

Program Policies and Guidance Documents

Project Onboarding Meeting
November 1, 2023

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**NIH PRAGMATIC TRIALS
COLLABORATORY**

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Data Quality Guidance and Data Sharing Policy

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NIH Collaboratory Governance Policies & Guidance Documents

- Available on website and in meeting e-Binder
 - <https://rethinkingclinicaltrials.org/nih-collaboratory-policies-and-guidance-documents/>

QUICK LINKS

[NIH Collaboratory Program Overview](#)

➔ [Policies and Guidance Documents](#)

[Steering Committee](#)

[NIH Collaboratory Communication Channels](#)

[Knowledge Repository](#)

Data Quality Guidance

■ Assessing Fitness for Use of Real-World Data

- Describes approaches to determine whether real-world data are fit for their intended use prior to their use in research settings

■ Quick Reference Handout

- Describes data quality checks and recommendations for assessments

ASSESSING FITNESS FOR USE OF REAL-WORLD DATA SOURCES

SECTION 1

Introduction

+ [Contributors](#)

Many of the real-world data sources used in clinical research are considered "secondary" sources, because the data were collected for a purpose other than the research project for which they are being used (eg, billing or clinical care). This contrasts with primary data sources, where the data are captured specifically for clinical care, billing, or a specific

SECTIONS

- 1 Introduction
- 2 Defining Fitness for Use
- 3 Evaluating Fitness for Use
- 4 Data Quality Measures
- 5 Data Source Accuracy: Case Study from TRANSLATE-ACS
- 6 Data Provenance
- 7 Operationalizing Fitness-for-Use Assessments



Assessing Fitness-for-use of Clinical Data for PCTs

Background

The credibility and reproducibility of pragmatic clinical research depends on the investigator's demonstration that the data are of sufficient quality to support the research conclusions. This document highlights recommendations for assessing the fitness-for use of data generated from routine patient care for use in PCTs. For more, read the full chapter in the Living Textbook [Assessing Fitness for Use of Real-World Data](#).

Before using an EHR dataset for a given research project, one should determine whether it is fit-for-purpose by determining if the data are **relevant** and **reliable**. Relevance includes the availability of key data elements (exposures, outcomes, covariates) and sufficient number of representative patients for the study. Reliability includes data accuracy, completeness, provenance and traceability. (FDA 2021.)

More specifically, a real-world data source is said to be **relevant** if:

- The data apply to question at hand:
 - For example, the data contain sufficient detail to capture the use or exposure of the product or device and/or the outcome of interest.
- The data are amenable to sound clinical and statistical analysis:
 - For example, the data can be used to answer the specified question using the proposed statistical plan.
- The data and evidence the source provides are interpretable using informed clinical and statistical judgement:
 - For example, the use of a device or product in a real-world population is representative of what is captured in the data source, is generalizable to the relevant population under study, etc. (FDA 2019).

Data are considered **reliable** if:

- Data are captured in a standardized and rigorous manner
- Data are accurate and complete, data provenance is known, and data are traceable
- Efforts of data curation, transformation, accrual, etc. are known (i.e., process from transforming raw data to analytic dataset)

EHR data typically go through several phases when used to support a PCT – from source system, to clinical data repository to data warehouse to study-specific dataset. The quality or fitness of a dataset may be evaluated at various points along this process, with different processes for quality assurance or quality control (FDA 2021). Assessment of data quality is an ongoing process, and conformance, completeness, and plausibility should be assessed throughout the trial.

