AHRQ: Present and Future Activities Impacting Hospital Medicine

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In the nearly 10 years since Bob Wachter and Lee Goldman coined the word *hospitalist,*[1] it has been inspiring to see the dramatic growth of this specialty and with it, the growth in membership of the Society of Hospital Medicine.

Over the same period, the health care system has made progress toward ensuring that it provides the safest, highest-quality health care possible.

In my mind, the two phenomena are related. The Society of Hospital Medicine, along with the hospitalist field more generally, has played a critical role in promoting the use of evidence-based care, improved teamwork, and health information technology, which can make a significant difference in the care patients receive in the hospital. Similarly, the mission of the Agency for Healthcare Research and Quality (AHRQ) is to improve the quality, safety, efficiency, and effectiveness of health care for all Americans. So, both of our organizations are working to create positive change that will improve the health and health care of all patients.

As a research agency, we support studies, systematic reviews, and evaluations that help to build the foundation of evidence for health care. However, our work goes beyond simply conducting, supporting, and disseminating health services research. At its heart, our mission is helping the health care system translate research into improved practice and policy. We do not see research as an end in itself but rather a vehicle to improve health care and health. We achieve our goals by working with our public- and private-sector partners to translate the research we support and conduct into knowledge and information that can be used immediately to improve health care for all Americans.

Health Information Technology

This commentary features AHRQ's quality-related initiatives, including promoting the use of health information technology to improve quality and safety, providing the tools to assess health care quality, and expanding training to promote quality improvement in local communities. Many of these tools are ideal for hospitalists to use in their mission to ensure high-quality care and an efficient and thorough handoff at discharge.

AHRQ is at the leading edge of President Bush's vision of a health care system that harnesses the power of health information technology (IT) to improve quality. AHRQ has invested more than $166 million in more than 100 projects to promote the use of

health IT, with a special focus on rural hospitals and communities. These projects will enable providers to improve patient safety and reduce medication errors by eliminating handwritten prescriptions, help to ensure that important information follows patients as they move among health care settings, and reduce duplicative and unnecessary testing.

As part of this investment, AHRQ has awarded multiyear contracts totaling nearly $30 million to Colorado, Delaware, Indiana, Rhode Island, Tennessee, and Utah to help in the development of statewide networks that are secure, ensure privacy, and make information more accessible. Participants in the networks include major purchasers of health care, public and private payers, hospitals, ambulatory care facilities, home health care providers, and long-term care providers.

In addition, AHRQ created the AHRQ National Resource Center for Health Information Technology (http://healthit.ahrq.gov) as a focus for technical assistance, information sharing, and collaboration. The resource center site provides emerging lessons from the field, a knowledge library with links to more than 5000 health IT information resources, an evaluation toolkit to help those implementing health IT projects, a summary of key topics, plus other resources pointing to current health IT activities, funding opportunities, and other information.

Effective Health Care Program

However, as we all know, health IT is not a magic bullet or the sole answer to the quality and safety problems facing the American health care system. It is a means to an end. Although health IT has the great potential to deliver evidence to clinicians, patients, and other health care decision makers when they need it, one challenge is to ensure the evidence base is readily available.

To that end, AHRQ's new Effective Health Care Program, authorized under Section 1013 of the Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003, is conducting research with a focus on outcomes, comparative clinical effectiveness, and appropriateness of pharmaceuticals, devices, and health care services. At press time, AHRQ had released two effectiveness reports, *Comparative Effectiveness of Management Strategies for Gastroesophageal Reflux Disease*[2] and *Effectiveness of Noninvasive Diagnostic Tests for Breast Abnormalities*.[3]

The AHRQ Effective Health Care Program takes three approaches to research on the comparative effectiveness of different treatments and clinical practices:

- *Review and synthesize knowledge.* AHRQ's Evidence-Based Practice Centers systematically review published and unpublished scientific evidence to develop evidence reports.
- *Promote and generate knowledge.* A new AHRQ-supported research network called DEcIDE (Developing Evidence to Inform Decisions about Effectiveness) conducts accelerated practical studies of new scientific evidence and analytic tools.
- *Compile the findings and translate knowledge.* The John M. Eisenberg Clinical Decisions and Communications Science Center compiles the research results into a variety of useful formats for stakeholders.

Interested readers should go to the Effective Health Care Web site, www.effectivehealthcare.ahrq.gov, to read more about AHRQ's Effective Health Care Program and to see work in progress, suggest topics for research, or comment on research questions and draft reports.

