DEPARTMENT of HEALTH and HUMAN SERVICES

Fiscal Year

2025

Agency for Healthcare Research and Quality

Justification of Estimates for Appropriations Committees

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

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I am pleased to present the Agency for Healthcare Research and Quality's (AHRQ) FY 2025 Congressional Justification. This budget details the activities and efforts needed to fulfill AHRQ's unique mission to produce scientific evidence to make healthcare higher quality, especially safer, more accessible, equitable, and affordable, and to work with the U.S. Department of Health and Human Services (HHS) and other partners to ensure that evidence is understood and used as "actionable knowledge".

My colleagues and I thank Congress for supporting AHRQ and our work to improve healthcare for all nationwide. We work closely with the Biden-Harris Administration and the U.S. Department of Health and Human Services colleagues to address the critical healthcare challenges facing the Nation. We are addressing the fundamental need to transform our local healthcare systems plagued by fragmentation, misaligned financial incentives, and lack of a disease prevention orientation due to inadequate primary care. We approach these challenges by addressing today's demands for Long COVID care, improving patient safety in all care delivery settings, integrating alcohol abuse and opioid and drug abuse care into enhanced primary care models, reversing the growing threat of climate change to healthcare systems operations, helping to ensure that the use of artificial intelligence in healthcare is effective and appropriate, and promoting equity in all aspects of healthcare.

The Agency for Healthcare Research and Quality is celebrating its 35th anniversary as an independent agency within the Department of Health and Human Services. In 1989, Congress elevated the National Center for Health Services Research and Health Care Technology Assessment to full agency status as the Agency for Healthcare Policy and Research, establishing health services research as an essential approach to improving the delivery and quality of healthcare services. The theme of the 35th Anniversary is "Today's Research, Tomorrow's Healthcare". It describes our mission and dedication to driving timely, innovative research to solutions and tools that shape high-quality, safe, and equitable healthcare in the present and future.

The FY 2025 President's Budget supports AHRQ's efforts in these critical areas. It continues our work in Long COVID, which was first funded at $10 million in FY 2023. This work is critical given the surge in COVID-19 that the healthcare system is experiencing in early 2024 and the continued demands of patients long suffering from Long COVID since 2020. This $10 million will be used to support health systems research on delivering better patient-centered, coordinated care to those living with Long COVID, including the development and implementation of new models of care to help treat the complexity of symptoms of those with Long COVID experience.

Improving diagnosis safety is a focus of the FY 2025 President's Budget. AHRQ will invest $20 million in research grants and contracts to explore how to address different diagnostic safety challenges, which affect 12 million Americans yearly at an estimated cost of $100 billion. These funds will support research grants and contracts to explore how to address different diagnostic safety

challenges and create the infrastructure for continued research in this area. Contract funds will be used to disseminate existing evidence-based tools and resources to improve diagnostic safety

The FY 2025 President's Budget also supports AHRQ's work on key HHS and national priorities, including:

- $55.5 million in new and continuing investigator-initiated **health services research funding**, including $3.4 million to advance **health equity** in healthcare delivery.
- $6.5 million in new funding for a total of $18.0 million for the **U.S. Preventive Services Task Force** (USPSTF). The increased funding will support the cost of more complex evidence reviews and data analysis required to address health equity issues.
- $2.8 million in new funding for a total of $75 million for the **Medical Expenditure Panel Survey** (MEPS) to allow the survey to maintain the precision levels of survey estimates, maximize survey response rates and continue to achieve the timeliness, quality, and utility of data products achieved for the survey in prior years
- $2.0 million in research funding directed to revitalizing **primary care**.
- $3.0 million for research to prevent, identify, and provide integrated treatment for **opioid and multiple substance abuse disorders** in ambulatory care settings.
- $7.5 million in **behavioral healthcare** research activities, including research focused on under-served populations.
- $3.2 million to support the Administration's initiative to improve **maternal healthcare**.

AHRQ is committed to supporting the President's Executive Order on **advancing racial equity** and support for underserved communities. AHRQ's work will identify how we can achieve these goals through research, practice improvement, and data and analytics. Finally, as an effective steward of federal resources, AHRQ will continue to promote economy, efficiency, accountability, and integrity in the management of our resources ensure those investments will have the most significant impact on improving the healthcare of all Americans.

Robert Otto Valdez, Ph.D., M.H.S.A.
Director, Agency for Healthcare Research and Quality

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality (AHRQ)

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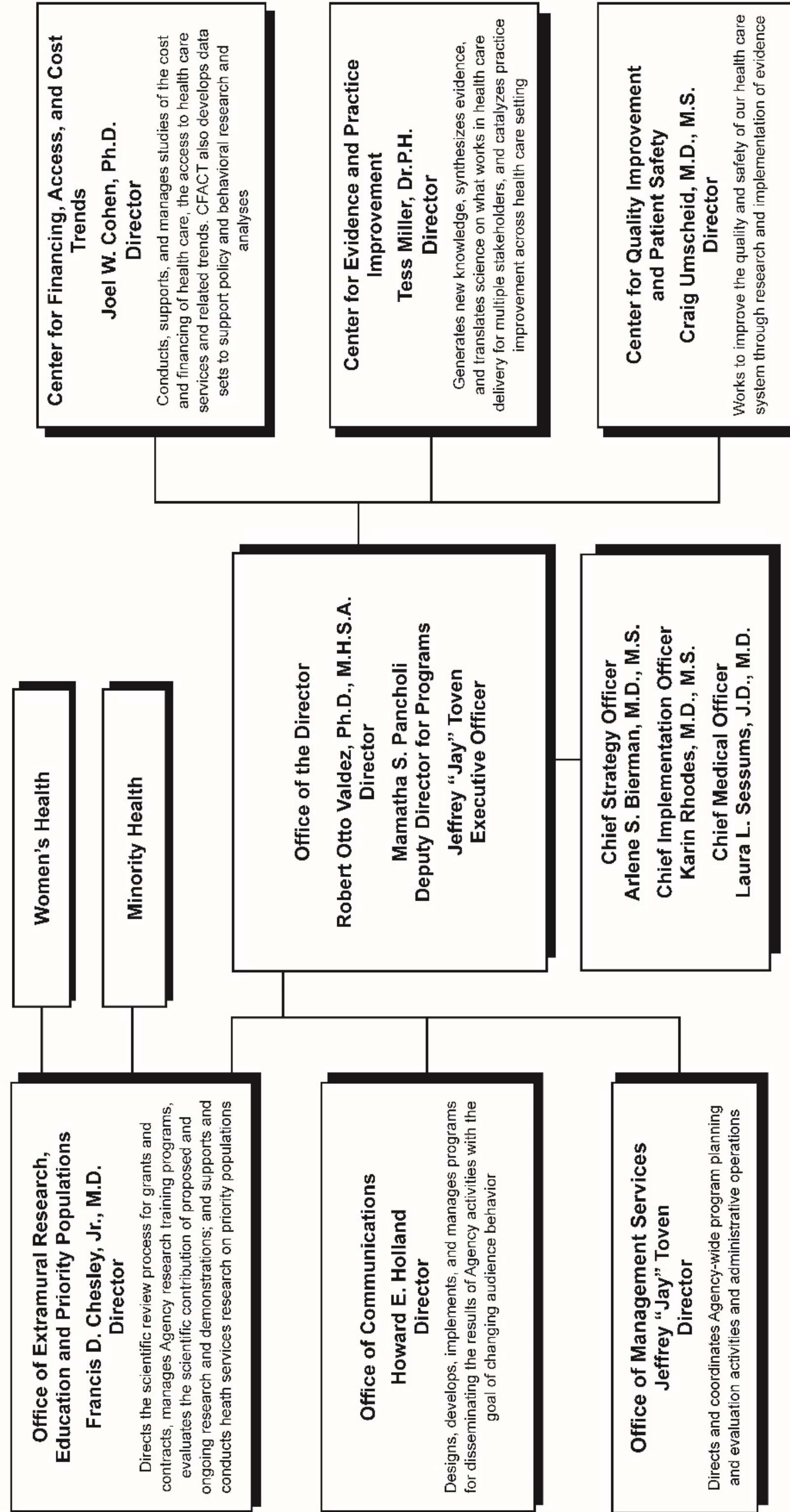

U.S. Department of Health and Human Services
Agency for Healthcare Research and Quality
Office of Extramural Research, Education and Priority Populations
Francis D. Chesley, Jr., M.D.
Director
Directs the scientific review process for grants and contracts, manages Agency research training programs, evaluates the scientific contribution of proposed and ongoing research and demonstrations; and supports and conducts heath services research on priority populations
Women's Health
Minority Health
Office of Communications
Howard E. Holland
Director
Designs, develops, implements, and manages programs for disseminating the results of Agency activities with the goal of changing audience behavior
Office of Management Services
Jeffrey "Jay" Toven
Director
Directs and coordinates Agency-wide program planning and evaluation activities and administrative operations
Office of the Director
Robert Otto Valdez, Ph.D., M.H.S.A.
Director
Mamatha S. Pancholi
Deputy Director for Programs
Jeffrey "Jay" Toven
Executive Officer
Chief Strategy Officer
Arlene S. Bierman, M.D., M.S.
Chief Implementation Officer
Karin Rhodes, M.D., M.S.
Chief Medical Officer
Laura L. Sessums, J.D., M.D.
Center for Financing, Access, and Cost Trends
Joel W. Cohen, Ph.D.
Director
Conducts, supports, and manages studies of the cost and financing of health care, the access to health care services and related trends. CFACT also develops data sets to support policy and behavioral research and analyses
Center for Evidence and Practice Improvement
Tess Miller, Dr.P.H.
Director
Generates new knowledge, synthesizes evidence, and translates science on what works in health care delivery for multiple stakeholders, and catalyzes practice improvement across health care setting
Center for Quality Improvement and Patient Safety
Craig Umscheid, M.D., M.S.
Director
Works to improve the quality and safety of our health care system through research and implementation of evidence
AHRQ
AHRQ Pub. No. 23-0039
September 2023

EXECUTIVE SUMMARY

Introduction and Mission

I am pleased to present the FY 2025 President's Budget Request for the Agency for Healthcare Research and Quality (AHRQ). AHRQ's 1999 Congressional authorities require that it produce scientific evidence to **make healthcare safer, higher quality, more accessible, equitable, and affordable**. AHRQ is tasked with accomplishing this mission by working with other US Department of Health and Human Services divisions and external partners to ensure the evidence is understood and used. Additional authorities were included in the Affordable Care Act, increasing the Agency's responsibilities for improving primary care to ensure continuous and comprehensive patient care and assist them in accessing various social welfare and public health services. **These authorities to strengthen healthcare in the United States are unique to AHRQ.**

AHRQ pursues our mission by focusing on three core competencies:

- **Health Services and Systems Research**: AHRQ invests in research that generates evidence about delivering high-quality, equitable, safe, high-value healthcare.
- **Practice Improvement**: AHRQ creates tools and disseminates strategies to help health systems and frontline clinicians deliver high-quality, equitable, safe, high-value healthcare.
- **Data and Analytics**: AHRQ collects data and produces analyses to help healthcare decision-makers understand how the various US healthcare systems function and where there are opportunities for improvement.

As documented in AHRQ's annual report to Congress, the National Healthcare Quality and Disparities Report (2023), and numerous AHRQ analytic publications, the COVID pandemic has had many deleterious effects on the health of the public beyond SARS-COV-2 infections and on healthcare delivery systems' performance nationwide. Multiple forces challenge affordability and access to healthcare in every community, threatening trust in our nation's ability to provide high-quality healthcare. Various innovations adopted during the pandemic, such as telehealthcare, may play a key role in filling care provision gaps, particularly in rural communities and for vulnerable populations such as those individuals suffering from the extended and often debilitating consequences of COVID infections, known as Long COVID.

> The Agency for Healthcare Research and Quality is celebrating its 35th anniversary as an independent agency within the Department of Health and Human Services. In 1989, Congress elevated the National Center for Health Services Research and Health Care Technology Assessment to full agency status as the Agency for Healthcare Policy and Research, establishing health services research as an essential approach to improving the delivery and quality of healthcare services. The theme of the 35th Anniversary is "Today's Research, Tomorrow's Healthcare". It describes our mission and dedication to driving timely, innovative research to solutions and tools that shape high-quality, safe, and equitable healthcare in the present and future.

The pandemic tested and stressed our local healthcare delivery systems, especially in communities with weak or no public health systems. Healthcare providers often stepped into providing public health services for which they are ill-equipped. The strain on the healthcare

workforce from waves of COVID followed by waves of providing delayed care has fueled a dramatic increase in patient and workforce safety events (e.g., rates increased for Methicillin-resistant Staphylococcus aureus infections (37 percent), central-line associated bloodstream infections (60 percent) and catheter-associated urinary tract infections (19 percent)), workforce burnout leading to staff shortages, and a rapid increase in premature mortality (i.e., deaths from treatable conditions).

Our local healthcare systems are tattered and torn. Many face intense financial pressures due to lost revenue during the pandemic and inflationary pressures in workforce compensation. This situation has led to many rural hospitals closing or hospitals closing services such as birthing centers and pediatric hospital beds. The mental health and opioid crisis nationwide have further tested our healthcare delivery systems for lack of service providers and community programs.

In addition to the need to respond to the COVID pandemic, a biological threat, many healthcare systems face other disruptions due to severe weather events (e.g., floods, tornadoes, hurricanes) and other potential hazards (e.g., social unrest, mass shootings, violence against healthcare providers).

But the most pressing social factor before our nation is the rapid aging of our society. The healthcare demands of an aging society will mean that healthcare providers will increasingly be asked to care for patients with more complex medical and social needs. Our healthcare system is **unprepared to pivot from** an acute illness **cure-oriented** delivery system **to one that increasingly cares appropriately and effectively** for older people with multiple chronic conditions.

Over the years, healthcare has moved out of hospitals into many other settings such as rehabilitation facilities, long-term care facilities, at-home care, and more recently, the adoption of telehealthcare technologies used to provide care and monitor patients at home. Despite the growth of vertically integrated healthcare systems, these developments have exacerbated a key feature of today's American healthcare systems: its fragmentation.

Better understanding the patient healthcare journey and experience is the key to improving the quality of and access to healthcare and reducing the fragmentation the American public experiences. AHRQ will pursue three main objectives in the coming years: improve local healthcare system performance, expand access to high-quality, affordable healthcare, and improve the resilience of our nation's healthcare delivery systems to all types of hazards (e.g., biological, severe weather, social unrest). Our strategies for achieving these objectives are in our appropriated funding requests (illustrated in Table 1 below).

Table 1
AHRQ Objectives and Strategies are reflected in funding requests.
FY 2023 - FY 2026

- **Improve local healthcare systems' performance**
  - ► Reduce fragmentation
    - − Improve Patient and Workforce Safety

        - Establish Long COVID best practices as a vehicle for primary care transformation.
    - ► Align financial incentives
        - Assist in establishing practice standards through improved guidelines.
        - Develop a Care framework for the demands of an aging population (with multiple chronic conditions).
    - ► Reduce inequities in healthcare
        - Vanquishing unequal treatment
        - Improve maternal healthcare, primarily through improved primary care for adolescents.

- **Expand access to high-quality, affordable healthcare.**
    - ► Respond to "illnesses of despair" by establishing standards of care across the continuum of care - mental health, opioid, and alcohol crisis.
    - ► Integrate behavioral & mental healthcare into primary care
    - ► Improve care quality across all care settings – Hospital, Clinic, Rehab, LTC, Home, Telehealthcare
    - ► Improve measures of Customer Experience
    - ► Reduce the time from scientific discovery and innovation to implementation.

- **Improve healthcare delivery systems' resilience.**

The FY 2025 President's Budget supports the following priorities:

- Powering Decision-Making Through Data and Analytics: The Administration has made protecting and expanding access to quality, affordable healthcare one of its top priorities. This commitment will require policy decisions on critical issues ranging from increasing access to health insurance, lowering prescription drug prices, and addressing persistent healthcare inequities. Decision-makers will need AHRQ's rich healthcare data resources and analytical capabilities to address the complex questions that challenge us. The FY 2025 President's Budget continues to support AHRQ's data platforms. The FY 2025 Request includes an additional $2.8 million for the Medical Expenditure Panel Survey (MEPS). The additional funding will allow the survey to maintain the precision levels of survey estimates, maximize survey response rates, and continue to achieve the timeliness, quality, and utility of data products achieved for the survey in prior years. In addition to MEPS support, AHRQ continues our investment in the Healthcare Cost and Utilization Project (HCUP), Consumer Assessment of Healthcare Providers and Systems (CAHPS), AHRQ Quality Indicators (AHRQ QIs), and the National Healthcare Disparities and Quality Report (NHQDR).

  Additionally, we not only produce valid and reliable datasets, but we also use them to inform policymakers. AHRQ has assembled exceptional analysts, data scientists, and economists. Their analytic expertise - the ability to take raw data and translate it into a coherent framework for understanding what factors influence healthcare use, costs, and quality - is the engine that drives AHRQ's ability to inform policymaking at the state and federal levels. By combining data and analytical insight, AHRQ's team develops reliable models that departmental and administrative

leadership can use to understand the effects of policy options on the delivery of healthcare services and health outcomes.

- U.S. Preventive Services Task Force: Created in 1984, the **U.S. Preventive Services Task Force** (USPSTF or Task Force) is an independent group of national experts in prevention and evidence-based medicine that works to improve the health of all Americans by making **evidence-based recommendations about clinical preventive services** such as screenings, counseling services, or preventive medications. The FY 2025 President's Budget provides an additional $6.5 million to support the Task Force's effort to address health equity, strengthen transparency and patient engagement, and increase responsiveness to new scientific evidence. With these additional funds, AHRQ will fund three to five additional reviews, which will increase the number of final recommendations in future years.

- Long COVID: The FY 2025 President's Budget continues $10.0 million in research on AHRQ's **Long COVID clinical care research agenda.** Now that the COVID public health emergency has ended, the debilitating effects of the Post-Acute Sequelae of COVID (aka Long COVID) for affected individuals have taken center stage. The White House recognizes AHRQ's research in caring for people suffering from Long COVID as a critical effort following the ending of the COVID-19 public health emergency. Long COVID has impacted many people across the nation since 2020 and persists for those who experience problems long-term and across multiple organ systems (e.g., neurologic, psychiatric, cardiac, pulmonary, musculoskeletal). The limited number of multi-specialty Long COVID clinics and inadequately prepared primary care providers nationwide are overwhelmed, with long wait lists and insufficient funding to deliver needed care. Patients and the healthcare delivery system are searching for trusted sources of truth and education about the latest diagnosis, treatments, and prognosis evidence. In FY 2025, AHRQ's $10.0 million investment continues and will focus on research on **identifying and disseminating Long COVID best practices care and delivery models.** AHRQ's research findings are set to inform HRSA's (and the VA's) investments in care delivery for patients suffering from Long COVID.

- Patient Safety and Improving Diagnostic Safety: AHRQ is the lead Federal agency for patient safety research and improvement. Our work helps healthcare systems and clinicians make care safer for patients. Patient safety includes the prevention of diagnostic errors, medical errors, injury, or other preventable harm to a patient during the process of healthcare and reducing the risk of unnecessary harm associated with healthcare. The FY 2025 President's Budget continues $20.0 million in funding focused on expanding research on diagnostic errors and leading the Secretary's Departmental initiative, the National Action Alliance on Patient Safety, disseminating and implementing the National Patient Safety Plan with healthcare systems and patients nationwide.

- Primary Care Research: AHRQ is the lead federal agency for Primary Care Research and improvement due to additional authorities added within the Affordable Care Act. The FY 2025 President's Budget again allocates $2.0 million to primary care research. Primary care research contributes to multiple Administration and HHS priorities, including expanding access to affordable care, addressing substance abuse disorders, improving mental health care, improving maternal healthcare, and advancing health equity.

- Behavioral Health: Due to the pandemic, economic uncertainty, and rising inequality, many more Americans are experiencing anxiety, depression, and other behavioral health problems, including unhealthy use of alcohol and other substances, such as opioids. Behavioral and mental health issues will most likely challenge those hit hardest by the pandemic. They often lack access to behavioral and mental health care, face stigma from their families and communities, and their conditions untreated or undertreated. Furthermore, these behavioral health concerns can lead to worse control of common chronic conditions such as hypertension, diabetes, heart disease, and premature mortality, fueling our nation's continued loss of life expectancy. Many patients experience multiple chronic physical conditions, and face increased risks due to mental and behavioral health conditions. Primary care providers are often the first point of contact with the health care system for people living with behavioral and mental health conditions and play a critical role in screening, preventing, diagnosing, and managing these conditions. Integrating behavioral healthcare into primary care is one of the most essential strategies for making behavioral healthcare widely available and accessible, thereby addressing the rising rates of mental illness, overdose, and suicide. Addressing mental and behavioral issues improves control of chronic physical conditions and better healthcare outcomes. The FY 2025 President's Budget will continue a $3.0 million investment that supports the management of substance use disorders in primary care and other ambulatory settings. An additional $4.5 million in investigator-initiated research grants is estimated to be focused on behavioral health integration.

- New Research Grants: Finally, the FY 2025 President's Budget will fund new research grants within the Health Services Research, Data, and Dissemination portfolio ($13.8 million) and Patient Safety research portfolio ($10.5 million). Given our limited ability to make additional scientific investments, AHRQ will signal to the field a desire for applications in high-priority topics by publishing special emphasis notices requesting applications for **age-friendly healthcare models, behavioral health integration into primary care, Long COVID care delivery models, sepsis control and prevention, and strategies to create resilient healthcare systems.** AHRQ will also continue the special emphasis notice for **maternal healthcare.**

Overview of Budget

AHRQ's FY 2025 President's Budget will continue to support both AHRQ's mission and our priority scientific research areas. Our FY 2025 discretionary budget authority request totals $387.3 million, an increase of $13.8 million or +3.7 percent from the FY 2023 Final level. AHRQ's total program level at the FY 2025 President's Budget level is $513.3 million, an increase of $28.8 million from the FY 2023 level. The total program level includes $126.0 million in mandatory funds from the Patient-Centered Outcomes Research Trust Fund (PCORTF), an increase of $14.9 million from the FY 2023 Final level.

Budget activity and research portfolio details are provided in the table on the following page.

