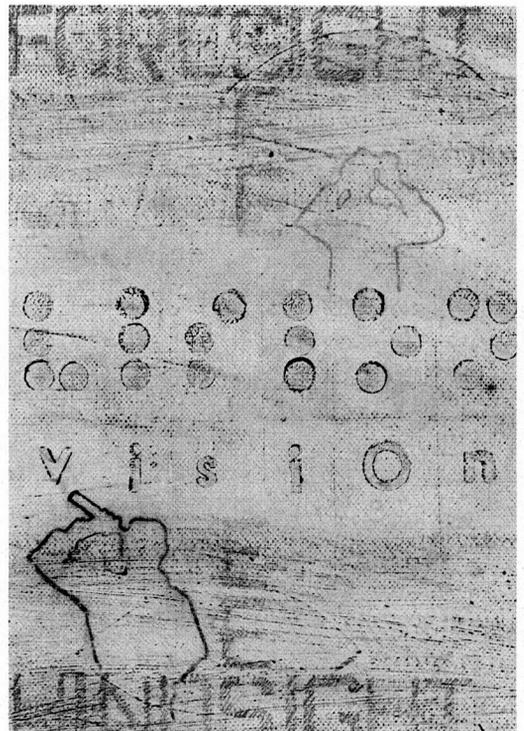


## COMMENTARY

Carolyn M. Clancy



# informing quality health care

Quality is the organizing principle for transforming our healthcare system. And the foundation for quality is information.

Quality is the new paradigm in health care—the model to build around as we address the many challenges in our healthcare system. While for years the primary focus of reform was placed narrowly on containing healthcare costs, today there is wide understanding that the real issue is value. The volume of dollars spent is important, but the real goal is to maximize the value realized for each of those dollars. And the key to value is quality of care—delivering the right treatment, at the right time, and in the right way for the patient.

Paradoxically, if there is a solution to the problem of costs, it may lie especially in delivering high-quality care. That includes making the investments that are needed to make quality happen. When we see the consequences of poor quality—repeated treatments, readmissions, missed opportunities, not to mention outright harm to

the patient—it becomes evident that as a society, we can no longer afford anything less than high-quality care.

This means quality must be the rule at every hospital and clinic. And that in turn means quality must, as much as possible, be defined and rewarded at the patient-provider level.

In recent years, we have improved our ability to define quality on a treatment-by-treatment basis, and we've improved our tools for measuring the delivery of quality care. As we continue building that base, providers, payers, and policy-makers are developing new ways to reward quality and derive its value. We need to take great care as we try to fit a new paradigm into an old payment system. But we must also move ahead in a deliberate way toward the goal of aligning payment with quality.

We need to remove incentives that inadvertently reward waste. We need to provide reliable, science-based information about which treatments

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Clancy, who is a general internist and health services researcher, is a graduate of Boston College and the University of Massachusetts Medical School. Following clinical training in internal medicine, she was a Henry J. Kaiser Family Foundation Fellow at the University of Pennsylvania. She was also an assistant professor in the Department of Internal Medicine at the Medical College of Virginia in Richmond before joining AHRQ in 1990.

Clancy holds an academic appointment at George Washington University School of Medicine (clinical associate professor, Department of Medicine) and serves as senior associate editor, *Health Services Research*. She has served on multiple editorial boards (currently *Annals of Family Medicine*, *American Journal of Medical Quality*, and *Medical Care Research and Review*). She has published widely in peer-reviewed journals and has edited or contributed to seven books. She is a member of the Institute of Medicine and was elected a Master of the American College of Physicians in 2004.

Her major research interests include various dimensions of healthcare quality and patient care, including women's health, primary care, access to care services, and the impact of financial incentives on physicians' decisions.

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work best. And with those pillars in place, we need patients, providers, and payers to make informed choices aimed at deriving the best value for their own goals and circumstances.

### The Role of Government

Building on quality and realizing value will require a partnership effort across the healthcare spectrum. Government has an important role, both as a convener where standards are needed (for example, in building an interoperable health information network), and as a neutral party with access to the most extensive information about healthcare utilization and outcomes for publicly insured beneficiaries. In addition, government has a strong interest in ensuring that the products of federally supported research are used to improve health and health care. This information constitutes the hard evidence that can inform quality choices.

