
AHRQ Update

The Agency for Healthcare Research and Quality: New Challenges, New Opportunities

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On December 19, 1999, the Agency for Health Care Policy and Research (AHCPR) was scheduled to celebrate an important milestone: the Agency's tenth anniversary. On that day in 1989, President Bush signed a law creating AHCPR "for the purpose of enhancing the quality, appropriateness, and effectiveness of health care services and access to care."

However, the United States Congress and the President of the United States took an important and exciting step that caused the Agency to just miss being able to celebrate its tenth anniversary as AHCPR. Despite missing the anniversary, Agency staff are celebrating nonetheless. In late November, Congress passed legislation that reaffirmed and enhanced the Agency's mission and changed its name to the Agency for Healthcare Research and Quality, or AHRQ (pronounced 'arc'). President Clinton signed the legislation into law in early December.

REAUTHORIZATION

On November 18, 1999, Congress passed legislation reauthorizing the Agency until the end of fiscal year 2005. For those who don't recall, here's a civics refresher: authorizing legislation establishes federal agencies and programs and outlines their roles and responsibilities for a specific period of time. When that period expires, Congress must pass legislation renewing the authorizing legislation. Appropriations committees determine the annual budget of agencies within the constraints of ceilings that are established by the authorizing process and overall budget limits established through the budget committees. AHCPR had been operating without an authorization since 1995, but the

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Agency had received operating funds each year through the congressional appropriations process.

Typically, when Congress reauthorizes an agency or a program, it takes the opportunity to make changes in the roles and responsibilities it outlined in the original legislation. The AHRQ's legislation was no exception. The reauthorization legislation does not change the Agency's fundamental mission: to support, conduct, and disseminate research that improves both access to care and the outcomes, quality, cost, and use of health care services. Over the past ten years, AHCPR has fulfilled this mission by supporting high-quality health services research, much of it conducted by the readers of this journal, and working with the health care system to translate findings into improved clinical care and health policy.

The reauthorization legislation shows clear, bipartisan support for the role AHCPR played—and AHRQ will play—in using research to improve the use and quality of health care, reduce its cost, and enhance access to services. Although the legislation makes significant changes to the Agency, it will not change its commitment to finding and funding the best and brightest in the field of health services research. This research, when translated into knowledge and tools, improves health care by enhancing its value and outcomes and by broadening access to services.

One of the most visible changes resulting from the reauthorization is the new name: Agency for Healthcare Research and Quality. The new name is significant because it confirms the Agency's role as a scientific research agency. The removal of the word "policy" from the Agency's name eliminates any misperception that AHRQ determines federal health care policy, even though the Agency will continue to support research that informs policymakers. The addition of the word "quality" establishes AHRQ as the lead federal agency on research to improve the quality of health care services. Under the reauthorization legislation, AHRQ has a new responsibility to coordinate all federal quality improvement efforts and health services research. The Agency has been fulfilling this function since 1998 through its leadership role in the federal Quality Interagency Coordination (QuIC) Task Force. The title Administrator has been changed to Director.

The reauthorization legislation also eliminates a requirement in the authorizing statute that the Agency support the development of clinical practice guidelines. Although AHCPR ended its guidelines program in 1996, the Agency supports the development and use of evidence through the 12 Evidence-based Practice Centers, National Guideline Clearinghouse, and U.S. Preventive Services Task Force. Congress had to make a legislative change to make this official.

The reauthorization legislation validates the Agency’s core mission and its role as a “science partner,” working collaboratively with the public and private sectors to improve the quality and safety of patient care. The legislation lays out several key, overarching responsibilities for AHRQ:

- meet the information needs of its customers—patients and clinicians, health system leaders, and policymakers—so that they can make more informed decisions;
- build the evidence base for what works and doesn’t work in health care, and develop the information, tools, and strategies that decision makers can use to make better decisions and provide high-quality health care based on evidence;
- develop scientific knowledge in these areas but not mandate guidelines or standards for measuring quality.

While the sponsors of the legislation stressed quality and outcomes research, they also reaffirmed the Agency’s commitment to supporting research on the cost of, use of, and access to health care. In fact, there are more references to this part of the research portfolio than ever before in the Agency’s statute. For example, the reauthorization legislation directs AHRQ to conduct a nationally representative survey of the cost of, use of, and access to health care. This survey, which is called the Medical Expenditure Panel Survey (MEPS), examines a wide range of issues, including the types of health care services Americans use, access by Americans to health care services, the frequency of their use of health care services, the amount of money they pay for services, and the source of those payments. The legislation also directs AHRQ to develop databases and tools that provide information to states on their residents’ access to health care services, as well as on the quality and use of health care services provided to residents.

More specifically, the reauthorization legislation requires that AHRQ improve the quality of health care by conducting and supporting research on the measurement and improvement of health care quality, including research on what works best in providing information to the public on the quality of health care services and in fostering satisfaction with health care services.

In addition, AHRQ will develop and disseminate annual reports to the nation on health care quality and on trends in health care disparities.

AHRQ also will promote patient safety and reduce medical errors by supporting research and building partnerships with health care practitioners and health care systems to reduce medical errors. The authorizing legislation also establishes the Centers for Education and Research on Therapeutics (CERTs) as a permanent program. This initiative will help reduce

drug-related medical errors by supporting state-of-the-science research. The goal is to foster the appropriate use of medications by increasing awareness of new uses of drugs and potential risks of drugs, biological products, and devices.

