The Lumbar Imaging with Reporting of Epidemiology (LIRE) Trial- Lessons Learned

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Talk Outline

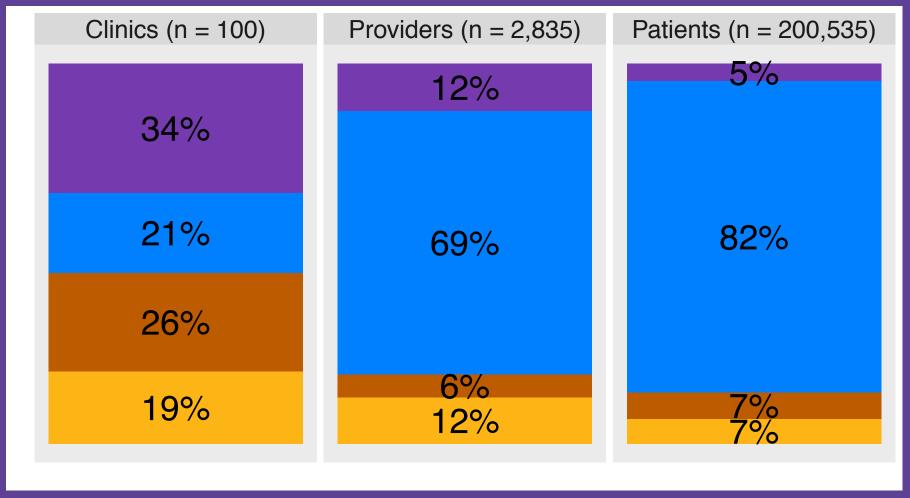
- Brief reminder
- Lessons Learned/Sustainability/Barriers

Enrollment Through 3/31/16 (5/6 waves complete; intervention "on" 78/100 sites)

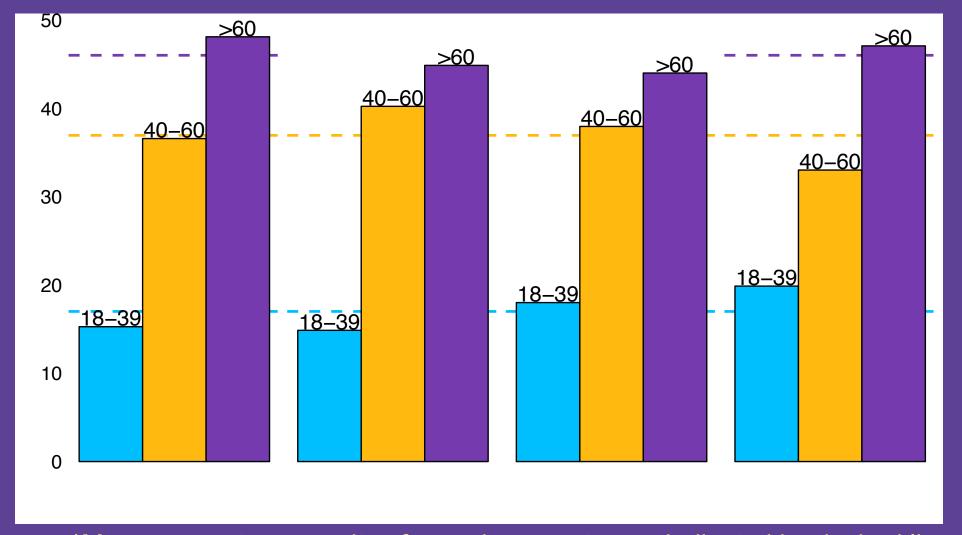
System	# Primary Care Clinics	# PCPs	# Patients
Site A	21	1,965	164,294
Site B	26	172	13,795
Site C	19	346	13,220
Site D*	34	352	9,226
Total	100	2,835*	200,535

