



AcademyHealth REPORTS

Health Services Researchers Need New Ways to Reach Out to Providers on Quality Improvement

Guest Author: Myles Maxfield, Ph.D., Mathematica Policy Research

Since the early 1990s, and especially since RAND's landmark 2003 study of the quality of health care (McGlynn, 2003), improving the quality of health care has been a vibrant, creative field of health services research (HSR), attracting some of the most accomplished researchers in the field. Those researchers work in universities, government, foundations, and other nonprofit organizations, provider associations and societies, "think tank" organizations, and quality improvement (QI) departments of hospitals and other health care providers. Their research findings are published in journals, conferences, reports to funders, issue briefs, newsletters, and the Agency for Health Research and Quality (AHRQ) Web site.

Yet, for all its vibrancy, many key research findings are either not translated into improvements in the delivery of health care at all, or are translated only after a delay of many years. Nearly all people who translate QI research findings into improved health care at the bedside are practicing doctors, nurses, and allied health professionals, working in physician practices, hospitals, nursing homes, and other care settings. The gap between QI HSR and practicing health professionals has manifested in many ways. Practicing health professionals rarely read HSR journals, reports to funders, or issue briefs. AcademyHealth estimates that 2 percent of attendees at its most recent Annual Research Meeting are practicing health care professionals. Medicare Quality

Improvement Organizations (QIOs) and Medicaid External Quality Review Organizations (EQROs) are charged with providing technical assistance on QI to providers, but often note that the science base for their assistance is inaccessible. Hospital QI departments collectively conduct hundreds of small-scale QI experiments, with little input from the QI HSR community and with little feedback to that community. Federal HSR demonstration projects are often designed with little input from practicing providers and the key findings of those demonstrations are often not disseminated to providers in an easily accessible form.

To ensure its key research findings benefit patients, the QI HSR community must find new ways to reach out to practicing health professionals. Possible outreach approaches might include:

- Presenting HSR study findings at provider conferences, and publishing in journals that practicing providers are more likely to read;
- HSR conferences and interest groups reaching out to practicing providers to become members, join the organization, and attend the conferences;
- Selecting HSR study topics that have clear implications for the delivery of health care services at the bedside;
- Making the implications of each study for practicing providers clear in presentations and articles; and

Continued on page 5 →

Contents

Features

- 1 HSR and Quality Improvement

Departments

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



AcademyHealth

Advancing Research, Policy and Practice

Letter from Leadership



Typically, this space is reserved for the outgoing board chair's reflections on the previous year and the transition to new leadership in the year ahead.

As I complete my term as your chair, I find the theme of transitions most appropriate, for this year we have many transitions ahead of us.

Over the last two years, our President and CEO David Helms has initiated a deliberative process to prepare the organization for his retirement from AcademyHealth in 2010. Having witnessed leadership transitions in organizations of similar size and scope, David understood that successful transitions require thoughtful preparation and planning.

In 2008, the board and our Transition Committee reviewed survey results from members and other key stakeholders to assess our major strategic challenges and prepare a strategic plan to guide the organization through the transition to a new executive. In 2009, we reviewed the governance of both AcademyHealth and our advocacy affiliate, the Coalition for Health Services Research, and defined the core competencies and attributes we will seek in a new leader.

The Board is committed to taking the time necessary to identify and recruit the best chief executive for our organization. David has agreed to continue to provide his leadership and counsel during this process. We all owe David an incredible debt of gratitude for his leadership of AcademyHealth to become the secure, vibrant, and relevant organization it is today.

The Executive Committee developed a timeline and process for our search during its October meeting and the full AcademyHealth Board will meet with an executive search firm in the coming months to chart next steps in our search, which will begin early next year.

In December, Marian Mankin will retire after a 20-year career leading our Annual Research Meeting. Marian asked to share her farewell personally, and you can find her letter to the membership on page 5. Marian has been a fixture in the family of health services research, and she will be sorely missed.

