



AcademyHealth

Research Priorities in Less Than 30 Days: *How to Support Health Systems' Responses to COVID-19*

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Speakers

- **Lisa Simpson**, M.B., B.Ch., M.P.H., FAAP, is President and CEO of AcademyHealth, the leading professional organization serving the field of health services and policy research. A pediatrician by training, Dr. Simpson served as the Deputy Director of the Agency for Healthcare Research and Quality from 1996 to 2002 and currently serves on the the Board of Directors of the Institute for Accountable Care and the National Health Council. In October 2013, Dr. Simpson was elected to the National Academy of Medicine
- **Lucy A. Savitz**, Ph.D., M.B.A., is Vice President for Health Research and Director for the Kaiser Permanente Northwest Center for Health Research, Board member for AcademyHealth, and Board Chair for the Health Care System Research Network. Additionally, Dr. Savitz is Professor in the Kaiser Permanente School of Medicine and Affiliate Professor in the OHSU-PSU School of Public Health.
- **Harold S. Luft**, Ph.D., is a Senior Scientist with the Palo Alto Medical Foundation Research Institute and Senior Scholar with AcademyHealth. He is the Caldwell B. Esselstyn Professor Emeritus of Health Policy and Health Economics at the Philip R. Lee Institute for Health Policy Studies at the University of California, San Francisco and Director Emeritus at the Palo Alto Medical Foundation Research Institute (PAMFRI). Dr. Luft is a member of the National Academy of Medicine and served six years on its Council.



Vision

A world in which evidence informs decisions for optimal health for all.



Mission

AcademyHealth improves health and health care for all by advancing evidence to inform policy and practice.

AcademyHealth Goals

I. Impact

Accelerate and amplify efforts to ensure that high quality, trustworthy data, valid measures and evidence are used for decisions in policy and practice.

II. Workforce

Develop and sustain a diverse workforce to respond to the changing needs of stakeholders who need evidence to advance health and health care improvement.

III. Engagement

Enhance our engagement with the individuals and organizations who use evidence to drive health improvement and health equity in the future.

IV. Innovation

Embrace innovation, technology and other societal trends to advance and inform new and relevant evidence to achieve health improvement for all.



Project Goals and Outputs

- Develop an agenda for rapid-cycle evaluation projects to inform health system leaders in their COVID-19 response
- Launched March 21, 2020; [report published](#) April 16
- Active and broad dissemination including to funders of health services research (HSR)

Health Systems Respond to COVID-19: Priorities for Rapid-Cycle Evaluations



Introduction

The COVID-19 pandemic is placing an unprecedented strain on the nation's health care facilities and revealing many underlying weaknesses that exist in the U.S. health care system. The policies, processes, and capacities of individual health systems for safe and timely patient care, emergency preparedness, resource allocation, and intra- and inter-sectoral collaboration are key determinants in the success of the response to the COVID-19 pandemic in the U.S. and beyond. Helping leaders in health systems learn quickly from each other in the coming months should be a top priority for public and private funders eager to contribute to an effective and evidence-based response to this national crisis.

AcademyHealth launched a responsive project on March 21, 2020, to identify priority questions health system leaders and care providers have now (and will likely have over the next six to nine months). Topics of potential interest included health system and policy responses to COVID-19 and the impact (both intended and unintended) on health system policies, processes, providers, and patient care, including for those patients not directly affected by the virus.

