



Lessons Learned At the Intersection of Research and Action

Lisa Simpson, MB, BCh, MPH, FAAP
March 5, 2021



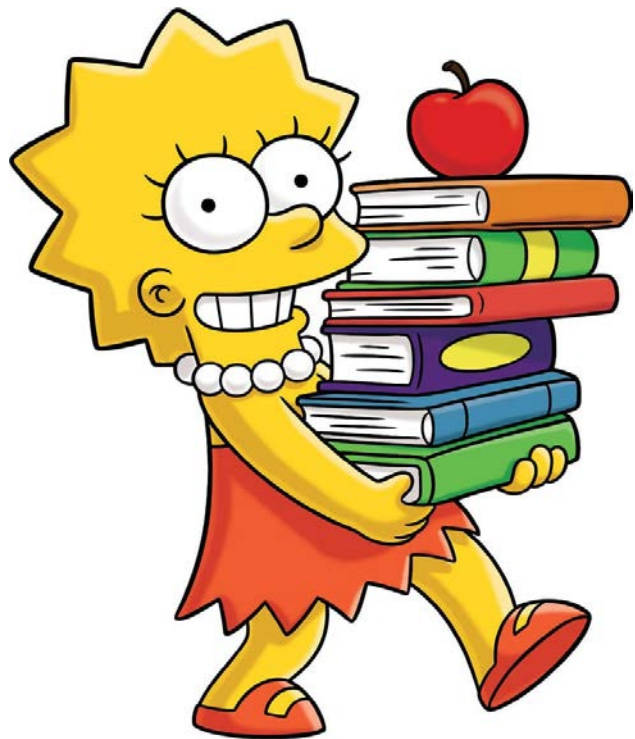


Agenda

- Introduction
- The role of evidence in decision making
- Lessons learned on the journey



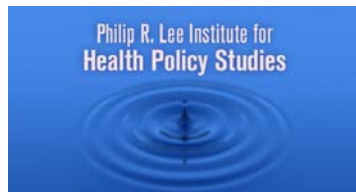
Know The Messenger – Various Identities



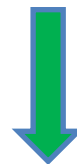
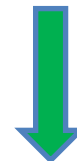
- Outsider
- IMG
- Pediatrician
- Researcher
- Teacher
- Academic
- Administrator
- Executive
- Influencer



A Continuing Professional Journey



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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.



Diverse Programs to Advance the HSR Field



Scholarships & Fellowships

Delivery System Science
Diversity Scholars
Senior Scholars
Education Council
Student Chapters



Learning Networks

Medicaid Medical Directors
Network
State University Partnership
Learning Network
Medicaid Outcomes
Distributed Research
Network
COVID-19 Community of
Practice



Methods and Data

Methods and Data Council
Workshops
Health Data Leadership
Institute
Webinars



Conferences [Virtual]

