Leading Through Innovation and Collaboration

Carolyn M. Clancy, MD

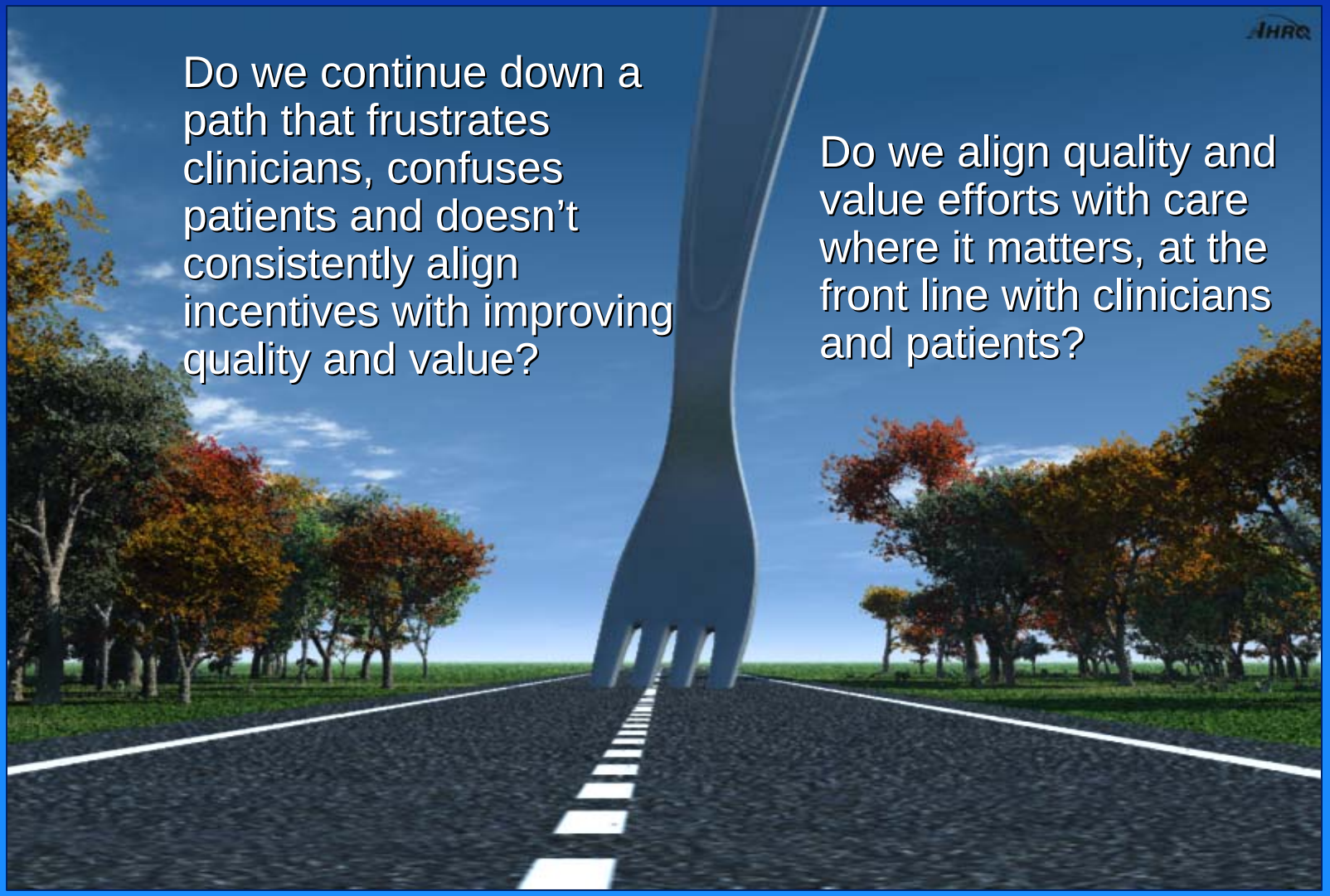
Director

Agency for Healthcare Research and Quality

Second National Bundled Payment Summit

Washington, DC – June 12, 2012

Health Care is at a Critical Fork in the Road



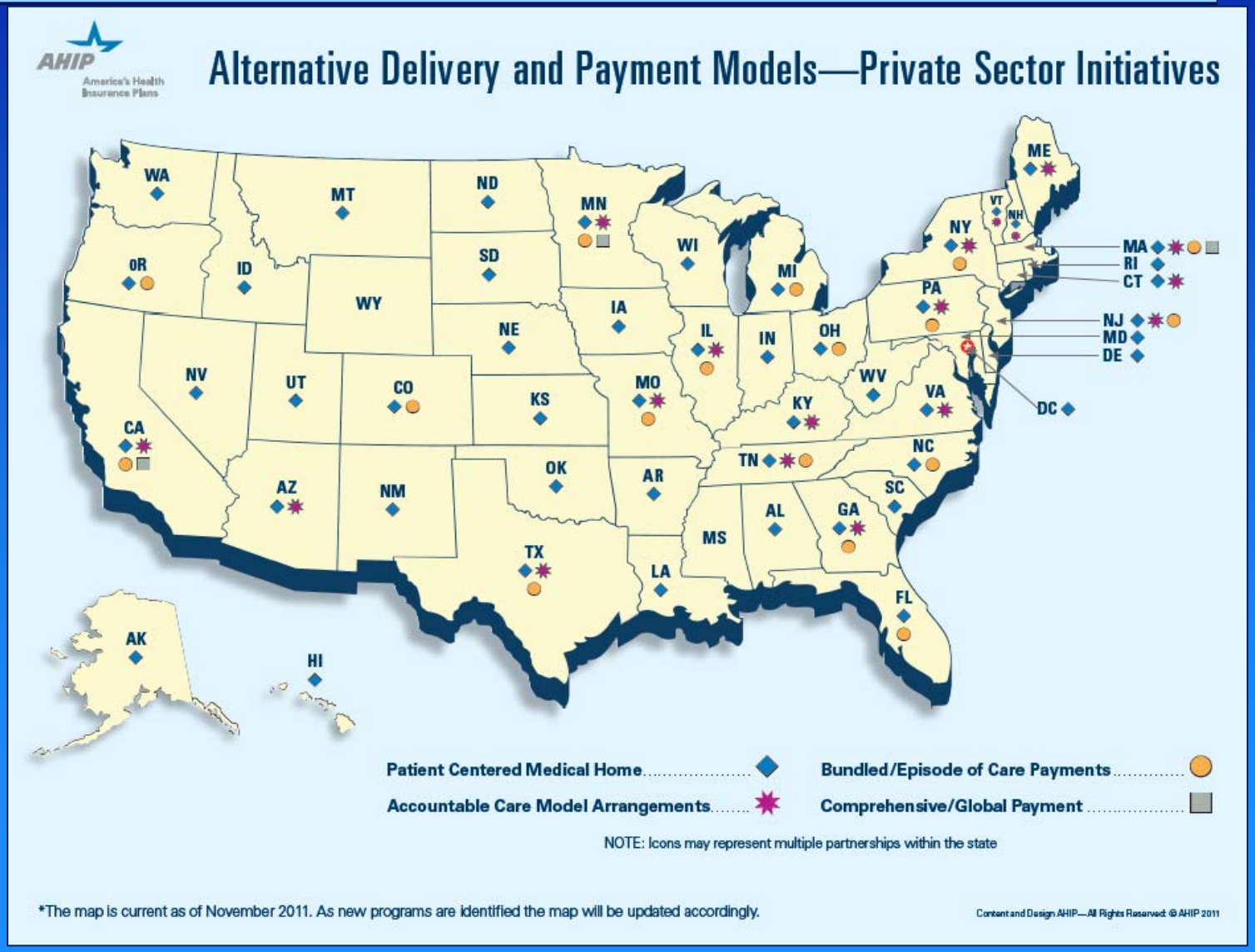
The Status Quo Is Not Acceptable

- Evidence is being produced at an extremely rapid rate, but its incorporation into clinical practice is happening much slower
- Transparency efforts often have little information for decisions regarding a specific disease and selection of clinician or treatment option
