



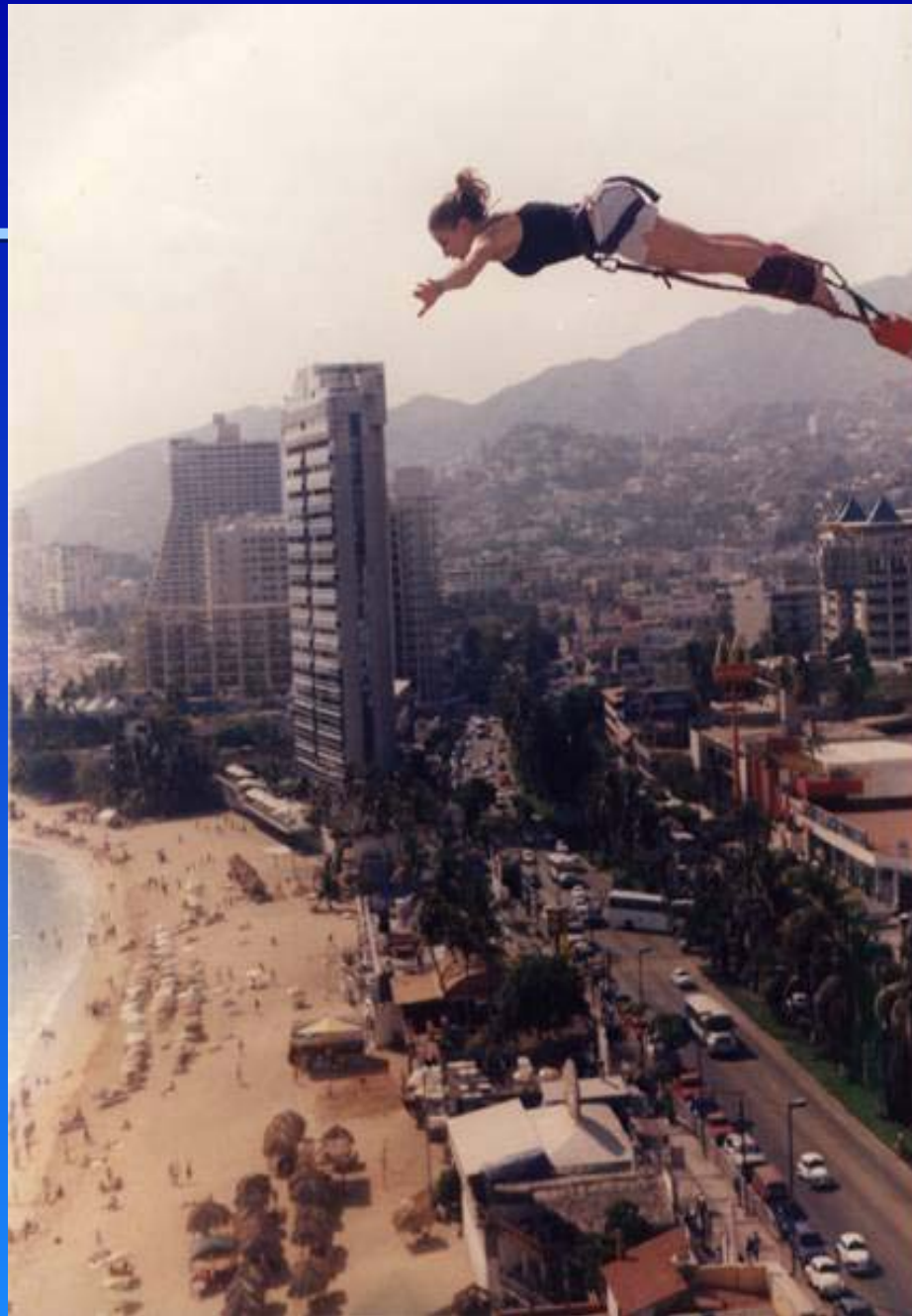
# Improving Quality and Safety: Challenges and Roles for Research

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**Director, Center for Delivery, Org. and Markets**