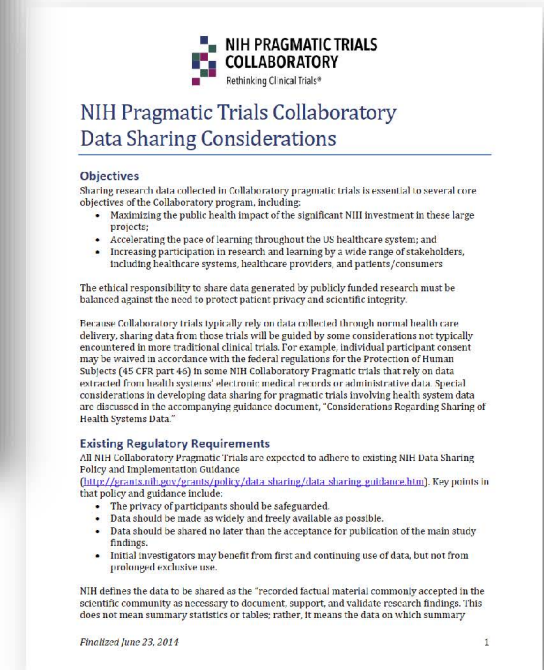
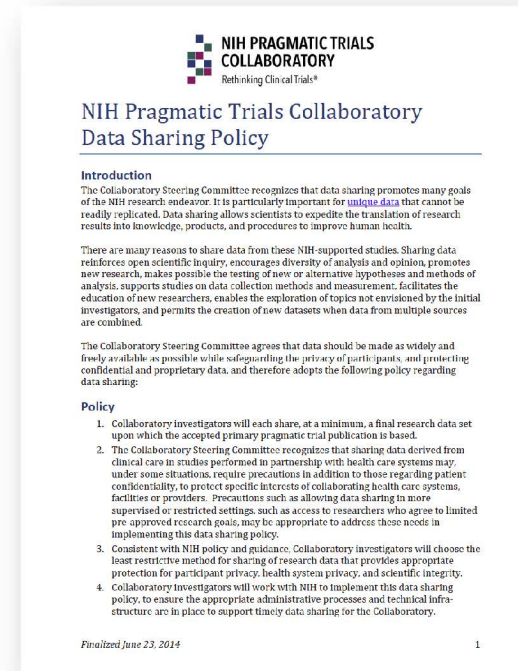
Data Sharing Policy and Considerations

■ Data Sharing Policy

- States the 4 policies adopted by the NIH Collaboratory for data sharing

■ Data Sharing Considerations

- Describes considerations for use of healthcare system data, methods and tools for data sharing, and expectations for NIH Collaboratory trials



Reasons to share:

Advancing
public health

Maximizing
investment

Accelerating
learning

Fostering
collaboration
(pay it forward)

*Ultimately... transparency, reproducibility, and secondary use of medical research are **good for society**.*

Data Sharing and Embedded Research





Gregory E. Simon, MD, MPH; Gloria Coronado, PhD; Lynn L. DeBar, PhD, MPH; Laura M. Dember, MD; Beverly B. Green, MD, MPH; Susan S. Huang, MD, MPH; Jeffrey G. Jarvik, MD, MPH; Vincent Mor, PhD; Joakim Ramsberg, PhD; Edward J. Septimus, MD; Karen L. Staman, MS; Miguel A. Vazquez, MD; William M. Vollmer, PhD; Douglas Zatzick, MD; Adrian F. Hernandez, MD, MHS; and Richard Platt MD, MS

- The ethical responsibility to share data generated by publicly funded research must be balanced against the need to protect patient privacy and scientific integrity
- Data sharing policies *must not dissuade healthcare system participation*

Annals of Internal Medicine®

Ideas and Opinions | March 2023

Moving From Idealism to Realism With Data Sharing

Keith A. Marsolo, PhD , Kevin P. Weinfurt, PhD , Karen L. Staman, MS , and Bradley G. Hammill, DrPH 

- Data sharing should be more than just a box-checking exercise to meet a mandate
- Technologies are making data more available and “useful”
- Opportunity >>>> Current practices

