



Morning Plenary: Strengthening the Connections

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6 June 2006

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

AHRQ's Quality and Safety Priorities

- 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

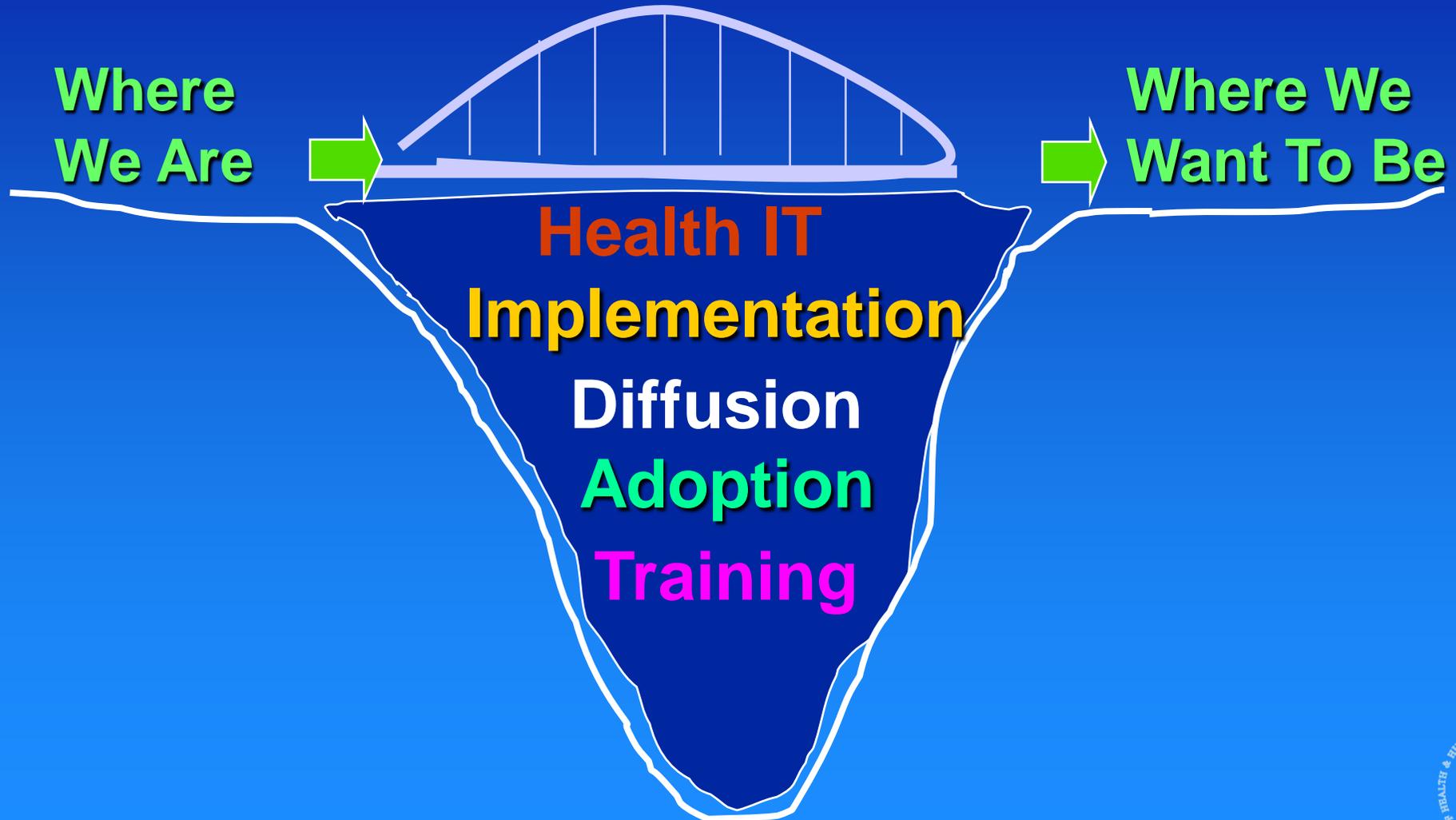
Patient Safety and Quality Improvement Act of 2005

