



# Transparency and Collaboration: Creating New Opportunities for Quality Improvement

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Director

**Agency for Healthcare Research and Quality**

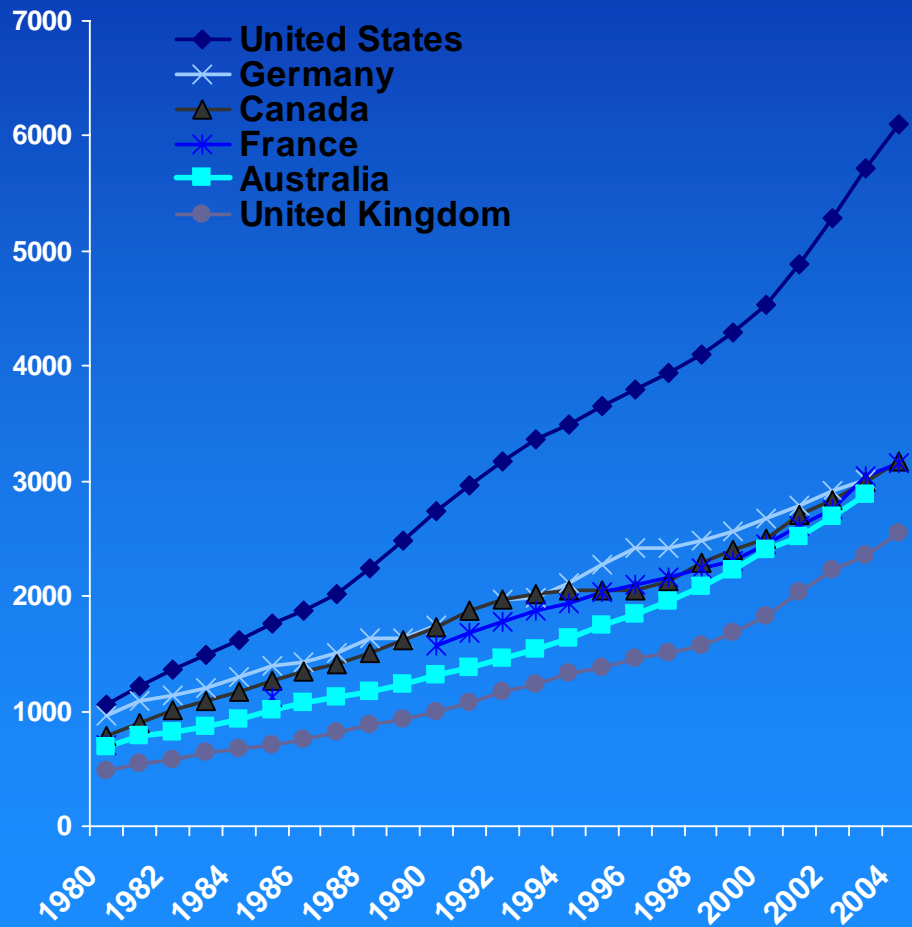
2008 Annual Conference of the Australian Health Insurance Association

Sydney – October 8, 2008

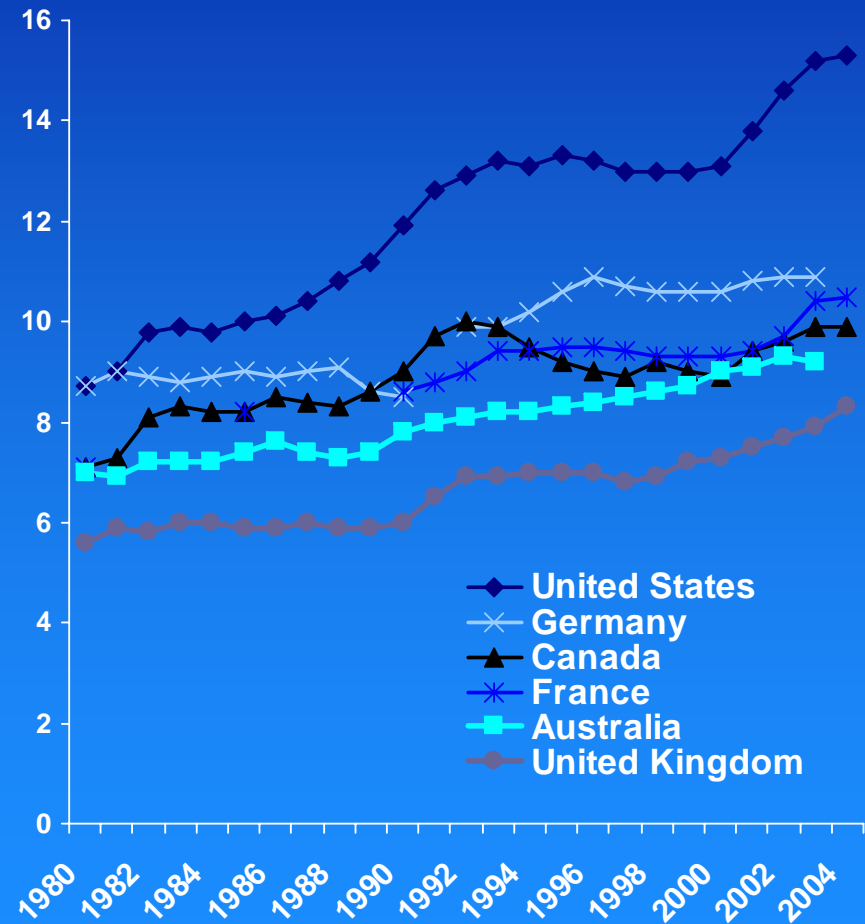


# International Comparison of Spending on Health, 1980–2004

Average spending on health per capita (\$US PPP)



Total expenditures on health as percent of GDP



Data: OECD Health Data 2005 and 2006.



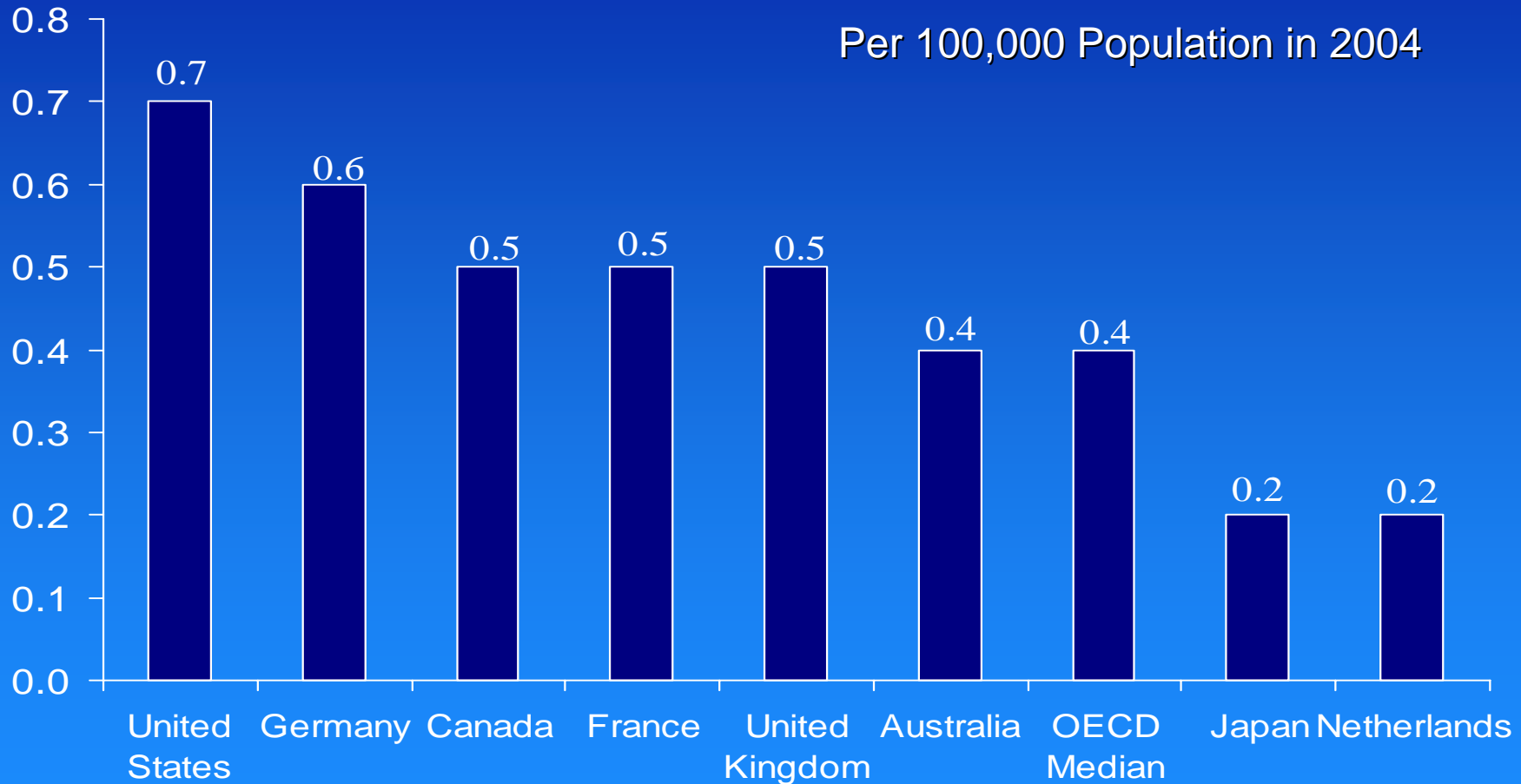
# Primary Care Doctors' Access to EMR System Access

Percent with capability to:	AUS	CAN	GER	NET	NZ	UK	US
Share records electronically with clinicians outside your practice	10	6	9	45	17	15	12
Access records from outside the office	19	11	16	32	36	22	22
Provide patients with easy access to their records	36	6	15	8	32	50	10

Source: 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians



# Deaths Due to Surgical or Medical Mishaps



<sup>a</sup>2003  
<sup>b</sup>2002

# Excellence & Mediocrity



“A society which scorns excellence in plumbing simply because it is plumbing, but rewards mediocre philosophy simply because it is philosophy will soon become a society in which neither its pipes nor its theories will hold water.”

