

Advisory Panel on Communication and Dissemination Research

October 21, 2016
8:00 AM to 5:00 PM ET



PATIENT-CENTERED OUTCOMES RESEARCH INSTITUTE

Welcome and Introduction

Jean Slutsky, PA, MSPH

Chief Engagement and Dissemination Officer
Program Director, Communication and Dissemination
Research, Patient-Centered Outcomes Research Institute

Lauren McCormack, PhD, MSPH

Director, Center for Communication Science, RTI International
Communication and Dissemination Research Panel Chair



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Housekeeping

- Today's webinar is open to the public and is being recorded
- Members of the public are invited to listen to this teleconference and view the webinar
- Anyone may submit a comment through the webinar chat function or by emailing advisorypanels@pcori.org
- Visit www.pcori.org/events for more information
- Chair Statement on COI and Confidentiality



Agenda

8:30 AM – Communication and Dissemination Research Program Update

9:15 AM – Break

9:30 AM – Communication and Dissemination Channels – Reaching People at the Center of Care

11:00 AM – Terms and Definitions Commonly Used in Communication and Dissemination Research

12:00 PM – Lunch

12:45 PM – Group photo

1:00 PM – Dissemination Opportunities at PCORI (joint session with the Patient Engagement Advisory Panel)

2:30 PM – Break/Transition Rooms

2:45 PM – Framework for Communication and Dissemination Discussion

4:30 PM – Wrap-up and Next Steps

5:00 PM - Adjourn



Introductions

- Name
- Employer / Organization
- Quick highlight about your work (e.g., something exciting you are working on or a challenge you overcame)



Review of Spring 2016 Panel

A Peak Behind the Curtain: Communication about Uncertainty

- Top challenges: role of emotion in decision making; access to guidelines; lack of training/skills in communication; taking population data to individual level; understanding probabilities
- Strategies: behavioral (clinicians and patients); structural interventions (clinician training, navigators, etc.); two-way preparation (discussion prompts, decision support tools, sending info in advance)

Framework for Communication and Dissemination

- What's missing: life-health journey/QoL; patient satisfaction; decisional dilemma; modifiable/unmodifiable factors; feedback loop (decision to evidence); strength of evidence



Review of Spring 2016 Panel

From Ink on Paper: Dissemination Strategies

- Challenges: finding relevant research; making sense of findings; patients not knowing where to go to find useful/relevant information and uncertainty of quality of information

Measures Used in CDR Studies

- How measures overlap with outcomes in CDR Framework: goal setting; QoL

CDR Call for Proposals

- Research priority areas: communication, dissemination, explaining uncertainty; particular research gaps in dissemination strategies and explaining uncertainty; possibility of framework informing PFA



Communication and Dissemination Research Program Update

Bridget Gaglio, PhD, MPH

Senior Program Officer, Communication and
Dissemination Research



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Staff Updates

New to the CDR Team:

- Kim DiGioia – Program Associate
- Aisha Hussain – Program Assistant

New to the D&I Program:

- Chris Gayer – Program Officer



CDR Program Update

Changes to CDR Broad PFA

- Inclusion of hybrid designs for dissemination comparative clinical effectiveness research (CER) studies
- Clarification on adaptation of efficacious interventions
- New Criterion 4 added and updated Section IV Merit Review
 - Criterion 4: Investigator(s) and environment



CDR Program Update

Inclusion of CDR priority research question in two targeted PFAs (tPFA)

- Strategies to Prevent Unsafe Opioid Prescribing in Primary Care among Patients with Acute or Chronic Non-Cancer Pain
 - What is the comparative effectiveness of different patient- and provider-facing interventions that facilitate improved knowledge, communication, and shared decision making about the relative harms and benefits of opioids and alternative treatments on prevention of unsafe prescribing and improved patient outcomes?
- Community-Based Palliative Care Delivery for Adult Patients with Advanced Illnesses and their Caregivers
 - Advance Care Planning: What is the comparative effectiveness of different patient and caregiver-directed, clinician-directed, and combination approaches to facilitating advance care planning conversations between adult patients living with advanced illnesses, their caregivers, and clinicians on patient-centered and other outcomes over time?
 - Community-Based Models of Palliative Care: What is the comparative effectiveness of different established models of palliative care in community settings on improving patient-centered and other outcomes among adult patients with advanced illnesses and their caregivers?



Sponsorship of Professional Meetings

- Society of Behavioral Medicine 37th Annual Meeting & Scientific Sessions – March 30 – April 2, 2016, Washington, DC
- Society for Medical Decision Making 38th Annual North American Meeting – October 23 – October 26, Vancouver, BC
- 9th Annual Conference on the Science of Dissemination and Implementation – December 14- 15, 2016, Washington, DC



Break

9:15 AM to 9:30 AM



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Communication and Dissemination Channels – Reaching People at the Center of Care

Danny van Leeuwen, MPH, RN, CPHQ- Panel Co-Chair

Keren Ladin, PhD – Assistant Professor at Tufts University and Director of the Lab for Research on Ethics, Aging, and Community Health (REACH Lab)

Sarah Krug, MD – Executive Director of Cancer 101, Founder of Health Collaboratory

Jarred Younger, PhD – Assistant Professor at the University of Alabama and Director of the Neuroinflammation, Pain and Fatigue Lab

Barry Blumenfeld, MD – Senior Physician Informaticist at RTI International



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Keren Ladin, PhD

Assistant Professor at Tufts University and Director of the Lab
for Research on Ethics, Aging, and Community Health
(REACH Lab)



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Social Network Analysis: Future Directions for CDR

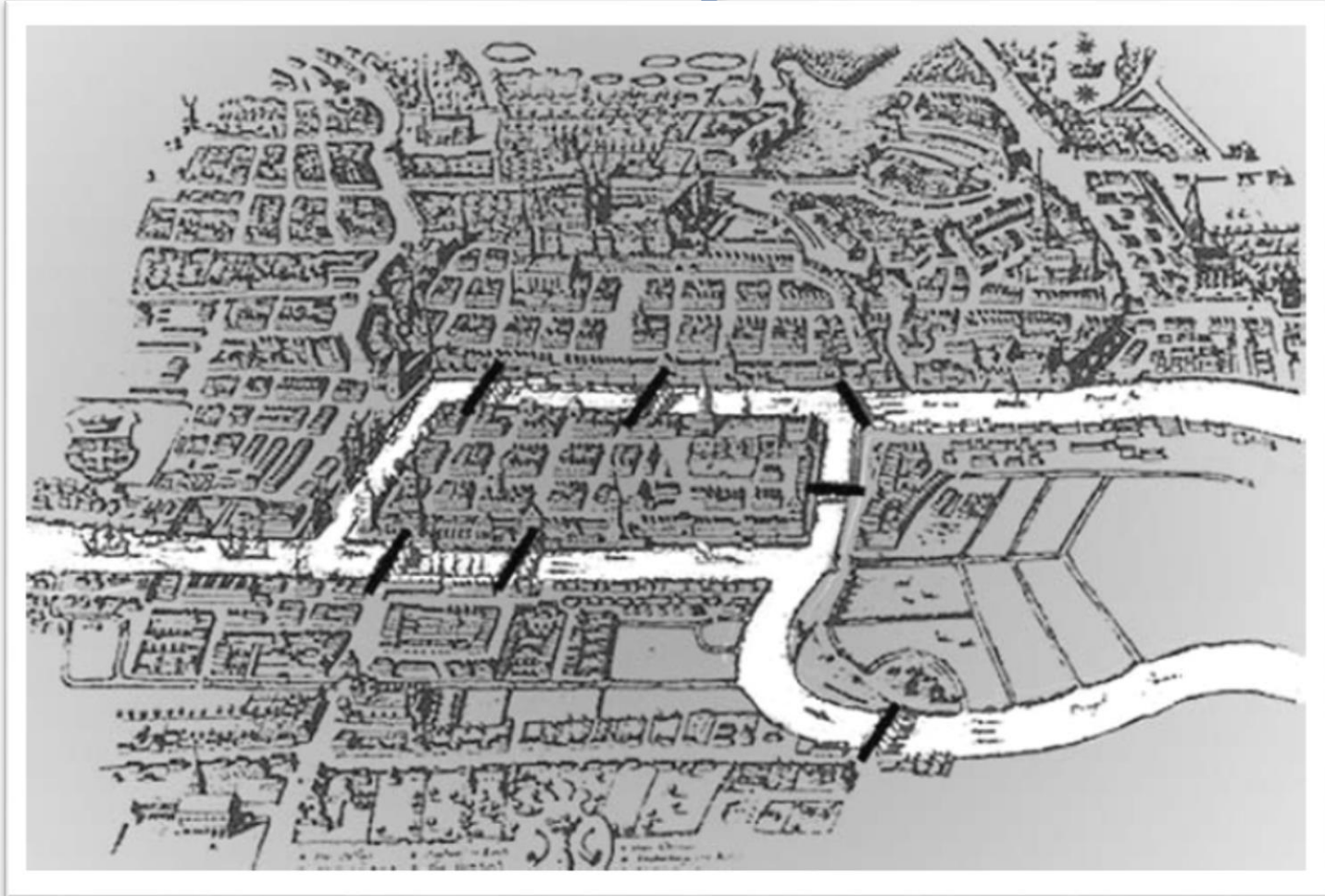
Keren Ladin, Ph.D., M.Sc.

