Achieving Success in Research

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Outline

• Increased demand for SGIM related research!
• Specific Funding opportunities
• Building resources to promote success
• Success!
• Lessons learned
Health Challenges

• Over 50% of recommended care is not achieved.
  – Significant disparities in health outcomes
  – Overuse, underuse and misuse of health services

• Up to 50% of patients do not comply with care recommendations.
  – 20% of patients do not fill initial prescriptions
  – 50% of patients do not take prescriptions as recommended
  – Lifestyle changes can be more challenging

• Navigation of our complex health system is challenging:
  – Patients asked to perform more complex self-care
  – Clinic visit times and hospitalizations are shorter
  – Patients only recall 20% of what is told to them in the doctor’s office.
  – Less than 50% of patients know their discharge medications or plan.

• Rapidly changing health care environment (ACA, ACOs, bundled payments, etc)
• Resources are limited with increased emphasis on patient-centeredness, population health, CER, quality, and cost-effectiveness
Increased emphasis on “Translational” Research

<table>
<thead>
<tr>
<th>T0</th>
<th>T1</th>
<th>T2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic and applied science research</td>
<td>Translation to humans</td>
<td>Translation to patients</td>
</tr>
<tr>
<td>Preclinical and animal studies</td>
<td>New methods of diagnosis, treatment and prevention</td>
<td>Controlled studies leading to effective care</td>
</tr>
<tr>
<td>Defining mechanisms, targets and lead molecules</td>
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</tbody>
</table>

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<thead>
<tr>
<th>T3</th>
<th>T4</th>
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<tbody>
<tr>
<td>Translation to practice</td>
<td>Translation to community</td>
</tr>
<tr>
<td>Phase 4 clinical trials and clinical outcomes research</td>
<td>Population level outcome research</td>
</tr>
<tr>
<td>Delivery of recommended and timely care to the right patient</td>
<td>True benefit to society</td>
</tr>
</tbody>
</table>

Translation from basic science to human studies

Translation of new data into the clinic and health decision making
New Funding Opportunities for SGIM

- NIH
  - R34/R18 mechanisms in translational research
  - Increased opportunities in system level and health behavior research
- AHRQ
- CMS/CMMI
- PCORI
- IRS - Community Health Needs Assessment
- Health System Quality Improvement and Population Management
About PCORI

• An independent non-profit research organization authorized by Congress as part of the 2010 Patient Protection and Affordable Care Act (PPACA).
• Committed to continuously seeking input from patients and a broad range of stakeholders to guide its work.
• Governed by a 21-member multi-stakeholder board
PCORI’s Mission and Vision

Mission
The Patient-Centered Outcomes Research Institute (PCORI) helps people make informed health care decisions, and improves health care delivery and outcomes by producing and promoting high integrity, evidence-based information that comes from research guided by patients, caregivers and the broader health care community.

Vision
Patients and the public have the information they need to make decisions that reflect their desired health outcomes.
Focus on Addressing Disparities
Mandated in PPACA

PPACA directs PCORI to:
• Address health for minority, rural, and other priority populations
• Identify national priorities for research
• Drive comparative clinical effectiveness for minority and diverse patients
• Address disparities in structural delivery of care and outcomes of care
PCORI’s Planned Research Budget

- PCORI’s planned commitment to fund comparative effectiveness research will grow over time
- Research budget was $355 million in 2013
- Annual research budget is up to $500 million per year until 2019
PCORI’s National Priorities for Research

- Assessment of Prevention, Diagnosis, and Treatment Options
- Addressing Disparities
- Improving Healthcare Systems
- Communication & Dissemination Research
- Accelerating PCOR and Methodological Research
Figure 1: PCORI’s Path from Priorities to Research Patients Can Use
Current Funding Mechanisms