*John W. Gardner (1961)*

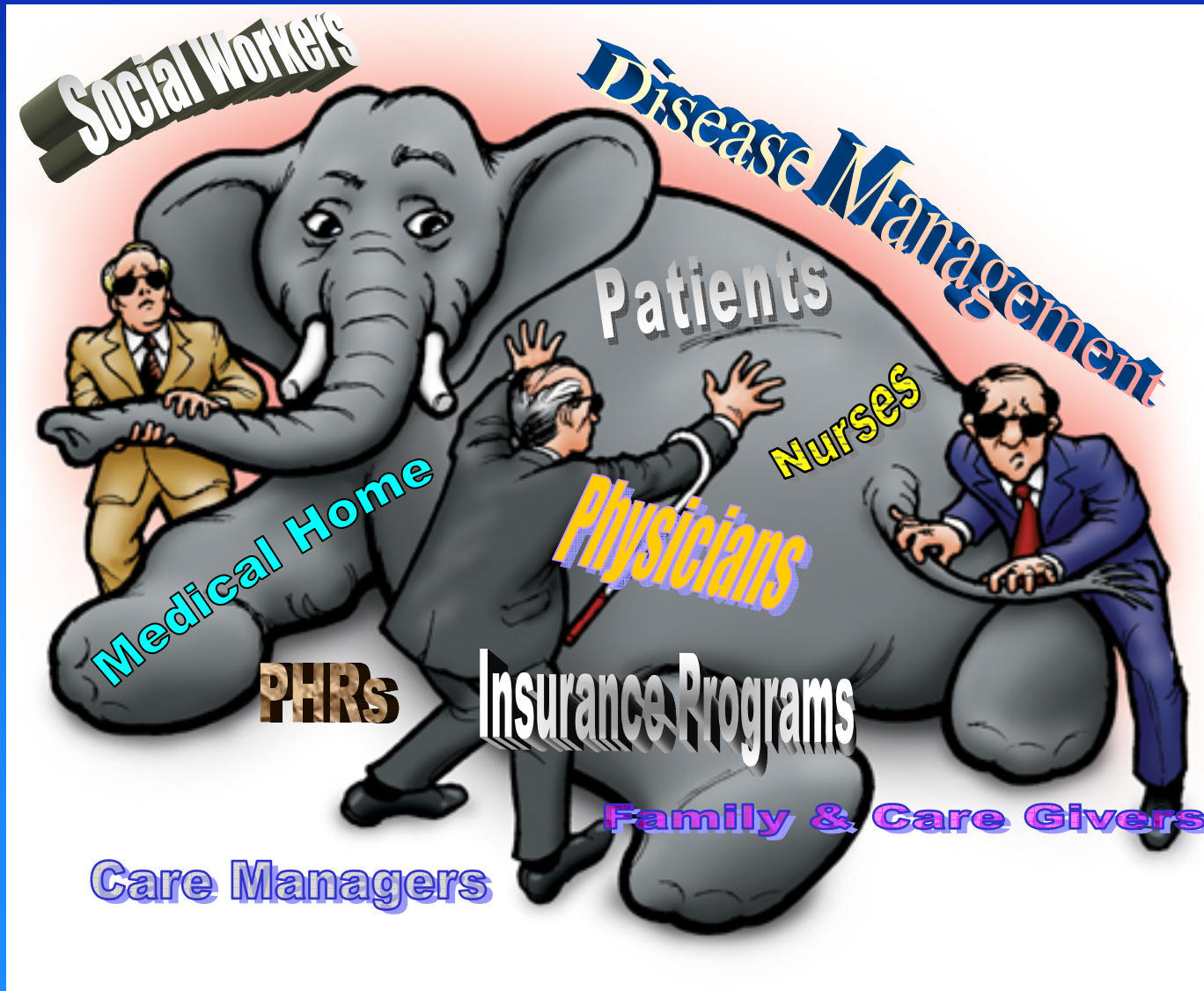


# Health Care Quality

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- Varies – A LOT; **NOT** clearly related to dollars spent
- Matters – can be measured and improved
- Measurement science is evolving:
  - Structure, process and outcomes
  - Broad recognition that patient experience is essential component\*
- Strong focus on public reporting is good
  - Motivates providers to improve
  - Not yet 'consumer friendly'

# Coordination of Care





## Opportunities for the Field

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- Using health IT to improve research
- Building public/private partnerships that include representative stakeholders
- Standardizing collection of race, ethnicity and language data, including priority populations and sub-groups
- Rewarding the 'leading edge' *and* bringing others along

# Transparency and Collaboration



- **AHRQ Resources & Priorities**
- Knowledge Creation
- Synthesis & Dissemination
- Translating Research Into Practice
- Q & A

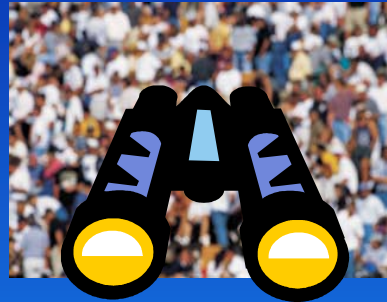


# HHS Organizational Focus



## NIH

Biomedical research to prevent, diagnose and treat diseases



## CDC

Population health and the role of community based interventions to improve health



## AHRQ

Long-term and system-wide improvement of health care quality and effectiveness



# AHRQ's Mission

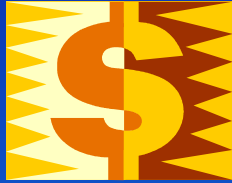
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Improve the quality, safety, efficiency and effectiveness of health care for all Americans





# AHRQ Roles and Resources



## Health IT Research Funding

- Support advances that improve patient safety/quality of care
- Continue work in hospital settings
- Step up use of HIT to improve ambulatory patient care



## Develop Evidence Base for Best Practices

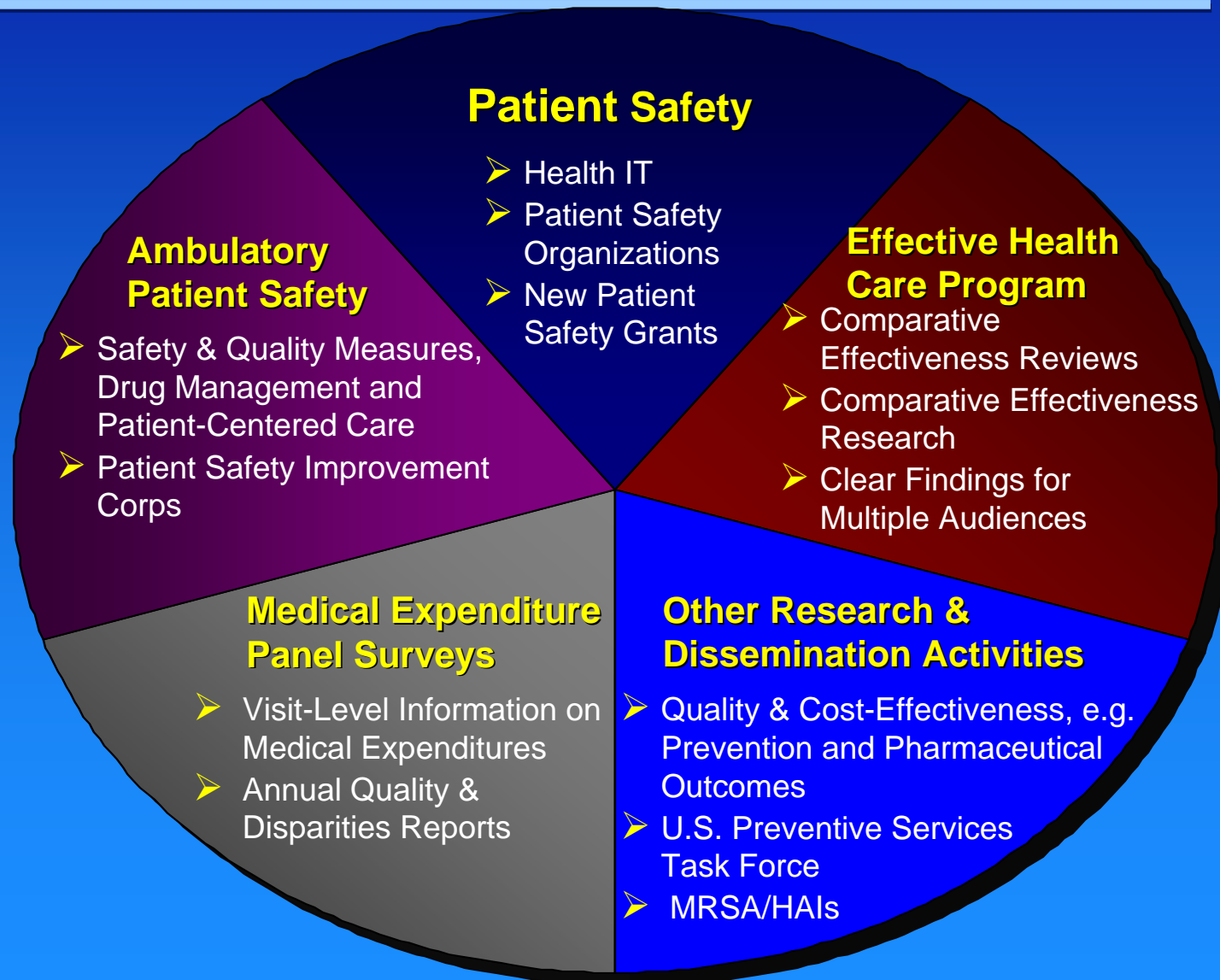
- Four key domains:
- Patient-centered care
  - Medication management
  - Integration of decision support tools
  - Enabling quality measurement



