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RECOMMENDATIONS to the Federal Coordinating Council on Comparative Effectiveness Research

The Network for Regional Healthcare Improvement urges that a significant portion of the funding appropriated for Comparative Effectiveness Research in the American Recovery and Reinvestment Act of 2009 (ARRA) be used for the following activities:

1. Dissemination of Research through Regional Health Improvement Collaboratives

ARRA makes it clear that the funding for comparative effectiveness research is to be used not just for *development* of research, but the *dissemination* of research. The most effective dissemination approaches will be (a) locally organized and implemented, (b) done through a collaborative effort of healthcare providers, payers, consumers, and employers, and (c) implemented in conjunction with quality reporting and quality improvement initiatives. Regional Health Improvement Collaboratives are ideally structured to carry out successful dissemination efforts, but they need funding to do so. At least \$15 million should be allocated for this purpose in 2009 and 2010.

2. Development of a Strong, Regionally-Based Data Collection and Reporting Infrastructure

ARRA specifically calls for funding to be used to “encourage the development and use of clinical registries, clinical data networks, and other forms of electronic health data that can be used to generate or obtain outcomes data.” The fastest and most cost-effective way to do this is to build on the extensive quality measurement and reporting infrastructure which has already been developed in a number of regions around the country by Regional Health Improvement Collaboratives. At least \$25 million should be allocated for this purpose in 2009 and 2010.

3. Research on Ways to Overcome Barriers to Efficient Utilization of Effective Treatments and Services

The real effectiveness of a treatment or service depends on whether it is actually used by healthcare providers and consumers. Research is needed to identify the technical assistance and coaching programs, educational tools, insurance benefit designs, and provider payment methodologies that most effectively assist and encourage both healthcare providers and consumers to utilize evidence-based treatments and services. Regional Health Improvement Collaboratives can serve as important laboratories and partners in carrying out this type of research.

More details on these recommendations and the important role that Regional Health Improvement Collaboratives can play in achieving ARRA's goals are provided below.

The Important Role of Regional Health Improvement Collaboratives in Improving the Nation's Healthcare Quality and Value

Regional Health Improvement Collaboratives are *non-profit organizations* that work to *improve healthcare quality and value* in a *specific geographic region* of the country (typically either a metropolitan region or state), *through a collaborative effort of multiple healthcare stakeholders* (providers, payers, purchasers, and consumers).

There are over 50 Regional Health Improvement Collaboratives in the U.S., all working to address the most important challenge facing healthcare today – how to improve the quality of services while controlling skyrocketing costs. Regional Health Improvement Collaboratives design and implement programs ranging from public reports on the quality and cost of physicians, hospitals, health plans, and other healthcare providers, to projects that reduce hospital readmissions and improve the health of people with chronic diseases. A number of these Collaboratives have been designated as Chartered Value Exchanges by the U.S. Department of Health and Human Services.

Regional Health Improvement Collaboratives in the U.S.



NRHI (the Network for Regional Healthcare Improvement) is the national coalition of Regional Health Improvement Collaboratives.

The Need for a Strong Focus on Local Dissemination of Comparative Effectiveness Research

ARRA makes it clear that the funding for comparative effectiveness research is to be used not just for *development* of research, but also for the *dissemination* of research. The value of any comparative effectiveness research depends critically on whether healthcare providers and consumers are *aware* of the results, *understand* the results, and are *able to use* the results successfully in making decisions about treatments and services. There is already extensive information available about the effectiveness of many types of treatments and services, but much of it is not being used effectively to improve the quality and efficiency of healthcare. Consequently, **it is critical for the U.S. Department of Health and Human Services to invest adequately in programs that will successfully disseminate the results of both existing and new comparative effectiveness research.**

Although national dissemination efforts will have some value, it is likely that **the most effective approaches will be:**

- **locally organized and implemented**, so that they can tie the information to the specific types of services that are available locally;
- **done through a collaborative effort of healthcare providers, payers, consumers, and employers**, so that use of the information is endorsed and supported by peers; and

- implemented **in conjunction with quality reporting and quality improvement initiatives**, so that providers, payers, and consumers can receive the support and assistance they need to make changes in the delivery of care based on the comparative effectiveness information.

