

NIH Clinical Research Networks Platforms for D&I Research:

4th NIH Conference on the Science of
Dissemination and Implementation: Policy and
Practice

Bethesda, MD: March 21, 2011

Think Tank Overview

- Brief Presentations
 - Dennis McCarty, Clinical Trials Network
 - Lloyd Michener, Clinical and Translational Science Awards
 - Bryan Weiner, Community Clinical Oncology Program
 - Amanda Abraham, Clinical Trials Network as a D & I platform
- Think Tank Questions and Discussion

CTN: Who is it?

- National Drug Abuse Treatment Clinical Trials Network
- 13 academic research centers
- 200+ addiction treatment centers
- Center for Clinical Trials Network at NIDA
 - Data and statistics centers
 - Clinical coordinating center

CTN: What Does it Do?

- Design, implement and complete randomized clinical trials
- Test emerging pharmacological and behavioral therapies
- Facilitate diffusion and adoption of evidence-based practices

CTN: How Does it Work?

- Link practitioners and investigators in bidirectional research
 - Address clinical research questions
 - Respond to practitioner needs and interests
- Special Interest Groups
 - HIV, Gender, Disparities, Pharmacotherapy, Services Research
- Bridge gaps between research and practice

CTN: Accomplishments

- 24 completed trials
 - 8 trials of pharmacological therapies
 - 16 trials of behavioral therapies and interventions
- 4 trials recruiting
 - STRIDE, WEB, SCAST, SMART-ED
- 3 trials in development
 - CURB, Buspirone, Extended-Release Naltrexone
- More than 12,000 randomizations
- 100+ publications in peer-reviewed journals

CTN:

Dissemination & Implementation

- Blending Products with SAMHSA's ATTCs
 - Buprenorphine
 - Motivational Incentives
 - Supervision for Motivational Interviewing
 - HIV Rapid Testing (in development)
- Regional Blending Meetings
- National Blending Conferences

*National Drug Abuse Treatment
Clinical Trials Network*



*Forging partnerships to improve
the quality of drug abuse treatment
throughout the nation.*



- [About the CTN](#)
- [Network Organization](#)
- [Research Studies](#)
- [CTN Library](#)
- [Data Share](#)
- [Meetings](#)
- [Resources](#)
- [En español](#)

