



PRIORITIES ON THE HEALTH HORIZON

**Hosted by the National Academy of Medicine and the
Patient-Centered Outcomes Research Institute**

Meeting 2 – April 27th, 2021

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Welcome & Introduction



Michael McGinnis
National Academy of Medicine



Nakela Cook
Patient-Centered Outcomes
Research Institute



Neil Powe
University of California,
San Francisco



Agenda

Welcome, Introductions & Meeting Overview 11-11:20 AM

Michael McGinnis, National Academy of Medicine

Nakela Cook, Patient-Centered Outcomes Research Institute

Neil Powe, University of California, San Francisco

Synopsis of first Priorities on the Health Horizon Convening 11:20-11:35 AM

Neil Powe, University of California, San Francisco

Fireside Chat – Discussion of the Anchor Questions 11:35-12:15 PM

Consuelo Wilkins, MD, MSCI, Vanderbilt University School of Medicine

Atul Butte, MD, PhD, University of California, San Francisco

Sachin Jain, MD, MBA, SCAN Group and Health Plan

Agenda

Break 12:15-12:25 PM

**Facilitated Group Discussion of
Anchor Questions** 12:25-1:25 PM

Summary of Group Discussion Insights 1:25-1:40 PM

Neil Powe, University of California, San Francisco

Closing Remarks 1:40-1:55 PM

Michael McGinnis, National Academy of Medicine

Nakela Cook, Patient-Centered Outcomes Research Institute

Adjourn 1:55-2:00 PM



PRIORITIES ON THE HEALTH HORIZON

Synopsis of 1st PCORI Priorities on the Health Horizon Meeting

Neil Powe, MD, MPH



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Priorities on the Health Horizon Meeting Series: Overall Purpose, Goals, and Objectives



Purpose: Terrain scanning series to convene external stakeholders to gather input and “blue sky” thinking about priorities on the health horizon

Goal: Engage patients, clinicians, researchers, and other stakeholders from the broader health community in identifying priority issues that can inform PCORI’s identification of National Priorities for Health and its updated strategic plan

Objectives:

- Present essential perspectives related to current and emerging opportunities, priorities, and trends on the horizon in the health and healthcare landscape
- Discuss stakeholders’ thoughts on these emergent topics

Meeting #1 Structure & Macro Topics



- 2-Day Meeting of ~40 invited participants, including presentations, reactor panel and facilitated breakout groups on four macro topics:
- Macro Topics & Included Concepts:

Social & Environmental Factors (including social determinants of health and access)

Technologies (including data use, interoperability, connectivity, precision medicine)

Optimizing Value (how value drives the health system and health outcomes)

Infrastructure (including systems, data, implementation, evidence)

PRESENTERS underscored 6 compelling challenges needing research guidance



1. How **structural racism** and its manifestation, explicitly or implicitly, impacts health, health care, and research
2. Transformation of the health research ecosystem to ensure **diverse and inclusive** participation in research, and equitable application of evidence in practice
3. Fundamental **misalignment** of health care around service volume and price, rather than value, health, continuity, and patient and family priorities
4. Lagging **use of data** to accelerate learning and improvement in health care in comparison to other sectors; the gap from research to practice has impeded discovery and application
5. Opportunities to **learn from the pandemic** about innovative ways to redesign research and care (optimizing virtual care/telehealth, efficiency of decentralized trials)
6. Co-design, engagement, and returning results to patients as a means of accelerating progress toward a learning health system

REACTOR PANEL Offered Corollary Challenges and Opportunities, and Identified Themes



- **Infrastructure:** Current health care system is built on a “broken chassis,” necessitating wholesale systemic changes, including changes to public health infrastructure
- **Technologies:** Health inequities may be further perpetuated if data used to make health decisions is not representative, and technologies spread inequitably; this was described by a reactor as “*health data poverty*”
- **Social & Environmental Factors:** Getting uncomfortable and addressing power dynamics will be necessary steps in dismantling structural racism
- **Optimizing Value:** Understanding value through the patients’ lens entails much more than a service inventory—e.g., access realities including time demands, opportunity costs, and the cognitive burden of navigating the current health system
- **Cross-Cutting:** The opportunity to rebuild a system of health—and its infrastructure—could begin by centering the system on a patient’s / family’s strengths, from a place of inclusivity; as a reactor observed, “*our values drive value*”

BREAKOUT GROUPS affirmed importance of these topics and raised *additional synergistic insights*



- **Evidence application:** Closing the research to practice loop by ensuring dissemination and translation of evidence in a timely, sustainable, scalable, and understandable way
- **Data Networks:** Linkage of **data, systems, and networks** during the pandemic has supported the discovery process and potentially, serves a collective disruption opportunity – how can we hold the gains from the pandemic, maintain collaboration?
- **Organizational structure, function and culture:** Can we **create a roadmap** for an adaptable, technology-forward infrastructure that supports rapid learning, that describes the attributes and requirements that are essential for progress?
- **Collaboration:** Interest in working across sectors has grown during the co-occurring crises of COVID-19 and racial equity; how can this interest be sustained over the long term?
- **Intersection and integration:** Health care's proclivity to consume resources diminishes other vital social and infrastructure investments, and health system change strategies must account for integration with public health and other services

Summary of Key Insights



Priorities for health must address structural and systemic issues

- Achieving health equity entails deeper exploration of how racism, bias, and power affect health and health care across the entire continuum

