

PHYSICIAN ROUNDTABLE

January 12, 2016



PATIENT-CENTERED OUTCOMES RESEARCH INSTITUTE

Welcome and Introductions

**Joe Selby, MD, MPH,
Executive Director**

January 12, 2016



PATIENT-CENTERED OUTCOMES RESEARCH INSTITUTE

PCORI's Research Agenda is Driven by Stakeholders' Needs

“The purpose of the Institute is to **assist patients, clinicians, purchasers, and policy-makers in making informed health decisions** by advancing the quality and relevance of evidence concerning the manner in which diseases, disorders, and other health conditions can effectively and appropriately be prevented, diagnosed, treated, monitored, and managed **through research and evidence synthesis...**

The Institute shall **identify national priorities** for research, taking into account factors of disease incidence, prevalence, and burden in the United States (with emphasis on chronic conditions), **gaps in evidence in terms of clinical outcomes, practice variations and health disparities in terms of delivery and outcomes of care**, the potential for new evidence to improve patient health, well-being, and the quality of care...



Who Are Our Stakeholders?



Complete List of PCORI's Funded Pragmatic Clinical Studies

Cycle	Title
Fall 2014	Integrating Patient-Centered Exercise Coaching into Primary Care to Reduce Fragility Fracture
Fall 2014	Mobility: Improving Patient-Centered Outcomes Among Overweight and Obese Youth with Bipolar Spectrum Disorders Treated with Second-Generation Antipsychotics
Fall 2014	Pragmatic Randomized Trial of Proton vs. Photon Therapy for Patients with Stage II or III Breast Cancer
Fall 2014	A Practical Intervention to Improve Patient-Centered Outcomes after Hip Fractures Among Older Adults (Regain Trial)
Fall 2014	Anti-TNF Monotherapy versus Combination Therapy with Low Dose Methotrexate in Pediatric Crohn's Disease
Spring 2014 PCS	Early Supported Discharge for Improving Functional Outcomes After Stroke
Spring 2014 PCS	Enabling a Paradigm Shift: A Preference-Tolerant RCT of Personalized vs. Annual Screening for Breast Cancer
Spring 2014 PCS	Pragmatic Trial of More versus Less Intensive Strategies for Active Surveillance of Patients with Small Pulmonary Nodules
Spring 2014 PCS	Targeted interventions to Prevent Chronic Low Back Pain in High Risk Patients: A Multi-Site Pragmatic RCT
Spring 2014 PCS	A Pragmatic Trial to Improve Colony Stimulating Factor Use in Cancer
Winter 2015	Integrating Behavioral Health and Primary Care
Winter 2015	Comparative Effectiveness of Pulmonary Embolism Prevention after Hip and Knee Replacement (PEPPER): Balancing Safety and Effectiveness
Winter 2015	Comparing Outcomes of Drugs and Appendectomy (CODA)
Winter 2015	Integrated Versus Referral Care for Complex Psychiatric Disorders in Rural FQHCs



PCORI's Funded Targeted Studies

Award Date	Topic	PFA Title	Number of Projects
12/17/2013	Asthma	Treatment Options for African Americans and Hispanics/Latinos with Uncontrolled Asthma	8
6/4/2014	Fall Prevention	Clinical Trial of a Multifactorial Fall Injury Prevention Strategy in Older Persons	1 <i>MOU with NIH</i>
9/30/2014	Fibroids	PCOR for Treatment Options in Uterine Fibroids: Developing a Prospective Multi-Center Practice-based Clinical Registry (P50)	1 <i>MOU with AHRQ</i>
9/30/2014	Care Transitions	The Effectiveness of Transitional Care	1
9/30/2014	Obesity Treatment	Obesity Treatment Options Set in Primary Care for Underserved Populations	2
5/4/2015	Aspirin (PCORnet)	Optimal Maintenance Aspirin Dose for Patients with Coronary Artery Disease (PCORnet Demo)	1
8/18/2015	Obesity (PCORnet)	Obesity Observational Research Initiative (PCORnet Demo)	2
9/28/2015	Hypertension	Testing Multi-Level Interventions to Improve Blood Pressure Control in Minority Racial/Ethnic, Low Socioeconomic Status, and/or Rural Populations	2 <i>MOU with NIH</i>
9/28/2015	Hepatitis C	Clinical Management of Hepatitis C Infection	2



Physician Organizations Engaged in Large Studies

- American Academy of Asthma, Allergy and Immunology
- American Academy of Child and Adolescent Psychiatry
- American Academy of Family Physicians
- American Academy of Orthopaedic Surgeons
- American Academy of Pediatrics
- American Association for the Study of Liver Diseases
- American Association of Hip and Knee Surgeons
- American College of Cardiology
- American College of Chest Physicians
- American College of Emergency Physicians
- American College of Physicians
- American College of Preventive Medicine
- American College of Sports Medicine
- American College of Surgeons
- American Orthopaedic Association
- American Society for Radiation Oncology
- American Society of Anesthesiologists
- American Society of Clinical Oncology
- American Thoracic Society
- Canadian Orthopedic Trauma Society
- Infectious Diseases Society of America
- North American Society for Pediatric Gastroenterology, Nutrition and Hepatology
- Society of Hospital Medicine



PCORI Portfolio: Relevance to Physicians

Hal Sox, MD
Director, Research Portfolio Development

Evelyn P. Whitlock, MD, MPH
Chief Science Officer

January 12, 2015



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How We Select Research Topics: Approach One

- **Investigator-Initiated Approach**

- Aligned with our national priorities
- Topic identified by research team in collaboration with stakeholders
- PCORI's first funding stream
 - 321 studies in progress; \$554M awarded to-date

Assessment of Prevention, Diagnosis, and Treatment Options

Communication and Dissemination Research

Improving Health Systems

Addressing Disparities

Accelerating Patient-Centered Outcomes Research and Methodological Research

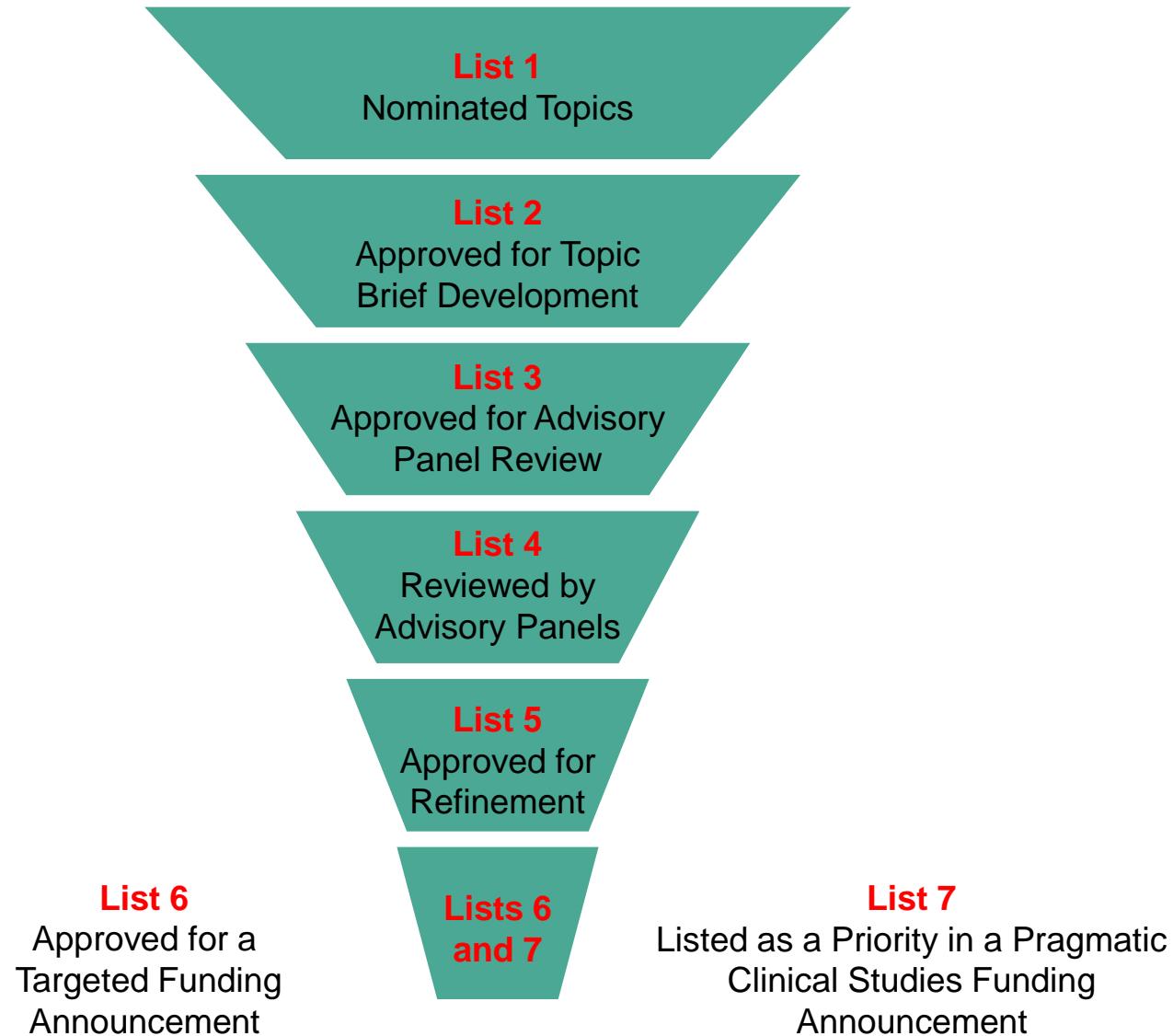


How We Select Research Topics: Approach Two

- **Patient- and Other Stakeholder- Initiated Approach**
 - Designed for targeted PCORI Funding Announcements (PFAs) and priority topics in Pragmatic Clinical Studies (PCS) PFAs
 - Allows us to focus dedicated resources on high-priority topics
 - Topics submitted to PCORI directly from patients and other stakeholders
 - Approximately 2,000 topics submitted to-date
 - 117 topics from 10 physician organizations
 - Pathway and topic status available on our website
 - 20 targeted studies on 8 topics; \$183M awarded
 - 5 awards related to nominations from physician organizations
 - 14 PCS studies; \$177M awarded
 - 2 awards related to topics nominated by physician organizations



Topic Prioritization Pathway



Topic Prioritization Pathway: January 2016

Under Consideration

Endorsed for Refinement (List 5)

- Asthma
- Chronic low back pain
- Community-acquired pneumonia
- Diabetes
- Mental health integration
- Palliative care
- Decreasing opioid initiation for chronic pain
- Sickle cell disease

Reviewed by Advisory Panels (List 4)

- Antimicrobial resistance
- Adolescents and alcohol abuse
- Autism Spectrum Disorders- risk assessment
- Care coordination
- Cognitive Impairment
- Communication
- Coronary artery disease- statins
- Dementia
- Genetic testing for rare disease
- Glaucoma
- Health IT & evidence-based treatment
- High cholesterol/PCSK9 inhibitors
- Implantable cardiac defibrillators
- Links btw providers & community
- Neck pain
- NOACs for stroke prevention
- Orthopedic surgery
- Post acute care transitions
- Role of spacers in asthma
- Weight maintenance & reduction

Approved Topics

Approved for Targeted PFA (List 6)

- Chronic pain/Long term opioid therapy
- Multiple sclerosis
- NOACs for blood clots
- Treatment-resistant depression

Priority Topics for Pragmatic Clinical Studies PFA (List 7)

- Autism Spectrum Disorders- behavioral analysis
- Care transitions
- Chronic pain management
- Dental caries
- Diabetes
- End-stage renal disease
- Medication management
- Migraine
- Osteoarthritis
- Pelvic floor dysfunction
- Pre-term birth & low birth weight
- Substance abuse – Tobacco cessation
- Suicide prevention
- Traumatic brain injury

Funded Topics

Funded via Targeted PFA

- CAD-Aspirin dose
- Care transitions
- Falls in elderly
- Hepatitis C- New therapies
- Hypertension
- Obesity in diverse populations
- Severe asthma in African Americans & Hispanics
- Uterine fibroids

Funded via Pragmatic Clinical Studies PFA

- Bipolar disorder
- Breast ductal carcinoma in situ
- Crohn's disease- Biologics
- Chronic back pain
- Hip fracture
- Mental health & primary care
- Particle beam therapy
- Pulmonary nodules & CT surveillance



Example of Topic Refinement: Obesity and Hypertension

- **Topic nomination:** Effectiveness of various strategies (e.g., clinical interventions, selected social interventions [such as improving the built environment in communities and making healthy foods more available], combined clinical and social interventions) to prevent obesity, hypertension, diabetes, and heart disease in at-risk populations such as the urban poor and American Indians.
- **Source:** Society of General Internal Medicine (IOM 100)



- **Topic refinement:**
 - Topic 1: Obesity treatment options for racial/ethnic minorities and SES populations
 - Topic 2: Hypertension control strategies among high-risk populations



Resulting Awards: Obesity

Topic 1: Comparative effectiveness of obesity treatment options set in primary care, in adults for racial/ethnic minorities, populations with low socioeconomic status, and/or rural populations.

