



# Current AHRQ Activity in Patient-Centered Outcomes Research

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# The Landscape Is Quickly Changing

- Health care reform has already begun
  - How is evidence integrated into the new environment?
  - How has the nature of evidence changed?
  - How do these changes affect providers, payers and patients?
- How do we ensure that these changes are beneficial?



# What We Think We Know



“The truth is that for a large part of medical practice, we don’t know what works. But we pay for it anyway.”

*H. Gilbert Welch, MD  
Geisel School of Medicine  
at Dartmouth*

Testing What We Think We Know. *New York Times* - August 19, 2012

# Current AHRQ Activity in Patient-Centered Outcomes Research



- Background: AHRQ and PCOR
- Recent Developments
- A Look Ahead
- Questions

# Research that Addresses Patient Outcomes

## *Patient-Centeredness: The final frontier?*

- Patient-centeredness may be the most challenging of all 6 domains of quality, because it is so difficult to define and measure
- But, it is also likely the most important, because it includes elements of all other domains





# AHRQ'S Authority

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- Section 1013; Medicare Prescription Drug, Improvement, and Modernization Act
- Three parts:
  - 1) Transparent, collaborative process for setting priorities
  - 2) Conduct and support research
  - 3) Assure that findings are accessible and understandable by multiple audiences





# Implementing Evidence-Based Treatment Decisions

- **Which treatments work, for which patients, and what are the trade-offs?**
  - Patient-centered outcomes research informs decisions by providing evidence and information on effectiveness, benefits and harms
- **How can evidence-based improvements be translated and shared with providers, patients?**
  - Effective Health Care Clinician and Consumer Guides
  - Continuing Medical Education
  - Center for Medicare and Medicaid Innovation; AHRQ Health Care Innovations Exchange

# AHRQ's Effective Health Care Program

- From 2005 to 2009, AHRQ received \$129 million from Congress for patient-centered outcomes research
- Program has published more than 100 products, including summaries for clinicians and consumers, with plans for 75 more
- Emphasis on synthesis of existing evidence and creation of new evidence





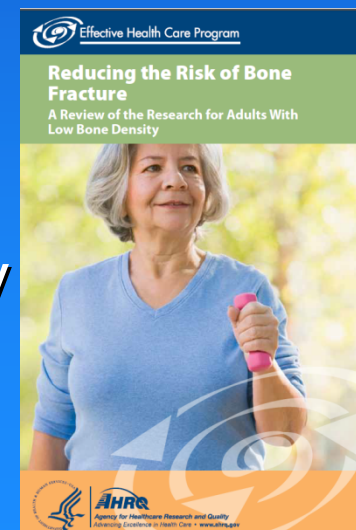
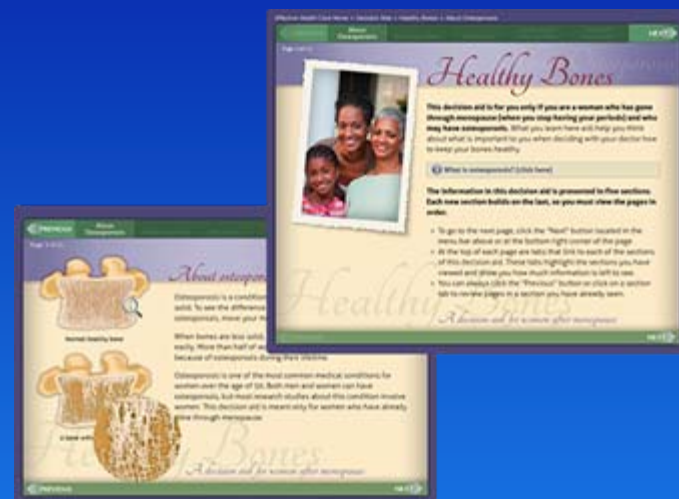
# EHC Products Developed By the Eisenberg Center



[www.effectivehealthcare.ahrq.gov](http://www.effectivehealthcare.ahrq.gov)

# Recently Released Translation Products

- ADHD in Children
- ANA and RF tests for Musculoskeletal Complaints in Children
- Chronic Pelvic Pain
- Mechanical Thrombectomy
- Pain Management in Hip Fracture
- Preventing Fractures in Low Bone Density
- Urinary Incontinence in Women