My own personal transition to chair of the Board of Directors was marked by a year of immense activity in both policy and practice. As Secretary of the Maryland Department of Health and Mental Hygiene, I've had a front row seat for the health reform debate, significant budget reductions, and the huge public health challenge of the H1N1 pandemic. All have been fraught with challenges and opportunities. I have been frequently informed in my policymaking by the work of many AcademyHealth members. It has reminded me again of the critical role AcademyHealth plays in advocating for the field and for disseminating that information to decision makers in the public and private sectors. Our organization has never been more important, and I am proud to have served as your chair.

John Colmers, M.P.H.

Chair, AcademyHealth Board of Directors

Health Care Reform: Where do we go from here?



**NATIONAL
HEALTH POLICY
Conference**

February 8-9, 2010
JW Marriott, Washington, D.C.

AcademyHealth REPORTS

Chair

John M. Colmers, M.P.H., Chair
Secretary of Health & Mental Hygiene
State of Maryland

President and CEO

W. David Helms, Ph.D.
AcademyHealth

Staff

Elyse Phelps Communications Associate
Edward Brown Graphic Design & Art Direction

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

The Latest

AcademyHealth Board Welcomes New Leaders

AcademyHealth members elected three new directors who will begin their terms on December 10. Twenty-seven percent of members eligible to vote participated in this year's AcademyHealth member election. Terms are effective through December 2013. Please join us in welcoming the following member-elected individuals to the board:



Timothy S. Carey, M.D., M.P.H., Sara Graham Kenan Professor of Medicine and Social Medicine, University of North Carolina at Chapel Hill



Darrell J. Gaskin, Ph.D., Associate Professor, African American Studies Department, University of Maryland at College Park



Vincent Mor, Ph.D., Professor and Chair, Department of Community Health, Alpert Medical School, Brown University

In addition to the member-elected directors, the board elects two directors. Typically, those individuals are selected because they possess a particular skill or area of expertise desired by the board. The board-elected members include:



Robert F. St. Peter, M.D., President and CEO, Kansas Health Institute



Paul Wallace, M.D., Medical Director for Health and Productivity Management Programs, The Permanente Federation, Kaiser Permanente

Drs. St. Peter and Wallace bring policy and practitioner perspectives to the board. They began their four-year terms in June 2009 to fill vacancies resulting from the departure of board members David Blumenthal and Mary Wakefield, who joined the Obama administration.

Thank you to everyone who participated in the nomination and/or election process this year. We will begin accepting nominations for the 2010 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.

American Recovery and Reinvestment Act Funding for HSR



On September 30, President Obama announced grant awards totaling \$5 billion through the National Institutes of Health (NIH). These 12,787 research projects are funded by the American Recovery and Reinvestment Act (ARRA) of 2009.

A recent analysis of these awards conducted by the Health Services Research Projects in Progress (HSRProj) program shows that approximately 1 percent of the projects are health services research (HSR), representing \$80.5 million in new investment in HSR. Funding for HSR projects spans all of the NIH institutes; however, the National Cancer Institute (NCI), the National Institute of Aging

(NIA), and the National Heart Lung, and Blood Institute (NHLBI) awarded the bulk of funds for HSR.

ARRA funds for HSR were awarded to more than 100 different research organizations, including universities, hospitals, medical centers, research institutes, and private organizations. Universities account for 84 percent of the HSR projects.

For more information on HSRProj, and to access a copy of a fact sheet that lists of ARRA-funded HSR projects with abstracts, see www.academyhealth.org/hsrproj.

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

Coalition Corner

Continuing Resolution Delays HSR Funding

Federal Fiscal Year 2009 ended at midnight September 30 and, not surprisingly, a continuing resolution (CR)—a stop-gap, short term extension of funding—was passed to fund many federal agencies through October 31. Having not completed action on the appropriations bills, Congress passed a second CR to extend funding through December 18.

The CR will maintain funding for the Department of Health and Human Services (HHS) and its agencies, including the Agency for Healthcare Research and Quality, the Centers for Disease Control and Prevention, and the National Institutes of Health, at FY 2009 levels. The CR is not expected to disrupt the operations of those agencies in the short-term.

