Maridulu Budyari Gumal
Working together for good health and wellbeing

Sydney Partnership for Health, Education, Research and Enterprise (SPHERE)

# Working together to promote implementability and impact: the AHRTC perspective

AHRA AUSTRALIAN HEALTH RESEARCH ALLIANCE

Australian Clinical Trials Alliance

Christopher Levi

Executive Director - Maridulu Budyari Gumal - The SPHERE

Chair – Australian Health Research Alliance

Co-Chair - ACTA Implementability Reference Group

NSW GOVERNMENT Health South Western Sydney Local Health District

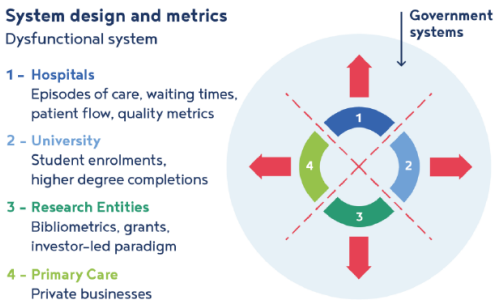
UNSW SYDNEY

## Outline

*No disclosures apart from "skin in the game"*

- Review of the AHRTCs/CIRHs and The Australian Health Research Alliance (AHRA)
- Barriers and enablers to implementation relevant to ACTA and the Translation Centre's -
  - "Implementation" trials
  - "New knowledge generation" trials
- Cover some key challenges facing trialists– e.g.
  - **"asking the right research questions to whom"**
  - **accessing excellence in design & methods important for both trial success and result implementation**
  - **implementation science know how**
  - **knowledge translation know how**
- What can/areTranslation Centre's doing to help?

