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Integrating Research into Health Centers

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"For research to have impact, **both** knowledge producers and users need to be involved in its creation and application."

-Martin Marshall

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Why Embedded Research?

- A sounding board to facilitate reciprocal learning
- Catalyst for change and **timely** improvements in delivery and measuring effectiveness
- Building research capacity
- Knowledge broker
- Access to patients and data

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Outline of Today's Presentation

- Why Embedded Research?
- Building the Culture & Infrastructure
- Overview of Weitzman Institute
- Why Participate in Collaborative Research?
- Examples of Collaborative Research in Action

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Building the Culture

- Health centers **already** have the foundation for embedding research through existing population health and quality improvement (QI) efforts
- Examples:
  - Clinical quality measures to the Uninform Data System (UDS)
  - Value-based payment and delivery system transformation work such as patient-centered medical homes (PCMH)
  - HEDIS (Healthcare Effectiveness Data and Information Set)
  - Additional performance measures to track both practice transformation and quality improvement
- Next step: Leverage existing QI culture (e.g., measures, data) to begin formulating research questions and agenda

Building the Infrastructure- Weitzman Institute within the Larger Context of CHC

Content	Operations
Clinical leaders and teams	Information technology
Institutional Review Board (IRB)	Human resources
Business intelligence	Finance
Population Health/Quality Improvement	Legal
Communications	

Building the Infrastructure- Staffing

Director/ Associate Director

- Leadership and staff management
- Strategic planning
- Strategic partnerships
- Operations (e.g., policies, procedures, budget, salary allocation, contractual relations)
- Prospecting

Senior/ Research Scientist

- Research/Evaluation and subject matter expertise
- Research formulation, development, and optimization
- Project management
- Manuscript preparation
- Grant writing

Research Associate/ Assistant

- Data collection
- Literature review and synthesis
- Quantitative and qualitative data analysis
- Manuscript preparation
- General project management support

Evaluation Specialist

- Evaluation plan development and coordination
- Workplan formulation and execution
- Database creation and management
- General technical writing support

Note: Several areas of overlap in day-to-day tasks across all roles.

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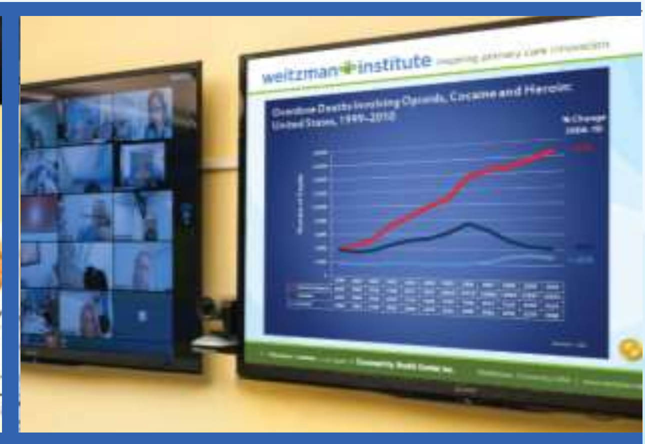
Weitzman Learning Academy | A program of the weitzman institute and Community Health Center, Inc.

weitzman institute

A Learning and Innovation Center

Supporting Practice Transformation for Safety Net Practices Nationwide



Institute established by CHC in 2005 and named in honor of Dr. Gerry Weitzman

Weitzman Institute founded by Dr. Margaret Flinter as the "research and development" arm of CHC

Dr. Daren Anderson serves as first and current Director of Weitzman Institute since 2010

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What

- The Weitzman Institute is the first community-based research center established by a Federally Qualified Health Center
- Its mission is to **inspire innovation** through research, education, and quality improvement to ensure that effective, efficient and equitable primary care is available to all

How

Weitzman Institute utilizes cross-functional teams working with national partners in three priority areas:

1) Transforming care delivery
2) **Conducting research**
3) Training the next generation of healthcare leaders

Weitzman
Learning
Academy

A program of the
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NCQA

Weitzman
Learning
Academy

Weitzman
ECHO

ConferMED

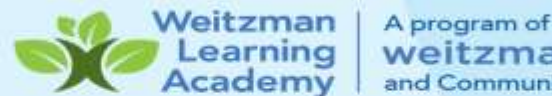
CLINICAL WORKFORCE
DEVELOPMENT
NATIONAL COOPERATIVE AGREEMENT

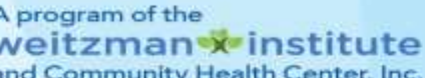
weitzman institute
inspiring primary care innovation

