The Role of Primary Care PBRLNs in Pragmatic Clinical Trials:

Building the Canadian Primary Care Trials Network

Canadian Primary Care Research Network (CPCRN) – 2024 Learning Series

February 27, 2024

Andrew Pinto MD CCFP FRCPC MSc

CIHR Applied Public Health Chair in Upstream Prevention
Upstream Lab, MAP/Centre for Urban Health Solutions, Li Ka Shing Knowledge Institute, Unity Health Toronto
Department of Family and Community Medicine, Fac. of Medicine, University of Toronto
Department of Family and Community Medicine, St. Michael's Hospital
Dalla Lana School of Public, University of Toronto

Disclosures

Relationships with commercial interests:

Research Support: **None from for-profit/commercial entities**.

Canadian Institutes for Health Research; Ontario government, including the Ministry of Health and Long-Term Care; TD Financial Literacy Grant Fund, administered by Prosper Canada; PSI Foundation; Legal Aid Ontario; Maytree Foundation; Atkinson Foundation; Metcalf Foundation; Healthier Cities and Communities Hub, DLSPH, University of Toronto; Toronto Central LHIN; St. Michael's Hospital Foundation; Gambling Research Exchange Ontario; Institute for Global Health Equity and Innovation, DLSPH, University of Toronto; Ontario SPOR Support Unit; Newfoundland Health Accord (Memorial University)

Speakers Bureau/Honoraria: **None from for-profit/commercial entities.**

I have received honoraria for presentations at Queen's University (2010), University of Saskatchewan (2012), Mount Sinai Hospital (2012), Toronto Reference Library (2016), Law Society of Ontario (2016), Japan Network of Health Promoting Hospitals & Health Services (2018), Ghent University, Belgium (2020), Joint Centre for Bioethics, University of Toronto (2019, 2021), North American Primary Care Research Group (2021), Ryerson University (2021).

Salary support: **None from for-profit/commercial entities.**

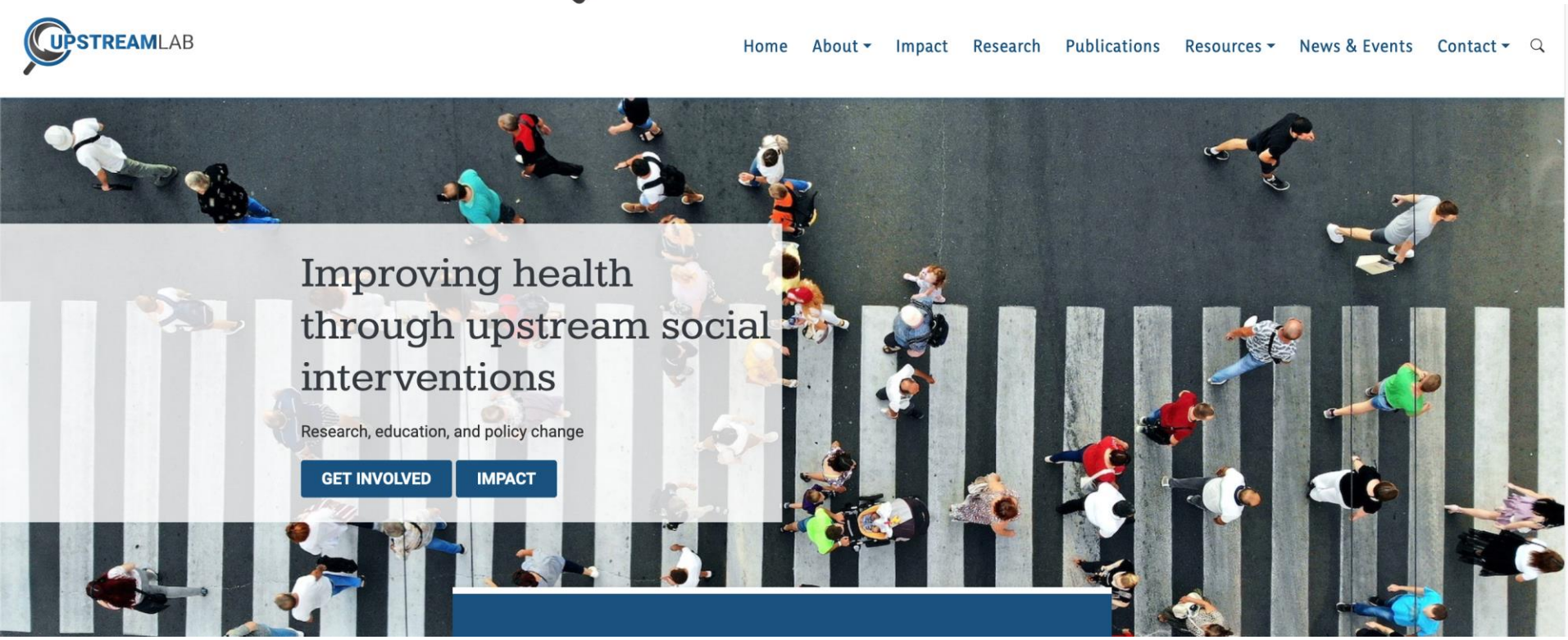
Department of Family and Community Medicine, St. Michael's Hospital; Department of Family and Community Medicine, Faculty of Medicine, University of Toronto; Li Ka Shing Knowledge Institute, St. Michael's Hospital. Recipient of the 2019 PSI Graham Farquharson Knowledge Translation Fellowship. Recipient of a CIHR Applied Public Health Chair in Upstream Prevention.