Assistant Professor, Tufts University

Director, Research on Ethics, Aging, and Community
Health (REACH Lab)



Background: Network Analysis



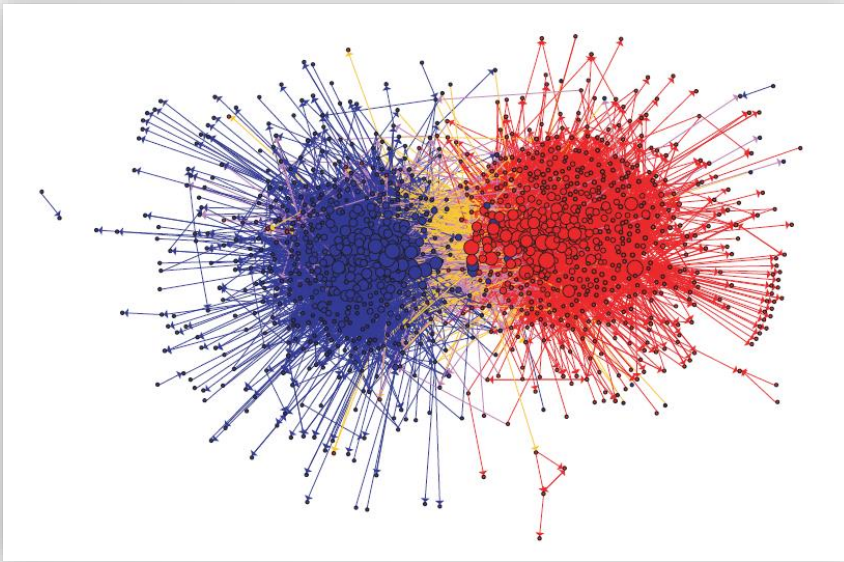
Social Networks Captures Social Determinants



SNA in Social and Behavioral Science

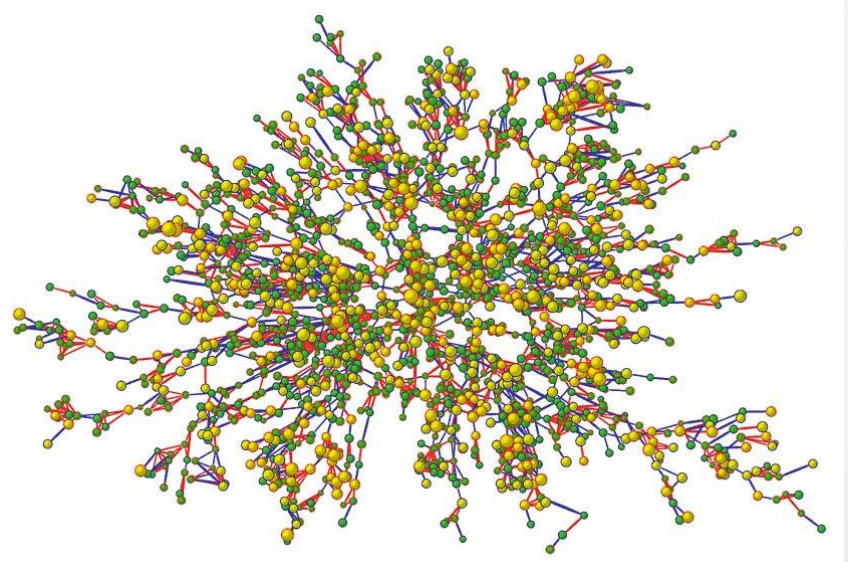
Information Diffusion and Reinforcement:

US bloggers link primarily to blogs supporting the same party, forming two distinct clusters (Adamic and Glance, 2005)



Spread of Behavior, Norms, and Disease:

Largest Connected Subcomponent of the Social Network in the Framingham Heart Study in the Year 2000. (Christakis

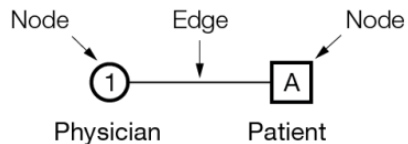


SNA Basics

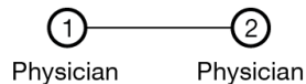
Basic elements of network diagrams

The basic elements of a network are **nodes** and **edges** (also called ties or connections).

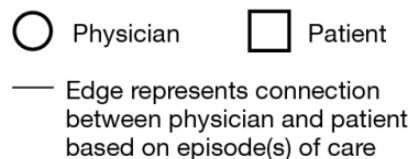
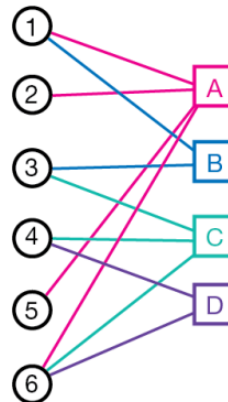
A network between 2 types of nodes (physicians and patients)



A network between a single type of node (physicians)

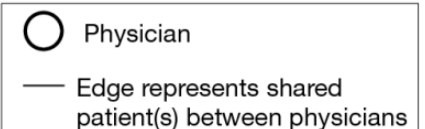
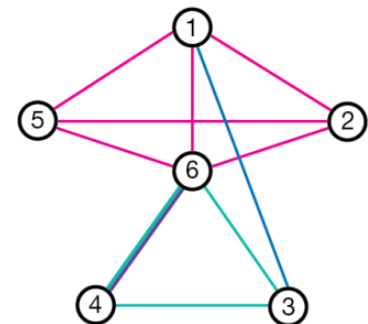


Two-mode (bipartite) network



Projection of a unipartite network from a bipartite network

One-mode (unipartite) network

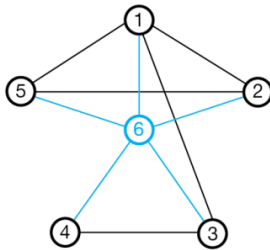


SNA Basics

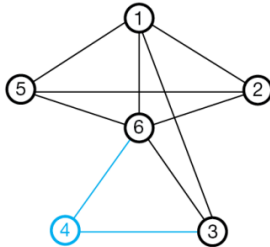
Network metric definitions

Degree quantifies the number of connections a node has.

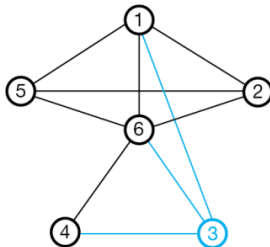
Physician 6 has a degree of 5.



Physician 4 has a degree of 2.

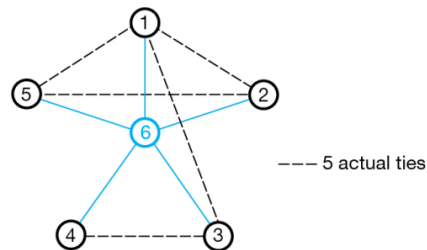


Physician 3 has a degree of 3.

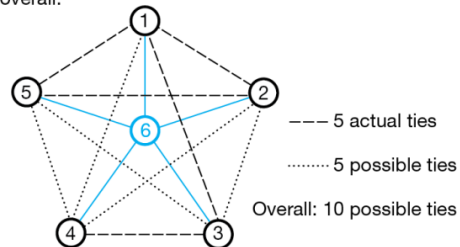


Clustering coefficient quantifies the extent to which other nodes connected to a node of interest are also connected to each other.

Physician 6, the node of interest, is connected to 5 other nodes. These nodes (physicians 1, 2, 3, 4, and 5) have 5 actual ties to each other.



These nodes also could have 5 other ties to each other, for a total of 10 possible ties overall.

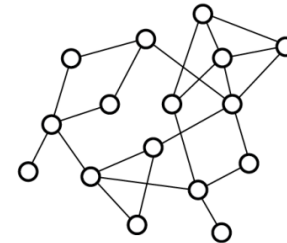


The clustering coefficient of Physician 6 is 0.5 calculated by:

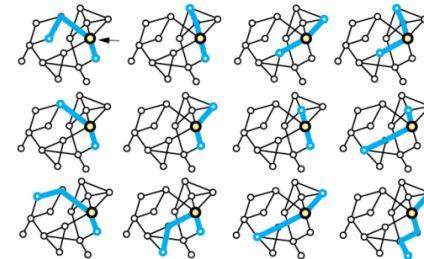
$$\frac{\text{No. of actual ties that exist between nodes connected to a node of interest}}{\text{Overall no. of ties that could exist between those connected nodes}} = \frac{5}{10}$$

Betweenness centrality quantifies the structural centrality of a node in the network.

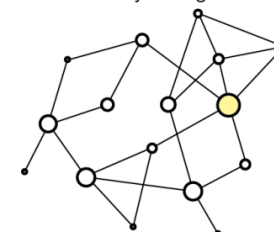
It is proportional to the number of times the node lies on the shortest path between 2 nodes in the network considering all the shortest paths between all node pairs.



Below is an example of a node (●) that lies on many of the shortest paths between node pairs in the network.



The network below demonstrates the variation in betweenness centrality among nodes in the network.



Low centrality ● ○ ○ ○ High centrality

SNA Measures of Interest for CDR

- Ego-centric vs. socio-centric data
- Network size
- Network Density/Clustering Coefficient
- Directionality of ties; Strength of ties; Centrality
- Network effects: effect on ego of alters' behavior

What CDR Questions Can SNA Answer?

