RESEARCH IN PRIMARY CARE ACTION ROUNDTABLE

Tactics for Primary Care and Research Organizations

PREPARED BY

ALTURA

ACKNOWLEDGMENTS

Thank you to the following participants for their passion and desire to help develop and act on our shared vision to expand research access in the primary care and community health settings:

Co-Chairs
Pete Fronte MBA, Founder & CEO, Altura
Rakesh Patel MD, MBA, CEO, Neighborhood Healthcare

Honorary Chair
Robert J. Margolis, MD, Founder, Duke-Margolis Center for Health Policy and the retired managing partner and CEO of HealthCare Partners

Roundtable Participants

American Cancer Society
Alpa Patel, PhD
Senior VP, Population Science

Amgen
Osa Eisele MD, MPH
Executive Director, Head of Representation in Clinical Research (RISE)

Community Health Centers Network
Diptee Ojha, BDS, MBA, PhD
Research, Implementation Science & Evaluation Director

Eli Lilly
Melissa Swoope, PharmD, CSP
Senior Director, Patient Engagement: Access and Retention – Global Community Engagement Strategy

Genentech
Ruma Bhagat MD, MPH
Executive Director, Head of Strategy - Population Science

North Carolina Community Health Center Association
Becca Hayes, MD, MEHP
Director of Health Equity Research

Ohio Association of Community Health Centers - Ohio Primary Care Innovation Network (OPCIN)
Heidi Gullett, MD, MPH
Chief Medical Officer

Piedmont Health Services
Joan East, MD
Director, PHS Innovation Center

America's Physician Groups
Susan M. Huang, MD, MS
Chief Medical Officer

CommunityCare
Yui Ayutyanont, PhD, CPHQ
Director of Education and Research

Desert Oasis Healthcare
Marc Hoffing, MD, MPH
Medical Director

EQBMED Research Consortium
Tesheia Howard Harris, MBA, MHS
Senior Advisor

Illinois Primary Health Care Association
Ollie Idowu, JD, MPH
President & Chief Executive Officer

Ochsner Health
Nick Duesbery, PhD
Assistant Vice-President of Research

Ansley Hammons, CCRP, MBA
Director, Clinical Research

Ohio State University - Ohio Primary Care Innovation Network (OPCIN)
Seuli Bose Brill, MD
Director of Primary Care Research

South Carolina Primary Health Care Association
Vicki M. Young, PhD
Chief Executive Officer

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DEFINITION OF TERMS

Primary Care Organization (PCO) | A primary care organization (PCO) is a healthcare entity focused on delivering first-contact, comprehensive, and continuous care to individuals and families across all ages, genders, and health conditions.

PCOs serve as the entry point into the healthcare system and typically emphasize preventive care, health promotion, chronic disease management, and coordination with other levels of care. Examples of PCOs include: Community Health Centers (CHCs), Federally Qualified Health Centers (FQHCs), Medical Groups, Independent Practice Associations (IPAs), private family medicine practices, integrated health systems, and Accountable Care Organizations (ACOs) with primary care at the core.

Primary Care Association (PCA) | Primary Care Associations (PCAs) are state and regional nonprofit organizations. They work with health centers to meet the needs of the communities they serve, as well as help centers adapt to changes in the healthcare environment.

PCAs also train and help health centers to: increase access to primary care, fast-track value-based care delivery, foster a workforce, enhance emergency preparedness and response, and advance clinical quality and performance.

Research Organization | A research organization is an entity, such as an academic center, life science company, research center or institute, contract research organization, or medical foundation that conducts data collection and analysis to produce knowledge, inform public policy, or develop new technologies. These organizations can be non-profit or for-profit and can focus on basic research and/or applied research. Their work can span various fields, including science, social science, and technology.

Value Based Care (VBC) | Value-based care (VBC) is a healthcare delivery model where providers are paid based on the quality of care they deliver, rather than the quantity of services provided. It focuses on improving patient outcomes and reducing costs by incentivizing providers to deliver efficient, high-quality, and equitable care. This approach emphasizes prevention, coordinated care, and patient engagement to achieve better health outcomes and lower healthcare spending.

Quality Measures | Healthcare quality measures are tools used to assess and improve the delivery of healthcare services. They quantify aspects of care such as processes, outcomes, patient experiences, and organizational structures, aiming to ensure safe, effective, and patient-centered care. These measures help identify areas for improvement and track progress towards better healthcare delivery.

The main quality measures that most PCOs are subject to, depending on contracts and populations served, include: the Healthcare Effectiveness Data and Information Set (HEDIS), the Star Ratings system developed by CMS, which rates Medicare Advantage plans, and the Uniform Data System (UDS), an integrated performance reporting system that is managed by HRSA.

