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Organizational Science: Theoretical & Practical Methods for Promoting Collaboration among Clinical Research Networks

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Building Collaboration for Clinical Research Networks
May 9-10, 2007

NIH Campus, Natcher Center
Bethesda, Maryland



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**“Opportunities are
at the intersection”**

-Unknown



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**Collaboration for Clinical Research
Networks**
Why is it important ?

“If an increasing amount of economic/research activity continues to occur across, rather than within, the boundaries defined by formal ownership of one organization managers/clinicians/researchers will have to understand (learn) how to work with partners rather than subordinates.”

- Kanter, 1989



“Networks/Alliances/Partnerships”
What is it?

A coupled (loosely) arrangement among existing organizations designed to achieve some long term strategic purpose **not possible by any single organization.**



Research Networks Take Many Forms and Functions

- **Examples of Networks** (public/private)
 - Cancer Research Network CRN
 - AHRQ-Council of Partners /IDSRN
 - NCI/DCP- EDRN
 - Center for Health Mgt Research
 - Industry/University Cooperative Research Center
 - UW/UC-Berkeley... NSF funded initially 1992
 - 10 corporate members/17 universities
 - Community Clinical Oncology Program - CCOP



Characteristics of an Effective Networks/Alliance:

(The “Five I’s”)

- **Network is long term INVESTMENT**
- **Networks are INTERDEPENDENT (mutual benefit)**
- **Networks is INTEGRATED**
- **Networks members are INFORMED**
- **Network is INSTITUTIONALIZED**

--Kanter, 1989



Young people today will have to learn organization the way our forefathers learned farming.

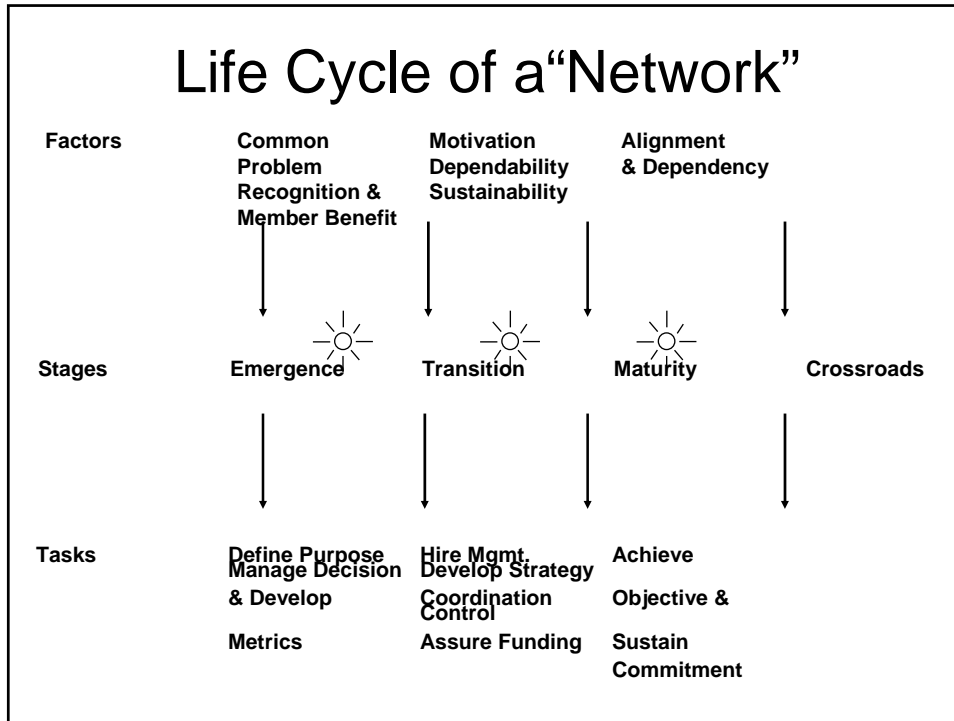
– Peter Drucker



Distinguishing Characteristics **Managerial Challenges**

- A process – stages/inherently unstable
- Commitment, not control
- Factors affecting success / failure
 - Behavioral/System Character





Commitment, NOT Control

“Good partnerships, like good marriages, don’t work on the basis of ownership or control. It takes effort and commitment and enthusiasm from both sides if either is to realize the hoped for benefits. You cannot own a successful partner any more than you can own a husband or a wife.”