## Promote Collaboration and Dissemination

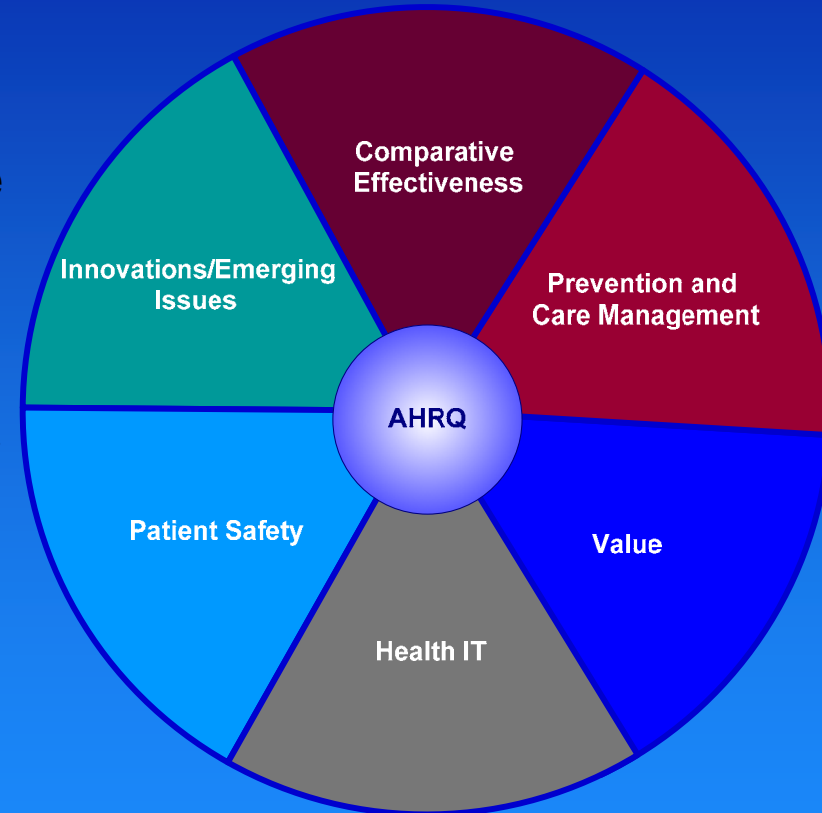
- Support efforts of AHIC, ONC, HRSA and Centers for Medicare and Medicaid Services
- Build on public and private partnerships
- Use web tools to share knowledge and expertise

# AHRQ Priorities



# Two New Portfolios

- Value
  - Goal: Support the development of health care activities that help reduce unnecessary waste while improving quality
- Innovations/Emerging Issues
  - Goal: Identify and support ideas and projects that have the potential for highly innovative solutions to health care challenges



# Funding

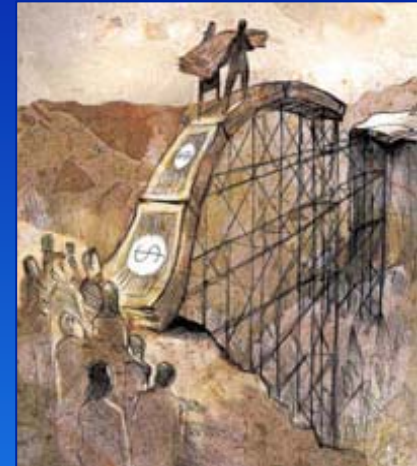
*Continuing Resolution Passed for FY 2009 Continues FY 2008 Funding through March 6, 2009*

## ■ Continuation of \$334.6 million appropriation, which includes:

- \$30 million for comparative effectiveness research
- \$5 million for research and activities to reduce Methicillin Resistant *Staphylococcus aureus* (MRSA) and related infections

## ■ Congress also encouraged AHRQ to:

- Consider proposals to detect medical errors and preemptively control injury via compact medical devices
- Investigate the feasibility of an open-source, no-cost license computer model capable of predicting the effects of health care policy alternatives





# AHRQ's National Reports on Quality and Disparities

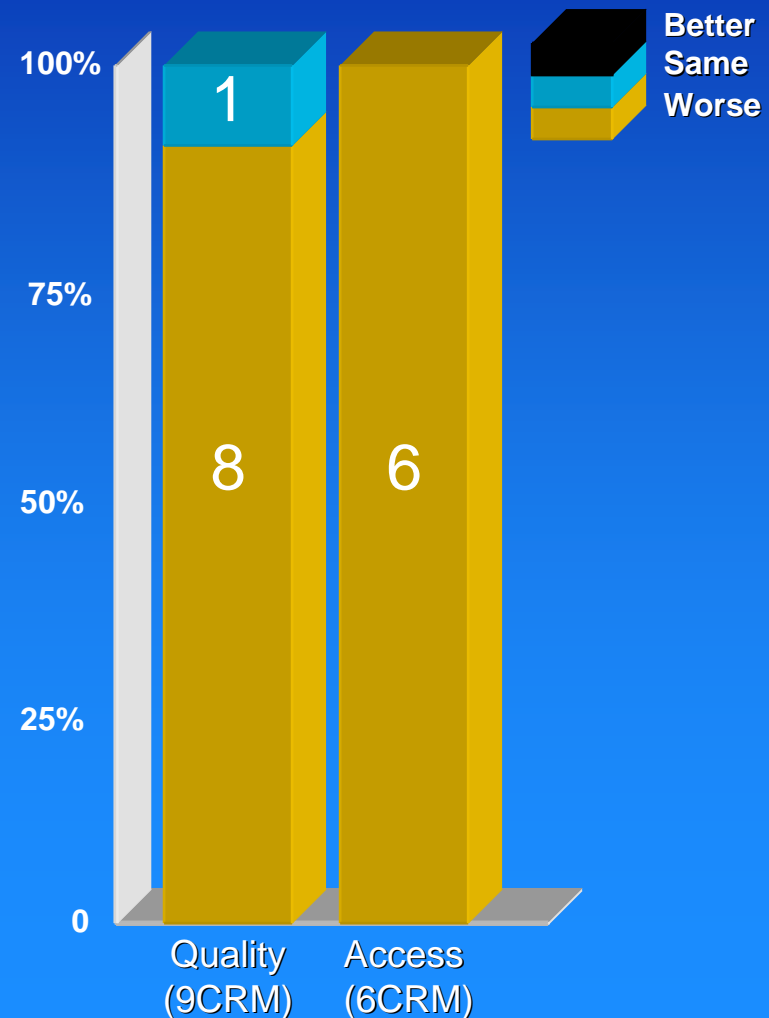
- New efficiency chapter
- Disability data added
- More on health literacy



