

## CTSA Program Steering Committee

March 25, 2024

2:30 – 3:30pm ET





## Agenda for March 25, 2024

Time	Topic	Speaker(s)
2:30 – 2:35pm ET	Welcome and Announcements	Michael Kurilla Ruth O'Hara
2:35 – 2:45pm ET	Report Out: Advancing Dissemination & Implementation Science Working Group	Kathleen Stevens Jonathan Tobin Reza Yousefi-Nooraie
2:45 – 2:55pm ET	Q & A/Discussion	
2:55 – 3:10pm ET	Real-World Data Task Force: A Sneak Peek Ahead to Las Vegas, Followed by Discussion/Q & A	Josh Fessel
3:10- 3:25pm ET	Pod Summary	Soju Chang
3:25 – 3:30pm ET	Open Discussion	
3:30pm ET	Adjourn	



### **Welcome and Announcements**

Michael Kurilla Ruth O'Hara

**Reminder:** The Working Group Proposal Cycle XII is open until April 1st; the SC Review will be open from May 1 to June 3.



# Advancing Dissemination and Implementation Sciences Working Group:

Equity-focused Dissemination & Implementation Science in Clinical Research, Clinical Practice and Communities

#### Report to Steering Committee

March 25, 2024 Status as of February 2024

#### **Co-Chairs**

Dr. Kathleen R. Stevens

Castella Endowed Distinguished
Professor
University of Texas Health
Science Center at San Antonio



#### Dr. Reza Yousefi-Nooraie

Assistant Professor
University of Rochester
Medical Center



#### Dr. Jonathan N. Tobin

Co-Director, Community Engaged Research
The Rockefeller University
President/CEO
Clinical Directors Network (CDN)











# Advancing Dissemination and Implementation Sciences Working Group:

Equity-focused Dissemination & Implementation Science in Clinical Research, Clinical Practice and Communities

Report to Steering Committee

March 25, 2024

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Dr. Kathleen R. Stevens

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Assistant Professor
University of Rochester Medical Center



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## Membership

- Audie Atienza, NCATS
- Tiffany Pineda, University of Florida
- Victor Montori, Mayo Clinic
- William Calo, Penn State
- Janey Van Cleave, UT Health Houston
- Emma Meagher, University of Pennsylvania
- Eunyoung Kang, UT Health Houston
- George Jackson, UT Southwestern
- Yan Du, UT Health San Antonio









#### **DIWG GOALS 2023-2025**

- 1. Advance critical links between research and practice communities through Practice Based Research Networks (PBRNs) by understanding how principles of engagement science and implementation science apply to (a) generating new knowledge and (b) disseminating and implementing new knowledge into practice.
- 2. Expand critical links between D&I and clinical research through building capacities at local hubs to create equity-focused D&I competencies for translational and clinical researchers, working closely with related Enterprise Committees that are focused on community engagement, informatics, learning health systems and workforce development.









#### **DELIVERABLES**

Best practices of promoting equity-focused D&I research through partnership between CTSA and practice-based research models (PBRNs):

- 1: Case presentations, through publicly accessible webinars
- 2: Qualitative analysis of best practice cases
- 3: **Survey** of quality and strength of alignment between PBRNs and CTSA hubs, support exchange, needs and priorities, and activities related to D&I research, across the CTSA consortium.
- 4: Consensus paper on training guidelines to achieve minimum competencies of equity-focused D&I research and practice for clinical and translational researcher and implementers, applicable by CTSA hubs.
- 5: **Expanded Compendium of D&I resources** to include model curricula for training and disseminating equity-focused D&I competencies, and models of integrating D&I into practice-based research models.









#### 1: Case presentations of best practices

#### **Expected Completion Date: June 2025**

- Call for case study presentations and direct recruitment of experts from outside the WG.
- Request presenters to include considerations of health equity and DEI in PBRN-CTSA partnership activities.
- Provide public access through CCOS services.









