Implementing High-Quality Primary Care From Dream to Reality?

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Disclaimer

- My presentation does not necessarily represent the views of AHRQ or the U.S. Department of Health and Human Services (DHHS); therefore, do not interpret any statement in this presentation as an official position of AHRQ or of DHHS.
Agency for Health Care Research and Quality

Mission:

To produce evidence to make health care safer, higher quality, more accessible, equitable and affordable

To work with HHS and other partners to make sure that the evidence is understood and used
AHRQ’s Role: The Why, What, and How

**Our Vision**
- Improve the lives of patients

**Our Aim**
- To help healthcare systems and professionals deliver care that is
  - High Quality
  - Safe
  - High Value

**Our Competencies**
- Health Systems Research
- Practice Improvement
- Data & Analytics
Vision: Healthcare delivery organizations and health professionals, using the best evidence, deliver high quality, whole-person, coordinated care to all Americans.
Central Role of Primary Care

Revitalizing the Nation’s primary care system is foundational to achieving AHRQ’s mission of improving the quality, safety, accessibility, equity, and affordability of health care for all Americans
Building on Three Decades of Experience
The committee recommends that
(a) the Department of Health and Human Services identify a lead agency for primary care research and
(b) the Congress of the United States appropriate funds for this agency in an amount adequate to build both the infrastructure required to conduct primary care research and fund high-priority research projects.
(b) PRIMARY CARE RESEARCH.—

(1) IN GENERAL.—There is established within the Agency (AHRQ) a Center for Primary Care Research (referred to in this subsection as the ‘Center’) that shall serve as the principal source of funding for primary care practice research in the Department of Health and Human Services. For purposes of this paragraph, S. 580—8 primary care research focuses on the first contact when illness or health concerns arise, the diagnosis, treatment or referral to specialty care, preventive care, and the relationship between the clinician and the patient in the context of the family and community.

(2) RESEARCH.—In carrying out this section, the Center shall conduct and support research concerning— (A) the nature and characteristics of primary care practice; (B) the management of commonly occurring clinical problems; (C) the management of undifferentiated clinical problems; and (D) the continuity and coordination of health services.
AHRQ’s Long History of Primary Care Research

• Patient-Centered Medical Home
• Primary Care Practice-Based Research Networks
• Practice Facilitation
• Transformation of Primary Care
• Optimizing Care for People Living With Multiple Chronic Conditions
• Primary Care Workforce
Selected Primary Care Accomplishments

• Research
  ► Over **1000 publications** on primary care research from grants funded between 2008 and 2019
  ► Supported the first demonstration of the **ECHO model** in 2009
  ► **Healthy Work Place** trial generated evidence for realistic steps to reduce clinician burnout
  ► Supported development of the **Six Building Blocks** model for management of substance use disorder

• Practice Improvement
  ► Cataloged dozens of tools and resources for **primary care transformation**
  ► Released a 32 module Primary Care **Practice Facilitation Curriculum** and **How to Guide** for running a practice facilitation program
Project ECHO: Telementoring for Primary Care

- Funded by AHRQ in 2004; subsequent funding from RWJF and CMMI
- Adopted by the Veterans Health Administration in 2012
- Integrated into an AHRQ initiative in 2016 to provide treatment for opioid addiction
  - Four grants awarded to serve rural areas in PA, NC, OK, CO
- Formed the basis for the ECHO Act of 2016
  - Will lead to an HHS report on capacity to expand ECHO model across programs
Ongoing Investments in Primary Care Research
AHRQ remains committed to advancing primary care and primary care research. We are interested in applications that address:

• How different configurations of primary care teams affect the effectiveness and efficiency of care and health outcomes;
• How different financing models for primary care affect the delivery of high quality care;
• How to integrate primary care into larger health care systems and public health to improve health outcomes;
• How different external supports, configurations of teams, delivery or financing models of primary care improve health equity across diverse populations and communities;
• How different external supports, configurations of teams, delivery or financing models of primary care improve patient and/or provider satisfaction;
• The development of quality measures that are applicable to the primary care setting. For example, how can concepts of primary care such as “comprehensiveness” or “team-ness” be measured.
Using Data Analytics to Support Primary Care and Community Interventions to Improve Chronic Disease Prevention and Management, and Population Health

3 grants, 3 years, $6 million to:

- Integrate data on chronic disease, social needs, and community services
- To promote health equity and improve the health of at-risk individuals and populations (SUD, CVD, MCC)
- By creating actionable dashboards to match primary care interventions to patients’ needs and manage population health.
AHRQ seeks applications to develop, implement, evaluate, and disseminate strategies to improve the management of opioid use and opioid use disorder in older adults in primary care settings, especially in settings with large segments of socially at-risk older adults. (R18)

Applicants must propose a comprehensive plan that uses evidence-based interventions and quality improvement strategies designed to improve the management of pain, opioid use, and opioid use disorder for older adults in primary care.
Primary Care and Digital Healthcare Research

AHRQ funds research to create actionable findings around “what and how digital healthcare works best” for its key stakeholders: patients, clinicians, and health systems.

