



Advisory Panel on Improving Healthcare Systems

September 9, 2013
1–3 pm EST

Patient-Centered Outcomes Research Institute



Welcome & Introductions

Patient-Centered Outcomes Research Institute

Housekeeping

- Today's webinar is open to the public and is being recorded
- Members of the public are invited to listen to this teleconference and view the webinar
- Anyone may submit a comment through the webinar chat function, although no public comment period is scheduled
- Visit www.pcori.org/events for more information

Panel Leadership

 Trent Haywood, MD, JD

- Advisory Panel Chair

 Doris Lotz, MD, MPH

- Advisory Panel Co-Chair

 Chad Boulton, MD, MPH, MBA

- Director, PCORI Improving Healthcare Systems Program

Advisory Panel Members

- 🌐 **Andrew Adams, BBA**
MBA Candidate, The Wharton School of the University of Pennsylvania
- 🌐 **Leah Binder, MA, MGA**
President & CEO, The Leapfrog Group
- 🌐 **Mary Blegen, RN, MA, PhD, FAAN** *Adjunct Professor, College of Nursing, University of Colorado at Denver*
- 🌐 **David Bruhn, PharmD, MBA**
Health Outcomes Liaison, National Accounts, GlaxoSmithKline
- 🌐 **Daniel C. Cherkin, MS, PhD**
*Director, Bastyr University Research Institute
Senior Scientific Investigator, Group Health Research Institute*
- 🌐 **Alan B. Cohen, MS, ScD**
Professor, Health Policy and Management, Boston University School of Management
- 🌐 **Elizabeth D. Cox, MD, PhD**
Associate Professor, Departments of Pediatrics and Population Health Sciences, University of Wisconsin-Madison
- 🌐 **Susan Diaz, MPAS, PA-C**
Physician Assistant, Liver Transplant, Mayo Clinic in Florida

- 🌐 **John A. Galdo, PharmD, BCPS**
Clinical Pharmacy Educator, Barney's Pharmacy
- 🌐 **Priscilla Huang, JD**
Policy Director, Asian & Pacific Islander American Health Forum (APIAHF)
- 🌐 **Eve A. Kerr, MD, MPH**
Director, Ann Arbor Center for Clinical Management Research
- 🌐 **Joan Leon, BA**
Retired Health Consultant
- 🌐 **Tiffany Leung, MD, MPH**
Internal Medicine Physician, Southern Illinois University
- 🌐 **Annie Lewis-O'Connor, NP-BC, MPH, PhD**
Founder and Director, Women's CARE Clinic
- 🌐 **John Martin, MPH**
Senior Director, Research Operations, Premier Inc.
- 🌐 **Lisa Rossignol, MA**
Graduate Student, Health Communication, University of New Mexico
- 🌐 **Anne Sales, RN, PhD**
Professor, School of Nursing, University of Michigan
- 🌐 **Jamie Sullivan, MPH** *Director of Public Policy, COPD Foundation*
- 🌐 **Leonard Weather Jr., MD, RPH**
Director, Omni Fertility and Laser Institute

IHS Staff

- Lynn Disney, PhD, JD, MPH
 - Senior Project Officer
- Alex Hartzman, MPH, MPA
 - Program Associate
- Lauren Holuj, MHA
 - Program Associate
- Tomica Singleton
 - Senior Administrative Assistant

Today's Discussion Topics

- Improving Healthcare Systems
 - Mission
 - Portfolio
- Initial Activities of the Advisory Panel and Staff
 - Prioritization of Potential Research Topics
 - Progress on Developing Prioritized Topics
 - Discussion
- Additional Roles for Advisory Panel
 - Curriculum for Training Awardees
 - Others
- Adjourn



Improving Healthcare Systems Program

Chad Boulton, MD, MPH, MBA
Director

Patient-Centered Outcomes Research Institute

PCORI's Mission

- ACA 2010: PCORI shall fund comparative effectiveness research to
 - Discover new information that allows patients/families/clinicians and health system leaders to make better decisions between alternative approaches to care that may lead to better patient-centered outcomes

