



AcademyHealth

REPORTS

Q&A with Lisa Simpson, M.B., B.Ch., M.P.H., New President and CEO of AcademyHealth

After an exhaustive and competitive search process, the board of directors of AcademyHealth announced that Lisa Simpson, M.B., B.Ch., M.P.H., will become president and CEO on January 17, 2011. Lisa assumes the role from David Helms, Ph.D., who announced his intent to pursue new opportunities earlier this year.

AcademyHealth Reports sat down with Lisa to discuss her vision for AcademyHealth's immediate priorities and long-term growth.

Academy Health Reports: What drew you to the job at AcademyHealth?

Lisa Simpson: The opportunity to lead AcademyHealth at this historic moment in health policy really called to me.

The passage of the Affordable Care Act (ACA) was a game changing event and now the midterm elections have added a layer of uncertainty for policymakers, practitioners, and researchers. No matter where you stand on legislative initiatives to change health policy, the analyses undertaken by the field are critical to developing sound policies; and implementation planning and evaluation research is critical to executing on the plan and to learning what's working and what's not so we can adjust going forward. AcademyHealth is perfectly positioned to assist the field in responding to these myriad information needs both nationally and in the states.

At the same time, working in an academically driven and integrated health system for the last four years has deepened my understanding of and appreciation for the hard work of system transformation. Whether through ACA or some other means, improving access, outcomes, and costs will depend on substantial

restructuring at the front lines of health care. I'm excited to work with all of you as our community works to support that restructuring using evidence.

How has your career thus far prepared you to lead AcademyHealth?

I have spent my career at the intersection of research production and research application and I understand the unique challenges of the audiences and stakeholders we serve because I've faced those challenges myself. It has been my great privilege to work with colleagues and partners in policymaking, health system management, health services research (HSR), and clinical medicine to attempt to address the enduring challenges in our field—access to care, addressing new and emerging health threats, and coordinating care across settings for at risk populations.

After beginning my career as chief of the Maternal and Child Health Bureau in the Hawaii Department of Health, I spent nine years promoting the findings of our field at the Department of Health and Human Services before pursuing my passion for high quality, actionable research in academic settings in Florida and Ohio. In each new phase of my career, I have been fortunate to work with a wide range of local and

[Continued on page 4 →](#)

Contents

Features

- 1 Q&A with New President and CEO
- 5 AcademyHealth Contributes to PCORI Development

Departments

- 2 Letter from Leadership
- 3 The Latest
- 6 Coalition Corner
- 7 Members Matter



Letter from Leadership



In my final letter as your president and CEO, I am pleased to report that AcademyHealth is in excellent condition and widely recognized as the premier society for health services research and health policy.

In 1999, as the second director of the Association for Health Services Research (AHSR), I was honored to build upon Alice Hersh's legacy and commitment to providing high quality programs. Since the merger of AHSR and the Alpha Center in 2000, our membership has grown substantially, reaching its highest level of 4,200 individuals and 166 organizational affiliates this year. Our conferences and programs continue to have strong participation from both the health services research and health policy worlds. We have enhanced the membership experience by expanding our professional development offerings, engaging students and young researchers, and creating Interest Groups for improved networking and member involvement. Our advocacy through the non-partisan Coalition for Health Services Research has contributed to significant funding increases for both health services research and comparative effectiveness research. Our outreach through the Coalition has also enabled us to advocate for the infrastructure needs of the field and engage policymakers on critical issues important to our members. Finally, the organization has substantially expanded and diversified its funding base which will assure greater organizational stability to face the challenges ahead.

I want to express my sincere gratitude to the members of AcademyHealth for your commitment to your profession and dedication to providing the information and analysis public and private decision makers need to make the critical choices necessary to improve the health and health care of Americans. We have had outstanding staff and I want you to know how much they appreciate the countless ways you make your time available to guide the development of our programs, products, and advocacy. To the staff, past and present, please know how much I have enjoyed the opportunity to work with and guide your work on behalf of our members. Each of you has played an important part in making AcademyHealth what it is today and I am immensely thankful for your enthusiastic support.

Just as I was able to build on the strong foundation of our founders, I am now confidently entrusting this vibrant organization to the AcademyHealth and Coalition Boards and to its new President and CEO, Lisa Simpson. I have worked closely with Lisa, both during her time at AHRQ and as a member of our two boards, and I am very pleased with her selection. I know she has the right combination of experience, enthusiasm, and energy to lead AcademyHealth's ascent to new heights.

