Clinicians as Partners in the Learning Health System: Data Collection

Kathleen Blake, MD, MPH

April 20, 2016
Challenges: Clinician Engagement in Data Collection

• Competition for clinician time/attention is fierce; time is a non-renewable resource.
• Patient visit times are short.
• The administrative and reporting “tsunami” continues unabated.
• Some practices report being required to report on >800 measures.
• Electronic health record adoption has made practices less efficient.
• “Face time” with computer screens exceeds time with patients.
• MACRA implementation is just beginning.
• HIPPA is seen (rightly or wrongly) as a burden, obstacle and risk.
• Clinician burnout is worsening.
Finding What Works (Clinician-perspective)

- Identify and emulate exemplars (sites; investigators)
- Pick research questions that “matter” to clinicians
  - Compelling question/no currently available Rx/high morbidity or mortality
  - Access to new therapies; surveillance of existing high risk therapies
  - Solutions to common and acknowledged problems/performance gaps
  - Participation in (virtual) communities of peers/training program alumni
- Map the clinical work flow; identify sticking points and time sinks
- Leverage existing reusable infrastructure (data elements; data source)
  - Registry-based for RCTs or CER
  - EHR - based with embedded tools (eligibility; consent; order sets; reminders)
Lessons learned – Four Examples

• National Cardiovascular Data Registry – Implantable Cardioverter Defibrillator
  – CED requirement
  – Fluctuating data (heart failure classification); Differing administrative/clinical data definitions (myocardial infarction)
  – Time-consuming data entry; inconsistent access to data

• AMA Improving Health Outcomes – Hypertension Control
  – Pro: improving the reliability of BP measurement - cuff and technique; in-office vs. home
  – Pro: Learning - how to create and manage a population of patients
  – Con: conflicting guidelines (clinician skepticism)

• PCPI Closing the Referral Loop Pilot
  – Pro: Opportunity for collaboration and collegiality
  – Con: No standard definition of an “urgent” referral
  – Con: Lack of EHR interoperability among sites engaged in referrals

• Denver VA Diabetes Management CER
  – Pro: Consent and order sets embedded in the electronic health record
Recommendations

• Ask patient and clinician-driven research questions aimed at improving care and the patient-clinician experience
• Address real world problems and foster a learning health system
• Use parsimonious data sets – already part of normal workflow
• Collect data that are used often/fulfill mandates/save time
  – Clinical notes and communication
  – Performance measurement; meaningful use; clinical practice improvement
  – Maintenance of Certification
  – Coverage with Evidence Development (CED)