

# RELIANCE in your community

Introduction to the RELIANCE Hospitalist Community Partner Pathway



Roflumilast or Azithromycin to prevent COPD Exacerbations

## **Hospitalist Community Partner Pathway introduction**

*This call is being recorded.*

*Please put yourself on mute, and ask questions in the chat to be answered during the discussion at the end.*

### **Purpose of the call:**

Provide an overview of the RELIANCE study;  
Define the purpose of the Hospitalist Community Partner Pathway and what Hospitalists can gain

### **Outcome of the call:**

Have the knowledge needed to decide if you would like to be a Hospitalist Community Partner with the RELIANCE study



## Agenda:

1. **Opening remarks + introductions** | Andy Auerbach
2. **Study overview** | Jerry Krishnan
  - Trial design*
  - Participant eligibility criteria*
3. **RELIANCE for Hospitalist Community Partners** | Nina Bracken
  - What a Hospitalist Community Partner does*
  - Potential benefits and incentives*
  - How RELIANCE supports Hospitalist Community Partners*
4. **Discussion + Next Steps** | Jerry Krishnan
  - What to do next if interested*

# RELIANCE INTRODUCTIONS



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Project Manager  
University of Illinois  
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MDes**  
Communication Center  
University of Illinois  
Chicago



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MDes, MBA**  
Communication Center  
University of Illinois  
Chicago

# HOMERuN

- **Vision**

- To transform care of patients with acute illness through the discovery and implementation of innovations in health care.

- **Mission**

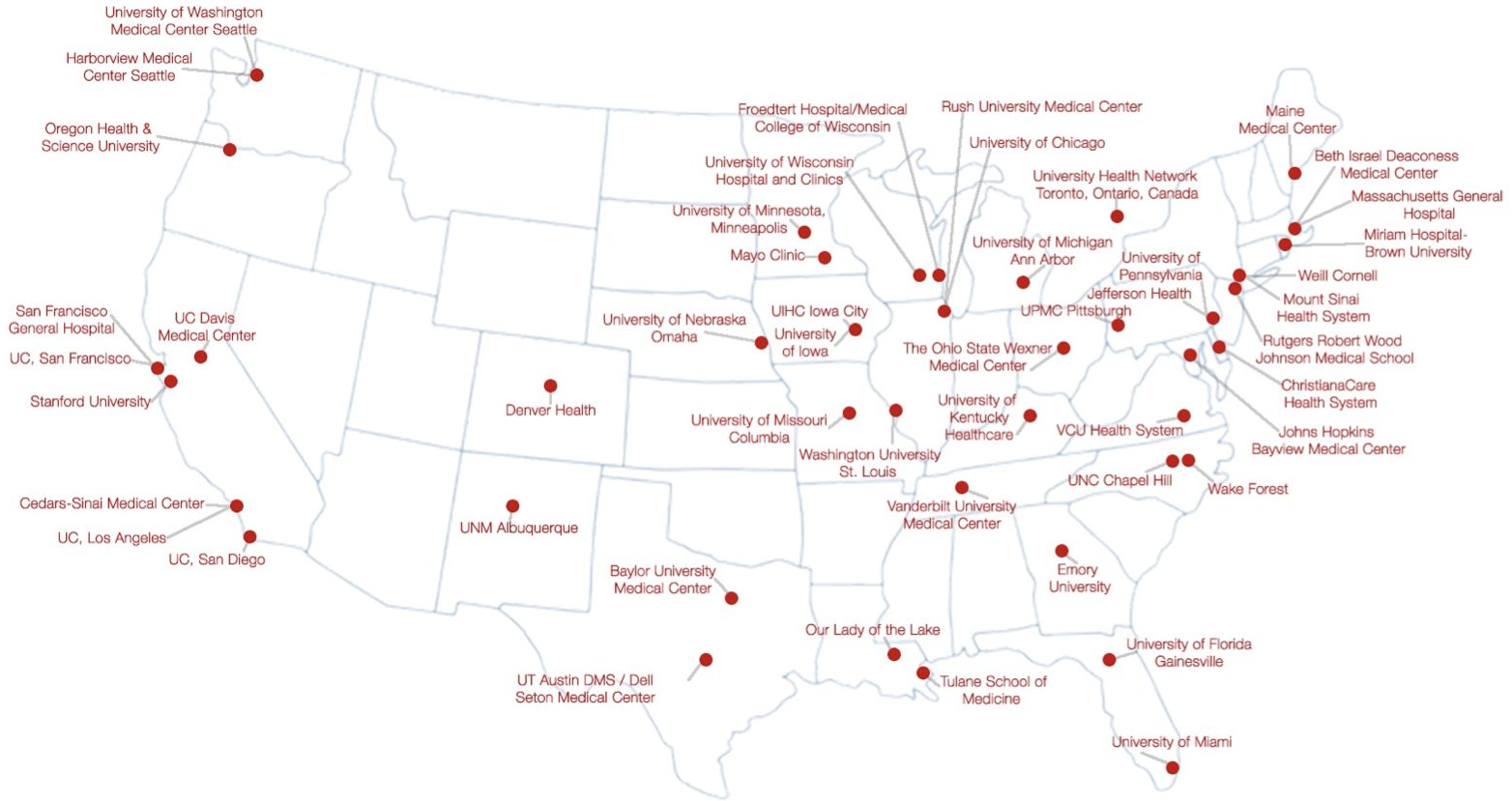
- Ensure that every hospitalized patient receives the best quality, safest, and highest value care from hospitalization through recovery.