W. David Helms
President and CEO
AcademyHealth

AcademyHealth REPORTS

Chair

Elizabeth A. McGlynn
Associate Director, RAND Health
Rand Corporation

President and CEO

W. David Helms, Ph.D.
AcademyHealth

Staff

Kristin Rosengren Director of Communications
Edward Brown Art Director/Designer

If you have questions or comments about *AcademyHealth Reports*, please e-mail kristin.rosengren@academyhealth.org.

The Latest

“Free for Fall” Webinar Recordings Now Available on AcademyHealth.org

This fall, AcademyHealth offered a number of free online webinars to members and nonmembers. The sessions included a series on disparities research and policy sponsored by the Aetna Foundation, a series on data innovations and implications of the Affordable Care Act sponsored by the Kaiser Permanente Institute for Health Policy and a session on translation in public health services research and practice sponsored by the Robert Wood Johnson Foundation. These sessions were recorded and are now available on our website. Descriptions of each are below. Log in and learn more at www.academyhealth.org.

Disparities Webinar Series: Policy

The Affordable Care Act (Part I): Impacts and Opportunities for Disparities Research provides an overview of the Affordable Care Act with an emphasis on impacts and opportunities for disparities research. The faculty addresses the implications of the legislation and provides a reaction from the state perspective.

The Affordable Care Act (Part II): Section 4302 and Implications for Data Collection offers an in-depth look at Section 4302 and its implications for disparities research. The faculty discusses specific language that impacts racial/ethnic data collection.

Disparities Webinar Series: Methods

Part I: Analytic Considerations for Collecting Data on Race, Ethnicity, and Language focuses on analytic considerations for data collection in health systems. Faculty addresses issues including standardizing and categorizing race/ethnic data, which will ultimately help track disparities initiatives and overall progress towards health equity.

Part II: Community-Based Participatory Research: Strategies for Reducing Health Disparities is an introductory level session offering an overview of community-based participatory research, an increasingly used approach of researchers collaborating with communities to ethically and effectively design research to address health disparities. The faculty presents CBPR definitions and principles, the rationale for using this approach, and issues, challenges, and strategies for effective CBPR.

Data Initiatives and Innovations Series

The Role of HSR in Stimulating and Supporting Open Data Initiatives & Innovations, Part I introduces participants to some of the Open Government and Open Data efforts initiated under the Obama administration, explores emerging trends in sources and types of health data, and reviews new strategies for data dissemination. Faculty discuss the opportunities that these trends represent for health services

researchers, and the important role for health services research in a Health 2.0 environment.

The Role of HSR in Stimulating and Supporting Open Data Initiatives & Innovations, Part II engages participants in a discussion about the importance of health services research in helping to optimize the rigor, relevance, and real-time nature of knowledge generation. Faculty share key points of discussion and new applications presented at a recent multidisciplinary meeting, and outline next steps for engaging stakeholders in a set of activities to support the vision of HSR as an integral part of the learning health care system.

Research to Practice: Examples of Translation in Public Health Systems and Services Research

This webinar focuses on two examples of translation in PHSSR. Participants will learn about designing research questions in partnership with practitioners, conducting research with practice partners, and sharing findings with those who can use them to support the implementation of evidence-based and innovative public health practice. Faculty include researchers and the researcher's practice partners, who discuss their experience working with the investigators, describe the research's relevance for the field, and give suggestions for translating findings. ■

For more information, please visit our website at www.academyhealth.org.

state stakeholders and be engaged in a number of policy relevant initiatives—from health information technology to patient safety.

These experiences taught me to value the contributions of disparate groups, to communicate about and advocate on behalf of research in meaningful ways, and to balance the practical demands of managing a diverse, multidisciplinary organization with the need for vision and leadership that inspires great teams.

What do you see as the top three priorities for AcademyHealth in 2011?

I see three priorities that are integrally linked and mutually dependent: growing and supporting our field, translating research into action, and broadening our base of “customers” and supporters. None is more important than another; progress in one supports progress in each.

As a professional association, we ARE our members, both present and future. Our success is tied to our members’ success. Growing our professional development programs and services for the membership—including developing investigators, both new and experienced, and investing in the methodological innovations that are needed to address complex questions in a dynamic system—is essential.

