



21st Century Health Care: The “Right Stuff”

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- **Medicine Takes Off**
- How We Make Progress
- Transformation Framework

Aviation: Back Then

Basic efficacy was accomplished, but there were no systems for safety and quality



The 'Wright Flyer,' the first manned flight: 1903

Aviation: Advancing Science

Doppler radar technology:
flying had become safer, but
crashes and malfunctions were
still common

Radio technology for
communication

Bombs had approximately 7
percent accuracy rate



World War II era

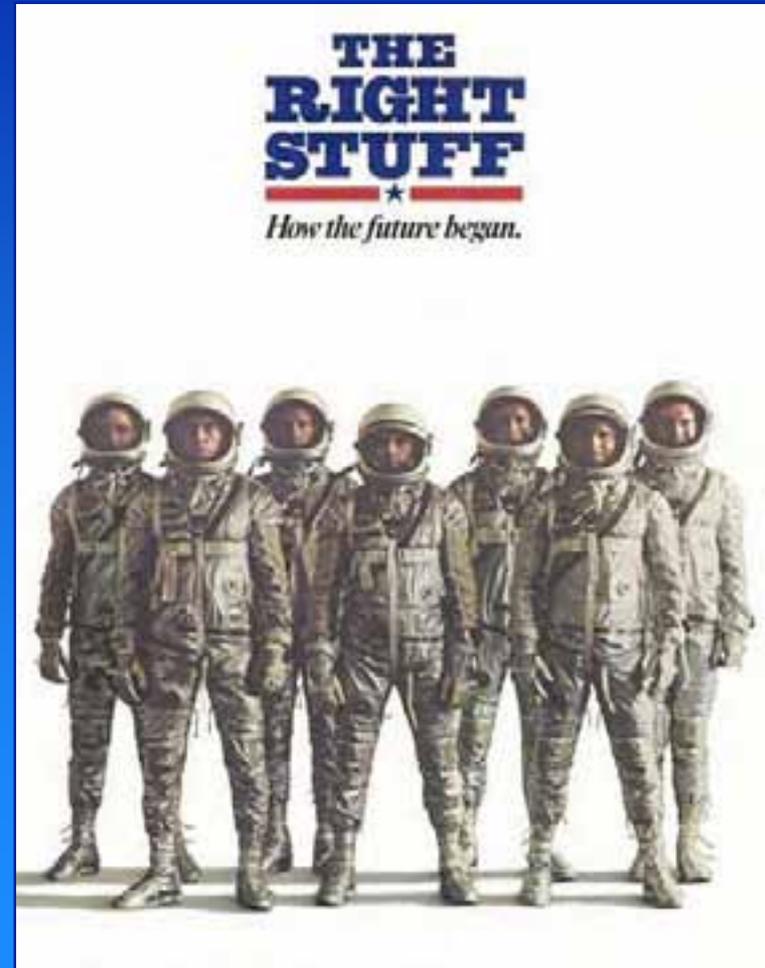
Aviation: Today



- Seamless team communication
- Training is continuous and includes simulation
- Precision-guided munitions
- Crashes are extremely rare

Do We Have The “Right Stuff?”

- We are past the Wright Brothers stage
- We have not reached the systems-based approach that creates a consistently high quality experience
- We need information infrastructure and support to achieve this goal

