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## **Development of a Research Alliance in Cancer Care**

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## Development of a Research Alliance in Cancer Care

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In 1995, the Kimmel Cancer Center (KCC) of Thomas Jefferson University in collaboration with U.S. Healthcare®, Inc. an IPA-type HMO, formed the Health Practices Research (HPR) Program, a research alliance intended to foster studies in cancer prevention and control. Here, we highlight three phases in the development of the alliance (i.e., pre-alliance, agreement, and implementation) and discuss implications of research alliance formation.

### **The Pre-Alliance Phase**

The idea for developing a research alliance was initially conceived by the director of behavioral epidemiology at the KCC and a senior medical director at the HMO. The concept emerged from a collaborative effort that involved these two individuals in projects aimed at improving colorectal cancer care for HMO members.

The collaborative work on colorectal cancer care was made possible by a series of grants from the National Cancer Institute. Frequent study planning and reporting sessions provided many opportunities for discussion of the potential impact that the research could have on the quality of care provided to HMO members.

On the basis of these discussions, the KCC director of behavioral epidemiology and the HMO senior medical director decided to find out if this potential could be realized not only in relation to colorectal cancer but also for all cancer care provided to HMO members. Their first steps in this process involved engaging decision-makers within the HMO and the KCC in the process of defining the goals and objectives of a joint program aimed at enhancing the quality of cancer care and the development of a formal agreement to support this relationship. This process led to the definition of the contractual conditions that define in broad terms the scope of activities supported by the research alliance.

### **The Agreement Phase**

In this phase of alliance development, consensus was achieved concerning HPR Program goals and how program objectives were to be accomplished. More specifically, the scope of the program was defined, procedures that guide work were established, resources for operating the program were allocated, and the legal basis of the relationship was established.

HPR Program goals have been defined in terms of cancer prevention and control research done in the context of the HMO. The program is intended to: (1) assess the impact of existing cancer care activities on the health of HMO members; (2) develop new cancer-related research and program initiatives that can contribute to the quality of cancer care delivered to HMO members; (3) evaluate the cost effectiveness of cancer care program initiatives; (4) disseminate research and evaluation findings to the national and international health care community; and (5) generate external funding support for research studies.

Resource centers have been established at the KCC and the HMO to support the HPR Program. The KCC resource center is staffed by a program director, project manager,

systems analyst, secretary, and research assistant. Computing resources are made available by the KCC and data analysis support for the program is provided by a biostatistics facility located at Thomas Jefferson University. Further, the KCC resource center provides access to scientific researchers and other health care professionals at the University. The HMO resource center is a unit dedicated to the support of research and development of methods for assessing the quality and outcomes of the HMO medical delivery system. This center is headed by an HMO corporate medical director and is staffed with clinicians and doctoral level health services researchers, systems and data analysts, and clerical staff. Leadership staff of the KCC and HMO resource centers have conference calls on a weekly basis to manage the data and resource requirements of defined HPR program projects.

An advisory committee guides the program. Members of the committee include the KCC Clinical Director, Head of Behavioral Epidemiology, the TJU Director of Health Policy and Outcomes Research, a senior HMO medical director, an HMO corporate medical director, and an HMO health services researcher. The committee provides overall guidance for the HPR Program and evaluates program goal achievement. In addition, the committee reviews new research protocols at the quarterly meetings of the advisory committee.

### **The Implementation Phase**

Formal implementation of the HPR Program began in January 1995. The program leaders are responsible for encouraging scientific investigators at the JCC and the HMO to develop and submit research applications to the HPR advisory committee for review. In addition, the program leaders facilitate project-related contacts, communications, and access to data that are needed to develop and carry out a research project. They also allocate KCC and HMO resources to the tasks required to carry out approved projects. An HPR Program-sponsored project related to colorectal cancer care illustrates how research can be conducted in the context of the HPR Program.

### **Conclusions**

Rapidly developing technology in the area of disease early detection and treatment presents unprecedented opportunities. However, the processes of developing new disease prevention and control modalities and translating proven ones into readily available health care services requires the conduct of population-based studies. This challenge has placed a premium on access to large populations, for it is in this context that it can be determined whether interventions are effective and cost-efficient. The emergence of managed care as a major source of health care is a phenomenon which requires that we re-think how new interorganizational relationships can facilitate the development of health care research, delivery of improved and cost-effective care, and, ultimately, achievement of substantial reductions in disease morbidity and mortality.

### **About the Author**

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