Funding Digital Healthcare Research in Primary Care:

- **53 primary care grants** active during the past four years
- Represents an **investment of $58M to improve primary care delivery**
- Funded research projects **primarily focus on the treatment of chronic conditions for adults and children** (Asthma, Diabetes, Hypertension, etc.)
- Organizations were funded in 22 states and the District of Columbia
- Research on the use of Artificial Intelligence, Clinical Decision Support, Health Information Exchange, Electronic Health Records, mHealth, and Tele-medicine in the primary care setting.
Optimizing Care for People Living with Multiple Chronic Conditions through the Development of Enhanced Care Planning - 2016

- Specific interest in generating knowledge about how clinical teams will use a patient’s values, preferences and personal, social, and clinical context to formulate and use plans of care in partnership with patients, caregivers and families. Proposals that address how the process of care planning and the care plans themselves will identify and respond to the specific and dynamic nature of patients’ circumstances are of interest.

- AHRQ will use standing program announcements for the R01, R03, and R18 funding mechanisms to support this research.
The Challenge of Multiple Chronic Conditions

• Nearly 1 in 3 of American adults and 4 in 5 Medicare beneficiaries are living with multiple chronic conditions (MCC), the most common chronic condition.

• There is a mismatch between the way care is delivered (disease-specific) and needs (patient-centered) resulting in care that is fragmented and of suboptimal quality, leading to poor outcomes and increased costs.

• Low income individuals and racial/ethnic minorities develop MCC at earlier ages. Women are more likely to have MCC than men across all age groups.

• People with MCCs account for 64% of all clinician visits, 70% of all in-patient stays, and 83% of all prescriptions, 71% of all health care spending and 93% of Medicare spending.
Figure 15: Co-morbidity among Chronic Conditions for Medicare Fee-for-Service Beneficiaries: 2017

- Autism Spectrum Disorders
- HIV/AIDS
- Schizophrenia/Other Psychotic...
- Arthritis
- Cancer
- Depression
- Hypertension
- Hepatitis (Chronic Viral B & C)
- Osteoporosis
- Alzheimer’s Disease/Dementia
- Hyperlipidemia
- Asthma
- Diabetes
- Alcohol Abuse
- Drug Abuse/Substance Abuse
- Ischemic Heart Disease
- COPD
- Atrial Fibrillation
- Chronic Kidney Disease
- Stroke
- Heart Failure
Rising Prevalence of MCC
A New Syndemic

King et. Al JABFNM 2010
A sustainable healthcare system that delivers high-value coordinated, integrated patient-centered care based in primary care optimizing individual and population health by preventing and effectively managing multiple chronic conditions (MCC).
Practice Improvement in Primary Care
Academy for Integrating Behavioral Health and Primary Care: Portal

http://www.integrationacademy.ahrq.gov
The Playbooks: A Virtual Coach

Playbooks

Follow guidance on how to integrate behavioral health and medication-assisted treatment for opioid use disorder into primary care or other ambulatory care settings.

Integrating Behavioral Health and Primary Care Playbook

The AHRQ Academy developed the Integrating Behavioral Health and Primary Care Playbook (referred to as the Integration Playbook), a guide to integrating behavioral health in primary care and other ambulatory care settings to help improve health care delivery to achieve better patient health outcomes.

Start the Playbook

Medication-Assisted Treatment for Opioid Use Disorder Playbook

The AHRQ Academy developed the Medication-Assisted Treatment for Opioid Use Disorder Playbook (referred to as the MAT for OUD Playbook), a practical guide for implementing MAT in primary care and other ambulatory care settings.

