



Advisory Panel on Improving Healthcare Systems

January 14, 2015

9:30 a.m. – 5:30 p.m. EST

Patient-Centered Outcomes Research Institute

Welcome & Introductions



Steven Clauser, PhD, MPA

Director, Improving Healthcare Systems

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, although no public comment period is scheduled.
- Visit www.pcori.org/events for more information.








Panel Leadership

-  Doris Lotz, MD, MPH
 - IHS Advisory Panel Co-Chair
-  Trent Haywood, MD, JD
 - IHS Advisory Panel Chair

Advisory Panel Members

- 🌐 **Andrew Adams, BBA** *(Not Attending)*
MBA Candidate, The Wharton School of the University of Pennsylvania
- 🌐 **Leah Binder, MA, MGA**
President & CEO, The Leapfrog Group
- 🌐 **Mary Blegen, RN, MA, PhD, FAAN**
Adjunct Professor, College of Nursing, University of Colorado at Denver
- 🌐 **David Bruhn, PharmD, MBA**
Health Outcomes Liaison, National Accounts, GlaxoSmithKline
- 🌐 **Daniel C. Cherkin, MS, PhD**
Director, Bastyr University Research Institute
Senior Scientific Investigator, Group Health Research Institute
- 🌐 **Alan B. Cohen, MS, ScD**
Professor, Health Policy and Management, Boston University School of Management
- 🌐 **Elizabeth D. Cox, MD, PhD** *(Not Attending)*
Associate Professor, Departments of Pediatrics and Population Health Sciences, University of Wisconsin-Madison
- 🌐 **Susan Salahshor, MPAS, PA-C**
Physician Assistant, Liver Transplant, Mayo Clinic in Florida
- 🌐 **Michael R. Dueñas, O.D.**
Chief Public Health Officer, American Optometric Assn.
- 🌐 **John A. Galdo, PharmD, BCPS**
Clinical Pharmacy Educator, Barney's Pharmacy
- 🌐 **Eve A. Kerr, MD, MPH**
Director, Ann Arbor Center for Clinical Management Research
- 🌐 **Joan Leon, BA**
Retired Health Consultant
- 🌐 **Tiffany Leung, MD, MPH** *(Not Attending)*
Postdoctoral Fellow, Medical Informatics, Center for Innovation to Implementation, VA Palo Alto Health Care System Center for Health Policy/Center for Primary Care & Outcomes Research (CHP/PCOR), Stanford University
- 🌐 **Annie Lewis-O'Connor, NP-BC, MPH, PhD**
Nursing Scientist Director – Women's C.A.R.E Clinic
Brigham and Women's Hospital
- 🌐 **John Martin, MPH**
Senior Director, Research Operations, Premier Inc.
- 🌐 **Lisa Rossignol, MA**
Program Director, The New Mexico Disability Story
- 🌐 **Anne Sales, RN, PhD**
Professor, School of Nursing, University of Michigan
- 🌐 **Jamie Sullivan, MPH**
Director of Public Policy, COPD Foundation
- 🌐 **Leonard Weather Jr., MD, RPH**
Director, Omni Fertility and Laser Institute

Recognition of Panelists Whose Terms Are Ending in April

-  Andrew Adams *(Representing: Patients, Caregivers, and Patient Advocates)*
-  Leah Binder *(Representing: Purchasers)*
-  Alan Cohen *(Representing: Researchers)*
-  Trent Haywood – Panel Chair *(Representing: Payers)*
-  Tiffany Leung *(Representing: Clinicians)*
-  Annie Lewis-O'Connor *(Representing: Clinicians)*
-  Lisa Rossignol *(Representing: Patients, Caregivers, and Patient Advocates)*

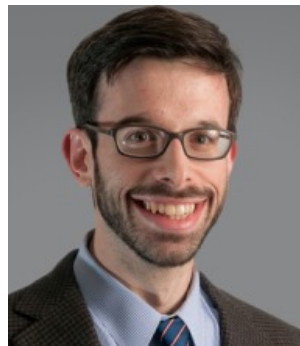
The Improving Healthcare Systems Program Team



Steven Clauser, PhD, MPA,
Director



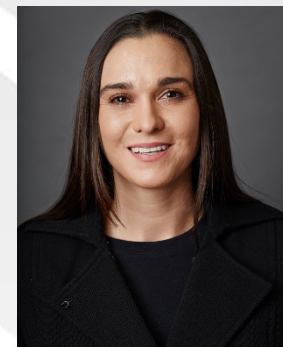
Lynn D. Disney, PhD,
JD, MPH, Senior PO



Alex Hartzman, MPH,
MPA, Program Associate



Lauren Azar, MHA,
Program Associate



Andrea Hewitt, MPH,
Program Associate



Kaitlin Hayes, Intern



Hannah Kampmeyer,
Senior Admin Assistant



Beth Kosiak, PhD,
Program Officer



Penny Mohr, MA,
Senior PO



Neeraj Arora, PhD,
Senior PO, *Starting 1/26*

Today's Agenda Topics and Meeting Objectives

- 🌱 Portfolio update
- 🌱 Other updates since our last meeting
- 🌱 Topic prioritization and refinement

