Lumbar Imaging with Reporting of Epidemiology (LIRE): Barriers/Lessons Learned

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Acknowledgements

Disclosures (Jarvik)

- UpToDate
  - Section Editor
- Physiosonix (ultrasound company)
  - Founder/stockholder
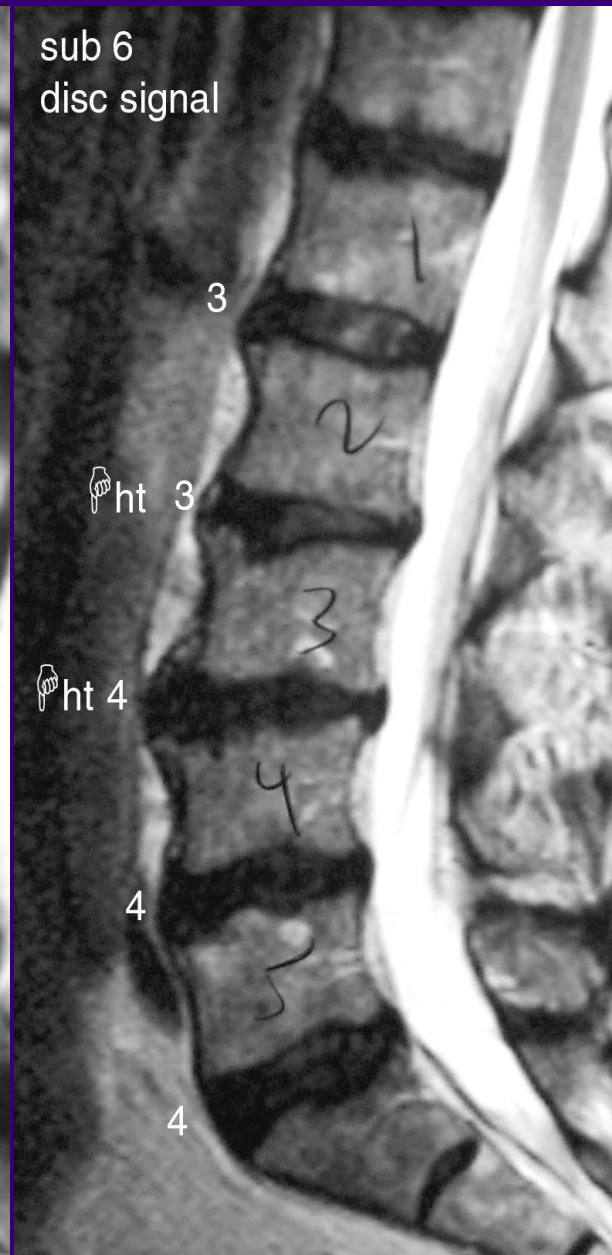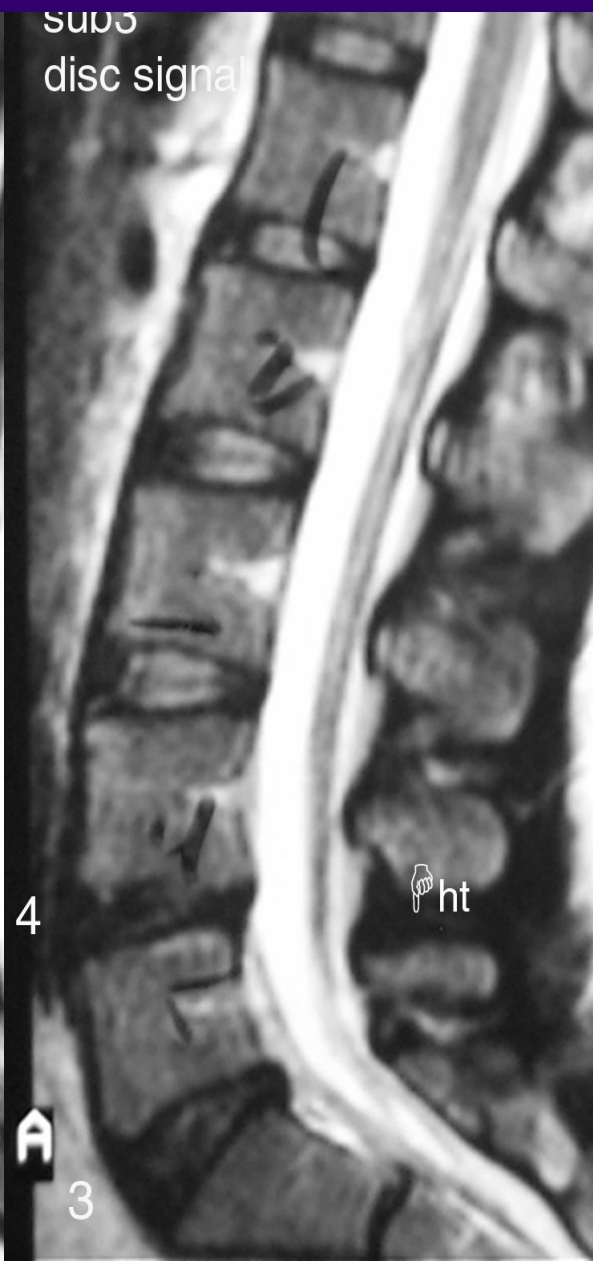- Evidence-Based Neuroimaging Diagnosis and Treatment (Springer)
  - Co-Editor

