Agency for Healthcare Research and Quality: Comparative Effectiveness Research

The American Recovery and Reinvestment Act (Recovery Act) appropriated $1.1 billion for comparative effectiveness research, of which $300 million is for the Agency for Healthcare Research and Quality (AHRQ), $400 million is for the National Institutes of Health, and $400 million is for allocation at the discretion of the Secretary.

This implementation plan describes how AHRQ is using its $300 million in Recovery Act funds to expand and broaden pre-existing comparative effectiveness research activities initiated at the Agency in response to Section 1013 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003. This legislation was designed to increase the availability of research that would inform the real-world decisions facing patients and clinicians. AHRQ's investments using Recovery Act funds will expand its Effective Health Care Program. This program supports research activities that use rigorous scientific methods within a previously established process that emphasizes stakeholder involvement and transparency. It is designed to prioritize among pressing health issues, and its products are designed for maximum usefulness for health care decision makers.

A. Funding Table

(Dollars in millions)

Program/ Project/Activity	Total Appropriated	FY 2009 Actual Obligations[1]	FY 2010 Estimated Obligations
Comparative Effectiveness Research	$300.0	$4.9	$295.1

B. Objectives

Program Purpose

The overarching goal of this program is to improve health outcomes by producing evidence to enhance medical decisions made by patients and their medical providers. This goal is achieved by conducting and supporting comparative effectiveness research. Comparative effectiveness studies may compare similar treatments, such as competing drugs, or analyze very different approaches, such as surgery and drug therapy. Study of treatments includes any potential medical intervention under consideration, whether prognostic, preventive, diagnostic, therapeutic, or palliative. Comparative effectiveness research may also address public health or systems interventions that affect health outcomes. Comparative effectiveness research is designed to inform patient and

[1] Please note: The amounts reported for AHRQ CER Obligations and Outlays do not tie to the Treasury Reports as of September 30, 2009. One OS CER Inter-Departmental Delegation of Authority (with an obligation $599,458 and an outlay of $190,747) was mistakenly included in AHRQ's totals. The error has been corrected in subsequent reports.

clinician decisions relevant to the unique circumstances of individual patients. Systematic research methods can include randomized controlled trials, meta-analyses, observational cohort analyses, and other new and emerging methodologies. HHS uses the definition of comparative effectiveness as set forth by the Federal Coordinating Council for Comparative Effectiveness Research:

> *Comparative effectiveness research is the conduct and synthesis of research comparing the benefits and harms of different interventions and strategies to prevent, diagnose, treat and monitor health conditions in "real world" settings. The purpose of this research is to improve health outcomes by developing and disseminating evidence-based information to patients, clinicians, and other decision-makers, responding to their expressed needs, about which interventions are most effective for which patients under specific circumstances. To provide this information, comparative effectiveness research must assess a comprehensive array of health-related outcomes for diverse patient populations and sub-groups. Defined interventions compared may include medications, procedures, medical and assistive devices and technologies, diagnostic testing, behavioral change, and delivery system strategies. This research necessitates the development, expansion, and use of a variety of data sources and methods to assess comparative effectiveness and actively disseminate the results.*

Public Benefits

AHRQ is spending appropriated funds to research and provide information on the relative strengths and weaknesses of various medical interventions. Such research will give clinicians and patients valid information with which to make decisions that will improve the performance of the U.S. health care system. AHRQ's comparative effectiveness research supports the HHS strategic plan goal of improving the safety, quality, affordability and accessibility of health care, including behavioral health care and long-term care.

Recovery Act funding focuses initially on 14 priority conditions established by the Secretary of HHS under Section 1013 of the Medicare Modernization Act: arthritis and non-traumatic joint disorders; cancer; cardiovascular disease, including stroke and hypertension; dementia, including Alzheimer's disease; depression and other mental health disorders; developmental delays, attention-deficit hyperactivity disorder, and autism; diabetes mellitus; functional limitations and disability; infectious diseases, including HIV/AIDS; obesity; peptic ulcer disease and dyspepsia; pregnancy, including preterm birth; pulmonary disease/asthma; and substance abuse. Funds are being allocated based on additional priorities identified through ongoing research at AHRQ and recommendations from the Federal Coordinating Council for Comparative Effectiveness Research and Institute of Medicine reports.

