Bridging the Gap: The Clinical Researcher in Industry

Real-world insights from the CareLoop implementation | NMAHPPs Research Careers Showcase

Harry Chapman | Service Delivery & Engagement Manager (CareLoop Health)

careloop HEALTH

NIHR NHS

https://www.linkedin.com/in/harryjameschapman

harry@careloop.health

Who Am I? (And Which Lanyard Am I Wearing Today?)

NHS Role

Research Assistant, Mood Disorders Clinic, Southampton

- Mental Health Mission
- **Focus:** Patient care, clinical protocols

Secondment via NIHR MH-TRC Industry Internships Funding Programme

Industry Role

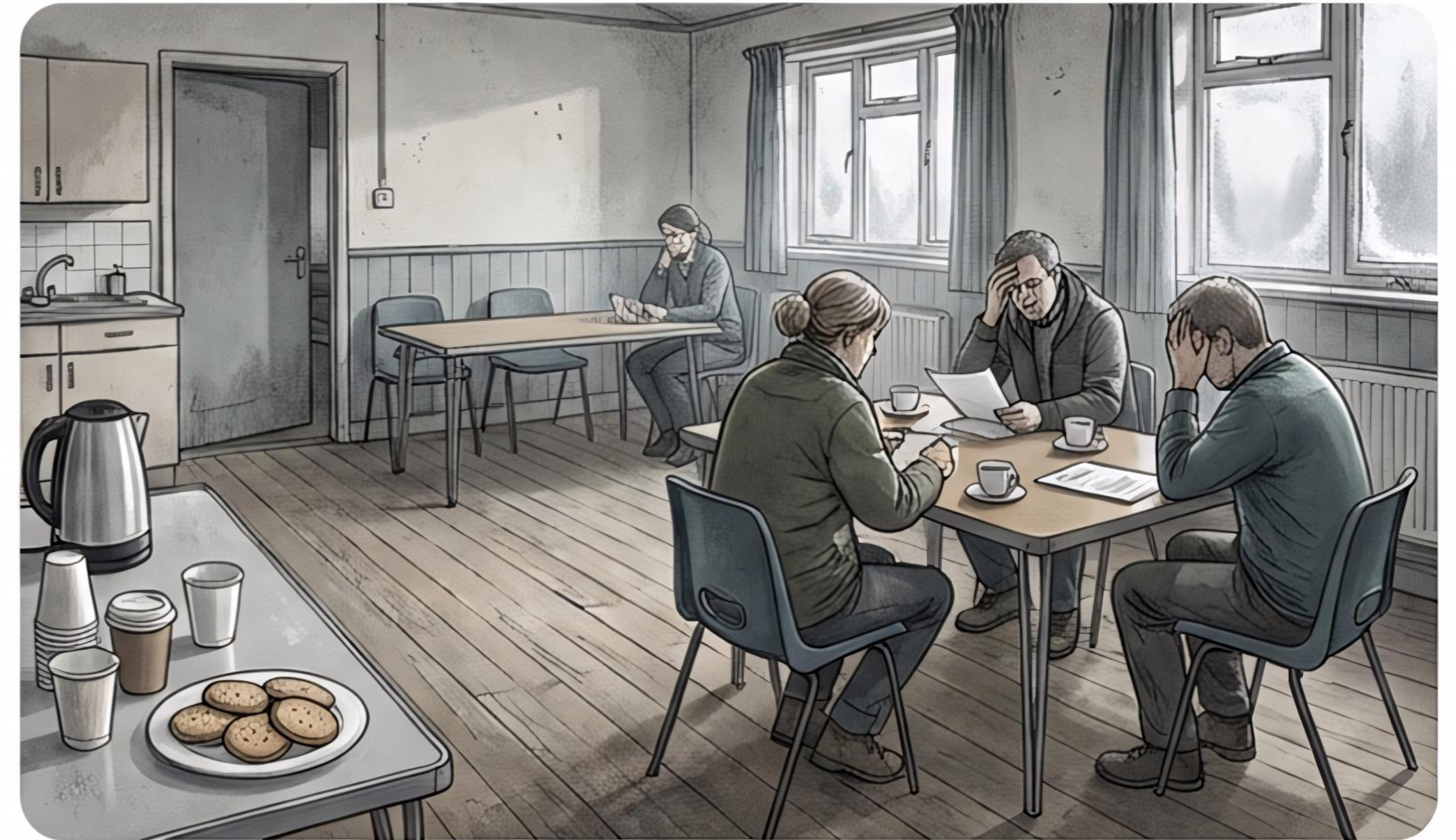Service Delivery & Engagement Manager, CareLoop Health

