



Practically Speaking

Making Research Relevant & Ready

The Donaghue Foundation Newsletter: Focused on research and knowledge uptake initiatives.

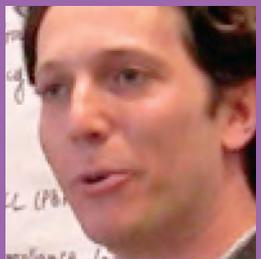
INSIDE THIS ISSUE



PAGE 3
Choosing Wisely® in Connecticut



PAGE 4
R3 at the Hastings Center



PAGE 6
Behavioral Economic Research Grants

PAGE 2
Trustees Letter

PAGE 3
Another Look Awardees

PAGE 5
AMCC Grant Update

Practically Speaking is published three times a year by the Donaghue Foundation to communicate its grantmaking and knowledge uptake activities. Readers are welcome to contact the Foundation office for more information about the work of the Donaghue Foundation by calling 860.521.9011 or by sending an email.

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New Grant Programs

During 2014, Donaghue will begin two new programs:

The Linking Evidence and Practice Portfolio will help Donaghue to fulfill its mission to fund research that will be of practical benefit in improving health by focusing on creating and supporting opportunities that connect research evidence and evidence creators with healthcare policy, health systems and practice leaders. The Linking Evidence and Practice Portfolio will place special emphasis on advancing the work of Donaghue grantees and on efforts to improve health and healthcare in Connecticut.

Donaghue has engaged in this work for the past several years, but establishing this new program will coordinate the Foundation's effort into the following areas:

- Convene and connect end users to researchers and researchers to resources that will assist them in scaling their intervention.
- Disseminate and communicate by using Donaghue communication platforms to promote grantees' stories, lessons learned, and information and resources about scaling.

- Lead and participate in projects that advance the uptake of evidence to improve health with local and national organizations, participate in projects whose aims are to advance the application of research to improve health; partner with organizations whose missions align with Donaghue's interests in improving health in Connecticut.
- Sponsor seminars and conferences with select partners whose purpose advances Donaghue's mission.
- Provide technical assistance to grantees to assist with sustainability and "next steps" issues.

Along with significant staff resources, the Foundation will devote up to \$100,000 a year to this program.

Developing Public Trust in the Use of Patient Data for Medical Research

Also during this year, Donaghue will devote \$1 million to support up to four research studies on public perception or opinions regarding the ethical use of patient health care data in medical — story continues on back cover



Lynne Garner, PhD, President and Trustee and Amy R. Lynch, JD, U.S. Trust, Bank of America, Trustee

“...the focus of the research for this cycle of *Another Look* is improving the health of elders in care facilities, but by the end of the year we will announce a second topic for the *Another Look* program.”

Letter from the Trustees

Dear Friends,

We’re excited that Donaghue is in the process of rolling out new grant programs. Our first new grant program in some time — the R3 program — is in its second cycle and has been a great success. We’re learning quite a bit from it and feel that it’s an appropriate way to put that “practical benefit” part of the Foundation’s purpose into high gear.

Last year we began *Another Look* and have recently opened the second cycle in that program with letters of intent for this grant program due in May. As before, the focus of the research for this cycle of *Another Look* is improving the health of elders in care facilities, but by the end of the year we will announce a second topic for the *Another Look* program. Keep watching our newsletters and, of course, we’ll send an email announcement to everyone on our mailing list describing this new grant opportunity.

Later this year we’ll also announce a one-time grant program in *Developing Public Trust in the Use of Patient Data for Medical Research*. This is a lead-in to a longer-term grant program that will be based on using big data to promote research that has the potential to produce high-value results.

Finally, we remain committed to working with researchers and health-related organizations in Connecticut and beyond to bring health and healthcare evidence into practice. This group of grant programs and other Foundation-led activities will be largely supported by Donaghue staff and will use opportunities to partner with other organizations.

