Advisory Panel on Improving Healthcare Systems (IHS) Meeting Summary

Overview

The Advisory Panel on Improving Healthcare Systems (IHS) spring meeting took place on May 27–28, 2015 in the Washington, DC metro area. The panel first discussed the IHS funded portfolio and strategic framework, then dedicated the remainder of the meeting to discussing two topics under consideration for potential future funding. The topics included "models of screening for intimate partner violence (IPV)" and "models of palliative care delivery for life-limiting illnesses." Through presentations and breakout groups, the goal of the panel was to develop comparative effectiveness research (CER) questions and to make recommendations about the importance of funding research on these topics.

This one-and-a-half-day meeting concluded with a discussion of the prioritization process for future advisory panel meetings, and sharing of important CER topics that the PCORI IHS program should consider for future prioritizations.

The panel was led by IHS Advisory Panel chair Doris Lotz, MD, MPH; and co-chair Michael Dueñas, OD. The panel is comprised of 20 multi-stakeholder members, including six new members who joined this year. IHS staff provided input throughout the meeting.

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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IHS Program and PCORI Updates and Discussion

Steve Clauser, IHS Program Director, welcomed the group and opened the panel with an overview of the current IHS portfolio. Targeted funding initiatives sponsored by the IHS program (the STRIDE study and Project ACHIEVE) were specifically highlighted, as they are the largest PCORI-funded studies to date and are addressing some of the most important healthcare issues today—falls in the elderly and care transitions (respectively). In discussing PCORI's initiatives from the past year, Clauser highlighted the issue of "impact" as one of the biggest blockades to developing effective targeted initiatives—people tend to focus on short-term impact for studies, rather than longer-term outcomes, which can be extremely limited in their research potential. Clauser also shared that the GAO's initial assessment of PCORI found that PCORI had met its mandate in establishing research priorities and agendas in CER, which was very welcome news. In terms of the advisory panel, however, more work still needs to be done in encouraging the adoption of proven evidence-based models and practices within both PCORI and IHS.

PCORI's board had provided the IHS team with some suggestions on question generation, warning the group against being too restrictive in its review of CER questions. They highlighted the importance of PCORI focusing its funding on the best proposals for generating valuable knowledge. More discussion is still needed in figuring out how the process of board input for advisory panels can be better integrated into the topic generation process.

Strategic Framework and Vision for the Future and Discussion

Lauren Azar, MHA, Senior Program Associate, IHS, presented the IHS Strategic Framework and vision for the future of the program. Azar began her presentation with an overview of the studies in the IHS portfolio, stratified by system level. She explained how the program is defining the various levels of the healthcare system and noted that there is no clear defining line between these levels, and it is important for future studies to cross multiple levels of the healthcare system. The IHS patient-centered framework of evidence-based interventions leading to improved practice, in order to improve outcomes that matter to patients, is a loop, with patient-centered outcomes serving simultaneously as the start and end points of our framework.

The structure of patient-centered care is much more difficult to assess than clinical outcomes are. Azar presented the differences between clinical and systems-level interventions as the metaphorical equivalent of comparing anatomy to physiology; while anatomy is "easy" (fixed, measurable, visible), physiology is much harder to assess, but allows everything anatomical to function. The lack of discrete measurability as it applies to patient-centered care was discussed, and panelists were asked to think of ways to increase measurability within patient-centered care. Lastly, Steve Clauser stressed to the panel that the exterior layers of the public health community (i.e., local community, organizations, providers/care teams, families) need to be seen as the context in which we design our patient-centered intervention targets, but not as the targets themselves. An analogy was made to Medicaid; seeing an

intervention as it functions within the context of Medicaid is critical to developing an intervention suitable for patients who are enrolled in the program, and no other intervention would be feasible.

Breakout Sessions and Formulating CER Questions

Penny Mohr (MA, Senior Program Officer, IHS) introduced panel members to the topics of "Comparative effectiveness of different models of screening for intimate partner violence" (May 27) and "Comparative effectiveness of different models of palliative care delivery for life-limiting illnesses" (May 28) as the breakout session topics. Mohr reminded panelists to consider the following objectives when discussing their topics:

- Is the topic well suited for PCORI to fund?
- What specific populations and/or subpopulations would be important to study?
- What interventions should be tested?
- What are some CER questions that are specific to this topic?
- What stakeholder groups would support this?

Topic Discussions and Breakout Sessions

Intimate Partner Violence

Dan Cherkin, MS, PhD, Senior Scientific Investigator, Group Health, presented the topic of IPV. There is a lack of evidence about the efficacy of screening for IPV in a universal setting for women in a healthcare setting, and there is a clear lack of US-based work in this area as well (3 of 10 RCTs on the topic were conducted in the US). The current body of research indicates that there is potential for screening to work well in more intensive interventions, in populations of high-risk females.

The breakout groups reported back that they were unsure that this topic was ready for use in a PCORI-funded study. All groups agreed that IPV is an important area for research, but felt that the lack of efficacy on tools and interventions may prohibit the generation of effective CER questions. Panelist-suggested potential areas of research within IPV include: trained vs. untrained screeners, community-embedded provider systems, and the structural aspects of linking screening to intervention. A suggested CER question was: "What is the comparative effectiveness of alternative interventions that include screening and treatment to improve patient-centered outcomes related to IPV?" Suggestions were made to contact groups such as the CDC or women's advocacy organizations to partner in our research.

In expanding this topic to improve the evidence base, and thus increase the ability of generating a CER study, panelists suggested broadening the intervention to include other forms of violence prevention, to look at data from other organizations and to compare screening strategies used in those studies, and to gather more information on patient point-of-view in the screening/intervention process.

Palliative Care Delivery for Life-Limiting Illnesses

Timothy P. Daaleman, DO, MPH, Professor and Vice Chair of Family Medicine, University of North Carolina at Chapel Hill School of Medicine, introduced the topic of palliative care, as it was to be discussed in comparing the effectiveness of different models of palliative care delivery for patients with life-limiting illnesses on patient- and family-centered outcomes. Numerous interventions have demonstrated efficacy on several patient-centered outcomes, but there is a clear lack of evidence in determining the relative benefits and harms of different types of palliative care approaches or when to initiate palliative care. There is a significant lack of studies conducted according to rigorous scientific methods, and there have been no studies comparing integrative vs. consultative approaches to palliative care delivery.

Breakout groups unanimously agreed that this topic was well suited for a PCORI study, with the potential to have high impact on the health of populations. Suggested comparators and interventions included: provider team (who delivers the care?), delivery method, intensity, initiation of intervention (timing), and outcomes of both patients and caregivers (function, quality of life, alignment of goals of care, caregiver burden, and burden of cost). Populations of interest were individuals of any age with life-limiting illnesses, and insurance companies, providers, spiritual groups, families, and disease advocacy groups were all listed as potential stakeholders. A key point made by all panelists was the necessity for caregiver input on research.