



Agency for Healthcare Research and Quality

Advancing Excellence in Health Care

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Quality Improvement for Diabetes and Asthma Care: AHRQ's Guides and Workbooks for State Action

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State Healthcare Quality Improvement Workshop:
Tools You Can Use to Make a Difference
December 6-7, 2007



Colleagues

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AHRQ's Goals

- Motivate leaders of quality improvement
 - State policymakers
 - Employers
- Create products that help leaders take action



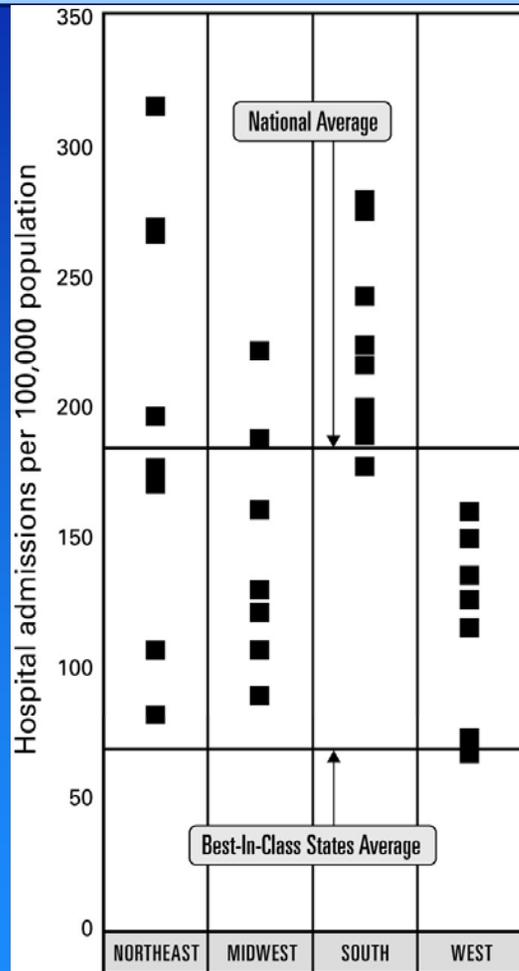
Guides & Workbooks (G&Ws)

- Diabetes Care Quality Improvement:
 - A Resource Guide for State Action
 - A Workbook for State Action
 - <http://www.ahrq.gov/qual/diabqualoc.htm>

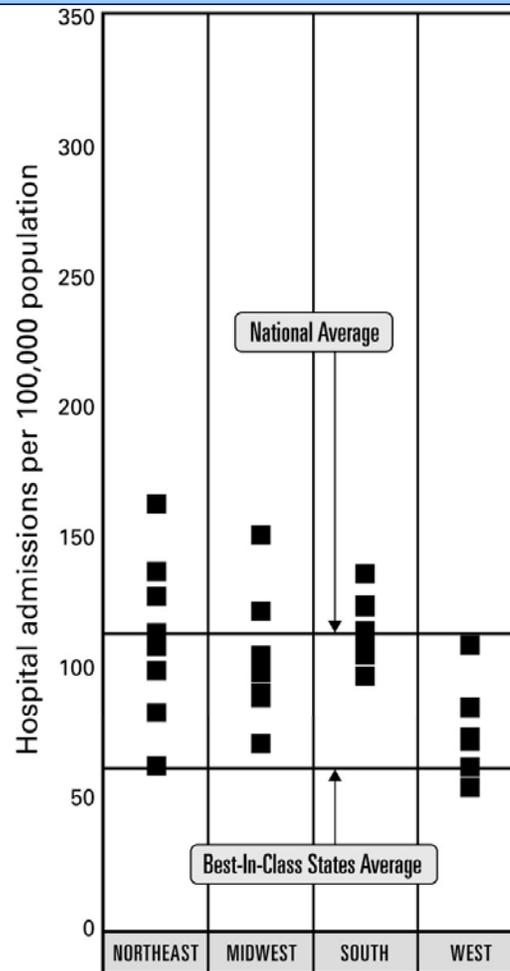
- Asthma Care Quality Improvement:
 - A Resource Guide for State Action
 - A Workbook for State Action
 - <http://www.ahrq.gov/qual/asthmaqual.htm>

- Why these?
- What areas are your weakest?