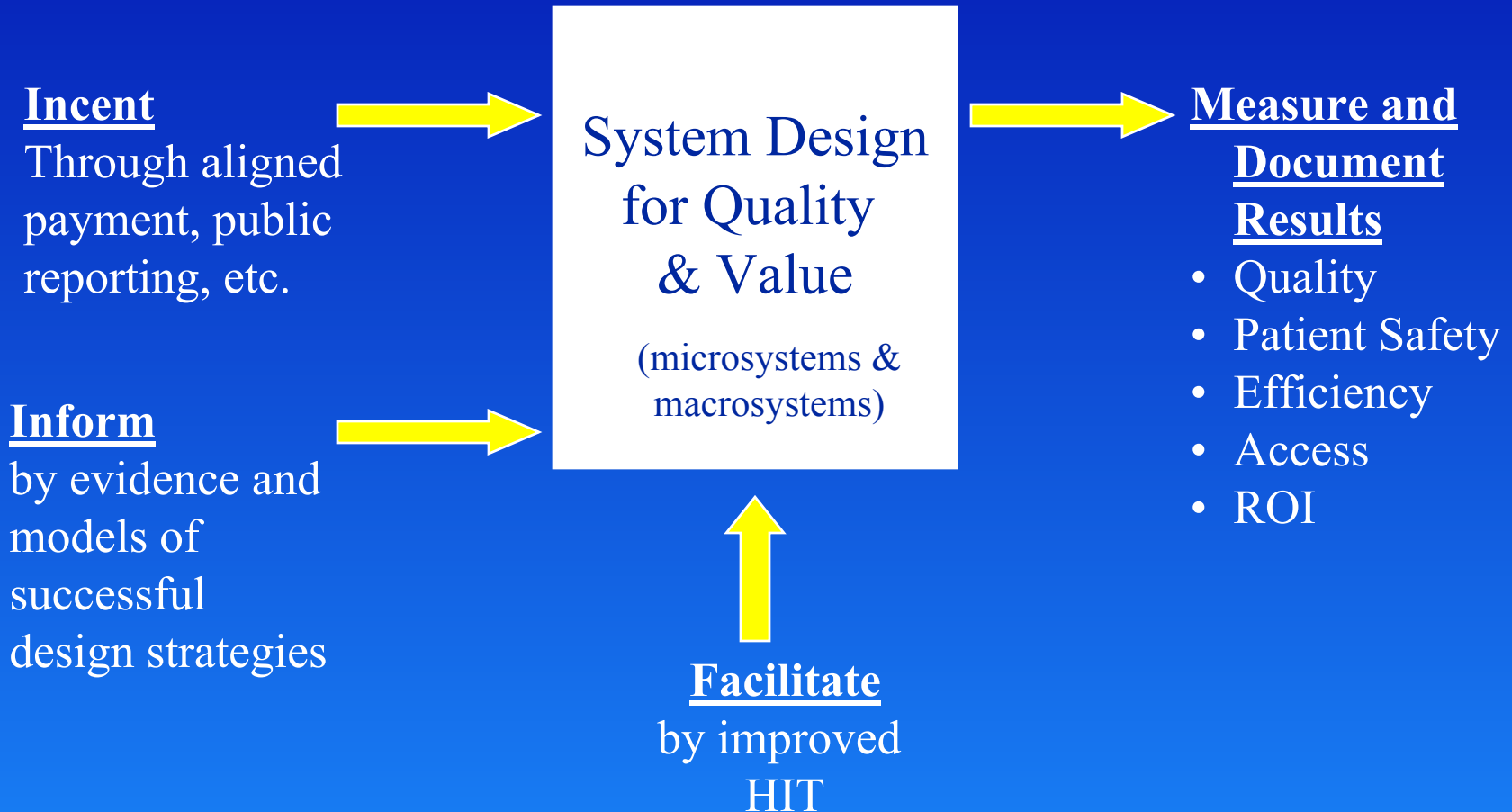
**Presentation to  
Harvard Quality Colloquium  
August 24, 2005**





# The Goal: System Improvement

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# Measurement Challenges (1): Align Measures

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Horizontally, within efforts for

- National tracking
  - NHQR and NHDR
- Public reporting
  - Hospital Quality Alliance
  - Ambulatory Quality Alliance
  - National Quality Forum
- Pay for performance
- Quality improvement

Vertically, so these efforts are nested

# Measurement Challenges (2): Measure All Dimensions

	Effectiveness	Safety	Timeliness	Patient Centeredness
Staying Healthy				
Getting Better				
Living with Illness/disability				
End of Life Care				

Source: Institute of Medicine. *Envisioning the National Health Care Quality Report*. 2001.