- Purchasers and policymakers face an underperforming health care system and untenable costs

Health System Transformation: Current and Future

Current	Future
Variable quality; expensive, wasteful	Consistently better quality; lower cost, more efficient
Pay for volume	Pay for quality
Pay for transactions	Care-based episodes
Quality assessment based on provider and setting (process)	Quality assessment based on patient experience **(outcomes)**

Cost Sharing Models on the Rise



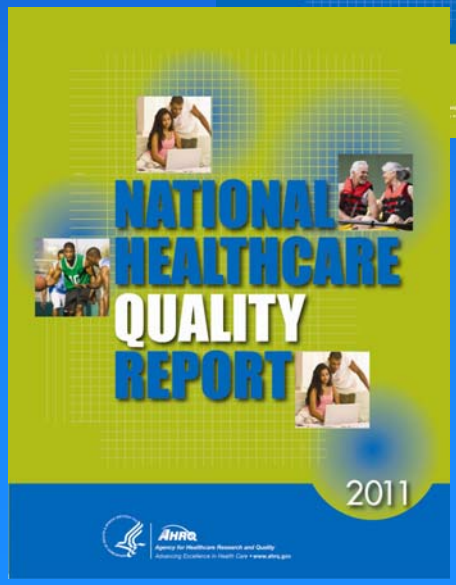
Using Performance Measurement To Improve Health Care

