

# International Heart Institute of Montana Foundation

A Partnership of  
the University of Montana and  
Providence St. Patrick Hospital



# International Heart Institute of Montana Foundation



*Improving Patient Care through Research and Education.*

*-Carlos M.G. Duran, MD, PhD*

© TerrenceSweeney.com

THE INTERNATIONAL HEART INSTITUTE OF MONTANA FOUNDATION (IHIMF) fosters the provision of full-continuum, high-quality cardiac care by conducting basic, translational, and clinical cardiac research; developing technology with commercial applications; and through training and educational efforts.

# The International Heart Institute of Montana Foundation Research Program

## 1. Federally Funded (6 investigators)

- a. U.S. Army Medical Research (Pre-Clinical Studies)
- b. PCORI “Discharge Planning” (Population Health)
- c. NIH-K01: “Community Based Exercise Program Improve Walking Outcomes Peripheral Artery Disease”

## 2. Industry Sponsored Clinical Trials (17 Investigators)

- a. Medical Device \* ranked nationally enrollment #'s (e.g. top ten)
- b. Drug
- c. Outcomes/Registry

## 3. Investigator Initiated Research

## 4. University of Montana Partnership

## A Snapshot of Providence

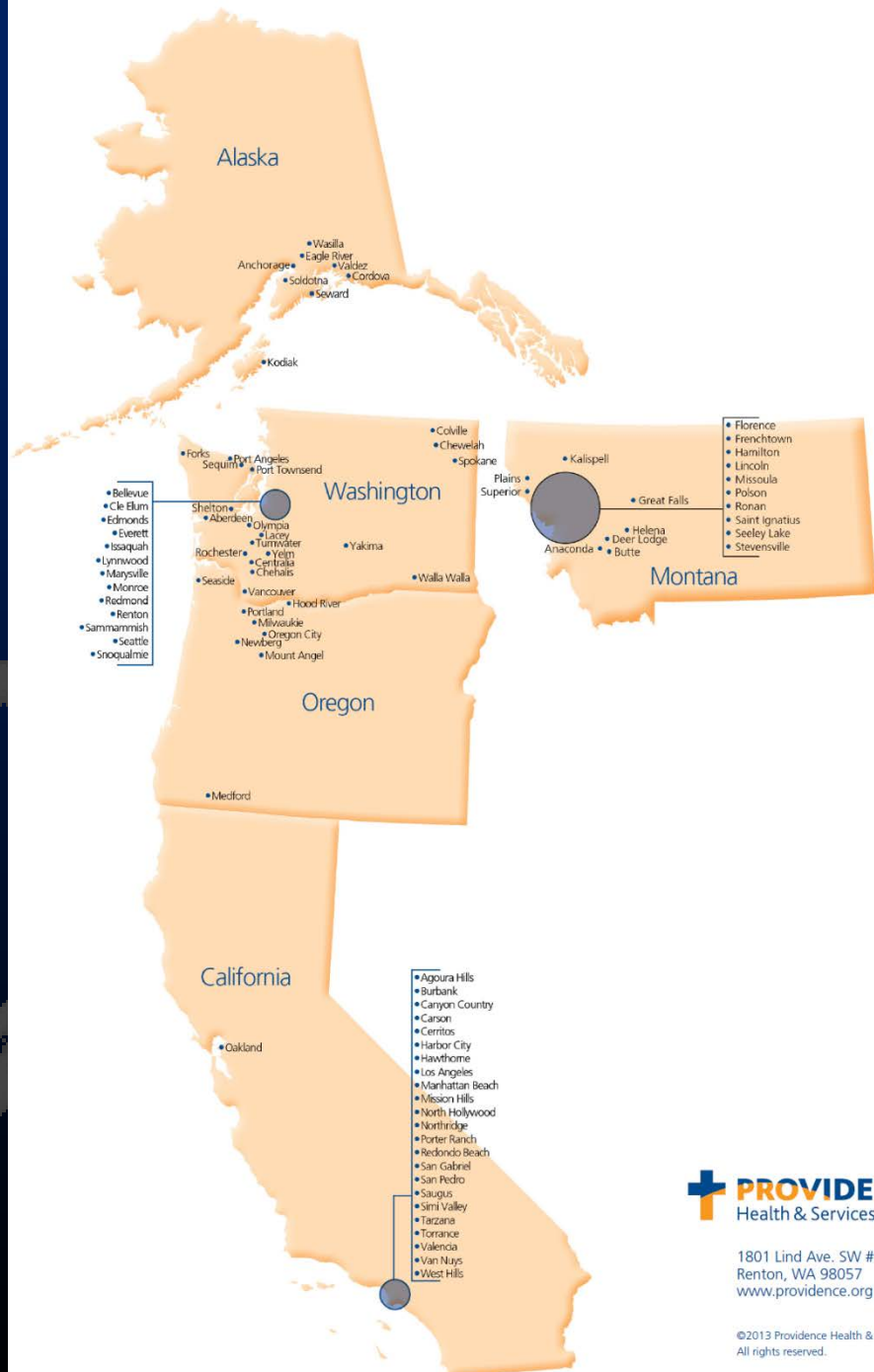
Providence Health & Services is a not-for-profit Catholic health care ministry committed to providing for the needs of the communities it serves – especially for those who are poor and vulnerable. The system’s combined scope of services includes hospitals, physician clinics, senior services, supportive housing and many other health and educational services across Alaska, California, Montana, Oregon and Washington – with its system office located in Renton, Washington. Providence Health & Services continues a tradition of caring that the Sisters of Providence began more than 157 years ago.