BALDWIN



“You’ve got six months, but with aggressive treatment we can help make that seem much longer.”

# Systems Often Fail...



# Measurement Challenges (3): Data, Data, Data

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- Measures and data can improve with use – “good” measures and data can get better (though not perfect)
  - **BUT** – Even good measures with bad data can create mischief
- There is no gold standard
  - Clinical, administrative, patient experience of care data all have strengths, weaknesses
  - EHR no data panacea

# AHRQ Efforts to Meet these Challenges

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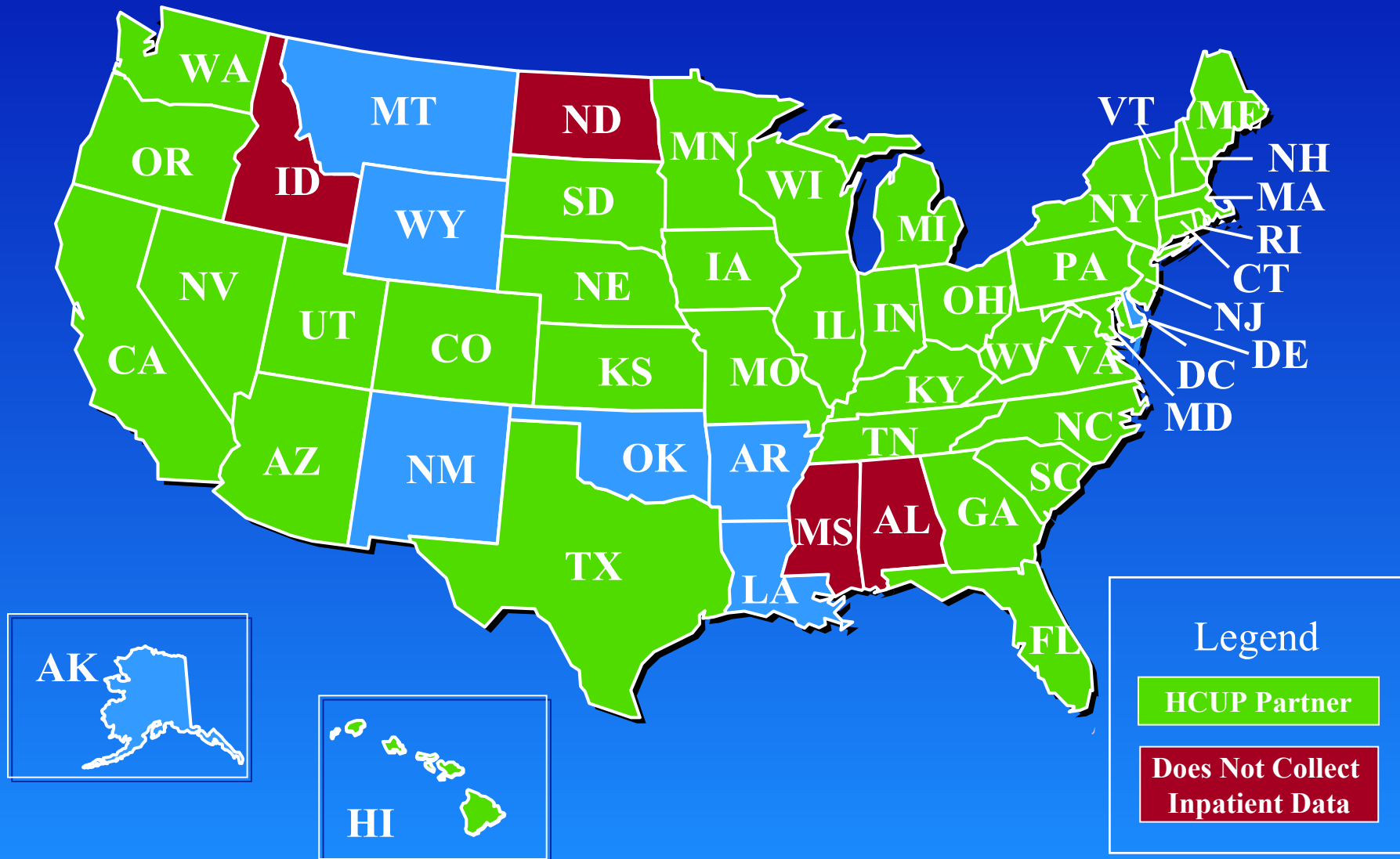
- National tracking and benchmarks
  - National Healthcare Quality/ Disparities Reports
- Measuring local experience of care
  - CAHPS for plans, hospitals, nursing homes etc.
- Measuring culture of safety
- Physician Measures – Ambulatory Quality Alliance
- Measuring hospital quality and safety
  - Inpatient Quality Indicators, Patient Safety Indicators, Healthcare Cost and Util. Project
- Measuring potentially avoidable admissions
  - Prevention Quality Indicators

