



The Role of Health IT in Improving Quality and Efficiency

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Health IT's Role in Quality Improvement and Efficiency



- AHRQ: New Resources, Ongoing Priorities
- AHRQ's Role in Health IT
- Improving Quality and Efficiency
- Challenges

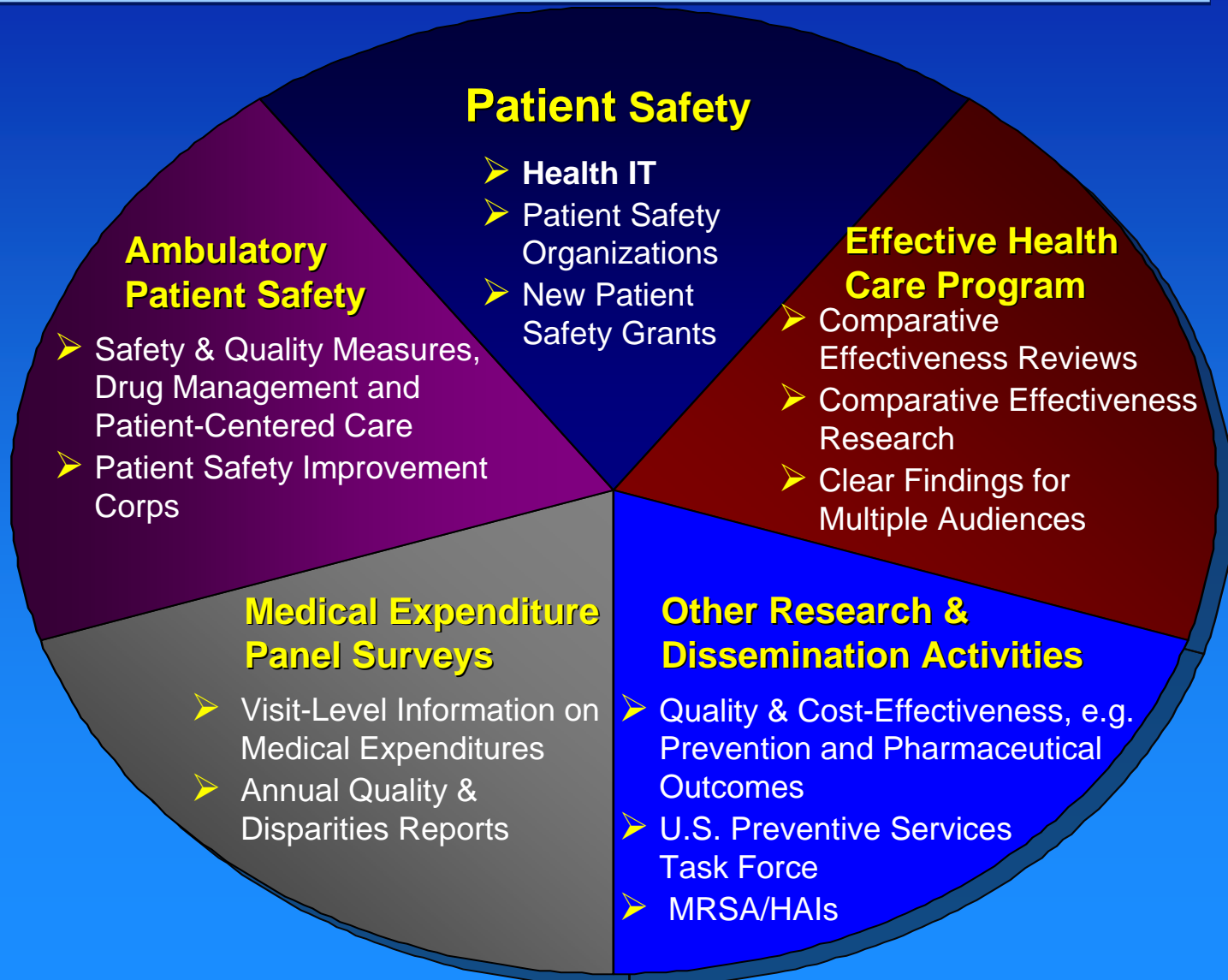


AHRQ's Mission

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

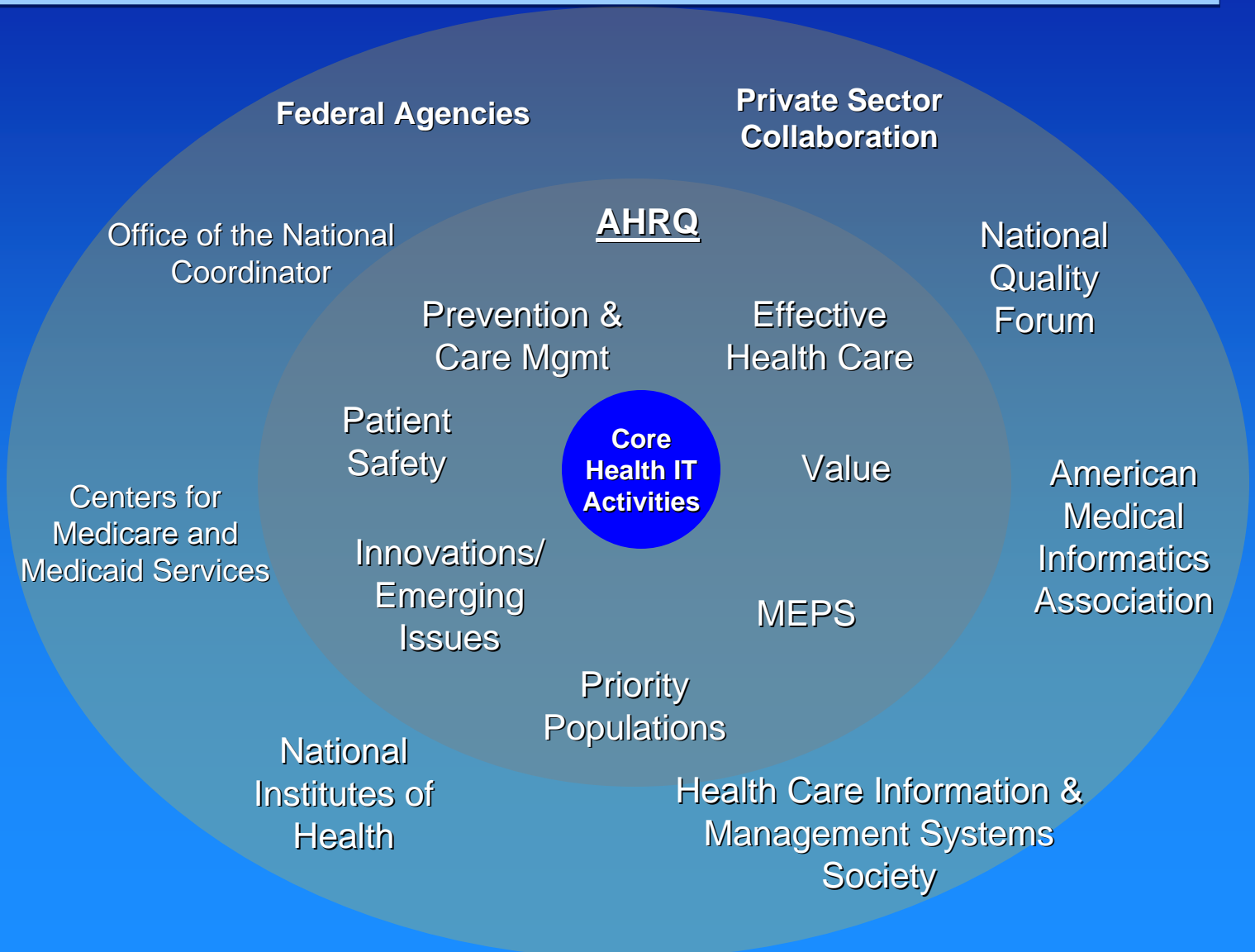


AHRQ Priorities





Reach of AHRQ's Health IT Program





AHRQ Health IT Research Funding

- Long-term agency priority
- AHRQ has invested more than \$300 million in contracts and grants since 2004
- Focus on ambulatory safety, medication management, improved decision-making, patient-centered care, health information exchange
- More than 200 communities, hospitals, providers and health care systems in 48 states