# Why TCs - the “McKeon Review Vision”




Teede , Jennings – AHRTCs – personal communication


McKeon Review

AHRA AUSTRALIAN HEALTH RESEARCH ALLIANCE

Monash Partners Academic Health Science Centre

Sydney HealthPartners

Melbourne Academic Centre for Health

Health Translation SA

WAHTN Western Australian Health Translation Network

brisbane diamantina health partners

NSW Regional HEALTH PARTNERS

CENTRAL AUSTRALIA ACADEMIC HEALTH SCIENCE CENTRE

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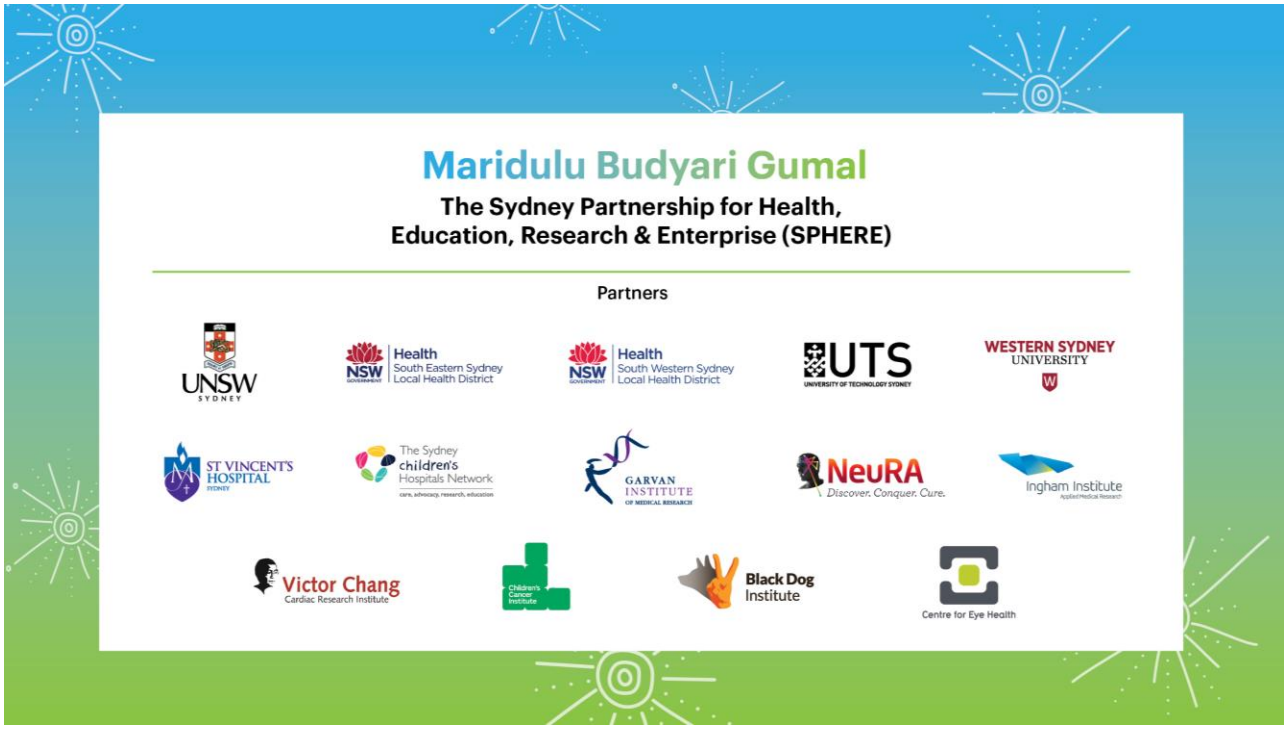
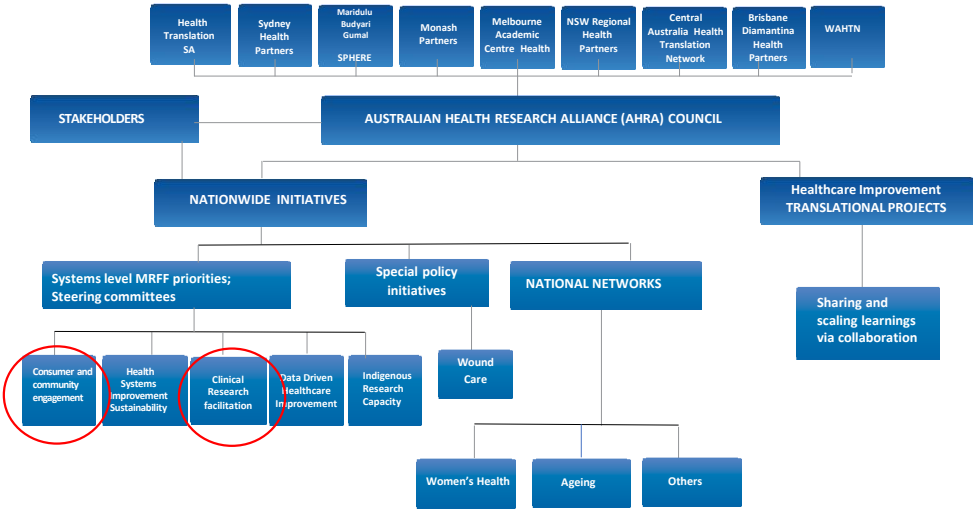



# Translation Centre's NHMRC Accreditation Requirements

1. Leadership in research and evidence-based clinical care
2. Excellence in innovative research that addresses healthcare challenges
3. Programs and activities to accelerate translation of research findings into health care and ways of bringing health care problems to the researchers
4. Research-infused education and training
5. Health professional leaders who ensure that research knowledge is translated into policies and practices locally, nationally and internationally
6. Strong collaboration amongst the research, translation, patient care and education programs.