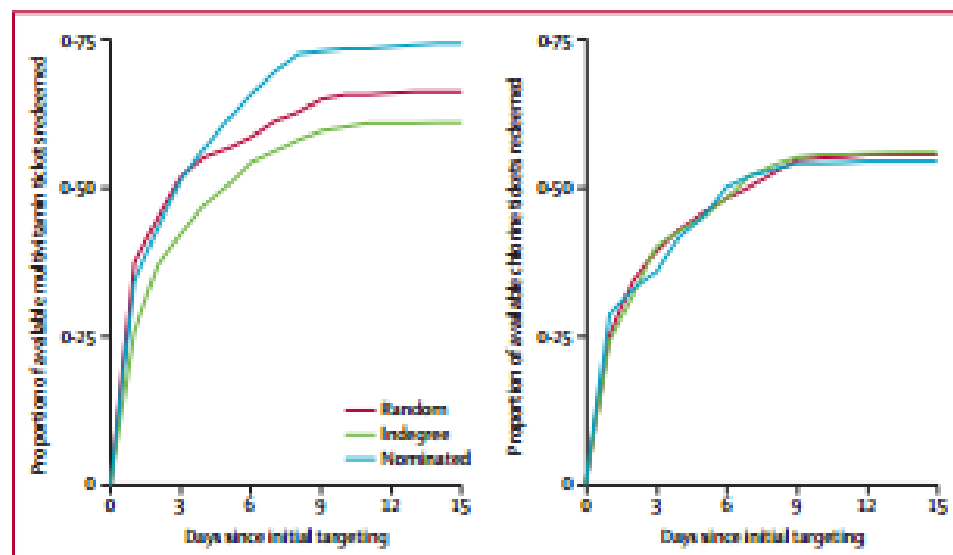
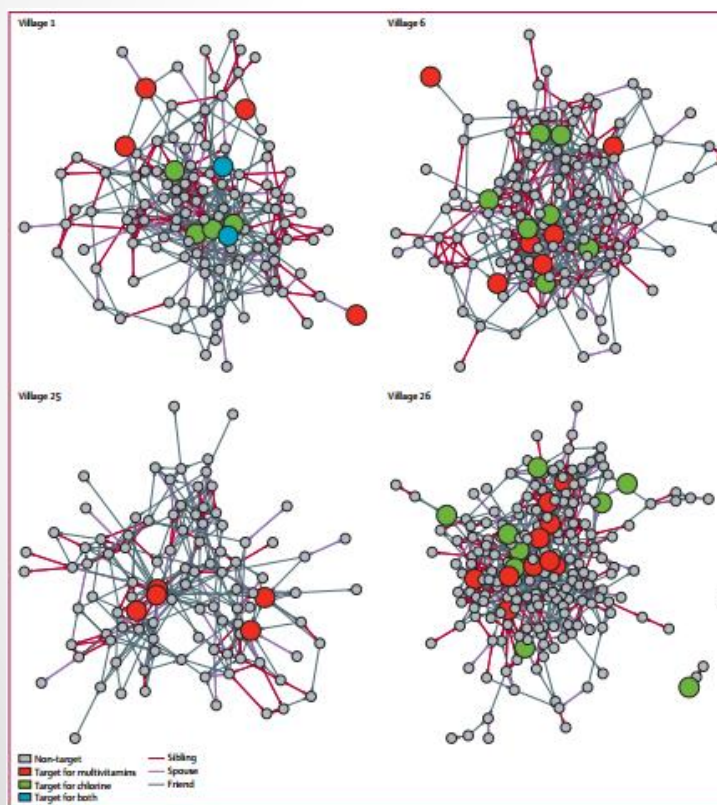
- **Diffusion**: the process by which a practice spreads throughout (is adopted by) members of a population
- **Homophily**: the tendency of actors in a network to form ties to alters who are similar to themselves
- **Social learning**: network effects on ego's adoption of a practice due to the transfer of information or assistance
- **Normative influence**: network effects on ego's adoption of a practice due to positive or negative sanctions

SNA: Importance of STAKEHOLDERS

- Patients
 - Family
 - Friends
 - Community leaders
 - Workplace
 - Contextual factors/influencers
 - Clinicians
 - Others...
-
- Difficult to reach populations/ stigmatized diseases

SNA in CDR Examples: Interventions

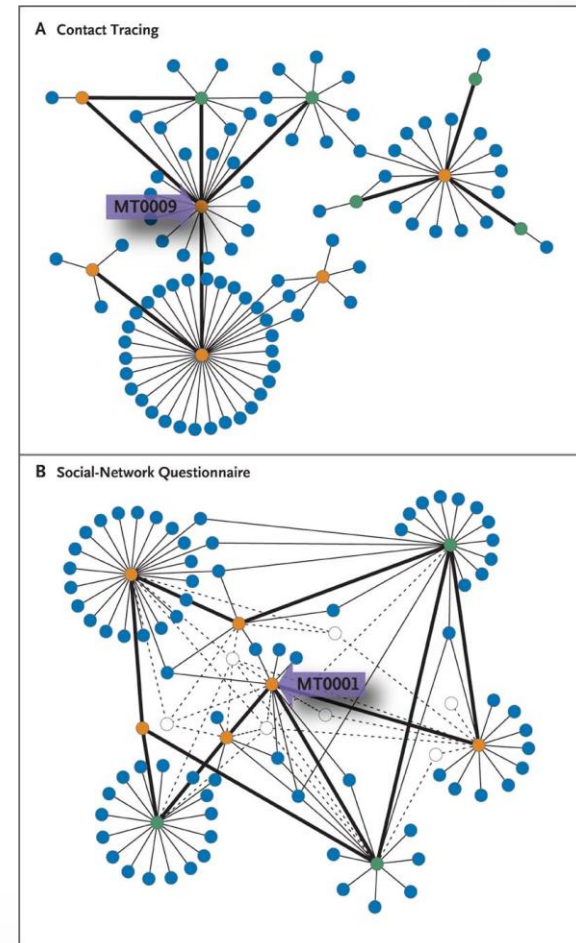
Social network targeting to maximize population behavior change: a cluster randomized controlled trial (Kim et al., 2015)



SNA in CDR Examples: Surveillance

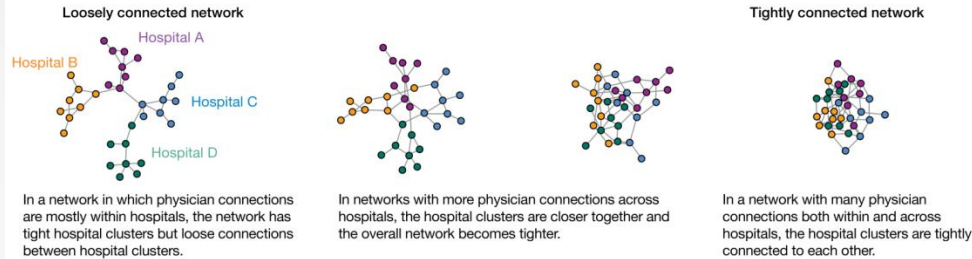
Whole-Genome Sequencing and Social-Network Analysis of a Tuberculosis Outbreak (Grady, 2011)

- “Through integration of large-scale bacterial whole-genome sequencing and social-network analysis, we show that a socioenvironmental factor — most likely increased crack cocaine use — triggered the simultaneous expansion of two extant lineages of *M. tuberculosis* that was sustained by key members of a high-risk social network.
- Genotyping and contact tracing alone did not capture the true dynamics of the outbreak.”

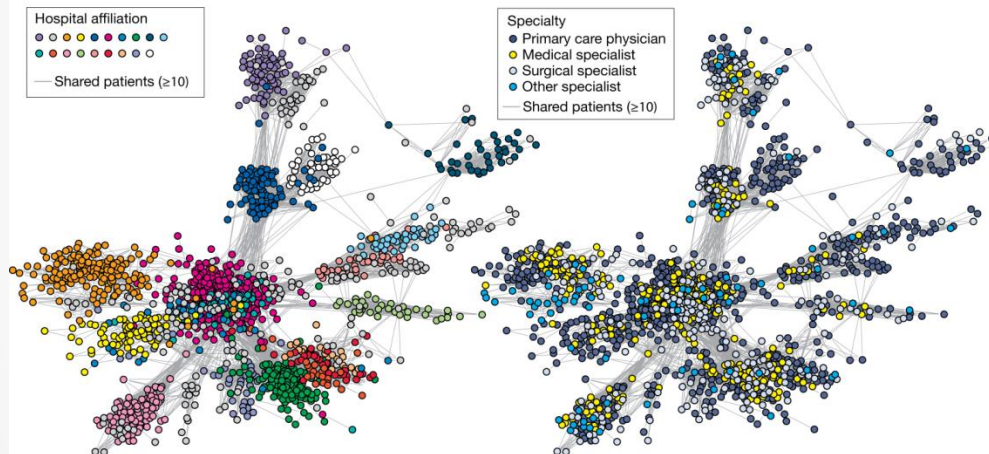


SNA in CDR Examples: Organizational Behavior

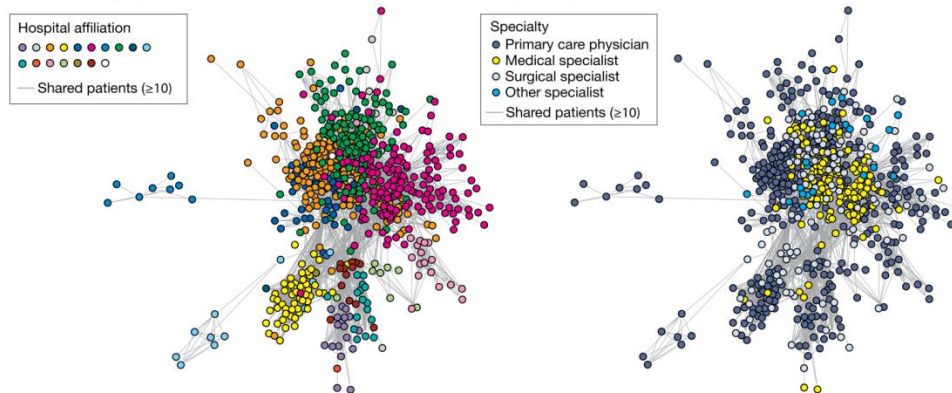
A Variations in network configurations based on the number of patient-sharing connections between physicians at different hospitals



B Example of a loosely connected network: Albuquerque, NM (n=1391 physicians)



C Example of a tightly connected network: Minneapolis/St Paul, MN (n=596 physicians)



**Variation in Patient-Sharing
Networks of Physicians Across
the United States (Landon et
al, 2012)**

SNA in CDR: Information Diffusion

- How do patients learn about treatment options?
- How does network characteristics influence:
 - Treatment decisions
 - Perception of risk
 - Perception of benefit
 - Risk factors
- My research:
 - Organ Transplantation and Donation
 - Protective effects of networks for aging
 - End-of-life decision-making
 - Kidney disease/ESRD

Ego-Level Health Differences

Medical Record Characteristics for Patients Aged 75 and below

	White (n)	Black (n)	p-value
Mean BMI	28.468 (99)	29.32549 (122)	0.4230
Diabetes	48.514% (101)	61.29% (124)	0.0554
Hypertension	93.00% (100)	92.125% (127)	0.8049
Heart Disease	55.2% (96)	43.33% (120)	0.0834
Infection	13.82% (94)	25.619% (121)	0.0336
Substance Abuse	11.57% (95)	20.66% (121)	0.0761
Age	59.99 (105)	55.91 (132)	0.0067
Non-Compliance	8.51% (94)	16.95%	0.0720
Prior Tx	12.00% (100)	15.87% (126)	0.4091
Days on Dialysis	934.23 (101)	1329.31 (123)	0.0111
Creatinine	8.023 (94)	10.648(120)	0.0000
Hematocrit	35.247 (95)	35.625(123)	0.4272
Psych History	30.927% (97)	32.80% (125)	0.7680

Network-Level Health Disparities

Alter Health Characteristics, by Race

	N	White	N	Black	p-value
BMI	113	28.12	154	30.12	0.0093
Hypertension	118	35.56%	159	42.14%	0.2718
Diabetes	118	16.10%	161	23.60%	0.1256
Chronic Kidney Disease	118	1.69%	160	2.50%	0.6494
Quality of Life (scale 1-10)	116	7.88	153	6.92	0.0001

Questions?

