Advisory Panel on Communication and Dissemination Research

October 21, 2016
8:00 AM to 5:00 PM ET
Welcome and Introduction

Jean Slutsky, PA, MSPH
Chief Engagement and Dissemination Officer
Program Director, Communication and Dissemination Research, Patient-Centered Outcomes Research Institute

Lauren McCormack, PhD, MSPH
Director, Center for Communication Science, RTI International Communication and Dissemination Research Panel Chair
Housekeeping

• Today’s webinar is open to the public and is being recorded
• Members of the public are invited to listen to this teleconference and view the webinar
• Anyone may submit a comment through the webinar chat function or by emailing advisorypanels@pcori.org
• Visit www.pcori.org/events for more information
• Chair Statement on COI and Confidentiality
Agenda

8:30 AM – Communication and Dissemination Research Program Update
9:15 AM – Break
9:30 AM – Communication and Dissemination Channels – Reaching People at the Center of Care
11:00 AM – Terms and Definitions Commonly Used in Communication and Dissemination Research
12:00 PM – Lunch
12:45 PM – Group photo
1:00 PM – Dissemination Opportunities at PCORI (joint session with the Patient Engagement Advisory Panel)
2:30 PM – Break/Transition Rooms
2:45 PM – Framework for Communication and Dissemination Discussion
4:30 PM – Wrap-up and Next Steps
5:00 PM - Adjourn
Introductions

- Name
- Employer / Organization
- Quick highlight about your work (e.g., something exciting you are working on or a challenge you overcame)
Review of Spring 2016 Panel

A Peak Behind the Curtain: Communication about Uncertainty

- Top challenges: role of emotion in decision making; access to guidelines; lack of training/skills in communication; taking population data to individual level; understanding probabilities
- Strategies: behavioral (clinicians and patients); structural interventions (clinician training, navigators, etc.); two-way preparation (discussion prompts, decision support tools, sending info in advance)

Framework for Communication and Dissemination

- What’s missing: life-health journey/QoL; patient satisfaction; decisional dilemma; modifiable/unmodifiable factors; feedback loop (decision to evidence); strength of evidence
Review of Spring 2016 Panel

From Ink on Paper: Dissemination Strategies

• Challenges: finding relevant research; making sense of findings; patients not knowing where to go to find useful/relevant information and uncertainty of quality of information

Measures Used in CDR Studies

• How measures overlap with outcomes in CDR Framework: goal setting; QoL

CDR Call for Proposals

• Research priority areas: communication, dissemination, explaining uncertainty; particular research gaps in dissemination strategies and explaining uncertainty; possibility of framework informing PFA
Communication and Dissemination Research Program Update

Bridget Gaglio, PhD, MPH
Senior Program Officer, Communication and Dissemination Research
Staff Updates

New to the CDR Team:

• Kim DiGioia – Program Associate
• Aisha Hussain – Program Assistant

New to the D&I Program:

• Chris Gayer – Program Officer
CDR Program Update

Changes to CDR Broad PFA

• Inclusion of hybrid designs for dissemination comparative clinical effectiveness research (CER) studies
• Clarification on adaptation of efficacious interventions
• New Criterion 4 added and updated Section IV Merit Review
  o Criterion 4: Investigator(s) and environment
CDR Program Update

Inclusion of CDR priority research question in two targeted PFAs (tPFA)

- **Strategies to Prevent Unsafe Opioid Prescribing in Primary Care among Patients with Acute or Chronic Non-Cancer Pain**
  - What is the comparative effectiveness of different patient- and provider-facing interventions that facilitate improved knowledge, communication, and shared decision making about the relative harms and benefits of opioids and alternative treatments on prevention of unsafe prescribing and improved patient outcomes?

- **Community-Based Palliative Care Delivery for Adult Patients with Advanced Illnesses and their Caregivers**
  - Advance Care Planning: What is the comparative effectiveness of different patient and caregiver-directed, clinician-directed, and combination approaches to facilitating advance care planning conversations between adult patients living with advanced illnesses, their caregivers, and clinicians on patient-centered and other outcomes over time?
  - Community-Based Models of Palliative Care: What is the comparative effectiveness of different established models of palliative care in community settings on improving patient-centered and other outcomes among adult patients with advanced illnesses and their caregivers?
Sponsorship of Professional Meetings

- Society for Medical Decision Making 38th Annual North American Meeting – October 23 – October 26, Vancouver, BC
Break
9:15 AM to 9:30 AM
Communication and Dissemination Channels – Reaching People at the Center of Care

Danny van Leeuwen, MPH, RN, CPHQ – Panel Co-Chair

Keren Ladin, PhD – Assistant Professor at Tufts University and Director of the Lab for Research on Ethics, Aging, and Community Health (REACH Lab)

Sarah Krug, MD – Executive Director of Cancer 101, Founder of Health Collaboratory

Jarred Younger, PhD – Assistant Professor at the University of Alabama and Director of the Neuroinflammation, Pain and Fatigue Lab

