Determining What Works Best: A Research Agenda for Improving Quality

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The Revolving Door of Hospital Readmissions and ED Visits

- 12-State study shows readmissions and ED visits are more extensive
  - 2 of every 5 patients who sought acute hospital care (inpatient or ED visit) 2006-2007 made multiple visits to the hospital during the period
  - More than a quarter of patients with an inpatient hospital stay in 2006-2007 had multiple inpatient hospitalizations
  - Factoring in ED visits increased the rate of multiple visits by more than a third (from 1.5 to 2.1 readmissions

AHRQ, Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project, State Inpatient Databases and State Emergency Department Databases, 12 States, 2006–2007

A Research Agenda for Improving Quality

- What the Evidence Shows
- System Transformation and Hospital Readmissions
- A National Quality Strategy
- Q&A

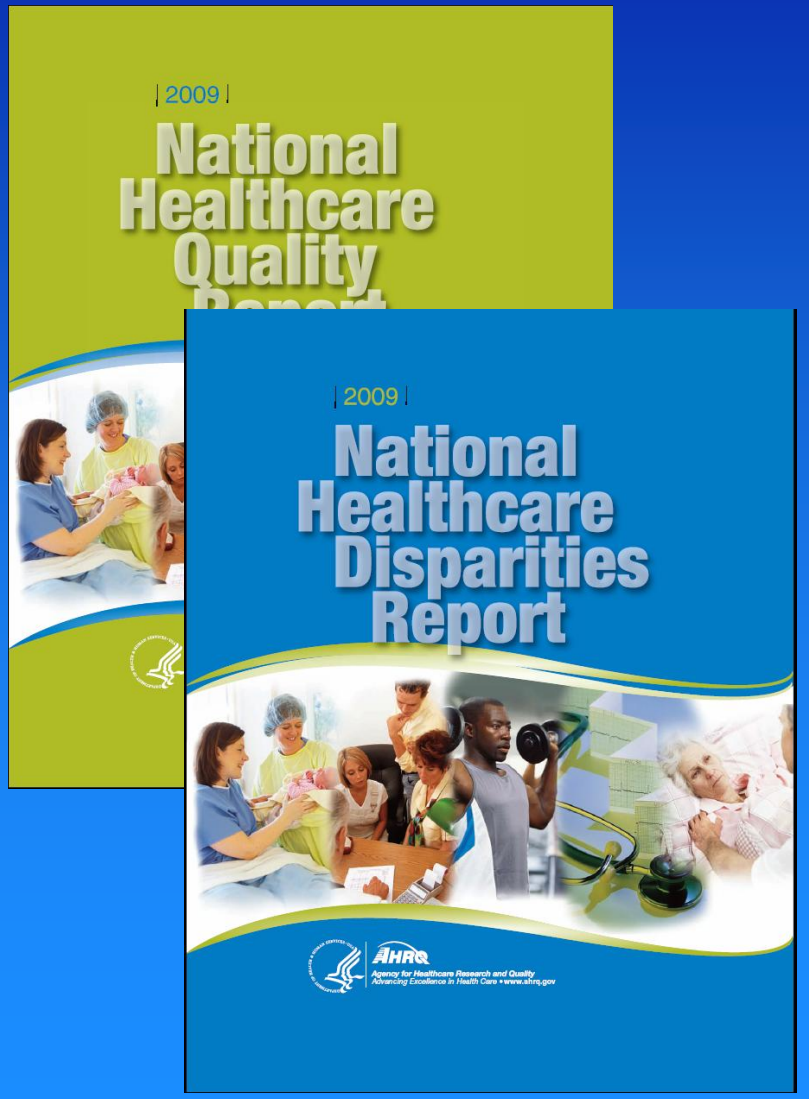
AHRQ Priorities

AHRQ's Mission

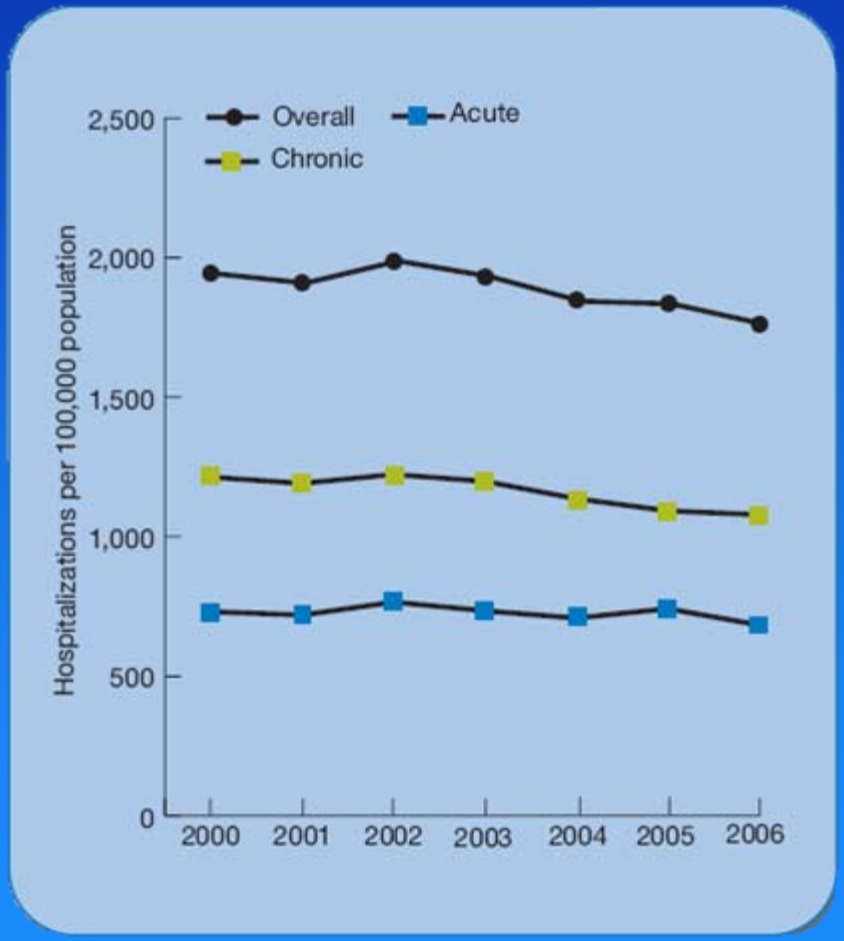
Improve the quality, safety, efficiency and effectiveness of health care for ***all*** Americans

2009 Healthcare Quality and Disparities Reports

- Health care quality is suboptimal and improves at a slow pace (2% annually for core measures; 2.3% for all measures)
- There has been significant improvement in hospital care, while improvement in preventive services and chronic disease management has lagged
- Disparities persist in health care quality and access
- For many populations, barriers such as having no health insurance or having trouble getting appointments continue