Throughout 2013, Donaghue staff and trustees had many conversations with individuals and groups about the best funding opportunities for the Foundation going forward. We are indebted to all who engaged in these conversations with us because they were extremely helpful, and we want to extend a big “thank you!” to all who participated with us in these discussions.

Amy R. Lynch, JD
U.S. Trust, Bank of America, Trustee

Lynne Garner, PhD
President and Trustee

Trying to Resolve the Paradox

The Connecticut Council for Philanthropy, Donaghue, and the Connecticut Association of Nonprofits sponsored a half-day meeting on “Mobilizing a Multi-Sector Approach to a Healthier America: Resolving the “spend more/achieve less” paradox” at the Hartford Public Library on January 24. The meeting centered on a discussion by Elizabeth H. Bradley, PhD and Lauren A. Taylor, MPH of their recent book *The American Health Care Paradox — Why Spending More is Getting Us Less*. Department of Public Health Commissioner Jewel Mullen, MD and James O’S. Morton, Esq, President and CEO of the YMCA of Greater Hartford, provided local perspectives on the paradox documented by Bradley and Taylor.



“Paradox” authors Laurel Taylor, Elizabeth Bradley with meeting organizers Nancy Yedlin (Donaghue) and Maggie Osborne (Connecticut Council for Philanthropy)



Choosing Wisely® in Connecticut

Donaghue has joined with other philanthropies, physician organizations, businesses and state government to encourage the widespread adoption of *Choosing Wisely*®, an initiative of the ABIM Foundation in partnership with Consumer Reports. *Choosing Wisely*® aims to promote conversations between physicians and patients on how to choose care that is supported by evidence, not duplicative of other tests or procedures already received, free from harm, and truly necessary.

The Connecticut *Choosing Wisely*® Collaborative, lead by Donaghue's Nancy Yedlin, began with informal conversations among representatives of the Center for Primary Care Research, Connecticut Business Group on Health, Connecticut Health Foundation, Office of the Health Care Advocate, and Universal Health Care Foundation of Connecticut, Inc. Since its initial phase, CCWC is seeking participation from other organizations working to improve healthcare in Connecticut. In addition to these Connecticut stakeholders, the CCWC effort is being supported by the Campaign Leadership at the ABIM Foundation and *Consumer Reports*. The ABIM Foundation has worked with over 50 medical specialty societies as they identify ways to promote more effective use of healthcare resources. *Consumer Reports* has used its time-



An initiative of the ABIM Foundation

tested method of disseminating easy-to-understand information to consumers to encourage conversations on how to work with physicians to wisely choose testing and treatment options.

The immediate tasks of the CCWC are to conduct research on how to promote consumer engagement and shared decision-making and to reduce harm and waste; identify opportunities for and barriers to implementing CW in Connecticut, including which recommendations to focus on; and create a high level plan for implementing and evaluating selected pilots.

To get a better idea of how *Consumer Reports* is working on this initiative, we asked Dominic Lorusso, Associate Director of Health Partner Development, to describe their work with the ABIM Foundation and CCWC.

What is the main function of *Consumer Reports* in the *Choosing Wisely*® campaign nationally?

Consumer Reports is designated as the official "consumer communicator" of the campaign. We strive to encourage conversations between health care providers and consumers about overuse or misuse of medical tests, treatments, and procedures that may provide little benefit and, in some cases, may cause harm. To help with these important conversations, *Consumer Reports* provides engaging, easy-to-read, vetted resources to 40 national and regional consumer partners and *Choosing Wisely* grantees to the general public. Additionally, *Consumer Reports* works with these partners to develop methods to disseminate messages to each of their audiences. This can include creating and

— story continues on page 7

Another Look Grant Program Awardees

The Donaghue Foundation is pleased to announce the winners of the first cycle of its *Another Look: Better Health for Elders in Care Facilities* grant program. *Another Look* was established to provide funding for health-related research projects that can improve the quality of care and the quality of life for the elderly population in nursing homes or other care facilities. Specifically, this program invites researchers interested in addressing a particular problem affecting the elderly population in care facilities to analyze data that already exist to address their research question. In addition, researchers applying for this grant must identify a stakeholder in the care delivery or policy arena with whom they will either consult or collaborate and who is willing to work with the researcher to develop a research product that may be readily used to improve care or quality of life.

