The Commonwealth Fund’s Commission on a High Performance Health System’s 2007 State Scorecard demonstrated that while many states deliver high quality care, all states can improve the quality of their health care systems. On June 25-27 in Chicago, AcademyHealth, in partnership with The Commonwealth Fund, launched the State Quality Improvement Institute, a new, year-long technical assistance project to help states achieve that goal. The effort is limited to nine states, which were chosen to participate in the Quality Institute through a competitive selection process. The participating states—Colorado, Kansas, Massachusetts, Minnesota, New Mexico, Ohio, Oregon, Vermont, and Washington—will receive intensive assistance from leading researchers, policymakers, and other experts through in-person meetings, cyber seminars, and networking.

The goals of the Quality Institute are to:

- Provide customized support to states that are seriously considering substantial quality improvement efforts;
- Assess current challenges facing individual states;
- Use current research and best practices to identify high-performing quality improvement programs and policies;
- Identify appropriate diagnostic and implementation tools, analyze possible approaches and consider policy tradeoffs, and revise or refine current state-specific plans; and
- Allow state participants the opportunity to network and discuss their own experiences and best practices.

Launch Meeting Starts Dialogue

The Institute launched with a two-and-a-half day Kick-off Meeting, which brought state teams together to discuss major issues of health care reform and quality improvement. Each state team consists of up-to eight high-level state executive and legislative branch policymakers, and, in most cases, private sector stakeholders. The teams are a sub-set of a broader group of stakeholders working in each state as part of the Quality Institute effort.

Dr. Elliott Fisher, M.D., M.P.H., director of the Center for Health Policy Research at the Dartmouth Institute for Health Care Policy and Clinical Practice, opened the initial meeting. His plenary address set the stage for the meeting, and focused on the variations in spending and quality of care across the country, as well as the need to shift the focus of the health care system from simply delivering care to improving health.

Continued on page 4
Letter from Leadership

I have been privileged to serve during a time that celebrates our past—as we did with the 25th Anniversary of the Annual Research Meeting—and offers an opportunity to strategically consider the future of our organization. It is this future, and specifically the strategic planning process, that was the focus of this year’s board.

This year an active and engaged Board took part in an in-depth review of our vision, mission and goals—and began the process of mapping how we will achieve our mission going forward. We focused on “challenge areas” that included new program development, membership and professional development, advocacy, human resources, and finance. All centered upon one theme: positioning AcademyHealth to realize its mission of improving health and health care by moving research into policy and practice, and that centered on how we serve our members, not only in convening activities but in their professional development and advancement.

In early October, the Board joined the senior staff to review opinion and market research on our current strengths, weaknesses, and opportunities. Then in late October, we participated in a retreat to review the challenge areas and consider staff proposals for building our portfolio of programs. What resonated most in the discussions and the opinions obtained from our members was the need to reorient ourselves toward investing in programs and initiatives that support producers of health services research and enable the translation of health services research into useful information for policymakers and practitioners. Based on this feedback, AcademyHealth is refining the strategic plan for the Board’s review this December which we will share with you shortly.

Going forward, we will be evaluating programs for their potential to support and better address the needs of our members and create sustainable funding for long-term impact. We invite our members to provide input to the proposed strategic initiatives, either communicating with AcademyHealth staff or with Board members. Please do not hesitate to be a part of creating the future of the premier organization of health service researchers.

In closing, I want to thank the magnificent AcademyHealth staff that relentlessly serves our organization and the devoted Board that has generously given their time and ideas to advance our mission, vision, and strategic plans.

Margarita Alegría, Ph.D

Apply for a Scholarship to Attend AcademyHealth Conferences

AcademyHealth is pleased to announce a new scholarship program, The Alice S. Hersh Student Scholarship, which provides two free registrations to the National Health Policy Conference and two to the Annual Research Meeting. The scholarship is designed to encourage professional and educational development in health services research and policy among student members.

This scholarship commemorates the dedication of Alice Hersh, the founding executive director of the Association for Health Services Research (AHSR), to supporting the next generation of health services researchers.

More information, including selection criteria and deadlines, is available at www.academyhealth.org/membership/studentscholarship.

