



Evidence-Based Medicine for Pharmacists in the Patient-Centered Medical Home

December 13, 2010

11:00-12:30pm, ET



Development and Support

- This Web conference was developed by the Agency for Healthcare Research and Quality's (AHRQ) Effective Health Care Program with assistance from the American Pharmacists Association.





Accreditation and CPE Information

- The American Pharmacists Association is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education (CPE). This Web conference, *Evidence-Based Medicine for Pharmacists in the Patient-Centered Medical Home*, ACPE #202-999-10-270-L04-P, is approved for 1.5 hours of CPE credit (0.15 CEUs).



- To obtain CPE credit for this Web conference, participants must participate in the entire Web conference and complete the online evaluation by December, 27, 2010. A voucher code and further instructions will be provided during the Web conference. In order to complete the online activity evaluation form, participants will need to have a valid Pharmacist.com user name and password. A Statement of Credit will be automatically generated upon achieving these requirements.



Accreditation and CPE Information

- **Target Audience:** Pharmacists
- **ACPE Activity Type:** Knowledge-based
- **Learning Level:** Level 1



Learning Objectives

After participating in this Web conference, pharmacists will be able to:

- Define the tenets of the patient-centered medical home and AHRQ's role.
- Describe the various patient-centered medical home models and list the numerous roles for pharmacists in a PCMH.
- Discuss successful implementation strategies and potential barriers to the PCMH.
- Recognize the Effective Health Care Program as an evidence-based resource for pharmacists.

Speakers



**Sarah J. Shoemaker, Ph.D., Pharm.D., R.Ph.,
*Moderator***

Health Services and Policy Researcher
Abt Associates, Inc.
Cambridge, Massachusetts



Janice L. Genevro, Ph.D., MSW, *The Patient-Centered Medical Home (PCMH) and AHRQ*

Lead, Primary Care Implementation Team
Center for Primary Care, Prevention, and Clinical Partnerships
AHRQ
Rockville, MD

Speakers



Stephanie M. Hammonds, Pharm.D., *The Role of Pharmacists in the Medical Home*

Office of Pharmacy Affairs
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Karen Williams, Pharm.D., M.B.A

Branch Chief for Quality Improvement (QI)
Office of Pharmacy Affairs
HRSA
Rockville, MD

Speakers



Vince Willey, Pharm.D., *The PCMH in Practice: The Pharmacist Experience*

Associate Professor
Philadelphia College of Pharmacy
Philadelphia, PA



Scott R. Smith, Ph.D., R.Ph., M.S.P.H., *How AHRQ's EHC Program can support the Pharmacist's Role in the PCMH*

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Disclosures

Sarah J. Shoemaker, Pharm.D., Ph.D., R.Ph., has no financial interests or relationships to disclose.

Janice L. Genevro, Ph.D., M.S.W., has no financial interests or relationships to disclose.

Stephanie M. Hammonds, Pharm.D., has no financial interests or relationships to disclose.

Karen Williams, Pharm.D., M.B.A., has no financial interests or relationships to disclose.

Vincent Willey, Pharm.D. has recently received research/grant support from AstraZeneca.

Scott R. Smith, Ph.D., R.Ph., M.S.P.H., has no financial interests or relationships to disclose.



AHRQ and the Medical Home: Building a Blueprint

Janice L. Genevro, Ph.D., M.S.W.

*Center for Primary Care, Prevention,
& Clinical Partnerships*

AHRQ



AHRQ Mission Statement

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



What AHRQ does

- Generates New Knowledge
- Synthesizes Evidence
- Supports Implementation



Primary Care

AHRQ recognizes that
revitalizing
the Nation's primary care system
is foundational to achieving
high-quality, accessible, efficient
health care for all Americans.



The Medical Home

AHRQ believes that the primary care medical home, also referred to as the patient-centered medical home (PCMH), advanced primary care, and the healthcare home, is a promising model for transforming the organization and delivery of primary care.

The Medical Home

- A medical home not simply a place but a model of primary care that delivers care that is:
 - *Patient-centered*
 - *Comprehensive*
 - *Coordinated*
 - *Accessible, and*
 - *Continuously improved through a systems-based approach to quality and safety*



AHRQ's Definition of the Medical Home

■ Key components

- **Patient-centered**: Relationship-based with an orientation toward the whole person
- **Comprehensive Care**: Team-based care that includes providers from multiple disciplines, including pharmacy
- **Coordinated Care**: Clear, open communication and transfers of accountability, especially during care transitions
- **Superb access to Care**: Responsive to patients' preferences regarding access
- **Systems-based approach to quality and safety**: Commitment to quality and quality improvement
- **Health IT, workforce development, and payment reform** are critical to achieving the potential of the medical home

■ Full version is available at www.pcmh.ahrq.gov



AHRQ and the Joint Principles Closely Aligned



AAFP, AAP,
ACP, AOA

- *Patient-centered*
 - *Comprehensive*
 - *Team-based care*
 - *Coordinated*
 - *Accessible*
 - *Quality and safety*
 - Health IT
 - Workforce development
 - Payment reform
- *Personal physician*
 - *Physician directed practice*
 - *Whole person orientation*
 - *Care Coordination*
 - *Health IT*
 - *Quality and safety*
 - *Enhanced access*
 - *Payment*
-



AHRQ PCMH Research

- Retrospective Evaluations
 - Health Partners (Minnesota)
 - WellMed (Texas)
- Mixed Methods Evaluations
 - Transforming Primary Care Practice
 - 14 2-year awards
 - \$600K per study
 - Awarded summer 2010
- Establishing a Research Agenda
 - Co-funded with CWMF and ABIMF
 - Collaboration of SGIM, STFM, APA
 - Results published June 2010 in *JGIM*



Information for Decision Makers

■ Foundational White Papers

- Necessary but Not Sufficient: The HITECH Act's Potential to Build Medical Homes
- Engaging Patients and Families in the Medical Home
- Integrating Mental Health into the Medical Home
- Address Policy and Research Issues



Coming Soon!

More White Papers and Briefs

- Planned white papers for 2011:
 - Analysis of PCMH outcomes
 - Exploration of PCMH within the larger health care system
- Upcoming series of briefs on the status of primary care in the US
 - Includes new analysis of the primary care workforce



Database of PCMH Literature

- Database of published literature on the medical home
 - Over 500 citations
 - Searchable by PCMH domain, policy relevance, and outcomes
 - Includes a section on foundational documents and articles



Implementation Projects

- Toolkit on integrating the Chronic Care Model in safety net settings
 - Visit: <http://www.ahrq.gov/populations/businessstrategies/>
 - Companion toolkit on utilizing practice coaching
 - Visit: <http://www.ahrq.gov/populations/businessstrategies/coachmanl.htm>
 - Currently conducting field evaluation

- National expert working group on using practice facilitators and practice coaching
 - Launching winter 2010



Implementation Projects

- Building a PCMH Information Model
 - Describe the PCMH in terms of the information flows and interactions between and among patients/consumers and other PCMH stakeholders
 - Develop new ‘functional use cases’
 - Examine current standards and existing ‘technical use cases’ in relation to the PCMH
 - Identify gaps
 - Began Summer 2010



Online PCMH Resource Center



U.S. Department of Health & Human Services

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PCMH Patient Centered Medical Home Resource Center

Welcome to PCMH Resource Center

The Agency for Healthcare Research and Quality recognizes that revitalizing the Nation's primary care system is foundational to achieving high-quality, accessible, efficient health care for all Americans. The primary care medical home, also referred to as the patient centered medical home (PCMH), advanced primary care, and the healthcare home, is a promising model for transforming the organization and delivery of primary care.

This Web site provides policymakers and researchers with access to evidence-based resources about the medical home and its potential to transform primary care and improve the quality, safety, efficiency, and effectiveness of U.S. health care.

What is Medical Home?

A medical home is not simply a place but a model of primary care that delivers care that is:

- Patient-centered
- Comprehensive
- Coordinated
- Accessible
- Continuously improved through a systems-based approach to quality and safety

AHRQ believes that Health IT, workforce development, and payment reform are critical to achieving the potential of the medical home. Learn more about AHRQ's approach to the medical home [here](#)



PCMH Home

- What is PCMH?
- Citations Collection
- AHRQ Commissioned Research
- Foundational Articles
- Outcome Articles
- Website Scan
- How to use this site

Federal Collaborative

- Meetings
- Agency Pages
- Collaboration Forum
- Shared Documents
- How to use this site
- Search Federal Collaborative

- [Browse Directory](#)
- [Edit Directory](#)
- [Edit this Community](#)
- [Administration](#)
- [Analytics Console](#)
- [Admin Community](#)

Tell us your thoughts

[Feedback/Suggestions](#)

Commissioned Research

- [Necessary, but not sufficient: The HITTECH Act's Potential to Build Medical Homes](#)
- [Engaging Patients and Families in the Medical Home](#)
- [Integrating Mental Health and Substance Use Treatment in the Patient-Centered Medical Home*](#)

Supporting Resources

- Links to other Federal Sites
- Federal Announcements
- Fed Biz Ops



PCMH.AHRQ.Gov

- Targeted towards meeting the needs of Policy Makers and Researchers
- Includes:
 - AHRQ definition of the medical home
 - Searchable article database
 - Foundational white papers
- Will continue to grow and expand

Please visit and help us spread the word!



