



Improving Quality and Reducing Cost: A Research Agenda for Change

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Agency for Healthcare Research and Quality

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Washington, DC
June 1, 2009

What Is Quality?



The
Right
Care



For
The
Right
Patient




At
The
Right
Time

A Quality Disconnect

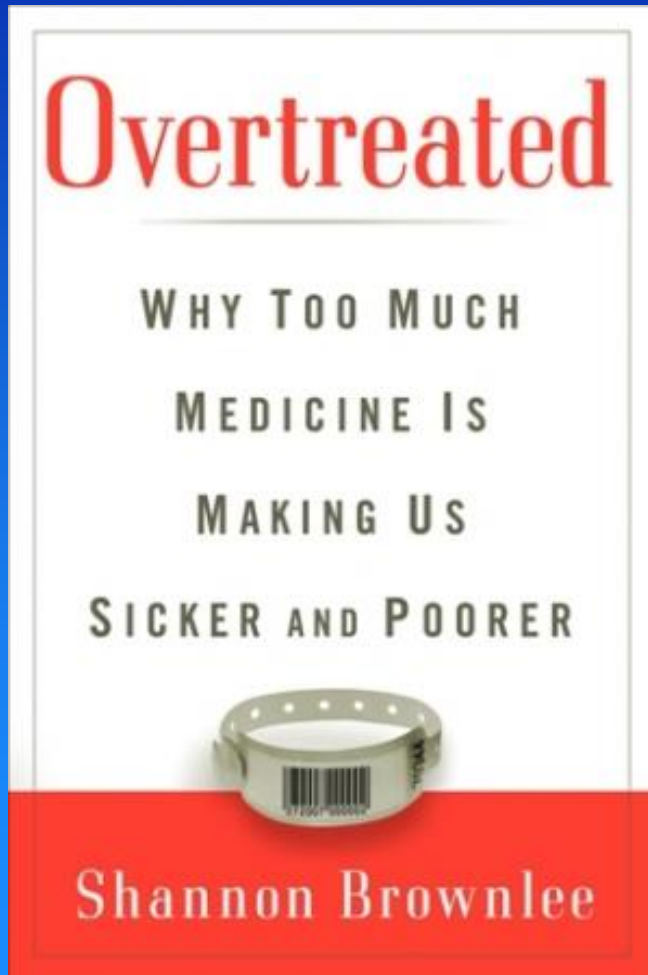
**Health care
costs up 8%
per year**

**Health care
quality up
1.8% in 2008**

Challenges and Opportunities

- Health spending is about \$2.3 trillion per year; of that, it is estimated that \$700 billion is spent on unnecessary care
 - Large regional variation in clinical care and cost
 - Pervasive quality, safety, and equity issues
 - Translating scientific advances into actual clinical practice and usable information for clinicians and patients
- 

Cost Containment

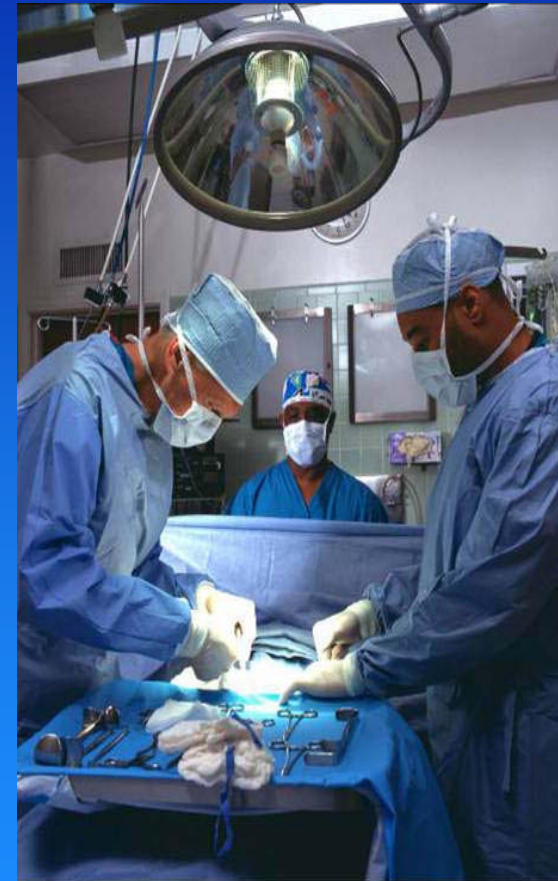


“We spend between one fifth and one third of our health care dollars... between five and seven hundred billion dollars (that’s billion, with a *b*) on care that does nothing to improve our health.”

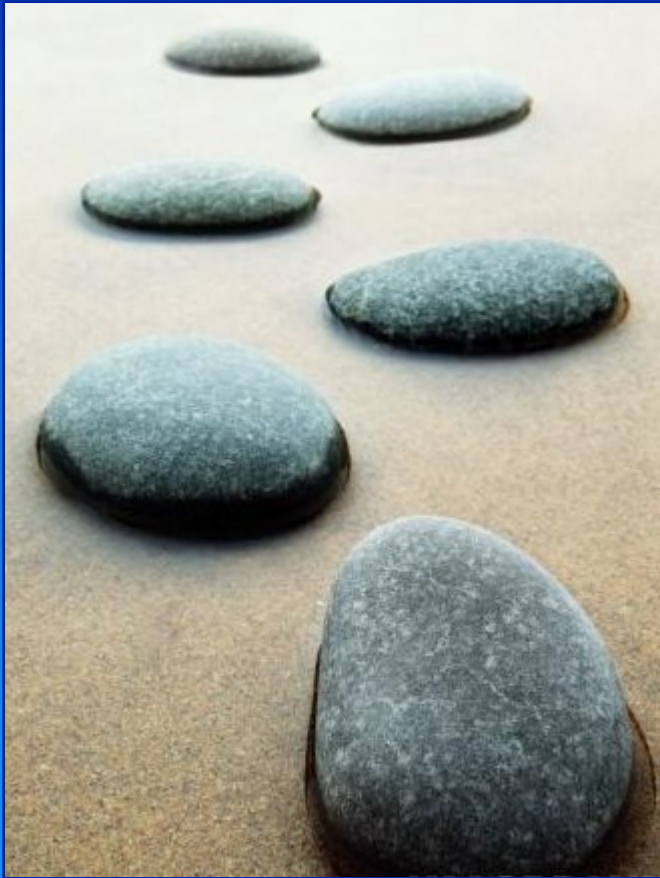
Brownlee S. *Overtreated: Why Too Much Medicine is Making Us Sicker and Poorer*. New York: Bloomsbury; 2007.

