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School of Public Health

NIH Collaboratory Steering Committee Meeting

*Generalizable Lessons Learned and Sustainability
from the Demonstration Projects*

May 9, 2016 from 4:30 p.m. – 5:15 p.m.



PRagmatic Trial of Video Education in Nursing Homes

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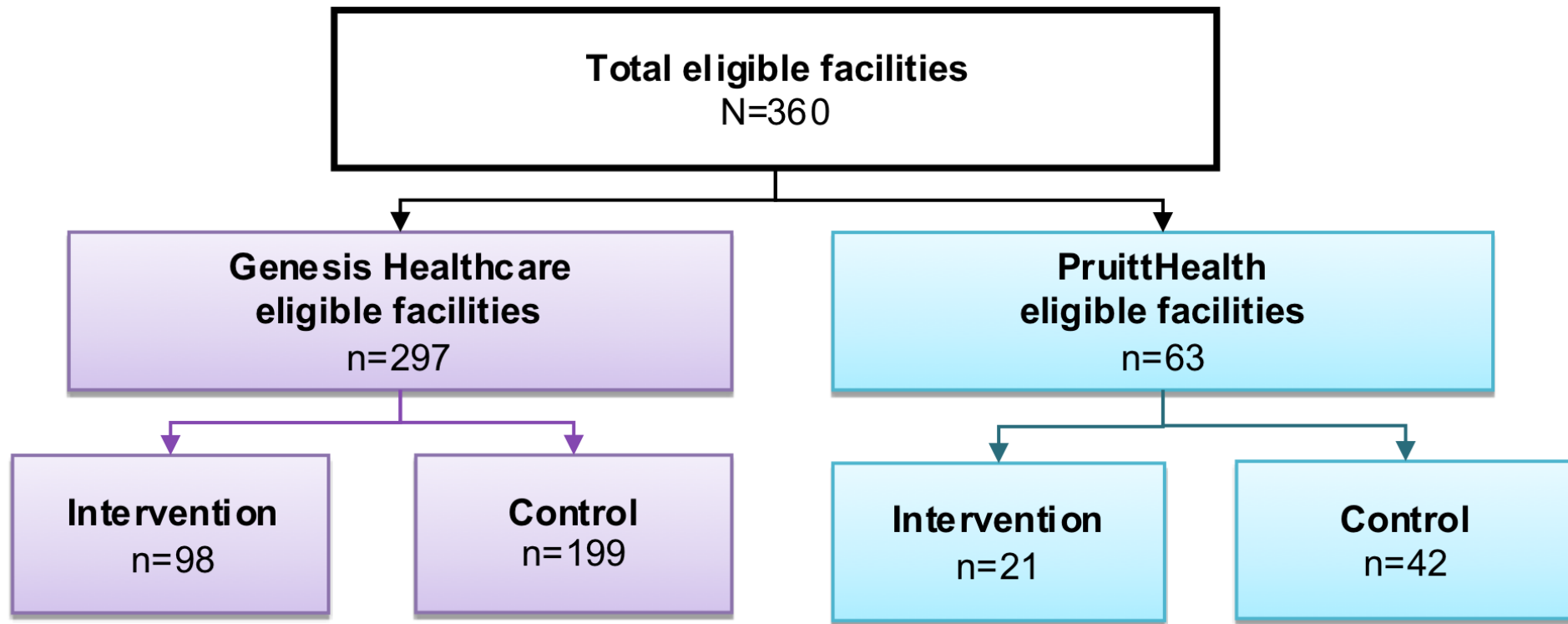


