Health Services Research and Development

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FEDERAL GRANTS are intended to expand research activities throughout the country, and to encourage investigators and institutions to undertake research in relatively neglected scientific areas. The need for Federal support of research aimed at better understanding of the problems inherent in hospital administration and of demonstrations designed to illustrate more effective methods of operation was recognized in the 1950 amendment to the original Hill-Burton legislation on hospital construction.

The 1950 amendment authorized the "conduct of research, experiments, and demonstrations relating to the effective development and utilization of services, facilities and resources of hospitals or other medical facilities . . ., including projects for the construction of experimental or demonstration hospitals or other medical facilities and projects for acquisition of experimental or demonstration equipment for use in connection with hospitals or other medical facilities."

The 1950 amendment authorized an appropriation of $1.2 million annually, but no funds were made available until 1956. Consequently, in 1956 a program of grant and contract support for hospital research and demonstrations was launched by the Division of Hospital and Medical Facilities, Public Health Service. In 1961, another amendment increased the authorization to $10 million annually (*1*). The full authorization was not appropriated until 1968.

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Program Development

Projects supported during the first few years were primarily concerned with community planning for hospital facilities, hospital design and construction and use of facilities, environmental engineering aspects of hospitals, and problems of hospital organization and administration. Some of the early studies of hospital management were directly related to patient care; others were devoted to problems of hospital management per se. Only a few were addressed to outpatient services.

Almost concurrently with the first appropriation for support of hospital administrative research, the Division of Nursing, under the broad research grant authority of section 301 of the Public Health Service Act and by administrative arrangement with the National Institute of General Medical Sciences, started the Nursing Research Project Grants Program. The purpose was to improve nursing practice through scientific investigation of the many unknowns that limit progress in patient care.

Studies supported by this program deal with all aspects of nursing practice, administration, and education (*2*). Many problems concern the world of hospital administration as well, so the two programs were developed in close parallel. But it was not until July 1, 1963, when the Public Health Service authorized programs of research grant support in the more inclusive

areas of community health services, that the Division of Nursing received a separate appropriation.

With action by the (then) Bureau of State Services, support became available for service-oriented research into the organization, delivery, staffing, and financing of any or all health services of the community; the community application of techniques for the prevention, detection, diagnosis, and treatment of disease; and the particular problems affecting the provision and financing of dental health services.

Initiation of these programs broadened the scope of activities and increased the financial base of support for health services research (*3*). During 1956–66, grant support for this research increased from $1.2 million to almost $25 million. As a result, health services research has slowly expanded, and a gradually growing number of sociologists, economists, and other social science researchers, as well as additional investigators from other disciplines and the health professions have been attracted to health services research.

Progress has been achieved, but only by the fragmented efforts of seven separate divisions of the Service. Each division had its own appropriation, administrative staff, and programing activities, and sometimes the divisions carried on their activities competitively. The problems to which these scattered efforts were directed were so closely interrelated that they did not lend themselves to piecemeal approach.

Public Law 89–749, the Partnership for Health or Comprehensive Health Planning and Public Health Service Amendments of 1966, added still another complexity by authorizing support of project grants for studies, demonstrations, or training designed to develop new methods or improve existing methods of providing health services. This program was administered by the Office of Comprehensive Health Planning, largely through the regional office structure, under quite different procedures from those employed for any other grant program.

The grants program for research in community mental health services, supported by the National Institute of Mental Health, emanated from a different setting but should be added to the list; in dollar magnitude it outranks the other programs. The Division of Physician Manpower, Bureau of Health Manpower, now supports research in the education and use of physicians. The Division of Regional Medical Programs also supports research, and a number of operational grants by this division include health services research components.

Further complicating the picture, research grant support for similar purposes, but limited to the problems of advancing health services for mothers and children, is available from the Children's Bureau. With the passage of Medicare legislation, the research interests of the Social Security Administration, formerly concentrated on the general area of human resources and the economic security of the American family, moved much closer to the health arena, particularly in the economics of medical care.

The new Incentives Reimbursement Program, authorized by the 1967 amendments to the Social Security Act (section 402), reinforced and sharpened this interest since it provided support for experimental projects aimed at the reduction of hospital costs. Through its responsibilities in Medicaid (Title XIX of the Social Security Act), the Medical Services Administration of the Social and Rehabilitation Service also awards grants for research and demonstration projects with strong relevance to the provision and financing of health services (*4*).

By 1967, grant support for health services research and development was a "many splintered" rather than a "many splendored" thing. Authority and administrative responsibility were diffused because of the many separate pieces of Federal legislation. There was no central focus and less-than-optimum impact for the investment.