Submit Your Abstracts for the 2009 ARM

AcademyHealth is currently accepting online abstract submissions for the 2009 Annual Research Meeting (ARM), which will be held June 28–30 at the Hilton Chicago.

Abstracts are invited for three categories: (1) call for papers; (2) call for posters; and (3) call for panels. The 2009 ARM features 21 themes. For a full list of themes, instructions for submitting an abstract and other information about the meeting, please visit www.academyhealth.org/arm/abstracts/.

Dates to Watch

December
22 Early Registration Deadline for the 2009 National Health Policy Conference

January
5 Application Deadline for the NCHS/AcademyHealth Health Policy Fellowship
15 Abstract Submission Deadline for the 2009 Annual Research Meeting

February
2-3 National Health Policy Conference (Washington, D.C.)
4 Mini-courses: Evaluating Health Care Programs with ROI Tools and Using Medicare Part D Data (Washington, D.C.)
4 Building Bridges: Making a Difference in Long-Term Care 2009 Policy Seminar (Washington, D.C.)

March
31 Notifications Issued for Annual Research Meeting Abstract Selection
AcademyHealth Offers Resources for Part D Public Use Data

In anticipation of the release of the Medicare Part D Public Use Data Files, AcademyHealth is offering several resources for the field. Medicare Part D prescription drug data can be a useful tool for evaluating policy decisions and their impacts. The 2009 National Health Policy Conference will feature a seminar on “How to Use Medicare Part D Data.” This course offers an overview of the process for accessing the data, and an introduction to interpreting this data. For more information and to register, visit www.academyhealth.org/nhpc/adjunct.htm.

AcademyHealth is also creating a resource page on Medicare Part D data at www.hsrmethods.org that features links to regulations guiding the release of the data, information about accessing the data, and proposed public use files. AcademyHealth recognizes the need for exchange between researchers will increase as the community of researchers working with Medicare Part D data grows. In response, AcademyHealth is establishing a Web-based discussion forum on the Part D data. Participants’ questions and shared experiences regarding the use of Part D data will drive the discussion. Topics may include:

- Timing of the release of Part D data files and user guidance
- Data use permission, privacy, and data access
- Programming issues and data elements
- Analytic techniques and issues

The discussion forum will be free and open to the public, and will be moderated by AcademyHealth. The Part D resources are still in development and will be available on HSRMethods.org in the coming months. To receive updates on these and other methods resources, send an email to hsrmethods@academyhealth.org with the subject line “join methods list.”

AcademyHealth Welcomes Three New and Two Returning Directors to Board

Members elected three new directors who will begin their terms on December 11. Nearly 28 percent of members eligible to vote participated in this year’s AcademyHealth member election, which was held September 2–19. Terms are effective through December 2012. Please join us in welcoming the following member-elected individuals to the Board:

- Katherine Baicker, Ph.D., professor, Harvard School of Public Health
- Lynn A. Blewett, Ph.D., associate professor, University of Minnesota School of Public Health
- Catherine Hoffman, Sc.D., R.N., senior researcher and associate director, Kaiser Commission on Medicaid and the Uninsured
- Margarita Alegría, Ph.D., director, Center for Multicultural Mental Health Research, Cambridge Health Alliance
- John Colmers, secretary, Maryland Department of Health & Mental Hygiene

In addition to the member-elected directors, the Board elects two directors. Typically, these individuals are selected because they possess a particular skill or area of expertise desired by the board. This year, as AcademyHealth embarks on a new strategic planning process, the Nominating Committee identified continuity as the primary criterion driving its development of a Board-elected slate of candidates. Thus, the Committee reached within the current Board for candidates and the following individuals were re-elected this past June:

- Thank you to everyone who participated in the nomination and/or election process this year. We will begin accepting nominations for the 2009 elections in January, so start thinking now about individuals who would be good Board representatives. Instructions will be sent in January for submitting nominations online.
During the meeting, 12 expert faculty from think tanks, academia, consulting firms, and state and federal agencies provided in-depth technical assistance to the state teams. These health services and policy researchers encouraged state teams to think creatively about how to design their quality improvement efforts, and offered their extensive experiences and knowledge throughout the meeting.

