

# Healthcare Delivery and Disparities Research Fall 2018 Advisory Panel Meeting

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November 15, 2018  
8:30am-4:30pm

# Housekeeping

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- Webinar is available to the public and is being recorded
- Members of the public are invited to listen to this teleconference and view the webinar
- Meeting materials can be found on the PCORI website
- Anyone may submit a comment through the webinar chat function, although no public comment period is scheduled
- Visit [www.pcori.org/events](http://www.pcori.org/events) for more information
- Chair Statement on COI and Confidentiality

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# Welcome and Introductions

# Panel Leadership

- Umbereen Nehal, MD, MPH  
HDDR Advisory Panel Co-Chair
- Craig Umscheid, MD, MSCE  
HDDR Advisory Panel Co-Chair
- Steven Clauser, PhD, MPA  
Director, Healthcare Delivery and Disparities Research Program

# HDDR Advisory Panel Members

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- **Rebecca Aslakson, MD, PhD**  
*Associate Professor, Stanford University*
- **Leah Backhus, MD, MPH**  
*Associate Professor, Veterans Affairs and Stanford University*
- **Nadine Barrett, MA, MS, PhD**  
*Director of the Office of Health Equity & Disparities, Duke Cancer Institute*
- **Ignatius Bau, JD**  
*Independent Health Policy Consultant*
- **Terri Black, DNP, MBA, BSN, RN, CRRN, FAHA**  
*Clinical Assistant Professor – Nursing, University of Massachusetts and Nurse Reviewer, The Joint Commission*
- **Danielle Brooks, JD**  
*Senior Consultant and Director of Patient Engagement, WiseThink Health Solutions; Founder & CEO, Bridges*
- **Deidra Crews, MD, ScM, FASN, FACP**  
*Associate Professor of Medicine, Johns Hopkins University School of Medicine*
- **Cheryl Holly, EdD, MED, RN**  
*Professor, Rutgers School of Nursing*
- **Christine Joseph, PhD, MPH**  
*Epidemiologist, Henry Ford Health System*
- **Donald Klepser, MBA, PhD**  
*Associate Professor, University of Nebraska Medical Center*
- **Ana Maria Lopez, MD, MPH, FACP\***  
*Associate Vice President Professor, University of Utah Health Sciences*
- **Umbereen Nehal, MPH, MD**  
*Chief Medical Officer, Community Healthcare Network*

\*indicates panelist not in attendance

# HDDR Advisory Panel Members

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- **Tung Nguyen, MD\***  
*Chair in General Internal Medicine and  
Professor of Medicine, University of California,  
San Francisco School of Medicine*
- **Mary Grace Pagaduan, MPH\***  
*Independent Consultant, March of Dimes  
Foundation*
- **James Perrin, MD\***  
*Professor of Pediatrics, Harvard Medical  
School and Pediatrician, Massachusetts  
General Hospital Physician Organization*
- **Rachel Raia, MPH**  
*Manager, Client Consulting, Blue Cross Blue  
Shield of Texas*
- **Alexis Snyder, BA**  
*Patient/Family Advisor*
- **Craig Umscheid, MD, MSCE**  
*Chief Quality and Innovation Officer, Vice  
President for Healthcare Delivery Science,  
Director, Center for Healthcare Delivery  
Science and Innovation, University of Chicago  
Medicine*
- **Mitzi Wasik, PharmD\***  
*Medical Stars Business Lead, Aetna*
- **James Wharam, MBCHB, MPH**  
*Associate Professor, Harvard Pilgrim Health  
Care Institute*
- **Nancy Yedlin, MPH**  
*Vice President, Donaghue Foundation*

\*indicates panelist not in attendance

# New HDDR Advisory Panel Members

(as of the August 2018 PCORI Board of Governors Meeting)

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- **Carmen Pace, BSN, LPN, MPA, RN**  
*Facing Our Risk of Cancer Empowered (FORCE)*
- **Kathy Phipps**  
*Community Health Worker, Memorial Hermann Health System*
- **Barbara Warren, Psy.D**  
*Director for LGBT Programs and Policies in the Office for Diversity and Inclusion, Mount Sinai Health System and Assistant Professor of Medical Education*

# Guest

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- Jean Hsieh, PhD, OT
  - Agency for Healthcare Research and Quality (AHRQ)

# Healthcare Delivery and Disparities Research Staff



**Steve Clauser, PhD, MPA**  
Program Director



**Neeraj Arora, PhD**  
Associate Director



**Els Houtsmuller, PhD**  
Associate Director



**Parag Aggarwal, PhD**  
Associate Director



**Ayodola Anise, MHS**  
Program Officer



**Penny Mohr, MA**  
Senior Advisor



**Carly Parry, PhD, MSW**  
Senior Advisor



**Gyasi Moscou-Jackson, PhD**  
Program Officer



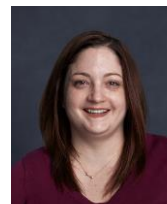
**Mira Grieser, MHS**  
Program Officer



**Mari Kimura, MS, PhD**  
Program Officer



**Andrea Brandau, MPP**  
Program Officer



**Carly Khan, PhD, MPH, RN**  
Program Officer



**Allison Ambrosio, MPH**  
Program Manager



**Hannah Kampmeyer**  
Sr. Admin Assistant



**Tomica Singleton**  
Sr. Admin Assistant



**Aaron Shifreen**  
Program Associate



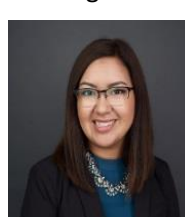
**Soknornta Prum, MPH**  
Sr. Program Associate



**Stephanie Parver, MPH, CPHQ**  
Sr. Program Associate



**Anum Lakhia, MPH**  
Program Associate



**Marisa Torres, MPH**  
Program Associate



**Kaitlynn Robinson-Ector, MPH**  
Program Associate



**Sindhura Gummi, MPH**  
Program Associate



**Candace Hall, MA**  
Program Associate



**Maggie Holly**  
Program Associate

# New HDDR Staff



**Rebecca Chanis, MA, MSPH**  
*Program Associate*



**Metti Duressa, BS**  
*Program Assistant*



**Cathy Gurgol, MPH**  
*Sr. Program Officer*

# 2.

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## Agenda

Umbereen Nehal, MD, MPH  
HDDR Advisory Panel Co-Chair

Craig Umscheid, MD, MSCE  
HDDR Advisory Panel Co-Chair

# Agenda



- 8:30am Welcome and Intros
- 9:00am HDDR Advisory Panel: Where have we been, and where are we now?
- 9:30am Update from the Conceptual Framework Working Group and Discussion
- 10:00am Aging in Place: Refining the Topic for a Portfolio Analysis
- 10:15am 15 Minute Break
- 10:30am Breakout Groups Meet
- 11:15am Regroup, Report Back
- 11:45am State of HDDR: Program Updates from Steve
- 12:30pm Lunch
- 1:30pm AHRQ/PCORI Learning Health System k12 Mentored Career Development Program: Genesis, Overview, and Roadmap
- 2:30pm 15 Minute Break
- 2:45pm Addressing Disparities Portfolio Analysis: Progress in 2018
- 3:15pm Poster session
- 4:00pm Wrap-up, Next Steps, Debrief
- 4:30pm Adjourn

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HDDR Advisory Panel: Where have we been,  
and where are we now?

# HDDR Advisory Panel: Where have we been, and where are we now?

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HDDR Advisory Panel  
November 15, 2018

Steven Clauser, PhD, MPA  
Director, Healthcare Delivery and Disparities Research Program



# Healthcare Delivery and Disparities Research

The Healthcare Delivery and Disparities Research (HDDR) program focuses on comparing patient-centered approaches to improve the equity, effectiveness, and efficiency of care



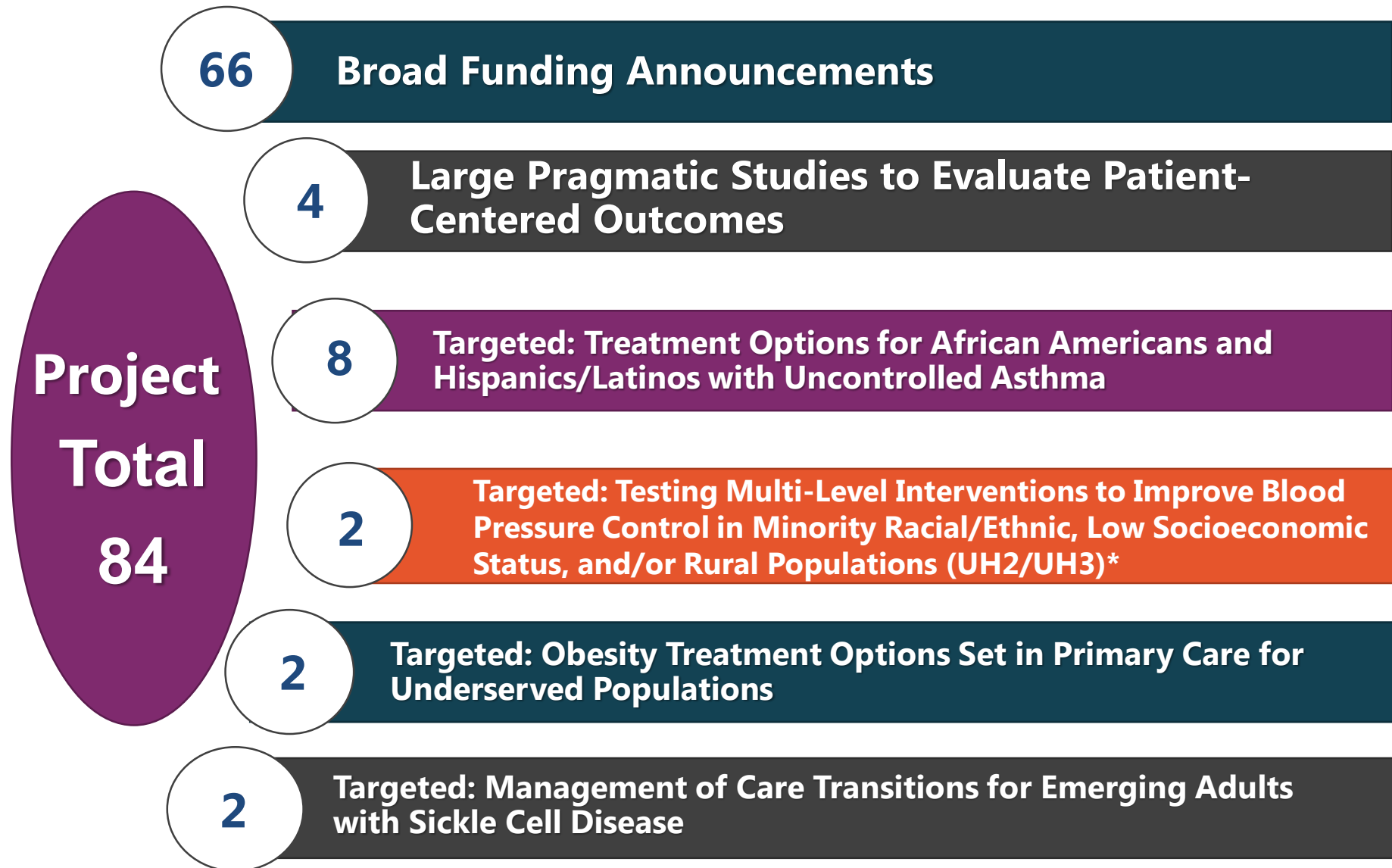
# Summary of AD Funded Projects

Funding Mechanism	# of Projects	Funding
Broad	66	\$124M
Pragmatic	4	\$49M
Targeted	14	\$83M
<b>Total</b>	<b>84</b>	<b>\$256M</b>

**We Fund Research in:**  
**25 States (plus the District of Columbia)**

AS OF SEPTEMBER 2018

# Addressing Disparities Portfolio



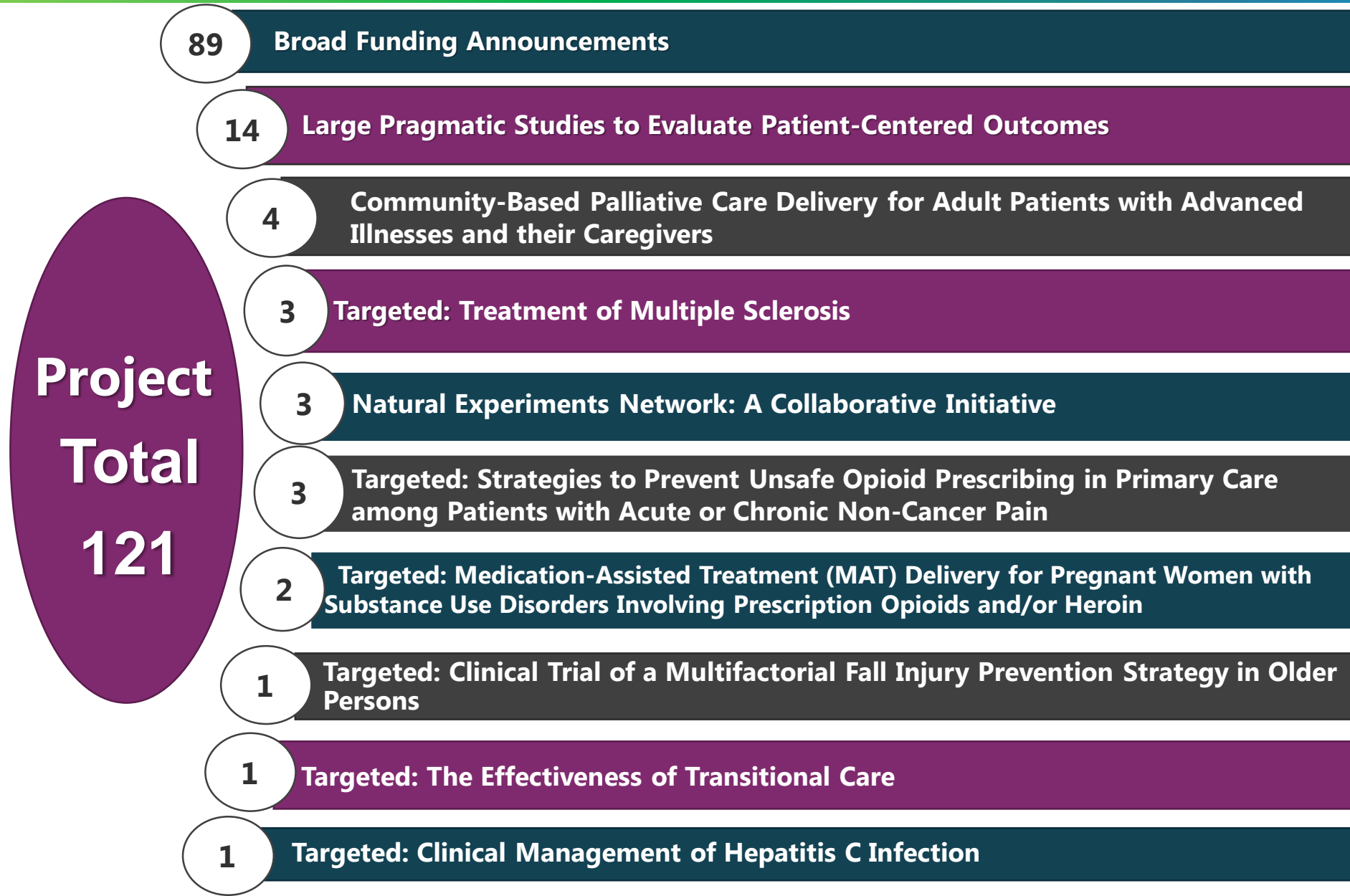
# Summary of IHS Funded Projects

Funding Mechanism	# of Projects	Funding
Broad	89	\$262M
Pragmatic	14	\$168M
Targeted	15	\$152M
Natural Experiments	3	\$7M
<b>Total</b>	<b>121</b>	<b>\$590M</b>

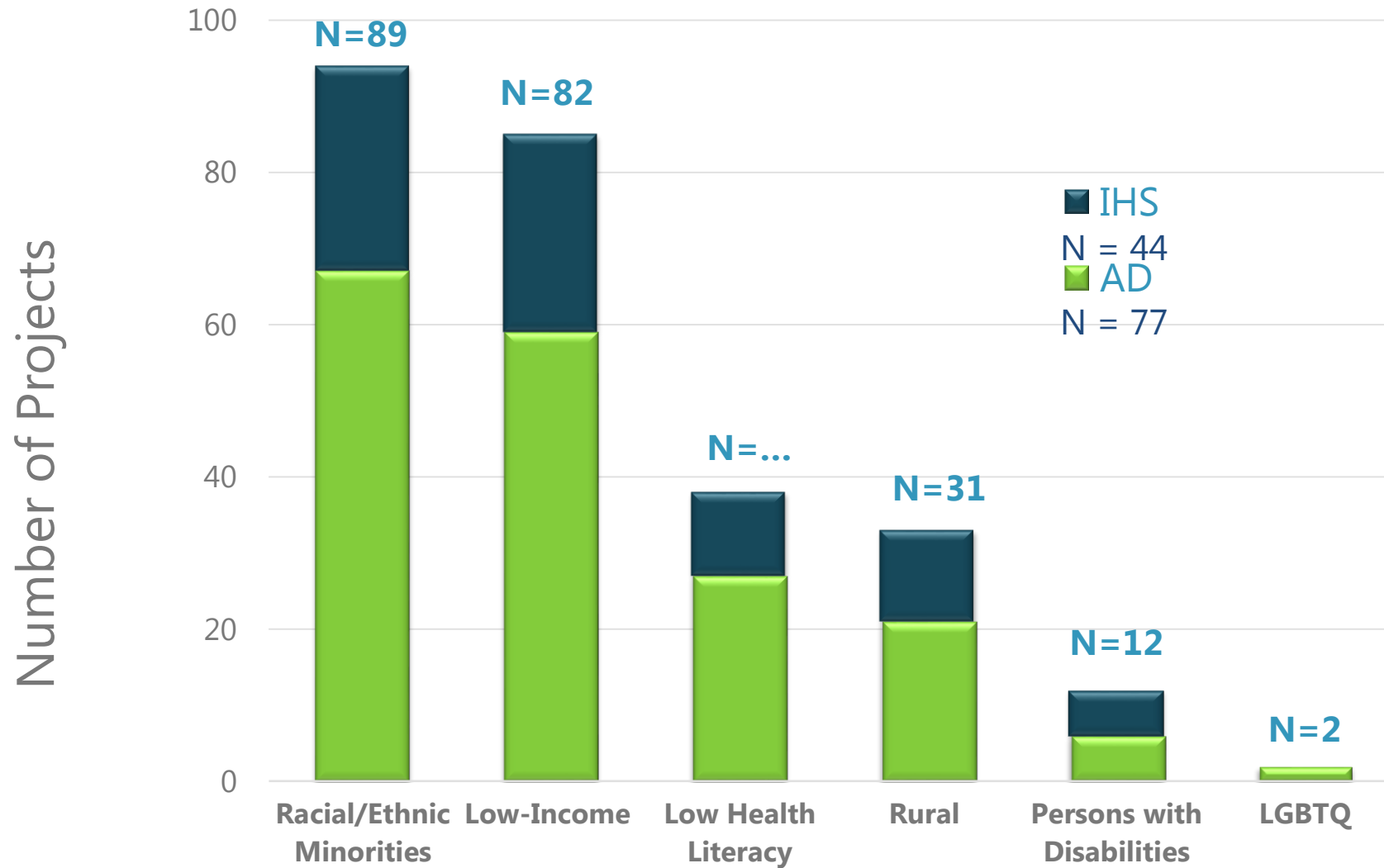
**We Fund Research in:**  
**31 States (plus the District of Columbia)**

