



University of Colorado **Anschutz Medical Campus**

Population Health Shared Resource (PHSR) Behavioral Science Core

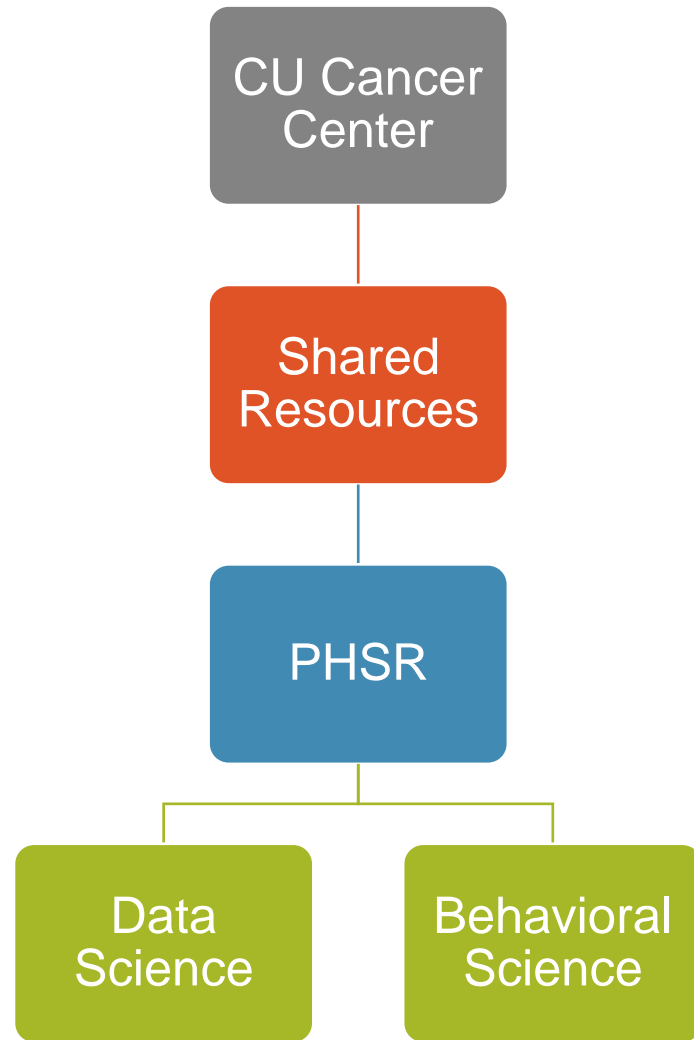
May 2024



Overview

- Introductions
- Behavioral Science Core Services
- Example Projects
- Future Plans
- PHSR Service Request Procedures
- Q & A

Population Health Shared Resource



Population Data Science Team:

Uses large population-based datasets to analyze and visualize trends, disparities, policy and research impacts related to health and healthcare.

Behavioral Science Team:

Uses patient and community-focused methods to conduct research related to delivery of healthcare, behavioral interventions, and patient-reported outcomes.

Our Team



PHSR Co-Director:
Jamie Studts, PhD



PHSR Manager:
Elizabeth Molina Kuna, MPH



Sr. Behavioral Science Research Associate:
Kaitlyn Hoover, MS



Behavioral Science Research Associate:
Joshua Pasek, MPHc

Project Coordination

- IRB Preparation
- Screening and Recruitment
- Participant Management

Quantitative Research

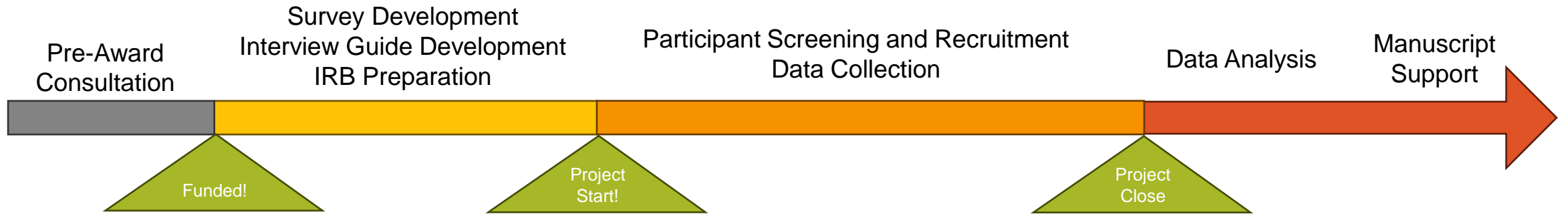
- Psychometrics
- Survey Design
- REDCap Programming
- Medical Record Review

Qualitative Research

- Interview Guide Development
- Data Collection
- Data Analysis



Timeline of Services



We offer our services individually, but we can also provide support longitudinally over the entire course of a project.

