



reports

Contents

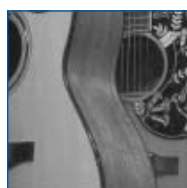
letter from leadership	2
AcademyHealth interest groups	3
patient safety briefing	4
NCHS/AcademyHealth fellows	6
long-term care research	6
members matter	7



AHRQ's
new vision p. 4



Q & A with
Martin McKee p. 5



Twentieth
Anniversary ARM p. 8

The International Exchange: AcademyHealth Thinks Globally

Several years ago, AcademyHealth board members expressed an interest in extending the organization's work internationally. The proposal was driven by concerns that the fields of health services research and policy in the United States have been relatively isolated from developments elsewhere. The board believed that AcademyHealth should play a role in creating opportunities for this country and others to learn from one another's experiences and research methodologies.

To explore opportunities for international development, AcademyHealth appointed an international committee, which was led by Karen Davis, Ph.D., of the Commonwealth Fund and Jonathan Lomas of the Canadian Health Services Research Foundation. Uwe Reinhardt, Ph.D., of Princeton University has recently replaced Davis as co-chair. Under the committee's guidance, AcademyHealth staff began the International Exchange for Health Services Research and Policy in 2001.

In accordance with AcademyHealth's mission, a strong focus of the International Exchange has been to bridge the research and policy worlds. It aims to bring an international perspective to U.S. research and policy by promoting cross-country comparative analysis of health systems.



Patricia Pittman, Ph.D., AcademyHealth senior manager for international initiatives.

It also extends many of AcademyHealth's professional development services such as its publications and career center to other countries, and collaborates with emerging health services and policy research associations around the world.

"The International Exchange serves as a window through which U.S. health services researchers and policymakers can observe strategies used outside the U.S.," says Patricia Pittman, Ph.D., senior manager for international initiatives at AcademyHealth. "Similarly, it gives other countries a chance to examine the U.S. health care system and its latest research methods and data systems."

Continued on page 3



letter from leadership

As chair of the Coalition for Health Services Research, I'd like to share with you some background on the Coalition and its accomplishments over the past year. Founded three years ago, the Coalition serves as AcademyHealth's advocacy arm. It works to promote enhanced federal funding for health services research and data systems. The Coalition has its own board of directors, whose members are elected by the AcademyHealth board, and receives advice from the Coalition's advocacy committee.

The Coalition is devoted to securing funding for all federal agencies that support health services research. Its primary interest is the Agency for Healthcare Research and Quality (AHRQ), but it also focuses on the Centers for Disease Control and Prevention, especially its extramural prevention research program and its National Center for Health Statistics (NCHS); the Centers for Medicare and Medicaid Services' Office of Research, Development and Information; and the Department of Veterans Affairs Office of Research and Development. We advocate for health services and translational research at the

National Institutes of Health, using as a model the research programs of the National Institutes of Mental Health, Alcohol Abuse and Alcoholism, and Drug Abuse.

Over the past year, the Coalition has expanded its activities in order to help Congress and the administration better understand the importance of health services research. We made a number of visits to members of Congress; held three Congressional briefings on the priority topics of quality, patient safety, and health care costs; and made it easier for AcademyHealth members to participate in the legislative process by expanding our Web site's capabilities (www.chsr.org). We have added 50 new organizational members to the Friends of AHRQ, which now totals 130 members. We are currently developing a second "Friends" organization for the NCHS.

These efforts have had an impact. Last year, the administration proposed to cut the AHRQ budget by 50 percent and reduce its autonomy. The leadership of the Coalition was instrumental in convincing the administration that AHRQ should remain an independent agency and that

its funding should not be cut. With so many agencies and programs currently experiencing funding reductions, this is a major victory.

AcademyHealth members are key to the Coalition's success. The Coalition is supported primarily by dues paid by AcademyHealth individual members and organizational affiliates. Delegations of our members from states with key legislators in the appropriation process have been enormously influential, as have all of you who have been responsive to our requests to contact your members of Congress.

As we look to the future, we pledge to remain committed to increasing support for the field and making it easier for you, AcademyHealth members, to participate as a significant voice.