Awarded Projects:

- **Peter Katzmarzyk: *The Louisiana Trial to Reduce Obesity in Primary Care***
 - \$10 million over 5 years, awarded in 2014
 - Compares the effectiveness of a high-intensity, health literacy-appropriate, and culturally-tailored obesity treatment program delivered by health coaches in a primary care setting to the primary care obesity treatment reimbursed by CMS in a low-income, racial and ethnic minority population.
- **Christie Befort: *Midwestern Collaborative for Treating Obesity in Rural Primary Care***
 - \$10 million over 5 years, awarded in 2014
 - Compares the effectiveness of a high-intensity lifestyle obesity treatment intervention delivered in-person by patient-centered medical home (PCMH) staff and via telephone by obesity treatment specialists to the primary care obesity treatment reimbursed by CMS in rural primary care practices.
 - Physician Engagement: American Academy of Family Physicians



Resulting Awards: Hypertension

Topic 2: Compare alternative, evidence-based approaches to reduce inadequate control of hypertension among high-risk populations with an above average lifetime risk of cardiovascular disease, including racial/ethnic minority groups, patients with low socioeconomic status, and individuals residing in rural areas.

Awarded Projects:

- **Lisa Cooper: *Comparative Effectiveness of Health System vs. Multi-level Interventions to Reduce Hypertension Disparities***
 - \$12 million over 5 years, awarded in 2015
 - Compares the effectiveness of clinic-based standard of care to a collaborative, stepped approach which includes community health workers and subspecialists to improve hypertension control for racial/ethnic minorities and low SES patients.
- **Monika Safford: *Collaboration to Improve Blood Pressure in the US Black Belt-Addressing the Triple Threat***
 - \$9 million over 5 years, awarded in 2013
 - Compares the effectiveness of telephone-based peer coaching to clinic-based primary care to improve hypertension control in low-income and rural African-Americans.



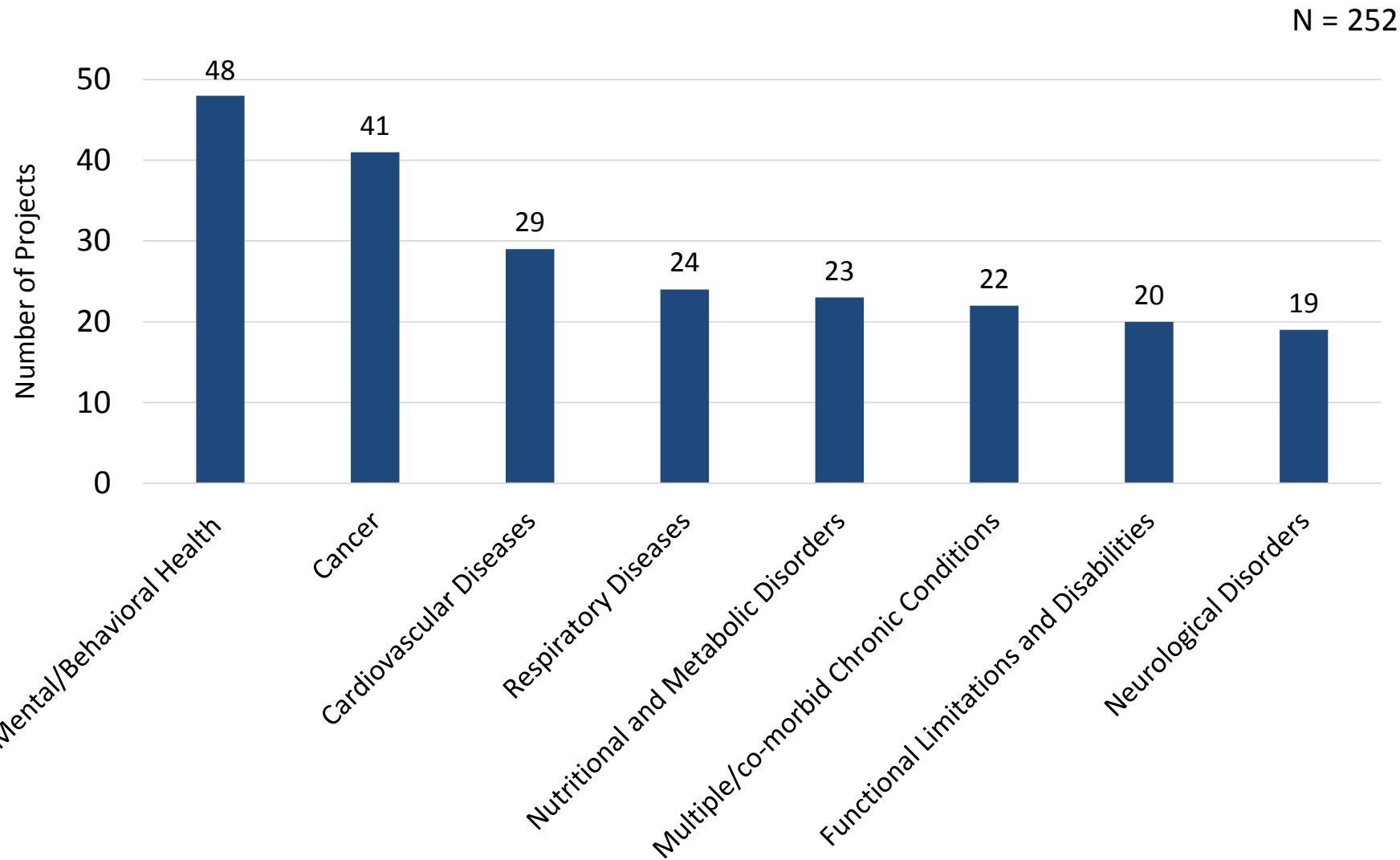


Overview of the PCORI Portfolio



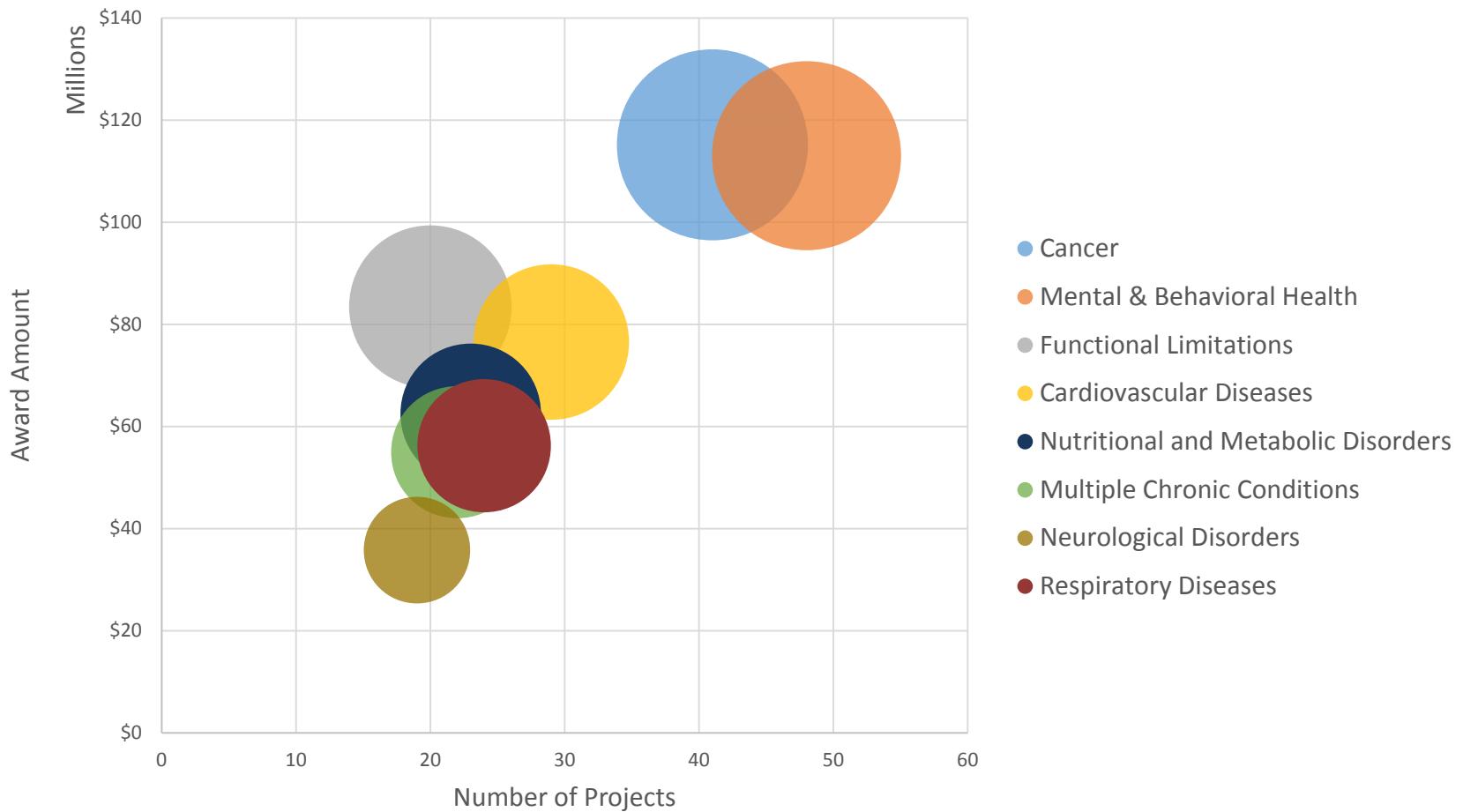
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Most Common Clinical Conditions in PCORI's Portfolio



