



[SamueliInstitute.org](http://SamueliInstitute.org)

# Reconciling Patient-Centered Care, Evidence-Based Practice and Integrative Medicine

Carolyn M. Clancy, MD

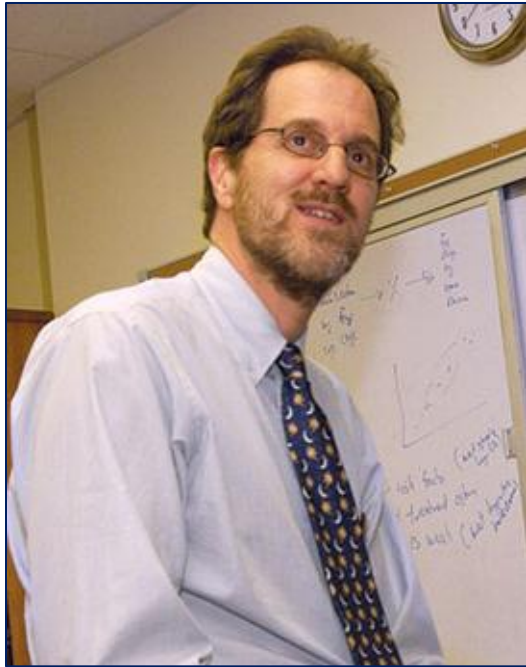
Director

**Agency for Healthcare Research and Quality**

Samueli Institute Symposium: Patients at the Crossroads

Alexandria, VA – November 8, 2012

# What We Know



“The truth is that for a large part of medical practice, we don’t know what works. But we pay for it anyway.”

*H. Gilbert Welch, MD  
Geisel School of Medicine  
at Dartmouth*

# Health System Transformation: Current and Future

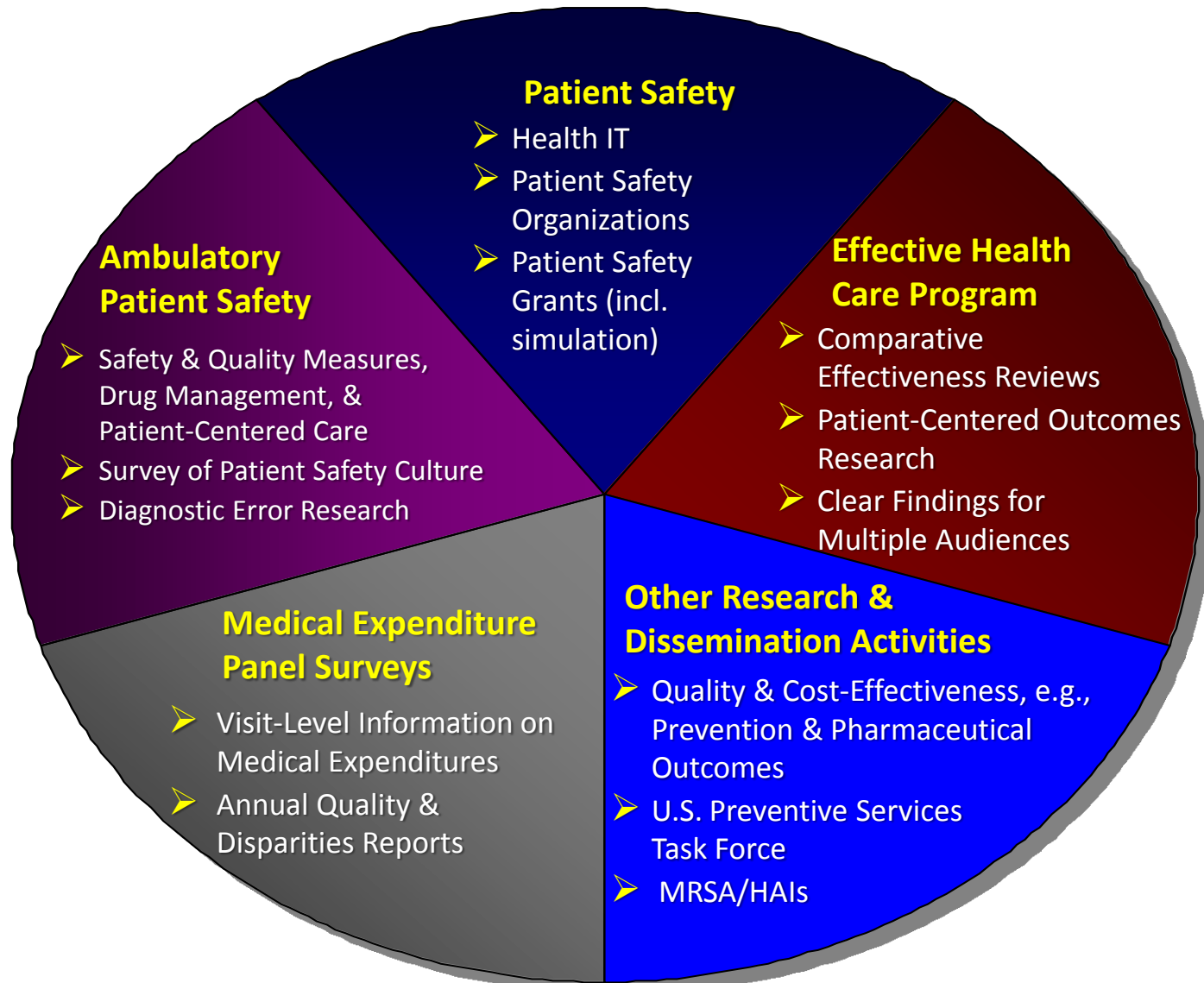
Current	Future
Variable quality; expensive, wasteful	Consistently better quality; lower cost, more efficient
Pay for volume	Pay for quality
Pay for transactions	Care-based episodes
Quality assessment based on provider and setting (process)	Quality assessment based on patient experience <u>(outcomes)</u>

