Addressing Disparities Program: Advisory Panel Face-to-Face Meeting

Day 1:
January 13, 2014

11:00 AM to 5:30 PM ET

Patient-Centered Outcomes Research Institute
Day 1: Agenda

- Welcome
- Setting the Stage
- Addressing Disparities Programmatic Overview and Conceptual Framework
- Progress on Topics from April 2013 Advisory Panel Meeting
- Update on Other Addressing Disparities Topics
  - Treatment Options for Uncontrolled Asthma
  - Obesity Treatment Options in Primary Care
- Discussion: How Best to Engage the AD Advisory Panel
- Overview: Topics for Prioritization
- Tomorrow: Research Prioritization
  - 6 new topics generated at Advisory Panel Teleconference, September 2013
  - 7 topics prioritized at Advisory Panel Meeting, April 2013
To date, we have had two meetings and discussed/identified **22** topics for potential PFAs
- **12** topics discussed during April 2013 meeting
- **10** topics identified during September 2013 teleconference

Since April, Addressing Disparities program has:
- Commissioned **two landscape reviews** for prioritized topics
- Hosted **two workgroup meetings** to solicit input on prioritized topics
- Started planning for the development and release of **PFAs** related to prioritized topics
Setting the Stage: Meeting Goals

Meeting Goals:

- Panel members have an understanding of and provide input on major Addressing Disparities (AD) initiatives and conceptual framework
- Panel members provide program staff with list of strategies for enhanced engagement
- Panel members Prioritize topics for AD targeted project pipeline
Setting the Stage: Meeting Objectives

Meeting Objectives:

- Program staff to provide brief programmatic updates
- Panel Discussion:
  - Questions and Feedback on Addressing Disparities Conceptual Framework
  - “Disparities” Definition
  - Questions and Feedback on Addressing Disparities Initiatives
  - Strategies for Panel Engagement
- Research Prioritization
Addressing Disparities: Programmatic Overview & Conceptual Framework

Romana Hasnain-Wynia, PhD
Program Director

Cathy Gurgol, MS
Program Officer
Programmatic Overview

Romana Hasnain-Wynia
Addressing Disparities Program

Program Goals:
- Identify high-priority research questions
- Fund research that will have an impact
- Disseminate/Implement best/promising practices

Impact/Outcomes:
- Tell a comprehensive story about our effort and impact
- Identify best/promising practices for research and implementation
- Identify research outcomes that translate to improved health outcomes

PCORI Goals
- Increase Information
- Speed Implementation
- Influence Research

Ongoing Internal and External Programmatic Evaluation
Progress Toward Goal

Broad PFAs
4 cycles

- 31 projects totaling $52.8M

Targeted PFAs
1 cycle

- Treatment Options for Uncontrolled Severe Asthma: 8 projects totaling $23.2M

Targeted PFAs: 2014 Pipeline

- Obesity treatment options in primary care, PFA Release Feb 2014
- Hypertension disparities
- Perinatal disparities
Progress Toward Goal

What’s happened since September (AD Advisory Panel teleconference?)

- **October**
  - Perinatal Workgroup

- **November**
  - Merit Review, Broad and Asthma Workgroup
  - Obesity PFA Board Approval

- **December**
  - Hypertension Workgroup
  - Obesity PFA Dev’t
  - $23.2M Asthma Awards
  - $14.6M Broad Awards
  - 2 Landscape Reviews

PCORI

Patient-Centered Outcomes Research Institute
Funded Awards: Broad and Targeted

Awarded Projects (N=39)

<table>
<thead>
<tr>
<th>Funding Cycle</th>
<th># of Projects</th>
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<tbody>
<tr>
<td>Cycle I</td>
<td>4</td>
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<tr>
<td>Cycle II</td>
<td>10</td>
</tr>
<tr>
<td>Cycle III</td>
<td>9</td>
</tr>
<tr>
<td>Aug '13</td>
<td>8</td>
</tr>
<tr>
<td>Asthma</td>
<td>8</td>
</tr>
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</table>
Research Areas (Broad PFAs)

- Chronic conditions: 36%
- Psychiatric: 23%
- Cancer: 10%
- Sexual/repro: 7%
- Care Systems: 6%
- Infectious disease: 6%
- Disabilities: 3%
- Injury/trauma: 3%
- Neurologic: 3%
- Alcohol/drug: 3%
- CVD: 2%
- Multiple conditions: 4
- Diabetes: 1
- Kidney disease: 1
- COPD: 1
- Chronic pain: 2

Broad Portfolio
Disparities Population: Broad Cycles (Not mutually exclusive)

