Improving the Quality, Safety and Value of Patient Care through Evidence-based Practice: A Multidisciplinary Regional Forum

Purpose
The University of Pennsylvania Health System (UPHS) Center for Evidence-based Practice is hosting a multidisciplinary forum to explore how payors, providers, researchers, policymakers and the biomedical industry can work together to improve the quality, safety and value of patient care in the Philadelphia region through evidence-based practice.

Sponsors
The forum is co-sponsored by The Health Care Improvement Foundation, Leonard Davis Institute of Health Economics, Wharton Center for Health Management and Economics, and University of Pennsylvania School of Medicine's Office for Corporate Alliances. The conference is generously supported by the UPHS Office of the Chief Medical Officer and the University of Pennsylvania University Research Foundation.

Objectives
1) To explore how medical evidence is used in different sectors of our healthcare system (e.g., how payors use evidence in coverage decisions; how the biomedical industry uses evidence in decisions to conduct post-marketing studies; how policymakers use evidence in decisions regarding funding, publishing, and performance measure development)
2) To explore how different healthcare system sectors might work together using evidence as a common basis to improve the quality and value of patient care
3) To brainstorm how we might start to develop a common agenda to accomplish this in the Philadelphia region

Organization
The forum is organized into three sessions, each of which will address a separate conference objective. The first session “Finding Common Ground in Evidence” examines how different healthcare sectors incorporate evidence into their daily decisions and operations. The second session “Applying What Works and Measuring Success” examines how these different types of organizations might work with health care providers to improve patient care quality, safety and value through evidence-based practice. The final session “Moving Forward in Our Region” explores how the different sectors of our regional healthcare system can collaborate to advance evidence-based practice, using the issue of transitions of care as a focal point. Each session will open with a brief topic overview, followed by an interactive panel discussion addressing targeted questions, and ending with extensive audience participation through Q&A.

Audience
The audience of the forum will be limited to regional healthcare leaders, including executive and medical leaders in payor, purchaser, provider, policymaking and biomedical industry organizations. Panels will consist of national health care leaders who will serve as resources for ideas and discussion among the audience of regional healthcare leaders.

Panelists
Policymakers
- David Blumenthal, MD, MPP, Director, Institute for Health Policy and Samuel O. Their Professor of Medicine, Harvard Medical School
- Carolyn Clancy, MD, Director, Agency for Healthcare Research and Quality
L. Gregory Pawlson, MD, MPH, Executive Vice President, National Committee for Quality Assurance

Stephen C. Schoenbaum, MD, MPH, Executive Vice President for Programs, The Commonwealth Fund

Donald F. Schwarz, MD, MPH, MBA, Deputy Mayor of Health and Opportunity and Health Commissioner for the City of Philadelphia

Harold C. Sox, MD, Editor, Annals of Internal Medicine

**Payors**

Bruce E. Bradley, MBA, Director, Health Care Strategy and Public Policy, General Motors Corporation

Troyen Brennan, MD, MPH, Chief Medical Officer, Aetna

Allan M. Korn, MD, Chief Medical Officer, Blue Cross Blue Shield Association

I. Steven Udvarhelyi, MD, Senior Vice President and Chief Medical Officer, Independence Blue Cross

Barbara J. Connors, DO, MPH, Chief Medical Officer, Region III, The Centers for Medicare and Medicaid Services

**Biomedical Industry**

Stephen J. Boccuzzi, PhD, MBA, Vice President, Evidence Based Medicine, Sanofi-Aventis

Peter Juhn, MD, MPH, President, Therapeutic Resource Centers, Medco Health Solutions

Newell McElwee, PharmD, MSPH, Vice President, Evidence-based Strategies, Medical Division, Pfizer Inc.

David Sugano, DrPH, Vice President, Health Outcomes and Economics, Schering-Plough

Steven Teutsch, MD, MPH, Executive Director, Outcomes Research and Management, Merck

**Topic Presenters**

Patrick J. Brennan, MD, Chief Medical Officer and Senior Vice President of the University of Pennsylvania Health System and Professor of Medicine, University of Pennsylvania School of Medicine, will open the forum with a presentation on systematizing evidence-based practice at UPHS.

J. Sanford Schwartz, MD, Leon Hess Professor of Medicine and Health Management & Economics, University of Pennsylvania School of Medicine and The Wharton School, will open the first session with a presentation on value-based health care.

Brent C. James, MD, MS, Executive Director, Institute for Healthcare Delivery Research, Intermountain Health Care, will open the second session with a presentation on collaborative opportunities for applying evidence.