Keren.Ladin@tufts.edu

Sarah Krug, MD

Executive Director of Cancer 101,
Founder of Health Collaboratory



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A Prescription to Learn®

Sarah Krüg
CEO, CANCER101 Foundation
Founder, Health Collaboratory
Executive Director, Society for Participatory Medicine

@sarahkrug1

Patient Engagement: What's the "secret sauce"?

Actions patients must take
to obtain the greatest
benefit from the healthcare
services available to them

WHAT MATTERS TO YOU??

MAGICWANDPROJECT.ORG



HEALTH MATCH



What do you need help with?



Costs of Care



I'm feeling alone



Caregiver Support



I need an escape



Transportation



Childcare



Work Issues



Legal Issues

HOME

HOW IT WORKS

COMING SOON

ABOUT US

Are you looking for educational resources to help you learn about a particular condition?
Imagine if you could cut through the clutter with a personalized **Health GPS** to guide you through helpful information
from credible sources...

What condition do you need information on?

Please select one



OR

Enter a keyword (e.g. nutrition or symptom tracker) or title of a specific resource



Don't see a condition listed? Additional conditions will be added soon, but **tell us** what you are looking for!





Click on the phase of your journey:

Prevention



Newly
Diagnosed



Treatment



Clinical
Trial



Long Term
Management





Search

What type of resource are you looking for?

*Select all that apply



ONLINE

☐


BOOKS

☒


BROCHURES

☐


HOTLINE

☐


ONLINE COMMUNITY

☐


LIVE SUPPORT GROUP

☐


MOBILE APPS

☐

Enter





Search

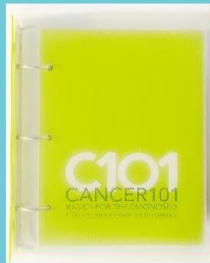
ALIGNMENT W/LEARNING PREFERENCE



Narrow down your search



SORT BY RATING



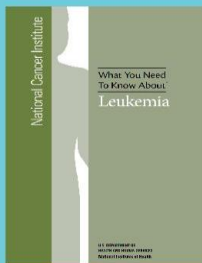
CANCER101 Planner

Important information about Breast Cancer, descriptions of treatment options, questions to ask the doctor, follow-up care, cancer research, sources of support and key terminology.

Patient/Caregiver Ratings



Healthcare Provider Rating



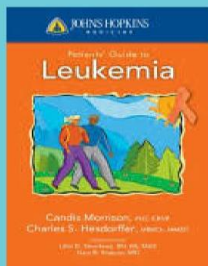
What You Need To Know About Leukemia

A resource that guides the patient through their cancer journey and follow up care enabling the patient to document experiences in way that complements objective healthcare data gathered during the care process and make informed decisions.

Patient/Caregiver Ratings



Healthcare Provider Rating



Johns Hopkins Patients' Guide to Leukemia

This easy-to-follow "how to" guide puts you on a path to wellness by explaining leukemia treatment from start to finish. It guides you through the overwhelming maze of treatment decisions, simplifies the complicated schedule that lies ahead, and performs the task of putting together your plan of care in layman's terms.

1 - 10
◀ ● ● ● ● ● ▶

View all on one page

Patient/Caregiver Ratings



Healthcare Provider Rating



I am recommending a few resources for you to use to learn more about your options. You can also access other educational resources in this system as well. If you have any questions, please do not hesitate to contact our office.



Linked to CME/CE
Activities where
clinician can
“prescribe” resources

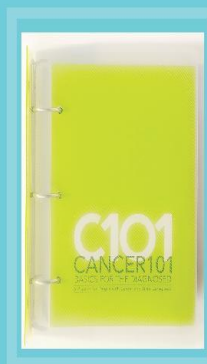


WAR ON CANCER

Description:

A resource that guides the patient through their cancer journey and follow up care enabling the patient to document experiences in way that complements objective healthcare data gathered during the care process and make informed decisions.

www.waroncancer.org

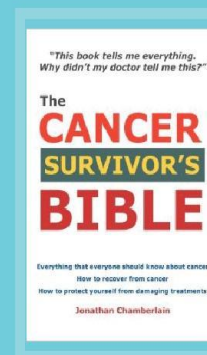


CANCER101 PLANNER

Description:

A resource that guides the patient through their cancer journey and follow up care enabling the patient to document experiences in way that complements objective healthcare data gathered during the care process and make informed decisions.

www.cancer101.org



CANCER SURVIVAL BIBLE

Description:

A resource that guides the patient through their cancer journey and follow up care enabling the patient to document experiences in way that complements objective healthcare data gathered during the care process and make informed decisions.

www.csb.org

Email Address

Generate Unique Link to send to my patients

Submit



**How Do You Prefer
to Learn?**
Learning
Preference
Barometer



Access to Information
Personalization of
Educational Experience
Prescription To Learn®



Access to Understanding
Patient CliffsNotes™

THANK YOU!

sarahkrug@cancer101.org
@sarahkrug1

Jarred Younger, PhD

Assistant Professor at the University of Alabama and Director of the Neuroinflammation, Pain and Fatigue Lab



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The Patient Centered Outcomes Research Clinical Decision Support Learning Network (PCOR CDS- LN)

Barry Blumenfeld, MD

Senior Physician Informaticist at RTI International



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Goals of the PCOR CDS LN

- Translating knowledge gained from Patient-Centered Outcomes Research (PCOR) into clinical practice is key to healthcare quality improvement. A promising way to ensure that PCOR informs clinical care is through clinical decision support (CDS), which uses technical and non-technical approaches to make it easier for care teams – including patients – to make decisions and take actions known to enhance outcomes.
- Best practices are only beginning to emerge and numerous barriers exist: poor coordination among stakeholders, lack of interoperability, sub-optimal implementations, and poor usability to state but a few.
- The Agency for Healthcare Research and Quality (AHRQ) awarded RTI International (RTI) a cooperative agreement to develop The Patient-Centered Outcomes Research Clinical Decision Support Learning Network (PCOR CDS-LN), to bring together stakeholders to promote a sustainable community around developing, disseminating, and applying PCOR-enabled CDS.
- The PCOR CDS-LN is designed to accelerate collaborative learning, overcome barriers and reinforce facilitators for effective CDS use, and evaluate the impact of its efforts. It is meant to be a “springboard for action” to help enable its vision:

“To create an ecosystem that allows all stakeholders reduce the friction of turning knowledge from PCOR findings into CDS-enabled actions that produce better care and outcomes.”

Defining PCOR-Based CDS

“PCOR-based CDS helps patients and their care teams apply evidence from patient-centered outcomes research to enhance care processes and their results. Approaches include promoting shared decision-making, incorporating patient reported outcomes, factoring in patient preferences to generate patient-specific recommendations for care and others.”



*One of the first activities of the PCOR CDS-LN was to undertake an environmental scan to identify barriers and facilitators to the dissemination of PCOR-Based CDS. A critical artifact that grew out of this environmental scan is the **Analytic Framework for Action (AFA)**, which graphically displays and defines areas of focus around the prioritization, implementation, and evaluation of PCOR-based CDS.*

The AFA provides the means by which we can organize the findings and recommendations of the PCOR CDS-LN. It represents the lifecycle of activities that must occur to disseminate PCOR through CDS, measure impact, and create a learning system



Step 1: Applying objective measures of evidence for identifying and prioritizing PCOR findings that are to be transformed and disseminated via PCOR-based CDS, assessing or defining their implementability, and defining stewardship and governance requirements.



Step 2: Applying consensus-based data and knowledge standards for translating PCOR findings into CDS interventions that support comparative and/or patient-centered decision-making (i.e. risk calculators, cognitive aides).



Step 3: Applying standardized methods and architectures for operationalizing PCOR-based CDS interventions into clinical workflows, which deliver the right information to the right people in the right formats through the right channels at the right times ("CDS Five Rights").



Step 4: Ensuring that PCOR-based CDS interventions measurably improve clinician and patient decision-making, care processes, and outcomes.



Step 5: Aggregating local PCOR-based CDS-related outcomes and effectiveness measures to facilitate system level learning from identified gaps in PCOR knowledge, CDS-enabled clinical practice, and patient outcomes.



Step 6: Recognize and Manage External factors including the marketplace, policy, legal, and governance factors that impact development, dissemination, and implementation processes for PCOR-based CDS.

Next Steps: The Barriers and Facilitators Workgroup

- Charge
 - To test the AFA, the PCOR CDS-LN is forming a Barriers and Facilitators Workgroup (BFWG) to create 'use cases' describing the sequence of steps necessary to:
 - Assess and develop criteria for determining whether PCOR findings related to a specific clinical improvement imperative (e.g., hypertension control, cholesterol management, sepsis prevention and management) are suitable for implementation;
 - Identify barriers and facilitators to instantiating and widely implementing those PCOR findings at each step of the PCOR CDS Learning Network Analytic Framework for Action
 - Recommend ways to overcome barriers and catalyze opportunities for PCOR-based CDS to promote improved care decisions, care processes, and actions; and
 - Through input from a broad range of stakeholders, the BFWG will generalize results for the use case(s) to begin elucidating barriers, facilitators and recommendations for these steps to cover the full range of pertinent PCOR findings
- Inputs
 - Potential Use Case target areas such as Cholesterol Management, Hypertension control, and Sepsis
 - Results of the PCOR CDS-LN Environmental Scan
 - The BHWG will build upon its findings

Next Steps Continued...

