



AGENCY FOR HEALTHCARE RESEARCH AND QUALITY



Friends of AHRQ: Overview of Agency Priorities and Activities

David Meyers, M.D., FAAFP, Acting Director

March 12, 2021

Keeping the Course



AHRQ's Role



- Making evidence-based, patient-centered care a reality for all Americans
- While science and research to discover cures is needed, ***science, research, and implementation to improve care is imperative.***

AHRQ's Vision, Aim and Core Competencies: *Why, What and How*



Budget Update: FY 2021 Enacted Budget



- The FY 2021 Enacted Budget provides **\$338 M** for AHRQ, which is the same level as the FY 2020 level and a \$72 M increase over the President's request.
 - ▶ Provides an increase of \$1.8 M for a sample expansion for the Medical Expenditure Panel Survey (MEPS).
 - ▶ Reduces other research portfolios by 0.915% to provide the additional funding for MEPS.
- The bill maintains AHRQ as an independent agency.

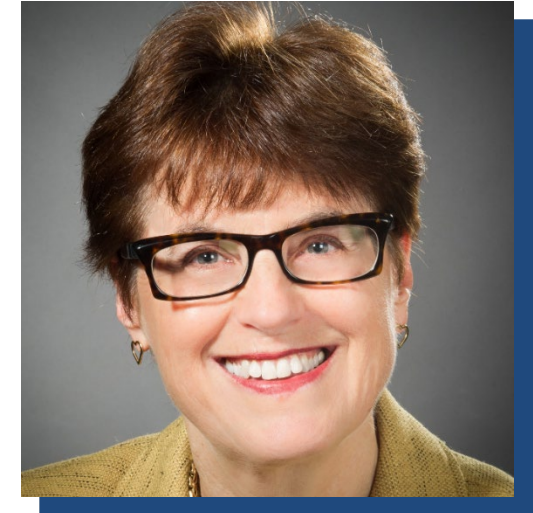
Reauthorization of the PCOR Trust Fund



- The Further Consolidated Appropriations Act, 2020 (P.L. 116-94) reauthorized the Patient-Centered Outcomes Research Trust Fund (PCORTF) for 10 years
- AHRQ uses this funding to disseminate and implement PCOR research findings; to assist users of digital healthcare technology to incorporate PCOR research findings into clinical practice; and to provide training and career development for researchers and institutions to conduct patient-centered outcomes research
- It is estimated AHRQ will receive approximately **\$100 M per year** for the **next 10 years**

PCOR Trust Fund Activities

- Hired Karen Rhodes, M.D., M.S., Chief Implementation Officer, in AHRQ's Office of the Director
- Continue to develop a strategic plan to guide PCORTF investments, including dissemination and implementation, training, and clinical decision support
- Committed to stakeholder engagement as part of the process



Recent Accomplishments



Research: Continued Commitment to Addressing Substance Abuse



March 3rd [Special Emphasis Notice](#) seeking grant applications to advance understanding and provide solutions

Why a new SEN?

- Drug overdose deaths and morbidity from substance use disorder continue to rise
- Polysubstance and stimulant use increasing

Priorities of SEN:

1. Dissemination and implementation of evidence-based, non-pharmacological and behavioral therapies (especially addressing polysubstance use)
2. Broadening the context of treatment to consider social, environmental, psychological and economic factors
3. Understanding and addressing how SUD affects other chronic conditions and whole person health

Applications encouraged to focus on health equity/disparities

RFI on Clinical Algorithms with Potential to Introduce Racial/Ethnic Bias

- Use of race/ethnicity in clinical algorithms may lead to worse outcomes for Black patients
- Issued [Request for Information](#)
 - ▶ In response to request from Congress for an evidence review
 - ▶ Comment period ends May 4
 - ▶ Will inform follow-on evidence review by EPC Program
 - Planned start May 2021

Use of Clinical Algorithms That Have the Potential To Introduce Racial/Ethnic Bias Into Healthcare Delivery

OVERVIEW | February 16, 2021



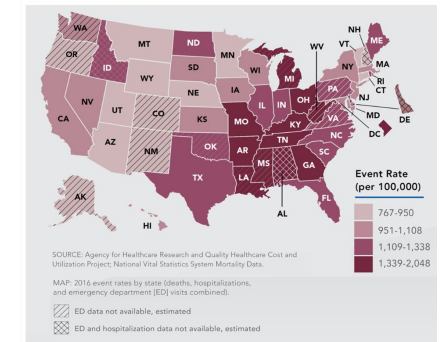
Request for Information Open Until April 16, 2021

Primary Care Practice Improvement: EvidenceNOW: Building State Capacity



- 3-year, \$18 million grant initiative to help primary care practices in States with the **highest rates of preventable cardiovascular disease events** to advance equity in heart health.
- 4 State-based teams in AL, MI, OH, and TN will:
 - ▶ Form **cooperatives** to expand practices' ability to use evidence to improve care, including linkages to public health and community services
 - ▶ Build **State-wide networks** of primary care practices
 - Provide practices with QI services
 - Implement pilot initiative to improve heart health

Preventing 1 Million Heart Attacks and Strokes
Middle-aged adults are being hard hit



EvidenceNOW: A Model for Heart Health and Beyond

The Problem
The Nation's primary care practices have been challenged in recent decades by fragmentation of the healthcare system, a lack of resources to meet patient needs, and limited access to an infrastructure to support quality improvement (QI). As a result, many primary care practices struggle to adopt evidence-based practices to prevent and manage heart disease, the leading cause of death in the United States, and to continuously improve patient care.