# HOMERuN founders

- UCSF – Moffitt Long Hospital
  - Andrew Auerbach MD MPH
- Baystate/Tufts:
  - Peter Lindenauer MD MSc
- Massachusetts General Hospital
  - Joshua Metlay MD PhD
- University of Pennsylvania
  - Jennifer Myers MD
- UCSF – SFGH
  - Jeffrey Critchfield MD
- University of Washington
  - Grant Fletcher MD
- University of Michigan
  - Scott Flanders MD
- Christiana Hospital System
  - Edmondo Robinson MD MBA
- Beth Israel Deaconess
  - Shani Herzig MD MPH
- Brigham and Women’s Hospital
  - Jeffrey Schnipper MD MPH
- Vanderbilt University
  - Sunil Kripalani MD MSc, Eduard Vasilevskis MD MCE
- Northwestern University
  - Mark Williams MD
  - Kevin O’Leary MD
- University of Chicago
  - Greg Ruhnke MD MPH
  - David Meltzer MD PhD





# HOMERUN clinical research programs

## Completed Projects

- Readmission prediction
  - HOSPITAL score (now online at <https://qxmd.com/calculate/hospital-score>)
- Readmission assessment
  - Refinement of our readmission tools for broader use
  - Potential for benchmarking and supported collaboratives
- VIP patients
- Value of lab testing in pneumonia patients

## Current Projects

- UPSIDE Study
- COVID-19 PUI Study
- COVID-19 Collaborative
- HCA CHARGE Research
- RELIANCE Study
- HOMERuN Patient and Family Advisory Council







## ▼ RELIANCE WILL BE PRACTICE-CHANGING FOR HOSPITALISTS

1

Hospitalizations for COPD exacerbations and readmissions are a major public health problem. In the U.S., there are 750,000 hospitalizations per year for COPD.

2

Value-based models of reimbursement incentivize healthcare providers to reduce avoidable readmissions and deaths for COPD.

3

Roflumilast or azithromycin are common medications and can be easily added to the regimen of COPD patients inhaled maintenance therapy

# RELIANCE study overview



**1**

Up to 3,200 people with *COPD associated with chronic bronchitis* hospitalized for COPD exacerbation in past 12 months

**2**

Evaluate guideline-recommended options for preventative care with established *efficacy compared with placebo*

**Chronic azithromycin vs. roflumilast as used in routine care, with randomization to select initial therapy**

**3**

COPD Foundation PPRN-led non-inferiority comparative effectiveness trial, stratified by site and current/past smoking status, followed 6-36 mos

*Primary outcome:*

All-cause hospitalization or death (self-report via call center, EHR, claims, NDI, Medicare data in subset)

**4**

*Secondary outcomes:*

All-cause individual events: hospitalization, emergency department visit, urgent care visit, and death (EHR, claims, self-report, NDI)

Single-item PROMIS measures (physical function, sleep disturbance, fatigue, anxiety, depression; self-report)

Adverse events (self-report, EHR)

Medication adherence (self-report, Medicare data in subset); Crossover (self-report, Medicare data in subset, EHR); Treatment discontinuation (self-report, Medicare data in subset, EHR); Out-of-pocket costs (self-report), Weight (self-report)

**Results expected to inform clinical programs to reduce avoidable rehospitalizations and overuse of antibiotics.**



### Inclusion criteria

1. Patient and treating clinician considering treatment intensification with roflumilast (Rof) or azithromycin (Az) to reduce the risk of COPD exacerbations;
2. Age  $\geq$  40 years;
3. Current or past smoker  $\geq$  10 pack-years;
4. Diagnosis of severe COPD and associated chronic bronchitis;
5. Hospitalized with a diagnosis of COPD exacerbation in the past 12 mos OR hospitalized with a diagnosis of respiratory complications associated with COVID-19 in the past 12 mos;
6. Current medications include LAMA, LABA/LAMA, or ICS/LABA;
7. English speaking (Spanish coming soon)

### Exclusion criteria (any of the criteria below)

1. Unable or declines informed consent;
2. History of intolerance to Az or Rof that the patient or treating clinician considers sufficiently serious to avoid either treatment;
3. Current tx with long-term (more than 30 days) Rof or Az;
4. Known hypersensitivity to azithromycin, erythromycin, any macrolide or ketolide antibiotic;
5. Hx of cholestatic jaundice/hepatic dysfunction with prior use of Az;
6. Moderate to severe liver impairment (Child-Pugh B or C);
7. Current pregnancy;
8. Declines to provide social security number or health insurance claims number;
9. Any other clinician-determined exclusion as per their clinical practice.

