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## *When Research Is Integrated, Healthcare Is Elevated*

An Introduction to Javara



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## *An Introduction to Javara*

**John Worden**, Chief Commercial Officer, Javara

**Tegan Mead**, Executive Director, Healthcare Alliance, Javara

**Amanda Wright**, Co-Founder and Senior Vice President,  
Strategic Solutions, Javara

**Charlotte Grayson-Mathis, MD**, Privia Health

**Katie Thompson, MD**, Mankato Clinic

*“We now consider our  
Javara team to be an  
extension of our practice.”*

— **Charlotte Grayson-Mathis, MD, Privia Health**

### *Webinar – September 30, 2025*

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Katie Thompson, MD, Mankato Clinic, set the context for the webinar with the story of a young patient who had been in and out of the emergency rooms and urgent care centers with severe asthma. “None of the medicines that we used really helped to calm it down,” Thompson remembered. “He was missing school.”

Then a clinical trial changed the picture, helping Mankato Clinic “bridge that gap to care” and “make a complete difference in this little kid’s life,” she said.

Positive results soon followed, including an encouraging well-child visit and regular school attendance. “This wouldn’t have happened if you had to travel an hour and a half to get to a bigger center,” Thompson importantly noted.

For administrative, economic, and infrastructure reasons, clinical trials tend to be hosted by larger healthcare organizations (HCOs) and in areas with a greater population density.<sup>1</sup> In-town access is not typical for a smaller community like Mankato, home to just more than 44,000 people in rural Minnesota.

Javara addresses this challenge through an integrated research model, making clinical trial participation accessible as part of the routine patient care experience. Thompson and Charlotte Grayson-Mathis, MD, Privia Health, two physicians serving smaller communities through Javara’s embedded research offerings, and representatives from Javara explained how.

## **Bringing Clinical Research Straight to the Community**

Javara embeds clinical trials at the point of care, removing financial and operational barriers and enabling smaller health systems to connect patients to research, “through physicians they already trust, in communities they already love.”<sup>2</sup>

“It starts with access,” said Amanda Wright, a Javara co-founder, “enabling healthcare systems and healthcare organizations to bring research to the patients in their own communities, advancing those therapies right there.”

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<sup>1</sup> <https://pmc.ncbi.nlm.nih.gov/articles/PMC7049079/>

<sup>2</sup> <https://www.amga.org/amga-membership/corporate-partner-profiles-directory/javara-inc>

“Many groups don’t have the bandwidth or knowledge to stand up clinical research infrastructure on their own,” she pointed out.

The integrated research model delivers benefits for provider engagement and retention as well.

“We protect the provider experience,” said Wright.

“Physicians don’t need to take on that extra burden that comes with managing, operating, and building research infrastructure.”

“We’re helping providers engage in research while they’re still maintaining standard care responsibilities,” said John Worden, Javara’s chief commercial officer.

“Many times, you don’t think you’re going to be able to do clinical research in this small town,” said Tegan Mead, who oversees the growth of Javara’s healthcare partnerships. “That’s what we’re here to do: to change that thought.”

## How It Works

Bringing a new healthcare organization online starts with a discovery phase, Mead explained. This includes “really understanding what that organizational structure looks like, the priorities of that organization, as well as the patient population.”

From there, Javara develops collaborative pathways for key roles and responsibilities, with the goal of embedding clinical trial navigators within the practice. Dedicated clinical research teams, employed by Javara, work side by side with the Healthcare Partner’s existing care teams in areas such as cardiology, neurology, psychiatry, and gastrology, among others.

Especially in high-demand areas like those driven by GLP-1-adoption, “having those resources embedded into the clinics really allows the clinics to scale,” Worden said. He noted that Javara is also seeing growth in rheumatology, endocrinology, dermatology, and neurology, including memory disorders and movement disorders.

With teams in place, “Javara will really take care of the backend from there,” Mead said. She cited activities including regulatory and back-end technical integration, recruitment efforts, compliance needs, and data capture.