- Pilot Projects
- PCORI Funding Announcements (PFAs)
- Targeted Funding Initiatives
  - Solicited from patients and stakeholders
  - Reviewed by PCORI Advisory Board
  - Recent Priorities
    - Treatment Options for Uterine Fibroids.
    - Treatment Options for Severe Asthma in African-Americans and Hispanics/Latinos.
    - Preventing Injuries from Falls in the Elderly.
    - Treatment Options for Back Pain.
    - Obesity Treatment Options in Diverse Populations.
- National Data Network Initiative (PCORnet)
- PCORI Challenge Initiatives (ex. Research Matcher Challenge)
- Pipeline Engagement Awards
- Pragmatic Trials Awards
<table>
<thead>
<tr>
<th>Announcement</th>
<th>Deadlines</th>
<th>Cycle</th>
<th>Total Direct Costs</th>
<th>Maximum Project Period</th>
<th>Funds Available Up To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Large Pragmatic Studies to Evaluate Patient-Centered Outcomes</td>
<td>Letter of Intent: 10/01/2014 Application: 02/03/2015</td>
<td>Winter 2015</td>
<td>$10 million</td>
<td>Five Years</td>
<td>$90 Million</td>
</tr>
</tbody>
</table>
PCORI Awards

http://pfaawards.pcori.org/
PCORI Funding Criteria

Figure 2: Framework for the Translation of PCORI National Priorities into the Research Agenda

<table>
<thead>
<tr>
<th>Priorities</th>
<th>PCORI Criteria</th>
</tr>
</thead>
</table>
| Assessment of Options for Prevention, Diagnosis, and Treatment | - Impact on Health of Individuals and Populations  
- Improvability via Research  
- Inclusiveness of Different Populations  
- Addresses Current Gaps in Knowledge/Variation in Care  
- Impact on Health Care System Performance  
- Potential to Influence Decision Making  
- Patient-Centeredness  
- Rigorous Research Methods  
- Efficient Use of Research Resources |
| Improving Healthcare Systems                    |                                                                 |
| Communication and Dissemination Research        |                                                                 |
| Addressing Disparities                          |                                                                 |
| Accelerating PCOR and Methodological Research   |                                                                 |
Strong Focus on Community/Stakeholder Engagement

• Projects must include community/stakeholder engagement in the planning process, implementation, and dissemination phases.
• Patient Engagement Panel helps to guide PCORI to address priorities related to patients and the community.
• Patient and community representatives participate in the review and advisory board processes.
Building Local Resources for Success

• Vanderbilt Center for Health Services Research
• Vanderbilt Institute for Clinical and Translational Research (NIH CTSA)
• BioInformatics
• VU affiliated Training Programs
• Connection to other VU Academic Programs
Vanderbilt Center for Health Services Research

• Supports over 120 faculty across campus
• Over 40,000 square feet of space in 3 locations
• Faculty engaged in over $50 million in annual funding
• Provide appointments as “Scholars” in Center
• Focus on HSR, Quality, Implementation Science, Health Behavior, Health Communication, CER, Pragmatic Trials, Decision Analysis, Health Policy.
Vanderbilt Center for Health Services Research

- Center for Quality in Aging (Schnelle)
- Center for Surgical Quality and Outcomes Research (Penson)
- Center for Effective Health Communication (Rothman)
- Center for Health Behavior and Health Education (Elasy)
- Center for Research in System Safety (Weinger)
- Center for Clinical Quality and Implementation Research (Kripalani)
- Center for Emergency Medicine Research (Storrow)
- Center for ICU Quality (Ely)
- Center for Asthma Research (Hartert)
- Interdisciplinary Workforce studies (Buerhaus)
- Women’s Health Services Research (Hartmann)
- Veteran’s Health Services Research (Murff, Speroff)
- Health Policy and Health Economics, Decision Sciences, Community Health, CAM, etc.
Scholar Services