A second cycle of *Another Look: Better Health for Elders in Care Facilities* will be held in 2014. Information about the required letter of intent, due May 10, and a full description of the program are on the Foundation's website donaghue.org.

Grantees from the 2013 cycle are:

Lisa Barry, PhD

University of Connecticut Health Center Stakeholder Organization: Connecticut Department of Mental Health and Addiction Services and Connecticut Department of Corrections

"A Community-based Skilled Nursing Facility for Difficult-to-Place Residents"

In partnership with the Connecticut Department of Mental Health and Addiction Services and the Connecticut Department of Correction, this project will evaluate quality-of-care and quality-of-life outcomes of patients who moved to a specialized skilled nursing facility for patients with serious mental illness and aging inmates from psychiatric or corrections facilities. Evidence generated through this research project will benefit the Connecticut's Department of Mental Health and Addiction Services and Department of Correction and its patients by identifying particular issues that make transfer to a specialized facility more beneficial to overall patient health and well-being. Findings from this evaluation will also inform the development of an evidence-based model for establishing specialized skilled nursing facilities for difficult-to-place patients in other states.



Randi Berkowitz, MD

Institution Commonwealth Care Alliance Stakeholder Organization: Northeast University
"Skilled Nursing Facility Shared Savings Plan"

Commonwealth Care Alliance researchers from Northeastern University's Healthcare Systems Engineering Institute will build a financial model that health plans, hospitals, government, and accountable care plans could use to incentivize nursing homes to lower unnecessary hospitalizations by providing higher quality acute care in skilled nursing facilities. This financial incentive plan may be an approach that other healthcare systems could adapt for their partnerships in the new healthcare system evolving in our country. For frail patients in skilled nursing facilities, aligning payment with value will be critical to ensuring that healthcare

— story continues on page 5

R3

at The Hastings Center Making Research Relevant & Ready

The Hastings Center, an independent bioethics research institute that addresses fundamental and emerging issues in the areas of healthcare, biotechnology and the environment, is one of the six grant recipients in the first round of the Donaghue’s R3 program. With Donaghue funding in 2006, Hastings updated and revised its *Guidelines on End of Life Care* for clinicians and health care policy makers that was originally developed in 1987; the current version takes into account new research and developments influencing end of life decisions in important fields such as palliative care, disability rights, and family engagement.

Donaghue’s R3 grant to Nancy Berlinger, PhD, MDiv, a Research Scholar at The Hastings Center, is aimed at assisting the Center with its goal of connecting the new edition of *The Hastings Center Guidelines* with health care professionals responsible for the care of patients facing decisions about life-sustaining treatment and/or nearing the end of life. Berlinger was particularly interested in reaching those clinicians and policy makers who don’t “self-identify” as end of life specialists but who, in fact, have significant interactions with patients and families at these critical times.

R3 monies enabled the Center to hire John Weiser and Mike Burns of BWB Solutions to help Berlinger and her team identify potential new users of the *Guidelines*, understand, how they view their roles and how to engage and support them in their interactions with patients and families. Using the results from interviews and focus groups with clinicians and provider organizations, Berlinger will be able to develop targeted strategies to ensure that practitioners will know about the *Guidelines*, how to access them, and find the *Guidelines* helpful with patient care.

The outreach done through the R3 grant is already yielding potential new provider partnerships for the Hastings Center that will ensure the *Guidelines* are widely disseminated and used to improve End of Life care.

