Use of EPIC My Reports to Increase Trial Accruals While Decreasing Pre-Screening Time Spent

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Background:

Identifying potential patients has to occur quickly and efficiently for the success of a clinical trial. At the Cleveland Clinic Taussig Cancer Institute, we use a multi-faceted approach to identify potential patients including physician identification, tumor boards, and schedule screening. This approach is limited due to the manual labor involved and the team is largely reliant on our physicians to communicate new potential patients. Often times, providers are unable to reach out to the Clinical Research Team (CRT) leaving many potentially eligible patients without a clinical trial offer. In an effort to identify all potential patients while decreasing time-spent screening, we piloted the implementation of EPIC My Reports for clinical trials with complex enrollment.

Methods:

In the pilot study (Study A) we implemented My Reports in Fall 2021. The CRT was able to gather eligible patient data based on study parameters and quickly identified patients without physician notification. This trial has been successfully enrolling patients and is currently exceeding the accrual goal.

In a second pilot, we recently created a My Reports for a study that has been open to enrollment since June 2021 (Study B). In the study's 9 months of enrollment, only six patients have accrued. We launched a My Report screening tool for this study in March 2022 and have determined there are 58 potential patients with upcoming appointments. We plan to compare the accrual data from June 2021-February 2022 to this new phase of enrollment utilizing the My Reports screening method.

Goals:

1) Create an automated system for the CRT to utilize Epic My Reports across research sites
2) Identify potential patients based on clinical trial specific parameters
3) Implement a standard operating procedure.

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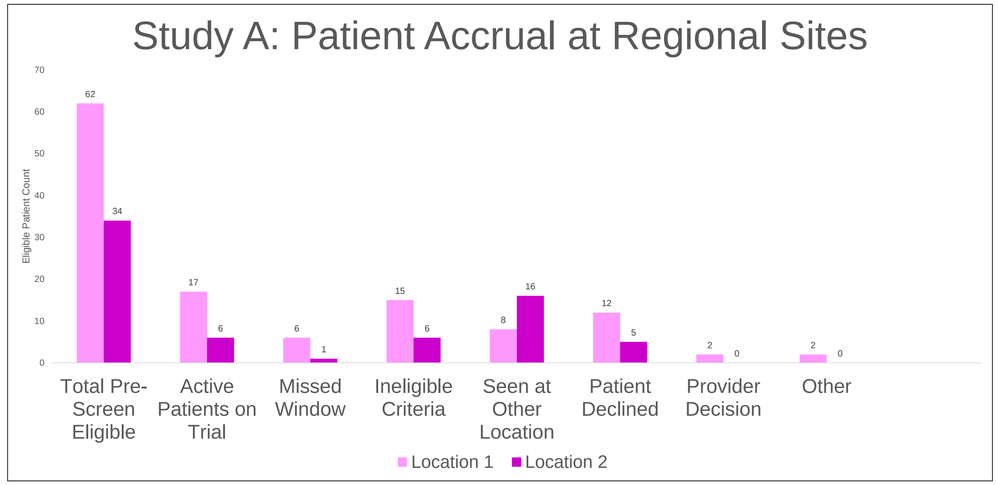

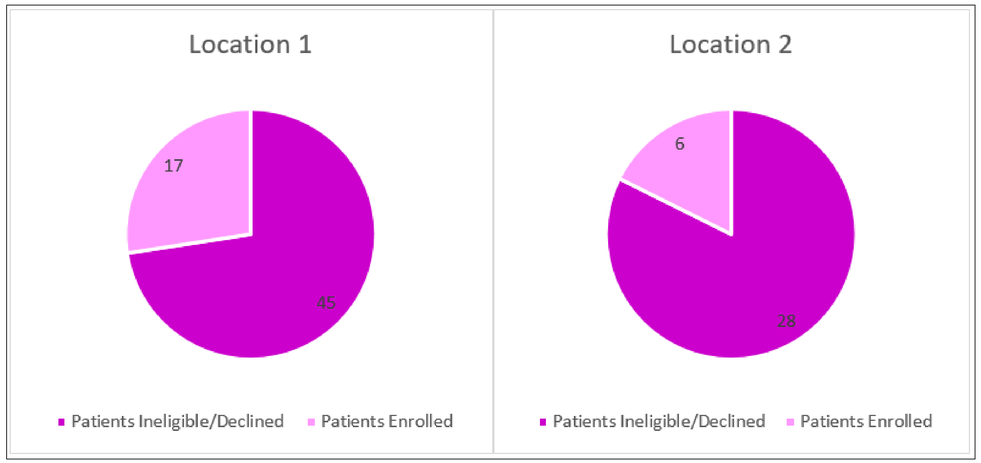

Outcome:

The number of potential patients for studies not using the My Reports method is unknown. The below data provides the total pre-screen eligible patients for Study A at two sites both using the My Reports screening method.

Chart 1 displays the total potential patients each location identified using My Reports. The sub categories depict the reasons those patients did or did not enroll on Study A.

Chart 2 demonstrates the percent of the total pre-screen eligible patients accrued to trial (Study A) at Location 1 (27.4%) and Location 2 (17.6%).

Lessons Learned and Future Directions:

We continue to learn the capabilities of both EPIC and the My Reports feature. Using the My Reports filters drives the results for the clinical trial potential patient list. During the pilot Study A, we learned it is critical to perform a quality check on the parameters selected. Additionally, we have found that some eligibility parameters are not available as a filter in EPIC thus making My Reports an ineffective screening tool for certain studies. The CRT is continuing to create effective study-specific My Reports and is currently working on ways to enhance patient follow-up through other EPIC features.