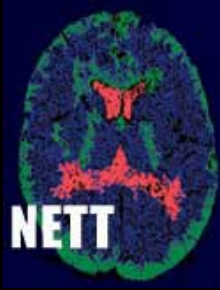




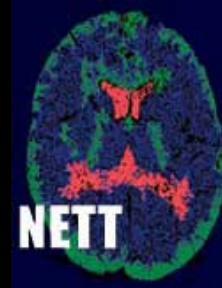
PCORI Transitions of Care Grant

Collaboration with NETT, StrokeNet,
American Heart Association, Rand Corp,
Northwestern University, DCRI,
Michigan Hospital Association, BCBS



Patient-Centered Outcomes Research Institute (PCORI) Funding Announcement

- A multi-center study evaluating the comparative effectiveness of transitions of care programs across the country (for any condition)
- One award for \$15 Million
- 3-year project
- Proposals due on May 6



PCORI is soliciting applications for research to determine **which transitional care service clusters are most effective in improving patient-centered outcomes—while optimizing re-admission rates**—in different at-risk subpopulations and in different healthcare contexts (e.g., fee-for-service, capitation, new payment models, medical homes, and integrated delivery systems). The proposed research should consider **obtaining the needed information by evaluating the results of the widespread experimentation now under way** in hundreds of US communities. PCORI is particularly interested in proposals that also evaluate the acceptability of various transitional service clusters to patients, caregivers and providers, as well as other determinants of scalability. **PCORI intends to fund one 3-year comprehensive study by an organization or a consortium of organizations that has the expertise, resources, and experience needed to answer rigorously all the questions of interest**

Grant Organization



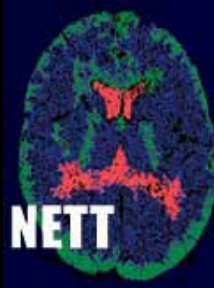
- Coordinating Center—University of Michigan
- Data Management Center--DCRI
- Executive Committee
 - NETT
 - StrokeNet
 - AHA
 - DCRI
 - Patient Partners (5)
 - Rand Corporation
 - BCBS Michigan, Michigan Hospital Association

Specific Aims



- **SA 1: Use input from stroke survivors, their caregivers, healthcare professionals, and other key stakeholders to develop and validate patient and TC program survey instruments to evaluate existing TC programs for stroke patients.**
- **SA 2: Compare the effectiveness of key program components and component combinations of TC programs for stroke survivors. We will assess generalizability of findings through a subset of analyses for a different condition: Congestive Heart Failure.**
- **SA 3: Evaluate barriers and solutions to scalability and dissemination of effective TC program components and component combinations.**

Project Workflow



Phase I: Study Development

Solidify Relationships and Communication
Mechanisms with Partners and
Stakeholders



Develop Study Protocol



Develop and Validate Data
Collection Tools



Draft Patient and Program Surveys



Conduct Cognitive Interviews



Field Test and Validate

Phase II: Research

Collect Data

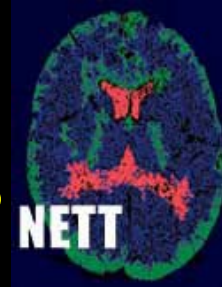


Conduct Data Analysis



Disseminate Project Results

Primary and Secondary Outcomes



Primary Outcome

HRQL as measured by NeuroQOL

Measured at discharge and 90 days

Secondary Outcomes (90 days)

mRS (discharge and 90 days)

Patient survey instrument

Health providers survey instrument

Prevention of readmissions and ED visits

Survival

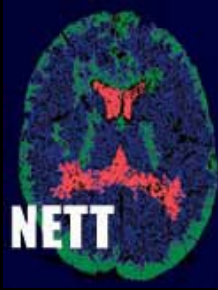
Will use 100 institutions and 10,000 patients

Study conduct



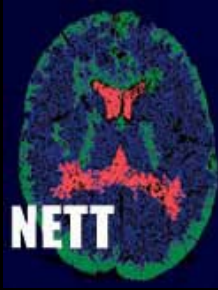
- GWTG database for demographics
- Will randomize patients by site with 2 weeks on, 2 week off
- During hospitalization, will gather:
 - Discharge NIHSS, mRS and NeuroQOL
- All data entered into GWTG database at DCRI
- DCRI will gather all 90 day data by phone
 - Patient survey
 - NeuroQOL
 - mRS