We asked the Hastings leadership, the BWB consultants, and the Society of Hospital Medicine, a potential partner for The Hastings Center in implementing the *Guidelines*, to offer their perspectives on the R3 grant. Here is what they had to share.



Nancy Berlinger



Gregory Maynard



John Weiser

From Nancy Berlinger, The Hastings Center

There are no simple solutions to improving health care near the end of life. Even when the research and consensus is solid — this is the right thing, or the better thing, to do and this is the problem to avoid — we know that social change is difficult, inside and outside of clinical settings. By enabling scholars to partner with consultants with deep knowledge of, and empathy with, the reality of clinicians and clinical work, the R3 grant program helped us to identify which audiences were truly potential partners, in that they were already involved in social change, understood the challenges, and had built an educational platform that our partnership could develop. At the start of this project, based on our *Guidelines* research, I knew that hospitalists were integrally involved in care near the end of life. Through this project, I have learned so much more about how this profession can be educated and supported to effect social change on behalf of, literally, millions of patients: 2.5 million people die in the U.S. each year, and most will spend time in a hospital. It has been truly exciting to work with and learn from our colleagues at BWB and at the Society of Hospital Medicine, and at other professional societies, and to understand the complexity and the necessity of our common goals.

From John Weiser, BWB Consultants

Working with the Hastings Center on the R3 project has been a uniquely rewarding professional experience. The issue that the *Guidelines* seeks to address is tremendously important as the American population “grays,” and the Center staff are both deeply knowledgeable and highly committed to their mission.

But the work was challenging as well, due to the highly diverse nature of the medical field. The Hastings Center’s extensive network

enabled us to find and conduct group and individual interviews with individuals who were well-placed to give us insight into the needs and experiences of a range of specialties. We could then develop recommendations on where and how the Hastings Center should focus its marketing and communications efforts and which potential partnerships might be most appropriate for bringing the *Guidelines* to specific medical specialties. The fact that the Hastings Center has been able to move forward effectively with our recommendations to reach new audiences has been for us a highly satisfying conclusion to the project.

From Gregory Maynard, MD, MSc, Chief Medical Officer, Society for Hospital Medicine

Together, the Society of Hospital Medicine (SHM) and the Hastings Center can enhance outcomes for both caregiver and patient and improve end-of-life care. As the national professional medical society for hospitalists and hospital medicine, SHM recognizes that hospitalists are optimally positioned to both initiate and facilitate these critical conversations with patients. Yet fundamental systemic, institutional and cultural barriers often interfere with hospitalists’ ability to successfully conduct these essential discussions. *The Hastings Center Guidelines of End-of Life-Care* provide tangible and implementable evidence-based guidance to clinicians to both inform and support culture change and practice to achieve more favorable patient outcomes. SHM can partner with the Hastings Center to build tools that translate these guidelines into targeted training for hospitalists. Equipped with the new *Guideline*-based toolkit, hospitalists are poised to enhance their impact and effectively address many of the common impediments to improving the quality of end-of-life care.

AAMC Grant Update

In 2013, Donaghue entered into an agreement with the Association of American Medical Colleges to study a new approach to stimulate and enhance the creation of learning health systems within medical schools and teaching hospitals. The goal of these new learning systems is to facilitate sustainable partnerships between research communities and teaching hospitals and health systems to use evidence from research to improve quality, safety, equity, and system effectiveness. With this four-year, \$600,000 grant, two pilot projects will facilitate incorporating research findings into clinical care and then conducting an evaluation of the impact of these two projects.

Electronic Health Record Simulation to Improve Communication and Reduce Errors in the ICU.

Jeffery A. Gold, M.D., Oregon Health & Science University. In this study, Gold's team will use simulation to test how all members of the interprofessional care team access patient information in the electronic health record in the ICU. They will specifically test whether team members can identify patient safety issues and concerning trends in the patient's condition. They will finally integrate the EHR with its simulated cases, into a full ICU rounding simulation, to test effective information gathering, recognition of patient safety issues and interprofessional communication.

