Quality and Patient Safety: Closing the Gap

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So, What’s New?

- **Recovery Act**
  - Health IT
  - Comparative effectiveness research

- **Health reform**
  - Significant quality measurement and improvement provisions
  - Accountable care organizations
  - Patient-centered medical home
  - More health IT
  - More comparative effectiveness research
  - And much more
Quality and Patient Safety: Closing the Gap

- AHRQ: New Resources, Ongoing Priorities
- Building Momentum for Change
- Gaps in Quality, Patient Safety, and Disparities
- Connecting with Patients
AHRQ Priorities

- **Effective Health Care Program**
  - Comparative Effectiveness Reviews
  - Comparative Effectiveness Research
  - Clear Findings for Multiple Audiences

- **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/HAI

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

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

- **AHRQ Priorities**
AHRQ’s Mission

Improve the quality, safety, efficiency and effectiveness of health care for all Americans
HHS Organizational Focus

**NIH**
Biomedical research to prevent, diagnose and treat diseases

**CDC**
Population health and the role of community-based interventions to improve health

**AHRQ**
Long-term and system-wide improvement of health care quality and effectiveness
AHRQ’s Fiscal 2011 Budget Proposal

Obama Administration proposed FY 2011 budget includes $611 million for AHRQ – up from $397 million in FY 2010:

- $286 million for patient-centered health research, up $261 million over the FY 2010 budget
- $32 million for health information technology research, a $4 million increase from FY 2010
- $65 million for patient safety research, including $34 million to reduce and prevent healthcare-associated infections
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Health Reform Law

- Patient Protections and Affordable Care Act – H.R. 3950
- Now Public Law 111-148
Important Provisions

- National Strategy to Improve Health Care Quality
- Interagency Working Group on Health Care Quality
- Quality Measure Development
- Data, Collection, Analysis and Public Reporting
- Health Care Quality Improvement (CQuIPS)
- Patient-Centered Outcomes Research Institute
American Recovery and Reinvestment Act of 2009

- AHRQ’s Effective Health Care Program created by Medicare Modernization Act of 2003
- From 2005-2009, received $129 million from Congress for CER
- Program has published more than 45 products, including guides for clinicians and consumers
- The American Recovery and Reinvestment Act contained $1.1 billion for comparative effectiveness research, including $300 million to AHRQ
Prospective Outcome Systems using Patient-specific Electronic data to Compare Tests and therapies (PROSPECT)

- Studies to advance electronic data collection infrastructure as a basis for comparative effectiveness research
- Goal: to ‘substantially enhance’ capabilities for the systematic collection of prospective data
- Particularly involving populations typically underrepresented in randomized control clinical trials and those with limited access to health care
Addressing barriers to dissemination of information to patients

- Proposals to bring innovative, effective, user-friendly methods to advance the dissemination of comparative effectiveness research

- Focus: “Evaluating and recommending methods beyond academic settings, to engage consumers and providers where decisions are typically made”
Recovery Act: Patient Engagement

- Supporting AHRQ’s long-term commitment to bridging the gap between research and practice

- Citizen Forum on Effective Health Care
  - Formally engages stakeholders in the entire Effective Health Care enterprise
  - A Workgroup on Comparative Effectiveness will be convened to provide formal advice and guidance
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Quality is improving, but the pace is slow (median rate about 2% a year), especially for preventive care and chronic disease management.

Some areas merit urgent attention, including patient safety and health care-associated infections.

Many disparities are not decreasing.
Spotlight: Communication

Good health care requires communication between patients and doctors

- From 2002 to 2006, the percentage of adults 18-64 who reported poor communication in a doctor’s visit fell from 11.6% to 10.4%
- Those with public insurance or no insurance report worse communication

2009 National Healthcare Quality Report
Spotlight: Patient Safety

Of the 33 hospital measures related to safety, 12 (36%) improved at a rate greater than 5% per year.

