Category: Community Outreach and Engagement & Health Equity – Completed project

Hybrid Operations to Promote Equity (HOPE)- Bringing Trials Closer to Patients

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1. Background

Addressing socioeconomic, cultural, and environmental barriers to clinical trial enrollment can help ensure the generalizability of results to real-world populations. Patients benefit from more proximally located appointments since many rural households in the US lack access to a car, and rural communities often lack reliable public transportation to travel to distantly located healthcare facilities. The financial burden on patients is amplified by the distance causing missed work and travel expenses related to gas and hotel rooms. Caregivers, who frequently shoulder the logistical and financial strain of accompanying cancer patients to appointments, face compounded challenges, including time away from work and increased stress. These barriers exemplify the need to partner with local healthcare providers (HCPs) to move clinical trial visits closer to cancer patient homes and away from distantly located academic centers.

2. Goals

The goals of the project were to create a hybrid operation to promote equity (HOPE) network of referring physicians for inclusion of patients on hybrid decentralized clinical trials (DCTs) where most, if not all, assessments/visits may be conducted by local HCPs. Hypothesis: Bi-directional educational engagement of local HCPs on hybrid DCT infrastructure and co-creation of user-friendly tools to identify opportunities (e.g., open to accrual studies) will create a network of referring physicians primed to educate and refer local patients to clinical trial opportunities where most assessments may be done locally.

3. Solutions and Methods

The UNC Lineberger Clinical Trials Office (CTO) and Office of Community Outreach and Engagement (COE), partnered to visit community hospitals across North Carolina (NC). Each visit was limited to three hours to respect local HCP clinic schedules and agendas were designed to maximize provider engagement and education focusing on:

1) Initiative goals/objectives,
2) A facilitated listening session with a semi-structured interview guide to understand facilitators and barriers to research participation,
3) Education on hybrid DCTs,
4) Identification of local resources, and
5) Resource sharing by UNC Lineberger.

4. Outcomes

Over an eight-month period, nine community hospitals were visited with 120 local administrators and providers participating in the tour. All locations identified local champions and >1 open/upcoming hybrid DCT of interest that they are anxious to refer patients to for enrollment. All local HCPs emphasized the need for local trials as a metric of quality cancer care. The first center visited, which was also the pilot hybrid DCT launch site, has thus far enrolled 22 patients via hybrid DCT methodologies over the 1-year pilot period.

5. Learned and Future Directions

The extent of available local community resources supporting local patients even in poor counties was unexpected. Many local HCPs had transportation services, free lunches and technology rooms that could be used by patients for remote visits. They consider themselves "neighbors caring for neighbors" taking great pride in their teamwork approach. When patients must travel to distant clinical trials sites, similar resources are often not available outside their communities. Additionally, patients in many communities had lower-level educational needs than anticipated (2nd grade) resulting in redesigning patient education materials.

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