“Physician Engagement”

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Essentia Health Community Cancer Research Program

Alliance Spring Meeting 2017
“CRP View of Engagement”
Presentation Objectives

- Why Physician Engagement is Important
- Challenges to Engaging Physicians
- Tools to Improving Engagement
History of Cancer Research at Duluth Clinic/Essentia Health

1977 – Founding member of NCCTG
1983 – NCI support awarded – CCOP
2006 – Pediatric clinical trials initiated – COG
2010 – Essentia Central initiates program - Brainerd
2011 – Essentia West initiates program - Fargo
2014 – NCI support awarded – NCORP

Catchment area covers portions of 3 states-MN, WI, ND
Essentia Health Community Cancer Research Program

Approximately 65 ongoing clinical trials

- NCORP/NCTN
- CCDR
- Industry
- Investigator initiated
- Foundation
Definition of Research Engagement?

- Engagement = Accruals
- Leadership
- Meeting attendance
- Investigator initiated projects
- Personal interest
## Engagement Variability - EHCCRP

<table>
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<th>Physician</th>
<th>Encounters</th>
<th>Accrual</th>
<th>Engagement</th>
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<td>E</td>
<td>1704</td>
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<tr>
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</table>

Total accruals = 67

If Engagement = 10 for all, accruals = **138**
Why is Engagement Important?

- Maintain group membership
- NCORP grant renewal/funding
- COC Accreditation
- Optimal patient care
- Importance of physician to enrollment
- Ensure research infrastructure
- Timely completion of studies
- Advance knowledge – Moonshot

2011-40% CCOP MDs enrolled 0 patients
Physician Challenges to Engagement

- Compensation
- Work-Life Balance
- Comfort with complex trials
- Leadership/Practice support
- Access/Knowledge of trials
- Patient acceptance/attitude
- Research staff support
- Study design/timelines
Organizational and physician factors associated with patient enrollment in cancer clinical trials

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Abstract
Background: Our purpose was to identify physicians’ individual characteristics, attitudes, and organizational contextual factors associated with higher enrollment of patients in cancer clinical trials among physician participants in the National Cancer Institute’s Community Clinical Oncology Program (CCOP). We hypothesized that physicians’ individual characteristics, such as age, medical specialty, tenure, CCOP organizational factors (i.e. policies and procedures to encourage enrollment), and attitudes toward participating in CCOP would directly determine enrollment. We also hypothesized that physicians’ characteristics and CCOP organizational factors would influence physicians’ attitudes toward participating in CCOP, which in turn would predict enrollment.
Model Tested

**Organizational Context**
- Peer enrollment of patients in trials
- Social norms and expectations for enrollment
- Trainings offered
- Support provided
- Incentives rewarded

**Attitudes**
- Beliefs towards ease of use, complexity of clinical trials
- Affect towards participation in CCOP
- Personal values

**Innovation Acceptance**
Individual physician enrollment of patients in cancer clinical trials

**Personal Characteristics**
- Demographics
- Experience
- Tenure
Data Sources

- 2011 CCOP Progress Report
- 2011 CCOP Administrators Survey
- 2011 CCOP Physician Survey
- 2012 AMA Physician Masterfile
Study Results

Note: * indicates significance, p<0.05
## Study Results

<table>
<thead>
<tr>
<th>Positive -</th>
<th>Organization</th>
<th>Peer pressure</th>
<th>Support screen/enroll</th>
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<tr>
<td>Attitudes</td>
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<td>Personal value</td>
<td>Trial relevance</td>
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<td>Negative -</td>
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Study Results - My Interpretation

- Hire good physicians
- Organization can’t fix bad physicians
- Support physicians with research staff
- Incentivize physicians
- Educate physicians about studies
- Get physicians directly involved
Improving Physician Engagement
EHCCRP Initiatives

- Physician Knowledge
- Physician Recognition
- Patient/Community outreach
- Staff Support for MD
- Physician Involvement
A MESSAGE FROM THE PI