- BFWG Deliverables
 - Criteria for selecting PCOR findings to be used as use cases
 - PCOR findings to be applied in use cases
 - Populate a use case matrix (see below), which is organized by the Analytic Framework for Action based on the PCOR
 - Disseminate findings at two time points
 - Annual Meeting (December 12, 2016): Present the work from steps 1-3 above to the Steering Committee and Advisory Council
 - End of Year (Exact date TBD by BFWG): A written report that summarizes how the PCOR selection criteria were developed, how the BFWG used the criteria to select use cases, and the barriers and facilitators that were encountered as the BFWG went through the entire process of populating the matrix for each use case.

PCOR CDS Matrix Template	Current State	Barriers	Facilitators	Recommendations	Stakeholder actions
Weighing External Factors (Marketplace, Policy, Legal, Governance)					
Prioritizing PCOR (What findings are appropriate given level of evidence, priorities, available data, etc.)					
Authoring CDS (Intervention Types, Knowledge issues, Data issues)					
Implementing CDS Interventions (Localization issues, architecture/methods, workflow integration,)					
Improving Actions, Outcomes, and <u>Measurement</u> (Measuring CDS efficacy and impact as well as value delivered and ROI/cost-benefit)					
Learning from PCOR-based CDS Experience (Feeding results back to broadly enhance care/ outcomes/ guidance faster)					

Questions?

Barry Blumenfeld, MD, MS

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207-400-7979

Terms and Definitions Commonly Used in Communication and Dissemination Research

Lauren McCormack, PhD, MSPH - Panel Chair
Panel Discussion



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It's all in the name?

Dissemination and implementation research in the health field has emerged from research traditions in diverse (non-health) disciplines ranging from agriculture to education. Theories and methods used are derived from these fields.

Variation in terminology and classification of terms across countries.

- Knowledge translation and integration
- Population health intervention research
- Scaling up

Because of this, there is no consistency or consensus on terminology used. There are several terms synonymous with dissemination and implementation are used in practice and in the literature.

Graham ID, Logan J, Harrison MB, et al. Lost in knowledge translation: Time for a map? *J Cont Educ Health Prof.* 2006, 26:13-24.



“*Diffusion, dissemination and implementation* are not interchangeable terms. Rather, they represent phases in a process of increasingly active and more focused processes, with each subsequent phase dependent on the success of its predecessor phase.”

Lomas, J. Diffusion, dissemination, and implementation: Who should do what? Ann N Y Acad Sci 1993;703:226-237.



What is dissemination?

- ***Dissemination*** is the.....
 - intentional, **active** process of identifying target audiences and tailoring communication strategies to increase awareness and understanding of evidence, and to motivate its use in policy, practice, and individual choices.
 - The purpose of dissemination is to spread and sustain knowledge and the associated evidence-based interventions.



Research Dissemination vs. Dissemination Research

- **Research Dissemination** is an **active** approach of **spreading evidence-based interventions** to the target audience via determined **channels** using planned strategies.
 - PCORI's Dissemination and Implementation Program
 - PCORI's Engagement Program
- **Dissemination research** is the **scientific study** of targeted distribution of information and intervention materials to a specific public health or clinical practice audience. The **intent is to understand how best to spread and sustain knowledge** and the associated evidence-based interventions.
 - PCORI's Communication and Dissemination Research (CDR) Program



What is implementation?

- **Implementation** is the.....
 - **deliberate**, iterative process of integrating evidence into policy and practice through adapting evidence to different contexts and facilitating behavior change and decision making based on evidence across individuals, communities, and healthcare systems.



Definitions of Concepts

Concept or Construct	Definition As It Relates to Health and Health Care
Scientific evidence	Data that has been assembled, reviewed, and presented by evidence developers and that has been used to make recommendations.
Health communication	The study and use of communication strategies to inform and influence individual and community decisions that affect health. ³ Health communication links the fields of communication and health and is increasingly recognized as a necessary element of efforts to improve personal and public health.
Dissemination	The active and targeted distribution of information and interventions to a specific public health or clinical practice audience via determined channels using planned strategies. ^{4,5} The intent is to spread knowledge and the associated evidence-based interventions in order to enhance the adoption and the implementation of the information and/or intervention. ^{6,7}
Adoption	The decision of an organization or a community to commit to and initiate an evidence-based intervention. ^{4,5}
Implementation	The use of strategies to integrate evidence-based health interventions and change practice patterns within specific settings. ⁴⁻⁶
Uncertainty	The quality or state of being in doubt.



Dissemination Strategies

Type of Dissemination Strategy	Included Approaches to Dissemination
Improve reach of evidence:	<ul style="list-style-type: none"> • Postal: • Electronic and digital media: • Social media: • Mass media: • Interpersonal verbal group or individual outreach
Motivate recipients to use and apply evidence	<ul style="list-style-type: none"> • Champions (cheerleaders): • Opinion or thought leaders (frequently has an endorsing or persuasive element) • Social networks
Enhance recipients' ability to use and apply evidence (regardless of delivery mode)	<ul style="list-style-type: none"> • Provision of supporting "how-to" materials • Skill training, capacity building, and problem solving
More than one of the above strategies: Combining multiple dissemination strategies, including ways to increase reach, motivation, or ability, may be more effective than single strategies.	A multicomponent approach uses several dissemination strategies in concurrent combination or in sequence to increase the reach of evidence, enhance the end users' motivation to adopt and use or apply evidence. Multicomponent interventions are important to this review only to the extent that they are compared with another intervention that is different by at least one other aspect.

Communication and Dissemination Strategies to Facilitate the Use of Health-Related Evidence. Evidence Reports/Technology Assessments, No. 213. McCormack L, Sheridan S, Lewis M, et al. Rockville (MD): [Agency for Healthcare Research and Quality \(US\)](https://www.ahrq.gov/); 2013 Nov.



Lunch

12:00 PM to 1:00 PM



PATIENT-CENTERED OUTCOMES RESEARCH INSTITUTE

**THE CDR ADVISORY PANEL IS CONDUCTING
A JOINT SESSION WITH THE
PATIENT ENGAGEMENT ADVISORY PANEL
FROM 1 – 2:30 PM ET**

Please call the following to listen:

Number: 1 (866) 640-4044

Participant Code: 6983267

<http://events.meetingbridge.com/qjoin.aspx?id=a06123990318>



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Dissemination Opportunities at PCORI

Joint session with the PEAP



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Background

- There is a gap between what we know optimizes healthcare delivery and what actually gets implemented in everyday practice (Green et al., 2009)
- It takes years for new evidence from clinical research to influence health care (Balas, 2000)
- PCORI authorizing legislation recognized this issue and charged us with addressing it

Green LW, Ottoson JM, Garcia C, Hiatt RA. Diffusion theory and knowledge dissemination, utilization, and integration in public health. Annu Rev Public Health. 2009;30:151–174. doi: 10.1146/annurev.publhealth.031308.100049.

Balas EA, Boren SA. Managing clinical knowledge for health care improvement. In: Bemmel J, McCray AT, editors. Yearbook of Medical Informatics 2000: Patient-Centered Systems. Stuttgart, Germany: Schattauer Verlagsgesellschaft mbH; 2000:65-70.



Authorizing Legislation

“The purpose of the Institute is to **assist patients, clinicians, purchasers, and policy-makers in making informed health decisions** by advancing the quality and relevance of evidence concerning the manner in which diseases, disorders, and other health conditions can effectively and appropriately be prevented, diagnosed, treated, monitored, and managed **through research and evidence synthesis...**

... and the dissemination of research findings with respect to the relative health outcomes, clinical effectiveness, and appropriateness of the medical treatments, services...”

-- from PCORI's authorizing legislation



Dissemination and Implementation Program

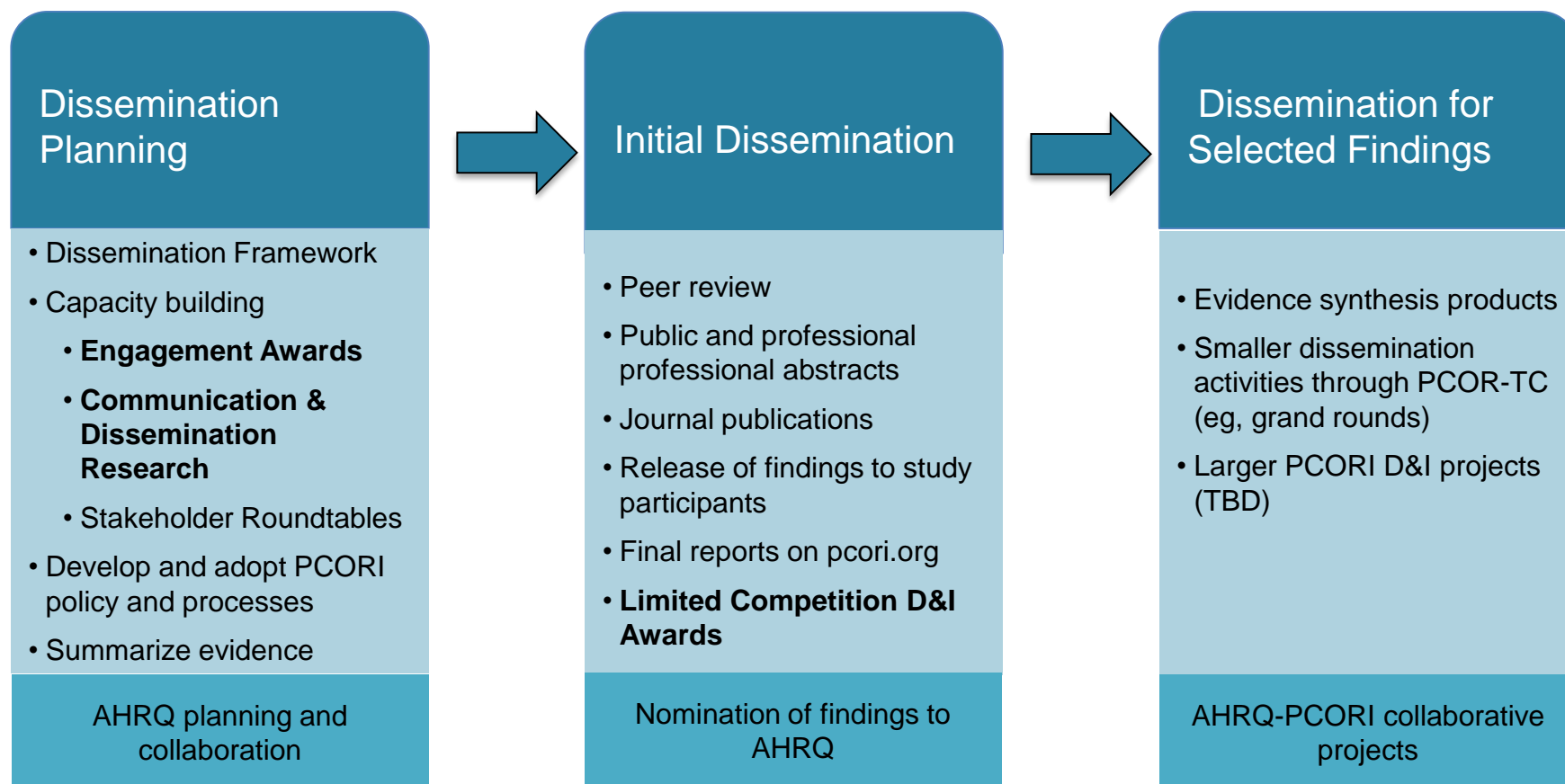
Using PCORI Research to Improve Healthcare