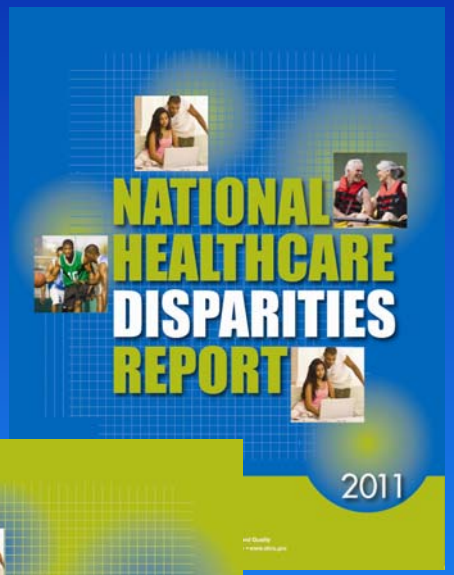
- **AHRQ Resources and Priorities**
- State of the Evidence
- Where to From Here?
- Questions

AHRQ Priorities

AHRQ National Healthcare Quality &Disparities Reports

- Overall, improvement in the quality of care remains suboptimal and access to care is not improving
- Few disparities in quality are getting smaller and almost no disparities in access are getting smaller
- Particular problem areas include cancer screening and management of diabetes
- Quality of care varies not only across types of care but also across parts of the country





Progress is Uneven Toward National Priority Areas

- **2011 Findings:**
  - Health care quality and access are suboptimal, especially for minority and low-income groups
  - Quality is improving; access and disparities are not
  - Urgent attention needed to ensure continued improvement in quality and progress on reducing disparities for services, geographic areas and populations, including:
    - Diabetes care and adverse events
    - Disparities in cancer screening and access to care
    - States in the South

Reports include evidence of progress toward priorities identified in *National Quality Strategy* and *HHS Plan to Reduce Racial and Ethnic Health Disparities*

NQS & QRDR

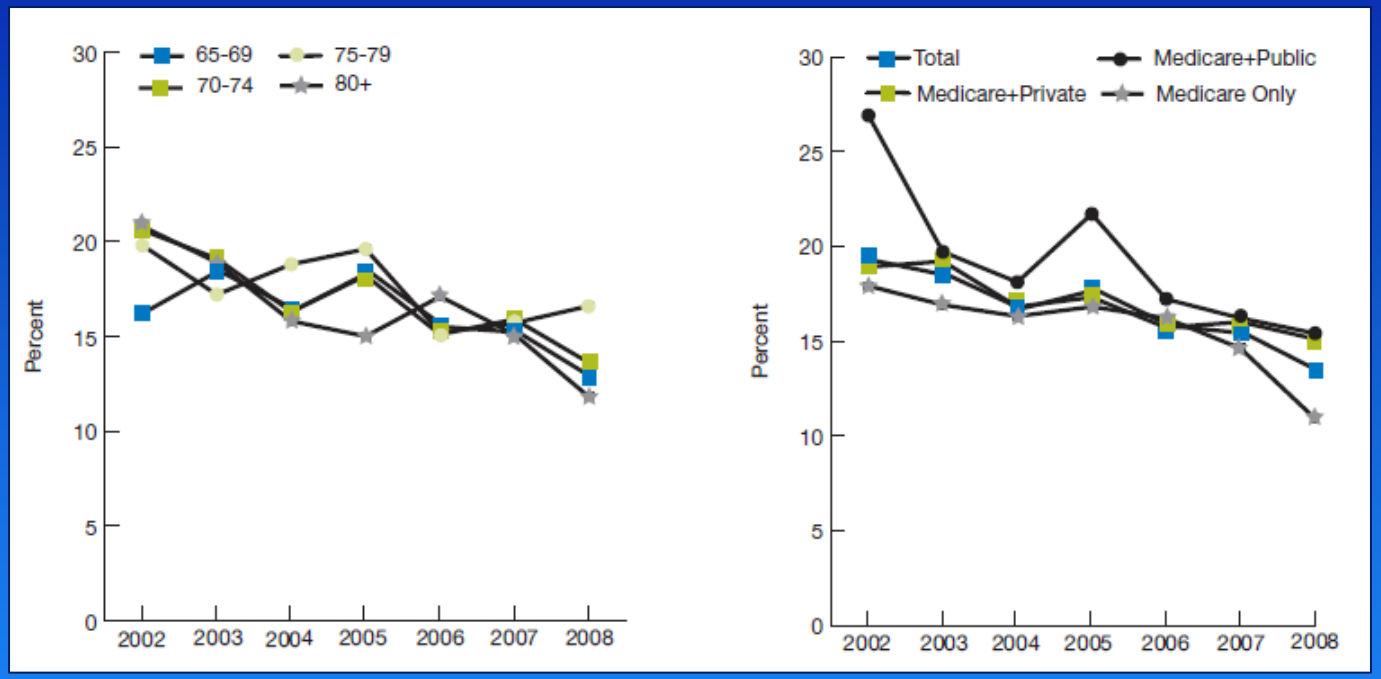
The 2011 National Healthcare Quality Report and National Healthcare Disparities Report are organized according to the six priorities in the National Quality Strategy

