Advisory Panel on Improving Healthcare Systems

April 12, 2016

8:30 a.m. – 5:00 p.m. EST

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PATIENT-CENTERED OUTCOMES RESEARCH INSTITUTE

Welcome & Introductions

Steven Clauser, PhD, MPA

Director, Improving Healthcare Systems

Housekeeping

- Today's webinar is open to the public during the open session from 8:30 AM to 11:45 AM.
- Members of the public are invited to listen to this teleconference and view the webinar during that time.
- 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 Chair
- Michael Dueñas, OD
  - IHS Advisory Panel Co-Chair

Advisory Panel Members

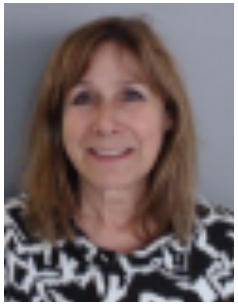
- **Jim Bellows, PhD, MPH**
  Managing Director, Care Management Institute, Kaiser Permanente
- **Mary Blegen, RN, MA, PhD, FAAN**
  Professor Emerita, University of CA San Francisco
- **David Bruhn, PharmD, MBA**
  Director, Respiratory, North America Medical Affairs, GlaxoSmithKline
- **Daniel Cherkin, MS, PhD**
  Director, Bastyr University Research Institute Senior Scientific Investigator, Group Health Research Institute
- **Bonnie Clipper, DNP, RN, MA, MBA, FACHE, CENP***
  Vice President, Patient Care Services and Chief Nursing Officer, Medical Center of the Rockies
- **Elizabeth Cox, MD, PhD**
  Associate Professor, Departments of Pediatrics and Population Health Sciences, University of Wisconsin-Madison
- **Timothy Daaleman, DO, MPH**
  Professor and Vice Chair, Family Medicine, University of North Carolina at Chapel Hill School of Medicine
- **Lisa Freeman**
  Independent Patient Safety Advocate and Consultant
- **John Galdo, PharmD, BCPS**
  Assistant Professor, Samford University School of Pharmacy
- **Ravi Govila, MD**
  Vice President, Medical Management and PPO, Blue Cross Blue Shield of Michigan
- **Eve Kerr, MD, MPH***
  Director, Ann Arbor Center for Clinical Management Research
- **Joan Leon, BA**
  Consultant, World Institute on Disability and the Center for Independent Living
- **John Martin, MPH**
  Senior Director, Research Operations, Premier Inc.
- **Carolyn Petersen, MS, MBI**
  Senior Editor, MayoClinic.org
- **Susan Salahshor, MPAS, PA-C**
  Physician Assistant, Liver Transplant, Mayo Clinic in Florida
- **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

* Unable to attend this meeting

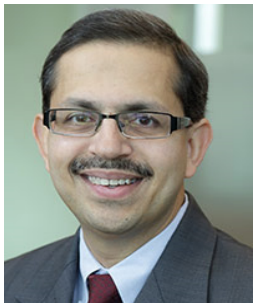
The Improving Healthcare Systems Program Staff

Steven Clauser, PhD, MPA
Director

Penny Mohr, MA
Sr. Program



Beth Kosiak, PhD
Program Officer



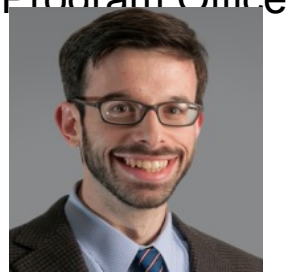
Neeraj Arora, PhD
Sr. Program Officer

Els Houtsmuller, PhD
Sr. Program Officer

Michelle Johnston-Fleece, M
Engagement Office

Carly Parry, PhD, MSW
Sr. Program Officer

Lauren Azar, MHA
Sr. Program Associate



Alex Hartzman, MPH, MPA
Program

Andrea Hewitt, MPH
Program te

Hannah Kampmeyer
Senior Admin Assistant

Jasmine Turner
Program Assistant

Gyasi Moscou-Jackson, PhD
Program Officer

asia Long, MHS
ogram Associate

Today's Agenda & Meeting Objectives

- IHS Program Updates and Discussion
- Transitional Care Evidence to Action Network Overview
- PCORI Dissemination Efforts
- IHS Program Strategy: Recap of Last Meeting Discussion and Overview of this Afternoon's Session
- IHS Program Strategy Graphic Development Session
- Recap of the Day and Next Steps

IHS Program & PCORI Updates

Steven Clauser, PhD, MPA

Director, Improving Healthcare Systems

Overview of PCORI and IHS

PCORI's MISSION

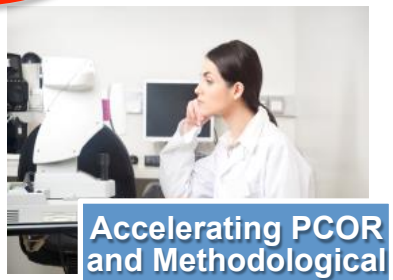
PCORI helps people make informed health care decisions, and improves health care delivery and outcomes, by producing and promoting high integrity, evidence-based information that comes from **research guided by patients, caregivers and the broader health care community.**

Assessment of Prevention, Diagnosis, and Treatment Options

Improving Healthcare Systems

Communication & Dissemination Research

Addressing Disparities



Accelerating PCOR and Methodological Research

IHS Goal Statement

The IHS Program seeks to support studies comparing effectiveness of alternate features of healthcare systems that will provide information of value to patients, their caregivers and clinicians, as well as to healthcare leaders, regarding which features of systems lead to better patient-centered outcomes.

Improving Healthcare Systems (IHS) Program Summary

- IHS supported studies aim to optimize the quality, patient-centered outcomes, and/or efficiency of patient care and that have the greatest potential for sustained impact and replication within and across healthcare systems.

- Healthcare Systems patient-centered outcomes research (PCOR) compares healthcare system interventions that may include, but are not limited to:
  - Innovative Technologies
  - Personnel Structures
  - Organizational models and policies within and across healthcare systems
  - Patient and provider incentives
    - *only non-financial provider incentives are of interest*

Improving Healthcare Systems (IHS) Program Summary

- **Healthcare systems operate at multiple societal and organizational levels**
  - (e.g., individual patients, family and social supports, clinicians and care teams, organizations and/or practice settings, local community resources, and the state- and national-level policy environments)

- **Healthcare systems include entities that deliver, arrange, purchase, and/or coordinate healthcare services.**

The IHS Portfolio Overview *(as of 3/14/16)*

- 73 Projects; ~$277 million funding; 26 States including D.C.

