

Engaging Stakeholders and Aligning with Health System Partners

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**ASN
KIDNEY
WEEK** 20
19
Washington, DC | Nov. 5-10

Disclosures

- Miguel A. Vazquez, MD has received research support from the National Institutes of Health.

Agenda



Stakeholders in Pragmatic Trials



Learning Health Systems

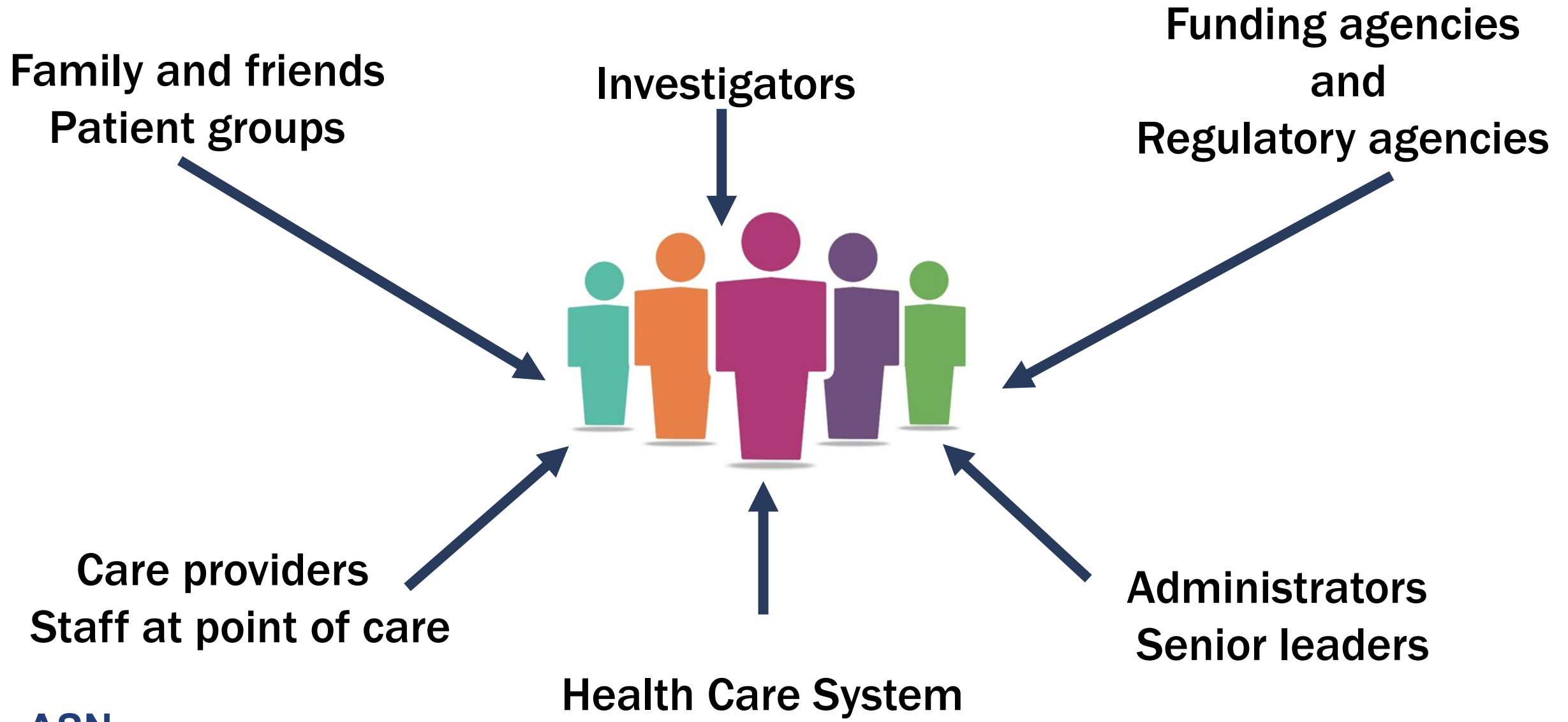


ICD-Pieces and Partnering with Health Systems



Improving CKD-Diabetes-HTN Care in a New Era

Pragmatic Trials: Many Stakeholders



Learning Health Systems

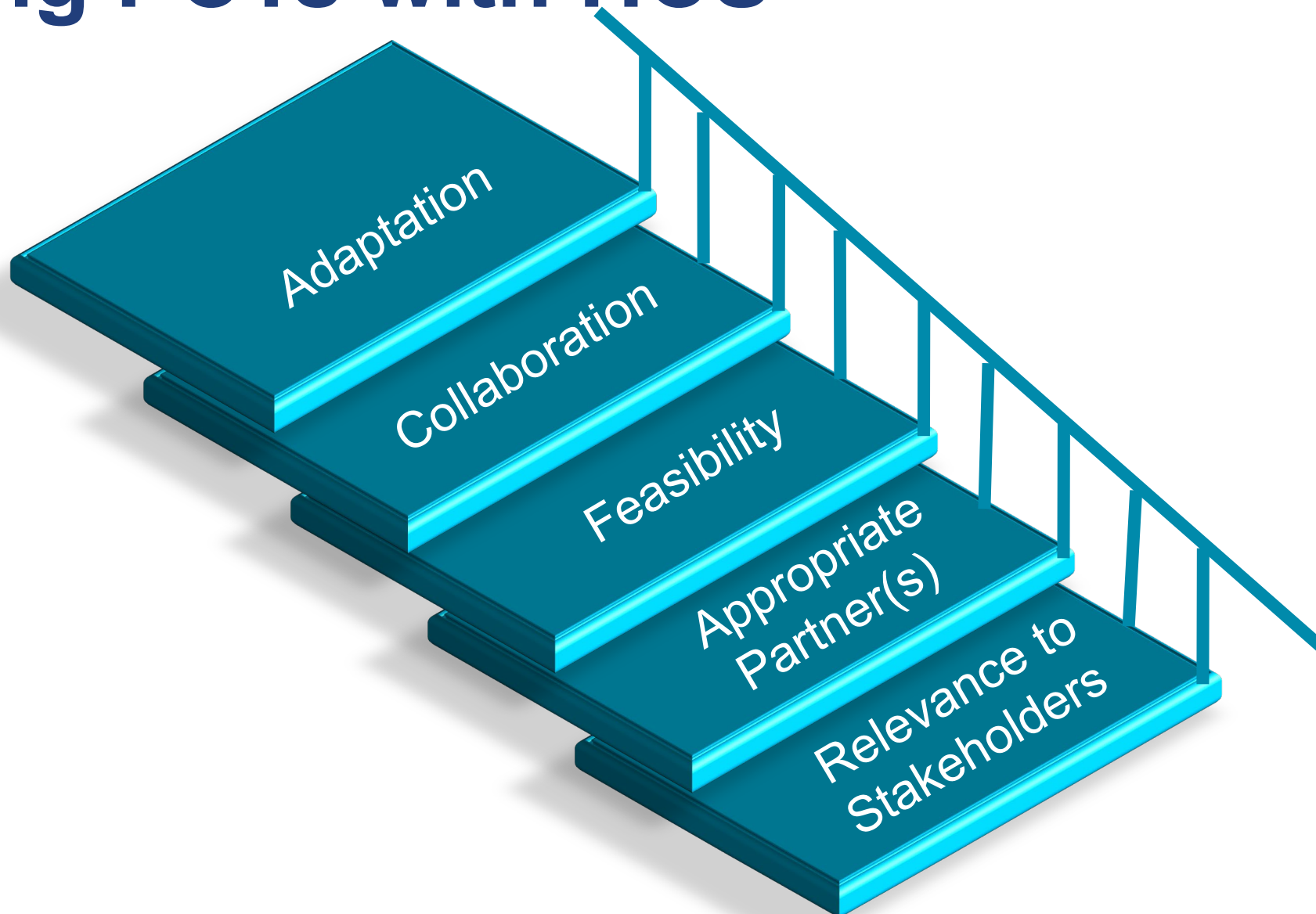
- Generate best evidence health care choices
- Drive discovery as national outgrowth patient care
- Ensure innovation, quality, safety, and value

Learning Health Systems



Partnering with Health Care Systems

Aligning PCTs with HCS

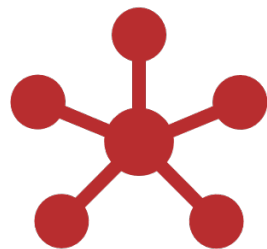


Partnering with a Health System for ePCT

Planning



Implementation



Dissemination



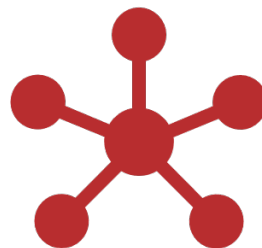
Partnering with a Health System for ePCT

Planning



- Align Goals
- Plan together
- Develop trust
- Clarify roles

Implementation



Dissemination

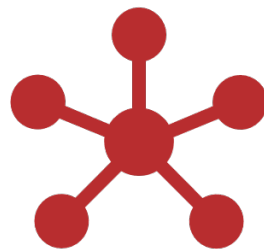


Partnering with a Health System for ePCT

Planning



Implementation



- Maximize resources
- Minimize disruption
- Provide tools
- Adapt to changes
- Create value