National Priority Area	NHQR/NHDR Chapter
Making Care Safer	Patient Safety
Patient-Centered Care	Patient Centeredness
Communication and Care Coordination	Care Coordination
Prevention and Treatment, Leading Causes of Mortality	Effectiveness (Cardiovascular Disease)
Working with Communities	Effectiveness (Lifestyle Modification)
Making Quality Care More Affordable	Access to Health Care, Efficiency

QRDR: Making Care More Affordable

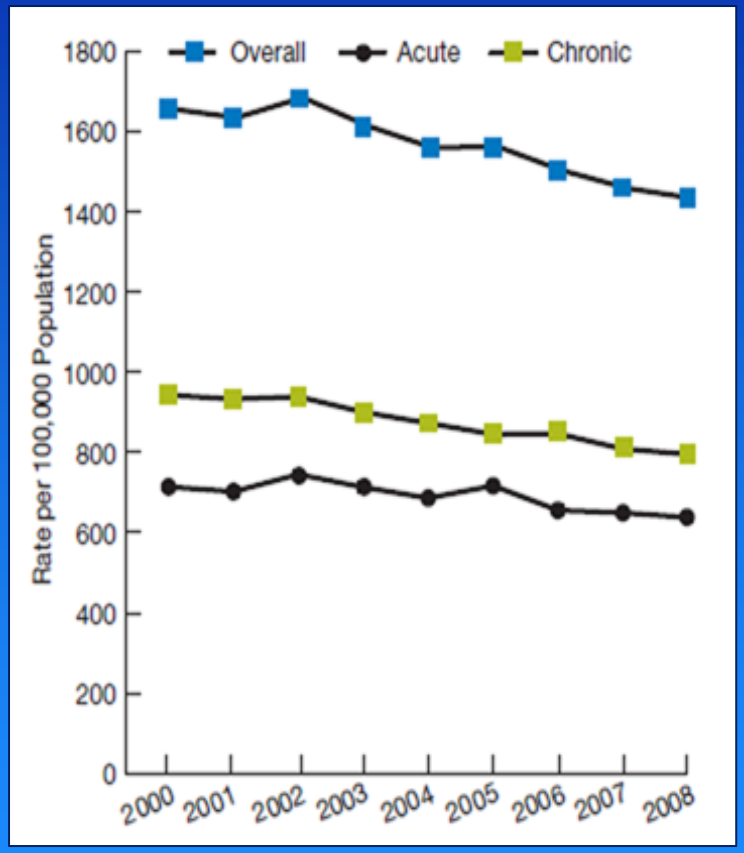
- Examples of Initiatives at the federal, state and provider levels:
  - Health Insurance Exchanges (Affordable Care Act)
  - Minnesota bundles payments for seven common “baskets of care”
  - The Virginia Health Equity Report includes an examination of excess costs associated with different disparities
  - Intermountain Healthcare developed an alert system for delivery charge nurses when medical indications do not support early elective induction
  - Via Christian Health’s telepharmacy program for 14 hospitals

Inappropriate Medication Use



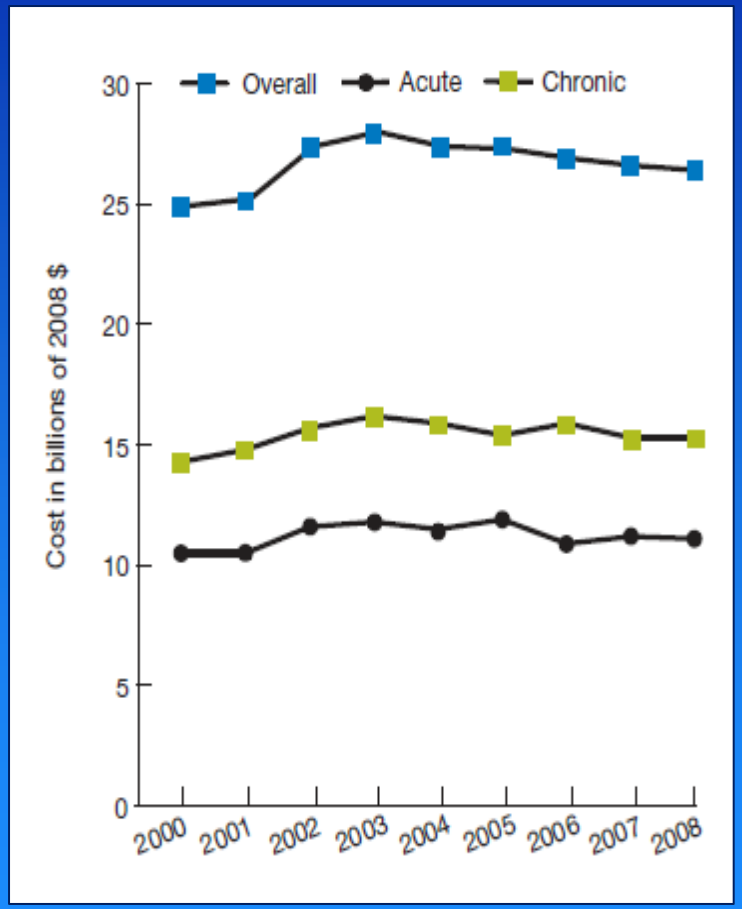
- From 2002 to 2008, there were no statistically significant differences between age groups in the population over age 65 receiving potentially inappropriate medications
- There were no consistent gaps between patients with Medicare and private insurance and those with Medicare only or with Medicare and other public insurance