All of Us
RESEARCH PROGRAM

the national institute for
nimaa
medical assistant advancement

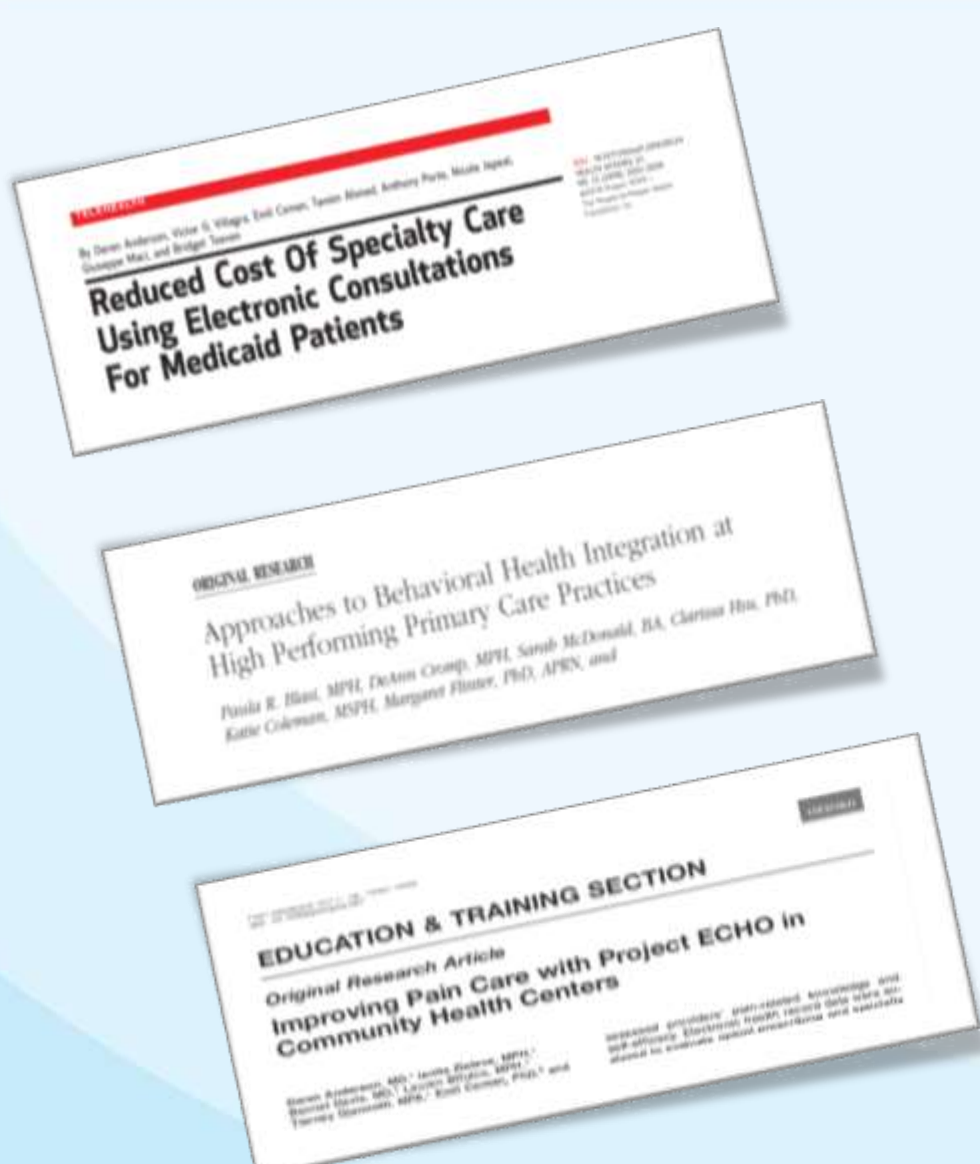
Nurse Practitioner
Residency Training Program





Weitzman Research Focus Areas

- Opioids and primary care
- Health equity, including social determinants of health
- Key populations
- Workforce training
- Telehealth/eConsults
- Care coordination and team-based care
- Patient-centered care and experience



Key Accomplishments to Date:

- Published **61** peer-reviewed articles in several distinguished journals including *Health Affairs, Annals of Family Medicine, and Pain Medicine*
- Led **133** poster and podium presentations at national conferences such as AcademyHealth Annual Research Meeting, American Public Health Association Annual Meeting

