

Health Services Research 101: Improving Health Outcomes by Improving Health Care Delivery

HSR Fast Facts

HSR plays a pivotal role in health, healthcare policy, and the delivery of healthcare services in the U.S.



HSR became a field of study in the 1960's with the rapid growth of federal support for healthcare and the construction of healthcare facilities.



AHRQ is the only federal department solely dedicated to funding and researching healthcare delivery and is a leading force in improving healthcare safety and quality.



HSR informed the development of tools widely used in healthcare financing and reimbursement, including the diagnosis-related groups used in the Medicare prospective payment system.



The RAND Health Insurance Experiment, a historic HSR study regarding the use and dissemination of healthcare benefits, informed the creation of the Affordable Care Act and the ten essential services included in the legislation.

What is Health Services Research?

Health services research (HSR) is the field of study that examines the quality, safety, and affordability of healthcare delivery. HSR helps ensure that healthcare is safe, timely, effective, efficient, equitable, and patient centered. HSR examines many aspects of healthcare, including organizational structures and processes; health technologies; and health care access, use, delivery, quality, and financing. Findings from HSR are used to improve healthcare safety, effectiveness, and efficacy; design healthcare benefits and inform healthcare policy. Unlike other sectors of research that focus on the development of clinical treatments, HSR focuses on how scientific and clinical interventions impact health outcomes. By translating scientific and medical innovations into improved health care, HSR bridges the gap between scientific and clinical findings and implementation of healthcare.

Who Conducts HSR?

HSR research is conducted within a vast number of disciplines, including biostatistics, clinical sciences, economics, epidemiology, political science, psychology, sociology, anthropology, engineering, ethics, finance, health education, history, law, marketing, medical informatics, nutrition, operations research, and pharmacy. HSR is conducted at many universities, academic hospitals, and other research institutions, both private and public.



HSR Makes Impacts

The Comprehensive Unit-Based Safety Program (CUSP)

Hospital-acquired catheter-related bloodstream infections impact approximately 80,000 people per year and treatment can cost up to \$20,000 per patient. With an \$8.6 million grant from AHRQ, Dr. Peter Pronovost launched a study to reduce catheter-related bloodstream infections in the ICU, the Comprehensive Unit-Based Safety Program (CUSP). In distilling CDC guidance into a checklist of five steps, Dr. Pronovost's work reduced infection rates by 67%, saving over 1,500 lives in the first year of the program. Since the program's international implementation, catheter-related bloodstream infections have decreased by almost 50%, which has produced savings of almost \$2.3 billion annually in the U.S. alone.

Using CUSP, Henry Ford Hospital in Detroit reduced the incidence of dangerous and highly contagious, hospital-acquired *Clostridioides difficile* infections, in its nephrology unit, by 90% since January 2023.

Sierra Vista Hospital in New Mexico used CUSP toolkits to reduce the number of indwelling urinary catheter days by more than 90%, reducing the incidence of Catheter-Associated Urinary Tract Infections (CAUTIs). Sierra Vista Hospital has not had a recurrence of CAUTI in more than a year.

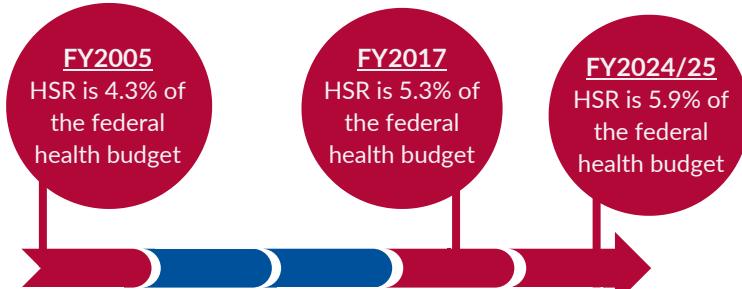
The Health Systems Implementation Initiative (HSII)

HSII is a multiyear PCORI initiative that provides funding to participant health systems to undertake implementation projects that speed up the adoption of new clinical evidence from research studies.

