## Appendix 2. Interview Guide for Case Studies

# The Patient-Centered Outcomes Research Oversight Study (PCOROS)

# Case Study: Interview Guide for Investigators and/or Project managers

Thank you for your time in talking with us today. As we discussed before, this interview is part of a larger project in which we, with our colleagues, are researching: what unique ethical and human subjects oversight issues arise in patient centered outcomes research and comparative effectiveness research (PCOR/CER), if any; what support IRBs may need to resolve those issues; and what guidance PCOR/CER investigators and patient advisors need to design and conduct their projects in an ethically responsible manner.

A few mechanics before we begin.
You were previously emailed an informed consent document. Have you had a chance to review it? Do you have any questions? Is it okay with you if I tape our interview and take some notes? Your responses will be kept confidential. For any publications or other reports of our findings, your information will be kept anonymous. If you prefer not to answer a question, you do not need to. I have an informed consent form if you would like to review once again.

*(If required summarize as follows):*

- *This protocol was approved and determined to be exempt by the IRB at Partners HealthCare*
- *Your responses will be reported only in summary form*
- *All data will be kept confidential*
- *I want to be sure that you understand that being part of this group is voluntary and you may leave at any time you wish.*
- *Please do not share anything during the group that is involved in a legal case.*
- *You can choose not to answer a question.*
- *This session is being videotape recorded so that we remember everything you say. However, your comments are confidential and will be used for research purposes only. Our discussion will be kept securely with the research team.*
- *Finally, if you do not have any question or concern now, your participation implies your informed consent to participate in this focus group*

Do you agree with it? (Proceed only if the participant indicates yes).

Thank you!

## 1. Please tell us about yourself and your research focus.

1.1. Where do you currently work?
1.2. What is your position?
1.3. What is your research focused on/what research projects do you manage?

## 2. How do you define "patient centered outcomes research"?

2.1. How did you reach that definition?
2.2. How would you characterize the relationship between PCOR and CER?
  2.2.1. Patient-centered CER
2.3. What types of research fall within this heading?

2.3.1.Pragmatic clinical trials
2.3.2.Cluster randomized trials
2.3.3.Learning healthcare systems

Probe

- We know that there are no precise definitions of these terms. For purposes of this discussion,

PCOR refers to "the evaluation of questions and outcomes meaningful and important to patients and caregivers."

CER is defined as "the generation and synthesis of evidence that compares the benefits and harms of alternative methods to prevent, diagnose, treat and monitor a clinical condition or to improve the delivery of care".

We are especially interested in research funded by PCORI, which usually requires patients to be active partners in research and defines itself as funding "patient-centered CER,". And that deliberately involves patients in the research — this may occur at all phases, from the development of research questions to the dissemination of results

## 3. What challenges have you faced in getting IRB approval for your PCOR/CER studies?

3.1. Can you give examples of PCOR/CER projects that you are involved in? How would you classify them (RCT, pragmatic trial, mHealth study, PPRN/CDRN, observational)?
3.2. What stage are you at, in the process of getting IRB approval for your study? Amendments?
3.3. How would you describe your experiences with it?
3.4. What kind of specialized training or preparation do you have, if any?

*A) DO YOU AS AN INVESTIGATORS/PROJECT MANAGERS FOR PCOR/CER STUDIES HAVE PARTICULAR PROBLEMS WITH THE IRB APPLICATION? DIFFERENT FROM OTHER INVESTIGATORS / OTHER TYPES OF STUDIES?*

Probe

- What are the most common pieces of information that you as investigators/managers have failed to supply to the IRB in your protocols, and for which the IRB had to get back to you with questions and need to include sufficient details in order to review the project? Are these different from non-PCOR/CER studies?
- What additional information or clarifications do IRB reviewers usually seek from investigators?

- Acknowledge that it is ok to say there is nothing unique

### B) *DO YOU HAVE PATIENTS IN YOUR RESEARCH? WHAT ARE THE DIFFERENT ROLES THAT PATIENTS PLAY IN YOUR RESEARCH?*

Probe

- as advisors
- as investigators
  - Might help design the research questions; design (or administer) the consent document, recruit people to participate in studies (or facilitate access to data that the investigator would not otherwise have access to); disseminate research results.
- as reporters of patient reported outcomes
- as users of digital technology
- as participants in studies seeking to empower (enhance) their involvement in care

### C) *WHAT ARE THE CHALLENGES YOU FACE AS A RESULT OF HAVING PATIENTS IN YOUR STUDY, IN GETTING IRB APPROVAL?*

Probe

- Acknowledge that it is ok to say there is nothing unique

- Patients in dual roles, both as a member of the research team and as a subject?
- Does your study or any other study that you know of, has patients in a role other than as a subject, and is not PCORI funded?
- In your experience, has your IRB given you a tough time to get approval for patients as research team member in your study? For subject in your study?
- What additional information/documents has the IRB demanded from you in regards to involving patients in your research in a role other than subject?
- What issues do you face in getting IRB approval if patients are involved in dual/multiple roles in your study?
  - Consent
  - CITI certification
  - Data sharing
  - Drawing lines and defining their roles. When does a patient switch from becoming a subject to an advisor to a researcher?
  - Lack of knowledge as a researcher among patients; poor understanding of research methods among patients
  - Users of digital devices- mHealth
  - Cluster randomized trials

- Pragmatic trials

*D) PLEASE TELL US ABOUT OTHER CHALLENGES THAT YOU HAVE FACED IN GETTING IRB APPROVAL FOR YOUR PCOR/CER STUDIES.*

Probe

- Consent procedures for cluster randomized trials (vs pragmatic trials)

  Modifying or waiving the consent?

