



AHRQ

Agency for Healthcare Research and Quality
Department of Health and Human Services



Welcome to the AHRQ Black Bag

Carolyn M. Clancy, M.D.

Director, Agency for Healthcare Research and Quality (AHRQ)

Carolyn M. Clancy, M.D. was appointed Director of AHRQ on February 5, 2003. Dr. Clancy is a general internist, health services researcher, and a graduate of Boston College and the University of Massachusetts Medical School. Following clinical training in internal medicine, Dr. Clancy was a Henry Kaiser Family Foundation Fellow at the University of Pennsylvania. She was also an assistant professor in the Department of Internal Medicine at the Medical College of Virginia in Richmond prior to joining AHRQ (then named the Agency for Health Care Policy and Research) in 1990.

Her major research interests include women's health, primary care, access to care, and the impact of financial incentives on physicians' decisions. She holds an academic appointment at George Washington University School of Medicine (Clinical Associate Professor, Department of Health Care Sciences) and serves as Senior Associate Editor, *Health Services Research*.

I am very pleased to welcome you to this special issue of the Black Bag, which focuses on the Agency for Healthcare Research and Quality (AHRQ). This special issue details the health services research supported and conducted by AHRQ and explains how we translate the findings of that research into improved practice and high-quality health care for all Americans.

AHRQ's mission as one of the agencies of the U.S. Department of Health and Human Services is to improve the quality, safety, efficiency, and effectiveness of health care for all Americans. AHRQ recognizes that it needs to do more than just conduct, support, and disseminate research that improves access to care, as had been its previous charge; the Agency needs to help health care systems translate research into improved practice and policy. Although AHRQ is foremost a research funding agency, we recognize that research is not an end in itself, but rather a vehicle to improve health and health care.

The Agency's activities are distributed among four critical goals for improving the Nation's health and health care: 1. Improving health care safety and quality for all Americans through evidence-based research and developing the capacity for continued quality improvement; 2. Developing strategies to

improve access, foster appropriate use of services and reduce unnecessary expenditures; 3. Translating, disseminating and implementing research findings that improve health outcomes; 4. Developing efficient and responsive business processes.

Realizing that disparities along racial and ethnic lines and income and educational levels exist in the health care system, Congress charged AHRQ with reporting each year on the latest data monitoring disparities. AHRQ recently released the first National Healthcare Disparities Report, which presents data on a range of clinical conditions and other measures as they apply to priority populations, including racial and ethnic minorities and those with low income. The report is an important step in reducing racial, ethnic, socioeconomic, and other differences in access to health care. For the first time, we have a comprehensive picture of where these differences exist and a road map for improvement.

Research is but one element in achieving health systems change. Commitment and collaboration throughout the entire system are needed by individuals who, utilizing research and state-of-the-art technology, will create change within their own communities and improve patient quality of care. To that end, I encourage you to consider how you can contribute to the Agency's mission by entering the field of health services research.

AHRQ is committed to enhancing the racial and ethnic diversity in the health services research community and offers a variety of training and research opportunities. These include pre- and post-doctoral courses supported through the National Research Service Award (NRSA) fellowship program, support for dissertation research, early career development support, and institutional support through the Minority Research Infrastructure Support Program (M-RISP). For more information on AHRQ training and career development opportunities, see <http://www.ahrq.gov/fund/training/trainix.htm>.

As researchers and catalysts for change, clinicians have the opportunity to extend their reach and their ability to make a difference beyond their individual patients or the walls of the offices or hospitals where they practice. I hope this Black Bag on AHRQ encourages you to make health services research, and AHRQ, part of your future.

About AHRQ

About AHRQ

The Agency for Healthcare Research and Quality (AHRQ) is the Nation's leading supporter of health services research, working closely with virtually every other governmental health agency as well as with research and educational institutions, health care providers, and insurers.

