

**STATEMENT 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

APRIL 3, 2001

The Coalition for Health Services Research (Coalition) is pleased to offer this testimony for the record regarding the role of health services research in improving our nation's health. The Coalition is the advocacy arm of the Academy for Health Services Research and Health Policy (Academy). The Academy was created in June, 2000 through the merger of the Association for Health Services Research (AHSR) and the Alpha Center. Through the Academy, the Coalition represents more than 2,800 individuals and 130 organizations that use and produce health services research information including universities, providers, employers, and health plans.

We are grateful for the support this Subcommittee has shown health services research over the past several years. Health services research results are increasingly used by every segment of the health care delivery system to evaluate the impact of the many changes in health care financing on quality, access and cost as well as to improve patient safety, increase quality, expand access, and provide the most efficacious treatment for a range of diseases and conditions. Investment in health services research is needed to take full advantage of the biomedical advances made at the National Institutes of Health (NIH). While the NIH continues to discover new treatments and exciting cures, investing in health services research will speed the translation of these discoveries into practice.

On the research continuum, health services research begins where biomedical research ends. Health services research enhances biomedical advances by translating them into clinical practice through the dissemination of information to consumers, providers, employers, health plans, and policymakers, which ensures that patients receive appropriate, quality care. The essential role of health services research has been recognized in every major health care bill passed by Congress in recent years. It will also play a critical role in the key health care debates facing the 107th Congress, including: Medicare reform, the National Governors' Association Medicaid reform proposal to modernize and streamline Medicaid, Medicare prescription drug benefit, Medicare+Choice reimbursement policy, and targeted subsidies for low-wage, uninsured workers.

An investment also needs to be made in the researchers themselves. Congress recognized this last year when it included language in its final conference report encouraging the Agency for Healthcare Research and Quality to devote more resources to provide investigator-initiated grants. Investing in the researchers themselves allows them to bring forth new areas of study. For example, it was through an investigator-initiated grant that the problem of medical errors was examined and reported in the 1999 IOM study.

The demand for health services research information and the need to improve our health care system cannot and will not be effectively met without the continued leadership of this Subcommittee and the Congress. With your support for the health services research being funded by a variety of federal agencies, millions of Americans will no longer undergo unneeded or inappropriate medical care, or suffer from preventable medical errors.

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

The Agency for Healthcare Research and Quality (AHRQ) is the lead Public Health Service agency focused on health care quality. AHRQ's research provides the evidence-based information consumers, providers, health plans, purchasers, and policymakers need to make informed health care decisions.

Last year, Congress responded to the Institute of Medicine's (IOM) 1999 report on medical errors by significantly increasing the level of funding for AHRQ. This funding has enabled the Agency to: 1) significantly increase the number of grants available for outcomes, quality, and primary and specialty care research; and 2) find ways to reduce medical errors. In the current fiscal year, AHRQ will direct \$50 million for research on the documentation and reduction of medical errors.

FY2001 Budget

The Agency's achievements demonstrate the need for continued strong funding support for AHRQ. In their final conference report for FY2001, the Appropriations Conferees urge AHRQ to enhance its investigator-initiated research funding. To achieve this goal, we recommend that Congress provide an appropriation of \$60 million to fund new investigator-initiated grants. These grants are needed to provide research into critical areas of study such as the following: 1) improve health care quality; 2) improve disease management programs/efforts; 3) assess appropriate utilization of health care services and facilities; 4) reduce health disparities among racial and ethnic groups; 5) evaluate effects of technological change; 6) examine expenditure differentials by health status among different age-gender groups; and 7) assess factors contributing to rising health care costs.

The safety of the health care delivery system was thrust onto the national agenda in 1999 when the IOM released its report on medical errors. In FY2001, Congress provided \$50 million to AHRQ to focus its research on this crisis. An additional \$50 million is now needed to take the next step in resolving this issue, including the establishment of a National Center for Patient Safety.

A new \$10 million is needed to facilitate the translation of research into practice (TRIP). TRIP studies have shown that less than half of Americans are getting high quality care for major health problems, including diabetes, asthma, depression, and schizophrenia, among others.

Finally, an additional \$10 million is needed to strengthen AHRQ's ability to serve as a resource to consumers, employers, providers, and policymakers in making health care decisions.

Recommendation: The Coalition asks Congress to fund AHRQ at \$400 million for FY2002.

