2024 Current Fiscal Year Report: National Advisory Council for Healthcare Research and Quality

Report Run Date: 04/19/2024 02:21:59 PM

1. Department or Agency 2. Fiscal Year

Department of Health and Human Services 2024

3b. GSA
3. Committee or Subcommittee

Committee No.

National Advisory Council for Healthcare

Research and Quality 942

4. Is this New During 5. Current 6. Expected 7. Expected Fiscal Year? Charter Renewal Date Term Date

No 03/22/1990

8a. Was Terminated During 8b. Specific Termination Authority 8c. Actual Term Date

No

9. Agency 10b.

Recommendation for Next Req to Terminate?

| Continuous Continuous

Continue No Not Applicable

11. Establishment Authority Statutory (Congress Created)

12. Specific 13. 14.

Establishment Effective Committee

Authority Data Type

Authority Date Type

41 U.S.C. 299c 11/03/2000 Continuing No

15. Description of Committee National Policy Issue Advisory

Board

16a. Total

No Reports for this FiscalYear

Reports

17a.

Open 0 17b. Closed 0 17c. Partially Closed 0 Other Activities 0 17d. Total 0

Meetings and Dates

No Meetings

Current Next

FY FY

18a(1). Personnel Pmts to Non-Federal Members	\$0.00\$0.00
18a(2). Personnel Pmts to Federal Members	\$0.00\$0.00
18a(3). Personnel Pmts to Federal Staff	\$0.00\$0.00
18a(4). Personnel Pmts to Non-Member Consultants	\$0.00\$0.00
18b(1). Travel and Per Diem to Non-Federal Members	\$0.00\$0.00
18b(2). Travel and Per Diem to Federal Members	\$0.00\$0.00
18b(3). Travel and Per Diem to Federal Staff	\$0.00\$0.00
18b(4). Travel and Per Diem to Non-member Consultants	\$0.00\$0.00
18c. Other(rents,user charges, graphics, printing, mail, etc.)	\$0.00\$0.00
18d. Total	\$0.00\$0.00
19. Federal Staff Support Years (FTE)	0.00 0.00

20a. How does the Committee accomplish its purpose?

The Charter of the National Advisory Council for Healthcare Research and Quality, as provided for under P.L. 92-463, Section 921 establishes two functions: 1) the Council shall advise the Secretary and the Director with respect to activities to carry out the purpose of the Agency under section 901(b); and make recommendations to the Secretary of HHS and the Director on matters related to actions of the Agency to enhance the quality, improve the outcomes, and reduce the costs of health care services, as well as improve access to such services, through scientific research and the promotion of improvements in clinical practice and in the organization, financing, and delivery of health care

services 2) the Council shall advise the Secretary and Director through recommendations regarding priorities for a national agenda and strategy for: priorities regarding health care research, especially studies related to quality, outcomes, cost and utilization of, and access to, health care services; the field of health care research and related disciplines, especially issues related to training needs,, and dissemination of information pertaining to health care quality; and the appropriate role of the Agency in each of these areas in light of private sector activity and identification of opportunities for public-private partnerships.

20b. How does the Committee balance its membership?

The Council shall consist of 21 appropriately qualified individuals from non-federal government organizations. Additionally, a number of ex-officio members are also part of the Council. At least 17 members of the Advisory Council shall be representatives of the public who are not officers or employees of the United States and at least 1 member who shall be a specialist in the rural aspects of 1 or more of the following professions or fields. Of such members: 3 shall be individuals distinguished in the conduct of research, demonstration projects, and evaluations with respect to health care; 3 shall be individuals distinguished in the fields of health care quality research or health care improvement; 3 shall be individuals distinguished in the practice of medicine of whom at least one shall be a primary care practitioner; 3 shall be individuals distinguished in the other health professions; 3 shall be individuals either representing the private health care sector, including health plans, providers, and purchasers or individuals

distinguished as administrators of health care delivery systems; 3 shall be individuals distinguished in the fields of health care economics, information systems, law, ethics, business, or public policy; and 3 shall be individuals representing the interests of patients and consumers of health care. The Council also shall include Federal officials as ex officio members. The Secretary shall designate as ex officio members of the Advisory Council: the Assistant Secretary for Health, the Director of the National Institutes of Health, the Director of the Centers for Disease Control and Prevention, the Administrator of the CMS, the Commissioner of the Food and Drug Administration, the Director of the Office of Personnel Management, the Assistant Secretary of Defense (Health Affairs), and the Under Secretary for Health of the Department of Veterans Affairs. Such other Federal officials as the Secretary may consider appropriate may also be appointed.