• Priority access to HSR Core Services in qualitative research, database management and analysis, human factors research, and other areas
• Eligibility for vouchers for HSR Core Services
• Participation in our weekly HSR Work in Progress Sessions
• Participation in HSR Seminars
• Participation in our monthly HSR Biostatistics Seminars
• Access to HSR Biostatistics consultation
• Grant management support (pre-award preparation and post-award management)
• Use of GoTo Meeting services for Web-conferencing and Webinar hosting
• Eligibility to receive HSR administrative and resource support
• Eligibility to receive HSR Awards for Outstanding Publication or Outstanding Research
HSR Core Research Support Services

- Database Management and Analysis Core
- Qualitative Research Core
- Human Factors and Systems Safety Core
- Effective Health Communication
VICTR

- $3 million in pilot grants/vouchers per year
- Informatics Support
  - REDCAP
  - Access to data in VU Research Data Warehouse
- Biostatistics Support
- Training (Hartmann)
  - VICTR Scholar (K12) awards
  - Training activities in grant writing, etc
- Translating Discoveries into Practice (Rothman, Dittus)
  - Studio Sessions for feedback
  - CER and HSR support
- Community Engaged Research Core (Wilkins)
  - Community Engagement Studios
  - Stakeholder Advisory Board
  - CommunityResearchPartners network
Informatics

• Over 70 faculty

• Develop and implement our EHR (StarPanel)
  – Inpatient/Outpatient EHR > 15 years
  – Can modify data collection
  – Clinical decision support
  – MyHealthatVanderbilt Patient Portal (260,000 pts)

• Capacity to use Data for Research
  – Extract data to RDW (2.2 million pts)
  – DNA data via BioVu (270,000 pts)
Training Programs

- VA Quality Scholars Program (Dittus)
- AHRQ K12 in PCOR (Penson)
- VICTR K12 (Hartmann)
- BIRCWH Award (Hartmann)
- NHLBI K12 (Storrow, Wang)
Collaborations

• School of Medicine
  – Clinical Depts, Health Policy, Informatics, Biostats
• School of Nursing
• Peabody School of Education
  – Community Research in Action, Human Development and Psychology, Education
• Business School
• Law school
• Arts/Sciences
  – Medicine Health & Society, Sociology, Economics, Psychology
• Meharry Medical College, Tenn St Univ, MTSU, Belmont, UT
Success!

• NIH
  – Translational research in health communication

• AHRQ
  – K12 PCOR (up to 8 post-doctoral trainees)
  – AHRQ Choice Award in Prostate Cancer Outcomes

• CMMI
  – Care Coordination for chronic disease management
  – Transitions and readmission prevention

• PCORI
  – Methods Award (Weinger)
  – RCT of rehab approaches after spinal surgery (Archer)
  – Community Engagement Studios (Wilkins)
  – Clinical Data Research Network (Rothman)
PRIDE Study

- **PaRtnering to Improve Diabetes Education**
- Goal to address health communication issues to improve diabetes care in middle TN
- Collaboration between TN Dept. of Health, Vanderbilt, and Meharry
- 5 year NIDDK R18 study
- Cluster RCT with 10 Clinics and 400 diabetes patients
- Develop a sustainable model for improved diabetes care
HIT approaches for Diabetes

- Web-based and mobile phone interventions to promote problem solving skills and self-care in adolescents with diabetes (NIDDK DP3 x 2)
- Use of electronic patient portal to address medication adherence (NIDDK R01)
Native American Research Center for Health (NARCH)

- Partnership between United South and Eastern Tribes and Vanderbilt
- 26 federally recognized tribes in Nashville Area
- Over 75,000 American Indians
- First NARCH serving NA in Eastern US
- Current study focused on using health information technology tools to improve diabetes care in MS Band of Choctaw Indians (NIDDK/NIGMS)
Pediatric Obesity Prevention

- NICHD R01 x 2 (Cluster RCT and follow-up)
- Study involves Vanderbilt, UNC, NYU, UMiami and 865 English and Spanish speaking families addressing health literacy and numeracy to prevent early childhood obesity
- Trained >200 pediatric residents in health communication skills
- Provide toolkit of materials to use with families (Greenlight)
Other NIH Studies