Mary D. Naylor, PhD, RN, Director, NewCourtland Center for Transitions and Health, and Marian S. Ware Professor in Gerontology at the University of Pennsylvania School of Nursing will provide a focal point for our discussion around collaboration by opening the third session with an overview of the topic "transitions of care."

**Moderators**

Patrick J. Brennan, MD, Chief Medical Officer and Senior Vice President of the University of Pennsylvania Health System and Professor of Medicine, University of Pennsylvania School of Medicine

Mark V. Pauly, PhD, Bendheim Professor Health Care Systems, Insurance & Economics, The Wharton School
Richard P. Shannon, MD, Chair of the Department of Medicine and Frank Wistar Thomas Professor of Medicine, University of Pennsylvania School of Medicine

Brian L. Strom, MD, MPH, Vice Dean for Institutional Affairs, Director, Center for Clinical Epidemiology and Biostatistics, Chair, Department of Biostatistics and Epidemiology, George S. Pepper Professor of Public Health and Preventive Medicine, Professor of Biostatistics and Epidemiology, Medicine, and Pharmacology, University of Pennsylvania School of Medicine and Senior Advisor to the Provost for Global Health Initiatives, University of Pennsylvania

Sankey V. Williams, MD, Chief of the Division of General Internal Medicine and Sol Katz Professor of Medicine, University of Pennsylvania School of Medicine

Date and Location
Friday June 6th 2008 8:00A-4:30P
Hall of Flags at Houston Hall
University of Pennsylvania
3417 Spruce Street
Philadelphia, PA 19104

Cost
There is no fee for conference registration.

Background/Rationale:
In the Philadelphia region, medical centers are at the hub of health care delivery, the biomedical industry supplies most of the tools used, and purchasers and payors finance the system. Though these stakeholders often differ in their goals and incentives, our regional healthcare system will improve only if these groups work collaboratively towards the common goal of improving the quality, safety and value of patient care. Evidence-based medical care provides a common foundation to promote collaboration.

By initiating a broad dialogue with all parties around evidence-based practice, medical centers can begin to build relationships and infrastructures to support and improve the quality, safety and value of patient care. In this vein, the UPHS Office of the CMO in July 2006 limited on–site industry marketing activities while increasing collaboration with industry on developing medical evidence and facilitating evidence based medical care. A newly developed UPHS Center for Evidence-Based Practice summarizes scientific evidence for UPHS decision making about high impact drugs, devices and processes of care, and is charged with building evidence-based collaborative enterprises with industry and payors.
Program organizers
Craig A. Umscheid, MD, MSCE
Co-Director, Center for Evidence-based Practice
University of Pennsylvania Health System
Co-Director, CTSA Health System Informatics Core
Assistant Professor of Medicine
University of Pennsylvania School of Medicine

Kendal Williams, MD, MPH
Director, Center for Evidence-based Practice
Service Chief, Penn Presbyterian Department of Medicine
University of Pennsylvania Health System
Clinical Assistant Professor of Medicine
University of Pennsylvania School of Medicine

J. Sanford (Sandy) Schwartz, MD
Leon Hess Professor of Medicine and Health Management & Economics
School of Medicine and The Wharton School
University of Pennsylvania

Patrick J. Brennan, MD
Chief Medical Officer and Senior Vice President
University of Pennsylvania Health System
Professor of Medicine
University of Pennsylvania School of Medicine
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<td>CLOSE: Summary of findings and next steps</td>
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<td>Craig A. Umscheid, MD, MSCE, Assistant Professor of Medicine and Co-Director, UPHS Center for Evidence-based Practice</td>
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Session I "Finding common ground in evidence"

Questions for payors

- What factors most support your use of evidence-based medicine? What factors create the greatest challenges to your use of evidence-based medicine?
- What processes are utilized to incorporate evidence into coverage decisions? How do you decide when to incorporate evidence into decisions? How might evidence-based medicine be used to reimburse claims? How might evidence-based medicine be used to deny claims?
- How do you use incentives to support evidence-based practice? Do you anticipate any changes in the next 6 months? in the next 5 years?
- What is your approach to new technologies with great potential but marginal evidence? Do you anticipate any changes in the next 6 months? in the next 5 years?
- Each sector has an “evidence threshold” above which they will begin to act. These levels are different for the different sectors.
  - What level of evidence do you consider an “actionable” level of evidence for drugs? Devices? (for example, at what level do you decide to reimburse)
  - What are your most common challenges in deciding upon an actionable level of evidence?
  - Where do you perceive the most differences between the other groups in the forum in determining what is an “actionable” level of evidence? Where are there convergences?
  - What suggestions do you have for collaboratively working to agree upon the evidence for specific drugs and devices?
- What ways have you or organizations like yours successfully worked with medical centers to implement evidence-based practice? What ways have been less than successful?
- What ideas might you or your organization have for working with medical centers to implement evidence-based practice?
- How might organizations like yours benefit from working with medical centers to implement evidence-based practice? How might you be harmed?
- What policy or organizational changes at medical centers will best allow organizations like yours to support evidence-based practice?
- If you were the chief executive of a medical center, how might you reach out to organizations like yours to support evidence-based practice?

