



INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

BEYOND THE HIPAA PRIVACY RULE

Enhancing Privacy, Improving Health Through Research



AcademyHealth REPORTS

▶ IOM Report: HIPAA Doesn't Protect Privacy, Hampers Research

In February, the Institute of Medicine (IOM) released a new report that found privacy protections put forth in the Health Insurance Portability and Accountability Act (HIPAA) hamper the ability of researchers to conduct health services research. The report, “Beyond the HIPAA Privacy Rule: Enhancing Privacy, Improving Health Through Research,” emphasizes the need to have appropriate measures in place to protect the privacy, confidentiality, and security of personally identifiable data while at the same time supporting needed research. The survey of AcademyHealth members conducted in 2007 provided important input to this IOM Committee charged with assessing the impact of HIPAA rules on research and access to data.

“Since AcademyHealth was founded in 2000, we have been working with researchers to understand the HIPAA rule and how it impacts the conduct of health services research,” said AcademyHealth President and CEO, David Helms. “We were pleased to be able to share with the IOM Committee the experience of our members and the ways in which the adoption of this rule has affected the ability of our field to conduct health services research.”

A majority of respondents (63 percent) to AcademyHealth’s survey said they believe that HIPAA protects individual privacy at the expense of data access for researchers. Nearly half of our respondents also reported that their institutional review boards or privacy boards did not correctly

differentiate between clinical research and health services research, resulting in additional time and cost to conduct studies. Finally, among members who conduct multi-site research, half stated they must receive HIPAA approval from all institutions participating in a project before their research can progress.

Many of these concerns were represented by other stakeholders in the IOM Committee’s report. The report notes the difficulty researchers face in reconciling the HIPAA Privacy Rule with other federal regulations regarding health research. The report notes that the interpretation of what constitutes personally identifiable information varies widely and, as currently applied, the Privacy Rules limit researcher access to data, and can lead to biased samples which can in turn lead to invalid conclusions.

According to the IOM, the AcademyHealth survey contributed to the committee’s consideration of the issue in a number of ways. Although the committee sought input from across the broad spectrum of research, the AcademyHealth survey was the only effort focused primarily on information-based research, or research “which uses medical records or stored biological samples” as opposed to research that involves people who participate in experimental treatment. In addition, it included both questions that were similar to those asked in the other surveys of health researchers, thus providing the opportunity

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AcademyHealth

Advancing Research, Policy and Practice

Letter from Leadership



As I assume the role of chair of your Board of Directors, our nation, despite the challenges of the economy, is poised for major action on health care reform. In his first

100 days, President Obama has created a special White House Office of Health Reform, signed legislation expanding the Children's Health Insurance Plan, and championed comparative effectiveness research (CER) and health care information technology.

Our members are, and will be, at the forefront of this historic move to improve our health and health care. Prominent appointments thus far include former board member Jeanne Lambrew, who is now serving as deputy director of this new White House Office of Health Reform and who opened our National Health Policy Conference last month (see article on page 5) and Mary Wakefield, the recently named administrator of the Health Resources and Services Administration (HRSA).

As a policymaker myself, I am particularly excited about the CER portions of the American Recovery and Reinvestment Act of 2009. The bill's \$1.1 billion investment in this important research, and the associated recognition of how health services research can improve decision-making by individuals and policymakers alike, is a huge advance for the field and will pay dividends for years down the road. I'm proud to be part of an organization that helped conceive, and then actively promote a significant investment in CER and the new Federal Coordinating Council for Comparative Effectiveness Research to advise the Congress and

the president on the structure and priorities for this new research investment.

AcademyHealth was a major player in the CER debate because this organization is highly regarded for its capacity to bring leading policymakers, practitioners, and researchers together. Together with you, our members, we will continue to support the development of infrastructure to support the needs of health services researchers, increase funding for research that improves our understanding of complex policy issues, and to create forums where researchers and policymakers can come together to learn from one another and the lessons of science and experience.

