I’ve been known to use the purported Chinese curse “may you live in interesting times” when talking about the many challenges and opportunities facing the field of health services research. It’s a wisdom that resonates with many. These are truly interesting times. Exciting, sometimes thrilling, rewarding, unpredictable, and yes, even a little scary. But truth be told, that’s only the first part of the “curse” – Wikipedia tells me there are three parts, each increasing in severity:

*May you live in interesting times.*
*May you come to the attention of those in authority.*
*May you find what you’re looking for.*

Be they blessings or curses, in 2012, the field of health services research was touched by all three. It was a year of great uncertainty. We started the year at NHPC discussing the legal challenges to the Affordable Care Act, the options facing states with little direction but looming deadlines for exchanges, and an evolving view of public health, health information technology and patient-centeredness. Interesting times, indeed.

Then in July, just after the Supreme Court settled the legal challenges to the ACA and cleared the way for implementation, health services research came to the attention of those in authority in a new and unwelcome way. An appropriations bill out of the House Subcommittee on Labor, Health and Human Services, Education and Related Agencies stunned the community with provisions to eliminate the Agency for Healthcare Research and Quality (AHRQ) and prohibit any patient-centered outcomes research and economic research within the National Institutes of Health (NIH). We responded with an advocacy campaign to educate policymakers on the value of health services research and the role and impact of AHRQ. The threat to AHRQ stalled in the fall budget battles and, ultimately and perhaps ironically, the sequester set spending levels without a new appropriations bill. I should note the threat is not gone, and we expect more attacks on AHRQ and economic research in 2013 and 2014.

And yet, Reed Tuckson (in a quote we love so much we just can’t stop using it) still exhorted the crowd at our 2012 Annual Research Meeting – “This is your moment!” Health services research and health policy professionals continue to play critically important roles in addressing the challenges of quality, equity, affordability, and access in our health system. If you were looking for an opportunity to make a difference, 2012 certainly delivered. As a field, opportunity abounds. We have unprecedented challenges to address, rapidly emerging data streams and evolving methods to harness and use, and new interest in our work from delivery systems and other consumers of research.

As the professional organization for the field of health services research and the individuals and organizations who use research to make health policy and practice decisions, AcademyHealth is working hard to help our members and partners anticipate challenges and opportunities, advocate for the field and increase the visibility and impact of your work, and ensure you have the resources, data and training necessary to thrive.

Our mission and strategic priorities reflect these commitments and position the organization to respond to interesting times, in partnership with and service to you, our members. What follows is a report on our 2012 initiatives. We live in interesting times. We have the attention of those in authority. We have, in many ways, found what we are looking for. This is our moment.

Lisa Simpson, MB BCh, MPH, FAAP
President and CEO
AcademyHealth
AcademyHealth seeks to improve health and health care by generating new knowledge and moving knowledge into action.

Never in our history has the second element of our mission – the movement of knowledge into action – been more important or more timely. If there is a theme to the 2012 annual report, other than the dual tugs of challenge and opportunity, it is a focus on moving knowledge into action. From monitoring, collecting and sharing emerging lessons learned to offering insights and training to improve communication and dissemination skills to hosting research briefings and making the rounds on Capitol Hill, AcademyHealth and its members demonstrated a renewed focus on moving knowledge into action across all facets of our organization.

What follows is a look at our 2012 activities. We have organized the report based on our new strategic plan that we developed with our Board of Directors in 2011 for 2012-2015. In addition to four goals, we identified three strategic priority areas for focused investment and activity. We invite you to review this report with an eye toward how you can get involved. AcademyHealth is “of the field and for the field” – the programs and initiatives described here are designed to advance the field of health services research, fund and deliver training and professional development opportunities for members, and communicate the value of health services research to funders and users in partnership with you, our members.

Building a vibrant and diverse community of researchers, policymakers, and practitioners.