Funding Mechanism	N of Projects	~Total Funding as of 3/14/16
Broad	65	$147 million
Pragmatic	5	$64 million
Targeted	3	$59 million
Natural Experiments	3	$7 million
Total	**73**	**$277 million**

- ($1.5M, 3 year) and large ($5M, 5 year) investigator-initiated studies; 2 cycles per year; competitive LOIs

AP Priorities

- **Pragmatic**: $10M, 5 year head-to-head comparisons in large, representative study populations and settings; PCORI, IOM, and AHRQ CER priorities; 2 cycles per year
- **Targeted:** Largest and require greatest specificity; range from $5M - $30M; often collaborations with other organizations; ad hoc funding
- **Natural Experiments:** One time announcement (more information next slide)

Newest Additions to the IHS Portfolio

- PCORI Board of Governors approved 1/26/2016:
  - 3 Natural Experiments Network Projects:
    1. "The Impact of Medicaid Health Homes on patient with diabetes" – What is the comparative effectiveness of the Medicaid Health Home (HH) program to treatment as usual in reducing unnecessary hospitalizations and other health disparities for Medicaid patients with diabetes? ($2,250,000)
    2. "A Patient-Centered PaTH to Addressing Diabetes: Impact of State Health Policies on Diabetes Outcomes and Disparities" – What is the effectiveness of diabetes education and counseling in improving weight loss for adults either with or at high risk of type 2 diabetes? ($2,249,522)
    3. "Natural Experiments of the Impact of Population-targeted Health Policies to Prevent Diabetes and its Complications" – What is the comparative effectiveness of non-face-to-face care coordination services versus treatment as usual on diabetes outcomes for adults with type 2 diabetes and at least one other chronic condition? ($2,249,676)

- The Natural Experiments Network is a multi-center network intended to:
  - Test the comparative health impact of naturally occurring interventions
  - Improve the methods and research infrastructure for natural experiments for clinical comparative effectiveness in public health

Other additions to the IHS Portfolio

- PCORI Board of Governors also approved 1/26/2016:
  - One Large Pragmatic Study:
    - "Dissemination of Effective Smoking Cessation Treatment to Smokers with Serious Mental Illness" – What is the most effective strategy for increasing smoking cessation rates in smokers with serious mental illness (SMI)? *($11,364,770)*
  - One Large Broad Study (funded with revisions):
    - "Improving Self-Care Decisions of Medically Underserved African-Americans with Uncontrolled Diabetes: Effectiveness of Patient-Driven Text Messaging versus Health Coaching" – What is the relative effectiveness of a patient-driven text messaging intervention versus health coaching in improving self-care for medically-underserved African Americans with uncontrolled diabetes and multiple chronic conditions? *($5,177,150)*
- Summary of projects approved by BOG and added to the IHS portfolio:
  - 5 new projects (3 Natural Experiments, 1 pragmatic study, 1 large broad trial)
  - Total funding: $23,291,118

IHS Portfolio Overview – Cycle I through Spring 2015

Number of Studies Across the Care Continuum (n=71)

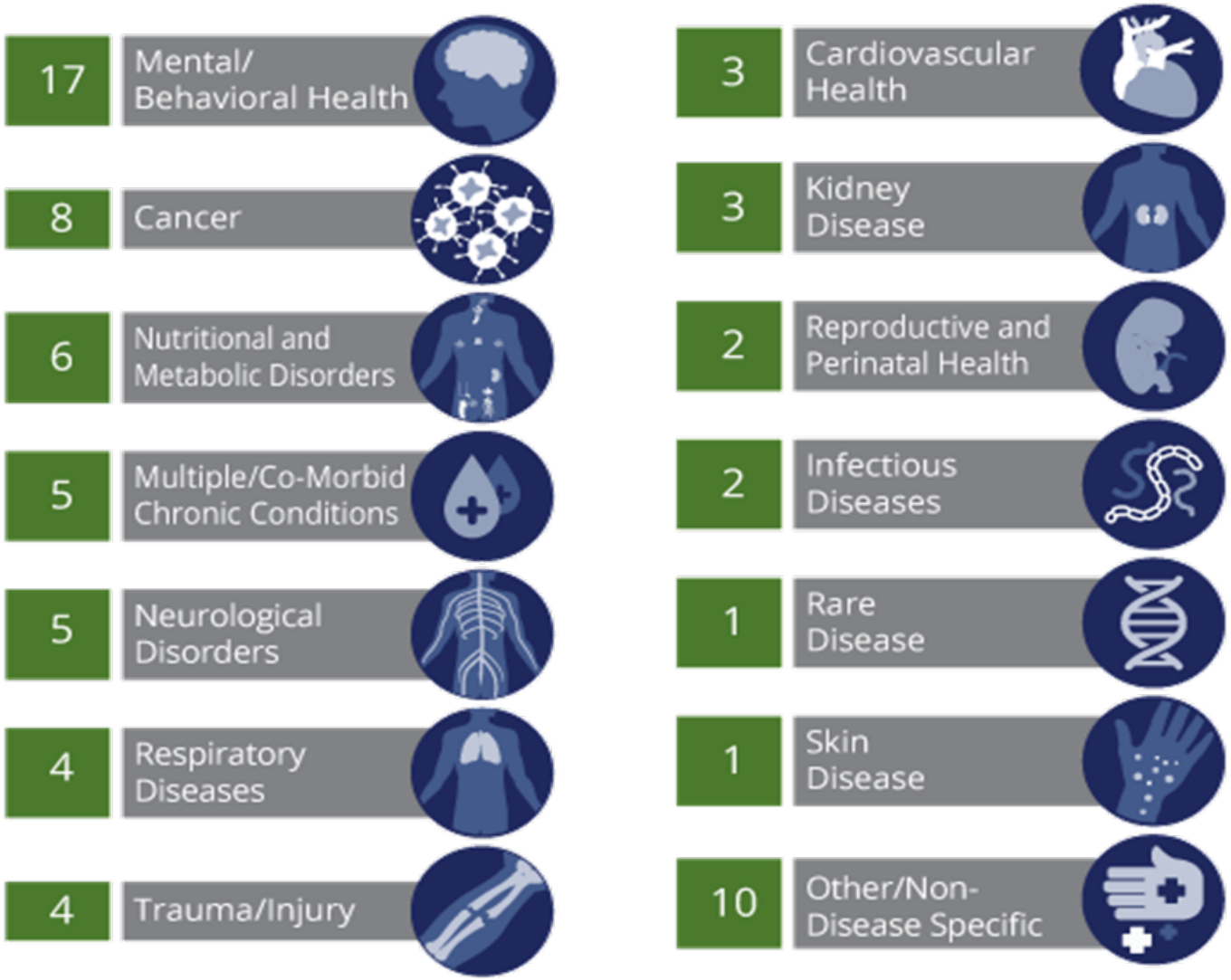
Prevention	Screening	Diagnosis	Treatment / Management	Survivorship*	End of Life / Palliative Care
n=6	n=2	n=0	n=55	n=2	n=6

