Implementation of the American College of Physicians Guideline for LBP IMPACt-LBP

Data Overview

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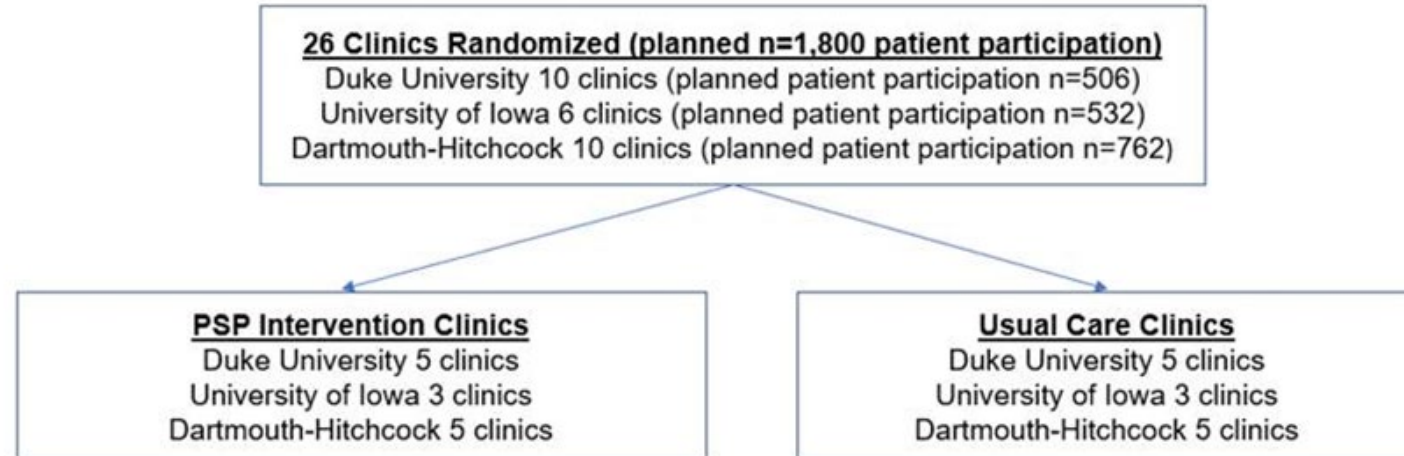**NIH PRAGMATIC TRIALS COLLABORATORY**

