Advisory Panel on Healthcare Delivery and Disparities Research: In-Person Meeting

April 11, 2018

8:30 AM - 5:15 PM EST

pcori

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Housekeeping

- 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 for more information

- Chair Statement on COI and Confidentiality

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Welcome & Introductions

Timothy Daaleman, DO, MPH

HDDR Advisory Panel Co-Chair

Cheryl Pegus, MD, MPH

HDDR Advisory Panel Co-Chair

Steve Clauser, PhD, MPA

Program Director, Healthcare Delivery and Disparities Research

Out-going Advisory Panel Leadership

- **Cheryl Pegus, MD, MPH**
  - Healthcare Delivery and Disparities Research Advisory Panel Co-Chair
  - Former Addressing Disparities Advisory Panel Chair

- **Timothy Daaleman, DO, MPH**
  - Healthcare Delivery and Disparities Research Advisory Panel Co-Chair
  - Former Improving Healthcare Systems Advisory Panel Chair

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Incoming Advisory Panel Leadership

- **Umbereen Nehal, MD, MPH**
  - Healthcare Delivery and Disparities Research Advisory Panel Co-Chair
  - Former Addressing Disparities Advisory Panel member

- **Craig Umscheid, MD, MSCE**
  - Healthcare Delivery and Disparities Research Advisory Panel Co-Chair
  - Former Improving Healthcare Systems Advisory Panel member

HDDR Advisory Panel Members

- **Rebecca Aslakson, MD, PhD**
  Associate Professor, Johns Hopkins School of Medicine
- **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**
- **Jim Bellows, PhD, MPH**
  Senior Director, Care Management Institute, Kaiser Permanente
- **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
- **Bonnie Clipper, DNP, RN, MA, MBA, FACHE, CENP***
  VP, Practice & Innovation, American Nurses Association

- **Ronald Copeland, MD, FACS**
  Chief Diversity and Inclusion Officer and Senior Vice President of National Diversity and Inclusion Strategy and Policy, Kaiser Permanente
- **Deidra Crews, MD, ScM, FASN, FACP**
  Associate Professor of Medicine, Johns Hopkins University School of Medicine
- **Timothy Daaleman, DO, MPH**
  Professor and Vice Chair of Family Medicine, University of North Carolina at Chapel Hill School of Medicine
- **Lisa Freeman, BA**
  Independent Patient Safety Advocate and Consultant
- **Ravi Govila, MD***
  Vice President, Medical Management and PPO, Blue Cross Blue Shield of Michigan
- **Sinsi Hernandez-Cancio, JD**
  Director of Health Equity, Families USA
- **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

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HDDR Advisory Panel Members (cont'd)

- **Barbara L. Kornblau, JD, OTR**
  CEO, Coalition for Disability Health Equity
- **Ana Maria Lopez, MD, MPH, FACP***
  Associate Vice President Professor, University of Utah Health Sciences
- **Kenneth Mayer, MD**
  Medical Research Director, Fenway Health and Professor, Harvard Medical School and School of Public Health
- **Umbereen Nehal, MPH, MD**
  Associate Medical Director, University of Massachusetts/MassHealth (Medicaid)
- **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
- **Cheryl Pegus, MD, MPH**
  Chair, Association of Black Cardiologists; President, Caluent
- **Danielle Pere, MPM**
  Associate Executive Director, American College of Preventive Medicine

- **James Perrin, MD**
  Professor of Pediatrics, Harvard Medical School and Pediatrician, Massachusetts General Hospital Physician Organization
- **Carolyn Petersen, MS, MBI**
  Senior Editor, MayoClinic.org
- **Rachel Raia, MPH**
  Manager, Client Consulting, Blue Cross Blue Shield of Texas
- **Elinor R. Schoenfeld, PhD***
  Research Professor of Family, Population and Preventive Medicine; Research Professor of Biomedical Informatics, Stony Brook University
- **Alexis Snyder, BA***
  Patient Family Advisor
- **Craig Umscheid, MD, MS***
  Associate Professor of Medicine and Epidemiology, University of Pennsylvania Perelman School of 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

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Guests

- Marshall Chin, MD, MPH, FACP
    - Richard Parrillo Family Professor of Healthcare Ethics, *Department of Medicine, University of Chicago*
    - HDDR Disparities Expert
- Latoya Thomas
    - Director, State Policy Resource Center, American Telemedicine Association

Healthcare Delivery and Disparities Research Program Staff
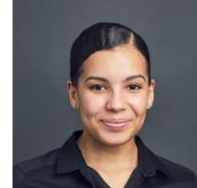
Parag Aggarwal, PhD ◇
Associate Director

Allison Ambrosio, MPH ◇ ●
Program Manager

Ayodola Anise, MHS ◇
Program Officer

Neeraj Arora, PhD ●
Associate Director

Dionna Attinson ◇
Program Assistant

Kaitlynn Robinson-Ector, MPH ◇
Program Associate

Andrea Brandau, MPP ●
Program Officer

Steve Clauser, PhD, MPA ◇ ●
Program Director

Mira Grieser, MHS ◇
Program Officer

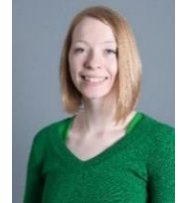**Sindhura Gummi, MPH** ●
Program Associate

Candace Hall, MA ●
Program Associate

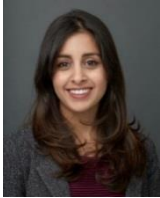**Maggie Holly, MA** ◇
Program Associate

Els Houtsmuller, PhD ●
Associate Director

Hannah Kampmeyer ●
Sr. Admin Assistant

Mari Kimura, MS, PhD ◇
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Senior Advisor

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Carly Parry, PhD, MSW ●
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Carly Patterson, PhD, MPH, RN ●
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Soknorntha Prum, MPH ◇
Program Associate

Aaron Shifreen ●
Program Assistant

Tomica Singleton ◇
Sr. Admin Assistant

Marisa Torres, MPH ◇
Program Associate

Jamie Trotter, MPA ●
Program Associate

◇ = AD National Priority Area
● = IHS National Priority Area

Agenda and Setting the Stage

Timothy Daaleman, DO, MPH
HDDR Advisory Panel Co-Chair

Cheryl Pegus, MD, MPH,
HDDR Advisory Panel Co-Chair

Agenda

- **8:30AM:** Welcome and Introductions
- **9:00AM:** "Toward an Integrated HDDR Conceptual Framework"
- **9:30AM:** Small group discussions—Conceptual Framework
- **10:15AM**: 15-minute break
- **10:30AM**: Small groups report back and discussion
- **11:15AM:** State of HDDR—Updates from Steve
- **12:00PM:** Lunch
- **1:00PM:** "High Priority Topics within the AD Portfolio"
- **1:20PM:** Small group discussions—AD Portfolio
- **2:20PM:** Small groups report back and discussion
- **3:15PM**: 15-minute break
- **3:30PM:** "Reflecting the Value of PCORI's Telehealth Portfolio"
- **3:45PM:** Perspectives from the Field—Telehealth Speaker
- **4:45PM:** Wrap-up, next steps, debrief
- **5:15PM:** Adjourn

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Questions to keep in mind

- How can the current working draft of the HDDR conceptual framework better illustrate the interface between disparities and systems in patient-centered outcomes research?

- What is the relevance of the selected AD portfolio clusters to patients, their caregivers, clinicians, and other stakeholders—and is there a need for additional clusters?

Toward an Integrated HDDR Conceptual Framework: Our Journey

Mari Kimura, PhD

Program Officer

Carly Paterson, PhD, MPH, RN

Program Officer

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The HDDR Framework Team

Mari Kimura, MS, PhD
Program Officer

Carly Paterson, PhD, MPH, RN
Program Officer

Parag Aggarwal, PhD
Associate Director

Marshall Chin, MD, MPH
Mentor

Soknorntha Prum, MPH
Sr. Program Associate

Marisa Torres, MPH
Program Associate

Jamie Trotter, MHA
Program Associate

Goals for a new integrated framework

- Visualize the HDDR Program as integrating disparities and healthcare systems research

- Identify gaps and priorities

- Tell a story about HDDR research

- Help HDDR analyze and communicate our portfolio

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Sub-goals

- 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
  - Develop a framework that suits the uniqueness of PCORI as a funding organization and aligns with our legislative mandate to fund clinical CER
- Help HDDR analyze and communicate our portfolio
  - Organize the framework to facilitate mapping of individual projects

Addressing Disparities Barriers Framework

Barriers

Use of Services

Mediators

Outcomes

Personal/Family
- Acceptability
- Cultural
- Language/literacy
- Attitudes, beliefs
- Preferences
- Involvement in care
- Health behavior
- Education/income

Structural
- Availability of appointments
- How organized
- Transportation

Financial
- Insurance coverage
- Reimbursement levels
- Public support

Visits
- Primary care
- Specialty
- Emergency

Procedures
- Preventative
- Diagnosis
- Therapeutic

Quality of Providers
- Culture competence
- Communication skills
- Medical knowledge
- Technical skills

Appropriateness of care

Efficacy of treatment

Patient adherence

Health Status
- Mortality
- Morbidity
- Well-being
- Functioning

Equity of Services

Patient Views of Care
- Experiences
- Satisfaction
- Effective partnership

Modified from Lisa A. Cooper: Barriers to and mediators of equitable health care for racial and ethnic groups

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Addressing Disparities Driver Model

Tertiary Drivers	Secondary Drivers	Primary Drivers	Program Goal

Tertiary Drivers
- Self-Management
- Community Health Workers
- Cultural/ Language Tailoring
- Decision Support
- Team-Based Care
- Family/ Caregiver Involvement
- Social Support
- Developmental

