

**REACHnet Prospective Research Request Form**

*Use this form to request collaboration with REACHnet on prospective research projects. Completed forms are provided to health system partners to determine interest in the project and inform decisions to participate. This form may also be reviewed by REACHnet’s patient partners who may provide feedback on the request. REACHnet’s* [*Research Participation Policy*](https://reachnet.org/resources/policies/) *documents the request process. If your request is approved, REACHnet will provide a proposal for the network’s services. IRB approval and data sharing agreement(s), if applicable, will be required to conduct research with REACHnet.*

*At REACHnet, we feel that diversity is something to be celebrated. Diversity strengthens research by allowing us to examine the impacts of diseases and effectiveness of treatments on all people, including populations that are often underrepresented in health research. We strive to include research participants and patient and community members from diverse backgrounds in our studies. We also welcome partnerships with researchers and organizations that demonstrate a commitment to health equity through their work.*

**RESEARCH TEAM**

|  |
| --- |
| Name of Study PI: |
| Preferred pronouns:  he/him  she/her  they/them  Self-describe: |
| Institution/Organization: |
| Email:       Phone: |
| Racial and ethnic identity (select all that apply): |
| Name of Study Co-PI (if applicable): |
| Preferred pronouns:  he/him  she/her  they/them  Self-describe: |
| Institution/Organization: |
| Email:       Phone: |
|  |
| Point of Contact (if different from above) |
| Name: |
| Preferred pronouns:  he/him  she/her  they/them  Self-describe: |
| Role on project: |
| Email:       Phone: |

**TITLE AND DESCRIPTION**

|  |
| --- |
| 1.) Title of proposed study: |
| 2.) Describe the proposed project. (≤250 words) |
| 3.) List the research objectives and/or specific aims of the study. |
| 4.) Will the proposed research consider demographic characteristics of the patient population to analyze differences in health outcomes, healthcare utilization, or some other metric?  Yes  No  If so, please list your specific research questions as they relate to demographic differences. |
| 5.) What type of research will be conducted in the proposed study? Choose from the list below; you may select multiple options:  Prospective observational research using de-identified or limited data (without subject contact)  Collection of patient-reported data (without intervention)  Interventional trial  Other (please describe): |

**PROJECT FUNDING**

|  |
| --- |
| 6.) Select one:  I have funding for this project   1. Name of funder or sponsor (required): 2. Funding Amount: 3. Duration:   I am seeking funding for this project   1. Potential funder/sponsor and title of funding announcement: 2. Link to funding announcement (if available): 3. Application due date(s): Letter of Intent:       Full proposal: 4. If you are requesting a letter of support from REACHnet, provide the date the letter is needed (minimum of 2 weeks required): |

**SCOPE AND TIMELINE**

|  |
| --- |
| 7.) Areas you are seeking collaboration from participating study sites (select all that apply):  Query EHR data  New data collection  Site investigator expertise  Participant/patient recruitment/enrollment  Delivery of intervention  Participant/patient engagement  Clinician or clinical unit engagement  Other (please describe): |
| 8.) Timeline for the proposed project: include expected start date, participant recruitment/enrollment (if applicable), target dates for manuscript/conference submissions or other key dissemination activites, and project completion date (required). |

**STUDY POPULATION**

|  |
| --- |
| 9.) Describe the study’s target population and planned subgroup analyses. Indicate whether this will include adults, minors, or both. |
| 10.) List all inclusion and exclusion criteria, including clinical and demographic characteristics. |
| 11.) List all exclusion criteria, including clinical and demographic characteristics. |
| 12.) Desired sample size for this project: |

**PATIENT AND COMMUNITY ENGAGEMENT (REQUIRED)**

*REACHnet is a partnership that values community engagement and connects patients, researchers, and healthcare providers to facilitate people-centered research. Please review the REACHnet* [*Engagement Policy*](https://reachnet.org/resources/policies/)*.*

|  |
| --- |
| 13.) Describe the types of patients, healthcare providers, and/or other community members that will be engaged in the research process. |
| 14.) Indicate the ways you will involve **patients** in the project:  Formulating research questions  Including patients in regular meetings or conference calls as advisors to the research team  Defining essential characteristics of study participants, comparators, and outcomes  Informing conduct of the study (e.g., recruitment approaches and materials)  Informing analysis plan  Interpretation of results  Informing mechanisms for disseminating research results, particularly to patients and the lay community  Contributing to abstracts and manuscripts with the option of co-authorship  Other: |
| 15.) Health systems that participate in a research project may elect to have a site investigator represent their health system on the study team. Indicate the ways you will involve **health system site investigators** in the project:  Formulating research questions  Including site investigators in regular meetings or conference calls  Defining essential characteristics of study participants, comparators, and outcomes  Recruiting participants and/or delivering the intervention  Informing analysis plan  Interpretation of results  Informing mechanisms for disseminating research results  Contributing to abstracts and manuscripts with the option of co-authorship  Other: |
| 16.) If applicable, describe how patients, healthcare providers, and/or other community members have been involved in project development up to this point. |
| 17. ) Please describe how you plan to incorporate in your research the perspectives of those that share similar characteristics with the study population. |