Consulting Fees: **None.**

Other: I serve as an unpaid scientific advisor to a start-up company, Mutuo Health Solutions.

Land Acknowledgement

UPSTREAMLAB



upstreamlab.org

UPLEARN

University of Toronto Practice- and Community-Based LEarning And Research Network

Our areas of focus:

1. Research excellence
2. Practice support and quality improvement
3. Health professional education
4. Policy evaluation and impact
5. Partnership with and service to our communities

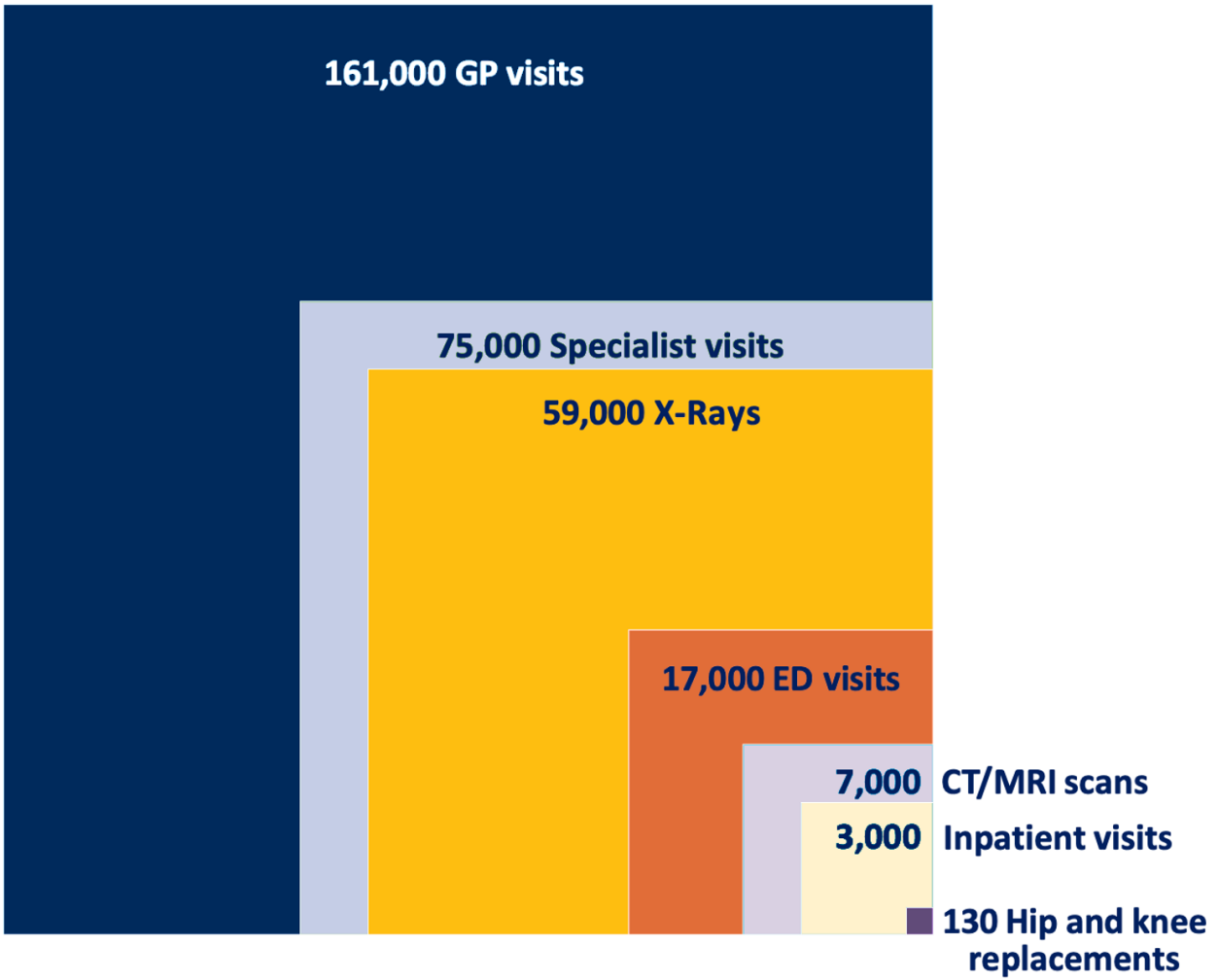
- Our DFCM is the **largest academic department of family and community medicine in the world**
- **2,000+** faculty and **1,000+** learners at all levels
- Home to the **WHO Collaborating Centre on Family Medicine and Primary Care**