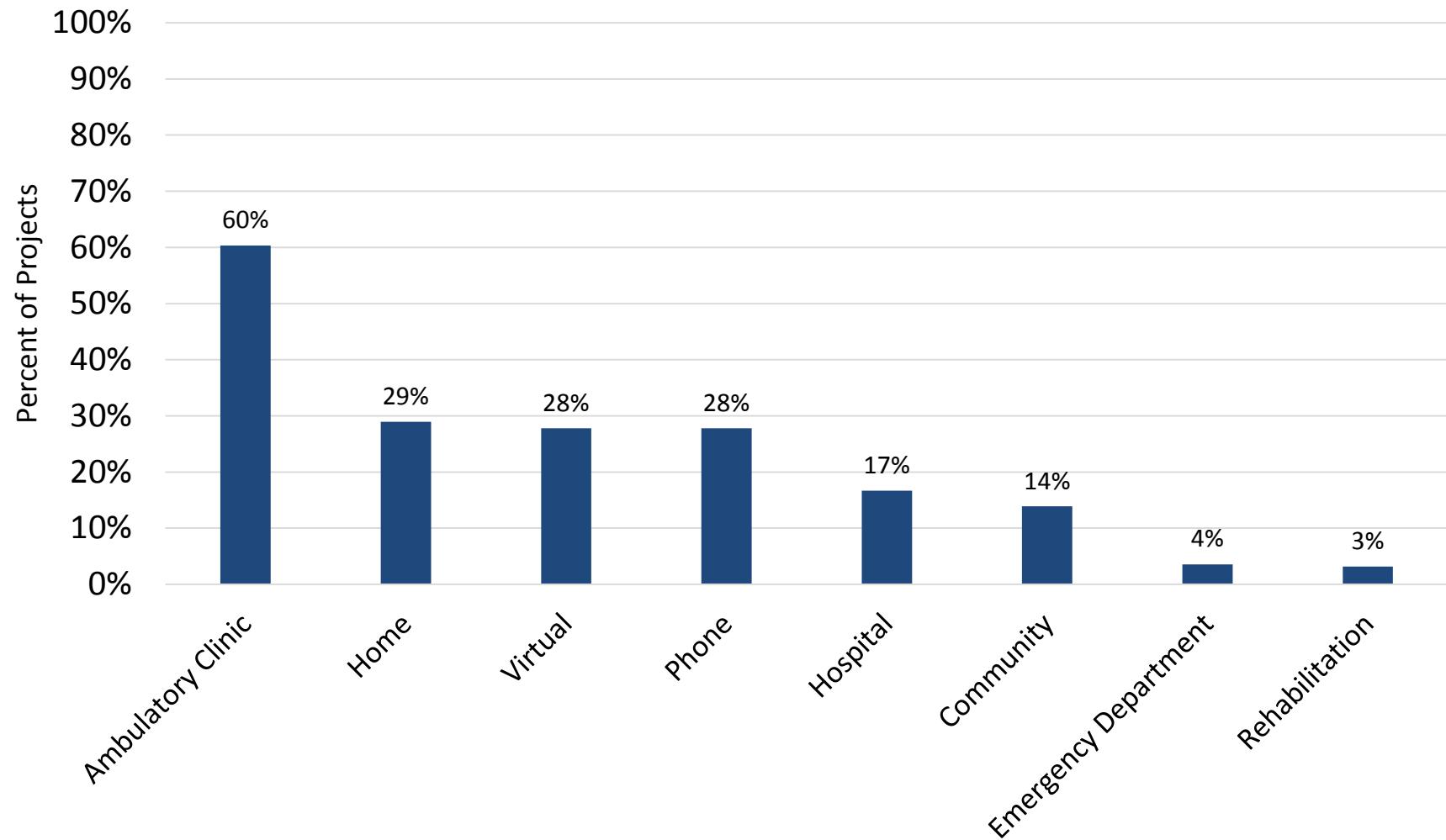
Most Common Clinical Conditions in PCORI's Portfolio By Number of Projects and Investment

N = 252



Most Common Intervention Settings in PCORI's Portfolio

N = 252



Spotlight Studies



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Pragmatic Trial of More vs. Less Intensive Strategies for Active Surveillance of Patients with Small Pulmonary Nodules

Principal Investigator: Michael Gould, MD, MS

- \$14 million over 5 years, awarded in 2015

Overview:

- Compares two protocols for more intensive versus less intensive CT surveillance for patients with small pulmonary nodules on patient-reported outcomes, resource utilization, exposure to radiation, and adherence to both protocols.

Methods

- Cluster randomized controlled trial involving more than 46,000 patients

Physician Engagement

- American Chest Physicians, American Thoracic Society

Decisional dilemma

Clinicians need conclusive information on the benefits and risks of CT surveillance to determine what protocol to use and whether protocols differ in effectiveness among specific groups of patients.





Enabling a Paradigm Shift: A Preference-Tolerant RCT of Personalized vs. Annual Screening for Breast Cancer

Principal Investigator: Laura Esserman, MD, MBA

- \$14 million over 5 years, awarded in 2015

Overview

- Compares the effectiveness of personalized, risk-based breast cancer screening to standard annual screening on diagnosis, safety, morbidity, uptake of preventative therapies and psychosocial impact on women.

Methods

- Randomized controlled trial of 65,000, and an observational cohort (for those who decline randomization) of women of breast cancer screening age 40 to 80 years old

Decisional dilemma

Physicians need better information to understand the benefits (reduction in breast cancer mortality) and harms (false-positives, unnecessary biopsies) of annual breast cancer screening and how this differs by groups of women according to risk.





A Practical Intervention to Improve Patient-Centered Outcomes after Hip Fractures among Older Adults (Regain Trial)

Principal Investigator: Mark Neuman, MD

- \$12 million over 5.25 years, awarded in 2015

Overview

- Compares the effectiveness of general anesthesia (unconsciousness produced by medications) to single-shot spinal anesthesia (a common nerve block providing temporary numbness of the lower extremities) on overall health and disability, as well as safety and hospital utilization, in an elderly patient populations with hip fractures.

Methods

- Pragmatic design of a head-to-head randomized controlled trial.

Physician Engagement

- American Association of Orthopedic Surgeons, American Society of Anesthesiologists, Canadian Orthopedic Trauma Society, Gerontological Society of America

Decisional dilemma

Physicians need more information on the benefits and harms of general vs. spinal anesthesia use during hip fracture surgery on patients' ability to regain their prior level of independence after surgery.





Comparing Outcomes of Drugs and Appendectomy (CODA)

Principal Investigator: David Flum, MD, MPH

- \$13 million over 5 years, awarded in 2015

Overview

- Compares the effectiveness of appendectomy to antibiotics-first for the treatment of uncomplicated appendicitis on both clinical outcomes and the patient-reported outcomes (PROs) that matter most to patients.

Methods

- Randomized controlled trial of 1,552, and a concurrent observational cohort of 500 (for those who decline randomization) of adults with uncomplicated appendicitis.

Physician Engagement

- American College of Surgeons, American College of Emergency Physicians

Decisional dilemma

Surgeons need conclusive information on the benefits and harms of treating appendicitis with antibiotics first, rather than resorting to an appendectomy.





Comparative Effectiveness of Intravenous vs. Oral Antibiotic Therapy for Serious Bacterial Infections

Principal Investigator: Ron Keren, MD, MPH

- \$1.7 million over 2.5 years, awarded in 2012

Overview

- Compares the effectiveness of oral antibiotics vs intravenous antibiotics delivered via a PICC line in children who require prolonged (at least 1 week) home antibiotic therapy after hospitalization for a serious bacterial infection.

Methods

- Mixed-methods approach

Decisional dilemma

Physicians need better evidence on the benefits and harms of delivering antibiotics orally vs. PICC line for children with serious bacterial infections.

JAMA Pediatrics

Comparative Effectiveness of Intravenous vs Oral Antibiotics for Postdischarge Treatment of Acute Osteomyelitis in Children

Ron Keren, MD, MPH; Samir S. Shah, MD, MSCE; Rajendra Srivastava, MD, FRCPC, MPH; Shawn Rangel, MD; Michael Bendel-Stenzel, MD; Nada Harik, MD; John Hartley, DO; Michelle Lopez, MD; Luis Seguas, MD; Joel Tieder, MD; Matthew Bryan, PhD; Wu Gong, MS; Matt Hall, PhD; Russell Localio, PhD; Xianqun Luan, MS; Rachel deBerardinis, BA; Allison Parker, MS; for the Pediatric Research in Inpatient Settings Network

CME/CE Activity

Osteomyelitis in Children

Comparative Effectiveness of Intravenous vs Oral Antibiotics for Postdischarge Treatment of Acute Osteomyelitis in Children

This program is accredited for:

Physicians | Physician Assistants | Nurses | Nurse Practitioners | Pharmacists | Case Managers | Certified Health Education Specialists



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Enhancing Genomic Laboratory Reports to Enhance Communication and Empower Patients

Principal Investigator: Marc Williams, MD

- \$1.4 million over 3 years, awarded in 2013

Overview

- Examines whether an enhanced genomic laboratory report which incorporates the patient perspective can help providers and patients answer patient-oriented questions on lab results.

Methods

- Mixed-methods approach
- VIDEO LINK: <https://youtu.be/bZwSbF9m2rc>

Decisional dilemma

Physicians need conclusive information on the best way to communicate complex results from genetic reports with patients.



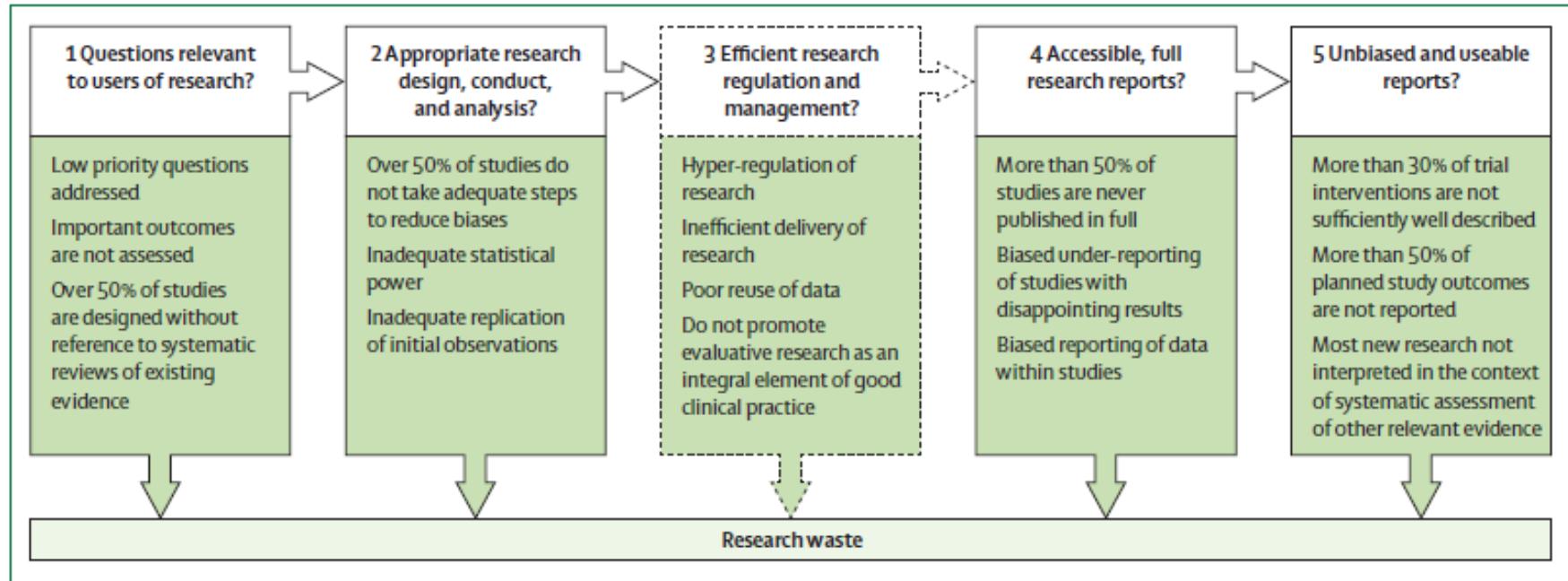
Looking Forward



Increasing Value and Reducing Waste

- 2009 estimate: 85% of research funding is avoidably wasted

Stages in research production that lead to waste. Moher et al.



THE LANCET

Avoidable waste in the production and reporting of research evidence. Chalmers I, Glasziou P. *Lancet* 2009; **374**: 86-89.
Increasing value and reducing waste in biomedical research: who's listening? Moher D, et al. *Lancet* 2015; **Online**: Sept.28



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PCORI's Approach Aligns

- 17 recommendations to reduce waste and increase value across 5 stages of research production

1. Questions relevant to end users

- Users engaged
- In-process research and processes online

2. Appropriate design, conduct and analysis

- Methodology Standards and training
- COI policies

3. Efficient research regulation and management

- Efficiency of recruitment and retention

4. Accessible, full reports

- Peer review and public availability of full reports

5. Unbiased and useable reports

- Infrastructure to support good reporting and archiving



Areas for Scientific Focus

- **Prioritized, targeted investments**
 - Stakeholder perspectives
 - Portfolio analysis/Benchmarking
 - Reducing disparities
- **Evidence synthesis portfolio**
 - Differences in treatment response (IPD MA, predictive analytics in trials)
 - Confirmation of research results
- **Supporting the clinical encounter**
 - Effective communication of evidence (including reducing low-value care)
 - Systems support
 - Appropriately rigorous methodologies in clinical research.



