



Advisory Panel on Improving Healthcare Systems (IHS) Meeting Summary

The Advisory Panel on Improving Healthcare Systems (IHS) fall meeting took place in Washington, DC on October 2, 2014. The purpose of the meeting was to address four key goals:

1. To review the current research projects in the IHS portfolio;
2. To discuss and refine our process for identifying high-impact Comparative Effectiveness Research (CER) questions for health systems research;
3. To discuss the latest iteration of the IHS Strategic Framework; and
4. To further refine three topics previously prioritized by this panel: Enrollee Support for Patients in High-Deductible Plans; Comparison of Accountable Care Organizations (ACOs) and Traditional Health Systems for Improving Patient-Centered Care; and Comparison of Care Management Plans with and without Non-Medical/Non-Pharmaceutical Therapeutic Options for Chronic Pain.

The IHS Advisory Panel Co-Chair, Dr. Doris Lotz, led 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 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

Dr. Doris Lotz started the meeting with a high-level review of what makes PCORI and the IHS program unique, and initiated a conversation about the need for more specific prioritized topics.. Panelists engaged in a lively discussion of one panel member's observation that many of the research topics and priorities of the IHS program are somewhat inaccessible to patients who serve on the panel as well as those who access the website, due in part to the highly technical language which characterizes many of the topic briefs and other official communications. Several suggestions to improve accessibility of topics and supporting materials to patients emerged from the discussion, including:

- Creating an IHS subcommittee to work with the [Advisory Panel on Patient Engagement](#) to address such ideas as submission of the draft topic briefs for review and ideas for improvement, as well as ascertaining whether patients find the research topics of importance to them;
- Including relevant perspectives of individual patients experiencing the systems (e.g., high-deductible plans) under investigation;
- Attaching a consumer-friendly high-level summary at the beginning of each topic brief to ensure readability for all audiences.

Several panelists noted that there seems to be an inherent tension between the conduct of rigorous scientific research and some of these key patient concerns, with the latter sometimes getting "buried" under the science. All panelists agreed that the aforementioned suggestions were worth pursuing further.

IHS Funded Portfolio Update

Steve Clauser, IHS Program Director, provided an overview of the current IHS portfolio of 48 funded projects spanning 22 states and DC, and totaling awards of \$90.2 million (as of the Winter 2014 funding cycle). Over half are multi-site trials, and almost half have multi-component interventions. Also included in the IHS portfolio are many studies on chronic disease and care management processes, with RCTs composing approximately three-fourths of the total, and the remainder observational studies. One panelist strongly urged that more information be provided to IHS applicants on [PCORnet](#).

Dr. Clauser also noted that IHS is involved in two key targeted initiatives: the \$30 million partnership with the 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) named *STRIDE*; and an upcoming initiative, the very first targeted topic to be prioritized by a PCORI Advisory Panel and developed into a targeted funding announcement, called Project ACHIEVE will address the Effectiveness of Transitional Care. This \$15 million study compares which transitional care service clusters (e.g., pre-discharge planning, medication reconciliation) are most effective at improving patient-centered outcomes for whom and under which circumstances.

Dr. Clauser also shared an overview of topics previously prioritized by this panel that were included in the Pragmatic Clinical Studies PCORI Funding Announcement (e.g., integration of mental health and primary care, innovative strategies for medication adherence).

Process for Identifying and Selecting Priority Topics

Penny Mohr, IHS Senior Program Officer, led a stimulating discussion on refining our process for identifying and selecting priority research topics for potential future funding. An overarching issue was the need for an accelerated process that would produce narrower, more focused topics with potentially greater impact. Panel members were encouraged to work closely with the support of IHS staff to ensure that such a change would rapidly occur as well as to actively solicit suggestions from their own constituents. Examples were given of the tendency to “lump” a number of similar topics together (e.g., patient-empowering care management and patient involvement in quality improvement), which makes them difficult and time-consuming to formulate into precise CER questions, versus the idea to “split” topics into some very targeted areas (e.g., the insurance features topic was disentangled into two separate topics: an ACO-focused topic and a separate high-deductible health insurance plans topic). Such specificity enables the staff to move through PCORI’s process much more quickly. Key suggestions included a template to look at gaps in research, using a Delphi process for topic prioritization, reassessing the current IHS programmatic emphasis on investigator-initiated topics and getting Advisory Panel feedback on the topic brief criteria used to guide contractors in further refinement of the topics the panel selects for future research.