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Outline

- LIRE reminder

- Barriers/Lessons Learned

Disc Degeneration in Asx

Hypothesis

- Inserting benchmark information into reports will influence subsequent management of primary care patients with LBP
  - Fewer subsequent imaging tests
  - Fewer referrals for minimally invasive pain treatment
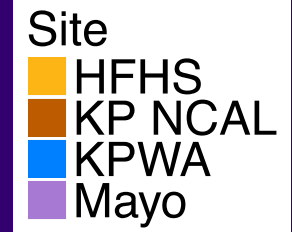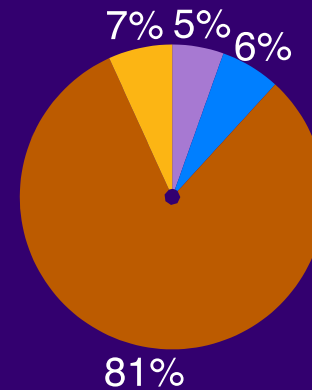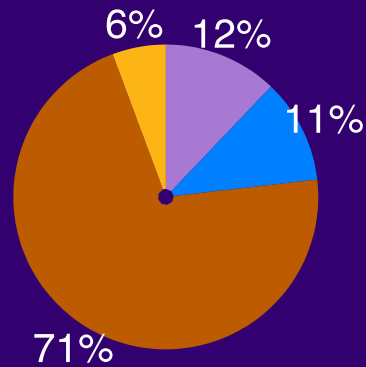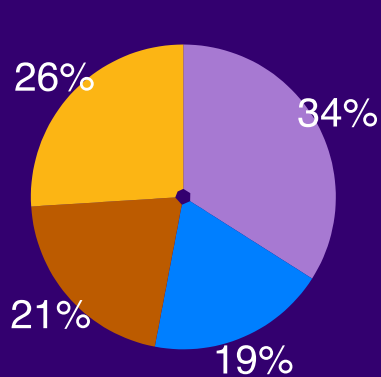 - Fewer referrals to surgery
  - Less narcotic use

LIRE: Enrollment

Clinics (n = 98)
26% 34% 21% 19%

Providers (n = 3,301)
6% 12% 11% 71%

Patients (n = 246,289)
7% 5% 6% 81%

Site
HFHS
KP NCAL
KPWA
Mayo

Barriers Scorecard

Barrier	Level of Difficulty 1 little difficulty 5 extreme difficulty				
	1	**2**	**3**	**4**	**5**
Enrollment and engagement of patients/subjects	X				
Engagement of clinicians and Health Systems		X			
Data collection and merging datasets			X		
Regulatory issues (IRBs and consent)	X				
Stability of control intervention		X			
Implementing/Delivering Intervention Across Healthcare Organizations		X			

Top Barrier: Getting EMR Data

- Within and between site data system heterogeneity→difficulty obtaining and merging data from disparate sources

- Programmer engagement, but not site PIs

Recent Lesson Learned

- Returning results in the setting of "no consent" is trickier than it seems

One thing you know now that you wish you knew when you started your project

- That partners were going to change their EMR in the middle of the study
- To have known baseline imaging rates; could have stratified allocation based on imaging rates rather than size

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Advice for the new UG3 projects?

– Budget for changes

– Be ready to drop/add sites, early on

– Don't underestimate stakeholder engagement importance; success depends mostly on people

– Make sure communication flows through all level of personnel (PIs, programmers, coordinators, etc)

– Get cumulative vs. serial data for QC checks

– Get schematic of feeding data sources

– Work with an experienced team

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What have you learned or gained through the Collaboratory program that you would not have gotten elsewhere?

—Group knowledge

—Advice from Cores (biostats, stakeholder engagement, health system, etc)

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Key People

- Katie James, PA-C, MPH- PD
- Brian Bresnahan, PhD- Hlth Econ
- Bryan Comstock, MS- Biostats
- Janna Friedly, MD- Rehab
- Laurie Gold, PhD- Radiology
- Patrick Heagerty, PhD- Biostats
- Larry Kessler, PhD- HSR
- Danielle Lavallee, Pharm D, PhD
- Eric Meier, MS- Biostats
- Nancy Organ, MS- Biostats
- Kari Stephens, PhD- Informatics
- Judy Turner, PhD- Psychol/Psych

- Rick Deyo, MD, MPH- OHSU
- Dan Cherkin, PhD- GHRI
- Karen Sherman, PhD- GHRI
- Heidi Berthoud- GHRI
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- Dave Kallmes, MD- Mayo
- Patrick Luetmer, MD- Mayo
- Andy Avins, MD, MPH- KPNC
- Luisa Hamilton- KPNC

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