

TESTIMONY OF  
THE COALITION FOR HEALTH SERVICES RESEARCH

TO THE

SUBCOMMITTEE ON LABOR,  
HEALTH AND HUMAN SERVICES,  
EDUCATION AND RELATED AGENCIES

COMMITTEE ON APPROPRIATIONS

UNITED STATES HOUSE OF REPRESENTATIVES

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Good morning, Mr. Chairman. I am Don Steinwachs, chair of the board of directors of the Coalition for Health Services Research (Coalition). I am also Chair and Professor of the Department of Health Policy and Management in the Johns Hopkins Bloomberg School of Public Health. I am pleased to offer this testimony on behalf of the Coalition. The Coalition is the advocacy arm of AcademyHealth, the professional home for health services researchers, policy analysts, and practitioners. Through AcademyHealth, the Coalition represents more than 3,750 individual researchers, scientists and policy experts as well as 125 organizations that produce and use health services research information including universities, providers, employers, and health plans.

Before I begin, I'd like to thank you, Mr. Chairman, and all the members of this subcommittee for the support this Subcommittee has provided for health services research over the past several years. As you know, health services research examines the performance of the American health care system and identifies ways to improve access, quality and cost of care. This research is used by policymakers, health administrators, providers, patients, and others to improve care and services. Health services research is addressing critical health policy issues facing our country. These include reducing medical errors, making the best use of information technology, translating clinical research into medical practice, and reducing disparities in health care related to race, ethnicity, and community of residence.

This morning I am going to share with you some of the successes this research has brought about because of your support, talk about the research that needs to be done, the agencies that will fund it, and the levels of support required to assure the information is available when needed.

Mr. Chairman, we recognize that when this Subcommittee makes an investment in health services research it expects quantifiable results. Without these measures of success, we cannot expect you, as the trustees of taxpayer dollars, to make future investments and increase those investments over time. I am proud to say that health services research provides information that is saving thousands of lives every year, improving the overall quality of health care provided in this country, and saving millions of dollars to private and public health programs. The following are some of the results of the research Congress has funded:

*Agency for Healthcare Research and Quality (AHRQ):*

- **Emergency department treatment of chest pain.** Each year, tens of thousands of patients with chest pain go to an emergency department believing that they are having a heart attack. Often, these patients receive inappropriate treatment, they are sent home or hospitalized inappropriately or suffer because of delay in treatment due to an inconclusive electrocardiogram (EKG). A delayed or missed diagnosis can have serious implications for patient survival or impairment rates, hospital costs, and subsequent malpractice lawsuits.

Increasingly, EKG machines are now equipped with special software developed by an AHRQ researcher that improves diagnosis by predicting the likelihood that chest pain is the result of a heart attack. The software could prevent 200,000 unnecessary hospitalizations and more than 100,000 coronary care unit admissions a year and save roughly \$728 million a year in hospital costs if implemented in half of the hospitals nationally.

Soon-to- be-published research estimates that improved accuracy of diagnosis that results from use of this predictive tool could reduce malpractice costs nationally by \$1.2 billion per year.

- **Improved asthma outcomes and lower costs.** Treating patients with asthma in an emergency diagnostic and treatment unit (EDTUs) rather than admitting them to the hospital resulted in an average reduction of \$1,000 in costs per patient, according to AHRQ researchers. EDTU patients averaged approximately \$1,200 per visit while patients admitted to the hospital averaged \$2,200 per visit. There were no differences in relapse rates between the two groups and patients treated in the EDTU expressed more satisfaction with service.
- **A computerized screening tool helps diagnose depression.** Physicians who consulted the Primary Care Evaluation of Mental Disorders (PRIME-MD) were more likely than others to make a medical chart notation of depression, begin their patients on antidepressant medication, or refer their patients to mental health specialists
- **Cervical cancer.** An expert working group that is advising the American Cancer Society on developing new guidelines for cervical cancer screening adapted the methodology from AHRQ's evidence report on cervical cytology. This evidence report has also been used by CDC's National Breast and Cervical Cancer Detection Program, two large HMOs, and the U.S. Preventive Services Task Force.

