

## The Agency for Healthcare Research and Quality

William B. Baine

*Center for Outcomes and Evidence, Agency for Healthcare Research and Quality, Rockville, Maryland, USA*

*Correspondence to: William B. Baine, Center for Outcomes and Evidence, Agency for Healthcare Research and Quality, 540 Gaither Road, Rockville, MD 20850-6649, USA. [www.ahrq.gov](http://www.ahrq.gov). E-mail: [wbaine@ahrq.gov](mailto:wbaine@ahrq.gov)*

### Abstract

The mission of the Agency for Healthcare Research and Quality is “to improve the quality, safety, efficiency, and effectiveness of health care for all Americans”. The organization and selected major activities of the Agency are briefly described.

*Key words: health services research, United States Agency for Healthcare Research and Quality*

Presented in part at a meeting of the Comitato Tecnico, Centro Nazionale per la Prevenzione ed il Controllo delle Malattie, Ministero della Sanita', Rome, Italy, April 21, 2005.

### Background

The National Center for Health Services Research was created in 1968. With expansion of the mission of the organization, in 1989 it became the Agency for Health Care Policy and Research. A decade later this was renamed the Agency for Healthcare Research and Quality, with the acronym “AHRQ” (pronounced “arc”). This component of the United States Department of Health and Human Services has the mission of supporting research designed to improve the quality, safety, efficiency, and effectiveness of health care for everyone in the United States. Although administratively on a parallel with the Centers for Disease Control and Prevention, the Food and Drug Administration, and the the National Institutes of Health, AHRQ is much smaller than these internationally renowned organizations, with a staff of fewer than 300 employees and a budget request for the 2006 fiscal year of less than \$320,000,000. Nearly 80 per cent of the budget for AHRQ is awarded as grants and contracts to researchers at universities and other research institutions across the country. The URL of the AHRQ web site is [www.ahrq.gov](http://www.ahrq.gov).

AHRQ promotes health care quality improvement by conducting and supporting health services research that develops and presents scientific evidence regarding all aspects of health care. For example, findings of the Patient Outcomes Research Teams led in part to development of guidelines on the management of stroke by the American College of Physicians, American Hospital Association, and Joint Council of Vascular Surgeons. Similarly, the Translating Research Into Practice initiatives have been

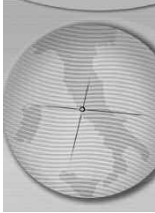
designed to generate new knowledge about which approaches are effective and cost-effective in promoting the utilization of rigorously derived evidence to improve patient care.

### Organization

The managerial and administrative functions of AHRQ are distributed among four offices. The Office of the Director, Carolyn Clancy, M.D., manages the activities of the Agency to ensure that strategic objectives are achieved, and the Office of Performance Accountability, Resources, and Technology directs and coordinates Agency-wide program planning and evaluation activities and administrative operations.

The Office of Extramural Research, Education, and Priority Populations includes three divisions. The Division of Research Education develops, implements, and evaluates a comprehensive extramural health services research education program that supports the career development of predoctoral and postdoctoral students. There is also a Division of Scientific Review, which plans and carries out the scientific review for all AHRQ extramural research grants and Small Business Innovation Research proposals. Finally, the Division of Priority Populations Research coordinates, supports, manages, and conducts health services research on priority populations, such as women, children, the aged, and members of racial and ethnic minorities.

The Office of Communications and Knowledge Transfer designs, develops, implements, and manages programs for disseminating the results of Agency activities with the goal of changing audience behavior. In this office the The Division



# ITALIAN JOURNAL OF PUBLIC HEALTH

of Print and Electronic Publishing is responsible for disseminating AHRQ's informational products. The Division of Public Affairs is responsible for planning and carrying out the public affairs activities of the Agency. The Division of User Liaison and Research Translation has two aims. First, it defines the issues, challenges, and information needs of selected users of health services research-especially policy-makers in the public and private sectors. Second, it disseminates relevant research findings, program data, and descriptive information related to the organization, planning, management, financing, delivery, evaluation, and outcomes of health services at the Federal, State, and local level.

Responsibilities for specific research areas at AHRQ are allocated among five centers.

