



AGENCY FOR HEALTHCARE RESEARCH AND QUALITY



# **ACTS Initiative and Synergies with CDS Connect:**

## **Discussion with CDS Connect Workgroup (WG)**

**May 16, 2019**

# Goals/Agenda



- Provide ACTS overview for WG
- Discuss ACTS interplay with CDC Connect
  - ▶ How can what CDS Connect is doing (b.well/otherwise) advance progress toward ACTS goals?
  - ▶ How can what ACTS is doing advance progress toward CDS Connect goals?

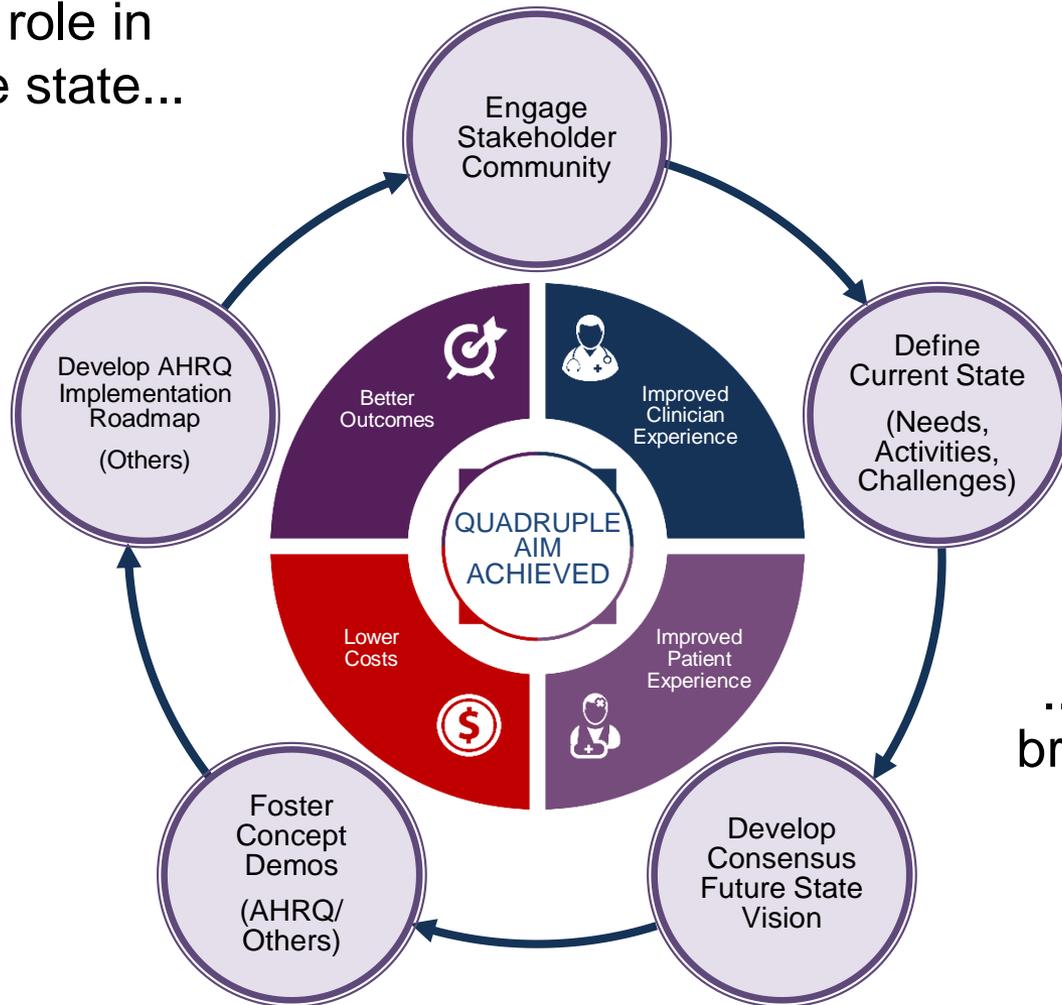
# About ACTS



- **Objective:** Provide AHRQ/HHS leadership a stakeholder-driven Roadmap by October 2019 for how AHRQ offerings (together with others from public / private sources) can be packaged, delivered, accessed, used better.
- **Goal:** To improve care delivery and transformation to the quadruple aim.