Effective translation is more than a mission for AcademyHealth. It is a key component of the value proposition for HSR. Effective translation will be directly affected by the quality, relevance, and timeliness of the work of our field. Succeeding in this priority area improves our ability to demonstrate the return on investment (ROI) from HSR and is essential to making the case for federal and private investments in our field.

Broadening the base of customers and partners similarly creates greater demand for HSR findings and capacity. Two immediate opportunity areas for this growth are state policymakers and leaders in delivery systems. The Affordable Care Act provides states an unprecedented opportunity, and a unique set of challenges, in reshaping state health policy. State decision makers and delivery system leaders need information to understand which approaches to implementation and system redesign actually achieve desired outcomes and increase value, under what circumstances, and for which populations.

What do you see as the biggest opportunities for AcademyHealth long term?

I sometimes think of our mission as a simple proposition that is extremely complicated to achieve: get good evidence to the right users at the right time. So many factors need to be in place to be successful. We need highly qualified researchers who are well funded to develop the evidence, a highly effective dissemination and translation capacity, a clear understanding of the users’ needs, and timeliness in delivery. To that end, one important opportunity is to grow and spread HSR production capacity in academic and other settings so that it reaches more users in every state. AcademyHealth can work with partners to build and sustain that expansion.

Another long-term opportunity lies in enabling the producers of research and the users of research to more effectively talk to one another, framing the key questions and challenges so that researchers can investigate topics of greatest importance and produce actionable knowledge that improves decision making.

Finally, as our capacity and influence increases, we have an opportunity to identify creative means of assessing innovations quickly so that less promising ideas can be discarded and more promising ideas accelerated or more broadly disseminated.

What do you think are the biggest challenges for the field and how can AcademyHealth act to address them?

The members won’t be surprised when I say a continuing challenge for the field is ensuring adequate investment in our research. Despite the growth in HSR funding across many federal agencies (see the latest summaries at www.chsr.org), and the infusion of dollars by the American Recovery and Reinvestment Act (ARRA) and the ACA, it is unclear what the future will bring.

As a field we have to be prepared to thrive in lean times. We can’t afford to lose the ground we’ve gained if projected levels of research funding from the federal government do not materialize. Telling our story—and highlighting the consequences of failing to have good information—will be critical going forward. We have a responsibility to demonstrate the gains to the American public from investments in HSR.

I noted a second challenge earlier—doing a much better job of translating our findings into practice and policy. We have the opportunity to work even

more with our international colleagues to develop better ways to shorten the cycle time between knowledge development and its application.

A third challenge is the need to grow and diversify our field. We need to make this the most intellectually rewarding, supportive, and secure career choice for new investigators—both young investigators and the many mid-career and established clinical investigators who come into our field and contribute greatly. We need to ensure disciplinary diversity and geographic diversity, as well as the more common demographic dimensions of diversity, including race, ethnicity, gender, and age.

What are your goals for AcademyHealth as an organization?

As an elected Board member, I participated in the planning process for the strategic plan the Board ratified in 2009. It articulates four key goals for the organization. (*Editor’s note: the plan is outlined in the June 2009 issue of AcademyHealth Reports.*) However, the Board and I also recognize that a new CEO and the changing political landscape require a fresh look at those goals, and we will do that in 2011.

One thing I have been thinking a lot about is how to better leverage and showcase our organization’s unique asset—its amazing membership. I hope to identify additional opportunities to engage members in the translation function. We also need to give our investigators added visibility and recognition in a way that not only helps translate their work into policy and practice but also assists them in meeting the academic imperatives of publications, grants, and service.

Another area that is important to me is our role in advocating for the field and the issues that we hold dear—adequate funding, publication rights, and scientific autonomy and integrity, among others. The work of the Coalition for Health Services Research is essential and I am looking forward to having even more members involved in telling the story of our field and its successes.

It is also important to me that AcademyHealth continue to be a vibrant, rewarding organization at which to work, so we will focus on sustaining the strong management foundation that David has built while exploring new programs and strategies to support our goals and priorities.

As a member of the Coalition Board you helped identify the policy priorities for the year ahead. What do you see as the most pressing challenges facing the Coalition? How do you hope to address them?

