Health Care Systems (HCS) Interactions Core

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NIH Collaboratory Steering Committee Meeting

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Core Purpose

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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!

Meeting our Core's Purpose

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*

Issues Tracker

Well-catalogued issues and challenges across demonstration projects

- Facilitate sharing of progress and lessons learned

- Identify challenges and issues touching multiple cores for coordination

Generalizable Knowledge

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 implementation along PRECIS-2 pragmati 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
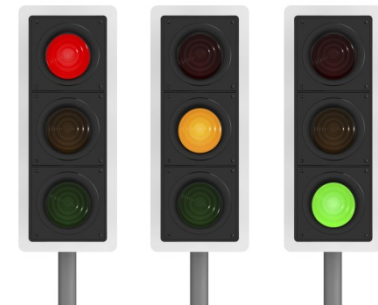
4. **PCTs must work hard to minimize impacts on health care operations**

   ▪ 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

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- 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

Name	Role (How you would interact with each of us, mostly)
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?

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