Friends of AHRQ

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How AHRQ Makes a Difference

- AHRQ invests in research and evidence to understand how to make health care safer and improve quality
- AHRQ creates materials to teach and train health care systems and professionals to catalyze improvements in care
- AHRQ generates measures and data used to track and improve performance and evaluate progress of the U.S. health system
AHRQ Support for Investigator-Initiated and Targeted Research

• AHRQ supports investigator-initiated research across all Agency program areas
• AHRQ also supports grants from the PCOR Trust Fund
• Total AHRQ grant funding (investigator-initiated and targeted research):
  ▶ FY 2017: $192.3 million*
  ▶ FY 2016: $189.6 million
  ▶ FY 2015: $200.6 million
  ▶ FY 2014: $148.8 million

*Assumes 2017 funding is consistent with 2016 through Continuing Resolution
FY 2017 Budget Request

• AHRQ’s FY 2017 discretionary request totals $363.7 million ($280 million in BA; $83 million in PHS Evaluation Funds)
• Increase of $29.7 million from the FY 2016 enacted level
• AHRQ’s total program level at the FY 2017 request is $469.7 million, an increase of $41.2 million from FY 2016
• Total program level includes $106 million in mandatory funds from the Patient-Centered Outcomes Research Trust Fund, an increase of $11.5 million from the prior year
AHRQ Budget Activity

• July 14: House Appropriations Committee recommended $280.2 million in FY 2017, approximately $54 million less than in 2016

  ► In response to the House Report, we have established a working group with NIH to ensure that activities are complementary, but not duplicative.

• June 7: Senate Subcommittee on Labor, Health, and Human Services recommended $324 million, which is a $10 million decrease from 2016

• Continuing Resolution through April 28, 2017. Current level reduced by -0.1901 percent.

  ► We are cautioned to preserve, to the maximum extent possible, the flexibility of Congress and the Administration to arrive at final decisions on the FY 2017 budget

  ► AHRQ is providing only necessary and limited funding in order to provide for the continuation of projects and activities
Successful Rates of Applications Reviewed

- Overall rate: 28%
- F32 Training: 42%
- Ks Training: 40%
- R01 Investigator-Initiated: 33%
- R03 Investigator-Initiated: 28%
- R13 Conference: 55%
- R18 Dissemination: 15%
- R21 Exploratory/Development: 21%
- R36 Dissertation: 21%
Funding Opportunities

• Notice of Intent to Publish a Funding Opportunity Announcement for Child Health Quality Measurement Implementation and Development

• Notice of Intent to Publish Funding Opportunity Announcements to Promote Implementation Science (R01) and Dissemination and Implementation Studies (R18)
Translating Evidence Into Practice

- Need feedback loop to harvest the value of investments in generating new knowledge
- Payment incentives creating organizational interest in more systematic approaches to adopting and applying evidence
- Health systems have varying internal capacity and need additional support
Health System Learning

Learning from the data of others—
Research evidence
Translation
Guidelines
Continuing professional education

Learning from system data—
Learning Health System activities
Quality improvement

ADOPT EXOGENOUS KNOWLEDGE

CONTEXTUAL KNOWLEDGE

GENERATE ENDOGENOUS KNOWLEDGE

HEALTH SYSTEM LEARNING

INTERVENTIONS TO APPLY KNOWLEDGE

OUTCOMES
Why Now?

- Health care practice is rapidly consolidating
  - Large systems becoming more prevalent
  - Potential to efficiently generate new knowledge

- Emergence of EHRs
  - Growing in availability and power to support effort

- Payment changes require population management
AHRQ Projects related to LHS

- EvidenceNOW
- Comparative Health Systems Performance Initiative
- Clinical Decision Support Learning Network
- Training the next generation of embedded researchers
  - Developing participatory research approaches that foster engagement of vulnerable populations
- PCOR D&I
Questions?