# ACTS Approach

Define AHRQ's role in delivering future state...



...and also drive broader progress for **YOU**

# ACTS Stakeholder Community

(n = 123\* as of 5/13/19; group meets every other week)



Care Delivery Organizations (36)		Quality Organizations/ Consultants (21)	HIT/CDS Suppliers (17)	Other Govt Agencies (12)		
<ul style="list-style-type: none"> <li>Adventist Healthcare</li> <li>ASU</li> <li>Cedars-Sinai</li> <li>Children's Hospital of Atl. (2)</li> <li>Children's Hospital of Phila.</li> <li>DoD</li> <li>George Washington University</li> <li>Harvard Medical School/ Brigham &amp; Women's Hospital</li> <li>HealthPartners</li> <li>Inova Health System (2)</li> <li>Intermountain Healthcare</li> <li>Kaiser Permanente</li> <li>Kittitas Valley Healthcare</li> <li>Lehigh Valley Health Network</li> <li>Mayo Clinic</li> </ul>		<ul style="list-style-type: none"> <li>Oregon Health &amp; Science University</li> <li>Peninsula Regional Medical Center (2)</li> <li>Rutgers/Robert Wood Johnson</li> <li>Texas Health Resources</li> <li>UCSF Medicine</li> <li>University of Chicago (2)</li> <li>University of Utah (2)</li> <li>University of Washington</li> <li>VA (4)</li> <li>Vanderbilt University Medical Center (3)</li> <li>Virginia Commonwealth University</li> <li>Virginia Mason Med Center</li> </ul>	<ul style="list-style-type: none"> <li>Fusion Consulting</li> <li>IPRO (2)</li> <li>KLAS</li> <li>Klesis Healthcare</li> <li>Mathematica</li> <li>MITRE (2)</li> <li>NACHC (2)</li> <li>NCQA (5)</li> <li>RTI (5)</li> <li>Stratis Health</li> </ul>	<ul style="list-style-type: none"> <li>Apervita</li> <li>Cerner (2)</li> <li>Clinical Cloud Solutions</li> <li>Doctor Evidence</li> <li>EBSCO</li> <li>EHRA/Allscripts</li> <li>Epic</li> <li>Health Catalyst (2)</li> <li>Intersystems</li> <li>Meditech</li> <li>Microsoft</li> <li>Optum (3)</li> <li>Verily Life Sciences</li> <li>Wolters Kluwer</li> </ul>		
Informatics/ Researchers (6)	Specialty Societies (5)	Patient Advocates (2)	Guideline Developers	AHRQ (22)		Payers
<ul style="list-style-type: none"> <li>Duke University</li> <li>Idaho State University</li> <li>Indiana University</li> <li>(Mayo Clinic)</li> <li>Regenstrief Institute</li> <li>Stanford University</li> <li>University of Pittsburgh</li> <li>(Vanderbilt University)</li> </ul>	<ul style="list-style-type: none"> <li>AAP</li> <li>ACCME</li> <li>ACEP</li> <li>ACOG</li> <li>AMA</li> </ul>	<ul style="list-style-type: none"> <li>Health-Hats</li> <li>Engaging Patient Strategy</li> </ul>	<ul style="list-style-type: none"> <li>(AAP)</li> <li>(CDC)</li> </ul>	<ul style="list-style-type: none"> <li>Center for Evidence &amp; Practice Improvement (16)</li> <li>Center for Financing, Access and Cost Trends (1)</li> <li>Office of Management Services (1)</li> <li>ACTS Project Team (4)</li> </ul>		<ul style="list-style-type: none"> <li>(CMS)</li> </ul>