Faculty areas of expertise and research include: chronic care management; medical homes and care coordination; payment reform and purchasing strategies including using the state’s purchasing power; policy and politics of quality improvement; quality improvement implementation; primary care; measuring quality; public-private partnerships/engaging key stakeholders; reducing preventable hospital admissions and readmissions; health information technology; data collection, analysis, and public reporting; population based health care; and wellness strategies.

The majority of the technical assistance meeting was designed to provide an opportunity for faculty to meet one-on-one with state teams and work directly with them to address their specific quality improvement goals. Faculty also met with state teams in larger group sessions focused on specific quality improvement topics. These sessions allowed state teams to discuss issues from a broader perspective – learning from one another as well as from the faculty. In addition, each team met independently to discuss how they were going to move forward to implement the various strategies about which they had learned. These periods allowed state teams to absorb the array of information provided by the expert faculty, and to begin to apply those ideas to their own state efforts.

“The Kick-off Meeting, as well as our continuing technical assistance efforts, allowed us to fulfill our mission and translate research and other experiential expertise into real world policy and practice,” said Enrique Martinez-Vidal, a vice president at AcademyHealth and the project director of the Quality Institute.

State Quality Improvement Institute Faculty

- Michael Bailit – Principal, Bailit Health Purchasing LLC, a health care consulting firm working with public agencies/private purchasers to expand coverage and improve health care system performance
- Amy Boutwell, M.D., M.P.P. – Content Director, Institute for Healthcare Improvement (IHI)
- Timothy G. Ferris, M.D., M.P.H. – Medical Director, Mass General Physician’s Organization; Senior Scientist, Partners/ MGH Institute for Health Policy
- Maulik Joshi, Dr.P.H., M.H.S.A. – President & CEO, Network for Regional Healthcare Improvement (NRHI)
- Neva Kaye – Senior Program Director, National Academy for State Health Policy (NASHP)
- Harold Miller – President, Future Strategies, LLC; Strategic Initiatives Consultant, Pittsburgh Regional Health Initiative and the Jewish Healthcare Foundation, Pittsburgh; Adjunct Professor of Public Policy and Management, Carnegie Mellon University’s Heinz School of Public Policy and Management
- Ernest Moy, M.D., M.P.H. – Medical Officer, Center for Quality Improvement and Patient Safety, Agency for Healthcare Research and Quality (AHRQ)
- Anthony Rodgers, M.S. – Director, Arizona Health Care Cost Containment System
- Sarah Hudson Scholle, Dr.P.H., M.P.H. – Assistant Vice President for Research and Analysis, National Committee for Quality Assurance (NCQA)
- Joseph W. Thompson, M.D., M.P.H. – Director, Arkansas Center for Health Improvement; Surgeon General for the State of Arkansas; Associate Professor in the Colleges of Medicine and Public Health at the University of Arkansas for Medical Sciences; Practicing General Pediatrician at Arkansas Children’s Hospital
- Kenneth Thorpe, Ph.D., M.A. – Robert W. Woodruff Professor, Chair of the Department of Health Policy & Management, Rollins School of Public Health of Emory University; Co-directs the Emory Center on Health Outcomes and Quality
- Paul J. Wallace, M.D. – Medical Director, Health and Productivity Management Programs; Senior Advisor, The Care Management Institute and Avivia Health, from Kaiser Permanente

Next Steps

The Kick-off Meeting brought researchers and policymakers together, and laid the foundation for relationships between the two groups. In the months since the Kick-off Meeting, the State Quality Improvement Institute has sponsored two cyber seminars for state participants, as well as facilitated additional in-person interaction between faculty and state policymakers.