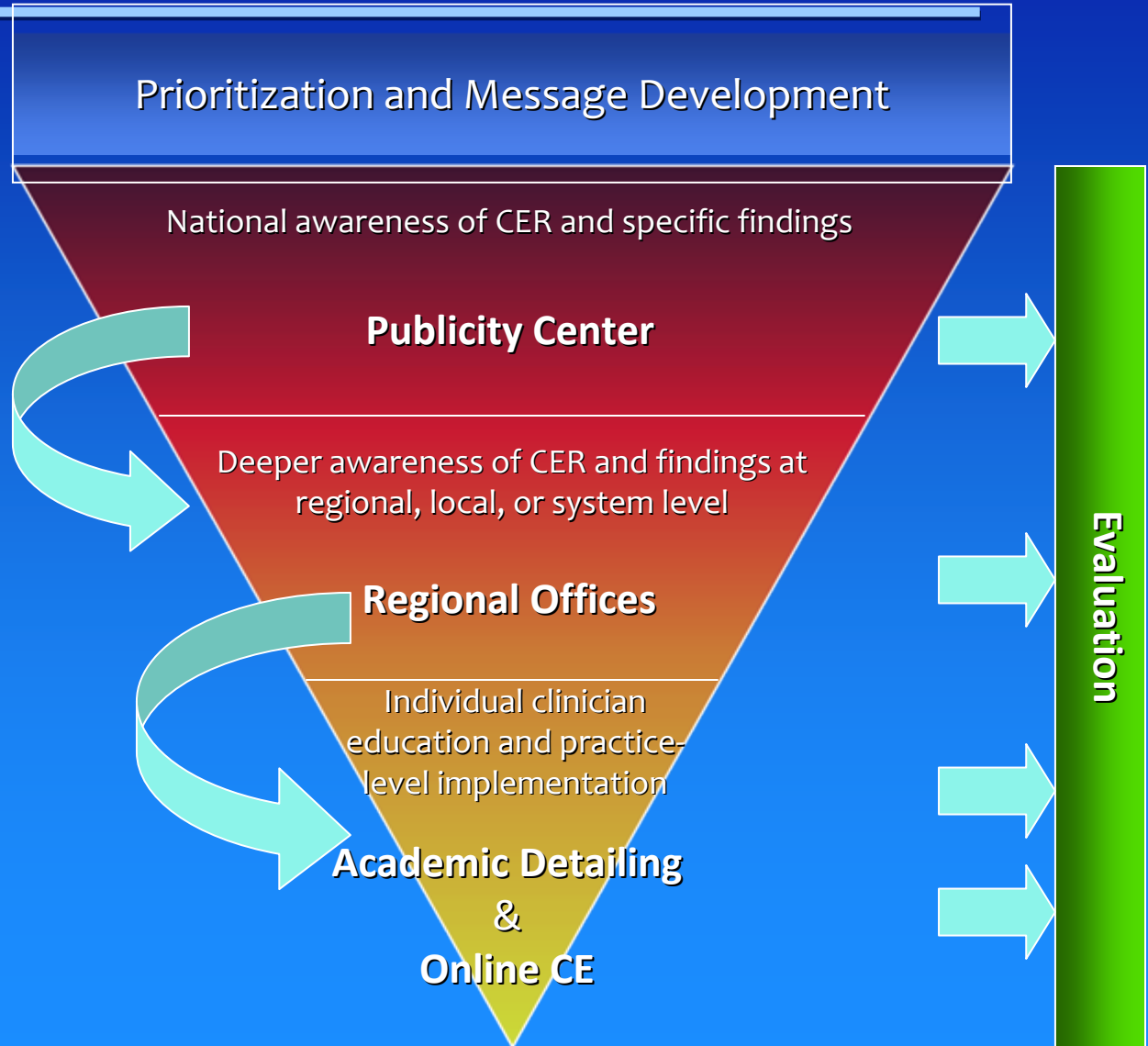


# Patient Centered Outcomes Research Dissemination Framework

Example:

## New Diabetes CER

- Media campaign
  - Outreach to national orgs (i.e. ADA, AADE, Endocrine Society, AACE)
  - Outreach to consumers
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- Integrate message into Diabetes package
  - Promote via regional/State chapters of national orgs, local advocacy orgs, and regional health systems
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- Integrate clinical message into Diabetes AD package
  - Promote/discuss in individual practice settings
  - Create and promote CE modules based on individual findings





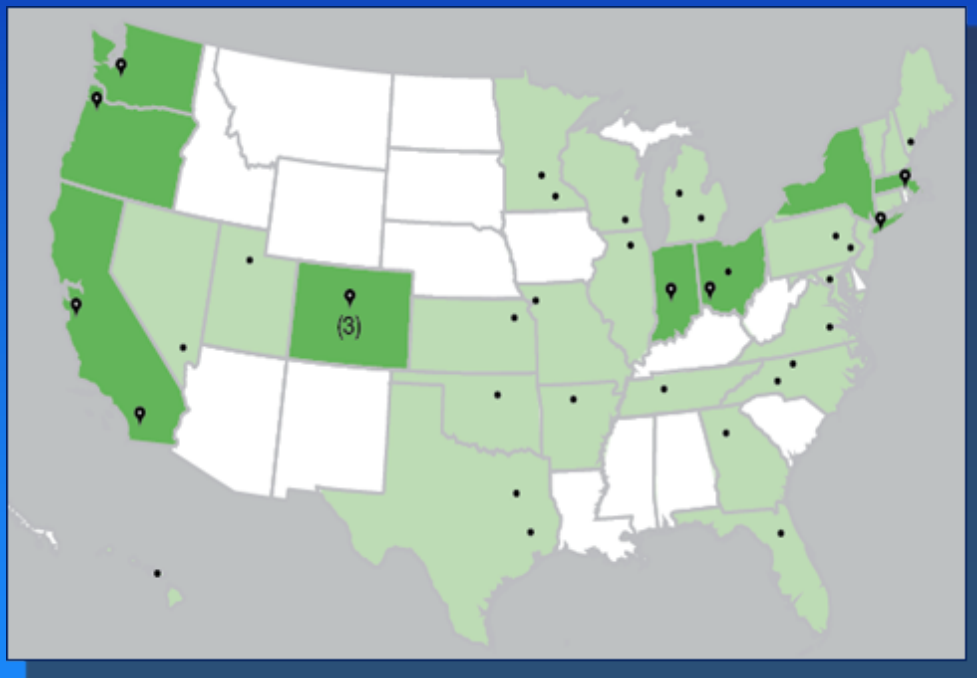
# The Patient-Centered Outcomes Research Trust Fund and AHRQ

- Provides funding for AHRQ to disseminate research findings
  - Up to 20% of Patient-Centered Outcomes Research Trust Fund can be used to support research capacity building and dissemination activities
- Five national priorities:
  - Assessment of prevention, diagnostic, and treatment options
  - Improving healthcare systems
  - Communications and dissemination research
  - Addressing disparities
  - Accelerating patient-centered outcomes research and methodological research



