Agency for Healthcare Research and Quality

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Health Services Research: Improving the Quality and Safety of Health Care

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AHRQ's Mission

The mission of the Agency for Healthcare Research and Quality is to improve the safety, quality, effectiveness, and efficiency of health care for all Americans.

AHRQ's Research Focus

- Patient-centered, not disease-specific
- Dual focus -- services and delivery systems
- Considers cost-effectiveness -- trade-off between quality, outcomes, access, and costs
- Effectiveness research focuses on actual daily practice, not ideal situations ("efficacy")

Congressional Response to the IOM Report

AHRQ shall conduct and support research and build private-public partnerships to:

- Identify the causes of preventable health care errors and patient injury in HC delivery
- Develop, demonstrate and evaluate strategies for reducing errors
- Disseminate effective strategies throughout the HC industry

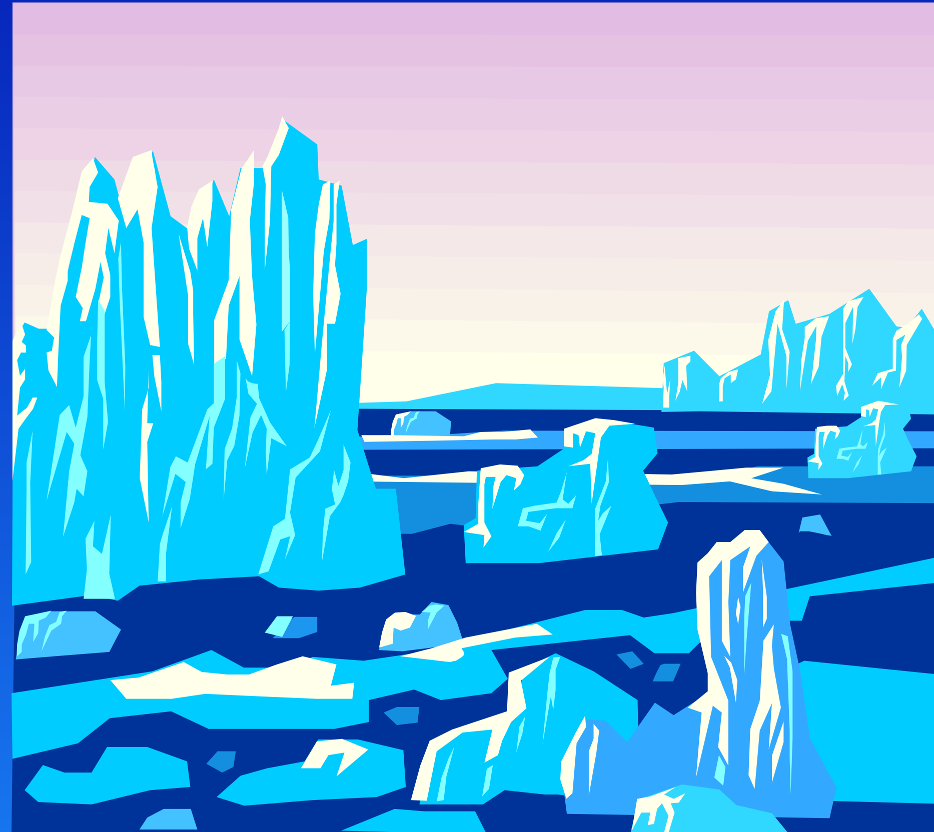
AHRQ's Patient Safety Initiative

- Scope: $160 million since FY 2001; 127 grants and contracts
- Diverse Portfolio: centers of excellence; reporting demonstrations; clinical informatics; working conditions -- includes several projects focused on blood transfusions; surgery
- AHRQ lead for HHS: work closely with CMS, FDA, CDC, HRSA and others, as well as the Office of the Secretary

AHRQ's Patient Safety Initiative

The epidemic model:

- Stage 1: identify errors, raise awareness, build capacity
- Stage 2: implement proven practices, develop innovative practices, develop a culture
- Stage 3: sustain improvements



Stage 1 and 2 Activities

- Reporting demonstration projects providing insights on collecting and reporting patient safety data
- National and international collaborations adding to impetus for improvement system-wide
- Tools being developed to assess patient safety culture and implement patient safety improvement programs
  - Web M&M
  - Patient Safety Improvement Corps
  - Patient Safety Indicators

