



# Annual Report

## ■ Message from the President



Over the past few years, AcademyHealth has made significant progress in its commitment to continue building the infrastructure of our field, particularly in the areas of data access, methods, and human resources. In 2007, many of these initiatives came to fruition.

In June, participants in the Annual Research Meeting had an opportunity to participate in new methods courses proposed and facilitated by the Methods Council, an expert group convened in 2006 to improve and expand our methods offerings. In addition, I am excited to announce the launch of a new methods Web site (see page 8), which provides an extensive glossary and other tools to assist researchers as they compare, evaluate, and explore different methodologies.

On November 30 AcademyHealth held the Health Services Researcher of 2020 Summit, the first in a series exploring solutions to the field's infrastructure challenges. This series continues AcademyHealth's commitment to addressing the human resources needs of the field. We expect to share a summary of the meeting with you in the March issue of our newsletter, AcademyHealth Reports.

In addition, I would like to recognize the Coalition for Health Services Research's efforts to promote the value of health services research among Capitol Hill policymakers. In keeping with the framework presented at the 2007 National Health Policy Conference (see <http://www.chsr.org/visionsummary.pdf>), the Coalition has laid the groundwork for future progress in advancing our policy priorities to strengthen the field's infrastructure—its researchers, data, and methods.

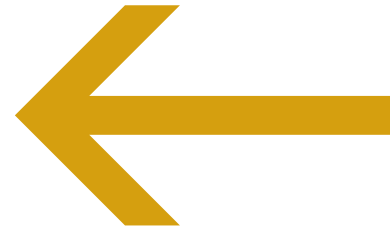
Finally, I hope you'll join us at the National Health Policy Conference in February to discuss the prominent role health policy continues to play in the 2008 election debates, and to celebrate 25 years of the Annual Research Meeting when we gather in Washington, D.C. in June.

Sincerely,

A handwritten signature in black ink that reads "W. David Helms". The signature is fluid and cursive, with a long horizontal stroke at the end.

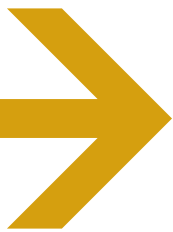
W. David Helms, Ph.D.

# Who We Are



**AcademyHealth is the professional home for health services researchers, policy analysts, and practitioners**, and a leading, non-partisan resource for the best in health services research (HSR) and policy. We promote interaction across the health services research and policy arenas by bringing together a broad spectrum of players to share their perspectives, learn from each other, and strengthen their working relationships. Our organizational affiliates and individual members are central to our efforts to advance research, policy, and practice

Core activities that support our mission include convening conferences and seminars, providing research support and professional development opportunities, and facilitating knowledge transfer activities.



## What We Do

### **We support the development of more and better health services research.**

AcademyHealth works to improve both the supply and quality of health services research by expanding and improving the scientific basis of the field, increasing the capabilities and skills of researchers, and promoting the development of the necessary financial, human, infrastructure, and data resources. These efforts include:

- Hosting meetings, such as the Annual Research Meeting, that provide a forum for the best research the field has to offer and serve as learning opportunities for researchers, practitioners, and policymakers (page 6).
- Advocating, through the Coalition for Health Services Research, for greater federal investment in the infrastructure that supports the field (page 12).
- Supporting investigator-initiated research as the national program office for the Robert Wood Johnson Foundation's Healthcare Financing and Organization initiative and Public Health Services Research grants. (page 14).

### **We support the use of the best available research and information.**

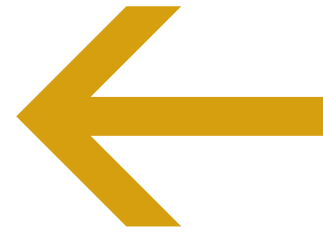
AcademyHealth disseminates research findings, assists with the translation of findings and experience into useful information for decision makers, and works to improve communication between health services researchers and policymakers. These activities include:

- Convening learning networks, such as our efforts on behalf of the Agency for Healthcare Research and Quality's Medicaid Medical Directors Learning Networks (page 16), that share new research, applications and the insights of experience among policy professionals facing similar challenges.
- Leading international study tours that provide unique, small-group opportunities for researchers and policymakers to learn from the experiences of international health systems and health care reforms (page 17).
- Bringing policymakers and researchers together annually to discuss and debate policy priorities and research needs during the National Health Policy Conference (page 18).

### **We assist health policy and practice leaders in addressing major health challenges.**

AcademyHealth provides high quality policy and technical assistance to policymakers at all levels. We offer educational programs to advance the use of policy analysis and research, and work to identify areas where additional research and information are needed. These activities include:

- Facilitating educational and technical assistance for states working toward substantive coverage reforms as the national program office of the Robert Wood Johnson Foundation's State Coverage Initiatives Program (page 23).
- Offering a unique, three-day course that provides an in depth look at the policy-making process in Washington (page 24).



## ■ Membership

AcademyHealth is the leading professional society for health services researchers and health policy professionals, connecting researchers, policymakers, and practitioners through educational programs, networking and volunteer opportunities, and on- and offline resources. The community of AcademyHealth members comes together through a variety of venues to share new findings, learn methodological techniques, and discuss trends in health care delivery—all with the aim of improving the health care system.

The resources and activities included with membership link individuals so they can excel in their work. Members have access to discounted subscriptions to a number of leading publications including our official journals, *Health Affairs* and *Health Services Research*, and our partner journals, *The Milbank Quarterly* and the *Journal of Health Politics, Policy, and Law*. Members also receive discounts on registration fees for our conferences and seminars.

### 2007 Salary Survey

This year marked the second installment of our salary survey, which documents wage trends, disparities in earnings, and member satisfaction with their work settings. This second national survey, a follow-up to our 2002 salary survey, allows us to document trends over time and to provide an important understanding of the health services research workforce as compared to other fields. The data will also support AcademyHealth's efforts to advocate for increased investment in the human resources that are vital to the infrastructure of our field.

### Interest Groups

AcademyHealth offers 15 Interest Groups (IGs) that provide an opportunity for members to engage one another around specific topics within health services research and health policy. In 2007, all 15 IGs held substantive sessions in conjunction with our Annual Research Meeting. Additionally, several IGs held sessions in conjunction with our National Health Policy Conference or as stand-alone audio conference presentations or Web-based discussions.

As the IGs continue to mature, we anticipate more opportunities for members to become involved as volunteers, mentors, or through expanded presentation opportunities.

### Students

Recognizing the need to develop the next generation of health services researchers, AcademyHealth health offers students a deeply discounted membership rate and encourages students across the country to participate. In 2007, student membership grew to 710 students representing 14 schools. Additionally, our student chapter program nearly doubled in 2007 with the addition of six new chapters. This surge reflects both additional outreach efforts and growing popularity of the field among young scientists. Our chapters offer students the opportunity to develop leadership skills, network with students across their campus and with other campuses, and go beyond classroom learning through journal clubs, guest lectures, and other events. This growing segment of the membership is assuring a strong future for the field of health services research.



## ■ Membership

### Interest Groups

Interest Groups	Total Participants
Behavioral Health Services Research	1,093
Child Health Services Research	805
Disability Research	159
Disparities	715
Gender and Health	550
Health Economics	2,036
Health Information Technology	1,104
Health Policy Communications	378
Health Workforce	938
Interdisciplinary Research Group on Nursing Issues	515
Long-term Care	1,093
Public Health Systems Research	1,477
Quality	692
Research Translation	411
State Health Research and Policy	1,622

### Did you know?

588 New individual Members  
Joined AcademyHealth in 2007

### Students Chapters

Boston University  
Case Western Reserve University  
Johns Hopkins University  
Purdue University (new)  
The George Washington University  
University of Alabama at Birmingham (new)  
University of Florida (new)  
University of Kentucky (new)  
University of Michigan  
University of Minnesota (new)  
University of Missouri  
University of North Carolina, Chapel Hill  
University of Washington  
University of Wisconsin, Madison (new)

### Membership Counts (as of 12/01/07)

Regular	2569
International	107
Senior	60
Student	683
<b>Total</b>	<b>3422</b>

Affiliates	114
Supporting Affiliates	12
Contributing Affiliates	4
<b>Total</b>	<b>130</b>

### Did you know?

Nearly 200 students and experts  
convened during “Meet the Expert”  
student breakfasts at the National  
Health Policy Conference and  
Annual Research Meeting.