Of the 19 hospital measures not related to safety, 16 (84%) improved at a rate greater than 5% per year.

Still, more than half of safety measures showed some improvement.

In hospitals, safety remains a significant problem.

2009 National Healthcare Quality Report
Massachusetts: Dashboard on Overall Quality vs. All States

Performance Meter: All Measures

- Very Very Weak
- Weak
- Average
- Very Strong
- Strong

= Most Recent Year

= Baseline Year

2009 National Healthcare Quality Report, State Snapshots
### Massachusetts: Snapshot

<table>
<thead>
<tr>
<th>Measure</th>
<th>Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoidable hospitalizations – diabetes, uncomplicated</td>
<td>Better than average</td>
</tr>
<tr>
<td>Colorectal cancer deaths</td>
<td>Average</td>
</tr>
<tr>
<td>Asthma admissions for children</td>
<td>Worse than average</td>
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2009 National Healthcare Quality Report, State Snapshots
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“The core point at which health care costs explode is the point at which the doctor and the patient sit down together to make a decision about what they should do. We have not concentrated enough, in our thinking about reform, on that moment.”

Atul Gawande
Time magazine
January 4, 2010
AHRQ is funding several grants involving the concept of the patient-centered medical home as a new model of primary care. Some examples:

- **A Research Agenda for the Patient Centered Medical Home**: Society of General Internal Medicine
- **Defining and Building A Patient-Centered Medical Home**: Michigan State University
- **Valuation of Primary Care-Integrated Telehealth**: University of Rochester
Reducing HAIs

- Collaboration with CDC, CMS, OS and other federal agencies to launch projects that prevent and reduce HAIs
- Expansion of CUSP/Central Line-Associated Blood Stream Infections Project to all 50 States, and expansion from the ICU setting
- Interagency Steering Committee will develop a national action plan to significantly reduce HAIs within five years
Keystone ICU Project Update:
Low CLABSI Rates Sustained

- More than 100 participating ICUs in Michigan have maintained near-zero rates beyond initial 18-month target, for an additional 18 months.

- Key factors to sustainability, as noted by participating ICU teams:
  - Continued feedback of infection data
  - Improvements in safety culture as a result of the project
  - Reducing infections rates was a shared goal rather than a statewide competition
  - “An Unremitting belief in the preventability of bloodstream infections”

Pronovost et al., BMJ, 2010;340:c309 doi:10.1136/bmj.c309
Final Rule Became Effective 1/19/2009
- Creates a system in which providers can share sensitive information for identifying and reducing patient care risks and errors within a legally secure environment

Common Formats Issued
- Developed for the voluntary, uniform collection and reporting of patient safety data, including all supporting materials

84 PSOs Listed (as of July 19, 2010)
- PSO certification and listing is implemented by AHRQ. Compliance and confidentiality is enforced by the Office for Civil Rights

PSO Privacy Protection Center Launched
CER Products Must Speak Directly to Patients

- Effective Health Care guides: translational work that makes reports accessible to a variety of audiences
- Guides target consumers specifically
- Several guides available in Spanish
What Does It Really Mean To Be Patient-Centric?
Technology and Consumers

- We create tools that make care more efficient for clinicians.
- Consumers already are comfortable with the technology; they’re leading us, not the other way around.
- Consumers are demanding tools to make their care more about them; let’s satisfy the demand!
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
- Help patients make decisions about their own care
... 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
Keeping the Patient at the Center

- Quality is defined as care that is safe, timely, effective, efficient, equitable and patient-centered.
- Patient-centeredness is perhaps the most difficult goal to achieve.
- But it’s the most important, because it’s why we’re here.
Where to From Here?

- Building on foundations in comparative effectiveness research, health IT, quality and safety
- Applying the science of quality measurement to more conditions
- Funding research that can improve quality, safety and outcomes
- Empowering patients and clinicians with timely and useful information
- *Ensuring that more informed = better informed*
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Thank you!!!

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