Bridging the Gap between Operations, Research, and Education: Integrating the HEART Pathway to Improve the Quality and Efficiency of Care for Patients with Acute Chest Pain.

Simon A. Mahler, M.D., M.S., Wake Forest Baptist Medical Center. In this study, Mahler's team will test the use of a clinical decision aid and two serial blood protein (troponin) measurements (an approach called the HEART Pathway) to identify patients with chest pain who can safely be discharged without objective cardiac testing (stress testing or angiography). Their approach will build a transformative collaboration between research, education, and health systems operations to more effectively and efficiently provide patient care. The collaboration seeks to improve quality of care for patients with acute chest pain by integrating the HEART Pathway into cardiovascular care delivery at Wake Forest Baptist Medical Center.

Both projects exemplify collaboration between researchers and their health system to develop knowledge that will improve health care and facilitate improvement within their health system. The goal of this program is to stimulate innovative, interdisciplinary research that has the potential for near-term impact to improve health outcomes. These research projects facilitate collaborations among researchers and health system leaders including clinicians, hospital executives, and other clinical and interprofessional leaders, and involve interprofessional training. Anticipated outcomes



Tomorrow's Doctors, Tomorrow's Cures®

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include development of evidence to improve quality, safety, equity, and system effectiveness, and provide mechanisms for rapid adoption and implementation within the health care system.

Donaghue will continue to work with AAMC to participate in consultations to pilot project awardees and in presentations to the AAMC members by the awardees. AAMC will be working with two of its communities — the Research on Care Community, which represents the health research component of a learning health system, and the Chief Medical Officers Group, which represents the clinical implementation and management component of the learning health system — to conduct the competitive grant program for the two pilot project, monitor their progress, evaluate the changes they have made, and disseminate the findings among the AAMC ROCC members (information about the ROCC can be found at www.aamc.org/initiatives/rocc).

Another Look Grant Program Awardees — *continued from page 3*

resources will be provided to meet patients' acute care needs while in skilled nursing facilities settings.

Lew Lipsitz, MD

Beth Israel Deaconess Medical Center

Stakeholder Organizations: Fourteen nursing homes in Massachusetts and Maine

“Evaluating the ECHO-AGE: Remote Video-Consultations for NHS”

Although nursing homes care for some of the nation's most disabled and medically complex elderly people, most of these facilities lack access to geriatric medical expertise. This study will systemically analyze the true impact of the ECHO-AGE intervention that provides specialized geriatric services by teletechnology. By comparing changes in antipsychotic medication use and rates of New York resident participation in activities, disruptive behaviors, functional decline, falls, pressure ulcers, and restraint use in 14 participating nursing homes and 28 matched control facilities. It will also provide a descriptive analysis of the outcomes of individual cases discussed during the ECHO-AGE sessions using the chart review database.

Joann Reinhardt, PhD

Jewish Home Lifecare

Stakeholder Organization: Jewish Home Lifecare
“Improving End of Life Care in a Nursing Home”

Conversations about end-of-life care and individual preferences about treatments are critically important, especially in the nursing home where progressive decline in end-stage disease is common. Previous research has documented poor end-of-life care in US nursing homes with family perception of quality in this setting ranking lowest regarding last place of care. However, informed decisions and person-centered care at end-of-life is possible with education and discussion about the burdens and benefits of treatments such as resuscitation, hospitalization, and artificial nutrition. By identifying the significant predictors of better end-of-life care outcomes using existing data from electronic medical records for all decedents, the relationships between predictors and outcome measures will be examined and the study's findings will be informative as to current strengths and weaknesses in clinical practice and outcomes for end-of-life care.