Reinvigorated infrastructure is critical to supporting transformation to a data-driven learning health system

- The COVID-19 pandemic underscores the deficits and vulnerabilities in our existing systems, illuminating the essential need to transform and integrate public health, care delivery, and research, in a way that is patient-centered, technology-forward, and leverages data

Create a system of health, rather than a health care system

- Shift from a fragmented system focused on services and volume, and orient a new, integrated system around patients' strengths and patients' values

Which brings us to today's meeting



- Meeting 1 urged bold change – doing “a different thing,” not simply doing the same thing, differently
- This Meeting provides with an opportunity to explore output and discuss in depth:
 - What will it take to create a patient-centered learning health system (with respect to infrastructure, technologies, and engagement)?
 - How can PCORI use its research strategies, unique role, and activities to grow patient experience, outcomes, and value in health and health care?
- As with the first meeting, today's dialogue will be underpinned by the integral importance of centering PCORI's efforts in health equity

Fireside Chat: What Will it Take?

Realizing a Patient-Centered Learning Health System and Achieving Patient-Centered Value in Health Care



Consuelo Wilkins, MD, MSCI
Vanderbilt University
School of Medicine



Atul Butte, MD, PhD
University of California,
San Francisco



Sachin Jain, MD, MBA
SCAN Group and Health Plan

Panel Discussion Topics



1. When you hear “**patient-centered learning health system?**” what comes to mind and what will it take to get there with respect to terms of patient/family engagement, technology & infrastructure?
2. Imagine, in the next several years, that we created **patient-centered value in health care** and meaningfully improved patient experience and health outcomes. Relative to current health care practice, what would we need to address to achieve patient-centered value in health care?
3. How could the **infrastructure** for a patient-centered learning health system enable **application of data and technology**, and thereby support approaches to precision health?
4. How can a patient-centered learning health system be pursued in a manner that upholds and **centers health equity**?
5. How can patient-centered value be achieved in a manner that upholds and **centers health equity**?
6. What types of **evidence and new knowledge** could PCORI produce to motivate change?
7. What else should we be considering?



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Break

12:15-12:25 pm ET / 9:15-9:25 am PT

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**What Will It Take?
Discussion with Invited Participants**

Group Discussion: Anchor Question 1

What would it take to advance the *patient-centered learning system*, including changes to our infrastructure, engagement and technologies?

- How would the health care, health promotion and public health infrastructure need to change?
 - How would we think differently about engagement of patients, clinicians, communities and other stakeholders?
 - What is PCORI's role in maximizing the positive and equitable impact of technologies (precision medicine, apps, devices, etc.), and what evidence gaps can PCORI fill?
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Group Discussion: Anchor Question 2

What would it take for PCORI to fully utilize its research strategies and core competencies to expand the concept of *patient-centered value* in health and health care?

- What are the opportunities for evidence generation that would support this conception of patient-centered value?
 - How could PCORI drive rapid, innovative comparative effectiveness research on new care delivery models (hospital @home, telehealth, etc.) and illuminate the effects of new delivery models on value in health care?
 - Who are key partners, including non-traditional partners for PCORI here?
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Summary of Group Discussion Insights



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Insights from Anchor Question 1: Patient-Centered Learning Health System



- Need clarity about whether the emphasis is on **health equity** or **health care equity**, as we might take different approaches, based on this determination
- We have an opportunity for cross-sector learning as a consequence of COVID, which has revealed the vulnerabilities in systems, including public health, and the strengths at the system, individual and community level
 - PCORI has the opportunity to study the partnerships and assess what's working and what levers lead to change
- Building connections and collaborations to move this forward and have an impact in 10 years.

Insights from Anchor Question 2: Patient-Centered Value in Health & Health Care



- Discussion about value tends to focus more on outputs than inputs
- PCORI focus on studying new care models. Acute care H@H and telehealth. Uncontrolled experiments but could do retrospective examination; what value did these modalities provide, and patients' experience of these modalities?
- Look at the unintended consequences and how different lived experiences, cultures, and needs influenced adoption or not – ability to use telehealth is dependent (partially) on broadband, but if you are taking a health care visit from the breakroom of your workplace, this is a different experience than sitting at home in front of a computer; think about convenience and nuances that could contribute to disparities. **Also test the systems of support that have been put in place – culturally tailored approaches to digital health equity**

Insights from Anchor Question 2: Patient-Centered Value in Health & Health Care



- How can PCORI partner and advance collaboration – public health receives \$7.66B from APRA. Education – 122B – staggering funding amounts that provide both opportunity and impetus to learn together?
- Reflect on the opportunity presented by COVID to understand what worked about these models and where we can improve. Also, to earlier comments about data – measuring health equity and how we can act on data. There is a great need for understanding the opportunity to learn from standards—which one’s work, which don’t
- Data underpin effectiveness – PCORI can fill this gap
- Gwen – The question takes as a given that we know what the concept of patient centered value is, but maybe we don’t know yet. It is fluid and dependent on many different variables – understanding value and burden is a huge leap forward for PCORI so maybe we can go back and start with the concept of value.
- People with disabilities (cognitive, sensory, physical), so looking at parents of CSHCN and adult children = a microcosm of health and health care



Closing Remarks

Thank you for joining!

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