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National Research and Demonstration Agenda for Quality & Safety

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Why a National Research & Demonstration Agenda?

- Health care = 15% of GDP and rising
  - $1.7+ trillion
- Medicare, Medicaid, Veterans Health Administration, Department of Defense Medical Care, Indian Health Service
  - Almost 50% of national health care spending is by government. All but the state portion of Medicaid (about 12%) is federal
- Maxim: No industry can be fully effective and efficient without ongoing R&D

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Priorities

- Improve primary care capacity
- Have better information about quality & safety performance
- Simplify care processes & redesign them from the patient's perspective
- Have better evidence about what works
- Have better ways of translating evidence into practice

More primary care capacity

- Countries with more primary care capacity appear to have better outcomes and lower costs
- Current compensation mechanisms appear to be a major barrier to persons going into adult primary care
- Alternative compensation mechanisms are possible but require careful demonstration & evaluation
- Alternative provider schemes are possible but require careful demonstration & evaluation

Better information about quality & safety performance

- Almost 6 years after "To Err is Human" we have no updated or regular estimate of deaths due to medical error, and no estimate of morbidity
- We have no regular estimate of the percent of recommended care that is delivered
- "Voluntary" reporting, when tied to payment increases, becomes near universal – at least in hospitals
- Better information requires better information systems & routine information-gathering/analysis processes

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Simpler care processes redesigned from the patient's perspective

- The complexity of care keeps increasing
- Complexity is associated with greater opportunities for error
- Complexity is associated with poorer understanding by patients, particularly those with less education or limited English proficiency
- The care system has been designed almost exclusively for provider, not patient, convenience
- Redesign requires regular feedback from patients

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Better translation of existing evidence into practice

- Recommended care is not delivered
- Decision tools for patients and clinicians are essential for delivering evidence-based care

Better evidence about what works

- Unlike several other countries, we have no national guideline effort
- Such efforts reveal major gaps in evidence for routine clinical decision making
- We are spending only $315 million on the Agency for Healthcare Quality and Research in FY2005
- Evidence cannot come only from randomized controlled clinical trials
  - Need outcomes databases, ideally coupled with shared decision-making

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- **Download, or order recent publications - *free*:**

  Some examples:

  - Leatherman S, McCarthy D: *The Commonwealth Fund Chartbook of Quality of Care in the United States,* April 2002; and other chartbooks
  - Davis K, et al: *Mirror, Mirror on the Wall: Looking at the Quality of American Health Care through the Patient's Lens.* January 2004.
  - Audet A-M, et al: Measure, Learn, and Improve: Physicians' Involvement in Quality Improvement

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