AHRQ WebM&M
Web-Based Medical Journal

- Online medical journal and forum on patient safety and health care quality
- Features expert analysis of medical errors reported anonymously by readers, interactive learning modules on patient safety, and forums for online discussion
- CME credit available

http://webmm.ahrq.gov

Expanded AHRQ WebM&M

- Patient Safety Network (PSNet)
  - AHRQ WebM&M remains the major focus of the contract
  - PSNet
    - A patient safety content and linking site
      - Coordination with QUALITYTOOLS.GOV
      - Patient safety alerts
      - Patient safety toolbox
      - Patient safety conferences and training
      - State "What's New"
      - Links to patient safety information, Web sites, etc.
        - Private and public

Patient Safety Improvement Corps

- Partnership with the VA
- Students representatives of States and their selected hospital partners
- Curriculum focused on helping them identify, collect, and analyze data on errors; how to develop and implement sustainable improvement
- Face-to-face formal instruction supplemented by teleconferencing and Web-based support
- First class of graduates completed their work in May; next class to begin September 2004

AHRQ Web-Based Tools: Patient Safety Indicators

- Free new Web-based tool helps hospitals quickly checkup on patient safety:
  - Detect potential adverse events in patients who have undergone medical or surgical care
  - Determine if problems detected were caused by potentially preventable medical errors
- Patient Safety Indicators:
  - **www.qualityindicators.ahrq.gov**

AHRQ's Health IT Portfolio

- Grant portfolio related to the development, evaluation and diffusion of HIT in diverse clinical settings
- Emphasis on the role of HIT in patient safety
  - Clinical Informatics to Promote Patient Safety (CLIP
- HIT grants and contracts:
  - FY01: $18.4M
  - FY02: $21.8M
  - FY03: $11.6M

AHRQ: Building the Evidence Base for HIT

- Electronic Health Records
  - *Shared Online Health Records for Patient Safety and Care*
- Clinical Decision Support
  - *Automated Lab Test Follow-up to Reduce Medical Errors*
- Electronic Prescribing
  - *Error rates and prescribing practices in pediatric clinics*
- Use of hand-held devices
  - *Acceptance, benefits, and barriers in the use of hand-held decision support systems in ambulatory settings*
- Consumer-directed IT
  - *Parent-Initiated Prevention Program*

AHRQ: FY '04 HIT Investment

- $60M initiative:
  - $26M: to implement proven technologies in small and rural communities where HIT penetration has been low
  - $24M: targeted for developing, implementing, and evaluating the use of new and innovative technologies to improve patient safety and quality of care in diverse health care settings
  - $10M: targeted for clinical data standards and interoperability

FY04: Health IT Initiatives

- **Transforming Healthcare Quality through Information Technology:** 3 RFAs
- Health IT Resource Center
- State Demonstrations on Interoperability
- IHS EHR Collaboration
- CMS–AHRQ demonstration collaboration
- Development of clinical data standards

Transforming Healthcare Quality through HIT (THQIT)

- **FY04 Grant Solicitations:**
  - **Determining the Value of HIT**
    - assess the value derived from the adoption, diffusion, and utilization of HIT
  - **THQIT Planning**
    - assist healthcare systems and their partners in planning for activities that will lead to successful HIT implementation
  - **THQIT Implementation**
    - support organizational and community-wide implementation and diffusion of HIT

FY04 Contract Solicitations

- **State Interoperability Demonstrations:**
  - State-based demonstrations of data sharing of interoperable data
  - 5-year demonstrations, $1M/year
  - Plan to fund 5 states (43 letters of intent, 15 applicants)
- **Health Information Technology Resource Center (HITRC)**
  - Provide technical support to HIT grantees and selected other federal grantees
  - Develop repository of best practices
  - Broader technical support to community-at-large

Clinical Data Standards
$10M Investment (with ASPE)

- Further standards development work is needed to allow systems to share important health information.
- Focus on gaps in the following four areas:
  - voluntary industry clinical messaging and terminology standard
  - national standard nomenclature for drugs and biological produ
  - standards related to comprehensive clinical terminology and nomenclature
  - research related to accelerating the adoption of interoperable health IT systems.
- Examples include:
  - RxNorm/Daily Med
  - Device Nomenclature
  - ePrescribing

2003 Medicare Modernization Act

- **Health IT Provisions**
  - Electronic Prescription Program
  - Grants to Physicians – ePrescribing systems
  - Telemedicine Demonstrations Projects
  - Medicare Care Management Performance Demonstration
  - Council for Technology and Innovation
  - Commission on Systemic Interoperability

