

IHR Department Overview Video

Hello, I am Claudia Steiner, and I am the Executive Director for the Institute for Health Research, also known as the IHR. The IHR is a healthcare research organization that is embedded within Kaiser Permanente Colorado. As such, that puts us in a very unique position of being both close to patient care and to healthcare delivery operations. 2017 marks the 25th anniversary of the IHR and a very successful 25 years it has been. The IHR conducts, publishes and disseminates epidemiologic, behavioral, clinical and health services research. Our principle investigators are PhD's, PharmD's, and physicians and they cover a variety of clinical topics.

And in my particular area, which is mental health services research, which I've been more exclusively focused on for the last 7 years we have actually done a lot of partnering with a larger mental health research network with 11 sites and doing primarily National Institute of Mental Health funded research on things like suicide prevention and treatments for depression, models of care that involve online intervention programs.

It is very gratifying that the mental health services research work that we've been involved in in many cases has been translated into clinical practice. We work very closely with our delivery system partners in mental health and the work we've been doing has informed their quality improvement efforts around for example, improving depression care and improving suicide prevention work and so what we do can directly inform clinical practice and be translated into clinical practice.

With a mandate to improve the safety of the drugs and vaccines and devices and biologics, blood products and so forth that we use in the United States, we as an organization are contributing not only to the visibility of our own organization in participating in Sentinel, but we are also showing how an organized delivery system and an integrated delivery system can improve the safety of the products that it uses we can make use back to us the information that we learn.

So, I strongly believe that practicing pediatrics here at Kaiser Permanente Colorado makes me a better researcher. When I'm in the clinic, I can hear what concerns parents have, what keeps them up at night. And then hopefully will have an opportunity to study those very issues.

A primary area of focus is vaccines, and, in that area, we examine vaccine safety, vaccine delivery, and parental vaccine hesitancy. And then in terms of other pediatric-oriented research, we conduct research around pediatric obesity, pediatric high blood pressure, ADHD and really any other pediatric topic that comes our way.

We care for more than 100,000 children and adolescents. We're really one of the biggest care providers for kids in the state and so that means we can study uncommon things and rare things. For example, when we study vaccine safety, serious vaccine adverse events are really rare, so we need to look at a big population, so we are fortunate to have a big population to study pediatric issues.

We work within an integrated care delivery system, we all share an electronic health care record, we all share a system of care. So that means if we are trying a new approach for care, we can study it across a whole number of different clinics and then we can study whether it's effective, and then if it is effective, then we can implement it and roll it out across the region.

We have a long-standing commitment to work dedicated to reducing healthcare disparities, both by helping clinicians become more conscious of the ways those disparities and their own attitudes may affect care and by empowering patients to address those disparities themselves. We really value our mission to improve the health of our community and have strong relationships with many community organizations ranging from academic medicine to safety net delivery systems to community organizations that provide social services and meet health needs outside the domain of traditional healthcare.

The VDW is a federated distributed data source whereby each site owns and retains its own data for ownership, for fiduciary reasons with respect to patient records, etc. The VDW is an efficient data resource for

clinical and operational key questions or key issues because we can link not just from our electronic medical record, but we can link the entire patient experience.

This also makes for a lot of efficiencies internally for our own projects because we have the standardized code. We're used to using it, we can pull it very rapidly.

So I've been one of the investigators both in the IHR and more broadly who have been very actively involved with the VDW specifically to tweak it, expand it and improve it to best serve the research projects I've led, currently leading or actively involved in. Specifically, around whether it's cost-sharing for patients, screening, cancer screening issues, or other key treatment issues.

What we try to do is collaborate with others, but we really use our skill set to provide data driven answers to questions that operations have. So they tapped into the IHR and we formed IRA.

IRA stands for integrated regional analytics, and it came about probably the end of 2015 where KPCO as a region began to assess analytics. And what they realized was some of the operational questions they had required more of a stronger methods section and help framing the questions. So we also have the advantage of doing work that can be actually translated directly into practice because we've established those collaborations and partnerships with our clinical folks.

The cancer registry is very important to the region because we have several screening programs for cancer, breast cancer, colorectal, lung, melanoma and cervical cancer screening programs, which we are very invested in for our members.