### **Continuing a History of Compassionate Service**

The cornerstone of the Providence Mission is to provide quality care that is accessible for all – especially those who are poor and vulnerable. In 2012, Providence offered \$272 million in charity care so the uninsured and underinsured could access health care. The care Providence delivers reaches out beyond the walls of our hospitals and clinic settings to touch lives in the places where relief, comfort and care are needed. In 2012, Providence provided \$823 million in community benefit.

### **Working Together to Transform Health Care**

Providence is redesigning patient care across our system. Our caregivers work collaboratively across five states to develop leading care practices and employ those practices to deliver quality, affordable care to every patient in every community served.



1801 Lind Ave. SW #9016  
 Renton, WA 98057  
[www.providence.org](http://www.providence.org)

©2013 Providence Health & Services.  
 All rights reserved.



## 2012 At A Glance\*

Employees (FTEs)	65,313
Employed Physicians	2,981
Employed Advance Practice Clinicians	691
Physician Clinics	400
Acute Care Hospitals	32
Acute Care Beds (Licensed)	7,288
Providence Health Plan Members	391,034
Hospice and Home Health Programs	19
Home Health Visits	580,811
Hospice Days	656,155
Assisted Living and Long Term Care Facilities (Free Standing and Co-Located)	22
Supportive Housing	14 Facilities, 693 Units
Community Benefit and Charity Care Costs	\$823 million
Total Net Operating Revenue	\$10.6 billion
Total Net Operating Income	\$204 million
Total Net Income	\$1.2 billion
Total Net Assets	\$6.7 billion
Long Term Bond Ratings:	Moody's Aa2, S&P AA, Fitch AA

### Mission

As People of Providence  
we reveal God's love for all,  
especially the poor and vulnerable,  
through our compassionate service.

### Vision

Together, we answer the  
call of every person we serve:  
Know me, care for me,  
ease my way.®

### Core Values

Respect, Compassion, Justice,  
Excellence, Stewardship

\*Data is consolidated for Providence and its affiliates based on financial reporting.

# Providence Health Systems Center for Population Health

## Translational Research

Bench to Bedside

Genomics, Cancer

## Population Studies

Applied Research

Best Practices, Appropriate Use Criteria

## Patient Centered Outcomes

The Patient Perspective on Healthcare

Direct Patient Engagement in Design and Implementation



The PCORI Board of Governors approved on March 5, 2012, in a public vote at its [Board meeting in Baltimore, Md.](#), the following working definition of “patient-centered outcomes research.”

