AHRQ evidence-based Care Transformation Support (ACTS) Initiative

January 30, 2019
Kick-Off Agenda/Goals

• Build understanding / excitement for project

• Begin shared understanding of care transformation landscape
  ➤ Goals
  ➤ Activities
  ➤ Future state and path to get there

• Define next steps to mutual value
ACTS Supports AHRQs Priorities

AHRQ Focus Areas: Research | Data | Practice Improvement

Quadruple Aim

Good Outcomes

Learning Health System

Knowledge to Practice

Know What Works

Apply What Works

Data to Knowledge
Who We Are

Improving Evidence-based Care/Transformation

ALL
STAKEHOLDERS

Broad/ Diverse
ACTS
Stakeholder Community (SC)

• Patients/Advocates
• Care Delivery Organizations
• Health IT/CDS Suppliers
• Guideline Developers
• Informatics/Other Researchers
• Quality Organizations/Consultants
• Specialty Societies
• Payers
• AHRQ
• Other Gov’t Agencies
• Others

ACTS Project Support Team

STEVE BERNSTEIN
Govt PM

JERRY OSHEROFF
Project Lead

CATERINA LASOME
CDS SME

AMAL SAEED
Technical Support

DANI SYED
Technical Lead
Who We Are Specifically  
(n = 98* as of 1/28/19)

<table>
<thead>
<tr>
<th>Care Delivery Organizations (29)</th>
<th>Quality Organizations/Consultants (14)</th>
<th>HIT/CDS Suppliers (11)</th>
<th>Other Govt Agencies (14)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Adventist Healthcare</td>
<td>• Deloitte</td>
<td>• Apervita</td>
<td>• CDC (4)</td>
</tr>
<tr>
<td>• ASU</td>
<td>• IPRO (2)</td>
<td>• Cerner</td>
<td>• CMS (4)</td>
</tr>
<tr>
<td>• Children’s Hospital of Atlanta</td>
<td>• KLAS</td>
<td>• EBSCO</td>
<td>• (DoD)</td>
</tr>
<tr>
<td>• Children’s Hospital of Phila.</td>
<td>• Klesis Healthcare</td>
<td>• EHRA/Allscripts</td>
<td>• HRSA (2)</td>
</tr>
<tr>
<td>• DoD</td>
<td>• Mathematica</td>
<td>• Epic</td>
<td>• Idaho Dept of Health &amp; Welfare</td>
</tr>
<tr>
<td>• George Washington University</td>
<td>• MITRE</td>
<td>• Health Catalyst</td>
<td>• NLM</td>
</tr>
<tr>
<td>• HealthPartners</td>
<td>• NACHC</td>
<td>• Intersystems</td>
<td>• NIH</td>
</tr>
<tr>
<td>• Inova Health System</td>
<td>• NCQA</td>
<td>• Meditech</td>
<td>• ONC</td>
</tr>
<tr>
<td>• Intermountain Healthcare (3)</td>
<td>• RTI (5)</td>
<td>• Microsoft</td>
<td>• (VA)</td>
</tr>
<tr>
<td>• Kaiser Permanente</td>
<td></td>
<td>• Optum</td>
<td></td>
</tr>
<tr>
<td>• Kittitas Valley Healthcare</td>
<td></td>
<td>• Wolters Kluwer</td>
<td></td>
</tr>
<tr>
<td>• Lehigh Valley Health Network</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Informatics/Researchers (4)</th>
<th>Specialty Societies (3)</th>
<th>Patient Advocates (1)</th>
<th>Guideline Developers</th>
<th>AHRQ (22)</th>
<th>Payers</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Duke University</td>
<td>• AAP</td>
<td>• Health-Hats</td>
<td>(AAP)</td>
<td>(22)</td>
<td>(CMS)</td>
</tr>
<tr>
<td>• Idaho State University</td>
<td>• ACEP</td>
<td></td>
<td>(CDC)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Indiana University</td>
<td>• AMA</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• University of Arizona</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• (Vanderbilt University)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Names in parentheses are counted elsewhere; numbers in parentheses are individuals
AHRQ's Primary Goal:
To improve access to/use of/value from AHRQ resources to help organizations achieve Quadruple Aim

Challenges:
- CDS 5 Rights not right
- Poor information liquidity
- Many other problems !!!!
Define AHRQ’s role in delivering future state...

