

Agency for Healthcare Research and Quality (AHRQ) National Advisory Council (NAC)

Virtual Meeting
November 17, 2021

SUMMARY

NAC Members Present

Edmondo J. Robinson, M.D., M.B.A., M.S., Moffitt Cancer Center (*NAC Chair*)
Gregory L. Alexander, Ph.D., R.N., FAAN, FACMI, Columbia University
Andrew Auerbach, M.D., M.P.H., University of California, San Francisco, School of Medicine
Asaf Bitton, M.D., M.P.H., Ariadne Labs, Brigham and Women's Hospital
Joedrecka Brown Speights, M.D., Florida State University, College of Medicine
Melinda B. Buntin, Ph.D., Vanderbilt University Medical Center, School of Medicine
Caroline Carney, M.D., M.Sc., Magellan Health
Gretchen M. Dahlen, M.H.S.A., FACHE, Consumer Health Ratings
Susan Edgman-Levitan, P.A., Massachusetts General Hospital
Peter J. Embi, M.D., M.S., FACP, FACMI
Catherine Ivory, Ph.D., Vanderbilt University Medical Center, School of Nursing
Mireille Jacobson, Ph.D., University of Southern California, Leonard Davis School of Gerontology
Christine A. Goeschel, Sc.D., M.P.A., M.P.S., R.N., FAAN, MedStar Health
Omar Lateef, D.O., Rush University Medical Center
Hoangmai H. Pham, M.D., M.P.H., Institute for Exceptional Care
Ramanathan Raju, M.D., M.B.A., C.P.E., FRCS, FACS, FACHE, Northwell Health (formerly)
Patrick S. Romano, M.D., M.P.H., University of California, Davis
David Schmitz, M.D., University of North Dakota
Henry Ting, M.D., M.B.A., Delta Air Lines
Yanling Yu, Ph.D., Washington Advocates for Patient Safety

***Ex Officio* Members and Alternates Present**

David Atkins, M.D., M.P.H., Veterans Health Administration
Shari Ling, M.D., Centers for Medicare & Medicaid Services

AHRQ Staff Members Present

David Meyers, M.D., FAAFP, Acting Director
Arlene S. Bierman, M.D., M.S., Director, Center for Evidence and Practice Improvement
Robert McNellis, M.P.H., P.A., Center for Evidence and Practice Improvement
Patrick O'Malley, M.D., M.P.H., Center for Evidence and Practice Improvement
Jaime Zimmerman, M.P.H., PMP, Senior Program Advisor and Designated Management Official

CALL TO ORDER AND APPROVAL OF THE JULY 14, 2021, MEETING SUMMARY

Edmondo J. Robinson, M.D., M.B.A., M.S., Moffitt Cancer Center, NAC Chair

Dr. Robinson called the meeting to order and asked the NAC attendees to introduce themselves. He referred to the draft minutes of the previous NAC meeting (July 14, 2021) and asked for changes and approval. The NAC members voted unanimously to approve the July meeting minutes with no changes. Dr. Robinson expressed gratitude to the NAC members who were rotating off the council following this meeting: Gregory Alexander, Ph.D., R.N., FAAN, FACMI, Gretchen Dahlen, M.H.S.A., FACHE, Peter Embi, M.D., M.S., Christine Goeschel, Sc.D., M.P.A., M.P.S., R.N., FAAN, Rahul Gupta, M.D., M.P.H., M.B.A., Ramanathan Raju, M.D., M.B.A., C.P.E., FRCS, FACS, FACHE, and Dr. Robinson. Dr. Robinson welcomed seven new NAC members: Andrew Auerbach, M.D., M.P.H., Joedrecka Brown Speights, M.D., Caroline Carney, M.D., M.Sc., Catherine Ivory, Ph.D., Mireille Jacobson, Ph.D., David Schmitz, M.D., and Henry Ting, M.D., M.B.A. Dr. Robinson noted that the meeting was open to the public and was being recorded. He reviewed the meeting agenda and introduced the first session.

AHRQ DIRECTOR'S UPDATE

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

Dr. Meyers reviewed recent activities of the agency. He reported that the President proposed that AHRQ, as an independent agency, address the core areas of health systems research, improving care delivery, and data/analytics. The President's FY 2022 budget proposal features \$489 million for the agency, which is an increase of \$52 million over the FY 2021 budget. The new figure includes \$380 million as a congressional appropriation and \$109 million in transfer from the Patient-Centered Outcomes Research trust fund. The agency currently is operating under a continuing resolution.