Principles for Pharmacists' Services in PCMH

- Developed by 9 pharmacy organizations
- Essential principles:
 - Access to pharmacist services
 - Patient-focused collaborative care
 - Flexibility in PCMH design
 - Development of outcome measures
 - Access to relevant patient information
 - Effective health information technology
 - Aligned payment policies

Principles for Inclusion of Pharmacists' Clinical Services in the Patient-Centered Primary Care Medical Home. (March 2009). http://www.accp.com/docs/misc/pcmh_services.pdf



Agency for Healthcare Research and Quality

Advancing Excellence in Health Care

www.ahrq.gov

Delivering Better, Safer Care in Communities Nationwide: The PSPC Performance Story

Stephanie M. Hammonds, Pharm.D.

Office of Pharmacy Affairs,

HRSA

How Reliable is our Care? A Function of System and Culture



Patient Safety and Clinical Pharmacy Services Collaborative (PSPC) Aim

Chaos	1:100	1:million
<ul style="list-style-type: none"> -Custom-crafted processes 	<ul style="list-style-type: none"> -Standard process -Safety drills -Alerts 	<ul style="list-style-type: none"> -Loss of individual identity -Defer to expertise -Safety Culture
<ul style="list-style-type: none"> -Each Doc writes unique orders 	<ul style="list-style-type: none"> Multi-disciplinary rounds Protocols for high risk meds 	<ul style="list-style-type: none"> -Anesthesia safety -Airline industry

Autonomy

Teamwork

Highly Reliable Org's

CPS



Let's Improve Health Outcomes! A Decade of “Calls for Action”

Primary Care Status Quo:

- Physicians Rx patients, w/o collaboration
- Accept Rx errors as ok, or not my problem
- Tolerate non-adherence, poor outcomes

Calls us to lead “Significant Change”,

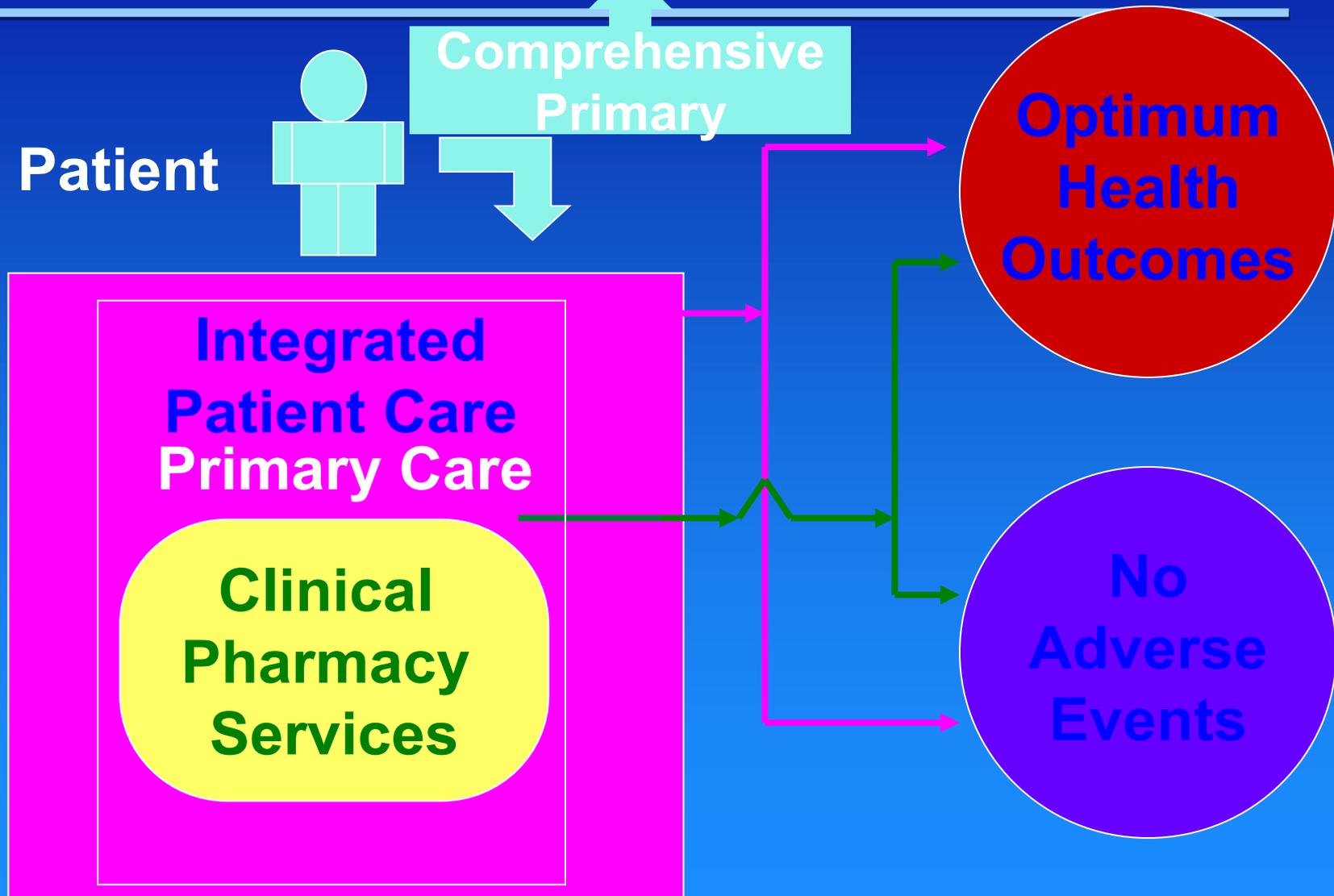
Target: Chronic Disease via Primary Care

PSPC Aim

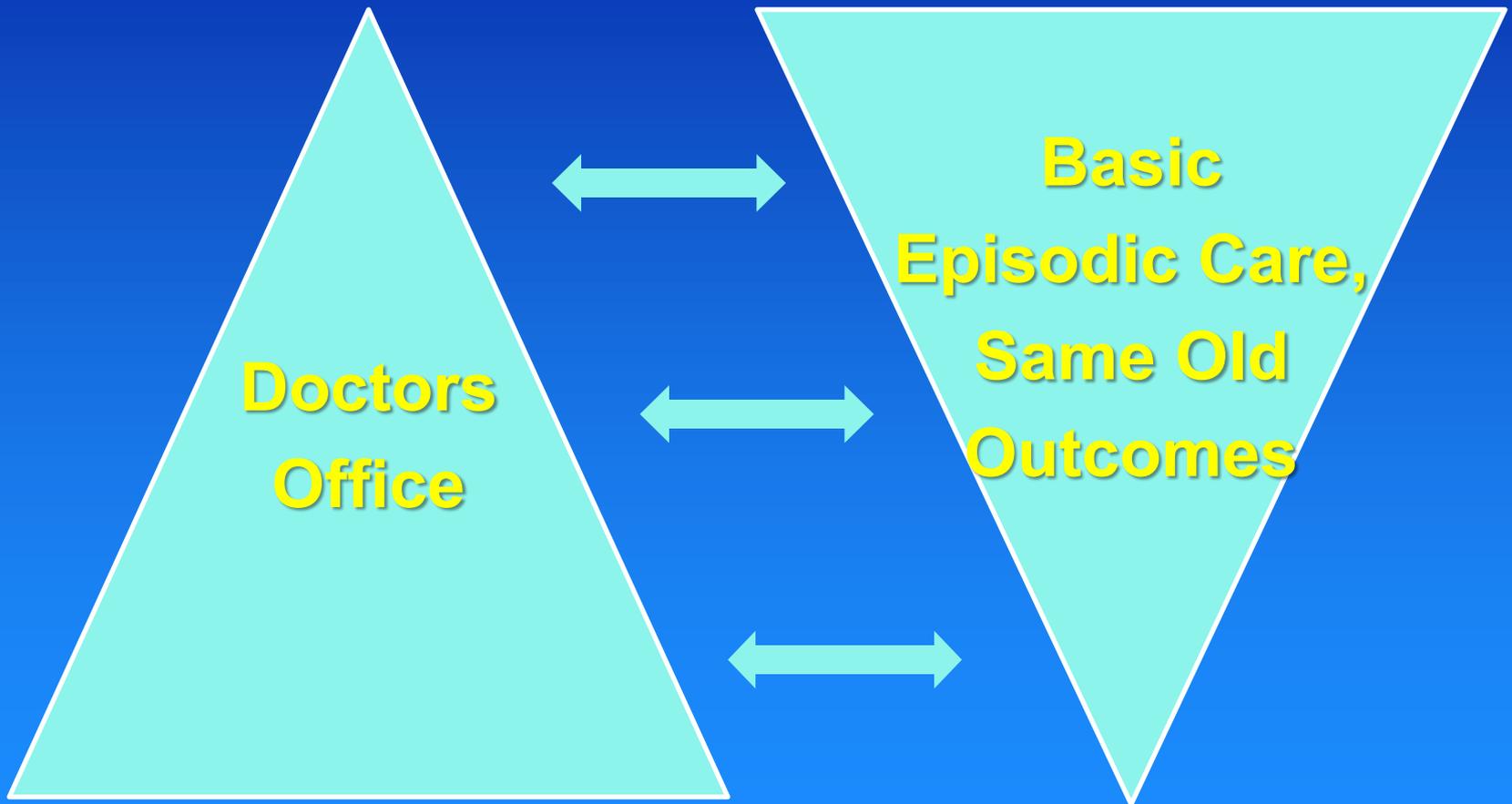
To save and enhance thousands of lives a year by:

1. Achieving optimal health care outcomes
2. Eliminating adverse drug events
3. Increasing clinical pharmacy services

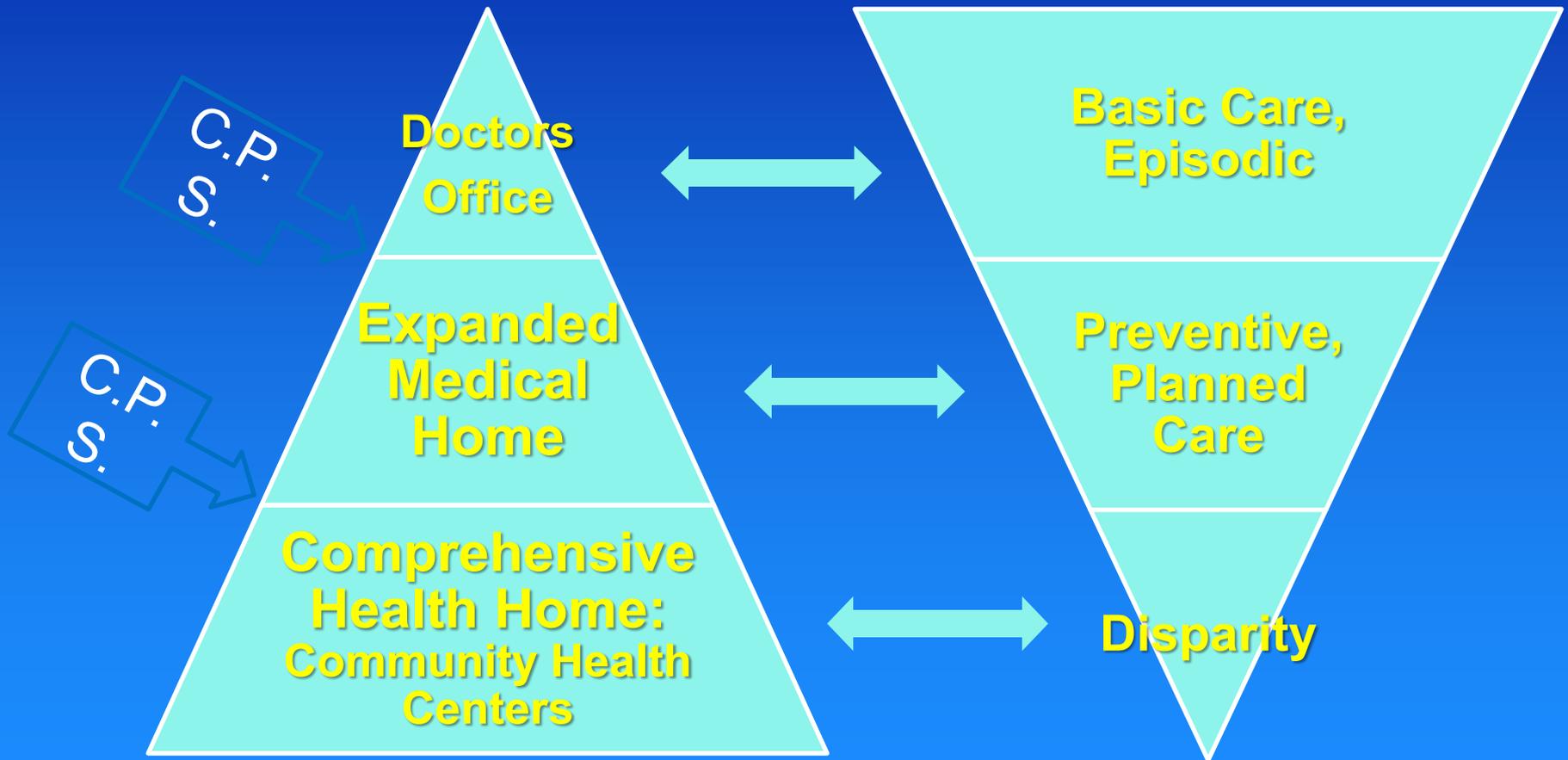
PSPC Teams are Transforming and Improving Quality Delivery Systems



Models for Medical Home ***“Doc alone with an Rx pad”***



Models for the Medical Home Systems/Teams for Better Outcomes

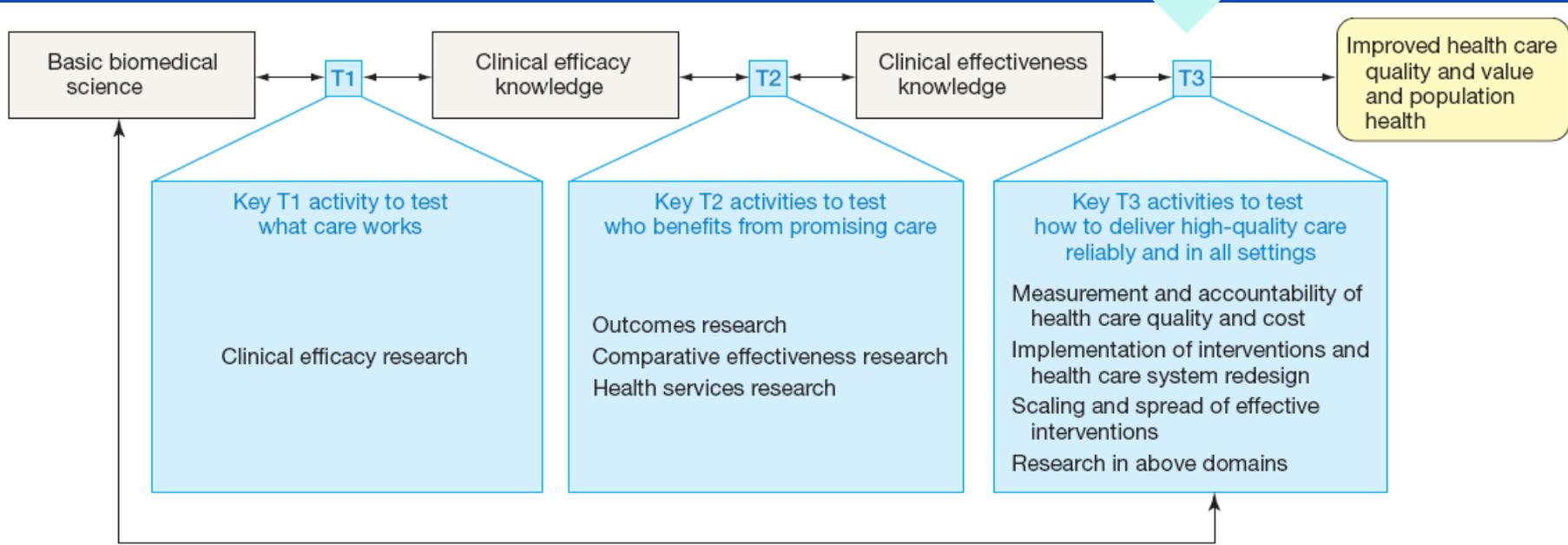


The "3T's" Road Map to Transform US Health Care

The "How" of High-Quality Care

Denise Dougherty, PhD
Patrick H. Conway, MD, MSc

We Are Here



T indicates translation. T1, T2, and T3 represent the 3 major translational steps in the proposed framework to transform the health care system. The activities in each translational step test the discoveries of prior research activities in progressively broader settings to advance discoveries originating in basic science research through clinical research and eventually to widespread implementation through transformation of health care delivery. Double-headed arrows represent the essential need for feedback loops between and across the parts of the transformation framework.

