Healthcare Systems Interactions Work Group: lessons learned & items working on next

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Presented by Eric B. Larson, MD, MPH
Group Health Research Institute
The health system’s view...

“The purpose of pragmatic trials is to evaluate potential therapeutic benefits in real-world situations, to really look at clinical effectiveness rather than efficacy in idealized academic systems. Pragmatic trials can have a tremendous impact on what we all struggle with, which is translating our knowledge to clinical practice. Pragmatic trials give us insights into how we can do this in average clinical settings. The most important outcome is improving patient safety and saving lives.”

Edward J. Septimus, MD
Medical Director
Infection Prevention & Epidemiology Clinical Services
Hospital Corporation of America
and NIH Collaboratory PCT partner
What we’ve done

Monthly work group calls
Monthly Office Hours for consultation on operational issues as they arise
White papers

• Strategies to maximize engagement by healthcare systems
• Strategies to minimize disruption in healthcare systems
• Guide to PCTs in stakeholder organizations

Updated HMO Research Network Toolkits
Issue tracker to catalogue issues and challenges, including overlap with other work groups
What we’ve learned: Keep the research in perspective

1. The overall goal of the health system is to deliver good care and improve healthcare—health care system leaders and clinical staff are experts in that area, and also bear responsibility

   Research questions are best when they focus on what the health system wants to learn, not only on what the scientists want to know

2. Generalizable knowledge is likely to be a worthwhile by-product of the research, but may not be the first priority

3. The primary objective for the health system is value for the organization. Research must have the potential to add value such as improved patient outcomes, experience or satisfaction; increased efficiency; or reduced burden for clinical staff
Framework for PCT partnerships

1. Define questions
2. Build partnerships
3. Implement workflow
4. Assess feasibility
5. Involve stakeholders in design

Derive from real world challenges

Adjust to real world settings

Improved Care

NIH Collaboratory
Health Care Systems Research Collaboratory

Rethinking Clinical Trials
## Roles and goals of partners

<table>
<thead>
<tr>
<th>Participants</th>
<th>Roles</th>
<th>Goals</th>
<th>Considerations</th>
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<tbody>
<tr>
<td>Leadership</td>
<td>Promote and support study throughout the delivery system</td>
<td>Value: better patient outcomes, cost effectiveness, efficiency</td>
<td>Ideally, support is at all levels, but buy-in from top leaders is critical.</td>
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<tr>
<td>Business operations</td>
<td>Ensure study integration with HCS billing</td>
<td>Compliance with regulations, no revenue loss</td>
<td>This factor is typically complex due to local variations.</td>
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<tr>
<td>IT staff</td>
<td>Adapt EHR for study protocol and data collection</td>
<td>EHR and patient portal features that patients and clinicians use</td>
<td>IT staff, in particular, often have competing demands and resource limits.</td>
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<tr>
<td>Clinical department</td>
<td>Translate study objectives into clinical workflow changes</td>
<td>Ensure study success with minimal clinical disruption</td>
<td>Understand local considerations for this group; the research team must be flexible.</td>
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<tr>
<td>managers</td>
<td></td>
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<tr>
<td>Clinic champions</td>
<td>Liaison between HCS and researchers</td>
<td>Integration and sustainability of study intervention</td>
<td>Find champions with local credibility. Look for ways to reward and recognize champions.</td>
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<tr>
<td>Frontline clinical staff</td>
<td>Carry out study protocol</td>
<td>Add study to workflow while maintaining high-quality patient care</td>
<td>Try to engage staff without intruding on their work. Provide precise reports on study progress and findings.</td>
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<tr>
<td>Researcher</td>
<td>Propose, design, and adapt study for HCS</td>
<td>Answer research questions and positively impact public health</td>
<td>Expect the unexpected and be prepared to be flexible and to learn.</td>
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Secrets to success

- Participation in pragmatic clinical trials rewards health systems with tools to improve clinical care, professional opportunities for staff, and long-term research partnerships.

- To be successful, pragmatic clinical trials will answer questions relevant to health system decision makers and incorporate input from clinicians, delivery system managers, health IT, and business operations staff into the study design.

- A successful pragmatic clinical trial usually starts with a pilot project; goes through a careful, objective evaluation of the ability of the partner health system(s) to participate; and ends with evidence about sustainable ways to improve care, as well as a long-term scientific relationship.
Secrets to success (cont.)

- Close relationships should be fostered and actively maintained. They are usually gratifying.
- Time commitments from all parties are needed to allow for good communication and negotiation to occur.
- Health systems should be reminded that their patience and participation will pay off in actionable results and rigorously tested tools to improve clinical care.
- Buy-in and input is needed from multiple levels of the system, starting from the very beginning.
- The ultimate shared goal for both the researcher and health system is providing benefits for patients and clinicians through answering practical, relevant research questions.
Next up

Learn from process of moving from pilot to full-scale trials for UH3s

- Maintenance and dissemination of PCT interventions, including what is being done at high levels within health systems to carry out and sustain work
- Communication tools to support front-line staff in balancing trial fidelity with regular care

Incorporate Multiple Chronic Conditions awardees as they are funded

Work in conjunction with PCORnet’s Health Systems Interaction and Sustainability Task Force

- How to replicate engagement process on a larger scale?

PCORI-sponsored IOM conference on data networks and learning healthcare systems
Discussion

Can we demonstrate the value to healthcare systems, especially leaders, of ongoing participation in the midst of dynamic competing priorities and EHR system evolution?

Are data networks essential engines for learning healthcare systems?