Knowledge into Action
Each year, AcademyHealth reports to you on our accomplishments and initiatives in pursuit of our vision – to improve health and health care by generating new knowledge and moving knowledge into action. As we look back at 2011—my first as your president and CEO—we provide a review of our progress that is organized around the four strategic goals outlined in the 2009 strategic plan. We also offer a review of a refreshed and updated plan for the next three years.

We enter 2012 amid great uncertainty. Federal, state, and private-sector policymakers continue to move forward in implementing the myriad programs and initiatives under the Affordable Care Act, though the law’s fate rests on a June ruling from the Supreme Court and the outcome of the national elections this November. State health policymakers continue to struggle with shrinking budgets and growing needs, even amidst hints of an economic recovery, and health care providers of all stripes continue to wrestle with how to provide the highest quality care, with the best outcomes, to the most people, at the best value. And yet, opportunity abounds. Health services research offers increasingly important input into the impacts and outcomes of various health policy system approaches and interventions. As budgets are constrained, our work can help point the way to the most effective interventions – helping policymakers and health system leaders get the greatest value for every health care dollar they spend.

AcademyHealth is proud to sit at the intersection of research, policy, and practice. To be a voice for research that can improve decision making, inform better outcomes, and increase health care value. And to work, side by side with you, to improve health and health care with rigorous, timely, and relevant evidence.

Lisa Simpson, M.B., B.Ch., M.P.H.
President and CEO
Building the Field
The strategic plan outlined by the board and staff in 2009 focused appropriately on the core mission elements of building the field and its capacity for knowledge generation, improving outreach and technical assistance programs to move that knowledge into action, and maintaining operational excellence – including financial stability, strong management, and excellent staff – during a period of significant change. In outlining our activities and goals for 2011, we focused on four pillars of the original plan:

1. **Build a vibrant and diverse community** of researchers, policymakers, and practitioners that together seek to advance the knowledge base of health care;
2. **Strengthen health services research and health policy capacity**;
3. **Consolidate and grow programs, projects, and services** that advance the knowledge base of health policy and practice; and,
4. **Ensure the financial stability of AcademyHealth**.

As an organization, we are proud to report significant success in each of these areas.

**Goal 1: Build a vibrant and diverse community**

Building a vibrant and diverse community entails aspects of membership growth, the inclusion of new and nontraditional audiences in our efforts, and advocating for the field.

Improving the membership experience and increasing the diversity of individuals, disciplines, perspectives, and backgrounds represented feeds vibrant and exciting scientific discourse and is an essential foundation for efforts to build the field.

In 2011, we reviewed and expanded our member benefits – offering members priority registration for our popular online learning events, expanding our efforts to record meeting content for use by member audiences, and investing in the development of a member-only social networking platform that will improve peer-to-peer networking and discussion.

We are happy to report that these and other efforts lead to 4 percent growth in total membership (4,147 individuals) this year, including a notable increase in student chapters (28) and student members (896).

In addition, we continued the popular and successful [Minority Scholars Program](#) supported by the Aetna Foundation, which provides scholarships to students and fellows from historically underrepresented populations in health services research, and encourages career development in health services and disparities research.

**Interest Groups** continue to be a source of member engagement and an opportunity for member leadership. In 2011, nearly 6,550 individuals participated in at least one Interest Group, and 8,750 in at least one meeting, webinar, or briefing.\(^1\) In fact, members are the driving force behind our Interest Groups, they lend perspective and experience to many different planning and review committees, and enhance the quality and diversity of our many events through their participation, presentations, and publications. Truly, they

\(^1\) Non-members can subscribe to Interest Group mailing lists and participate in webinars and events, although members typically enjoy priority enrollment and/or registration discounts.
Connecting Researchers, Policymakers, and Practitioners
are the heart of the organization, and growth in this area is vital to achieving our mission.