AS OF SEPTEMBER 2018

# Improving Healthcare Systems Portfolio



# Healthcare Delivery and Disparities Research Portfolio: AD Populations of Interest



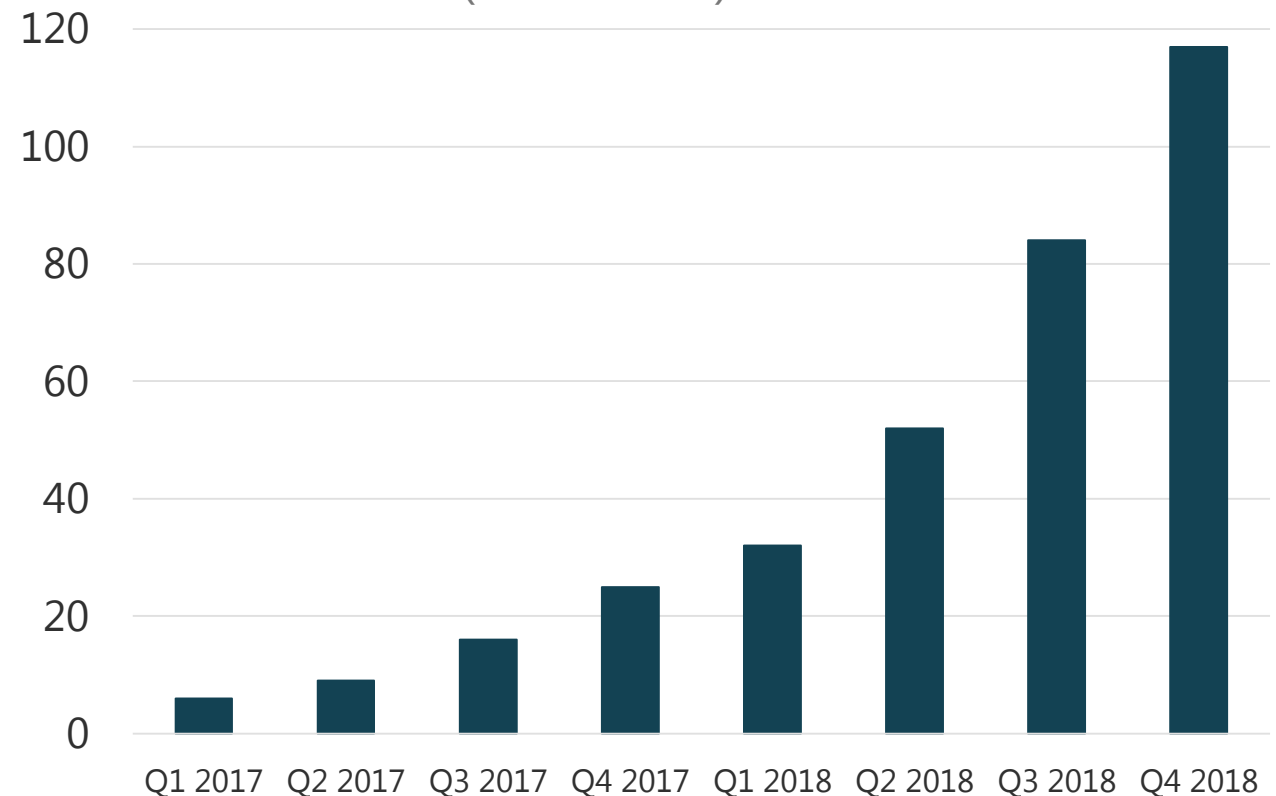
# Primary CER Results

- PCORI-wide, as of September 2018, **117 CER studies (47 from HDDR) have their primary results peer-reviewed and publicly available**, and this number is steadily increasing
  - *Primary results* are results that report on a comparison of clinical approaches using the pre-specified primary outcome(s). Also commonly referred to as primary publications, or Public Disclosure of Results (PDOR).
  - *Primary results* can be made publicly available by being published in a peer-reviewed journal, and/or by completing the PCORI Peer Review Process and having abstracts posted to [pcori.org](https://www.pcori.org)

## Of the 117 CER studies with primary results:

- 64 (55%) were first made available via publications
- 53 (45%) were first made available via PCORI.org

**Primary CER Results  
Publicly Available**  
(cumulative)



# Current Advisory Panel Activities

- Provided input on the HDDR Conceptual Framework
- Identified areas within the AD portfolio for analysis
- Informed development of PCORI's Telehealth portfolio
- Responded to PI presentations of in-progress studies:
  - Donna Carden, "An Emergency Department-to-Home Intervention to Improve Quality of Life and Reduce Hospital Use"
  - Jonathan Tobin, "Collaborative Care to Reduce Depression and Increase Cancer Screening Among Low-Income Urban Women Project"
  - Ray Dorsey, "Using Technology to Deliver Multi-Disciplinary Care to Individuals with Parkinson's Disease in their Homes"

# Recent Advisory Panel Work:

## Topic refinement and prioritization

- The following priority topics were presented to the former IHS panel:
  - ✓ Models of Palliative Care Delivery
  - ✓ Office-Based Opioid Treatment
  - ☐ Care Coordination for High-Cost High-Need Patients
  - ☐ Dental Caries in Children
  - ☐ Pharmacist Integration into Primary Care
- The following priority topics were presented to the former AD panel:
  - ✓ Sickle cell disease therapy/transitions in sickle cell care
  - ✓ Blood Pressure Control in Minority Racial/Ethnic, Low Socioeconomic, and Rural Populations
  - ☐ HIV Detection
  - ☐ Glaucoma Therapies

# Panel activities in 2019 and beyond

- Prioritize topics and inform targeted analyses of the HDDR portfolio
- Identify gaps in HDDR portfolio and opportunities for future priority topic development
- Inform analytic approach and interpretation of research findings
- Enhance research infrastructure through training new investigators in doing research in health systems and health disparities
- Above all, keep us focused on patient-centered opportunities to change practice

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## Toward an Integrated HDDR Conceptual Framework: An Update

# Integrated HDDR Conceptual Framework: Update

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HDDR Advisory Panel

November 15, 2018

Carly Khan, PhD, RN, MPH  
Program Officer, HDDR

Mari Kimura, PhD  
Program Officer, HDDR

# The HDDR Framework Team



**Mari Kimura, MS, PhD**  
Program Officer



**Carly Kahn, PhD, MPH, RN**  
Program Officer



**Soknorntha Prum, MPH**  
Sr. Program Associate



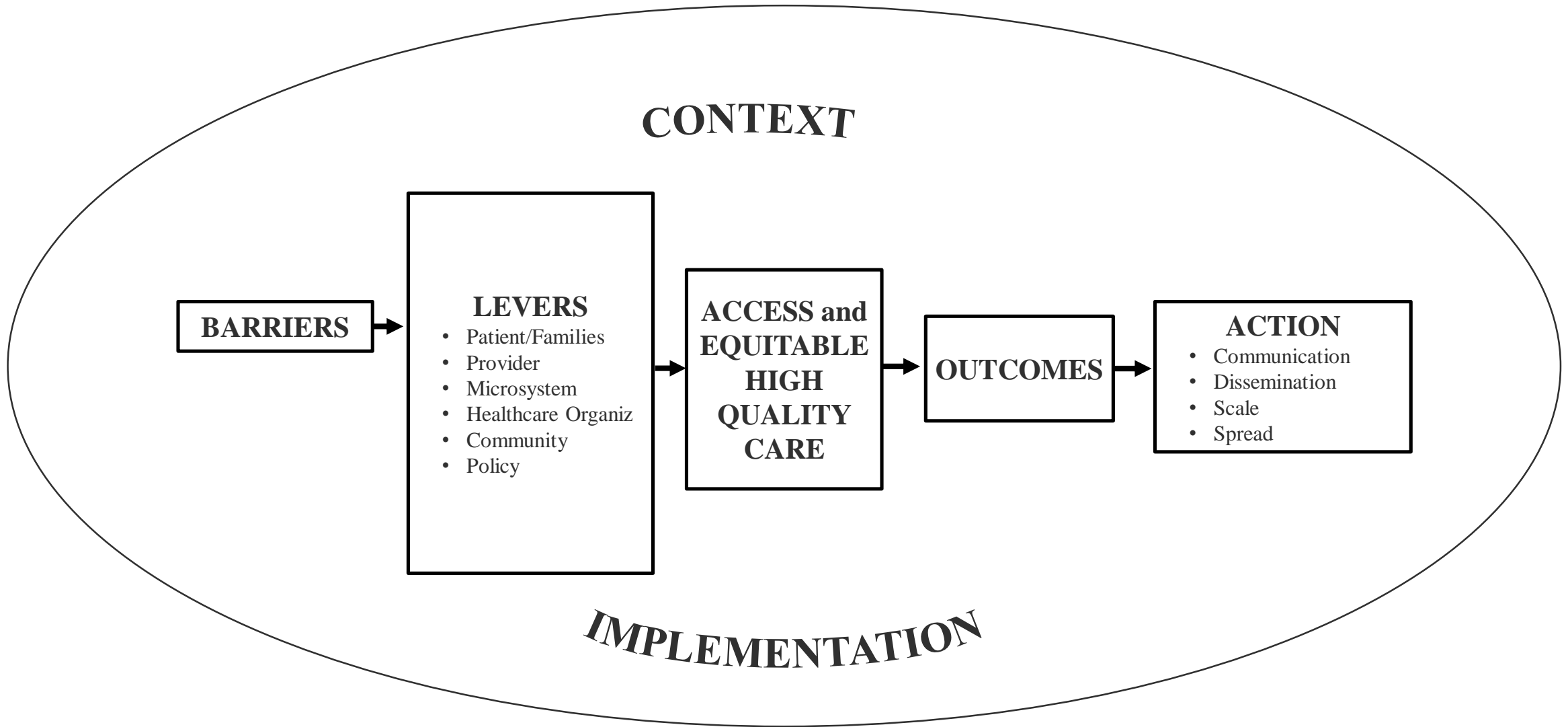
**Marisa Torres, MPH**  
Program Associate

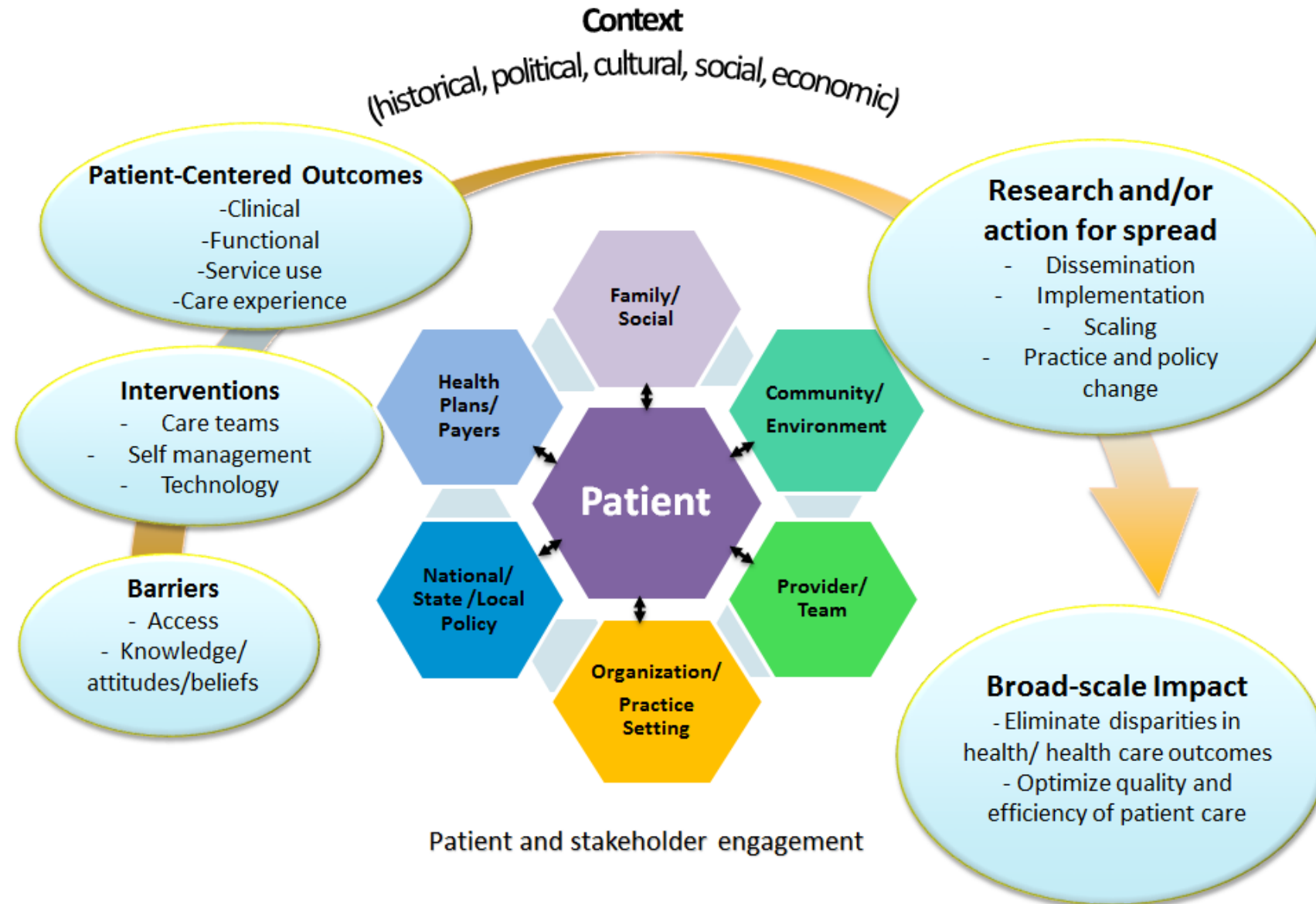


**Marshall Chin, MD, MPH**  
Mentor

# Why an Integrated Conceptual Framework for HDDR?

- Visualize the HDDR Program as integrating disparities and healthcare systems research
  - Emphasize patient-centeredness
  - Indicate multi-level nature of our interventions
  - Include concepts of context and potential long-term impact
- Identify gaps and priorities
- Tell a story about HDDR research
  - Uniqueness of PCORI
  - Legislative mandate to fund clinical CER
- Help HDDR analyze and communicate our portfolio
  - Organize framework to facilitate mapping of projects

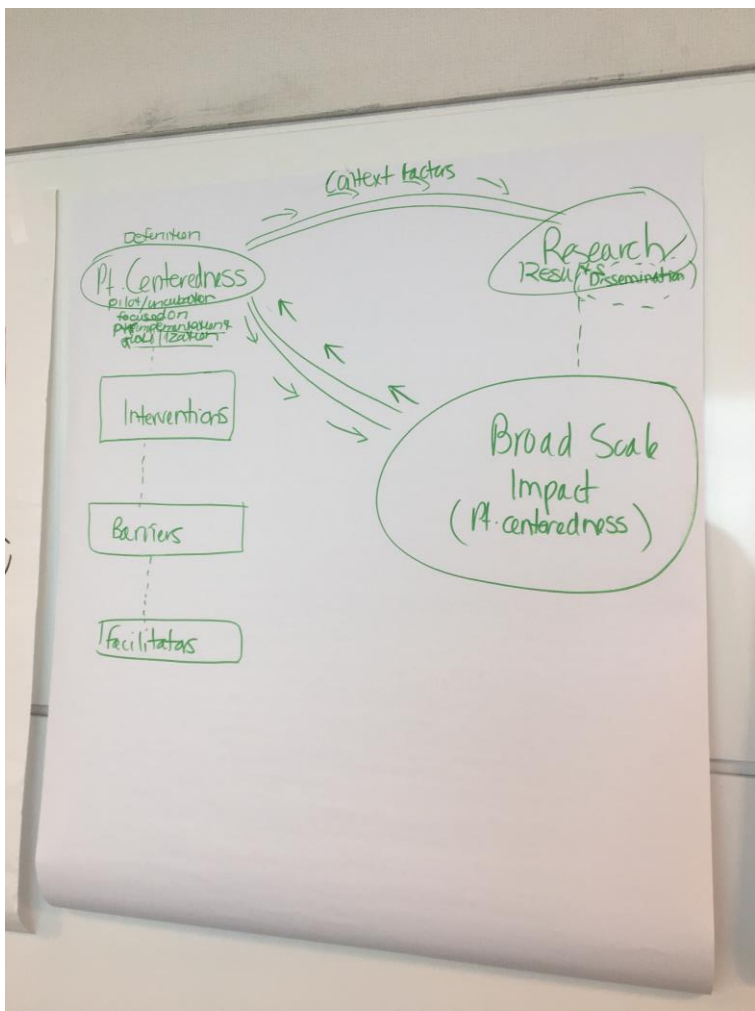
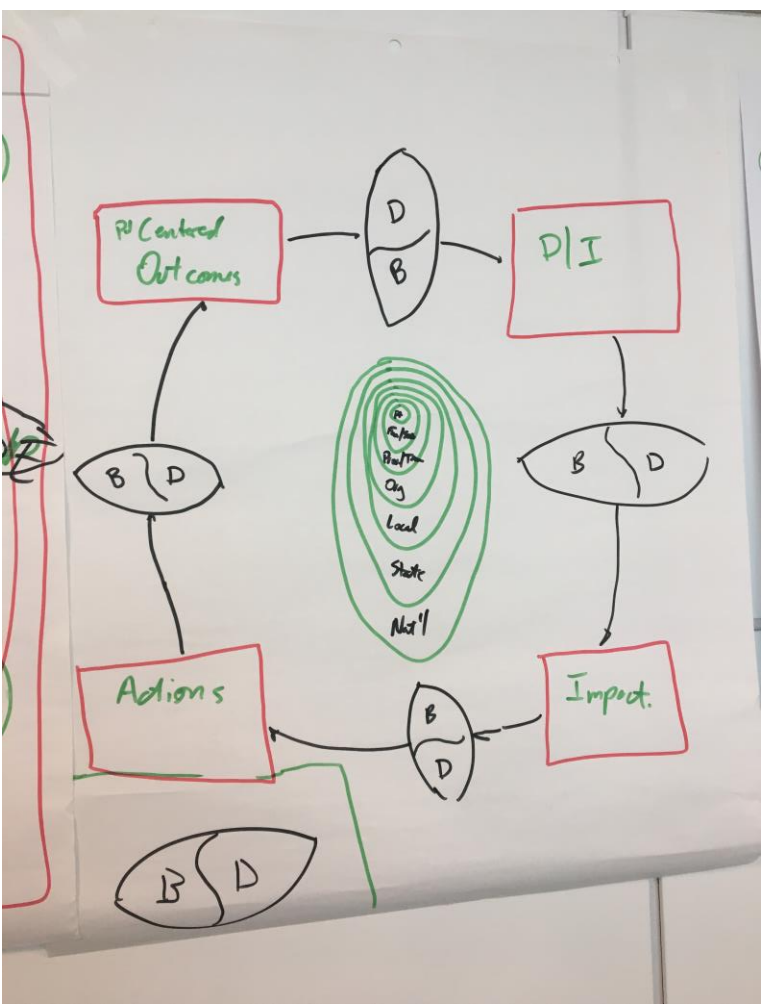
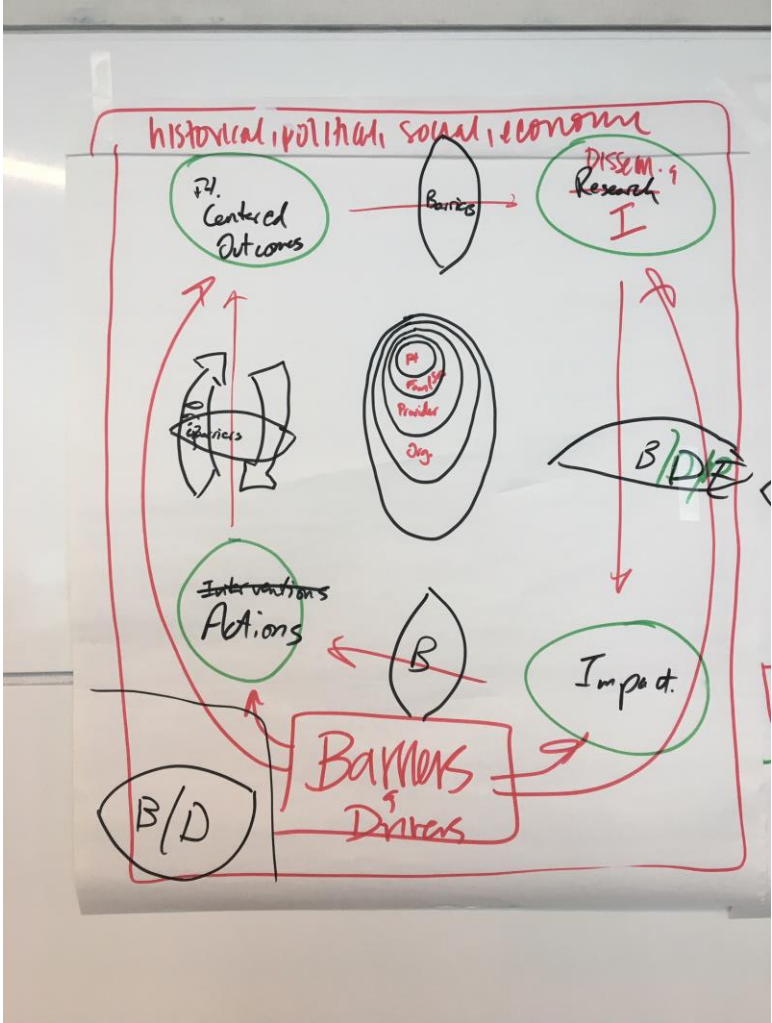