Building a vibrant and diverse community of researchers is the first goal and crucial component of AcademyHealth’s strategic plan. We believe there is great opportunity for a diverse group of individuals, with varying disciplines, backgrounds and perspectives, to catalyze lasting and meaningful change within the health care system. Community building involves not only growing membership size, but also expanding the range of individuals, organizations and disciplines involved in AcademyHealth and the field of health services research. Growth in these areas enables individual members to tap into the expertise of researchers, practitioners, and policymakers in both the public and private sectors.
In 2012, AcademyHealth continued its efforts to increase the value of AcademyHealth membership, with particular attention to our organizational affiliate benefits, and their value in relation to non-member opportunities. We began offering organizational affiliates additional visibility benefits that include placing a banner ad in the “daily summary” emails from my.academyhealth.org, having an organization highlight inserted in AcademyHealth’s weekly members-only e-newsletter Member Update, and publishing a post related to health services research and/or health policy on the AcademyHealth blog.

Membership continues to be strong, with a total of 4,131 individual members and 162 Organizational Affiliates at the end of 2012. In particular, we have seen notable growth in the number of student members involved in AcademyHealth. In 2012 alone, we saw a 7.5 percent increase in the number of student members (963).

Interest Groups also continue to be a source of value and an opportunity for member engagement. In 2012, 6,999 individuals* participated in at least one Interest Group, a 6.9 percent increase over 2011. We saw the Public Health Research Systems Research (PHSR) Interest Group grow to become AcademyHealth’s largest, and we launched the Advocacy Interest Group to provide members with advocacy training and the opportunity to act as “voices” for the field of health services research.

Growing In Scope
As health services research grows in relevance, being aware of and understanding various initiatives to improve health care and incorporating different perspectives in those initiatives is essential. For this reason, AcademyHealth has made progress in its efforts to build an international dimension to our activities and enrich the field’s diversity. On the international front, we engaged colleagues in the United Kingdom, Canada, Norway, and Israel and secured experts to serve as reviewers for the ARM themes in 2013.

The Aetna Foundation also continued its support for the AcademyHealth/Aetna Foundation Minority Scholars program, which supports the cost of travel and registration for 15 scholars to attend the Annual Research Meeting (ARM), pre-ARM Methods Workshops, and the Disparities Interest Group Annual Meeting, as well as the cost of AcademyHealth membership. The goal of the program is to support the professional development of underrepresented minorities in the field of health services research (HSR).

*Nonmembers can join the Interest Group mailing list and participate in certain events at an increased cost. These figures reflect member and nonmember participation.
Advocating for the Field

Escalating health care costs are one of the largest drivers of our nation’s debt and deficit, yet due to politically charged considerations, funding for health services research is increasingly in jeopardy. Although AcademyHealth maintains a neutral position on health policy, we continue to be a vocal and engaged advocate for the research funding necessary to support the field of health services research, including support for the data, methods and training to grow the field and effectively disseminate its findings to policymakers.

In July, AcademyHealth helped lead the charge denouncing the Labor, Health and Human Services, Education, and Related Agencies subcommittee spending bill that called for the elimination of the Agency for the Healthcare Research and Quality (AHRQ), prohibited all patient-centered outcomes research within the Department of Health and Human Services and health economics research at the National Institutes of Health (NIH), and cut funding for the Centers for Disease Control and Prevention and the Substance Abuse and Mental Health Services Administration by 10 percent and 9 percent, respectively.

AcademyHealth took unprecedented action in response to this threat. We immediately alerted members about the bill and issued a call to action for members to write their representatives. We issued an official statement on our website and blog, created the hashtag #no4laborH, and mobilized our fellow advocates in the Friends of AHRQ. More than 500 members responded to the action alert and our actions on Twitter caught the attention of bloggers and mainstream media. As a result, AcademyHealth helped propel widespread media coverage and was cited in several outlets including, Politico Pro, Healthwatch (The Hill’s healthcare blog), CQ Healthbeat, and The Conscience of a Liberal, Paul Krugman’s New York Times blog.

Then, in September, to further encourage appreciation for and investment in the field, AcademyHealth held its first briefing on Capitol Hill in over five years, “Health and the Deficit: Using Health Services Research to Reduce Costs and Improve Quality.” Our speakers—Peter Pronovost, MD, PhD, Sr. Vice President for Patient Safety and Quality, Director of the Armstrong Institute for Patient Safety and Quality Johns Hopkins Medicine, David Atkins MD, MPH, Director, VA Health Services Research & Development, and Joe Thompson, MD, MPH., Arkansas Surgeon General and AcademyHealth Board member—made the case for the role of health services research and why it needs to be federally funded in front of more than 100 attendees, 30 percent of whom were Capitol Hill staff.
Strengthening the capacity for health services research and policy research production and use.