Patient-Centered Outcomes Research (PCOR) helps people and their caregivers communicate and make informed health care decisions, allowing their voices to be heard in assessing the value of health care options. This research answers patient-centered questions such as:

1. “Given my personal characteristics, conditions and preferences, what should I expect will happen to me?”
2. “What are my options and what are the potential benefits and harms of those options?”
3. “What can I do to improve the outcomes that are most important to me?”
4. “How can clinicians and the care delivery systems they work in help me make the best decisions about my health and healthcare?”

To answer these questions, PCOR:

- Assesses the benefits and harms of preventive, diagnostic, therapeutic, palliative, or health delivery system interventions to inform decision making, highlighting comparisons and outcomes that matter to people;
- Is inclusive of an individual’s preferences, autonomy and needs, focusing on outcomes that people notice and care about such as survival, function, symptoms, and health related quality of life;
- Incorporates a wide variety of settings and diversity of participants to address individual differences and barriers to implementation and dissemination; and
- Investigates (or may investigate) optimizing outcomes while addressing burden to individuals, resource availability, and other stakeholder perspectives.

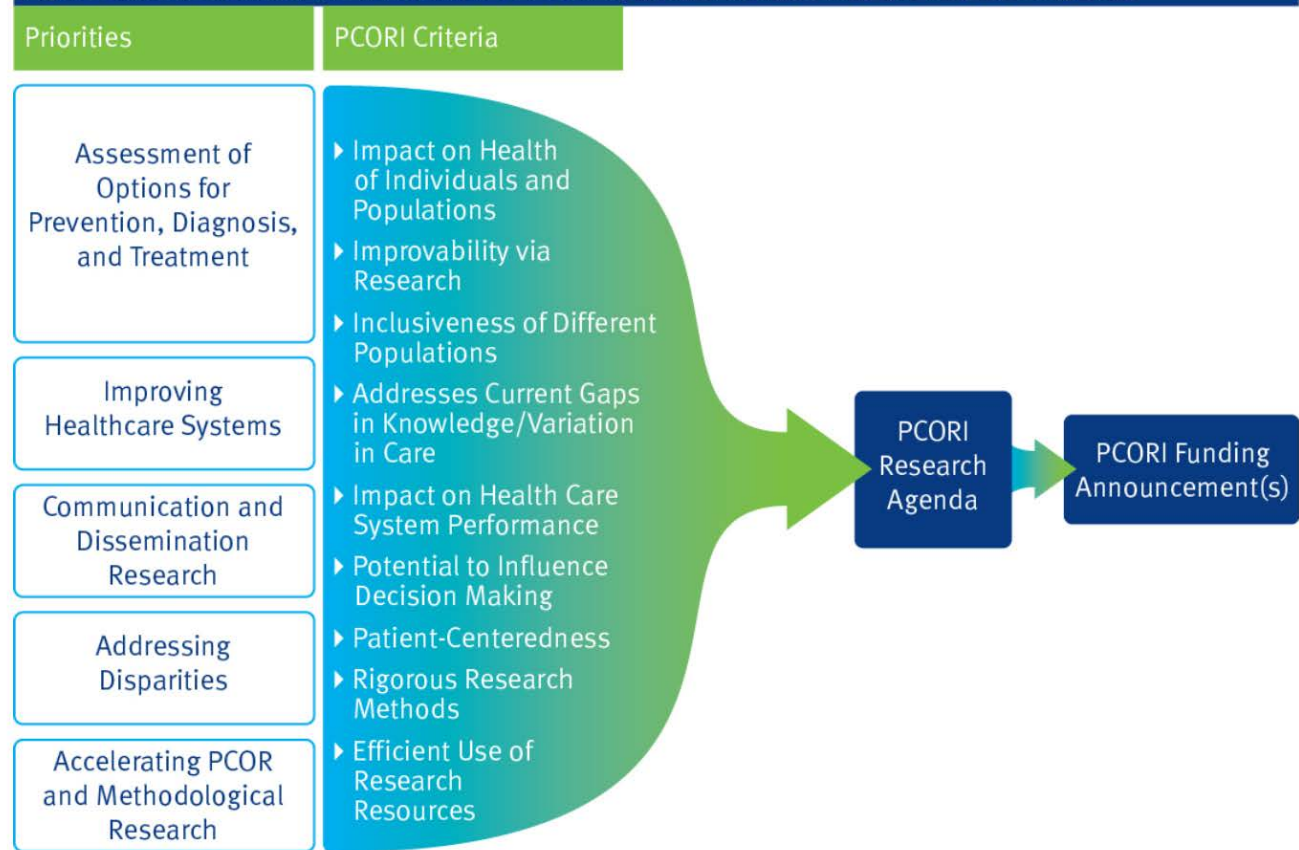


# PCORI Research Priorities

1. **Assessment of Prevention, Diagnosis, and Treatment Options** - Comparing the effectiveness and safety of alternative prevention, diagnosis, and treatment options to see which ones work best for different people with a particular health problem.
2. **Improving Healthcare Systems** - Comparing health system-level approaches to improving access, supporting patient self-care, innovative use of health information technology, coordinating care for complex conditions, and deploying workforce effectively.
3. **Communication and Dissemination Research** - Comparing approaches to providing comparative effectiveness research information, empowering people to ask for and use the information, and supporting shared decision-making between patients and their providers.