# Feedback from small groups at last Advisory Panel meeting (April 2018)

- Framework is too complicated
- Two diagrams on one page lack a clear connection
- Terms need to be defined
- Focus on patient-centeredness is lost
- Focus on health disparities and equity is lost
- Feedback loops among stakeholders are missing
- Barriers should be illustrated as existing everywhere
- Concept of research needs to be included throughout, not just in one place

# Small group exercise, April 2018



# Further feedback from Advisory Panel subgroup on October 2018 draft

- Terrie Black, Rebecca Aslakson, Don Klepser, Mary Grace Pagaduan, Ana Maria Lopez, Danielle Brooks
- Overall a big improvement from last draft
- Some elements of the graphic needed clarification
  - Does it have enough detail to stand alone without the written summaries?
  - Explicit versus implicit reference to meaningful engagement with stakeholders?
- Suggestions on accompanying documents
  - Short and punchy summary
  - Use headings to tie together different pieces
  - Flesh out table of definitions

# Healthcare Delivery and Disparities Research Conceptual Framework

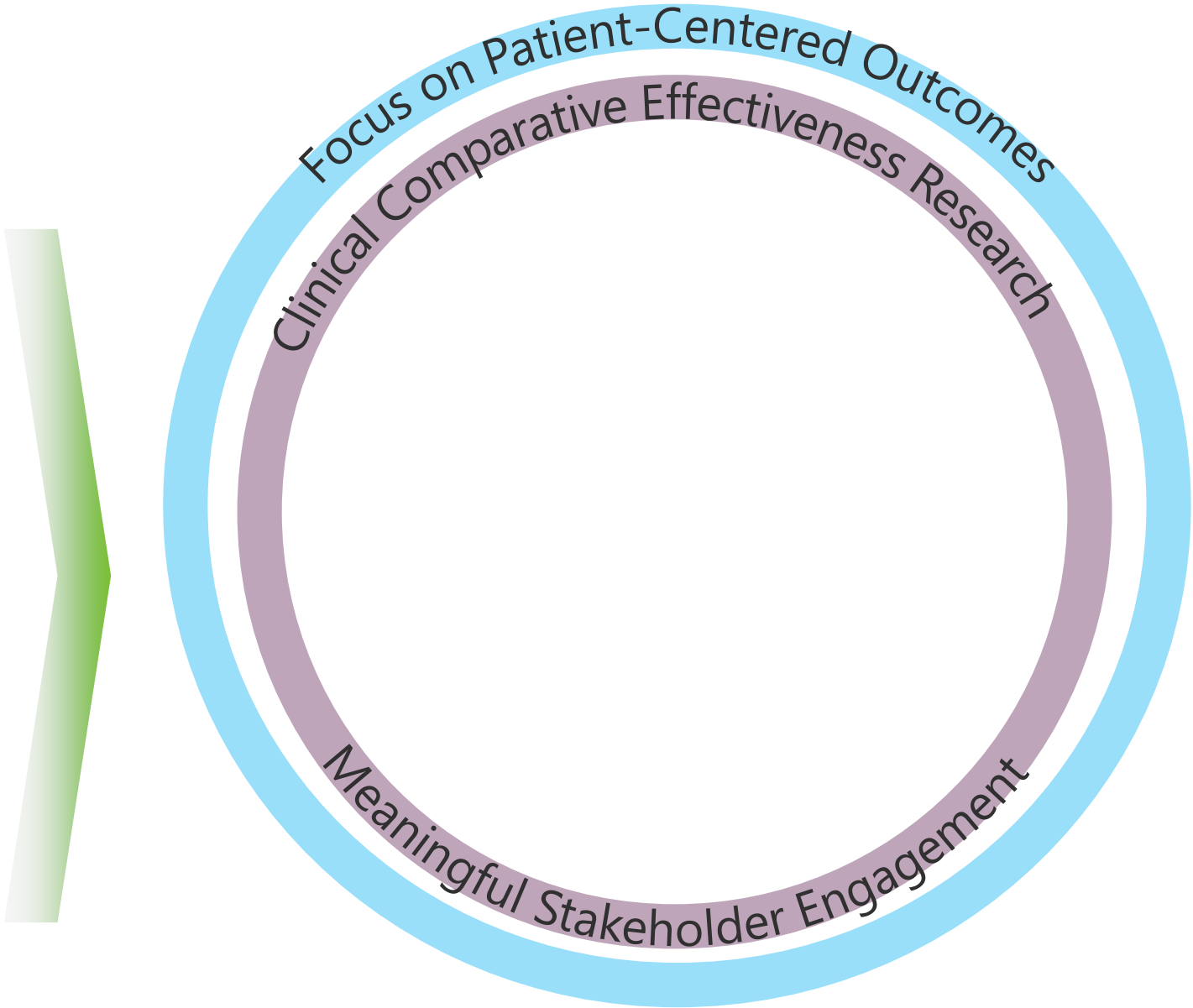
# Healthcare Delivery and Disparities Research Conceptual Framework

**Context:**  
Historical  
Cultural  
Social  
Economic



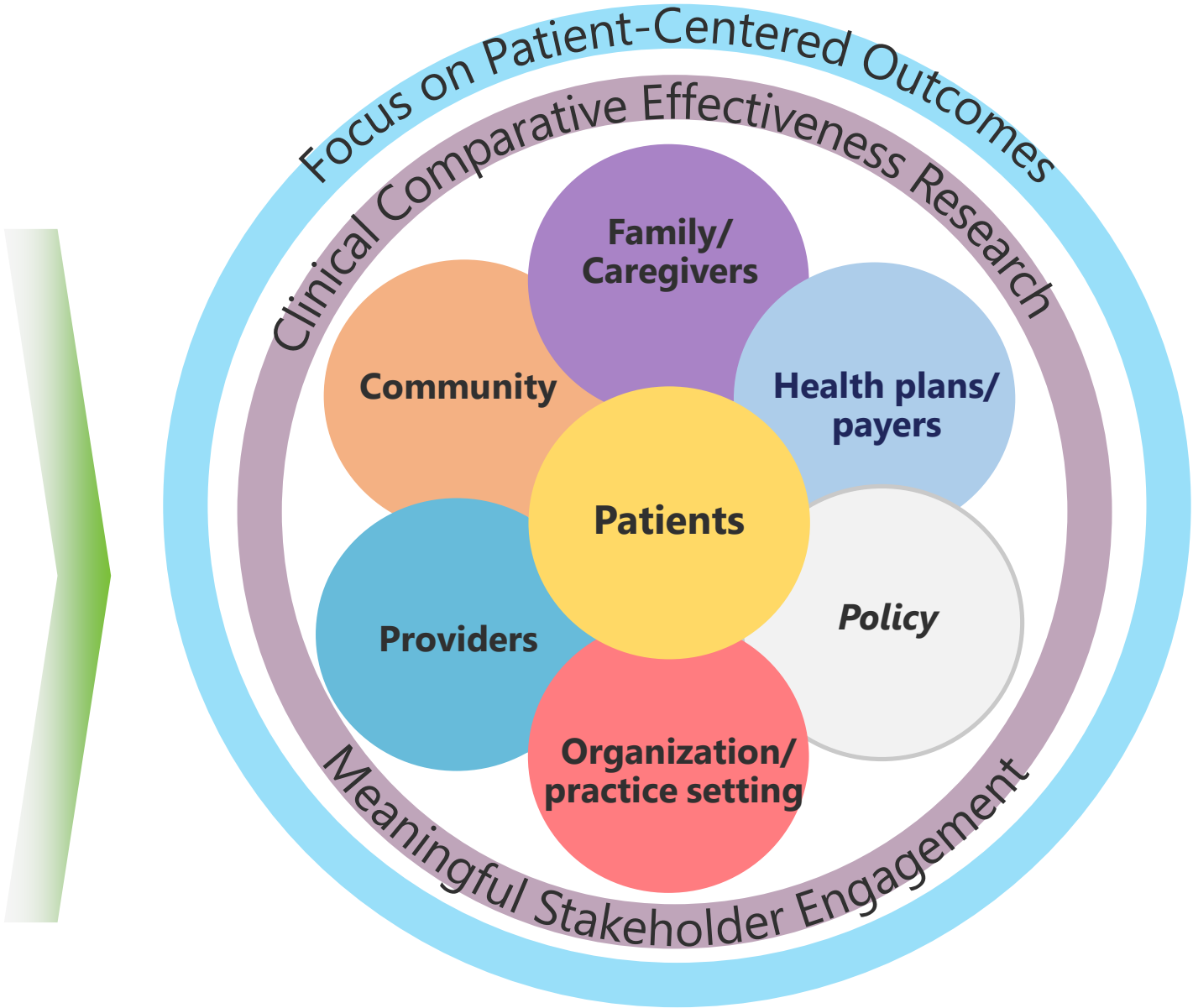
# Healthcare Delivery and Disparities Research Conceptual Framework

**Context:**  
Historical  
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Economic



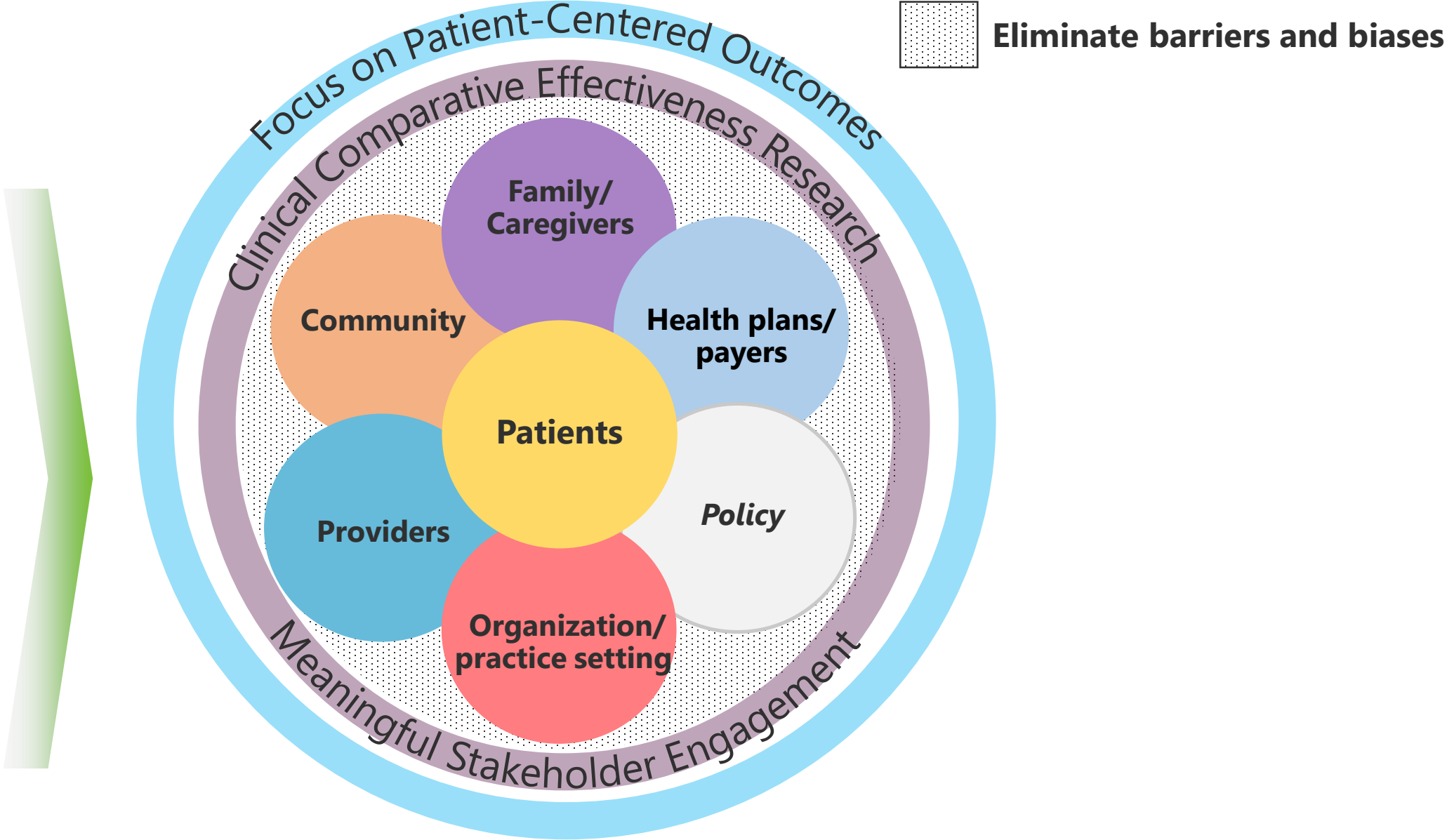
# Healthcare Delivery and Disparities Research Conceptual Framework

**Context:**  
Historical  
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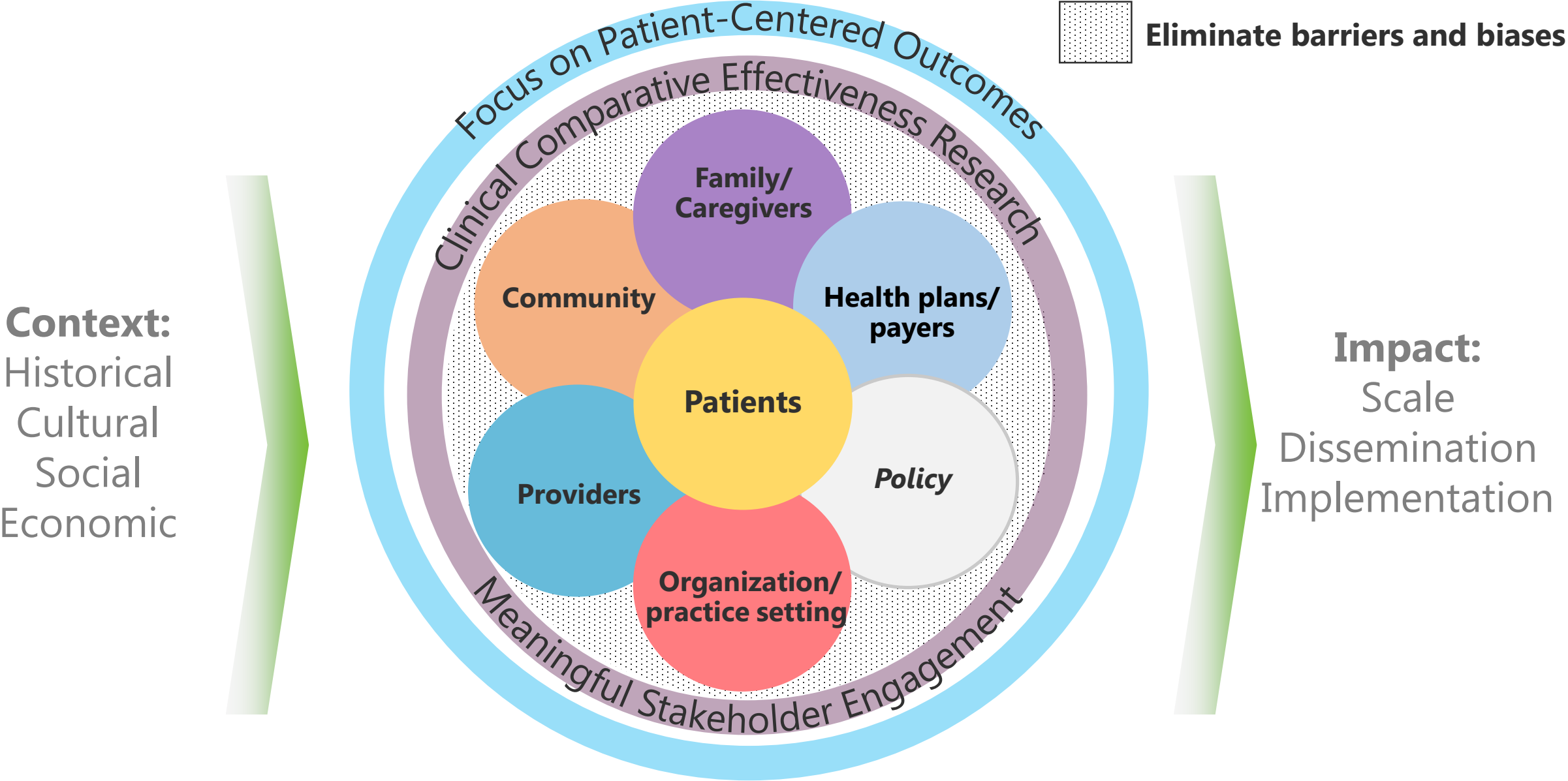


# Healthcare Delivery and Disparities Research Conceptual Framework

**Context:**  
Historical  
Cultural  
Social  
Economic



# Healthcare Delivery and Disparities Research Conceptual Framework



# Next steps

- Collaborate with Portfolio Analysis and other internal working groups on more mechanistic driver models
- Finalize graphic and create interactive web version
  - Enable features such as hovering over terms to see text popups with definitions or discussion
- Disseminate
  - PCORI blog post
  - Others?

