Health System Leaders Working Towards High-Value Care Through Integration of Care and Research

Building Support for a National Research Network

Eric B. Larson, MD, MPH | VP for Research, Group Health
Co-PI, NIH Collaboratory Coordinating Center and Chair, NIH Collaboratory Health Care Systems Interactions Core
Co-Lead, PCORnet Health Systems Interactions Task Force
July 25, 2014 | NIH Collaboratory and PCORnet Grand Rounds
Today’s Presentation

- Summary of two IOM Workshop Meetings funded by PCORI
- *Why:* To communicate results in a timely fashion

Special thanks and credits

**IOM: Roundtable on Value & Science-Driven Health Care**
Claudia Grossman, PhD – *Senior Program Officer*
Michael McGinnis, MD, MA, MPP
Members of the Workshop Planning Committee

**Patient Centered Outcomes Research Institute**
Joe Selby, MD, MPH – *Executive Director*
Sarah Greene, MPH – *Senior Program Officer*
Health System Leaders Working Toward High-Value Care Through Integration of Care and Research

• Two workshops were held in Spring 2014
• Convened by the Institute of Medicine (IOM) Roundtable on Value & Science-Driven Health Care

“Our vision is for the development of a continuously learning health system in which science, informatics, incentives, and culture are aligned for continuous improvement and innovation—with best practices seamlessly embedded in the care process, patients and families active participants in all elements, and new knowledge captured as an integral by-product of the care experience.” – Roundtable Charter January 2014

• Funded by Patient Centered Outcomes Research Institute (PCORI)

PCORI helps people make informed healthcare decisions, and improves healthcare delivery and outcomes, by producing and promoting high integrity, evidence-based information that comes from research guided by patients, caregivers and the broader healthcare community. – PCORI Mission
Meeting Goals: Workshop 1

1. Foster the development of a shared commitment, vision, and strategy among health system leaders building a national clinical research network.

2. Broaden and deepen health systems’ leadership awareness of the prospects for and from a continuously learning health system.

3. Learn from models and examples of productive integration of research with care delivery programs.

4. Identify common issues compelling to health systems leaders related to science, technology, ethics, regulatory oversight, business, and governance.

5. Explore strategic opportunities for executive, clinical, and research leaders to forge working partnerships for progress.

6. Consider the approach and desirable outcomes of a meeting of CEO leaders vital to building and sustaining a functional, real-time national clinical research network.
Meeting Goals: Workshop 2

1. *Continuous learning infrastructure and business case.* What are the key infrastructure, value proposition, and business case implications in integrating research and practice as the foundation of a continuously learning health system?

2. *Aligning continuous improvement and knowledge generation.* What infrastructure commonalities exist in aligning executive agendas and knowledge generation priorities, and driving continuous improvement through learning.

3. *Institutional opportunities.* Consider common principles and strategies for participants to move priorities forward in their own institutions.

4. *PCORI contributions.* Reflect on strategic infrastructure and research opportunities for PCORI that can support delivery systems in evolving toward learning health systems.
Workshop 1: April 23 – 24, 2014

- **Attendees**: CMO-level leaders from ~ 40 health delivery systems; Researchers

- **Purpose**: Provide opportunity for sharing of best practices used by learning healthcare systems

- **Key topics**:
  - Role of leaders
  - Value Proposition
  - Implementation
  - Partnerships
Foster the development of a shared commitment, vision, and strategy among health systems leaders

Leaders play a critical role
Help bring all stakeholders “to take the lead in getting all stakeholders, including patients and families, involved as partners”

Key Observations
• Organizations have limited bandwidth
• Value at speed - more rapid than standard research structure
• “Without the patient’s perspective a continuous learning health system will not be sustainable”
• “Bring patientness to everything that we do”
• “Tremendous financial pressures today”
Value Proposition & Sustainability

• Knowledge generation activities must have a viable value proposition for long term sustainability

• Specify the factors that are important to patients and delivery systems as the basis for beliefs they are getting value

• Quality can be a competitive advantage: knowledge can be a public good or a private commodity

• Challenge & Opportunity: Research will be sustainable when the findings are integrated into clinical workflow. “Best care” occurs naturally
**Implementation Issues**

**Insights and knowledge not applied does little** to advance a continuously learning health care system.

“We need to advance the science of how to implement what we know”
– Robert Dittus, Vanderbilt University Medical Center

“The pressing issue today is how do we execute and implement at scale what we already know, because as CEO, I have to make cost cuts now”
– David Posch, Vanderbilt University Hospital and Clinics

**Sources of tension**
- Researchers need to publish… system deploy improvements rapidly
- Questions that interest researchers vs. priorities of systems
Partnership & Respect