#### 1: Case presentations of best practices in PBRNs

Case presentations (5 completed/18 anticipated = 27.7% as of February 2024)

- Designing for Dissemination within UW-Madison's Community-Academic Aging Research Network; Jane E. Mahoney, MD
- Building Full Spectrum Translational Research Teams: Case Studies of Engaging Basic Scientists with Community Clinicians and Community-based Organizations in Studying Implementation; Jonathan N Tobin, PhD
- Blending Implementation Science, Quality Improvement and Participatory Methods: Learning from Two Decades of Work in the Oregon Rural Practice-Based Research Network; Melinda Davis, PhD
- A Tale of Two PBRNs: National Dental PBRN and South Texas Oral Health Network;
   Rahma Mungia, BDS, MSc, DDPHRCS
- Synergistic collaboration for infrastructural support of PBRNs and CTSAs: Example of WWAMI region Practice and Research Network; Sebastian Tong, MD, MPH









#### 1: Case presentations of best practices in PBRNs

#### Future presentations:

- Lessons learned from implementation and evaluation of national policies focused on improving psychosocial health in the US and Latin America;
   Heidi Luft, PhD, RN
- Application of IS models and methods for community-engaged preventive health care solutions for underserved communities; Borsika Rabin, PhD,
   MPH









#### 2: Qualitative Analysis of Case presentations

#### **Expected Completion Date: June 2025 (10% progress)**

Qualitative analysis is dependent on case studies accumulated through Deliverable 1, which provides the data for analysis.

- Development of an analysis framework (10%)
- Data extraction from recorded Case Studies
- Qualitative analysis
- Reporting and dissemination

The analytic framework will be developed in tandem with the framework for the survey (Deliverable 3) and based on prior PBRN-CTSA survey.









## 3: Survey of quality and strength of alignment between PBRNs and CTSA

**Expected Completion Date:** March 2025 (10% progress)

- Finalize survey domains
- Finalize selection of items from prior surveys related to domains
- Circulate draft Survey instrument to DIR Workgroup
- Pilot draft survey with 3-5 DIWG Workgroup members
- Design final online Survey in REDCAP with CCOS
- Disseminate online REDCAP Survey to all CTSAs
- Follow-up request with non-respondents
- Tabulate Survey results with CCOS
- Present Survey results and summary to DIWG
- Draft Survey Final Report









**4:** A **consensus paper** on training guidelines to achieve **minimum competencies** of equity-focused D&I research and practice for clinical and translational researcher and implementers, applicable by CTSA hubs

#### **Expected Completion Date:** July 2025 (10% progress)

- Formation of the authorship team
- Review of existing evidence
- Development of recommendations
- WG feedback
- Reporting and dissemination
- Baumann et al. A Scoping Review and Critique of the Literature on Translation, Dissemination and Implementation Capacity-Building Initiatives for Various Audiences
- Narrowing down the project goals upon the progress documented in the Baumann et al. narrative review.
- Plan for the best strategies for consensus development
- Focus on framing the project to inform translational sciences.
- Focus on health equity and DEI









# 5: Expand the Compendium of D&I resources to include model curricula for training and disseminating equity-focused D&I competencies & models of integrating D&I into practice-based research models

#### **Expected Completion Date:** June 2025 (45% progress)

- A paper reporting on the adoption of compendium [under review].
- working with new sites to integrate the Compendium tool into website and workflows in academic research and working with community organizations.
- Strategies on incorporating equity-focused D&I curricula and practice-based research models.
- Partially dependent on deliverables 1-4 (PBRN Survey, Analysis of Case Studies, Narrative Review of Competencies)