# Key Findings

*There were 45.7 million uninsured Americans in 2007\**

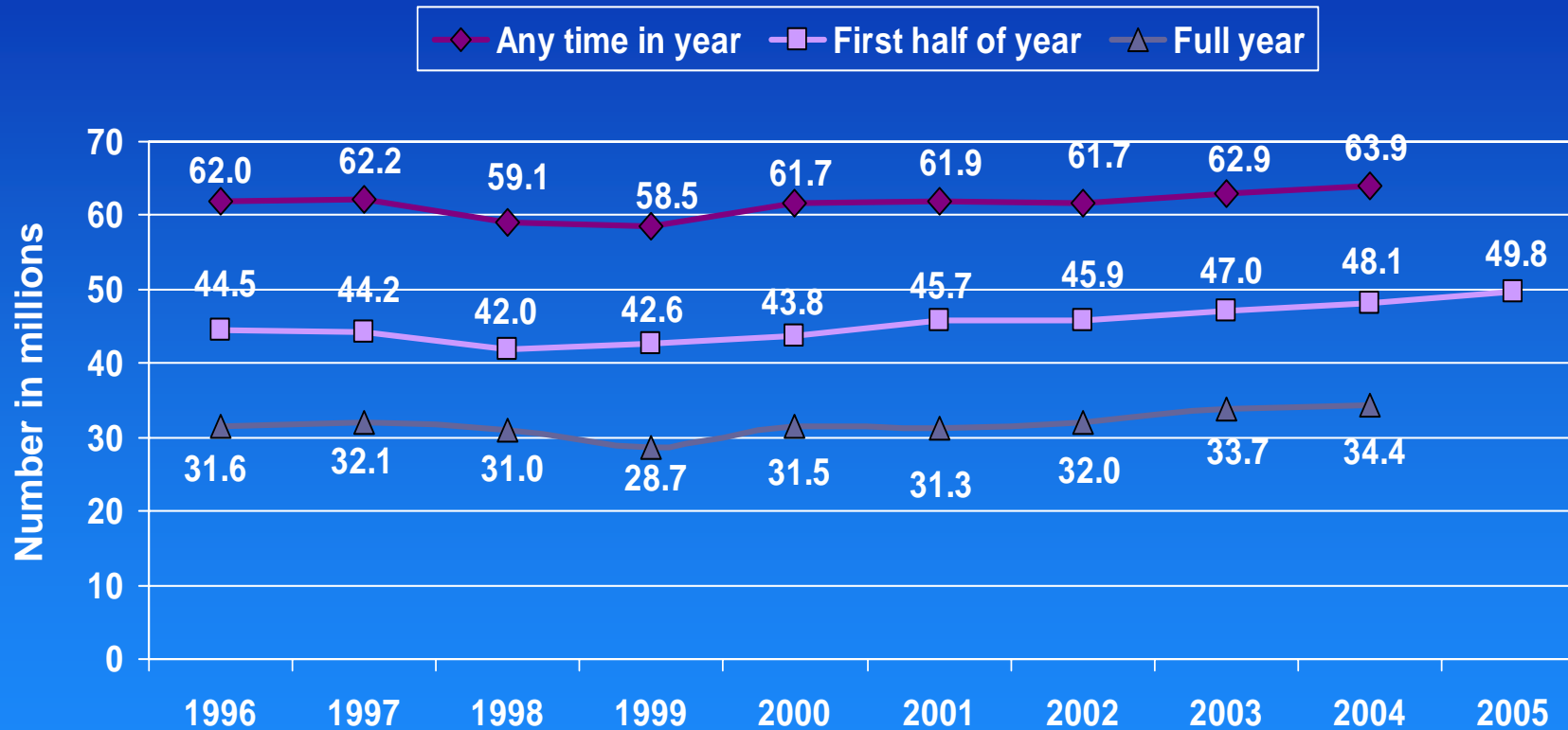
- ◆ Uninsurance is a major barrier to reducing disparities
- ◆ Uninsured individuals do worse than privately insured individuals on almost 90% of quality measures and on *all* access measures



\*U.S. Bureau of the Census, August 2008



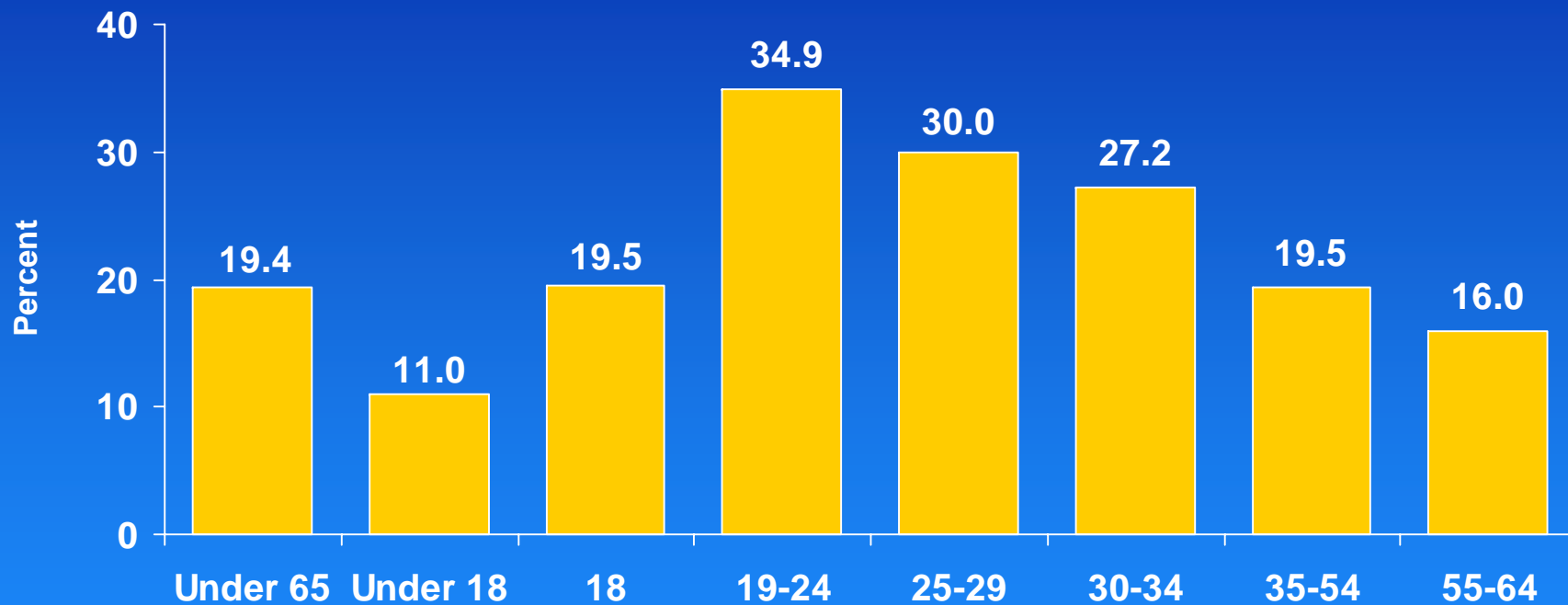
# Number of Uninsured Under Age 65, 1996–2005



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 1996–2004 Full-Year and 1996–2005 Point-in-Time Files



# Percentage Uninsured by Age, People Under 65\*

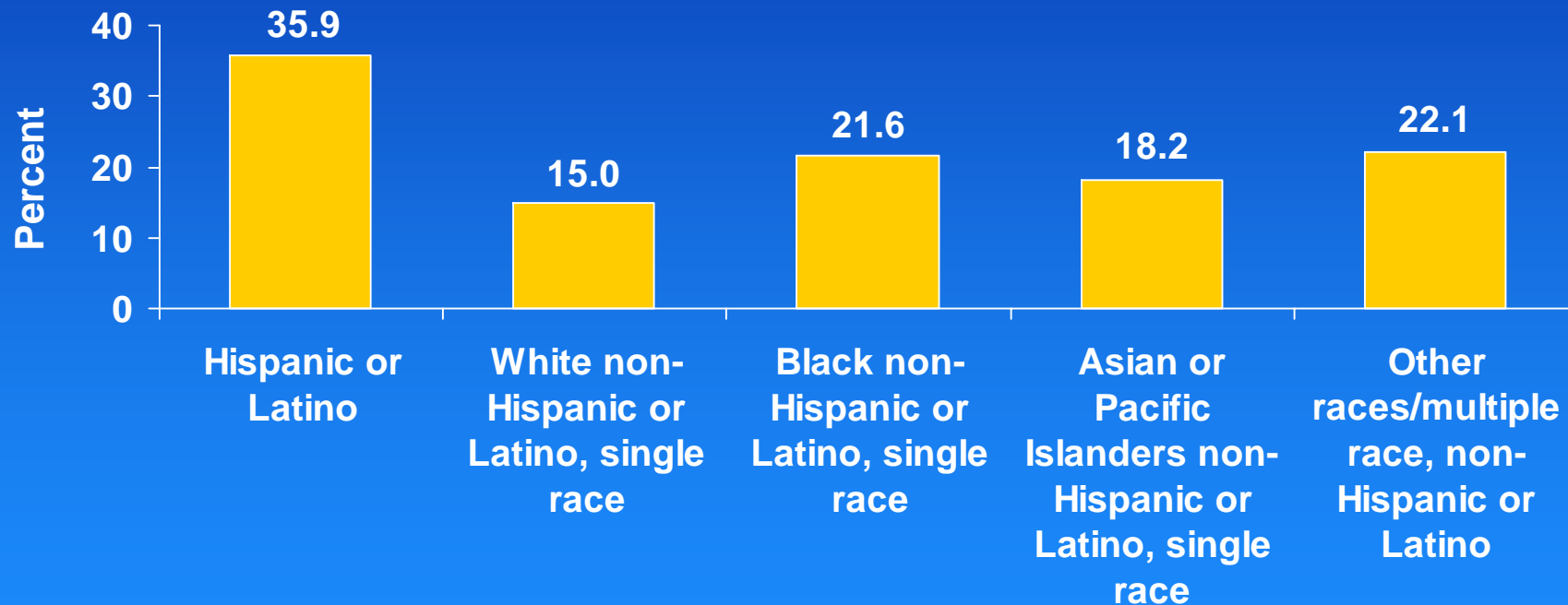


Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 1996–2004 Full-Year and 1996–2005 Point-in-Time Files

