SESSION #4

OPPORTUNITIES FOR CROSS-CENTER COLLABORATION

June 23rd, 2021

Nothing about us without us:
Building patient-centered research capacity in a consortium of LGBTQIA+ health centers

Patient Centered Outcomes Research Institute (PCORI)
Community Engagement Convening Project

OVERALL GOAL FOR SESSION #4

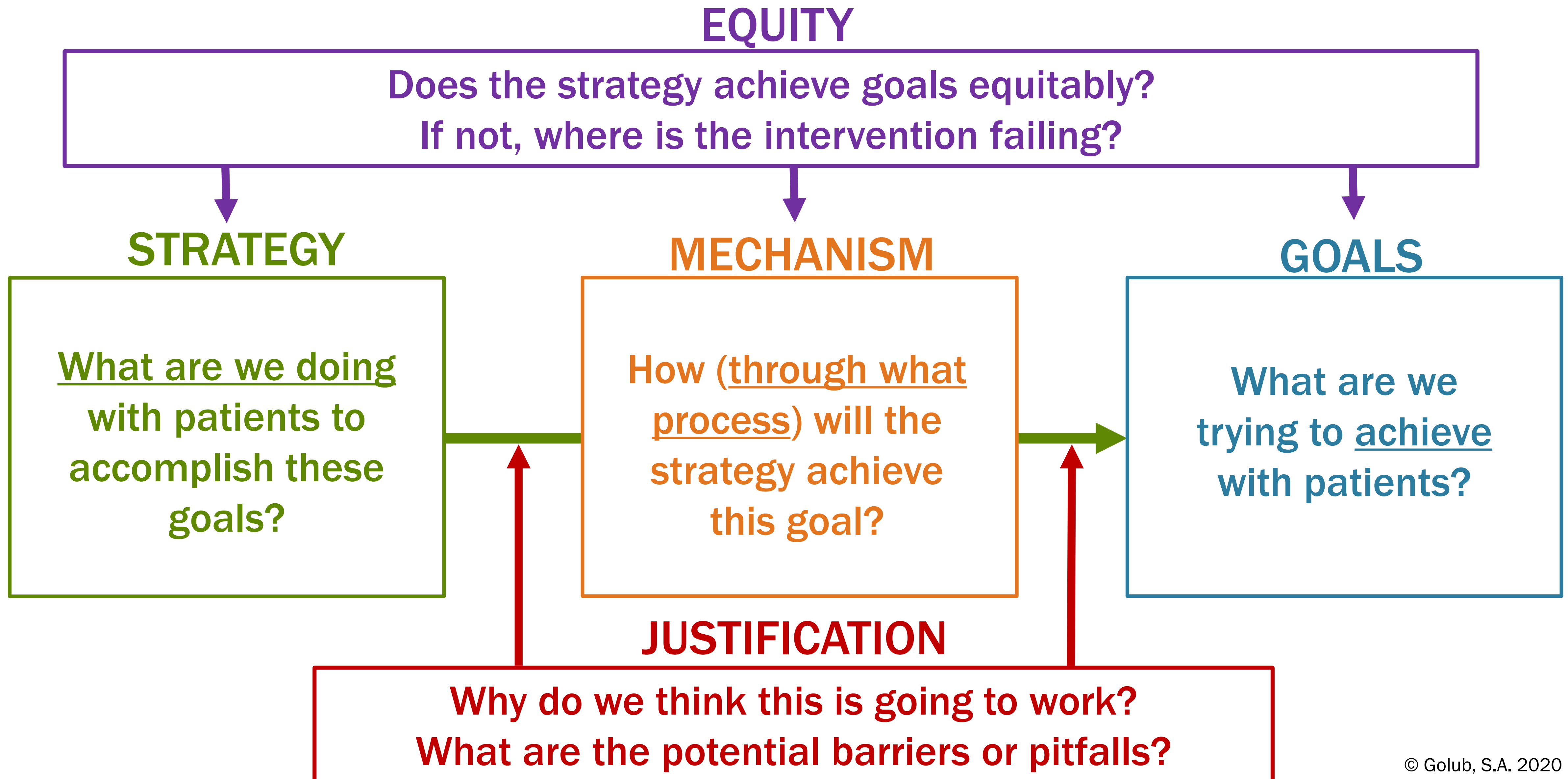
The primary objective of this session is to identify specific **opportunities for cross-center collaboration** on short-term or long-term practice-driven implementation science research projects.

SESSION #4 OBJECTIVES

1. Present and explain a model for developing practice-driven research questions and methods
2. Use a specific example to better illustrate how the model can work in a health center
3. Choose a research topic from the areas identified in previous sessions, and work through an application of this model collectively
4. Discussion the potential for translating the model we develop into a short-term or long-term research project.

Why don’t researchers speak in clear language that everyone can understand?

