

2025 Current Fiscal Year Report: National Advisory Council for Healthcare Research and Quality

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1. Department or Agency

Department of Health and Human Services

2. Fiscal Year

2025

3. Committee or Subcommittee

National Advisory Council for Healthcare
Research and Quality

3b. GSA

Committee No.

942

4. Is this New Fiscal Year?

No

5. Current Charter

03/22/1990

6. Expected Renewal Date

7. Expected Term Date

8a. Was Terminated During Fiscal Year?

No

8b. Specific Termination Authority

8c. Actual Term Date

9. Agency Recommendation for Next Fiscal Year

Continue

10a. Legislation Req to Terminate?

Not Applicable

10b. Legislation Pending?

Not Applicable

11. Establishment Authority Statutory (Congress Created)

12. Specific Establishment Authority

41 U.S.C. 299c

13. Effective Date

11/03/2000

14. Committee Type

Continuing

14c. Presidential?

No

15. Description of Committee National Policy Issue Advisory Board

16a. Total

Number of Reports

No Reports for
this Fiscal Year

17a.

Open

0

17b. Closed

0

17c. Partially Closed

1

Other Activities

0

17d. Total

1

Meetings and Dates

Purpose

Start

End

On Wednesday, November 20, 2024, the Council members met in person and the meeting was open virtually to the public. The Council meeting convened at 11:00 am (EST) with the call to order by the Council Chair and approval of previous Council summary notes. The agenda included an update on AHRQ's Patient-Centered Outcomes Research Trust Fund (PCORTF) Extension Program, as well as an update on the National Action Alliance for Patient and Workforce Safety. There was also a discussion on updates to the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Vision and Strategy. To view the meeting minutes and video webcast, please go to <https://www.ahrq.gov/news/events/nac/2024-11-nac/index.html>

11/20/2024 - 11/20/2024

Number of Committee Meetings Listed: 1

	Current FY	Next 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. Administrative Costs (FRNs, contractor support, In-person/hybrid/virtual meetings)	\$0.00	\$0.00
18d. Other (all other funds not captured by any other cost category)	\$0.00	\$0.00
18e. Total Costs	\$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?

All meetings were partially closed.

21. Remarks

Performance measures did not change.

Designated Federal Officer

Jaime Zimmerman Designated Federal Official

Committee Members	Start	End	Occupation	Member Designation
Angood, Peter	01/23/2024	03/01/2027	American Association for Physician Leadership	Special Government Employee (SGE) Member
Asch, David	01/26/2023	03/01/2026	University of Pennsylvania	Special Government Employee (SGE) Member
Bajaj, Komal	04/13/2022	03/15/2025	NYC Health & Hospitals	Special Government Employee (SGE) Member
Bertagnolli, Monica	11/09/2023	03/01/2026	National Institutes of Health	Ex Officio Member
Brooks-LaSure, Chiquita	05/25/2021	01/20/2025	Centers for Medicare & Medicaid Services	Ex Officio Member
Carter, Lemrey	05/08/2023	03/01/2026	National Association of Boards of Pharmacy	Special Government Employee (SGE) Member

Cohen, Mandy	03/01/2024	01/01/2026	Centers for Disease Control and Prevention	Ex Officio Member
Emert, Mason	01/23/2024	03/01/2027	Choctaw Nation Health Service Authority	Special Government Employee (SGE) Member 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 Special Government Employee (SGE) Member
Hickman, Sharon	01/23/2024	03/01/2027	ChangeZen Consulting, LLC	Special Government Employee (SGE) Member
Hughes, Krista	04/13/2022	03/15/2025	Patient for Patients	Special Government Employee (SGE) Member
Kripalani, Sunil	01/23/2024	03/01/2027	Vanderbilt University Medical Center	Special Government Employee (SGE) Member
Levy, Cari	01/23/2024	03/01/2027	University of Colorado School of Medicine	Special Government Employee (SGE) Member
Lynch-Smith, Miranda	10/31/2023	01/01/2026	Office of the Assistant Secretary for Planning and Evaluation, HHS	Ex Officio Member
Makic, Mary Beth	01/23/2024	03/01/2027	University of Colorado Anschutz Medical Campus	Special Government Employee (SGE) Member

McDonough, Denis	02/08/2021	01/20/2025	U.S. Department of Veteran Affairs	Ex Officio Member
Millenson, Michael	01/23/2024	03/01/2027	Health Quality Advisors, LLC	Special Government Employee (SGE) Member
Molina, Joseph	01/23/2024	03/01/2027	Molina Healthcare	Special Government Employee (SGE) 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
Tripathi, Micky	10/31/2023	01/01/2026	Office of the National Coordinator for Health Information Technology, HHS	Ex Officio 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	Special Government Employee (SGE) Member

Number of Committee Members Listed: 27

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	<input checked="" type="checkbox"/>
Trust in government	<input checked="" type="checkbox"/>
Major policy changes	<input type="checkbox"/>
Advance in scientific research	<input checked="" type="checkbox"/>
Effective grant making	<input type="checkbox"/>
Improved service delivery	<input checked="" type="checkbox"/>
Increased customer satisfaction	<input checked="" type="checkbox"/>
Implementation of laws or regulatory requirements	<input type="checkbox"/>
Other	<input type="checkbox"/>

Outcome Comments

NA

What are the cost savings associated with this committee?

Checked if Applies

None	<input checked="" type="checkbox"/>
Unable to Determine	<input type="checkbox"/>
Under \$100,000	<input type="checkbox"/>
\$100,000 - \$500,000	<input type="checkbox"/>
\$500,001 - \$1,000,000	<input type="checkbox"/>

\$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 recommendations produced by this committee 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 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 Percentage of these recommendations that have been or

will be Fully implemented by the agency?

93%

% of Recommendations Fully Implemented Comments

There were no new recommendations for FY 2024. The last time we had recommendations that were measurably implemented was the 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/Download>
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 and test them in States and by working to identify ways to facilitate State voluntary reporting through alignment with other HHS quality reporting initiatives; coordinate quality 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 Percentage of these recommendations that have been or will be Partially implemented by the agency?

0%

% of Recommendations Partially Implemented Comments

Does the agency provide the committee with feedback regarding actions taken to

implement recommendations or advice offered?Yes ☒ No ☐ Not Applicable ☐**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	<input checked="" type="checkbox"/>
Reallocated resources	<input type="checkbox"/>
Issued new regulation	<input type="checkbox"/>
Proposed legislation	<input type="checkbox"/>
Approved grants or other payments	<input type="checkbox"/>
Other	<input type="checkbox"/>

Action Comments

NA

Is the Committee engaged in the review of applications for grants?

No

Grant Review Comments

NA

How is access provided to the information for the Committee's documentation?

Checked if Applies

Contact DFO	<input checked="" type="checkbox"/>
Online Agency Web Site	<input checked="" type="checkbox"/>

Online Committee Web Site



Online GSA FACA Web Site



Publications



Other



Access Comments

N/A