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

Budget Detail by Activity and Research Portfolio
(Dollars in Thousands)

	FY 2023 Final [1/]	**FY 2024 CR Level** [1/]	**FY 2025 President's Budget**
Research on Health Costs, Quality and Outcomes (HCQO)	**$228,609**	**$228,609**	**$235,067**
HCQO: Patient Safety	89,615	89,615	89,615
HCQO: Health Services Research, Data and Dissemination (HSR) [1/]	111,103	111,103	111,103
HCQO: Digital Healthcare Research	16,349	16,349	16,349
HCQO: U.S. Preventive Services Task Force (USPSTF)	11,542	11,542	18,000
Medical Expenditure Panel Survey	**71,791**	**71,791**	**74,621**
Program Support	**73,100**	**73,100**	**77,657**
Total, Discretionary Funds, AHRQ	**$373,500**	**$373,500**	**$387,345**
PCORTF Transfer [2/]	111,070	118,000	126,000
Total, AHRQ Program Level	**$484,570**	**$491,500**	**$513,345**

[1/] The FY 2023 and 2024 columns have been adjusted to include research grants and contracts requested for Long COVID portfolio to provide comparability to the FY 2025 President's Budget that integrates this program into the HSR portfolio.
[2/] Mandatory Funds

The FY 2025 President's Budget provides $387.3 million for the following AHRQ programs:

- Patient Safety (+$0.0 million; total $89.6 million): The Patient Safety research portfolio aims to prevent, reduce, and mitigate patient safety risks and hazards associated with health care and their harmful impact on patients. The FY 2025 President's Budget provides $89.6 million to continue these critical activities, including $10.5 million in new research grants.

- Health Services Research, Data, and Dissemination (HSR) (+$0.0 million; total $111.1 million): HSR funds foundational health services research through research grant support to the extramural scientific community. The FY 2025 President's Budget level for the Health Services Research, Data and Dissemination portfolio is $111.1 million, the same level of support as the FY 2023 Final level. $70.7 million is requested for research grants, including $13.8 million in new research grants in FY 2025. The FY 2025 President's Budget also

continues $3.0 million in grant funding focused on opioid research, $2.0 million in continuation funding for primary care research, and $10.0 million in continuation grant and contract support focused on improving Long COVID care.

- Digital Healthcare Research (+$0.0 million; total $16.3 million): The Digital Healthcare Research portfolio conducts rigorous research to determine how the various components of the digital healthcare ecosystem can best come together to positively affect healthcare delivery and create value for patients and their families. By identifying and disseminating what works and developing evidence-based resources and tools, the portfolio has played a crucial role in the Nation's drive to accelerate the use of safe, effective, and patient-centered digital healthcare innovations. The FY 2025 President's Budget provides $16.3 million for this research portfolio, including $1.1 million in new research grant funding.

- The U.S. Preventive Services Task Force (+$6.5 million; $18.0 million): The U.S. Preventive Services Task Force (USPSTF) is an independent, volunteer panel of national experts in prevention and evidence-based medicine whose mission is to improve the health of all Americans by making evidence-based recommendations about the effectiveness of clinical preventive services and health promotion. AHRQ provides ongoing scientific, administrative, and dissemination support to assist the USPSTF in meeting its mission. The FY 2025 President's Budget provides $18.0 million for the Task Force, an increase of $6.5 million over the FY 2023 level to support the increasingly complex nature of evidence reviews carried out by the Task Force and their effort to address health inequities in their recommendation development. With these additional funds, AHRQ will fund three to five additional reviews, which will increase the number of final recommendations in future years.

- Medical Expenditure Panel Survey (+$2.8 million; total $74.6 million): The Medical Expenditure Panel Survey (MEPS) is the only national source for comprehensive annual data on how Americans use and pay for medical care. The MEPS is designed to provide annual estimates at the national level of the health care utilization, expenditures, and sources of payment and health insurance coverage of the U.S. civilian non-institutionalized population. The FY 2025 President's Budget provides an increase of $2.8 million to maintain the precision levels of survey estimates, maximize survey response rates, and continue to achieve timeliness, quality, and utility of data products specified for the survey in prior years.

- Program Support (+$4.6 million; total $77.7 million): Program support activities provide administrative, budgetary, logistical, and scientific support in the review, award, and monitoring of research and training awards and research and development contracts. AHRQ program staff serve as internal consultants for the Department's healthcare delivery improvement-focused activities. For example, program staff provides regulatory and benefit coverage policy development and CMMI technical evidence support for CMS, healthcare improvement consultations for IHS, HRSA, and SAMSHA clinical programs, and policy analytic support for ASPE and other technical support for the various Office of the Secretary divisions such as OASH (Long COVID, Primary Care, Environmental Change and Equity) and ASPR (healthcare systems resilience). Recruiting and retaining talented,

experienced, and dedicated clinical, research, and administrative staff members is central to AHRQ's ability to meet its objectives. The FY 2025 President's Budget provides an increase of $4.6 million above the FY 2023 Final level to support across-the-board salary increases for 2024 and 2025 and a slight increase for AHRQ's service providers.

- Patient-Centered Outcomes Research Trust Fund (PCORTF): The PCORTF will receive $126.0 million in mandatory funding in FY 2025, an increase of $14.9 million from the FY 2023 level. AHRQ will use these resources as required in authorization language to disseminate and implement patient-centered outcomes research (PCOR) research findings; obtain stakeholder feedback on the value of the information to be disseminated and to inform future efforts; assist users of health information technology in incorporating PCOR research findings into clinical practice; and provide training and career development for researchers and institutions in methods to conduct comparative effectiveness research.

Full-Time Equivalent (FTEs)

Finally, AHRQ seeks to promote economy, efficiency, accountability, and integrity in managing our research dollars to ensure that AHRQ is an effective steward of its finite resources. With our continued investment in successful programs that develop practical knowledge and tools, our research will result in measurable improvements in healthcare in America, gauged in terms of improved care delivery leading to higher quality of life and better patient outcomes, lives saved, and value gained for what we spend. The workforce at AHRQ includes talented scientific, programmatic, and administrative staff who work to fulfill our mission. The table below summarizes current full-time equivalent (FTE) levels funded with Budget Authority, other reimbursable funding, and the PCORTF. The figures for FY 2024 and FY 2025 are estimates for the PCORTF.

	FY 2023 Final Level	FY 2024 CR Level	FY 2025 Target Level
FTEs – Budget Authority	257	262	262
FTEs – PCORTF	22	30	35
FTEs – Other Reimbursable	1	2	2

Overview of AHRQ Performance

AHRQ's mission is operationalized through a broad array of scientific research and dissemination activities that reinforces the agency's competencies: 1) health services research, 2) practice improvement, 3) data and analytics, and 4) operational excellence. Given our historically underfunded position, priority-setting is essential in the activities and programs chosen to achieve the mission. These priorities are operationalized through the annual selection of priority research topics and the annual balancing between funding scientific evidence-creation activities versus the dissemination and implementation of actionable knowledge, national data gathering, and healthcare systems performance reporting activities.

AHRQ performance measurement begins with the refinement of existing measures or the development of new performance measures to calibrate the activities (grants and contracts), outputs (evidence creation), and near-term, intermediate, and long-term outcomes (knowledge dissemination, implementation, and impact). Performance information is gathered from existing data sources. When necessary, new data sources must be uncovered or developed. When new measures and data sources are used, the process must be field tested to ensure the measures can be operationalized. AHRQ assesses its operational performance using literature scans and input from strategic partners to identify research gaps, new evidence and strategies on patient safety and quality, and clinical preventive services and methods for reviewing scientific evidence generation and dissemination. This information provides AHRQ with an evidence-based method for prioritizing its program planning. AHRQ's most recent performance-based accomplishments include:

Medical Expenditure Panel Survey (MEPS). AHRQ expanded the MEPS Tables Compendia by 250, bringing the total number of tables available to the user population to 12,485. This represents twenty years of data for both the Household and Insurance Components, enabling the user to follow trends on various topics, including health insurance, accessibility and quality of care, medical conditions, and prescribed drugs. Data release schedules will be maintained. Also, MEPS data was used to publish two new briefs: 1) Any Use and "Frequent Use" of Opioids among Adults Aged 18-64 in 2020-2021, by Socioeconomic Characteristics; and 2) Any Use and "Frequent Use" of Opioids among Adults Aged 65 and Older in 2020-2021, by Socioeconomic Characteristics. (*Medical Expenditure Panel Survey Publication Details (ahrq.gov))*

Patient Safety. A new toolkit, Calibrate Dx: A Resource To Improve Diagnostic Decisions, focused on clinician calibration, is defined as better alignment between a clinician's confidence in their diagnostic performance and actual performance. The portfolio also continued to promote three other resources developed previously: Toolkit for Engaging Patients To Improve Diagnostic Safety, MeasureDx: A Resource to Identify, Analyze, and Learn From Diagnostic Safety Events, and *TeamSTEPPS to Improve Diagnosis.*

U.S. Preventive Services Task Force (USPSTF). Using a four-step process beginning with Topic Nomination and ending with Draft Evidence Review and Recommendation Statement, this program maintained recommendation statements for 89 preventive service topics, published 13 final recommendation statements, and posted 11 final evidence reports.

Health Services Research, Data, and Dissemination. AHRQ produced two briefs on outpatient opioid use, one for non-elderly and one for elderly adults, looking at socioeconomic characteristics including sex, race-ethnicity, income, insurance status, perceived health status, Census region, and Metropolitan Statistical Area (MSA) status. These briefs will be updated during FY 2025. Also, AHRQ updated on its website interactive maps that provide trends in opioid-related inpatient stays and emergency department visits at the national and state levels and a Neonatal Abstinence Syndrome (NAS) Among Newborn Hospitalizations interactive heat map that visualizes the rate of births diagnosed with NAS by state.

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

All Purpose Table

(Dollars in Millions)

Account and Program Name	FY 2023 Final [1]		FY 2024 CR		FY 2025 President's Budget		FY 2025 +/- FY 2023	
	$	FTE	$	FTE	$	FTE	$	FTE
AHRQ								
Research on Health Costs, Quality, and Outcomes (HCQO):								
Patient Safety	89.615		89.615		89.615		--	--
Health Services Research, Data and Dissemination	111.103		111.103		111.103		--	--
PHS Evaluation Tap (non-add)	--		--		--		--	--
Digital Healthcare Research	16.349		16.349		16.349		--	--
U.S. Preventive Services Task Force	11.542		11.542		18.000		6.458	--
Subtotal, HCQO	**228.609**		**228.609**		**235.067**		**6.458**	--
Budget Authority (non-add)......	*228.609*		*228.609*		*235.067*		6.458	--
PHS Evaluation Funds (non-add)......	--		--		--		--	--
Medical Expenditure Panel Survey......	**71.791**		**71.791**		**74.621**		**2.830**	--
Budget Authority (non-add)......	*71.791*		*71.791*		*74.621*		2.830	--
PHS Evaluation Tap (non-add)......	--		--		--		--	--
Program Support......	**73.100**	**257**	**73.100**	**262**	**77.657**	**262**	**4.557**	**5**
Budget Authority (non-add)......	*73.100*		*73.100*		*77.657*		4.557	--
PHS Evaluation Funds (non-add)......	--		--		--		--	--
Total, AHRQ Discretionary Funds......	**373.500**		**373.500**		**387.345**		**13.845**	--
Budget Authority (non-add)......	*373.500*		*373.500*		*387.345*		13.845	--
PHS Evaluation Funds (non-add)......	--		--		--		--	--
Patient Centered Outcomes Research Trust Fund Transfer	111.070	**22**	118.000	**30**	126.000	**35**	14.930	**13**
Total, AHRQ Program Level......	**484.570**		**491.500**		**513.345**		**28.775**	--
FY 2024 NEF								
Healthcare Cost and Utilization Project (HCUP)			*2.000*				--	--
Evidence Digital Knowledge Platform to Improve Health Care Delivery			*10.500*				--	--
Promoting Interoperability of Patient Safety Data			*1.500*				--	--
Data Website Redesign Project			*4.500*				--	--

1/ The FY 2023 Final and FY 2024 CR have been adjusted to include research grants and contracts provided for the Long COVID portfolio to provide comparability to the FY 2025 President's Budget that integrates this program into the HSR portfolio.

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

	FY 2023 Final		FY 2024 CR [1/]		FY 2025 President's Budget	
	No.	Dollars	No.	Dollars	No.	Dollars
RESEARCH GRANTS						
Non-Competing						
Patient Safety	78	36,533,545	95	44,672,034	103	48,058,003
Health Serv Res, Data & Diss	129	40,555,592	177	55,782,558	181	56,935,568
Digital Healthcare Research	31	9,724,650	40	12,442,928	42	13,280,979
U.S. Preventive Services Task Force	0	0	0	0	0	0
Total Non-Competing	238	86,813,787	312	112,897,520	326	118,274,550
New & Competing						
Patient Safety	36	16,173,093	24	10,831,701	23	10,460,583
Health Serv Res, Data & Diss	91	28,171,351	44	13,483,442	45	13,805,432
Digital Healthcare Research	19	3,895,842	9	1,906,072	5	1,068,021
U.S. Preventive Services Task Force	0	0	0	0	0	0
Total New & Competing	146	48,240,286	77	26,221,215	73	25,334,036
RESEARCH GRANTS						
Patient Safety	114	52,706,638	119	55,503,735	126	58,518,586
Health Serv Res, Data & Diss	220	68,726,943	221	69,226,000	226	70,741,000
Digital Healthcare Research	50	13,620,492	49	14,349,000	47	14,349,000
U.S. Preventive Services Task Force	0	0	0	0	0	0
TOTAL, RESEARCH GRANTS	384	135,054,073	389	139,118,735	399	143,608,586
CONTRACTS/IAAs						
Patient Safety		36,908,362		34,111,265		31,096,414
Health Serv Res, Data & Diss		42,376,057		41,837,000		40,362,000
Digital Healthcare Research		2,728,508		2,000,000		2,000,000
U.S. Preventive Services Task Force		11,542,000		11,542,000		18,000,000
Medical Expenditure Panel Survey		71,791,000		71,791,000		74,621,000
TOTAL CONTRACTS/IAAs		165,345,927		161,281,265		166,079,414
PROGRAM SUPPORT		73,100,000		73,100,000		77,657,000
GRAND TOTAL						
Patient Safety		89,615,000		89,615,000		89,615,000
Health Serv Res, Data & Diss		111,103,000		111,103,000		111,103,000
Digital Healthcare Research		16,349,000		16,349,000		16,349,000
U.S. Preventive Services Task Force		11,542,000		11,542,000		18,000,000
Medical Expenditure Panel Survey		71,791,000		71,791,000		74,621,000
Program Support		73,100,000		73,100,000		77,657,000
GRAND TOTAL		373,500,000		373,500,000		387,345,000

[1/] The FY 2023 Final and FY 2024 CR columns have been adjusted to include research grants and contracts requested for Long COVID to provide comparability to the FY 2025 President's Budget that integrates these programs into the HSR portfolio.

BUDGET EXHIBITS

AGENCY FOR HEALTCARE RESEARCH AND QUALITY

HEALTHCARE RESEARCH AND QUALITY

For carrying out titles III and IX of the PHS Act, part A of title XI of the Social Security Act, and section 1013 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, $387,345,000: Provided, That section 947(c) of the PHS Act shall not apply in fiscal year 2025: Provided further, That in addition, amounts received from Freedom of Information Act fees, reimbursable and interagency agreements, and the sale of data shall be credited to this appropriation and shall remain available until September 30, 2026.

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

Amounts Available for Obligation

(Dollars in Thousands)

General Fund Discretionary Appropriation:	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget
Appropriation (L/HHS, Ag, or, Interior)........	$373,500	$373,500	$387,345
Across-the-board reductions (L/HHS, Ag, or Interior)........			
Subtotal, Appropriation (L/HHS, Ag, or Interior)........			
Rescission........			
Reappropriation........			
Proposed Supplemental Appropriation........			
Proposed Rescission........			
Proposed Reappropriation........			
Subtotal, adjusted appropriation........			
Real transfer	$ -	$-	$ -
Comparable transfer from AHRQ to NIH........	(383)		
Subtotal, adjusted general fund discretionary appropriation........	$ 373,117	$ 373,500	$ 387,345
Trust Fund Discretionary Appropriation:			
Appropriation Lines........			
Transfer Lines for PHS Evaluation........			
Subtotal, adjusted trust fund discr. Appropriation........			
Total, Discretionary Appropriation........	$ 373,117	$ 373,500	$ 387,345
Mandatory Appropriation:			
Appropriation Lines........			
Transfer Lines for PCORTF (non-add)	$ 111,070	$ 118,000	$126,000
Subtotal, adjusted mandatory. appropriation........	$ 111,070	$ 118,000	$126,000
Offsetting collections from:			
Unobligated balance, start of year........			
Unobligated balance, end of year........			
Unobligated balance, lapsing........	$ 61		
Total obligations........	$ 484,126	$ 491,500	$ 513,345

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

Summary of Changes
(Dollars in Millions)

	Dollars	FTEs
FY 2023 Final		
Total estimated budget authority	$373.500	257
FY 2025 President's Budget		
Total estimated budget authority	$387.345	262
Net Change	$13.845	**+5**

	FY 2023 Final		FY 2025 President's Budget		FY 2025 +/- FY 2023	
	BA	FTE	BA	FTE	BA	FTE
Increases:						
Built-in:						
Annualization of 2023 commissioned corps pay increase	$0.966	5	$1.062	5	+$0.096	--
Annualization of 2023 civilian pay increase	$53.362	252	$58.782	257	+$5.420	+5
Subtotal, Built-in Increases	**$54.328**	**257**	**$59.844**	**262**	**+$5.516**	**+5**
B. Program:						
1. Health Services Research, Data and Dissemination	$111.103		$111.103		--	--
2. Patient Safety	$89.615		$89.615		--	--
3. Digital Healthcare Research	$16.349		$16.349		--	--
4. U.S. Preventive Services Task Force	$11.542		$18.000		+$6.458	--
5. Medical Expenditure Panel Survey	$71.791		$74.621		+$2.830	--
6. Program Support (non-pay)	$18.772		$17.813		-$0.959	--
Subtotal, Program Increases	**$319.172**	**--**	**$327.501**	**--**	**+$8.329**	**--**
Total Increases	**$373.500**	**257**	**$387.345**	**262**	**+$13.845**	**+5**
Decreases:						
A. Built-in:						
1. Pay Costs	--	--	--	--	--	--
Subtotal, Built-in Decreases	**--**	**--**	**--**	**--**	**--**	**--**
B. Program:						
	--	--	--	--	--	--
	--	--	--	--	--	--
Subtotal, Program Decreases	**--**	**--**	**--**	**--**	**--**	**--**
Total Decreases	**--**	**--**	**--**	**--**	**--**	**--**
Net Change	**--**	**--**	**--**	**--**	**+$13.845**	**+5**

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

Budget Authority by Activity
(Dollars in Millions)

	FY 2023 Final	**FY 2024 CR Level**	**FY 2025 President's Budget**
Research on Health Costs, Quality and Outcomes	$228.609	$228.609	$235.067
Budget Authority	*$228.609*	*$228.609*	*235.067*
PHS Evaluation Funds	--	--	--
Medical Expenditure Panel Survey	71.791	71.791	74.621
Budget Authority	*71.791*	*71.791*	*74.621*
PHS Evaluation Funds	--	--	--
Program Support	73.100	73.100	77.657
Budget Authority	*73.100*	*73.100*	*77.657*
PHS Evaluation Funds	--	--	--
Total, Budget Authority AHRQ	$373.500	$373.500	$387.345
Total, PHS Evaluation Fund, AHRQ	--	--	--
FTE (BA)	257	262	262

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

Authorizing Legislation [1/, 2/]

(Dollars in Millions)

	FY 2024 Amount Authorized	FY 2024 Amount Appropriated	FY 2025 Amount Authorized	FY 2025 President's Budget
Research on Health Costs, Quality, and Outcomes: Secs. 301 & 926(a) PHSA……………………..……..	SSAN	$ 225.609	SSAN	$235.067
Research on Health Costs, Quality, and Outcomes: Part A of Title XI of the Social Security Act (SSA) Section 1142(i) [3/ 4/]				
Budget Authority………………………………………				
Medicare Trust Funds [4/ 5/]				
Subtotal BA & MTF…………………………………..	_________	_________	_________	_________
	Expired [6/]		Expired [6/]	
Medical Expenditure Panel Surveys: Sec. 947(c) PHSA……………………………………..	SSAN	$ 71.791	SSAN	$ 74.621
Program Support: Sec. 301 PHSA……………………………………..…..	Indefinite	$73.100	Indefinite	$77.657
Evaluation Funds: Sec. 947(c) PHSA……………………………….……..		$0		$0
Total appropriations, AHRQ [2/]		$ 370.500		$387.345
Total appropriation against definite authorizations………				

SSAN = Such Sums As Necessary

[1/] Section 487(d) (3) PHSA makes one percent of the funds appropriated to NIH for National Research Service Awards available to AHRQ. Because these reimbursable funds are not included in AHRQ's appropriation language, they have been excluded from this table.

[2/] Excludes mandatory financing from the PCORTF.

[3/] Pursuant to Section 1142 of the Social Security Act, FY 1997 funds for the medical treatment effectiveness activity are to be appropriated against the total authorization level in the following manner: 70% of the funds are to be appropriated from Medicare Trust Funds (MTF); 30% of the funds are to be appropriated from general budget authority.

[4/] No specific amounts are authorized for years following FY 1994.

[5/] Funds appropriated against Title XI of the Social Security Act authorization are from the Federal Hospital Insurance Trust Funds (60%) and the Federal Supplementary Medical Insurance Trust Funds (40%).

[6/] Expired September 30, 2005.

