

FACT SHEET

Partnerships for Quality

Agency for Healthcare Research and Quality



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AHRQ is the lead Federal agency charged with supporting and conducting research that will improve the quality, safety, efficiency, and effectiveness of health care for all Americans.



U.S. Department of Health
and Human Services
Public Health Service

Recent reports from the Institute of Medicine and the Agency for Healthcare Research and Quality (AHRQ), among other organizations, have illuminated the need to hasten the use of new knowledge to improve health care quality. Quality problems are reflected in a wide variation in the use of health care services—underuse of some services, overuse of other services—and misuse of services, including an unacceptable level of errors.

Although health care research is aimed at improving patient care, systematic reviews have shown that the improvement is not automatic. Instead, the knowledge must be linked with supportive environments and incentives for change, and actions aimed at change must be adopted broadly within the health care system.

AHRQ has expanded its research in recent years beyond studies of what works best in medical practice, health care organization, and payment, to include evaluation of the effectiveness of alternative strategies for using this knowledge to improve health care. The Agency's portfolio now includes multiple studies that evaluate the effectiveness of improvement strategies, leading to a growing body of scientific literature.

In May 2002, AHRQ announced the Partnerships for Quality program, to provide a mechanism for collaborations aimed at translating research findings on quality improvement into practice and policy. The unifying goal of this program is a strong commitment to the improvement of health care services and their security, safety, outcomes, quality, effectiveness, and cost-effectiveness.

On November 15, 2002, the Agency awarded funding for the planning phase of 21 projects, including five focusing on improving bioterrorism preparedness. The Partnerships are funded through cooperative agreements, and will spend the first year on planning. The projects will develop partnerships among researchers, health plans, medical and nursing facilities and services, employers, consumer groups, and professional societies, including the American Medical Association and the Leapfrog Group. The goal is to test prototype activities aimed at accelerating the health system's adoption of research findings that have been shown to improve quality of care for patients. Additional funding will support 1 to 3 additional years for the implementation phase of the projects.



The projects will, for example, test financial incentives and rewards to speed the adoption of recommended hospital patient safety practices; test an innovative team-oriented, practice-based continuing medical education program to improve care for patients with type 2 diabetes; build partnerships to promote cooperation in implementing quality improvement strategies in long-term care facilities; incorporate validated quality measures into the recertification of family physicians; and test other approaches to implementing tools and research findings into everyday health care.

The projects span much of the Nation and involve more than 88,000 medical providers; 5,800 hospitals, nursing homes, and other health care facilities; and 180 health plans. Funding for fiscal year 2003 activities totals approximately \$2.4 million.

The new initiative is part of AHRQ's overall strategy to have research findings result in real improvements in the quality and outcomes of health care.

Project Descriptions

Note: Projects are listed alphabetically by State; those partially or fully devoted to bioterrorism preparedness are indicated with an asterisk (*).

CalNOC Partners to Reduce Patient Falls. Principal Investigator: Nancy E. Donaldson, D.N.Sc., Association of California Nurse Leaders, Sacramento, CA. FY 2003: \$99,027 (Grant No. HS13704). This project will use evidence from the scientific literature and data from the California Nursing Outcomes Coalition's statewide repository to reduce the incidence of patient falls and fall-related injuries in California hospitals.

Consumer-Driven Model for Improving Health Care Quality.

Principal Investigator: David S. Hopkins, Ph.D. Pacific Business Group on Health, San Francisco, CA. FY 2002-2004; \$100,000 (Grant No. HS13684). The goal of this project was to improve health care quality by stimulating market demand for high-quality physicians—that is, physicians who scored highly on a set of quality measures. The project worked to identify information on the quality and efficiency performance of individual physicians that could be provided to consumers.

***Training for Improved Provider Response to Bioterrorism.** Principal Investigator: Louise Dembry, M.D., State of Connecticut Department of Public Health, Hartford, CT. FY 2003: \$100,000. (Grant No. HS13693). The aim of the project is to identify specific training programs for clinicians in the front line of responding to biological or chemical terrorism and to evaluate such programs' effectiveness. In part, the goal will be to determine the educational content and instructional modalities that are most effective in preparing clinicians for a bioterrorist event.