*Centers for Disease Control and Prevention (CDC):*

- **Immunization levels.** CDC research led to the development of methods for tracking immunization levels (such as community/state population-based immunization registries), parent reminder/recall, mandatory immunization laws and assessing provider and community efficiency in delivering vaccines.

*CDC's National Center for Health Statistics (NCHS):*

- **Pharmaceuticals.** NCHS data are used in examining trends in the use of prescription medications: increases in medication use (the types of medication increases and the populations receiving these medications), use of first-line drugs in the treatment of diseases (e.g., for hyper-tension), use of name-brand versus generic medications, appropriate use of medications (relative to scientific or clinical recommendations), and visits for adverse drug events.

*Centers for Medicare and Medicaid Services, Office of Research, Development and Information (CMS):*

- **Access to Physician Services.** CMS collects and analyzes information from multiple sources to monitor changes in access to physician services among Medicare beneficiaries. This survey enhances the ability of CMS to determine, on as close to a real time basis as possible, whether Medicare beneficiaries are experiencing access problems in specific geographic areas.

While health services research has provided many answers to policymakers, practitioners, and other health system administrators, the demand for additional solutions greatly exceeds current resources. Increases in funding for those agencies that support health services research are needed to:

- **Control rising health care costs.** Further research is needed into the root causes of rising health care costs and the development of strategies and mechanisms for controlling health care costs without reducing quality.
- **Improve patient outcomes.** Further development of evidence-based practice and quality improvements start by measuring outcomes and determining if the expected results were achieved.
- **Reduce access barriers.** In spite of our best efforts, over 41 million Americans have no health insurance coverage. Further research is needed now to determine the effectiveness of both public and private strategies to expand coverage.
- **Provider payment incentives for quality and efficiency.** As public and private purchasers test new mechanisms to pay physicians and hospitals to improve efficiency and quality, research is needed to understand the effects of these incentives on over- and under-utilization of care.
- **Improve quality of care for chronic illnesses.** Approximately 125 million Americans live with a chronic illness. Research is needed to determine the most favorable methods for managing these illnesses.
- **Emergency preparedness.** Research is needed to better determine how the public and private health care systems can work effectively together in the event of a natural catastrophe or terrorist attack.
- **Technology.** Technology has the ability to change every aspect of the health care system, from diagnosis to treatment, and from preventing errors to increasing the timeliness of data. A priority is information technology to support patient care, administration, and quality improvement.
- **Translating research into practice.** This Subcommittee has doubled the investment in biomedical research over the past five years. Greater investments in health services research are needed to take biomedical and clinical research discoveries and speed them into the hands of practitioners and patients.

Mr. Chairman, many agencies fund and support health services research. The overall investment made by the American people is not inconsequential. Yet, as I just mentioned, many areas of critical importance are either under funded or not funded at all. For these reasons the Coalition recommends that the members of the Subcommittee provide the following levels of funding:

***Agency for Healthcare Research and Quality (AHRQ):***

AHRQ's mission is to develop scientific evidence that will help us spend our health care dollars wisely. AHRQ research does this by identifying what treatments work best, for whom, when, and at what costs. It also evaluates the effectiveness and efficiency of different approaches for financing, organizing, and delivering health care services. With health care costs rising for all sectors, the federal government, states, and the private sector all need AHRQ to increase its research on this vexing problem.

Under the President's proposed FY2004 budget AHRQ, currently funded at \$303 million, would be reduced to \$279 million - a cut of over eight percent. If this budget were enacted AHRQ will be unable to award any new non-patient safety grants in FY2004. Also, current non-patient safety grants would need to be cut by 15 percent.

The Coalition urges a funding level of \$390 million to ensure adequate funding for high priority research needs including: understanding the causes of and solutions to rising

health care costs; promoting improvements in health care quality; strengthening efforts to translate research into practice; and increasing appropriate access to medical technology.