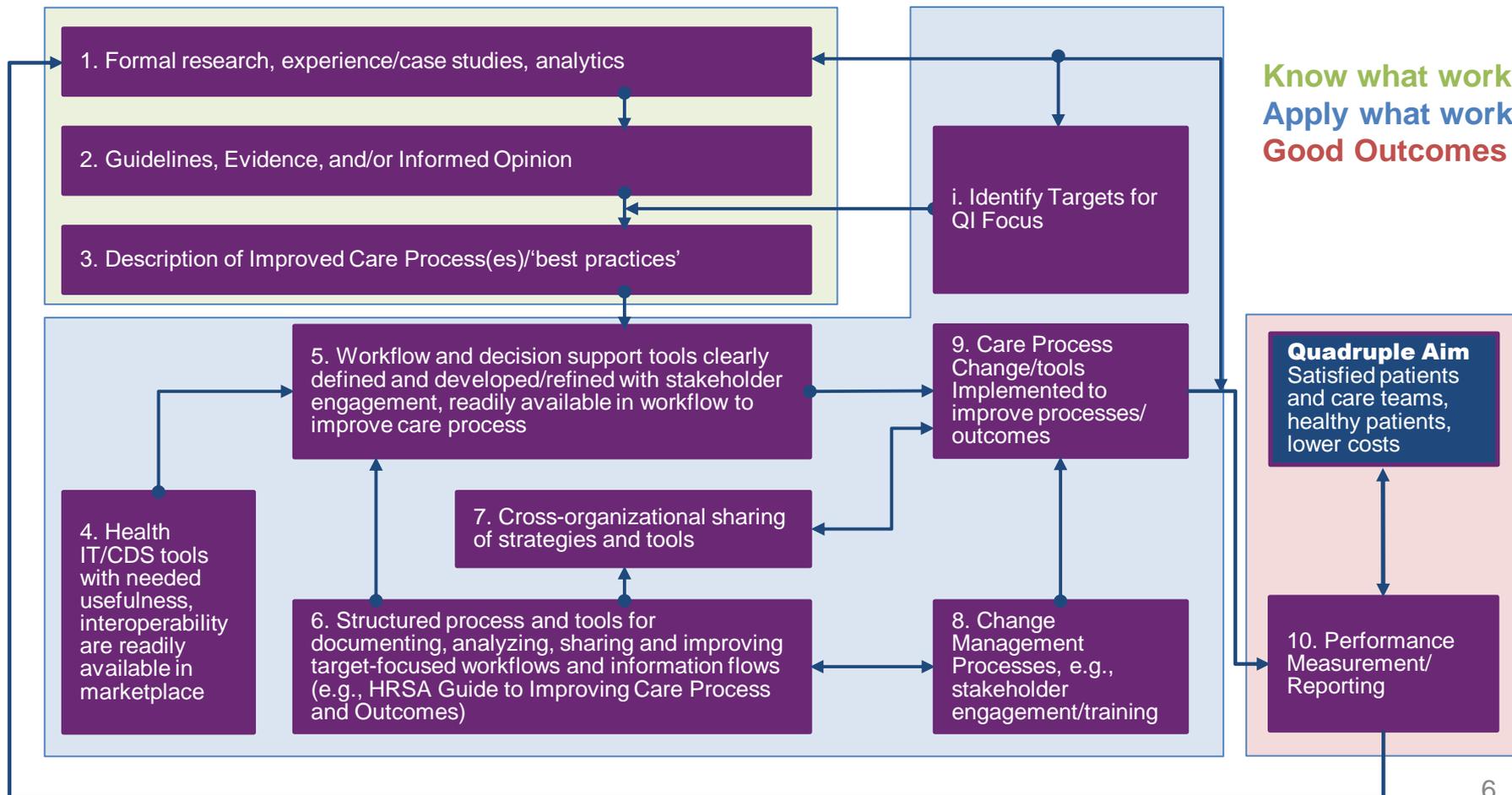
\*Names in parentheses are counted elsewhere; numbers in parentheses are individuals

