Recent Awards for Patient-Centered Outcomes Research

- AHRQ announced $473 million in grants and contracts for projects to support patient-centered outcomes research (9/30/10)
- Intended to inform health care decisions by providing evidence and information on effectiveness, benefits and harms of different options
- Covers $300 million to AHRQ and $173 million for HHS Secretary by AHRQ

www.ahrq.gov/fund/cerfactsheets
Examples of Recovery Act-funded Evidence Generation Projects by AHRQ:


- Request for Registries: Up to five awards for the creation or enhancement of national patient registries, with a primary focus on the 14 priority conditions.

- DEcIDE Consortium Support: Expansion of multi-center research system and funding for distributed data network models that use clinically rich data from electronic health records.
Prospective Outcome Systems using Patient-specific Electronic data to Compare Tests and therapies (PROSPECT)

- Studies to advance electronic data collection infrastructure as a basis for comparative effectiveness research
- Goal: to ‘substantially enhance’ capabilities for the systematic collection of prospective data
- Particularly involving populations typically underrepresented in randomized control clinical trials and those with limited access to health care
Making Consumers Guides Useful for Low-Literacy Patients

Recovery Act Project at the University of Texas

- Multimedia products will translate consumer guide information for low-literacy patients
- Targets osteoporosis, osteoarthritis and rheumatoid arthritis
- Engaging, user-friendly products can be updated as new information is available
Supporting AHRQ’s long-term commitment to bridging the gap between research and practice:

- Community Forum on Effective Health Care
  - Formally engages stakeholders in the entire Effective Health Care enterprise
  - A Workgroup on Comparative Effectiveness will be convened to provide formal advice and guidance
Looking to the Future

AHRQ has allocated $20 million in Recovery Act funding for career development of clinicians and research documents focusing on patient-centered outcomes research

- Emphasizing the importance of research that makes a difference
- Encouraging researchers to be involved in research translation and adoption
- Ensuring the future researchers are prepared to work in emerging areas

http://www.ahrq.gov/fund/cefarra.htm#FundOps
Affordable Care Act
Provisions Related to AHRQ

- National Strategy to Improve Health Care Quality
  - Agency-specific strategic plans to achieve national priorities
  - Establishment of annual benchmarks for each relevant agency

- Interagency Working Group on Health Care Quality
  - Composed of senior representatives from HHS, AHRQ, CMS, CDC, HRSA, ONC, SAMHSA, ACF, DoD, VA, OPM, Coast Guard, and others
Quality Measure Development

- Triennially, the Secretary, in conjunction with AHRQ and CMS shall identify gaps where no quality measures or improvement to existing measures are needed.

Data, Collection, Analysis and Public Reporting

- Secretary shall collect and aggregate data on quality and resource use measures for public reporting.
- Directs the Secretary to make available to the public performance information summarizing quality data.
Affordable Care Act
Provisions Related to AHRQ

Health Care Quality Improvement

- AHRQ’s Center for Quality Improvement and Patient Safety (CQuIPS) will identify, evaluate, disseminate, and provide training on best practices on quality, safety, and value
- CQuIPS will award grants or contacts to provide technical support or implements models and practices identified in research
- Technical grants also provided for organizations without infrastructure or resources
Affordable Care Act Provisions Related to AHRQ

- **U.S. Preventive Services Task Force**
  - Gives the Secretary the authority to modify coverage of any preventive service to the extent that it is consistent with Task Force recommendations
  - AHRQ will act as liaison with the Office of the Secretary and CMS

- **Clinical and Community Preventive Services**
  - Expands the efforts of, and improves the coordination between, two task forces which provide recommendations for preventive interventions
Capacity of MEPS to Inform Provisions of the Patient Protection and Affordable Care Act

- **Determination of the amount of the small employer health insurance tax credit**
- **Evaluations of the health insurance status of young adults and their health care use and costs, ages 22-26**
- **Evaluations of the impact of the planned excise tax on the most expensive employer sponsored health plans**
- **Analysis of trends in the health insurance status of high risk individuals and their health care use and costs**
- **Inform allocation of Federal Medical Assistance Percentages (FMAP) matching funds for state Medicaid programs**
FY 2010 – announced $25M initiative ($23M in grants and $2M evaluation contract)
- Demonstration Grants ($19.7M)
- Planning Grants ($3.5M)
- 5 year Evaluation Contract ($2M) – awarded to JBA/RAND

All projects are proceeding as scheduled. JBA/RAND working with grantees to collect info. on findings.