# Multidisciplinary Science: EDM Forum Research Networks

*11 Projects Using Electronic Health Research for CER/PCOR and QI*

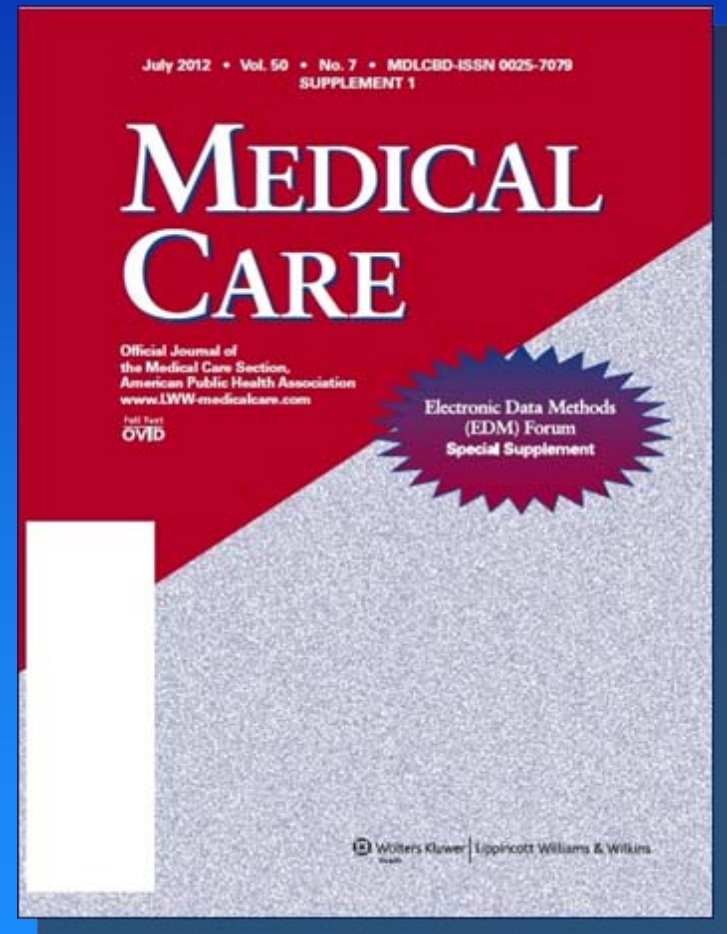


- Networks include between 12,000 and 7.5 million patients
- Potential reach of networks: Up to 50 million patients
- 38 CER studies
- Address all AHRQ priority populations and almost all AHRQ priority conditions



# First Journal Supplement

- 14 commissioned and invited papers
- Informed by ongoing ARRA-funded work
- Three domains:
  - Analytic Methods
  - Clinical Informatics
  - Governance





# Prioritizing Future Research Needs

## *Identifying Research Needs for Improving Health Care \**

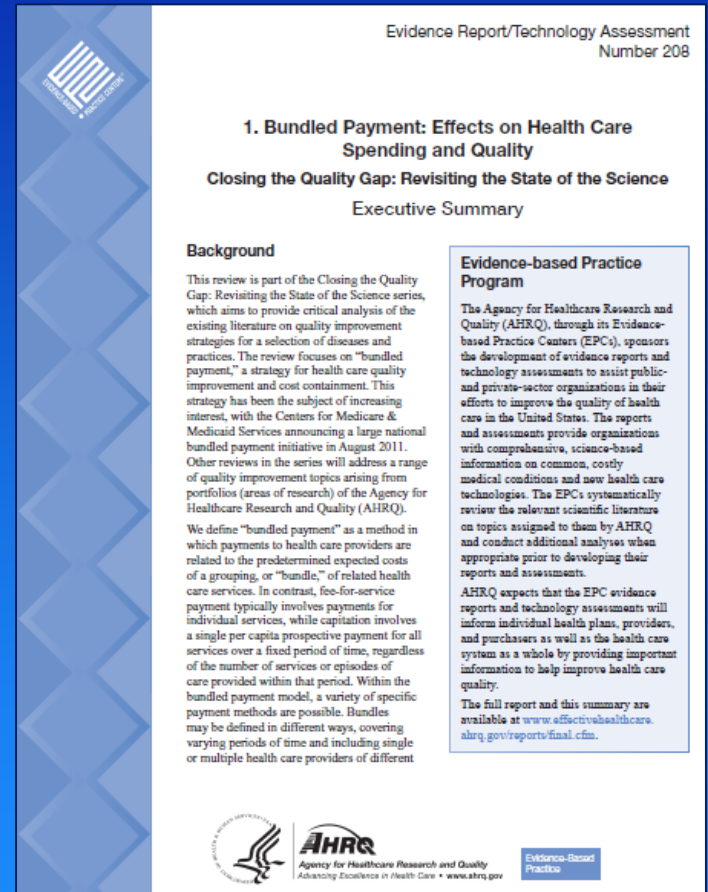
- Article describes challenges and lessons learned in developing a systematic approach to identifying and prioritizing future research needs (FRN)
- Based on the approach initiated by EPCs in 2010 to better define patient-centered research needs from selected systematic reviews
- Focuses on stakeholder involvement as an essential tenet in the process

