The Transitional Care Evidence to Action Network: Approach, Accomplishments & Exemplars

Carly Parry, PhD, MSW, MA
Senior Program Officer, Improving Healthcare Systems

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Disclosures

The faculty/presenters in this session have reported no interest or other relationship(s) with commercial interests (drug/device companies) that may relate to the educational content of this activity.
Introduction and Context: The Transitional Care Evidence to Action Network: “TC-E2AN”

- Purpose and Structure of the Transitional Care Evidence to Action Network
- Overview of the studies
- Activities to Date
- Next Steps
Transitional Care Evidence to Action Network
A Strategy for Bridging the Gap

• Organized around strategic portfolio area: “Transitional care”
• Developed area, primed for CER and impact
• Fit with PCORI’s foci on patient-centeredness, contextual factors (beyond rehospitalization→ patient experience)
• Impact: changing the dynamic of the evidence conversation to groups or clusters of studies, portfolios.
Transitional Care Evidence to Action Network

• Organized around strategic portfolio area: “Transitional care”

• Facilitate engagement among awardees and cross-learning between projects studying transitional care to leverage the significant investment made to date and strengthen the impact of the individual projects

• Promote collaboration among awardees to enhance their in-progress work by sharing best practices, measures, tools, opportunities, etc.

• Engage key stakeholders/end-users, facilitate exchanges between awardee teams and these groups to convey the relevance of the findings
PCORI Transitional Care Evidence to Action Network (TC-E2AN)

- 20 PCORI awardee teams: ~$69M
- E2AN members accelerate research & its impact:
  - Identify common challenges, strategies
  - Highlight lessons learned & best practices
  - Identify useful (common) measures/tools
  - Maximize utility of patient engagement throughout the research process
  - Synthesize portfolio contributions in a manner that is actionable and relevant to end users
PCORI’S Transitional Care Evidence to Action Network

- PCORI has made a $69M investment in 20 projects in Transitional Care in 16 states
  - 1 Project (Williams $15.0M) funded through an IHS topic-specific PFA
  - 1 Project (Duncan $14.2M) funded as an IHS Pragmatic Clinical Study
  - 18 projects ($39.7M) funded via the Broads mechanism
    - 14: Improving Healthcare Systems
    - 2: Addressing Disparities
    - 1: Assessment of Prevention, Diagnosis and Treatment Options
    - 1: Improving Methods for Conducting PCOR
Number of Awards by Disease Site
(n=20 studies; studies may include multiple disease sites)

- Multiple Chronic Diseases
- CVD - general
- COPD
- CVD - stroke
- Mental/Behavioral Health
- Trauma/Injury
- CVD - CHF
- CVD - AMI
- Kidney Disease
Gaps in Knowledge: Transitional Care

Characterization:
- Many efficacious studies conducted > 10 years ago
- Primarily hospital-focused, less evidence re: role of primary care teams during care transitions
- Dearth of high-quality evidence in MH or surgical populations

Evidence gaps identified:
- Extent/for whom post-discharge home visits are necessary component of TC interventions
- Which strategies should be employed to improve safety and reduce post-discharge adverse events
- No patient population within which transitional care interventions are uniformly successful. Suggests role of contextual factors...

Contextual Factors

- Target population
- Patient and caregiver capacity for/engagement in self-care
- Intervention setting/s
- Provider authority and self-efficacy
- Technology environment
- Community resources (rehab facilities)
- External policy, incentives, pressure to implement
- Fee for service vs. Integrated delivery environment


## Duration and Overlap of Studies

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### Timeline
- **Start of TC-E2AN**: October 2013
- **Data Preparation (non-interventional)**: January 2014
- **Project Gear Up, Training & Intervention Design**: March 2014
- **Patient Enrollment / Piloting / Data Collection Prep.**: April 2014
- **Intervention and Data Collection**: October 2014
- **Analysis and Reporting**: October 2018

- **2019-2021**
  - June 2020
  - Dec 2020
  - Oct 2021
TC-E2AN Affinity Groups

**TC-E2AN Overarching Goal:** Connect investigators across projects to facilitate collaborative learning and problem solving, accelerate the research process, and maximize the impact of investments in TC services to support the overarching goals of improving patient-centered outcomes, engaging patients and other stakeholders, and communicating value.
Overview of the Goals of the TC-E2AN Affinity

**Patient and Stakeholder Engagement**

**Measurement:**
1) Map measures to conceptual model and end-user metrics; and
2) Identify any gaps in measurement
3) Map measures to conceptual model and end-user metrics; and
4) Identify any gaps in measurement

