



**How do we identify
effective components of
serious illness care?**

**The multiphase
optimization strategy**

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Presented at:

*The National
Academies of*

SCIENCES
ENGINEERING
MEDICINE

How do we know what **components of serious illness care** interventions are **effective**?

s. Be- should be interpreted cautiously.

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tient-

Unanswered Questions and Future Research

Several gaps remain regarding palliative care. First, this review could not discern the association between specific palliative care processes and outcomes. Future research should aim to identify the efficacious component(s) of palliative care.

Second, future studies should assess patient-reported out-



Research

JAMA | Original
Association
to de-
mpo-

and Patient and Caregiver Outcomes A Systematic Review and Meta-analysis

Dio Kavalieratos, PhD; Jennifer Corbelli, MD, MS; Di Zhang, BS; J. Nicholas Dionne-Odom, PhD, RN; Natalie C. Ernecoff, MPH;
Janel Hanmer, MD, PhD; Zachariah P. Hoydich, BS; Dara Z. Ikejiani; Michele Klein-Fedyshin, MSLS, BSN, RN, BA;
Camilla Zimmermann, MD, PhD; Sally C. Morton, PhD; Robert M. Arnold, MD; Lucas Heller, MD; Yael Schenker, MD, MAS

IMPORTANCE The use of palliative care programs and the number of trials assessing their effectiveness have increased.

OBJECTIVE To determine the association of palliative care with quality of life (QOL), symptom

← Editorial page 2090

← Related article page 2094

+ Supplemental content

Statistics for Social and Behavioral Sciences

Linda M. Collins

Optimization of Behavioral, Biobehavioral, and Biomedical Interventions

The Multiphase Optimization Strategy (MOST)

