ICD-Pieces

Generalizable Lessons Learned and Sustainability

May 9, 2016
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.
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ICD-Pieces

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
ICD-Pieces

Challenges UH\textsuperscript{2} 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

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<tr>
<th>Barrier</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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1 = little difficulty
5 = extreme difficulty
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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