**Portfolio synthesis:**
1) Contextualize the transitional care studies in the literature and practice contexts
2) Synthesize the contributions of these studies including patient centered outcomes, stakeholder engagement strategies, subpopulation analyses, and unique study characteristics
3) Develop a searchable interactive web-based platform

**Stakeholder relevance:**
1) Gather information from TC-E2AN awardees and key stakeholders regarding best practices for promoting implement-ability and sustainability of evidence-based transitional care services; and
2) Deliver a summary of common approaches, effective D&I strategies, and key factors that influence implement-ability and sustainability
Activities to Date

Panel presentations

- 8th Annual Conference on the Science of Dissemination & Implementation (December 2015)
- Health Care Systems Research Network (HCSRN) Annual Meeting (April 2016)
- IPFCC Annual Meeting Poster (July 2016)
- 2016 Advancing the Science of Community Engaged Research Conference Learning Lab (August 2016)
- 2016 PCORI Annual Meeting Breakout Session (November 2016, this meeting)
Activities to Date, cont.

TC-E2AN Working Meeting (Nov. 16-17, 2016)

• Stakeholder Relevance “Fishbowl”
• Measurement Affinity Group
  • Developed framework for transitional care process and outcome measures
  • Gathered information on measures used by portfolio studies according to key process and outcome domains
  • Shared results to identify measurement gaps
• Portfolio Synthesis Affinity Group
  • Developing approaches for synthesizing and visually conveying key portfolio findings
  • Interactive web portal in design and development

Other Network Activities

• American College of Surgeons Policy Summit – Sept. 23, 2016
  • Hosted by the Zatzick team featuring Julie Gassaway (Jones’ team)
Web Portal – early 2017

• Static information:
  • “What is transitional care?”
  • Information about the 20 TC-E2AN awardees
  • Purpose of TC-E2AN
  • Publications, Press, Activities
Web Portal – mid-2017

- Added content and interactivity:
  - Material highlighting TC challenges and innovation, resources
  - Transitional Care Portfolio Synthesis summary materials
  - Interactive search mechanism
  - Mid 2017-mid 2018
Transition…

Overarching Drivers

• How can we enhance collaborative learning and **maximize the collective contribution** of the 20 TC studies?
• How can we assure study approaches, components, and (eventually) findings **are shared** in a manner that is **actionable** and **relevant** for YOU?
Coming Up…

• An Emergency Department-to-Home Intervention to Improve Quality of Life and Reduce Hospital Use
  • Donna L. Carden, PI, University of Florida, Gainesville
  • Dawn Rosini, Expert Patient

• From Evidence to Action: Patient-Centered Policy for US Trauma Care Systems
  • Douglas Zatzick, PI, University of Washington
  • Peter Thomas, Patient Stakeholder
Questions?
cparry@pcori.org
An Emergency Department-to-Home Intervention to Improve Quality of Life and Reduce Hospital Use

Donna L. Carden, MD, FACEP
Professor, Emergency Medicine
University of Florida, Gainesville

November 17-19, 2016
Project Overview
Published Evidence

- Improved care transitions, particularly for older, chronically ill Americans are a national priority.
Care Transition Interventions Implemented in Admitted Patients Reduce Hospital Readmissions

CTI = Care Transition Intervention Implemented by local Area Agency on Aging
Project Overview
Gaps in Knowledge Addressed by this Project

• “The ED Visit Often Represents a Critical Inflection Point in a Patients’ Health Trajectory”
  ▪ National Quality Forum
Project Overview
Patient and Stakeholder Engagement

• Partnered with:
  • Patients and Non-Professional Caregivers with recent ED visits
  • Community-Based Organizations (Area Agencies on Aging) in Gainesville and Jacksonville
  • Health Service Researchers and Emergency Physicians
  • Health System Managers
  • CMS Contractors in Florida
Most Medicare Beneficiaries Enter the Hospital Through the ED

Rand Corporation 2013: The Evolving Role of Emergency Departments in the United States.
Project Overview

Baseline ED Survey (Quality of Life-PROMIS)

Home Visit

3 Telephone Calls

Follow up Telephone Survey (PROMIS- Informational Support, Anxiety/Emotional Distress, Physical Function)

Intervention 504

Usual Care 500

2 Area Agencies on Aging
- Doctor Office Visit
- Disease Red Flags
- Medication
- Personal Health Record
- Nutrition
- Transportation

Outcome Measures: Quality of life; Health Service Use (Medicare Claims)
Project Findings:
Change in Self-Reported Quality of Life
In the 30 Days after ED Visit

Informational Support
Anxiety/Emotional Distress
Physical Function

Propensity Score Weighted Follow-Up – Baseline Quality of Life Scores

Usual Care
Intervention
Lessons Learned

Project Lessons Learned

• Improved understanding of the key drivers of ED use for chronically ill, older adults