# Using Measures & Data as Platform for Change: AHRQ Quality Indicators

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- Prevention Quality Indicators
- Inpatient Quality Indicators
- Patient Safety Indicators
- Ambulatory care sensitive conditions
- Mortality following procedures
- Mortality for medical conditions
- Utilization of procedures
- Volume of procedures
- Post-operative complications
- Iatrogenic conditions

# States with Inpatient Datasets

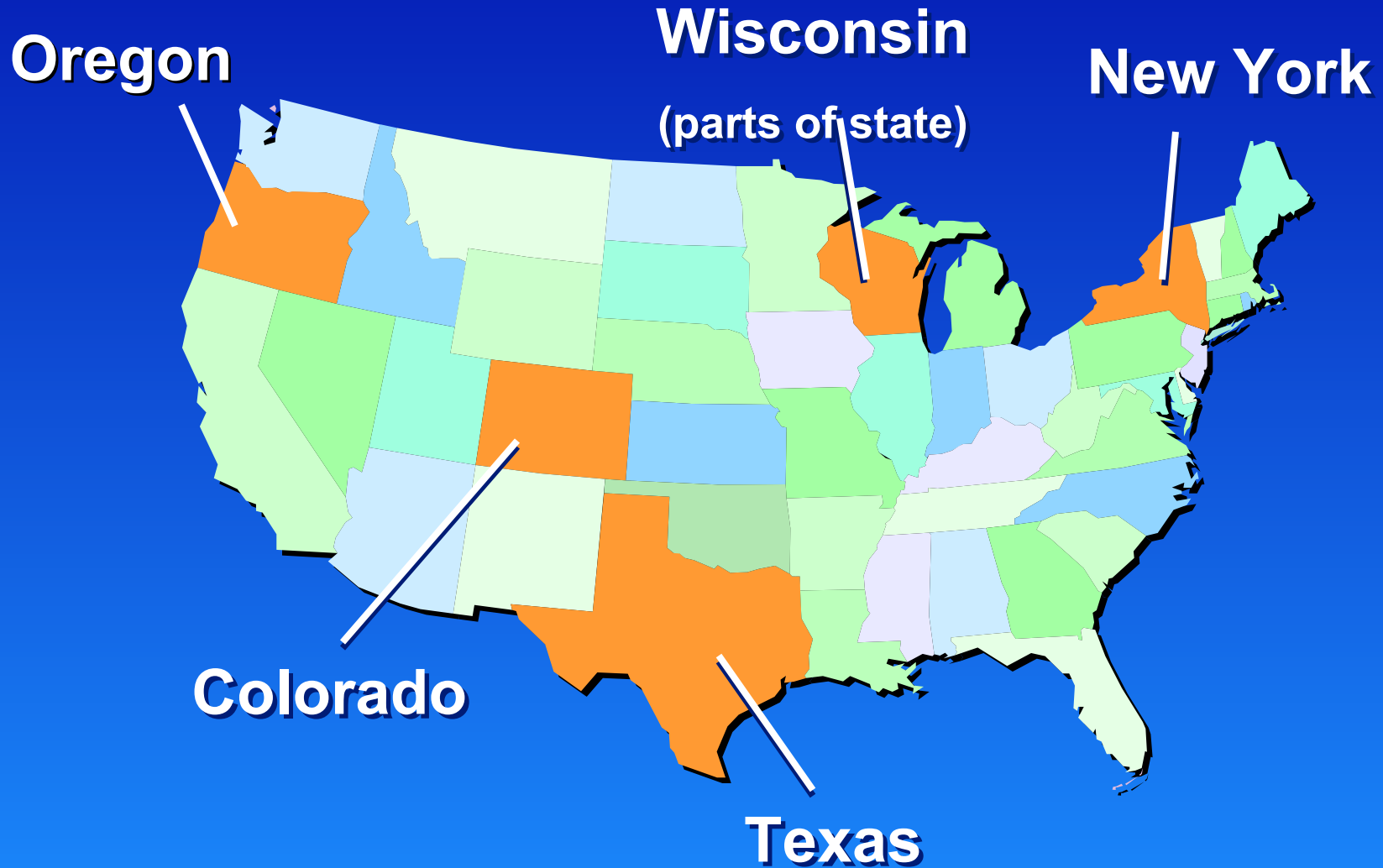


# Quality Indicator Uses Continue to Expand

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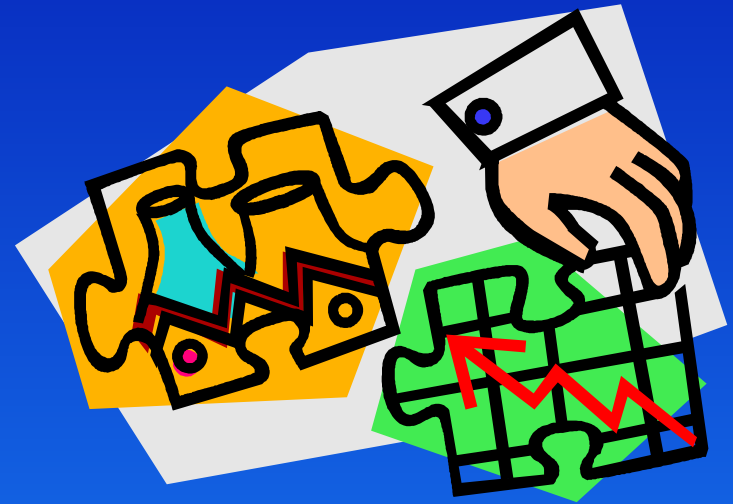
- Tracking – National Healthcare Quality, Disparities Reports
