

Using Evidence: Learning from Low-Cost Federal Evidence-Building Activities

October 30, 2019



Office of Evaluation Sciences



Learning from Low-Cost Evaluations: 2019 OES Results

@USGSA
#OESatGSA

Increasing Use of Patient-Generated Health Data (PGHD)

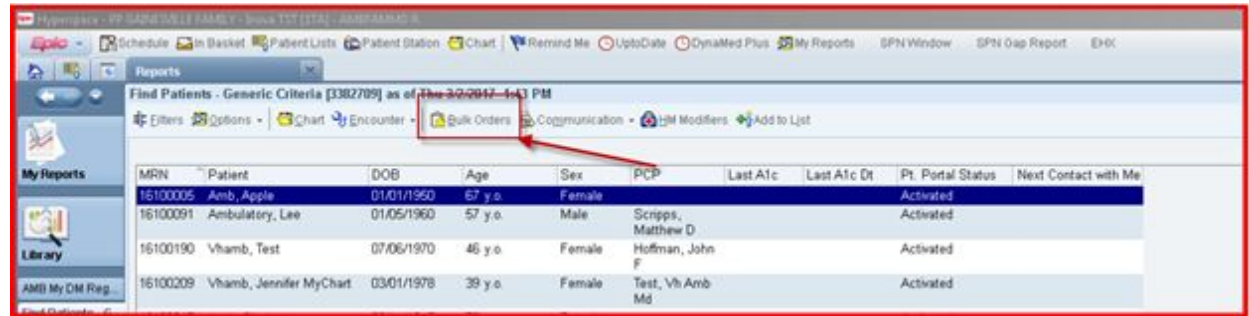
A collaboration between OES and HHS



Increasing Use of Patient-Generated Health Data (PGHD)

A collaboration between OES and HHS

The **intervention group** received a training to place bulk orders for electronic blood glucose flow sheets for patients with diabetes



Myembar - PP SARASWATI FAMILY - South HYSTERIA - AMBULATORY

Schedule In Basket Patient Lists Patient Station Chart Remind Me UpToDate DynaMed Plus My Reports SPN Window SPN Gap Report Exit

Reports

Find Patients - Generic Criteria [3382709] as of the 3/2/2017 4:41 PM

Filters Options Chart Encounter Bulk Orders Communication HPI Modifiers Add to List

MRN	Patient	DOB	Age	Sex	PCP	Last A1c	Last A1c Dt	Pt. Portal Status	Next Contact with Me
16100005	Amb, Apple	01/01/1960	57 y.o.	Female				Activated	
16100091	Ambulatory, Lee	01/05/1960	57 y.o.	Male	Scripps, Matthew D			Activated	
16100190	Vhamb, Test	07/06/1970	46 y.o.	Female	Hoffman, John F			Activated	
16100209	Vhamb, Jennifer MyChart	03/01/1978	39 y.o.	Female	Test, Vh Amb Md			Activated	

AMB My DM Reg...

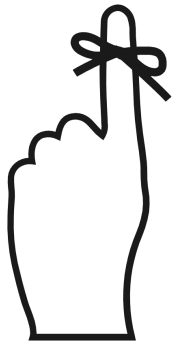
Find Patients - Generic Criteria

The **control group** received no training

Increasing Use of Patient-Generated Health Data (PGHD)

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Basic Reminder



Provider Accountability

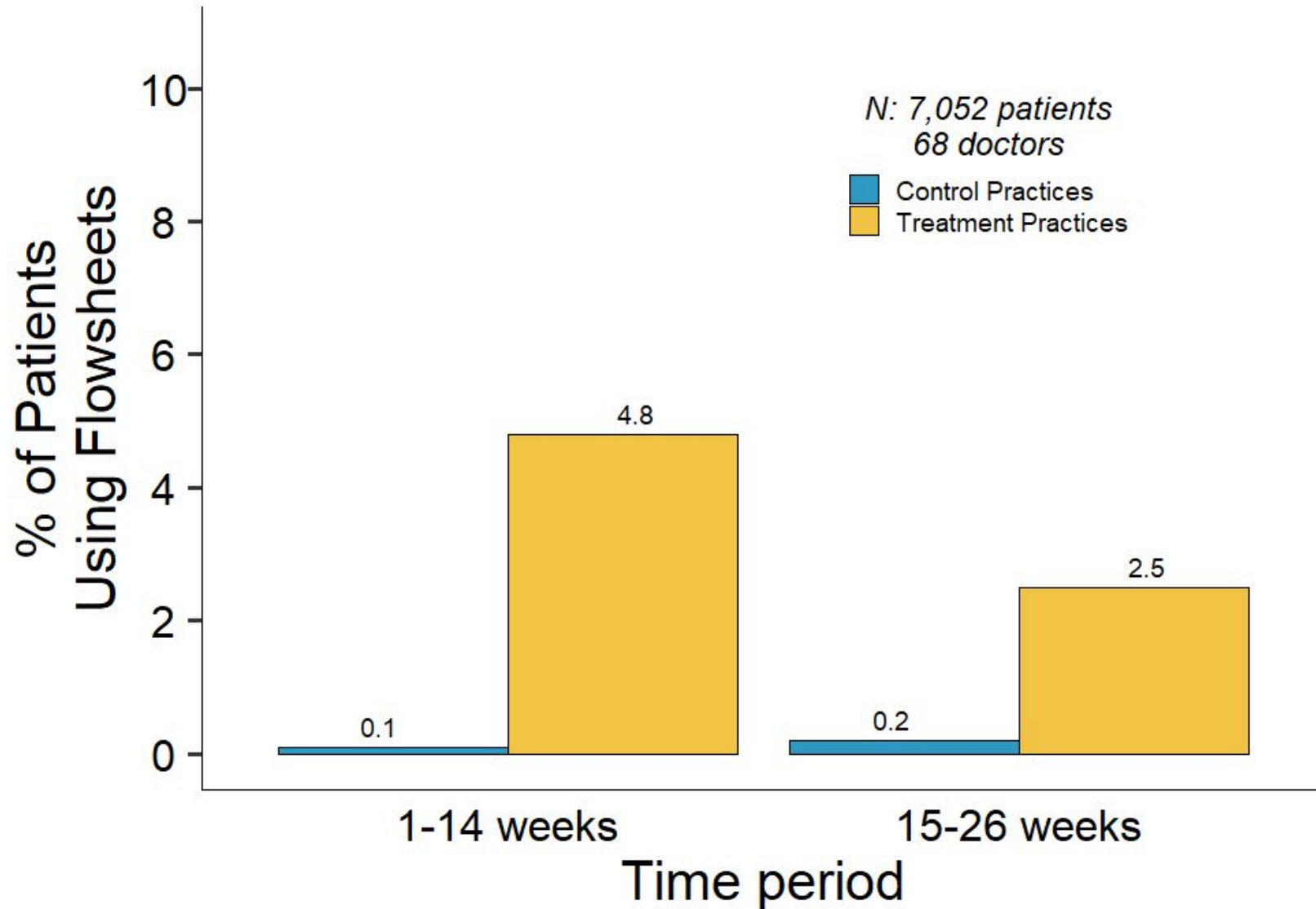


Gift Card

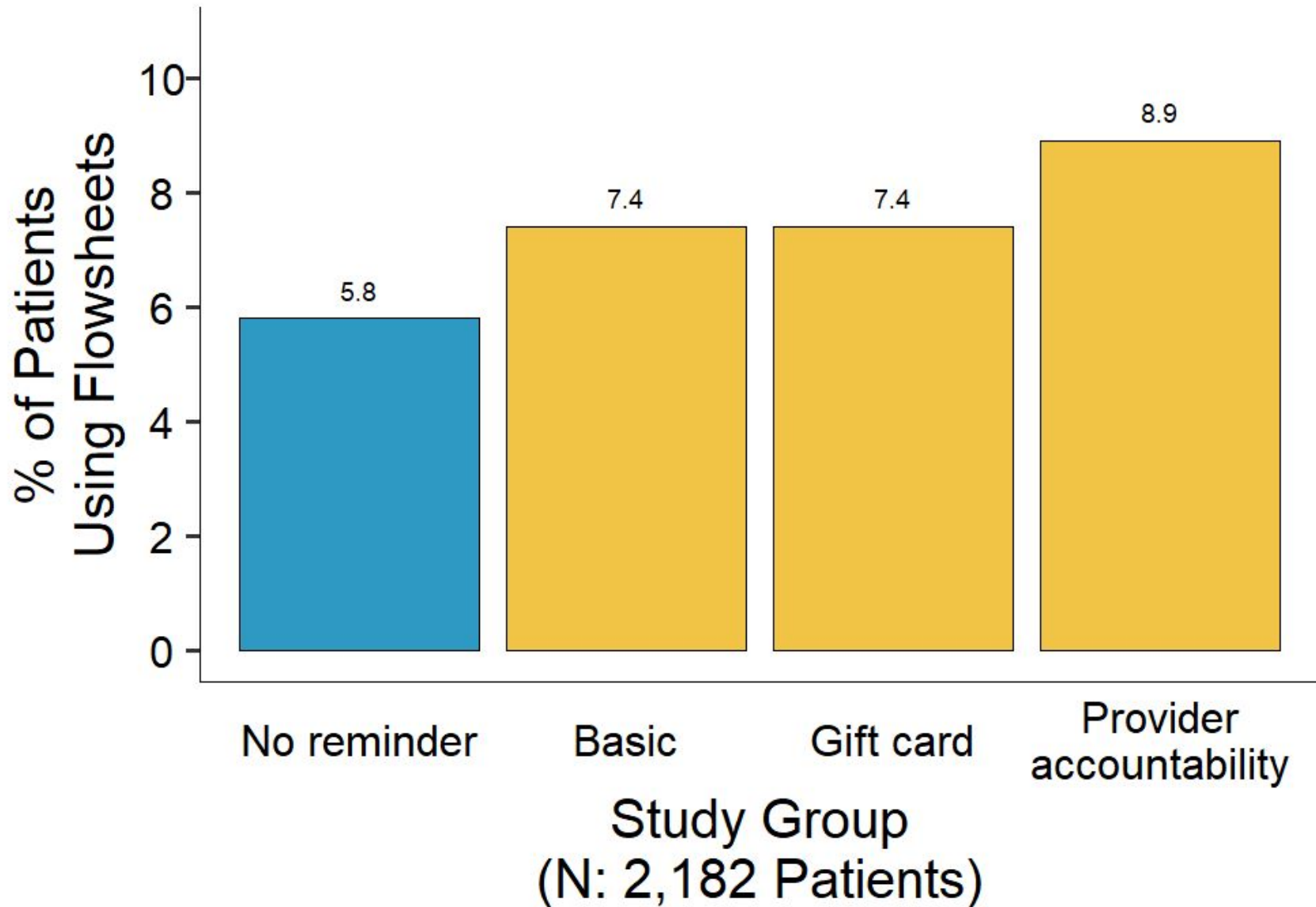


No Reminder

Training and Encouragement to Providers Significantly Increases Patient Use of Flowsheets



Reminder Messages to Patients Significantly Increase Patient Use of Flowsheets



Timely Wage Reporting Among SSI Recipients

A collaboration between OES and SSA



Timely Wage Reporting Among SSI Recipients

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Social Security Administration Important Information



Social Security Administration
SSI Wage Reporting Project
3-B-24 Robert M. Ball Bldg.
6401 Security Blvd.
Baltimore, MD 21236

April 15, 2015

Please read the important reporting information in this letter.