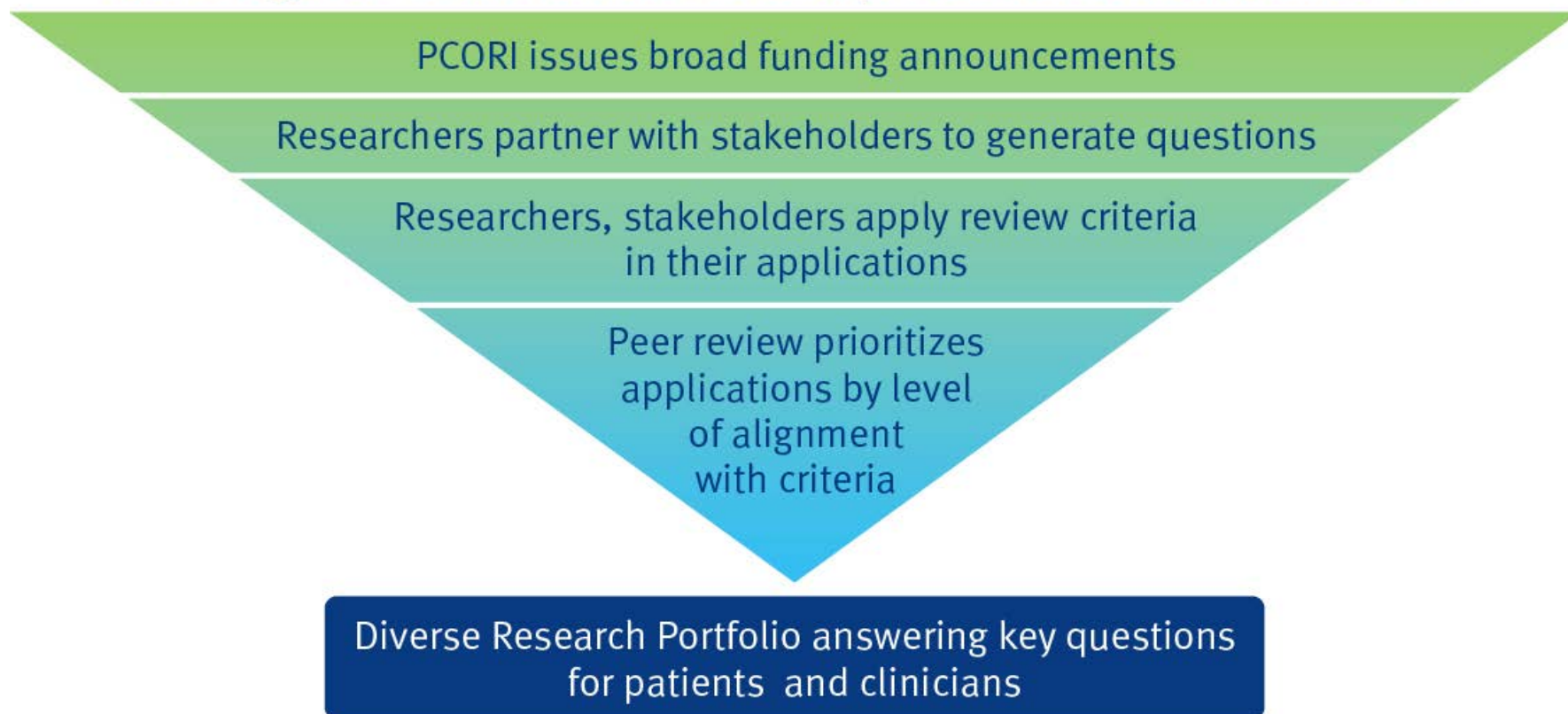
Engagement

- PCORI's research must be conducted by scientists who are *engaged* with patients and stakeholders (like clinicians, executives of provider organizations, administrators of insurance companies, and representatives of manufacturers)
- Significant engagement extends throughout the research process

Traditional Path for Selecting Topics for Research Contracts

Figure 1: Traditional Process

Investigator-Generated Research Just One Part of the Process



Novel Path for Selecting Topics for Research Contracts

Figure 2: Unique Process

Patient/Stakeholder-Led Approach

PCORI and stakeholders generate and prioritize questions based on review criteria

