


AHRQ
Agency for Healthcare Research and Quality
Advancing Excellence in Health Care www.ahrq.gov

Friends of AHRQ Briefing


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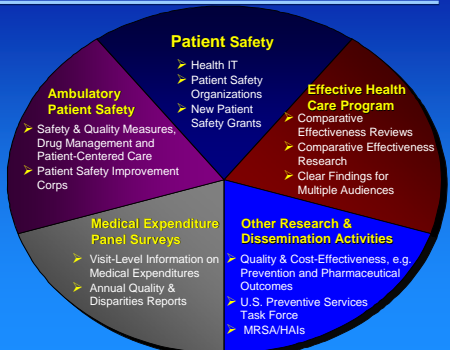


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- FY 2008 Highlights
- FY 2009
- American Recovery and Reinvestment Act
- Your Questions



AHRQ Priorities




- Patient Safety**
 - Health IT
 - Patient Safety Organizations
 - New Patient Safety Grants
- Ambulatory Patient Safety**
 - Safety & Quality Measures, Drug Management and Patient-Centered Care
 - Patient Safety Improvement Corps
- Medical Expenditure Panel Surveys**
 - Visit-Level Information on Medical Expenditures
 - Annual Quality & Disparities Reports
- Effective Health Care Program**
 - Comparative Effectiveness Reviews
 - Comparative Effectiveness Research
 - Clear Findings for Multiple Audiences
- Other Research & Dissemination Activities**
 - Quality & Cost-Effectiveness, e.g. Prevention and Pharmaceutical Outcomes
 - U.S. Preventive Services Task Force
 - MRSA/HAIs




AHRQ FY 2008 Funding

- \$334.6 million
- FY 2008 appropriation included:
 - \$30 million for comparative effectiveness research
 - Doubled the \$15 million designated in FY 2007
 - \$5 million for research and activities to reduce *Methicillin Resistant Staphylococcus Aureus* (MRSA) and related infections



Comparative Effectiveness

- Our deficiency in understanding effectiveness among preventative, diagnostic, and treatment options hampers our ability to deliver high value care
- As we build this knowledge, we need to determine how to incorporate into decision-making and measure the results





Goal: to develop and disseminate better evidence about benefits and risks of alternative choices




New Priority Conditions for the Effective Health Care Program

- Arthritis and non-traumatic joint disorders
- Cancer
- Cardiovascular disease, including stroke and hypertension
- Dementia, including Alzheimer's Disease
- Depression and other mental health disorders
- Developmental delays, attention-deficit hyperactivity disorder and autism
- Diabetes Mellitus
- Functional limitations and disability
- Infectious diseases including HIV/AIDS
- Obesity
- Peptic ulcer disease and dyspepsia
- Pregnancy including pre-term birth
- Pulmonary disease/Asthma
- Substance abuse


|  CERTs Centers | |
|--|--|
| Brigham and Women's Hospital | Health IT |
| Children's Hospital - Cincinnati | Pediatric care |
| Duke University Medical Center | Therapies for heart and blood vessel disorders |
| HMO Research Network | Multiple population-based delivery systems |
| Houston Area CERT | Consumer education and patient adherence |
| KP Ctr for Health Research, Portland | Coordinating Center |
| Rutgers University | Mental health therapeutics |
| University of Alabama - Birmingham | Musculoskeletal disorders |
| University of Arizona & C-Path | Drug interactions/Women's health |
| University of Chicago | Clinical/economic issues in hospital settings |
| University of Illinois - Chicago | Prescribing tools, including formularies |
| University of Iowa | Elderly and aging |
| University of Pennsylvania | Anti-infective use and resistance |
| Vanderbilt University | Therapeutic issues in Medicaid and VA system |
| Weill Medical College - Cornell | Therapeutic medical devices |



Patient Safety & Healthcare Associated Infections



- **Healthcare-associated Infections (HAIs)**
 - \$5 million on MRSA FY 08, potential for another \$5M for other infections-related work in FY 09
 - Awarded \$3M to HRET to help prevent central line catheter blood stream infections
 - Expansion of Michigan (Keystone) experience to 10 additional states
 - Leading the research component of the DHHS *National Action Plan on HAIs*



10-State Project to Reduce Blood Stream Infections

- Hospital associations in 10 states have been selected to participate in a program to test methods of reducing central-line associated blood stream infections in hospital ICUs.
- 10 states: CA, CO, FL, MA, NE, NC, OH, PA, TX, and WA.
- In addition, the California Hospital Patient Safety Organization, the North Carolina Center for Hospital Quality and Patient Safety, and the Ohio Patient Safety Institute will participate in the project.
- The new 10-state project aims to reduce the average rate of central line-associated blood stream infections in hospitals by 80 percent, from the national average of five infections per 1,000 catheter days to one infection for every 1,000 catheter days.




Health IT and Patient Safety

- Long-term agency priority
 - Since 2004, AHRQ has supported more than 200 projects and demonstrations to improve the safety, quality and efficiency of health care in virtually every state
- Special attention to best practices that can improve quality of care in rural, small community, safety net and community health center care settings
 - *New focus on ambulatory safety and quality*



AHRQ Health IT Investment: \$260 Million



New USPSTF Clinical Recommendations

- Screening for Prostate Cancer
- Counseling to Promote Breastfeeding
- Counseling to Prevent Sexually Transmitted Infections
- Screening for Hearing Loss in all Newborns
- Screening for Bacterial Vaginosis in Pregnancy
- Screening for Illicit Drug Use
- Screening for Chronic Obstructive Pulmonary Disease
- Screening for Phenylketonuria
- Screening for Congenital Hypothyroidism

<http://www.ahrq.gov/clinic/prevenix.htm>



AHRQ's National Reports on Quality and Disparities

- The *National Healthcare Quality Report* tracks the health care system through quality measures, such as the percentage of heart attack patients who received recommended care when they reached the hospital
- The *National Healthcare Disparities Report* summarizes health care quality and access among various racial, ethnic and income groups and other priority populations, such as children and older adults





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AHRQ FY 2009 Conference Agreement

- Recommends \$372M -- +\$37M over FY 2008
 - ~\$13M for investigator-initiated research
 - \$17 M HAI Initiative
 - \$9M to reduce central-line associated infections
 - \$8M to identify and reduce spread of MRSA
 - \$50M for Comparative effectiveness research -- \$20M increase from FY 2008



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ARRA and CER

- \$1.1 B for comparative effectiveness research:
 - AHRQ: \$300M
 - NIH : \$400M (appropriated to AHRQ and transferred to NIH)
 - Office of the Secretary : \$400M (allocated at the Secretary's discretion)
 - Funds are available through September 30, 2010



AHRQ's CER Role under ARRA

- AHRQ to continue its CER work under the auspices of section 1013 of MMA
- AHRQ will continue to have a collaborative, open, and transparent process for comparative effectiveness that allows for input from all perspectives.
- AHRQ will continue to involve all stakeholders in the research process.
- To determine what priorities and projects will be funded under this new authority, we are undertaking a process to determine what will be funded, working with the Office of the Secretary, NIH, and IOM. We also will be seeking external input as AHRQ has done in the past.



ARRA and CER

- \$1.5 M to IOM to develop a list of national priority conditions (with stakeholder input) by June 30, 2009.
- Establishment of Federal Coordinating Council for Comparative Effectiveness Research (Office of the Secretary) to reduce duplication of CER activities. Comprised of all agencies that touch on comparative effectiveness research, it will offer guidance on the best use of the funds.
- AHRQ to submit FY 09 operations plan by July 30, 2009
- FY 2010 operations plan by November 1, 2009



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Your questions?