- Racial/ethnic minorities: 23 projects
- Low income: 17 projects
- Rural: 7 projects
- Disabilities: 2 projects
- Low literacy: 5 projects
- LGBT: 2 projects

# of Projects
Conceptual Framework

Cathy Gurgol
Objectives

- Addressing Disparities Program
  - Mission & Vision
- Conceptual Model
- Themes
Program’s Mission Statement

To reduce disparities in healthcare outcomes and advance equity in health and health care

Program’s Guiding Principle

PCORI is not interested in studies that describe disparities; instead, we want studies that will identify best options for eliminating disparities.
Addressing Disparities Program Goal

Health Equity

Health Disparities
Health disparities are differences in health outcomes between groups that reflect social inequalities – CDC Health Disparities and Inequality Report
Themes
Technology

Education
- Specific Projects
  - A Patient-Centered Intervention to Increase Screening of Hepatitis B and C among Asian Americans

HIT
- Specific Projects
  - Using the Electronic Medical Record to Improve Outcomes and Decrease Disparities in Screening for Child Physical Abuse
  - Comparative Risks and Benefits of Gender Reassignment Therapies

Increased access to appropriate care
- Specific Projects
  - Telehealth Self-Management Program in Older Adults Living with Heart Failure in Health Disparity Communities
  - Using Technology to Deliver Multi-Disciplinary Care to Individuals with Parkinson Disease in Their Homes
Cultural/Language Tailoring

- Specific Projects
  - Cultural Tailoring of Educational Materials to Minimize Disparities in HPV Vaccination
  - Reducing Disparities with Literacy-Adapted Psychosocial Treatments for Chronic Pain: A Comparative Trial

Education

- Specific Projects
  - A Patient-Centered Intervention to Increase Screening of Hepatitis B and C among Asian Americans

Increased access to appropriate care

- Specific Projects
  - Using Technology to Deliver Multi-Disciplinary Care to Individuals with Parkinson Disease in Their Homes
  - Integrative Medicine Group Visits: A Patient-Centered Approach to Reducing Chronic Pain and Depression in a Disparate Urban Population
  - Nueva Vida Intervention: Improving QOL in Latina Breast Cancer Survivors and their Caregivers
Target population, Rural

Increased access to appropriate care

- **Specific Projects**
  - Using Technology to Deliver Multi-Disciplinary Care to Individuals with Parkinson’s Disease in Their Homes
  - Reducing Health Disparity in Chronic Kidney Disease in Zuni Indians

Patient engagement/empowerment

- **Specific Projects**
  - Evaluating the Navajo Community Outreach and Patient Empowerment Program
  - Reducing Disparities in Appalachians with Multiple Cardiovascular Disease Risks
  - Rural Options at Discharge Model of Active Planning (ROADMAP)
Where do we (PCORI) go from here regarding disparities research?

We will continue to develop a more sophisticated understanding of the policies and practices that are effective in reducing disparities in care at the policy, community, organizational, practice, and individual levels.

We will produce a strong evidence base of promising practices for disparities reduction strategies that can be disseminated and adopted on a broad scale.
The AD Program in the Next Three Years

Targeted PFAs:
- Topics from Advisory Panels, landscape reviews, portfolio, engagement events

Encourage applications from organizations that serve majority underserved populations

Broad PFAs:
- Focus on topics that span key issues (e.g., health literacy, communication, and safety net settings)
Discussion: Conceptual Framework

- **Disparities definition**
  - E-mail dialogue recap
    - Definition should be framed in terms of *social disadvantage* and applicable to not only racial/ethnic minorities and low income populations, but also rural communities, LGBT, and individuals with disabilities
  - Suggested definition for use by Addressing Disparities Program (from CDC Health Disparities & Inequality Report)
    - “Health disparities are differences in health outcomes between groups that reflect social inequalities.”
  - Additional thoughts?

- Should we consider any other frameworks or constructs for the conceptual framework?
- Ideas about policy-level analyses and research questions?
Lunch Break
1:00 PM – 2:00 PM
Progress on Ranked Advisory Panel Topics, April 2013

Bianca Perez, PhD
Senior Project Manager, America’s Essential Hospitals

Ayodola Anise, MHS
Program Officer, Addressing Disparities

Romana Hasnain-Wynia, PhD
Program Director, Addressing Disparities

Patient-Centered Outcomes Research Institute
## Ranked Advisory Panel Topics, April 2013