Dissemination

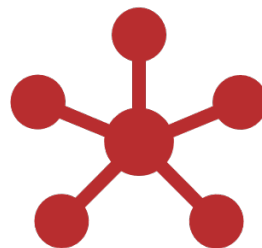


Partnering with a Health System for ePCT

Planning



Implementation

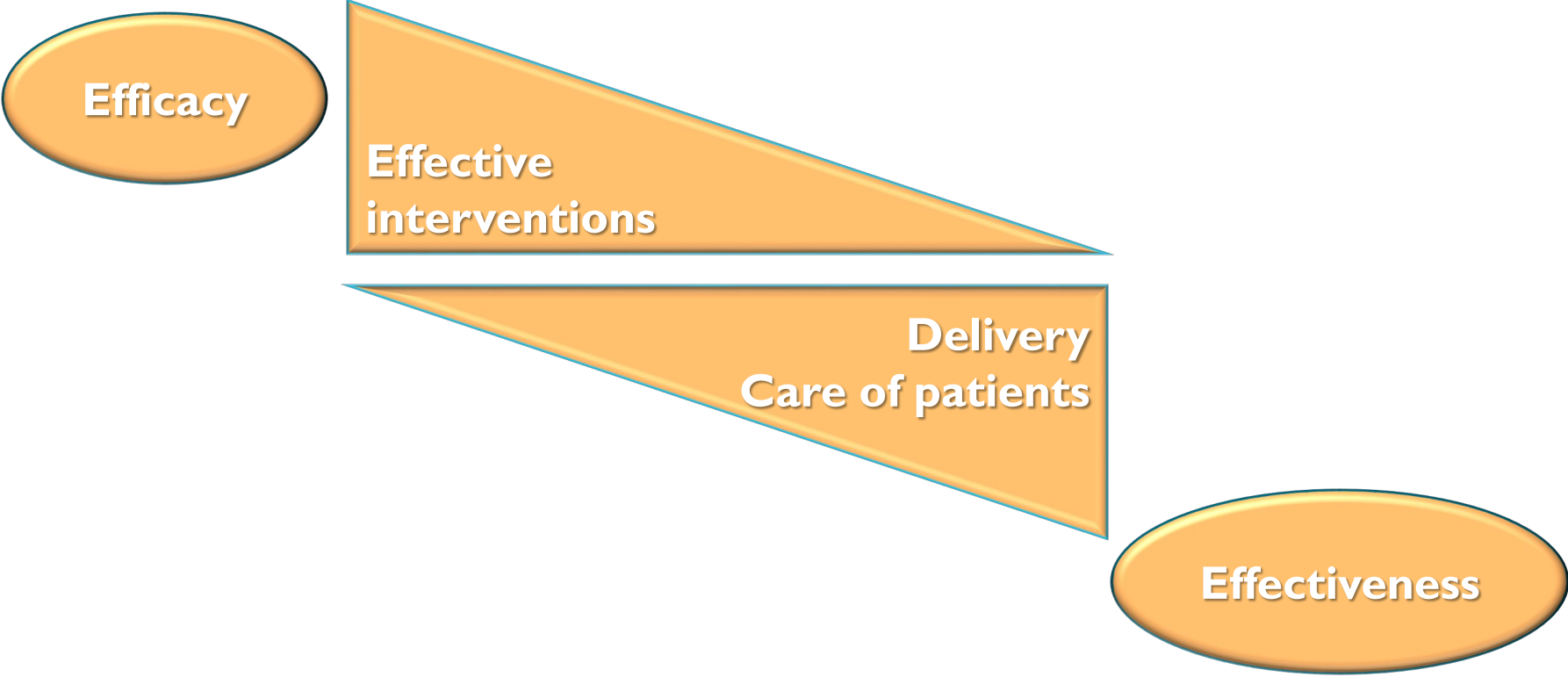


Dissemination



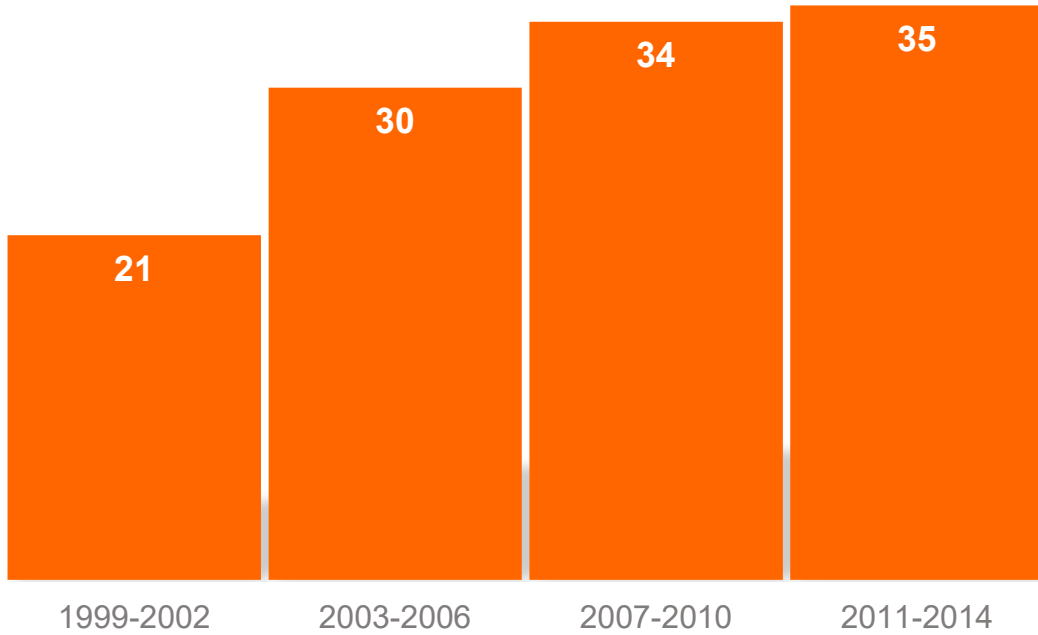
- Scale-up efforts
- Timelines/ resources
- Sustainability
- Future Projects