State participants recognize the value of the knowledge the health services and policy researchers and are eager to work with them over the course of the year-long Quality Institute to advance their quality improvement goals. As one state participant noted, “The outside observations and technical expertise offered by the experts sponsored by this program have provided valuable feedback to our efforts and have also been a great educational resource for our stakeholders.”
Consensus Building Offers New Model for Research Translation and Uptake

While AcademyHealth is perhaps best known for its conferences, member surveys and focus groups reveal wide-spread interest in AcademyHealth undertaking efforts to facilitate the translation of health services research into policy and practice. In the past, the organization has, in fact, used a variety of translation strategies to advance health services research, including research synthesis, policy briefs, webinars, learning networks, and press releases. Results of those efforts, like many other translation efforts, have often been difficult to quantify and AcademyHealth continues to consider new ways to advance the knowledge base of health care. Over the past year, AcademyHealth enjoyed some success from a relatively new translation strategy based on the idea of consensus building.

The project, funded by the MacArthur Foundation, focused on the practice of international recruitment of nurses to the United States. Starting with research that summarized controversial recruitment practices, AcademyHealth convened a Task Force composed of diverse stakeholders to talk about ways they could collectively respond to these problems. The Task Force included foreign nurse associations, unions, health care employers, recruiters, licensure, and accreditation organizations.

Through a process of iterative consultation, the group agreed on a shared goal: maximize the benefits and minimize the potential harm to all parties (both in the United States and abroad) affected by foreign recruitment. After 10 months of negotiations the group produced a Voluntary Code of Conduct for the Ethical Recruitment of Foreign-Educated Nurses (the Code) which can be viewed at www.FairInternationalRecruitment.org. The Code launched this fall, with the endorsement of more than 50 organizations representing all of the major stakeholder perspectives. Press coverage of the launch appeared in upward of 50 media outlets. With continued support from the MacArthur Foundation, implementation of the Code, including the creation of a monitoring entity, is now underway.

“While the success of the effort itself was gratifying, we are equally excited by the idea that these types of consensus building projects could create new opportunity to translate our members’ research to policymakers and practitioners,” says Patricia Pittman, AcademyHealth executive vice president. Indeed, there were several key elements of this approach that could be applied to other research topics:

- Gather or commission research on a “hot topic;”
- Convene key stakeholders to review the problem, available research on the problem, and/or potential solutions;
- Develop consensus driven guidelines, based on the research and input from the stakeholders; and
- Disseminate guidelines broadly.

To be successful, it is important that the problem being addressed be high profile and in need of an existing consensus solution. However, the solutions being evaluated must be within the control of the group. Task Force members participate as representatives of their organizations or industry sectors, acknowledging their different financial and political interests. The need for a solution, the ability of the participants to take action, and the explicit acknowledgement of interests lends viability to the project as a whole.

In the case of the nursing project, stakeholders gained trust in the process as the project developed and AcademyHealth developed credibility as a neutral facilitator. It was this critical ingredient, trust in the process, that allowed a unique collaboration between seemingly “strange bedfellows” who were ultimately capable of jointly developing and disseminating a policy solution to a pressing health care issue.

As AcademyHealth considers ways to expand its translation efforts beyond traditional ‘push’ methods, the success of the Foreign Nurse Recruitment project suggests that consensus building is an effective strategy for moving certain kinds of research into policy and practice. Rather than simply disseminating findings to user audiences, the model requires engaging in extensive interactions with policy and practice groups. The advantages of this engagement and the opportunity to build a pipeline of information between researchers and policymakers, makes this strategy a potentially important new area of development for AcademyHealth.

The Nurse Migration Consensus Process At-a-Glance

- The consultations began with the presentation of a research report that clearly identified the problems and, if possible, innovative solutions that have been tested elsewhere.
- AcademyHealth convened Task Force members, who agreed that some form of a solution was desirable. They identified a set of shared values that guided discussion of possible solutions.
- Iterative consultations over time built trust and allowed “deal breakers” for each group to be narrowed down.
- Between meetings, staff documented consensus and remaining areas of disagreement. With a “soft” deadline in mind, the group was urged only to object to “things they can’t live with.” Staff also consulted individually with key stakeholders in order to more fully understand their perspectives and encourage constructive feedback.
- By the end of six to eight months a specific course of action was agreed upon by most, although not necessarily all, members.
- Task Force members then chose to be listed as authors and receive public credit for their efforts.
- A press launch and dissemination effort helped ensure maximum impact.
- Stakeholders participated in the publicity efforts, expanding the reach of the solution deep into their individual sectors.
Future of Funding Uncertain

