

Special Report

Integrated Research and the Garfield Memorial National Research Fund—An Unobstructed View

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ABSTRACT

The idea of integrated care has been discussed for many years. It is the belief of those supporting and managing the Garfield Memorial National Research Fund that a similar idea, integrated research, needs to be discussed and tested. This process begins with rethinking the proposal format. This article elaborates on the enhanced proposal format and presents powerful patient stories to demonstrate how integrated research can help deliver better patient care.

INTRODUCTION

Research is only as good as the good it can do. This viewpoint drives the selection of initiatives and projects supported by the Garfield Memorial National Research Fund (GMF), which requires researchers to explain how their investigative efforts will result in operational improvement that will benefit patients and members—either at the point of care or at the systems or processes levels.

The Kaiser Permanente (KP) Board of Directors chartered the GMF in 1987 to honor the research career of Sidney Garfield, MD. His pursuit of innovation based on high-quality, member-focused health care has been a mainstay of the GMF's approach since inception. The GMF funds KP researchers and clinicians, and it has a long history of collaborating with public and private funders and non-KP researchers when they are working with a principal investigator from KP.

INTEGRATED RESEARCH

For decades the GMF approach to requests for proposals has been similar to that of academic models, with a heavy emphasis on methods. The mantra of “research into practice” has great appeal, but the reality is that academic models at times fall short of operational and rapidly changing industry

imperatives. Across the health care industry, the idea of integrated care has been discussed and considered for many years. It is the belief and intention of those supporting and managing the GMF that a similar idea—integrated research—must be discussed and tested. The GMF began exploring the concept by redesigning the format of proposals to focus on members, patients, families, and communities. Proposals were then expected to be centered on a story that the people who use and provide health services will easily relate to and understand. Thus the principle of integrated research was born.

THE POWER OF STORY

Story is a compelling approach, as every clinician trained in SOAP (Subjective, Objective, Assessment, Plan) notes knows well. Bringing forward the importance of story fits well within the developing field of precision medicine, wherein individuals' genetics, environment, and lifestyle are taken into account when considering their disease treatment and prevention. Below are several examples of individual stories that shift our discussion toward better understanding of the relationship between patients and the health care delivery system, the system's barriers to access, and what questions drive the research that accelerates improvement.

Prostate Cancer Screening

A 65-year-old man calls the clinic to request laboratory testing before his appointment for a routine physical. His primary care physician (PCP) includes blood tests for prostate-specific antigen (PSA), cholesterol, and glucose. The first of these tests shows an elevated PSA level. The patient does some reading online about the potential complications of prostate cancer treatments and decides he does not want a biopsy. The PSA test result prompts conversations with his PCP in the following months and years.

A 53-year-old man, new to KP, calls his PCP's office, upset that PSA screening was not included in the blood tests ordered at his last office visit. He wants to know why and suspects a cost-cutting initiative. The office schedules a ten-minute telephone appointment with the patient to explain.

Breast Cancer Screening

A 43-year-old woman attends an appointment for a routine Papanicolaou test and asks whether she should undergo a mammogram; her physician recommends screening and signs a mammogram order. After the mammogram, the patient receives a call and is told that abnormalities were detected and additional mammogram views of the areas in question are needed. She calls her PCP's office asking for medication to help her sleep, as her anxiety about the mammogram result is causing insomnia. She looks into purchasing life insurance. The subsequent mammogram shows no abnormalities. She approaches all future screening tests with skepticism.

Ovarian Cancer

The following excerpt from a consent letter tells a story that is very relevant to the women in a high-risk group and was the driving force behind a specific project's selection for GMF funding: "You are being asked to participate in this research study because you are a woman aged between 30 to 70 years who has a mutation in the BRCA gene and is at risk for developing ovarian cancer." Consider for a moment how this one sentence forever changes a woman's life path and how a health system should respond to women and their loved ones who express concern after receiving such a message.

CONCLUSION

The principle of integrated research requires the investigator to consider, at each step of a patient's care, how the research will do the most good. The answer may be, for example, better communication in the health care system or improvements in decision making by insurance providers. The research may identify barriers limiting the options the health care system can offer or the amount of time that can be dedicated to discussions between clinicians and patients and their families, clarify whether a team care approach offers benefits, or address any other set of questions that will potentially lead to better patient care. ❖

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