• During a healthcare crisis associated with an ED visit, quality of life is highest at the time of ED visit and falls over the next several weeks

• Older, chronically ill individuals will likely continue to make ED visits

• Sustainability is important
Lessons Learned
Engagement Lessons Learned

• What Happens When the Project Ends?
• Patient and Caregiver Engagement:
  • *Patients become empowered*
  • Patients meaningfully contributed to every phase of the research project
• Challenges
  • Medical illness
  • Engagement is an ongoing process
Anticipated Benefits to the Field

- The ED holds promise as a site to deploy transitional care interventions, especially for vulnerable populations
- Better alignment of key drivers of ED use, ED-initiated transitional care interventions and relevant outcomes may become possible
  - Longer term impacts on patients’ ability to obtain, process and use health information and services
  - Can we move the needle on reducing healthcare disparities?

The opinions in this presentation are solely the responsibility of the authors and do not necessarily represent the views of PCORI, its Board of Governors or Methodology Committee.
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- Allyson Hall, PhD
- Jessica Schumacher, PhD
- Jeff Harman, PhD
- Babette Brumback, PhD
- Phyllis Hendry, MD
- Jennifer Reynolds
- Colleen Kalynych
An Emergency Department-to-Home Intervention to Improve Quality of Life and Reduce Hospital Use

Dawn Rosini
Queen of Awesomeness

Expert Patient, Caregiver, PCORI Research Partner, Member of UF Health Patient Advisory Board, UF Interdisciplinary Family Health Patient Facilitator, UF Equal Access Clinic Ambassador

November 17-19, 2016
Strategies That Engage Patients and Other Partners in Transitional Care Research

The Royal Court of Awesomeness
Our Patient/Caregiver Stakeholders

- Dolly Horlacher
- Jazz Davis
- Ron Morris
- Yours Truly
- In Memory of Jan Rosini
Patients as Research Partners
Strategies That Engage Patients and Other Partners in Transitional Care Research

• Start at the beginning with simple language that can be understood by a high school student (Explain acronyms immediately if they are used)

• Address potential partners with a good ‘bedside’ manner and make it “real”

• Look for partners with recent experiences that are still fresh

• Find out what motivates patient and other partners and make sure they are a good fit for the team
Anticipated Impact of Enhanced Role of Stakeholder Partners on Transitional Care Outcomes

- Patient expectations are often quite different from medical and other health professionals
- Patients are more apt to buy-in when they see it coming from other patients and caregivers
- Patients are able to interpret study results through their own experiences
How Can the Evidence-to-Action Network Spread these Strategies?
Ensure Greater Involvement of Patients Stakeholders in Research

- Ensure the person recruiting Stakeholders is a good fit (Consider Patient or Caregiver options)
- Identify best place to recruit from
- Make sure all stakeholders see their contributions are recognized and appreciated
- Keep stakeholders informed with updated information even if it is in ‘nitty gritty’ form
- It’s okay to have a fun environment
Thank You for allowing me to contribute. Together we can make it better.
From Evidence to Action: Patient-Centered Policy for US Trauma Care Systems

Douglas Zatzick, MD & Peter Thomas, JD
Trauma Survivors Outcomes & Support (TSOS) Study Team Members

November 18, 2016

Supported by PCORI Contract IH-1304-6319
Overview

• Patient Voice and American College of Surgeons’ Policy 2011
• Development & Implementation of PCORI Project
• PCORI Project Results
• Patient Voice and Policy Revisited 2016
Policy Summit May 2011
Guidelines for Alcohol & PTSD based on comparative effectiveness research

Patients voice the need for addressing patient-centered care in Resources Guide

No patient-centered care comparative effectiveness trial data
Patient-Centered and Psychosocial Care for Injury: PCORI and the Transitional Care Evidence to Action Network

Carly Parry, PhD, MSW, MA
Senior Program Officer, Improving Healthcare Systems
US Trauma Care Systems: Care Coordination
Patient-Centered Care After Injury: Medical Care 2001

Posttraumatic Concerns: A Patient-Centered Approach to Outcome Assessment After Traumatic Physical Injury

DOUGLAS F. ZATZICK, MD,* SUN-MEE KANG, MA,† W. LAIDON HINTON, MD,‡ ROSEMARY H. KELLY, MD,* DONALD M. HILTY, MD,† CAROL E. FRANZ, PhD,‡ LEANNE LEI, BA,§ AND RICHARD L. KRAMER, MD, MSPH$§

BACKGROUND. Approximately 2.5 million Americans are admitted to the hospital after traumatic physical injury each year. Few investigations have elicited patients’ perspectives regarding posttraumatic outcomes.