Acquiring and Advancing Knowledge to Achieve Better Outcomes



T1 basic biomedical

T2 clinical trials

T3 performance improvement

RESEARCH and CLINICAL INQUIRY



Health Status Breakthroughs in High-Risk Patient Populations

The PSPC high-risk patient population is characterized by:

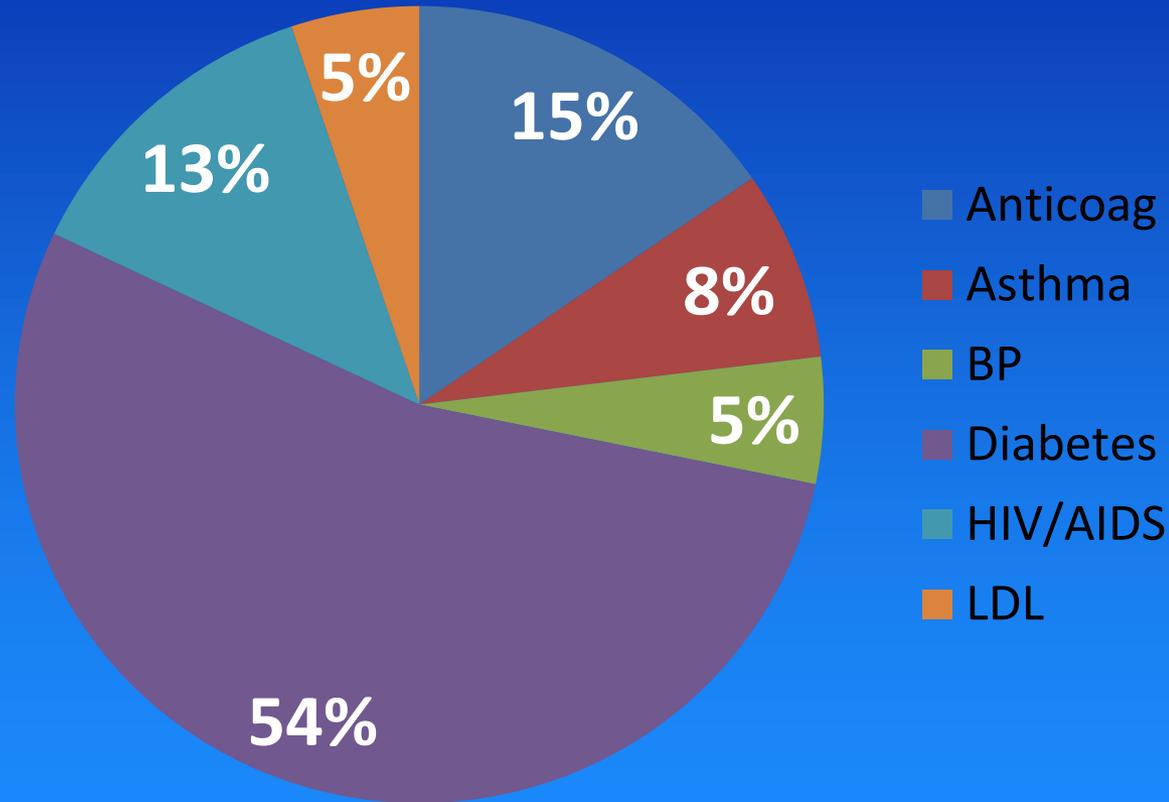
- **8 drugs** per patient
- **5 chronic conditions** per patient
- **3 providers** per patient

The soundtrack for our patient's health care stories?: Scary Music

30% of PSPC teams' total patients are in this high-risk population

Health Status Breakthroughs for Multiple Populations of Focus (PoFs)

Distribution of Teams by PoF



For each of these PoFs, teams are working to bring patients from health status *out of control* to *under control*



Imagine a future when:

Patients

- Are in proactive, comprehensive medical homes
- Receive indicated planned/preventive care
- Understand what each med is intended to do
- Safely use indicated Rx to achieve those goals
- Are in a world class community of practice

Health Professionals

- Work collaboratively, with joy

***PSPC is doing this, and WILL BLOW THE DOORS
OFF STAUS QUO!***

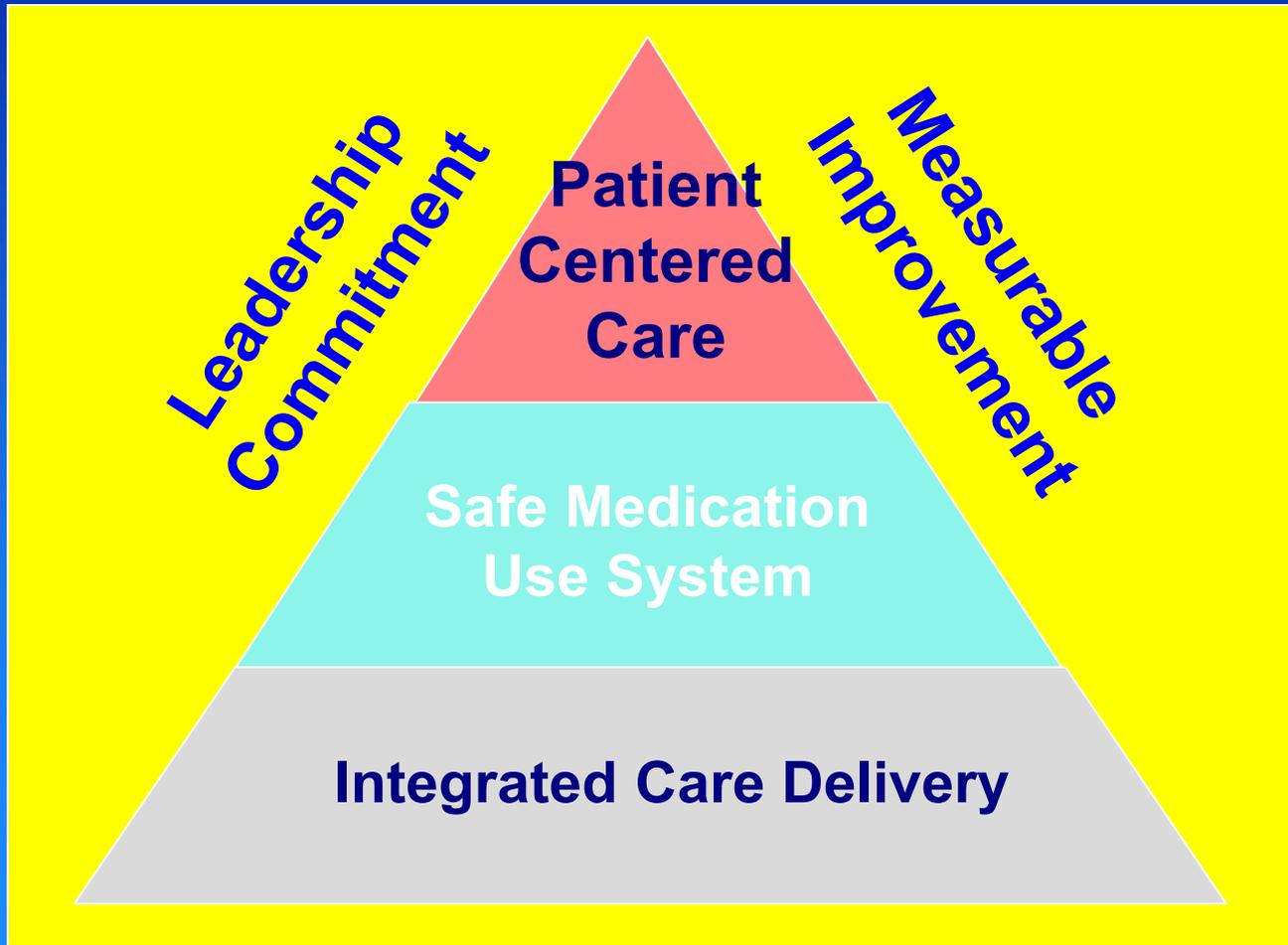


A Map on the Road to Improvement

“Change Package”

- Details the leading practices that together address the Aim and Goals of the improvement process.
- Developed by harvesting lessons from high performing organizations that have achieved outstanding results.
- Reviewed and vetted by a panel of national experts.
- Serves as the catalogue of leading practices that teams adapt and use to accelerate the improvement process.