EXAMPLE PROJECTS



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ABC123 Feasibility Trial

- **Principal Investigator:** Dr. Elizabeth R. Kessler, MD
- This pilot study aims to assess the preliminary feasibility and acceptability of ABC123 and evaluate the framework as measured by goal concordant care
- ABC123 Care Planning Framework for Advanced Cancer Care ensures the timely implementation of existing, recommended tools that represent the principles of:
 1. Geriatrics (functional assessment)
 2. Oncology (toxicity estimate)
 3. Palliative Care (goals of care discussion)
- **PHSR Role:** Project Coordination, **Participant Screening and Recruitment**, REDCap Data Management, Qualitative Data Collection and Analysis

Oncology New Patient Visit

- Consent
- Functional Assessments
- Baseline Questionnaires

Goals of Care Telehealth

- Guided discussion with APP
- Route note with all study information to oncologist

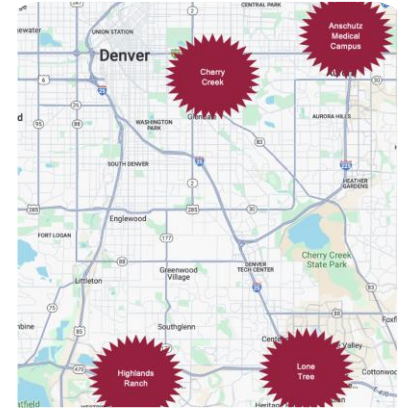
Remote Follow-ups (1, 3, and 6 months)

- Follow-up Questionnaires
- Goals of Care
- Interview



Screening and Recruiting for the ABC123 Feasibility Trial

Epic



Screen NPVs

- Age >65 years old
- English-speaking
- Advanced solid-tumor cancer that could be treated with chemotherapy.

