

Carolyn M. Clancy, M.D.

Director, Agency for Healthcare Research and Quality
U.S. Department of Health and Human Services

By Michael J. Keegan

Leveraging research into healthcare quality, costs, outcomes, and patient safety

Healthcare remains one of the most pressing issues of today, with a system mired in ever-increasing costs, inconsistent quality, and access pressures. Many of the healthcare reform proposals being reviewed in Congress attempt to remedy one or more of these issues. Research continues to identify ways to improve the quality and safety of healthcare, ensure access to care, increase the use of health information technology (IT), and find new ways to translate clinical research into practice. For the last 20 years, the Agency for Healthcare Research and Quality (AHRQ), an agency within the U.S. Department of Health and Human Services, has continued to play an integral role in support of such research. “The mission of the Agency for Healthcare Research and Quality,” explains Dr. Carolyn Clancy, director of AHRQ, “is to improve the quality, safety, efficiency, and effectiveness of healthcare for all Americans. We pursue this goal by supporting research and working very closely with those who provide care—clinicians of all disciplines—as well as with patients and policymakers, so that they can use information to improve the delivery of healthcare.”

Dr. Clancy manages a broad portfolio of scientific research that promotes enhancements to clinical and health system practices. She does this with a budget [excluding the 2009 American Recovery and Reinvestment Act (Recovery Act) funds] of over \$370 million (fiscal year 2009) and a staff of 300. “About 80 percent of our budget goes to grants and contracts with many academic institutions, community health centers, and hospitals focusing on improving healthcare. We now fund work in almost all 50 states,” explains Clancy. She describes her main responsibility as one of ensuring that all parts of AHRQ work together. “My day-to-day work,” notes Clancy, “is actually communicating what it is that we’re trying to do—connecting the dots between the research we’re supporting and healthcare you’re going to get.” AHRQ comprises

five research centers and three offices, but she states that, “We really organize our work around portfolios: comparative effectiveness; patient safety and quality; health IT; improving value in healthcare; prevention and care management; and innovations.”

The U.S. spends more on healthcare than any other nation, yet numerous studies have found that there is really no relationship between spending and the quality of care. “I think the best definition of healthcare quality is the right care, for the right patient, at the right time, every time,” says Clancy. For Clancy, it is critical to make sure that “what we do for patients matches their needs and preferences and actually helps them to get on with their lives.” Comparative effectiveness research (CER)—systematic research that compares different interventions and strategies to prevent, diagnose, treat and monitor health conditions—offers much promise. According to Dr. Clancy, the purpose of this research is to inform patients, providers, and decision makers by responding to their needs about which interventions are most effective for patients under specific circumstances. The Recovery Act allocated about 1.1 billion dollars for CER, with some \$300 million allocated to AHRQ’s already-established CER portfolio. “We live in a very exciting time,” admits Clancy, “because of all of the advances in biomedical science. More and more, it’s not the case that there’s one thing to do for a particular condition—there are multiple choices. How do you make those choices?” CER is looking to fill that gap. “We think this research will help make sense of all of the rapidly expanding options and innovations in medicine. It’s all about focusing on patients’ needs, and applying the best of science to meet those individual needs,” says Clancy.

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critical role in the drive to adopt health IT. “I think many people don’t grasp that healthcare today is, by and large, a paper enterprise.” Her agency funds research that identifies ways to expand health IT adoption and use. It seeks to identify best practices for making health IT work and tools that can help hospitals and clinicians successfully adopt it. According to AHRQ-funded research, electronic health record adoption continues to increase slowly. The initial capital investment continues to be a significant barrier to adoption. “We believe,” asserts Clancy, “that health IT can improve the quality of care. ... It makes it possible for us to actually create what some have called “learning healthcare systems,” so we can understand what has happened as a result of a new treatment, which patients have benefited, and which have had side effects. At the same time, it can deliver customized information to the point of decision making, based on scientific evidence. That’s our goal, and we are very excited about it.”

According to the Centers for Disease Control and Prevention, nearly 2 million patients suffer from a healthcare-associated infection in U.S. hospitals each year, resulting in 99,000 deaths and annually incurring an estimated \$28-\$33 million in excess healthcare costs. AHRQ funds research that aims to identify risks and hazards leading to medical errors, while seeking to find ways to prevent patient injury associated with delivery of care. “This is a growing problem,” admits Clancy, “We’ve seen people suffering serious consequences because of these infections, which are largely avoidable.” Clancy describes the Michigan Keystone ICU Project as a successful example of how to foster a culture of patient safety. It is a joint partnership between Johns Hopkins University and the Michigan Health and Hospital Association, funded by an AHRQ grant. “We supported a team from Johns Hopkins,” notes Clancy, “They focused on reducing serious bloodstream infections, using some relatively straightforward steps that can actually reduce the infection rate dramatically.” The project worked to ensure that clinicians use a checklist when performing actions such as inserting catheters into ICU patients. This project has reportedly led to a 66 percent reduction in ICU catheter-related bloodstream infections throughout the state, saving more than 1,500 lives and \$200

million in its first 18 months. With such success, the project received the 2009 Eisenberg Innovation in Patient Safety and Quality Award. “It is probably the single largest example of success to improving quality and safety. There are very important lessons to be learned from it,” says Clancy.

AHRQ-funded research means little until its findings and lessons learned are disseminated. Dr. Clancy declares that the ultimate goal is to translate AHRQ’s research findings into clinical practice—hopefully resulting in healthier, more productive individuals and an enhanced return on our nation’s substantial investment. “We work extensively to communicate what we’re doing and to disseminate it in practical ways. We do a lot of work, in terms of direct outreach to the media, publishing in scientific peer review journals. We also work with the Ad Council, to inform patients to ask questions, because we know that patients who are active in managing their own health and healthcare tend to have better outcomes than those who are more passive.” AHRQ also leverages social media tools—such as Twitter, RSS feeds, or podcasts—encouraging people to share information, collaborate, and interact. Clancy points out that these tools reinforce and personalize health messages, reach new audiences, and build a communication infrastructure based on open information exchange. “There’s no media that we won’t take advantage of,” declares Clancy. In the end, it’s about getting that research out in order to improve the quality, safety, efficiency, effectiveness, and cost-effectiveness of healthcare for all Americans. ■

To learn more about the Agency for Healthcare Research and Quality, go to www.ahrq.gov



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