Engage Stakeholder Community

Define Current State (Needs, Activities, Challenges)

Develop Consensus Future State Vision

Develop AHRQ Implementation Roadmap (Others)

Foster Concept Demos (AHRQ/Others)

Implement / Evaluate / Optimize

QUADRUPLE AIM ACHIEVED

- Improved Clinician Experience
- Improved Patient Experience
- Lower Costs
- Better Outcomes

...and also drive broader progress for YOU
How We’ll Work Together

Synthesize current / future states; do pilots, roadmap

► Review/comment/discuss online documents
► Regular web-based collaboration calls
► Opportunistic face-to-face meetings? (e.g., HIMSS)

Use Confluence site to underpin collaboration

► Schedule, Agenda, Minutes, Docs, Contacts
► Listserv/Discussion Board
► Shared work/discussion on documents
When We’ll Deliver

Project Timeline

2019

Build/Engage Evidenced Base Care Transformation Stakeholder Community

Jan

Feb

Mar

April

May

Jun

Jul

Aug

Sep

Oct

Regular Meetings, Online Collaboration

Develop Model of Current State/Future State Care Transformation Ecosystem

Understand Needs/Environment, Catalog Assets (AHRQ), Synthesize Goals/Strategies

Design/Implement AHRQ Proof of Concept Pilot (Others?)

Design Use Cases, Identify Participants/Details, Execute, Analyze

Develop Preliminary AHRQ Roadmap (Others?)

Synthesize Findings to Inform Roadmap Development
Check Point

✓ Do you understand this project/goals/output
✓ Do you understand your role?
✓ Understand participation benefits for you:
  ▶ Leverage evidence resources from AHRQ/others better
  ▶ Broaden collaborations for care transformation
What the SC is Producing

Deliverables to Improve Evidence-based Care Delivery/Transformation:

Users? Needs? (use cases)
- Patients/care teams/QI teams/other

Addressing needs (current state)?
- Evidence/tools (from AHRQ/others)
- Delivery approach
- Successes/obstacles

Proof of concept/roadmap
- For AHRQ
- Foster for others

Improvement plans?
- E.g., around organizing/disseminating info to improve care/transformation

Desired future state?
- For AHRQ and others
“Good Outcomes” – Quadruple Aim?

• What future state are you driving toward?

• Does Quadruple Aim cover it? (Chat response)
  Efficient/effective care processes satisfy patients and care teams, make patients healthier, lower costs

• Anything else/different?
Care Transformation Ecosystem: Framework for Answers

What’s happening now, what organizations are changing, and where they’re trying to go with each circle and arrow?

- **Good Outcomes Quadruple Aim?**
- **PROBLEMS** with Knowledge to Practice: Access/integration/display, trust/currency/value/relevance
- **Know What Works:**
  - Clinical evidence
  - Clinical guideline
  - Best practices
  - Analytic results
  - Others?
- **Apply What Works:** Workflow integrated tools support patient-centered decisions, actions, communication

What do the circles and arrows represent in the context of care transformation?
“Applying What Works” Framework

Evidence/Resources

Access/Delivery Channels

Consumers/Needs

Need to synthesize / understand / document current state, activities, future state
“CDS 5 Rights” Framework to Improve Care Processes/Outcomes

...at the right times
key decisions/actions

...the right information
evidence-based, actionable

...through the right channels
EHR/PHR, smartphones, smart home devices

...to the right people
clinicians and patients

...in the right formats
Registry reports, documentation tools, data display, care plans

How Can AHRQ/All Support Care Delivery Better?

©2019 TMIT Consulting, LLC
Complex / Diverse Consumer Needs

- **Patients**
  - What should I know? What should I do?

- **Care Teams/Clinicians**
  - What are best actions for this patient?

- **QI Teams**
  - How can we change care to improve outcomes?

- **Provider Organization Leaders**
  - Where should we focus improvement efforts?

- **Other Stakeholders**
Outside Care Delivery Organization (HIT vendors, clinical/informatics societies, federal agencies, other CDOs, etc.)