Reporting Changes to your Supplemental Security Income (SSI) Benefits

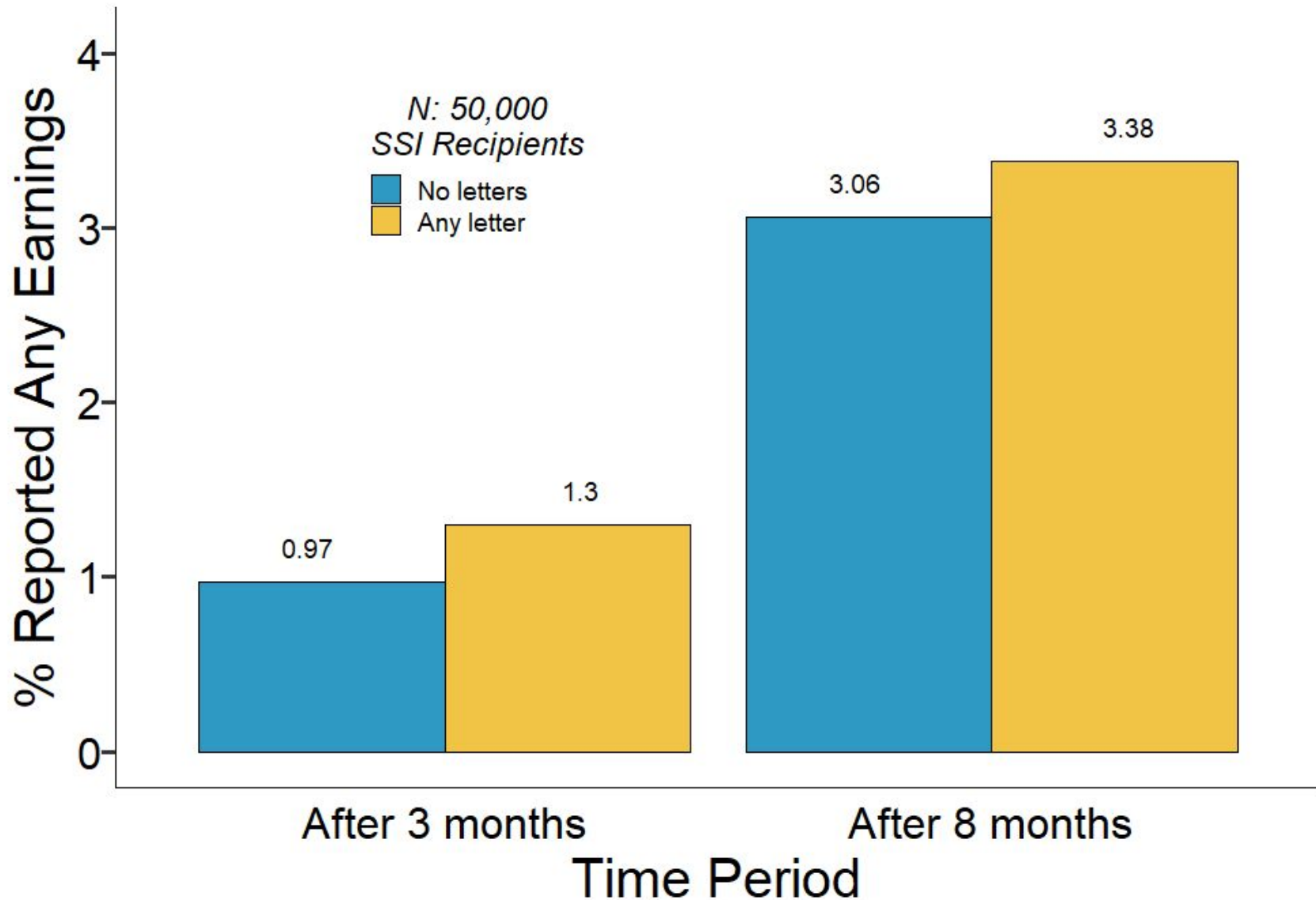
This notice is a reminder that you need to tell us about your wages, your income, or other changes that may affect your Supplemental Security Income (SSI) payments. We list other changes you need to report on the back of this notice.

You need to let us know because:

- you need to receive the correct payment; and
- you may need to pay us back if you receive too much money.

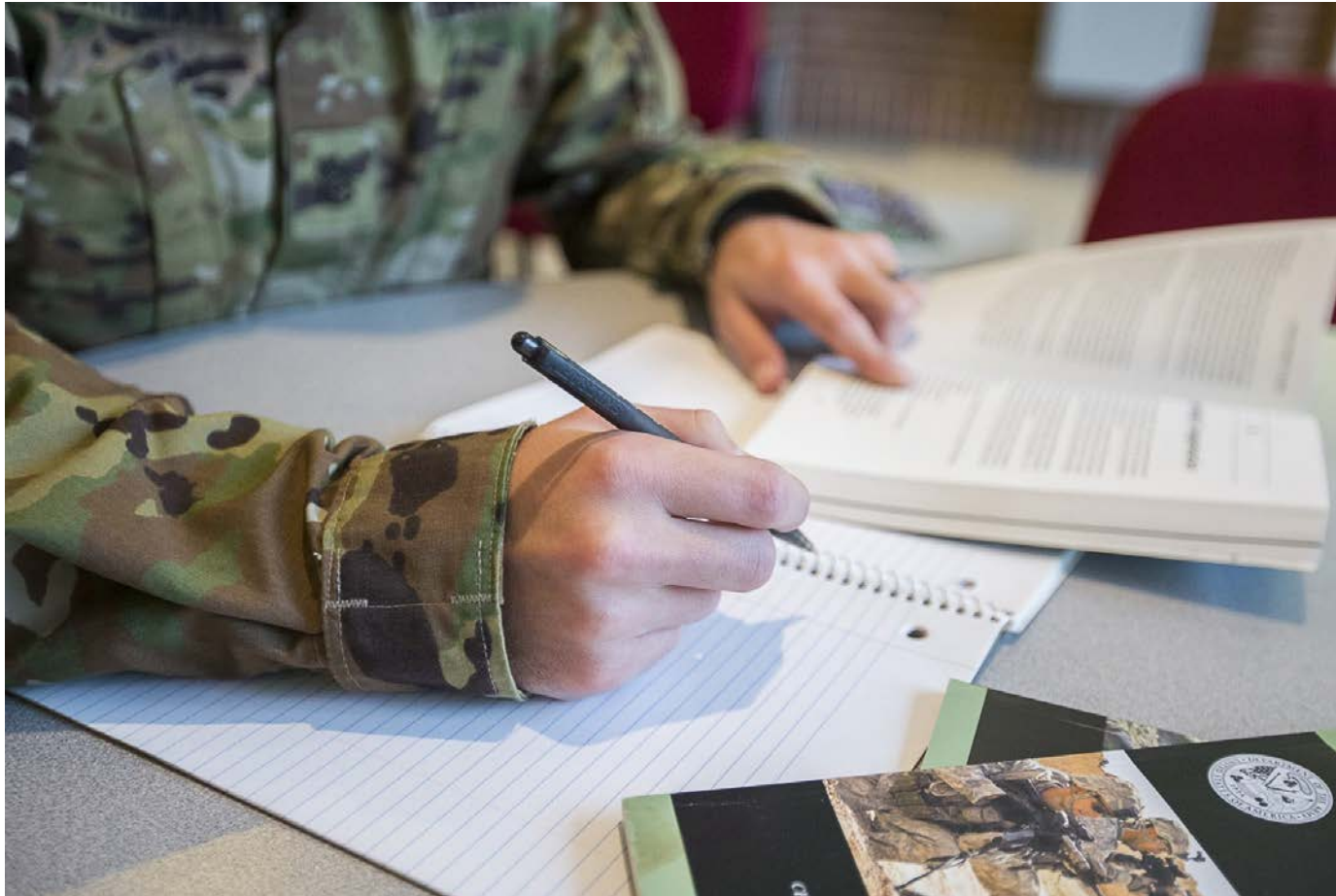
Over 200,000 persons who receive SSI report new wages to us each month. If you do not report your wages to us on purpose, we can stop your SSI payments.

Reminder letters to SSI recipients significantly increase timely reporting of wages



Using Proactive Communication to increase College Enrollment for Post-9/11 GI Bill Beneficiaries

A collaboration between OES and VA



Using Proactive Communication to increase College Enrollment for Post-9/11 GI Bill Beneficiaries

A collaboration between OES and VA

From: Veterans Benefits Administration [mailto:Veteransbenefits@public.govdelivery.com]

Sent: {Date}

To: {Email Address}

Subject: Maximizing Your Post 9/11 GI Bill Education Benefits

{Date}

Dear {First Name},

Enroll full-time this semester to maximize your Post 9/11 GI Bill education benefits. Register online or contact your school's registrar's office to ensure your class schedule is complete.

Potential Benefits of Enrolling Full-Time:



You could earn more money: Each year you delay completing your college degree could cost you up to \$65,000 in lifetime earnings.



You could save money: When you exhaust all 36 months of your Post 9/11 GI Bill education benefits you will be responsible for all costs associated with your education. Enrolling in an extra course this semester, while you still have your education benefits, may not cost you any extra in tuition and fees.



