

THE INTEGRATED CARE EVALUATION
(ICE) PROJECT

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INTEGRATED CARE

- CAN WORK UNDER RCT CONDITIONS
- DOES IT WORK IN THE REAL WORLD?

TOWARD A NEW RESEARCH AND PRACTICE CHANGE PARADIGM

- Accumulating and Disseminating more RCT evidence is not the Answer
- What Integrated Care needs now:
Practice-based Participatory Research

WHAT IS PBPR?

- STANCE: WHAT DO YOU NEED TO KNOW, AND HOW CAN WE HELP?
- PURPOSE: CREATE A LEARNING SYSTEM
- PROCESS
 - ENGAGE STAKEHOLDERS
 - DESCRIBE EXISTING CLINICAL MODEL
 - ELICIT INFORMATION NEEDS
 - NEGOTIATE PROJECT DESIGN
- IN RCT, UNCONTROLLED VARIABILITY="ERROR"; IN PBPR, IT'S A SOURCE OF LEARNING

ICE PROJECT OVERVIEW

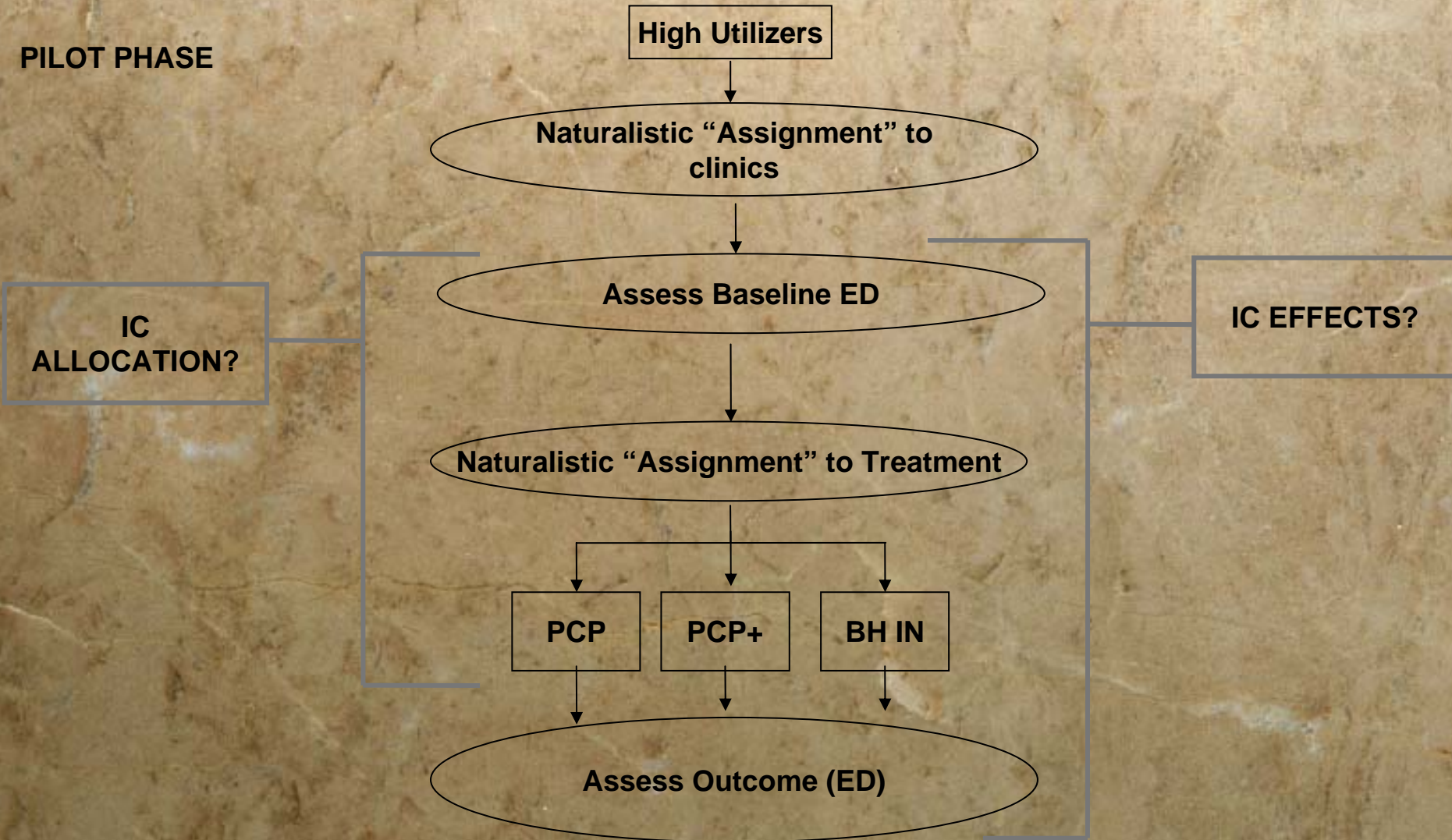
	Planning	Pilot	Baseline	Quality Improvement
Length	12 months	12 months	12 months	24 months
Questions	<p>Can we develop an integrated care (IC) PBRN?</p> <p>Key information needs of IC stakeholders?</p> <p>Evaluation design?</p>	<p>IC allocation & effectiveness with high utilizers?</p> <p>Role of baseline emotional distress severity, chronicity, impairment?</p>	<p>IC allocation, effectiveness, cost-effectiveness with Medicaid patients?</p> <p>Role of baseline emotional distress?</p>	<p>Can IC in naturalistic settings be improved through QI?</p> <p>Can effectiveness, cost-effectiveness of IC in real world reach clinical trial thresholds?</p>
Activities	<p>Convene sites and external stakeholders</p> <p>Describe IC models</p> <p>Identify evaluation priorities</p> <p>Develop research design, metrics, & data collection system</p>	<p>Implement pilot</p> <p>Analyze, report data</p> <p>Improve the evaluation design</p>	<p>Implement baseline design</p> <p>Analyze, utilize data to plan QI</p> <p>QI planning process</p>	<p>Continue data collection</p> <p>Implement QI plans</p> <p>Analyze, report, and utilize the data</p>
Outcomes	<p>PBRN established</p> <p>Evaluation design / plan complete</p>	<p>Write, disseminate pilot study</p> <p>Secure AHRQ funding</p>	<p>Write baseline reports</p> <p>Document QI plans</p>	<p>Write, disseminate results</p> <p>Influence external stakeholders</p>
Funding	EFH	EFH	AHRQ	AHRQ