Day 1:

- Review results of pre-meeting prioritization survey
- Topic presentations and discussion
- Reprioritization

Day 2:

- Review final prioritization results
- Focus and refinement exercises
- Next Steps

Setting the Stage

Trent Haywood, MD, JD

Doris Lotz, MD, MPH

IHS Advisory Panel Co-Chairs

Updates Since our Last Meeting

- Last meeting focused on the need for greater specificity of prioritized topics
- Key points of discussion:
 - Lumping vs. splitting topics
 - Identification of comparative effectiveness research questions
 - Implementation of a new modified Delphi prioritization process this meeting
 - Referencing IHS strategic framework and prioritization criteria
- Desire to fund impactful / transformative research

Goals for this Meeting

- Provide feedback to staff regarding the new process and future directions
 - Focused discussions of the highest prioritized topics
 - Reach Consensus on at least two topics
 - Identify specific comparative effectiveness questions
 - Leave with a clear set of recommendations for staff

Discussion

IHS Program and PCORI Updates

Steven Clauser, PhD, MPA
Director, Improving Healthcare Systems

Distinctive Components of IHS Studies

- Adapt patient-centered outcomes research (PCOR) model beyond clinical treatment options to different levels of the healthcare system;
- Require inclusion of well-articulated comparators (ideally head-to-head comparisons);
- Focus on outcomes relevant to patients;
- Involve patients and other stakeholders in the entire research process; and
- Conduct research in real-life settings.

The IHS Portfolio – Broad Funding

- Broad Portfolio – 54 studies; 22 states; \$105 million
 - Comparative effectiveness of alternate features of healthcare systems
 - Priorities reflect investigator interests, merit review assessment, and programmatic balance

Broad Funding Cycle	# of IHS Funded Projects	Total Funding Allocated
Cycle I	6	\$16 million
Cycle II	13	\$19 million
Cycle III	13	\$24 million
August 2013 Cycle	9	\$17 million
Winter 2014 Cycle	7	\$14 million
Spring 2014 Cycle	5	\$15 million
Total (as of Dec 2014)	54	\$105 million

The IHS Portfolio – Targeted Funding

- 🌐 Targeted funding initiatives are the most resource intensive
 - Require greatest specificity
 - Take most time for development
 - Expert workgroups
 - Iterative review with Board Subcommittee
 - Review and approval by the Board of Governors

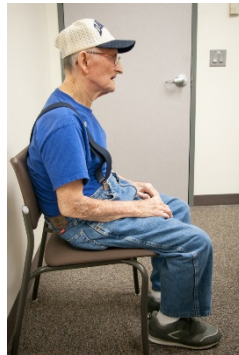
Funded Targeted Topics	Total Funding Allocated
Clinical Trial of a Multifactorial Fall Injury Prevention Strategy in Older Persons (Administered by NIA)	\$30 million
Effectiveness of Transitional Care	\$15 million
Targeted Topics Under Development	Total Funding Allocated
Perinatal Care	N/A (joint funding)
Hepatitis C Virus	N/A (joint funding)

The STRIDE Study



Strategies to
Reduce
Injuries and
Develop confidence in
Elders

- PCORI-National Institute of Aging research partnership
 - \$30 million / 5-year award made June 1, 2014
- Multisite cluster randomized clinical trial
 - 6,000 participants age 75+
 - 10 systems / 80+ local practices across 15 states
- Status Update:
 - Pilot launched and well underway – Dec. 23rd last day of enrollment
 - 390 patient baseline sample
 - 164 patients enrolled



Project ACHIEVE

(Achieving Patient-Centered Care and Optimized Health In Care Transitions by Evaluating the Value of Evidence)

- \$15 million/3 year award made 9/30/2014
 - Retrospective/Prospective observational cohort study
 - Aims to identify forms of transitional care that produce the best patient-centered results for different patients in different healthcare contexts.
 - 6-year retrospective data analysis to select a subset of TC clusters for the prospective study;
 - Prospective cohort analysis will compare patients and caregivers exposed to pre-defined clusters of TC services versus matched cohorts exposed to little or no TC services (40 hospitals; 12,000 patients)
- Status Update:
 - Kick-off meeting November 2014
 - Official project start January 2015
 - Stakeholder involvement initiated including CMS, VA
 - Working to develop an Evidence to Action Network
 - PCORI has invested over \$35 million in transitions in care programs, (11 studies in addition to Project ACHIEVE)