With Recovery Act funding, AHRQ will fund at least 5 projects in the area of cardiovascular disease that have the potential to affect an estimated 80 million Americans (36.3%). We are concentrating on this priority area, cardiovascular disease, as well as the other 13 priority conditions established by the Secretary of HHS under

Section 1013 of the Medicare Modernization Act. (Reference: Heart Disease and Stroke Statistics - 2009 Update, American Heart Association.)

C. Activities

The following activities, identified in Table 1, are an investment in creating the integrated components of a national comparative effectiveness program in the United States, including the first coordinated, prospective, pragmatic comparative effectiveness clinical studies program. Additional Recovery Act investments support the infrastructure, methods, and capacity necessary to sustain a vigorous national comparative effectiveness research enterprise in the United States.

Table 1: AHRQ CER Spend Plan

Research	Type of Financial Award	FY 09 Obligations (M)	FY 10 Obligations (M)	Total Obligations (M)
I. Identification of New and Emerging Issues for Comparative Effectiveness (Horizon Scanning)	Contracts	$0 M	$9.5 M	**$9.5 M**
II. Evidence Synthesis	Task Order Contract	$2 M	$23 M	**$25 M**
III. Evidence Gap Identification	Task Order Contract	$0 M	$25 M	**$25 M**
IV. Evidence Generation	Grants *CHOICE Studies* *Request for Registries* *Unfunded Meritorious Apps* Task Order Contract *DEcIDE Consortium Support*	$0.3 M *0 M* *.0 M* *0.3 M* $0 M *0 M*	$148.7 M *100 M* *48 M* *0 M* $24 M *24 M*	**$149 *M*** ***100 M*** ***48 M*** ***1 M*** **$24 M** ***24 M***
V. Translation and Dissemination	Grants (R18) Contract	$0 M $2.5 M	$29.5 M $2.5 M	**$29.5 M** **$5 M**
VI. Training and Career Development	Grants (K12, T32)	$0 M	$20 M	**$20 M**
VII. Citizen Forum	Contract	$0 M	$10 M	**$10 M**
Salaries and Benefits for ARRA FTEs	Salary and Benefits	$0.1 M	$2.9 M	**$3 M**
Total		**$4.9 M**	**$295.1 M**	**$300 M**

I. Identification of New and Emerging Issues for Comparative Effectiveness - Horizon Scanning ($9.5 million)

AHRQ is using Recovery Act funding to establish an infrastructure to identify new and/or emerging issues for comparative effectiveness review investments. This investment also addresses emerging technologies and their contextual role in health care.

It establishes and uses an efficient approach to investigate and prioritize areas for investigation relevant to the 14 priority conditions that guide AHRQ's Effective Health Care Program and that can be scaled for a national investment in comparative effectiveness research. This new activity tracks emerging clinical interventions and investigates key issues related to the intervention. AHRQ is initiating a program dedicated to tracking emerging interventions and investigating ways in which these new interventions are likely to fit into current care pathways.

II. Evidence Synthesis ($25 million)

Working with lists of priority topics developed within the Effective Health Care Program, topics generated through the increased horizon scanning and priority setting efforts and other lists of priority topics (such as those to be recommended by the Institute of Medicine through their project on Priority Setting for Comparative Effectiveness Research), AHRQ is using Recovery Act funds to increase support for comparative effectiveness reviews. The goal of this effort is to increase the number of comparative effectiveness reviews conducted through AHRQ's Evidence-based Practice Center (EPC) Program, thereby increasing the information base of research synthesis available to support decisions in clinical and other health care decision settings. The EPCs are 14 institutions that critically examine existing scientific evidence on a clinical topic and summarize what is known and not known from the current science base.