The Coalition is such an important organization. It really is the voice for AcademyHealth members in our nation's capital. During the last several years, the Coalition has helped secure unprecedented new investments in HSR and health data through annual appropriations, ARRA, and ACA.

In the 112th Congress, the Coalition's greatest challenge will be "holding the line" and protecting these investments. Of course, the Coalition will continue to fight for investigator initiated research, research training grants, comparative effectiveness research, scientific integrity, and other policy priorities. But they can't do it alone. The Coalition will be relying on the membership to reach out to their elected officials and emphasize the value of HSR. As president and CEO of the Coalition, I look forward to leading a reinvigorated grassroots campaign to help our members engage in the policy process through advocacy.

Is there anything else you'd like to share?

Absolutely! This conversation about our dynamic future together is just that—a conversation—and I invite the members to join it. What are *your* goals for AcademyHealth? What do you want to see happen? How will you contribute? I look forward to hearing from and working with you! ■

AcademyHealth Contributes to PCORI Development

Section 6301 of the Affordable Care Act (ACA) tasked the Controller General of the Government Accountability Office (GAO) with establishing the Patient-Centered Outcomes Research Institute (PCORI), a nonprofit corporation designed to assist patients, clinicians, purchasers, and policymakers in making informed health decisions through research that provides evidence on how diseases, disorders, and other health conditions can effectively and appropriately be prevented, diagnosed, treated, monitored, and managed.

PCORI Board

On May 7, the GAO posted a notice in the Federal Register seeking nominations for the PCORI Board of Governors, to consist of individuals within specific disciplines, including at least one member representing quality improvement or independent health services researchers.

AcademyHealth's policy is not to endorse individual nominations to external committees or advisory groups, except under exceptional circumstances. Insofar as AcademyHealth represents the field of health services research, it was the consensus of the members of AcademyHealth's Executive Committee that nominations to the PCORI Board constituted an exceptional circumstance.

AcademyHealth submitted four nominations to the GAO. The letter of support described the nominees' qualifications and credentials within the field of health services research and the contributions they would make to the PCORI Board. It also described their substantive areas of expertise, political acumen, and ability to bring diverse groups together and develop consensus.

On September 23, 2010, the GAO announced the appointment of 19 individuals to serve as members of the PCORI Board. The Board also includes the Directors of the Agency for Healthcare Quality and Research (AHRQ) and the National Institutes of Health (NIH). Generally, Board members will serve six-year terms, with an option for reappointment for an additional term.

Arnold Epstein, M.D., one of the candidates proposed by AcademyHealth, was selected for the PCORI Board. The John H. Foster Professor and Chair of the Department of Health Policy and Management at the Harvard School of Public Health, Dr. Epstein is a highly respected researcher and clinician whose work has included the study of cost-effectiveness analysis methods and the development of tools to ascertain patient-reported outcomes. He participated in the development of the Consumer Assessment of Health Plans Survey (CAHPS), which tracks patients' experiences with ambulatory and facility-level care.

Dr. Epstein understands well that research and the dissemination of findings take place in a social environment and are interpreted in part by their context. He has tremendous ability and experience in building consensus across challenging issues and among those with differing interests, serving as vice chair of the Institute of Medicine Committee on Developing a National Report on Health Care Quality, and co-chair of the Performance Measurement Coordinating Committee of the Joint Commission, the National Committee for Quality Assurance and the American Medical Association. In each of these roles, he has been successful in bringing diverse groups together to agree on common ground and product.

Other AcademyHealth members named to the PCORI Board include Harlan Krumholz, M.D., Harold H. Hines, Jr. Professor of Medicine and

Epidemiology and Public Health at Yale University School of Medicine, Sharon Levine, M.D., associate executive director for The Permanente Medical Group of Northern California, and Grayson Norquist, M.D., MSPH, professor and chairman, Department of Psychiatry and Human Behavior, University of Mississippi Medical Center.

The Board will be led by Chair Eugene Washington, M.D., M.Sc., vice chancellor of UCLA Health Sciences and dean of the David Geffen School of Medicine, and Vice Chair Steven Lipstein, M.H.A., president and CEO of BJC Health Care in St. Louis, Mo.