The IHS Portfolio – Large Pragmatic Studies PCORI Funding Announcement

- Funding announcements stipulate:
 - Research topics that reflect national priorities for PCOR (PCORI, IOM, AHRQ)
 - Head-to-head comparisons in large, representative study populations (usual care comparators allowed if well justified and specified)
- Have released 2 funding cycles thus far
 - First awards will be announced in February 2015
- Improving Healthcare Systems Priority Topics
 - April 2013 ■ Integration of Mental Health and Primary Care
 - April 2013 ■ Health Insurance Features
 - May 2014 ■ Involvement by Patients and Caregivers in Management of Chronic Mental Illness
 - Jan. 2014 ■ Innovative Strategies for Medication Adherence

Insurance Features Updates

- Two topics discussed and prioritized last meeting:
 - Enrollee Support for Patients in High-Deductible Health Plans
 - Comparison of Accountable Care Organizations (ACOs) for Improving Patient-Centered Care
- Multi-stakeholder workgroups held January 8-9, 2014
- Pursuing potential collaborations with AHRQ
- Potential to leverage PCORnet

Status of Other Prioritized Topics



April 2013 Meeting

- Patient-Empowering Care Management
 - Working with the John A. Hartford Foundation on a jointly funded project to develop the CaRe-Align model of empowering care for older adults with multiple chronic conditions



May / October 2014 Meeting

- Multidisciplinary Treatment Approaches to Chronic Pain
 - Last meeting decided to wait until AHRQ report published
- Linkages Between Providers and Community
 - Incorporated as part of other initiatives (e.g., ACO topic and Falls project)
- Patient Engagement in Quality Improvement Projects
 - Subcommittee met to refine this topic
 - Potential to leverage PCORnet

Future Directions / Other Updates

Funding Vision:

Key Recommendations and Strategic Rationale

- Continue but taper Broad PFA
 - Continue to evaluate and build upon existing portfolio to identify and strategically manage clusters of research projects
- Continue Large Pragmatic Studies program
- Continue to fund key targeted initiatives, with increasing emphasis on comprehensive studies of selected *Priority Topics*
- Encourage the use of PCORnet, when appropriate

How does this Influence the Advisory Panel's Work?

- ➊ Greater precision by the Advisory Panel on the prioritization of topic areas and comparative effectiveness research questions
 - Clear understanding of the critical research gaps
 - Clear articulation of the comparators studied
 - Focus on topics and questions that PCORI can impact with its research
- ➋ Greater involvement of the Board of Governors and Board sub-committee on topics
 - Reviewing priority topics prior to Advisory Panel meetings

How has this evolution impacted our work thus far?

- Several prioritized topics included in Large Pragmatic Studies announcement already
- Two targeted funding announcements released and underway
- Board sub-committee reviewed topic briefs prior to this meeting
 - Recommendations shifted our meeting discussion line

