



## Advisory Panel on Improving Healthcare Systems (IHS) Meeting Summary

The Advisory Panel on Improving Healthcare Systems (IHS) winter meeting took place January 14-15, 2015 in the Washington, DC metro area, and was the first IHS Advisory Panel meeting to incorporate a pre-meeting prioritization. A total of seven topics were considered and prioritized via an online survey prior to the meeting, which helped narrow the focus to four topics presented by panelists, discussed as a group, and re-ranked during the meeting.

Although topic prioritization was a main focus, the purpose of the meeting was much broader and incorporated strategic discussions of:

1. The research currently funded in the IHS portfolio;
2. The process for identifying high-impact Comparative Effectiveness Research (CER) questions for health systems research;
3. Future directions in the IHS program and at PCORI; and
4. Lessons learned/opportunities for improvement.

The IHS Advisory Panel Co-Chairs, Drs. Doris Lotz and Trent Haywood, moderated the meeting. Discussion was also facilitated by Dr. Steven Clauser, Director of the IHS Program, and Penny Mohr, Senior Program Officer for the IHS Program. The panel was also joined by a PCORI Board of Governors (BOG) member, Leah Hole-Marshall, to provide perspective on future PCORI directions.

The meeting was open to the public via webinar, and slides and meeting materials were posted to the website in advance of the sessions. The archived teleconference is also available on the PCORI website.

### Related Information

- [About This Advisory Panel](#)
- [Meeting Agenda](#)
- [Meeting Slides](#)
- [Topic Briefs](#)
- [Meeting Materials and Archived Teleconference](#)

The Patient-Centered Outcomes Research Institute (PCORI) is an independent organization created to help people make informed healthcare decisions.

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## Setting the Stage

Drs. Doris Lotz and Trent Haywood started the meeting with a high-level review of what makes PCORI and the IHS program unique, and provided a quick recap of where the Advisory Panel left off from the previous meeting in October 2014. The panel had agreed during the October 2014 meeting that (1) IHS staff should move forward with developing both insurance features topics (Enrollee Support for Patients in High-Deductible Health Plans and Comparison of ACOs and Traditional Health Systems for Improving Patient-Centered Care), (2) on a new modified process for prioritization of topics, and (3) that the Chronic Pain topic would be deferred until the issuance of AHRQ's current systematic review due for release later in 2015. Updates on where these topics currently stand in the development process were noted as part of the IHS program updates later in the day.

Dr. Lotz stated that the goals for this meeting were (1) to have focused discussions of the highest-prioritized topics that were identified through a pre-meeting prioritization survey, (2) reach consensus on at least two research topics for potential future research funding, (3) identify specific comparative effectiveness questions, (4) provide a clear set of recommendations to IHS Staff regarding funding and opportunities for improvement in future Advisory Panel meetings.

## IHS Program and PCORI Updates

Steve Clauser, IHS Program Director, first provided an overview of 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.

He described the current IHS Broad portfolio, which currently includes 53 funded projects spanning 22 states and DC, and totaling awards of approximately \$105 million (as of the Spring 2014 funding cycle). These studies are comparing the effectiveness of alternate features of healthcare systems, and the topic priorities reflect investigator interests, merit review assessment, and programmatic balance. Dr. Clauser noted that IHS has been moving toward funding fewer studies in general to accommodate larger budgets and durations, which are often required in this area of research (i.e., larger sample sizes, more complex interventions, multiple levels of the health system).

Clauser also noted that IHS is sponsoring two ongoing targeted initiatives, totaling \$45 million in spending thus far: 1) the \$30 million partnership with the National Institutes of Health (NIH), National Institute on Aging (NIA) to prevent injurious falls in older people age 75+, which is a 10-site, 6,000-enrollee cluster Randomized Controlled Trial (RCT) entitled STRIDE (Strategies to Reduce Injuries and Develop confidence in Elders); and 2) the \$15 million effectiveness of transitional care study entitled Project ACHIEVE (Achieving Patient-Centered Care and Optimized Health In Care Transitions by Evaluating the Value of Evidence), which is an observational/mixed methods study comparing



transitional care service clusters (e.g., pre-discharge planning, medication reconciliation, post-discharge follow-up calls) across 40 diverse hospitals and 12,000 diverse patients to identify which service clusters are most effective at improving patient-centered outcomes for whom and under which circumstances. This project started in January 2015, so it is in the start-up stage.

