

UTOPIAN Clinical Research Group Meeting MINUTES

December 15, 2021
Time: 4:00 PM – 5:00 PM EST
Teleconference (Zoom)

Action Items:

Please share the TUTOR-PHC program to those who may be interested:
<https://www.uwo.ca/fammed/csfm/tutor-phc/recruitment/programflyer.html>

[Q: Question; A: Answer, C: Comment]

Review & Approval of Minutes

- Minutes from the previous UTOPIAN Clinical Research Group (CRG) meeting were **approved**.

Recap: Discussions and Learnings in 2021

Goals for 2021

1. Network Growth
 - UTOPIAN Research Officers (ROs) have started conducting site research capacity assessments and creating research e-binders for each. To date, this has been initiated for St. Michael's Hospital, North York General Hospital, and Platinum Medical Family Health Organization.
 - In 2022, UTOPIAN aims to work with DFCM to create a directory of faculty and their research interests, so that the same individuals are not contacted for recruitment each time.
2. Education and Training
 - Topics covered in previous CRG meetings include pilot studies, ethics, CONSORT reporting guidelines, consent for contact, CLEAN Meds RCT, and cannabis use for chronic pain.
 - We also began tracking RCTs in primary care published in the top 5 medical journals to use as learning tools and inspiration.
3. Develop Connections with Other Clinical Trials Networks
 - We have begun to engage with other networks, especially through POPLAR.
 - The Toronto Dementia Network came to present at a previous CRG meeting, and we have started to engage further with them as well.
 - To date, we have been limited in establishing formal relationships with other clinical trials networks in Ontario and Canada (eg, CTN). This could be a focus 2022.

Plan for 2022

1. Continue Site Research Capacity Assessments and e-Binder Development
 - Once complete, these will be made available to CRG members.
2. RCT Lecture Series (January 2022 – June 2022)
 - Current topics include types of RCTs, patient engagement, recruitment, data collection & analysis, data management, ethics, and regulation.
 - These will be made available on YouTube.
 - Additional topics suggested include use of administrative data, methods to identify high risk patients, EDI, and research project management.
 - C:** EDI is increasingly becoming a requirement for CIHR grants.
3. Develop Clinical Research Toolbox
 - Q:** Is UTOPIAN identifying targets for the number of sites or patients recruited?

- **A:** To date, this has not been done. UTOPIAN has many sites that are currently contributing data and have representatives on the Scientific Advisory Committee (SAC). The true challenge arises during site recruitment, when it is often difficult to identify a site investigator, there is limited interest, or it is too logistically cumbersome.
- **C:** An indicator that could be tracked is how many project proposals is UTOPIAN supporting researchers to submit, and how many of these are ultimately successful, are they hitting their recruitment targets, etc.
- **Q:** How do we work on hitting research priorities that are beyond the priorities of just those who are members of the CRG and SAC.
 - **A:** We need to conduct site visits and engage our faculty in posing research questions. In other PBRNs globally and across Canada, this is done quite well, where individual PBRNs often contribute to idea generation, which leads to support for local to system level priorities.
 - **C:** If UTOPIAN can take care of the more logistical/tedious parts of research, there could be engagement from sites and researchers who may not otherwise have the capacity to participate.
 - **C:** A challenge with trying to meet bottom-up priorities is that sometimes there is limited understanding of what is actually feasible.
 - **C:** This is why you need to integrate both bottom-up and top-down approaches. Using strictly one or the other may lead to issues such as lost of engagement, duplication, lack of generalizability, etc.
 - **C:** COVID-19 has given us the opportunity to conduct more in-depth research on the use of telemedicine and remote support. This can be added to the 2022 agenda.
- **C:** DFCM does a good job of supporting new investigators. What is missing is the big idea projects. By having UTOPIAN leadership commit to visiting sites once a year, to thank them and to generate ideas that can then be brought back to the CRG, data group, and SAC, we can start to develop some high impact projects.
 - **C:** We need to think about how to truly become a research and learning network. To do this, engagement cannot be a one-off event, it must be a part of the whole research continuum and deepen those relationships. A part of this is involving more clinicians in the CRG group.

Progress Update

SPARTAN-AD

- This study was funded a number of years ago and wants to recruit people who are living with Alzheimer's Disease (AD) to compare the impact of two blood pressure medications on brain atrophy over one year. The study aimed to recruit 150 patients, 75 to each arm, but to date has only managed to recruit 20 patients.
- The UTOPIAN process involves identifying a site investigator who engages other providers at the site, searching the EMR for potential participants, verifying the list with the relevant provider, and then contacting patients for recruitment.
- Some of the barriers and challenges that have led to this are:
 - COVID-19
 - Very strict inclusion criteria, which includes only pure AD. This was since expanded.
 - Documentation of AD is very limited in EMR.
 - Lack of communication between primary care providers and patients.
 - The intervention was a considerable burden (i.e., conducting MRIs, multiple questionnaires, daily blood pressure measurements, etc.)

Lessons Learned and How to do Better

- **C:** Together with the Toronto Dementia Alliance, we developed an agent agreement allowing a UTOPIAN Practice Facilitator to access the EMR directly. This was then used for the BedMed study as well, showing that lessons learned in one study can be applied to another.
- **C:** There needs to be truth-based relationships with PIs, where they can be clearly told what is realistic/feasible and what is not.
- **C:** We can use graphic designers to make more attractive recruitment materials (e.g., emails, posters).

- **C:** This highlights the importance of Quality Improvement in EMR to facilitate better research, patient identification, and ultimately better care.
- **C:** There needs to be better support for clinicians who engage in research (i.e., paid for their time), and those reaching out to UTOPIAN for support need to be told that these are the resources you need to be able to get what you want out of this.
- **C:** Also focus on supporting interested residents, eg matching with a mentor, encouraging the application of a 3rd year research program, also supporting students and residents to attend conferences (eg, NAPCRG/PBRN Conferences, DFCM conference, etc.)

POPLAR Clinical Research

- The project intake approval process and criteria has been approved by the POPLAR Steering Committee.
- UTOPIAN has a well-developed research community, which is not common across other groups. There has been the suggestion to create a common calendar to invite people from participating networks to join various discussions.

Ideas for CIHR's 2022 Spring Funding Competition

- Virtual collaborative to better opioid stewardship.
 - Aims to support patients proactively (outside of an appointment) through a digital intervention that helps providers create better care plans with patients and connects patients with various resources.
 - Deployed at CAMH during the pandemic and further refined.
 - Includes a learning component for patients to inform them why their health care providers want to taper them off benzodiazepines, opioids, etc.
- Evaluating the QI dashboard in a robust way, especially for vulnerable patients.

Recent published article

- Sakina Walji et al. 2021. [Predicting hospital readmission risk: A prospective observational study to compare primary care providers' assessments with the LACE readmission risk index](#)