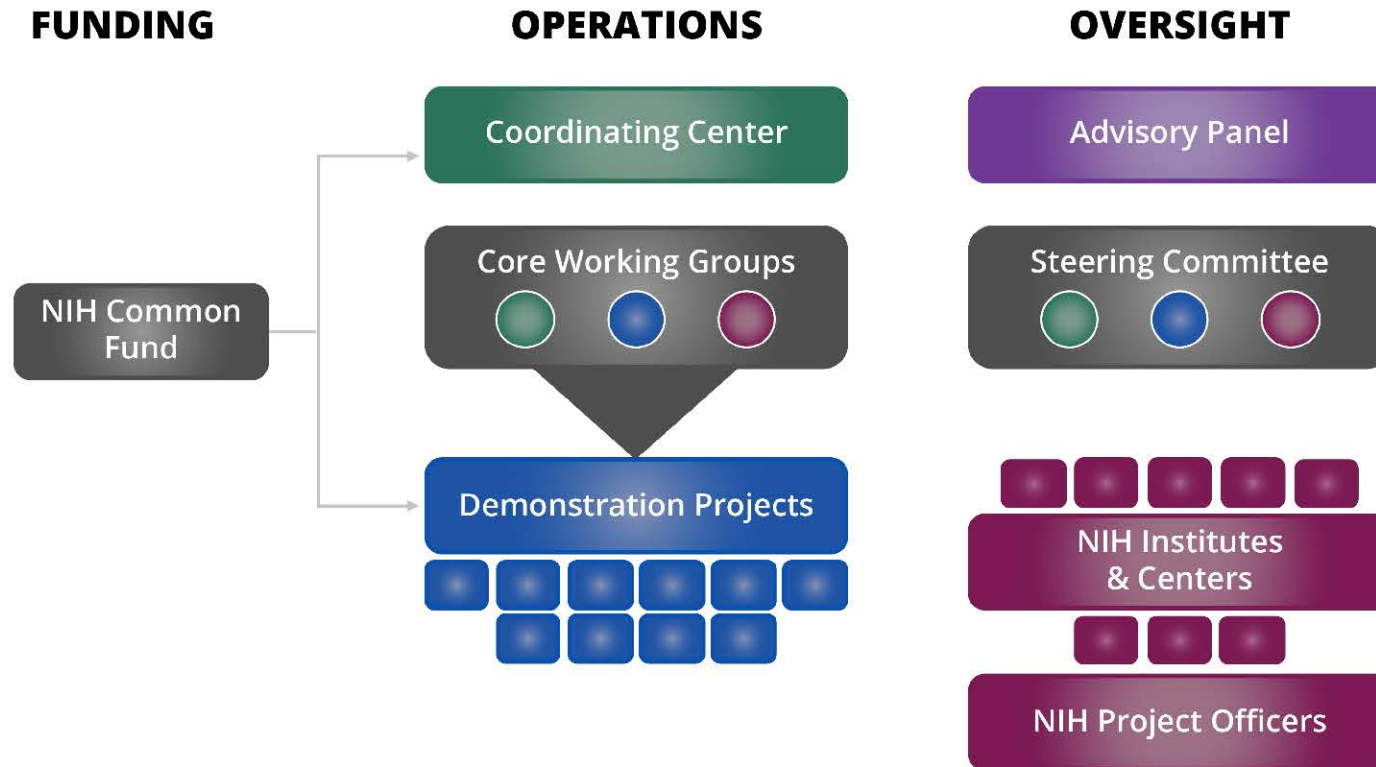
Vision: Support the design and execution of innovative pragmatic clinical trial Demonstration Projects to establish best practices and proof of concept