- Hospital report cards – Texas and New York State
- Pay-for-Performance – CMS Premier Demo, Anthem of Virginia
- Hospital profiling – Blue Cross Blue Shield of Illinois
- Preventing unnecessary hospitalizations – targeting county-level interventions
- Internal quality improvement – hospital associations in many states

# Five States Use AHRQ QIs for Public Hospital Reporting



# On the Horizon: Evidence Review of Efficiency Measures

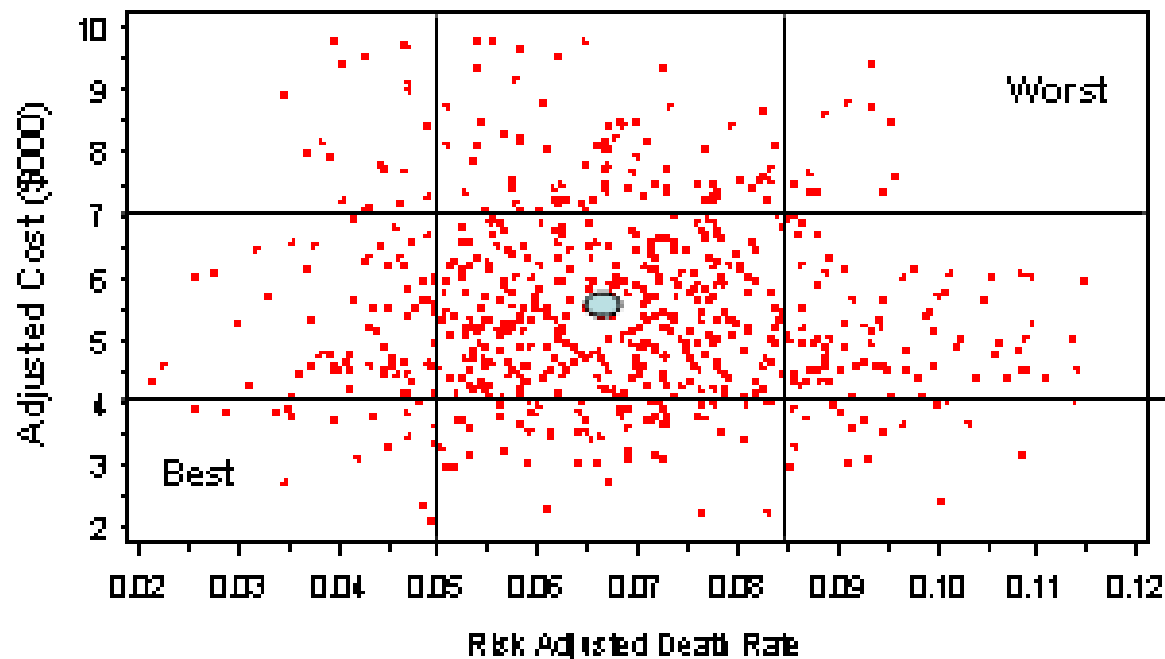
- New Initiative: Identify, Categorize, and Evaluate Health Care Efficiency Measures
  - Conduct thorough literature review
  - Create typology for measures
  - Develop evaluation criteria for measures
  - Timeline: 1 year