AHRQ Health IT
Investment: \$300
Million

<http://healthit.hhs.gov>



FY 2011 Budget Proposal for Health IT @ AHRQ

- The President's proposed fiscal 2011 budget for AHRQ includes \$32 million for health IT, a \$4 million increase over 2010. Uses for the funding include:
 - Research and training grants involving the best approaches to broader diffusion, implementation and effective use of health IT
 - Support for the National Resource Center for Health IT
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Comparative Effectiveness and the Recovery Act of 2009

- The American Recovery and Reinvestment Act (AARA) of 2009 includes \$1.1 billion for comparative effectiveness research:
 - AHRQ: \$300 million
 - National Institutes of Health (NIH): \$400 million (appropriated to AHRQ and transferred to NIH)
 - HHS Office of the Secretary: \$400 million (allocated at the Secretary's discretion)



Comparative Effectiveness: What Is AHRQ's Role?



- Leader of federal funding
- Engage private sector
- Increase knowledge base to spur high-value care
- Aggregate best evidence to inform complex learning and implementation challenges (improving preventive care)

WE HAVE TWO OPTIONS.
EITHER AN EVIDENCE-
BASED TREATMENT OR
AN EXCITING, RISKY
ALTERNATIVE.





Recovery Act Funding Opportunity: Health IT

- Prospective Outcome Systems using Patient-specific Electronic Data to Compare Tests and therapies (PROSPECT)
 - **Objective:** Research to advance electronic data collection infrastructure as a basis for comparative effectiveness research
 - **Goal:** ‘Substantially enhance’ capabilities for the systematic collection of prospective data
 - **Key Considerations:** Engage populations typically underrepresented in randomized control clinical trials and those with limited access to health care

Application Deadline Extended to Feb.18, 2010



Recovery Act: Data Infrastructure Activities

The Office of the Secretary's Spend Plan for the Recovery Act Includes:

- **Longitudinal Claims Databases:** Research databases that link claims data for single patients over a long period of time
- **Distributed Data Networks:** Clinical electronic health record data networks and health information exchanges for CER purposes
- **Patient Registries:** Databases that prospectively collect clinical data on patients with a specific disease or on a specific test or procedure

Health IT Expert Panel (HITEP)

- Funded by AHRQ, convened by NQF
- Designed to establish a common approach to quality measurement in health IT systems
- Now a standing committee of NQF





HITeP Accomplishments

Influential in the development of the basic infrastructure necessary to meet the requirements of the HITECH Act

- Development of a draft Quality Data Set
- Development of E-measure format
- Relevant to clinical decision support and meaningful use

'Two-Way' Role for Health IT in Comparative Effectiveness



In: A pathway to clinical care for comparative effectiveness research

Out: Digitizes and structures health care information for use in comparative effectiveness research





Defining 'Meaningful Use'

- HITECH Act establishes Medicare and Medicaid incentive payments for “meaningful use” of certified EHRs.
- 12/30/09 NPRM outlined phased-in, 3-stage approach that builds on measures of meaningful use for physicians and hospitals.
- **Ultimate Goal:** Health care that is:
 - Patient-centered
 - Evidence-based
 - Prevention-oriented
 - Efficient and equitable