As part of our commitment to improving the member experience, AcademyHealth conducted a survey in August 2011 to assess the needs and expectations of members, nonmembers, and lapsed members. Notably, all three audiences agreed on the top three important activities for AcademyHealth:

1. Disseminating health services research findings (37 percent listed as “important” and 52 percent listed as “extremely important”)
2. Connecting researchers, policymakers, and practitioners (41 percent listed as “important” and 52 percent listed as “extremely important”)
3. Promoting the importance and value of health services research (34 percent listed as “important” and 57 percent listed as “extremely important”)

Members also identified the areas in which they wanted to be more engaged with AcademyHealth:

- “Make an oral presentation at an AcademyHealth conference” (39 percent of members are “very interested” and 27 percent are “interested”)
- “Online publishing opportunities” (35 percent are “very interested” and 35 percent are “interested”)
- “Serve on an AcademyHealth committee” (20 percent are “very interested” and 37 percent are “interested”)

That member feedback was incorporated into a review and update of our strategic plan (see page 19 for more detail) and continues to inform our effort to prioritize and target our programs and services.

We also re-evaluated the various communications to and with members to better understand and build upon the communications members found most useful and engaging. To provide a forum for more timely discussion of emerging issues in the field, we developed and launched the AcademyHealth blog, and expanded both our presence in social media and the use of social media in our events and programs. We added live tweeting to the Annual Research Meeting (ARM) and National Health Policy Conference (NHPC), launched an ARM agenda app for smartphone users, and debuted text polling during ARM poster sessions. Each of those efforts reflects our desire to engage members in new ways and facilitate communication across and between the many domains of our field. Within our efforts to build a vibrant and diverse community, we also focused on outreach and engagement with consumers of research. Dr. Lisa Simpson personally reached out to leaders from a broad array of organizations to discuss their research needs, the role of AcademyHealth and the field of health services research in general, and opportunities for collaboration between the research and research consumer communities. We entered a marketing partnership with the National Academy for State Health Policy, deployed a webinar series for medical librarians to raise the visibility of health services research resources, and convened an invitational meeting to discuss issues related to the conduct and use of health services research in the delivery system. These and other efforts provided valuable insights into the needs of the broader community and invited new audiences into the “big tent” that is health services research and AcademyHealth.
### Membership statistics

<table>
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<tr>
<th>Category</th>
<th>Total</th>
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<td>Organizational Affiliates</td>
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Goal 2: Strengthen health services research and health policy capacity

Strengthening health services research and health policy capacity is a two-fold effort requiring both support for the methods, data, and training necessary to support the field, as well as technical support and assistance that improves the ability of consumers of health services research to use this work.

AcademyHealth supports the generation and dissemination of evidence through annual events like the NHPC, ARM, and Health Policy Orientation, and programs to increase understanding of the methods and data used by the field, enhance the professional skills of researchers and research users, and expand our advocacy for the field. AcademyHealth also convened many smaller meetings in 2011, bringing together state and federal policymakers, researchers, and health care leaders to discuss key aspects of the implementation and potential impact of several ACA provisions and/or highlight recent research findings of note.

The NHPC, ARM, and Orientation, our signature annual events, provide a broad spectrum of experiences to strengthen the field. The NHPC brings policymakers, researchers, and other stakeholders together to discuss the most pressing health policy issues of the year ahead. In this way, the meeting offers research consumers a forum for discussing their needs and concerns, and provides important insights for the research community. More than 800 attendees came together at the 2011 NHPC to discuss a range of issues including impacts of the Affordable Care Act, patient-centered health care, accountable care organizations, and the role of open data and health information technology. The ARM, held each June, brings together more than 2,000 health services and health policy researchers to discuss the latest research, learn about new data and methods, hear from decision-makers about their priority information needs, and network with colleagues, publishers, and potential funders. In 2011, more than 2,200 individuals participated in the ARM and nearly half were first-time attendees. The program included more than 152 sessions and 20 professional skill and methods workshops, with 57 percent of the program selected by peer review. The high caliber of research presented is reflected by the selection of three ARM abstracts for publication by the Journal of the American Medical Association (JAMA) to coincide with the meeting. This successful partnership with JAMA is not only continuing, but has provided a model that AcademyHealth is now replicating with HSR.

