

PROVEN

PRagmatic Trial of Video Education in Nursing Homes

Susan L. Mitchell, MD, MPH

Vincent Mor, PhD

Angelo Volandes, MD, MPH

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Top Barrier/Challenges and Recent Generalizable Lessons Learned



BROWN
School of Public Health



Marcus Institute
for Aging Research
Hebrew SeniorLife



HARVARD MEDICAL SCHOOL
AFFILIATE



PROVEN: Objective

- To conduct a pragmatic cluster RCT of an Advance Care Planning video intervention in NH patients with advanced comorbid conditions in two NH healthcare systems

Current Top Barrier/Challenge

- Preserving the ‘purity’ of a pragmatic trial in the face of real-world implementation challenges

- Low adherence facility

"I do tend to get behind on that [the video program], because we don't--we're very small, and we wear many hats here."

"Everything was put on me. I had other things arise within our census. I couldn't prioritize them [the videos], ...time would be the most challenging part."

- High adherence facility

"[the program] made things easier.. It's a no-brainer. You know what I mean? You took away the negative of a process"

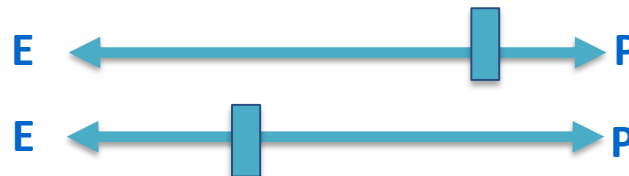
"So, I mean, I'm trying to put a lot of little processes in place to actually implement better. It's just, you know, it's baby steps"

PROVEN: Implementation

- Generated a list of long-stay residents who had not been offered a video
- Monthly 1:1 calls with Champions
- Marked increase in offer/show rate

"Well, we got on with our little meetings we have with the doctor, Dr. Angelo ...he would kinda give us insight how we could pursue, you know even the difficult families, you know, what maybe we could go this route, instead of that way....it kinda gave us a little insight on where we are lacking, try to include everyone in the mix, instead of just the few that we see all the time."

Flexibility: Adherence



Recent “Related” Generalizable Lessons Learned

1. Altering the primary outcome is not simple:
“Tyranny” of ‘a priori’ 1^o outcome
selection
2. The world does not stand still while
pragmatic trials are conducted

Primary outcome

- Original

Cohort: All long-stay residents with advanced illness

Outcome

- # Hospitalizations / (person-days alive) based on MDS Discharge Record

- Revised

Cohort: Long-stay Medicare FFS beneficiaries with advanced illness

Outcome

- # Hospital transfers / (person-days alive based on Medicare claims):
- Hospital transfers = Admissions + ED visits, and Observation Stays

Rationale

- Hospital transfers (vs Hospitalizations)
 - Better captures “decision” to send a NH patient to hospital which is hypothesized influence of videos.
 - What happens after patient sent to hospital is mainly under control of hospital
- Medicare FFS (versus all using MDS)
 - Hospitalization ascertainment more accurate from Medicare Claims versus MDS
 - But...Medicare Advantage hospital claims only available after 2 years

Implications

- We lose ~20% of long stay cohorts who are MA plan members
- Increases the outcome rate (hospital transfers); fewer ZERO's (no transfers) AND more patients with multiple transfers.

Lesson #2: Secular changes

- The world does not stand still
 - Policy changes (e.g., ACOs)
 - Organizational changes (e.g., divestments)