\*First Half of 2006



# % Uninsured by Race/Ethnicity, People Under Age 65\*



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 1996–2004 Full-Year and 1996–2005 Point-in-Time Files

\*First Half of 2006



# Transparency and Collaboration



- AHRQ Resources & Priorities
- **Knowledge Creation**
- Synthesis & Dissemination
- Translating Research Into Practice
- Q & A



# Effective Health Care Program

## A. Evidence synthesis (EPC program)

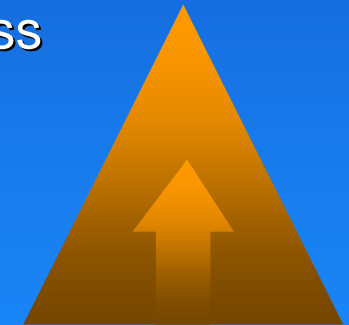
- Systematically reviewing, synthesizing, comparing existing evidence on treatment effectiveness
- Identifying relevant knowledge gaps

## 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





# New Priority Conditions for the Effective Health Care Program

- Arthritis and non-traumatic joint disorders
- Cancer
- Cardiovascular disease, including stroke and hypertension
- Dementia, including Alzheimer Disease
- Depression and other mental health disorders
- Developmental delays, attention-deficit hyperactivity disorder and autism
- Diabetes Mellitus
- Functional limitations and disability
- Infectious diseases including HIV/AIDS
- Obesity
- Peptic ulcer disease and dyspepsia
- Pregnancy including pre-term birth
- Pulmonary disease/Asthma
- Substance abuse

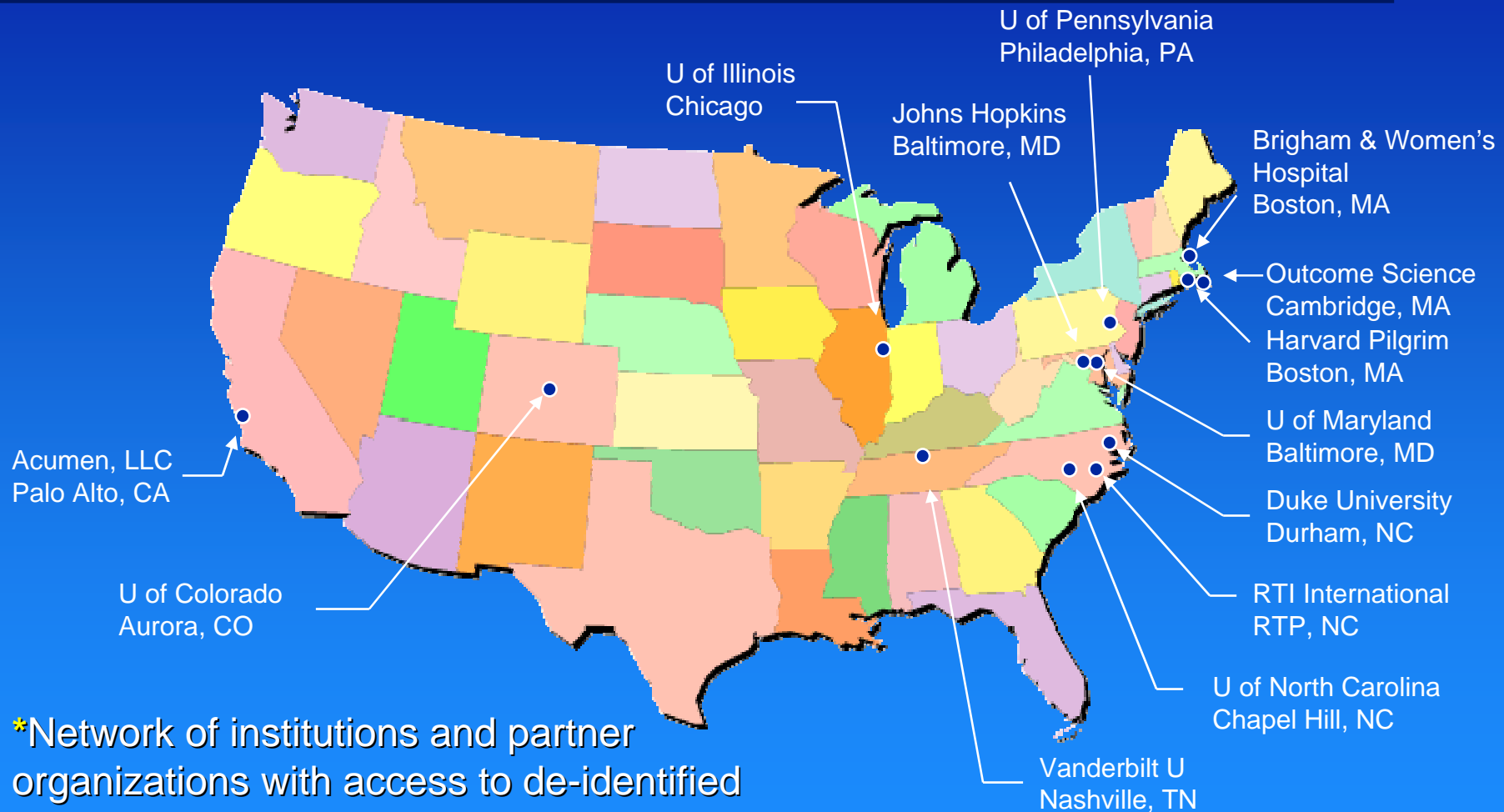


# CERTs Centers

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



# 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



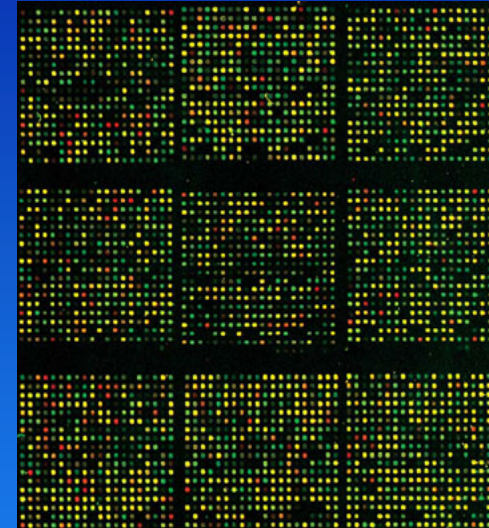
# New Solicitations through the DEcIDE Network

- 1) Computer-based Clinical Decision Support (CDS) Tools for Gene-based Tests Used in Breast Cancer**
  - Developing clinical decision support (CDS) tools for gene-based tests that are used in the prevention and treatment of breast cancer
- 2) Multicenter Research Cooperatives for Clinical & Comparative Effectiveness Studies\***
  - Creating multi-center research cooperatives to coordinate and conduct studies on clinical effectiveness and comparative effectiveness in selected priority health conditions (diabetes and cancer)
- 3) Pilot Studies For Evaluating the Safety and Effectiveness of Prescription Drugs, Biologics and Vaccines Using Medicare Part D\***
  - Conducting pilot studies which evaluate the safety and effectiveness of prescription drugs, biologics and vaccines using Medicare Part D data

\* Proposed information and not final information

# Advances in Genomics

- A recent DEcIDE report identified major gaps in our ability to generate evidence on utilization and outcomes of genomic testing
- The American Health Information Community (AHIC) has called on AHRQ to help develop standards to code and exchange pharmacogenomics-relevant EHR information
- Reports:
  - Genomic Testing in Ovarian Cancer, Breast Cancer, Colorectal Cancer and Depression Patients
  - Horizon Scans on Cancer and non-Cancer Genetic Tests (for CMS)
  - Collection, and Use of Cancer Family History in Primary Care (CDC-funded)
  - BRCA Testing in Breast and Ovarian Cancers, and Screening for Hereditary Hemochromatosis (USPSTF recommendations)





# Distributed Network Prototypes\* for Population-Based Studies

- The long-term goal is a coordinated partnership of multiple research networks:
  - Model 1: Colorado DEcIDE center with American Academy of Family Practice will develop the “Distributed Ambulatory Research Network” (DARTNet) using electronic health record (EHR) data from eight organizations representing over 200 clinicians and over 350,000 patients
  - Model 2: HMO Research Network (HMORN) DEcIDE will develop the “Virtual Data Warehouse” to assess the effectiveness and safety of different anti-hypertensive 5.5 to 6 million individuals cared for by six health plans

\*AHRQ Centers for Outcomes and Evidence



# Health IT and Patient Safety

- Long-term agency priority
  - Since 2004, AHRQ has supported more than 200 projects and demonstrations to improve the safety, quality and efficiency of health care in virtually every state
- Special attention to best practices that can improve quality of care in rural, small community, safety net and community health center care settings
  - *New focus on ambulatory safety and quality*