Clauser also shared an overview of two new targeted topics that are under consideration for IHS funding support: Perinatal Care and Hepatitis C. The targeted initiative of Perinatal Care was previously prioritized by the IHS Advisory Panel and the Addressing Disparities program Advisory Panel and is currently under development as the two teams explore collaboration opportunities with other agencies that are sponsoring work in this area. This could potentially become part of the Large Pragmatic Studies funding announcement if the topic is not sufficiently developed for a targeted announcement. The Hepatitis C initiative is a collaborative effort by several PCORI programs including the Clinical Effectiveness Research program, and the funding announcement for Hepatitis C is currently under development.

Clauser also provided an update regarding the two insurance features topics identified during the October 2014 Advisory Panel meeting, “Enrollee Support for Patients in High-Deductible Health Plans” and “Comparison of Accountable Care Organizations (ACOs) for Improving Patient-Centered Care,” noting that two multi-stakeholder workgroups were held January 8-9, 2014 at PCORI to further refine these topics for potential CER funding. Advisory Panelists who participated in the workgroup meetings (Leah Binder, John Martin, David Bruhn, and Doris Lotz) provided feedback indicating that the meetings were very well run and the structure with breakout sessions seemed to work well. They look forward to seeing the outcomes. Staff is continuing to work on follow-up from those meetings.

## **Future Directions for the IHS Program and PCORI**

Clauser provided an overview of key strategic changes occurring at PCORI that will affect IHS program funding. He noted that Broad funding will continue, but taper and focus on a couple of larger, potentially more impactful studies. The IHS program will also continue to participate in the Large Pragmatic Studies initiative by contributing to the list of topic interests. In addition, the IHS program will continue to fund targeted initiatives, especially on priority topics addressing a specific gap in the portfolio. Leveraging PCORnet will also become a greater focus in the future as it becomes more developed. These changes in focus and funding will require greater precision from the Advisory Panel when prioritizing topics. Furthermore, the Board of Governors will play a more hands-on role in vetting topics prior to Advisory Panel prioritization meetings to ensure appropriateness on the front end. Panelists indicated that it would be helpful to have more time to evaluate topics prior to the meetings, they would like to see a categorization of all PCORI-funded studies to evaluate gaps, and it is critical that topics are fully vetted and approved before they are sent to panelists for prioritization.

## **New Prioritization Process and Outcomes**

Penny Mohr, IHS Senior Program Officer, provided an update on the changes that the IHS team has made to refine the process for identifying and selecting priority research topics for potential future funding. An overarching rationale for the changes was the need for an accelerated process that would



produce narrower, more focused topics with potentially greater impact, which will enable more discussion and consensus building among Advisory Panelists through the use of a formal modified-Delphi process.

Prior to the January 14-15 meeting, the panelists reviewed seven topic briefs and prioritized these topics. The seven topics included: 1) Screening for Intimate Partner Violence (IPV); 2) Decision Support for Chronic Disease Management; 3) Models of Comprehensive Support Services Following Discharge from the NICU; 4) Multidisciplinary Rehab Programs for Moderate to Severe Traumatic Brain Injury; 5) Preventing Dental Caries in Children; 6) Pharmacy Services Integration into Patient Care; 7) Health System Approaches to Suicide Prevention. The outcome of that pre-meeting prioritization suggested that Topics 1, 2, 3, 6, and 7 ranked highest, but the IHS team committed to focusing only on four topics during the Advisory Panel Meeting. After receiving feedback from the SOC on these four topics and after some further internal review of Topic 1 (IPV), IHS staff decided to hold off on reviewing that topic during the meeting. Therefore, during the Advisory Panel Meeting, Topics 2, 3, 6, and 7 were presented by panelists, discussed, and re-ranked on the first day of the meeting. The outcome of the re-ranking during the meeting is listed below with key discussion points/recommendations listed for each:

