Round 0: Idea Generation Share your ideas about the study topic red Outcomes Research for Heart Failure and Kawasaki Disease: an Online Consensus Panel of Patients, Clinicians, and Researchers Katherine K. Kim¹, Dmitry Khodyakov², Paul A. Heidenreich³, Michael K. Ong⁴, Jane C. Burns⁵ ¹University of California Davis, ²RAND, ³Stanford, ⁴UC Los Angeles & VA Greater Los Angeles Health Care System, ⁵UC San Diego

Background

Engagement of patients and clinicians is critical to generating evidence that is relevant to their concerns and values. There is meager understanding of optimal engagement for person-centered outcomes research (PCOR). High-touch methods such as in-person focus groups are not easily scaled to larger groups, while high-tech methods such as online surveys can be superficial. This study addresses this gap by assessing deep, high-tech engagement in a clinical data research network.

Study Design

We conducted a series of panels for heart failure (HF) and Kawasaki disease (KD) to set PCOR priorities, using online software and Delphi method, a deliberative and iterative approach to attaining consensus with discussion and statistical feedback. (See Fig. 1) Topics were rated using five criteria--informed decision making, collaboration, relevance, impact, innovation—applied to aspirational goals. Adult panelists with HF or KD (parents), clinicians, and researchers were recruited nationally via social media or network sites. Within condition, participants were randomized to either a single-stakeholder (patient or clinician) or mixed-stakeholder (patients, clinicians, and researchers) blinded panel. Participation was online, asynchronous, and took four hours over four-weeks. Analysis included rank-ordered topics (mean score), consensus (positive agreement) within panels, and comparisons across panels.





Results

228 panelists participated. Participants were assigned to only one panel.

The heart failure patient-only panel achieved consensus on all topics. Other panels did not achieve consensus on any topics. There were significant differences in ratings between clinicians and patients on three to five criteria for every topic, and differences between mixed and patients on all but one topic 3: comparative effectiveness of telehealth and remote monitoring.

There was a high level of agreement between patient-only and mixed panels, with significant differences in ratings between groups on three or more criteria for only one topic 1: comparative effectiveness of medications. Both panels achieved consensus on two topics 3: algorithms to identify cases from electronic health record data and 4: tools for awareness raising. In addition, the mixed panel achieved consensus on topic 1: medications and 2: early diagnostic tests.

Table 1. PCOR Priorities by Panel and Overall Mear

Heart Failure Aspirational Goal: to reduce unwarranted hospital readmissi 25% by 2020 **Topic 1: impact of care coordination on patient outcomes** Topic 2: balance between patient-centered outcomes and pa **Topic 3: comparative effectiveness of telehealth and remote** Topic 4: lifestyle change and symptom self-management stra **Topic 5: predictors of deterioration Topic 6: lifestyle change support strategies** Topic 7: patients' views on vitamins, supplements, and medi

Kawasaki disease Aspirational Goal: to reduce the percentage of new Kawasak patients with permanent disability by one-quarter (from 7% 2020 **Topic 1: comparative effectiveness of medications for infants Topic 2: tests for early detection of KD.** Topic 3: algorithms to identify possible cases from electronic record data

Topic 4: tools for raising awareness among parents, caregiver staff and other non-clinicians

Topic 5: understand the long-term health challenges

Topic 6: education to reduce risk of cardiovascular damage Topic 7: lifestyle change and symptom self-management stra

¹ Rating on a score of 1= very unhelpful to 9=very helpful ² Rank by mean score within panel

n Score		Rank ²		Mean ¹
	Clinician N = 30	Patient N = 30	Mixed N = 52	Overall N = 112
ions for HF by				
	1	1	2	7.33
atient effort	2	2	3	7.24
monitoring	5	4	1	7.22
ategies	3	4	5	7.14
	6	3	4	7.06
	4	6	6	7.02
ications	7	7	7	5.75
		Rank ²		Mean ¹
		Patient N = 50	Mixed N = 66	Overall N = 116
ki disease to 5.25%) by		Patient N = 50	Mixed N = 66	Overall N = 116
ki disease to 5.25%) by s and children		Patient N = 50 2	Mixed N = 66	Overall N = 116 7.83
ki disease to 5.25%) by s and children		Patient N = 50 2 1	Mixed N = 66	Overall N = 116 7.83 7.77
ki disease to 5.25%) by s and children c health		Patient N = 50 2 1 4	Mixed N = 66	Overall N = 116 7.83 7.77 7.14
ki disease to 5.25%) by s and children c health ers, school		Patient N = 50 2 1 4	Mixed N = 66	Overall N = 116 7.83 7.77 7.14
ki disease to 5.25%) by s and children c health ers, school		Patient N = 50 2 1 4	Mixed N = 66	Overall N = 116 7.83 7.77 7.14 7.07
ki disease to 5.25%) by s and children c health ers, school		Patient N = 50	Mixed N = 66	Overall N = 116 7.83 7.77 7.14 7.07 7.04
ki disease to 5.25%) by s and children c health ers, school		Patient N = 50	Mixed N = 66	Overall N = 116 7.83 7.77 7.74 7.14 7.07 7.04 6.95
ki disease to 5.25%) by s and children c health ers, school		Patient N = 50	Mixed N = 66	Overall N = 116 7.83 7.77 7.74 7.14 7.07 7.04 6.95 6.36



Setting

pSCANNER: patient-centered SCAlable National Network for Effectiveness Research clinical data research network.

- 14 clinical sites
- 30 million patients



Fig. 2. pSCANNER Network

Conclusions

An efficient way to engage large numbers of representative stakeholders in research is a necessary first step to assure the public of trustworthy use of data networks for health research.

We demonstrated that structured, high-tech engagement of stakeholders can yield rich contributions for PCOR. In this first of its kind study of substantial-scale stakeholder engagement in PCOR prioritization, results differed by health condition and stakeholder group.

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