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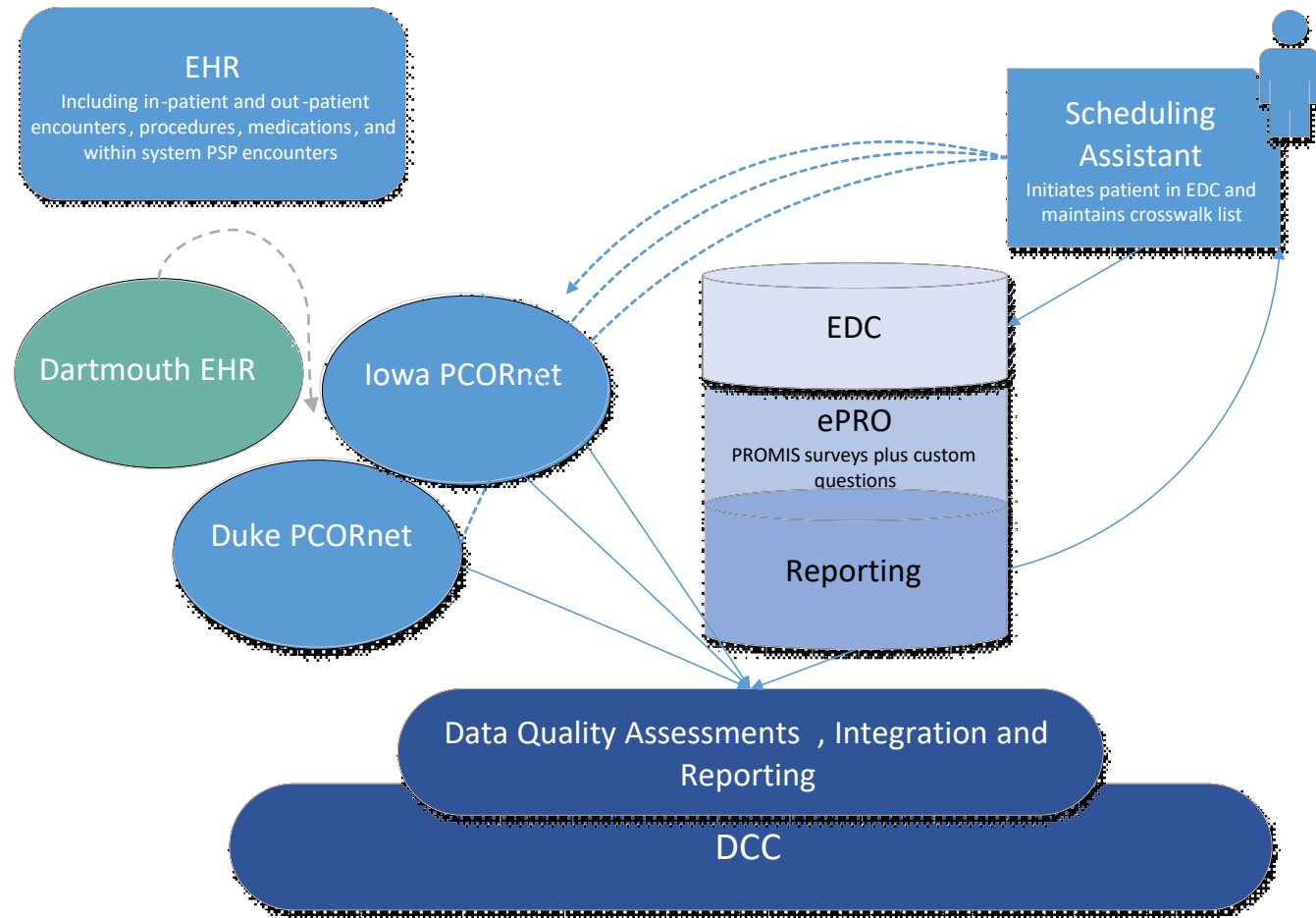
IMPACt-LBP Study Design

Study Design

- Pragmatic multi-site two-arm cluster-randomized trial with the unit of randomization at the primary care clinic level.

- 26 Family Medicine, Primary Care and General Internal Medicine Clinics.

- A total of 1,800 patients >18 years with a primary complaint of LBP who contact a participating primary care clinic to make an appointment with a primary care provider.

Intervention and Usual Care Clinics

26 Clinics Randomized (planned n=1,800 patient participation)
Duke University 10 clinics (planned patient participation n=506)
University of Iowa 6 clinics (planned patient participation n=532)
Dartmouth-Hitchcock 10 clinics (planned patient participation n=762)

PSP Intervention Clinics
Duke University 5 clinics
University of Iowa 3 clinics
Dartmouth-Hitchcock 5 clinics

Usual Care Clinics
Duke University 5 clinics
University of Iowa 3 clinics
Dartmouth-Hitchcock 5 clinics

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IMPACt-LBP Data Flow

Common Data Models

- OMOP, PCORnet, etc.

- Ensures data harmonization across sites

- May include standard quality checks

- Increased collaboration and sharing knowledge / lessons learned

IMPACt-LBP EHR Data Challenges

- Two of the three sites provided EHR data in PCORnet format, with the existing network data curation checks in place. Data available per standard network timelines.

- One site providing raw EHR data
  - Not mapped to PCORnet
  - Not subject to the corresponding PCORnet data curation, including model population and consistency checks

- Impact:
  - Identify external group to map raw to PCORnet formats
  - Necessitate additional data checking by DCC
  - Impacted timelines and availability of data to DSMB
  - Impacted budget allocations

- Attempts to align data refreshes with DSMB Meetings
  - DSMB Schedule was not finalized; however PCORnet reloads quarterly