III. Evidence Gap Identification: ($25 million)

With Recovery Act funds, AHRQ is enhancing capacity for identifying and prioritizing evidence needs. A formal process is being developed that will involve stakeholders, including clinicians, funding agencies, and researchers, to consider the gaps identified in systematic reviews. This will help shape future research agendas and set priorities for a national investment in new research based on the findings.

This process brings together the researchers that worked on the individual review, as well as stakeholders with interest in the topic, clinicians with expertise in the topic area, agencies with funds for potential future research, and researchers with expertise in the clinical area and study design to identify evidence needs and to develop new research based on the findings of the comparative effectiveness review. Funding is being used to develop this formal approach to ensure it is transparent, systematic, strategic, and rigorous. This activity builds on and expands current AHRQ Effective Health Care Program efforts to involve stakeholders in the research. Inputs to the process include

stakeholder nominations and recommendations from sources such as the Federal Coordination Council for Comparative Effectiveness Research or the Institute of Medicine's project on Priority Setting for Comparative Effectiveness Research, as well as AHRQ's systematic review process.

IV. Evidence Generation ($173 million)

This proposal is the largest investment in Recovery funds and is intended to establish a coordinated national investment in practical/pragmatic comparative effectiveness research. It focuses on important research questions for the health care system and its users with a concentration in under-represented populations.

a) *CHOICE Studies ($100 million):* The Clinical and Health Outcomes Initiative in Comparative Effectiveness (CHOICE) represents the first coordinated national effort to establish a series of pragmatic clinical comparative effectiveness studies in the United States. These pragmatic studies will be measuring effectiveness – the benefit the treatment produces in routine clinical practice – and will include novel study designs focusing on real-world populations. Each CHOICE study addresses at least one of the 14 priority health conditions. This initiative concentrates on under-represented populations (children, elderly, racial and ethnic minorities, and other under-studied populations) and oversamples or deliberately obtain information on under-represented populations, to make sure that this effort achieves the goals of understanding treatment effects in under-represented populations. Up to 10 grants of up to $10 million each will be awarded, depending on the scope of the study, for a total of $100 million.

b) *Request for Registries ($48 million)*: Disease registries are databases that collect clinical data on patients with a specific disease or keep track of specific medical tests, devices, or surgical procedures (joint replacements, heart valve replacements, etc.). Clinical areas within the 14 priority conditions will be targeted. Ongoing and completed projects on patient registries for studying outcomes in real practice settings funded by AHRQ will inform all future investments in registries by AHRQ. AHRQ will also continue to consult with other agencies across the Department of Health and Human Services on existing registries, registries in need of expansion, and areas where registries are needed but do not exist. It is expected that grantees will develop registries that are sustainable such that the registries will continue once AHRQ funding has ended.

c) *DEcIDE Consortium Support ($24 million):* The DEcIDE (Developing Evidence to Inform Decisions about Effectiveness) Network conducts accelerated practical studies about the outcomes, comparative clinical effectiveness, safety, and appropriateness of health care items and services. The network is comprised of research-based health organizations with access to electronic health information databases and the capacity to conduct rapid turnaround research. AHRQ is enhancing its investments in establishing a learning health care system by funding the DEcIDE Network to expand multi-center research consortia comprised of academic, clinical, and practice-based centers. These centers are studying diabetes, cancer, cardiovascular disease, and other priority conditions. AHRQ is also funding distributed data network models using clinically rich data from electronic health

records and is using Recovery Act funds to continue support for the DEcIDE Network's research to advance study designs and methods for comparative effectiveness research.

d) *Unfunded Meritorious Applications ($1 million):* AHRQ is using the Recovery Act investment to fund meritorious grant applications that were not funded in previous cycles due to limited funding. Research projects selected for funding may have either a clinical or methodological emphasis, but will focus tightly on the study and/or use of comparative effectiveness research. Multiple grant mechanisms are being used.