*Donald Steinwachs, Ph.D.
Chair, Coalition for Health Services Research*

Dates to Watch

October

- Sept. 29 –
- Oct. 2 Health Policy and Politics: An Orientation to Decision-Making in Washington (Washington, D.C.)
- 23 Cyber Seminar in HSR Methods
"Monitoring Health Outcomes from the Patient Point of View: Introduction to the Concepts, Methods, and Applications"

November

- 21 Cyber Seminar in HSR Methods
"Improving Patient-Reported Health Outcomes Assessments: Computerized Dynamic Health Assessments on the Internet"

December

- 11 Cyber Seminar in HSR Methods
"Interpreting Health Outcomes From the Patient Point of View: Introduction to the Scoring and Interpretation of Health Outcomes"
- 15 Deadline to receive reduced registration rates for National Health Policy Conference (January 28 – 29, Washington, D.C.)

Survey Results Spur AcademyHealth Interest Groups

People often join professional societies because they are looking for opportunities to interact with others in their field. AcademyHealth's members are no exception. Results from this spring's AcademyHealth member survey indicate that 47 percent of respondents joined the organization in order to network with their peers. In response to this feedback, AcademyHealth is forming interest groups that will allow researchers and policy-makers to get together to discuss specific substantive topics. Member interest groups that have been formed recently include those devoted to behavioral health services, child health services, long-term care, nursing, public health systems, and health care workforce issues.

Interest groups are open to current AcademyHealth members. Many of the groups plan to hold meetings in conjunction with the AcademyHealth Annual Research Meeting next year. In addition, AcademyHealth will invite interest groups to advise its various committees as they set the programs for its major meetings each year, and will make available Web-based discussion boards this fall.

To register for an interest group, visit the members' only section of our Web site (www.academyhealth.org/membership/membersonly) and click on "Interest Groups." Members do not need experience or expertise in a topic area to participate. If you would like AcademyHealth to consider adding an interest group, please contact Kristine Metter, director of membership, at kristine.metter@academyhealth.org. ▶

From **International Exchange** page 1

Each year at the AcademyHealth Annual Research Meeting (ARM), the International Exchange organizes an affiliate meeting that focuses on lessons learned from abroad on a specific topic. The 2003 meeting focused on health systems' responses to the growing prevalence of chronic disease.

The International Exchange has collaborated with the ARM planning committee to increase the number of international panels on the meeting's agenda and suggest international experts for panels addressing U.S. policy questions.

This year, for the first time, AcademyHealth is co-hosting with the Agency for Healthcare Research and Quality (AHRQ) the 5th International Conference on the Scientific Basis of Health Services (ICSBHS), to be held in September in Washington, D.C. The gathering includes about 200 speakers from 27 countries. The biennial symposium began 10 years ago in London, and has since been held in Amsterdam, Sydney, and Toronto. More than 30 collaborating organizations have signed on to support the conference.

In April 2003, the Rockefeller Foundation, with additional support from AHRQ, the Commonwealth Fund, and the Nuffield Trust, funded AcademyHealth to hold a workshop in Bellagio, Italy, on "Moving Health Equity Research into Policy." It brought together 23 researchers and decision-makers from three developed countries (the Netherlands, the United States, and the United Kingdom) and three developing countries (Chile, China, and South Africa).

"Cross-country comparisons become a source of conversation and creativity, of imagination and evidence."

– *Richard Freeman, Ph.D.*

In preparation for the event, participants were asked to tell a "story" describing their national experience using (or not using) health equity research to affect changes in policy or practice. For more details, please visit: www.academyhealth.org/2003/presentations/pittman2.pdf.

The International Exchange has begun planning its activities for next year. It is seeking support for a meeting on European experiences with information technology for medical decision-making, and for one on the role of health care in foreign policy. It is also developing a health policy "study tour" program, in which researchers and policymakers can visit Brazil, Canada, Germany, and the United Kingdom to explore alternate models of health care delivery.

