Population-based Research to Optimize the Screening PRocess

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Applicant Orientation Webinar
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NIH NATIONAL CANCER INSTITUTE

Acknowledgements

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Agenda

- The cancer screening process
- PROSPR Research Centers (PRCs)
- PROSPR Coordinating Center (PCC)
  - (Includes PRC participation in trans-PROSPR activities)
- Q&A

Housekeeping

- Questions will be taken by email only
  - Sarah Kobrin (kobrins@mail.nih.gov)
  - (Please copy Paul Doria-Rose (doriarop@mail.nih.gov))
  - Use subject line “PROSPR Webinar Question”
- If your question is not answered during the call, expect a response by email next week
- Slides, archived webinar, and other materials from the call will be posted on the PROSPR website: (https://healthcaredelivery.cancer.gov/prospr/)

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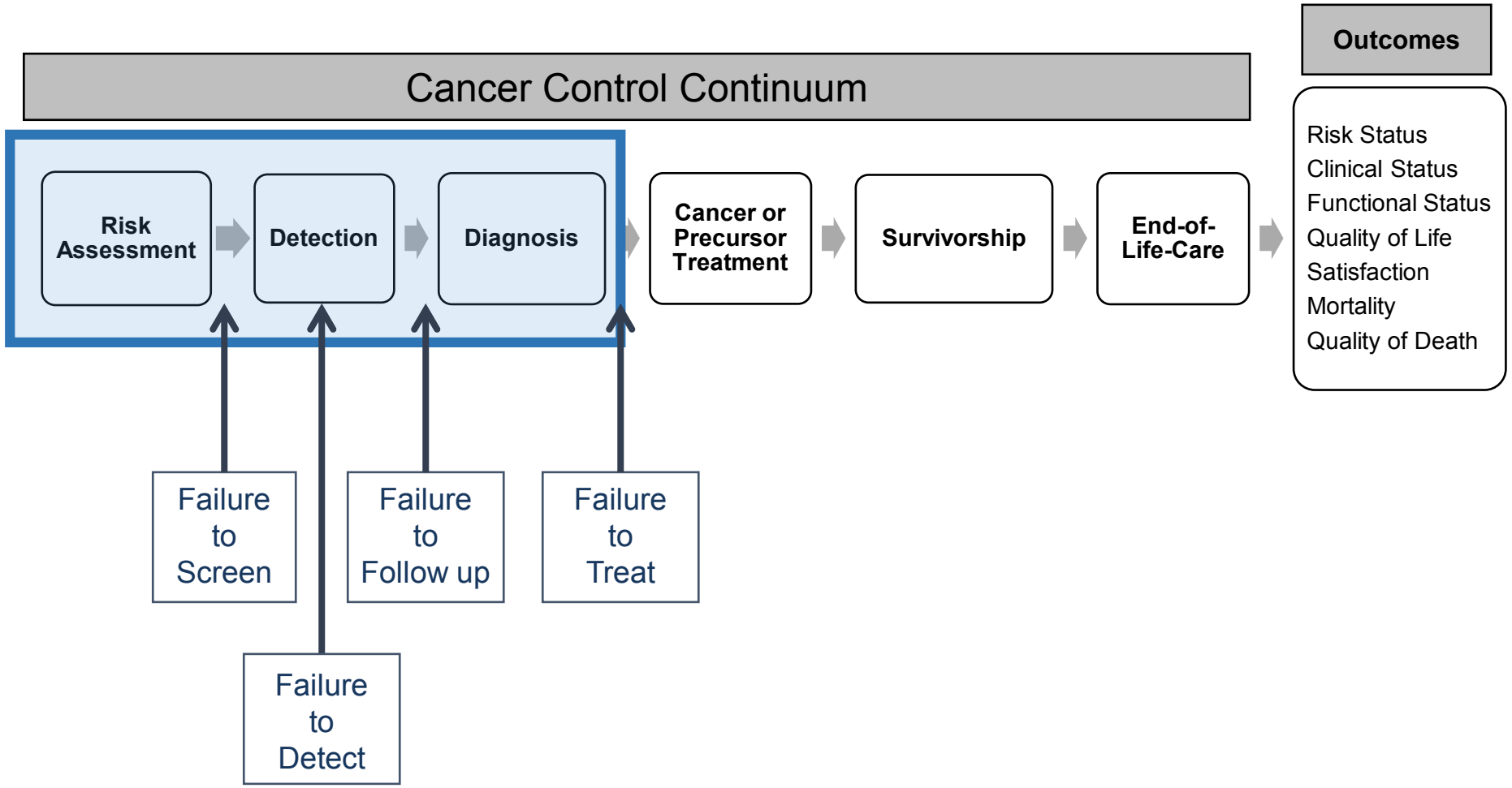
Rationale for PROSPR: Breakdowns Can Occur at Multiple Points in the Cancer Screening Process