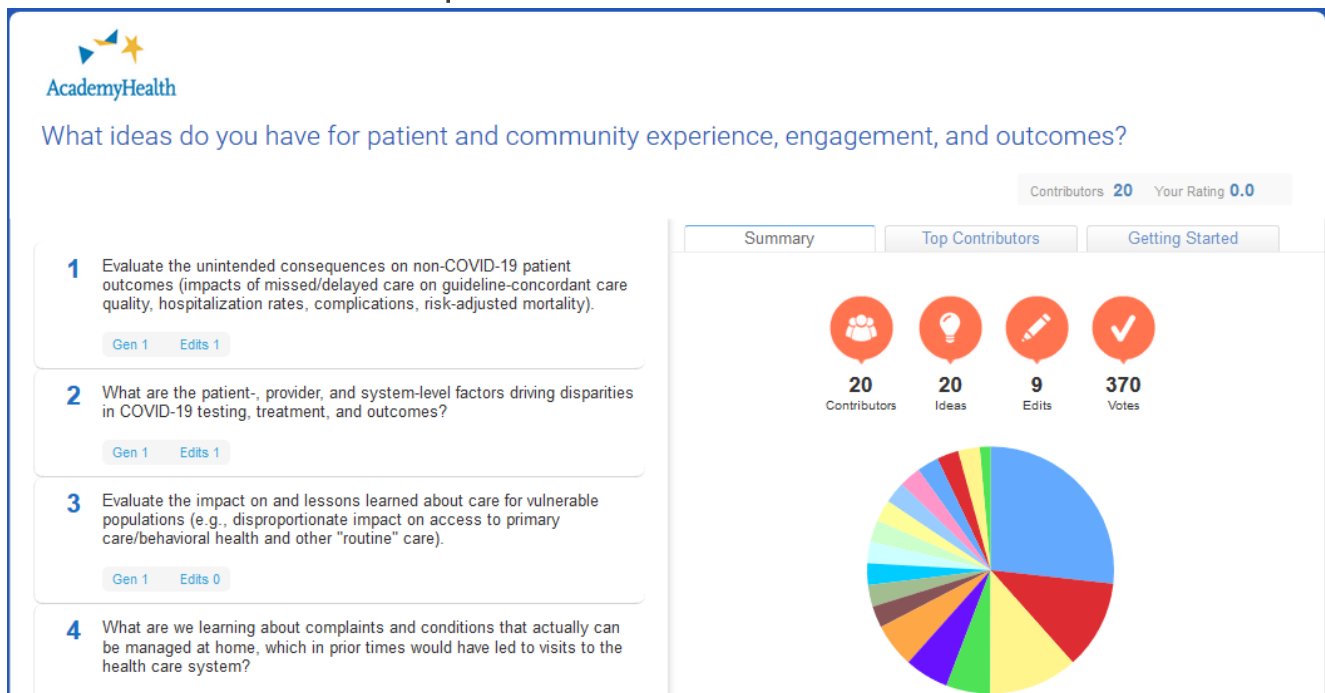
While it may be hard to even consider an agenda for evaluation and learning given the urgency and human toll of the pandemic, health system leaders and researchers must use appropriate and rigorous methods, reliable data, and realistic assumptions to learn quickly from each other about what is working and what is not. Formulating real-time processes to collect data and build an evidence base will be key to informing the new normal of care delivery, addressing other COVID-19-related health problems, and improving future preparedness efforts.

This report focuses less on the critical epidemiologic and infectious disease aspects of the pandemic and instead highlights the information needs of the health care and community organizations engaged in the response. The report is intended to inform decision-making of federal and foundation funders of health services research (HSR), and specifically health care delivery science, to guide rapidly launched investments in responsive research. At the time of this report's publication, both the Veteran Administration's [Health Services Research and Development](#) service and the [Agency for Healthcare Research and Quality](#) have released calls for this type of research. This report also builds on and complements other priority-setting activities, such as an [initial research agenda](#) prepared by the Health and Medicine Division of the National Academies of Sciences, Engineering, and Medicine following a March 11 meeting of the Standing Committee on Emerging Infectious Diseases and 21st Century Health Threats.

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How We Went About It

- Recruited a diverse set of leaders
- Leveraged a partnership with Codigital, an online platform for idea generation, refinement, and prioritization





Who Was Involved

- Health system leaders
- Patient advocates
- Professional associations (e.g., AAMC, FAH, ACHP, NHC)
- Research funders
 - Federal agencies
 - Foundations
- Researchers in many settings
 - Embedded in health systems



Scope

- We **were** focused on: questions and issues that organizations could use in summer/fall 2020 to (1) inform restarting services, (2) handle a "second wave," and (3) address issues likely to persist "post-COVID-19"
- We **were not** focused on: purely "clinical" interventions, epidemiology, issues requiring answers *this week or next*



Top 5 Topics in Patient and Community Experience, Engagement, and Outcomes

Evaluate the unintended consequences on non-COVID-19 patient outcomes (impacts of missed/delayed care on guideline-concordant care quality, hospitalization rates, complications, risk-adjusted mortality).

What are the patient-, provider, and system-level factors driving disparities in COVID-19 testing, treatment, and outcomes?