PCORI issues specific, funding announcements for highest priority topics

Researchers and stakeholders develop responsive proposals

Peer review prioritizes applications by level of alignment with criteria

Diverse Research Portfolio answering key questions for patients and clinicians

IHS Portfolio

- From broad funding announcements
 - 19 currently funded projects
 - 13 new projects proposed for funding
- From targeted funding announcements
 - RCT of strategy for reducing serious injuries from falls in older populations
 - June 14 - NIA-PCORI Falls Injuries Prevention Partnership signed
 - July 16 - RFA [released](#)
 - August 23 - Informational [webinar](#) for applicants
 - October 13 - LOIs are due
 - November 13 - Proposals due
 - February 2014 - Awardee to be announced
 - Five topics in development for funding announcements



Initial Activities of the Advisory Panel and Staff

Trent Haywood, MD, JD – Panel Chair

Doris Lotz, MD, MPH – Panel Co-Chair

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Evolution of the Topics

1,000+ research topics collected



841 accepted



309 assigned to Improving Healthcare Systems (IHS) program

- Program director screened and consolidated topics



90 were scored on four criteria



15 with highest scores were selected for further consideration

- Topic briefs provided to Advisory Panelists
- Topics modified and prioritized by Advisory Panel (4/19/13)

Prioritization of Topics

Topic	Score	Rank
Patient-Empowering Care Management for Chronic Conditions	134	1
Transitions in Care	104	2
Mental Health and Primary Care Co-Location	85	3
Perinatal Management	82	4
Effect of Insurance Features	78	5
Healthcare Homes	53	6
Health IT and Treatment Guidelines	52	7



Progress on Prioritized Topics

Chad Boult, MD, MPH, MBA – Program Director

Lynn Disney, PhD, JD, MPH – Senior Program Officer

Alex Hartzman, MPH, MPA – Program Associate

Lauren Holuj, MHA – Program Associate

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Hospital-to-Home Transitional Care

Comparative effectiveness research to help guide the transformation of transitional care in the U.S.