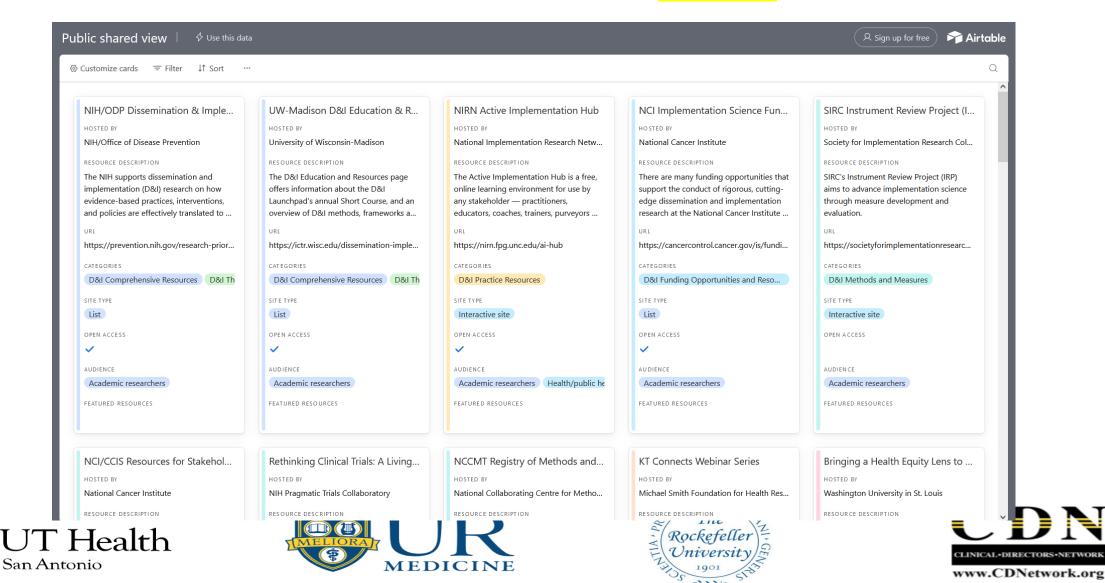








# 5: Expand the Compendium of D&I resources to include model curricula for training and disseminating equity-focused D&I competencies & models of integrating D&I into practice-based research models (Add URL)



#### Working Group as a Community

- 164 members
- 1 meeting per month of 80 minutes duration, with dedicated time for team task work.
- Partnership with other WGs and funding agencies?
- Future presenters:
  - Tara G. Mehta, PhD University of Illinois at Chicago
  - Leigh Johnson, MPH NYU Langone Health
  - Bijal Balasubramanian, MBBS, PhD UTHealth Houston
  - Borsika Rabin, PhD, MPH UC San Diego
- Google suite shared workspace coming soon!









#### **Questions for the Steering Committee**

- Is the progress satisfactory to date?
- Are there other goals or deliverables that we missed in the conception of this WG that you think we need to incorporate now to enhance the significance?
- Are there any suggestions as to how to enhance the dissemination of the deliverables of this WG to other initiatives and target audience?
- How can we best use the resources and services by CCOS to enhance our impact?









# Real-World Data Task Force: A Sneak Peek Ahead to Las Vegas

- Quick reminder about where we started
- Progress and how I've heard discussions evolve
- BIG progress in education
  - Education resources
  - Education tenant
  - Collaborations around education
- What's underway now
- Where we could be going



Image generated using DeepAl.org



## **Pod Summary**

Soju Chang, MD, MPH, FACPM

NCATS, Division of Clinical Innovation

Clinical and Translational Science Awards Program Branch

Initiatives & Consortium-Wide Activities Section



## **Pod Summaries Received in January 2024**

Pod Leader	Jan 2024 Meeting
Mimi Kim	
Jen Kraschnewski	
Jessica Kahn	January 24
Grace McComsey	
Rosalind Wright	January 19
Randy Urban	
Ted Wun	
Gerry Moeller	January 23





#### \*Reminder\*

Please submit Pod Feedback, Pod Meeting Summaries and Crowd Sourced Agenda Topics through the Pod Portal on the Steering Committee page of the CCOS website.

Date Received: January 19, 2024

Pod Lead: Rosalind Wright, Icahn School of Medicine at Mount Sinai

Pod Membership: University of Illinois at Chicago, Vanderbilt University Medical Center,

Rockefeller University, Northwestern University at Chicago, Rutgers

**Biomedical and Health Sciences** 

#### **Pod Meeting Summary:**

• The N3C Team (Melissa Haendel, Christopher Chute, Emily Pfaff, and Richard Moffitt) gave a presentation to address: How do we make real world data more accessible/How do we leverage infrastructure already invested in? Where have we been and where are we going?

This presentation was followed by a Q & A / discussion.

Question	Answer
Can we ensure that we get a report? It should be CC'd to the program directors.	If you are not receiving reports, reach out to N3C and they will fix the issue.
The Domain teams are specific or general: What are the requirements to form these teams, how do you help shape these to reduce overlap?	There is nothing that stops anyone from forming a research team and putting in a request. The Domain teams are voluntary, most topics are covered – making it easier to join an already existing team.
Are people aware that there are hubs? That data are available? Do we have any feedback on the scorecards? A lot of people are engaged in the N3C and don't realize how much they are contributing.	Junior investigators/graduate students are great resources as N3C is free, removing the need for a grant. Also, the training and education is significant to increase multi-institution team science through domain teams mentoring.
What is the timeline for the education tenet and rollout and is the goal to create more data scientists?	It is rolled out now; financial resources available for sites that need help. The idea is to find key leaders interested in contributing to building these key resources.