AHRA AUSTRALIAN HEALTH RESEARCH ALLIANCE




AHRA
AUSTRALIAN HEALTH RESEARCH ALLIANCE

# Consumer and Community Involvement in Health and Medical Research

## An Australia-wide Audit

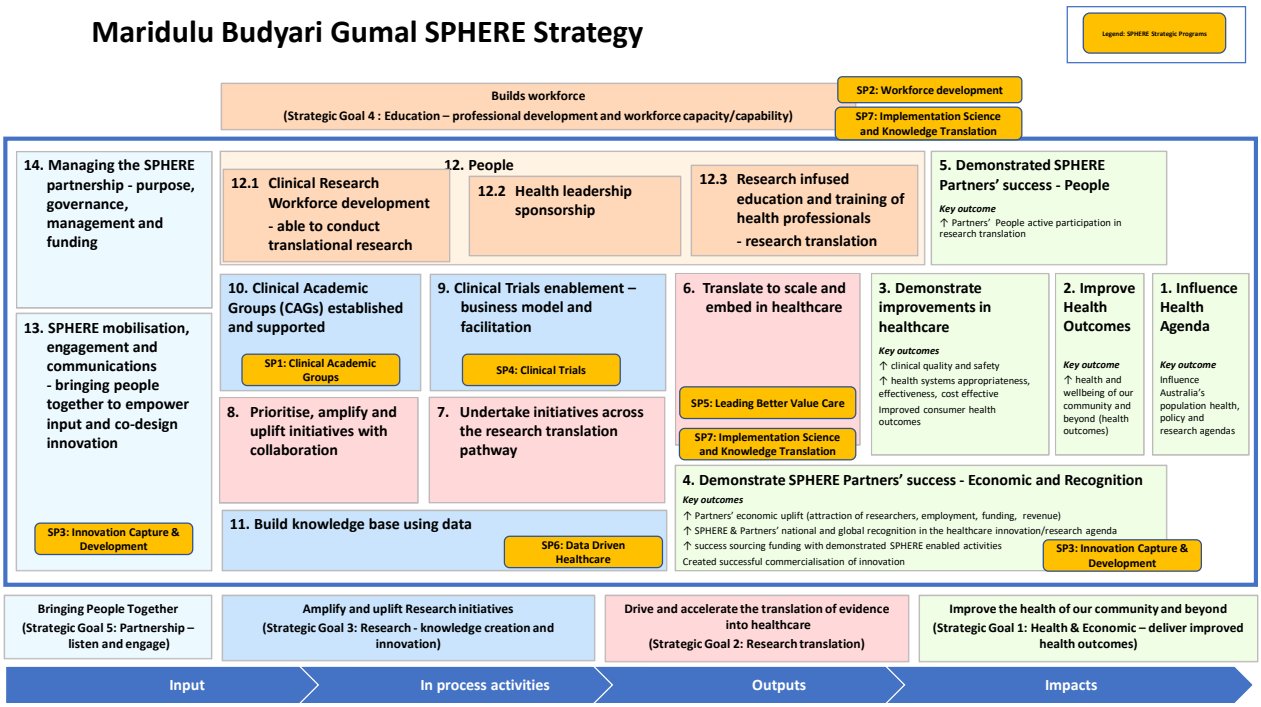
2018

**Key outcomes from the national workshop**

The one-day workshop was attended by 39 people including AHRA members and consumer advocacy groups. The following key messages emerged during the workshop discussions:

- **Clear support for consumer and community involvement** across the research cycle including determining research questions, research design and conduct, analysis and interpretation of results, and dissemination and implementation of findings.
- **Numerous models, frameworks, tools and resources exist** within Australia and internationally to support consumer and community involvement in research; facilitating access and evidence of efficacy are needed.
- The **community-driven approach that underpins Indigenous health research and existing policies for consumer involvement in cancer research** provide exemplars of how consumer and community involvement in other health and medical research might be achieved.
- **Financial support to enable involvement** needs to be secured, potentially through grant funding and/or "consumer involvement banks" created at organisational levels.
- **AHRA is in a strong position to advocate** for consumer and community involvement particularly in translational research, and to support coordinated progress across its member centres. This could include guiding principles, policy and/or standards to guide consistent practice across Australia.
- There is a need to **more effectively measure and evaluate the impact** that consumer and community involvement has across the research cycle.