V. Translation and Dissemination ($34.5 million)

AHRQ has a strong and long-term commitment to bridging the gap between research and practice by translating findings on the comparative effectiveness of interventions for different audiences including consumers, clinicians, and policymakers, and disseminating these findings. This proposal uses Recovery Act funds to expand AHRQ's translation and dissemination activities (and thereby strengthen the infrastructure supporting these activities). Thee activities include the John M. Eisenberg Clinical Decisions and Communications Science Center, whose workload will substantially increase.

The Recovery Act funds are primarily being used to support grantees in developing and implementing innovative approaches to integrating comparative effectiveness research findings into clinical practice and health care decisionmaking. Investments will be in multiple geographically dispersed translation, implementation, and evaluation projects to be carried out by local organizations such as medical societies, State institutions of higher learning, patients, community advocacy organizations, and others to promote education, dissemination, and application of comparative effectiveness research.

VI. Training and Career Development ($20 million)

AHRQ builds the capacity for comparative effectiveness research by providing institutional support to increase the intellectual and organizational capacity for larger scale programs in comparative effectiveness and to allow fellowship training opportunities. Funding supports the career development of clinicians and research doctorates focusing their research on the synthesis, generation, and translation of new scientific evidence and analytic tools for comparative effectiveness research. In particular, the goal is to enhance the research and methodological capacity for conducting and improving the quality of systematic review, retrospective studies, and clinical trials in comparative effectiveness research and the development of data sources and other aspects of the research infrastructure. Mentored Clinical Scientist Development Program Awards are being used to develop independent scientists. Institutional Research Training) are being used to support predoctoral and postdoctoral research training.

VII. Citizen Forum: Total Expenditure ($10 million)

AHRQ is using Recovery Act funds to establish and support a Citizen Forum on Effective Health Care to formally engage stakeholders in the entire Effective Health Care enterprise and to continue to open up and make the program inclusive and transparent. This initiative builds on the smaller initiative that has guided AHRQ's Effective Health Care Program until now and will be an important component for a larger and more sustained national initiative in comparative effectiveness research, translation, and use.

The Citizen Forum on Effective Health Care formally engages stakeholders, through a variety of transparent and inclusive mechanisms, at the critical stages of identifying research needs, study design, interpretation of results, development of products, and research dissemination. Funds are being used to develop formal processes for input, convene citizen panels, and convene a Workgroup on Comparative Effectiveness to provide formal advice and guidance to the Program. Funds are also supporting programs in citizen awareness of the use of comparative effectiveness evidence in health care decisionmaking. These programs, developed under the guidance of the Citizen Forum, may include town hall meetings, Web-based information exchange, and community-based grassroots awareness efforts.

The salaries and benefits for the Recovery Act full-time equivalent staff needed to administer these programs will be $0.1 million in FY 2009 and $2.9 million in FY2 010 for a total of $3 million. This includes up to15 temporary FTE.

D. Characteristics

A total of $5 million of the total funds available (2 percent) has been obligated in FY 2009, and $295 million (98 percent) will be obligated in FY 2010. To achieve the goals of comparative effectiveness research, AHRQ is using a variety of funding mechanisms including grants and contracts. AHRQ anticipates that award recipients will include a combination of researchers, academic institutions, States, community-based organizations, private or non-profit national organizations, and Federal agencies.

Funds also include support for additional activities to be conducted within current AHRQ programs such as the, DEcIDE consortium[2], John M. Eisenberg Clinical Decisions and Communications Science Center communities[3], and the EPC Program[4]. All activities will be coordinated with other AHRQ research networks as well as other research networks and programs across HHS. The specific type and amount of awards are detailed in the previous section and in Table 1.

[2] The DEcIDE (Developing Evidence to Inform Decisions about Effectiveness) Network is a new network of research centers that AHRQ created in 2005 to generate new knowledge. The DEcIDE Network conducts accelerated practical studies about the outcomes, comparative clinical effectiveness, safety, and appropriateness of health care items and services. The network is comprised of research-based health organizations with access to electronic health information databases and the capacity to conduct rapid turnaround research.