The identification of, and education around, new research methods also contributes greatly to the capacity of the field. In 2011, with the terrific volunteer input and leadership of both our Methods Council and our HSR Learning Consortium (formerly HSR Consortium), AcademyHealth provided 19 webinars in HSR methods across a range of topics. In addition, we conducted our first ever call for methods-related abstracts as part of the Annual Research Meeting (ARM). More than 70 abstracts were received – a strong showing for a first-time effort and an indication of the significant interest in this topic.

In another first, AcademyHealth partnered with Health 2.0 to sponsor the Relevant Evidence to Advance Care and Health

410 students attended the ARM, which was 18.5 percent of total registration.
<table>
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</table>
**REACH Challenge** – a unique new opportunity bred of the national “open data” initiative which seeks to make federal data more accessible and more useful to the research and developer communities. The REACH Challenge recognized that these new data streams offer immense opportunity for researchers, while also creating new avenues for collaboration with nontraditional partners and multidisciplinary teams. To participate, research teams had to partner with technology developers and/or designers to create an application that used new or novel data streams to improve patient decision-making or engagement in health or health care.

In response to the 2009 American Recovery and Reinvestment Act and the 2010 Affordable Care Act, AcademyHealth has provided significant technical assistance and leadership to efforts to build the infrastructure for collecting, analyzing, and using electronic medical data for research and quality improvement. Four programs, the Beacon Evidence and Innovation Network (BEIN), the Electronic Data Methods Forum (EDM Forum), the recently completed Health Information Technology (IT) for Actionable Knowledge project, and the Multi-Payer Claims Database (MPCD) are evidence of this effort.

The BEIN is an effort to assist the 17 selected communities of the Beacon Community Cooperative Agreement Program in identifying, documenting, and disseminating the lessons and results of their individual efforts in a systematic way. AcademyHealth’s work with BEIN includes an assessment of the Beacon communities’ needs and capabilities for gathering evidence, and the provision of technical assistance to design, gather, and report their data in meaningful ways.

The EDM Forum, supported by the Agency for Healthcare Research and Quality, aims to advance the national dialogue on the use of electronic clinical data for the conduct of comparative effectiveness research, quality improvement, and clinical decision support by facilitating exchange and collaboration between the Prospective Outcome Systems using Patient-specific Electronic data to Compare Tests and therapies (PROSPECT), Distributed Research Networks for CER (DRN), and Enhanced Registry Projects. Through its Web-based community site and other initiatives, the EDM Forum encourages an open and ongoing dialogue among stakeholders on the various topics identified through the set of activities outlined under the project.

Through the Health IT for Actionable Knowledge project, funded by the California Healthcare Foundation, AcademyHealth partnered with six early health IT-adopting health care delivery organizations to understand how electronic data is supporting the emergence of a learning health care system. This effort also reflects AcademyHealth’s recognition that health services research is increasingly occurring outside of academia and on the front lines of health care delivery.

AcademyHealth also convened and continues to support an independent multi-stakeholder Governance Board for the MPCD, which is being developed by OptumInsight under a contract with the Assistant Secretary for Planning and Evaluation (ASPE) and the Centers for Medicare and Medicaid Services (CMS).
The MPCD will include longitudinal claims data to support comparative effectiveness research (CER). Its development is a key element of the national effort to strengthen the data infrastructure and methods for CER. In addition to overseeing Governance Board activities, AcademyHealth is facilitating the activities of three subcommittees on privacy and security, data partner and community engagement, and technical architecture and the core data model, as well as taking the lead in developing an outreach strategy to cultivate awareness of the MPCD, solicit feedback from key stakeholders, and address questions.

