From Content to Collaboration

How NCI Engages Researchers and Practitioners To Implement Cancer Control and Implementation Science Research Through a Virtual Community of Practice
Presentation Outline:

- What does implementation science have to do with it?
- Communities of Practice
- NCI’s Research to Reality Experience
- Challenges and Next Steps
- Questions
It takes 17 years to turn 14 percent of original research to the benefit of patient care.
We assume… “If you build it…”
THE LATEST RESEARCH SHOWS THAT WE REALLY SHOULD DO SOMETHING WITH ALL THIS RESEARCH
An Evidence-Based Cancer Control Program
Is only so good as how and whether…

- It is adopted?
- Providers/practitioners are trained to deliver it?
- Trained providers/practitioners choose to deliver it?
- Eligible patients/communities receive it?

If we assume 50% threshold for each step…
(even w/perfect access/adherence/dosage/maintenance)

Impact: \(0.5 \times 0.5 \times 0.5 \times 0.5 = 6\%\) of potential reach

How do we get “programs that work” to communities in need?
A Challenge from Multiple Perspectives…

Trust me, Harold, it’s not OR demand… it’s SUPPLY AND demand.
Communities of Practice

“groups of people who share a concern, a set of problems, or a passion about a topic, and who deepen their knowledge and expertise in this area by interacting on an ongoing basis”

Wenger, et al., 2002
Draw from Community of Practice Literature to Bridge the Gap

**DEVELOP FRAMEWORK:**
Discussions and interaction to take place virtually on the R2R platform.

**ENGAGE COMMUNITY:**
Developing, Adapting, and Implementing evidence based interventions requires a two-way feedback loop between researchers and practitioners.

**BUILD CAPACITY:**
R2R gives members the opportunity to share best practices, learn from others, and enhance skills through training opportunities.
Research to Reality Community of Practice
A “living lab” for implementation science

- Launched February 2011
- Robust community of more than 2,400 cancer control practitioners, researchers, students and clinicians.
  - 32% Researchers
  - 10% Clinicians
  - 40% Public Health Practitioners
  - 18% “Other”

https://ResearchtoReality.cancer.gov
What differentiates R2R from static websites is the **extent to which R2R engages its community in a collaborative effort to implement evidence-based interventions**

- In 2014, R2R had approximately 80,000 page views
- To date 2015, average 2,807 visitors each month.
- R2R is facilitating collaboration:
  - 195 discussion threads
    - 33% of discussions are community-driven
    - 73% of discussion posts generate comments
  - Community-generated discussions have increased 62% since 2012
Fostering Engagement on R2R: Discussions

- All registered R2R members can start and/or contribute to discussions.
  - Findings showed that the most commonly posted community generated cancer-issue posts were around communication and program implementation and dissemination.
  - R2R members were more likely to respond to posts when a colleague was asking for help or advice, consistent with the literature on community engagement.
Featured Partners and RTIPS Crosswalk

- Monthly “strategic content providers” to foster collaborations and interactions between and among researchers and practitioners.
- Offer a window into the “real world” and insight on existing strategies, tools, and resources to help overcome challenges.
- **The RTIPs Crosswalk connects community members interested in using Research-tested Intervention Programs directly to the researcher who developed the program.**...
Educating & Disseminating: Monthly Cyber-seminars

Unique format pairs cancer control researchers with practitioners in the field…

- Sessions bring together these groups:
  - to discuss the evidence base for the programs, interventions, and tools being highlighted and
  - to provide real-world examples from the field on how to adapt, implement, and evaluate
    research-tested programs.

Continued discussions give community members a chance to further engage…

- Each session is tied to a corresponding discussion so R2R members can continue to
  interact with the presenters and one another long after the live presentation and Q&A session.

Interesting and timely topics…

- New and engaging cyber-seminar topics are featured each month that highlight tools and
  evidence-based programs and inform and educate R2R members on moving research to practice.

