

The AHRQ Evidence-Based Care (EBC) Challenge- Applying Evidence in NP/PA Retail Settings

FAQ Webinar
July 18, 2012

Transcript

Alison Rein (AcademyHealth): Hello everyone. Thank you for joining us. Welcome. We are very excited to be moving forward with this AHRQ Evidence-Based Care Challenge and the webinar today, and we hope that it will help to address any questions you may have at this juncture. My name is Alison Rein, and I'm a director at AcademyHealth. One quick housekeeping note is that if you are not speaking, it would be great if you could hard mute your line. That way we'll hope to avoid any background noise during the call today.

So first off, for our call agenda, we have a number of items to cover during today's event, but we'll start with some logistics to ensure that everyone is able to gain access, both to the visual and audio portions of the webinar. Then I'll provide a bit of background about AcademyHealth, after which our colleagues from AHRQ will offer some additional background information on both the Effective Health Care Program and the Community Forum. I'll then come back to describe the Evidence-Based Care Challenge more fully and then invite two members of our Challenge Advisory Committee to share some remarks. And then finally, we'll open the call to all of you so you have an opportunity to ask questions and clarify any points of confusion.

So before we proceed further, I also wanted to extend a very big thank you to you all for taking the time out of your busy schedules to join us today and for your interest in the AHRQ Evidence-Based Care Challenge. We're really excited to be collaborating with AHRQ and the American Institutes for Research on this initiative and very much look forward to receiving what I'm sure will be some very innovative and exciting Challenge submissions in the next few months.

So starting off with some logistics, if you are having any trouble connecting to the audio portion of the conference, click the phone icon at the top center of your screen and a box will pop up to ask you to enter your phone number. If you prefer to dial directly into the conference, the phone number and access code can also be found by clicking the phone icon. If you have any other technical assistance difficulties at any point during the meeting, you can access live technical assistance by calling the number listed in the technical assistance box at the bottom-left corner of your screen.

We invite you throughout the presentation to submit a question, and to do that you click the dialogue box below the Q&A window on the left side of your screen, type your question, and then click the send button. We'll do our best to respond to as many questions as possible during the time allotted today. This is certainly intended to be an interactive forum, so we encourage you to submit your questions throughout the presentation.

The last portion of the webinar will focus on a few sets of Q&A based on the written questions we've received in the last week or so and also based on the questions that you submitted during the event. We'll do our best to address as many of them as we can following the presentation, and to ensure your questions get answered, please submit them as early as you can. I also wanted to note here that we will be providing a full transcript of the Q&A on our website within a couple weeks of this event, so you'll have access to the responses there.

So now I wanted to provide a little bit of information just to set the context about AcademyHealth. We are the professional society of health services research and health policy analysis, and as such, we seek to improve health and health care by generating new knowledge and moving knowledge into action. We do this together with our members, and we offer programs and services that support the development and use of rigorous, relevant, and timely evidence to increase the quality, accessibility, and value of health care, reduce disparities, and improve health. We are a trusted broker of information, and AcademyHealth brings together numerous stakeholders to address current and future needs. So in other words, we help to build the knowledge base and we move knowledge into action through our programs and services that are aimed both at research producers and research users.

And then finally, with respect to AcademyHealth, I just wanted to point you to the slide that has a snapshot of our membership, both the individual members and organizations. It provides a little bit of a flavor for the types of people who are typically engaged in our efforts and activities.

So that's enough about AcademyHealth for now. If folks have further questions, feel free to ask. Now we're going to turn it over to our colleagues. I wanted to let you know that we will be hearing from two of our colleagues at AHRQ this afternoon, Dr. Joanna Siegel, who is a senior research scientist at the Agency for Healthcare Research and Quality and who coordinates the Community Forum and Effective Health Care Program, and her colleague, Dr. Beth Collins Sharp, the senior advisor for nursing at AHRQ and also works with the Community Forum. So many thanks to you both for being here today, and I'll now turn things over to you, Joanna.

Dr. Joanna Siegel (AHRQ): Thanks, Alison. As you all know, the Challenge AcademyHealth is running for us involves applying some information from the Effective Health Care Program at AHRQ, so I thought I'd start by just giving you a little bit of background on that program. This is one part of the research that we do at AHRQ, in particular, the Effective Health Care Program houses a lot of the work that we do in comparative effectiveness analysis, and I'm sure that's been a topic that's been on everyone's lips the last few years, so this is a broad portfolio of this type of work. It includes a variety of different approaches, including a lot of systematic review, some observational studies through our DEcIDE Program, also some trials and examination of registry data.

The ultimate point, as you can see here under our purpose, is to help patients and consumers, provider, policymakers, make informed choices among alternatives. A lot of the work that we've done that you'll be using is a result of our work doing evidence synthesis.

Now a bit more about the Community Forum, which is another project within the Effective Health Care Program. The main idea of this project is to work with stakeholders to ensure consistent and comprehensive stakeholder involvement in the work that we do in the Effective Health Care Program. We also are doing some work in the area of public input, that is regarding informed public input and deliberative methods. The purpose of the current activity though, is work within our efforts to bring in additional stakeholder engagement to our project.