Agency for Healthcare Research and Quality

Appropriations History Table (2015-2025) [1/]

		Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation
AHRQ 2015					
Budget Authority………………………..		$ -	$ -	$ 373,295,000	$363,698,000
PHS Evaluation Funds…………………..		$334,099,000	$ -	$-	$-
	Total………………..	$334,099,000	$ -	$373,295,000	$363,698,000
AHRQ 2016					
Budget Authority………………………..		$275,810,000	$ -	$236,001,000	$334,000,000
PHS Evaluation Funds…………………..		$ 87,888,000	$ -	$ -	$ -
	Total………………....	$363,698,000	$ -	$236,001,000	$334,000,000
AHRQ 2017					
Budget Authority………………………..		$280,240,00	$280,240,000	$324,000,000	$324,000,000
PHS Evaluation Funds…………………..		$83,458,000	$ -	$ -	$ -
	Total………………..	$363,698,000	$ 280,240,000	$224,000,000	$324,000,000
AHRQ 2018					
Budget Authority………………………..		$272,000,000	$300,000,000	$324,000,000	$334,000,000
PHS Evaluation Funds…………………..		$-	$ -	$ -	$ -
	Total………………..	$272,000,000	$300,000,000	$324,000,000	$334,000,000
AHRQ 2019					
Budget Authority……………………….		$255,960,000	$334,000,000	$334,000,000	$338,000,000
PHS Evaluation Funds…………………..		$ -	$ -	$ -	$ -
	Total………………..	$255,960,000	$334,000,000	$334,000,000	$338,000,000
AHRO 2020					
Budget Authority………………………..		$255,960,000	$339,809,000	$ -	$338,000,000
PHS Evaluation Funds…………………..		$ -	$ 18,408,000	$ -	$ -
	Total………………..	$255,960,000	$358,217,000	$ -	$338,000,000
AHRQ 2021					
Budget Authority……………………….. PHS Evaluation Funds…………………..		$256,660,000 $ -	$143,091,000 $199.909,000	$256,600,000 $0	$338,000,000 $0
	Total………………..	$256,660,000	$343,000,000	$256,600,000	$338,000,000
AHRQ 2022					
Budget Authority………………………..		$353,000,000	$250,792,000	$353,000,000	$350,400,000
PHS Evaluation Funds…………………..		$ 27,000,000	$129,208,000	$ 27,000,000	$ 0
	Total………………..	$380,000,000	$380,000,000	$380,000,000	$350,400,000
AHRQ 2023					
Budget Authority………………………..		$376,091,000	$385,000,000	$373,500,000	$373,500,000
PHS Evaluation Funds…………………..		$ 39,800,000	$0	$0	$ 0
	Total………………..	$415,891,000	$385,000,000	$373,500,000	$373,500,000
AHRQ 2024					
Budget Authority………………………..		$402,500,000		$370,500,000	
PHS Evaluation Funds…………………..		$45,000,000		$0	
	Total………………..	$447,500,000		$370,500,000	
AHRQ 2025					
Budget Authority..		$387,345,000			
PHS Evaluation Funds...............................		$0			
	Total	$387,345,000			

[1/] Excludes mandatory financing from the PCORTF.

Agency for Healthcare Research and Quality

Appropriations Not Authorized by Law

Program	Last Year of Authorization	Authorization Level	Appropriations in Last Year of Authorization	Appropriations in FY 2024
Research on Health Costs, Quality, and Outcomes	FY 2005	Such Sums As Necessary	$260,695,000	$373,500,000

NARRATIVE BY ACTIVITY

Research on Health Costs, Quality, and Outcomes (HCQO)				
	FY 2023 Final	**FY 2024 CR Level**	**FY 2025 President's Budget**	**FY 2025 +/- FY 2023**
BA	$228,609,000	$228,609,000	$235,067,000	+$6,458,000
PHS Evaluation Funds	$0	$0	$0	+$0

Authorizing Legislation: Title III and IX and Section 947(c) of the Public Health Service Act and Section 1013 of the Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003.

FY 2025 Authorization………………………………………………………….....Expired.

Allocation Method................Competitive Grant/Cooperative Agreement, Contracts, and Other.

Summary

AHRQ's program level for Research on Health Costs, Quality, and Outcomes (HCQO) at the FY 2025 President's Budget level is $235.1 million, an increase of $6.5 million from the FY 2023 Final level. A detailed table by research portfolio is provided below. Program narratives for each portfolio follow.

AHRQ Budget Detail

(Dollars in Millions)

Division	FY 2023 Final [1]/	FY 2024 CR Level [1]/	FY 2025 President's Budget
Research on Health Costs, Quality, and Outcomes (HCQO):			
Patient Safety	$ 89.615	$ 89.615	$ 89.615
Health Services Research, Data and Dissemination [1]/	111.103	111.103	111.103
Digital Healthcare Research	16.349	16.349	16.349
U.S. Preventive Services Task Force	11.542	11.542	18.000
Subtotal, HCQO	**228.609**	**228.609**	**235.067**
Budget Authority	***228.609***	***228.609***	***235.067***
PHS Evaluation Funds	***0.000***	***0.000***	***0.000***

[1]/ The FY 2023 and 2024 columns have been adjusted to include research grants and contracts requested for Long COVID to provide comparability to the FY 2025 President's Budget that integrates these programs into the HSR portfolio.

HCQO: Patient Safety				
	FY 2023 Final	FY 2024 CR Level	FY 2025 President's Budget	FY 2025 +/- FY 2023
Budget Authority	$89,615,000	$89,615,000	$89,615,000	$0
PHS Evaluation Funds	$0	$0	$0	$0

Authorizing Legislation: Title III and IX and Section 947(c) of the Public Health Service Act
FY 2025 Authorization……………….…….…………………………………………..………Expired.
Allocation Method………………..….....Competitive Grant/Cooperative Agreement, Contracts, and Other.

Patient Safety Research Program Description: The objectives of this program are to prevent, mitigate, and decrease patient safety risks and hazards, as well as quality gaps associated with health care and their harmful impact on patients. This mission is accomplished by funding health services research in the following activities: Patient Safety Risks and Harms, Healthcare-Associated Infections (HAIs), and Patient Safety Organizations (PSOs). A table showing the allocation by these activities is provided below. Projects within the program seek to inform multiple stakeholders, including healthcare organizations, providers, policymakers, researchers, consumers, and others; disseminate information and implement initiatives to enhance patient safety and quality; improve teamwork and communication to improve organizational culture in support of patient and workforce safety; and maintain vigilance through adverse event reporting and surveillance to identify trends and prevent future patient and workforce harm.

Patient Safety Research Activities
(in millions of dollars)

	FY 2023 Final	FY 2024 CR Level	FY 2025 President's Budget
Patient Safety Risks and Harms	$49.123	$49.123	$49.123
Patient Safety Organizations (PSOs)	4.821	4.821	4.821
Healthcare-Associated Infections (HAIs)	35.671	35.671	35.671
Patient Safety Research Activities	**$89.615**	**$89.615**	**$89.615**

FY 2025 Budget Request

FY 2025 Budget Policy: The FY 2025 President's Budget level for Patient Safety research is $89.6 million, the same level of support as the FY 2023 Final level. AHRQ allocates these funds to our three patient safety research activities. Details are provided below.

Research Related to Risk and Harms

The FY 2025 President's Budget level for Research related to Risk and Harms is $49.1 million, maintaining the support provided in the FY 2023 Final level. Research Related to Risk and Harms will fund $31.0 million in continuing research grants, $4.5 million in new grants, and $13.6 million in research contracts to support ongoing patient safety research, resource development, dissemination, and implementation.

The FY 2025 President's Budget level also will allow AHRQ to maintain $20.0 million in research support for diagnostic safety. Of this amount, $16.0 million will support non-competing grants focusing on diagnostic safety, including the Diagnostic Safety Centers of Excellence funding. The remaining $4.0 million will support new diagnostic safety grants and contracts including a learning community of AHRQ's current diagnostic safety grantees.

The FY 2025 President's Budget level continues grants for Patient Safety Learning Labs that use systems engineering approaches to reduce patient harm due to treatment and diagnostic errors. Through another grant initiative, AHRQ will provide continuation and new funding for grants to identify systems-based approaches to improve patient safety by improving workforce well-being. AHRQ also intends to release a new funding opportunity announcement examining how artificial intelligence (AI) enabled tools impact the delivery of safe, high-quality care.

In FY 2025, AHRQ will continue support of the Patient Safety Network (PSNet), AHRQ's online comprehensive patient safety resource that includes links to key patient safety peer-reviewed journal articles and new content such as primers on important patient safety topics, interviews with patient safety experts and web-based morbidity and mortality rounds. In FY 2025 AHRQ will award a new contract to continue synthesizing the results of patient safety funded grants and contracts and support a learning collaborative for the Patient Safety Learning Labs. Finally, AHRQ will continue its work on the Quality and Safety Review System (QSRS). QSRS is being used to help understand the extent of medical errors taking place in U.S. hospitals, and, currently, QSRS is used to produce a national rate of Hospital Acquired Conditions (HACs). QSRS generates adverse event rates and trends in performance. AHRQ developed QSRS to function as an improved patient safety surveillance system and serve as a replacement for the Medicare Patient Safety Monitoring System (MPSMS).

Healthcare-Associated Infections

The FY 2025 President's Budget level provides $35.7 million, the same level of support as the FY 2023 Final level, to fund research grants and contracts to advance the generation of new knowledge and promote the application of proven methods for preventing Healthcare-Associated Infections (HAIs). Within this amount, $10.0 million will be invested to support the national Combating Antibiotic Resistant Bacteria (CARB) initiative. Program activities include efforts in antibiotic stewardship, with a focus on ambulatory and long-term care settings and hospitals. At the FY 2025 President's Budget level, the HAI portfolio estimates $17.1 million in noncompeting grants, $6.0 million for new research grants, and $12.6 million in research contract support. At the FY 2025 President's Budget level, the HAI portfolio will assess the AHRQ's experience with the Comprehensive Unit-based Safety Program (CUSP) projects to date and current HAI prevention and antibiotic resistance issues, to determine which new CUSP projects to initiate. Two potential FY 2025 projects are CUSP to prevent multi-drug resistant organisms (MDROs) and CUSP to support

universal decolonization in nursing homes (see Program Portrait on the following page). The evidence and products of the CUSP projects are shared with other HHS OPDIVs. CDC and CMS staff serve on the Technical Expert Panels of projects and are involved in developing and disseminating toolkits produced by the projects.

Patient Safety Organization (PSO)

The FY 2025 President's Budget level provides $4.8 million to continue conformance with the Patient Safety Act requirements, the same level of support as was provided in the FY 2023 level. The Patient Safety Act provides privilege and confidentiality protection to certain information, including that prepared by healthcare providers working with PSOs for quality and safety improvement activities throughout the country. The Patient Safety Act promotes increased voluntary patient safety event reporting and analysis, as patient safety work products reported to a PSO generally cannot be used as part of litigation (e.g., medical malpractice claims) and other proceedings at the Federal, state, local, or administrative level. HHS issued regulations to implement the Patient Safety Act, which authorized the certification of PSOs. AHRQ administers the Patient Safety Act provisions dealing with PSO certification requirements. AHRQ will continue to maintain the Network of Patient Safety Databases (NPSD) and expand the data available to the public as the number of providers and PSOs contributing data to the NPSD grows. To make the data available for meaningful, national learning purposes, the NPSD will continue to develop informational tools, such as dashboards and chartbooks.

Program Portrait: Comprehensive Unit-based Safety Program (CUSP) -- Dissemination and Implementation Efforts

1. Comprehensive Unit-based Safety Program

FY 2023 Final Level:	$5.0 million
FY 2025 President's Budget Level:	$5.0 million
Change:	$0.0 million

The Comprehensive Unit-based Safety Program (CUSP), which was developed and shown to be effective with AHRQ funding, contributes to improvement by supporting safety culture, teamwork, and communication, together with a checklist of evidence-based safety practices. CUSP was highly effective in reducing central line-associated blood stream infections in more than 1,000 ICUs that participated in AHRQ's nationwide CUSP implementation project for central line-associated blood stream infections. Subsequently, AHRQ expanded the application of CUSP to prevent other HAIs, including catheter-associated urinary tract infections in hospitals and long-term care facilities, surgical site infections and other surgical complications in inpatient and ambulatory surgery, and ventilator-associated events. AHRQ has also expanded the application of CUSP to improving antibiotic use in multiple healthcare settings.

AHRQ will provide $5.0 million for CUSP activities at the FY 2025 President's Budget level, similar to the prior year. AHRQ will assess the history and experience with AHRQ's CUSP projects to date, as well as current HAI and antibiotic resistance issues, to determine which new CUSP project to initiate. Two potential FY 2025 projects are: CUSP to prevent multi-drug resistant organisms (MDROs) and CUSP to support universal decolonization in nursing homes.

In FY 2025, implementation activities in the CUSP for Methicillin-Resistant Staphylococcus Aureus (MRSA) Prevention project will continue using FY 2020 and FY 2021 funds. The ICU and non-ICU cohort will be completed in Q1 of FY 2025. The high-risk surgical services and long-term care cohorts will continue throughout FY 2025, ending activities in September 2025. Finally, the CUSP for Telemedicine project (official title--AHRQ Safety Program for Telemedicine: Improving Antibiotic Use) began implementation activities for improving antibiotic use in the telemedicine setting in June 2024, extending throughout FY 2025, using FY 2023 funds.

FY 2023 Patient Safety Accomplishments by Research Activity

Patient Safety Risks and Harms: The issue of diagnostic safety has not received the same level of attention as other patient safety harms. In a study of patients seeking second opinions from the Mayo Clinic, researchers found that only 12 percent were correctly diagnosed by their primary care providers. More than 20 percent had been misdiagnosed, while 66 percent required some changes to their initial diagnoses. Therefore, in FY 2023, AHRQ funded new grants focused on improving diagnostic safety and quality. In FY 2023, AHRQ also supported the second year of the Diagnostic Safety Centers of Excellence grants. These grants explore how to address different diagnostic safety challenges in addition to creating the infrastructure for continued research in this area. During FY 2023, AHRQ held two webinars with grantees to establish a learning collaborative where grantees discuss their work and learn from each other. In early FY 2023, AHRQ posted a new toolkit, Calibrate Dx: A Resource to Improve Diagnostic Decisions, focused on clinician calibration, defined

as better alignment between a clinician's confidence in their diagnostic performance and actual performance. In FY 2023, AHRQ also continued to promote two other resources developed previously: *Toolkit for Engaging Patients To Improve Diagnostic Safety*, *MeasureDx: A Resource to Identify, Analyze, and Learn From Diagnostic Safety Events* and *TeamSTEPPS to Improve Diagnosis.* In late FY 2023, AHRQ awarded new contracts to spread further and evaluate the four tools listed above.

In FY 2023, AHRQ funded 10 Patient Safety Learning Lab (PSLL) grants and continued support for ongoing labs to address both treatment and diagnostic-related harms. The PSLLs apply systems engineering approaches to address diagnostic and treatment errors in health care. Other significant FY 2023 work includes posting research summaries on patient safety topics to the AHRQ website. The three summaries published in FY 2023 are Improving Healthcare Safety by Engaging Patients and Families, Improving Healthcare Safety by Enhancing Health Information Technology and Health Information Exchange, and Improving Healthcare Safety by Enhancing Healthcare Facility Design. AHRQ will continue to post new research summaries in FY 2024.

According to the Joint Commission, 80 percent of serious medical errors involve miscommunication between clinical teams when patient responsibility is transferred or handed off from one clinician to another. In FY 2023, AHRQ further developed projects that have demonstrated impact in improving patient safety, including successful initiatives that seamlessly integrate evidence-based resources into practice, such as TeamSTEPPS® (Team Strategies and Tools to Enhance Performance and Patient Safety) and the Surveys on Patient Safety Culture. These projects address the challenges of healthcare teamwork, communication, and coordination among provider teams. Better teamwork and establishing safety cultures in healthcare organizations are critically important to patient safety. Both topics are widely recognized as foundational bases on which patient safety can be improved. In FY 2023, AHRQ released TeamSTEPPS 3.0, which modernized the curriculum by streamlining content and addressing how healthcare is delivered today, including a focus on patient and family-centered care and virtual teams.

Healthcare-Associated Infections (HAIs): In FY 2023, AHRQ made significant progress in three CUSP projects.

1) CUSP for Improving Surgical Care and Recovery (official title: AHRQ Safety Program for Improving Surgical Care and Recovery) completed work with nearly 350 hospitals in over 40 States in December 2022. The hospitals ranged from those with fewer than 50 beds to those with more than 500 beds. The first cohort addressed colorectal surgery, the second cohort added a focus on orthopedic surgery, the third cohort added a focus on gynecological surgery, and a fourth cohort of over 100 hospitals added a focus on emergency general surgery. Significant improvement was observed in many clinical processes and outcome measures. An educational toolkit informed by the cohorts' experience was released on the AHRQ website in June 2023, coinciding with the Association for Professionals in Infection Prevention and Epidemiology (APIC) Conference.

2) CUSP for Methicillin-Resistant Staphylococcus Aureus (MRSA) Prevention (official title: AHRQ Safety Program for MRSA Prevention), which aims to reduce MRSA infections in

ICUs, non-ICUs, high-risk surgical services, and long-term care facilities in setting-specific cohorts, continued implementation in approximately 200 ICUs and non-ICUs in 2023, completing implementation in September 2023. Data collection continues through January 2024. Additionally, implementation in over 100 high-risk surgical services began in January 2023. Finally, over 300 nursing homes are participating in the long-term care cohort, which kicked off in June 2023. Educational toolkits corresponding to each setting-specific cohort will be produced for lasting impact after completing the project.

3) CUSP for Telemedicine (official title: AHRQ Safety Program for Telemedicine: Improving the Diagnostic Process and Improving Antibiotic Use) was awarded in June 2022, and the virtual kickoff meeting was held shortly thereafter in the same month. The antibiotic stewardship phase kicked off in June 2023 and aims to recruit 300-500 telemedicine practices. A Technical Expert Panel focused on this cohort was held in September 2023. The project will result in a toolkit posted on the AHRQ website after it is completed in 2026.

Patient Safety Organizations (PSOs): The U.S. Department of Health & Human Services was directed by the Patient Safety and Quality Improvement Act of 2005 (Patient Safety Act) to create and maintain a Network of Patient Safety Databases (NPSD) to provide an interactive, evidence-based, management resource for healthcare providers, Patient Safety Organizations (PSOs) listed by AHRQ, and others. In June 2019, AHRQ operationalized the NPSD with the release of the NPSD dashboards, the first NPSD data reporting tool available to the public, and in December 2019, it issued an accompanying NPSD Chartbook. In August 2020, a new NPSD Chartbook and NPSD Dashboards with data reflecting over 619,000 additional records was released. As of September 2023, more than 2.6 million records are reflected in the NPSD Chartbook and NPSD Dashboards. Additionally, a supplemental 2022 Falls dashboard was added, incorporating a new statistical method (frequent pattern-mining), new topic areas (including patient activity before fall and risk factors for falls), richer analysis by dis-aggregating falls information by age groups, and re-organization of data to be more reader-friendly. In 2023, the Falls dashboards were combined into one enhanced set of dashboards, and this approach is being used as a prototype for future enhancements to other existing dashboards, starting with the Medication or Other Substance Dashboard in 2023. In March 2023, AHRQ issued an NPSD Data Spotlight, *Falls: Associated Factors and Clinical Outcomes*. A second fall prevention spotlight was issued in September 2023, *Patterns of Fall Interventions*. Two NPSD Chartbooks were issued in 2023, one that is Fall-specific and a second that addresses broader patient safety concerns as reflected in the NPSD data. The NPSD is the first publicly available online resource that captures non-identifiable information on patient safety events collected by AHRQ-listed PSOs and their participating providers across the U.S. PSOs collect data using AHRQ's Common Formats for Event Reporting - Hospitals, a standardized reporting format using common language and definitions of patient safety events.

In May 2022, AHRQ issued new Common Formats for Event Reporting – Diagnostic Safety, which is intended to help healthcare providers collect data for analysis of Diagnostic Safety Events in a standardized manner across healthcare settings and specialties to learn about how to improve diagnostic safety and better support clinicians in the diagnostic process. The Patient Safety Act also required AHRQ to prepare a Report to Congress on effective strategies for reducing medical errors and increasing patient safety with deadlines tied to the operationalization of the NPSD. In December

2020, AHRQ made a draft report available to Congress for the National Academy of Medicine review and public comment. In November 2021, AHRQ submitted the final report to Congress, "Strategies to Improve Patient Safety: Final Report to Congress Required by the Patient Safety and Quality Improvement Act of 2005."

Key Outputs and Outcomes Tables with Performance Narrative: Patient Safety

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/- FY 2024 Target
1.3.38 Increase the number of users of research using AHRQ-supported research tools to improve patient safety culture (Outcome)	FY 2023: 2,136 users of research	N/A (Retired 2023)	N/A (Retired 2023)	N/A
1.3.41 Increase the cumulative number of evidence-based resources and tools available to improve health care quality and reduce the risk of patient harm. (Outcome)	FY 2023: 305 tools	325 tools	350 tools	+25 tools
1.3.64 Increase the number of sites participating in the CUSP for MRSA prevention project	FY 2023: 431 sites	N/A (Retired 2023)	N/A (Retired 2023)	N/A
1.3.65 Increase the number of voluntary SOPS® survey and SOPS® supplemental items ever submitted to the AHRQ SOPS® Databases	FY 2024: Result Expected Sep 30, 2024	16,531 voluntary SOPS® survey and SOPS® supplemental items	18,081 voluntary SOPS® survey and SOPS® supplemental items	+1,550 voluntary SOPS® survey and SOPS® supplemental items
1.3.66 Increase the total number of recipients of SOPS® information through SOPS® program outreach activities	FY 2024: Results Expected Sep 30, 2024	65,118 total number of recipients of SOPS® program information	69,497 total number of recipients of SOPS® program information	+4,379 total number of recipients of SOPS® program information
1.3.67 Increase the number of telehealth practices participating in the CUSP for Telemedicine project's Antibiotic Stewardship cohort	FY 2024: Results Expected Sep 30, 2024	100 telemedicine practices	Retire	N/A

1.3.38: Increase the number of users of research implementing AHRQ-supported research tools to improve patient safety culture

As an indicator of the number of research users, the Agency relies partly on the Surveys on Patient Safety Culture™ (SOPS®). AHRQ initiated the SOPS program to support a culture of patient safety and quality improvement in the Nation's healthcare system. The safety culture surveys and related resources are available for hospitals, nursing homes, medical offices, community pharmacies, and ambulatory surgery centers. Each SOPS survey has an accompanying toolkit containing survey forms, items and dimensions, a survey user's guide, and a data entry and analysis tool. Healthcare organizations can use SOPS to raise staff awareness about patient safety culture, examine trends in culture over time, conduct internal and external findings tracking, and identify strengths and areas for improvement. The SOPS surveys can be used to assess the safety culture of individual units and departments or organizations as a whole. Since the 2004 release of the first SOPS survey, thousands of healthcare organizations have downloaded the surveys and related resources from the AHRQ website, implemented them, and chosen to submit the resulting data to the SOPS databases. The interest in these resources has remained strong over the past 16 years as evidenced by submissions to the databases, orders placed for various products, participation in SOPS webinars, and requests for technical assistance.

The SOPS databases were established in response to requests from SOPS users and patient safety researchers. AHRQ established the SOPS databases as central repositories for survey data from healthcare organizations that have administered the SOPS and have chosen to submit their data to the databases. Upon meeting minimal eligibility requirements, healthcare organizations can voluntarily submit their survey data for aggregation and compare their safety culture survey results to others. AHRQ moved, in 2014, to bi-annual data submission to enhance accuracy of the survey results and reduce the burden on organizations.

For the purposes of reporting, AHRQ defines “SOPS users” as those organizations that submit results to the databases. This number is only a portion of the total number of users of the SOPS surveys and products; others access the SOPS surveys and materials – which AHRQ is aware of through technical assistance requests and Web downloads – but do not submit data to the databases.