# Reconciling Patient-Centered Care, Evidence-Based Medicine



- **About AHRQ: Quality, Disparities and the Case for Change**
- What Patient-Centeredness Really Means
- Learning More about What We Know
- Where to From Here?

# AHRQ Priorities



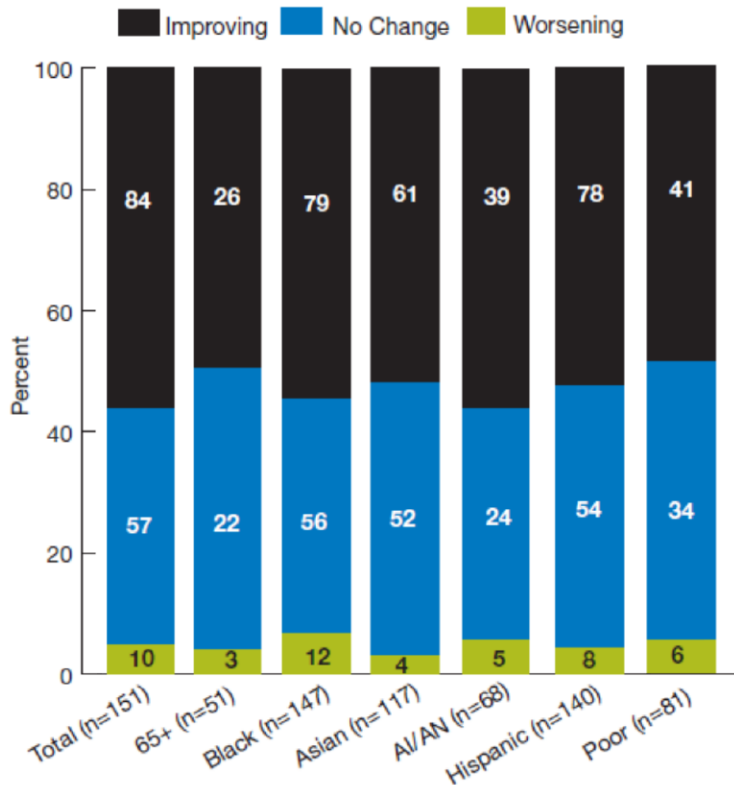
# AHRQ 2011 National Healthcare Quality and Disparities Reports

- Overall, improvement in the quality of care remains suboptimal and access to care is not improving
- Few disparities in quality are getting smaller and almost no disparities in access are getting smaller
- Quality of care varies not only across types of care but also across parts of the country



# Quality Is Improving Slowly

*Quality measures that are improving, not changing or worsening, overall and for select populations*

