

BACKGROUND

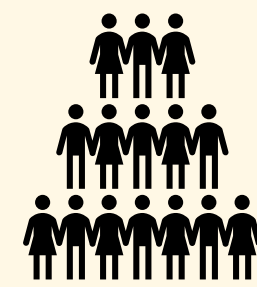
NETWORK



Our cancer center has built a network of community oncology sites

POPULATION

Sites have diverse patient populations and institutional capacities



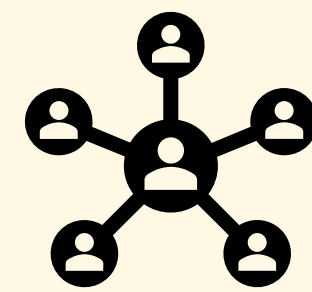
VALUE



Diverse patient populations at our community network sites provides a unique opportunity to address issues related to disparities and health equity

PRIORITIES

Increasing the reach of clinical research opportunities by bringing research into the network is an institutional priority



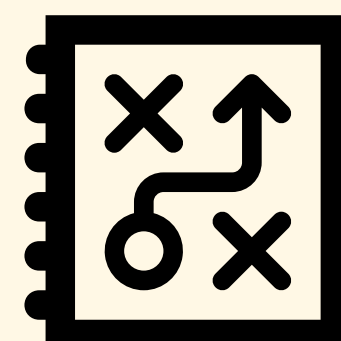
THE PROBLEM



Patients from rural and underserved community sites are rarely included in research

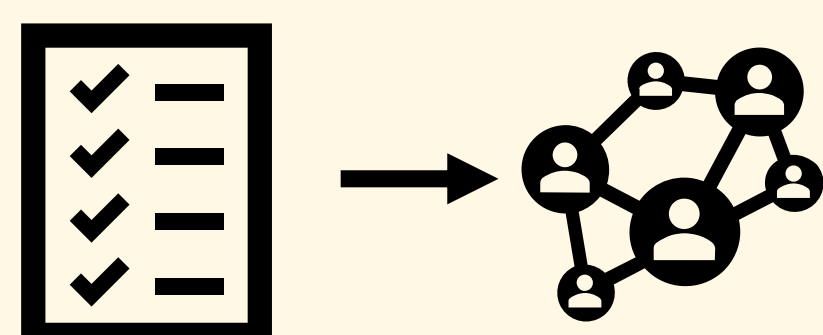
THE BARRIERS

Community oncology clinics often lack research expertise and infrastructure available at large academic cancer centers



Research readiness is difficult to assess, is usually trial and error, and takes time to align available research with site capabilities

GOAL AND APPROACH



Standardize the assessments of research readiness in community sites and to identify actionable barriers to research

METHODS: RESEARCH READINESS ASSESSMENT

Survey tools included:

1. Institutional readiness assessment
 - a. 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
 - b. Perceived timeline for research readiness, specific gaps and barriers, interest in different levels of clinical research (e.g. remote, observational, drug interventional CT Phases I-III)
2. Validated tool to assess organizational readiness to implementing change (ORIC)



Research readiness was assessed and survey responses were collected from 13 sites network sites. Business managers and site staff were selected to complete the institutional capacity assessment and the ORIC assessment. Key staff were selected based on their knowledge of site systems and infrastructure.

OUTCOMES

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.

Assessment category	Results
Knowledge of specific steps that need to be addressed to launch new research studies	Most business managers had unclear ideas of gaps and steps to launch research 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)
Gaps and barriers	Research study staffing Clear understanding of the types of research available Resources Training
Immediate readiness to roll out studies	Mean=1.7, where 0=Never, 1=More than 1 year, 2=Between 6 months and 1 year, 3=Between 3 and 6 months, 4=Between 1 and 3 months, 5=Immediate ability

LESSONS LEARNED

- No rural or underserved community sites reported being immediately ready to roll out research studies of any kind
- Disseminating surveys to a single practice champion (e.g., business manager) is an efficient way to assess research readiness of community oncology practice sites
- Designated staff and a concrete set of steps for research roll-out may benefit community sites