Embedded PCTs Bridge Research Into Clinical Care



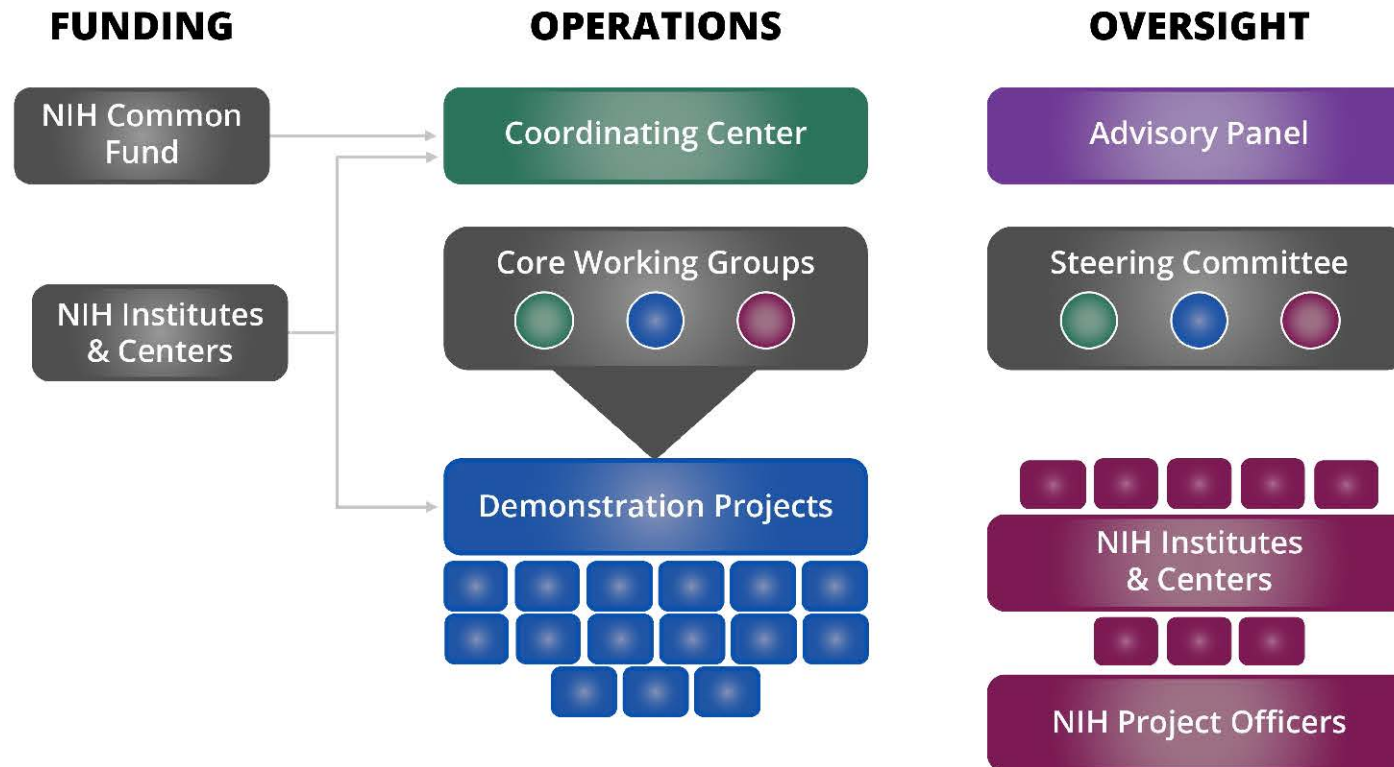
NIH Collaboratory Structure: 2012-2017

- The NIH Collaboratory began as an NIH Common Fund–initiated program. It includes centralized operational support for its pragmatic trial Demonstration Projects from a Coordinating Center and its Core Working Groups