AHRQ research complements that of the National Institutes of Health (NIH) by focusing on the 'effectiveness' of clinical services: developing the scientific evidence regarding which patients benefit most from specific health care services under ordinary, day-to-day conditions. The effectiveness of promising new interventions can be undermined by a host of other factors: other medical conditions or diseases of the patient; interactions with other drugs; the difficulty or unpleasantness of complying with the treatment; or the impact of economic or insurance coverage issues, to name just a few. In addition, providers may not be certain that the findings of a clinical trial apply to their patients, and there is often little information that permits a provider to compare the effectiveness and cost-effectiveness of different services. AHRQ research is intended to address these types of issues.

"Our mission has another important dimension: AHRQ evaluates the effectiveness and efficiency of how we organize, manage, and finance health care services," says Director Clancy. "Our research has demonstrated that efforts to improve the quality and safety of patient care require that we link scientific evidence on services that work with evidence on how best to organize and manage the settings where patients receive their care. We also focus on the circumstances under which caregivers deliver the highest quality care and the types of support and incentives necessary for them to do that. For example, we have sponsored studies demonstrating that for surgical procedures

performed for Medicare beneficiaries, there is a clear relationship between volume and quality."

While significant disparities exist, it is important to recognize that the issue of poor quality care is not merely an issue for special populations, such as racial and ethnic groups, the economically disadvantaged, or the disabled. The reality is that this problem affects all Americans. "We know that some disparities in treatment will take place in the many areas of medical care for which there is no definitive evidence regarding the right treatment," says Clancy. "However, in areas like clot-busting drugs, where science can tell us what works, we need to redouble efforts to ensure that all Americans receive quality health care."

AHRQ Goals

Safety/Quality: Improve health care safety and quality for all Americans through evidence-based research and translation and build capacity to improve the quality of health care for all.

Efficiency: Develop strategies to improve access, foster appropriate use, and reduce unnecessary expenditures.

Effectiveness: Translate, disseminate, and implement research findings that improve health care outcomes.

Organizational Excellence: Develop efficient and responsive business processes.

AHRQ Mission

The mission of the Agency has evolved since it was established in 1989 as the Agency for Health Care Policy and Research (AHCPR). AHCPR was established by Congress “for the purpose of enhancing the quality, appropriateness, and effectiveness of health care services and access to care.” The Agency was founded at a time when the United States Congress and other policymakers, including those in the health care system, were looking for scientific evidence on which to base health care decisions. Accordingly, AHCPR’s mission was “to support, conduct, and disseminate research that improves access to care and the outcomes, quality, cost, and utilization of health care services.”

With the name change to the Agency for Healthcare Research and Quality, the Agency recognized the need to do more than just conduct, support, and disseminate research. As AHRQ, the Agency’s role had expanded to helping the health care system translate research into improved practice and policy. The Agency’s mission now centers around working with public- and private-sector partners to translate research into knowledge and information that can be used immediately to improve health care for all Americans.

Currently AHRQ is continuing to ensure that evidence developed through the highest quality health services research drives informed health care decisionmaking. Established programs like the U.S. Preventive Services Task Force, the Evidence-based Practice Centers, and the Centers for Education and Research in Therapeutics are cornerstones of the Agency’s work. However, recognizing that technology plays a critical role in helping the Nation improve health care quality, AHRQ also is committed to funding new research initiatives designed to enhance the use of information technology to improve the quality and safety of health care services.

AHRQ’s strategic goals reflect the new mission. The ultimate aim is to ensure that this framework creates real change in the health care system. AHRQ must focus on both the production and use of evidence to improve practice and policy. The vision of the Agency is to foster health care research that helps the American health care system provide access to high quality, cost-effective services; to be accountable and responsive to consumers and purchasers; and to improve health status and quality of life. An essential part of this vision is assuring that research findings are ready to be used by health care decisionmakers, including policymakers, private sector leaders, providers, clinicians, patients and consumers.

The strategic framework guides AHRQ’s activities, which are distributed among the four critical goals for improving the Nation’s health and health care. The first three goals provide the structure and framework for our research and translation activities. The fourth goal governs how the Agency does its work and provides service to our customers.