**CTN Funding
Opportunity**



www.nida.nih.gov/CTN/Index.htm

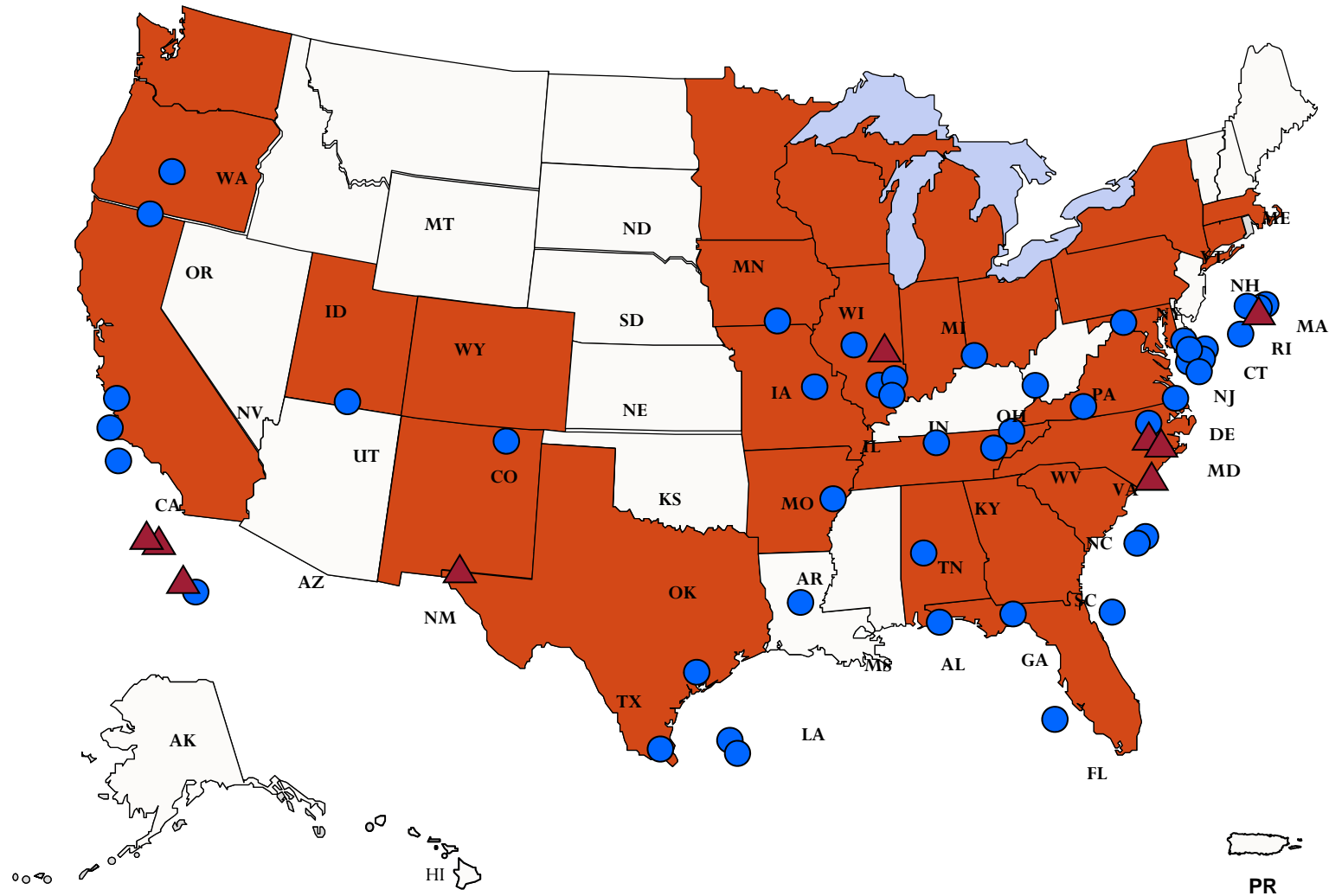
CTSA: Platforms for D&I Research

4th NIH Conference on the Science of Dissemination and
Implementation: Policy and Practice
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J. Lloyd Michener, MD
Professor and Chair
Duke School of Medicine
Department of Community and Family Medicine
Director, Duke Center for Community Research



A National Research Consortium



Participating Institutions

- ▲ New members 2010
- Members
- CTSA States

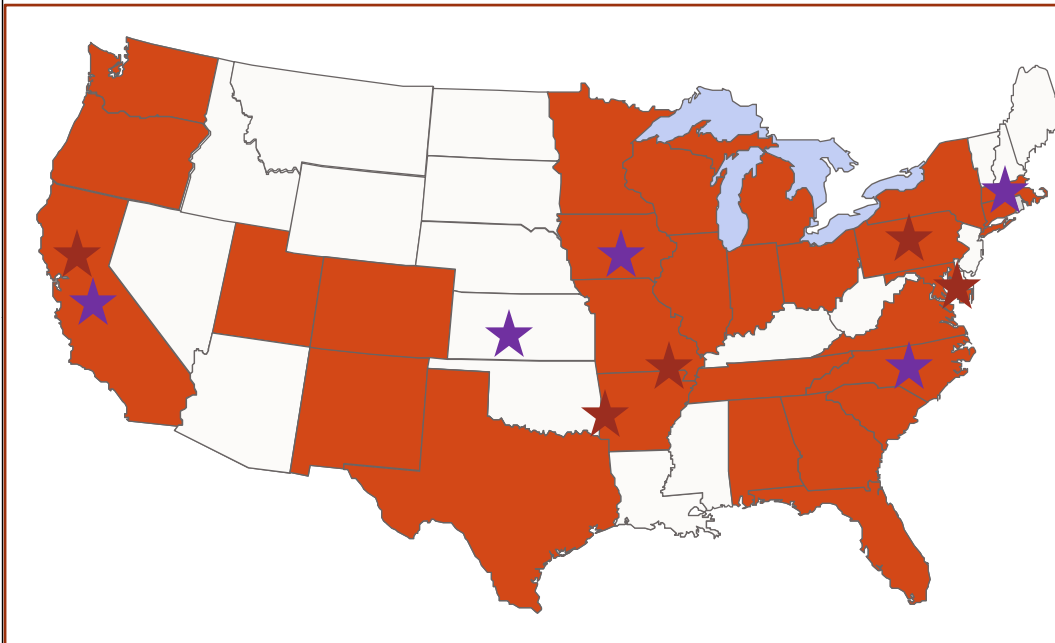
CTSA Clinical & Translational[®]
Science Awards

