Clinicians as Partners in the Learning Health System: Data Collection

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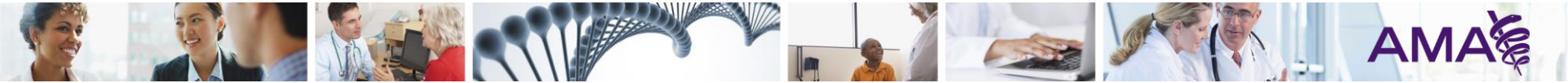
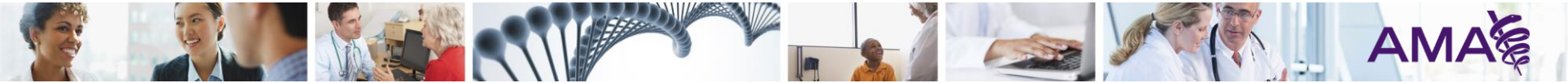
Challenges: Clinician Engagement in Data Collection

- 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.



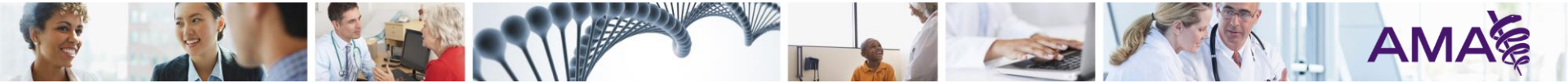
Finding What Works (Clinician-perspective)

- 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)