The PSPC Change package is organized into five strategies to achieve results



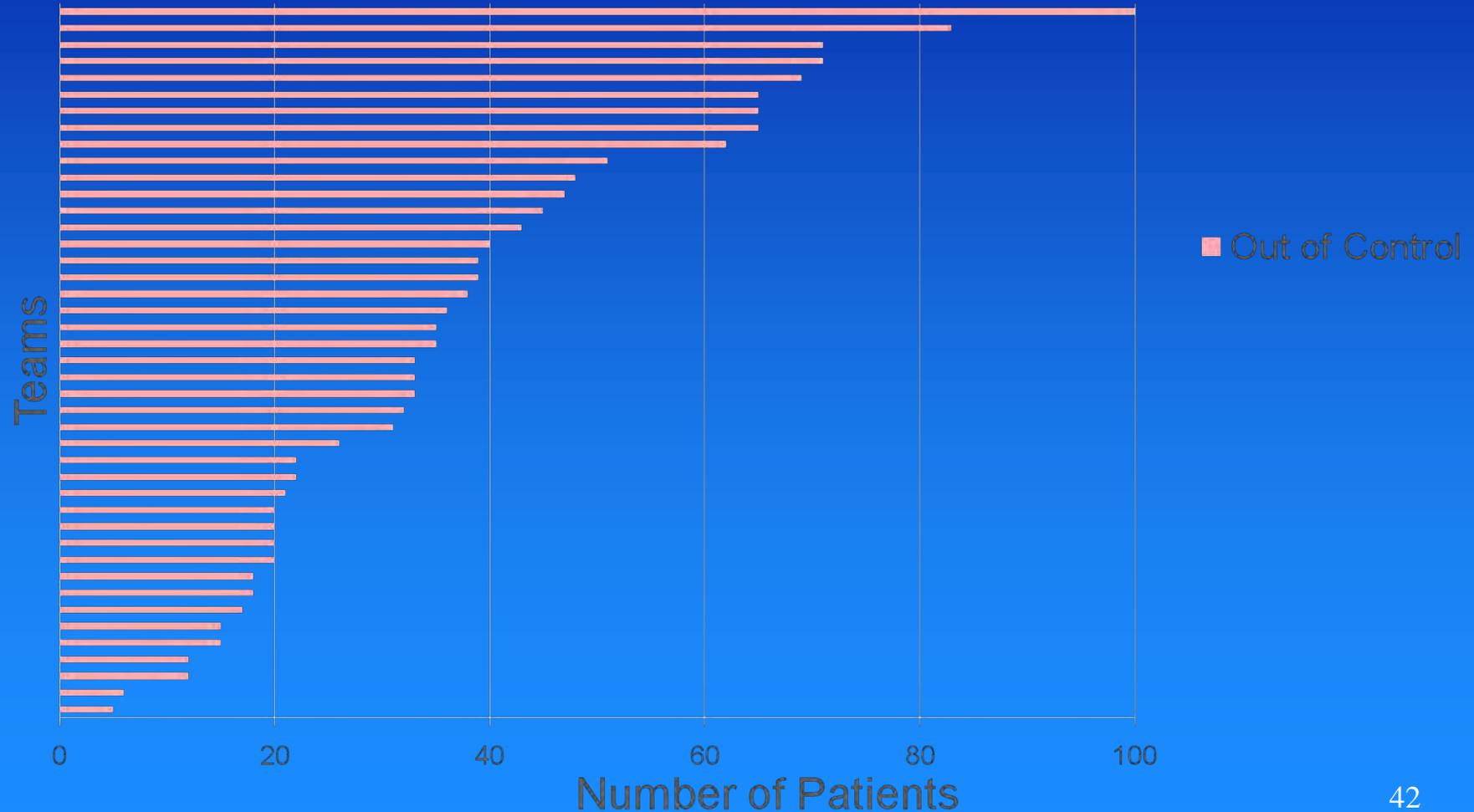
Institute for Healthcare Improvement (IHI) Breakthrough Model for Improvement



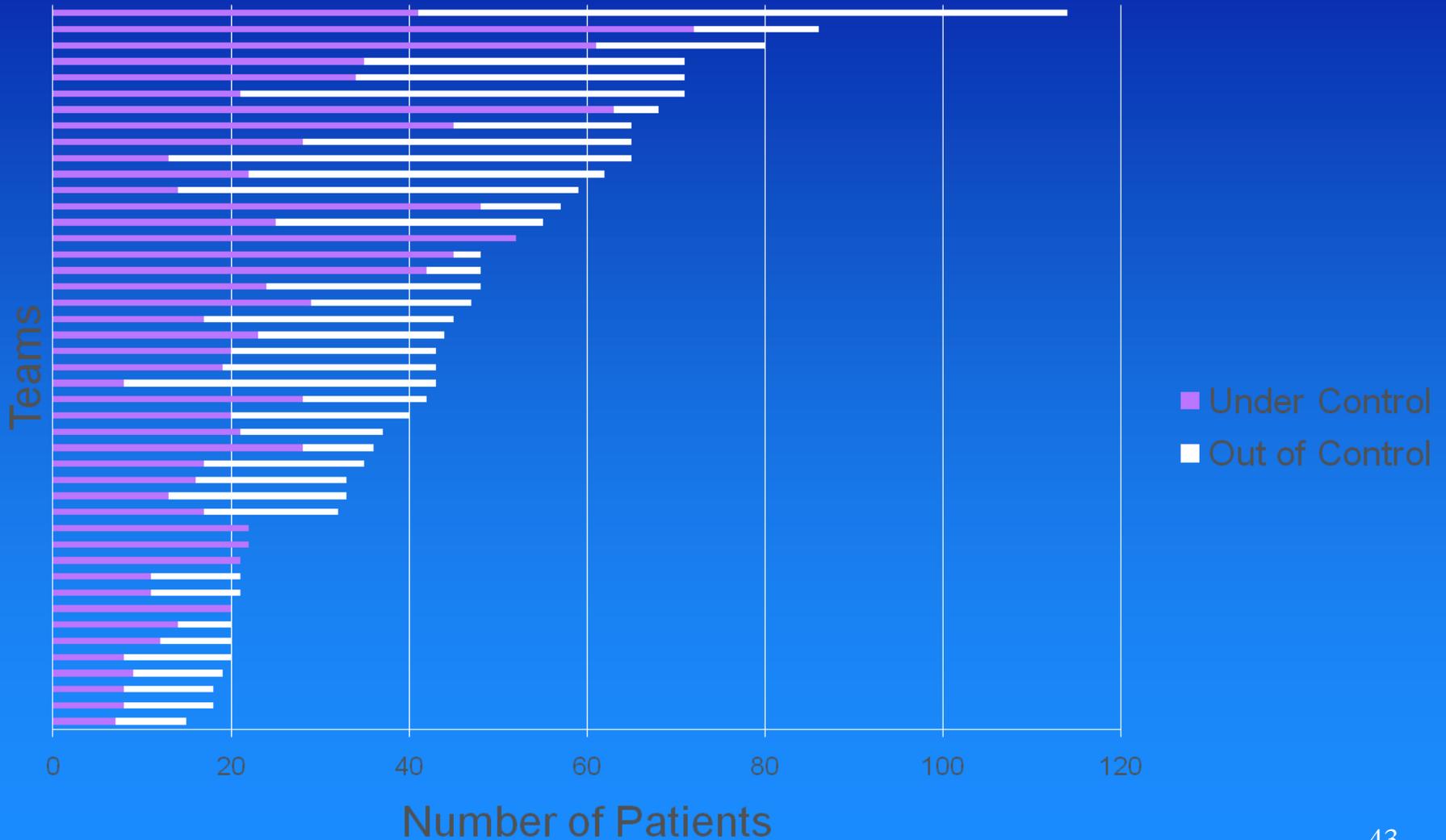


PSPC Performance Story

Patients with Health Status Out of Control, September 2009 (Baseline)