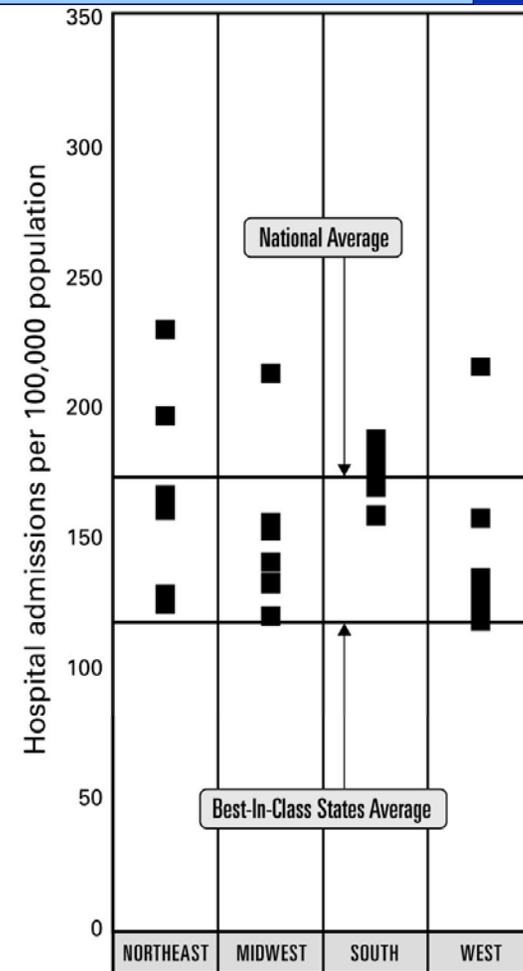
Why? Variation in quality (asthma)



Hospital admission for pediatric asthma under age 18 (PQI 4)