On September 30, President Bush signed the “Consolidated Security, Disaster Assistance, and Continuing Appropriations Act” (H.R. 2638). The measure provides full-year funding for the Department of Defense, Veterans Affairs-Military Construction, and Homeland Security. It provides funding for most other programs and agencies at FY 2008 levels through March 6, 2009, including all health programs within the Labor-HHS-Education Appropriations bill. The Veterans Affairs-Military Construction bill provides $510 million for “Medical and Prosthetic Research” in FY 2009, which includes VA’s health services research and development program. Health services research historically represents approximately 15.5 percent of the overall medical research budget. Assuming this trend holds true, we estimate that the VA’s health services research budget will be $76.5 million in FY 2009; an increase of $8.5 million over FY 2008. For copies of the bills and a top line summary of how agencies supporting health services research fared, please visit: www.chsr.org/appropriations.htm.

AcademyHealth Takes a Stand for Investigator-Initiated Research

At the urging of the Coalition, for the first time appropriators in both chambers proposed targeted funding for investigator-initiated research and training grants for new researchers. Specifically, the House appropriators propose $13 million for the Agency for Healthcare Research and Quality (AHRQ) to reinvigorate the "free marketplace of ideas" through new and competing grants. The Senate appropriators provide AHRQ flat funding overall, targeting $6 million for investigator-initiated research.

While this new money sits in limbo until at least March 2009, AHRQ is taking steps to implement a new Innovations Research Portfolio in response to direction from Congress. On August 15, AHRQ published a notice in the Federal Register seeking ideas from the public on priority topics and activities that should be addressed as part of this new program. In the notice, AHRQ noted that the new program will provide opportunities for “exploration and discovery” to foster and nurture ideas and projects that have the potential to lead to “highly innovative solutions that may lead to significant advances in health care organization, delivery, and management.”

Given the implications of this proposed program for our field, AcademyHealth offered official comments for AHRQ’s consideration on behalf of our members and the research community, noting that the creation of this new program is a positive first step in reversing the decline in investigator-initiated research. Specifically, AcademyHealth recommends that AHRQ use the Innovations Research Portfolio to:

- Reinvigorate investigator innovation and ingenuity;
- Revive new and competing grants at AHRQ; and
- Provide a much-needed balance in the evidence base.

We were pleased to hear from several of our members that they too submitted comments and ideas for consideration in the development of this new and exciting program.

For a copy of AcademyHealth’s official comments, please visit www.chsr.org/FRnotices.htm

Staffing Change

After three years with AcademyHealth and its Coalition, Emily Holubowich will resign her position as director of government relations to join Cavarocchi, Ruscio, and Dennis Associates, a Washington-based advocacy and strategic planning firm. Starting January 5, Ms. Holubowich will continue to support the Coalition’s advocacy activities as a consultant. In this new capacity, she looks forward to continued collaboration with AcademyHealth’s members and partners to advance the field of health services research.
Members Matter

Jane Brookstein, Membership Director Q&A

AcademyHealth is pleased to welcome new membership director Jane Brookstein. Ms. Brookstein previously served as membership director for three non-profit organizations, and brings with her more than 20 years of experience in marketing membership, programs, and services. In the following Q&A, she shares her goals for AcademyHealth and discusses why she was drawn to the organization.

Q: What drew you to join us as membership director?

I worked for a health care association, the Association for the Advancement of Medical Instrumentation (AAMI), for 10 years and really enjoyed working with health care professionals and learning from them. AcademyHealth is a unique organization with a diverse membership base. I look forward to meeting our members and learning how AcademyHealth can better serve their needs.

Q: You have more than 20 years of experience in association membership–how do those skills translate to AcademyHealth?

Strategies I used successfully at previous associations can be modeled to achieve the same positive results for AcademyHealth. Creating new benefits that serve members' needs and providing excellent customer service have been key components of my success at other organizations and will be key at AcademyHealth as well.

Q: Are there any challenges you see for our members?