Questions for biomedical industry

- What factors most support your use of evidence-based medicine? What factors create the greatest challenges to your use of evidence-based medicine?
- How are incentives aligned to allow you to support evidence-based practice? How are they aligned to discourage support for evidence-based practice? How might they be better aligned to support evidence-based practice?
- What type of marketing most supports evidence-based practice? most hinders evidence-based practice?
• How do you use evidence to make decisions about drug development? drug promotion? post-marketing studies? This could include decisions regarding changes in drug development, drug promotion, or even pulling drugs from the market.

• How do you decide to support research necessary to fill critical evidence gaps? How do you decide to forego research necessary to fill critical evidence gaps?

• How do you decide where and with whom to share proprietary data to improve evidence-based practice?

• Each sector has an “evidence threshold” above which they will begin to act. These levels are different for the different sectors:
  − What level of evidence do you consider an “actionable” level of evidence for drugs? Devices? (for example, what level of evidence do you need to market a drug, or pull a drug from the market?)
  − What are your most common challenges in deciding upon an actionable level of evidence?
  − Where do you perceive the most differences between the other groups in the forum in determining what is an “actionable” level of evidence? Where are there convergences?
  − What suggestions do you have for collaboratively working to agree upon the evidence for specific drugs and devices?

• What ways have you or organizations like yours successfully worked with medical centers to implement evidence-based practice? What ways have been less than successful?

• What ideas might you or your organization have for working with medical centers to implement evidence-based practice?

• How might organizations like yours benefit from working with medical centers to implement evidence-based practice? How might you be harmed?

• What policy or organizational changes at medical centers will best allow organizations like yours to support evidence-based practice?

• If you were the chief executive of a medical center, how might you reach out to organizations like yours to support evidence-based practice?

Questions for policymakers

• When do funders or publishers use systematic reviews to support research necessary to fill critical evidence gaps? Which resources do funders or publishers rely on most to recognize critical evidence gaps?

• How might funders or publishers support practical clinical research designed to measure the effectiveness and safety of drugs, devices, or processes of care?

• What processes are utilized to incorporate evidence into performance measures used in public reporting or for reimbursement or accreditation? How do you decide when to incorporate evidence into these measures?

• Each sector has an “evidence threshold” above which they will begin to act. These levels are different for the different sectors.
What level of evidence do you consider an “actionable” level of evidence for drugs? Devices? (for example, at what level do you decide to recommend a drug, or fund a study)

What are your most common challenges in deciding upon an actionable level of evidence?

Where do you perceive the most differences between the other groups in the forum in determining what is an “actionable” level of evidence? Where are there convergences?

What suggestions do you have for collaboratively working to agree upon the evidence for specific drugs and devices?

- What ways have you or organizations like yours successfully worked with medical centers to implement evidence-based practice? What ways have been less than successful?
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- If you were the chief executive of a medical center, how might you reach out to organizations like yours to support evidence-based practice?

**Session II "Applying what works and measuring success"**

- What ways have you or organizations like yours successfully worked with medical centers to implement evidence-based practice? What ways have been less than successful?
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**Session III "Moving forward in our region"**

- Is there a need for local evidence-based groups to adapt national evidence-based policy for local consumption, or to develop local evidence-based policy where need be? How might this be organized?
- Are there incentives for regional AMCs to work together?
- How might local legislation or funding to support EMR interoperability enable practical effectiveness research where need be? How likely is this support, and how might we secure it?
- What opportunities exist for using or sharing local data to answer high priority clinical questions?
- Do local performance measures need to be vetted by national or local evidence-based groups? Is this already done? If so, how, and by whom?
• As observational studies are key to measuring the impact of initiatives to improve patient care quality, safety and value, how might regional efforts confront regulatory barriers to the efficient implementation, measurement and reporting of observational studies?

• What might best serve as a nidus for regional cooperation? If we were to hold a "bake-off" or DARPA-like challenge focused on a clinical priority, what might that priority be?