Improving Quality and Safety Through Value-Driven Health Care

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The Sixth Annual Quality Colloquium

Cambridge, MA – August 20, 2007
Improving Quality and Safety

- Public Perceptions & the Quality Challenge
- AHRQ Roles & Resources
- Value-Driven Health Care
- Turning Evidence Into Action
- Q&A
Despite all of the quality improvement activities over the past few years, the public’s perception of the health system is in decline.
The Quality Challenge

What Is Quality?

The Right Care

For The Right Person

At The Right Time

A Quality Disconnect

Health care costs up 8% per year

Health care quality up 3.1% in 2006
Most Common Specific Causes of ADEs in U.S. Hospitals

- Antineoplastic, immunosuppressant agents: 8.5%
- Opiates: 5.9%
- Other specified analgesics/antipyretics: 4.4%
- Anticoagulants: 8.6%
- Corticosteroids: 10.3%
- Diuretics other than saluretics: 3.2%
- Antihypertensive agents: 3.4%
- Other specified antibiotics: 3.2%
- Cardiotonics: 3.2%
- Sedatives and hypnotics: 2.7%
- All other ADEs: 46.5%

* More than one event can be recorded during a hospital stay. This is based on a total of 1,364,100 events in 1,211,100 hospital stays with at least one ADE event recorded - ARHQ – 2004
Coordination of Care
Examples: MA Snapshot

<table>
<thead>
<tr>
<th>Measure</th>
<th>Performance</th>
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<tbody>
<tr>
<td>% of Medicare AMI patients administered beta blocker within 24 hours of admission</td>
<td>Better than Average</td>
</tr>
<tr>
<td>% of adult surgery patients under Medicare who had prophylactic antibiotics discontinued within 24 hours of surgery</td>
<td>Average</td>
</tr>
<tr>
<td>% of Medicare pneumonia patients, age 50 years and older, who were screened for influenza vaccine status and were vaccinated prior to discharge, if indicated</td>
<td>Lower than Average</td>
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*National Healthcare Quality Report, State Snapshots, 2006*
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AHRQ’s Mission

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

Health IT Research Funding
- Support advances that improve patient safety/quality of care
- Continue work in hospital settings
- Step up use of health IT to improve ambulatory patient care

Develop Evidence Base for Best Practices
- Four key domains:
  - Patient-centered care
  - Medication management
  - Integration of decision support tools
  - Enabling quality measurement

Promote Collaboration and Dissemination
- Support efforts of AHIC, ONC, HRSA and CMS
- Build on public and private partnerships
- Use web tools to share knowledge and expertise

2008 Priorities

- **Patient Safety**
  - Health IT
  - Patient Safety Organizations
  - New Patient Safety Grants

- **Effective Health Care Program**
  - Comparative Effectiveness Reports
  - Network of Research Centers
  - Clear Findings for Multiple Audiences

- **Ambulatory Patient Safety**
  - Safety & Quality Measures, Drug Management and Patient-Centered Care
  - Patient Safety Improvement Corps

- **Medical Expenditure Panel Surveys**
  - Visit-Level Information on Medical Expenditures
  - Annual Quality & Disparities Reports

- **Other Research & Dissemination Activities**
  - Quality & Cost-Effectiveness, e.g. Prevention and Pharmaceutical Outcomes
  - U.S. Preventive Services Task Force
FY 2008 $329.5 million request includes $93.934 million for PS & Health IT (+$9.934 million over FY 2007 CR)
- Health IT = $44.8 million
  - $3.4 million in new Health IT grants
- General PS = $49.114 (+ $15M)
  - $15 million for the Secretary’s Personalized Healthcare Initiative
The Promise of Genomics

- Secure Web-based system for sharing gene-based data among multiple organizations
- Partnerships that encourage research, development and increased implementations
- Shared decision-making

Disease Diagnosis
Gene Therapy
Drug Design
AHRQ is funding a Randomized Control Trial to clarify the added value of genetic testing to improve warfarin dosing.

AHRQ is funding a DEcIDE project to review databases focusing on utilization and outcomes of gene-based tests and therapies.

**EPC Reports:**

- Genomic testing in ovarian cancer (completed)
- CYP450 testing in depression (completed)
- HNPCC testing in colorectal patients (completed)
- Horizon scan on cancer genetic tests for CMS (completed)
- BRCA testing in breast and ovarian cancers (w/USPSTF recommendation)
- HER-2-Neu testing in breast cancer (ongoing)
- Expression profile tests in breast cancer (ongoing)
- Family history in breast, ovarian, colorectal and prostate cancers (ongoing)
- Screening for hemochromatosis (w/USPSTF recommendation)
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**Cornerstones of Value-Driven Health Care**

**Quality Standards**
Design systems to collect quality of care information and define what constitutes quality health care

**Price Standards**
Aggregate claims information to enable cost comparisons between specific doctors and hospitals

**Interoperability**
Set common technical standards for quick and secure communication and data exchange

**Incentives**
Reward those who provide and purchase high-quality and competitively priced health care
"All health care is local, and we need cooperative local action just as we need common national goals."