CTSA



CTSA Dissemination and Implementation Strategy

Regional and National Meetings



Regional Workshops

2008 ★

2010 ★

Conference Announcement and Call for Poster/Think Tank Proposals

"Using IT to Improve Community Health: How Health Care Reform Supports Innovation"

4th Annual National CTSA Community Engagement Conference

Tuesday & Wednesday, August 30 – 31, 2011

Opportunity to [Submit abstracts](#) in two categories: (1) Poster presentation abstracts and/or (2) Think Tank Leader proposals.

- Poster presentations featured on both days of the 2-day conference.
- Selected Think Tank leaders will lead a session on the first day of the conference and after the conference produce a journal article based on the session discussion that will be submitted for publishing in the *Science Translational Medicine Journal*.

Deadline for both submissions: midnight Eastern Standard Time (EST) on Friday, April 29, 2011.

Location: Bethesda North Marriott Hotel & Conference Center, 5701 Marinelli Rd, Bethesda, MD 20852



Program Agenda, Registration, Abstract Details and Submission Form and other Conference Logistics available at:

<https://www.dtmi.duke.edu/ce-workshop>

This conference is sponsored through Cooperative Agreements by the National Center for Research Resources (NCRR) — a component of the National Institutes of Health (NIH) and the U.S. Department of Health and Human Services (DHHS) — and the CTSA program of Duke University. (U13RR030724-03)

CTSA Dissemination and Implementation Strategy

Learning and Disseminating Best Research Practices

Consult Service

A national group of consultants and a central infrastructure to support the CTSA's and surrounding communities through trust building, capacity building, and network development.

Community Engagement Consultative Service (CECS)

Welcome! The Community Engagement Consultative Service is both an online listing of best practices and experts in community engagement, and a consultation service that provides guidance on how academic health centers can more effectively work with the communities they serve.

About Us

- What is the CECS Project?
- How is Community defined in the CECS Project?
- What is CECS-IT?
- What is CECS-IT?
- CE Best Practices
- What are the CTSA regions?
- Who coordinates the CECS Project?
- Which CTSA's have participated?
- Contact Us

Information for Sites

- How to Request a Consultant
- Suggestions on structuring a visit
- Forms to complete after the visit
- List of Consultants [pdf]
- CE Best Practices

Reimbursement Information

- What to know before the Consultant visit
- Reimbursement Forms/Instructions

Resources

- Institutions with a PRC and CTSA [pdf]
- Resources/Booklets

Information for Consultants

- What are the responsibilities of the consultant(s)?

Evaluation Forms

- Why are these forms needed?
- Site Self-Assessment

PRIMER: a standard research toolkit and website to support practice based researchers across the country, from HMOs to small local networks.

Better Tools for Multi-site Research

Collaboration is a vital part of the research enterprise. Groups may form research partnerships based on shared interest in a particular topic, or to ensure the right mix of scientific disciplines to address a complex problem, or because they share organizational characteristics. Regardless, creating and sustaining research networks is not easy work. The PRIMER project was established in 2008 to create an online library of resources to facilitate multi-site collaborations for health research. Quite often, these collaborations involve community-based organizations, academic institutions, or health care delivery settings.

We've organized this web site around five typical phases of multi-site research from formation to close out. In each of these sections, you'll find resources and tools that have been used in other research networks. They are offered here so that you don't have to start from scratch. Educational resources that span different aspects of the research process can also be found in the Framing section. Within each section of the web site, tools are listed in order of our reviewers' overall sense of usefulness and adaptability, but individual needs will vary, so we encourage you fully explore each section as you browse. You'll also find a brief description of the resource or tool, and an acknowledgement of the original source.

