CONDUCTING RESEARCH—A CLINICIAN'S PERSPECTIVE

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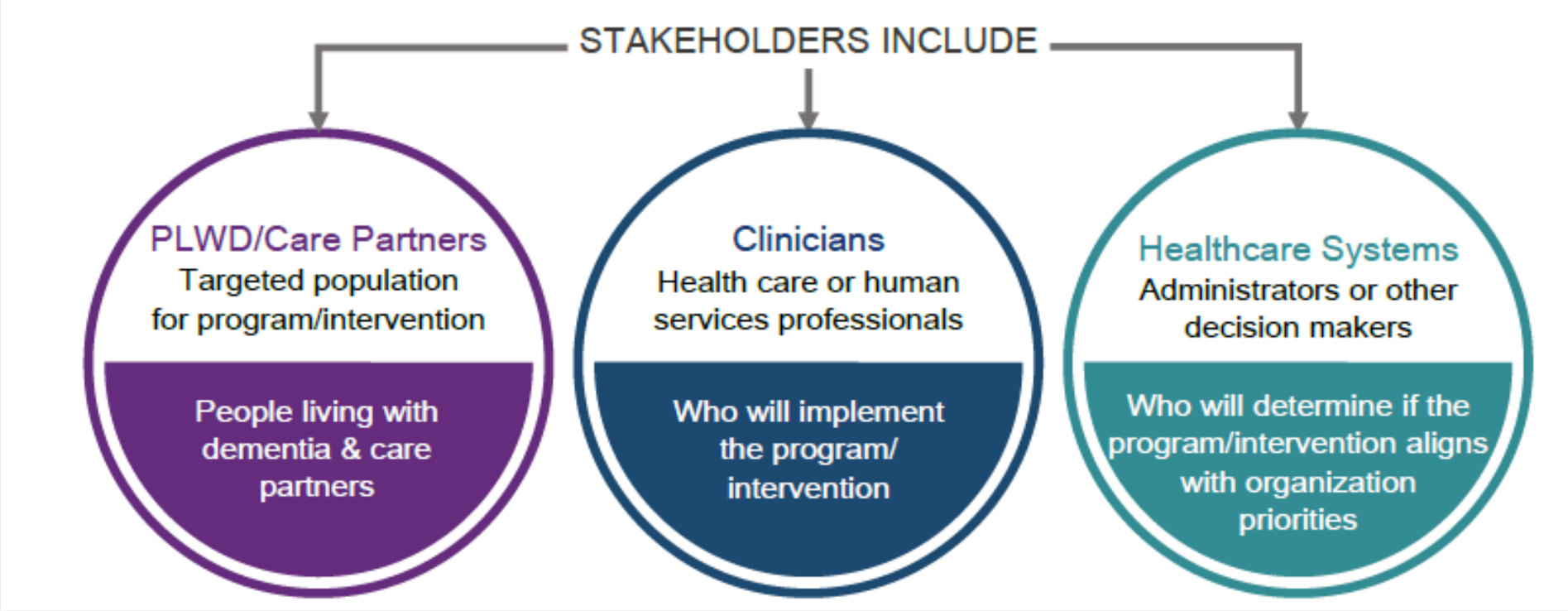
ENGAGING CLINICIANS & HEALTH SYSTEMS IN RESEARCH

- NIA IMPACT COLLABORATORY
  - **Creating Effective Value Propositions**
- https://impactcollaboratory.org/learning-resources/reports-and-guidance-documents/

ENGAGING OLDER ADULTS IN RESEARCH

- **The 5Ts: Preliminary Development of a Framework to Support Inclusion of Older Adults in Research** (CB Bowling, et al. JAGS 2019)
- **Engaging and Working Effectively with Individuals Living with Dementia as Stakeholder Advisors and Research Partners** (NIA IMPACT Collaboratory)

WHO ARE YOUR STAKEHOLDERS?



HOW IS MY STUDY PERCEIVED?

Acceptable The proposed program/intervention is considered agreeable or satisfactory to stakeholders.	**Appropriate** The program/intervention is seen as compatible or aligned with the practice setting and addresses an issue/problem that is important to the stakeholder.
Adoptable The stakeholder expresses interest in/agreement to adopting the program/intervention as part of routine practice.	**Feasible** Likelihood the program/intervention can actually be carried out in and by the healthcare setting, including rank discussion of time and financial resources to the stakeholder.