## Maridulu Budyari Gumal SPHERE Strategy




# *Clinical Trials Support and Enhanced Clinician, Patient & Public Involvement in Clinical Research*

| | |
|---|---|
| ***Improve the access to, recruitment into, quality, efficiency, effectiveness and impact of clinical trials for our communities.***<br><br>***Achieve economic growth, financial return and sustainability in the clinical trials sector for SPHERE partners and other key stakeholders.*** | SPHERE will invest in, support and enable the development of a Clinical Trials Platform in collaboration with key stakeholders, partner organisations, NSW Ministry of Health, OHMR and other NHMRC-accredited Centres to:<br>i. Develop an overarching business model for clinical trials support that can be adopted/adapted by SPHERE Members<br>ii. Support increased capacity for the **DESIGN** and **OVERSIGHT** of clinical trials to support SPHERE Partners and membership<br>iii. Support the improved efficiency and effectiveness in the **CONDUCT** and **PERFORMANCE** of clinical trials by SPHERE Partners and membership<br>iv. Support the changes necessary to generate enhanced **FINANCIAL BENEFIT** from clinical trials including budgeting, expenditure against budget, and funding central services for SPHERE Partners and membership<br>v. Build the SPHERE clinical trials portfolio and **ATTRACT MORE CLINICAL TRIALS** to SPHERE, Sydney and NSW more broadly. |
| Link to SPHERE Strategic Plan | SG#1, 2, 3 & 4; NSW MOH OHMR and AHRA CCI |

# Strategic Program: *Clinical Trials Support and Enablement*

## *Investment outcomes and deliverables*

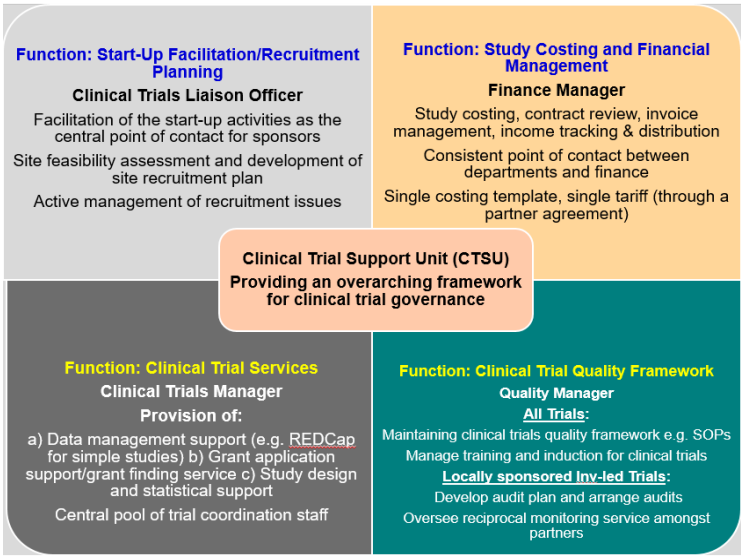
1. **A SPHERE-wide clinical research support service (trials focus).**

This "one stop virtual shop" will provide world-leading expertise in study design, methods, statistical analysis, IT and health research economics support built around our academic trials organisations to ensure that funding applications are of top quality and that studies are conducted according to world's best practice.

2. **A SPHERE clinical trials brokerage office** presenting SPHERE Partners as "open for business" for commercial and academic trials.
3. **A suite of training and education options** for SPHERE members.
4. **A portfolio of new initiatives supporting enhanced clinician, public and patient involvement in CTs** and **improved CT recruitment** performance.
5. **Improved financial accounting processes** to ensure clinical trials revenue is appropriately accounted for and collected.

*Contact person: Rowena Tucker - r.tucker@unsw.edu.au*

Support healthcare partners in implementation of NSW CTSU Framework & ACSQHC Governance Framework



# Implementation Science Enablement Platform

- Led by Prof Sandy Middleton
- Initial focus on nursing-led interdisciplinary activities
  - Development of the SPHERE IS "Academy of Experts"
    - Education delivery
    - Project supervision & mentoring
    - Grant development support
  - Initial focus on clinical quality registry informed implementation of best evidence and systems improvement
    - "Scan" of the SPHERE registry "assets"
    - Series of educational and project development forums open to all CAGS and their broader clinician networks - "how to…" develop implementation and improvement projects spinning off local/state/national registry data
    - Supported by small project funding - contestable
    - Supported by the "Academy of Experts"
  - Education Forums
    - 2019 events focusing on education & training in implementation of best evidence using registry datasets and "fit for purpose" IS methods
    - 2019 – TBA – October event in partnership with SHP and NSW RHP

*Contact person: Sandy Middleton - sandy.middleton@acu.edu.au*

# Knowledge Translation Enablement Platform

**Objectives**

Objective 1: Champion the development of Knowledge Translation in SPHERE

- Appointing Knowledge Translation Leads; Establishing a Knowledge Translation Academy of Experts; Developing a Knowledge Translation Strategy