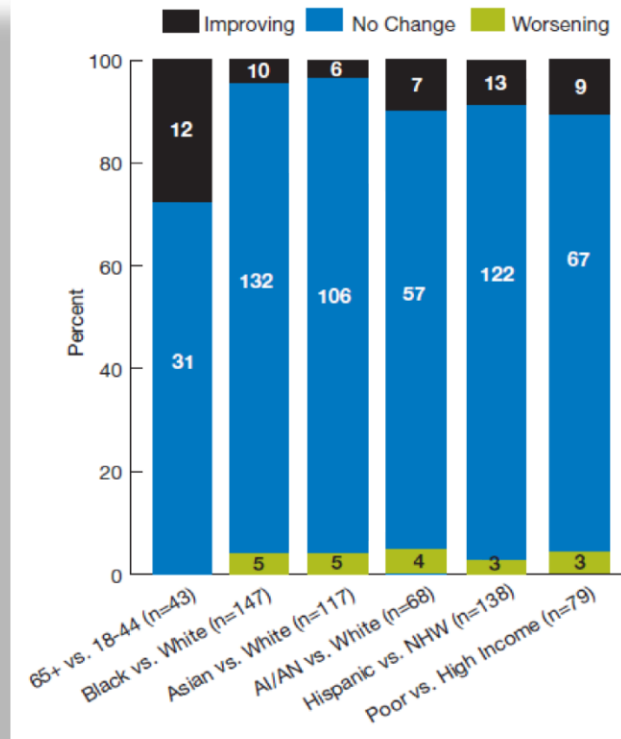


- Nearly 60 percent of health care quality measures tracked showed improvement
- However, the median rate of change was 2.5 percent per year



# Few Disparities in Quality Of Care Are Getting Smaller

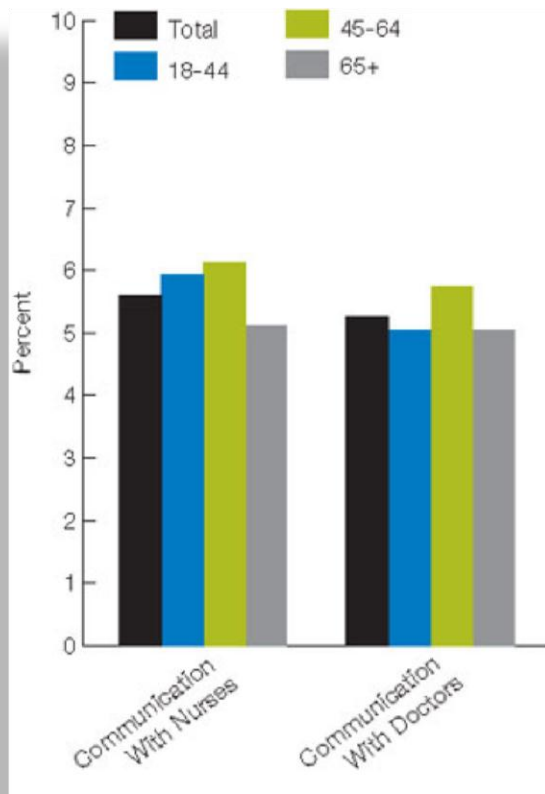
*Quality measures for which disparities related to age, race, ethnicity and income are improving, not changing or worsening*



- Few disparities in quality showed significant improvement.
- The number of disparities that were getting smaller exceeded the number that were getting larger

# Patient Engagement

*Adult patients who reported poor communication  
with nurses and doctors, by age, 2008*



- Overall, 5.6 percent of adult patients reported poor communication with nurses during a hospital stay
- 5.3 percent of patients reported poor communication with doctors
- Older patients less likely to report poor communication with nurses than younger patients
- Data gleaned from results of Hospital CAHPS® surveys

# Reconciling Patient-Centered Care, Evidence-Based Medicine



- About AHRQ: Quality, Disparities and the Case for Change
- **What Patient-Centeredness Really Means**
- Learning More about What We Know
- Where to From Here?