Finally, the reauthorization legislation requires AHRQ to advance the use of information technology for coordinating patient care and conducting quality and outcomes research. The Agency is directed to achieve this by supporting the use of information systems to develop individual provider- and plan-level comparative performance measures, creating effective linkages among various sources of health information to enhance the delivery and coordination of evidence-based health care services, and promoting the protection of individually identifiable patient information.

FISCAL YEAR 2000 BUDGET

In November 1999, in addition to the authorization of AHRQ, Congress also appropriated \$205 million for Fiscal Year 2000, only one million dollars shy of the President's request. This increase of \$34 million—20 percent—over the FY 1999 level was the largest dollar and percentage increase in the Agency's ten-year history. It also was the largest percentage increase of all the agencies in the U.S. Public Health Service that are funded by this legislation. This level of funding reflects strong bipartisan support for the importance of evidence as the foundation for informed health care decision making by patients and clinicians, health system leaders, and policymakers.

The theme of AHRQ's FY 2000 budget is "Closing the Gap," appropriate for an Agency whose new acronym is pronounced 'arc', to ensure that the knowledge gained through health care research is translated into measurable improvements. There are actually four gaps that need to be addressed. First, American health care needs to apply what it has learned from research to close the gap between what we know and what we do today in health care practice. Second, AHRQ needs to fund research to close the gap between what we know now and what we need to know to improve care in the future. Third, AHRQ will develop the tools that will enable us to close the gap between the questions confronting health care decision makers and the information that is available to them. Finally, American health care needs to apply all of these strategies to close the gap between minority populations and whites in their access to health care services and in the quality and outcomes of the care they receive.

To fill these gaps in FY 2000, AHRQ will fund research in three priority areas: New Research on Priority Health Issues; New Tools and Talent for a New Century; and Translating Research into Practice.

New Research on Priority Health Issues. Research funded in this priority area will seek to close the gap between what we know now and what we need to know to further improve care in the future. Specifically, this priority will involve explicit identification of conditions that are responsive to national priorities, a commitment of sufficient funds to each area to yield substantial advancements in three to five years, and a coordinating strategy to link researchers with the intended users of the findings early in the study to achieve rapid adoption of findings. This is already happening with the Evidence-based Practice Centers, which form partnerships with the public- and private-sector organizations that nominate topics. Under the partnership, these organizations promise to use the evidence report to develop measures, guidelines, and other tools for quality improvement. Their involvement speeds the adoption of the findings. The success of this priority will require innovative and relevant investigator-initiated research that examines critical issues facing the health care system today and in the future.

New Tools and Talent for a New Century. The new century brings new challenges and opportunities, including the growing power of purchasers in a market system, the promise of information technology to improve health care quality and delivery, and the increased involvement of patients in health care decision making. However, we know much less about the impact of these forces on the quality and outcomes of care than we do about the biological basis of health and disease.

Research funded under this priority will develop the tools to enable AHRQ to close the information gaps that interfere with effective decision making at all levels of the health care system. For example, in partnership with decision makers, the Agency will craft a system of sentinel indicators and an “early warning system” that can be used to track and understand changes in quality at the national, state, and community levels. These sentinel indicators will be used to inform the annual national report on quality mandated in the Agency’s reauthorization language. AHRQ also will continue to work with key decision makers, including the Health Care Financing Administration (HCFA), federal and state legislators, employers, health systems, consumer and patient advocacy groups, and providers, to identify their major current and future decision areas and the significant potential impact that their decisions hold for quality, outcomes, access, and cost of health care.

Translating Research into Practice. The key to the success of AHRQ's investment in the first two priorities is to ensure that the results of research are translated into improved health care. There have been formidable breakthroughs in science over the last few years, but we know that little of this new knowledge has been implemented into daily clinical practice and health care management. As a result, we have wide variation in the quality of care, which causes excess morbidity and mortality and wastes billions of dollars. In addition, research has shown that it can take six to ten years for new knowledge to be adopted into clinical practice. This lag time is entirely too long.

Research funded under this priority will build on the ten years of investment in health care research to identify goals for improvement in all areas of health care, to establish public-private partnerships, to support practice networks, and to fund demonstration grants for the systematic testing of strategies for findings implementation. In addition, studies will be funded under this priority to evaluate the success of these strategies for making significant improvements in health and health care quality. The ultimate result will be quantifiable improvements in health care in America, measured in terms of an improved quality of life and patient outcomes, of deaths averted, and of dollars saved.

Of the \$205 million in FY 2000, \$5 million is specifically earmarked for research in the area of bioterrorism. More specifically, Congress directed AHRQ to support and conduct research to investigate rapid response systems and the most effective clinical interventions to treat patients who have been exposed to chemical and biological agents. The goal of this research is to provide information about the most effective way to organize the response of health care systems and practitioners to the health care needs of populations exposed to these agents. Consistent with AHRQ's priorities, Congress encouraged it to form partnerships with health care organizations, schools of public health, and others to translate the findings from this research into practice.

THE FUTURE

You will be hearing more about the new initiatives outlined in AHRQ reauthorization and in the FY 2000 budget over the coming months. As AHCPGR grantees in its first ten years, many of you have helped to build an agency that is more than prepared to take on the challenges and the opportunities facing the Agency for Healthcare Research and Quality. We look forward to working with you as partners to improve the quality of health care through research.