Brainstorming Potential PPRNet Research Projects
Objectives

• Introduce the Patient-Centered Outcomes Research Institute (PCORI)

• Discuss potential “patient-centered” PPRNet projects and brainstorm approaches to:
  – Expanding the scope of medication safety in older patients
  – Incorporating patient perspectives in judicious use of antibiotics for acute respiratory infections
  – Avoiding Grade D recommendations of the USPSTF
  – Other ideas
Patient-Centered Outcomes Research Institute

• Independent, non-profit organization authorized under Affordable Care Act

• “Fund research that will provide patients, their caregivers and clinicians with the evidence-based information needed to make better-informed health care decisions”

• $120 million allocated for 2012
PCORI Priorities

• Research will help answer these questions:

“Given my personal characteristics, conditions and preferences, what should I expect will happen to me?”

“What are my options and what are the potential benefits and harms of those options?”
PCORI Priorities

• Research will help answer these questions:

  “What can I do to improve the outcomes that are most important to me?”

  “How can clinicians and the care delivery systems they work in help me make the best decisions about my health and healthcare?”
PPRNet Research and the PCORI Vision

• New approach to projects
  – Patient and stakeholder engagement
    • Input on project design
    • Identifying outcomes of interest
    • Monitoring project progress
    • Dissemination of results
Expanding the scope of medication safety in older patients
Patient-Centered Model for Improving Med Safety

• What’s the problem?
  – Preventable errors continue to cause harm in older patients
  – We have learned about how to improve MS from you, but we don’t know what strategies are priorities for patients and caregivers
  – Understanding the best way to reach practices carries implications for other QI and safety innovations
• Project goals

  – Gather **patient and caregiver perspectives** on med safety through focus groups

  – Enhance current PPRNet-MS model to include **patient perspectives**

  – Test **active versus passive practice-based dissemination** approaches
Patient-Centered Model for Improving Med Safety

- Project goals
  - Gather patient and caregiver perspectives on med safety through focus groups
  - Enhance current PPRNet-MS model to include patient perspectives
  - Test active versus passive practice-based dissemination approaches

PCORI Priorities

- Research will help answer these questions:
  - “What can I do to improve the outcomes that are most important to me?”
  - “How can clinicians and the care delivery systems they work in help me make the best decisions about my health and healthcare?”
PPRNet Research and the PCORI Vision

• Patient and stakeholder engagement plan
  • Who are they?
    – “Patient partners” in the Patient Advisory Board
    – Clinician stakeholders from across PPRNet and the Provider Advisory Board
PPRNet Research and the PCORI Vision

- Patient and stakeholder engagement plan
  - Input on project design
  - Identifying outcomes of interest
    - PCORI RFAs shared via listserv
    - Advisory Boards reviewed early drafts of application
    - Feedback used to refine approach
    - Primarily reinforced relevance

“To me, what is safe medication use? Using as little as possible as seldom as possible.”
• Patient and stakeholder engagement plan
  • Monitoring project progress
  • Dissemination of results
    – PPRNet Patient Advisory Board
      » Virtual “kick-off”
      » Annual project updates
      » Panel discussion during network meeting
Timeline

July 2012      Application submission
Aug-Nov 2012   Reviews
Jan 2013       Potential start date!
Patient-Centered Model for Improving Med Safety

• Opportunities for practice participation
  – Nominate patients for Advisory Board
  – Volunteer to be a focus group practice
  – Volunteer for the “active” versus “passive” dissemination trial

Stay tuned…
Discussion:
Patient-Centered Model for Improving Med Safety
Incorporating patient perspectives in judicious use of antibiotics for acute respiratory infections
INCORPORATING PATIENT PERSPECTIVES IN JUDICIOUS USE OF ANTIBIOTICS FOR ACUTE RESPIRATORY INFECTIONS

What’s the problem?

– Despite the ABX-TRIP intervention:
  • Abx were still prescribed for ARIs for which abx are inappropriate during 24% of encounters
  • 42% of rx for ARIs were for broad spectrum abx

– Patient expectation, concern about missing a more serious diagnosis and disagreement about abx prescribing guidelines cited as reasons for prescribing abx

8/23/2012
INCORPORATING PATIENT PERSPECTIVES IN JUDICIOUS USE OF ANTIBIOTICS FOR ACUTE RESPIRATORY INFECTIONS

What do we know about the problem?

– The physician’s perception of the patient’s expectations of receiving abx is a strong predictor of decision to prescribe abx

– Patients are confused and uncertain about the nature of viral respiratory illness and the concept of antibiotic resistance
Current Knowledge of Patients’ Understanding of Antibiotic Resistance

What do we know about the problem?