AHRQ Research Stat

Problems with doctor-patient communication may help to explain disparities in use of health care

Blacks and Latinos are hospitalized and undergo surgery or other invasive procedures that require a doctor’s order at lower rates than white patients, even when their access to care, diagnosis, and illness severity are the same. This suggests that disparities in health care use emerge after the patient gets to the doctor, in the context of the doctor-patient interaction, not from difficulties in getting to the doctor in the first place. Poor communication between doctors and minority patients may be one source of racial disparities in the use of health services, according to the findings from a recent study that was supported in part by the AHRQ.

AHRQ's Commitment to Eliminating Disparities in Health and Health Care

The overall health of Americans has improved dramatically nationwide over the last century. Advances in public health, research and technology have allowed people to live longer and healthier lives. However, not all population groups have been able to experience these improvements. Numerous studies have shown that there are obvious disparities in health care utilization, health status, and longevity among different racial and ethnic minorities as well as those of lower socioeconomic status within the United States. "AHRQ has recognized for several years that the time for descriptive studies of disparities is long gone. The scope of the problem is quite clear," says Clancy. "The research that is needed today must provide evidence on effective strategies to reduce and ultimately eliminate disparities in care that are unrelated to the clinical condition of the patient or patient preference."

Some of the questions AHRQ researchers are asking are: What local circumstances or community characteristics reduce or increase disparities? How and when can relevant data be col-

lected respectfully? How can evidence of a problem be linked to possible solutions?

Recent research by AHRQ shows how disparities can be identified and what kinds of action need to be taken to improve the access to quality health care for all people in the U.S. "The data in these reports provide an important message for the Nation—we are making progress in enhancing health care quality and access—but we can do more, and we need to do more," says Clancy. "The first editions of these reports, and those that follow, are an important key to meeting that challenge."

The National Healthcare Disparities Report

In December, 2003, AHRQ released the National Healthcare Disparities Report (NHDR). This report, which is the culmination of efforts by AHRQ staff working collaboratively with colleagues across the Department, represents the first national comprehensive effort to measure differences in access and use of health care services by racial and ethnic minority populations. The NHDR includes a broad set of performance measures that can serve as baseline views of differences in the use of services. The report, which will be updated annually, presents data on the differences in the use of services, access to health care, and impressions of quality for seven clinical conditions, including cancer, diabetes, end-stage renal disease, heart disease, HIV and AIDS, mental health, and respiratory disease as well as data on maternal and child health, nursing home and home health care, and patient safety. It also examines differences in use of services by priority populations.

Data from the NHDR indicate that performance is worse for racial and ethnic minority groups in many aspects of health care, including indicators of access, quality, and clinical outcomes. However, the report also presents a road map for change by providing a picture of where the disparities exist. The Agency is continuing to fund several initiatives focused on understanding why disparities exist, developing tools and strategies to address them, and developing and strengthening the research infrastructure in which this research can take place.





AHRQ Research Related to Health Disparities

Access to Primary Care

Primary care is the underpinning of the health care system, and research studies have shown that having a usual source of care (a “regular doctor”) raises the chance that people receive adequate preventive care and other important health services. According to data from AHRQ’s Medical Expenditure Panel Survey (MEPS):

- About 30% of Hispanics and 20% of African Americans lack a usual source of health care, compared with less than 16% of whites.
- Hispanic children are nearly three times as likely as non-Hispanic white children to have no usual source of health care.
- African Americans and Hispanic Americans are far more likely to rely on hospitals or clinics for their usual source of care than are white Americans (16% and 13% percent, respectively, compared to 8%).

Diagnosis and Treatment

Race and ethnicity influence a patient’s chance of receiving many specific procedures and treatments. Of nine hospital procedures investigated in one study, five were significantly less common among African American patients than among white patients; three of those five were also less common among Hispanics, and two were less common among Asian Americans. Other AHRQ-sponsored studies have revealed additional disparities in patient care for various conditions and care settings.