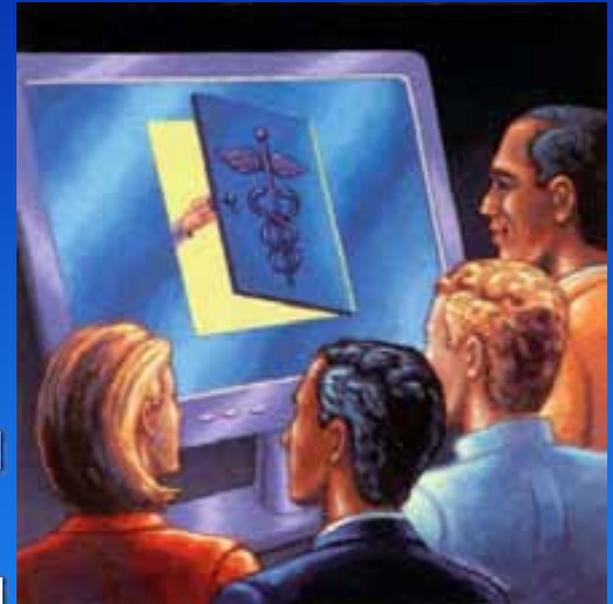




Imagine... in ≤ 5 Years

68-year-old male with diabetes and hypertension

- PHR linked to EHR
- E-messaging and E-prescriptions
- Quality measured and reported electronically
- Measures increasingly focus on quality and value outcomes over episodes of care
- Best practices to improve outcomes shared among providers and patients
- Comparative effectiveness evidence to guide treatment
- Patient registries
- Payer incentives reward the physician *and* the patient



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A Vision of Transforming Health Care

- Health IT
- Comparative effectiveness
- Medical education and training
- Quality measurement
- Quality improvement networks
- Safety First
- Alignment of incentives



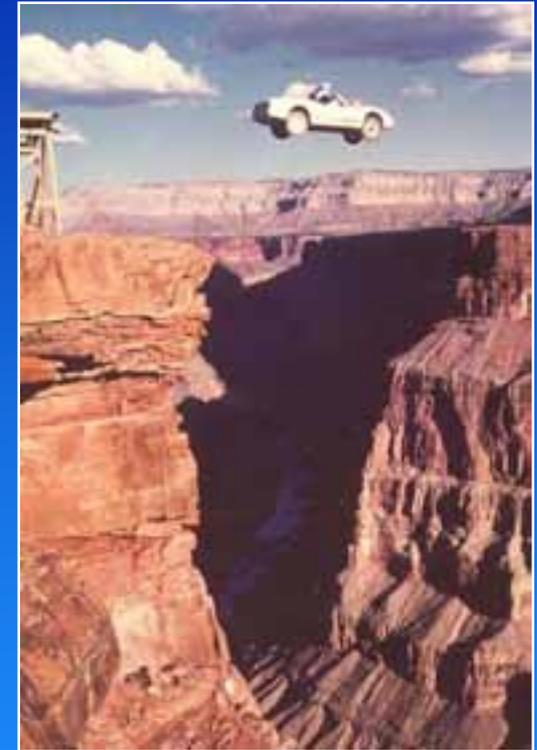
Foundation of Health IT Infrastructure

- Health IT will enable quality improvement
- Automating inefficiencies will not improve outcomes
- Implementation without consideration of workflow and patient experience could be extremely harmful



Comparative Effectiveness

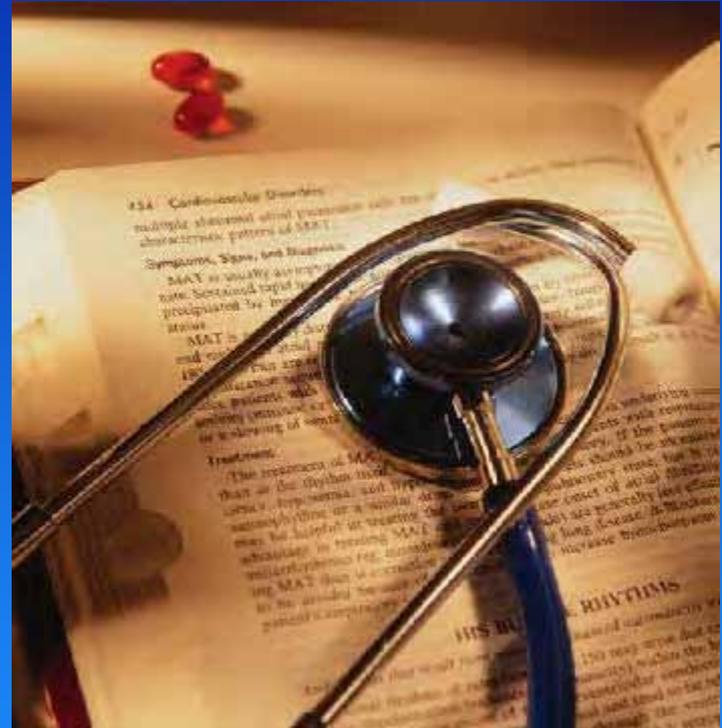
- Our deficiency in understanding effectiveness among preventative, diagnostic, and treatment options hampers our ability to deliver high value care
- As we build this knowledge, we need to determine how to incorporate into decision-making and measure the results