# 5.

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## Aging in Place: Refining the Topic for a Portfolio Analysis

# Aging in Place: Refining the Topic for a Portfolio Analysis

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HDDR Advisory Panel  
November 15, 2018

Gyasi Moscou-Jackson  
Program Officer, HDDR

Sindhura Gummi  
Program Associate, HDDR

# The Workgroup

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Gyasi Moscou-Jackson, PhD,  
MHS, RN  
Program Officer, HDDR



Sindhura Gummi, MPH  
Program Associate, HDDR



Kanisha Patel, BS  
Intern, HDDR



Neeraj Arora, Ph.D.  
Associate Director, HDDR

# Agenda

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- What is Aging in Place?
- Progress to Date
- Breakout Group Discussion and Report Back
- Next Steps

# What is Aging in Place?

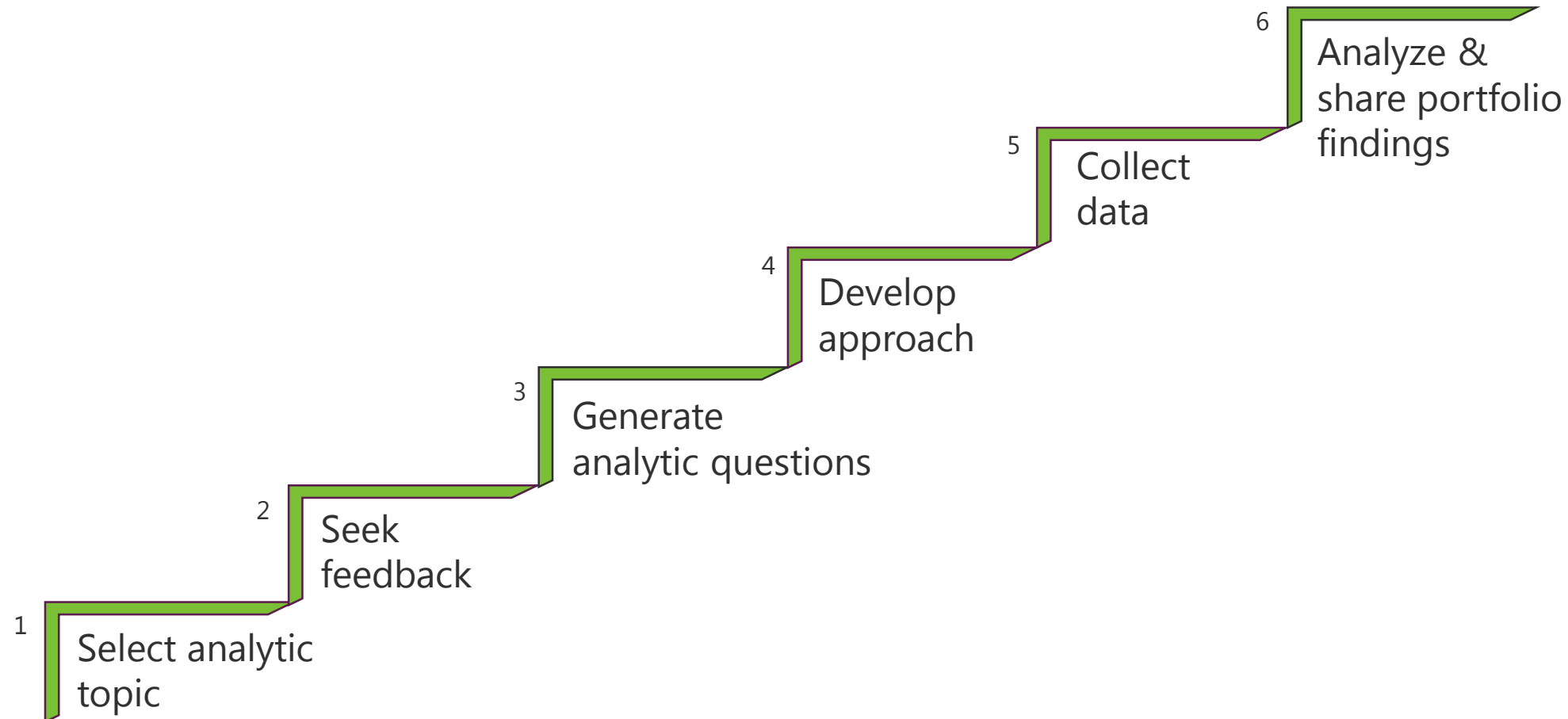


- With recent advances in care adults are living longer, but often with chronic conditions that can limit their independence.
- The majority of older adults prefer to stay in their homes for as long as they can, a concept known as aging in place.
- According to the CDC, 'aging in place' is the ability to live in one's own home and community safely, independently, and comfortably, regardless of age, income, or ability level.
- Aging in place is attractive to older adults, caregivers, payers, and policy makers because of the rising cost of nursing home admission and reported adverse outcomes related to institutionalization.
- Aging in place is also a priority for several national organizations and agencies.

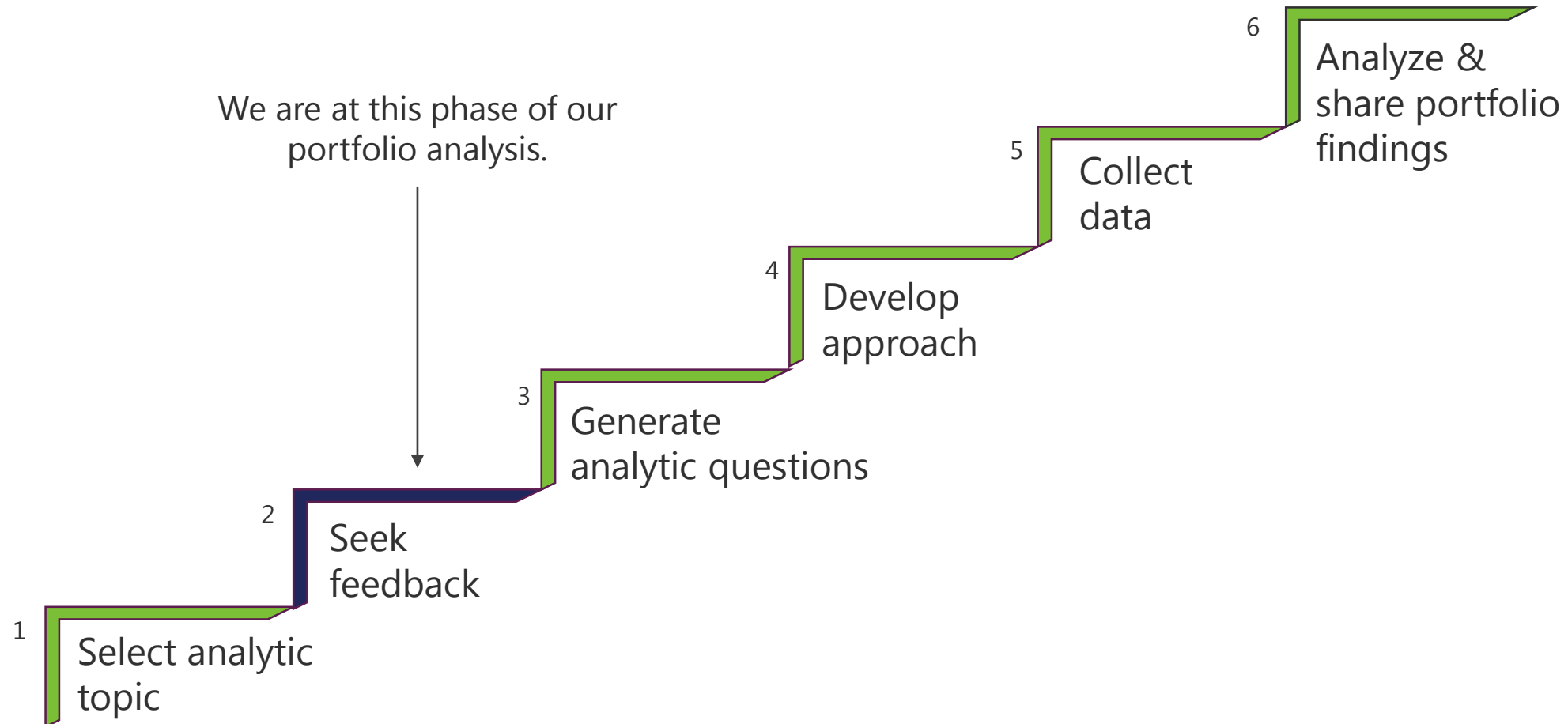
# What is Aging in Place?

- For aging in place to be successful, older adults must live in an environment that is supportive of independence and care must be coordinated throughout the health care system.
  - Local aging community organizations, seniors, caregivers, providers, among other stakeholders are involved in assessing home and community needs.
  - Multidisciplinary healthcare interventions are provided to reduce frailty and disability.
  - Other interventions are provided to improve independence.

# Process for Conducting Portfolio Analysis



# Aging in Place Project Status



# Step1

## Topic Selection

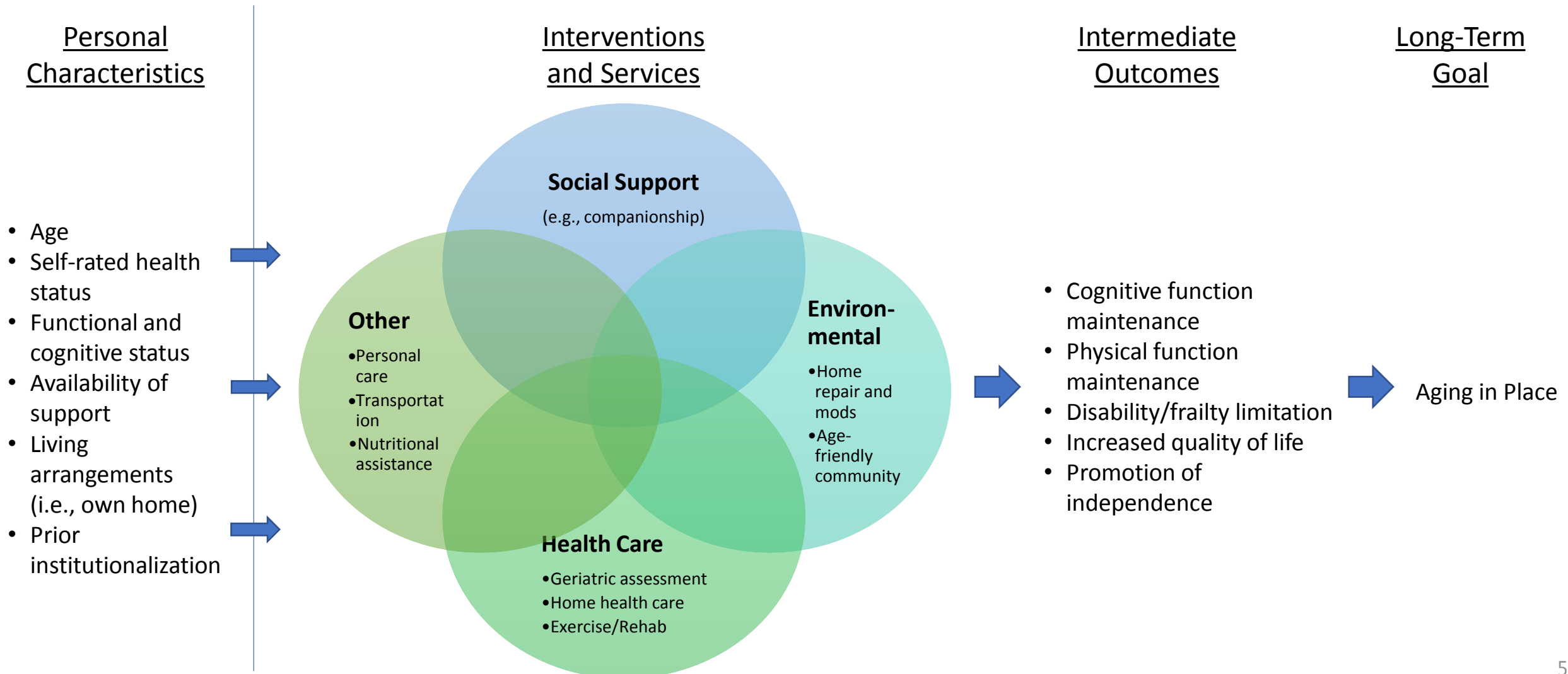
- We started by examining PCORI's portfolio to determining which projects addressed important clinical and healthcare delivery related uncertainties faced by older adults, their caregivers, clinicians, and health systems.
  - As of March 2017, of 365 CER projects, 39 (11%) focused on older adults; the total investment is \$176 million.
  - Almost half of the projects focused on interventions that are delivered outside of the healthcare system (e.g. Home or community)
  - Interventions use a range of strategies including self-management support, informed decision making, care coordination/team-based care, and clinical therapies.
  - Overall, the portfolio addresses several real-world uncertainties faced by older adults, their caregivers, clinicians, and other stakeholders.

# Step1

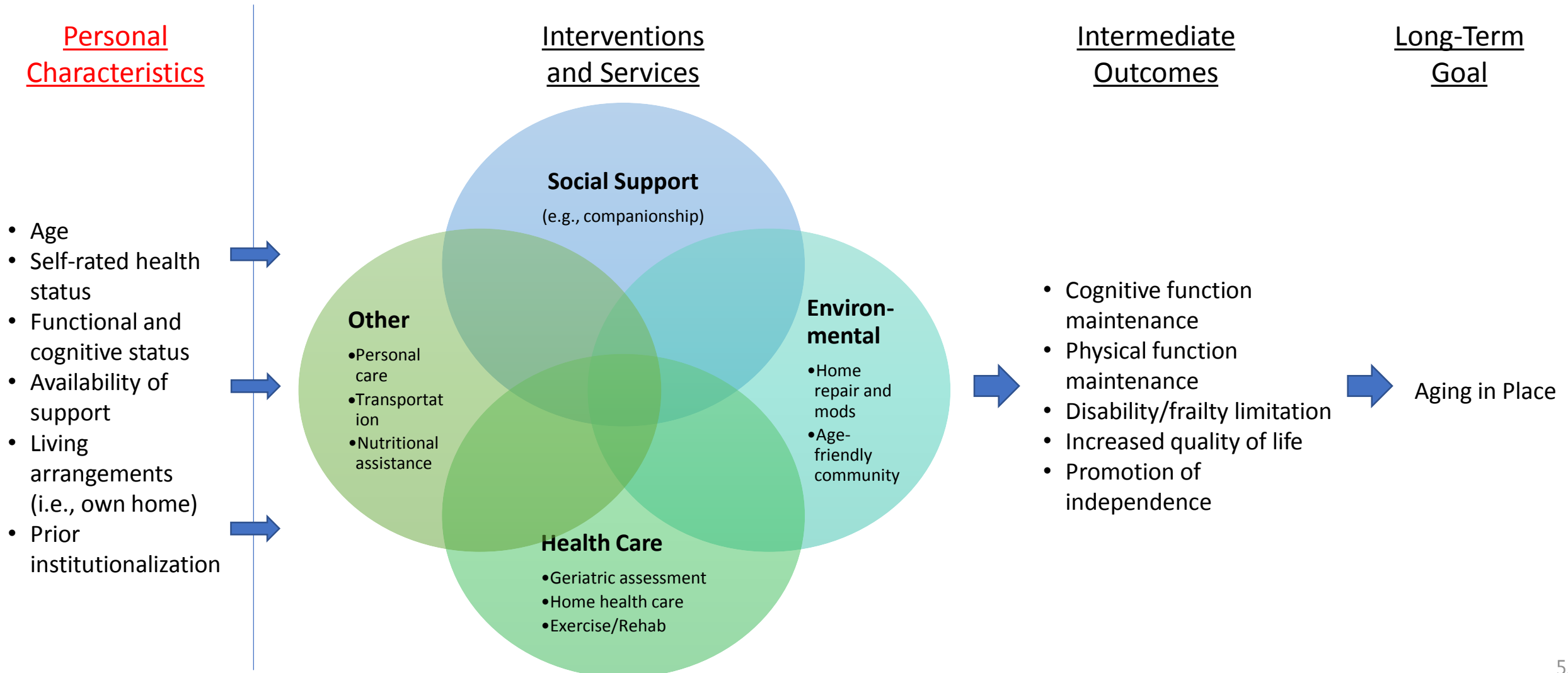
## Topic Selection

- We are now focusing on “aging in place” as a subgroup of studies for a portfolio analysis because:
  - Important topic for older adults and other stakeholders
  - While the number of evidence-based interventions to promote “aging in place” have increased, uncertainties related to which interventions are most effective and for which patients remain.
  - Relevant to all of PCORI’s research priority areas
- We have identified 19 studies from the larger portfolio of PCORI-funded studies that may support aging in place among older adults.