Model for Practice Driven Intervention "Specification"



© Golub, S.A. 2020

Example: PHQ-9 Screening for Depression

EQUITY

Universal PHQ-9 administration should result in identification and referral rates that match prevalence in community; referral rates should be equivalent

STRATEGY

- Nurses administers PHQ-9 to every patient
- Score > 15 is referred to behavioral health
- Suicidality → immediate clinical interview

MECHANISM

- PHQ-9 will find patients previously missed
- Standardization removes assumptions or bias in which patients are screened

GOALS

- Increase identification of patients with depression symptoms
- Increase referral to behavioral health

JUSTIFICATION

- PHQ-9 has been found to be a good predictor of MH needs
- Questions may be uncomfortable for patients or providers and can be alienating

Operationalization and Measurement

GOALS

What are we trying to achieve with patients?

- Increase identification of patients with depression symptoms
- Increase referral to behavioral health

EVIDENCE

Are patient-level outcomes achieved?
Do we see improvement?

- How many patients were identified with depression in primary care before and after nurses started screening with the PHQ-9?
- How many patients were referred to behavioral health before and after nurses started screening?

Operationalization and Measurement

STRATEGY

What are we doing with patients to accomplish these goals?

- Nurses administers PHQ-9 to every patient
- Score > 15 is referred to behavioral health
- Suicidality → immediate clinical interview

EVIDENCE

Is the strategy actually being done as intended? Are all of its components being done?

- Is a PHQ-9 score documented for every patient visit?
- Is every patient with a score > 15 referred to behavioral health?
- Is every patient who endorses suicidality given an immediate clinical interview?

Operationalization and Measurement

MECHANISM

How (through what process) will the strategy achieve this goal?

- PHQ-9 allows patients to report symptoms who might not have
- Standardization removes assumptions or bias in which patients are screened

EVIDENCE

Do we see change in these intermediary steps or processes? Does the strategy seem to be working in the way we want it to?

- Are patients willing to answer PHQ-9 questions?
- Are depression symptoms being documented for patients who haven't previously raised depression as an issue?
- Are screening rates equivalent across patient groups?

Operationalization and Measurement

JUSTIFICATION

Why do we think this is going to work?
What are the potential barriers or pitfalls?

- PHQ-9 has been found to be a good predictor of MH needs
- Questions may be uncomfortable for patients or providers and can be alienating

EVIDENCE

How do patients and providers actually feel about and experience the strategy? Why is it working well (or not)?

Patient-level

- Are patients happy that PHQ-9 questions are being asked?
- Do patients feel they were able to answer the questions honestly?
- Are patients who want behavioral health referral being referred?

Staff-level

- Do nurses feel comfortable and able to administer the PHQ-9?
- How does the process fit (or not) with workload or clinic flow?
- How smoothly is referral happening?
- Is training, supervision, and monitoring in place?

Operationalization and Measurement

EQUITY

Does the strategy achieve goals equitably? If not, where is the intervention failing?