20c. How frequent and relevant are the Committee Meetings?

The National Advisory Council for Healthcare Research and Quality meets 3 times during each fiscal year. The Council provides valuable recommendations to the Director on policy issues and priorities for improving the quality, appropriateness, and effectiveness of health care provided in the nation. It does so by recommending topics and issues on which the Agency should focus its limited resources to provide the most benefit to the public, health care industry, and clinicians. The Council helps AHRQ identify other government and private sector organizations with similar interests that might partner with the Agency in developing the knowledge base and the methods to achieve

goals of mutual interest.

20d. Why can't the advice or information this committee provides be obtained elsewhere?

This Council was established by Congress in recognition of the absence of such a formal body of advisors to the Secretary, HHS and Director, AHRQ on matters related to AHRQ. It is the Agency's responsibility, under law, to enhance the quality, appropriateness, and effectiveness of health care services and access to such services through scientific research and the promotion of improvements in clinical practice, organization, financing, and delivery of health care services. The currently serving Council members represent expertise in a variety of areas such as managed care, health services research, direct care delivery, consumer health and law, health economics, and health benefits. It is the intent of the Congress that advice and assistance in this area be provided by a broadbased representative group of distinguished individuals. The Council is authorized by Section 941 of the Public Health Service Act, 42 U.S.C. 299c. In accordance with its statutory mandate, the Council is to advise the Secretary of the Department of Health and Human Services and the Director of AHRQ on matters related to AHRQ's conduct of its mission.

20e. Why is it necessary to close and/or partially closed committee meetings?

Meetings are not closed.

21. Remarks

Performance measures did not change.

Designated Federal Officer

Jaime Zimmerman Designated Federal Official

Member Designation

AUERBACH, ANDREW	06/30/2021	11/30/2023	Univ. of Calif., SF	Special Government Employee (SGE) Member Special
Asch, David	01/26/2023	03/01/2026	University of Pennsylvania	Government Employee (SGE) Member
BROWN SPEIGHTS, JOEDRECKA	06/30/2021	11/30/2023	Florida State University	Special Government Employee (SGE) Member
Bajaj, Komal	04/13/2022	03/15/2025	NYC Health & Hospitals	Special Government Employee (SGE) Member
Brooks-LaSure, Chiquita	05/25/2021	01/20/2025	Centers for Medicare & Medicaid Services	Ex Officio Member
CARNEY, CAROLINE	06/30/2021	11/30/2023	Magellan Health	Special Government Employee (SGE) Member
Carter, Lemrey	05/08/2023	03/01/2026	National Association of Boards of Pharmacy	Special Government Employee (SGE) Member
Gelrud, Joan	05/26/2023	03/01/2026	Nurse	Special Government Employee (SGE) Member
Goldfarb, Neil	04/13/2022	03/15/2025	Greater Philadelphia Business Coalition on Health	Special Government Employee (SGE) Member
Hernandez-Cancio, Sinsi	01/26/2023	03/01/2026	National Partnership for Women & Families	Special Government Employee (SGE) Member
Hughes, Krista	04/13/2022	03/15/2025	Patient for Patients	Special Government Employee (SGE) Member