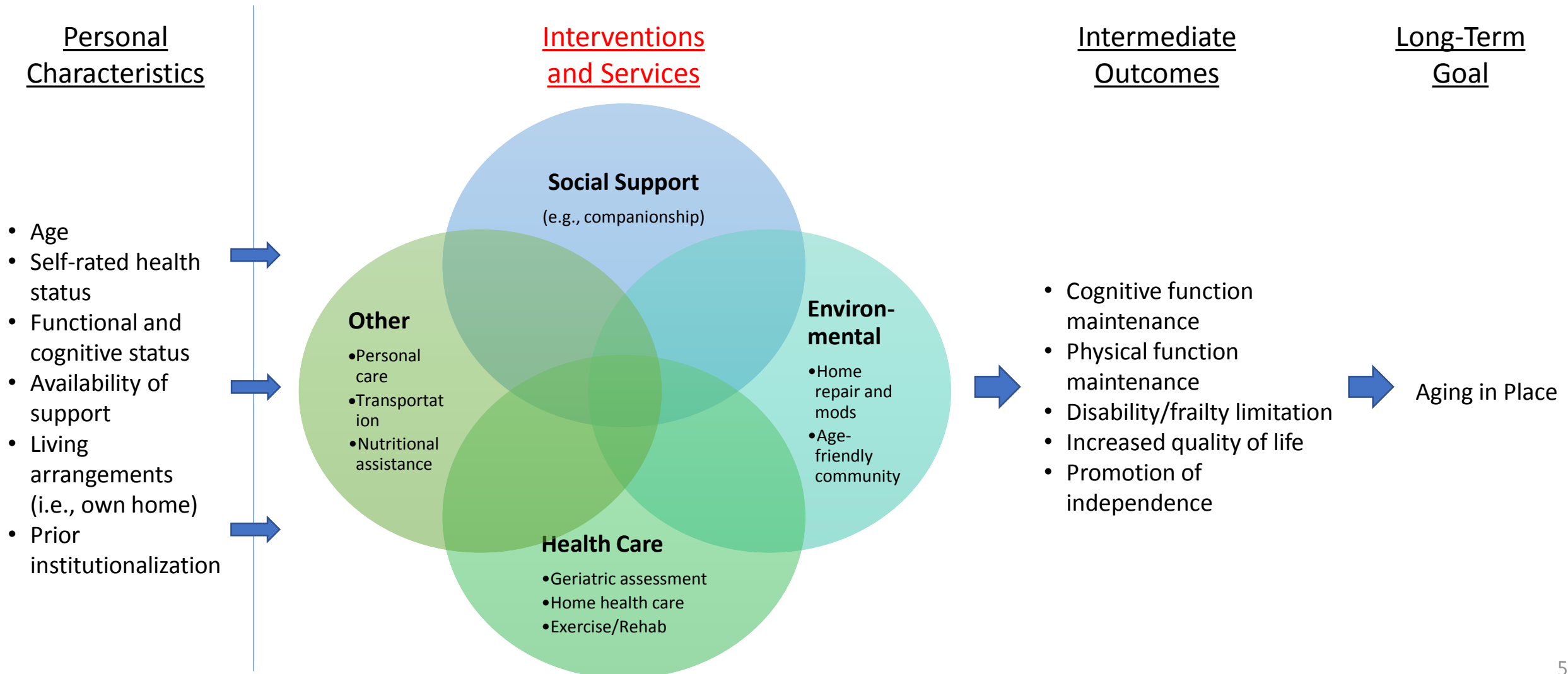
# Aging in Place Conceptual Framework for Portfolio Analysis



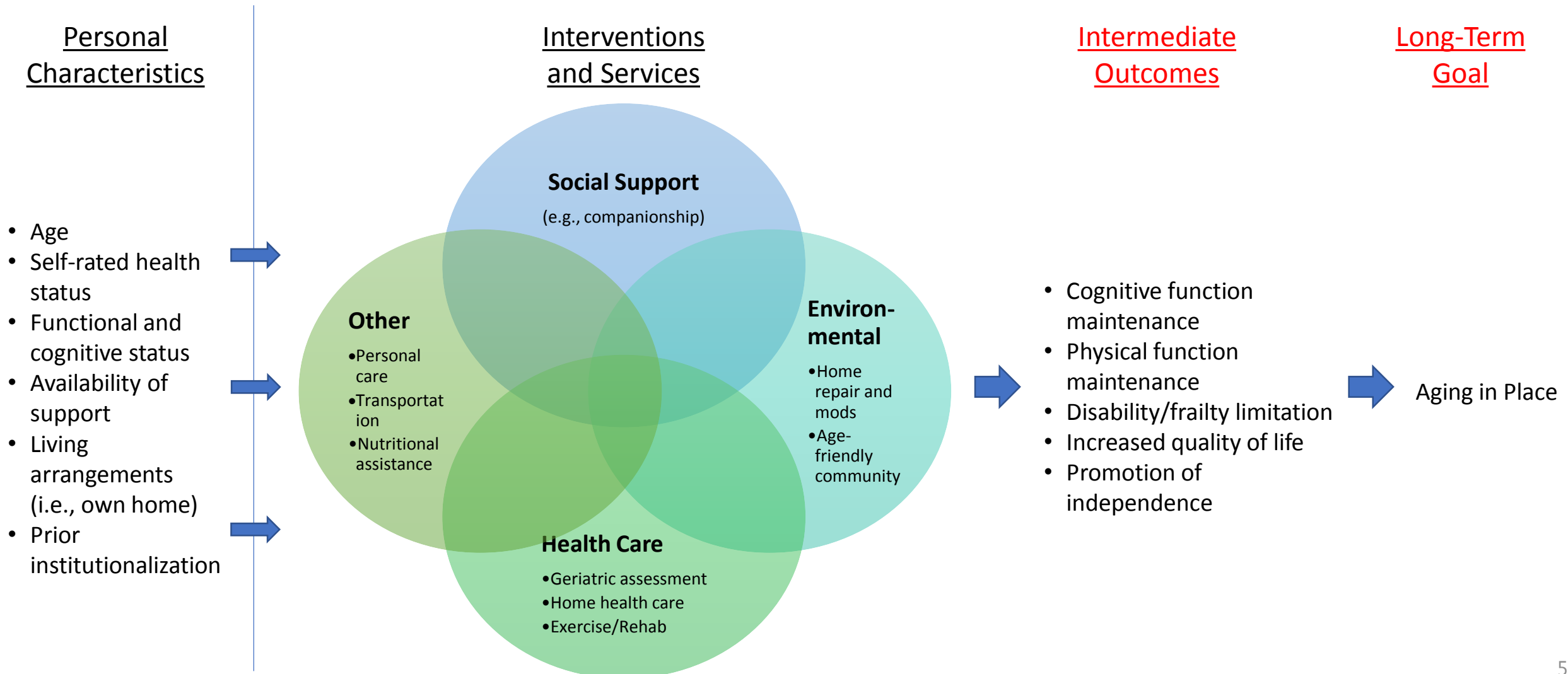
# Aging in Place Conceptual Framework for Portfolio Analysis



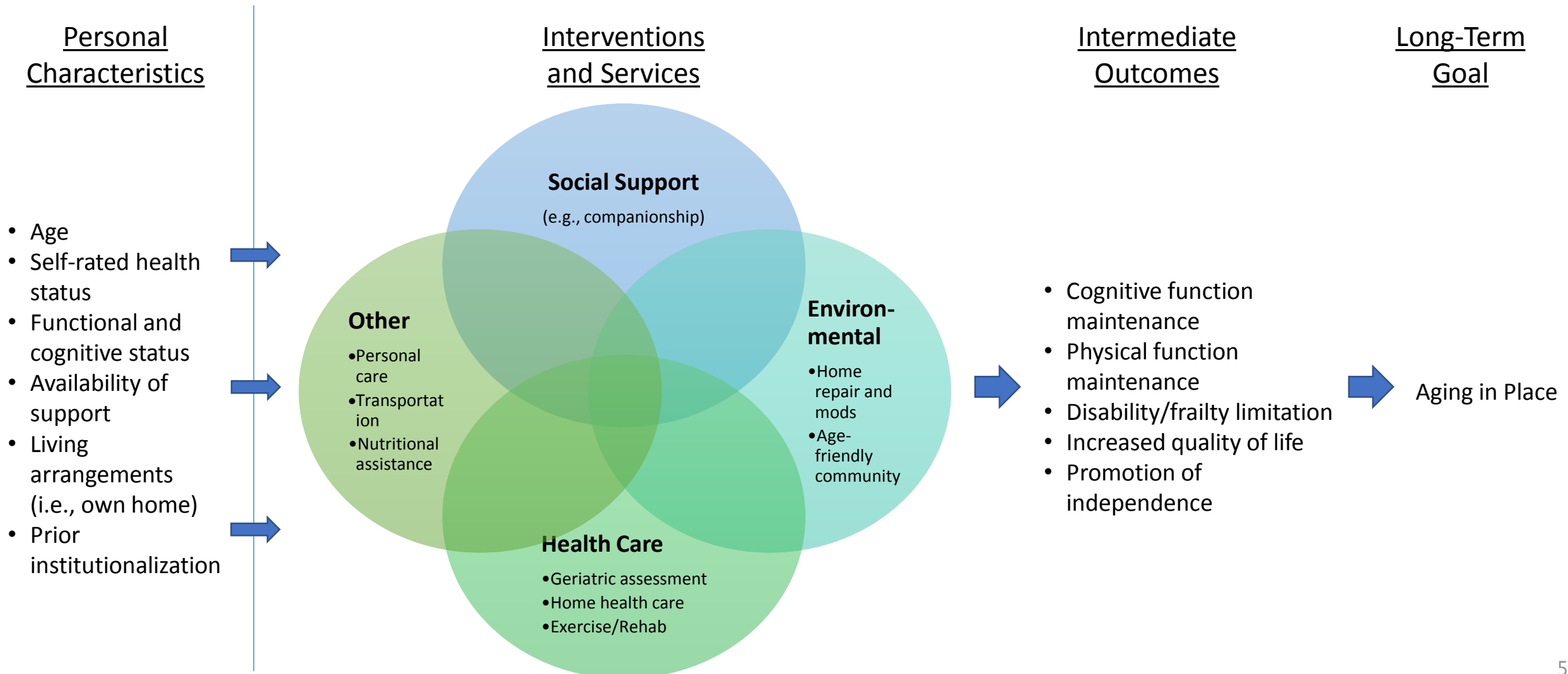
# Aging in Place Conceptual Framework for Portfolio Analysis



# Aging in Place Conceptual Framework for Portfolio Analysis



# Aging in Place Conceptual Framework for Portfolio Analysis



## Example:

### The Effectiveness of Peer-to-Peer Community Support to Promote Aging in Place (PI: Elizabeth Jacobs)

<b>Population</b>	At-risk community-dwelling older adults
<b>Intervention</b>	<u>Intervention</u> : Peer-to-peer community support <u>Comparator</u> : Standard community services
<b>Outcome(s)</b>	<u>Primary</u> : Health care utilization and rates of nursing home placement <u>Secondary</u> : Health status, QOL, anxiety, depression, self-efficacy
<b>Goal</b>	Comparative the effectiveness of a peer-to-peer support program vs standard services in promoting health and well-being and preventing nursing home placement.

## Example:

# On the Move: Optimizing Participation in Group Exercise to Prevent Walking Difficulty in At-Risk Older Adults (PI: Jennifer Brach)

<b>Population</b>	At-risk community-dwelling older adults
<b>Intervention(s)</b>	<u>Intervention</u> : Group exercise program designed to improve walking ability (On the Move) <u>Comparator</u> : Standard group exercise program
<b>Outcome(s)</b>	Self-reported function, self-reported disability, and walking ability (6MWT and gait speed)
<b>Goal</b>	Compare the effectiveness of On the Move versus a standard exercise program on improving walking ability and function and reducing disability.

## Example:

# Clinic-Based vs. Home-Based Support to Improve Care and Outcomes for Older Asthmatics (PI: Alex Federman)

<b>Population</b>	Community-dwelling Latino and African American older adults with asthma
<b>Intervention(s)</b>	<u>Intervention</u> : PCP plus an asthma coach who helps patients when they come to the clinic <u>Intervention</u> : PCP plus a community health worker who helps patients in their homes <u>Comparator</u> : PCP only
<b>Outcome(s)</b>	<u>Primary</u> : asthma control <u>Secondary</u> : acute asthma-related ED visits and hospitalizations, medication adherence, QOL
<b>Goal</b>	Compare the effectiveness of asthma self-management programs (clinic vs. home-based) on improving care and asthma-related outcomes.

# Goals for Our Discussion Today



- Our goal for today is to seek feedback regarding how we are conceptualizing and operationalize the topic of aging in place to ensure that we accurately characterizing the portfolio.

# Breakout Groups – Discussion Questions

1. If the goal of the study is targeting a risk factor for institutionalization, but does not explicitly mention a focus on aging in place should the study be included?
  - What study goals would be appropriate?
2. Are older adults an appropriate target population for an aging in place portfolio analysis?
  - What other population characteristics?
3. What types of interventions should or should not be included?
4. Based on your experience, how is “aging in place” measured? What other outcomes indicate the effectiveness of an aging in place program?
5. Please comment on our hypothesized mechanism of action for aging in place interventions.

6.

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## 15-minute Break

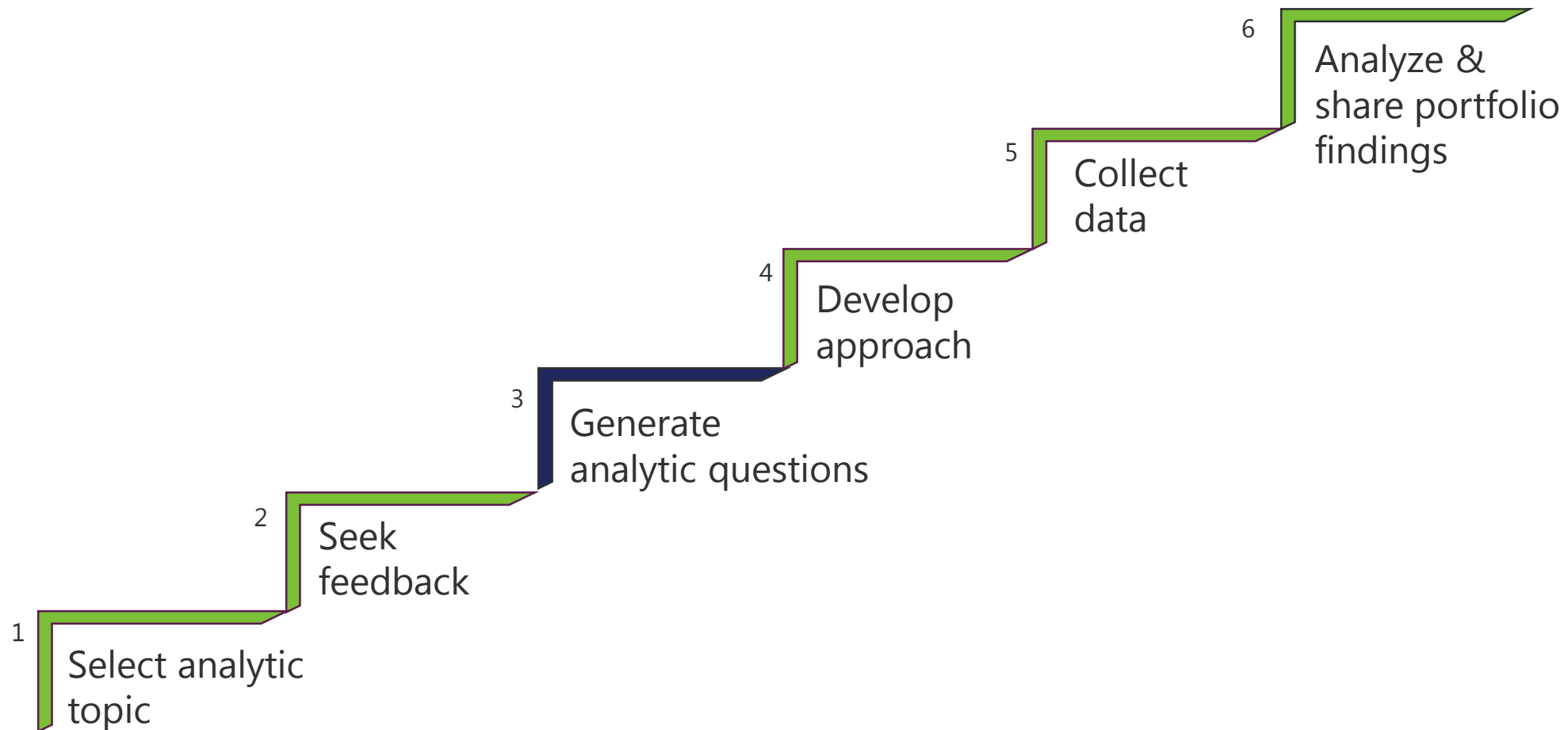
Assemble in pre-assigned  
break-out groups at 10:30AM

7.

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Report Back

# Next Steps



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State of HDDR

# State of HDDR: Program Updates from Steve

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HDDR Advisory Panel  
November 15, 2018

Steven Clauser, PhD, MPA  
Director, Healthcare Delivery and Disparities Research Program

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## Recent Awards

# HDDR Portfolio by Funding Mechanism

- 205 Studies; ~\$845 million funding; 28 States, plus D.C.

Funding Mechanism	N of IHS Studies	IHS Funding	N of AD Studies	AD Funding
Broad	89	\$262 million	66	\$124 million
Pragmatic	14	\$168 million	4	\$49 million
Targeted	15	\$152 million	14	\$83 million
Natural Experiments	3	\$7 million	0	\$0
<b>Total</b>	<b>121</b>	<b>\$589 million</b>	<b>84</b>	<b>\$256 million</b>



- **Broad:** Both small (\$1.5M, 3 year) and large (\$5M, 5 year) investigator-initiated studies; 2 cycles per year; competitive LOIs
- **Pragmatic:** \$10M, 5 year head-to-head comparisons in large, representative study populations and settings; PCORI, IOM, and AHRQ CER priorities; 2 cycles per year
- **Targeted:** Stakeholder driven priorities with the greatest specificity in research requirements; range from \$5M - \$30M; often collaborations with other funding organizations.