Barry Blumenfeld, MD – Senior Physician Informaticist at RTI International
Keren Ladin, PhD

Assistant Professor at Tufts University and Director of the Lab for Research on Ethics, Aging, and Community Health (REACH Lab)
Social Network Analysis: Future Directions for CDR

Keren Ladin, Ph.D., M.Sc.
Assistant Professor, Tufts University
Director, Research on Ethics, Aging, and Community Health (REACH Lab)
Background: Network Analysis

Newman et al, 2006
Social Networks Captures Social Determinants
Information Diffusion and Reinforcement:

US bloggers link primarily to blogs supporting the same party, forming two distinct clusters (Adamic and Glance, 2005)

Spread of Behavior, Norms, and Disease:

Largest Connected Subcomponent of the Social Network in the Framingham Heart Study in the Year 2000. (Christakis...
Basic elements of network diagrams

The basic elements of a network are nodes and edges (also called ties or connections).

A network between 2 types of nodes (physicians and patients)

A network between a single type of node (physicians)

Two-mode (bipartite) network

One-mode (unipartite) network

Projection of a unipartite network from a bipartite network

Edge represents connection between physician and patient based on episode(s) of care

Edge represents shared patient(s) between physicians

From: Variation in Patient-Sharing Networks of Physicians Across the United States
SNA Basics

Network metric definitions

**Degree** quantifies the number of connections a node has.

Physician 6 has a degree of 5.

Physician 4 has a degree of 2.

Physician 3 has a degree of 3.

**Clustering coefficient** quantifies the extent to which other nodes connected to a node of interest are also connected to each other.

Physician 6, the node of interest, is connected to 5 other nodes. These nodes (physicians 1, 2, 3, 4, and 5) have 5 actual ties to each other.

These nodes also could have 5 other ties to each other, for a total of 10 possible ties overall.

The clustering coefficient of Physician 6 is 0.5 calculated by:

\[
\text{Clustering coefficient} = \frac{\text{No. of actual ties that exist between nodes connected to a node of interest}}{\text{Overall no. of ties that could exist between those connected nodes}}
\]

Betweenness centrality quantifies the structural centrality of a node in the network. It is proportional to the number of times the node lies on the shortest path between 2 nodes in the network considering all the shortest paths between all node pairs.

Below is an example of a node (6) that lies on many of the shortest paths between node pairs in the network.

The network below demonstrates the variation in betweenness centrality among nodes in the network.

From: Variation in Patient-Sharing Networks of Physicians Across the United States
SNA Measures of Interest for CDR

- Ego-centric vs. socio-centric data
- Network size
- Network Density/Clustering Coefficient
- Directionality of ties; Strength of ties; Centrality
- Network effects: effect on ego of alters’ behavior

- Ladin and Hanto, 2010; DiMaggio and Garip, 2012
What CDR Questions Can SNA Answer?

- **Diffusion**: the process by which a practice spreads throughout (is adopted by) members of a population
- **Homophily**: the tendency of actors in a network to form ties to alters who are similar to themselves
- **Social learning**: network effects on ego’s adoption of a practice due to the transfer of information or assistance
- **Normative influence**: network effects on ego’s adoption of a practice due to positive or negative sanctions

Ladin and Hanto, 2010; DiMaggio and Garip, 2012
SNA: Importance of STAKEHOLDERS

- Patients
- Family
- Friends
- Community leaders
- Workplace
- Contextual factors/influencers
- Clinicians
- Others...

- Difficult to reach populations/ stigmatized diseases
SNA in CDR Examples: Interventions

Social network targeting to maximize population behavior change: a cluster randomized controlled trial (Kim et al., 2015)
“Through integration of large-scale bacterial whole-genome sequencing and social-network analysis, we show that a socioenvironmental factor — most likely increased crack cocaine use — triggered the simultaneous expansion of two extant lineages of *M. tuberculosis* that was sustained by key members of a high-risk social network.

Genotyping and contact tracing alone did not capture the true dynamics of the outbreak.”
SNA in CDR Examples: Organizational Behavior

Variation in Patient-Sharing Networks of Physicians Across the United States (Landon et al, 2012)
SNA in CDR: Information Diffusion

• How do patients learn about treatment options?

• How does network characteristics influence:
  o Treatment decisions
  o Perception of risk
  o Perception of benefit
  o Risk factors

• My research:
  o Organ Transplantation and Donation
  o Protective effects of networks for aging
  o End-of-life decision-making
  o Kidney disease/ESRD
## Ego-Level Health Differences

