



**Australian
Clinical
Trials
Alliance**

ACTA Reference Group D

Embedding Clinical Trials in Healthcare

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Objectives



- Promote the concept and definition of embedding within **‘routine health care’**
- Identify the barriers and enablers to successful embedding; develop **‘model of embedding’** to effectively achieve it
- Highlight exemplars of successfully embedded clinical trials in routine care, creating a **‘community of practice’**
- Develop **‘guidance’** for networks and health-service providers to optimise embedding of clinical trials

Definition of Embedding

Embedding is the process of integrating research activities into routine patient care, to facilitate the appropriate, timely and efficient generation and implementation of the best available evidence



International Best Practice Towards a Learning Healthcare System

A SCOPING ACTIVITY TO MAP INTERNATIONAL APPROACHES TO
EMBED CLINICAL TRIALS INTO THE HEALTHCARE SYSTEM

AUGUST 2018

International Scan

'The clinical research enterprise is not producing the evidence decision makers arguably need in a timely and cost effective manner, research currently involves the use of labor-intensive parallel systems that are separate from clinical care'

Weinfurt et al: BMC Medical Research
Methodology

The consequence

Inadequate evidence to guide care

International Scan



- A Learning Healthcare System (LHS) is gaining traction as a way to achieve the best possible patient outcomes at reasonable cost.
- Traditional ethics and governance frameworks apply poorly to pragmatic trials. Continuous improvement and research form a continuum that should be better valued as a core responsibility of delivering safe and effective healthcare.
- Changing the culture of the health service is seen as one of the biggest challenges.
 - All stakeholders should value clinical trials as part of an LHS and be able to convey their importance with patients and the public.

International Scan

- Wider access to research design and trial coordination services is necessary to support an LHS and to avoid the potential for missed opportunities or wasteful research practice.
- The lack of interoperable digital infrastructure makes it difficult to conduct rapid-pace trials of sufficient size to support decisions in an LHS.
- The lack of clarity around privacy and the use of health data impedes the move to an LHS.

ELEMENTS TO SUPPORT THE EMBEDDING OF CLINICAL TRIALS



Survey of Research Directors



- Common barriers and enablers of embedding often experienced at an institution or service level
- **41% (15/37)** completed consultation;
 - Public & Private Health Service Directors / Executives
 - NSW, VIC, QLD, WA
- **93%** of organisations have dedicated research strategy
 - **54%** state organisation fulfils strategic intent fully
- Number of dedicated research units within organisation;
 - **54%** 4-10 research units
 - **31%** 10+ research units

Strategic Plans for research



- Most have them and believe there is a general commitment to deliver
- Barriers include
 - Funding
 - Competing (clinical) priorities
 - Adequate communication about the strategy
 - Inadequate mechanisms to quantify activity

IDENTIFICATION OF AUSTRALIAN TRIALS THAT ARE EMBEDDED



- Identify groups that have successfully embedded trials within the health system to help others interested in designing trials that can be embedded into the health system

METRICS OF EMBEDDING

- A work in progress
- Traditional KPIs (papers/grants) not appropriate
- New KPIs
 - Number of engaged clinicians
 - Increased participation in CETs (number of pts/trials)
 - Enhanced pathways to implement research findings
 - Improved patient outcomes/experience

Results of embedding

ECONOMIC EVALUATION OF INVESTIGATOR-INITIATED CLINICAL TRIALS CONDUCTED BY NETWORKS

If the results of 25 high-impact clinical trials were implemented in 65% of the eligible Australian patient populations for one year:

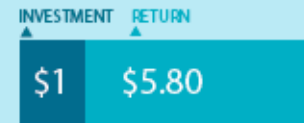
\$1.4 billion in better health
outcomes for patients

\$580 million in reduced
health service costs



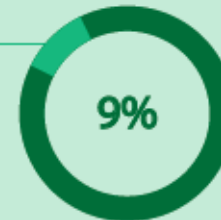
**GROSS BENEFIT TO
THE AUSTRALIAN
ECONOMY**

**A RETURN OF
\$5.80 FOR EVERY
\$1 INVESTED IN
NETWORK TRIAL
RESEARCH**



Trial results only needed
to be implemented in 11%
of the eligible patient
populations for benefits to
exceed costs

JUST 9% of the \$2 billion
gross benefit from the trials in
this study was equivalent to all
NHMRC funding received by all
Australian networks between
2004 and 2014



**A RETURN OF
\$51.10 FOR EVERY
\$1 AWARDED
BY THE NHMRC**

**TRIALS CONDUCTED
BY NETWORKS:**

- ✓ Identify opportunities for better use of resources
- ✓ Improve safety and quality
- ✓ Influence clinical guidelines



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QUESTIONS

