Experience of Care: Patient Safety and Clinical Quality

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“The fundamental problem with the quality of American medicine is that we’ve failed to view delivery of health care as a science. … That’s a mistake, a huge mistake.”

Peter Pronovost, M.D., PhD, Johns Hopkins Hospital
Patient-Centeredness: The Final Frontier?

- Patient-centeredness may be the most challenging of all six 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.
Recent legislation addresses:
- Access
- Affordability
- Information technology
- Performance measurement, reporting, and improvement
- Evidence and information
- Equity
- Value

Together, these components comprise a quality agenda
Experience of Care: Patient Safety and Clinical Quality

- Building A Culture of Safety
- Improving Quality Through Patient-Centered Outcomes Research
- 21st Century Health Care: A Patient-Centered Health System
- Questions
AHRQ Priorities

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

**Other Research & Dissemination Activities**
- Quality & Cost-Effectiveness, e.g. Prevention and Pharmaceutical Outcomes
- U.S. Preventive Services Task Force
- MRSA/HAIs

**Medical Expenditure Panel Surveys**
- Visit-Level Information on Medical Expenditures
- Annual Quality & Disparities Reports

**Ambulatory Patient Safety**
- Safety & Quality Measures, Drug Management and Patient-Centered Care
- Patient Safety Improvement Corps

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

**AHRQ Priorities**
- Improved Health IT
- Patient Safety
- New Patient Safety Grants
- Comparative Effectiveness Reviews
- Clear Findings for Multiple Audiences
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- Annual Quality & Disparities Reports
- Patient Safety Improvement Corps
- Safety & Quality Measures, Drug Management and Patient-Centered Care
The Quadruple Aim: The MHS Value Model

**Readiness**
Ensuring that the total military force is medically ready to deploy and that the medical force is ready to deliver health care anytime, anywhere in support of the full range of military operations, including humanitarian missions.

**Population Health**
Reducing the generators of ill health by encouraging healthy behaviors and decreasing the likelihood of illness through focused prevention and the development of increased resilience.

**Experience of Care**
Providing a care experience that is patient and family centered, compassionate, convenient, equitable, safe and always of the highest quality.

**Per Capita Cost**
Creating value by focusing on quality, eliminating waste, and reducing unwarranted variation; considering the total cost of care over time, not just the cost of an individual health care activity.
AHRQ’s mission and goals encompass much of the Quadruple Aim

- **Experience of Care**
  - Patient-centered, information-rich health care
  - Tailoring information to needs of specific patient populations

- **Population Health**
  - Patient-centered care in a value-driven health care environment

- **Value (Per capita cost)**
  - Delivering the right treatment, to the right patient, at the right time – every time

- **Readiness**
Building A Culture of Safety

MHS engages in several AHRQ quality improvement initiatives, including:

- Hospital Survey on Patient Safety Culture
  - Helps hospitals assess the culture of safety in their institutions

- Patient Safety Indicators
  - Helps health system leaders identify potential adverse events occurring during hospitalization

- Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)
  - Standardized survey and data collection for measuring patient perspectives on hospital care

- Common Formats
  - MHS participates in development of Common Formats for reporting patient safety events to Patient Safety Organizations (PSOs)
“What we’ve seen in the wars in Iraq and Afghanistan is a dramatic reduction in the death rate for troops wounded by roadside bombs, by sniper attacks. Troops are receiving tremendous wounds that were not survivable before.”

Atul Gawande, MD
AHRQ Annual Conference
September 28, 2010
Benefits of MHS to the U.S. Health Care System

- One of the largest health systems in the nation, the Military Health System has contributed greatly to national efforts toward interoperability.
- Provides an opportunity for the U.S. health care system to examine proposed solutions for expanding service to diverse populations.
- Offers health service researchers a window into the challenges that the future transformed health system might face.
- Constant innovation in the military system’s delivery of health care is relevant at the national level.
But Overall, the Pace of Improvement in the U.S. is Slow

- Quality is improving, but the pace is slow (median rate about 2% a year), especially for preventive care and chronic disease management.