What is the goal of the D&I Program?

- The D&I Program is charged with heightening awareness of the results of PCORI-funded research, and with advancing efforts to put these findings into practice to improve healthcare delivery and health outcomes.



PCORI D&I Activities Overview



Key D&I Initiatives Underway

TRANSLATION

- PCORI submits all research findings to peer review before releasing them.
- Once peer review is complete, the Dissemination & Implementation Program oversees the translation of these findings into accessible and comprehensible summaries:
 - one targeting patients and the general public
 - one for a professional audience.
- These 500-word abstracts, prepared by PCORI's Patient-Centered Outcomes Research Translation Center, are posted on pcori.org.
- PCORI's website along with other materials describing the study and its results.



Key D&I Initiatives Underway

PROMOTING ACCESS TO PUBLISHED PCORI RESEARCH FINDINGS

- PCORI stipulates that manuscripts be deposited to PubMed Central so that they are available to all.
- To promote even faster availability of findings, PCORI works with journals to pay the open access fees for articles that report key findings in peer-reviewed journals.



Eugene Washington PCORI Engagement Award

Program: Focus on Dissemination

Lia Hotchkiss, MPH

October 21, 2016

Advisory Panel on Communication and Dissemination

Research/Advisory Panel on Patient Engagement Fall 2016

Meeting

Washington, DC



Engagement Award Program Overview

- Programmatic funding opportunity, launched in Feb 2014
- Supports projects that will build a community better able to participate in PCOR/CER and serve as channels to disseminate study results
- Engagement Award projects will produce deliverables that are useful to awardees, PCORI, and the broader PCOR community for increasing patient and stakeholder engagement in PCOR/CER



Engagement Awards

🌱 Engagement Award (EA) projects

- build our knowledge base about how patients and other stakeholders want to participate in PCOR/CER or receive research findings;
- implement training or skill development initiatives to build capacity for engaging in PCOR/CER; and/or
- strengthen channels for disseminating PCOR/CER findings.

🌱 Engagement Award Initiative Notice (EAIN) meetings/conferences

- align with PCORI's mission and strategic plan, and facilitate expansion of PCOR/CER in areas such as:
 - research design and methodology
 - research development
 - dissemination and implementation

Awards of **up to \$250,000** per project, up to **two years** in duration



Emphasis On Planning for Dissemination of PCOR Findings

- Organizations with strong ties to end-user audiences
- To prepare to disseminate and implement PCOR/CER results
- Focus on strengthening infrastructure, relationships and approaches to actively disseminate and implement research results or products derived from PCORI studies or other high-quality PCOR/CER findings consistent with PCORI's research priorities
- Separate from PCORI Limited D&I funding opportunity
- Infrastructure, relationships and approaches developed must be sustainable with the potential to be scaled
- Information and tools generated must be generalizable and made public



Examples of Projects of Interest



Processes

- Place existing or emerging PCOR/CER research results within the context of the body of evidence in the topic area identified.
- Develop, demonstrate, and evaluate the **processes** necessary to incorporate research results from these studies into decision-making settings of your population.



Collaborations

- Establish multi-stakeholder **collaborations** to ID effective pathways and approaches for reaching a target audiences for disseminating a set of PCOR/CER research results on a topic relevant to your organization's mission.
- Propose and develop strategies and tools necessary to implement them. Test and refine the strategies.



Approaches

- Design innovative **approaches** to actively disseminate PCOR/CER findings that are oriented to your target population.
- Demonstrate that approaches reach your audience and describe strategy for how approaches would be used to improve uptake of findings.



Funded Engagement Awards with Dissemination Focus



“Improving Care for Critically Ill Patients & Families Through Research Dissemination/Implementation”

Challenge

- Focusing on patients’ needs and preferences requires that healthcare clinicians have knowledge of PCOR and can implement the findings in clinical practice.

Objectives

- Engage patients and caregivers to participate in PCOR-based initiatives;
- Develop a learning collaborative for disseminating and implementing PCOR;
- Design an “e-community” learning network to engage clinicians, patients, and families to share strategies for enabling PCOR to improve care.



*Ruth Kleinpell, PhD, RN
Society of Critical Care Medicine*

Project Collaborators:
*Rush University Medical
Center/Center for Clinical
Research and Scholarship; and
Patient & Family National
Advisory Board Members*

*Engagement Award Project,
awarded December 2015*



“Reducing Cancer Disparities by Engaging Stakeholders”

Objectives

- Develop a learning community with a common agenda related to reducing cancer screening-related disparities;
- Determine disparities in screening rates;
- Identify evidence-based approaches that increase screening and reduce screening disparities;
- Adapt effective intervention approaches for use in primary care practices;
- Disseminate a model approach to intervention adaptation in health systems;
- Evaluate learning community engagement and related outcomes.



Ron Myers, PhD
Thomas Jefferson University

Project Collaborators:
Two regional health systems (Lehigh Valley Health Network and Delaware Valley Accountable Care Organization); a patient and stakeholder advisory committee from each health system; insurers; a state and a local health department; regional employer groups; a national advocacy organization; a regional advocacy organization; and Children’s Hospital of Philadelphia



“PCOR Dissemination at Work: How Employers Use Evidence to Make Employee Health Investment Decisions”

Objectives

- Identify existing PCOR/CER evidence of high relevance to a working population
- Understand how employers use such evidence
- Improve the uptake and implementation of this PCOR-based evidence in employee health investment decision-making

Methods

- Employer case studies, expert panel, employer interviews, stakeholder-specific communications materials, and dissemination events



*Kimberly Jinnett, PhD
The Center for Workforce
Health and Performance*

Project Collaborators:
*Integrated Benefits Institute; Center
for Value-Based Investment Design;
RAND; employers*

*Engagement Award Project,
awarded May 2016*



What We've Funded



Patient-Centered Outcomes Research Institute

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[PROGRAM PROJECTS](#)

[RESEARCH WE SUPPORT](#)

[HOW WE SELECT RESEARCH TOPICS](#)

[RESEARCH METHODOLOGY](#)

[PCORNET: THE NATIONAL PATIENT-CENTERED CLINICAL RESEARCH NETWORK](#)

[RESEARCH DISSEMINATION AND IMPLEMENTATION](#)

What We've Funded

[Learn more about the key terms on this page](#) ▼

Results 1 - 10 of 152 | [Download these results in CSV format](#)

Engaging Stakeholders to Build Infrastructure for PCOR in the Primary Care Safety Net

Organization: Morehouse School of Medicine

Project Type: Program project

Year Awarded: 2016

Engaging Stakeholders for a Patient-Centered Research Agenda for Chronic Kidney Disease in Delaware

Current Search

X Program project

X Engagement Award

You also can see a list of the Program Projects we've funded. Just remove the "Research Project" filter above.

[RESET ALL FILTERS](#)

Refine Your Results

Enter keyword(s)

[SEARCH PROJECTS](#)

Next Steps

- Emphasize desire for future Engagement Awards to focus on preparing for dissemination of PCORI research findings
 - Continue to refine guidance on PCORI website
 - Work with Dissemination and Implementation team to promote PCORI's dissemination funding opportunities
 - Discuss dissemination ideas with key stakeholders to explore potential fit for Engagement Award funding



Thank you

Contact Information:

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Patient-Centered Outcomes Research Institute (PCORI)
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Visit: <http://www.pcori.org/funding-opportunities/programmatic-funding/eugene-washington-pcori-engagement-awards>



Communication and Dissemination Research (CDR)

William Lawrence, Senior Program Officer



PATIENT-CENTERED OUTCOMES RESEARCH INSTITUTE

October 21, 2016

CDR Team



Jean Slutsky
Chief Engagement and
Dissemination Officer



Bridget Gaglio
Senior Program Officer



Michelle Henton
Program Associate



Aisha Hussain
Program Assistant



Kim DiGioia
Program Associate



Bill Lawrence
Senior Program Officer



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



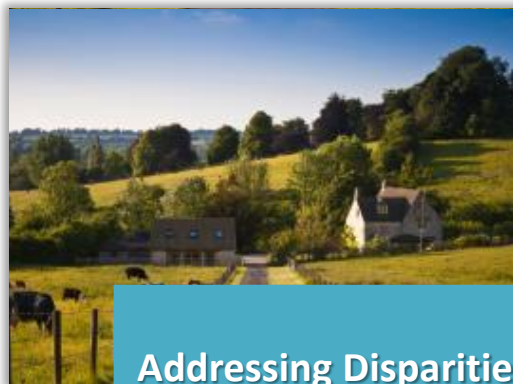
**Assessment of
Prevention, Diagnosis,
and Treatment Options**



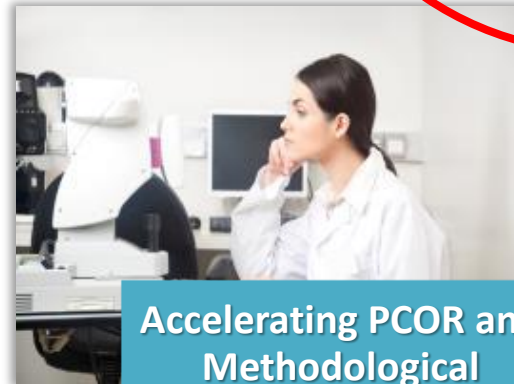
**Improving Healthcare
Systems**



**Communication and
Dissemination Research**



Addressing Disparities



**Accelerating PCOR and
Methodological
Research**



PCORI Mission Statement

PCORI helps people make informed healthcare decisions, and improves healthcare delivery and outcomes, by producing and promoting high-integrity, evidence-based information that comes from research guided by patients, caregivers, and the broader healthcare community.