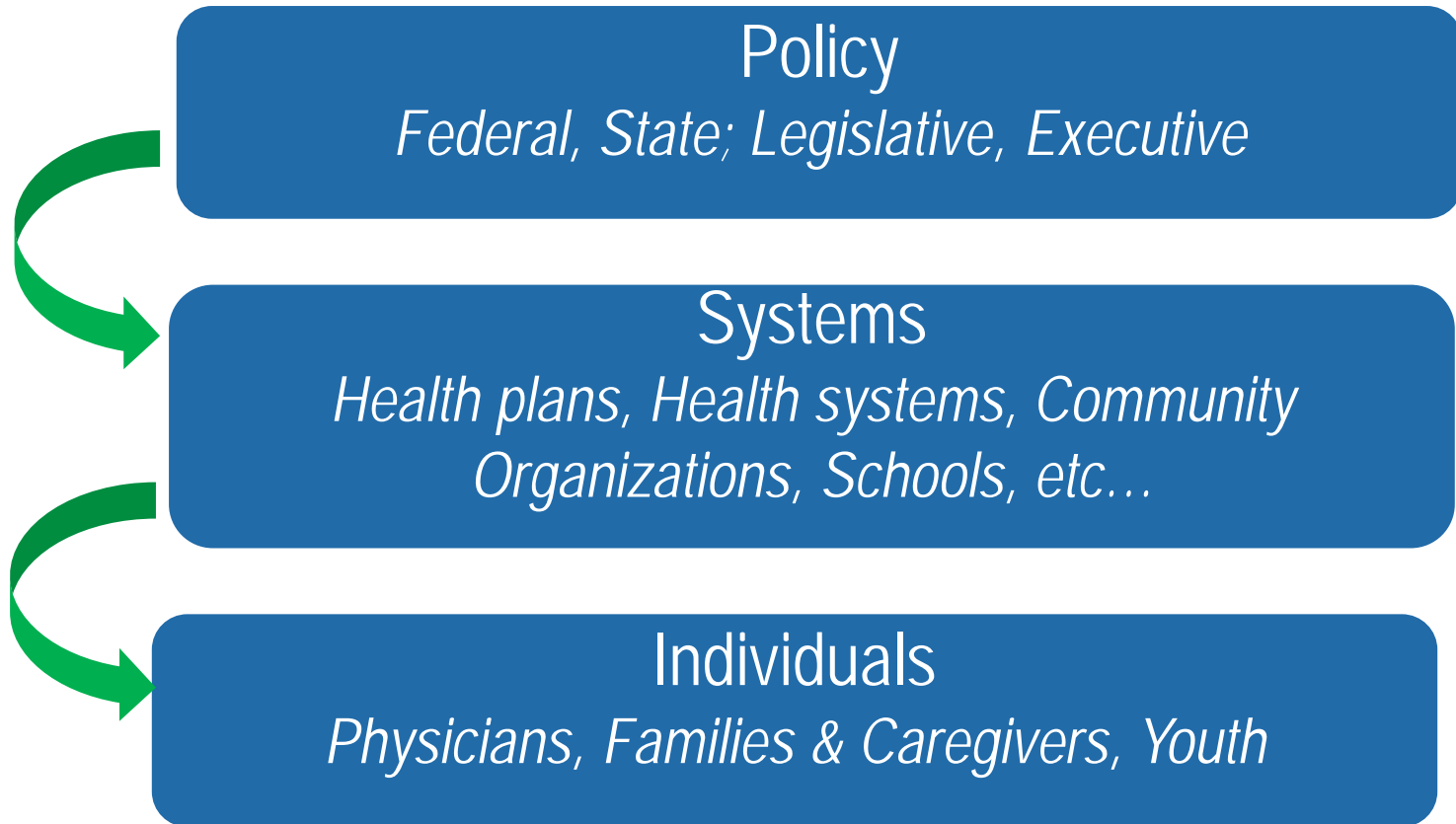
Annual Research
Meeting
Science of Dissemination
& Implementation
National Health Policy
Conference
Health Datapalooza
Health Policy Orientation



Types of Activities that Fill The Days of a Physician Executive

- Management
 - Crisis management, strategic direction, budget, Board of Directors, etc...
 - Meetings with project teams
- Development
 - Identifying research/education/program support
 - Overseeing specific projects, writing reports, building partnerships
- Advocacy and thought leadership
- Clinical practice*

The Role of Evidence in Decisionmaking in Child Health





HSR Definition

“Health services research is the multidisciplinary field of scientific investigation that studies how social factors, financing systems, organizational structures and processes, health technologies, and personal behaviors affect access to health care, the quality and cost of health care, and ultimately our health and well-being.

Its research domains are individuals, families, organizations, institutions, communities, and populations.”



HSR Definition

- ✓ What works?
- ✓ For whom?
- ✓ Under what circumstances?
- ✓ At what cost?
- ✓ And once we know what works,
- ✓ How do we implement it?

Child Health Services Research

Challenges and Opportunities

Christopher B. Forrest, MD, PhD; Lisa Simpson, MB, BCh; Carolyn Clancy, MD

The characteristics of childhood as a unique developmental stage of life, the continuity of child health with adult health, and a distinctive child health care system justify a separate focus of health services research on children. Child health services research (CHSR) currently lacks the tools necessary to monitor the impact of health system change on children's health and health care and to compare the effectiveness of alternative treatment modalities. There is an urgent need to build the research capacity of this field of inquiry. Ignoring or minimizing attention to CHSR is both shortsighted and ultimately costly for families and the entire nation. We present arguments for why children merit a separate focus in health services research, identify factors that have led to the failure of appropriate development of CHSR, and offer a set of strategies for how to build the research capacity of the field.


