# PCORI HSII Learning Network POST-EVENT SUMMARY

## Potential Implementation Project Topics
## June 9, 2023

**Summary Date: July 13, 2023**

This summary includes attendance information, action items, key takeaways, and links to materials from the HSII Learning Network Meeting on Potential Implementation Project Topics.

## Event Summary

| Event Title | Potential Implementation Project Topics |
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| **Date/Time** | June 9, 2023, 2:00-4:00pm ET |
| **Event Description** | The meeting featured:<br>• Welcome and Meeting Overview<br>• Topic Specific Presentations<br>• Next Steps for Implementation Project Topics<br>• Capacity Building Projects Update<br>• Closing |
| **Speakers** | **PCORI Leaders and Staff (PCORI Dissemination and Implementation Program)**<br>• Joanna E. Siegel, ScD - Program Director<br>• Ethan N. Chiang, PhD - Associate Director<br>• Val Lehman, MHA - Program Officer<br>• Emily Bergling, DrPH - Program Officer<br><br>**Representatives from PCORI-funded Projects**<br>• Christopher Saigal, MD, MPH - Professor and Vice Chair of Urology, UCLA School of Medicine; Board Member, WiserCare<br>• Arul Thangavel, MD - Chief Executive Officer, WiserCare<br>• Shreya Kangovi, MD, MSHP - Professor of Medicine at the Hospital of the University of Pennsylvania; Founding Executive Director, Penn Center for Community Health Workers; Founder, IMPaCT Care<br>• Anne Nederveld, MD, MPH - Assistant Professor, Department of Family Medicine, University of Colorado<br>• Christopher Landrigan, MD, MPH - Chief, Division of General Pediatrics, Boston Children's Hospital; Co-founder, I-PASS Institute<br>• William Floyd - Founder and Chief Executive Officer, I-PASS Patient Safety Institute<br>• John Cuddeback, MD, PhD - Chief Medical Informatics Officer, Anceta - AMGA's Collaborative Data Warehouse<br>• David Kent, MD, MS - Professor of Medicine, Neurology and Clinical and Translational Science; Director, Predictive Analytics and Comparative Effectiveness (PACE) Center |

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| **Attendance** | • Representatives from HSII Participants: at least 181 (in some cases, multiple attendees from the same organization used one person's registration link or multiple people joined from the same location, suggesting the actual number of attendees was higher than 181)<br>• HSII Participant health systems: 42 (100%) |

## Action Items

- Complete the post-meeting survey by **COB July 14** (distributed to HSII Project Leads and Designees on June 29).
- Access the SharePoint site to review the materials and recording from this meeting.

## Key Takeaways

### Session 1: Welcome and Meeting Overview

- The purpose of the meeting was to provide HSII Participants the opportunity to learn about 5 potential evidence-based programs that could be the focus of upcoming HSII Implementation Projects.
- Each program supports the uptake of evidence-based practice based on PCORI-funded research. In some cases, the program—including implementation strategies and standard materials—was tested during the PCORI-funded research. In other cases, a PCORI-funded Implementation Project developed and demonstrated implementation strategies to support the uptake of the evidence from the PCORI-funded research.
- Upcoming HSII Implementation Projects will follow a general structure that includes pre-implementation, active implementation, and maintenance phases.
- The 5 potential topics were selected from PCORI-funded research. PCORI considered programs with strong evidence of effectiveness, readiness for broader implementation, and availability of supports to help ensure a smooth implementation process. The projects presented have the benefit of implementation experience through previous PCORI-funded Implementation Projects.
- In HSII Implementation Projects, PCORI will generally support initial costs to put programs in place, including evaluating and documenting that effort. Health systems will support long-term sustainment of the program.

### Session 2: Topic Specific Presentations

**Presentation Topic Quick Links**

Topic 1: Shared Decision-Making for Early-Stage Prostate Cancer

Topic 2: IMPaCT Community Health Worker Program

Topic 3: Intensive Lifestyle Obesity Treatment in Primary Care Settings

Topic 4: Patient and Family Centered I-PASS Rounding Program to Improve Pediatric Patient Safety

Topic 5: Risk Prediction for Diabetes

*Topic 1: Shared Decision-Making for Early-Stage Prostate Cancer, Dr. Christopher Saigal presenter*