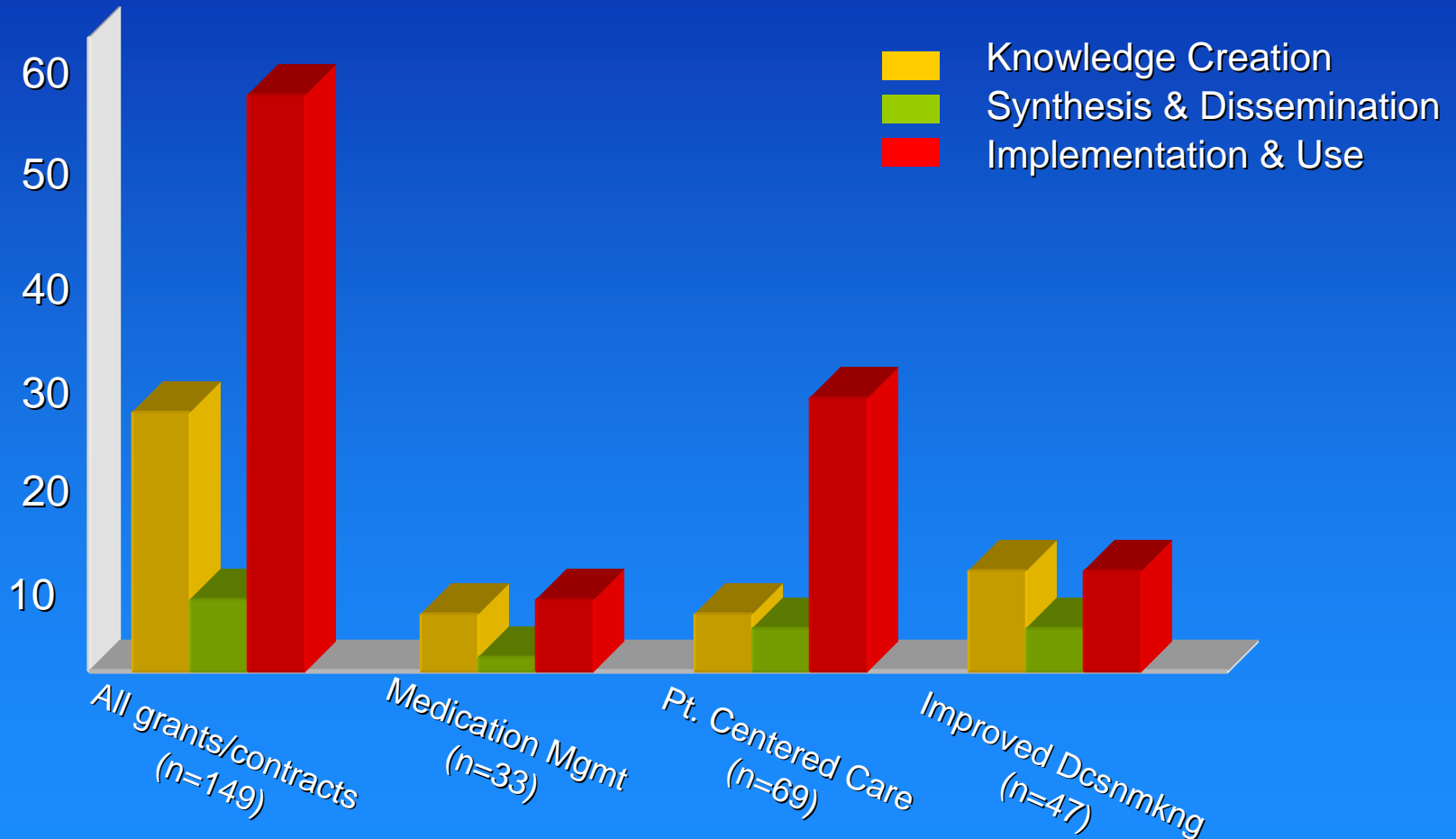
Meaningful use, Stage 1

- Electronically capturing information in coded format
- Using information to track key clinical conditions and communicating information for care coordination
- Implementing clinical decision support tools to facilitate disease and medication management
- Reporting clinical quality measurements and public health information