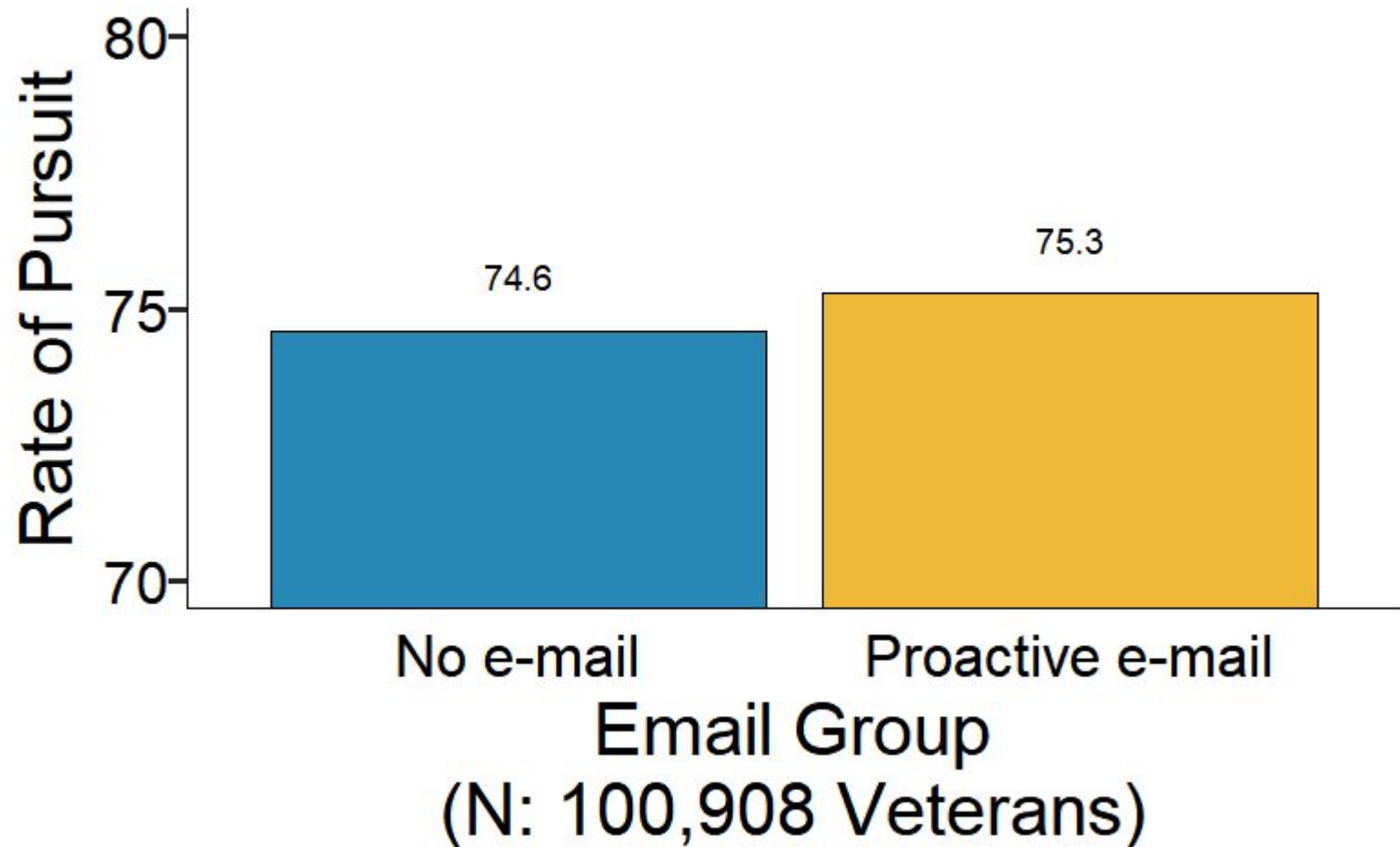
You could increase your student financial aid: Your Post 9/11 GI Bill benefits do not impact your eligibility for additional federal financial aid — like Pell Grants — and you may qualify for additional grants based on your income and family situation. To apply, complete a Free Application for Federal Student Aid (FAFSA) at <https://fafsa.ed.gov/>.

If You Have Questions or Need Assistance

If you have questions or need assistance with your GI Bill benefits, contact VA at 1-888-GI-BILL-1 (1-888-442-4551). If you use the Telecommunications Device for the Deaf (TDD), the Federal number is 711.

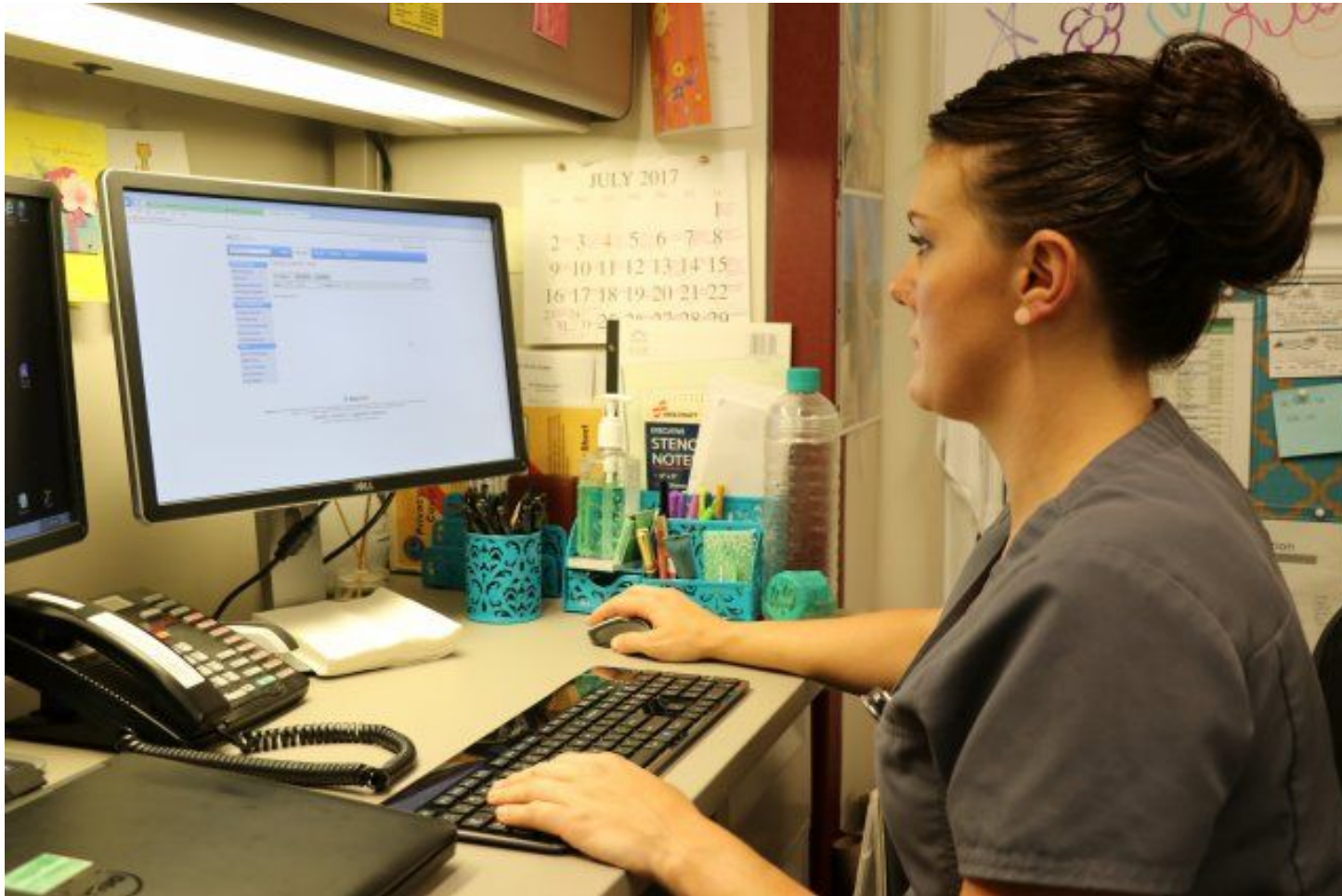
Further information may also be found on our website at <https://benefits.va.gov/gibill/>.

Proactive Communication Significantly Increases College Enrollment for Post-9/11 GI Bill Beneficiaries



Increasing Vaccine Uptake Among Veterans at the Atlanta VA Health Care System

A collaboration between OES and VA



Increasing Vaccine Uptake Among Veterans

A collaboration between OES and the Atlanta VA Health Care System

VACCINATION DOCUMENTATION

- ☐ Your patient is DUE for the following vaccines: Click box to review the clinical reminder findings.
- ☐ Click here to view IMMUNIZATION HISTORY
- ☐ Click here to review a summary of VHA guidance for these vaccines.

INSTRUCTIONS

Use language that assumes the patient will get vaccinated - "It is time for your X shot today"



Simplified dialogue

Increasing Vaccine Uptake Among Veterans

A collaboration between OES and the Atlanta VA Health Care System

☒ Your patient is DUE for the following vaccines: Click box to review the clinical reminder findings.

CLINICAL REMINDERS DUE

	--STATUS--	--DUE DATE--	--LAST DONE--
Pneumococcal PCV13 (Prevnar13)	DUE NOW	DUE NOW	unknown
Tdap Immunization	DUE NOW	DUE NOW	unknown

CLINICAL REMINDERS SUMMARY

	--STATUS--	--DUE DATE--	--LAST DONE--
Pneumococcal PCV13 (Prevnar13)	DUE NOW	DUE NOW	unknown
Pneumococcal PPSV23 (Pneumovax)	N/A		00/00/2007
Td Immunization	DONE		05/21/2019
Tdap Immunization	DUE NOW	DUE NOW	unknown



Bundled vaccination reminder

Increasing Vaccine Uptake Among Veterans

A collaboration between OES and the Atlanta VA Health Care System

☒ [Click here to view IMMUNIZATION HISTORY](#)

IMMUNIZATION HISTORY			
Immunization	Series	Date	Facility Reaction Info
HEPATITIS B - SERIES #1 (HISTORIC*		06/26/2014	ATLANTA VA*
INFLUENZA (HISTORICAL)		11/24/2009	No Site <C>
		09/20/2007	No Site
INFLUENZA, UNSPECIFIED FORMULATIO*		07/05/2010	7th Floor
		11/24/2009	No Site
		10/02/2009	Kroger <C>
NOVEL INFLUENZA-H1N1-09, ALL FORM*		11/24/2009	No Site <C>
PNEUMOCOCCAL POLYSACCHARIDE PPV23		00/00/2007	No Site
		03/15/2002	ATLANTA VA*
		00/00/2002	No Site
TD(ADULT) UNSPECIFIED FORMULATION B		11/24/2009	No Site
VARICELLA RECEIVED ELSEWHERE (HIS*		12/01/2009	Publix



Newly designed immunization dashboard

Increasing Vaccine Uptake Among Veterans

A collaboration between OES and the Atlanta VA Health Care System

Pevnar-13 Immunization

Your patient is DUE for an Pevnar 13 vaccination based on information available to this reminder.