• RCT on Health communication at hospital discharge (Kripalani, NHLBI R01)
• Observational study on the role of literacy/numeracy and other psychosocial determinants per-hospitalization (Kripalani, NHLBI R01)
• Role of Organizational Health Literacy in dialysis centers (Kavanaugh, NIDDK R01, pending)
CMS Health Care Innovation Award

- MyHealth Team: regional team-based and closed-loop control model for ambulatory care management
- Principal Investigator (PI): Dr. Robert Dittus
- Award Amount: $18.8 million over 3 years
- Outpatient Care Coordination for HTN and Diabetes
- Transition Care Coordination for re-admission prevention in MI, CHF, COPD, Pneumonia
MHT Care Coordination Model

- Visits, Rules Engine
- Telemedicine
- Patient Portal Alerts
- Real-time Dashboards

- Patient Portal
- Group Visits
- Care Manager
- Controlled Escalation

Uncontrolled BP

Iterative Surveillance

Ambulatory Intensivist

Rapid Cycle Care

TARGET

This work is supported by grant 1C1CMS330979-01-00 from the Department of Health and Human Services, Centers for Medicare & Medicaid Services.
CMMI Innovation Award #2

- PI: Schnelle
- Award: $2.4 million over 3 years
- Impact/Interact Intervention to reduce readmissions after discharge to SNF
  - IMPACT
    - Improving Post-Acute Care Transfers
    - Occurs in acute care setting
  - INTERACT
    - Interventions to Reduce Acute Care Transfers
    - Occurs in skilled nursing facilities
Transition and Follow-Up Process

1. Hospital Admission
2. Referrals to Partner SNFs
3. Initial Assessments
4. Advance Care Planning Discussions
5. Discharge Assessments
6. Medication Management form
7. Nursing Transition Summary (NuTS)
8. Hospital Discharge
9. Warm Hand-Off
10. Discharge Assessments
11. Medication Management form
12. 72-hour Follow-Up Call
13. Hospital Readmission (*if applicable)
14. Readmission Interview for 30-day Readmits
15. Adjudication Reviews for 30-day Readmits
16. Tracking readmission for all other readmits

Acute Care Admission → Discharge from Acute Care → Post Acute Care Admission → *Readmission to Acute Care facility
Mid-South CDRN

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Director, Vanderbilt Center for Health Services Research
Chief, Internal Medicine and Pediatrics Section

Trent Rosenbloom MD MPH
Director, Patient Engagement, Vanderbilt Biomedical Informatics

Paul Harris PhD
Director, Office of Research Informatics, Vanderbilt Biomedical Informatics
PCORI Initiative

- Patient Centered Outcomes Research Institute (PCORI) has awarded:
  - 11 sites to build Clinical Data Research Networks (CDRN)
  - 18 sites to build Patient Powered Research Networks

- Goals
  - Each CDRN engages 1 million or more patients across 2 or more health systems
  - Build infrastructure to share data, build novel informatics tools, engage key stakeholders
  - Perform comparative effectiveness research and pragmatic clinical trials.
National Network To Ask Big Questions

Board of Governors Meeting, December 17, 2013
## Pragmatic Research Examples

<table>
<thead>
<tr>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the optimal dose of aspirin after a heart attack?</td>
</tr>
<tr>
<td>What is the best second drug for treatment of diabetes after starting with metformin?</td>
</tr>
<tr>
<td>What is the comparative effectiveness of different medications for ADD/ADHD?</td>
</tr>
<tr>
<td>What are the risks vs benefits of testosterone therapy in men with low testosterone?</td>
</tr>
<tr>
<td>What is the role of educational interventions to promote medication adherence?</td>
</tr>
<tr>
<td>What is the role of educational programs that promote spacer use for Asthma?</td>
</tr>
<tr>
<td>What is the role of education and electronic referral to State Quit lines on tobacco cessation?</td>
</tr>
<tr>
<td>What is the role of home health or tele-health approaches to prevent readmission?</td>
</tr>
<tr>
<td>What is the role of improved discharge processes to prevent readmission?</td>
</tr>
<tr>
<td>What is the impact of performing cardiac imaging in the ED vs outpatient referral for patients presenting to the ED with low-risk chest pain?</td>
</tr>
</tbody>
</table>
Methods for Pragmatic Research

