Friends of AHRQ
FY 2016 Budget Request

March 4, 2015
Total of $50M in new (appropriated funds) grants

- $26M for new investigator-initiated research grants.
- $18M Patient Safety ($5M for new Learning Labs).
- $6M Health IT ($4M for Patient Safety Health IT Initiative).

Total of $102M (PCOR Trust Funds) annual allocation (FY 2015) -- Finalizing Spend Plan.
Approximately $170 Million in Total Grant Activity

- Investigator-Initiated Research: $45.9 million
- Patient Safety: $32.8 million
- Health IT: $65.7 million
- Prevention and Care Management: $24 million
- PCOR*: $5.4 million

*PCOR funding is an estimate for FY 2015. All other figures are for FY 2014.
Recently Awarded PCOR Trust Fund Grants

- $43.5M toward ABCS (aspirin use among people with heart disease, blood pressure control, high blood cholesterol control, and smoking cessation advice and support) Initiative.

- $10.5M Comparative toward Health Systems Performance in Accelerating PCOR Dissemination.
Great News! Patient Safety Results: Healthcare-Acquired Conditions

• An AHRQ report released at the end of 2014 shows that hospital care was much safer in 2013 than in 2010.
  ► 1.3 million fewer harms to patients
  ► 50,000 lives saved
  ► $12 billion in health care cost reductions from 2010 to 2013.

• The causes of this remarkable improvement are not fully understood, but are almost certainly related to AHRQ’s patient safety activities.
$479M = Total Program Level -- $14M above FY 2015 Level

$364M in total appropriated funds
  -$276M (BA)
  -$88M (PHS Eval. Funds)

$116M in PCORTF
FY 2016 Planning Priorities

• **Priority 1: Improve Health Care Quality**
  ► $12M Initiative within HSR, Data, and Dissemination and MEPS to Optimize Care for Patients with Multiple Chronic Conditions.
  ► $5M Initiative within HSR, Data, and Dissemination to improve substance abuse (prescription drug and opioid) treatment.
  ► $45M PCORTF project to accelerate dissemination and implementation of PCOR findings into primary care practice.
  ► $10M PCORTF project to translate PCOR findings into CDS.
  ► $11.5M Centers of Excellence on Comparative Health System Performance in Accelerating PCOR Dissemination

• **Priority 2: Make Health Care Safer**
  ► $76M for the Patient Safety Portfolio, including continuation support for FY 2015 Patient Safety Initiative, Patient Safety Learning Labs, CUSP projects, and antibiotic stewardship.
• **Priority 3: Increase Accessibility**
  - $68.9 M to support the Medical Expenditure Panel Survey (MEPS). MEPS is the only national source for comprehensive annual data on how Americans use and pay for medical care. Includes $3 million to support data collection for the MCC initiative.

• **Priority 4: Improve Health Care Affordability, Efficiency and Cost Transparency**
  - $1.5 M New Initiative on Paying for Value

• Overall priority to maintain funding for MEPS, USPSTF, and total grant support ($112.5 M at the Request Level.)
New Initiative: Multiple Chronic Conditions ($12.0 M)

- The high costs associated with people with multiple chronic conditions (MCC) as well as the poor outcomes reflect the fact that individuals with MCC often receive care that is fragmented, inefficient, and ineffective.

- The purpose of this initiative is to optimize care for patients with MCC by
  1) providing clinicians with evidence-based tools to develop integrated care plans that comprehensively reflect patients’ health conditions, values, preferences, and relevant life circumstances, and ($9 M)
  2) collecting and analyzing nationally representative data to examine the impact of integrated care plans and new ACA-supported care models on health care utilization and the quality of care provided to people with MCC. ($3 M)
• FY 2016 Request = $68.9 M, an increase of $3.4 M from the FY 2015 Enacted.

• This funding level will allow MEPS to operate at current levels.

• The increase of $3.0 M will be directed to AHRQ’s new initiative to Optimize Care for Patients with MCC. These new funds will support collecting and analyzing nationally representative data to examine the impact of integrated care plans and new Affordable Care Act-supported care models on health care utilization and the quality of care provided to people with MCC.
• $30M to examine how changes in health insurance benefit packages impact health care utilization, costs, and outcomes.

• Update 1971 Health Insurance Experiment.

• New effort to examine how today’s health insurance plans can be redesigned to maximize health status and quality, and reduce unnecessary costs.