Health Care Systems (HCS) Interactions Core
Core Purpose

Support and facilitate productive collaboration between researchers, clinical partners, and patients

Signs of productive collaboration

- Delivery systems engaged in research
  - Aware, Actively participate
- Understanding health care system workflows and practices
  - Do researchers “get it”?
- Communicating results to all parties; improving translation
  - Findings disseminate & discussed
- Appreciating operational differences across multiple centers
- Administrative barriers to research embedded in health systems reduced
  - Inter–institutional contracting, Data Use Agreements
- Many others!
Support and facilitate productive collaboration between researchers, clinical partners, and patients

How we do this

- Consulting on pragmatic RCT implementation
  - *Phone, e-mail, regularly scheduled meetings*
- Providing a forum for open discussion
  - *Monthly core calls, Office Hours*
- Working collaboratively with others
  - *PCORnet*
  - *National PCT experts*
- Developing tools & resources
  - *e.g., orientation slide deck, journal articles*
- Identifying challenges and issues touching multiple cores for coordination
  - *e.g., IRB, cluster randomization considerations*
Well-catalogued issues and challenges across demonstration projects

- Facilitate sharing of progress and lessons learned
- Identify challenges and issues touching multiple cores for coordination
Collaboratory knowledge repository

- Collaboration best practices, templates, toolkits, training manuals, etc.
- Cluster randomized trials toolkit

Externally directed products: opportunity to make scientific contributions related to operational aspects of projects

- Journal article on building research/healthcare system partnerships
- Analysis of how trials change from design to implementation along PRECIS-2 pragmatic dimensions.
Five key lessons

1. Need for support of top leadership
   - Extent to which you deviate downward from top organizational priorities adds to PCT implementation complexity

2. Readiness of health systems to participate is variable
   - Willing vs. able

3. Start up ability of sites more variable than anticipated
   - Apparent complexity of a trial may have little correlation with actual start up complexity
4. PCTs must work hard to minimize impacts on health care operations
   - Respect clinic workflow and staffing time

5. Issues relating to Informed Consent are more prominent and unpredictable than anticipated
   - Lack of consensus regarding consent issues for cluster trials
Engaging MCC UH2 teams

- Breakout Discussions & group breakfast here
- Invitations to standing workgroup and office hours meetings
  - Health System Partners welcome
- Special focus this year on unique issues that arise in trials related to MCCs
## Core Team

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<thead>
<tr>
<th>Name</th>
<th>Role (How you would interact with each of us, mostly)</th>
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| Eric Larson, Core PI, GHRI               | • Provides overall leadership  
• Resource for “higher-level” needs                                                                                       |
| Karin Johnson, Core Research Associate, GHRI | • Meeting representative during Dr. Larson’s sabbatical  
• Leads work on white papers, manuscripts, etc.                                                                              |
| Jane Anau, Core Project Manager, GHRI     | • Sends agendas & meeting minutes  
• Maintains issue tracker                                                                                                    |
| Demonstration Project Teams               | • Update issue tracker  
• Participate in meetings  
• Contribute to scientific products as interested                                                                 |
Questions?