# Big Variations in Cost AND Quality

## Standardized Cost vs. Risk-adjusted mortality

(lines drawn 1 standard deviation away from mean point)



# Quality Indicator Analyses Show Cost Implications

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- Preventable hospitalizations cost **\$30B**
- Patient safety events cost **\$4.6 B**
  - ◆ Zhan & Miller, JAMA, Oct. 8, 2003

# Evidence Challenges (1): Going beyond the Headline

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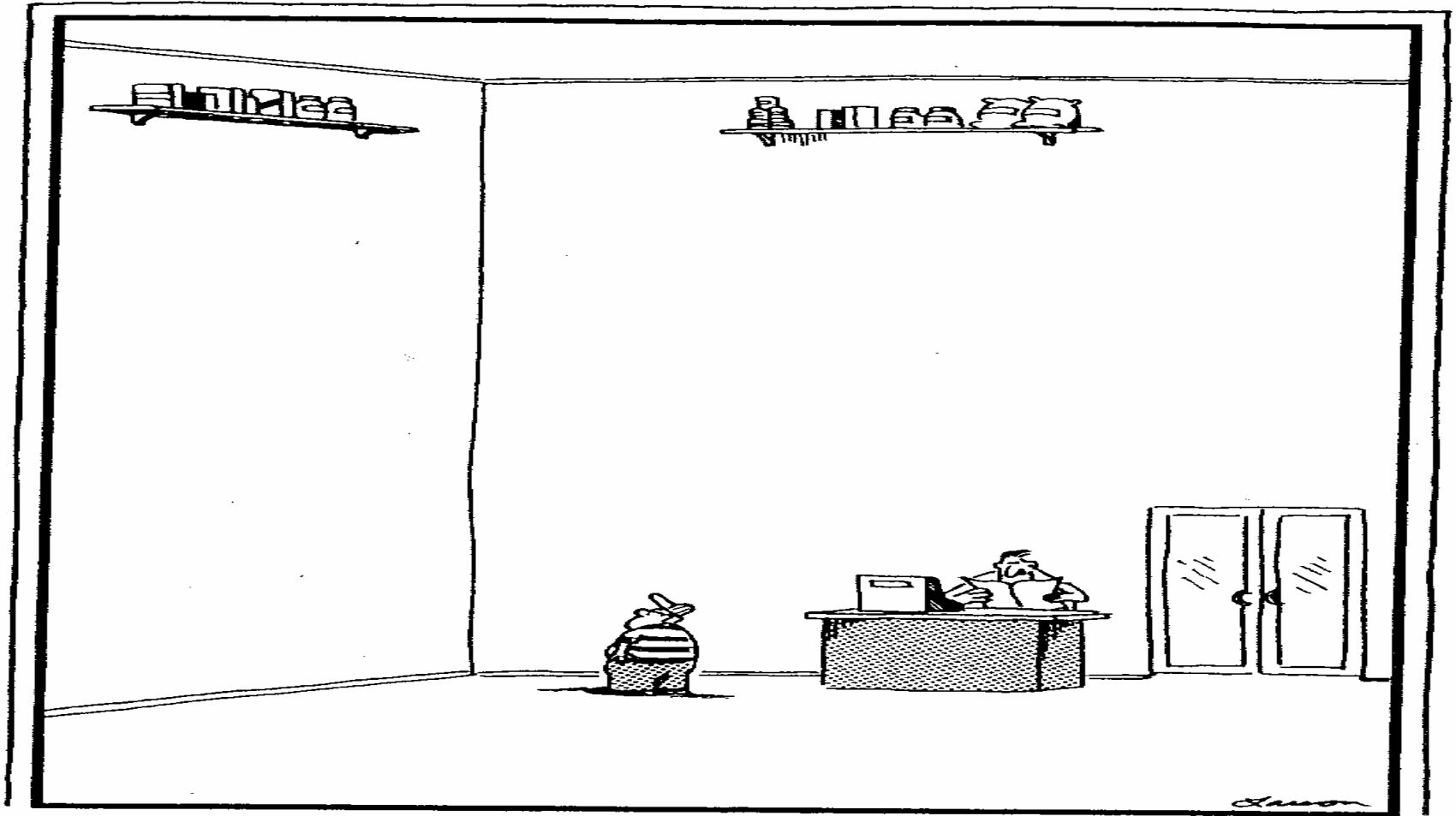
- We know financial incentives CAN work, but less about when and how.
- We know public reporting CAN work, though not in the way we had expected.