Because of this situation, President Johnson, in his Health Message to Congress in February 1967, proposed the establishment of a National Center for Health Services Research and Development, with a function similar to that of the National Institutes of Health in biomedical research. Late in 1967 the Partnership for Health Amendments of 1967 was enacted as Public Law 90–174. As a result of section 304 of this legislation, at least two programs were combined under one authority: the

research and demonstration program of the Division of Hospital and Medical Facilities and certain grants for studies and demonstrations, originally a part of the Partnership for Health program. Thus a concerted effort was made to create a base of authorization for the National Center that the President had requested.

Varied circumstances delayed establishment of the Center until May 1968. On May 1, the Secretary of Health, Education, and Welfare announced that it would be part of the Health Services and Mental Health Administration, to serve as the Federal focus for health services research and development. In outlining the mission of the Center the Secretary stated:

> The National Center for Health Services Research and Development will lead the Federal effort to improve the quality and availability of health services and to find ways to help curb the rising costs of medical care.
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> The National Center will provide a central focus for this kind of research and act as a catalyst for new ideas and methods. The ultimate goal of the Center will be to aid practitioners and institutions involved in health services to improve the distribution and quality of services and to make the best possible use of manpower, funds, and facilities. The Center will work with universities, industry, hospitals, practitioners, and research institutions to seek new ways to improve the delivery of health care.

Initially, the Center is giving priority to (*a*) projects directed to improving health care programs for the disadvantaged, whether by reason of age, race, culture, economics, or geography; and (*b*) problems affecting the costs of medical care, such as institutional and economic barriers between health resources and patients, internal influences controlling the actions of dispensers of care, and problems encountered by patients in financing care.

The development of sound methods for evaluating the results of health services provided under different arrangements and systems of financing is also being emphasized.

The Center would like to have the following specific questions researched:

1. How can health services best be organized and delivered to those segments of the population now receiving little or no care?
2. How can the benefits of health care be measured in terms of social and biological responses of patients?
3. What kinds of health care systems are currently being utilized and how does the utilization compare with need?
4. What are the barriers to the use of health care in terms of cost, convenience, availability, satisfaction, and mores?

It is also the Center's intent to seek knowledge that will assure adequate continuity of medical care for the patient and the most appropriate and effective use of the nation's medical care resources. The design, organization, and administration of health care institutions; the effects of new staffing patterns in providing health care services; the factors contributing to adequacy, effectiveness, and efficiency of health care institutions in communities; and new methods of construction to improve health care institutions will be other subjects for research, development, and demonstration.

To develop the full range of research with which the Center is concerned, it has been organized into the following functional units, all headed by an associate director for program development: health care institutions, health care organization and delivery, health economics analysis, health care technology, health manpower utilization, social analysis and evaluation, and health care data. The associate director must coordinate the several elements of the Center's activities and maintain program priorities and integrated action.

The Center discharges its responsibilities under two legal authorities. One is section 301 of the Public Health Service Act, which authorizes the support of basic research grants throughout the Public Health Service. The specific grant programs transferred to the Center under this authority were previously assigned to the Divisions of Community Health Services and Medical Care Administration and the National Center for Chronic Disease Control.

The other authority, section 304, enacted by Congress in November 1967, was created by combining two existing sections of the Public Health Service Act: section 624 authorizing the Hill-Burton in-hospital research and demonstration grant program including experimental construction, previously administered by the Division of Hospital and Medical Facilities; and section 314(e)(3), which was part of the demonstration grant program administered by

the Office of Comprehensive Health Planning through the regional offices of the Public Health Service (*5*). Now only the National Center is requesting appropriations under this authorization.

In contrast to section 301, which authorizes the support of research and research training only, section 304 is unusually broad and permits the funding of development and demonstration projects as well as research and research training. Section 304 is also broad from a substantive viewpoint and includes the support of projects "relating to the development, utilization, quality, organization, and financing of services, facilities, and resources of hospitals, facilities for long term care, or other medical facilities, agencies, institutions, or organizations; or to development of new methods or of improvement of existing methods of organization, delivery, or financing of health services."

Thus under these combined authorities the Center supports health services research, development, demonstrations, and training through both grants and contracts. Its programs are developed through continuing consultation and cooperation with the professions, the health care institutions and agencies, the financers and consumers of care, and the forefront research talent of the academic, industrial, and business communities.

Grants

The National Center funds six types of research grants.