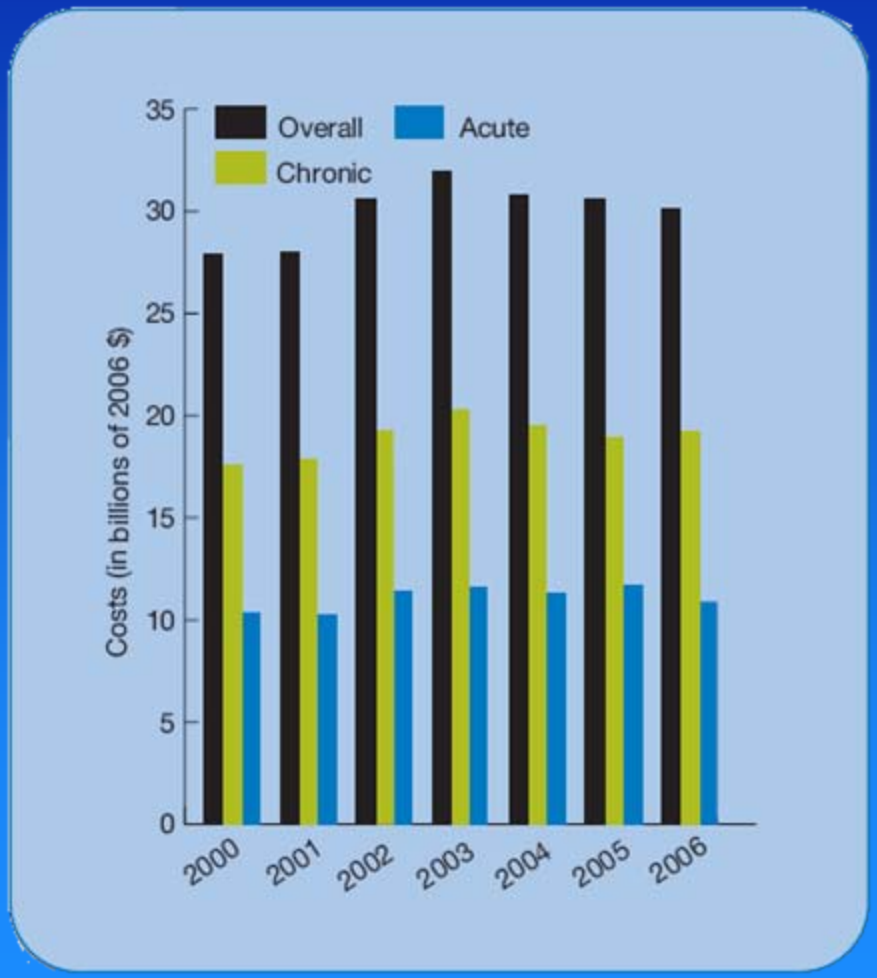


Avoidable Hospitalizations Have Decreased Significantly



- From 2000 to 2006, overall rates of avoidable hospitalizations dropped from 1,944 per 100,000 to 1,761 per 100,000
- This decline is due primarily to avoidable hospitalizations for chronic conditions, which decreased from 1,213 per 100,000 to 1,078 per 100,000
- Avoidable hospitalizations for acute conditions did not change significantly from 2000 to 2006

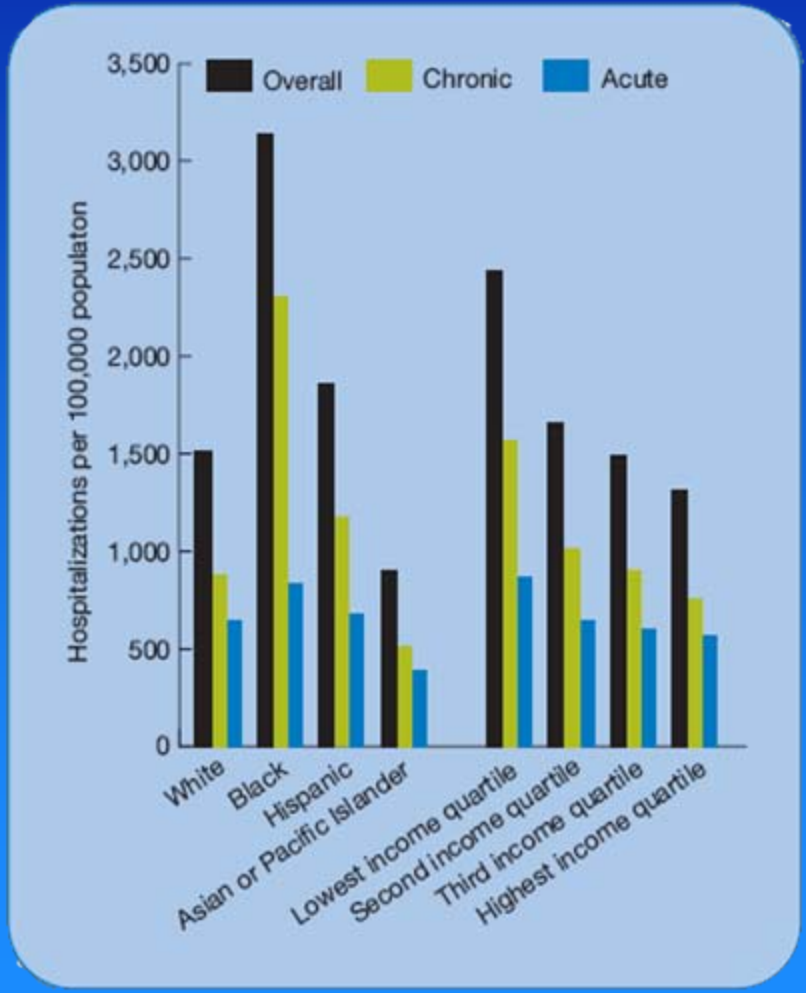
The Cost of Potentially Avoidable Hospitalizations



- From 2000 to 2003, total national hospital costs associated with potentially avoidable hospitalizations adjusted for inflation increased from $27.9 billion to $31.9 billion. Costs then declined to $30.1 billion in 2006
- The changes are due mainly to avoidable hospitalizations for chronic conditions, which increased from $17.6 billion to $20.3 billion between 2000 and 2003 and then declined to $19.2 billion in 2006
- National hospital costs for avoidable hospitalizations for acute conditions did not change significantly from 2000 to 2006