4. **Addressing Disparities** - Identifying potential differences in prevention, diagnosis or treatment effectiveness, or preferred clinical outcomes across patient populations and the healthcare required to achieve best outcomes in each population.
5. **Accelerating Patient-Centered Outcomes Research and Methodological Research** - Improving the nation's capacity to conduct patient-centered outcomes research, by building data infrastructure, improving analytic methods, and training researchers, patients and other stakeholders to participate in this research.

# PCORI Research Framework

Figure 2: Framework for the Translation of PCORI National Priorities into the Research Agenda





# Notes from the Field: Improving Healthcare Outcomes in Rural Settings

November 2013

## Overview

Rural America bears a disparate burden of healthcare challenges compared with the rest of the nation. Americans living in rural areas suffer from higher rates of chronic disease, such as hypertension, diabetes, arthritis, and high cholesterol, and have higher rates of disability or death due to unintentional injury.<sup>1,2</sup> PCORI seeks to reduce such disparities in outcomes by funding comparative effectiveness studies that identify the best options for eliminating these problems in ways that answer the questions most important to patients and those who care for them.

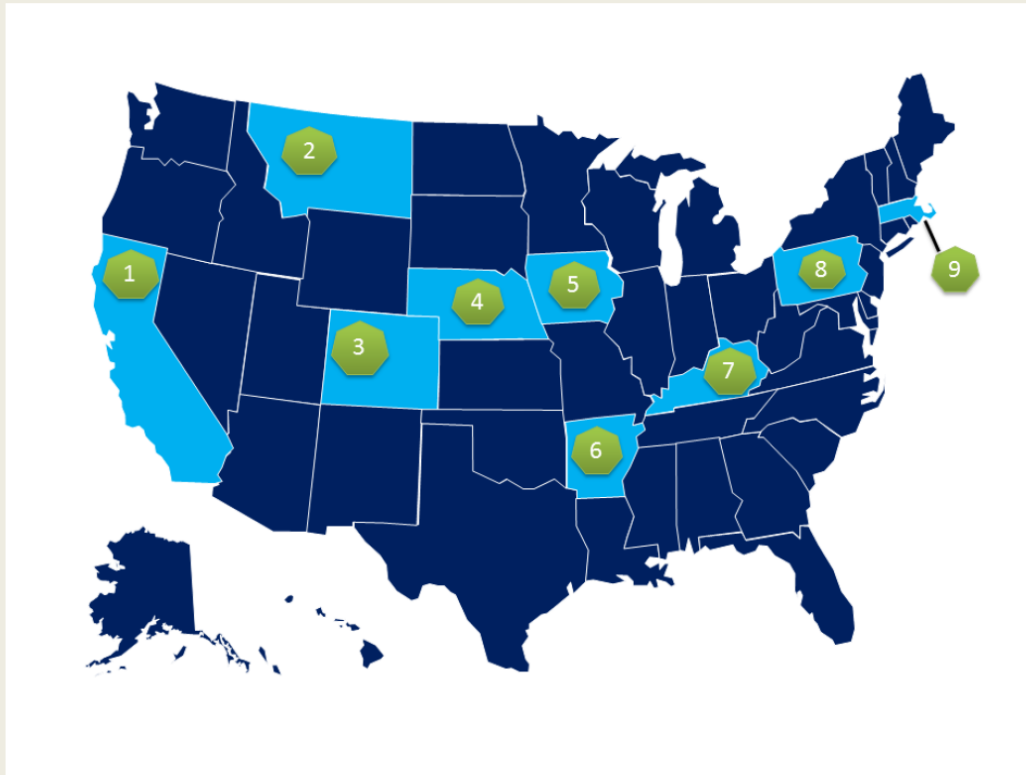
Although much is known about the factors leading to disproportionately poorer health outcomes in rural Americans, there is far less evidence about the effectiveness of specific options to address this problem. It is clear, however, that patients, caregivers, clinicians, and the broader healthcare community in rural areas often lack the information needed to make informed healthcare decisions. Based on our authorizing legislation and research agenda, we are investing in research that will build a body of evidence on the differences in the effectiveness of healthcare treatments in rural areas. The first step in fulfilling this mandate is to identify relevant high-priority research questions.