Dr. Meyers noted key points in the agency's proposed budget, including a substantial increase in investigator-initiated health services research, increased research in opioids and polysubstance abuse, support to advance health equity and primary care research, and full funding for AHRQ's data sets (Medical Expenditure Panel Survey [MEPS] and Healthcare Cost and Utilization Project [HCUP]).

Dr. Meyers noted recent research grantee publications, with the agency supporting gains in digital healthcare research and the use of algorithms to address healthcare disparities. At the end of September, AHRQ's Ambulatory Care Cohort in the Safety Program for Improving Antibiotic Use reported significant decreases in antibiotic prescriptions, despite COVID-19 challenges. The agency is incorporating the idea of equity in its research funding decisions.

In practice improvement, the agency expanded the set of tools for the nursing home resource center, including a COVID-19 resources catalogue. For maternal health and diagnostic safety, it produced an issue brief regarding diagnostic error and severe maternal morbidity and mortality. The brief suggests how to address delays and recognize risk factors. In the area of clinical decision support, AHRQ began an effort to engage the stakeholder community to best disseminate evidence into practice with the aid of patient-centered clinical decision support.

In the area of data and analytics, an AHRQ-supported study found that hospitalization rates for Hispanic people rose during the beginning of the COVID-19 pandemic. Hospital deaths increased strikingly. A study of mergers found that merged rural hospitals were more likely than the comparison hospitals to eliminate maternal/neonatal services and surgical care. Merged hospitals were found to have a greater reduction in the inpatient mortality rate, especially for heart attacks. AHRQ's HCUP program published

fast stats on severe maternal morbidity and mortality, showing state 10-year trends, with stratification by patient and hospital characteristics.

AHRQ submitted to the federal register a request for information on AHRQ's potential role in climate change and environmental justice. The comment period ends in mid-December. In October, Department of Health and Human Services (HHS) Secretary Xavier Becerra released AHRQ's Spanish-language version of its QuestionBuilder app. This tool will help Latino patients prepare for in-person and telehealth care appointments.

Discussion

Dr. Carney referred to the Spanish-language QuestionBuilder and the problem of individuals feeling that they have too many new apps. She suggested that the tool be rolled out by existing healthcare plans and perhaps incorporated in the plans rather than offered as a new app for individuals. Dr. Meyers recognized those issues and stated that AHRQ will seek new partners (as in licensing). Dr. Robinson raised the idea of adaptive clinical decision support, which can leverage artificial intelligence to optimize and personalize tools at the point of care.

SUBCOMMITTEE OF THE NATIONAL ADVISORY COUNCIL (SNAC) ON HEALTHCARE QUALITY MEASUREMENT

Leah F. Binder, M.A., M.G.A., The Leapfrog Group, and Tina Hernandez-Boussard, Ph.D., M.P.H., Stanford University

Ms. Binder, who served as chair of the SNAC, stated the subcommittee's goal as the following: to provide strategic direction and guidance to the NAC on AHRQ's role in quality measurement and future implementation of activities as they relate to AHRQ's mission, as well as the broader set of measurement activities conducted within the HHS. She listed the 12 SNAC members, who are leaders in the area of healthcare quality measurement.

Dr. Hernandez-Boussard reported that, between June and October, the SNAC members held six meetings online (Zoom). They developed the following key findings:

- Many quality measures for patient care exist, but not all measures truly impact health outcomes.
- The current quality measurement landscape has critical gaps.
- AHRQ might consider several new strategies to address gaps in the quality measurement field.
- There is a need to emphasize the importance of AHRQ's strategic partnerships with other entities, such as the Centers for Medicare & Medicaid Services (CMS), the National Quality Forum, the Patient-Centered Outcomes Research Institute, and healthcare systems.

Opportunities for AHRQ include identifying gaps in the quality measurement field and developing strategies to address those gaps. The agency can identify gaps in health equity measures, patient-reported outcome measures, telehealth measures, and measures within outpatient/ambulatory care. AHRQ can support efforts to standardize definitions, harmonize measures, develop measures, and create tools for measurement. AHRQ should strengthen partnerships with the major players to address areas such as measure stewardship and the setting of priorities. AHRQ-supported research could address sustainable infrastructures, implementation, needed evidence, and ways to engage new voices in the enterprise. The agency could seek new data sources, the expansion of current sources (e.g., HCUP), and the use of real-time data. The SNAC members cautioned that the NAC might want to hear from other

stakeholders before making recommendations. Should there be a new SNAC devoted to exploring specific areas? How should AHRQ prioritize its work going forward?

Discussion

Melinda Buntin, Ph.D., agreed with others that an environmental scan is not needed. The recommendations as described are somewhat broad and there is a need to narrow and refine them. She suggested that perhaps there should be an emphasis on measure development. Dr. Buntin suggested to consider the best ways to interact with other federal agencies.