CKD and the Gaps in Care

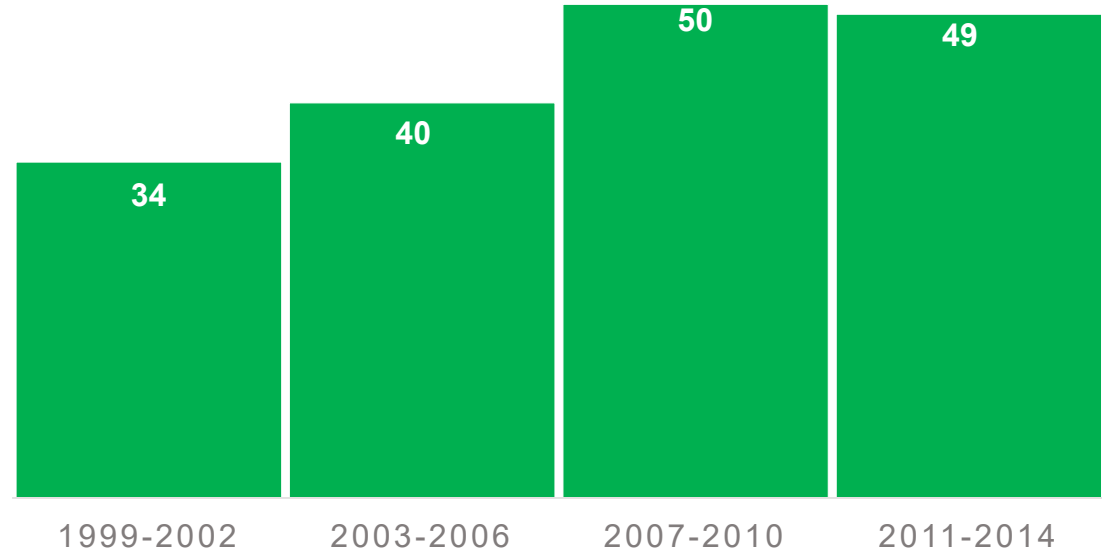


Use ACE/ARB in CKD

ACE/ARB use(%) by era in those with
ACR \geq 30mg/g regardless of eGFR
P<0.001



ACE/ARB use (%) by era in those
with eGFR <60mL/min/1.73m² and
ACR <30mg/g
P<0.001



Measures of Control CKD risk factors

USRDS-NHANES participants

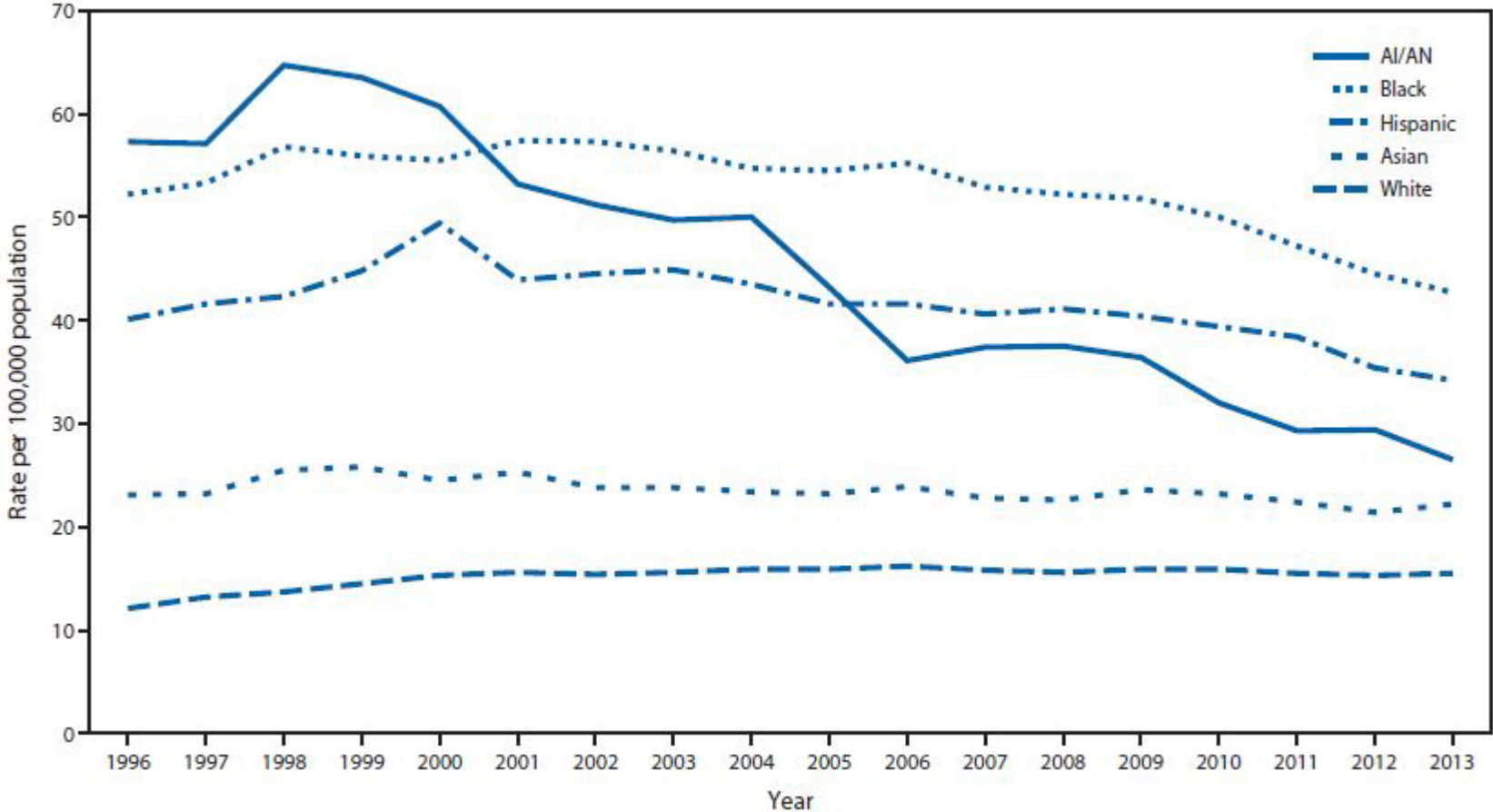
Risk factor	Controlled, years 2011-2014
HTN: aware, treated and controlled	27.8%
Total cholesterol <200	61.6%
Physical activity (non-sedentary)	56.4%
Smoking (never)	51.7%
Glycohemoglobin <7%	42.9%