# Sample Current / Future Template



**Outside Care Delivery Organization**  
*(HIT vendors, clinical/informatics societies, federal agencies, other CDOs, etc.)*

**Within Each Care Delivery Organization**  
*(and for Steps i, 8 and 9, within each patient's daily activities)*



# AHRQ's "What Works" Offerings



## i. Identify Target(s) for QI Focus

[National Healthcare Quality and Disparities Reports, HCUP](#)

[National Quality Strategy](#)

[Medical Expenditure Panel Survey](#)

[State Quality Snapshots](#)

HCUP [web page on opioid-related data](#)

## 1. Formal research, experience/case studies, analytics

[EPC Output/Effective Health Care Program](#)

[Comparative Health Systems Performance Initiative](#)

[CDS Funding Opportunities](#)

[AHRQ Research Studies](#)

[Comorbidities as Predictors of Pain After Total Knee Arthroplasty](#)

AHRQ Research Studies limited to topics "Pain" and "Opioids"

## 2. Guidelines, Evidence, and/or Informed Opinion

[National Guideline Clearinghouse, USPSTF](#)

[Systematic Review Data Repository](#)

[Technology Assessment Program](#)

[Noninvasive Nonpharmacological Treatment for Chronic Pain: A Systematic Review](#)

[AHRQ Grants and Reports related to Opioids](#)

[Interagency Guideline on Prescribing Opioids for Pain](#) [from Innovation Exchange]

Behavioral Health Integration Academy [webpage on opioids and substance abuse](#)

[[Overview of AHRQ's Opioid Activities](#)]

## 3. Description of Improved Care Process(es)

[AHRQ Patient Safety Network/Patient Safety Primers](#)

[Practice-Based Research Networks](#)

[Team-based approach to managing opioids in primary care \(website/guidance/tools\)](#)

## 4. Health IT/CDS tools with needed usefulness, interoperability readily available in marketplace

[CDS Connect](#)

[CDS Connect Opioids and Pain Management Artifacts](#)

[Health Information Technology Program](#)

[USHIK](#)

## 5. Workflow/decision support tools defined/developed/refined, available in workflow

[CDS Connect?](#)

[CDS Connect Opioids and Pain Management Artifacts](#)

## 6. Process/tools to document/analyze/share/improve target-focused workflow/info flow

## 7. Cross-organizational sharing of strategies and tools

▶ [PCCDS Learning Network](#)

▶ [AHRQ Healthcare Innovations Exchange](#) [not active]

▶ [PCCDS Learning Network Opioid Action Plan](#) [+ potential ongoing 'Forum']

## 8. Change Management Processes, e.g., reengineering care delivery, stakeholder engagement/training

▶ [TeamSTEPPS](#)

▶ [Comprehensive Unit-based Safety Program](#)

▶ [Care Delivery System Redesign Resources](#)

▶ [NCEPCR Tools and Resources for Practice Transformation and QI](#)

▶ [Improving Primary Care Practice](#)

▶ [Surveys on Patient Safety Culture](#)

▶ [Hospital and Health System Resources](#)

▶ [Long Term Care Resources](#)

▶ [Nursing Home Safety Resources](#)

▶ [Behavioral Health] [Integration Academy](#)

▶ [Patient Safety Organization Program](#)

▶ [CV Health] [EvidenceNOW](#)

▶ [PCMH Resource Center](#)

▶ [Tools to Improve Diagnostic Safety](#)

▶ [Healthcare -Associated Infections Program](#)

▶ [Reducing Hospital-Acquired Conditions](#)

▶ [Continuing Education Activities](#)

▶ [Resources for Evidence-based Decision Making](#)

## 9. Care Process Change/tools Implemented

▶ [Health Literacy](#)

▶ [Engaging Patients and Families in Care](#)

## 10. Performance Measurement/Reporting

▶ [Quality Measure Tools and Resources](#)

▶ [Consumer Assessment of Healthcare Providers and Systems](#)