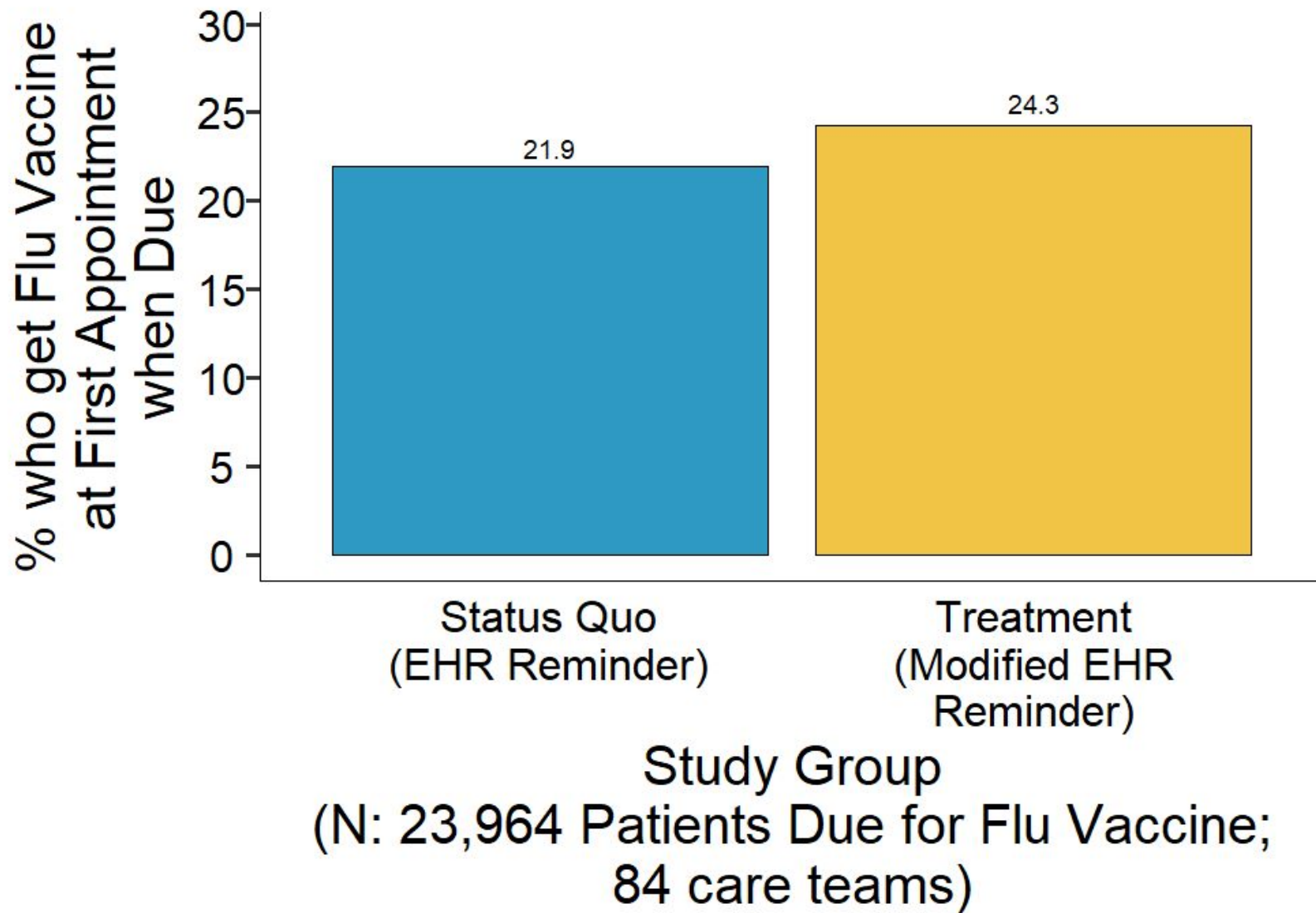
☒ If the patient expresses concerns, click box to follow example below:

- a. Establish empathy and credibility - establish a connection
 - i. "I know that you want to do whatever you can to keep yourself healthy - I want the same thing"
- b. Acknowledge the patient's concern, provider alternative explanation for any myths but do not linger
 - i. "I understand that you are concerned about getting the flu, but the flu vaccine cannot give you the flu - it is a killed vaccine, it doesn't have any live virus."
- c. Pivot back to the disease and emphasize self-efficacy
 - i. "Getting the flu is serious for anybody, but can be particularly severe for older individuals. However, if you get the flu vaccine today you can reduce your likelihood of getting the flu and reduce the severity of the flu if you do get it.
 - ii. "It will also lessen the likelihood of spreading to others, including the elderly and immunocompromised. I strongly recommend the flu vaccine, I get it myself."



Provider talking points

Provider Reminders and Talking Points Do Not Significantly Increase Proportion of Patients Vaccinated When Due



Learning from Unexpected Results

Learning from Unexpected Results

Definition: Unexpected Result

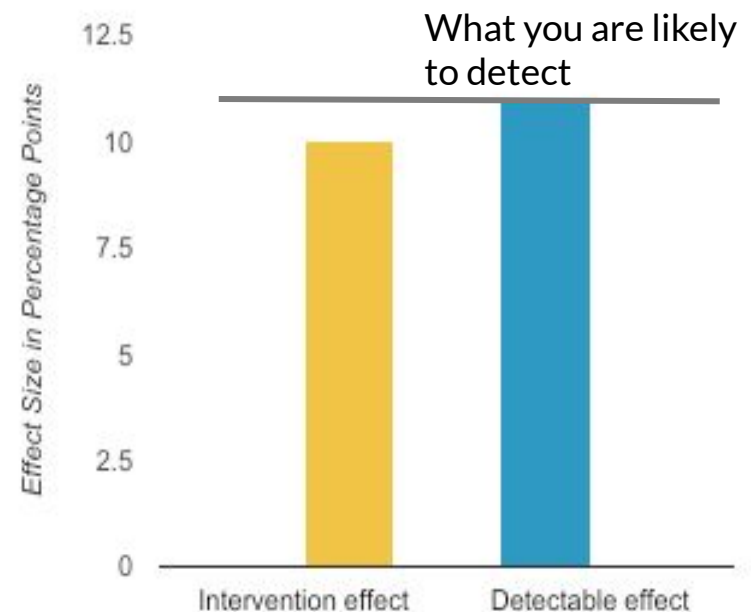
An effect size or direction that runs counter to what prior evidence or informed hypotheses would suggest.

Learning from Unexpected Results

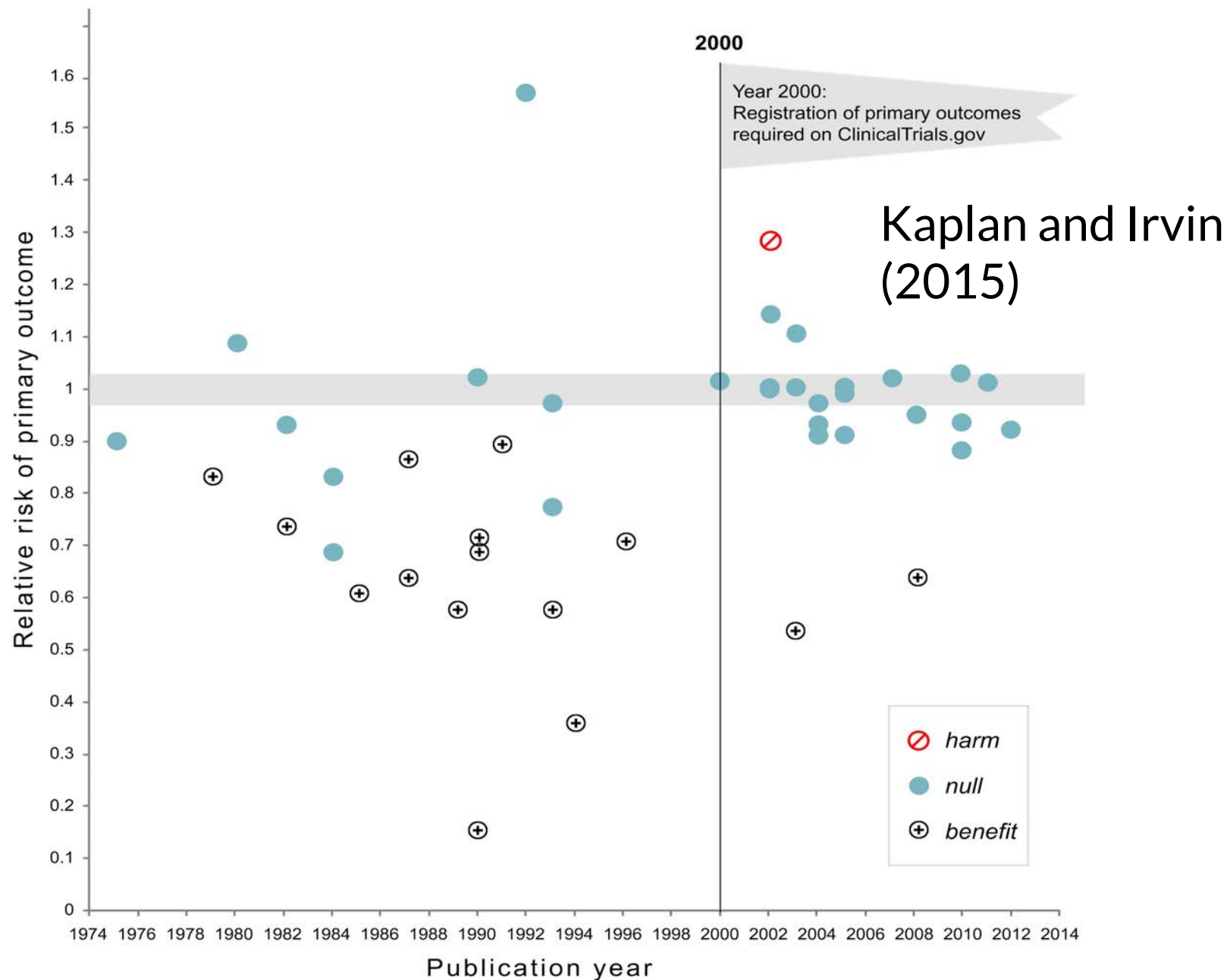
Definition: Null Result

No *statistically significant* difference in outcome between an intervention and a control (no-intervention) condition, or between two different interventions or versions of an intervention.

This does NOT mean that we can conclude the intervention is ineffective or that we say the intervention has no effect.