## Center for Outcomes and Evidence

The Center for Outcomes and Evidence conducts and supports research and assessment of health care practices, technologies, processes, and systems. In partnership with the American Medical Association and the American Association of Health Plans, this center developed and maintains the National Guideline Clearinghouse™, a Web-based resource ([www.guideline.gov](http://www.guideline.gov)) for information on evidence-based clinical practice guidelines, which provides full text or an abstract of the recommendations, comparing and evaluating different recommendations and describing how they were developed. The most current evidence-based quality measures and measure sets to evaluate and improve the quality of health care are available from the National Quality Measures Clearinghouse™ ([www.qualitymeasures.ahrq.gov](http://www.qualitymeasures.ahrq.gov)), which is also maintained by this center. The center also supports three other initiatives: Centers for Education and Research on Therapeutics, Evidence-based Practice Centers, and a technology assessment program.

The Centers for Education and Research on Therapeutics, which work to help reduce adverse drug events and promote the safe and effective use of pharmaceuticals by conducting state-of-the-art research that increases awareness of the uses and risks of drugs and drug combinations, biological products, and devices as well as of mechanisms to improve their safe and effective use.

Thirteen Evidence-based Practice Centers conduct systematic, comprehensive analyses and syntheses of the scientific literature to develop evidence reports and technology assessments on clinical topics that are common, expensive, and challenging to decisionmakers. To ensure that report findings are translated into improvements

in clinical practice, AHRQ collaborates with specialty societies and health systems, who use the findings of EPCs to develop tools and materials that will improve the quality of care.

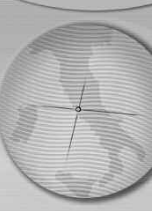
The technology assessment program supports the Center for Medicare & Medicaid Services as a scientific partner in evaluating the status of new diagnostic and therapeutic modalities that are under consideration for national coverage by Medicare, the government medical insurance program for the aged and disabled. Technology assessments are based on a systematic review of the literature, along with state-of-the-art qualitative and quantitative methods of synthesizing data from multiple studies to assess the clinical utility of medical interventions. Technology assessments may be done by Agency staff, or they may be done in collaboration with one of the Evidence-based Practice Centers.

## Center for Primary Care, Prevention, and Clinical Partnerships

This center seeks to expand the knowledge base for clinicians and patients and to assure the translation of new knowledge and systems improvement into primary care practice. The center supports and conducts research to improve the access, effectiveness, and quality of primary and preventive health care services in the United States.

The Primary Care Practice-based Research Networks investigate questions related to community-based practice to improve the quality of primary and preventive care. This center also serves as the Agency's locus for the use of information technology to improve health care and facilitates the evaluation and diffusion of effective information technology tools into clinical practice. In addition, this center supports research and demonstrations that improve healthcare system preparedness for bioterrorism and other public health threats, with an emphasis on the role of front-line clinical providers.

Rigorous evaluation of clinical research to assess the merits of preventive measures, including screening tests, counseling, immunizations, and chemoprevention, is carried out through the U.S. Preventive Services Task Force. This is an independent panel of preventive health experts, convened by AHRQ, who are charged with evaluating the scientific evidence for the effectiveness of a range of clinical preventive services and producing age-specific and risk factor-specific recommendations for these services. AHRQ provides technical support for the Task Force and oversees the Put Prevention Into Practice initiative.



### **Center for Delivery, Organization, and Markets**

This center provides a locus of leadership and expertise for advances in health care delivery, organization, and markets. Research subjects include how health care delivery and organizational dynamics affect performance, the impact of delivery and organizational attributes and changes-including payer mix, delivery sites, practice patterns, structure, workforce, leadership, governance and culture-across acute, community-based, and long-term care settings, and how market forces and reactions to them-such as payment methods, financial and non-financial incentives, safety net funding, employer purchasing strategies, quality measurement and reporting, and regulations-influence performance.

The Healthcare Cost and Utilization Project (HCUP) is a Federal-state-industry partnership to build a multistate health care data system for research, policy analysis, and quality measurement and improvement. HCUP comprises a family of databases, Web products, and software tools that can be used with HCUP data as well as with other administrative databases to identify, track, analyze, and compare trends in hospital care. Components of HCUP include the Nationwide Inpatient Sample, the State Inpatient Databases, Quality Indicators Software, Comorbidity Software, and Clinical Classifications Software, as well as HCUPnet, an interactive, Web-based tool for identifying, tracking, analyzing, and comparing statistics on hospitals at the national, regional, and State levels.