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<th>Topic</th>
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<td>Health communication models</td>
<td>Compare the effectiveness of clinician/patient health communication models on improving outcomes in minority populations, patients with low literacy and numeracy, people with limited English proficiency, underserved populations, and people with disabilities.</td>
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<td>Major vascular events</td>
<td>Compare the effectiveness of health interventions (including place-based interventions in community health centers) to enhance the “Million Hearts” program and reduce major vascular events among the economically disadvantaged, including racial and ethnic minorities and rural populations.</td>
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<td>Hypertension in minorities</td>
<td>Compare the effectiveness of different delivery models (e.g., home blood pressure monitors, utilization of pharmacists or other allied health providers) for controlling hypertension in racial minorities.</td>
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<td>Interventions for improving perinatal outcomes</td>
<td>Compare the effectiveness of multi-level interventions (e.g., community-based, health education, usual care) on reducing disparities in perinatal outcomes.</td>
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<td>Reduce lower-extremity amputations in minorities</td>
<td>Compare the effectiveness of interventions on reducing disparities in lower-extremity amputations in racial and ethnic minorities.</td>
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Facilitators and Barriers to Providing Chronic Disease Care in the Safety Net

Bianca Perez, PhD
Senior Project Manager
OUR APPROACH

Purpose: Investigate care models in the safety net that aim to provide high quality, equitable, patient-centered care to underserved populations with chronic disease

1. Performed literature review on ACO and PCMH implementation in the safety net, and their impacts on chronic disease, patient experience, disparities, and provider outcomes

2. Interviewed 70 individuals including hospital leaders, staff, and patients
# HEALTH SYSTEM INTERVIEW SITES

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<th>Care Model Name</th>
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<td>University of Chicago</td>
<td>IL</td>
<td>South Side Diabetes Initiative</td>
<td>Community-based diabetes intervention</td>
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<td>Denver Health</td>
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<td>N/A</td>
<td>FQHC-based PCMHs</td>
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<td>Hennepin County Medical</td>
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<td>Memorial Healthcare</td>
<td>FL</td>
<td>Contract with Florida Children’s Services (“Little CMS”)</td>
<td>Community-based integrated delivery children with special health care needs</td>
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<td>San Francisco General</td>
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<td>San Francisco Health Network</td>
<td>PCMH model within an integrated</td>
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<td>Santa Clara Valley Medical</td>
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<td>Valley Homeless Healthcare</td>
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FACILITATORS AND BARRIERS TO CARING FOR CHRONICALLY ILL PATIENTS IN SAFETY NET

Communication Tailored to Vulnerable Populations

Facilitators

• Listening to patient narratives
• Building social networks among patients and providers
• Customized, dynamic care plans with small, attainable goals
• Using text messaging as a means of continuous communication with patients

Barriers

• Burden of treatment and telling patients what to do
• High costs for translation services, especially for rare dialects
• Lacking specific outreach communication strategies that subpopulations are likely to respond to
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Team-Based Care

**Facilitators**
- Establishing multidisciplinary teams with a wide array of clinical and non-clinical providers
- Performing daily team huddles
- Creating environments to foster team building (i.e. small group work spaces)

**Barriers**
- Standardizing the credentialing, training, and work of patient navigators
- Lacking team integration with local government authority and services as well as skills to establish relationships with potential community partners
- High resident turnover rates and residents are unprepared to provide holistic care/address social determinants of health
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#### Customized and Personalized Care

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<td>• Risk-stratified care and high intensity clinics</td>
<td>• Scaling high intensity care programs to larger groups of patients</td>
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<td>• Serving patients within a small geographic area</td>
<td>• Limited staff capacity</td>
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# Facilitators and Barriers to Caring for Chronically Ill Patients in Safety Net

## Customized and Personalized Care

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## FACILITATORS AND BARRIERS TO CARING FOR CHRONICALLY ILL PATIENTS IN SAFETY NET

### Addressing Special Populations’ Needs

<table>
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<tr>
<th>Successes</th>
<th>Challenges</th>
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<tr>
<td>• Groups sessions to treat chronic pain patients</td>
<td>• Some populations have difficulties scheduling or showing up to appointments</td>
</tr>
<tr>
<td>• Colocation of medical and behavioral health services, as well as community-based resources</td>
<td>• Homeless populations face challenges regarding use of preventive care</td>
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<td></td>
<td>• Palliative care is underutilized with safety net patients</td>
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<tr>
<td></td>
<td>• Difficulty earning trust and building rapport with geriatric patients who may be uncomfortable with team-based care</td>
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<td></td>
<td>• Limited strategies on caring for comorbid patients</td>
</tr>
<tr>
<td></td>
<td>• HIV/AIDS patients are harder to retain</td>
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OVERARCHING AREAS FOR ADDITIONAL RESEARCH