Regional Health Improvement Collaboratives are ideally positioned to organize local dissemination activities quickly and to ensure they are designed and implemented in ways that will reduce waste in the healthcare system and improve patient outcomes:

- Doing so is consistent with their core mission, since good comparative effectiveness research that is used by consumers, physicians, hospitals, employers, health plans, and others will support the Collaboratives' goals of improving healthcare quality and reducing costs in their communities.
- Most Collaboratives are already engaged in consumer education about choosing providers and treatments or are planning to implement consumer education and engagement programs in the near future.
- Many Collaboratives provide training and coaching for healthcare providers that have been proven to be effective in eliminating waste and inefficiencies and increasing the providers' ability to consistently and successfully use evidence-based guidelines.
- All Collaboratives develop and implement programs with the active involvement of providers, consumers, payers, and purchasers. Indeed, Collaboratives can serve as a form of "one-stop shop" to help coordinate dissemination activities in their communities by other health-related organizations, ranging from business health coalitions to healthcare provider associations.

Some examples of the kinds of successful dissemination efforts by Regional Collaboratives include:

- Minnesota Community Measurement (www.mncommunitymeasurement.org) has established "The D5: 5 Goals for Living With Diabetes" (www.thed5.org) to make it easier for people with diabetes to manage their condition and to find the healthcare providers who can most effectively help them.
- The Pittsburgh Regional Health Initiative is using research on effective self-management support programs for patients with chronic disease and on effective identification and intervention programs for patients with depression and substance abuse problems to reduce hospital admissions and readmissions, thereby reducing costs and improving patient outcomes.
- The Institute for Clinical Systems Improvement (www.icsi.org) designed guidelines for the use of high-technology diagnostic imaging and helped physicians implement an embedded decision support system for use of imaging that has replaced health plan prior authorization systems and saved millions of dollars.
- Massachusetts Health Quality Partners (www.mhqp.org) has worked with physicians to develop and disseminate evidence-based practice guidelines and quality improvement tools for chronic disease care.
- The California Quality Collaborative (www.calquality.org), HealthInsight (www.healthinsight.org), the Pittsburgh Regional Health Initiative (www.prhi.org) and other Collaboratives work with physician practices to improve the efficiency and effectiveness with which they deliver evidence-based care.

- The Oregon Health Care Quality Corporation (www.q-corp.org) has developed patient-friendly materials to help people select quality healthcare providers and work with them to develop appropriate treatment plans.

However, **Collaboratives need more funding to carry out this important dissemination role successfully.** Even though the federal government has recognized the important role that Collaboratives play through the HHS/AHRQ Chartered Value Exchange program, there is no federal funding support to help Collaboratives carry out any of their existing programs, much less to implement extensive new dissemination activities related to comparative effectiveness research.

We urge that at least \$15 million in Comparative Effectiveness Research funding be set aside specifically for grants to Chartered Value Exchanges and other Regional Health Improvement Collaboratives to support the dissemination and utilization of comparative effectiveness research information.

The Importance of a Strong, Regionally-Based Data Collection and Reporting Infrastructure

It is impossible to compare the effectiveness of alternative treatments and services, particularly in real-world settings, without a mechanism for collecting and reporting data on the use of treatments and the outcomes achieved when they are used. Moreover, it is impossible to know whether comparative effectiveness research is having an impact on the types of treatments utilized by providers and patients unless there is a system for collecting and reporting such data.

ARRA calls for funding to be used to “encourage the development and use of clinical registries, clinical data networks, and other forms of electronic health data that can be used to generate or obtain outcomes data.” The fastest and most cost-effective way to do this is to build on the extensive quality measurement and reporting infrastructure which has already been developed in a number of regions around the country by Regional Health Improvement Collaboratives such as the California Cooperative Healthcare Reporting Initiative (www.cchri.org), the Greater Detroit Area Health Council (www.gdahc.org), the Iowa Healthcare Collaborative (www.ihconline.org), the Louisiana Health Care Quality Forum (www.lhcof.org), Massachusetts Health Quality Partners (www.mhqp.org), Minnesota Community Measurement (www.mncommunitymeasurement.org), the Puget Sound Health Alliance (www.pugetsoundhealthalliance.org), and the Wisconsin Collaborative for Healthcare Quality (www.wchq.org).

We urge that at least \$25 million be set aside explicitly for grants to Chartered Value Exchanges and other Regional Health Improvement Collaboratives to enable them to expand the number of measures collected; to help establish and enhance registries, data repositories, and health information exchanges and to utilize them to improve data collection and reporting; and to more extensively analyze these data and expand comparative performance reporting for providers, researchers, and the public.