# Research that Addresses Patient Outcomes

## *Patient-Centeredness: The final frontier?*

- Patient-centeredness may be the most challenging of all 6 domains of quality, because it is so difficult to define and measure
- But, it is also likely the most important, because it includes elements of all other domains



# Four Realms Of Patient-Centeredness



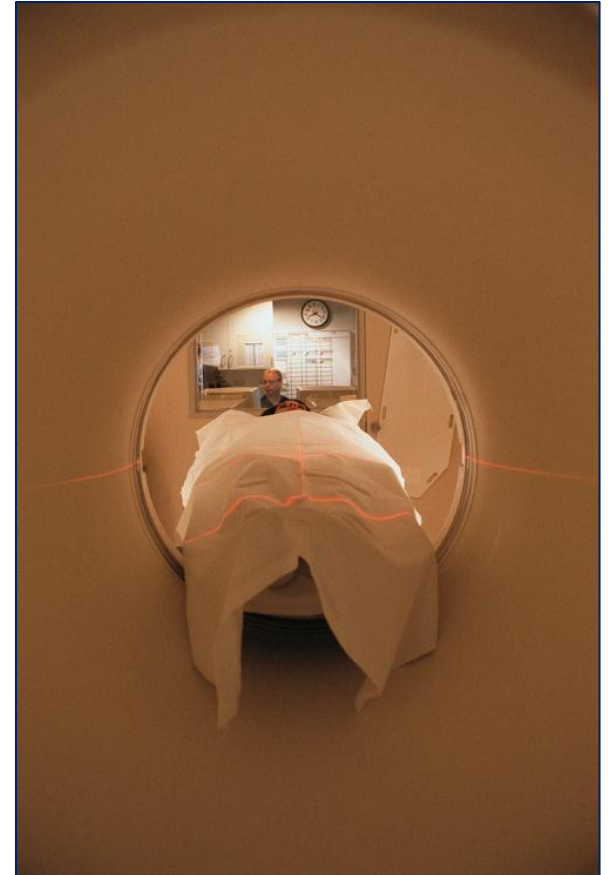
- Patient-centered practice
- Patient-centered systems
- Patient-centered education
- Patient-centered research

*Often, systems are designed around providers, not patients. How do we change that?*

# Patient-Centeredness: The Elephant in the Room

## ■ Underlying tension between patients and providers

- Providers trying to set up new practice and system models, and seeking more education and research
- Patients are telling us that they want something different entirely
- Is there a happy medium? Should there be?



# The Importance of Language

- Should care be patient-centered?
- Or consumer-centered?
- Or person-centered?

*Because how we talk about things makes a difference!*



# Reconciling Patient-Centered Care, Evidence-Based Medicine



- About AHRQ: Quality, Disparities and the Case for Change
- What Patient-Centeredness Really Means
- **Learning More about What We Know**
- Where to From Here?



# National Quality Strategy: Three Broad Aims

*Created Under the Affordable Care Act*

## **Better Care**

Improve the overall quality, by making health care more patient-centered, reliable, accessible and safe

## **Healthy People/ Healthy Communities**

Improve the health of the U.S. population by supporting proven interventions to address behavioral, social and environmental determinants of health, in addition to delivering higher-quality care

## **Affordable Care**

Reduce the cost of quality health care for individuals, families, employers and government

# With a Focus on Six Priorities



Making care safer by reducing harm caused in the delivery of care



**Ensuring that each person and family are engaged as partners in their care**



**Promoting effective communication and coordination of care**



Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease



**Working with communities to promote wide use of best practices to enable healthy living**



Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new health care delivery models

# Implementing Evidence-Based Treatment Decisions

- **Which treatments work, for which patients, and what are the trade-offs?**
  - Patient-centered outcomes research informs decisions by providing evidence and information on effectiveness, benefits and harms
- **How can evidence-based improvements be translated and shared with providers, patients?**
  - Effective Health Care Clinician and Consumer Guides
  - Continuing Medical Education
  - Center for Medicare and Medicaid Innovation; AHRQ Health Care Innovations Exchange

# AHRQ's Effective Health Care Program

- From 2005 to 2009, AHRQ received \$129 million from Congress for patient-centered outcomes research
- Program has published more than 100 products, including summaries for clinicians and consumers, with plans for 75 more
- Emphasis on synthesis of existing evidence and creation of new evidence