Heart Failure cohort

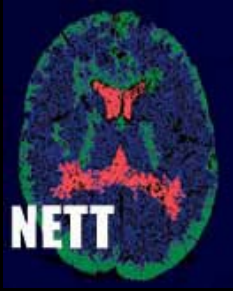


- Compare outcomes of tailored TC programs for HF patients
- Will conduct a sensitivity analysis by using data collected on patients with CHF for a subset of outcomes
- Passive collection of GWTG HF data on 10,000 patients
- Compare outcomes for HF TC programs with Stroke TC programs
- Will not do patient surveys or collect survival

Timeline

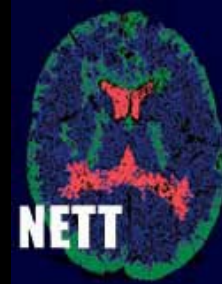


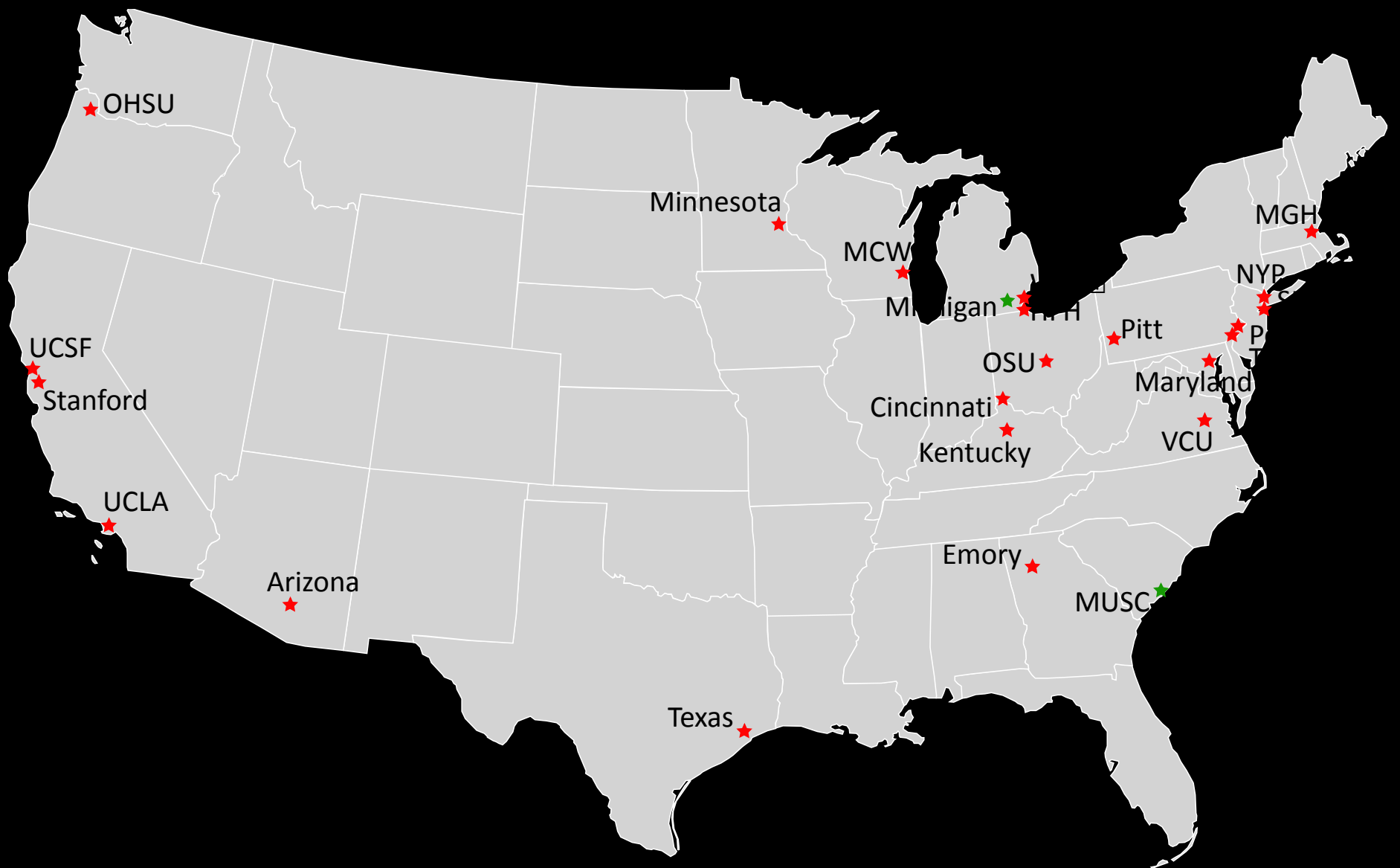
- Grant was submitted May 6
- Review will occur in Summer
- Funding decision in September/October
- Grant funding in December 2014



QUESTIONS?







NETT Hubs

