

Response Form for the Final Performance Review Report*

1. Name of Grantee: UPMC McKeesport

2. Year of Grant: 2009 Formula Grant

A. For the overall grant, briefly describe your grant oversight process. How will you ensure that future health research grants and projects are completed and required reports (Annual Reports, Final Progress Reports, Audit Reports, etc.) are submitted to the Department in accordance with Grant Agreements? If any of the research projects contained in the grant received an “unfavorable” rating, please describe how you will ensure the Principal Investigator is more closely monitored (or not funded) when conducting future formula funded health research.

UPMC utilizes a centrally managed grant administration department, Office of Sponsored Programs and Research Support (OSPARS), which is responsible for the financial oversight of all grant and contract activity at UPMC. OSPARS works to ensure compliance with federal/state regulations as well as adherence to UPMC policy.

* Please note that for grants ending on or after July 1, 2007, grantees' Final Performance Review Reports, Response Forms, and Final Progress Reports ***will be made publicly available on the CURE Program's Web site.***

Project Number: 0991401
Project Title: Transitional Care Coaching Intervention in Medicare Patients in a Medically Underserved Community
Investigator: Gaudy, Doris

B. Briefly describe your plans to address each specific weakness and recommendation in Section B of the Final Performance Summary Report using the following format. As you prepare your response please be aware that the Final Performance Review Summary Report, this Response Form, and the Final Progress Report will be made publicly available on the CURE Program's Web site.

Reviewer Comment on Specific Weakness and Recommendation (*Copy and paste from the report the reviewers' comments listed under Section B - Specific Weaknesses and Recommendations*):

Response (*Describe your plan to address each specific weakness and recommendation to ensure the feedback provided is utilized to improve ongoing or future research efforts*):

SPECIFIC WEAKNESSES AND RECOMMENDATIONS

Reviewer 1:

1. The project team did not test the model referenced, since it was clear that the team did not understand the central elements of the model. The project team could have taken advantage of regional (Quality Insights of Pennsylvania) and national (model developer) expertise to overcome this weakness.

Response:

The project team had an understanding of the selected model. The project team attended training sponsored by the regional QIO including one that was conducted by the national model developer. Unanticipated barriers involving the ability to recruit and retain a part time care transitions coach and the recruitment of a sufficient sample of patients was difficult to overcome.

2. The CTCs do not appear to have been prepared for success. The project team could have offered the CTCs formal training in the model and ongoing shadowing and peer support through Quality Insights of Pennsylvania or the model developer.

Response:

Staff training for the care transitions coach was done in a consistent fashion and did involve assistance from the regional QIO organization. Staff training for future project work will include a defined curriculum that will provide consistent information for training in a manner that allows each staff member the ability to perform the specific functions of their job.

3. It was not clear how the outcome of hospital readmission was determined. The project team could have provided a more detailed explanation of their methodology.

Response:

A project methodology was developed for determining readmissions and included all patients involved in the project. Providing clearer more detailed explanations will be done with future projects.

4. When the project was clearly in a downward spiral, the project team did not indicate that they took advantage of available technical support from Quality Insights of Pennsylvania or from the model developer.

Response:

The greatest issue experienced by the project team involved the recruitment and retention of a part time care transitions coach and the recruitment of a sufficient sample of patients. Future efforts will target securing staff in a manner that provides a higher likelihood of retaining them throughout the duration of the project.

5. The project suffered from inadequate design and execution, and consequently it did not meet its stated goals.

Response:

A project team comprised of individuals with needed expertise will be engaged for future projects to assist the principal investigator with project design that provides a mechanism to consistently achieve study goals. We recognize that correctly designing a project to include sufficient detail from the beginning will provide a foundation for subsequent execution that provides a systematic approach for deploying interventions and a methodology for data collection and analysis allowing one to evaluate the effectiveness of the project, identify opportunities for improvement and make necessary modifications that will allow the project to remain on course and stay true to the stated goals. The principal investigator will be responsible to move the project forward in a way that allows the best opportunity to enroll appropriate candidates. Missed opportunities will be identified early and when possible corrected. Outside resources with expertise relative to the project will be used. The principal investigator will align the project with the selected model and work to ensure the goals are met. A focus on study fidelity will be maintained in order to support outcome integrity.