AHRQ Study: Surgical Errors Costly After Hospital Discharge

- Surgical errors cost nearly \$1.5 billion annually
- One of every 10 patients who died within 90 days of surgery did so because of a preventable error
- One-third of the deaths occurred after the initial hospital discharge

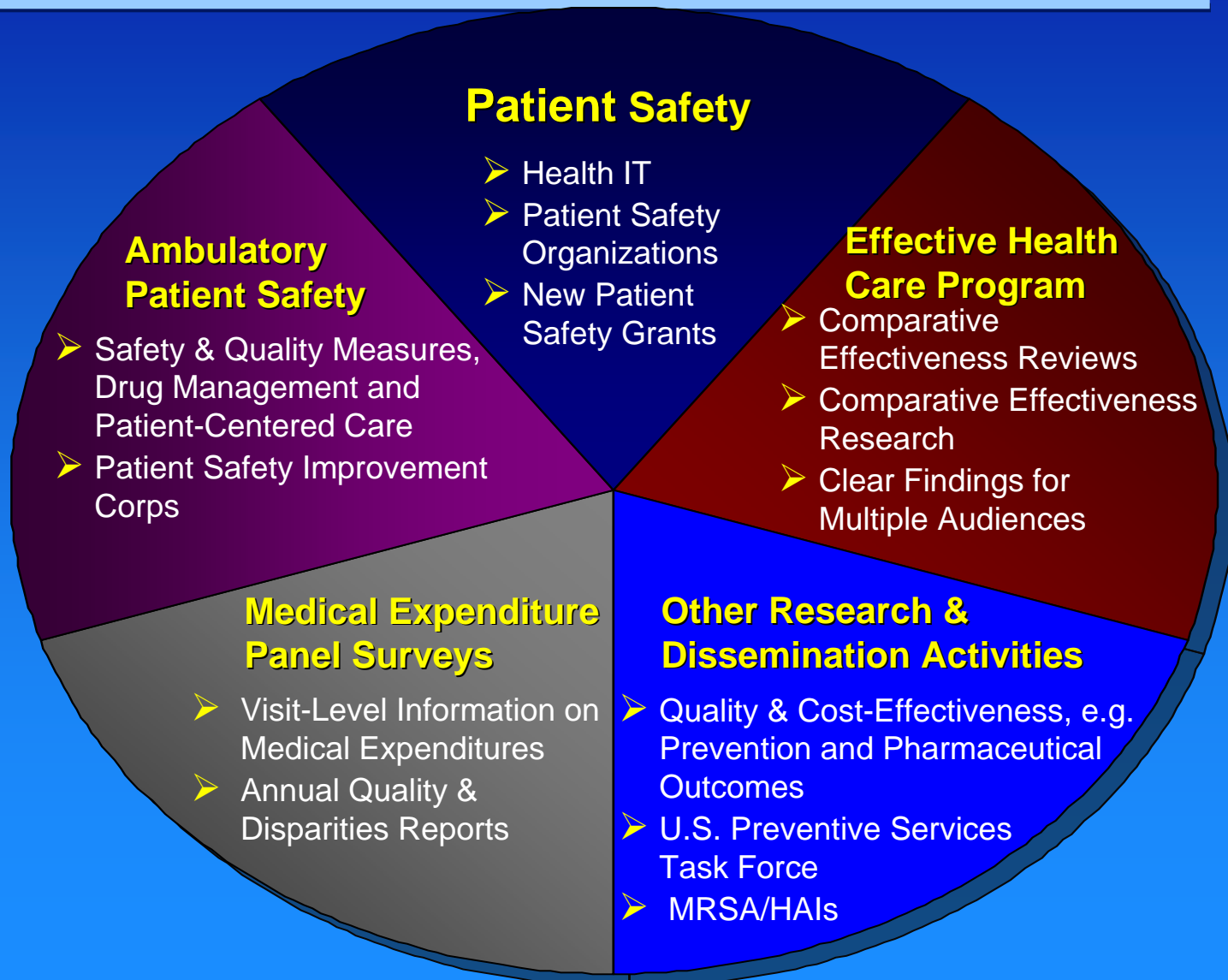


Improving Quality and Reducing Cost



- **AHRQ's Role**
- Comparative Effectiveness
- Health IT
- Q&A

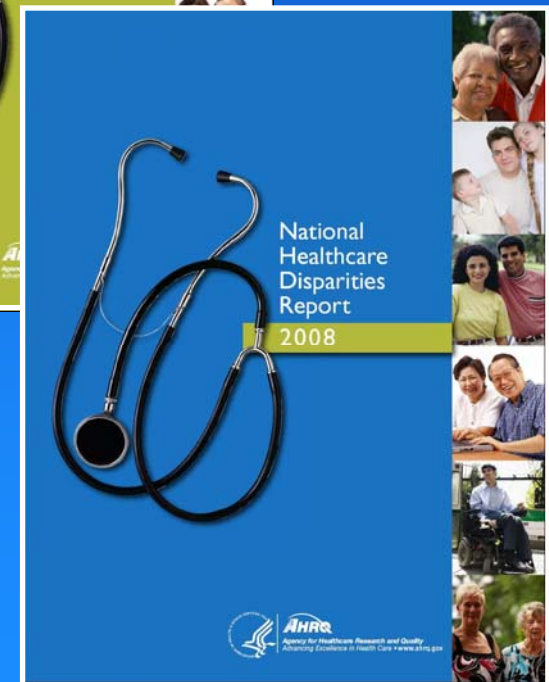
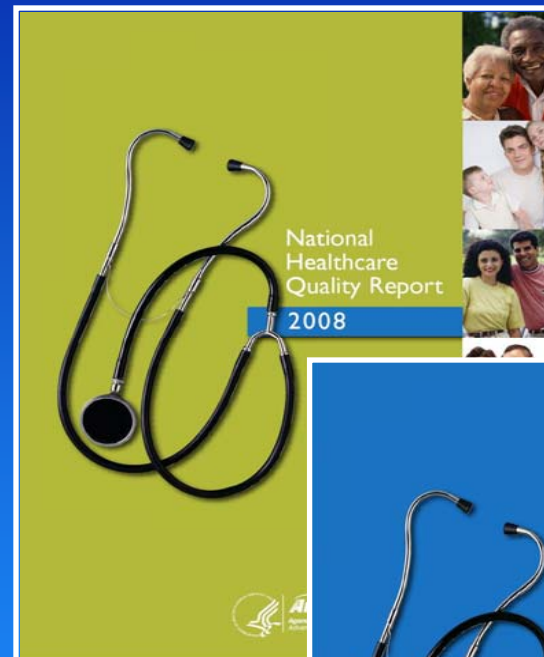
AHRQ Priorities