## ■ 2007 Annual Research Meeting

As the premier forum for health services research, the Annual Research Meeting (ARM) is a vital component of AcademyHealth's efforts to promote and expand the scientific basis of the health services research field. Each year, the ARM presents top-notch content to a wide audience, with more than half of the content chosen by peer-review and presented by first-time participants.

"The ARMs are a wonderful blend of policy and research with attention to methodological rigor. I get useful information and the stimulation of talking with peers who are grappling with issues like those I am dealing with."

—2007 ARM Participant

The 2007 ARM, held June 3-5 in Orlando, provided a venue for researchers to share vital findings that will help improve access to high-quality care and ultimately save lives as policymakers and providers put research into action. The meeting included research and policy presentations related to 21 themes in 143 breakout sessions, including universal health care, state innovations, consumer engagement, emerging technologies, and disparities.

Keynote speaker, David M. Cutler, Otto Eckstein Professor of Applied Economics and Dean for the Social Sciences at Harvard University and the author of "Your Money Or Your Life: Strong Medicine for America's Health Care System," kicked off the meeting with a discussion about the value proposition of health care and a high value system. His speech highlighted

the economics of poor quality and presented a framework involving cooperation and competition and regional initiatives aimed at improving quality of care.

During the luncheon plenary session, AcademyHealth recognized new and veteran research and policy professionals through its awards program (see page 11).

The 2007 meeting continued the trend of increased student participation. Students were able to take advantage of special opportunities to:

- Network with nationally known experts in health services research, policy, management, and clinical practice at the Meet-the-Experts student breakfast;
- Learn about winning strategies for obtaining funding for their research projects and how to build a career in health services research at the career building workshops; and
- Access professional training and job opportunities and fellowships, receive continuing education credits, and resume review by experts in the health services field.

"As we planned this year's meeting, I was struck by the many ways this forum creates opportunities to learn from and with one another," said 2007 ARM Conference Chair Jon Christianson, Ph.D., the James A. Hamilton Chair in Health Policy and Manage-

ment in the School of Public Health at the University of Minnesota.

In addition to the broad scope of the ARM, AcademyHealth also hosts adjunct meetings focused on specific areas of research and policy ranging from economics to state-level issues. In 2007, an unprecedented 15 IGS held pre- and post-conference meetings. In formats ranging from research presentations to roundtable discussions, and from full day meetings to two-hour expert sessions, IG participants had an opportunity to network with peers in their preferred area of study. As reported in one participant's evaluation, "Thanks for planning this Interest Group meeting. It's a great addition to the ARM where I get to network with others working on my same issues and hear a diverse spectrum of ideas in a small group setting."

"I think of cost and quality as flip sides of the coin. That is, those are things we need to think about together. [We need to] make sure that what we're spending is worth it and what we're giving up is not worth it."

— David M. Cutler, Keynote speaker

Another type of adjunct meeting, methods workshops, offered professional development opportunities for participants at all levels of career progression. This year's workshops looked at Bayesian methods, hierarchical modeling, and models with endogenous explanatory variables.

## ■ ARM at A Glance

- Location: Orlando
- Attendance: 1,923
- Students/Fellows: 20 percent of participants
- Peer-Reviewed Content: 52 percent
- Abstract Submissions: 1,676
- Speakers: 557
- First Time Speakers: 49 percent of the panelists
- Adjunct Meetings: more than 50

### → Conference Support:

#### Private

- GlaxoSmithKline Global Health Outcomes Group
- The Henry J. Kaiser Family Foundation
- Jacobs Institute of Women's Health of The George Washington University
- Johnson & Johnson
- Eli Lilly and Company
- Mayo Clinic, Division of Health Care Policy & Research
- RAND Health
- Robert Wood Johnson Foundation
- University of California, San Francisco, Institute for Health Policy Studies, School of Medicine
- WellPoint, Inc.

#### Federal

- Agency for Healthcare Research and Quality
- Centers for Medicare and Medicaid Services
- Department of Veterans Affairs, Health Services Research and Development Service (VA HSR & D)
- National Center for Health Statistics (NCHS)



## ■ Methods Council

Now in its second year, the Methods Council is actively engaged in a variety of projects to support the development of health services research by promoting dialogue around health services research methods and providing educational opportunities for researchers to improve their methods training.

AcademyHealth launched the flagship project of this effort, [www.HSRMethods.org](http://www.HSRMethods.org), for members in late 2007 and will release the site to the general public in early 2008. The site is an extensive online resource that includes a glossary of more than 500 methodological terms; suggested reading and online resources;

and resources on ethics and privacy in health services research. The first phase of the site provides current information on research methods and key resources in health services research, and aims to encourage dialogue about analytic methods among health services researchers trained across a variety of disciplines. Initial response to the site, based on the results of a pre-launch beta test, suggests significant enthusiasm for this new resource. AcademyHealth expects to add more content and modules to the site over time.

In addition, the Methods Council has made significant contributions to ARM, providing

expertise in conceptualizing new methods offerings and serving as faculty for sessions. The Council has also undertaken several new projects to foster communication across the disciplines that comprise health services research, as well as elevate discussion of appropriate methods to address issues in health services research.

The Methods Council works through five committees that focus on the Web site and glossary; health services research methods framework; multi-disciplinary perspectives; comparative effectiveness research methods; and continuing education.



## HEALTH SERVICES RESEARCH (HSR) METHODS



- glossary
- data sources
- ethics in research
- privacy in research
- readings & presentations
- links
- about
- discussion

The screenshot shows the 'Glossary' page of the HSR Methods website. At the top, there is a search bar and a 'Search' button. Below the navigation tabs, the 'Glossary' section is active. The page content includes a 'View Full Glossary List' link, a 'View Terms By:' section with a list of research topics (e.g., Evaluation and Data Sources, Ethics and Human Subjects), and a 'Keyword Search' box. The main text explains that HSR draws on methods from various disciplines and provides a common definition for the field. It also includes instructions on how to use the glossary, such as searching for specific terms or viewing terms by research topic.



## ■ AcademyHealth/NCHS Fellowship

Sponsored by the Centers for Disease Control and Prevention's National Center for Health Statistics (NCHS) and AcademyHealth, the fellowship is designed to foster collaboration between NCHS staff and visiting scholars on a wide range of topics of mutual concern. The fellowship brings visiting scholars in health services research-related disciplines to the NCHS in Hyattsville, Md. for a period of 13-24 months to conduct studies of interest to policymakers and the health services research community. There, fellows have access to NCHS data resources for use in their proposed studies, and also work on collaborative projects with NCHS staff.

The fellowship adds to the development of more and better health services research by enabling visiting scholars to conduct new and innovative analyses using NCHS data sets and participating in developmental and health policy activities related to the design and content of future NCHS surveys.

The fellowship offers researchers unique opportunities in areas such as the following:

- Working with NCHS research, statistical, and computing staff to learn about the center's data systems; access and analyze data; participate in projects to improve the quality and policy relevance of data systems; and develop joint analytic products for publication.

- Accessing contextual variables such as characteristics of health care providers or the communities in which care is received. Because of NCHS' mandate to protect the privacy and confidentiality of survey participants, contextual variables are typically not included in public use data files. However, by working in residence as NCHS employees, and with NCHS staff, researchers may expand their analysis while at the same time safeguarding respondent confidentiality.

- Creating linked or merged files, or using existing linked files where available. Examples include elements from the Area Resource File, Medicare data, or Census data on median income by zip code. Opportunities also exist for analysis of provider characteristics from membership organizations such as the American Medical Association or American Hospital Association master files.

The vast array of government and health policy resources in Washington, D.C. provides a rich experience for visiting scholars.

Fellows may participate in activities throughout the area, in planned fellowship activities such as AcademyHealth's ARM and National Health Policy Conference, and in special conferences and seminars at NCHS. At the same time, the fellowship

offers protected time for the investigators to support a successful research endeavor leading to the development of new knowledge, the creation of new data linkages, and the dissemination of research findings through scientific publication.



The 2007 Fellows were Jennifer Pippins, M.D., a research fellow in the Division of General Medicine and Primary Care at Brigham and Women's Hospital and Stephen Pitts, M.D., M.P.H., an associate professor in the Department of Emergency Medicine at Emory University School of Medicine. Dr. Pippins is working on the project,



“Functional Decline among the Elderly: The Impact of the 1997 Balanced Budget Act.” Dr. Pitts' project is, “Hospital Admissions from the Emergency Department: National Trends and Variation between Hospitals.”