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

Medical Education and Training

- From information mastery to information *management*
- Continuous learning and the ability to access and understand information
- Simulation will replace “see one, do one, teach one”
- Additional training to understand system redesign, quality improvement, and comparative effectiveness





Quality Measurement

- Needs to be coordinated through collaborative efforts
- Providers, patients, and payers should inform measure development, use, and enhancement
- Data should be collected at the point of care
- Measures must address coordination of care, efficiency, and patient-centered outcomes



Quality Improvement Networks

- Networks can help providers measure and report
- Networks can implement change and measure results
- The practice of medicine then becomes a learning network
- We must learn how to test interventions, redesign systems and spread successful interventions



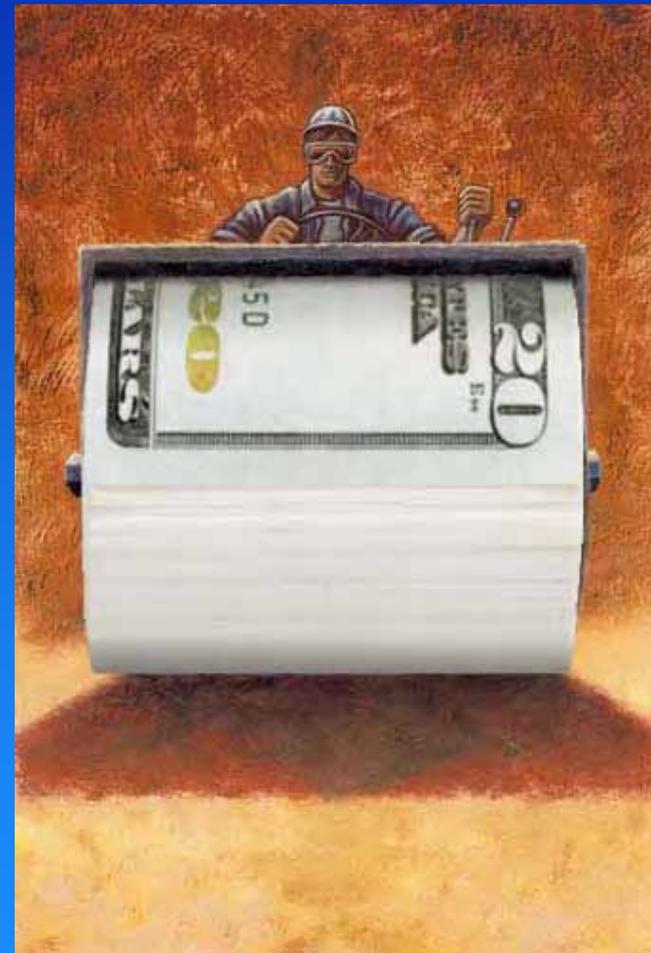
Safety

- Current focus (detecting errors and causes, and interventions in piecemeal fashion, if at all) needs to evolve
- Need to test system-based interventions
- Health IT will play a major role in systems designed to decrease harm



Incentives

- Incentives need to be aligned to reward quality and value
- Payment based on volume of services delivered will end
- The research and provider community need to engage in the development of quality and value measures quickly



