Physician Roundtable Meeting Summary

February 2016

Overview

On January 12, 2016, PCORI hosted a Physician Roundtable in Washington, DC for medical specialty societies.

The agenda of the roundtable included three parts: an analysis of PCORI's portfolio with a focus on awards of interest to the specialty societies (e.g., awards of practical interest to practicing physicians, along with national organizations that are partnering with awardees), reaction and discussion about the portfolio, and a segment on how PCORI can work with the medical specialty societies to disseminate the institute's research. While the meeting was invitation only, the meeting was open to the public via webinar, and meeting materials were posted to the PCORI website in advance. More than 50 separate physician organizations sent a representative to the roundtable.

PCORI Executive Director, Joe Selby, MD, MPH, welcomed the participants to the meeting and reviewed the institute's statutory requirement to assist clinicians in making informed health decisions and described the institute's wide range of stakeholders. Selby also noted the Pragmatic Clinical Studies (PCS) and Targeted Funding Announcements (TPFA) that have been undertaken by the institute and the physician organizations currently engaged with the awardees.

Chief Science Officer Evelyn Whitlock, PhD, MPH, and

Related Information

- Meeting Details and Materials

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

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Director, Research Portfolio Development, Hal Sox, MD, described how PCORI selects topics to study and emphasized the involvement of stakeholders in this process. Sox described the institute's movement from primarily investigator-initiated awards within our five national priorities to a stronger focus on topics nominated by stakeholders and refined in conjunction with PCORI staff and leadership. He stated that several of our topics had come from physician specialty societies that had learned of evidence gaps while undertaking a guideline development process. Sox noted that seven of our PCS and TPFA awards were related to topics submitted by physician groups, such as obesity and hypertension. Sox also indicated the most common clinical conditions in our portfolio—mental health and cancer—and the intervention setting—in the ambulatory clinic. Finally, he reviewed a number of PCORI awards of interest to practicing clinicians.

Whitlock concluded this portion of the agenda by emphasizing that PCORI's approach to supporting research is aligned with recommendations to ensure that research is valuable and not wasteful. Specifically, Whitlock emphasized PCORI's engagement of end users and its reliance on the Methodology Standards for design, conduct, and analysis.

Jean Slutsky, PA, MSPH, Chief Engagement and Dissemination Officer, concluded PCORI leadership remarks by previewing the institute's plans for dissemination and implementation. Slutsky emphasized the importance of engaging stakeholders as partners from the beginning and outlined PCORI's statutory obligations, such as providing a clinician abstract when results are available. She also described a limited competition fund for awardees to disseminate their findings and emphasized the continuing need for clinician involvement in dissemination and implementation.

Finally, Lia Hotchkiss, MPH, Director of the Eugene Washington Engagement Awards program, summarized the goal of these programmatic awards around patient-centered comparative effectiveness research (CER) and introduced Engagement Award recipient Arlene Weissman, PhD, Director of the American College of Physicians (ACP) Research Center. Weissman explained the purpose of the award to the ACP, American Academy of Family Physicians, and the American Osteopathic Association as a means to better understand physicians' views on CER. In short, the survey revealed that primary care physician respondents thought that CER could improve the physician-patient relationship, help improve patient decision making, improve the quality of care, and be used to develop guidelines. However, respondents thought that the lack of time to locate and read research evidence likely would be a barrier to incorporating this information into practice. The clinicians indicated that peer-reviewed literature, clinician reference tools, and their medical specialties societies would be their most trusted sources for this kind of information. Weissman concluded by emphasizing the important role of medical specialty societies in dissemination and implementation of evidence.

Discussion

An extensive amount of the discussion at the roundtable centered on dissemination, implementation, and changing physician and patient behavior. For example, participants talked about the importance of patient-physician communication and the need for research on what would be most effective in this area. Speakers discussed physicians' need to follow quality metrics and the move to value-based payments and the concomitant challenge of implementing these activities with their patients in practice. Others brought up the clinical uncertainty surrounding some of the evidence, specifically, who benefits and who does not. In addition, participants mentioned the need for models that would help facilitate rapid change and uptake with multiple patients and physicians and within complex practices. Another participant emphasized the need for new evidence to be available at the point of care, for example, the electronic medical record, and the importance of continuing medical education.

Slutsky told the group that a significant focus of the PCORI Communications and Dissemination Research (CDR) portfolio was on those issues. She also indicated that both the CDR and Methods portfolios used validated patient-reported outcomes (PROs) as endpoints in studies and noted the importance of communicating uncertainty. In addition, she and Sox emphasized the importance of partnerships between patients and physicians as a key element to ensure that research results actually make it into practice and that the findings reach the right individuals. Sox also stated that guidelines are an important way to change practice.

There also was discussion about using "usual care" as a comparator in a research proposal. Specifically, participants pointed to the significant variability in clinical practice and the ensuing difficulty of defining "usual care" in research. In short, they argued that it was difficult to describe "usual care" under those circumstances and requested assistance on methods to define this comparator. Back pain was used as an example of where there is no definition of usual care. Sox and Selby indicated that it was important to clarify the specific treatment used in the "usual care" cohort so that the question "compared to what" could be answered. Whitlock also stressed the importance of ensuring reproducibility among studies.

Participants brought up their involvement in specialty society registries to collect quality data and asked about PCORI's interest in funding longitudinal studies. Selby indicated PCORI's interest in observational studies within registries and the institute's potential interest in using registries as a site for research. Selby also reiterated PCORI's data infrastructure program, PCORnet, as an example of where this was occurring.

Participants also asked what specific involvement PCORI sought from specialty societies. Speakers said that it would be helpful for groups to look to their guideline development process and submit evidence gaps that had arisen as a result. Participants also were encouraged to request PCORI speakers and participate in topic refinement workshops to assist PCORI in identifying important and useful research topics.