

Building patient partnerships and engagement for large, data-focused research networks and projects

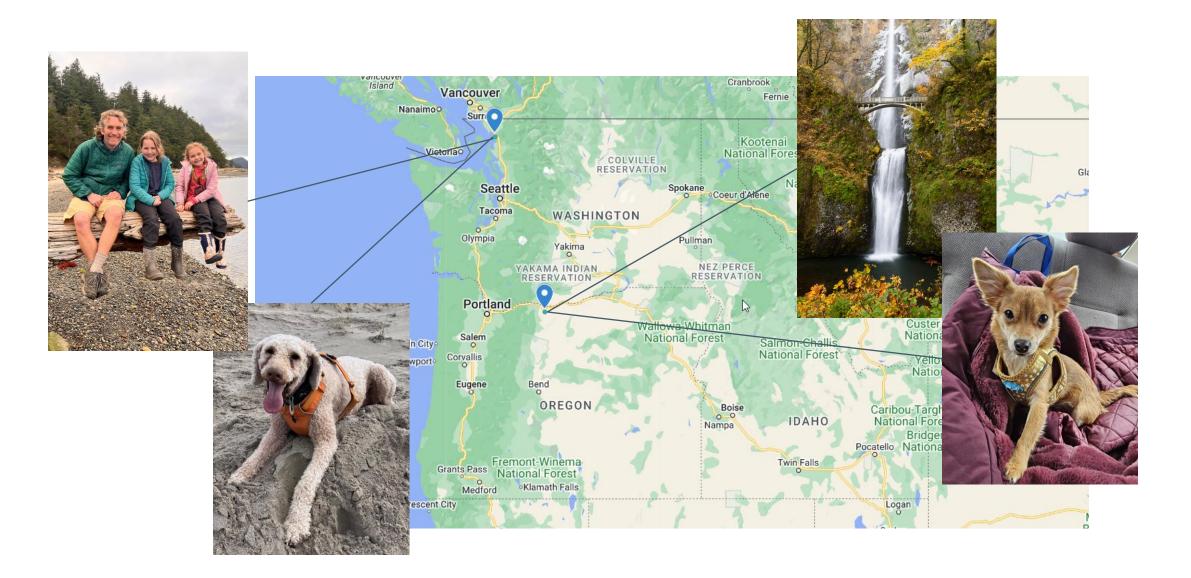
Susan Lowe & Anna Templeton
PaCE TeaTime, 10 September 2024





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Hello from Susan & Anna





A cup of tea later, see where the conversation takes us!

Meet some of our networks

OCHIN

Non-profit health innovation and technology company.
Leading US network for health services, outcomes, and policy research with community-based health centers and people they serve.

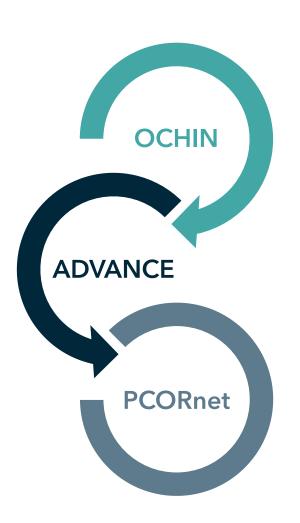


PCORI-funded, health centerfocused network led by OCHIN in partnership with Fenway Health, Health Choice Network, Oregon Health & Science University, and the University of Washington.



PCORI-funded "network-ofnetworks" using a common data model to enable fast, trustworthy insights from high quality health data, patient partnerships, and research expertise.

Different kinds of networks building large data resources for health care and outcomes research



OCHIN Practice-based Research Network & Research Data Warehouse

8.1 million patients, 240 health systems, 37 states Includes health record and federally required reporting data from community-based primary care centers using OCHIN-hosted Epic EHR

ADVANCE Clinical Research Network & ADVANCE Data Warehouse

13.2 million patients, 263 health systems, 40 states OCHIN-led initiative bringing clinical EHR data from 5 organizations into the standardized, validated ADVANCE data warehouse

PCORnet - PCORI's "network of networks"

Over 30 million patients, 8 Clinical Research Networks ADVANCE is the only community-based primary care-focused, non-academic CRN in PCORnet; providing essential inclusion of people and care settings underrepresented in health research