The Need for Research on Ways to Overcome Barriers to Efficient Utilization of Effective Treatments and Services

What really matters is not the effectiveness of a treatment or service under *ideal* circumstances, as is generally the case in clinical trials, but its effectiveness in *actual practice*.

If physicians do not recommend the treatment or do not implement it correctly, or if patients do not accept or adhere to the treatment regimen, then its practical effectiveness may be significantly lower than what clinical trials may suggest. For example, although use of long-acting bronchodilators reduces hospitalizations for patients with COPD, studies have shown that 80% of patients with inhalers do not use them properly, and many do not even get their prescriptions for inhalers filled.

Research is needed to identify the technical assistance and coaching programs, educational tools, insurance benefit designs, and provider payment methodologies that most effectively assist and encourage both healthcare providers and consumers to utilize evidence-based treatments and services and to eliminate the use of unnecessary and ineffective services. **Regional Health Improvement Collaboratives can serve as important laboratories and partners in carrying out this type of research, and we urge that priority be given to Comparative Effectiveness Research that is done in cooperation with Regional Health Improvement Collaboratives.**

Specifically, we would recommend a focus on the following three areas:

- a. **Identifying the most effective strategies and consumer-friendly tools that healthcare providers and Regional Health Improvement Collaboratives can use to assist and encourage consumers to improve their health status and adhere to treatment plans.**
- b. **Identifying the most effective strategies that Regional Health Improvement Collaboratives can use to assist and encourage physicians to recommend cost-effective treatments and to implement them consistently and efficiently.**
- c. **Identifying insurance benefit designs and provider payment methodologies which enable patients and physicians to utilize more cost-effective treatments.**

For example, reducing co-payment levels for existing chronic disease maintenance medications, eliminating “doughnut holes” in pharmacy benefit plans for these drugs, and providing reimbursement to support patient-centered medical home services for patients with chronic disease would likely do more to increase the effectiveness of chronic disease care than any new drug or treatment. A number of Regional Health Improvement Collaboratives are working with health insurance plans and purchasers in their communities to redesign payment systems and benefit designs to achieve greater value in health care.

Using ARRA to Help Build a Strong Regional Health Improvement Infrastructure

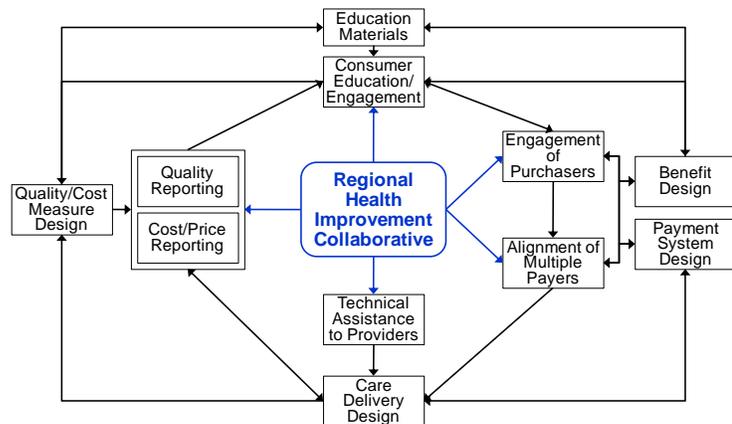
The priorities recommended above will not only help to ensure rapid, cost-effective, and successful implementation of the provisions of ARRA, but they will help to expand and strengthen the overall capacity and impact of Regional Health Improvement Collaboratives.

There is unlikely to be a single, one-size-fits-all national approach to healthcare reform that will work equally well in all parts of the country. Health care is a fundamentally regional enterprise, since most providers and even most payers operate exclusively or primarily in metropolitan regions or states. Moreover, every region of the country is different in terms of the number, types, and relationships of healthcare purchasers, payers, and providers.

To be successful, coordinated changes are needed in multiple areas – reforming payment systems and benefit designs to reward quality and value, redesigning care delivery systems to be more efficient and better coordinated, creating effective performance

measurement and reporting systems, and educating and assisting consumers to take an active role in maintaining their health and choosing high-value healthcare services.

Regional Health Improvement Collaboratives are needed to play the critical planning, coordinating, and support roles that will ensure these many inter-related changes happen successfully. Regional Collaboratives can help to build consensus among healthcare providers, health plans, employers, consumers, and others on the changes needed in their local healthcare systems, and then provide support and coordinate the implementation of those changes.



We urge that decisions about the use of ARRA funds be made in ways that support the efforts of Regional Health Improvement Collaboratives to improve the nation's health and the value of its healthcare services.