



Friends of AHRQ

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Acting Director**

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%

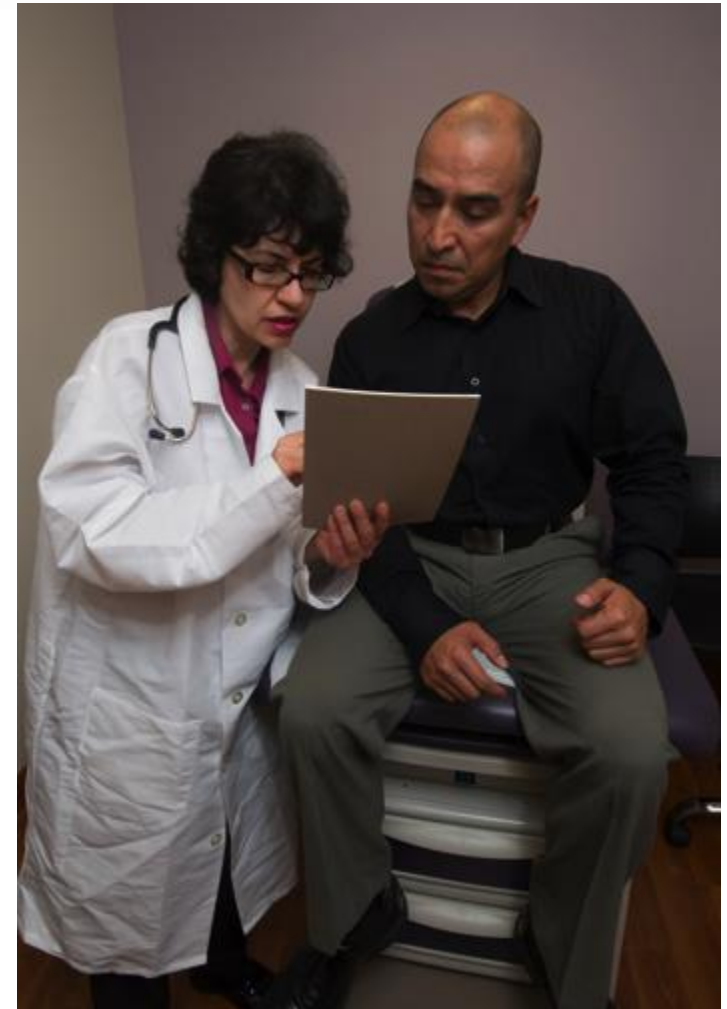
Funding Opportunities

- 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)



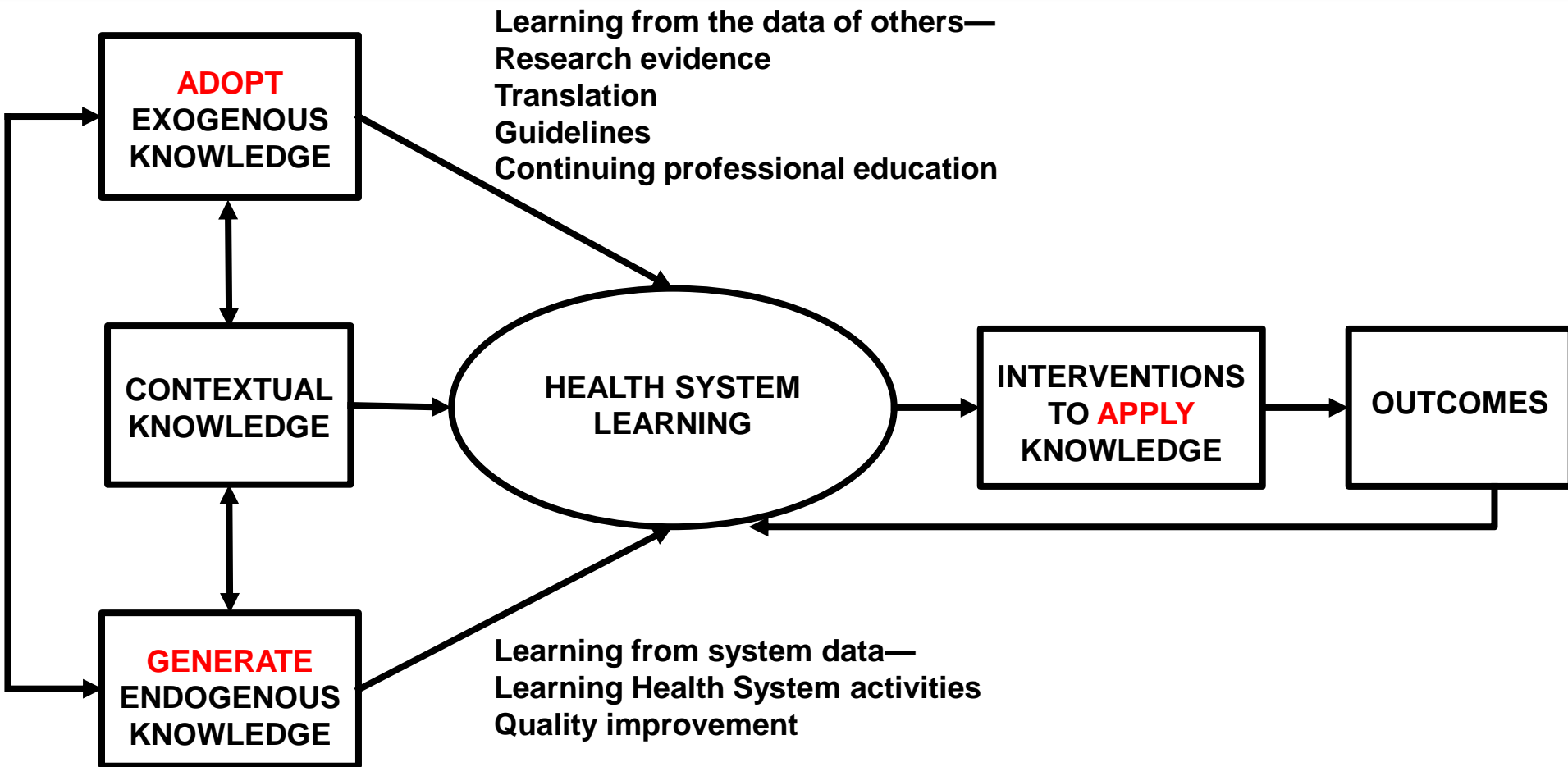
Translating Evidence Into Practice

- 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



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?