Our activities don’t stop there. The Robert Wood Johnson Foundation (RWJF) Changes in Health Care Financing and Organization (HCFO) program managed by AcademyHealth held webinars on HSR-relevant databases including, “Getting and Using Medicare Data: What I Wish I Had Known Before I Started My Research.” That webinar focused on best practices and use of Medicare data, featuring the work of two HCFO grantees, and had more than 400 participants. The HCFO program also hosted multiple briefings at which policymakers heard pre-publication findings and provided feedback on studies. We also offered an online learning series focused on new data sources, namely analysis of social networks and the use of CMS public use files, updated the existing core library modules, and offered a three-part series on the identification and use of grey literature, sponsored by the National Library of Medicine.

As noted earlier, over the last year AcademyHealth has convened many successful meetings to bring together researchers and stakeholders to discuss various aspects of the ACA. These included a meeting on new health plan quality improvement reporting requirements (Sections 2717 and 1311) attended by Center for Consumer Information and Insurance Oversight (CCIIO) staff and sponsored by The Commonwealth Fund and AcademyHealth, one on bundled payment strategies from which CCIIO staff in attendance benefited greatly, an AcademyHealth sponsored meeting on Medicare Payment Provisions in the ACA, a HCFO-sponsored meeting “Pricing Insurance in the Current Health Care Environment,” and a “Pace Car” meeting with CMS and four states (Maryland, Minnesota, Rhode Island, Washington) on health insurance exchanges.

Advocating for the Field

Somewhat ironically, at a time of great investment in new data and knowledge, the potential for significant funding reductions as a result of the complicated and politically charged wrangling over federal spending still looms high. Although AcademyHealth maintains a neutral position on health policy approaches and initiatives, we continue to be a vocal and engaged advocate for the funding and support necessary to build and maintain the field of health services research. Within these parameters, AcademyHealth undertook a significant, concerted effort to promote the role and vital contribution of health services research as a source for unbiased, evidence-based insights on how different policies affect the quality

Visibility and Public Comment

| Media mentions (traditional and online) | +28% |
| Incoming (unsolicited) media requests | +35% |
| Capitol Hill meetings | +46% |
and value of health care. In 2011, we updated our full complement of advocacy and collateral materials, constructed new messaging to respond to the evolving political environment, and engaged directly with elected officials and their staff in order to foster a greater understanding of the field and its contributions. AcademyHealth offered testimony at Patient Centered Outcomes Research Institute (PCORI) Board meetings in January and June; submitted comments on the draft definition of “patient-centered outcomes research” and the notice of proposed changes to the Common Rule; and had more than 80 meetings with policymakers in the House and Senate and 14 with representatives of the administration. One direct outgrowth of those efforts was a request for AcademyHealth to provide information on relevant research to assist the Joint Select Committee on Deficit Reduction (aka The Supercomittee) and to arrange a briefing by leaders in our field for Senate staff on the Institute of Medicine (IOM) Report on Essential Health Benefits.

Goal 3: Consolidate and grow programs, projects and services that advance the knowledge base of health policy and practice

Although there was much new activity to report on in 2011, the maintenance and growth of our seminal programs—particularly those focused on translation and technical assistance—continues to be a priority.

In 2011, the State Coverage Initiatives (SCI) program underwent a transition that refocused its efforts in support of the RWJF’s State Health Reform Assistance Network (State Network), which is dedicated to providing technical assistance to states in order to maximize coverage expansion under the Affordable Care Act (ACA). Through the State Network, SCI is a partner in the provision of technical assistance to 10 selected states (Alabama, Colorado, Maryland, Michigan, Minnesota, New Mexico, New York, Oregon, Rhode Island, and Virginia), that are working with newly formed health insurance exchanges, Medicaid agencies, insurance departments, and other state agencies to effectively implement ACA’s coverage expansions.

Meanwhile, HCFO continues to be a vital source of funding and dissemination support for investigator-initiated research, providing more than $640,000 in grant funding in 2011, disseminating reports on funded work, and convening researchers and policymakers for direct feedback on pre-publication research.