### FAST FACTS

- PCORI's [authorizing legislation](#) requires that our research take into account "the potential for differences in the effectiveness of health care treatments used with various subpopulations." We consider rural residents to be among these subgroups.
- Under our [National Priorities for Research](#), we are funding a number of projects designed to eliminate disparities in the health outcomes of rural Americans.
- On March 9-10, we hosted a [regional workshop in Wichita, KS](#), to identify high-priority research questions relevant to reducing longstanding gaps in rural health care and health outcomes.
- The issues discussed at this workshop will be used to help guide our research agenda.

## What We're Doing

As of October 2013, PCORI had funded ten studies across nine states designed to improve health outcomes of rural Americans. For example, building on the work of a group of stakeholders in Pennsylvania, researchers and their patient, provider, and payer partners will test two promising ways for promoting the health, wellness, and recovery of adults with serious mental illness. In Iowa, researchers are testing a new outreach and education strategy to improve dementia care for rural older adults and develop new dementia care training and resources for Hispanic and Latino care providers and patient families. In Montana, researchers are involving patients and rural providers to help design and evaluate rural options at a discharge model of active planning to reduce re-hospitalization and improve patient recovery and return to an active life. And in Nebraska, researchers are collaborating with four cancer centers and a state-wide coalition to facilitate treatment choices by providing treatment guidance to advanced lung cancer patients and their physicians.