At the conclusion of the fellowship, Dr. Pippins and Dr. Pitts will present their work at an NCHS seminar and will be encouraged to present their research work and findings at the AcademyHealth ARM.

## ■ HSR Summit Series

### Health Services Researcher of 2020: Summit on the Future of the health services research Workforce

In late 2007, AcademyHealth convened a high level invitational summit to assess the size, composition and capacity of the current health services research (HSR) workforce and to consider future workforce needs as they relate to the challenge of generating the evidence needed to improve the performance of the nation's health care system. The summit, supported by Robert Wood Johnson Foundation and Agency for Healthcare Research and Quality, brought together 50 educators, students, employers and funders of Health Services Research in a consultative process to consider three commissioned papers that looked at trends in the education, the size and composition of the field and the demand for health services researchers in the workplace.

Summit participants recognized that while there is complexity in defining the workforce parameters, the strong growth in its size suggests that forty years after its founding, the time is right for a thoughtful reassessment of the field. Jean Moore, M.S.N, and Sandra McGinnis, Ph.D. found that using a conservative estimate, the field is now composed of approximately 11,000 researchers, up from 5,000 in 1995 when the Institute of Medicine estimated its size. While the methods and data sources used for the 2007 estimate differ from what the IOM used in 1995, we believe this does represent at least a modest growth in the size of the field. Tom Ricketts, Ph.D., M.P.H., found that there are more interdisciplinary programs in health services research than a decade ago, with approximately 130 graduate programs in the United States that self report providing training in health services research. These programs are graduating an estimated 4,500 masters students and between 150-300 doctoral students per year. Ricketts believes that these individuals contribute to growing core group of health services researchers and that as demand rises, the health services research field, functions as sponge

absorbing professionals from myriad disciplinary backgrounds to complement the core group. Craig Thornton, Ph.D., and Jonathan Brown, Ph.D. in their paper on the supply caution that the field may not be growing as much as these papers suggest given that since 2000, demand as expressed in funding for health services research, appears to be declining in inflation-adjusted dollars, even as it is spread among an increasing number of organizations.

Summit participants developed recommendations to strengthen the health services research workforce of the future, including the following:

#### Monitoring the size and composition of the field:

- There is a need to continue to monitor the size and composition of the health services research workforce every five years
- Results of monitoring should be used to develop benchmarks for the field.
- The health services research definition should be revisited regularly.

#### Increasing diversity of the field:

- To help address the pay inequity for women, leadership training opportunities for women in health services research are needed.
- Mentoring opportunities for both women and underrepresented minorities should be promoted.
- Universities should reach out to the undergraduate level to begin recruiting minorities into the field of health services research.

#### Understanding the growth of health services research interdisciplinary programs:

- Stronger linkages among health services research programs are needed.
- Tenure committees need to be educated and encouraged and reward applied work in health services research, with the intent

of raising awareness of the quality of work conducted by health services research generalists, and encouraging disciplinary researchers to conduct more health services research.

- Research funders should be encouraged make financial contributions to fellowships and other training activities that will attract the best candidates to the field.

#### Expanding future health services research competencies

- Important competencies in the future will include an understanding of genomics and informatics, and the intersection of the two. More team-building and systems thinking is extremely valuable.
- An inter-university consortium is one effective way to draw on talent at various universities to offer specialized courses for health services researchers.

#### Acknowledging private sector health services research

- Universities and continuing education programs may want to consider including opportunities for student to acquire skills valued in the private sector, such as client orientation and project management .
- There is a need for a publication targeted at incoming student that explains multiple career pathways for health services researchers and the various skills need for each.

#### Using fellowships

- Existing fellowships opportunities need to be further disseminated, especially among minorities.
- Private sector should be engaged to offer fellowship opportunities to both masters and post doctoral levels that will provide greater exposure to health services and corporate environments.

## ■ AcademyHealth Awards

AcademyHealth is committed to supporting the development of health services research and rewarding outstanding achievements that support the mission of the organization. Every year, AcademyHealth recognizes the leaders who have made exceptional contributions to the field of health services research. The AcademyHealth awards identify and promote advancements in the field, support future work through grants and prizes, and recognize those who provide leadership and vision for the future.

### **ALICE S. HERSH NEW INVESTIGATOR AWARD**



**Kevin Volpp, M.D., Ph.D.**

Assistant Professor, Wharton School and University of Pennsylvania School of Medicine Faculty Member, Center for Health Equity

Research and Promotion, Philadelphia Veterans Administration Medical Center.

The Alice S. Hersh New Investigator Award recognizes scholars early in their careers as health services researchers who show exceptional promise for future contributions to the field. This award commemorates the dedication of Alice Hersh to supporting the next generation of health services researchers. Ms. Hersh was the founding executive director of the Association for Health Services Research.

### **ARTICLE-OF-THE-YEAR AWARD**



**John Hsu, M.D., M.B.A., M.S.C.E.**

Physician Scientist, Kaiser Division of Research Fellow, Kaiser Institute for

Health Policy Faculty Member, University of California, San Francisco

The Article-of-the-Year Award recognizes the best scientific work that the fields of health services research and health policy have produced and published during the previous calendar year. The award-winning article provides new insights into the delivery of health care and advances knowledge of the field.

Article: “Unintended Consequences of Caps on Medicare Drug Benefits,” which appeared in the June 1, 2006 issue of the *New England Journal of Medicine*. This article was co-authored by Mary Price, M.A., Jie Huang, Ph.D., Richard Brand,

Ph.D., Vicki Fung, B.A., Rita Hui, Pharm.D., Bruce Fireman, M.A., Joseph P. Newhouse, Ph.D., and Joseph V. Selby, M.D., M.P.H.

### **DISSERTATION AWARD**



**Benjamin Lê Cook, Ph.D., M.P.H.**

Researcher, Mathematica Policy Research, Inc.

The Dissertation Award honors an outstanding scientific contribution from a doctoral thesis in health services research. Judging by the innovative research, this doctoral candidate shows exceptional promise as a health services research.

Dissertation: “The Hunt for the Right Counterfactual: Estimating Disparities in Minority Health Care,” Harvard University

### **DISTINGUISHED INVESTIGATOR AWARD**



**Mark V. Pauly, Ph.D.**

Bendheim Professor, Department of Health Care Systems, Wharton School, University of Pennsylvania

The Distinguished Investigator Award recognizes individuals who have made a significant and long-lasting contribution to the field of health services research. The distinguished investigators are leaders and role models for the field.

### **STUDENT POSTER AWARD**



**Marguerite E. Burns, Ph.D. Candidate**

University of Wisconsin School of Medicine & Public Health

The Student Poster Award recognizes the outstanding research of a student and the quality of the presentation during the Annual Research Meeting each June.

Poster: “Adult Beneficiaries with Disabilities: The average effects of enrollment in a Medicaid MCO relative to FFS on health care expenditures nationwide”

### **HSR IMPACT AWARD**

The AcademyHealth Board of Directors created the HSR Impact Award to recognize research that has had a significant impact on health and health care. The award, which is supported by AcademyHealth, is intended to identify and promote examples of outstanding research that have been successfully translated into health policy, management, or clinical practice.

#### **John Holahan, Ph.D.**

Director, Health Policy Center, Urban Institute

John Holahan, director of the Health Policy Center at the Urban Institute, received the award for work he led—along with co-Principal Investigator Alan Weil from the National Academy for State Health Policy, and a team of Urban Institute researchers including Linda Blumberg, Randall Bovbjerg, Jack Hadley, and Lisa Clemans-Cope—that offered a roadmap for designing landmark health care reform legislation in Massachusetts.

#### **Flaura Koplin Winston, M.D., Ph.D.**

Principal Investigator, Partners for Child Passenger Safety

Flaura Koplin Winston, principal investigator for Partners for Child Passenger Safety, the largest child-specific vehicular crash surveillance system in the world, was recognized for research that has led to improved design and regulation of Vehicular Child Restraints and Air Bags.

## Coalition Leadership Letter



With the support of AcademyHealth's members, the Coalition for Health Services Research (Coalition) has had an exciting year. As you know, the Coalition's primary goal is to advance the field of health services research through the annual budget process and new program authorizations. Competing federal priorities in the last few fiscal years

have made it difficult for the Coalition to reach its funding targets. However this year—under a new Congress and with more grassroots participation—the Coalition was able to secure increases in proposed funding levels for two federal agencies that support our field.

