Friends of AHRQ Briefing

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February 22, 2012
AHRQ Priorities

Effective Health Care Program
- Comparative Effectiveness Reviews
- Patient-Centered Outcomes Research
- Clear Findings for Multiple Audiences

Patient Safety
- Health IT
- Patient Safety Organizations
- Patient Safety Grants (incl. simulation)

Ambulatory Patient Safety
- Safety & Quality Measures, Drug Management, & 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 & Pharmaceutical Outcomes
- U.S. Preventive Services Task Force
- MRSA/HAIs

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FY AHRQ 2012 Budget

- $369 Million - $3M less than FY 2011
- Plus:
  - $12 M in Prevention and Public Health Funds
  - $24 M from Patient-Centered Outcomes Research Trust Fund
- Total AHRQ Funding in FY12 - $405 Million
FY 2012 Budget Details

- $16.6 M for Patient-Centered Outcomes Research
- $15.9 M for Prevention/Care Management
- $3.7 M for Value Research
- $25.6 M for Health IT
- $65.6 M for Patient Safety ($34 M HAI)
- $108.4 M for Crosscutting ($15.9 M in NEW grants)
FY AHRQ 2013 Budget Request

$334.4 Million - $34.7 Million less than FY 2012

Plus:
- $12 Million in Prevention and Public Health Funds
- $62.4 Million from Patient-Centered Outcomes Research Trust Fund

Total AHRQ Funding in FY12 - $408.8 Million
FY 2013 Request Details

- $72.4 M for Patient-Centered Outcomes Research
- $27.9 M for Prevention/Care Management
- $3.6 M for Value Research
- $25.6 M for Health IT
- $63.6 M for Patient Safety ($34 M HAI)
- $88.4 M for Crosscutting ($2.7 M in NEW grants)

http://www.ahrq.gov/about/cj2013/cjweb13over.htm
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
AHRQ Awards $34 Million To Expand Fight Against HAIs

- Healthcare-associated infections (HAIs) are infections that patients get in the course of medical care.
- HAIs affect up to 1 in 20 patients in hospitals at any one time.
- Awards help attain the goals of Partnership for Patients and HHS Action Plan to Prevent HAIs.

Projects include:
- Three new modules for the Comprehensive Unit-based Safety Program (CUSP).
- Research on ways to reduce MRSA and Clostridium difficile (C-diff).
- Use of health system facility design to reduce HAIs.

www.ahrq.gov/qual/haify11.htm
Update From the U.S. Preventive Services Task Force

- **Final recommendation statements:**
  - Cervical cancer screening
  - Interventions to Prevent Falls in Older Adults

- **Draft recommendation statement to be posted for public comment:**
  - Vitamin D and Calcium to Prevent Fractures and Cancer

- **Draft research protocol to be posted for public comment:**
  - Genetic Risk Assessment and BRCA Mutation Testing for Breast and Ovarian Cancer Susceptibility for public comment
New Resource for Care Coordination Measures

- Identifies more than 60 measures for assessing care coordination
- Includes perspectives of patients and caregivers, health care professionals and health system managers
- Also useful as a tool for locating gaps in existing measures that can be addressed in future work

www.ahrq.gov/qual/careatlas
Patient-Centered Outcomes Research Institute

- Called for in Affordable Care Act; independent, nonprofit entity with public and private funding
- Sets priorities and coordinates with existing agencies that support patient-centered outcomes research
- Prohibits findings to be construed as mandates on practice guidelines or coverage decisions and contains patient safeguards

www.pcori.org
AHRQ and NIH Directors serve on the Institute’s board and methodology committee.

- Provides funding for AHRQ to disseminate research findings, train researchers and build capacity for research.

- FY 2012 budget calls for AHRQ to receive $24 million in funding from the PCORI trust fund.
Patient Protection and Affordable Care Act

- Health Measurement and Improvement Elements:
  - Data collection, analysis and public reporting
  - Standardized approaches to data on race, ethnicity, disability status, and language for all federal programs by 2012
  - Establishment of offices of minority health in HHS and focus on eliminating disparities
  - Calls for National Quality and Prevention strategies – each with eliminating disparities as a core principle
National Quality Strategy: Three Broad Aims

**Better Care**
- Improve the overall quality, by making health care more patient-centered, reliable, accessible and safe.

**Healthy People/ Healthy Communities**
- Improve the health of the U.S. population by supporting proven interventions to address behavioral, social and environmental determinants of health, in addition to delivering higher-quality care.

**Affordable Care**
- Reduce the cost of quality health care for individuals, families, employers and government.

Created Under the Affordable Care Act

www.healthcare.gov/center/reports/quality03212011a.html
National Quality Strategy: Six Priorities

- Making care safer by reducing harm caused in the delivery of care
- Ensuring that each person and family is engaged as partners in their care
- Promoting effective communication and coordination of care
- Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease
- Working with communities to promote wide use of best practices to enable healthy living
- Making quality care more affordable for individuals, families, employers and governments by developing and spreading new health care delivery models
Launched in May 2010 to engage organizations, professions, policymakers, communities, consumers and others. Calls for:

- Increased use of plain language in patient handouts, medical forms, health web sites and recommendations to the public
- Improved patient-provider communication
- Better access to information to help low health literacy individuals make evidence-based health care decisions
AHRQ Medical Liability and Patient Safety Initiative

$25 million initiative to help States and health care systems to test models that:

- Put patient safety first and work to reduce preventable injuries;
- Foster better communication between doctors and their patients;
- Ensure that patients are compensated in a fair and timely manner for medical injuries, while also reducing the incidence of frivolous lawsuits; and
- Reduce liability premiums.

Makes critical link between reducing harm to reduce medical liability
AHRQ Medical Liability and Patient Safety Initiative

- Funded 13 Planning and 8 Demos in June 2012

- Selected Early Lessons:
  - A program with a proven track record of settling cases is more likely to be adopted rapidly
  - Buy-in from top leadership of the hospitals is critical
  - Centralized leadership improves adoption of patient safety programs
  - Engaging non-employee physicians is more challenging because there are fewer incentives for them to participate
  - Involve patients/families discussions about their own incident but also in the larger institutional learning process

- Progress report posted: http://www.ahrq.gov/qual/liability/medliabrep.htm
AHRQ Health Care Innovations Exchange

Web-based repository of cutting-edge service innovations

- Electronic learning hub for sharing innovations, bringing innovators and adopters together
- Searchable database featuring successes and failures, expert commentaries, lessons learned
- Designed to help “agents of change” improve quality

www.innovations.ahrq.gov
AHRQ Common Formats

- Only patient safety reporting scheme designed from the outset to meet the three goals:
  - Provide information on harms from all causes
  - Support local quality/safety improvement
  - Allow those collecting data – the end user – to collect it once & supply it to agencies that need it

- Intended not to be "AHRQ’s system" but to serve the nation’s need for safety measurement, as articulated by IOM

www.psoppc.org/web/patientsafety
AHRQ Annual Conference

- 2011 AHRQ Annual Conference (September 18 - 21, 2011) – 1800 attendees!

- 2012 AHRQ Annual Conference – September 9 -12, 2012 – Bethesda North Marriott Hotel and Conference Center
Questions?