Data and Resource Sharing Process for Demonstration Projects

Gina Uhlenbrauck

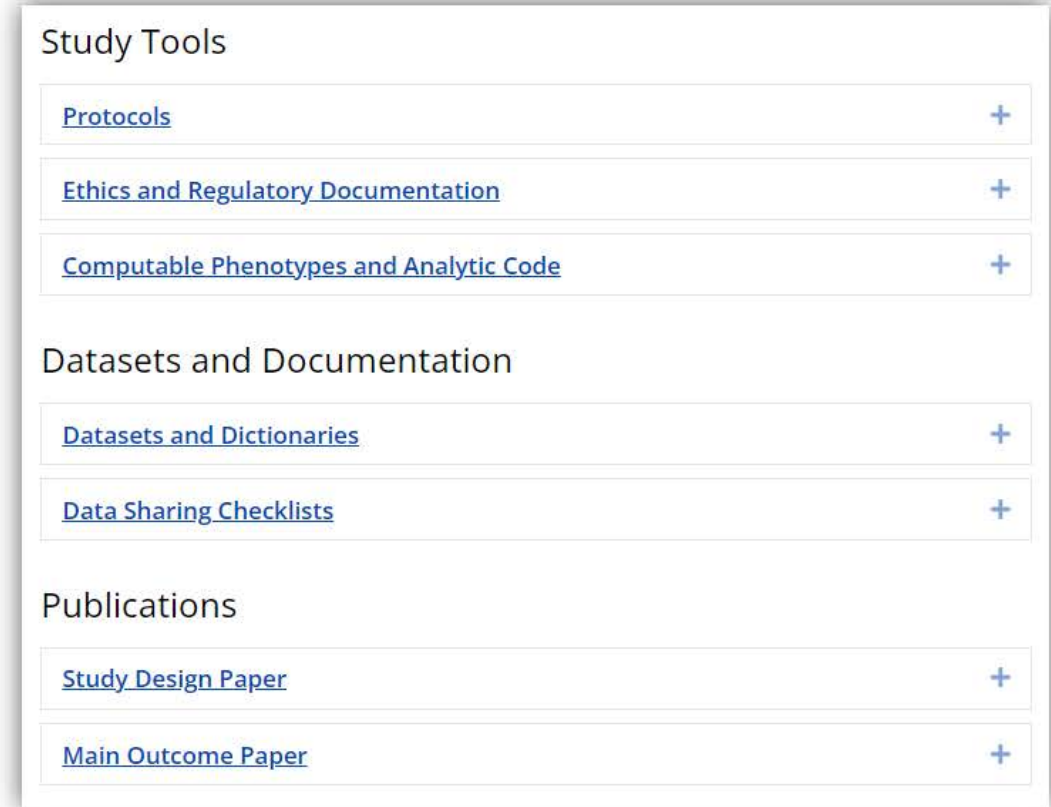


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Coordinating Center Facilitates Projects' Data and Resource Sharing

- Completed projects expected to share data and resources publicly
 - Study tools
 - Datasets and documentation
- Materials added to NIH Collaboratory website at project closeout



rethinkingclinicaltrials.org/data-and-resource-sharing/

Data and Resource Sharing Preparations

Consult Informational Document

- Data sharing examples
 - From NIH Collaboratory Demonstration Projects
 - Mechanisms
 - Platforms
 - Statements

Onboarding Data and Resource Sharing Informational Document

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Complete Onboarding Data and Resource Sharing Questionnaire

- Planning tool for researchers
- Worksheet guides in development of data sharing plan

Onboarding Data and Resource Sharing Questionnaire

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Data and Resource Sharing Questionnaire

This questionnaire is a worksheet to guide Demonstration Projects in developing data sharing plans that meet program requirements (see below checklist). This questionnaire is to be used as part of the onboarding process and can be used for planning purposes by other researchers who need to share data.

Instructions/guidance are provided in italics. Please provide responses in the answer column.

Data Sharing Questionnaire

1. Study Information

Question	Answer
What is the trial name and acronym?	
Who is completing this questionnaire?	
Date of questionnaire completion?	
Please provide a link to the trial's ClinicalTrials.gov registration.	

At Project Closeout

Complete Closeout Data and Resource Sharing Checklist

- Provide links or files for posting on the program website
- Share everything requested or indicate why an item cannot be shared
- Coordinating Center will initiate this process

Data and Resource Sharing Checklist

All NIH Pragmatic Trials Collaboratory Projects are expected to complete this checklist at closeout. The information provided in the checklist will be published in the Living Textbook on each Demonstration Project's page and on a Data and Resource Sharing page.