Potentially Avoidable Hospitalizations for Adults



- From 2000 to 2008, the overall rate of avoidable hospitalizations fell from 1,657 to 1,434 per 100,000 population
- Declines in avoidable hospitalizations were observed for both acute and chronic conditions

Costs Associated with Potentially Avoidable Hospitalizations



- From 2000 to 2003, total national hospital costs associated with potentially avoidable hospitalizations increased from $24.9 billion to $28.0 billion.
- Since then, costs have been gradually declining, to $26.4 billion in 2008
- These changes are largely due to avoidable hospitalizations for chronic conditions, with national hospital costs that increased from $14.3 billion to $16.2 billion between 2000 and 2003, and then declined to $15.3 billion in 2008

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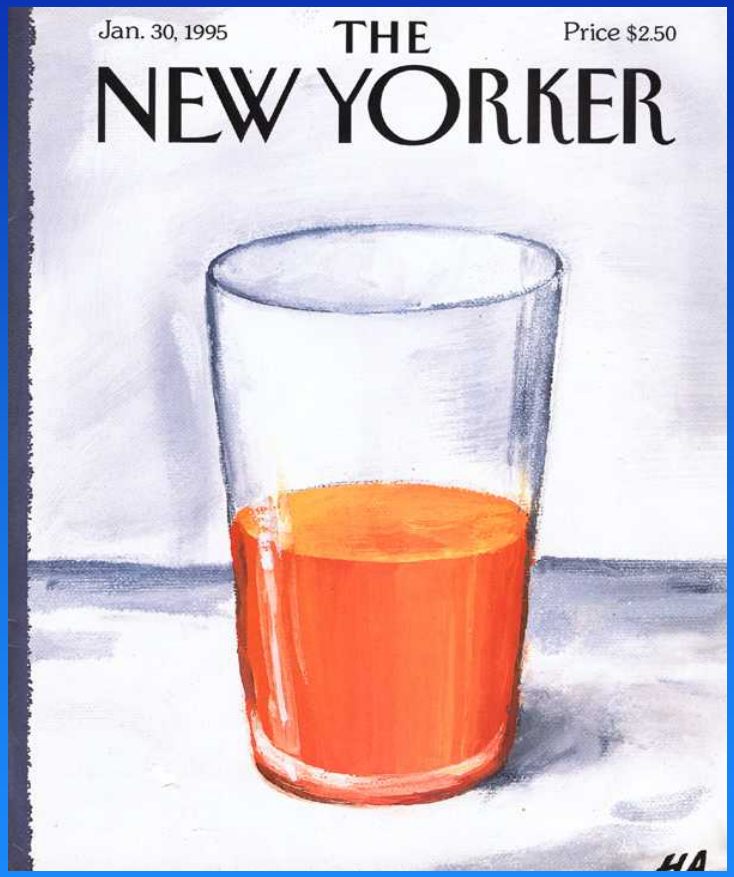
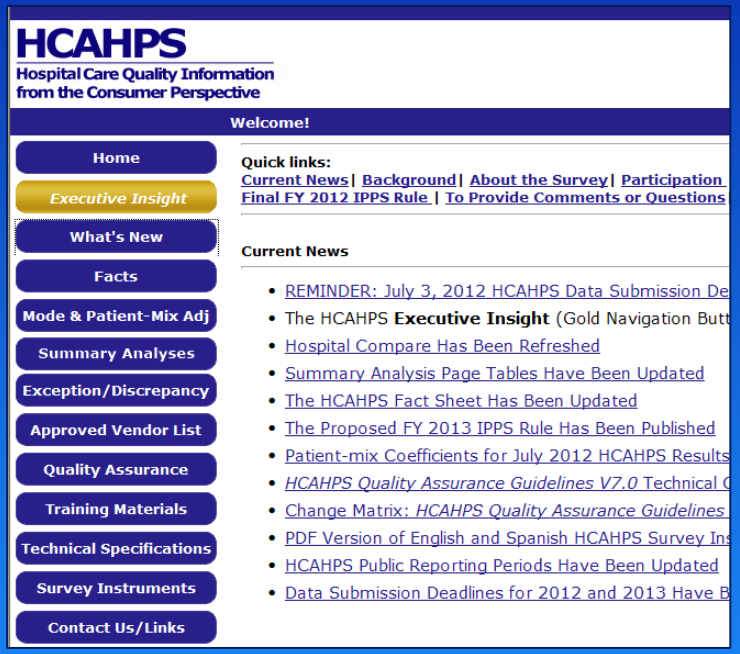
What Evidence Can We Share?