Secondary Drivers
- Training/ Education
- Patient Empowerment
- Access to Care
- Workforce
- Technology
- Community/ Home Environment

Primary Drivers
- Policy
- Organizational
- Point of Care/ Communication

Program Goal
- Reduce/ Eliminate Disparities in Health/ Health Care Outcomes

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Improving Healthcare Systems Model for Systems Levels and Interventions
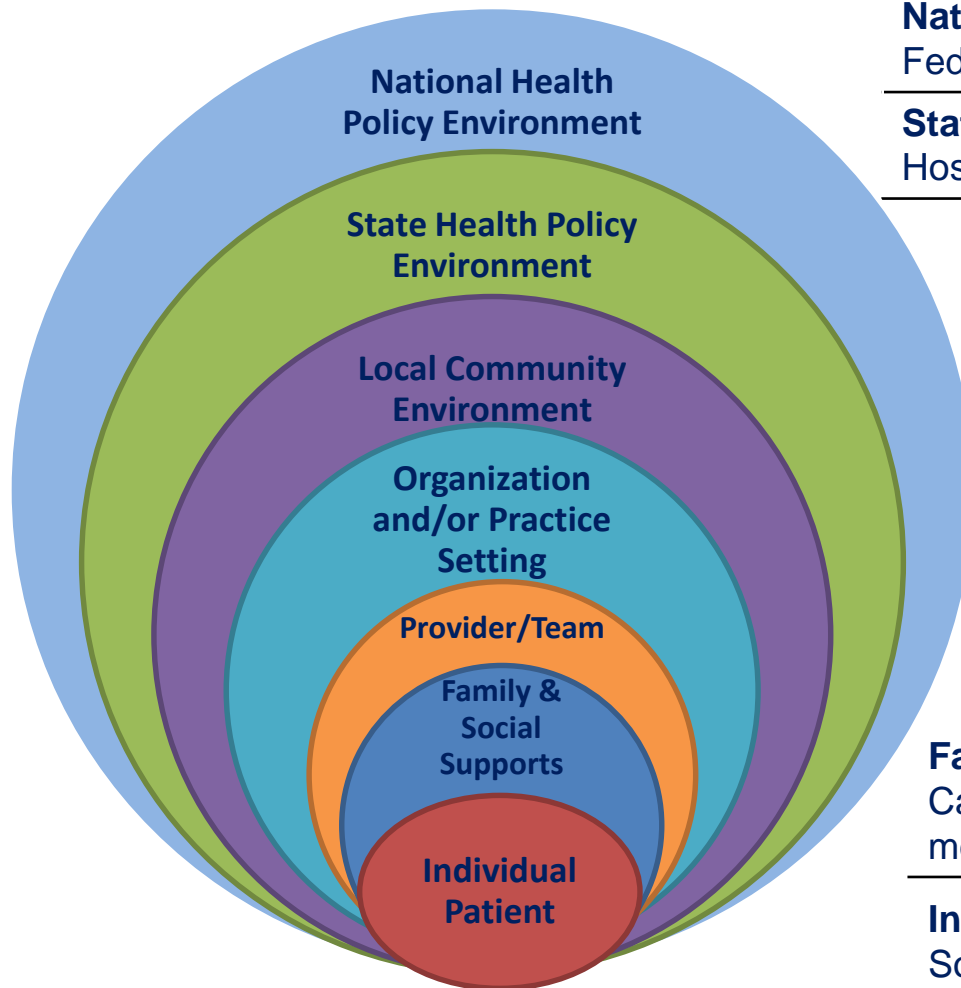
National Health Policy Environment
Federal health reform, Accreditations, etc.

State Health Policy Environment
Hospital performance data, etc.

Local Community Environment
Community-based resources, Local hospital services, Local professional norms, etc.

Organization and/or Practice Setting
Organizational leadership, Delivery system design, Clinical decision support, etc.

Provider/Team
Communication skills, Cultural competency, Staffing mix, Team culture, Role definition, etc.

Family & Social Supports
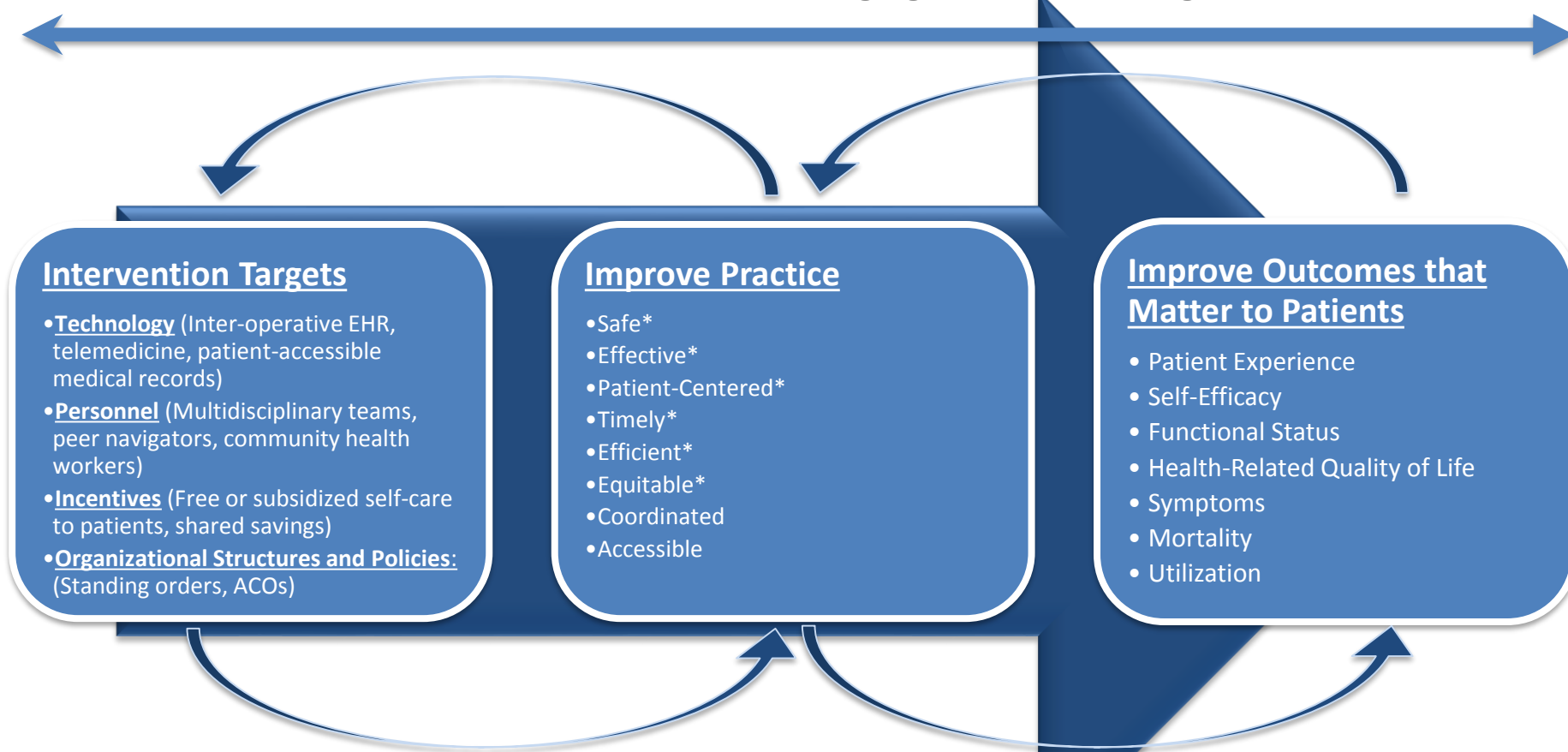Caregivers, Friends, Network support, Social media, etc.

Individual Patient
Socio-demographics, Insurance coverage, Comorbidities, Patient care preferences, Behavioral factors, Cultural perspectives, etc.

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Improving Healthcare Systems Strategic Framework

Patient and Stakeholder Engagement Throughout

Intervention Targets

- **Technology** (Inter-operative EHR, telemedicine, patient-accessible medical records)
- **Personnel** (Multidisciplinary teams, peer navigators, community health workers)
- **Incentives** (Free or subsidized self-care to patients, shared savings)
- **Organizational Structures and Policies**: (Standing orders, ACOs)

Improve Practice

- Safe*
- Effective*
- Patient-Centered*
- Timely*
- Efficient*
- Equitable*
- Coordinated
- Accessible

Improve Outcomes that Matter to Patients

- Patient Experience
- Self-Efficacy
- Functional Status
- Health-Related Quality of Life
- Symptoms
- Mortality
- Utilization

*Adopted from: Institute of Medicine. *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington, DC: The National Academies Press, 2001.