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

AcademyHealth supports the generation and dissemination of evidence through annual events like the National Health Policy Conference (NHPC), Annual Research Meeting (ARM), and the 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.

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 700 attendees came together at the 2012 NHPC to discuss issues ranging from the administration’s health policy priorities to learning healthcare systems, patient-centered health care, 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 2012, more than 2,100 individuals participated in the ARM. The program included 151 sessions and 13 methods workshops. The high caliber of research presented is reflected by the selection of two ARM abstracts for publication by the Journal of the American Medical Association (JAMA) and six articles published in Health Services Research to either coincide with the meeting or shortly after. These successful partnerships are not only continuing, but have provided a model that AcademyHealth is now replicating other leading journals.

The Best of the 2012 AcademyHealth Annual Research Meeting (ARM)

The following articles were selected for publication based upon abstracts submitted for the 2012 Annual Research Meeting and in partnership with the participating journals.

Journal of the American Medical Association


Health Services Research


Kruse, G.B. et al. The Impact of Hospital Pay-for-Performance on Hospital and Medicare Costs Health Serv Res. 2012; 47 (6): 2118–2136
Scholarships & Fellowships

Alice S. Hersh
Student Scholars

Henry Bergquist,
University of Pennsylvania

JaHyun Kang
University of North Carolina

at Chapel Hill

Stephanie Morain
Harvard University

Mehwish Qasim
University of Iowa

PHSR Student Scholars

Maral DerSarkissian
University of California, Los Angeles

Geoffrey Hoffman,
M.P.H.
University of California, Los Angeles

Rachel Hogg, M.A.
University of Kentucky

Charleen Hsuan, J.D.
University of California, Los Angeles

Jennifer Hunter, M.P.H.
University of California, Berkeley

Robyn Mobbs, M.B.A.
University of Colorado Denver

Carlo Davila Payan,
M.S.
Georgia Institute of Technology

Kellie Penix, M.S.
Georgia Southern University

Kristina Rabarison,
M.S.
University of Kentucky

Yue (Wendy) Zhong
University of Florida

AcademyHealth/ Aetna Foundation
Minority Scholars

Tya M. Arthur, Ph.D.,
M.P.H.
University of Florida

Natasha A. Brown,
Ph.D., M.P.H.
Maryland Center for Health Equity
University of Maryland School of Public Health

Teri Davis, Ph.D.
VA Greater Los Angeles Healthcare System

Albert J. Farias, M.P.H.
NCI Biobehavioral Cancer Prevention and Control Training Fellow

Rasheeda Hall, M.D.,
M.B.A.
Duke University Medical Center

Tiffany Haynes, Ph.D.
South Central Mental Illness and Clinical Research Center (SC-MIRECC)

Emilie Johnson, M.D.
Children’s Hospital Boston

Jeffrey Laguna, B.S.
University of Southern California

Leonard Moore, M.D.
Yale University School of Medicine

Tanya Olmos, M.P.H.
University of California, Los Angeles

Marinida Rivera-Díaz, M.S.W., Ph.D.
University of Puerto Rico

Charles R. Rogers,
M.S.A.S.
Texas A&M University

Cleo Samuel, B.S.
Harvard University

Brittany Smallls, M.H.S.A.
Health and Rehab Science Medical University of South Carolina