IVORY, CATHERINE	06/30/2021	11/30/2023	Vanderbilt University Medical Center	Member
JACOBSON, MIREILLE	06/30/2021	11/30/2023	University of Southern California	Special Government Employee (SGE) Member
McDonough, Denis	02/08/2021	01/20/2025	U.S. Department of Veteran Affairs	Ex Officio Member
Mort, Elizabeth	01/26/2023	03/01/2026	Harvard Medical School	Special Government Employee (SGE) Member
ROBINSON, EDMONDO	04/03/2019	03/15/2025	Moffitt Cancer Center	Special Government Employee (SGE) Member
Ramar, Kannan	04/13/2022	03/15/2025	Mayo Clinic	Special Government Employee (SGE) Member
Reyes, Jeana	04/13/2022	03/15/2025	Horizon Blue Cross Blue Shield of New Jersey	Special Government Employee (SGE) Member
SCHMITZ, DAVID	06/30/2021	11/30/2023	University of North Dakota	Special Government Employee (SGE) Member Special
TING, HENRY	06/30/2021	11/30/2023	Delta Airlines	Government Employee (SGE) Member
Walensky, Rochelle	01/20/2021	01/20/2025	Centers for Disease Control and Prevention	Ex Officio Member
Zhang, Jiajie	04/13/2022	03/15/2025	The University of Texas Health Science Center at Houston	Government

Alegria, Margarita [Subcommittee of the National Advisory Council (SNAC) on the Patient-Centered Outcomes Research Trust Fund]	11/17/2022	11/17/2023	Massachusetts General Hospital	Special Government Employee (SGE) Member
Ayo-Vaughn, Morenike [Subcommittee of the National Advisory Council (SNAC) on the Patient-Centered Outcomes Research Trust Fund]	11/17/2022	11/17/2023	The Commonwealth Fund	Special Government Employee (SGE) Member
Davis, Nichola [Subcommittee of the National Advisory Council (SNAC) on the Patient-Centered Outcomes Research Trust Fund]	11/17/2021	11/17/2023	NYU Grossman School of Medicine	Special Government Employee (SGE) Member
Gone, Joseph [Subcommittee of the National Advisory Council (SNAC) on the Patient-Centered Outcomes Research Trust Fund]	11/17/2022	11/17/2023	Harvard University	Special Government Employee (SGE) Member
Grumbach, Kevin [Subcommittee of the National Advisory Council (SNAC) on the Patient-Centered Outcomes Research Trust Fund]	11/17/2021	11/17/2023	University of California, San Francisco	Special Government Employee (SGE) Member
Hasnain-Wynia, Romana [Subcommittee of the National Advisory Council (SNAC) on the Patient-Centered Outcomes Research Trust Fund]	11/17/2021	11/17/2023	Denver Health	Special Government Employee (SGE) Member
Ituen, Ubong [Subcommittee of the National Advisory Council (SNAC) on the Patient-Centered Outcomes Research Trust Fund]	11/17/2022	11/17/2023	Patient Advocate	Special Government Employee (SGE) Member
Lowe, Susan [Subcommittee of the National Advisory Council (SNAC) on the Patient-Centered Outcomes Research Trust Fund]	11/17/2022	11/17/2023	Patient Advocate	Special Government Employee (SGE) Member
Morales, Leo [Subcommittee of the National Advisory Council (SNAC) on the Patient-Centered Outcomes Research Trust Fund]	11/17/2022	11/17/2023	University of Washington	Special Government Employee (SGE) Member
Pincus, Harold [Subcommittee of the National Advisory Council (SNAC) on the Patient-Centered Outcomes Research Trust Fund]	11/17/2021	11/17/2023	Columbia University	Special Government Employee (SGE) Member
Skapik, Julia [Subcommittee of the National Advisory Council (SNAC) on the Patient-Centered Outcomes Research Trust Fund]	11/17/2022	11/17/2023	National Association of Community Health Centers	Special Government Employee (SGE) Member