Our challenge in 2009, like the challenge of most organizations, will be to position ourselves to move forward in an economy that is struggling with less. We are fortunate that our prudent financial management over the last 10 years provides us with the needed reserves to weather this economic downturn. Your AcademyHealth Board has already taken steps to ensure we're aligning our finances and priorities for long-term stability.

As we embark on this new year, please join me in thanking your outgoing board chair, Maggie Alegría, for her leadership. Your Board and staff look forward to another challenging year and still more progress toward our shared goal of improving health and health care.

Sincerely,

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

Dates to Watch

March

- 2 Nomination deadline for AcademyHealth Awards
- 2 Application deadline for Alice S. Hersh Student Scholarships
- 31 Notifications sent for abstracts accepted for ARM 2009

April

- 15 Application deadline for PHSR Student Scholarships
- 28 Early registration deadline for ARM 2009

May

- 27 Standard registration deadline for ARM 2009

June

- 4 Hotel reservation deadline for ARM 2009
- 27 *Building Bridges: Making a Difference in Long-Term Care* Colloquium, Chicago
- 26-27 Seminars in HSR Methods, Chicago
- 27-30 Interest Group Annual Meetings, Chicago
- 28-30 Annual Research Meeting (ARM), Chicago

Watch for Funding Updates!

In March, you received an email update on new Funding Opportunities at AHRQ. In the months ahead, AcademyHealth will continue to monitor new funding opportunities arising from the American Recovery and Reinvestment Act, the 2009 Federal Budget and 2010 budget proposal. We will periodically post updates to our Web site and Career Center as new developments and Funding Opportunity Announcements are released.

The Latest

AcademyHealth Recognizes Influential Research with 2009 HSR Impact Award



Randall Brown accepts the 2009 HSR Impact Award from Lisa Simpson at the National Health Policy Conference, Feb. 3, in Washington, D.C.

AcademyHealth recognized research demonstrating the benefits of an innovative approach to providing home-based personal assistance to Medicaid beneficiaries with the 2009 HSR Impact Award. The Cash and Counseling Demonstration research ultimately led to changes in the Medicaid

program allowing thousands of beneficiaries to determine what personal care services they wanted, who (including possibly family members) would provide them, and how and when the services would be provided.

“Each year, AcademyHealth recognizes research that has made an impact on health care policy as part of our ongoing mission to bring researchers, policymakers and practitioners together to improve health and health care,” said AcademyHealth President David Helms. “The Cash and Counseling Demonstration is an excellent example of how health services research can inform the decision-making process and uncover ways to improve quality and reduce costs.”

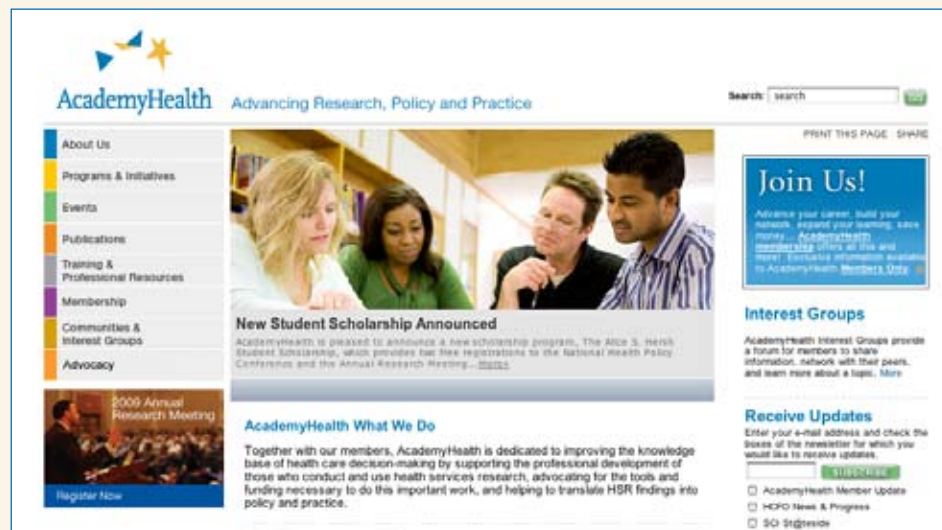
The research was conducted by Primary Investigator, Randall Brown, Ph.D., and a team of Mathematica researchers and programmers. For a full description of the Cash and Counseling Demonstration research and its findings, please visit www.academyhealth.org/files/publications/cashandcounseling.pdf