https://www.dfcm.utoronto.ca/uplearn

Why primary care trials?

- We often serve the vast majority of patients with any given conditions
- We are linked to communities that we serve and in which we are embedded
- We recognize inequities, and we are strongly motivated to address them
- We have diverse disciplinary perspectives and diverse methodological expertise
- We have a deep understanding of the social determinants of health, and the need to integrate biological, social, and psychological interventions
- We are the backbone of health systems, and should never let policymakers and other academics forget it

Ecology of Health Care in Ontario: Average Number* Of Health Services Accessed Each Day (Ontario 2019/2020)



https://covid19-sciencetable.ca/sciencebrief/brief-on-primary-care-part-1-the-roles-of-primary-care-clinicians-and-practices-in-the-first-two-years-of-the-covid-19-pandemic-in-ontario/

Why randomized controlled trials?

- RCTs and other forms of trials are only one type of primary care research
- RCTs can emerge from other types of primary care research (e.g. systematic reviews) and happen alongside other studies (e.g. qualitative)
- However, RCTs have enormous power and influence on practice, policymakers and other researchers
- RCTs are currently the best way to study causal relationships, as randomization eliminates much of the bias inherent to other designs

Why randomized controlled trials?

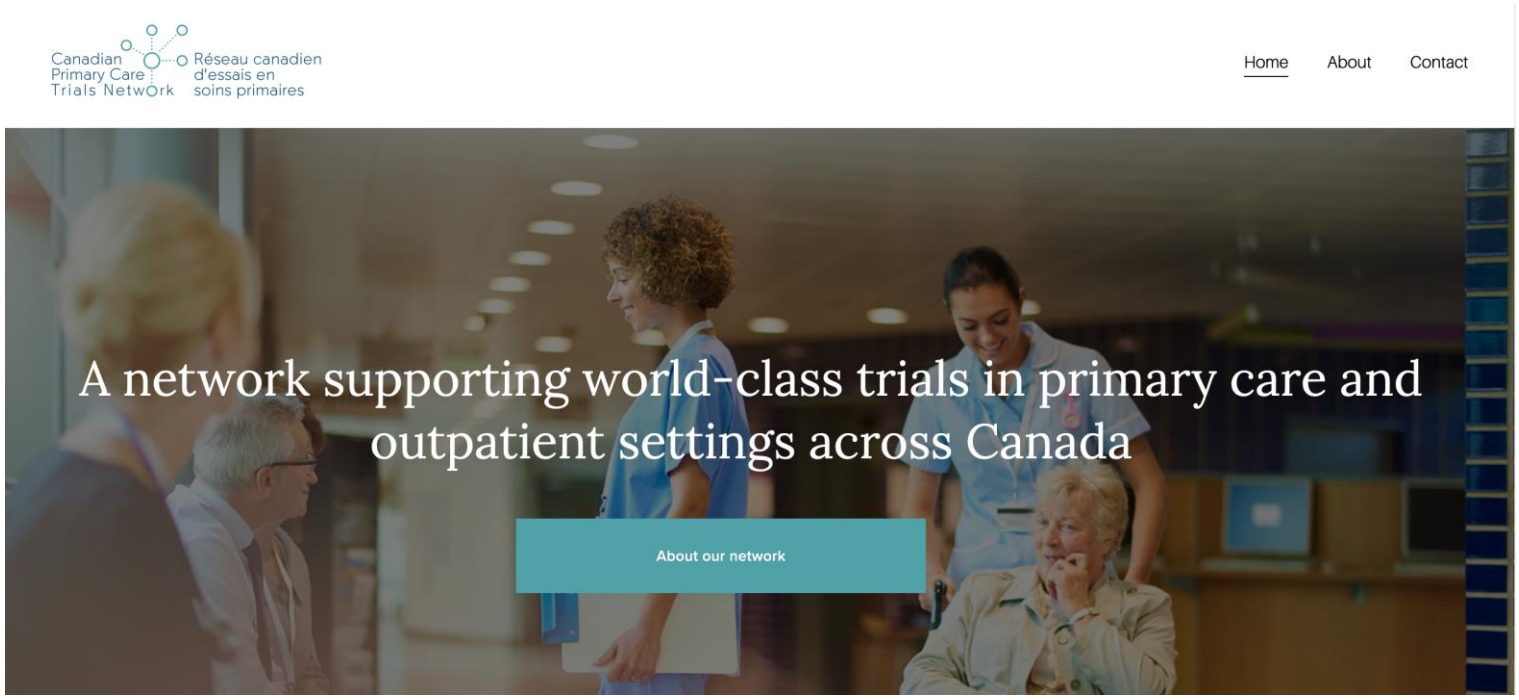
- RCTs are expensive and time consuming, but also represent large grants over several years
- Grants that fund RCTs can support infrastructure
  - Site engagement
  - Computers, phones, software
  - Data collection (e.g. eCRF)
  - Specimen collection
- Grants that fund RCTs can support career development for primary care researchers
  - Very high profile publications
  - Help build teams and networks
  - Help draw attention to the power and potential of primary care research

Why build primary care trial networks?

- Efficiencies! Reduce work, save time and funds, and accelerate recruitment
  - "We don't need to reinvent the wheel"
- Reduce research waste!
- Build evidence for the real-world of primary care, ultimately shaping our practice
- Support primary care research capacity
- Change how people see primary care as a career path
- Support advocacy to invest in primary care research
- Moves us to integrate EMR data research with clinical research, rather than have them siloed

Canadian Primary Care Trials Network

https://primarycaretrials.ca/



Canadian Primary Care Trials Network

Objectives

1. **Support primary care researchers** to design, fund and lead trials
2. **Standardize and share approaches** to study design, recruitment, consent, compensation, data collection and analysis
3. Support **knowledge mobilization** to communities, practitioners, guideline developers and decision makers
4. Serve as **a point of connection** to other trial networks, research funders and decision makers