Within Each Care Delivery Organization (and for Steps i, 8 and 9, within each patient’s daily activities)

1. Formal research, experience/case studies, analytics
2. Guidelines, Evidence, and/or Informed Opinion
3. Description of Improved Care Process(es) / ‘best practices’
4. Health IT/CDS tools with needed usefulness, interoperability are readily available in marketplace
5. Workflow and decision support tools clearly defined and developed/refined with stakeholder engagement, readily available in workflow to improve care process
6. Structured process and tools for documenting, analyzing, sharing and improving target focused workflows and information flows (e.g., HRSA Guide to Improving Care Process and Outcomes)
7. Cross organizational sharing of strategies and tools
8. Change Management Processes, e.g., stakeholder engagement/training
9. Care Process Change/tools Implemented to improve processes / outcomes
10. Performance Measurement/Reporting

Know what works
Apply what works
Good Outcomes

Quadruple Aim
Satisfied patients and care teams, healthy patients, lower costs

Sample Current / Future Template
AHRQ’s “What Works” Offerings

i. Identify Target(s) for QI Focus
- National Healthcare Quality and Disparities Reports
- National Quality Strategy
- Medical Expenditure Panel Survey
- State Quality Snapshots
- HCUP web page on opioid-related data

1. Formal research, experience/case studies, analytics
- EPC Output/Effective Health Care Program
- Comparative Health Systems Performance Initiative
- CDS Funding Opportunities
- AHRQ Research Studies
- Comorbidities as Predictors of Pain After Total Knee Arthroplasty
- AHRQ Research Studies limited to topics “Pain” and “Opioids”

2. Guidelines, Evidence, and/or Informed Opinion
- National Guideline Clearinghouse, USPSTF
- Systematic Review Data Repository
- Technology Assessment Program
- Noninvasive Nonpharmacological Treatment for Chronic Pain: A Systematic Review
- AHRQ Grants and Reports related to Opioids
- Interagency Guideline on Prescribing Opioids for Pain [from Innovation Exchange]
- Behavioral Health Integration Academy webpage on opioids and substance abuse

[Overview of AHRQ’s Opioid Activities]

3. Description of Improved Care Process(es)
- AHRQ Patient Safety Network/Patient Safety Primers
- Practice-Based Research Networks
- Team-based approach to managing opioids in primary care (website/guidance/tools)

4. Health IT/CDS tools with needed usefulness, interoperability readily available in marketplace
- CDS Connect
- CDS Connect Opioids and Pain Management Artifacts
- Health Information Technology Program
- USHIK

5. Workflow/decision support tools defined/developed/refined, available in workflow
- CDS Connect
- CDS Connect Opioids and Pain Management Artifacts

6. Process/tools to document/analyze/share/improve target-focused workflow/info flow

7. Cross-organizational sharing of strategies and tools
- PCCDS Learning Network
- AHRQ Healthcare Innovations Exchange [not active]
- PCCDS Learning Network Opioid Action Plan [+ potential ongoing ‘Forum’]

8. Change Management Processes, e.g., reengineering care delivery, stakeholder engagement/training
- TeamSTEPPS
- Comprehensive Unit-based Safety Program
- Care Delivery System Redesign Resources
- NCEPCR Tools and Resources for Practice Transformation and QI
- Improving Primary Care Practice
- Surveys on Patient Safety Culture
- Hospital and Health System Resources
- Long Term Care Resources
- Nursing Home Safety Resources
- [Behavioral Health] Integration Academy
- Patient Safety Organization Program
- [CV Health] EvidenceNOW
- PCMH Resource Center
- Tools to Improve Diagnostic Safety
- Healthcare -Associated Infections Program
- Reducing Hospital-Acquired Conditions
- Continuing Education Activities
- Resources for Evidence-based Decision Making

9. Care Process Change/tools Implemented
- Health Literacy
- Engaging Patients and Families in Care

10. Performance Measurement/Reporting
- Quality Measure Tools and Resources
- Consumer Assessment of Healthcare Providers and Systems
- National Quality Measure Clearinghouse, Primary Care Measures Resources
- TalkingQuality
- Pediatric Quality Measures Program
- Patient-reported Outcomes
- AHRQ Quality Indicators
- Pain Items in CAHPS

Not Yet Classified
- Registry of Patient Registries
- Social determinants of health data
- AHRQ’s health services and markets databases
AHRQ Silos of Knowledge

