

GOAL 4: IMPROVE THE QUALITY OF HEALTH CARE AND HUMAN SERVICES.

The quality of health and human services needs to improve continually to address constantly changing problems. HHS accomplishes this goal by a wide range of quality improvement activities designed to provide better ways of addressing the changing problems that confront the health care and human service delivery system, such as changes in family structures, demographics, and financing of health services.

❖ **We promoted the appropriate use of effective health services.**

Significant improvements in health, as well as reductions in costs associated with unnecessary remedial care, could be achieved by improving the extent to which physicians and other practitioners deliver the most appropriate treatments. Without a significant investment in research initiatives, there will not be enough *new knowledge produced to improve the health care system.*

To determine the funding priorities for research resources AHCPR, in FY 1999, succeeded in developing a research agenda for the future through consultations with its customers. The research agenda addresses the three AHCPR strategic research goals to improve:

- the structure and process of health care,
- the quality of that care, and
- access to care.

Consistent with these goals AHCPR awarded new research grants in the following critical areas to assess the outcomes and cost effectiveness of:

- access and outcomes of HIV care in America,
- medical outcomes in the pricing of hospital procedures,
- measuring the quality of care for diabetes, managed care and quality for children with chronic conditions, and
- improving heart failure care in minority communities.



In FY 1999 AHCPR continued to evaluate the outcomes of the investments that the agency funds. Over 3,100 articles appeared in the print media that cited the Agency and its programs; the combined circulation of the periodicals was over 253 million. Findings from at least 10 AHCPR research activities were published in major peer reviewed professional publications. Thirteen of AHCPR research activities were implemented in the health care system.

Goal (AHCPR): Initiate FY 1999 research initiatives.

1999 Target: Fund a minimum of 21 projects in:

- Consumer use of information
- Value-based purchasing
- Measure national care quality
- Vulnerable populations
- Translate research into practice

1999 Actual: 54 projects



Some Results of Recent AHCPR Research

Beta Blockers: Only 21% of heart attack patients receive beta blockers, which are more effective than calcium-channel blockers that are used 3 times as often.

Medical Errors: Adverse drug events are preventable if appropriate systems such as computerized monitoring programs are in place in hospitals.

Schizophrenia: Produced the evidence needed for the development of treatment recommendations for patients that have been used by the National Alliance for the Mentally Ill in a consumer booklet for families and patients.



We are concerned about improving the quality of health care.

Also the “Outcomes of Outcomes Research at AHCPR” report was issued in FY 1999. This evaluation study assessed the impact of AHCPR sponsored products in advancing methods to measure and improve health care. See <http://www.ahrq.gov/clinic/outcosum.htm>.

To see more findings of AHCPR research go to: Research Findings under www.ahrq.gov



In FY 1999 AHCPR also launched the National Guideline Clearinghouse <http://www.guideline.gov>, an internet-based source of information on clinical care that will help health professionals to improve the quality of care they provide to their patients. There were more than 640,000 web site visits in its first 10 months toward the end of 1999. NGC had an average of 16,000-18,000 visits per month. In addition, AHCPR’s publications clearinghouse continued to disseminate information and received 1999 customer satisfaction ratings of 97.2 percent for providing requested assistance.



❖ **We increased consumers’ understanding of their health care options.**

In 1998 HHS launched a nationwide effort to help patients rate their health plans and to help consumers choose among plans. The effort is built on a new survey tool, the *Consumer Assessment of Health Plans* (CAHPS), that provides a consumers-eye view of the care and service they receive from health plans. The survey asks how easily beneficiaries can access specialists and urgent care and seeks information on the general level of consumer satisfaction.

In FY 1999 AHCPR used its evaluation results of the CAHPS to improve the usefulness of this consumer-oriented tool. According to preliminary findings, quality affects consumer choice of health care plans. Consumers do have a favorable reaction to CAHPS reports and they do use CAHPS data when choosing a plan.



Consumers can also gain an understanding of their health care options and obtain help in making reliable personal health choices by searching several locations on the HHS web sites. In FY 1999 HHS has continued and expanded its *presence on the Internet*.

HEALTHFINDER, at <http://www.healthfinder.gov>, the gateway that links to more than 1,250 Web sites, was expanded to include: Hot Topics (top 20 topics and some perennial favorites), Smart Choices (wellness and prevention) and Just For You (age-specific links).

MEDLINE, at <http://www.nlm.nih.gov>, contains the world's most extensive collection of published medical information. It is useful for those seeking information about health conditions, research, and treatment. In FY 1999 NIH's National Library of Medicine revamped Medline for use by the public.

MEDICARE, at <http://www.medicare.gov>, offers a variety of useful information and details new choices available to beneficiaries under the Balanced Budget Act.



To help consumers make informed decisions about the medications they use and give their families, FDA issued a new regulation in FY 1999 to provide new, easy-to-understand **labeling on non-prescription drugs**. By clearly showing a drug's ingredients, dose, and warnings, the new labeling will make it easier for consumers to understand information about a drug's benefits and risks as well as its proper use.