Methodology Committee

The PCORI will be supported by a Methodology Committee, which will set methodological standards and ensure the scientific rigor and research quality of the research overseen and undertaken by PCORI. The Methodology Committee will develop and periodically update methodological standards for comparative effectiveness research coordinated and overseen by PCORI.

AcademyHealth sought nominations for the Methodology Committee from the membership in September and submitted the names of four individuals to the GAO for consideration. *As of the date of this publication, the GAO had not announced its appointments to the Methodology Committee.*

Conclusion

The PCORI's actions will have significant implications for health and health care. It will be important that members of the PCORI Board and Methodology Committee consider the contributions that health services research can make in the broader comparative effectiveness research enterprise. ■

Coalition Corner

Future Uncertain for FY 2011 Appropriations

At the time of this writing, one of the most contentious items remaining on the lame duck “to do” list is passage of the FY 2011 spending bills. History demonstrates that Congress rarely completes appropriations work during election years—and this year is no different. Having failed to bring any spending bills to the floor prior to the end of the Fiscal Year on October 1, Congress passed a continuing resolution in late September to sustain federal funding through December 3 at current, FY 2010 levels. As Congress returns to Washington there are any number of paths to finalize federal spending levels:

→ Scenario 1: Congress passes an omnibus spending package with a compromise on FY 2011 spending levels. Typically, the negotiated spending levels “split the difference” between levels proposed by the House and Senate. In the case of AHRQ, NIH, and other agencies that

support health research and data, many would still see increases—albeit modest—under this scenario.

- Scenario 2: Congress prepares an omnibus spending package, holding spending levels at FY 2010 levels or lower, as demanded by Senate Republicans and conceded before the election by Senate Majority Leader Harry Reid. Still, no formal agreement has been reached as to the limits on discretionary spending.
- Scenario 3: Congress punts FY 2011 to the 112th Congress, passing another continuing resolution to hold funding at FY 2010 until after the new Congress is in place. With pressure to move ahead on the FY 2012 budget, we could then expect that a year-long continuing resolution would be passed in early 2011, holding funding at FY 2010 levels. ■

Talk the Talk...

The Coalition’s legislative term of the quarter is: debt ceiling.

The debt ceiling is the statutory, maximum amount of debt that the government may have outstanding. Rising above the debt ceiling may trigger a reduction in the government’s credit rating and compromise its ability to borrow. Congress typically votes to raise the ceiling every time the national debt approaches it, extending the Treasury’s authority to borrow. It is unclear how Congress will handle the debt ceiling in 2011, with many conservative members vowing to block an increase. Last January, Congress increased the debt ceiling by \$1.9 trillion to a historic high of \$14.3 trillion.

GOP Takes Control of Purse Strings

When the 112th Congress convenes in January, House leadership will likely focus priorities squarely on the budget and reining in federal spending. All of the major health-related committees—including Ways and Means, Energy and Commerce, Budget, and Appropriations (Labor-HHS specifically, of course)—will have new chairmen seeking to make good on campaign promises to shrink the size of the federal government. Some of the individuals currently being considered for committee leadership include now-ranking member Jerry Lewis (R-CA) on

Appropriations, Dave Camp (R-MI) on Ways and Means, Paul Ryan (R-WI) on Budget, and Fred Upton (R-MI) on Energy and Commerce. It remains unclear who will chair the Labor-HHS appropriations subcommittee.

Domestic, nondefense discretionary funding is going to be a target in budget reduction, and that includes health services research. We have been fortunate over the last couple of years to see an increased federal investment in our field through annual appropriations, the American Recovery

and Reinvestment Act, and the Affordable Care Act. As congressional priorities shift toward fiscal conservatism, playing “defense” will be critical; we will need the field’s support to demonstrate how health services research helps the country achieve a greater return on our health and health care investments.

With an uphill battle before us, it’s critical to have a presence in Washington and advocate for improving health care by funding new research and supporting policy innovations. ■

Call to action!

The expected strict fiscal environment means that the Coalition for Health Services Research is going to need all hands on deck—and this means you! Please look for emails from us about ways to get involved. You may also contact the Coalition at coalition@academyhealth.org.

Members Matter

New Membership Benefit Added

All AcademyHealth members can now enjoy a new membership benefit—free video recordings from the nine most popular presentations from the 2010 Annual Research Meeting (ARM).