Looking Beyond Income and Insurance

Disparities in health care are often ascribed to differences in income and access to insurance. Research has shown these to be important, but by no means the only factors. For instance, studies by AHRQ-supported researchers show that the proportion of Hispanic Americans with a usual source of care has declined substantially over the past decade (from 80% in 1986 to 70% in 1996). Insurance coverage has also declined, and the lack of insurance in some groups is dramatic: 37% of Hispanic men in the U.S. have no health insurance. But the decline in insurance coverage explains only one-fifth of the decline in access to a usual source of care.

Physician Decisionmaking

A small study of physicians’ decisions about whether to refer patients for cardiac catheterization, a diagnostic procedure for heart disease, provides evidence that factors other than insurance and income can influence the quality of care people get. This study, supported from a grant from AHRQ, used actors portraying patients with similar economic backgrounds and found that black women were significantly less likely than white men to be recommended for referral, despite reporting the same symptoms.

Cultural and Communication Barriers

Adding to the increasing evidence that cultural expectations, assumptions, and language affect the quality of care, an AHRQ-funded study in Rochester, NY is examining clinically significant differences in physicians’ non-verbal communication with Black patients compared with white patients, which will help to identify and address racial disparities in the quality of health care communication. Future studies will examine the relationship among these observed differences in non-verbal communication, verbal communication, and health care outcomes, including patient participation, satisfaction, and disparities in health care services.

Translating Research into Practice

One way to begin to address disparities in the quality of care is to improve clinicians’ abilities to apply the results of previous research to minority patients whenever relevant research exists. Resources like the National Guideline Clearinghouse can be used to give clinicians better access to evidence-based information about diagnosis and treatment. Patients can be better informed through the use of multilingual informational materials like immunization guides, childcare guides, and information on diet and other aspects of preventive health. AHRQ is funding research that involves partnerships between academic researchers and health care providers who serve predominantly minority communities.

Addressing the Issues: The Director of the Office of Extramural Research, Education, and Priority Populations

The Agency for Healthcare Research and Quality employs a variety of strategies in order to achieve its mission of improving the quality, safety, efficiency, and effectiveness of health care for all Americans. Integral Agency strategies include support for health services research training, career development, and institutional research infrastructure support. AHRQ provides funding for pre- and post-doctoral education through the National Research Service Award program, funds career development grants to junior investigators, and sponsors an array of intramural training opportunities in health services research. These activities take place primarily within AHRQ's Office of Extramural Research, Education, and Priority Populations (OEREP).

Dr. Francis D. Chesley, Jr., M.D. is the Director of OEREP. Dr. Chesley received his bachelor's degree from Georgetown University, his M.D. from the Georgetown University School of Medicine, completed an Internal Medicine Internship and Residency at the Georgetown University Medical Center, was Chief Resident in Internal Medicine at the Medical Center, and completed a General Internal Medicine Research Fellowship in the Department of Medicine at Georgetown University Medical Center.

As the Director of OEREP, Dr. Chesley provides leadership in the development of health services research training and career development programs, directs the Agency's research grant application peer review activities, and is responsible for the development and implementation of AHRQ's extramural research policies and procedures. Dr. Chesley and his staff also serve as an expert resource within the Agency on priority populations, ensuring the inclusion of minority researchers and research participants in the Agency's health services research activities.

From the director:

I am very pleased to welcome you to the training and education section of AHRQ's Black Bag. I encourage you to consider how you can contribute to AHRQ's mission by becoming a health services researcher. As the Nation's health care delivery systems continue to change, the need for individuals trained not only to conduct research and analyses but to develop and implement tools and strategies that will assist health policy and health care delivery decisionmakers has become ever more important.



Clinicians provide a critical perspective in health services research because they understand how day-to-day health care services are delivered and they can offer a human side to the study of the organizational and management issues. Many of the most productive health services researchers in America today are physicians, nurses, and pharmacists. There is a particular need in health services research for minority clinicians; as health care providers for racial and ethnic minority patients, minority clinicians can ensure that the needs and concerns of these patients are adequately represented in research and that innovations are implemented in minority communities.

AHRQ's training programs are designed to nurture the next generation of health services researchers. By providing research training and career development opportunities for individuals as well as institutional infrastructure support, we hope to diversify the health services work force and build the capacity to move from training researchers to the conduct of research and the implementation of research findings in clinical settings. I hope that this Black Bag motivates you to seek a career in health services research and explore how AHRQ may help you reach your career goals.