- Examine de-identified data for observational research
- Contact patients for observational (survey) research
- Perform pragmatic intervention studies at system, clinic or patient level to answer practical clinical questions and improve patient care
  - Integrated into usual practice
  - Compare different approaches that are part of usual care
Key Milestones for CDRN Phase I

- Large scale enrollment
- Standardized data
- Patient and stakeholder engagement
- Efficient biospecimen banking
- Three specific cohorts populated
- Capability to implement clinical trials
- De-identified data sharing & regulatory processes
Mid-South CDRN has local & national reach

Resources and Infrastructure for Researchers
- VU Informatics
- StarPanel
- Wiz Order
- Subject Locator
- Synthetic Derivative
- Research Derivative
- BioVU
- IMPH/CHSR
- VICTR
- Community Engaged Research Core
- Meharry-VU Alliance
- Database Management Core
- Survey Research Core
- REDCap
- ResearchMatch.org
- IRIShare
- ContractShare
- CTSA Network (C4)
- eMERGE

24,000,000 patients
- VU Med Ctr
- VU Children's Hospital
- VU Stallworth Rehab Hosp.
- VU Psychiatry Hospital
- VU Outpatient Practices
- Meharry/Metro General
- Matthew Walker CHC (System 1)

3,000,000 pts.
- VHAN Hospitals and Clinics
- MyHealthTeam at Vanderbilt
- Meharry/VU PBRN (System 2)

2,000,000 pts.
- Greenway (System 3)

VHAN Data
- State Health Data (hospital, death, etc.)
- VA Health Data
- CMS Data

Resources and Infrastructure for Patients/Participants
- Web/Mobile Tools (ecological momentary assessment)
- My Health at Vanderbilt
- My Health Team at Vanderbilt
- VU Commodore
- Community Research Partners.net
- REDCap Survey
- ResearchMatch.org
- Community Research Partners.net
Vanderbilt Health Affiliated Network (VHAN)

- 8 health systems representing 45 hospitals and ~350 ambulatory practices
Greenway

- PRIME research network of ~1400 practices representing ~14 million patients
VU Data Aggregation
Data Aggregation Across CDRN
Additional Linkage for “Complete” Data

- Linkage to TN State Health Data (hospitalizations, birth/death data)
- Linkage to TennCare Data (project basis)
- Linkage to Surescripts
- Linkage to CMS Data (likely project basis)
- Linkage to Vanderbilt Health Plan (Aetna) health data (claims and PBM data)
- Linkage to VU Home Health Data
- Linkage to Nursing Home data
Novel Informatics Tools

- Tools for quickly running queries and analyzing electronic health data
- Tools for identifying and contacting patients
- New electronic consent process
- Expanded survey tools for collection of patient reported outcomes
- Electronic payment processes for study participation
- Potential integration of patient survey data into the EHR for clinical use
- Expansion of clinical decision support tools
Current Activities

• Weight Cohort (10,000)
• CHD Cohort (10,000)
• Sickle Cell Cohort (400)
• Stakeholder Engagement (5,000 patients and 500 providers)
Obesity Cohort Example

- 90% response rate to date
- >80% willingness to participate in research
## Stakeholder Engagement: Governance