Different kinds of engagement needs and capacity

- Dispersed networks
- Diverse membership
- Convened around data sharing & use
- Communities and care settings underrepresented in research
- Reliant on remote engagement
- Research recruitment and patient participation is mediated by individual partners and member organizations

Collaborate with health center, academic, organizational, and community partners to:

- Build systems and infrastructure to strengthen inclusion of people historically underserved and underrepresented in research and support research in primary care settings
- Conduct practical, applied research for equitable, evidence-based practice and policy

Strategy 1: Adapting established approaches

COR

Equitable partners

Involved throughout research process

Produce more patient centered, relevant, useful results

Improve uptake and use of results



Community health center settings

Communities, populations, care settings underrepresented in research

Practice-based, pragmatic research

Develop equitable, sustainable, adaptive systems for patient, provider, and health systems engagement

Maintain an integrated approach to engagement from proposal development through study dissemination

Increase capacity, skills, and opportunities for complex, durable engagement across diverse projects

Share learning and contribute to the advancement of engagement science and practice

DATA-ONLY STUDIES

secondary analysis of EHR and other data

Strategy 2: Building capacity & complexity over time

PRAGMATIC CLINICAL TRIALS patient-level randomization

CLINICAL INTERVENTION TRIALS clinic-level randomization

OBSERVATIONAL, NATURAL EXPERIMENT, MIXED-METHODS STUDIES no randomization

NUMBER OF PROJECTS OVER TIME

ENGAGEMENT EFFORT

Strategy 3: Differentiating roles to support engagement throughout the research cycle

Patient Partners

ADVISORS, INVESTIGATORS – COLLABORATORS, PARTNERS

Patient Engagement Panel

PANELISTS, ADVISORS – CONSULTANTS, INFORMANTS

Member health centers

PARTICIPANTS – RESEARCH DATA CONTRIBUTORS

PCORI knowledge repository

GENERAL PUBLIC, NETWORK MEMBERS – AWARENESS, UPTAKE

Strategy 4: Long term relationships with patients, caregivers, and community members

"We use our lived experiences as patients, family members, caregivers, community members, and advocates to improve all aspects of research from development through dissemination, to deliver equitable, feasible, and sustainable outcomes for community health centers and the people they serve."

Patient Engagement Panel – PEP Letter of Support

Engage patient and caregiver collaborators with relevant lived experiences

Integrate and elevate patient and caregiver experience and expertise

Collaborate on research development, conduct, interpretation, and dissemination

Measure
engagement and
demonstrate impact
together

The OCHIN-ADVANCE Patient Engagement Panel (or PEP)



Ashton Varner, Cece Beckwith, Danya Blankenship, Jennifer Martin, Jessica Silva, Jim Gaudino, Laura Williams, Leticia Amador, Marissa Salgado, Meghan Marren, Mickie Bowe, Patience Bixby, Trish Divine Wilder, Patty Poston, Shirley Stowe, Susan Lowe, Tony Hoke

A brief history of the PEP

PHASE I

8 members, local
Monthly in-person
Panel development,
orientation, training,
connecting members to
individual project
opportunities

PHASE II

2017 - 2018

7-12 members, local
Quarterly in-person
Increased experience,
most serving as individual
project panelists or patient
investigators

PHASE III

2019 – Present

13-16 members, national
Bi-monthly remote

Experienced panelists,
nearly all serving as
individual project panelists
or advisors

PHASE IV

2024 forward!

18 members, national

Bi-monthly remote

Patient partner role
development, ADVANCE
patient investigators,
project panelist or advisor
role opportunities for all
PEP members

Examples of recent PEP consultations and collaboration

Over 50 projects and proposals

At any point in the research lifecycle: research development, proposal, study set up, conduct, analysis and interpretation, dissemination

PROPOSAL DEVELOPMENT

PEP consult on a proposed trial comparing the effects of breathing tube size on shortness of breath after a critical illness. Reviewed patient-centered outcomes and provided a Letter of Support to the study team.

USER REVIEW AND REFINEMENT

PEP consultation to refine assessment questions and patient-facing materials for risk-based cardiovascular care resulting in revisions to improve wording, accessibility, and organization of study questions and informational materials.