The International Exchange hopes it has been able to foster communication and learning among countries about health services research and policy. "Inevitably, cross-national comparisons lead to dialogs between countries," said Richard Freeman, Ph.D., of the University of Edinburgh, who took part in the Bellagio workshop. "Cross-country comparisons become a source of conversation and creativity, of imagination and evidence."

For more information on the International Exchange, please visit www.academyhealth.org/international/ or contact Patricia Pittman at 202.292.6700. ▶

Congressional Briefing Highlights Role of HSR in Patient Safety

This summer, AcademyHealth and the Friends of the Agency for Healthcare Research and Quality (AHRQ) sponsored a briefing that highlighted how health services research has led to improvements in patient safety. The event featured the nation's leading experts on this topic, including Lucian Leape, M.D., Harvard School of Public Health; Brent James, M.D., Institute for Health Care Delivery at Intermountain Health Care; Carolyn Clancy, M.D., AHRQ; and Dana Pavey, American Enterprise Institute.

“When you make systems changes, you can reduce errors and injuries,” said Leape, who pointed to research showing that adopting broad changes such as computerized prescription order entry can significantly enhance patient safety. Congress helped make such research possible by devoting \$50

million to safety research in fiscal year 2001. “By funding research, we’re funding people,” said Leape, who is adjunct professor of health policy at the Harvard School of Public Health. “A by-product of the Congressional support is the great improvements in expertise we’ve generated.”

AHRQ Director Carolyn Clancy, M.D., discussed many of the agency's recent findings on patient safety, including the development of patient safety indicators (see www.qualityindicators.ahrq.gov). Clancy also discussed some of the challenges that researchers face when they conduct patient safety investigations. Traditional randomized, double-blind trials often cannot be used, for example, because it would be difficult to build system-wide changes into an experimental design.

According to James, the patient safety problem is much larger than recent data indicate. The often-quoted estimate that puts the annual number of preventable deaths from medical injuries between 44,000 and 98,000 may be the tip of the iceberg, because those figures apply only to treatments provided in an inpatient setting. James, who is executive director of Intermountain Health Care's Institute for Health Care Delivery Research, said that only 50 percent of Americans receive recommended preventive care. Thirty percent of patients with acute illnesses, and 20 percent of those with chronic conditions, receive contraindicated treatment.

This event made clear the critical role that AHRQ is playing in developing, implementing, and evaluating possible systems solutions that will reduce medical errors and save lives. ▶

AHRQ: New Director, New Directions



The Agency for Healthcare Research and Quality (AHRQ) is undergoing a physical and strategic transformation. This summer, AHRQ formally named Carolyn Clancy, M.D., as director of the agency. Clancy had served as AHRQ's acting director since March 2002 and before that as director of the agency's Center for Outcomes and Effectiveness Research.

AHRQ has also moved into the John M. Eisenberg, M.D., Building in Rockville, Md.; previously, staff were scattered in three buildings. The move will hopefully enhance teamwork within the agency. “AHRQ is also revitalizing its focus on ensuring that health services research continues to reach its full potential to improve health care in this country,” says Clancy. “We must continue to build

the foundation for decision-making and make research findings widely available in formats that are easy to use and adopt.”

To that end, AHRQ's user-driven research agenda is expanding all aspects of its operations, ranging from its grant application requirements to the types of projects it funds and the products it develops. For example, the agency has decided to require prospective grantees to consult with the users of research as part of the application process.

In the past, researchers would formulate an idea, apply for a grant, and then publish their findings with the assumption that “receptor sites” would be eager to use the information. Now, grantees will be required to discuss their research proposals with users and lay out a clear plan for ongoing consultation in their grant applications. In addition, appli-

cants will be required to work closely with AHRQ program staff—something that was not previously mandated.

In addition, AHRQ is seeking new approaches to research that promote partnerships with users. In 2002, the agency funded a series of projects called the Partnerships for Quality, which join researchers with health plans, employers, consumer groups, and other users in order to accelerate the adoption of research findings.

Finally, the agency has renewed its commitment to communicating the findings of research so that they are easily used and understood. “Communicating to users is about more than media training,” says Clancy. “We must also continue to develop products that meet our users' needs.” ▶



member profile

Q & A with Martin McKee, M.D., F.R.C.P.