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Transformation

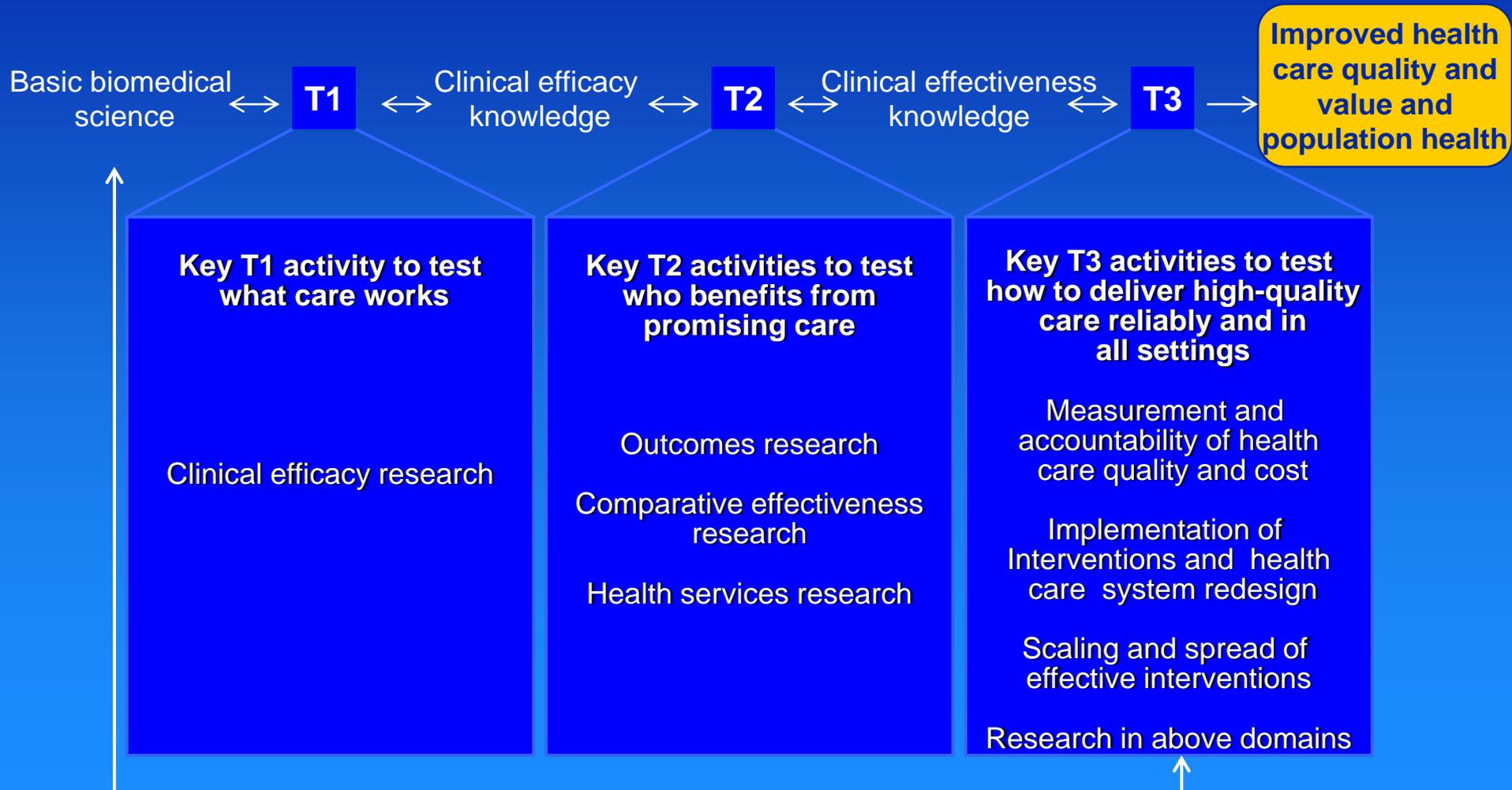
How do we transform a system accounting for 16 percent of our economy?