PATIENT PARTNER

A PEP member joining the DEDICATE study team to provide patient perspective and direction on patient-centered processes and outcomes for social risk screening, referral pathways, and connecting to community services.

Working to set patient-led, values-based engagement goals, practices, and infrastructure across our networks

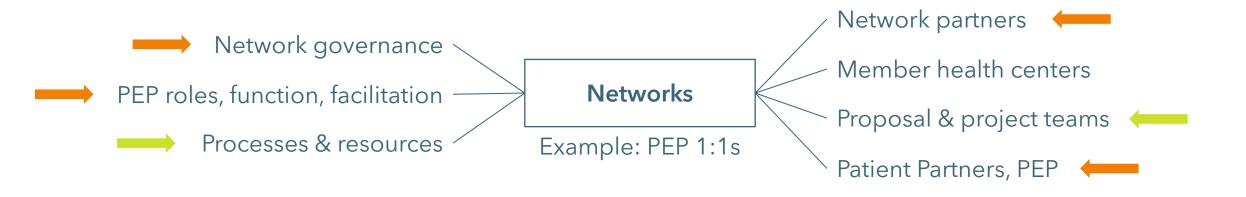
Values identified by
the PEP and codeveloped with
OCHIN and
ADVANCE to guide
current practice,
evaluation, and
future planning



Informed PCORnet engagement principles and policy

- Integrate patient and caregiver experience and expertise
- Elevate patient and caregiver experience and expertise
- Implement changes according to patient and caregiver feedback
- Report impact and changes to patient and caregiver collaborators
- Collaborate on research proposal development
- Collaborate on research engagement and recruitment approaches
- Engage patient and caregiver collaborators with relevant lived experience
- Measure engagement together

Measuring & demonstrating engagement value – processes, outcomes, impacts



What tools and metrics? How standardized versus adaptive? Which outcomes and processes?



OCHIN-ADVANCE engagement functions and metrics

Functions	Engage	Educate	Facilitate	Integrate	Participate	Translate	Disseminate
Activity example	Research development	Research trainings	Study team support for PEP consultations	Facilitation practices	Contribute to study team consultation	Present proposals to PEP members (request letter of support)	Communication or dissemination consultations
Metric example	Number of proposals and engagement roles Advisor or collaborator roles	Number of trainings - Participants - Format - Topic area	Number of consultations PEP participation and feedback - Format - Topic areas	Thematic review of semi- structured annual PEP member check- ins	Number of contributions (e.g., Letters of Support, study activities, study materials, coauthor)	Number of signees Process review at PEP meeting	Number and type of consultations
Areas for growth	 Consistent documentation and tracking of feedback and input Consistent reporting of impacts back to PEP members 						

Reflections and open discussion

What is your experience with network engagement?

What does engagement look like in your networks?

What's worked well for you or what have you learned you'd like to share here?

OCHIN-ADVANCE PEP and engagement resources

OCHIN-ADVANCE Patient Engagement Panel Handbook - example of member agreement or charter. Updated and signed yearly by all PEP members:

https://www.pcori.org/sites/default/files/OCHIN-ADVANCE-Patient-Engagement-Panel-Handbook.pdf

OCHIN-ADVANCE Engagement Values, Functions, and Metrics - example of co-developed guiding principles, best practices, and evaluation measures. Updated yearly (mostly!) with all PEP members:

https://www.pcori.org/sites/default/files/OCHIN-ADVANCE-Engagement-Core-Values-Functions-and-Metrics.pdf

OCHIN-ADVANCE Patient Engagement Panel Guide and Request Form - example of PEP consultation guide (what to expect) and request form (what to ask for and how to prepare). Updated as needed:

https://www.pcori.org/engagement/engagement-resources/ochin-advance-patient-engagement-panel-guide-and-request-form

Many others available through PCORnet Engagement Resources and PCORI Engagement Tool and Resource Repository:

https://pcornet.org/resources/engagementdomain/

https://www.pcori.org/engagement/engagement-resources/Engagement-Tool-Resource-Repository

Thank you for joining us today!

Susan Lowe & Anna Templeton www.ochin.org
www.advancecollaborative.org

Any questions or more information: templetona@ochin.org

