

Implementing Structured Assessments to Determine Research Readiness and Capacity Among Community-Based Clinical Oncology Network Sites

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1. Background

Our cancer center built a network of community oncology sites across New York State with diverse patient populations and institutional capacities. Disseminating and increasing the reach of clinical research opportunities by bringing research closer to the patients is an institutional priority, and access to diverse patient populations at our community network sites provides a unique opportunity to study cancer care centers and address issues related to disparities and equity. However, community oncology clinics often lack research expertise and infrastructure available at large academic cancer centers which represents a challenge for intervention fidelity and staffing. Without a formal assessment strategy, research readiness is usually trial and error and takes time to align available research with site capabilities.

2. Goals

In preparation for a broad implementation of the network-wide research programs, we assessed institutional capacities and perceptions of readiness to implement research and identified specific barriers to study participation and patient enrollment among our network of community and affiliate sites.

3. Solutions and Methods

Our survey included: institutional readiness; specific facility and personnel capacity (e.g., CLIA certified laboratory; investigational drug pharmacy, including ability to provide investigational product accountability and storage; systems to identify and randomize patients); IRB system in place; perceived timeline for research readiness; specific gaps and barriers; and interest in different levels of clinical research (e.g. remote, observational, drug interventional CT Phases I-III), as well as a validated tool to assess organizational readiness to implementing change (ORIC). We disseminated this survey to all network sites and assessed capacities at baseline, with the goal to disseminate the survey every 6 months as we work with the sites to monitor and address changes in new or existing barriers.

4. Outcomes

We assessed research readiness and collected survey responses from 13 network sites. Business managers and site staff completed the institutional capacity assessment and the ORIC assessment. Reported institutional/site support of launching new research initiatives (examples: observational studies, behavioral interventions, clinical trials) ranged from somewhat to very strong support [Mean 2.6 (SD=1.2) where 2=Neutral and 3=Strong support].

Most business managers do not know the specific gaps and steps that need to be addressed to launch new research studies (Mean=0.7, where 0=not a clear idea of gaps, 1=somewhat clear idea, 2=clear, 3=very clear, N/A=no gaps, immediately ready). No rural community sites reported being immediately ready to roll out research studies of any kind, indicating an area for further engagement. Reported gaps and barriers included research study staffing, a clearer understanding of the types of research available to the sites, resources, and training.

5. Lessons Learned and Future Directions

Institutional readiness, timelines, and institutional priorities varied by site. Results of the structured assessment provided baseline information to assist clinics with resources needed for different types and phases of research. Disseminating surveys to a single practice champion (e.g., business manager) is an efficient way to assess research readiness of community oncology practice sites. In the future, we plan to create “face pages” or concise site summaries of site descriptions of each site, available for researchers at the central academic oncology center and to create a portfolio of clinical research appropriate for each site for community oncology physician researchers.