Objective 2: Develop a Knowledge Translation program to build capacity within SPHERE

- Offering opportunities for formal and informal workforce education and training, including (but not limited to):
- Webinars; Fellowships; Workshops; Masterclasses; KT Clinic; Mentoring Program; Hackathons; Podcasts; Vodcasts

Objective 3: Raise the profile of the impact demonstrated by SPHERE

- Highlighting pockets of brilliant knowledge translation among the Clinical Academic Groups
- Showcasing pockets of SPHERE brilliance using innovative arts-based strategies

*Contact person: Katherine Boydell- k.boydell@blackdog.org.au*

# Implementability – barriers and enablers

- **Implementability** …. a set of characteristics that predict ease of (and obstacles to) trial evidence/guideline evidence being adoption by clinicians.
- **Implementation science** ….. the scientific study of methods to promote the uptake of research findings into routine healthcare in clinical, organisational or policy contexts
- **Cover two aspects from the AHRTC perspective –**
  - **Support for "implementation of best evidence" trials to drive implementation, adoption, diffusion, scale up**
  - **Support for "new evidence discovery" trials to maximize implementation potential**

# ACTA Impact and Implementation of Reference Group

Australian Clinical Trials Alliance

**Goal:**

- Maximise and measure the value of clinical trials to the community and the healthcare system, including the consideration of implementation of trial results into standard care.

**Objectives:**

- Establish a community of practice involving both clinical trial networks, experts in implementation science, and end-users to grow capacity in networks to facilitate effective implementation of trial results conducted by networks
- Disseminate and promote methods to clinical trial networks to facilitate trial design that optimises capacity for implementation, to measure impact on practice, including economic impact following implementation of trial results (i.e. return-on-investment studies)

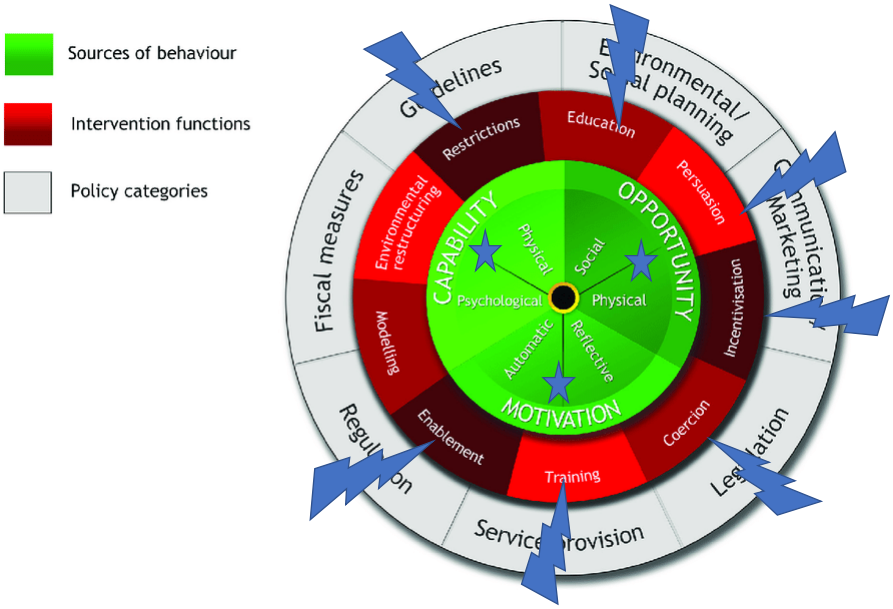
# ACTA Impact and Implementation of Reference Group work in progress towards the "Implementability Tool Kit"

- Systematic Review mapping features relevant to clinical trials that promote implementability – key features in the review include -
  - Address a question of importance (e.g. gap in evidence, inconsistent practice, opportunity for change)
  - Question selection and trial planning informed by consultation with consumers, clinicians, health system decision makers, policy makers
  - Informed by systematic reviews
  - Evidence of endpoints and minimally important differences in outcomes sufficient to motivate changed practice or policy.
- Survey of ACTA Networks & Coordinating Centres on their approaches to implementability, implementation and impact of clinical trials.