AHRQ 2009 National Healthcare Quality Report

Avoidable Hospitalizations Highest Among Minorities and the Poor



- Compared to Whites, rates of avoidable hospitalizations overall and avoidable hospitalizations for chronic conditions were higher among Blacks and Hispanics, and lower among Asians and Pacific Islanders
- Rates for both were higher among residents of areas in the lowest, second and third income quartiles
- Avoidable hospitalizations for acute conditions were higher among Blacks compared with Whites and among residents of areas in the lowest and second income quartiles, compared with residents of areas in the highest income quartile

AHRQ 2009 National Healthcare Quality Report

What is Comparative Effectiveness Research?

Recovery Act Investment in Comparative Effectiveness

- From 2005-2009, AHRQ's Effective Health Care Program 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 of 2009 includes $1.1 billion for comparative effectiveness research, including $300 million to AHRQ
- The Act includes provisions for reducing hospital readmissions

Expanding the Use of Comparative Effectiveness Research

- *Assessing and Accelerating Implementation Strategies in AHRQ Networks*
  - AHRQ Recovery Act funding in the Secretary's spend plan
  - Calls for applicants to propose strategies for expanding implementation of interventions and practice innovations that have improved quality in a particular type of care setting across a large number of "similar care settings"
  - Specifically lists strategies for reducing hospital readmissions among interventions that could be explored

Recovery Act: Redesigning Care Delivery

- *Optimizing the Impact of Comparative Effectiveness Research Findings through Behavioral Economic RCT Experiments*
  - *AHRQ/NIH funding for six to 10* studies of ongoing interventions to improve system performance
  - Potential examples include systematic efforts to reduce hospital readmissions, for example through discharge planning, redesign of discharge processes, care management of recently hospitalized and chronically ill patients

AHRQ Health Care Innovations Exchange

Includes 14 innovations profiles on hospital readmissions, along with one attempt (**www.innovations.ahrq.gov**)

AHRQ Research Study: Educated Patients Reduce Readmissions and Costs

Major Finding: Patients who have a clear understanding of their after-hospital care instructions are 30 percent less likely to be readmitted or visit the emergency department than patients who lack this information

- Re-Engineered Hospital Discharge Program (Project RED) is a multifaceted program to educate patients about their post-hospital care plans
- Fewer hospital readmissions and emergency department visits also translate to lower total costs

Brian W. Jack, M.D.; et al., A Reengineered Hospital Discharge Program to Decrease Re-Hospitalization: A Randomized, Controlled Trial, *Annals of Internal Medicine*, February 3, 2009

Sharing Strategies on Hospital Admissions

- Preventing Avoidable Episodes (PAVE)
  - Effort to eliminate 10 percent of hospital readmissions in Southeastern Pennsylvania over 18 months
  - Drew more than 200 health care professionals and national experts to a May 27th meeting in Philadelphia
  - Strategies discussed included Project Red, transition coaches and using nurses to proactively treat high-risk patients

Philadelphia Inquirer, May 28

Future Directions for Quality – 1

- We are MUCH better at measuring than improving
- Growing list of successful ‘prototypes’ – but only one clear home run
- Government has multiple roles
  - Pay for care / provide incentives
  - Support research
  - Regulate; provide; monitor

Future Directions for Quality - 2

- Transition from setting-specific approach to patient focused, taking advantage of HIT
- Transparency and financial levers are important but NOT the only levers for change
- "At the end of the day, only those who provide care can improve that care"
- Incredible opportunity to leverage ARRA, CHIPRA and other investments

Patient Engagement

"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

Where to From Here?

- Promote value by seizing opportunities emerging with the increasing attention being paid to transforming the nation's health care system
  - Form alliances, partnerships and other strategies that promote collaboration
  - Further integrate quality into the broader health care transformation effort
  - Address the gap that exists between our ability to generate data and having the capacity to produce actionable information that can be used right now
  - Focus on improvements in quality of life for patients

Thank You

AHRQ Mission

To improve the quality, safety, efficiency, and effectiveness of health care for all Americans

AHRQ Vision

As a result of AHRQ's efforts, American health care will provide services of the highest quality, with the best possible outcomes, at the lowest cost

www.ahrq.gov