A précis of the NARAP concept

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Line Research Associates

Line Research Associates (LRAs) are undergraduate and post-baccalaureate students (“pre-meds”) considering a career in the health profession who volunteer one 4-hour shift per week in the emergency department facilitating clinical research and quality improvement projects. Since its inception at Lincoln Medical and Mental Health Center in the South Bronx in 1994, and now at St. Vincent’s Medical Center in Bridgeport, CT, more than 10,000 RAs have used tightly scripted protocols to enroll over 140,000 participants in 22 studies. Because these Line-RAs are “paid” with clinical experience they can get nowhere else and an evaluation of their work with the study participants, their research efforts have not cost the institutions any money.

Chief Research Associates

Keys to the success of a Research Associates Program are the Chief RAs, college graduates taking a year of more between college and health professional school to advance their careers. Five (5) Chiefs are optimal for maximizing the efficiency of a RA Program and allowing the program’s director to focus on supervisory and strategic issues. Chiefs are the muscle of RA Programs doing the “grunt work,” such as recruiting, scheduling, providing on- and off-site supervision of the Line RAs, taking 24/7 first call, website and communication systems development and database management. They must see how participating in a leadership role for clinical research and quality improvement issues can jumpstart a career in ways that immediate matriculation from college to health professional school cannot. Like the Line-RAs, they volunteer their work at no cost to their institutions.

Research Model

Based on these core elements, a research model has been refined over many years of implementation. The Research Associates Program has expanded that model from its clinical base at St. Vincent’s to a nationwide organization, the National Alliance of Research Associates Programs (NARAP). The Alliance is a hub-and-spoke system of RA-type programs utilizing pre-health professional students as data collectors in clinical research for large-scale public

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health screenings on primary care issues among emergency department patients and visitors and similar sustained service based on the results. The Alliance is expanding its efforts to a multi-center consortium capable of utilizing thousands of RAs enrolling tens of thousands of participants in studies over short time frames.

**Development Plan**

The development plan for NARAP consists of expansion of RA-type programs as "Affiliates" in academic medical centers and community hospitals in each of the ten national regions, New England, Middle Atlantic, Atlantic South, Gulf South, Mideast, Midwest, Rocky Mountain, Southwest, Far West and Northwest. NARAP provides comprehensive training and assistance for each site to develop and maintain its own RA Program and to participate fully as an Affiliate in multi-center research.

These NARAP Affiliates will themselves become hubs for expanding RA Programs to other medical centers and their surrounding colleges and universities in their region. The long-range goal is to provide wide-scale public health screenings among emergency department patients and visitors and clinical experience opportunities for large numbers of pre-health professional students.

**Current Affiliates**

Fifteen (15) hospitals are NARAP charter Affiliates:

- CT - Hartford Hospital (Hartford) and St. Vincent’s Medical Center (Bridgeport)
- DC - Georgetown University Hospital (Washington)
- MA – UMass Memorial Medical Center (Worcester)
- MI – Henry Ford Hospital (Detroit)
- MO – St. Louis University Hospital (St. Louis)
- NJ - Hackensack University Medical Center (Hackensack) and Kennedy Health System (Stratford)
- NV - University of Nevada (Las Vegas)
- NY - Rochester University Medical Center (Rochester)
- PA - Thomas Jefferson University Hospital (Philadelphia)
- TX - Seton-U of Texas (Austin)
- VT - University of Vermont (Burlington)
- WA - Pullman Regional Hospital (Pullman)

Note: We look to have 30 Affiliates by the end of 2017 and over 100 by 2020.

**The Future of NARAP**

Think of the potential in these three numbers: ½, 4 and 500,000:

- Half the U.S. population goes to an emergency department each year as a patient or their visitor
- Their average visit last 4-hours, during which they see a health professional for 30-minutes at best
- Roughly half a million pre-health professional students a year consider medical school and need substantive

NARAP looks to bring those three numbers together. In its first national effort, the organization conducted a multi-center study on tobacco cessation at its Affiliates. RAs enrolled more than 19,000 participants, asking them their history of tobacco use and offering a referral to their state’s Quitline if smoking was an issue in their lives. With over 2,000 Quitline referrals, about 1/3 of the active users of tobacco products asked for help for their addiction from this free cessation program with a proven track record of success. This makes NARAP’s first effort the fourth largest prospective, interventional study ever done in the U.S. and the largest ever in emergency medicine.

(Continued)
The second NARAP study on cervical and breast cancer screening enrolled almost 13,000 participants.

The third study, colon-rectal cancer screening, will be published in Q1 2017 with more than 10,000 participants. Results of these public health studies are embedded in "Service" so that at the end of each encounter, participants are always asked the key questions from previous work and referred to assistance for needed screenings.

501c3 Funding

In order for NARAP to fully develop, funding for the consortium is essential. While there is no cost to the Affiliates or colleges for the work done by RAs on their research or for membership in NARAP, the organization needs operating funds to mount this nationwide effort. The National Alliance of Research Associates Programs (NARAP), Inc., is the 501c3 entity that will administer this plan.

We believe that the direct benefit to the public good in terms of providing a willing, minimal cost workforce for clinical research on an unprecedented scale, facilitating primary care screenings for the emergency department patients and their visitors and developing future health professionals from evaluated clinical experiences based on research with the patients they will ultimately serve, makes this a worthwhile endeavor for funding.