- What can we as researchers and disseminators of funded research findings share about effective quality improvement strategies?



AHRQ Activities (Examples)

- Consumer Assessment of Healthcare Providers and Systems (CAHPS®)
- CAHPS Hospital Survey (HCAHPS)
- Patient Safety Indicators



Patient-Reported Outcomes

- Under the National Quality Strategy, measures increasingly focus on clinical outcomes *and* patient-reported outcomes and experience
  - The Hospital Value-Based Purchasing Program has incorporated 30-day condition-specific mortality measures and HCAHPS into its measure set
  - The End-Stage Renal Disease Quality Incentive Program for dialysis facilities directs providers to administer an in-center dialysis patient experience survey
  - HHS is also continuing to identify and support the development of new-patient-centered outcome measures
    - Example: The 3-item care transition measure (CTM-3) is under consideration by CMS for rulemaking this year

Delivery System Interventions

Alexander and Hearld *Implementation Science* 2012, 7:15
http://www.implementationscience.com/content/7/1/15

IMPLEMENTATION SCIENCE

DEBATE Open Access

Methods and metrics challenges of delivery-system research

Jeffrey A Alexander[1*] and Larry R Hearld[2]

Abstract

Background: Many delivery-system interventions are fundamentally about change in social systems (both planned and unplanned). This systems perspective raises a number of methodological challenges for studying the effects of delivery-system change–particularly for answering questions related to whether the change will work under different conditions and how the change is integrated (or not) into the operating context of the delivery system.

Methods: The purpose of this paper is to describe the methodological and measurement challenges posed by five key issues in delivery-system research: (1) modeling intervention context; (2) measuring readiness for change; (3) assessing intervention fidelity and sustainability; (4) assessing complex, multicomponent interventions; and (5) incorporating time in delivery-system models to discuss recommendations for addressing these issues. For each issue, we provide recommendations for how research may be designed and implemented to overcome these challenges.

Results and conclusions: We suggest that a more refined understanding of the mechanisms underlying delivery-system interventions (treatment theory) and the ways in which outcomes for different classes of individuals change over time are fundamental starting points for capturing the heterogeneity in samples of individuals exposed to delivery-system interventions. To support the research recommendations outlined in this paper and to advance understanding of the "why" and "how" questions of delivery-system change and their effects, funding agencies should consider supporting studies with larger organizational sample sizes; longer duration; and nontraditional, mixed-methods designs.

A version of this paper was prepared under contract with the Agency for Healthcare Research and Quality (AHRQ), US Department of Health and Human Services for presentation and discussion at a meeting on "The Challenge and Promise of Delivery System Research," held in Sterling, VA, on February 16-17, 2011. The opinions in the paper are those of the author and do not represent the views or recommendations of AHRQ or the US Department of Health and Human Services.[1]

Background

It is increasingly evident that patient outcomes are not solely a function of efficacious clinical interventions and practices. In its 2009 Report to the President and the Congress, the Federal Coordinating Council for Comparative Effectiveness Research (FCC) noted that research to date "has been disproportionately focused on pharmacologic treatments rather than the full spectrum of intervention types," and that there is a need for rigorous demonstrations and evaluations that will show which delivery-system designs and improvement approaches are most effective, under what circumstances, and for whom–and what it would take to replicate or scale up such approaches.

Delivery-system research may be viewed as the systematic study of healthcare organizations, including interchanges with their external environments (e.g., markets, regulators, competitors) and interactions among internal components (e.g., employees, technology, work processes, culture), that affect how care is organized and provided [1]. The goal of delivery-system research is to use research evidence to systematically identify which system processes, structures, or strategies are most effective for improving outcomes for patients and to use

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- Traditional approaches to research should be complemented by methods that address dynamic and systemic quality of delivery system changes
- Consideration should also be given to funding retrospective assessment of previously funded interventions
- Applications that explore more nontraditional, mixed-methods designs for better understanding of the "why" and "how" should be encouraged

Alexander and Hearld: Methods and metrics challenges of delivery-system research. Implementation Science 2012 7:15

AHRQ Meeting*: Challenge and Promise of Delivery System Research

- 75 Participants: ARRA CER Delivery System grantees, other grantees, stakeholders, experts discuss white papers:
  - Gaps in Research Topics & Concepts
  - Needed Research Designs, Methods & Measures
  - Spread Strategies

* This meeting was the source of the AHRQ-Commissioned white paper on which *Methods and Metrics Challenges of Delivery-System Research* is based