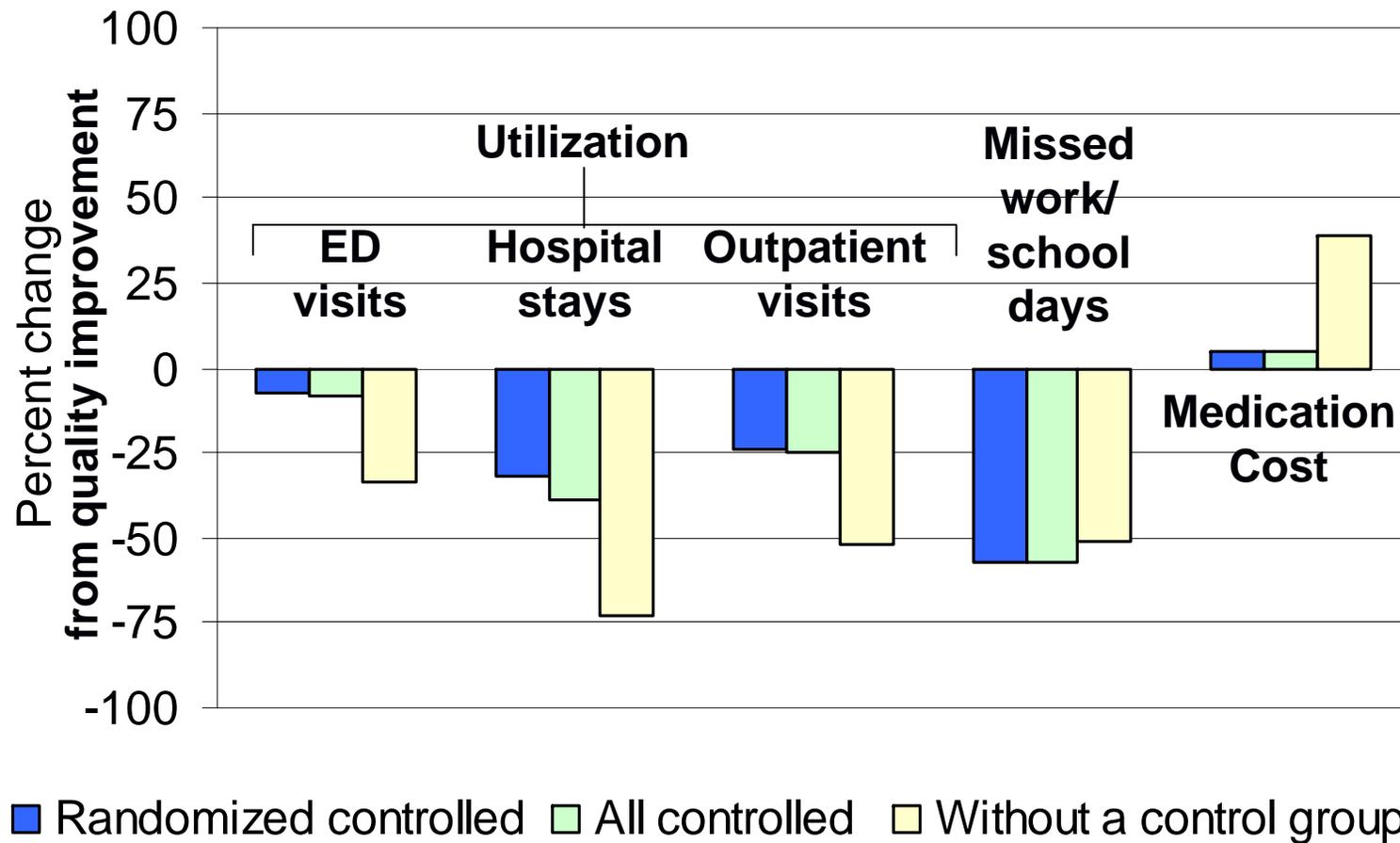
Hospital admission for adult asthma age 18-64 (PQI 15)



Hospital admissions for adult asthma age 65 and older (PQI 15 modified)

Source: Asthma Guide

Why? Difficult to synthesize research on quality and costs (asthma)





What's in Guides/Workbooks?

- **Guides:** Provide information on:
 1. Motivation – Making the case
 2. Framework – Strategy for State-led QI
 3. Scan – State QI activities
 4. Data – Measuring quality of care
 5. Implications – Moving ahead to action

Workbooks help you make your case:

- Work through the module exercises
- Assemble data on prevalence, cost, and potential savings
- Provide critical information to a State work group



AHRQ Partners for G&Ws

Advisors	Diabetes	Asthma
Federal:	CDC	CDC, NHLBI
State (Public health):	AR, WA	OR, NY, WA
State (Data orgs):	GA, MA, MI, WA	GA, NY, PA
State (Lawmakers):	KS, OH, NY, MN, WA	
Advocates:	ADA	AAA, ALA, ATS
QI groups:		JCAHO
Clinician researchers:		(several)

