



# UDSv4 Transition Strategies

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**NACC Session – May 7, 2024**

**2024 Spring ADRC Meeting**

# Thank you to the UDSv4 Panel!

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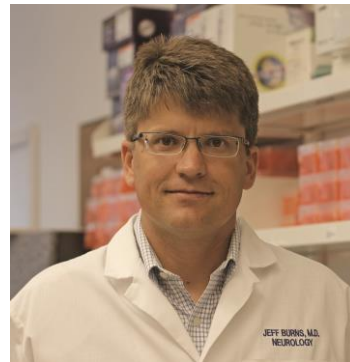
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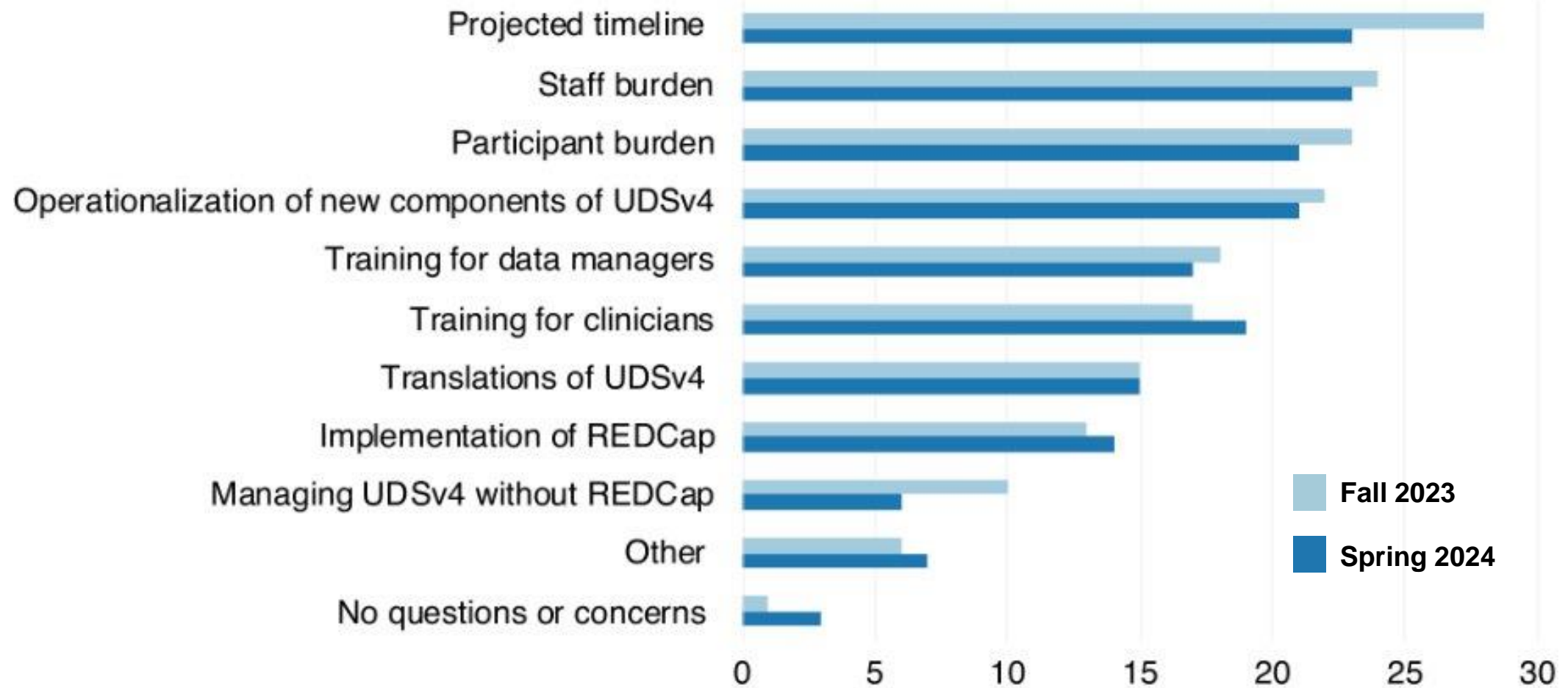
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# NACC Survey Results

What area(s) do you have questions or concerns about with regards to UDSv4?