So by "stakeholders," I mean a variety of people-- patients and consumers, insurers, industry providers, clinicians, policymakers, and researchers. Many people from all of these groups have an investment and interest in our research, and importantly, these are the groups that use our research. So when we talk about improving stakeholder involvement, we're really talking about trying to improve our research. We're trying to make sure that our research targets relevant questions, we're trying to ensure better research design, and we're trying to make our results much more usable. And that is definitely the purpose of working with groups such as you in trying to disseminate our work.

Some of the activities that we've been doing within the Community Forum includes efforts in improving work with patients and consumers in developing research and innovative methods for involving stakeholders. We have a formal stakeholder group of 20, and as I mentioned, we're doing some work on public consultation methods, and the Evidence-Based Care Challenge is also one piece of this work. You can find out more of about the Effective Health Care Program in general at the link above, and also some of the work on patient consumers and some of the activities I just mentioned at this link below on Community Forum.

So now I would like to introduce Beth who is going to talk specifically about some of the work that we do related to nursing.

Dr. Beth Collins Sharp (AHRQ): Thank you, Joanna. So in a nutshell, thus the picture of nuts, there are nurse-sensitive activities across the Agency. We have staff who are nurses across almost all offices and centers within the Agency, and then our work includes nursing on a number of fronts. For example, we have our annual National Healthcare Quality and Disparities Reports, and there are measures in there that are related to nursing, such as patient communication with nurses. And in the disparities report there is information about diversity in the nursing workforce as two examples.

We have a number of AHRQ awards that have been made over the years, more than 40 grants since 2001 on a variety of topics. Some of them are specifically about nursing itself, such as nurse staffing, nurse medication management, nurse-led disease management, and some of them are research done by nurses on a variety of topics in patient safety, medical error disclosure, and for example, quality of care. So nursing has a voice on a number of research projects.

There are a number of CME offerings, and these have been expanded and are in the process of being expanded even further, particularly within the Effective Health Care Program to include continuing education units for nurses, as well as other healthcare professionals, such as pharmacists and health educators.

Finally, I wanted to note that there is a nursing work group that is looking at dissemination of the Effective Health Care products across the nursing community. But in all of these areas, within each of these bullets, one area that we've really not worked in a whole lot is the area of nursing in the retail setting. And so this is one of the reasons, among many, that we're very excited about this project-- to reach a new audience and engage with this community of providers and clinicians. So in a nutshell, as I said, that's it, and I thank you for these few moments and your interest in this project.

Alison Rein (AcademyHealth): Great. Thank you so much, Joanna and Beth, and I wanted to just take a moment to invite folks, if you have any clarifying questions about the Effective Health Care Program or the Community Forum, please submit a question. And to submit a question, as a reminder, you click on the dialogue box below the Q&A window on the left side of your screen, type your question, and then click the send button. So are there any clarifying questions at this juncture? I know it's challenging for people to type quickly, so we'll pause for a second and see if there are any questions, and, certainly, if folks end up submitting a question and it doesn't pop up immediately, then we can be sure to circle back and answer it towards the end of the event when we have a full 20 minutes or so for Q&A. So not seeing any questions at this juncture, we'll just go ahead and proceed with the next section of the event.

So, again, thanks to Joanna and Beth for the overview. But now we're going to jump into a set of slides that provide additional background and context on the Evidence-Based Care Challenge itself. And to start off, I'd like to share with you the primary goals of the Challenge, as they've been envisioned by this collaborative effort. There are really four main goals. The first is to encourage development of relevant and useful resources that can be easily adopted for use by NPs and PAs in the convenience care setting.

The second is to increase awareness of the Effective Health Care Program and its products among the retail NP and PA communities. The third is to learn about effective ways to communicate with retail NP and PA communities, and then the fourth is to introduce and expand usage of evidence from the Effective Health Care Program to an important clinician audience.

So that being said, I'll dive into a little bit more about the specifics of the Challenge. So the real challenge to you all is to assemble a team that can effectively translate a select set of AHRQ research reports and turn them into an innovative provider-friendly resource that can be easily adopted for use to facilitate the delivery of evidence-based care in the convenience care setting. And so we'll say a little bit more about this in a minute, but the Effective Health Care Program has probably hundreds of evidence reports at this juncture. There are some that are more relevant to the retail clinic environment, and so we've, a priori, identified a very narrow subset of those that you could select to translate as part of this activity, and so those are the reports that we'll talk about in a little bit.

The target audience for this is nurse practitioners and physician assistants who provide convenience health care in retail settings. This can either be in a full or part-time capacity. But we are also interested in engaging numerous other interested parties--students, researchers, other types of care providers, really anyone that you could engage on a team, who would wish to work with a retail-based practitioner to develop new resources based on these priority AHRQ evidence reports. These resources must help provide evidence-based care in this particular setting.