-Ohmae, 1989



Factors Affecting Success

**“The problem is the system and
the system belongs to
management.”**

-Edward Deming



Managerial Challenges

- **Different Cultures/Time Frame-Lines**
- **Realistic Expectations (what can be done for \$x)**
 - **Industry vs. research community**
- **Maintaining Commitment Over Time**
 - **High Turnover**
- **Unfriendly Incentive Structures**
 - **University promotion/tenure criteria**
 - **Industry “pay for performance”**



Managerial Challenges-II

- Uneasy trade off between “corporate need” for answer & “societal need for understanding”
 - E.g. proprietary vs. data sharing/CRN
- Sustainability- attracting new/young investigators
- Management/Clinical/Research “mind set”
 - E.g., EDRN transition times



Special Challenges

- Lack of Institutional Commitment
- Simultaneous Cooperation & Competition (e.g., CCOP in Iowa)
- Managerial Mindsets Hostile to Sharing Control and Command



Special Challenges

- Multiplicity of Details
- Complexity/Accountability of Networks -Overwhelming to Community Organizations



- **Reasons for Failure**

- **Uninformed middle/lower managers**
- **Misunderstood motivations and expectations,** (e.g., Marketing vs. Clinical Quality)
- **Lack of mutually accepted performance measures**
 - **“metrics”**



- Reasons for Failure

- Judging success by short-term “metrics” rather than long-term strategic objectives
- Lack of trust among partners
- Uneven commitment and unbalanced power among participants



**If you can't measure it ...you
can't manage it !!!**

The need for performance based information systems



Methods for Promoting Collaboration (The Use of Information)

- Balanced Score Card (BSC)
- Continuous Quality Improvement (CQI)

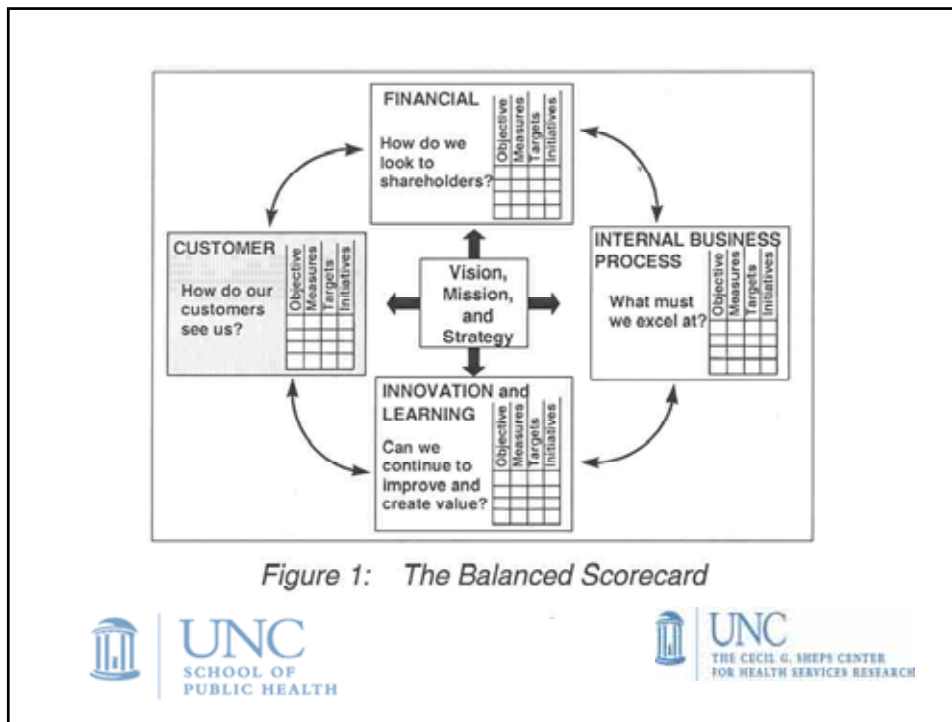


BSC: What is it???