Presidential Scholarship for New Health Services Researchers

Steven M. Belec,
M.P.A.,
Boston Public Health Commission

Evelyn Chang, M.D.,
VA Health Services Research Fellow

VA Greater Los Angeles Health System

Rob Lieberthal, Ph.D.,
Jefferson School of Population Health

Thomas Jefferson University

Yea-Jen Hsu, Ph.D.,
M.H.A.
Johns Hopkins Bloomberg School of Public Health

Johns Hopkins University

Sean Phelan, Ph.D.,
M.P.H.
University of Minnesota Medical School

2012 NCHS/ AcademyHealth Health Policy Fellow

Robert Kaestner, Ph.D.
Institute of Government and Public Affairs

University of Illinois

In addition to hosting these exceptional annual meetings, in 2012 AcademyHealth continued to develop its presence in the data and innovation communities. In December, AcademyHealth was named the interim institutional home for the Health Data Consortium (HDC), a collaboration among government, non-profit, and private sector organizations working to foster the availability and innovative use of data to improve health and health care. The HDC advocates for data best practices and information sharing, and works with businesses, entrepreneurs, and academia to help them understand how to use data to develop new products, services, apps, and research insights. Colocation with AcademyHealth creates opportunities to share lessons learned and engage the AcademyHealth membership in the exciting initiatives and opportunities HDC is developing, including its flagship “Datapolooza” and challenge events.
More and more, the federal government is paying attention to the potential for electronic medical data to transform the health landscape, saving time and cost. Through legislation such as the American Recovery and Reinvestment Act and the Affordable Care Act, the government has demonstrated its interest in these technologies. AcademyHealth, too, believes in the immense possibilities of electronic health data and is continuing its work to build the infrastructure for collecting, analyzing, and using electronic medical data for research and quality improvement. Through the work of the Beacon Evidence and Innovation Network (BEIN), Electronic Data Methods (EDM) Forum, and Multi-Payer Claims Database (MPCD), AcademyHealth has a platform for fostering, collecting and sharing innovations that can benefit the health services research community.

The BEIN is working with 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. In 2012, these efforts included a two-day workshop that supported knowledge dissemination through instruction on developing, refining and submitting articles for publication in academic journals.

The EDM Forum, supported by the AHRQ, aims to advance the national dialogue on the use of electronic clinical data for comparative effectiveness research, quality improvement, and clinical decision support. In collaboration with AHRQ, AcademyHealth rapidly developed the EDM Forum into a “marketplace of people and ideas” in order to advance thinking about how to build learning systems capable of improving patient care and outcomes. AcademyHealth’s innovative approach has nurtured a constructive dialogue among key stakeholders working in this space, many of whom had not previously collaborated in this way. This allowed the EDM Forum to evolve into a unique learning community that works closely with our partners at AHRQ and other federal agencies, as well as scientific experts, providers, patients, and business and policy leaders.

AcademyHealth also continues to support an independent multi-stakeholder Advisory 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 effort of the national effort to strengthen the data infrastructure and methods for CER. In addition to overseeing Advisory Board activities, AcademyHealth is also developing an outreach strategy to cultivate awareness of MPCD, solicit feedback from key stakeholders, and address questions.

Figure 1: EDM Forum Products and Reach

- 7 Symposia and Workshops
- 20 Virtual Brown Bags
- 3 Calls for Abstracts/Papers
- Private Research Portal for Investigators
- Public Community Portal for Stakeholders

Stakeholder Engagement Events & Online Forums

- 5 Collaborative Methods Projects
- 31 Investigators, 28 Institutions
- 28 Commissioned Papers
- 90 Authors, 40 Institutions

Commissioned & Collaborative Work

- 12 Issue Briefs, Published
- 14 EDM Update Newsletters
- eGEMs Online Journal
- 8 Publications, 2 Special Issues
- 2 Medical Care Special Supplements

High-Quality Products & Dissemination Channels
This year also saw the launch of the **Delivery System Science Fellowship (DSSF)**, which provides a paid, post-doctoral learning experience to help researchers gain more applied experience conducting research in delivery system settings. Although there were no “matches” during the first round, the second call for sites and applicants paved the way for seven host sites in 2013, including Geisinger Health System, Intermountain Healthcare, Mayo Clinic, and the Palo Alto Medical Foundation Research Institute. As of this writing, seven fellows have been named for the 2013 cohort.

Finally, AcademyHealth extended its involvement in different types of professional development opportunities. In 2012, AcademyHealth conducted more than 26 webinars, including a selection of sessions hosted under the auspices of the BEIN, Changes in Healthcare Financing and Organization (HCFO), and PHSSR programs. With an average attendance of more than 150 people per session, many at low or no cost to members, AcademyHealth’s online learning program is growing rapidly and provides significant educational and skill building opportunities to a wide range of professionals and reflects our commitment to lifelong learning.

