

AGENCY-SPECIFIC PLAN FOR THE NATIONAL QUALITY STRATEGY

Agency for Healthcare Research and Quality (AHRQ)

Program	Description	NQS Priorities*						Current-Year Activities	Metrics	Future-Year Plans**	Vision/End Goals
		1	2	3	4	5	6				
Accelerating Change and Transformation in Organizations and Networks II (ACTION II)	ACTION II is a follow-on 5-year task-order contract model from the ACTION program that encourages field-based research designed to promote innovation in health care delivery by accelerating the diffusion of research into practice. The ACTION II network comprises 17 Prime Organizations and more than 350 collaborating organizations that provide health care to an estimated 50% of the U.S. population.	✓		✓				<ul style="list-style-type: none"> Coordinate ACTION II Partnerships competition for task orders that accelerate the development, implementation, dissemination, and sustainability of innovations in health care delivery in diverse settings. Ongoing projects focus on improving patient safety, structuring and organizing care delivery, coordinating care, payment, and reducing health disparities. Direct field-based implementation research with a select group of research and delivery partnership comprising insurers, hospitals, providers, and academic medical centers. 	Each research project proposes its own set of measureable objectives.	<ul style="list-style-type: none"> Develop and diffuse best practices found in health care delivery research projects (P1, Goal 3). Increase practice-based research endeavors in the health care delivery arena (P6, Goal 1). 	<ul style="list-style-type: none"> Promote innovation in health care delivery by accelerating the implementation of evidence-based practices. Link the nation's largest health care systems with its top health services researchers.
Consumer Assessment of Healthcare Providers and Systems (CAHPS)	CAHPS is a public-private initiative that creates and maintains standardized surveys of consumers and patients regarding their experiences with health care services in different settings.	1	★	✓				<ul style="list-style-type: none"> Develop and support a range of surveys across the health care continuum that measure patients' experiences in care settings from primary care practices to hospitals to nursing homes. Generate tools and resources to produce understandable comparative information for both consumers and health care providers. Maintain an online tool for providers to monitor their own results over time and to compare against similar providers. 	Due to privacy laws, AHRQ is not able to track CAHPS users, but can make estimates by contacting sponsors. For example, AHRQ knows that virtually all U.S. acute-care hospitals collect CAHPS data and submit it to the Centers for Medicare & Medicaid Services (CMS).	<ul style="list-style-type: none"> Translate clinician group survey into other languages (P2, Goal 2). Develop supplemental items for the hospital CAHPS and other surveys to include shared decisionmaking and care-coordination questions (P3, Goal 1). 	<ul style="list-style-type: none"> Enable patients to make informed health care decisions based on quality and value, driving better and safer care.

* ✓ = Priorities to which the program aligns

★ = Primary priority

** Please see Appendix A on the last page, which includes a table of the six NQS Priorities and Long-Term Goals.

Agency for Healthcare Research and Quality (AHRQ) (Continued)

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The Learning Network for Chartered Value Exchanges	The AHRQ Learning Network for Chartered Value Exchanges (CVEs) brings together 24 community quality collaboratives from across the country. CVEs are multi-stakeholder collaboratives that help transform health care quality and transparency at the local level by convening 610 leaders from four key stakeholders: providers, payers, patients, and purchasers.	✓	✓	★	✓		✓	<ul style="list-style-type: none"> • Maintain a Learning Network that provides a platform for peer education, best practice sharing, and an online knowledge management system. • Provide technical assistance through network-wide Webinars and one-on-one consultations with CVEs. • Collaborate with project directors through biannual phone calls, a private Web site for CVEs, and online forums to discuss best practices. 	The Learning Network allows individual CVEs to determine program goals and track progress against them, and to collate feedback to shape future events.	<ul style="list-style-type: none"> • Maintain CVEs that improve quality and transparency by collaborating with providers, payers, patients, and purchasers (P3, Goal 3). 	<ul style="list-style-type: none"> • Measure and publish quality and cost information to enable consumers to make better and more efficient health care decisions. • Develop private “performance feedback” reports for physicians. • Improve quality and affordability of health care.
Patient-Centered Medical Home (PCMH)	AHRQ’s patient-centered medical home initiative provides policymakers and researchers with access to evidence-based resources; this model has the potential to transform primary care; and improve the quality, safety, efficiency, and effectiveness of health care.		✓	★			✓	<ul style="list-style-type: none"> • Provide national training and support network (TeamSTEPPS) to primary care providers undergoing PCMH transformation. • Facilitate a national learning collaborative to share best practices and encourage peer-to-peer learning. • Maintain Care Coordination Measurement Atlas, which provides a framework for evaluating care coordination in primary care settings with over 60 reviewed measures. • Support patient reporting on quality of primary care, satisfaction, and health care experiences using a PCMH CAHPS survey. 	PCMH tracks the number of participants in its learning communities and downloads of its resource guide. Satisfaction surveys are collected after Webinars and technical assistance to measure their helpfulness to providers.	<ul style="list-style-type: none"> • Support system transformations and workforce development to improve effectiveness of primary care organizations engaged in quality improvement (P3, Goal 3). • Provide policymakers with evidence-based recommendations to transform primary care (P6, Goal 2). 	<ul style="list-style-type: none"> • Leverage the PCMH model as the foundation to provide higher quality and lower-cost care across the health care continuum.