Dr. Francis Chesley

Training Opportunities in Health Services Research at AHRQ

“We know that to reduce disparities, we have to ensure that research accurately reflects the diverse perspectives of an increasingly diverse population in the United States,” says Clancy. “To accomplish this goal, AHRQ has worked to develop a greater capacity for health services research focused on reducing racial and ethnic inequities in health care. We support several projects that link new researchers with more experienced investigators through both formal and informal mentoring and career development opportunities.” AHRQ also has other on-site programs that offer students at all levels the opportunity to gain research experience.

Pre-doctoral Fellowship Awards for Minority Students

AHRQ sponsors predoctoral fellowship awards for underrepresented minority students. Designed to enhance racial and ethnic diversity in the health services research sciences, the National Research Service Award (NRSA) Predoctoral Fellowship for Minority Students provides up to 5 years of support for research training leading to the Ph.D. or equivalent research degree; the combined M.D./Ph.D. degree; or other combined professional and research doctoral degrees in the biomedical or behavioral sciences, or health services research.

Institutional Training Awards

The NRSA program helps to ensure that adequate numbers of highly trained individuals are available to improve quality of health care, assure value for health dollars spent, and enhance access to services

AHRQ periodically awards NRSA institutional training grants to academic institutions to which students may then apply for a stipend and/or tuition award. Interested students are encouraged to directly contact current grantees for information about fellowship opportunities. A list of current grantees can be found on the AHRQ web site.

Health Services Research Dissertation Awards

AHRQ supports research undertaken as part of an academic program to qualify for a doctorate. The AHRQ R36 dissertation award supports research costs of students. Emphasis is placed on methodological and research topics that address the mission of AHRQ.

Individual Postdoctoral Fellowship Awards

AHRQ supports individual postdoctoral NRSA fellows in health services research through its Individual Postdoctoral

Fellowship program. These fellowships provide opportunities for 1 to 3 years of academic training and supervised experience in applying research methods to the systematic evaluation of health services.

Career Development Awards

AHRQ sponsors Independent Scientist Awards in health services research, which are "Research Career Awards" intended to foster the development of promising new investigators in the field. Individual awards support newly independent scientists who can demonstrate a need for a period of intensive research focus. Awards are provided for a period between 3 and 5 years. Application receipt dates are February 1, June 1, and October 1, annually.

The Agency also sponsors the Mentored Clinical Scientist Development Award in health services research for those with a clinical doctoral degree. Support is provided for the development of outstanding clinician research scientists who are committed to a career in health services research, with a focus on development as an independent scientist.

Kerr White Visiting Scholars Program

The Kerr White Visiting Scholars Program provides a unique research opportunity in which outside scholars are linked with key AHRQ research staff to address new and emerging issues related to health care access, utilization, cost, quality and effectiveness. The program offers a synergistic experience for both new and well-established health services researchers to interact with Agency staff while working at AHRQ. Interested candidates should check the AHRQ web site for program availability and contact information.

Minority Research Infrastructure Support Program

AHRQ established the Minority Research Infrastructure Support Program (M-RISP) to strengthen the research environments of minority academic institutions through grant support to develop and/or expand existing capacities for conducting research in health services.

Summer Internship Program

AHRQ supports summer 2- to 4-month intern opportunities for qualified undergraduate and graduate-level students interested in health services research and/or policy.

For program contacts and more information about training opportunities at AHRQ, please see <http://www.ahrq.gov/fund/training/trainix.htm>.



AHRQ Profile

Leonard E. Egede M.D., M.S.

Assistant Professor of Medicine
Medical University of South Carolina/Center for Health Care Research

Leonard E. Egede, M.D., M.S. is an assistant professor of Medicine and a clinical investigator at the Center for Health Care Research at MUSC. His research interests are diabetes outcomes research and health disparities research. Dr. Egede is heading up a research project funded by AHRQ that is working to develop collaborative management model of type 2 diabetes in Black Americans, which is expected to improve the diabetes outcomes of Black Americans.