JAMA. 1997;277:1787-1793


IN THE ABSENCE OF comprehensive research, coverage has steadily eroded for dependent

ceive. Unfortunately, these advances disproportionately address issues that affect adult populations. The knowledge base for assessing the impact of delivery system changes on children's health, health care utilization, and quality of care is far less well developed.

Two timely examples illustrate critical gaps in the knowledge base of child health services research (CHSR). First, the timing of hospital discharge for postpartum mothers and their infants has emerged as the first major public debate over market-driven medicine. During the past 2 decades, hospital lengths-of-stay for postpartum mothers and their infants have declined steadily⁶; cost-con-

The Adolescence of Child Health Services Research

 JAMA Pediatrics

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Viewpoint

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The Adolescence of Child Health Services Research

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JAMA Pediatr. 2013;167(6):509-510. doi:10.1001/jamapediatrics.2013.2101

It has been 15 years since child health services research (CHSR) began emerging as a distinct field, living at the intersection of the greater health services research (HSR) community and the pediatric research world.¹ In 1999, an invitational conference explored the state of the science in CHSR, including public and private funding opportunities, networks for conducting research, and uses of research in policy and practice. Since that time, CHSR has become listed as a distinct topic in the National Library of Medicine's HSR resource center, and child health is an annual theme at the Annual Research Meeting of AcademyHealth. We have also learned much about the care that children and adolescents receive—its safety, quality, and effectiveness—and about which children are most at risk for poor health outcomes. Health policy has been successfully informed by CHSR, most notably in the reauthorization of the Children's Health Insurance Program. Finally, a decade of quality efforts is resulting

Child Health Services Research Priorities 2017

Addressing poverty and other social determinants of child health and wellbeing
Achieving equity in population health and health care
Preventing, managing, and treating high burden health conditions in children
Improving the performance of the health system in all dimensions, including access, affordability, transparency, accountability, equity, and quality
Improving the child health services research enterprise and its infrastructure
Framing the issues of health for all children so that they are compelling to policymakers, research funders, and health care financing and delivery systems

Fairbrother G, Dougherty D, Pradhananga R, Simpson LA. Road to the Future: Priorities for Child Health Services Research. Aca Pediatr, April 2017;1-11.

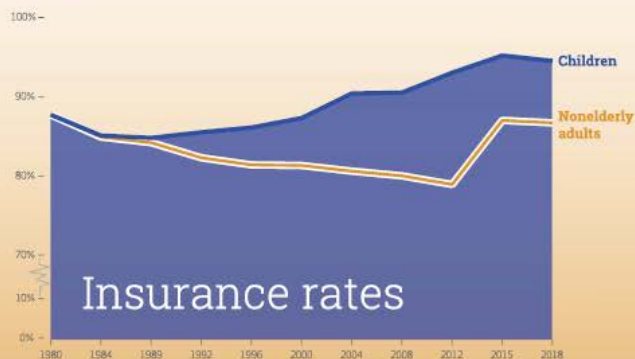
Children's Health

How do we measure the health of US children? In 2020 almost all US children have health insurance, but many are dependent on government aid for their health and nutrition. Opportunity to flourish is not distributed equally across racial and ethnic groups. US children have high rates of diagnosed behavioral health disorders and obesity. Rising rates of opioid use also pose harms to US children.



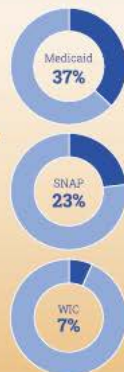
HEALTH INSURANCE & FOOD SUPPORT

About 88% of US children had health insurance in the 1980s. The establishment of the Children's Health Insurance Program in the 1990s led to 95% of US children having health insurance by 2015. Along with growth in health insurance coverage, there have been expansions in safety-net programs providing food to children, such as SNAP and WIC.



