Health Care and Pharmacy

#1 - AHRQ and Pharmacy

For the past three years, 2008-10, I was fortunate to be the first pharmacist appointed to the National Advisory Council (NAC) for the federal government agency, Agency for Health Care Research and Quality (AHRQ). I have learned that AHRQ is an incredible and dynamic organization committed to excellence for improving the delivery and the quality of patient care. It is an agency that my students have been told to routinely check out the information on the AHRQ web site. I have chosen AHRQ and Pharmacy for my first write up relating to health care and pharmacy because I have learned about AHRQ and the very important need for pharmacy to think deeper about health care issues and needs, in particular what pharmacists can do to help solve major health care needs in our country.

The AHRQ is the federal government agency within the Department of Health and Human Services that focuses on health care delivery research and quality. The mission of AHRQ is: "the lead Federal agency charged with improving the quality, safety, efficiency, and effectiveness of health care for all Americans. As one of 12 agencies within the DHHS, AHRQ supports health services research that will improve the quality of health care and promote evidence-based decision making." The Strategic Goal of AHRQ research is measureable improvements in health care in America, gauged in terms of improved quality of life and patient outcomes, lives saved, and value gained for what we spend." The AHRQ web site is www:ahrq.gov and is highly recommended for regular visits by any health professional and any health profession student. The 2010 budget is $ 397 million, with $50 mil for comparative effectiveness research (CER). The 2011 budget is $ 611 million, with $ 350 million for CER

The AHRQ focus is: 1) safety and quality: reduce the risk of harm by promoting delivery of the best possible health care; 2) effectiveness: improve health care outcomes by encouraging the use of evidence to make informed health care decisions; and 3) efficiency: transform research into practice to facilitate wider access to health care services and reduce unnecessary costs.

AHRQ has six portfolios (areas) of research. 1). Comparative effectiveness, 2) prevention and care management, 3) value, 4) health information technology, 5) patient safety, and 6) innovations / emerging issues.

AHRQ customers include: clinicians and other health care providers, such as hospitals; consumers and patients; health care policy makers at the Federal, State, and local levels; purchasers and payers, such as employers and public and private insurers; and other health professionals such as hospital systems and medical school faculty.

The National Advisory Council (NAC) for AHRQ provides advice and recommendations to the Director, AHRQ, and to the Secretary of DHHS on priorities for a national health services research agenda. The membership consists of 21 appointed by the Secretary of DHHS and several federal government agencies have ex-officio members. Members include: physicians, nurses, public, researchers, etc. The NAC meets three times a year and the agenda includes (in general) the following: Director's report – Dr. Carolyn Clancey, other reports by AHRQ staff or invited outside speakers, discussion by the NAC members with speakers or their own comments

and advice, open time for public comment. At the last meeting, members are provided the opportunity for closing comments.

My first meeting, 4/08/08 was quite eye opening. After the new members were introduced, the Director gave her report – wow! A great deal of information, a large number of topics, and very fast paced! I was then exposed to the annual AHRQ reports – 1) national healthcare quality, and 2) disparities in health care. We had a discussion about building future research capability – individual researchers, diversity – institutional and individual in health services research, science – development of integrated science of health services research. We then discussed health care value – AHRQ's role in achieving IOM goals. The Chairman then asked each member for their comments regarding "wild cards" we saw in the future. I was the second member to comment and I identified future drugs and technology and the probable impact on genomics and gene therapy. One member, a senior medical director for a large health system identified the impending impact of more seniors and that his system already was studying cost containment strategies in great scope and depth. The CMS member commented on their plan to implement "value purchasing."

A review of several topics from NAC meetings I attended give the following list: value purchasing, primary care team, health care quality for children, patient safety and patient safety organizations, investigator initiated innovation research portfolio, comparative effectiveness research (CER), health information technology, employers more in health care decisions, and the future and AHRQ. The following topics rang a bell for me and pharmacy to better understand: value purchasing, primary care team to include pharmacists, drug issues in children care, paitent safety and medications, CER and pharmacist practice and services, HIT and pharmacy, and quality indicators and pharmacy input.

I had a few meetings with representatives from several national pharmacy organizations to learn of their past experiences with AHRQ and their respective views towards AHRQ. I also met with the three pharmacists employed by AHRQ who told me the following: pharmacy needs to tie into the bigger issues of health care like: public health, MTMS, safety, disparities and in different patient settings, and also congressional interests. They also said that research proposals and funding would require interdisciplinary research teams. Regarding pharmacoepidemiology studies, interested if the research is going to focus on new methods.

The comments I provided at the various meetings included the following: drug related issues exist at every level or location of patient care, so study until conclude there isn't any problems; research to unleash the capability of pharmacists in community practice with the two biggest barriers being the cost of drugs (industry problem) and pharmacist not being a recognized provider; to improve the quality of drug therapy study the performance of physicians, nurses, pharmacists, others when looking at drug related problems and patient needs; for the long term to improve delivery and quality of care need to educate health care professionals; quality indicators for the care of children needs more drug related topics than just immunizations; support research that will help implement the Pharmacist Clinical role identified in an interdisciplinary report from the National Center for Research and Development (forerunner to AHRQ) published in 1971.