Research Ready

Clinic Staff as a Unique Stakeholder Group in Patient-Centered Outcomes Research

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About us

LPHI

LPHI, founded in 1997, is a statewide 501(c)(3) nonprofit and public health institute that translates evidence into strategy to optimize health ecosystems. Our work focuses on uncovering complementary connections across sectors to combine the social, economic, and human capital needed to align action for health. We champion health for people, within systems, and throughout communities because we envision a world where everyone has the opportunity to be healthy.

REACHnet

Research Action for Health Network is a partnership of health systems, academic centers, and public health organizations that constitutes an innovative data network for conducting efficient, multi-site research. Our mission is to facilitate research that addresses healthcare questions of critical importance to patients and clinicians and contributes to the evidence base that will inform more effective healthcare decision-making and improve population health.

Research Ready project information

- **Funding:**

  PCORI Eugene Washington Engagement Award

- **Project period:**

  2 years – April 2017 – March 2019

- **Issue:**

  Low engagement and capacity of clinic staff to implement research in ambulatory care settings

Background

- Through REACHnet, LPHI has worked with outpatient clinics to implement pragmatic research studies.

- Recognition of key role of clinic support staff, such as MAs and nurses.

- No previous interventions targeting clinic support staff as a means to improve implementation of research in healthcare settings.

Research activities performed by clinic staff

Research staff role	Support role
• Enrollment • Informed consent • Conduct interviews • Collect samples	• Recruitment • Connect patient to study team • Schedule follow-up or procedures • Collect samples

Background

Clinic-level barriers to study implementation

Low clinic staff engagement

Lack of knowledge of research fundamentals

Time constraints

Goals

Improve staff involvement

Build patient trust

Increase adoption of pragmatic research

Alignment with REACHnet

- Contribute to the understanding of how to best train clinics

- Inform clinical integration practices and approaches

- Help researchers inform clinic-based studies and better incorporate clinical staff into research

- Improve study implementation at sites that are not traditionally involved in research (e.g. FQHCs)

Key deliverables

Training for clinic staff

Guide for researchers

Methods

| Key informant interviews	Stakeholder workgroups	Advisory board
• Tier 1 – clinic staff (MAs, nurses) • Tier 2 – research team (CRCs, PIs, study nurses)	• Training development • Researcher guide development	• Guidance and feedback • Access to stakeholders

Key informant interviews

- 28 semi-structured interviews
  - 14 "Tier 1" informants – clinic staff
  - 14 "Tier 2" informants – research staff

Tier 1 Interview Participants by Role

Tier 2 Interview Participants by Role
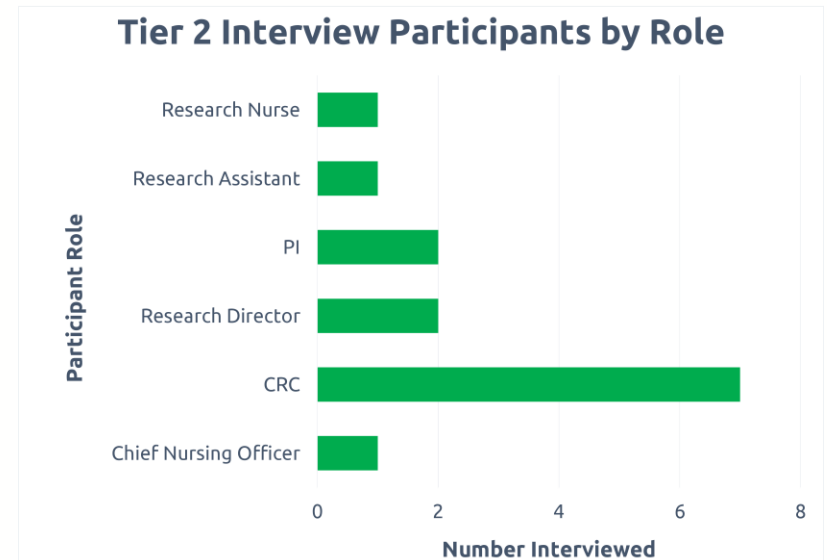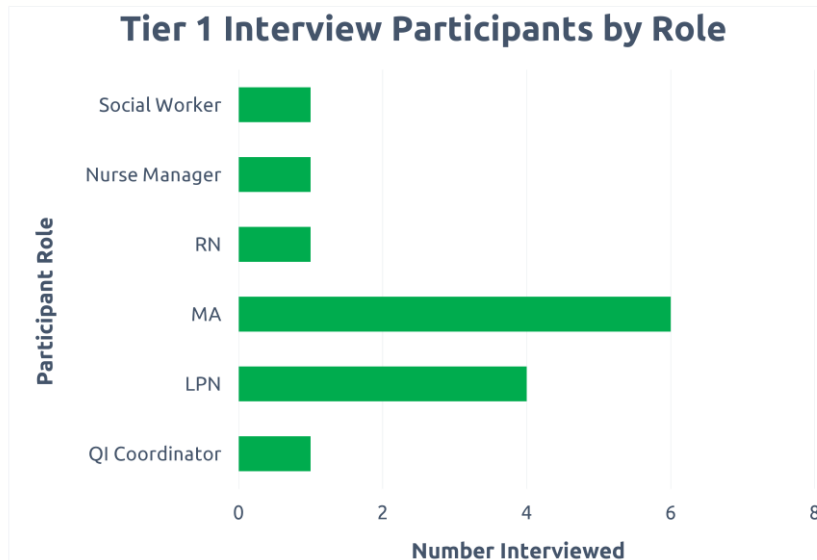
Common set of guiding questions