Crawford, Barbara [Subcommittee on the National Action Alliance to Advance Patient and Workforce Safety]	03/06/2023	03/06/2024	Kaiser Foundation Health Plan & Hospitals	Special Government Employee (SGE) Member
Fairbanks, Rollin [Subcommittee on the National Action Alliance to Advance Patient and Workforce Safety]	03/06/2023	03/06/2024	Medstar Health	Special Government Employee (SGE) Member
Gandhi, Tejal [Subcommittee on the National Action Alliance to Advance Patient and Workforce Safety]	03/06/2023	03/06/2024	Press Ganey	Special Government Employee (SGE) Member
Grubbs, Ken [Subcommittee on the National Action Alliance to Advance Patient and Workforce Safety]	03/06/2023	03/06/2024	The Joint Commission	Special Government Employee (SGE) Member
MD, MPP, Chris [Subcommittee on the National Action Alliance to Advance Patient and Workforce Safety]	03/06/2023	03/06/2024	American Hospital Association	Special Government Employee (SGE) Member
McGaffigan, Patricia [Subcommittee on the National Action Alliance to Advance Patient and Workforce Safety]	03/06/2023	03/06/2024	Institute for Healthcare Improvement	Special Government Employee (SGE) Member
Muething, Stephen [Subcommittee on the National Action Alliance to Advance Patient and Workforce Safety]	03/06/2023	03/06/2024	Cincinnati Children's Hospital Medical Center	Special Government Employee (SGE) Member
Peterson, Cheryl [Subcommittee on the National Action Alliance to Advance Patient and Workforce Safety]	03/06/2023	03/06/2024	American Nurses Association	Special Government Employee (SGE) Member
Pronovost, Peter [Subcommittee on the National Action Alliance to Advance Patient and Workforce Safety]	03/06/2023	03/06/2024	University Hospitals Cleveland Medical Center	Special Government Employee (SGE) Member
Ramiah, Kalpana [Subcommittee on the National Action Alliance to Advance Patient and Workforce Safety]	03/06/2023	03/06/2024	America's Essential Hospitals	Special Government Employee (SGE) Member
Rocha, Jr., Israel [Subcommittee on the National Action Alliance to Advance Patient and Workforce Safety]	03/06/2023	03/06/2024	Cook County Health	Special Government Employee (SGE) Member

Savitz, Lucy [Subcommittee on the National Action Alliance to Advance Patient and Workforce Safety]	03/06/2023	03/06/2024	University of Pittsburgh	Special Government Employee (SGE) Member
Schneider, Eric [Subcommittee on the National Action Alliance to Advance Patient and Workforce Safety]	03/06/2023	03/06/2024	National Committee for Quality Assurance	Special Government Employee (SGE) Member
Sinsky, Christine [Subcommittee on the National Action Alliance to Advance Patient and Workforce Safety]	03/06/2023	03/06/2024	American Medical Association	Special Government Employee (SGE) Member
Ullem, Beth [Subcommittee on the National Action Alliance to Advance Patient and Workforce Safety]	03/06/2023	03/06/2024	Quality and Safety First	Special Government Employee (SGE) Member

Number of Committee Members Listed: 48

Narrative Description

The National Advisory Council (NAC) provides advice to the Secretary of DHHS and the Director, Agency for Healthcare Research and Quality (AHRQ) on matters related to AHRQ activities to improve the quality, safety, efficiency, and effectiveness of healthcare for all Americans. As a result of the Agency's increased emphasis on strategic planning, the Agency has shifted from a focus on output and process measurement to a focus on outcome measures. The NAC has been extremely helpful in working through this process and new focus through in depth discussions at meetings held throughout the year. Individual NAC members also work with Agency staff on an ongoing basis throughout the year needed.

What are the most significant program outcomes associated with this committee?

	Checked if
	Applies
Improvements to health or safety	¥
Trust in government	¥
Major policy changes	
Advance in scientific research	

Effective grant making		
Improved service delivery	✓	
Increased customer satisfaction	✓	
Implementation of laws or regulatory		
requirements		
Other		
Outcome Comments		
NA		
What are the cost savings associated wit	h this committee?	
	Checked if Applies	
None	×	
Unable to Determine		
Under \$100,000		
\$100,000 - \$500,000		
\$500,001 - \$1,000,000		
\$1,000,001 - \$5,000,000		
\$5,000,001 - \$10,000,000		
Over \$10,000,000		
Cost Savings Other		
Cost Savings Comments		
NA		
What is the approximate Number of reco	mmendations produced by this comr	nittee
for the life of the committee?		
57		

Number of Recommendations Comments

The National Advisory Council for Healthcare Research and Quality (NAC) was established in accordance with Section 921 (now Section 941) of the Public Health Service Act (42 U.S.c. 299 c). In accordance with its statutory mandate, the Council is to advise the Secretary of the Department of Health and Human Services and the Director, Agency for Healthcare Research and Quality (AHRQ), on matters related to actions of the Agency to enhance the quality, improve the outcomes, reduce the costs of health care services, improve access to such series through scientific research and promote improvements in clinical practice and in the organization, financing, and delivery of health

care services. The Council is composed of members of the public, appointed by the Secretary, and Federal ex-officio members. The Council is composed of a wide variety of individuals and organizations that provide unparalleled guidance and expertise in helping AHRQ shape its goals and priorities. In addition, a portion of the meeting is devoted to comments from the public to solicit input and comments to help shape the AHRQ research agenda. Occasionally, new legislation and/or important issues to the Secretary of Health and Human Services, or the Director of AHRQ warrant the formation of a Subcommittee to the NAC (called SNACs) make formal recommendations. While all SNACs make comments and provide advice that influence decisions at AHRQ, formal recommendations have been made by the SNAC addressing the Children's Health Insurance Program Reauthorization (CHIPRA) and the SNAC to identify quality measures for Medicaid-eligible adults. There were no new recommendations for FY2023. 2009 SNAC. Title IV of the Children's Health Insurance Program Reauthorization Act (CHIPRA; Public Law 111-3) required the Secretary of the U.S. Department of Health and Human Services (HHS) to identify and post for public comment by January 1, 2010, an initial, recommended core set of children's health care quality measures for voluntary use by Medicaid and Children's Health Insurance Programs (CHIP), health insurance issuers and managed care entities that enter into contracts with such programs, and providers of items and services under such programs. In collaboration with CMS, AHRQ sought external advice from a 2009 Subcommittee on Child Health Quality Measures for Medicaid and CHIP (SNAC) of AHRQ's National Advisory Council (NAC) to identify such measures. The SNAC met twice during 2009; its charter expired in December 2009. The CHIPRA SNAC recommended to the NAC 25 children's health care quality measures for the initial core set: http://www.ahrq.gov/chipra/coreset/coreset2.htm#second. Subsequently, the Secretary posted for public comment 24 children's healthcare quality measures for the initial core set for voluntary use by Medicaid and CHIP programs. As reported in the Secretary's annual report to Congress, States have been reporting on most of these measures.

http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/CHIPR core set. The Affordable Care Act requires the Secretary of the Department of Health and Human Services (HHS) to identify and publish a core set of health quality measures for Medicaid-eligible adults. To help facilitate an evidence-based and transparent process for prioritizing measures, the National Advisory Council of the Agency for Healthcare Research and Quality (AHRQ) created this Subcommittee for identifying quality measures for Medicaid-eligible adults that could be used for State level quality improvement and voluntary reporting about the care adults eligible for Medicaid receive. The Medicaid SNAC recommended 26 measures2012 CHIPRA SNAC. Title IV of the Children's Health Insurance Program Reauthorization Act (CHIPRA; Public Law 111-3) also required the Secretary of the U.S. Department of Health and Human Services (HHS) to establish a

Pediatric Quality Measures Program for the following purposes:1. Improve and strengthen the initial core set of measures of health care quality established under CHIPRA 2. Expand on existing pediatric quality measures used by public and private health care purchasers, and 3. Increase the portfolio of evidence-based consensus pediatric quality measures available to public and private purchasers of children's health care services, providers, and consumers. AHRQ funded 7 Centers of Excellence in Pediatric Quality Measurement (COEs) to develop and enhance children's healthcare quality measures; topic priorities were set by the Centers for Medicare and Medicaid Services. In addition, a call for public nominations was issued in early 2012 to satisfy in part the CHIPRA legislation requirement for extensive stakeholder involvement in the PQMP. The NAC appointed a new Subcommittee charged with assessing COE-developed and publicly nominated measures. Between July and September 2012, the Subcommittee used a modified Delphi process to assess measures on a set of desirable measure attributes; the Subcommittee's work in 2012 culminated in a recommendation of 5 measures to be added to the initial core set and 2 for use by other public and private health care purchasers, providers, and consumers, as specified above.

What is the approximate <u>Percentage</u> of these recommendations that have been or will be <u>Fully</u> implemented by the agency?

93%

% of Recommendations Fully Implemented Comments

There were no new recommendations for FY 2023. 2009 SNAC Recommendations. 22 of the 25 SNAC recommendations were fully implemented by the Agency. SNAC-recommended measures not implemented by HHS were those for suicide screening and the CAHPS Clinician and Group Survey; in addition, HHS separated the 3 SNAC well child care visit measures (which SNAC recommended as one measure) into 3 separate measures. As a result, the Secretary HHS posted 24 measures for States to voluntarily report to CMS on December 29, 2009. In September 2011, the Secretary reported the number of States that reported on each of the measures. http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downk CMS is working with States to provide technical assistance to increase State reporting levels. Adult Medicaid SNAC. The adult Medicaid SNAC recommendations are 100% implemented. The Adult Medicaid SNAC recommended 26 measures and all were accepted and published. CMS and AHRQ embraced the recommendations 100% and are working to assist States with 100% implementation. The agencies are doing this by

working collaboratively to further refine and standardize data elements for the measures

reporting through alignment with other HHS quality reporting initiatives; coordinate quality

and test them in States and by working to identify ways to facilitate State voluntary

measurement efforts with payment reform strategies, health information technology, and electronic health record initiatives; and identify priority areas for the development of new measures.2012 CHIPRA SNAC recommendations (or child Medicaid and CHIP recommendations). As of mid-October 2012, CMS had not yet made its recommendations to State Medicaid and CHIP programs. These recommendations are due by January 1, 2013. According to CMS staff, CMS plans to recommend only 3 of the 7 measures to Medicaid and CHIP programs for voluntary reporting to CMS and subsequent reporting by the Secretary to Congress.

What is the approximate <u>Percentage</u> of these recommendations that have been or will be <u>Partially</u> implemented by the agency?

93%

% of Recommendations Partially Implemented Comments

This is based on the assumption that CMS will adopt 3 of the 7 recommendations making a total of 53 fully implemented out of a possible 57.

Does the agency provide the committee with feedback regarding actions taken to implement recommendations or advice offered?

Yes ✓	No	Not Applicable
1 63	140	1 VOL 7 (PPII GADIC

Agency Feedback Comments

The Agency provides feedback to the committee by distributing follow-up white papers and the Director's update to reports to the members. Agency staff meet with NAC members regularly. The Agency provides feedback to the public by posting minutes and videos of the meeting on its website. Members of the public can view information or contact the designated federal official for more information. As is listed on our website, members of the public may make comments during the AHRQ NAC meeting by emailing the AHRQ National Advisory email address (NationalAdvisoryCouncil@ahrq.hhs.gov) in advance of the meeting. Minutes and video recordings are posted here: https://www.ahrq.gov/cpi/about/nac.html#meetings. Members of the public are always welcome to send information to the NAC address as well (NationalAdvisoryCouncil@ahrq.hhs.gov).

What other actions has the agency taken as a result of the committee's advice or recommendation?

	Checked if Applies
Reorganized Priorities	✓
Reallocated resources	

Issued new regulation Proposed legislation	
Approved grants or other payments	
Other	
Action Comments NA	
Is the Committee engaged in the review of applications for No	or grants?
Grant Review Comments NA	
How is access provided to the information for the Commi	ttee's documentation?
Checked if A	pplies
Contact DFO	✓
Online Agency Web Site	\checkmark
Online Committee Web Site	\checkmark
Online GSA FACA Web Site	✓
Publications	
Other	
Access Comments	
N/A	