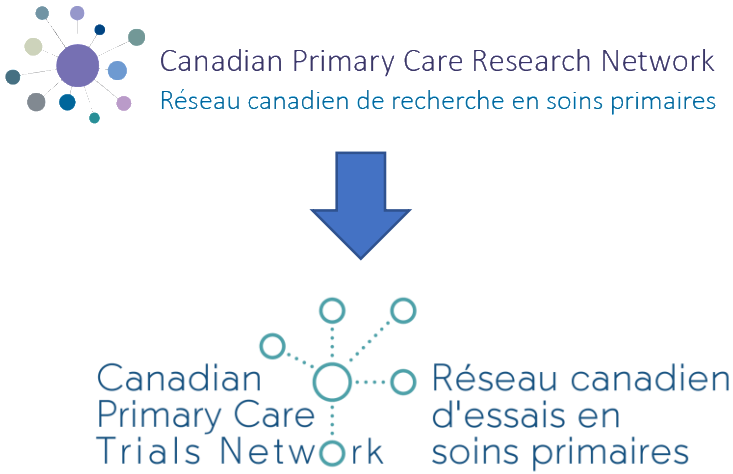
Canadian Primary Care Trials Network

Principles

- **Scientific excellence:** We are committed to the highest quality research, and contributing to methodological advancements in trial design and conduct
- **Advance health equity:** We see research as an intervention, and commit to reducing health inequities, improving access to care, and improving the quality of care for communities made vulnerable by social and economic policies.
- **National collaboration & growth:** We operate as a national platform to support investigators and organizations, to share resources, and to promote collaboration.
- **Centre communities:** We believe in robust community engagement, working collaboratively with communities to set research priorities and actively involve them in research processes. This ensures that our research is relevant, inclusive, and directly addresses the needs of the communities we serve.

Governance and decision making

- Under the umbrella of the CPCRN, but independent in terms of governance & diverse funding sources
- Steering committee: voting members are reps from universities with a faculty of medicine (n=17, growing to 18) + non-voting rep from CPCRN
  - Responsible for setting strategic direction, goals, and policies
  - Allocate resources, ensures accountability, and oversees the network's operations
  - Promotes collaboration and supports engagement



A proposal…

Canadian Primary Care Research Network

Small elected steering committee (n=4-5)

Data Cluster

Supports and sustains data related projects, including CPCSSN, DEEP Network (AI/ML), HDRN linkage, etc. Helps coordinate advocacy to liberate data, data standards, share resources (e.g. extraction), common policy re: vendors.

Canadian Pri Care Trials Network

Supports and sustains clinical research, defined as research that includes prospective data collection, interventions. Acts to continuously engage sites, shared standards around consent to be contacted, etc.

PBRLN Directors Council

Meets 4 times a year (at NAPCRG and NAPCRG PBRN mtg with in-person and virtual), and between. Provide updates, share challenges and solutions. Help with succession planning and rapid decisions around grant opportunities. Track progress on growth of networks (# sites, # patients, # projects, # faculty, funds) but also impact and distribution of funds.

Patient and community engagement

Training & Capacity Building

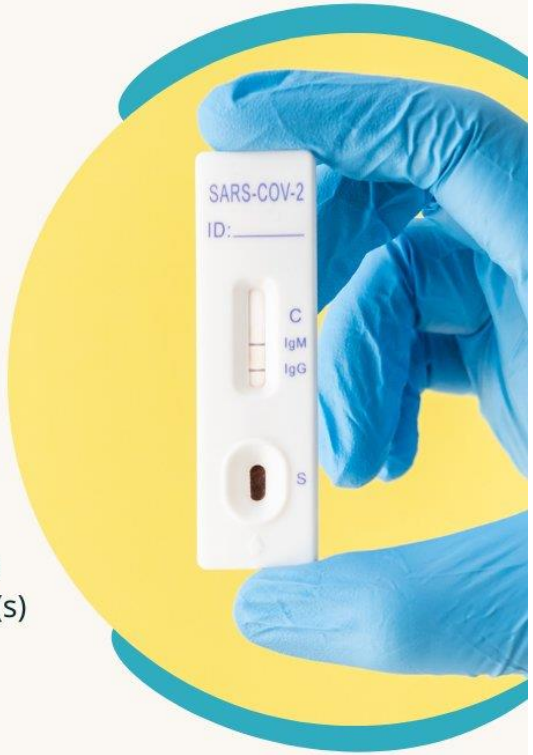
TUTOR-PHC

Universities

Training platforms

HAVE YOU TESTED POSITIVE FOR COVID?