INTRODUCTION

Our Why

Clinical studies are the backbone for innovation in healthcare. With investigational clinical trials, every medication and medical device must be evaluated before reaching patients. With non-investigational observational and interventional studies, our disease and health service knowledge is expanded. Participation is key, as without a representative patient population in these studies, the results cannot be meaningful to all patient groups.

In 2023, Neighborhood Healthcare and Altura partnered to determine how to increase community health and primary care participation in clinical studies of all types, given that people highly value and trust their primary care organizations (PCOs) and healthcare providers (HCPs, e.g. doctors, PAs, NPs, nurses, pharmacists, therapists). This led to the *Building Clinical Trial and Health Research Access for People of Color via Community Health Centers* (**Click Here**) white paper and toolkit, published in 2024.

Building on the momentum and positive feedback generated by this study, the *Research in Primary Care Action Roundtable* was formed to connect key stakeholders from primary care and research organizations nationally and develop action-oriented tactics to expand research participation in the primary care and community settings while accelerating value-based healthcare innovation.

Our How

PCOs manage a multitude of competing priorities. So how does clinical research fit in and support their mission? When patients participate in clinical studies, they become more involved and engaged in their personal health. Studies have shown that higher-activated patients demonstrate better health outcomes across cost, utilization, satisfaction, and clinical measures. As PCOs pivot towards value-based care, they can leverage clinical studies to activate their patients for better outcomes, enable learning health centers, and support research access and innovation for all. Importantly, PCOs do not need to conduct studies and build research structure. Participation could simply mean supporting research organizations or connecting patients to local and online studies.

The *Research in Primary Care Action Roundtable* met for two sessions in February and May 2025. Session 1 focused on identifying common PCO-based research obstacles, as well as opportunities to bridge the gap between primary care and research. Session 2 delved into a range of cost-effective and implementable tactics to expand research participation in the primary care and community settings.

What Now

Any healthcare or research stakeholder can contribute and support this initiative. Whether you are part of a research organization, a PCO, a healthcare association, a life science company, or if you are a policymaker, you can share this report and related tactics with your network.

The key to success is our collective effort. Please select a tactic and share the following information with your network and encourage them to take ownership for at least one tactic. Together, we can make sustainable change happen. We invite you to reach out to Altura at info@alturastudies.com to learn more about tactics of interest or to share your progress and success stories.

BACKGROUND

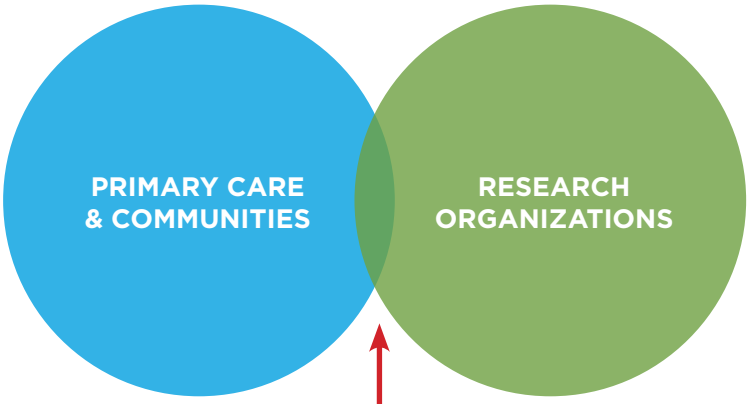
This *Research in Primary Care Action Roundtable* was established to bring together forward-thinking and action-oriented PCO and research leaders to identify and implement tactics that can be acted on by any PCO, healthcare, or research stakeholder. The vision is to expand research participation in the primary care and community settings that will ultimately have an impact on improving research access for everyone and accelerate value-based healthcare innovation.

A Paradigm Shift Is Needed

Integration has been limited due to differing objectives

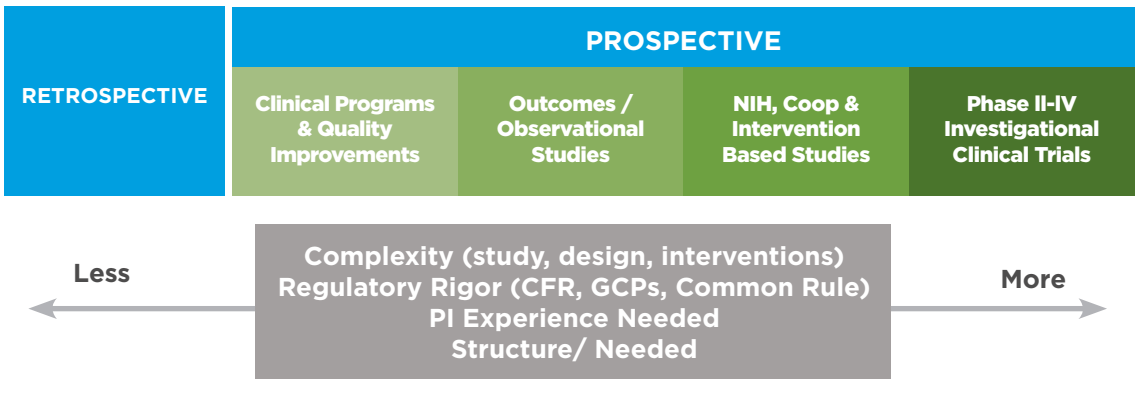
Healthcare systems are overwhemed with VBC direction & limited resources