See Aiken et al. on page 1746

% of children enrolled in 2019

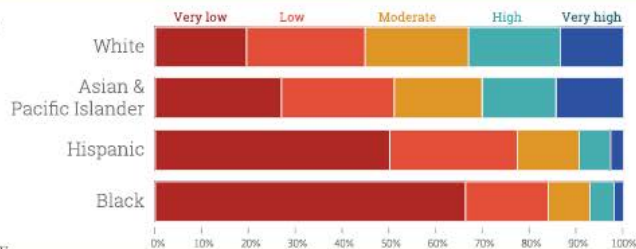


See Barefoot et al. on page 1756

INDEX OF OPPORTUNITY IN THE 100 LARGEST US METRO REGIONS

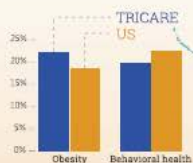
The Child Opportunity Index codifies factors that promote opportunity for healthy child development (such as the presence of healthy food outlets) and factors that may impede opportunity (for example, neighborhood poverty) into a single score. Dividing the largest metropolitan areas into quintiles, the chart shows neighborhood opportunity for poor children by race and ethnicity.

See Kennedy-Garcia et al. on page 1697

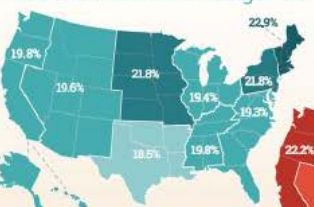


BEHAVIORAL HEALTH & OBESITY IN ADOLESCENTS

A disproportionate number of adolescents and young adults who seek to join the military come from military families. The data show the prevalence of two health conditions among adolescents covered by TRICARE, the insurance program for active-duty military and their families, by census division.



Behavioral health diagnosis



See Kaehlmann et al. on pages 1723-6

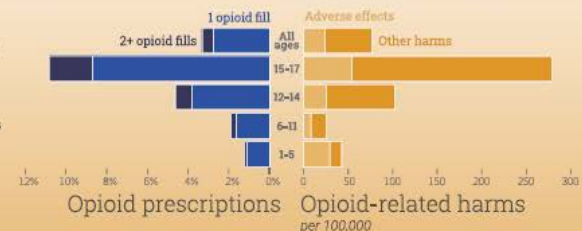
Obesity prevalence



OPIOID EXPOSURE

Pediatric opioid-related deaths have grown by close to 300%, and adverse events linked to opioids have grown even faster. Studies have shown that the majority of these adverse events for children are linked to initial prescription use. This study of Medicaid-insured children in North Carolina 2016-18 shows the number of opioid prescriptions and opioid harms stratified by age.

See Ramesh et al. on page 1757





Social Determinants and Child Health

- Foundational since the “new morbidities”
- 2016 AAP policy statement “[Poverty and Child Health](#)” in 2016 called for screening for and addressing child poverty on an individual, community and national policy level.
- 2019 AAP policy statement on “[The Impact of Racism On Child and Adolescent Health](#)”
- Johnson, Peds, Aug 2020
 - “...there remains a critical need to develop and rigorously evaluate effective interventions to reduce avoidable and unjust inequities in pediatric health care.”



Dissemination and Implementation Research

- ***Dissemination research*** is the scientific study of targeted distribution of information and intervention materials to a specific public health or clinical practice audience. The intent is to understand how best to spread and sustain knowledge and the associated evidence-based interventions.
- ***Implementation research*** is the scientific study of the use of strategies to adopt and integrate evidence-based health interventions into clinical and community settings in order to improve patient outcomes and benefit population health.

NIH PAR-16-236; Adapted from Lomas (1993)

D&I Research Studies

- Increasing numbers of funding opportunities through AHRQ, CDC, NIH, PCORI, RWJF, WT Grant, and many others
e.g., > 100 projects
- Comparative Effectiveness Research, Quality Improvement, Financing/Policy
- Emerging approaches
Learning Collaboratives, technology as dissemination driver
- Methods Development, System Science, Genomic Medicine