Jennifer Tjia, MD

University of Massachusetts Medical School

Stakeholder Organization: Massachusetts Senior Care Foundation

“Evaluating an Elder Care Resident Intervention”

The goal of this project is to conduct an evaluation of a statewide intervention in Massachusetts that aims to improve the quality of care and reduce antipsychotic medication use among elderly residents of nursing facilities. Despite evidence that antipsychotics increase the risk of death and stroke among persons with dementia, an estimated one-quarter to one-third of U.S. nursing home residents receive this type of drug, mostly for unapproved indications. Between August 2012 and August 2013, 111 nursing homes in Massachusetts were trained in the use of a promising staff-development program to improve skills in person-centered care for elderly residents with behavioral challenges. This study will conduct a rigorous evaluation to answer the question of whether this program is effective, improves resident-centered care, and should be adopted by other facilities. This research will fill an important gap in the evidence-base of how to improve the well-being and safety of elderly residents of nursing facilities.

Donaghue's Policy Advisory Committee

Since 1995, Donaghue has had a Policy Advisory Committee composed of individuals from various perspectives related to health care, philanthropy, or medical research who support the Foundation's trustees and staff by considering policy and program issues that are before the Foundation. By presenting their opinions and examples of related experiences, the committee members assist the Trustees in carrying out the testamentary intent of Ethel Donaghue, who established the Foundation. Policy Advisers serve four-year terms that can be renewed one time.

At the end of 2013, we had four members end their terms as Donaghue PAC members. It's always a bit difficult to have policy advisers step down from the committee at the end of a term, as staff and trustees find PAC members to be an important part of the Donaghue family.

This latest group of retiring PAC members served Donaghue in many other ways in addition to their role as a Policy Adviser:

Mike Rion, PhD

Mike was the chair of the policy advisory committee and also served as the moderator for Donaghue's first BeyondEureka! conference.

Cheryl Beck, DNSc

Clinical and Community Health Awardee and, after her award ended, a reviewer for that program; reviewer for the Donaghue Investigator Program; and Cheryl introduced Andrews' Lecturer Lee Woodruff

Nancy Angoff, MD

Three-year member of the Andrews Lecture Planning Committee

John Charde, MD

Reviewer for the Program for Research Leadership and Another Look grant programs

Beginning in 2014, Donaghue welcomed three new members to the PAC

Jean Larson

Director of Community Outreach and Education for Yale University Human Investigation Committee

Thomas Van Hoof, MD

Associate Professor
University of Connecticut School of Nursing

Heather Crockett-Washington, DDS, MPH

Chief Dental Officer, Community Health Center

A list of all Policy Advisory Committee members is on the Foundation's website donaghue.org/about-us.

The Robert Wood Johnson Foundation and Donaghue Offer **Second Round of Grants for Behavioral Economics Research**

The second round of behavioral economics research funded by Donaghue and the Robert Wood Johnson Foundation focuses on supporting experiments that test innovative solutions to the challenge of reducing the use of low-value services in health care. This topic is particularly important given the rising costs and unaffordability of health care in the United States, but has been difficult to change in part due to perverse incentives in a fee-for-service environment.

Both cycles of grants that Donaghue has funded with The Robert Wood Johnson Foundation, also in collaboration with the LDI Center for Health Incentives and Behavioral Economics at the University of Pennsylvania, encourage creative and rigorous tests of ways to apply behavioral economics principles to persistent and perplexing health and health care problems.



The six projects funded under this initiative will complement the work of the RWJF-supported *Choosing Wisely*® initiative (www.choosingwisely.org), launched by the ABIM Foundation and many of the nation's leading medical specialty societies. In partnership with *Consumer Reports*, *Choosing Wisely*® aims to help physicians and patients engage in conversations about the overuse of tests and procedures; it also supports physician efforts to help patients make smart and effective care choices. Applying behavioral economics to this challenge has the potential to support and extend this work by suggesting and testing approaches that encourage patients and physicians to choose wisely about which services to use.

