



Using a Minority Matrix and Patient Navigation to Improve Accrual to Clinical Trials

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The NCCCP Clinical Trials Subcommittee created an Underserved and Minority Accrual Working Group (UMWG). This group was tasked with:

- Documenting challenges to clinical trial accrual
- Collecting and disseminating accrual strategies developed at NCCCP sites
- Collectively focusing efforts in this area.

Minority Matrix Criteria

After conducting a SWOT (strengths, weaknesses, opportunities, threats) analysis, the UMWG developed an assessment tool, or matrix, to define the minority or underserved populations served by NCCCP sites, and also to collect baseline and ongoing information on each site's attributes. The goal: to develop partnerships among NCCCP sites in order to share challenges, look at best practices, and ultimately increase underserved and minority accrual to clinical trials.

NCCCP developed the matrix and used the tool to collect and document several cancer program attributes across site priority populations including: Caucasian, African American, American Indian/Alaskan Native, Asian, Hispanic, Native Hawaiian/Pacific Islander, Rural, and the Elderly. The attributes studied include:

- Information tracking systems
- Institution infrastructure
- Research infrastructure
- Minority navigator and personnel programs
- Clinical trial education
- Accrual barriers
- Strategies to improve trial accrual
- Internal resources, interpreters, and translation services ("ethnic resources")
- Community partnerships and patient advocates.

Today, NCCCP sites use the matrix to measure improvements in program development and to track and evaluate outcomes.

Key Stakeholder Buy-In

Considerable support from a variety of sources was important to the successful implementation of the Minority Matrix Project—ranging from administrative staff to clinical research staff. Generally, ultimate guidance for the deployment of this project fell to the cancer research managers and their support staff. To establish credibility for the matrix tool and to understand how best to implement the project within existing clinic or hospital processes, the clinical research professional provided a platform to educate the key stakeholders.

Nurse navigators and care coordinators at each NCCCP site were critical to the successful implementation of the project. For example, navigators provided feedback on the matrix tool that helped foster a sense of buy-in and ownership in the project's ultimate outcomes.

Support from community outreach coordinators, or similar positions, was also critical due to their intimate knowledge of disparate populations for regional service areas.

Finally, implementation of the Minority Matrix Project required buy-in and support from physicians and clinical and operational directors at each NCCCP site. For example, leadership had to allocate navigator and/or outreach coordinator time and resources for the project.

The Implementation Experience

Overall, NCCCP sites reported a positive experience with project implementation. Collaboration among NCCCP sites to share experiences and best practices was integral to implementation efforts. In addition, electronic collection of race and ethnicity data helped to identify target populations for this project.

NCCCP sites held multiple meetings between clinical research staff and team members that focused on disparate populations. The goal of these meetings was two-fold: 1) to identify how to best facilitate a cooperative approach to the Minority Matrix Project and 2) to ensure that all aspects of outreach to disparate populations and ultimately the patients' care were integrated into one model.

The project was unique to many NCCCP sites in that it was the first time their programs had implemented a project that specifically addressed barriers to clinical trial accrual for minority or underserved populations. Accordingly, NCCCP sites experienced a "cross-cutting" element to the project as both disparities coordinators and research staff collaborated on the development and implementation of the project.

Implementation barriers included:

- Competing priorities
- Data collection (without a system-wide electronic health record, data collection had to be done manually)
- Allocation of resources to devote to the project
- Scheduling challenges
- Available navigator capacity.

While these barriers were relatively minimal given the scope of the Minority Matrix Project, infrastructure-based elements, such as the presence of electronic health records, helped to better facilitate the process. Overall, NCCCP sites with dedicated clinical or cancer research

staff reported fewer implementation barriers than those sites without such support. As stated previously, NCCCP network collaboration was vital to the project. NCCCP sites were able to:

- Share implementation barriers
- Work together to identify best practice solutions
- Create a forum for follow-up discussion.

As the Minority Matrix Project is an ongoing project, the extent of implementation at NCCCP sites is not yet fully measured. The degree of implementation is relative to the existing support, resources, and tools available at each NCCCP site. Some sites have launched the matrix tool and have begun accrual to their selected trials; other sites are still in the initial stages of implementation.

What Matrix Data Revealed

Using the matrix tool, NCCCP identified the following barriers to improving clinical trial accrual:

- Lack of physician engagement in the clinical trial process
- Mistrust of the healthcare system and the clinical trial process in underserved communities
- Lack of inclusion of certain rural populations and underserved groups who historically received care elsewhere
- Inadequate research and navigation staff to support the special needs of the underserved.

Minority Matrix data showed that patient navigators—because of the patient trust engendered through the navigators' facilitation of many aspects of patient care—could enhance patient education and accrual to clinical trials. NCCCP sites also found that navigators and research nurses had a positive effect on physician referral to clinical trials. How? Navigators are able to introduce cancer services to patients in the early phases of cancer diagnosis and treatment decision making, thus making it possible for patients to become educated about clinical trials at an earlier stage and ultimately become more open to clinical trials participation, even in the underserved populations.

The matrix allowed NCCCP sites with similar populations to network with each other to identify common barriers and develop tools to overcome common challenges.

Using the Matrix

NCCCP sites offer these recommendations for community cancer centers that want to use a matrix tool.

1. Plan at least one year from concept to complete implementation.
2. Identify resources required *prior to* starting the project.
3. Develop standardized definitions.
4. Understand the patient population(s).
5. Start small and expand. Pick one outreach site. Refine processes, then add other sites.
6. Dedicate appropriate resources, including administrative support.
7. Include all cancer center annual program reports, demographic data, and cancer statistical data about the populations served to establish good baseline information for the matrix.
8. Identify a staff person to maintain data and update frequently.
9. Update the matrix using a different color font in order

- to recognize changes in the evolving document.
10. Establish a process to track all activities.

Other Tools

In addition to the matrix, the UMWG developed two other tools: 1) a webinar series on cultural awareness and clinical trial education for patient navigators and research staff and 2) a patient navigation project.

Webinar. The webinar series was designed to improve understanding of culture related to healthcare beliefs that may impact provider interactions and clinical trial accrual. The series used lectures, interactive case studies, and an expert panel—including a trial patient—to discuss accrual strategies. Populations covered included Hispanics, African Americans, and Native Americans.

Patient navigation project. Matrix data revealed that patient navigators could improve clinical trial accrual of underserved populations. The patient navigation project was designed to help navigators: 1) educate patients about clinical trials, 2) advocate for clinical trial inclusion in treatment discussions, and 3) serve as liaisons between the patients and the research team.

Today, NCCCP sites tailor the project to their unique infrastructures and track the navigator and research staff activity for specific target populations and trials. The goal is to see improvement in the targeted underserved population in clinical trials education, patient advocacy, and streamline navigation and research processes.

Twelve of the 16 NCCCP sites are participating in the patient navigation project and tracking education, screening, and enrollment data. The UMWG continues to meet monthly with a primary focus to discuss real-time project issues; challenges, best practices, and project development ideas are shared.

The Minority Matrix will continue to be updated in tandem with the patient navigation project and hopefully continue to show opportunities for future NCCCP projects. 📍

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