Start the Playbook
Future Consolidated Appropriations Act, 2020

Re-authorized the Patient-Centered Outcomes Research Trust Fund

In 2010, Congress instructed AHRQ to invest in specific activities based upon AHRQ’s core mission and experience:

• **Dissemination**
  - Disseminate findings from the Patient-Centered Outcomes Research Institute (PCORI) and government-funded entities that sponsor research on comparative clinical effectiveness.
  - Support the incorporation of research findings into health information technologies associated with clinical decision support.

• **Training**
  - Award training grants to develop the skills of researchers to build capacity for future comparative effectiveness research.
AHRQ PCOR Dissemination and Implementation Initiative: Overview

Receive Nominations of PCOR Findings

Assess
  ● Strength of Evidence
  ● Impact on Patient-Centered Outcomes

Assess Feasibility for D&I into Practice

Explore Range of Potential Approaches for D&I

Fund D&I Projects

Evaluate D&I

Huppert et al Medical Care 2019
AHRQ D & I Initiatives
Learning while Implementing

• EvidenceNow: Cardiovascular Risk Reduction
  ► Building quality improvement capacity in small and medium sized primary care practices
  ► EvidenceNow Tools for Change
    https://www.ahrq.gov/evidencenow/index.html

• TakeHeart: Cardiac Rehab
  ► Scale and spread evidence based interventions to increase uptake of cardiac rehab

• Unhealthy Alcohol Use
  ► Integrate Behavioral Health and Primary Care

• Managing Opioid Abuse in Rural Communities
  ► Increase use of MAT by increasing provider capacity to manage opioid use disorder
The purpose of the initiative is to disseminate and implement clinical and organizational PCOR findings into primary care practice to improve the delivery of patient-centered approaches to identifying and managing unhealthy alcohol use among adults.
Regional Cooperatives & National Evaluation Team

- **Healthy Hearts in the Heartland** (Midwest Cooperative)
- **Healthy Hearts NYC** (New York City Cooperative)
- **Heart Health NOW!** (North Carolina Cooperative)
- **Healthy Hearts Northwest** (Northwest Cooperative)
- **Healthy Hearts for Oklahoma** (Oklahoma Cooperative)
- **EvidenceNOW Southwest** (Southwest Cooperative)
- **Heart of Virginia Healthcare** (Virginia Cooperative)

![Map of the United States with regions marked for different cooperatives.]

- **ESCALATES** (National Evaluation Team)
- **TAC** (Technical Assistance Center)
The EvidenceNOW Key Driver Diagram and Tools for Change

AIM

Key Driver 1: Seek and Implement Evidence

Key Driver 2: Implement Quality Improvement (QI)

Key Driver 3: Optimize Health Information Systems

Key Driver 4: Create Care Teams

Key Driver 5: Engage with Patients & Families

Key Driver 6: Nurture Leadership

Change Strategy: Develop a process to search for new evidence and other changes related to Key Driver 1

Change Strategy: Develop an inter-professional QI team and other changes related to Key Driver 2

Change Strategy: Identify & train a Data Coordinator and other changes related to Key Driver 3

Change Strategy: Establish care teams & delineate roles and other changes related to Key Driver 4

Change Strategy: Identify patients affected by evidence and other changes related to Key Driver 5

Change Strategy: Forge a vision of adapting to new evidence and other changes related to Key Driver 6

Tools & Resources related to Key Driver 1

Tools & Resources related to Key Driver 2

Tools & Resources related to Key Driver 3

Tools & Resources related to Key Driver 4

Tools & Resources related to Key Driver 5

Tools & Resources related to Key Driver 6

https://www.ahrq.gov/evidencenow/tools/index.html
Advancing evidence into practice through CDS and making CDS more shareable, standards-based and publicly-available

1. Engaging a stakeholder community
2. Creating prototype infrastructure for sharing CDS and developing CDS
3. Advancing CDS through grant-funded research
4. Evaluating the overall initiative

https://cds.ahrq.gov
Pain Management Dashboard

Historical Pain-related Treatments

- Opioid Medications
- Non-Opioid Medications
- Non-Pharmacologic Treatments

Opioid Medications

- 12 HR Oxycodone Hydrochloride 60 MG Extended Release Oral Tablet
  - Start: 2015-Jul-15
  - End: 2015-Apr-15
- Oxycodone Hydrochloride 10 MG Oral Capsules
  - Start: 2015-Apr-15
  - End: 2015-Jan-15
- 12 HR Oxycodone Hydrochloride 60 MG Extended Release Oral Tablet
  - Start: 2015-Apr-15
  - End: 2015-Jul-15