- **Key feature of continuously learning health system is the partnership**: clinicians, patients, and leaders

- **Partnerships based on ethical principles of respect are just as important** for realizing the full potential of PCORNet as the data that inform a learning health system

- **Improvement can be seen as** an ethical imperative and partnership with patients and families as a core business strategy

- **Ethic-relevant policies must be transparent** and need more uniformity to allow partnerships in learning health system where research, improvement in care occurs
Workshop 1 Summary

• Emphasized how interactions of research and practice is fundamental to progress

• Conclusions from the meeting, including challenges, would inform a second workshop involving CEO leaderships

• Our PCORnet Health Systems Interactions & Sustainability (HSIS) Task Force team did a survey
Surveyed attendees about *value* and *challenges* of integrating research into practice

**Questions**

- 1. How does integrating knowledge generation activities into practice as defined above add value to the organization you represent? (If it does not, state N/A)
- 2. What are your main concerns or challenges with integrating knowledge generation into practice in the organization you represent?

**Responses**

- 62.8% response rate
- 47% C-suite, also researchers & directors, VPs, deans
- All CDRNs represented, 4+ PPRNs
Top ways knowledge generation adds value

• Advances priorities, supports operations, improves care

  • “It is the central cog to an ongoing process of knowing how well care is working for those that we serve”

  • “The greater the value, the more our healthcare system is preferred by patients and payers”

  • “…use resources wisely. It helps us learn what works and what does not”

  • "Allows us to meet our mission which includes education and research"
Top concerns & challenges

• Interferes with operations, system not set up for it, change in culture, getting the right data & information

  • “The value of well done research, while potentially tremendous, seems to be significantly out of synch with the needs of a health care system that is facing growing pressure and an ever increasing pace of change”

  • “While there are logistical challenges[…], the cultural challenges are greater“

  • “Linking today's investments in knowledge generation to objective improvements in value (which may be hard to measure and are often delayed)”
Health systems leader survey on integrating knowledge generation into practice

**Value**

“Integrating knowledge generation activities into practice is really the essence of what we need to do to improve care of our patients, and use resources wisely. It helps us learn what works and what does not.”

“It supports the clinical, education and research missions by bringing results directly in practice and teaching and by providing practical, current issues as the question to answer by the research teams.”

**Challenges**

“..the ability to support rapid cycle improvement versus just implementing one action for several months to years and waiting for the results, and the ability of researchers and staff in improvement science to effectively work together.”

“…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.”
Workshop 2: June 20, 2014

- **Attendees:** CEOs representing ~40 health delivery systems, academic and other systems around the country
- **Purpose:** Engage health system CEOs as partners & leaders in building the infrastructure for a continuously learning health system
- **Key topics:**
  - *Continuous learning in health care* by bringing comparative effectiveness research to delivery systems and clinicians: Can we describe a business case?
  - *Alignment of continuous improvement* with knowledge generation: Can we determine commonalities?
  - *Asking CEOs to reflect* on their institutional priorities: Are there common principles and strategies to move priorities in home institution?
  - *Reflect on PCORI’s contributions*
Key ideas from the CEO workshop:

- Need for *time horizons that are more rapid* than standard research structures

- Need to *meet patient expectations*: participation in research leads to value for both knowledge AND improvement

- Build on the fact that *clinicians can gain pride and professional satisfaction* by contributing to knowledge and improvement
Integrating research and practice: Infrastructure, value proposition, & business case implications

Key ideas, continued

• *Address CEO and Board concerns* that aim for a culture that produces *value at speed*
  • Leading to institutions that can celebrate accomplishments that occur when research findings are integrated into clinical work flow

• How can *accountability and Continuous Quality Improvement (CQI)* be core components of business models
  • Unparalleled opportunities of harvesting benefits from the huge investments institutions have already made in IT*
Does the research culture hinder learning healthcare systems?

“The value of well done research, while potentially tremendous, seems to be significantly out of synch with the needs of a health care system that is facing growing pressure and an ever increasing pace of change.” – Survey respondent (Workshop 1 attendee)

CEOs were very supportive and proud of their research operations. But generally agreed alignment was not always good.
Concluding ideas from the CEO Workshop

- Many leading health care executives from across the country, including those with CDRNs, devoted precious time to dialogue on the topic “working towards high value care through integration of care and research”

- CEOs offered good ideas for those of us in research communities who engage in Comparative Effectiveness Research & aspire to be part of Learning Healthcare Systems.

- CEOs in attendance represent an engaged group which we believe can emerge as visible leaders.

- Visible leaders like these are essential to support building the national infrastructure for CER and making certain that the infrastructure and CER that is developed improves health and healthcare.