- Survey your stakeholders as part of your grant planning process.

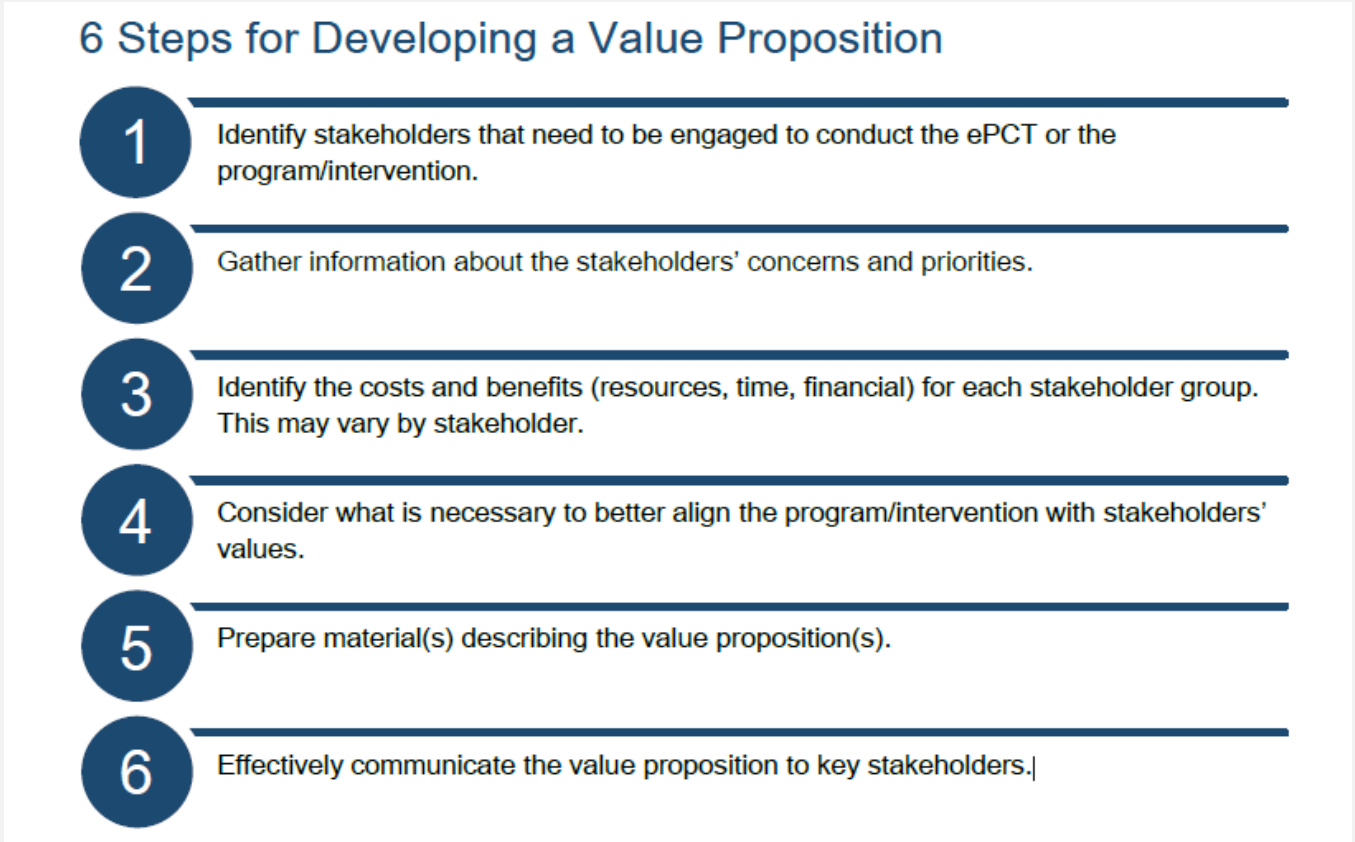
BENEFITS VS. COSTS

	People Living with Dementia/Care Partners	Clinicians	Healthcare Systems
BENEFITS	• Improve health and/or quality of life • Address unmet needs • Promote interaction with other care partners / people living with dementia • Give back by contributing to research that may help others	• Promote job satisfaction, time-savings • Enhance personal or professional advancement, skills, and/or prestige	• Increase revenue or reduce outlays • Connect broader strategic organizational goals • Improve brand recognition, market position, and/or reputation • Increase staff retention and recruitment • Increase alignment with regulatory requirements • Promote better quality care
COSTS	• Time to participate • Travel expenditures or other costs • Disruption of established schedules • Emotional toll	• Changes to current workflows • Time to communicate with new partners • Training and time learning new approaches • Time for documentation of program delivery	• Distraction from other organizational priorities • Financial costs related to new salaries, equipment, and/or training • Perceived risk (e.g., lawsuits or patient dissatisfaction) • Creating new marketing, outreach and referral mechanisms

ASK YOURSELF?