Springer

Statistics for Social and Behavioral Sciences

Linda M. Collins · Kari C. Kugler
Editors

Optimization of Behavioral, Biobehavioral, and Biomedical Interventions

Advanced Topics

Springer

Linda Collins

The classic “bundled” package approach to intervention development and testing

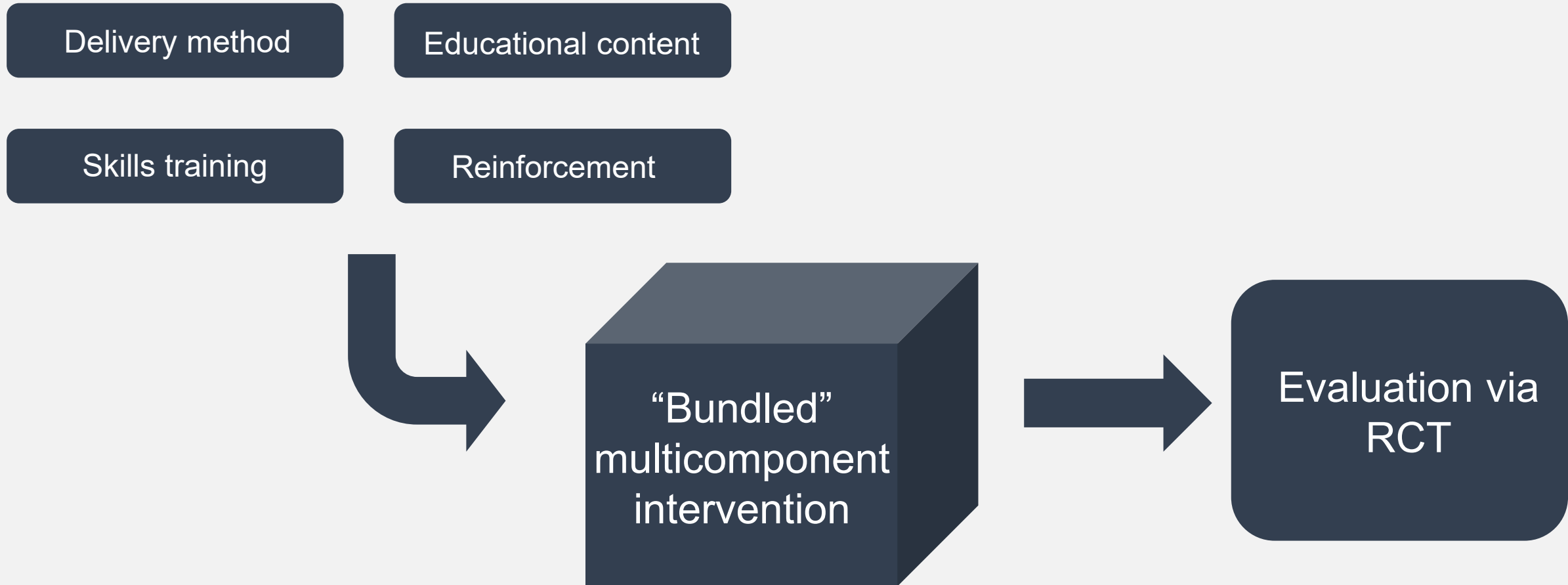
Component A

Component B

Component C

Component D

The classic “bundled” package approach to intervention development and testing



But, there's a bunch of stuff the RCT can't tell us...

- Which components are most effective?
- Whether one component has a synergistic effect of another
- Whether a component is cost-effective
- Whether all components are necessary
- How to make an intervention sustainable, and scalable

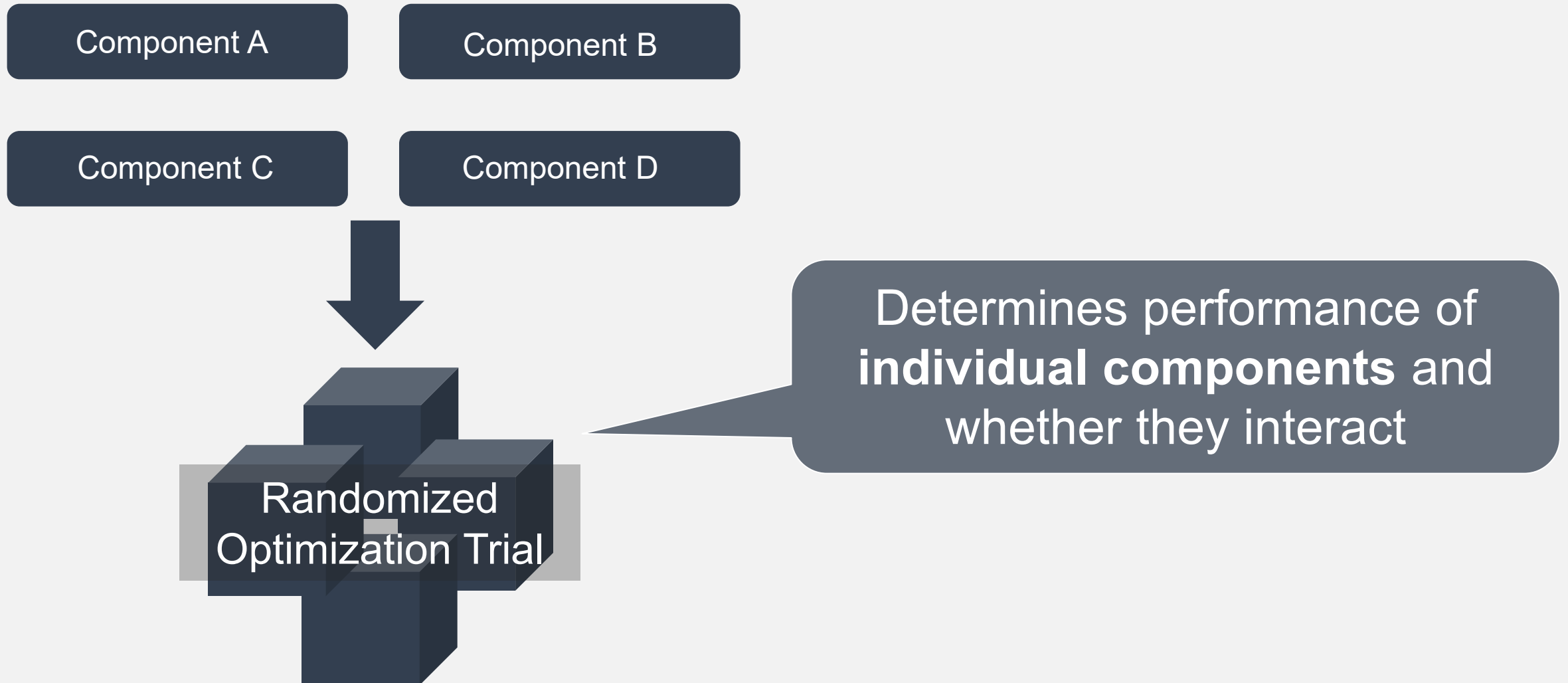
But wait. What exactly
is an intervention
component?