- A comprehensive framework that translates the strategic objectives of the activity into a set of performance measures focusing on critical activities involved in fulfilling its mission.
 - Operations
 - Customer/Stakeholders
 - Learning and Innovation
 - Financial

-Kaplan and Norton, 2001





What is the Value Added ??

- The scorecard brings together **various dimensions** of the overall operation of the program
- The scorecard **guards against suboptimization...** forcing the consideration of all dimensions and the realization that intervention in one dimension may have consequences on the other dimensions of program performance
- The scorecard represents a mechanism to clearly **translate organizational goals** and associated metrics to relevant constituents

Approaches to Quality Management



CQI **JCAHO** **Guidelines**

Quality **Outcomes** **TQM** **HEDIS**

EBM **Breakthrough Improvement** **Benchmarking**



Process **Structure**

Disease Management



Total Quality Management

An organized systematic approach to continuous improvement designed to focus on satisfying customer expectations, identifying problems, building commitment among personnel and promoting open decision making.



Quality Control Methods

- Force Field Analysis
- Control Chart
- Run Chart
- Pareto Chart
- Check Lists
- Cause and Effect Diagrams
- Flow Diagrams



Group Process Techniques

- Brainstorming
- Consensus
- Nominal Group
- Multiple Voting
- Rank Ordering



BSC/CQI as a Managerial Innovations?

Any program, product or technique which represents a significant departure from the state of the art of management at the time it first appears and which affects the nature, location, quality or quantity of information that is available in the decision making process

-John Kimberly



BSC/CQI: Application

- NCI Cancer Therapy Evaluation Program
 - George Redmand
- NCI Division of Cancer Prevention
 - Chemo-Prevention Consortium



The Case of the CCOP Experience

NCI-Community Clinical Oncology Program

A Clinical Trials Network

Lessons Learned

A Venn diagram with three overlapping circles. The top-left circle is light green and labeled 'Cancer Centers'. The top-right circle is dark green and labeled 'CCOPs'. The bottom circle is pink and labeled 'Cooperative Groups'. The intersections of all three circles are shaded.

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Intra-CCOP Relations

A Network within a Network

A central circle labeled 'CCOP Central Office' is connected by double-headed arrows to four surrounding circles. Each of these four circles is labeled 'Component 1', 'Component 2', 'Component 3', and 'Component 4' respectively. The word 'Hospital' is written to the left of Component 1, to the right of Component 2, to the left of Component 3, and to the right of Component 4.

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MISSION

Bring the advantages of state-of-the-art cancer treatment, prevention, and control research to individuals in their own communities by:

- Involving community physicians and their patients in NCI-approved clinical trials
- Involving primary health care providers in research process
- Increasing minority participation



CCOP - Objectives

- **Conduct treatment and cancer prevention & control trials in the community**
- **Improve community practice patterns**
- **Diffuse state-of-the-art cancer management**



CCOP - Methods

- Increase access to clinical trials
- Involve community physicians (including primary care physicians) in clinical research
- Establish a clinical network for prevention & control research



CCOPs and Minority CCOPs



CCOP Accomplishments

-Successful Involvement of Community Oncologists as Equal Partners in Research

-Establishment of Research Network that Extends Beyond Medical Oncologists

-Successful Mechanism for Implementing Landmark Prevention Trials

-Extension of Scientific Purview of Research Bases to Cancer Prevention and Control

-Weiner & McKinney, 2005



Lessons from CCOP

- **Explicit Participation Strategy**
- **Sequential Implementation**
- **Consensus Among Participants**
- **Align Incentives**
- **Prerequisite Skills**
- **Realistic Time Expectations**

-Kaluzny & Warnecke, 2002



Managing A Network: Explicit Participation Strategy

- Manage Participant Selection & Relationships
- Manage the Adaptation Process: Role of Boundry Spanners. (e.g., nurses)



Managing a Network: Aligning Incentives

- **Risk Sharing Among Participants**
- **Shared Vision consistent with Financial and Procedural Realities**
- **Monetary only one incentive to influence behavior**



Managing Network: Using Sequential Implementation

- Follow the Theory of “Small Wins”
 - Provide Visible Accomplishments
 - Encourage Others
 - Lower Resistance to Future Efforts
 - Change Frame of Debate



