



# Listening to Stakeholders: Implementing HEAL Contextual Factor Assessments into Clinical Settings

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## **Conflict of Interest:**

None

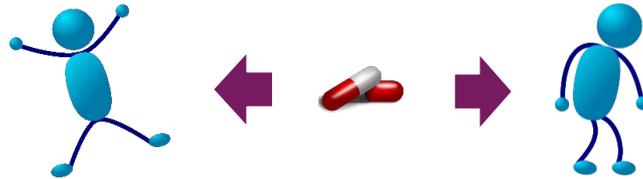


# Background

- A person's overall experience of healthcare includes much more than just a drug or procedure.
- In research studies and drug trials, many individuals who receive a placebo treatment show improvement.
- **Measuring patients' perceptions of care** and **patient characteristics** that may be driving this improvement could be useful to researchers, clinicians, patients, and governing bodies.

# Why Different Treatment Outcomes?

Similar patients + Similar conditions = Different Outcomes?



How do we explain this? Why might one get better and not the other?

# What is HEAL?

## Healing Encounters and Attitudes Lists (HEAL)

- Six self-report questionnaires (CAT or fixed short-form) developed using **PROMIS Methodology**
- Developed and **validated** to measure subjective (or nonspecific) factors which could influence treatment outcome such as patients' perceptions of care and patient characteristics.
- **Generalizable to any treatment** that includes contact with a healthcare provider, and is relevant to a **wide variety of health conditions**.

# The HEAL Measures

## Treatment Expectancy (TEX)

- *Expectations about whether the treatment will be helpful*

## Patient-Provider Connection (PPC)

- *Views of the relationship with the healthcare provider*

## Healthcare Environment (HCE)

- *Views about the healthcare provider's office and staff*

## Positive Outlook (POS)

- *Level of confidence and optimism, in general*

## Spirituality (SPT)

- *Spiritual beliefs and experience of spiritual support*

## Attitudes toward CAM

- *Views about integrative medicine or CAM*

# Why are these factors important to measure?



## **Patients:**

Important to consider and track during treatment



**Providers:** Help improve care provided to patients



## **Healthcare Systems:**

Important to measure clinic comparison

# What led us to dissemination and implementation science?

- Results from three separate HEAL studies suggest **Patient-Provider Connection, Treatment Expectancy, and Attitudes toward CAM** can predict if someone gets better in treatment (Greco et al., 2016, 2017).
- Patients' perceptions of the **Healthcare Environment** were also associated with improvement among those who received CAM treatments (Greco et al., 2016, 2017).

# Let's take what we've learned to the clinic and apply it

The UPMC Pain Medicine Center contains seven clinics within urban, suburban, and rural areas, and offers:

- Access to **>25,000 patients** and **21 providers**
- An existing clinical self-report tool (CHOIR)
- Plug and play integration of the HEAL measures



# What's the plan, Stan?

- Interview patients and clinicians to see **if they will buy in.**
  - ✓ What about this process will they “own”?
  - ✓ Identify barriers to implementation and facilitate adoption.

**You can provide tools, but they only become useful once they are used.**

## Guided by the light...

We conducted formative interviews based on concepts from the *Theory of Diffusion of Innovations* (Rogers, 2004) to better understand **potential barriers** and **facilitators** to implementing HEAL in pain clinics.

The Theory of Diffusion of Innovations stresses:

- interpersonal persuasion of **trusted others convinces** individuals to **adopt a behavior**
- providers can **learn from trusted others** the importance of **measuring and incorporating patients' perspectives** into clinical care

# Our measurement tools are awesome, so why not prove it?

A team of HEAL and CHOIR researchers conducted 38 formative interviews with:

- 25 clinicians (attending physicians, physician assistants, nurse practitioners, and psychologists) and clinic staff members
- 13 patients with chronic pain

We focused on inclusion of the HEAL measures:

- 1) in pain clinic assessments, and
- 2) in conversations between providers and patients about pain management