PLANNING PHASE

- ENGAGED INTEGRATED CARE STAKEHOLDERS AT CROSS-SITE AND LOCAL LEVELS
- DESCRIBED THEIR INTEGRATED CARE MODELS
- ELICITED THEIR INFORMATION NEEDS: COST-EFFECTIVENESS, EFFECTIVENESS, PROCESS
- NEGOTIATED EVALUATION PLAN, METRICS, AND PRACTICE IMPROVEMENT METHOD

PILOT PHASE

PILOT PHASE



BASELINE PHASE

BASELINE PHASE

Medicaid Pts

Naturalistic "Assignment" to clinics

Assess Baseline ED

IC ALLOCATION?

Naturalistic "Assignment" to Treatment

IC EFFECTIVENESS

IC COST-EFFECT

PCP

PCP+

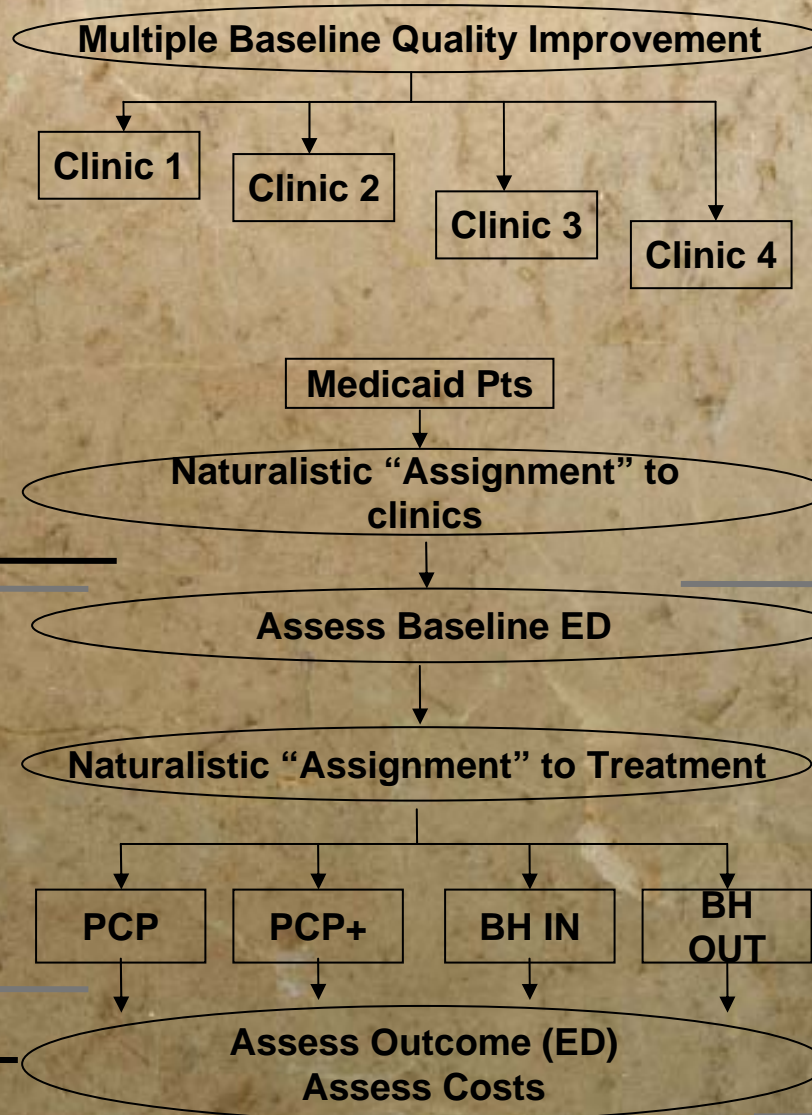
BH IN

BH OUT

Assess Outcome (ED)
Assess Costs

QI PHASE

QI PHASE



LESSONS LEARNED

- PRACTITIONERS READILY ENGAGE WHEN THE PRIMARY AIM IS TO HELP THEM LEARN ABOUT AND ADVOCATE FOR THEIR PROGRAM
- HOLDS PROMISE AS A BETTER PRACTICE CHANGE METHODOLOGY THAN DISSEMINATION OR EVEN TRANSLATIONAL MODELS
- REQUIRES LONG SPAN OF TIME, BUT NOT NECESSARILY A LOT OF TIME PER WEEK
- NOT A GOOD WAY TO GET TENURE
- FEDERAL FUNDING?