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Questions are the Answer	The Questions are the Answer initiative aims to make health care safer by encouraging patients to become more engaged in their own health care and by improving communication between patients and providers through educational campaigns.	✓	★	✓				<ul style="list-style-type: none"> Provide patient education through a public service advertising campaign featuring general market ads, a Web site, patient education materials (93,000 brochures and 9,400 question-assisting notepads), and videos to more than 120 organizations¹ Create ads targeted at caregivers, doctors, nurses, and other members of the health care team for distribution to 3,900 waiting rooms.¹ 	To measure the program's reach, Questions are the Answer tracks Web site traffic, utilization of its online resources, and the distribution of its products to health care providers and others.	<ul style="list-style-type: none"> Expand clinician education initiatives aimed at improving quality, safety, and access to include Chartered Value Exchanges, Health Engagement Networks, major hospital systems, medical group practices, and other health care networks (P2, Goal 1). 	<ul style="list-style-type: none"> Equip the public with the needed tools to engage in their care and make informed decisions. Prevent unnecessary or inappropriate care through improved patient-clinician communication.

¹ The numbers are accurate as of October 2012.

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Appendix A. National Quality Strategy Priorities and Long-Term Goals

#	Priority	Long-Term Goals (Recommended by the National Priorities Partnership)
1	Making care safer by reducing harm caused in the delivery of care.	<ol style="list-style-type: none"> 1. Reduce preventable hospital admissions and readmissions. 2. Reduce the incidence of adverse health care-associated conditions. 3. Reduce harm from inappropriate or unnecessary care.
2	Ensuring that each person and family are engaged as partners in their care.	<ol style="list-style-type: none"> 1. Improve patient, family, and caregiver experience of care related to quality, safety, and access across settings. 2. In partnership with patients, families, and caregivers—and using a shared decisionmaking process—develop culturally sensitive and understandable care plans. 3. Enable patients and their families and caregivers to navigate, coordinate, and manage their care appropriately and effectively.
3	Promoting effective communication and coordination of care.	<ol style="list-style-type: none"> 1. Improve the quality of care transitions and communications across care settings. 2. Improve the quality of life for patients with chronic illness and disability by following a current care plan that anticipates and addresses pain and symptom management, psychosocial needs, and functional status. 3. Establish shared accountability and integration of communities and health care systems to improve quality of care and reduce health disparities.
4	Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease.	<ol style="list-style-type: none"> 1. Promote cardiovascular health through community interventions that result in improvement of social, economic, and environmental factors. 2. Promote cardiovascular health through interventions that result in adoption of the most important healthy lifestyle behaviors across the lifespan. 3. Promote cardiovascular health through receipt of effective clinical preventive services across the lifespan in clinical and community settings.
5	Working with communities to promote wide use of best practices to enable healthy living.	<ol style="list-style-type: none"> 1. Promote healthy living and well-being through community interventions that result in improvement of social, economic, and environmental factors. 2. Promote healthy living and well-being through interventions that result in adoption of the most important healthy lifestyle behaviors across the lifespan. 3. Promote healthy living and well-being through receipt of effective clinical preventive services across the lifespan in clinical and community settings.
6	Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new health care delivery models.	<ol style="list-style-type: none"> 1. Ensure affordable and accessible high-quality health care for people, families, employers, and governments. 2. Support and enable communities to ensure accessible, high-quality care while reducing waste and fraud.