Welcome to the inaugural EHCCRP Quarterly Report. It was a great summer and I have to admit there were a few times when research wasn’t my first priority. I guess it’s time to get back to work. The EHCCRP (Essentia Health Community Cancer Research Program) was formed in response to our submission of an NOI Community Oncology Research Program (NCORP) grant. The NCORP program took the place of the prior GCP program and is the primary source of funding that supports our oncology research. EHCCRP represents one of only 34 sites across the country to receive this funding through the National Institutes of Health. Our goal in the name change was to really encompass the work we do as well as acknowledge that we had grown over the years from a research program predominantly based in Duluth to one that broadly stretched from Duluth to Brainerd to Fergus Falls and all the way to Fargo, as well as many points in between. We are now proud to offer our patients access to a broad array of clinical trials over a region that includes several states. The primary aim of the report is to inform our staff, our colleagues, and our communities about the work we are doing in oncology research. We want this report to be a positive addition to our program and welcome any comments, suggestions, or story ideas. Until next time...stay warm.

THE BREAST CANCER WEIGHT LOSS STUDY (BWEL)

A s obesity continues to grow as a national health concern, more than 70% of women diagnosed with breast cancer in the United States are currently overweight or obese. And over the years, studies have demonstrated a significant and consistent relationship between obesity and poor prognosis in women with early-stage breast cancer. But until now, no study has examined if weight loss could be an effective strategy to help women avoid breast cancer recurrence. The Alliance for Oncology Clinical Trials group recently activated The Breast Cancer Weight Loss Study (BWEL), which will soon be available for enrollment at Essentia Health. The study’s primary aim is to assess the impact of a weight loss intervention upon invasive disease-free survival (DFS) in overweight and obese women diagnosed with HER2 negative, stage I and II breast cancer.

All participants (Arms 1 and 2) will be part of a 2-year health education intervention that routinely provides literature as well as access toinars on topics of breast cancer and healthy lifestyles. Participants on Arm 2 will additionally be paired up with...
Physician Recognition
Essentia Health Cancer Research Milestones
Looking to the past as we embrace the future

1977
The Duluth Clinic is a founding member of North Central Cancer Treatment Group (NCCTG) and includes James Kreut, MD, Robert Winningham, MD, Thomas Elliott, MD.

1987
The NCCTG begins to participate in prevention and cancer control trials in addition to treatment research.

1993
The Duluth CIOP, 717 patients in the Prevention Cancer Prevention Trial.

1998
FDA approves Taxotere (togradex) for breast cancer and Duluth Clinic Cancer Center participates in the key study that led to this approval.

2001
The Duluth CIOP enrolls 143 patients in the Chemotherapy and Vitamin E Cancer Prevention Trial (SELECT), which studied men at high risk of developing prostate cancer.

2002
The Duluth CIOP participates in the Cancer Study, becoming the first state in the U.S. to adopt vitamin D.

2006
The Duluth Clinic Cancer Center is one of only 10 institutions in the country to receive honors from the American Society of Clinical Oncology (ASCO) recognizing commitment to increase cancer care through clinical research.

2014
The National Cancer Institute (NCI) ends the CIOP and replaces it with a new program, the NCI Community Oncology Research Program (NCORP). The Essentia Health Cancer Center is one of just 34 community sites nationwide to benefit from more than $10 million in cancer research funding.

A well-designed clinical trial is the best treatment for cancer. Together with our patients, we will continue to participate in research, because it's the right thing to do.
Patient/Community Outreach
Staff Support for MD

- Study staff screen all new patients
- Follow up orders placed by research team
- Outreach travel as needed
- Attend tumor boards
Physician Involvement

- Cancer Research Committee
- Investigator initiated project support
- Encourage meeting attendance
- Scientific Review
Conclusion

- Engagement is important
- Engagement level is not fixed
- No single solution

• Questions? Ideas?