- 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

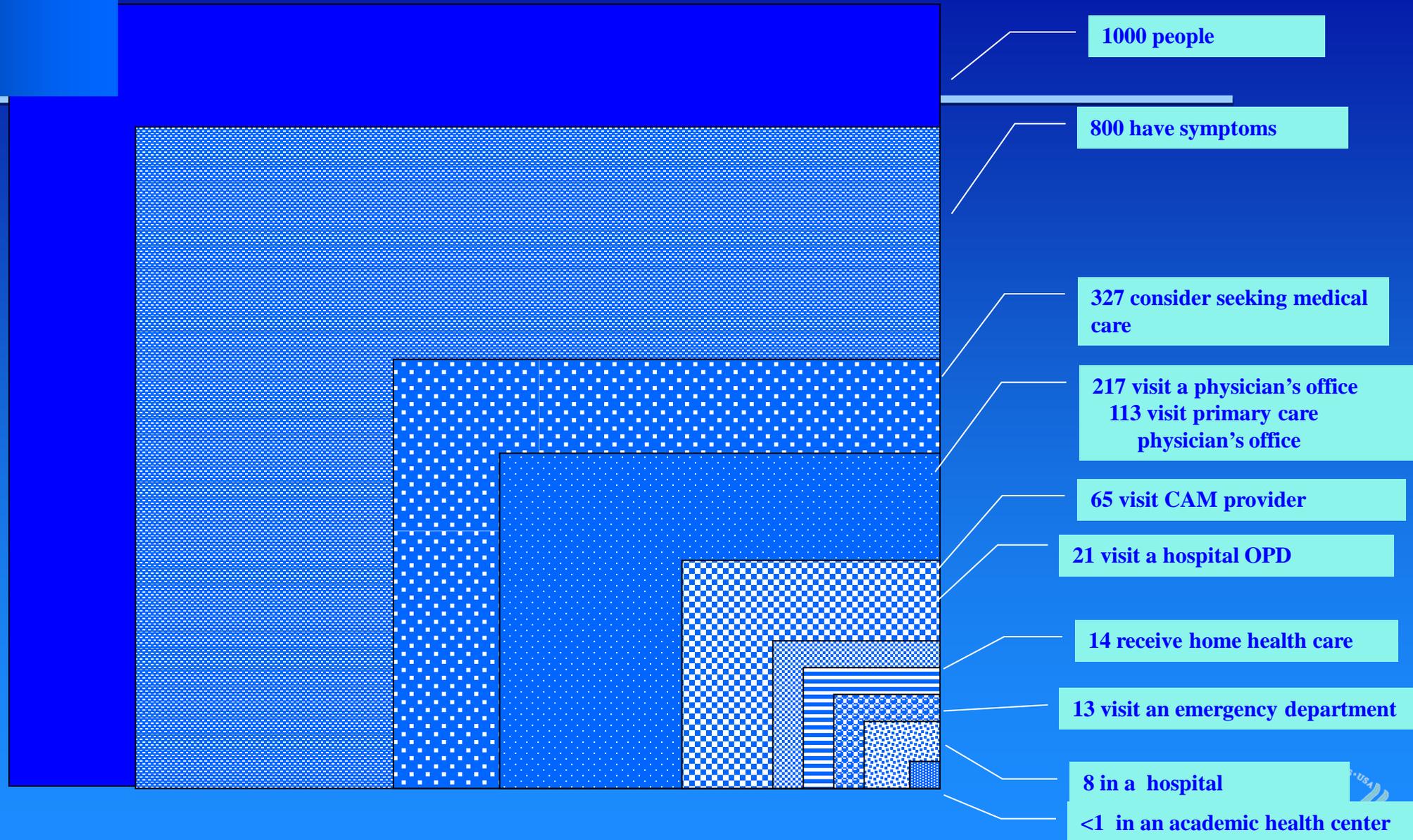
Bridging the Quality Chasm



The “Steeep” Challenge Ahead

- 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

New Ecology of Medical Care

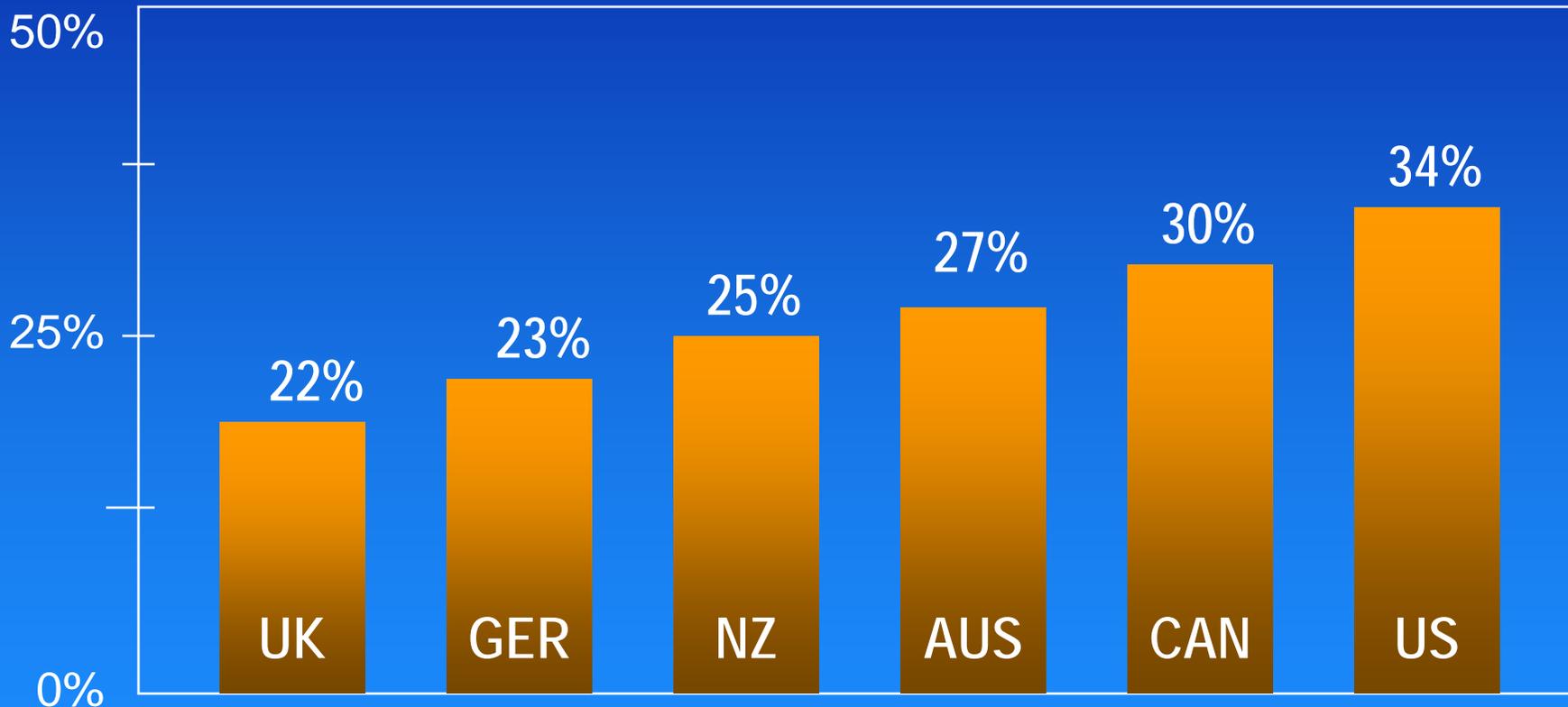


What is the rationale for a focus on ambulatory care?

- 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 illness and elderly

More medical errors in U.S.

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



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

Clinical Procedure	Landmark Trial*	NHQR 2005
Flu Vaccine	1968	63%
Pneumococcal Vaccine	1977	56%
Diabetic Eye Exam	1981	68%
Mammography	1982	70%
Cholesterol Screening	1984	73%

*Balas EA, Boren SA., Managing Clinical Knowledge for Health Care Improvement. Yearbook of Medical Informatics 2000.

Ambulatory Patient Safety and Quality Program

- 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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