^{*}D data only go through 9/30/2015

LIRE: Enrollment as of 3/31/16

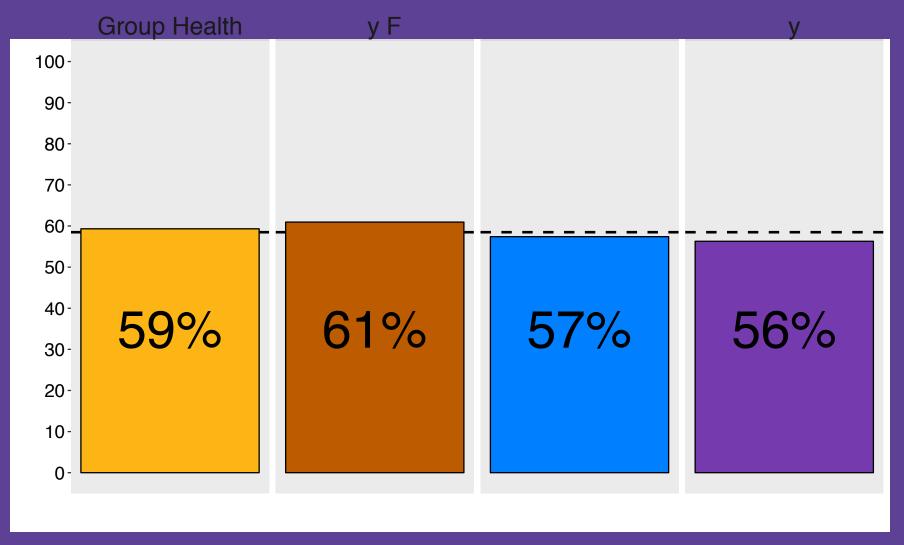


Patient Age at Index Image



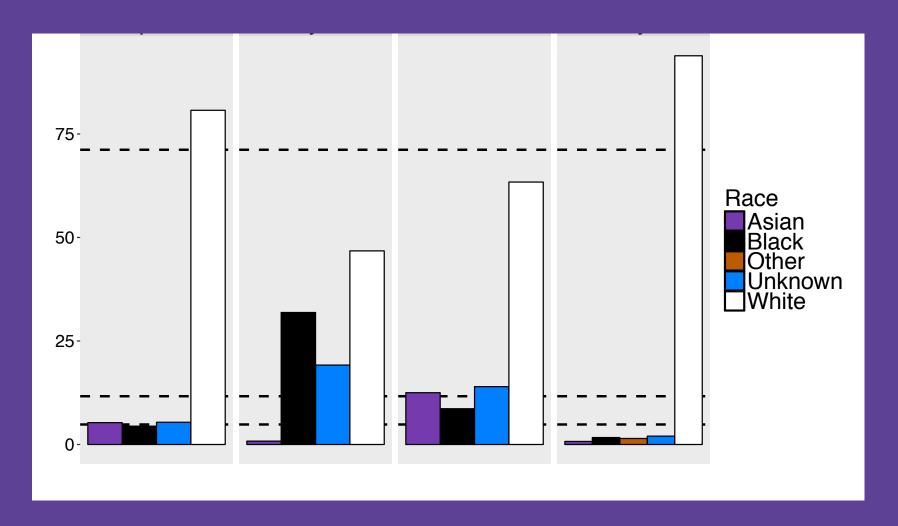
^{*}Mean percent across sites for each age category indicated by dashed line

% Female



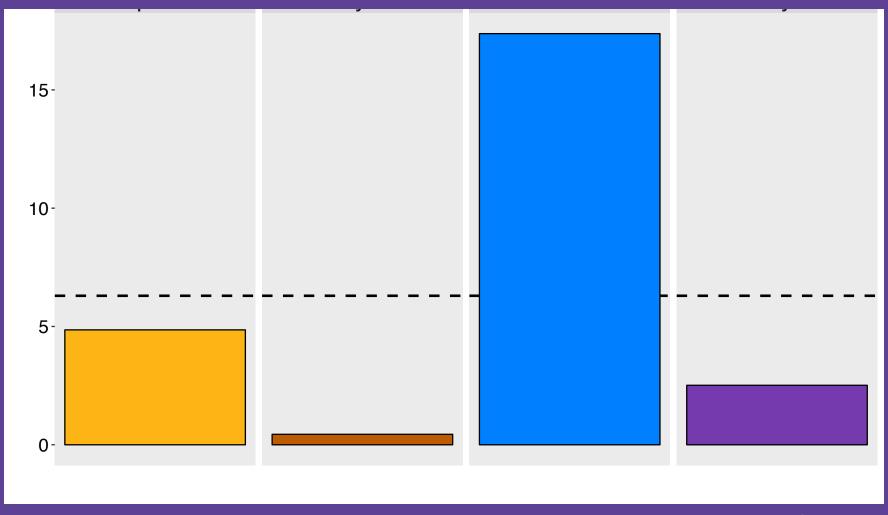
^{*}Mean percent across sites indicated by a dashed line.

