

# News from AHRQ

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## Evidence-based resources for nurses: Agency for Healthcare Research and Quality

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The Agency for Healthcare Research and Quality (AHRQ) seeks to improve health care outcomes through translation of research into practice and policy, with improved delivery of care. AHRQ's mission and goals are congruent with the interests of all nurses — those in practice, administration, education and research. AHRQ's new mission statement was revised in 2003: *The mission of the Agency for Healthcare Research and Quality is to improve the quality, safety, efficiency, and effectiveness of health care for all Americans.* This statement does not represent a major change in mission but, rather, a focusing of the agency's efforts in health services and outcomes research. To accomplish this mission, AHRQ is motivated not only to continue generating research findings, but to translate those findings into practice and policy. The Agency has clearly articulated that the users and stakeholders of translated research include patients, clinicians, health system leaders, and policymakers as well as researchers. An underlying assumption is that decision-making and healthcare outcomes can only improve if research findings are successfully translated and used by all stakeholders.

The Agency for Healthcare Research and Quality intends to make a real impact toward improving health care by supporting research on patient outcomes and quality of health services, as well as translation of that research into practice. The translation of research results requires that they be disseminated to those who make the decisions and choices about health care. Therefore, dissemination is not limited to professional journals for academicians, but dissemination of prod-

ucts for the other stakeholders. In examining what works and does not work in health care, AHRQ's mission includes both translating research findings into better patient care and providing policymakers and other health care leaders with information needed to make critical decisions about health care. These strategies clearly coordinate well with nursing interests in a variety of professional roles.

### AHRQ FUNDING OPPORTUNITIES FOR NURSING

Nursing and AHRQ interests in research and quality improvement are closely aligned such that contributions from nurse researchers to health services research are critically important. Nursing research funded by AHRQ is summarized on the AHRQ Nursing Research Web page: [www.ahrq.gov/about/nursing](http://www.ahrq.gov/about/nursing). Extramural grant funding by the Agency follows the same peer review process as that of the National Institutes of Health. In fact, NIH processes AHRQ applications in conjunction with their extramural process. Therefore, deadlines, funding mechanisms and forms are the same. (Specific information about AHRQ grant announcements may be found at: <http://ahrq.gov/fund/grantix.htm>.) However, the AHRQ process is distinctive in the following ways:

#### *Consistency with AHRQ Mission*

Research applications submitted to AHRQ should reflect the Agency focus on health services, patient outcomes and translation of research into practice and policy. The health services focus is reflected in the Initial Review Group (IRG), which is comprised of five study sections, as follows (see also: <http://ahrq.gov/fund/peerrev/peerrev.htm>):

#### 1. Health Care Research Training

- research training and career development applications, including Dissertation Grants (R36), Fellowships for Minority Pre-docs (F31) and NRSA Post-docs (F32), and Awards for Independent Scientists (K02) and Mentored Clinical Scientists (K08)

The following Study Sections review Large Grant (R01), Small Grant (R03) and Conference Grant (R18) applications:

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2. Health Care Quality and Effectiveness Research
  - quality and cost-effectiveness of health care, including clinical outcomes studies, developing and testing quality measures, methods, tools and indicators
3. Health Care Technology and Decision Sciences
  - development, application and evaluation of technologies relevant to health care, including cost effectiveness, science of decision-making
4. Health Systems Research
  - organization and functioning of the health care system, including topics of access, cost, financing arrangements, market aspects and workforce conditions
5. Health Research Dissemination and Implementation
  - dissemination and implementation of findings, evidence-based reports, and information products, general behavior change, such as professional and consumer education interventions

### *Translation into Practice/Policy*

A new emphasis in all applications submitted to AHRQ is the inclusion of translation activities as an integral grant activity. Users of the findings should be consulted before and during the grant activities. Translation activities should not be limited to a listing of practice implications. Similarly, dissemination activities should not be limited to traditional academic publications and presentations. Examples of translation products follow. These examples are suggestions and should not limit the creativity or expertise of the investigator.

- “Publications” that assist patients, policy-makers and/or clinicians with decision-making about a health service
- Programs that monitor and maintain the sustainability of successful health services or interventions
- Services that enhance the implementation of the results in other settings
- Organizational commitments and activities that initiate changes in policies

### *Contact an AHRQ Project Officer*

Investigators are strongly encouraged to communicate with a Project Officer before a large grant is submitted. The Project Officer is an AHRQ staff member who has general knowledge of health services research and specific knowledge about a substantive area and AHRQ’s research processes. The Project Officer can advise the potential applicant regarding the relevance of the proposed study to AHRQ programs and priority areas. The Project Officer may request a concept paper, an “executive summary” of the proposed study. The review of the concept paper will allow more specific technical support, so the project might be developed to more closely align with AHRQ priorities. However, applicants should keep in mind that such technical support does not include specific scientific or meth-

odologic review, which is entirely within the purview of the IRG study sections. Concept papers are considered confidential communications. To initiate an interaction with a Project Officer, the investigator contacts the Program (or Grant) Coordinator listed at the end of the grant announcement. There may be multiple coordinators listed, in which case the investigator would contact the one from the most relevant center. The Program Coordinator will refer the investigator to the appropriate Project Officer, regardless of the center in which the Project Officer resides.

After the IRG study section review process, the Project Officer and investigator often communicate again. For those applications scored in a fundable range, the Project Officer may request minor revisions or clarification of issues raised through the review process. These minor revisions can be handled through a letter. This information assists the Project Officer in presenting the application to the internal funding committee for consideration. Funding decisions are not based solely on the application’s priority score and scientific review; decisions also carefully consider relevance to AHRQ programs and priorities, and available funding.

### *Dual Assignment and Co-funding*

Nursing research proposals may be of interest to other federal entities, most notably, the National Institutes of Health. The investigator may request a Dual Assignment for potential co-funding by both entities. On the cover letter that accompanies the application, a request should be made for Dual Assignment, specifying the preference for primary assignment to one of the two federal entities. The application is then routed through the primary entity’s review process. If the review is favorable and the scores are in the fundable range, the primary entity Project Officer will contact the other agency Project Officer to assess interest for co-funding.

### *Focus on Priority Populations*

As of October 1, 2003, applications for extramural research funding must include consideration of priority populations. Priority populations are:

- Inner-city and rural areas (including frontier areas)
- Low income groups
- Minority groups
- Women
- Children
- The elderly
- Individuals with special health care needs, including those with disabilities, needing chronic care or end-of life health care

Details about this policy may be found at: <http://grants.nih.gov/grants/guide/notice-files/NOT-HS-03-010.html>. In summary, the policy on the inclusion of women and minorities in research involving human subjects remains applicable. AHRQ grant applicants are required to also consider including subjects from

one or more AHRQ priority populations, as appropriate to the study area and methods. This consideration is described in the research plan and should include a description of plans for recruiting and retaining priority populations, as well as the feasibility of subgroup analyses for a specific priority population(s).

## **CONCLUDING REMARKS**

Nursing has enjoyed a positive relationship with AHRQ since its inception, yet there are still tremendous opportunities to impact clinical practice through research and a shared mission with AHRQ.