Non-Opioid Medications

- no entries found

Non-Pharmacologic Treatments

- no entries found
Pain Management Summary – Content

Pertinent Medical History
- Conditions associated with chronic pain
- Risk factors for opioid-related harms

Pain Assessments
- Wong-Baker FACES Rating Scale
- PEG & STarT Back Screening Tools**

Historical treatments
- Opioid medications
- Non-opioid medications
- Non-pharmacologic treatments
- Stool softeners and laxatives

Risk Considerations
- MME amount**
- Urine drug screen results
- Benzodiazepine medications
- Naloxone medications
- Risk screenings relevant to pain management**

** involve LOINC code constraints

Objectives:
- Display relevant data to inform pain management decisions
- Include concepts outlined in the CDC guideline
- Provide contextual notifications via flags
- Facilitate shared decision making
- Ease clinician cognitive burden by unifying in one view data that are normally scattered on multiple screens

Be aware:
- The Summary does not display or provide notifications for all of the CDC recommendations
- The summary does not make treatment recommendations
- Clinicians are encouraged to use their medical knowledge and awareness of evidence-based guidelines to make the best decision for each patient
AHRQ Comparative Health System Performance (CHSP) Initiative Overview

**Comparative Health System Performance (CHSP) Initiative**  
**Goal:** understand the factors that affect health systems’ use of patient-centered outcomes research (PCOR) and to identify best practices in disseminating and using PCOR  
**Application:** potential to understand the linkage between primary care and health systems

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**Grants: Centers of Excellence (CoE)**  
- Dartmouth  
- NBER  
- RAND

**CoE Data Cores:**  
- National Survey of Healthcare Organizations and Systems (Dartmouth)  
- Enhanced System Database (NBER)  
- "Deep Dive" site visits data (RAND)

**Contract: Coordinating Center**  
- Mathematica Policy Research

**Research Publications**  
- CHSP Technical Expert Panel (TEP)  
- Compendium of U.S. Health Systems
AHRQ evidence-based Care Transformation Support (ACTS)

- Provide AHRQ / others a stakeholder driven Roadmap to improve access to / use of / value from evidence resources
- Improve care delivery and transformation to the quadruple aim (e.g., by better achieving the CDS 5 Rights)
- Develop a Roadmap

**AHRQ RESOURCES**
- USPSTF Recommendations
- CDS Connect Artifacts
- Evidence Practice Centers Reports
- Systematic Reviews
- Guidelines & Quality Measures
- Quality & Practice Improvement Tools and Decision Aids
- Patient Safety Research & Tools
- Primary Care & Behavioral Health Research & Tools
- Data Files, Surveys & Reports
- Research Studies
- SDOH & PRO data initiatives
- Other Knowledge Resources

**ROADMAP**

**Define Shared Future Vision**

**Recommend Next Steps and Investments, e.g.,**

- **Standards / Infrastructure**: HL7 (FHIR, CDS-Hooks, CQL, EBM on FHIR, ...) , OMG BPM+, many others. Recommend actions to determine best standards, and use of technology (AI, ML, NLP, ...) to achieve future vision

- **Marketplace(s)**: Open, Transparent, Trustworthy Governance; Computable, shareable, and easy implementation. Free and paid use; digital rights management; Meta-data standards and taxonomy; Common search, index / links to find, share and implement resources.

- **Pilots and Demonstrations**

**GOAL**

**Quadruple Aim**: improved outcomes, lower costs, improved patient and clinician experience

**CDS 5 Rights Achieved**: who, how, where, when, what

- Integrated EB Care Plans including prevention
- Guidelines: Computable to improve consumption/action, updating
- Evidence: incorporated/updated in guidelines/actions more easily

**OTHER RESOURCES**

(Public / Private)
- CDC, NIH/ NLM (MEDLINEPlus, Clinical Trials ...), CMS, FDA, VHA, ...  
- KP, Mayo, Cochrane, many Others

- Coordinated efforts with other related projects, initiatives and orgs (MCBK, HL7 / HSPC, CDC-ACG, VHA, etc.).
Building on Three Decades of Experience
Realizing the Promise of Primary Care

• We have learned a lot in the last 30 years. How do we build upon, implement, and scale and spread this body of work?
• How do we prioritize investments in primary care research for maximal impact?
• How do we encourage innovation in methods, implementation strategies, and models of care to implement high quality primary care?
• How do we mainstream interventions that foster health equity and address the social determinants of health?
The distance between dreams and reality is action.