The Role of Patient-Centered Outcomes Research in Improving Quality and Value

Carolyn M. Clancy, MD
Director
Agency for Healthcare Research and Quality

National Congress on Health Insurance Reform
Washington, DC – January 21, 2011
Improving Quality and Value

- Current Challenges: A Snapshot
- Recent Legislation
- Patient-Centered Outcomes Research as a Means to Improve Care for All
- Giving Us Direction: The National Quality Strategy
- Q & A
Current Challenges

- Health spending: $2.3 trillion per year and growing
- Ongoing disparities in care
- What are we getting for our money?
  - Large variations in care
  - Continued uncertainty about best practices involving treatments and technologies
  - Pervasive problems with quality of care across care settings
Current Challenges

- Translating scientific advances into actual clinical practice
- Translating scientific advances into usable information for clinicians – and for patients
- Translating scientific advances into changed behavior that benefits patients and improves value
Patient-centeredness: The final frontier?

- Patient-centeredness may be the most challenging of all six domains of quality, because it is so difficult to define and measure.
- But, it is also likely the most important, because it includes elements of all other domains.
Improving Value: Three Necessary Ingredients

- Good measures and data
- Evidence-based payment and incentives
- Evidence-based strategies for improvement

Leading to three paths:

- Transparency and public reporting
- Pay-for-performance and payment reform
- Provider-based redesign and quality improvement
What We Need to Know To Make Informed Treatment Decisions

- Can it work?
- Will it work?
  - For this patient?
  - In this setting?
- Is it worth it?
  - Do benefits outweigh harms?
  - Do benefits justify costs?
  - Does it offer important advantages over existing alternatives?

adapted from Brian Haynes
ACP Journal Club
Improving Quality and Value

- Current Challenges: A Snapshot
- Recent Legislation
- Patient-Centered Outcomes
  Research as a Means to Improve Care for All
- Giving Us Direction: The National Quality Strategy
- Q & A
Recent legislation addresses:
- Access
- Affordability
- Information technology
- Performance measurement, reporting, and improvement
- Evidence and information
- Equity
- Value

Together, these components comprise a quality agenda
The American Recovery and Reinvestment Act of 2009 included $1.1 billion for patient-centered outcomes research, including $300 million to AHRQ.

The Recovery Act also included $19 billion to encourage the adoption of health IT, particularly electronic health records.

Called for AHRQ to use existing networks and links to the community, such as the community quality collaboratives, to fund development and implementation of strategies for promoting the use of patient-centered outcomes research.
Quality Improvement Opportunities:

- Interagency working group
- Quality measure development
- Data, collection, analysis and public reporting
- Standardized approaches to data on race, ethnicity, disability status, and language for all federal programs by 2012
- Health Care Quality Improvement (CQuIIPS)

http://healthreform.gov
Payment Based on Quality, Safety and Value

- **National Pilot Program on Payment Bundling**
  - HHS 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
Improving Quality and Value

- Current Challenges: A Snapshot
- Recent Legislation
- Patient-Centered Outcomes Research as a Means to Improve Care for All
- Giving Us Direction: The National Quality Strategy
- Q & A
What is Patient-Centered Outcomes Research?
Patient-Centered Outcomes Research: AHRQ’s Role

- Engage private sector
- Increase knowledge base to spur high-value care
- Aggregate best evidence to inform complex learning and implementation challenges
AHRQ Effective Health Care Program (EHC)

- Created in 2005, authorized by Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003
- Uses current, unbiased evidence in making comparisons to show which health interventions:
  - Add value
  - Offer minimal benefit above current choices
  - Fail to reach their potential
  - Work for some patients, but not others

Goal: to provide patients, clinicians and policy makers with reliable, evidence-based health care information
EHC Program Outputs at AHRQ

- **Research reviews**: Comprehensive reports that draw on scientific studies to make head-to-head comparisons of treatments.

- **Summary guides**: Short, plain-language guides that summarize research reviews and are tailored to different audiences – clinicians, consumers, and policymakers.

- **New research reports**: Rapid reports that draw on health care databases, electronic registries, and other resources to explore practical questions.

http://effectivehealthcare.ahrq.gov
Fast Facts on Diabetes Pills

- Different kinds of diabetes pills work in different ways to control blood sugar (blood glucose).
- All the diabetes pills in this guide lower blood sugar.
- Combining two different kinds of diabetes pills can work better to lower your blood sugar than a single medicine.
- But combining two kinds of diabetes pills can make it more likely that your blood sugar will drop too low.
- Most diabetes pills can cause weight gain. One kind, metformin (Glucophage®), does not make you gain weight.
- Diabetes pills won’t raise or lower your blood pressure enough to affect your health.

Hechos resumidos sobre las pastillas para la diabetes

- Diferentes tipos de pastillas para la diabetes funcionan de formas distintas para controlar el azúcar en la sangre (glucosa en la sangre).
- Todas las pastillas para la diabetes en esta guía bajan el azúcar en la sangre.
- El combinar dos tipos diferentes de pastillas para la diabetes puede funcionar mejor para bajarle al azúcar en la sangre que un medicamento individual.
- Pero el combinar dos tipos de pastillas para la diabetes puede aumentar la probabilidad de que el azúcar en la sangre se le suba demasiado.
- La mayoría de las pastillas para la diabetes pueden causar un aumento de peso. Una clase, la metformina (Glucophage®), no hace que aumente de peso.
- Las pastillas para la diabetes no le subirán o bajarán la presión arterial tanto como para afectar su salud.
Challenges for Patient-Centered Outcomes Research

- Anticipating downstream effects of policy applications
- Making sure that it is “descriptive, not prescriptive”
- Creating a level playing field among all stakeholders, including patients and consumers
- Using research to address concerns of patients and clinicians
Established by the Patient Protection and Affordable Care Act, Section 6301

Independent, nonprofit Institute with public- and private-sector funding

Sets priorities and coordinates with existing agencies that support patient-centered outcomes research

Prohibits findings to be construed as mandates on practice guidelines or coverage decisions and contains patient safeguards
Improving Quality and Value

- Current Challenges: A Snapshot
- Recent Legislation
- Patient-Centered Outcomes
- Research as a Means to Improve Care for All
- Giving Us Direction: The National Quality Strategy
- Q & A
What’s Next? National Health Care Quality Strategy

- Part of Affordable Care Act
- Builds on work of federal, state, local and private initiatives; identifies what works and what needs improvement
- Move from provider-level transparency to a patient-focused approach
National Health Care
Quality Strategy – Why?

- We are much better at measuring than improving
- Growing list of successful ‘prototypes’ but need more clear successes
- Government has multiple roles:
  - Pay for care
  - Provide incentives
  - Support research
  - Regulate, provide, monitor
Guiding principles:

- Person-centeredness and family engagement will guide strategies, goals, and improvement efforts.
- Strategy and goals to address all ages, populations, service locations, sources of coverage.
- Eliminating disparities in care integral to all goals and strategies.
- Design/implementation seeks to align public and private efforts.
National Strategy for Quality: Three Pillars

Better Care
Responding to the sick and acutely ill
Person-centered delivery focused all stages

Affordable Care
Better journeys, integrating care
Reins in unsustainable costs

Healthy People/Healthy Communities
Addressing upstream causes
Promotes health and wellness at all levels

IHRQ
Advancing Excellence in Health Care
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