The 2010 Call for Nominations is open through July 31. Members are encouraged to nominate exceptional cases of where health services research has made a positive impact on policy and practice. Contact awards@academyhealth.org for more information. ■

AcademyHealth's New Web Site to Offer More Training and Members-Only Content

In April, AcademyHealth will launch an updated and redesigned Web site to better serve our members and the community of researchers and policymakers who rely on the field of health services research. The site offers easier navigation, improved log-in, a new library of training and skill building products, and enhanced, members-only content.

Watch your email for the launch announcement and let us know what you think. ■



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

→ **IOM Report** Continued from page 1

to look for similarities across fields, and unique questions that provided greater insight into the particular concerns of information-based researchers.

“The IOM committee recognized the individual and societal value of enhancing both privacy and health research,” said IOM Committee member, and AcademyHealth member, Thomas Croghan, M.D. **“We believe that our recommendations provide a roadmap to achieve this goal.”**

The committee’s primary recommendation was for Congress to authorize the creation of a new approach to privacy protection that could be universally applied and that, once implemented, would allow the Department of Health and Human Services to exempt health research from the HIPAA privacy rule. According to the IOM report, “this new framework should do all of the following:

→ Apply to any person, institution, or organization conducting health research in the United States, regardless of the source of data or funding.

- Entail clear, goal-oriented, rather than prescriptive, regulations.
- Require researchers, institutions, and organizations that store health data to establish strong data security safeguards.
- Make a clear distinction between the privacy considerations that apply to interventional research and research that is exclusively information based.
- Facilitate greater use of data with direct identifiers removed in health research, and implement legal sanctions to prohibit unauthorized reidentification of information that has had direct identifiers removed.
- Require ethical oversight of research when personally identifiable health information is used without informed consent. HHS should develop best practices for oversight that should consider:
 - Measures taken to protect the privacy, security, and confidentiality of the data;
 - Potential harms that could result from disclosure of the data; and
 - Potential public benefits of the research.
- Certify institutions that have policies and practices in place to protect data privacy and security in order to facilitate important large-scale information-based research for clearly defined and approved purposes, without individual consent.
- Include federal oversight and enforcement to ensure regulatory compliance.”

The report also provided provisions should the current HIPAA Privacy Rule continue to be the standard for safeguarding privacy in health-related research. Among these were the suggestion to revise the rule and guidance to make it clear that people can grant permission in advance for samples or data from a particular research project to be used in future research and to simplify and clarify the criteria for making decisions about waiving requirements to obtain permission from every patient whose personal health information will be used in study.

Shortly after the release of the IOM report, language in the conference agreement for the American Recovery and Reinvestment Act expanded HIPAA protections in tandem with efforts to increase the adoption and acceptance of health information technology. The language expanded HIPAA requirements to “business associates” of entities that access protected information, limits the fee for protected information used in research to the costs of preparation and transmittal of data and grants states attorneys general the authority to bring civil action to enforce the Privacy Rule, among other provisions.

For a full copy of the IOM Report, visit www.iom.edu/CMS/3740/43729/61796.aspx

A summary of the AcademyHealth survey results are available at www.academyhealth.org/publications/academyhealthreports/jun08.pdf. ■

Health Policy Makes *U.S. News Best Careers List*

While the job market is looking decidedly bleak, there is good news for those who have chosen, or will choose, a career in the field of health policy. *U.S. News and World Report* included “Health Policy Specialist” in its list of “30 Best Careers for 2009.” The reason? President Obama has indicated that health care reform will be a priority in his administration.

