



## Advisory Panel on Improving Healthcare Systems

### September 9, 2013, Meeting Summary

## Overview

PCORI's Advisory Panel on Improving Healthcare Systems participated in a webinar on September 9, 2013, to review progress toward refining the five research topics that the panel [prioritized for potential funding in April 2013](#)<sup>1</sup>: (1) patient-empowering care management for chronic conditions, (2) transitions in care, (3) mental health and primary care co-location, (4) perinatal management, and (5) effects of insurance features.

Dr. Chad Boult, Director of PCORI's Improving Healthcare Systems (IHS) program, led off with a welcome and an orientation to the mission of PCORI and the charge to the Advisory Panel on Improving Healthcare Systems. He reviewed PCORI's legislative mandate, the key characteristics of research eligible for PCORI funding, PCORI's novel approach to selecting topics for research contracts, and PCORI's portfolio of broad and targeted funding announcements. Dr. Doris Lotz, co-chair of the panel, then reviewed the evolution of a research topic to explain how the IHS program evaluated and ranked more than 1,000 research topics to arrive at the five prioritized topics.

During the second half of the meeting, PCORI staff reviewed progress to date, including modifications to the topics. These topics were discussed in their current prioritization sequence and panel members provided feedback (see below for details of the discussion). Finally, the group discussed additional roles for the panel and next steps for the project.

- [Advisory Panel on Improving Healthcare Systems](#)
- [Research Prioritization for Improving Healthcare Systems](#)
- [Topic Generation and Research Prioritization Process](#)
- [How PCORI Selects Research Topics](#)

The Patient-Centered Outcomes Research Institute (PCORI) is an independent organization created to help people make informed healthcare decisions.

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<sup>1</sup> Available at [pcori.org/assets/2013/06/PCORI-Patient-Engagement-Advisory-Panel-April-2013-Meeting-Summary-042013.pdf](http://pcori.org/assets/2013/06/PCORI-Patient-Engagement-Advisory-Panel-April-2013-Meeting-Summary-042013.pdf)

## Progress on Prioritized Topics and Panelist Feedback

**Hospital-to-Home Transitional Care.** Dr. Boult provided an overview of the [July 2013 workgroup on transitional care](#)<sup>2</sup> meeting held to help identify research gaps and questions in this topic area. The workgroup concluded that building on large-scale research programs with new research has the potential to develop a broad base of evidence in the short term that may guide clinical decision making and the successful widespread adoption of transitional care programs. Dr. Boult described three models of transitional care—the Care Transitions Intervention (CTI), the Transitional Care Model (TCM), and the Re-Engineered Discharge (RED) intervention—currently being tested in national initiatives such as the Centers for Medicare and Medicaid Services (CMS) Quality Improvement Organizations (QIOs), the Community-based Care Transitions Program (CCTP) funded by the Center for Medicare and Medicaid Innovation (CMMI), and Project BOOST (Better Outcomes by Optimizing Safe Transitions), led by the Society of Hospital Medicine (SHM). Dr. Boult emphasized that current evaluations of these demonstrations largely focus on 30-day readmissions, and they will determine little about these models' relative effects on their patient-centered or caregiver-centered outcomes, or about the models' potential for scalability. There is an exciting opportunity for PCORI to conduct a national comparative effectiveness study of various models of transitional care, building on these demonstrations, with a focus on patient-centered and caregiver-centered outcomes, and the potential for scalability. CMMI, Project BOOST leadership, and the QIOs have committed to collaborate on such a study. PCORI staff has also consulted with RAND, Westat, and RTI on research design and with PCORI's [Program Development Committee](#).<sup>3</sup>

Potential research questions for this study include:

- 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, or lack of a personal primary care provider?

Dr. Boult informed the panel that requests for proposals would require that the contractor develop and validate instruments; recruit patients, caregivers, providers, and organizations from a sample of demonstration sites; conduct surveys, interviews, and focus groups; and analyze data and report answers to research questions by 2017. The goal is for the results of this study to provide comprehensive information about the benefits and harms of the CTI, TCM, and RED models and facilitate informed decision making by healthcare stakeholders that would help guide the transformation of transitional care in the United States.

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<sup>2</sup> Available at [pcori.org/events/transitional-care-workgroup/?type=past](http://pcori.org/events/transitional-care-workgroup/?type=past).

<sup>3</sup> Available at [pcori.org/about-us/governance-and-leadership/leadership/pcori-board-committees/program-development-committee-pdc-charter/](http://pcori.org/about-us/governance-and-leadership/leadership/pcori-board-committees/program-development-committee-pdc-charter/).