- What do clinic staff need and need to know in order to be effective partners in pragmatic research?

- What research projects worked better in clinic settings & why? What made them successful?

- What areas of research are clinic staff least prepared to participate in?

- How do clinic staff manage research activities that may affect the workflow and delivery of clinical care?

- What is the most effective process for training clinic staff?

- What is needed to generate buy-in from clinic staff to participate in pragmatic research?

Interview word clouds

Tier 1

Tier 2

Common themes from both groups

- Clinic staff play a key role in implementing pragmatic research
  - Brokers of patient trust
  - Gatekeepers of clinic workflow
- Clinic staff are motivated by perceived risks and benefits to patients
- Need for training of clinic staff
  - Share information about the study, including the aim
  - In-person trainings are preferred

Common themes from both groups

● Research team must build a relationship with clinic staff to achieve and maintain buy-in

   ● Regular communication with clinic staff is needed

   ● Research staff should be readily available to address problems

● Time constraints pose a significant barrier to pragmatic research activities

   ● Priority is given to regular care delivery

   ● Integrate research activities into existing workflows

Unique themes between groups

Tier 1 only:

- Clinic staff want to communicate accurately and effectively with patients about research but do not feel adequately prepared to do so

Tier 2 only:

- Clinic staff have a general lack of knowledge about research
- Lack of clinic staff comfort is a barrier to implementing research
- Clinic staff struggle with implementing a research protocol opposed to the standard of care

Quotes from Tier 1 informants

"Why are we doing it? What's the benefit to patient? How am I going to incorporate this into my workflow when I already have 1,000 things to do?"

"The [research] coordinator mainly talks to doctors. If we were included, it would be good."

"Give updates – how we are doing, what our recruitment numbers are, positive reinforcement to staff."

"If I don't understand why we're doing research, I might blow them off."

Quotes from Tier 2 informants

"Get to know the staff… [It] helps the doctors and staff trust you and see that you want to help their patients. This makes them more receptive and willing to participate."

"The staff knows their patients. They care about patients and want you to care about them."

"Keep in mind you are going into someone else's house. When you go to someone else's house you have to remember you can't tell them how they run their house."