## Evidence Challenges (2): We Don't Always Know What We Think We Know

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- Widely-implemented clinical “best practices” sometimes turn out to be “worst practices”
- Our knowledge of what works clinically is *WAY* ahead of our knowledge of what works in organization and payment.
- Current system is dysfunctional, but there are many other ways to do it wrong.

# Evidence Challenge (3):



Inconvenience stores

# AHRQ Initiatives to Bring Best Measures and Evidence to Field

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- Measures and Data
  - NHQD/DR as a platform for improvement
  - CAHPS – SUN Contract
  - Quality Indicators – SQI Contract
- Evidence and Tools
  - Model Reporting Template
  - Quality-Based Payment Decision Guide
  - Compendium: Aligned and Misaligned Incentives
  - Patient Safety Improvement Corps
  - Knowledge Transfer contracts
  - System Design Best Practices

# Reengineering Research: From Supply-Driven Model

## RESEARCHERS

- Questions
- Hypotheses
- Grant Applications
- Study
- Writing
- Re-writing

PUBLICATIONS

## DECISION-MAKERS

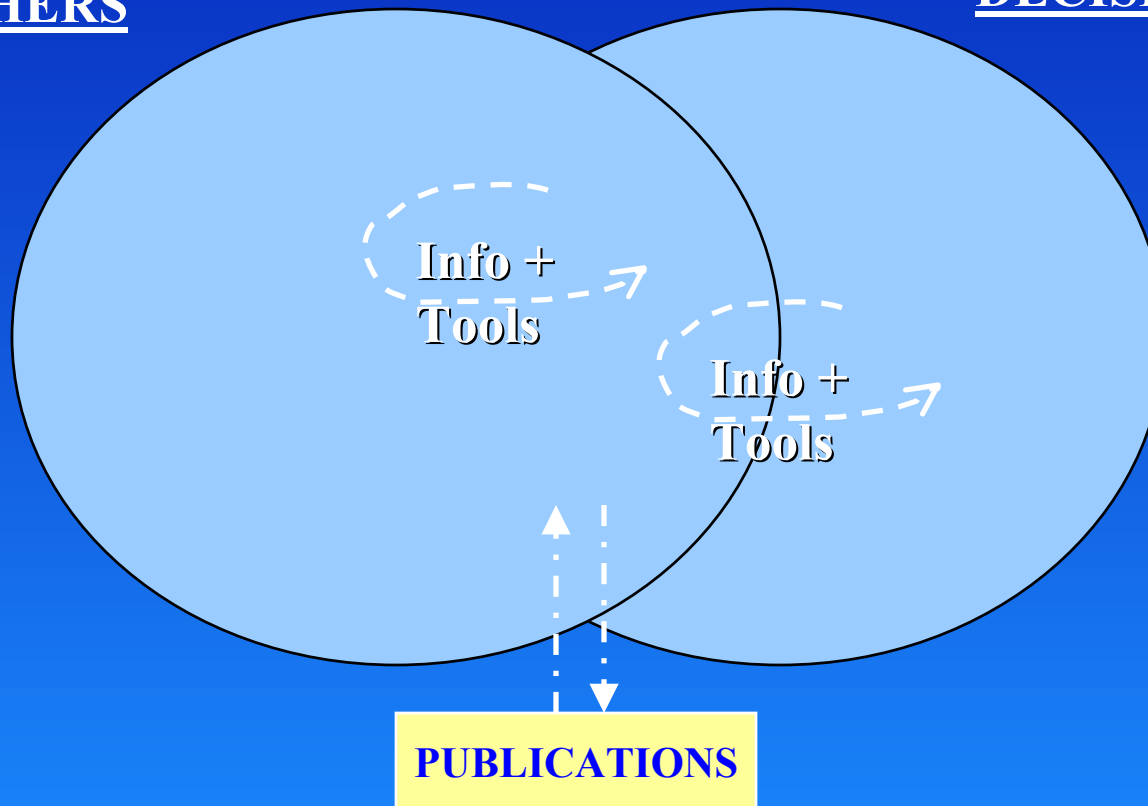


# ...to Demand-Driven Model

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RESEARCHERS

DECISION-MAKERS



# Integrated Delivery System Research Network IDSRN Has Brought Provider-Led Change

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## Formula

- Health plans, hospitals, doc offices, LTC facilities, researchers
- Strong involvement of operational leadership
