

AHRQ-ASPE-PCORI Collaborations to Improve Effort Sustainability

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Care

Data Collaborations that Matter

- And FSRDC Data Research Bench
Census is leading the way
- PC 'wet lab' for Artificial Intelligence, Machine Learning
AI Clinical Decision Support Could be Dangerous
- Workforce and Federal Investment Outcomes
What do we get for \$19 Billion? A year less of life
- Clinical Data Infrastructure and Community Health Indicators
NAMCS is dead, long live NAMCS
A Careless Act of Blinding

FSRDC Data Research Bench

- \$1M Robert Wood Johnson Foundation grant to ABFM and Stanford
- Collaboration of the US Census Bureau, Stanford, ABFM
 - Build gold-standard small-area (census block group) deprivation index(es) that is/are predictive of:
 - Clinical Quality (PRIME, Medicare claims)
 - Costs and utilization (Medicare claims)
 - Health conditions prevalence (Medicare claims, PRIME)
 - Mortality (Death Data)
 - Compare to existing deprivation indices
 - Demonstrate utility for payment policy, clinical application, public health
 - Goal for Census to become the data steward for maintaining the new index(es)

FSRDC Data Research Bench

- Builds on ASPE-AHRQ collaboration on county-level SDOH data effort
- But what if...
 - PCOR dollars brought identified data together in the FSRDCs so that questions could be answered rapidly?
 - [Federal Data Strategy](#) authority allowed a core of key health data assets to be maintained for authorized access that didn't require 12-18 months to assemble?
 - A “lab bench” of HHS data assets were available to authorized users to answer the nation's most pressing health equity questions and to create new tools for policy use?
- Secure access, authorization controls, harnessing analytic capacity of external partners

Lost in Translation



Whispered:

“Charlotte, AI
can’t solve every
problem”

PC ‘wet lab’ for Artificial Intelligence, Machine Learning

- Primary care is where more than half of all outpatient visits happen and where most people have health care relationships
- 99% of all data being explored with AI/ML and being turned into Clinical Decision Support is not from there
- If applied to primary care, **could harm people**
- We need a ‘wet lab’ of RWD from Primary Care for developing and testing CDS tools—should be a *certification requirement*
- **Natural fit with AHRQ, ASPE, PCORI**
- *Bonus:* CDS tools must “re-calibrate” on any new data set applied

Enterprise Artificial Intelligence and Building Long-term Capacity (EnAIBL-Capacity) for Family Medicine Program

\$3 million program by
the ABFM Foundation





Family Medicine Artificial Intelligence and Machine Learning Research Program

Family Medicine Artificial Intelligence and Machine Learning Faculty Support

Family Medicine Artificial Intelligence and Machine Learning Dyadic Exploration

Family Medicine Artificial Intelligence and Machine Learning Stanford Collaboration

Workforce and Federal Investment Outcomes

- Of the **\$19 billion** spent annually on physician training, only \$500 million has outcome assessment requirements
- Meanwhile, rural areas are losing workforce and people in HPSAs have **nearly a full year less life** expectancy
- Most HPSAs have only gotten worse in the last 20 years
- CMS and VHA lack authority/capacity but PCOR!
- 10% of Internists in PC, 15% of FM now hospitalists or ED/Urgent Care, less than 30% NPs in PC, less than 24% PAs
- WE have the data, now need light

Finding Partners

The Gordon and Betty Moore Foundation interested in supporting this **capacity-building initiative**

Likely to enhance the learning collaborative and support **proposal incubator**

How should we shape and expand this collaboration?

GORDON AND BETTY
MOORE
FOUNDATION

Clinical Data Infrastructure

NAMCS is dead, long live NAMCS

- 2018 NAMCS sample = 2,999 physicians
- 1,352 physicians (45%) did not meet criteria, excluded
- Of 1,647 eligible physicians, 434 participated adequately
- **The primary care sample = 441 physicians, 191 included**
- loss of nearly half the starting sample and 40.5% weighted response rate Used to estimate nearly 1 billion ambulatory care visits in the US

Clinical Data Infrastructure

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- NAMCS Workgroup, 2021:
 - *Consider the evolution of NAMCS in the direction of the diversity of ambulatory care providers to provide the breadth of information about ambulatory care*
 - *Encourage NAMCS to explore alternative approaches (such as longitudinal sampling) while maintaining its ability to capture clinical depth*
- **Could PCOR support the evolution of this critical, national health survey? Supplement with registry, claims, and EHR data?**

Community Health Indicators

A Careless Act of Blinding

- NCVHS Hearing 2018 Exploring Access to Small Area Population Health Data and Data Resources

Loss of four Federal Health Data Systems:

- **Community Health Status Indicators (CHSI)**
- **HHS Health Indicators Warehouse (HIW)**
- **Behavioral Risk Factor Surveillance System (BRFSS) roll-ups**
- **Health Data Interactive (HDI)**

Community Health Indicators

A Careless Act of Blinding

- For nearly 2 decades, the Community Health Status Indicators tool reliably supplied communities with standardized, local health data
- Nothing has replaced CHSI
- Many stakeholders clamor for something that will enable local health needs assessments, peer comparisons, and creation of a community of solutions

Am J Public Health. 2021;111(10):1865–1873. <https://doi.org/10.2105/AJPH.2021.306437>

- **Role for PCOR support? Could be a product of a Census/FSRDC effort**

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Thank you!

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