- This topic is about implementing shared decision making to help individuals with early-stage prostate cancer make decisions about treatment. A **PCORI-funded research study** compared three treatments for localized prostate cancer: surgery, radiation, and active surveillance. The research produced evidence that can help inform treatment decisions. During a **PCORI-funded Implementation Project**, Dr. Saigal and his team developed a shared decision-making program, updating an existing decision aid with the latest evidence from the PCORI-funded study. At three different health systems, they measured how many men received and used the decision aid, and they measured shared decision-making outcomes, including decisional conflict and satisfaction with care, among other outcomes.
- Dr. Saigal presented resources available to support the program demonstrated in the PCORI-funded Implementation Project – specifically, his team's software platform, the WiserCare Prostate Cancer Module. Based on the patient's clinical data, the platform predicts possible outcomes and asks the patient to weigh the importance of those outcomes by answering a set of iterative questions. The model then shares the evidence-based recommendations of the treatment that fits their preferences to discuss with their doctor. The module can be integrated into EHR platforms.
- **Implementation Outcomes.** The implementation project's evaluation found that patients reported low decisional conflict and high satisfaction with cancer care. At one site, Dr. Saigal's team investigated average visit lengths and number of visits needed to make a decision, and found that both decreased.
- **Implementation Guidance.** Dr. Saigal identified three important staff roles for successful implementation: (1) a project manager who manages the implementation and tracks opportunities for quality improvement, (2) an executive sponsor who endorses the project to articulate its importance, and (3) an operational administrative owner who can do workflow assessment and coordinate trainings. He also described five key steps to successful implementation: (1) engaging key leadership and stakeholders prior to implementation, (2) planning workflows to support efficient practice, (3) tracking outcomes, (4) building confidence by iterative providing feedback, and (5) recognizing team improvements and successes.
- **Resources to Support Implementation.** Dr. Saigal described WiserCare's implementation resources which include: technical assistance support; support for EMR integration; workflow templates and tip sheets; chart shells for monitoring quality improvement and training on how to use them; materials in both English and Spanish; and software that is SOC2 and HiTrust certified.
- **Costs.** The cost of the program through WiserCare includes contracting fees, digital platform license, prostate cancer content license, and base-level implementation support. EMR integration is not included, but can be scoped and priced for organizations that are interested.

*Topic 2: IMPaCT Community Health Worker Program, Dr. Shreya Kangovi presenter*

- The IMPaCT program guides the hiring and training of community health workers who work with patients to set health goals and provide tailored support based on the patient's needs and preferences. The program has standardized program supports and resources. A **PCORI-funded research study** compared the IMPaCT program to patient goal setting without community health worker support, and found that the program improved the quality of care and reduced hospital stays. The **PCORI-funded Implementation Project** worked with five health systems to implement the program.
- The IMPaCT program includes community health worker recruitment, hiring, training, workflow, and infrastructure for providing ongoing support and data capture .

- **Implementation Outcomes.** Initial evaluation results from the PCORI-funded Implementation Project suggest that health systems that put the program in place most successfully saw reductions in hospitalizations.
- **Resources to Support Implementation.** Dr. Kangovi explained that IMPaCT includes expert consultation with health system leaders to understand their system and its needs; recruitment, pre-screening of potential hires—with the health system making the final decision on staffing—and training and ongoing professional development of the workforce; as well as cloud-based infrastructure to support community health workers in their role of supporting patients.
- **Costs.** IMPaCT program cost includes an initial set-up fee as well as a fee per enrolled member per year.

### Topic 3: Intensive Lifestyle Obesity Treatment in Primary Care Settings, Dr. Andrea Nederveld presenter

- This topic is about implementing intensive lifestyle treatments for patients with obesity in primary care settings. **PCORI funded two research studies** examining different ways of providing intensive behavioral treatment. The studies produced evidence in favor of two programs: one that trains practice-based clinical staff to deliver treatment during in person group visits, and a second that trains health coaches embedded in practices to deliver treatment.
- Dr. Nederveld described the intensive lifestyle obesity treatment program as an evidence-based program to address the lack of effective and easy-to-implement approaches to obesity management in health care settings.
- **Implementation Guidance.** Dr. Nederveld identified important resources for implementation: (1) a champion, (2) intervention providers (e.g., health coach, clinician, group facilitator), (3) time to develop workflows and training, and (4) patient information materials. She pointed out that health systems may want to consider adaptations such as alternative delivery options (i.e., telehealth), group visits, or a team approach to address the common challenge of overburdened staff.
- **Resources to Support Implementation.** This topic does not have pre-identified materials and resources are needed to support implementation. Dr. Nederveld shared that there are publicly available curricula for intensive behavioral therapy for obesity. Their team is currently developing a training curriculum for staff and visits, which she offered to make available when ready. She emphasized the importance of using a counseling approach called the 5As—Ask, Assess, Advise, Agree, and Assist—to implement the program with fidelity and for getting insurance reimbursement.
- **Costs.** The costs for this program include initial set-up costs, including EHR functionality, staff training, materials needed to conduct the visits, and ongoing staff resources to deliver the program. Dr. Nederveld emphasized the value of working with the billing department to get reimbursement for patient visits.

### Topic 4: Patient and Family Centered I-PASS Rounding Program to Improve Pediatric Patient Safety, Dr. Christopher Landrigan presenter

- The Patient- and Family-Centered (PFC) I-PASS program is focused specifically on pediatric care. The program uses a standard framework to guide how communication happens on rounds to make sure that everyone's voices are included – those of families as well as clinicians. It also teaches best practices for communication, such as using plain language during rounds. In a **PCORI-funded research study,** hospitals saw pediatric patient safety improvements, including significantly fewer medical errors and adverse events. The team just finished a **PCORI-funded Implementation Project** to implement PFC I-PASS at 21 hospitals.
- Dr. Landrigan explained that the PFC I-PASS program's structured communication includes: a statement about the patient's illness severity (I), a summary of the patient's situation and history (P), an action

checklist for the next shift (A), a statement about anything unique or concerning about the patient (S), and a synthesis of the information by the receiver (S).

