

# Director's Program Update for the *All of Us Research Program*

Advisory Panel Meeting  
January 19, 2018  
9:10 AM – 10:10 AM



National Institutes  
of Health

Eric Dishman  
Entrepreneurial Patient, Advocate, Caregiver  
Director, *All of Us* Research Program

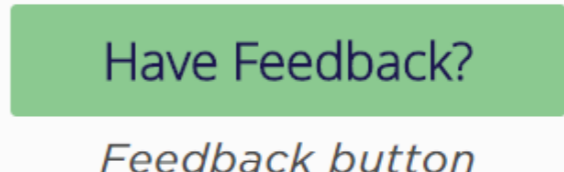


# Welcome to those in the room and those online

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- ⦿ **Welcome advisory panel members, ACD WG members, and especially any new participants tuning in!**
- ⦿ **For presenters**
  - Use microphones, especially for discussion
  - Many are not familiar with the program
    - Explain acronyms
    - Quick definitions of key concepts/terms
- ⦿ **For listeners online**
  - You are in listen only teleconference mode
  - Participants can give anonymous online feedback via your participant portal



	Look for this feedback button at the bottom right of each screen to tell us what you think.
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Link for NIH videocast is <https://videocast.nih.gov/>

# It doesn't seem so long ago that we were meeting as the ACD WG...



(But I am 35 pounds heavier and 4 pants sizes bigger—lots of comfort eating and little exercise!)

**Or meeting for the first time as a consortium...**



**Consortium now > 1000 people; hard to capture all in one place or photo anymore!**

# Agenda: Many (New) Audiences Today

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9:00 – 9:10 AM      Welcome and roll call – *Eric Dishman and Gwynne Jenkins*

9:10 – 10:15 AM      Program update – *Eric Dishman*

Update on genomics plans – *Brad Ozenberger*

Update on child enrollment plans – *Holly Garriock*

10:15 AM              *Meeting Closes*

# Timeline: Vision to Planning to Development to Beta to Enrollment Launch

Kickoff Meeting w/Implementation Awardees July 6–8, 2016

2015

2016

2017

2018

## Vision

January–September 2015

- SOTU by President Obama (Jan. 2015)
- ACD (Advisory Committee to the (NIH) Director)
  - PMI Working Group formed (Mar. 2015)
  - Held 4 workshops to gather input from researchers, public on scientific opportunities, digital health data, participant engagement, and mobile technology (May-July 2015)
  - Published 2 RFIs – 221 respondents (Apr. 2015)
  - Report/recommendations (Sept. 2015)
- Public opinion survey conducted – 2601 responses (May-June 2015)

## Planning & Prototype Piloting

Fall 2015–Fall 2016

- NIH wrote implementation papers, began staffing up
- Vanderbilt pilot project: Built prototype infrastructure & group of 5000+ for feedback on enrollment/engagement, consent, surveys, and return of results (awarded Feb. 2016)
- Sync for Science pilot (awarded Feb. 2016)
- Communications awardees began research, campaign planning, and content development (awarded Mar. 2016)
- Director (Eric Dishman) started (June 2016)
- Consortium partners met for the first time to building program (July 6-8, 2016)

## Implementation & Development Phase

Fall 2016–Spring 2017

- Built network of health care provider organizations (RMCS, FQHCs, VA) and direct volunteer partners to support enrollment & retention
- Established Support Center for participants (toll-free number/email, etc.)
- Built biobank building/robots & 24-hour shipping process
- Protocol developed for Version 1 / approved by IRB**
- Developed website and participant portal—internet, iOS and Android app
- Developed data warehouse with infrastructure to collect, clean, curate, de-identify, and eventually share the data
- Developed software for providers/assistants to transmit data from participants' in-person visits
- Conducted end-to-end security testing & usability testing
- Congress passed H.R.34, 21st Century Cures Act, in Dec with bipartisan support. Provides funding, strengthens data sharing & privacy provisions

## Beta Phase for Version 1 Platform & Protocol

Summer 2017–Spring 2018

- Launched beta test with the real infrastructure, protocol, & participants
- Established partnerships with community, provider, and advocacy organizations and the National Library of Medicine to help educate and engage diverse populations
- Made three new health care provider organization awards to expand program's geographic reach
- Fitbit pilot effort: to learn more about the use of wearables in sharing health data
- Developing genomics plan, with input from the Genomics Working Group
- Developing plans for the enrollment of children, with input from the Child Enrollment Scientific Vision Working Group
- Collecting use cases for the Research Priorities Workshop, to obtain input from the stakeholder community about important research questions

