

Who We Are

The Coalition for Health Services Research is the advocacy arm of AcademyHealth—the nonpartisan professional society for more than 3,400 health services researchers, health policy analysts, and practitioners. Our mission is to build and advance the field of health services research (HSR) through policy change.

What We Do

The Coalition works for increased federal investment in HSR and health data.

The Coalition also takes action to shape policies that address the challenges faced by health services researchers as they conduct their work.

“To make the right treatment decisions, policymakers, health plans, clinicians, patients, and manufacturers alike need more evidence...Funding for health services research is like buying a college education. It is an investment in the future.”

— *Senator Max Baucus*
U.S. Congress

Policy Priorities for 2010

- **Advancement of innovation and knowledge:** Agencies funding HSR should spend at least as much on new and competing research grants as they do on earmarked intramural HSR and targeted, extramural contracts.
- **Fair and transparent access to information:** Public data sets should be made readily available to researchers, and policy should prohibit the imposition of excessive prior restraints on the publication of research.
- **The next generation of health services researchers:** Increased investment in the field’s current and future researchers is needed. Failure to adequately support researchers may result in losing educators and early career researchers to research fields with more support.
- **Broad-based and adequate funding for comparative effectiveness research:** Funding should be increased, and sources of funding expanded to conduct and coordinate a wide spectrum of comparative clinical and cost effectiveness research.

→ **Accountability through a Coordinating Council for Health Services Research:**

An advisory council should be created to develop a standard definition of HSR, document the federal government’s investment in HSR, and prepare an annual research agenda.

Other Activities

The Coalition coordinates advocacy activities—sending letters to key members of Congress, making joint Hill visits, and holding briefings to demonstrate the importance of HSR and health data—on behalf of two organizational alliances: Friends of AHRQ and the Friends of NCHS.

For more information on the Coalition for Health Services Research and its activities on behalf of alliances, please visit our Web site at www.chsr.org.

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How Can HSR Impact Health and Health Care?

HSR provides the data and evidence needed to make decisions and develop policies that optimize health care financing, delivery, access, and outcomes. It provides policymakers, practitioners, and other decision makers the necessary tools to make health care:

Affordable, by decreasing cost growth to sustainable levels

Efficient, by decreasing waste and monitoring cost-effectiveness

Safe, by preventing medical errors, monitoring public health, and improving preparedness

Effective, by evaluating programs and outcomes and promoting evidence-based innovations

Equitable, by eliminating disparities in health and health care

Accessible, by connecting people with the health care they need when they need it

Patient-centered, by increasing patient engagement in, and satisfaction with, the care they receive

“This is research that tries to solve the most important problems we face in health: covering the uninsured, driving care that is based on scientific evidence, eliminating racial disparities in care, and rooting out waste.”

— Former Speaker Newt Gingrich and David Merritt
Center for Health Transformation

How Has HSR Informed Policy Change?

HSR is used throughout the health care field to understand how to finance health care, measure and improve the quality of care, and improve coverage and access to affordable health care services. Recent examples of HSR’s impact on key health issues include:

Child Safety	Researchers found that only 25 percent of young children were appropriately restrained in crashes and children in seat belts alone were at a 3.5-fold increased risk of serious injury. Winston’s analysis led to the adoption of boosters as the appropriate form of restraint for children once they’ve outgrown car seats. Appropriate restraint by young children has doubled and child fatality is at its lowest level ever.
Coverage	Researchers found that health insurance mandates could yield universal coverage with a relatively small increase in government costs. This research framed the debate over health care reform in Massachusetts: the landmark insurance mandate legislation passed in early 2006 reflected many aspects of the policy options and analysis contained in this body of work.
Health Workforce	Researchers found that patients in hospitals with fewer registered nurses stay hospitalized longer and are more likely to suffer complications, such as urinary tract infections and upper gastrointestinal bleeding. This research established a causal link between the nursing shortage and outcomes, and helped move the nursing shortage into the public’s eye and onto policymakers’ radar. In 2002, Congress passed the Nurse Reinvestment Act to increase the domestic supply of nurses.
Obesity	Researchers found that obesity is responsible for up to \$92.6 billion in medical expenditures each year; approximately half of obesity-related health care costs are borne by Medicare and Medicaid. HSR also shows that the effects of obesity on chronic conditions were larger than those of smoking or problem drinking. Since then, obesity has been escalated to the top of the list of health care priorities, and policymakers have appropriated funds for federal agencies to fund HSR that encourages people to understand the effects of diet and exercise on their health.
Patient Safety	Researchers found that computerized order entry of prescriptions at Brigham & Women’s Hospital reduced medical error rates by 55 percent; rates of serious errors fell by 86 percent. Thanks in part to this groundbreaking work, hospitals around the country are installing their own computerized physician order entry systems. In fact, The Leapfrog Group—a large national coalition of more than 100 public and private organizations that provide health care benefits—includes computerized physician order entry as one of the safety standards it encourages hospitals to adopt.