- Is what I want to do aligned with what my stakeholders want?
- Do I need to change anything to get better aligned?
  - Reduce or explain costs
  - Connect benefits to their priorities
  - Spend more time developing relationships
  - Adapt intervention/study design

PITCHING THE VALUE PROPOSITION



- Why does your study warrant their time and effort?
- How is your study an improvement over current care?
- Why should they prioritize this over other things?
- Be clear about next steps.

SOME CONSIDERATIONS…

- Is the ask to the health system and clinicians really clear? What do I need them to do?
- How much of their time/effort am I asking?
- How will my project impact workflows, visits? Could there be a financial impact?
- Do I need space?
- Do I need data from the EHR? EHR programming? Will the EHR capture what I need?
- Can I highlight a win for them?
  - Quality metric reporting related to payment, practice facilitation support, improved patient or provider satisfaction, recognition/market share
- Does my project relate to a priority the health system already has?
- Who is the decision-maker for the clinical setting?
- Who is the clinician project champion? What do I need the champion to do? Meetings? Recruitment? Team leadership?
- Do I need/want a letter of support? Is this partnership perceived as formal?
- Can I provide an honorarium?
- Can I include clinical lead on academic product? Discuss upfront.
- Does the health system IRB need to be involved?

FRAMEWORK TO SUPPORT INCLUSION OF OLDER ADULTS IN RESEARCH

Table 2. A Comprehensive Communication Framework That Includes the *5Ts* to Address Practical Research Issues and the *5Ms* to Describe Relevant Geriatric Principles

Domain	Description	Example Recommendations to Address Challenges
Target population	"At risk" or "real-world" population	• Avoid exclusions that limit study generalizability • Understand the prevalence of the studied condition in older adults
Team	Research team, family, informal caregivers	• Engage geriatrician researchers and aging experts • Connect with caregivers and community resources
Tools	Measurement tools used in aging research	• Choose appropriate measures of function, physical performance, patient-reported outcomes, and the like • Balance data collection needs and participant burden
Time	Participant and study time	• Anticipate longer study visits for some participants • May need to accommodate comorbidities during long study visit days (eg, snacks for diabetics, inform participants to bring afternoon medications) • May take longer to schedule follow-up visits if participants are dependent on others for transportation or scheduling
Tips to accommodate	Suggestions for improving recruitment and retention	• Budget for door-to-door transportation • Use pocket talkers, high-contrast print materials, large font size • Plan for higher attrition rate, which has implications for sample size/power calculations

IDEAS TO INCREASE ENGAGEMENT

- Home visits
- Door-to-door transportation
- Parking/valet
- Hand-held amplifiers for hearing impaired
- Large, high-contrast print
- Plan for longer visit times (drinks/snacks, comfortable seating)
- Space for family member
- Recruitment letter from their doctor/clinic
- Calling from a recognizable phone number
- Study website
- Retention letter
- Plan for lower recruitment rate & higher attrition rate
- Balance data collection needs and participant burden (survey length)
- Patient and Family Advisory Council
- Study outcomes relevant to participants