“Overhauling our existing system to make way for universal health care will require the hard work of many health policy specialists, who will be called upon to examine, analyze, or advise

on everything from economic approaches to ethical outcomes of policy changes,” according to the article. It noted that schools like Harvard, The University of Pennsylvania, and The Johns Hopkins University offer interdisciplinary health policy programs, but there will also be good job opportunities for people with primary expertise in economics, politics, medicine, accounting, management, and ethics as well.

Not surprising, given the aging population, other health care careers also made the cut, including that of physical therapist, occupational therapist, registered nurse, physician assistant,

pharmacist, and biomedical equipment technician.

In picking the 30 Best Careers (listed only in alphabetical order), *U.S. News and World Report* said that it plowed through hundreds of careers, looking for the jobs with the best outlook in this recessionary economy (and beyond), including factors such as highest rates of job satisfaction, the least difficult training, the most prestige, and the highest pay. “These careers have staying power: They’re smart moves now, and they’ll be smart moves for years to come,” it stated. ■

More than 800 Attend National Health Policy Conference



Jeanne Lambrew, deputy director of the White House Office of Health Reform, opened the meeting with a statement on the Obama administration's commitment to reform, despite the current economic downturn.

Policymakers and Practitioners Provide Inside Look at Health Care Reform's Future

The 2009 National Health Policy Conference, February 2-3 in Washington, D.C., focused on the future of health care reform. More than 800 administration officials, policy analysts, state officials, and executives in the health care industry attended and shared their perspectives on the health policy priorities for 2009. Video and transcripts of the select sessions are available courtesy of the Henry J. Kaiser Family Foundation at www.kaisernetwork.org/healthcast/nhpc/02feb09.



Tuesday's opening session featured Senator Max Baucus, Congressman Xavier Becerra, and several congressional staff members. They each gave considerable insight into how the politics of an economic stimulus and health care reform would play out.



Safeway CEO and Chairman of the Board, Steve Burd, shared his experiences with market-based reform. "We believe in the efficiency of markets and have redesigned our health care plan with this in mind," said Burd.



Vermont Governor Jim Douglas focused on his state's new preventative approach to health coverage in response to the fact that 50 percent of Vermonters have one or more chronic diseases.



The agenda featured 10 breakout sessions, covering all aspects of health care reform – from state strategies to the impact on the health care workforce.

Coalition Corner

Field Gains Ground in Funding

Congress has passed and the president has signed an economic recovery package that contains significant funding for our field. The American Recovery and Reinvestment Act of 2009 provides \$1.1 billion to the Agency for Healthcare Research and Quality (AHRQ) for comparative effectiveness research (CER) over two years. Specifically, the proposals include:

- \$300 million provided to AHRQ to support CER conducted through the agency's Effective Health Care Program. Currently, \$30 million of AHRQ's total budget is provided to this program;
- \$400 million, which would be transferred from AHRQ to the National Institutes of Health to support its CER; and
- \$400 million, which would be transferred to the secretary of Health and Human Services to, among other things, establish a Coordinating Council for CER to advise the Congress and president on CER priorities and infrastructure.

The House and Senate bills originally included \$40 million for the National Center for Health Statistics to modernize the vital statistics system within the broader "Prevention and Wellness Fund." However, funding for NCHS was not included in the final measure due to a bi-partisan compromise to decrease the package's overall cost.

With work on the economic recovery package complete, Congress turns its attention to the

remaining FY 2009 appropriations. Under the omnibus appropriations bill released in late February, AHRQ would receive \$372 million and NCHS would receive \$124.7 million for FY 2009; budget increases of \$38 million and \$11 million, respectively. At the time this publication went to press, these agencies were operating under a continuing resolution that provides flat funding at FY 2008 levels. The continuing resolution expires March 6.