AHRQ's National Reports on Quality and Disparities

Reports published May 2009

- The median annual rate of change for core **quality** measures was 1.8%
 - Of 190 measures, 132 (69%) showed some improvement
- Some reductions in **disparities** of care according to race, ethnicity, and income
 - Disparities persist in health care quality and access






NHQR on Rehospitalization

- Data from 9 States on rehospitalization for CHF
- Rehospitalization signals a worsened state of illness and is more resource intensive than outpatient treatment.
- Good outpatient care and early intervention can help prevent rehospitalization.
- Mean CHF rehospitalization rate for all adult patients the sample was 210 per 1,000 in both 2004 and 2005
- Rehospitalizations ranged from a low of 120 to a high of 220 per 1,000 for rehospitalizations for CHF

Re-Engineered Hospital Discharge Program (RED)



PROJECT RED
Re-Engineered Discharge

BOSTON MEDICAL CENTER
BOSTON UNIVERSITY

HOSPITAL

A Series of Randomized Control Trials at Boston Medical Center
Funded by the Agency for Healthcare Research and Quality
& National Heart, Lung and Blood Institute

Project RED (Re-Engineered Discharge)

Technology and the Re Engineered Discharge PDF (366 KB)

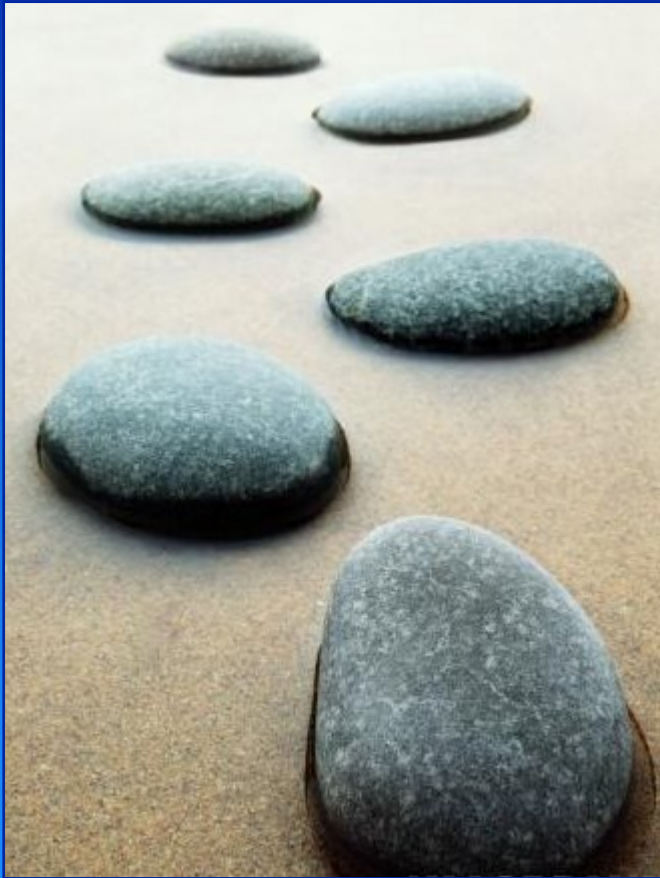
Project *Re-Engineered Discharge* is a series of Randomized Controlled Trials at Boston University Medical Center. Each phase of Project RED is aimed at improving patient safety by recreating the process by which patients leave the hospital. Participants in Project RED receive treatment at an urban hospital that tends to serve a low-income, ethnically diverse population. The Project RED intervention is founded on 11 discrete, mutually reinforcing components. A specially trained nurse called a Discharge Advocate introduces the intervention to the RED participant.

This project is supported by grants from the Agency for Healthcare Research and Quality (AHRQ) and the National Institutes of Health (NIH)-National Heart, Lung and Blood Institute (NHLBI). The contents of this website are solely the responsibility of Brian Jack, MD and Boston Medical Center and do not necessarily represent the official view of or imply endorsement by AHRQ, the U.S. Department of Health and Human Services, the NIH or NHLBI.

Click for Project RED Toolkit

- AHRQ-funded research program at Boston University Medical Center, Department of Family Medicine
 - RED patients had 30 percent fewer subsequent emergency visits and readmissions
- RCT-tested, designed to educate patients about their post-hospital care plans
- Ongoing research is testing the automation of discharge principles in RED

Improving Quality and Reducing Cost



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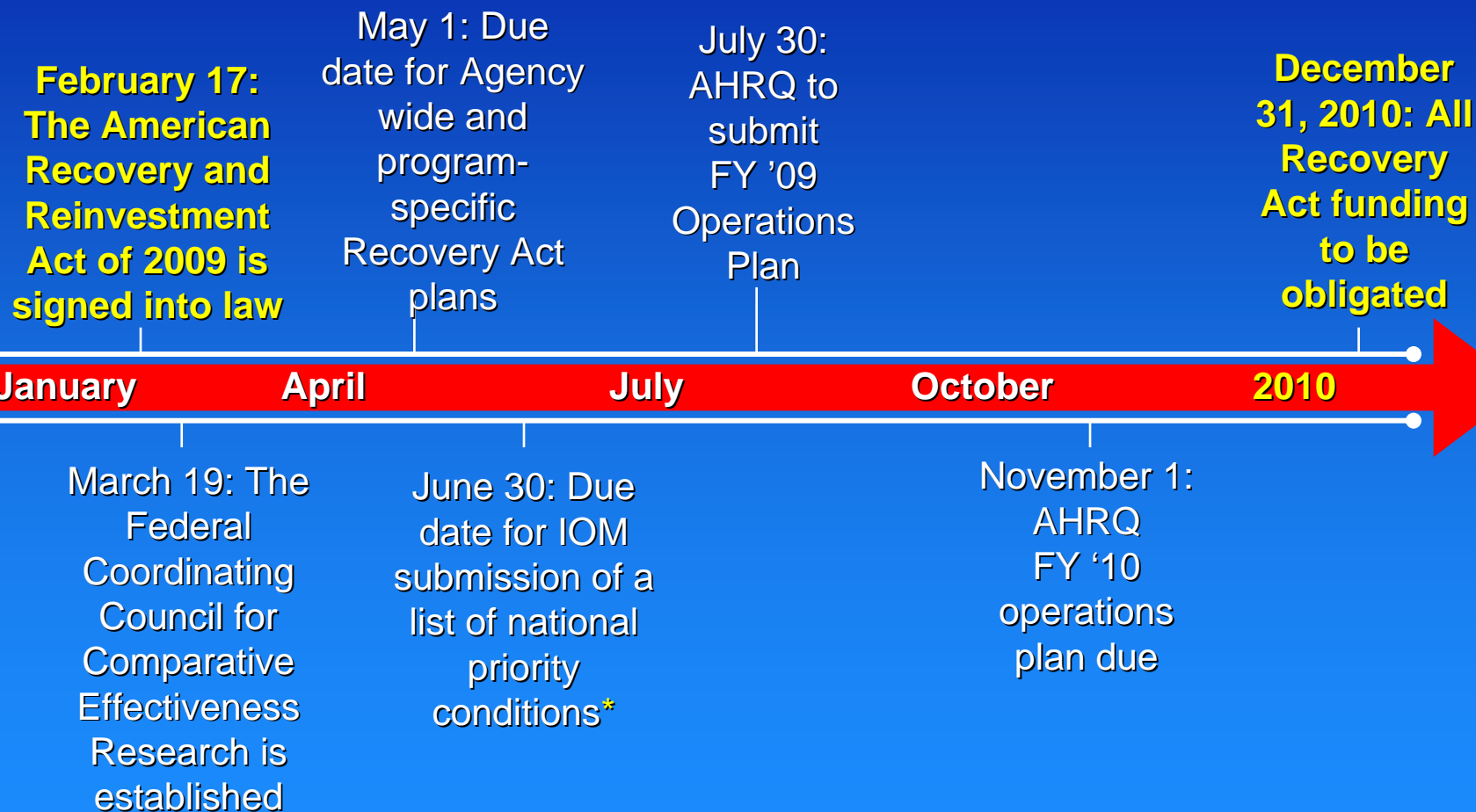
Comparative Effectiveness and the Recovery Act