▶ [National Quality Measure Clearinghouse, Primary Care Measures Resources](#)

▶ [TalkingQuality](#)

▶ [Pediatric Quality Measures Program](#)

▶ [Patient-reported Outcomes](#)

▶ [AHRQ Quality Indicators](#)

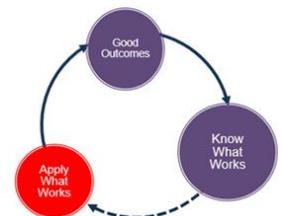
▶ [Pain Items in CAHPS](#)

## Not Yet Classified

▶ [Registry of Patient Registries](#)

▶ Social determinants of health data

▶ AHRQ's health services and markets databases



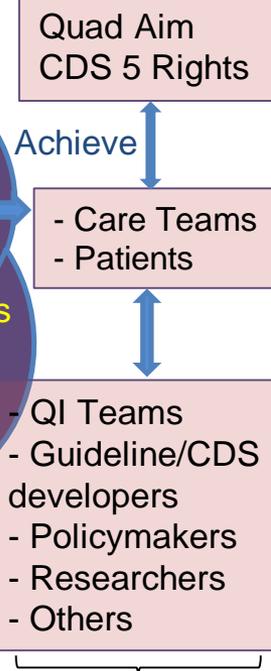
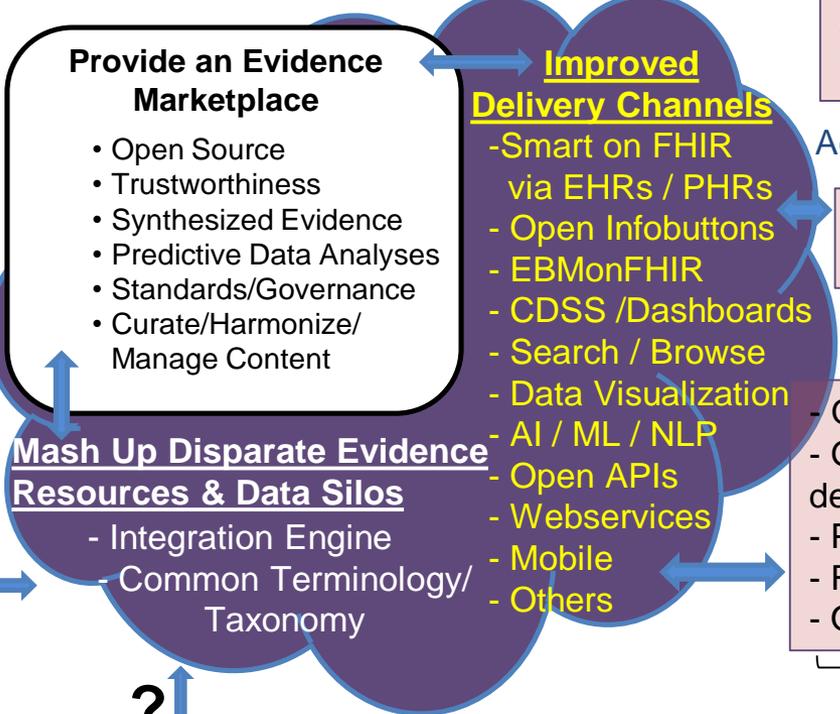
*Categories map to 'Sample Current/Future Template' on previous slide*