Where we are going

- Strategy for developing new framework
  - Look at many existing frameworks for inspiration
  - Deconstruct and reassemble the original AD and IHS frameworks while retaining their individual elements
  - **Add stakeholder perspective**: this is where you, the Advisory Panel, come in!
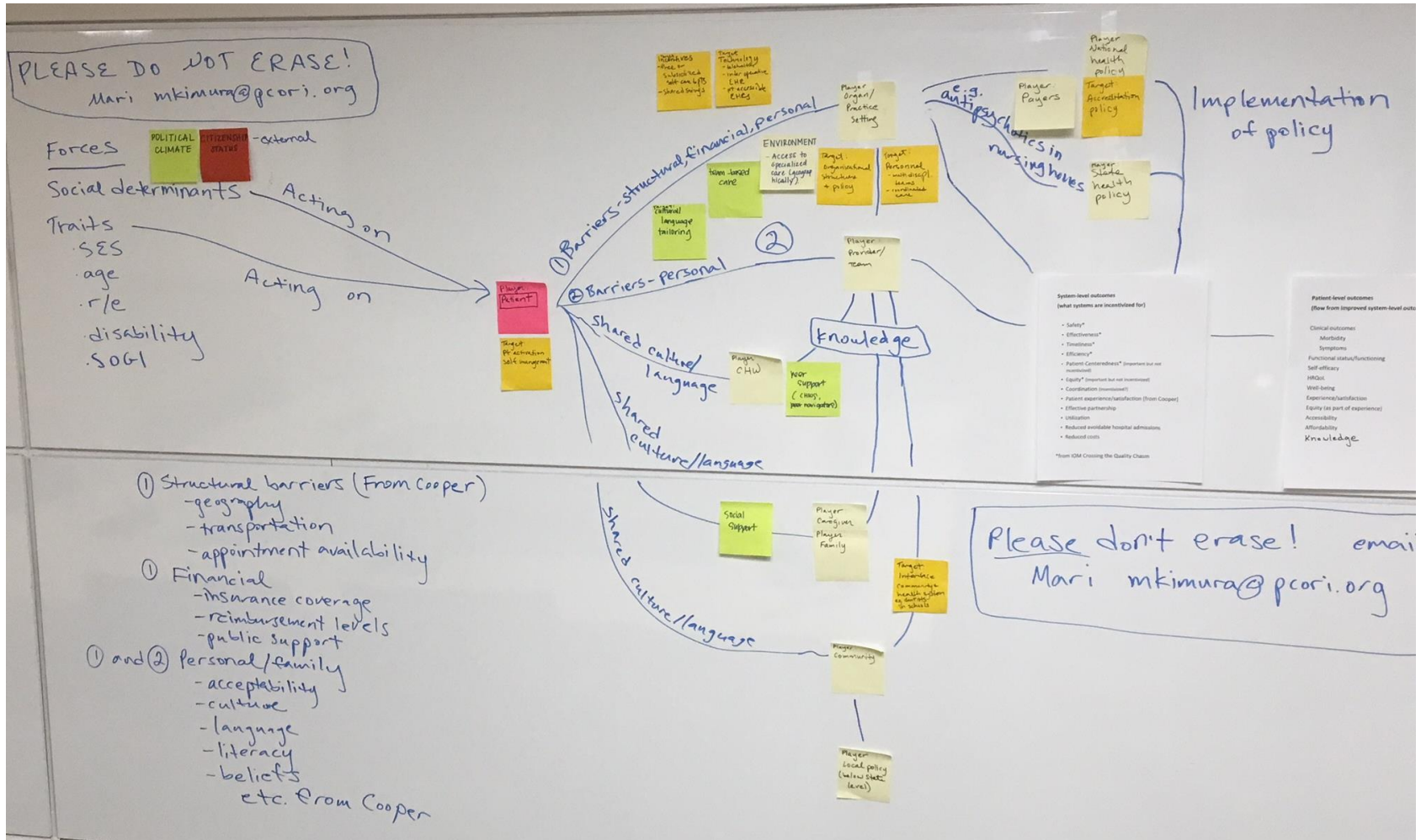- Beginning an ongoing collaboration to develop the framework

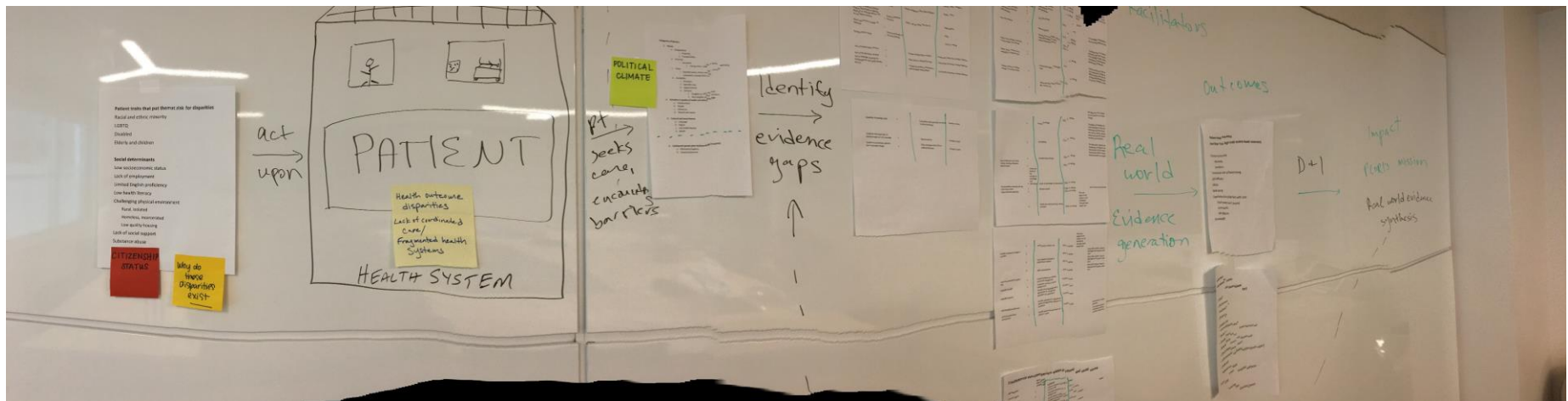# Draft 1: Presented by M. Chin at last Advisory Panel meeting
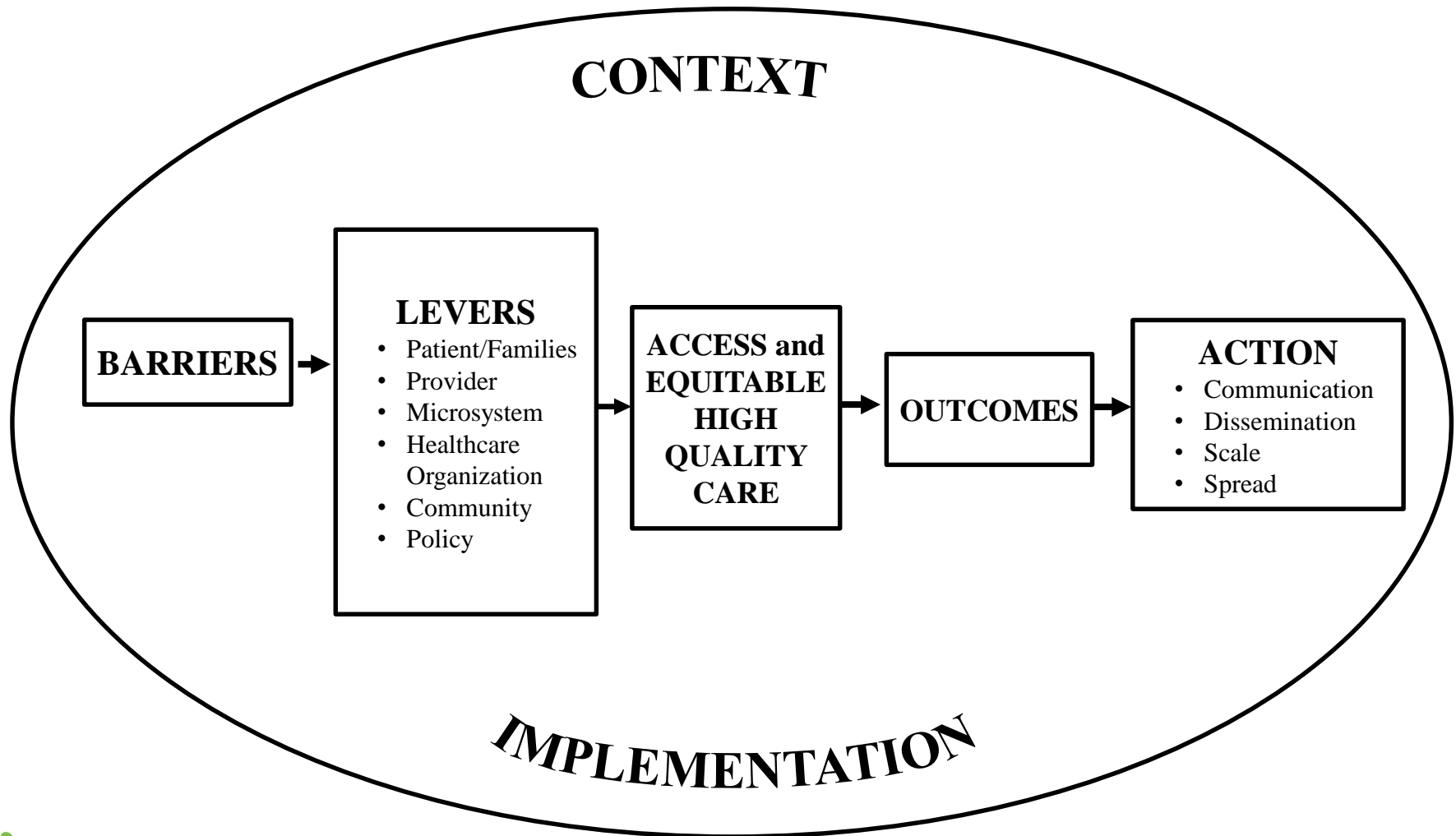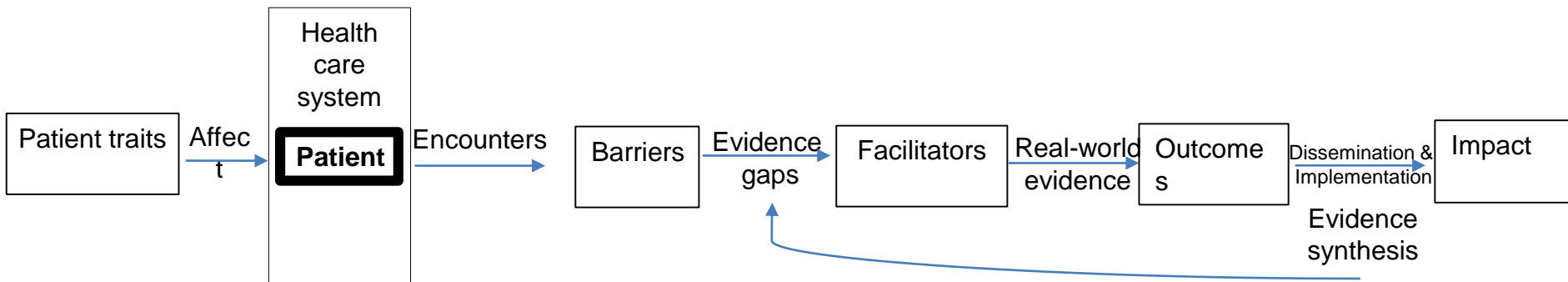
Brainstorming I: Mapping the landscape