Thank You



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Appendix

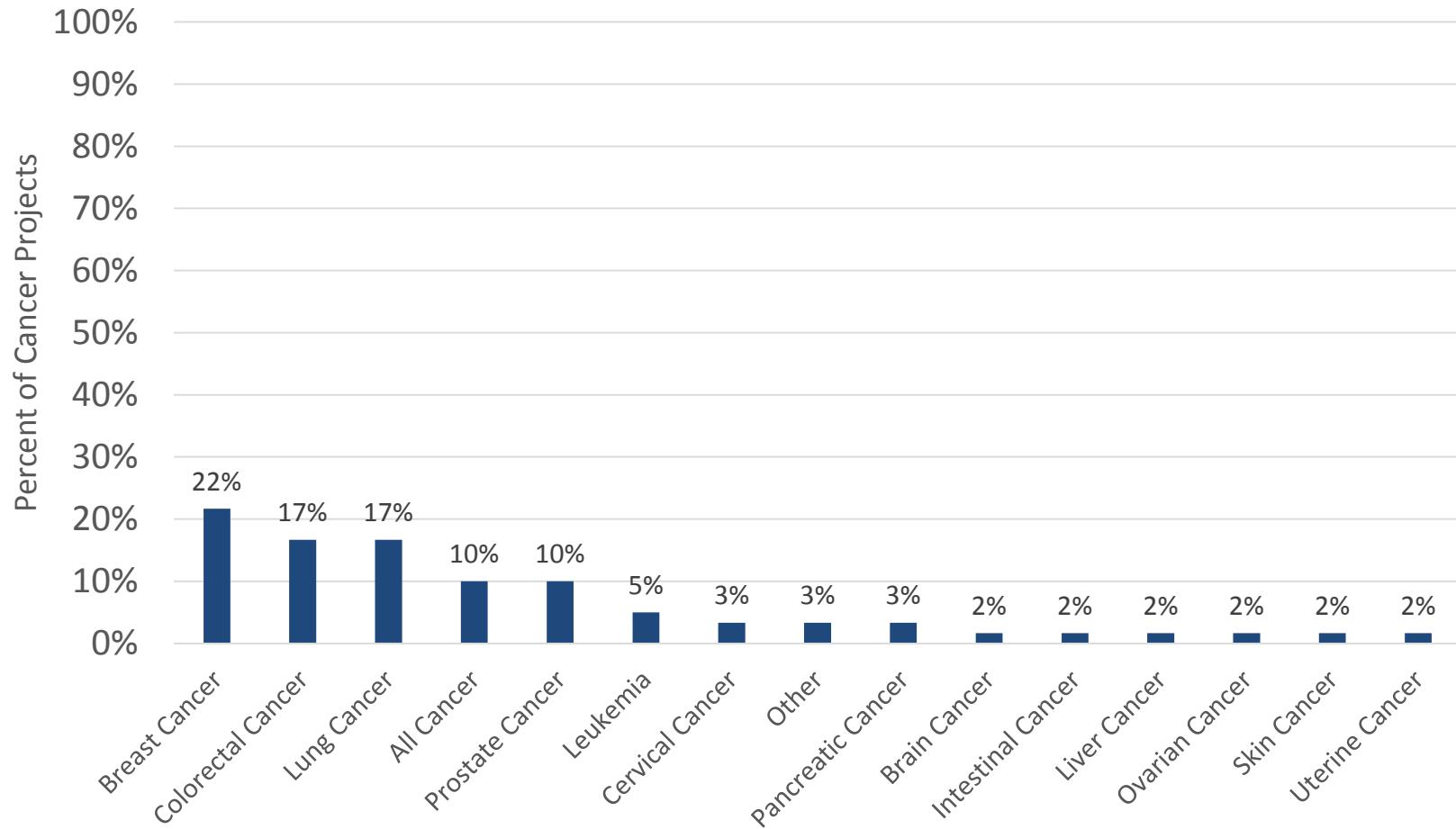
Clinical Sub-conditions in the PCORI Portfolio



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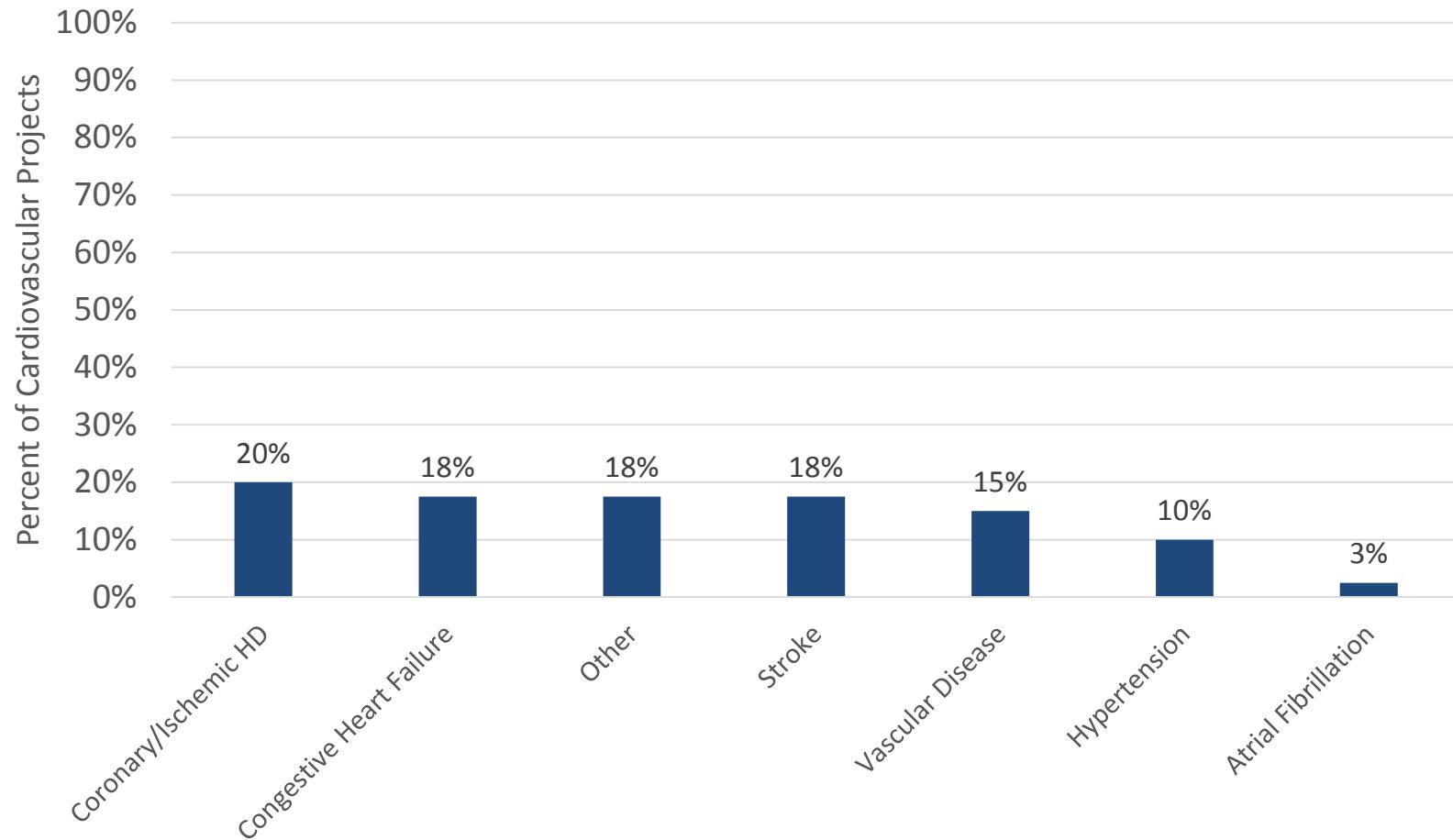
Cancer