Race



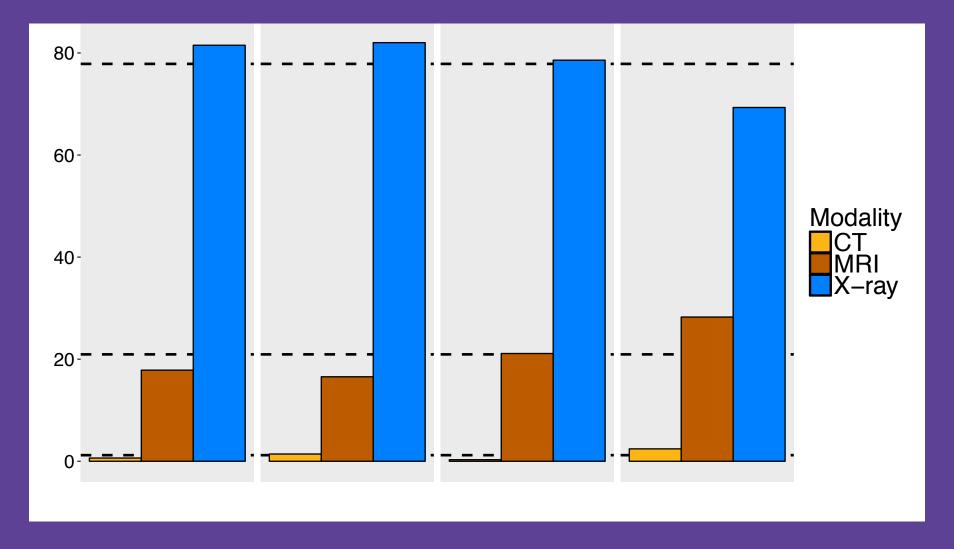
^{*}Mean percent across sites for White, Black, and Asian races indicated by dashed lines.

Hispanic Ethnicity



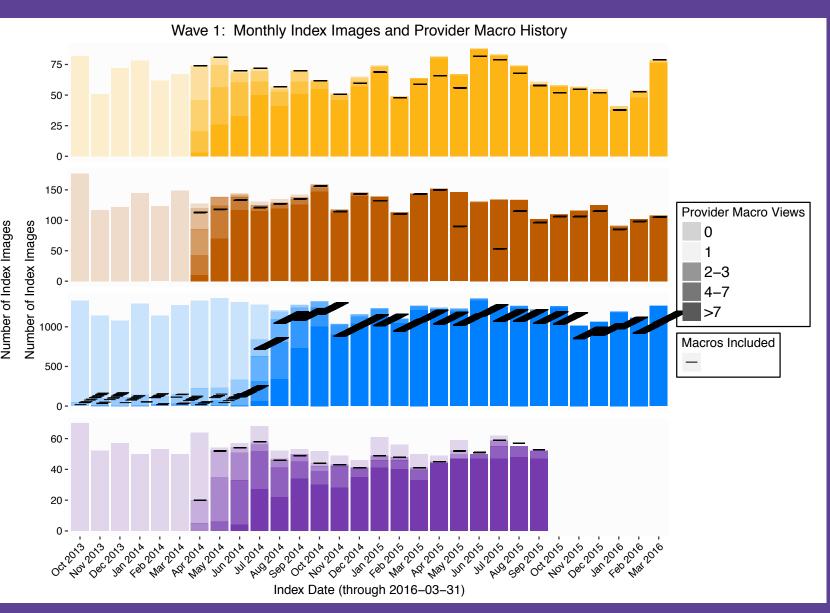
^{*}Mean percent across sites indicated by dashed line. Ethnicity not available for some patients: (3%), (19%), and (5%). One site did not report non-Hispanic explicitly so all patients are in the denominator.