- 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)



Funding for health IT, prevention and other areas could have implications for the Agency

Recovery Act Timeline: AHRQ



* Stakeholder input required



Other Aspects of Recovery Act

- Comparative Effectiveness Research conducted with funds appropriated under the Recovery Act “shall be consistent with Departmental policies relating to the inclusion of women and minorities.”
- Congress does not intend for the research money to be used “to mandate coverage reimbursement or other policies for any public or private payer.”
- Details about the types of research being funded or supported must be submitted to Congress every six months, beginning Nov. 1, 2009.



Federal Coordinating Council


- Established by the Office of the Secretary to offer guidance and coordination to achieve maximum use of the funding
 - Members include representatives from agencies involved in comparative effectiveness research
 - The Council will consider the needs of populations served by federal programs and opportunities to build and expand on current investments and priorities
 - The Council will not recommend clinical guidelines for payment, coverage or treatment




Federal Coordinating Council Members

- Anne Haddix, CDC
- Thomas Valuck, CMS
- Peter Delany, SAMHSA
- Carolyn Clancy, AHRQ
- Deborah Hopson, HRSA
- David Hunt, ONC
- James Scanlon, HHS
- Elizabeth Nabel, NIH
- Garth Graham, Office of Minority Health
- Jesse Goodman, FDA
- Michael Marge, Office on Disability
- Neera Tanden, HHS
- Joel Kupersmith, VA
- Michael Kilpatrick, DoD
- Ezekiel Emanuel, OMB

AHRQ Comparative Effectiveness Research



U.S. Department of Health & Human Services


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Advancing Excellence in Health Care

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Effective Health Care Home

One of the greatest challenges in making health care decisions is finding reliable and practical data that can inform these decisions. The Effective Health Care Program is dedicated to facilitating decision making by providing findings from high-quality research in formats for different audiences. [Learn more.](#)

Reports

Summary Guides

[Summary Guides](#) are short, comprehensive summaries of research reviews. There are Summary Guides available for [Consumers](#), [Clinicians](#), and [Policymakers](#). Some guides are also available in [Spanish](#).

Research Reviews

[Research Reviews](#) are comprehensive reviews and synthesis of evidence.

New Research

[New Research](#) reports cover new evidence and analytical tools.

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Get Involved

These are several ways you can get involved in Effective Health Care.

- [Suggest Research](#)
- [Read Suggestions](#)
- [Provide Comments](#)

Spotlight

6/19/2008 [Pastillas para la diabetes tipo 2: Guía para adultos](#)
Spanish language version of [Pills for Type 2 Diabetes: A Guide for Adults](#) Consumer Summary Guide now available


6/11/2008 [Osteoporosis Treatments that Help Prevent Broken Bones: A Guide for Women After Menopause](#)
Consumer Summary Guide Published

6/11/2008 [Fracture Prevention Treatments for Postmenopausal Women with Osteoporosis](#)
Clinician Summary Guide published

5/30/2008 [A Case Control Study to Assess Association of Variations in OCT Genes with Effectiveness of Metformin in Diabetic Patients](#)
New DECIDE abstract published

5/23/2008 [Methods for Studying Dementia Treatment and Outcomes in Observational Databases](#)
New DECIDE final report now available

5/23/2008 [Comparative Effects of Classes of Antidepressants on the Risk of Aspiration Pneumonia in the Aged](#)
New DECIDE final report now available

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Effective Health Care

Comparing Oral Medications for Adults With Type 2 Diabetes

CLINICIAN'S GUIDE

CLINICAL ISSUE

Controlling blood glucose levels for people with type 2 diabetes often requires several strategies. The clinical approach begins with lifestyle modifications, including increased physical activity and diet control. Weight loss usually improves blood glucose levels for people with diabetes. However, many people have difficulty losing weight. There is a large body of evidence that can help clinicians decide which medications to use. This summary provides observational and clinical evidence to help clinicians choose among available oral hypoglycemics.

CLINICAL BOTTOM LINE

Based on studies that compare oral hypoglycemics, we know that:

- As single agents, all second-generation sulfonylureas, thiazolidinediones (TZDs), metformin, and repaglinide work well to reduce hemoglobin A1c (HbA1c).



Treating Prostate Cancer

A Guide for Men With Localized Prostate Cancer

Most men have time to learn about all the options for treating their prostate cancer. You have time to talk with your family and to discuss your options with your doctor or nurse. This guide can help you think about what is best for you — now and in the future.