- AHRQ Research Publications, Reports (Grants)
- USPSTF Task Force Recommendations (USPSTF)
- EPC Evidence Practice Centers Reports (EffectiveHealthcare)
- Systematic Reviews Database (SRDR+)
- Guidelines & Quality Measures (NGC/NQMC)
- CDS computable artifacts repository/tools (CDS Connect)
- Patient-Centered CDS Learning Network (PCCDS-LN)
- Registry of Patient Registries database (RoPR)
- Primary Care/Behavioral Health (Integration Academy)
- Primary Care Practice-Based Research Networks (PBRN)
- Patient Centered Medical Homes Resources (PCMH)
- Patient Safety Events Reports/Resources (PSnet/PSOs)
- National Healthcare Quality & Disparities Reports (QDR)
- US Health Information Knowledgebase (USHIK)
- Data Files, Surveys, & Reports (MEPS, HCUP, CAHPS, SOPs ...)
- Patient Centered Outcomes Research Studies (PCOR)
- Patient Reported Outcomes data initiatives (PRO)
- Social Determinants of Health data initiatives (SDH)
- Improving Heart Health (Evidence Now)
- Teamwork Tools to Optimize Patient Outcomes (TeamSTEPPS)
- Comparative Health Systems Performance (CHSP)
- Comprehensive Unit-based Safety Program (CUSP)
- Others (Health IT, Quality Indicators, Innovations Exchange, etc.)

Mash Up Disparate Evidence Resources & Data Silos

- Integration Engine
- Common Terminology/Taxonomy

Provide an AHRQ Evidence Marketplace

- Open Source
- Trustworthiness
- Synthesized Evidence
- Predictive Data Analyses
- Standards/Governance
- Curate/Harmonize/Manage Content

Improved Delivery Channels

- Smart on FHIR via EHRs/PHRs
- Open Infobuttons
- EBMonFHIR
- CDSS/Dashboards
- Search/Browse
- Data Visualization
- AI/ML/NLP
- Open APIs
- Webservices
- Mobile
- Others

Other Resources/Silos (Public & .com)

- Improved Delivery Channels
- QI Teams
- Guideline/CDS developers
- Policymakers
- Researchers
- Others

Sampling: CDC, NIH/NLM (PUBMED, MEDLINEPlus, Clinical Trials)
CMS, VHA, KP, Mayo, UpToDate, DynaMedPlus, Cochrane,
Micromedex, TRIP, CINAHL, MDCalc, JAMAevidence, ClinicalKey,
Embase, ACP Journal Club, Visualdx, ExploritEBM, Many Others

AHRQ Websites, Data, Tools & Resources

Better Dissemination / Implementation

Research

Evidence Synthesis

Translation & Communication

Implementation

Clinical Practice

Achieve

Quad Aim
CDS 5 Rights

- Care Teams
- Patients

- QI Teams
- Guideline/CDS developers
- Policymakers
- Researchers
- Others

?
Specific / Pressing AHRQ Needs

• Define “AHRQ evidence marketplace” to achieve CDS 5 Rights/Quad Aim and satisfy use cases
  ▶ AHRQ evidence supports insight to action
    ▪ Manage better: integrate silos; common taxonomy
    ▪ Deliver better: browse, search, HIT integrate (CDS/FHIR/ open API, data visualization, dashboards, infobutton, mobile, AI, etc.)
  ▶ How to integrate with other public/.com marketplaces?

• AHRQ short term solutions/roadmap to align with future state
What People Are Doing to “Apply What Works”

Need overarching framework/architecture/model:

• How does evidence get into care delivery/transformation workflow?
• Incorporate what people are currently doing/planning
Consensus Future State

• Satisfy care delivery/transformation needs
  ► Leverage AHRQ and non-AHRQ assets

• To make this happen:
  ► Understand actors/needs/key use cases
  ► Map needs to AHRQ/other assets and delivery channels
  ► Incorporate resources into health IT
  ► Integrate content/delivery into workflow

What does this look like?
Check Point

✔ Understand deliverables?
✔ Feedback/input on framework content/structure?
✔ High priority use cases/targets?
  ► Opioids, preventive care, HTN/DM, other?
✔ Pressing input on AHRQ info delivery?
## Next Steps

### Stakeholder Community
- Meeting schedule
  - Every other week?
  - Same time slot?
- Meet at HIMSS?
- How do AHRQ assets support your work? How can they do better?
  - Discuss via Listserv
- Other key stakeholders?

### Project Team
- Establish regular meetings
- HIMSS meeting Doodle Poll
- Listserv launch
- Continue building SC members
- Confluence collaboration site
- Agenda, goals for next meeting
✓ Chat your thoughts on:
  ► OK to meet every other week? Other suggestion?
  ► Meet at HIMSS?

✓ Questions/concerns/suggestions about SC collaborations?
  ► We’ll send you instructions for use of the listserve

✓ Other comments/suggestions/discussion?