❖ **We improved consumer protection.**

In June 1999 HCFA announced new patient protections in standards to protect the health and welfare of hospitalized patients in compliance with the Administration's **Consumer Bill of Rights**. The patient's rights regulations strengthen existing protections for patient health and safety and will assure that high quality care is provided to all patients in hospitals participating in Medicare and Medicaid. The six basic patient rights specified in the regulations include the right to confidentiality of patient records and communications, and the freedom from the inappropriate use of restraints and seclusion.



HRSA's National Practitioner Data Bank (NPDB) tracks adverse professional actions against physicians and dentists as well as medical malpractice settlements and judgments against all licensed health care professionals and can be queried by licensing, privileging, and credentialing authorities prior to granting licensure or extending clinical privileges. In FY 1999 NPDB received 399,943 queries and matched responses containing malpractice payment, adverse action, or

FDA asked principal food shoppers and food preparers in American households about the usefulness and clarity of food labeling and the usefulness of consumer alerts. In the ASCI ratings, FDA scored a rating of 66% satisfaction. As a result, FDA is going to increase public awareness of its actions to ensure food safety.

Goal (HRSA): Assure effectiveness of health care.
FY 1999 Target: Provide responses to 3,200,000 inquiries.
FY 1999 Actual: Exceeded the target; provided responses to 3,235,631 inquiries.



About 1.6 million elderly and disabled Americans receive care in approximately 16,800 nursing homes across the United States.

Goal (AoA): Protect vulnerable older Americans.
FY 1999 Target: Maintain 71.48% national resolution/partial resolution rate of complaints by Ombudsmen.
FY 1999 Actual: Data will be available in September 2001.
Trend: FY 1995 Baseline: 71.48%

exclusion report information, and 2,835,318 responses that confirmed that the named practitioner had no malpractice payments, adverse actions, or exclusions. Based on previous user surveys conducted by the OIG, an estimated 10,800 licensure, credentialing, or membership decisions were affected by these match responses during FY 1999.



HCFA also strengthened federal oversight of state enforcement of health and safety requirements at *nursing homes*. In March 1999, a final regulation was issued that allows HCFA and states to impose civil monetary penalties for each serious violation. States also must investigate any complaint that alleges harm to a resident.



To ensure the *Protection of Vulnerable Older Americans*, long-term Care Ombudsman programs in every state and 586 local areas helped to resolve nursing and board-and-care home resident's problems; provide information to residents, potential residents, and their loved ones; and advocate on behalf of these health care consumers. In FY 1998 ombudsmen nationwide handled approximately 250,000 complaints made by over 121,000 individuals and provided information to another 210,000 people. To support ombudsmen in their demanding work, the AoA has funded the National Long-Term Care Ombudsman Resource Center. The Center is operated by the National Citizen's Coalition for Nursing Home Reform in conjunction with the National Association of State Units on Aging. The Center provides on-call technical assistance and intensive annual training to ombudsmen to enhance the effectiveness of their interventions in complex situations.

In FY 1998, 82 percent of the cases closed by Ombudsman programs involved nursing homes. The five most frequent nursing home complaints concerned:

- Requests for assistance needed,
- Shortage of staff,
- Personal hygiene neglected,
- Menu, food service, and
- Accidents, improper handling.

During FY 1999 training was provided for state ombudsmen to help them better assist residents and their families. A primary area of focus was information and methods for handling the involuntary discharge of residents from nursing homes.



In FY 1999, AoA increased funding for the *Eldercare Locator*, a toll-free national telephone directory assistance service designed to link callers to Older Americans Act information and assistance programs around the country. As a result of the additional funding, the Locator served an average of 7,196 people per month in FY 1999, almost a 10 percent increase over the 6,578 served in FY 1998. As a result of the Locator, assessment, referral, and appointment services were provided to over 600 more Americans per month and 7,400 more per year.



To help ensure the protection of consumer rights to access to HHS programs, the HHS Office for Civil Rights (OCR) established goals for *compliance with non-discrimination legislation*, to assess whether there had been an increase in compliance in priority areas as a result of OCR actions. Each completed corrective action or no violation finding reported by OCR represents a provider in compliance with the law, either because the provider made changes in policies and practices or because OCR determined that there was no violation.

The levels selected for the FY 1999 Targets reflect OCR's commitment to focus its effort in high priority areas.



**Call Eldercare Locator at
1-800-677-1116.**

Goal (OCR): HHS grantees and providers found to be in compliance with Title VI in limited English proficient reviews/ investigations.

FY 1999 Target: 125 corrective actions and no violations.

FY 1999 Actual: Exceeded the target; 146 corrective actions and no violation findings.

FY 1998 Baseline: 98 corrective actions and no violations.



Goal (OCR): State and Local TANF agencies and service providers found to be in compliance with Title VI, Section 504 and American with Disabilities Act.

FY 1999 Target: 16 corrective actions and no violation findings.

FY 1999 Actual: 23 corrective actions and no violation findings.

FY 1998 Baseline: 8 corrective actions and no violations findings.