- **Implementation Outcomes.** In the PCORI-funded Implementation Project, the team observed the successful adoption of PFC I-PASS across sites (despite COVID-19), an improvement in 12 out of 12 safety measures, and an improvement in resident-reported harms in large hospitals, hospitals with high PFC I-PASS adherence, and hospitals with high nurse engagement.
- **Resources to Support Implementation.** A change management bundle, which includes a training platform, quality improvement tools, and a tool that integrates with the EHR, supports the implementation of PFC I-PASS. The program also includes a readiness assessment to determine whether an organization is prepared for PFC I-PASS implementation.
- **Costs.** The cost of this program depends on hospital size and number of users. It includes a bundle of services and digital solutions.

*Topic 5: Risk Prediction for Diabetes, Dr. John Cuddeback presenter*

- The **PCORI-funded research study** that is the basis for this program analyzed data from clinical trials to distinguish diabetes risks for patients with different demographic and clinical characteristics, and to identify how well medical treatments worked for the different groups. Based on the study results, Dr. David Kent and his team developed a model that can help clinicians identify patients at highest risk and can inform shared decision making with patients. The risk prediction tool provides individualized estimates of the three-year risk of developing diabetes as well as potential benefits from treatment, including metformin or a lifestyle program (the Diabetes Prevention Program). A **PCORI-funded Implementation Project** implemented this program at two health systems.
- Because implementation supports are still under development, PCORI is not considering this topic for the first Call for Proposals. Rather, PCORI would like feedback on considering it for a future call.
- **Implementation outcomes.** During implementation of the model, Dr. Kent's team observed that interventions increased and were risk stratified.
- **Implementation guidance.** Dr. Cuddeback identified six key steps for successful implementation: (1) making diabetes prevention a priority, including identifying a champion, (2) having a Diabetes Prevention Program (DPP) available for referral, both in-person and virtual, (3) encouraging patients to enroll in the DPP and stick with it, (4) reaching out to people who may be at high risk but are not presenting for care, (5) working with IT to configure security, integrate the SMART app, and validate the FHIR calls for data elements, and (6) considering when and how to incorporate the app into workflow.
- **Resources to Support Implementation.** Available implementation resources and support include: templates for after-visit summary and patient portal; suggested orientation materials for providers and the care team; and ongoing support and assistance from, and app configuration work by the SMART app developer.
- **Cost.** The program cost will include a one-time fee and a monthly subscription fee. The initial fee will cover the resources and supports above. The subscription fee covers ongoing app hosting and support and maintenance.

## Session 3: Next Steps for Implementation Project Topics

- The HSII Learning Network will send out a survey to gather input from HSII participants that will inform the first Implementation Project call for proposals and help PCORI understand the potential impact of implementing each program at the HSII health systems. [Note this survey was sent on June 29.]

- PCORI clarified that any evidence, products, or processes presented during the meeting or in the future should not be construed as an endorsement. PCORI will only present rigorously vetted evidence from PCORI-funded comparative clinical effectiveness research.
- Next steps for the HSII Call for Proposals for Implementation Projects include: (1) topic selection in July 2023, (2) pre-announcement to HSII participants in September 2023, including high-level details about the first HSII Calls for Proposals for Implementation Projects and deadlines for the letter of intent and full proposal, and (3) release of the Call for Proposals in late October 2023.
- Meeting materials, including the slides and recording, will be available on the HSII Learning Network SharePoint Site. If you need assistance accessing the HSII Learning Network SharePoint Site, email HSIILearningNetwork@air.org.

### Session 4: Capacity Building Projects Update

- PCORI provided an update on Capacity Building Projects, including next steps for HSII Participants following announcement of funding decisions, including working with PCORI staff to finalize milestone schedules and project plans. [PCORI sent Capacity Building Award notifications to applicants on June 15th.]

### Session 5: Closing

- Please hold the following dates and times for future HSII Learning Network meetings:
  - 2:00-4:00 pm ET on November 8th, 2023
  - 2:00-4:00 pm ET on February 7th, 2024 (tentative)
- The November meeting will include discussion of the first HSII Call for Proposals for Implementation Projects, to aid participants in preparing a strong letter of intent.

## Meeting Materials

**Exhibit 1. Links to Meeting Materials**

| Item | Link |
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| Agenda | HSII LN Meeting 2 - Agenda.pdf |
| Recording | HSII LN Meeting 2 - Recording.mp4 |
| Slides | HSII LN Meeting 2 - Slides.pdf |
| Information Brief | HSII LN Meeting 2 - Information Brief.pdf |
| Overview of Potential Topics (**NOTE**: This overview contains the 5 topics presented at the June 9, 2023 meeting and 5 additional topics added for HSII Participant consideration after the meeting.) | HSII LN Meeting 2 - Potential Implementation Project Topics UPDATED.pdf |