*Study is intended to be embedded in clinical practice.*

*No tests outside of clinical practice are needed (e.g., no spirometry if the provider would not obtain spirometry when considering treatment escalation; no survey to establish chronic bronchitis)*

# RELIANCE for Hospitalist Community Partners



## What a Hospitalist Community Partner does:

### STEP 1

**Identify patients hospitalized for COPD exacerbation who are eligible for RELIANCE study:**

Current hospitalization for COPD, or any admission in past 12 months for COPD, or respiratory complications associated with COVID-19.



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### STEP 2

**Introduce the RELIANCE study.**

First, introduce RELIANCE to the eligible patient.

Example:

*"We are interested in stepping up your COPD treatment with one of two pills commonly prescribed for COPD. We are working with a research project called RELIANCE that is trying to learn which works better and for what patients."*



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First, introduce RELIANCE to the eligible patient.

If patient expresses interest, inform patient's post-hospital healthcare provider who manages their COPD.

Example:  
EPIC message, email, phone call, etc.

*RELIANCE will work with you to co-design how this best fits your workflow.*





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RELIANCE provides talking points and support materials.

Example:  
Eligibility pocket card, posters, brochures, flyers, etc.

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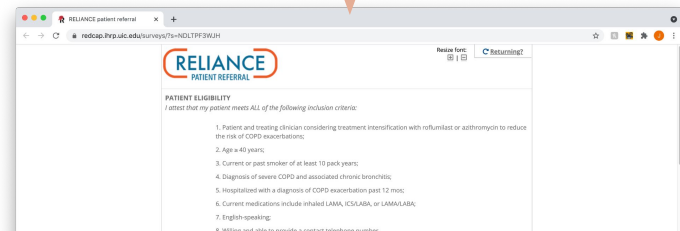
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Form requests basic contact and confirmation the patient meets eligibility.

Submitting the form attests the patient is eligible, interested, and their post-hospital physician agrees to the study.

The Hospitalist's role as the treating clinician is critical, but light touch



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*The RELIANCE team will work with you to tailor this process to your workflow.*



## Potential benefits and incentives

- ▶ **\$500 up front to help get set up,**  
and each year the study is recruiting.
- ▶ **\$200 per referred patient *who enrolls***  
if 8 of your patients enroll per month, this can really add up!
- ▶ **RELIANCE takes care of the IRB**
- ▶ **Collaboration + webinars** with national leaders in COPD treatment, readmission prevention, & Hospital Medicine.
- ▶ **Contribute topic ideas** for future grant proposals or publications related to hospitalist care.
- ▶ **Acknowledgment** in the main RELIANCE publication.



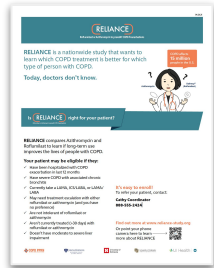
# How RELIANCE supports Hospitalist Community Partners

Materials to be provided and tailored to Hospitalist workflows

## For Clinicians



Intervention comparison poster



Clinician flyer



Eligibility pocket card

## To support study introduction



Clinic poster



Brochure

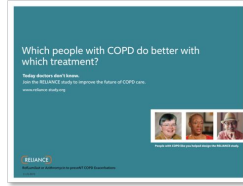


Flyer

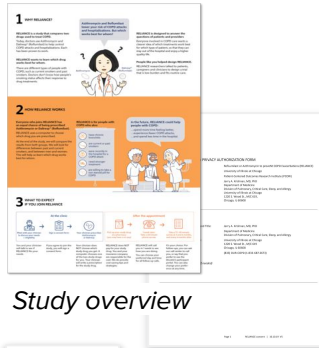


Postcard

## For interested patients



Materials envelope



Study overview



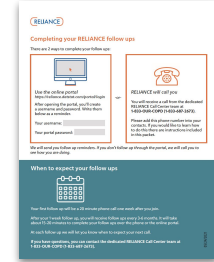
Simplified consent



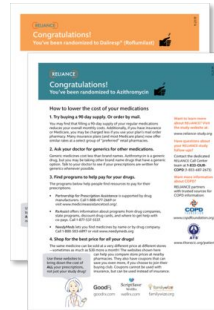
magnet

"Add new contact" instructions

## Sent by Call Center post-enrollment



Follow up support



Med cost supports



Lapel Pin



## Discussion

### Ready now?

Aim your phone's camera here to nominate yourself or a colleague to be a Hospitalist Community Partner



### Learn more about RELIANCE

Visit [RELIANCE-Study.org](https://RELIANCE-Study.org)







## WHAT NEXT

1

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RELIANCE STAFF  
WILL SCHEDULE 1:1  
“MEET-AND-GREET”  
CALL

2

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TRAINING CALL

3

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CONFIRM YOUR INTENT  
TO BE A COMMUNITY  
PARTNER BY SUBMITTING  
BRIEF INTAKE FORM

4

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START REFERRING  
PATIENTS



**Thank you!**