



# PLANNING RECRUITMENT AND ENGAGEMENT INTO YOUR RESEARCH PROPOSAL

Version 4, August 2021

Welcome to the OCHIN collaborative! We are a non-profit health information technology company serving over 120 health systems, including community health centers (CHCs), county health departments, and independent clinics in 19 states. As a dispersed collaborative, our membership spans diverse organizational structures, patient populations, and community resources. *OCHIN members using our hosted Epic electronic health record (EHR) contribute to research through data sharing in the OCHIN and ADVANCE research data warehouses and voluntary participation in practice-based research projects.* We work to carefully align research projects with member priorities and interests, encourage and facilitate research participation, and demonstrate research value and impact to our members. Below is an overview of the OCHIN member recruitment and engagement processes that may be relevant in developing your proposal.

## OCHIN RECRUITMENT AND MEMBER PARTICIPATION

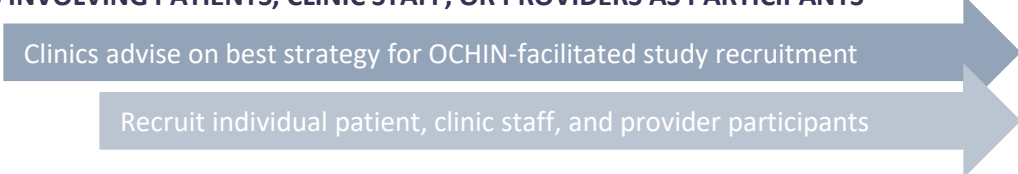
If your research includes patients, clinic staff, care providers, or health organization leaders from OCHIN member organizations, we will need to recruit participants. Recruitment is conducted within the operational structure of OCHIN member services – beginning with member organization approval and agreement to take part in any study with the clinic, provider, or patient participation. Recruitment and engagement activities are usually managed by a Research Associate in addition to their routine project management activities. The Research Associate works with the study team, member facing OCHIN teams (e.g., Practice Coaches, Account Managers, and member organizations) to execute participation agreements, manage recruitment, and maintain engagement across study activities. Research Associate effort is allocated according to individual project needs, complexity, and size; typically, 10-40% additional FTE for each study year with recruitment and engagement activities.

Recruitment for any funded study with an impact on routine clinic operations – such as qualitative work, patient recruitment, practice transformation, tool builds or implementation – follows a series of steps:

### LEVEL 1: STUDIES WITH CLINIC IMPACT



### LEVEL 2: STUDIES INVOLVING PATIENTS, CLINIC STAFF, OR PROVIDERS AS PARTICIPANTS



Engagement and recruitment activities within OCHIN are directed by our membership to ensure alignment with their priorities, capacity, and needs. *OCHIN does not pre-recruit clinics at the proposal stage* as there is insufficient detail on study activities or timelines for member organizations to

accurately assess feasibility or commit to participation. **Recruitment activities begin after a study is funded and IRB-approved.** As proposals are operationalized post-award, recruitment strategies may be adapted based on the final number of eligible organizations, clinic sites, or any other criteria for eligibility and participation.

Recruitment time varies by study design, necessary activities, and sample size. Estimated timelines are listed below:

▪ Recruitment planning, material development, and IRB approval	2-3 months
▪ Service area and clinic recruitment	3-6 months
▪ Clinic-informed provider, staff, and patient recruitment	2-9 months

As voluntary participants, OCHIN members' time is acknowledged through organizationally set clinic impact payments for project activities. Payments and any other engagement costs are grant funded and may be adjusted based on individual project complexity or intensity. Payments recognize the effort and contributions clinic staff put into project participation; they do not compensate the time or resources needed to participate. OCHIN sets and reviews our impact payments annually based on a percentage of average daily operating costs for community health centers. Projects with very high impact may require additional compensation such as clinic staff FTE.

### **SURVEYING OCHIN MEMBER ORGANIZATION CLINICIANS AND STAFF**

Surveys can be a useful approach to gather information and perspectives from the diverse and dispersed organizations, clinicians, and staff (e.g. operational leaders, quality improvement leads, care managers) in the OCHIN network. To be effective and attain reasonable response rates, survey activities must be adequately resourced to easily administer, align with members' priorities and interests, and recognize members' time and effort in participating.

Survey recruitment follows our standard recruitment process, including budget for relevant impact payments. Clinician and staff surveys may be conducted by mail, electronic formats, or phone. Depending on the tool, format, topic area, eligibility criteria, and targeted sample size, we will work with you to plan recruitment and data collection activities.

### **OCHIN ENGAGEMENT WORKGROUPS AND CONSULTATIVE INPUT**

OCHIN Research facilitates patient and caregiver, provider, and clinic staff input to research through the [Patient Engagement Panel](#) (PEP) and the Practice-Based Research Network (PBRN).

The type and frequency of PEP and PBRN input to proposals and projects depends on many factors, including study topic, funder requirements, and study design. The PEP and PBRN workgroups can provide input on study impact and value, feasibility issues, participation, dissemination activities, and implementation strategies. Although not required by OCHIN, we strongly encourage engaging patients, caregivers, providers, and clinic staff in proposal development and project conduct as a crucial mechanism for providing representation from the communities and CHCs served through the OCHIN collaborative.

If your proposal or study would benefit from PEP or PBRN input, we can help identifying outreach activities and facilitate engagement opportunities. Your proposal or project team will be responsible for creating content and materials for the PEP or PBRN, managing costs and reimbursements, and providing any requested follow up. We will work with you to tailor your request, plan, and materials as needed.

### **Patient Engagement Panel**

The PEP usually includes 15-18 patients and caregivers from OCHIN member and affiliate CHCs in five states. The PEP meets remotely every two months and is available for input on an ad hoc basis between meetings. PEP members have experience across many different roles and projects. In addition to the PEP, they have served as panelists or advisors on individual OCHIN research projects. PEP members contribute to make research conduct, participation, and dissemination accessible and relevant to patients and caregivers. To facilitate effective input, PEP members receive ongoing training and support through OCHIN Research.

### **Practice-based Research Network**

Routine PBRN input to study teams' clinic-based research questions, evaluations, and findings is available through three OCHIN workgroups: provider and staff input through the Clinical Operations Review Committees (CORCs), medical director and health system input through the Clinical Operations Group (COG), executive and board level input to research strategy and priorities through the Health Information and Research Operations Committee (HIROC). Workgroup participation is voluntary; members take part as interested and available.

### **Brief surveying with OCHIN member clinicians and staff**

As the largest clinician and staff workgroup in OCHIN, the CORC is a useful resource for brief input or advice on funded project activities (e.g. priorities, recruitment, response rates, interpretation of findings). The CORC focuses on development, review, and testing of Epic clinical tools and workflows for primary care delivery and includes specialty subgroups for behavioral health, infectious disease, and dental care. CORC members comprise clinical, billing, operations, administrative, and quality improvement staff from a variety of different regions and clinic settings within OCHIN. The CORC meets remotely twice a month and is readily accessible for short (5 items or less) surveys or polling.

CORC survey participation is entirely voluntary and does not require recruitment or compensation. Surveys or polling may be conducted with or without facilitated discussion from the study team but require coordination and review with CORC leads and a brief overview from a study team representative. The CORC may not be used to recruit clinicians or staff but is a suitable venue to share study opportunities that CORC attendees may take back to their organizations for review and approval through our standard recruitment process.

### **FURTHER INFORMATION**

For any questions or more information about our engagement workgroups and consultation, please contact Anna Templeton, Community Research Associate, at [templetona@ochin.org](mailto:templetona@ochin.org) or 503-943-2500.