HEALTH CARE FINANCING ADMINISTRATION

The Office of Strategic Planning (OSP) 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. Congress has greatly increased HCFA's administrative responsibilities over the past several years without providing commensurate funding for research. In addition, there have been large changes in the Medicare/ Medicaid programs in the past several years that need to be continually monitored to determine if any refinements are necessary. While OSP has received funding increases over the past two years, these funds went to research projects directed by Congress. HCFA also needs the flexibility to be able to expand current research in approaches to risk adjusted payments to both Medicare+Choice plans and fee-for-services providers based on beneficiary health status. Other topics that OSP needs the flexibility to pursue include: 1) approaches to developing common health appraisal instruments, and quality measures and payment systems across post-acute care sites of service; 2) applications of private sector innovations in managing care for chronically ill patients in Medicaid; and 3) approaches to educating beneficiaries through use of the Internet (e-health).

Recommendation: The Coalition recommends that Congress add \$42 million to OSP's funding level to allow research into the topics listed above.

CENTERS FOR DISEASE CONTROL AND PREVENTION

A continuing concern is the issue of inadequate research focusing on the infrastructure of public health, characterized by some as "Public Health Services Research". While much attention has focused on research on the sickness care system, there has not been a specific source of a comparable focus on research to improve the delivery of public health services. Of specific concern are: 1) identifying major health services research questions about public health systems that need to be addressed; 2) setting priorities of major public health services questions which need to be answered; and 3) developing research priorities that CDC should address through the FY2002 Extramural Grants Program.

The Centers for Disease Control's National Center for Health Statistics (NCHS) is the Federal government's principal vital health statistics agency. NCHS represents an investment in broad-based, fundamental public health and health policy statistics. The data maintained by NCHS is critical to the research performed by our members. NCHS provides the data for:

- □ Tracking changes in health and health care, particularly as major changes are occurring in private markets and in Federal and State policy. NCHS provides mechanisms for obtaining statistics that allow for comparison across population groups, types of health care providers, and States;

- □ Supporting biomedical research by identifying research priorities, providing population-based data that helps place clinical studies in context, and providing the mechanisms for epidemiological studies of risk factors and outcomes;
- □ Providing the basis for prevention programs by identifying health problems, targeting opportunities for interventions, and supporting program evaluation.

Recommendations: The Coalition supports a funding level of at least \$180 million for NCHS.

NATIONAL INSTITUTES OF HEALTH

As part of its ongoing and expanded research, the various institutes of the National Institutes of Health (NIH) also fund health services research. The proportion of NIH funding for health services research needs to be maintained and expanded to assure that the investments in biomedical research result in improved health services for the American people. The following examples illustrate the important health services research NIH institute are conducting:

National Institute of Alcohol Abuse and Alcoholism

NIAAA is pursuing a three-pronged approach that relies on research, prevention, and treatment to address the impact and effects of alcoholism in America. Outreach is a key component of each facet of this strategy, including raising public awareness about alcohol disorders and treatment, improving clinician diagnosis and treatment skills, and integrating prevention and treatment techniques into medical school curricula.

National Institute of Mental Health

NIMH's health services research programs have focused on the transfer of knowledge about the diagnosis and treatment of mental health into practical interventions for conditions such as schizophrenia, depression, anxiety, and eating and attention deficit disorders. The Institute has increased its emphasis on mental disorders affecting children with new outreach programs addressing youth violence, suicide, mood and anxiety disorders, and autism.

National Institute on Drug Abuse

As part of its mission to treat and prevent drug abuse and addiction, NIDA has traditionally supported the development of research-based treatment protocols and prevention models. While these programs have proven to be highly successful under the constructs of carefully controlled clinical trials, NIDA faces new challenges in integrating these protocols in real-life treatment settings. NIDA's health services research portfolio has enabled the Institute to assist treatment and prevention providers to gauge program effectiveness and make the adjustments necessary to improve patient care.

National Library of Medicine

NLM is the foremost source of health and health services research information in the world, providing quick access to health information to millions each year. These services increasingly are provided through the Internet, making further development of this mode of information dissemination key to future improvements in health care, health education, and medical research. The Coalition supports NLM's efforts, in working with the National Science Foundations and others, to ensure the Next Generation Internet meets the demands of medical applications and research. We also support the Library's efforts, along with other Federal health agencies, to ensure the quality of health information provided to consumers, providers, and purchasers on the Internet.

National Institute of Nursing Research

NINR supports clinical and basic research on biological and behavioral aspects of critical national health care problems. The NINR supports programs essential to improving clinical environments by testing interventions that influence patient health outcomes and reduce costs and demands for care.

Recommendation: The Coalition supports the Ad Hoc Group's effort to double NIH spending with a \$3.4 billion (16.5 percent) increase to \$23 billion for FY 2002 with the understanding that appropriate proportions of this investment must be targeted at health services research.

NEED FOR FEDERAL FUNDING

The Coalition for Health Services Research is grateful for the leadership of this Subcommittee for its support for health services research. We urge the Subcommittee to continue the progress made during the last several years by providing a substantial investment in Federal health services research programs in the FY2002 appropriations. Thank you.