1. Further evaluations of ACOs and PCMHs, especially in safety net
2. Determining the ideal composition of multidisciplinary teams, hospital and community-based
3. Evaluation of risk stratified care models in safety net populations
4. Identifying care plans that effectively engage safety net patients with chronic disease care
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6. Identifying effective outreach, enrollment, and engagement strategies tailored to safety net populations
## PCMH: SHORTCOMINGS & UNINTENDED CONSEQUENCES

### Safety Net
- Access to care is limited
- Enhanced quality improvement is a challenge
- NCQA certification is harder to pursue

### Health Equity
- PCMH standards not focused on health equity
- PCMH sees patients as independent health consumers
- No incentive to partner with community resources

### Population Health
- PCMH performance not based on prevention and wellness
## PCMH: SHORTCOMINGS & UNINTENDED CONSEQUENCES

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2. Determining the ideal composition of multidisciplinary teams, hospital and community-based
3. Evaluation of risk stratified care models in safety net populations
4. Identifying care plans that effectively engage safety net patients with chronic disease care
5. Identifying strategies for enhancing access to care in the safety net
6. Identifying effective outreach, enrollment, and engagement strategies tailored to safety net populations
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Questions & Comments

• What is the low-hanging fruit, in terms of CER, that would evaluate effective strategies in safety net PCMHs and ACOs for reducing health disparities?

• The report has identified many gaps in knowledge and areas where research is needed, but with limited time, how do we identify the areas that would have the most impact?

• How can we most effectively use the information from this report to inform the Addressing Disparities program’s work?
Key Findings from RTI’s Landscape Review Report on Options to Reduce CVD Disparities

Ayodola Anise
The Addressing Disparities program commissioned a landscape review to:

- Describe current evidence for CVD disparities interventions
- Illuminate evidence gaps
- Identify funding opportunities for PCORI

The contract was awarded to RTI in September 2013 and the report was completed in December 2013
CVD, or heart disease, refers to conditions involving the heart and blood vessels, including coronary heart disease, hypertension and stroke.

CVD is a leading cause of death and disability:
- One in three U.S. adults have one or more types of CVD.

There are persistent CVD disparities based on race/ethnicity, SES, geography, disability status, gender and sexual orientation:
- CVD prevalence among black adults in the U.S. is the highest in the world.
- Black men are 30% more likely to die from heart disease compared to white men.
- Residents of the lowest area income quartile have significantly higher heart attack mortality rates than residents of the highest area income quartile.
Authors included studies testing interventions that:

- Incorporated secondary (e.g., screening and diagnosis) or tertiary (smoking cessation or hypertension control among those already with CVD) CVD prevention approach(es);
- Took place in clinic or clinic and community settings; and
- Aimed to address disparities (i.e., differences between segments of the population)

OR

- Aimed to address CVD in single population group that experiences disparate health outcomes
37 articles were identified that describe 36 CVD interventions.

Studies can be categorized by targeted level:

- Systems level (n=3)
- Patient-provider level (n=2)
- Patient level (n=31)
Overall, outcomes commonly reported across studies included:
- Patient knowledge, attitudes, and behaviors related to CVD management;
- Physiological measures (e.g., blood pressure); and
- Medication adherence.

Large majority of evidence base describes patient-level interventions (e.g., self-management, lifestyle modification, education and counseling)

Quality of care improvements reported in systems-level and patient and provider-level intervention studies

Patient-centered outcomes not commonly reported

Small number of studies focused on narrowing differences in outcomes between groups (most studies focused on improving outcomes among one group likely to experience disparities)
RTI Landscape Review Report
Opportunities for PCORI

Broad gaps in CVD disparities research:

- Patient-centered outcomes
- Measurement of disparities between groups (as opposed to measurement of improvements in single population likely to experience disparities)
- Quality improvement (QI) initiatives
Based on findings, it is suggested that PCORI fund three types of studies:

1. Studies that assess effectiveness of QI interventions.
   - QI would include multi-disciplinary, systems-focused, data-driven methods to improve efficiency, effectiveness and reliability of care.
   - CER studies could examine which components are critical for achieving intended outcomes.
   - More information is needed on patient-centered outcomes of QI interventions.
   - QI intervention examples could include clinical decision-support systems and team-based care (as recommended by Community Preventive Services Task Force).
2. Studies that explore the added value of provider education.
   • CER studies could examine relative impact of a) provider education, b) patient education, and c) provider and patient education on patient-centered and patient-level CVD outcomes and quality of care.
   • More research is needed to identify intervention components and levels of intensity required to improve patient outcomes.
   • Research is also needed to identify subgroups of clinicians and patients most likely to benefit from education interventions.
3. Studies that compare the effectiveness of various self-management support intervention models.
   • Most studies reviewed tested self-management; interventions varied widely, therefore offering many options for CER within and between intervention models.
   • More research is needed to identify essential elements of the intervention in order to facilitate translation of research into practice.
Criteria used for determining the likelihood of future research findings being implemented into practice:

- **Adaptability.**
  - The extent to which the intervention can be modified to suit local needs.