What is an intervention “**component**”?

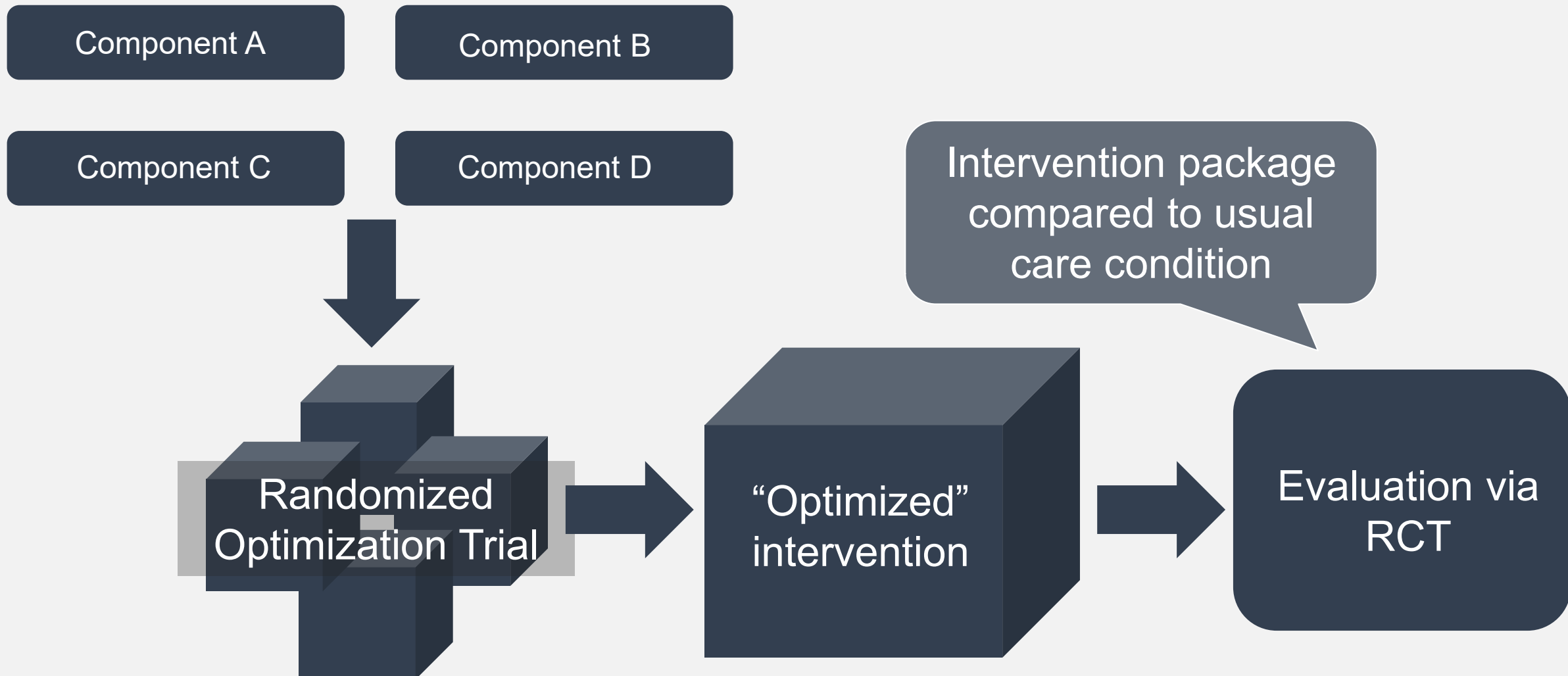
Any aspect of an intervention that can be separated out for evaluation

- Program content (disease education, health promotion)
- Amount or exposure (single vs. multiple sessions)
- Delivery mode (in-person, telehealth, text messaging)
- Behavior change technique (motivational interviewing, CBT)
- Adherence strategy (reminder phone calls, text messages)
- Fidelity measures (enhanced clinician training/education)
- Timing (early, later)
- Interventionist type (CHW vs. social worker vs. nurse vs. MD)
- Drug (methylphenidate vs. dextroamphetamine for fatigue)

The multiphase optimization strategy (MOST)



The multiphase optimization strategy (MOST)



The multiphase optimization strategy (MOST)

PREPARATION

- Derive/revise conceptual model
- Identify set of candidate components
- Identify optimization criterion

You keep talking
about “optimization”.
But what is that?

