Improving States’ Health Quality Using Comparative Effectiveness Research

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Improving States’ Health Quality

- AHRQ: New Resources, Ongoing Priorities
- Comparative Effectiveness: AHRQ’s Role
- Health Care Quality Today
- How Comparative Effectiveness Can Help States
AHRQ Priorities

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

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

Ambulatory Patient Safety
- Safety & Quality Measures, Drug Management and 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 and Pharmaceutical Outcomes
- U.S. Preventive Services Task Force
- MRSA/HAIs
The American Recovery and Reinvestment Act (AARA) of 2009 includes $1.1 billion for comparative effectiveness research:

- AHRQ: $300 million
- National Institutes of Health (NIH): $400 million (appropriated to AHRQ and transferred to NIH)
- HHS Office of the Secretary: $400 million (allocated at the Secretary’s discretion)
Comparative Effectiveness: What Is AHRQ’s Role?

- Leader of federal funding
- Engage private sector
- Increase knowledge base to spur high-value care
- Aggregate best evidence to inform complex learning and implementation challenges (improving preventive care)
Comparative Effectiveness: The Myths Live On

- Excludes role of clinical judgment
- Aims to limit health services
- Ignores realities of practice
  - Reimbursement, liability concerns, patient expectations
- Useless when evidence is uncertain
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
... 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
Comparative Effectiveness Challenges

- Anticipating downstream effects of policy applications
- Making sure that comparative effectiveness is "descriptive, not prescriptive"
- Creating a level playing field among all stakeholders, including patients and consumers
- Using research to address concerns of patients and clinicians
A Starting Point: IOM’s 100 Priority Topics

- **Initial National Priorities for Comparative Effectiveness Research**
- Topics in 4 quartiles; groups of 25
- First quartile is highest priority:
  - Treatment strategies for atrial fibrillation, including surgery, ablation and drugs
  - Treatments for hearing loss in children and adults
  - Primary prevention methods, such as exercise and balance training, vs. clinical treatments in preventing falls in older adults
  - Upper endoscopy use and frequency for patients with GERD on morbidity, quality of life, and diagnosis of esophageal adenocarcinoma
Key Themes

- Health care quality is suboptimal and improves at a slow pace (1.8% annually for core measures; 1.4% for all measures)
- Reporting of hospital quality is spurring improvement, but patient safety is lagging
- Health care quality measurement is evolving but much work remains
Key Findings:

- Median level of patients receiving needed care was 59% for core quality measures.
- Quality improvements spread unevenly across settings of care (hospitals, home care, long-term care, ambulatory care).
- Measures of patient safety in the NHQR indicate a 1% annual decline.
- Need consensus on single core set of measures to be used by all payers and stakeholders to monitor improvement.
Pennsylvania: Overall
Health Care Quality, 2008

Performance Meter
All Measures

= Most Recent Year

= Baseline Year

2008 National Healthcare Quality Report, State Snapshots
How is State Performance Scored?

State performance scores progress on:

- **Types of care** (preventive, acute care, chronic care),
- **Settings of care** (home health, hospital, nursing home, ambulatory care)
- **Care by clinical area** (cancer, diabetes, heart disease, maternal and child health, respiratory disease)
Pennsylvania: Diabetes Care
Quality V. All States

Performance Meter
Diabetes Measures

= Most Recent Year
= Baseline Year

2008 National Healthcare Quality Report, State Snapshots
Effective Health Care Resources to Improve States’ Care Quality

Effective Health Care Guides

- **Pills for Type 2 Diabetes: A Guide for Adults** (consumer and clinician guides)
- **Premixed Insulin for Type 2 Diabetes: A Guide for Adults** (consumer and clinician guides)
- Available in English and Spanish
Where to From Here?

- **Comparative Effectiveness Research**: How can we target resources most effectively for the best possible outcome?

- **Impact for States**: How do we translate findings into outreach, education and prevention?
Where to From Here?

- **Timing**: Significant support for and interest in comparative effectiveness research
- **The mission**: Address gaps in quality and resolve conflicting or lack of evidence about most effective treatment approaches
- **Words of wisdom**: “Even if you are on the right track, you will get run over if you just sit there” – Will Rogers
Thank you

Questions?

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