N = 60



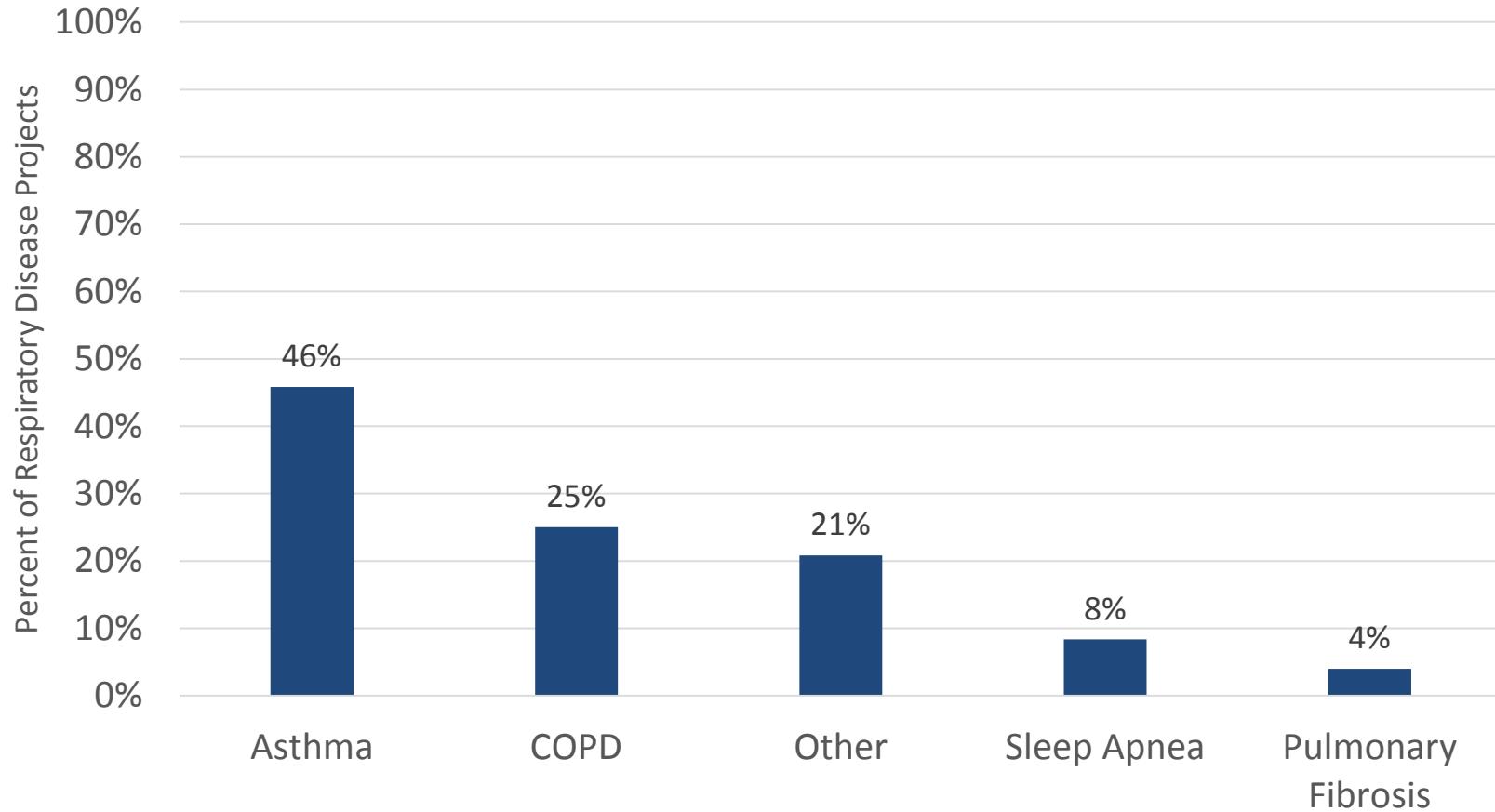
Cardiovascular

N = 40



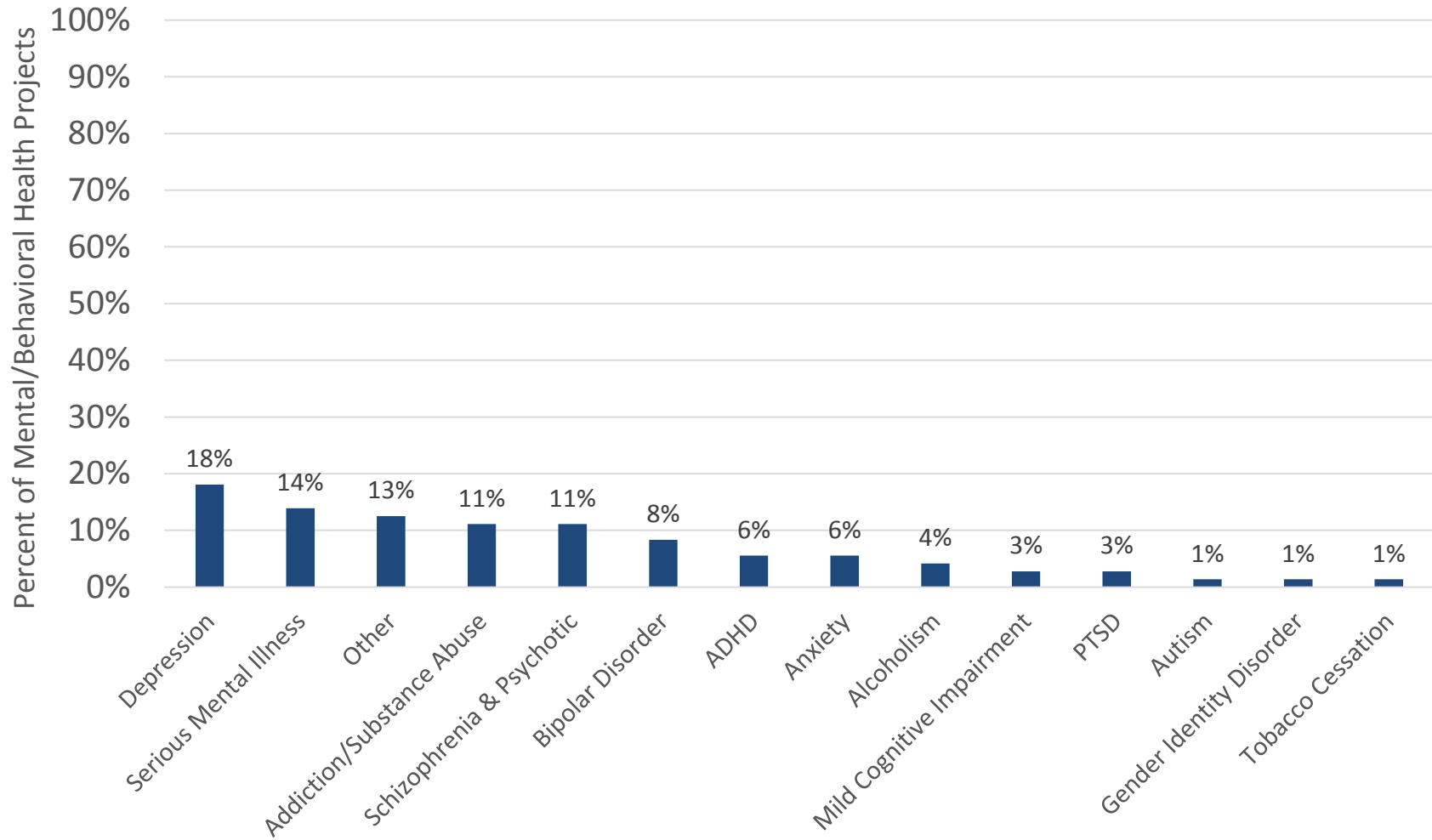
Respiratory Diseases

N = 25

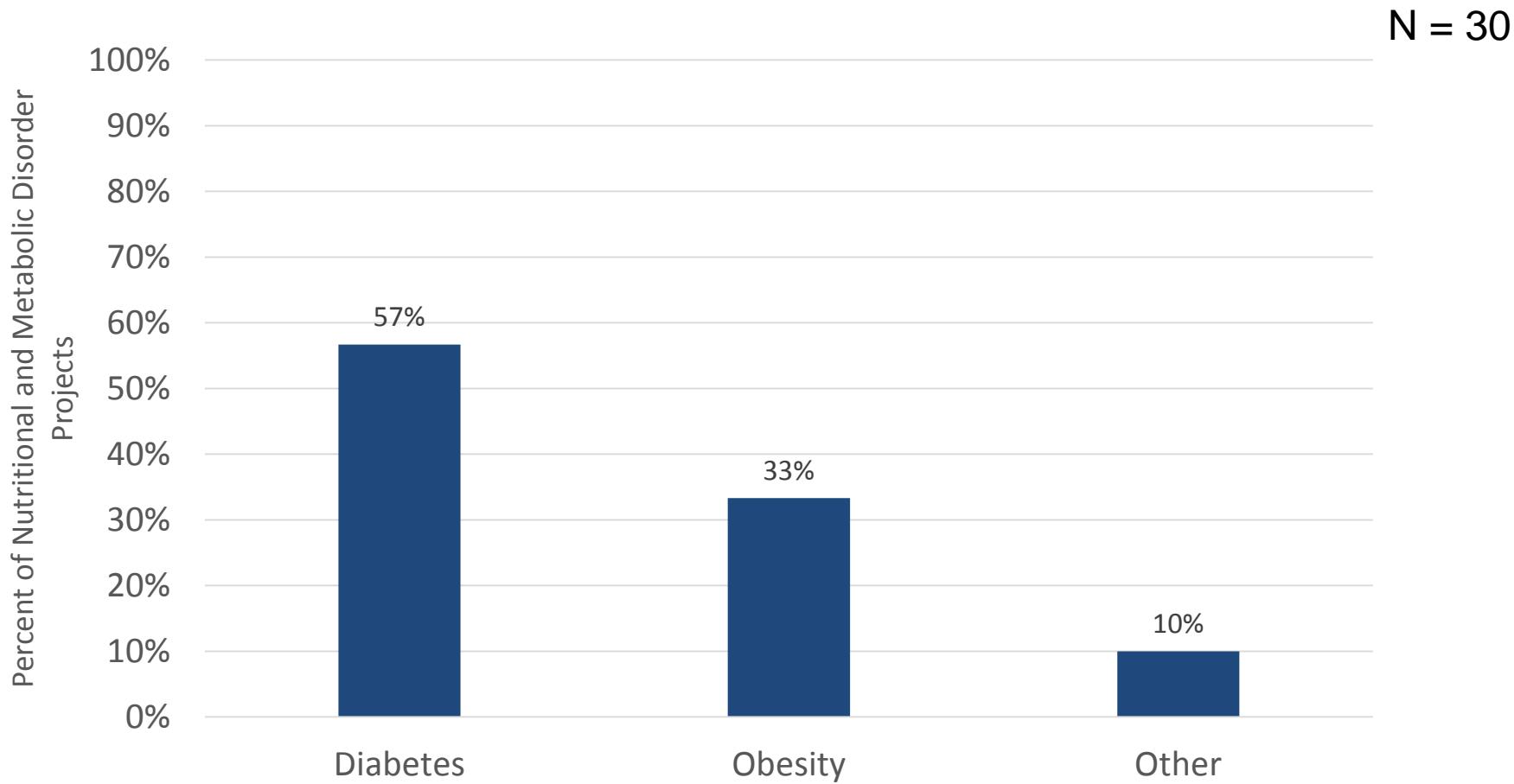


Mental/Behavioral Health

N = 72

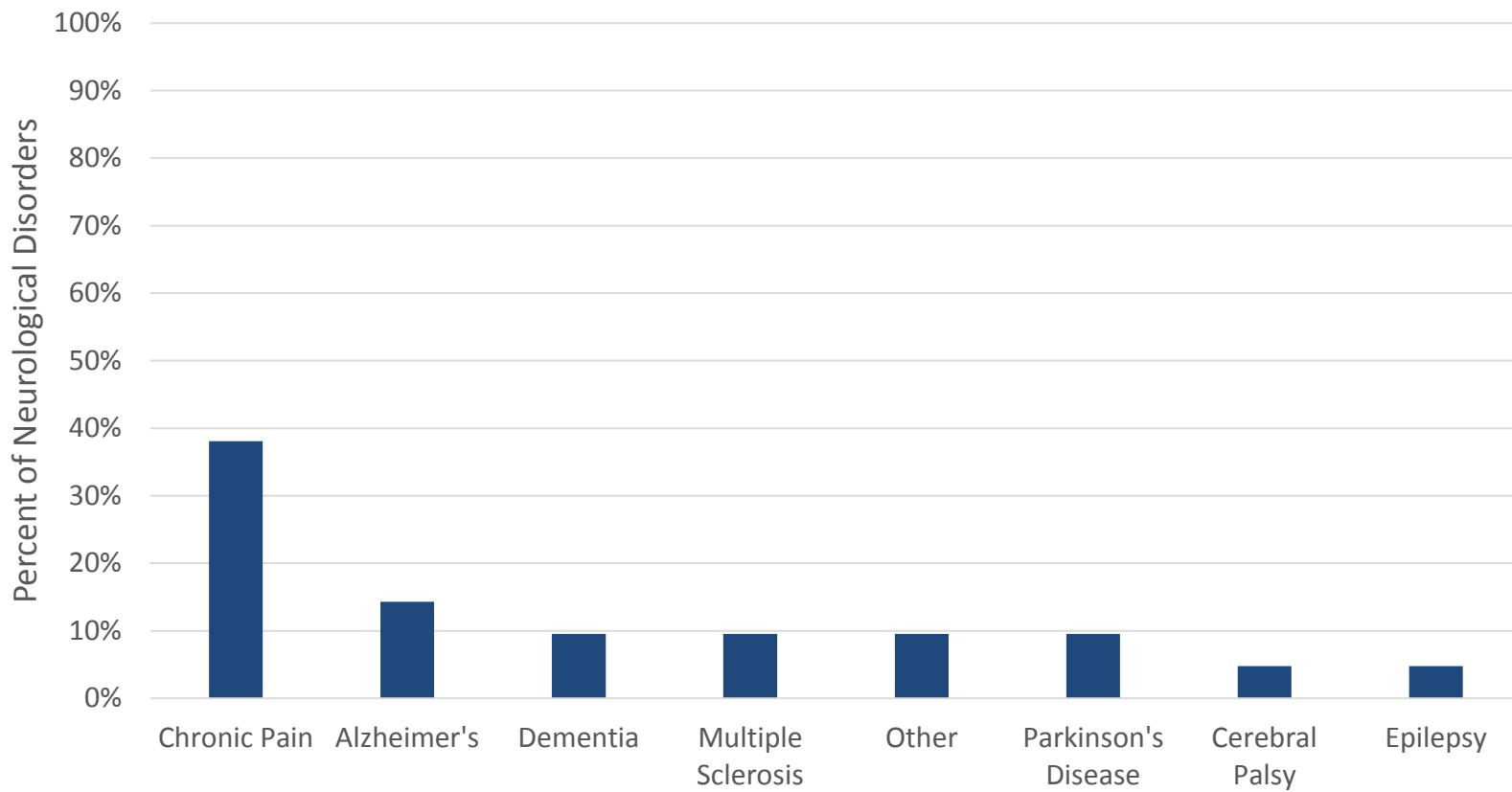


Nutritional and Metabolic Disorders



Neurological Disorders

N = 19



Dissemination and Implementation of PCORI Research Findings



Dissemination and Implementation are Complicated!

The diagram illustrates the complexity of Dissemination and Implementation through a word cloud structure:

- Resources:** incentives, accessible payers, multidisciplinary, process and outcome measures, underserved groups, strength of the evidence.
- Context:** audience, actionable, challenges, champions, costs, real-world applications.
- Engagement:** partners, iterative, motivations, business case, regulatory and policy levers.
- Trusted Sources:** early in the process, unintended consequences.

Relationships are indicated by arrows:

- Resources → Context (via audience)
- Context → Engagement (via challenges)
- Engagement → Trusted Sources (via early in the process)

Additional labels and arrows:

- convener (under resources)
- existing priorities (under resources)
- body of evidence (under engagement)
- relevance to audience (under engagement)



Important Considerations for Disseminating Research Findings

The primary questions and challenges to be addressed when assessing evidence include:

- *Is the evidence ready for use and adoption now?*
 - Evidence Context
- *What stakeholder priorities, needs, and concerns does the evidence address?*



Dissemination Activities Start Well Before Findings Are Ready

Effective dissemination and implementation start at the point of research topic selection, as emphasized by stakeholders—long before research is conducted and evidence is ready to be shared. To understand the *needs of audiences* who will use evidence to make health and healthcare decisions, research must address *questions that are relevant* to those audiences. To that end, those individuals and organizations who may partner with PCORI to disseminate and implement evidence should be engaged as *partners from the beginning*.