As of November 10, Congress had passed five appropriation bills, leaving seven bills—including the bill that funds HHS—to complete before the December 18 extension deadline. Congress will

likely try to move as many individual spending bills as possible before Thanksgiving, and will then combine outstanding bills—most likely Defense, Labor-HHS-Education, and Financial Services—into an “omnibus” package to pass before the end of the year. This will allow Congress to move forward with the preparation and consideration of the 2011 budget and appropriation bills when members return in January.

Typically, appropriations bills are the last pieces of legislation Congress considers before the end of each fiscal year, and this year is no different. This year’s budget process was complicated by the presidential transition, the passage of the American Recovery and Reinvestment Act earlier this year, and the ongoing health care reform debate.

For the latest information about health services research funding and the status of the appropriations process, please visit www.chsr.org/appropriations.htm. ■

Talk the Talk...

The Coalition’s legislative term of the quarter is, “Omnibus.”

Typically used to move appropriations measures, an omnibus bill packages together several measures into one or combines diverse subjects into a single bill. The omnibus approach simplifies logistics when trying to move legislation in a short period of time, but also draws criticism based on the legislation’s size, total dollars contained, and the prospect of unrelated provisions being attached and going unnoticed. Last February when President Obama signed the fiscal year 2009 Omnibus Appropriations Bill into law, he warned Congress against sending him another such spending package. Nevertheless, the omnibus or “minibus” tool—where fewer measures are packaged together—will likely be used again this year to complete action on fiscal year 2010 appropriations.

New Director, New Vision for NIH



Francis Collins, newly confirmed director of the National Institutes of Health (NIH) addressed more than 300 patient and research advocacy organizations attending a town hall meeting on September 9. Collins

outlined what he views as future “opportunities” for NIH. In addition to a focus on genomics, research translation, global health, and “reinvigorating and empowering the research community,” Collins stressed the need to “put science to work for the benefit of health care reform through comparative

effectiveness research, behavioral research, and health economics.” He added such health services research could be “better used by the NIH to understand the uptake of new therapies, including research on payment incentives for changing provider and patient behavior.”

Michael Chernew, chair of the Coalition for Health Services Research Board, noted the great opportunity Collins’ vision provides the field of HSR. “Collins’ interest in expanding funding for our field will provide many more grant opportunities for investigator-initiated research,” said Chernew. “The Coalition will work to forge new relationships with

the NIH leadership and communicate the value and needs of our field.”

On September 29, AcademyHealth sent a letter to Collins describing NIH’s critical support of HSR to date and outlining the persistent infrastructure challenges, including the need for increased funding of methods and data, greater support for the next generation of researchers, and better coordination among funders of HSR to prioritize research and maximize return on investment. For a copy of the letter to Collins, visit <http://www.chsr.org/Letter-to-Collins-92809.pdf>. ■

Be Heard! Coalition Provides Tools to Reach Policymakers

Constituents do make an impact on federal policymaking, so we encourage you to reach out. The Coalition’s Web site features “Advocacy Tools” to help reach out to your senators and representatives. Under our “Congressional Directory,” you can identify key health staff in members’ offices and obtain their contact information in Washington or back home. You can also write your congressperson an email or a printed letter using a simple template form, which takes the work out of having to set up a letter yourself. The Coalition Web site also includes “Capitol Hill Basics,” providing best practices for communicating with policymakers face-to-face or in writing. For more information, visit www.chsr.org.

→ Funders improving the accessibility of their research findings to practicing providers. This may include posting brief summaries of the key operational findings on the funder's Web site and prioritizing the thousands of research findings to identify the most important for dissemination to providers.

By reaching out to practicing providers in these and other ways, QI HSR researchers can better ensure that their efforts will improve the health care delivered to patients.

About the Author

Myles Maxfield, Ph.D., is vice president and director of health research at Mathematica Policy Research in Washington, D.C. Dr. Maxfield is the chair-elect of AcademyHealth's Quality Interest Group. ■

Quality Improvement at AcademyHealth

AcademyHealth supports the development of health services research in the area of quality improvement by providing technical assistance to researchers and practitioners, encouraging networking and skill-development through the Quality Interest Group, and translating QI research into policy and practice through briefs and reports. Highlights of AcademyHealth's work in QI include:

→ **State Quality Improvement Institute (SQII)**

In 2008, AcademyHealth and The Commonwealth Fund launched SQII - a technical assistance project for states that have made or are ready to make substantial commitments to health care quality improvement.