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<http://effectivehealthcare.ahrq.gov>

Effective Health Care Program

A. Evidence synthesis (EPC program)

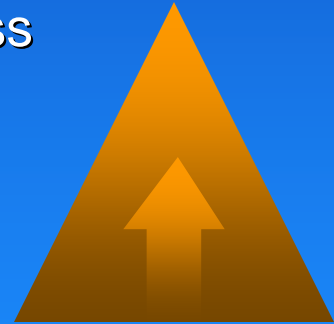
- Systematically reviewing, synthesizing, comparing existing evidence on treatment effectiveness
- Identifying relevant knowledge gaps

B. Evidence generation (DEcIDE, CERTs)

- Development of new scientific knowledge to address knowledge gaps.
- Accelerate practical studies

C. Evidence communication/translation (Eisenberg Center)

- Translate evidence into improvements
- Communication of scientific information in plain language to policymakers, patients, and providers





CERTs Centers

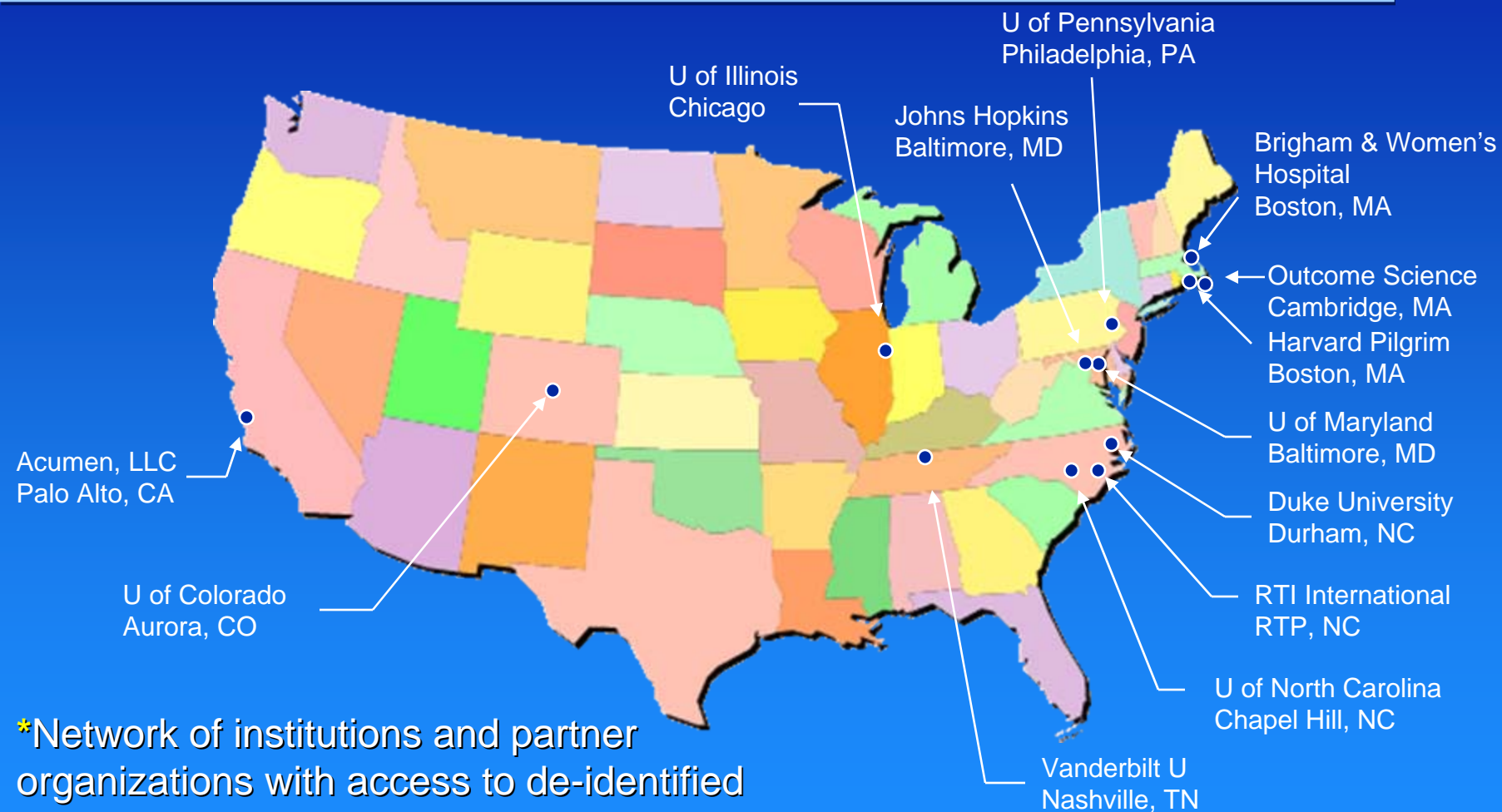
Brigham and Women's Hospital	Health IT
Children's Hospital - Cincinnati	Pediatric care
Duke University Medical Center	Therapies for heart and blood vessel disorders
HMO Research Network	Multiple population-based delivery systems
Houston Area CERT	Consumer education and patient adherence
KP Ctr for Health Research, Portland	Coordinating Center
Rutgers University	Mental health therapeutics
University of Alabama - Birmingham	Musculoskeletal disorders
University of Arizona & C-Path	Drug interactions/Women's health
University of Chicago	Clinical/economic issues in hospital settings
University of Illinois - Chicago	Prescribing tools, including formularies
University of Iowa	Elderly and aging
University of Pennsylvania	Anti-infective use and resistance
Vanderbilt University	Therapeutic issues in Medicaid and VA system
Weill Medical College - Cornell	Therapeutic medical devices

Evidence-Based Practice Centers

- Blue Cross and Blue Shield Association, Technology Evaluation Center (TEC), Chicago, IL
- Duke University, Durham, NC
- ECRI, Plymouth Meeting, PA
- Johns Hopkins University, Baltimore, MD
- McMaster University, Hamilton, Ontario
- Oregon Evidence-Based Practice Center
- RTI International-University of North Carolina at Chapel Hill, NC
- Southern California Evidence-based Practice Center-RAND, Santa Monica, CA
- Tufts University-New England Medical Center, Boston, MA
- University of Alberta
- University of Connecticut
- Minnesota Evidence-based Practice Center
- University of Ottawa
- Vanderbilt University

- Created in 1997; promotes evidence-based practice and decision-making
- Generate comparative effectiveness reviews on medications, devices and other interventions
- User-driven, with public and private-sector partners

DEcIDE Research Network*



*Network of institutions and partner organizations with access to de-identified data of 50 million patients; generates evidence and analytic tools in practical, accelerated format

AHRQ Evidence Translation/ Communication (Eisenberg Center)

- Translates knowledge about effective health care into clear, actionable summaries to assess:
 - Treatments
 - Medications
 - Technologies
- Develops information summaries for 3 key audience groups:
 - Consumers
 - Health care providers
 - Policymakers