- **Focus:** Integration, stakeholder engagement
- **Goal:** Getting patients on the app

The Myth of the Boardroom vs. The Reality of the Village Hall

Expectation: Sleek rollouts, instant adoption, magic.

Reality: Ladock, Cornwall.

The Scenario: Training an Early Intervention team during their lunch break.

The Barrier: Governance and IG stalled go-live from November to March.

Key Insight: Innovation doesn't happen in glass offices. It happens in drafty community halls with tired staff who need tea and biscuits more than they need another login.

The 'Build It And They Will Come' Fallacy

November (The Vision): Plan to train champions -> Organic momentum -> Mass adoption.

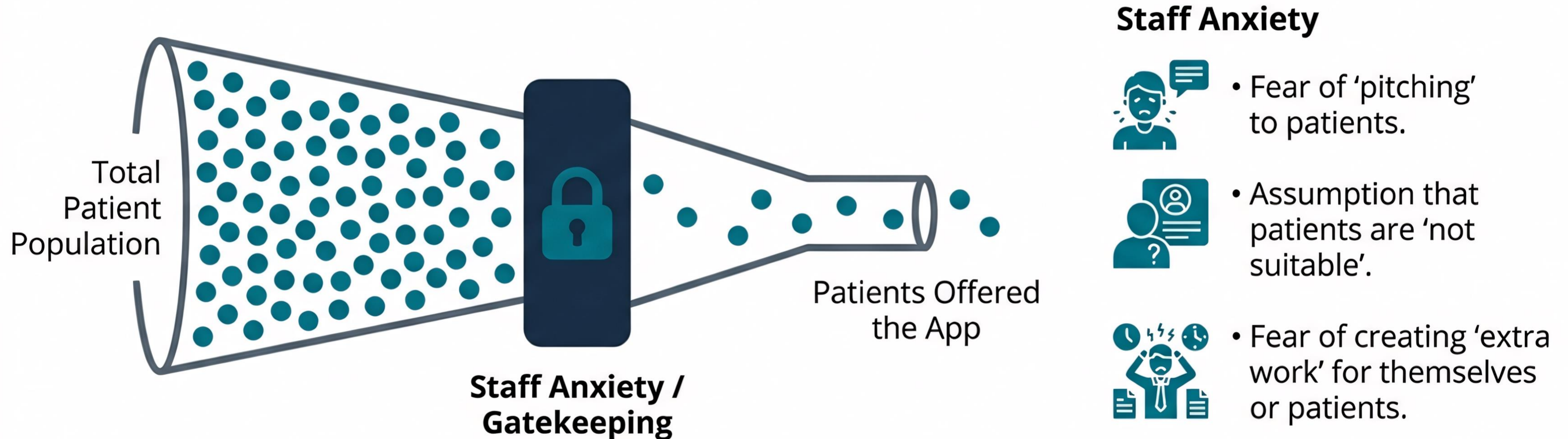**Nov-Feb (The Reality):** Governance delays. Staff did not self-drive adoption.

The Lesson: The work isn't technical; it is cultural, relational, and behavioral.

"We didn't yet know how much of the real work would end up being cultural... rather than just technical."

The Gatekeeping Challenge

Total Patient Population

Staff Anxiety / Gatekeeping

Patients Offered the App

Staff Anxiety

- Fear of 'pitching' to patients.

- Assumption that patients are 'not suitable'.

- Fear of creating 'extra work' for themselves or patients.

We unintentionally built a model relying on the **least reliable** resource: **staff enthusiasm** and **confidence**.