For FY 2023, the SOPS databases encompass a total of 2,136 users of research, including 243 ambulatory surgery centers (2023 report); 400 hospitals (2022 Hospital 2.0 Survey Database Report); 1,100 medical offices (2022 report); 62 nursing homes (2022 report); and 331 community pharmacies (2021 report).

Healthcare organizations provide the surveys to AHRQ voluntarily. Based on previous trends in reporting, due to COVID-19, the number of SOPS users in 2020 and 2021 were significantly less than in 2019. The AHRQ program suspended the Nursing Home SOPS data submission in 2020 due to competing priorities of nursing homes and the patient care demands required of nursing homes due to the COVID-19 pandemic. Further, as a result of COVID-19, fewer hospitals, medical offices, and ambulatory surgery centers submitted data to the database for FY 2023.

The FY 2022 target for 1.3.38 was adjusted based on FY 2020 and 2021 results. However, due to ongoing post-pandemic healthcare challenges (limited resources, staff shortages, etc.), new SOPS data numbers from hospitals (Jul 2022) and nursing homes (Sep 2022) are significantly lower than in previous years. There are no plans to collect data on the Community Pharmacy Survey.

The FY 2023 target was adjusted to 2,325. The lower target number resulted from the ongoing challenges that the COVID-19 pandemic had presented. Consequently, these challenges affected participation by healthcare organizations (that may have planned to administer the SOPS survey) so drastically that even the adjusted Target of 2.325 research users was not met. This measure was retired at the end of FY 2023, as it no longer accurately captures program outcomes.

Two (2) new patient safety measures have been introduced for FY 2024 to depict program activities and outcomes in terms of how healthcare organizations can use SOPS to raise staff awareness about patient safety culture, examine trends in culture over time, and identify strengths and areas for improvement.

1.3.41: Increase the cumulative number of evidence-based resources and tools available to improve health care quality and reduce the risk of patient harm.

A major output of the Patient Safety Portfolio is the availability of evidence-based resources and tools that healthcare organizations can utilize to improve the care they deliver and specifically patient safety. An expanding set of evidence-based tools is available due to ongoing investments to generate knowledge through research and synthesize and disseminate this new knowledge in the optimal format to facilitate its application.

The Agency continues to provide many resources and tools to improve patient safety. Some examples of accomplishments in the last three (3) fiscal years include:

- AHRQ Patient Safety Network (AHRQ PSNet) resources, including Primers and Web M&M (Morbidity and Mortality Rounds) Collections;
- TeamSTEPPS for Diagnosis Improvement Module;
- TeamSTEPPS 3.0, an update to the previous version of the TeamSTEPPS program;
- AHRQ Patient Safety Organizations (PSOs) collection, including Common Formats (standardized specifications for reporting patient safety events) and the newest edition of the Format for Event Reporting of Diagnostic Safety;
- Guide to Improving Patient Safety in Primary Care Settings by Engaging Patients and Families;
- Making Healthcare Safer I, II, III Report to show a positive impact of patient safety practices on the reduction of medical errors;
- Making Healthcare Safer IV Report to identify emerging trends and needs in the patient safety field. The first rapid review is Potential Harms Resulting from Video-Based Telehealth;
- 2022 National Healthcare Quality and Disparities Report;
- Diagnostic Safety and Quality collection includes Measure Dx: A Resource To Identify, Analyze, and Learn From Diagnostic Safety Events and Calibrate Dx: A Resource To Improve Diagnostic Decisions toolkits, several Issue Briefs, and Journal Articles.

The Patient Safety Portfolio is projecting that the number of evidence-based resources and tools will continue to increase, with a confirmed cumulative number of 305 in FY 2023, and projected cumulative number of 325 in FY 2024, and 350 tools in FY 2025.

1.3.64 Increase the number of sites participating in the CUSP for MRSA prevention project

A performance measure was developed for FY2023 concerning an HAI project, CUSP for Methicillin-Resistant Staphylococcus Aureus (MRSA) Prevention. This project was initiated in response to elevated national MRSA rates and in support of the National Action Plan to Prevent Healthcare-Associated Infections, the National Action Plan for Combating Antibiotic-Resistant Bacteria, and Healthy People 2030 MRSA reduction targets. The project aims to prevent MRSA infection in ICUs, non-ICUs, high-risk surgical services, and long-term care facilities over the 5-year period. The project's first phase focuses on ICUs and non-ICUs, supported by FY 2020 funds. The project's second phase focuses on high-risk surgical services in one cohort, and long-term care facilities in the final cohort. Both of these cohorts are supported with FY2021 funds.

In FY 2023, recruitment was completed for the high-risk surgical services and long-term care cohorts, including over 100 surgical services and over 300 long-term care facilities, surpassing the performance measure of 150 total in these cohorts combined. This measure was retired at the end of FY 2023, as recruitment for this project has ended.

1.3.65 Increase the number of voluntary SOPS survey and SOPS supplemental items ever submitted to the AHRQ SOPS Databases

Since 2001, the AHRQ SOPS program has supported AHRQ's mission by advancing the scientific understanding of patient safety culture in healthcare settings. Patient safety culture is the extent to which the beliefs, values, and norms shared by staff throughout an organization support and promote patient safety. Patient safety culture can be measured by determining what is rewarded, supported, expected, and accepted in a healthcare organization as it relates to patient safety. The AHRQ SOPS Program develops surveys and supplemental item sets, tools, and guidance to measure patient safety culture in selected facilities. In addition, the SOPS Program conducts educational programs and research to further knowledge of the patient experience of care.

Currently, SOPS Surveys include (1) Ambulatory Surgery Center SOPS; (2) Community Pharmacy SOPS; (3) Hospital SOPS (supplemental item sets on Health Information Technology; Value and Efficiency; Workplace Safety); (4) Medical Office SOPS (supplemental item sets on Diagnostic Safety; Value and Efficiency); and (5) Nursing Home SOPS (supplemental item sets on Workplace Safety).

Healthcare facilities can use these survey assessment tools to (1) raise staff awareness about patient safety; (2) assess the current status of patient safety culture; (3) identify strengths and areas for patient safety culture improvement; (4) examine trends in patient safety culture over time; and (5) evaluate the cultural impact of patient safety initiatives and interventions.

AHRQ established the SOPS Databases as central repositories for survey data from each SOPS survey and SOPS supplemental item set. Participation in the SOPS Databases is free and open to users of the surveys to voluntarily submit their data to the appropriate database. Healthcare facilities that administer supplemental item sets with the companion SOPS survey can also submit data to the appropriate database. Participating healthcare facilities receive a customized feedback report with their own results compared with the Database results, which can inform safety program improvement efforts by participating sites.

1.3.67 Increase the number of telemedicine practices participating in the CUSP for Telemedicine project's Antibiotic Stewardship cohort

A performance measure has been developed in connection with an HAI program-funded project, CUSP for Telemedicine: Diagnostic Accuracy and Antibiotic Stewardship. AHRQ's HAI program supports work to prevent HAIs and to combat antibiotic-resistant bacteria. This project was initiated to support the National Action Plan for Combating Antibiotic-Resistant Bacteria. Appropriate antibiotic use improves patient outcomes, decreases the development of resistant infections, and reduces adverse events. Given the rapid expansion of telemedicine, the need for antibiotic stewardship support in telehealth is critical. The project aims to improve the implementation of antibiotic stewardship in the telemedicine setting by developing and implementing a toolkit that will be available for public use. In FY 2024, this project plans to recruit 100 telehealth practices to participate in the antibiotic stewardship cohort.

Mechanism Table:

Patient Safety
(Dollars in Thousands)

	FY 2023 Final		FY 2024 CR Level		FY 2025 President's Budget	
RESEARCH GRANTS	**No.**	**Dollars**	**No.**	**Dollars**	**No.**	**Dollars**
Non-Competing……………	78	36,534	95	44,672	103	48,058
New & Competing……………..	36	16,173	24	10,832	23	10,461
Supplemental………………	0	0	0	0	0	0
TOTAL, RESEARCH GRANTS…..	**114**	**52,707**	**119**	**55,504**	**126**	**58,519**
TOTAL CONTRACTS/IAAs…..		**36,908**		**34,111**		**31,096**
TOTAL……………………		**$ 89,615**		**$ 89,615**		**$ 89,615**

5-Year Funding Table:

FY 2021: $71,615,000
FY 2022: $79,615,000
FY 2023 Final: $89,615,000
FY 2024 CR Level: $89,615,000
FY 2025 President's Budget: $89,615,000

CQO: Health Services Research, Data and Dissemination				
	FY 2023 Final [1]/	FY 2024 CR Level [1]/	FY 2025 President's Budget	FY 2025 +/- FY 2023
Budget Authority	$111,103,000	$111,103,000	$111,103,000	$0
PHS Evaluation Funds	$0	$0	$0	$0

[1]/ The FY 2023 and FY 2024 columns have been adjusted to include research grants and contracts requested for Long COVID to provide comparability to the FY 2025 President's Budget that integrates these programs into the HSR portfolio.

Authorizing Legislation: Title III and IX and Section 947(c) of the Public Health Service Act
FY 2025 Authorization…………………………………………………………..………Expired.
Allocation Method…………Competitive Grant/Cooperative Agreement, Contracts, and Other.

Health Services Research, Data, and Dissemination (HSR) Program Description: The principal goals of HSR are to identify the most effective ways to organize, manage, finance, and deliver healthcare that is high quality, safe, equitable, and high value. The portfolio first conducts research to identify the most pressing questions faced by clinicians, health system leaders, policymakers, and others about how to provide best the care patients need, together with appropriate solutions. These questions include ones about how hospitals can address life-threatening infections in their intensive care units and how primary care practices can find and use the best evidence to reduce their patients' chances of developing heart disease or having a stroke. It also includes questions about critical public health crises, such as the nation's opioid epidemic. This research is done both through investigator-initiated and directed research grant programs, as well as through research contracts.

The next step in the HSR continuum is to implement scientific research findings. AHRQ supports the implementation of research findings by creating practical tools and resources that professionals on the front lines of health care and policy making can use in real-world settings. For instance, AHRQ has developed a model program for shared decision-making between clinicians and their patients, along with creating modules to train physicians and nurses on using the program and training others to use it. In addition, AHRQ ensures that these kinds of resources are widely available by working with partners inside and outside of HHS through public-private partnerships that maximize AHRQ's expertise by leveraging these organizations' own networks and members.

Finally, AHRQ creates and disseminates data and analyses of key trends in healthcare quality, safety, equity, and cost to help users understand and respond to what is driving care delivery today. These data and analyses include statistical briefs, interactive information presentations on a national and state-by-state basis, infographics, and articles and commentaries in leading clinical and policy outlets. AHRQ also develops measures of quality that are used to track changes in quality, safety, equity, and healthcare costs over time, providing benchmarks and dashboards for judging the effectiveness of clinical interventions and policy changes. AHRQ not only provides national data sets and analyses but also, where possible, insights on the state and local levels.

Health Services Research, Data and Dissemination (HSR)

(in millions of dollars)

	FY 2023 Final [1/]	FY 2024 CR Level [1/]	FY 2025 President's Budget
Health Services Research Grants *(Investigator-Initiated)*	$68.727 *($53.483)*	$69.266 *($53.326)*	$70.741 *($55.469)*
Health Services Contract/IAA Research	$18.564	$18.025	$16.087
Measurement and Data Collection	$14.812	$14.812	$15.275
Dissemination and Implementation	$9.000	$9.000	$9.000
Total, HSR	**$111.103**	**$111.103**	**$111.103**

[1/] The FY 2023 and 2024 columns have been adjusted to include research grants and contracts requested for Long COVID to provide comparability to the FY 2025 President's Budget that integrates these programs into the HSR portfolio.

HSR FY 2025 Budget Request by Activity

Health Services Research Grants FY 2025 Budget Policy: The FY 2025 President's Budget level provides $70.7 million for research grants, an increase of $2.0 million from the FY 2023 Final level. The FY 2025 President's Budget level provides $56.9 million in continuation or noncompeting grant support. Continuing research grant programs include $3.4 million in investigator-initiated research grants focused on equity, $8.8 million in grants supporting improving care for Long COVID research; $2.5 million in grants supporting research to prevent, identify, and provide integrated treatment for opioid and multiple substance abuse disorders in ambulatory care settings; and $0.7 million in research grants focused on primary care.

AHRQ will invest $13.8 million in new research and training grants at the FY 2025 President's Budget level, an increase of $0.3 million over the prior year. Details about AHRQ's new research grant funding are provided below.

- $13.3 million is directed to general new investigator-initiated research and training grants. This will support approximately 45 new investigator-initiated research grants and provide a total support of $55.5 million for investigator-initiated research and training grants, an increase of $2.0 million from the FY 2023 level.

- $0.5 million is directed to grant supplements to ensure diversity within the health services research community. This funding will allow current grantees to request funds to enhance the diversity of the research workforce by recruiting and supporting students, post-doctorates, and eligible investigators from underrepresented backgrounds, including those from groups that are nationally underrepresented in health services research. This supplement opportunity would also be available to grantees who are or become disabled and need additional support to accommodate their disability to continue to work on their research. Supplement projects would address equity and agency priorities, including maternal and child healthcare, opioids care integration with primary care, enhancing primary care, and rural healthcare.

Health Services Research Contracts and IAAs FY 2025 Budget Policy: The FY 2025 President's Budget level provides $16.1 million for this activity, a decrease of $2.5 million from the FY 2023 Final level. This decrease reflects the elimination of one-year contract support provided in FY 2023 for Congressional priorities related to sepsis research, grief and bereavement care, and research related to people with disabilities. The FY 2025 President's Budget level provides continuation contract support of $1.2 million to promote the success and peer-to-peer learning of grantees participating in AHRQ's Long COVID research initiative, evaluate the success of the overall initiative, and disseminate findings. The FY 2025 President's Budget level includes $1.3 million in research contract support related to primary care. Together with research grant support, the FY 2025 President's Budget level provides $2.0 million for primary care research. The contract funds will allow AHRQ to support the National Center for Excellence in Primary Care Research and Practice-Based Research Networks (PBRNs). Activities planned in FY 2025 include an annual report highlighting primary care research; opportunities for primary care stakeholder engagement; creating accessible web-based tools and resources to support primary care research and practice-based research; updating and expanding the PBRN registry; and facilitating collaboration and learning across networks. Finally, $0.5 million is included in this activity related to opioid abuse care research. Together with research grants, the FY 2025 President's Budget level provides $3.0 million for opioid abuse care research.

Measurement and Data Collection FY 2025 Budget Policy: The FY 2025 President's Budget level provides $15.3 million for Measurement and Data Collection activities, an increase of $0.5 million from the FY 2023 Final level. This increase reflects minor adjustments associated with continuation research contract support for the Healthcare Cost and Utilization Project (HCUP), the Consumer Assessment of Healthcare Providers and Systems (CAHPS), AHRQ Quality Indicators (AHRQ QIs), the National Healthcare Disparities and Quality Reports (NHQDRs), and data harmonization expenses. AHRQ's collective investment in data collection and measurement activities allows us to document the quality and cost of health care, track changes in quality or cost at the national, state, or community levels, identify disparities in health status and use of health care by race or ethnicity, socioeconomic status, region, and other population characteristics; describe our experiences with the healthcare systems; monitor trends health care delivery and treatment outcomes; identify health problems; support health services research; and provide information for making changes in public policies and programs.

Dissemination and Implementation FY 2025 Budget Policy: The FY 2025 President's Budget level provides $9.0 million for Dissemination and Implementation activities, the same level of support as the FY 2023 Final level. These funds will support dissemination and implementation activities of the Agency. These activities include promoting AHRQ's investments in data products and tools, such as the Agency's statistical briefs based on the Medical Expenditure Panel Survey (MEPS) and the Healthcare Cost and Utilization Project (HCUP). In addition, these funds will help expand the promotion of AHRQ resources to reduce healthcare-associated infections and improve diagnostic safety, tools to improve primary care, and, in general, foster the adoption and use of evidence in healthcare decision-making.

FY 2023 Accomplishments

Health Services Research Grants: AHRQ's funding of Health Services Research grants, both targeted and investigator-initiated, focus on research in quality, effectiveness, equity, and efficiency of healthcare services. Investigator-initiated research is particularly important in accomplishing AHRQ's mission. New investigator-initiated research and training grants are essential to health services research – they ensure that new ideas and new investigators are supported each year. Investigator-initiated research grants allow extramural researchers to pursue the various research avenues that lead to successful yet unexpected discoveries. In this light, investigator-initiated grant funding is seen as one of the most vital forces driving health services research in this country. In FY 2023, AHRQ reviewed 666 competing applications submitted in response to AHRQ funding announcements for FY 2023 funding, including announcements supporting the PCORTF. One hundred and seventy-nine competing awards were funded in FY 2023, with awards to institutions in 30 states and the District of Columbia. This total includes 53 training grants, 115 research grants, and 11 conference grants. Additionally, AHRQ released research funding announcements on topics such as Supporting the Management of Substance Use Disorders in Primary Care and other Ambulatory Settings, Reducing Racial and Ethnic Healthcare Disparities in Chronic Conditions, Learning Health System Embedded Scientist Training and Research Centers, Understanding and Improving Diagnostic Safety in Ambulatory Care, and Implementing and Evaluating New Models for Delivering Comprehensive, Coordinated, Person-Centered Care to People with Long COVID. In FY 2023, AHRQ funded $53.5 million in investigator-initiated research grant funding supporting 200 grantees. Additionally, in FY 2023, AHRQ funded 10 grants totaling $3.2 million focused on maternal healthcare. The maternal healthcare grants included titles such as "Adaptation of an Evidence-Based Curriculum to Teach the Prevention, Evaluation, and Treatment of Maternal Medical Emergencies for Pre-hospital & Hospital Healthcare Workers in Rural Context" and "Implementation of a Maternal Resuscitation Curriculum in a Regionalized Perinatal Health System: Maximizing the Chain of Survival to Reduce Maternal Health Inequities."

Health Services Contract/IAA Research: Similar to funding research grants, AHRQ funds health services contracts and IAAs to support health services research activities to improve the quality, effectiveness, and efficiency of health care. AHRQ continues to invest in systematic evidence reviews, delivery system research activities, and other contracts to extramural recipients. This budget activity also funds a variety of contracts that support administrative activities related to research, including support for grant peer review, ethics reviews, data management, data security, evaluation, and inter-agency agreements with Federal partners. The FY 2023 level provided $18.6 million for Health Services Contracts/IAAs. An example of an HSR contract is support for the Evidence-Based Practice Center (EPC) Program. The EPCs review all relevant scientific literature on a broad spectrum of clinical and health services topics to produce evidence reports widely used by public and private healthcare organizations, clinicians, and the research community. These reports inform and develop coverage decisions, clinical practice guidelines, quality measures, educational tools, and research agendas. In FY 2023, as part of AHRQ's continued focus on equity, AHRQ funded an evidence review on healthcare strategies for preventive services in people with disabilities and, in collaboration with NIMHD, convened a public meeting and expert panel to discuss AHRQ evidence review findings on bias and algorithms and to present the state of the field, to inform future steps. AHRQ has also initiated evidence reviews to inform implementation and care quality,

including interventions to support the implementation of mental health prevention services for children and adolescents and interventions to improve grief and bereavement care.

Additionally, in March 2023, the Management of Opioid Use and Misuse in Older Adults in Primary Care Practices project concluded its second Learning Collaborative. It began preparing project materials for posting and dissemination. These materials include a web-based compendium of tools and resources to help primary care practices manage pain and opioids in their older adult patients, a series of best practice case studies, and Management of Opioid Use and Misuse in Older Adults in Primary Care Practices final report. The final report will be posted in Spring 2024.

Measurement and Data Collection: Monitoring the health for the American people is essential in making sound health policy and setting research and program priorities. Data collection and measurement activities allow us to document the quality and cost of healthcare, track changes in quality or cost at the national, state, or community levels; identify disparities in use and outcomes of healthcare by race or ethnicity, socioeconomic status, region, and other population characteristics; describe customer experiences with their healthcare systems; monitor trends in health care delivery; identify healthcare problems; support health services research; and provide information for making changes in public policies and programs. AHRQ's Measurement and Data Collection Activity coordinates AHRQ data collection, measurement, and analysis activities across the Agency. In FY 2023, AHRQ provided $14.8 million to support measurement and data collection activities, including the following flagship projects: Healthcare Cost and Utilization Project (HCUP), Consumer Assessment of Healthcare Providers and Systems (CAHPS), AHRQ Quality Indicators (AHRQ QIs), the National Healthcare Disparities and Quality Reports (NHQDRs), and data harmonization expenses. For more information about HCUP and recent research findings, please see the program portrait beginning on page 47. Some accomplishments from Measurement and Data collection in FY 2023 include:

- In August 2023, AHRQ released updated software packages for the Quality Indicators Program, which includes measures suitable for identifying quality improvement at the hospital (Hospital Quality Indicators) or geographical area (Area Quality Indicators) levels. The updated software (2023 version) offered additional features that addressed user requests, including risk adjusting for COVID-19 and expanding the definition of the indicator measuring significant injuries associated with in-hospital patient falls. To continue producing products addressing user needs, AHRQ held an open invitation listening session in August 2023; results guide the Quality Indicators Program's future plans. The software Quality Indicators may be accessed: https://qualityindicators.ahrq.gov/

- The 2023 National Healthcare Quality and Disparities Report (NHQDR) was be released in December 2023. The report provides policymakers, health system leaders, and the public with a statistical portrait of how effectively the healthcare delivery system provides safe, high-quality, and equitable care. The NHQDR website provides access to the full report and the NHQDR Data Tools, an interactive tool allowing users to access national and State data. They can also search for data or trends based on subject areas, topics, population groups, or individual measures.

- The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Program held a virtual research meeting on October 19, 2023 "Patient Experience, Patient Safety, and Provider Well-Being: Associations and Paths for Quality Improvement." This meeting explored how data from CAHPS surveys can help improve patient safety and the well-being of the healthcare workforce. Research topics included (1) how patient experience information affects provider and staff well-being; (2) the relationship between provider and staff perceptions of patient safety culture and patient experience; (3) how better communication with patients can help improve patient safety and lower malpractice risks; and (4) what patient narratives can tell us about opportunities for improving patient safety. Donald Berwick, president emeritus and senior fellow at the Institute for Healthcare Improvement provided a keynote presentation. A diverse audience, including CAHPS survey users, researchers, healthcare organization leaders, patient advocates, policymakers, federal partners, and others, participated.