In addition, the Coalition this year has taken a different approach to its advocacy, outlining its vision for the field and advancing AcademyHealth's mission to promote the development of the necessary financial, human, infrastructure, and data resources. This vision seeks policy changes to promote fair and transparent access to information; increase investigator-initiated research and comparative effectiveness research; expand needed investments in the research infrastructure;

and improve coordination across this field. I am pleased to report that we are making strong strides on these priorities, as you will see in the following catalogue of this year's activities.

It has been a privilege to lead the Coalition as it lays the policy foundation for a stronger health services research field, and I hope you will continue to lend your support. Your participation in our grassroots initiatives and exemplary work has increased the value that policy-makers place on health services research. Together we can help our field fulfill its promise to provide the basis for much needed improvements in the American health care system.

Sincerely,

Jeanne Lambrew, Ph.D.

Chair, Coalition for Health Services Research

## Coalition Board

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And Retirement Policy  
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### **Mary Wakefield, Ph.D., R.N.**

Associate Dean for Rural Health and  
Director, Center for Rural Health  
School of Medicine and Health Sciences  
University of North Dakota

### **Myrl Weinberg**

President  
National Health Council

### **Marina Weiss, Ph.D.**

Senior Vice President  
March of Dimes Birth Defects Foundation

## ■ Coalition for Health Services Research

As AcademyHealth's advocacy arm, the Coalition is pivotal to advancing the organization's mission by building support for HSR among major stakeholders through new legislation to advance the field's policy priorities and through the annual appropriations process.

### Advancing Policy Priorities

- **Investigator-initiated research.** At the Coalition's recommendation, the Senate's report for its Labor, Health and Human Services, Education, and Related Agencies appropriations bill directs AHRQ to "invest at least as much in [investigator initiated research] as it does intramural research" and urges the Department of Health and Human Services to "expand funding for AHRQ's investigator initiated research in its fiscal 2009 budget request."
- **Access to information.** Last December, we provided comments on a proposed rule that would make available Medicare Part D data for use in research, and in October, we sent a letter to the Office of Management and Budget emphasizing the importance of this final rule and its timely release. In addition, we submitted comments to AHRQ on the establishment of a National Health Data Stewardship Entity, in which we went on record about the restricted access to publicly available data, more generally.

This past spring, Coalition leadership and staff met with senior staff of the House Government Reform and Oversight Committee to review our concerns regarding data access and funders' restrictions on publication. We continue to work with staff of the Senate Committee on Finance on issues related to access to Medicare Part D data.

- **Comparative effectiveness research.** Congressman Tom Allen (D-ME) and Congresswoman Jo Ann Emerson (R-MO) introduced the "Enhanced Health Care Value for All Act" to expand the federal government's capacity to conduct this work. On June 12, the Ways and Means Health Subcommittee held a hearing on this issue, and the Coalition submitted a statement for the record. Subsequently, the House passed the "Children's Health and Medicare Protection Act" (CHAMP) that would establish a comparative effectiveness center, a commission, and a trust fund to advance this research.
- **The next generation of researchers.** The Coalition submitted letters to the House Ways and Means and Energy and Commerce committees in support of the comparative effectiveness provisions of the CHAMP bill, and strongly recommended that a portion of the trust fund be allocated to strengthen the HSR infrastructure, including its researchers, data, and methods.

- **Health services research coordination:** The "Enhanced Health Care Value for All Act" and the CHAMP Act would also establish a Coordinating Council for Health Services Research. AcademyHealth members have led support for this Council, which would oversee the development of a federal health service research agenda and strategic plan for addressing the infrastructure needs of the field.

### Securing Appropriations

- For the first time in three fiscal years, the House and Senate both proposed much needed funding increases for the NCHS—\$7.5 million. Without our requested increase, NCHS would be unable to collect a full year's worth of vital statistics, making America the first industrialized nation unable to collect these birth and death data.
- The House and Senate both provided a \$10 million budget increase for AHRQ, doubling the agency's budget for comparative effectiveness research.
- The Coalition mobilized AcademyHealth members to oppose an amendment to the House Labor, Health and Human Services, Education, and Related Agencies appropriations bill that would have virtually eliminated funding for these agencies. The amendment failed on the floor of the House 181-249.

### Increasing Visibility

AcademyHealth and the Coalition sponsored two briefings for congressional staff in 2007. The first briefing, for staff of Senate Finance and the House Energy and Commerce and Ways and Means Committees only, highlighted findings on Medicare Advantage and had an audience of 13. The second briefing, which was promoted more broadly, focused on comparative effectiveness research and drew approximately 30 congressional staff.

## ■ Health Care Financing and Organization

AcademyHealth serves as the national program office for the Robert Wood Johnson Foundation's (RWJF) Changes in Health Care Financing and Organization (HCFO) initiative which enables us to advance our mission by supporting investigator initiated research and facilitating the translation of that research into policy and practice.

HCFO supports research and policy analysis, evaluation, and demonstration projects that examine major changes in health care financing and their effects on cost, access, and quality. HCFO accomplishes its goals through grantmaking, convening, and disseminating activities. In 2007, HCFO distributed approximately \$4 million to support research into areas including Medicare reimbursement and the effect on physician behavior, Medicare Part D, assisted living growth, high-deductible health plans, the cost efficiency of specialist physicians, and pay-for-performance initiatives.

In 2007, HCFO also oversaw a special topic solicitation titled, "Health Care Costs: Research to Inform Policy." As part of this effort HCFO convened experts to identify research gaps and questions around health care costs and provide guidance on key research questions from which research projects could be developed. Research questions focused on cost controls, affordability, cost estimates, and pricing, with an emphasis

on how the findings could expand access to medical care. The solicitation was released in June 2007 and proposals are currently being reviewed.

HCFO brings together the policy and research communities through invitational meetings that foster debate and discussion on policy-relevant topics, highlight HCFO-funded research, and raise issues worthy of further exploration. In 2007, HCFO hosted two invitational working meetings on physician payment and the role of consumer engagement in improving the quality of medical care. Six Issue Briefs and one Findings Brief resulted from the meetings. In addition, HCFO conducted four grantee briefings. The purpose of these meetings is to provide grantees with feedback from a selected group of participants with research and policy expertise in the subject area to assist them as they complete their work and plan for upcoming dissemination activities. A recent grantee briefing on regional competitive bidding for Medicare health plans, for example, was held on Capitol Hill, and staff from the Senate Finance, House Ways and Means, and House Energy and Commerce Committees attended.

HCFO also supports the translation and dissemination of research findings through the publication of Web features, newsletters, and Findings Briefs, all of which are available at

[www.hcfo.net](http://www.hcfo.net). In 2007, HCFO published 12 Findings Briefs, highlighting researchers' findings and linking their relevance to the current policy debate. Findings Briefs are also sent to key congressional staff when Congress is voting on related issues. The Findings Brief, "Early Experiences with Federal Health Insurance Tax Credits," for example, was sent to Hill staff as Congress worked to revise the Trade Adjustment Assistance (TAA) program in September 2007. Examples of other 2007 Finding Briefs include the following:

- A Sustainable Future? The Roles of Premium Subsidies in Medicare Prescription Drug Plans
- Medicare Advantage and the Impact of Medicare HMOs on Inpatient Utilization
- Meeting the Future Long-Term Care Needs of the Baby Boomers
- Pharmacogenomics: an Assessment of Market Conditions and Competition
- Physician Payment: Is There a Better Way to Pay?
- Regional PPOs in Medicare: What are the Prospects?

## ■ Public Health Systems Research

Public health systems research (PHSR) is an emerging discipline; its priorities and methods are still being defined and important stakeholders are just coming to the table. AcademyHealth's PHSR program aligns with our mission and vision by supporting investigator initiated public health systems research and disseminating research to policymakers. This program advances evidenced-based decision making in public health policy and practice by promoting partnerships among stakeholders and communicating research findings that meet specific stakeholder needs.

AcademyHealth's 2007 work in PHSR takes three tracks: activities of the PHSR Interest Group (IG), meetings and conferences, and a special topic solicitation, which was funded in part by RWJF.

