The Impact of the Comparative Effectiveness Initiative on Patient Safety and Quality

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Current Challenges

- Concerns about health spending – about $2.3 trillion per year in the U.S. and growing
- Large variations in clinical care
- A lot of uncertainty about best practices involving treatments and technologies
- Pervasive problems with the quality of care that people receive
- Translating scientific advances into actual clinical practice
- Translating scientific advances into usable information for clinicians and patients
Comparative Effectiveness Research, Patient Safety and Quality

- AHRQ: New Resources, Ongoing Priorities
- Comparative Effectiveness: AHRQ’s Role
- IOM’s Priority Topics
- How Comparative Effectiveness Affects Patient Safety and Quality
AHRQ Priorities

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

Effective Health Care Program
- Comparative Effectiveness Reviews
- Comparative Effectiveness Research
- 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
- MRSA/HAIs
What Healthcare Decision Makers Need To Know

- 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
Defining/Refining Health Care Delivery

- Fostering more precise application of biomedical discoveries
  - Substantial variations in care
    - ‘cost without benefit’?
  - Pervasive disparities
  - Care delivery: platform for discovery and rapid translation
  - An “Abundance of Riches”
The American Recovery and Reinvestment Act of 2009 includes $1.1 billion for comparative effectiveness research:

- AHRQ: $300 million
- NIH: $400 million (appropriated to AHRQ and transferred to NIH)
- Office of the Secretary: $400 million (allocated at the Secretary’s discretion)

Federal Coordinating Council appointed to coordinate comparative effectiveness research across the federal government
Comparative effectiveness research (CER) is the generation and synthesis of evidence that compares the benefits and harms of alternative methods to prevent, diagnose, treat and monitor a clinical condition or to improve the delivery of care. The purpose of CER is to assist consumers, clinicians, purchasers and policy makers to make informed decisions that will improve health care at both the individual and population levels.

National Priorities for Comparative Effectiveness Research
Institute of Medicine Report Brief
June 2009
CER is the conduct and synthesis of research comparing the benefits and harms of various interventions and strategies for preventing, diagnosing, treating, and monitoring health conditions in real-world settings. The purpose of this research is to improve health outcomes by developing and disseminating evidence-based information to patients, clinicians, and other decision makers about which interventions are most effective for which patients under specific circumstances.
Comparative Effectiveness: What Is AHRQ’s Role?

- Leader of federal funding
- Engage private sector
- Increase knowledge base to spur high-value care
- Aggregate best evidence to inform complex learning and implementation challenges
Priority Conditions for the Effective Health Care Program

- Arthritis and non-traumatic joint disorders
- Cancer
- Cardiovascular disease, including stroke and hypertension
- Dementia, including Alzheimer Disease
- Depression and other mental health disorders
- Developmental delays, attention-deficit hyperactivity disorder and autism
- Diabetes Mellitus
- Functional limitations and disability
- Infectious diseases including HIV/AIDS
- Obesity
- Peptic ulcer disease and dyspepsia
- Pregnancy including pre-term birth
- Pulmonary disease/Asthma
- Substance abuse
AHRQ Operating Plan for Recovery Act’s CER Funding

- **Stakeholder Input and Involvement:** To occur throughout the program
- **Horizon Scanning:** Identifying promising interventions
- **Evidence Synthesis:** Review of current research
- **Evidence Generation:** New research with a focus on under-represented populations
- **Research Training and Career Development:** Support for training, research and careers
Comparative Effectiveness: The Myths Live On

- Excludes role of clinical judgment
- Aims to limit health services
- Ignores realities of practice
  - Reimbursement, liability concerns, patient expectations
- Useless when evidence is uncertain
What Comparative Effectiveness Can Do...

- Reduce the chance of getting it wrong
- Help make decisions more consistent, transparent and rational
- Clarify nature of disputes over practice and policy
- Help inform states’ quality improvement efforts
- Persuade skeptical parties
... And What It Cannot

- Solve controversies due to conflicting values, costs, etc.
- Remove barriers due to conflicting incentives, patient factors and system failures
- Ensure appropriate application to policy
CER and Innovation

- CER will enhance the best and most innovative strategies
- Can open up new populations for which something can be useful in
- Can bring early attention to potential issues
Comparative Effectiveness
Challenges

- Anticipating downstream effects of policy applications
- Making sure that comparative effectiveness 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
Where To Start: IOM’s 100 Priority Topics

- Initial National Priorities for Comparative Effectiveness Research (June 20, 2009)
- Topics in 4 quartiles; groups of 25.
- First quartile is highest priority. Included in first quartile:
  - Treatment strategies for atrial fibrillation, including surgery, ablation and drugs
  - Treatments for hearing loss in children and adults
  - Primary prevention methods, such as exercise and balance training, vs. clinical treatments in preventing falls in older adults

Report Brief Available At http://www.iom.edu
IOM’s Priority Topics: Preventing Falls in the Elderly (#3)

What we know:

- Falls affect >30% of adults 65 and older; risk grows with age
- 60+ randomized controlled trials of interventions to prevent falls published (2004)*
- Multi-factorial risk assessment, management programs found effective

IOM’s Priority Topics: Preventing Falls in the Elderly

What we need to identify:

- Components of risk assessment programs that are essential to prevent falls
- Optimal types of exercise programs, intensity, supervision
- How to make programs cost-effective
IOM’s Challenge:

“Research on these topics will not yield real improvements unless results are adopted by health care providers and ... integrated into clinical practice.”

Initial National Priorities for Comparative Effectiveness Research
(June 20, 2009)
Key Themes:

- Health care quality is suboptimal and improves at a slow pace (1.8% annually for core measures; 1.4% for all measures)
- Reporting of hospital quality is spurring improvement, but patient safety is lagging
- Health care quality measurement is evolving but much work remains
Quality Report: Key Findings

- Median level of patients receiving needed care was 59% for core quality measures.
- Quality improvements spread unevenly across settings of care (hospitals, home care, long-term care, ambulatory care).
- Measures of patient safety in the Quality Report indicate a 1% annual decline.
- Need consensus on single core set of measures to be used by all payers and stakeholders to monitor improvement.
Effective Health Care Resources to Improve Quality of Care

- Effective Health Care guides
- *Pills for Type 2 Diabetes: A Guide for Adults* (consumer and clinician guides)
- *Premixed Insulin for Type 2 Diabetes: A Guide for Adults* (consumer and clinician guides)
Where to From Here?

- **Comparative Effectiveness Research:**
  - How can we target resources most effectively for the best possible health outcome?

- **IOM Challenge:**
  - How do we incorporate findings that improve safety/quality into clinical practice?
Potential lives saved through quality improvement

Figure 1. "The Break-even Point" (for a drug that reduces mortality by 20%).

Where to From Here?

- **Timing:** Significant support for and interest in comparative effectiveness research
- **The mission:** Address gaps in quality and resolve conflicting or lack of evidence about most effective treatment approaches
- **Words of wisdom:** “In theory, there is no difference between theory and practice. In practice, there is.” – Yogi Berra
Questions?

www.ahrq.gov

www.hhs.gov/recovery