- **Trialability.**
  - Whether the intervention can be tested on a small scale and reversed easily if desired.

- **Complexity.**
  - The difficulty of implementation.

- **External policies.**
  - Incentives, mandates, and insurance-related issues that may affect translation.

- **Readiness for implementation.**
  - Commitment and involvement of staff, level of resources, and accessibility of information.
QI Interventions

- QI interventions have an intermediate likelihood for immediate implementation.
- Leadership and staff are generally supportive, but QI can be complex and insurance coverage for QI is uncommon.

Provider Education

- Patient and provider education interventions have a high likelihood for immediate implementation.
- Education interventions are adaptable, do not require large scale resources, and readiness of implementation can be expected to be high.

Self-Management

- Self-management interventions have an intermediate likelihood for immediate implementation.
- Adaptability is primary requirement and is usually built into design.
- Intervention complexity varies, but often interventions are covered by insurance.
- Readiness and availability of staff may be a concern.
Information from report represents important context setting for:

- Development of hypertension disparities PFA
- Strategic planning for broad portfolio related to CVD
Questions and/or comments on landscape review report.

- What are your thoughts on CER that aims to reduce disparities by looking at differences between segments of the population (as opposed to research that compares interventions among a single population)?
- Are there additional thoughts on how we use the information gleaned from the report?
Progress on Remaining Topics

Romana Hasnain-Wynia
PCORI and Million Hearts® worked together to:

- Identify gaps in research that could reduce hypertension disparities.
- Prioritize high priority topics for discussion.
- Convene a workgroup to confirm the importance of identified topics, and achieve consensus on research questions that should be considered.
Hypertension in Minorities

PCORI & Million Hearts® High Priority Topics

Topic 1: Compare the effectiveness and impact of using different methods for tracking data from home blood pressure monitoring

Topic 2: Compare the effectiveness of different models for supporting patient self-management that help people achieve and maintain control of high blood pressure

Topic 3: Compare the effectiveness of different compositions of care teams for managing hypertension

Topic 4: Compare different diuretics for efficacy (clinical comparative effectiveness of two drugs)
Hypertension in Minorities

Workgroup Themes

Multi-level
Tailoring
Patient-centered
Patient preferences
Team-based

Community
Lifestyle modifications
Stakeholders
Scalability

Self-management
Clinical + non-clinical settings
Context

Sustainability
Hypertension in Minorities
Outcome of Workgroup

Consensus reached on three research questions:

1. Compare the effectiveness of multi-level interventions to promote self-management and reduce disparities in hypertension outcomes across diverse populations and determine the core elements and contextual factors associated with success. Determine which contextual factors are most predictive of sustainability of the intervention.

2. Compare the effectiveness of two or more interventions informed by patients and stakeholders for improving the spectrum of hypertension care (including diagnosis, treatment, and adherence to BP monitoring and medication).

3. Compare the effectiveness of interventions targeting patients with uncontrolled hypertension who are aware and being treated. Control arm must have elements from proven models and be compared to multi-component program.
Next steps:

- Development of PFA
- Anticipated PFA release in early to mid 2014
Advisory Panels for two of PCORI’s programs, Addressing Disparities and Improving Healthcare Systems, identified perinatal care as a top priority:

- **Addressing Disparities:**
  Interventions for improving perinatal outcomes—Compare the effectiveness of multi-level interventions (e.g., community-based, health education, usual care) on reducing disparities in perinatal outcomes.

- **Improving Healthcare Systems:**
  Models of perinatal care—Compared to usual care, what is the effect of care management (designed to optimize care coordination and continuity) on patient-centered outcomes among pregnant and post-partum women?
Addressing Disparities and Improving Healthcare Systems co-hosted a workgroup on October 24, 2013.

The goals of the workgroup were to:

- Obtain input on important comparative research questions related to perinatal care and management; and
- Establish consensus on topics for further exploration.
Interventions for Improving Perinatal Outcomes

Outcome of Workgroup

- Workgroup recommended a controlled trial of one or more multi-component models of perinatal care, provided to patients from early pregnancy through post-partum.