- The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Home and Community-Based Services (HCBS) Survey Database 2023 Chartbook (AHRQ Publication No. 23-0047) was released in July 2023 and posted to the AHRQ website: https://www.ahrq.gov/news/cahps-chartbook.html. The HCBS CAHPS Survey is the first cross-disability survey to measure enrollee experience of care for adults receiving long-term services and support from State Medicaid programs, including both fee-for-service HCBS programs and managed long-term services and supports (MLTSS) programs. The HCBS CAHPS Survey Database receives data voluntarily submitted by State Medicaid agencies and the managed care plans they contract. Data were received from 17 programs that collected HCBS CAHPS Survey data from January 1 to December 31, 2021. This Chartbook presents summary results for the initial reporting year of the HCBS CAHPS Survey Database to help users identify areas of strength and opportunities for improvement in the enrollee experience.

- In FY 2023, AHRQ transitioned the HCUP program to two new contractors – one for acquiring and producing HCUP databases and one for disseminating HCUP databases (HCUP Central Distributor). HCUP produced and released the 2020 and 2021 State Databases: State Inpatient Databases (SID), State Emergency Department Databases (SEDD), and State Ambulatory Surgery and Services Databases (SASD). HCUP received 1,523 database applications and distributed 7,949 databases via the HCUP Central Distributor, the primary mechanism by which AHRQ disseminates the research databases created as part of HCUP. From this data, AHRQ produced the following:
    - AHRQ released 7 new HCUP Statistical Briefs, which covered topics such as characteristics of 30-day all-cause hospital readmissions, emergency department care, utilization during the initial period of the pandemic, and racial disparities in emergency care related to substance use and maternal mental health disorders.
    - AHRQ updated the HCUP Fast Stats National dashboards, adding 2020 national data. Further AHRQ updated the State Payer Inpatient and Emergency, Opioid, and Severe Maternal Morbidity (SMM) paths, with 2021 and 2022 quarterly data (if applicable). The Neonatal Abstinence Syndrome (NAS) dashboard was updated to add 2020 and 2021 quarterly data.

- AHRQ added two new HCUP Findings-At-A-Glance reports: 1) Rate of COVID-19-Related Inpatient Stays Per 100,000 Population by Patient State of Residence, April-December 2020, and 2) Adult, Nonmaternal Inpatient Stays Related to *Clostridiodes difficile*: National Trends, 2011-2020.
- AHRQ updated the HCUP Visualization on Inpatient Trends in COVID-19 and Other Conditions in 2023 with the latest release, containing year or partial year 2021 data for 46 states plus the District of Columbia and the second quarter of 2022 for 6 states. The interactive visualization displays State-specific monthly trends in inpatient stays related to COVID-19 and other conditions and facilitates comparisons across patient/stay characteristics and States. This is complemented by the HCUP Summary Trend Tables that provide more detailed information.
- AHRQ released the v2023 of the HCUP software to include the Clinical Classification Software Refined for diagnoses and procedures, Elixhauser Comorbidity Software Refined for ICD-10-CM, Chronic Condition Indicator Refined, Procedure Classes for ICD-10-PCS, Clinical Classification Software for Services and Procedures, and Surgery Flags for Services and Procedures.
- AHRQ researchers published 6 research papers covering various topics, including quality of care in rural hospitals during the initial period of the pandemic, maternal health outcomes during the initial period of the pandemic, surge and hospital capacity during the pandemic, and methodology for population estimates.

Dissemination and Implementation: AHRQ's dissemination and implementation activities are designed to foster the use of Agency-funded research, products, and tools to achieve measurable improvements in the quality and safety of patients' healthcare services. AHRQ's research, products, and tools are used by a wide range of audiences, including individual clinicians; hospitals, health system leaders, and other providers; patients and families; payers, purchasers, and health plans; and Federal, state, and local policymakers. AHRQ's dissemination and implementation activities are based on understanding these audiences' needs and how they consume information, including social media, plus sustained work with key stakeholders to develop ongoing dissemination partnerships. In addition, AHRQ sponsors the dissemination of research findings and tools through webinars, round table discussions, and other tailored hands-on technical assistance. AHRQ provided $9.0 million in funding in FY 2023 to support Dissemination and Implementation activities. Some accomplishments from FY 2023 include:

- AHRQ released a new toolkit to help ambulatory care practices improve antibiotic use by applying a novel framework that simplifies antibiotic prescribing. Up to half of the antibiotics prescribed in ambulatory settings are considered medically inappropriate.

- AHRQ released the CEPI Evidence Discovery and Retrieval (CEDAR) application programming interface, which allows health information technology developers to build platforms that can integrate AHRQ's research findings into their systems, which can then be used by researchers, clinicians, and patients.

- AHRQ worked with the U.S. Department of Health and Human Services (HHS), the Centers for Disease Control and Prevention, the Centers for Medicare & Medicaid Services, and the Food and Drug Administration to convene a listening session on patient safety on November

14, 2022. HHS Secretary Xavier Becerra announced the formation of the National Action Alliance to Advance Patient Safety, led by AHRQ. The National Action Alliance conducted a series of Technical Assistance Webinars throughout 2023, convened the National Coordinating Committee to plan and launch the National Action Alliance to Advance Patient Safety programs in 2024.

- AHRQ released a new AHRQ-funded database, the National Survey of Healthcare Organizations and Systems, 2017-2018 , which provides public access to a subset of survey items that characterize organizational features and assess the care delivery capabilities of healthcare systems, primary and multispecialty care physician practices, and hospitals nationwide.

- AHRQ released the 2022 Updated Surveys on Patient Safety Culture™ (SOPS) Hospital Workplace Safety Supplemental Item Set , which provides results from 40 participating hospitals and more than 11,000 healthcare providers and staff that administered the AHRQ Workplace Safety Supplemental Item Set and submitted data to the Hospital Survey on Patient Safety Culture Database.

- AHRQ sponsored The Best Practices for Treating Long COVID Summit on Jan. 27, 2023, in Richmond, VA, in partnership with the Office of Senator Tim Kaine, D-Va., the Summit's goal was to hear directly from patients and clinicians about their experiences.

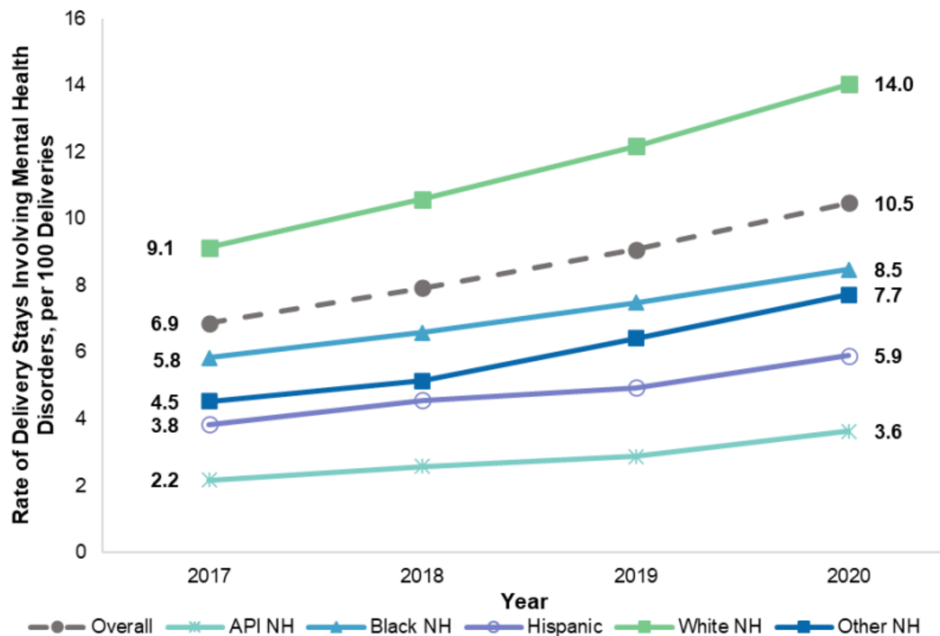
Program Portrait: Healthcare Cost and Utilization Project (HCUP) and Maternal Health

HCUP is the Nation's most comprehensive source of hospital care data, including all-payer information on inpatient stays, ambulatory surgery and service visits, and emergency department (ED) encounters. HCUP enables researchers, insurers, policymakers, and others to study healthcare delivery and patient outcomes at the national, regional, State, and community levels, as well as over time. **HCUP is the only national data source that can report detailed information about patient socio-demographics (race/ethnicity, age, zip code of residence, geographic location, community-level income) and clinical reasons for hospitalizations.**

AHRQ staff are using HCUP to examine racial and ethnic differences in maternal healthcare, including examining the presence of mental health disorders among delivery stays. In 2020, nine months of which were part of the pandemic, White, non-Hispanic women had the highest rate of delivery stays involving mental health disorders (14.0 per 100 delivery stays), and Asian/Pacific Islander had the lowest (3.6 per 100 delivery stays). Between 2017 and 2020, the rate of delivery stays involving mental health disorders increased 52 percent, with the lowest rate of increase among Black, non-Hispanic women (47 percent) and the highest rate of increase among other non-Hispanic racial and ethnic women.

Excerpt from: HCUP Statistical Brief #302. Mental Health Disorders Among Delivery Inpatient Stays by Patient Race and Ethnicity 2020

Figure 1. Rate of delivery stays involving a mental health disorder diagnosis, by patient race and ethnicity, 2017–2020



Abbreviations: API, Asian/Pacific Islander; NH, non-Hispanic

Note: Patient race and ethnicity information was missing for less than 5.5% of delivery stays involving a mental health disorder in any year (i.e., 5.3% missing in 2017, 3.2% missing in 2018, 3.0% missing in 2019, and 3.0% missing in 2020).

Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), National Inpatient Sample (NIS), 2017–2020

Outputs and Outcomes Table with Discussion: Health Services Research, Data and Dissemination

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2026 Target +/- FY 2025 Target
2.3.9 Increase the cumulative amount of publicly available data on 1) Opioid-Related Hospital Use, 2) Neonatal Abstinence Syndrome (NAS), and 3) Outpatient use of opioids – post a brief on outpatient opioid use for non-elderly and elderly adults.	FY 2023: 1) Opioid-Related Hospital Use – updated interactive maps using 2020 data 2) NAS– updated interactive maps using 2020 data (Target Met)	1) Opioid-Related Hospital Use – update interactive maps using 2021 data 2) NAS– update interactive maps using 2021 data 3) Outpatient use of opioids – post a brief on outpatient opioid use for non-elderly and elderly adults.	N/A (Retired 2024)	N/A

2.3.9 Increase the cumulative amount of publicly available data on 1) Opioid-Related Hospital Use and 2) Neonatal Abstinence Syndrome (NAS).

This measure supports AHRQ's ongoing work to create accurate data for monitoring and responding to the opioid crisis. AHRQ maintains two large databases that monitor data relevant to the opioid overdose epidemic – the Healthcare Cost and Utilization Project (HCUP) and the Medical Expenditure Panel Survey-Household Component (MEPS-HC).

HCUP includes the largest longitudinal hospital care data collection in the United States, and HCUP Fast Stats displays that information in an interactive format that provides easy access to the latest HCUP-based statistics for healthcare information topics. More information on HCUP can be found on the HCUP website at https://hcup-us.ahrq.gov/. HCUP can produce national estimates on Opioid-Related Hospital Use based on data from the HCUP National Inpatient Sample (NIS) and the HCUP Nationwide Emergency Department Sample (NEDS). HCUP can produce State-level estimates on Opioid-Related Hospital Use based on data from the HCUP State Inpatient Databases (SID) and HCUP State Emergency Department Databases (SEDD). HCUP is also able to produce data on the rate of births diagnosed with NAS (newborns exhibiting withdrawal symptoms due to prenatal exposure to opioids) by State. State-level statistics on newborn NAS hospitalizations are from the HCUP State Inpatient Databases (SID). National statistics on newborn hospitalizations are from the HCUP National (Nationwide) Inpatient Sample (NIS).

In FY 2023, the Opioid-related hospital use and NAS interactive website maps were updated using 2020 data. In FY 2024, the plan is to keep these resources updated with subsequent year data.
The MEPS-HC collects nationally representative data on healthcare use, expenditures, sources of payment, and insurance coverage for the U.S. civilian noninstitutionalized population. The MEPS-HC is cosponsored by the Agency for Healthcare Research and Quality (AHRQ) and the National Center for Health Statistics (NCHS). More information about the MEPS-HC can be found on the MEPS Web site at http://www.meps.ahrq.gov/. MEPS-HC data can be used to produce Statistical Briefs that examine a wide range of measures of opioid use and expenditures, including the percentages of adults with any use and frequent use of outpatient opioids during the year.

For the outpatient use of the opioid measure, in FY 2022, MEPS produced two Briefs on outpatient opioid use, one for non-elderly and one for elderly adults overall, looking at socioeconomic characteristics including sex, race-ethnicity, income, insurance status, perceived health status, Census region, and Metropolitan Statistical Area (MSA) status. Those Briefs have been updated for FY 2023. In FY 2024 the measure will be retired.

Mechanism Table:

Health Services Research, Data and Dissemination

(Dollars in Thousands)

	FY 2023 Final [1/]		**FY 2024 CR Level [1/]**		**FY 2025 President's Budget**	
RESEARCH GRANTS	**No.**	**Dollars**	**No.**	**Dollars**	**No.**	**Dollars**
Non-Competing……………	129	40,556	177	55,783	181	56,936
New & Competing……………..	91	28,171	44	13,483	45	13,805
Supplemental………………	1	100	5	500	5	500
TOTAL, RESEARCH GRANTS…..	**220**	**68,727**	**221**	**69,266**	**226**	**70,741**
TOTAL CONTRACTS/IAAs…..		**42,376**		**41,837**		**40,362**
TOTAL…………………		**$111,103**		**$111,103**		**$111,103**

[1/] The FY 2023 and FY 2024 columns have been adjusted to include research grants and contracts requested for Long COVID portfolio to provide comparability to the FY 2025 President's Budget that integrates these programs into the HSR portfolio.

5-Year Funding Table:

FY 2021:	$95,403,000
FY 2022 Final:	$98,003,000
FY 2023 Final:	$111,103,000
FY 2024 CR Level:	$111,103,000
FY 2025 President's Budget	$111,103,000

HCQO: Digital Healthcare Research				
	FY 2023 Final	FY 2024 CR Level	FY 2025 President's Budget	FY 2025 +/- FY 2023
Budget Authority	$16,349,000	$16,349,000	$16,349,000	$0
PHS Evaluation Fund	$0	$0	$0	$0

Authorizing Legislation: Title III and IX and Section 947(c) of the Public Health Service Act
FY 2025 Authorization……………..……...…...…...………………………………..………Expired.
Allocation Method……………….. Contracts, and Other.

Digital Healthcare Research Program Description: The Digital Healthcare Research portfolio conducts rigorous research to determine how the various components of the digital healthcare ecosystem can best come together to positively affect healthcare delivery and create value for patients and their families. By identifying and disseminating what works and developing evidence-based resources and tools, the portfolio has played a crucial role in the Nation's drive to accelerate the use of safe, effective, equitable, and patient-centered digital healthcare innovations.

The portfolio coordinates with other Federal health IT programs, particularly the Office of the National Coordinator for Health IT (ONC). AHRQ's legislatively authorized role is to fund research on whether and how digital healthcare innovations improve healthcare quality. For the past decade, AHRQ-funded research has consistently informed and shaped the programs and policies of ONC, CMS, the Veteran's Administration, and other Federal entities. AHRQ's Digital Healthcare Research portfolio will continue to produce field-leading research and summarized evidence synthesis to inform future decisions about digital healthcare by healthcare stakeholders and policymakers.

FY 2025 Budget Request

FY 2025 Budget Policy: The FY 2025 President's Budget level provides $16.3 million for Digital Healthcare Research, maintaining the funding provided in the FY 2023 Final level. At the FY 2025 President's Budget level, the portfolio will provide $14.3 million in research grant funding, with $13.2 million for noncompeting research grant support and $1.1 million for new research grants. Continuing grant funding includes several grants that create new knowledge and best practices for incorporating artificial intelligence in clinical settings. Funding for new research grants will augment this portfolio's investment in applied research to develop the best use of artificial intelligence (AI) in healthcare. Specifically, FY 2025 funds will be used to advance our understanding of how AI-enabled tools can promote (a) patient safety and (b) workforce well-being and safety. In addition, a total of $2.0 million in contract funding will support synthesizing and disseminating evidence generated by the portfolio.

***Program Portrait*: Success in Facilitating Asthma Self-Management Using a Mobile Application**

Poor outcomes for minority patients with asthma have been linked to poverty and other social determinants of health (SDoH), environmental exposures, and poor self-management. Primary care providers who use evidence-based asthma guidelines and provide asthma education to patients are critical to achieving asthma control. However, during time-constrained visits, providers often have limited time to discuss asthma symptoms or triggers and to provide asthma education. Dr. Sunit Jariwala, a practicing allergy immunology clinician and board certified clinical informaticist, together with a team of researchers from the Albert Einstein College of Medicine, set out to find a solution to better deliver evidence-based care and patient education to people with asthma, including providing guidance and support between clinic visits.

The team developed the ASTHMAXcel PRO mobile application, which facilitates the collection and use of patient-reported outcomes (PROs), to improve self-management so that patients can achieve optimal asthma control. Dr. Jariwala and team evaluated the ASTHMAXcel PRO mobile intervention in a randomized controlled trial and found that the use of the app significantly improved asthma quality of life, control, and knowledge, as well as decreased healthcare utilization. The app has since been extended to nine additional medical conditions, including type 2 diabetes.

"We saw the positive impact [of the tool] on asthma control and asthma quality of life, as well as trends of decreased ED visits, hospitalizations, and steroid courses for the patients."- Dr. Sunit P. Jariwala

FY 2023 Accomplishments

Since 2004, the Digital Healthcare Research portfolio has invested in a series of groundbreaking research grants to increase understanding of how digital healthcare can improve healthcare quality. Early efforts evaluated the facilitators and barriers to health IT adoption in rural America and the value of health IT implementation. In 2014 and 2015, Congress directed AHRQ to fund new research to fill the gaps in our knowledge of health IT safety. The portfolio continues to generate evidence in this critical area, facilitated by a special emphasis notice indicating research support to improve the safety of digital healthcare systems. For example, Dr. Jason Adelman and his research team assess the effectiveness of using patient photographs as an additional identifier and cognitive aid in the electronic health record (EHR) system to avoid wrong-patient errors when using computerized provider order entry systems. Even though displaying patient photographs is recommended in the Office of the National Coordinator's SAFER guides, only 20 percent of hospitals have adopted this practice, citing a lack of evidence and implementation challenges as major barriers. Dr. Adelman and his team conducted the first randomized controlled trial evaluating the effectiveness of patient photographs to prevent wrong-patient errors and are currently assessing the generalizability of patient photographs to improve patient identification by conducting a second randomized controlled trial in a different EHR

system across multiple academic medical centers. To address concerns about implementation, the research team developed a Health IT Safety Toolkit, "Implementing Patient Photographs in EHR Systems," to guide healthcare organizations to adopt patient photographs in their EHR systems. This project provides healthcare systems with the rationale and resources to accelerate the adoption of patient photographs in their EHRs and to provide patient safety and regulatory bodies with the evidence needed to require the use of patient photographs in EHRs.

Additionally, the Digital Healthcare Research portfolio completed vital research to address minority women's pregnancy challenges during the preconception stage. Despite significant endorsement for a preconception approach to reducing the burden of adverse maternal and child health outcomes, preconception care health promotion into communities that can benefit most is often ladened with implementation challenges due to modifiable factors, including limited time during the clinical encounter, provider comfort, and constrained resources. Hence, Dr. Brian Jack and his team developed and then implemented an evidence-based conversational agent (called "Gabby") to support preconception care screening and education for African American women served at 10 community-based clinical sites. Overall, implementation of the Gabby Preconception Care system was viewed positively, and risk assessment and interventions to reduce preconception risk among women at the clinical sites were successful, but technological access and changes to operational workflow due to the COVID-19 pandemic served as defining limitations to implementation feasibility. The dissemination of a low-cost, user-friendly, culturally competent, evidence-based, scalable intervention to improve the health of young African American women is critical to reaching several Healthy People 2030 objectives including: 1) Maternal, Infant, and Child Health: reducing the number of infant deaths and preterm live births; and 2) Reproductive and Sexual Health service delivery to females aged 15-44 years. This research increased our understanding of the opportunities and weaknesses of incorporating such eHealth tools into clinical practice. To improve implementation feasibility, this research team developed an eight-module Gabby implementation manual, incorporating implementation feedback, to facilitate ongoing support and adaptation for future implementation efforts.

As interest and investments in digital healthcare have grown, evidence and evidence-based tools are needed. In addition to the specific research projects highlighted above, AHRQ has provided comprehensive and ready access to all portfolio-funded research results, profiles of experts in the field, and recordings of national digital healthcare webinars at digital.ahrq.gov.

Mechanism Table:

Digital Healthcare Research
(Dollars in Thousands)

	FY 2023 Final		FY 2024 CR Level		FY 2025 President's Budget	
RESEARCH GRANTS	**No.**	**Dollars**	**No.**	**Dollars**	**No.**	**Dollars**
Non-Competing……………	31	9,725	40	12,443	42	13,281
New & Competing……………..	19	3,896	9	1,906	5	1,068
Supplemental………………	0	0	0	0	0	0
TOTAL, RESEARCH GRANTS…..	**50**	**13,620**	**49**	**14,349**	**47**	**14,349**
TOTAL CONTRACTS/IAAs…..		**2,729**		**2,000**		**2,000**
TOTAL…………………		**$16,349**		**$16,349**		**$16,349**

5-Year Funding Table:

FY 2020:	$16,500,000
FY 2021:	$16,349,000
FY 2022 Final:	$16,349,000
FY 2023 Enacted:	$16,349,000
FY 2025 President's Budget:	$16,349,000

HCQO: U.S. Preventive Services Task Force				
	FY 2023 Final	FY 2024 CR Level	FY 2025 President's Budget	FY 2025 +/- FY 2023
Budget Authority	$11,542,000	$11,542,000	$18,000,000	+$6,458,000
PHS Evaluation Funds	$0	$0	$0	$0

Authorizing Legislation: Title III and IX and Section 947(c) of the Public Health Service Act
FY 2025 Authorization………………..………...……………...…………………...………Expired.
Allocation Method……………….. Contracts, and Other.

U.S. Preventive Services Task Force (USPSTF) Program Description: The U.S. Preventive Services Task Force (USPSTF) is an independent, volunteer panel of nationally recognized prevention and evidence-based medicine experts. The Task Force makes evidence-based recommendations about clinical preventive services to improve people's health nationwide (e.g., by improving quality of life and prolonging life). Since 1998, Congress has authorized AHRQ to provide ongoing scientific, administrative and dissemination support to assist the USPSTF in meeting its mission. AHRQ is the sole funding source of the USPSTF. AHRQ supports the USPSTF by ensuring that it has the evidence it needs to make its recommendations, the ability to operate in an open, transparent, and efficient manner, and the ability to clearly and effectively share its recommendations with the healthcare community and general public.