AHRQ-Sponsored Active Health IT Grants, Contracts, 2008*

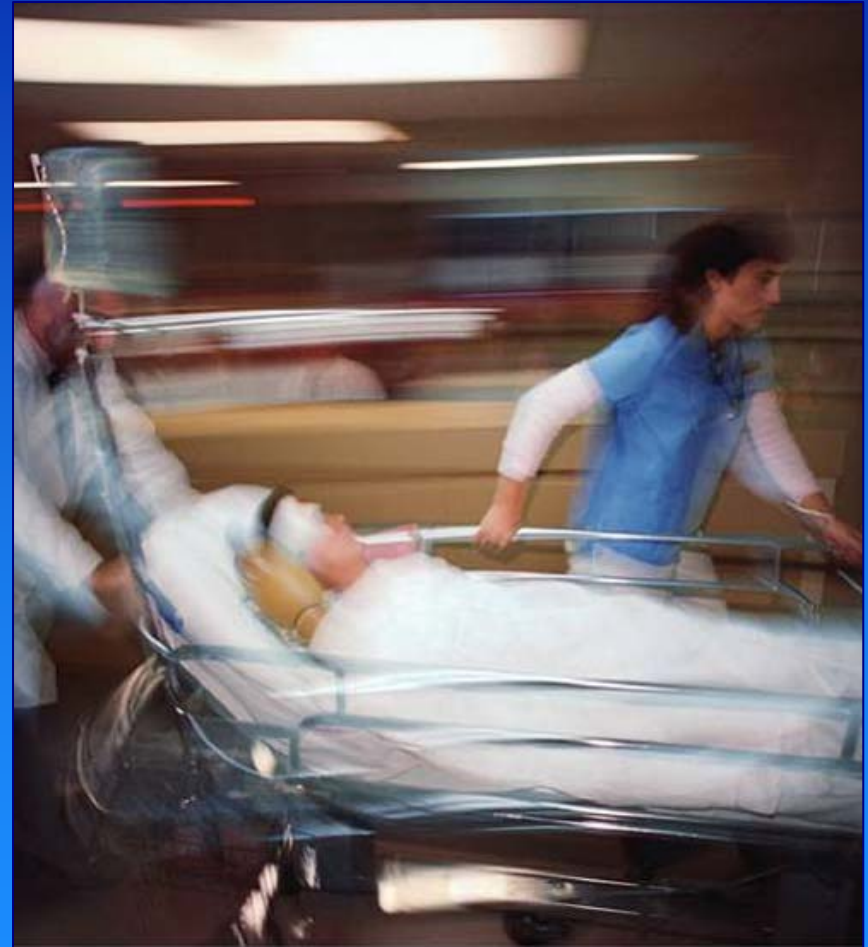


*Summary of AHRQ Health IT Portfolio-Funded Projects as of 2008. September 2009



Data Exchange Improves ED Efficiency

- **Mid South eHealth Alliance.** Exchanges data among:
 - 9 hospitals
 - 15 ambulatory clinics
 - U. Tenn. Medical Group
 - ED physicians view patient data through secure Web-based browser; provides real-time data feed





Mid South eHealth Alliance

- Exchange has generated more than 2.1 million patient records
- Handles about 33,000 patient records and 800,000 lab results.
- Urgency drove project: Imminent cuts to TennCare
- Used Markle Foundation's *Connecting for Health* model privacy and security policies for HIE to guide discussions.
- Savings to local EDs = about \$500,000/year.
- Funded by AHRQ and State of Tennessee



Improving Quality in Long-Term Care through IT

- Integrating health IT in nursing homes, long-term care facilities
- Goals:
 - Establish best treatment practices
 - Streamline clinical documentation with standard data points
 - Standardize electronic documents, data bases and user interfaces
 - Reduce rates of pressure ulcers





Improving Quality in Long-Term Care through IT

■ Project results:

- Reduced prevalence of pressure ulcers by 33% in 11 facilities
- Created ‘culture of data’ among staff
- Reduced number of forms used to document care by 50-70%, saving staff time

■ Key lessons:

- Bring entire clinical team to the table
- Engage them in IT decision-making *before* decisions are made
- Make resident-centered choices, not facility-centered ones.



Challenges

- Building on meaningful use criteria to achieve sustained improvements in quality and efficiency
- Encouraging innovative uses of health IT at the local level to continue
- Developing the capacity to track long-term outcomes of interventions
- Ensuring that more informed actually means better informed



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Thank you

Questions?

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