

PROVEN

PRagmatic Trial of Video Education in Nursing Homes

Susan L. Mitchell, MD, MPH

Vincent Mor, PhD

Angelo Volandes, MD, MPH

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NIH Collaboratory Steering Committee Meeting

Top Barrier/Challenges and Recent Generalizable Lessons Learned

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BROWN
School of Public Health



Institute for
Aging Research
Hebrew SeniorLife



Current Top Barrier/Challenge

- Conducting a pragmatic trial in healthcare systems that have not fully incorporated the intervention as a standard operating procedure

Recent Generalizable Lesson Learned

- Challenging to rely on adherence monitoring tools (e.g., our user defined assessment in the EMR) that is **not** embedded as a part of usual care

What We Wished We Had Known

- Social workers' clinical activities are not consistent with their roles in our study
- Many social workers feel that advance care planning (ACP) is not their responsibility
- A better approach might have been to enlist NPs (who now get paid for ACP) for our study along with the support of social workers

Advice for New UG3 Projects

- Don't introduce a user defined assessment or adherence monitoring tool in a very pragmatic environment
- Could be very distracting or provide misleading adherence data
- Must document implementation; HOWEVER, even pilot testing use of a new form may not be enough since generalized and sustained use is the problem

What We Have Gained from the Collaboratory

- We reflect more on our lessons learned
- We have thought more broadly and more holistically about methodology
- We would not have otherwise used the PRECIS framework in such a dynamic way