- “Menu” of intervention components includes:
  - Patient and provider education
  - Level and type of provider and compositions of team care
  - Risk identification and mitigation
  - Shared decision-making and empowerment
  - Father involvement
  - Patient navigation and continuity of care
  - Modalities of contact (e.g., telemedicine)
  - Care regionalization
  - Understanding barriers to care and failures of system
Recommended measures for study:

- Pre-term birth
- Low birth weight
- Cesarean sections
- Elective inductions
- Contraception use
- Breastfeeding
- Substance abuse
- Physical activity
- Postpartum depressive symptoms
Interventions for Improving Perinatal Outcomes

Next Steps

Next steps:

- Development of PFA
- Anticipated PFA release in early to mid 2014
Program staff to initiate research and gap analysis in Spring 2014
Discussion

Questions and/or comments on these topics?
Update on Other Addressing Disparities Projects

Ayodola Anise, MHS
Program Officer

Cathy Gurgol, MS
Program Officer

Patient-Centered Outcomes Research Institute
Treatment Options for African Americans and Hispanics/Latinos with Uncontrolled Asthma

Ayodola Anise
The Addressing Disparities program sought to fund projects through the Asthma PFA that:

- Focus on reducing adverse outcomes due to poorly controlled asthma in African American and/or Hispanic/Latino individuals, populations, and subgroups

- Compare interventions to improve clinician and patient adherence to guidelines by
  - Enhancing provider and patient communication (e.g., use of mobile technology)
  - Improving systems of care (e.g., evaluate models that look at data integration)
  - Improving integration of care (e.g., team-based care)
  - Any combination of these that might have an impact on adherence to evidence-based guidelines

- Include patient-centered outcomes tailored to the needs of individuals and populations
### Treatment Options for African Americans and Hispanics/Latinos with Uncontrolled Asthma

<table>
<thead>
<tr>
<th>PCORI Funding Announcement (PFA)</th>
<th>Maximum Project Length in Years</th>
<th>Maximum Budget</th>
<th>Available Funds</th>
</tr>
</thead>
</table>
| Treatment Options for African Americans and Hispanics/Latinos with Uncontrolled Asthma         | 3                               | • Year 1: $500,000  
• Year 2: $1.75 million  
• Year 3: $1.75 million | $24 million*                  |

* Original funding amount of $17 million was increased to $24 million in response to the large number of meritorious applications.
Asthma PFA
Awarded Applications

Funding line at 10.8%...

- Applications Received: 74
- Identified for Funding: 8

PCORI
Patient-Centered Outcomes Research Institute
Asthma PFA

Overview of Awarded Projects

- Projects address African American, Hispanic/Latino, and African American and Hispanic/Latino populations
- Populations studied include children and adults
- Interventions are patient-centered and include strong patient and stakeholder partnerships and engagement
Asthma PFA
Overview of Awarded Projects

Awarded projects:
- Are multi-component and multi-level;
- Use community health workers and community-level interventions;
- Include medication adherence, adjustment, and management;
- Include patient and provider education;
- Address systems of care through homes, schools, clinics, health plans, and use of EHRs; and/or
- Use technologies such as mobile health technology and telemedicine.
Asthma PFA
Overview of Awarded Projects

Map showing the locations of awarded projects across the United States.
### Asthma PFA

#### Project Titles

<table>
<thead>
<tr>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Imperial County Asthma CER Project</td>
</tr>
<tr>
<td>Preference and Effectiveness of Symptom-based Adjustment of Inhaled Corticosteroid Therapy in African-American Children</td>
</tr>
<tr>
<td>Using IT to Improve Access, Communication, and Asthma in African-American and Hispanic/Latino Adults</td>
</tr>
<tr>
<td>The Coordinated Healthcare Interventions for Childhood Asthma Gaps in Outcomes (CHICAGO) Trial</td>
</tr>
<tr>
<td>Guidelines to Practice (G2P): Reducing Asthma Health Disparities through Guideline Implementation</td>
</tr>
<tr>
<td>Parent-Centered Innovations to Improve Adherence in At-Risk Youth with Asthma</td>
</tr>
<tr>
<td>Clinic-based versus Home-based Support to Improve Care and Outcomes for Older Asthmatics</td>
</tr>
<tr>
<td>The Houston Home-based Integrated Intervention Targeting Better Asthma Control (HIIT-BAC) for African Americans</td>
</tr>
</tbody>
</table>
Obesity Treatment Options in Primary Care for Underserved Populations: Pragmatic Clinical Trials (PCTs) to evaluate real world comparative effectiveness

Cathy Gurgol
Workgroup comprising researchers, patient advocates, and other stakeholders was held April 2013

- Generated list of high priority obesity research questions

Task Force formed in July 2013

- Members:
  - William H. Dietz, MD, PhD, Moderator - PCORI Obesity Workgroup in April
  - David Flum, MD, MPH, PCORI Methodology Committee
  - Cay Loria, PhD, MS, MA, NIH Obesity Research Task Force, NHLBI
  - Christine Chang, MD, MPH, Medical Officer, Center for Outcomes and Evidence, AHRQ

- Discussion of relevant areas for PFA
- Focus in on one topic for PFA
Task Force Recommendation:

- Focus on addressing treatment options set in primary care

Lifestyle treatment including a combination of diet, physical activity, and behavioral therapy, is considered the first line of treatment for obesity.