Date Received: January 19, 2024

Pod Lead: Rosalind Wright, Icahn School of Medicine at Mount Sinai

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**Biomedical and Health Sciences** 

Answer

#### Pod Meeting Summary - N3C Presentation Q&A (con't)

Question	Allowei
For CTSA Program, are you encouraging investigators to go back to share data management plans maximally, or PIs go back to their own institution?	<ul> <li>Do not violate HIPPA, share what is maximally relevant and increase collaboration; per policy, you cannot download patient specific data.</li> <li>Requests are reviewed to ensure they meet this policy.</li> <li>You can share code.</li> <li>Assistance is provided to researchers re: data sharing.</li> <li>No papers have been denied for not sharing PHI</li> </ul>
Does N3C have a template data management plan for inclusion in proposals?	No, but they will make it
How do we ensure the original community engagement continues?	<ul> <li>Each provider moving forward controls their own data sharing</li> <li>NCATS vision is that these projects are funded by the NIH themselves;</li> <li>N3C PIs have no sway over what studies are done or approved, different than other sites;</li> <li>The transition to the governance structure was tricky – why done as pilot.</li> <li>Upcoming call for anyone interested in developing governance</li> <li>Community governance calls are Fridays 7am PT/10am ET; Occurs every 2 weeks on Friday. Registration link here.</li> <li>Universities are trying to figure out how to govern data, and we need to be forward looking to make the data available within set governance policies.</li> </ul>



Question

Date Received: January 24, 2024

Pod Lead: Jessica Kahn, University of Cincinnati

Pod Membership: University of Cincinnati, Indiana University, University of Minnesota,

University of Wisconsin - Madison, University of Florida, University of

lowa

#### **Pod Meeting Summary:**

#### N3C discussion

- Concern raised about ability to join N3C due to resources required at the sites.
- Expectations are increasing for CTSA hubs to engage in national data asset work.
- It would be helpful for NCATS leaders to strategize about how to ensure that participation is feasible and how ENACT, PCORNet, N3C, etc. are duplicative.
- Is there a way to reduce the number of public repositories that CTSAs are expected to engage with? That may
  be more effective than trying to divide our resources among all of them. Hubs have limited bandwidth and
  resources.

#### NCATS website

- Information about the CTSAs, the hubs, the MPIs, etc, is no longer easy to find. Concerning because the CTSA hubs are the major investment of NCATS and are not being recognized.
- The lack of visibility impacts our ability to work with leadership at our own academic institutions. The SC should endorse a request for the CTSA program to be a prominent component of the NCATS website.

#### NCATS Strategic Priorities

• As hubs prepare to submit UM1s, RC2s, T32s, KL2s, CCIAs, etc., it's not clear what NCATs' overall strategic priorities are. It would be helpful to clarify these.





Date Received: January 24, 2024

Pod Lead: Gerry Moeller, Virginia Commonwealth University

Pod Membership: Wright Regional Center for Clinical and Translational Science (Virginia

Commonwealth University), iThriv (University of Virginia), New York

University School of Medicine, University of Massachusetts Med. School

Worcester, Georgetown-Howard Universities Center for Clinical and

**Translational Science, Yale University** 

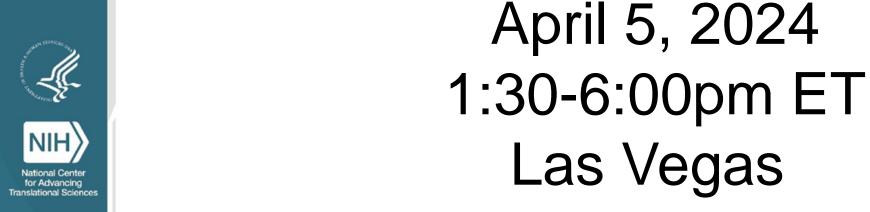
#### **Pod Meeting Summary:**

The main topic of discussion was the ENACT presentation to the Steering Committee. There was
considerable discussion about how much the POD hubs are actively using ENACT and if so, what are
they using it for?

- There was discussion about the multiple options for hubs to pull real world data using tools like TriNetX and Cosmos (for Epic hubs). In the discussion, it was brought up that it isn't clear how hubs should prioritize the different tools/options.
- There was also discussion around what the costs are for hubs to participate in ENACT and the fact that those costs are not covered by ENACT, making hubs decide what tools provide the most return on investments.
- There was discussion around whether the Informatics EC or other groups would provide any guidance in this area.
- Overall, the POD felt that there should be more transparency on what ENACT provides over and above other available tools and how costs for ENACT compare with those other tools.







## **Adjourn**

