**Program:** Data Collection and Dissemination

**Agency:** Department of Health and Human Services  
**Bureau:** Agency for Healthcare Research and Quality

---

**Key Performance Measures**

**Long-term Measure:** Number of months after the date of completion of the Medical Expenditure Panel Survey data will be available (New measure)

- **Year:** 1997  
- **Target:** 19-27  
- **Actual:**

- **Year:** 2008  
- **Target:** 12  
- **Actual:**

**Long-term Measure:** Number of organizations that will use Healthcare Cost and Utilization Project databases, products or tools to improve statewide health care quality for their constituencies (New measure, baseline under development)

- **Year:** 2010  
- **Target:** 5  
- **Actual:**

**Annual Measure:** The strategy for achieving the long-term goal on Healthcare Cost and Utilization Project databases, products or tools (New measure, baseline and targets under development)

---

**Rating:** Moderately Effective  
**Program Type:** Research and Development  
**Program Summary:**

These programs collect data on the cost (Medical Expenditure Panel Survey), use (Healthcare Cost and Utilization Project), and quality of health care in the United States and develop and survey beneficiaries regarding their health care plans (Consumer Assessment of Health Plans).

The assessment found:

1. The Agency for Healthcare Research and Quality (AHRQ) recently developed new long-term and annual performance measures and goals. Program partners have committed to achieving the stated goals and these programs undergo regular evaluations.
2. The programs do not yet have data available to measure their new targets.
3. Program managers acknowledged difficulties tracking budgetary expenditures and their impacts on actual program performance. AHRQ will begin to connect budget and planning systems to identify more easily those activities not meeting their goals.
4. The purpose of these programs is clear—to have a unique impact on the need for and availability of national level health care cost, utilization, and health plan data. These programs do not effectively articulate their public benefits.
5. AHRQ regularly collects timely and credible performance data and uses these data to manage the program. There are some management deficiencies including an inability to determine the full annual costs of these programs.

In response to these findings, the Administration will:

1. Collect performance data on the new measures.
2. Propose an increase of $5 million above the 2003 Budget to support AHRQ’s efforts to ensure continued collection and availability of national health care cost, use, and quality data.
3. AHRQ has begun to address management deficiencies by adopting performance-based contracts that require superior performance toward achieving established goals.

---

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

<table>
<thead>
<tr>
<th>Year</th>
<th>2002 Actual</th>
<th>2003 Estimate</th>
<th>2004 Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>55</td>
<td>60</td>
<td>65</td>
</tr>
</tbody>
</table>