So we also, as I mentioned, have selected a subset of AHRQ resources that we are allowing for inclusion in this process. So Challenge entrants must use, as the basis for their project, the research findings from the AHRQ Health Literacy report plus research findings from either the Otitis Media report or the Screening for Obesity in Children and Adolescents report. So in other words, Health Literacy report has to be in there somewhere and you can either focus on Health Literacy and Otitis Media or Health Literacy and Screening for Obesity in Adolescence. And all of these resources can be found at the link that we've provided, which is actually the official website for the EBC Challenge [<http://ebc-challenge.org>]. And you probably all looked at the site, but I want to let everyone know that we are continuously updating the site with more information, so this is a great place to go if you find that you have an initial question or need information, and, obviously, the contacts are there as well, so you should feel free to reach out to staff after this event at any point.

So, some key dates to remember are as follows. We are strongly encouraging people to register teams by completing the intent-to-submit application by August 17th. So certainly team registrations will still be accepted after that point, but based on our experience, it's really helpful to express an intent to submit early on because it helps you formalize your process and your team, and it lets us know that you're also engaged in that process so we can do everything in our power to help you along.

So, a little bit more about who can participate: As indicated, nurse practitioners and physician assistants are certainly the primary target, but researchers, retail health professionals, any and all are really welcome so long as each team includes at least one NP or PA who is practicing in some capacity in the retail environment. And it's quite possible that a team could just be a single person, although there's no "i" in team. But we do want teams to be fewer than 11, so basically 10 or fewer people is sort of the acceptable size of a team. In our experience, we've found that if it goes above 10, it can be a little bit unwieldy.

One of the most exciting dimensions of this Challenge, and probably any Challenge, of course, is the prizes, and we wanted to draw your attention to the first-, second-, and third-place prizes that we have. The winning team will receive \$7,500 seed funding award that can be used to implement their resource in an applied setting. So you can take whatever resource or tool that has been developed and actually integrate it into the care process, and that's what that seed funding is intended to help support.

The second place prize team will receive \$1,000 support for designated team members to attend a relevant conference. And the designated team members, it's not a subset that we would select--we would defer to the team to select. But we anticipate that the \$1,000 wouldn't support the entire team, for example, particularly if it were ten people, so hence the word "designated." And the relevant part, a conference that's relevant to your professional work is really the only criterion there.

For third place, two members from the third-place team will receive a one-year subscription to "UpToDate," which is an evidence-based peer reviewed information resource to inform point of care decisions. But we wanted to note that all winners will be featured in an AcademyHealth press release, blog post, social media, and, if feasible, a trade publication, such as "Drug Store News."

So a little bit more about the timeline: We're still sort of on the front end of things. As you will note, we launched the Challenge on June 18th, and this webinar is taking place today, a month later. We have noted the intent-to-submit deadline of August 17th, which is an encouraged deadline but not a hard and fast deadline. However, the hard and fast deadline is October 19th, and so everyone who plans to submit an entry to the Challenge needs to have it in by midnight Eastern Time on October 19th. And then we will be going through a judging process. We'll say a little bit more about that later. But we anticipate being able to privately and then publicly announce the winners during the month of December.

All of this work has been guided by a really, really wonderful set of advisors, because we at AcademyHealth, AHRQ and AIR have benefitted from the input of this multidisciplinary group who has helped us to craft this in a way that, hopefully, is appealing and interesting to the target audiences that we've described. So we just wanted to take a minute to acknowledge all of those on our Advisory Committee and all of the hard work and contributions they've made already. In a bit, we'll be hearing from two of those Advisory Committee members who will share a little bit more of their perspective as to why this Challenge is an exciting opportunity.

So a little bit more about the nuts and bolts of the process: I wanted to let people know, since we've talked about the intent-to-submit, the next step in the process is to register your team, so we've provided, again, the web link, and there's a "Register your team" button, which is hopefully fairly intuitive. And then it will guide you to the intent-to-submit form, and once you've completed that form, you would click submit. We have listed here a number of the data elements that we are trying to collect as part of this process. And this is mostly for tracking purposes, but we also hope to do some matchmaking on the back end, and we'll say a little bit more about that later.

So, once you've registered your team, you've developed the resource and you're ready to submit it, there is a formal submission process. There is another button, accessible through the same website that says "Submit your entry." Then, there is a separate questionnaire called the "Final submission questionnaire," and it has a number of questions, really asking for a little bit more detail. We recommend that you review this document in advance of the final submission so you have a sense of the type of information that we're hoping to glean. And is this important information because it's what we, in addition to the actual resources submitted, we'll be passing along to the judging panel and will inform their consideration of the winners.

So we also want to make sure that final submissions satisfy the Challenge technical and other requirements found on the same website. Finally, team leads must e-mail all final products to the following web address before midnight Eastern Time on October 19th.