Multi-site Projects—the Basics

- Building Collaborations
- Developing Proposals
- Starting up a Study

COOL TOOLS

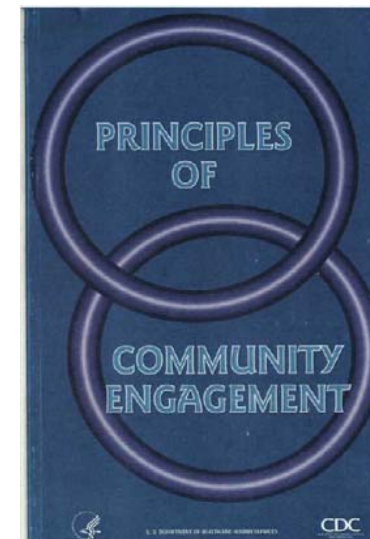
- Many Eyes Data Visualizer
- Slide Share
- Statistics Selector
- Concept Mapping
- Reach Calculator

Resources

- Engaging Practices and Communities (12)
- Finding Collaborators (9)
- Setting Expectations for Collaborations (8)
- Describing Settings and Collaborators (7)
- Keeping Collaborators Engaged (4)
- Finding Funding (1)
- Finding Collaborators (9)
- Working With Practices and Communities (2)
- Developing Multi-site Proposals (1)
- Developing Multi-site Booklets (1)
- Handling IRB, Regulations, and Ethical Issues (1)
- Setting Up Contracts and Agreements (1)
- Establishing Multi-site Study Procedures (1)
- Creating Consent Forms and Study Materials (1)
- Training Study Staff (1)

<http://researchtoolkit.org>

Reissue of 1997 CDC Booklet
“Principles of Community Engagement”



<http://www.dtmi.duke.edu/dccr/cecs>

CTSA Clinical & Translational
Science Awards

Community Engagement Local Project:



Durham Health Innovations

DURHAM
Health
INNOVATIONS

Over 500 people, 100 community groups, 10 conditions

DHI Goals:

- Identify and classify patients' health risks according to health status, environmental issues and social/economic factors;
- Use information technology and common data elements centrally aggregated to help clinicians offer personalized treatments and patients receive seamless patient care;
- Create a “web” of healthcare options, including Care Management/Care Coordination
- Establish clear metrics and accountability
- Establish a community-wide living laboratory for health improvement

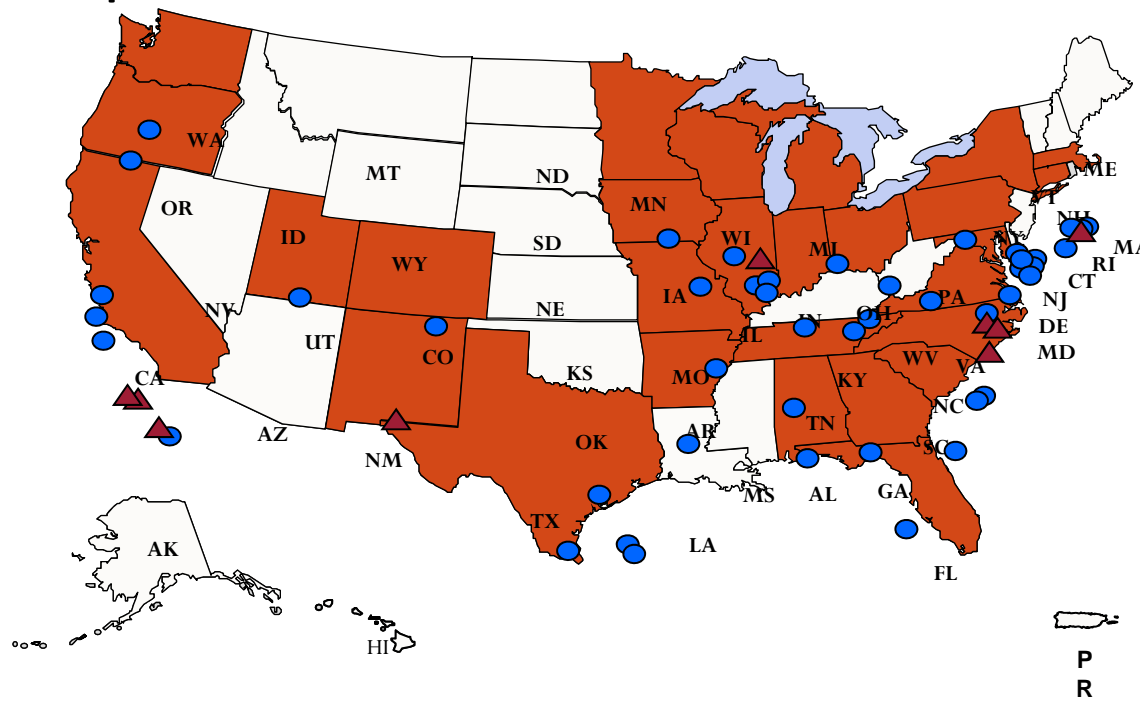
Implementation – in process



Community Engagement National Project: A Federation of Research Networks

Proposed:

A federation of research networks linking interested communities and practices with researchers, using a common platform



Next Steps for CTSA Community Engagement Dissemination and Implementation

- Defining key outcomes
- Refining a logic model
- Using core funds and leveraging additional resources (NIH, other federal, state, local)
 - Federation of Research Networks
- Tracking dissemination

Community Clinical Oncology Program (CCOP)

Brian Weiner, Ph.D.

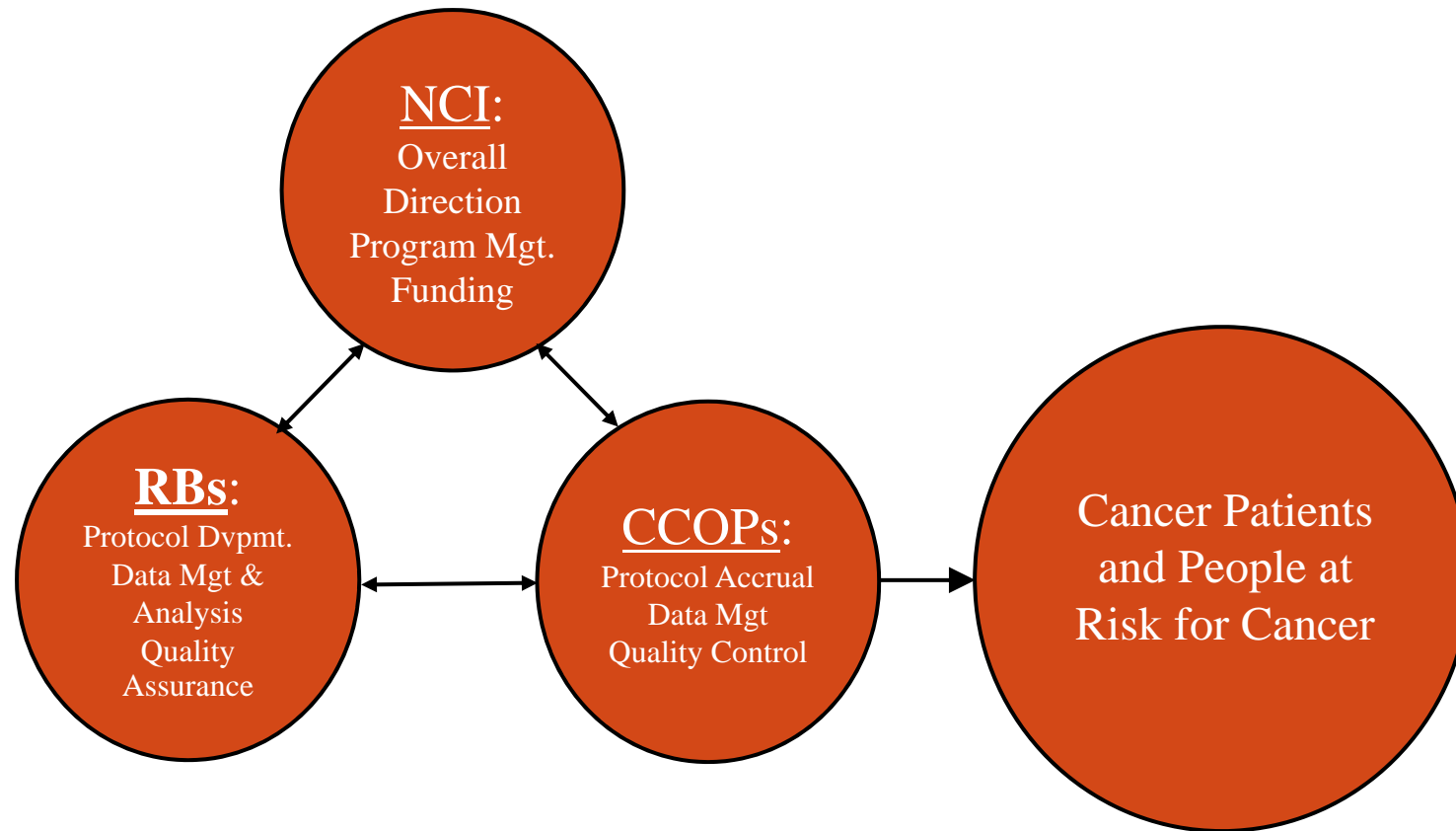
University of North Carolina at Chapel Hill