Brainstorming II: Filling in barriers, interventions and outcomes

Draft 2

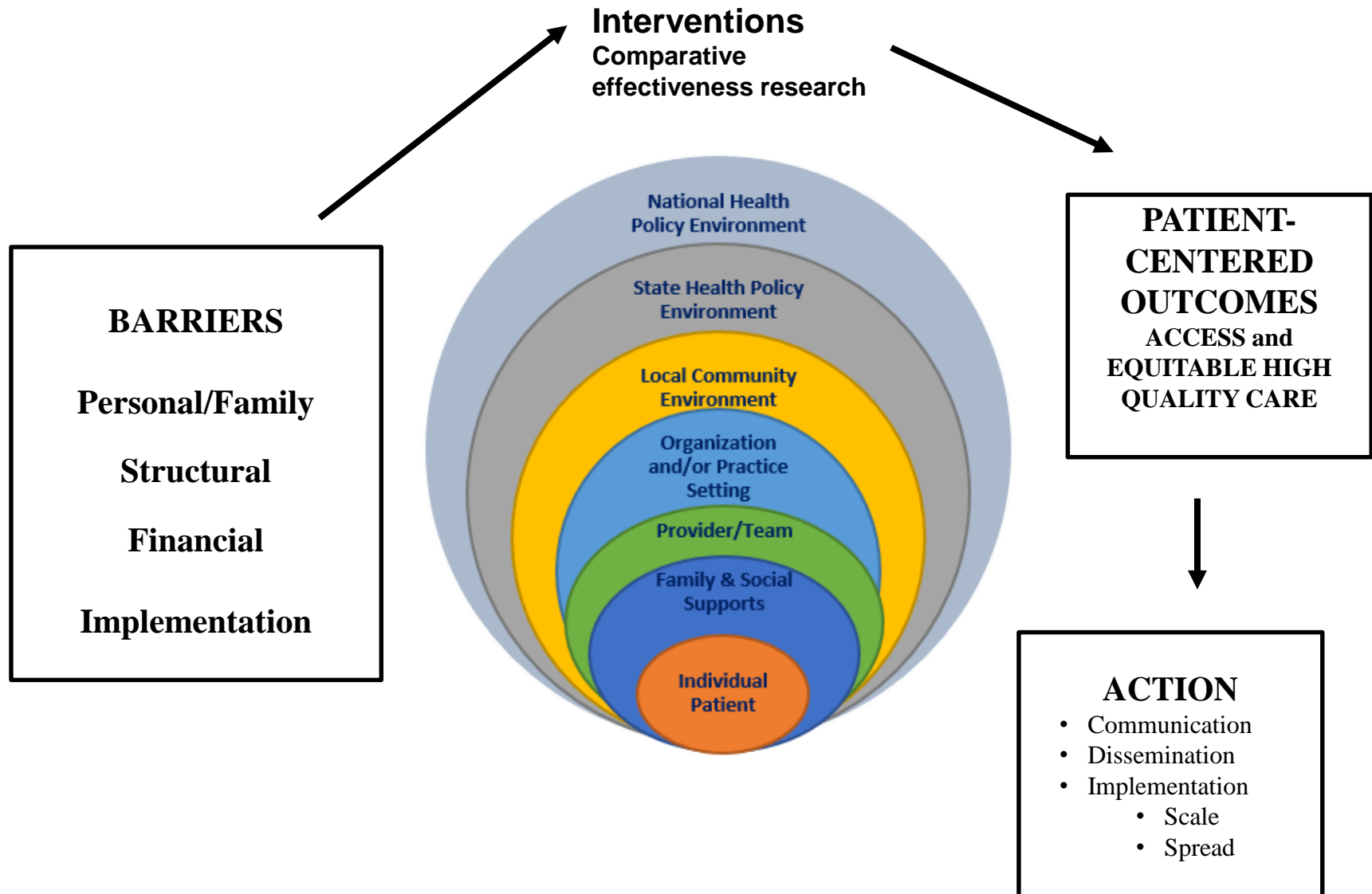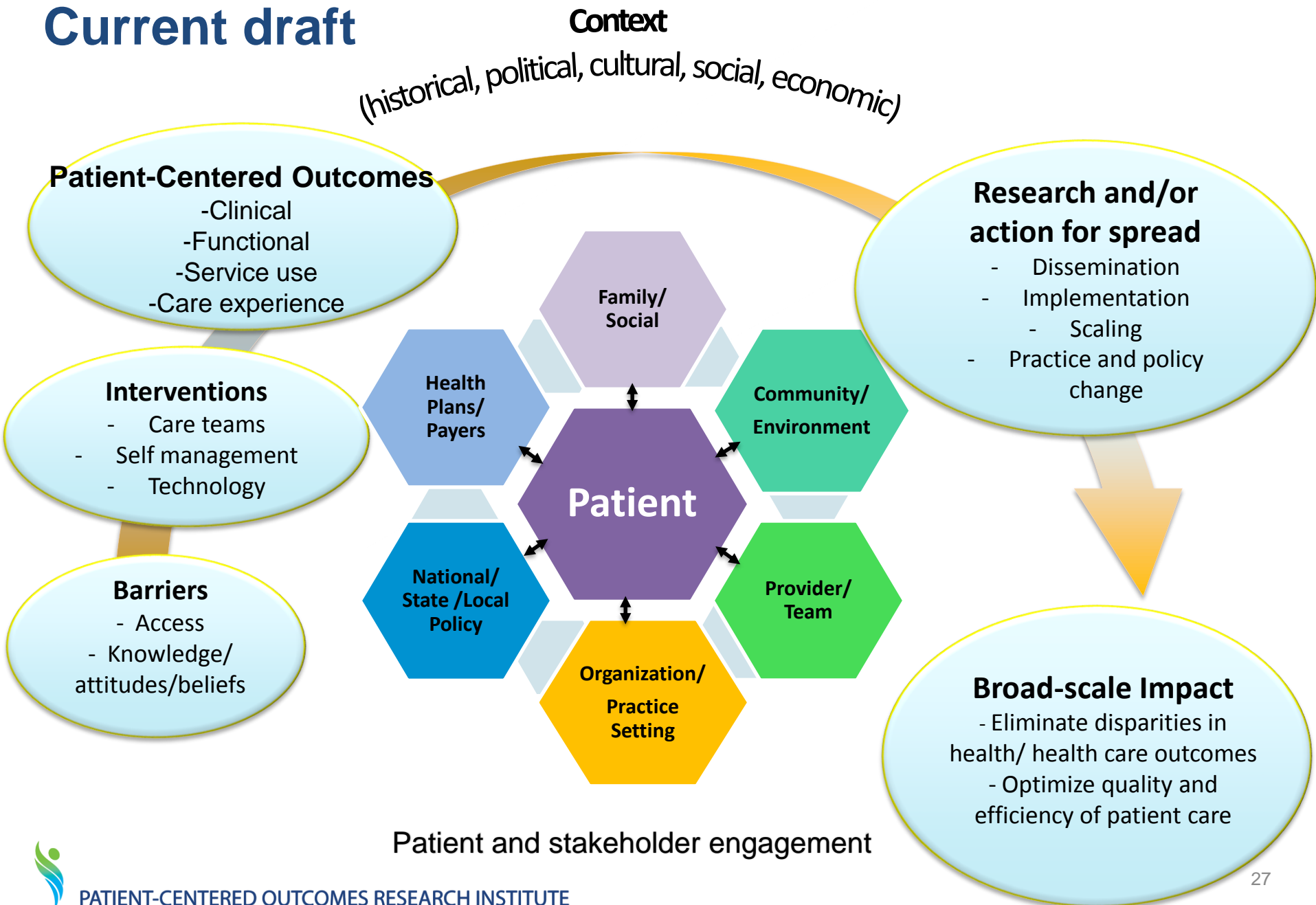Patient traits → Affect → Health care system [Patient] → Encounters → Barriers → Evidence gaps → Facilitators → Real-world evidence → Outcomes → Dissemination & Implementation → Impact

Evidence synthesis

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Draft 3: Integrating key AD and IHS elements

Interventions
Comparative effectiveness research

BARRIERS

Personal/Family

Structural

Financial

Implementation

National Health Policy Environment

State Health Policy Environment

Local Community Environment

Organization and/or Practice Setting

Provider/Team

Family & Social Supports

Individual Patient

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ACCESS and EQUITABLE HIGH QUALITY CARE

ACTION
- Communication
- Dissemination
- Implementation
  - Scale
  - Spread

Current draft

Context

(historical, political, cultural, social, economic)

Patient-Centered Outcomes
-Clinical
-Functional
-Service use
-Care experience

Interventions
- Care teams
- Self management
- Technology

Barriers
- Access
- Knowledge/ attitudes/beliefs

Research and/or action for spread
- Dissemination
- Implementation
- Scaling
- Practice and policy change

Family/ Social

Health Plans/ Payers

Community/ Environment

Patient

National/ State /Local Policy

Provider/ Team

Organization/ Practice Setting

Broad-scale Impact
- Eliminate disparities in health/ health care outcomes
- Optimize quality and efficiency of patient care

Patient and stakeholder engagement

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Questions for breakout sessions

1. What is missing from the framework components, especially **important and exciting items reflecting your stakeholder perspective?**

2. How does it all fit together; what is the best way to tell the HDDR story?

3. Is the framework clear in its pathway from outcomes to broad-scale impacts?

In progress: Defining terms to avoid ambiguity.