[3] The John M. Eisenberg Clinical Decisions and Communications Science Center translates complex scientific research produced in the Effective Healthcare Program into short, clear and actionable materials and products that can be used by three primary audiences: clinicians, consumers and policymakers.

[4] Evidence-based Practice Centers perform comprehensive reviews of existing evidence.

All eligible applications will undergo a competitive review process in order to evaluate scientific and technical merit.

E. Delivery Schedule

The table below includes the anticipated award dates for the items identified in Table 1.

NOFA/RFI issued	Competition Starts	Awards Date	Status
Recovery Act: Identification of New and Emerging Issues for Comparative Effectiveness (Horizon Scanning)	Nov/Dec 2009	June/July 2010	RFP Closed, but not yet awarded
Recovery Act: Comparative Effectiveness Evidence Synthesis (EPC)	Jul 2009	Sept 2009 ($2M); Oct 2009 ($23 M)	Awarded
Recovery Act: Comparative Effectiveness Evidence Gap Identification (EPC)	Jul 2009	Oct 2009 ($25M)	Awarded
Recovery Act: Request for Task Orders for DEcIDE Consortium Support	Oct 2009	Apr/May 2010	RFP Closed, but not yet awarded
AHRQ Clinical and Health Outcomes Initiative in Comparative Effectiveness (CHOICE) (R01)	Sept/Oct 2009	Jul 2010	FOA Closed, but not yet awarded
PROSPECT Studies - Building New Clinical Infrastructure for Comparative Effectiveness Research (R01)	Oct 2009	Aug 2010	FOA Closed, but not yet awarded
Recovery Act Limited Competition: Electronic Data Methods (EDM) Forum (U01)	Oct 2009	Aug 2010	FOA Closed, but not yet awarded
Innovative Adaptation and Dissemination of AHRQ Comparative Effectiveness Research Products (iADAPT) (R18)	Sept/Oct 2009	July 2010	FOA Closed, but not yet awarded
Recovery Act: Contract Modification to John M. Eisenberg Clinical Decisions and Communications Science Center	August 2009 and May 2010	Awarded Sept. 2009 ($2.5M) and Planned Award in June 2010	Partially Awarded
AHRQ Institutional Training Program Grants for Comparative Effectiveness Research (K12)	Oct 2009	Aug 2010	FOA Closed, but not yet awarded
ARRA Limited Competition: NRSA Comparative Effectiveness Development Award (T32)	Nov 2009	Aug 2010	FOA Closed, but not yet awarded
Recovery Act: Citizen Forum on Effective Health Care	Nov/Dec 2009	June/July 2010	RFP Closed, but not yet awarded

*Administrative Support	Sept 2009	Sept 2010	Ongoing Award

F. Environmental Review Compliance

The Implementation Plan for AHRQ's Recovery Act comparative effectiveness research activity has been reviewed in accordance with the Chapter 30-20-40 of the HHS General Administration Manual (http://www.hhs.gov/hhsmanuals/read/gam/part30/) and has been determined that the activity falls under Category 2 Functional Exclusions a., c., d., e., f., and i., and there are no additional extraordinary circumstances that may cause significant effects.

There will be no construction or renovation funded under this activity.

The environmental impact for acquisition of IT and other products and equipment will be mitigated by compliance with criteria described in Executive Order 13423[5] and the HHS Affirmative Procurement Plan (APP)[6] and written guidance to this effect will be provided to grantees as appropriate.

[5] Specifically, E.O. 13423 requires that preference be given to the purchase of EPEAT-registered electronic products and at least 95 percent of electronic products be EPEAT-registered unless there is no EPEAT standard. When available, the purchase of EPEAT Silver-rated electronic products or higher is required. EPEAT is intended to help purchasers in the public and private sectors evaluate, compare and select desktop computers, notebooks and monitors based on their environmental attributes. The EPEAT website is: http://www.epeat.net/.