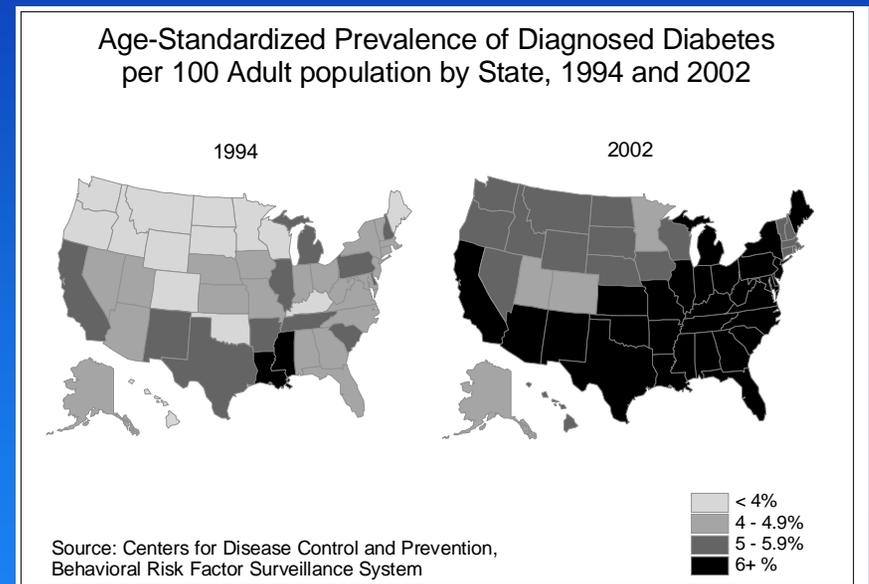
1. Making the Case

■ Why should states make asthma or diabetes a priority for QI initiatives?

- Increasing prevalence
- Significant disparities
- State variation
- Potential cost savings
- Quality improvement opportunity

In the **Workbook**:

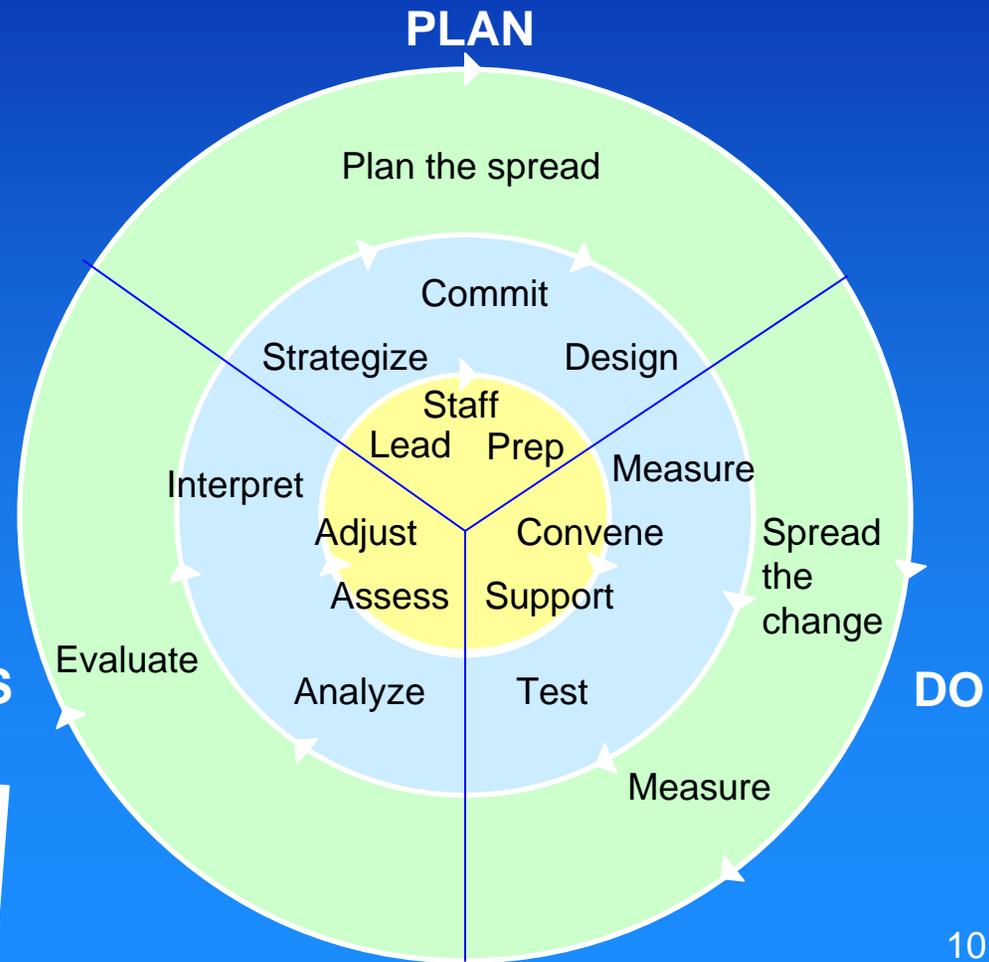
- How to estimate prevalence by sub-groups
- Resources for state data
- How to estimate costs of asthma/diabetes care