When Research Protocols Clash with Clinical Reality

Research Context

Direct contact allowed.
Researcher calls participant to check in.
High touch, personal.

Clinical Context

'ANONYMOUS'   ALERT

Must be anonymous.
Generic 'Patient has an alert' email.
No context provided.

The Result: Alert Fatigue

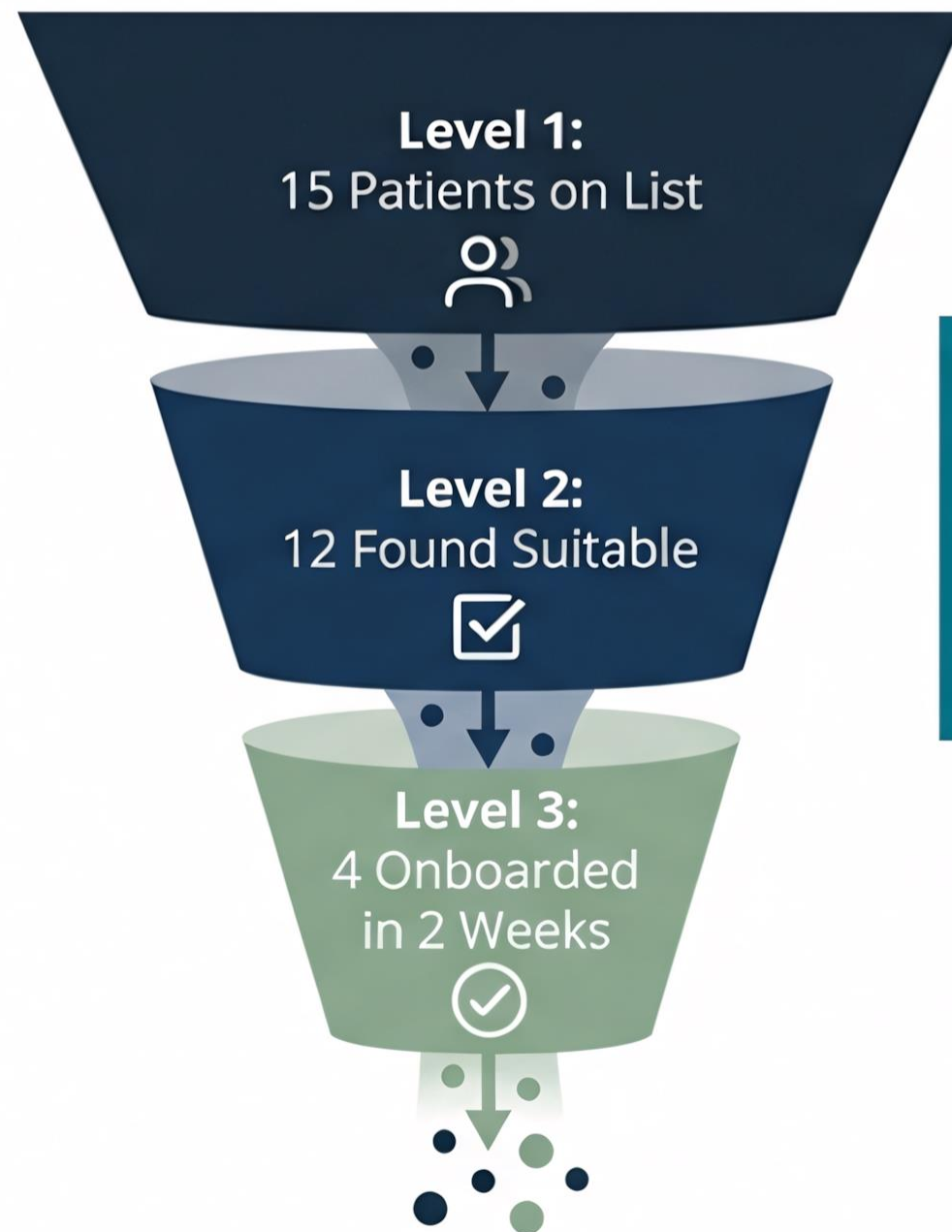**28**
'Discontinued Use' Alerts (Noise)

6
'Symptom' Alerts (Signal)

Insight: Clinicians felt the system was criticizing them for patient drop-off rather than providing clinical value.