<table>
<thead>
<tr>
<th>Medical Record Characteristics for Patients Aged 75 and below</th>
<th>White (n)</th>
<th>Black (n)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean BMI</td>
<td>28.468 (99)</td>
<td>29.32549 (122)</td>
<td>0.4230</td>
</tr>
<tr>
<td>Diabetes</td>
<td>48.514% (101)</td>
<td>61.29% (124)</td>
<td>0.0554</td>
</tr>
<tr>
<td>Hypertension</td>
<td>93.00% (100)</td>
<td>92.125% (127)</td>
<td>0.8049</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>55.2% (96)</td>
<td>43.33% (120)</td>
<td>0.0834</td>
</tr>
<tr>
<td>Infection</td>
<td>13.82% (94)</td>
<td>25.619% (121)</td>
<td>0.0336</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>11.57% (95)</td>
<td>20.66% (121)</td>
<td>0.0761</td>
</tr>
<tr>
<td>Age</td>
<td>59.99 (105)</td>
<td>55.91 (132)</td>
<td>0.0067</td>
</tr>
<tr>
<td>Non-Compliance</td>
<td>8.51% (94)</td>
<td>16.95%</td>
<td>0.0720</td>
</tr>
<tr>
<td>Prior Tx</td>
<td>12.00% (100)</td>
<td>15.87% (126)</td>
<td>0.4091</td>
</tr>
<tr>
<td>Days on Dialysis</td>
<td>934.23 (101)</td>
<td>1329.31 (123)</td>
<td>0.0111</td>
</tr>
<tr>
<td>Creatinine</td>
<td>8.023 (94)</td>
<td>10.648 (120)</td>
<td>0.0000</td>
</tr>
<tr>
<td>Hematocrit</td>
<td>35.247 (95)</td>
<td>35.625 (123)</td>
<td>0.4272</td>
</tr>
<tr>
<td>Psych History</td>
<td>30.927% (97)</td>
<td>32.80% (125)</td>
<td>0.7680</td>
</tr>
</tbody>
</table>
## Network-Level Health Disparities

<table>
<thead>
<tr>
<th>Health Characteristic, by Race</th>
<th>N</th>
<th>White</th>
<th>N</th>
<th>Black</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BMI</strong></td>
<td>113</td>
<td>28.12</td>
<td>154</td>
<td>30.12</td>
<td>0.0093</td>
</tr>
<tr>
<td><strong>Hypertension</strong></td>
<td>118</td>
<td>35.56%</td>
<td>159</td>
<td>42.14%</td>
<td>0.2718</td>
</tr>
<tr>
<td><strong>Diabetes</strong></td>
<td>118</td>
<td>16.10%</td>
<td>161</td>
<td>23.60%</td>
<td>0.1256</td>
</tr>
<tr>
<td><strong>Chronic Kidney Disease</strong></td>
<td>118</td>
<td>1.69%</td>
<td>160</td>
<td>2.50%</td>
<td>0.6494</td>
</tr>
<tr>
<td><strong>Quality of Life (scale 1-10)</strong></td>
<td>116</td>
<td>7.88</td>
<td>153</td>
<td>6.92</td>
<td>0.0001</td>
</tr>
</tbody>
</table>
Questions?
Keren.Ladin@tufts.edu
Sarah Krug, MD

Executive Director of Cancer 101,
Founder of Health Collaboratory
A Prescription to Learn®

Sarah Krüg
CEO, CANCER101 Foundation
Founder, Health Collaboratory
Executive Director, Society for Participatory Medicine

@sarahkrug1
Patient Engagement: What’s the “secret sauce”?

Actions patients must take to obtain the greatest benefit from the healthcare services available to them
WHAT MATTERS TO YOU??

MAGICWANDPROJECT.ORG
HEALTH MATCH

What do you need help with?

- Costs of Care
- I'm feeling alone
- Caregiver Support
- I need an escape
- Transportation
- Childcare
- Work Issues
- Legal Issues
Are you looking for educational resources to help you learn about a particular condition? Imagine if you could cut through the clutter with a personalized Health GPS to guide you through helpful information from credible sources...

**What condition do you need information on?**

Please select one

- General Cancer
- Breast Cancer
- Leukemia
- Metastatic Breast
- Multiple Myeloma

**OR**

Enter a keyword (e.g., nutrition or symptom tracker) or title of a specific resource

Don't see a condition listed? Additional conditions will be added soon, but tell us what you are looking for!
Click on the phase of your journey:

- Prevention
- Newly Diagnosed
- Treatment
- Clinical Trial
- Long Term Management
What type of resource are you looking for?
*Select all that apply

- Online
- Books
- Brochures
- Hotline
- Online Community
- Live Support Group
- Mobile Apps
ALIGNMENT W/LEARNING PREFERENCE

CANCER101 Planner
Important information about Breast Cancer, descriptions of treatment options, questions to ask the doctor, follow-up care, cancer research, sources of support and key terminology.

What You Need To Know About Leukemia
A resource that guides the patient through their cancer journey and follow up care enabling the patient to document experiences in a way that complements objective healthcare data gathered during the care process and make informed decisions.

Johns Hopkins Patients' Guide to Leukemia
This easy-to-follow “how to” guide puts you on a path to wellness by explaining leukemia treatment from start to finish. It guides you through the overwhelming maze of treatment decisions, simplifies the complicated schedule that lies ahead, and performs the task of putting together your plan of care in layman’s terms.
I am recommending a few resources for you to use to learn more about your options. You can also access other educational resources in this system as well. If you have any questions, please do not hesitate to contact our office.