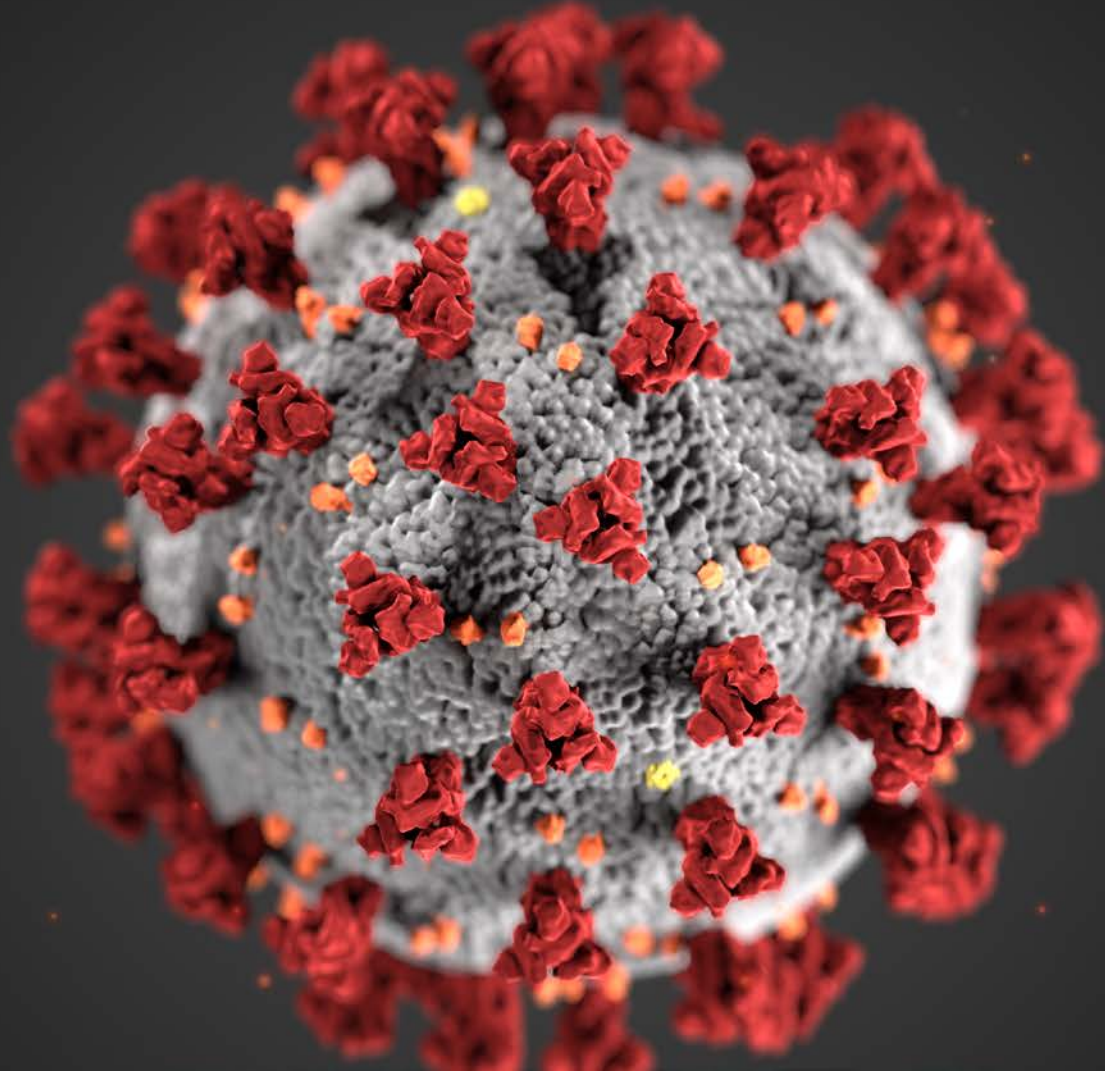
12th Annual Conference on the Science of Dissemination and Implementation in Health



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National Institutes of Health





Health Systems Respond to COVID-19:

Priorities for Rapid-Cycle Evaluations

Domains of Priorities for Rapid-Cycle Evaluations



Patient and community experience, engagement, and outcomes



Care delivery, management, decision-making, and operations



Workforce needs, training, and policies



Technology, data, and telehealth



Policies, including payment policy



Collaboration and coordination

Sample HSR Questions From Health Systems



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 of COVID-19 on primary care/behavioral health



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

What are we learning from the COVID-19 surge that have led to visits to the ER or hospital?

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

How do we promote equity for patients receiving their usual care?

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?



Top 5 Topics in Technology, Data, and Telehealth

What mistakes and successes have we learned from the COVID-19 surge and how can we act on them to improve action and share learning?

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

What requirements are needed to keep health systems operational during a pandemic?

