

Improving Healthcare Systems

Beth Kosiak, PhD

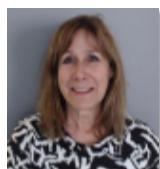
Program Officer, Improving Healthcare Systems

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Welcome!



Beth Kosiak, PhD

Program Officer
Improving Healthcare
Systems (IHS)



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Session Objectives

- Distinctive aspects of the Improving Healthcare Systems (IHS) Program and an overview of our funded research
- Responsive vs. non-responsive Letters of Intent (LOIs)
- Common mistakes in LOIs and in IHS applications
- Discussion



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HIS – Portfolio and Priorities



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Goal

- To support studies 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
- To support studies of the ***comparative effectiveness of alternative features of healthcare systems*** designed to optimize the quality, access, outcomes, and/or efficiency of care for the patients they serve



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Distinctive Components of IHS Studies

Adapt Patient-Centered Outcomes Research (PCOR) model beyond clinical treatment options to different levels of the healthcare system

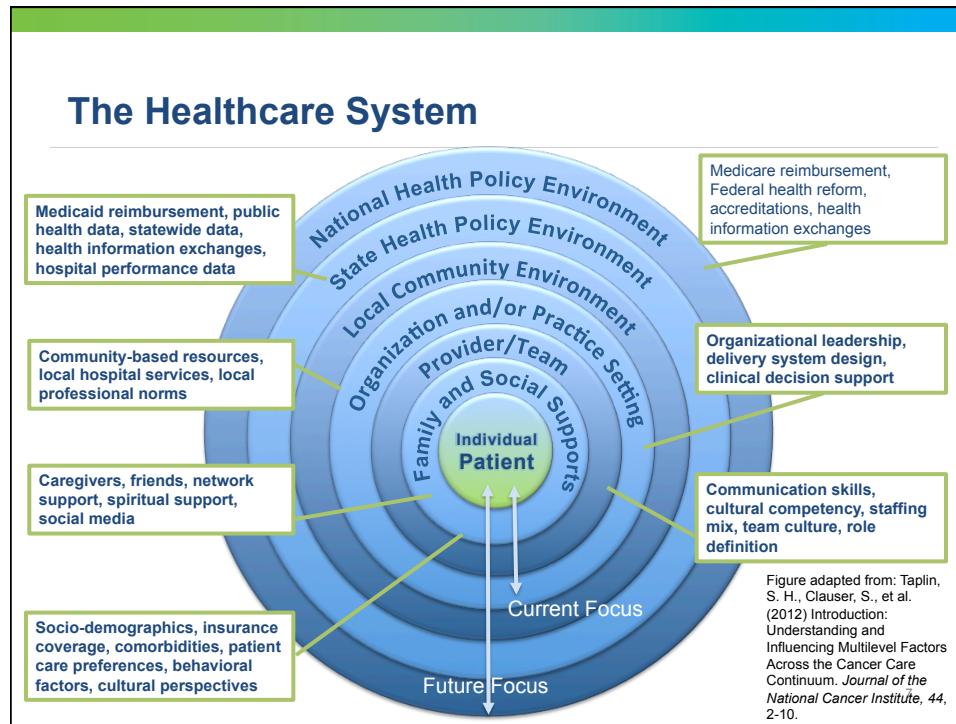
Require inclusion of well-articulated comparators (ideally head-to-head comparisons)

Focus on outcomes relevant to patients

Involve patients and other stakeholders in the entire research process

Conduct research in real-life settings

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Studies Comparing Interventions by System Level

System Level	# of Studies in the IHS Portfolio	Examples of Comparisons in the IHS Portfolio
Individual Patient	6	Compares the use of an electronic asthma medication tracker to standard primary care (no tracker) for children with asthma and their parents and caregivers
Family and Social Supports	7	Compares the use of advance planning tools for access to community-based and in-home services for the frail elderly and their caregivers to an electronic educational intervention of available services and programs
Provider/Team	16	Compares nursing home staff team-based training and palliative care delivery using an adapted NQF protocol to a standard nursing home palliative care protocol
Organization and/or Practice Setting	18	Compares elements of patient-centered medical home (e.g., addition of a PCP in the context of regularly scheduled dialysis sessions and health promoters to help support patients and their caregivers) to traditional team-based specialty care for end-stage renal disease patients
Local Community Environment	6	Compares an ED-to-home community health worker that links patients with community-based social-support (e.g., home-delivered meals) and medical follow-up, to care transition programs using written and verbal discharge instructions alone.

