# The Word of the Day in Health Care: Accountability

Ophthalmologists have an opportunity to advance health care.

**BY EVE J. HIGGINBOTHAM, SM, MD**

At this seminal moment in health care, I believe the term *accountability* captures the essence of where we are now and where we will be in the future. Considering the risk that hospitals are being asked to assume in the new paradigm of health care delivery such as accountable care organizations (ACOs) and the performance measures that we physicians must document in our practices—otherwise known as the Physician Quality Reporting Initiative (PQRI)—the world of medicine is not only taking on a new vocabulary of acronyms but also a greater burden of liability and evidence that the care we provide is valuable for the nation.

## LINKING RESEARCH WITH INNOVATION

Director Francis Collins, MD, PhD, is rebranding the National Institutes of Health (NIH) as a creator of jobs in addition to the agency's fundamental mission to advance research.[1] In 2011, the NIH reportedly directly or indirectly supported more than 400,000 jobs and added 10,000 new jobs in 15 states. Threatened by an 8% cut in its budget, the leadership of the NIH must not only justify the increase in its budget necessary to keep pace with similar agencies in other industrialized countries, but it must justify retaining—at the very least—its current $30 billion financial commitment from Congress. Dr. Collins argues that research fuels innovation. Given that it takes more than a decade to bring discoveries to market, the direct line to new therapies may, at times, be difficult to envision. Recent legislative additions to the research infrastructure, however, are intended to accelerate and more directly link US innovation to effective remedies for patients.

## TRANSFORMING RESEARCH INTO TREATMENT

The NIH's National Center for Advancing Translational Sciences (NCATS) was launched in 2011, and its mission is in its name: to accelerate the translation of research into effective treatment. The NCATS has already made history in its short life by making compounds from three large pharmaceutical companies available for repurposing. This public-private partnership speeds the development of new therapies by providing a more direct path to these compounds. Nonetheless, continued work is needed to make the pathway to therapeutic approval—whether of a new drug or a new device—more efficient.

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The Clinical Translational Scientific Awards (CTSAs), funding translational science and training in more than 50 academic medical centers nationwide, are administered by the NCATS. In addition, there will be the Cures Acceleration Network (CAN), a collaboration between federal agencies, pharmaceutical industry, academia, and others. The goal of the CAN is to close the gap between the 4,500 diseases for which researchers understand the molecular basis and the 250 for which there are known effective treatments.[1]

## IMPROVING THE DELIVERY OF HEALTH CARE

In addition to the aforementioned initiatives is the Patient-Centered Outcomes Research Institute (PCORI), which was established under the Patient Protection and Affordable Care Act of 2010. The primary purpose of PCORI is to assist patients, providers, purchasers, and those who create policy in improving health care and

its delivery by advancing high-quality, evidenced-based information derived from research influenced by patients and the health care community. Initially funded by the Patient-Centered Outcomes Research Trust Fund, the PCORI is rapidly advancing its agenda and recently issued its first call for applications.

The PCORI's source of funding is currently general revenues that, beginning in 2013, will be augmented by the Centers for Medicare & Medicaid Services at the rate of a $1 fee per Medicare beneficiary. From the year 2014 to the year 2019, these funds will be increased by a $2 fee per Medicare beneficiary and augmented by an additional $2 fee per privately insured patient. Ultimately, the PCORI will have $500 million at its disposal, with 20% of this funding going to the Agency for Healthcare Research and Quality.

Prominently including the term *patient centered* in the agency's title emphasizes the strong conviction of the PCORI's leaders to keeping patients engaged at all points of the process. Through an open and transparent process, the PCORI established five areas of prioritized research:

1. assessment of prevention, diagnosis, and treatment options
2. improvement of health care systems
3. communication and dissemination of research
4. addressing disparities
5. accelerating patient-centered outcomes research and methodological research[2]

Forty percent of the described funding will be focused on the first priority.

## UNDERSTANDING THE RELEVANCE FOR OPHTHALMOLOGY

As ophthalmologists, much of the research in our discipline has been translational. When I consider the progress we have made over the past 20 years with regard to the use of antimetabolites in glaucoma surgery, it is evident that we are well equipped to advance science to application. Who would have thought that we would be using compounds tested for cancer treatment to improve the outcome of filtration surgery or enhancing visual outcomes among patients with wet age-related macular degeneration?

The federal initiatives discussed in this article can accelerate progress in our field. Not only do they offer additional avenues for funding, but these initiatives also provide us access to new partnerships, emphasize a more patient-centered approach to research, and introduce new candidates for therapy. This is a pivotal time for ophthalmology: we have the chance to join forces with rest of the House of Medicine and to share our knowledge and understanding in the translational sciences. For those of us in academic medicine, the CTSA-granting mechanism offers a convenient vehicle to that goal.

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We live in a world of constrained resources, where every dollar spent must be justified. Demonstrating value is the mantra, whether it means adding jobs through startup companies that develop ophthalmic therapeutics/devices or proving an enhancement of the quality of our patients' lives. The time is perfect for us to pursue new ideas and renew our interest in collaboration. The CNATS, CTSAs, CAN, and PCORI can assist us in our journey. I should note, however, that all of these will be in jeopardy if sequestration goes into effect in 2013 and the budgets of the NIH, Agency for Healthcare Research and Quality, and PCORI are severely affected. Nevertheless, the American public has been awakened to the possibilities, and these efforts will undoubtedly survive the strokes of budget cutters. We can only hope that the efforts will be viewed as essential to the engines of innovation and job growth in the United States. ■

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1. Reichard J. Rebranding NIH. *Congressional Quarterly Weekly*. June 2, 2012. http://public.cq.com/docs/weeklyreport/weeklyreport-000004098278.html. Accessed June 12, 2012.
2. Patient-centered Outcomes Research Institute. National Priorities and Research Agenda. May 2012. http://www.pcori.org/assets/PCORI-National-Priorities-and-Research-Agenda-2012-05-21-FINAL.pdf. Accessed June 12, 2012.

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