Several advisory panel members expressed concerns about funding one large study rather than several smaller studies. One panel member pointed out that a large study may miss opportunities to identify components of successful transitional care that are not expressed in the three models. She emphasized that there are many other transitional care models being tested that will not be represented under a single study.

In addition, some panelists noted the importance of examining the effect of the transitional care models on a wider variety of populations. For example, one panel member noted the models may not apply to pediatric populations and that common measures may not evaluate what is really relevant for some subpopulations. Another panelist expressed the importance of using a multimodal survey that accommodates people with different health literacy levels and different language needs.

Finally, another panelist recommended that the study focus on a subset of health conditions to show the impact of the transitional care models in a shorter timeframe.

**Patient-Empowering Care Management for Chronic Conditions.** Alex Hartzman, PCORI Program Associate, began this discussion by reminding panel members that the topic combined five separate topics proposed during the April 2013 Advisory Panel meeting, each focusing on care management for a specific condition: chronic disease, COPD, cancer, palliative care, and multiple chronic conditions. He then summarized findings from a preliminary review of the literature. Notable findings were that there is a lack of consensus in the literature about terms related to patient empowerment, that there are few measures of empowerment, and that the empowerment models that have been developed focus on specific conditions. The current patient-empowerment models focus on self-determination, patient education, motivational interviewing, and care management training.

Panelists had many recommendations on the potential directions for patient-empowering care management research, and suggestions for additional literature to review and resources and experts to consult. One panel member questioned how researchers will elicit patient preferences for the way they want to get care as opposed to the way care management wants to give it to them. Another panelist suggested that the workgroup explore patient-provided care management that would include patient navigators and peer support. Another panelist suggested that there be some way to bridge the research and implementation of these programs.

Several panelists recommended that PCORI review the literature related to empowering people with disabilities. PCORI is currently identifying stakeholders to participate in a workgroup in December 2013 to further refine research questions on this topic.

**Perinatal Care Management.** PCORI Program Associate Lauren Holuj provided a brief overview of current research activities and questions on perinatal care management. Central to PCORI's activities will be defining "perinatal" and evidence-based models, collaborating with PCORI's Addressing Disparities program, exploring the CMMI Strong Start for Mothers and Newborns Initiative, and assembling a multi-perspective workgroup to be held on October 24, 2013. Panelists provided limited

feedback. Dr. Doris Lotz, IHS Advisory Panel Co-Chair, noted that perinatal care management is a high priority issue for Medicaid.

**Models of Integration of Mental Health Care and Primary Care.** Alex Hartzman reviewed the evolution of the topic and described findings from a preliminary literature review he completed. Mr. Hartzman emphasized that the Agency for Healthcare Research and Quality (AHRQ) has already conducted a comprehensive review of integration models; however, he noted there have been approximately 1000 studies published since the completion of the review. The primary research question under this topic is “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?” Panelists did not provide any feedback.

**Features of Health Insurance Coverage.** PCORI Senior Program Officer Dr. Lynn Disney introduced the question, “What are the relative effects of different insurance features (e.g., benefit designs, utilization management, cost sharing) on chronically ill patients’ access to care, quality of care, and patient-reported outcomes.” She noted that the topic is only addressed twice in PCORI’s portfolio of funded projects. PCORI has not yet conducted a review of the literature in this area. Dr. Disney looked for feedback on how to proceed given the magnitude of the topic.

Panel feedback on the topic was diverse. One panel member asked whether the focus of the topic should be on comparing benefit designs, or different approaches (e.g., benefit design versus utilization management versus cost sharing). Another member suggested the focus should be on access, specifically whether patients with insurance have access to the resources they need. A third panelist suggested that the topic be framed around the implementation of the Affordable Care Act, comparing approaches to state exchanges, Medicaid expansion, and implementation variation among states. There was a consensus that there should be a follow-up call to discuss this topic in more detail.

## Additional Roles for the Advisory Panel and Next Steps

The group discussed additional roles for the Advisory Panel. Dr. Boult provided an overview of a curriculum PCORI is developing to train awardees that would benefit from input from Advisory Panel members. With respect to training curriculum, panel members suggested they could serve as beta testers and provide subject matter expertise in areas such as consumer empowerment. Several panelists suggested that they could help PCORI review study progress, and provide expertise in areas that include survey research and instrument development. Panel members offered to connect PCORI staff and awardees with subject matter experts. Panel members also expressed interested in collaborating with other PCORI Advisory Panels, particularly related to communication and dissemination.

Before the webinar concluded, the group agreed they should meet three to four times per year, with a minimum of one in-person meeting annually.