I think we offer a unique value because of our interdisciplinary nature. But health services researchers, public policymakers, policy analysts, economists, sociologists, political scientists, consultants, clinicians, and students are really struggling with limited funding, data access and ongoing professional development. AcademyHealth will need to continue to find ways to build upon the infrastructure of the field while stressing our unique position of providing a link between research, policy, and practice.

Q: What are you looking forward to the most in this new role as AcademyHealth’s membership director?

I'm looking forward to working with our members to fully understand their professional needs, and developing additional membership benefits and programs which can better serve them. I want to see AcademyHealth membership grow, and with the help of my colleagues and committee members, I feel confident we can do that.

Q: If members would like to connect with you to share their ideas about how AcademyHealth can improve/change the membership benefits, how should they contact you?

I am happy to talk to any member who has suggestions or ideas to improve AcademyHealth's benefits, programs, and services. Please call me at 202-292-6754 or email me at jane.brookstein@academyhealth.org.

News from AcademyHealth’s Official Journals

This month, AcademyHealth’s official journals, Health Affairs and Health Services Research, both offer special thematic volumes examining current topics and trends in health services research.

Health Affairs Looks At Medical Technology Boom

A dramatic expansion in the number of MRIs and CT scans since 1995 has led to increased outlays for the federal government and other payers, but not necessarily to better health care or reduced mortality, researchers report in the November-December issue of Health Affairs.

This study by Stanford University’s Laurence Baker and co-authors is the lead article in a thematic volume that looks at the real benefits, and the equally real costs, of the medical technology boom. In addition to several articles examining the increased use of medical imaging, the issue contains articles addressing a variety of questions associated with new technologies.

Abstracts from this issue, “The Price of Medical Technology,” can be found at www.healthaffairs.org.

HSR Theme Issue Analyzes Efficiency and Value in Health Care

Policy makers, private payers, and system leaders are looking for ways to reduce waste, increase the efficiency of health care delivery, and allocate resources to improve value in health care. And patients—the consumers—want to maximize the value of their own health care dollar. Changing the way we deliver health care will require process redesigns that improve quality and limit cost growth simultaneously, thereby making health care more efficient.

Much of the current discussion on efficiency focuses on how it can be measured. Articles featured in HSR’s inaugural Theme Issue: Improving Efficiency and Value in Health Care present efforts to move beyond measurement to improvement—that is, reducing unnecessary cost and waste while at the same time maintaining or improving quality.

The December issue includes additional articles on improving value, including one study that tests the effects of competition on HMOs quality measures and another that looks at measuring inefficiency among urban hospitals.

Additionally, co-Editors Ann Flood and José Escarce, have selected William Encinosa and Fred Hellinger’s article, “The Impact of Medical Errors on Ninety-Day Costs and Outcomes: An Examination of Surgical Patients,” as HSR’s Open Access article of the month.
How Will the New Administration Impact Health Care Reform?

With more than 80 percent of the American public demanding health care reform, the issue is likely to be a major focus of the new and returning policymakers. The 2009 National Health Policy Conference (NHPC), February 2–3, 2009 at the JW Marriott in Washington D.C., is your first post-inaugural opportunity to learn how the new administration and Congress plan to tackle the health policy challenges facing our country.

Hosted by AcademyHealth and Health Affairs, the NHPC offers an in-depth look at the priority issues on the nation’s health policy agenda. This year, plenary and breakout sessions will offer perspectives on different aspects of health care reform, with insight from experts such as leading researchers, advocates, policymakers, executives from the health care industry, and campaign pollsters.

Don’t miss the presidential and congressional plenaries which will feature senior officials from the Obama Administration and Congress. Other confirmed panels include:

- The Impact of Health Care Reform on Public Programs
- State Lessons for Health Care Reform
- The Impact of Health Care Reform on Employers
- Report from the Leaders’ Project: How to Fund Health Care Reform

Register today at www.academyhealth.org/nhpc – and learn where health care reform is headed tomorrow. AcademyHealth members receive savings of up to $150 on NHPC registration. Register by December 22 to take advantage of your special membership savings.

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