Susan Edgman-Levitan, P.A., and Ms. Dahlen stressed the importance of engaging stakeholders, including the National Committee for Quality Assurance and the Joint Commission. A report by the National Academy of Medicine on transforming healthcare quality had produced a list of priorities. Consumer interests are important and must be considered in the measure development process.

Dr. Goeschel raised the issue of trade-offs and feasibility for AHRQ. Should the focus be on quality measurement for performance or for public reporting/payment? Dr. Robinson noted that the SNAC report did not comment on what AHRQ should stop doing. Dr. Brown Speights spoke of advocates for communities, equity, and ways in which the workforce can suffer because of the measurement process.

Dr. Ivory stressed the importance of consumer involvement and the need for research on the validity of tools, especially regarding under-represented populations. AHRQ should interact with the Office of the National Coordinator and regard its standards. Omar Lateef, D.O., raised the issues of clarity and transparency, citing the need to define and standardize what is measured.

Dr. Schmitz stressed the issues of equity and access to healthcare and a need for data on the detailed provision of care. Patrick Romano, M.D., M.P.H., called on AHRQ to expand its influence in healthcare quality research, to think strategically about its resources, and to collaborate, as needed, with other entities on stewardship of measurement. The agency should support the concept of real-time measurement; that is, actionable at the point of care.

Dr. Jacobson stated that consumers are concerned with benefits and how to pay for them, resulting in stress and financial harm. Dr. Carney agreed on the importance of consumer input as well as scientific rigor for planners. AHRQ could help to define quality and standards. Private organizations have their own quality metrics. Perhaps HHS could serve to bring together groups, and AHRQ could lead in bringing groups together. Dr. Hernandez-Boussard noted that the SNAC had suggested that AHRQ take a role in determining the validity of measures.

Dr. Auerbach noted the need to consider not only real-time data but also real-world data; that is, measurement data in a larger context. He called for more data sets and understanding how measures/data are being used and to what ends. Today's translational pathways are new. Yanling Yu, Ph.D., called for a system for real-time tracking of healthcare delivery. Dr. Embi agreed, suggested that AHRQ has an opportunity to support the translational component—bringing knowledge to practice and generating evidence through practice. It could study cycles of learning and the monitoring of impacts. Measures will have to be re-assessed. AHRQ could study the infrastructure for measures (guidelines and strategies).

Dr. Robinson asked the NAC members to finish this discussion by considering (1) gaps in quality measurement that AHRQ might address, (2) how AHRQ might prioritize its work in quality measurement, and (3) how AHRQ should address data needs.

Ms. Binder responded, referring to point 2, that AHRQ should engage health systems to develop an agenda for research. Dr. Buntin stated that AHRQ should remain central to the process. Dr. Romano encouraged AHRQ to take the work regarding prioritization and care transformation (ambulatory and telehealth) to the stakeholders inside and outside government.

Dr. Embi raised the idea of standardizing data collection at the point of care that is easier and more valuable. AHRQ could play a role in this improvement in evidence through practice, possibly even leading the endeavor. Tools for obtaining the data required for downstream learning should be standardized. AHRQ could develop best practices, toolkits, etc.

Dr. Ting encouraged consideration of ways in which AHRQ can take on the work and effect change. Its core competencies may change. There will be a need to forecast and to make decisions with imperfect data, even with the use of artificial intelligence and digital systems. Ms. Dahlen focused on the idea of leadership, as in the pandemic. AHRQ could help, especially with the standardization and harmonization of measures. Perhaps AHRQ could develop an overall framework for the issue of quality measures.

Dr. Brown Speights asked how we might keep a lens on physician burnout as we address quality and equity. Hoangmai Pham, M.D., M.P.H., regarding equity, encouraged the agency to consider units of analysis and structural components. HHS should have a role in addressing the structural challenges. Ms. Edgman-Levitan noted that there is no national quality plan to advise on measures.

Dr. Meyers thanked the NAC members for the discussion and expressed a wish that the conversation go forward. He asked, what should be the role of the NAC?

The NAC members voted and agreed unanimously to approve the report from the SNAC, with comments from this discussion attached.