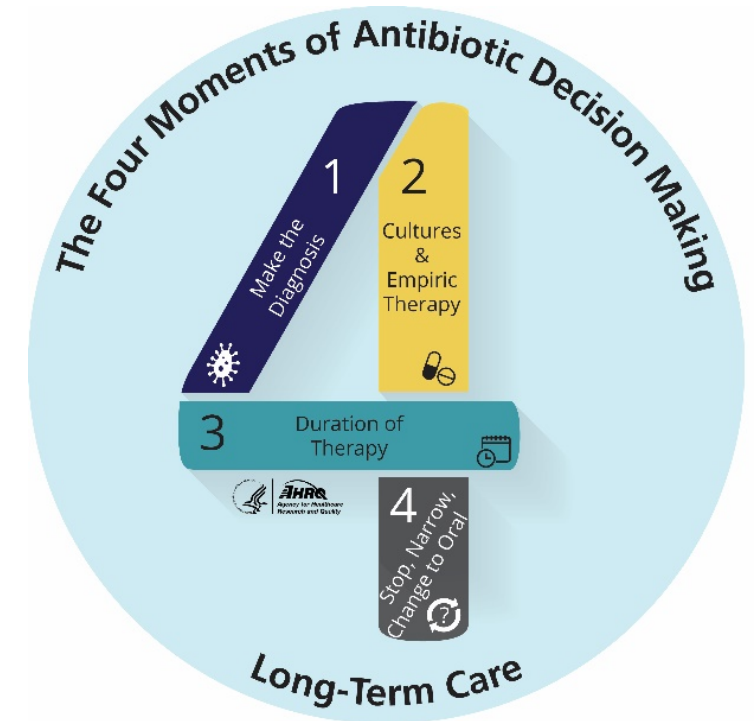
AHRQ's Solution—EvidenceNOW
In 2015, AHRQ launched EvidenceNOW: Advancing Heart Health with four goals:

- **Help practices implement evidence** to improve healthcare, starting with heart health.
- **Build practice capacity** to receive and incorporate evidence in the future.
- **Learn how external QI support** helps these practices improve workflow and patient health.
- **Build and disseminate a blueprint** of how to improve primary care with external help.

EvidenceNOW: Advancing Heart Health provided external support through seven Cooperatives to 2,500 small- and medium-sized primary care practices in the U.S., including QI support and help with adopting evidence-based services to advance patient heart health.

Patient Safety Practice Improvement: Improving Antibiotic Use

- Results from the acute care cohort of the AHRQ Safety Program for Improving Antibiotic Use published in *JAMA Network Open* (2/26/21)
 - ▶ Antibiotic use reduced in over 400 hospitals by 30.3 days of therapy per 1,000 patient days over the 1-year period ($p=0.008$).
 - ▶ Incidence rate of hospital-onset *C. difficile* rates reduced by 19.5% ($p=0.03$).



Data and Analytics: New SDOH Database



- AHRQ online resource provides researchers first-time access to family of data files on social determinants of health
- Offers linkable data files from U.S. Census Bureau, HRSA, and more than a dozen additional data sources
- Five SDOH categories: social context, economic context, education, physical infrastructure, and health care context organized by county and zip code

The screenshot shows the AHRQ website interface for the Social Determinants of Health (SDOH) Database. At the top, it identifies itself as an official website of the Department of Health and Human Services. The navigation bar includes links for Careers, Contact Us, Español, FAQs, and Email Updates. The AHRQ logo and name are prominently displayed, along with a search bar. A blue navigation menu contains categories like Topics, Programs, Research, Data, Tools, Funding & Grants, News, and About. The breadcrumb trail reads: Home > Social Determinants of Health (SDOH) > Data and Analytics > SDOH Database. On the left, a sidebar lists related topics: Social Determinants of Health (SDOH), About SDOH in Healthcare, Health Systems Research, Practice Improvement, Data and Analytics (highlighted), SDOH Database, and Resources. The main content area features the title 'Social Determinants of Health Database (Beta Version)' and a detailed description of the beta version's purpose and funding. A yellow callout box on the right encourages users to provide feedback on the new database. The page footer shows a 150% zoom level.