# How will you approach clinical training?

## Themes:

- Leverage Existing Resources and Meetings
- Direct Training by Clinical Leaders
- Practical Engagement
- Utilization of Webinars and Workshops
- Documentation and Consensus Building

"Leveraging NACC provided resources, team-based meetings to review protocols, observation of clinicians prior to implementation."

"Clinical core leader will train other clinicians."

"Schedule meetings with clinical raters and examiners, after they review relevant materials, to go form by form to address questions or uncertainties."

"Our team will attend the UDSv4 Training workshop on May 14th."

"Our thoughts are to gather all the clinicians together, have everyone sit together and watch any recorded training sessions that have been provided."

# How will you approach data manager training?

## Themes:

- **Structured Training Plans**
- **Use of REDCap and Integration with Current Systems**
- **Participation in NACC Trainings and Webinars**
- **Regular Meetings and Communications**

"Data manager is part of the EDC workgroup and has been working closely with them to gather the information. The DMS team will attend all the required NACC trainings to help understand the submission systems."

"We currently use REDCap for UDSv3 and, other than updating linkages to our internal systems, we don't expect there to be too many challenging changes for our IT team or data manager."

"Data management team will be attending NACC webinars, frequently meeting with the clinical core team."

"Data management training will largely utilize the specific NACC resources available."

"Consensus plan to train between both DMS and CC teams."

# What are the anticipated impacts on participants and how will you manage those?

## Themes:

- **Potential Increase in Participant Burden**
- **Strategies to Mitigate Burden**
- **Feedback and Adjustments**

"We anticipate longer visits and will inform our participants of this in advance, if true."

"We are considering sending a questionnaire to our patients who are able in advance of their visit."

"Manage potential increase in time burden and redistribute visit tasks across in-person and remote visits."

"We will need to let participants know of the upcoming changes and could consider IRB-approved mailings."

# What new processes do you think will be needed at your Center? How are you planning to put those in place?

## Themes:

- **Integration of New Data Management Systems**
- **Adaptation to New Clinical Protocols**
- **Enhanced Cross-Core Coordination**

"New data management processes will need to be built to upload data to NACC."

"We have been part of the UDS4 data working groups. We use REDCap for a variety of projects."

"We will need to identify a workflow for continuing our old list learning tasks."

"We are putting together a transition plan in the DMS and Clinical Cores with timelines and specific milestones."

"Everyone administering UDSv4 will take the NACC training. Staff will have frequent check-ins with lead clinician to ensure fidelity to new UDS administration and scoring instructions."

# How will you manage cross-core communications to ensure effective coordination across your Center?

## Themes:

- **Regular Cross-Core Meetings**
- **Cross-Core Transition Planning**

"Leaders for the various Cores have open invitations to one another's Core meetings."

"We hold monthly center-wide meetings as well as monthly clinical core and data core meetings."

"The transition is a noted agenda item at our core executive team meeting. Major changes, findings, or unanticipated consequences of transition are vetted through this cross-core meeting."

"The Clinical Core and the Data/Stat Core have already assembled a team for UDS4 with weekly check-ins to supplement email and other communications."



# How do you anticipate roles will need to evolve at your Center? How will you facilitate this evolution and make sure roles and responsibilities are clearly defined?

## Themes:

- **Adjusting to New Processes**
- **Training and Redefinition of Roles**

"As part of the transition plan, we will identify specific leads in each core (e.g., DMS, Clinical) with specific responsibilities."

"Clinicians who do exams with patients will need to do more. They will likely need to do a longer exam or increase their effort."

"Data entry positions may shift to data verification and auditing: update SOPs and career growth chart."

"Centralized review of SOPs to ensure there is no overlap and confusion regarding roles and responsibilities."