As a trusted source of science-based information about the effectiveness of alternative treatments, government can contribute significantly to the base of information needed to achieve high value for the healthcare dollar. Through government-supported

information, clinicians and patients can have ready access to unbiased information for making choices about treatments. Further, through the transparency of its processes and equal availability of its data, government can help the healthcare market work efficiently as it makes choices about health care.

To achieve a true quality-based healthcare system, three mechanisms need to be in place:

- > Payment systems must reward evidence-based practice and good health outcomes. Payment policies are the feedstock that will nourish or starve quality-oriented practice.
- > The fundamentals of modern health IT need to be put in place nationally. That means electronic health records for Americans, as well as clinical decision support for providers. Health IT is the vehicle that will make a leap in quality care possible.
- > The best available information about treatments and outcomes, including comparative information about drugs and other interventions, needs to be systematically developed and made accessible for patients, providers, and payers. If clinical and payment decisions are to be made

### AT A GLANCE

- > The foundation for measuring healthcare quality is the evidence-based findings of effectiveness research.
- > A new program is systematically identifying key effectiveness research needs and disseminating findings to providers, payers, and consumers.
- > The federal role helps guarantee comprehensive and unbiased findings to help inform medical practice.
- > Investment in health IT will help transform evidence-based practice.

based on value considerations, the data that define and measure quality must be sound and have the strongest credibility. Science-based information about health outcomes is the foundation for a quality-oriented healthcare system.

The Agency for Healthcare Research and Quality has an active role in each of these areas. Working with the Centers for Medicare and Medicaid Services, as well as private payers, we are helping understand the complex issues that surround pay

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for performance and other proposed approaches for improving payment systems. And our \$166 million health IT initiative is helping implement health IT in new settings, measure the value it adds for different applications, and identify opportunities and barriers to the use of IT in real-world clinical settings.

Of special interest is AHRQ's work in the third area: developing the evidence base of treatment outcomes to help inform patients, providers, and payers as they make treatment decisions. The ultimate goal is to learn as much as possible about which treatments work most effectively, for whom, in what circumstances, and with what risk. This constitutes the science-based foundation on which quality judgments can be made.

In recent years, AHRQ has implemented several initiatives to help synthesize and communicate rigorous, evidence-based information about healthcare effectiveness. In particular, the agency created a network of evidence-based practice centers in 1997 to synthesize existing research regarding questions of importance to key

healthcare stakeholders. More than 125 reports have been issued so far. This and other activities at AHRQ provide a substantial base of experience on which to build.

### AHRQ's Effective Health Care Program

In 2005, AHRQ launched its new Effective Health Care Program, a significant step forward in this area. Created by congressional mandate, the program is charged with focusing strategically on issues where significant questions exist about the relative effectiveness of alternative treatments, including drugs. Further, as especially emphasized by Congress, findings are to be presented in multiple formats appropriate for various audiences, especially including "translation" of technical data into reliable and understandable information for consumers.

Providers, patients, and payers are making decisions about treatments and interventions every day, whether they have thorough information or not. For these decisions to be as informed as possible, decision makers (including consumers) should have access to the best available information, even if it is not definitive, when they need it and in a way they can understand. At the same time, evidence-generating activities are being carried out in great quantity throughout our healthcare system—so much so that it is difficult for providers to stay current even within their specialties, and consumers may often be confused or only partially informed.

A systematic approach is needed in which:

- > The most pressing treatment questions are identified through an inclusive and comprehensive process.
- > Already-existing data are reviewed and synthesized, based on sound, consistent, and transparent methodologies.
- > Data gaps in areas of significance are identified to help bring about new research as expeditiously as possible.
- > Findings are made widely and understandably available for all users, from payers and policy-makers to clinicians and consumers.

The Effective Health Care Program is an important step toward addressing these needs. Created under the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, the program initially focuses on areas of special importance to the Medicare program. However, the program will ultimately address the questions most pressing for the quality of health care of Americans of all ages.

AHRQ's goal is to create an effectiveness program with a new degree of dynamism and impact. In this program, we are seeking an emphasis on timeliness and usability of findings, building on the thoroughness and unbiased reliability that have been hallmarks of our efforts so far. Equally important is broad ongoing consultation with stakeholders that will help inform and propel this effort in the most productive directions.