– Uncertainty about the nature and implications of antibiotic resistance for individuals and the community
– Most patients do not see it as something that affects them personally
– Confusion about the term “antibiotic resistance” (believing it refers to the body rather than the bacteria)
– Confusion about the term “MRSA”: seen as a hospital problem, not a community problem
How do we solve the problem?

- Pt’s understanding of their illness is associated with satisfaction with the visit
- Shared decision making may reduce use of antibiotics
  - Provider knowledge of evidence of risks and benefits (ABX-TRIP CDS)
  - Effective communication of risks and benefits
  - Active participation of patient in the decision making process
PPRNet Research and the PCORI Vision

- New approach to projects
  - Patient and stakeholder engagement
    - Input on project design
    - Identifying outcomes of interest
Question 1 for Provider Stakeholders

• Should PPRNet develop a PCORI application to study an approach to facilitate shared decision making to promote judicious antibiotic use for acute respiratory infections (ARIs)?

• YES VOTES _____  NO VOTES _____
Question 2 for Provider Stakeholders

Would you be willing to participate in a project to facilitate shared decision making to help you and your patients make decisions about treatment for ARIs?

YES VOTES _____  NO VOTES _____

8/23/2012 PPRNet, 2010
What other tools or techniques do you think would be helpful to assist you and your patients with deciding whether to use antibiotics for ARIs?

<table>
<thead>
<tr>
<th>INTERVENTIONS TO PROMOTE SHARED DECISION MAKING</th>
<th>INCLUDE IN STUDY</th>
<th>DON’T INCLUDE</th>
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<tbody>
<tr>
<td>Site visits</td>
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<td>Webinars</td>
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<td>Patient education materials</td>
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<td>Network meeting</td>
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<td>Facebook page or other social media</td>
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Question 4 for Provider Stakeholders

• What other interventions should we consider for this project?
• How should we recruit, engage, and involve a patient advisory group in this study?
Avoiding Grade D recommendations of the USPSTF
Patient-Centered Model for Avoiding Grade D recommendations of the USPSTF

• What’s the problem?
  – There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits, yet the services are still being performed.

  - Potential harm to patients from test, work-up, labeling, and treatment
  - Diversion from effective services
Selected Grade D Recommendations of USPSTF

- Screening for cervical cancer in women < age 21 years
- Colorectal cancer screening in adults older > age 85 yrs
- PSA-based screening for prostate cancer
- Screening for asymptomatic carotid artery stenosis (CAS) in the general adult population
- Resting or exercise ECG for the prediction of CHD events in asymptomatic adults at low risk for CHD
- Routine screening for peripheral arterial disease (PAD).
Selected Grade D Recommendations of USPSTF

- Asymptomatic bacteriuria in men and nonpregnant women
- Routine genetic screening for hereditary hemochromatosis in the asymptomatic general population
- Screening adults for COPD using spirometry.
PPRNet Research and the PCORI Vision

• New approach to projects
  – Patient and stakeholder engagement
    • Input on project design
    • Identifying outcomes of interest
Question 1 for Provider Stakeholders

• Should PPRNet develop a PCORI application to study an approach to avoiding Grade D recommendations of USPSTF?

YES VOTES _____ NO VOTES _____

8/23/2012
## Question 2 for Provider Stakeholders

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<tr>
<th>SERVICE</th>
<th>INCLUDE IN STUDY</th>
<th>DON’T INCLUDE</th>
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<tbody>
<tr>
<td>Cervical cancer &lt; age 21</td>
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<td>CRC &gt; age 85</td>
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<td>PSA for prostate CA</td>
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<td>Carotid artery stenosis</td>
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<td>ECG low risk adults</td>
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<td>Periph. artery disease</td>
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<td>Asymptomatic bacteriuria</td>
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<td>Hemochromatosis</td>
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<td>COPD by spirometry</td>
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8/23/2012

PPRNet, 2010
## Question 3 for Provider Stakeholders

A table showing interventions that include or don't include provider and patient reports, network meetings, in person site visits, and webinars instead of site visits.

<table>
<thead>
<tr>
<th>INTERVENTIONS</th>
<th>INCLUDE IN STUDY</th>
<th>DON’T INCLUDE</th>
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<tbody>
<tr>
<td>Practice level reports</td>
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<td>Provider level reports</td>
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<td>In person site visits</td>
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<tr>
<td>Webinars instead of s.v.</td>
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<td>Webinars + s.v.</td>
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• What other interventions should we consider for this project?
Question 5 for Provider Stakeholders

• How should we recruit, engage, and involve a patient advisory group in this study?
What other “patient-centered outcomes” should PPRNet study?