“It’s really just integrating research into those normal flows and trying to make it as normal and seamless as possible,” she said.

## “An Extension of Our Practice” in Georgia and Minnesota

From the perspective of her practice in Fayetteville, with a population of just more than 19,000, Grayson called the integration process “very smooth,” especially in the area of provider workflows.

“I think one of the concerns that a lot of physicians have when they start to integrate clinical research into their practice is the amount of work that it would take to actually run a clinical trial,” she said. “Javara staff really trained us well, worked with us, and helped us develop workflows and processes to integrate into our practice.”

“It’s very easy to integrate into my normal day without any interruption to my schedule,” Grayson said.

“We’re all busy physicians out there, and it’s hard to think about sort of adding another thing in,” Thompson said of her own experience at Mankato Clinic. Clinical trials via Javara have “just sort of streamlined in” with her practice.

“It’s not any additional work for my staff, and I feel like I’m able to balance everything and really just bring something new and different to patients,” she observed.

“It’s definitely a well-oiled machine both at Dr. Grayson’s and Dr. Thompson’s sites,” Worden noted.

When asked about the biggest benefit so far, Thompson replied: “Bottom line: It’s improved patient care. We have another option to offer our patients here locally.”

“We’re a small-town clinic,” she said. Services like clinical trials through Javara help her practice meet patient expectations and “be on the cutting edge of medicine.”

Grayson said she has seen similar benefits. “Bringing clinical research right into our building at the point of care not only offers a revenue source for the physicians in the practice, but it also gives our patients access to some novel treatments,” she said.

Clinical trials in areas like diabetes and obesity have also enhanced patient access to ancillary services like nutritionists, she said, helping her practice reach high-value care goals for their patients.

## **Tips for a Successful Integrated Research Partnership**

What advice did the speakers have for other organizations pursuing such a path?

“Find providers who really are interested in this,” Grayson advised. “Find the right partner like Javara who brings in all of the expertise in actually running the clinical trials. That is a perfect mix to start research.”

From Wright’s perspective on the other side of this partnership, a clear communication plan is critical to success. “What are the shared goals? What are the shared objectives?”

Make sure that you’re tracking these things and transparently communicating about them, she advised, “having those conversations.”

Think about what therapeutic areas will be part of the integrated model, said Worden. “Make sure everybody’s very comfortable with the expectations of being an investigator in that therapeutic area.”

Also understand that how a health system is organized, including the location of key sites, may drive what clinical trials are possible.

“It’s so important to understand an organization and how various locations work together,” Wright said. “What are the central services and functions? How would we think about research as a central function to multiple locations?”

Primary care practices and internal medicine can play a critical role in the success of embedded clinical trial delivery due to their strong access to patients and ability to handle multiple indications.

## **Moving from Initial Resistance to Accepted Practice**

Bringing these doctors on board will be a challenge at first, Mead said. Common initial reactions often include, “I don’t have time,” and “How am I going to get paid?”

Be able to communicate the potential value of point-of-care clinical research in response.

“Having clinical research as an option within the organization really helps to attract and retain top physician talent, especially if you are in a more rural setting,” Mead said. “More visits equal more eyes on those patients, helping to identify things early on.”

Benefits extend to the practice as a whole. “At the end of the day it is a revenue stream,” she said. “And local access to clinical research really strengthens and elevates an organization’s reputation as an innovator.”

“Patients started giving feedback that they really liked these trials, that this was a differentiator between us and other practices in the area,” Grayson recalled from her own experiences. This, along with articles published in prestigious journals about the program, “started to get physicians’ attention.”

Pursuing a clinical research partnership “requires balancing” on the part of physicians, Grayson cautioned. “They have to be willing to put in some time and some energy.”

She mentioned that she herself had needed to adjust her own schedule accordingly at times. “But in the end, the reward was really worth the effort.”

“If you can build that model and that culture within a clinic, it can be very successful financially at the end of the day,” Worden concluded. “And it becomes a standard practice.”



One Prince Street  
Alexandria, VA 22314-3318  
[amga.org](http://amga.org)