



## Insights from a Conversation with Henry J. Pollack, M.D., New York University School of Medicine

*What are the three highest value additions you expected Velos to provide you? Did you consider alternatives to Velos? If so, what were their relative strengths and weaknesses and why was Velos selected?*

What we were looking for at the time was a system that would be easy to implement, that had a lot of expandability, and that was of relatively low cost. I think we were very satisfied and it worked out well with all three of these criteria.

Previously, we were working with another organization to build a database. After completing part of that database, several problems were encountered that might not be solved for months or perhaps even a year. For us, there was some urgency because we were starting an important project and needed a system right away.

As we looked for solutions recommended by other people, the name Velos emerged. I had also seen the company name in one of my journals and an article from the Pediatric AIDS Foundation about their clinical sites using the Velos system. I was intrigued, inquiring with a number of groups who were very pleased with Velos. When I contacted the company, they were extremely receptive and open. The principals had a background in public health and we were dealing with a community-based public health initiative. They were very helpful in getting our project off the ground.

These were our priorities and we've been very, very pleased that we got the whole thing actually going so quickly. Within two weeks we had our forms up. With another system, it would have been months. I also credit the commitment of my staff as one of the elements that contributed to that speed. They had experience working with the other database that we'd been testing out – including forms development. In the Velos system it was very easy to create forms, to get them online and get them going. It was just a good fit. And my staff was dedicated to the project. They wanted to get it going and it worked out very well.

*We know you conduct multi-site studies with several thousand patients. In what way does Velos improve your operations from a quality, cost-effectiveness and efficiency perspective? Please describe briefly "life before and after" Velos.*

The Velos eResearch System allows us to do extended studies. Where we're using it the most right now is for screening and vaccination, and for the care treatment center for Hepatitis B in New York City. Most of this study is epidemiological. The subject comes in for a screening and data is collected. There are

now about 1000 persons who are infected and are being followed, with all their information and their lab results going through the Velos system. We've had screening in the Velos database for about 7000 people.

We've also initiated research down in Peru. I'm Director of the Fellowship Program for HIV here in New York – and one of my Fellows has a research project there. We were able to quickly create forms and get those online using Velos. My Fellow could see patients in Peru and work through the data analyst here. It worked out great. Being Web-based allowed us a tremendous increase in efficacy and speed. We could analyze results in real time and not wait until someone completed the study, coming back here with the data to upload it. The Velos system allowed us tremendous utility there.

It's been extremely cost effective for us. We've been huge fans and we've been touting all the great aspects of Velos to the University here.

*What were the major challenges in rolling out the Velos System?*

The challenge for us was how to get personnel in the field in community organizations with very little training or experience with databases and entering data online, to actually enter the data themselves. I'd say that is still a challenge.

Not wanting to burden the doctor, we've developed easy, hard copy forms for the physician to fill out. The research personnel receive that information and enter it into the database. We've had a sort of hybrid system where some of the sites do enter the data themselves. Others can't deal with the issue of learning to work with computers and they just send us the hard copy. In that case, basically what we have is data *management* with a lot of data *entry* done by students over the summer. They start early and work between May and October. The students pick it up extremely well and everyone thinks the Velos system is really easy to use.

The younger doctors, who've grown up using computers, see no reason to use paper when it's just as easy to put the data into a computer. So they're entering it directly into the database. They just click out of the electronic medical record, go to the Web and enter the data directly into the Velos system. So I think that's the issue: How comfortable are they and how much experience do they have in entering data electronically? We know that once the physicians see how easy it is, they'll use it.