## National Launch

Spring 2018

- If ready and right and all things worked well in beta phase

# How does *All of Us* compare to other large cohort programs?

Differentiation	Investments We Are Making
<ul style="list-style-type: none"> <li><b>Breadth:</b> 1m+ = large sample size</li> </ul>	<ul style="list-style-type: none"> <li>Large network of Health Provider Organizations (HPOs) &amp; Direct Volunteer (DV) partners</li> <li>National engagement &amp; communications campaign</li> <li>Future: “franchise” paradigm for rare disease? Linkages &amp; comparability across other large cohorts?</li> </ul>
<ul style="list-style-type: none"> <li><b>Diversity:</b> Recruit those who are “UBR” &amp; those who are healthy</li> </ul>	<ul style="list-style-type: none"> <li>Network of community partners; expansion of FQHC network</li> <li>DV grand experiment—put research capacity where key communities are</li> <li>Targeted marketing/analytics infrastructure</li> <li>Inclusion of children and other special populations</li> </ul>
<ul style="list-style-type: none"> <li><b>Data depth:</b> Diverse data sets, longitudinally</li> </ul>	<ul style="list-style-type: none"> <li>Samples, surveys, assays, etc. over lifespan</li> <li>Rich clinical data: S4S and data aggregators; Specialty EHR, other sources like claims &amp; meds</li> <li>Rich genetic data: WGS</li> <li>Rich environmental &amp; behavioral: mobile device partnerships &amp; infra; assays &amp; GIS datasets</li> <li>Massive data &amp; biobank repositories</li> </ul>
<ul style="list-style-type: none"> <li><b>Participant Focus:</b> Design to Deployment</li> </ul>	<ul style="list-style-type: none"> <li>Responsible Return of Information: genetic counseling capabilities; Provider Partners Initiative</li> <li>Participant Advisory Groups across country &amp; “Super Participant Group”</li> <li>Citizen science workshops, training; future: credentialing platform for citizen scientists?</li> </ul>
<ul style="list-style-type: none"> <li><b>Accessible:</b> Expand who gets to do biomedical research</li> </ul>	<ul style="list-style-type: none"> <li>Data platform open to all interested researchers; citizen science training</li> <li>Data curation &amp; cleaning</li> <li>Open &amp; open source tools, developer ecosystem</li> </ul>