**Web Site**

**Mobile**

**EHR Integration**

**Patient Decision Aids**

**Webcasts**

**Conference Series**

**Faculty Slides & Methods Guides**

**CME Modules & Case Presentations**

**Consumer Guides**

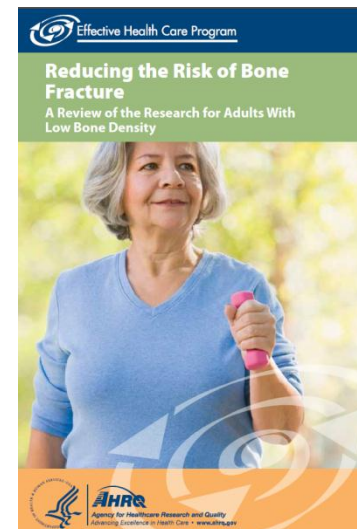
**Clinician Guides**

**Reports, Research & Other Initiatives**

**[www.effectivehealthcare.ahrq.gov](http://www.effectivehealthcare.ahrq.gov)**

# Recently Released Translation Products

- ADHD in Children
- ANA and RF tests for Musculoskeletal Complaints in Children
- Chronic Pelvic Pain
- Mechanical Thrombectomy
- Pain Management in Hip Fracture
- Preventing Fractures in Low Bone Density
- Urinary Incontinence in Women



# The Patient-Centered Outcomes Research Trust Fund and AHRQ

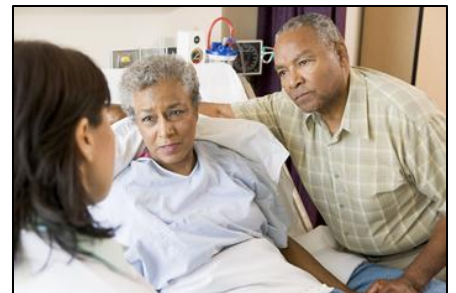
- Provides funding for AHRQ to disseminate research findings
  - Up to 20% of Patient-Centered Outcomes Research Trust Fund can be used to support research capacity building and dissemination activities
- Five national priorities:
  - Assessment of prevention, diagnostic, and treatment options
  - Improving healthcare systems
  - Communications and dissemination research
  - Addressing disparities
  - Accelerating patient-centered outcomes research and methodological research





# AHRQ Report Examines Patient and Family Engagement Activities

- *Guide to Patient and Family Engagement: Final Environmental Scan Report*
  - Assesses the current literature, tools and resources being used to engage patients and their families
  - Results of the scan were used to develop a guide to help patients, families and health professionals work together as partners to promote improvements in care
  - Guide to be available in 2013