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Breakout sessions

1. Pre-assigned facilitator and scribe.
2. Pre-assigned questions meant to anchor the discussion, but we are interested in any of your thoughts about the framework.
3. PCORI staff in listening mode and available to answer questions.
4. Meet until 10:15am
5. Reconvene here at 10:30am: scribes report back, panel discusses next steps.
6. Questions?

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Small Group Session

Morning Break
10:15am

Report Back
10:30am

Healthcare Delivery and Disparities Research Program Updates

Steve Clauser, PhD, MPA

Program Director

The Research We Fund is Guided by Our National Priorities for Research

Assessment of Prevention, Diagnosis, and Treatment Options

Improving Healthcare Systems

Communication & Dissemination Research

Addressing Disparities
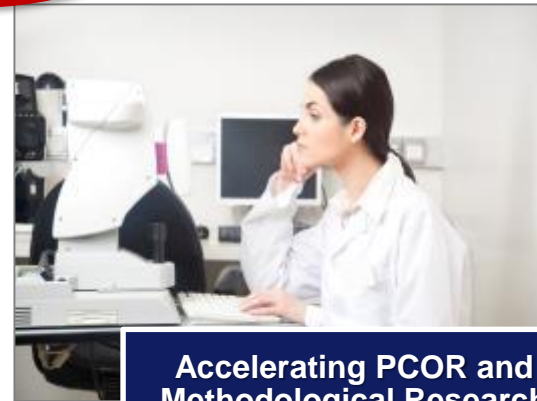
Accelerating PCOR and Methodological Research

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
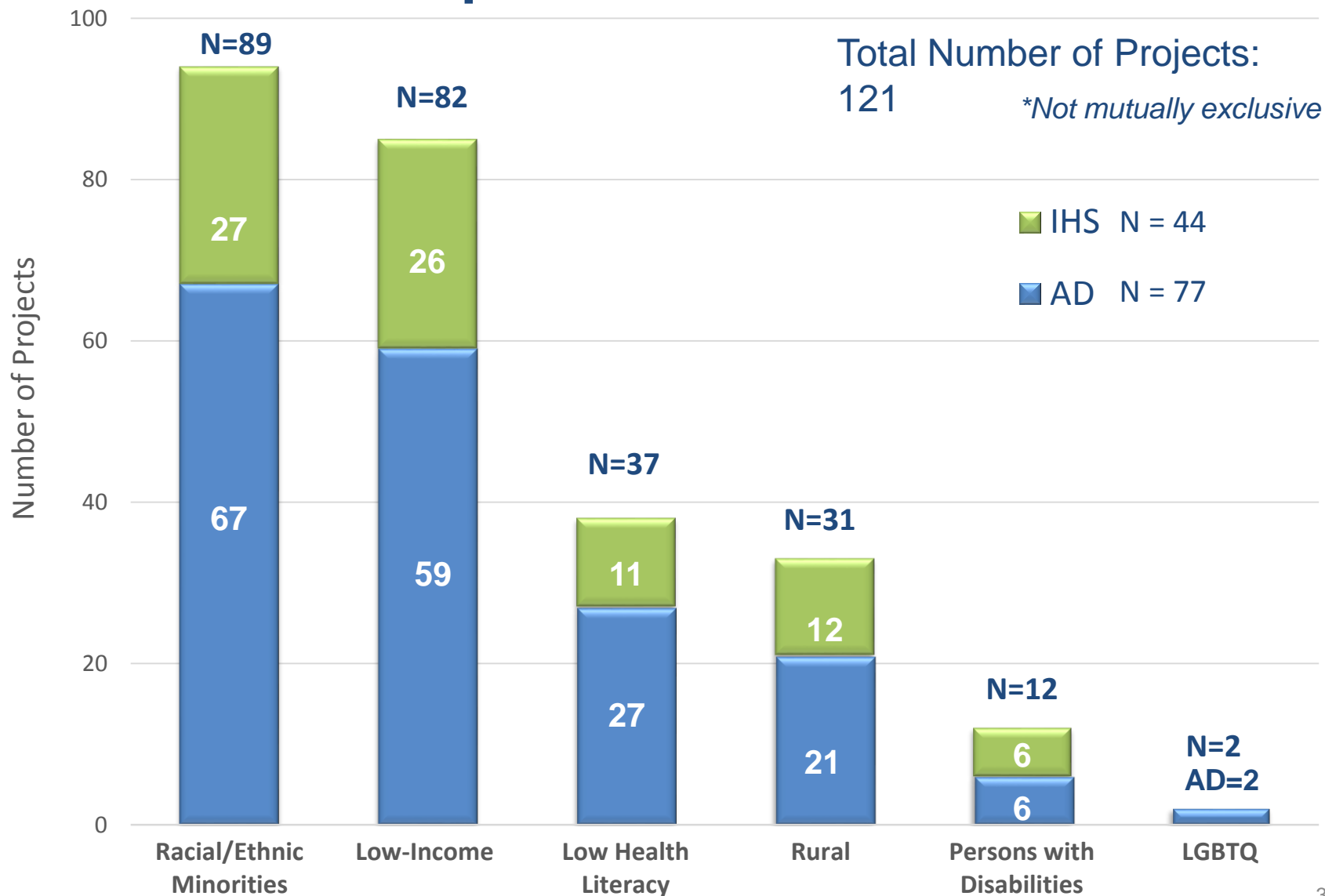

Addressing Disparities

Improving Healthcare Systems

HDDR in 2018: Lessons learned since the November 2016 re-organization

- Scientific and staff capacity increased to better support both national priorities

- Cross-learning among staff across priority areas expands expertise to address scientific opportunities

- Discovery of commonalities and synergies across portfolios
  - Most studies in addressing disparities portfolio address systems interventions as primary targets for reducing or eliminating disparities in care
  - Priority populations for disparities research are addressed in healthcare systems portfolio

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Healthcare Delivery and Disparities Research Portfolio: AD Populations of Interest

Total Number of Projects: 121

*Not mutually exclusive

Legend:
- IHS N = 44
- AD N = 77

Chart data (Number of Projects):

Population	AD	IHS	Total
Racial/Ethnic Minorities	67	27	N=89
Low-Income	59	26	N=82
Low Health Literacy	27	11	N=37
Rural	21	12	N=31
Persons with Disabilities	6	6	N=12
LGBTQ	AD=2		N=2

Health System studies with focus on AD Populations of Interest - examples

- Roshan Bastani, PhD. **"Comparative effectiveness of system interventions to increase HPV vaccine receipt in FQHCs"**
  - Cycle 1 2017 Pragmatic Clinical Studies, began 1/1/2018
  - Healthcare system study that additionally evaluates intervention effectiveness among low-income adolescent Latino boys and girls and their parents
- Joel Gelfand, MD, MS. **"A pragmatic trial of home vs. office-based narrow band ultraviolet B phototherapy for the treatment of psoriasis"**
  - Cycle 3 2016 Pragmatic Clinical Studies, began 4/1/2018
  - Healthcare system study that evaluates effectiveness of phototherapy interventions among African American adults with severe psoriasis
- Corita Grudzen, MD, MS. **"Emergency department initiated palliative care in older adults with advanced illness"**
  - Cycle 3 2016 Targeted Funding Announcement—Community-based Palliative Care, began 12/1/2017
  - Healthcare system study with special focus on examining effectiveness of palliative care interventions among racial and ethnic minorities

