

Building the Canadian Primary Care Trials Network: Lessons from other jurisdictions

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Disclosures

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Outline

- 1. Rationale and background
- 2. Approach
- 3. Results
- 4. Discussion
- 5. Canadian Primary Care Trials: initial work



1. Rationale & background

- RCTs and other forms of trials are only one type of primary care research
- However, <u>RCTs have enormous power and influence</u> on practice, policymakers and other researchers
- RCTs are currently the best way to study causal relationships, as randomization eliminates much of the bias inherent to other designs
- RCTs are expensive and time consuming, but also represent large grants over several years, which can support infrastructure and career development



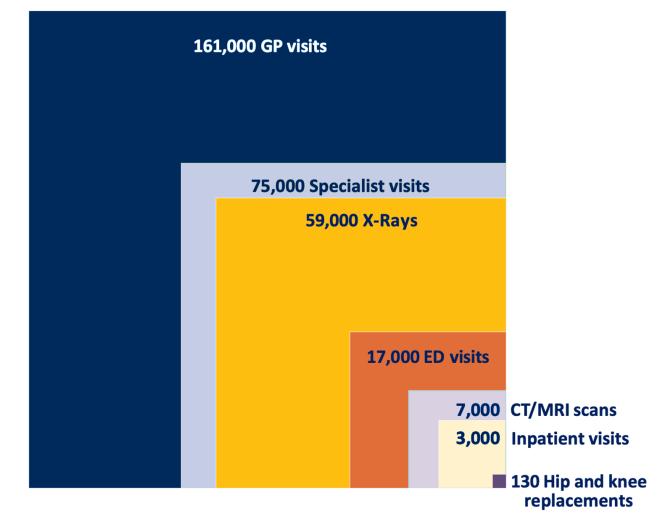
1. Rationale & background

Why primary care trial networks?

- Efficiencies! Reduce work, save time and funds, and accelerate recruitment
- Build evidence for the real-world of primary care, ultimately shaping our practice
- Support primary care research capacity and career development
- Change how people see primary care as a career path
- Support advocacy to invest in primary care research
- Moves us to integrate EMR data research with clinical research, rather than have them siloed



Ecology of Health Care in Ontario: Average Number* Of Health Services Accessed Each Day (Ontario 2019/2020)



https://covid19-sciencetable.ca/sciencebrief/brief-on-primary-care-part-1-the-roles-of-primary-careclinicians-and-practices-in-the-first-two-years-of-the-covid-19-pandemic-in-ontario/



2. Approach

- Explore existing primary care trial networks in United States, the United Kingdom and Australia – all comparable countries and systems
- Identify primary care trial networks through searching peerreviewed, indexed literature (PubMed, Ovid MEDLINE), primary care research organizations (NAPCRG, SAPC, AAAPC) and through polling CPCTN members
- Develop brief summaries of primary care trials networks
- Examine the time required to establish and grow networks, how engagement of clinics and providers happens, how research findings are shared back to clinics and providers, and how compensation supports engagement

Primary Care



Primary Care Clinical Trials Unit, University of Oxford https://www.phc.ox.ac.uk/research/institutesunits/phctrials

- Large team (86 staff and leaders)
- Takes advantage of a national network of GP practices, fully integrated into NHS with strong support of the Royal College of General Practitioners
- Strong community engagement





Primary Care Trials Network Ireland

https://primarycaretrials.ie/

- Small core team, large number of affiliated researchers
- Unique way to engage GPs as "Network Investigators"
- Strong focus on patient and public involvement





Norwegian Primary Care Research Network

https://www.uib.no/en/praksisnett

- Started by visiting international PBRNs, including UTOPIAN
- Combines data science and clinical trials
- Support from College of GP and Association of GPs, but also Centre for QI
- Unique use of pop-up window when patient is diagnosed during consultation with a condition

- Primary care trials networks can improve the efficiency of trials, reduce work, save time and funds, and accelerate science
- It takes time to get established, but once up and running, this works
- Strong focus on ongoing engagement of clinics, and ensuring the benefits of research return to clinics and providers
- Engage clinics (and communities they serve) in identifying questions, prioritization and showcasing work
- Compensate providers for recruitment

Canadian Primary Care Trials Network

Objectives

- **1.** Support primary care researchers to design, fund and lead trials
- 2. Standardize and share approaches to study design, recruitment, consent, compensation, data collection and analysis
- 3. Support **knowledge mobilization** to communities, practitioners, guideline developers and decision makers
- 4. Serve as a point of connection to other trial networks, research funders and decision makers



Canadian Primary Care Trials Network

Principles

- Scientific excellence: We are committed to the highest quality research, and contributing to methodological advancements in trial design and conduct
- Advance health equity: We see research as an intervention, and commit to reducing health inequities, improving access to care, and improving the quality of care for communities made vulnerable by social and economic policies.
- National collaboration & growth: We operate as a national platform to support investigators and organizations, to share resources, and to promote collaboration.
- **Centre communities:** We believe in robust community engagement, working collaboratively with communities to set research priorities and actively involve them in research processes. This ensures that our research is relevant, inclusive, and directly addresses the needs of the communities we serve.



HAVE YOU TESTED POSITIVE FOR COVID?

Help us find therapies that reduce COVID symptoms & hospitalizations.

Who can participate?



Canadian residents

50 years of age **OR** 18 - 49 years old with one or more chronic condition(s)

who are within the first 5 days of experiencing COVID-19 symptoms

What will you do?



Complete a daily diary for 14 days and fill out surveys



Receive an honorarium of \$30 per follow up



for COVID in Community Settings

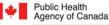
Version 2.0; Date: November 8, 2022

SARS-COV-2





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Questions?



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