Provider Confirmation

- Study reminder
- Opportunity to alert team to any concerns

MHC Message to Patient

- Brief study overview
- Opportunity to opt-out of being approached

Clinic Recruitment

- Consent patients during or after visit
- Complete 2 functional assessments



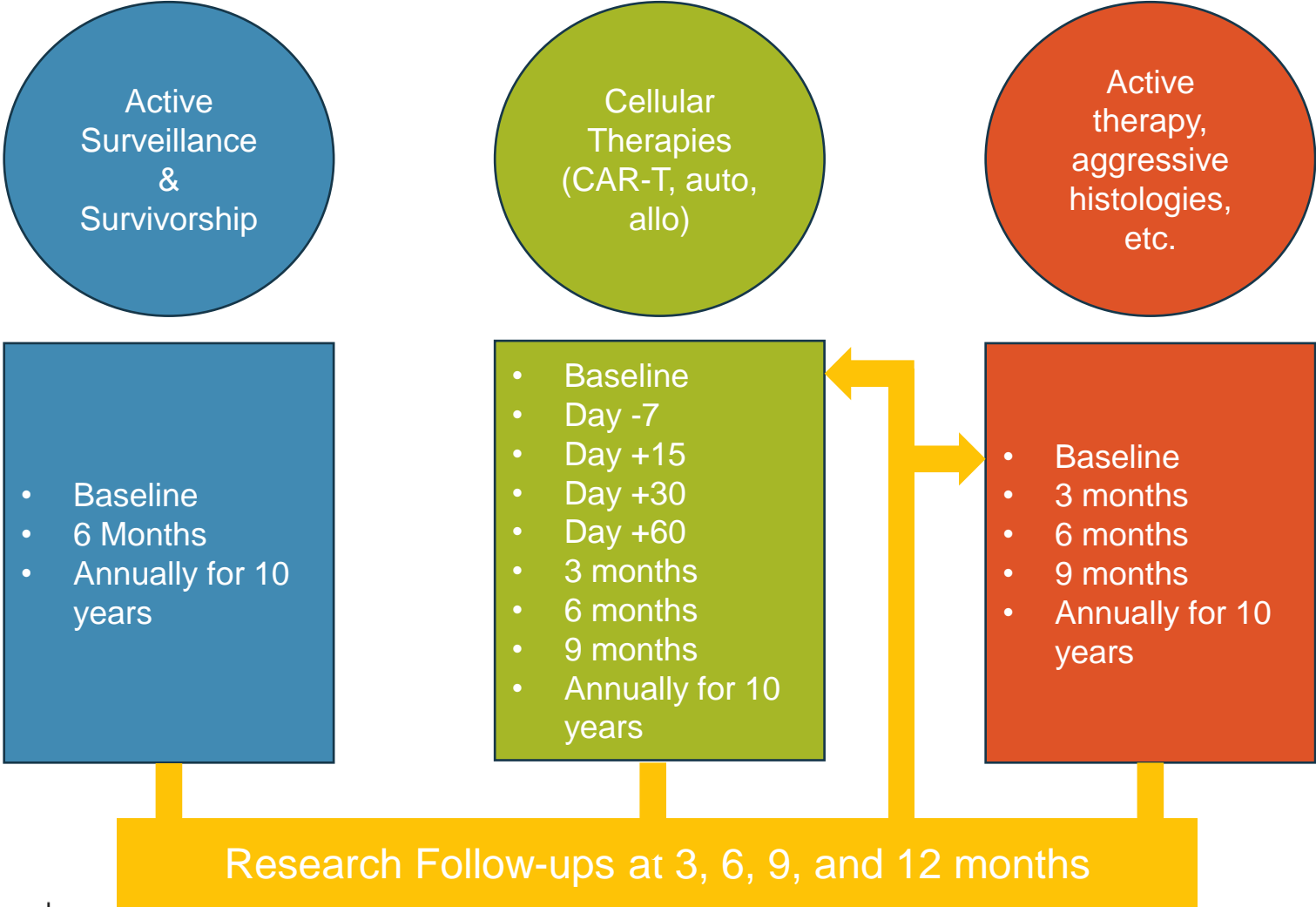
BISON PRO

BLOOD DISORDER SYMPTOMATOLOGY OUTCOMES NETWORK PATIENT REPORTED OUTCOMES

- **Principal Investigator:** Dr. Ajay Major, MD
- This is a longitudinal survey study that aims to collect information about quality of life and financial toxicity in patients with blood cancers, primarily lymphomas.
- Over time, data can be used to advise patients on what to expect from different treatment options in terms of short- and long-term quality of life.
- **PHSR Role: REDCap Programming & Data Management, Participant Screening & Enrollment, EMR Data Abstraction**



NPV with Diagnosis of Lymphoma or CLL/SLL





Colorado Lung Cancer Screening Environmental Scan

One-year grant to evaluate and report comprehensive data illustrating the landscape of Lung Cancer Screening in Colorado.

- Principal Investigators: Dr. Jamie Studts, PhD and Marcelo Perrailon, PhD
- Collaborative effort with Data Science Team at the PHSR and several other subject experts.
- **PHSR Role:** Project Coordination, Leadership of Community Advisory Board, Participant Screening and Recruitment, REDCap Data Management, **Qualitative Data Collection** and Analysis



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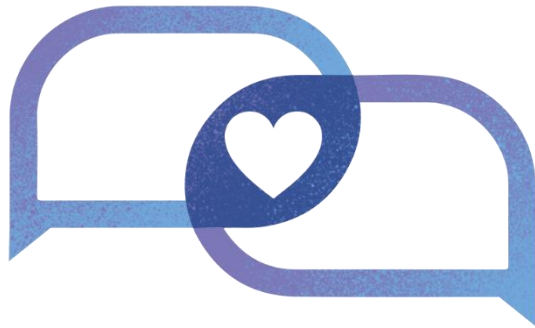
Qualitative Interviews with Hospital Administrators

- Leveraged Community Advisory Board connections to recruit hospital administrators from different institutions around Colorado
- Currently conducting semi-structured interviews to understand:
 - LCS perspectives and attitudes
 - Decision-making around LCS programs
 - Barriers to implementation
 - Desired Resources