The Pivot: The Digital Navigator Model
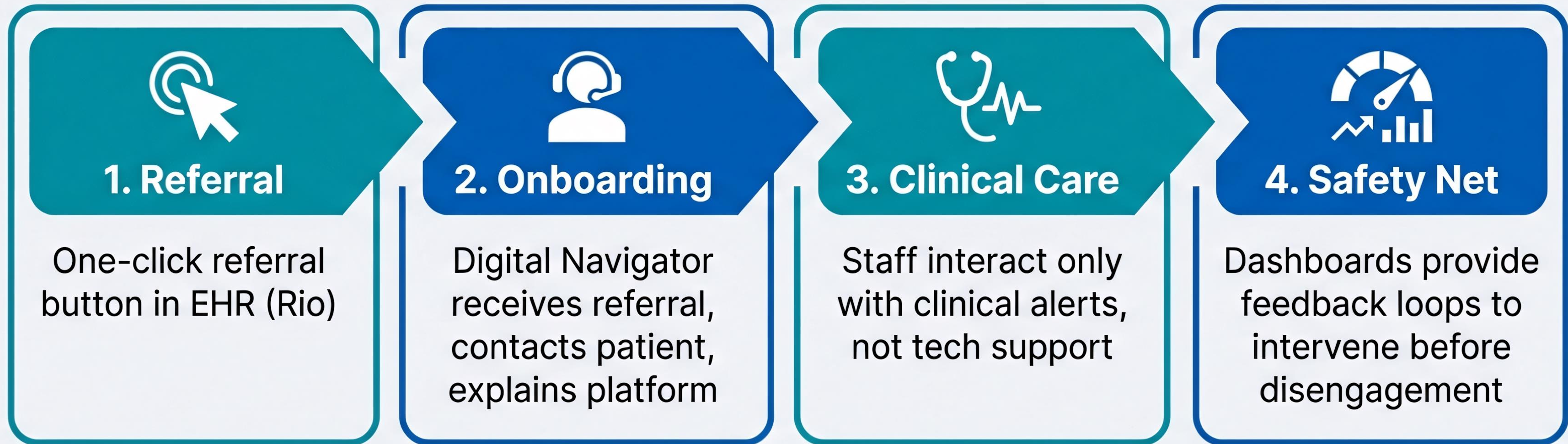
Funnel of Success

Level 1:
15 Patients on List

Level 2:
12 Found Suitable

Level 3:
4 Onboarded in 2 Weeks

Resource Efficiency:
1.5 days/week = >1 user oboarded per day.