Using Incentives to Drive Leaps in Patient Safety. Principal Investigator: Suzanne F. Delbanco, Ph.D., Leapfrog Group, Washington, DC. FY 2003: \$99,975. (Grant No. HS13668). This project is a multi-stakeholder effort to evaluate, in selected health care markets, the effectiveness of financial incentives and rewards in speeding the adoption of recommended hospital patient safety practices.

Effecting Change in Chronic Care: The Tipping Point. Principal Investigator: Karen S. Kmetik, Ph.D., American Medical Association, Chicago, IL. FY 2003: \$99,506. (Grant No. HS13690). Despite efforts to enhance the quality of care delivered to chronically ill patients, such care remains highly variable in both practice and outcomes. This project aims to bring together a unique collaboration of physicians, employers, health plans, and private/public sector payers to accelerate the rate of quality improvement in care given to patients with diabetes, major depressive disorder, or coronary artery disease.

***Measurement and Bioterrorism Preparedness: An Impact Study.** Principal Investigator: Jerold M. Loeb, Ph.D., Joint Commission on Accreditation of Healthcare Organizations, Oakbrook Terrace, IL. FY 2003: \$199,977. (Grant No. HS13728). This partnership will undertake two projects, one taking an indicator-based approach to measuring quality of care, the other assessing the requirements for establishing strong linkages to community entities needed to prepare health care organizations for a bioterrorism event.

Implementing Pediatric Patient Safety Practices. Principal Investigator: Paul J. Sharek, M.D., Child Health Corporation of America, Shawnee Mission, KS. FY 2003: \$81,250. (Grant No. HS13698). The primary objective of the project is to design, evaluate, and implement national measures of quality and health outcomes for children. The focus will be on pain management, medication safety, and patient safety.

Long-term Care Quality Improvement Partnership. Principal Investigator: David F. Polakoff, M.D., American Medical Directors Association, Columbia, MD. FY 2003: \$100,000. (Grant No. HS13710). This project aims to enhance the quality of care and quality of life for older adults in nursing facilities. Beginning with 50 nursing homes (10 in each of five States), the project seeks to create a national network of quality partnerships and develop implementation toolkits for AMDA's evidence-based clinical practice guidelines. Following these actions, the goals will be to evaluate the impact of guideline implementation, develop model approaches for different categories of nursing homes, and disseminate the revised implementation kits.

Partnership to Improve Children's Health Care Quality. Principal Investigator: Carole M. Lannon, M.D., National Initiative/Children's Healthcare Quality, Boston, MA. FY 2003: \$99,551. (Grant No. HS13721). The goal of this project is to improve the quality of care for children with attention deficit hyperactivity disorder, the most common neurobehavioral disorder of school-aged children. The method of improvement is to establish local improvement networks that will provide pediatricians with evidence-based learning sessions and access to a Web-based quality improvement tool.

***Improving Health Care Responses to Bioterrorist Events.** Principal Investigator: George J. Miller, Ph.D., The Altarum Institute, Ann Arbor, MI. FY 2003: \$99,977. (Grant No. 13683). The partnership will focus on the application of modeling and simulation

informatics to the enhancement of homeland security and bioterrorism readiness for both rural and urban health care systems. A primary goal will be testing the Healthcare Complex Model for its utility and validity to support bioterrorism readiness planning.

A National Center for Value Purchasing Methods. Principal Investigator: Michael D. Callahan, M.S., Healthfront, Bloomington, MN. FY 2003: \$100,000. (Grant No. HS13718). This project will create a national center to develop a standardized set of performance measurement and payment expectations for use by purchasers and payers of health care to reward improved provider quality performance. The goals include demonstrating to purchasers the financial return-on-investment of potential performance improvements.

Different Approaches to Informational Dissemination. Principal Investigator: Suzanne M. Broderick, Ph.D., New York State Department of Health, Albany, NY. FY 2003: \$99,564. (Grant No. HS13699). This project is a public/private partnership to determine the effectiveness of information dissemination of "best practices" at nursing homes and adult daycare facilities. The goal is to identify effective "best practice" training modules based on published State and Federal research, and compare the effectiveness of standard training against training through the modules.

Partnership for Achieving Quality Homecare. Principal Investigator: Penny H. Feldman, Ph.D., Visiting Nurse Service of New York, New York, NY. FY2003: \$99,986. (Grant No.

HS13694). By forming a national partnership, home health care providers will seek to improve the quality of care for elderly home care recipients. The partnership will identify priorities for improvement and develop a tool kit of methods, tools, and materials necessary to conduct evidence-based quality improvement activities.