→ **"Reducing the Administrative Burden of Health Care Quality"**

This findings brief summarizes a HCFO-funded study examining the impact of quality measurement and reporting activities on hospitals and the strategies hospitals use to manage the demands associated with reporting. View the brief at <http://www.academyhealth.org/files/pdf/findings1208.pdf>

→ **Quality Interest Group Annual Meeting**

At the 2009 annual meeting in Chicago, the Quality Interest Group welcomed Dr. Carolyn Clancy, director of the Agency for Healthcare Research and Quality (AHRQ), and discussed the outlook for AHRQ and the QI community for the coming year.

To join the AcademyHealth Quality Interest Group mailing list to receive updates on events and resources, contact quality@academyhealth.org.

ARM Director Marian Mankin Announces Her Retirement



Dear Members,

After 21 years working on the Annual Research Meeting (ARM), I will be retiring at the end of December to spend more time with my family, especially my five young

grandchildren. I want to thank you for the privilege of serving you and for the opportunities I have had to help the ARM become the national forum for health services research, bringing together members and key stakeholders to disseminate the latest health services research findings, debate current health policy issues, showcase data resources and funding opportunities, and collaborate with peers—all in an effort to improve health and health care.

I've often considered the ARM "my baby," nurturing it along the way and tending something that felt very important and very special. At my first meeting in 1989, approximately 600 attendees participated in 33 breakout sessions and in the first ever poster session with 21 posters displayed on art easels in a small ballroom. At last year's meeting, nearly 2,300 attendees participated in 148 breakout

sessions and in three poster sessions featuring more than 1,000 poster presentations in the exhibit hall. I'm particularly proud of increasing presentation opportunities at the ARM. Over the years, the abstracts acceptance rate has doubled from about 12 percent to approximately 25 percent, offering more investigators the opportunity to showcase their research.

Although I have always valued feedback praising the rich and timely content of the ARM and the high caliber presentations, one of my favorite comments this year was, "I have always felt 'at home' during this conference." Over the years, we have tried to make the meeting inclusive of a wide array of research interests and disciplines and a home for all health services researchers.

One of my greatest joys at AcademyHealth has been the opportunity to work with so many smart, dedicated members, serving on the ARM planning committee and abstracts review committees, and speaking on panels at the meeting. Your eagerness to volunteer has contributed to the success of our meetings, and made my job easy.

I leave behind a capable and experienced staff, led by Jennifer Muldoon, currently director of the National Health Policy Conference. Jennifer began her career at the Association for Health Services Research (AHSR), one of AcademyHealth's predecessor organizations, and has attended 18 ARMs. The team remains fully committed to serving you and to ensuring the continued success of the ARM.

To my retirement, I carry fond memories, special friendships, and deep satisfaction in my role facilitating the presentation of your research at the ARM and its impact on policy and practice. I am proud to belong to the family of health services researchers and hope to stay in touch with many of you.

Warm regards,

A handwritten signature in cursive script that reads "Marian".

Marian Mankin, M.Ed.

Director, Meetings and Educational Programs

Members Matter

More Value in Your AcademyHealth Membership

In the past year, AcademyHealth has increased the value of individual membership by adding several new benefits.

Health Services Research Training Directory

Are you interested in obtaining a doctoral degree in health services research (HSR), or maybe ready for post-doctoral training in HSR, and not sure which institutions offer this training? AcademyHealth has made it easy to find institutions to advance your career. An online directory of institutions that offer doctoral and post-doctoral training in health services research is now available at www.academyhealth.org/training.

The online directory is segmented by doctoral training programs, and post-doctoral training programs. The first list is composed of institutions that self-identify as offering doctoral training in health services research. Many of those programs receive T32 training funds from the Agency for Healthcare Research and Quality (AHRQ) through the National Research Service Award (NRSA) grant program. The list is organized alphabetically within geographic region, and provides the name of the university with a hyperlink to its program's Web site.