[6] The HHS Affirmative Procurement Plan (APP) applies to: a) All agency acquisitions, including micro-purchases and purchase card transactions, in which an EPA-designated item is acquired; b) Contractor Operated, Government-owned (GOCO) HHS facilities; and c) State and local recipients of assistance funding. The latest version (April 2009) of the HHS' APP is available by contacting Dennise March, Director, Division of Acquisition Program Support, at (202)205-0722, Dennise.March@hhs.gov or Lydina Battle, Procurement Analyst, at (202) 205-4512, Lydina.Battle@hhs.gov.

G. Measures

Current measures for AHRQ's comparative effectiveness program are below. A new output measure has been established for funding appropriated under the Recovery Act - Number of competitive contracts and grants awarded to support AHRQ's Recovery Act comparative effectiveness research activities (Output).

We will report outcome and outputs, to the extent possible, supported with funding appropriated under the Recovery Act as an incremental change from those supported by regular appropriations. See Table 2 below.

Outcome/ Achievement		**12/31/09**	**3/31/10**	**6/30/10**	**9/30/10**	**12/31/10**	**3/31/11**	**6/30/11**	**9/30/11**	**Program End**
Increase the number of Effective Health Care Program products available for use by clinicians, consumers and policymakers. (AHRQ ARRA 1)	Target	0	0	0	5-15 Research Reviews or Research Gap Reports (RR/RG) and 0-3 Translation and Education Products (TE)	9-23 RR/RG 0 TE	9-25 RR/RG 0 TE	13-33 RR/RG 7-14 TE	17-41 RR/RG 12-23 TE	Cumulative total through 2012 26-54 RR/RG 23-38 TE
	Actual	0	0							
Increase the dissemination of Effective Health Care Program products to clinicians, consumers and	Target	0	0	0	Product Views[7] RR/RG = 1,500 product visits TE = 1,800 product visits	RR/RG = 3,900 TE = 3,600	RR/RG = 6,450 TE = 5,400	RR/RG = 9,900 TE = 15,300	RR/RG = 14,250 TE = 31,500	Cumulative through 2012 RR/RG = 35,500 TE = 124,200

[7] All products will be posted on the Effective Health Care web site, http://www.effectivehealthcare.ahrq.gov/; product views data from the web site.

Outcome/ Achievement		12/31/09	3/31/10	6/30/10	9/30/10	12/31/10	3/31/11	6/30/11	9/30/11	Program End
policymakers to promote the communication of evidence about the effectiveness of CER. (AHRQ ARRA 2)	Actual	0	0							
Number of competitive contracts and grants awarded to support AHRQ's Recovery Act comparative effectiveness research activities (AHRQ ARRA 3)	Target	1 grant: 11 contracts	1 grant: 17 contracts	1 grant: 19 contracts	75 grants; 19 contracts	N/A[8]	N/A1[8]	N/A[8]	N/A[8]	N/A[8]
	Actual	1 grant: 11 contracts	1 grant: 11 contracts							

[8] All grants and contract will be awarded by September 30, 2010.

H. Monitoring and Evaluation

All Recovery Act programs are assessed for risk to ensure that appropriate internal controls are in place throughout the entire lifecycle of the program. These assessments are done consistent with the statutory requirements of the Federal Manager's Financial Integrity Act and the Improper Payments Information Act, as well as OMB's circular A-123 "Management's Responsibility for Internal Control" (including Appendices A, B, and C).

AHRQ's risk management process fits within the overall governance structure established at HHS to address Recovery Act program risks. The HHS Risk Management and Financial Oversight Board provides executive leadership and establishes accountability for the risk assessment process related to internal controls over financial reporting, and the HHS Senior Assessment Team ensures that risk assessment objectives are clearly communicated throughout the Department. AHRQ's Senior Assessment Team [or other team/office, if applicable] carries out comprehensive annual assessments of its Recovery Act program(s) to identify risks and develop strategies to address them, including those associated with selecting recipients, awarding and overseeing funds, and achieving program goals. It meets weekly to monitor and assess the effectiveness of mitigation strategies and identify emerging risks.