In monitoring those programs, one of the things is to look at the outcomes and one of those outcomes is cancer. So, what we're trying to do is really reduce the number of late stage disease. We want to see early stage disease. So that's one of the things they are looking for primarily, have we made a difference in reversing the stage at which cancer is being diagnosed. And that's really a big factor in looking at this data alongside the screening program and how it's really running and if it's successful.

The cancer registry is very important for the research that we do at the IHR. The data that we collect really is some of the best data that they are going to have. It's been thoroughly abstracted, thoroughly vetted by the registrars so that we know we have a case that can be truly looked at and can be used in cancer research to ensure that we have successful studies.

One important way that we impact our members is through our clinical trials program through which we can offer life saving medications.

At Kaiser Permanente we do a lot of clinical trials in oncology, that's our primary area of specialty. But we actually do in a variety of adult specialties, including endocrinology, neurology, infectious disease and a number of other areas. We do medication trials, device trials, surgical trials, really anything that benefits our patient population.

We are sort of unique because we have a very narrow mission in clinical trials here at Kaiser Permanente. Our mission here at Kaiser Permanente is really to bring in clinical trials that benefit our patient population so we look at areas where there may be not an effective treatment for our patients currently or there is really rough side effects, or maybe the treatments aren't really all that effective. We really have a narrow focus of providing the best care to our patients and giving them the options that they need.

Outside our Kaiser Permanente walls, our work also positively influences the communities we serve.

So, a part of the mission of the IHR is improving the health of the communities that we serve, not just our members. So, the evaluation team then works with external facing partners outside of our Kaiser Permanente walls to help improve the health of our communities. So, it's where our members live, work and play, but we might also be working with their neighbors and co-workers and their family, not just the members.

We are really thinking about community health from a broader perspective and not just within the clinic walls in how do we improve the environment where folks live, how do we improve policies that support their healthy behaviors, how do we make sure they have access to programs that would help them engage in healthier behavior.

Currently the IHR evaluation team is extending the reach of Kaiser Permanente outside of our traditional service area which is exciting from a growth standpoint and from a building Kaiser's reputation in that we are working with community partners who are potential future members of Kaiser Permanente. We are working with them on a variety of different health behavior and health outcome projects, but it really extends our reach into many counties across the state of Colorado within the front range, well into the mountains and the Western slope.

We are supported by very talented research staff, including project managers and assistants and research specialists, programmers, statisticians, tumor registrars and of course our finance and administrative staff.

Our people are technically skilled, but at the same time they're effective collaborators, they're fun to be around, and they work well in teams. It's really a remarkable mix of people who are both good scientists and good people.

The Institute for Health Research is an important and valuable organization that sits within Kaiser Permanente Colorado. Because we are in the unique position of sitting close to patient care and healthcare operations, we contribute to research that directly impacts the care and health of our Kaiser Permanente Members.

It's very few places where the opportunity exists where you can actually go from the research question to a practice change in a rapid fashion.

That makes the work we do very exciting cause it's not just about publishing our work in peer reviewed journals, it's about improving care as a result of the work we do.

The IHR is a unique place because we are researchers embedded in a healthcare delivery system and to some degree embedded in a health insurance plan. So this gives us an opportunity to not only have access to a very large, very rich, very complete data source, but it also gives us the ear of key clinical and operational policy makers or decisions makers such that we can actually develop analytic tools, research questions and more importantly perhaps interventions that have the potential to be practice changing, to improve patient care, to improve patient outcomes.

I think the research that has been done here at the IHR has reached not only Colorado but other regions and probably the world because of some of the collaborations on projects that we have developed and worked on. The work that is done, touches what's so relevant in today's world in the news. We are working on those projects right now and we're working on new programs and things to address those issues and situations that are happening today, happening tomorrow.

I think the IHR is remarkable for its creativity, innovation and flexibility to address new healthcare challenges as they arise.

Over the next 25 years, the opportunities to improve and to study the healthcare delivery for Kaiser Permanente members and for the larger Colorado community look to be both bountiful and certainly exciting.