# The Dish: Expanded Beta Phase

[<https://www.youtube.com/watch?v=xP3krSrJwTY&index=19&list=PLHceB7Ek40_M0lhFIODQUCAllW3wD6uQV>](http://www.VideoURLGoesHere.com)

## Title Slide: The Dish: Video Diary

## Title: Expanded Beta Phase, September 22, 2017

Logo of the All of Us Research Program

## Scene Change

Close up camera view of Dr. Eric Dishman speaking while sitting at his desk.

**Dr. Dishman:**

So I want to give an update about the status of the program and some decisions that we’ve actually made in terms of timelines. When we launched this whole beta phase in May, I talked about—the national launch was likely to be, you know, late this year or early next year. The closed beta phase has been going incredibly well. In fact, we just recently launched the California Consortium, the New York Consortium—two more Federally Qualified Health Centers have launched in the last couple of weeks—the Arizona banner sites in Arizona have expanded the number of sites that they’re doing.

So right now there’s more than 50 sites up and running and several thousand participants participating, many of those giving us great feedback on all aspects of the program, which is exactly what you want out of a beta phase. It’s why you do it: just to hear how things are going and where you need to do improvements.

So based on what we’ve learned so far and when—we’ve basically decided to do a second expanded beta phase starting in early November, with a national launch targeted for spring. And I just want to go a little bit into detail about the four objectives of that expanded beta phase.

So the first objective of doing this is really to kind of expand and test our engagement capacity with diverse communities. This is the heart of our program—one of the core values of our program.

So, many of you may have seen some recent announcements that we’ve added some additional health provider organizations, so there’s more coverage and more communities, especially in the South, where we were really weak before.

We’ve also recently announced our first four community partners. More of those are coming—you’re going to hear about very soon, in the next few weeks. We need to integrate them and get them ready for national launch, as well as those new health provider organizations.

And then we also have more direct volunteer and HPO sites up and running, beyond what we had planned for our initial beta.

So having a chance for all of those partners to come on board, go through their own beta phase, ready their staff, practice their messages, practice their recruitment methods—this is really key and one of the fundamental reasons why we want to do this expanded beta phase.

The second is really to improve the participant experience. We have had great feedback from the participants who are in there, and it’s clear we need to simplify our messages even more on what is precision medicine—it’s not a familiar term to most people—and what is a cohort study or what is the kind of research that we’re really involved in here.

At the same time, there are some more features that we want to add to the participant portal to help you, as participants, manage your preferences on how we communicate with you, do some of your own scheduling so you don’t have to—you can see online how to actually do some of your own scheduling, see your own data—again, a principle of the program is to give the data back to participants, and more of those features are being added.

Also, we’ll have the initial smartphone and wearable capabilities, as well as some digital health apps. Many of you know, and many people are interested in—“Hey, you’re going to collect, you know, real-world data, real-time data, behavioral data—you know, are you serious about consumer health devices and phones and wearables?” And the answer is yes. And we’ll have some of those initial capabilities ready that we’ll pilot during the expanded beta phase to get ready for national.

And then lastly is—hey—getting people to really understand what they’re signing up for in this longitudinal study and to do the consent. We’ve gotten great feedback that we need to simplify the consent process, make it a lot easier for people to go through. So that’s the second: Improve the participant experience.

The third objective of doing this whole expanded beta phase is really to kind of enhance our infrastructure and the tools for the staff. You know, these hundreds of sites that we’re ramping to—their staff each went to those sites, and they need to see how they’re doing. Are the samples that they’re shipping to the biobank at the Mayo Clinic—are they getting there okay? You know, are they scheduling people in quick enough time? And if they have a big backlog, how are they going to address that? So we have a whole bunch of tools that we want to give to the staff to be able to do that.

And along the way, infrastructure-wise, we want to double our biobank capacity from seeing and processing 600 samples a day to up to 1,200 a day. That’s a lot of sample processing capacity to increase.

We’re also going to conduct an open beta test, where we actually remove the participant code that’s required for people to enroll, so that we can really understand what is it like when there’s no holds barred and a lot of people are calling the call center or a lot of people are trying to sign up at the same time.

We also want to test more incident scenarios. I mean, unfortunately, as I record this, we’re worried about our call center colleagues who are dealing with yet another hurricane coming through Puerto Rico, and we need to make sure that we’re ready to address, you know, all these kinds of national incidents that can occur and that we’ve got back-up plans for all those. So we want to test more of those kind of incident response scenarios that, unfortunately for the participants in Puerto Rico—but it’s been a good test case for us to say, “Okay, is our incident response and our backup rollover plans working well?”

And then, finally, you know, it’s all over the news right now: If you think about the Equifax breach and others, you know, we need to do another round of security testing. I just want to be extra, extra confident that we’ve done enough security testing and, as we add some of these new capabilities, like smartphones and so forth, we haven’t created any new security vulnerabilities that we’re not ready for as we go through this.

And the fourth and final objective of this expanded beta phase is to really add more scientific and data collection capabilities. I mean, I just mentioned, you know, being able to start to work on wearables and smartphone apps. We also have recently announced our Genomics Working Group. They’re developing and, you know, proposing a set of options for us. We want to have that plan ready, announceable to all, and even have the genomics consent ready when we go for national launch.

And the same thing is true with our children’s plan. We have a workgroup that we’ve been very public about trying to figure out how do we recruit people 0 to 18. We want to have that plan in place and be able to tell people when they can expect it at the point at which we do the national launch.

The first assays of blood and urine, where we’re doing analysis of those, will be in place by national launch, and we want to make sure we’re including information and sharing that back with participants. And that takes a bunch of piloting and a bunch of working through to make sure that we’re making this sometimes difficult-to-understand data really accessible to people who may not have a scientific or medical background.

There’s four additional survey modules that we’ve been working on that can be ready for national launch.

And then finally, electronic health record data is really key to this program. It’s relatively easy for us to do that in the health provider organizations, but when those of you who are joining through the direct volunteer mechanism—you may not be associated with an HPO, a health provider organization, who has your EHR data.

So we have a pilot of a piece of software called the Sync for Science pilot, and it’s really testing out how do we eventually make it possible for anybody in the country to share their EHR data—want to get the results of those pilots with the top electronic health record vendors done to really inform our next steps on pulling EHR data in from different parts of the country. So that’s the next plan.

We’re going to continue to give status updates here about how the expanded beta is going to go once we kick that off November 1, and then we’ll continue our philosophy of launch when we’re ready and right and doing user-centered design, which means getting more participant feedback—thanks to many of you who have already done that—to help shape what we build and what we need to rebuild to make it easier, simpler, and more available to more people.

So we’re excited to do this expanded beta phase, we’re excited to launch in the spring, and I’ll give you more updates soon.

## Closing slide

The screen fades to a purple background with the All of Us Research Program logo in the center and the program’s website URL, joinallofus.org, at the bottom.