Dr. Martin McKee, a research director at the European Observatory on Health Care Systems, shares an international perspective on health policy and research. McKee recently spoke at AcademyHealth's Annual Research Meeting about the response of European health systems to the growing prevalence of chronic disease. He is professor of European public health at the London School of Hygiene and Tropical Medicine.

The European Observatory promotes evidence-based health policymaking through comprehensive analysis of the dynamics of health care systems in Europe. The Observatory is a partnership between the World Health Organization's regional office for Europe; the governments of Greece, Norway, and Spain; the European Investment Bank; the Open Society Institute; the World Bank; the London School of Economics; and the London School of Hygiene and Tropical Medicine. For more information, visit www.observatory.dk.

Q. Why has the European Observatory been so successful in shaping policy through research?

A. First, we ensure that our products are evidence-based and policy-relevant, bringing together academics and policymakers at all stages. Second, we put enormous effort into dissemination—to a much greater degree than you would see in a typical academic department, where the goal is to produce reports, get them into peer-reviewed journals, and leave it at that. We spend a lot of time talking about research, working with journalists, and connecting with a range of media outlets. If we conduct an analytic study, we produce a series of related products including books, case studies, issue briefs, and journal articles.

Q. Why do you believe that international comparisons are important?

A. It's clear that the countries in Europe face common challenges that they've responded to in varying ways. One can learn from looking at that diversity. Having an international perspective challenges your own paradigms and beliefs, and teaches you that there are alternative ways of doing things.

Q. What are your thoughts about the usefulness of international benchmarking?

A. Rather than looking for a single benchmarking index by which all countries can be compared, I think we need to examine all of the functions of health care systems, which are not only about treating patients. Health care has a whole series of roles around education, training, community development, and leadership. Health care systems may appear to be doing well when measured only by contemporary outputs—such as number of patients treated and so on. However, they may at the same

time be disinvesting in new research, which is the evidence base for future change, or failing to invest in developing new leaders or an adequate supply of skilled professionals.

Q. Does the role that research plays in the development of health policy and practice vary from country to country?

A. It is difficult everywhere to translate research into policy and practice. One of the major issues we need to recognize is that health policy is a subset of government economic policy. Often decisions are made more on the basis of a government's perspective on the economy or other issues than they are on research findings.

Q. Describe the fundamental differences you have observed between the U.S. and European health care systems.

A. The most obvious one is that we have universal coverage and you don't. In the United States, health care is thought of more as a business than a public service—and that makes it unique among industrialized countries. For that reason, there is often a problem undertaking comparisons between the United States and other nations. In order to do so, you need to have people with a knowledge of both systems to play a translational role.

However, one of America's strengths is that it contains so much demographic and economic diversity within its own borders. Although the United States can certainly learn from the experiences of other countries, it also has the opportunity to study some of its own models, like the integrated care systems at Kaiser and elsewhere. ▶

AcademyHealth and NCHS Name New Health Policy Fellows

The Centers for Disease Control and Prevention's National Center for Health Statistics (NCHS) and AcademyHealth congratulate **Jill Anne Marsteller, M.P.P.**, and **Judith Ann Shinogle, Ph.D., M.Sc.**, on their selection for the 2003 – 2004 NCHS/AcademyHealth Health Policy Fellowship program. The one-year fellowship is designed to give researchers access to new data resources and strengthen their understanding of health policy. Beginning in September, the visiting scholars will work in residence at the NCHS in Hyattsville, Md., on independent research projects as well as on collaborative projects with NCHS staff.

Ms. Marsteller has recently completed her Ph.D. in health services policy and analysis from the School of Public Health at the University of California at Berkeley. Her research will focus on organizational determinants of disparities in hospital care using NCHS' National Hospital Discharge Survey and data from hospital quality improvement surveys. She will also work with NCHS staff on analyses for the National Healthcare Quality Report and National Healthcare Disparities Report.

Dr. Shinogle is assistant professor in the department of pharmaceutical and health outcomes science at the University of South Carolina. Her proj-

ect, "Firms' Demand for Health Benefit Generosity," will use NCHS' National Employer Health Insurance Survey, together with data on the labor and health care market, to examine factors that determine employer generosity of health benefits, particularly in the areas of mental health and prescription drug coverage.