Evidence is lacking about the comparative effectiveness of lifestyle treatments, particularly in primary care settings and for underserved populations such as racial/ethnic minorities and rural populations.
Recommendation for Targeted PCORI Funding Announcement

- **Multisite** pragmatic clinical trials to test the comparative effectiveness of **multicomponent lifestyle interventions** (diet, physical activity, behavior therapy) set within **primary care with strong linkages to community** for achieving weight loss in obese patients who are at risk for experiencing disparities in outcomes
  - Racial/ethnic minorities
  - Low SES populations
  - Rural populations
Multicomponent interventions could include

- Comparing behavioral interventions (2 year follow-up)
- Use of technology, such as HIT
- The role of the MD, PA, NP, and care extenders (nurses, dieticians, social workers, other) within the practice or in the community
- Practitioner training component
- Reimbursement strategies
- Co-pay limitations
- System level factors to change practice and care delivery to improve obesity related outcomes
PCORI expects to commit up to $20 million in total costs for this targeted funding announcement.

Projects will be up to 5 years in duration, including time for intervention refinement, two-year intervention implementation, and data analysis.

Outcomes: BMI; >5% sustained weight loss; QOL; Self-management behaviors; BP, lipids, HbA1c
# Timeline

<table>
<thead>
<tr>
<th>Action</th>
<th>Date</th>
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<tbody>
<tr>
<td>Release Date</td>
<td>Feb 5, 2014</td>
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<tr>
<td>Applicant Town Hall Session (Webinar)</td>
<td>Feb 15, 2014</td>
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<tr>
<td>Letter of Intent Due</td>
<td>March 7, 2014, 5:00 PM (EST),</td>
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<tr>
<td>Application Deadline</td>
<td>May 6, 2014, 5:00 PM (EST)</td>
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<tr>
<td>Merit Review</td>
<td>August 2014</td>
</tr>
<tr>
<td>Awards Announced</td>
<td>September 2014</td>
</tr>
</tbody>
</table>
Discussion: How Best to Engage the AD Advisory Panel
Discussion: How Best to Engage the AD Advisory Panel

How can the Advisory Panel be engaged to disseminate research findings?

How can the Advisory Panel be strategically engaged in moving forward the impact of the work that the Addressing Disparities program is funding?
Overview: Topics for Prioritization

Doriane Miller, Co-Chair
Grant Jones, Co-Chair
### Overview: Topics for Prioritization