# Improve Dissemination / Implementation



## AHRQ Websites, Data, Tools & Resources Better Dissemination / Implementation

- ### AHRQ Silos of Knowledge
- AHRQ Research Publications, Reports (*Grants*)
  - USPSTF Task Force Recommendations (*USPSTF*)
  - EPC Evidence Practice Centers Reports (*EffectiveHealthcare*)
  - Systematic Reviews Database (*SRDR+*)
  - Guidelines & Quality Measures (*NGC/NQMC*)
  - CDS computable artifacts repository/tools (*CDS Connect*)
  - Patient-Centered CDS Learning Network (*PCCDS-LN*)
  - Registry of Patient Registries database (*RoPR*)
  - Primary Care/Behavioral Health (*Integration Academy*)
  - Primary Care Practice-Based Research Networks (*PBRN*)
  - Patient Centered Medical Homes Resources (*PCMH*)
  - Patient Safety Events Reports/Resources (*PSnet/PSOs*)
  - National Healthcare Quality & Disparities Reports (*QDR*)
  - US Health Information Knowledgebase (*USHIK*)
  - Data Files, Surveys, & Reports (*MEPS, HCUP, CAHPS, SOPS ...*)
  - Patient Centered Outcomes Research Studies (*PCOR*)
  - Patient Reported Outcomes data initiatives (*PRO*)
  - Social Determinants of Health data initiatives (*SDH*)
  - Improving Heart Health (*Evidence Now*)
  - Teamwork Tools to Optimize Patient Outcomes (*TeamSTEPS*)
  - Comparative Health Systems Performance (*CHSP*)
  - Comprehensive Unit-based Safety Program (*CUSP*)
  - Others (*Health IT, Quality Indicators, Innovations Exchange, etc. ...*)



- ### Other Resources/Silos (Public & .com)
- Sampling:** CDC, NIH/NLM (PUBMED, MEDLINEPlus, Clinical Trials), CMS, VHA, KP, Mayo, UpToDate, DynaMedPlus, Cochrane, Micromedex, TRIP, CINAHL, MDCalc, JAMAevidence, ClinicalKey, Embase, ACP Journal Club, Visualdx, ExploritEBM, **Many Others**

# Future vision



- Care Delivery
  - ▶ e.g. Those who give and receive care
- Resource Providers
  - ▶ e.g. Guideline developers, EHR/HIT vendors
- Care Transformation
  - ▶ e.g. CDO quality departments
- [Learning Health System]

# Care Delivery Vision



## Sample Intervention Tables

### ii. Interventions: Current State, Stakeholder Priority, Gaps

#	Intervention	Current State/AHRQ: (guidance, evidence, tools)	Current State (others)	Current State: Standards	Stakeholder priority for tool	Gaps to be addressed/ Next Steps
1	Patient Portal	<a href="#">Funded research</a> on patient portals				
2	Patient education and self-management tool	Consumer information from AHRQ's <a href="#">Effective Healthcare</a> (based on EPC reports) and USPSTF recommendations	-NLM <a href="#">MedlinePlus Connect</a>	<a href="#">HL7</a> <a href="#">infobutton</a>		
3	Referrals to Community Support Resources	<a href="#">AHRQ challenge</a> to visualize/address Social Determinants of Health				
4	Symptom evaluation tool	<a href="#">Funded evaluation</a> of symptoms checkers				
5	Patient parameter tracking journal	<a href="#">AHRQ Step-up Challenge - Advancing Care Through Patient Self-Assessments</a>				
6	Screening/assessment tool	Guide for health assessments in primary care				
7	Pre-visit questionnaire	<a href="#">AHRQ Step-up Challenge - Advancing Care Through Patient Self-Assessments</a> ; AHRQ <a href="#">pre-visit question builder</a> and related <a href="#">patient involvement resources</a>				

### II. Care Delivery Scenarios/Patient Journey for ACTS Concept Demonstration/Pilot

#### 1. Mae at home/daily activities: [symptom management before care plan](#)

Context	Activity	Tools	Comments
At home, Mae's symptoms deteriorate - pain, function and mood unacceptably interfere with her activities of daily living (ADL) and she needs additional health guidance and support.	Mae decides to consult her health system's patient portal (1), since it is her go-to resource for self management guidance and support, and for non-visit communications with her care teams.	*Patient portal (1)	Mae's medical home practice has previously enrolled her and her care partner in the health system's patient portal and ensured they were comfortable using it.
Understanding health conditions and self-management	*Mae starts by looking up information on [one of her deteriorating conditions], she quickly finds helpful guidance, including evidence-informed next steps [details?] she can take to manage [a symptom] (2).	*Patient Education/self-management tool (2)	
Gathering key patient data to provide insights	*Mae wonders if [one of her symptoms] is due to [this problem] or something unrelated, so she consults a symptom evaluation tool (4). *The information she reviews (2,4) suggests that it could be helpful in understanding and managing [her main issue] to track how [this symptom] evolves	*Patient Education/self-management tool (2) *Symptom evaluation tool (4) *Patient parameter tracking journal (5) *Pre-visit questionnaire (7)	