AHRQ Health IT  
Investment: \$260  
Million



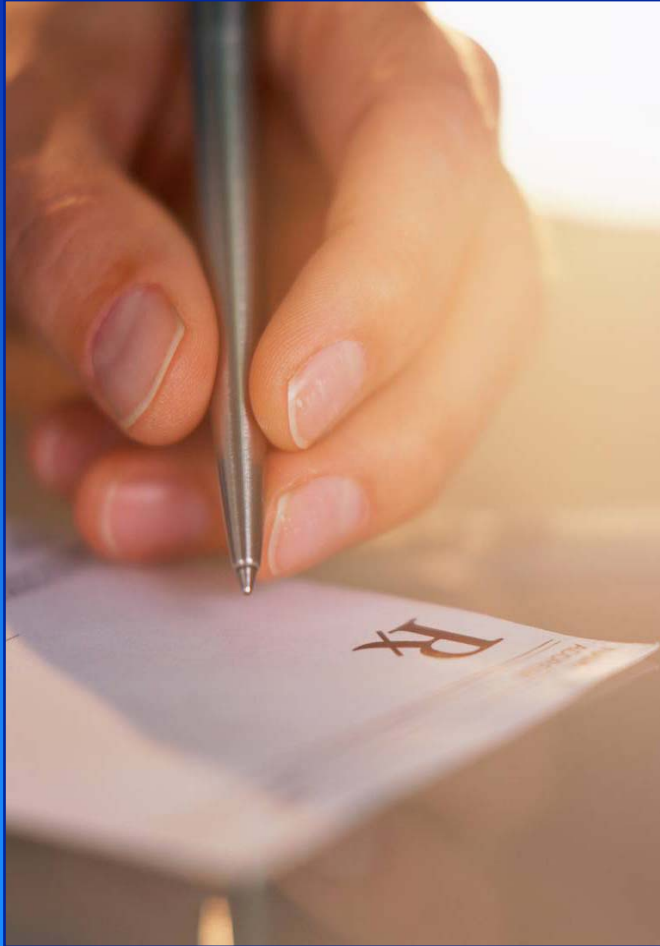
# Evidence-Based Guidelines

The top screenshot shows the National Guideline Clearinghouse (www.guideline.gov) interface. It features a search bar with '20 Results' and a 'Search' button. Below the search bar, there are links for 'Search Help', 'Detailed Search', and 'Frequent Searches'. The search results section displays 'NGC Search Results' for the criteria 'myocardial infarction', sorted by 'Relevance'. It indicates that 38 related guidelines were found.

The bottom screenshot shows the National Quality Measures Clearinghouse (www.qualitymeasures.ahrq.gov) interface. It also has a search bar with '20 Results' and a 'Search' button. Below the search bar, there are links for 'Search Help' and 'Detailed Search'. The search results section displays 'Search Results' for the criteria 'myocardial infarction', sorted by 'Relevance'. It indicates that 40 related measures were found. A list of measures is shown, including 'Chronic stable coronary artery disease (CAD) beta-blocker therapy' and 'Ischemic heart disease: percent of patients and low-density lipoprotein cholesterol (LDL) failure, AMI follow-up, SCI&D, and SMI cohorts'.

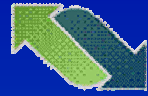
- NGC is a comprehensive database of evidence-based clinical practice guidelines and related documents
- NQMC is a database and Web site for information on specific evidence-based health care quality measures and measure sets
- The goal of both is to promote the dissemination, implementation and use in order to inform health care decisions

# Coming Soon: MEADERS



## Medication Error and Adverse Drug Event Reporting System (MEADERS)

- Designed to help doctors in small practices quantify medication errors and ADEs
- Web-based system for documenting and reporting in ambulatory settings
- Information fed back to practices for QI purposes
- Voluntary and confidential



# AHRQ Health Care Innovations Exchange

## Web-based Repository of Cutting-Edge Service Innovations

- National electronic learning hub for sharing health care service innovations, bringing innovators and adopters together
- Searchable database featuring innovation successes and failures, expert commentaries, lessons learned, etc.,
- Designed to help health care “Agents of Change” improve quality

The screenshot shows the AHRQ Health Care Innovations Exchange website. At the top, there is a navigation bar with the AHRQ logo and the text 'Agency for Healthcare Research and Quality'. Below this is a search bar with the text 'HEALTH CARE INNOVATIONS EXCHANGE' and a 'Search' button. A navigation menu on the left includes links for Home, Browse Innovations Exchange by Subject, QualityTools, Learn & Network, Share Your Innovations, About the AHRQ Health Care Innovations Exchange, FAQ, Contact Us/Subscribe, and Site Map. The main content area features a 'What's New at AHRQ Health Care Innovations Exchange' section with an RSS icon and a date of May 12, 2008. Below this is a featured innovation titled 'Adopting "Flow Management" Improves Efficiency, Throughput, and Quality of Care in Hospital Surgery Units' with a sub-headline 'In this issue, we feature Innovations and QualityTools that address patient flow management.' and a photo of two healthcare professionals. Another featured innovation is 'Six-Sigma Inspired Workflow Redesign Enhances Access to Care and Increases Patient Satisfaction, Visits, and Revenues in Obstetrics and Gynecology Residency Clinic'.

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




# Transparency and Collaboration




- AHRQ Resources & Priorities
- Knowledge Creation
- **Synthesis & Dissemination**
- Translating Research Into Practice
- Q & A


# Evidence-Based Team Training and Implementation: Australia



**TeamSTEPPS**  
Team Strategies & Tools to Enhance Performance & Patient Safety



**"Creating a Safety Net for Healthcare Organizations"**



## Team Strategies & Tools to Enhance Performance & Patient Safety (TeamSTEPPS)

- Developed by AHRQ and the U.S. Military Health System
- A pilot project of TeamSTEPPS in South Australia includes:
  - Port Augusta Hospital
  - Women and Children's Hospital
  - The Queen Elizabeth Hospital
  - Repatriation General Hospital



# 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



# Support for U.S. Preventive Services Task Force (USPSTF)

## The Guide to Clinical Preventive Services

2007

Recommendations  
of the U.S.  
Preventive Services  
Task Force



- Evidence-Based Practice Centers support *The Guide to Clinical Preventive Services: Recommendations of the U.S. Preventive Services Task Force*
- Prepare systematic evidence reviews and evidence summaries for topics under consideration by Task Force



# New USPSTF Clinical Recommendations

- Screening for Prostate Cancer
- Screening for Hearing Loss in all Newborns
- Screening for Bacterial Vaginosis in Pregnancy
- Screening for Illicit Drug Use
- Screening for Chronic Obstructive Pulmonary Disease
- Screening for Phenylketonuria
- Screening for Congenital Hypothyroidism



# 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





# AHRQ Comparative Effectiveness Research

U.S. Department of Health & Human Services | www.hhs.gov

AHRQ Agency for Healthcare Research and Quality | Search AHRQ | www.ahrq.gov

Effective Health Care

Home

- Reports
- Get Involved
- News
- About Us
- Contact Us
- Questions?
- Search
- Site Map
- Submit Data
- Información en Español

### 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.

**Search Reports**

Enter a search term

[View All Reports >>](#)

#### 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

[View more News >>](#)

Effective Health Care

Efficacy and Comparative Effectiveness of Off-Label Use of Atypical Antipsychotics

Executive Summary

**Background**  
 Antipsychotic medication, particularly, risperidone, and ziprasidone are atypical antipsychotics approved by the U.S. Food and Drug Administration (FDA) for the treatment of schizophrenia and bipolar disorder. These drugs have been studied for off-label use in the following conditions: dementia and serious geriatric agitation, depression, chronic compulsive disorder, postmenopausal stress disorder, and personality disorders. The requests have also been studied for the management of Tourette's syndrome and autism in

**Effective Health Care Program**  
 The Effective Health Care Program was initiated in 2003 to provide high-quality evidence about the comparative effectiveness of different medical interventions. The intent is to help consumers, health care providers, and others in making informed decisions about treatment alternatives. Through its Comparative Effectiveness Research, the program supports systematic approaches of making a needed evidence-based treatment for

Number 6

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 type 2 diabetes. However, many also need oral drugs.

**CLINICAL BOTTOM LINE**  
 Based on studies that compare oral hypoglycemics, we have found:

- As an acute agent, all second-generation sulfonylureas, thiazolidinediones (TZDs), metformin, and repaglinide work well to reduce hemoglobin A1c (HbA1c) levels by about 1 percentage point on average.

Effective Health Care

www.effectivehealthcare.ahrq.gov

Summer 2008 Update

**New Guides Help Clinicians, Patients Make Treatment Choices**

“With the release of these new guides, the Effective Health Care Program has made important new guides—our first Spanish-language of Atypical Antipsychotics and our first Spanish-language of Osteoporosis Treatments that Help Prevent Broken Bones. The publications are easy to understand and filled with valuable information to help doctors, nurses, patients, families, and other decision-makers evaluate health care choices based on reliable and objective scientific evidence.”

The new Effective Health Care consumer guide presents research findings according to the information needs of clinicians, patients, and policymakers. They are based on exclusive comparative effectiveness reviews that synthesize evidence on high priority conditions or conditions. Assembled after extensive focus group testing, the guides include basic facts about each health disease or condition, the effectiveness and risks of common treatment options, plus average individual patient information. Among the new guides produced by the AHRQ Center for Evidence-Based Practice, Clinical Decision and Communication Science Center:

- The decreased atypical antipsychotic drug (SARDEN) and atypical.
- The intervention guide compares two classes of drugs used to control high blood pressure (angiotensin-converting enzyme inhibitors (ACEIs) and angiotensin receptor blockers (ARBs).
- The Type 2 diabetes guide highlights the benefits and risks of 11 different medications.

