

# Ambulatory Safety Initiative

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March 12, 2003

# Ambulatory Safety/Quality Task Force

- Conveners:
  - AHRQ
  - CMS
  - Leapfrog

# IOM Report: Crossing the Quality Chasm

- Patients in ambulatory settings do not reliably receive care consistent with clinical guidelines
- There is growing evidence of significant risks to patient safety and quality of care in ambulatory setting (e.g. medication errors, errors of omission in screening and follow-up)
- Substantial gains in quality and safety depend on adoption of clinical information systems

# History of the current project - 1

- The Leapfrog group agrees in mid-2001 to coordinate its development of an ambulatory safety leap with AHRQ/CMS initiative to improve safety
- AHRQ/CMS host national conference in fall 2001 to solicit and assess options
- Agreement reached to focus on robust, real-time electronic clinical decision support in physician offices, starting with specific applications with most favorable benefit/cost profile

# History of the current project - 2

- AHRQ/CMS/Leapfrog representatives form steering group and select subject matter experts from fall conference to advise and identify larger group of external stakeholders to help refine successive drafts
- Leap drafted and revised with input from steering and large group
- Subsequent use of leap to be individually determined by AHRQ, CMS, the Leapfrog Group and other interested stakeholders

# Strategy

- Focus on physician offices
- Promote adoption of Information Technology based systems which have potential to immediately improve safety and quality of care
- Promote capacities which progress towards more robust electronic systems of clinical decision support and data exchange

# Focus areas

- Electronic Prescribing
- E-Laboratory Test Results Management
- E-Care Reminders

# E-Prescribing

- Medication errors are common, affecting as many as 9% of prescriptions.
- E-Prescribing systems have the potential to improve quality and safety
  - Eliminate legibility problems
  - Reduce occurrence of drug interactions, dosage errors and other adverse effects

# E-Laboratory

- Lab-related errors are common. E-Lab results management systems have the potential to improve quality and safety by
  - Making a practitioner aware if lab test results which have been received have not been reviewed
  - Reducing unnecessary test ordering by giving practitioners easier access to previous test results

# E-Care Reminders

- Preventive Services or services recommended for chronic conditions are underutilized. E-care reminder systems have the potential to improve quality and safety by
  - Prompting practitioners to remind a patient to make an office visit
  - Prompting a practitioner to remind a patient to obtain needed lab or other services
  - Identifying patients in need of special monitoring or services

# Other HHS/CMS Health IT Activities

- Consolidated Health Informatics Initiative
  - Standards
  - Interoperability
- NCVHS
- NHII

# Next Steps

- Seek approval of specifics from CMS/AHRQ/Leapfrog leadership
- Promote adoption via traditional Leapfrog practices
- Other diffusion & adoption strategies

# Summary

- Consolidated statement (Leap) can provide powerful catalyst to improve
  - Safety (error reduction)
  - Quality (improve outcomes, etc . .)
  - Efficiency (cost)
  - Effectiveness (maximize - screening, diagnosis & treatment)