AHRQ has issued two program announcements (contingent upon funding) based on the ACA provision which authorizes $50M for state demonstrations to evaluate alternatives to current medical tort litigations.
Patient-Centered Outcomes Research Institute

- Created by the Affordable Care Act: independent, nonprofit entity with public and private funding
- AHRQ and NIH Directors serve on the Institute’s board and methodology committee
- Sets priorities and coordinates with existing agencies that support patient-centered outcomes research
- Prohibits findings to be construed as mandates on practice guidelines or coverage decisions and contains patient safeguards
- Provides funding for AHRQ to disseminate research findings and to train researchers and build capacity for research
Recommendation on Visual Screening in Children 1-5 Yrs

- Published January 31, 2011 in *Pediatrics*

- The USPSTF recommends vision screening for all children at least once between the ages of 3 and 5 years, to detect the presence of amblyopia or its risk factors. **Grade B**

- The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of vision screening for children <3 years of age. **I statement**
Recommendation on Screening for Osteoporosis

- Published electronically January 18, 2011 in *Annals of Internal Medicine*

- The USPSTF recommends screening for osteoporosis in women aged 65 years or older and in younger women whose fracture risk is equal to or greater than that of a 65-year-old white woman who has no additional risk factors. **Grade B**

- The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for osteoporosis in men. **Statement**
States Are Using New MONAHRQ Tool: Nevada & Hawaii Web Sites Now Live
Patient Safety Organizations (PSOs)

As of February 2011, AHRQ has “listed” 80 PSOs since the program’ began in October 2008

**PSOs-DC Region**

- Pascal Metrics Inc
  - Washington, DC
- The Steward Group PSO
  - Arlington, VA
- AABB’s Patient and Donor Safety Center
  - Bethesda, MD

Complete List at: [www.pso.gov](http://www.pso.gov)
$34 Million to Expand Fight Against Health Care-Associated Infections (HAIs)

Goal: To help expand efforts to fight HAIs in hospitals, ESRD clinics, and ambulatory care and long-term care settings

AHRQ has collaborated with CDC, CMS, and NIH to identify research gaps to improve HAI prevention

Complete list of institutions and projects funded available at: www.ahrq.gov/qual/haify10.htm
FY 2012 - PCHR

- PHS Evaluation Request = $21.6 M
  - $12 M for Evidence Synthesis (EPCs)
  - $7.6 M for Evidence Generation
    - $4.1 M continuation costs; 2M for 8-10 new evidence-generation grants; $1.6 M in DEcIDE research contracts
    - $2.0 M in continuation costs for grants in translation and dissemination and research training (no new funding)

- PCORTF = $24 M
PHS Evaluation Request = $23.3 M

- $11.3 M for USPSTF. Fund will support evidence reviews; methods development including modeling; management of public comment process to enhance transparency; technical assistance in translation and dissemination of USPSTF recommendations; expanding outreach activities with stakeholders; and assisting organizations requesting support for the implementation of preventive services recommendations.
FY 2012 – Prevention/Care Management

- **Research Grants = $7.0 M**
  - $3.2 M in noncompeting grant support
  - $3.8 M for new research grants

- **Implementation Activities = $4.8 M**
  - Funding will support research contracts, technical assistance, and tool and resource development in the areas of primary care redesign including the medical home and team-based care, self management support, linking clinical and community health systems, and care coordination.
FY 2012 – Value

- PHS Evaluation Request = $3.7 M
  - Contract funds to support developing measures and data, further expanding and enhancing MONAHRQ, growing the evidence base on successful payment, reporting and redesign strategies, and partnering with providers, communities and other stakeholders in implementing strategies to improve healthcare value.
FY 2012 – Health IT

- PHS Evaluation Request = $27.6 M
  - $14.3 M for Research Grants
    - $8.1 M continuation costs
    - $6.2 M in new research grants
  - $7.5 M for Synthesizing and Disseminating Evidence on the Meaningful Use of Health IT.
  - $5.8 M for Developing Resources and Tools for Policymakers and Health Care Stakeholders (implementing the best evidence and practices)
**FY 2012 – Patient Safety**

- **PHS Evaluation Request = $64.6 M**
  - $23.6 M for Patient Safety Threats and Medical Errors
    - $13.1 M Research Grants ($4.4 M in new grants)
    - $10.5 M in Research Contracts
  - $7.0 M for PSOs
  - $0.0 M for PS and Medical Liability Reform (-25M)
  - $34 M for HAIs
    - 15.1 M in grant continuation costs
    - $18.935 M in new and continuing research contracts
FY 2012 – Crosscutting

- Request = $91.8 M

  - $40.0 M for Health Services Research Grants
    - $33.8 M Non-Competing Research Grants (includes $4 M for CERTs)
    - $6.274 M in for new Research Grants ($3.3 M investigator-initiated)
    - Total investigator-initiated support = $33.0 M

  - $15.5 M for Measurement and Data Collection
    - Includes support for HCUP, QIs, National Healthcare Disparities and Quality Reports, and HIVRN.

  - $15.9 M for Dissemination and Translation activities including the National Quality Measures Clearinghouse and its companion the National Guideline Clearinghouse.

  - $20.3 M for Other Health Services Research Activities including rapid cycle research activities through ACTION, PBRNs, and DEcIDE.
FY 2012 – MEPS

PHS Evaluation Request = $59.3 M

- $37.1 M for Household Survey Component
- $12.2 M for Medical Provider Component
- $10.0 M for Insurance Component

Increase necessary to permit continuation of existing activities.
FY 2012 – Program Support

- PHS Evaluation Request = $74.5 M
  - $4.1 M for tenant improvement costs for a potential relocation - required by GSA
  - $1.0 M for 4 new FTEs for USPSTF
  - $1.2 M for annualization costs from new hires from end of FY 2010 (including ARRA) into FY 2011 and 2012
  - $0.3 M for Military pay raise, required increases and UFMS upgrades.