

ICD-Pieces

Generalizable Lessons Learned and Sustainability

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ICD-Pieces Study Hypothesis

 A collaborative model of primary care-subspecialty care enhanced by novel information technology (Pieces) and practice facilitators (PF) will reduce hospitalizations, readmissions, ER visits, CV events and deaths in patients with CKD, diabetes and hypertension.

	Parkland	THR	ProHealth	VA
Regulatory	IRB	IRB	IRB	IRB PO/SO
Informatics	Data transmission	Data transmission	Data transmission	Quality Server
Trial	PF: Population nurse and NP	Practice RN	Pharm D	Pharm Ds (3)
	Patient registries BPAs Order sets	Patient registries BPAs Orders	Patient registries Orders	In-progress

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Benefits UH2 Planning Phase

- Establish collaboratory study team, 4 large HCS
- Address multiple regulatory hurdles
- Set-up complex IT architecture data acquisition and transmission
- Develop protocols pragmatic study

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Challenges UH2 Planning Phase

- Inability to finalize contracts HCS until UH3
- Limited access HCS data before IT completed
- Requirements transition process clear
- Recommend facilitating meeting key stakeholders-
 - Example: Rapid cycle discussion / approval regulatory

Barriers Scorecard

Barrier		Level of Difficulty				
		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		Х				
Implementing/Delivering Intervention Across Healthcare Organizations		Х				



Enrollment and Engagement of Patients/Subjects

- Variations experience with patient lists/ RWB/ registry
- Separation candidates vs confirmed patients
- Delay in final confirmation of eligible patients in the registry

Engagement of Clinicians and Health Systems

- Initial training of Providers and Office staff by Webinar and office visit with Physician champion
- Ongoing hands on training by Site PI and Practice Facilitator
- Ongoing training of new Providers is available at all clinic/practice sites
- Confusion clinicians role- explaining(?) study ("research")
- HCS interest differences clinic level and central level

Data Collection and Merging Datasets

- Lengthy approval for access to the VA data
- Merging of de-identified VA data set to other sites delayed
- Linkage of VA data to hospitalizations outside of the VA system pending approval
- ProHealth providing encrypted data for the study and plans to provide de-identified dataset linked to outcome at the end of the study (due to agreement with Medicaid and Medicare)

Regulatory issues (IRBs and Consent)

- Waiver of informed consent obtained from IRB at all sites
- Opt-out option (for intervention and/or use of data) offered to patients in implementation and control groups
- Different methods of Opt-out offered to patients by participating HCS
- Several layers of approval required at some HCS

Stability of Control Intervention

- Institutional commitment to high quality care is of high priority to all participating HCS
- Existing and / or upcoming QI processes for some of the metrics in HCS

Implementing/Delivering Intervention Across Healthcare Organizations

- Four different models across HCS
 - Different workflows primary care practices
 - PF RN population health nurse, Nurse Practitioner, RN Facilitator, single and multiple Pharm-Ds and Research Coordinator
- Concerns internal policy conflicts when incorporating research tasks within the existing workflows

ICD-Pieces and Sustainability

- Lessons planning phase key to implementation
- Team approach
 - Core group, NIH, CC and HCS-→ individual practices
- Unexpected delays
- Flexibility and willingness to adapt
- Diversity or heterogeneity
- Shifts in roles / partnership Learning Health System
 - Health Care ←→Research←→ Health Care



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