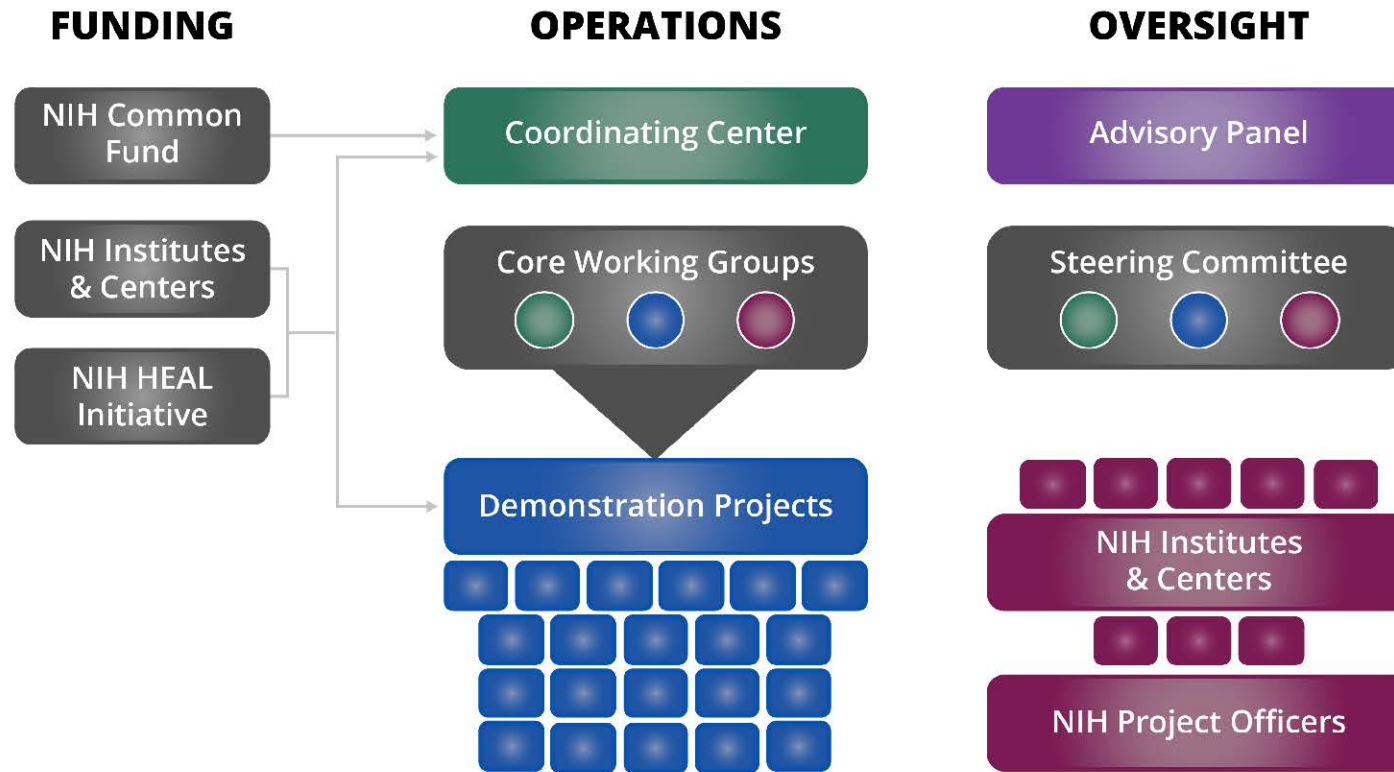
NIH Collaboratory Structure: 2017-2019

- Starting in 2017, individual NIH Institutes and Centers began providing funding for Demonstration Projects and the Coordinating Center, along with the Common Fund