### Cycle and Effect of New Research\*



# Closing the Quality Gap: Revisiting the State of the Science

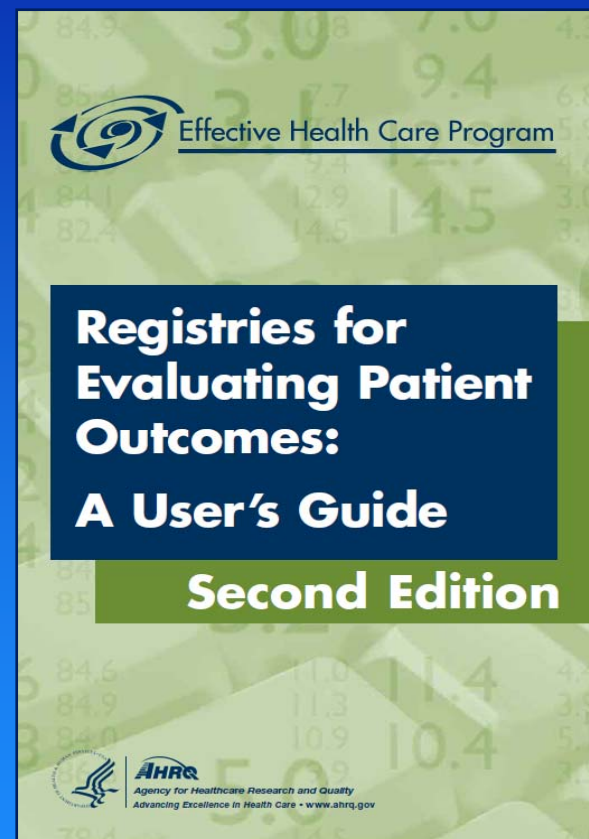
- Series of reports summarizing the evidence on quality improvement strategies for chronic conditions and other priorities:
  - Bundled Payment
  - Health Disparities
  - Patient-Centered Medical Home
  - Public Reporting
  - Medication Adherence



<http://www.ahrq.gov/clinic/tp/gapbundtp.htm>

# Generating Information and Evidence with Registries

- Registries increasingly used to inform clinical decision-making
  - Chapters on topics including:
    - When to Stop a Registry
    - Use of Registries in Product Safety Assessment
    - Linking Registry Data
    - Interfacing Registries and Electronic Health Records



# Expanding/Enhancing the Evidence-Base

## *AHRQ Patient-Centered Outcomes Research Grants*



- Infrastructure Development Program (R24)
  - Responds to need for information about which clinical and system design interventions are most effective for patients under specific circumstances
- Mentored Career Enhancement Award (K18)
  - Seeks investigators interested in developing new skills in patient-centered outcomes research research methodology and applying those methods to the research

[www.ahrq.gov/fund/grantix.htm](http://www.ahrq.gov/fund/grantix.htm)

# Maintaining the Status Quo is Not an Option

- Evidence is being produced at an extremely rapid rate, but its incorporation into clinical practice is happening much more slowly
- Transparency efforts don't offer enough usable data for decisions regarding a specific disease and selection of a treatment option
- We face an underperforming health care system and untenable cost forecasts
- Too often, the patient is an afterthought





# What Should the New Model Look Like?

- That remains to be determined, although overall things to consider include:
  - Stakeholders are engaged more and more when the strategic decisions are being made
  - Making evidence available earlier and during different intervals of a project
  - Thinking of publication as one step in the continuing process to get results into the hands of those who need it rather than the end of the research cycle
  - Testing multiple conclusions in the field rather than waiting until there is a 'right' answer



# Where to From Here?

- Do more to ensure that new treatments and research knowledge reach patients and are implemented correctly
- Improve quality by improving access
- Expand the boundaries of basic science to include other “basic sciences” (e.g., epidemiology, psychology, communication, social marketing and economics)
- More focus on research and delivery of existing treatments



# Your Role in Patient-Centered Outcomes Research

## ■ Nominate topics

- Go to:  
**[effectivehealthcare.ahrq.gov](http://effectivehealthcare.ahrq.gov)**
- Click on “Submit a suggestion for research”

## ■ Comment on key questions and draft reports

## ■ Use evidence reports to develop clinical recommendations

- Clinician guides make recommendations about the evidence, not the clinical practice



# 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