**WAR ON CANCER**
Description: A resource that guides the patient through their cancer journey and follow up care, enabling the patient to document experiences in a way that complements objective healthcare data gathered during the care process and make informed decisions.
www.waroncancer.org

**CANCER101 PLANNER**
Description: A resource that guides the patient through their cancer journey and follow up care, enabling the patient to document experiences in a way that complements objective healthcare data gathered during the care process and make informed decisions.
www.cancer101.org

**CANCER SURVIVAL BIBLE**
Description: A resource that guides the patient through their cancer journey and follow up care, enabling the patient to document experiences in a way that complements objective healthcare data gathered during the care process and make informed decisions.
www.csb.org

Linked to CME/CE Activities where clinician can “prescribe” resources
How Do You Prefer to Learn?
Learning Preference Barometer

Access to Information
Personalization of Educational Experience
Prescription To Learn®

Access to Understanding
Patient CliffsNotes™
THANK YOU!

sarahkrug@cancer101.org
@sarahkrug1
Jarred Younger, PhD

Assistant Professor at the University of Alabama and Director of the Neuroinflammation, Pain and Fatigue Lab
The Patient Centered Outcomes Research Clinical Decision Support Leaning Network (PCOR CDS-LN)

Barry Blumenfeld, MD

Senior Physician Informaticist at RTI International
Goals of the PCOR CDS LN

• Translating knowledge gained from Patient-Centered Outcomes Research (PCOR) into clinical practice is key to healthcare quality improvement. A promising way to ensure that PCOR informs clinical care is through clinical decision support (CDS), which uses technical and non-technical approaches to make it easier for care teams – including patients – to make decisions and take actions known to enhance outcomes.

• Best practices are only beginning to emerge and numerous barriers exist: poor coordination among stakeholders, lack of interoperability, sub-optimal implementations, and poor usability to state but a few.

• The Agency for Healthcare Research and Quality (AHRQ) awarded RTI International (RTI) a cooperative agreement to develop The Patient-Centered Outcomes Research Clinical Decision Support Learning Network (PCOR CDS-LN), to bring together stakeholders to promote a sustainable community around developing, disseminating, and applying PCOR-enabled CDS.

• The PCOR CDS-LN is designed to accelerate collaborative learning, overcome barriers and reinforce facilitators for effective CDS use, and evaluate the impact of its efforts. It is meant to be a “springboard for action” to help enable its vision:

“To create an ecosystem that allows all stakeholders reduce the friction of turning knowledge from PCOR findings into CDS-enabled actions that produce better care and outcomes.”
Defining PCOR-Based CDS

“PCOR-based CDS helps patients and their care teams apply evidence from patient-centered outcomes research to enhance care processes and their results. Approaches include promoting shared decision-making, incorporating patient reported outcomes, factoring in patient preferences to generate patient-specific recommendations for care and others.”
One of the first activities of the PCOR CDS-LN was to undertake an environmental scan to identify barriers and facilitators to the dissemination of PCOR-Based CDS. A critical artifact that grew out of this environmental scan is the Analytic Framework for Action (AFA), which graphically displays and defines areas of focus around the prioritization, implementation, and evaluation of PCOR-based CDS.

The AFA provides the means by which we can organize the findings and recommendations of the PCOR CDS-LN. It represents the lifecycle of activities that must occur to disseminate POCR through CDS, measure impact, and create a learning system.
Step 1: Applying objective measures of evidence for identifying and prioritizing PCOR findings that are to be transformed and disseminated via PCOR-based CDS, assessing or defining their implementability, and defining stewardship and governance requirements.
Step 2: Applying consensus-based data and knowledge standards for translating PCOR findings into CDS interventions that support comparative and/or patient-centered decision-making (i.e. risk calculators, cognitive aides).
Step 3: Applying standardized methods and architectures for operationalizing PCOR-based CDS interventions into clinical workflows, which deliver the right information to the right people in the right formats through the right channels at the right times ("CDS Five Rights").
Step 4: Ensuring that PCOR-based CDS interventions measurably improve clinician and patient decision-making, care processes, and outcomes.
Step 5: Aggregating local PCOR-based CDS-related outcomes and effectiveness measures to facilitate system level learning from identified gaps in PCOR knowledge, CDS-enabled clinical practice, and patient outcomes.
Step 6: Recognize and Manage External factors including the marketplace, policy, legal, and governance factors that impact development, dissemination, and implementation processes for PCOR-based CDS.
Next Steps: The Barriers and Facilitators Workgroup

• Charge
  • To test the AFA, the PCOR CDS-LN is forming a Barriers and Facilitators Workgroup (BFWG) to create ‘use cases’ describing the sequence of steps necessary to:
    • Assess and develop criteria for determining whether PCOR findings related to a specific clinical improvement imperative (e.g., hypertension control, cholesterol management, sepsis prevention and management) are suitable for implementation;
    • Identify barriers and facilitators to instantiating and widely implementing those PCOR findings at each step of the PCOR CDS Learning Network Analytic Framework for Action
    • Recommend ways to overcome barriers and catalyze opportunities for PCOR-based CDS to promote improved care decisions, care processes, and actions; and
    • Through input from a broad range of stakeholders, the BFWG will generalize results for the use case(s) to begin elucidating barriers, facilitators and recommendations for these steps to cover the full range of pertinent PCOR findings

• Inputs
  • Potential Use Case target areas such as Cholesterol Management, Hypertension control, and Sepsis
  • Results of the PCOR CDS-LN Environmental Scan
    • The BHWG will build upon its findings
Next Steps Continued...