Listen and learn from the “Best of ARM” recordings, including:

- Donald Berwick’s presentation on “Better Care and Lower Cost: High Performing Communities in American Health Care”
- David Blumenthal and Ashish Jha sharing information about health IT and improving the delivery system
- Bryan Dowd and Mark Helfand teaching methods for comparative effectiveness research and HSR

The wealth of information covered in these nine recordings is offered as a free benefit of membership, and is accessible only to AcademyHealth members. Each video recording is approximately 90 minutes in length.

To access the free video recordings, log in with your user name and password at www.academyhealth.org, then go to the “members-only” section. ■

News from the Journals

AcademyHealth’s official journals, *Health Affairs* and *Health Services Research (HSR)*, provide updates on recent issues in health services research and policy. AcademyHealth members may subscribe to the two journals at a discounted rate. For more information, visit the AcademyHealth website at www.academyhealth.org/membership.

New Research in *Health Affairs* Finds Patients More Likely to Adhere to Medications When Cost Sharing is Reduced or Eliminated



Having insurance coverage that requires consumers to pay less out of pocket for certain medications—for example, those they must take regularly to combat chronic illnesses—makes it more likely that they will adhere to their medication regimens. But the jury is still out on whether this strategy will dramatically reduce the rate of growth in

health spending, or keep people healthier, according to the November issue of the journal *Health Affairs*.

Two studies in this issue examine the effects of value-based insurance design (VBID), which—as currently construed—typically reduces cost sharing for services that have strong evidence of clinical benefit. The studies show the effect of reducing or eliminating cost sharing on patient adherence to medications.

The studies are part of a thematic cluster of articles that focus on value-based insurance design. The cluster, which was published with support from the California HealthCare Foundation, advances evidence that value-based insurance design is a promising strategy for changing patient behavior but one that needs to be applied and tested more widely.

HSR Releases Special Theme Issue on Payment Reform



As *Health Services Research (HSR)* completes another successful year, we wish to call AcademyHealth members’ attention to our upcoming Theme Issue on payment reform, which will appear in December. *HSR* developed the idea of Theme Issues to provide a vehicle for attracting and publishing ground-breaking research on a topic of major policy significance for the nation. Our Theme Issue on payment reform, like the first Theme Issue in 2008, was generously sponsored by the Agency for Healthcare Research and Quality. Our upcoming Theme Issue will feature articles on pay-for-performance, risk-adjusted capitation, prospective payment, and geographic variations in care, among other topics. AcademyHealth members will find that these articles are relevant for several of the most salient ongoing policy debates. Watch for our Theme Issue’s red cover in December. ■

ARM Call for Abstracts Includes NEW Research Methods Category, Expands Policy Roundtable Opportunities



The 2011 Annual Research Meeting (ARM) call for abstracts features a new call for methods papers category, as well as expanded

opportunities for policy roundtable submissions. With more than 50 percent of the conference agenda selected through the call for abstracts process, the ARM is an opportunity for researchers to share important findings with policymakers and providers who can move the research into action.

Within the call for papers is a new call for research on methods. Abstracts should include

applied methods for health services and outcomes research. Submissions that incorporate new or refined methodological approaches or the development of new measures are also appropriate. AcademyHealth also seeks abstracts on 20 themes reflecting the variety of critical areas of study in health services research, as well as proposals for panels that present research or discuss key health policy topics.

Abstracts must be submitted online by 5:00 p.m. EST on January 13, 2011, to be considered for presentation at the ARM. For full instructions on the call for papers, panels, and posters, visit www.academyhealth.org/arm/abstracts. ■

Dates to Watch

December

21 Early Registration Deadline for 2011 National Health Policy Conference

January

10 Application Deadline for NCHS/AcademyHealth Health Policy Fellowship

13 Submission Deadline for Annual Research Meeting Call for Abstracts

February

7-8 National Health Policy Conference

9 Minicourses: ACA's Impact on States: A Primer; Using Evidence for Policymaking (in conjunction with the National Health Policy Conference)

March

15 Application Deadline for Alice S. Hersh Student Scholarship to Attend ARM

18 Notifications Sent for Annual Research Meeting Call for Abstracts Submissions

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

AcademyHealth
REPORTS

AcademyHealth



1150 17th Street, NW
Suite 600
Washington, DC 20036
202 292 6700 PHONE
202 292 6800 FAX
www.academyhealth.org