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The IHS Portfolio – Broad Funding

- Broad Portfolio – 53 studies; 22 states; \$105 million
 - Comparative effectiveness of alternate features of healthcare systems
 - Priorities reflect investigator interests, Merit Review assessment, and programmatic balance

Broad Funding Cycle	# of IHS Funded Projects	Total Funding Allocated
Cycle I	6	\$16 million
Cycle II	13	\$19 million
Cycle III	13	\$24 million
August 2013 Cycle	9	\$17 million
Winter 2014 Cycle	7	\$14 million
Spring 2014 Cycle	5	\$15 million
Total (as of Dec 2014)	53	\$105 million



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The IHS Portfolio – Targeted Funding

- Targeted funding initiatives are the most resource-intensive
 - Require greatest specificity
 - Take most time for development
 - Expert workgroups
 - Iterative review with Board Subcommittee
 - Review and approval by the Board of Governors

Funded Targeted Topics	Total Funding Allocated
Clinical Trial of a Multifactorial Fall Injury Prevention Strategy in Older Persons (Administered by NIA)	\$30 million
Effectiveness of Transitional Care	\$15 million

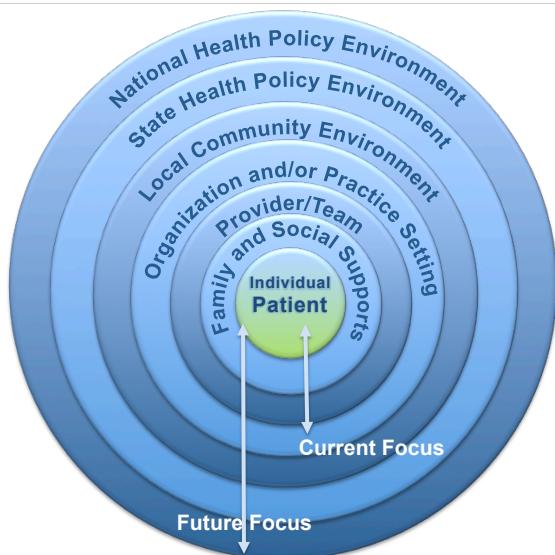


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The Healthcare System

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

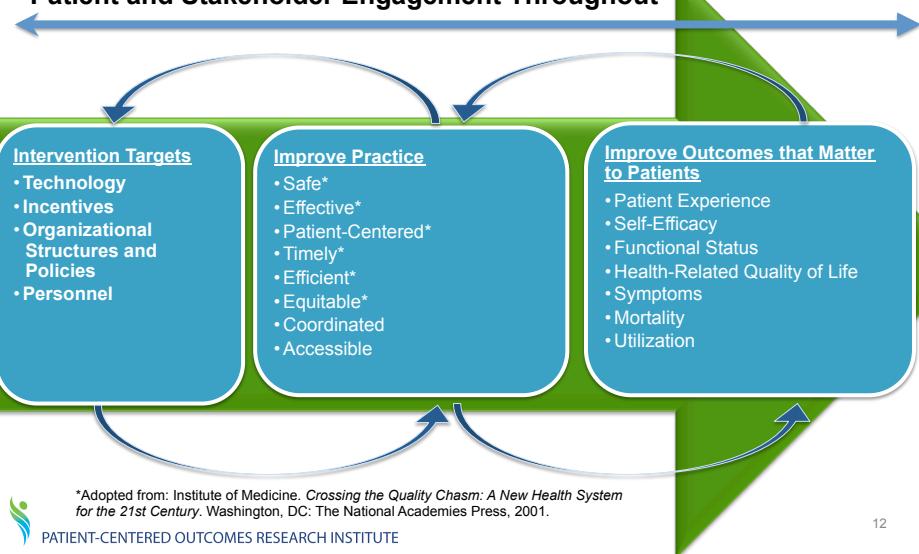


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IHS Strategic Framework

Patient and Stakeholder Engagement Throughout



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IHS-Future Directions

- Larger, more impactful studies
- More head-to-head trials that avoid automatic reliance on comparison to usual care, unless the latter is well specified and more targeted
- Looking for interventions in personnel and telehealth that promote clinical system redesign of roles and responsibilities of team members to provide more efficient and effective care. Are certain patients better served in specialty setting or PCMH?
- Move away from personnel interventions that solely address patient navigator or community health workers, or similar roles