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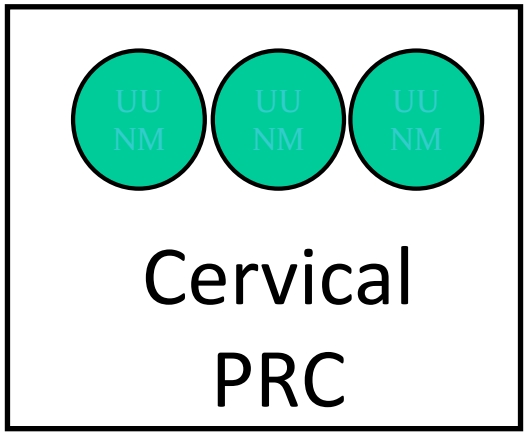
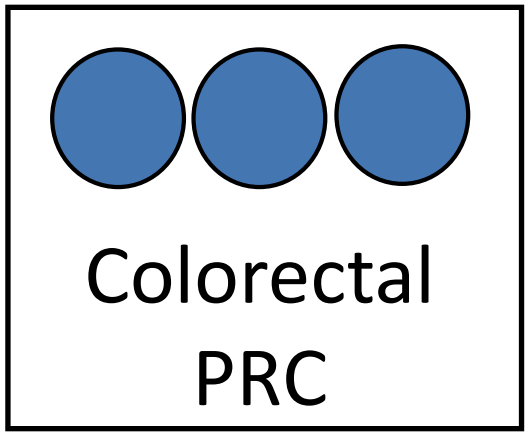
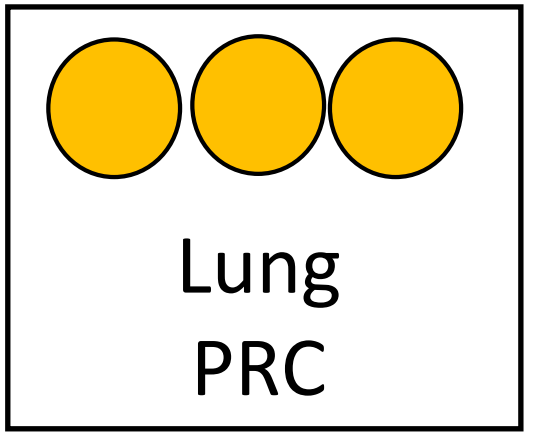
PROSPR 2 Structure: Research Centers (PRCs)

- Intent is to fund 3 PRCs (one for each cancer type)
- Each PRC composed of at least 3 participating health systems
- PRCs must:
  - Collect multilevel (i.e., patient, provider, health system) data
  - Conduct PRC-specific research (focused on one cancer type)
  - Participate in trans-PROSPR research (across cancer types)







Healthcare System

- Definition: “a collection of primary and specialty care clinicians and support staff, medical facilities, and organizational structures which together provide the environment for the comprehensive delivery of healthcare services related to the cancer screening process…”
- For the purposes of this RFA, may be defined broadly
  - Does not necessarily represent a single corporate entity
  - Must have unifying features that will be studied/compared to other healthcare systems as part of the research program
- Each healthcare system must include at least 50,000 individuals age-eligible to be screened for the cancer type of interest

Community Settings

- Definition: “Environments in which the process of delivering healthcare reflects approaches typically followed by clinicians whose primary responsibilities are patient care rather than research or education. Patient populations in these environments tend to be more representative of the local population than are patients referred to academic medical centers for specialty care or who are enrolled in clinical trials.”
- Health systems based in specialty centers may be included, but research should address research gaps regarding the cancer screening process in community settings

Systems Should Include Diverse Patient Populations and Heterogeneous Healthcare Environments

- Patient populations: racial/ethnic minorities, lower socioeconomic status, other medically underserved groups
- Healthcare systems: should include multiple different care environments (e.g., managed care, safety-net settings, primary care networks)
  - Must be able to comprehensively capture data for all steps in the screening process