Questions / Discussion

BREAK

11:00 – 11:15 a.m. EST

Review New Prioritization Process and Discuss Survey Outcomes

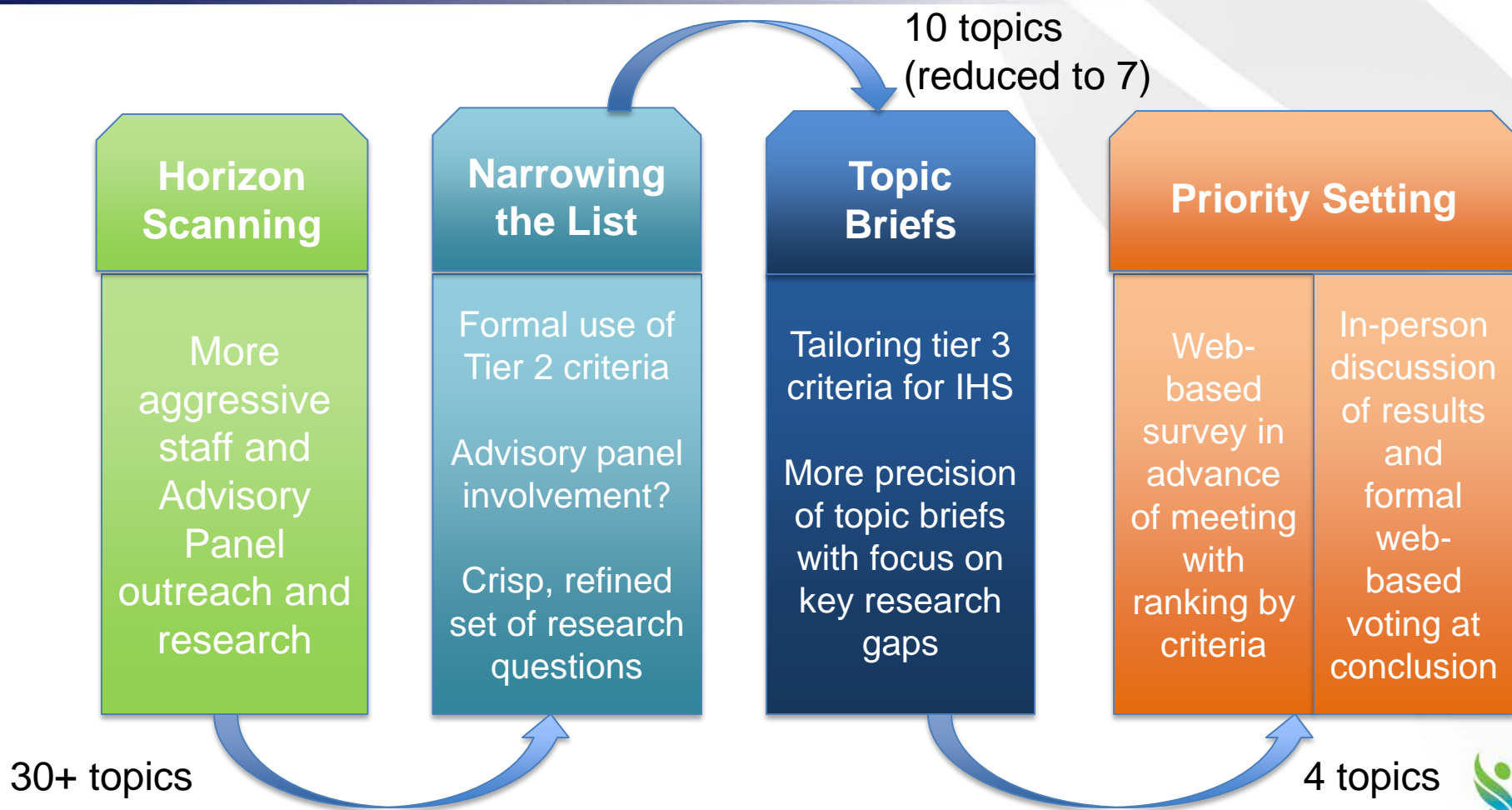
Penny Mohr, MA

Senior Program Officer, Improving Healthcare Systems

Why Change?

- To be more proactive in seeking input from a broad constituency focused on improving healthcare systems
- To include IHS-specific criteria that would improve the chances that our research findings are adopted and influence systems change
- To bring greater clarity and precision to the topic briefs
- To enable more discussion and consensus building among Advisory Panel members by using a formal modified-Delphi process

The More Formalized Process



Tier 3 Criteria Tailored for IHS

- 🌐 **Patient-Centeredness:** Is this comparison relevant to patients, their caregivers, clinicians or other key stakeholders and are the outcomes relevant to patients?
- 🌐 **Impact on Health and Populations:** What is the impact of the health system problem on health care access, quality and on the health of individuals and populations?
- 🌐 **Assessment of Current Options:** Does the topic reflect an important evidence gap related to current options that is not being addressed by ongoing research?
- 🌐 **Likelihood of Implementation in Practice:** Would new information generated by research be likely to have an impact in practice? (e.g. do one or more major stakeholder groups endorse the question?)
- 🌐 **Durability of Information:** Would new information on this topic remain current for several years, or would it be rendered obsolete quickly by new technologies or subsequent studies?

Outcome of the Pre-meeting Survey

Prioritization Results (n=19)

Topic	Likert Score (Sum all 5 Criteria)	Overall Score	# Votes on Overall Priority Question
Intimate Partner Violence (IPV)	375	72	5
Integrate Pharmacists or Pharmacy Services	378	75	4
Decision Support for Chronic Disease Care Guidelines	352	69	5
Neonatal Intensive Care Unit (NICU)	355	70	1
Suicide Prevention in non-VA	365	67	1
Dental Caries	335	62	2
Traumatic Brain Injury in Adults	344	63	1

Discussion of the Outcomes

- Reactions to the outcomes
- Voting rationale
 - Why did you vote the way you did?
- Reactions to the process

Preparation for Review and Reprioritization

- Reference Materials:
 - Criteria tailored for IHS (hand-out)
 - IHS Strategic Framework (hand-out)
- Keep in mind our focus on funding research with the greatest potential to improve healthcare systems
- Speak from the perspective you represent
- Refrain from using acronyms and technical jargon
- Keep in mind the proposed PCORI research strategy

Lunch break

12:00 – 12:45 p.m. (EST)

Topic Presentations and Discussions

Overview

- 4 topics
- For each topic:
 - Two panelists will present the topic brief from their perspectives, especially noting the research gap.
 - The panel will discuss these topics and potential opportunities for funding.
- After completing presentations and follow-up discussion for each topic, panelists will complete a re-ranking exercise.
 - We will pick-up from there tomorrow and work on refinement topics.

