

# Lumbar Imaging with Reporting of Epidemiology (LIRE): Barriers/Lessons Learned

# Acknowledgements

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## Disclosures (Jarvik)

- UpToDate
  - Section Editor
- Physiosonix (ultrasound company)
  - Founder/stockholder
- Evidence-Based Neuroimaging Diagnosis and Treatment (Springer)
  - Co-Editor

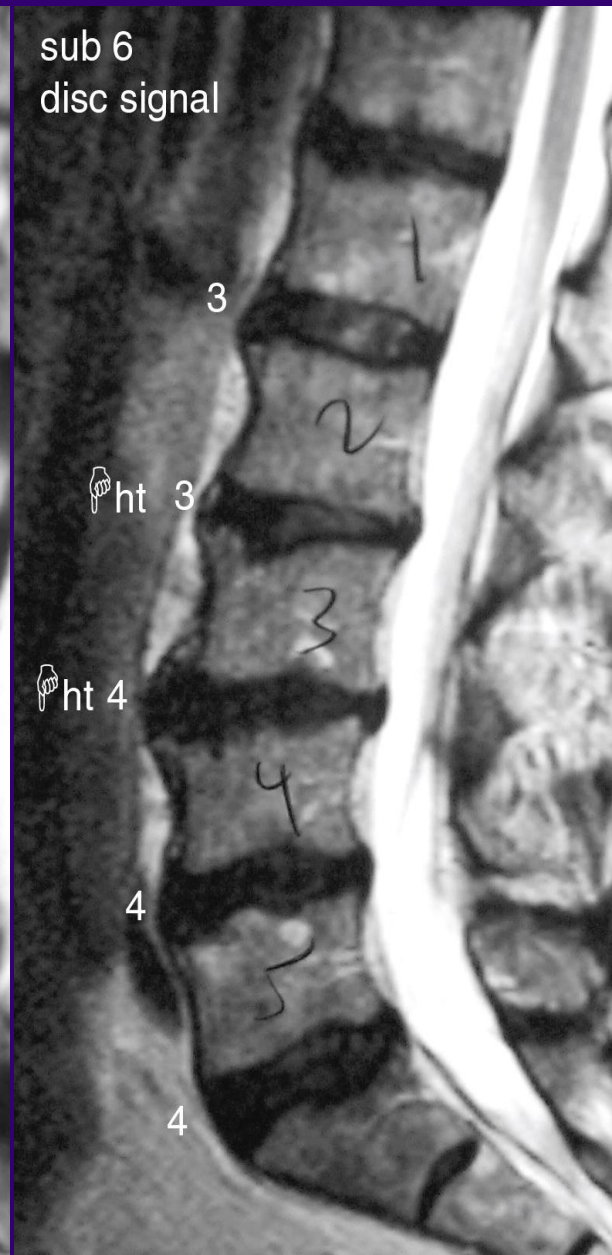
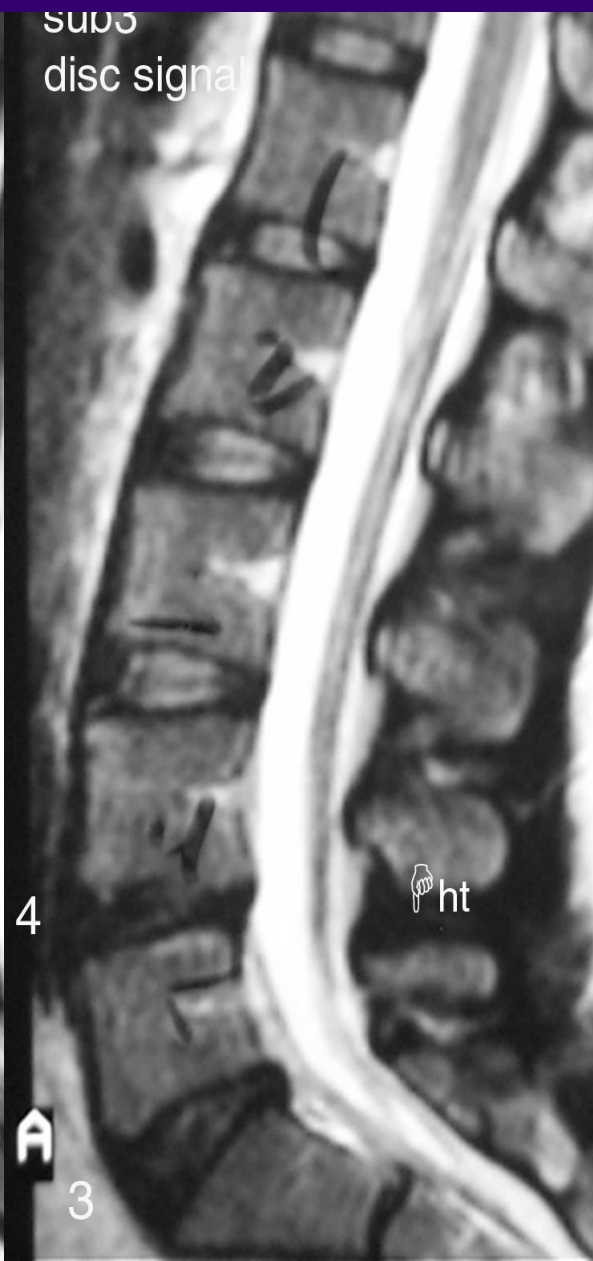