So that is the first set of nuts and bolts about the Challenge and the process that we've set forward. We'll come back and address some additional questions later on, but we wanted to take this opportunity to hear

from a couple of our Advisory Committee members who've really, as I mentioned, been tremendously valuable in helping to guide this process. So today we are joined by Dr. Lucy Marion who is the Dean, Professor, and Kellett-endowed Chair of Nursing at the Georgia Health Sciences University College of Nursing. Dr. Marion is well regarded for leading national and state health policy initiatives related to nursing workforce development.

We'll also be joined by Richard DiCarlo, who worked as a Physician Assistant in a variety of roles in urgent care clinics before becoming an interim regional manager at Take Care Health Systems.

So, Dr. Marion, I believe you're on first.

Dr. Lucy Marion (Georgia Health Sciences): Thank you very much, Alison. I'm so pleased to be with everybody today and to share some of my thoughts about this Challenge and a little bit about the work we've done on the Advisory Committee. I thought I'd tell you a little bit about myself. I'm a NP by background since the '70s, and not practicing now, but I've been a pioneer in nursing education, first in Masters Programs for nurse practitioners and now the DNP programs for nurse practitioners. And also, within academia, I've been very busy with nurse practitioner practice arrangements such as starting clinics in Chicago to integrate primary mental health care. And, actually, here in Augusta, Georgia, we tried a retail clinic model through our faculty practice. It was not maintained for several reasons, mostly the change in focus of our enterprise here. We did have slower growth than we anticipated but it was picking up. But we felt that overall it was a very successful project and learned a lot about it.

I'd like to speak a little bit about my experience with AHRQ, the Agency for Healthcare Research and Quality, because I want to really do a shout out for them. My experience with these outstanding teams was first when I served on the U.S. Preventive Services Task Force, and AHRQ supports that work, and more recently, serving on the Effective Health Care stakeholder group, which Dr. Joanna Siegel had mentioned earlier. So I've been very fortunate to work with the staff in many different projects over the last probably eight or nine years. And I thank them for all of their good work and for centering on this important group of nurse practitioners and physicians assistants.

So we all know the value of retail clinics in health care, but probably we can speak about that a little. I remember when I first learned of this type of clinic that had been opened in Minneapolis. I knew immediately that this was going to take off. I remember going to my dean at that time saying faculty practice should get in this arena. We should start opening our own clinics. It wasn't possible at that time, but I still believe in the initiative. The RAND report of 2011 reported a ten-fold growth in the past two years of retail clinics, so that tells you right there that's a very strong measure that this is meeting the need of very busy people with minor healthcare needs.

The nurse practitioner, as we know, is one of two major healthcare providers, along with physician assistants in the retail setting. The American Academy of Nurse Practitioners has actually established standards of practice, and these have been endorsed by the American Nurses Association as well.

Now the retail clinic, the convenience care clinic, brings both challenges and opportunities to the nurse practitioner. This is a new area of practice for nurse practitioners that allow them to meet other career goals besides direct practice. These goals might be child care, going back to school or conducting research. But we hear that nurses and nurse practitioners in other arenas enjoy practicing in the convenience care clinics once or twice a week while they're meeting other goals.

Nurse practitioners are fully qualified nurses with a broad perspective and background in comprehensive care coordination, public and community health. Nurse practitioners in retail clinics must learn to focus on quality and timeliness for any condition and make sure their referrals other practitioners work. This is

an area of expertise that sometimes has to be developed in new nurse practitioners practicing in the convenience care arena.

I'm going to focus a little bit now on health literacy with nurse practitioners. I'm sure I could speak in reference to PAs as well, but right now I'm speaking for nurse practitioners. NPs must develop high-level skills in assessing and improving health literacy, and so they need to assess and meet needs quickly. This is why the topic is such a good match for the Challenge, and I'll talk more about that.

Switching back for a bit, another opportunity in the retail arena is that nurse practitioners are entering the corporate world. They're working at the corporate level. They're advocating for innovation and a variety of changes in the retail clinic arena. Nurse practitioners are a voice for healthcare professionals at the corporate level.

Now I'm going to switch my focus a little bit to AHRQ. We've already heard from AHRQ. But just for emphasis, I'd like to say that AHRQ is a major support of primary and retail-care practice, in a variety of ways. They have evidence-based guidelines, which are used in our Challenge. They provide decision aids for patients and develop methods to help patients decide on a treatment through shared decision-making.

You already know about stakeholders groups that the Agency has. They're listening to people like you and me as they move through their various goals and projects. They're very much involved in quality assessment and improvement. I've already mentioned that they support the U.S. for Veterans and Military Services Task Force and provide grants for comparative effectiveness research. Two of my students have had pre-doctoral fellowships, and it's been tremendous support for them as they face the financial challenges of doing their dissertations. So I know that firsthand what difference that makes. Some of you that may be in doctoral program may want to look into that option.

So why is this Challenge for health literacy in relation to those two areas? If the retail clinic has such a narrow scope, why do we even need to worry about health literacy? The AHRQ literacy report is called "Health Literacy; Universal Precautions Toolkits," and has 200-something pages. Lack of health literacy is well documented in many populations even though they may have high literacy rates. We cannot assume literacy means health literacy. So that is one reason that we're interested in hearing how to get these products out to the convenience care clinician body.