Importance of CDR

Producing information is not enough.

- Clear communication approaches and active dissemination of findings to all audiences, in easy to understand formats, are critical to increasing the awareness, consideration, adoption, and use of research by patients, caregivers, and healthcare providers
- In other words, information itself is of little use unless:
 - It reaches those who need it
 - It is clear and comprehensible



CDR Funding Objective

The CDR program seeks to fund comparative effectiveness research (CER) that:

- directly compares two or more efficacious health communication and dissemination interventions or strategies
- that engage patients, caregivers, and providers
- in the context of real-world clinical-care settings and situations
- to enable patients and caregivers to make the best possible choices among available options for care and treatment



CDR Funding Priorities

Focus on **CER** in the following three key areas:

1. **Communication strategies** to promote the use of health and healthcare CER evidence by patients and clinicians
2. **Dissemination strategies** to promote the use of health and healthcare CER evidence by patients and clinicians
3. **Explaining uncertain health and healthcare CER evidence** to patients and clinicians



Communication and Dissemination Research

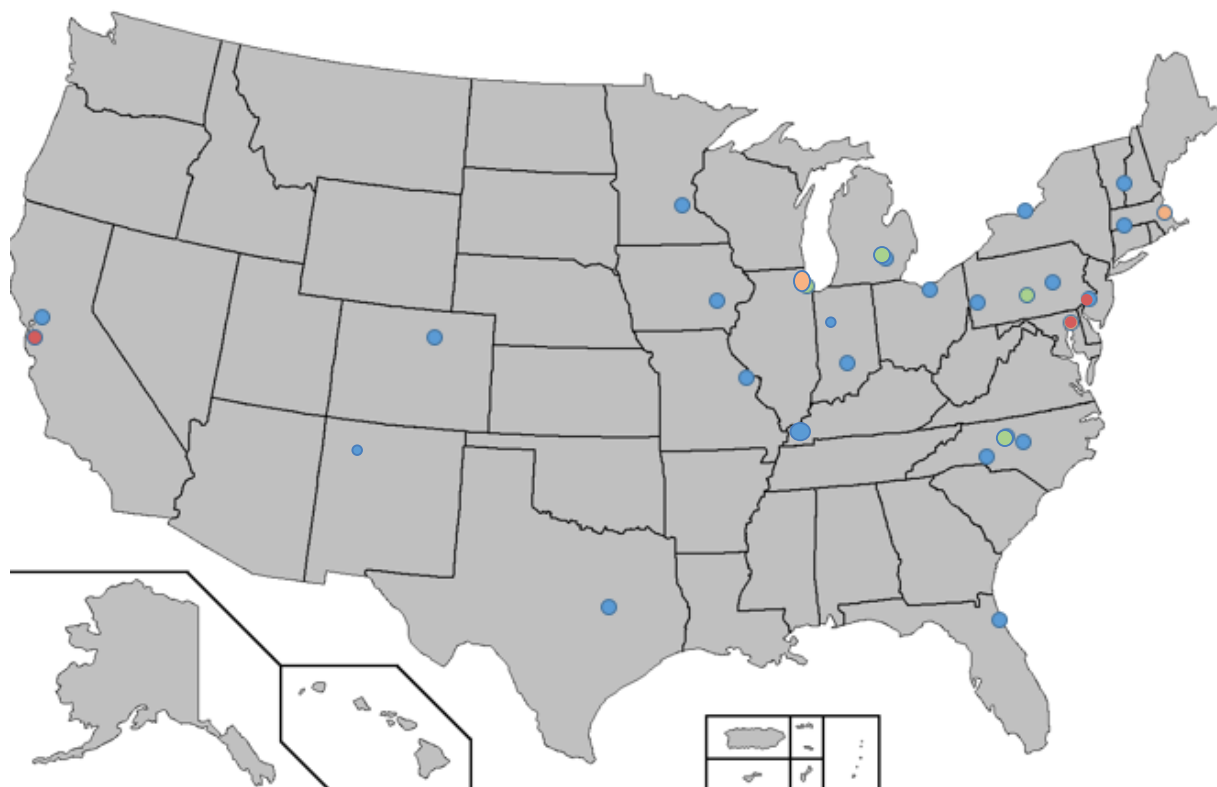
Available Funds: Up To \$8 Million

Total Direct Cost Per Project : \$1.5 million

Maximum Project Period: 3 years



Current Portfolio



Number of Projects:

44

Amount Awarded:

\$75.7 million

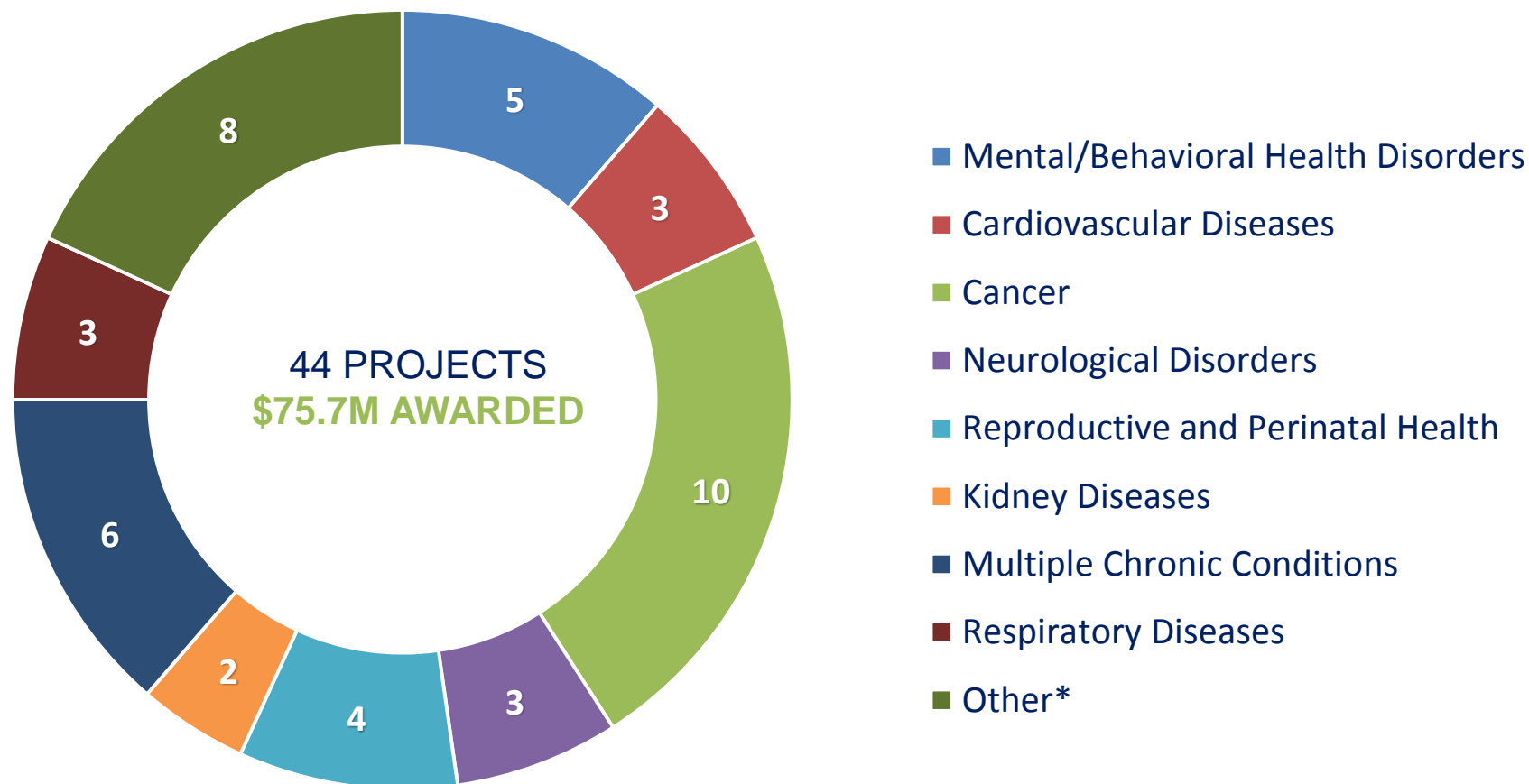
Number of states
where we are funding
research:

21

● = 1 studies ● = 3 studies
● = 2 studies ● = 4 studies



Portfolio by Disease/Condition



* Other includes: Diabetes (1), CT Scan Radiation Dose (1), Rare Genetic Disorders (1), etc.

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Thank You!



