The Center for Anesthesia Research (CARE): Addressing Barriers to Clinical Research

The Problem
Human subjects’ research is heavily regulated, time-consuming, and labor-intensive. How does a clinician with little discretionary time and little funding begin?

The Team
From all divisions of Anesthesia, Critical Care and Pain Medicine:
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Prior State
A survey sent out to Anesthesia faculty in August 2014 determined that more than half of the 53 respondents did not conduct research despite having an interest in doing so. Perceived barriers and areas of need were polled as well:

Barriers to Conducting…

Doesn’t…

Conducts research

doesn’t, but wants to

doesn’t, might if things change

doesn’t, has no interest

Desired Research…

Abbreviations: CRA: clinical research assistant; CRC: Clinical Research Coordinator; CRF: case report form; DB: database; NC: non-clinical

Aims/ Goals
• Improve Effectiveness, Efficiency, Timeliness, and Safety (IOM Dimensions of Quality Care) by consolidating clinical research resources and expertise in the department.
• Sustain gains by maintaining a stable core of study coordinators and biostatisticians.
• Generate interest within the department with increased visibility and access using Grand Rounds, Faculty Hour, and intranet presence.

The Response
• What: Formation of CARE, the Center for Anesthesia Research Excellence, in Oct 2014: a multi-divisional clinical research core (16 FTE), open to department members.
• Who: Directed by a Clinician-Scientist with several NIH awards and an Administrator with extensive clinical trials experience, staffed by a team of coordinators, statisticians, and trainees.

Interventions
Incoming departmental proposals for research projects are refined and developed as necessary in a collaborative process with experienced researchers. Funding opportunities are identified and submissions encouraged. PI is assigned a study coordinator within CARE to support the research process from start to finish. Assistance is provided free of charge to those without funding.

Progress to Date
During first 4 months: Intranet page built, consolidation of existing research staff, formation of standardized research documents and processes. 11 Staff applications to CARE (some with multiple projects), 13 projects reviewed through the Physician Review Panel, 4 new IRB approvals, 2 grant submissions, 5 educational sessions held. Combination of existing and new projects yields 30+ projects managed by CARE group.

Mid-Year Review
Lessons Learned
• Improving research quantity and quality requires contributions from multiple domains within the department.
• Project momentum is improved with regular update sessions and team meetings: a one-time session is insufficient.
• Early glitches and misunderstandings are now addressed by creating a feedback loop for quality improvement within CARE.

Next Steps
• Enhance productivity by connecting with other resources (e.g. Harvard Catalyst)
• Strengthen funding core: make funding applications more feasible for staff

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