# New PCS studies awarded in April 2018

- Pragmatic Clinical Studies and Large Simple Trials to Evaluate Patient-Centered Outcomes

Study Title	PI Name	Institution
Integrated Physical and Mental Health Self-management Compared to Chronic Disease Self-management	Stephen Bartels	Trustees of Dartmouth College
Multi-Level Interventions for Increasing Tobacco Cessation at FQHCs*	David Wetter	University of Utah
A Pragmatic Family Centered Approach to Childhood Obesity Treatment	Denise Wilfley	Washington University

\*AD Priority Topic

# New AD Broads Studies Awarded in August 2018

Study Title	PI Name	Institution
Patient and Caregiver-Centered Diabetes Telemanagement Program for Hispanic/Latino Patients	Renee Pekmezaris	Northwell Health
Effectiveness of Universal versus Targeted School Screening for Adolescent Major Depressive Disorder	Deepa Sekhar	Penn State College of Medicine

# New IHS Broads Studies Awarded in August 2018

Study Title	PI Name	Institution
System-Level Capture of Family History Data to Assess Risk of Cancer and Provide Longitudinal Care Coordination	Douglas Corley	Kaiser Permanente Division of Research
Specialty Medical Homes to Improve Outcomes for Patients with Inflammatory Bowel Disease and Behavioral Health Conditions	Eva Szigethy	UPMC Center for High-Value Health Care
Preventing Destabilization in Patients with Multiple Chronic Diseases*	Johnathan Tobin	Clinical Directors Network
Primary Care and Community-Based Prevention of Mental Disorders in Adolescents	Benjamin Van Vorhees	The Board of Trustees of the University of Illinois

\*IHS Special Emphasis Topic

# New PCS Studies Awarded in August 2018

- Pragmatic Clinical Studies and Large Simple Trials to Evaluate Patient-Centered Outcomes

Study Title	PI Name	Institution
Remote Cognitive Behavior Therapy for Major Depression in Primary Care	Robert Bossarte	West Virginia University
Comparative Effectiveness Randomized Trial to Improve Stroke Care Delivery: C3Fit: Coordinated, Collaborative, Comprehensive, Family-based, Integrated, and Technology-enabled Care	Kenneth Gaines	Vanderbilt University Medical Center

# Opioids portfolio



- As of April 2018, PCORI has awarded \$84 million to 15 studies (affecting a total of 105,000 patients) of the comparative effectiveness of interventions to reduce opioid abuse across the care spectrum

September 1, 2017

PCORI Funding Announcement:  
Strategies to Prevent Unsafe Opioid Prescribing in  
Primary Care among Patients with Acute or Chronic Non-  
Cancer Pain

June 1, 2018

PCORI Funding Announcement: Medication-Assisted  
Treatment (MAT) Delivery for Pregnant Women with  
Substance Use Disorders Involving Prescription Opioids  
and/or Heroin

June 1, 2018

PCORI Funding Announcement:  
Psychosocial Interventions with Office-Based Opioid  
Treatment (OBOT) for Opioid Use Disorder

# New Studies Awarded in August 2018

- Targeted funding announcement: Strategies to Prevent Unsafe Opioid Prescribing in Primary Care Among Patients with Acute or Chronic Non-Cancer Pain

Study Title	PI Name	Institution
Comparative Effectiveness of Two State Payer Strategies to Prevent Unsafe Opioid Prescribing*	Gary Franklin	University of Washington

\*2 other studies awarded in August 2017

# New Studies Awarded in April 2018

- Targeted Funding Announcement: Medication-Assisted Treatment (MAT) Delivery for Pregnant Women with Substance Abuse Disorders Involving Prescription Opioids and/or Heroin

Study Title	PI Name	Institution
PATHways: Comparative Effectiveness Study of Peripartum Opioid Use Disorder in Rural Kentucky	Agatha Critchfield	University of Kentucky Research Foundation
Moms in Recovery (MORE): Defining Optimal Care for Pregnant Women and Infants	Sarah Lord	Trustees of Dartmouth College

# Upcoming Opioids Awards

- Medication-Assisted Treatment (MAT) Delivery for Pregnant Women with Substance Abuse Disorders Involving Prescription Opioids and/or Heroin
  - Re-issued June 1, 2018
  - Research question: Compare the effectiveness of different strategies to support providers who offer office-based opioid treatment (OBOT) with buprenorphine to pregnant and postpartum women with opioid use disorder with different levels of addiction severity.
  - Projected award date: April 2019
- Psychosocial Interventions with Office-Based Opioid Treatment for Opioid Use Disorder
  - Issued June 1, 2018
  - Research question: Compare the effectiveness of psychosocial interventions for patients with Opioid Use Disorder (OUD) who receive Office-Based Opioid Treatment.
  - Projected award date: April 2019

## STUDY PROFILE

# Evaluation of a Health-Plan Initiative to Mitigate Chronic Opioid Therapy Risks



### Research Question

- Does a program of dose-lowering and monitoring reduce the risks of long-term opioid use?

### Interventions

- A phased program of dose reduction and risk-stratified monitoring versus usual care for long-term opioid therapy

### Methods

- “Natural Experiment” observational cohort study

**Initial Results: Clinics exposed to intervention showed greater reductions in prescribing high doses of opioids and in prescribing opioids for longer than the recommended period, as well as in average daily dose prescribed**

Evaluates a health-plan initiative to reduce risks of long-term opioid use for chronic pain. The initiative includes reduced prescribing of high opioid doses and increased care planning and monitoring of patients. Determines whether the initiative influences pain outcomes, patient-reported opioid benefits and problems, and opioid-related adverse events.

*Michael Von Korff, ScD,  
Group Health Cooperative  
Seattle, WA*

*Improving Healthcare Systems,  
awarded December 2013*



# Hill Briefing on Opioids

- In October 2018, PCORI co-hosted a Hill briefing on how to address the epidemic of inappropriate opioid use in the United States
- The briefing featured two PCORI-funded researchers (Dr. Lynn DeBar, and Dr. Beth Darnall) and several other stakeholder representatives
- Senator Bill Cassidy, MD (R-LA) also spoke, reinforcing the significance of keeping the patient-physician relationship at the center of all efforts to manage pain

2.

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## Other Recent Initiatives

# Portfolio analysis

- In the past year, HDDR has begun to analyze our portfolio of various high-interest areas
- Many staff have been involved with developing abstracts, journal articles, and posters, and have contributed to evidence mapping and targeted analyses of evidence gaps
- Topics include:
  - Addressing Disparities
  - Telehealth
  - Palliative Care
  - Geriatrics
  - Mental Health

# HDDR at the 2018 PCORI Annual Meeting



- Opening Plenary: How CER/PCOR is Making Health Care More Efficient, Effective, and Patient-Centered (Awardee Presenters: Hanan Aboumatar, Ray Dorsey, and Chris Landrigan)
- In-person meetings of the Transitional Care and Palliative Care Learning Networks
- Breakout Sessions:
  - Addressing the Opioid Epidemic with Patient-Centered Research
  - Improving Care and Outcomes for People with Advanced Illnesses and Their Caregivers
  - How Telehealth Can Improve Patient Care and Outcomes
  - Improving Care in the Community: How to Effectively Deploy Community Health Workers
  - Improving Physical Health Care for People with Serious Mental Illness

# Research and Learning Networks

- Asthma Evidence to Action Network (AE2AN)
- Palliative Care Learning Network
- Telehealth Portfolio Synthesis and Analysis Group
- Transitional Care Evidence to Action Network (TCE2AN)
- Natural Experiments Network for Improved Prevention and Treatment for Patients with Type II Diabetes (NEN)

# PCORI New Investigator Training Partnerships



- HDDR has led PCORI's effort to engage with other funders and stakeholders to develop learning networks to train next generation of PCOR researchers:
  - AHRQ/PCORI Learning Healthcare Systems Research Training Initiative
  - Robert Wood Johnson Foundation initiative focused on training minority researchers

9.

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Lunch

Reconvene at 1:30PM

**10.**

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AHRQ/PCORI Learning Health System  
K12 Mentored Career Development  
Program

# AHRQ/PCORI Learning Health System K12 Mentored Career Development Program: Genesis, Overview, and Roadmap

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HDDR Advisory Panel Meeting  
November 15, 2018

Jean Hsieh, PhD, OT  
Staff Fellow, AHRQ

Steven Clauser, PhD, MPA  
Director, HDDR Program



# Background and Purpose: K12 Institutional Mentored Career Development Program



- The K12 Institutional Mentored Career Development Program
  - Builds on the work of a Technical Expert Panel, convened by AHRQ (2016) and including PCORI representation to develop a framework and competencies for Learning Health Systems Researchers.
- A summary and report from the TEP appear on AHRQ's website
- **Definition of a Learning Health System Researcher**: "An individual who is embedded within a health system and collaborates with its stakeholders to produce novel insights and evidence that can be rapidly implemented to improve the outcomes of individuals and populations and health system performance."

# Purpose: K12 Institutional Mentored Career Development Program



- The purpose of the K12 Institutional Mentored Career Development Program is:
  - To train clinical and research scientists to conduct PCOR within learning health systems (LHS) focused on generation, adoption and application of evidence to improve the quality of care and patient outcomes.
- The Program incorporates the PCORI Methodology Standards and requires applicants/awardees to address how patient centeredness, patient engagement, health disparities, and health equity will be incorporated in the training plans and ideally operationalized into scholars' research projects.
- The RFA encouraged collaboration with PCORnet sites, seeking to leverage PCORI's significant investment in Clinical Data Research Networks.
- This is a unique partnership that has leveraged AHRQ's expertise in implementing training programs and PCORI's expertise in conducting PCOR and development of learning collaboratives.

# Program Objectives

1. Develop and implement a training program including didactic and experiential learning, that embeds scholars at the interface of research, informatics, and clinical operations within LHS.
2. Identify, recruit, and train clinician and research scientists committed to conducting PCOR in health care settings to generate new evidence facilitating rapid implementation to improve quality of care and patient outcomes.
3. Establish Centers of Excellence in Learning Health System Research Training focusing on the application and mastery of the newly developed core LHS researcher competencies (see [www.ahrq.gov/LHStrainingcompetencies](http://www.ahrq.gov/LHStrainingcompetencies)).
4. Support a learning collaborative across funded Centers of Excellence to promote cross institutional scholar-mentor interactions, cooperation on multi-site projects, dissemination of project findings, methodological advances, and development of a shared curriculum.

# Current Status

- The [Funding Opportunity Announcement](#) was released in September 2017
- Applications were received January 2018
- AHRQ and PCORI completed complementary reviews
- Awards were made to 11 institutions September 19, 2018, with a start date of September 30, 2018 for all sites
- Grantee orientation call has occurred and the learning collaborative is being launched

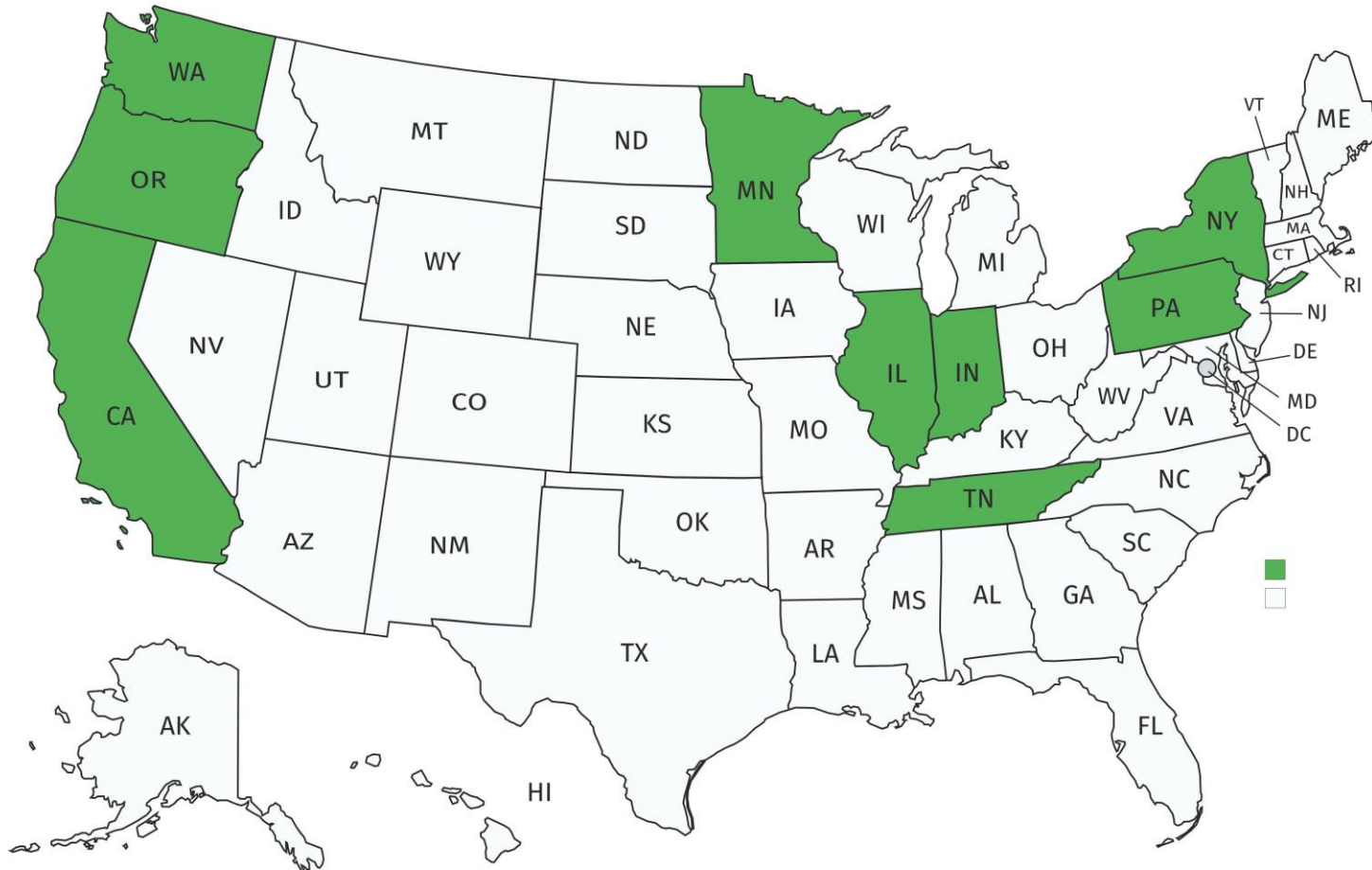
# Program Details

- The awards support
  - 11 institutions (Centers of Excellence)
  - Up to 5 years per institution
  - ~\$800,000/year in total annual costs per project
  - 40 scholars will be appointed in Year One, with an estimated 92 scholars appointed over the 5-year program
  - Scholar appointments range from 2-3 years with  $\geq 75\%$  effort commitment over the training duration

# Awards

Grant #	Applicant Inst.	Title
HS026396	Albert Einstein College of Medicine	The Center of Excellence in Promoting LHS Operations and Research at Einstein/Montefiore (EXPLORE)
HS026393	Children's Hospital of Philadelphia	PEDSnet Scholars: Training Program for Pediatric Learning Health System Researchers
HS026390	Indiana University School of Medicine	Leveraging Infrastructure to Train Investigators in Patient-Centered Outcomes Research in the Learning Health System (LITI-PCORLHS)
HS026369	Kaiser Permanente Washington Health Research Institute	CATALyST: Consortium for Applied Training to Advance the Learning health system with Scholars/Trainees
HS026385	Northwestern University	A Chicago Center of Excellence in Learning Health Systems Research Training (ACCELERAT)
HS026370	Oregon Health and Science University	NW Center of Excellence & K12 in Patient Centered Learning Health Systems Science
HS026407	University of California, Los Angeles	Stakeholder-Partnered Implementation Research and Innovation Translation (SPIRIT) program
HS026383	University of California, San Francisco	UCSF Learning Health System K12 Career Development Program
HS026379	University of Minnesota	Minnesota Learning Health System Mentored Career Development Program (MN-LHS)
HS026372	University of Pennsylvania	Transforming the Generation and Adoption of PCOR in Practice (T-GAPP)
HS026395	Vanderbilt University Medical Center	Learning Health System Scholar Program at Vanderbilt

# Map of Awardee Institution Locations



# Learning Collaborative Goals

- To serve as a forum to promote cross institutional scholar-mentor interactions, collaboration on projects, dissemination of project findings and methodological advances, and the development of shared curriculum.
- To provide a platform for participants to share their experiences to accelerate learning and implementation of best practices along with participating in trainings.
- To develop an online shared curriculum of training LHS researchers that can serve as a comprehensive and efficient training model and expand reach of the program to other health systems.

# Learning Collaborative Roles

- AHRQ will lead and provide support for the learning collaborative.
- AHRQ will work closely with PCORI to provide PCOR-specific training opportunities.
- All LHS K12 Program Directors are required to participate in the learning collaborative.

# Questions

- This panel possesses unique depth & expertise in systems and disparities work, as well as stakeholder engagement
  - What insights might we glean about stakeholder engagement in research that would be important to convey to the scholars and Centers of Excellence?
- What insights can you offer on embedding research scholars:
  - in health systems research?
  - in research seeking to address disparities and enhance health equity?
- What insights can you offer on training learning health systems researchers?

# Questions

- We hope to have a curriculum that may be shared beyond the 11 COEs at the culmination of this project.
  - What have you seen in terms of educational programming structure or content that would be useful for us to leverage?
  - What information, advice, or best practices would you recommend we explore?
  - What would you want to see, from your Stakeholder perspective?