### Mid-South CDRN: Stakeholder Engagement Activities

<table>
<thead>
<tr>
<th>Method</th>
<th>Target</th>
<th>Description</th>
<th>Status as of 9/10/14</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Research Team-Patient Partner/Co-Investigator</strong></td>
<td>1</td>
<td>Patient with leadership skills and experience working with investigators</td>
<td>Patient partner- actively engaged in implementing stakeholder engagement plan; helping identify priority populations and determining content areas for surveys/interviews, completed the ENACT survey</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Patients/Consumers with leadership skills and experience working with stakeholders</td>
<td>Recruited; MOUs signed; planning orientation and training; meetings attended May 7th, August 20th</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>Representation from VU, VHAN, Greenway</td>
<td>Recruited and participating</td>
</tr>
<tr>
<td><strong>Governance-Oversight Committee</strong></td>
<td>8</td>
<td>Patients/Caregivers who receive care and Clinicians who provide care in the health systems engaged in the MS-CDRN (4 patients/caregivers; 4 clinicians)</td>
<td>75% recruited; developed and signed MOUs</td>
</tr>
</tbody>
</table>
### Mid-South CDRN: Stakeholder Engagement Activities

<table>
<thead>
<tr>
<th>Method</th>
<th>Target</th>
<th>Description</th>
<th>Status as of 9/10/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Engagement Studios</td>
<td>75-90</td>
<td>Patients/Caregivers who receive care and Clinicians who provide care in the health systems engaged in the MS-CDRN</td>
<td>5 community engagement studios (4 cohorts, 1 stakeholder engagement team); Continued recruitment for follow-up community engagement studios</td>
</tr>
<tr>
<td>Patient and Community Surveys</td>
<td>5,000</td>
<td>Patients who receive care in the health systems engaged in the MS-CDRN</td>
<td>Identified priority populations; created survey/item bank based on priority content areas; IRB approval; piloted surveys, revised based on SWAT, patient and research team input (273 pts); IRB amended</td>
</tr>
<tr>
<td>Clinician Surveys/Interviews</td>
<td>500/100</td>
<td>Clinicians who provide care in the health systems engaged in the MS-CDRN</td>
<td>Identified priority populations; created survey/item bank based on priority content areas; IRB approval; piloted surveys, revised based on SWAT, patient and research team input (117 providers); IRB amended; draft version of interview</td>
</tr>
</tbody>
</table>
Community Engagement Studios

- CDRN Stakeholder Core identifies stakeholders (patients, providers) to participate in a “Studio” with PI/researchers
- Patients/providers receive training prior to Studio
- PI/Researcher receives training on engaging stakeholders
- Trained facilitator leads the Studio
- Notes are taken and provided to the participants.
- Changes made as a result of the studio are tracked and shared.
## Community Engagement Studios

<table>
<thead>
<tr>
<th>Cohort</th>
<th>PI</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Weight Cohort</td>
<td>Bill Heerman (PI)</td>
<td>- Survey Review, feedback on consent and recruitment process</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- 10 patients/consumers (x 2)</td>
</tr>
<tr>
<td>Coronary Heart Disease Cohort</td>
<td>Sunil Kripalani (PI)</td>
<td>- Survey Review</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- 7 patients/consumers</td>
</tr>
<tr>
<td>Rare Disease Cohort</td>
<td>Michael DeBaun (PI)</td>
<td>- Sickle Cell Survey Review &amp; Community building</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- 16 patients/consumer</td>
</tr>
<tr>
<td>Stakeholder Engagement</td>
<td>Consuelo H. Wilkins (PI)</td>
<td>- Patient Feedback on implementation of the CDRN</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- 12 Patients/consumers</td>
</tr>
</tbody>
</table>
Hospital/Clinic/Provider Engagement

A network of hospitals, specialty medical practices and primary care practices throughout the Southeast.

Mid-South Clinical Data Research Network

The Mid-South Clinical Data Research Network (CORN) is a network of hospitals, specialty and primary care practices throughout the Southeast. The Mid-South CORN is devoted to improving the health of communities by advancing knowledge through efficient and collaborative practice-based research.