Imaging Modality

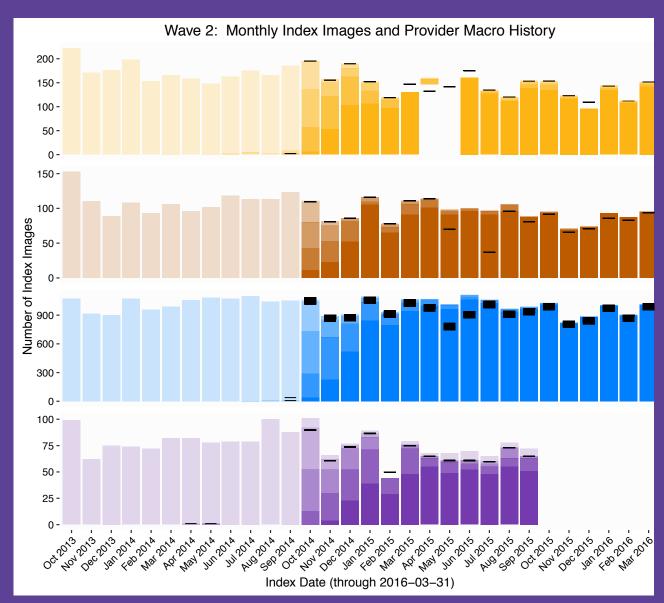


^{*}Mean percent across sites for each imaging modality indicated by a dashed line.