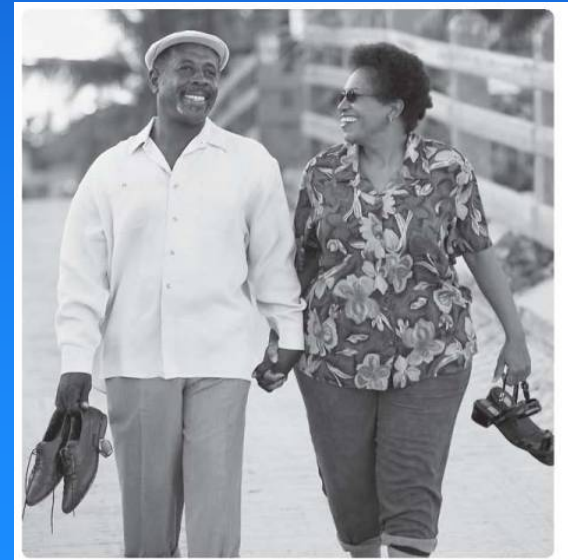
Plain Language Guides in English & Spanish

Fast Facts on Diabetes Pills

- Different kinds of diabetes pills work in different ways to control blood sugar (blood glucose).
- All the diabetes pills in this guide lower blood sugar.
- Combining two different kinds of diabetes pills can work better to lower your blood sugar than a single medicine.
- But combining two kinds of diabetes pills can make it more likely that your blood sugar will drop too low.
- Most diabetes pills can cause weight gain. One kind, metformin (Glucophage®), does not make you gain weight.
- Diabetes pills won't raise or lower your blood pressure enough to affect your health.

Hechos resumidos sobre las pastillas para la diabetes

- Diferentes tipos de pastillas para la diabetes funcionan de formas distintas para controlar el azúcar en la sangre (glucosa en la sangre).
- Todas las pastillas para la diabetes en esta guía bajan el azúcar en la sangre.
- El combinar dos tipos diferentes de pastillas para la diabetes puede funcionar mejor para bajarle el azúcar en la sangre que un medicamento individual.
- Pero el combinar dos tipos de pastillas para la diabetes puede aumentar la probabilidad de que el azúcar en la sangre se le baje demasiado.
- La mayoría de las pastillas para la diabetes pueden causar un aumento de peso. Una clase, la metformina (Glucophage®), no hace que aumente de peso.
- Las pastillas para la diabetes no le subirán o bajarán la presión arterial tanto como para afectar su salud.

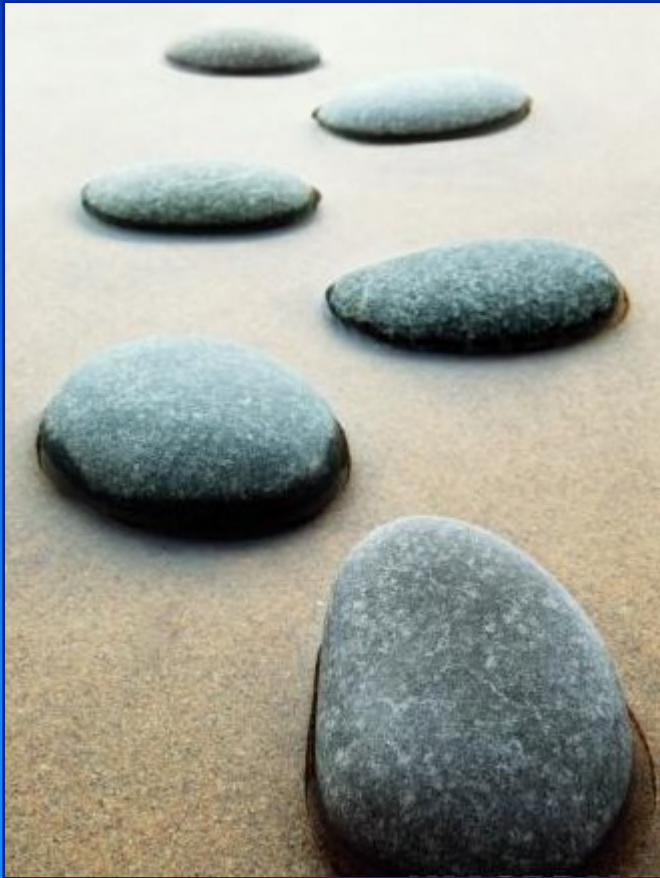




Effective Health Care: Where the Rubber Meets the Road

- It is key to the important and often complex decisions that health policy makers, clinicians and patients need to make every day under extreme circumstances
- Credible evidence can be identified, analyzed objectively and effectively, shared widely and used to develop systems for more rapid learning
- Research topics parallel priorities of federal health leaders and the needs of the health care system

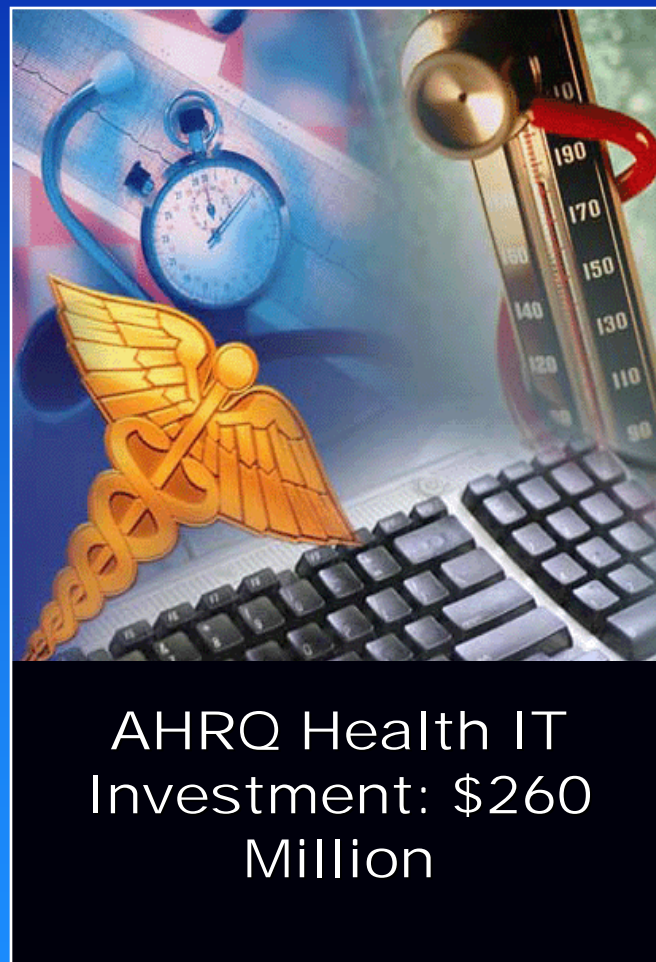
Improving Quality and Reducing Cost



- AHRQ's Role
- Comparative Effectiveness
- **Health IT**
- Q&A

AHRQ Health IT Research Funding

- Long-term agency priority
- AHRQ has invested more than \$260 million in contracts and grants
- More than 150 communities, hospitals, providers, and health care systems in 48 states