Key deliverables

Training for clinic staff

Guide for researchers

Training for clinical staff
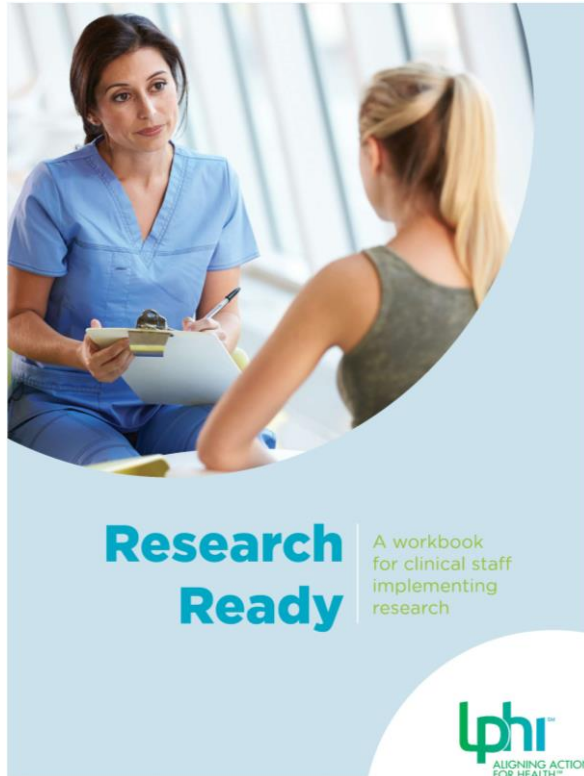
Research Ready: A workbook for clinical staff implementing research

Available at:
http://bit.ly/RRworkbook

The development process

Content creation

Key informant interviews → Stakeholder advisory board → Linguistic and cultural review → Graphic design → Training workbook
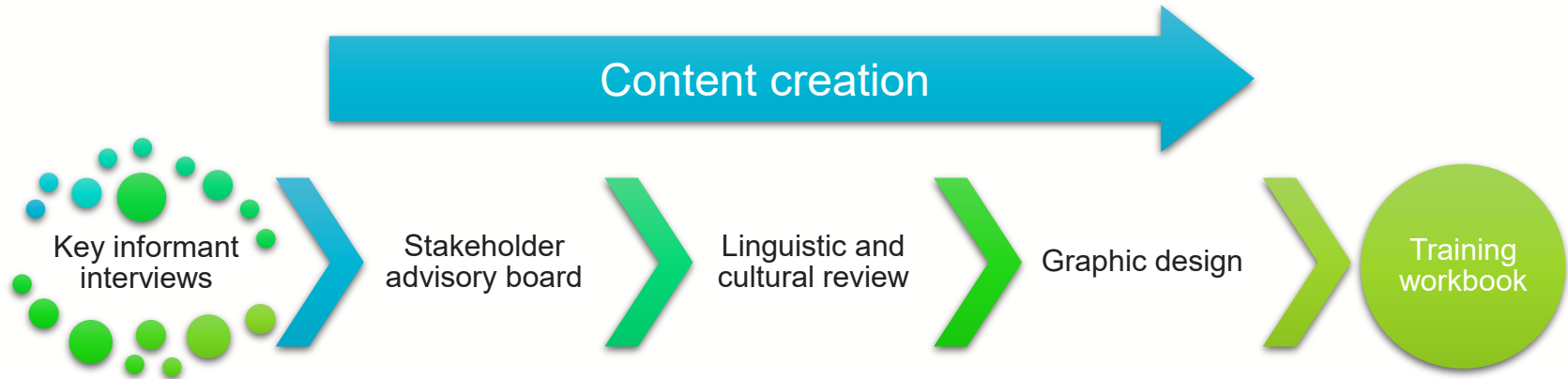
Why a workbook?

- Usability
  - Interactive
  - Can be self-guided
- Dissemination
  - Easy to share electronically
  - Requires few resources to reproduce

Workbook table of contents

- What is research?
- The research process
- Research integrity
- Working with the study team
- Summary and quiz

Interactive exercises

Inclusion and Exclusion Criteria

Inclusion and Exclusion Criteria Practice

Based on the inclusion and exclusion criteria below, which patients can be enrolled in the study? Check yes or no next to their names.

Inclusion criteria (patient must meet all of these):
Female, age 18 or over, 10 or more migraines in the past year, and current or historic diagnosis of depression

Exclusion criteria (patient cannot have any of these):
Male, younger than 18, fewer than 10 migraines in the past year, or never diagnosed with depression

Carlos
○ YES ○ NO — Male, age 27, history of depression, 12 migraines in the past year

Regina
○ YES ○ NO — Female, age 45, history of depression, 11 migraines in the past year

Kim
○ YES ○ NO — Female, age 17, current diagnosis of depression, 25 migraines in the past year

Amy
○ YES ○ NO — Female, age 22, no history or current diagnosis of depression, 8 migraines in the past year

Lois
○ YES ○ NO — Female, age 59, current diagnosis of depression, 15 migraines in the past year

Eliminating Bias

Researchers design their studies and methods to eliminate bias as much as possible.