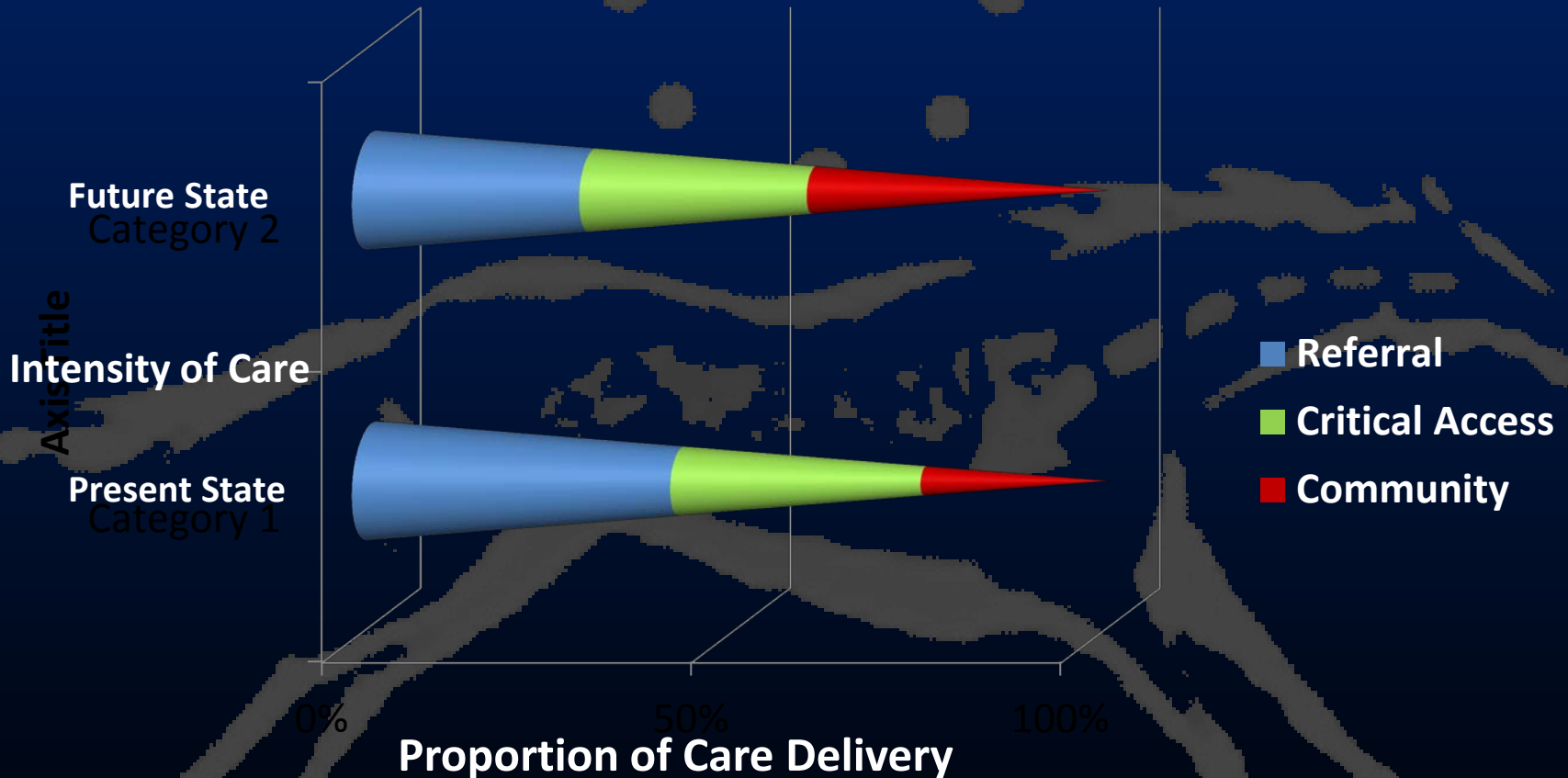


1. **California:** Researching the Effectiveness of a Decision-Support Tool for Adult Consumers with Mental Health Needs and their Care Managers
2. **Montana:** Rural Options At Discharge Model of Active Planning (ROADMAP)
3. **Colorado:** Boot Camp Translation for Patient Centered Outcomes and Creating Locally Relevant Health Solutions with the Appreciative Inquiry and Boot Camp Translation Method
4. **Nebraska:** Patient-Defined Treatment Success and Preferences In Stage IV Lung Cancer Patients
5. **Iowa:** Extension Connection: Advancing Dementia Care for Rural and Hispanic Populations
6. **Arkansas:** Addressing Mental Health Needs of Rural African Americans
7. **Kentucky:** Reducing Health Disparities in Appalachians with Multiple Cardiovascular Disease Risk Factors
8. **Pennsylvania:** Optimizing Behavioral Health Homes by Focusing on Outcomes That Matter Most for Adults with Serious Mental Illness
9. **Massachusetts:** Evaluating the Navajo Community Outreach and Patient Empowerment (COPE) Program

For more information, see [pcori.org/pfaawards](http://pcori.org/pfaawards).

# Compression of Care

The expanding role of community services





# Key Points

Rural Health Care delivery presents distinct and unique challenges not seen in the urban/suburban setting

Rural health is impacted by demography, geography, resource allocation, economic status, and culture as much as by the health status of the population

The role of the liberal arts (English, Journalism, Psychology, Sociology, Ethics, Statistics, Geography, etc.) in understanding, evaluating and enhancing population health cannot be understated

# Key Points

The developing focus on Patient Centeredness in health related research requires a new paradigm not easily adapted to by academic medical centers of excellence

The University of Montana is uniquely positioned to become a leading research institution in Patient Centered rural health care delivery