<table>
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<td>Innovative outreach to enhance utilization of mental health services</td>
<td>Compare the effectiveness of innovative outreach and education efforts to increase uptake of mental health services among diverse youth populations, and/or engagement of adolescent patients and caregivers in mental health treatment.</td>
<td>Tammy Burns*</td>
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<td>Access to mental health services in rural areas</td>
<td>Compare the effectiveness of innovative interventions and/or telemedicine to improve access to mental health services among populations in vulnerable settings, including but not limited to rural communities.</td>
<td>Kevin Fiscella*</td>
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<td>Doriane Miller</td>
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<td>3</td>
<td>Integration of mental and behavioral health services into primary care settings</td>
<td>Compare the effectiveness of interventions to integrate mental and behavioral health, including substance abuse treatments, into community health centers and other primary care settings.</td>
<td>Alfiee Breland*</td>
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<td>Improving the continuum of care for patients with disabilities</td>
<td>Compare the effectiveness of interventions to improve continuum of care for children with disabilities transitioning to adulthood, including access to care, care coordination, and quality of care.</td>
<td>Monique Carter*</td>
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<td>Effective communication for people with disabilities</td>
<td>Compare the effectiveness of strategies to improve communication between clinicians and patient with disabilities, including strategies to effectively tailor communication according to both cognitive and sensory abilities.</td>
<td>Jacqueline Grant*</td>
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<td>Carmen Reyes</td>
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<td>6</td>
<td>Multi-level interventions to enhance cancer survivorship</td>
<td>Compare the effectiveness of innovative multi-level interventions in health care and community settings to enhance adult cancer survivorship among populations likely to experience disparities, including linguistically isolated populations and racially and ethnically diverse populations.</td>
<td>Alyna Chien*</td>
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<td></td>
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<td>Russell Rothman</td>
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<tr>
<td>7</td>
<td>Care coordination for special needs patients*</td>
<td>Compare the effectiveness of care coordination and clinical decision supports in producing better health outcomes for children with disabilities and special health care needs.</td>
<td>Eche Ezeanolue*</td>
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<tr>
<td></td>
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<td>Mary Ann Sander</td>
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<tr>
<td>8</td>
<td>Care coordination in primary care*</td>
<td>Compare the effectiveness of enhanced care coordination, including multicultural approaches on improving the health care process and outcomes in primary care settings.</td>
<td>Martina Gallagher*</td>
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<td>Deborah Stewart</td>
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<td>9</td>
<td>Telemedicine for rural cardiovascular care*</td>
<td>Compare the effectiveness of telemedicine and/or expanding practice to non-physician practitioners (i.e. nurse practitioners, physician assistants) on improving cardiovascular disease outcomes in rural populations.</td>
<td>Chien-Chi Huang*</td>
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<td>Alfiee Breland Noble</td>
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<td>Telemedicine for rural mental health care*</td>
<td>Compare the effectiveness of telemedicine and/or expanding practice to non-physician practitioners (i.e. nurse practitioners, physician assistants) on improving mental health disease outcomes in rural populations.</td>
<td>Elizabeth Jacobs*</td>
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<td>Tammy Burnes</td>
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<tr>
<td>11</td>
<td>Breast cancer screening for high-risk women*</td>
<td>Compare the effectiveness of film-screen or digital mammography alone and mammography plus magnetic resonance imaging (MRI) in community practice-based screening for breast cancer in high-risk women of different ages, risk factors, and race or ethnicity.</td>
<td>Venus Gines*</td>
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<tr>
<td>12</td>
<td>Rural trauma care*</td>
<td>Compare the effectiveness of care delivery (e.g., local hospital care, trauma center care) on improving outcomes in patients living in rural communities that experience trauma.</td>
<td>Grant Jones*</td>
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<td>Monique Carter</td>
</tr>
<tr>
<td>13</td>
<td>Complementary medicine for juvenile cancer patients*</td>
<td>Compare the effectiveness of complementary and alternative interventions on reducing symptoms related to treatment of childhood cancers in racial and ethnic minorities.</td>
<td>Martin Gould*</td>
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Adjourn

Evening agenda:

Reception  5:30 pm
Dinner     6:30 pm
Addressing Disparities Program:
Advisory Panel Face-to-Face Meeting

Day 2:
January 14, 2014

9:00 AM to 3:00 PM ET
Day 2: Agenda

- Review and Discuss Topic Briefs 1 to 13
- Research Prioritization
- Discussion on Top Five Prioritized Topics
### Topic Brief 1

<table>
<thead>
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<td>Kevin Fiscella*</td>
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<td>Doriane Miller</td>
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<tr>
<td>Integration of mental and behavioral health services into primary care settings</td>
<td>Alfiee Breland Noble*</td>
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<td>Alan Morse</td>
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<td>Monique Carter*</td>
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<tr>
<td>Telemedicine for rural cardiovascular care</td>
<td>Chien-Chi Huang*</td>
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<td>Alfiee Breland Noble</td>
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## Topic Brief 10

<table>
<thead>
<tr>
<th>Topic</th>
<th>Primary* and Secondary Discussants</th>
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</thead>
<tbody>
<tr>
<td>Telemedicine for rural mental health care</td>
<td>Elizabeth Jacobs*</td>
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<td>Tammy Burns</td>
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<td>Breast cancer screening for high-risk women</td>
<td>Venus Gines*</td>
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<td>Rural trauma care</td>
<td>Grant Jones*</td>
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<td>Monique Carter</td>
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<td>Topic</td>
<td>Primary* and Secondary Discussants</td>
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<td>Complementary medicine for juvenile cancer patients</td>
<td>Martin Gould*</td>
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<td>Alyna Chien</td>
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Time to Prioritize!

**PCORI Criteria**

1. **Patient-Centeredness**: Is the proposed knowledge gap of specific interest to patients, their caregivers, and clinicians?

2. **Impact of Condition**: Is the condition a significant burden?

3. **Options for Addressing Issue**: What current guidance is available on topic and is there ongoing research? How does this help determine whether further research in this area would be valuable?

4. **Likelihood of Implementation**: Would new information generated by research be likely to have an impact in practice?

5. **Durability of Information**: Would new knowledge on this topic remain current for several years, or would it be rendered obsolete quickly by subsequent studies?
Topic Prioritization

Top Five Prioritized Topics

1.

2.

3.

4.

5.
Recap and Next Steps
Thank You for Your Support and Participation