• BFWG Deliverables
  • Criteria for selecting PCOR findings to be used as use cases
  • PCOR findings to be applied in use cases
  • Populate a use case matrix (see below), which is organized by the Analytic Framework for Action based on the PCOR
  • Disseminate findings at two time points
    • Annual Meeting (December 12, 2016): Present the work from steps 1-3 above to the Steering Committee and Advisory Council
    • End of Year (Exact date TBD by BFWG): A written report that summarizes how the PCOR selection criteria were developed, how the BFWG used the criteria to select use cases, and the barriers and facilitators that were encountered as the BFWG went through the entire process of populating the matrix for each use case.
<table>
<thead>
<tr>
<th>PCOR CDS Matrix Template</th>
<th>Current State</th>
<th>Barriers</th>
<th>Facilitators</th>
<th>Recommendations</th>
<th>Stakeholder actions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Weighing External Factors</strong> (Marketplace, Policy, Legal, Governance)</td>
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<td><strong>Prioritizing PCOR</strong> (What findings are appropriate given level of evidence, priorities, available data, etc.)</td>
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<td><strong>Authoring CDS (Intervention Types, Knowledge issues, Data issues)</strong></td>
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<td><strong>Implementing CDS Interventions</strong> (Localization issues, architecture/methods, workflow integration,)</td>
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<td><strong>Improving Actions, Outcomes, and Measurement</strong> (Measuring CDS efficacy and impact as well as value delivered and ROI/cost-benefit)</td>
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<td><strong>Learning from PCOR-based CDS Experience</strong> (Feeding results back to broadly enhance care/outcomes/guidance faster)</td>
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Questions?

Barry Blumenfeld, MD, MS

bhb@rti.org

207-400-7979
Terms and Definitions Commonly Used in Communication and Dissemination Research

Lauren McCormack, PhD, MSPH - Panel Chair
Panel Discussion
Dissemination and implementation research in the health field has emerged from research traditions in diverse (non-health) disciplines ranging from agriculture to education. Theories and methods used are derived from these fields.

Variation in terminology and classification of terms across countries.
- Knowledge translation and integration
- Population health intervention research
- Scaling up

Because of this, there is no consistency or consensus on terminology used. There are several terms synonymous with dissemination and implementation are used in practice and in the literature.

“Diffusion, dissemination and implementation are not interchangeable terms. Rather, they represent phases in a process of increasingly active and more focused processes, with each subsequent phase dependent on the success of its predecessor phase.”

What is dissemination?

• *Dissemination* is the…..
  
  – intentional, *active* process of identifying target audiences and tailoring communication strategies to increase awareness and understanding of evidence, and to motivate its use in policy, practice, and individual choices.
  
  – The purpose of dissemination is to spread and sustain knowledge and the associated evidence-based interventions.
Research Dissemination vs. Dissemination Research

• **Research Dissemination** is an active approach of spreading evidence-based interventions to the target audience via determined channels using planned strategies.
  – PCORI’s Dissemination and Implementation Program
  – PCORI’s Engagement Program

• **Dissemination research** is the scientific study of targeted distribution of information and intervention materials to a specific public health or clinical practice audience. The intent is to understand how best to spread and sustain knowledge and the associated evidence-based interventions.
  – PCORI’s Communication and Dissemination Research (CDR) Program
What is implementation?

- **Implementation** is the…..
  
  – *deliberate*, iterative process of integrating evidence into policy and practice through adapting evidence to different contexts and facilitating behavior change and decision making based on evidence across individuals, communities, and healthcare systems.
**Definitions of Concepts**

<table>
<thead>
<tr>
<th>Concept or Construct</th>
<th>Definition As It Relates to Health and Health Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scientific evidence</td>
<td>Data that has been assembled, reviewed, and presented by evidence developers and that has been used to make recommendations.</td>
</tr>
<tr>
<td>Health communication</td>
<td>The study and use of communication strategies to inform and influence individual and community decisions that affect health. Health communication links the fields of communication and health and is increasingly recognized as a necessary element of efforts to improve personal and public health.</td>
</tr>
<tr>
<td>Dissemination</td>
<td>The active and targeted distribution of information and interventions to a specific public health or clinical practice audience via determined channels using planned strategies. The intent is to spread knowledge and the associated evidence-based interventions in order to enhance the adoption and the implementation of the information and/or intervention.</td>
</tr>
<tr>
<td>Adoption</td>
<td>The decision of an organization or a community to commit to and initiate an evidence-based intervention.</td>
</tr>
<tr>
<td>Implementation</td>
<td>The use of strategies to integrate evidence-based health interventions and change practice patterns within specific settings.</td>
</tr>
<tr>
<td>Uncertainty</td>
<td>The quality or state of being in doubt.</td>
</tr>
</tbody>
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# Dissemination Strategies