Topic Presentation 1:

Decision Support for Chronic Disease Care Guidelines

Dan Cherkin and Jamie Sullivan

Decision Support for Chronic Disease Care Guidelines

- Compare the effectiveness of alternative redesign strategies – using decision support capabilities, electronic health records, and personal health records – for increasing health professionals' compliance with evidence-based guidelines and patients' adherence to guideline-based regimens for chronic disease care.

Decision Support for Chronic Disease Care Guidelines

Overview of topic

- Large and growing burden of chronic disease presents challenges for patients and clinicians
- Increasing importance of evidence-based medicine and integration of health IT into practice have failed to clearly improve patient outcomes
- Great potential for CDS tools incorporating EBM into EHS to improve patient centeredness and outcomes
- Challenges: no guidelines for some conditions, clinicians unaware of ignore guidelines, competing/conflicting guidelines, especially for multiple chronic conditions

Decision Support for Chronic Disease Care Guidelines

Significance of the issue

- Growing burden of chronic disease with aging population and more patients with multiple problems
- Large gap between EBM and clinical practice
 - Inappropriate treatments and increased costs of care
 - Potentially large impact on patient outcomes
- Political/economic/social forces promoting use of EBM, health IT, cost-saving practices
 - Includes increased focus on patients' needs, preferences
- Evidence CDS can improve care quality, patient understanding and adherence and possibly outcomes

Decision Support for Chronic Disease Care Guidelines

Timeliness – Why should PCORI fund research in this area right now?

- Growing burdens of chronic disease on clinicians, patients, society
- Large gaps between best practices and actual practice
- Coincidence of political/social/economic forces make this opportune time to support CER research on CDS
- Increased availability and sophistication of Health IT can support innovative approaches and dissemination
- Field is ripe for funding CER evaluating CDS interventions to promote patient-centeredness and improve patient outcomes

Decision Support for Chronic Disease Care Guidelines

What CER questions need to be answered?

Basic Question

- What is the comparative effectiveness of using CDS systems (w/ or w/o other interventions) to implement evidence-based guidelines compared to usual care on outcomes for patients with chronic conditions?

Derivative Questions

- CE of implementing in different health system models?
- CE of interventions targeting non-MD clinicians?

PCORI-funded studies focused on patient decision aids for specific health issues

- Improving Healthcare Systems program:
 - Pain control for patients in hospice
 - Decision support for Chronic Pain

- Communication and Dissemination Research program:
 - Patients offered destination therapy for end-stage heart failure
 - Older adults for advance care planning/medical decision making
 - Parents receiving genetic information about child's rare disease

- Prevention, Diagnosis and Treatment Options program:
 - Support for contraceptive decision making
 - Decision making about bariatric surgery
 - Treatment preference for prostate cancer

Topic Presentation 2:

Pharmacy Services Integration into Patient Care

David Bruhn and Jake Galdo

Pharmacy Services Integration into Patient Care

- Compare the effectiveness of various strategies to better integrate pharmacists or pharmacy services in patient care on patient-centered outcomes (e.g., reduction in inappropriate medication use and polypharmacy, access to preventive vaccines (influenza, pneumonia), reduction in adverse events and hospital re-admissions, improved disease- or condition specific outcomes).

Pharmacy Services Integration into Patient Care

- **Overview of topic**
- **Significance of the issue**
- **Timeliness – Why should PCORI fund research in this area right now?**
- **What CER questions need to be answered?**

Overview of the Topic

- With increasing medication use, opportunities exist to improve provider adherence to evidence-based guidelines and patient understanding and adherence to prescribed regimens
- Medication errors and polypharmacy result in patient harm
- Several interventions (and in different settings) are in use where pharmacists take a more active role in patient care:
 - Review of prescriptions as they are made
 - Reconciliation of medication lists during care transitions
 - Medication Therapy Management (MTM)
 - Monitoring test results
 - Patient education and counseling on adherence
 - Multi-faceted clinical pharmacist interventions
 - Delivery of vaccines and other care

Significance of the Issue

- IMS estimates \$213 billion in costs could be avoided by improving pharmaceutical use, including
 - Pharmaceutical *underuse*, Medication Errors and Adverse Events, vaccine-preventable diseases, hospital admissions, outpatient visits, emergency room visits
- Most studies on the effects of pharmacist interventions have focused on short-term clinical effects, not PCO. Often lack of funding causes small study populations and short time frame

Timeliness

- HR 4190
 - Amends Title XVIII of the Social Security Act so pharmacists can be recognized as healthcare providers
- 48 of 50 states have collaborative agreements within scope of practice for pharmacists
- Mid 1990s started to change to doctor of pharmacy as entry level degree
 - Pharmacists are trained for advanced care
 - Health System
 - VA
 - Long Term Care
- Due to large # of possible interventions and practice settings to conduct research in, seems to be a natural opportunity for PCORI to consider funding

What CER Questions Need to be Answered?