Our Partners

THE DARTMOUTH INSTITUTE FOR HEALTH POLICY & CLINICAL PRACTICE
University of New Hampshire
University of Connecticut Health Center
Connecticut Children's
WESLEYAN UNIVERSITY
HRSA
Abt Associates
CCI Center for Care Innovations
Mental Health First Aid National Council for Behavioral Health
The University of New Mexico
National Association of Community Health Centers
NCQA Measuring quality. Improving health care.
CDC Centers for Disease Control and Prevention
Yale
Quinnipiac University
IMPaCT Penn Center for Community Health Workers

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Rationale for Collaborative Research

- Address **shared goals and challenges** with **complementary expertise and resources**
- **Bridge the divide** between clinical and research silos
- **Funding opportunities** from agencies such as the National Institutes of Health, the National Science Foundation, the Department of Veterans Affairs, and the Department of Defense
- Keep interests fresh, and give **new angles for approaching work**
- **Professional development**: opportunities to grow clinical teams as scholarly authors
- **Representativeness** and **generalizability of research**
- Inform and **shape national, state, and local policy to meet the needs of health centers**

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Example #1: Project ECHO Pain

Background: Over 126 million American adults with pain; estimated $560 to $635 billion in medical treatment and lost productivity costs attributable to chronic pain annually.

Approach:

- Involved two large, multisite health centers in Connecticut (CHC) and Arizona (El Rio Community Health Center).
- PCPs attended 48 weekly Project ECHO Pain sessions Jan-Dec 2013.
- Assessed 1) providers' pain-related knowledge and self-efficacy, 2) opioid prescribing and 3) specialty referrals.
- Reviewed and approved by CHC IRB.

Reference: Anderson D., Zlateva I., Davis B., Bifulco L., Giannotti T., Coman E., & Spegman D. "Improving Pain Care with Project ECHO ® in Community Health Centers". *Pain Medicine. 2017 Oct*. 1; 18(10):1882-9. doi: 10.1093/pm/pnx187

Example #1: Project ECHO Pain cont.

Results:

- Compared with control, PCPs in the intervention had a significantly greater increase in pain-related knowledge and self-efficacy.
- Providers who attended ECHO were more likely to use formal assessment tools and opioid agreements and refer to behavioral health and physical therapy compared with control providers.
- Opioid prescribing decreased significantly more among providers in the intervention compared with those in the control group.
- ***Study highlighted in RAND's 2019 Report to Congress entitled, "Evaluation of Technology-Enabled Collaborative Learning and Capacity Building Models."**

Reference: Anderson D., Zlateva I., Davis B., Bifulco L., Giannotti T., Coman E., & Spegman D. "Improving Pain Care with Project ECHO ® in Community Health Centers". *Pain Medicine. 2017 Oct*. 1; 18(10):1882-9. doi: 10.1093/pm/pnx187

Example #2: Rewards to Quit (R2Q)

Background: Medicaid populations smoke at higher rates and quit with lower probabilities. They are also less likely to use formal cessation services and to quit as compared to others.

Approach:

- Involved CT Department of Social Services, CT Department of Mental Health and Addiction Services, Community Health Network of CT, Hispanic Health Council, Yale School of Public Health, and 12 CHC clinics across CT.
- Evaluation of Rewards to Quit (R2Q), a program that provided financial rewards to adult smokers covered by CT Medicaid to quit smoking and to use smoking cessation services.

Reference: Sindelar, J., Anderson D., Teevan B., & Busch S. (2017). "Rewards to Quit: Do financial incentives help Medicaid beneficiaries quit smoking and increase use of counseling services?" Manuscript submitted for publication.

Example #2: Rewards to Quit (R2Q)

Results:

- A significantly higher percentage of the rewards group used counseling sessions within the first three months and over the full 12-month period.
- Among those with at least one counseling session, the average number of sessions during the first three months was higher for the rewards group compared to the control group.
- For the 12-month enrollment duration, the rewards group continued to be more likely to have used counseling and to have a higher average number of counseling sessions conditional on use.
- ***Study presented at 2015 North American Primary Care Research Group (NAPCRG) Annual Meeting and NAPCRG Practice-Based Research Network Conference.**

Reference: Sindelar, J., Anderson D., Teevan B., & Busch S. (2017). "Rewards to Quit: Do financial incentives help Medicaid beneficiaries quit smoking and increase use of counseling services?" Manuscript submitted for publication.