UPDATE AND DISCUSSION ON PRIMARY CARE

Arlene S. Bierman, M.D., M.S., Center for Evidence and Practice Improvement, AHRQ, Robert McNellis, M.P.H., P.A., Center for Evidence and Practice Improvement, AHRQ, and Patrick G. O'Malley, M.D., M.P.H., Center for Evidence and Practice Improvement, AHRQ

Dr. Bierman initiated a session on AHRQ's roles in addressing primary care by stating that revitalizing primary care is foundational to AHRQ's mission to improve healthcare quality, safety, access, equity, and affordability for all Americans. Dr. Bierman pointed to an erosion, in recent times, in the ability to offer strong primary care. The COVID-19 pandemic has placed new challenges on primary care. A recent RAND report highlighted the need for research in primary care. HHS is developing a plan to strengthen primary care, especially to improve health outcomes and equity.

Dr. Pham noted physician burnout and other provider-centered issues and AHRQ's potential to support research to address them. Researchers could study linkages within care, priorities, modes, team-based care, value-based care, and social contexts. Policymakers should be informed of the findings.

Ms. Dahlen considered a consumer perspective, stating a need to raise the profile of primary care and to address the reimbursement system. Dr. Buntin expressed the need to respect popular interests such as urgent care and telehealth. The question was raised: what will future primary care look like and how can AHRQ address that? Ms. Edgman-Levitan stressed the fact that primary care affects mortality, suggesting that the focus of research should be on the quality of care by advanced practice providers.

Mr. McNellis asked the NAC members to consider and discuss potential ways in which AHRQ can have an impact for improving primary care. He posed several questions. What research questions should be given highest priority? How can AHRQ encourage innovation and increase the uptake of evidence? What data resources and quality measures are needed? Mr. McNellis briefly described past efforts by HHS to advance primary care. An influential report by the Institute of Medicine defined primary care as “the provision of integrated, accessible, and equitable healthcare services by interprofessional teams that are accountable for addressing the majority of an individual’s health and wellness needs across settings and through a sustained partnership with patients, families, and communities.” AHRQ incorporated that definition.

AHRQ’s 1999 authorization established a Center for Primary Care Research to serve as a principal source of research funding. That was followed by a long history of AHRQ research for primary care, including Practice-Based Research Networks and research in patient-centered medical homes, primary care transformation, care coordination, team-based care, and multiple chronic conditions. AHRQ has supported dissemination and implementation, for example, in the EvidenceNow heart-health project. It established a primary care extension service throughout the nation to support practice redesign. It unveiled the ECHO model in 2009 for health systems research and produced a practice facilitation curriculum. AHRQ’s 30th anniversary primary care research conference produced an agenda for high-impact research.

Dr. O’Malley described the agency’s National Center for Excellence in Primary Care Research, which features its research portfolio. It includes initiatives in dissemination and implementation, digital healthcare, systems science, and behavioral health integration. Also, within AHRQ are programs in education, data, and safety. AHRQ has been funding research in digital healthcare/primary healthcare and investigator-initiated research in many primary care settings. It established the Academy for Integrating Behavioral Health and Primary Care. Of special note, the agency is supporting research in opioids and older adults, testing strategies for management and developing models for care for chronic pain.

Dr. Bierman described AHRQ’s vision for the primary care environment and research in the years to come, including these trends:

- Primary care practices and networks will be learning healthcare organizations and will collaborate.
- Patients, their families/caregivers, clinicians, and communities will be co-producers of evidence.
- Innovative research designs, more available data, and the integration of quality improvement and implementation science will expand the needed evidence.

Activities of strong interest will include care for people with multiple chronic conditions, advancing the patient-centered medical home, and (mandated by Congress) studying actions taken by states to improve primary care delivery, identifying the positives and negatives. Dr. Bierman asked the NAC members to continue with a discussion of potential opportunities for AHRQ to advance primary care.

Dr. Pham stressed that digitalizing processes is not necessarily modernizing care. There likely will be a need to build something new and to incentivize that. AHRQ might confer with CMS to consider the roles of payers, input costs, and the use of risk-adjustment models. Perhaps services will have to be defined differently. Another area for AHRQ research could be the examination of meaningful patient archetypes. Dr. Robinson agreed that retrofitting digital technology into older processes generally does not work. The process must be re-imagined. Dr. Ling raised the ideas of approaching the complexity in care needs and operationalizing to meaningful outcomes.

Regarding value, Asaf Bitton, M.D., M.P.H., asked, what are consumers looking for? There is a need for trusted integration of technologies along the healthcare journey. What are the ecologies at the various levels? AHRQ should study the practice of primary care. What are the new models? Practices often are owned by something else now—not by the individual. We need to study integration and ecology, that is, the whole of the healthcare system.

