

# Research Prioritization Topic Briefs

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## Advisory Panel Webinar

Advisory Panel on Assessment of Prevention, Diagnosis, and  
Treatment Options

Advisory Panel on Improving Healthcare Systems

Advisory Panel on Addressing Disparities

*April 17, 2015*

*2:00-4:00pm ET*



PATIENT-CENTERED OUTCOMES RESEARCH INSTITUTE

# Welcome and Introductions



# Welcome

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## David Hickam, MD, MPH

Program Director  
Clinical Effectiveness Research  
PCORI



# Housekeeping

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- Today's webinar is open to the public and is being recorded.
  - Members of the public are invited to listen to this webinar.
  - Topic briefs and other materials are available on the PCORI site.
  - Comments may be submitted via chat or email to [advisorypanels@pcori.org](mailto:advisorypanels@pcori.org). No public comment period is scheduled today.
- If you experience any technical difficulties, please alert us via chat or email [support@meetingbridge.com](mailto:support@meetingbridge.com).
- For those on the call, please remember to speak loudly and clearly into your phone. Please mute the lines unless you are speaking.
- Where possible, we encourage you to avoid technical language in your discussion of these topics.



# Advisory Panel Chairs

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## **Alvin I. Mushlin, MD, ScM**

Chair, Panel on the Assessment of Options  
*Chairman, Department of Public Health, Weill Cornell Medical College; Public Health Physician-in-Chief, New York Presbyterian Hospital/Weill Cornell Medical Center*



## **Margaret F. Clayton, RN, PhD**

Co-chair, Panel on the Assessment of Options  
*Associate Professor, College of Nursing and Co-Director of the PhD Program, University of Utah*



# Agenda

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**Welcome and Introductions**

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**Objectives and Background**

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**Discussion of Topics**

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**Closing**

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**Submitting Questions:**



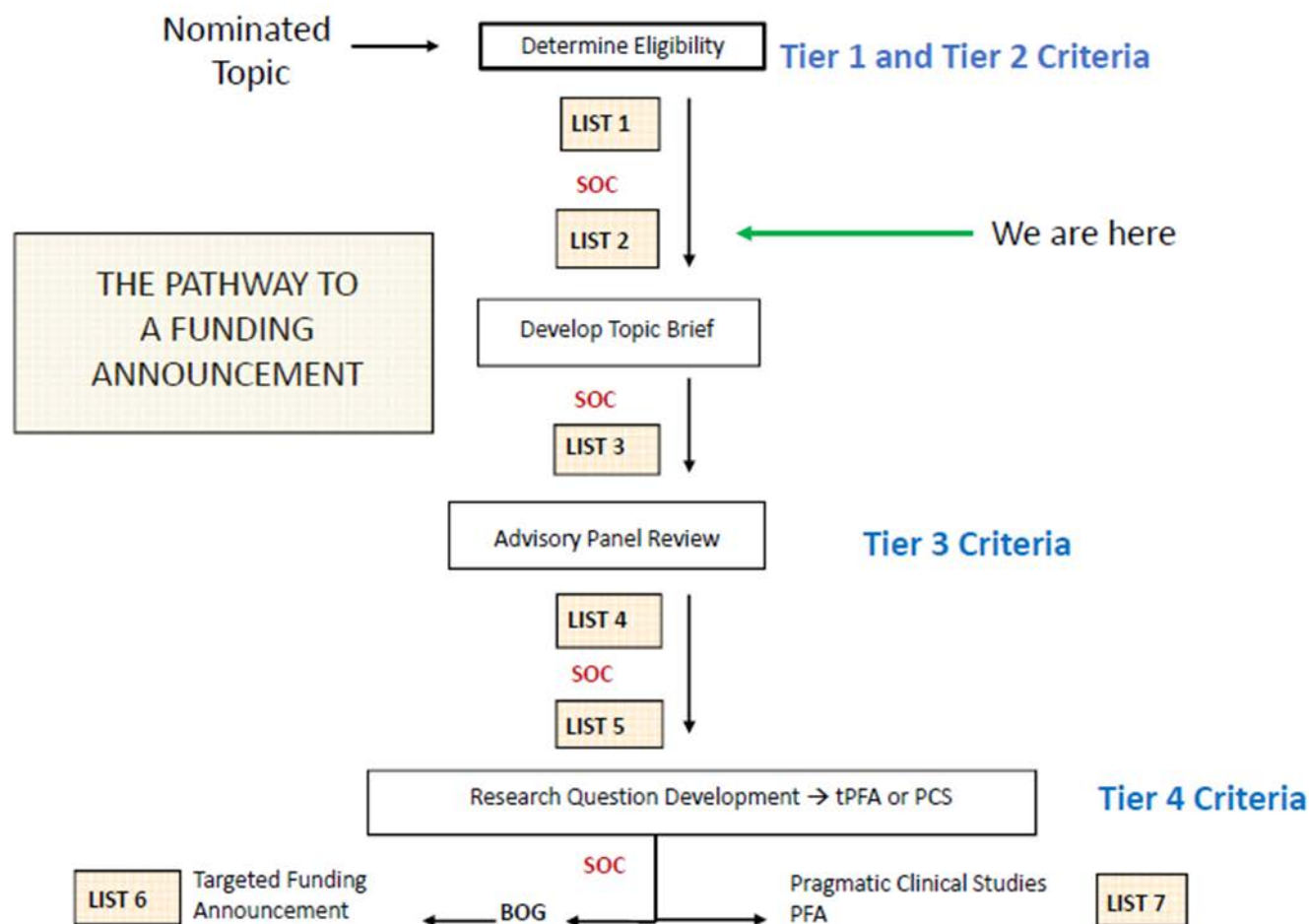
Submit questions via  
the chat function in  
Meeting Bridge.