Research project grants are available to individual investigators for projects aimed at a single problem or designed to obtain an independent result.

Research program grants are available to investigators of recognized competence for supporting a core staff to carry out research on several questions in a selected area of study.

Exploratory research grants support preliminary studies that become the basis for larger and more formal efforts. An exploratory grant is limited to a period of 2 years at approximately $20,000 per year.

Health services research center grants are designed to produce the knowledge and skills that will improve health services and develop and demonstrate new and improved methods and systems for delivering and financing health services of high quality. Long term support is provided for a well-established research team that will concentrate on one particular aspect of health services.

Developmental and demonstration project grants. For these grants, a high premium is placed on the applicant's plan for evaluation, aimed at determining what changes will occur as a result of the experiment.

The deadlines for submitting new grant applications are February 1, June 1, and October 1. For renewals, the submission dates are January 1, May 1, and September 1.

Research training grants and fellowships. Research training grants are available to institutions to train investigators from various fields so that they may conduct independent research in health services. The support of research training is a high-priority concern of the Center. The supply of highly competent investigators and project directors is disappointingly inadequate. The high rate of disapproved applications bears witness to this situation.

Three types of post baccalaureate research fellowships are available for training students to conduct health services research: (*a*) the predoctoral research fellowship, (*b*) the postdoctoral research fellowship, and (*c*) the special research fellowship.

All applications for research and demonstration project grants are subjected to the traditional dual-review system. Four study sections composed of non-Federal scientists serve and are administered by the national Center. These panels conduct an initial review of proposed plans for scientific and technical merit. The primary review bodies include the health services research study section, the health services demonstration grants review committee, the health care systems study section, and the health services research training committee.

A secondary review for program and policy considerations is conducted by two advisory councils, also composed of non-Federal consultants: the Federal Hospital Council and the National Advisory Health Services Council. The Center is in the process of initiating a peer review system to assure the scientific excellence of contracts.

Contracts probably will be the chosen method of support for research aimed at the national Center's two priority areas: evaluation of health services for the disadvantaged and analysis of the factors affecting the cost of health care. In these two areas the work will be more directed than has been true with research grant support, where the ideas and initiative originate with the investigator.

Summary

The National Center for Health Services Research and Development is the national focus for health services research and development but does not have exclusive responsibility for these functions. Although it has brought together four Public Health Service organizational units that previously operated under separate appropriations and administrative direction, several closely related programs within the Service as well as all those of other constituent agencies of the Department of Health, Education, and Welfare still have independent programs.

The Center proposes to become a true focus through involvement. It cannot operate in isolation. It is trying to build effective working relationships, or at the very least open two-way channels of communication, with three main groups: (*a*) operating programs of the Health Services and Mental Health Administration, such as Regional Medical Programs and Community Health Service; (*b*) other organizations, institutions, and agencies, both governmental and nongovernmental, engaged in or supporting health services research—particularly other constitutent agencies of the Department; and (*c*) relevant professional organizations, both the producers and appliers of research. This is the basic tenet that governs and permeates all of the Center's operations.

To foster these relationships, a liaison staff has been placed in the immediate office of the director of the Center. This small group is charged with identifying and searching out fragmented efforts and bringing to the Center's attention the plans, activities, and projects of others with whom it needs to relate.

The liaison staff also must inform others of the Center's plans and programs. In this way, the groundwork is laid for any cooperative action that is indicated. At the very least, unilateral action, if that is the choice, will be deliberate, not accidental.

REFERENCES

(*1*) U.S. Public Health Service: Hospital administrative research. PHS Publication No. 930–C–8. U.S. Government Printing Office, Washington, D.C., June 1964.

(*2*) U.S. Public Health Service: The Division of Nursing's research grants and awards. PHS Publication No. 1101. U.S. Government Printing Office, Washington, D.C., 1964.

(*3*) U.S. Department of Health, Education, and Welfare: Grants-in-aid and other financial assistance programs administered by the U.S. Department of Health, Education, and Welfare, 1964–65 edition. U.S. Govermnent Printing Office, Washington, D.C., May 1965.

(*4*) U.S. House of Representatives: Compilation of the Social Security Laws. House Doc No. 266. Compiled by the Social Security Administration. 90th Cong., 2d sess., U.S. Government Printing Office, Washington, D.C., 1968.

(*5*) U.S. Senate: Compilation of selected public health laws. Prepared by the Subcommittee on Health of the Committee on Labor and Public Welfare. 90th Cong., 2d sess., U.S. Government Printing Office, Washington, D.C., March 1968.