AHRQ Meeting*: Challenge and Promise of Delivery System Research

- **Steps for Researchers** – Most need leadership by funders:
  - Examine diverse contexts for improvements
  - Model change over longer time periods (3+ yrs)
  - Apply common evaluation frameworks for similar initiatives (e.g. P4P, reporting, PCMH)
  - Test valuable improvements in additional settings (gradual scale up)
  - Develop measures for readiness, change contexts, culture

* This meeting was the source of the AHRQ-Commissioned white paper on which *Methods and Metrics Challenges of Delivery-System Research* is based

AHRQ Recovery Act Grants: System Delivery

AHRQ's Grants Online database contains at least 19 system delivery research grants, including:

- Comparative Effectiveness Research on Delivery Systems: Evaluation and Demos - Primary Care Practice Redesign - Successful Strategies
- Infrastructure for CER on Innovative Delivery Systems for Complex Patients
- Comparative Effectiveness Research on Delivery Systems: Evaluation and Demos - Informing Sound Policy: Linking Medical Home Measures and Child Health Outcomes
- Comparative Effectiveness Research on Delivery Systems: Evaluation and Demos - Comparing the Effectiveness of Diabetes Care Interventions in Safety Net clinics

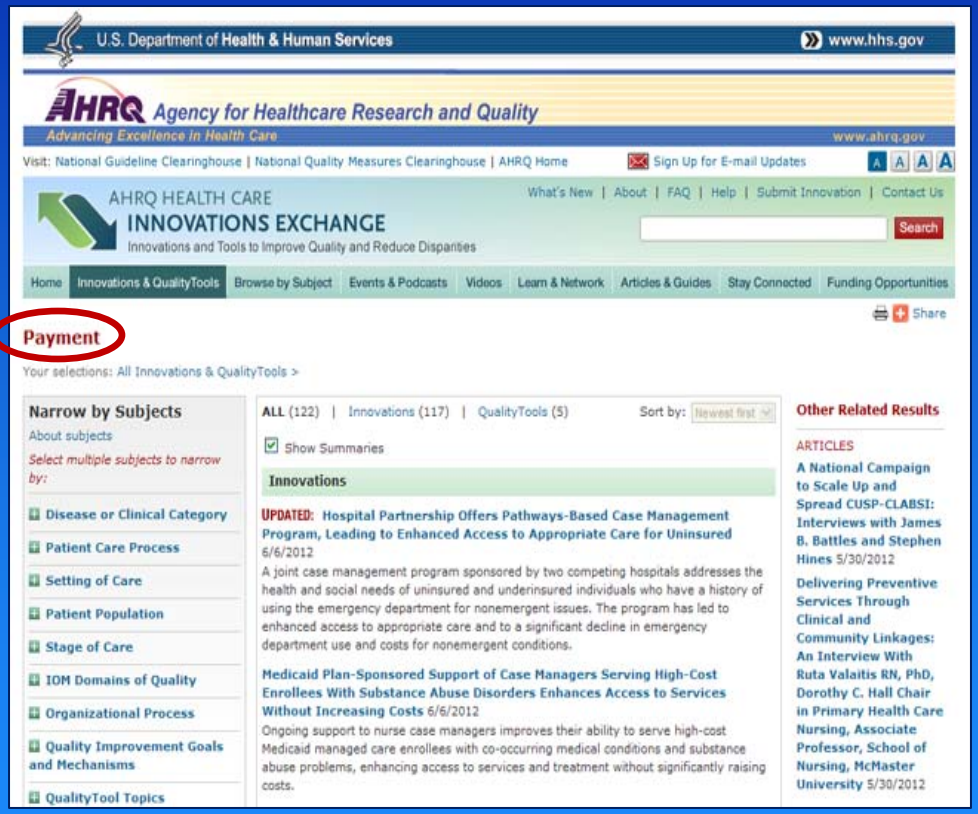
IHA Recovery Act Grant: Addressing Gaps in Evidence

Bundled Episode Payment and Gainsharing Demonstration Project

- Real world demonstration in California of bundled episode payment for several IOM priority conditions
- Includes10 clinical areas, 20 hospitals, and affiliated physicians and patient populations
- Will evaluate comparative clinical and economic effectiveness in areas including:
  - Which approaches are most effective
  - What administrative, regulatory and delivery system structures pose barriers to implementation
  - Requirements for scaling bundled payment nationally

Project Start: September 30, 2010
Project End: September 29, 2013

AHRQ Health Care Innovations Exchange



- **AHRQ Health Care Innovations Exchange**
  - Find evidence-based innovations and quality tools
  - View new innovations and tools
  - Learn from experts through events and articles