EVALUATION

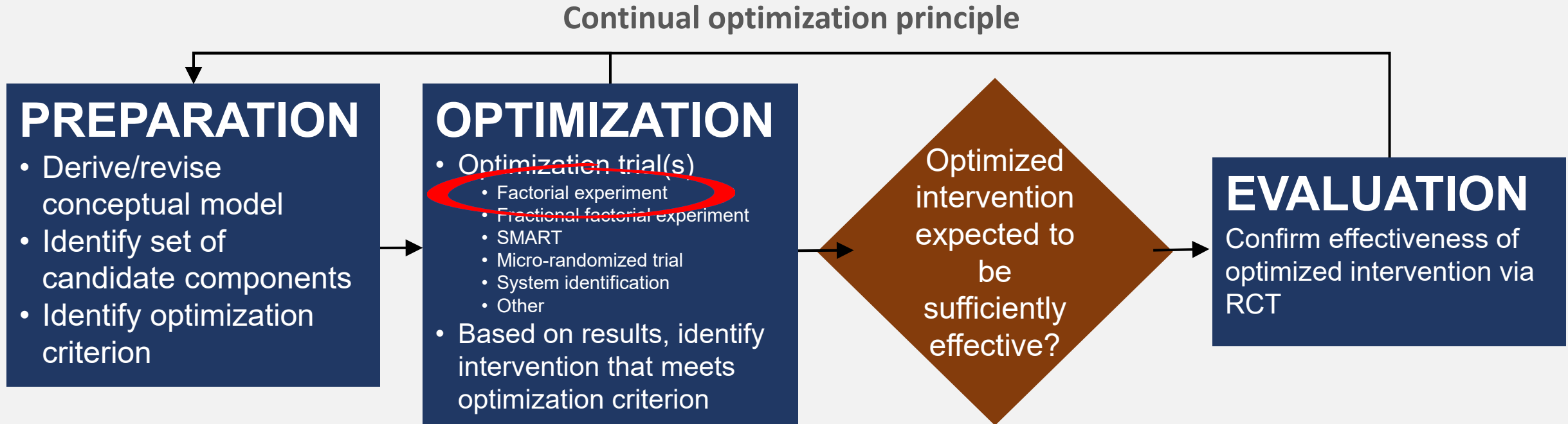
Confirm effectiveness of
optimized intervention via
RCT

What is **optimization** of an intervention?

Process of identifying an intervention that provides the best expected outcome obtainable within key constraints, including...

- **Effectiveness**: Is the intervention beneficial?
- **Affordability**: Does the intervention offer a good value for the expended costs?
- **Scalability**: Can the intervention be implemented widely with fidelity?
- **Efficiency**: Does the intervention minimize resource use and avoid waste?

The multiphase optimization strategy (MOST)



Hypothetical multicomponent intervention to increase future planning conversations

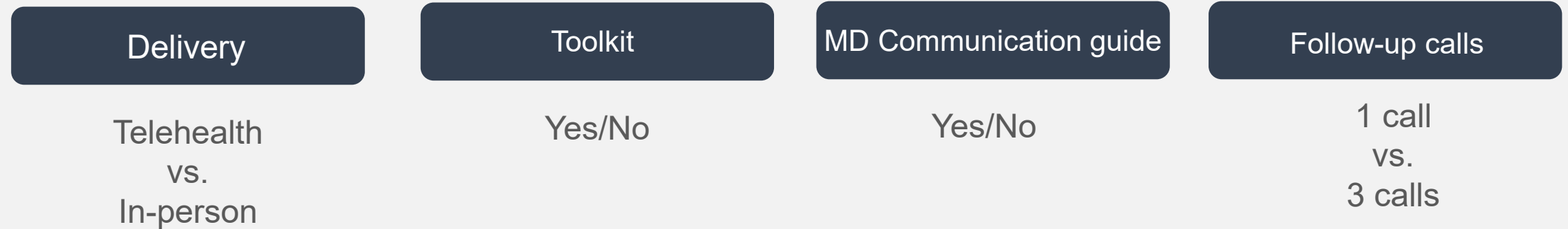
Component A

Component B

Component C

Component D

Hypothetical multicomponent intervention to increase future planning conversations



Each component=independent variable. Because there are 4 components with 2 levels, this is a $2 \times 2 \times 2 \times 2$ (or 2^4) factorial design. This will have $2^4=16$ experimental conditions.