Insider: Stakeholder Update; New Publications; New Research Priorities

<http://effectivehealthcare.ahrq.gov>



# Effective Health Care Program: Comparative Effectiveness Reviews in Progress

## Condition

## Topic

**Diabetes**

Comparative Effectiveness, Safety, and Indications of Insulin Analogues in Premixed Formulations for Adults with Type 2 Diabetes

**Heart and Blood  
Vessel  
Conditions**

Comparative Effectiveness of Medical Therapies for Stable Ischemic Heart Disease

**Cancer**

Core Needle Breast Biopsy and Surgical Excision Biopsy for Diagnosing Breast Lesions

**Breathing  
Conditions**

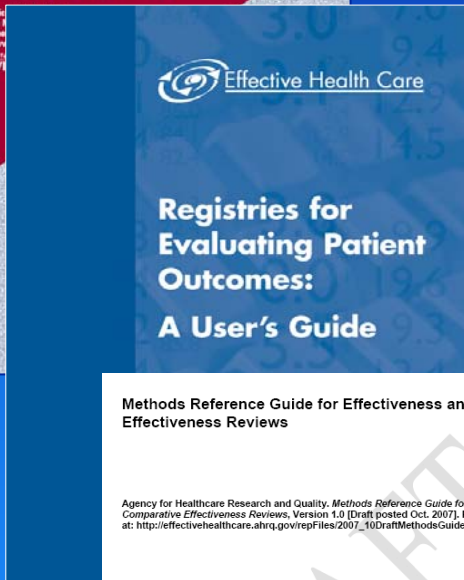
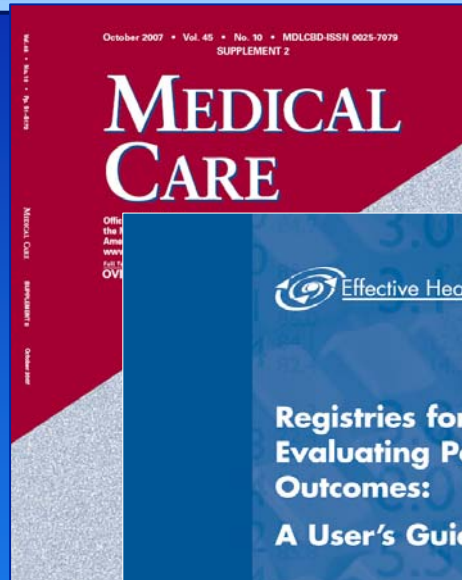
Comparative Effectiveness of Anticholinergic Medications in Patients with Chronic Obstructive Pulmonary Disease (COPD)

**Research  
Methodology**

A Qualitative Study to Understand Barriers to Conducting Cluster Randomized Trials



# Emerging Methods in Comparative Effectiveness & Safety



## Methods Reference Guide for Effectiveness and Comparative Effectiveness Reviews

Agency for Healthcare Research and Quality, *Methods Reference Guide for Effectiveness and Comparative Effectiveness Reviews*, Version 1.0 [Draft posted Oct. 2007], Rockville, MD. Available at: [http://effectivehealthcare.ahrq.gov/rep/Files/2007\\_10DraftMethodsGuide.pdf](http://effectivehealthcare.ahrq.gov/rep/Files/2007_10DraftMethodsGuide.pdf)

Effectiveness and Comparative Effectiveness Reviews, systematic reviews of existing research on the effectiveness, comparative effectiveness, and comparative harms of different health care interventions, are intended to provide relevant evidence to inform real-world health care decisions for patients, providers, and policymakers. In an effort to improve the transparency, consistency, and scientific rigor of the work of the Effective Health Care Program, through a collaborative effort, the Agency for Healthcare Research and Quality (AHRQ), the Scientific Resource Center, and the Evidence-based Practice Centers (EPCs) have developed a Methods Guide for the conduct of Comparative Effectiveness Reviews. We intend that these documents will serve as a resource for our EPCs as well as for other investigators interested in conducting Comparative Effectiveness Reviews.

The first draft of the Methods Guide was posted for public comment for 8 weeks in late 2007. In response to requests from investigators and others interested in Comparative Effectiveness Review methods, we have reposted the original chapters of the draft manual below. As these chapters are revised in response to public and peer review comment, they will replace the previous draft chapter and be posted below. It is anticipated that these papers will also be published as a series in the *Journal of Clinical Epidemiology* in 2008. As further empiric evidence develops and our understanding of better methods improves, we anticipate that there will be subsequent updates and additional chapters to this Methods Guide and that it will continue to be a living document. Comments and suggestions on the Methods Guide and the Effective Health Care Program can be made at [www.effectivehealthcare.ahrq.gov](http://www.effectivehealthcare.ahrq.gov).

- Variation in methods among systematic reviews undercuts transparency
- Methods reduce the likelihood of scientific impartiality
- Methods help minimize misclassification of data
- Methods must continue to evolve and not remain stagnant
- AHRQ has and will continue to make investments in improving methods



# Transparency and Collaboration



- AHRQ Resources and Priorities
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- Q & A



# Getting to Value-Driven Health Care

“The mantra of competition based on value is that there is no such thing as a national health care market. What we have is a network of local markets.”

*Michael O. Leavitt, Secretary  
US Dept. of Health and Human Services  
November 5, 2007*





# Cornerstones of Value-Driven Health Care

## Quality Standards

Design systems to collect quality of care information and define what constitutes quality health care

## Price Standards

Aggregate claims information to enable cost comparisons between specific doctors and hospitals

## Interoperability

Set common technical standards for quick and secure communication and data exchange

## Incentives

Reward those who provide and purchase high-quality and competitively priced health care



# Chartered Value Exchanges





# Louisiana Chartered Value Exchange

- The Louisiana Chartered Value Exchange is a statewide collaborative effort to rebuild the region's health care delivery system
- A primary goal of the public/private efforts is to include health IT to maximize quality of care
- "The challenge is to coordinate Health IT efforts into a comprehensive and integrated approach focused on improving the quality of care and health outcomes"

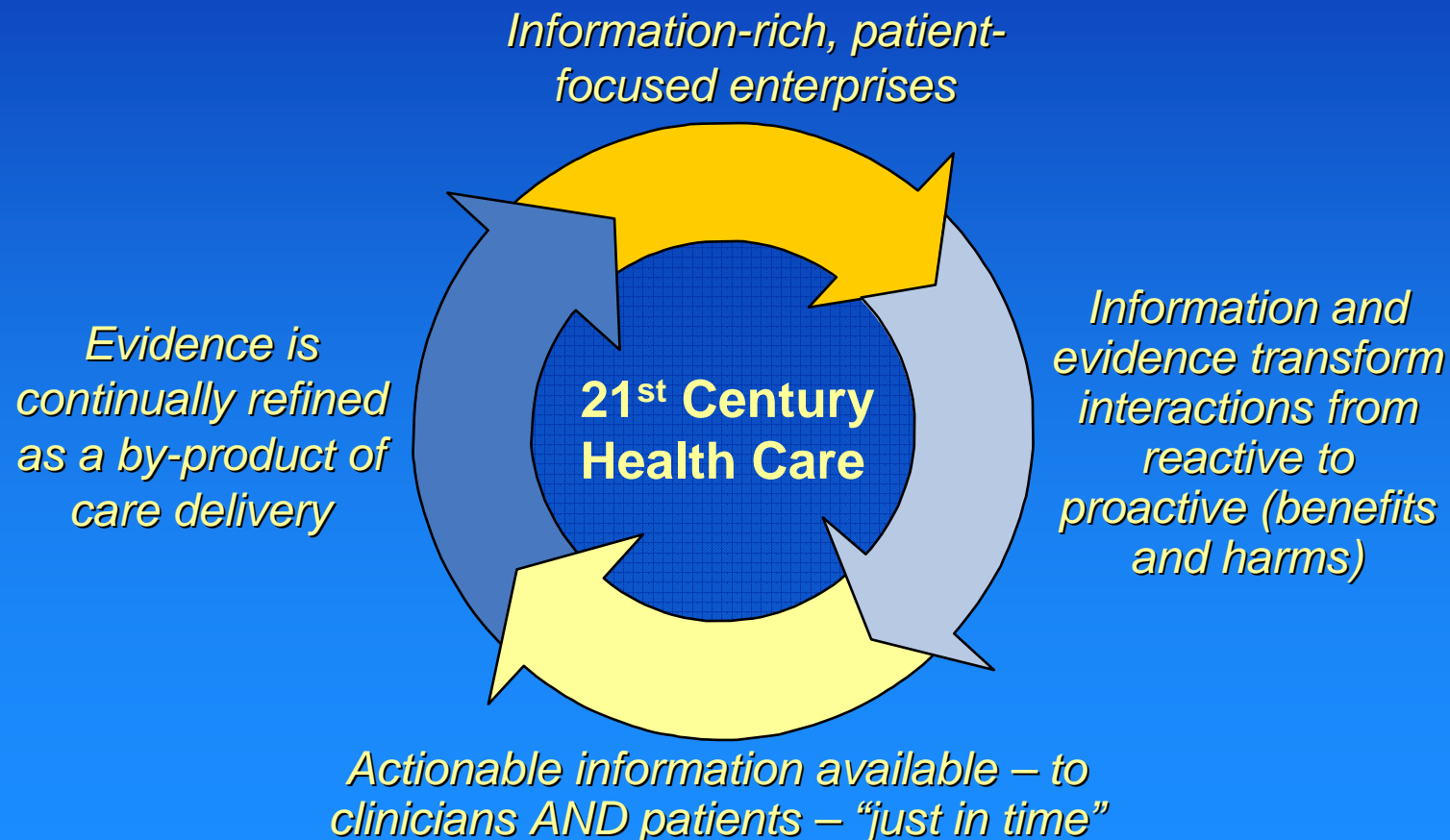


*Shannon Robshaw, CEO  
Louisiana Health Care Quality Forum  
<http://lhccqf.org>*