***Partnership for Advancing Quality Together.** Principal Investigator: Lucy A. Savitz, Ph.D., Research Triangle Institute, Research Triangle, NC. FY 2003: \$199,086. (Grant No. HS13706) Four large health care systems will collaborate to study implementation of evidence-based initiatives in quality improvement and bioterrorism preparedness. The goal will be to promote the sharing of local innovations affecting the quality of health care, explore factors that facilitate or impede knowledge sharing within or between organizations, and strengthen organizational programs targeted on bioterrorism and security preparedness on the basis of quality improvement efforts and underlying information technology.

Guidelines Applied in Practice (GAP): Heart Failure Care. Principal Investigator: Donald E. Casey, M.D., Catholic Healthcare Partners, Cincinnati, OH. FY 2003: \$97,970. (Grant No. HS13723). The goal of the project is to develop and implement evidence-based guidelines for inpatient cardiac care, with a focus on the treatment of heart failure. The partnership will evaluate the use of existing or new information technology tools, such as physician order entry systems, and the development of new IT tools to meet the goal.

Closing the Gap: Partnerships for Change. Principal Investigator: Vincenza T. Snow, M.D., American College of Physicians/American Society of Internal Medicine, Philadelphia, PA. FY 2003: \$99,454. (Grant No. HS13688). The project will test a team-oriented, multifaceted, practice-based continuing medical education intervention strategy to improve the quality of patient care, using patients with type 2 diabetes as the prototype medical condition. The intervention — developed by medical and nursing societies working with health plans, voluntary medical organizations, and other stakeholders — will be evaluated through a randomized controlled trial.

Improving Care for the Dying: Transforming Patient's Wishes. Principal Investigator: John R. Combes, M.D., Institute for Healthy Communities, Harrisburg, PA. FY 2003: \$83,995. (Grant No. HS13685). To improve the care of dying patients, this project will promote hospitals with model programs of palliative care as models for other institutions to learn from. The program will grow from a regional to a national network of hospitals and professionals, and will develop an appropriate tool to measure quality outcomes.

Partnering for Improved Primary Care Diabetes Management. Principal Investigator: Mark J. Young, M.D., Lehigh Valley Hospital, Allentown, PA. FY 2003: \$100,000. (Grant No. HS13712). This project will design, implement, and evaluate the sustainability of a team-oriented, primary care-based disease management model for diabetes in eight primary care practices. A “refined” model of primary care diabetes management,



using achievable benchmarks of care to motivate improved physician performance and patient health outcomes, will be implemented and evaluated in an additional four practices.

Real-time Optimal Care Plans for Nursing Home QI.

Principal Investigator: Susan D. Horn, Ph.D., International Severity Information Systems, Inc., Salt Lake City, UT. FY 2003: \$99,643. (Grant No. HS13696). The key aims of this project are to build partnerships to promote cooperation in implementing quality improvement strategies in long-term care, incorporate evidence-based best practices into everyday workflow in long-term care facilities (using technology to automate data collection), and enhance education strategies to include the principles of clinical practice improvement and organizational change.

***Striving Together, Improving Health Care.**

Principal Investigator: Josie R. Williams, M.D., Texas A&M University, College Station, TX. FY 2003: \$100,000. (Grant No. HS13715). The goals of the partnership are to identify factors that facilitate or impede the adoption of quality improvements, improve the quality of care for patients with adult-onset diabetes across the partnership, and to design/develop/implement/evaluate a case study to help communities integrate resources to respond to health care-related homeland security needs.

Accelerating TRIP in a Practice-based Research Network.

Principal Investigator: Steven M. Ornstein, M.D., Physician Micro Systems, Inc., Seattle, WA. FY 2003: \$98,676. (Grant No. HS13716). To improve the quality

of care in 100 community-based primary care practices using the same electronic medical record software, the partnership will intervene through a combination of practice reports, site visits, and network meetings. The goal is to improve the quality in eight clinical areas (heart disease/stroke, diabetes mellitus, cancer screening, immunizations, respiratory disease/infectious disease, mental health/substance abuse, nutrition/obesity, and prescribing drugs for the elderly) through increased adherence to 73 clinical practice guidelines.

Further Information

For additional information about the Partnerships for Quality, contact Charlotte A. Mullican, MPH, at AHRQ. She can be reached at 301-427-1495 (E-mail: cmullica@ahrq.gov).





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