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

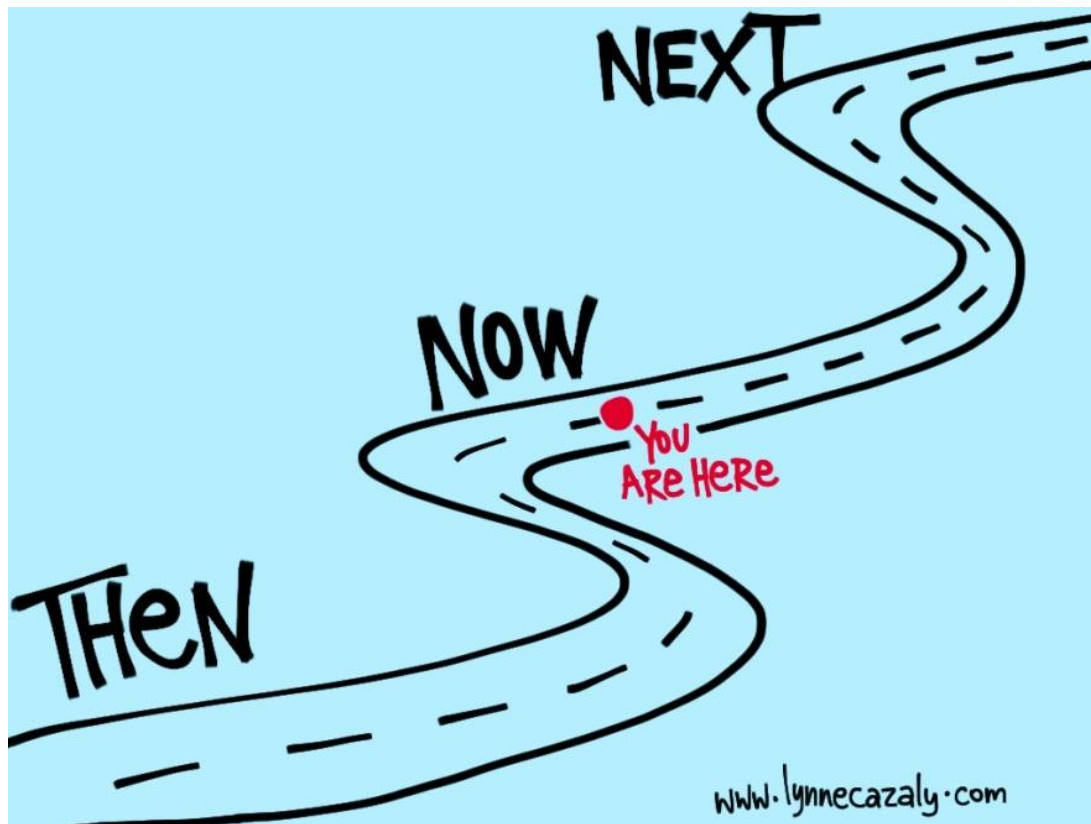
What systems are required to create bandwidth for a large-scale shift to telehealth? How can we learn from what works during a pandemic for broader health systems science (future benefit)?

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 action-

■ Priorities for HSR on COVID-19 Impact on Children & Adolescents (October 2020)

- Direct effects
- Other health effects
 - Mental, emotional, and behavioral health
 - Preventive care, including immunizations and oral health
- Indirect effects & other forces
 - Economy and job losses
 - Education – childcare through college
 - Food insecurity
 - Trauma, ACES, domestic violence
 - Racism
- Long term consequences



Lessons Learned on the Journey

- Clinical care spurred questions and frustrations
 - ☐ Why do some children not have access? Have poorer outcomes?
 - ☐ Why do we know so little about which care is most effective?
- Drawn to gaining new knowledge and bias toward action
 - ☐ Value of research skills, track record, and credibility through research productivity
 - ☐ Affinity for translational and applied science
- Pushing the boundaries and frustration with status quo
 - ☐ “Root cause analysis” mindset – always asking “why”
 - ☐ Moving upstream and to a population focus

Lessons Learned on the Journey

- The power of the physician voice
- Non “traditional” → Non-linear
- Settings
 - ☐ Public & private
 - ☐ Federal, state, and local
- Constant thread:
 - ☐ Evidence & research
 - ☐ Academic appointments
 - ☐ Bicultural, bilingual, bridging



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Questions?

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