

# The Voice for Research that Improves Health and Health Care



## We advocate for:

- The funding to support health services research
- Better access to data and information to use in this research
- More transparent dissemination of the results of this research

## Health services research produces findings that improve health care by:

- **Informing patient and provider choices.** For example, which treatment for prostate cancer is best suited for a particular patient
- **Enhancing the quality, efficiency, and value of the care patients receive.** For example, by designing and testing hospital interventions to reduce or eliminate the 80,000 infections, up to 28,000 deaths, and \$2.3 billion in costs attributed to catheter-related bloodstream infections annually in the United States
- **Improving patients' access to care.** For example, by understanding which patients are most at risk of a delayed diagnosis for such conditions as breast cancer and heart disease.

The Coalition for Health Services Research represents the more than 4,000 individuals and institutions that produce and use research to improve health and health care.

## Research Provides Essential Information for Health Care Decision-Making

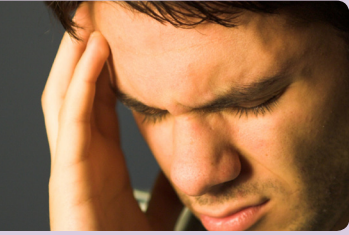
Health care providers and patients need more and better information to help them determine the best treatment options. Federal agencies (including AHRQ, NIH, and others) support research to help identify which health care organizations and systems are delivering the most effective care. This is essential to ensuring balanced, unbiased, and easily accessible information.

## Research and Development to Drive Quality, Value

Finding new ways to get the most out of every health care dollar is critical to our nation's long-term fiscal health. Like any corporation making sure it is developing and providing high quality products, the federal government has a responsibility to get the most value out of every taxpayer dollar it spends on federal health programs, including Medicare, Medicaid, veteran's and service members' health, etc.

Federal funding for research on the quality, value, and organization of the health system will deliver real savings for the federal government, employers, insurers, and consumers. Research into the merits of different policy options for delivery system transformation, patient-centered quality improvement, community health, and disease prevention offers policymakers in both the private and public sectors the information they need to improve quality and outcomes, identify waste, eliminate fraud, increase efficiency and value, and promote personal responsibility.

## Case Study: Health Services Research Stimulates Far Reaching Policy Improvements for Wounded Vets



In 2007, a first-of-its-kind, comprehensive study of the mental health and cognitive needs of returning service members and veterans found that 18.5 percent of U.S. service members who returned from Afghanistan and Iraq had symptoms consistent with a diagnosis of post-traumatic stress disorder or depression; 19.5 percent reported experiencing a traumatic brain injury during deployment. Roughly half of those who needed treatment for a mental health problem had sought it, but only slightly more than half who received treatment got minimally adequate care. Research also showed that improving access to treatment supported by scientific evidence could be cost-effective and improve recovery.

The study drew the attention of policymakers and the public to the needs of large numbers of returning Iraq and Afghanistan veterans who have post-traumatic stress disorder and major depression or who may have experienced a traumatic brain injury during deployment. Study findings stimulated wide-reaching policy changes. Shortly after the study was published, Secretary of Defense Robert Gates finalized modifications to the Department of Defense security clearance application to diminish potential stigma associated with psychological care. Subsequently, the chairman of the Joint Chiefs of Staff called for screening for all returning military personnel, including mandatory face-to-face evaluations for post-traumatic stress. The U.S. Congress cited this study as essential to its work.

## Case Study: Health Services Research: Transforming Your Community



### **State: Montana**

**AHRQ Funding Received (2005-2011):** \$5,114,618 from 16 awards

**Local Institutions Receiving Funding:** Billings Clinic Foundation; Montana-Wyoming Tribal Leaders Council; St. Vincent Healthcare Foundation; University of Montana; Rural Health Care Quality Network

### **Example of Impact: Anaconda Internal Medicine**

This rural primary care clinic in Montana is incorporating AHRQ's electronic Preventive Services Selector (ePSS) to help provide real-time decision support for medical students seeking the best screening, counseling, and preventive services for patients. The online availability of health services research, "has helped us to achieve considerable success in increasing our use of preventive care interventions across our practice population," said William M. Reiter, M.D., F.A.C.P., a physician at Anaconda Internal Medicine. "There is no better or more satisfying way for a physician to improve quality of care, while dramatically reducing the cost of health care over a person's lifetime." The ePSS tool is used in more than a dozen medical schools across the United States, providing the latest evidence on preventive services to the next generation of physicians, nurses, and pharmacists.

*Research proves that better value for the health care dollar is possible.*

Federal funding for this research improves the quality of health care to produce better patient outcomes and save money.