The Shift: Lowering friction by outsourcing the "onboarding anxiety" to Peer Support Workers (PSWs).
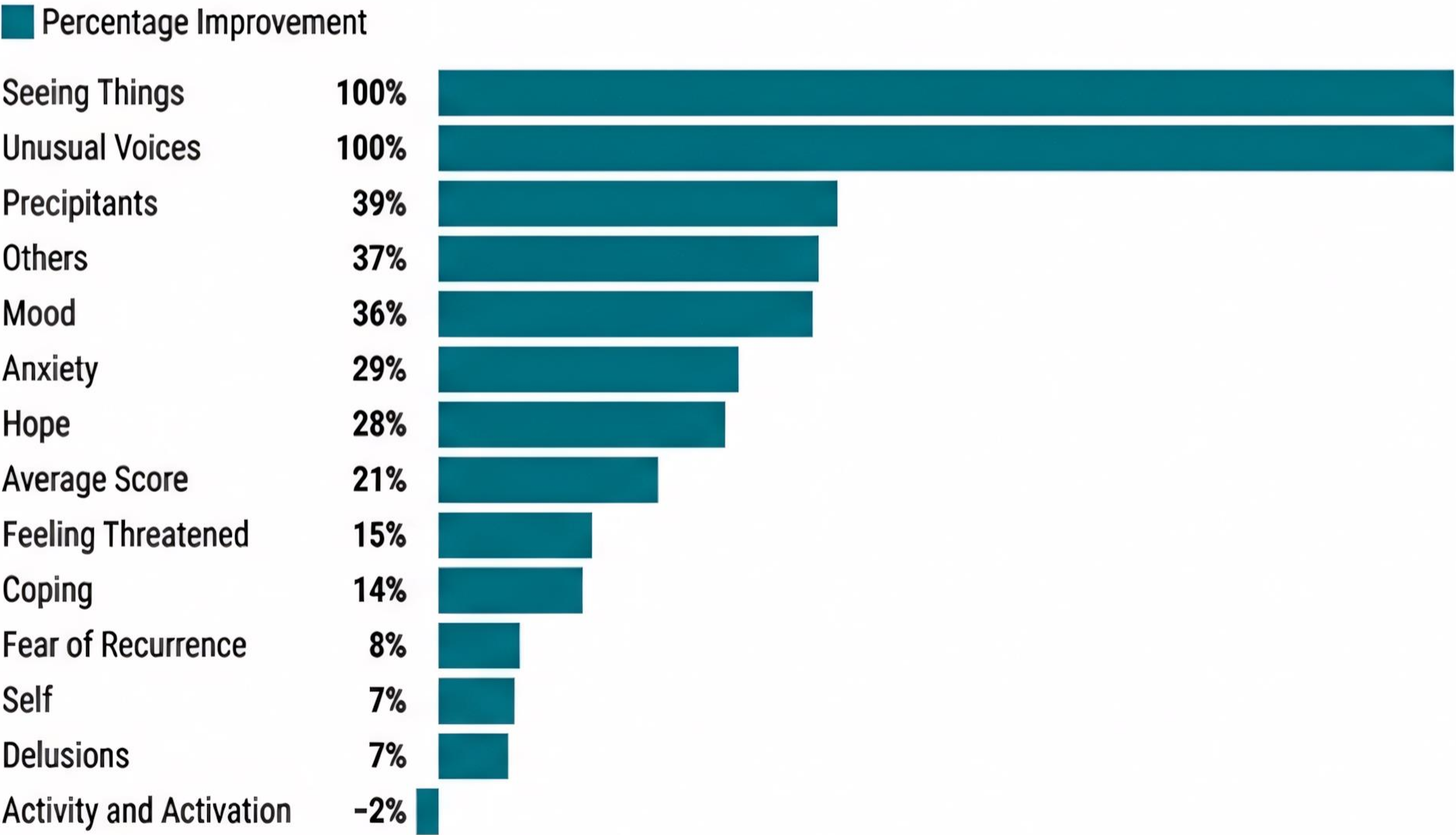
The 'Golden Path' Operating Model

1. Referral

One-click referral button in EHR (Rio)

2. Onboarding

Digital Navigator receives referral, contacts patient, explains platform

3. Clinical Care

Staff interact only with clinical alerts, not tech support

4. Safety Net

Dashboards provide feedback loops to intervene before disengagement

Why It Works: Reduces dependence on goodwill. Turns the app from ''extra work' into a 'passive safety net'.

Impact at Scale: Meet Mike

**Progress towards best possible improvement (positive) or deterioration (negative)**

Comparison of average scores: first 4 weeks vs most recent 4 weeks

■ Percentage Improvement

Seeing Things	100%
Unusual Voices	100%
Precipitants	39%
Others	37%
Mood	36%
Anxiety	29%
Hope	28%
Average Score	21%
Feeling Threatened	15%
Coping	14%
Fear of Recurrence	8%
Self	7%
Delusions	7%
Activity and Activation	-2%

- Engagement: Submitted >130 questionnaires over 160 days.

- Clinical Outcome: Complete remission of hallucinations in the last 4 weeks.

- System Value: Early Warning Signs (EWS) triggered productive clinical conversations.

