



Private-Sector Use of AHRQ Research

Agency for Healthcare Research and Quality • 2101 East Jefferson Street • Rockville, MD 20852



AHRQ is the lead Federal agency charged with supporting research designed to improve the quality of health care, reduce its cost, address patient safety and medical errors, and broaden access to essential services. AHRQ sponsors and conducts research that provides evidence-based information on health care outcomes; quality; and cost, use, and access.

The information helps health care decisionmakers—patients and clinicians, health system leaders, and policymakers—make more informed decisions and improve the quality of health care services.



U.S. Department of Health
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The Agency for Healthcare Research and Quality (AHRQ) tracks the impact and use of the research it funds. Listed below are some examples of how AHRQ research has been adapted for use by the private sector.

- **UnitedHealthcare**, a national MCO in Minnetonka, MN representing 7 million commercial members, 430,000 Medicare members, and 500,000 Medicaid members, reports that the recent finding from AHRQ's study on beta-blocker use for myocardial infarction (MI) patients is now a part of its new physician education program. The published results are used as a reference and cited as such in their materials as a part of its Clinical Profiles Program. Clinical Profiles are sent to physicians and contain information about their patients and whether they have received screening or treatment according to nationally accepted guidelines.
- **The American Academy of Pediatrics (AAP)** modeled its Pediatric Education for Prehospital Professionals (PEPP) program to encourage appropriate use of bag-valve-mask ventilation (BVM) alone on children needing artificial respiration. The recommendation was based on the results of a clinical trial sponsored by AHRQ and the Health Resources and Services Administration's Maternal and Child Health Bureau. The study

found that BVM had comparable survival rates for young children who have stopped breathing without the risk of an intubation procedure.

- AHRQ funded research for the development of software that runs a new electrocardiogram (EKG) machine that can help physicians more quickly diagnose cardiac ischemia (inadequate blood flow to the heart, a major cause of heart attack) and decide whether thrombolytic drugs should be administered. The software analyzes the EKG for signs of cardiac ischemia or heart attack using a program called ACI-TIPI, or Acute Cardiac Ischemia-Time Insensitive Predictive Instrument.

For those patients with signs of a heart attack, the software integrates clinical factors such as age, gender, and duration of symptoms with the EKG findings and provides information that is individualized to the patient about the impact of thrombolytics on the risks of death, stroke, and major bleeding complications. This more complete information can help physicians make decisions about what type of treatment is needed. FDA has approved this research-developed software for use in hospital emergency rooms and by pre-hospital emergency personnel.

Two private-sector companies, **Hewlett-Packard and Marquette**

Electronics, now use this as a standard feature on their machines sold for this purpose. Between them, the two companies control 80 percent of the EKG machine market in the U.S. An AHRQ-supported study published in 1998 estimated that widespread use of this instrument could result in 204,000 fewer hospital admissions a year and 112,000 fewer coronary care unit admissions, for an overall annual savings of \$728 million.

- A successful bilingual chronic disease self-management program in San Antonio, Texas, called *“Living with Chronic Illness: How To Overcome Your Symptoms Through Self-Management,”* is the result of a research study co-sponsored by AHRQ and the State of California.

The San Antonio program is offered through the Texas Diabetes Institute in both English and Spanish. It is based on the Chronic Disease Self-Management Program, developed through a 5-year research study funded by AHRQ (www.stanford.edu/group/perc/cdsmp/html). In that study, Stanford University investigators showed that patients with different chronic diseases can jointly learn disease management techniques.

The program is offered once a week for six consecutive weeks. Each class lasts 2½ hours and is offered free. The classes are offered mornings, afternoons, and evenings. Patients are provided information on nutrition; exercise; problem solving; symptom management; communication with health care professionals; reducing frustration, anger and depression; relaxation techniques; and medication usage. Within the first year of offering the course, more than 130 patients participated in nine classes, including four in Spanish.

- An AHRQ study on the benefits of prescribing beta-blockers after acute myocardial infarction prompted the National Committee for Quality Assurance (NCQA) to incorporate a

performance measure into the Health Plan Employer Data Information Set (HEDIS 3.0). Hundreds of health plans have been voluntarily reporting their use of the quality indicator since 1996, with 372 reporting on their performance during 2000. Health plans are using the indicator in three ways:

- To report their results on this quality indicator in their public reports to NCQA, to employers they want to do business with and even certain States, for example, Maryland, New Jersey, and Texas.
- To use the indicator as an internal quality improvement tool.
- To monitor their internal quality improvement efforts and to get credit for those efforts, as required by NCQA Accreditation standards.

Since July 1999, NCQA has used the reported results to compare health plans nationally and uses the results of that comparison to determine accreditation status.

- The *Guide to Clinical Preventive Services, 2nd edition*, developed by the AHRQ-sponsored U.S. Preventive Services Task Force (USPSTF), has been used by individual providers, professional societies, health plans, and policy-makers to guide practice and policy regarding prevention in primary care. Over 70,000 copies of the second edition of the Guide have been sold. The **American Academy of Family Physicians (AAFP)** used the assessments of the USPSTF as the foundation for its “Recommendations for the Periodic Health Examination,” which outlines standards and guidelines for preventive care for the more than 85,000 family practitioners in the organization.
- AHRQ’s Consumer Assessment of Health Plans (CAHPS®) gives people information on the experiences of their neighbors and colleagues of the quality of care offered by health plans in a given

organization, State, or region. **This information is used by health care purchasers, employers, and health plans** so they can select plans to offer their employees and so their employees can make informed choices about health plans, and by plans for quality monitoring and improvement.

- Since 1997, the **Healthcare Association of New York State (HANYS)**, which represents more than 500 nonprofit and public hospitals, long-term care facilities, and home health agencies, has adapted the HCUP Quality Indicators (QIs) to produce annual comparative reports for its member hospitals. The purpose of each annual report is to provide individual hospitals with comparative data on a broad range of indicators to help them target areas for improving quality of care and efficiency. The QI outcome measures provide guidance to identify areas for further examination inside each hospital, and the QI measures of access and utilization serve as a springboard for regional and community health initiatives. Each hospital receives its own report with comparisons to statewide norms, regional averages, and peer group averages. Reports prepared for hospital systems include data for each affiliated hospital. Additional comparisons are made with data of other States, including California and Massachusetts.

For further information about private-sector use of AHRQ research, contact:

Karen Migdail
Public Affairs Specialist
AHRQ
2101 East Jefferson Street
Suite 501
Rockville, MD 20852
301-594-6120
kmigdail@ahrq.gov