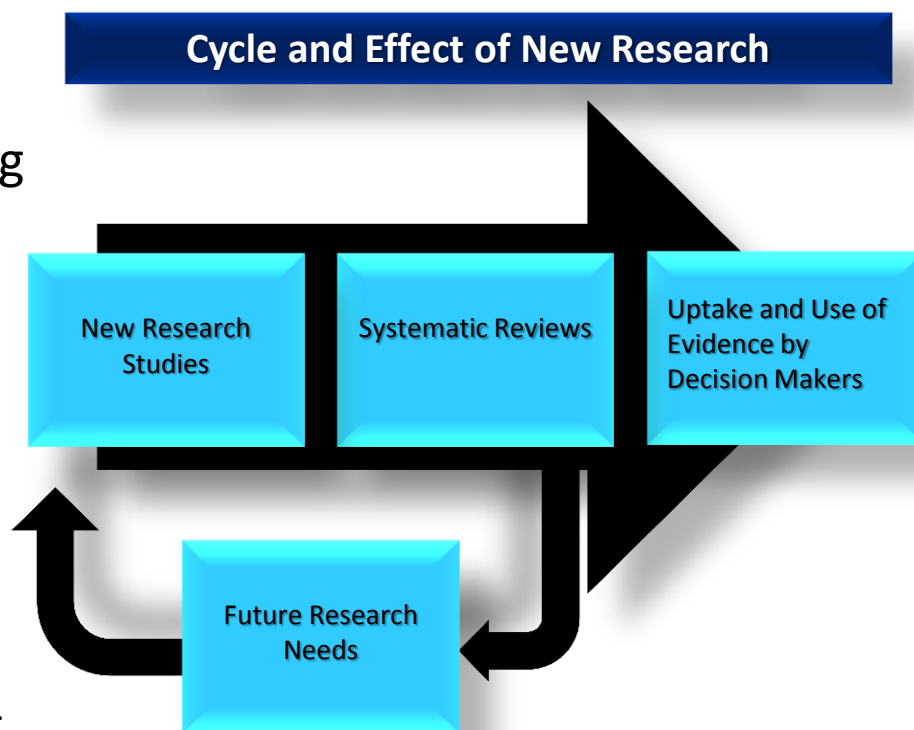




# Prioritizing Future Research Needs

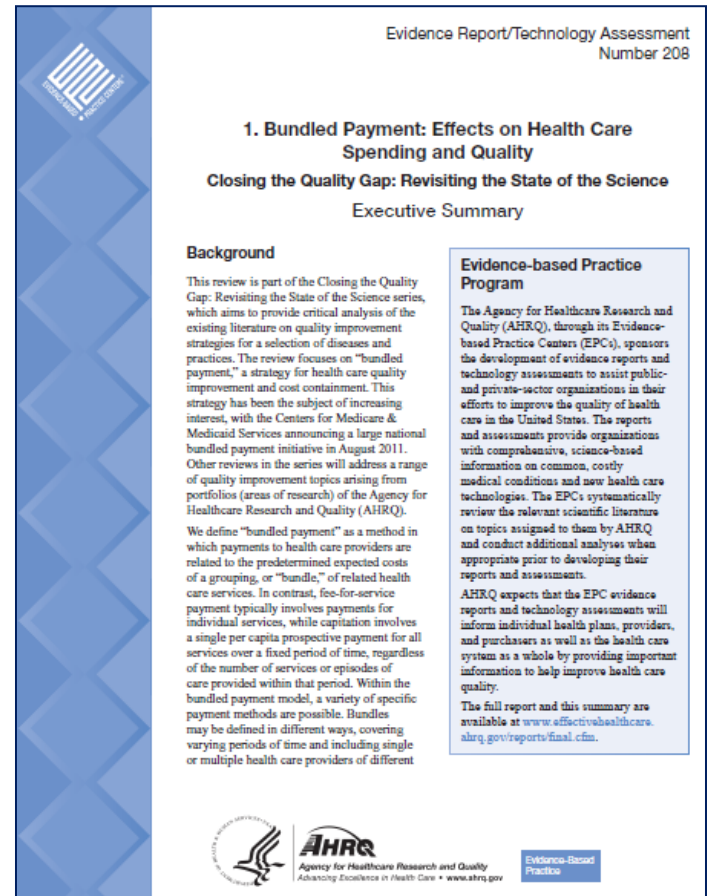
## *Identifying Research Needs for Improving Health Care*

- Article describes challenges and lessons learned in developing a systematic approach to identifying and prioritizing future research needs (FRN)
- Based on the approach initiated by EPCs in 2010 to better define patient-centered research needs from selected systematic reviews
- Focuses on stakeholder involvement as an essential tenet in the process



# *Closing the Quality Gap: Revisiting the State of the Science*

- Series of reports summarizing the evidence on quality improvement strategies for chronic conditions and other priorities:
  - Bundled Payment
  - Health Disparities
  - Patient-Centered Medical Home
  - Public Reporting
  - Medication Adherence



<http://www.ahrq.gov/clinic/tp/gapbundtp.htm>

# Expanding/Enhancing the Evidence-Base

*AHRQ Patient-Centered Outcomes Research Grants*



- Infrastructure Development Program (R24)
  - Responds to need for information about which clinical and system design interventions are most effective for patients under specific circumstances
- Mentored Career Enhancement Award (K18)
  - Seeks investigators interested in developing new skills in patient-centered outcomes research methodology and applying those methods to the research

[www.ahrq.gov/fund/grantix.htm](http://www.ahrq.gov/fund/grantix.htm)

# Reconciling Patient-Centered Care, Evidence-Based Medicine



- About AHRQ: Quality, Disparities and the Case for Change
- What Patient-Centeredness Really Means
- Learning More about What We Know
- **Where to From Here?**

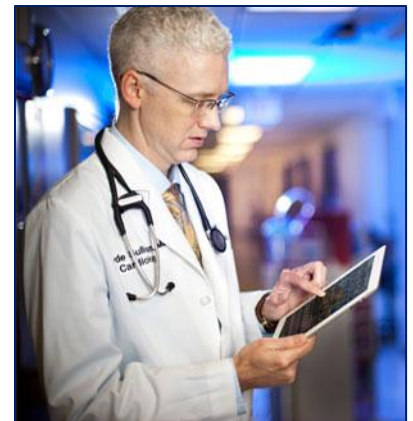
# How Do We Engage Patients?