6. The recruitment approach and tracking was not reported in sufficient detail. The project team could have provided a flow diagram detailing their experience.

Response:

Tools were developed and utilized for data collection. Team member expertise regarding data collection, analysis and presentation will be included with future projects.

7. The project team seems to be indicating indirectly that the patients bear responsibility for the lack of reduction in the readmission rate. Simply stated, the project team needs to own this project and not shift the responsibility onto the patients.

Response:

The project team in no way felt or intended to convey that the patient was responsible for the lack of reduction in the readmission rate.

8. The project team did not reduce hospital readmissions according to the methodology used.

Response:

The project intervention did not reduce the rate of readmission for patients involved in the project. We believe we may have been able to demonstrate more robust results had we been able to secure a care transitions coach for the duration of the project and to recruit a larger number of patients. This would have provided a better ability to more consistently provide the coaching intervention.

9. The project team seems to have learned little from 30 months and the \$48,585 investment. (Please see Criterion 1 for further elaboration.)

Response:

Learning did occur over the 30 month process and several of those lessons have been incorporated for patients currently being discharged to home. This includes comprehensive medication reconciliation prior to discharge and the creation of patient specific discharge instructions that focus on knowledge of disease, understanding of medications and securing early follow up physician appointments. A timely follow up phone call is made to these patients as a means to ascertain if there are any additional needs and to answer any questions. In addition, the project team developed a better understanding as to how to better execute this type of work with greater success in the future.

We thank the reviewer for this important feedback related to the project and will incorporate this into future work.

Reviewer 2:

1. Partner with other investigators experienced at recruiting participants, particularly minority participants from your area. There is also a large literature in this area. The book, "Race and Research," outlines a number of issues relevant to minority participation in research.

Response:

There were barriers to recruiting sufficient patients, including our inability to secure a care transitions coach for the duration of the project as well as a reluctance of some patients to have the coach visit them in their home. We were able to modify the project to provide coaching as intended but without the home visit. This was a deviation from the selected model. We recognize that we may have been able to improve recruitment by seeking resources with expertise in this area to help improve the process and will do so with future project work.

2. Intervention implementation, data management and analysis methods are not clear. Perhaps clarification of those methods could help future research projects in this system.

Response:

We recognize that correctly designing a project to include sufficient detail from the beginning will provide a foundation for subsequent execution that provides a systematic approach for deploying interventions and a methodology for data collection and analysis. A team with greater expertise will be engaged for future projects to assist the principal investigator with project design that provides a mechanism to consistently achieve study goals.

3. There were logistical problems which might have been out of the PI's control that affected the project. Staff turnover is a major problem in many projects, and there might have been another layer of this that could have affected the coaching. The outcome and impact of the study might have been different if this had not been a problem.

Response:

Care transition coach recruitment and retention was an unanticipated issue and as a result, the coaching intervention could not be offered consistently throughout the duration of the project.

We thank the reviewer for this important feedback related to the project and will incorporate this into future work.

Reviewer 3:

1. Greater outreach to students, neighborhood researchers and out-of-state researchers may have helped recruitment efforts as well as retaining or replacing the CTC.

Response:

We did work with outside partners during the progression of this project and recognize that utilizing resources with specific experience may have assisted in resolution of identified issues. This will be taken into account for future work.

2. It is unclear how the researchers recruited the participants. It may have been helpful to team with an organization of home care or visiting nurses or with long-term care facilities.

Response:

The care transitions coach visited selected patients being discharged to home to determine if they would be interested in participating in the project. Home care nurse liaisons were made aware if a patient accepted the care transitions intervention.

We thank the reviewer for this important feedback related to the project and will incorporate this into future work.

C. If the research project received an “unfavorable” rating, please indicate the steps that you intend to take to address the criteria that the project failed to meet and to modify research project oversight so that future projects will not receive “unfavorable” ratings.

Response: A favorable rating was received.

D. Additional comments in response to the Final Performance Review Report (OPTIONAL):

Response: We are grateful for the opportunity to conduct this project and are appreciative of the reviewers' time and resources dedicated to providing feedback. This feedback is important for us to consider as a community based hospital with little research experience as we consider future projects.