



Health Care Systems Research Collaboratory

Stakeholder Perspectives on the Business Case for Learning in Health Care

Grand Rounds

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Rethinking Clinical Trials

Focus of Discussion

- The business case for integrating learning into health care delivery is reasonably strong for quality and performance improvement studies
- Value proposition weaker for “hypothesis-driven research”
 - Studies that impact care in years, not months
- What actions can be taken, and by whom, that will provide a positive return on investment (ROI) for health systems
- While tempting, sustainability of our efforts less likely if we focus only on compelling public health need



Idealism vs ROI

An idealist is one who, on noticing that roses smell better than a cabbage, concludes that it will also make better soup.

H. L. Mencken

**Suggested tweet: “@SeanTunis, citing Mencken, advises Collaboratory to smell the roses but make cabbage soup.”
#pctgr**

Stakeholder Engagement Core

Statement of Purpose:

The **Stakeholder Engagement (SE) Core** provides the forum within which a **wide range of stakeholders can bring their different perspectives and expertise to the work of overcoming barriers to the transformation to a learning health care system.**

Through dialogue with stakeholders we will also clarify why this transformation is important for these organizations, their employees and the patients they serve.

→ **Primary focus is to identify strategies to promote long term success of Collaboratory.**



Health Care Systems Research Collaboratory

Strengthening the Business Case for Learning in Health Care

Stakeholder Advisory Group Discussion

Hosted by:

The Center for Medical Technology Policy

May 28, 2014



Rethinking Clinical Trials

SAG Meeting Objective

- To promote sustainability we need to better understand the value proposition for three key stakeholder groups:
 - Health care system leaders
 - Clinicians in those systems
 - The patients they care for
- Focus of discussion on “hypothesis-driven research” that is integrated with the delivery of care
 - Because this seems to be more difficult case to make
 - Recognize that there is no bright line between hypothesis-driven research and quality improvement (QI), etc.

Stakeholder Advisory Group (SAG)

Organizations Represented

- Brookings Institution
- Centers for Medicare & Medicaid Services
- Children's Hospital of Boston
- Cincinnati Children's Hospital
- COPD Foundation
- DARTNet Institute
- Evergreen Health Co-op
- Evolent Health
- National Health Council
- Patient Advocates in Research
- Global Liver Institute
- Good Samaritan Hospital of Maryland
- HCA America
- Healthwise (formerly Informed Medical Decisions Foundation)
- Humana of Ohio
- Institute of Medicine
- Johns Hopkins Healthcare, LLC
- Leonard Davis Institute of Health Economics, UPenn
- Medtronic, Inc.
- Merck and Company
- Minnesota Healthcare Programs
- NCQA
- ONC
- Oregon Health & Science University
- PCORI
- Public Responsibility in Medicine & Research (PRIM&R)
- Veterans Health Administration

First – The Good News

- Some places are doing full range of learning – really well!
- Many key thought-leaders are convinced it can spread
- There are many overlapping priorities between health system needs and researcher interests
- Infrastructure necessary for QI is same/similar to what is needed for research
- A portfolio of learning, weighted to QI, may be attractive

The Not So Good News....

- Health system leaders focused on “burning platform”
 - “System transformation” is essential, urgent activity
- No bandwidth for “nice to have” learning
 - 2/3 of hospitals lose money or break even
 - Upfront costs for long-term payoff not attractive
 - “Almost free” is not good enough
- There is already plenty of evidence we don’t apply
- View researchers as focused on their own interests

May 28th Case Study Presentations

- DARTNet Institute
 - Wilson Pace, University of Colorado at Denver
- FDA Mini Sentinel and Sentinel
 - Gregory Daniel, Brookings Institution
- Clinical Directors Network
 - Jonathan Tobin, Rockefeller University
- Alliance for Chicago Community Health Centers
 - (Part of CAPriCORN CDRN)
 - Fred Rachman, Alliance for Chicago Community Health Centers
- ImproveCareNow (a PCORnet PPRN)
 - Richard Colletti, Vermont Children's Hospital and Beth Nash, parent



Insights from Case Studies

Potential Value for Health Care Systems

- Systems, tools and best practices for data management and analysis can be deployed for high value non-research functions
- They can learn how to leverage their own data to benefit their business and patients
 - Monitor and manage use of high costs services
 - Identify outcomes and costs that differ from benchmarks
 - Reporting on quality and efficiency to various external groups
- Participation in learning initiatives provides grants funds to offset costs of expanding data management, analytics, decision support



Improving ROI for Health Systems

- Researchers will need to continue to improve skills and mechanisms to engage effectively with health system leaders
- Build trust by early focus on learning priorities that are shared by researchers and delivery systems
- Generate data to demonstrate that learning activities
 - Help identify waste and inefficiencies in care delivery
 - Help improve the quality of care
- Provide financial support for the time and effort of their own staff involved in collaborative learning activities

Potential Value for Clinicians

- Quality reporting requirements and performance-based bonuses
- CME and board certification credits
- Role diversification
- Point-of-care decision support
- Fulfill “meaningful use” EHR requirements
- Become part of learning communities with other clinicians to exchange best practices



Increasing Value for Clinicians

- A culture of data collection is easier to foster when clinicians know that the data is used for research, improving care, *and* helping individual patients
- Clinician engagement requires protected and/or billable time to devote to learning activities



Potential Value for Patients

- Better evidence for their decision-making
- Access to their own data
- Opportunities to learn from and share with other patients
- Greater input on research carried out within their healthcare system
- Patients and families are natural researchers: they just need a platform to learn, share, and become part of a social community



Increasing Value for Patients

- Continue efforts to actively engage patients and consumers in all phases of research
- Develop better tools that link results from learning activities to relevant, understandable information for patients and care providers
- More emphasis on patient/consumer education about value of research
- Public communication should be framed in a positive message that emphasizes partnership

Building the business case for learning

- 1. First, figure out how to do the short-term, immediate payoff research much faster, more efficiently, and at lower cost than we do now**
 - ❖ Drive down costs by expanding an infrastructure that is yet under-developed, informed by highly functional models that exist in some systems.
- 2. Second, try to minimize incremental costs for doing hypothesis-driven research**
 - ❖ With clear understanding that it will cost systems more than not doing the research, but that our ultimate goal is to reduce those research costs by an order of magnitude.
- 3. Third, acknowledge that incremental costs for hypothesis-driven research will generally not be absorbed by the health systems**
 - ❖ Funding may come from traditional researchers at much lower projects costs that is currently the case in the absence of extensive infrastructure.

Patients, Consumers and Business Case

- Patients, Public may create significant demand on health systems to invest in learning infrastructures
 - ROI driven by customer demand
- Reforms to human subjects, privacy policy, etc are unlikely to be successfully led by other stakeholders

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