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The National Patient-Centered
Clinical Research Network

Value Proposition for Clinical Engagement in PCORnet PCORnet Engagement Committee

**Clinicians are defined here as licensed healthcare providers, such as physicians (including osteopathic), nurse practitioners, physician assistants, mental health providers, dental providers, pharmacists, and affiliated care teams.*

Background

Clinician engagement* is essential to successful participant-centered research for new medical findings to be effectively discovered and implemented at a larger scale. Clinicians and service providers are the lynchpins to the learning health system model, which is dependent on direct clinician involvement with individuals, families, and systems. However, **a clear proposition for the value of incorporating research into daily medical practice had not previously been well described or adopted.**

The Value Proposition

Medical research must be accessible to everyone—the patient, caregiver, and the clinician. Clinicians are critical partners in all stages of research: topic generation, study design and relevance, patient identification, recruitment, retention, and dissemination of findings. However, these opportunities to engage often are underfunded—in time, dollars, effort, and resources required to produce quality results. These resource barriers make clinician participation an onerous process for all involved. For practicing clinicians, the value is in better outcomes, better service, professional satisfaction, and eventually better remuneration for these efforts. The clinician brings value and merit the same way patient engagement does. However, as most medical practices are businesses, the value to supporting research recruitment from clinical populations and to assist in dissemination and uptake of research findings must be viewed in terms of monetary costs and benefits.

Clinician engagement is especially important in the context of pragmatic research, which often is embedded in clinical practice and/or relies heavily on information collected in this context (e.g., data captured in Electronic Health Records [EHRs]).

In addition to the myriad benefits of clinician involvement, to NOT have the practicing clinician engaged in research and the dissemination and implementation of science leads to a delay(s) in patient recruitment and reduced quality of research, as well as a less effective process of turning results into practice.

As such, there are three critical categories of issues that must be addressed:

- 1) clinician leadership to move this proposition into practice;
- 2) ensuring there is access to quality data for identifying the patients for study recruitment; and,
- 3) processes or tools to ease the burden, including simple recruitment and consent processes, interventions aligning with routine workflow, data collection that is seamless with routine health care delivery data collection, and resources (both personnel and financial).

Barriers to Clinician Engagement in Research:

We acknowledge that clinicians who want to be more engaged in research may have concerns about:

- Less time with patients
- Lower compensation as a result of less time with patients
- Reduced personal time

Practice setting may not provide:

- Adequate human resources
- Freedom to engage in the research process while meeting productivity standards
- Accrual of financial benefit

Potential proficiency/educational challenges:

- Access to studies pertinent to practice
- Discomfort with regulatory process (Institutional Review Board)
- Time constraints for continuing education

It is with these concerns in mind that we have developed this value proposition to facilitate that engagement.

Solutions

Effective solutions must consider all of these barriers. Feasible, replicable, and cost-efficient solutions are critical to making this value proposition pragmatic for practicing clinicians. Some initial solutions include:

1. A research navigator who disseminates information on relevant trials and accompanying resources available in a specific area and is available to qualifying participants once identified.
2. Links to Common Data Model (CDM) employed by PCORnet sites to query and find eligible patients.
 - *Outreach mechanism to reach these patients (with approval of that CDRN and practices)*
3. Shared services for recruitment and patient monitoring—for example, one staff person funded by multiple studies across multiple practices, with full access to the practices and their facilities.
4. Innovative communication tools for prospective participant outreach—for example, use of electronic tablets in waiting or examination rooms for surveys and consenting.
5. Additional reimbursement to medical practices for recruitment and quality of data.

Summary

Fully engaging practicing clinicians in research and dissemination of findings accelerates patient engagement and study recruitment, increases quality of research and care, especially integrating results into clinical practice. For all of these reasons, it is essential to operationalize this value proposition and identify and resource solutions.

“I do not know a clinician who would not welcome a more comprehensive engagement with all members of the healthcare team including those receiving care and involved in research. If we want clinicians to be engaged, engagement should be a benefit rather than a burden.”

Cherie Binns, RN, BS, MSCN