Why Industry Needs NMAHPPs (Yes, You)

The Misconception:
Industry needs business people or coders.
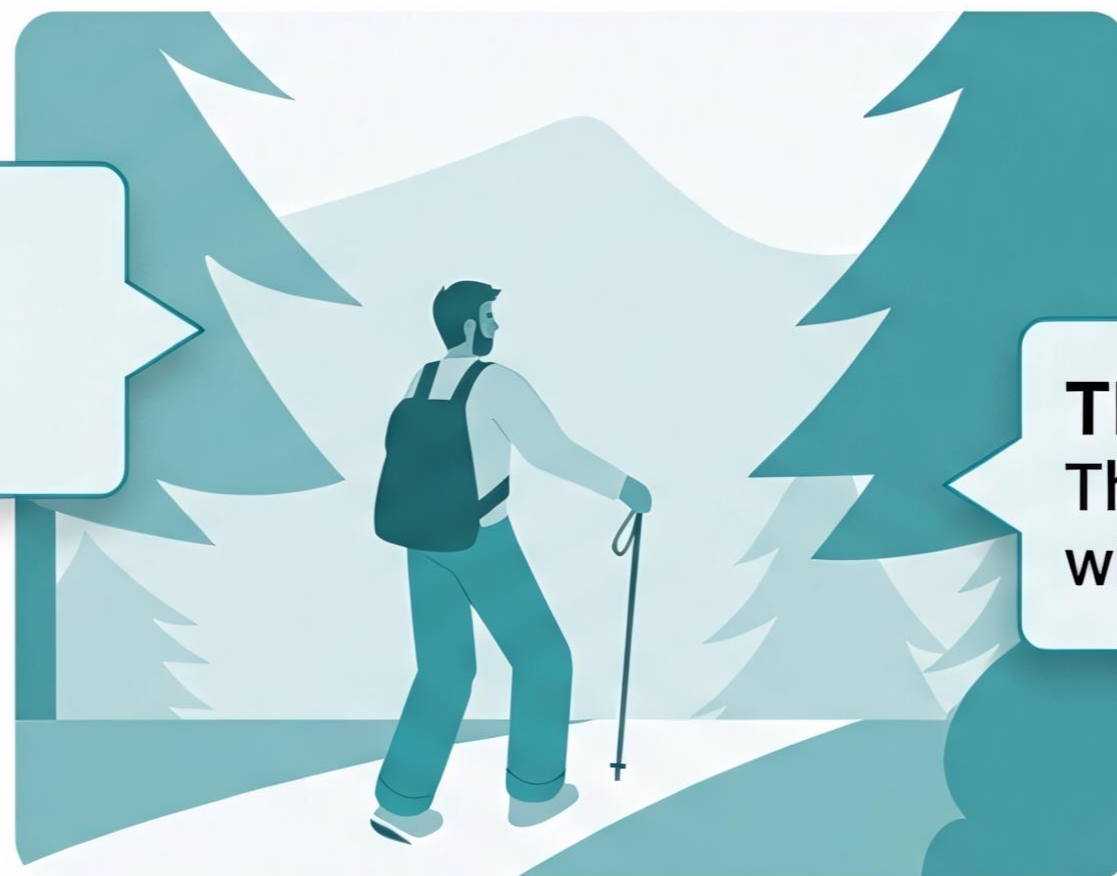
The Truth:
They need people who know what patient care feels like.

Your Superpowers:

Resilience:
Handling system crashes without panic.

Empathy:
Understanding why a clinician won't use a clunky app at 4 PM on a Friday.

Workflow Intuition:
Knowing that 'training' isn't enough; you need 'support'.

Finding Your Opportunity

Search Terms to Use:

- Service Delivery Manager
- Clinical Lead / Implementation Manager
- Customer Success (Clinical Focus)

The Golden Rule:

- Don't hide your clinical background. You are the translator between the code and the clinic.

Where to Look:

- Startups needing "Real World Evidence" (RWE)
- Companies running "Service Evaluations"

The Interview Question You Must Ask:

- What is your implementation strategy? Do you understand the clinical workflow?

Key Takeaways for the Clinician-Innovator

https://www.linkedin.com/in/harryjameschapman

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1. Tech is easy; People are hard.
(Cultural resistance is the main barrier)

2. Trust > Features.
(A broken demo damages more than a missing feature)

3. Friction is the Enemy.
(If it requires a new login, it won't be used)

4. Be the Translator.
Industry needs you to explain how they fit into the NHS)