

AHRQ ACTION

It can take nearly 17 years to turn a small percentage of what is reported in the medical literature into innovative patient care at the bedside.¹ This cumbersome journey often prevents the latest information from impacting medical practice in a meaningful way. We need answers now, but they are not coming fast enough. A new 5-year program from the federal Agency for Healthcare Research and Quality (AHRQ), called Accelerating Change and Transformation in Organizations and Networks (ACTION), seeks to fast track the process of both defining what works and implementing it in current healthcare settings.

First, we will discuss the evolution of AHRQ ACTION, its goals, and involved parties. We will then focus on Jefferson' Medical College's partnership with The CNA Corporation and other groups (The CNA Corporation Health ACTION Team, or CHAT), and the strengths CHAT brings to the national ACTION program. Finally, we present CHAT's expectations for the five years of the program.

ACTION is the follow-up to AHRQ's 5-year Integrated Delivery System Research Network (IDSRN) program, which ended in 2005.² The IDSRN program focused more on defining "what works." ACTION picks up where IDSRN left off, with a stronger emphasis on "testing the application and uptake of research knowledge."¹ The overall mission of ACTION is to "promote innovation in healthcare delivery by accelerating the development, implementation, diffusion, and uptake of demand-driven and evidence-based products, tools, strategies, and findings" over the 5-year program period.¹ It aims to accomplish this by directing projects and implementation tasks to a select group of research and delivery partnerships throughout the country.

There are 15 partnerships involved in ACTION, including Abt Associates, Inc., American Association of Homes and Services for the Aging, American Institutes for Research, Aurora Health Care, Boston University School of Public Health, CHAT (of which Jefferson is a member), Denver Health, Health Research and Educational Trust, Indiana University, RAND Corporation, RTI International, University of California: San Francisco School of Medicine, University of Iowa Center for Health Policy and Research, Weill Medical College of Cornell University, and Yale New Haven Health Services Corporation. Many of these groups were also involved in IDSRN, but CHAT is a new addition since the advent of ACTION. These groups represent all 50 states, diverse practices and populations, and multiple private and public insurers. Together they have the capacity to reach over 100 million patients.²

Each of the partnerships involved in ACTION has “demonstrated capacity to ‘turn research into practice,’” and has the framework and methodology in place to handle projects on short notice.¹ These projects will generally take less than 18 months from bid to project completion, compared to years for traditional research. Upon project completion, results will be disseminated quickly through ACTION’s nationwide network of healthcare delivery systems, leading to rapid implementation.

Although financial support for these projects comes mainly from AHRQ, other government and private groups – such as the Centers for Disease Control and Prevention, National Institutes of Health, Department of Health and Human Services, the Robert Wood Johnson Foundation, Department of Defense and the National Cancer Institute – contribute both funding and research ideas as well. This makes ACTION a clearinghouse for government health research, giving the Department of Health Policy access to projects outside our usual pool. Many projects are related

to quality and biotechnology, areas in which the Department of Health Policy is already well-respected.

Each of the 15 participating partnerships in ACTION has a unique set of members, including varying combinations of health insurers, hospitals, nursing homes, academic medical centers, and other entities. In CHAT, The CNA Corporation – a non-profit research and analysis company based in Alexandria, VA – partners with Jefferson and Sentara Healthcare, along with the Center for Excellence in Aging and Geriatric Health (CEAGH) in Williamsburg, VA, the Virginia Quality Improvement Organization (called Virginia Health Quality Center, or VHQC) in Glen Allen, VA, and Ivan Walks and Associates in Washington, DC to create a diverse team of experts.

According to Dr. Daniel Harris, Principal Investigator, Senior Scientist at CNA, and Project Director for CHAT, “CHAT has special strength and depth in several areas of interest to the ACTION program, including cost-effectiveness of innovative approaches to delivering care, quality and patient safety, disability and long-term care, ambulatory care, and emergency preparedness.”³ Specifically, Sentara Healthcare and Jefferson are complementary, innovative delivery systems: Sentara serves the Tidewater area of Virginia as a community-based regional health system with its own insurance company. In contrast, Jefferson is an inner-city academic medical center, employing strong medical researchers and leading clinical specialists.³ Together research groups from CEAGH, CNA Corporation, and Jefferson create a diverse academic powerhouse. CHAT is a strong team of proven, well-connected groups that stands to make a considerable impact on U.S. health care.

As a newcomer to the ISDRN/ACTION scene, Dr. Harris and colleagues would like to see CHAT win two contracts in the first 18-24 months of the 5-year program. In the long-term, Dr.

Harris sees CHAT “leveraging” our status as an ACTION team to successfully compete for additional funding, through government program contracts and private foundation grants.”³

For Jefferson specifically, membership on an ACTION team is good news. It fosters the opportunity for the various components of Jefferson Health System (JUP, TJUH, affiliated hospitals, JMC, and others) to work together on these major research projects, helping overcome organizational barriers. It publicizes our name (through CNAC, the AHRQ website, and any ensuing publications), putting us in the minds of other research and health organizations throughout the nation. We are also afforded the opportunity to network with other major ACTION groups. Finally, our participation in AHRQ ACTION provides us with a venue to contribute our expertise toward improving health care in a way destined to yield quick results. We don’t have any time to waste!

As always, we welcome your comments. Email me at david.nash@jefferson.edu.

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Editor

References

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2. www.ahrq.gov/RESEARCH/action.pdf
3. Harris D. Personal Communication, July 2006.