In addition, AcademyHealth built upon the AHRQ-funded “Research Insights” effort to disseminate focused policy briefs on various “hot topics” in health policy, and expanded our relationship with the RWJF-funded National Coordinating Center for Public Health Systems.
and Services Research at the University of Kentucky. In fact, the Public Health Services Interest Group continues to be one of the largest and most active Interest Groups – having hosted a successful one-and-a-half day meeting at the ARM and fostering professional development in the field through the provision of student scholarships and online learning for professionals at all levels.

Finally, AcademyHealth continued its effort to bridge the gap between research and delivery with the convening of a high-level, full-day meeting to discuss issues related to conducting and implementing research-based interventions within the delivery system. This invitation-only meeting provided a crucial foundation for future efforts to increase researchers’ understanding of the unique cultural and business needs of working in a delivery system.

Goal 4: Operational excellence

Our ability to execute on our vision and mission is reliant upon the recruitment and retention of highly qualified and capable staff, prudent financial management, and outstanding organizational leadership. The achievements of 2011 therefore take on added significance when considering the significant changes AcademyHealth faced following the retirement of Dr. David Helms, AcademyHealth’s founding CEO, and the transition to the new leadership of Dr. Lisa Simpson. Of note is the fact that AcademyHealth advances its mission and serves its members by securing significant financial support from federal and foundation grants and contracts. It is no small achievement to report that AcademyHealth ended 2011 with a nearly 10 percent increase in total revenue, an 17 percent increase in staff, an overall increase in membership, retention of virtually all its senior leadership, and significant board support.

The graphs on page 16 present our basic financial information and membership statistics for 2011.

Updating the 2009 Strategic Plan

The transition to new leadership and coinciding changes in the political and funding environment that defined 2011 also created a unique and valuable lens through which to evaluate our position and contributions to the field, review our strategic direction and priorities, and renew, reinvigorate, and expand our ties to our peers and colleagues across the spectrum of health research and policy. Indeed, a significant focus of 2011 was on updating and charting a path toward fulfilling and achieving our vision. This Board of Directors-level effort involved a survey of member needs and preferences, an assessment of our staff satisfaction and organizational culture, interviews with key stakeholders and funders, and, finally, a review of our mission, strategic plan, and operational goals informed by these findings.

Member Survey

Members told us that priority objectives for AcademyHealth should be advancing the field of HSR and health policy and advancing a broader knowledge base for health care decision-making. We also heard clearly a call for more emphasis on translation of research. At least 94 percent of all audiences surveyed noted that translation and applied use of their research is somewhat or very important to their career goals.
Sources of Revenue for 2011

Financials

Use of Funds by Strategic Pillar/Area 2011
Mission
Through this process, we learned that commitment to our vision—improving health and health care by generating new knowledge and moving knowledge into action—was strong and stable. However, we found that the construction of our mission into three domains was confusing and redundant to many. With that perspective, and the input of our staff and guidance from our board, we have revised the mission to focus on communicating who we are, what we do, and how we do it in simpler terms. The new mission reads:

AcademyHealth is a leading national organization serving the fields of health services and policy research and the professionals who produce and use this important work. Together with our members, we offer programs and services that support the development and use of rigorous, relevant, and timely evidence to increase the quality, accessibility, and value of health care, to reduce disparities, and to improve health. A trusted broker of information, AcademyHealth brings stakeholders together to address the current and future needs of an evolving health system, inform health policy, and translate evidence into action.

This new mission makes four major improvements over the old:

1. It places emphasis on both the production and use of health services research.

2. It is explicit in its inclusion of the membership as both the focus of ("serving the fields"), and a key partner in ("together with our members") our work.

3. It provides much needed detail about the kind of change we seek to affect ("increase the quality, accessibility and value of health care, to reduce disparities and to improve health") as well as how we intend to affect that change ("rigorous, relevant, and timely evidence").

4. And finally, it mentions our critical role—and core competency—as a trusted broker of information.

Organizing Principle: Fundamental Strengths Applied to High Priority Policy Concerns
In considering the feedback from the review, AcademyHealth staff applied an organizing principle that divided our activities into five areas of emphasis: our fundamental program areas—the things we must do exceptionally every day to achieve our mission and vision; and three strategic priority areas—areas of study that are generating significant policymaker need and stakeholder interest where we can apply our fundamental strengths to demonstrate the value and impact of health services research.

