

# AGENCY-SPECIFIC PLAN FOR THE NATIONAL QUALITY STRATEGY

## National Institutes of Health (NIH)

Program	Description	NQS Priorities*						Current-Year Activities	Metrics	Future-Year Plans**	Vision/End Goals
Practical Interventions to Improve Medication Adherence in Primary Care	The National Institutes of Health (NIH) Adherence Research Network identifies increased adherence to recommended medication regimens as a top priority. Many patients do not get the expected benefit from treatment because of inaccurate dosing and failure to use medications as intended. To address this problem, several NIH Institutes (NCI, NEI, NHLBI, NIA, NIDCD, NIDDK, NIMH, NINR, and NCCAM <sup>1</sup> ) will award grants on practical interventions to improve medication adherence in primary care.	1 ★	2 ✓	3 ✓	4	5 ✓	6	<ul style="list-style-type: none"> <li>Initiate program announcements for funding opportunities for organizations and award grants for topics, including patient engagement and the implementation of interventions to improve adherence in clinical practices.</li> <li>Provide oversight for grantees throughout the grant life cycle.</li> <li>Collaborate with other NIH centers and HHS agencies on directing funding opportunities and providing strategic direction to grantees on proposed research methods.</li> </ul>	Clinical quality measures will be proposed in grant applications by grantees to evaluate the effectiveness of interventions to improve medication adherence.	<ul style="list-style-type: none"> <li>Evaluate the effectiveness and feasibility of interventions to improve medication adherence in primary care (P3, Goal 1).</li> <li>Develop tools and best practices for increasing patient engagement in medication regimens (P2, Goal 3).</li> <li>Pursue grantee-driven research activities and goals to ensure patient safety and the appropriate use of medications (P1, Goal 3).</li> </ul>	<ul style="list-style-type: none"> <li>Increase the role of patient activation in the use of prescription medications and behavioral interventions.</li> <li>Ensure patients are fully informed of the risks and alternatives of their treatment.</li> </ul>

<sup>1</sup> NCCAM = National Center for Complementary and Alternative Medicine

NCI = National Cancer Institute

NHLBI = National Heart, Lung, and Blood Institute

NIA = National Institute on Aging

NIDCD = National Institute on Deafness and Other Communication Disorders

NIDDK = National Institute of Diabetes and Digestive and Kidney Diseases

NIH = National Institutes of Health

NIMH = National Institute of Mental Health

NINR = National Institute of Nursing Research

\* ✓ = Priorities to which the program aligns

★ = Primary priority

\*\* Please see Appendix A on the last page, which includes a table of the six NQS Priorities and Long-Term Goals.

## Appendix A. National Quality Strategy Priorities and Long-Term Goals

#	Priority	Long-Term Goals (Recommended by the National Priorities Partnership)
1	Making care safer by reducing harm caused in the delivery of care.	<ol style="list-style-type: none"> <li>1. Reduce preventable hospital admissions and readmissions.</li> <li>2. Reduce the incidence of adverse health care-associated conditions.</li> <li>3. Reduce harm from inappropriate or unnecessary care.</li> </ol>
2	Ensuring that each person and family are engaged as partners in their care.	<ol style="list-style-type: none"> <li>1. Improve patient, family, and caregiver experience of care related to quality, safety, and access across settings.</li> <li>2. In partnership with patients, families, and caregivers—and using a shared decisionmaking process—develop culturally sensitive and understandable care plans.</li> <li>3. Enable patients and their families and caregivers to navigate, coordinate, and manage their care appropriately and effectively.</li> </ol>
3	Promoting effective communication and coordination of care.	<ol style="list-style-type: none"> <li>1. Improve the quality of care transitions and communications across care settings.</li> <li>2. Improve the quality of life for patients with chronic illness and disability by following a current care plan that anticipates and addresses pain and symptom management, psychosocial needs, and functional status.</li> <li>3. Establish shared accountability and integration of communities and health care systems to improve quality of care and reduce health disparities.</li> </ol>
4	Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease.	<ol style="list-style-type: none"> <li>1. Promote cardiovascular health through community interventions that result in improvement of social, economic, and environmental factors.</li> <li>2. Promote cardiovascular health through interventions that result in adoption of the most important healthy lifestyle behaviors across the lifespan.</li> <li>3. Promote cardiovascular health through receipt of effective clinical preventive services across the lifespan in clinical and community settings.</li> </ol>
5	Working with communities to promote wide use of best practices to enable healthy living.	<ol style="list-style-type: none"> <li>1. Promote healthy living and well-being through community interventions that result in improvement of social, economic, and environmental factors.</li> <li>2. Promote healthy living and well-being through interventions that result in adoption of the most important healthy lifestyle behaviors across the lifespan.</li> <li>3. Promote healthy living and well-being through receipt of effective clinical preventive services across the lifespan in clinical and community settings.</li> </ol>
6	Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new health care delivery models.	<ol style="list-style-type: none"> <li>1. Ensure affordable and accessible high-quality health care for people, families, employers, and governments.</li> <li>2. Support and enable communities to ensure accessible, high-quality care while reducing waste and fraud.</li> </ol>