Again, diagnosis and treatment of otitis media requires a lot of persuasion about the best treatment because parents go into these clinics expecting an antibiotic. Childhood obesity is another area that may take more than just a simple explanation. It's a sensitive topic, its complex, and it will require a referral. So how can we help this process? What are the new ideas that the Challenge participants will come up with?

So think about that, and then I want speak about another topic. What are the other reasons why we should focus on health literacy in the retail clinics? We are expecting changes with healthcare reform. Goodness only knows what's going to happen in the political arena. But regardless of that, we are expecting increased Medicaid users.

We already have more insured young people from 18 to 26 that are showing up in our retail clinics. But we can expect more Medicaid users, and there will be more insured users. Managed care has already been using convenience care for their organization members as well as increased Medicare users according to research. In fact, AARP is recommending older people utilize retail clinics as another option. While not every person will have otitis media or childhood obesity, there is a broad need to improve health literacy in retail clinics.

So why should you participate in the Challenge? Well it's a great topic for a team. I just had a meeting this morning on the science of teams and how teams interact, so this is a great opportunity to build those skills. It is also an opportunity to work with other kinds of healthcare providers. This would be a fun, creative, productive, and meaningful way to work together.

I've already mentioned the excellent AHRQ evidence-based support materials. They have been designed by high-level thinkers and have been reviewed by stakeholder groups. Nurse practitioners are educated at the graduate level. Some are working on their DNP, so it's a great opportunity for a project or to use the skills that they used as students in graduate school. This activity gives you an opportunity to present your findings and work at meetings, at corporate information sessions, and a variety of places. You actually can conduct research in your own environment or your own corporation, such as how useful was the product after its done, patient satisfaction, or a variety of things that clinicians are now asking as they roll out innovations to their clientele.

So I'm going to stop here, and we will have a question-and-answer period later, and I look forward to answering any questions you may have then. Thank you.

Alison Rein (AcademyHealth): Thank you very much, Dr. Marion. Richard...

Richard DiCarlo (Take Care Health Systems): Good afternoon or good morning to everyone, depending on the Time Zone that you are in. I just wanted to add to what Lucy just provided and highlight or summarize some key points with this initiative. First and foremost, I just wanted to give you a little bit of background about myself. As Alison mentioned earlier, I have been a physician assistant for just over ten years. My healthcare background started as a medical technologist, so all inclusive, I've been in the healthcare arena for about 18 years now.

I work predominantly, as they mentioned, in the emergency and urgent care type of setting. For the past three years, I've been fortunate to work for the Take Care Health Systems in the retail clinic setting as a regional manager for the Southwest region and a market manager for the Las Vegas markets. And I can honestly say the last three years have been just a tremendous opportunity for me and for many of you that currently are working in the retail clinic or convenience care setting.

As Lucy had briefly touched upon, nurse practitioners and PAs in these convenient care settings are truly uniquely positioned, not only with what we're doing now with providing better healthcare outcomes for individuals, but also with the direction that healthcare reform will be taking moving forward. So with that being said, I just wanted to go ahead and reiterate what Lucy mentioned as far as AHRQ and AcademyHealth.

For me, this is a tremendous opportunity to be invited and to serve on the Advisory Committee for this Challenge. I had never worked with these groups before, and it has truly been extremely enlightening for me as a healthcare professional to learn about the tremendous amount of work that has been done, and what is currently being done. Again, as I learned more about the reports, projects, and the work, I became even more engaged and excited about this opportunity for all of us.

As we discussed previously throughout this presentation, the thoughtfulness and the selection of these AHRQ reports by the Advisory Committee, and looking back at the evidence-based practice that we all currently practice within in the retail clinics setting, helps you gain a better perspective of the growing trends and problems that are occurring across all age groups across America. And being physician assistants in the retail clinic setting, we encounter many of these scenarios on a daily basis. In regards to health literacy, obesity, childhood obesity, and, of course, as Lucy had mentioned, otitis media, there is a

large amount of education that's required on our part as practitioners in providing the best sound advice and resource tools for our patients as we practice every day.

With that being said, we as nurse practitioners and physician assistants in the retail clinic setting are aligned with the Effective Health Care Program and the beliefs of AHRQ and AcademyHealth, which is providing accessible affordable quality health care to these patients, and because of this, we're seeing more and more of patients that will filter into our clinics that may not always present for just episodic care but actually present with many of what issues we're focusing on now with this Challenge.

So, again we're really positioned to continue to embrace our role in the convenient-care setting and really transcend and communicate to all of these individuals who really need our help. So with that being said, as I continue to review the reports that Lucy mentioned, I've had several of those "ah-ha" moments that we've all encountered daily. Again, it's by really being involved in this Challenge that we can provide such an invaluable resource to all of our peers, and especially provide better healthcare outcomes for all of our patients.