- Under contract with AHRQ
- Quick, action-oriented task orders

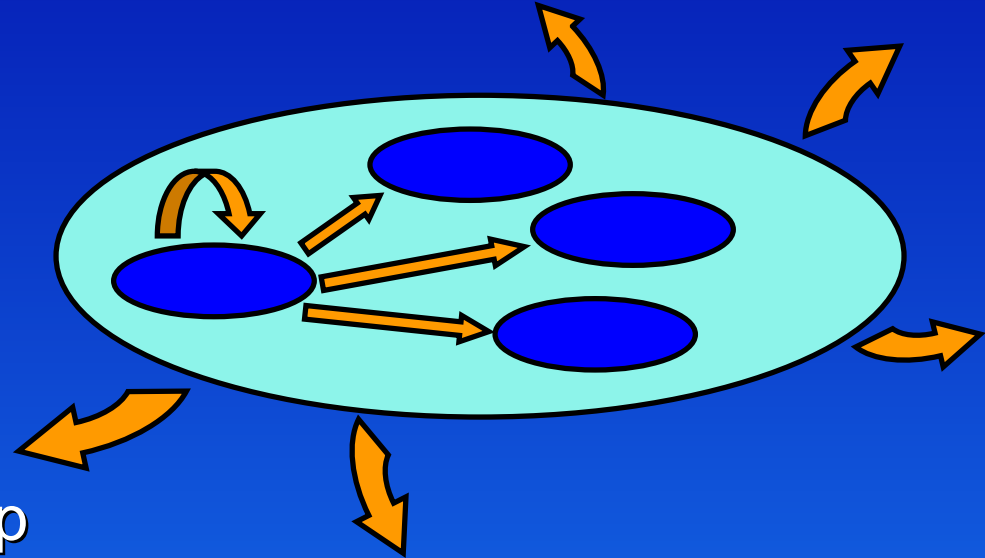
## Evaluation

- 60% of projects brought substantial operational changes
- Many other projects shaped national policy, data

# New ACTION Contract Will Build on This Success

## What's new:

- Title: “Accelerating Change and Transformation in Organizations and Networks” (ACTION)
- Partners: Broader group of providers, possibly employers and coalitions, others
- Scope: Taking change to scale, moving to wholesale



**For info, go to: <http://www.ahrq.gov/fund/contraix.htm>**

# Building Evidence Base for the Future: Challenges

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- Need “real-time” learning
  - Through partnerships, evaluation of “natural experiments,” etc.
- But also need to keep an eye on future evidence needs:
- Examples of work in progress
  - Rewarding Results
  - Medicare demonstration evaluations
  - MCRR summary of early P4P evaluations (expected February 2006)
  - Patient Safety Grants

# Strategic Issues for Research: How to Balance Investment

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Tools, Best  
Practices,  
Implement  
What We  
Know



New  
Measures,  
Evidence  
Base for  
Future

# Need to Identify Lessons in Payment AND System Design across Payers

IOM Levels of Change	Medicare	Medicaid	Private Payer
Payment and Regs.			
Organization-wide			
Team			
Care for Patient			



***Home Page***  
***<http://www.AHRQ.gov>***

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