Evaluate the impact on and lessons learned about care for vulnerable populations (e.g., disproportionate impact on access to primary care/behavioral health and other “routine” care).

What are we learning about complaints and conditions that actually can be managed at home, which in prior times would have led to visits to the health care system?

How do we promote outcomes by shifting people with chronic diseases who are effectively displaced by COVID-19, not receiving their usual care management or as much direct care, to telemedicine?



Top 5 Topics in Care Delivery, Management, Decision-Making, and Operations

How are systems setting priorities after the COVID-19 surge (e.g., who receives elective surgeries first)?

What are best practices clinics and organizations have implemented for COVID-19, such as effective testing referral and management, triage, and delivery of home-based care and intermediate care outside hospitals?

Did past pressures to increase health system efficiency lead to a lack of resilience and lack of surge capacity? What policies and incentives would be necessary to increase health system resiliency and surge capacity in the future?

What mistakes and successful innovations emerging as a result of geographic variation can we learn from as a way to drive action and share learnings quickly in the future?

What requirements are needed for a strong and resilient health system that uses integrated technology, data, analytics, and processes, to keep healthy people healthy and to obtain the best outcomes for those who are ill?



Top 5 Topics in Workforce Needs, Training, and Policies

What new workforce designs emerge, including reconsidered scope of practice?

To what extent did the use of non-physician clinicians (NPs, pharmacists, doulas, PAs) alleviate strains on the health care system?

Assess impact of COVID-19 on the existing and future health care workforce, including ripple effects of COVID-19 deaths of health care workers and variable trust in health systems (e.g., media reports of systems not allowing providers or other staff to wear masks).

What are effective models of providing the needed workforce support within health care and other industries on the front line (e.g., to account for the day-to-day emotional toll of enacting (or making) decisions in resource use, to provide grief support, etc.)?

How are practices/health care organizations redistributing their current workforce? What strategies are they employing to recruit or expand their workforce in the short term?



Top 5 Topics in Technology, Data, and Telehealth

What is the impact of swiftly moving outpatient chronic care into exclusively tele-care (synchronous such as video, phone; or asynchronous such as portal, SMS) on disease control, unplanned care (ED visits or hospitalizations), satisfaction, costs?

Evaluate effectiveness and outcomes of strategies for accelerating implementation of telehealth for primary care, specialty care, and mental health care.

What systems are required to create bandwidth for a large-scale shift to telehealth? How can we learn from what works during a pandemic for broader health systems science (future benefit)?

In the move to telehealth, what are we learning about adaptations and tailoring to meet the needs of diverse patients?

What are we learning as a result of the rapid change in the use of virtual monitoring and telecommunications that is actionable for equity and effectiveness of telehealth (e.g., lack of minutes, data and text for many Americans as a barrier to effective telehealth utilization—potentially an FCC policy issue to lift caps on minutes, text, and data)?



Top 5 Topics in Policies, Including Payment Policy

To what extent should the flexibilities that have been provided in this crisis period be sustained going forward (e.g., tele-health, scope of practice, care delivery models, etc.)?

What will happen to scope of practice laws? What was the effect of relaxed state licensing laws (to allow providers to cross state lines without long delays when applying for new license)?

Assess barriers and enabling policies to effective local system data flow up to community, regional, and federal levels to enhance planning and response. How were data shared (and not shared) with researchers to increase learning?

Evaluate the financial impact of COVID-19 on primary care practices, hospitals, and health systems in the short term (which may influence Congressional action) and long term (e.g., Will COVID-19 increase the rate of rural hospital closures?).

Which federal, state, and municipal policies are helping and which are not? What additional flexibility is needed and what is the impact?



Top 5 Topics in Collaboration and Coordination

Assess health system approaches to working collaboratively with public health to address immediate needs and sharing of workforce, facilities, PPE, medicines and testing capabilities.

To what extent are providers (and payers) that would otherwise compete with each other collaborating/cooperating? What are the enablers and barriers for these collaborations? What are the long-term implications?

Evaluate factors driving effective collaboration across systems (e.g., integrated health care delivery systems, provider networks, academic medical centers, health departments, VA, community-based organizations, faith-based organizations) in diverse communities.

Identify effective strategies for engaging trusted partners and community connectors and facilitating community connections to meet individuals' needs.