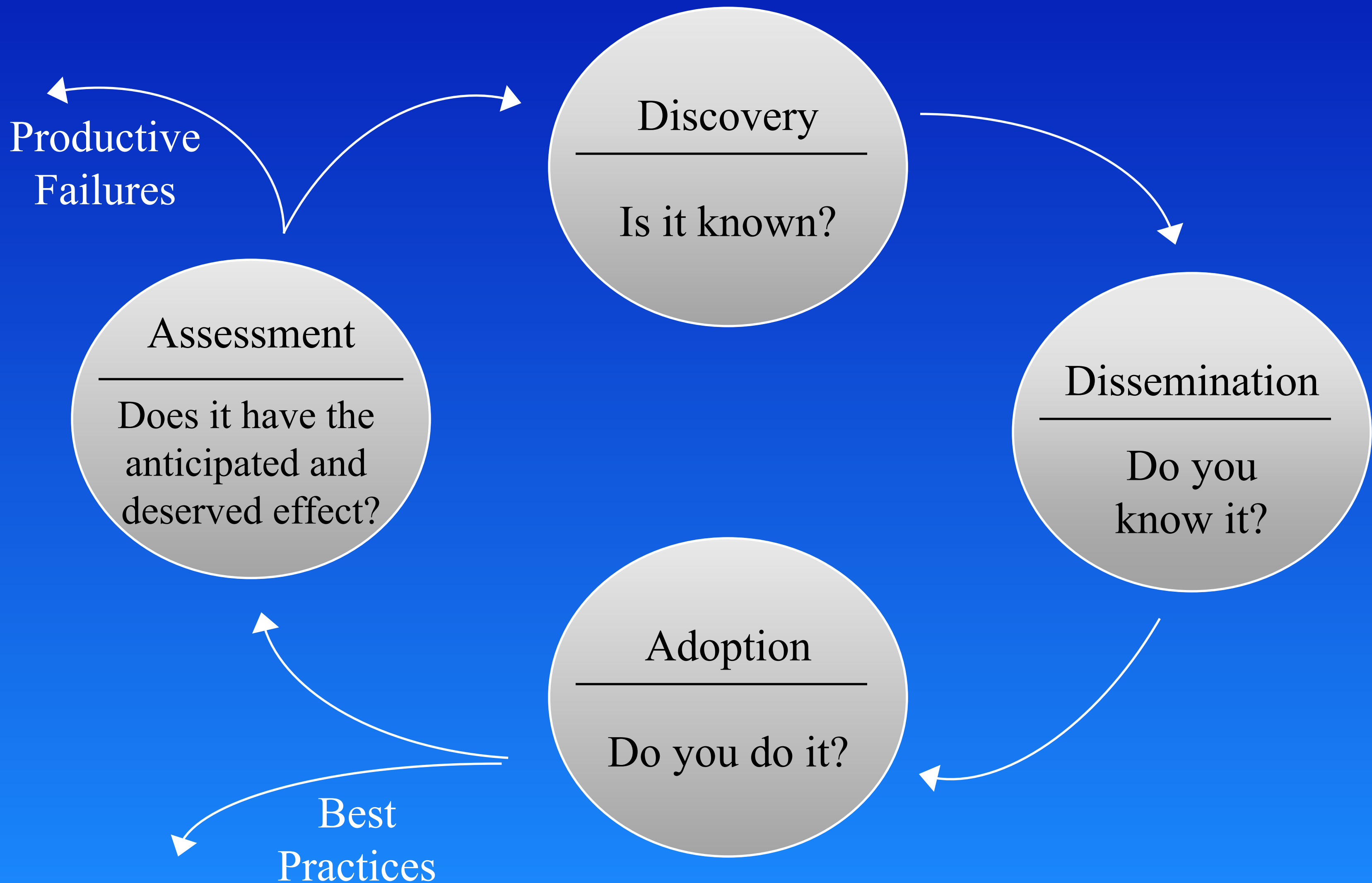
"TRIP": What We Have Learned

- Knowing the right thing to do is **NOT** doing it!
- Improvement must be based on science
- Patients as participants are far more effective than patients as 'recipients'
- Safety in health care delivery is critical

TRIP: Incorrect Assumptions

- Receptor sites (demand for new information, products) "assumed"
- Decision making is not-linear; evidence is only part of the "solution"
- Synthesis, packaging, and training will be done by others
- Broad dissemination → modest effects

Research Empowering American's Changing Healthcare System (REACHES)



Importance of Impact

- Uncovering “little jewels” of research translation is not enough
- Need to track impact systematically and deliberately
- **Are we changing practice and improving safety?**