# Outline

- LIRE reminder
- Barriers/Lessons Learned



# Disc Degeneration in Asx



# Hypothesis

- Inserting benchmark information into reports will influence subsequent management of primary care patients with LBP
  - Fewer subsequent imaging tests
  - Fewer referrals for minimally invasive pain treatment
  - Fewer referrals to surgery
  - Less narcotic use

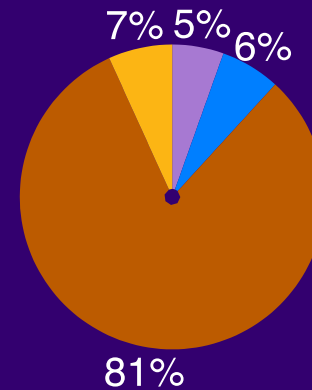
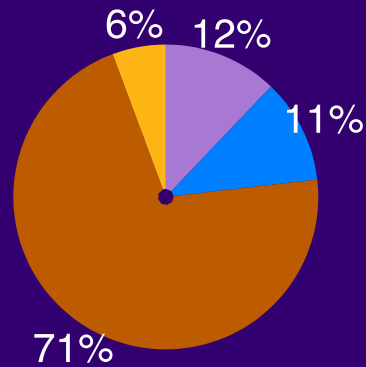
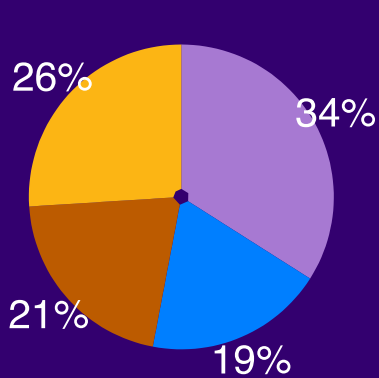


# LIRE: Enrollment

Clinics (n = 98 )

Providers (n = 3,301)

Patients (n = 246,289)



# Barriers Scorecard

Barrier	Level of Difficulty				
	1 = little difficulty 5 = extreme difficulty				
	1	2	3	4	5
Enrollment and engagement of patients/subjects	X				
Engagement of clinicians and Health Systems		X			
Data collection and merging datasets			X		
Regulatory issues (IRBs and consent)	X				
Stability of control intervention		X			
Implementing/Delivering Intervention Across Healthcare Organizations		X			



# Top Barrier: Getting EMR Data

- Within and between site data system heterogeneity→difficulty obtaining and merging data from disparate sources
- Programmer engagement, but not site PIs





# Recent Lesson Learned

- Returning results in the setting of “no consent” is trickier than it seems



One thing you know now that you wish you knew when you started your project

- That partners were going to change their EMR in the middle of the study
- To have known baseline imaging rates; could have stratified allocation based on imaging rates rather than size



# Advice for the new UG3 projects?

- Budget for changes
- Be ready to drop/add sites, early on
- Don't underestimate stakeholder engagement importance; success depends mostly on people
- Make sure communication flows through all level of personnel (PIs, programmers, coordinators, etc)
- Get cumulative vs. serial data for QC checks
- Get schematic of feeding data sources
- Work with an experienced team



What have you learned or gained through the Collaboratory program that you would not have gotten elsewhere?

- Group knowledge
- Advice from Cores (biostats, stakeholder engagement, health system, etc)



# Key People

- Katie James, PA-C, MPH- PD
- Brian Bresnahan, PhD- Hlth Econ
- Bryan Comstock, MS- Biostats
- Janna Friedly, MD- Rehab
- Laurie Gold, PhD- Radiology
- Patrick Heagerty, PhD- Biostats
- Larry Kessler, PhD- HSR
- Danielle Lavalley, Pharm D, PhD
- Eric Meier, MS- Biostats
- Nancy Organ, MS- Biostats
- Kari Stephens, PhD- Informatics
- Judy Turner, PhD- Psychol/Psych
- Rick Deyo, MD, MPH- OHSU
- Dan Cherkin, PhD- GHRI
- Karen Sherman, PhD- GHRI
- Heidi Berthoud- GHRI
- Brent Griffiths, MD- HFHS
- Dave Nerenz, PhD- HFHS
- Dave Kallmes, MD- Mayo
- Patrick Luetmer, MD- Mayo
- Andy Avins, MD, MPH- KPNC
- Luisa Hamilton- KPNC