AHRQ Health IT Initiative

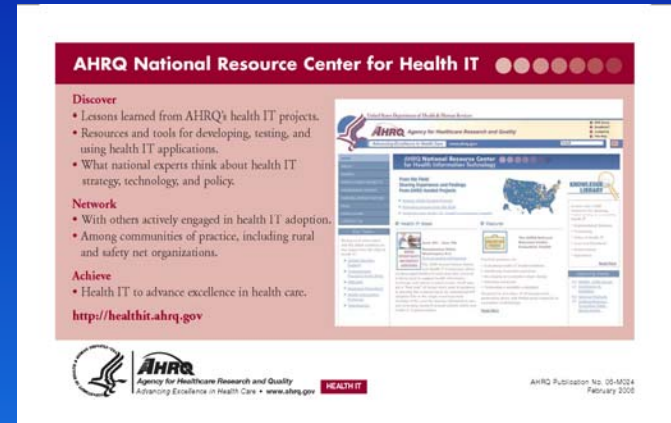
AHRQ's Health IT portfolio includes:

- State and Regional Demonstrations
- Health IT Grants
- Privacy and Security Solutions for Interoperable Health Information Exchange
- ASQ Initiative
- E-prescribing Pilots
- Clinical Decision Support Demonstrations
- Technical Assistance for Medicaid and CHIP agencies



AHRQ National Resource Center for Health IT

- Established in 2004.
- Central national source of information and assistance for advancing health IT goals.
- Maintains operation of the AHRQ health IT Web site.
- Direct technical assistance to AHRQ grantees.
- Repository for lessons learned from AHRQ's health IT initiative.



Health IT Evidence Based Practice Center Report

- First synthesis of existing evidence on factors influencing the usefulness, usability, barriers and drivers to the use, and effectiveness of interactive consumer health IT applications
- The most frequent factor associated with increased use by patients was the perception of a health benefit
- Patients prefer systems tailored to them and applications that incorporate familiar devices

Evidence Report/Technology Assessment
Number 175

Barriers and Drivers of Health Information Technology Use for the Elderly, Chronically Ill, and Underserved



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Evidence-
Based
Practice

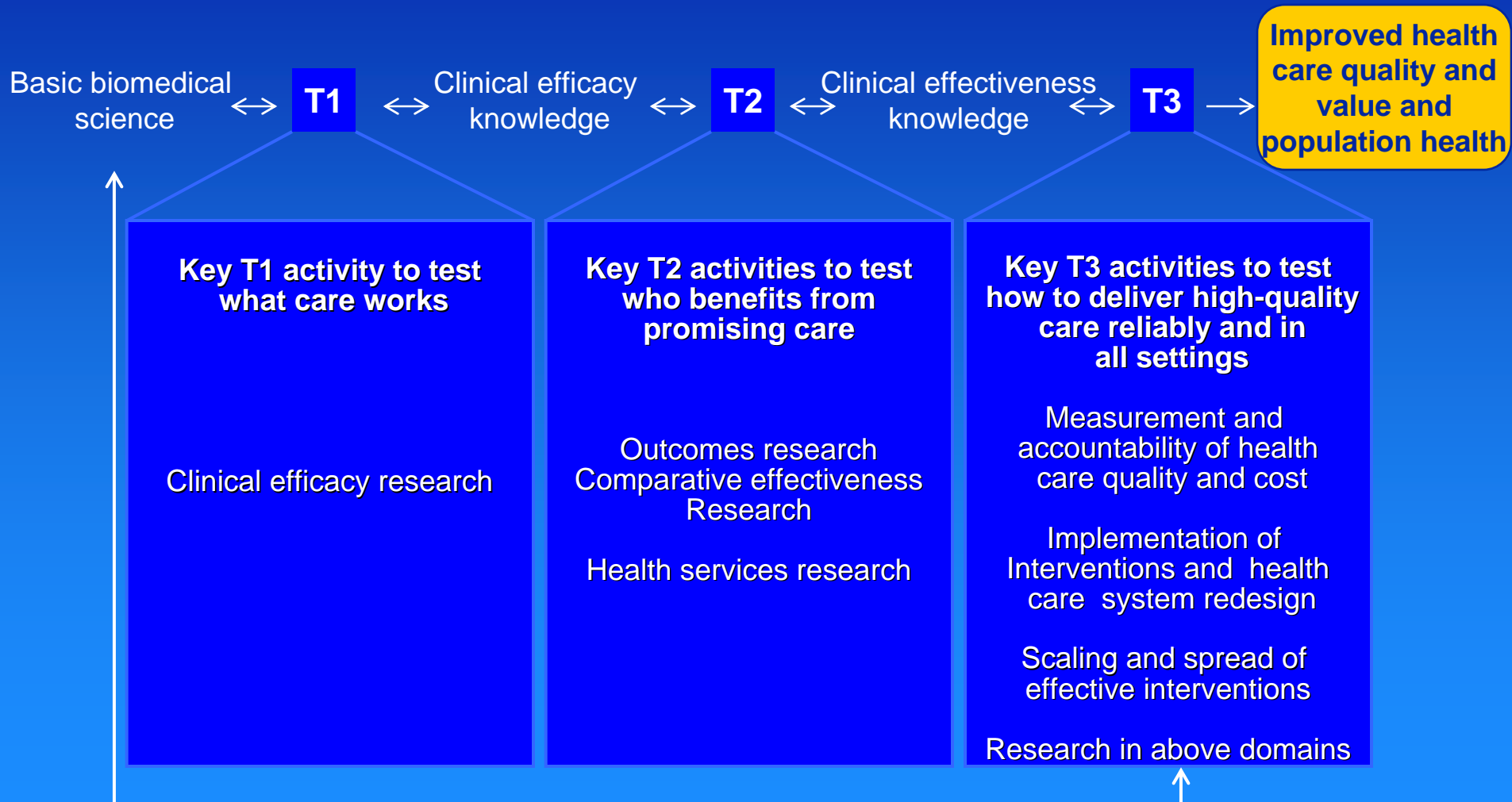
Health
Information
Technology

Decisionmaker Briefs

- Series of two-page reports on key outcomes and best practices from AHRQ health IT grantees
- All projects constitute a real-world laboratory for examining health IT
- Topics include CPOE and Chronic Disease Management