TC support for “implementation of best evidence” trials

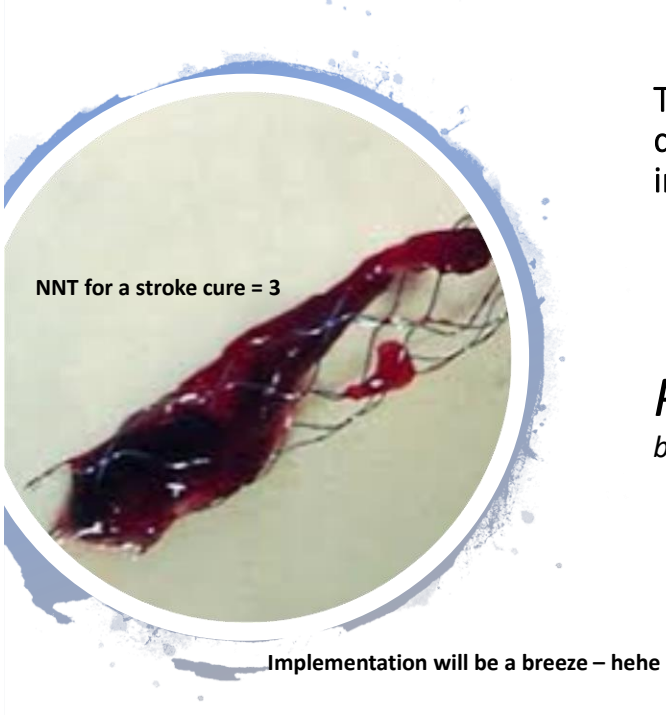
*The “special sauce”*

Connectivity into health - points of influence and support for evidence implementation from the “TDF recipe”



# Consider using your TC for support to -

- Enhance your connectivity and influence inside health services
- Evidence practice gap identification including via access to health administrative data sets
- Connections for interdisciplinary team building
- Connections with community or consumer groups
- Connections for IS/KT methodological support
- Seed funding support for systems analysis, behavioural diagnosis, intervention development or proof of concept stage interventions to provide preliminary data
- Open up communication across the AHRA in order to build larger networks




TC support for "new evidence discovery" trials to maximize implementation potential

*Planning to succeed*

*both on bibliometrics and real impact*

TACTICS
STROKE REPERFUSION TRIAL OF DRIP & SHIP

| State/Territory | Population | Estimate of LVO number/yr | Estimate of EVT eligible LVOs (50%)* | EVT cases/yr |
|---|---|---|---|---|
| NSW | 8,045,100 | 2,735 | 1,300 | 450 |
| Vic | 6,562,400 | 2,231 | 1,100 | 500 |
| Old | 5,052,800 | 1,718 | 900 | 250 |
| WA | 2,606,300 | 886 | 450 | 200 |
| SA | 1,742,700 | 592 | 300 | 150 |
| Tas | 531,500 | 180 | 90 | ? |
| ACT | 423,800 | 144 | 70 | ? |
| NT | 245,900 | 83 | 40 | ? |
| ALL | 25,180,200 | 8,561 | 4,250 | |

*60% LVO EVT eligible - Catalonia

# "Start with the (reporting/publication) end in mind"

**RESEARCH METHODS & REPORTING**

CONSORT 2010 Statement: updated guidelines for reporting parallel group randomised trials

Kenneth F Schulz,[1] Douglas G Altman,[2] David Moher,[3] for the CONSORT Group

*BMJ* 2014;348:g1687 doi: 10.1136/bmj.g1687 (Published 7 March 2014) Page 1 of 12