# Objectives and Background



# Background





# Background

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- After analysis of the PCORI portfolio and the healthcare landscape at large, the PCORI Science Oversight Committee (SOC) proposed the launch of the Targeted Funding Initiative
- The goal of this project is to put an estimated \$200MIL towards several high priority research areas for which PCORI can provide meaningful research.
- The topics of interest are:
  - 1) Chronic Pain
  - 2) Schizophrenia
  - 3) Oral Anticoagulants
  - 4) Insomnia\*
  - 5) Depression\*\*

*\*Insomnia discussion postponed until after the release of AHRQ systematic review in Summer 2015.*

*\*\*Depression will not be discussed because it has already been prioritized by the Advisory Panel on the Assessment of Prevention, Diagnosis, and Treatment Options*



# Objectives

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- PCORI intends to balance its funded portfolio to achieve synergy and avoid redundancy.
- Panelists will review 3 high priority topics for further consideration as targeted funding announcements



# Discussion of Topics



# Chronic Pain: Long-Term Opioid Treatment

- Limited evidence suggests that opioid therapy can be effective for particular patients who are closely monitored with CNCP. However, the challenge remains in identifying patients for which opioid use is appropriate, the optimal drug regimens, and alternatives for those who are unlikely to benefit from opioids, while ensuring patient needs are met.
- **Potential Research Questions:**
  - The effectiveness and risks of (a) long-term opioid use for the management of chronic pain; (b) opioid dosing strategies; (c) opioid assessment and risk mitigation tools; and (d) long-term opioid treatment in high risk patients
  - In addition, based on expert guidance, greater research is needed on dose reduction/withdrawal and how best to maintain pain control through the use of adjunctive therapies given the little evidence currently available.
- Comparative effectiveness research on these questions will support an improved understanding of the optimal strategy for treating chronic pain while balancing potential harms.



# Chronic Pain: Lower Back Pain

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- There are many good opportunities for a pragmatic clinical study to inform decision making in patients with chronic low back pain. The research question that best fits with the chronic pain management topic area is a comparison of back pain interventions that might reduce the use of opioids
- **Potential Research Questions:**
  - Studies comparing combination therapy using two proven interventions vs. one of the interventions.
  - Studies comparing integrated combination therapy using two proven interventions in a system of back pain care vs. one of the interventions (or the two interventions but not in an integrated care environment (“integrated care” means use in a system of back pain care in which the two interventions are managed in concert, allowing titration of the two elements against each other).
  - Studies of TENS or behavioral therapy (cognitive, operant, or respondent) vs. control
  - Using a study population of low back pain patients on long-term opioids, compare low back pain interventions as adjunctive therapy to enhance withdrawal (or dose reduction) from opioids.