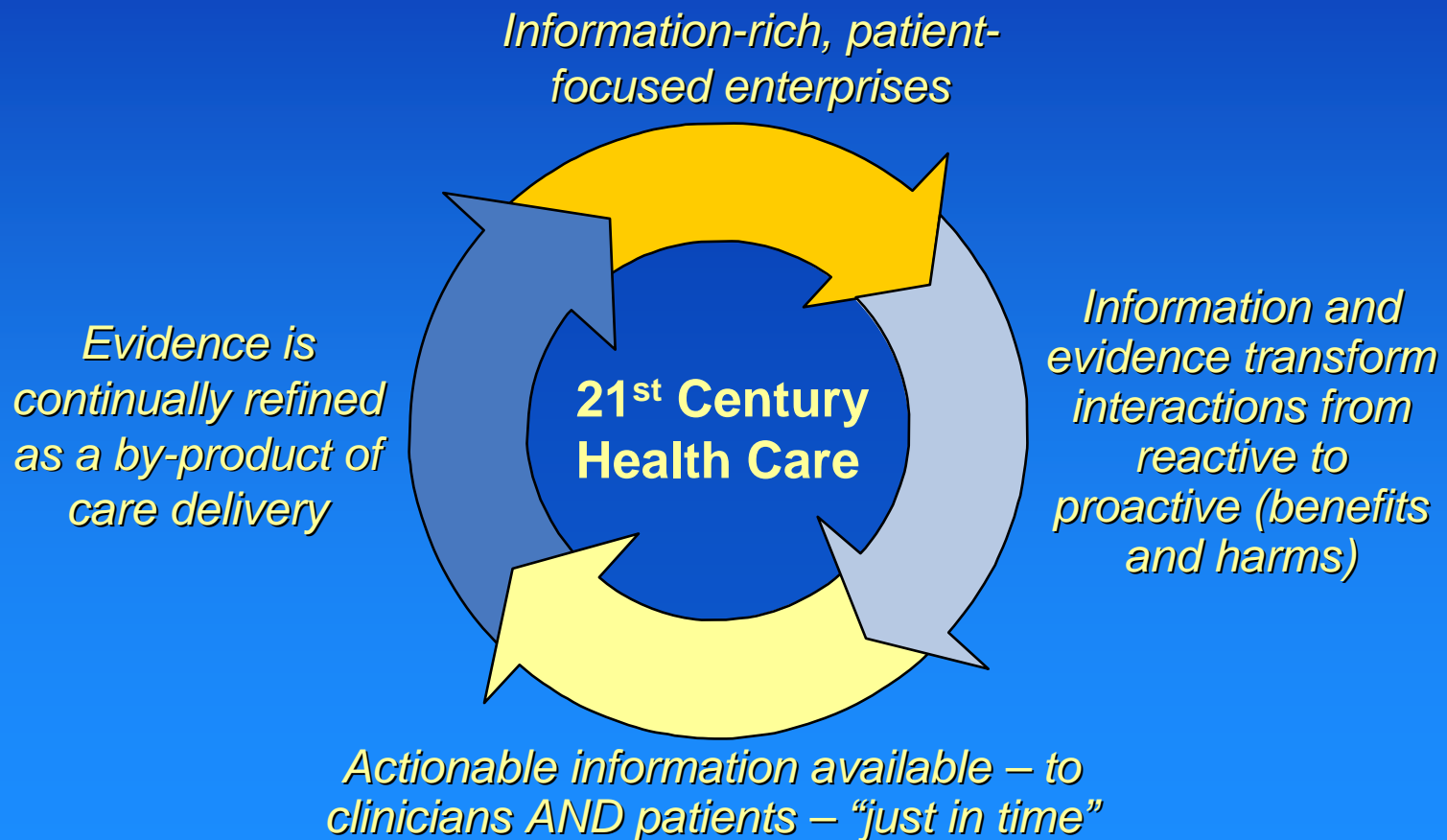


The “3T’s” Road Map to Transforming U.S. Health Care



21st Century Health Care

Improving quality by promoting a culture of safety
through Value-Driven Health Care

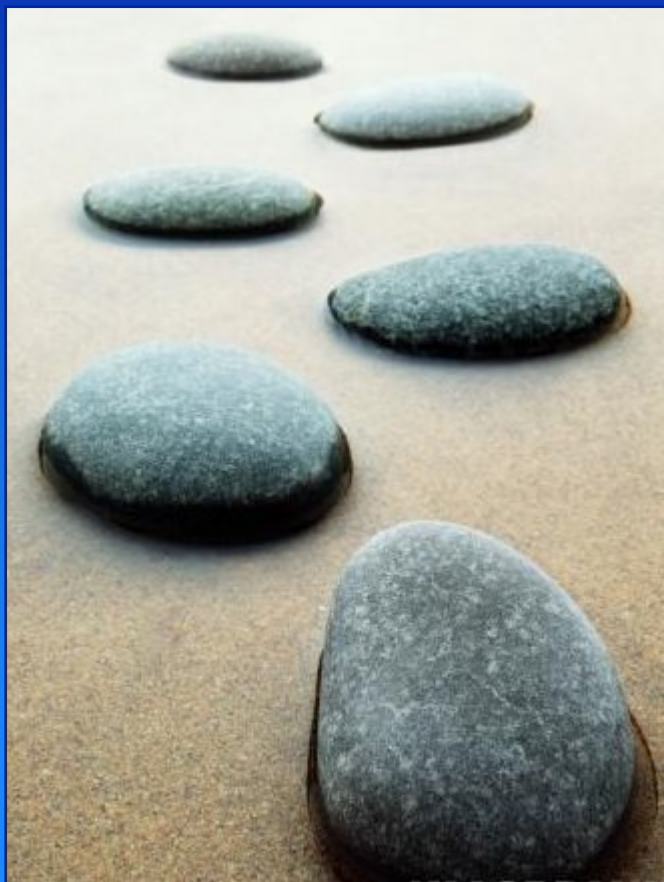




Readmissions: Specific Challenges

- Easier to count than prevent
- Focus: urgent need to increase signal to noise ratio at the individual hospital level
- Incentives for shared accountability
- Focus on improvements in quality of life for patients**
- Clear need to identify subgroups as highest risk

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