*Unique to cancer studies

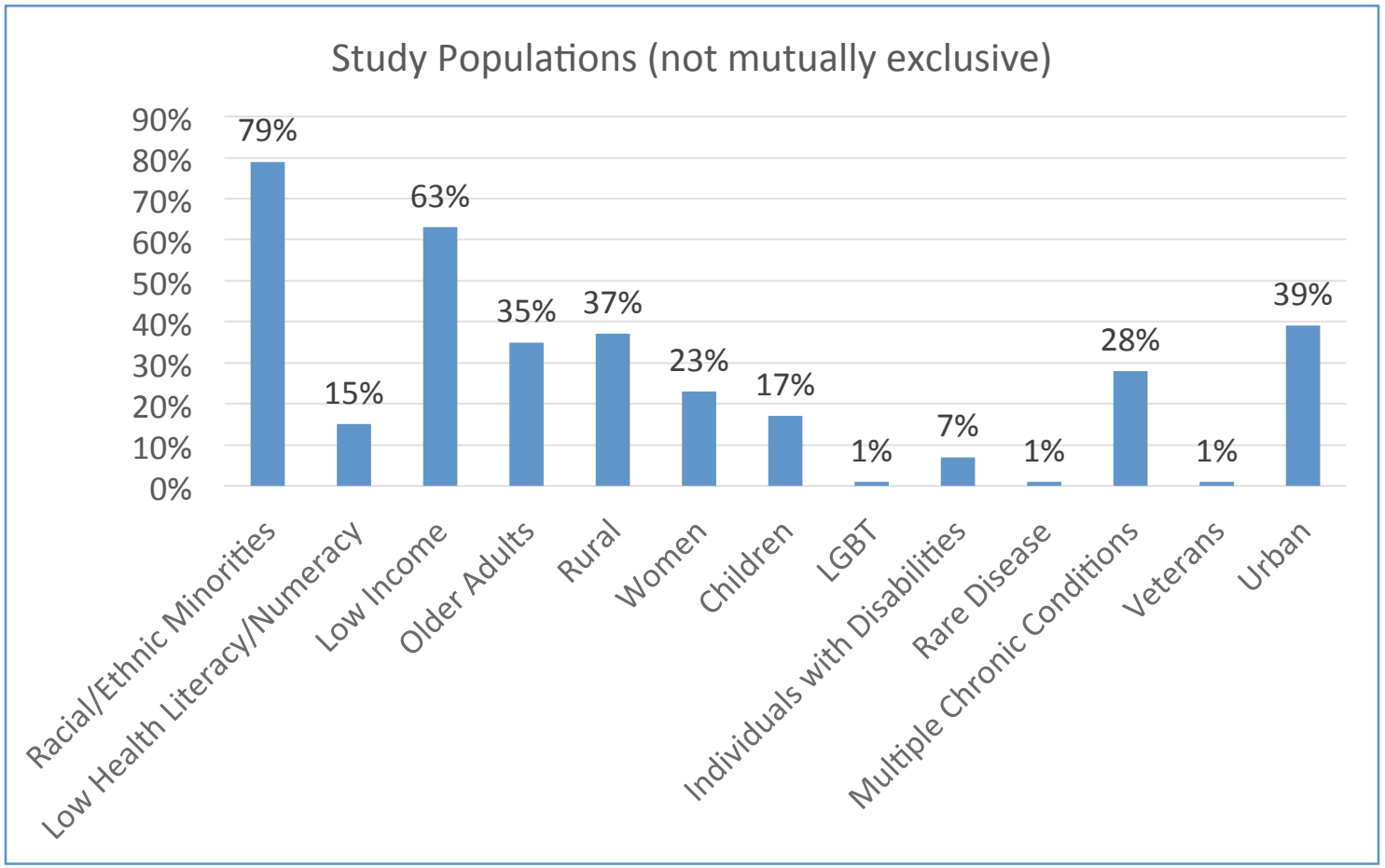
The IHS funded portfolio addresses multiple phases of the healthcare continuum, ranging from prevention, screening, and various phases of treatment, to survivorship and end of life.

IHS Portfolio Overview – Cycle I through Spring 2015

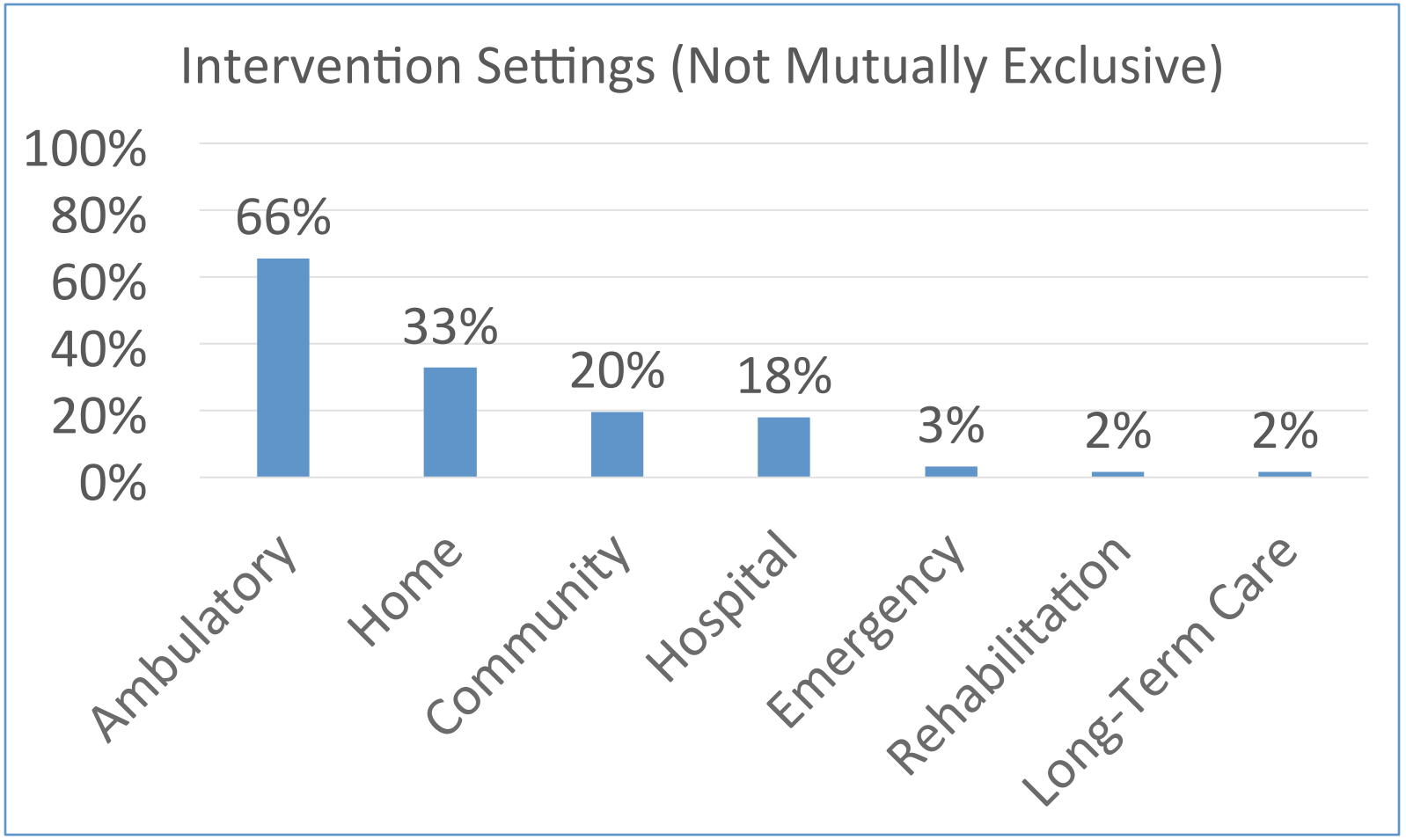
Primary Diseases (n=71)