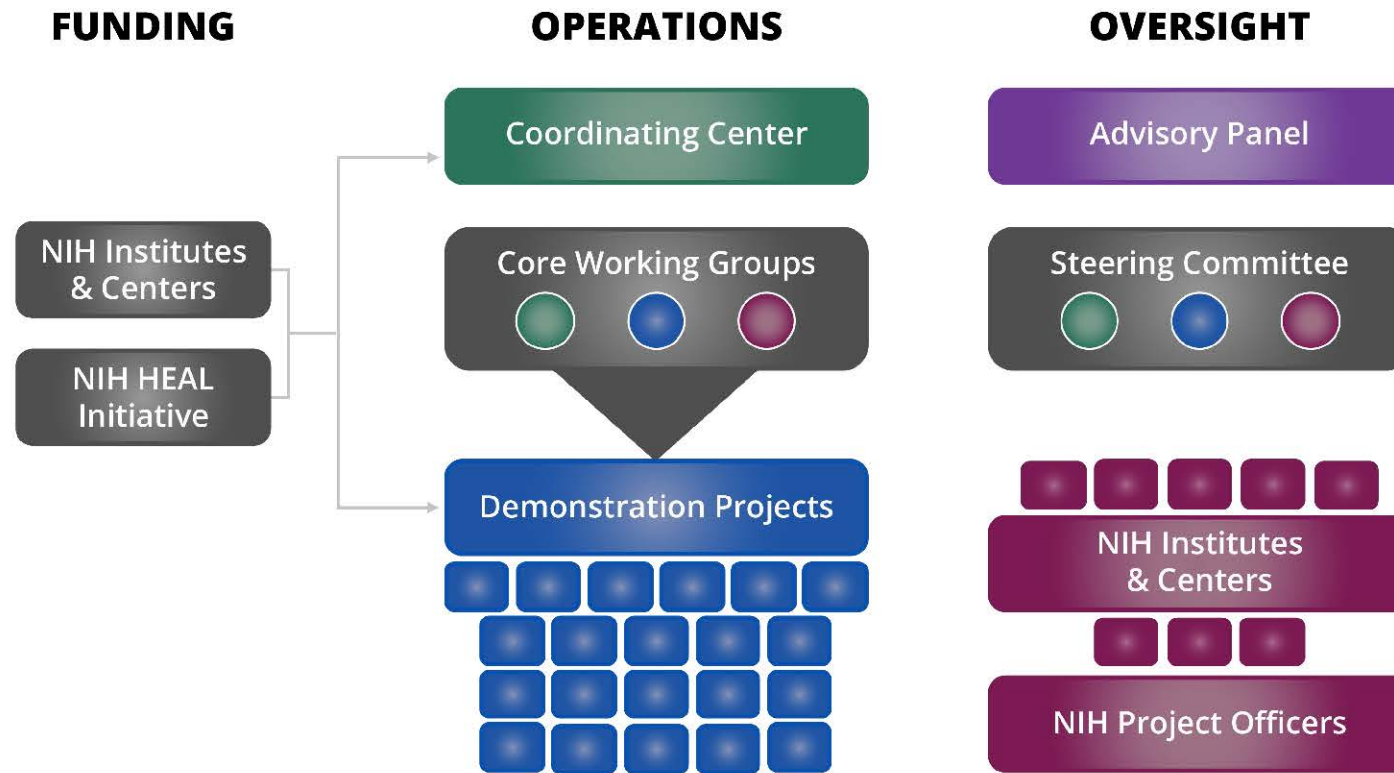
NIH Collaboratory Structure: 2019-2021

- Starting in 2019, the NIH HEAL Initiative began providing some Coordinating Center and Demonstration Project funding, in addition to existing funding mechanisms



NIH Collaboratory Structure: 2022-Present

- Starting in 2022, the program is entirely funded by the NIH HEAL Initiative, along with individual NIH Institutes and Centers