### B. Specific to Mae's Conditions

Condition	AHRQ Assets	Other Assets	Comments
Preventive Care	<a href="#">USPSTF Recommendations</a> ; CDS Connect/MITRE work with b.well to get USPSTF recommendations into their infrastructure		
Hypertension	<a href="#">EvidenceNow tools</a> - e.g., <a href="#">hypertension care plan template</a>		
Pain/ Opioid Use	<ul style="list-style-type: none"> <li>*<a href="#">Patient-specific Pain Management Summary</a> (CDS intervention available on CDS Connect)</li> <li>*<a href="#">Patient Safety Network</a> (PSNet) will be releasing a primer on opioids in 6/19</li> <li>*<a href="#">The Effectiveness and Risks of Long-Term Opioid Treatment of Chronic Pain</a> (Systematic Review/<a href="#">Archived</a>, 9/29/14) [<a href="#">CDC Guidelines on use of opioids for chronic pain</a> are based on EPC reports.]</li> <li>*<a href="#">Nonopioid Pharmacologic Treatment for Chronic Pain</a> (Research Protocol, 3/1/19)</li> <li>*<a href="#">Noninvasive Nonpharmacological Treatment for Chronic Pain</a> (Systematic Review, 6/11/18)]</li> <li>*Investigator-initiated Grant: Team-based Safe Opioid Prescribing (R18 HS23750) – finished in March, goal to produce a detailed implementation guide with associated tools and resources for safe opioid prescribing in primary care.</li> <li>*Ongoing Cooperative grant; Evaluating and Implementing the Six Building Blocks Team Approach to Improve Opioid Management in Primary Care</li> </ul>		
Opioid Use Disorder Treatment	<a href="#">Medication-Assisted Treatment Models of Care for Opioid Use Disorder in Primary Care Setting</a> (Technical Brief, 12/6/16) <a href="#">AHRQ Academy Opioid and Substance Use Resources</a>		

# Concept Demonstration/Pilot



- Focus on care plan development/implementation
  - ▶ ‘pilot’= wireframes +/- prototype +/- deployment
- Detailed use cases/scenarios for ‘better future state’
  - ▶ Patient with multiple chronic conditions (+ preventive care); leverage Opioid Action Plan
- Illustrate how AHRQ/other resources support
  - ▶ Get broad stakeholder feedback
- Fully leverage standards, delivery channels, initiatives, public/private info resources
- Learning will drive ‘Roadmap’

# New Workgroups\*



1. Future Vision
2. Evidence/Knowledge/Tool Marketplace(s)
3. Infrastructure/Standards Mapping
4. Concept Demonstrations/Pilots
5. Roadmap Drafting

\*CDS Connect WG Synergies?

# ACTS/CDS Connect Synergies



- How can what CDS Connect is doing (b.well/otherwise) advance progress toward ACTS goals (via WGs/otherwise)?
- How can what ACTS is doing advance progress toward CDS Connect goals?

# Next Steps

1. Review the patient journey scenario for Mae, a fictional patient suffering from multiple chronic conditions
2. Think about role of CDS Connect (current) for the future state vision as being discussed by ACTS SC
  - a. Fully reflect CDS Connect content and capabilities
  - b. Join the ACTS Workgroups?
3. ACTS considers/applies input from WG
4. Reach out if you'd like to continue the discussion

# Thanks!



For more information visit:  
<https://healthit.ahrq.gov/acts>

Contact: [support@ahrq-acts.org](mailto:support@ahrq-acts.org)