**Experimental
conditions in a
factorial
experiment
with 4
intervention
components**

Condition	Delivery	Toolkit	MD communication guide	Follow-up calls	n
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					

Experimental conditions in a factorial experiment with 4 intervention components

Condition	Delivery	Toolkit	MD communication guide	Follow-up calls	n
1	Telehealth				
2	Telehealth				
3	Telehealth				
4	Telehealth				
5	Telehealth				
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7	Telehealth				
8	Telehealth				
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7	Telehealth				
8	Telehealth				
9	In-person				
10	In-person				
11	In-person				
12	In-person				
13	In-person				
14	In-person				
15	In-person				
16	In-person				

Experimental conditions in a factorial experiment with 4 intervention components

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3	Telehealth	Yes						
4	Telehealth	Yes						
5	Telehealth							
6	Telehealth							
7	Telehealth							
8	Telehealth							
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7	Telehealth	No			
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10	In-person	Yes			
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Random assignment of 352 individuals to 1 of 16 conditions

Experimental conditions in a factorial experiment with 4 intervention components

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Main effect of Delivery:

Mean of conditions 1-8
vs.

Mean of conditions 9-16

Condition	Delivery	Toolkit	MD communication guide	Follow-up calls	n
1	Telehealth	Yes	Yes	1 call	22
2	Telehealth	Yes	Yes	3 calls	22
3	Telehealth	Yes	No	1 call	22
4	Telehealth	Yes	No	3 calls	22
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Main effect of the Toolkit:

Mean of conditions 5-8, 13-16

VS.

Mean of conditions 1-4, 9-12

Condition	Delivery	Toolkit	MD communication guide	Follow-up calls	n
1	Telehealth	Yes	Yes	1 call	22
2	Telehealth	Yes	Yes	3 calls	22
3	Telehealth	Yes	No	1 call	22
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Main effect of MD communication guide:

Mean of conditions 3, 4, 7, 8, 11, 12, 15, 16

vs.

Mean of conditions 1, 2, 5, 6, 9, 10, 13, 14

Condition	Delivery	ACP guidebook	MD communication guide	Follow-up calls	n
1	Telehealth	Yes	Yes	1 call	22
2	Telehealth	Yes	Yes	3 calls	22
3	Telehealth	Yes	No	1 call	22
4	Telehealth	Yes	No	3 calls	22
5	Telehealth	No	Yes	1 call	22
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Main effect of Follow-up calls:

Mean of conditions
1, 3, 5, 7, 9, 11, 13, 15
VS.

Mean of conditions
2, 4, 6, 8, 10, 12, 14, 16

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Factorial trial designs

Objective: Efficient screening of intervention components

- Weed out underperforming components
- Determine magnitude of each component's effect
- Examine whether component effects are augmented or reduced in the presence of another component
- Optimize the scalability of the intervention package by having cost and other resource use parameters

Summary points

- **Key research priority:** Assessing active components of serious illness care interventions and services
- **MOST** (Multiphase Optimization Strategy): a framework for multicomponent intervention development and testing
- **Factorial trial design:** among the optimization trial designs that test components of multicomponent interventions
- Optimization using **MOST** maximizes **EASE**:
 - Effectiveness
 - Affordability
 - Scalability
 - Efficiency

Thank you!

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Ongoing trial using factorial trial design:

Decision support training for advanced cancer family caregivers: The CASCADE Factorial Trial (NCI R01CA262039; NCT04803604; 2021-26)

Our team's publications on MOST and factorial trial design:

Gazaway et al., 2023, *Contemp Clin Trials*
Dionne-Odom et al., 2022, *J Pain Symptom Manage*
Wells et al., 2021, *J Pain Symptom Manage*