D&I Limited Competition PFA



Purpose and Objectives

- **Purpose:** This announcement gives PCORI awardee teams an opportunity to propose **investigator-initiated** strategies for disseminating and implementing findings from their PCORI funded studies
 - **propose the next step(s) for making their research results and any corresponding product(s) more useful, actionable, accessible and available to targeted end users**



D&I Activities We Aim to Fund

- We seek to fund projects:
 - designed to **actively** disseminate and implement research results and products
 - using approaches that are informed and guided by established dissemination and implementation models and frameworks
 - in real world settings
- This mechanism **does not** support passive dissemination strategies
 - Manuscript writing and publication
 - Scientific conference support



Supported D&I Activities

1. Develop, demonstrate, and evaluate approaches for **incorporating PCORI research results in specific decision-making settings**
2. **Adapt the content, format, or vehicle for delivering CER research evidence**, to improve its use for different populations and across settings.
3. Take results and products found effective **“to scale”** in diverse settings and populations.
4. **De-implement** or reduce the use of interventions that are not evidence-based, have been prematurely widely adopted, or are harmful or wasteful.

Note: All D&I projects must **actively** disseminate/implement findings to targeted end users and **evaluate** the success of the dissemination and implementation strategy.



2016 Application Cycles by the Numbers

	Cycle 1	Cycle 2	Cycle 3
LOIs Received	19	5	12
Full Applications Received	6	5	?
# Proposed for Funding	<i>In process</i>	n/a	?

- *D&I funding slates are approved by the Chief Engagement and Dissemination Officer.*
 - *Cycle 1 approvals in early November*
- **Eligibility:** *PCORI must be in receipt of PCORI draft final research reports corresponding to the PCORI funded research study prior to submission of full application*
- *PCORI DFRR's received to date = 15*



Questions?



Break

2:30 PM to 2:45 PM



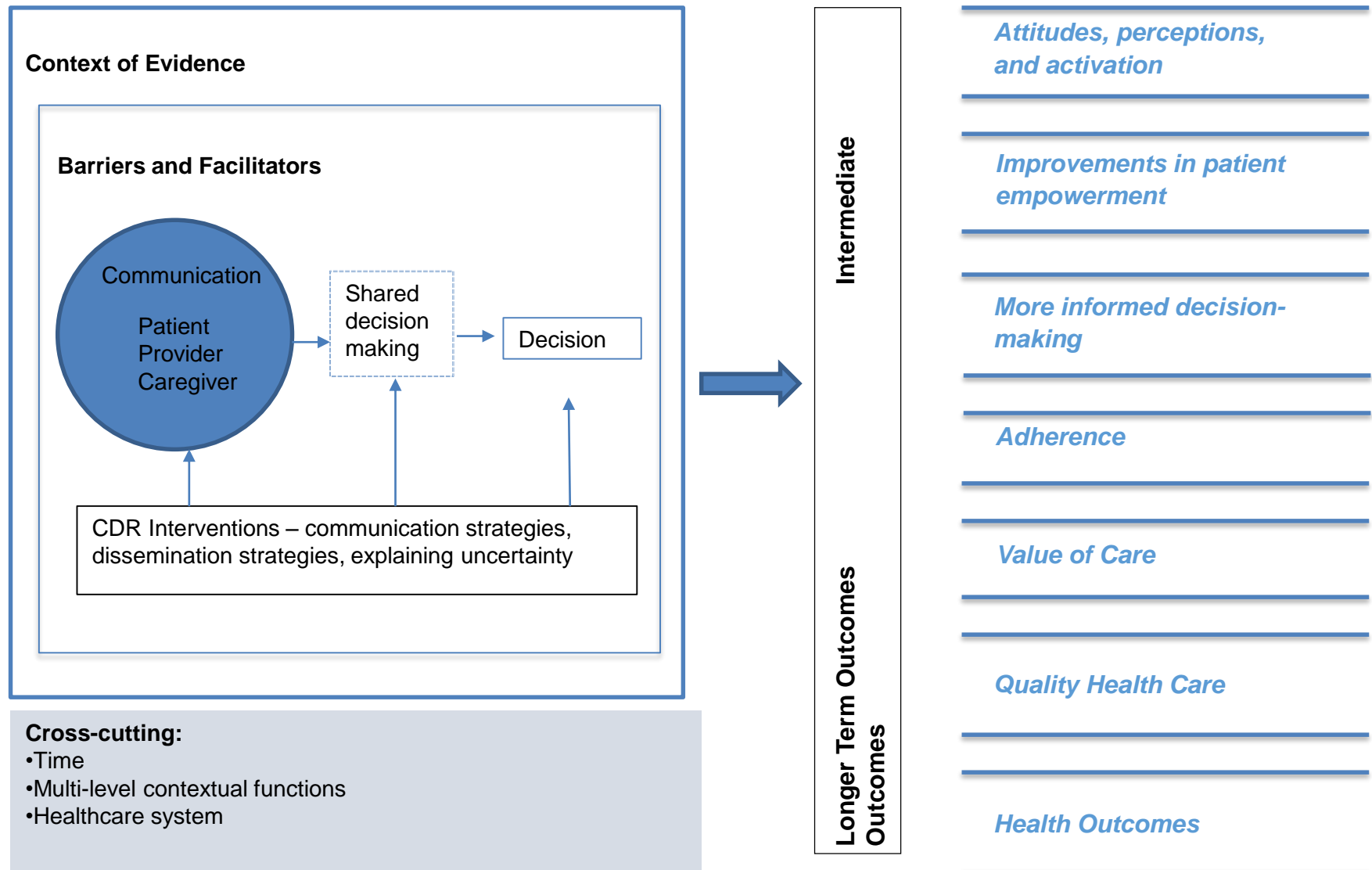
Framework for Communication and Dissemination

Bridget Gaglio, PhD, MPH, Senior Program Officer,
Communication and Dissemination Research



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Framework for Communication and Dissemination



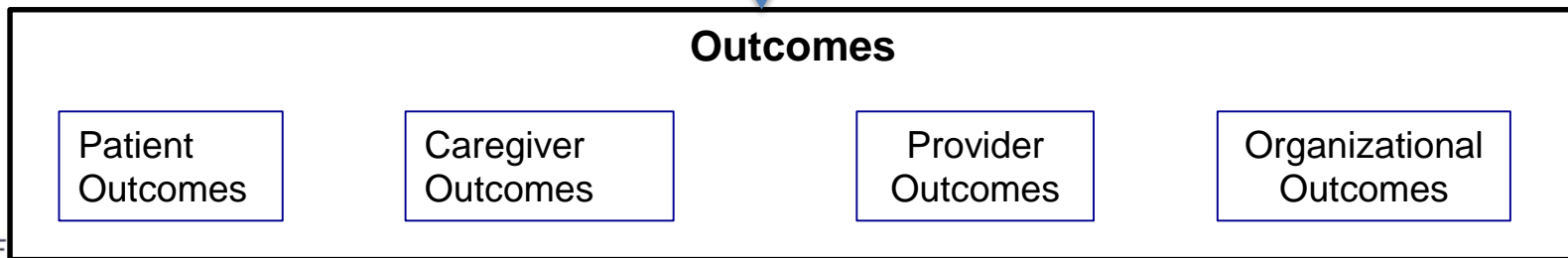
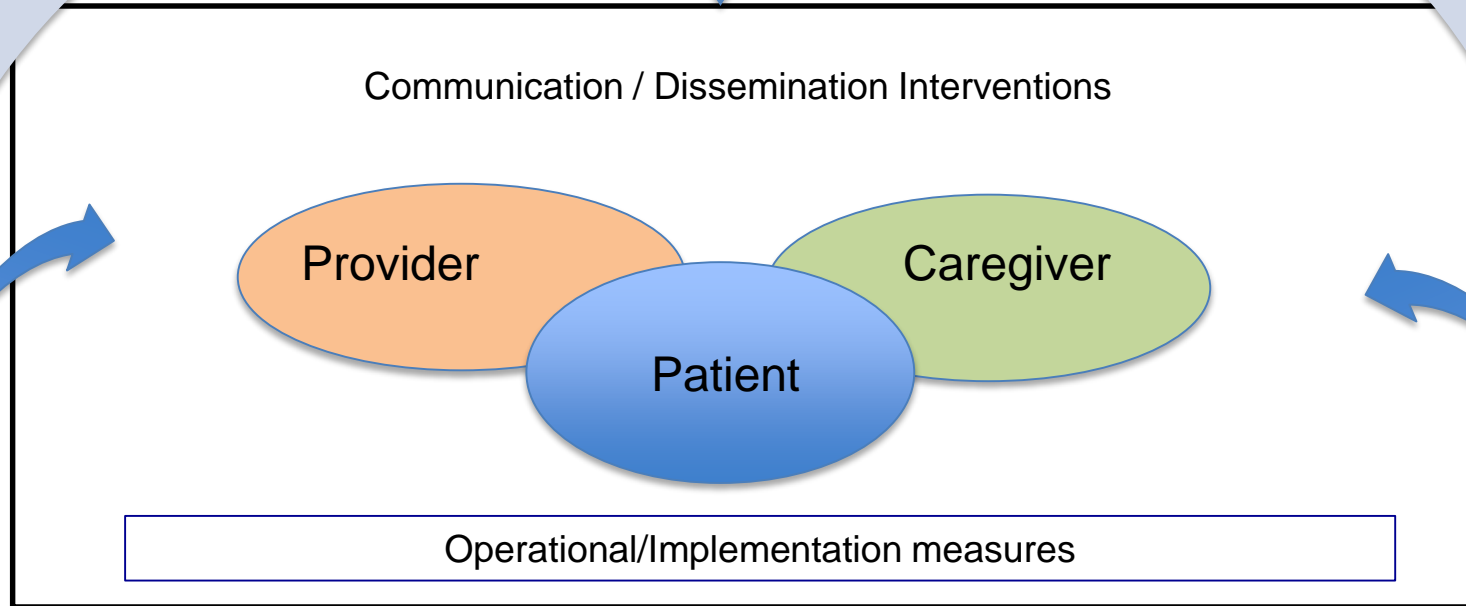
Decisional dilemma



Body of evidence/ strength of evidence



Call for proposals



Wrap-up and Next Steps



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Thank You

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