**RESEARCH METHODS & REPORTING**

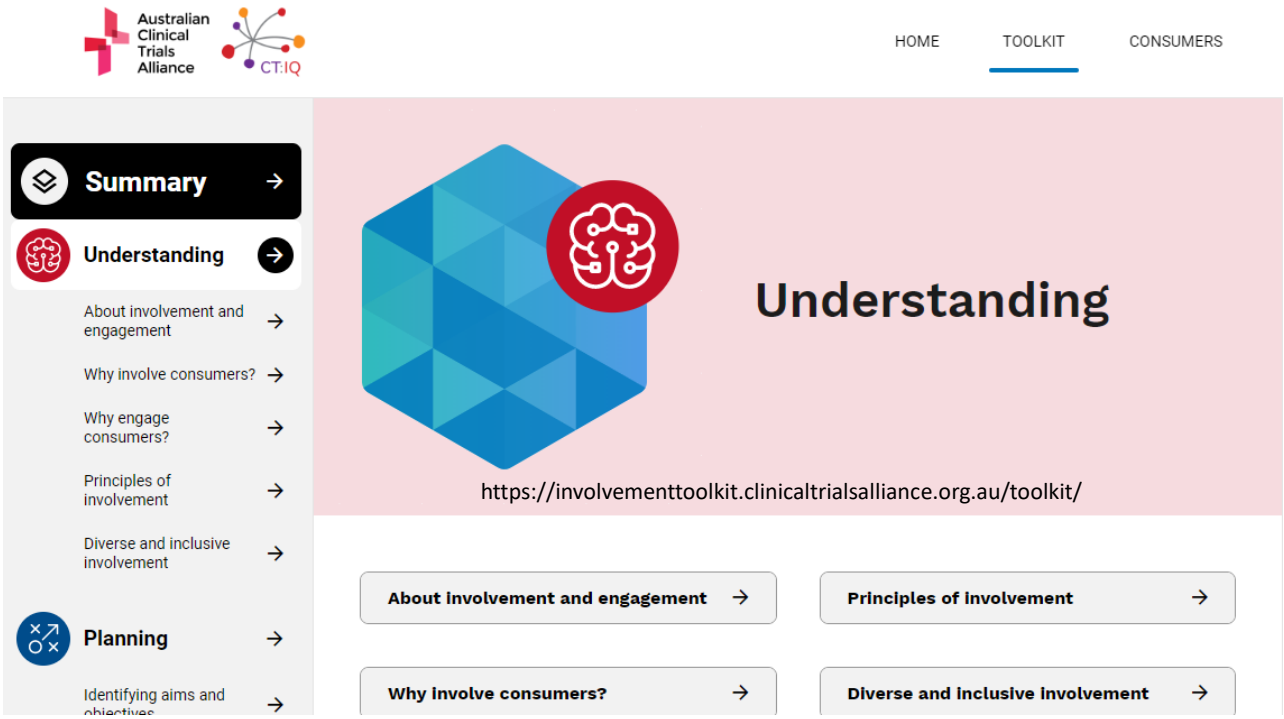
**Better reporting of interventions: template for intervention description and replication (TIDieR) checklist and guide**

# Examples of other important ingredients in implementability of trials

- Trial planning
  - Comprehensive detailed protocol
  - Clinicians, policy makers, consumers consulted
  - Systematic reviews or evidence synthesis considered or undertaken
- Trial population
  - Population generalizable including co-morbidities
  - Inclusion criteria reflective of the realities of clinical practice
  - Effect modifiers able to be examined in analyses
- Characteristics of intervention and comparator
  - Care settings include delivery for regional or rural populations
  - Interventions able to be delivered in routine care
  - Comparators in keeping with best practice and confirmed by clinician surveys or observational studies
- Characteristics of outcomes
  - Use of core outcome sets if possible e.g. ICHOM
  - Use of routinely collected or registry outcome data if appropriate
  - Outcomes sufficiently robust to influence clinical practice
  - Intervention delivery/ fidelity measured and reported
  - Process of care measured to provide context to outcomes
  - Economic outcomes assessed

# Consider using your TC for support to -

- Enhance links to clinicians and health managers
- Enhance connectivity for recruitment
- Assist with access to routinely collected health data sets
- Connections for interdisciplinary team building
- Connections with community or consumer groups
- Connections for “high-end” methodological support
- Seed funding support for feasibility or proof of concept stage interventions to provide preliminary data
- Open-up communication across the AHRA in order to build larger networks for support and recruitment


Australian Clinical Trials Alliance
CT:IQ
HOME
TOOLKIT
CONSUMERS
Summary
Understanding
About involvement and engagement
Why involve consumers?
Why engage consumers?
Principles of involvement
Diverse and inclusive involvement
Planning
Identifying aims and objectives
Understanding
https://involvementtoolkit.clinicaltrialsalliance.org.au/toolkit/
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