# Chronic Pain: Musculoskeletal Pain

- Fragmentation of healthcare in the US prevents effective coordination across the diverse providers involved in pain management, and the patient may suffer as a result. Future studies should focus on improving shared decision making and facilitating self-management in the primary care context and identifying the differential effects of treatment components and the subgroups that would benefit most from multidisciplinary pain programs.
- **Potential Research Question:**
  - What is the comparative effectiveness of different tools, modules, and technology for educating primary care providers about pain management and facilitating supported patient self-management on achievement of patient goals, quality of life and functioning?
  - What is the comparative effectiveness of shared decision-making about pain management in a primary care setting versus usual care on achievement of patient goals, quality of life and functioning?
  - What is the comparative effectiveness of various patient decision aids available to primary care physicians and patients in determining when patients should be referred to MPPs for treatment and which types of patients will be most likely to be helped by MPPs?
  - What is the comparative effectiveness of an inpatient multi-disciplinary program vs. an outpatient multi-disciplinary for patients with severe musculoskeletal pain in terms of quality of life, function, and suffering over a 5 year period?
  - What is the comparative effectiveness of alternative models of coordinated pain management (such as specialized, integrated pain centers, coordinated care models that emphasize cross-provider data- and communication-sharing, or those that include risk triage systems with care coordination) for treatment of nonspecific, musculoskeletal pain.



# Newer Oral Anticoagulants (NOACs)

- While the decision to use warfarin vs. the NOACs in atrial fibrillation, to treat DVT/PE, and in the post-operative setting for total hip and knee replacement is currently commonly faced and lacks clear evidence, the field is rapidly evolving such that NOACs are likely to prevail in the near future. Deciding among the NOACs may be important, given limited available information on differences among these drugs. However, for both sets of decisions, drug costs appear to play a key role.
- **Potential Research Questions:**
  - In patients with AF, VTE, and operatively for knee and hip replacement:
    - What are the comparative benefits and harms among the NOACs?
    - What are the comparative benefits and harms of warfarin vs. the NOACs?
    - What are the comparative harms and benefits of warfarin vs. NOACs and among the NOACs in patients with co-morbidity, such as renal dysfunction?



# Schizophrenia

- Stronger research is needed to provide better guidance on long-term treatments and outcomes important to schizophrenia patients. A number of sources also identified priority populations to target for new comparative effectiveness research, including homeless and incarcerated individuals. Service delivery and structure of care delivery are also considered by multiple groups, including AHRQ and IOM, to be high priority knowledge gaps.
- **Potential Research Question:**
  - Compare the effectiveness of evidence-based, whole-person models of care (e.g. Assertive Community Treatment and Collaborative Care) such a integration of primary care providers, use of care managers, linkages to community services and social and medical service navigators, medical-legal partnerships, housing-first programs for patients with schizophrenia on symptom severity, morbidity, housing status, and other PCOs
  - What is the comparative effectiveness of pharmacological treatment (first or second generation oral antipsychotics) in combination with psychological or behavioral interventions, such as cognitive behavioral therapy, peer or family support interventions, trauma-informed care, or psycho-education, to support the care of schizophrenic patients?
  - Which methods of diabetes prevention/diabetes monitoring or cardiovascular monitoring address multiple risk factors and lead to the best metabolic outcomes for patients with schizophrenia?
  - What is the comparative effectiveness of optimized antipsychotic management (e.g., start with or switch to drugs with more favorable metabolic profiles) with continuing current antipsychotics in responders and treating adverse metabolic effects directly using treatments (e.g., statins) with known efficacy? What are the benefits and harms of switching from one antipsychotic to another on metabolic parameters?
  - What is the comparative effectiveness of individual FGAs and SGAs for functional outcomes, health care system utilization, and other patient-reported outcomes?





# Closing



# Next Meeting

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- Research Prioritization Topics Workshop will be held in June 2015 in Washington, DC.
- **Future Advisory Panel Meetings**
  - Advisory Panel on Improving Healthcare Systems will meet in-person on May 27-28, 2015
  - Advisory Panel on Assessment of Prevention, Diagnosis, and Treatment Options In-person meeting is scheduled for July 9-10, 2015
  - Advisory Panel on Addressing Disparities will meet in-person on July 22, 2015



# Thank you for your participation.

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