IHS Portfolio Overview – Cycle I through Spring 2015

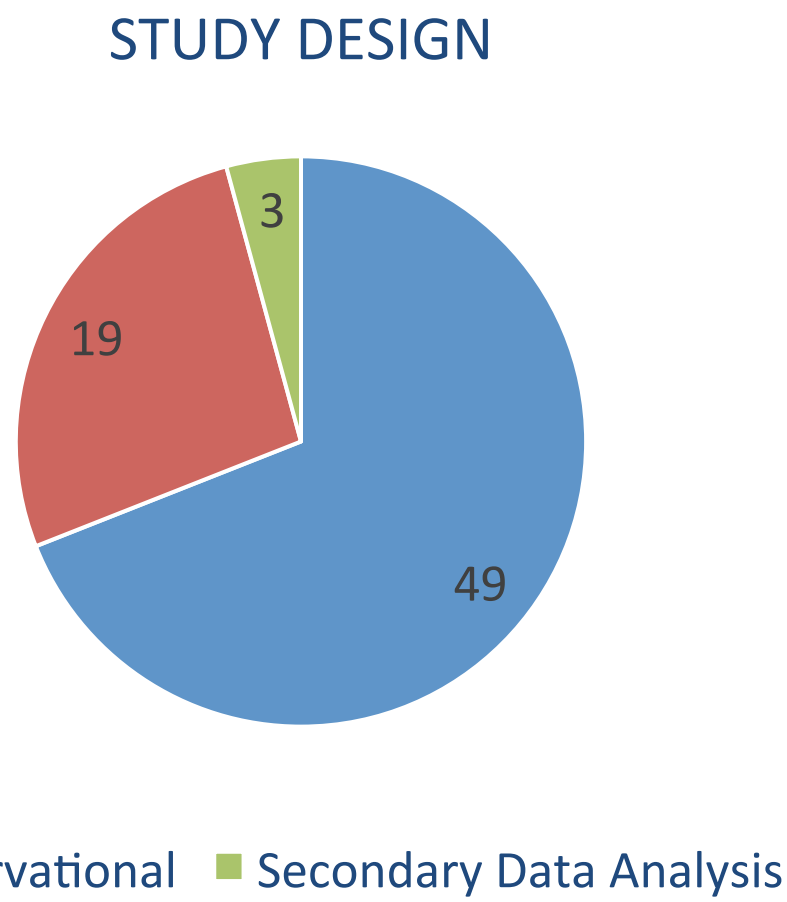


IHS Portfolio Overview – Cycle I through Spring 2015



IHS Portfolio Overview – Cycle I through Spring 2015

Study Design	# projects	$
RCT	49	$192,171,105
Observational	19	$52,005,614
Secondary Data	3	$5,344,388



The IHS Portfolio – Pragmatic Clinical Studies

IHS has funded 4 studies in 3 cycles thus far:

1. **"Integrating Behavioral Health and Primary Care"** – PI: Benjamin Littenberg, MD at University of Vermont and State Agricultural College
2. **"Early Supported Discharge for Improving Functional Outcomes After Stroke"** – PI: Pamela Duncan, PhD, PT at Wake Forest University
3. **"A Pragmatic Trial to Improve Colony Stimulating Factor Use in Cancer"** – PI: Scott Ramsey, MD, PhD at Fred Hutchinson Cancer Research Center
4. **"Integrating Patient-Centered Exercise Coaching into Primary Care to Reduce Fragility Fracture"** – PI: Christopher Sciamanna, MD at Penn State U Hershey Medical Center

Improving Healthcare Systems Priority Topics Included in Most Recent PFA

Topic	Date Prioritized
Integration of Mental Health and Primary Care	April 2013
Perinatal Care	April 2013
Discharge from the NICU	January 2015
Prevention of Dental Caries	January 2015
Chronic nonspecific, musculoskeletal pain	May 2014
Pharmacy Integration	January 2015
Suicide Prevention	January 2015
Rehab for Traumatic Brain Injuries	January 2015

The IHS Portfolio – Targeted Funding

- IHS has funded 3targeted studies thus far:

Funded Targeted Topics	Total Funding Allocated
STRIDE / Falls Injury Prevention (Administered by NIA)	$30 million
Effectiveness of Transitional Care* (Project ACHIEVE)	$15 million
Managing Anti-Viral Therapy for Hepatitis C infected persons who inject drugs	$14 million

- IHS is also working to develop the following topics for potential targeted funding:

Targeted Topics Under Development	Total Funding Allocated
Multiple Sclerosis	$10 million (IHS-specific question)
Palliative Care*	2016 expert workgroup
Long-Term Opioid use for Chronic Pain*	$40 million total
Treatment-Resistant Depression	$30 million total
Sickle Cell Disease	2016 expert workgroup

* Topics prioritized by the IHS Advisory Panel

Updates Regarding Prioritized Topics

- Prevention and Treatment of Adolescents with Alcohol Abuse Issues (rank: 1)
  - Scheduling key informant interviews (beginning with NIAAA)
  - Intend to work with Addressing Disparities program
  - Approaching this topic from a broader alcohol and substance abuse perspective

- Interventions to Address Antimicrobial Drug Resistance (rank 4)
  - Great interest from AHRQ, potential partnership under development
  - Intend to reframe the research topic

- Improving Quality Life for Individuals with Dementia (rank: 2)
  - Evidence base not sufficiently developed; Potential to revisit in the future

- Discharge from Short-Term Skilled Nursing Facilities (rank: 3)
  - Significant investment in care transitions already underway, too hard to distinguish this topic.

Questions and Discussion

TC E2AN Transitional Care Evidence to Action Network

Westat pcori

Transitional Care Evidence-to-Action Network (TC-E2AN)

January 27, 2016

IHS Advisory Panel Meeting

Carly Parry, PhD, MSW--Senior Program Officer, IHS

Roadmap

- Purpose and Structure of the Transitional Care Evidence to Action Network
- Introducing the Studies
- Activities to Date
- Next Steps

Transitional Care Evidence to Action Network (TC-E2AN)

- The TC-E2AN is organized around a strategic portfolio initiative (SPI) area: "Transitional care"
- Management resides in Improving Healthcare Systems
- Aligned with
  - Engagement
  - Evaluation and Analysis
  - Communications
  - Science

Purpose of the Transitional Care E2AN

- **Facilitate engagement among awardees and cross-learning between projects** studying transitional care to leverage the significant investment made to date and strengthen the impact of the individual projects.
- **Promote collaboration among awardees to enhance their in-progress work** by sharing best practices, measures, tools, opportunities, etc.
- **Engage key stakeholders and end-users** to promote dissemination and implementation of findings.
- **Facilitate exchanges between awardees and key stakeholders / end users** to promote dissemination and implementation of research findings.