The fellowship runs from September 2003 to October 2004. It is offered to up to two doctoral students in their dissertation phase, postdoctoral students, or junior faculty. For information on the 2004 – 2005 fellowship, visit www.academyhealth.org/fellowships. The application deadline for the next cycle is January 9, 2004. ▶

Long-Term Care Research: A Lifeline to Policy and Practice

In June, AcademyHealth held a briefing in Washington that brought together leading researchers and policymakers to discuss how evidence-based research can frame critical issues in long-term care. With the population aging and health care costs on the rise, long-term care poses a major challenge to the nation's health care system over the next decades. "Future-minded leaders need to focus their attention on the need for research investments now," said Peter Kemper, Ph.D., who conducts long-term care research at the University of Pennsylvania.

In the past, research has played a critical role in shaping long-term care policy and practice. Investigations conducted in the 1960s, for example, led to the development of the Activities of Daily Living (ADL) measure, which is a widely used geriatric assessment tool. More recently, studies from the 1980s on the effects of sustained caregiving paved the way for various support services and respite programs for unpaid family caregivers.

A strong, continued investment in research is necessary in order to build on this foundation and meet the growing demand for long-term care, the panelists agreed. According to Robert Kane, M.D., who directs the University of Minnesota's Center on Aging, long-term care research faces multiple barriers. Researchers often find it difficult to measure outcomes in populations with multiple disabilities, for example. Moreover, public support for such research is not as strong as one might expect, because people tend to view long-term care as an individual rather than societal problem.

Long-term care has not gotten much traction at the federal level either, said William Scanlon, Ph.D., director of health care issues at the U.S. General Accounting Office. "We need to put a better face on long-term care," he said. "Research must catch up with the need to formulate better policy."

Robin Stone, Dr.P.H., executive director of the Institute for the Future of Aging Services,



Robert Kane, M.D., and Penny Hollander Feldman, Ph.D.

agreed. "Research needs to be an integral part of the work we do," she said. "I think we all take research for granted."

AcademyHealth released three briefs at the event detailing how research has informed long-term care service, delivery, and policy. For a copy of the briefs, or to view photos, slide presentations, or a Web cast of the briefing, please visit www.academyhealth.org/network/briefings.htm. ▶

members matter

Moving On and Moving Up

Keep in touch with friends and colleagues by sending your career news to membernews@academyhealth.org. Submissions of no more than 25 words will be printed on a first-come, first-served basis.

Arlene S. Bierman, M.D., M.S., has moved from AHRQ to the University of Toronto to become the first Ontario Women's Health Council Chair in Women's Health.

Robert W. Bremer, Ph.D., M.A., has become a research fellow at the University of Pittsburgh's psychiatry department.

Jason A. Cecil, J.D., M.H.A., has accepted a position as public health advisor in the Global Measles Branch of the Centers for Disease Control and Prevention.

Benjamin Craig, Ph.D., has accepted a position as assistant professor at the University of Arizona.

David Coronado is now a principal with Navigant Consulting in San Francisco.

Peter Groeneveld, M.D., has joined the faculty at the University of Pennsylvania in the Division of General Internal Medicine.

Courtney Harold, Ph.D., is now a health economist with the Durham Veteran's Administration and a research assistant professor at Duke Medical School.

Marjorie Innocent has joined CARTA, Inc., as a research associate.

John Kaelin has become executive director of public programs at the American Association of Health Plans.

Dennis L. Kodner, Ph.D., has accepted a position as executive director of the Brookdale Center on Aging of Hunter College and professor of urban public health in the School of Health Sciences.

Sarah Hudson Scholle, Ph.D., M.P.H., is now assistant vice president for research and analysis at the National Committee for Quality Assurance.

Whitney P. Witt, Ph.D., M.P.H., has accepted a position as assistant professor in the Department of Medicine at Northwestern University.

