



Meaningful Measures for National Priority Aspects of the U.S. Health Care System

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Meaningful Measures Supply Chain

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Meaningful Measures



- Measuring What Matters
- Comparative Effectiveness, Health IT and Performance
- 21st Century Health Care
- Q & A



Challenges and Opportunities

- Creating measures that are meaningful, adoptable and resonate with all stakeholders
 - Addressing coordination of care, efficiency, value, disparities, and patient-centered outcomes
 - Using outcomes measures to track performance
 - Building quality measurement into physician workflow
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Measuring What Matters

- Little is known about various methodological issues involved in understanding whether measures are producing reliable and valid information:
 - Is there enough information to available to evaluate performance?
 - Is the information reliable over time and in different purchaser data sets?
 - Are the right methods being used to construct appropriate comparison groups for physicians, hospitals, health plans, markets?

<http://www.ahrq.gov/qual/efficiency/hcemexsumm.htm>



Making Measures More Actionable

- Considerable research needed to develop and test tools for improving health care efficiency
- Research is under way by several organizations (GAO, MedPAC, CMS, Dept. of Labor, Massachusetts Medical Society, etc.) to evaluate vendor-developed tools for scientific soundness, feasibility and ease of implementation

<http://www.ahrq.gov/qual/efficiency/hcemexsumm.htm>



AHRQ's Role in Quality Improvement

- Develop new knowledge – what and how of QI
 - Keystone project
 - NSQIP expansion
- Develop tools and syntheses
 - CAHPS surveys
 - Safety culture surveys
 - TeamSTEPPS
- Disseminate and implement – through partnerships and direct support
 - Community collaboratives





AHRQ's Role (2)

- Develop a measurement strategy to define current and future role in measurement
- Broader HHS and Federal strategy linked to a national performance measurement strategy
- Continue in the development of tools for sharing, using, implementing and improving quality measures



Why Does This All Take So Long?

- Not all interventions that sound “logical” are beneficial when carefully studied
- Not all beneficial interventions are equally beneficial, or equally safe
- Budgets are limited
- Issues are complex and cannot be clarified without careful analysis



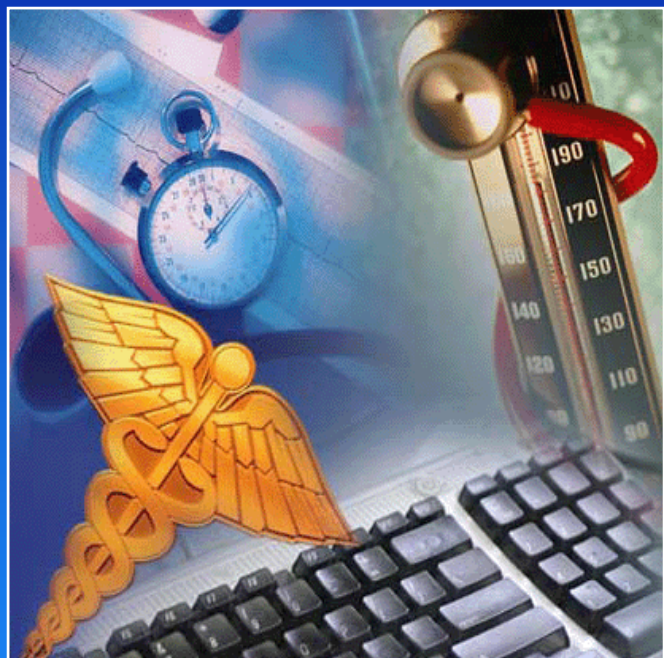
Measures and Health IT

- Health IT can play pivotal roles in the development, adoption and success of measures:
 - Information gathering – Completing studies and projects faster and more efficiently
 - Dissemination – Results about new findings can be widely distributed very quickly
 - Transparency – Better understanding what people want and identifying new data sources





AHRQ Health IT Research Funding



AHRQ Health IT
Investment: \$260
Million

- Ambulatory Safety and Quality Grants
 - Using Precision Performance Measurement To Conduct Focused Quality Improvement: Northwestern University
 - Medication Safety in Primary Care Practice: Medical University of South Carolina
 - Using Information Technology To Provide Measurement Based Care for Chronic Illness

www.ahrq.gov/fund/grantix.htm



Distributed Network Prototypes for Population-Based Studies

- Aim: to develop a federated network prototype that supports secure analyses of electronic information across multiple organizations to study risks, effects and outcomes of various medical therapies
- The long-term goal is a coordinated partnership of multiple research networks that provide information that can be quickly queried and analyzed:
 - 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



Input Your Data: Output Your Own Data-Driven Web Site

MONAHRQ – My Own Network, Powered by AHRQ

- An interactive querying tool that helps organizations and consumers use data to make informed choices
- Organizations create and host their own Web site and upload their own data
- Quality reporting using a standard validated method
- Resource for generating local information (e.g. quality of care, preventable hospitalizations, rates of conditions and procedures and health care utilization)
- Data can be set up for internal and/or public use

MONAHRQ





Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA)

AHRQ Activities Focus on identifying Initial Core Health Care Quality Measure Set

- Memorandum of Understanding and Intra-Agency Agreement with CMS
- Federal Quality Workgroup Established
- AHRQ National Advisory Council Subcommittee Established
 - First Meeting July 22-23, 2009 - *PUBLIC*
 - Report back to full National Advisory Committee July 24, 2009
 - ***Second Meeting Sep. 17-18, 2009***
- Initial core health care quality measurement set for Medicaid and CHIP programs must be posted for public comment by January 1, 2010