### Interest Group

The PHSR IG has 1,477 participants, a 15 percent increase over 2006. The growth of the IG demonstrates great interest in the field for this emerging discipline. To create networking opportunities for those interested in PHSR and to grow membership and interest in the PHSR IG, the IG held two meetings in 2007: a breakfast meeting in conjunction with AcademyHealth's National Health Policy Conference (NHPC), and its annual meeting in conjunction with the AcademyHealth ARM in Orlando.

The NHPC meeting included small group discussions around topics such as the federal role in PHSR, finance, preparedness, system and agency effectiveness, outcomes and disparities, and workforce issues as well as and a discussion about applying new PHSR research findings to policy. Seventy-one people attended the IG meeting at the ARM, representing a 14.5 percent growth in registration from 2006. In addition to scientific presentations, the ARM IG meeting recognized the best scientific work in the field of PHSR in 2006 with an award to Glen P. Mays, Ph.D., M.P.H. for his paper "Institutional and Economic Determinants of Public Health System Performance." To encourage the next generation of PHSR researchers, seven student scholarships to the ARM were given to students enrolled in a masters or doctoral program and engaged in promising research.

### Meetings

The PHSR Cyberseminar, Regionalizing Public Health Systems, provided an overview of regionalization in public health systems; giving examples of regionalization's implementation; highlighting new research findings in this area; and examining challenges to be addressed in institutionalizing this approach. This 90-minute interactive seminar, conducted via the Web, featured a researcher (HCFO grantee Michael Stoto) and three practitioners, giving PHSR IG members an opportunity for dialogue.

AcademyHealth conducted a full day meeting in June to provide an opportunity for key stakeholders to evaluate the PHSR research base to date, assess the discipline's needs, and re-define a research agenda. Participants included representatives from national public health membership organizations, academic centers, private organizations that focus on public health, provider groups, and federal agencies. Results from the meeting were presented by AcademyHealth and participating stakeholders at the American Public Health Association Annual Meeting in November.

### Solicitation

For the third year, RWJF supplemented the HCFO grant to oversee a special topic solicitation supporting PHSR. The solicitation called for projects that would contribute to an enhanced understanding of the public health infrastructure. Seventy brief proposals were received and 26 were invited to submit a full proposal. Ultimately, six investigator-initiated research projects were selected for funding, totaling about \$1.2 million. These grants will explore resource allocation, intergovernmental activity, and public health agency capacity for addressing culturally diverse populations. To date, the PHSR solicitation has resulted in more than \$3 million towards 19 projects.

## ■ AHRQ Knowledge Transfer Program: Connecting Researchers and Decision Makers

Through learning networks, AcademyHealth works to foster ongoing dialogue among a specific group of potential research users and researchers in order to facilitate the use of research and information. These exchanges take place through in-person workshops, conference calls, site visits, and Web-based discussions. Participants especially value peer-to-peer exchanges with colleagues in other states or cities enabling them to identify best practices and confidently make more evidence-informed decisions.

AHRQ's Knowledge Transfer Program is one such learning network, seeking to help health policymakers, purchasers, and providers identify and apply research findings relevant to their particular needs. During 2007, AcademyHealth entered the fourth year of a five-year contract with AHRQ and focused on four major projects, three of which are learning networks.

"The Learning Network was one of best things I've ever participated in. The ability to interact with subject experts and colleagues has been an unbelievable experience. It has given me confidence to move in the direction the [Oregon] Coalition has been moving in because I [saw] what others are doing."

— Barbara Prowe, Oregon Coalition

The Medicaid Medical Directors' Learning Network assists Medicaid's clinical leaders in identifying and applying the latest research findings and related information to address high priority policy and program issues, especially related to quality assurance, quality improvement, and coverage decisions. The target audience includes full-time state employees serving in the role of medical director and consultant physicians serving in a leadership role that advises the Medicaid director for one or more components of a Medicaid or State Children's Health Insurance Program administered by a State, territory, or the District of Columbia. We work closely with

the Centers for Medicare and Medicaid Services (CMS) and the National Association of State Medicaid Directors in planning network activities. The learning network is currently embarking on a special project examining use of atypical anti-psychotic prescription drugs in partnership with AHRQ's Centers for Education and Research on Therapeutics.

AHRQ's Pilot Learning Network on Quality-Based Purchasing supports a select group of public and private purchasers with plans to implement a quality-based payment scheme or public report card program. The Learning Network brings together the executives of eleven purchasing organizations with leading researchers and experts through a series of in-person workshops, Webcasts, audio conferences, and online discussions. These activities offer opportunities to learn from research evidence as well as from peers' promising best practices related to pay-for-performance schemes and report card designs. The two-year pilot project concluded in 2007 with a final workshop in September and AcademyHealth is now preparing several case examples of research use by network members.

Working with five federal agencies, AcademyHealth established a new initiative to reduce health disparities among Hispanic elders in the fall of 2007. A pilot project of the U.S. Department of Health and Human Services, Improving Hispanic Elders Health: Community Partnerships for Evidence-Based Solutions brings together interdisciplinary teams from eight major metropolitan areas involving representatives

from the local area agency on aging, aging services providers, medical care providers, Hispanic community organizations, public health agencies, and university research centers. The eight participating communities include Chicago, Houston, Tex., Miami, Los Angeles, Lower Rio Grande Valley, Tex., New York, San Antonio, Tex., and San Diego, Calif. Collaborating agencies include the Administration on Aging, AHRQ, the Centers for Disease Control and Prevention (CDC), CMS, and the Health Resources and Services Administration. The community teams met for their first workshop in October 2007 and have committed to developing local action plans within a year.

Finally, the new State Quality Improvement project promotes the use of several new and existing AHRQ quality tools among senior state officials. To this end, AcademyHealth coordinated two national workshops to inform state level health care quality decisions and quality improvement activities. The workshops brought together 117 individuals representing 19 states, the District of Columbia and other stakeholders. Each featured a suite of quality tools developed by AHRQ that can be used to both diagnose state-specific (and in some cases region or institution specific) quality challenges, and identify opportunities for enhancing the value of health care in those areas.



## ■ International Exchange

Through the International Exchange program, AcademyHealth seeks to inform U.S. policy-making with research and experiences from health systems around the world. In 2007, International Exchange activities took two very different tracks. The first effort, International Health Study Tours, were targeted experiential learning opportunities focused on the policy-making experiences of the United Kingdom and Germany. The second, funded by the MacArthur Foundation, focused on global nurse shortages and the domestic and international implications of nurse migration and international recruitment. Both are examples of the International Exchange program's ability to translate the lessons of research and experience into useful guidance for policymakers.

The International Health Study Tours were designed to stimulate new ways of thinking about cross-cutting health policy challenges. Through a series of meetings and site visits, tour participants gained first-hand knowledge about the health policy environment and pressing challenges in each nation. Participants enjoyed unprecedented access to policymakers in England and Germany and the opportunity to develop new perspectives and reinvigorate their thinking on a variety of health policy issues.

In England, the tour focused on insights learned from major reforms, including lessons in decentralization, blending competition with government directives, and shifting more emphasis and responsibility to primary care providers for coordinating acute care. In Germany, considered the original social health insurance system, participants discussed the ongoing struggle to control costs and improve the quality of care provided. Participants enjoyed the opportunity to discuss with policymakers lessons learned from Germany's recent reform efforts to continue to guarantee comprehensive benefits while, at the same time, shifting more risk to sickness funds and giving the funds more freedom to select providers. These discussions touched on a range of new policies aimed at creating disincentives for over utilization, improving coordination of services, stimulating the development of clinical standards of care, and creating a culture of evaluation and improvement.

The tours were hosted by The NHS Confederation, an independent membership body for National Health System organizations, in England and the Bertelsmann Foundation in Germany.

Another International Exchange effort, the MacArthur Foundation supported project *International Recruitment of Nurses to the U.S.: Toward a Consensus on Ethical Standards of Practice*, is closely aligned with AcademyHealth's mission to generate new research and move research into policy and practice. The project had two complementary activities. During Part I, AcademyHealth researched the emergence, current practices, and future prospects of the nurse recruitment industry. These findings were compiled into a preliminary report, "U.S.-Based International Nurse Recruitment: Structure and Practices of a Burgeoning Industry" that is being used to inform Part II of the project, a consensus-building process with recruiters, unions, health care providers, and foreign educated nurses leading to the development of a draft "standards of practice."

Through this effort, AcademyHealth is using research to inform a consultative process with stakeholders. Already, the report is receiving significant interest from policymakers, stakeholders, and media who are clamoring for insights and unbiased information on the myriad policy challenges and implications of international nurse recruitment and migration.