With that being said, the clinic setting is constantly evolving and changing now. I know I mentioned acute episodic care, but as we all know, many of us who are working in those settings are actually expanding our scope of services to accommodate more chronic disease screening, to accommodate different patients, more seniors, and as Lucy mentioned, the direction of healthcare reform, the propensity of having more Medicare and Medicaid patients with more preventative services.

So, we're aligned in a way to provide and to continue to deliver health care in such a unique place for us at this time, and by committing to being involved in this Challenge, we can continue to create and evolve more of a stronger healthcare model for all of these patients. So, I just wanted to keep it brief since everyone did such an excellent job with summarizing the Challenge and the initiatives, I encourage that we all reach out, encourage our peers and create awareness about this Challenge and promote the importance of participation. Thank you very much.

Alison Rein (AcademyHealth): Great, Richard, thank you. And I really appreciate you making that last point, while selfishly folks might prefer there to be a narrow pool of entrants for this Challenge to increase the odds of winning, we think that in the service of the retail industry and also in the service of all potential users of these types of resources, it would be really great to get as many different submissions and as many different really innovative and excellent ideas coming our way. Hopefully, it will also be a great opportunity for people to work across teams with new individuals and even different organizations, and so we're really looking forward to facilitating those relationships as well.

So thanks again to our larger Advisory Committee and to the two of you for sharing so many excellent remarks. Now we actually have the opportunity to open up the floor to all of you on the line who may have questions. So as a reminder, you can submit questions by clicking in the dialogue box below the Q&A window on the left-hand side of your screen, typing in your question, and then clicking the Send button.

And I just wanted to get the ball rolling because we have received some questions today and also several questions via e-mail in the last week or so, and so we thought we'd start there and maybe start answering some questions as we're waiting for folks to submit theirs. So the first question and one that seems to be very common is the question of "What qualifies as a retail setting or retail clinic?" And so you'll see here the response, so here's a definition that we've worked with our Advisory Committee to develop.

And so it says that retail clinics, which are also called "convenient-care clinics" or in-store clinics, are small healthcare facilities embedded in a retail location, including drugstores, grocery stores, and other

big-box retail stores. They're typically adjacent to a pharmacy. They are also typically staffed by NPs and PAs and offer a focus range of primary care services with an emphasis on acute episodic care and preventative care. Retail clinics offer care at convenience hours, typically with no appointment needed.

So that's the definition and point of reference for the developing the resource, but we wanted to note that we anticipate that many resources that one might develop for application in a retail setting would also be exceedingly useful in other types of clinic environments. So if people work in a different type of clinic environment and they have an idea, we would strongly suggest that you try and partner with somebody or develop a team that includes somebody from the retail setting, definitely a practicing NP or PA, and try and work collaboratively to develop that resource.

So recognizing that those types of relationships don't sort of spring out of nowhere, as I mentioned earlier, we are going to be doing some more work on this end to try and create mechanisms for you all to connect, and so stay tuned for a little bit of more information on that. We'll be basically providing a web-based forum for people to find each other. And so if you have an idea but you don't have a team or you don't have a team member who qualifies or meets the criterion of being an NP or PA from the retail environment, you can send us a message. Or if you are from that environment but you're looking to expand your team to include other types of disciplines or skills, then we would encourage you also to send us a message, and we'll make available the message forward feature as soon as we can.

So hopefully that helps to address, some common questions about the retail setting specific requirement of the Challenge, but certainly if folks have other questions around that issue, feel free to send them in, and we'll do our best to clarify.

Another question that we received is about the judging criteria. So we thought that it would be useful to just go ahead and review what we have set out with input from our Advisory Committee as the main domains for judging criteria. So we know that submissions will be scored by an expert panel that is in the process of being recruited, and they'll be scored on a hundred-point scale. The most important domain is effectiveness, so does the resource -- is it tailored to highlight and effectively communicate the key content areas that are most relevant to NPs and PAs in the retail setting? The key content area would refer back to the specific AHRQ Effective Health Care Program resources that would be selected.

The second domain is usefulness at the point of care. Is it a resource that can be easily used by NPs and PAs at the point of care in the retail setting? Dr. Marion mentioned in her remarks that she had read the "Health Literacy" report and it was upwards of 200 pages, and so it's clear that that is not a resource that's going to be easily used in the clinic environment because it's very unlikely that anyone practicing would reach down and pick up their big tome on health literacy and flip through all 200 pages in order to find that key bit of information that could help inform how they interact with a particular patient. So usefulness at the point of care is really critical here.

Another domain is scalability, so can the resource be used by a larger target audience? And this gets back to the point made earlier about resources being useful in the retail environment but also perhaps in other types of clinic environments as well. We also have a domain for creativity, so is the resource intuitive and catchy and does it inspire you by design? And then the sixth domain is team composition, and so here we want to ensure that the team represents a variety of disciplines, and here also, we reiterate the point that the team has to include at least one NP or PA with experience practicing in the retail setting but should not exceed ten members.