- Some areas merit urgent attention, including patient safety and health care-associated infections.

- Many disparities are not decreasing.
Median level of patients receiving needed care was 58% for core quality measures.

Among outcomes measures tracked for HAIs, only one improved (adults surgery patients with post-operative pneumonia) while 3 worsened, especially postoperative sepsis.

Improvement is slow: a 2% median rate of change/year among 33 core measures.

Improvements spread unevenly across care settings, with hospital care improving at annual rate of 6%, compared to 1% for outpatient settings.
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“Our criteria and standards need to be more flexibly adaptable to the finer clinical peculiarities of each case. In particular, we need to learn how to accurately elicit the preferences of patients to arrive at truly individualized assessments of quality.”

The Quality of Care: How Can It Be Assessed?
JAMA 1988;260:1743-1748
AHRQ EHC Grants:
- Emphasize unbiased analysis, involvement from outside groups
- Fund research aimed at changing clinician and patient behavior

AHRQ’s Effective Health Care Program (EHC)

Evidence-Based Practice Centers (14) (EPC)
- Comparative Effectiveness Reviews
- EPC Reports (“Generalist Reports”)

Eisenberg Center
Clinical Decisions & Communications Science
- Clinical Guides
- Consumer Guides
- Policymaker Guides

DEcIDE Networks (13)
(Developing Evidence to Inform Decision About Effectiveness)
- New Research Reports
- Research Tools

CERTS (14)
Centers for Education and Research on Therapeutics
- CERTS Reports

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SRC
Scientific Resource Center

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SRC
Scientific Resource Center
Summarize research review findings on the benefits and harms of different treatment options. Provide useful background on health conditions. Medication guides contain basic wholesale price information.
The Secretary’s Nine Strategic Priorities Include:

- Transform Health Care
- Implement the Recovery Act
- Accelerate the Process of Scientific Discovery to Improve Patient Care
Agenda for Health System Transformation

- Recent legislation addresses:
  - Access
  - Affordability
  - Information technology
  - Performance measurement, reporting, and improvement
  - Evidence and information
  - Equity
  - Value

- Together, these components comprise a quality agenda
American Recovery and Reinvestment Act of 2009

- AHRQ’s Effective Health Care Program created by Medicare Modernization Act of 2003
- From 2005-2009, received $129 million from Congress for CER
- Program has published more than 45 products, including guides for clinicians and consumers
- The American Recovery and Reinvestment Act contained $1.1 billion for comparative effectiveness research, including $300 million to AHRQ
Patient Protection and Affordable Care Act

Health Measurement and Improvement Elements:

- Interagency working group on quality
- Quality measure development
- Data, collection, analysis and public reporting
- Standardized approaches to data on race, ethnicity, disability status, and language for all federal programs by 2010
- Extends Medicare requirements for data collection to Medicaid and CHIP
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

Provides funding for AHRQ to disseminate research findings of the Institute and other government-funded research, and to train researchers on patient-centered outcomes research and build capacity for research
What’s Next? National Health Care Quality Strategy

- Part of Affordable Care Act
- Builds on work of federal, state, local and private initiatives; identifies what works and what needs improvement
- Move from provider-level transparency to a patient-focused approach
National Strategy for Quality: Three Pillars

- **Better Care**
  - Responding to the Sick and Acutely ill
  - Person-centered Delivery focused All Stages

- **Affordable Care**
  - Better Journeys, Integrating Care
  - Reigns in Unsustainable Costs

- **Healthy People/Healthy Communities**
  - Addressing Upstream Causes
  - Promotes Health and Wellness at all Levels
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Download MONAHRQ software from AHRQ