The Integrated Delivery System Research Network is a model of field-based research that links outstanding investigators with some of the nation's largest health care systems to conduct research on cutting-edge issues on an accelerated timetable. The network was developed explicitly to capitalize on the research capacity of, and research opportunities occurring within integrated delivery systems. The network creates, supports, and disseminates scientific evidence about what works and what does not work in terms of data and measurement systems and organizational best practices related to care delivery and research diffusion. The network also provides a cadre of delivery-affiliated researchers and sites to test ways to adapt and apply existing knowledge. Each of the nine network partners has three crucial attributes that make it particularly suited to serve as a health services research laboratory for time-sensitive projects: The partners collect and maintain administrative, claims, encounter, and other data on large populations that are clinically, demographically, and geographically diverse. The partners include some of the country's leading

health services researchers, with proficiency in quantitative and qualitative methodologies and expertise in emerging delivery system issues. The partners have responsibility for managing delivery systems and are in a position to implement financial and organizational strategies with an evaluation component.

The Child Health Insurance Research Initiative (CHIRI™) studies seek to uncover which health insurance and delivery features work best for low-income children, particularly minority children and those with special health care needs.

### **Center for Financing, Access, and Cost Trends**

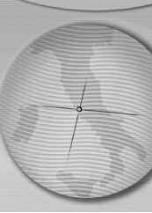
The center concentrates on studies of the cost and financing of health care, the access to health care services, and related trends. The center is divided into the Division of Modeling and Simulation, the Division of Social and Economic Research, the Division of Statistical Research and Methods, and the Division of Survey and Operations plans.

A crucial activity of the center is the Medical Expenditure Panel Survey (MEPS), which is a nationally representative survey of health care use, expenditures, sources of payment, and insurance coverage for the Unnited States civilian noninstitutionalized population, as well as a national survey of nursing homes and their residents. An ongoing survey of about 10,000 households and 24,000 individuals, MEPS provides up-to-date, highly detailed information on how Americans as a whole, as well as different segments of the population, use and pay for health care.

### **Center for Quality Improvement and Patient Safety**

This center conducts and supports user-driven research on patient safety and health care quality measurement, reporting, and improvement. It collaborates with stakeholders across the health care system to implement evidence-based practices that accelerate and amplify improvements in quality and safety for patients.

The center develops tools to provide information on the quality and safety of patient care and to improve them. Mortality and Morbidity Rounds on the web ([www.webmm.ahrq.gov/](http://www.webmm.ahrq.gov/)) provide expert analysis of medical errors and of how to prevent them; the Patient Safety Network ([www.psnet.ahrq.gov](http://www.psnet.ahrq.gov)) is a resource of information, tools, and bibliographies on this subject; and the Hospital Survey on Patient Safety Culture assess the safety culture of a hospital and tracks the changes in patient safety over time. The center also created, in conjunction with the



Department of Veterans Affairs, a patient safety training program for teams of state health policy personnel and hospital clinicians.

The center also develops the Consumer Assessment of Healthcare Providers and Systems (CAHPS®). CAHPS® ([www.cahps-sun.org](http://www.cahps-sun.org)) is a family of surveys and reporting resources through which users can obtain consumer assessments of the quality of health care services they receive. The surveys provide reliable and valid information on health plans, clinicians and group practices, hospitals, nursing homes and in-center hemodialysis facilities. Surveys to obtain assessments of prescription drug plans and services to people with mobility impairments are in development. In addition to surveys, CAHPS® includes complete administration instructions, reporting resources, and guidance on quality-improvement activities, all of which are available free of charge to users. CAHPS® surveys incorporate the perspectives of patients, employers who purchase medical insurance for their employees, and insurers; can be used to assess both fee-for-service and managed-care systems; and

apply across commercial, aged and disabled Medicare, and indigent Medicaid populations.

This center also prepares the annual *National Healthcare Quality Report* and *National Healthcare Disparities Report*. The *National Healthcare Quality Report*, which is based on detailed analyses of 179 measures, tracks the state of health care quality for the United States on an annual basis. In terms of the number of measures and number of dimensions of quality, it is the most extensive ongoing examination of quality of care ever undertaken in any major industrialized country. The *National Healthcare Disparities Report* is a comprehensive national overview of disparities in health care among racial, ethnic, and socioeconomic groups in the general United States population and among priority populations. A second critical goal of the report is to follow the nation's progress towards the elimination of health care disparities.

#### Acknowledgments

Yen-pin Chiang and Deborah Queenan kindly provided expert review of the original manuscript.