One study found that cancer patients that completed electronic patient-reported outcomes (ePROs) reporting had fewer symptoms, fewer hospital visits, and improvements in overall health. PCORI awarded funding to implement ePROs for monitoring symptoms during cancer treatment, expanding the innovative care to 68,000 patients across 234 care sites in the U.S.

Another study found that narrow-spectrum antibiotics, that target a limited range of bacteria, were just as effective in treating respiratory infections as broad-spectrum ones, but they produced fewer side effects. PCORI awarded funding to implement programs to help clinicians prescribe the most targeted antibiotics for children with ear, nose, and throat infections, treating over 1.6 million children, across 1.9 thousand care sites.

Federal Funding of HSR



FY2026 Budget Proposals

- President's Budget Request: Eliminate AHRQ Funding & PCORTF
- Anticipated FY26 Final Budget: Reduce AHRQ funding by approx. 6.4% (please note, as of January 20, 2026 this funding level is still pending final passage by Congress)

Who Supports HSR?

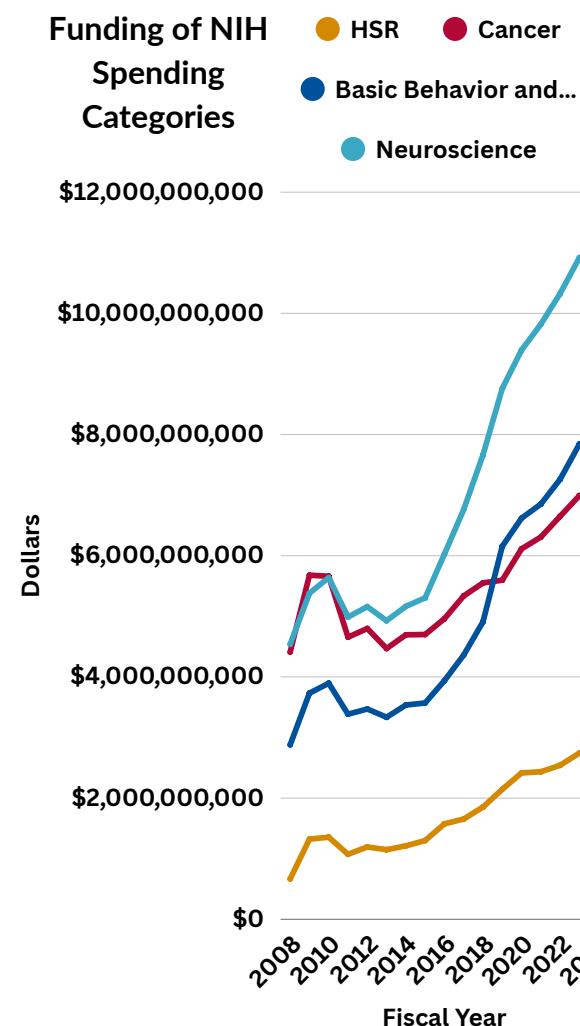
Government Funders

- Agency for Healthcare Research & Quality (AHRQ)
- Centers for Disease Control & Prevention (CDC)
- Centers for Medicare & Medicaid Services (CMS)
- Health Resources & Services Administration (HRSA)
- National Institutes of Health (NIH)
- Veterans Health Administration (VHA)

Independent Non-Profit Funders

- Patient-Centered Outcomes Research Institute
- Robert Wood Johnson Foundation
- Commonwealth Fund
- Arnold Ventures
- Peterson Center on Healthcare
- National Institute for Health Care Management Foundation
- Donaghue Foundation

The federal government is the principal funder of HSR. Both PCORI and AHRQ also receive funding through the Patient Centered Outcomes Research Trust Fund (PCORTF), a U.S. government fund, established by the Affordable Care Act, that finances patient-centered outcomes research (PCOR). AHRQ receives 20% of these funds, while PCORI receives the remaining 80%. The PCORTF has appropriated funds through 2029.



Data pulled from NIH RePORTER