Aligning with Biden-Harris Administration Priorities



- Responding to, and rebuilding from, the COVID-19 pandemic
- Addressing equity and structural racism
- Expanding access to high-quality, affordable healthcare
- Understanding the impact of climate change on health and the impact of healthcare on climate change

Research: Learning from the response to COVID-19

- AHRQ awarded [26 research grants](#) totaling ~\$17 million to explore essential questions about the delivery of healthcare during the COVID-19 pandemic.
 - ▶ Projects focused on:
 - increased use of telehealth
 - best practices in rural care settings
 - emergency management in hospitals
 - addressing critical barriers to effective pandemic response for care for vulnerable populations



Practice Improvement: Responding to COVID-19 in Nursing Homes

- The [AHRQ ECHO National Nursing Home COVID-19 Action Network](#) is providing free training and mentorship nursing homes across the country to increase the implementation of evidence-based infection prevention and safety practices to protect residents and staff.
 - ▶ > 9,000 nursing homes nationwide are voluntarily participating
 - ▶ Uses ECHO Model of adult learning and practice improvement
 - ▶ Provides nursing homes with practical, useful information, skills, and resources
 - ▶ Connects staff with both specialists and their peers to ask and answer immediate challenges

National Nursing Home COVID-19 Action Network

6
Goals

- 1 Keep SARS-COV-2 out of nursing homes 
- 2 Early identification among residents and staff 
- 3 Prevent spread between staff, residents and visitors 
- 4 Provide safe and appropriate care to residents with mild and asymptomatic cases 
- 5 Help nursing homes staff implement best-practice safety measures 
- 6 Reduce social isolation for residents, families, and staff 

Data and Analysis: HCUP Analysis of Early COVID-19 Hospitalizations



- In early months of pandemic, minorities accounted for a largest share of COVID-19-related hospitalizations
 - ▶ 48.6 percent of hospitalizations for Black and Hispanic patients
 - ▶ 38.8 percent of hospitalizations for White patients
- Death rate declined from 17.5% in April to 10.7% in June but varied by race/ethnicity and State
- New analysis underway with additional states through September



COVID-19-Related Hospitalizations in Nine States, by Race/Ethnicity, 2020

STATISTICAL BRIEF #272
March 2021

Pamela L. Owens, Ph.D.

Introduction

This Healthcare Cost and Utilization Project (HCUP) Statistical Brief presents statistics on COVID-19-related hospital stays using 2019 State Inpatient Databases (SID) and 2020 quarterly inpatient data from nine States. Differences in hospitalizations by race/ethnicity in April, May, and June 2020 are compared with the same months in the prior year. Variation in utilization, average length of stay, and in-hospital mortality are illustrated. Because of the large sample size of the HCUP data, small differences can be statistically significant but not meaningful. Thus, only differences greater than or equal to 10 percent are discussed in the text.

This analysis is limited to patients treated in community, nonrehabilitation hospitals in nine States (Arizona, Georgia, Iowa, Maryland, Michigan, Minnesota, New Jersey, Ohio, and Wisconsin) for which HCUP data were available for April–June 2019 and April–June 2020. These States account for 21.1 percent of the resident U.S. population in 2019.^{1,2} All information contained in this Statistical Brief can be found in the [HCUP Summary Trend Tables](#).³ The Summary Trend Tables, accessed as downloadable tables, provide State-specific monthly trends in hospital utilization for the most recent HCUP data available. These tables will be updated as more quarterly data become available.

Highlights

- Across the nine States as a reference, non-Hispanic Black and Hispanic patients combined accounted for a larger share of COVID-19-related hospitalizations than non-Hispanic White patients in April, May, and June 2020.
- In April 2020, the average length of COVID-19-related hospitalizations across the nine States varied by the race/ethnicity of the patient (6.6 to 7.4 days). In June 2020, the average length of COVID-19 hospitalizations was about 8 days for all race/ethnicity groups.
- Nearly 18 percent of patients with COVID-19 across the nine States died in the hospital in April 2020 and almost 11 percent died in June 2020.
- In-hospital mortality rates declined between April 2020 and June 2020 for all patients, regardless of their race/ethnicity.
- In-hospital mortality rates varied by patient race/ethnicity and by the State in which the patient was hospitalized.

Advancing Health Equity



- AHRQ is committed to addressing health equity and structural racism.
 - ▶ Identifying potential priorities within advancing health equity where AHRQ can have significant impact using HSR, practice improvement, and data and analytics
 - ▶ Revising AHRQ policies and procedures to increase the impact of AHRQ's work on advancing equity internally and in the health systems research sphere
 - ▶ Building an equitable and inclusive workplace

Opportunities for Exploration

- Digital healthcare research and telehealth
- Understanding healthcare innovation during the COVID-19 pandemic
 - ▶ Safety; Quality; Equity; Digital healthcare and telehealth
- Data and predictive analytics to inform policy making (expanding access)
- Diagnostic safety
- Primary care
- Equity within health systems (racial, ethnic, gender, rural)
- Substance abuse disorder / Behavioral health integration

Questions and Discussion