<table>
<thead>
<tr>
<th>Type of Dissemination Strategy</th>
<th>Included Approaches to Dissemination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve reach of evidence:</td>
<td>- Postal:</td>
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<tr>
<td></td>
<td>- Electronic and digital media:</td>
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<td></td>
<td>- Social media:</td>
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<td></td>
<td>- Mass media:</td>
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<td></td>
<td>- Interpersonal verbal group or individual outreach</td>
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<tr>
<td>Motivate recipients to use and apply evidence</td>
<td>- Champions (cheerleaders):</td>
</tr>
<tr>
<td></td>
<td>- Opinion or thought leaders (frequently has an endorsing or persuasive element)</td>
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<tr>
<td></td>
<td>- Social networks</td>
</tr>
<tr>
<td>Enhance recipients’ ability to use and apply evidence (regardless of delivery mode)</td>
<td>- Provision of supporting “how-to” materials</td>
</tr>
<tr>
<td></td>
<td>- Skill training, capacity building, and problem solving</td>
</tr>
<tr>
<td>More than one of the above strategies:</td>
<td>A multicomponent approach uses several dissemination strategies in concurrent combination or in sequence to increase the reach of evidence, enhance the end users’ motivation to adopt and use or apply evidence. Multicomponent interventions are important to this review only to the extent that they are compared with another intervention that is different by at least one other aspect.</td>
</tr>
</tbody>
</table>
Lunch
12:00 PM to 1:00 PM
THE CDR ADVISORY PANEL IS CONDUCTING
A JOINT SESSION WITH THE
PATIENT ENGAGEMENT ADVISORY PANEL
FROM 1 – 2:30 PM ET

Please call the following to listen:
Number: 1 (866) 640-4044
Participant Code: 6983267

http://events.meetingbridge.com/qjoin.aspx?id=a06123990318
Dissemination Opportunities at PCORI

Joint session with the PEAP
Background

- There is a gap between what we know optimizes healthcare delivery and what actually gets implemented in everyday practice (Green et al., 2009)
- It takes years for new evidence from clinical research to influence health care (Balas, 2000)
- PCORI authorizing legislation recognized this issue and charged us with addressing it


“The purpose of the Institute is to assist patients, clinicians, purchasers, and policy-makers in making informed health decisions by advancing the quality and relevance of evidence concerning the manner in which diseases, disorders, and other health conditions can effectively and appropriately be prevented, diagnosed, treated, monitored, and managed through research and evidence synthesis...

... and the dissemination of research findings with respect to the relative health outcomes, clinical effectiveness, and appropriateness of the medical treatments, services...”

-- from PCORI’s authorizing legislation
Dissemination and Implementation Program

Using PCORI Research to Improve Healthcare

What is the goal of the D&I Program?

• The D&I Program is charged with heightening awareness of the results of PCORI-funded research, and with advancing efforts to put these findings into practice to improve healthcare delivery and health outcomes.
**PCORI D&I Activities Overview**

**Dissemination Planning**
- Dissemination Framework
- Capacity building
  - **Engagement Awards**
  - **Communication & Dissemination Research**
    - Stakeholder Roundtables
- Develop and adopt PCORI policy and processes
- Summarize evidence

**Dissemination for Selected Findings**
- Evidence synthesis products
- Smaller dissemination activities through PCOR-TC (eg, grand rounds)
- Larger PCORI D&I projects (TBD)

**Initial Dissemination**
- Peer review
- Public and professional professional abstracts
- Journal publications
- Release of findings to study participants
- Final reports on pcori.org
- **Limited Competition D&I Awards**

**AHRQ planning and collaboration**

**Nomination of findings to AHRQ**

**AHRQ-PCORI collaborative projects**
Key D&I Initiatives Underway

TRANSLATION

- PCORI submits all research findings to peer review before releasing them.
- Once peer review is complete, the Dissemination & Implementation Program oversees the translation of these findings into accessible and comprehensible summaries:
  - one targeting patients and the general public
  - one for a professional audience.
- These 500-word abstracts, prepared by PCORI’s Patient-Centered Outcomes Research Translation Center, are posted on pcori.org.
- PCORI’s website along with other materials describing the study and its results.
Key D&I Initiatives Underway

PROMOTING ACCESS TO PUBLISHED PCORI RESEARCH FINDINGS

- PCORI stipulates that manuscripts be deposited to PubMed Central so that they are available to all.
- To promote even faster availability of findings, PCORI works with journals to pay the open access fees for articles that report key findings in peer-reviewed journals.
Eugene Washington PCORI Engagement Award
Program: Focus on Dissemination

Lia Hotchkiss, MPH

October 21, 2016
Advisory Panel on Communication and Dissemination
Research/Advisory Panel on Patient Engagement Fall 2016 Meeting
Washington, DC
Engagement Award Program Overview

- Programmatic funding opportunity, launched in Feb 2014
- Supports projects that will build a community better able to participate in PCOR/CER and serve as channels to disseminate study results
- Engagement Award projects will produce deliverables that are useful to awardees, PCORI, and the broader PCOR community for increasing patient and stakeholder engagement in PCOR/CER
Engagement Awards

Engagement Award (EA) projects

- build our knowledge base about how patients and other stakeholders want to participate in PCOR/CER or receive research findings;
- implement training or skill development initiatives to build capacity for engaging in PCOR/CER; and/or
- strengthen channels for disseminating PCOR/CER findings.