Set the tone for R2R dialogue
Measuring R2R Cyber-seminar Reach

- Between January 2010 to May 2015, R2R hosted fifty-two (52) cyber seminars …..
  - RESPONSE:
    - 13,662 total participants
    - Average number of participants: 263
  - ENGAGEMENT (2012-2015):
    - 346 questions posed and answered
    - Average number of questions: 7

Who Attends R2R Cyber seminars?

- Public Health Professionals: 49%
- Clinicians: 20%
- Researchers: 15%
- Students: 5%
- Other: 11%

Source: Research to Reality, Self-reported registration data, 2014
A Reason to Return and a Platform for Collaboration

On Monday, July 20th, the Georgia Washington University Cancer Institute presented Tobacco Cessation Resources for Cancer Patients and Survivors: Current Landscape and Call to Action. This webinar is second in a three-part series hosted with Comprehensive Cancer Control National Partnership organizations, discussing tobacco cessation services for cancer survivors from the perspectives of research, practice, and coalition examples.

Dr. Jamie Ostroff, Director of the Jonathan Kettering Cancer Center’s Tobacco Treatment Program, discussed practice-related aspects of this issue including:

- Best practices promoting tobacco cessation among cancer patients and survivors.
- Current gaps in promoting tobacco cessation among cancer patients and survivors.
- Integration of tobacco cessation services across models of oncology care.
- Resources available for achieving tobacco cessation among cancer patients and survivors.
- Opportunities and strategies for the implementation of tobacco cessation best practices and address.

A link to this excellent and engaging presentation is below.
A Recent Example

High Plains Research Network, Community Based Researcher

Robin Yovich, PhD, BSN, CHES

Graham A. Colditz, MD, DrPH, MPH, DrSc

How can we move beyond descriptive studies to scale up our research endeavors to address the gaps in implementation?
As of Thursday, June 9th:

- 7 comments from researchers, practitioners, and organizations
- 174 page views
- Four tweets:
  - 718 impressions and
  - 86 click-through
R2R Learning Communities

- This private, collaborative “space” to develop/enhance linkages and identify local research priorities.
Learning Communities: Member only Spaces for Collaboration and Engagement

Registered members of an R2R Learning Community will have secure access to a private collaborative space on R2R

- Share documents
- Initiate and join discussions
- Assign and track tasks
- Receive notifications when new activities are added
- **HPV Vaccine Learning Community**
  - This Learning Community was launched to support participants in the NCI funded Cancer Center Supplement focused on increasing HPV vaccine uptake.

- **My Own Health Report**
  - Members have participated in the My Own Health Report project funded by NCI, VA and AHRQ. These researchers are continuing to study the implementation of the MOHR project as well as related issues, such as contextual factors influencing outcomes, and intervention costs.

- **Qualitative Research in Implementation Science (QUALRIS)**
  - Qualitative research methods are vitally important and widely employed in implementation science, most commonly as part of a mixed methods approach. However, inadequate attention has been given to the specific challenges inherent in the use of qualitative methods in implementation research, such as designing for and achieving qualitative methodologic rigor in implementation science. This lack of discussion poses a threat to the quality and utility of implementation research. The Qualitative Research in Implementation Science (QUALRIS) project has been established to address this issue.

- **CRC Screening Workgroup Learning Community**
  - The CCCNP’s 80 by 2018 Workgroup is committed to helping CCC coalitions take advantage of the tremendous capacity and opportunity they have to increase colorectal cancer screening within their own communities by mobilizing community resources, bringing broad public attention to cancer issues, influencing media coverage, and successfully implementing collaborative efforts.

- **CCC-HPV Learning Community**
  - This learning community supports state comprehensive cancer control coalitions that have participated in the HPV technical assistance workshop in May 2016.

- **R2R Mentorship Program (2011-2013)**
Can an online community of practice bridge the gap between research and practice?

Looking forward to continuing the conversation!

Researchtoreality.cancer.gov