Since joining the Department of Surgery in 2012, Dr. Danielle Lavallee’s work has focused on advancing methods to incorporate the patient perspective into both clinical care and research activities through the capture of patient-reported outcomes (PROs) and active patient engagement.

Dr. Lavallee’s interests stem from her experience practicing as a pharmacist while obtaining her PhD at the University of Maryland. “I constantly fielded questions from people that were framed in such a manner that existing evidence couldn’t answer them. Either they wanted to know how disparate therapies compared – often a medication to a more holistic treatment approach – or how a certain treatment would affect outcomes not captured in traditional research, such as quality of life or time away from work.”

PRO measures provide insight on experienced symptoms, function, health status, quality of life, and mental well-being, and are an important first step in addressing these types of patient concerns. Since joining the faculty, Dr. Lavallee has supported the efforts of the Comparative Effectiveness Research Translation Network (CERTAIN) to capture data directly from patients to support quality improvement and research initiatives, including the development of CERTAIN Hub – a web-based portal supporting real-time capture and reporting of PRO data to both patients and providers.

Patient-centered outcomes research (PCOR), as defined, helps patients and their caregivers better communicate and make informed and individualized healthcare decisions, allowing the patient voice to be heard in assessing the value of healthcare options. This is predicated on the availability of evidence that reflects data relevant to patients and their healthcare team when making decisions about healthcare. To achieve this ideal state, it is critical that we build community and infrastructure for collaborating with patients and healthcare stakeholders to advance PCOR, as well as methods for transforming healthcare through leveraging new streams of data that come directly from patients, such as patient-reported and patient-generated health data.

Funding from the Patient-Centered Outcomes Research Institute (PCORI) and Agency for Health Research and Quality (AHRQ) has played an integral role in helping her advance efforts to keep the patient voice central to research and healthcare. In 2014, Dr. Lavallee became the Department of Surgery’s first faculty member to receive funding from PCORI for a project comparing different engagement techniques for involving patients in research prioritization. This methods study responded to the 2013 PCORI Methodology Committee recommendation to support empirical research to assess and improve research prioritization methods for use by PCORI, recognizing that limited evidence existed on important processes leveraged in the conduct of research. The study assesses how different methods perform in generating reproducible research prioritization lists, and perhaps more importantly, in participants’ perception of the quality of the engagement experience. The study leverages traditional engagement techniques such as focus groups and survey methods as well as novel engagement techniques such as crowd-voting and crowd-sourcing. Such comparative studies are rare but important in providing valuable information about involving patients in research.

In addition to advancing evidence on how we involve patients, Dr. Lavallee is working to develop infrastructure to support patient-researcher partnerships. In 2014, she received a PCORI Eugene Washington Engagement Award providing funding support for the INitiative to Support Patient Involvement in REsearch (INSPIRE) (watch video). This project gathered information on the experiences and needs of patients and researchers actively partnering on research projects across the Pacific Northwest and resulted in the creation of a web-based portal providing open-access training and resources to both patients and researchers interested in collaborating on research projects. Since launching in May 2017, the portal has attracted over 1,000 unique visitors and gained international recognition in the PCOR community.
Dr. Lavallee’s work has highlighted for her the importance of ensuring that outcomes important to patients are captured not only in research, but in healthcare as well. PROs, taken together with other data sources such as clinical measurements, provide support for shared decision-making to meet the needs of each patient to optimize outcomes. In 2017, Dr. Lavallee was named UW Medicine Medical Director for Patient–Reported Outcomes and Patient–Generated Health Data, and in this role she will bring her experience implementing this health IT–enabled practice model to the larger UW Medicine system in order to facilitate PRO data collection and reporting for surgical care and quality improvement efforts system-wide. Through this work, Dr. Lavallee and her team will help to design a sustainable model for capturing the patient’s voice to facilitate more collaborative healthcare decision-making and achieve improved patient outcomes.

Researcher Profile: Danielle Lavallee, PharmD, PhD

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Dr. Lavallee working with INSPIRE TEAM, which is comprised of both patient partners and researchers, to review interview findings

#GettingToKnowDOS—Dr. Martin Montenovo

In this issue, Surgery Synopsis staff interviewed Dr. Martin Montenovo, Assistant Professor, Surgical Director Living Donor Liver Transplant Program, Division of Transplant Surgery.

SS: What was the last book you read?  
MM: The last book I read is called “Make Your Bed: Little Things That Can Change Your Life...And Maybe the World” by William H. McRaven. McRaven is a retired United States Navy admiral and he extrapolated both big and small lessons he learned in the navy that he believes can make real, significant changes in your life as well as in the world. He has a great YouTube video clip where he says “If you want to change the world, start off by making your bed.” He says if you make your bed every morning, then you’ve accomplished the first task of the day. That gives you a sense of pride and encourages you to do another task, another, and so on. SS: So what are you doing differently after having read the book? MM: [laughs] I make my bed! Even before reading the book I have always had a regimented routine which included making my bed every morning. But there are other little things I have picked up that I apply to my life. For instance, when things happen to you during the day and you believe they are a big deal but at the end of the day you realize it wasn’t really that big of a deal and it’s something you can just let go. I really enjoy reading books and articles by people in the military because of their outlook on leadership, working within groups and resilience.

SS: What is your favorite movie? MM: I just love “Forrest Gump.” His fighting against adversity is so inspiring. I think I’ve watched this movie about 20 times—I never get tired of it. Another movie I really like is “Brooklyn.” It’s about a young woman who emigrates from Ireland to the United States and it depicts her life in 1950s Brooklyn, New York.

SS: Do you have any favorite or least favorite genres? MM: I cannot stand anything science fiction. I will tell you a funny story. In 2001, I was in residency in Argentina and working many, many hours a week, and that was the year I started dating my wife. My wife was a student at the time so she was not as tired as I was from all of the long hours. One time she suggested we go see the first “Lord of the Rings” film. I thought to myself, “This is perfect! This is a three hour movie and I will get a chance to catch up on my sleep because I had no intention of watching it!” It was ideal—my girlfriend was totally engrossed in the movie and I got three hours of uninterrupted sleep!

SS: Do you collect anything? MM: No, I do not. I’m very organized and collections can become clutter and clutter can easily lead to garbage. I drive my kids crazy because if I see toys they don’t play with then they are donated to charity.

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