Preamble	<ul style="list-style-type: none"> • Thank you for participating and completing the brief survey. • We are interested in your thoughts/experiences regarding lung cancer screening (LCS) from your perspective as a hospital leader. • Our goal is to identify how hospital leaders think about LCS. • Do you have questions before we begin the interview recording?
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- 1) I would like to start with a couple of general questions about your hospital. How would you describe the mission of your hospital/institution/facility/system? (*subsequently use whatever terminology they use*)
- 2) How would you describe the **service area/catchment** area that your hospital serves?
 - a. How would you characterize the geographic area that your patients typically come to you from? (Urban/rural/frontier, Agriculture/mining/etc.)
 - b. How would you describe the general demographic characteristics of your catchment area population? (race/ethnicity/gender/SES/tobacco history/age)
- 3) From the perspective of a hospital leader, what are your general thoughts about lung cancer screening?
 - a. Overall importance?
- 4) How does lung cancer screening fit/not fit into the mission of your hospital? How much of a priority is lung cancer screening for your hospital? How much of a priority is lung cancer screening for your community?
 - a. LCS availability in region? Competition? LCS not necessary?
- 5) ***IF LCS***...You have already developed a lung cancer screening program, what are the opportunities for lung cancer screening at your hospital? What about the catchment area opportunities?

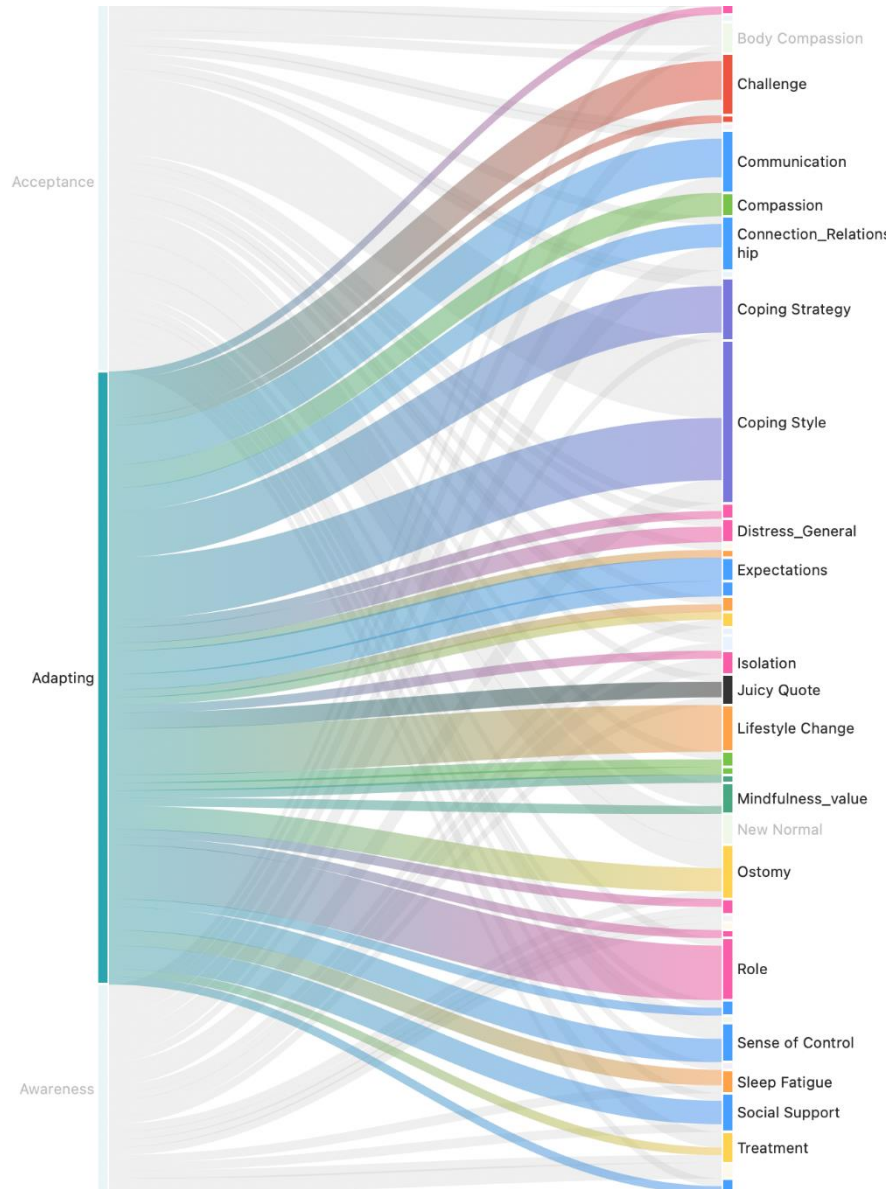
IF NO LCS... You have not yet developed a lung cancer screening program, what are the opportunities for lung cancer screening at your hospital? What about the catchment area opportunities?
- 6) What factors influenced your (hospital's) decision about launching (or not) a lung cancer screening program?
- 7) What do you see as the issues or challenges for implementing lung cancer screening at your hospital? How about reaching the community of individuals who are eligible?
- 8) What resources would be helpful to launch or enhance lung cancer screening at your hospital?
 - a. Financial resources?
 - b. Technical/Operational resources/guides?
 - c. Educational resources?
 - d. Data resources – Incidence/Mortality Rates in catchment areas?
 - e. Outreach resources?
 - f. Other resources?
- 9) What other thoughts do you have about lung cancer screening that I have not asked you about? Is there anything else you would like to add or ask regarding LCS before we stop the interview and recording?



