



## **\$611 million for AHRQ in FY 2011**

Americans *spend more* on health care than any other nation, but compared to our counterparts overseas, we're in *poorer health*. The Agency for Healthcare Research and Quality (AHRQ) supports research to improve health care quality, reduce costs, and broaden access to essential services—evidence that will help support health care transformation. The Friends of AHRQ endorses the President's FY 2011 budget request of \$611 million. This funding level will generate more and better evidence to help make a measurable difference in health care for all Americans.

### **AHRQ Helps Make Our Health Care System More Efficient**

AHRQ provides the high quality, unbiased information needed to make educated health care decisions. Through this "evidence base," AHRQ helps eliminate waste, improve health care quality, ensure patient safety, and increase the overall efficiency of our health care system.

**Americans agree: A recent Research!America survey found that half of Americans say it is important to increase AHRQ's funding as a strategy to improve health care.**

### **Sustained Investment Needed to Build Capacity**

At a time when policymakers are considering major health reform, AHRQ's research is needed more than ever to build the evidence base to improve health and health care. Steady, incremental increases for AHRQ in recent years, as well as the \$300 million provided to AHRQ's comparative effectiveness research in the American Recovery and Reinvestment Act, have enhanced AHRQ's ability to improve health and health care. The President's budget request will allow AHRQ to:

- Build on momentum to increase capacity to produce more and better CER.
- Continue critical health care safety, quality, and efficiency initiatives;
- Strengthen the infrastructure of the research field;
- Expand grants that support innovation and competition;
- Cultivate the next generation of researchers to increase capacity to respond to the growing public and private sector demand for health services research.

**"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  
2007 National Health Policy Conference**

*The Friends of AHRQ is a coalition of more than 200 health professional, research, consumer, and employer organizations dedicated to ensuring the agency's continued vital role in improving our nation's health. For more information on the Friends of AHRQ, contact Emily Holubowich at 202.484.1100 or e-mail at [eholubowich@dc-crd.com](mailto:eholubowich@dc-crd.com).*

## Why Does AHRQ Need \$611 million?

Policy Priority	AHRQ Activity	With funding...	Without funding...
<b>Innovation and Competitiveness</b>	Serves as a key source of funding to support innovative, health system discoveries and young researchers' careers.	AHRQ will expand grants for innovative researchers whose ideas have the promise to uncover new health trends and evaluate policy solutions. AHRQ will also restore training grants to ensure that America stays competitive in the global research market.	We will stifle the workforce and knowledge base needed to respond to the nation's growing health care challenges, including the "perfect storm" brewing around aging baby boomers, unsustainable rising costs, and declining health status.
<b>Value</b>	<b>Effective Health Care Program</b> reviews, synthesizes, generates, and translates the latest science to inform patient and provider decisions on medical treatments.	Americans will receive more of the information they need to make informed decisions across the spectrum of care—from which medicines to take, to when (and if) to have surgery, ultimately ensuring they get the best care at the best value.	We will limit our ability to objectively evaluate the myriad treatment options currently available and the emerging innovations flooding the health care market, and to convey findings in a useful way to patients and providers.
<b>Coverage</b>	<b>Medical Expenditure Panel Survey (MEPS)</b> of families and individuals, their medical providers, and employers across the United States.	Policymakers can continue relying upon MEPS data for the most complete source of national trends on the cost and use of health care and health insurance coverage.	We will lose our ability to track individual household statistics on our nation's use of medical services, access to care, satisfaction with care, and health insurance coverage status.
<b>Patient Safety</b>	Promotes collaboration among research networks to improve the utility of data sources for population-based research.	AHRQ will maintain its assistance to health care institutions in implementing safe practice interventions that show evidence of eliminating or reducing risks, hazards, and harms associated with the process of care.	We will compromise the long-term investment AHRQ has made in identifying threats to patient safety, evaluating effective patient safety practices, teaching, disseminating, and implementing effective patient safety practices, and maintaining vigilance.
<b>Health Information Technology</b>	Promotes the adoption HIT to produce safer, higher quality, and more efficient delivery of health care.	AHRQ will continue to identify challenges to adoption and use, best practices for making health IT work, and tools that will help hospitals and clinicians incorporate new IT.	We will jeopardize the growing evidence-base for successful HIT adoption, which emphasizes electronic medical records, electronic prescribing, hand-held devices usage, and consumer uses of the Internet to improve safety and quality.