- We need a roadmap
- Need to rethink our training, measurement and system design
- Change reward system

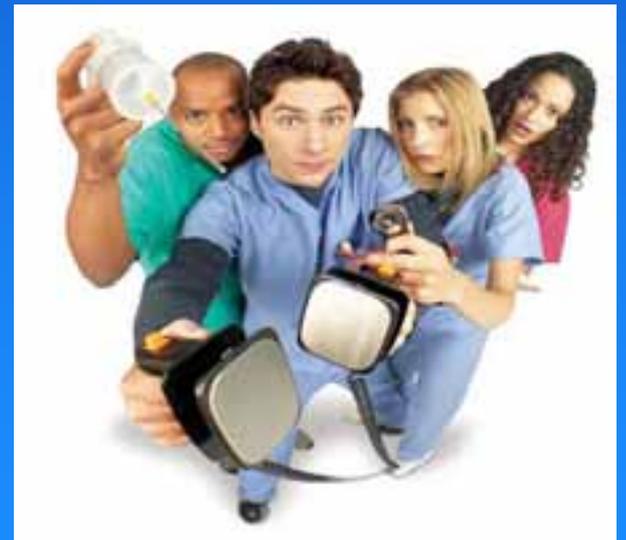
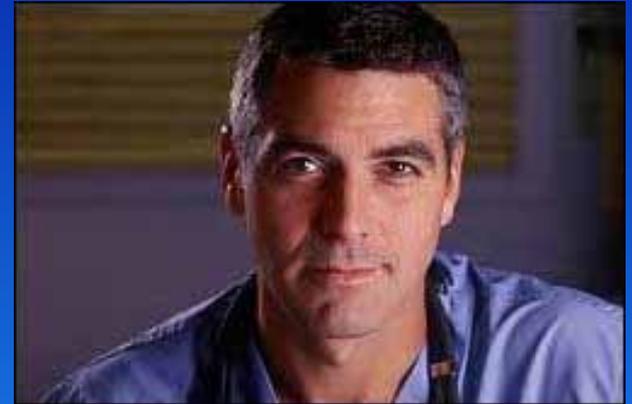
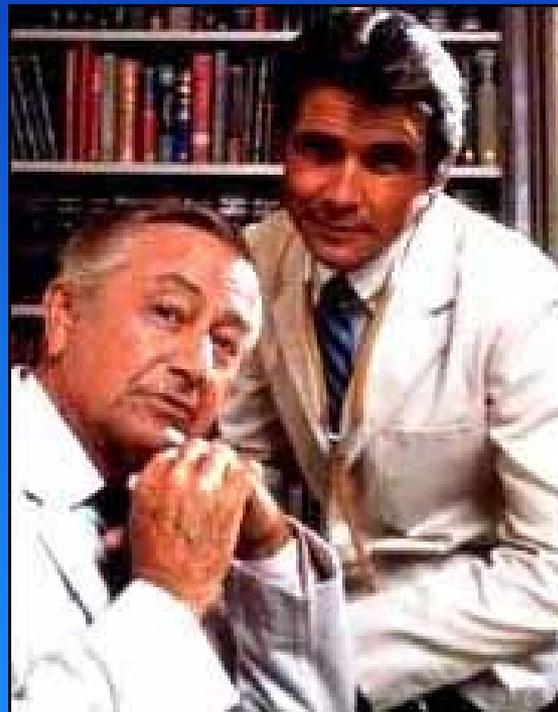




The “3T’s” Road Map to Transforming U.S. Health Care



Transformation in Culture



Health Care GPS





Seeing the Forest... ...and the Trees

- A robust health care system must include capacity for:
 - Rapid translation of beneficial advances or breakthroughs
 - Connectivity with the biomedical enterprise
-
-

Achievability: What can work under ideal circumstances for some people

Reliability: Getting it right for all patients every time – the first time





The Bottom Line

- Success for 'meaningful use' = improved quality, outcomes and value
- Emphasize and incentivize data sharing as essential step to care coordination
- Create policy interoperability
- Tailor investments to stage of adoption
- Meaningful use is a destination – and a journey