## ■ National Health Policy Conference

Each year the NHPC provides a forum for dialogue between health services researchers and policymakers on key health care issues for the coming year. At the 2007 NHPC representatives of the Administration and Congress joined policymakers, health services researchers, and other industry leaders to discuss new priorities and proposals.

“It is an efficient way for me to hear from various groups, especially Congressional staff, on their priorities for the coming year. This helps me set priorities for my staff’s research agenda.”

—2007 NHPC Participant

The NHPC facilitates dialogue two ways. First, it serves as a forum for researchers to learn about current health policy issues facing public and private sector decision makers. This knowledge can shape future research. Second, the panel format attempts to include both front-line policymakers and researchers in order to contribute to a fact-based discussion of the issues at hand.

The 2007 NHPC focused on the themes of covering the uninsured, advancing public health, paying for quality, and strengthening the healthcare workforce. During the discussions, a steady undercurrent of prevention-based thinking emerged. Speakers from the Administration

to Congress, and from cities and states, highlighted the need to focus policymaking efforts on prevention.

New York City Mayor Michael R. Bloomberg called for a “pay-for-prevention system” that rewards providers for avoiding unnecessary hospitalizations. Admiral John O. Agwunobi, Assistant Secretary for Health, United States Department of Health and Human Services, also emphasized preventive care and spoke of the Department’s focus on personalized care and preventive interventions. Speaking from the state perspective, Kim Belshe, California State Secretary of Health and Human Services, pointed out the key role of prevention in the state’s ambitious health reform plan.

In plenary sessions, the Administration and Democratic leaders offered contrasting visions of health care reform. Senator Max Baucus (D-Mont.) heralded “a new season in our nation’s health care debate,” describing five principles of reform including universal coverage and the creation of purchasing pools that would limit the burden on the employer-based system and the individual market. Despite a new energy in Congress for moving forward, he cautioned that reform will take time.

Representatives of the Administration used the meeting as an opportunity to highlight several of the President’s health care reform proposals, including a proposal to give Americans who purchase

their own health insurance policies outside of the workplace the same tax advantages as those with employer-sponsored coverage.

“To make the right treatment decisions, policymakers, health plans, clinicians, patients and manufacturers alike need more evidence. [AcademyHealth] has a thoughtful set of recommendations in this area. I am considering them carefully. Funding for health services research is like buying a college education. It is an investment in the future”

— Sen. Max Baucus

In addition to creating dialogue, Health Policy Minicourses offered in conjunction with the NHPC provide policy professionals of all levels with tools for incorporating research into decision making, thereby improving the policy making process. The minicourses provide professional development opportunities for health policy professionals, just as AcademyHealth offers a variety of Seminars in Health Services Research Methods for its researcher members. The minicourses have been at capacity during each of the three years they have been offered. Because of this strong demand, two new courses will be offered in conjunction with the 2008 NHPC.

The 2007 NHPC was co-sponsored by *Health Affairs*.



## ■ 2007 NHPC At-A-Glance

**Conference Attendance:** 600

**Speakers:** 59

**Plenary Sessions:** 7

**Breakout Sessions:** 9

**Media Coverage:**

- The New York Sun
- *Government Technology*
- *Public CIO*
- *The New York Sun*
- *Ihealthbeat.org*
- *eMaxHealth*
- NYC.gov
- Reuters Daybook
- *New York Post*
- *Billings Gazette*
- *Missoulian.com*
- *Healthcare Financial Management Association News*
- American Society for Healthcare Risk Management Weekly e-Newsletter
- UPI
- WNBC.com
- CQ Healthbeat
- NBC3
- WNYC
- *The Hill*
- Health Affairs (Blog entry)
- AOA Daily Report (Blog entry)
- Health Politics (Blog entry)
- Freelancers Union Blog (Blog entry)



## Conference Support

- American Osteopathic Association
- Association of American Medical Colleges
- California HealthCare Foundation
- Department of Veteran Affairs Health Services Research and Development
- Geisinger Health System
- The George Washington University
- GlaxoSmithKline
- Health Politics
- The Henry J. Kaiser Family Foundation
- Johns Hopkins Bloomberg School of Public Health, Department of Health Policy and Management
- Johnson & Johnson
- Kaiser Permanente Institute for Health Policy
- The Lewin Group, Inc.
- Mayo Clinic Division of Health Care Policy & Research
- Merck & Company, Inc.
- National Center for Health Statistics
- National Pharmaceutical Council
- Nemours Health and Prevention Services
- Novartis Pharmaceuticals
- Park Nicollet Institute
- Robert Wood Johnson Foundation
- United Health Foundation
- WellPoint, Inc.

## ■ Building Bridges Colloquium

The Commonwealth Fund and Academy-Health's strategic initiative, Building Bridges: Making a Difference in Long-Term Care, facilitates the use of research and information by providing an opportunity for long-term care (LTC) stakeholders to exchange information, debate the issues, seek solutions, and identify where additional research is needed. The initiative seeks to foster development of a network of LTC researchers, policy leaders, providers, consumer representatives, and funders through a series of annual colloquia, policy seminars, and ongoing workgroup discussions among conference participants and others.

The Building Bridges 2007 Policy Seminar was held on February 14, 2007, in conjunction with the NHPC, in Washington, D.C. Mary

Naylor, Ph.D., R.N., University of Pennsylvania School of Nursing, opened the discussion with a presentation on transitions in LTC, identifying areas where public policy might serve to limit the number of transitions and make those that are necessary more transparent. Naylor's presentation was followed by a panel of renowned experts who placed the evidence in a "real world" policy and operational context, as well as discussed their perceptions of broader long-term care issues and how they might best be addressed.

At the fourth annual LTC Colloquium, held in Orlando, Fla. on June 2, 2007 in conjunction with the ARM, LTC stakeholders had an opportunity to learn about the research base and policy implications of two long-term care

issues: 1) Medicare & Medicaid: Conflicting Incentives for Long-Term Care; and 2) Consumer Preparedness for Long-Term Care.

The Building Bridges initiative also supports the publication and dissemination of articles and issue briefs based on themes explored by annual the colloquia and policy seminars. In July 2007, the initiative disseminated an issue brief, titled Affordable Clustered Housing-Care: A Viable Alternative for Long-Term Care in a Residential Setting?, based on a paper by Steve Golant, Ph.D. that explored one approach to addressing LTC housing needs.

November 2007

## VA's Performance Measurement Makeover

by Michael J. Kussman, M.D., M.S., MACP, Under Secretary for Health, Veterans Health Administration

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Former New York Yankees' catcher Yogi Berra, famous for his amusing observations about life, once reputedly said, "You've got to be careful if you don't know where you're going—because you might not get there." As nonsensical as Yogi's comment may seem, it underscores an important point about providing veterans with the best possible health care: in order to know where we are going, we first need to know where we are.

That's what makes VA's performance management system so important. The system helps us understand our successes, identify gaps in our care or management processes, and build improvements to enable us to provide veterans with "the best care anywhere."

### Turning Point for Measurement System

Although the current performance measurement system has served VA well, we are at a turning point. The Executive Career Field (ECF) plan for 2008 is the beginning of a new use of performance measurement. In 1995, when measures became a formalized part of the ECF plan by which all Senior Executives in the Veterans Health Administration are evaluated, all VA performance measures were simultaneously part of the ECF plan. Measures flowed through a Performance Management Work Group where vote counts determined their fate. Those votes were sometimes swayed by views of the ideal number of measures, not just the intrinsic properties of the new measure which was up for consideration.

Of VA's four missions: patient care, education, research, and emergency management, I believe that patient care is by far the most important. Therefore, it is critical we assess our performance in delivering patient care by

collecting data on broad and comprehensive measures covering the core areas of care we provide. We have turned a key corner in measurement with the development, this year, of both a comprehensive set of Health Systems Indicators and an ECF plan that is a subset of Health Systems Indicators. The Health Systems Indicators are a library of measures that cover, with breadth and depth, the care that we provide to our veterans. We are liberated from the "too few, too many" dilemma that existed when all performance measures were included in the ECF plan. Now we can ask the only performance question that really matters: How are we doing in taking care of our veterans?

Patients' perceptions, as measured by the Survey of Healthcare Experiences of Patients, allow us to add a rich patient-centered dimension to what we learn about the care we provide and also allow us to shape that care to meet the needs of patients. Both dimensions, measuring clinical care and asking our patients about their care, are critical.