Michael O. Leavitt, Secretary
US Dept. of Health and Human Services
January 5, 2007
Value Exchanges: The Core Principles

1. At its core, health care is “local”
2. Broad access to accurate, meaningful information will improve the value of healthcare services by:
   - stimulating provider improvement,
   - engaging consumers in provider selection and treatment choices, and
   - enabling purchasers to align consumer and provider incentives.
3. A nationwide learning network will foster market-based health care reform
What Will This Take?

- Good measures and data
  - Local data, but national benchmarks
- Strong local coalitions
- Evidence-based reporting, payment strategies
- Evidence, tools, strategies for improvement
- Collaboration, TA across sites
Regional/local public-private collaboration is essential to the success of the Value-Driven Health Care Initiative.

HHS is building a system of Community Leaders and Value Exchanges that recognize local organizations which are engaged in the Value-Driven Health Care Initiative.

As of August 15, 2007

- **762** employers & providers have signed statements of support
- **56** state and local government entities have signed pledges
- **84** organizations have applied to become Community Leaders (79 have been confirmed)
Next Step for Value Exchanges

“Chartering Value Exchanges for Value-Driven Health Care,” 2nd Federal Register notice August 3rd
- Comments due September 4th

AHRQ to establish learning networks that:
- Collaboratively produce public reports on health care quality
- Foster pay-for-performance (P4P)
- Improve quality

First Community Leaders to be Announced this Fall
The promise of P4P is revealed in a demonstration project involving 10 large physician practices.

- The practices were asked to implement care management improvements for treatment of diabetes that would lead to higher quality of care.
- In return, practices were eligible to receive as bonuses a portion of the money that Medicare saved by improving patient care within the target groups.

Source: Centers for Medicare & Medicaid Services
All participants met or exceeded standards for at least seven of the 10 diabetes measures.

Two generated results that qualified for bonuses.

Congestive heart failure, coronary artery disease and preventive care measures will be added in the pilot’s 2nd and 3rd years.

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<tr>
<th>Measure</th>
<th>Met Standard</th>
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<tr>
<td>HbA1c Management</td>
<td>10</td>
</tr>
<tr>
<td>HbA1c Control</td>
<td>10</td>
</tr>
<tr>
<td>LDL Cholesterol Level</td>
<td>10</td>
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<tr>
<td>Urine Protein Testing</td>
<td>10</td>
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<tr>
<td>Pneumonia Vaccination</td>
<td>9</td>
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<tr>
<td>Lipid Measurement</td>
<td>9</td>
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<tr>
<td>Eye Exam</td>
<td>9</td>
</tr>
<tr>
<td>Foot Exam</td>
<td>7</td>
</tr>
<tr>
<td>Influenza Vaccination</td>
<td>7</td>
</tr>
<tr>
<td>Blood Pressure Mgt</td>
<td>4</td>
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Better Quality Information
(2006 AQA Pilot Project*)

*Supported by funding from CMS and AHRQ
HQA and AQA Collaborate

- **National Quality Alliance Steering Committee**
  - Formed by two key health care quality alliances, the AQA Alliance and the Hospital Quality Alliance

- **Purpose**: To better coordinate the promotion of quality measurement, transparency and improvement in care

- **First Step**: Expand pilot project sites to identify, collect and report data on the quality of physician performance across care settings, including hospital and cost-of-care. Will work closely with AHRQ and CMS
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AHRQ’s campaign with The Advertising Council uses a series of TV, radio, and print public service announcements.

Web site features a “Question Builder” for patients to enhance their medical appointments.

- [www.ahrq.gov/questionsaretheanswer](http://www.ahrq.gov/questionsaretheanswer)
New User’s Guide to Patient Registries

Registries for Evaluating Patient Outcomes: A User’s Guide*  

- The first government-supported handbook for establishing, managing and analyzing patient registries  
  - Designed so patient registry data can be used to evaluate the real-life impact of health care treatments  
  - A milestone in growing efforts to better understand what treatments actually work best, and for whom  
  - [http://effectivehealthcare.ahrq.gov](http://effectivehealthcare.ahrq.gov), print versions coming soon  

* Co-funded by AHRQ & CMS
More Program Outputs

Research Reports

Consumer Guides

Systematic Reviews
Web-based Repository of Cutting-Edge Service Innovations

- National electronic learning hub for sharing health care service innovations, bringing innovators and adopters together
- Searchable database featuring innovation successes and failures, expert commentaries, lessons learned, etc.,
- Designed to help health care “Agents of Change” improve quality

www.innovations.ahrq.gov
Transparency and Transformation

More transparent cost/quality information

More collaboration for improvement

More trust between purchasers, providers and consumers

More effortless information sharing with Health IT
Near-Term Frontier

- Focus on disparities reduction as core component of quality improvements
- Combine administrative data with selected clinical IT data elements (e.g., lab, pharmacy) to enhance efficiency of data aggregation*
- Build quality reporting functionality – and decision support – into certified electronic health records*
- Engineer value-driven health care on a national scale via regional/local public-private collaboration

*AHIC Quality WG
2007 AHRQ Annual Conference

“Improving Health Care, Improving Lives”

September 26-28, 2007
Bethesda North Marriott Convention Center
Bethesda, MD

Sessions on topics including the following:

- AHRQ’s patient safety and health IT portfolios
- Implementation of research findings into changes in practice and policy
- HHS’ Value-Driven Health Care Initiative

MAKE YOUR PLANS!
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