<http://www.ahrq.gov/chip/chipraact.htm>

Comparative Effectiveness and Recovery Act of 2009

- 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)





IOM's 100 Priority Topics

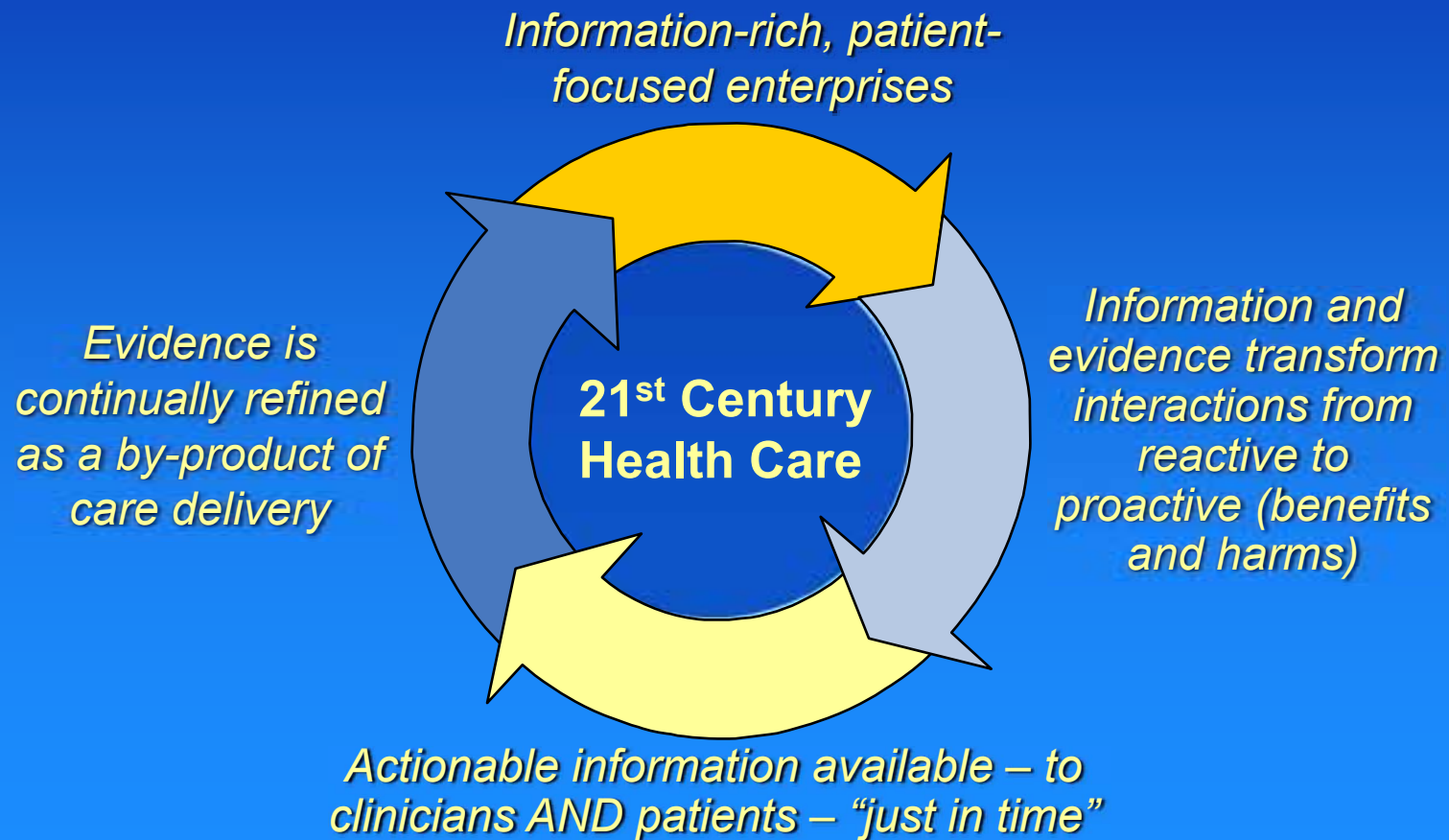
- *Initial National Priorities for Comparative Effectiveness Research (June 20, 2009)*
- Topics in 4 quartiles; groups of 25.
- Includes recommendations to improve quality, performance, transparency, etc:
 - Using decision support, EHRs and PHRs for increasing compliance with evidence-based guidelines and adherence to guideline-based regimens for chronic disease care
 - Comprehensive, coordinated care and usual care on objective measures of clinical status, patient-reported outcomes and costs of care for people with multiple sclerosis
 - Establish a prospective registry to compare the effectiveness of strategies for treating cervical spondylotic myelopathy

Report Brief Available At <http://www.iom.edu>



21st Century Health Care

*Using Information to Drive Improvement:
Scientific Infrastructure to Support Reform*



There is Still More to Learn

- HOW to collect relevant data respectfully and efficiently
- The best strategy for reporting at a community or regional level
- What local circumstances ameliorate or increase disparities (community characteristics)
- When improvement strategies are effective for all subgroups, and when focused or targeted efforts are required





Where to From Here?

■ Timing:

- Health care reform momentum
- Awareness of regional variations in cost of care; weak link to better outcomes
- Policy and business community support incentives to better manage patients' care

■ The mission:

- Reduce underuse, overuse, and misuse through targeted incentives, prospective measures and sound evidence about most effective treatment approaches

You Can't Manage What You Can't Measure

“If you don't know where
you are going, you
might wind up
someplace else.”

Yogi Berra





Thank you

Questions?