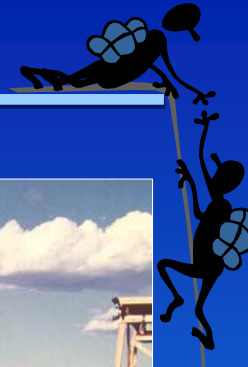
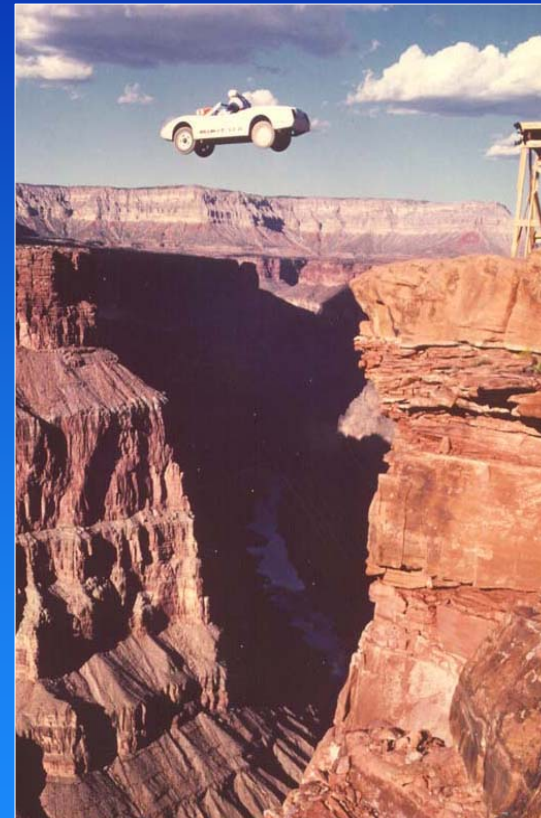
# 21<sup>st</sup> Century Health Care

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



# Scope of the Opportunity in Health Care

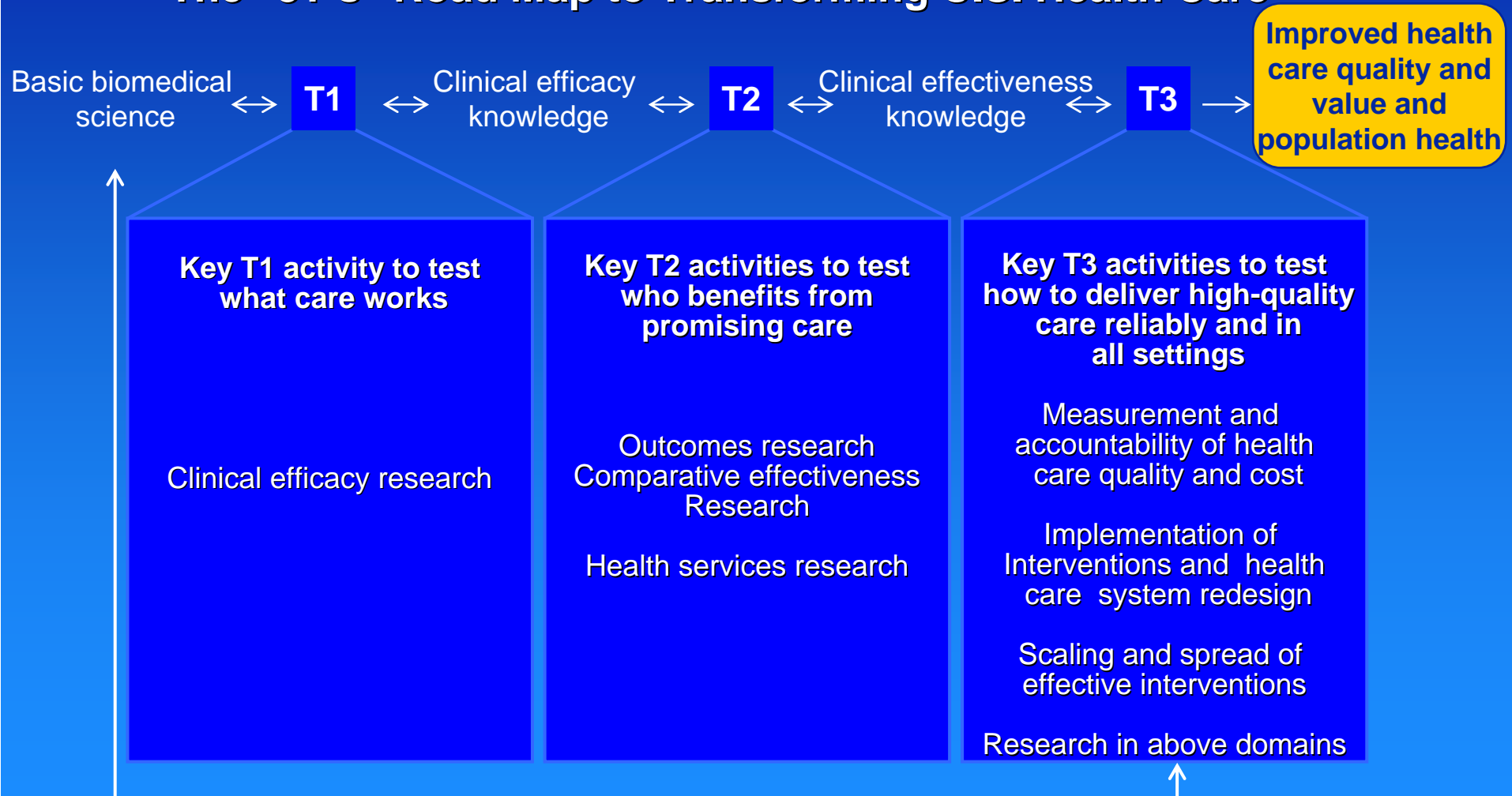
- A major challenge in 21<sup>st</sup> Century health care is evaluating all innovations and determining which:
  - Represent added value
  - Offer minimal enhancements over existing choices
  - Fail to reach their potential
  - Work for some patients and not for others





# How Do We Enhance Our Efforts?

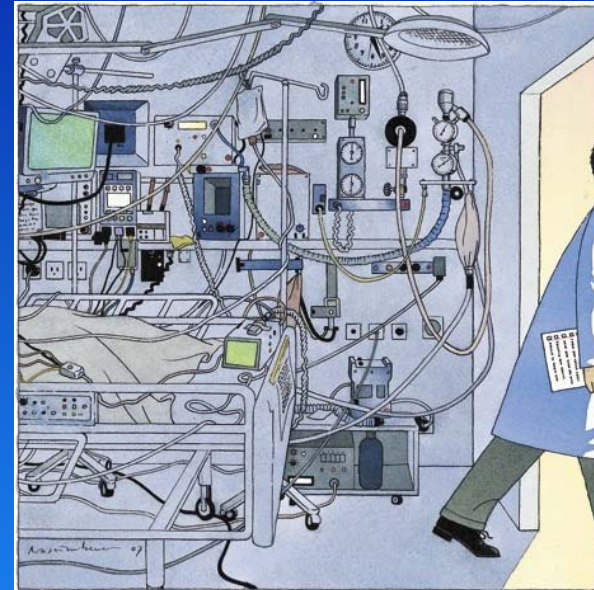
## The “3T’s” Road Map to Transforming U.S. Health Care



Source: JAMA, May 21, 2008; D. Dougherty and P.H. Conway, pp. 2319-2321. The “3T’s Roadmap to Transform U.S. Health Care: The ‘How’ of High-Quality Care.”

# Pronovost Study

- Settings: Volunteer MI hospital ICUs for adults (108 intention to treat)
- Primary hypothesis: Rate of CABSIs would be reduced during first 3 months of intervention v baseline
- Multiple interventions (sequential and parallel)
- Outcome measure: Incidence-rate ratios for CABSIs
- Analytic approach: Generalized linear latent and mixed model with robust variance estimation and random effects to account for clustering within hospitals and hospitals within regions, adjusted for hospital teaching status and number of beds



New Yorker, December 2007



# Connecting 'Achievability' and Reliability...

- A robust health care system must include capacity for:
  - Rapid translation of beneficial advances or breakthroughs
  - Connectivity with the biomedical enterprise

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**Achievability:** What can work under ideal circumstances for some people

**Reliability:** Getting it right for all patients every time – the first time



# Transparency and Collaboration



- AHRQ Resources & Priorities
- Knowledge Creation
- Synthesis & Dissemination
- Translating Research Into Practice
- **Q & A**