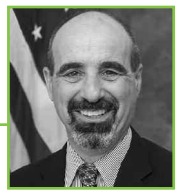
The Leadership Forum


Andy Bindman

Leaders in Action
An Interview with Andy Bindman

Neda Laiteerapong, MD, MS

Dr. Bindman (Andrew.bindman@ahrq.hhs.gov) is director of the Agency for Healthcare Research and Quality, Rockville, MD.

How did you get to be director of AHRQ?

The short answer is someone has to ask you! In my case, Department of Health and Human Services (HHS) Secretary Sylvia Mathews Burwell called me about a position at the Agency for Healthcare Research and Quality (AHRQ). Frankly, she had me at "hello!"

I did have previous experience working with the department as senior advisor in HHS' Office of the Assistant Secretary for Planning and Evaluation (ASPE) from 2010 to 2014. I also had a year-long experience as a Robert Wood Johnson Foundation health policy fellow on the U.S. House Committee on Energy and Commerce in 2009-2010 during the passage of the Affordable Care Act. In addition, I fundamentally believe in the agency, which is focused on improving health care quality, safety, equity, and affordability. It's *critical* to have an agency like AHRQ to help support these goals.

As thrilled as I am to be here, the logistics involved was not entirely easy. I had to move 3,000 miles from my family. My wife is extremely supportive, but I had to discuss the impact on our careers and relationship. She is a faculty member at the University of California, San Francisco, and it made sense for her to remain there. Ultimately, her support made me feel very secure in my decision to take the position, even though it means being apart for weeks at a time. She and I both knew the opportunity was too good to pass up.

How have the major changes in academic health care had an impact on your decisions as a leader?

I'm hoping to bring my knowledge as a primary care physician who understands the health care system to AHRQ. I am also a health services researcher who understands the goals of academic medicine, and I want to promote the mission of educating the next generation of clinicians, pursuing research, and providing quality patient care. I am working to reinforce these goals at AHRQ.

Dr. John Eisenberg, who was the director at AHRQ when I was a junior faculty member and first learned about the agency, taught me that it can take 18 years for new evidence to change clinical practice. I found this astounding and unacceptable. I want to focus the efforts of AHRQ on decreasing this time and to ensure that the way evidence is translated into practice does not contribute to health care disparities. This should be a shared interest of academic medicine in general. Academic health centers, which are engines for evidence, need to become more effective at translating research findings into constructive changes in clinical practice. To support this effort, AHRQ has developed many online tools (www.ahrq.gov/professionals/prevention-chronic-care/improve/index.html) to help. We are looking for ways to make it easier for practitioners to take full advantage of them.

What do you see as the role of ACLGIM in shaping the future leadership? How can ACLGIM better support leaders?

I have been impressed by the power of the networking opportunities within the ACLGIM. The members have been very willing to share solutions and work together to solve problems as a group. That's something very special about the organization.

The ACLGIM is also an important voice in promoting improvement in translating evidence into clinical prac-

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tice. AHRQ is seeking to do its part, too. The agency has embarked on an ambitious effort called EvidenceNOW dedicated to helping thousands of small- and medium-sized primary care practices across the country use the latest research to improve cardiovascular risk factors of millions of Americans. This initiative aligns with HHS' Million Hearts, a national effort to prevent 1 million heart attacks and strokes by 2017.

Further, primary care needs to evolve, and there are unique challenges for different sized practices. AHRQ welcomes the ideas and help of ACLGIM's leaders in promoting the movement of evidence into practice. We are seeking ways to speed the movement of best practices to the front lines of care by transforming primary care practices so that they have the capacity to implement evidence to improve quality.

What advice would you give our members as they go through these turbulent times?

My advice would be to stay calm, even in the flurry of daily activity and to trust in your amazing skills as a generalist to solve problems. I believe that general internists with the guidance of leaders in ACLGIM are capable of navigating the challenges of a rapidly changing health care system. Amidst the pressures to change, we shouldn't abandon the commitment to ongoing learning or to forget about the value of evidence to guide us.

I also think this turbulent time provides a tremendous opportunity. The health care system is rethinking the role of the primary care provider as part of a solution to deliver higher quality care to all. It's an important time for primary care providers to demonstrate the role they can play in population management and how their clinical, scientific, and communication skills can contribute to better outcomes for patients.

All this change can contribute to a feeling of lost control. A way to regain control and ultimately improve outcomes is to rely on those things that have always helped generalists to be successful. Step back, take a breath, diagnose the situation and take action with openness to feedback and in a way that is conducive to ongoing learning.

Any last thoughts?

AHRQ is eager to help. We have always had a strong association with the primary care and general internal medicine community. Many of AHRQ's staff are general internists and we are always looking for great people, such as those from SGIM and ACLGIM to join our team. AHRQ is a great place for internists to make an impact on the field.