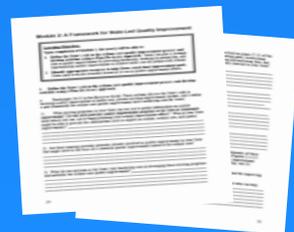
2: Strategy for State-led Quality Improvement



- **Provide leadership** to create a vision
- **Work in partnership** with key stakeholders
- **Implement improvement** by leading partners to create interventions and assess impact



In the **Workbook**:
Worksheets for planning a state QI program





3. Scan State Activities

- Review module on national and specific state activities
- Investigate your own state's activities
- Learn from what other states have done

In **Workbook:**

- A checklist for summarizing your state's activities

Type of activity	✓	Name of program	Program contact
Advisory bodies/councils/workgroups			
Coalitions (networks)			
Collaboratives			
Cross-agency work			
Data measurement and reporting			

Type of activity	✓	Name of program	Program contact
Developing/enforcing guidelines			
Disease management			
Minority and rural outreach			
Public service/education efforts			
Self-management			
Provider training			
Use of technology			



4. Data & Measures: The Keys to Improvement

- Motto: “You can’t change what you can’t measure”
- Measures: Learn the standard measures for the disease
- State data: Do an inventory of relevant data
- National data: Assemble benchmarks (Tip: don’t be satisfied with “average”)

In the **Workbook**:

- List of state data sources
 - How to compare to the best-in-class
 - And much more...
- } **Hands-on Session**

