Lumbar Imaging with Reporting of Epidemiology (LIRE): Top Barrier and Lesson Learned

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Acknowledgements

Disclosures (Jarvik)

- UpToDate
  - Section Editor
- Physiosonix (ultrasound company)
  - Founder/stockholder
- Healthhelp (utilization review)
  - Consultant
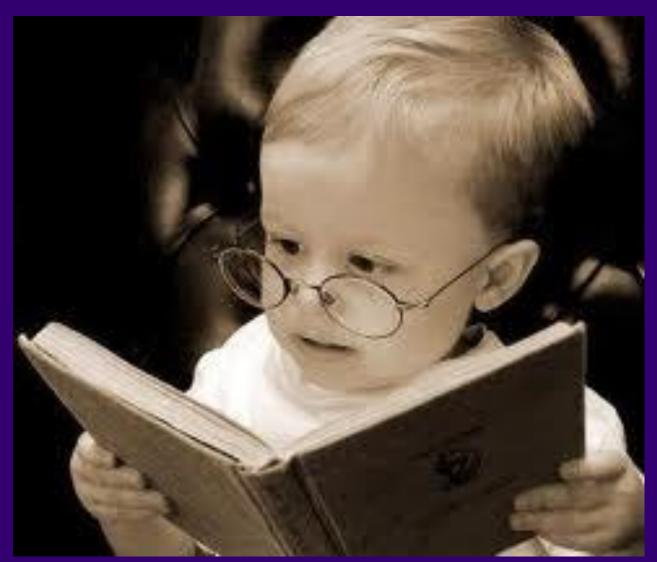- Evidence-Based Neuroimaging Diagnosis and Treatment (Springer)
  - Co-Editor

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Outline

- Progress to date

- Top Barrier and Lesson Learned

LIRE (pronounced leer)- From the French verb, "To Read"

Participating Systems

Name	# Primary Care Clinics (Randomized)	# PCPs (Original)	# PCPs (Randomized)	# Patients (Randomized)
Kaiser Perm. N. California	21	1,006	2,349	199,494
Henry Ford Health System, MI	26	230	187	13,300
Kaiser Perm. WA	19	303	365	15,516
Mayo Health Syst	34	269	400	17,979
Total	100	1808	3,301	246,289

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Talk Outline

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Top Barrier

- Msoft Word changing EHR$\rightarrow$HER

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Top Barrier: Getting EMR Data

- Variation in EMR vendor and architecture
- Obtaining pharmacy data
- Merging/harmonizing data
- Engaging clinically-focused site programmers with research needs
- Low level of commitment from site programmers leading to poor data quality, unresponsiveness and delays
- High turnover of site programmers

Top Lesson Learned: Know Health System EMRs

- Become as familiar as possible with the EMR data you will be collecting at each site to identify problems and inconsistencies across sites and methods for managing these problems and addressing inconsistencies

- Be sure to have involved the RIGHT people who both truly know the capabilities of the technology and the folks who have authority over whatever technological changes are required

- Plan for lots of staff and PI time to meet frequently across the technical groups to ensure good collaborations over time and deal with the inevitable requests and re-request

- Generalizability across sites is limited

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Key People

- Katie James, PA-C, MPH- PD
- Brian Bresnahan, PhD- Hlth Econ
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