Research is transactional - limited options locally



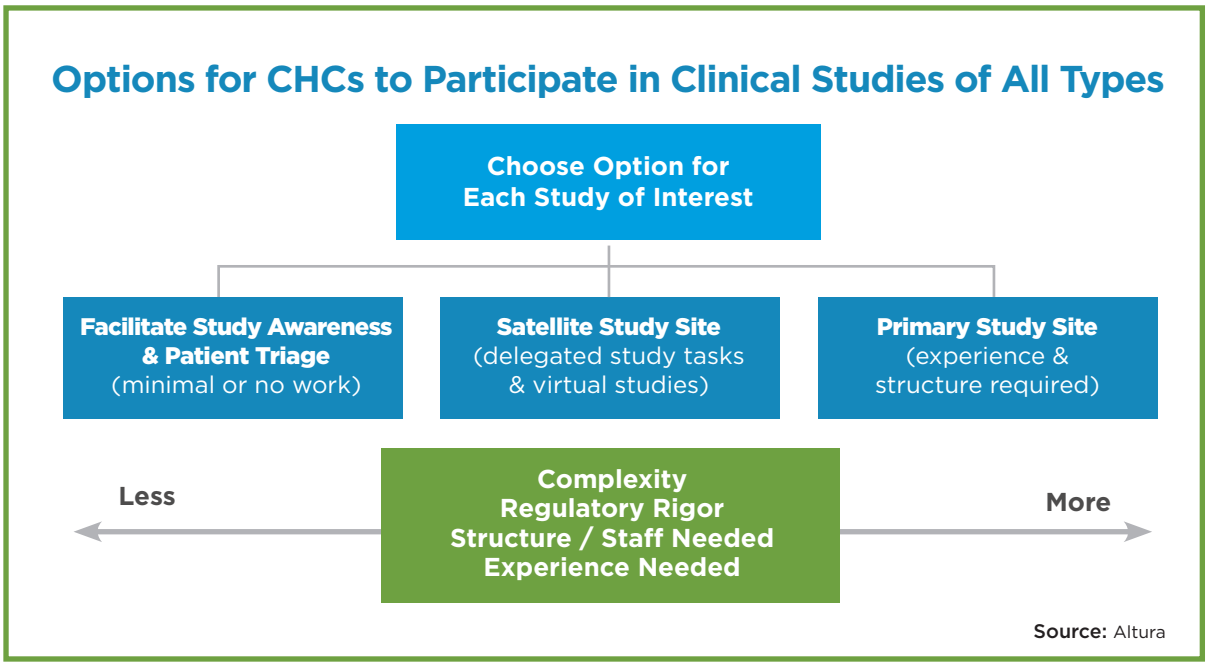
Our goal is to build upon the 2024 national Community Health Center (CHC) research diversity and participation study, which produced a white paper and toolkit (Click Here). This study illuminated the fundamental role PCOs can play in expanding research access and highlighted how any PCO can take a first step in this direction. Typically, PCOs feel that research is beyond their reach, but as shown below, the diverse research spectrum demonstrates that many options are available for PCOs.

PCO Clinical Study Spectrum



Source: Altura

To make this information actionable for PCOs, the toolkit describes the different research participation options available, so that PCOs understand that simple and cost-effective options exist. These options enable PCOs to be part of studies, support their patients and ultimately drive healthcare innovation. For detailed information about options, please see page 5 of the study toolkit (Click Here).



This roundtable produced a summary of opportunities and obstacles related to research expansion in the primary care setting.

KEY THEMES:

1. **The Importance of Primary Care in Research:** PCOs serve very large and diverse populations (>100m people) and employ thousands of HCPs which is ideal for increasing research diversity and accessibility.
2. **Research Brings Value to Healthcare:** Research participation aligns with value-based and patient-centered care, offering patients access to innovative treatments while supporting healthcare quality improvement and enabling learning health systems.
3. **Increasing Awareness and Trust:** Patients are more likely to participate in research when informed by trusted HCPs. Patients also need a variety of study options, as most clinical trial entry criteria exclude a large portion of candidates.
4. **Advancing Research Access and Diversity:** Research participation needs to reflect the racial, ethnic, age, geographic, and socio-economic diversity within patient populations.
5. **Change the Paradigm:** PCOs do not need to conduct studies and build structure. Access could mean supporting others or contributing patients to local and online studies.