Black Bag: How did you become interested in science and medicine?

Dr. Egede: As a young student in high school, I was intrigued by medicine. I was lucky to have had a friendly family physician who talked to me about medicine and allowed me to visit his office often.

Black Bag: What intrigued you about health services research?

Dr. Egede: I got into research by accident. My first year as an internal medicine resident in Baltimore, I was asked by a faculty member to assist him on a project on quality of care for diabetes in our residency program. We abstracted medical records and during the process I noticed that there was significant variation in quality of care provided by different residents. We decided to create a paper tool based on the American Diabetes Association guidelines for inclusion in the paper charts of all patients with diabetes. Once we implemented the tool, we found that adherence to guidelines improved significantly.

Black Bag: What particular research are you working on right now?

Dr. Egede: My major area of research is still diabetes outcomes research and now also health disparities research. I am working on a project to develop a culturally sensitive collaborative model of care

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for diabetes. I am the pilot project core director for project EXPORT, which is a grant funded by the National Center on Minority Health and Health Disparities (formerly the Office of Research on Minority Health) to develop research capacity in minority groups through collaborations with historically black colleges and universities. In addition, I am the principal investigator of a recently funded Veterans Administration program project to understand and eliminate health disparities for chronic medical conditions.

Black Bag: How long have you been associated with AHRQ?

Dr. Egede: I have been involved with AHRQ since 2000. I was part of a health services career development program funded by AHRQ and administered through the Association of American Medical Colleges. I also was the recipient of a K08 [mentored clinical scientist development award] from AHRQ, which runs through 2006.

Black Bag: Do you think it's important to have underrepresented minorities doing research?

Dr. Egede: Yes. The Institute of Medicine report ["Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care"] makes it clear that underrepresented minorities are critical for the advancement of research in the areas of health disparities. These individuals are more likely to conduct research on minorities, are better able to recruit minorities for research, and have a better understanding of the key health issues that affect the minority community.

Black Bag: Do you think health services research should be an important part of our Nation's overall research agenda?

Dr. Egede: Yes. Quality and safety of care, areas addressed by health services researchers, are key components to a balanced research program. Due to limited resources, it is important to identify cost-effective interventions. Finally, the translation of bench and clinical research into "real world settings" helps improve the health of our Nation in a tangible way.



AHRQ Profile

Marielena Lara, M.D., M.P.H.

Director of the UCLA/RAND Program on Latino Children with Asthma
Associate Professor of Pediatrics, UCLA

A *bilingual and bicultural asthma researcher and clinician with interdisciplinary expertise in epidemiology, survey research, and health care services research and policy, Dr. Lara is considered a national expert on asthma in Latino children. Dr. Lara was among the first Hispanics to be admitted to the Harvard/MIT Division of Health Sciences and Technology, and the Robert Wood Johnson Foundation Clinical Scholars and Minority Medical Faculty Development Program. She received a career development award from the Agency for Healthcare Research and Quality. Born and raised in San Juan, Puerto Rico, Dr. Lara has developed special expertise on pediatric asthma and is deeply committed to promoting pediatric asthma research and interventions for the Puerto Rican population.*

Black Bag: Were you always interested in health and science?

Dr. Lara: No, I came into health care and health services research from an engineering and basic science background; I did my undergraduate work at Massachusetts Institute of Technology (MIT), and my medical school at the Harvard/MIT Division of Health Sciences and Technology.

Black Bag: How did you become interested in research?