Dr. Romano encouraged AHRQ to coordinate and strategize with other HHS agencies in studying how innovations are working. Emphasizing the rural setting, Dr. Schmitz cited the importance of regional geography and ecology, of seeking coordination of care, and of identifying outcomes that matter. He cited the idea of rural generalism, including the mechanisms of making diagnoses and referrals. He called for research on the effects of telemedicine, as when it can disrupt methods of payment even as it offers health benefits. Dr. Yu again stressed the importance of being informed by the consumers when designing the healthcare system. She cautioned that often physicians will shy away from a team approach because of the time constraints of their work. Dr. Brown Speights noted that communities desire new models of care, yet, that leads to the issues of developing and educating the workforce within the new models.

Dr. Carney cited a need to consider how new functions will be integrated with current functions, for both individuals and the community. Quality metrics are needed for telehealth and convenient care services. Residents will have to be trained to recognize various new conditions, such as increased substance abuse during the pandemic (physical and behavioral health problems). Dr. Goeschel encouraged AHRQ to study the importance of face-to-face contact for both patients and providers. What are the impacts when it occurs? Dr. Auerbach stressed the need to understand what the consumers desire. Ms. Edgman-Levitan asked, which models work best for which patients?

Dr. Ting noted that the COVID-19 pandemic has emphasized a consumer and workplace fragility that affects healthcare professionals. Telehealth and digital technologies are not complete answers. Consumers in the future will be managing their own health data, guided by artificial intelligence. Much will be conveyed through smartphones. Dr. Alexander added that telehealth may not be a solution for everyone, especially in emergency situations. Elderly people with dementia will have difficulty with the technology. Dr. Jacobson noted that many wellness visits are conducted so as to “meet the metrics” and to check the boxes for quality metrics. Such issues should be considered when creating new models.

PUBLIC COMMENT

Joanne Locke, R.N., J.D., of the Academic Medical Center Patient Safety Organization (PSO), reported on a National Safe Table meeting that took place recently. It focused on the issue of safety risks in virtual care. Participants featured representatives from 27 PSOs. The meeting demonstrated the power of the Patient Safety Act to support a national learning system in which PSOs combine their knowledge and resources to improve quality and patient safety. The safe table was a pilot (one of two) leading to a

survey of concerns among providers and patients about safety risks associated with virtual care. Three national safety leaders shared their experiences and expertise. Patient and family representatives also participated.

The group produced a patient safety alert sharing learning and next steps, to be published next month. After sharing information and analysis, the safe table participants recommended steps to begin development of effective reporting systems to identify safety events related to virtual care. They called for natural language reporting in, for example, case analyses. They called for patient feedback regarding virtual care. They addressed ways to assess vulnerabilities, especially regarding diagnostic evaluations. The group will reconvene in six months to share progress in tracking virtual care safety events. It will proceed to develop consensus-based recommendations for effective reporting.

CHAIR'S WRAP-UP AND FINAL NAC INPUT

Dr. Robinson asked the NAC members for final thoughts and suggestions for discussion topics for future NAC meetings.

Dr. Pham stressed the idea that building a new primary care system that especially targets the most vulnerable people will produce best results. She called for the identification of factors that would allow a healthcare system to be well prepared—for example, the use of plain language and the presence of accessible examination tables.

Ms. Dahlen suggested that broad promotion of the MEPS (e.g., showing cost information) could serve as a door through which consumers would identify AHRQ expertise and potential. She encouraged AHRQ to study the dynamic between consumer input and provider expertise. Ms. Edgman-Levitan agreed on the need to co-produce new healthcare practices, with input from patients and families. What should that process look like? What would result?

Dr. Yu proposed a future discussion about having AHRQ produce and publish a paper about the agency that targets healthcare consumers. Dr. Pham proposed a future discussion about the health system's recovery from the COVID-19 pandemic and long-term changes. Dr. Embi proposed a future discussion of how to address the use of artificial intelligence algorithms and approaches in primary care. How should we transform care? What will be the best practices? How will the tracking of progress occur? What are the research possibilities? Dr. Alexander proposed a future discussion of specific issues regarding social determinants, such as the use of transportation for access to care.

Dr. Robinson asked the NAC members to forward additional ideas to Jaime Zimmerman, M.P.H., PMP, or Dr. Meyers.

ADJOURNMENT

Dr. Robinson thanked the NAC members, presenters, and AHRQ staff. He expressed appreciation for AHRQ’s mission, the staff’s dedication, the impressive perspectives of the NAC members, and their passion for solving the challenges in health and healthcare. Ms. Zimmerman thanked the NAC members, especially those rotating off the council, for their preparation and participation.

Respectfully submitted,



Asaf Bitton, M.D., M.P.H., Interim Chair
National Advisory Council
Agency for Healthcare Research and Quality

7/18/22
Date