PACT
PARTNERS COPING WITH
COLORECTAL CANCER TOGETHER

PaCT Study

- **Principal Investigator:** Dr. Lauren Zimmaro, PhD
- Phase I of this project consists of interviews with clinicians and couples to inform the development of a mindfulness-based intervention for couples coping with metastatic colorectal cancer (mCRC).
- 24 interviews were completed in Phase I
 - 12 clinicians who work with patients with mCRC
 - 12 couples in which one partner was diagnosed with mCRC
- **PHSR Role:** Project Coordination, Participant Screening and Recruitment, REDCap Data Management, **Qualitative Data Analysis**, Intervention Development



Qualitative Data Analysis

- Used the Framework Method (Gale et al. 2013) to code and organize data from 24 transcripts of clinician and couple interviews.
- Preliminary Themes:
 1. **There is a need for intervention to support the mental and emotional wellbeing of patients and partners**
 2. Diagnosis and treatment journey led to more open lines of communication between partners
 3. Friction often arises as normal roles are overridden by caregiver/patient role, post-diagnosis
 4. Changes and challenges regarding intimacy after diagnosis not often discussed in medical setting.
 5. Couples with early onset mCRC (younger) often have very different experience than older couples

What's ahead?

As our core continues to grow, we hope to...

- Collaborate more with groups on campus:
 - Other Shared Resources
 - ACCORDS
 - COE
 - Office of DEIA
- Expand our team
- Engage in more community-based research
- Develop an equipment library
 - iPads
 - Recording Devices
 - Microphones





Why use a shared resource?

- Experienced team members ready to go!
- Existing relationships with other staff, faculty, and clinicians
- Working knowledge of many cancer types and treatments
- Institutional knowledge and pre-established procedures for administrative processes





Cancer Center

NCI-DESIGNATED COMPREHENSIVE
CANCER CENTER

Returning?

AAA
⊕ ⊞

PHSR Service Request Form

Please complete the form below to submit a service request to the [Population Health Shared Resource](#) at the University of Colorado Cancer Center.

Upon completion of the form, a member of our team will reach out to you using the email provided below. If you have any questions, please email elizabeth.molinakuna@cuanschutz.edu.

Basic Information

First Name

*

Last Name

*

Title

Preferred Email

*

Requesting PHSR Project Support

- [REDCap form](#) for project requests.
- Link available at our webpage on the Cancer Center site.
- Required fields are labeled with red asterisk.
- Our team will reach out quickly after form is submitted.



QUESTIONS?

Contact Information:

PHSR Manager:

Elizabeth Molina Kuna, MPH

Elizabeth.molinakuna@cuanschutz.edu

Sr. Behavioral Science Research Associate:

Kaitlyn Hoover, MS

Kaitlyn.hoover@cuanschutz.edu

Behavioral Science Research Associate:

Joshua Pasek, MPHc

Joshua.pasek@cuanschutz.edu



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THANK YOU