The Mid-South CORN is a member of PCORnet, an initiative funded by the Patient-Centered Outcomes Research Institute (PCORI) to facilitate more efficient clinical effectiveness research that could quickly advance knowledge about best health care practices to improve patient health. PCORnet includes a total of 11 CORNs, 14 Patient-Powered Research Networks (PPRNs), and a National Coordinating Center representing clinical practices and patient organizations around the country.

The Mid-South CORN will include hospitals and clinics associated with:
- Vanderbilt University Medical Center and Vanderbilt Medical Group
- Nashville General Hospital at Meharry and Matthew Walker Comprehensive Health Center
- The Vanderbilt Health Affiliated Network (VHAN)
- Greenway PrimeResearch Network

The Mid-South CORN is overseen by an Operations Council led by Principal Investigator Russell Rothman MD MPP, a primary care provider and researcher at Vanderbilt. The CORN is advised by an Oversight Committee and Stakeholder Engagement Board that includes providers and patients from across the VHAN.

The CORN plans to promote the following types of studies:
- Comparative effectiveness of clinical interventions
- Pragmatic clinical trials
- Dissemination of evidence-based practices
- Practice or hospital improvement
- Patient communications, decision-making, and patient-reported outcomes studies
- Observational studies that identify and follow patients for long periods of time

Benefits to Participation:
- Support for all VHAH priorities for effective care
- Collection and feedback on relevant data for process improvement
- Expansion of patient reported data
- Development of clinical decision support
- Participation in pragmatic studies to evaluate care coordination approaches
- Direct financial support to providers
- Scholarship and publications

Opportunities for provider/practice involvement:
- Provide input via the Stakeholder Advisory Board or participate in a Community Engagement Studio
- Share de-identified clinical data
- Share identifiable clinical data to recruit patients for participation in studies
- Choose participation for intervention studies on a case-by-case basis
- Suggest topics and help prioritize research areas

Role of participating hospitals/practices:
- Advise health care researchers on development of protocols, research designs, and incentives that fit with community-based practice settings
- Select which studies fit best with their practice and patients
- Assist in identifying and doing targeted outreach to patients who might be eligible for selected studies
- Provide needed space to research study staff when applicable

Contact Information:
- Program Contact: Melissa Baxford, MPA, melissa.baxford@vanderbilt.edu
- Clinical Contact: Russell Rothman, MD, MPP, russel.rothman@vanderbilt.edu
- Informatics Contact: Jason Grant, jason.t.great@vanderbilt.edu

Greenway Provider Conference, Dallas, TX, September 2014
Future PCORI Activities

• Phase II Awards (3 years)
• ASA Pragmatic Trial
  – 81 vs 325mg ASA for Secondary prevention in CHD
• Obesity CER
  – Bariatric surgery and patient outcomes
  – Antibiotics and pediatric obesity
• Other Studies for Mid-South CDRN
  – Pragmatic trial on smoking cessation
  – UAB Edge Trial
  – Industry trial on second drug tx for diabetes
  – Partnerships with PPRNS
Lessons Learned

• Diversify Funding Opportunities
  – NIH, AHRQ, CMS, PCORI, Institutional efforts, etc

• Leverage institutional research resources
  – Leverage local resources in informatics, biostatistics, health services research
  – Leverage CTSA
  – Leverage training grants to build more faculty

• Leverage local institutional interest in quality and population management

• Build strong stakeholder/community engagement
Lessons Learned II

• Build expertise in key areas = “Impact Science”
  – Health services research
  – Health care quality and quality improvement
  – Implementation science
  – Pragmatic clinical trials
  – Health disparities
  – Comparative effectiveness research
  – Community and stakeholder engagement
  – Dissemination

• Leverage expertise across your campus/region
Lessons Learned III

• Create infrastructure to support:
  – Grant management, administrative support and other functionality to allow for rapid grant submissions and implementation
  – Core services related to large database management and analysis, qualitative and quantitative research methods, implementation science, and stakeholder engagement.
  – Training of faculty and fellow/post-docs in HSR
Conclusion

• Opportune time for SGIM members to be engaged in research to improve patient and population health!