Appendix Table B: AHRQ Multiple Chronic Conditions Research Network

Infrastructure Development Projects

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| **ARHQ MCC RN Infrastructure Development Projects** | | |
| **Principal Investigator** | **Study Title** | **Infrastructure Developed** |
| Caroline Blaum, MD, MS | Clinical Database to Support Comparative Effectiveness Studies of Complex Patients | Developed a unique relational database linking chronic condition clinical data to multi-payer claims data. |
| Joel C. Cantor, ScD | Infrastructure for CER on Innovative Delivery Systems for Complex Patients | Established a statewide data infrastructure to support comparative effectiveness research on healthcare delivery innovations for medically complex, low-income patients in New Jersey. |
| Elizabeth Chrischilles, PhD | Enhanced Data to Accelerate Complex Patient Comparative Effectiveness Research | Developed easy-to-use suite of analytic files and pre-coded algorithms to enable study of comparative effectiveness of secondary prevention strategies among complex patients with cardiovascular disease. |
| Carol Annette DuBard, MD, MPH | Research Capability to Study Comparative Effectiveness in Complex Patients | Developed a comprehensive database that integrates medical and mental health data for Medicaid and uninsured patients in North Carolina, and that will be sustained over time. |
| Henry Fischer, MD | Expanding CER Capability through Complex Patient Relationship Management | Created a technology infrastructure for bi-directional text message communications between patients and providers, linked to the electronic medical record. |
| Victoria Fraser, MD | Washington University Comparative Effectiveness Administrative Data Repository | Expanded and enhanced an existing administrative data repository to facilitate comparative effectiveness research related to patients with multiple chronic conditions. |
| Youjie Huang, MD, DrPH | A Study on Breast Cancer Patients Using Florida Cancer Registry Data Linked with Hospital Electronic Medical Records | Link cancer registry data with electronic medical record (EMR) data for cancer patients to enhance medical information available for comparative effectiveness research. |
| John Lynch, MPH | Building Infrastructure for Comparative Effectiveness Protocols “BICEP” | Developed an ambulatory care health data infrastructure (including multiple data sources and innovative methods) that shadows the real-time patient record and use it to conduct comparative effectiveness research (CER) on the real-world clinical management of complex patients in primary care settings. |
| Thomas MaCurdy, PhD | Development of Post-Acute Care Supplement (PACS) Research Files | Create supplement files for patients receiving Medicare or Medicaid-funded post-acute care, allowing researchers to identify effective treatments for this population. |
| Benjamin F. Miller, PsyD | Collaborative National Networks Examining Comparative Effectiveness Trials (CoNNECT) | Combined two practice-based research networks and electronically mined electronic health record data. The combination of these two networks to create a new data infrastructure, CoNNECT can foster comparative effectiveness research (CER) on the integration of mental health care into primary care and provide data to inform recommendations for policymakers and practitioners on the need for, and impact of, integrating mental health into primary care. |
| Steven M. Ornstein, MD | Enhancing Comparative Effectiveness Research Capabilities in the Practice Partner Research Network (PPRNet) | Expanded the Practice Partner Research Network’s (PPRNet) infrastructure and research capability to enable participating practices to conduct research on complex patients. |
| George Rust, MD, MPH | Optimal and Equitable Care: Medicaid Data Research Infrastructure | Built a robust comparative effectiveness research infrastructure of Medicaid patients in the South and promoted research and collaborative partnerships focused on eliminating health disparities for this population. |
| William Trick, MD | Computer Assisted Quality of Life and Symptom Assessment of Complex Patients | Established routine collection of health-related quality-of-life and symptom-burden data through audio computer-assisted interviews for patients with multiple chronic illnesses, and linked these results to the electronic medical record. |