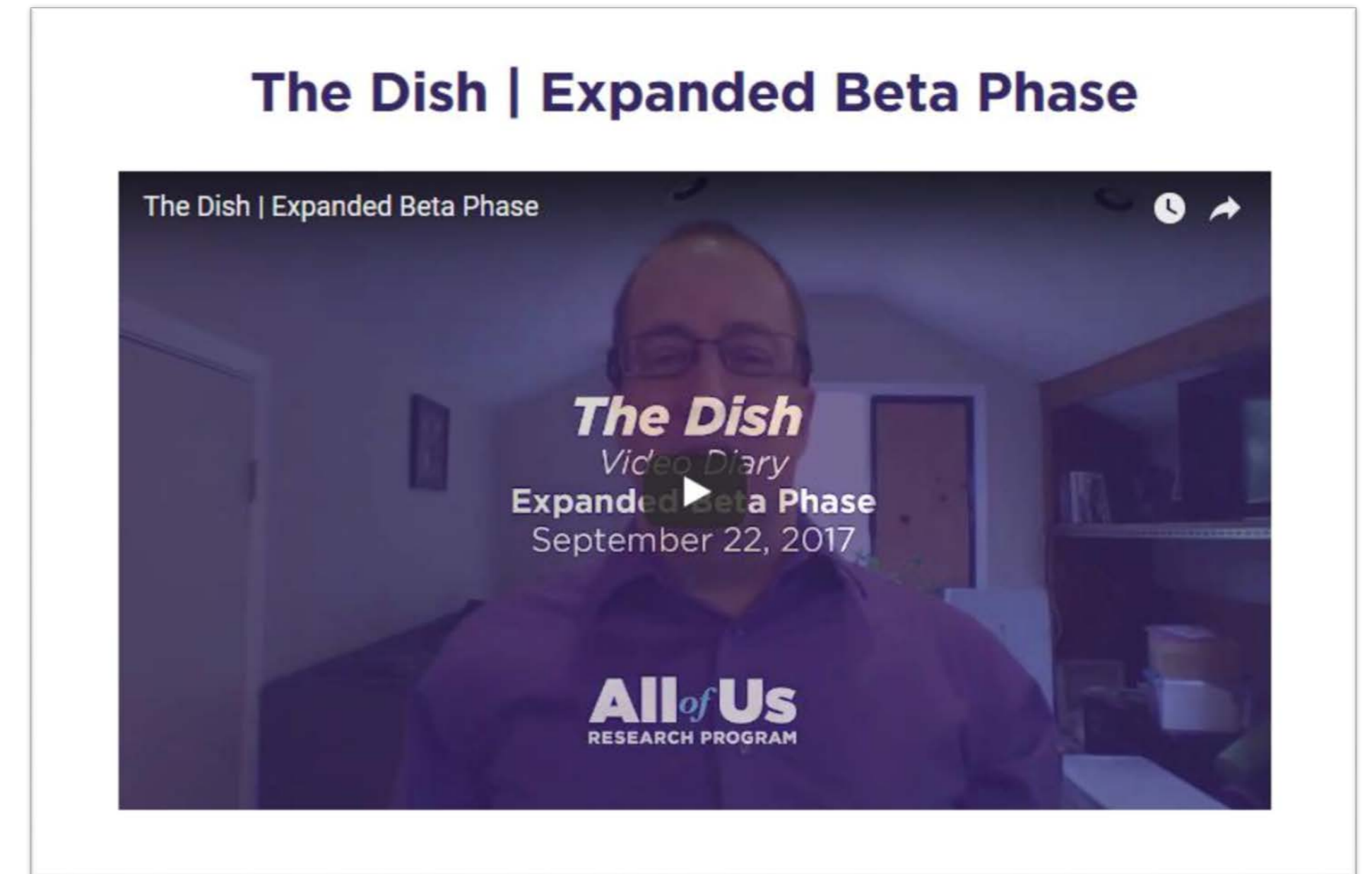
# Update on Expanded Beta Phase

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# What is expanded beta phase?

- The initial, closed beta phase was very successful, uncovering what is working well and where we need to strengthen our platform, the participant experience, and messaging.
- Based on what we learned, we decided to launch an expanded beta phase starting in November 2017.
- Four main objectives for this expanded beta phase:
  1. **Improve the participant experience.**
  2. **Expand and test our engagement capacity with diverse communities.**
  3. **Enhance infrastructure and tools for staff.**
  4. **Add scientific and data capabilities.**
- Enrollment Goals: ramp to 10-15k participants (ramp daily capacity of 200-300; surge test 600 per day) by the end of expanded beta phase; then launch nationally in spring



# Examples of additional capabilities coming during expanded beta phase

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## ◎ **Improve the participant experience.**

- Improved enrollment site (joinallofus.org) – with better design, simpler path, major new content
- Participants able to self-schedule visit in the Participant Portal based on their affiliation
- Accessibility improvements (ex. Spanish language, make complex language even simpler)

## ◎ **Expand and test our engagement capacity with diverse communities.**

- Bring on more DV & HPO locations around country (alpha phase, beta phase, scale up)
- Develop clearer UBR definition & metrics (white paper coming before launch)
- Onboard more participant voices in governance structure (underway now)

## ◎ **Enhance infrastructure and tools for staff.**

- Mission Control tool to provide local sites with better comms, scheduling, & capacity mgmt tools
- Expanded digital capabilities drives additional security testing (and an additional ATO process)

## ◎ **Add scientific and data capabilities.**

- Additional PPI survey modules developed and tested (underway)
- Develop pilot plan for first “BYOD” wearable device (Fitbit announcement)
- Clinical and omics assays selected; genomics plan publicized (genomics consent in place)
- Complete working group report on enrolling children (any day now)