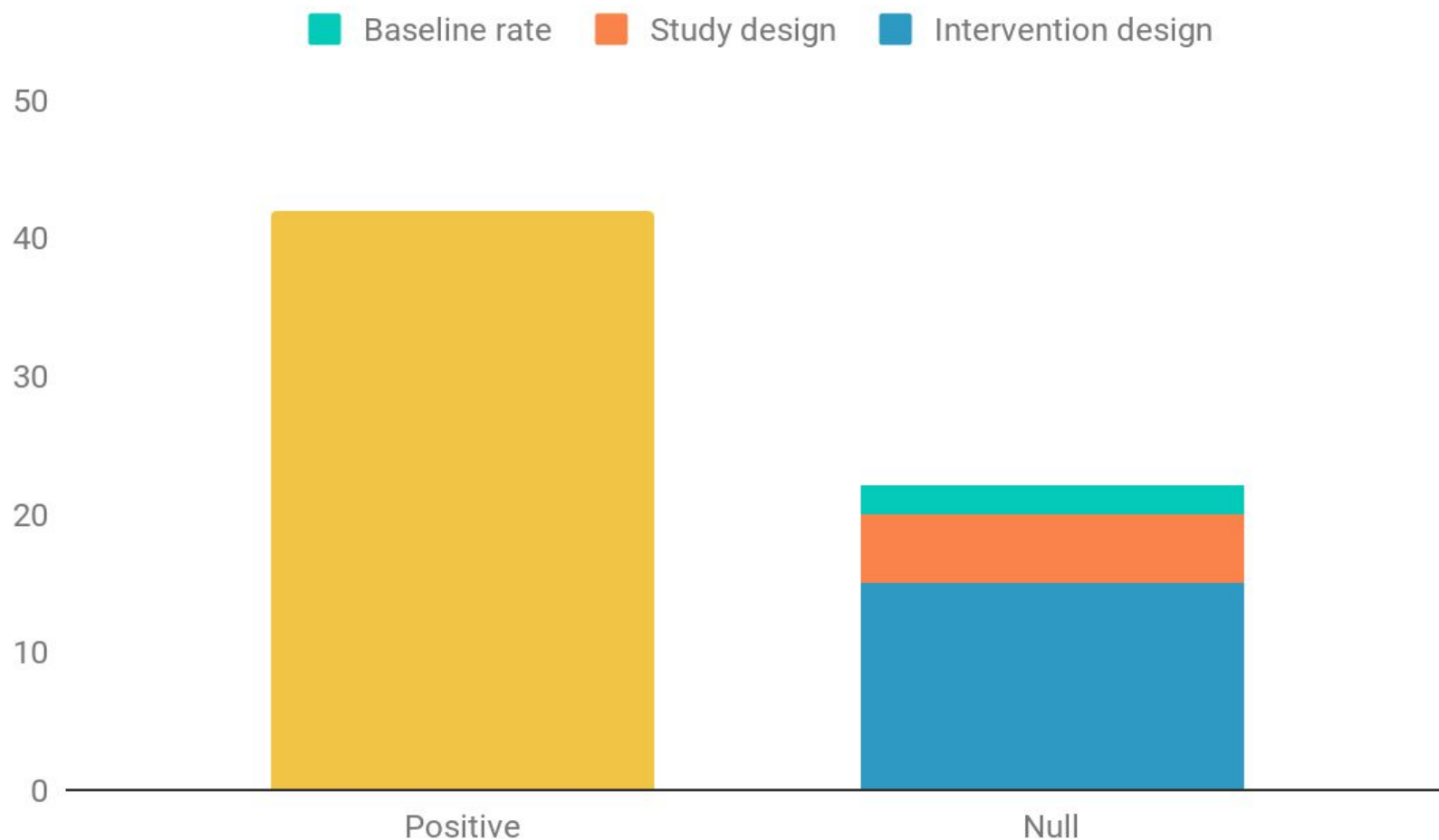


More Null Results in Health Published in Recent Years



Null Results Can Occur for Several Reasons

Results of Field Trials since 2015 by Office of Evaluation Sciences



Reason 1: Baseline take-up rate and outcome

**National Vaccine Program Office**
Sponsored · 

FACT: Getting vaccines during pregnancy is the best way to protect babies from getting the flu and whooping cough.

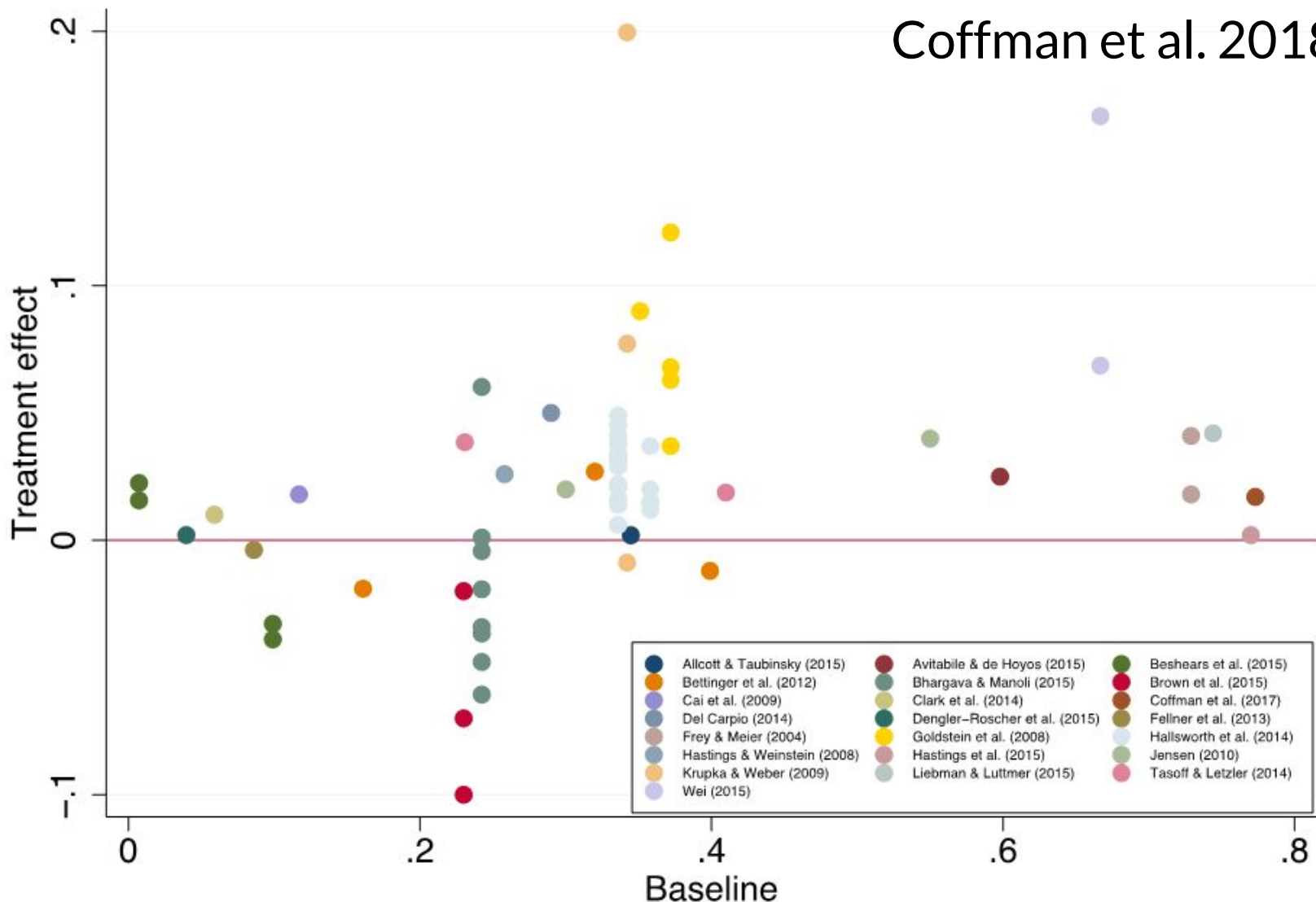


Pregnant | Vaccines.gov
Learn about the vaccines women ...
vaccines.gov

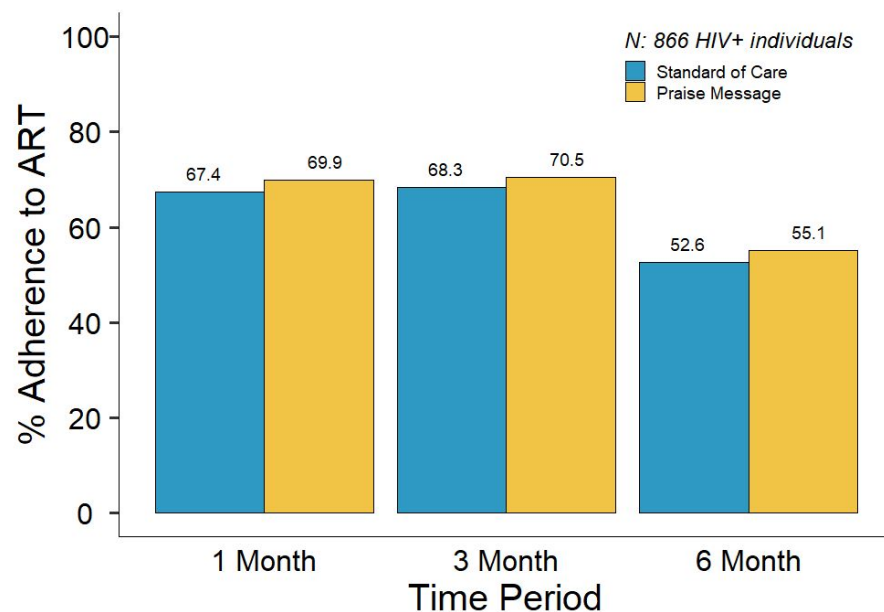
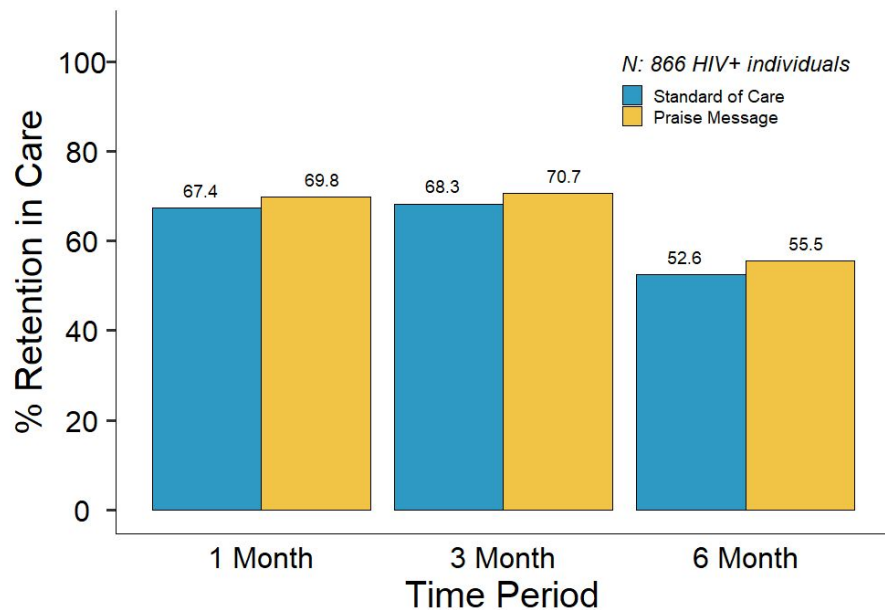
[Learn More](#)