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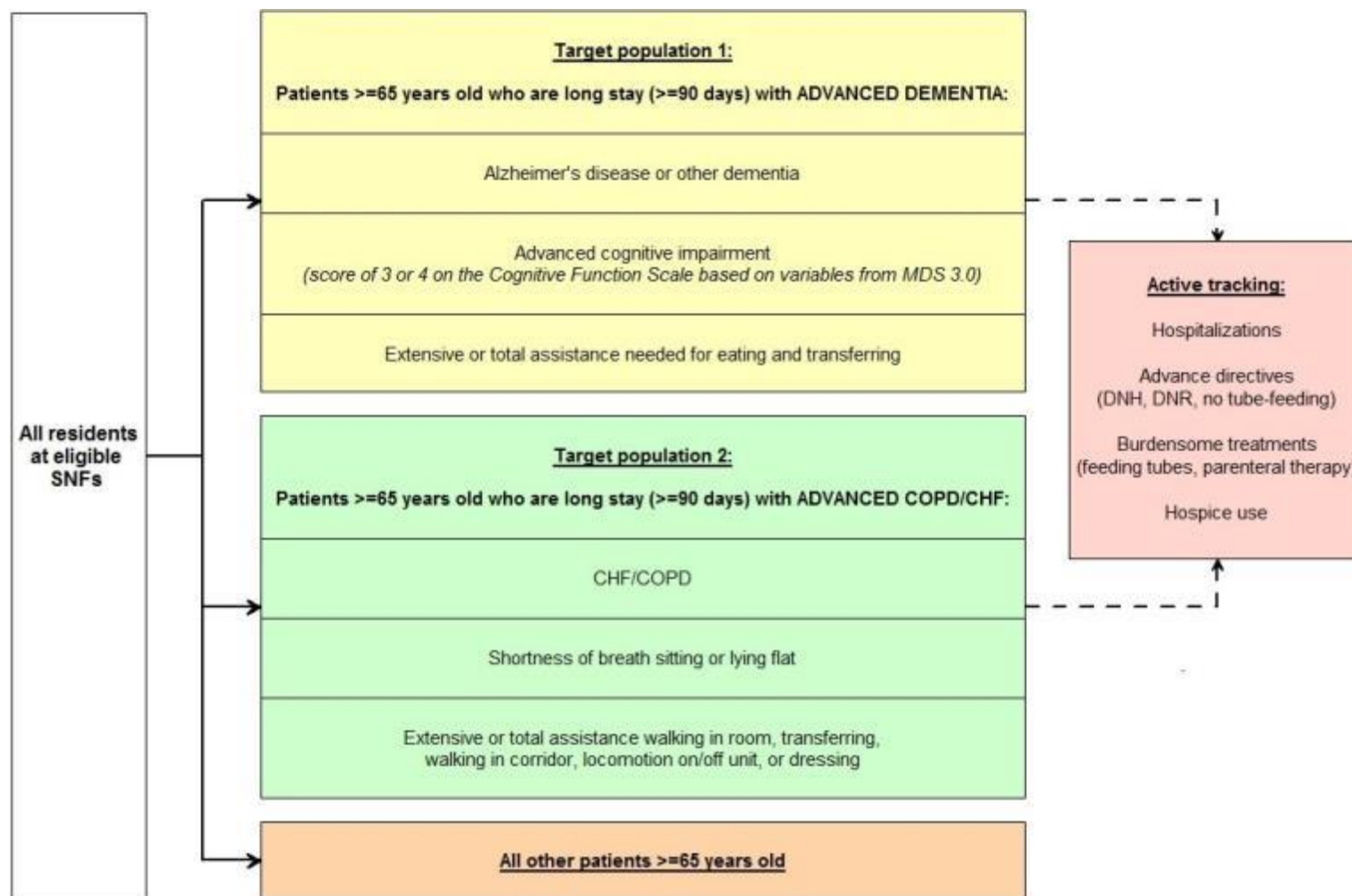
Barriers Scorecard

Barrier	Level of Difficulty				
	1	2	3	4	5
Enrollment and engagement of patients/subjects	NA				
Engagement of clinicians and Health Systems		XX			
Data collection and merging datasets		XX			
Regulatory issues (IRBs and consent)		XX			
Stability of control intervention	NA				
Implementing/Delivering Intervention Across Healthcare Organizations	1 = little difficulty 5 = extreme difficulty	XX			

Figure 1. Stratification and randomization of nursing home facilities



Target Patient Sub-groups



Q1 - Are there any special considerations that should be considered when designing a Multiple Chronic Condition PCT?

- Really depends upon the intervention
- PROVEN focuses on Advanced Care Planning where the focus is on all patients with multi-morbid conditions that makes them at risk of dying and for which only limited life prolonging treatment might be available
- PROVEN focuses on two diagnostic phenotypes with significant functional impairment: Advanced Dementia and CHF/COPD; specific diagnoses are less relevant than is functional impairment

Q2 -Was the UH2 planning period useful—what did it allow you to do?

■ Essential

- Finalized and tested the staff training materials
- Finalized and tested the content of the videos
- Tested the practical mechanics of showing the videos and how to make available to visiting family, etc.
- Demonstrated acceptability of videos to staff & patients
- Identified need for using generic Advanced Care Planning video for “healthy” post-acute patients returning home
- Tested the data exchange and viability of a video report documentation record in the EMR
- Provide a framework for addressing the regulatory issues

Q3 -What worked/didn't work about the UH2 phase?

- **Specific to PROVEN...**
 - Decided to ask staff to document each time video was OFFERED not just viewed
 - Decided to shift to a “pre-random assignment” paradigm
 - Decided to have larger NH corporation partner train via webinar, while other smaller NH partner did in-person
- **General Issues:**
 - Shortened UH2 timeline was challenging
 - Investigators more involved in implementation of pilot than in UH3, so an interim phase might be useful

Q4 - Were the milestones for the UH2 phase appropriate and clear enough?

- Yes; all accomplished

Q5 -What changes would you recommend about the UH2 phase and transition?

- May have divided UH2 into two stages:
 - Preliminary test of training, procedures, data exchange, etc.
 - Secondary test of several more facilities with revised materials and procedures to learn how best to deal with facility implementation challenges
- Testing the mechanics is not the same as testing full blown implementation

Q6 -How has the Coordinating Center assisted your project?

- Provided feedback and assistance with regulatory considerations
- Useful to hear other projects' progress during regular Steering Committee calls
- In-person meeting highly valuable with statistical group
- Provided help in suggesting the members of our Stakeholders' Group

Q7 -What could the Coordinating Center have done to provide more assistance?

- We attempted to use the NIH Collaboratory SharePoint site for our project collaboration space and website, but it had limited functionality and did not meet our needs

Q8 -Feedback on the UH3 transition process: information letter to PIs, review criteria, submission process, and approval process

- Useful information helped guide the UH3 submission
- Review criteria were useful, although some were ambiguous regarding the relative weight of the proposed methodology vs. accomplishing milestones
- Out-of-compliance technical submission process required repeated submission
- Communication about grant approval was good