Through this funding opportunity, the Robert Wood Johnson Foundation and Donaghue are particularly interested in funding proposals in which academic teams collaborate with an outside organization, corporation, or partner that has a population and/or an infrastructure that can be used to test promising behavioral economic approaches. This funding is intended to support initiatives that have real potential of being used by these organizations after the research phase should these initiatives prove effective. Each award was for approximately \$200,000 and for up to two years.



Robert Wood Johnson Foundation

Amber E. Barnato, MD, MPH and Rachel Sudore, MD

University of Pittsburgh and University of California, San Francisco
Consumer-Directed Financial Incentives to Increase Advance Care Planning Among Medicaid Beneficiaries

Richard G. Frank and Abigail Friedman

Harvard University
Behavioral Experiments in Improving Medicare Coverage Choices

Jeffrey Kullgren, MD, MPH

University of Michigan Medical School
Decreasing Overuse of Low-Value Health Care Services through Physician Pre-commitment

Mark Schlesinger, PhD and Rachel Grob, PhD

Yale University
Precommitment, Provider Choices and Forgoing Low-Value Health Care

Jeremiah Schuur, MD, MHS and Margaret McConnell, PhD

Brigham and Women's Hospital
Decision Fatigue in Emergency Department and the Use of Hospital Services

Mark E. Vogel, PhD and Scott D. Halpern, MD, PhD

Genesys Health Foundation and University of Pennsylvania
Behavioral Economics for Advanced Care Option



Behavioral Economics to Improve Health Conference

As a part of the Robert Wood Johnson Foundation-Donaghue “Applying Behavioral Economics to Perplexing Problems in Health and Health Care” grant program, RWJF funds a yearly conference that brings together the grantees with other behavioral economics experts to share in the latest research on using behavioral economics to improve health. The Center for Incentives and Behavioral Economics at the Leonard Davis Institute at University of Pennsylvania administers the overall grant program and hosted the conference. The most recent conference, held in November, had the previous cohort of the BE researchers describe their work so far and the 2013 awardees described their upcoming projects.

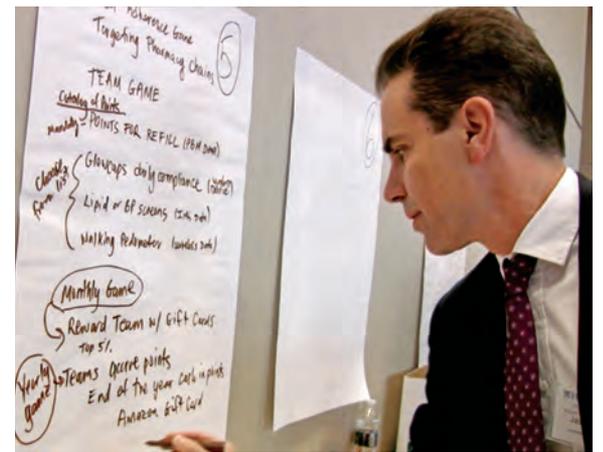
The keynote speakers for the conference included:

Michael Hallsworth from the UK’s Behavioral Insights Team, a governmental behavioral economics insights team with the goal of

improving the implementation of public policy and services.

Sendhil Mullainathan, Professor of Economics at Harvard University and founder of Ideas42, a non-profit that advocates for behavioral economic ideas being used in policy. Mullainathan discussed the difference between pilots for research compared to scalable pilots noting that:

- scale has to be considered from the beginning — not just at the end of the research,
- scale has to be considered in choosing the problem. (some ideas may be interesting for research but don’t really solve an important problem and therefore shouldn’t be scaled-up),
- delivery trumps all — so in creating a product you have to start with considering how it will be delivered, and



Jason Doctor

- impact comes later — you can’t expect to have significant impact on significant problems right away.

Daniel Wolfson from the ABIM Foundation described its work in developing and disseminating *Choosing Wisely*® (see article on page 3 on Donaghue’s role in the Connecticut *Choosing Wisely*® Collaborative).