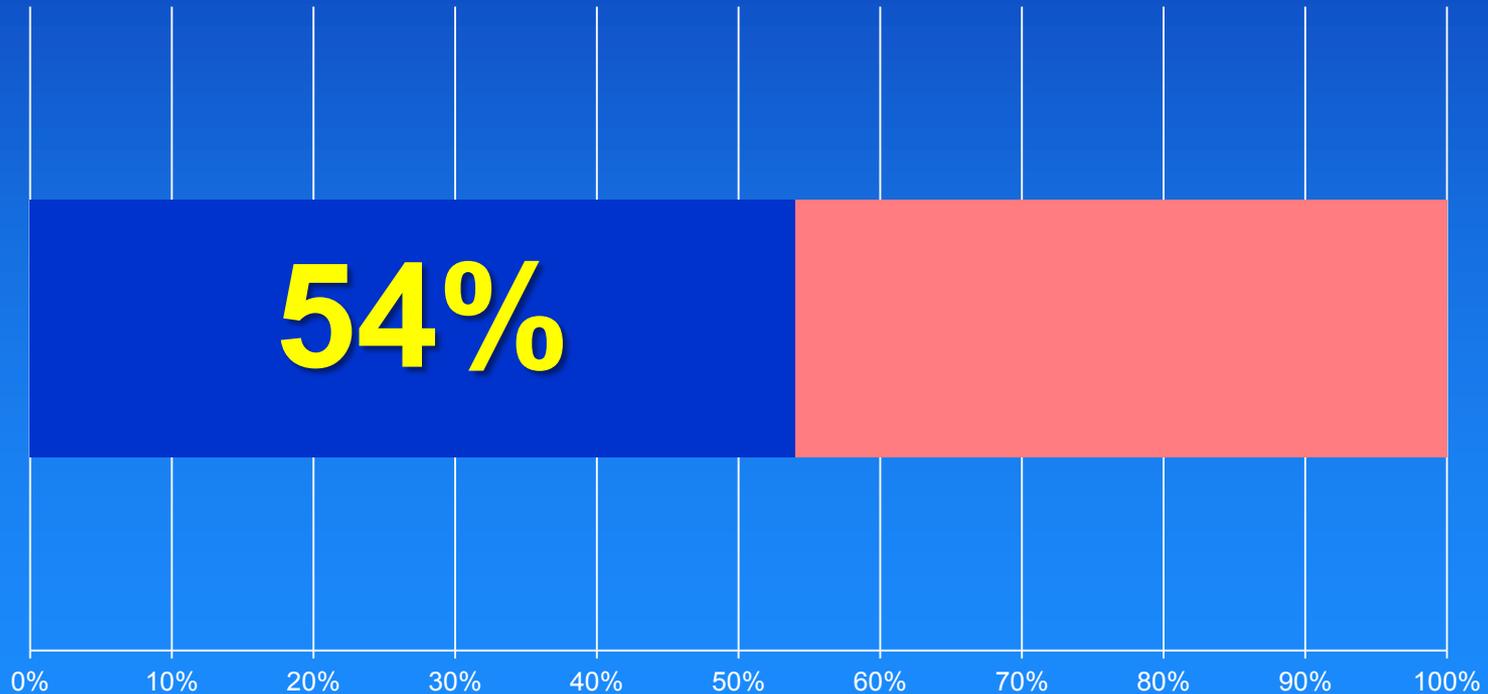


Patients with Health Status now "Under Control" vs. "Out of Control" through PSPC 2.0 (12 Months)



Health Status Breakthroughs

In just 12 months, **54%** of patients brought their health status under control





Patient Safety Breakthroughs

Teams are working to drive rates of *potential adverse drug events* (pADEs) and *adverse drug events* (ADEs) to **ZERO**

Average team improvement through PSpC 2.0

- **pADE rates fell 60%**
from an average of 0.86/pt to 0.34/pt
- **ADE rates fell 49%**
from an average of 0.12/pt to 0.06/pt



PSPC Potential Impact at full scale up

CHC patient population expected to reach 40 million

- Extrapolating from PSPC Data:
 - **12 million patients will need CPS**
 - **5.4 million potential ADEs avoided**
 - **720,000 actual ADE's prevented**
- Savings Generated:
 - **\$8.7K/ preventable ADE**



PSPC Spread

Number of...	PSPC 1.0	PSPC 2.0	PSPC 3.0 (as of 11/1/10)
Teams	68	110	127
States	37 inc. PR	41 inc. DC and PR	43 inc. DC and PR
Community Health Centers	57	79	100
Colleges/Schools of Pharmacy	24	53	73



PCMH in Practice: The Pharmacist Experience

Vincent Willey, Pharm.D.
Associate Professor of Pharmacy
Philadelphia College of Pharmacy



Presentation Overview

- Our PCMH practice
 - Pharmacist consultation
 - Patient scheduling and referral
 - Patient visit flow
- Physician perspective
- Implementation challenges



Practice Background

- Three fulltime physicians
 - Privately owned practice
- 9 staff
- Medical assistants
 - No nurse practitioners, physician assistants or nurses
- Practice started in 1999
- Electronic medical record since inception
- Phlebotomy on-site from national lab provider



Pharmacist Consultation

- Collaboration with the Philadelphia College of Pharmacy
 - Pharmacists currently 2 full days per week
 - One full day and two half days
 - Started in July 2009
 - One pharmacist at one day per week
 - Second pharmacist added in January 2010
 - Two half days per week



Pharmacist Consultation Area

- Specific patient education area
 - Not an exam room
 - Table and chairs to facilitate more relaxed atmosphere and more than one person
 - Significant others
 - Group visits



Patient Scheduling

- Pharmacists' schedule maintained in the same system as the physicians
- Receptionists make appointments
- Majority of patients specifically referred by the physician
- One hour for new patients
- Half an hour for follow-ups



Patients Currently Referred

- Metabolic syndrome
 - Diabetes
 - Hypertension
 - Dyslipidemia
 - Most have multiple or all 3 conditions
- ADHD/depression/anxiety/bipolar disorder
- Others



Future Expansion of Patients

- Asthma
- Smoking cessation
- Anticoagulation management
- Pain management
- “Complex” medication regimens



Patient Visit Flow – Initial Visit

- Medication review
 - Update current list
 - Especially inquire regarding OTC and alternative meds
 - Review indications
 - Do they know why they are taking each?
 - Assess adherence



Patient Visit Flow – Initial Visit

■ Introduction

- Who and what I do
- Not just about medications
- What do they want to get out of the session

■ Disease state education

- Review of lab parameters and goals
- Use EMR to show graphs for trends
- Why we care about these numbers



Patient Visit Flow – Initial Visit

- Diet review
 - Current diet
 - ADA reducing calories and fat slide deck
 - Food labels
 - Basics regarding fat, cholesterol and sodium intake
 - “Good” fats vs. “Bad” fats
 - Calorie goals
 - Livestrong.com and calorieking.com
 - ◆ Excellent source for non-food label foods
 - ◆ Diary log
 - 3 to 5 specifics items to work on



Patient Visit Flow – Initial Visit

- Vitals
 - Weight
 - Blood pressure
- Review recommendations with physician
 - Medications
 - Lab testing
 - Screening
 - Foot exam
 - Retina exam
- Physician completes each visit with the patient
 - Enacts accepted recommendations
 - Reinforces key points with patients



Patient Visit Flow – Initial Visit

- Typically 4 to 6 weeks after initial visit
- Tailored to the individual patient
 - Review dietary changes
 - Weight
 - Review medication changes
 - Problems
 - Adherence
 - Assess any new labs
 - Blood pressure
 - Exercise
 - Reinforce initial education
- Visit schedule individualized after 1st follow-up⁶⁰



Documentation

- Pharmacist writes note directly in the patient's electronic chart
 - Created specific “pharmacist” note template
- Update medication lists
- Note forwarded to physician for review and signoff of recommendations



Physician Perspective

So what is the physician thinking about when I approach them to collaborate in a PCMH?



Primary Care Physician Current Business Model

- Fee for service vs. capitation
- Payer mix
 - Medicare
 - Medicaid
 - Commercial insurers
- Payer bonuses – HEDIS reporting
 - Utilization
 - Quality



Primary Care Physician “Hot Buttons”

■ Control

- Type A personalities
- Dedication to patients
- Liability
- Creating more work

■ Follow-up

- Breaks in communication
- Not receiving consult notes back after referrals



Primary Care Physician “Hot Buttons”

■ Finances

- Referring to the pharmacist can't be a negative financially
- Reimbursement for “medical home” services
 - How can that be split between physician and pharmacist to provide the enhanced services required
- Optimal practice size
 - How many physicians/patients need to support a pharmacist

■ Physician Schedule

- Mondays and Friday usually worst

Why a Pharmacist?

- Complementary skill sets
 - Physician diagnoses
 - Pharmacist as medication expert
 - Pharmacist also can perform lifestyle modification and disease state management

- Negatives
 - Don't associate pharmacists with this type of role
 - Cost – pharmacists are expensive
 - Non-conventional billing compared with nurse practitioners and physician assistants

Bumps in the Road

- These patients tend to be non-compliant
 - Lifestyle and medications
 - High cancelled appointment rate – 20%
 - Bad for the patient
 - Bad for the business model when paid on a fee-for-service basis

- Integration of the services with existing practice and staff
 - Staff education



Bumps in the Road

- Discussions with local commercial insurers
 - Payment to pharmacist as a provider
 - Adequate reimbursement rates
- Timing of office visit with physician to close out the visit
 - Need to have billing under the pharmacist
 - Selective use of physician at time of the visit vs. mandatory due to billing

Key Takeaways

- Medical practice models are changing
- Pharmacists can be a key contributor to direct patient care in a PCMH
- Need to be appropriately aggressive in stating our value to the PCMH
 - Understand what we can do
 - Understand the physician perspective
 - Succinctly articulate our value proposition



Supporting the Pharmacist's Role in PCMH: AHRQ's Effective Health Care Program

Scott Smith, Ph.D., R.Ph., M.S.P.H.

