

Improving Healthcare Systems

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Welcome!



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In This Session

- Improving Healthcare Systems (IHS), distinctive aspects
 - Goal
 - Program
 - Priorities
 - Portfolio
- Funding considerations applicants
 - Responsiveness of Letters of Intent (LOIs) and applications
 - Common mistakes in LOIs and IHS applications
- Questions



IHS Goal

To support studies of the **comparative effectiveness of alternative 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.



Distinctive Aspects of IHS Studies

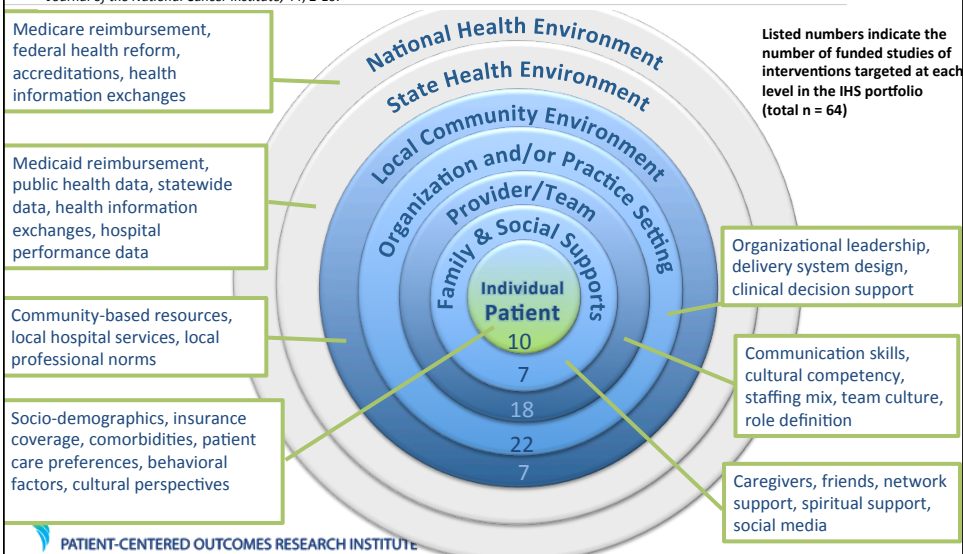
- Adapt Patient-Centered Outcomes Research (PCOR) model beyond clinical treatment options to different levels of the healthcare system
- Focus on CER
- Focus on outcomes relevant to patients
- Require inclusion of well-articulated comparators (ideally head-to-head comparisons)
- Involve patients and other stakeholders in the process
- Conduct research in real-life settings



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IHS Program-The Healthcare System

Figure adapted from: 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.



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IHS Portfolio- Comparing Interventions at System Level

System Level	# of Studies in the IHS Portfolio	Examples of Comparisons in the IHS Portfolio
Individual Patient	10	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	18	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	22	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	7	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.



The IHS Portfolio Overview

- 64 Projects; \$203 million funding; 22 States & D.C.

Funding Mechanism	N of Projects	Total Funding as of 5/13/15
Broad	59	\$123 million
Pragmatic	3	\$36 million
Targeted	2	\$45 million
Total	64	\$203 million

- **Broad:** Both small (\$1.5M, 3 year) and large (\$5M, 5 year) investigator-initiated studies; 2 cycles per year; competitive LOIs
- **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; competitive LOIs
- **Targeted:** Largest and require greatest specificity; range from \$5M - \$30M; often collaborations with other organizations; ad hoc funding; competitive LOIs



IHS Portfolio- Broad Funding

- Broad funding initiatives
 - Investigator-initiated topics
 - Priorities reflect Investigator interests; Merit review assessment; Programmatic balance

Broad Funding Cycle	# of IHS Funded Projects	Total Funding Allocated
Cycle I	6	\$17 million
Cycle II	13	\$19 million
Cycle III	13	\$24 million
August 2013	9	\$17 million
Winter 2014	7	\$14 million
Spring 2014	5	\$16 million
Fall 2014	6	\$17 million
Total (as of May 2015)	59	\$123 million



IHS Portfolio - Targeted Funding

- Targeted funding initiatives; stakeholder-driven topics
 - Very specific
 - Developed through:
 - Expert workgroups
 - Iterative review with Board Subcommittee

Funded Targeted Topics	Total Funding Allocated
Fall Injury Prevention Strategy in Older Persons (Admin by NIA)	\$30 million
Effectiveness of Transitional Care	\$15 million
Targeted Topics in Development	
Managing Hepatitis C in hard-to-reach populations (e.g., homeless, risky behaviors)	Up to \$50 million (IHS topic one of several)
Integration of Mental Health Care and Primary Care	TBD
Multiple Sclerosis	TBD
Chronic Back Pain in Musculoskeletal Disease	TBD