**11.**

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15-minute Break

Reconvene at 2:30pm

**12.**

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Addressing Disparities Portfolio  
Analysis:  
Progress in 2018

# PCORI Addressing Disparities: Update from the Portfolio Analysis Team

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HDDR Advisory Panel

November 15, 2018

Maggie Holly, BS  
Program Associate, HDDR

Metti Duressa, BS  
Program Assistant, HDDR

Ayodola Anise, MHS  
Program Officer, HDDR

Parag Aggarwal, PhD  
Associate Director, HDDR

# The Portfolio Analysis Team



**Parag Aggarwal, PhD**  
Associate Director



**Ayodola Anise, MHS**  
Program Officer



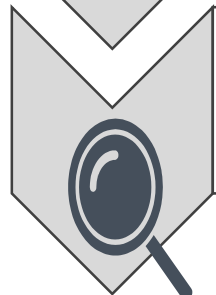


**Maggie Holly**  
Program Associate

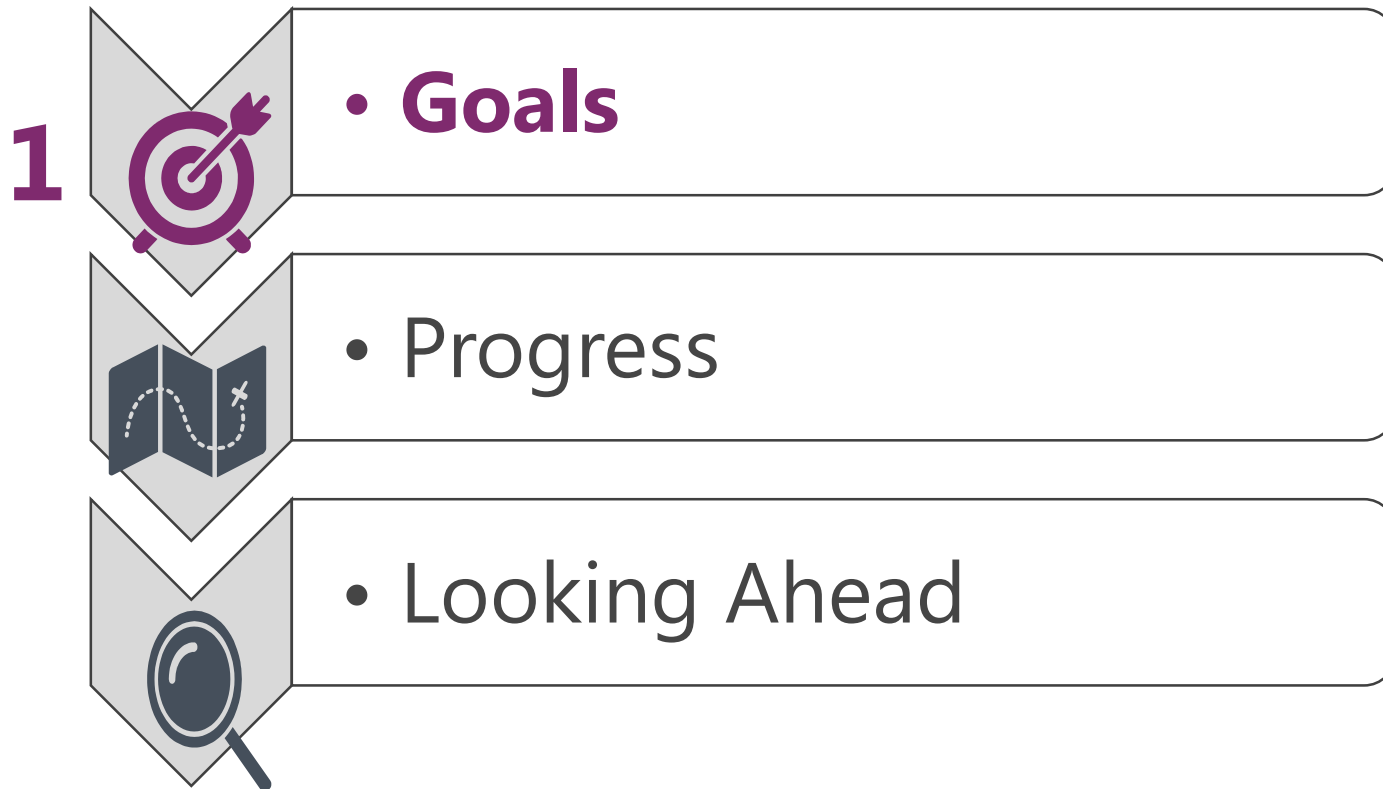


**Metti Duressa**  
Program Assistant

# Agenda




- • Goals
- • Progress
- • Looking Ahead

# Agenda



# Our Goals

## Goals for our Portfolio Analysis Initiative:

- 1**  Identify additional gaps that may exist in our portfolio
- 2**  Increase the usefulness of our portfolio by “clustering” similar projects
- 3**  Encourage new collaborations with stakeholders

# What Do We Mean By Cluster?

- A cluster is a group of projects with similar features which may include intervention, condition, outcome, setting, and/or population
- Identifying studies with similar features provides an opportunity to encourage collaboration across studies and share robust evidence
- It allows us to package our research so that it is more appealing to other stakeholders
- We incorporate our stakeholders' perspectives and priorities to ensure our topics are relevant to the current needs

# Utilizing Existing Clusters as Examples

## Our HDDR portfolio has several examples of clusters of studies.

- Some topics focused on high-priority conditions placing a heavy burden on individuals, families, specific populations, and society
- Others were identified as high-impact topics through the targeted funding announcement
- Priorities have been based in part on what patients and stakeholders have already told us is important through our research portfolio



**Mental and Behavioral Health**



**Asthma**



**Transitional Care**



**Telehealth**

# Utilizing Existing Clusters as Examples

## Our HDDR portfolio has several examples of clusters of studies.

- Some topics focused on high-priority conditions placing a heavy burden on individuals, families, specific populations, and society
- Others were identified as high-impact topics through the targeted funding announcement
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**Existing clusters demonstrate a broad spectrum of collaborative opportunities and serve as models for this initiative.**



**Mental and Behavioral Health**



**Asthma**

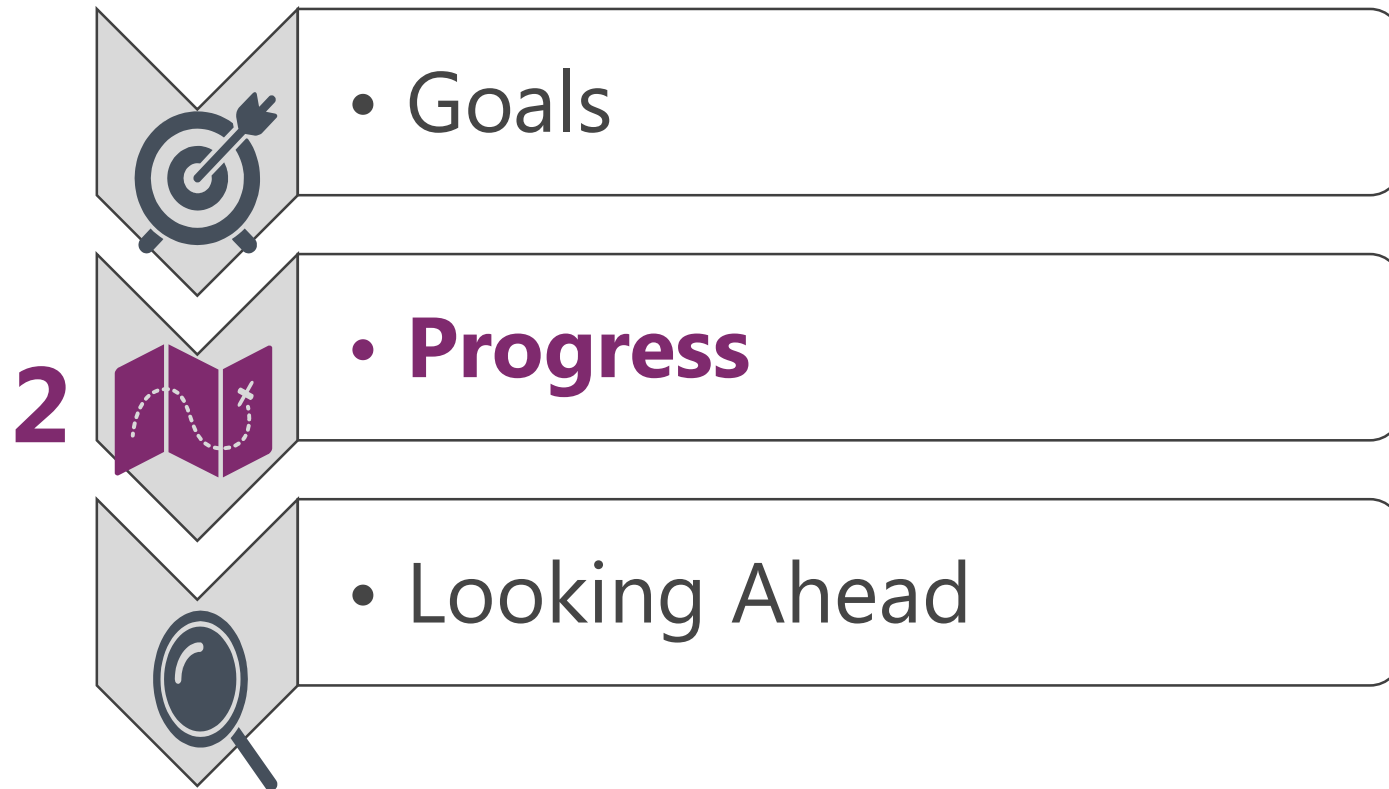


**Transitional Care**



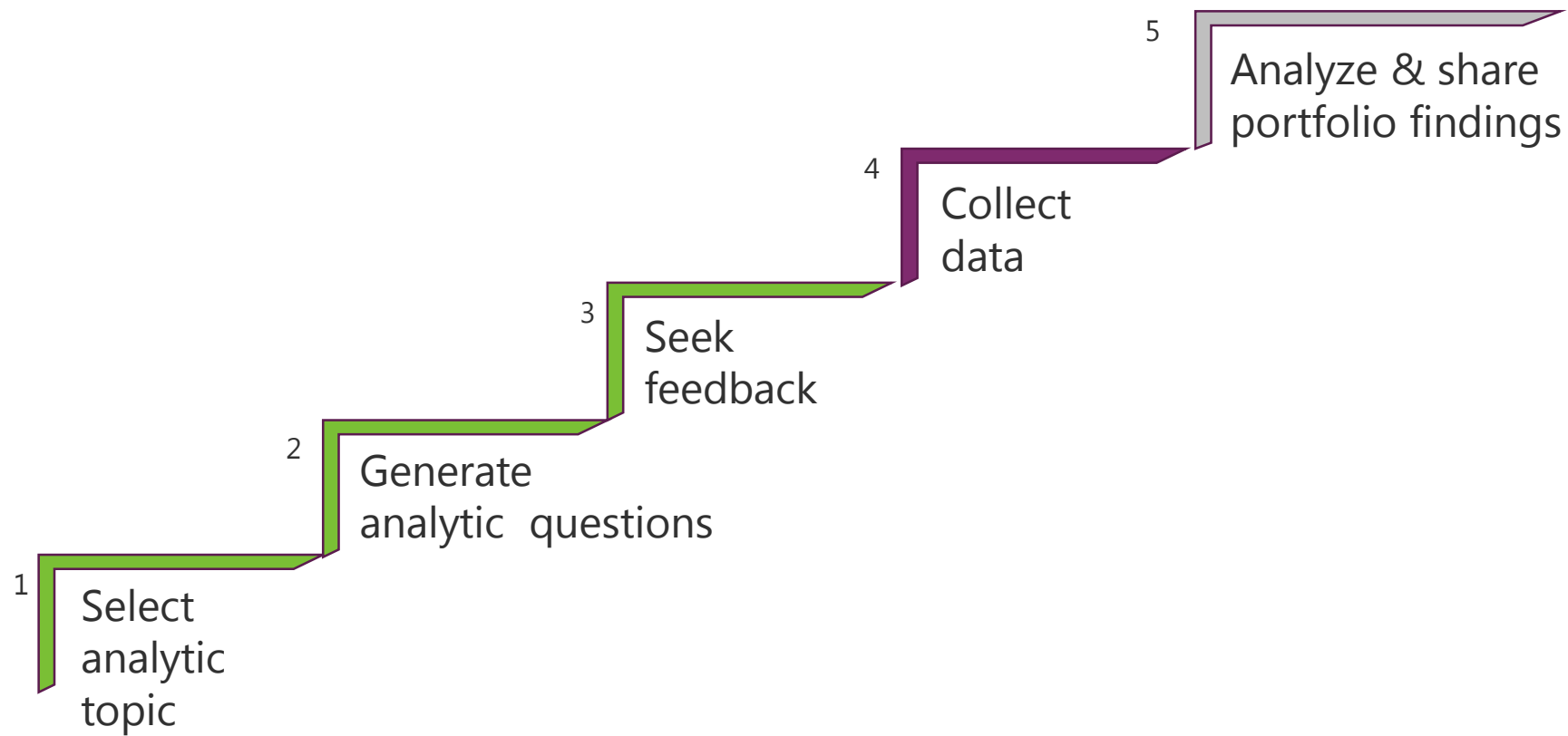
**Telehealth**

# Agenda



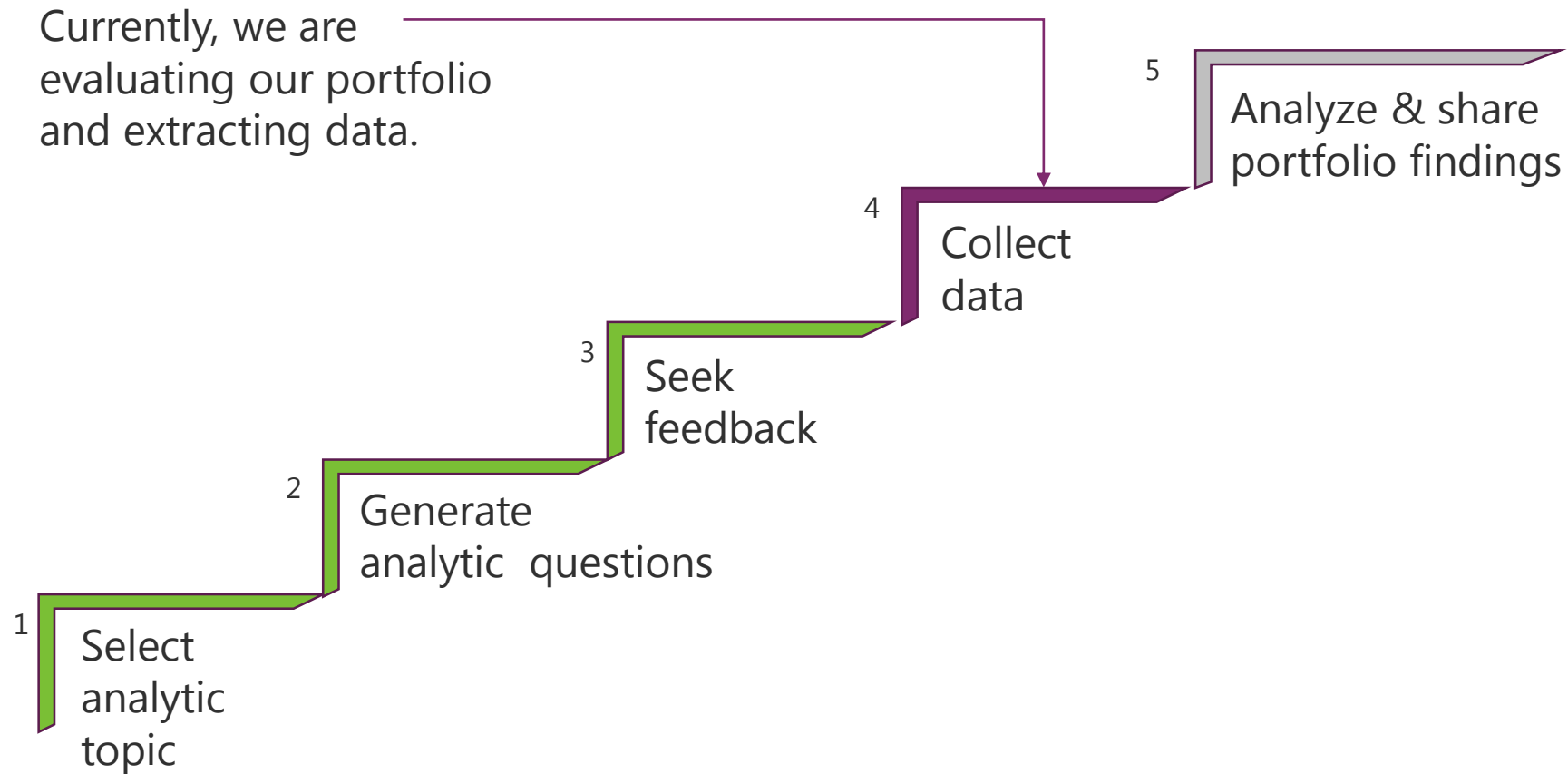
# Progress Update

## Where are we?



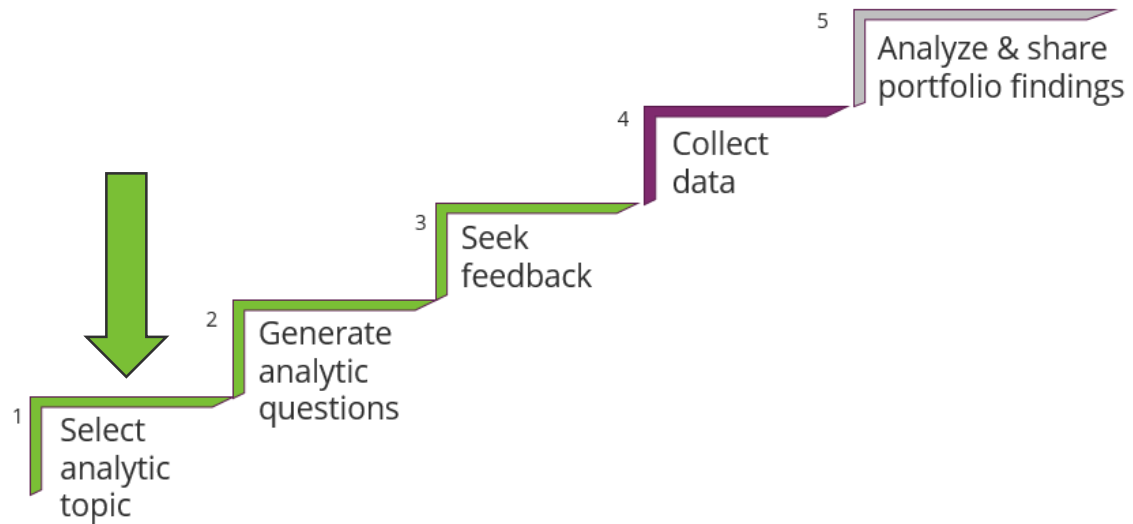
# Progress Update

## Where are we?



# 1

## Select Analytic Topic



# Identifying High-Priority Topics

## HDDR Advisory Panel Meeting – April 2018



Throughout break-out groups during the Spring meeting, our HDDR Advisory Panel members highlighted several high-priority topics:

- Mental and Behavioral Health
- Social Determinants of Health
- Health Literacy
- Healthcare Utilization and Readmission Rates
- Federally Qualified Health Centers

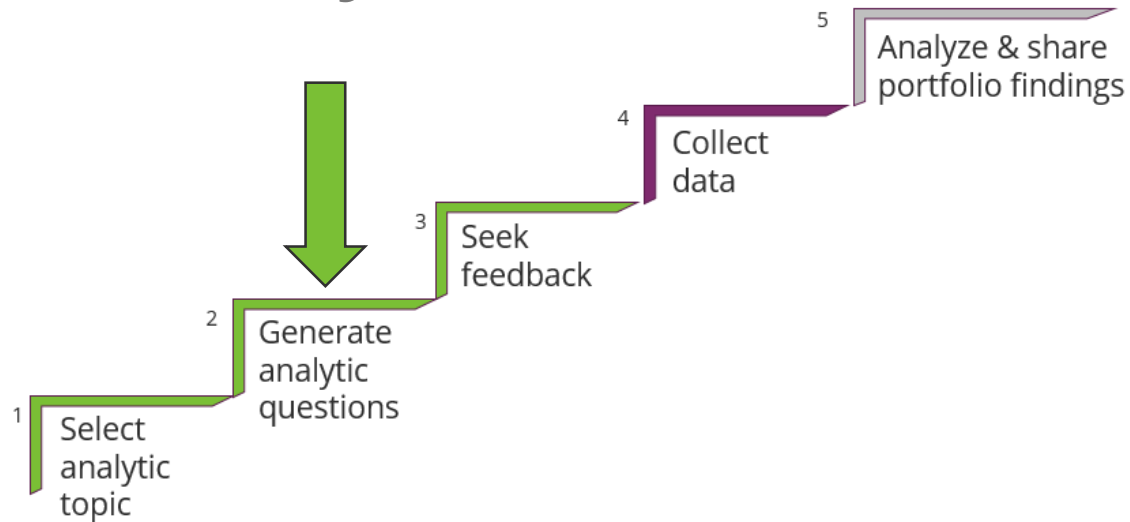
# Federally Qualified Health Centers (FQHCs)



- Given their unique patient mix and comprehensive approach to care, health centers offer ideal settings for addressing healthcare disparities
- They serve traditionally under-researched populations and have well-established relationships with their patients and communities
- PCORI's FQHC portfolio may help understand research feasibility in this setting, approaches for building partnerships, and how to minimize research burden on centers

2

## Generate Analytic Questions



# Evaluating Our Impact in FQHCs

- How is PCORI making a difference in addressing healthcare disparities in FQHCs?
- Are there any critical evidence gaps in FQHC research that our portfolio has yet to fill?



