

AHRQ Congressional Testimony
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and Related Agencies
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Statement of
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Good morning, Mr. Chairman and members of the committee. I am very pleased to be here to talk about public health and research and the important and unique role that the Agency for Healthcare Research and Quality (AHRQ) plays in creating a high quality, safe, and affordable health care system.

In 1999, the Congress directed AHRQ to work with health care providers and other key partners to build the foundation to make care safer. AHRQ is the only federal agency with the sole purpose of improving health care.

AHRQ supports research that builds a solid evidence-base to help health care providers and patients understand what approaches work best to make care safe and high quality. AHRQ then works with its partners – such as physician groups, hospital organizations, states, and other Federal agencies — to translate the research into practices that health care providers can adopt. This isn't a simple task because no two states or health systems are alike, and sometimes practices that work in one facility are difficult to replicate in other settings. However, we can help health care providers improve their performance by identifying examples where systems are providing quality and safe care, figuring out what accounts for their success, and determining which practices can be adapted in other settings and how. AHRQ then helps institutions implement solutions to make health care not only safe but also more responsive to patients' needs.

For example, AHRQ today released a report identifying the top 10 patient safety strategies ready for immediate use. These 10 strategies, if widely implemented, have the potential to vastly improve patient safety and save lives in U.S. health care institutions. The strategies are rigorously evaluated so we know that they work.

AHRQ also oversees rich data resources such as the Medical Expenditure Panel Survey and the Healthcare Cost and Utilization Project. The Agency's direct access to this data enables AHRQ to rapidly provide answers to pressing questions from those on the frontline of our health care delivery system. Moreover, providers have confidence in AHRQ products and they understand that the agency provides evidence-based information that they can use in everyday practice. This puts AHRQ in an ideal position to accelerate the adoption of evidence-based care. AHRQ-supported research can also help providers make a business case for high quality care. AHRQ also arms patients with the information they need to demand high-quality services from their providers and choose treatment options wisely. When physicians and patients have information on what works best, they are empowered to choose what's best for them.

Reducing Healthcare-Associated Infections

AHRQ focuses on many different areas to improve the quality and care in our health care system. I would like to discuss a specific example of our work—our efforts to reduce deadly healthcare-associated infections—and how we are working across the Department to reach our shared goals.

AHRQ supports studies on interventions to help eliminate health care infections in hospitals. Many of our studies take place in the health care setting—in hospitals or outpatient departments instead of controlled environments—which allows us to understand how infections start and spread, and helps us move promising discoveries quickly into actual practice to prevent infections. Further, since this research is being conducted in health care facilities, we know that solutions to the problem are not theoretical—they actually work in practice.

Within our patient safety research budget, AHRQ has deliberately increased funding for comprehensive safety programs to prevent healthcare-associated infections. AHRQ invests in this program because of its outstanding return on investment in terms of deaths prevented and excess costs saved.

To illustrate this point, AHRQ supported a landmark study promoting ways to prevent central line-associated blood stream infections – one of the more common health care-associated infections. This program was first shown to be effective in reducing these infections in the more than 100 Michigan intensive care units in 2004-2006. With the success in Michigan, AHRQ launched this program nationwide. The results of the project are extraordinary in terms of saving lives and dollars: The 1,000 or more ICUs in 44 states, the District of Columbia, and Puerto Rico that implemented this program achieved a 41 percent reduction in the rate of these deadly infections, preventing more than 2,100 cases, saving over 500 lives, and avoiding more than \$36 million in excess costs.

In addition, a separate component of the project found a 58 percent reduction in the same infections in neonatal ICUs. Frontline caregivers in 100 NICUs in nine states relied on the program's prevention practice checklists and rigorous communication training that was customized it to the unique needs of NICUs to prevent an estimated 131 infections and up to 41 deaths and to avoid more than \$2 million in health care costs.

As part of the national expansion of the infection prevention program, AHRQ has been working intensively with hospitals in a number of states. In one example, NorthCrest Medical Center in Springfield, Tennessee, adopted the AHRQ-funded program to reduce central line bloodstream infections and has experienced great success – reducing its infection rate to zero and maintaining it there.

This joint effort by AHRQ, CDC, and HHS is showing significant progress nationally toward the benchmarks set in the National Action Plan to Prevent Healthcare Associated Infections. Early this month, CDC released new state and national HAI estimates on progress toward HAI prevention, including a 41 percent reduction in central-line associated bloodstream infections from 2008-2011. Data indicate that steady progress is occurring towards the HHS Action Plan goal of a 50 percent reduction in central line-associated bloodstream infections over the course of five years.

Relationship with Other Public Health Agencies

As I pointed out, AHRQ plays a unique and crucial role in supporting innovative research that will build a solid evidence-base to help health care providers and patients understand what approaches work best in making care safer and of high quality. Our research focuses primarily on the application and implementation of practices, such as studies on the effectiveness of combinations of infection control interventions, where the rubber meets the road, on ways of spreading and implementing proven methods of infection prevention, and on the impact of prevention efforts. As I noted, many of these studies take place in clinical settings.

Conclusion

Ensuring that patients aren't harmed when they receive health care services is a shared goal among AHRQ and its sister agencies, and we each play specific, but interrelated roles in making that happen. Each piece of the puzzle needs to be completed and connected for improvement to take place.

AHRQ works to implement what we know from research to prevent, mitigate, and decrease patient safety risks and hazards, and quality gaps associated with health care and their harmful impact on patients. AHRQ's goal is to improve the quality, safety, efficiency, and effectiveness of the health care system itself, in order to help ensure that America's \$2 trillion investment in health care can be the most effective, highest value, and best aligned with the needs of all Americans.

Mr. Chairman, thank you again for inviting me to discuss AHRQ's work in public health and research, and to highlight for you, our work on reducing deadly healthcare-associated infections. I appreciate this opportunity and look forward to answering any questions.