The president's FY 2010 budget, because of the transition, was not printed on the first Monday in February as required. The president released an abbreviated budget summary February 26 in advance of his official, multivolume budget, which is expected in this spring. For continuing updates on appropriations visit: www.chsr.org/appropriations.htm.

AcademyHealth Comments on AHRQ's Data Inventory

On December 31, 2008, AHRQ published a notice in the Federal Register requesting information from the public on the availability of regularly collected administrative and other data specific to outpatient health service utilization. Given the importance of data access and transparency for research, AcademyHealth offered official comments for AHRQ's consideration on behalf of our members, the research community, and the public more broadly, noting that regularly collected administrative and other data about outpatient health services utilization is a valuable

Talk the Talk...

The term of the quarter is: "Conferee."

Once a measure passes both chambers of Congress, either chamber can request a conference to reconcile differences between the two bills before a final vote on the floor of each house. The members of Congress who participate in these negotiations—conferees—are appointed by the speaker of the House and the presiding officer in the Senate, after consulting the chairs of the committees of jurisdiction (though this is not required). The size of the conference generally reflects the complexity of the measure; the largest conference was that of the 1981 Budget Reconciliation Act, which included 280 conferees.

Walk the Walk...

After the president submits his FY 2010 budget, we will be reaching out to members to help us secure funding for our field. Check your e-mail for information on when and how to take action.

resource for research, policy, and practice. AcademyHealth recommended specifically that AHRQ expand its analysis of current data collection activities to determine the extent to which administrative data writ large are currently available to the research community, and if not, whether the data could be made available. Visit www.chsr.org/FRnotices.htm to view AcademyHealth's comments. ■

Organizational Affiliates

Organizational affiliates are a vital part of AcademyHealth's membership. We value these organizations for providing institutional support to our many programs and member services. University-based and private organizational affiliates also support the critical work of the Coalition for Health Services Research as it advocates for funding and datasets to support health services research. All our affiliates are essential partners in helping AcademyHealth fulfill its mission to facilitate the translation of research into policy and practice.

Organizational affiliates receive a variety of benefits including:

- Exclusive space in *AcademyHealth Partners* e-newsletter for organizational announcements; organizational visibility through links on AcademyHealth's Web site; and annual listing in *AcademyHealth Reports* and the Annual Research Meeting (ARM) agenda book.
- Discounts on registration fees for our conferences and seminars; advertising in the online Career Center, exhibit booths, and agenda books; and, subscriptions to more than 30 journals and newsletters.

- Complimentary uses of AcademyHealth's membership list.
- A complimentary subscription to *HSR* (print and online) and *The Milbank Quarterly* (online only).
- Advocacy through the Coalition for Health Services Research.

If you would like to become an organizational affiliate of AcademyHealth, contact Membership Director Jane Brookstein at jane.brookstein@academyhealth.org, or 202.292.6754.

We thank and salute our organizational affiliates.

New affiliates are listed in bold face type. ■

Contributing Affiliates

- **AstraZeneca LP**
- Blue Cross and Blue Shield Association
- **Children's Mercy Hospitals and Clinics**
- National Institute for Health Care Management Foundation
- Robert Wood Johnson Foundation
- The Commonwealth Fund
- WellPoint, Inc.

Supporting Affiliates

- America's Health Insurance Plans
- Association of American Medical Colleges
- **Department of Veterans Affairs**
- Eli Lilly and Company
- Geisinger Health System
- Henry J. Kaiser Family Foundation
- Johnson & Johnson
- Kaiser Permanente
- Merck and Company, Inc.
- **Milbank Memorial Fund**

- **Missouri Foundation for Health**
- **National Business Group on Health**
- National Health Council
- Nemours Health and Prevention Services
- Novartis Pharmaceuticals Corporation
- Pfizer, Inc.
- UnitedHealth Group

Affiliates

- