Primary Palliative Care for Emergency Medicine (PRIM-ER)

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Memorial Sloan Kettering Cancer Center

Brief Overview

- Pragmatic, cluster-randomized stepped wedge design to test the effectiveness of primary palliative care education, training, and technical support in 35 Emergency Departments (EDs)

- Measure the effect using Medicare claims data on:
  - ED disposition to an acute care setting
  - Healthcare utilization 6 months following the index ED visit
  - Survival following the index ED visit

18 Health Systems

Current Status

- Implementation complete as of 12/6/21
- Finalizing sample, outcome measures and modeling for main outcome analysis
- Recently received 2021-2022 Centers for Medicare & Medicaid Services (CMS) claims data
  - Awaiting last quarter (2022 Q4) of claims data needed for analysis (anticipating by 10/1/23)

Barriers Scorecard

Barriers	Level of Difficulty*				
	1	2	3	4	5
Enrollment and engagement of patients/subjects	X				
Engagement of clinicians and health systems			X		
Data collection and merging datasets			X		
Regulatory issues (IRBs and consent)	X				
Stability of control intervention				X	
Implementing/delivering intervention across healthcare organizations	X				

*Your best guess! 1 = little difficulty 5 = extreme difficulty

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Top Challenges

- Administrative burden and lag time for obtaining and receiving Medicare Claims Data

- Identifying location of ED services when hospitals or freestanding EDs within the same health system bill in a consolidated fashion
  - Freestanding EDs provide emergency care but are structurally separate and distinct from a hospital

Recent Generalizable Lesson Learned

- Avoid enrolling freestanding EDs in studies where ED disposition is an outcome of interest

- Anticipate CMS delays

Data Sharing Plan

Modalities

- Presentations at National Scientific Meetings
  - Total of 10 conferences between UH3 Years 4 & 5. Five conferences per respective year.
- Peer reviewed publications
- Epic Application Orchard
  - Portal to share informatics innovations across healthcare systems

Data to be shared

- New clinical workflows;
- Design specifications for our clinical decision support and learning management system;
- Code sets for extraction;
- Data dictionary
- Unable to extract a final de-identified dataset (VRDC)

Data Sharing Plan and Obstacles

Sharing Plan Modalities

- Unable to share patient level de-identified dataset because we are working within the VRDC. We are only able to share aggregate data.

What information did the IRB require about how the data would be shared beyond the study in order to waive informed consent?

- We are not enrolling human subjects

How will you put the policy from the data sharing work group into practice in your study?

- Our Senior Research Project Manager will oversee the data sharing implementation process and will collaborate closely with our Biostatistician and Senior Data Analyst

What data are you planning to share from your project (individual-level data, group-level data, specific variables/outcomes, etc.)?

- We will not be sharing publically individual-level data as the source is CMS. We will be sharing (and have in previous publications) some site level data (variables ex. ED volume, beds, etc.)


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