LEADERSHIP CONSORTIUM FOR A VALUE & SCIENCE-DRIVEN HEALTH SYSTEM

CLINICAL EFFECTIVENESS RESEARCH INNOVATION COLLABORATIVE

Lecture Room, National Academy of Sciences Building, 2101 Constitution Avenue NW, Washington, DC
Thursday, 25 January 2018 – 11:00a – 12:15p

Case Study Discussion: Learning Activities in Health Systems

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Disclosures

I receive a monthly retainer from Health Catalyst as a part-time (3 days / month) Senior Advisor. I also own Health Catalyst stock.

Beyond that neither I, Brent C. James, nor any family members, have any relevant financial relationships to disclose.

Outline

1. A policy – with proper ethical oversight to embedded research
2. A way of thinking about research
   that fits into care delivery operations
3. Examples of results

Ethical Oversight Policy for Learning Projects

- AHRQ Hasting Ethics Center grant: The Ethics of Quality Improvement
  - published papers, a book, demonstration projects (MD Anderson Cancer Center, Intermountain Healthcare)
- Presented resulting "test" policy to SACHRP
  (Secretary's Advisory Committee on Human Research Protections – oversees OHRP) on 27 March 2008
- Distinguishes traditional clinical research from quality improvement
  - QI deploys evidence-based best treatment; doesn't compare treatments
  - allows clinicians to vary based on patient need (doesn't interrupt the ethical clinician-patient link)
- Uses a Privacy Board (special type of an IRB established in HIPAA; structurally and functionally identical to an IRB)
  to oversee QI projects (off-loads regular IRBs)
  - almost always uses expedited review (with consent agenda back to the IRB/Privacy Board)
- Relies primarily on "detect controls" rather than "prevent controls"

4 "types" of clinical learning

1. Rapid impact on care delivery performance as measured in patient outcomes
   - the "best medical result at the lowest necessary cost"
   - internally funded with "patient-care" (operational) dollars
   - external grant funding, publication = "icing on the cake"

2. Investigator-initiated research
   - traditional academic model
   - funded through grants

3. Collaborations with external investigators
   - e.g., multi-center trials; investigators at local universities
   - requires an internal "champion"

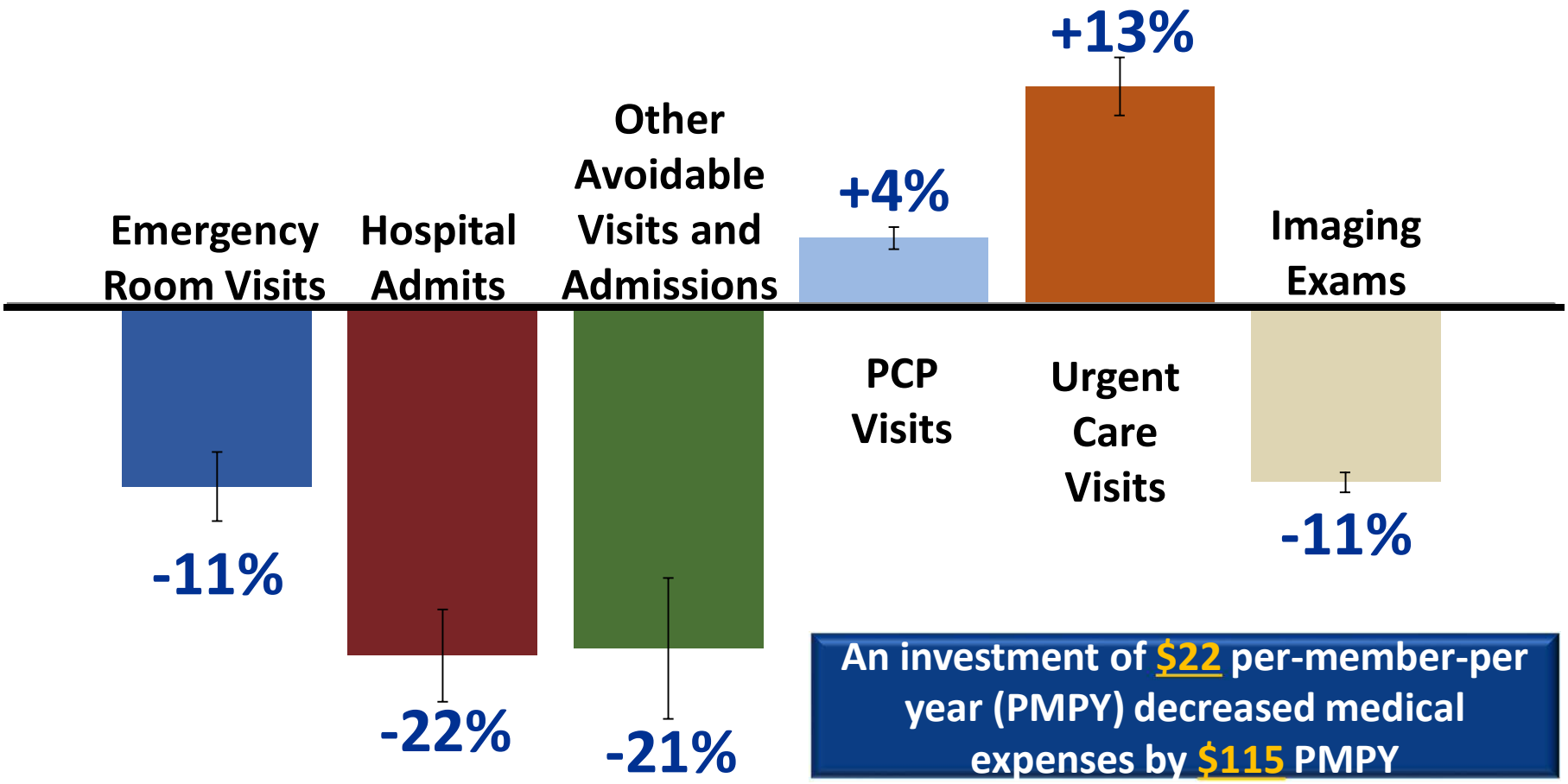
4. Industry-based groups (e.g., big pharma; device manufacturers)

2015 “Type 1” learning production

- 399 articles published in peer-reviewed journals
- ~$688 million in reduced operating costs (13% of total cost of operations)
- Heavy use of quasi-experimental designs
  - cluster randomized and step-wedge designs are common
- Aim: “Evidence-based administration”

Team-Based Care

(3rd generation accountable medical home)



An investment of $22 per-member-per year (PMPY) decreased medical expenses by $115 PMPY

Reiss-Brennan B, Brunisholz KD, Dredge C, Briot P, Grazier K, Wilcox A, Savitz L, and James B. Association of integrated team-based care with health care quality, utilization, and cost. *JAMA* 2016; 316(8):826-34 (Aug 23/30).