***Centers for Medicare and Medicaid Services, Office of Research, Development and Information (CMS):***

The Office of Research, Development and Information guides the development and implementation of new health care financing policies and evaluates their impact on Medicare and Medicaid beneficiaries, participating providers, and the states. With recent significant changes made in the Medicare and Medicaid programs, and more anticipated in the near future, health services research is needed to continually monitor the programs to determine if any refinements are necessary.

After having its budget reduced from \$55.3 million (in non-earmarked funds) to \$28 million in FY2003, the Centers for Medicare and Medicaid Systems (CMS) Office of Research, Development and Information will see its budget cut again to \$23 million. After paying for the Medicare Beneficiary survey, and other statutory requirements, CMS will not have enough to fund current non-earmarked research projects.

The Coalition supports a funding level of \$60 million of non-earmarked funds to ensure that CMS can meet its current obligations and expand research into areas such as quality care for those with chronic illnesses; plan and beneficiary participation in managed care; approaches to educating beneficiaries through use of the Internet (e-health); and the impact of technological changes on Medicare and Medicaid.

***Centers for Disease Control and Prevention (CDC):***

A continuing concern is the issue of inadequate research focusing on the infrastructure for public health: *public health services (or systems) research*. While much attention has been focused on research about the sickness care system, and on improving the public health system's ability to respond to a terrorist attack, insufficient research has been funded for a comparable focus on research to improve the delivery of public health services. Specific concerns include:

- How can the public health infrastructure be improved and made more effective?
- How do we target critical public health activities to reach individuals and communities that typically encounter barriers in accessing the health system?
- How cost-effective are public health and prevention programs?
- How will new advances in understanding disease be applied in public health?

The \$18 million **extramural prevention research program** - the only extramural health services research program at the CDC - is once again proposed for elimination by the President's budget. CDC developed this program to move knowledge about effective strategies for preventing disease and disability from research to implementation in diverse community practices and programs. The program uses a model of community-based participatory prevention research, and has supported over 50 projects based in states and localities throughout the country. Congress restored this program in its FY2003 appropriations. Eliminating the program in FY2004 would, in essence, waste the FY2003 appropriations since the second round of projects is just beginning.

The Coalition recommends continuing this program at the current appropriation of \$18 million.

## Coalition for Health Services Research

The **National Center for Health Statistics (NCHS)** plays a crucial role in health services research by collecting the data needed in many important research areas including the status of the nation's health. This data is also used to measure the impact and effectiveness of health policies and programs. The NCHS budget has remained flat for several years. The President's proposed budget of \$125 million is actually a reduction of \$1 million from this year's funding level of \$126 million. Without an increase, we run the risk of losing not just the timeliness of the data, but some critical elements of the data set as well.

The Coalition recommends a budget of \$180 million for NCHS. This increase will allow it to maintain its current surveys and begin an investment in improving its technology, allowing NCHS to collect more accurate data in a more timely fashion.

Today I outlined a few of the successes your investment in health services research has provided the American people. These successes would not be possible without your support and the support of this Subcommittee. Scientifically-based evidence is crucial in providing guidance to you and your colleagues as you make difficult decisions that will affect the health and health care services of all Americans.

Mr. Chairman, there are many witnesses here today who will tell you about everything they can accomplish for a few billion dollars. The Coalition is asking for an additional \$196 million over current year funding. This modest increase in the current investment in health services research will make it possible for policymakers to have the scientific evidence needed to make the difficult choices that will shape the future of our health care system.

We are grateful for the leadership of this Subcommittee in recognizing the important role of health services research in the past through your funding of those agencies that conduct this important activity. We urge the Subcommittee to continue the progress made during the past several years and accept our funding recommendations for FY2004.

If you have any questions or comments about this testimony, please contact Jon Lawniczak, Director, Government Relations at (202) 292-6742 or email at [jonathan.lawniczak@academyhealth.org](mailto:jonathan.lawniczak@academyhealth.org).