PCORI's Obligation Under its Authorizing Legislation

Conduct Peer Review of Primary Research

- Assess scientific integrity
- Assess adherence to PCORI's Methodology Standards



PCORI's Obligation Under its Authorizing Legislation (cont.)

Release of Research Findings

- No later than 90 days after “conduct or receipt”
- Make available to clinicians, patients, and general public
- **Make comprehensible and useful to patients and providers for healthcare decisions**
- Include considerations specific to certain sub-populations, risk factors, and comorbidities
- Describe process and methods, including conflicts of interest
- Include limitations and further research needed



Implications for PCORI Dissemination Activities

Peer Review

- Starts upon receipt of draft final report – up to 13 mos following study completion
- Awardee revises based on peer-review comments
- PCORI accepts final report

PCORI releases research results within 90 days of final report acceptance.



Implications for PCORI Dissemination Activities

Initial Release of Findings (Website Posting)

- Lay-language Abstract
- Clinician Abstract

Next: Initiation of Dissemination Activities

- Journal articles, webinars, CME/CE
- Opportunities for “intermediaries” such as physician groups to disseminate and implement findings



Limited Competition Dissemination Funding for Current Awardees

- Offers additional funding for current grantees to disseminate their research findings
- Strategies proposed for D&I of PCORI results will vary widely based on:
 - the results and/or products being disseminated
 - the populations being targeted
 - and the goals of the dissemination and implementation effort



Specific Areas of Interest

The examples provided below are intended to be illustrative, not exhaustive or prescriptive. Areas of interest include, but are not limited to the following:

- Translation/adaptation of the content/delivery mechanism of effective CER results/products to improve their penetration and use at the policy, health systems, clinical practice, caregiver, and patient levels
- Development, demonstration, and evaluation of processes or products to incorporate PCORI research results into decision making settings for patients, clinicians, policy makers and other stakeholders
- Demonstration of the capacity and ability to take research results and products found effective through PCORI research studies “to scale” in diverse settings and populations
- De-implementing or reducing the use of strategies and procedures that are not evidence-based, have been prematurely widely adopted, or are harmful or wasteful, in place of evidence-based approaches



- **This announcement is designed to give PCORI awardee teams an opportunity to propose investigator initiated D&I strategies**
- We seek to fund projects:
 - designed to actively disseminate and implement research results and products
- using approaches that are informed and guided by established dissemination and implementation models and frameworks
- in the context of real world settings



Continuing Need for Clinician Involvement for Effective Dissemination

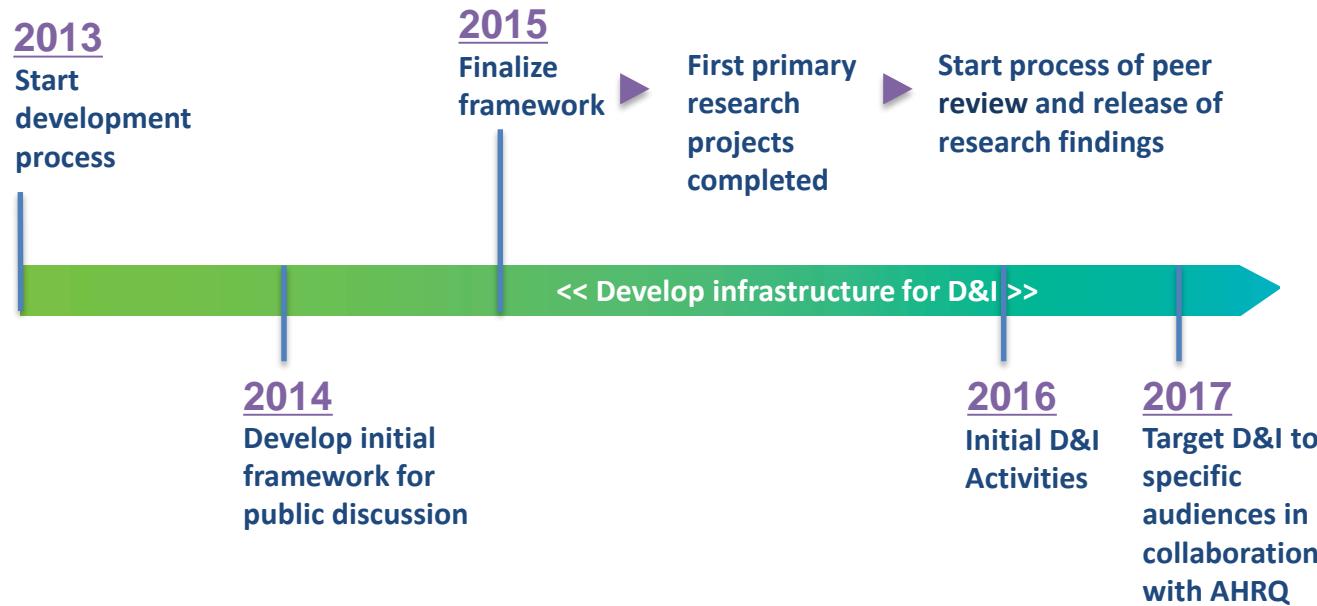
- Determine why the evidence matters to patients, clinicians, others.
- Anticipate barriers to use in decision making
- Active Dissemination and implementation participation

Opportunities:

- Clinician input on dissemination and implementation plans
- Engagement Awards



Dissemination and Implementation Timeline



Eugene Washington PCORI Engagement Awards Program

- Support projects that will build a community better able to participate in patient-centered comparative clinical effectiveness research, as well as serve as channels to disseminate study results
- Also support meetings/conferences to exchange information or explore issues or areas of knowledge as they relate to patient-centered comparative clinical effectiveness research
- A programmatic funding opportunity - not research awards - for projects up to two years in duration, with total costs up to \$250,000



Types of Engagement Awards

Knowledge Awards

- Increase understanding of what patients and other stakeholders need in order to make informed healthcare decisions.
- Generate findings about how patients and other stakeholders want to receive CER findings, as well as how they can make use of findings to reach health and healthcare decisions.

Training and Development Awards

- Equip patients and other stakeholders, teams, and organizations with the skills necessary to meaningfully participate in CER as partners throughout the research process.
- Develop meaningful patient and other stakeholder relationships, as well as promote new partnerships.

Dissemination Awards

- Develop facilitators for dissemination and implementation of CER findings.
- Identify, build, and strengthen partnerships being used for disseminating CER findings.
- Develop and maintain networks for the purpose of using and sharing CER findings.





Measuring Physicians' Opinions of CER to Strengthen Its Role in Patient-Centered Care

Eugene Washington PCORI Engagement Award (1175-ACP)

Arlene Weissman, PhD
Director, Research Center
American College of Physicians





Clinician Views

Survey Background and Methods

- Four medical societies collaborated on the physician survey:
 - American Academy of Pediatrics (AAP)
 - American Academy of Family Physicians (AAFP)
 - American College of Physicians (ACP)
 - American Osteopathic Association (AOA)
- The main objective of the research was to supplement data from prior clinician surveys and better understand physicians' views surrounding comparative effectiveness research (CER). The survey addressed four central questions:
 - Are physicians familiar with CER and what do they believe is its perceived value for educating patients?
 - What are the major factors impacting a physician's confidence in applying CER findings to his/her practice?
 - What are the most trusted ways to make research evidence more accessible to practicing physicians?
 - What role should medical societies play to assist their primary care physicians in accessing and applying CER results?





Clinician Views

Survey Background and Methods (cont.)

- Using available administrative data, each medical society randomly selected a minimum of 2,000 of its US, non-retired, post-resident training members likely to be providing primary care and invited them to participate in the survey.
 - Each potential participant was offered a \$2 bill as a token of appreciation.
 - A nearly identical survey instrument consisting of uniform content questions, with some allowance for variation in demographic data, was piloted and IRB approved and then administered by each medical society as a mixed mode survey consisting of both online and paper options.
- At the close of the survey (August 14), the number of “eligible” respondents was:
 - 1,017 for AAP
 - 1,010 for ACP
 - 486 for AOA
 - 453 for AAFP





Clinician Views

Description of Respondents

	AAP	AAFP	ACP	AOA
Age (Mean)	49y	51y	54y	47y
% Female	64	42	35	41
% Non-Hispanic White	73	80	66	79
% Full-time	75	86	85	92
20% or more professional time in:				
· Direct patient care	97	94	94	94
· Medical education/teaching	20	22	20	21
% Employees	63	62	68	76
Number of physicians at primary practice site:				
· Solo	9	17	19	24
· 2-3 physicians	19	21	18	26
· 4-10 physicians	48	33	32	30
· 11-50 physicians	16	21	16	14
· More than 50 physicians	7	7	15	6

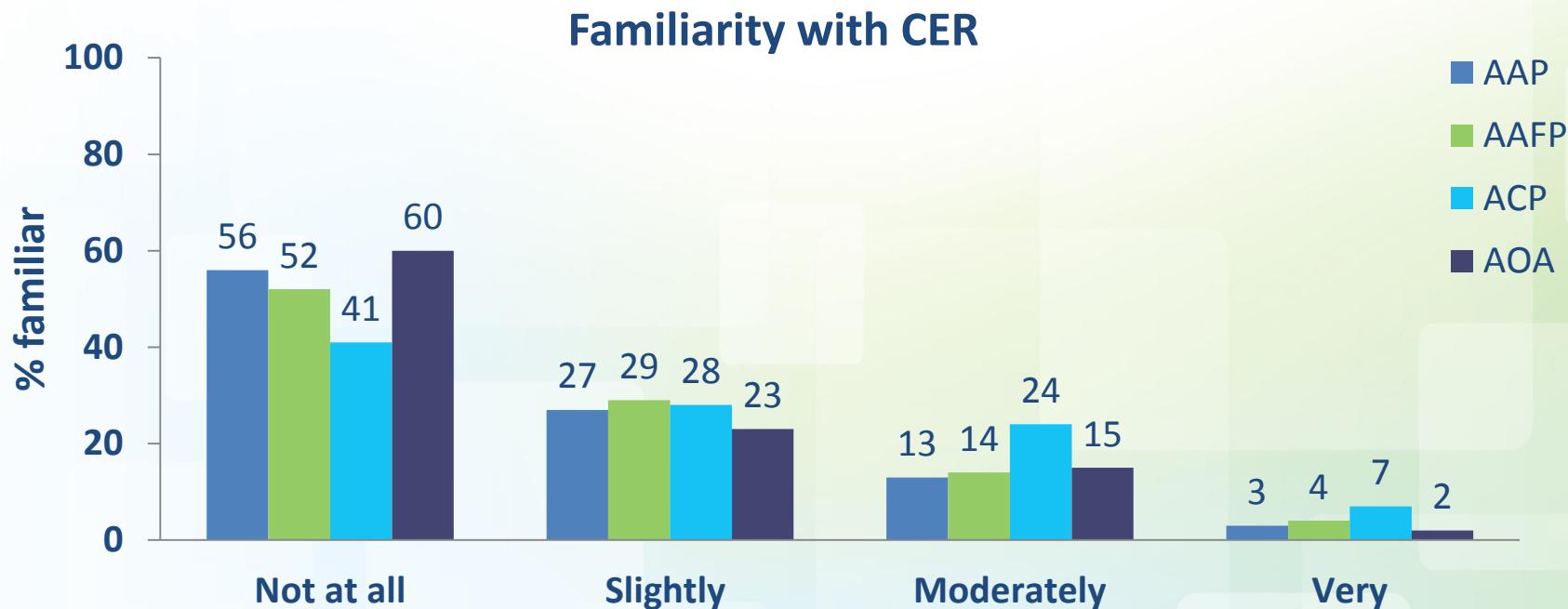




Clinician Views

Finding # 1: Familiarity with CER

- Physicians in the four societies have a low level of familiarity with the term comparative effectiveness research (CER).
 - Physicians involved in medical education were somewhat more likely to report familiarity.
 - ACP respondents reported a notably higher level of familiarity.