COMMON OBSTACLES IDENTIFIED:

1. **Infrastructure and Resource Constraints:** Many PCOs lack the infrastructure (staff, structure, regulatory compliance, or financial support) needed to conduct or support research effectively.
2. **Workflow Integration Challenges:** Research activities must seamlessly fit into existing clinical workflows without overburdening healthcare teams.
3. **Limited Research Expertise:** Many PCOs and their staff have minimal exposure to clinical trials and other types of clinical studies, creating uncertainty about implementation and compliance.
4. **Patient Access and Recruitment:** Prescreening tools and resources, scheduling constraints, and follow-up requirements can hinder patient participation in studies.
5. **Barriers to Diversity and Access:** Limited options, language barriers, and a lack of representation in research contribute to health disparities.

SUMMARY OF TACTICS

The obstacles listed above in the background section are not new revelations, but rather chronic issues that have impacted research expansion within PCOs for many years (e.g. lack of infrastructure, resource constraints, workflow challenges, limited research expertise). These will not be entirely eliminated; however, this roundtable uncovered tangible tactics to expand research access for everyone. While funding, structural, and resource constraints for research will always exist within PCOs and for healthcare in general, through a collective effort progress can be made. Practical yet cost-effective tactics can be implemented to ensure research access within primary care all while supporting primary care goals and value-based care.

One of our themes has always been, and continues to be, that we are not trying to "boil the ocean" by solving every problem, an approach which has typically led to very little progress in the research industry. Because of this, the final list of tactics can be implemented alone or in any combination. Most can be implemented effectively in a short period of time at little to no cost.

The tables below list each tactic, organized by organization type, as well as the estimated time and cost investment. The following pages explore each tactic in more depth and share additional resources to support implementation.

PCO TACTICS

Additional information is included in this document for each specific tactic as each is hyperlinked to the respective sections. If new to research, a good starting point would be to work through the decision flow found in the study tool kit (Click Here). If you have any questions or would like to review PCO case studies (e.g. Neighborhood Healthcare and Desert Oasis Healthcare), please contact Altura at info@alturastudies.com.

	Investment		Addresses			
PCO TACTICS	**Time & $**		**Education & Training**	**Tech Tools**	**Connect/ Integrate**	**Align w/VBC**
Clincal research fundamentals - educational programs	Low		X			
Engage Community Health Workers (CHWs) to support study awareness	Low		X		X	
Promote low-barrier online/home-based studies to enable broad access & reach as many people as possible	Low		X	X	X	X
Use EHR for study patient identification	Low			X	X	
Webinars & conference sessions - share study results & opportunities	Low		X		X	
Enable study searches, prompts during visits and/or alerts for HCPs	Medium			X	X	
Enable networks between PCOs and existing study sites	Medium			X	X	X
Develop studies focused on early diagnosis & intervention	High					X
Utilize tech enabled hubs for easy study access	High			X	X	X
Develop studies that align with quality of care measures	High				X	X

PCA TACTICS

Additional information is included in this document for each specific tactic as each is hyperlinked to the respective sections. If new to research, a good starting point would be to review the study white paper and toolkit (Click Here). If you have any questions or would like to review PCA case studies (e.g. Ohio Association of Community Health Centers), please contact Altura at info@alturastudies.com.

PCA TACTICS	Investment	Addresses			
	Time & $	Education & Training	Tech Tools	Connect/ Integrate	Align w/VBC
Clincal research fundamentals - educational programs	Low	X			
Engage Community Health Workers (CHWs) to support study awareness	Low	X		X	
Promote low-barrier online/home-based studies to enable broad access & reach as many people as possible	Low	X	X	X	X
Webinars & conference sessions - share study results & opportunities	Low	X		X	
Enable networks between PCOs and existing study sites	Medium		X	X	
Develop studies focused on early diagnosis & intervention	High		X		X
Utilize tech enabled hubs for easy study access	High		X	X	X
Develop studies that align with quality of care measures	High			X	X

RESEARCH ORGANIZATION TACTICS

Additional information is included in this document for each specific tactic as each is hyperlinked to the respective sections. If new to working with PCOs, a good starting point would be to review the study white paper and toolkit (Click Here). If you have any questions or would like to review research organization case studies (e.g. Eli Lilly and Genentech), please contact Altura at info@alturastudies.com.