**DISSEMINATION**

*All studies are required to follow REACHnet’s* [*Dissemination Policy*](https://reachnet.org/resources/policies/)*. REACHnet may disseminate study results to patients, providers, and other stakeholders through the network’s dissemination mechanisms.*

|  |
| --- |
| 18.) Describe your plans for disseminating results from this research project, including specific target audiences and how you plan to reach them. Include how patients and site investigators may be involved in dissemination activities. |

**REACHNET RESOURCES AND SERVICES**

|  |  |  |
| --- | --- | --- |
| 19.) Select the REACHnet resources and services that you are interested in leveraging for your project.  To learn more about these services, please visit our website ([www.reachnet.org](http://www.reachnet.org)).  *Note: Services will require appropriate approvals and budget allotments.* | Yes, I am interested in discussing this service with the REACHnet Coordinating Center | No, I am not interested in this service. |
| **Study Partners**   1. Assistance identifying REACHnet partners to serve as recruitment/performance sites for your study. *(If no, skip to C.)*   If yes, which REACHnet partner health systems would you like to engage for this study? Select all that apply:  *Note: Health systems may approve or decline participation.*  Ochsner Health  Ochsner LSU Health Shreveport  LCMC Health  Tulane Medical Center  Baylor Scott & White Health  DHR Health  University of California San Francisco  Sutter Health    REACHnet also has relationships with several New Orleans area Federally Qualified Health Centers (FQHCs) through PelEX Health Information Exchange. Please indicate if you would like to explore partnership with PelEX.  I am interested in connection with PelEX to explore partnership.   1. Assistance developing partnerships with other PCORnet® Clinical Research Networks (CRNs) for participation in your study. *[Note: More information can be found on the PCORnet® website. (*[*https://pcornet.org/clinical-research-network/*](https://pcornet.org/clinical-research-network/)*)]* 2. Assistance engaging with payers to request participation in the study. *(If no, skip to next section)*   REACHnet has existing relationships with several payer organizations and the ability to link clinical data with claims. If you would like to request collaboration with payers, select one or more of the partners below:  *Note: Payor organizations may approve or decline the data request.*  Blue Cross Blue Shield of Louisiana  Humana  CVS Health  Provide a brief rationale for your study’s collaboration with payers (e.g., desired claims data and other study activities involving health plans): | Yes  Yes  Yes | No  No  No |
| **Engagement Services**   1. Are you interested in accessing REACHnet engagement services during the development of your proposal or execution of your study?   If yes, please indicate which services are of interest:  Assistance with planning, writing, and/or revising my Engagement Plan.  Consultation on how to engage my existing community groups and/or patient partners more effectively.  Assistance convening a one-time meeting of patients or community members to inform my project (e.g., focus group).  Including patients and/or community members in my project as an advisory group to inform research activities throughout the study.  Assistance identifying and engaging individuals to participate as advisors, patient partners, and/or members of the research team  Other (please specify): | Yes | No |
| **Study Data Needs**   1. Prep-to-research query of REACHnet’s patient population.   *The purpose of a prep-to-research query is to provide sample size counts to inform feasibility of conducting a study with REACHnet partner health systems.*   1. Acquisition of clinical data from REACHnet’s Common Data Model (CDM) Warehouse   *REACHnet data are conformed to the PCORnet® Common Data Model (CDM). Review the most recent version of the PCORnet® CDM Specifications on the PCORnet® website* [*here*](https://pcornet.org/pcornet-common-data-model/)*.*  Indicate the level of CDM data that you are requesting:  PHI with consent/HIPAA authorization  Limited Data Set data (individual-level data reflecting dates such as admission, discharge, service, DOB, date of death; city, state, zip code; ages in years, months, days, or hours OR aggregate data reflecting counts at the zip code level)  De-identified individual-level data  De-identified aggregate data   1. Acquisition of data elements outside of the CDM (*Note: see CDM specifications linked under f)*   If your study requires clinical data elements that are not included in the CDM, REACHnet may be able to facilitate the acquisition of these data from partner health systems. If you are interested in this assistance, please describe the data element(s), indicating whether they are structured or unstructured in EHRs.     1. Collection of patient-reported data | Yes  Yes  Yes  Yes | No  No  No  No |

**ACKNOWLEDGEMENT**

*All researchers requesting REACHnet data services are expected to review and comply with* [*REACHnet policies*](https://reachnet.org/resources/policies/)*.*

|  |
| --- |
| I have read and understand the REACHnet Research Participation Policy.  I have read and understand the REACHnet Engagement Policy.  I have read and understand the REACHnet Dissemination Policy . |

**REFERRAL**

*(Optional)*

|  |
| --- |
| If this is your first request to REACHnet, please let us know how you found out about us: |