FY 2025 Budget Request

FY 2025 Budget Policy: The FY 2025 President's Budget level for the USPSTF is $18.0 million, an increase of $6.5 million over the FY 2023 Final level. These funds will be used to support the increasingly complex nature of evidence reviews carried out by the Task Force and to support their effort to address health inequities in their recommendation development. Over the last several years, the evidence reviews have become more complex and cost more for each evidence review. In addition, it requires more funding for each topic to provide the increased support required because of the increased scrutiny and stakeholder engagement.

- Additional annual funds of $2.5 million will support **additional 3-5 systematic reviews and support the increasing complexity and size of reviews and analyses**. Over the last few years, the funding has allowed us to fund only 7-9 reviews and evidence analyses. Additional funds would bring the total yearly reviews back to the historical goal of 10-12 and allow the analysis of evidence on racism and health inequities related to preventive services in the reviews.
- Additional annual funds of $1.2 million will provide for **developing revised methods** of evidence surveillance and 1-2 rapid reviews or living reviews a year to **support early updates** of the Task Force's recommendations.
- Additional annual funds of $2.0 million will be used to support **patient engagement**. Although the Task Force has rigorous methods including extensive stakeholder engagement, it lacks direct patient involvement in the recommendation development processes. The Task Force would like to formally and directly engage with patients to improve their recommendations' patient-centeredness. These funds would be used to train and support

patients in the recommendation-development methods and processes, develop patient-friendly materials, and compensate patients for their time.
- Additional annual funds of $0.8 million will support the development and implementation of processes to **increase transparency** of USPSTF recommendations through posting a summary of the public comments on the draft recommendation statement.

FY 2023 Program Accomplishments

Major FY 2023 accomplishments for the USPSTF include:

- Maintained recommendation statements for 89 preventive service topics with 143 specific recommendation grades. Many recommendation statements include multiple recommendation grades for different populations.
- Received 40 nominations for new topics and 9 nominations to reconsider or update existing topics.
- Posted 9 draft research plans for public comments.
- Posted 10 draft recommendation statements for public comments.
- Posted 10 draft evidence reports for public comments.
- Published 13 final recommendation statements with 11 recommendation grades in a peer-reviewed journal.
- Posted 11 final evidence reports.
- Published its 12th Annual Report to Congress on High-Priority Evidence Gaps for Clinical Preventive Services, which calls attention to high-priority research gaps related to promoting healthy behaviors throughout life. The report reinforces the Task Force's commitment to improving health equity by highlighting research gaps specific to high-risk populations.

To do its work, the Task Force uses a four-step process:

1. **Step 1: Topic Nomination.** Anyone can nominate a new topic or an update to an existing topic at any time via the Task Force Web site.
2. **Step 2: Draft and Final Research Plans.** The Task Force develops a draft research plan for the topic, which is posted on the Task Force Web site for a 4-week public comment period. The Task Force reviews and considers all comments to finalize the research plan.
3. **Step 3: Draft Evidence Review and Draft Recommendation Statement.** The Task Force reviews all available evidence on the topic from studies published in peer-reviewed scientific journals. The evidence is summarized in the draft evidence review and used to develop the draft recommendation statement. These draft materials are posted on the Task Force Web site for a 4-week public comment period.
4. **Step 4: Final Evidence Review and Final Recommendation Statement.** The Task Force considers all comments on the draft evidence review and recommendation statement as it finalizes the recommendation statement.

Program Portrait: Screening for Anxiety and Depression in Children and Adolescents

Depression is a leading cause of disability in the US, and the 2018-2019 National Survey of Children's Health found that 7.8% of children and adolescents aged 3 to 17 years had an anxiety disorder. Amidst the COVID-19 pandemic, the U.S. has faced a mental health crisis that has disproportionately affected children, adolescents, and communities of color. Children and adolescents who are generally at a higher risk for negative mental health outcomes were particularly affected by pandemic-related stressors. School closures led to isolation and loneliness; families experienced job loss and financial instability; and racism and health inequities further challenged communities nationwide. Meanwhile, evidence shows that primary care professionals play an important role in identifying youth with anxiety and depression.

Given the public health importance, prevalence, and negative health effects of anxiety and depression, the USPSTF commissioned a systematic review of the scientific evidence to evaluate the benefits and harms of screening children and adolescents for these conditions. Based on this evidence, the USPSTF updated its recommendations, continuing to recommend screening for major depressive disorder in adolescents aged 12 to 18 years and, for the first time, recommending screening for anxiety in children and adolescents aged 8 to 18 years. This new final recommendation means children and adolescents are now eligible to be screened for anxiety so they can be connected to the support they need.

The USPSTF is committed to transparency when developing its recommendations. Therefore, it also sought input on its draft recommendation from the public, topic experts and clinical specialists, patients, and other stakeholders. The USPSTF also worked closely with other Federal agencies and professional organizations that deliver care. The USPSTF reviewed and considered all of this input when finalizing its recommendations.

The final recommendations were published in the *Journal of the American Medical Association* in October 2022. They received significant coverage from media outlets, including *Associated Press, Reuters, Washington Post, Wall Street Journal, New York Times,* and *CNN.*

Program Portrait: ***Preexposure Prophylaxis (PrEP) for Prevention of HIV Acquisition***

An estimated 1.2 million persons in the US are currently living with HIV, and more than 760,000 persons have died of complications related to HIV since the first cases were reported in 1981. In 2020, there were an estimated 30,635 new diagnoses of HIV in the US (although this may be an underestimate due to the COVID-19 pandemic), with 80% (24,488) of new diagnoses occurring among adolescent and adult men and 18% (5450) among adolescent and adult women. Men who have sex with men are most affected by HIV, accounting for 68% of new HIV diagnoses in 2020. There are also racial and ethnic disparities in the incidence of HIV, with 42% of new diagnoses occurring among Black persons, 27% among Hispanic/Latino persons, and 26% among White persons in 2020. Although treatable, HIV is not curable and has significant health consequences. Therefore, effective strategies to prevent HIV are an important public health and clinical priority.

Given the public health importance, prevalence, and negative health effects of HIV, the USPSTF commissioned a systematic review of the scientific evidence to evaluate the benefits and harms of preexposure prophylaxis (PrEP) to decrease the risk of acquiring HIV. For the current recommendation, the USPSTF reviewed additional evidence on newly FDA-approved formulations of PrEP. Based on its review of the evidence, the USPSTF updated its recommendations, continuing to recommend that clinicians offer PrEP with effective antiretroviral therapy to persons at high risk of HIV acquisition.

The USPSTF is committed to transparency when developing its recommendations. Therefore, it also sought input on its draft recommendation from the public, topic experts and clinical specialists, patients, and other stakeholders. The USPSTF also worked closely with other Federal agencies, as well as professional organizations that deliver care. The USPSTF reviewed and considered all of this input when finalizing its recommendation. The final recommendation was published in the *Journal of the American Medical Association* in August 2023.

Outputs and Outcomes Table with Discussion: U.S. Preventive Services Task Force

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/- FY 2024 Target
2.3.7 Increase the percentage of older adults who receive appropriate clinical preventive services (Output)	FY2023: 6%	5%	5%	N/A

2.3.7: Increase the percentage of adults who receive appropriate clinical preventive services
In FY 2021, AHRQ continued to provide ongoing scientific, administrative, and dissemination support to the U.S. Preventive Services Task Force (USPSTF). The Task Force makes evidence-based recommendations about clinical preventive services to improve the health of all Americans (e.g., by improving quality of life and prolonging life). By supporting the USPSTF's work, AHRQ helps identify appropriate clinical preventive services for adults, disseminate clinical preventive services recommendations, and develop methods for understanding prevention in adults.

For several years, AHRQ has invested in creating a national measure of the receipt of appropriate clinical preventive services by adults (measure 2.3.7). Measuring and reporting are necessary first steps in creating quality improvement within health care. Without the ability to know where we are and the direction we are heading, it isn't easy to improve quality. This measure will allow AHRQ to assess where improvements are needed most in the uptake of clinical preventive services. It will help AHRQ support the USPSTF by targeting its recommendations and dissemination efforts to the populations and preventive services of greatest need. Thus, ensuring that all Americans receive the appropriate clinical preventive services at the proper interval. The data from this measure can also identify gaps in the receipt of preventive services and inform the Department's and the public health sector's prevention strategies.

AHRQ now has a validated final survey to collect data on the receipt of appropriate clinical preventive services among adults (the Preventive Services items that are included in the Self-Administered Questionnaire (PSAQ) in the AHRQ Medical Expenditure Panel Survey (MEPS)). The survey was fielded in a pilot test in 2015. Starting in 2018, the prevention items were incorporated in the self-administered questionnaire (SAQ) that will be included in the standard MEPS. Additional data years will allow AHRQ to track and compare receipt of high-priority, appropriate clinical preventive services over time.

The panel design of the survey, which will include the PSAQ in even years, makes it possible to determine how changes in respondents' health status, income, employment, eligibility for public and private insurance coverage, use of services, and payment for care are related. Once data are collected, they are reviewed for accuracy and prepared to release to the public.

In FY 2023, AHRQ began analysis of the CY 2020 (FY 2020/2021) data and completed data collection for the CY 2022 (FY 2022/2023) data. The target of 6% (baseline from FY 2022) will be maintained. AHRQ convened an expert panel to provide input into an updated list of high-priority clinical preventive services and a series of technical expert panels to identify strategies to improve uptake of these services.

In FY 2024, AHRQ will report estimates of the percentage of older adults who received high-priority, appropriate preventive services based on CY 2020 (FY 2020/2021) data. It is expected that rates will be reduced to 5% due to the impact of the COVID-19 pandemic on the use of health care, in particular, the postponement of preventive care. AHRQ expects to finalize the updated list of high-priority clinical preventive services in FY 2024. AHRQ and HHS efforts in FY 2023 and FY 2024 are expected to result in increased use of preventive services in coming years, which may be reflected in the CY 2024 nationally representative survey results. AHRQ anticipates data collection for CY 2024 (FY 2024-2025) will begin soon.

In FY 2025, AHRQ anticipates it will begin analysis of the CY 2022 (FY 2022/2023) data and continue data collection for the CY 2024 (FY 2024/2025). The target of 5% (from FY 2024) will be maintained. AHRQ will have completed the list of high-priority clinical preventive services for measurement, which will inform future analysis and targets.

Mechanism Table:

U.S. Preventive Services Task Force

(Dollars in Thousands)

	FY 2023 Final		FY 2024 CR Level		FY 2025 President's Budget	
RESEARCH GRANTS	**No.**	**Dollars**	**No.**	**Dollars**	**No.**	**Dollars**
Non-Competing……………	0	0	0	0	0	0
New & Competing……………..	0	0	0	0	0	0
Supplemental………………	0	0	0	0	0	0
TOTAL, RESEARCH GRANTS…..	**0**	**0**	**0**	**0**	**0**	**0**
TOTAL CONTRACTS/IAAs…..		**11,542**		**11,542**		**18,000**
TOTAL…………………		**$11,542**		**$11,542**		**$18,000**

5-Year Funding Table:

FY 2021:	$11,542,000
FY 2022:	$11,542,000
FY 2023 Final:	$ 11,542,000
FY 2024 CR Level:	$11,542,000
FY 2025 President's Budget:	$18,000,000

Medical Expenditure Panel Survey				
	FY 2023 Final	FY 2024 CR Level	FY 2025 President's Budget	FY 2025 +/- FY 2023
Budget Authority	$71,791,000	$71,791,000	$74,621,000	+$2,830,000
PHS Evaluation Funds	$0	$0	$0	$0

Authorizing Legislation: Title III and IX and Section 947(c) of the Public Health Service Act
FY 2025 Authorization……………………………………………………………………Expired.
Allocation Method…………….. Contracts and Other.

Medical Expenditure Panel Survey (MEPS) Program Description: MEPS, first funded in 1995, is the only national source for comprehensive annual data on how Americans use and pay for medical care. The MEPS is designed to provide annual estimates at the national level of the health care utilization, expenditures, and sources of payment and health insurance coverage of the U.S. civilian non-institutionalized population. The funding requested primarily supports data collection and analytical file production for the MEPS family of interrelated surveys, which include a Household Component (HC), a Medical Provider Component (MPC), and an Insurance Component (IC). In addition to collecting data supporting annual estimates for various measures related to health insurance coverage, healthcare use, and expenditures, MEPS provides estimates of health status, demographic characteristics, employment, access to health care, and healthcare quality. The survey also supports estimates for individuals, families, and population subgroups of interest. The data collected in this ongoing longitudinal study also permit studies of the determinants of insurance take-up, use of services and expenditures for care; changes in the provision of health care in relation to social and demographic factors such as employment and income; the health status and satisfaction with care of individuals and families; and the health needs of specific population groups such as racial and ethnic minorities, the elderly, and children.

MEPS data continue to be essential for evaluating health policies and analyzing the effects of tax code changes on health expenditures and tax revenue. Key data uses include:

- The Bureau of Economic Analysis uses MEPS IC data in computing the nation's Gross Domestic Product (GDP)
- MEPS HC and MPC data are used by the Congressional Budget Office, Congressional Research Service, the Treasury, and others to inform high-level inquiries related to healthcare expenditures, insurance coverage and sources of payment
- MEPS is used extensively to inform policymakers concerning the Children's Health Insurance Program and its reauthorization.
- MEPS is used extensively by the GAO in its studies of the U.S. healthcare system and subsequent reports as requested by the Senate Committee on Health, Education, Labor and Pensions
- CMS uses MEPS to inform the National Health Expenditure Accounts
- MEPS is used extensively by the health services research community as the primary source of high-quality national data for studies related to healthcare expenditures and out-of-pocket costs and examinations of expenditures related to specific types of health conditions.

- MEPS data have been used recently to analyze social factors associated with the disproportionate impact of COVID-19 on minority populations.

FY 2025 Budget Request

FY 2025 Budget Policy: The FY 2025 President's Budget for the MEPS is $74.6 million, an increase of $2.8 million over the FY 2023 level. The FY 2025 President's Budget level will allow AHRQ to continue to provide ongoing support to the MEPS, allowing the survey to maintain the precision levels of survey estimates, maximize survey response rates, and continue to achieve the timeliness, quality, and utility of data products specified for the survey in prior years. Additionally, the increases would improve the accuracy and precision of data as required by Section 11(d) of Executive Order (E.O.) 14075. The increase of $2.8 million is needed to recruit and maintain the staff needed to support survey operations across all components of the MEPS. The survey depends on having a skilled staff of interviewers and home office staff that can collect and process complicated information about individuals' medical care use and payments, their insurance status, and their socioeconomic characteristics. Over the last two years, it has become increasingly difficult for our contractors to recruit and retain staff who can perform these jobs. In addition, as the pandemic has subsided, the survey is returning to more in-person interviewing, which maximizes response rates and ensures the quality of the data collection process but is more costly to execute than phone interviewing. In sum, the increase is needed to cover the costs of acquiring and retaining adequate numbers and quality of staff to maintain traditional levels of accuracy and precision in all survey components.

The MEPS program supports three survey components: Household, Medical Provider, and Insurance.

MEPS Household Component (HC): The MEPS Household component collects data from a sample of families and individuals in communities across the United States, drawn from a nationally representative subsample of households that participated in the prior year's National Health Interview Survey (conducted by the National Center for Health Statistics). During the household interviews, MEPS collects detailed information for each person in the household on the following: demographic characteristics, health conditions, health status, use of medical services, expenses and source of payments, access to care, satisfaction with care, health insurance coverage, income, and employment. In FY 2021 and 2022, the Household Component of the MEPS maintained the precision levels of survey estimates. It maintained the timeliness of data collection and data releases despite disruptions in operations associated with the COVID-19 pandemic.

Each year, the MEPS selects a new household sample, and those individuals are followed for two years. Therefore, the entire annual MEPS household sample typically consists of two overlapping panels. However, in 2020, to supplement the reduced number of completed interviews due to COVID-19, an outgoing panel from the previous year (Panel 23) was extended for another year, resulting in three overlapping panels in 2020. In 2021, the same panel was later extended for a fourth year, and another outgoing panel from 2020 (Panel 24) was also extended for two more years. Panel-specific files from the MEPS are used for longitudinal analyses. Since Panel 23 and Panel 24 contain four years of longitudinal data covering the period before and after the emergence of the pandemic,

these files can be used for longitudinal analyses to assess the effects of the pandemic on healthcare access, use, and expenditures. The extended panels were retired at the end of 2022. Beginning in 2023, the MEPS sample returned to the pre-pandemic design, including only households whose participation covers a two-year reference period.

At the FY 2025 President's Budget level, AHRQ will provide funding to support the MEPS household component at the sample size necessary to meet traditional precision levels in survey estimates. This funding will permit the survey to maintain its capacity to detect changes in healthcare use, medical expenditures, and insurance coverage for many important population subgroups.

MEPS Medical Provider Component (MPC): The MEPS Medical Provider component is a survey of medical providers, including office-based doctors, hospitals, and pharmacies, that collects detailed data on the expenditures and sources of payment for the medical services provided to individuals sampled for the MEPS. This component of MEPS is necessary because households often cannot accurately report payments made on their behalf for their medical care. In FY 2021, 2022, and 2023, the Medical Provider Component of the MEPS maintained its sample specifications. The FY 2025 President's Budget level will permit the MEPS Medical Provider Component to maintain existing survey capacity at its current level.

MEPS Insurance Component (IC): The MEPS Insurance component is a survey of private business establishments and governments designed to obtain information on health insurance availability and coverage derived from employers in the U.S. The sample for this survey is selected from the Census Bureau's Business Register for private employers and the Census of Governments for public employers. The IC is an annual survey designed to provide nationally and state representative data on the types of health insurance plans offered by employers, enrollment in plans by employees, the amounts paid by both employers and employees for those plans, and the characteristics of the employers. In FY 2021, 2022, and 2023, the MEPS Insurance Component maintained the precision levels of survey estimates for all 50 states and the District of Columbia, maintained survey response rates, and adhered to data release schedules. The FY 2025 President's Budget level will permit the MEPS Insurance Component to maintain existing survey capacity at its current level.

FY 2023 Program Accomplishments

The MEPS Household Component (HC) collects nationally representative information from household respondents on demographic characteristics, socioeconomic status, health insurance status, access to care, health status, chronic conditions, and use of healthcare services that can be used to examine a broad range of important health issues. The MEPS Insurance Component (IC) collects nationally representative information from private employers and state and local governments that can be used to examine a broad range of issues related to the provision of employer-sponsored health insurance coverage. Following are key findings from recent research that used the MEPS HC and the MEPS IC to provide information that can inform efforts to improve equity and efficiency in primary care delivery, access to prenatal care, and insurance affordability.

Key Findings:

Primary Care Spending in the US Population (using data from the MEPS HC):

- The MEPS HC provides nationally representative estimates of primary care spending for all individuals in the US community population regardless of insurance source.
- In 2019, primary care spending totaled $439 per person and was:
    - highest for the Medicare population ($736),
    - lowest for the uninsured population ($78),
    - and $461 for those with group private insurance.
- The percentage of medical spending on primary care was 7.0% for the total population and was lower for those who were:
    - 65 and older (5.1%),
    - in worse health (5.6%),
    - or covered by Medicare (5.3%).
- Nearly 41% of the population had no primary care spending. This percentage was higher for individuals who were:
    - Hispanic (52.7%),
    - non-Hispanic Black (49.0%),
    - non-Hispanic other (44.3%),
    - or uninsured (79.9%).
- These results can inform efforts to improve equity and efficiency in the delivery of primary care.

Insurance Status of Mothers at the Time of Birth, by Demographic Characteristics, 2008–19 (using data from the MEPS HC):

- The percentage of mothers who were uninsured at the time of giving birth declined from 10.4% to 5.9%, or by 43.3%, between 2008–2013 and 2014–2019.
- The percentage of mothers who were privately covered at the time of giving birth increased from 55.4% to 60.5%, or by 9.2%, between 2008–2013 and 2014–2019.
- There was no significant change in the percentage of mothers with public coverage at time of giving birth between 2008–2013 and 2014–2019.
- When considering age subgroups, declines in the percentage of mothers who were uninsured at the time of giving birth were observed among women in the following age categories: 13 to 19, 20 to 29, and 30 to 39.
- Compared with non-Hispanic White and non-Hispanic Black mothers, Hispanic mothers experienced the largest percentage point decline (9.9 percentage points) in the percentage uninsured at time of giving birth between 2008–2013 and 2014–2019.
- These results can help to inform efforts to improve access to prenatal care in the US community population.

Trends in Employer-Sponsored Insurance (using MEPS IC data on private sector workers):

- Employer-sponsored health insurance in the private sector was characterized by modest increases in premiums and relatively little change in cost-sharing for covered workers in 2022.

  - In 2022, average health insurance premiums were $7,590 for single coverage and $21,931 for family coverage, representing increases of 2.8 and 2.6 percent, respectively, from 2021 levels.
  - In 2022, the overall percentage of enrollees with a deductible (89.2 percent), average individual deductibles ($1,992) and average family deductibles ($3,811) were not significantly different from their 2021 levels.
- From 2021 to 2022, the percentage of workers in an establishment that offered insurance did not change overall but increased – from 50.4% to 52.6 % – among small employers (< 50 employees).
- These results can inform efforts to improve the availability and affordability of employment-based insurance.

Outputs and Outcomes Table with Discussion: MEPS

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/- FY 2024 Target
1.3.16 Maintain the number of months to produce the Insurance Component tables following data collection (MEPS-IC) (Output)	FY 2023: 6 months	6 months	6 months	6 months
1.3.19 Increase the number of tables per year added to the MEPS table series to further the utility of the data in conducting research and informing policy (Output)	FY 2023: Over 56,000 total tables in MEPS-HC table series	+2,300 tables in MEPS tables series	+2,300 tables in MEPS tables series	+2,300 tables

The Medical Expenditure Panel Survey (MEPS) data have become the linchpin for economic health care use and expenditures models. These data are vital in estimating the impact of changes in financing, coverage, and reimbursement policy on the U.S. healthcare system. No other survey provides the foundation for estimating the impact of changes in national policy on various segments of the US population. These data continue to be essential for evaluating healthcare reform policies and analyzing the effect of tax code changes on healthcare expenditures and tax revenue.