And just a little tip here at the bottom of this slide, higher scores will be awarded to teams who think creatively about how to communicate and display information, so in many cases the visual is really

important. And we also encourage teams to develop resources that are easily scalable and accessible, so I just wanted to make those points clear.

Another question is “Who will judge submissions?” So we are, as I mentioned, pulling together a team of expert judges, and it will be scored by that expert panel according to the criteria that I have just reviewed. The judging panel will be composed of subject matter experts, thought leaders, and other professionals familiar with the retail healthcare environment. We will be announcing that panel shortly. We’re just in the final stages of working through that process and eventually the composition of the judging panel will be posted on the official EBC Challenge website, so stay tuned for that as well.

So, onto the next question, “Can my team reference evidence reports other than the AHRQ health literacy, otitis media, or screening for obesity in children and adolescence?” As I mentioned, AHRQ has hundreds of evidence reports that have come out of the efforts of the Effective Health Care Program; however, for the purposes of this Challenge, we have intentionally narrowed the field to only these three. So you can only reference and use evidence from the reports that we’ve specified. And remember, the requirement is that you reference either otitis media and health literacy, or screening for obesity and health literacy. So health literacy definitely has to be there somewhere.

We’ve had a question come in, which is not one of the questions that we had seen earlier, so we don’t have a slide for it, but the question is “Is it a requirement that the NP work in a retail setting only?” So it is fine if somebody splits their practice time between the retail setting and another type of environment; that’s fine. The requirement isn’t that they only practice in the retail setting; it’s that they have current practice experience in that setting. If the individual team member splits their practice in a couple different professional environments, that is totally fine.

Next question, “Can my team still enter to participate even after the intent-to-submit deadline has passed?” And that intent-to-submit deadline, as a reminder, is August 17th. So the answer to this question is, yes, of course, but we strongly encourage you to at least register your project early so you have sufficient time to build your team and develop your resource for submission, and that also means that we’re aware of your efforts and then can marshal our resources on this end to help you develop your team and develop your process moving forward.

Another question that we had previously received is “I want to participate, but I do not have a team. How can I join one?” Individuals can submit projects, but we highly encourage participants to form teams for greater collaboration, and we’ve noted that team members can be from any discipline, so there are many opportunities for partnership, either by skill level or environment type, et cetera. And if you’re looking to join a team, I referenced this earlier, but we are going to be building a very basic sort of web-based finder opportunity. But for right now, people can just send us an e-mail to the e-mail address noted on this slide.

Eventually we will have this web page option where you can submit a form with some very basic information. With your permission, we would post that information, and that way other people could use the site to independently find each other. We would ask, however, that as part of that process, if you do successfully find somebody using that forum, please let us know that you’ve been matched to a team so that we can take your name off. That way you won’t continue to get pinged by people who might want to pull you into their team, unless you want to participate with multiple teams. I don’t think we have any rules about that.

All right. So a couple suggestions that have just come in, “Is the tool geared toward NPs and PA use with patients or more with mid-level peers?” So I think that’s actually a really interesting question, and it’s not one that we have discussed internally. My sense is that it could be either. I think we will probably need to have some internal discussion and follow up with some additional clarification on this point. The only

hesitation being that if the judges are scoring based on a certain set of criteria, we want to make sure that they're sort of scoring apples to apples types of entries. But I have a feeling that we would welcome entries that help to deliver evidence-based care directly with patients or that help to spread the use or the application of evidence-based practice across peers. So stay tuned for more on that, but our initial inclination is that that would be totally acceptable.

So another question is, "Where does the prize money go?" I wanted to note that winning teams will receive the prize money and manage it at their discretion, based on the prize they are awarded, and the requirements inherent in that. I also wanted to note that there are very few strings attached to how you deploy the funds so long as they adhere to the stated purpose articulated in the prize.

We just had a question from someone who teaches at a university training program for physician assistants and wants to start a team. The question is, "Is that okay?" And the answer is, of course, that's wonderful. It's great. The only requirement is that you work to identify somebody who is practicing as an NP or PA in a retail environment that you can bring on to be part of your team. That's the only requirement that we have at this juncture.

We had another question come in, which is, "Can you register a team and add members later?" And the answer is, absolutely. You'll note that when you go through the registration process to register your teams, primarily what we want is sort of a point of contact for the team, and you can feel free to provide information on all of the team members that you have at that time, and then as you build your team, you can come back and add more, or you can just send us a note and we can add it on the back end, whichever is easiest. So you are certainly allowed to continue adding team members pretty much until the point of submission. Although, you know, if somebody brings on a token team member on October 18th, that will be highly suspicious. Hopefully that helps to address that question.

Going back to some questions that we had received earlier, the question was "I work for a large company and want to know if I can brand the resource or the materials that are developed as part of this process?" The answer is, yes, you can include a brand or logo on the resource if it ends up being used or applied in a retail environment. However, for winning teams, such branding cannot restrict the distribution or use of the resource by others, and that distribution and use would have to be unbranded.

