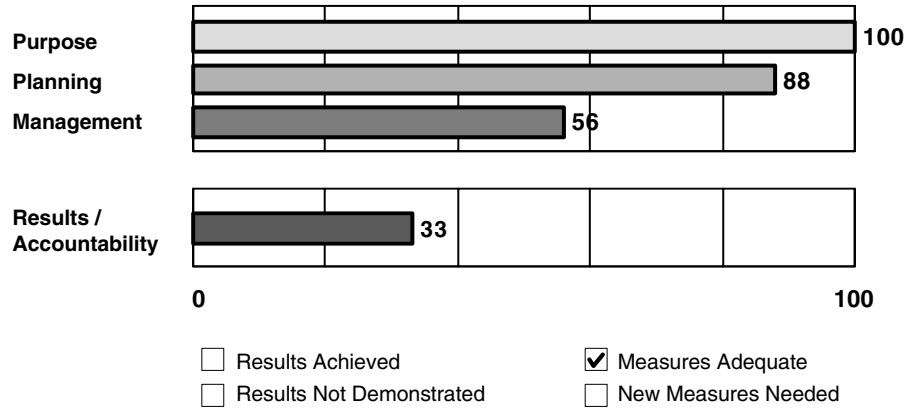


**Program: Translating Research into Practice**

**Agency:** Department of Health and Human Services

**Bureau:** Agency for Healthcare Research and Quality



**Key Performance Measures**

	Year	Target	Actual
Long-term Measure: Rate of hospitalizations for pediatric asthma in persons under age 18 (Modified existing measure)	1999		178,901
	2000		150,876
	2010	105,613	
Long-term Measure: Number of immunization-preventable pneumonia hospital admissions of persons aged 65 and older (Modified existing measure)	1999		792,264
	2000		743,487
	2010	520,441	
Long-term Measure: Number of immunization-preventable influenza hospital admissions of persons aged 65 and older (Modified existing measure)	1999		17,508
	2000		16,529
	2010	11,570	

**Rating: Adequate**

**Program Type:** Research and Development

**Program Summary:**

Translating Research Into Practice (TRIP) grants are provided to public or private entities, universities, and clinics, to address common health conditions, including: infant mortality, cancer screening, cardiovascular disease, diabetes, HIV/AIDS, child and adult immunizations, and mental health and pediatric asthma. Grantees assess the effectiveness of promising new interventions; determine if the new interventions are replicable; compare their benefits, costs, and effects on existing approaches; and focus on the day-to-day provider behavior changes that could improve health outcomes.

The assessment found:

1. There is general consensus that the program purpose of TRIP is clear.
2. The program developed new long-term goals in September 2001 and modified them for the 2004 Budget. The 2004 national measures will allow TRIP grantees to assess how the use of new interventions in health care settings could help improve health outcomes/reduce the number of unnecessary hospitalizations for those with pediatric asthma and those receiving adult immunizations. The program recognizes the difficulty of linking expenditures to actual program performance, but plans to better integrate its existing planning and budget databases to easily identify those programs that are not meeting their GPRA goals.
3. The program does not use performance information to manage the program and does not measure efficiencies and/or cost savings.
4. There is a lack of long-term and annual performance goals. As a result, it is difficult to measure the success of the program or the achievements/contributions it may be making to changes in provider behavior.

In response to these findings the Administration will:

1. Maintain funding at the 2003 Budget level to ensure continued efforts to go beyond collecting data to actually changing provider behavior and thus improving health outcomes.
2. The program is addressing its management deficiencies and will begin better integrating its planning and budget decision-making processes.

**Program Funding Level (in millions of dollars)**

<u>2002 Actual</u>	<u>2003 Estimate</u>	<u>2004 Estimate</u>
14	7	7