The second list is composed of academic institutions that receive funding for post-doctoral training from AHRQ through the NRSA grant program. The programs are listed alphabetically by geographic region. Many post-doctoral fellowships do not have individual Web sites, however, links are provided to specific programs where available.

If you have suggestions for training programs that should be included in the online directory, please contact membership@academyhealth.org.

The HSR training directory also includes an overview of "HSR University Courses and Programs" from the National Library of Medicine's National Information Center on Health Services Research and Health Care Technology (NICHSR). More information on core competencies for HSR training is available in a recent article on HSR doctoral core competencies, also listed on the directory home page.

For additional training resources in the field of public health, a link is provided to a comprehensive listing of all accredited programs and schools of public health from the Council on Education for Public Health (CEPH).

Expanded Funding Opportunities

AcademyHealth has expanded the online listings for funding opportunities and fellowships made possible by federal government agencies and foundations. Updated weekly, all funding opportunities are ordered by the date they were added to AcademyHealth's Web site.

We have also included a section on additional funding resources to help members navigate the funding application and review process. You can view the NIH "Grant Review Process" video to gain an inside look on how NIH grant applications are reviewed for scientific and technical merit. To access the funding resources, visit www.academyhealth.org/fundingopportunities.

Professional Development Courses

If your professional training budget has been cut and you're not able to attend AcademyHealth's National Health Policy Conference and Annual Research Meeting, you can still advance your skills and keep-up-to date in the field with on-demand and live webinars. Some seminars are offered for free to members, while others require a modest enrollment fee.

The AcademyHealth Professional Development Catalog provides a detailed listing of currently available and upcoming seminars led by experts in the field. The following types of seminars are offered:

- **Methods**—methods seminars are offered at introductory, intermediate, and advanced levels.
- **Professional Skill-Building**—presentations include guidelines and helpful tips on skill-building for professionals in the field, including developing messages for policymakers.
- **Policy Topics**—seminars on policy areas of interest to the field.

If you have suggestions for topics and seminar speakers, email hsrcmethods@academyhealth.org.

If you have any questions about member benefits or have an idea about how we can serve you better, please contact Jane Brookstein, director of membership, at 202.292.6754 or jane.brookstein@academyhealth.org. ■

Be a Leader in the Field of Health Services Research

Opportunities for Students

Gain leadership experience and network with leaders in the field of HSR by starting an AcademyHealth student chapter at your school. AcademyHealth's chapter toolkit provides everything you need to start a chapter, and AcademyHealth staff will assist every step of the way. Go to www.academyhealth.org/students to access the toolkit and see if your school is one of the 15 schools which already has an active chapter that you can join.

Learn How AcademyHealth Can Advance Your Career

AcademyHealth hosted a student open house in late October where staff presented information on programs and services designed for students. The session was recorded so students and student chapters can listen to learn how AcademyHealth membership can help advance their careers. Access to the recording is available on the student chapter Web page at www.academyhealth.org/students.

Access Online Seminars for Free

AcademyHealth student chapters may also access on-demand seminars for free to use as chapter events. Chapters are then required to provide feedback to AcademyHealth staff on the seminars. Please contact membership@academyhealth.org for details about this program.

Federal Spending Plans Announced for Comparative Effectiveness Research Activities

The American Recovery and Reinvestment Act (ARRA) appropriated \$1.1 billion for comparative effectiveness research (CER), of which \$300 million was allocated to the Agency for Healthcare Research and Quality (AHRQ), \$400 million to the National Institutes of Health (NIH), and \$400 million to the secretary of the Department of Health and Human Services (HHS).

The spending plan for AHRQ details that funding will be used to expand pre-existing comparative effectiveness research activities initiated at AHRQ by expanding its Effective Health Care program. Nearly half of the funding will be directed at

“evidence generation” research activities, which are intended to “establish a coordinated national investment in practice CER that is focused on important research questions for the health care system and its users with a concentration in under-represented populations.” Funding will be initially focused on 14 priority conditions established by the secretary of HHS. Additional ARRA investments will support the infrastructure, methods, and capacity necessary for CER.