- What is the comparative effectiveness of the pharmacist-led interventions currently being tried in patient care? Are some interventions more effective or some populations?
 - Tangible findings that would lead to improvement in overall pharmaceutical use and patient care expected.
- What is the comparative effectiveness of multi-faceted interventions (MTM, patient education, monitoring laboratory results) vs individual interventions?
 - Opportunity to identify the best combination of interventions for specific sub-populations. Advisory panel has previously discussed multi-faceted (complex) vs single interventions for other topics. A funding announcement to support such research could lead to guideline development around standards for pharmacist interventions in key disease areas.

Additional CER questions

- *For the remaining CER questions listed in the topic brief, we believe these to be lower priority compared to the previous 2 questions for PCORI funding consideration*
- Pharmacist prescriptive authority vs. collaboration
- Co-locating a pharmacist to the care team vs. community
- Effectiveness of pharmacist to other non-physician providers

PCORI Funding in this area

- There are no studies in PCORI's portfolio specifically focused on pharmacy integration.
- There is one funded pilot study of medication adherence and this topic is included in the Pragmatic Clinical Studies funding announcement, but there is currently no funding of pharmacy integration in the PCORI portfolio.

Topic Presentation 3:

Models of Comprehensive Support Services for Infants and Their Families Following Discharge from Neonatal Intensive Care Unit (NICU)

Susan Salahshor & Annie Lewis-O'Connor

Models of Comprehensive Support Services for Infants and Their Families Following Discharge from Neonatal Intensive Care Unit (NICU)

Overview of topic

- 7% of infancy go to NICU and these infants have a highest risk of medical complications and death.
- Length of stay(LOS) for these infants can be lengthy
- Discharge from the hospital needs to include coordination of care, education and social support for caregivers.
- *Briefing lacks information on: multiple births, challenges in rural areas, how social determinants of health impact prematurity, the burden on parents to coordinate the myriad of care needs for their children.*
- **This is similar to chronic disease management/coordination in adults**

Models of Comprehensive Support Services for Infants and Their Families Following Discharge from Neonatal Intensive Care Unit (NICU)

Significance of the Issue:

- Enormous burden on family in trying to assure wrap-around services, Those burdens and challenges are compounded for parents of multiples, parents living in rural areas and parents that have significant social challenges- housing, poverty, mental health, substance abuse, violence.
- There are significant gaps in research that address how comprehensive models of care – including specialty medical clinics and combined medical and social service wraparound models – compare in:
 - improving short- and long-term health
 - quality of life
 - family outcomes

Models of Comprehensive Support Services for Infants and Their Families Following Discharge from Neonatal Intensive Care Unit (NICU)

Timeliness – Why should PCORI fund research in this area right now?

- While there are various models used to coordinate care for NICU discharge, there is a gap in research that compares the different models.
- The American Academy of Pediatrics (AAP) has determined this is an area that needs improve.
- The evolution in science and technology has resulted in saving babies at very young gestational ages.

Models of Comprehensive Support Services for Infants and Their Families Following Discharge from Neonatal Intensive Care Unit (NICU)

What CER questions need to be answered?

- Compare the effectiveness of diverse models of comprehensive support services for infants and their families following discharge from neonatal intensive care unit.
- Compare the effectiveness of models of care for infants and families living in rural areas.
- Compare the effectiveness of the use of social media for education and social support following discharge from NICU (ex. Patients Like Me, Telemedicine, Skype/ Phone evaluation, Home Visitation Model by telecom in rural areas.

Models of Comprehensive Support Services for Infants and Their Families Following Discharge from Neonatal Intensive Care Unit (NICU)

- Role of Nurse: nurse involvement was an important element in all programs.
 - Compare the effectiveness of models of care provided for infants and families when provided by advanced practice nurses/ physician assistants versus current models of care.