Two national programs of the Robert Wood Johnson Foundation, HCFO and State Coverage Initiatives (SCI) continue to be a vital source of support for dissemination and technical assistance, respectively. HCFO maintains its role as a key provider of funding and dissemination support for investigator-initiated research, providing more than $1.1 million in grant funding in 2012, disseminating reports on funded work, and convening researchers and policymakers for direct feedback on pre-publication research. Also, for the first time in 2012, HCFO convened a panel of research consumers to provide mid-course input on a research project, establishing a rapport between research producer and the intended users and ensuring the final project addressed outstanding needs. The approach provided an exciting model for future efforts. HCFO also sponsored a four-part series on the use of mHealth. Meanwhile, SCI continues to be an important partner in the State Network, providing direct technical assistance to states working to maximize coverage expansion under the Affordable Care Act (ACA).

**Moving knowledge into action through synthesis, translation, dissemination and technical assistance.**

As noted earlier, the movement of knowledge into action was a dominant theme in 2012. Special sessions at both the NHPC and ARM focused on the role of media and narrative, respectively, in the translation process and the BEIN offered direct technical assistance to participating network members new to the publication process.
Additional support was secured from RWJF to **translate and disseminate public health systems research**. Complementing nearly a decade of support for building the field of PHSR through the PHSR Interest Group, this new grant allowed us to deliver its findings to the policymaking community in Washington. Listening sessions with Federal agencies and policy influencers allowed us to harvest suggestions for future inquiry. We were able to leverage this grant to augment our senior-level expertise in public health—by adding a Senior Fellow for Public Health Research Translation, Shoshanna Sofaer—and to deliver workshops and webinars on research translation.

The selection of Michael A. Stoto from Georgetown University, as our first Senior Scholar in Residence further reinforced our commitment to public and population health. The additional funding, coupled with our expanded internal commitment to population health, has contributed to AcademyHealth’s standing as a thought leader in this space. Lisa Simpson delivered keynote addresses at the Annual Meeting of the National Network for Public Health Institutes and at the American Public Health Association’s mid-year policy conference. Notes from a December meeting of experts from research, health plans, state health departments, delivery systems, and employers are being digested to determine next steps on this front. We’re determined to leverage our member expertise, partnerships in health care, and commitment to improved health outcomes in order to contribute to improving the science of population health.

Under a contract with the AHRQ, Mathematica Policy Research is partnering with AcademyHealth and the Urban Institute to lead the **national evaluation of the CHIPRA quality demonstration grant program**. This national evaluation team (NET) is designing and conducting an evaluation of these projects to produce evidence of their outcomes and impacts on the care of children enrolled in Medicaid and CHIP. AcademyHealth staff help guide the national evaluation, with specific responsibility for contributing to and coordinating the dissemination of evaluation findings. In addition, AcademyHealth built upon the AHRQ-funded “Research Insights” effort to disseminate focused policy briefs on various “hot topics” in health policy.

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 in Florida**. 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.

A major focus of 2012 was also the development of AcademyHealth’s **Translation and Dissemination Institute**. The Institute is designed to seek out and build upon synergies among the research translation and dissemination activities of AcademyHealth programs, to provide new opportunities for the producers of research to listen to users’ needs, and to serve as a clearinghouse for lessons from the developing science of research translation, dissemination, and implementation. To prepare for an early 2013 launch, AcademyHealth spent much of 2012 identifying and convening an advisory committee well versed in traditional and emerging issues and techniques for translation and dissemination, building a resource library and securing funding to support a “listening project,” analysis of best practices and innovator in residence program. It is our expectation that lessons from the Institute can be translated into webinars and other resources to expand the translation and dissemination skill set of members and other researchers.
## Health Care Costs and Value

### Annual Research Meeting (ARM)
Premier forum for HSR where attendees gather to discuss health policy implications, sharpen research methods, and network with colleagues

### Beacon Community – Technical Assistance Program
Tailored and cross site technical assistance designed to increase the yield of evidence from Beacon Communities

### Changes in Health Care Financing and Organization (HCFO)
Supports research projects that will provide public and private decision makers with valuable information on health care policy, financing, and market developments to improve health care

### Comparative Effectiveness Research (CER) Inventory Project
An online database that captures ongoing and existing CER in the United States by collecting data from a variety of sources, including PubMed, ClinicalTrials.gov, HSRProj, and NIH RePORTER

### Electronic Data Methods Forum
Facilitates learning and fosters collaboration across a set of CER projects designed to build infrastructure and methods for collecting and analyzing prospective electronic clinical data