How are health systems coordinating care in collaboration with other care settings, especially those with large elderly populations?



Cross-Cutting Theme: Health Equity and Disparities

- What are we learning as a result of the rapid change in the use of virtual monitoring and telecommunications to improve care, and not worsen disparities?
- What are the patient, provider, and system-level factors driving disparities in COVID-19 testing, treatment, and outcomes?
- What is the pattern of adoption of promising treatments and what disparities emerged in their clinical or experimental use?
- Evaluate the impact on and lessons learned about care for vulnerable populations (e.g., disproportionate impact on access to care).

Cross-Cutting Theme: Data and Measurement Challenges

- Data quality and consistency
 - Consistent use of data and measure definitions and standards
- Need for a variety of methods
 - Mixed methods, qualitative, and quantitative approaches
 - Apply framework and tools of dissemination and implementation research
- Rapid development of new data collection tools, inc. PROs
- Importance of cross-system research
- Leverage existing data:
 - Population health surveillance
 - Clinical registries
 - Health system data assets

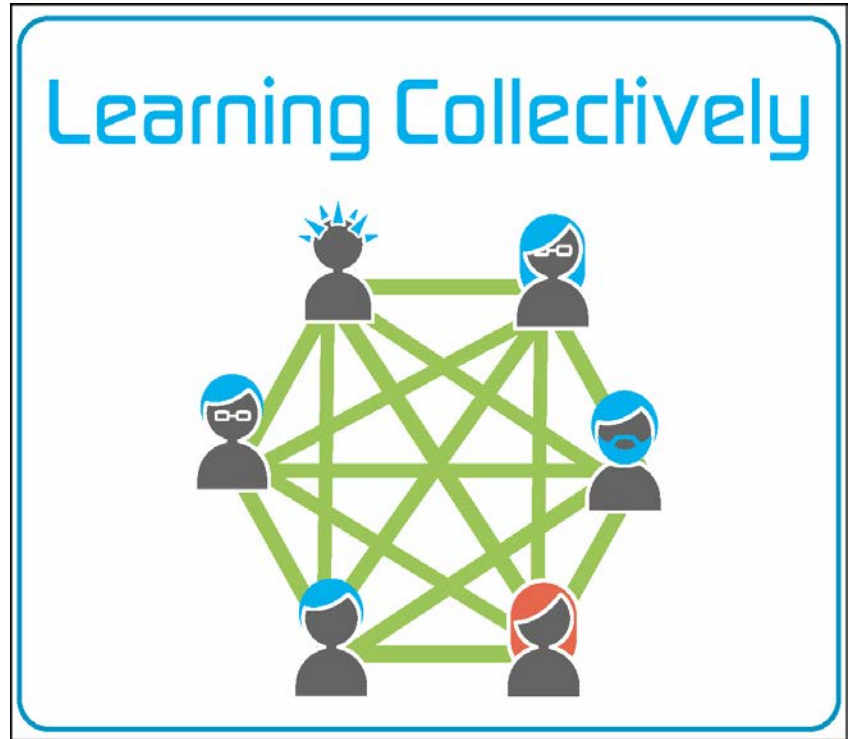


Reflections

- Connecting evidence to decision makers—when and how they need it
- Expanding scope of HSR
- Complex challenges call for diverse perspectives, expertise, and methods

Role of Collaborative Science

- With individual investigator pursuits to study common issues, should we think about how to collaborate across studies to accelerate progress and ensure a higher level of overall learning?