*Chad Boult, MD, MPH, MBA
Program Director*

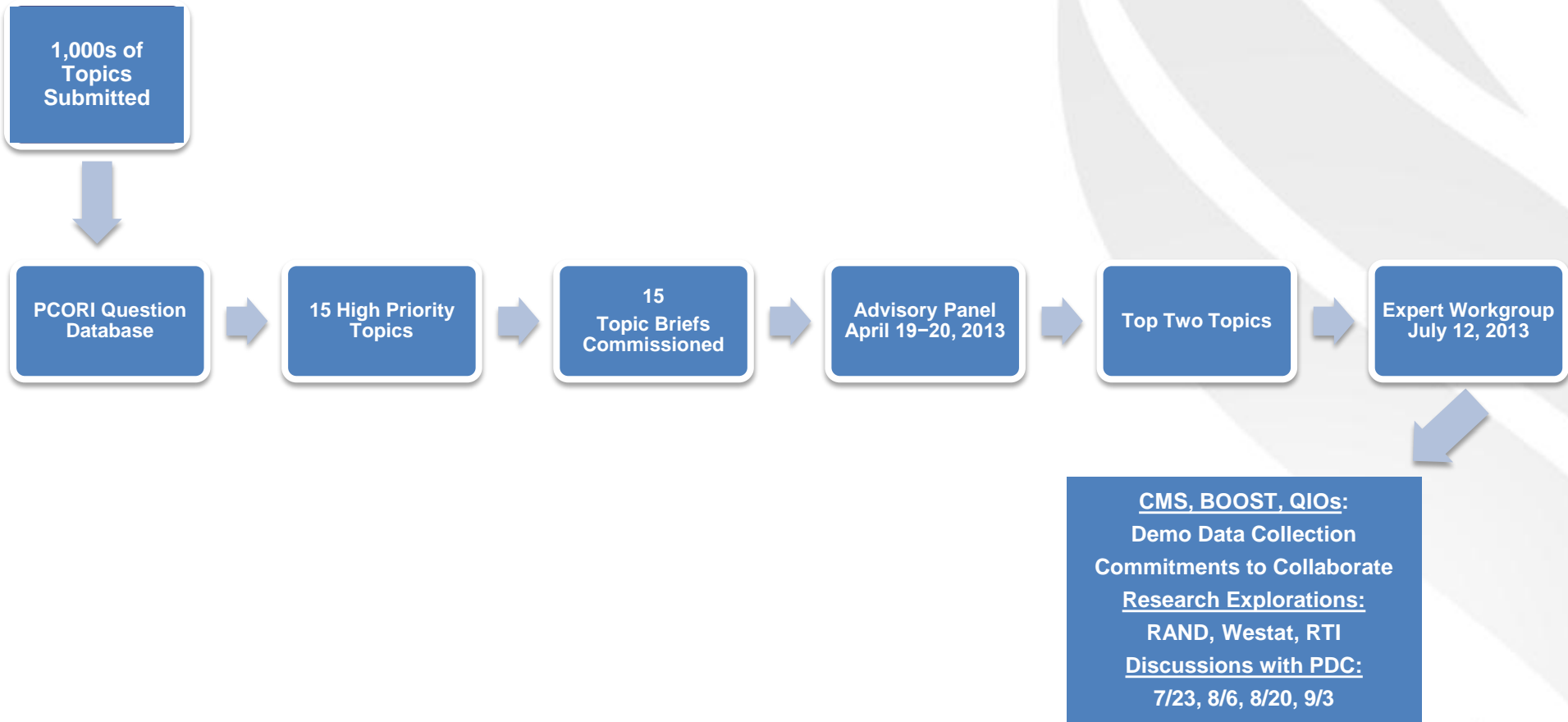
*Lauren Holuj, MHA
Program Associate*

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Goal



To facilitate informed decision making by policy makers, payers, hospitals, community agencies, physicians, patients, and caregivers that will guide the future implementation of transitional care models now being tested throughout the U.S.

Development of the Topic



Transitional Care Models Being Tested

Model Features	CTI®	TCM	RED
Duration	4 weeks	1–3 months	3–5 days
Facilitator	coach	APN/RN	virtual nurse
In-hospital assessment	+	+	+
Pt preparation for discharge	+		+
Pt personal health record	+		
Medication management	+	+	+
Pt preparation for PCP visit	+	+	
Accompany pt to PCP visit		+	
Post-discharge follow-up	3 phone calls	4 home visits, phone calls	1 phone call

-  The abilities of these models to reduce 30-day re-admissions are being tested in three national initiatives:
 - Quality Improvement Organizations (QIOs) – [226 communities](#)
 - CMMI - Community-based Care Transitions Program (CCTP) – [102 communities](#)
 - SHM - Better Outcomes by Optimizing Safe Transitions (BOOST) – [183 hospitals](#)
-  These demonstration projects will determine little about these models' relative effects on other patient-centered or caregiver-centered outcomes, or about the models' potential for scalability

Opportunity

- **Opportunity:** Support a national comparative effectiveness study among the patients, caregivers, and other stakeholders who are participating in the ongoing demonstrations of various evidence-based models of transitional care
- **Examples of Possible Research Questions:**
 - What is the relative effectiveness of CTI[®], TCM, and RED in improving patient- and caregiver-centered outcomes (compared to “usual care”):
 - in urban/suburban people with complex transitional care needs?
 - in urban/suburban people with *mental disabilities* and complex transitional care needs?
 - in rural/frontier people with complex transitional care needs?
 - in rural/frontier people with *mental disabilities* and complex transitional care needs?
 - How acceptable is participation in CTI[®], TCM, and RED for each of the participating stakeholders, e.g., hospitalists, primary care providers, coordinators, hospitals, and community agencies?
 - What are the effects of these models on other disadvantaged people, e.g., those with physical disability, low health literacy, low English literacy, no health insurance, poverty, non-supportive home environment, and/or lack of personal PCP?

Research Contract

With the cooperation of CMS, Project BOOST, and the QIOs (*which have already pledged their support*), PCORI's contractor would:

- Develop and validate instruments
- Recruit patients, caregivers, providers, and organizations at a sample of the 511 current demonstration sites
- Conduct surveys, interviews, and focus groups to determine:
 - Model characteristics
 - Patient characteristics – demographics, complexity of care needs, personal resources/challenges, etc.
 - Patient and caregiver outcomes 30 and 60 days post-discharge
 - Acceptability of the model to the relevant stakeholders
- Analyze and report answers to research questions by 2017

Potential to Improve Practice and Patient-Centered Outcomes

The results of this project would:

- Provide comprehensive information about the relative benefits, harms, and acceptability of the CTI[®], TCM, and RED models
- Facilitate informed decision making by policy makers, payers, hospitals, community agencies, physicians, patients, and caregivers that would help guide the transformation of transitional care in the U.S.