Help us find therapies that reduce COVID symptoms & hospitalizations.



Who can participate?

- Canadian residents
- 50 years of age **OR** 18 - 49 years old with one or more chronic condition(s)
- who are within the first 5 days of experiencing COVID-19 symptoms

What will you do?

- Complete a daily diary for 14 days and fill out surveys
- Receive an honorarium of $30 per follow up

CanTreatCOVID
Canadian Adaptive Platform Trial of Treatments for COVID in Community Settings

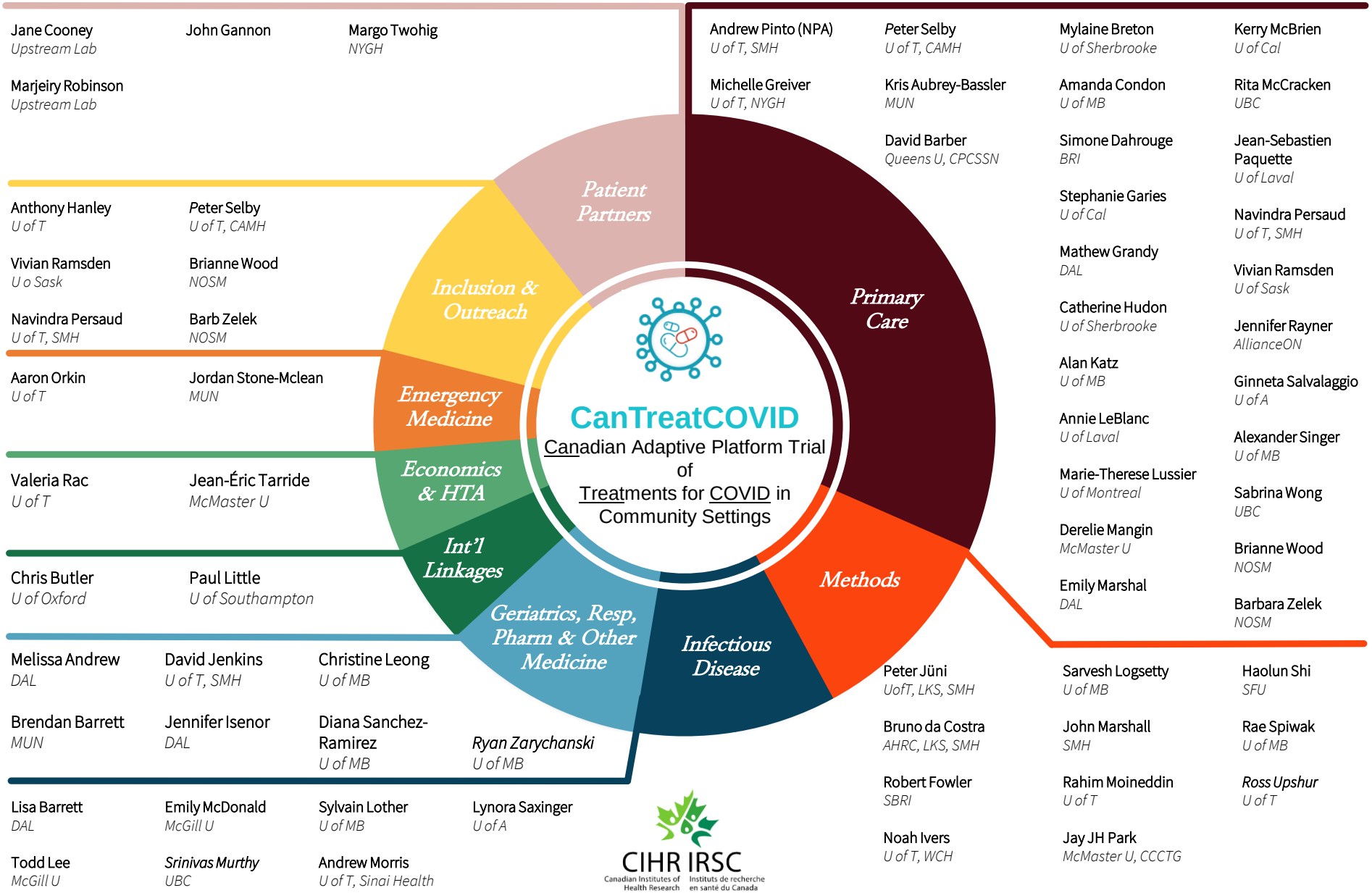
1-888-888-3308

Version 2.0; Date: November 8, 2022

CIHR IRSC
Canadian Institutes of Health Research | Instituts de recherche en santé du Canada

Health Canada | Santé Canada

Public Health Agency of Canada
Agence de la santé publique du Canada



AllianceON = Alliance for Healthier Communities; **BRI** = Bruyère Research Institute; **CAMH** = Centre for Addiction and Mental Health; **CCCTG** = Canadian Critical Care Trials Group; **CPCSSN** = Canadian Primary Care Sentinel Surveillance Network; **DAL** = Dalhousie University; **MUN** = Memorial University; **NOSM** = Northern Ontario School of Medicine; **NYGH** = North York General Hospital; **SFU** = Simon Fraser University; **SBRI** = Sunnybrook Research Institute; **SMH** = St. Michael's Hospital; **LKS** = Li Ka Shing Knowledge Institute; **UBC** = University of British Columbia; **U of A** = University of Alberta; **U of Cal** = University of Calgary; **U of MB** = University of Manitoba; U of Sask = University of Saskatchewan; **U of T** = University of Toronto; **WCH** = Women's College Hospital

- Health Canada regulated trial
- 6 provincial hubs: BC, Alberta, MB, ON, Que, Nfld
- Single master protocol – multiple REBs, although Ontario has CTO system
- Almost 400 patients enrolled
- Plan to pool data on Paxlovid with PANORAMIC
- Ongoing review of the evidence to inform new arms – a 3rd arm to launch for fall 2024