The Transitional Care Evidence to Action Network Team

- **Network**
  - 15 Current Transitional Care Awardee Teams
  - 4 Newly Identified Projects
- **PCORI Staff**
  - Carly Parry & Lauren Azar (IHS)
  - Michelle Johnston-Fleece (Engagement)
- **Westat and Partners** (Russ Mardon, Project Director)
  - Ogilvy/Feinstein Kean Healthcare
  - IPFCC
  - AHIP

PCORI's Existing Transitional Care Evidence to Action Network

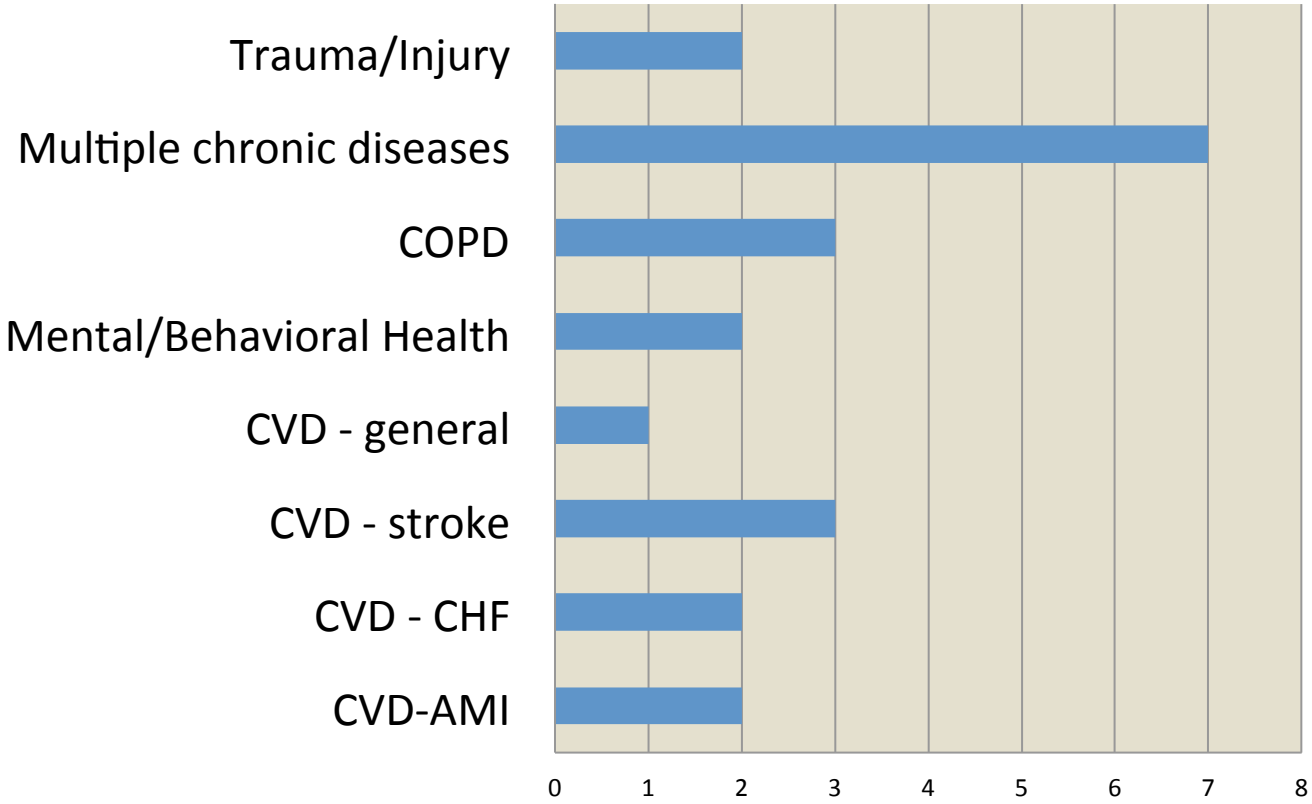
- PCORI has made a **$52M** investment in **15 projects** in Transitional Care in 14 states
  - 1 Project (Williams **$14.9M**) funded through an IHS topic-specific PFA
  - 1 Project (Duncan **$14M**) funded as a Pragmatic Clinical Study
  - 13 Projects (**$23.1M**) funded via the Broads mechanism
    - 2: Addressing Disparities
    - 1: Assessment of Prevention, Diagnosis and Treatment Options
    - 13: Improving Healthcare Systems

PCORI's Existing Transitional Care Evidence to Action Network

Project Characteristics

- 15 patient-centered CER studies
- 9 RCTs (patient level), 1 interrupted time series, 1 cluster randomized, 2 quasi experimental, 2 stepped wedge, 2 observational
- One study addresses children, one includes older adults, 13 are disease-focused and cover the age continuum
- Interventions are all multi-component and include rehabilitation, counseling, community health workers, peer support, care coordination, self-management, technology (patient portals), and clinician and patient education.
- 11 in Fee-for-service models vs. 4 in Integrated delivery models

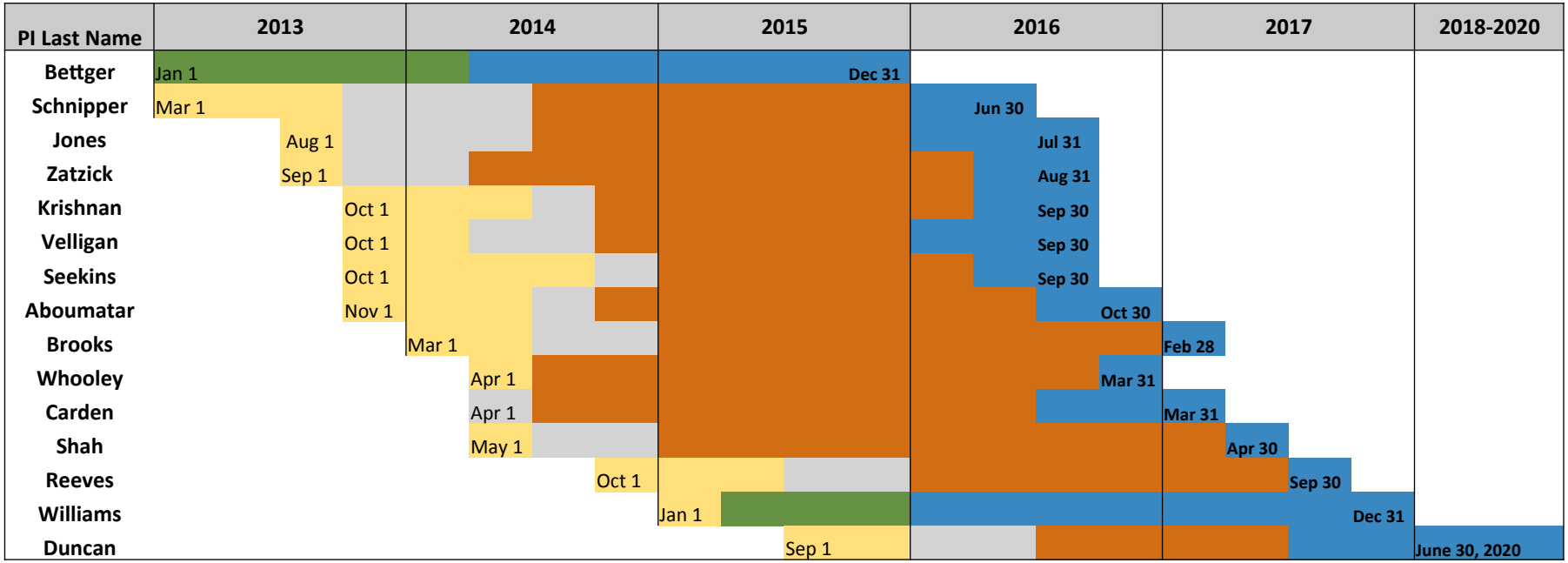
Proportion of Awards by Disease Type (PCORI Disease Taxonomy, n=15)