How to improve care for CKD?

“ If we need more evidence-based practice, we need more practice-based evidence”

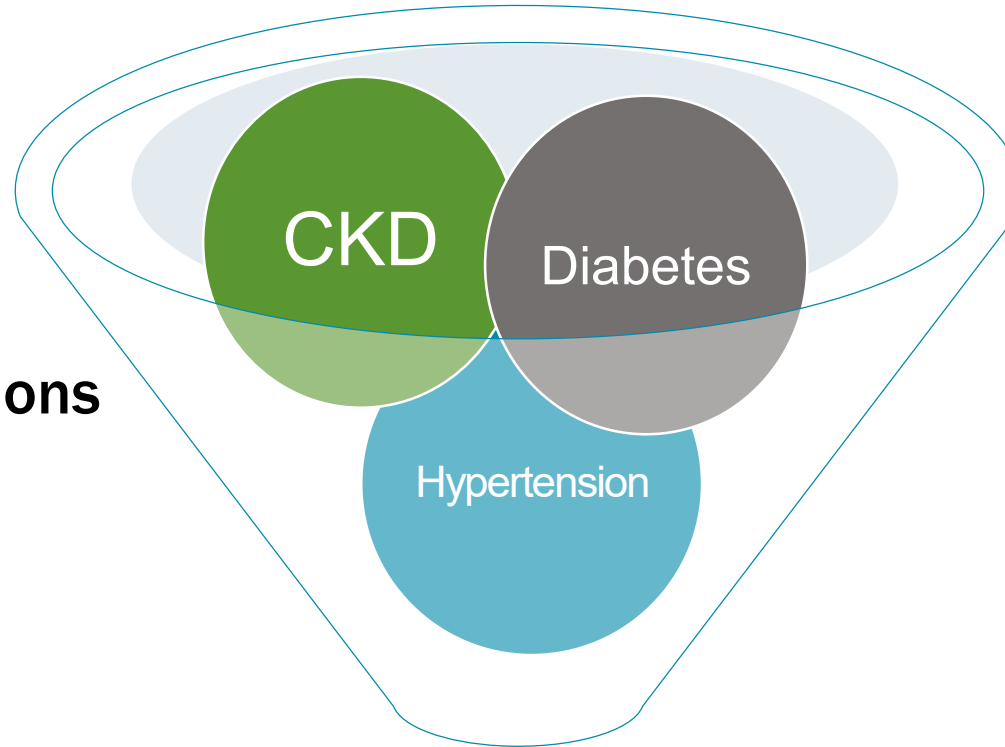
Green, LW. Am. J. of Pub Health, 2006

Incidence ESRD from Diabetes US—Observations Native Americans (AI/ AN) and other groups



Multiple Chronic Conditions

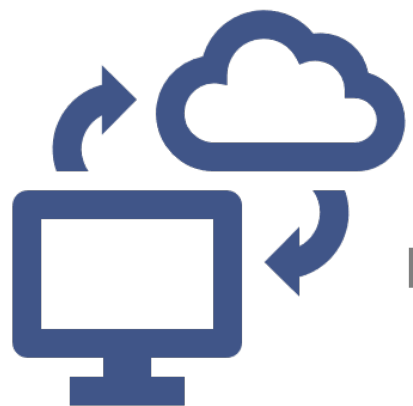
->Common
->Serious Complications



->Under-recognized
->Treatable

**Opportunity to Advance
Care**

Hypothesis ICD-Pieces

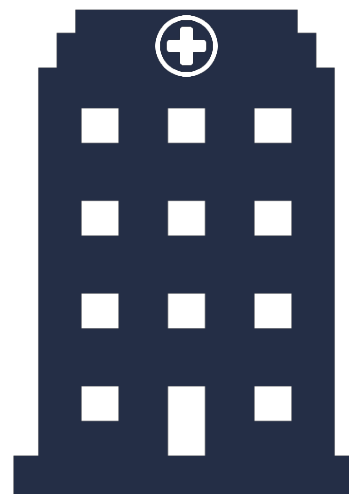


PIECES

(Information Technology)