IHS Strategic Framework

Much progress has been made on the [IHS Strategic Framework \(SF\)](#). The SF includes identification of the different system levels at which infrastructure changes and related clinical practice can affect patient care (e.g., the national, state, local /community levels as well as the health organization, individual provider practice, and family and social supports). A key question to ask when assessing the SF is: “What is the system failure that is important to patients?” Suggestions for modification to the SF included adding patient safety, continuity of care, and cultural competence under the “Improve Practice” heading to the other IOM priorities already listed. There was some discussion about the fact that AHRQ has long been designated the lead federal agency on patient safety, and that coordination with AHRQ on this topic would be central. It was also noted that because the PCORI Addressing Disparities Program specifically focuses on disparities, that area would not be added to the IHS statement as proposed. Additional suggestions included thinking about adding asymptomatic conditions and patient resiliency to the heading under “Improve Outcomes that Matter to Patients.” Again under the “Outcomes” heading, panelists proposed adding value to payers, cost to patients, the global environment (e.g., given the current Ebola crisis), and going beyond the medical system to include the physical environment and such influences on health as pollution. Finally, it was suggested that the patient be included across all the levels of the circle, instead of locating patients in the center of the SF “ring” graphic. Dr. Clauser noted that any formal changes to the Framework may require consent from the PCORI Board of Governors.

Topic Discussions

Enrollee Support for Patients in High-Deductible Health Plans

Staff noted that there currently are no studies relating directly to effects of High-Deductible Health Plans (HDHPs) on health for varying populations, or HDHP-specific decision support. Panel members quickly



came to consensus on the need for much more education of enrollees on how these plans work. Their rapid growth has left many patients dealing with an unfamiliar model of coverage, unclear on exactly how they work, sometimes forgoing preventive care that is covered, and even avoiding needed care. A number of employers have attempted to communicate with their enrollees, especially those who are high users and have chronic diseases, but more needs to be done in this area. It was noted that a comparable model of insurance has been used with pharmacy benefits, and that pharmacy benefit managers have a trove of relevant data on how patients use high-deductible plans. Also raised was the issue of perhaps contrasting high-deductible plans with those that also have a health savings account, and examining how consumers may be able to cover their costs with high-deductible plans, since so many panelists perceived that patients often do not have the funds to cover deductibles of several thousand dollars before accessing care. Overall, the panel demonstrated great interest in this topic and provided several examples of why future research is needed in this area.

Comparison of ACOs and Traditional Health Systems for Improving Patient-Centered Care

Staff noted that there are a few relevant studies funded in the IHS portfolio, but there are no studies directly comparing ACOs to traditional health systems for improving patient-centered care. Panel members acknowledged that there is wide variation among ACOs, so there is great opportunity to compare among different ACOs to identify which structure produces better patient-centered outcomes. Panelists also suggested that PCORI should coordinate with other federal agencies such as AHRQ and CMS, evaluate beyond Medicare to include the private sector, focus more on risk-sharing arrangements, and examine the impact of ACOs on managing high-risk populations. Overall, the panel felt this topic is ready for PCORI research and the market is not too premature.

Comparison of Care Management Plans with and without Non-Medical/Non-Pharmaceutical Therapeutic Options for Chronic Pain

Panelists agreed that this is a topic of great importance to patients, but one in which not very much basic or comparative work has yet been done. The exploration of this topic is particularly timely and sensitive, given such developments as pharmacies being told to restrict their dispensing of opioids, in some instances being provided with a monthly allotment for which they are held closely accountable. One gap noted was that pediatric chronic pain and Complementary and Alternative Medicine (CAM) is not addressed, and their pain management is different than for adults. There is inadequate evidence on whether there are any adverse events from CAM, and in general, there is not a lot of evidence on the individual therapies. Education is needed for both providers and patients, particularly patients with serious mental illness and drug addictions. The Chronic Pain topic was deferred until the issuance of AHRQ's current systematic review due for release later in 2015.

Summary of Next Steps for Topics

The panel agreed that 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). IHS staff plans to host a two-day expert workgroup in January 2015 to further refine and develop both topics. The Chronic Pain topic was deferred until the issuance of AHRQ's current systematic review due for release later in 2015.