1.3.16: Maintain the number of months to produce the Insurance Component tables following data collection (MEPS-IC)

The MEPS-IC measures the extent, cost, and coverage of employer-sponsored health insurance annually. These statistics are produced at the National, State, and sub-State (metropolitan area) levels for private industry. Statistics are also produced for State and Local governments. Special request data runs for estimates not available in the published tables are made for Federal and State agencies as requested.

The MEPS-IC provides annual National and State estimates of aggregate spending on employer-sponsored health insurance for the National Health Expenditure Accounts (NHEA) that are maintained by CMS and for the Gross Domestic Product (GDP) produced by the Bureau of Economic Analysis (BEA). MEPS-IC State-level premium estimates are the basis for determining the average premium limits for the federal tax credit available to small businesses that provide health insurance to their employees. MEPS-IC estimates are used extensively for analyses by federal agencies, including:

- Congressional Budget Office (CBO);
- Congressional Research Service (CRS);

- Department of Treasury;
- The U.S. Congress Joint Committee on Taxation (JCT);
- The Council of Economic Advisors, White House;
- Department of Health and Human Services (HHS), including Assistant Secretary for Planning and Evaluation (ASPE) and Centers for Medicare & Medicaid Services (CMS).

Schedules for data release were maintained for FY 2023 and will be maintained through FY 2024 and FY 2025. Further, reducing the target time is not feasible because the proration and post-stratification processes depend on the timing and availability of key IRS data that are appended to the survey frame. Data trends from 1996 through 2022 are mapped using the MEPS-IC Data Tools. In addition, special runs are often made for federal and state agencies that track data trends of interest across years.

1.3.19: Increase the number of tables per year added to the MEPS table series to further the utility of the data in conducting research and informing policy

The MEPS HC Tables Compendia has recently been updated, moving to a more user-friendly and versatile format (https://datatools.ahrq.gov/meps-hc). Interactive dashboards are provided for the following: use, expenditures, and population; health insurance, accessibility, and quality of care; medical conditions and prescribed drugs. The new format dramatically expands the number of tables generated depending on the parameters entered by the user.

The 2020 MEPS-HC dashboards include 2,300 tables. The 2021 MEPS-IC dashboards include 5,008 national-level tables and 337 State and local government tables. Although the number of tables can change each year, the total number of tables included in the MEPS-HC dashboards (1996-2020) exceeds 54,000, and there are over 90,000 tables in the MEPS-IC dashboards (1996-2021).

The MEPS Interactive Data Tools are a source of essential data easily accessed by users. Expanding the content and coverage of these tools furthers the utility of the data for conducting research and informing policy. Data are available from 1996 through 2021 for MEPS-IC and from 1996-2020 for MEPS-HC. This represents over twenty-five years of data for both the Household and Insurance Components, enabling users to follow trends on various topics.

In FY 2023, the MEPS-HC dashboards showcased over 56,000 distinct tables through interactive displays on seven Tableau dashboards, comprising four main and three sub-dashboards. These dashboards offer a dynamic viewing experience with features like time-series graphs, cross-sectional graphs, and downloadable Excel tables. A significant enhancement in FY 2023 was the refinement of the Medical Conditions dashboard, which included improved condition categories and an added filter for selecting conditions based on the corresponding body system.

For FY 2024, the MEPS team is actively working to augment the MEPS-HC data tools with an additional 2,300 tables. This expansion will integrate the latest 2022 MEPS-HC data, slated for public release in the summer of 2024.

Looking ahead to FY 2025, the MEPS dashboards are set to expand further, with plans to incorporate around 2,300 additional tables. This increase will involve updating the existing tools with the 2023 MEPS-HC data. These consistent, annual updates help ensure that MEPS provides relevant, up-to-date healthcare data for researchers and policy analysts.

[Medical Expenditure Panel Survey Publication Details (ahrq.gov)]

Mechanism Table:

Medical Expenditure Panel Survey

(Dollars in Thousands)

	FY 2023 Final		FY 2024 CR Level		FY 2025 President's Budget	
RESEARCH GRANTS	**No.**	**Dollars**	**No.**	**Dollars**	**No.**	**Dollars**
Non-Competing……………	0	0	0	0	0	0
New & Competing……………..	0	0	0	0	0	0
Supplemental………………	0	0	0	0	0	0
TOTAL, RESEARCH GRANTS…..	**0**	**0**	**0**	**0**	**0**	**0**
TOTAL CONTRACTS/IAAs…..		**71,791**		**71,791**		**74,621**
TOTAL…………………		**$71,791**		**$71,791**		**$74,621**

5-Year Funding Table:

FY 2021:	$71,791,000
FY 2022:	$71,791,000
FY 2023 Final:	$71,791,000
FY 2024 CR Level:	$71,791,000
FY 2025 President's Budget:	$74,621,000

Program Support				
	FY 2023 Final	FY 2024 CR Level	FY 2025 President's Budget	FY 2025 +/- FY 2023
Budget Authority	$73,100,000	$73,100,000	$77,657,000	+$4,557,000
PHS Evaluation Funds	$0	$0	$0	$0
FTEs (BA)	257	262	262	--

Authorizing Legislation: Title III and IX and Section 947(c) of the Public Health Service Act
FY 2025 Authorization……………………………………………………………………………Expired.
Allocation Method………………………………………………………………………………… Other.

Program Support Description: Program Support activities provide administrative, budgetary, logistical, and scientific support in the review, award, and monitoring of research grants, training awards, and research and development contracts. Program Support functions also encompass strategic planning, coordination, and evaluation of the AHRQ's programs, regulatory compliance, international coordination, and liaison with other Federal agencies, Congress, and the public.

FY 2025 Budget Policy: The FY 2025 President's Budget requests $77.7 million, an increase of $4.6 million for Program Support over the FY 2023 Final level. The increase of $4.6 million provides salary increases for FYs 2024 and 2025, adjustments to benefits, and a slight increase to AHRQ's service providers, including the Service and Supply Fund.

Additionally, in January 2022, President Biden signed Memorandum 22-09, which sets forth a Federal Zero Trust Architecture (ZTA) strategy, requiring agencies to meet specific cybersecurity standards and objectives by the end of Fiscal Year 2025. Between FY 2022 and FY 2025, there are several incremental milestones that AHRQ must meet from a ZTA implementation perspective. As an initial step in Fiscal Year 2022, AHRQ established a ZTA strategy and approach. The Agency will work in FY 2024 and FY 2025 to implement that codified strategy and move the agency to a ZTA-centric model.

As shown in the table below, AHRQ does have additional FTEs supported with other funding sources, including an estimated 2 FTEs from other reimbursable funding and an estimated 35 FTEs supported by the Patient-Centered Outcomes Research Trust Fund. PCORTF FTEs are estimates for FY 2024 and 2025.

	FY 2023 Final	FY 2024 CR Level	FY 2025 President's Budget
FTEs – Budget Authority	257	262	262
FTEs – PCORTF	22	30	35
FTEs – Other Reimbursable	1	2	2

Mechanism Table:

Program Support

(Dollars in Thousands)

	AHRQ FY 2023 Final		AHRQ FY 2024 CR Level		AHRQ FY 2025 President's Budget	
RESEARCH GRANTS	**No.**	**Dollars**	**No.**	**Dollars**	**No.**	**Dollars**
Non-Competing……………	0	0	0	0	0	0
New & Competing……………..	0	0	0	0	0	0
Supplemental………………	0	0	0	0	0	0
TOTAL, RESEARCH GRANTS…..	**0**	**0**	**0**	**0**	**0**	**0**
TOTAL CONTRACTS/IAAs…..		**73,100**		**73,100**		**77,657**
TOTAL…………………		**$73,100**		**$73,100**		**$77,657**

5-Year Funding Table:

FY 2021:	$71,300,000
FY 2022:	$73,100,000
FY 2023 Final:	$73,100,000
FY 2024 CR Level:	$73,100,000
FY 2025 President's Budget:	$77,657,000

Nonrecurring Expenses Fund

Budget Summary

(Dollars in Thousands)

	FY 2023[2]	FY 2024[3]	FY 2025[4]
Notification[1]	$1,700	$18,500	$15,400

Authorizing Legislation:
Authorization…………………. Section 223 of Division G of the Consolidated Appropriations Act, 2008
Allocation Method……………………………………..……………. Direct Federal, Competitive Contract

Program Description and Accomplishments

The Nonrecurring Expenses Fund (NEF) permits HHS to transfer unobligated balances of expired discretionary funds from FY 2008 and subsequent years into the NEF account. Congress authorized the use of the funds for capital acquisitions necessary for the operation of the Department, specifically information technology (IT) and facilities infrastructure acquisitions.

Budget Allocation FY 2025

The FY 2025 plan includes three NEF projects totaling $15.4 million. They include Modernizing the Quality Indicator Software to Enable Cloud Computing and Interoperability with Diverse Data Sources, Medical Expenditure Panel Survey, and Cybersecurity. A summary of each request is provided below.

Modernizing the Quality Indicator Software to Enable Cloud Computing and Interoperability with Diverse Data Sources

The AHRQ Quality Indicators are a flagship measures program at the forefront of the healthcare quality improvement landscape since 1999. The AHRQ Quality Indicators (QIs) are standardized and evidenced-based healthcare quality measures that use readily available hospital inpatient administrative data to measure and track clinical performance and outcomes, including inpatient mortality, surgical complications, and certain healthcare-associated infections. The AHRQ QIs cover four main areas: patient safety, inpatient care, prevention, and pediatric care. Overall, AHRQ anticipates a modernized AHRQ QI data infrastructure will significantly improve the utility of the QI software for users: the software would more robustly represent relevant facets of care quality; the models developed using more timely or real-time data would be more informative for quality improvement; and software and models would more intentionally incorporate the diversity of subpopulation characteristics and healthcare utilization differences representative of the changing demographics of the United States. This new infrastructure would lay the foundation for strategically positioning AHRQ to produce meaningful and accessible quality measurement software for healthcare quality improvement.

Medical Expenditure Panel Survey (MEPS)
The Medical Expenditure Panel Survey (MEPS) Household Component (MEPS-HC) is the only all-payer data system for the US civilian non-institutionalized population. The MEPS-HC is used to plan for and evaluate many Federal health policy proposals by HHS, OMB, CBO, the Department of the Treasury, and many private sector establishments. It is also a complex multi-round panel survey that collects information on five occasions over 2.5 years at the individual and family level and includes multifaceted questionnaires – pulling forward information from prior interviewing sessions, rotating supplemental questionnaires and several other advanced data collection techniques. Prior to March 2020, the MEPS-HC was mainly conducted in-person. During March 2020, the project pivoted from in-person interviews to extensive phone interviews to collect vital health data during the public health emergency. Since then, we have used phone, in-person, and video modes to respect citizen preferences. Moreover, the project has introduced web-based collections for some supplemental questions. Combining all these modes (in person, video, web, and phone) into a single platform will streamline the interview process and reduce labor costs, potentially increasing response rates and improving estimates. These activities will increase program efficiencies and quality.

Cybersecurity
AHRQ requests a one-time IT Development, Modernization, and Enhancement that supports AHRQ's mission by improving the security and availability of Agency back-office functions and aligning the Agency with current government initiatives. AHRQ's Information Security & Privacy Program provides guidance and implementation support for all AHRQ information systems, including the transition to a Zero-Trust architecture per OMB M 22-09, migrating to IPv6-only operation per OMB M 21-07, improving investigative and remediation capabilities per OMB M 21-31, and accelerating Agency cloud adoption through the support of OMB's Cloud Smart strategy. The Federal Information Security Modernization Act (FISMA) defines a framework of guidelines and security standards to protect government information and operations. AHRQ implements FISMA requirements across multiple disparate environments: within government data centers, contractor data centers, and multiple cloud environments. With so many siloed information systems, AHRQ has lacked enterprise-wide visibility and the ability to provide advanced support for incident response activities. NEF funding will allow AHRQ to 1) migrate legacy information systems to the cloud for increased scalability and resiliency (behind a Zero Trust Architecture); 2) facilitate secure interconnections of information systems to support AHRQ's missions better; 3) deploy enterprise-wide security capabilities, such as SIEM platforms and managed TIC access points, to meet Zero Trust and Incident Response and Remediation requirements under OMB M 22-09 and M 21-31; and 4) develop policies, guidance, and standards surrounding the use of containerized applications and Continuous Integration/Continuous Deployment (CI/CD) pipelines to enhance the security and portability of AHRQ's applications. Together, these tasks will expedite AHRQ's transition to a robust ZTA.

Budget Allocation FY 2024

AHRQ has four NEF requests totaling $18.5 million in FY 2024The first project is the Modernization and Optimization of the Healthcare Costs and Utilization Project (HCUP) Data Infrastructure and Computing Environment, the goal of which is to create a modernized, integrated data environment optimized to receive, standardize, create research resources, and contain all HCUP data inputs to further enhance this valuable healthcare data resource. Secondly, NEF will fund the

AHRQ Evidence Digital Knowledge Platform to Improve Health Care Delivery to make AHRQ evidence, tools, and data more easily accessible to clinicians, clinical practices, and health systems, and presented in integrated formats that align with user needs and the important decisions they make in their routine work. Next, NEF will fund AHRQ's Data Website Redesign Project to modernize the way that the public accesses important data produced by the Medical Expenditure Panel Survey and other AHRQ data. Lastly, NEF will fund the Promoting Interoperability of Patient Safety Data, which will enable providers and Patient Safety Organizations to contribute patient safety data more readily to AHRQ's Network of Patient Safety Databases by aligning the Common Formats with the United States Core Data for Interoperability and Fast Healthcare Interoperability Resources standards.

Budget Allocation FY 2023

In FY 2023 a total of $1.7 million was provided for the Healthcare Cost and Utilization Project (HCUP) to modernize the HCUP-US website to become a data platform capable of leveraging technological advances that will improve its functionality, accessibility, and usability to signal the on-going relevance of this valuable healthcare data resource. This work is currently in the acquisition stage and AHRQ will obligate the funds in FY 2024.

Budget Allocation FY 2022 and prior

AHRQ has been fortunate to receive NEF funding for the Agency's Quality and Safety Review System (QSRS) twice. Using prior NEF funds, AHRQ developed and enhanced QSRS and modernized its platform by moving it to the AHRQ's AWS cloud in 2019. In FY 2022, AHRQ received funding to evolve QSRS from a primarily manual abstraction system to a mostly automated abstraction system. This work is in process. Finally, additional funding was provided to upgrade the National Healthcare Quality and Disparities Report (QDR) IT platform, and that work is in process and should be completed in FY 2024.

[1] Pursuant to Section 223 of Division G of the Consolidated Appropriation Act, 2008, notification is required of planned use.
[2] Notification submitted to the Committees on Appropriations in the House of Representatives and the Senate on September 23, 2022.
[3] Notification submitted to the Committees on Appropriations in the House of Representatives and the Senate on October 19, 2023.
[4] HHS has not yet notified for FY 2025.

SUPPLEMENTARY TABLES

Agency for Healthcare Research and Quality

Total Discretionary Funds by Object [1/]

Personnel compensation:	FY 2023 Final	FY 2024 CR Level	FY 2025 President's Budget	FY 2025 +/- FY 2023
Full-time permanent (11.1)	34,693,197	37,228,203	38,267,509	3,574,312
Other than full-time permanent (11.3)	3,347,031	3,516,056	3,614,506	267,475
Other personnel compensation (11.5)	1,523,959	1,600,919	1,645,745	121,786
Military personnel (11.7)	842,451	866,086	906,575	82,124
Special personnel services payments (11.8)				
Subtotal personnel compensation	**40,388,638**	**43,208,264**	**44,434,335**	**4,045,697**
Civilian benefits (12.1)	13,783,937	14,825,026	15,240,127	1,456,190
Military benefits (12.2)	141,393	148,533	155,477	14,084
Benefits to former personnel (13.0)	13,943	13,953	13,953	
Total Pay Costs	**54,327,911**	**58,195,766**	**59,843,882**	**5,515,971**
Travel and transportation of persons (21.0)	213,011	217,271	221,834	8,823
Transportation of things (22.0)	3,000	3,060	3,124	124
Rental payments to GSA (23.1)	3,029,000	3,083,553	3,139,056	110,026
Rental payments to Others (23.2)				
Communication, utilities, and misc. charges (23.3)	196,114	200,036	204,237	8,123
Printing and reproduction (24.0)	5,450	5,559	5,676	226
Other Contractual Services:				
Advisory and assistance services (25.1)				
Other services (25.2)	9,917,169	9,917,169	10,217,169	300,000
Purchase of goods and services from government accounts (25.3)	24,194,563	24,194,563	24,436,509	241,946
Operation and maintenance of facilities (25.4)				
Research and Development Contracts (25.5)	145,771,116	137,975,112	145,063,379	(707,737)
Medical care (25.6)				
Operation and maintenance of equipment (25.7)	364,782	372,078	379,891	15,109
Subsistence and support of persons (25.8)				
Subtotal Other Contractual Services	**180,247,630**	**172,458,922**	**180,096,948**	**(150,682)**
Supplies and materials (26.0)	79,004	80,584	82,276	3,272
Equipment (31.0)	133,837	136,514	139,381	5,544
Investments and Loans (33.0)				
Grants, subsidies, and contributions (41.0)	135,154,073	139,118,735	143,608,586	8,454,513
Insurance Claims and Indemnities (42.0)	110,000			(110,000)
Interest and Dividends (43.0)	940			(940)
Total Non-Pay Costs	**319,172,089**	**315,304,234**	**327,501,118**	**8,329,029**
Total Budget Authority by Object Class	**373,500,000**	**373,500,000**	**387,345,000**	**13,845,000**

[1/] Does not include mandatory financing from the PCORTF.

Agency for Healthcare Research and Quality

Salaries and Expenses [1/]

Personnel compensation:	FY 2023 Final	FY 2024 CR Level	FY 2025 President's Budget	FY 2025 +/- FY 2023
Full-time permanent (11.1)	34,693,197	37,225,203	38,267,509	3,574,312
Other than full-time permanent (11.3)	3,347,031	3,516,056	3,614,506	267,475
Other personnel compensation (11.5)	1,523,959	1,600,919	1,645,745	121,786
Military personnel (11.7)	824,451	866,086	906,575	82,124
Subtotal personnel compensation	**39,958,064**	**41,416,533**	**43,935,192**	**4,045,697**
Civilian benefits (12.1)	13,783,937	14,825,026	15,240,127	1,456,190
Military benefits (12.2)	141,393	148,533	155,477	14,084
Benefits to former personnel (13.0)	13,943	13,943	13,943	--
Total Pay Costs	**54,327,911**	**58,195,766**	**59,843,882**	**5,515,971**
Travel and transportation of persons (21.0)	213,011	217,271	221,834	8,823
Transportation of things (22.0)	3,000	3,060	3,124	124
Communication, utilities, and misc. charges (23.3)	196,114	200,036	204,237	8,123
Printing and reproduction (24.0)	5,450	5,559	5,676	226
Other Contractual Services: Other services (25.2)	9,917,169	9,917,169	10,217,169	300,000
Purchase of goods and services from govt accounts (25.3)	4,501,790	888,410	3,420,474	(1,081,316)
Research and Development Contracts (25.5)				
Operation and maintenance of equipment (25.7)	364,782	372,078	379,891	15,109
Subtotal Other Contractual Services	**14,783,741**	**11,177,657**	**14,017,534**	**(766,207)**
Supplies and materials (26.0)	79,004	80,584	82,276	3,272
Insurance Claims and Indemnities (42.0)	110,940			(110,940)
Total Non-Pay Costs	**15,391,260**	**11,684,167**	**14,534,682**	**(856,578)**
Total Salary and Expense	**69,719,171**	**69,879,934**	**74,378,563**	**4,659,392**
Direct FTE	**257**	**262**	**262**	**0**

[1/] Does not include mandatory financing from the PCORTF. Does not include reimbursable FTEs.

Agency for Healthcare Research and Quality

Program Support Detail by Office and Center

Detail of Full Time Equivalents (FTE) [1/]

	2023 Actual Civilian	2023 Actual Military	2023 Actual Total	2024 Est. Civilian	2024 Est. Military	2024 Est. Total	2025 Est. Civilian	2025 Est. Military	2025 Est. Total
Office of the Director (OD)									
Direct:	14	0	14	15	0	15	15	0	15
Reimbursable:	1	0	1	2	0	2	2	0	2
Total:	15	0	15	17	0	17	17	0	17
Office of Management Services (OMS)									
Direct:	56	0	56	59	0	59	59	0	59
Reimbursable:	0	0	0	0	0	0	0	0	0
Total:	56	0	56	59	0	59	59	0	59
Office of Extramural Research, Education, and Priority Populations (OEREP)									
Direct:	26	2	28	26	2	28	26	2	28
Reimbursable:	0	0	0	0	0	0	0	0	0
Total:	26	2	28	26	2	28	26	2	28
Center for Evidence and Practice Improvement (CEPI)									
Direct:	47	2	49	47	2	49	47	2	49
Reimbursable:	0	0	0	0	0	0	0	0	0
Total:	47	2	49	47	2	49	47	2	49
Center for Financing, Access, and Cost Trends (CFACT)									
Direct:	51	0	51	51	0	51	51	0	51
Reimbursable:	0	0	0	0	0	0	0	0	0
Total:	51	0	51	51	0	51	51	0	51
Center for Quality Improvement and Patient Safety (CQuIPS)									
Direct:	36	1	37	37	1	38	37	1	38
Reimbursable:	0	0	0	0	0	0	0	0	0
Total:	36	1	37	37	1	38	37	1	38
Office of Communications (OC)									
Direct:	22	0	22	22	0	22	22	0	22
Reimbursable:	0	0	0	0	0	0	0	0	0
Total:	22	0	22	22	0	22	22	0	22
AHRQ FTE Total	253	5	258	259	5	264	259	5	264

Average GS Grade	
FY 2018	14.7
FY 2019	14.7
FY 2020	14.7
FY 2021	14.7
FY 2022	14.7

[1/] Excludes mandatory PCORTF FTEs. Includes reimbursable FTEs.

Agency for Healthcare Research and Quality

Detail of Positions [1/]

	FY 2023 Final	FY 2024 CR Level	FY 2025 President's Budget
Executive level I	6	6	6
Executive level II	4	4	4
Executive level III			
Executive level IV	1	1	1
Executive level V			
Subtotal Executive Level Positions	11	11	11
Total - Exec. Level Salaries	$2,200,331	$2,312,548	$2,377,299
Total SES, AHRQ	4	5	5
Total - ES Salary, AHRQ	$853,589	$1,079,611	$1,133,592
GS-15	59	60	60
GS-14	73	76	76
GS-13	62	63	63
GS-12	13	13	13
GS-11	12	12	12
GS-10			
GS-9	5	5	5
GS-8	1	1	1
GS-7	4	4	4
GS-6	2	2	2
GS-5	4	4	4
GS-4			
GS-3			
GS-2			
GS-1			
Subtotal	235	240	240
Total – GS Salary	$36,070,267	$37,909,851	$38,971,326
Average GS grade, AHRQ	14.7	14.7	14.7
Average GS salary, AHRQ	$153,490	$157,958	$162,381

[1/] Excludes Special Experts, Services Fellows, and Commissioned Officer positions. Also excludes positions financed using mandatory financing from the PCORTF.

