
Trump Budget Cuts Threat to AHRQ's Future



The U.S. Agency for Healthcare Research and Quality (AHRQ) is responsible for making healthcare safer and more effective. While AHRQ has survived 20 years in Washington, misunderstanding about the role of the agency within the federal government may lead to its demise.

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Under President Donald Trump's budget proposal, funding for the agency may be eliminated. This is because the administration wants to merge it with the National Institute of Health (NIH), which also faces a \$5.8 billion cut in funding.

Supporters say AHRQ plays a key role in controlling healthcare costs and makes sure medical practice is evidence-based and not motivated by financial interests. The agency looks at the effectiveness of healthcare practices, such as identifying strategies to reduce medical errors and hospital-acquired conditions. For Republicans, however, the agency's work is duplicative and wasteful.

In a recent budget hearing, Health and Human Services Secretary Tom Price defended the administration's consolidation plan. He said the proposed changes would improve efficiency while continuing to fulfil the agency's mission.

Lisa Simpson, chief executive of Academy Health, a healthcare research organisation, said that although it is well-known and respected within the scientific community, AHRQ lacks the visibility of larger agencies like the Centers for Disease Control and Prevention and the NIH.

"When you think about how many taxpayer dollars are spent to pay for healthcare under any scenario – Medicare, Medicaid, CHIP – to not invest a tiny amount of money to understand how to improve the quality of care seems so ill-advised and shortsighted," Simpson pointed out.

While the proposal is a threat to the agency's future, it could be beneficial if it's reorganised under the right conditions, wrote Andrew Bindman, MD, in a blog post for Health Affairs. The AHRQ could lead efforts on how to prioritise the allocation of resources for practice-based research and implementation science available through the NIH and other federal investments, he said. Dr. Bindman is a professor of medicine, epidemiology & biostatistics, and an affiliated faculty member within the Philip R. Lee Institute for Health Policy Studies at the University of California, San Francisco.

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