IHS Portfolio—Pragmatic Clinical Studies

IHS has funded 3 studies in 2 cycles

Early supported discharge for improving functional outcomes after stroke \$15 M

Improving colony stimulation factor use in cancer \$ 8 M

Integrating patient-centered exercise coaching into PC to reduce fragility fractures \$14 M

Improving Healthcare Systems Priority Topics Included in Most Recent PFA

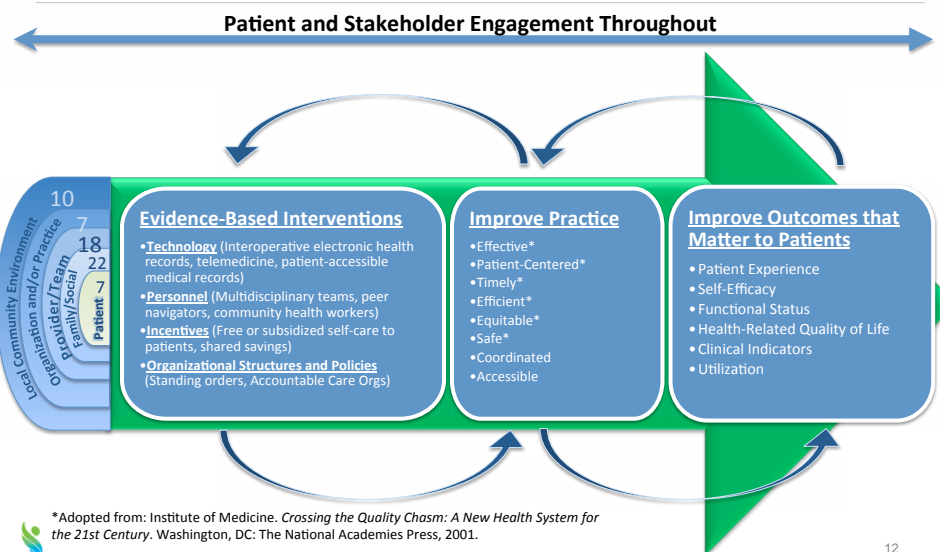
Topic	
Integration of Mental Health and Primary Care	
Perinatal Care	
Discharge from the NICU	
Prevention of Dental Caries	
Chronic nonspecific, musculoskeletal pain	
Pharmacy Integration	
Suicide Prevention	



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IHS Strategic Framework



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IHS-Future Directions

More Impactful Studies

Large Sample
Sizes

Head-to-head
trials with well-
defined
comparators

Usual Care, if used
as comparator,
well-specified and
targeted

Interventions

Interventions in personnel and
telehealth that promote clinical
system *redesign of roles and
responsibilities* of team members to
provide more efficient and effective
care

Move away from personnel
interventions that solely address
patient navigator or community
health workers, or similar roles



IHS – Letters of Intent (LOI) Responsiveness/Non-Responsiveness



Criteria Research Prioritization

Criterion	Relevant question
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 Outcomes Individuals and Populations	What is the impact of the health system problem being addressed on healthcare access and quality, and the health of individuals and populations?
Evidence Gap Current Options	Does the 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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IHS- Responsive LOIs

Key questions: Does LOI/study	Responsive LOIs
Address key health systems issue through systems intervention(s)?	Interventions include: 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?	Document evidence gap through: systematic reviews; widespread prevalence in practice and variation in patient outcomes; or conformance to IOM, AHRQ, or PCORI priorities
Use intervention(s) of established efficacy or common use?	Cite prior studies that establish efficacy of proposed intervention; pilot data or similarity to established intervention <i>may</i> be considered
Articulate clear comparators?	Active comparators; if usual care, must be clearly and specifically articulated; demonstrate that practice is widespread
Outline strong, specific research design?	Include comparators, target population, sample, statistics including power, recruitment and enrollment plan, outcomes, challenges
Indicate sufficient projected impact?	Show that positive study results will change practice and improve patient-centered outcomes; that key stakeholders are involved/interested; uptake by healthcare systems, physician practices, payers likely

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Non-Responsive LOIs/Applications

- Not a health systems intervention
- Exceeds funding or time limits
- Does not fit into current IHS portfolio
- Focused on clinical guideline or tool development
- Fails to provide strong science (e.g., missing key aspect(s) of scientific design, such as well-specified power calculations, recruitment, and enrollment plan)

PCORI does not fund cost-effectiveness analyses.



LOI/Application Common Mistakes

- Inadequate involvement of patient partners in research
- Not a CER study
- Not likely to be implemented
- Limited impact
- No patient-centered outcomes beyond quality of life
- Usual care comparator not clearly defined



LOI/Application Common Mistakes (cont'd)

- Failure to think through complexities of recruitment and enrollment plan
- Unrealistic timeframe for recruitment or analysis
- Inadequate budget, especially for key personnel



Questions?



Thank You!

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