- Tightly compressed timelines?

  Impact on quality of IRB application?

- Multi-site study– coordinating IRBs at different institutions?
- Big data: Enlarged scale/scope of research
- Digital health technology/ mHealth including social media, mobile technology, patient-facing apps (communication between patients and providers), wearables.
- When are communications between patients and their doctors part of research?
- non-traditional partners e.g., patient who develops software, cause challenges?
- Confidentiality (e.g., in use of health apps)
- Expertise in PCOR methods – we have heard anecdotally that some researchers engaged in PCOR lack expertise in some of the methods, e.g., qualitative research or mHealth. And this presents problems as their IRB considers inadequacy of investigators in conducting research as an ethical violation for subjects who will participate in their projects. Comment? Any different than other types of research or funder, e.g., NIH or NSF or foundations?
- Large scale recruitment, e.g., has anyone done PPRNs? CDRNs?

## 4. How were [the challenges you just identified] addressed?

4.1. Who, if anyone, did you talk with?
4.2. What resources were available to you?
4.3. How satisfied were you with the resolution?
4.4. Were there resources you needed that you did not have access to?

## 5. Guidelines for the Investigators submitting PCOR/CER protocols for review to the IRB

*A) ARE THERE ANY EXISTING WRITTEN POLICIES AT YOUR INSTITUTION TO GUIDE INVESTIGATORS CONDUCTING PCOR/CER? ARE THEY REQUIRED?*

Probe

- If yes, what are they?
- Sufficient and completely address the spectrum of challenges that these studies pose?
- Were you trained by your institution/IRB to conduct these studies best ethical manner?

B) *WHAT TYPE OF GUIDELINES DO YOU THINK WILL BE HELPFUL IN PREPARING PROTOCOLS FOR IRB APPROVAL? CONTENT? SPECIFIC TOPICS?*

C) *WHAT GUIDELINES/TRAINING DO YOU THINK IRB REVIEWERS NEED IN ORDER TO REVIEW THESE STUDIES? TO REVIEW PCORI FUNDED STUDIES?*

Probe

- Are the questions posed by IRB reviewers clear enough for you to understand?
- Have there been instances, when questions sounded irrelevant?

Other Probes

- what guidance do you use?
- educational activities?
- Which area/topic do you think needs to be covered in more detail in such guidelines? Which area/topic has been left out but you think is important?
- Based on your experience, which area/topic in ethical conduct of research, is unimportant or is being given undue importance?
- What additional support do you need to be able to ensure ethical compliance of PCOR/CER research?
- What more information/guidelines should be given to the IRB reviewers reviewing such studies?

## 6. Before we wrap up, are there any questions I should ask you that I have not, or is there anything you would like to talk about?

Thank you so much for talking with us today.

# The Patient-Centered Outcomes Research Oversight Study (PCOROS)

# Case Study: Interview Guide for IRB chairs/members/other staff

Thank you for your time in talking with us today. As we discussed before, this interview is part of a larger project in which we, with our colleagues, are researching: what unique ethical and human subjects oversight issues arise in patient centered outcomes research and comparative effectiveness research (PCOR/CER), if any; what support IRBs may need to resolve those issues; and what guidance PCOR/CER investigators and patient advisors need to design and conduct their projects in an ethically responsible manner.

A few mechanics before we begin.
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- *Finally, if you do not have any question or concern now, your participation implies your informed consent to participate in this focus group*

Do you agree with it? (Proceed only if the participant indicates yes).

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## 1. Please tell us about yourself.

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Probes

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We are especially interested in research funded by PCORI, which usually requires patients to be active partners in research and defines itself as funding "patient-centered CER,"[1]. And that deliberately involves patients in the research — this may occur at all phases, from the development of research questions to the dissemination of results

## 3. How has your work/position brought you into contact with PCOR/CER?

3.1. What kind of projects have you reviewed?
3.2. Can you give examples of a few such projects?
3.3. How would you describe your experiences with reviewing them?
3.4. What kind of specialized training or preparation do you have, if any?

## 4. Now, we would like to talk about <u>practical</u> challenges you may have encountered while reviewing PCOR/CER. What practical challenges did you perceive (directly or indirectly)?