OBJECTIVE. To identify and categorize physically injured trauma survivors’ posttraumatic concerns.

RESEARCH DESIGN. Prospective longitudinal investigation; trauma survivors were interviewed during the post-injury hospitalization and again 3, 4, and 12 months after the trauma.

SUBJECTS. Ninety-seven, randomly selected, English speaking, hospitalized survivors of motor vehicle-crashes or assaults.

MEASURES. At the end of each interview patients were asked, “Of all the things that have happened to you since you were injured, what concerns you the most?” Using an iterative process and working by consensus, investigators categorized patient concerns in content domains. Concern domains were then compared with established measures of posttraumatic stress disorder (PTSD) symptoms and limitations in physical functioning.

RESULTS. Seven categories of posttraumatic concerns were identified. During the course of the year, 73% of patients expressed physical health concerns, 58% psychological concerns, 53% work and finance concerns, 40% social concerns, 10% legal concerns, 10% medical concerns, and 20% unendurable concerns. Inter-rater agreement on concern categorization was substantial (κ = 0.72). The mean number of concerns expressed per patient gradually decreased over time (1 month mean = 1.51; 12 month mean = 1.26) and resembled the trajectories of PTSD symptoms and functional limitations.

CONCLUSIONS. The concerns of physically injured trauma survivors are readily elicited and followed up during the course of the year after injury. Open-ended inquiry regarding posttraumatic concerns may complement standardized outcome assessments by identifying and contextualizing the outcomes of greatest importance to patients.

Key Words: Trauma; outcome assessment; patient-centered care; qualitative research; PTSD. (Med Care 2001;39:327-339)
Posttraumatic Concerns

- Population-based sampling
- “Of all the things that have happened to you since your injury what concerns you the most?”
- “On a scale of 1-5, 1 is not at all concerned and 5 is very concerning. How concerning is this to you?”
Ms. A

- “What is my biggest concern? The number of surgeries I still have to have. I am pretty concerned about going into the operating room again and again.”

- Concern Severity: “I would say a 5. And the ability for them to actually fix it, I am worried that I am going to have ongoing problems.”
Concern, PTSD & Physical Function Trajectories

Harborview PTSD Trial: PTSD

Harborview PTSD Trial: SF-36 Physical Function

- PTSD Symptoms
- Functional Limitations
- Concerns
PCORI Study Hypotheses

- Injured patients who have the opportunity to engage in a continuing helping relationship that addresses their posttraumatic concerns will demonstrate reduction in the number and severity of concerns as well as improvements in PTSD, depression and physical function when compared to patients who receive usual care.
Comparative Effectiveness Trial Design

- 171 injured patients
- 1-, 3- and 6 month follow-up
- Recruitment 3-1-14 through 9-30-15
Inclusion Criteria

- ≥ 3 Electronic health record risk domains
- ≥ 3 concerns at baseline
- Symptomatic for
  - PTSD (PCL)
  - Depression (PHQ-9)
  - Suicide (PHQ-9, item 9)
Patient Flow

308 Approached for Consent

252 Consented

172 Screen In

171 Randomized

56 Refused

80 Screen Out

1 Withdrawal

85 Intervention

86 Control
Patient-Centered Stepped Care

- **Step I**: Empathic Engagement – Elicit and Address Concerns
- **Step II**: Care Coordination – Trauma Center – Outpatient – Primary Care Linkage
- **Step III**: Community Integration

Time
Patient Concern Coding

- 735 Concerns coded
- Subsample double coded (n = 80):
  Kappa = 0.77-0.78
- Severity documented
- Concerns severity is primary outcome
Results: Percent One or More Severe Concern (N = 171)

p = 0.01; 22% Reduction
Results: Patient Satisfaction with Emotional Care (N = 109)

Mean Satisfaction

Months Post-Injury  p<0.05

Baseline 1 3 6

Control Intervention
Results: One or More Emergency Department Visit (N = 171)

- Control
- Intervention

% 1 or more Emergency Visit

Baseline - 3mo
3-6mo
6-9mo
9-12mo

Months Post-Injury
p = 0.10
Results: No Significant Intervention Effects

- PTSD
- Depression
- Suicide
- Alcohol use problems
- Drug use problems
- Physical function
- Concern Domain
Results

- Intervention required 6.4 hours of case manager time over 6 months
Summary

• Patient-centered intervention that elicits and addresses post-injury concerns associated with reduction in concern severity
• Trend level improvements in patient satisfaction and health service use
• No impact on PTSD, depression, physical function
Policy Summit Sept 2016
Patients’ voices again essential

3 patient-centered care comparative effectiveness trials reviewed

TSOS study team working to develop patient-centered recommendations for the Resources Guide