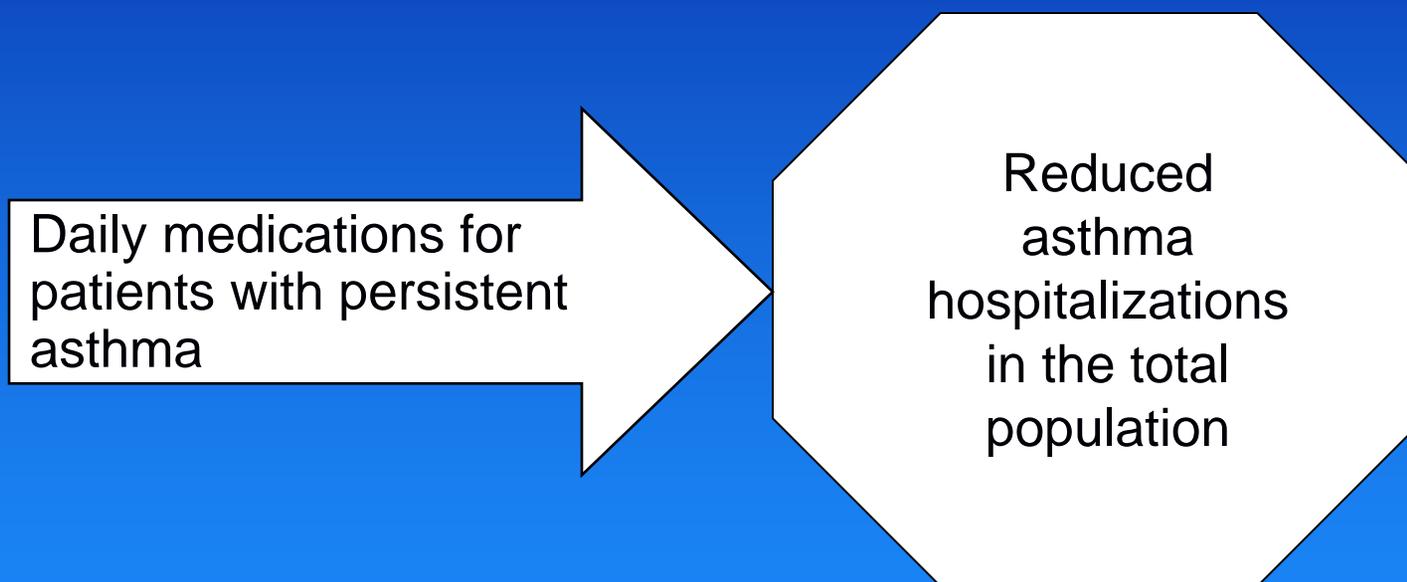


4. Data & Measures: Types and Examples

- **Process:** Performance indicators based on clinical care guidelines
 - Doctor visit every 6 months
 - Written asthma management plan
- **Outcome:** Health status, the ultimate objective
 - Mortality rates
 - Hospitalization rates
- **Others:**
 - Access – percent uninsured
 - Prevalence – percent with diabetes or asthma