- Building the foundation for CanTreatResp

https://cantreatcovid.org/

Keys to success:

1. Outstanding staff
2. Cohesive scientific team
3. Flexible with changes in COVID-19 and context
4. International collaboration
5. Sufficient funding

https://cantreatcovid.org/

Adaptive Platform Trial Scientific Meeting

September 28 – 29 • Toronto, Canada

CanTreatCOVID

Canadian Adaptive Platform Trial of Treatments for COVID in Community Settings

www.cantreatcovid.org/apt-institute/

In the future, most high-impact clinical trials will happen in primary care and community settings

What will help this happen?

- A **national trial platform**, with clear governance and transparency, that builds on our existing PBRLNs
- Maintaining a focus on work that **serves the public good**, and is oriented to patient and community priorities
- A **national network of medium to large primary care clinics**, clearly designated as part of CPCTN
- A plan to grow **primary care trialists**, building off past workshops
- Very efficient processes for recruitment and payment of clinics:
  - Consent to be contacted for research
  - Deputized agent approach for recruitment
  - AI to quickly identify potential participants using full-chart, nightly updated datasets

Final thoughts

- The CPCTN builds on >10 years work to create PBLRNs in Canada, but represents a shift to interventions and reframing what it means to be a primary care research
- We need to build the pipeline of primary care trialists: let's make this international!
- CPCTN will grow as we demonstrate success, and will eventually be the future for most trials
- We must work with CIHR and regulators to make trials easier and more efficient

Questions?

upstreamlab.org

upstreamlab@smh.ca

@AndrewDPinto

@UpstreamLab

@UpstreamLabToronto

Upstream Lab

Scan the QR code to
subscribe to our newsletter: