

Health Services Research: Making Health & Health Care Better Today

Lisa Simpson, MB, BCh, MPH March 12, 2018





- Overview of Health Services Research
- Role in Continuum of Health Research
- Opportunities for Grantmakers
- Discussion





VISION AcademyHealth envisions a future where individuals and communities are made healthier by the use of evidence in decision-making.



MISSION

Together with its members, AcademyHealth works to improve health and the performance of the health system by supporting the production and use of evidence to inform policy and practice.



AcademyHealth Works with its Members and Partners

- To build a diverse community for evidence producers & users
- To advance the science of health services
 & policy research production & use
- To move knowledge into action through synthesis, translation, dissemination & technical assistance



Leveraging ~4,000 Members & Organizations

DIVERSE, EXPERT MEMBER ORGANIZATIONS



AcademyHealth Interest Groups

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- Advocacy
- Behavioral Health
 Services Research
- → Child Health → Services Research →
- → Disability Research
- Disparities
- → Global Health and Health Care
- → Health Economics →
- Health Information
 Technology
- Health Workforce
- Interdisciplinary Research Group on Nursing Issues

- Long-Term Services and Supports Oral Health Public Health Systems Research Quality & Value State Health
- Research and Policy
- Surgical and Perioperative Care
- Translation & Communications
- Women & Gender Health



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research

HSR Definition

"Health services research is the multidisciplinary field of scientific investigation that studies how social factors, financing systems, organizational structures and processes, health technologies, and personal behaviors affect access to health care, the quality and cost of health care, and ultimately our health and well-being.

Its research domains are individuals, families, organizations, institutions, communities, and populations."

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HSR Definition

- ✓ What works?
- ✓ For whom?
- ✓ Under what circumstances?
- ✓ At what cost?
- ✓ And once we know what works,
- ✓ How do we implement, scale and spread?



HSR Informs Decisions

Clinical Decisionmakers

Patients, families, practitioners

Health Care Systems Decisionmakers

Health plans, hospitals, state programs, employers/schools

Public Policy Decisionmakers

State, Federal, Voluntary



AcademyHealth's roles in the cycle of evidence production



AcademyHealth's Translation and Dissemination Institute supports the **art and science** of how health services research makes its way into policy and practice.

Trends Affecting HSR

- Demand for:
 - timely, relevant research + maximizing rigor
 - consumer, patient, stakeholder engagement
- Emphasis on innovation, value & population health
- Expanding volume, variety, velocity, veracity & value of data
- New methods, changing workforce
- Continued pressure on federal funding





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Dougherty & Conway, JAMA 2008;299(19):2319-2321.



The Challenge

- Consistent evidence of failure to translate research findings into clinical practice
 - 30-40% patients do not get treatments of proven effectiveness
 - 20–25% patients get care that is not needed or potentially harmful
- Suggests that implementation of research findings is fundamental challenge for healthcare systems to optimize care, outcomes and costs

Schuster, McGlynn, Brook (1998). *Milbank Memorial Quarterly* Grol R (2001). *Med Care*



Patient Centered Medical Homes

For Whom and How Do They Work?





David, et al. Do Patient-Centered medical Homes Reduce Emergency Department Visits? Health Services Research 50:2 pp.418-439. April 2015.



Predictive models show than RN workload, expertise and clinical processes of care can be manipulated to mitigate HAPU prevalence."

Changing Physician Behavior: What Works? A Review of 14 Reviews

Iable 3. Examples of I	effective Methods for Chang	jing Physician Practice Patterns		
Method	Specific Approach	Example		
Continuing medical education (active methods)	Academic detailing	Health professionals (eg, pharmacists) meet one-on-one with physicians/surgeons in their work environment and provide educa- tion (eg, information on new drugs) or behavior change options (eg, reduced prescribing). ⁵	Passive	
	Outreach programs	Similar to academic detailing, trained health professionals provide education to a group of physicians in their work environment. ⁵	Disseminatio of PEMs	
	Learning based on clinical practice	Educational programs (eg, outreach) that are tailored specifically to the needs of a specific clinic (eg, for type 2 diabetes patients). ¹⁴		
	Workshop	Small-group learning that allows a learner to practice the new mate- rial, to interact with other learners, and participate in discussion. ¹²	is not	
Patient-mediated intervention	Patient feedback	Patients provide feedback for the physician on their interview skills after their medical appointment. ¹⁵	effective	
Local opinion leaders	N/A	Local experts and influential educators adopt specific guidelines, which allows colleagues to see the outcomes of those guidelines in practice, and presumably, later adopt the guidelines themselves. ¹⁵		
Multifaceted intervention	Combines multiple interven- tions based on guideline, budget, or specific practice	Outreach program can be used to deliver educational material on clinical guidelines, combined with a reminder system to promote and prolong adherence. ¹⁴		
	needs.	Audit and feedback can be integrated into physician practice after educational meetings. ¹⁰		





Effect of Financial Incentives to Physicians, Patients, or Both on Lipid Levels: A Randomized Clinical Trial



Mean LDL-C Levels by Quarter in Intervention and Control GroupsTo convert low-density lipoprotein cholesterol (LDL-C) to mmol/L, multiply by 0.0259. Error bars indicate 95% Cls.

Control

Physician Incentives433Patient Incentives358Shared Patient-346

Number of Participants

366



physician Incentives



JAMA. 2015;314(18):1926-1935. doi:10.1001/jama.2015.14850

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QI Interventions To Address Health Disparities

- 2013 AHRQ EPC report
- 1979 2011
- 4,278 abstracts \rightarrow 19 included papers of 14 studies
- 11 RCTs
- 18 incorporated multiple components; 12 with patient education

"...QI has not been shown specifically to reduce known disparities in health care or health outcomes."



Tracking the Toll of Dementia on Caregivers

Judith Kasper and colleagues, Health Affairs













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Research and Development Investment Ranking of **Industrial Sectors Among US-Based Companies**

Total research and development funding^a

Share of revenue spent on research and development^a



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Moses et al. JAMA. 2013

Federal Funding for HSR, 2010-2017

	Funding (enacted, in millions)							
Agency	FY 2010	FY2011	FY2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Agency for Healthcare Research and Quality	\$397	\$384	\$405	\$433	\$464	\$465	\$427.6	\$416.6
Base Discretionary		\$372	\$372	\$369	\$364	\$364	\$334	\$324
Prevention and Public Health Fund		\$12	\$12	\$6	\$7			
Patient-Centered Outcomes Research Fund		\$8	\$24	\$57.5	\$93	\$101	\$93.6	\$92.6
CDC: National Centers for Health Statistics	\$138.7	\$168	\$168	\$168	\$153.9	\$155.4	\$160.4	\$160.4
Base Discretionary	\$138.7	\$138	\$138	\$138	\$153.9	\$155.4	\$160.4	\$160.4
Prevention and Public Health Fund		\$30	\$30	\$30				
CDC: Public Health Research/PHSSR	\$31.2	\$21	\$0	\$0	\$0	\$0	\$0	\$0
Base Discretionary		\$11						
Prevention and Public Health Fund		\$10						
CDC: Prevention Research Centers	\$33.7	\$28	\$28	\$23.4	\$25.5	\$25.5	\$25.5	\$25.5
Base Discretionary		\$18	\$18	\$8.1	\$25.5	\$25.5	\$25.5	\$25.5
Prevention and Public Health Fund		\$10	\$10	\$15.3				
CMS: Research, Demonstration & Evaluation Projects	\$36	\$35	\$21.2	\$20.1 ¹	\$20.1	\$20.1	\$20.1	\$20.1
HRSA: Rural Health Policy Development	\$10	\$9.9	\$10.0	\$9.3	\$9.4	\$9.4	\$9.4	\$9.4
National Institutes of Health ²	\$1,131	\$1,116	\$1,164	\$1,262	\$1,342	\$1,437	\$1,692	\$1,760
Veterans Health Administration ³	\$84	\$91. 3	\$90	\$90.3	\$96	\$91.3	\$97.8	\$104.6
PCORI	\$50	\$120	\$161.6	\$240.7	\$425.7	\$422.5	\$471	- 4
TOTAL (PROGRAM LEVEL)	\$1,912	\$1,973	\$1,958	\$2,241	\$2,536	\$2,627	\$2,904	\$2,497 ⁵

1. Health services research dollars as reported by the NIH Research Portfolio Online Reporting Tool (RePORT).

2. This figure represents what we expect health services research would receive if it maintains its current proportion of the

VHA's 3. Medical and Prosthetic Research portfolio (roughly 15.5 percent). In FY 2017, VHA's Medical and Prosthetic Research

portfolio received \$675 million.

4. Data is not yet available.

5. Level does not include PCORI funding, which is not yet available.



Improve the Relevance of Health Services Research



Focus Grantmaking in Gap Area

RAPID EVIDENCE REVIEW



What housing-related services and supports improve health outcomes among chronically homeless individuals?

Answer: Evidence suggests that permanent supportive housing (PSH) and case management can improve health outcomes among chronically homeless individuals, including improvements in self-reported mental health status, substance use, and overall well-being. These models can also reduce hospital admissions, length of stay in inpatient psychiatric units, and emergency room visits. However, most of the evidence identified in this review is not specific to Medicaid populations, and limitations such as small sample size, selection bias, and imprecise definitions of the models studied may limit generalizability.

What is chronic homelessness?

According to the U.S. Department of Housing and Urban Development, a single adult or a parent in a homeless family is chronically homeless if he or she has a disabling condition and (1) has been continuously homeless for a year or more or, (2) has experienced a total of 12 months of homelessness during the previous three years.¹⁴

Policy context

AcademyHealth undertook this review at the request of a Medicaid medical director in a state considering whether to pay for housing-related services through Medicaid. Although federal Medicaid funding cannot cover rent or mortgage payments, states can opt to pay for two other types of housing-related services: (1) case management to achieve and maintain housing stability; (2) collaborative efforts with other government agencies such as services for residents in public housing. This review looked for evidence about whether such services improve health outcomes for Medicaid populations.

Supporting evidence

There are two broad categories of evidence that evaluate housing-related services and supports eligible for Medicaid



Measure the Impact of Funded Research

FIGURE 1 A Pyramid Approach to Measuring Policy Impact



Collado et al, Foundation Review, Vol 9 (4); 2017

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Discussion

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