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HIS – LOI Responsiveness/ Non-Responsiveness



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IHS Research Prioritization Criteria

Patient-Centeredness

- Is this comparison relevant to patients, their caregivers, clinicians, or other key stakeholders, and are the outcomes relevant to patients?

Impact on Health and Populations

- What is the impact of the health system problem on healthcare access, quality, and the health of individuals and populations?

Assessment of Current Options

- Does the research study reflect an important evidence gap related to current options that are not being addressed by ongoing research?

Likelihood of Implementation in Practice

- Would new information generated by your research be likely to have an impact on practice? (Do one or more key stakeholders—patients, physician practices, health systems, insurers, employers—endorse the question?)

Sustainability of Change in Practice

- Will the results of your study remain current for several years or will they be rendered obsolete quickly by new technologies or subsequent studies?



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Responsive/Compliant LOIs

Interventions

Indicate projected impact of a successful study

Address a key health systems issue through one or more of the following interventions:

- Technology
- Incentives
- Organizational structures and policies
- Personnel if focused on clinical system redesign—e.g., changing clinical team structure or roles, particularly if combined with technology or other interventions

Establish evidence gap

Outline a strong, clearly specified research design

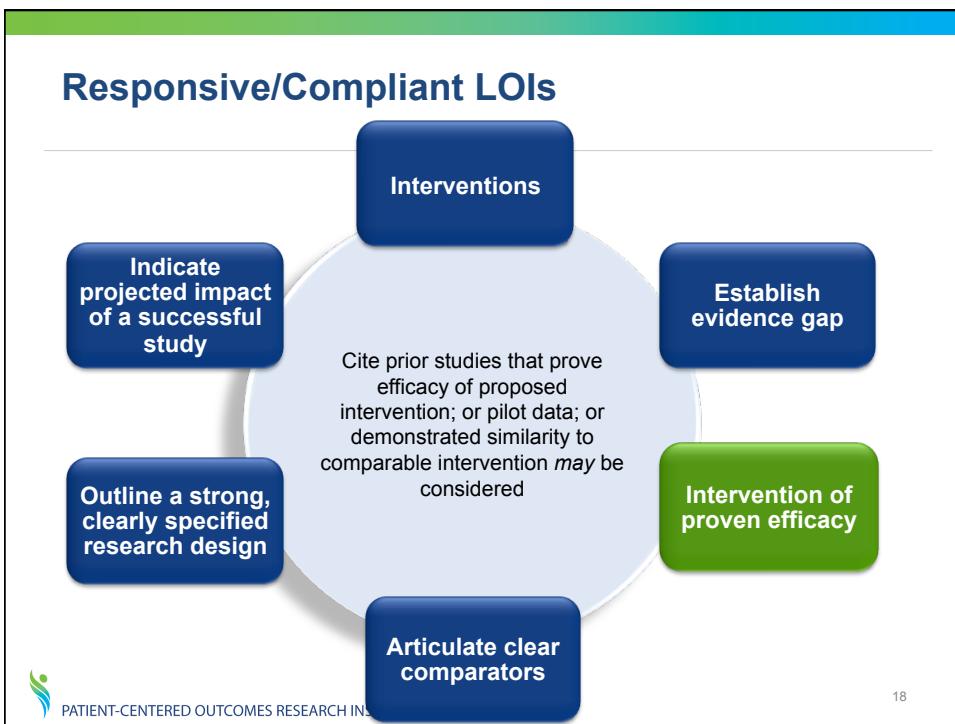
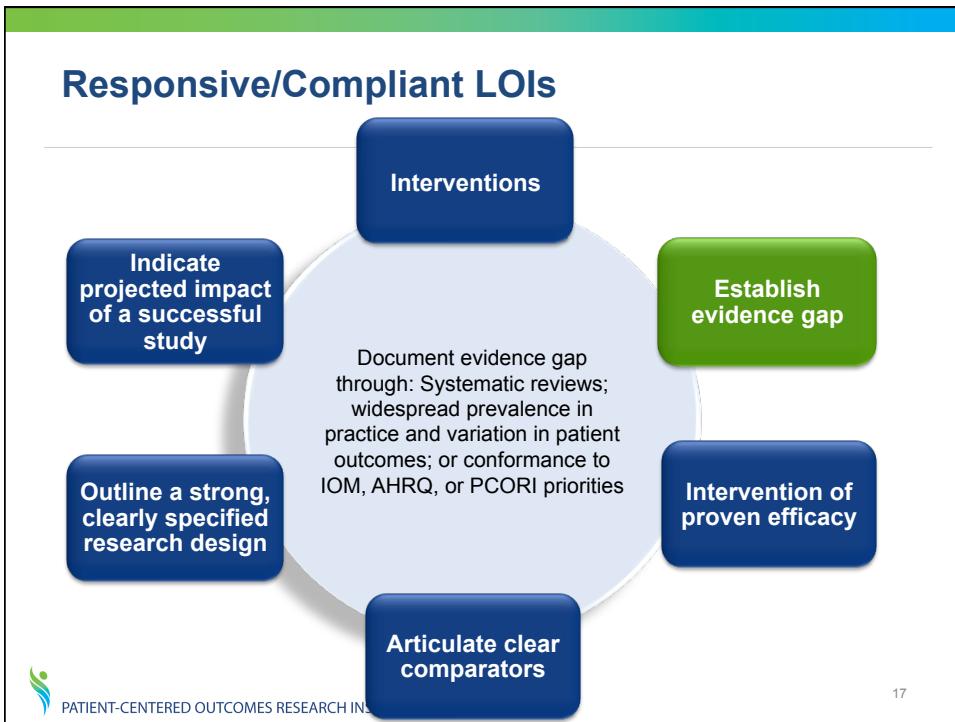
Intervention of proven efficacy