Agency for Healthcare Research and Quality
FTEs Funded by the Patient Protection and Affordable Care Act, P.L. 111-148
(Dollars in Thousands)

Program	Section	FY 2014			FY 2015			FY 2016			FY 2017			FY 2018			FY 2019		
		Total	FTEs	CEs	Total	FTEs	CEs	Total	FTEs	CEs	Total	FTEs	CEs	Total	FTEs	CEs	Total	FTEs	CEs
Patient-Centered Outcomes Research Trust Fund AHRQ Mandatory	6301	$1,505	13	0	$1,644	10	0	$1,430	10	0	$1,387	8	0	$1,129	8	0	$1,096	7	0

Program	Section	FY 2020			FY 2021			FY 2022			FY 2023			FY 2024		
		Total	FTEs	CEs	Total	FTEs	CEs	Total	FTEs	CEs	Total	FTEs	CEs	Total	FTEs	CEs
Patient-Centered Outcomes Research Trust Fund AHRQ Mandatory	6301	$947	5	0	$1,026	6	0	$2,297	13	0	$4,130	22	0	$7,935	30	0

Program	Section	FY 2025		
		Total	FTEs	CEs
Patient-Centered Outcomes Research Trust Fund AHRQ Mandatory	6301	$9,101	35	0

Physicians' Comparability Allowance (PCA) Worksheet

1) Department and component:

Agency for Healthcare Research and Quality (AHRQ)

2) Explain the recruitment and retention problem(s) justifying the need for the PCA pay authority.

Most, if not all, of the research positions at AHRQ are in occupations that are in great demand, commanding competitive salaries in an extremely competitive hiring environment. This includes the 602 (Physician) series which is critical to advancing AHRQ's mission to produce evidence to make health care safer, higher quality, more accessible, equitable, and affordable. Since the Agency has not utilized other mechanisms for the 602 series (for example, Title 38), it is imperative that the Agency offers PCAs to recruit and retain physicians at AHRQ. In the absence of PCA, the Agency would be unable to compete with other Federal entities within HHS and other sectors of the Federal government which offer supplemental compensation (in addition to base pay) to individuals in the 602 series.

3-4) Please complete the table below with details of the PCA agreement for the following years:

	PY 2023 (Actual)	CY 2024 (Estimates)	BY* 2025 (Estimates)
3a) Number of Physicians Receiving PCAs	26	31	33
3b) Number of Physicians with One-Year PCA Agreements	0	0	0
3c) Number of Physicians with Multi-Year PCA Agreements	26	31	33
4a) Average Annual PCA Physician Pay (without PCA payment)	$176,520	$178,285	180,068
4b) Average Annual PCA Payment	$23,619	$23,619	23,619

* FY 2024 data will be approved during the FY 2025 Budget cycle

5) Explain the degree to which recruitment and retention problems were alleviated in your agency through the use of PCAs in the prior fiscal year.

(*Please include any staffing data to support your explanation, such as number and duration of unfilled positions and number of accessions and separations per fiscal year.)*

PCA contracts are used as a tool to alleviate recruitment problems and attract top private sector physicians into public sector positions. These recruitments give AHRQ a well-rounded and highly knowledgeable staff.

6) Provide any additional information that may be useful in planning PCA staffing levels and amounts in your agency.

Agency for Healthcare Research and Quality

Resources for Cyber Activities

(Dollar in Millions)

Cyber Category	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Cyber Human Capital	--	--	--	--
Sector Risk Management Agency (SRMA)	--	--	--	--
Securing Infrastructure Investments	--	--	--	--
Other NIST CSF Capabilities:				
Detect	0.165	0.365	0.565	+0.400
Identity	1.109	1.397	1.397	+0.288
Protect	1.775	4.306	3.306	+1.531
Recover	0.064	0.069	0.069	+0.005
Respond	0.064	0.064	0.064	--
Total Cyber Request	**3.176**	**6.200**	**5.400**	**2.224**
Technology Ecosystems (non-add)				
Zero Trust Implementation (non-add)	--	--	--	--

Agency for Healthcare Research and Quality

Customer Experience

(Dollar in Millions)

	FY 2023 Final	FY 2024 CR	FY 2025 PB	FY 2025 +/- FY 2023
Health Services Research, Data and Dissemination				
AHRQ Customer Satisfaction Tools for AHRQ Website	0.185	0.185	0.185	--
Program Support				
CX Workgroup - Pilot Extramural Grant Project Est. FTE costs	--	0.050	0.100	+0.050

In December 2021, President Biden signed Executive Order 14058 on Transforming Federal Customer Experience and Service Delivery to Rebuild Trust in Government. This EO directed a whole-of-government approach to managing customer experience. In the two years since the Executive Order was signed, agencies worked towards making meaningful progress on improving government efficiency by ensuring the public is able to do basic tasks with the government in a manner that is simple, seamless, and secure. In FY 2024, as part of an HHS-wide Agency Priority Goal AHRQ will join all other HHS operating divisions in pursuing substantial projects to improve customer experience. Funded from base resources, AHRQ continues to provide contract support for customer satisfaction tools to improve the usability of AHRQ Website by using surveys, feedback forms, and visitor session replay recordings as well as usability audits. In FY 2024 AHRQ established a Customer Experience (CX) Workgroup that will pilot implementation of a CX project focused on our extramural grant function with a special focus on improving CX to engage underrepresented applicant groups.

SUPPLEMENTARY TABLES

FY 2024 Significant Items, Senate Report 118-84

1. Center for Primary Care Research

SENATE (Rept. 118-84, p.155)

The Committee includes no less than $2,000,000 for the Center for Primary Care Research authorized at 42 U.S.C. 299b–4(b). The center supports clinical primary care research as well as strategies to improve primary care delivery and advancing the development of primary care researchers. The Committee supports efforts to coordinate research in areas such as multiple chronic conditions, symptom syndromes such as Long COVID, behavioral and social health integration, telehealth in primary care, shared decision-making, and patient experience of care. The areas of focus should include, but not be limited to, expanding research on persons with multiple co-morbid conditions and improving primary care in rural and underserved areas.

Action Taken or to be Taken:

AHRQ greatly appreciates the Committee's continued commitment toward primary and its investment for the Center for Primary Care Research. As the home for primary care research, AHRQ's National Center for Excellence in Primary Care Research (NCEPCR) has been working to coordinate, support, and disseminate primary care research and support the development of primary care researchers through contracts and grants.

A contract initially awarded in FY 2022 continues to support and enhance the ability of NCEPCR to disseminate primary care research. This included a 2023 webinar series which featured the work of 8 primary care research grant awardees, the second webinar series will launch in 2024; a Primary Care Research report of AHRQ investments (2021-22) which will be released in first quarter of 2024; and the first of 3 primary care research stakeholder events which was held in 2023, the second and third are planned for 2024.

NCEPCR awarded a new contract in FY2023 to revitalize AHRQ's support for Practice Based Research Networks (PBRNs). PBRNs are uniquely positioned to conduct primary care research relevant to clinical teams and patients in their practice settings, and rapidly implement improvements. This contract will support the PBRN Registry to improve collaboration, and synthesize and disseminate PBRN research, tools, and resources to broaden impact.

In FY 2023, NCEPCR released a new funding announcement for small research projects (R03 mechanism) to further encourage investigator-initiated research applications focused on primary care and in 2024 anticipates releasing an announcement for large research projects (R01) in primary care.

Specifically, the new funding announcement aims to support research that builds evidence about the characteristics of primary care that influence patient outcomes (such as care coordination, continuity of care, comprehensiveness of care, person-centered, whole health care, clinician-patient relationships and trust, and clinician wellbeing), and focuses on clinical areas unique to primary care (such as multiple chronic conditions, preventive care and implementation of USPSTF recommendations, undifferentiated syndromes, or integrated behavioral and mental healthcare).

To improve care for people living with multiple chronic conditions, AHRQ envisions a sustainable healthcare system that delivers high-value coordinated, integrated patient-centered care based in primary care optimizing individual and population health by preventing and effectively managing multiple chronic conditions. To that end we are launching an initiative to learn how to better scale and spread person-centered care planning for people living with multiple chronic conditions in order to improve quality of care and care coordination, and to help people achieve their goals. Through extensive stakeholder engagement AHRQ has published a research agenda to improve care for people living with multiple chronic conditions. We will also be issuing a Special Emphasis Notice on Optimizing Health and Well-Being in Older Adults the majority of home have multiple chronic conditions that will encourage investigator-initiated research in this area including the needs of underserved and rural communities.

2. **Improving Maternal Health**

SENATE (Rept. 118-84, p.155)

The Committee supports AHRQ efforts to address the complex challenges of ensuring safe and healthy pregnancies and childbirth, particularly for underserved women who are at substantially higher risk of complication and death

Action Taken or to be Taken:

AHRQ appreciates the Committee's support for maternal and child healthcare. The Agency continues to be active in this area. The following is an update of our activities related to maternal and child health:

- **Update and Pilot AHRQ Safety Program in Perinatal Care (SPPC**) - Focus on Equitable Care: To meet the goal of addressing complex challenges of ensuring safe and healthy pregnancies and childbirth, particularly for underserved women who are at substantially higher risk of complication and death, AHRQ will update the Safety Program in Perinatal Care-II (SPPC-II) in FY 2024. More specifically, the updates will include the following: (1) embedding evidence-based practices for achieving respectful care in maternal based on new findings from a

systematic review (see below); (2) new patient-centered updates to the TeamSTEPPS, teamwork and communications framework & (3) new equity foci within the AIM clinical bundles. The updated SPPC tool will then be piloted leveraging the CDC Perinatal Quality Collaboratives.

- **Conduct and Disseminate Evidence-Based Systematic Review- "Respectful Maternity Care**:" To inform the SPPC-II work and other maternal-health related efforts, AHRQ initiated a systematic review on respectful maternity care, entitled "Respectful Maternity Care: Dissemination and Implementation of Perinatal Safety Culture to Improve Equitable Maternal Healthcare Delivery and Outcomes" that will support integration of best practices into the existing SPPC toolkit (see above). The review was finalized and a publication occurred in January 2024.
- **Establish and Lead Federal Partners Maternal Health Measurement Workgroup**: In 2023, AHRQ and ASPE established the Federal Partners Maternal Health Measurement Workgroup advance work across the Department of Health and Human Services focused on development and use of measures to understand, monitor, and improve maternal health care delivery and outcomes. The workgroup will continue in FY 2024 to coordinate measurement activities across HHS and additional federal partners.
- **Fund Research Grants in area of Maternal Health**: In FY 2023, AHRQ funded ten grants that address complex challenges of ensuring safe and healthy pregnancies and childbirth, particularly for underserved women who are at substantially higher risk of complication and death. These grants are in progress, with various completion dates between 2024-2028.

3. Long COVID Research

SENATE (Rept. 118-84, p.155)

The extensive incidence of individuals suffering from Long COVID (Post-Acute Sequelae of SARS CoV–2 COVID [PASC]) presents an ongoing challenge to the healthcare system, patients and their caregivers. The Committee recommendation includes $10,000,000 to support access to comprehensive, coordinated, and person-centered care, particularly for underserved, rural, vulnerable, or minority populations that are disproportionately impacted by the effects of Long COVID. This funding supports health-systems research that develops and implements new or improved care delivery models, expands access and services offered, and strengthens care coordination. The Committee expects AHRQ to coordinate these efforts on Long COVID health-systems research with HRSA and other Federal healthcare agencies

Action Taken or to be Taken:

AHRQ appreciates the Committee's continued support for investing in AHRQ's Long COVID Care Network. Among other things, this funding will help spread critical evidence on best practices to help providers treat patients suffering from post-acute sequalae of COVID-19.

In September 2023, AHRQ awarded grants to nine multidisciplinary Long COVID clinics across the country – creating **AHRQ's Long COVID Care Network** - to expand access to comprehensive, coordinated, and person-centered care for people with Long COVID, particularly underserved, rural, vulnerable, and minority populations that are disproportionately impacted by the effects of Long COVID. The grants are a first of their kind, designed to expand access and care, develop and implement new or improved care delivery models, foster best practices for Long COVID management, and support the primary care community in Long COVID education and management. This initiative is part of a whole-of-government effort by the Biden-Harris Administration to accelerate scientific progress and provide individuals with Long COVID the support and services they need. In addition, AHRQ has awarded a complementary contract to promote success and peer-to-peer learning of grantees through a learning community, evaluate overall success of AHRQ's Long COVID care network across grantees, and share initiative findings. The grants and contract totaled approximately $10.0 million in FY 2023. Continued funding in FY 2024 and beyond at the $10.0 million annual level is required in order for these grantees to continue to offer expanded services to Long COVID patients, support primary care providers, and share learnings with the broader Long COVID provider and patient community.

The AHRQ Evidence-Based Practice Center (AHRQ EPC) Program also commissioned a technical brief on "Long COVID Models of Care" in FY 2023 Long COVID Models of Care" which focused on definitions of long COVID, types of models of care including those that include primary care, and gaps in our understanding. The report has completed peer review and public comment, and a final report is expected in Spring 2024.

As part of AHRQ's legislative mandate related to the Patient Centered Outcomes Research Trust Fund, the Division of Digital Healthcare Research is planning a Notice of Funding Opportunity (NOFO) to demonstrate the use of computer-based clinical decision support for Long COVID care. AHRQ plans to release the NOFO in Summer 2024.

Collection of real-world Long COVID data is critical to allow researchers to understand how COVID-19 affects health outcomes and identify appropriate interventions and strategies to improve outcomes and address inequities across patient groups. AHRQ in partnership with NIDDK is developing an interoperable electronic-care (ecare) plan to facilitate aggregation and sharing of critical patient-centered data across home-, community-, clinic-, and research- based settings for people with multiple chronic conditions (MCC). https://ecareplan.ahrq.gov/ We developed a set of standardized data elements critical to long COVID healthcare and research, represented the data

elements in the Fast Healthcare Interoperability Resource (FHIR) standard, and are testing that data elements can be retrieved, aggregated, viewed, and exchanged using a SMART on FHIR application. These data standards can facilitate real-world research on both clinical care and models of care for long covid and allow pooling of data across studies. These data standards have been balloted by HL7 International, a standards setting body for electronic health record data.

4. Nonalcoholic Fatty Liver Disease Study

SENATE (Rept. 118-84, p.155)

The Committee acknowledges the public health burden of NAFLD and values having a comprehensive understanding of NAFLD. Therefore, the Committee encourages AHRQ, in collaboration with other relevant Federal agency stakeholders, to evaluate the prevalence, diagnoses, treatments, and complications associated with NAFLD. The Committee requests that such study: (1) assess the prevalence of NAFLD in the United States; (2) assess the costs associated with individuals diagnosed with NAFLD, including the costs to patients, families, and government programs; (3) assess the costs and impact on patients and the healthcare system if NAFLD is unaddressed and progresses to nonalcoholic steatohepatitis [NASH], liver failure, poor liver function, or liver transplant; (4) identify and address barriers to preventing, diagnosing, and treating NAFLD and NASH; and (5) include an analysis of any disparities in access to care and other outcomes, such as health status, among minority populations. **The Committee requests that AHRQ provide an interim report on the findings of this study, if applicable, in the fiscal year 2025 Congressional Justification and to provide a final report, if applicable, in the fiscal year 2026 Congressional Justification.**

Action Taken or to be Taken:

AHRQ continues to work with its partner agencies and other stakeholders to address the public health burden of NAFLD and gain a better understanding of effective strategies to preventing, diagnosing, and treating the disease.

Later this year, AHRQ will be releasing an HCUP Statistical Brief that will examine disparities in hospital utilization and costs related to NAFLD. If funds were made available, AHRQ could develop an evidence review on strategies to identify and address barriers to preventing, diagnosing and treating NAFLD and NASH; and an evidence review on disparities in access to NAFLD and NASH treatment experienced by minority populations

5. Opioid Research

SENATE (Rept. 118-84, p.155)

The Committee continues to support the research AHRQ has undertaken to better equip practitioners with evidence-based interventions to treat opioid and multi-substance misuse. The Committee expects AHRQ to continue its opioid-related research to include equitable access to treatment, management of substance use disorders with other co-occurring chronic conditions, and how changes in service delivery could improve outcomes.

Action Taken or to be Taken:

AHRQ's initiative to improve the management of opioids in older adults will conclude this year; the final interactive Opioid Use in Older Adults Compendium of Resources has been publicly posted and final research results from the grants will be available later this year. Last September, AHRQ awarded four 4-year grants to support the management of substance use disorders in primary care; grantees are investigating the use of AI enabled texts to increase MOUD care engagement in underserved urban populations, telehealth to increase MOUD provision in rural settings, factorial analysis of practice change, and how to involve patients and providers in co-design of treatment programs based in primary care. In addition, the AHRQ Academy for Integrating Behavioral Health and Primary Care has released a number of clinician guides on relevant issues such as the use of mental health apps in primary care, low threshold buprenorphine, and health equity and behavioral health integration.

6. Patient Safety

SENATE (Rept. 118-84, p.155)

The Committee continues to support AHRQ's research to address failures in the diagnostic process and to support Diagnostic Safety Centers of Excellence to develop systems, measures, and new technology solutions to improve diagnostic safety and quality.

Action Taken or to be Taken:

AHRQ strongly agrees that diagnostic errors are a serious and complex issue and greatly appreciates the Committees' continued support and investment in addressing this issue. To help improve diagnostic safety and quality, AHRQ has prioritized supporting research to better understand why diagnostic errors occur as well as strategies to prevent them from taking place.

To build on our important diagnostic safety work, AHRQ will, subject to the availability of funding, support research to address diagnostic mishaps which includes two recently posted Notice of Funding Opportunities to 1) understand why diagnostic errors occur and 2) develop solutions to improve diagnostic safety and quality. AHRQ will continue to support the Research Centers of Diagnostic Excellence that were funded in FY 2022. Such Centers have the expertise to address this challenging issue by developing systems, measures, and new technology to improve diagnostic safety. AHRQ will also continue to promote the uptake of resources, developed over the past two years, that seek to improve diagnostic safety and quality. To that end, AHRQ has awarded contracts in FY 2023 to work with healthcare organizations to implement and assess the impact of using four of AHRQ's recently developed diagnostic safety resources.

7. **People with Disabilities**

SENATE (Rept. 118-84, p. 155)

The Committee continues to support AHRQ's work with stakeholders to develop a research agenda and report for dissemination on health promotion, disease prevention, and intervention strategies for people with disabilities.

Action Taken or to be Taken:

In 2023, AHRQ commissioned an evidence review on "Healthcare Delivery of Clinical Preventive Services for People with Disabilities." The research protocol was published October 2023. AHRQ has convened an expert stakeholder panel which, informed by the AHRQ report, will develop a research agenda and related report on this topic by mid-2024.

8. **Telehealth**

SENATE (Rept. 118-84, p. 155)

The Committee notes that telehealth now represents a significant share of healthcare delivery. The Committee encourages AHRQ to issue guidance on effective strategies to engage individuals with disabilities and individuals with limited English proficiency, and to assess and publish the effectiveness of beneficiary telehealth readiness tools commonly used across the health system, such as digital navigators and provision of technology.

Action Taken or to be Taken

Telehealth increasingly has become more widespread in its use of delivery of care. To better understand the effectiveness of telehealth strategies, specifically for individuals with disabilities and individuals with limited English proficiency, AHRQ is funding the following grants:

- Feasibility Study of a Mobile Digital Personal Health Record for Family- Centered Care Coordination for Children and Youth with Special Healthcare Needs
- School-Based Tele-Physiatry Assistance for Rehabilitative and Therapeutic Services for Children with Special Health Care Needs Living in Rural and Underserved Communities
- A Clinical Trial to Validate an Automated Online Language Interpreting Tool with Hispanic Patients Who Have Limited English Proficiency.

With the availability of resources, AHRQ would welcome the opportunity to conduct a comprehensive, evidence-based review of findings from studies, including those mentioned above, that can be used to inform guidance on strategies to virtually engage individuals with disabilities and individuals with limited English proficiency.

9. USPSTF – Medical Innovations

SENATE (Rept. 118-84, p. 156)

The Committee notes concerns with the USPSTF's ability to keep pace with medical innovation. Emerging and innovative screening modalities can further public health for all Americans and address health inequities by improving timely access to and compliance with USPSTF-recommended screenings. The Committee continues to encourage the USPSTF to utilize the Early Topic Update process described in the USPSTF procedure manual to review a recommendation on an enhanced timeframe upon a showing of new evidence. The Committee also continues to urge the USPSTF to prioritize review of any new screening test or preventive medication approved or cleared by the Food and Drug Administration that is a preventive strategy or modality pertaining to, but not included, in a previous USPSTF recommendation.

Action Taken or to be Taken

Consistent with its mandate, AHRQ will continue to provide administrative, research, and technical support to the USPSTF to expeditiously produce recommendations on clinical preventive services as the USPSTF balances the need to respond quickly to new evidence with their commitment to rigorous evidence-based methods and comprehensive stakeholder and public input. Over the years, AHRQ has worked with the USPSTF on developing and implementing strategies to make its

processes more transparent and efficient to respond to important health needs. AHRQ will continue to support the USPSTF with its evidence-based methods, including ongoing and continued surveillance of the evidence, including studies for FDA approvals, and to use the Early Topic Update process.

10. USPSTF Public Engagement

SENATE (Rept. 118-84, p. 156)

The Committee encourages the USPSTF to advance open processes that help ensure meaningful engagement by the public, including underrepresented groups.

Action Taken or to be Taken

AHRQ thanks Congress for their continued support of the USPSTF in developing evidence-based recommendations on clinical preventive services to improve the health of all people nationwide. Consistent with its mandate, AHRQ continues to support the USPSTF in its commitment to adhering to the highest standards of trustworthy recommendation development that includes a timely, transparent, and rigorous process, providing multiple opportunities for public comment, diverse stakeholder input, and the inclusion of experts across the clinical specialties. Since its inception, the USPSTF has been committed to improving the health of people nationwide and reducing health inequities. AHRQ looks forward to continuing its support of the USPSTF in the transparent development of recommendations that are useful to the diverse people across the nation. If additional resources were to become available, AHRQ would welcome the opportunity to support the USPSTF in the development of additional processes to further increase engagement with the public.