Implementing caBIG® at UAMS, Part I:
A Clinician's Perspective

Moderator:

Welcome to the caBIG® podcast network. Today, we're speaking with Dr. Laura Hutchins, Professor of Medicine and Director, Division of Hematology and Oncology at the University of Arkansas for Medical Sciences. Thanks for joining us today, Dr. Hutchins.

Dr. Hutchins:

Well, you're certainly welcome.

Moderator:

Could you tell us about your background and your work at UAMS?

Dr. Hutchins:

I am the Director of the Division of Hematology/Oncology, and I also have an administrative role in our cancer institute working in clinical trials primarily, and in that capacity interact with our clinical trial support center. I have, over the time that the cancer institute has been open [since 1989], been involved also in some of the clinical informatics initiative and have recently become involved in some of the research informatics initiatives.

Moderator:

Let's rewind prior to the time the Cancer Center began implementing caBIG® tools. What were your most pressing information-related challenges as a clinician?

Dr. Hutchins:

Our Cancer Center is evolving and developing. We began with really no support for doing clinical research, mostly using paper and pencil, and as the Cancer Center grew, we had a very big need to develop some sort of support for managing the data. In our division in particular, we began to have investigators writing multi-

center trials that we were going to house the data here, and we really found ourselves without a way to handle that. So that was really our biggest, most urgent need.

Moderator:

From your perspective, what changes needed to be made to better support the research and clinical staff?

Dr. Hutchins:

We were operating in a paper/pencil, every-person-develop-their-own-infrastructure environment, and we were doing that with low budget. So from an administrative perspective, that caused a lot of problems in that we didn't have a good way to have quality control. We had increasing problems, or at least potential for problems, for confidentiality and private health information, mis-uses [and] data being lost. There was no support system for investigators so they evolved into what I frequently refer to, the every-man-for-himself approach, and that really was very costly and left us open for a lot of regulatory problems. So, trying to develop a way to provide basic things like database support and things like that has really been a challenge for a center that doesn't have a core grant from the NCI or doesn't have a lot of external funding for this support system.

Moderator:

As a clinician, why were you interested in caBIG®?

Dr. Hutchins:

I work in clinical research as well as clinical patient care. Those two things are frequently mixed, as you know, in oncology, and there are a lot of pressures on everyone, but on a clinician, we have pressures to see patients [and] do a lot of documentation, and if we're also doing clinical research, the amount of documentation increases exponentially. And I don't have extra time, I don't have extra support people, so the ability to work in the clinic and have my efforts directly translate into research data is golden. If there's a way to do that, that's what I'm striving for. So, anywhere along the line where you go from clinical data, which is very dirty, through the cleaning process—an example of that would be using case report forms, for example, so that data is standardized, and then having a place to store it in a database—any way that those things can be improved in quality or in efficiency, is really important to me.

Moderator:

Can you describe the core team that's been driving adoption of caBIG® tools at UAMS?

Dr. Hutchins:

The core team that we have is really fairly small, it consists of the IT people who are configuring the applications for our environment and doing what enhancements they can do. The core team for IT consists of primarily three main leaders, and then they've had various other people working with them and I don't really know exactly how many other people they've had on the team, but the three main people have been heavily involved. And then the data management office has been primarily three people working there and myself. We are at the point where we're describing the applications to the rest of the campus, and there is increasing enthusiasm for using the caBIG® tools in clinical research endeavors other than in cancer. We have a psychiatric research institute, for example, and they are very interested in coming online to use this as well.

Moderator:

It sounds like your team, even though fairly small, is multi-disciplinary; there are people with different backgrounds. Is this important?

Dr. Hutchins:

Having multiple backgrounds and everyone at the table, I think, is very important. It's difficult to implement any sort of change. As most people know, most of us prefer to stay in our familiar environment, and it varies from groups of people who are very hesitant to change no matter what, to people who are anxious to change but have unrealistic expectations and then can become unhappy when whatever we're changing to doesn't magically solve all their problems. So, it is a process. It's important to keep articulating the long-term vision and to have people be able to productively point out where the roadblocks are so that those can be addressed and I think we're making good momentum on that at the current time, but it's not a smooth process. So there are a lot of starts and halts and restarts, before you get to the end.

Moderator:

Obviously, as a clinical researcher and a clinician, this is a very important initiative to you. Are other clinicians interested in this and if so, why do you think that is? Why is it important to have clinical team members really engaged in this from the beginning?

Dr. Hutchins:

For clinical research, the beginning point of the data that is going to be used to generate the new knowledge begins in the clinic, and so if the clinicians do not understand the entire path of the data, and if the people who are managing the data don't understand where it begins and what the obstacles are, you just don't have an efficient way of proceeding, or at least not as efficient. So having transparency from beginning to end is ideal.

Moderator:

Can you describe how caBIG® is benefiting the Cancer Center at UAMS?

Dr. Hutchins:

caBIG® is benefiting the Cancer Center in that we're able to provide a more centralized support for clinical research. To be honest about it, we are still in the process of rolling out the entire suite of applications that the IT people have coordinated, and so I don't want to portray that we have absolutely everything up and running, because that would not be honest, but we have the majority of the applications connected and we're in the process of loading all of our trials.

Moderator:

Looking forward, how do you think caBIG® is going to benefit patients?

Dr. Hutchins:

I think caBIG®'s going to benefit patients by facilitating clinical research, for one. I think that that's the way we move forward with new knowledge for prevention and treatment of all diseases, so it's going to help in that regard. My own personal opinion is it's also potentially possible that the tools that we use for clinical research could also help us provide better standard care by presenting information that clinicians could use to treat patients no matter what they're doing, whether on a clinical trial or not, to guide them in implementing guidelines, for example, and that type of thing.

Moderator:

Thank you for joining us today, Dr. Hutchins. This has been very enlightening to our audience. I encourage everyone to check back regularly for additional podcasts on the caBIG® podcast network.

Interviewee

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For more information please visit www.cabig.cancer.gov/.