- They try to make sure the patients who enroll in the study represent the target population that is affected by the research question.
- They also take steps to make sure that the study is done the exact same way by every location that is implementing it.
- Another precaution to avoid bias is called blinding.

In a blinded study, the participants don't know if they are getting the experimental intervention or the standard intervention.

In a double-blinded study, both the participant and their healthcare providers don't know which intervention the patient is getting.

What would you do?

Your clinic is part of a study to test if a new smartphone app can help people with diabetes monitor their blood sugar. Your job is to tell all of your patients with diabetes about the study while you check them in for their visit.

How can you avoid bias in this situation (check one)?

○ A. Only tell patients about the study if you see them using a smartphone.

○ B. Tell all of your patients about the study, regardless of whether you see them with a smartphone.

○ C. Only tell patients about the study if they ask you for the information.

Pilot testing

- Sites
  - Clinic staff at 2 FQHCs
  - Study advisory committee at 1 academic medical center
- Implementation Methodology
  - 2 groups received in-person trainings
    - Workbook given before training. Participants encouraged to follow along.
  - 1 group used the workbook for self-study
- Data collection
  - Participant surveys
  - Pre- and post-pilot communication with site coordinators

Participant feedback

- Survey responses were captured on a 5-point Likert scale
  - All N= 52, in-person N=41, self-study N=11

Easy to understand	Increased knowledge	Likely to use information
• All: 4.7 　• In-person: 4.8 　• Self-study: 4.5	• All: 4.3 　• In-person: 4.5 　• Self-study: 3.6	• All: 4.5 　• In-person: 4.5 　• Self-study: 4.4

Participant feedback

- **What is one thing you intend to do as a result of using this workbook?**
    - "I will avoid all and any bias I am aware of and be more mindful of it in any future research projects I am involved in!"
    - "Keep it handy for any new research we maybe involved in… Learn how to avoid bias."
    - "If we as a clinic are going to participate in a research study, I will know how to go about educating the patients."
   - "Pay more attention to following the protocols ."

Other Pilot Findings

- Clinic leadership/management was reluctant to make time for the trainings, were more amenable when incentives were offered.
- Research staff were more eager to share the training with clinic staff.
- Participants in the self-study group requested an in-person training.
- One pilot organization requested a recording of the training for use at other sites.

Facilitation Tips

- Participation incentives may be needed. Include these costs in your budget.

- In-person training preferred.

- Length of time for in-person training:
  - 90 minutes is ideal
  - 60 minutes for abridged version

- Explain and reiterate the reason for the training.

- Use examples of studies that have been (or will be) conducted at the clinic site.

Researcher guide
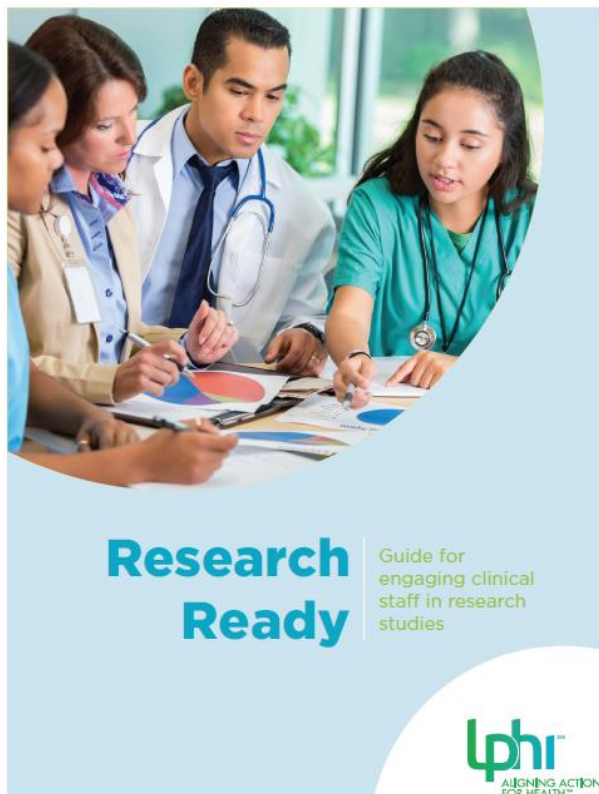
*Research Ready: Guide for engaging clinical staff in research studies*