 Like  Comment  Share

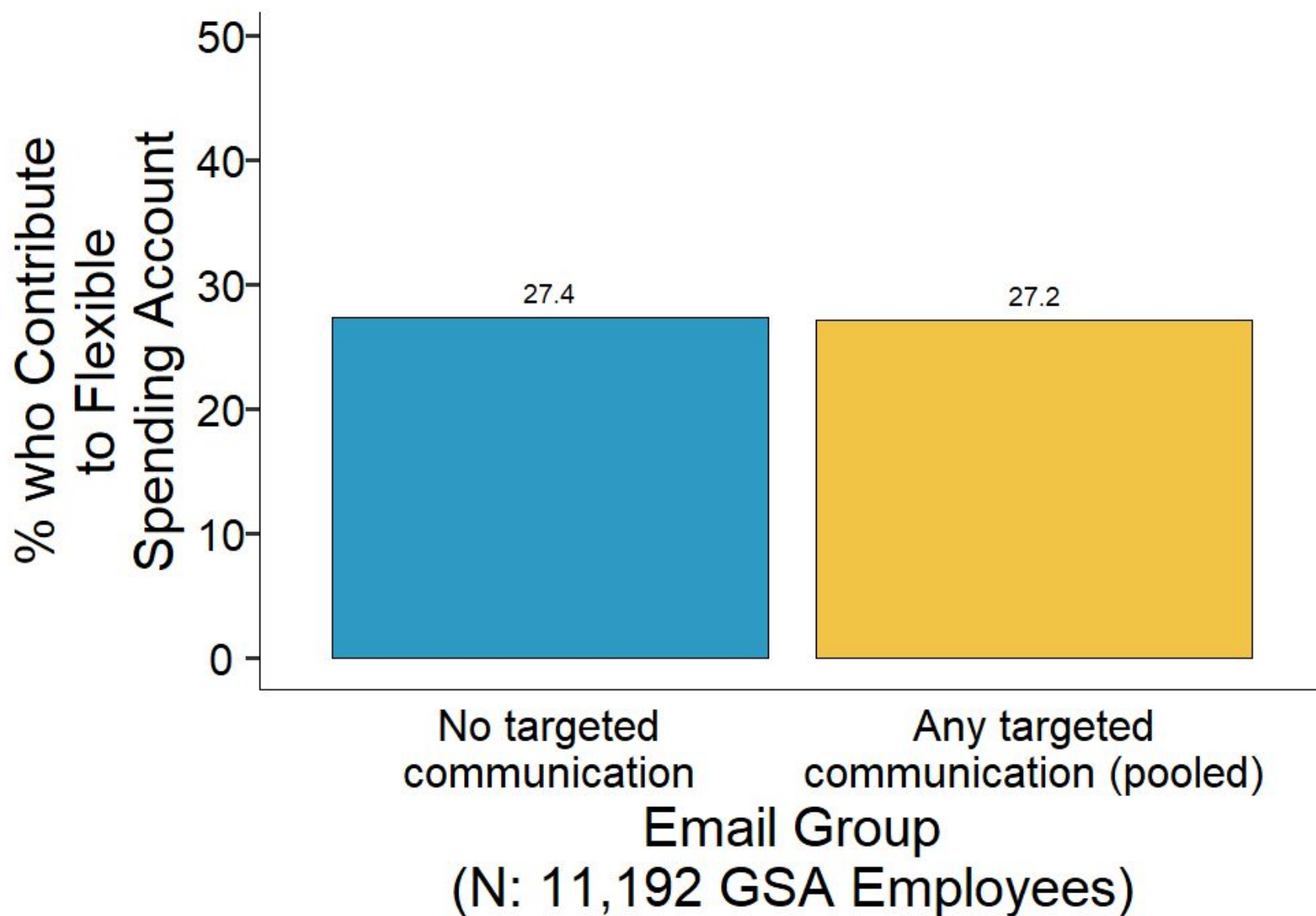
Low Baseline Take-up Associated with Null or Negative Effects in Many Tests of Informational Nudges



Reason 2: Small Sample Size or Mismatched Study Design



Reason 3: Intervention Design Not Strong Enough



Learning from Unexpected Results

Questions to ask when planning a study:

1. Does the baseline information about the program, customers, and the outcome suggest they can be changed?
2. Does the study design, including the sample size at the level of randomization, provide a strong foundation for detecting a change in outcomes?
3. Does the intervention's theory of change match the problem it is trying to solve?

Are the mode, timing, and messenger appropriate and strong enough to address those barriers and change outcomes for the intervention group?

Ways to Interpret and Act on Nulls



Unexpected and Null Results Can Help Build Federal Evaluation Plans and Learning Agendas

Some misconceptions about unexpected or null results in Federal evaluation:

Misconception: Null results are rare.

Truth: All interventions cannot or will not be effective. As noted above, more null results are being published than before for interventions in health and social sciences. One-third of completed evaluations by the Office of Evaluation Sciences ([OES](#)) with federal agency partners had null results. As agencies conduct more research, they are likely to encounter studies that do not show

¹ Turner et al. 2008; Franco, Malhotra and Simonovits, 2014; Kaplan and Irvin, 2015; Featherstone, Coffman and Kessler, 2018.
<https://blogs.worldbank.org/impactevaluations/how-publish-statistically-insignificant-results-economics>
<https://blogs.plos.org/everyone/2015/02/25/positively-negative-new-plos-one-collection-focusing-negative-null-inconclusive-results/>

Learning from Unexpected Results

Panel:

- **Calvin Johnson**, Deputy Assistant Secretary
Office of Policy Development and Research, HUD
- **Susan Wilschke**, Evaluation Officer, Acting
Associate Commissioner
Office of Research, Demonstration, and
Employment Support, SSA

Learning from Unexpected Results

Takeaways:

1. When building and using evidence, you will at times experience unexpected results, including null results.
2. As you plan studies in the future, consider ways to strengthen the intensity of the intervention being tested, and set expectations about likely effect sizes given the intervention scope and strength.
3. All results can be used to advance your evaluation plans and inform program design and implementation.

Learning from Administrative Data

Increasing FAFSA Completion by HUD-Assisted Youth

A collaboration between OES, HUD, and ED



Increasing FAFSA Completion by HUD-Assisted Youth

A collaboration between OES, HUD, and ED



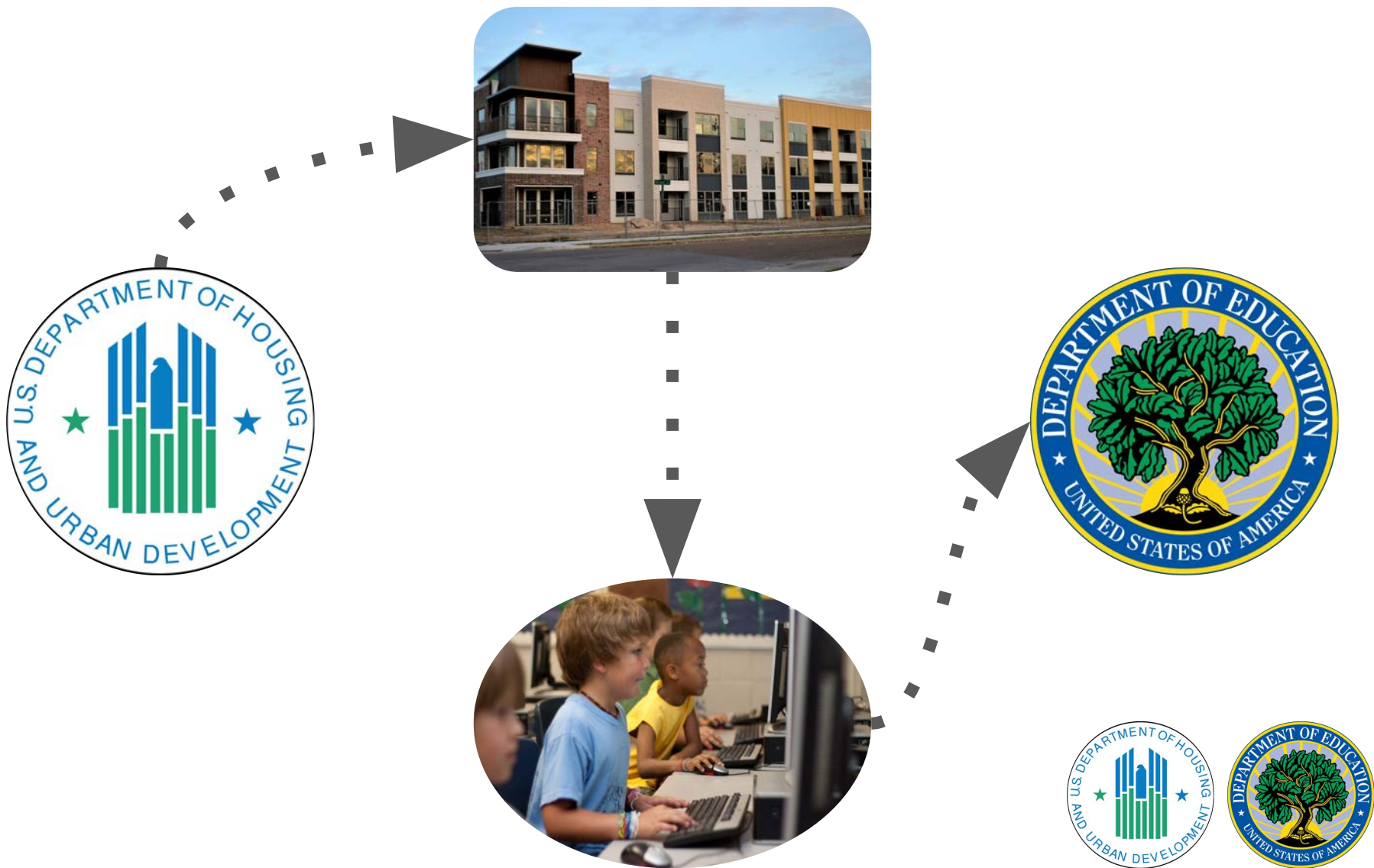
Increasing FAFSA Completion by HUD-Assisted Youth

