Analytic Approaches for Causal Inferences with Complex Multi-Component Interventions: Project ACHIEVE's Study of Managing Care Transitions

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Available at: https://works.bepress.com/glen_mays/225/
Analytic Approaches for Causal Inference with Complex Multi-Component Interventions

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ACHIEVE Quantitative Study Design

- **Hospital Adoption:** Survey hospitals to determine the scope and timing of transitional care components (TCC)

- **Cluster Identification:** Use qualitative and quantitative data to identify clusters of TCCs implemented together

- **Retrospective Analysis:** Use administrative data to:
  - Compare patterns of care and outcomes before vs. after adoption of TCC clusters
  - Detect changes in care and outcomes attributable to TCC implementation (2009-14)

- **Prospective Analysis:** Measure patient-centered care patterns, experiences, & outcomes across TCC clusters using an incomplete fractional factorial design
Overview of ACHIEVE Quantitative Design

US Hospitals
- HEN Hospitals
  - QIO ICPC Hospital?
    - Yes
    - No
    - CCTP in Community?
      - Yes
      - No
- Kaiser Hospitals
  - QIO ICPC Hospital?
    - Yes
    - No
- Other Hospitals
  - QIO ICPC Hospital?
    - Yes
    - No

Stratified probability sample of hospitals (assume 5 hospitals from each of 8 clusters)
(sampling probabilities within strata proportional to hospital patient volume)
Stratified random sample of 300 patients from each hospital (12,000 total)

Retrospective Claims Analysis: All hospitals/patients in all clusters included
Prospective Analysis: red TC clusters selected by Fractional Factorial Design
Dealing with Complexity: Retrospective Analysis

- **Principal components analysis/factor analysis:** Identify clusters of TCCs commonly implemented together

- **Cluster analysis:** Identify comparison groups of hospitals/communities that use the same combinations of TCC clusters

- **Qualitative data:** Site visit and focus group findings inform TCC cluster and comparison group identification

- **Adoption/selection analysis:** Evaluate selection bias in hospital/community adoption of TCCs and the types of patients exposed

- **Interrupted time series analysis:** Estimate changes in patient care and outcomes attributable to TCC implementation

- **Hierarchical multivariate adjustment:** Control for patient, hospital and community covariates, balance across TCCs/groups

- **Instrumental variables and person-centered effects:** Control for unobserved confounding and estimate patient heterogeneity in treatment effects
Dealing with Complexity: Prospective Analysis

**Incomplete fractional factorial selection:** Screen and sample a subset of TCC clusters (factors) and types of care settings (levels) that provide contrasts for the fullest possible range of TCC, hospital, and community combinations.

**Care settings/levels:** A total of 40 care settings will be selected, balancing hospital and community characteristics (10 Kaiser settings).

**Patient/caregiver sampling:** 300 patients from each setting surveyed within 45 days of discharge, plus 180 caregivers and 75 providers.

**Outcomes:** Comparison of patterns of care, experiences with care, and patient-centered outcomes across TCC clusters and settings.

**Hierarchical modeling & propensity score weighting:** balance and adjust for patient/hospital/community covariates across TCC clusters.

**Tree-based models:** identify interactions among patient subpopulations, patient/caregiver characteristics, and TCC clusters.
Dealing with Complexity: Prospective Analysis

<table>
<thead>
<tr>
<th>Hospital/Community Care Setting Combinations</th>
<th>TCC Clusters</th>
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<td></td>
<td>TCC 1</td>
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Incomplete Fractional Factorial sampling from cells to reduce confounding and maximize identification of TCC effects and care setting interactions.