NIH has indicated that its \$400 million from ARRA will be directed at “evidence generation through research,” but that it will also fund training

and data infrastructure as well as translation and dissemination. Half of the funding will be obligated in FY 2009 and the other half will be obligated during FY 2010. NIH will fund awards based on peer review, scientific opportunity and the potential impact of the proposal on biomedical research and public health priorities related to CER.

At the time of publication, spend plans for HHS had not yet been announced. AcademyHealth will continue to monitor for this information and update members when it is available. ■

News from the Journals

AcademyHealth’s official journals, *Health Affairs* and *Health Services Research*, 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 Web site at www.academyhealth.org/membership.



Health Affairs

November/December Issue
Addresses Global Challenges and Opportunities in Fighting HIV/AIDS and Neglected Diseases

Responding to the HIV/AIDS pandemic and tackling so-called neglected tropical diseases are the focus of the November/December 2009 issue of *Health Affairs*. The articles, by leading global health experts from around the world, show that although those challenges differ dramatically, rising to meet them could save millions of lives.

Over the next several years, the world could face a funding shortfall that would prevent millions more with HIV/AIDS from gaining access to antiretroviral drugs. Yet over the long-term, the world could also take critical steps to slash the global burden of HIV/AIDS—and the cost of battling the pandemic—by half.

At the same time, hundreds of millions of people around the world die or are sickened by a class of infectious diseases often referred to as “neglected” tropical diseases—collectively as much burden as does malaria or AIDS. Global health researchers argue that those conditions are demonstrably treatable and can even be eliminated without a large monetary investment.

For more information on the new issue of *Health Affairs*, visit <http://content.healthaffairs.org/current.shtml>.



Health Services Research

Organizational Changes at Health Services Research

HSR proudly announces some important transitions and further evidence of its continuing connections to federal

health policy and AcademyHealth. The Obama administration tapped two of *HSR*’s senior associate editors (SAEs) for top administrative roles at the Department of Health and Human Services: Nicole Lurie has become assistant secretary for preparedness and response, and Sherry Glied has been nominated to become assistant secretary for planning and evaluation. While both have resigned as SAEs to devote full attention to these positions, we warmly welcome our two new SAEs: Andrew Bindman from the University of California at San Francisco (currently on leave in Washington, D.C. as a Robert Wood Johnson Health Policy Fellow) and Bryan Dowd at the University of Minnesota (current chair of AcademyHealth’s Methods Council). ■

Set the Agenda: Annual Research Meeting Call for Abstracts Now Open

Showcase your work at the premier forum for health services research



Submit your work to the Annual Research Meeting (ARM) call for abstracts to be considered for presentation at the 2010 meeting in Boston.

The ARM is the premier forum for health services research, and AcademyHealth seeks cutting-edge work that addresses a variety of issues related to the health care delivery system. With more than 50 percent of the conference agenda selected through the call for abstracts process, the ARM offers health services researchers, analysts, economists, clinicians, and

students the opportunity to showcase their work and set the agenda for the meeting.

Abstracts are invited for three categories: papers, panels, and posters. The conference is organized around 20 themes, including coverage and access, consumer choices in health care, disparities, global health, health IT, Medicaid, Medicare, public health, and quality and efficiency, among others.

Theme descriptions, submission guidelines, and instructions are available online only at www.academyhealth.org/arm/abstracts.

Submissions are due by 5:00 p.m. EST, January 14, 2010.

Dates to Watch

December

21 Early Registration Deadline for 2010 National Health Policy Conference

January

4 Application Deadline for NCHS/AcademyHealth Health Policy Fellowship

14 Submission Deadline for Annual Research Meeting Call for Abstracts

February

8-9 National Health Policy Conference

10 Building Bridges: Making a Difference in Long-Term Care 2010 Policy Seminar

Minicourses: Cost-Effectiveness Analysis; Submitting Public Comments (in conjunction with the National Health Policy Conference)

March

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

31 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