Morning Plenary: Strengthening the Connections

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2006 Patient Safety and Health IT Conference
Strengthening the Connection

- Center for Primary Care, Prevention, and Clinical Partnerships – Dr. Burstin
  - Lead role for health information technology initiatives

- Center for Quality Improvement and Patient Safety – Dr. Munier
  - Lead role for quality & safety initiatives
Funding research

Developing evidence-based educational tools & resources

Developing, testing, & deploying patient quality & safety measures

Supporting implementation & evaluation strategies

Scope: 240 grants & contracts representing a $400 million investment FY 2001
Progress in Quality & Safety

The past 10 years have seen significant advances in patient safety
- Personnel trained in patient safety
- Local event reporting & improvement systems
- Emphasis on culture of safety

HIT can accelerate progress during the next decade
- Shared information regarding successful interventions
- Rapid dissemination of information on threats to safety
- Data aggregation; trend analysis; national reporting
Health IT Challenges

- The substantive agenda is improving quality & safety

- Health IT is a tool that supports this agenda
  - Adoption of HIT should not itself be the goal
  - The transformational promise of HIT can be so great, & at the same time its implementation so difficult, that it can become the substantive focus, replacing the master it is intended to serve
Health IT Challenges

- Successful adoption of HIT systems requires much more than installation & training
- True HIT costs may be underestimated
- Expectations may be unrealistic
- Little information is “interoperable” today
- Competitive “shut outs” are common
- Privacy & security concerns are significant
Patient Safety and Quality Improvement Act of 2005

- Creates “Patient Safety Organizations” (PSOs)
- Establishes “Network of Patient Safety Databases”
The PSO Safety – HIT Connection

- Data collection & reporting will occur at multiple levels
  - Provider to PSO
  - PSO to network

- Reporting will require common definitions
  - Event definitions
  - Data elements
  - Encoding schemes

- HIT systems will provide essential support
Health care in the 21st century must be based on 6 key dimensions:

1. **Safety**—avoid injury to patients from the care that is intended to help them
2. **Timeliness**—reduce waits and harmful delays
3. **Effectiveness**—avoiding overuse and underuse
4. **Efficiency**—avoid waste
5. **Equitability**—provide care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographical location, and socioeconomic status
6. **Patient centeredness**—provide care that is respectful of and responsive to individual patient preferences, needs, and values
1000 people
800 have symptoms
327 consider seeking medical care
217 visit a physician’s office
113 visit primary care physician’s office
65 visit CAM provider
21 visit a hospital OPD
14 receive home health care
13 visit an emergency department
8 in a hospital
<1 in an academic health center

NEJM 2000, Green et al
What is the rationale for a focus on ambulatory care?

- Health care services continue to shift into the ambulatory arena
- Ambulatory care and transitions in care are high-risk for patient safety
- Patient safety research and improvement has focused on hospitals
- Ambulatory care requires:
  - Complex information management
  - Coordination of care for chronically ill and elderly
More medical errors in U.S.

Any medical mistake, medical error or test error in last 2 years

- **UK**: 22%
- **GER**: 23%
- **NZ**: 25%
- **AUS**: 27%
- **CAN**: 30%
- **US**: 34%

C Shoen et al, “Taking the Pulse of Health Care Systems: Experience of Patients with Health Problems in 6 Countries” Commonwealth Fund International Health Policy Survey of Sicker Adults, 11/03/05
## Diffusion of knowledge

<table>
<thead>
<tr>
<th>Clinical Procedure</th>
<th>Landmark Trial*</th>
<th>NHQR 2005</th>
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</thead>
<tbody>
<tr>
<td>Flu Vaccine</td>
<td>1968</td>
<td>63%</td>
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<tr>
<td>Pneumococcal Vaccine</td>
<td>1977</td>
<td>56%</td>
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<tr>
<td>Diabetic Eye Exam</td>
<td>1981</td>
<td>68%</td>
</tr>
<tr>
<td>Mammography</td>
<td>1982</td>
<td>70%</td>
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<tr>
<td>Cholesterol Screening</td>
<td>1984</td>
<td>73%</td>
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</tbody>
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Develop, deploy and evaluate ambulatory health IT systems – focus on both technology and system solutions across transitions

Rapid cycle research in real world settings and practice-based research networks

- What is the relationship between health IT, safety and quality (including efficiency)?
- How can we derive the greatest clinical and financial benefit from:
  - health IT investments?
  - patient safety investments?
- How can we move what we know works into wide-scale practice?
Ambulatory Patient Safety and Quality Program

- Improving medication safety and management in ambulatory care settings
  - Improve tools for providers, patients, and caregivers to coordinate care across settings and transitions
  - Health information exchange of medication data

- Safer decision-making in ambulatory care for patients and providers
  - Improve design and implementation of effective use of point-of-care decision support in ambulatory care
  - Supporting the alignment of care redesign with implementation of Health IT in ambulatory settings
  - Supporting greater emphasis on ambulatory safety and quality measurement/reporting
Building on our Foundation

Medication Safety and Health IT Example:

- Maximizing the effectiveness of electronic prescribing between physicians and community pharmacies
- Using patient-centered medication information systems for frail elders
- Prescribing tool with decision support (checking dosage, contraindications, and drug interactions) integrated into a provider's practices
- Implementing decision support functions, including the influence of weight based dosing on pediatric adverse drug events
“My question is: Are we making an impact?”
For Additional Information:

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