In some cases, there are disconnects (such as the fact that patients' perceptions of the clinical quality of care delivered does not correlate with the clinical quality we measure). However, we learn and improve by addressing both key components—as well as the factors that lead to the lack of connection between the two.

The 2008 ECF plan will address a more select and limited set of measures. It will include a new category that we refer to as transformational measures, an expanded set of measures that reflect the efficiency of the care we provide, and core competencies that we deem essential for our senior executives. We know our staff, clinicians and non-clinicians alike,

Under contract to the Veterans Administration (VA), AcademyHealth acts as editor and publisher of FORUM, a newsletter of the VA office of Research and Development.

FORUM facilitates the use of research and information by bringing useful information derived from health services research to the attention of both VA clinicians and managers. FORUM also introduces questions, observations, comments and criticism raised by VA clinicians and managers to health services researchers. Each issue of FORUM features a different area of research and how it translates into quality health care for veterans. FORUM is published three times a year. The 2007 editorial calendar focused on Mental Health Issues in Returning Veterans, Inpatient Care and Performance Measurement.

Content for FORUM is overseen by an editorial board invited by the VA and convened once annually at AcademyHealth's offices.

## Forum Editorial Board

- Geraldine McGlynn, Editor-in-Chief
- Margaret Trinity, Editor
- Peter Almenoff, M.D., Director, VA Network #15, Kansas City, Mo.
- Martin P. Charns, D.B.A., Director, VA HSR&D Center of Excellence, Boston, Mass.
- Seth A. Eisen, M.D., M.Sc., Director, HSR&D
- Joseph Francis, M.D., M.P.H., Deputy Chief Research and Development Officer, Associate Director, HSR&D QUERI, Central Office
- Rodney A. Hayward, M.D., Director, VA HSR&D Center of Excellence, Ann Arbor, Mich.
- Shirley Meehan, M.B.A., Ph.D., Deputy Director, VA HSR&D, Central Office
- Michael J. Miller, M.D., Ph.D., Chief Medical Officer, VA Network #1, Bedford, Mass.
- Eugene Z. Oddone, M.D., M.H.Sc., Director, VA HSR&D Center of Excellence, Durham, NC
- Alan S. Perry, M.H.A., FACHE, Director, VA Central California Health Care System

## ■ Health Policy in Action!

Health Policy in Action! is a work study opportunity for health policy professionals, sponsored by Kaiser Permanente and administered by AcademyHealth

The Health Policy in Action! (HPIA!) facilitates the use of research and information by offering mid-career federal employees the opportunity to better understand the impact of national health policy on state, local, and community organizations providing health care services to broaden their “real-world” perspectives and inform their decision-making.

Financially supported through Kaiser Permanente, the 2007 inaugural fellowship year inspired two distinct journeys of study: one fellow sought to infuse new learnings into the well-established process of after action reporting, while the other attempted to learn more about emerging advances in the field of health information technology (IT).



KC Decker



Oliver Kim

HPIA! advances AcademyHealth’s mission to facilitate interactions between policy-makers and stakeholders while also encouraging the development of explicit and tacit field knowledge. The 2007 fellows, KC Decker, Team Lead for Training, Exercise and Evaluation, Centers for Disease Control and Prevention COTPER/DEO and Oliver Kim, Health and Social Policy Legislative

Assistant to Senator Stabenow, traveled across

the country to observe promising practices and meet with principle leaders advancing the health topics of their choice.

Visiting numerous academic settings and foundations this year in pursuit of gaining practical insights from some of the leading innovators in HIT, Kim found that no amount of written documentation on program implementation could replace what he learned onsite. “In general, I believe it is important to get feedback on how federal policy will affect health delivery at the most basic level. For my specific project, meeting with people ‘on the ground’ gave me a greater perspective of the work that is going on to implement health IT on a national level. The most important thing I learned was about the need for community buy-in, meaning that a strong health IT infrastructure will take a long time to grow organically.”

Realizing that tacit knowledge gained from real-world settings may not always be readily applicable to the current policy windows, Kim found this year’s experience to be immediately relevant to the current debate over children’s health care insurance saying, “While I probably will not have an immediate opportunity to work on health information exchanges

for example, I was able to incorporate some thoughts on health IT in the pediatric field into an amendment that was ultimately included in the Children’s Health Insurance Program reauthorization.”

This year-long fellowship has also enhanced Decker’s appreciation for health service research by connecting him with leading academic centers in his field of interest. Decker’s project was to visit the Delta region to review after action reports created for and by affected public and private hospital groups and other community health care organizations. He wanted to collaborate with these organizations to triage and implement corrective action programs to help health care providers prepare for future disasters. Traveling to Baton Rouge to connect with the Louisiana State University Health Sciences Center Emergency Coordinators group he was able to expand his research capacity when several area hospitals provided him access to their post-Katrina reports and data. Seeking to define how organizations can learn from crisis events, Decker is optimistic that, “The work I have done with the Louisiana Hospital Association will hopefully prove to be [my research] model and the first of many case studies.”

## ■ State Technical Assistance

As the national program office of the RWJF's State Coverage Initiatives program (SCI), AcademyHealth is able to assist state health policy leaders in addressing major challenges related to health coverage expansions and reforms. SCI is recognized as a resource for unbiased information bringing strong research and analysis to help states address the issue of the uninsured. The program provides a continuum of assistance designed to meet a broad range of state needs.

SCI has established a community of state leaders who work on health care coverage issues, learn from each other and the best available research, and share best practices. This network helps to build collective support for activities needed to move toward the enactment of concrete strategies to increase coverage.

This was a remarkably busy year for the SCI program. The successful Reinsurance Institute, which created a network of interested states seriously considering the development and design of a state public reinsurance program as a strategy to expand coverage, came to a conclusion. Through the program, three states received state-specific modeling assistance, which was then shared with a larger group of states. A final report based on the lessons learned during the course of the Institute will assist states who may consider a similar coverage strategy in the future.

RWJF also awarded SCI close to \$2.8 million in 2007 for a new technical assistance offering called the Coverage Institute. Fourteen states focusing on substantial or comprehensive health reform were selected to participate in this program. In late September, the Coverage Institute kick-off meeting convened state teams to discuss major issues of health care reform.

Fifteen distinguished health services researchers and health policy experts shared their knowledge with the fourteen state teams on various issues including: insurance market reforms, reinsurance, other methods to subsidize coverage, connectors/exchanges, Medicaid waivers and the Deficit Reduction Act, health systems improvement, communications strategies, and strategies for building stakeholder and policy-maker support. Currently, participating states are applying for additional funding to support moving their reforms forward either by: 1) options development/micro-simulation modeling; or 2) other reform development activities. Grants will be awarded in early 2008.

In addition to direct technical assistance to state officials, SCI continues to provide general coverage resources that can be used by all states, such as conferences, publications, and our Web site. For example, the SCI program held its annual workshop for state officials in Denver in early August. It was SCI's most well-received meeting to date, with 34 states represented. The workshop addressed a number of important issues, including updates on state reform proposals, as well as an implementation update on Massachusetts' major reform. The workshop also explored issues related to systems improvement, cost containment, young adult/dependent coverage, and federal updates on Medicaid and the State Children's Health Insurance Program.

SCI also held several small group consultations to help states seriously considering various strategies to expand coverage. SCI brought together a number of experts to discuss the basic frameworks of connectors, as well as effective ways to implement auto-enrollment programs. These themes have also been covered in SCI

publications which are posted on the SCI Web site – [www.statecoverage.net](http://www.statecoverage.net). This site is a helpful resource providing state-specific coverage information as well as details and analysis of new reform proposals and recently enacted programs.

### Contract with the Health Resources and Services Administration

AcademyHealth has been the contractor for the HRSA State Planning Grant (SPG) program since 2000. As 2007 comes to an end, the Group will be submitting a final report summarizing the experiences of the 47 states, four territories, and the District of Columbia, which received funds to develop plans for providing access to affordable health insurance coverage to all their citizens. The SPG program has been an important resource for states, helping to build their capacity to collect, analyze, and interpret critical state-level data on the uninsured. Through this process, policymakers have gained greater understanding about the need for state data and inadequacy of current federal data sources.

This program provided states with essential resources to begin a self-sustaining process to engage and educate stakeholders to work together to address the problem of the uninsured. It has re-energized states to again serve as laboratories for testing strategies to expand coverage and given them the tools to ready themselves for when the policy window opens.