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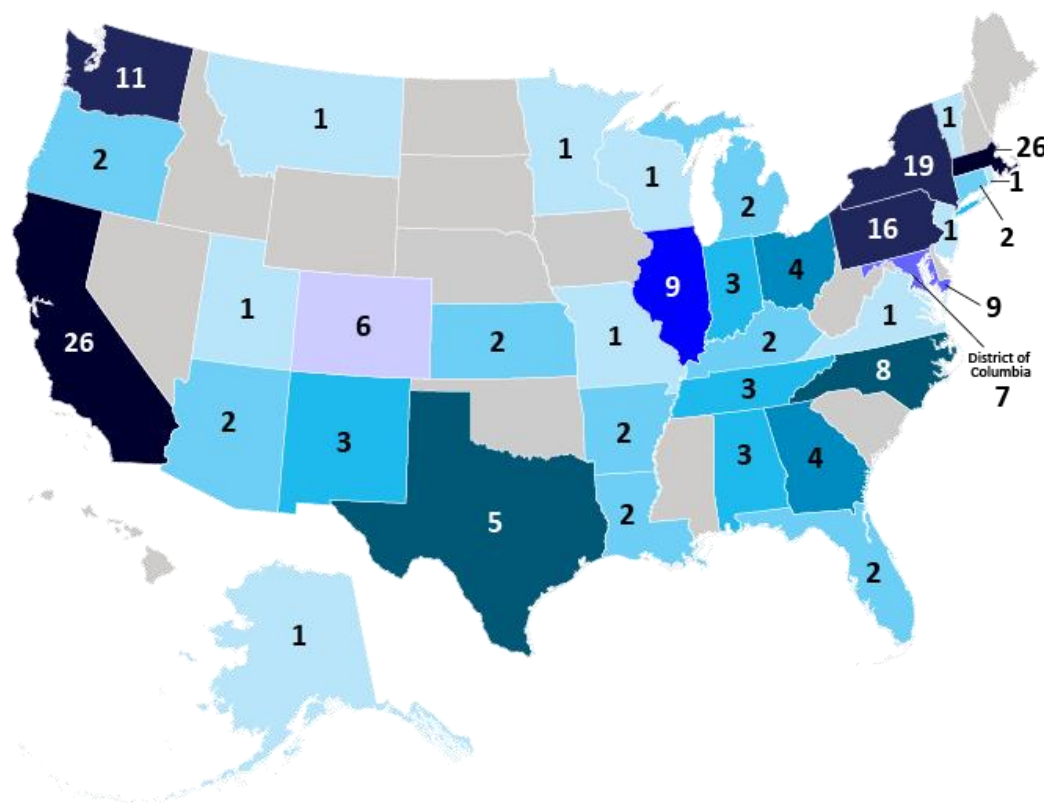# HDDR Portfolio Overview

Number of projects:
190

Amount awarded:
$738M

Number of states where we are funding research:
35 (plus the District of Columbia)

As of November 2017

HDDR Portfolio by Funding Mechanism

Funding Mechanism	# of Projects	HDDR Funding
Broad	148	$353 million
Pragmatic	13	$158 million
Targeted	26	$220 million
Natural Experiments	3	$7 million
Total	**190**	**$738 million**

- **Broad**: Both small ($2M, 3 year) and large ($5M, 5 year) investigator-initiated studies; 2 cycles per year; competitive LOIs

AP Priorities

- **Pragmatic Cycle Studies (PCS)**: $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.

HDDR Portfolio by Primary Disease/Condition

190 PROJECTS

35	Mental/ Behavioral Health	6	Kidney Disease
22	Other or Not Disease Specific	5	Rare Diseases
21	Nutritional and Metabolic Disorders	4	Reproductive and Perinatal Health
20	Cancer	4	Infectious Diseases
18	Neurological Disorders	3	Liver Disease
16	Respiratory Diseases	2	Skin Diseases
13	Cardiovascular Health	2	Muscular and Skeletal Disorders
11	Multiple/Co-Morbid Chronic Conditions	1	Functional Limitations and Disabilities
7	Trauma/Injury		

As of November 2017

In the Pipeline: 2018-2019

- Continuing to build our portfolio with impactful broad, pragmatic and targeted CER studies

- Cross-learning in our Evidence to Action Networks

- Continuing to enhance existing projects when appropriate
  - awarding supplements to diversify study samples, add meaningful cross-cutting outcomes

- Evaluating our existing portfolio to identify clusters of studies with potential impact or where new evidence can enhance our mission

- Expand PCOR training opportunities for new investigators interested in disparities and health systems research

Examples of Study Supplementation

- Stephen Crystal, PhD. **"Comparative effectiveness of state psychotropic oversight systems for children in foster care"**
  - Fall 2014 Cycle
  - Began 9/1/2015
  - $2,367,340
- Elliot Israel, MD. **"Patient empowered strategy to reduce asthma morbidity in highly impacted populations (PESRAMHIP)"**
  - Spring 2015 Pragmatic Clinical Studies
  - Began 6/1/2016
  - $13,942,838

Upcoming Awards

- **Medication-Assisted Treatment (MAT) Delivery for Pregnant Women with Substance Use Disorders Involving Prescription Opioids and/or Heroin**
  - Funds Available: Up to $16M
    - Applications Submitted: October 2017
    - Awards Announced: May 2018

- **Strategies to Prevent Unsafe Opioid Prescribing in Primary Care among Patients with Acute or Chronic Noncancer Pain**
  - Funds Available: Up to $20M
    - Applications Due: January 10, 2018
    - Awards Announced: August 2018

- **Agency for Healthcare Research and Quality and Patient-Centered Outcomes Research Institute Learning Health Systems Mentored Career Development Program (K12)**
  - Funds Available: Up to $800,000 in total annual costs per project (maximum 10 institutions and 5 year project length)
    - Applications Due: January 24, 2018
    - Awards Announced: 2018

Questions?

Lunch

Meeting will resume at 1:00pm EST

PCORI Addressing Disparities: High Priority Topics within the Portfolio

Dionna Attinson

Program Assistant

Maggie Holly

Program Associate

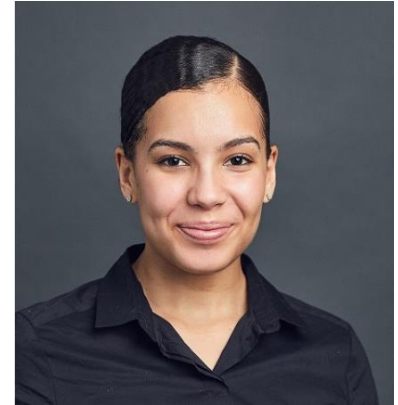PATIENT-CENTERED OUTCOMES RESEARCH INSTITUTE

The Portfolio Analysis Team

Parag Aggarwal, PhD
Associate Director

Ayodola Anise, MHS
Program Officer

Maggie Holly
Program Associate

Dionna Attinson
Program Assistant

Agenda

- Background

- Aims

- Addressing Disparities Portfolio: An Overview

- High Priority Topics within the Portfolio

- Breakout Groups

- Report Back

Background

- HDDR has begun portfolio analysis around several clusters of studies (i.e., asthma, transitions in care, community health workers, telehealth).

- To continue to maximize the impact of the Addressing Disparities (AD) portfolio, we intend to select additional clusters for analysis.

- Clustering studies with similar features provides opportunities to:
  - Encourage collaboration across studies and share robust evidence.
  - Increase the likelihood that our research portfolio can improve patient-centered outcomes and addressing disparities.

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Aims

- The aim of this portfolio analysis is to prioritize clusters of studies that may have a large impact in addressing health and healthcare disparities.
- The aims of this activity are to:
  - Provide the HDDR Advisory Panel with a high level overview of the Addressing Disparities portfolio and clusters of studies that PCORI has begun analyzing internally
  - Elicit feedback from the Advisory Panel through breakout groups on the relevance of the selected clusters to patients, their caregivers, clinicians and other stakeholders
  - Receive recommendations on other clusters of studies for PCORI to consider
  - Decide the next steps for this initiative

Questions for the HDDR Advisory Panel

1. Based on the Addressing Disparities portfolio and current events in health, health care, and health policy, are there other clusters into which staff should look?

2. Using the clusters proposed by staff and the new clusters you have suggested, which ones are most likely to do the following (please list your specific reasons):

    a. Reflect an important area where patients, their caregivers, clinicians or other key stakeholders are advocating for more work to be done.

    b. Reflect an important evidence gap related to current options that are not being addressed by ongoing disparities research.

    c. Generate evidence that would be likely to have an impact on practice and reduce disparities.

3. If staff could only focus on three clusters, which three should we consider? Why?

    a. What are some opportunities and challenges that we should keep in mind when pursuing the top three clusters your group has proposed?

    b. How should these clusters be analyzed? What variables should we be evaluating when conducting a portfolio analysis?
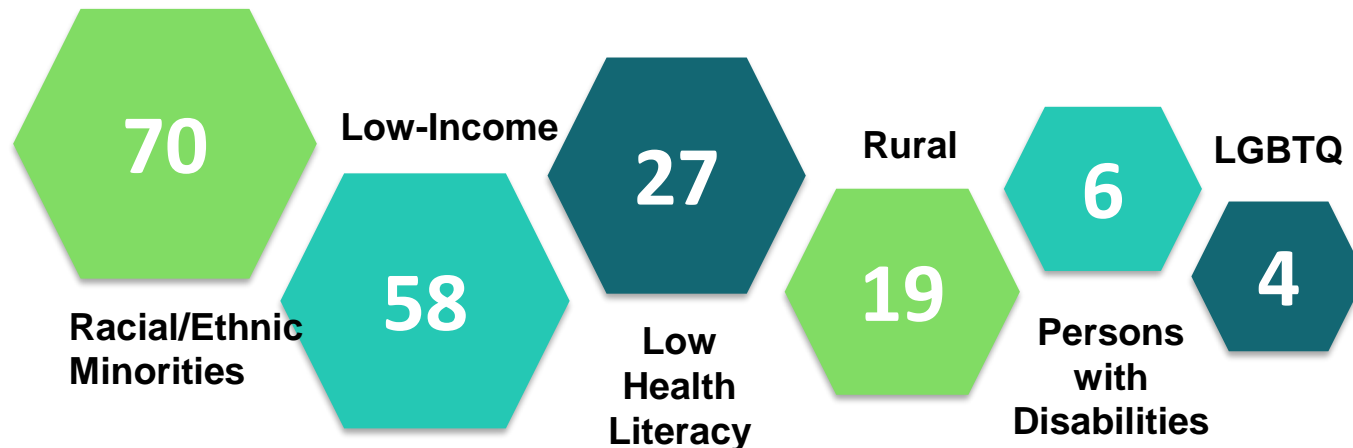
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The Addressing Disparities Portfolio: An Overview

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Addressing Disparities Portfolio: An Overview

As of January 2018, Addressing Disparities has awarded

$240 million to fund 80

comparative clinical effectiveness (CER) studies to address health and healthcare disparities.

