

Notes from: Cass Rodgers, scribe for 10/26 LEC Session 2, 10:00 PI Breakout Session

PI - Cultivating investigators/proposals. Building upon existing projects, new business development for priority areas (e.g., high touch with a junior investigator, leveraging GROUSE/claims integration, VA Datavant linkage, interventional informatics trials like vCCC blood pressure control at KUMC and Utah pilots)

Lead Facilitator: Russ Waitman, PhD (University of Missouri)

Discussion topics:

- We have a moderate level of pcornt proposals that have been pitched
- Get the word out on opportunities for different campuses to take the lead
- 6 pilots
- Goal to lead one proposal at each site was not accomplished
- Who else can do linked claims environment - Florida does similar work. STAR has some integration
- **Russ will follow up on family practice collaboration**
- Datavant and assessment process
- What we can do to cultivate proposals and investigators
- Taking projects through the Front door – socialize them with discussion rather than emails
- How to connect with others in GPC on intake process, setting up calls
- Generating as much research volume as we could
- Having brainstorming session/interest in developing an idea, using list serves (e.g., GPC PI list serve)
- How do we get the word out about an idea beyond GPC to connect with primary care, neuro, etc., at the site. People want more information before engaging their peers
- Is there a benefit in having a workshop or something to educate the different institutions as well as their teams to expand the idea, so we don't feel like we have to have money in hand to start the conversation/Kirk
- Is there a form we can use to create more general interest to find like-minded investigators at other sites then have a facilitated discussion/Jim
- This bleeds over to front porch idea – what PCORnet is good at; PCORnet access to patients is a strength; early stage investigators will be interested in building their research to be a PCORnet study/Betsy
- We can come to them and help extend their interest rather than looking for them to be interested in what we are doing; experienced researcher could extend the early stage investigator/Jim
- Have a main place where people have idea - so try to make it a low bar (less intimidating); the current form makes it seem they are further along than brainstorming; see if there are ways to engage, to help make people aware of the value proposition/Russ
- Can we have periodic brainstorming of ideas; aligning intake of request with lining up zoom call (existing form works if we are further along than brainstorming)

- Set up brainstorming and a zoom request; consistent with front porch to focus more on brainstorming
- Molly Conroy's note to scribe: we have a weekly session where this could be on the agenda - Note that Utah does not have this currently and is not currently inviting people (PI, patient engagement, data people) to talk through ideas
- Utah has posted for a data concierge service – expert in data models/Rachel
- Is anyone doing this locally – brainstorming with local investigators and giving them feedback; other thoughts on cultivating investigators on intake
- Site PI time is limited; scheduling time difficult to justify from a funding standpoint/Jim
- Note that CTSA has a requirement for core concierge; how we organize can look different/Molly, Rachel
- Should we have a standing brainstorming time like for DEV and DROC calls, or dynamically schedule, or fit into business calls e.g. when there are no Preventable calls, or custom calls?
- Example: IRB has “office hours” – show up with questions, bring ideas; custom time might be necessary because of clinician schedules and need to be as open as possible – could treat this like a project, recruit investigators in topic area, listen to research; schedule it
- **Russ will bring this back to larger team: We could have intake for brainstorming for clinical development and they could choose, request a custom time**
- Funds for reuse/query fees – how are other sites using them/Lindsay
- Contracts are very limiting; is there boilerplate language to make it easier to redirect funding to support extra time, work with investigators to cultivate new projects
- Fee for service model work is hard to use funds in a more nimble manner
- How to get new investigators to use PCORnet, help junior investigators know about large projects and how they can serve as a basis for smaller, ancillary studies – or is the complexity barrier too high?
- Using ongoing projects as a starting point to think about career development project or ancillary study
- Like NET study/Betsy – most straightforward when project led by an investigator at one of our sites and there probably is an ancillary study component. Junior investigator can be hesitant to put idea out there since no guarantee they will work on the study. Trust and logistics.
- Ensure PCORnet designations have ancillary study committees; concern that ancillary studies get led by the cc; e.g., Preventable had a national call for ancillary studies/Rachel
- Have best practices for investigators like national standards; make sure equal opportunities for researchers – everyone aware of opportunities and rules - fairness so people don't hesitate to share ideas
- Have formal ancillary reviews and formal paper publication processes/Rachel
- Ryan is starting work as liaison; hopes to push things into the PCORnet data model and think about multisite studies; fulfilling more data requests in cdm is a goal
- Using CDM as a basis for how we fulfill things/Russ
- Could people build a diversity equity supplemental off her current work/Mei
- Sleep funding example – consider subnetworks; create GPC workgroup