# Generate Analytic Questions

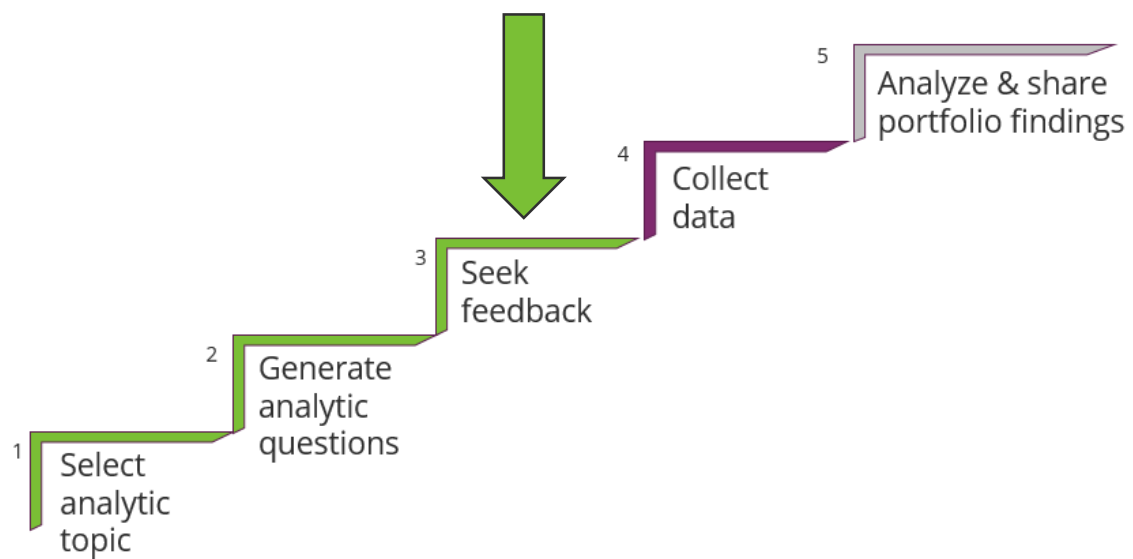
How is our FQHC portfolio fulfilling critical gaps?



- We needed to understand the gaps or the areas of FQHCs that have not yet been explored or are under-explored
- We reviewed recent literature and resources from other organizations to identify the current research prioritizes for FQHCs
- Examples of sub-questions that we have generated:
  - How is our portfolio engaging FQHC leadership?
  - How is our portfolio improving quality measure performance?
  - How is our portfolio assessing and addressing social support needs?

# 3

## Seek Feedback



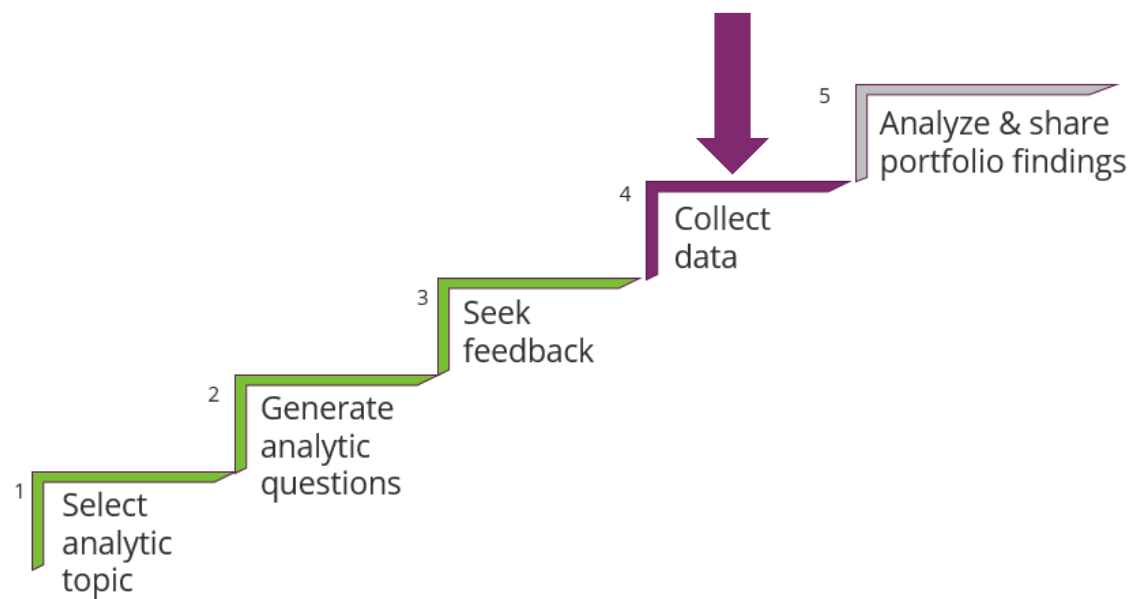
# Seek Feedback on Key Elements

## Incorporate our stakeholders' perspectives

- 1 Utilize our HDDR Advisory Panel.** We conducted a teleconference with six panelists to receive feedback on ways to strengthen elements of our analysis. The teleconference allowed us to:
  - Highlight stakeholder priorities that were missing
  - Ensure the appropriate specificity in our definitions
- 2 Utilize our HDDR Framework.** We conducted a mapping exercise to visualize the identified FQHC research elements on the HDDR Framework . The mapping exercise allowed us to:
  - Consider the context and impact of the FQHC portfolio
  - Ensure meaningful engagement across the healthcare system will be represented in our analysis

4

## Collect Data



# Snapshot of Funded Projects in FQHCs

**Number of funded awards:**

27

**Amount awarded:**

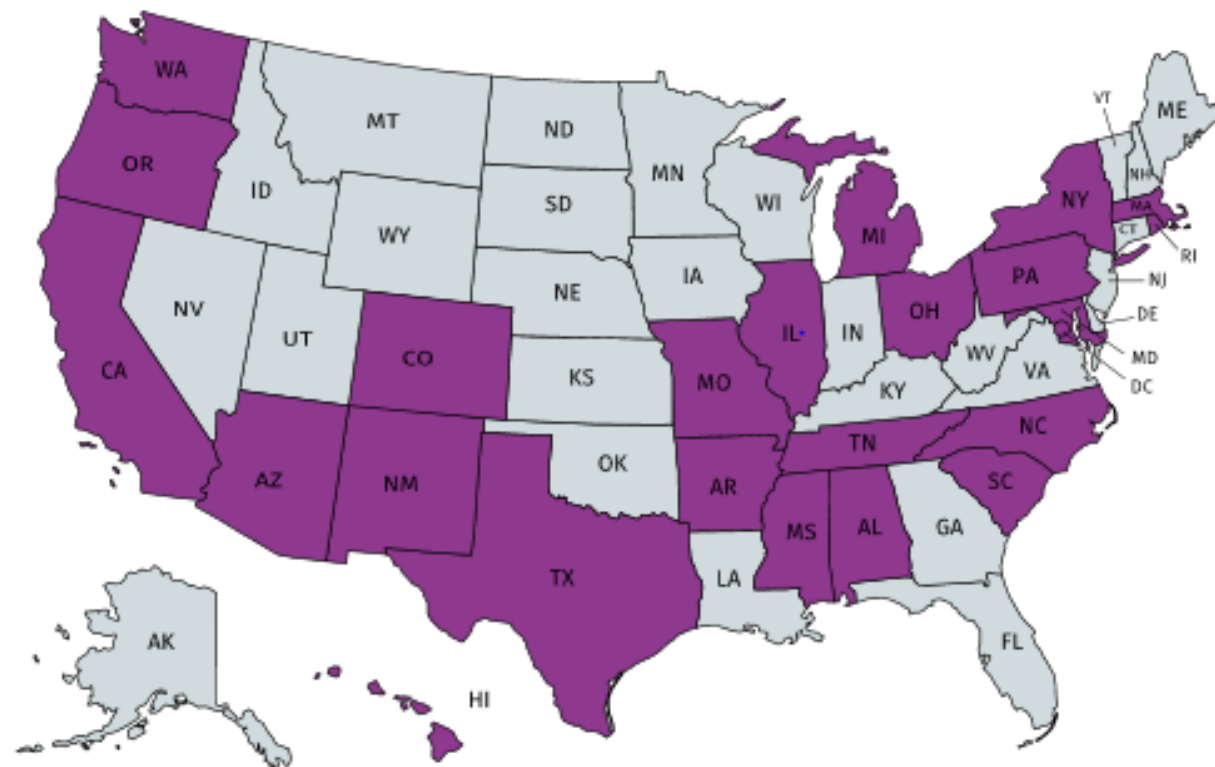
More than \$129 M

**Number of states represented  
with FQHC sites:**

25

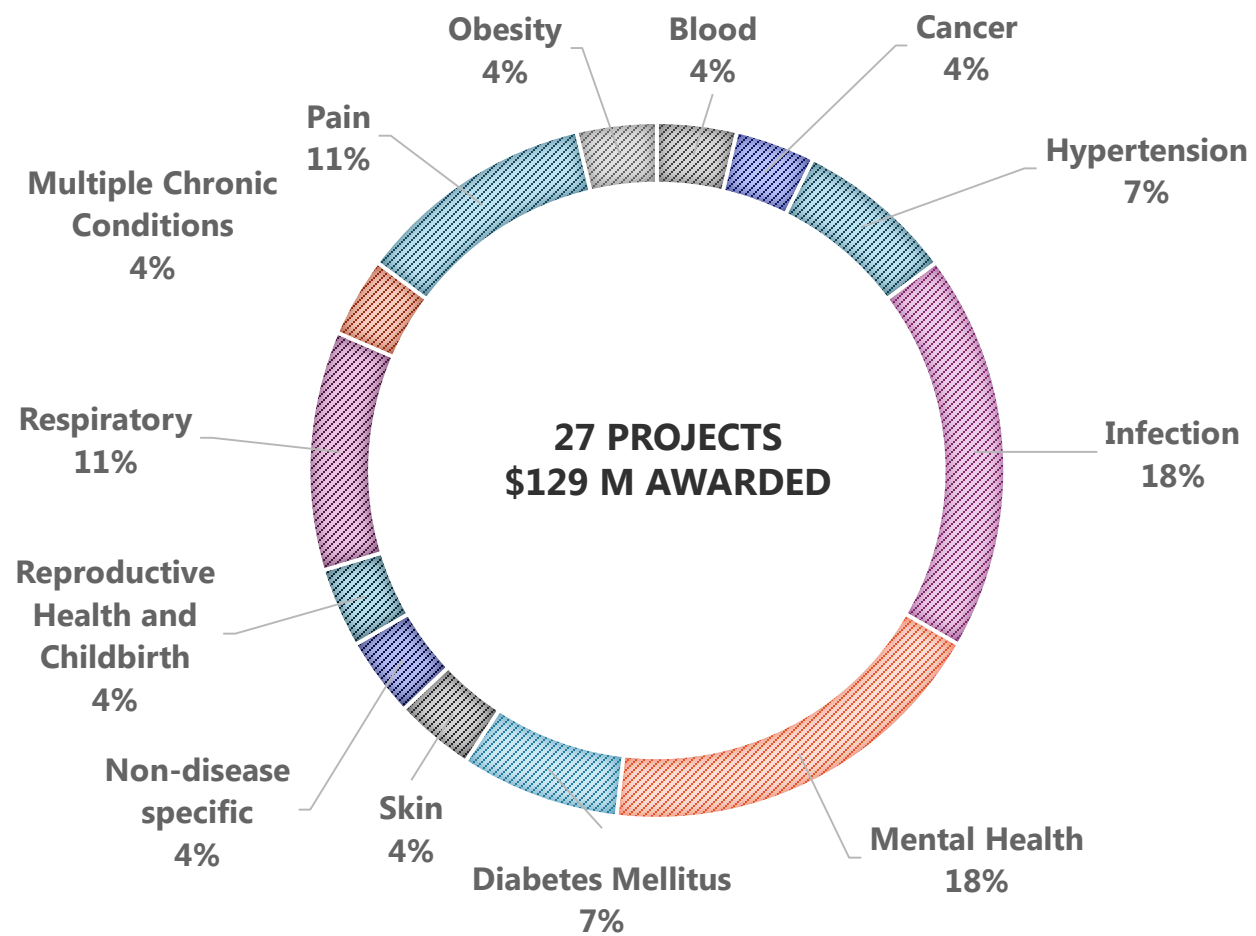
**Number of publications to date:**

35





AS OF APR 2018  
PCORI CER Awards


# Snapshot of Funded Projects in FQHCs



By health topic; N = 27 projects  
As of April 2018

  
**8**  
Projects focus in rural areas  
.....

  
**2**  
Projects focus on LGBT persons  
.....

  
**19**  
Projects focus on racial and ethnic minority groups

# Key Areas for the FQHC Analysis



- This figure shows the **nine** key research areas that we have identified as priorities for FQHCs
- Each category contains a list of elements that make up and define the priority area
- Using these specific elements as the variables in our analysis will allow us to identify the ways our portfolio is filling critical gaps

**\*Sources:** High-Priority Recommendations for Research within Community Health Centers from NHLBI's stakeholder meeting (November 2017); Health Center Research Summaries from the National Association of Community Health Centers (NACHC) (2017); HRSA Strategic Plan and Performance Measures (2018); Patient-Centered Primary Care Collaborative (PCPCC): Executive Summary (July 2017)

# Example of Analytic Questions:

## Engage FQHC leadership?



- Internal leaders can champion the work and make it an organizational priority
- Partnership may be key to implementation and sustainability

### From the Portfolio:

- Key informant interviews completed by CHC leadership
- Monthly calls with CHC leadership to apprise local project challenges

*Kenneth Mayer, MD  
Fenway Community Health Center  
Awarded 2017*

# Example of Analytic Questions:

## Quality measures as primary outcomes?

Incorporating Intersectionality into Research

Engaging Patients & Community Members

**Improving Quality & Lowering Cost**

Partnering to Improve Capacity & Plan for Growth

Using Technological Solutions

Tackling the SDOH

Serving the Needs of Special Populations

Integrating Behavioral Health

Expanding Access to Care and Other Services

- Choosing outcomes that align with existing measures may increase usefulness
- Data that is collected and reported in the same way may reduce burden

### From the Portfolio:

- Primary outcome of systolic blood pressure aligns with HRSA's hypertension control performance measurement
- Data collection aligns with Uniform Data Systems (UDS) process

*Lisa Cooper, MD, MPH  
Johns Hopkins University  
Awarded 2015*

# Example of Analytic Questions:

## Assessing and addressing social support needs?



- Recognizing social needs may be key to improving health outcomes
- Integration of social support networks within interventions may influence health and health equity

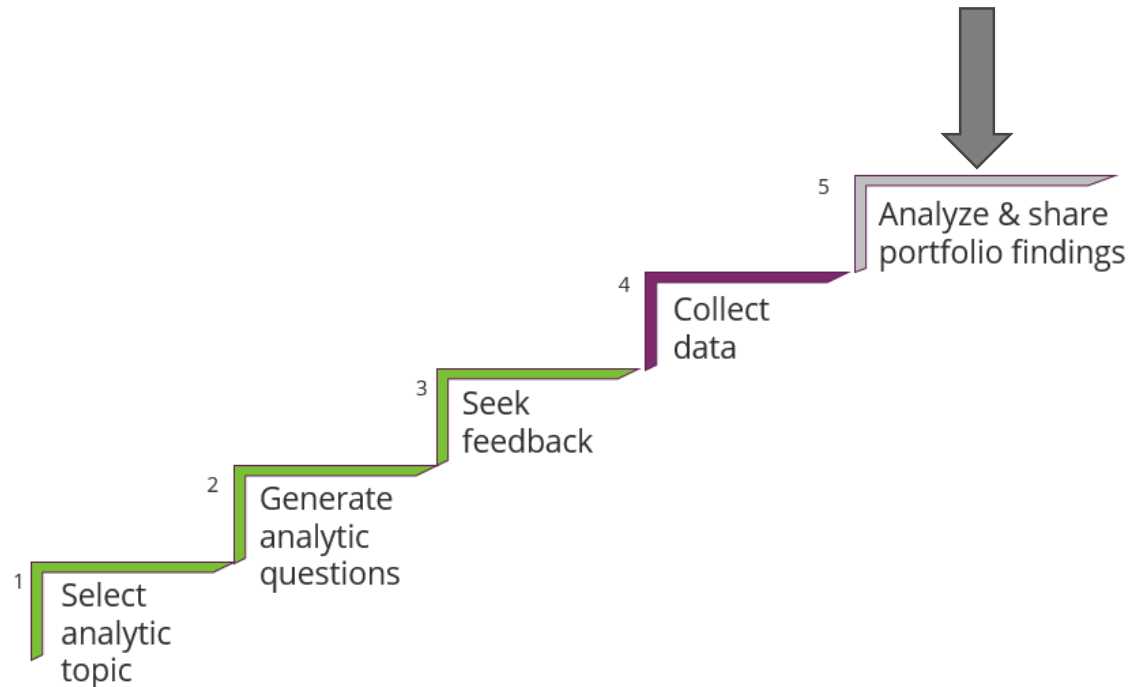
### From the Portfolio:

- Interviews assess objective and patient self-report data to understand social needs
- Intervention integrates Peer Recovery Specialists to help patients stay motivated, connected and focused on personal recovery goals related to social functioning and developing supportive relationships

*David R. Gastfriend, MD*  
*Public Health Management Corporation*  
*Awarded 2017*

5

## Share Portfolio Findings



# Share Portfolio Findings

**We are planning a strong effort to encourage the use of important findings from our FQHC analysis.**

- Continue to communicate with HRSA and establish a collaboration with a focus on FQHCs
- Identify other ways to leverage our portfolio findings



# Next Steps

- Continue evaluating our portfolio and extracting data
- Analyze findings from nine key areas
- Continue to gather lessons learned through portfolio analysis initiatives

# Questions?



**13.**

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Poster Session



# Posters recently presented by HDDR staff



- Chronic Disease Management: The Use of Chronic Care Model Elements in Patient-Centered Outcome Research Institute's (PCORI) Comparative Effectiveness Research (CER) Trials
- Patient Partnerships and the Advancement of Health Equity
- Addressing National Research Priorities in Mental Health: A Systematic Analysis of the PCORI Mental Health Portfolio
- Analysis of Cultural Tailoring in Behavioral Interventions
- Team-Based Models and Access to Care: Linking Underserved Communities to Health Services
- Collaborative Efforts Among Eight Patient-Centered Studies to Reduce Disparities in Asthma

14.

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Wrap-up



**15.**

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Adjourn