

Integrating Research into Health Care Systems: Executives' Views

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NIH Collaboratory Healthcare Systems Workgroup PCORNet Health Systems Interactions Task Force

Presentation overview



- IOM Discussion Paper: Integrating Research into Health Care Systems: Executives' Views
- PCORnet health systems demonstration project process



Integrating Research into Health Care Systems: Executives' Views

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Discussion paper approach



- PCORnet HSIS Task Force direction: what matters to executives?
- PCORI and the IOM convened "Health system leaders working towards high value care through integration of care and research" April 23-24, 2014
- Surveyed attendees (N=79) about value and challenges of integrating research into practice







1. How does integrating knowledge generation activities into practice add value to the organization you represent?

2. What are your main concerns or challenges with integrating knowledge generation into practice in the organization you represent?

Analysis approach



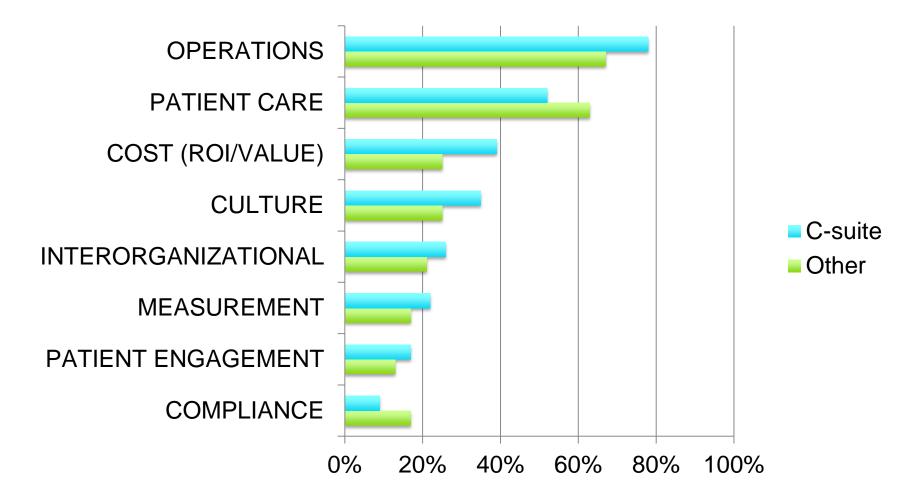
- Team reviewed quotes to develop themes
- All responses were coded by 2 team members and themes finalized by discussion
- Quotes could be coded into more than 1 theme

Response summary



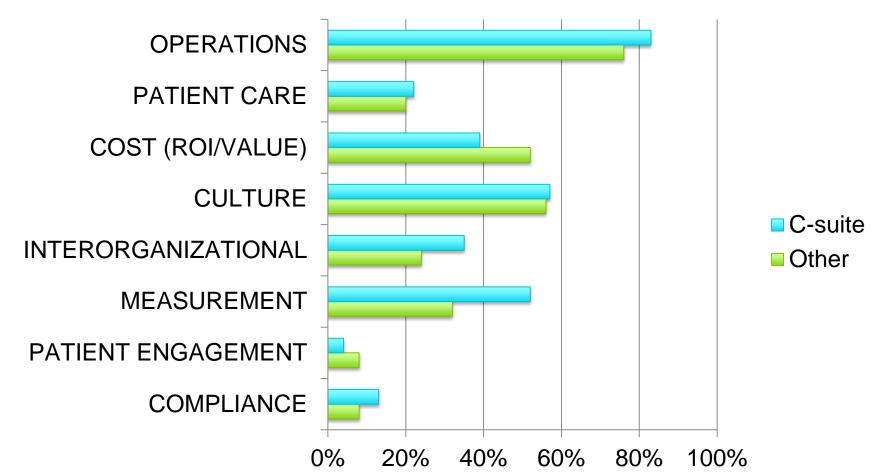
- 62.8% response rate
- Roles
 - 47% C-suite
 - Others included: researcher, dean, quality officer
- All Clinical Data Research Networks represented
- At least 4 Patient-Powered Research Networks represented

Results: How does integrating knowledge generation activities into practice add value research INSTITUTE to the organization you represent?



Results: What are your main concerns or challenges with integrating knowledge generation into practice in the organization you represent?





Key findings: where integrating research adds value



- Identifying questions that support organizational performance goals
- Using data to drive decision-making
- Enhancing reputation and connections
- Improving patient care

Key findings: challenges of integrating research



- The questions that research studies address and the measures that are available often do not provide enough detail to support decisionmaking
- Results outdated by the time studies are completed
- How to mesh research procedures/findings with clinical workflows

Take-home messages



- Objectives and methods for research & strategic planning differ
- There are opportunities for shared learning but bridging mechanisms are needed

"There is a disconnect between those who see themselves as generating knowledge with those who are trying to meet new expectations for better system outcomes."



PCORnet Health Systems Demonstration Project Exploration

Organized by:

- HSIS Task Force Office
 - Eric Larson, MD MPH
 - Karin Johnson, PhD
 - Katherine M Newton, PhD
 - Jane Anau
- PCORI
 - Sarah Greene, MPH
- PCORnet Coordinating Center
- Demonstration Project Workgroup

Background & Purpose



BACKGROUND

- Health system leaders want studies that address their most pressing strategic questions around quality and wise resource investment
- PCORI envisions that PCORnet will develop the capability and capacity to rapidly mount studies that address questions of importance to healthcare decision makers

PURPOSE:

- Identify questions of high priority to health system leaders, that can be answered using the Common Data Model (CDM)
- Accustom systems leaders to using the data to ask/answer questions.
- Demonstrate value of PCORnet investment for health care leadership stakeholders





- Convening function and identify 4-5 demonstration project topics
 - 2-3 proof of concept projects
 - Convening
 - 2-3 other projects from the field
- Approval by PCORI committee and board
- Issue RFA
- Application review
- Make awards
- Conduct projects

Project Criteria



- Focus on system performance, i.e., not necessarily hypothesis testing
- Involve data from at least two CDRNs (pooled, not necessarily linked)
- Projects relying on the Common Data Model (CDM) will be favored
- May explore use of other data, but non-CDM data use should inform CDM expansion and be pursued in consultation with DSSNI.
- \leq 1 year duration

Topic Generation - Iterative



- 1. Reviewed previous recommendations
 - IOM, AHIP, KP survey (Danforth et al Perm J 2013)
 - Found that most topics not answerable using CDM
- 2. Discussions with workgroup
 - Identified 3 potential, workable topics, currently vetting
- 3. Gather executive input (Seeking now)

Tentative PCORnet demonstration project topics: work in progress



- Characterizations of high, "frequent flyer," users in in ERs and urgent care. Where else do these people seek care, if anywhere? What can we document about their patterns of care?
- 2. What are the characteristics of people with hospital readmissions after discharge? Can we identify patterns of those who are falling through the cracks?
- 3. Choosing Wisely: a subset (5-20) of the topics or a survey of CDRN sites to determine if Choosing Wisely is being pursued at all, and if so, which topics are of greatest interest. What tactics could be used to employ the CDM to monitor and improve performance?

Discussion



- Do these topics resonate?
- How can we best use the CDM to add value?
 - E.g. incorporating performance reporting measures



Thank you!