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House Subcommittee on Labor, HHS, Education and Related Agencies Appropriations
Agency for Healthcare Research and Quality (AHRQ)
April 26, 2024

Chairman Aderholt and Ranking Member DeLauro, thank you for this opportunity to offer testimony regarding funding for federal agencies that support health services research and health data, including the Agency for Healthcare Research and Quality (AHRQ). AcademyHealth improves health and health care for all by advancing evidence to inform policy and practice. We represent the interests of more than 3,000 health services researchers, health system and technology leaders, patients, policy analysts, and practitioners engaged in those endeavors.

For fiscal year (FY) 2025, AcademyHealth recommends a funding level of not less than $500 million in budget authority for AHRQ. This request reflects sufficient funding for AHRQ to respond to the crises facing rural patients due to hospital closures, the rapid changes in telehealth coverage, the racial, ethnic, socioeconomic, and geographic health outcome disparities faced across the health care system, identifying high-value care for patients with Long-COVID, and more. For this reason, AcademyHealth was proud to join the letter sent to your offices on February 28, 2024, by the Friends of AHRQ calling for this funding level.

Our funding request of no less than $500 million in FY25 provides AHRQ with the resources that it needs to engage in these three research areas, as well as other work that they are pursuing to save lives while providing better value care. For example, the implementation of just one AHRQ-funded study on reducing hospital acquired conditions prevented an estimated 20,500 hospital deaths and saved $7.7 billion in health care costs from 2014 to 2017. Additional investments in line with this request for AHRQ are needed to maximize the translation of research findings across the public health and health care continuum to improve patient care and keep pace with the rapidly evolving and changing health care landscape.

While policymakers and health systems take dramatic action to respond to existing healthcare challenges, they do so without sufficient research and evaluations on its impact on health outcomes, health equity, the value of care, and healthcare access. For example, it is abundantly clear our nation's goal of having a system that ensures access to high-quality, equitable healthcare for all is falling far short of its potential. We have all seen the deep racial, ethnic, geographic, and socioeconomic health disparities and inequities both within and beyond healthcare as people of color have disproportionately seen worse health outcomes, barriers to access, and low-value care. In parallel, the healthcare workforce is facing record burnout and attrition.

AHRQ supports research to improve health care quality, reduce costs, advance patient safety, decrease medical errors, improve equity, and broaden access to essential services. As the lead federal agency for funding health services research (HSR) and primary care research (PCR), AHRQ is the bridge between cures and care. It ensures that individuals and communities get the best health care at the best value. To deliver better and more equitable outcomes, we need to differentiate which healthcare interventions work, for whom they work, and how to implement them. HSR, PCR, and AHRQ are the processes through which we develop that knowledge.

We recognize that your Subcommittee is trying to balance many competing interests while working under the constraints of the Fiscal Responsibility Act. Investing in evidence-driven, higher-value health care and

patient-centered outcomes research can reduce some of the trade-offs in patient health outcomes that are inevitable under the FY 2025 nondefense discretionary caps.

I would like to highlight today three primary areas where AHRQ excels in developing, supporting, disseminating, and delivering the tools needed by the health system: improvements in rural health care, better optimization of telehealth, and health equity.

AHRQ has designated rural populations as a priority population for their work. As rural health systems struggle with hospital closures, AHRQ is a critical agency for improving high-value patient care in these regions. For example, AHRQ can assist rural hospitals by:

- **Conducting research on best practices for delivering high-quality care in rural settings.** The first step in providing better health outcomes and quality of life for rural communities is identifying unique challenges, including health care quality and access. AHRQ prioritizes rural America's health by confronting their unique needs. The Agency has pioneered projects and programs dedicated to understanding telehealth and its place in improving rural patients' health.
- **Providing technical assistance and training**. While rural areas have seen a rapid increase in opioid-related deaths, rural doctors and health systems may not have access to new medication recovery options, so AHRQ facilitates innovative education programs that can reach them.

Telehealth has emerged as a critical and widely used tool for providing healthcare outside of physical healthcare spaces. However, while there are benefits to telehealth, there are still many patient-centered challenges that need to be addressed by AHRQ and HSR. Essential questions that HSR could address include understanding the training and support of health care professionals and patients need to use telehealth (including mental health) property, the best workforce configurations for the deployment of telehealth, which type of traditional patient visits were most effectively transferred to virtual visits and for which patient populations, and how changes in telehealth payment policy did and did not affect the sustainability of telehealth visits and health systems operations.

AHRQ has a strong record of funding and disseminating scalable results on each of these points and more when measuring the quality and delivery of telemedicine. For example:

- On the **safety** of telemedicine: [Treatment and Follow-up Care Associated With Patient-Scheduled Primary Care Telemedicine and In-Person Visits in a Large Integrated Health System](#)
- On the **effectiveness** of telemedicine: [Impact of Technology-Based Interventions on Patient-Reported Outcomes in Asthma: A Systematic Review](#)
- On the **patient-centered** needs of telemedicine: [Contribution of Continuous Virtual Monitoring to Hospital Safety, Quality, and Value of Care for COVID-19 Patient](#)
- On the **efficiency** of telemedicine: [Parent Experience and Cost Savings Associated With a Novel Tele-physiatry Program for Children Living in Rural and Underserved Communities](#)
- On the **equitability** of telemedicine: [Urban Telemedicine Enables Equity in Access to Acute Illness Care](#)
- On identifying **disparities** in telemedicine: [Disparities in Use of Video Telemedicine Among Patients With Limited English Proficiency During the COVID-19 Pandemic](#)

AHRQ and health services research is the primary tool for identifying, studying, and eliminating health inequities and promoting high-value care for all patients, regardless of their geographic, race, gender, or language preference. For example, AHRQ can make health care access fairer for all patients by:

- **Collecting and analyzing data to drive evidence-based policymaking.** AHRQ collects data on healthcare disparities, outcomes, and access to care, all of which aid in identifying where inequities exist and whether they decrease over time. Specific data projects managed by AHRQ include the [Healthcare Cost and Utilization Project (HCUP)](#), which is the nation's most comprehensive source of hospital data and the [Medical Expenditure Panel Survey (MEPS)](#), which is a set of surveys of families, individuals, medical providers, and employers on health status, use of medical care, charges, insurance coverage, and patient satisfaction.
- **Promoting appropriate research and effective dissemination of findings.** AHRQ specializes in disseminating and implementing research, including extramural research grants. The Agency creates online resources, such as interactive data tools, research briefs, and fact sheets to disseminate its findings and make them more accessible to healthcare providers, policymakers, and patients. Additionally, AHRQ collaborates with a wide variety of partners at all levels of government, clinicians and health systems, patient organizations, and others to disseminate its findings and provide technical assistance in implementation.
- **Encourage patient-centered care.** AHRQ actively promotes patient-centered care, which recognizes and addresses the unique needs and circumstances of individual real-life patients, particularly those from underserved communities.

The accomplishments of the health services research field would not be possible without the leadership and support of this Subcommittee. AcademyHealth recognizes the importance of investing federal funds strategically. We strongly believe that the investment-multiplier AHRQ more than earns a place among your top appropriations priorities.

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