PCORI-Funded Studies

- There is a single study funded under the PCORI IHS program's Broad portfolio focused on "Peer support after NICU discharge: Can parent navigation improve parental mental health and infant outcomes?"
- No other studies have been funded in this area at PCORI

Topic Presentation 4:

Health Systems Approaches to Suicide Prevention

Anne Sales, PhD, RN

Alan B. Cohen, ScD

Health Systems Approaches to Suicide Prevention

- Compare the effectiveness of evidence-based interventions for prevention of suicide in non-VA individuals.

Health Systems Approaches to Suicide Prevention: Overview and Significance

- Focus on suicidality
 - 7 categories:
 - From completed suicide to self-harm where intent is unknown
- Between 2000 and 2010, ~330,000 Americans died of suicide
 - Very low incidence, **but** annual rate has increased steadily – nearly 30% among 35 – 64 year olds between 1999 and 2010
- In 2012, >8 million adults in US reported having serious thoughts of suicide
 - Men are at high risk
 - Suicide rates are highest among American Indians/Native Alaskans and non-Hispanic Whites
 - Adolescents and young adults are at very high risk, particularly high school students
- Economic burden estimated at >\$42 billion (in 2014 \$)

Health Systems Approaches to Suicide Prevention: Overview and Significance

- High risk for patients and caregivers; relatively low incidence but not well recognized by providers
 - Reasonably good evidence about patients at risk for suicide
 - Unclear how well this information is disseminated among and acted upon by providers
- Some suicide prevention strategies have shown evidence of effectiveness
 - Examples: school-based programs; cognitive and behavioral therapies focused on mindfulness
 - **But** not routinely implemented into widespread practice
 - Primary, secondary, and tertiary prevention efforts can directly impact the social, mental and economic wellbeing of patients and caregivers

Health Systems Approaches to Suicide Prevention: Timeliness for PCORI action

- The National Action Alliance for Suicide Prevention is:
 - developing training guidelines for clinicians
 - working with CMS to integrate suicide prevention into healthcare reform
 - collaborating with other organizations to set a national agenda for suicide prevention
- Under the ACA, suicide prevention is addressed through:
 - Mandated coverage of mental health and substance use disorder services as an essential health benefit
 - Funding of various suicide prevention programs
- However, most of these programs have not been rigorously evaluated
 - PCORI-funded research focused on targeted questions could yield vital information and support the implementation of guidelines and further expansion of coverage

Health Systems Approaches to Suicide Prevention: Timeliness for PCORI action

- Different ways of managing suicidality have been developed, but little is known about their comparative effectiveness
- CER would help to evaluate:
 - How innovations in suicide prevention programs reach the public (e.g., Web-based, mobile apps), and how they interface with the formal health care delivery system
- Increasing integration between mental health and physical health providers through EHRs offers new opportunities for CER
- New information from CER would likely remain current for years

Health Systems Approaches to Suicide Prevention: CER questions to be answered

- **What is the comparative effectiveness of different screening approaches?**
 - Including different modes of screening, e.g. virtual vs. face to face methods
- **What is the comparative effectiveness of prevention approaches for people who screen positive for suicidality?**
 - Emergency Department vs. primary care screening for Safety Planning Intervention

Health Systems Approaches to Suicide Prevention: CER questions to be answered

- **What is the comparative effectiveness of alternative strategies to minimize suicidality among teens, such as:**
 - Universal prevention programs (e.g., primary prevention curricula in high schools)
 - Targeting at-risk students (secondary prevention)
 - A combined primary and secondary prevention strategy
 - Compared with **no** intervention
- **What is the comparative effectiveness of different cognitive and behavioral therapeutic modalities for at-risk populations?**

PCORI Funding in this area

- There are no studies in PCORI's portfolio specifically focused on suicide prevention.
- Several focus on serious mental illness.
- There is opportunity to focus specifically on this issue.

Review of All Topics / Open Discussion

Panelists Re-Prioritize topics

Recap of the Day

Trent Haywood, MD, JD

Doris Lotz, MD, MPH

Next Steps and Closing Remarks

Steve Clauser, PhD, MPA

Director, Improving Healthcare Systems

Next Steps

- We will review the results of the re-prioritization survey this evening and share the outcome tomorrow
- This will inform our discussion and refinement exercises
- This evening we will have a dinner at 6 p.m. (EST) for all panelists. We hope all of you can join!

Adjourn

Thank you for your participation!

