

Think Tank Summary

NIH Clinical Research Networks: Platforms for D & I Research

Barbara Moquin
Amanda Abraham
Dennis McCarty
Lloyd Michener
Paul Roman
Brian Weiner

Clinical Research Networks (CRNs) are organizations of practitioners and investigators that conduct collaborative research protocols. The availability of a coordinated network of organizations not only facilitates clinical research, but allows for the potential for rapid and broad Dissemination and Implementation (D & I) of study results into practice. NIH Clinical Research Networks are in a unique position to advance Dissemination and Implementation science by directly contributing to moving research “from bench to bedside to community.” This Think Tank session brought together three NIH clinical research networks and their sponsoring NIH Institutes and Centers: 1) the National Drug Abuse Treatment Clinical Trials Network (CTN), National Institute on Drug Abuse, 2) the Clinical and Translational Science Awards (CTSA), National Center for Research Resources, and 3) the Community Clinical Oncology Program (CCOP), National Cancer Institute.

Key Issue/Challenge

Clinical research networks test new interventions in the complexity of clinical practice and assess the generalizability of laboratory studies to community services. The studies are usually not direct tests of implementation science. The clinical research networks, therefore, provide platforms for secondary analyses of implementation and potentially trials of dissemination and implementation strategies. There are multiple challenges when conducting dissemination and implementation research in these networks, and the principal clinical research agenda and the resources needed to disseminate results and implement emerging clinical models need to be carefully balanced. The key question examined in the Think Tank was “Where are the clinical research networks in the process of dissemination and implementation research and where should the efforts continue?” Leading investigators from each network described the networks, studies conducted using these networks, and the mutual benefit to both the networks and D&I science.

Barriers and Strategies to Overcome Barriers

The Think Tank presentations examined each network separately. The question and discussion portion of the session promoted comparisons across the networks and encouraged identification of overarching issues.

Clinical Trials Network. The CTN includes 13 academic research centers, more than 200 community-based addiction treatment facilities, and the Center for the Clinical Trials Network at NIDA. The Network designs, implements and completes randomized trials testing emerging pharmacological and behavioral therapies for drug dependence. Investigators and practitioners collaborate to design studies, implement trials, and interpret results. The CTN also disseminates study findings to promote the adoption of evidence-based treatments for addiction. The goal is to bridge the gap between research and practice when treating dependence on alcohol and other drugs. In its first decade of operation, the CTN has randomized more than 12,000 individuals, completed 24 trials, and more than 100 papers have been published in peer-reviewed journals. A partnership with the Substance Abuse and Mental Health Services

Administration and the Addiction Technology Transfer Centers has resulted in 4 “Blending” products – descriptions of the tested interventions and guidance for skill development and implementation.

National Treatment Center Study. NIDA also sponsors an independent study of the CTN and its impacts on clinical practice through the University of Georgia’s National Treatment Center Study. The CTN component assesses the impact of CTN participation on participating Community Treatment Programs (CTPs) and the broader treatment field, examines the organizational process of adoption and implementation of evidence-based practices, and surveys counselors to monitor attitudes toward evidence-based practices. Site visits and surveys suggest that CTN sites, compared to a national sample of programs not participating in the CTN, are more likely to adopt medication-assisted treatments for opioid dependence and alcohol dependence, motivational interviewing, and HIV rapid testing. The project is now focusing more closely on the impact of dissemination activities within and outside the CTN and the sustainability of evidence-based practices.

Clinical and Translational Science Awards. The CTSA network is a consortium of 55 university-based research teams and their community partners. The network’s goals are to: 1) build national clinical and translational research capacity, 2) provide training and improve career development of clinical and translational scientists, 3) enhance consortium-wide collaborations, 4) improve the health of our communities and the nation, and 5) advance translational research to move basic laboratory discoveries and knowledge into clinical testing. Regional and national meetings promote dissemination and implementation, build community partnerships, and influence policy and practice. The CTSA promotes community engagement and community-based participatory research on the full spectrum of health care needs. In Durham, North Carolina, the Duke University CTSA includes more than 500 individuals from more than 100 community groups and addresses 10 critical health care concerns. This alliance is creating a community-wide health laboratory to improve healthcare through greater use of personalized medicine based on clear metrics and accountability. The ongoing CTSA community engagement initiative continues to define outcomes, refine logic models, and track dissemination.

Community Clinical Oncology Program. CCOPs, a coalition of community-based hospitals and private practices, link community-based cancer specialists and primary care clinicians with approved cancer treatment, prevention and control trials. Currently, 47 CCOPs and 16 Minority-Based CCOPs include 3,375 physicians, 395 hospitals and participate in more than 300 active trials and have enrolled more than 250,000 study participants to date. Twelve Cancer Centers serve as Research Bases and support trial design and participation. CCOP participants influence the selection and design of trials. The goal is to increase patient access to evidence-based clinical treatments and, ultimately, improve the quality of care for cancer patients and their communities. Dissemination and implementation research include examinations of the impact of the CCOP on clinical practice through longitudinal analysis of adoption rates of evidence-based cancer therapies by CCOP-affiliated and non-CCOP-affiliated providers.

Questions for Future Research

The Think Tank explored 10 questions for integration of dissemination and implementation research into clinical research networks.

- How to integrate D&I research into ongoing CRN activity?
- How to increase internal/external network collaborations that support D&I research?
- How to leverage the unique position of CRNs to advance D&I research?

- How to increase bi-directional benefit?
- What can CRNs do for you (researcher)?
- What can you do for CRNs?
- Can CRNs facilitate organizational change to promote adoption of D&I EBPs?
- How can CRNs use D&I research findings to affect clinical policy and practices?
- Can CRNs promote discontinuance of practices found to be less effective or ineffective?
- How does health care reform potential affect the sustainability of CRNs?

The panel and Think Tank participants discussed the definition of dissemination and implementation measures, the questions of how and what to disseminate, and the value of regional and national dissemination strategies. Top-down versus bottom-up dissemination strategies were assessed and the feasibility of pushing versus pulling community practitioners using reimbursement incentives to adopt new practices. As health care reform evolves the payers for health care and addiction treatment can use contracts and regulations to promote implementation of evidence-based practices. Discussion examined differences between early adopters and later adopters and probed the value of using social networks to promote adoption. Finally, we discussed the importance of linking with primary care and the value of spreading evidence-based practices from specialty settings to general healthcare settings. Implementation science has much to learn from clinical research networks and their opportunities for bidirectional conversations between practitioners and investigators.