Engagement Award Initiative Notice (EAIN) meetings/conferences

- align with PCORI’s mission and strategic plan, and facilitate expansion of PCOR/CER in areas such as:
  - research design and methodology
  - research development
  - dissemination and implementation

Awards of up to $250,000 per project, up to two years in duration
Emphasis On Planning for Dissemination of PCOR Findings

- Organizations with strong ties to end-user audiences
- To **prepare** to disseminate and implement PCOR/CER results
- Focus on strengthening infrastructure, relationships and approaches to actively disseminate and implement research results or products derived from PCORI studies or other high-quality PCOR/CER findings consistent with PCORI’s research priorities
- Separate from PCORI Limited D&I funding opportunity
- Infrastructure, relationships and approaches developed must be sustainable with the potential to be scaled
- Information and tools generated must be generalizable and made public
Examples of Projects of Interest

Processes
• Place existing or emerging PCOR/CER research results within the context of the body of evidence in the topic area identified.
• Develop, demonstrate, and evaluate the processes necessary to incorporate research results from these studies into decision-making settings of your population.

Collaborations
• Establish multi-stakeholder collaborations to ID effective pathways and approaches for reaching a target audiences for disseminating a set of PCOR/CER research results on a topic relevant to your organization’s mission.
• Propose and develop strategies and tools necessary to implement them. Test and refine the strategies.

Approaches
• Design innovative approaches to actively disseminate PCOR/CER findings that are oriented to your target population.
• Demonstrate that approaches reach your audience and describe strategy for how approaches would be used to improve uptake of findings.
Funded Engagement Awards with Dissemination Focus
“Improving Care for Critically Ill Patients & Families Through Research Dissemination/Implementation”

Challenge

• Focusing on patients’ needs and preferences requires that healthcare clinicians have knowledge of PCOR and can implement the findings in clinical practice.

Objectives

• Engage patients and caregivers to participate in PCOR-based initiatives;
• Develop a learning collaborative for disseminating and implementing PCOR;
• Design an “e-community” learning network to engage clinicians, patients, and families to share strategies for enabling PCOR to improve care.

Ruth Kleinpell, PhD, RN
Society of Critical Care Medicine

Project Collaborators:
Rush University Medical Center/Center for Clinical Research and Scholarship; and Patient & Family National Advisory Board Members

Engagement Award Project, awarded December 2015
“Reducing Cancer Disparities by Engaging Stakeholders”

Ron Myers, PhD
Thomas Jefferson University

Objectives

- Develop a learning community with a common agenda related to reducing cancer screening-related disparities;
- Determine disparities in screening rates;
- Identify evidence-based approaches that increase screening and reduce screening disparities;
- Adapt effective intervention approaches for use in primary care practices;
- Disseminate a model approach to intervention adaptation in health systems;
- Evaluate learning community engagement and related outcomes.

Project Collaborators:
Two regional health systems (Lehigh Valley Health Network and Delaware Valley Accountable Care Organization); a patient and stakeholder advisory committee from each health system; insurers; a state and a local health department; regional employer groups; a national advocacy organization; a regional advocacy organization; and Children’s Hospital of Philadelphia

Engagement Award Project, awarded October 2015
“PCOR Dissemination at Work: How Employers Use Evidence to Make Employee Health Investment Decisions”

Objectives

• Identify existing PCOR/CER evidence of high relevance to a working population
• Understand how employers use such evidence
• Improve the uptake and implementation of this PCOR-based evidence in employee health investment decision-making

Methods

• Employer case studies, expert panel, employer interviews, stakeholder-specific communications materials, and dissemination events
What We’ve Funded

Learn more about the key terms on this page ▼

Results 1 - 10 of 152 | Download these results in CSV format

Engaging Stakeholders to Build Infrastructure for PCOR in the Primary Care Safety Net

Organization: Morehouse School of Medicine
Project Type: Program project
Year Awarded: 2016

Engaging Stakeholders for a Patient-Centered Research Agenda for Chronic Kidney Disease in Delaware
Next Steps

• Emphasize desire for future Engagement Awards to focus on preparing for dissemination of PCORI research findings
  – Continue to refine guidance on PCORI website
  – Work with Dissemination and Implementation team to promote PCORI’s dissemination funding opportunities
  – Discuss dissemination ideas with key stakeholders to explore potential fit for Engagement Award funding
Thank you

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Communication and Dissemination Research (CDR)

William Lawrence, Senior Program Officer

October 21, 2016
CDR Team

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Senior Program Officer
The Research We Fund Is Guided by Our National Priorities for Research

- Assessment of Prevention, Diagnosis, and Treatment Options
- Improving Healthcare Systems
- Communication and Dissemination Research
- Addressing Disparities
- Accelerating PCOR and Methodological Research
PCORI Mission Statement

PCORI helps people make informed healthcare decisions, and improves healthcare delivery and outcomes, by producing and promoting high-integrity, evidence-based information that comes from research guided by patients, caregivers, and the broader healthcare community.
Importance of CDR

Producing information is not enough.