RESEARCH ORGANIZATION TACTICS	Applies to	Addresses			
	Time & $	Education & Training	Tech Tools	Connect/ Integrate	Align w/VBC
Clincal research fundamentals - educational programs	Low	X			
Engage Community Health Workers (CHWs) to support study awareness	Low	X		X	
Promote low-barrier online/home-based studies to enable broad access & reach as many people as possible	Low		X	X	X
Webinars & conference sessions - share study results & opportunities	Low		X	X	X
Enable networks between PCOs and existing study sites	Medium				X
Develop studies focused on early diagnosis & intervention	High			X	X
Utilize tech enabled hubs for easy study access	High	X		X	
Develop studies that align with quality of care measures	High			X	X

CLINICAL RESEARCH FUNDAMENTALS – EDUCATIONAL PROGRAMS

PURPOSE: Dedicating time and effort to clinical research training can be both time and cost-intensive for PCOs, especially when they are not building a dedicated research unit and staff are taking on research in addition to primary care tasks. For PCOs interested in taking a first step towards research, the goal is to ensure that the right amount and type of research knowledge is accessible and aligned with the organization's research readiness.

HOW

PCOs:

- Identify an executive, clinical, and/or operational leader within the organization to champion the research footprint and related initiatives
- Identify initial research involvement (see white paper & toolkit link below)
- If formal training is selected, focus training on a small, dedicated group that will serve as the launch team for the type of research selected
- Schedule the selected training program(s) per an established plan

PCAs:

- If more experienced PCOs are members, develop mentorship hubs between PCOs
- Provide educational sessions at monthly and annual conferences

RESEARCH ORGANIZATIONS:

- Provide relevant internal training programs to PCOs as required

INVESTMENT

PCOs:

- Varies depending on the selected research involvement level. For low-level involvement (e.g., connecting patients with online/remote studies or referring patients to a partner site), there is no cost or training required.
- Conducting work for observational or interventional non-investigational studies requires a minimum level of training at a cost ranging from $500 -$2,000 per person
- Building a clinical trial function conducting investigational studies will require substantially more time and infrastructure, as well as training

PCAs:

- Speaker expenses may be incurred as is the case with other educational programs

RESEARCH ORGANIZATIONS:

- Provide grants and funding to support ongoing and/or study-specific efforts

ADDITIONAL RESOURCES

- Primary Care Research, White Paper & Toolkit (Click Here)
- ACRP training modules (Click Here)
- Research organization training modules
- CITI training modules (Click Here)
- Partial list, other resources may be available

ENGAGE COMMUNITY HEALTH WORKERS (CHWS) TO SUPPORT STUDY AWARENESS

PURPOSE: Community Health Workers (CHWs) in PCOs are trusted sources of information for patients, especially in rural and community settings. CHWs can play a crucial role in sharing study options and increasing patient involvement in studies of all types.

CHWs can share study options when patients may benefit from participation. Essentially, clinical studies become another tool for CHWs to support patients in their health journey. CHWs should not be asked to take on study tasks, as they have primary responsibilities working for PCOs.

HOW

PCOs:

- Select a small number of CHWs to pilot a study awareness program
- Provide CHWs basic knowledge and point of care tools
- Deploy technology tools (see page 15) to make studies easily accessible to CHWs during patient interactions
- Expand study awareness program with all PCO CHWs

PCAs:

- Provide educational sessions at monthly and annual conferences
- Identify and partner with community-based organizations (e.g., volunteer research programs) that PCO members can connect with to promote study awareness

RESEARCH ORGANIZATIONS:

- Provide grants and funding to support ongoing and/or study-specific efforts.

INVESTMENT

PCOs:

- At the basic level, no expense is required, as CHWs are already absorbed into the operational costs
- An opportunity cost exists if a study is deemed a priority or requires more time with a patient
- Reimbursement for CHWs is state-specific and has specific billable services. PCOs must consider these factors for studies or as they design their research infrastructure
- Relevant training costs

PCAs:

- Speaker expenses may be incurred, as is the case with other educational programs

RESEARCH ORGANIZATIONS:

- Grants and funds may be provided to PCOs and/or PCAs to support the training and growth of this tactic. Grants or budgets can range from $2,000 - $10,000+.

WEBINARS & CONFERENCE SESSIONS TO SHARE RESEARCH RESULTS & OPPORTUNITIES

PURPOSE: Build research knowledge and awareness of study opportunities for PCOs. Share relevant study results that can be applied to the healthcare delivery system to promote value-based care and enhance patient outcomes.