Collaboration across E2AN Studies: Natural Overlap

- At least **6** investigators and **7** organizations are involved in multiple studies.
  - Dr. Duncan is a co-investigator on the Bettger study; Dr. Bettger is an analytic partner & Executive Committee member on the Duncan study.
  - Dr. Lutz is a co-investigator on the Carden study & consultant on the Bettger project.
  - Drs. Williams and Krishnan are co-investigators on each other's studies.
  - The COPD Foundation collaborated on the Williams, Krishnan, and Aboumatar studies.

Duration and Overlap of Studies



LEGEND:
Data Preparation (non-interventional studies only)
Project Gear Up, Training & Intervention Design
Patient Enrollment/Piloting/Prepare Data Collection
Intervention and Data Collection
Analysis and Reporting Phase

TC-E2AN Activities to Date

Individual calls: 16 awardee teams

- Understand portfolio, create project summaries, articulate shared interests & challenges

Webinar (9/9/2015)

- Develop group rapport and identity
- Elicit areas of shared interest using interactive polling technology
- Results guided agenda development for the in-person TC Summit

Activities to Date, continued

In-Person TC Summit (10/6/2015)

- In conjunction with PCORI Annual Meeting
- Refine goals of network, develop workgroups and objectives, identify 2016 focus topics and activities
- Board members Leah Hole-Marshall & Larry Becker in attendance
- Highly interactive format, using Fishbowl discussions and roundtable breakouts

Presentation to PCORI Dissemination and Implementation Leadership (1/13/2016)

- Established ongoing collaboration between PCORI-wide and Network activities

Activities to Date, continued

Panel presentations

- 8th Annual Conference on the Science of Dissemination & Implementation (December 14-15, 2015; Washington, DC)
  - Title: Developing sustainable strategies for the implementation of patient-centered care across diverse US healthcare systems
- Accepted: Health Care Systems Research Network (HCSRN) Annual Meeting (April 14-16, 2016; Atlanta, GA)
  - Title: A Comparison of Patient-Centered Transitional Care Interventions in Integrated versus Fee For Service Systems: Findings from the Transitional Care Evidence to Action Network
  - Authors: Steven Clauser, Dawn Velligan, Jeffrey Schnipper, Pamela Duncan, Jerry Krishnan, Carly Parry
- IPFCC Annual Meeting Poster Abstract to be submitted

Activities to date, continued

Affinity Group Survey and Call (Nov. 2015)

- Conducted survey and call to identify needs, priorities and interests in TC-E2AN activities

Affinity Group Kickoff Meetings (Dec. 2015)

- Affinity Groups:
  - Measurement Affinity Group
  - Knowledge Transfer Affinity Group*
  - Sustainability Affinity Group*

Next Steps for Affinity Groups, continued

- Measurement Affinity Group
  - Develop/refine a conceptual framework or roadmap for TC measurement (frame the problem)
  - Identify and map TC measures to the conceptual framework and indicate which are validated, patient-centered, and useful
  - Identify gaps where further measure development is needed (e.g. validated screening tools, PROs; tailoring of measurement)

Next Steps for Affinity Groups

- Knowledge Transfer Affinity Group
  - Develop and implement communication plan for transferring knowledge about evidence-based patient-centered transitional care interventions
    - Collaborate with key stakeholders
    - Engage key audiences by combining research evidence with patient stories

Next Steps for Affinity Groups, continued

- Sustainability Affinity Group
  - Gather information from awardees on resource requirements for implementing TC programs in current settings, including funding sources and operational practices
  - Convene panel (fishbowl 2.0) of payers to obtain input on key messaging and strategies for demonstrating the value of TC services
  - Develop a “take-away” package and key messaging for target audiences on the value of TC programs and requirements for TC program sustainability

Other Ongoing and Future Activities

- Developed and distributed:
  - A directory of projects to link investigators
  - An evaluation of all TC projects (Task A Executive Summary)
  - Will continually update and redistribute
- Meetings bringing together affinity groups AND full E2AN group
  - In-person meeting in conjunction with the PCORI Annual Meeting planned
- Ongoing collaboration with other PCORI E2AN staff leaders, E&A, communications, Engagement, CDR, etc.

Questions for all of you

- What lessons have you learned from participating in other such learning networks that might be helpful to apply to our network?
- What other strategies for engaging key stakeholders, such as yourselves, might you recommend for the network?
- What other strategies might you recommend for leveraging this group, their work products, and the evidence their studies are producing?

Questions?

PCORI Dissemination Efforts

Jean R. Slutsky

Chief Engagement and Dissemination Officer and Program Director for Communication and Dissemination Research, PCORI

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IHS Program Strategy: Recap of Last Meeting Discussion and Overview of this Afternoon's Session

Neeraj Arora, MS, PhD
Senior Program Officer, IHS

Facilitator: Scott Wheeler, MS
Managing Partner, Strategic Arts

Recap of Last Meeting Discussion

- Discussed a recap of staff retreat to develop a five year vision focused on increasing the program:
  - Impact
  - Visibility
  - Support