4.1. Can you offer specific examples?
  4.1.1.Quick review times
  4.1.2.Patients-as-investigators
  4.1.3.Inexperienced investigators
  4.1.4.E-health and mobile health applications
  4.1.5.Enlarged scale/scope of research
  4.1.6.Questions about when to waive informed consent
  4.1.7.Confidentiality (e.g., in use of health apps)
4.2. What practical challenges did you personally face?
4.3. What practical challenges did colleagues face?
4.4. How frequently do you think issues like this arise? Does it differ from other types of research?

[1] Joe Selby, interview

Probe

- Acknowledge that it is ok to say there is nothing unique
- At your institutions do the investigators for PCOR/CER studies have particular problems with the IRB application? Different from other investigators / other types of studies?
    - What are the most common pieces of information that investigators fail to supply to the IRB in their protocols, for the IRB to have sufficient details in order to review the project? What are the most common questions that the IRB has to send to the investigators after an initial review of a submitted protocol?
    - What additional information or clarifications do IRB reviewers usually seek from investigators?
- Tightly compressed timelines?

  Pressure to expedite review process? Impact on quality of IRB application?
- Multi-site IRBs – variability?

How has your institution navigated having research conducted at multiple sites? How do you reconcile institutional policies when they differ, e.g., re: what constitutes minimal risk, what kind of ancillary review(s) is required?

- Big data
- Digital health technology/ mHealth including social media, mobile technology, patient-facing apps (communication between patients and providers), wearable.
- When are communications between patients and their doctors part of research?
- non-traditional partner that might cause challenges for the researcher, e.g., patient who develops software
- Investigator expertise in PCOR methods – we have heard anecdotally that some researchers engaged in PCOR lack expertise in some of the methods, e.g., qualitative research or mHealth. And this presents problems for IRB scientific review. Comment? Any different than other types of research or funder, e.g., NIH or NSF or foundations?
- Large scale recruitment, e.g., has anyone done PPRNs?

## 5. Now, I would like to talk about ethical challenges you may have encountered while reviewing PCOR/CER. What ethical challenges did you perceive (directly or indirectly)?

5.1. Can you offer specific examples?
5.2. What ethical challenges did you personally face?
5.3. What ethical challenges did colleagues face?
5.4. How frequently do you think issues like this arise?

Probe

- Acknowledge that it is ok to say there is nothing unique

- What do you think are unique features of such studies compared to other types of research from the perspective of ethical challenges? What is NOT unique about them?
- Do they deserve a special attention as far as ethical issues are concerned?

## 6. Now, I would like to talk about <u>regulatory/oversight</u> challenges you may have encountered while involved in PCOR/CER. What ethical challenges did you perceive (directly or indirectly)?

6.1. Can you offer specific examples?
6.2. What regulatory/oversight challenges did you personally face?
6.3. What regulatory/oversight challenges did colleagues face?
6.4. How frequently do you think issues like this arise?

<u>Probe</u>

- Acknowledge that it is ok to say there is nothing unique
- What do you think are unique features of such studies compared to other types of research from the perspective of IRB oversight? What is NOT unique about them?
- Do they deserve a special attention as far as IRB oversight is concerned?
- What are the different roles that patients play in research these days? How that affects oversight of PCOR/CER?

  <u>Probe</u>

  - as advisors
  - as investigators
    - Might help design the research questions; design (or administer) the consent document, recruit people to participate in studies (or facilitate access to data that the investigator would not otherwise have access to); disseminate research results.
  - as reporters of patient reported outcomes
  - as users of digital technology
  - as participants in studies seeking to empower (enhance) their involvement in care
  - does the content of what you ask them to do affect their roles?
- When does a patient switch from becoming a subject to an advisor to a researcher?
- If consent is waived or modified, what are the alternatives? Do you require notice? What constitutes sufficient notice? Does it depend on the intervention (e.g., soap)?

## 7. How were [the challenges you just identified] addressed?

7.1. Who, if anyone, did you talk with?

7.2. What resources were available to you?
7.3. How satisfied were you with the resolution?
7.4. Were there resources you needed that you did not have access to?

## 8. What, if any, of the ethical issues we've discussed do you think are unique to PCORI?

8.1. What makes you think that they are unique?
8.2. Why don't these issues arise in other types of research?
8.3. If they are not unique, do you think that they arise with greater frequency than in other areas of research? Why?

## 9. Are there any policies, resources, or practices that you think would help [IRB members/administrators/investigators/patient advisors] address ethical challenges in PCOR/CER?

9.1. How would these resources help?
9.2. What advice would you give to a friend or colleague who was engaging in PCOR/CER?

Probes

- Which area/topic do you think needs to be covered in more detail in such guidelines? Which area/topic has been left out but you think is important?
- Based on your experience, which area/topic in overseeing these research, is unimportant or is being given undue importance?
- What additional support do the IRBs need to be able to ensure ethical compliance of PCOR/CER research?
- What more information/guidelines should be given to the investigators conducting such studies?
- What Specific information should they provide in their protocols?

## 10. Before we wrap up, are there any questions I should ask you that I have not, or is there anything you would like to talk about?

Thank you so much for talking with us today.