Center for Outcomes and Evidence

AHRQ



AHRQ's Effective Health Care Program

- Created in 2005, authorized by Section 1013 of the Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003
- AHRQ shall conduct and support research on:
 - “the outcomes, comparative clinical effectiveness, and appropriateness of health care items and services (including prescription drugs)”
- Goal: to provide patients, clinicians and policy makers with reliable, evidence-based healthcare information

Comparative Effectiveness Research

- Focuses on **patient-centered outcomes**
- Unbiased and practical, evidence-based information
- Compares drugs, devices, tests and surgeries, and approaches to health care
 - benefits and harms
 - what is known and what isn't
- Descriptive, not prescriptive



Deconstructing. . .

- “Comparative”
 - Need to think about what the available options are
 - Placebo is not sufficient

- “Effectiveness”
 - Vs. Efficacy
 - What happens in the “real world”?



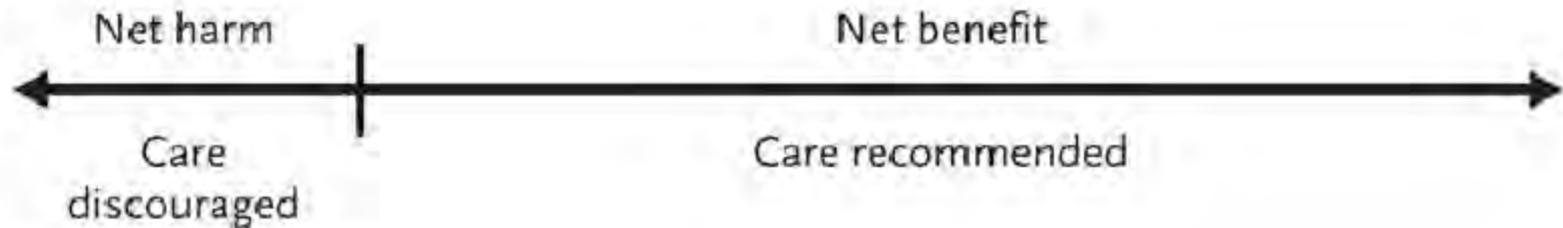
Patient Protection and Affordable Care Act

- Section 6301: Patient-Centered Outcomes Research
- Name change: Comparative Effectiveness Research = Patient-Centered Outcomes Research
- Patient-Centered Outcomes Research Institute
 - Independent, nonprofit Institute with public- and private-sector funding
 - 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

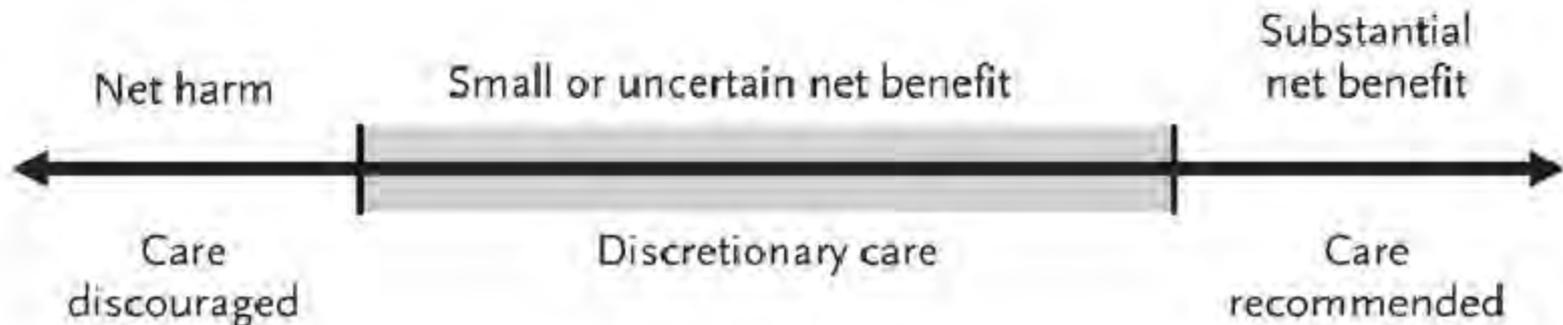


Understanding Uncertainty About Decisions

A Current Model



B New Model



Quanstrum KH, Hayward RA. Lessons from the mammography wars. *N Engl J Med.* 2010 Sep 9;363(11):1076-9.

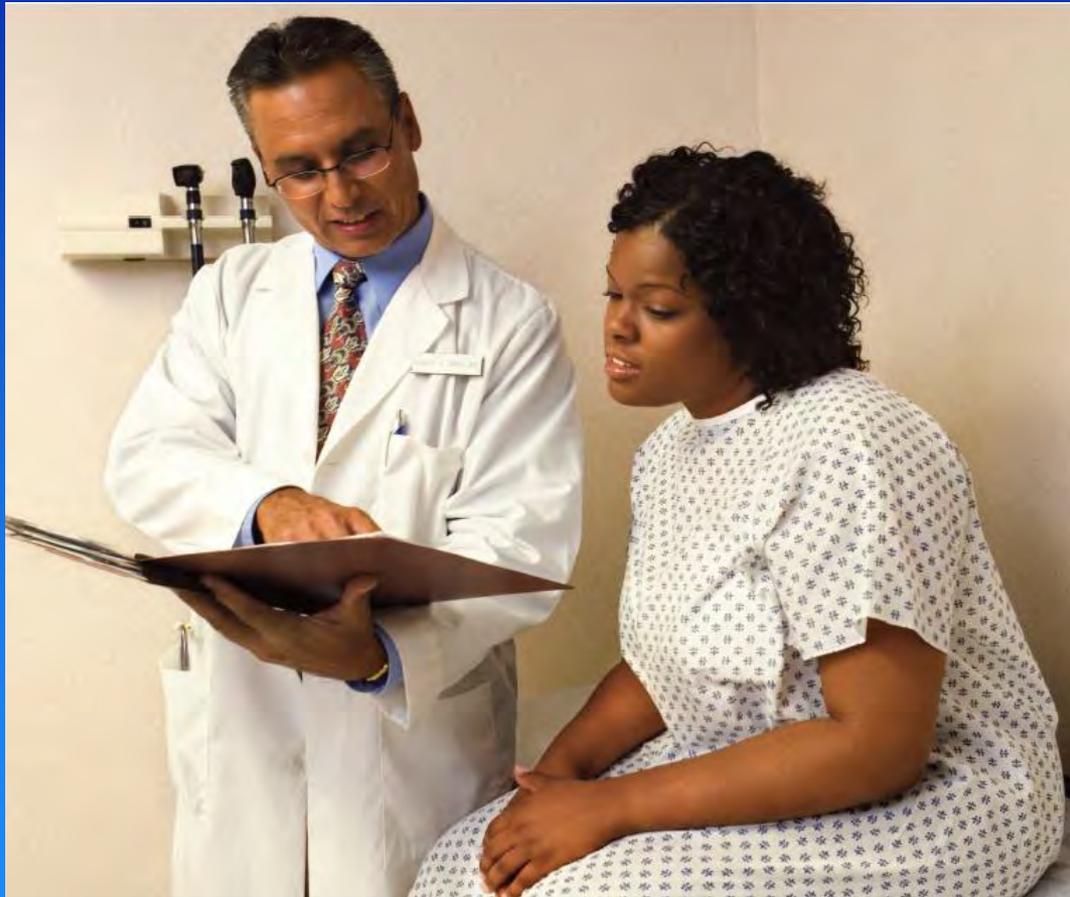


Recognizing Different Health Care Decisions

Patient decision	Should I take raloxifene, alendronate, or calcium and vitamin D to prevent osteoporosis?
Drug coverage	Which bisphosphonate drugs should be included on a drug formulary?
Clinical practice guidelines	When should therapy for low bone density be initiated?
Health plans and insurers	Should we reimburse for follow-up assessment of bone density on treatment, and how often?
Health system policies	Should we institute primary care-based ultrasound screening for osteoporosis?

See Atkins, D. Creating and Synthesizing Evidence With Decision Makers in Mind. *Med Care* 2007;45: S16–S22

Keeping the Patient at the Center



- Patients are more involved in their care.
- Each patient is different.
- Patients need reliable, relevant, and understandable information.

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.



Available AHRQ Products



The image shows four smartphone screens, each displaying a different AHRQ product. Below each screen is a white label identifying the product type. A large, light blue double-headed arrow is positioned at the bottom of the screens, pointing left and right.

