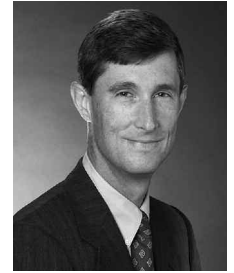


PRESIDENT'S COLUMN

BFF

Eric Bass, MD, MPH

...I am now asking SGIM members to submit brief stories about the impact of AHRQ-supported work on patient and population outcomes, quality of care, patient safety, access to care, and the value of health care.



As one of the “friends” of the Agency for Healthcare Research and Quality (AHRQ), SGIM is concerned about threats to the support for AHRQ. In recent years, AHRQ has struggled as Congress and others have debated how much funding the Agency should receive for its work. On September 27, I had an opportunity to meet with the new director of AHRQ, Richard Kronick, PhD, and his acting deputy director, Boyce Ginieczi, PhD. The meeting was arranged by Lyle Dennis from Cavarocchi-Ruscio-Dennis Associates, LLC, the company that supports SGIM’s advocacy efforts. I was accompanied by SGIM’s Health Policy Committee (HPC) Chair Mark Schwartz.

We requested the meeting because of the importance of AHRQ to the health services researchers among our members and concerns about the future of AHRQ. When the House of Representatives recently proposed a budget that included no support for AHRQ, we realized that we could not take for granted the support that AHRQ has provided for the types of research needed to achieve our vision for better health care in the United States. According to SGIM’s mission statement, we seek to “achieve health care delivery that is comprehensive, technologically advanced and individualized; instills trust within a culture of respect; is efficient in the use of time, people, and resources; is organized and financed to achieve optimal health outcomes; maximizes equity; and continually learns and adapts.”

We prepared for the meeting by conducting a quick survey of members of the HPC and selected members known to be very involved in health services research. Thanks to Gary Rosenthal (chair of the Research Subcommittee of the HPC) and SGIM’s office staff, we were able to design and administer the survey in less than two weeks. From that survey, we identified themes or concerns that we wanted to discuss with the new AHRQ director: 1) the importance of defining AHRQ’s unique role in supporting health care research focused on creating value for patients; 2) AHRQ’s role in developing, synthesizing, and disseminating evidence on how to translate research into practice and policy to improve health care; 3) the critical need for increased support for training and career development in health services research; 4) the need for increased support for development of methods and infrastructure for policy-relevant health services research; 5) a call for improved collaboration and coordination with other governmental agencies (e.g. National Institutes of Health (NIH), Patient-Centered Outcomes Research Institute (PCORI), Centers for Medicare and Medicaid Services (CMS), and Health Resources and Services Administration (HRSA)); and 6) a call for an expanded portfolio of innovative investigator-initiated health services research.

In preparation for the meeting, we reviewed the budget request for fiscal year (FY) 2014 that was submitted to the Congressional Appropriations Committees by Dr. Carolyn

Clancy before she was succeeded by Dr. Kronick. Dr. Clancy highlighted the efforts that AHRQ had made, amid considerable economic uncertainty and fiscal constraints, to fulfill its mission to improve the quality, safety, efficiency, and effectiveness of health care for all Americans. She emphasized the importance of the Agency’s programs in six areas of research: patient-centered health research and effective health care; value research; prevention and care management research; health information technology research; patient safety research; and research innovation (i.e. investigator-initiated research). The total amount requested as part of the President’s 2014 budget was \$433,697,000 (\$28.6 million more than in FY 2012), with \$100 million for patient-centered health research (funded entirely by the Patient-Centered Outcomes Research Trust Fund), \$3.3 million for value research (\$0.5 million less than FY 2012); \$20.7 million for prevention and care management research (\$7.2 million less than FY 2012); \$25.6 million for health information technology research (same as FY 2012); \$62.6 million for patient safety research (\$3 million less than FY 2012); and \$88.9 million for research innovation (\$19.4 million less than FY 2012). The requested budget also included \$63.8 million for continuation of the Medical Expenditure Panel Surveys and \$68.8 million for program support.

With that preparation, we entered Dr. Kronick’s office in the John M. Eisenberg Building, aptly named after the former president of SGIM who

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led AHRQ from 1997 until his death in 2002. Seeing John's name on the building reminded me of his passion for excellence in research, for improving the quality of health care in the United States, and for "insisting that evidence from research should be brought to bear in answering key health policy, management, and practice questions."¹

The meeting went well. Drs. Kronick and Ginieczki were genuinely interested in our thoughts and concerns. We talked candidly about how to define the unique role that AHRQ plays in the health care system, taking into consideration the size of AHRQ's budget relative to the NIH budget as well as the challenge of differentiating AHRQ from PCORI. They emphasized that AHRQ must produce evidence for policymakers and make sure that the evidence is used to make better decisions about health care. They also emphasized the importance of measuring and demonstrating the effects of interventions on health care delivery and outcomes. They expressed a strong commitment to collaborating with other agencies within the Department of Health and Human Services and with the private sector. In that regard, they were interested in hearing my views about the value of stakeholder engagement in the work

of the Evidence-based Practice Center that I direct. They acknowledged the need to support innovative investigator-initiated research as well as training and career development of health services researchers, but they could not make firm commitments because of uncertainty about their overall budget. As a professor and chief of the Division of Health Care Sciences at the University of California–San Diego, Dr. Kronick clearly appreciates the importance of investigator-initiated research. The problem he faces is that the Agency continues to be under enormous pressure to demonstrate immediate impact from the work it supports.

That brings me back to how SGIM can help its friends at AHRQ. What AHRQ needs is help in identifying and disseminating stories of how our AHRQ-funded work has had an impact on health care delivery and outcomes. We can no longer be satisfied when our work gets published in a peer-reviewed journal. We need to give attention to additional ways of sharing how our work makes a difference. We should be developing and telling stories of impact that will help policymakers and the public understand why AHRQ's mission is so important.

I will ask SGIM's Communications Task Force members to consider this

as part of their charge in revamping SGIM's approach to communications. I will ask the *JGIM* editors for their advice on how we can bring more attention to the health services research published in *JGIM*. I will also ask the Awards Committee to think about how we can use our national and regional awards to bring maximal attention to successful stories of research that has had a significant impact on health care delivery and outcomes.

With the permission of the SGIM *Forum* editor, I am now asking SGIM members to submit brief stories about the impact of AHRQ-supported work on patient and population outcomes, quality of care, patient safety, access to care, and the value of health care. I look forward to showcasing the best stories!

Right before our meeting with Dr. Kronick, Mark and I were talking about our kids and the abbreviations they use in their communications. SGIM's relationship with AHRQ may not meet our kids' definition of BFF (best friends forever), but it is an important friendship that I hope will continue for many more years.

Reference

1. Jessee WF. In memoriam. John Eisenberg. *Int J Qual Health Care* 2002; 14:169-72.

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