### Evaluation of CHIPRA demonstration project in Colorado/New Mexico
Evaluation of a grant that seeks to improve health care services delivered in school-based health centers (SBHC); specifically the effectiveness of SBHC improvement activities and analyzing medical claims from students that visit SBHCs

### Evaluation of Greater Cincinnati Beacon Communities Project
Focuses on use of HIT (including a community-wide health information exchange –HIE, registries and decision-support tools) to improve care

### Interest Groups
Facilitate interaction around specific topic areas relating to HSR and health policy

### Multi-Payer Claims Database (MPCD)
Database consisting of longitudinal claims data to support CER

### Professional Development Catalog
Provides a detailed list of upcoming webinars and currently available seminars led by experts in the field

## Delivery System Transformation

### Annual Research Meeting (ARM)
Premier forum for HSR where attendees gather to discuss health policy implications, sharpen research methods, and network with colleagues

### Changes in Health Care Financing and Organization (HCFO)
Supports research projects that will provide public and private decision makers with valuable information on health care policy, financing, and market developments to improve health care

### Delivery System Meeting at ARM
Convenes local health care and government leaders with national HSR, quality improvement (QI), health policy, and related experts to consider trends, challenges, solutions, and the potential role of evidence in informing the decisions currently faced by local health care delivery organizations as they navigate evolving public policy and market forces and seek innovative care delivery solutions.

### Interest Groups
Facilitate interaction around specific topic areas relating to HSR and health policy

### Professional Development Catalog
A detailed list of upcoming webinars and currently available seminars led by experts in the field

## Public and Population Health

### Building the field
Field building activities include the conduct of a methods and data needs assessment, methods training webinars, and scholarships for emerging researchers.

### AcademyHealth’s Public Health Systems Research (PHSR) Interest Group (IG)
The largest of our 16 IGs, the PHSR IG is made up of 2,882 individuals—-with a shared interest in exploring and enhancing the U.S. public health system by formulating, translating, and applying the evidence base. This community connects through online forums (my.academyhealth.org and LinkedIn), social networking (#PHSR_AH) and the PHSR IG Annual Meeting. The community also recognizes outstanding contributions to the field of PHSR through its annual Article of the Year award.

### Evidence Translation
AcademyHealth brings research to research users through the annual breakfast at the National Health Policy Conference, translation and communication webinars, and research syntheses.

### Integrating Public Health and Health Care Delivery Systems
In 2012, AcademyHealth’s Board of Directors selected public and population health as one of three strategic priority areas for the organization. This renewed commitment reflects our growing member interest in public health, as well as the current post-ACA landscape which supports an integrated health system. We’re interested in advancing the science of population health, including the research that promotes improved health outcomes and reduced health disparities.
Strengthening AcademyHealth’s infrastructure, including financial capacity and work environment.

Despite difficult fiscal and political environments, AcademyHealth continues on solid footing, due in large part to our ability to recruit and retain highly qualified and capable staff, offer high quality programs to our members and partners, and carefully and prudently manage our financial resources.
In 2013 AcademyHealth celebrates the 30th Anniversary of the Annual Research Meeting, the premier meeting for the field of health services research and in many ways the “jewel in the crown” of our organization. Anniversaries are always a time for reflection and this one will be no different. As we look at where we’ve been and think about how far we still have to go, we will see that the way forward is something of a question.

We know where we want to go – better, more equitable, more valuable, and more accessible health care; a health system that works collaboratively with multiple stakeholders for the best possible outcomes and achievement of optimal health. Health services research can and will tell us how, but we need resources and support to deliver on that promise.

The political and economic challenges our country continues to debate will not make securing or maintaining those resources easy in the short term. We know from our work in Washington that AHRQ will continue to be a target for elimination, and that investments in what critics are calling the “soft” sciences in general are at risk.

Ours is a collaborative, applied field and our future depends on our ability to come together, speak up for our work, demonstrate its value, and promote its impact. In keeping with our strategic plan, building these collaborations, facilitating the translation and dissemination of our work, and ensuring that researchers have the resources and skills to continue delivering highly credible evidence will continue to be AcademyHealth’s priorities. We will need your help and we look forward to working with and for you in the years to come.