Our meeting tomorrow will begin at 9:00 am EST

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Advisory Panel on Improving Healthcare Systems – Day 2

January 15, 2015

9:00 a.m. – 11:30 a.m. EST

Welcome Back

Steven Clauser, PhD, MPA
Director, Improving Healthcare Systems

Follow-up Items from Yesterday's Discussion and Goals for Today

- IPV Topic Follow-up
- Outcome of the Prioritization Exercise
- Refinement of CER Questions
- Review and Discussion of the Scoring Criteria

IPV Topic Follow-Up

- 🌱 Current status:
 - Held off on prioritization and discussion of this topic
- 🌱 What we heard yesterday:
 - Significant support of the issue by Advisory Panelists
- 🌱 Our plan moving forward:
 - Discussions with our leadership

Outcomes of the Reprioritization Survey

Reprioritization Results (n=17)

Overall Rank

Topic	Score	Overall Rank
Pharmacy Services Integration	54	1
Suicide Prevention	44	2
Decision Support for Chronic Disease	39	3
Discharge from the NICU	33	4

Score is a weighted calculation. Items ranked first are valued higher than the following ranks, the score is the sum of all weighted rank counts.

Reprioritization Results (n=17)

Distribution: Pharmacy

	Patient Centered	Impact	Assess of Options	Implementation	Durability	Overall
Mean	4.12	4.24	3.94	4.18	3.94	4.00
Median	4	4	4	4	4	4
SD	0.86	0.83	0.90	0.73	1.09	0.79

Frequency

Score	Patient Centered	Impact	Assess of Options	Implementation	Durability	Overall
5 (high)	6	7	5	5	6	4
4	8	8	7	11	6	10
3 (mod)	2	1	4	0	4	2
2	1	1	1	1	0	1
1 (low)	0	0	0	0	1	0

Reprioritization Results (n=17)

Distribution: Suicide Prevention

	Patient Centered	Impact	Assess of Options	Implementation	Durability	Overall
Mean	4.47	3.82	3.88	3.41	4.00	3.76
Median	5	4	4	3	4	4
SD	0.80	1.07	1.05	0.87	1.00	0.83

Frequency

Score	Patient Centered	Impact	Assess of Options	Implementation	Durability	Overall
5 (high)	11	5	6	2	6	3
4	3	6	5	5	7	8
3 (mod)	3	5	4	8	2	5
2	0	0	2	2	2	1
1 (low)	0	1	0	0	0	0

Reprioritization Results (n=17)

Distribution: Decision Support

	Patient Centered	Impact	Assess of Options	Implementation	Durability	Overall
Mean	3.76	4.06	3.94	3.59	3.24	3.65
Median	4	4	4	4	3	3
SD	1.09	0.83	1.09	1.12	1.09	1.17

Frequency

Score	Patient Centered	Impact	Assess of Options	Implementation	Durability	Overall
5 (high)	6	6	7	4	3	6
4	3	6	4	5	3	2
3 (mod)	6	5	4	6	6	6
2	2	0	2	1	5	3
1 (low)	0	0	0	1	0	0

Reprioritization Results (n=17)

Distribution: Discharge from the NICU

	Patient Centered	Impact	Assess of Options	Implementation	Durability	Overall
Mean	4.35	3.29	3.35	3.59	3.59	3.29
Median	5	3	3	3	3	3
SD	0.93	0.69	0.79	0.94	0.94	0.85

Frequency

Score	Patient Centered	Impact	Assess of Options	Implementation	Durability	Overall
5 (high)	10	0	1	4	4	1
4	4	7	6	3	3	6
3 (mod)	2	8	8	9	9	7
2	1	2	2	1	1	3
1 (low)	0	0	0	0	0	0

Discussion of Survey Outcomes

Focus and Refinement

- Where should we focus our time first?
- Potential Funding Mechanisms:
 - **Targeted Funding**
 - Targeted PCORI Funding Announcement (PFA)
 - Greatest specificity
 - Development period
 - **Large Pragmatic Studies**
 - Specific areas of interest from multiple PCORI programs
 - Less specificity than targeted funding
 - Shorter development period

Comparative Effectiveness Research Question Refinement Exercise

Prioritization Criteria Review and Discussion

Tier 3 Criteria Tailored for IHS

- 🌐 **Patient-Centeredness:** Is this comparison relevant to patients, their caregivers, clinicians or other key stakeholders and are the outcomes relevant to patients?
- 🌐 **Impact on Health and Populations:** What is the impact of the health system problem on health care access, quality and on the health of individuals and populations?
- 🌐 **Assessment of Current Options:** Does the topic reflect an important evidence gap related to current options that is not being addressed by ongoing research?
- 🌐 **Likelihood of Implementation in Practice:** Would new information generated by research be likely to have an impact in practice? (e.g. do one or more major stakeholder groups endorse the question?)
- 🌐 **Durability of Information:** Would new information on this topic remain current for several years, or would it be rendered obsolete quickly by new technologies or subsequent studies?

Recap of the Day

Trent Haywood, MD, JD

Doris Lotz, MD, MPH

Next Steps and Closing Remarks

Steve Clauser, PhD, MPA

Director, Improving Healthcare Systems

Adjourn

Thank you for your participation!

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