News from the Journals

Health Affairs

The September/October issue focuses on mental health, with features on measuring the need for mental health care, community mental health treatment, formularies for psychiatric drugs, and minority disparities in mental health status. This issue also includes an annual survey of employers' health care premiums and costs. The Web site will feature an interview with the chairman of the President's Commission on Mental Health (www.healthaffairs.org).

HSR

HSR is pleased to announce a Call for Papers for a 2004 issue that will be devoted to international and global health. C. Ross Anthony and Nicole Lurie will serve as guest editors. Manuscripts will be accepted until November 15, 2003. Interested authors should use HSR's new Web-based submission procedure at <http://hsr.manuscriptcentral.com>. Please see the October *HSR* or visit www.hsr.org for more details.

Milbank Quarterly

The September issue features three articles examining methods for setting priorities in health services research; discussing ways to assess innovative, large-scale health care programs; and analyzing the impact of Britain's booked admissions program on improving health services. A fourth article examines the relationship between racial disparities and employment status. A final piece looks at how to reconcile states' interest in birth outcomes with pregnant women's personal liberties.

Organizational Affiliate Announcement

ACHE Announces 2003 Health Management Research Award Winner

This year's \$10,000 Health Management Research Award was given to Andrew Garman, assistant professor, Department of Health Systems Management, Rush University; and Larry Tyler, president, Tyler & Co., Atlanta, for their proposed research, "Succession Planning Practices and Outcomes in U.S. Hospitals: A Multilevel Analysis of Survey-Based Data." The \$10,000 award is given annually to a full-time faculty member of a health administration program who is an ACHE affiliate. For more information, contact Peter Weil at 312.424.9440 or pweil@ache.org.

AcademyHealth's 20th ARM: A Rich Past, a Bright Future

Throughout the past 20 years, the Annual Research Meeting (ARM) has become a premier forum for health services researchers to present their latest findings, develop new skills, debate policy issues, and network with their peers. This year's meeting in Nashville on June 27 – 29, 2003, captured both the conference's rich past as a platform for showcasing important research and its promising future in ensuring that such research is effectively translated into policy and practice.

"The hopes of millions of people to live longer, higher quality lives depend on the marriage of the work that you do and the work that policymakers do," said Senate Majority Leader Bill Frist, M.D. (R-Tenn.), who delivered a keynote speech at the meeting's closing plenary. Frist underscored the critical role of health services researchers. "You elevate these issues in the public consciousness in a way that nobody else can."

Jim Morone, Ph.D., kicked off the meeting with a provocative speech at the opening plenary. Morone, who is a professor of political science at Brown University, talked about how ideas about morality have shaped American policies, particularly those relating to health. "So many of the transgressions by which we judge people are transgressions of public health," he said. The United States has a long history of intervening in private behaviors that can affect health, he said, including alcohol consumption, smoking, and sexual practices. The next behavior-related public health issue to become subject to public scrutiny may be obesity, he said.

This year's conference featured almost 100 exhibits, and more than 120 sessions covering 16 themes, including three new themes that are particularly relevant to current health care financing, delivery, and policy: chronic care, cost-containment, and public health. The meeting also gave a diverse group of researchers the opportunity to meet and present their papers and posters. In

response to members' feedback, AcademyHealth increased the number of abstracts it accepted in its call for papers sessions. More than 20 percent of abstracts were accepted in 2003, compared to 13 percent in 2002. For meeting highlights, photos, presentations, and Web casts of selected sessions, visit: www.academyhealth.org/2003/index.htm.

AcademyHealth Reports

Chair:

Gail Wilensky, Ph.D.
Project HOPE

President and CEO:

W. David Helms, Ph.D.

Staff:

Christina Folz
Director of Communications

Edward Brown
Graphic Designer

LeAnne DeFrancesco
Production Manager

If you have questions or comments about *AcademyHealth Reports*, e-mail christina.folz@academyhealth.org.

www.academyhealth.org

Register now for our Cyber Seminars in HSR Methods at www.academyhealth.org/cyberseminars/live.

1801 K Street, NW, Suite 701-L
Washington, DC 20006

AcademyHealth
reports

Nonprofit
Organization
U.S. Postage
PAID
Permit No. 3999
Washington, DC