HOW

PCOs:

- Attend relevant webinars and conferences on this topic
- For more advanced PCOs, consider joining conference panels to share your experience and become a model for other PCOs

PCAs:

- Invite speakers to panels on this topic; consider including a clinical research theme in conferences so that multiple topics can be covered
- Include clinical research resources in the online knowledge base

RESEARCH ORGANIZATIONS:

- Participate in conference panels and webinars for PCOs to share research knowledge, opportunities, and findings
- Provide grants and funding to support ongoing and/or study-specific efforts

INVESTMENT

PCOs:

- There is a time investment for staff attending these conferences, as well as potential registration fees ($100 - $1,500)

PCAs:

- Speaker expenses may be incurred, as is the case with other educational programs

RESEARCH ORGANIZATIONS:

- Speaker expenses may be incurred, as is the case with other educational programs
- Provide grants and funding to support ongoing and/or study-specific efforts

USE EHR FOR STUDY PATIENT IDENTIFICATION

PURPOSE: Whether partnering with an external clinical research center or conducting research in-house, in a HIPAA-complaint manner EHRs can be leveraged to identify research participants based on specific study inclusion/exclusion criteria. With the proper procedures, PCOs, and those that they delegate, can reach out to patients to determine interest and proceed with next steps.

HOW

PCOs:

- Determine the studies and partners to support that align with supporting patients and/or with value-based care initiatives
- Utilize EHR queries on patient diagnosis codes, labs, medications, etc. to identify potential study participants
- Consider outreach to patients directly through EHR messaging or via HCPs
- Consider HIPAA-compliant texts, emails, or calls to patients

PCAs:

- N/A

RESEARCH ORGANIZATIONS:

- Provide funding and study budgets for PCOs, or the study sites they are working with, to cover these activities

INVESTMENT

PCOs:

- Internal costs include technology related to the query and outreach-related resources for patient communication and screening. Cost can range based on the complexity of the query and outreach required. Range is from $1,500 - $10,000+. Most, if not all of this cost, should be covered in a study budget directly or as a pass-through cost.

PCAs:

- N/A

RESEARCH ORGANIZATIONS:

- Provide study budget funding so that study sites, whether the PCO or someone working with the PCO, can effectively implement this tactic

ENABLE EHR STUDY SEARCHES, PROMPTS AND/OR ALERTS FOR HCPs

PURPOSE: Make clinical research accessible at the point of care by configuring alerts or enabling study search within the EHR for HCPs to utilize during a patient visit.

HOW

PCOs:

- Determine the studies and partners to support that align with supporting patients and/or with value-based care initiatives
- Configure alerts on patient records based on study inclusion & exclusion criteria within EHR
- Connect EHR with study repositories (see study hub tactic, page 15) for study access and search at the point of care

PCAs:

- N/A

RESEARCH ORGANIZATIONS:

- Provide funding and study budgets for PCOs, or the study sites they are working with, to cover these activities

INVESTMENT

PCOs:

- Costs include EHR programming costs which can vary based on type of development needed and if it is external vs internal resource. Cost can range based on the complexity of programming. Range is from $500 - $8,000+.

PCAs:

- N/A

RESEARCH ORGANIZATIONS:

- Provide grants or study budget funding so that study sites, whether the PCO or someone working with the PCO, can effectively implement this tactic.

ADDITIONAL RESOURCES

- For EPIC EHR customers, leverage BPAs (Best Practice Advisory) to set up inclusion and exclusion criteria and notify providers during a patient visit that the patient may be eligible for a study

UTILIZE CENTRALIZED TECH BASED HUBS TO ENABLE EASY STUDY ACCESS FOR PCOS, HCPS, PATIENTS AND THE PUBLIC

PURPOSE: Enable PCOs, patients, the public, and HCPs to search, evaluate, and easily connect with studies of interest. Studies should include local, regional, and national online/home-based for any available chronic or acute medical condition. This could be for observational, interventional, and investigational studies. This is intended to be a curated, structured, low-lift aggregation and navigation tool.

HOW

While trial finders are available, simple to use curated tech-based hubs for all types of users are encouraged, but uncommon. As an option, Altura provides the HCP Studies® Research Engagement Platform as a free resource that compiles studies of all types for easy access by PCOs, HCPs, patients, and the public. This tool can be used to quickly view studies by condition or keyword search, review and share study information, and connect with study teams. Vetted and validated trial finders are also included. Click Here

PCOs:

- Leverage HCP Studies with providers and medical staff
- Invite patients to access HCP Studies with flyers and communication

PCAs:

- Share HCP Studies with membership as a simple resource to take one step towards more research involvement

RESEARCH ORGANIZATIONS:

- Add your studies or platform to HCP Studies

INVESTMENT

PCOs:

- No cost

PCAs:

- No cost

RESEARCH ORGANIZATIONS:

- Free for national online/home-based studies – fee applies for multi-center interventional studies

ADDITIONAL RESOURCES

Examples of trial finders available on HCP Studies include (partial list):