Research Program

- Observational research studies
  - Evaluate modifiable factors on multiple levels that impact the cancer screening process, with the goal of identifying targets for intervention
  - RFA created with flexibility in mind: design a program of observational research to address most important research gaps
  - Minimum of 3 studies
- Intervention Development
  - Based on results of observational work, at least one intervention designed to improve the screening process should be developed and pilot-tested in all participating healthcare systems
  - Applications will not propose specific interventions to be developed, but rather will express a scientific vision regarding key points in the screening process that represent potentially high-impact targets

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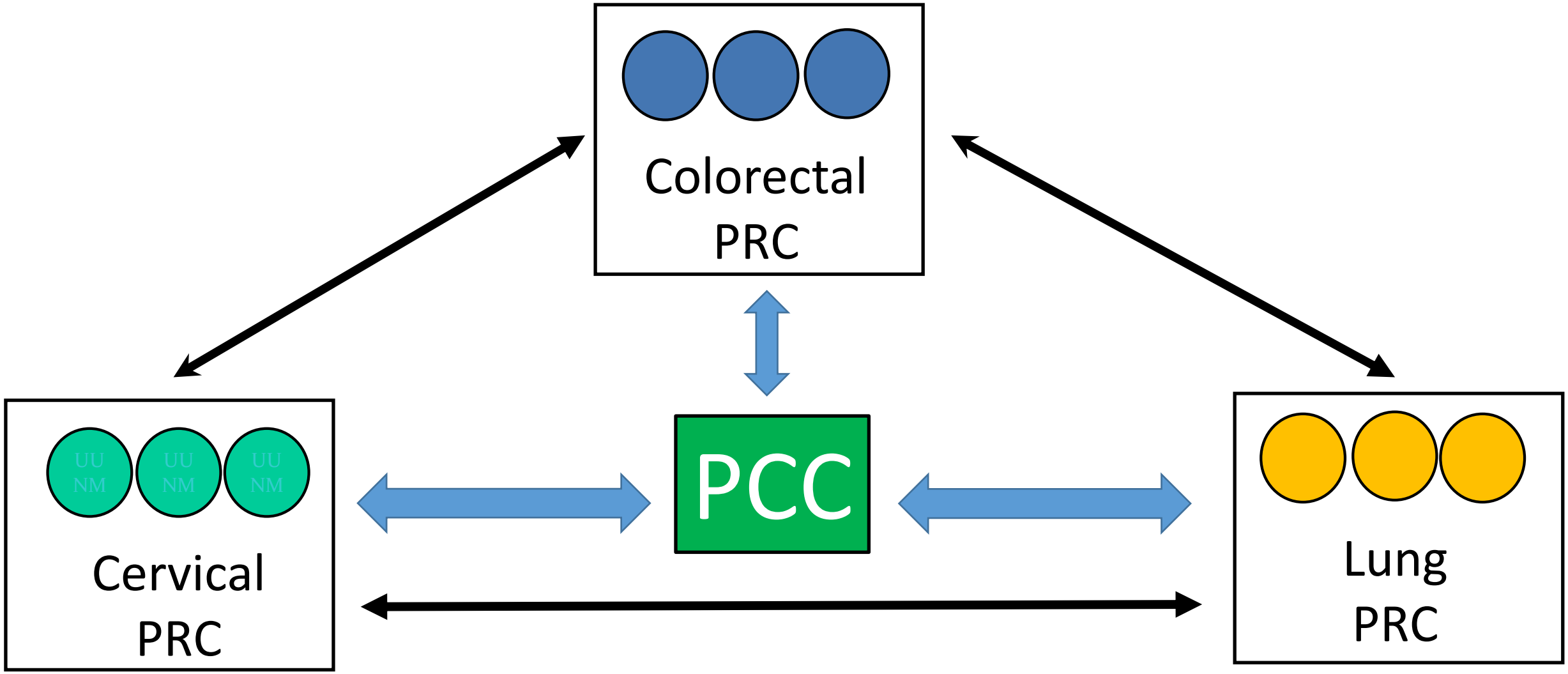
PROSPR Coordinating Center (PCC) Oversees Research Focused on More Than One Cancer Type



PCC Roles

- Developing common conceptualizations/measures for:
  - Assessing system-level factors
  - Measuring Screening Quality
- Facilitating trans-PROSPR research
  - Process for proposing/approving projects
  - Conducting data analysis for multi-PRC projects
- Developing/implementing a process to support PROSPR data sharing with external investigators

PRC Participation in Trans-PROSPR Activities

- Contributing to development of common conceptualizations and metrics for assessing systems-level factors and screening quality
- Participating in trans-PROSPR research as both lead and coinvestigators
- Collaborating/sharing data with external investigators as appropriate

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Questions and Answers

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