- Patient-centeredness is the most challenging of the IOM's six domains of quality
- But it's the most important, because it contains elements of all other domains
- Two requests to make of patients:
  - “Tell me your goals.”
  - “Tell me what you heard.”



# Maintaining the Status Quo Is Not an Option

- Evidence is being produced at an extremely rapid rate, but its incorporation into clinical practice is happening much more slowly
- Transparency efforts don't offer enough usable data for decisions regarding a specific disease and selection of a treatment option
  - We face an underperforming health care system and untenable cost forecasts
  - Too often, the patient is an afterthought



# Where to From Here?

- Do more to ensure that new treatments and research knowledge reach patients and are implemented correctly
- Improve quality by improving access
- Expand the boundaries of basic science to include other “basic sciences” (e.g., epidemiology, psychology, communication, social marketing and economics)
- More focus on research and delivery of existing treatments



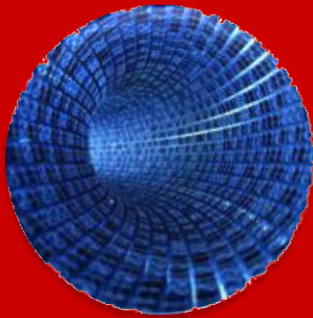
# What Needs to Change?

- The way and with whom we do our work and report results (e.g., partners may get most value from initial aspects of study, don't want to be constrained by journal timelines)
- Incorporating quality improvement, innovation, etc.
- Academic incentives
- Training programs





# How Long Do We Wait?



Resources  
(Might Work)



Solutions  
(Proven to Work)



What does  
"Proven to Work"  
Mean?



# Is Something Missing?

“The use of effective interventions without implementation strategies is like serum without a syringe; the cure is available but the delivery system is not.”

*Fixsen, Blase, Duda, Naoom, and Van Dyke, 2010  
National Implementation Research Network,  
University of North Carolina, Chapel Hill*



# Why it Matters



## ■ What we have

- Rich base of scientifically rigorous research, evidence-based interventions and practices, highly trained clinicians, sophisticated delivery and IT systems

## ■ What we need

- Knowledge and insight about how to transfer and maintain interventions in “the real world” of patients, payers, communities and families

# Thank You



## AHRQ Mission

To improve the quality, safety, efficiency, and effectiveness of health care for all Americans

## AHRQ Vision

As a result of AHRQ's efforts, American health care will provide services of the highest quality, with the best possible outcomes, at the lowest cost

# Samueli Institute: Patients at the Crossroads

Howard Gleckman

The Urban Institute

November 8, 2012

# Patient-Centered... Or Person-Centered

- [patient \(adj.\)](#) mid-14c., "enduring without complaint," from O.Fr. *pacient* and directly from L. *patientem* (patience).
- *Patience* c.1200, "quality of being patient in suffering," from O.Fr. and directly from L. *patientia* "patience, endurance, submission;

# What is it about?

- “Health care that establishes a partnership among practitioners, patients, and their families (when appropriate) to ensure that decisions respect patients’ wants, needs, and preferences and that patients have the education and support they need to make decisions and participate in their own care.”

Institute of Medicine

# What Do We Want?

- Respect us
- Listen to us
- Talk to us
- Remember, we can accomplish more together



“Where did you go to medical school?”

- The command and control model
- The captain of the ship
- You’ve got 18 seconds...use it wisely

“What we’ve got here is failure to  
communicate”

The Captain



# The Myth of the Non-Compliant Patient

The non-compliant patient



# The Myth of the Non-compliant Patient II

- NCB: It even gets initials
- She won't...or she can't
- Discharge planning
- The price of non-compliance

“But we are doing patient-centered care.”

- It is not about:
  - Getting Patient Satisfaction Scores Up
  - Making Medicare Happy
  - Patient Amenities
    - Better Cable
    - Wild salmon

# Hebrew Senior Life

- Palliative care consult at admission
- Do not hospitalize
- Ongoing conferences with patients & families
- TIPs (Team Improvement for the Patient and Safety Conferences)

# Thank you

Howard Gleckman

The Urban Institute

[hgleckman@urban.org](mailto:hgleckman@urban.org)