http://Innovations.ahrq.gov

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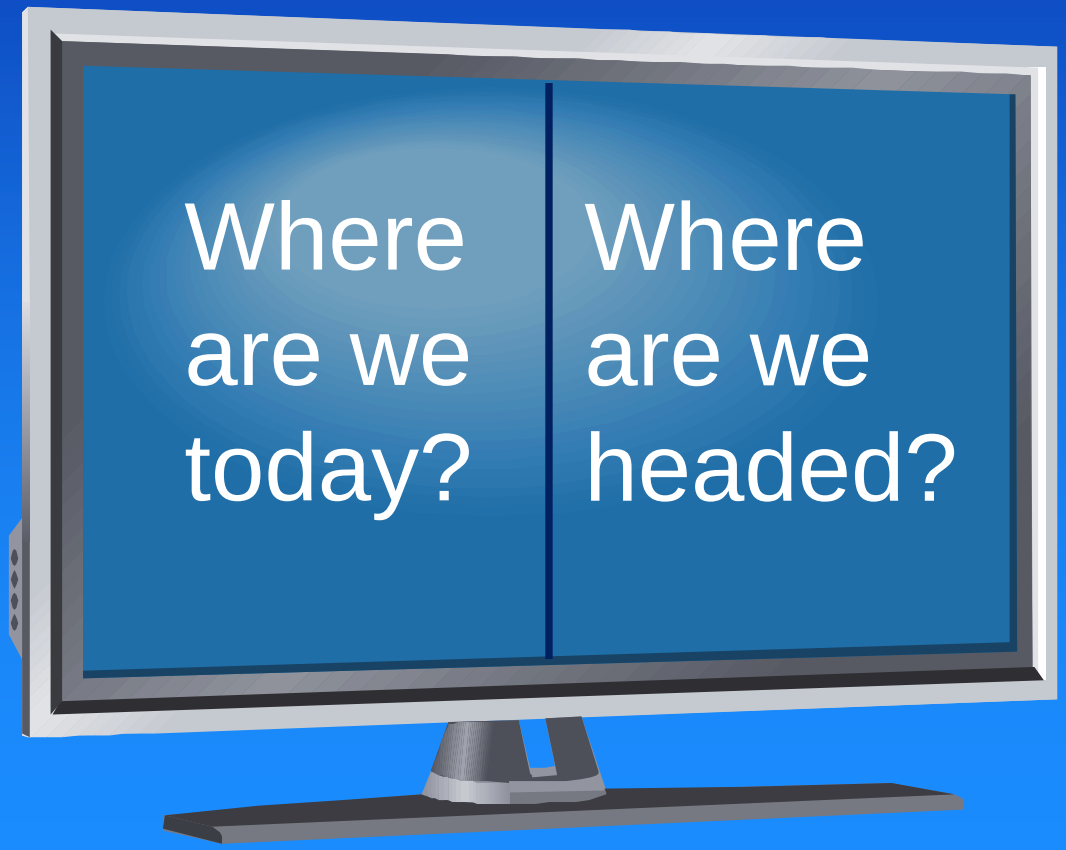
The Evolving (and Growing) Demand for Knowledge: Observations

Evaluation must be Embedded in Implementation



Communication is Key

Cast of 1960s TV show McHale's Navy

Strategic Opportunities: National Priorities Partnership

- Designed to accelerate improvement across the NQS aims and priorities:
  - Develop a national strategy for data collection, measurement, and reporting
  - Develop community level infrastructure that assumes responsibility for improvement efforts, resources for communities to benchmark and compare performance
  - Develop payment and delivery system reforms that reward value over volume, promote patient-centered outcomes and seek to improve quality while reducing or eliminating waste from the system

HHS will conduct outreach, including public comment and open door forums

Health Reform Provisions Related to AHRQ

- National Pilot Program on Payment Bundling
  - Requires the Secretary to work with AHRQ and a contract entity to develop episode of care and post-acute quality measures
- Health Care Quality Improvement
  - AHRQ's Center for Quality Improvement and Patient Safety (CQuIPS) will identify, evaluate, disseminate, and provide training on best practices on quality, safety, and value
  - CQuIPS will award grants or contacts to provide technical support or implements models and practices identified in research
  - Technical grants also provided for organizations without infrastructure or resources

Where Do We Go From Here?

- New opportunities to improve delivery, uptake of clinical advances
- Robust theories, methods and measurement
- Networks producing measurable impact with replicable results
- **Bottom line:** Fulfilling IOM's mandate to integrate advancements into clinical practice

We Can See the Possibilities

But We're Not There Yet

- Success means:
  - Learning from what we do every day
  - Putting that learning to work
  - Not assuming that learning more means we're getting smarter and that will lead to improved quality

The Journey: From Knowledge to Practice

- **What we know:**
  - A long journey
  - Not just one way to get there
  - More episode-based quality measures are needed
  - What we need to learn has a lot to do with “context”
  - Change usually doesn’t automatically roll downhill on its own

Traveling Fast or Traveling to Get Somewhere?

If you want to travel fast, you travel alone.
If you want to go far, travel with others.

African Proverb

Thank You

AHRQ Mission

To improve the quality, safety, efficiency, and effectiveness of health care for all Americans

AHRQ Vision

As a result of AHRQ's efforts, American health care will provide services of the highest quality, with the best possible outcomes, at the lowest cost

www.ahrq.gov