Articulate clear comparators



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Responsive/Compliant LOIs

Indicate projected impact of a successful study

Outline a strong, clearly specified research design

Interventions

Establish evidence gap

Intervention of proven efficacy

Articulate clear comparators

Active comparators; if usual care, must be documented and clearly articulated and/or demonstrate that it is in widespread practice



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Responsive/Compliant LOIs

Indicate projected impact of a successful study

Outline a strong, clearly specified research design

Interventions

Establish evidence gap

Intervention of proven efficacy

Articulate clear comparators

Include comparators, target population, sample, statistics including power, recruitment and enrollment plan, outcomes, challenges



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Responsive/Compliant LOIs



IHS Non-Responsive LOIs

- Does not fit into current IHS portfolio
- No clinical guideline or tool development
- Missing any (or key) citations from the literature
- Not a fully developed study



NOTE:

PCORI does not fund cost-effectiveness analyses.



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IHS LOI Common Mistakes

- Exceeds funding or time limits
- Proposes development of the key intervention
- Lacks testing of a novel intervention
- Is not a CER study
- Has no citations in the literature
- Fails to provide strong science



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More IHS LOI Common Mistakes

- Failure to think about generalizability
- Not a health systems intervention
- Inadequate, limited involvement of patient partners in research
- Expanding an existing research project without regard to PCORI priorities of CER and patient engagement and patient-centered outcomes



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IHS Application Common Mistakes

- Limited impact of study
- No patient-centered outcomes beyond quality of life
- Usual care comparator not clearly stated
- Missing some key aspects of scientific design, such as well-specified power calculations, recruitment, and enrollment plan



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IHS Application Common Mistakes

- Failure to think through complexities of recruitment and enrollment plan
- Unrealistic timeframe for enrollment or analysis
- Discrepancies in narrative, including contradictory statements
- Missing relevant literature citations that may be in an area outside the applicants' immediate expertise
- Inadequate budget, particularly for key personnel



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Recap

In this session, we described:

- Improving Healthcare Systems (IHS) program-area specifics
- Responsiveness of a Letter of Intent to the IHS PCORI Funding Announcement (PFA)
- Common mistakes of IHS applications



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Questions?



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Thank You!

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