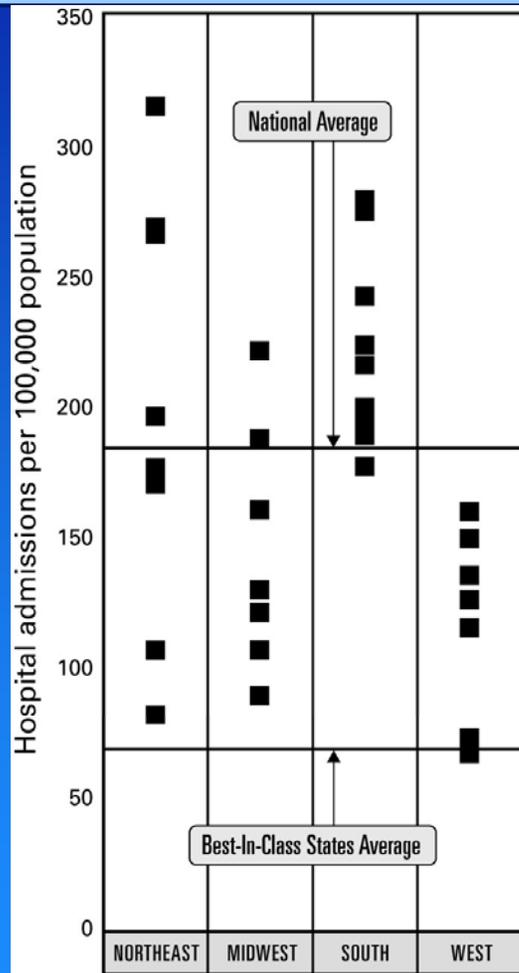
4. Data & Measures

Process Improvement Should Relate to Outcomes

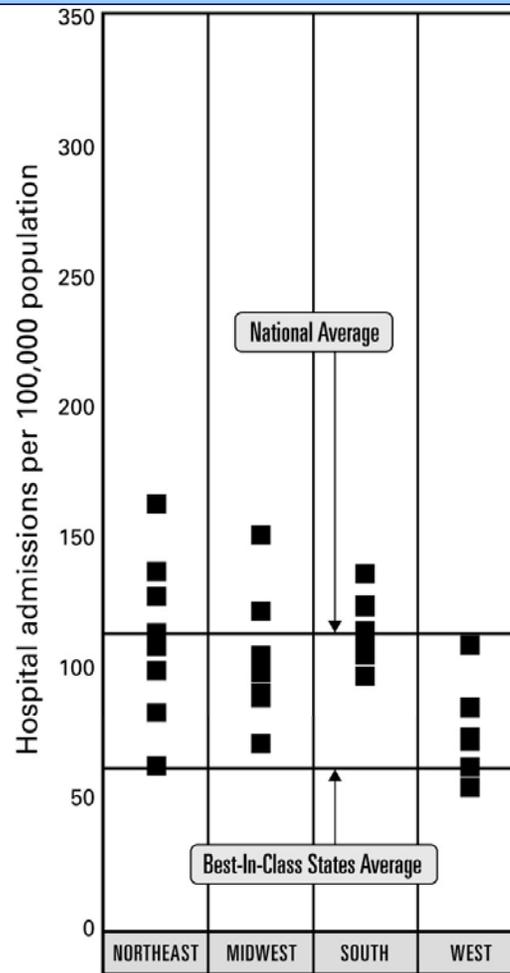




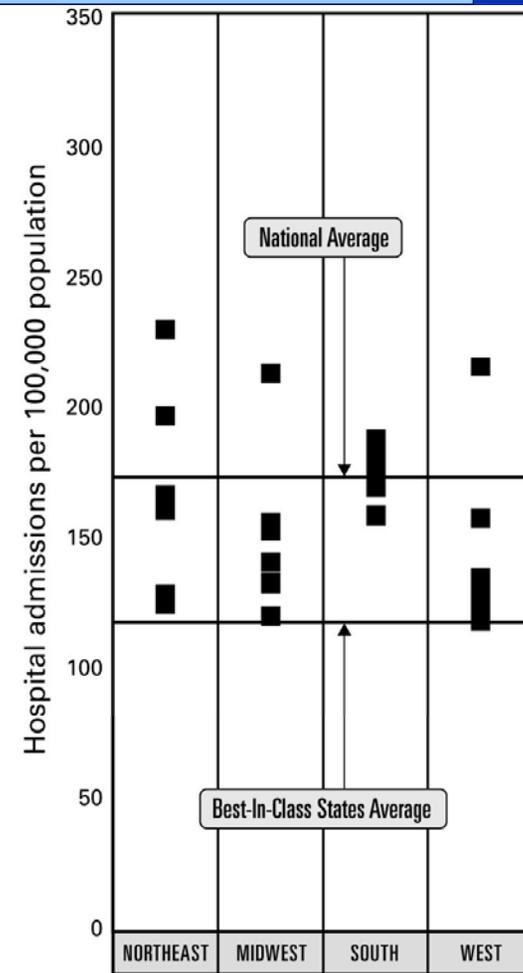
4. Data & Measures: Benchmarks for Asthma Quality Improvement



Hospital admission for pediatric asthma under age 18 (PQI 4)



Hospital admission for adult asthma age 18-64 (PQI 15)



Hospital admissions for adult asthma age 65 and older (PQI 15 modified)

Source: Asthma Guide



5. Take the Opportunity: Have an Impact on Quality of Care

THE QI CYCLE:

- **Plan:** Identify issue, stakeholders, goals (topics)
- **Do:**
 - Select change agents →
 - Guide & support with resources
- **Assess:** Evaluate, modify, test, & reassess

- Providers – Societies, IHI, etc.
- Health plans – NCQA
- Employers – Firms / coalitions
- **States – Who in state?**

Implement successes broadly
Use the QI Cycle to assess and
modify implementations



The Workbook Steps for States

1. **Make your case:** Assess avoidable hospitalizations, prevalence, costs, and potential saving related to the disease
2. **Understand state-led quality improvement:**
 - a. Apply the 3 steps – leadership, partnership, and improvement
 - b. Identify national resources to help
3. **Review relevant programs** of QI in your state
4. **Understand measurement and data:**
 - a. Learn about measures for the disease
 - b. Assess available data for state and local estimates; identify gaps
 - c. Find national benchmarks to compare your state against
5. **Summarize** your state's case for disease quality improvement and identify next steps to **take action** (e.g., set preliminary goals)



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Questions?

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