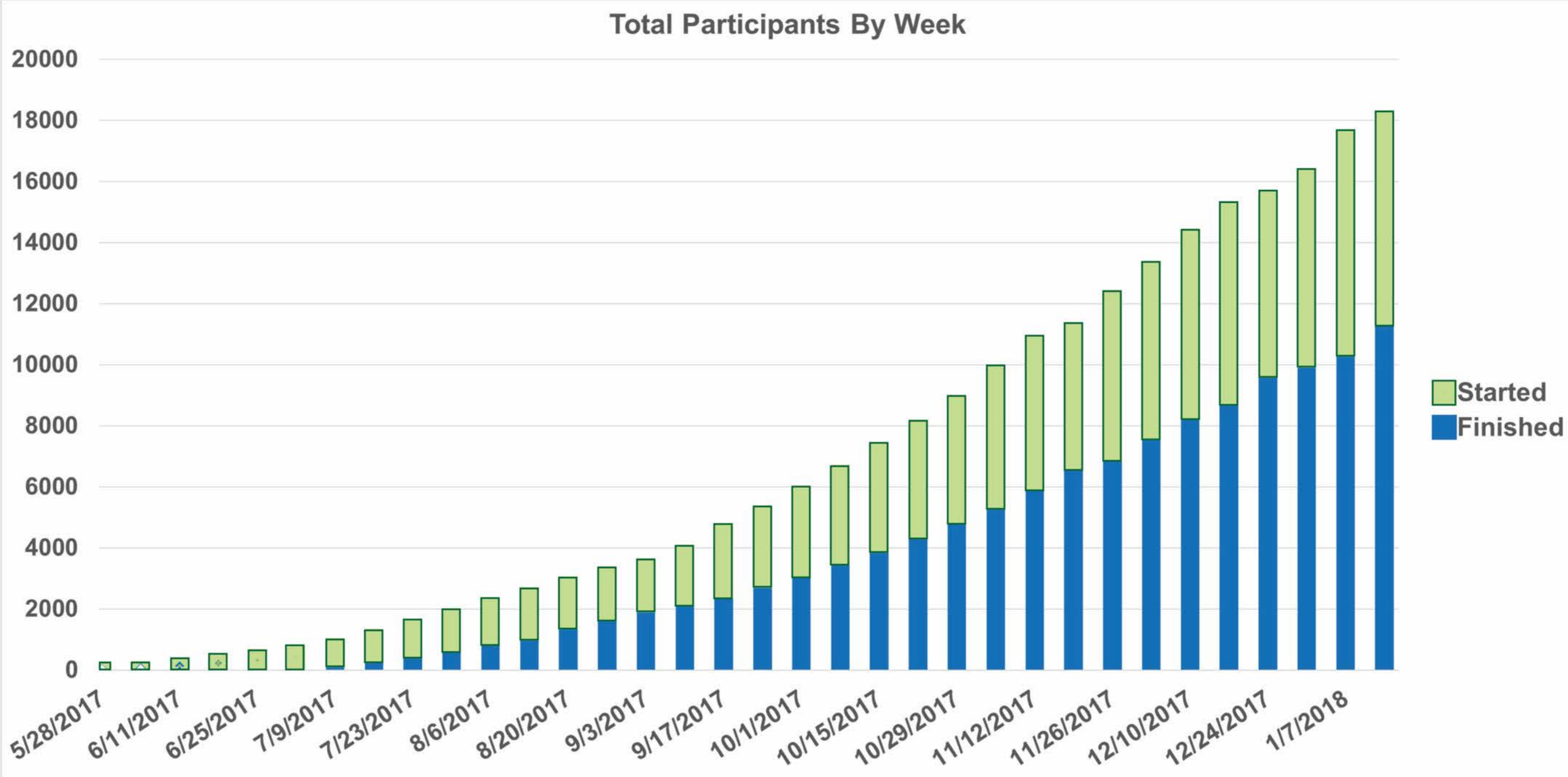
**These are just a few examples of the capabilities we are building and testing in expanded beta.**

# So, how is it going so far?

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- ◎ **Participant Feedback**
  - Straightforward to go through whole protocol
  - Need to know what we're signing up for out of the gate
  - Language & concepts in some areas (consent, what's in my EHR) need further simplification
  - Want my family to be able to sign up, too! / when do you get rid of the special code requirement?
- ◎ **HPO & DV network**
  - Launched 70+ clinics around the country
  - Anticipate new HPO partners to begin launching soon
  - Will have some coverage in 25 states by national launch
  - Ramp up DV capacity as we see where people cluster
- ◎ **Community partners**
  - All 18 partners have begun awareness & engagement
  - Making progress on bringing onboard additional partners
  - Working with NLM on education and training materials
  - Developed toolkit for community & provider organizations who want to support our program
- ◎ **Biobank**
  - As of 1/3/18, storing 10,670 participant's samples or 333,900 frozen vials
  - Current capacity is 600 participant samples/day; plan to ramp to 1,200 later this year with additional technology
- ◎ **DRC**
  - 32 ISAs completed (security agreements for all sites)
  - Started receiving EHR records – cleaning & curation
  - Significant progress with development of researcher portal & workbench (end to end early demo last week!)
- ◎ **Participant Portal**
  - Updated dashboard based on participant input
  - Now available in Spanish
  - Working on v2 updates w/ new features (scheduling, etc.)
- ◎ **Support Center**
  - Operating bilingual (English/Spanish) call centers at two locations
  - Survived a hurricane – and helped us test & improve preparedness & recovery plans!
  - Current capacity is 625 contacts/day; plan to ramp up to 1,250 contacts/day by national launch
- ◎ **Website ([joinallofus.org](http://joinallofus.org))**
  - Now available in Spanish
  - Working on v2 updates based on participant feedback & user testing (navigator, simpler path through, etc.)
  - 1,000 hits/day; 26,000 visitors/month

# Beta phase enrollment status (as of 1/17/18)



**We have >18,000 participants at some stage of the process, of whom >11,500 have completed the full protocol. After national launch, we will only report # of participants who have completed all available protocol modules**

## Other Recent Announcements

- Established partnerships with **14 national community groups and health care provider organizations** as well as the **National Library of Medicine** to help raise awareness about the program
- Developed new **pilot effort with Fitbit** to learn more about collecting wearables data
- Making progress with plans for **Research Priorities Workshop** in March – currently soliciting use cases for requirements gathering!
- Genomics WG released report; development genomics consent & implementation plan now
- Child Enrollment WG released report yesterday; implementation planning now underway

