

Pragmatic Clinical Trials in the Mental Health Research Network

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With acknowledgments and many thanks to:

- Arne Beck – KP Colorado Institute for Health Research
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MHRN basics



- Established in 2010 under the umbrella of HCSRN
- Public-domain research centers embedded in 14 health systems
- Combined member/patient population approximately 22 million
- Core infrastructure funding via NIMH cooperative agreement
- **Our mission:** As a national model for learning mental healthcare systems, MHRN will:
 - Identify research questions that matter to patients, healthcare providers, and healthcare systems
 - Efficiently answer those questions with real-world research involving real-world patients and providers
 - Rapidly disseminate and implement research results

Completed MHRN Pragmatic Clinical Trials

- Behavioral Activation for Depression in Pregnancy
NIMH Arne Beck KPCO, HealthPartners, KPWA
- Population-Based Outreach for Prevention of Suicide Attempts
NIMH Greg Simon KPWA, KPCO, HealthPartners, KPNW
- Decision Support & Care Navigation to Reduce Unnecessary Antipsychotic Use in Youth
NIMH Rob Penfold KPWA, KP Colorado, Nationwide Childrens'
- Decision Support to Reduce Cardiovascular Risk in People with Severe Mental Illness
NIMH Rebecca Rossom HealthPartners, Park Nicollet, Essentia

In Progress MHRN Pragmatic Clinical Trials

- Parent-focused Prevention in Pediatric Primary Care (GGC4H)
NIDA Kulinski/Sterling KPNC, KPCO
- Stepped Care for Prevention of Self-Harm in Adolescents
PCORI Greg Clarke KPNW, KPGA, HealthPartners, KPWA
- Outreach to Reduce Disparities in Starting Depression Treatment
NIMH Vanessa Simiola KPHI, Henry Ford
- Mindfulness-Based Therapy to Prevent Depression Relapse in Pregnancy
NIMH Arne Beck KPCO, KPSC, HealthPartners, KPGA
- Care Navigation for Mental Health Treatment Initiation in Children
NIMH Rob Penfold KPWA
- Caregiver Training to Reduce Antipsychotic Use for Behavioral Disturbance in Dementia
NIMH Rob Penfold KPWA

Variety

- School age to seniors
- Range of diagnoses and severity of illness
- Mix of individual-level and cluster randomization
- 6 different PIs
- 10 different health systems
- Sample sizes ranging from 100 to >18,000

Similarities

- All are “A vs. A-plus” trials (rather than “A vs. B”)
- All rely on health system records to identify potential participants
- Most use EHR tools for at least part of intervention delivery
- Most rely on health system records to ascertain outcomes
- Many use Zelen or “randomized offer” design
- All aim to dramatically decrease cost per participant

Facilitating factors

- Longstanding relationships with health plan and medical group leaders
- Patient/consumer involvement in network governance
- Harmonized research data warehouses
- Common EHR vendor
- Established relationships among IRBs
- Highly collaborative culture (abundance, not scarcity)

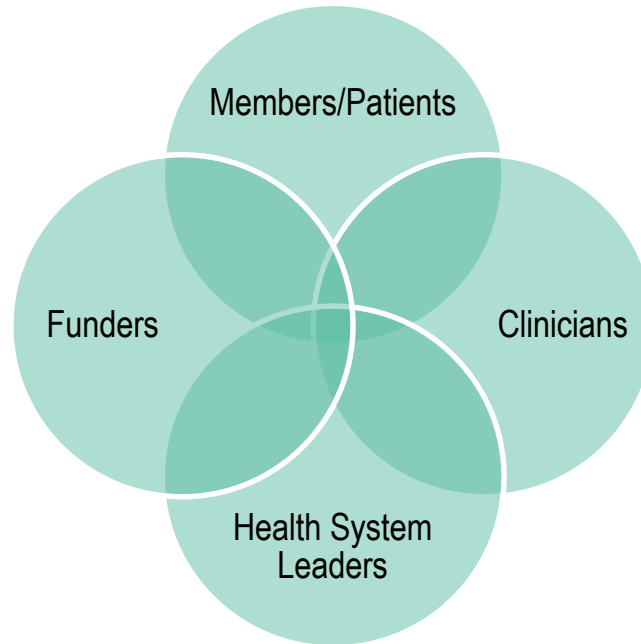
Persistent pain points

- EHR tools less portable than we'd hoped
- Varying policies regarding use of text, EHR messaging, etc.
- Varying policies regarding staffing and scope of practice
- Mental health systems and clinicians stretched very thin

Still no “externally generated” trials

- MHRN intended to be an efficient and flexible national laboratory
- External collaborators are welcome – and often participate in meetings and interest groups
- Often approached by external investigators regarding potential effectiveness or implementation trials
- BUT – those ideas rarely address health system or clinician priorities

Who we work for

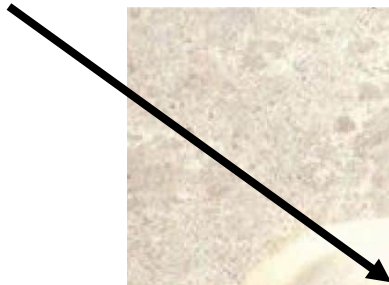


What we don't work for (or what doesn't work for our health systems)

- I have a theory to test.
- I have a treatment to champion.
- I have a method to promote.
- I have a “lab” to fund.
- I have to get an R01 somehow.

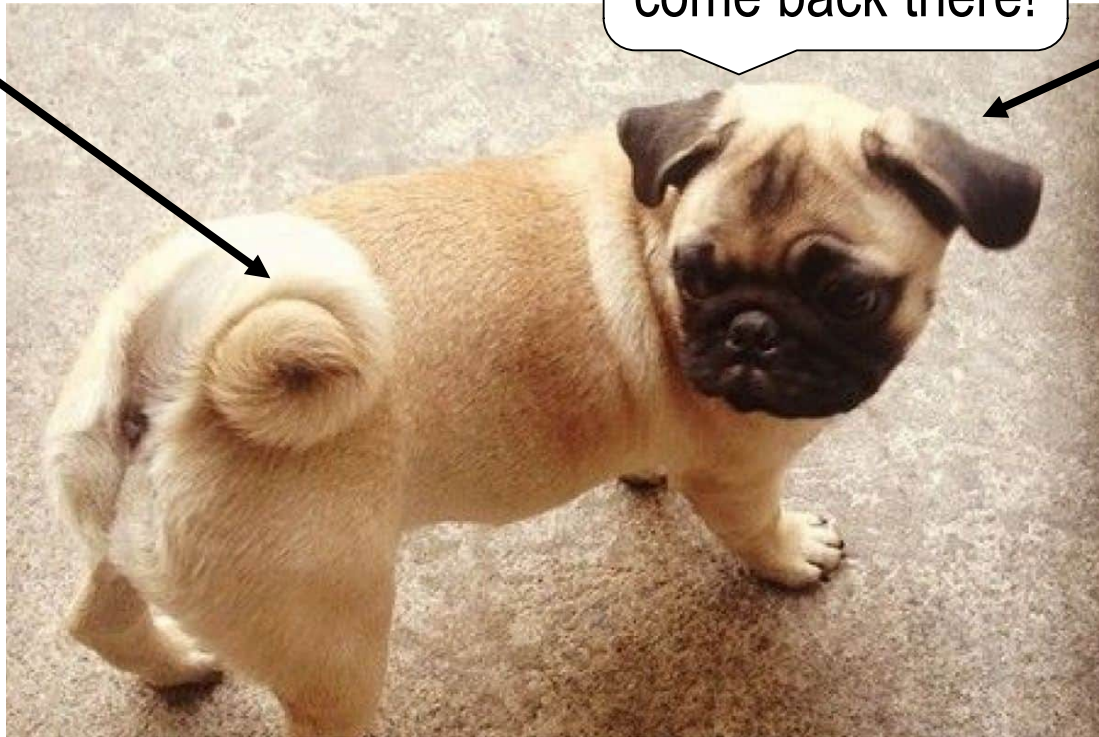
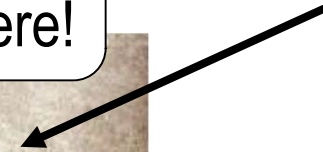
Remembering our place

Research



Don't make me
come back there!

Health Care

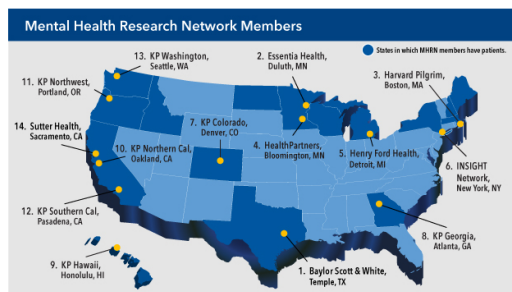


More here: www.mhresearchnetwork.org



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