- Fox Trial Finder (Parkinson's) – Michael J. Fox Foundation
- Access to Clinical Trials & Support (ACTS – Cancer) - American Cancer Society
- Clinical Trials.gov – National Institute of Health
- Pulmonary Fibrosis Foundation
- ALS Trial Navigator - ALS Therapy Development Institute
- Colorectal Cancer Alliance
- National Brain Tumor Society

ENABLE RESEARCH NETWORKS BETWEEN PCOs AND EXISTING STUDY SITES

PURPOSE: Enable learning and advancement in research involvement by connecting PCOs with existing study sites and fostering mutually beneficial, long-term, transparent partnerships. It will be important to develop research-practice partnerships that evaluate how interventions addressing social and clinical complexity impact outcomes tied to value-based care contracts, as this will motivate PCOs to leverage research to improve patient outcomes.

HOW

Existing study sites can develop a hub-and-spoke model, with the study site as the hub and local PCOs referring patients to appropriate studies and/or conducting appropriate delegated study activities. Key success factors include transparent communication, study alignment with PCO priorities, and trust.

PCOs:

- Leverage existing academic institution relationships
- Develop relationships with local study sites, ensuring strategic alignment and transparency

PCAs:

- Create networking opportunities between PCOs and research organizations
- Use conferences & webinars to share research opportunities & connect PCOs with existing study sites

RESEARCH ORGANIZATIONS:

- For study sites & academic centers, foster relationships with nearby PCOs to take on the role of a hub for patient referrals to studies
- Avoid transactional relationships (for short-term study needs such as recruitment) – build trust and transparency through longitudinal relationships with PCOs (e.g., communicating on patient status, study processes, patient outcomes, study findings)
- Develop compensation programs for providers referring patients (based on work performed) and conducting study-appropriate delegated study activities when needed.
- When appropriate and agreed upon, deploy research support staff at PCO
- When considering appropriate studies for PCO partners, focus on studies that align with PCO priorities (e.g., value-based care metrics, quality measures).

INVESTMENT

PCOs:

- No direct cost but will require some time

PCAs:

- No direct cost but will require some time

RESEARCH ORGANIZATIONS:

- Cost will vary by study and the type of effort required by each PCO. These costs should be anticipated and included in the study budget.
- Grants and other funds may be provided to initiate the relationship and build operational connections.

ADDITIONAL RESOURCES

- Foundational Expectations for Partnerships in Research PCORI (Click Here)
- Primary Care Research, White Paper & Toolkit (Click Here)

PROMOTE LOW-BARRIER ONLINE/HOME-BASED STUDIES TO ENABLE BROAD ACCESS & REACH AS MANY PEOPLE AS POSSIBLE

PURPOSE: Facilitate access to research by eliminating traditional travel and time barriers to participation for underserved populations, thereby addressing the lack of representation in clinical studies. Research is a catalyst for action and online-only studies can contribute towards building "research muscle" to enable future participation in other studies. This supports PCOs with low lift research options.

HOW

Underserved populations face many barriers to participation when considering traditional studies (e.g., transportation, time away from work, childcare...). Online studies eliminate many of these barriers and facilitate participation among the underserved.

PCOs:

- Identify and promote online-only studies to patients
- Leverage available technology to connect patients with online studies

PCAs:

- Communicate online research opportunities to members
- Recommend technology solutions for easy access to studies

RESEARCH ORGANIZATIONS:

- Provide tangible resources to patient participants (e.g., cookbooks, blood pressure cuffs, educational materials) and highlight benefits of participation
- Develop online-only studies that cover a wide range of health conditions
- When possible, ensure studies are also in Spanish and other required languages

INVESTMENT

PCOs:

- N/A

PCAs:

- N/A

RESEARCH ORGANIZATIONS:

- Cost will vary depending on the type of study, length of study, and number of participants required

ADDITIONAL RESOURCES

- HCP Studies research engagement platform
- American Cancer Society, the Michael J. Fox Foundation, Academic Centers, and other organizations that developed online and home-based studies
- The American Cancer Society the launches VOICES of Black Women, a longitudinal population cohort study - McCullough -2025 - Cancer - Wiley Online Library (Click Here)

DEVELOP STUDIES FOCUSED ON EARLY DIAGNOSIS AND INTERVENTION

PURPOSE: Studies focused on early detection, such as cancer screening or depression screening studies, align well with value-based care initiatives. Developing and/or pursuing these types of studies ensures better alignment with PCO priorities, facilitating participation.

