

insurance coverage to other units within AHRQ, other governmental units, private sector research institutions, and by serving as technical reviewers and advisors to scholarly journals, technical advisory committees, and private and public sector task forces.

*Division of Statistical Research and Methods (ECD).* Plans and conducts studies on statistical methods and the use of statistics in survey design in health services research. These studies provide the bases for policy research and analysis and for technical assistance provided to other Centers and Offices within the Agency. Specifically: (1) Identifies, designs, conducts, and implements statistical research and evaluation studies in accordance with the Agency's research priorities; (2) oversees the statistical design of the National Medical Expenditure Panel Survey (MEPS); and (3) conducts research in the areas of survey design, sampling, estimation, imputation, the analysis of complex survey data, and the reduction of sources of sampling and nonsampling errors in the design of national health care surveys.

*Division of Survey Operations (ECE).* Plans, implements and monitors the fielding of CFACT surveys. Specifically: (1) Develops and disseminates public use data files which including editing, imputation and estimation tasks; (2) assists in the development of data reports which are of particular interest to the Department and other Federal, State and local government agencies as well as the larger research community; and (3) monitors the development of Computer Assisted Personal Interviewing (CAPI) data collection instruments.

*Center for Delivery, Organization, and Markets (EH).* Provides a locus of leadership and expertise for advances in health care delivery, organization, and markets through research. Specifically: (1) Conducts, supports, and manages studies designed to give health care leaders and policy makers the information and tools they need to improve health system performance; (2) generates evidence on how health care delivery and organizational dynamics affect performance through qualitative and quantitative research, delivery-based research networks, data and tool development and other state, federal, and private partnerships; (3) examines the impact of delivery and organizational attributes and changes—including payer mix, delivery sites, practice patterns, structure, workforce, leadership, governance and culture—across acute, community-based, and long-term-care settings; (4) studies how market forces and reactions to them—

such as payment methods financial and non-financial incentives, safety net funding, employer purchasing strategies, quality measurement and reporting, and regulations—influence performance; and (5) represents the Agency in meetings with Federal agencies and experts on health policy issues especially those related to advancing evidence-based decision making in organizations and the public policy arena.

*Center for Outcomes and Evidence (EF).* Conducts and supports research and assessment of health care practices, technologies, processes, and systems. Specifically: (1) Conducts and supports research, assessments, and demonstrations on safety, quality, effectiveness, cost-effectiveness, and other relevant attributes of health care practices, technologies, processes and systems; (2) facilitates and coordinates the development of infrastructures for collection, analysis, and synthesis of evidence and data on the safety, effectiveness and quality of health care practices, technologies, processes, and systems; (3) serves as a center of excellence for methods and measurement development for the conduct and analysis of outcomes research, cost effectiveness analysis, and evidence-based systematic reviews and technology assessments; (4) serves as a source of evidence based information about therapeutics, technologies, and healthcare practices for clinical and policy decision makers; (5) directs and supports research on and implementation of the appropriate use of therapeutics and medical technologies, including preventing overuse, under-use and adverse effects; (6) provides an array of tools and products to promote and facilitate evidence-based clinical practices and health care decision making; (7) fosters partnerships with health care providers, insurers, employers and consumers to bring about sustainable systemic change to implement evidence-based practices and improve patient outcomes and quality of care; and (8) represents the Agency in meetings with experts and organizations in the areas of outcomes research and evidence-based medicine and organizes conferences on these topics.

*Center for Primary Care, Prevention, and Clinical Partnerships (EK).* Expands the knowledge base for clinical providers and patients and to assure the translation of new knowledge and systems improvement into primary care practices. Supports and conducts research to improve the access, effectiveness, and quality of primary and preventive health care services in

the United States. Specifically: (1) Supports primary care practice-based research networks (PBRNs) in order to investigate questions related to community-based practice and to improve the quality of primary and preventive care; (2) responsible for the rigorous evaluation of clinical research assessing the merits of preventive measures, including screening tests, counseling, immunizations, and chemoprevention through the United States Preventive Services Task Force; (3) serves as the Agency's locus for the use of information technology to improve health care and facilitates the evaluation and diffusion of effective information technology tools into clinical practice; and (4) supports research and demonstrations that improve healthcare system preparedness for bioterrorism and other public health threats, with an emphasis on the role of front-line clinical providers.

*Center for Quality Improvement and Patient Safety (EL).* Works to improve the quality and safety of our health care system through research and implementation of evidence. Specifically: (1) Conducts and supports research, demonstrations, and evaluations of the quality of health care and patient safety across our health care systems and, specifically, for priority populations; (2) conducts and supports research on the measurement of health care quality and promotes the use of these measures; (3) conducts and supports research on effective ways to improve the quality of health care and participates in the dissemination of this knowledge; (4) evaluates methods for identifying, preventing and ameliorating medical errors and enhancing patient safety; (5) designs, conducts, and supports surveys to assess the quality of and patients' experiences with health care services and systems; (6) develops and disseminates annual reports on health care quality, disparities and patient safety; (7) provides technical assistance and gathers information on the use of quality measures, consumer and patient information, and reporting on patient safety and the resulting effects; (8) supports dissemination and communication activities to improve quality of care and patient safety; (9) partners with stake holders to implement research findings and evidence related to quality measurement, quality improvement and patient safety; and (10) represents the Agency in meetings with domestic and international experts and organizations concerned with measuring and