In addition, AHRQ has presented its high level risks to the Recovery Act Implementation Team. Chaired by the Deputy Secretary and comprised of senior policy officials from throughout the Department, the Implementation Team convenes monthly to monitor progress in carrying out Recovery Act programs and address the obstacles and risks that could impact on their success.

From a program standpoint, a potential risk for ineffective spending or waste is through non-performance of funded projects. To minimize this risk, AHRQ will carefully review and select projects for funding. The following criteria may be reviewed for each proposed project: understanding of the purpose and objectives of AHRQ's comparative effectiveness research programs, technical approach, management plan, organizational experience, key personnel, stakeholder engagement, and facilities and database characteristics. AHRQ will also continue to standardize training required for program officials at the Agency working on contracts and grants. This will ensure effective oversight and management of contracts and grants and will decrease the risk of non-performance. AHRQ program officials will implement processes for identifying high and low performance which may include program officials overseeing project management plans and awardees submitting monthly status reports and quarterly self-assessments.

I. Transparency

AHRQ is open and transparent in all of its contracting and grant competitions and regulations depending on what is appropriate for program activities that involve spending of Recovery Act funding consistent with statutory and OMB guidance. AHRQ publishes all grant funding opportunities on http://www.grants.gov/ and all contract solicitation

opportunities on http://www.FedBizOpps.gov. Both sites include a button that allows you to search for all Recovery Act opportunities.

AHRQ ensures that recipient reports required by Section 1512 of the Recovery Act are submitted and reviewed for material omissions and significant errors that would mislead or confuse the public. AHRQ informs recipients of their reporting obligation through standard terms and conditions, grant announcements, contract solicitations, and other program guidance. In addition, AHRQ provides key award information to recipients and other technical assistance to grantees and contractors and fully utilizes Project Officers to ensure compliance with reporting requirements."

J. Accountability

To ensure that managers are held to high standards of accountability in achieving program goals under the Recovery Act, AHRQ has built upon and strengthened existing processes. Senior AHRQ and CER officials meet regularly with senior Department officials to ensure that projects are meeting their program goals, assessing and mitigating risks, ensuring transparency, and incorporating corrective actions. The personnel performance appraisal system also incorporates Recovery Act program stewardship responsibilities for program and business function managers.

K. Barriers to Effective Implementation

One potential barrier/risk to effective implementation is funding projects that do not meet the needs of stakeholders. To minimize this risk, AHRQ will continue to increase the transparency and explicit process for comparative effectiveness research and will continue to engage stakeholders throughout the research process. Currently, there are many ways for stakeholders to get involved in AHRQ's comparative effectiveness research, including:

- Submitting suggestions for research topics.
- Commenting on draft key questions before research has begun.
- Commenting on draft Research Reviews and Comparative Effectiveness Reviews.
- Providing expert input / scientific information to inform a report.
- Participating in a listening session. These sessions allow participants to provide focused comments on issues important to the EHC Program, such as research topics, program structure, and scientific methods.

In addition, all grantees will be required to report quarterly to both AHRQ (through our reporting system) and through Recovery Act channels.

L. Federal Infrastructure

AHRQ will ensure that it complies with energy efficiency and green building requirements, if applicable. Little, if any, Recovery Act funds are expected to be used to fund equipment purchases. No Recovery Act funds will be used to fund construction projects.

Summary of Significant Changes:

- Added Obligation Funding table in Section A.
- Added Public Benefits Section under Section B.
- Added Detailed Delivery Schedule by FOA and Contract Solicitation under Section E.
- Provided Final Performance Measures under Section G.
- Updated Sections F, H and I to reflect updated HHS policies on Environmental Review Compliance, Monitoring and Evaluation, and Transparency.