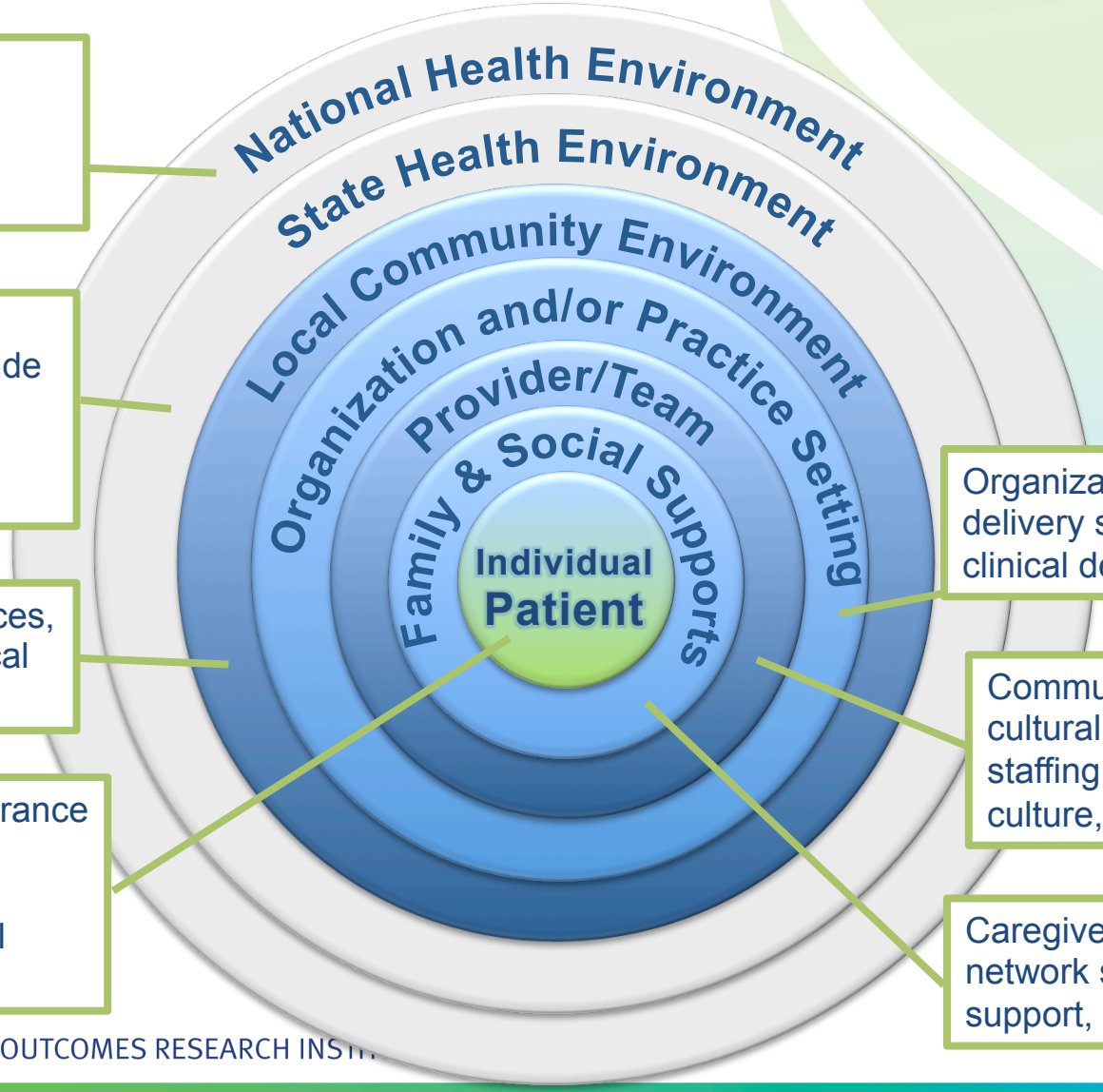
- Agreed that we need to focus on the patient journey and the decisional dilemmas faced by patients, caregivers, clinicians and healthcare systems

- Goal is to address patient problems with system interventions

- Progress to date:
  - Portfolio Analysis
  - Development of preliminary communication graphics to be further developed and refined this afternoon

The Healthcare System

Figure adapted from: Taplin, SH; Clauser, S., et al. (2012). Introduction: Understanding and Influencing Multilevel Factors across the Cancer Care Continuum. *Journal of the National Cancer Institute, 44*, 2-10.



Medicare reimbursement, federal health reform, accreditations, health information exchanges

Medicaid reimbursement, public health data, statewide data, health information exchanges, hospital performance data

Community-based resources, local hospital services, local professional norms

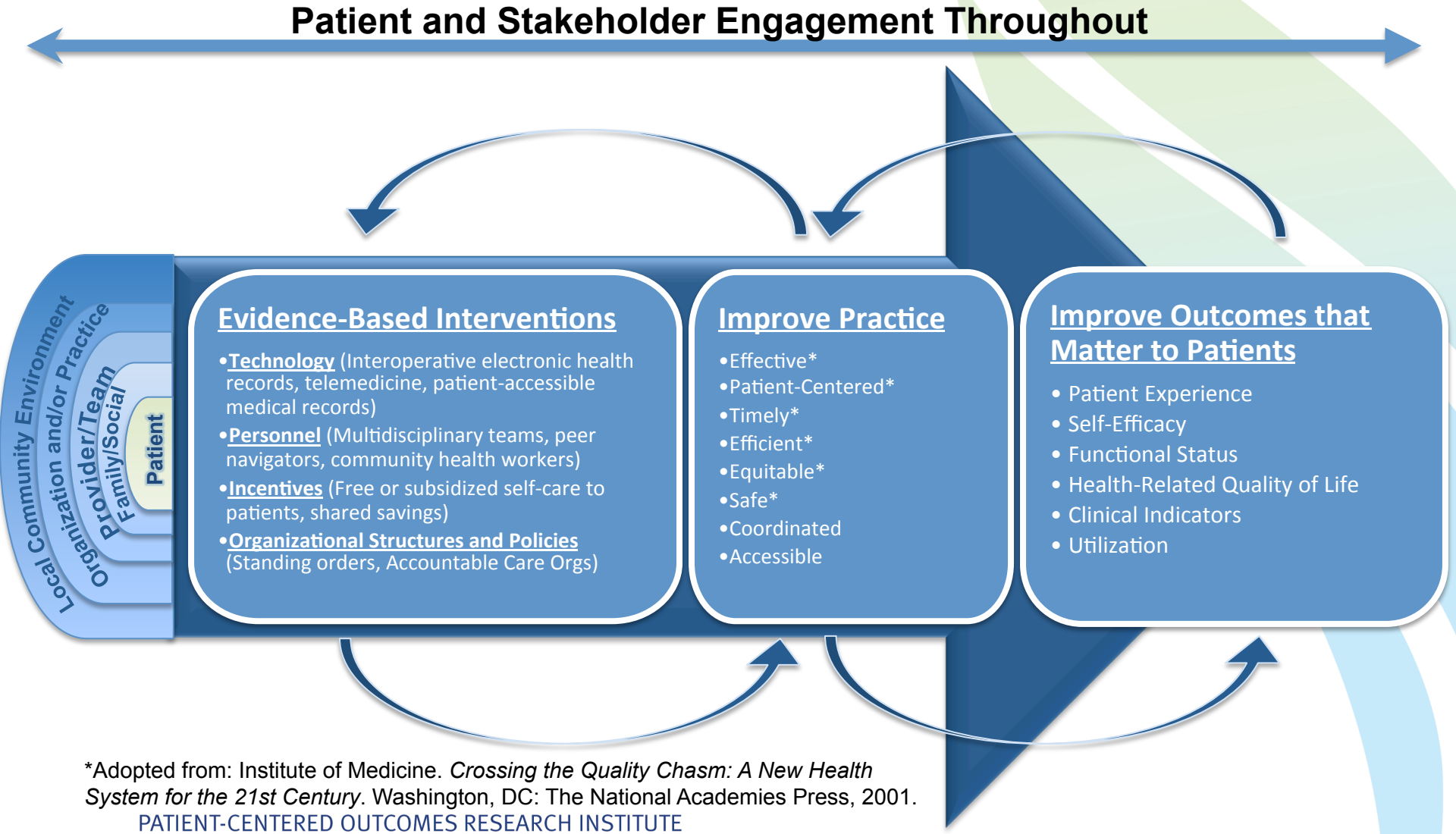
Socio-demographics, insurance coverage, comorbidities, patient care preferences, behavioral factors, cultural perspectives