The fundamental program areas are the foundation of our work and do not change over time: generating new knowledge and moving knowledge to action. They are the pillars of our work. Generating new knowledge encompasses an array of programming activities from research training and methods development to building an infrastructure to support evidence generation and advocacy for the field. Moving knowledge into action includes programs to improve the science of dissemination, move new evidence into policy and practice through promotion and translation, and offer hands-on technical assistance to policymakers and other research consumers.

The strategic priority areas are current, highly relevant policy issues and may change over time as needs change and improvements are realized. For the purposes of the 2012-2014 strategic plan, the priority areas are health care costs and value, delivery system reform, and public and population health.

Finally, all five areas of emphasis – our fundamental program areas and the application of that work to high priority concerns – are informed by and create opportunity for the community of members and stakeholders we serve.
AcademyHealth is a leading national organization serving the fields of **health services and policy research** and the professionals who produce and use this important work. Together with our members, we offer programs and services that **support the development** and use of rigorous, relevant and timely evidence to **increase the quality**, accessibility, and value of health care, to reduce disparities, and to **improve health**. A trusted broker of information, **AcademyHealth** brings stakeholders together to address the current and future needs of an **evolving health system**, inform health policy, and **translate evidence** into action.
As a result of our 2011 efforts, AcademyHealth is executing on an updated strategic plan that streamlines our focus and reflects the findings of the member survey and stakeholder interviews. It responds directly to the call for even more emphasis on the dissemination of research, increased connections between research producers and research consumers, and wider promotion of the value and contributions of health services research. With these priorities in mind and an eye on the political and economic environment, we will focus our activities and efforts of the next three years on four goals:

*Build a Vibrant and Diverse Community of Researchers, Policymakers, and Practitioners*

Activities to support this goal focus on the need to support and engage a wide variety of audiences representing different perspectives, professional training, disciplines and interests. AcademyHealth is, and should remain, a “big tent” organization that welcomes all who produce, use, or desire high quality evidence to inform health care and health policy decision-making. We will continue to advocate for the funding and support necessary to build the field and respond to the needs of those who use our work.

*Strengthen the Capacity for Health Services and Policy Research Production and Use*

AcademyHealth will leverage its skills and those of its member and nonmember constituents to advance the science of health services research, including the skills, capabilities, and access to data and methods necessary to produce and use evidence in a rapidly changing environment.

*Move Knowledge into Action Through Synthesis, Translation, Dissemination, and Technical Assistance*

AcademyHealth will work to identify and prioritize needs for evidence, and foster collaborations among the research, policy, and practitioner communities to address those needs and move knowledge into action. We will continue to provide synthesis and hands-on technical assistance to translate research for user audiences and will investigate and disseminate innovative new approaches to dissemination and implementation.

*Strengthen AcademyHealth’s Infrastructure, Including Financial Capacity and Work Environment*

AcademyHealth can serve its community and achieve its vision only if it continues to be a financially viable organization. We will pursue mission-related programmatic funding, manage those resources effectively, and seek to attract, train, and retain highly talented, diverse, and motivated staff.

**Conclusion**

Generating new knowledge and moving knowledge into action—in partnership with our members—requires the development of evidence that is rigorous, relevant, and timely. Helping the field achieve all three is often a challenge for a research community that is itself evolving. AcademyHealth has developed a robust set of programs and services to proactively move knowledge into action by the policy and practice communities. At the same time, public and private policymakers need researchers to focus on their priority questions, and access to new streams of data is needed to address those questions. Just as the research production process is evolving, so too is the translation process, with new technologies, organizations, and strategies striving to shorten the time between the need for information, knowledge development and its application. The goals developed to guide the organization for the next three years encourage pursuit of new opportunities and the excellence of execution for which AcademyHealth is known.