Data and Resource Sharing Checklist		
1. Study information		
Trial name and acronym:		
Checklist completed by:		
Date:		
Link to ClinicalTrials.gov registration:		
Link to study website:		
2. Resource location		
Item	Provide hyperlink or indicate if item will be stored in the KR	If item will not be shared, please provide a brief explanation for the omission
Publications		
Link to protocol paper		
Link to main outcome paper		
Link to other study-related publications		
Study tools		
Final version of the protocol, including summary of changes		
Consent documents or consent process		
Computable phenotypes for outcome measures		
Computable phenotypes for the inclusion/exclusion criteria		
Code for generating variables in the analytic dataset from standard sources		
Datasets and documentation		
Annotated data collection forms		
Link to public use dataset		
Data dictionary (proc contents) for public use dataset		
Other resources		

Publications, Presentations, and Products Policy

Gina Uhlenbrauck



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Publications Committee

- Coordinating Center and NIH program leaders and Demonstration Project representatives
- Oversees the program's publication activities, in accordance with the Publications and Presentations Policy

Publications, Presentations, and Products Policy

- Outlines procedures for Coordinating Center review of publications from the Demonstration Projects and Core Working Groups
- Includes required funding acknowledgment language

Must-Dos for Demonstration Projects

- **Before submission:**

- Include the appropriate funding acknowledgment in your manuscript
- Send your manuscript to the Coordinating Center for review; turnaround is 1 week maximum, and usually much quicker

- **After submission:**

- Notify the Coordinating Center of submission(s)
- Notify the Coordinating Center of acceptance
- Ensure your work meets NIH public access requirements, such as inclusion in PubMed Central

Publication Tracking

- Coordinating Center staff will contact you **quarterly** for updates about your publications and presentations

Publications

[Treating persistent pain: a nurse co-led, interdisciplinary model for primary care](#)

[Economic evaluation: a randomized pragmatic trial of a primary care-based cognitive behavioral intervention for adults receiving long-term opioids for chronic pain](#)

[PPACT Closeout Snapshot](#)

[Graded chronic pain scale revised: mild, bothersome, and high-impact chronic pain](#)

[PPACT Main Outcome Paper](#)

[Validating pain communication: current state of the](#)

Presentations

[2023 NIH Workshop Panel 1: DeBar, Glassenberg](#)

[Lynn DeBar Sharing Study Results Presentation 2023 Steering Committee Meeting](#)

[Lynn DeBar Presentation 2023 Steering Committee Meeting](#)

[Primary Care-Based Behavioral Treatment for Long Term Opioid Users with Chronic Pain: Primary Results and Lessons Learned from the PPACT Pragmatic Trial](#)

[Primary Care-Based Behavioral Treatment for Long Term Opioid Users with Chronic Pain: Primary Results and Lessons Learned from the PPACT Pragmatic Trial](#)

Publication Promotion

Keep us informed so we
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promote your
NIH Collaboratory work!



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Researchers from our EMBED Demonstration Project are conducting multiple studies to understand the environment in which the clinical decision support report on out-of-hospital...

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In this new article in Learning Health Systems from our Ethics and Regulatory Core, @SMorain and colleagues gathered insights into the sharing of deidentified, participant-level data in [#pragmatictrials](#). [#bioethics](#)

March 11, 2021: TSOS Study Intervention Reduces PTSD Symptoms in Injured Patients at Level I Trauma Centers

A collaborative care intervention for injured patients at trauma centers can reduce symptoms of posttraumatic stress disorder (PTSD), according to the results of the Trauma Survivors Outcomes and Support (TSOS) study. The results were [published online this week](#) in *JAMA Surgery*.

The TSOS study, an [NIH Collaboratory Demonstration Project](#), was a stepped-wedge, cluster randomized pragmatic clinical trial testing the delivery of a stepped collaborative care intervention vs usual care for 635 injured patients with PTSD symptoms and comorbid conditions at 25 level I trauma centers in the United States.

Patients in the control group received usual care plus nurse notification about the patient's high level of distress. Patients in the intervention group received collaborative care consisting of evidence-based medication, cognitive behavioral therapy, and case management. Patients in the intervention group whose PTSD symptoms persisted after initial treatment received stepped-up care, such as medication adjustments or additional psychotherapeutic elements.

After 6 months, the intervention group experienced a significant reduction in PTSD symptoms as compared with the...

Dr. Doug Zatzick

Demonstration Project Publication Types

- Many opportunities for study teams to publish throughout the lifecycle of their projects
- Pilot studies, secondary outcomes, lessons learned, and more—in addition to the study design paper and main outcome paper



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