It's very unlikely, for example, that if a team from Target ends up being the winner, that the tool would then be used by MinuteClinic with the Target brand. So we want to make sure that whatever comes out of this effort, while the underlying content and the way it's packaged can be the same, the branding has to be removable or extractable from that underlying resource. I just wanted to make that clear. We also have some terms and conditions we posted on the official Challenge website, and so we provided the link there for your reference.

So we just had a question come in, "Would students in a two-year associate degree nursing program be appropriate team members?" Absolutely, they are appropriate team members. They do not replace, however, the requirement that there be somewhere on the team an NP or PA who is practicing in the retail setting. I want to emphasize the point that we think that all types of people could be really useful team members; health literacy experts, pharmacy experts, or other kinds of people. For example, if the resource that you end up developing has a technology component, people who are applications developers or designers, or anyone with those types of skills are going to be really useful, and any one of these folks can have an idea and try and start a team. We're just requiring that you include the participation of a NP or PA who practices in the retail environment in a meaningful way on your team.

That actually also addresses another question that we received, which is, "Can students participate?" Students are strongly encouraged to join or initiate team, in part because, they might have really

wonderful innovative ideas, but they also might have a little more ability or flexibility in their schedule to integrate this kind of work into their schedules, or curriculum even, to the extent that that's okay with their scholastic organization.

Another question that has come up recently is, "I work in a retail setting, can I devote my time at work to this project?" This is really a matter to discuss directly with your employer if this is the case, as it is really up to the discretion of the individual employer as to whether participating employees can use time at work on this project or whether it should be more of an extracurricular activity. So both are fine with us, it just has to be something that you work through on your end with your employer if it's the type of thing you envision doing as part of an official organization activity. We would encourage team members to speak with their respective employers, not only to see whether or not this is something they would like to engage in and support by sort of allowing their employees to devote some of their time to this effort, but also to coordinate the timing of those efforts.

So let's see, that, I think, was all the questions that we have received, either in advance of this session or during the session. Wait, it looks like we've got one last question coming in, so bear with us for a minute while we get it teed up here. While we're waiting for that, I'll just make note of some important reminders. I wanted to alert you to the following important dates: August 17th is the soft intent-to-submit deadline. October 19th is the final submission deadline. And then in December of this year, we plan to announce the winners of the Challenge.

We had a question, which is if we could provide the general idea of how many hours this type of project would take, particularly if you're already working full time? I think the bottom line answer is, it depends, and I know that that's sort of an unsatisfying wishy-washy answer. I will tell you that there could be a fair amount of reading time because, as was mentioned earlier by Dr. Marion, the reports that we are including here are fairly lengthy. Now it may be that folks are already familiar with that or there are ways to divvy up the work across a team so that no one person is responsible for sort of absorbing all of that information. But what we really want you to do is use those reports as the sort of primary resource that you can use to then pull out the key points and then take those key points and translate them in a way that you think would be useful.

The other dimension to this that could be more or less time consuming is the product or the resource that you intend to develop. So if you intend to develop a slide deck, it's fairly low lift in terms of technology. It's just a matter of really spending the time thinking about the content. If you want to spend a little bit more time on the delivery and how that content is communicated, and you decide to develop a web-based application or a short video, those types of things could take a little bit longer because they have a different production cycle.

We are not specifying one end of that spectrum or the other. It is really up to you all to decide because you're the ones who have experience providing care to patients in this particular environment. We don't have any a priori notion of whether this is a really big investment or a really light investment. I think there's ways to spread the work across teams and, particularly if you do work for an organization, have the opportunity to get some sort of buy in from that organization-- it might give you a little bit more latitude to spend more time on the project.

It is also the reason why we extended the deadline for submission through October. We were initially thinking of having people submit them at the end of the summer, so you can thank our Advisory Committee members for giving you all a couple of extra months in which to do this work.

I think that truly is the end of the Q&A that we have prepared. We have provided a link to the official EBC Challenge website [<http://ebc-challenge.org>] and also an e-mail

[\[ebc_challenge@academyhealth.org\]](mailto:ebc_challenge@academyhealth.org) that you can always use to access our staff, and we'll try to respond as quickly as possible. We will definitely be posting the full slide deck, as well as an archived recording of this call and the full Q&A. It will probably take us a couple weeks to get those last two pieces posted. But we strongly encourage you to refer back to those resources and also to feel free to share them with others.

In closing I would just like to take a moment to thank our speakers again, those from our Advisory Committee and also from AHRQ, for sharing their time and expertise, and thank all of you for your interest in the Evidence-Based Care Challenge and for your excellent questions, both in advance and during this event. We hope that you found the session to be informative and useful. And please note, as I mentioned, that in approximately two weeks, all registered individuals will receive a link to the archived recording of this session, and we'll also post it on the website. So thank you all again. We really appreciate your time and interest. Please follow up if you have any questions, and we hope that you have a great day. Thanks so much.