A collaboration between OES, HUD, and ED



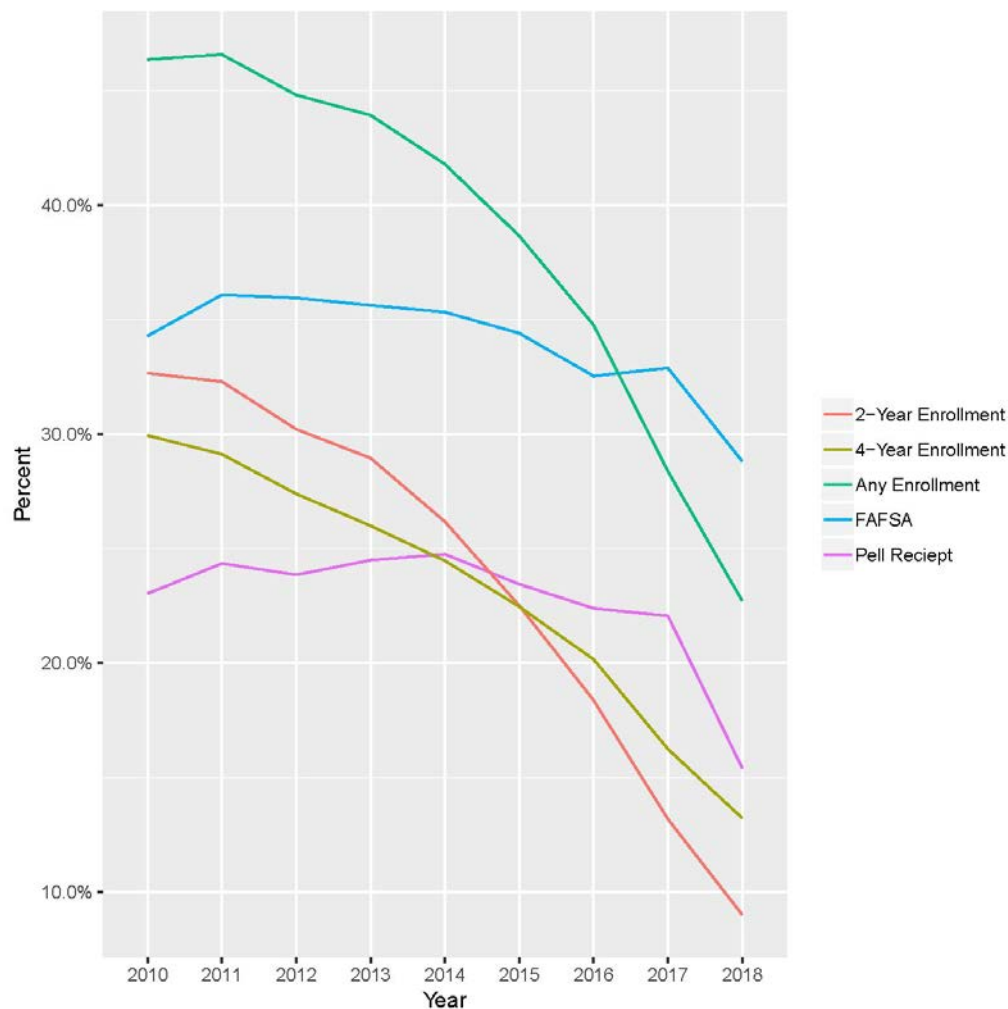
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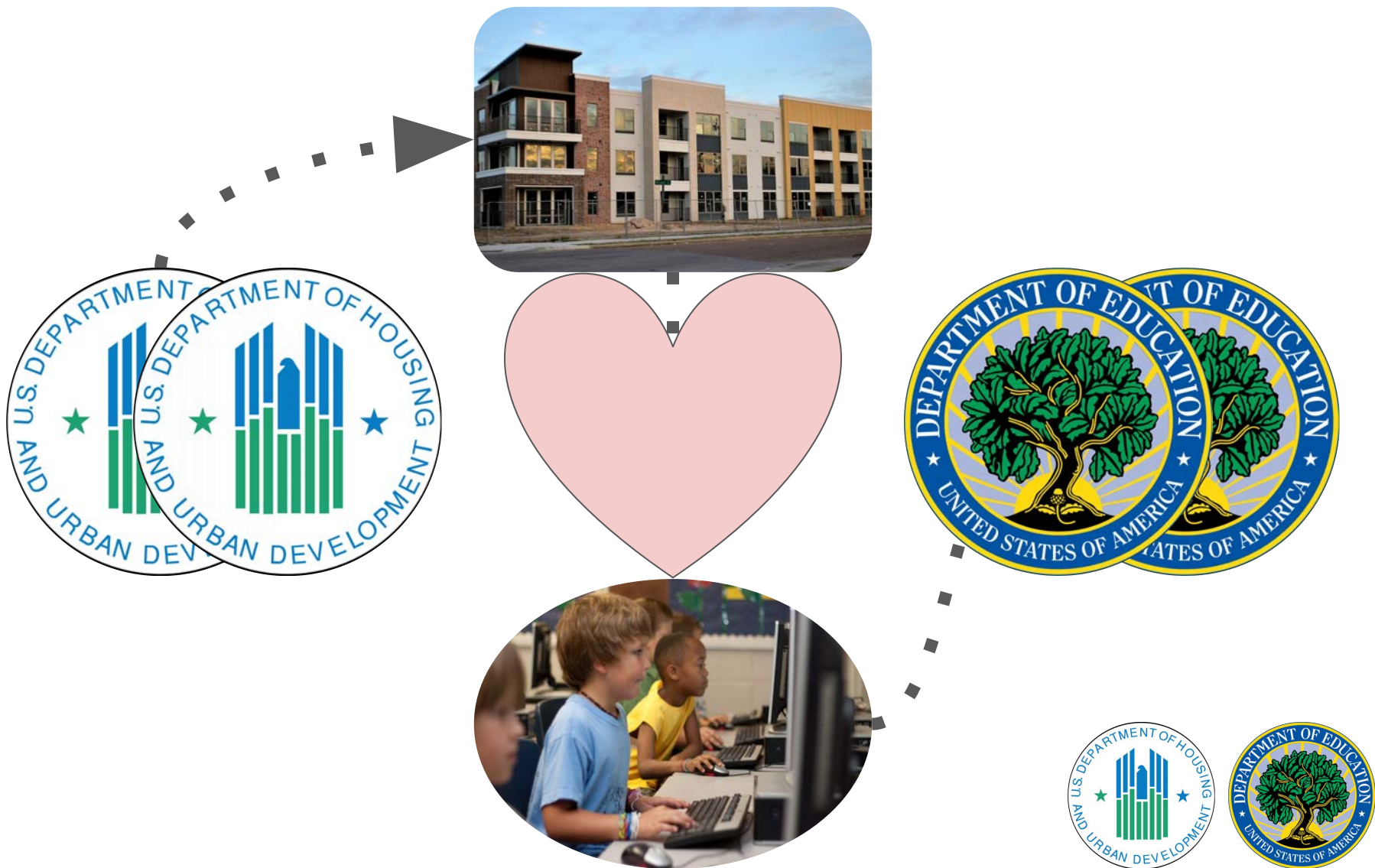
Increasing FAFSA Completion by HUD-Assisted Youth

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Increasing FAFSA Completion by HUD-Assisted Youth

A collaboration between OES, HUD, and ED



Reducing Inappropriate Prescribing of Quetiapine in Medicare Part D

A collaboration between OES and HHS

Research

JAMA Psychiatry | [Original Investigation](#)

Effect of Peer Comparison Letters for High-Volume Primary Care Prescribers of Quetiapine in Older and Disabled Adults A Randomized Clinical Trial

Adam Sacarny, PhD; Michael L. Barnett, MD, MS; Jackson Le, PharmD; Frank Tetkoski, RPh; David Yokum, PhD; Shantanu Agrawal, MD

IMPORTANCE Antipsychotic agents, such as quetiapine fumarate, are frequently overprescribed for indications not supported by clinical evidence, potentially causing harm.

OBJECTIVE To investigate if peer comparison letters targeting high-volume primary care prescribers of quetiapine meaningfully reduce their prescribing.

DESIGN, SETTING, AND PARTICIPANTS Randomized clinical trial (intent to treat) conducted from 2015 to 2017 of prescribers and their patients nationwide in the Medicare program. The trial targeted the 5055 highest-volume primary care prescribers of quetiapine in 2013 and 2014 (approximately 5% of all primary care prescribers of quetiapine).

INTERVENTIONS Prescribers were randomized (1:1 ratio) to receive a placebo letter or 3 peer comparison letters stating that their quetiapine prescribing was high relative to their peers and was under review by Medicare.

MAIN OUTCOMES AND MEASURES The primary outcome was the total quetiapine days supplied by prescribers from the intervention start to 9 months. Secondary outcomes included quetiapine receipt from all prescribers by baseline patients, quetiapine receipt by patients with low-value or guideline-concordant indications for therapy, mortality, and hospital use. In exploratory analyses, the study followed outcomes to 2 years.

RESULTS Of the 5055 prescribers, 231 (4.6%) were general practitioners, 2428 (48.0%) were in family medicine, and 2396 (47.4%) were in internal medicine; 4155 (82.2%) were male. All were included in the analyses. Over 9 months, the treatment arm supplied 11.1% fewer quetiapine days per prescriber vs the control arm (2455 vs 2864 days; percentage difference

[← Editorial page 989](#)

[+ Supplemental content](#)

[+ CME Quiz at
jamanetwork.com/learning
and CME Questions page 1096](#)



Reducing Inappropriate Prescribing of Quetiapine in Medicare Part D




A collaboration between OES and HHS



Reducing Inappropriate Prescribing of Quetiapine in Medicare Part D

A collaboration between OES and HHS

Takeaways:

1. Start data access early 
2. Identify agency and contractor data experts 
3. Learn what you can do yourself 

Using the Military Health System Opioid Registry to Identify and Reduce Concurrent Opioid-Benzodiazepine Prescriptions