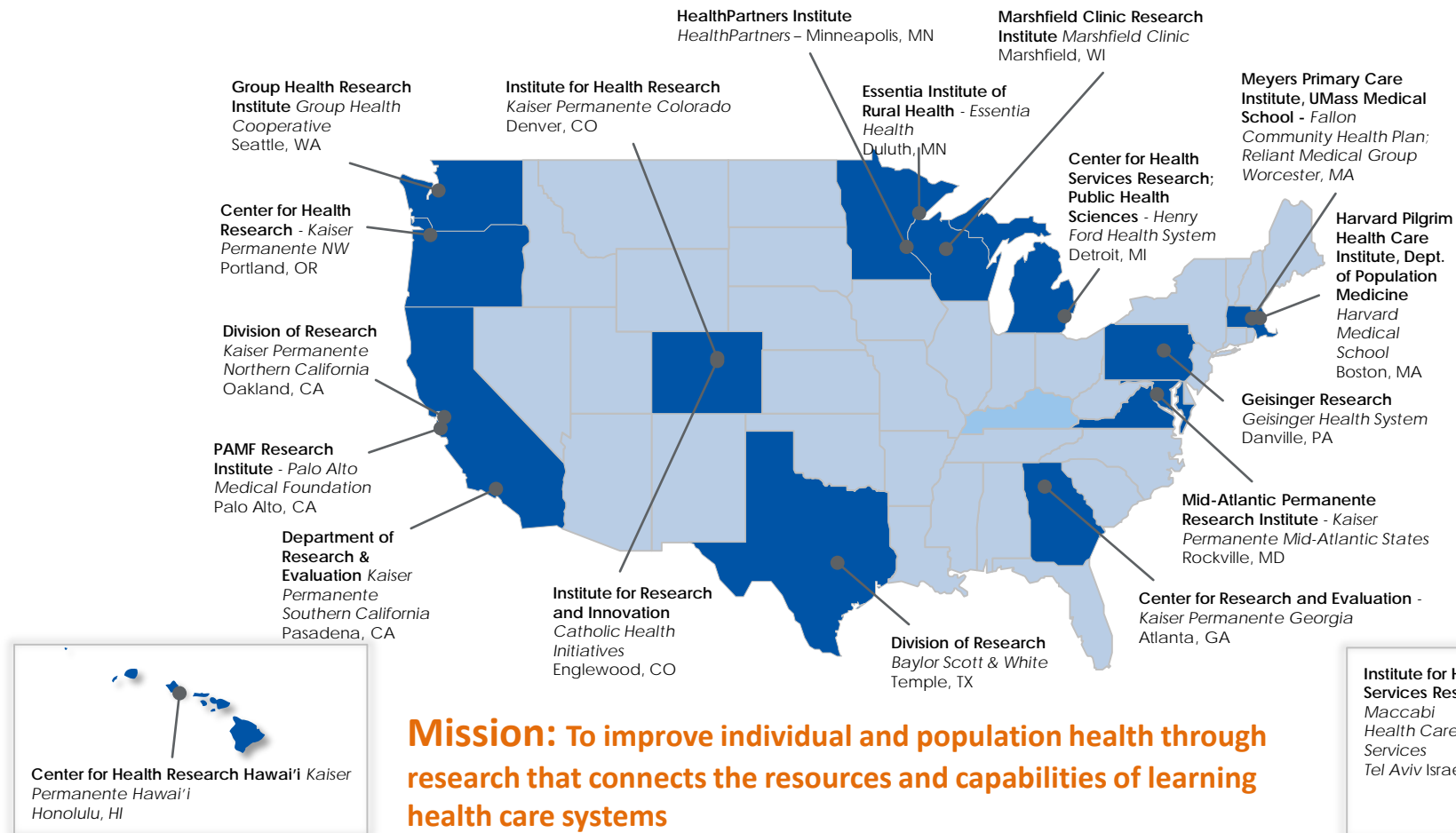




Building on This Effort: What Has Happened Since

- Dissemination to funders
- Responding to inquiries
- Influencing research agendas
- Focus on equity and disparities
- Community of Practice in partnership with HCSRN

Health Care Systems Research Network



Mission: To improve individual and population health through research that connects the resources and capabilities of learning health care systems



Goals of the LHS Interest Group

- To create a community of cross-sector stakeholders actively engaged in evolving LHS and delivery system science efforts that rely on real-world evidence.
- To leverage, link, and organize disparate efforts into a cohesive structure that supports LHS advances (e.g., AH DSSF, AHRQ-PCORI LHS K12, VA, NAM, NIH, private sector, public health) in research, policy, and practice.
- To provide a platform for shared learning about structure, strategy, training, advanced methods, and data sources that promotes evidence-based applications in LHS environments.



Current Activities

- Established a COVID-19 Community of Practice
 - Partnership between Health Care Systems Research Network and AcademyHealth
 - Open forum
 - Fridays (3 p.m. ET)
 - You can [learn more and register here.](#)



Your Thoughts

- What have we missed?
- What else could HSR do?
- What are the expanding opportunities for public health and HSR cooperative science?
- Who else should be involved?