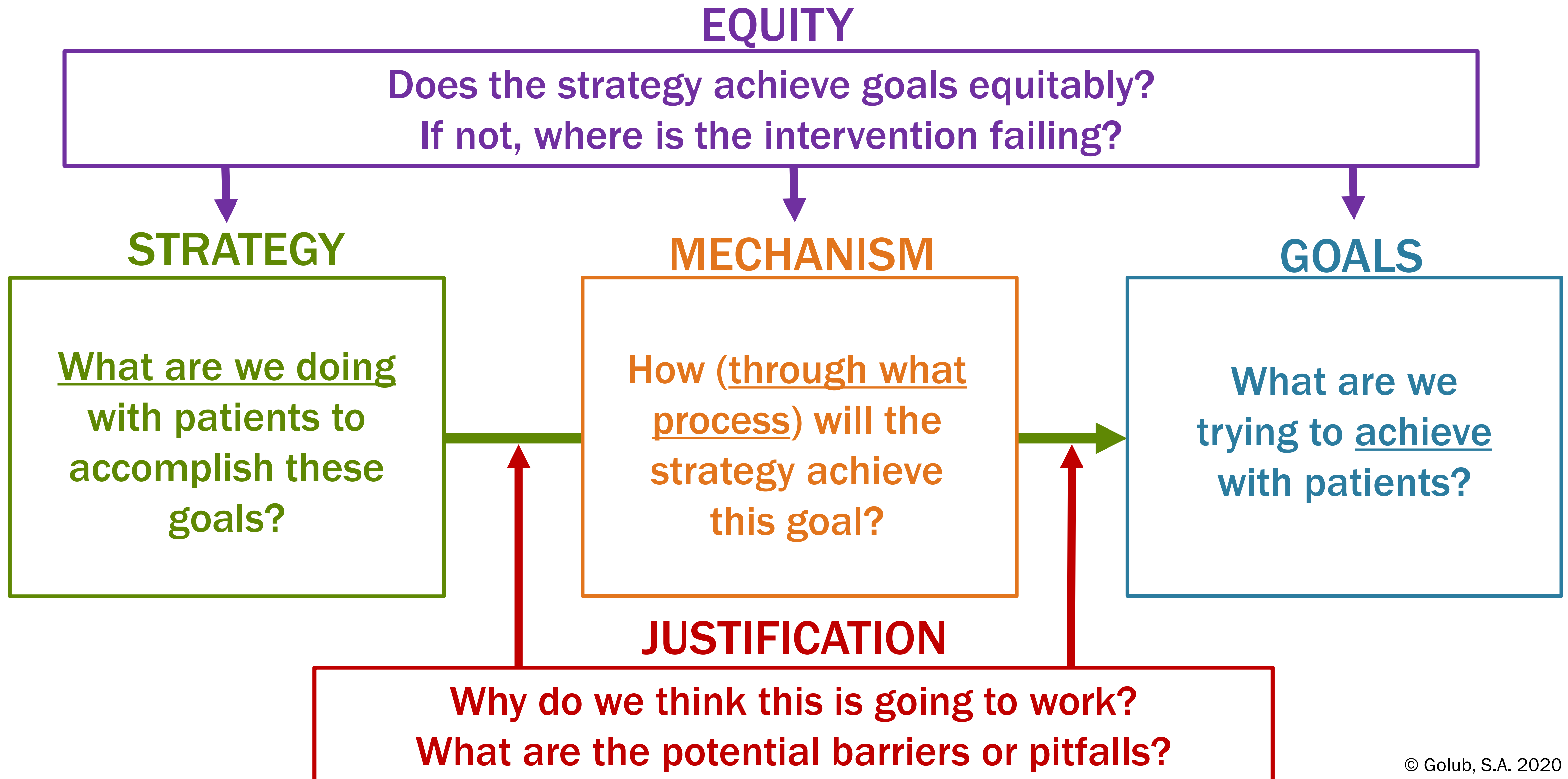
Universal PHQ-9 administration should result in identification and referral rates that match prevalence in community; Referral rates should be equivalent across patient groups

EVIDENCE

Is the strategy being delivered to patients equitably? Is the strategy achieving goals equitably for all patient groups?

- Are PHQ-9 screening rates equivalent across patient groups?
- Is BH referral (for score >15) equivalent across patient groups?
- Do rates of depression on the PHQ-9 screen match what we would expect from community prevalence data?
- Are certain groups more likely to refuse screening or refuse referral?

Model for Practice Driven Intervention "Specification"



© Golub, S.A. 2020

Questions to Inform Metrics & Methods

EQUITY

Is the strategy being delivered to patients equitably?
Is the strategy achieving goals equitably for all patient groups?

STRATEGY

Is the strategy actually being done as intended? Are all of its components being done?

MECHANISM

Do we see change in intermediary processes? Does the strategy seem to be working in the way we want it to?

GOALS

Are patient-level outcomes achieved? Do we see improvement?

JUSTIFICATION

How do patients and providers actually feel about and experience the strategy? Why is it working well or not?

© Golub, S.A. 2020

Are we ready to try our own example?

There are no wrong answers
or stupid questions!!!!!

Examining "Best Practices" in Gender Affirming Care

EQUITY

Does the strategy achieve goals equitably?
If not, where is the intervention failing?

STRATEGY

What are we doing with patients to accomplish these goals?

MECHANISM

How (through what process) will the strategy achieve this goal?

GOALS

What are we trying to achieve with patients?

JUSTIFICATION

Why do we think this is going to work?
What are the potential barriers or pitfalls?

© Golub, S.A. 2020

Examining “Best Practices” in Gender Affirming Care

EQUITY

Does the strategy achieve goals equitably?
If not, where is the intervention failing?

STRATEGY

- Peer navigation (language matched)
- Increasing streamlined care and service (reducing number of steps, administrative hurdles)
- Staff who reflect patient population
- Mechanisms for patient feedback and utilization of the response
- Providing integrated/comprehensive care (not letting trans status eclipse other hc needs)
- Care coordination/team meetings
- Providing access to holistic health services
- Availability of state of the art health information to aid in decision-making
- Access to HRT/surgery/other intervention as desired
- Access to care that sees the whole person

MECHANISM

- Patients Feel that it is a safe space (comfortable, seen, and valued)
- Patient self-determination over medical care
- Patients feel that their needs are being met
- Patients know that their opinions are being listened to

GOALS

- Strong patient-provider relationships
- Continuity of care (relationship is extended over time)
- Optimal/increased physical and mental health
- Help patients live their best life

JUSTIFICATION

Why do we think this is going to work?
What are the potential barriers or pitfalls?

© Golub, S.A. 2020