**Practice
Facilitators**



**Primary Care
Practices**

Improved Outcomes
for Patients with CKD,
Diabetes, and HTN



Reduced:

1. Hospitalizations
2. ED Visits
3. Readmissions
4. CV Events / Deaths

Selection of a Pragmatic Design for ICD-Pieces

1. Complex and serial interventions
2. Multiple components at various levels
3. Delivery interventions by health care team members

The Balancing Act: Research and Health Care Delivery



ICD-Pieces and Learning Health Systems



- Centralized
- Safety-net hospital Dallas County
- Academic Health Center-UTSW



- More real-world –ACO in CT
- Less centralized
- Geographically diverse



- More real-world –community practices
- DFW-Non-profit HCS
- Less integrated



U.S. Department
of Veterans Affairs

- Highly integrated and centralized
- Treats unique subset of the population

Study Conduct

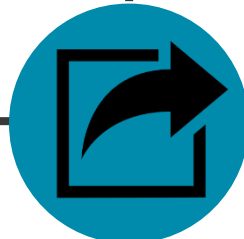
Randomization
Clinical Practices



Patients
Identified



Primary Care
Team Notified



Clinical Decision
Support
Implemented



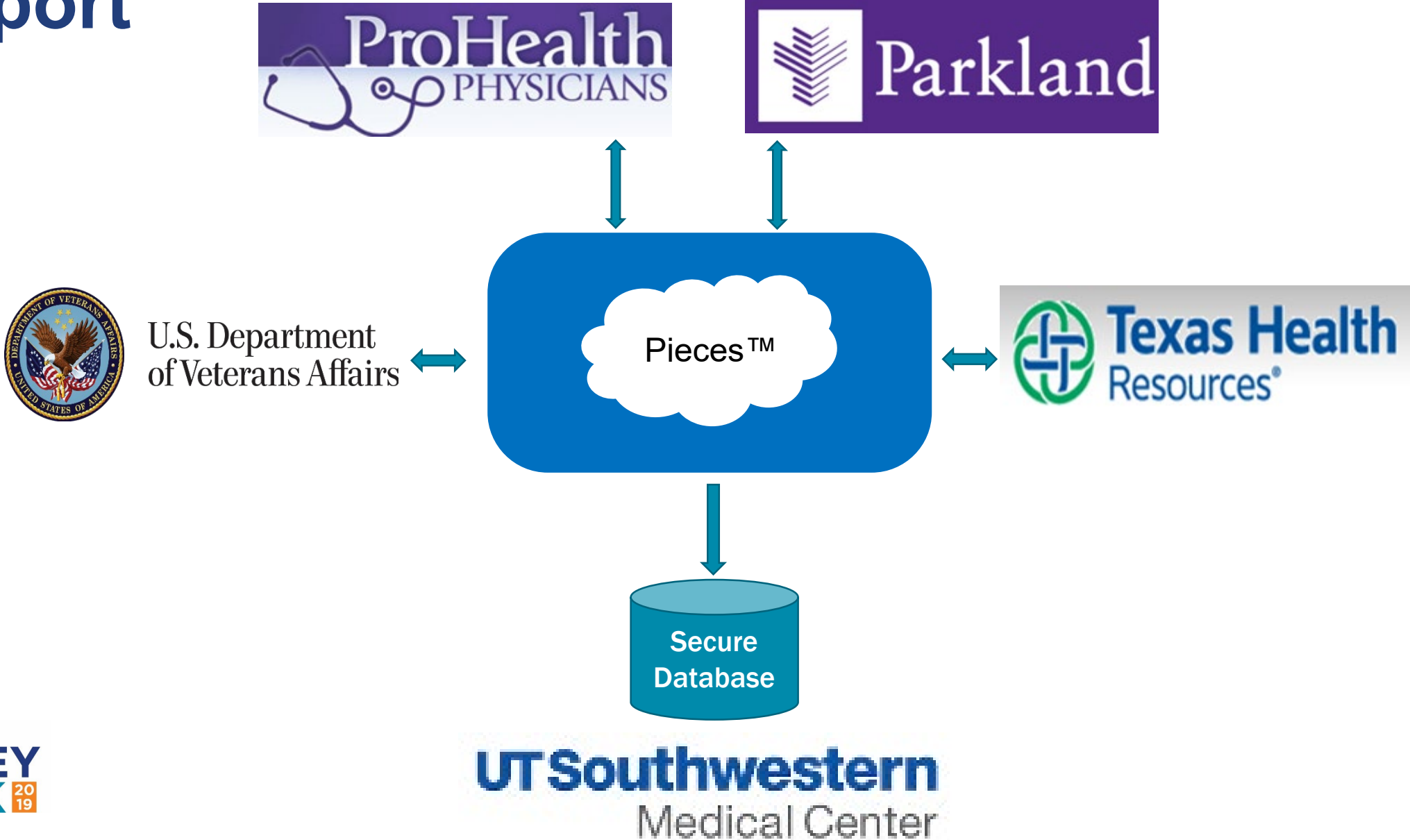
Monitoring Performance /
Clinical Measures