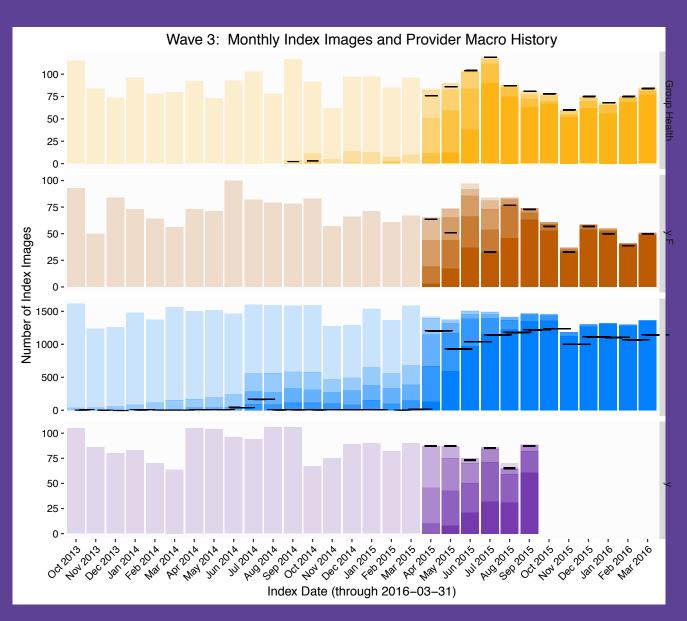
Macro Penetration at Wave 1 Clinics



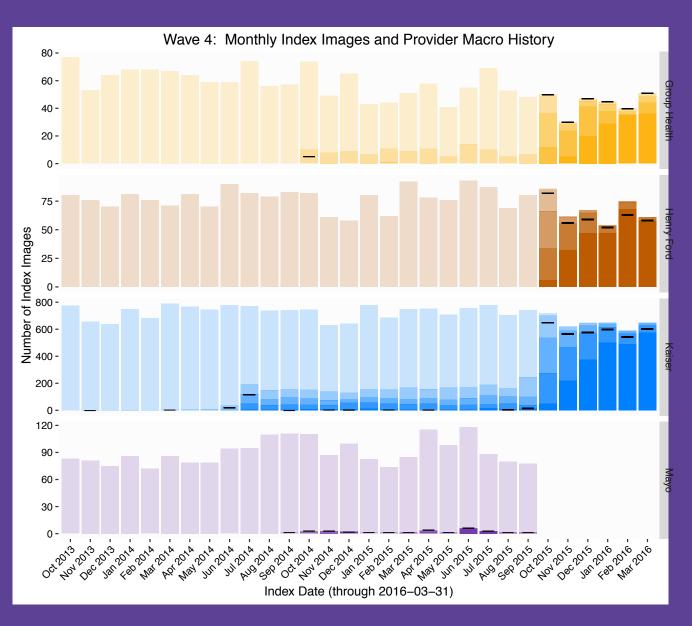
Macro Penetration at Wave 2 Clinics



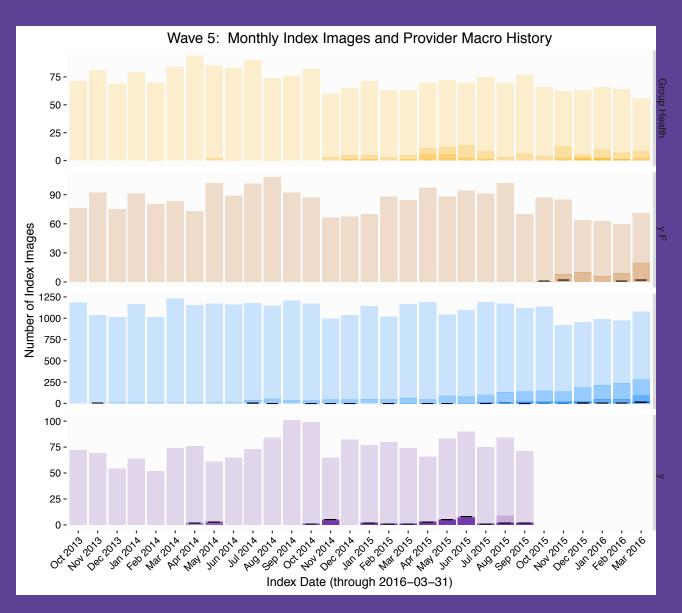
Macro Penetration at Wave 3 Clinics



Macro Penetration at Wave 4 Clinics



Macro Penetration at Wave 5 Clinics



Lessons Learned

- 1. The proof of the pudding is in the tasting
- 2. Wear belts AND suspenders
- 3. Don't have a failure to communicate

The proof of the pudding is in the tasting

- The data specifications, even if clear, are not always followed
- "Taste" the data early and often
- Regular data pulls for quality checks of intervention (index files) and EHR data (comprehensive files)

Belts AND Suspenders

- Sites check the data before sending
- DCC checks the data after receiving

Don't have a failure to communicate

- Despite regular meetings with site
 Pls, communication not perfect
- Regular meetings with programmers as well as PIs

Sustainability

- Depends on trial results
- Multiple conversations with provider stakeholders emphasized as long as intervention is not harmful, they're for it
- Stepped-wedge design makes sustainability the default

Barriers Scorecard

4/2015 Barriers	Level of Difficulty			5/2016 Barriers	Level of Difficulty						
	1	2	3	4	5		1	2	3	4	5
Enrollment and engagement of patients/subjects	X					Enrollment and engagement of patients/subjects	X				
Engagement of clinicians and Health Systems		X				Engagement of clinicians and Health Systems		X			
Data collection and merging datasets		X				Data collection and merging datasets		X			
Regulatory issues (IRBs and consent)	X					Regulatory issues (IRBs and consent)	X				
Stability of control intervention		X				Stability of control intervention		X			
1 = little difficulty 5 = e.	xtrem	ne dif	ficul	ty		Implementing/ Delivering Intervention Across Healthcare Organizations		X			

Key People

- Katie James, PA-C, MPH-PD
- Brian Bresnahan, PhD- Hlth Econ
- Bryan Comstock, MS- Biostats
- Janna Friedly, MD- Rehab
- Patrick Heagerty, PhD- Biostats
- Larry Kessler, PhD- HSR
- Danielle Lavallee, Pharm D, PhD
- Zach Marcum, PhD BCPS
- Eric Meier, MS- Biostats
- Nancy Organ, MS- Biostats
- Sean Rundell, PT- Rehab
- Kari Stephens, PhD- Informatics
- Pradeep Suri, MD- Rehab
- Judy Turner, PhD- Psychol/Psych

- Rick Deyo, MD, MPH-OHSU
- Dan Cherkin, PhD-GHRI
- David Carrell, PhD- GHRI
- Brent Griffith, MD-HFHS
- Dave Nerenz, PhD- HFHS
- Dave Kallmes, MD- Mayo
- Patrick Luetmer, MD- Mayo
- Andy Avins, MD, MPH-KPNC
- Curt Langlotz, MD, PhD-Stanford