

# Health Services Research: A Crucial and Underfunded Need

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The recent decision to sharply curtail already limited federal funding for health services research comes at a time when this kind of research has never been more important. As Sheps has observed: "In 1910, Flexner dealt with the gap between what was then known and what was taught in medical schools. Today, we have a different gap: between what is taught and what is needed for health care to meet public and individual need."<sup>1</sup> It is increasingly apparent that the major inadequacies of health care relate more to system and access problems than to lack of biomedical knowledge.

The Institute of Medicine has recently published an excellent monograph which reviews the history, methods, content, and roles of health services research.<sup>2\*</sup> As an applied field, drawing from such disciplines as epidemiology, sociology, and economics, health services research addresses societal questions and problems related to personal health services. This kind of research can be categorized into four general areas:

1. *Clinically oriented studies* (eg, outcomes of care, and cost effectiveness of alternative treatment modalities)
2. *Institutionally oriented studies* (eg, productivity, and quality of physician care in different practice settings)
3. *Systemic studies* (eg, influences of financing and regulatory mechanisms on expenditures for various types of personal health services)
4. *Environmental studies* (eg, a population's preferences for and expectations of health services)

Health services research is inextricably tied to biomedical research, and neither is fully useful without the other. Table 1 illustrates the relation-

ships between these two lines of research with respect to the evolution and diffusion of health care technology.

Despite its obvious importance in the formulation of national health care policy, health services research has never been adequately funded. The National Center for Health Services Research was created in 1967, and has furthered our knowledge of health care delivery through intramural research programs, extramurally funded individual grants and contracts, and extramurally funded health services research centers. Many of these centers have had a marked impact in a number of regions of the country and yet funding for their continuation has been deleted from the 1981 budget. When compared to federal appropriations for biomedical research, funding for health services research has been extremely small and far short of the needs. Federal expenditures to the National Institutes of Health (NIH) for biomedical research increased from \$1.3 billion to \$3.1 billion between 1969 and 1980. In sharp contrast, federal appropriations to the National Center for Health Services Research peaked at \$56 million in 1972 and are only \$27 million this year (less than 0.7 percent of the total NIH budget). It is appalling that so little emphasis has been directed to health services research in the nation's largest industry which now represents about nine percent of the gross national product.

Many informed observers now believe that the present health care system has serious systemic problems requiring basic changes. Fundamental issues being debated and considered by health planners, legislators, and policy makers include the numbers and "mix" of physicians; the numbers and roles of midlevel practitioners and other allied health professionals; the allocation of increasingly limited resources within a health care system not previously accustomed to external limits; the relative priorities for health care ex-

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Table 1. Evolution and Diffusion of Health Care Technology

Research Stage		Objective	Evaluation Criteria
Biomedical Research and Development	Basic research	Develop knowledge about fundamental life processes	New knowledge
	Applied research	Apply knowledge from basic research on particular diseases	New knowledge about causes and/or processes of particular diseases
	Application	Develop and test technologies to diagnose, prevent, cure, or contain particular diseases	Efficacy, safety relative to existing technologies
	Transfer	Design and test systems for use of technologies in clinical settings	Acceptability, efficiency of application, and effectiveness and safety within test sites
Health Services Research		Test cost effectiveness, patient and provider acceptability, and effects on institutions	Knowledge about cost effectiveness, patient and provider acceptability, and institution-wide impacts
	Diffusion	Develop knowledge about the diffusion of technologies	Knowledge about why technologies diffuse; effects of prices, institutional resistance, etc.
	System impact	Develop knowledge about impacts of technologies due to their diffusion and applications	Knowledge about impacts of technologies on system-wide demand for services, costs, relationships between their supplies and needs of populations, etc.

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penditures among the various parts of the system based on cost-benefit and outcomes of care; and perhaps most basic of all, the changes which are needed in the reimbursement system to make available cost effective health care for the entire population. The answers to these questions will not come from more and better biomedical research. The success of needed changes in the health care system will depend on informed health policy decision making based upon the results of vigorous efforts in health services research. The

priority and funding for this kind of research must be immediately and substantially raised if the inevitable decisions on the fundamental issues are not to be made through an uninformed political process.

#### References

1. Sheps CG: Education for what? A decalogue for change. *JAMA* 290:930, 1969
2. Institute of Medicine, Division of Health Care Services: *Health Services Research: Report of a Study*. Washington, DC, National Academy of Sciences, 1979