Managing a Network: Ensure Consensus Among Participants

- “Single Loop” Learning-knowledge of basic definitions & relationships
- “Double Loop” Learning-understanding of basic assumptions underlying definitions and relationships



Managing a Network : Provide Pre-required Skills

- Vision beyond the Institution
- Negotiation – Win/Win vs. Win/Lose
- Trust – “If you don’t have trust, you must build it”



Managing a Network: Set Realistic Time Expectations

- Individual Involvement
- Implement & Institutionalize



Lessons Learned

- Once in dialogue ...Substantial overlap in interest between practice/research community
- Understand “rules of engagement” at the onset.
 - Difference between “type I vs. type II” learning
- Routine exchange throughout research process



Lessons Learned-II

- Identify “idea champions” and maintain dialogue with managers (particularly middle management)
- Issues must be of interest and strategic importance to participating organizations
- Importance of academic/practice cooperation in proposal design, project implementation *and publication*



What Did We Learn? 25 Year Follow-up

Bryan Weiner & Martha McKinney
2006



Lessons Learned: Retrospective 25 Year Follow-up

- Structural Adaptation
- Protocol Selection
- Outreach to Non Oncologist
- Outreach to Consumers

-Weiner & McKinney, 2005



Structural Adaptations

- **CCOP nurses and CRAs have primary responsibility for CP/C clinical trials**
- **Most CCOPs have nurses/CRAs working solely or primarily on prevention trials**
- **Presence of dedicated staff helps build community linkages**
- **Some CCOPs are reviewing all patient charts to assess eligibility for symptom management studies**



Protocol Selection Criteria

- **CCOPs review new protocols for scientific merit, clinical applicability, and feasibility**
- **Expected return on investment is a major consideration**
- **Types of CP/C protocols most feasible to implement:**
 - **Compatible with community demographics and physician practice patterns**
 - **Relatively simple to execute**
 - **Minimal financial and time costs for clinicians and patients**



Outreach to Non-Oncologists

- **Strategies**
 - Regular visits to present “menus” of protocols
 - Targeted mailings of study-specific fliers
 - Assistance in screening patient charts, explaining prevention trials, and/or obtaining informed consent
 - Continual feedback on study progress and results
- **Incentives**
 - Appointment as CCOP investigator
 - Travel support to attend cooperative group meetings
 - Certificates and “thank you” breakfasts/lunches



Outreach to Consumers

Direct-to-consumer marketing through . . .

- **Print and electronic media**
 - Newspapers and newsletters
 - Brochures in medical office waiting rooms
 - Radio and television talk shows & PSAs
- **Partnerships**
 - Prevention trial participants
 - Cancer screening programs
 - Breast & prostate cancer support groups
- **Community outreach**
 - Health fairs, civic clubs, churches, etc.



Conclusions

- **CCOPs' ability to participate in CP/C research depends upon the adequacy of funding for dedicated staff and for participant recruitment/adherence**
- **CCOPs need more opportunities to comment on feasibility issues before CP/C protocols are finalized**
- **Varied types of incentives and technical support are needed to involve non-oncologists in prevention trials**



Fatal Flaws to Be Avoided

- Underestimate the amount of time –
 - “Care and Feeding” of Network Members
- Take on Too Complicated Projects
 - Keep it simple!
 - Theory of Small Wins-Success early builds confidence among participants/product to present to critics/skeptics
- Failure to Spend Time in the Beginning building trust/mutual understanding among participants



How to Avoid Fatal Flaws

- Be Careful Who Gets Involved
 - “Get the right people on the bus”
- Manage the Process Through Stages
 - Emergence/Transition/Maturity/Crossroads
- Maintain a Long-Term Perspective
 - “In the long run we are all dead”
- Network involved with meaningful/relevant Activities that all Participants Benefit
- Periodic Opportunities to Reflect as a Group-
 - “How are we doing?” Take corrective action



The Reality IS:

“We probably have not succeeded in answering all of your questions – indeed, we probably have not completely answer any of them. The answers we provided will only serve to raise a whole new set of questions. In some ways we probably feel as confused as ever, but we hope that we are confused on a much higher level, ...about more important things.”



Some Suggest Readings

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