## ■ Health Policy Orientation

In its sixth year, the annual Health Policy Orientation continues to give participants an in-depth understanding of the formal and informal health policymaking processes. With expert faculty members, group discussions, hands-on tutorials, and a congressional site visit, participants were given the opportunity to gain an understanding of the Washington health policy environment and master the fundamentals of policy development and implementation.

“I participate because it is important for analysts to understand the budget process, which is integral to policy-making, and I enjoy discussing the topic—there are not that many venues where the budget process is the topic of polite discussion.”

—Joe Antos, Ph.D.  
American Enterprise Institute, Orientation Faculty

The 2007 orientation placed more emphasis on topical issues and health challenges than ever before including a presentation by AcademyHealth’s President David Helms on “The Challenge of Enacting Universal Coverage in the United States.”

A new case-study module on SCHIP served as a capstone to the first two days of the seminar and demonstrated how the health policy fundamentals discussed by other panelists are applied in the case of the reauthorization debate. Other panels provided background information on policymaking processes.

AcademyHealth also added a new panel in 2007 that examined sources of information for policymakers. The goal of this “Knowledge Brokers” session was to discuss the various external resources that policymakers use, including the roles of research organizations, journals, voluntary health agencies, advocacy organizations, media, and lobbying firms. With the growing volume of information available to policy and practice leaders, AcademyHealth recognized a need to address the influence of these external organizations and how participants can leverage and interact with them throughout the health policymaking process.

Several strengths of the orientation have contributed to its continued success. Expert faculty members provide insight from their years of

““The program is great for newcomers to Washington and new fellows. The times I’ve participated, I’ve been impressed by the level of engagement from the audience and questions they have asked. I don’t think there is another program like this in D.C. on health care issues, so I hope AcademyHealth continues to offer the program.”

— Elizabeth Fowler, Ph.D.  
WellPoint, Inc., Orientation Faculty

experience as researchers, presidential advisors, consultants, academics, and legal professionals. While the faculty members’ insider knowledge is invaluable, the participants themselves have also proven to be a strength of this program. Through the years, AcademyHealth has established a strong audience for this program which includes those participating in various fellowship programs and research and analytical staff from health care organizations. The variety in participants’ backgrounds contributes to lively discussions, and also ensures that AcademyHealth achieves its goal of providing professional development opportunities for the health policy community.

## ■ At-A-Glance

**Date:** October 22-25, 2007

**Location:** Barbara Jordan Conference Center, Kaiser Family Foundation, Washington, D.C.

**Participants:** 38

**Faculty Members:** 29

**Panels:** 15





## ■ HSRProj: Health Services Research Projects in Progress

The HSRProj database provides information about grants and contracts in health services research that are still in progress.

HSRProj facilitates the best use of available research by enabling those interested in a topic to identify the most recent work in the field, as well as individuals with current, up-to-date knowledge of the topic. This resource increases the capabilities of researchers by enhancing their ability to document research gaps and propose work that will significantly advance the field. In turn, policymakers are able to identify researchers who are working on a given topic to provide input to current policy debates. In addition, being able to quickly determine the most recent work, and those most familiar with it, is an asset for those seeking to convene experts and disseminate information about a topic.

HSRProj records include both grants and contracts awarded by major public and private

funding agencies and foundations. Individuals can retrieve names of performing and sponsoring organizations, principal investigator contact information, beginning and ending dates of projects, and information about study design and methodology—including demographic characteristics of a study group, number of subjects in a study population, population base of a study sample, and sources of project data. Records are indexed with the National Library of Medicine, (NLM) Medical Subject Headings (MeSH®). Project abstracts are included whenever possible.

In 2007, AcademyHealth released guidance for funders of health services research and for conference planners, supplementing its 2006 publication of HSRProj guidance for researchers and policymakers. This series of widely-disseminated, real-world scenarios is designed to enhance the visibility and usefulness of HSRProj, providing examples of how the

database can augment the work of researchers, policymakers, conference planners, and funders of health services research.

The National Information Center on Health Services Research and Health Care Technology coordinates the continued development of this free database for the NLM. HSRProj is also accessible as part of the “Other Information Resources” category of resources in the NLM internet gateway.

As of October 2007 HSRProj comprised 7,333 records of ongoing or recently completed projects.

1,288 new records were added in FY 2007 (October 1 – September 30), resulting in a 21 percent increase over 2006.



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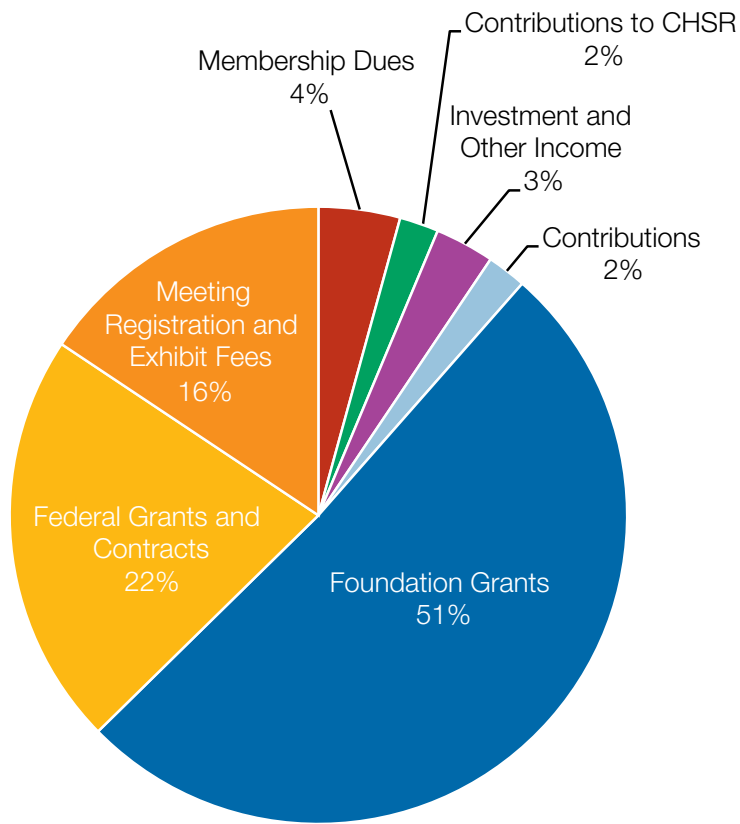
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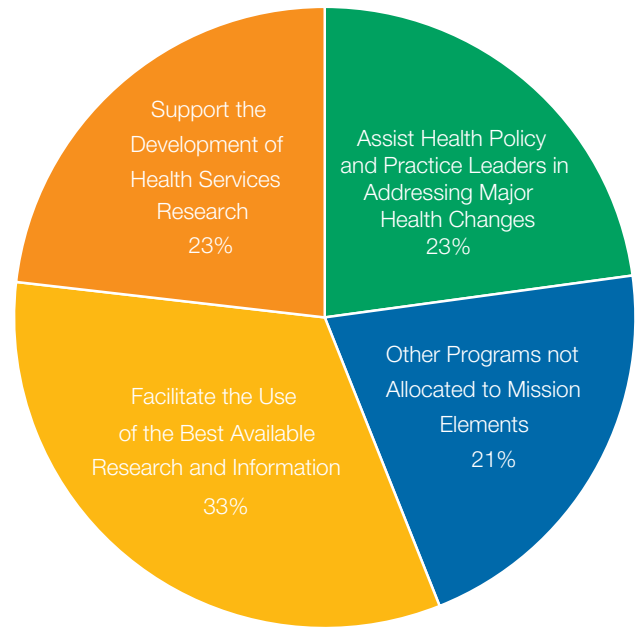
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## AcademyHealth Financial Information



**Sources of Revenue for 2007**



**Use of Funds by Mission Category 2007**

# ■ AcademyHealth Funders and Supporters for 2007 (as of 10/29/07)

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National Center for Health Statistics  
Centers for Medicare & Medicaid Services  
Health Resources and Services Administration  
    Maternal and Child Health Bureau  
National Library of Medicine  
Department of Veterans Affairs  
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    Puget Sound Healthcare System  
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California HealthCare Foundation  
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The Lewin Group  
Metropolitan Jewish Health System  
Park Nicollet Health Services  
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Visiting Nurses Service of New York

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