School of Public Health

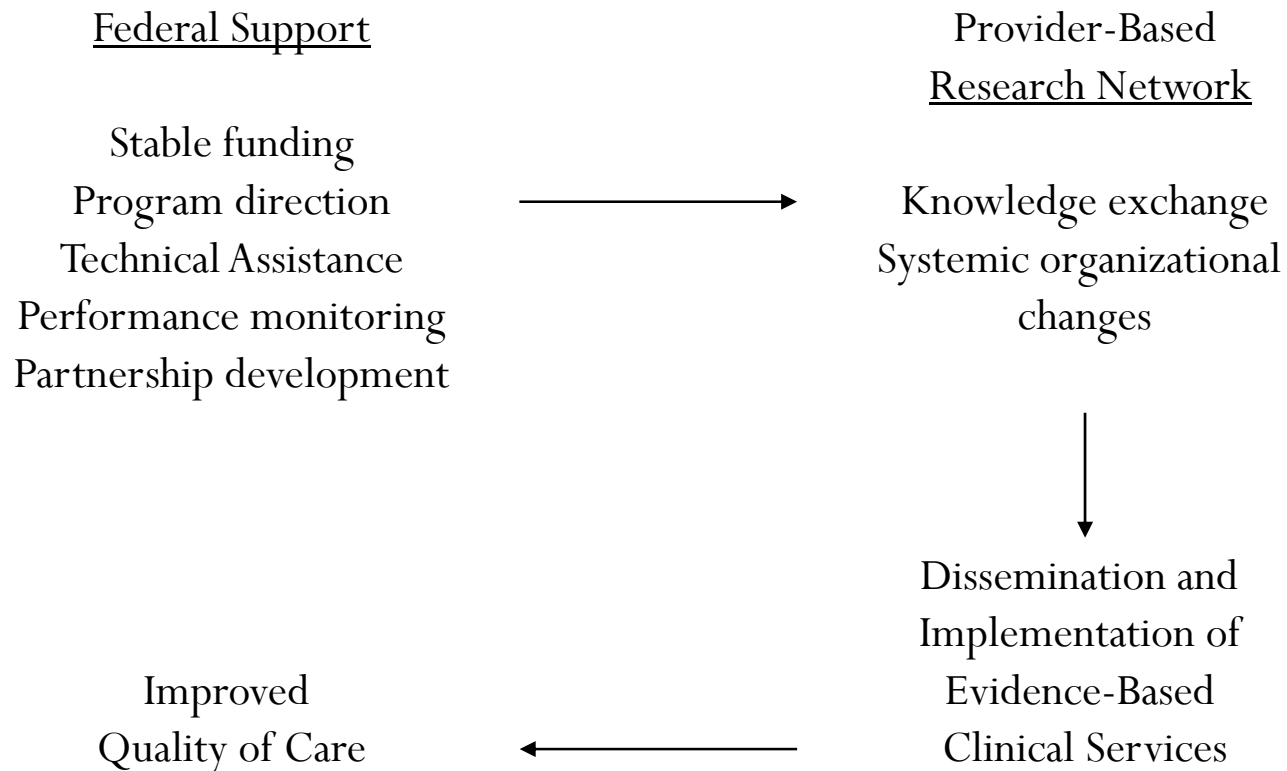
What is CCOP?

- 3-way partnership of NCI/DCP; cooperative groups; and networks of community hospitals and physician practices
- Focus: Phase III clinical trials in community-based practice settings in areas of cancer prevention, control, treatment
- 47 CCOP organizations in 28 states; 16 Minority-Based organizations in 12 states & Puerto Rico; 12 Research Bases
- 400 hospitals and 3,520 community physicians (e.g., oncologists, surgeons, OB/GYNs, etc.)
- FY 2010 program budget: \$93.6 million; average CCOP organization budget \$850,000 yearly

Who Does What?



How Does it Work?



What Has it Accomplished?