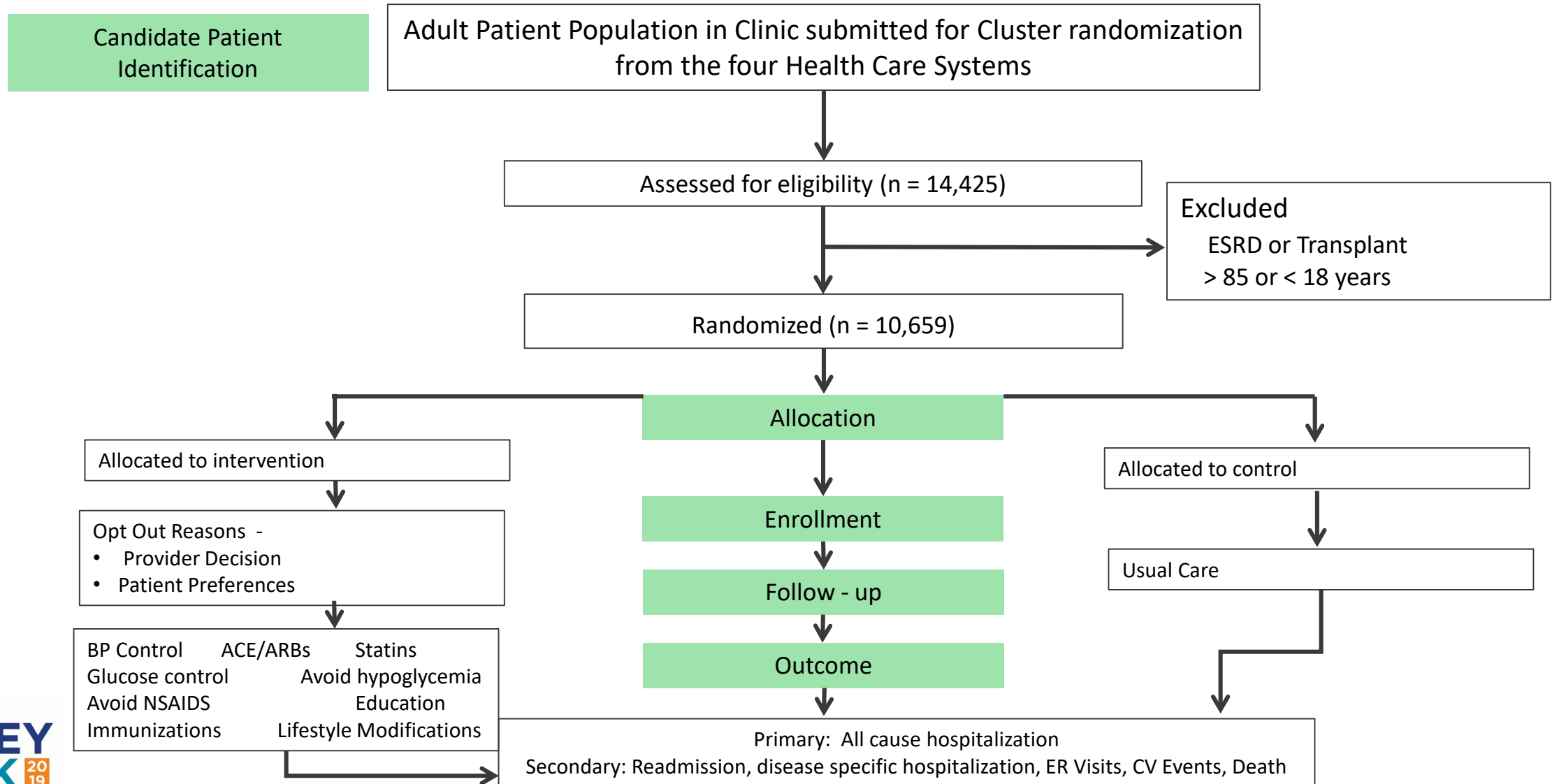
Ascertain
Outcomes



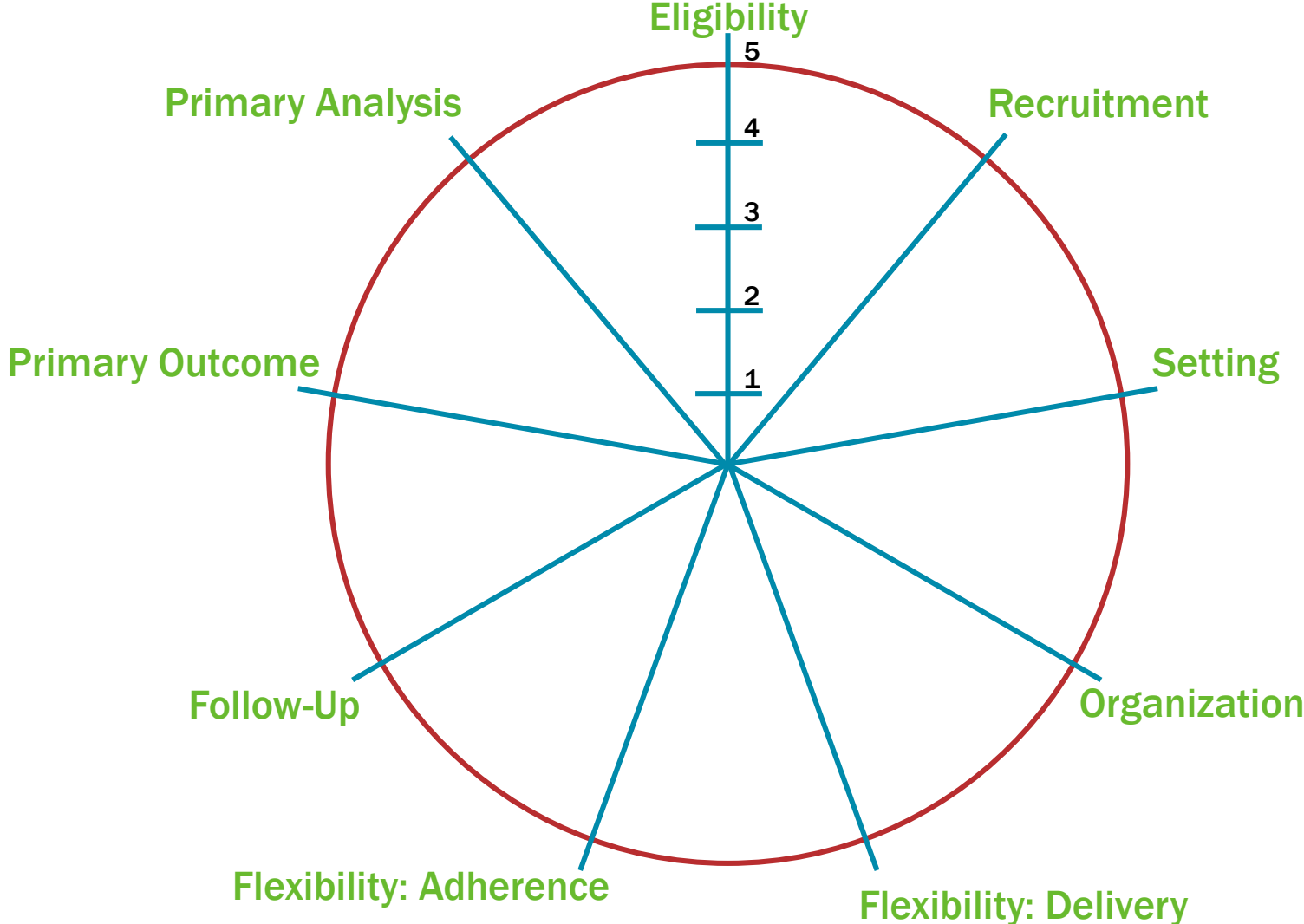
Pieces: Patient Identification / Implementation Support



ICD-Pieces Consort Flow Diagram



ICD-Pieces and the PRECIS Wheel PCTs



ICD-Pieces and Ongoing Lessons

Research question
still relevant

Pragmatic design
preserved

Foundation for
future studies on
chronic conditions

Collaboration with
Health Systems
advanced



Future of CKD Treatment



Learning Health Systems---

**“evidence informs practice
and practice informs evidence”**

Acknowledgements

UTSW

- Robert Toto, MD
- Chul Ahn, PhD
- Song Zhang, PhD
- Perry Bickel, MD
- Susan Hedayati, MD MHS

PCCI

- Ruben Amarasingham, MD, PhD
- George “Holt” Oliver, MD, MHSc
- Adeola Jaiyeola, MD, MHSc
- Esther Olsen, MHA
- Shelley Chang, MD, PhD
- Albert Karam, MS

NIH

- Andrew Narva, MD – NIDDK
- Barbara Wells, PhD – NHLBI
- Susan Mendley, MD-NIDDK
- Kevin Chan, MD-NIDDK
- R Star, MD-NIDDK

THR

- Ferdinand Velasco, MD
- Lynn Myers MD
- Janet Holden, RN
- Maryam Sajjad
- Tony Keller

ProHealth

- Tom Meehan, MD
- Alli Levine, PharmD
- Stephanie Gerant, PharmD
- Charlie Upton, PharmD

VA North Texas

- Tyler Miller, MD
- Anuoluwapo Adelodun, MD MPH
- Tariq Siddiqui
- Rom Khattri

Parkland

- Brett Moran, MD
- Noel Santini, MD
- Kay Thompson, MD
- Jill Sommerhauser, RN, MSN, MAT, MEd

Early Planning

- Chet Fox, MD
- Linda Kahn, PhD
- John Lynch, MS