Load your own hospital discharge data

Select measures and website options

Generate web pages on your own machine

Host the website on your own server

MONAHRQ is free software from AHRQ

MONAHRQ generates a reporting website using your own hospital discharge data

MONAHRQ calculates:
  • Quality indicators
  • Utilization and costs
  • Rates by region
  • Preventable hospitalizations

MONAHRQ lets you control your data and your website

Input your data. Output your website. monahrq.ahrq.gov
States Are Using New MONAHRQ Tool: Nevada & Hawaii Web Sites Now Live
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

www.innovations.ahrq.gov
## NHQR Findings: Health Care-Associated Infections (HAIs)

### Process Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Annual Rate of Improvement (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult surgery pts. who received prophylactic antibiotics within 1 hr. before surgical incision</td>
<td>26.4</td>
</tr>
<tr>
<td>Adult surgery pts. who had prophylactic antibiotics discontinued within 24 hrs. after surgery end time</td>
<td>32.9</td>
</tr>
</tbody>
</table>

### Outcome Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Annual Rate of Improvement (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult surgery pts. w/postoperative pneumonia</td>
<td>11.6</td>
</tr>
<tr>
<td>Adult surgery pts. w/postoperative catheter-related UTI</td>
<td>-3.6</td>
</tr>
<tr>
<td>Postoperative sepsis</td>
<td>-8.0</td>
</tr>
</tbody>
</table>

*2009 National Healthcare Quality Report*
Keystone ICU Project: Low Central Line-Associated Bloodstream Infection (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
$34 Million to Expand Fight Against HAIs

- **Goal:** To help expand efforts to fight HAIs in hospitals, ESRD clinics, and ambulatory care and long-term care settings

- AHRQ has collaborated with CDC, CMS, and NIH to identify research gaps to improve HAI prevention

Complete list of institutions and projects funded available at: www.ahrq.gov/qual/haify10.htm
Improving Patient Safety with TeamSTEPPS®

TeamSTEPPS®:

- Evidence-based teamwork system to improve communication and teamwork
- Ready-to-use curriculum to integrate into all areas of health system
- Rooted in more than 20 years of research
- Developed by DoD’s Patient Safety Program in collaboration with AHRQ

www.teamstepps.ahrq.gov
Three phases of TeamSTEPPS

- **Assess the need:** Determine an organization’s readiness

- **Plan, train and implement:** Options include all of tools and strategies, a phased-in approach, or individual tools at specific intervals

- **Sustainment:** Sustain and spread improvements in teamwork performance, clinical processes and outcomes resulting from TeamSTEPPS initiative
To meet demand, AHRQ and DoD have teamed with American Institutes for Research to build a national training and support network.

**Five team resource centers:** Duke Medical Center (NC), Carillion Clinic (VA), U-Minnesota Fairview Hospital (MN), Creighton University Medical Center (NE), and U-Washington Medical Center (WA)

Resource centers creating national network of master trainers, who offer TeamSTEPPS training to frontline providers.
The U.S. Health Information Knowledge Base (USHIK)

Metadata Registry of Health Care Interoperability Standards

- AHRQ-funded collaboration of federal agencies including the Military Health System
- Maintains the Metadata Registry, providing a one-stop-shop for easy comparisons of health data standards to support health care initiatives:
  - The Healthcare Information Technology Standards Panel
  - AHRQ’s Center for Quality Improvement and Patient Safety (CQuIAPS)
  - State All-Payers Metadata, facilitating cross-mapping and harmonization efforts
Keeping the Patient at the Center

- Quality is defined as care that is safe, timely, effective, efficient, equitable and patient-centered
- Patient-centeredness is perhaps the most difficult goal to achieve
- But it’s the most important, because it’s why we’re here
Future Directions/Questions

- How do we motivate patients to seek reliable health information and use it to make decisions?
- How do we drive the message that charting the path to high quality, affordable care is a team sport?
- How do we continue building on foundations in comparative effectiveness research, health IT, quality and safety?
- How do we make health systems easier to navigate?
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

www.ahrq.gov