A collaboration between OES and DoD



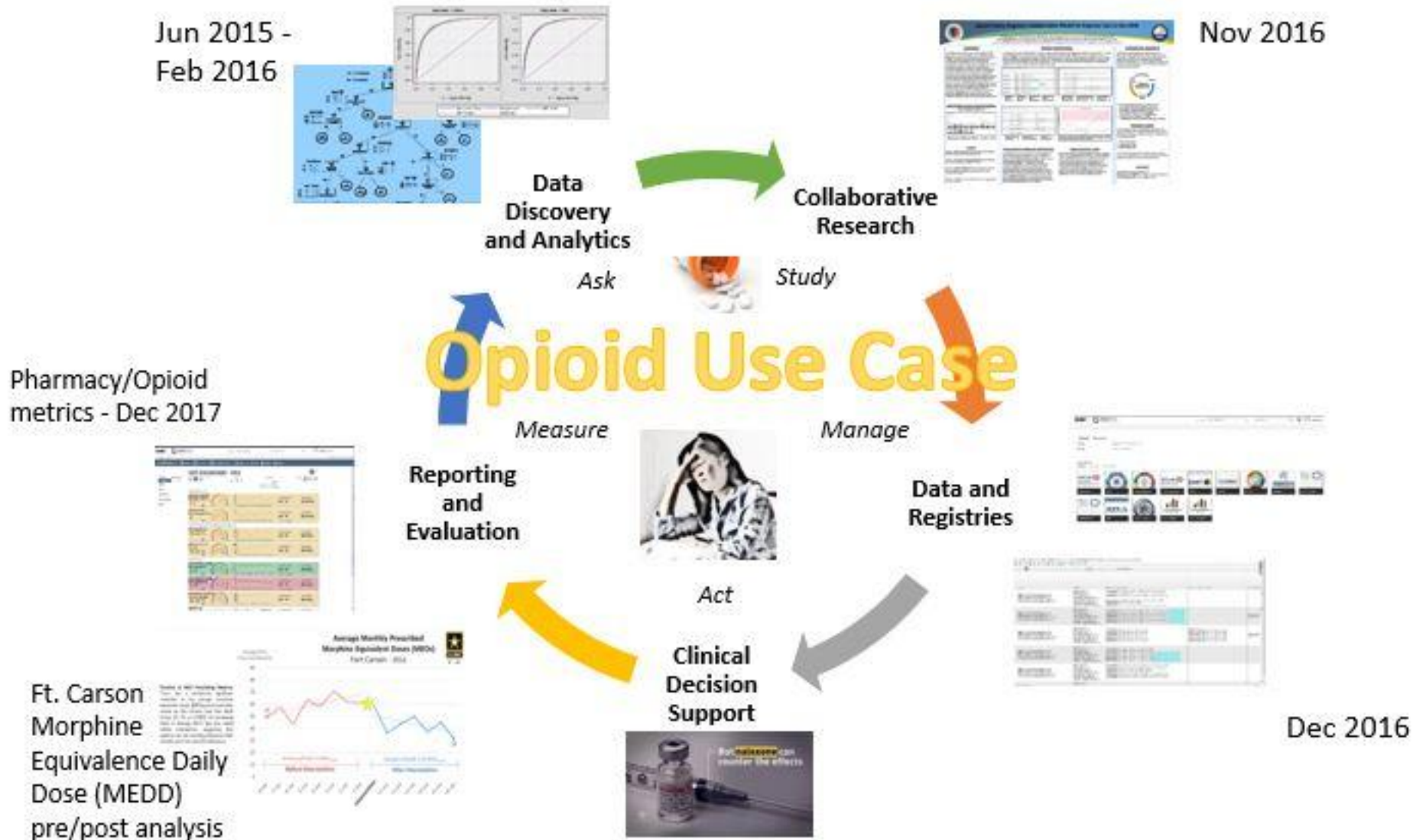
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Patient Look-up

Scan or enter a barcode / EDIPN / SPONSSN to view patient data.

NOTE: Please send suggestions/comments/complaints to [Judith Rosen](#) and [Archie Bockhorst](#)

Please select your duty location: **Other / Population Health Activity**

Manual Entry

Barcode / EDIPN / SPONSSN:

Go

☐ Suggest Documents

Current MEDD: 100
RIOSORD Index Score: 71 - *** Recommend Naloxone ***
Probability of Opioid Induced Respiratory Depression: 86%

Last Naloxone: No record of dispensing in the past year
Sole Prescriber: None assigned

Opioid Dispensing History:

12/07/2017 TAPENTADOL HCL 75MG #120 DS30 (HEB PHARMACY #678)
11/09/2017 TAPENTADOL HCL 75MG #120 DS30 (HEB GROCERY COMPANY LP HEB PHARMACY)
10/11/2017 TAPENTADOL HCL 75MG #120 DS30 (HEB GROCERY COMPANY LP HEB PHARMACY)
10/10/2017 TAPENTADOL HCL 75MG #120 DS30 (HEB PHARMACY #678)
09/11/2017 TAPENTADOL HCL 75MG #120 DS30 (HEB GROCERY COMPANY LP HEB PHARMACY)
08/15/2017 TAPENTADOL HCL 75MG #120 DS30 (HEB GROCERY COMPANY LP HEB PHARMACY)
07/17/2017 TAPENTADOL HCL 75MG #120 DS30 (HEB GROCERY COMPANY LP HEB PHARMACY)
06/19/2017 TAPENTADOL HCL 75MG #120 DS30 (HEB GROCERY COMPANY LP HEB PHARMACY)
04/27/2017 TAPENTADOL HCL 75MG #120 DS30 (HEB GROCERY COMPANY LP HEB PHARMACY)
03/29/2017 TAPENTADOL HCL 75MG #120 DS30 (HEB GROCERY COMPANY LP HEB PHARMACY)

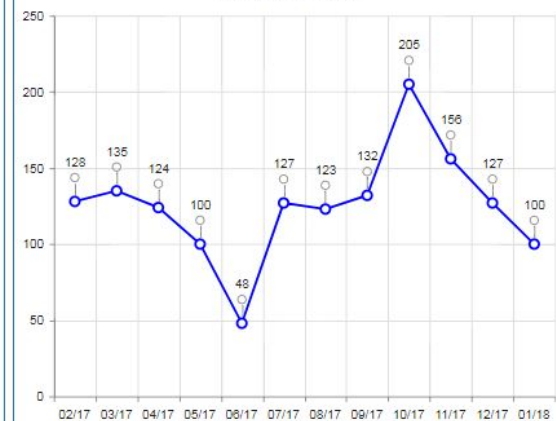
Benzo Dispensing History:

12/19/2017 CLONAZEPAM--PO 1MG TAB #60 DS30 (WILFORD HALL AMB SURGICAL CTR)
10/12/2017 CLONAZEPAM 1 MG #60 DS30 (WILLFORD HALL MEDICAL CTR)
09/19/2017 CLONAZEPAM 1 MG #60 DS30 (WILLFORD HALL MEDICAL CTR)
08/24/2017 CLONAZEPAM 1 MG #60 DS30 (WILLFORD HALL MEDICAL CTR)
07/30/2017 CLONAZEPAM 1 MG #60 DS30 (WILLFORD HALL MEDICAL CTR)
07/07/2017 CLONAZEPAM 1 MG #60 DS30 (WILLFORD HALL MEDICAL CTR)
06/12/2017 CLONAZEPAM 1 MG #60 DS30 (WILLFORD HALL MEDICAL CTR)
05/03/2017 CLONAZEPAM 1 MG #60 DS30 (WILLFORD HALL MEDICAL CTR)
04/11/2017 CLONAZEPAM 1 MG #60 DS30 (WILLFORD HALL MEDICAL CTR)
03/29/2017 CLONAZEPAM 1 MG #30 DS30 (HEB GROCERY COMPANY LP)

RIOSORD Criteria:

Current MEDD >100: 16 pts
Diagnosis of opioid dependence in the past 6 months: 15 pts
Current benzodiazepine usage: 4 pts
Current antidepressant usage: 7 pts
Diagnosis of bipolar or schizophrenia in the past 6 months: 7 pts
Diagnosis of sleep apnea in the past 6 months: 3 pts
One or more ED visit in past 6 months: 11 pts
Hospitalized in past 6 months: 8 pts

MEDD OVER TIME



[Print Opioids Patient Summary Report](#)

[Print Patient Summary Report](#)



Encounters			
Date ▼	Location ▼	Specialty ▼	Diagnosis/Reason ▼
01/08/2018	59th MDW-WHASC-JBSA-LACKLAND--OP MTF	INTERNAL MEDICINE CLINIC--	MED RENEWAL FOR TUESDAY PICKUP
12/07/2017	AMC BROOKE -SAMMC-SAM HOUSTON--OP MTF	* CANCEL * ONCOLOGY CLINIC--	NO CCS GROUPING

Medications				
Date ▼	Pharmacy Name ▼	Drug Name ▼	Product Name ▼	C
01/04/2018	WILFORD HALL AMB SURGICAL CTR	QUETIAPINE FUM--PO 100MG TAB		3
01/04/2018	WILFORD HALL AMB SURGICAL CTR	TRAZODONE HCL 100 MG	TRAZODONE HCL	3
12/27/2017	WILFORD HALL AMB SURGICAL CTR	ESZOPICLONE (LUNESTA OR SIB) PO 1MG TAB		3

Using the Military Health System Opioid Registry to Identify and Reduce Concurrent Opioid-Benzodiazepine Prescriptions

A collaboration between OES and DoD

Data Strategies:

- Share de-identified and synthetic data
- Develop a Virtual Data Environment (VDE)
- Reduce barriers to data access
- Streamline agreements processes

Questions and Answers



Upcoming Events: Workshops for Federal Employees

Registration details at oes.gsa.gov/events/

- **Evidence-Building Success Stories**, 9:00AM-10:15AM, November 22:
Interactive session to share success stories of how evidence has been used to strengthen agencies' programs and policies, and share tips and tricks for creating buy-in and excitement around evidence-building activities in your agency
- **Mapping Strategy to Evidence**, 9:00AM-11:00AM, December 6:
This workshop will provide an introduction to mapping agency strategy to the new evidence-building activities required under the Evidence Act, including hands-on practice in drafting Learning Agenda priorities

Evidence Act Resources:

- Intergovernmental Personnel Act (IPA) Guide
- Evidence Act Learning Agenda and Evaluation Plan Toolkits
 - Forthcoming resources and training, January 2020

Thank you to our Federal collaborators!



Department of
Defense



Department of Health
& Human Services



Department of Housing
& Urban Development



Department of
Veterans Affairs



Social Security
Administration

Join our team! Two Fellowship opportunities based in Washington D.C.

- **Annual Fellowship:** Team members work alongside agency collaborators to apply behavioral insights, make concrete recommendations on how to improve government, and evaluate impact using administrative data. One year fellowships begin in Fall 2020. **The application deadline is December 15, 2019.**
- **Evidence Fellowship:** OES is uniquely situated at the center of government to share leading practices, develop resources and build skills in the Federal workforce on evidence and evaluation. Six-month details beginning in January 2020 are *open to Federal employees only*. Applications are reviewed on a rolling basis; **the final application deadline is November 20, 2019.**

Apply today! <https://oes.gsa.gov/contact/>

oes.gsa.gov

oes@gsa.gov