# Expect the Unexpected



My little lady

# It's All Good: Results of Formative Interviews

## Treatment Expectancy

Barriers	Facilitators	Initial Approach
<b>Repetitive</b> Questioning	Both patients and providers interested in expectations (“not leaving pain free, just manageable”)	Include 2 items in Intake survey <ul style="list-style-type: none"><li>• Custom 0 to 100 item scale</li><li>• “I believe this treatment will help me.”</li></ul>
“ <b>Won’t</b> be discussed at visit or <b>change</b> what providers do”	Helps patients with “white coat syndrome <b>start a conversation</b> ”  Provider may <b>discuss</b> more about outcomes with someone with a <b>low treatment expectancy</b> .  Provider may <b>change course</b> if they don’t believe treatment would help.	Include 4-6 item CAT in Second Visit survey

# It's All Good: Results of Formative Interviews

## Attitudes about CAM

Barriers	Facilitators	Initial Approach
Patients don't understand <b>what CAM is</b>	Patient: "Not a lot of people know about yoga and acupuncture. Discussing it is perfectly alright"	Include custom 2-item CAM scale in Initial survey only
Expensive or not covered by insurance ("likely <b>wouldn't change treatment plan</b> ")	Provider: "I would be <b>more likely to pursue these options</b> "	Clearly define CAM in an FAQ document
	Provider: " <b>Another treatment option</b> to suggest since opioids are so highly watched"	

# It's All Good: Results of Formative Interviews

## Positive Outlook

Barriers	Facilitators	Initial Approach
<b>Similar questions</b> (re: PROMIS Depression items)	Research has shown that positive and negative outlooks are different, and <b>may affect outcome differently</b>	Include 4-6 item CAT in Initial and Third Visit surveys
<b>Not relevant</b> (only pain treatment is discussed)	“It would affect my decision to send [patient] to psychology (sic)” “Useful for provider to see that they are <b>treating my whole self.</b> ” “Would ask ‘what can we work on to help with your positive outlook’ and <b>incorporate changes</b> to meet the <b>patient’s goal</b> ”	

# It's All Good: Results of Formative Interviews

## Patient-Provider Connection

Barriers	Facilitators	Initial Approach
Patients may not be honest	Administered <b>before appointment</b>	Include 4-6 item CAT in Third Visit survey only
<b>Repetitive</b> with Press-Ganey	Patients believe that “ <b>doctors need to take time to talk about these types of things</b> ”	Don't include in summary reports for providers

# It's All Good: Results of Formative Interviews

## Spirituality

Barriers	Facilitators	Initial Approach
Most patients and providers acknowledged they <b>may not be comfortable</b> answering these questions or <b>discussing</b> within encounter	---	Don't include in CHOIR survey

## Healthcare Environment

Barriers	Facilitators	Initial Approach
Majority of patients and providers felt the questions were <b>not relevant</b> or <b>would not affect treatment</b>	---	Don't include in CHOIR survey

## Go on. Take the bait.

- Faculty retreat presentation by clinic director
- Journal club meetings
- FAQ documents for assessments included in CHOIR (TEX, POS, CAM & PPC)
  - ✓ Posted in clinic waiting areas

***Q: These seem repetitive. Do I really need to answer these?***

A: Patients and providers at this clinic have said they are interested in discussing treatment expectations. These questions can help open up that conversation with your doctor. It can also help make your appointments more give-and-take.

## In the “works”

- Instructional videos  
Ex. “What if treatment expectation is too high?”
- Motivational interviewing



*“Never, ever, think outside the box.”*

# Saving graces...

**Item Response Theory** and **Computer Adaptive Testing** are essential facilitators.

- Keeping surveys short **AND** yielding robust results is the key.
- **HealthMeasures** is an **invaluable tool** because of this.

We've shown the promise of using HEAL measures within a clinical context.

- The reach of our research efforts has broadened as Stanford University has chosen to **integrate our work into the base CHOIR package** for **global distribution** and use at **no cost to us or you**.

# Where do we go from here?

Complete the remaining aims:

- Process evaluation interviews (**in-progress**)
- Analyze pre- and post-HEAL implementation dataset
- Conduct summative interviews

**Implement → Revise → Re-Implement →  
Re-Revise → Re-Re-Implement**

# Your “Doggie Bag”

Implementing anything is hard work.

**Implementation science is essential to integrate research tools** such as HEAL and PROMIS into clinical settings.

Take away:

- 1) Theory-based formative interviewing is **highly relevant**
- 2) It’s a fluid, **iterative process**, not a serial affair
- 3) Barriers are common and can fuel success!

# The A Team

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Questions?

Thank you!

Feel free to **implement** your applause.