- Screen 1 (Left):** Displays the cover of a research review titled "Effective Health Care: Comparative Effectiveness of Management Strategies for Gastroesophageal Reflux Disease Executive Summary". Below the screen is the label "Research Reviews".
- Screen 2:** Displays the cover of a new research report titled "Effective Health Care Research Reports: Summary of Medicare Part D Plans' Medication Therapy Management Programs". Below the screen is the label "New Research Reports".
- Screen 3:** Displays the cover of a technical brief titled "Off-Label Use of Atypical Antipsychotic Drugs: A Review for Clinicians and Providers". Below the screen is the label "Technical Briefs".
- Screen 4 (Right):** Displays the cover of a summary guide titled "Fracture Prevention Treatments for Postmenopausal Women with Osteoporosis". Below the screen is the label "Summary Guides".





Examples of Comparative Effectiveness Systematic Reviews

- Comparative Effectiveness of First and Second Generation Antipsychotics in the Adult Population
- Evaluation of Effectiveness and Safety of Antiepileptic Medications in Patients with Epilepsy
- Comparative Effectiveness of Pharmacologic Therapies for the Management of Crohn's Disease
- Effectiveness of Screening and Treatment of Subclinical Hypo- or Hyperthyroidism
- Diagnosis and Comparative Effectiveness of Treatments for Urinary Incontinence in Adult Women
- Comparative Effectiveness of Multiple Daily Injections or Insulin Pump Therapy with or without Continuous Glucose Monitoring for Diabetes⁸⁰



Examples of AHRQ Technical Briefs

- Wheeled Mobility (Wheelchair) Service Delivery
- Multidisciplinary Pain Programs for Chronic Non-Cancer Pain
- Particle Beam Radiation Therapies for Cancer
- Percutaneous Heart Valves
- Neurothrombectomy Devices for Treatment of Acute Ischemic Stroke
- Use and Safety of Positional MRI in the Management of Patients with Musculoskeletal Pain



Examples of New Research

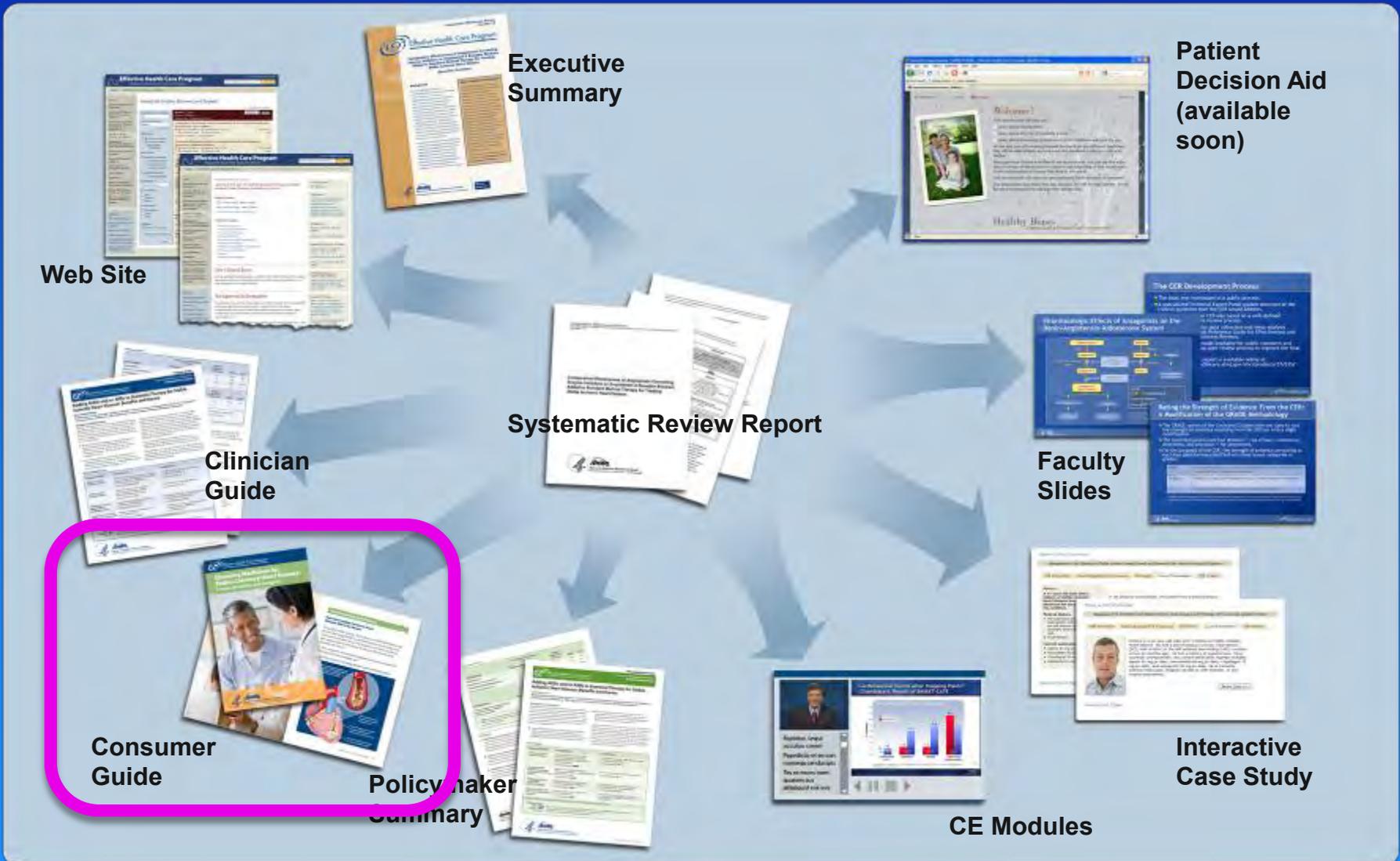
- CER of treatments for open-angle glaucoma (National Registry)
- CER of clinical management strategies in end-stage renal disease (Large US cohort of dialysis patients)
- Evaluating the effects of drug-eluting and bare metal stents
- Evaluating outcomes of PET Scanning using the NOPR Registry
- The Impact of Intensive versus Usual Glucose Control in Individuals with Type 2 diabetes
- ADHD and Risk of Sudden Cardiac Death
- CER of treatments for heart failure

In the Pipeline

- More than 100 topics
 - Evidence Synthesis
 - Future Research Needs
 - Original Research
 - Methods Research



Effective Health Care Program Translation Products





Consumer Guides

- Key Messages from EHC Reports
- Written in plain language (approx. 8th grade level) and with audio files
- Created with input from end-users
- Actionable – written to inform decisions with emphasis on benefits and harms
- Spanish translations available
- Cost information provided

Consumer Guides

- Paired with clinician guides to promote shared decision making
- Guides available in
 - Print
 - Online
 - Audio podcasts
 - Spanish translations





Important Role of Outside Input – Get Involved

- Nomination of research topics
- Input on research questions
- Comment on draft reports
- Focus test translation products
- Comments on overall program direction and quality improvement



Shared Perspectives on Comparative Effectiveness

- Comparative effectiveness should be a public good that:
 - Gives health care decision makers – patients, clinicians, purchasers and policy makers – access to the latest open and unbiased evidence-based information about treatment options
 - Informs choices and, where possible, is closely aligned with the sequence of decisions patients and clinicians face

–The Right Treatment for the Right Patient at the Right Time



What can comparative effectiveness research do for you?

- Help make decisions more consistent, transparent and rational
- Clarify nature of disputes over practice and policy
- Help inform quality improvement efforts
- Help patients make decisions about their own care



How to Access Products

AHRQ Website:
www.effectivehealthcare.ahrq.gov

- Full reports and summary guides for patients and clinicians
- Opportunities to nominate research topics or comment on research questions and draft reports
- Audio files
- Spanish translations for consumer guides
- CE Activities
- Faculty slides

AHRQ Publications Clearinghouse:
1 (800) 358-9295

Requests for **FREE**, printed summary guides



How to Stay Informed

- ✓ EHC Program website:
www.effectivehealthcare.ahrq.gov
- ✓ E-mail notices:
<http://www.effectivehealthcare.ahrq.gov/index.cfm/join-the-email-list1/>
- ✓ EHC Program newsletter, *Comparative Effectiveness News*

Questions



How to Obtain CPE Credit

- Note the voucher code: EMB123
- Go to www.pharmacist.com/education
- Go to **Online CPE Quick List** and click on *“Evidence-Based Medicine for Pharmacists in the Patient-Centered Medical Home”*
- **Log in** using your Pharmacist.com user name and password
- Complete the evaluation to gain immediate access to your Statement of Credit