EXAMPLES…SUCCESSES AND FAILURES

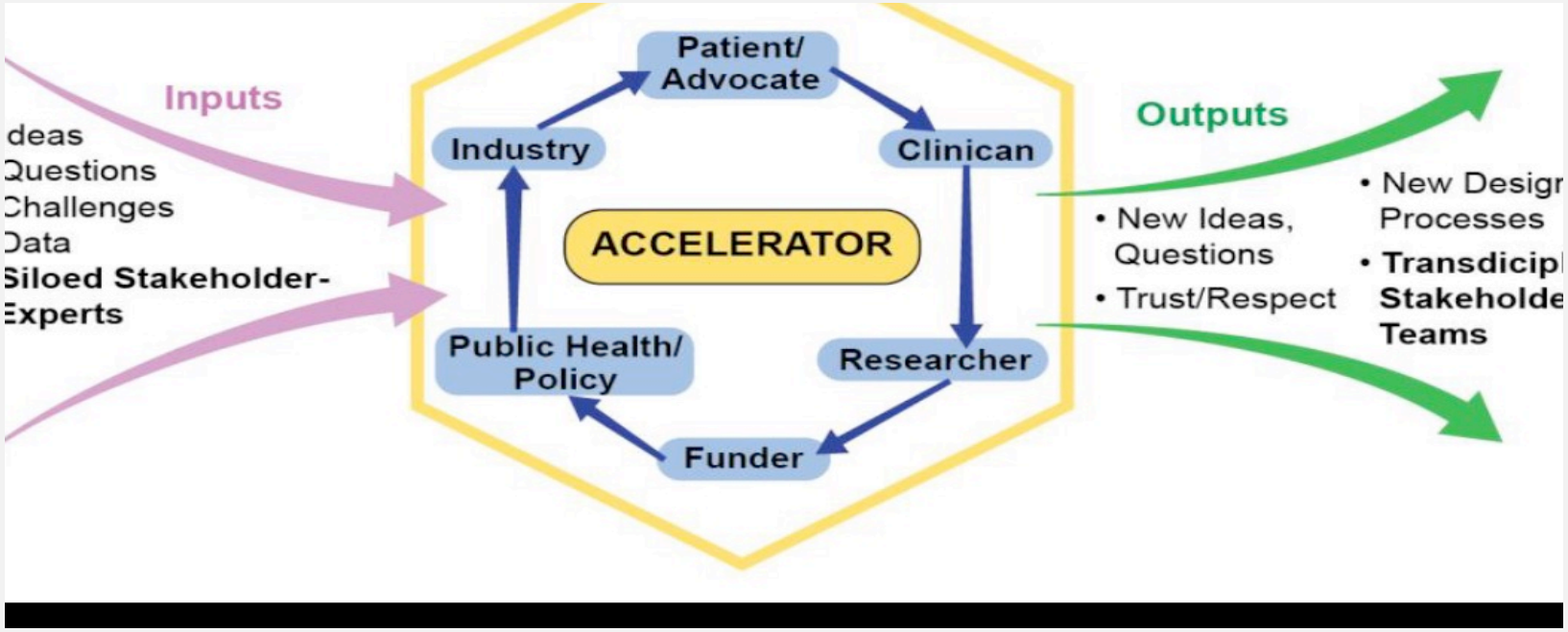
- Dementia Care Study (DCARE)
- Multi-site pragmatic trial of health system based dementia care vs. community based dementia care vs. usual care
- https://www.dcare-study.org/
- National Patient & Stakeholder Committee
  - Feedback on every aspect of the study
    - Example: Caregivers of decedents survey; Retention/appreciation letter
- Paying for APP for clinical intervention
- Adjusting clinical intervention during initial COVID-19 pandemic

The Dementia Care Study
DCARE
Supporting Individuals and Caregivers

EXAMPLES…SUCCESSES AND FAILURES

- RISE-OK Study (Reducing the Incidence of Chronic Pain in Seniors in Oklahoma)
- Study of a QI intervention to improve chronic pain management, reduce high risk opioid use among older adults in primary care
- Clinic recruitment challenges during COVID
  - Focus on opioid misuse not well-received → study name change; broadened study eligibility
  - Morale building and re-training for research workforce; shifted roles
  - Flexibility with study visits→ telephone, in clinic
  - Support clinics to implement interventions with all patients not just older adults
  - Patient recruitment → still takes 10 calls to get 1 participant on the phone; takes 5 phone conversations to consent 1 participant.

RESEARCH ACCELERATOR MODEL



Recruitment Accelerator for Diversity in Aging Research, Cognitive Loss and Dementia (RADAR-CLD)
Horowitz, C, et al. Int. J. Environ. Res. Public Health **2017**, 14, 225

RESEARCH ACCELERATOR OUTCOMES

- 5 active recruitment projects—4 NIH funded
- Budgeted Accelerator into 2 R01 NIH applications
- Community Research Liaison Impact

	Total Referred	# African American	N (%) Enrolled
Before CRL (at 6 mos)	11	0	2 (18%)
After CRL (at 6 mos)	35	35	13 (37%)

QUESTIONS?