- 1) Pharmacy Services Integration into Patient Care
- 2) Health System Approaches to Suicide Prevention
- 3) Decision Support for Chronic Disease Management
- 4) Models of Comprehensive Support Services Following Discharge from the NICU

## Topic Discussions

### *Pharmacy Services Integration into Patient Care*

There are currently no studies relating directly to pharmacy services integration funded in the IHS portfolio. Panel members noted that integration is especially important for pharmacy services, particularly for primary care. Panelists also expressed that team-based approaches are well known to improve outcomes, and that patients need more access to pharmacists to answer their questions—thus, it seems essential to include pharmacists as part of the medical team-based approach. Panelists cited a few issues that IHS staff should consider when developing CER questions on this topic, including: differences in pharmacy licensure across states, limitations of services in pharmacy settings, and expanding focus beyond the pharmacist. Overall, the panel demonstrated great interest in this topic and provided several examples of why future research is needed in this area.

### *Health System Approaches to Suicide Prevention*

There are very few studies on suicide prevention strategies in the field and no studies on this topic funded in the IHS portfolio. A panel member raised a concern as to whether we are ready to start comparing suicide prevention strategies if we do not have evidence of efficacy (given a lack of rigorous studies on suicide prevention strategies to show that they actually work). Another panelist noted that there is both effectiveness and efficacy work currently being performed in the field, but the concern is that much of the work being conducted involves diverse populations that are not comparable. Panelists also noted a key challenge that suicide prevention is not just one health system issue, but it involves



many other systems that make it difficult to approach, and raises questions and concerns over scalability. The panelists recommended that a future multi-stakeholder workgroup on the issue of suicide prevention would be necessary to determine which suicide prevention strategies are developed enough for potential PCORI funding. Overall, the topic was deemed very important by the panel.

#### *Decision Support for Chronic Disease Care Guidelines*

Significance of this issue was highlighted due to the growing burden of chronic disease with the aging population; the large gap between evidence-based medicine (EBM) and clinical practice; the political/economic/social forces promoting use of EBM, health IT, and cost-saving practices; and the supporting evidence indicating that chronic disease support can improve care quality, patient understanding and adherence, and possibly outcomes. Panel members indicated that there are some challenges related to this issue in terms of guidelines that do not currently exist or are contradictory, and questioned how these challenges affect proceeding with CER. Other panelists expressed that greater emphasis needs to be placed on evidence-based guidelines and determining specifically what outcomes should be evaluated. Panel members quickly came to consensus that the timing for future research on this topic is opportune, that organizations are currently making investments in decision support systems, and future research would help provide them with more evidence to guide such decisions. However, the panel agreed that the research question needs to be reframed going forward to be more targeted and focused on patients. Overall, the panel felt this topic is ready for PCORI research and the market is appropriate.

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

There was a lot of disagreement regarding the perceived gap in research on this topic. Panelists noted that the topic brief lacked attention to the different models of care, logistical concerns in terms of addressing patient-centered outcomes that focus on the parent/families (and not the actual patient)—as well as a lack of overall information on multiple births, challenges in rural areas and how social determinants of health impact prematurity, and the burden on parents to coordinate the myriad care needs for their children. Overall, the panel felt that the topic is relevant and timely, but should be focused on specific population needs.

### **Other Points of Discussion and Recommendations**

Panelists agreed that the revised process for topic prioritization is a good change, but additional revisions are necessary. Specifically, panelists are interested in revising the scoring criteria to be more clearly related to the prioritization process, they would like to see results of the pre-meeting prioritization before meetings, additional time should be allocated prior to meetings for evaluation of the topic briefs, and the process should adhere more closely to principles of a Delphi process. Staff committed to working through these changes with input from the panelists over the coming months.

Finally, panelists whose terms are ending were recognized for their contributions and service: Trent Haywood, Leah Binder, Annie Lewis-O'Connor, Lisa Rossignol, Alan Cohen, Andrew Adams, and Tiffany



Leung. The next meeting will take place in May 2015 with the new panelists, who have yet to be identified.