- In 2010, CCOP and MBCCOP sites participated in **295** active (open and enrolling) cancer treatment trials and more than **70** active cancer prevention and control trials.
- In 2010, CCOP and MBCCOP sites enrolled **10,390** participants to cancer prevention, control, and treatment trials.
- Since inception, these two programs have enrolled **252,350** participants to cancer prevention, control, and treatment trials. This amounts to **33%** of all participants in NCI-approved cancer clinical trials.
- Between 2000 and 2009, the CCOP and MBCCOP programs enrolled **18,898** minority participants in cancer prevention, control, and treatment trials. This amounts to **21%** of minority enrollment in NCI-approved clinical trials.

Relevance to D & I Research?

- Examining 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 using SEER-Medicare data (5R01CA124402)
- Evidence-Base Cancer Therapies under Investigation
 - Sentinel lymph node biopsy for early-stage breast cancer
 - Various chemotherapy regimens for Stage III and IV colon cancer
 - Chemoradiation for Stage III non-small cell lung cancer
 - Intensity modulated radiation therapy for early-stage prostate cancer
 - partial nephrectomy plus chemotherapy vs. total surgical nephrectomy for renal cell cancer

Clinical Trials Network (CTN) Platform Study

Amanda J. Abraham
University of Georgia
Institute for Behavioral Research

CTN Platform Study: Who are we?

- **University of Georgia**

- *National Treatment Center Study*

- Family of national research studies funded by NIDA (R01DA14482, R01DA013110, R21DA020028), NIAAA (R01AA15974) & RWJF (Grant No. 65111)

- Collaborations with the University of Kentucky, Georgia Tech, George Mason, OHSU, Regent University

- **CTN Platform Study**

- Funded by NIDA since 2000
- Organizational and workforce study



CTN Platform Study:

What are the goals of the study?

- 1. To measure the impact of the CTN on participating Community Treatment Programs (CTPs) and the broader treatment field
- 2. To understand organizational-level processes of adoption, implementation, and discontinuation of evidence-based practices (EBPs)
 - Within the CTN over time
 - Comparing the CTN to non-CTN programs
- 3. To study the counseling workforce
 - Counselor attitudes toward EBPs
 - Workforce issues, such as emotional exhaustion, turnover intention, and clinical supervision

CTN Platform Study: How do we collect data?

- **Data collection**

- Onsite face-to-face interviews with administrators and clinical directors of Community Treatment Programs (CTPs)
- Mail and internet based surveys with counselors

- **Four waves of data collection**

- Baseline (2002-2004)
- 24 month follow-up
- 48 month follow-up
- 72 month follow-up (Launched in January 2011)

- **Comparisons with 2 nationally representative samples**

- Publicly funded programs
- Privately funded programs

CTN Platform Study: Accomplishments

- **Major organizational findings**

- Increased adoption of buprenorphine over time within the CTN
- Greater adoption in CTN (vs. non-CTN) of:
 - Buprenorphine
 - Motivational interviewing (Rieckmann, et al., Poster #30)
 - Rapid HIV testing
 - Tablet naltrexone & acamprosate for AUDs
 - AUD medications are not tested in CTN protocols
- Identification of barriers to adoption/implementation: cost of implementing EBPs, access to medical staff, treatment ideology

- **Major workforce findings**

- CTN counselors hold more favorable attitudes toward EBPs
 - Buprenorphine, contingency management
- CTN counselors are more likely to receive training in EBPs than non-CTN counselors

CTN Platform Study: Dissemination & Implementation

- Majority of CTPs have participated in ≥ 1 dissemination activity
 - Concentrated at the local/state level (e.g., local/state govt, taskforces, SSA)
- Future directions
 - Utilization of blending products within and outside the CTN
 - Evaluation of CTN regional dissemination workshops
 - Extent to which CTN and non-CTN programs adhere to the core technology of EBPs
 - Sustainability and discontinuation of EBPs

Additional Information

- www.uga.edu/ntcs
- Amanda J. Abraham, aabraham@uga.edu

- CTN 10th anniversary manuscript

Roman, P.M., Abraham, A.J., Rothrauff, T., & Knudsen, H.K. (2010). A longitudinal study of organizational formation, innovation adoption, and dissemination activities within the Clinical Trials Network of the National Institute on Drug Abuse, *Journal of Substance Abuse Treatment*, 38(S1): S44-S52.



Think Tank Questions and Discussion

Using CRNs to Conduct D&I Research

- 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?

Implementing D&I Science

- 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?