By Population

70 — Racial/Ethnic Minorities

Low-Income — 58

27 — Low Health Literacy

Rural — 19

6 — Persons with Disabilities

LGBTQ — 4

Addressing Disparities Portfolio: An Overview

By Condition

Mental/Behavioral Health	15
Respiratory Diseases	11
Nutritional and Metabolic Disorders	10
Cardiovascular Health	8
Neurological Disorders	6
Multiple/co-morbid chronic conditions	5
Cancer	4
Reproductive and Perinatal Health	2
Liver Disease	2
Functional Limitation and Disabilities	1
Other	16

Addressing Disparities Portfolio: An Overview

By Intervention

Self-Management	34
Community Health Workers	22
Team-Based Care	21
Cultural Tailoring	20
Decision Support	19
Social Support	12
Developmental	9
Family/Caregiver Involvement	5

High Priority Topic Selection

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High Priority Topic Selection

- Clusters of studies were selected based on one or more variables including:

  - A manageable number of studies focused on the topic within the Addressing Disparities portfolio

  - The topic has been mentioned as a high priority topic by PCORI constituents, including the HDDR Advisory Panel and other stakeholders

  - The current climate of disparities research calls for more evidence in a certain topic

High Priority Topics: Included and Excluded

- The following topics were considered and either included or excluded from the preliminary portfolio

Included	Excluded
Federally Qualified Health Centers	Patient-Reported Outcomes
Health Literacy	Self-Management
Readmissions/Healthcare Utilization	Decision Support
Diabetes	
Depression	
Cardiovascular Disease	
Obesity	
Social Determinants of Health	

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High Priority Topics

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Federally Qualified Health Centers (FQHCs)

- Interventions that take place at FQHCs may be generalizable to other FQHCs, which provide ~~ah ~~ ~~~ health~~ ~~ ~~ medically~~

STUDIES

13 studies in the Addressing Disparities portfolio have the primary aim of working in FQHCs.

POPULATIONS

Primary populations of focus include racial/ethnic minorities (n=10), those with low-income (n=7) and those with low health literacy/numeracy (n=4).

CONDITIONS

The most common conditions across these studies include chronic pain (n=3), mental health (n=3) and cardiovascular (n=2).

INTERVENTIONS

The most common interventions include community health workers (n=6), culturally-tailored interventions (n=2) and group vs one on one visits (n=2).

OUTCOMES

The most common primary outcomes include clinical outcomes (n=9) and patient-reported outcomes (n=4).

Health Literacy

- Individuals with low health literacy and numeracy and/or limited English proficiency are one of the six priority populations within the Addressing

STUDIES	26 studies in the Addressing Disparities portfolio are directly or indirectly addressing health literacy.
POPULATIONS	Primary populations of focus include racial/ethnic minorities (n=22) and those with low-income (n=12).
CONDITIONS	The most common conditions across these studies include cardiovascular (n=4), mental health (n=3) and respiratory (n=3).
INTERVENTIONS	The most common interventions include culturally-tailored interventions (n=9), community health workers (n=8), and group vs one on one care (n=2).
OUTCOMES	The most common primary outcomes include clinical outcomes (n=17) and utilization outcomes (n=5).

Readmissions/Healthcare Utilization

- Populations at risk for disparities may not have regular access to primary care or a coordinated system of care, resulting in high healthcare utilization. Addressing this issue can lower health expenditures and improve health outcomes for patients.

STUDIES 20 studies in the Addressing Disparities portfolio are addressing readmissions and/or healthcare utilization.

POPULATIONS Primary populations of focus include racial/ethnic minorities (n=15) older adults (n=7) and those with low-income (n=7).

CONDITIONS The most common conditions across these studies include respiratory (n=8), mental health (n=3) and cardiovascular (n=3).

INTERVENTIONS The most common interventions include community health workers (n=7), discharge approaches (n=4), and telehealth (n=3).

OUTCOMES The most common outcomes include healthcare utilization (n=10), hospitalization (n=6) and rehospitalization (n=2).

Diabetes

- Significant health disparities exist in diabetes, with racial and ethnic minorities having higher prevalence, and higher rates of complications and mortality, than their white counterparts.

STUDIES	10 studies in the Addressing Disparities portfolio are addressing diabetes.
POPULATIONS	Primary populations of focus include American Indian or Alaska native (n=5), Black or African American (n=2) and Asian or Pacific Islanders (n=2).
INTERVENTIONS	The most common interventions include culturally-tailored education (n=6) and home-based care (n=2).
OUTCOMES	The most common outcomes include change in hemoglobin A1C (n=10) and BMI or weight loss (n=8).

Depression

- Depression continues to be under-recognized and undertreated among women, racial/ethic minorities, and lower-income people.

- Mental/behavioral health conditions make up a large portion of our AD portfolio.

STUDIES	8 studies in the Addressing Disparities portfolio are addressing depression.
POPULATIONS	Primary populations include those with low-income (n=3) and racial/ethnic minorities (n=4), with a focus in Hispanic or Latino populations (n=3).
INTERVENTIONS	The most common interventions include behavioral and/or educational programs (n=4) and use of patient navigator or paraprofessional (n=2).
OUTCOMES	The most common outcomes include symptoms of depression (n=8) and QOL or PROs (n=6).

Cardiovascular Disease

- Communities of racial and ethnic minorities bear a disproportionate burden cardiovascular disease across the U.S. Understanding varied risk factors and how to treat populations at risk for disparities are critical to achieving improvements in cardiovascular health outcomes.

STUDIES	8 studies in the Addressing Disparities portfolio are addressing cardiovascular disease.
POPULATIONS	Primary populations of focus include Black or African American (n=5), American Indian or Alaska Native (n=2), Hispanic or Latino (n=2), and those with low-income (n=4).
INTERVENTIONS	The most common interventions include tailored educational programs (n=5), use of nurse coordinator or CHW (n=2), and telehealth (n=2).
OUTCOMES	The most common outcomes include QOL or PROs (n=7), CVD risk factors (n=5) and healthcare utilization (n=3).

Obesity

- The high prevalence of overweight and obesity among populations at risk for disparities contributes to poor health outcomes. Several projects explore the challenges and strategies for addressing obesity in populations at risk for disparities.

STUDIES	5 studies in the Addressing Disparities portfolio are addressing obesity.
POPULATIONS	Primary populations of focus include Hispanic or Latino (n=2), Black or African American (n=2), rural (n=3), and those with low-income (n=2).
INTERVENTIONS	The most common interventions include tailored educational and exercise programs (n=4), and high intensity vs minimal intensity programs (n=2).
OUTCOMES	The most common outcomes include body weight/BMI (n=5), QOL or PROs (n=4) and cardiometabolic risk factors (n=3).

Social Determinants of Health (SDoH)

- We examined our portfolio for studies that integrate SDoH into primary care or capture SDoH data. If selected as a priority, our team will more closely examine these studies to understand how each is supporting integration of SDoH into health care.

- We have clustered studies that address SDoH through <u>six key areas</u>: economic stability, neighborhood and physical environment, education, access to foods, social and community context, and health and health care.[1]

[1] Heiman, Harry J., and Samantha Artiga. "Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity." *The Henry J. Kaiser Family Foundation*, 29 Mar. 2016, www.kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/.

Social Determinants of Health (continued)

- We have identified **55 studies** aiming to address social determinants of health, including:

ECONOMIC STABILITY	19 studies addressing key issues of employment and income that make up the underlying factors of economic stability.
PHYSICAL ENVIRONMENT	21 studies aiming to reduce barriers associated with the quality of housing, environmental conditions, and transportation.
EDUCATION	1 study aiming to improve early childhood education, and 26 studies aiming to improve health education and literacy.
FOOD	5 studies connecting patients with community-based food resources such as healthy eating counseling services or food pantries.
COMMUNITY & SOCIAL	41 studies engaging community participation by building support systems, encouraging social cohesion, or addressing discrimination.
HEALTH CARE SYSTEM	38 studies working to improve health by establishing better access to healthcare resources and improving the quality of care.

Questions?

Questions for the HDDR Advisory Panel

1. Based on the Addressing Disparities portfolio and current events in health, health care, and health policy, are there other clusters into which staff should look?

2. Using the clusters proposed by staff and the new clusters you have suggested, which ones are most likely to do the following (please list your specific reasons):

    a. Reflect an important area where patients, their caregivers, clinicians or other key stakeholders are advocating for more work to be done.

    b. Reflect an important evidence gap related to current options that are not being addressed by ongoing disparities research.

    c. Generate evidence that would be likely to have an impact on practice and reduce disparities.

3. If staff could only focus on three clusters, which three should we consider? Why?

    a. What are some opportunities and challenges that we should keep in mind when pursuing the top three clusters your group has proposed?

    b. How should these clusters be analyzed? What variables should we be evaluating when conducting a portfolio analysis?