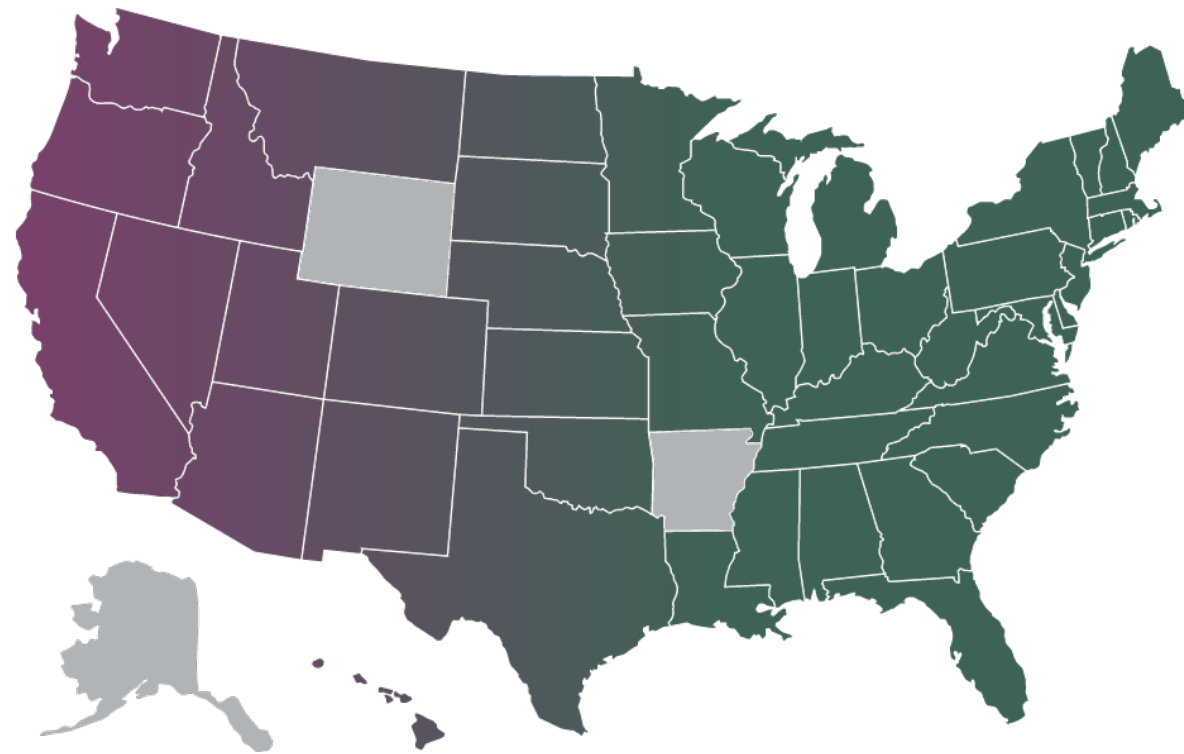
Demonstration Projects

- Pragmatic trials embedded in healthcare systems to address questions of major public health importance
- Projects span multiple NIH Institutes, Centers, and Offices
- 1-year planning phase followed by implementation phase



Reach of Demonstration Projects

>1,100 clinical sites across 94% of the United States



>940,000 subjects

Lessons Learned

- Expected
 - Missing data
 - Staff turnover
 - Decreased fidelity to intervention
 - Evolving HCS
 - ICD9 to ICD10
- Unexpected
 - Staff turnover frequency
 - Impact of intervention fidelity/adherence
 - New EHR launched
 - Time effects (guidelines)–stepped wedge design
 - Availability of data at end



Living Textbook of Pragmatic Clinical Trials

- Comprehensive resource for PCTs
- Content organized around Design, Conduct, Dissemination, and Ethics and Regulatory collections
- Authors from Demonstration Projects, Cores, and partners
- Continuously updated

www.rethinkingclinicaltrials.org



High-Profile Articles



ORIGINAL ARTICLES

Comparison of Approaches for Notification and Authorization in Pragmatic Clinical Research Evaluating Commonly Used Medical Practices



The NEW ENGLAND
JOURNAL of MEDICINE

Perspective

Is Learning Worth the Trouble? — Improving Health Care System Participation in Embedded Research

Annals of Internal Medicine[®]

Ideas and Opinions | 7 November 2017

Data Sharing and Embedded Research



A guide to research partnerships for pragmatic clinical trials



Navigating the Murky Waters of Colorectal Cancer Screening and Health Reform



Cooperative Agreements



What is a U Mechanism?

- U mechanisms – U01, **UG3/UH3**, and U24 – are cooperative agreement awards
 - Used for Investigator-Initiated applications
 - Used by the federal government when the funding agency anticipates federal staff will have involvement in the activities of the award
 - At the time of funding, NIH will assign two staff members to work with investigators:
 1. Program Director/Official who is responsible for the administration of the award, review of progress reports, etc.
 2. Project Scientist who works directly with the investigators as part of the team and participates in trial planning and oversight



Benefits of a Cooperative Agreement with a Shared Coordinating Center

- Allows active partnership between NIH and Investigator Team
- More frequent communication
 - **Program Scientist is part of your team**
 - Tell us what is really going on so we can help
 - Connect you with resources across NIH to resolve challenges and overcome barriers
- Coordinating Center for the PRISM/Pragmatic Trials Collaboratory
 - Have assisted 23 ePCTs successfully transition and implement
 - Working Groups/Cores set up to address the challenging areas
 - Additional scientific expertise to help your project



What Is a Phased Award?

- Used when the supported research has two distinct phases (e.g., UG3/UH3) with separate aims
- Transition to the second phase is dependent on whether the first phase achieves the negotiated milestones
 - Examples include test and refine data extraction methods; Institute/Center and DSMB approval of study protocol; finalize all training manuals for sites; active participant in PRISM/HCS Collaboratory activities, etc.
- If milestones are met, transition to the second phase of funding occurs after administrative review by funding Institute/Center (may get input from trans-NIH PRISM/HCS Collaboratory Implementation Team)



Transition Process

- Pre-Award negotiation of milestones
 - Want them to be objective
 - Easy to evaluate if they have been met – Yes or No
- Letter from NIH will describe the process
 - Submit per instructions, **2-3 months prior to transition time** (build into timelines)
 - Planning “year” is really 9-10 months
 - Document how you have met milestones
 - Still need to submit progress report electronically on due date



NIH Review Considerations

- UG3 milestones met
- Potential for meeting UH3 milestones
- Participation in PRISM/Pragmatic Trials Collaboratory Activities
- Input from NIH Implementation Team (possible)
- Fit of UH3 milestones and NIH priorities
- Availability of funds