Patient Safety and Quality

Since 2001, AHRQ has been the leading funder of patient safety research, and I am proud that our $165 million patient safety research program is bearing fruit.

For example, Bob Wachter—in his spare time—and his team at the University of California, San Francisco, under contract to AHRQ, developed AHRQ's Patient Safety Network, which can be found at http://www.psnet.ahrq.gov. AHRQ PSNet is a national Web-based portal featuring the latest news and essential resources on patient safety. Included in the Patient Safety Network is AHRQ's Web M&M site (http://www.webmm.ahrq.gov/), an anonymous forum where clinicians post new cases of medical errors for discussion. The site also includes expert commentaries on how to think through such cases, identifying problem areas and potential solutions. Together, PSNet and Web M&M receive more than 100,000 visits each month.

Readers of *JHM* also will be interested in AHRQ's Hospital Survey on Patient Safety Culture, which we released in partnership with Premier, Inc., the Department of Defense (DoD), and the American Hospital Association. The survey can be used to evaluate employees' attitudes about patient safety in their facilities or within specific units. It

addresses a critical aspect of patient safety improvement: measuring organizational conditions that can lead to adverse events and patient harm. The survey, which is being used in the DoD's medical facilities, is available at http://www.ahrq.gov/qual/hospculture. Premier and the AHA are strongly encouraging their members to adopt the Hospital Survey on Patient Safety Culture if they are not already using a survey as part of their safety improvement efforts.

In another quality initiative, AHRQ also has developed a series of software tools that can help hospitals gauge the quality of care they provide. AHRQ's Prevention Quality Indicators allow hospitals to detect potentially avoidable hospital admissions for illnesses that can be effectively treated with high-quality, community-based primary care.

Another tool is the Inpatient Quality Indicators, 29 measures that can be used to help hospitals identify potential problem areas and to provide a proxy measure of hospital quality of care. The Patient Safety Indicators can help hospitals enhance their performance by quickly detecting potential medical errors in patients who have undergone medical or surgical care. Staff can then investigate to determine whether the problems detected by the indicators were caused by potentially preventable medical errors or have some other explanation.

Building on its long track record of developing surveys to gauge consumers' experiences in the health care system, AHRQ has developed H-CAHPS, a survey tool that hospitals, employers, states, and others can use to assess the perceptions of hospital patients about the quality of the care they receive. This information is designed to help patients, their employers, and other purchasers make informed decisions and give hospitals feedback they can use to improve care. The Centers for Medicare & Medicaid Services, in partnership with the nation's major hospital trade groups, is using H-CAHPS as part of their collaborative Hospital Quality Alliance to develop comparative information about hospitals.

In the future, AHRQ plans to create other surveys, including Ambulatory CAHPS, In-Center Hemodialysis CAHPS, and Nursing Home CAHPS.

AHRQ also is now working in partnership with the Department of Veterans Affairs to train the third class of state and hospital teams participating in the Patient Safety Improvement Corps. The program was created because states asked us for help in areas such as conducting effective investigations of reports of medical errors and developing interventions and changes in standard clinical practice. When trained, the teams return to their local communities armed with the knowledge to improve patient safety.

National Health Care Quality and Disparities Reports

Finally, in January 2006, AHRQ released the third annual *National Healthcare Quality Report* (NHQR) and the *National Healthcare Disparities Report*. These reports provide data on the quality of health care and disparities in the use of health care services associated with patient characteristics, including race, ethnicity, income, education, and area of residence.[4–5] In March 2006, AHRQ released a Web-based tool called State Snapshots for states to use in measuring health care quality. The State Snapshots provides quick and easy access to the many measures and tables of the *2005 NHQR* and also provides trend data that can help in the understanding of the quality of health care in individual states, including strengths, weaknesses, and opportunities for improvement. The reports and the State Snapshots are available on AHRQ's QualityTools Web site at http://www.qualitytools.ahrq.gov/.

I hope this article has provided a glimpse into the quality improvement initiatives and activities supported by AHRQ. For ongoing information on these activities, I urge readers to go to AHRQ's Web site and sign up for our electronic newsletter (http://www.ahrq.gov/news/ahrqlist.htm) and our patient safety newsletter (http://www.ahrq.gov/qual/ptsflist.htm).

AHRQ's aim is to make doing the right thing the easy thing to do for the health care system. We look forward to working with readers of the *Journal of Hospital Medicine* to achieve that goal.

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