Jason Doctor, Matthew Levy, Elizabeth Merrick

In addition, the conference featured an “abstract speed dating” session, where researchers took five minutes to present an idea they are working on and got feedback from their peers, and an “innovation tournament.” For the tournament, conference attendees worked in teams to develop ideas that leverage behavioral economic principles and involved working with commercial entities to help make people healthier. Each team presented their ideas and tournament participants voted for the best idea. To raise the stakes of the tournament, Amazon gift cards were awarded to the first, second and third place team members.

Choosing Wisely® in Connecticut — continued from page 3

customizing *Choosing Wisely*® websites, integrating “toolkits” into practice, creating videos, developing social media campaigns and more.

The rapid adoption of *Choosing Wisely*® among the physician specialty societies has been quite remarkable — what particular challenges has this created for *Consumer Report’s* role in this initiative?

The rapid growth of this campaign is exciting and, frankly, can be a bit overwhelming. Our process involves reviewing the society lists and identify one or two (in some cases, more) topics that we will write about. Generally, we choose those that will have the potential to provide the greatest impact to consumers. These are then assigned to our writers and enter into our editorial process. This process includes writers,

editors, the societies themselves, medical experts and our health literacy experts from University of California Berkeley’s Health Research for Action. As more topics enter into the pipeline, keeping track of them is a challenge. Additionally, our role is to work with our partners in supporting their dissemination efforts and techniques. With the increase in topics to cover, the demand for custom packages has become higher. Also, interest is higher than ever which causes demand. The *Consumer Reports* team supporting this campaign is small and the demand continues to increase. We work hard to avoid disappointing anyone and I am extremely proud of what we have been able to accomplish with such a small team.

Do you envision any particular opportunities in Connecticut for the wide-spread adoption of this campaign?

I do believe timing is right for implementation of this campaign in Connecticut. As the Connecticut Health Exchange continues to roll-out their implementation and as the SIM project unfolds, the interest and attention will never be higher for this type of communication campaign.

Has the *Choosing Wisely*® program changed how you engage as a health care consumer?

Oh yes, it has. Prior to my being involved in this campaign, I would never have thought about questioning a doctor or provider. With the tremendous amount of emphasis this campaign places on the conversation, I feel I am well versed and now comfortable being an active participant in mine and my family’s health care.



The Patrick and Catherine Weldon Donaghue Medical Research Foundation is

a charitable trust created pursuant to the will of Ethel F. Donaghue, late of West Hartford, Connecticut. The Foundation, which began operations in 1991, is governed by Bank of America and Lynne Garner, Trustees. The Foundation is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1986, is a private foundation within the meaning of Code Section 509(a), and is subject to the jurisdiction of the Probate Court for the District of West Hartford.



— continued from page 1

New Grant Programs



research and, in particular, in research that supports learning health systems (the Institute of Medicine defines “learning health systems” as a system that continuously and seamlessly uses health care data from across the entire system to answer important questions that matter to patients and their health care providers”).

The increased use of electronic health records can facilitate the use of clinical data collected from routine clinical encounters in research. Although not appropriate for all research questions, research designs that use this approach have many advantages over traditional research methods that prospectively collect data for use in a specific study - research findings are more generally applicable to a broader population and results can be obtained more quickly and at a lower cost.

However, not a lot is known about how patients and the public view this model of research and of what systems of oversight are best suited to reflect the concerns they may have. Therefore, Donaghue is requesting letters of intent for research on the following topics:

- Public perception or opinions regarding health care data being used in research; concerns or expectations expressed by patients, family members or the general public about health data being used in research, including expectations that medical practice is continually improved by evidence.
- The degree to which existing IRB policy and practice is well-suited to conduct ethical reviews of research that reflect patients’ concerns about the use of their health information in research and/or whether a new system of independent oversight is needed.
- Is a new concept of informed consent needed to support the ethical use of patient health records in research?

More information about this grant program will be available later in the year.