To achieve these objectives, the Effective Health Care Program has a three-part structure in which the elements work interactively and synergistically, with continual input and feedback by stakeholders.

*Synthesis of existing evidence.* Focusing on treatments for significant conditions that are identified through a public process, AHRQ's established structure of evidence-based practice centers will synthesize currently available scientific evidence, including both published and unpublished studies. These reviews will not only identify what is known about the effectiveness and comparative effectiveness of different interventions, but also identify important issues for which existing scientific evidence is insufficient to inform healthcare decisions. For each topic, evidence-based practice centers will issue a report and findings. Work on the initial set of topics is already under way.

*Generation of new knowledge.* A new network of research centers has been created to address gaps in our knowledge—the DEeIDE network (Developing Evidence to Inform Decisions about Effectiveness). Through partnerships with health plans and others, these centers will have access

to extensive patient-level data and will use these data (in de-identified form) to perform prospective observational studies. The purpose is to generate findings quickly for specific questions that don't require larger and more time-consuming randomized clinical trials. The research teams in this network will take advantage of investments in health information technology to evaluate effectiveness of interventions for specific patient populations. The research will focus on specific gaps identified by the scientific reviews and set the stage for using data generated through clinical encounters to improve quality and the scientific underpinnings of healthcare decisions.

*Evidence "translation."* A new Clinical Decisions and Communications Science Center has been created to ensure that the findings of the program are usable for all those who need them. This includes various presentations of findings to satisfy both the technical requirements of payers and clinicians as well as the level of succinctness and understandability needed by consumers. This innovative element of the program reflects

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the clear interest by Congress in seeing effectiveness research turned into real-world quality improvements.

**Quality-Improvement Principles**

Several important principles are reflected in AHRQ's approach.

**Close focus on effectiveness.** The Effective Health Care Program is focusing tightly on evidence of the relative benefits and risks of alternative therapies. The program will not make recommendations regarding the use of different therapies, nor include considerations of cost or other issues outside the direct questions affecting medical effectiveness. Consumers, clinicians, payers, and others can make decisions in selecting treatments that reflect their own needs, based on effectiveness information as well as other considerations, including relative costs.

**Usability and real-world applicability.** Reviews will be comprehensive, but reports will be oriented to "bottom-line" findings. Extensive data will be synthesized and summarized. Systematic standards will be applied to determine which data are strongest and which issues do or do not require further study. Most important, results will be presented in formats that make them useful and actionable for a variety of audiences, including consumers.

**Timeliness and regular updating.** Reports will be issued on a vigorous schedule, and they will be reviewed and updated regularly. The DEcIDE network will have access to large databases of anonymous patient data to develop new information quickly.

**Comment and feedback.** Extensive opportunities for public comment and stakeholder input will help ensure that the program responds to the most pressing issues, that it continues to move forward toward new knowledge and synthesis, and that its products are useful for healthcare decision makers.

**Transparency and inclusiveness.** The program's processes and sources of information will be

entirely open, from the selection of topics and questions to the opportunity for review of draft reports before issuance.

**Capacity to drive research forward.** The new program will explicitly help drive effectiveness research in productive directions by identifying areas needing closer attention and by creating a process for ongoing input from stakeholders. At the same time, the program will carry out work to refine methodologies and improve the consistency and comparability of findings.

**Cooperative approach.** The new program is one of many public and private sector efforts related to improving effectiveness in health care. An important AHRQ goal will be for the new program to work productively within the overall effort.

Of special importance is the role of health IT in greatly expanding the capacity and contribution of effectiveness research. Our ability to conduct accelerated "real world" data analysis can be transformed through the new availability of clinical data that will be made possible by health IT. At the same time, health IT will also present new opportunities for disseminating findings widely, as well as delivering information and alerts through clinical decision-support tools.

Policy-makers today are looking to evidence-based care as a keystone in efforts to realize greater value and quality in American health care. We are looking together from a broader, deeper, and truer perspective—the perspective of quality:

- > Broader, because it captures the range of factors that go into care
- > Deeper, because it leads us to the systemic problems ingrained in health care
- > Truer, because it is the perspective of our customer, the patient

Good information, based on rigorous science and shared effectively with consumers and providers, is the foundation for high-quality care. And quality is the key to achieving a new level of value in our healthcare system. ●