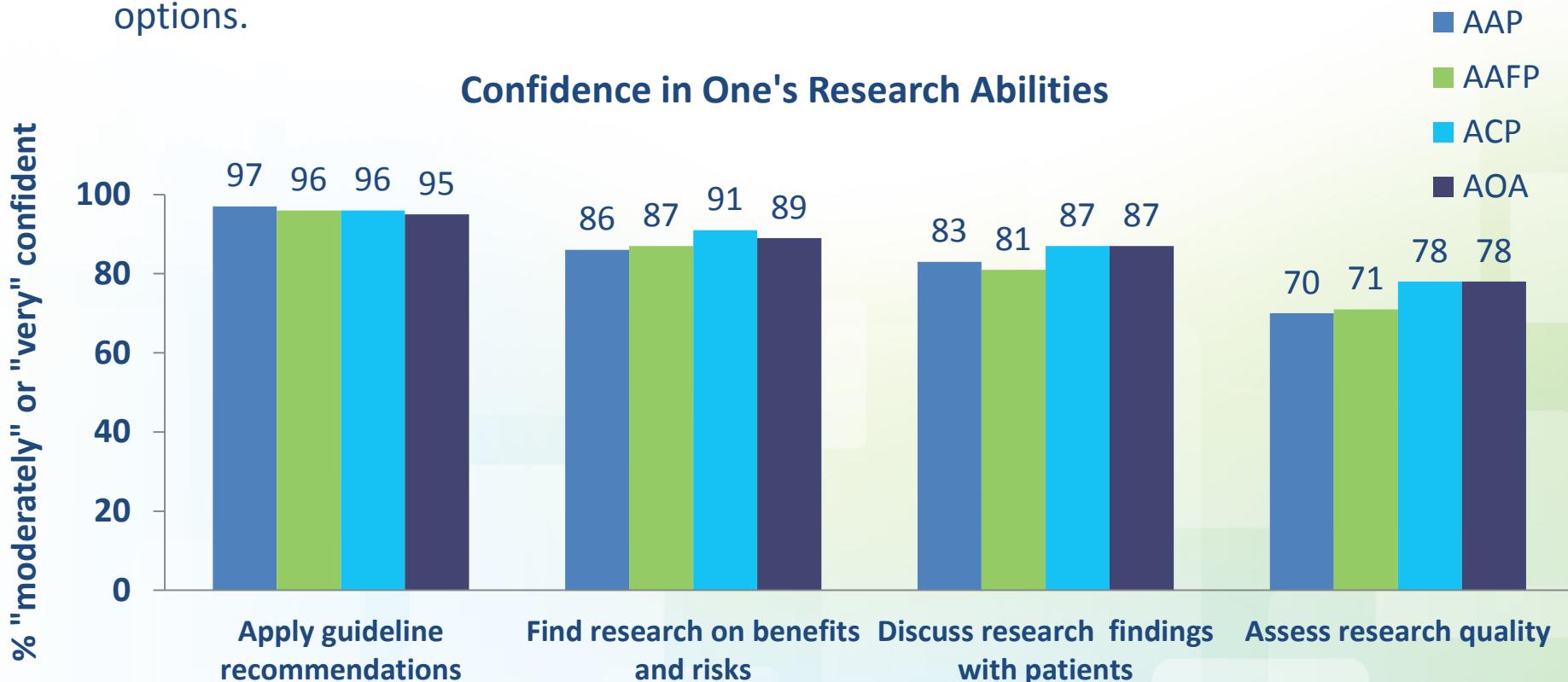




Clinician Views

Finding # 2: Confidence in Applying Research

- Although they lack familiarity with CER by name, most physicians are confident they possess the abilities needed to use such research, namely finding, assessing, discussing with patients and applying research findings related to treatment options.

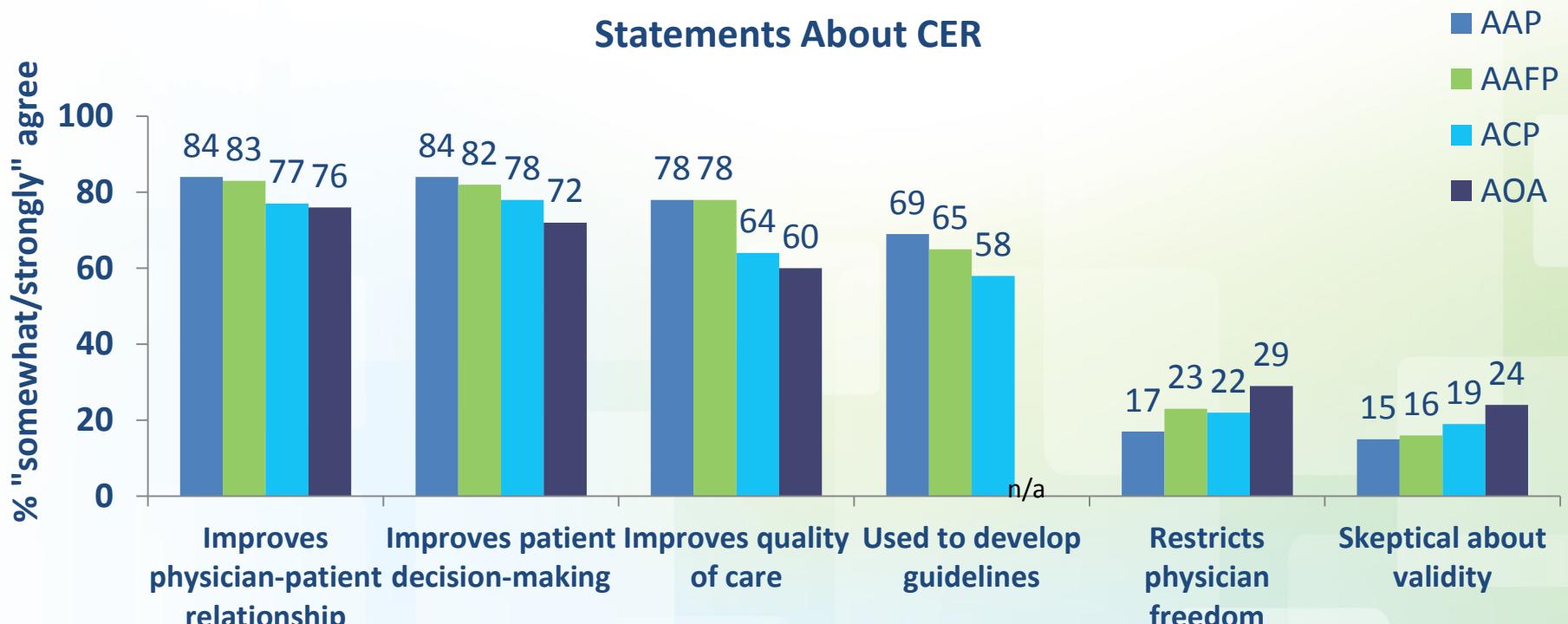




Clinician Views

Finding # 3: Attitudes toward CER

- When CER is explained, physicians acknowledge it should be used to develop clinical-practice guidelines and the majority agree it can improve the physician-patient relationship, patient decision-making, and quality of care.
 - A minority are concerned that CER will be used to restrict their treatment choices.

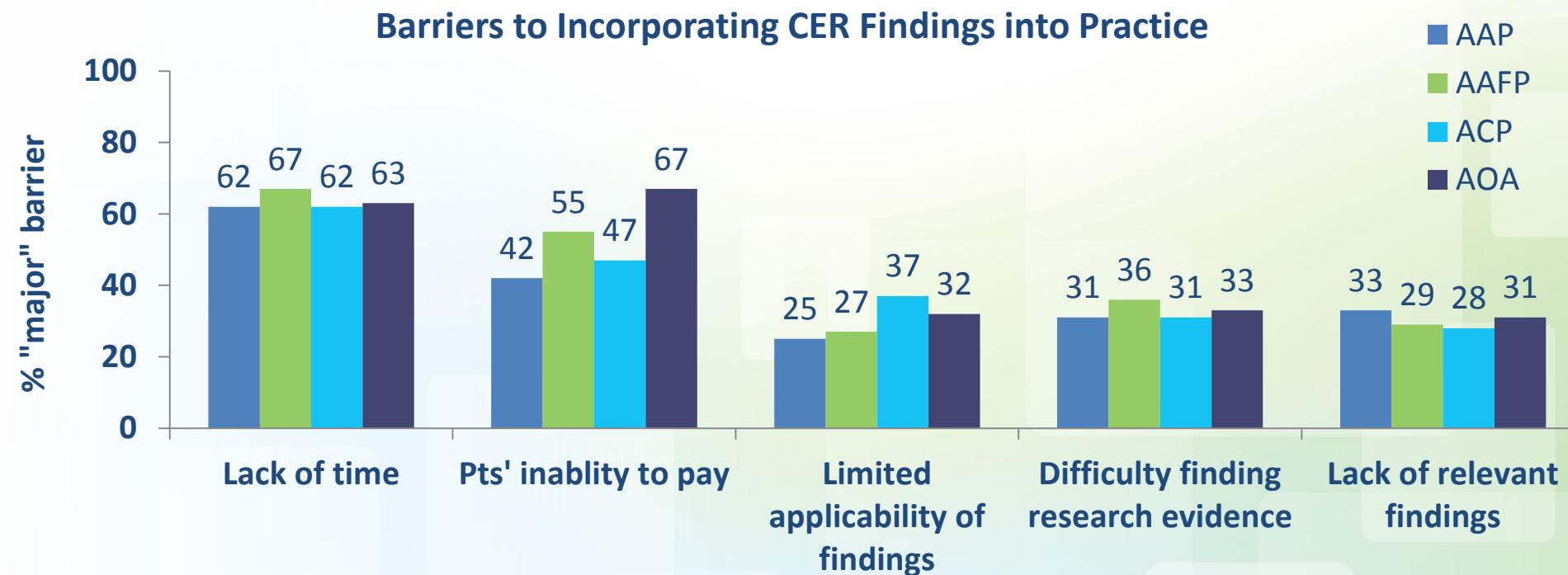




Clinician Views

Finding # 4: Barriers to Using CER Findings

- Lack of time to find and read research evidence is the most commonly reported barrier to incorporating CER into practice, followed by patients' inability to pay for the recommended care.

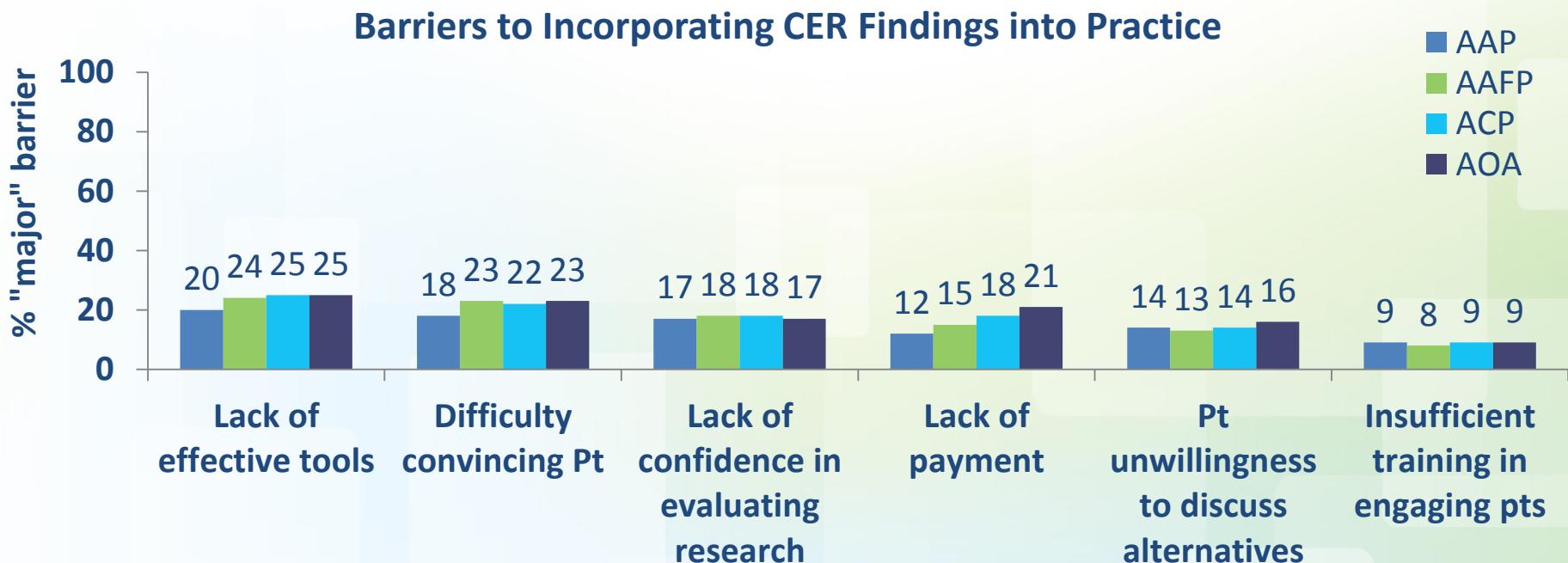




Clinician Views

Finding # 4: Barriers to Using CER Findings (cont.)