- Clear communication approaches and active dissemination of findings to all audiences, in easy to understand formats, are critical to increasing the awareness, consideration, adoption, and use of research by patients, caregivers, and healthcare providers.

- In other words, information itself is of little use unless:
  - It reaches those who need it
  - It is clear and comprehensible
The CDR program seeks to fund comparative effectiveness research (CER) that:

- directly compares two or more efficacious health communication and dissemination interventions or strategies
- that engage patients, caregivers, and providers
- in the context of real-world clinical-care settings and situations
- to enable patients and caregivers to make the best possible choices among available options for care and treatment
CDR Funding Priorities

Focus on **CER** in the following three key areas:

1. **Communication strategies** to promote the use of health and healthcare CER evidence by patients and clinicians

2. **Dissemination strategies** to promote the use of health and healthcare CER evidence by patients and clinicians

3. **Explaining uncertain health and healthcare CER evidence** to patients and clinicians
Communication and Dissemination Research

Available Funds: Up To $8 Million

Total Direct Cost Per Project: $1.5 million

Maximum Project Period: 3 years
Current Portfolio

Number of Projects: 44

Amount Awarded: $75.7 million

Number of states where we are funding research: 21

=1 studies  = 3 studies
=2 studies  = 4 studies
Portfolio by Disease/Condition

44 PROJECTS  $75.7M AWARDED

- Mental/Behavioral Health Disorders: 8
- Cardiovascular Diseases: 3
- Cancer: 5
- Neurological Disorders: 3
- Reproductive and Perinatal Health: 10
- Kidney Diseases: 3
- Multiple Chronic Conditions: 6
- Respiratory Diseases: 2
- Other*: 4

* Other includes: Diabetes (1), CT Scan Radiation Dose (1), Rare Genetic Disorders (1), etc.
Thank You!
D&I Limited Competition PFA
• **Purpose:** This announcement gives PCORI awardee teams an opportunity to propose **investigator-initiated** strategies for disseminating and implementing findings from their PCORI funded studies

  – propose the next step(s) for making their research results and any corresponding product(s) more useful, actionable, accessible and available to targeted end users
D&I Activities We Aim to Fund

• We seek to fund projects:
  – designed to **actively** disseminate and implement research results and products
  – using approaches that are informed and guided by established dissemination and implementation models and frameworks
  – in real world settings

• This mechanism **does not** support passive dissemination strategies
  – Manuscript writing and publication
  – Scientific conference support
Supported D&I Activities

1. Develop, demonstrate, and evaluate approaches for incorporating PCORI research results in specific decision-making settings.

2. Adapt the content, format, or vehicle for delivering CER research evidence, to improve its use for different populations and across settings.

3. Take results and products found effective “to scale” in diverse settings and populations.

4. De-implement or reduce the use of interventions that are not evidence-based, have been prematurely widely adopted, or are harmful or wasteful.

Note: All D&I projects must actively disseminate/implement findings to targeted end users and evaluate the success of the dissemination and implementation strategy.
## 2016 Application Cycles by the Numbers

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<th>Cycle 1</th>
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<td>LOIs Received</td>
<td>19</td>
<td>5</td>
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<tr>
<td>Full Applications Received</td>
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<td># Proposed for Funding</td>
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- *D&I funding slates are approved by the Chief Engagement and Dissemination Officer.*
  - *Cycle 1 approvals in early November*
- **Eligibility:** *PCORI must be in receipt of PCORI draft final research reports corresponding to the PCORI funded research study prior to submission of full application*
- *PCORI DFRR's received to date = 15*
Questions?
Break
2:30 PM to 2:45 PM
Framework for Communication and Dissemination

Bridget Gaglio, PhD, MPH, Senior Program Officer, Communication and Dissemination Research
Framework for Communication and Dissemination

Context of Evidence

Barriers and Facilitators

Communication
- Patient Provider Caregiver

Shared decision making
- Decision

CDR Interventions – communication strategies, dissemination strategies, explaining uncertainty

Cross-cutting:
- Time
- Multi-level contextual functions
- Healthcare system

Intermediate

Longer Term Outcomes

Outcomes

Attitudes, perceptions, and activation

Improvements in patient empowerment

More informed decision-making

Adherence

Value of Care

Quality Health Care

Health Outcomes
Wrap-up and Next Steps
Thank You

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