HOW

PCOs:

- Identify and pursue studies that align with early detection and intervention priorities
- Identify and secure grants to develop studies that align with early detection and intervention
- Support research organizations that are developing studies by providing guidance and feedback related to study development

PCAs:

- Support member health centers or research organizations in developing studies focused on early detection and intervention
- Enable connections between member health centers and research organizations when possible

RESEARCH ORGANIZATIONS:

- Develop studies that align with PCO priorities, focusing on early diagnosis and intervention
- Provide grants or funding for PCOs and PCAs to either develop studies or contribute to research organization study development

INVESTMENT

PCOs:

- Covered by grants and research organization reimbursement

PCAs:

- Covered by grants and research organization reimbursement

RESEARCH ORGANIZATIONS:

- Costs will depend on the level of support required by PCOs and PCAs
- Cost will vary depending on the type of study, length of study, and number of participants required

DEVELOP STUDIES THAT ALIGN WITH QUALITY OF CARE MEASURES

PURPOSE: Studies aligned with quality-of-care measures driven by value-based care will incentivize PCOs to participate in studies of all types, either directly or indirectly. When study participation by a patient or PCO can contribute to achieving quality measures, PCOs and HCPs are more likely to allocate time and attention to the study.

HOW

PCOs:

- Identify and pursue studies that align with relevant quality measures
- Promote studies with HCPs and patients that align with quality measures
- Identify and secure grants to develop studies that align with relevant quality measures
- Support research organizations that are developing studies by providing guidance and feedback related to study development so that quality measures are considered.

PCAs:

- Support member health centers or research organizations in developing studies focused on quality measures
- Enable connections between member health centers and research organizations when possible
- Communicate research opportunities & findings that align with quality measures

RESEARCH ORGANIZATIONS:

- Develop studies that align with PCO priorities focusing on quality measures
- Provide grants or funding for PCOs and PCAs to either develop studies or contribute to research organization study development.

INVESTMENT

PCOs:

- Covered by grants and research organization reimbursement
- No direct cost for supporting patient participation in quality-based measure-based studies. Minimal time investment.

PCAs:

- Covered by grants and research organization reimbursement.
- No direct cost for supporting patient participation in quality-based measure-based studies. Minimal time investment.

RESEARCH ORGANIZATIONS:

- Costs will depend on the level of support required by PCOs and PCAs.
- Cost will vary depending on the type of study, length of study, and number of participants required

ADDITIONAL RESOURCES

- Agency for Healthcare Research and Quality (AHRQ) Click Here
- Healthcare Effectiveness Data and Information Set (HEDIS) Click Here
- CMS Star Ratings Click Here
- Uniform Data Systems (UDS) Click Here

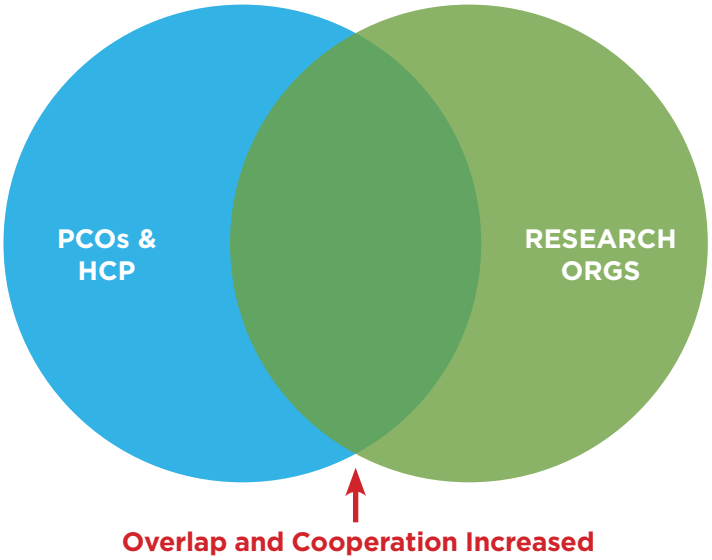
CONCLUSION

Simply put, our aim is to increase the overlap between research and primary care to improve study participation, support people in their quest for better health, and help the healthcare system move along the value-based care continuum.

The paradigm shift mentioned in the background section would result in the following:

- Increased overlap between research and primary care so that more patients are involved with studies and PCOs can support studies as desired.
- Aligned objectives so that research contributes more often to PCO needs.
- Enabled PCOs become involved with research efficiently and in their preferred method.
- Research collaborations become sustainable partnerships with longitudinal impact for all involved.

The Desired Future State



Integration is more frequent due to aligned objectives

PCOs & HCPs are provided meaningful resources to support research activity

Research partnerships are longitudinal

Whether you are part of a PCO, PCA or a research organization, taking one simple step and sharing these tactics with relevant stakeholders in your network will make a tremendous difference.

Thank you for reviewing this summary and for taking action.

Please share success stories at info@alturastudies.com and contact us if you would like more detail or information.

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