- On the other hand, few physicians named patients' unwillingness to discuss the pros and cons of treatment alternatives or insufficient training on how to engage patients in decision-making as major barriers to incorporating CER findings into clinical practice.

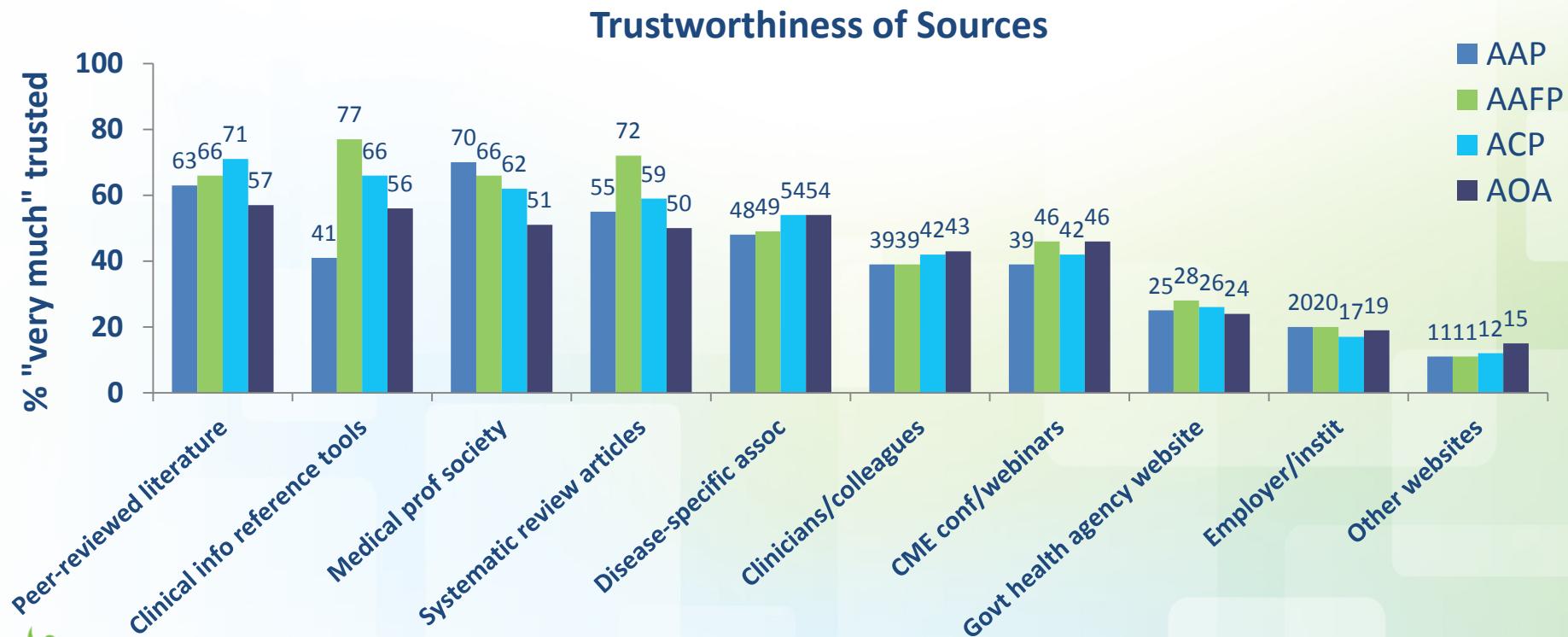




Clinician Views

Finding # 5: Dissemination: Trusted Sources

- Peer-reviewed literature, clinical information reference tools, medical professional societies, and systematic review articles are highly trusted sources of information on new research findings for primary care physicians.
 - In contrast, one's employer/institution and websites of government agencies are less trusted.

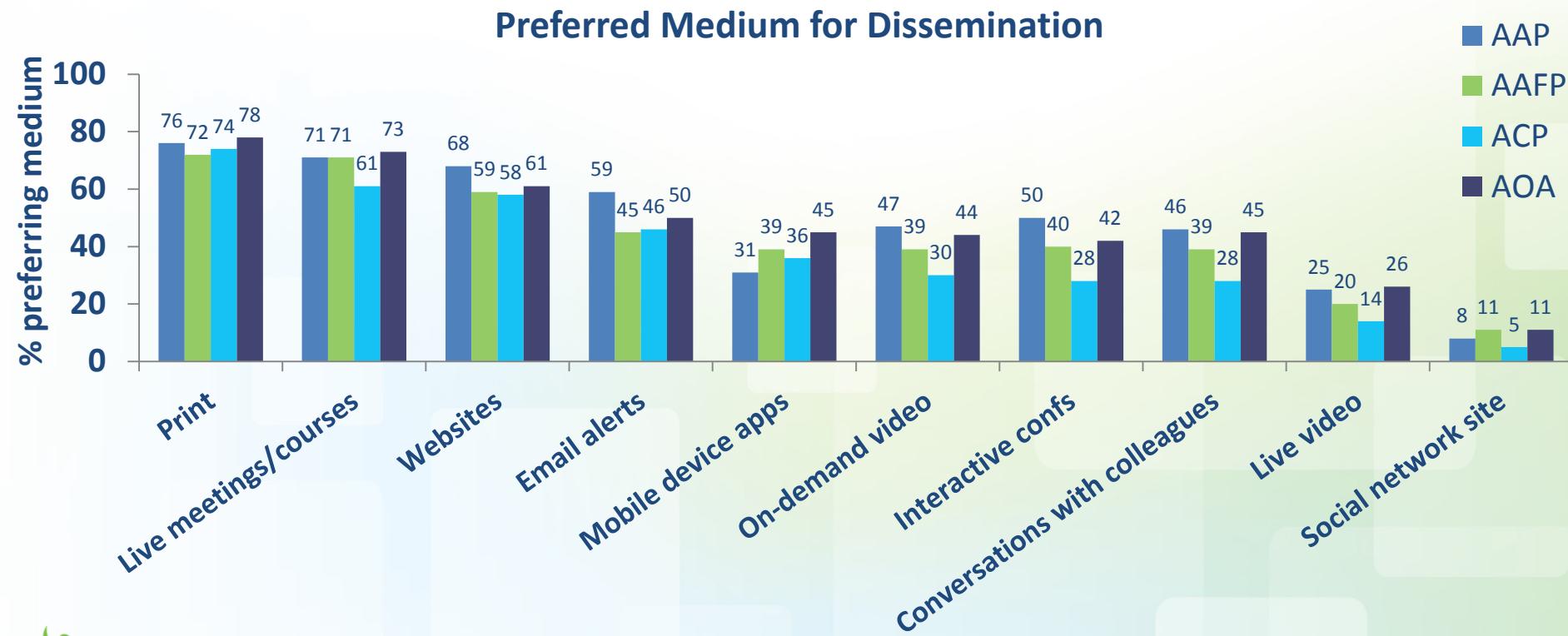




Clinician Views

Finding # 6: Preferred Medium for Dissemination

- The preferred communication medium for obtaining CER research findings is print for the majority of primary care physicians regardless of age.
 - Also favored by the majority are live meetings or courses and websites.



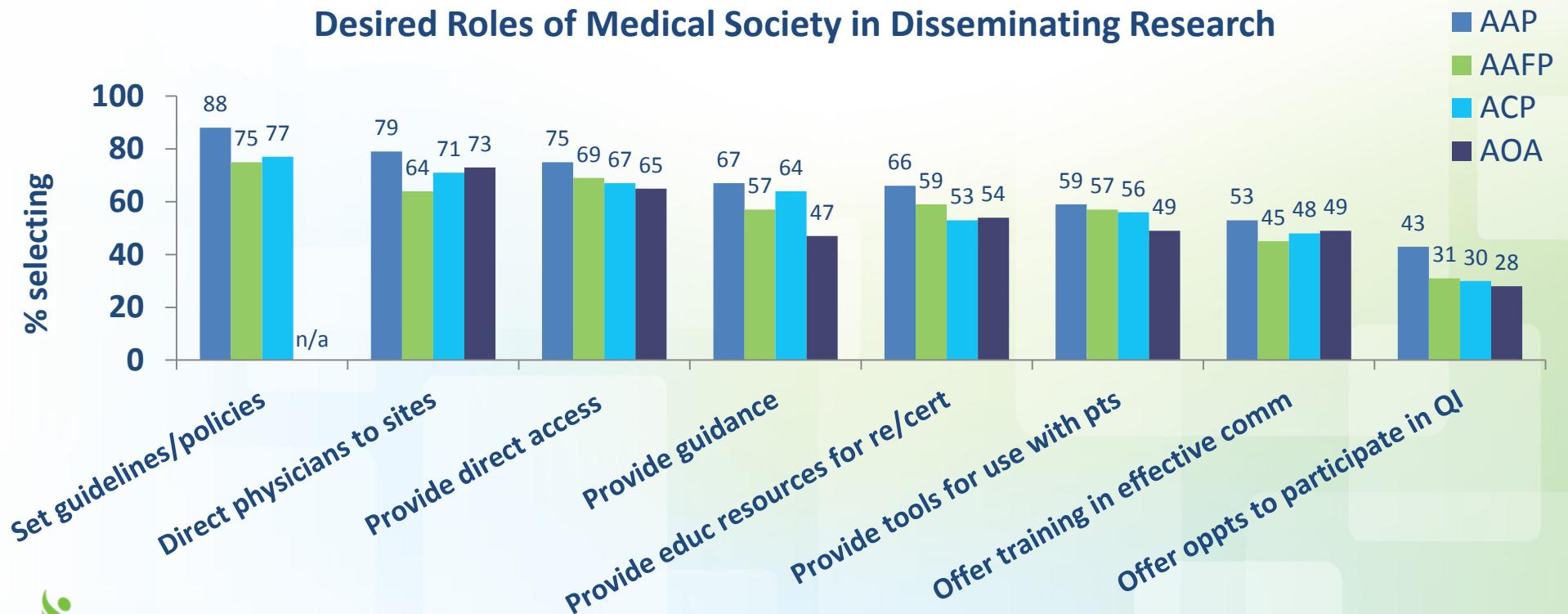


Clinician Views

Finding # 7: Dissemination – Role of Medical Societies

- Most primary care physicians feel their society should spend more time disseminating and translating research findings into health care practice.
- They especially think their society should use research findings to set guidelines and policies as well as to direct them to sites with information and/or provide direct access to research articles.

Desired Roles of Medical Society in Disseminating Research





Limitations of the Research

- The topics of this study – attitudes, experiences, and responses to hypothetical situations – are difficult to assess.
- All data are self-reported and the possibility exists that social desirability and other factors influenced responses.
- When all members who were invited to participate do not, selection bias can occur particularly if respondents differ from non-respondents.
 - Where possible, respondents and non-respondents were compared on demographic characteristics and/or respondents compared to the population from which the sample was drawn.
 - These comparisons did not find notable differences; however, the possibility that respondents and non-respondents differ in experiences and attitudes despite demographic similarities cannot be excluded.





Role for PCORI

- By pointing to the important role of medical societies as mediators in the ways that physicians access and apply research findings, the research highlights the need for PCORI to:
 - Continue to forge relationships with the medical societies that deal with primary care physicians.
 - Identify new ways to make research evidence more accessible to practicing primary care physicians.
- PCORI views this survey as a first step toward establishing a baseline for future action.
 - The term CER itself is not well understood, yet physicians show strong support for clinical research.
 - Physicians report uneven use of applying CER when appropriate, with less than one-third never or rarely applying CER.
 - In the next 2 to 3 years, nearly all physicians believe CER will be important in their treatment decisions.



Conclusions and Thank You



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