Small Group Session

**Afternoon Break
3:15pm**

**Report Back
3:30pm**

Reflecting the Value of PCORI's Telehealth Portfolio

Don Klepser, MBA, PhD
Associate Professor, University of Nebraska Medical Center

Anum Lakhia, MPH
Program Associate

Penny Mohr, MA
Senior Advisor

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Updates

- Planning for a Telehealth Stakeholder Workshop: ***Advancing the State of Evidence for Decisionmakers About Telehealth***
  - *Presented by: Don Klepser*

- Mapping the evidence on the use of mHealth for Improving Self-Management of Chronic Disease
  - *Presented by: Penny Mohr and Anum Lakhia*

- Discussion

Advancing the State of Evidence for Decisionmakers About Telehealth

May 24, 2018
Washington, DC

Update from the planning committee

Members of the Advisory Panel Telehealth Subcommittee

- **Danielle Brooks, JD**
  Director Digital Health Engagement and Experiences, WiseThink Health Solutions

- **Kelly Cochran, MS, RN***
  Senior Policy Advisor and Policy Lead for Health Information Technology, American Nurses Association

- **Ann Huffenberger, DBA, BSN***
  Director, Penn Center for Connected Care, Penn Medicine, University of Pennsylvania Health System

- **Donald Klepser, PhD, MBA**
  Associate Professor, College of Pharmacy, University of Nebraska Medical Center; research interest in expanding access to rural pharmacy services through telehealth

- **Carolyn Peterson, MS, MBI**
  Senior Editor, mayoclinic.org with advanced degree in medical informatics from Oregon Health Sciences University

- **Elinor Schoenfield, PhD**
  Research Professor, Stony Brook University, School of Medicine, Department of Biomedical Informatics

* Referred by Advisory Panel member

Goals of the Telehealth Workshop

Identify critical information stakeholders need to know about PCORI-funded telehealth studies in order to influence their use, adoption, or change policies

- *Identify themes related to the potential impact of PCORI's telehealth portfolio to aid in decision making for various stakeholder groups*

Address common barriers to the sustainability and replicability of telehealth interventions

- *Discuss barriers to the sustainability and replicability of the telehealth interventions being studied, and how they could be addressed before the study findings are released*

Provide actionable feedback to PCORI investigators

- *Provide information that would be useful to PCORI investigators in order to magnify the utility of the findings from their project for decision makers before the studies are completed*

Proposed Agenda

Morning Session

Overview of PCORI's Telehealth Portfolio and How It Is Addressing Evidence Gaps

- Feedback: what more do they need to know?; what are the strengths?; what are the potential weaknesses?

Afternoon Session

Addressing Sustainability and Replicability

- Overview of barriers to adoption
- Examples of how selected PCORI investigators are addressing barriers with stakeholders
- Facilitated discussion: What more could be done?
- Small group discussions
- Recommendations to investigators

Facilitated Q&A with webinar participants

Invited Stakeholders

Patients	Research
Hospitals/Health Systems	Industry
Patient Advocates	Telehealth Advocates
Payers	Purchasers
Policymakers	Clinicians/Providers

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PCORI's Telehealth, Telemedicine, and mHealth Portfolio

Telehealth
(preventative, promotive and curative delivered at a distance)
57 Projects

mHealth
(use of mobile devices in medical care)
48 Projects

Telemedicine
(consultative, curative)
17 Projects

$ 220 million to fund
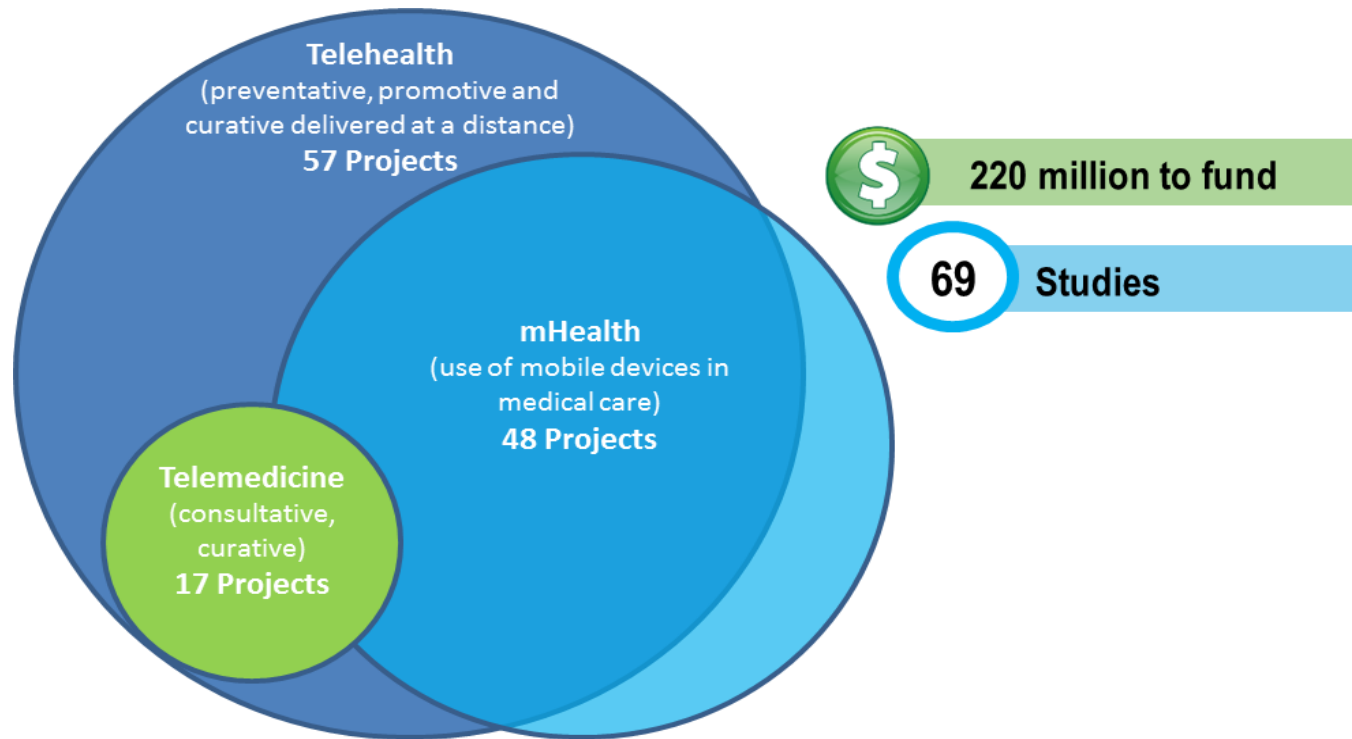
69 **Studies**

Projects may be classified as more than one type
As of December 2017

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Case Studies to Understand Barriers to Implementation and Sustainability

Improving Specialty Care Delivery in Chronic Skin Care (Armstrong)
- Tele-dermatology
- Reimbursement for store and forward technology,
- Racial/ethnic diversity

Comparing mHealth and clinic-based self-management for Serious Mental Illness (SMI) (Ben-Zeev)
- Mhealth app supported by mHealth specialist with provider dashboard for self-management of SMI
- Commercialization and adoption of mobile health applications

Using Technology to Deliver Care to Individuals with Parkinson's Disease in their Home (Dorsey)
- Video consultation for Parkinson's disease
- Reimbursement for telemedicine in the home

Integrated vs Referral Care for Patients with Complex Psychiatric Disorders in Rural FQHCs (Fortney)
- Video consultation for patients with Bipolar Disease and PTSD
- Integrating telemedicine in FQHCs across multiple states

Comparing Telehealth Care and Optimized Clinic-based Care for Uncontrolled Hypertension (Margolis)
- Remote monitoring of hypertension supported by pharmacists
- Health system buy-in for investment in the technology

HCV Care via Telemedicine for Patients on Opiate Substitution Therapy (Talal)
- Video consultation for hepatitis C in methadone clinic
- Addressing patient and provider concerns about privacy

Patient and Provider Engagement and Empowerment Through Technology in Diabetes (Young)
- Integrated remote monitoring, mHealth app, and provider dashboard for self-management of diabetes
- Health system and clinician buy-in, patient education and support

Mapping the evidence on the use of mHealth for Improving Self-Management of Chronic Disease

Evidence Map Update

Approach to Developing Evidence Maps of mHealth Interventions for Self-Management of Chronic Diseases on Patient-Centered Outcomes

Comprehensive literature review to identify Systematic Reviews (SRs) addressing the use of mHealth in self-management of chronic conditions

- mHealth interventions considered:
  - Text messaging
  - Mobile applications
  - Wearable devices
  - Others
- Search Parameters: 2010-Present
- Search retrieval results:
  - 1,000 SRs identified
  - 482 reviewed at full-text level
- Evidence Base
  - 99 Systematic Reviews
  - 13 Broad chronic disease categories
  - 40 chronic conditions represented

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Data Extracted from SRs

Population	mHealth Functionality	Outcomes	SR Results	Strength of evidence
Age group	Alert	Adherence	0 (no effect)	Very low
Vulnerable population?	Counsel	Clinical	1 (unclear)	Low
	Educate	Prevention	2 (possible positive effect)	Moderate
	Monitor	Increase in access	3 (positive effect)	High
	Record	Patient activation		
		Quality of care		
		Quality of life		
		Cost savings		
		Healthcare utilization		

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Evidence Maps

mHealth Maps 1_2publish.zip

map1.html

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Perspectives from the field: Latoya Thomas

Director, State Policy Resource Center

American Telemedicine Association

Questions?

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Wrap Up and Next Steps

Timothy Daaleman, DO, MPH

HDDR Advisory Panel Co-Chair

Cheryl Pegus, MD, MPH

HDDR Advisory Panel Co-Chair

Steve Clauser, PhD, MPA

Program Director, Healthcare Delivery and Disparities

Adjourn