Dr. Lara: Going through clinical rotations, I saw that a lot of what we do in medicine doesn't make sense—there's a

huge discrepancy between the technology available and the care being delivered, especially as it relates to the inequities in access. In fact, I became so disillusioned, I considered not completing medical school, but the reality of \$100,000 of

“Currently I’m working on two projects with AHRQ funding. One is my K08 award “Improving Outcomes in US Latino Children with Asthma.” Through this award I’m finishing an analysis of the access and quality of care of children in emergency departments. AHRQ’s support has been key for my pursuit of this path.”

debt convinced me to complete my Harvard M.D. and find other ways to address the problems in medicine after that. After medical school I took time off to go to D.C. to work with the Institute of Medicine (IOM). I was very fortunate to be there when health care quality was becoming a more prominent part of the national agenda. So, for the last 11 years, I’ve been an asthma researcher in minority health

with an emphasis in Latino, Mexican, and Puerto Rican populations. AHRQ’s support has been key for my pursuit of this path. I’m also heavily involved in RWJF’s Allies Against Asthma in Puerto Rico Program.

Black Bag: How did you get involved with AHRQ, and how important is their support to your research?

Dr. Lara: Like most health services researchers in pediatric academic medicine, I have to generate 100 percent of my salary, so my AHRQ KO8 [mentored clinical scientist development] grant focused on Improving Outcomes in US Latino Children with Asthma has been essential—crucial, really—to my career. It has allowed me to maintain my focus on my area of interest without having to work on side projects. Through this award I’m finishing an analysis of the access and quality of care of children in emergency departments.

Black Bag: Do you think it’s important for M.D.s to be involved in health services research?

Dr. Lara: Yes. We know what works in real health care settings and communities because we’ve worked in both settings. You can’t replace that perspective. Also, there is a credibility that comes from being a medical doctor that is unmatched, especially when it comes to testifying in Congress.



AHRQ Profile

Ming Tai-Seale, Ph.D., M.P.H.

Associate Professor, Department of Health Policy and Management,
School of Rural Public Health
Texas A&M University

Dr. Ming Tai-Seale received her Ph.D. in Health Services Research from the University of California at Los Angeles, where she wrote her dissertation on “Physician Responses to Medicare Payment Reductions with Multiple Payers.” She also has an M.P.H. in Health Administration from Emory University and studied medicine at Shanghai Second Medical University. She is a grant proposal reviewer for Health Care Research Training (HCRT) Study Section of and also served on the Special Emphasis Panel for AHRQ’s Minority Research Infrastructure Support Program (M-RISP). She has received a Dissertation award (R03) and a Mentored Career Development Award (K01) from NIMH.

Black Bag: Did you always know that you wanted to go into research in general and health services research in particular?

Dr. Tai-Seale: No, I initially studied medicine. The internship gave me a glimpse of the reality. I saw a lot of wasted or inappropriately used resources. It was really an eye-opener, and I realized that trying to save the world one person at a time may not be the most effective way for me. I recognized the marvels of medicine, but also the limited power of medicine, too. Organizational and policy factors play a large role in medicine. I believe that the system needed to be changed, so I decided to study public health.

Black Bag: What specific areas of health policy were you interested in?

Dr. Tai-Seale: At that time I was interested in how to manage limited resources effectively in the hospital setting, which

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included physician services. My Ph.D. research was on how physicians respond to Medicare payment changes. Since I had a minor in economics, I decided to focus on how financial incentives influence physicians’ practice. This was at the time when Medicare decided to change the way they paid physicians, and my dissertation looked at how physicians

respond to payment reductions. That is still very much the direction I’m working in now: how do physicians interact with patients and how that interaction is influenced by financial and organizational incentives.

Black Bag: How are you associated with AHRQ?

Dr. Tai-Seale: I was very fortunate to have AHRQ funding for my dissertation research in the early 1990s. Since then, I have worked with AHRQ as a grant reviewer, on the HCRT panel, and I’ve also been on the Minority Research Infrastructure Support Program review panel. AHRQ’s support has been invaluable, and I’m proud to be associated with AHRQ.

Black Bag: Do you think it’s important to have the physician perspective in health services research?

Dr. Tai-Seale: Yes. It’s important because it’s where rubber meets the road. Non-physician researchers sometimes have a more academic view, so the reality of medical practice may not be as appreciated as it is by someone who has actually cared for patients and has seen patients dying. Without that perspective, it’s like studying quality from 30,000 feet high: you can’t really see what has happened. I think that researchers need to be very much aware of the nuances of medical practice.



From the Journal for Minority Medical Students