Discussion



Patient-Empowering Care Management for Chronic Conditions

Alex Hartzman, MPH, MPA
Program Associate

Patient-Centered Outcomes Research Institute

Patient-Empowering Care Management

Evolution of Topic

- April 2013 - Advisory Panel combined 5 topics:
 - Care Management for Chronic Disease
 - Care Management for COPD
 - Care Management for Cancer
 - Care Management in Palliative Care
 - Care Management of Multiple Chronic Conditions
- What is the effect of patient-empowering care management on patient-centered outcomes among patients with chronic or progressive conditions, disability, cancer, or other potentially life-changing illnesses?
- Workgroup scheduled for December 6, 2013

Patient-Empowering Care Management

Literature Reviews

Internal review found:

- A working definition of patient empowerment
- Confusion in the literature between use of the terms empowerment, engagement, activation, enablement, etc.
- Good studies of models for some conditions (especially diabetes, general chronic care)
- Very few measures of empowerment; most disease-specific

External advice *against* commissioning literature review:

- Literature base not specific enough on models, definition of empowerment, specific process measures
- Ironically, best available literature reviews primarily documented lack of agreement on meaning of the term.

Patient-Empowering Care Management

Typical Model Elements

Self-Determination

- Patients determine care goals with practitioners, record in care plans

Patient Education

- Patients are educated on diagnosis, treatment, and management options, and their likely outcomes

Motivational Interviewing

- Counseling to build patient confidence, self-efficacy, and trust with care manager

Care Management Training

- Training in the methods of care management for practitioners to take on role

Discussion



Perinatal Care Management

*Lauren Holuj, MHA
Program Associate*

Patient-Centered Outcomes Research Institute

Perinatal Care Management

- What is the effect of care management on patient-centered outcomes among pregnant and post-partum women?
 - Defining “perinatal” and evidence-based models
 - Collaborating with PCORI’s Addressing Disparities program
 - Exploring the Strong Start for Mothers and Newborns Initiative (CMMI)
 - Multi-perspective workgroup to be held on October 24th



Models of Integration of Mental Health Care and Primary Care

Alex Hartzman, MPH, MPA
Program Associate

Patient-Centered Outcomes Research Institute

Integration of Mental Health Care and Primary Care

Evolution of Topic

- Compared to non-integrated care, what is the effect of primary care integrated with mental health care on mental health symptoms, medication use, and other patient-centered outcomes?
 - Initial review of literature found:
 - AHRQ has done a tremendous amount of work: Integrated Care Academy, Integrated Care Lexicon, What's Needed in Research guide.
 - A definition of care integration from AHRQ's lexicon: “a set of working relationships and workflows between clinicians in separate spaces that achieves communication, collaboration, patient-centered operations, and practice culture.”



Features of Health Insurance Coverage

Lynn Disney, PhD, JD, MPH
Senior Program Officer

Patient-Centered Outcomes Research Institute

Different Features of Health Insurance

Topic Review and Progress Since Last Meeting

- What are the relative effects of different insurance features (i.e., benefit designs, utilization management, cost sharing) on chronically ill patients' access to care, quality of care, and PCOs?
 - Is only addressed twice in PCORI's portfolio
 - Literature review on horizon
 - Ideas on how to proceed?
 - Magnitude of the topic
 - Cost of useful research
 - Sensitivities around cost-effectiveness research (which PCORI may not fund)



Discussion of Topics

Moderated by:

Trent Haywood, MD, JD – Chair

Doris Lotz, MD, MPH – Co-Chair

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Additional Roles for Advisory Panel

Moderated by:

Trent Haywood, MD, JD – Chair

Doris Lotz, MD, MPH – Co-Chair

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Curriculum for Training Awardees

- To facilitate awardees' success in PCORI research
- Online 1–2 hour course with different content for scientists, patients, and stakeholders
- Addresses knowledge, skill, and attitudinal learning objectives for each group
- Will be required for all PCORI awardees
- In development with education consultant
- Would benefit from input from Advisory Panel members

Other Roles?

Adjourn

Thank you for your participation!