# ePCTs in Context

Small Group Work and Panel Discussion With NIH Collaboratory Trial Investigators

Moderator:

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# Learning goals

- Hear a brief description of the NIH Collaboratory Trials being used as case studies for the small group activity
- Small group discussion
  - Breakout into small groups
  - Each group discusses 1 question
  - Report back to the group
- Panelists discuss how they handled the challenges
- Reflect on the challenges, solutions, and lessons learned, to include Q&A

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# NIH Collaboratory Trial panelists

- Diana Burgess, PhD — RAMP
- Julie Fritz, PT, PhD, ATC — BeatPain Utah
- Angelo Volandes, MD, MPH — ACP PEACE
- David W. Wetter, PhD — LungSMART

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# Small group discussion

- **ACP PEACE**
  - Trial revealed some participating health systems have not established a method for patients to opt out of having their deidentified data used for research purposes. How would you approach this problem?
- **BeatPain Utah**
  - Pilot phase showed that patients receiving care in federally qualified health center clinics had less predictable work hours, multigenerational homes or housing instability, and limited technology to use for video visits. What strategies would you use to overcome these obstacles?
- **LungSMART**
  - Project requires data sharing, access to EHRs and e-referral systems, closing the loop between screening facilities and community health centers, and shared understanding and implementation of “patient consent.” How would you approach bridging all of these issues and establishing the deep sense of trust needed to make this work?
- **RAMP**
  - Stakeholder engagement revealed contextual factors likely to impact dissemination and implementation, especially those related to changes in VA policies, leadership, and workforce. How would you approach this problem?

# Reflection on today's topics

- Pilot and feasibility testing
- Ethical and regulatory considerations and posttrial obligations
- Engaging with health systems and community partners to plan for dissemination
- Posttrial sustainment or deimplementation of study interventions