Available at: http://bit.ly/RRtips

Purpose

- Support researchers who conduct pragmatic studies and work with clinic staff

- Compile and share best practices from colleagues that have successfully implemented pragmatic research

- Amplify the voices and perspectives of clinic support staff

- Facilitate meaningful engagement of clinic staff in the research process

The development process

Key informant interviews

Content creation

Stakeholder advisory group

Graphic design

Researcher guide
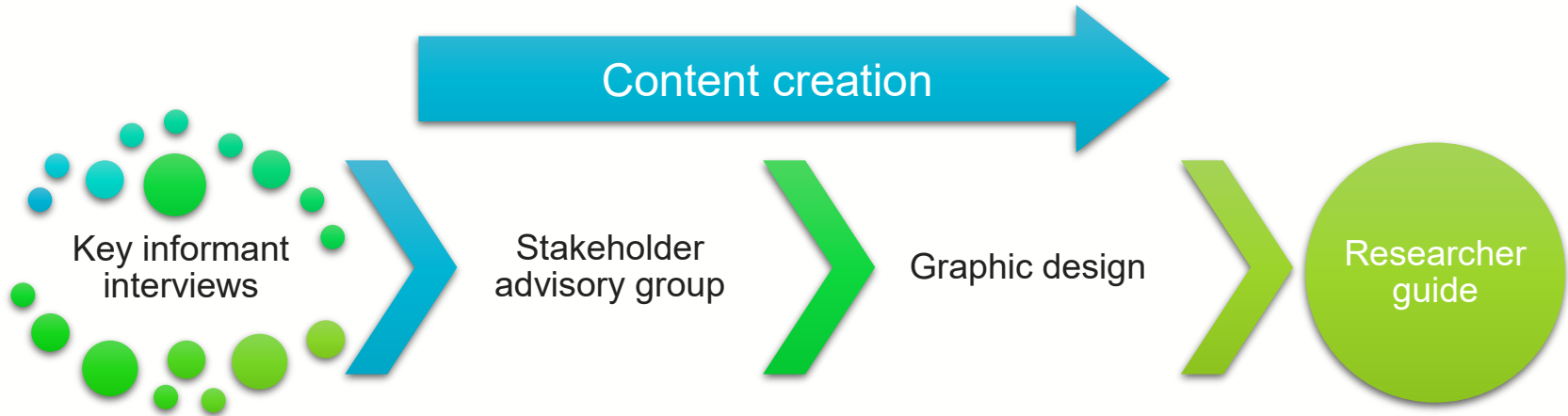
Contents

- Introduction
- Key recommendations
- Summary of interview findings
- Additional resources
  - Sample agenda for study planning meeting with a clinic
  - Sample agenda for clinic staff onboarding meeting
  - Link to staff training workbook

Key Recommendations

Pre-implementation	Simple protocols are easiest to integrate into clinics. Talk with staff during protocol design to learn about existing workflows.
	Learn about patient population of clinic to determine if study is good fit.

Key Recommendations

Onboarding	Ensure staff have basic understanding of research. Use Research Ready staff training if needed.
	Provide all staff with an overview of study aim and activities.
	Prepare staff to discuss the study with patients.

Key Recommendations

Implementation

Build relationship with clinic staff by being present and responding to needs.

When possible, provide progress reports on study activities.

Key Recommendations

Close-out	Provide closing communication.
	Share study results with clinic staff when they become available.

Next steps for Research Ready

- Disseminate tools and findings
  - Share materials
  - Facilitate trainings
  - Training of trainers

- Integrate staff training into work plan for future REACHnet studies
  - *Using PCORnet to Compare Blood Pressure Control Strategies*
- Fulfill health center request for a recorded version of the training

Acknowlegements:

Project team

- Rebekah Angove, PhD – Director of Engagement

- Kytara Epps, MPH – Program Coordinator

- Peggy Sanders, MSEd – Engagement Manager

Pilot sites

- Access Health Louisiana

- Daughters of Charity Health Center

- Dartmouth Geisel School of Medicine

Thank you!

Questions?

Contact:
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Materials available at:
LPHI.org
REACHnet.org