Organizational leadership, delivery system design, clinical decision support

Communication skills, cultural competency, staffing mix, team culture, role definition

Caregivers, friends, network support, spiritual support, social media

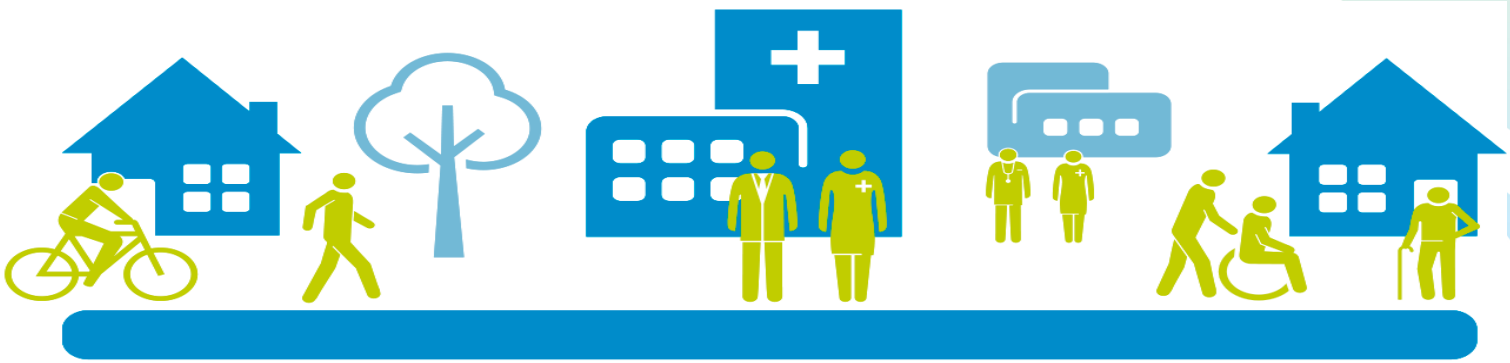
IHS Strategic Framework



*Adopted from: Institute of Medicine. *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington, DC: The National Academies Press, 2001.

Our Focus: The Patient Journey

- What's the patient problem? What's the healthcare system solution?
- The patient journey is the lens through which we evaluate the portfolio.



Prevention	Screening	Diagnosis	Treatment / Management	Survivorship*	End of Life / Palliative Care
n=6	n=2	n=0	n=55	n=2	n=6

Decision Dilemma

Care Continuum	Study Title and PI	Patient-Centered Problem Addressed by the Study	Specific Decision Dilemma Addressed by the Study	Intervention Level
Treatment / Management	Redesigning Ambulatory Care Delivery to Enhance Asthma Control in Children (PI: Flory Nkoy, MD)	I am a parent of a child with asthma. The pediatrician recommends self-management as a way to prevent asthma attacks, but sometimes I don't recognize the early signs of declining asthma control or an asthma attack in my child. My child also doesn't always tell me he is having an asthma attack because the signs are so subtle. **How can the healthcare system help me, as a parent, manage my child's asthma so he has asthma control? How can the healthcare system help me, as a parent, recognize and act on the warning signs of declining asthma control?**	**Healthcare System's Decision Dilemma** Asthma control in children can reduce the risk of frequent hospitalizations/readmissions and subsequently asthma-related health care costs. Self-management interventions are recommended for improving asthma control and reducing the risk of asthma attacks, but children and parents lack critical tools to guide them in recognizing the early warning signs of declining asthma control and subsequently an asthma attack. **Should we invest in an electronic application to promote and support asthma self-management? Will this electronic tool be more effective than the current care model at helping parents gain asthma control in their children?**	Family/Social Supports and Patient

Decision Dilemma

Care Continuum	Study Title and PI	Patient-Centered Problem Addressed by the Study	Specific Decision Dilemma Addressed by the Study	Intervention Level
Survivorship	Simplifying Survivorship Care Planning; Comparing the Efficacy and Patient-Centeredness of Three Care Delivery Models (PI: Katherine Smith, PhD)	Now that I have completed my treatment for stage II colon cancer, I want to do everything I can to reduce my ongoing symptoms and side effects and make sure that my cancer does not come back. However, I am confused about which doctors I need to see, how often should I see them, and what tests and additional treatments I should receive? **How can the healthcare system work with me to create and implement a plan for my post-treatment survivorship care that addresses all my important needs?**	**Healthcare System's Decision Dilemma** The American College of Surgeon's Commission on Cancer (CoC) has mandated all CoC accredited cancer programs to provide their cancer patients with a survivorship care plan (SCP) in order to retain their accreditation. Developing these plans can be cumbersome and a SCP alone may not be enough to impact patient outcomes. **We want to know, among different models of survivorship care planning, which is the most effective approach that we should implement in our cancer center that will optimize outcomes that matter most to the cancer survivors we serve?**	Healthcare Organization/ Practice Setting

Discuss Next Steps and This Afternoon's Session

Adjourn Open Session

Thank you for your participation!

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Recap of the Day and Next Steps

4:45 – 5:00 p.m.

Adjourn

Thank you for your participation!

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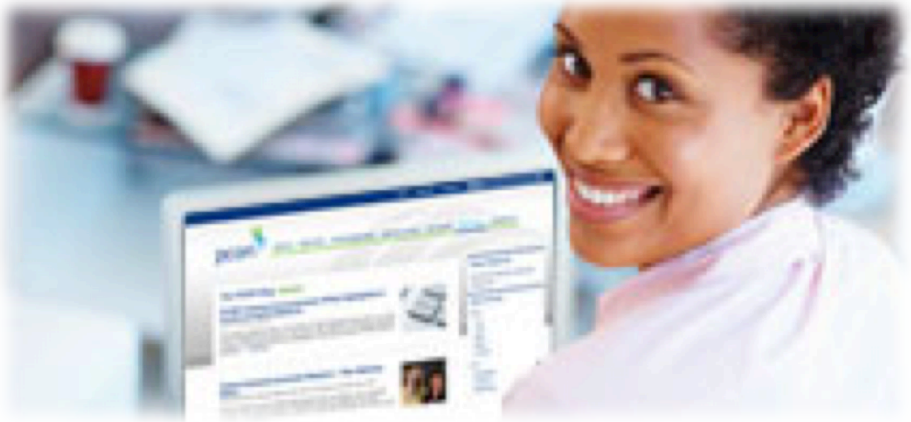

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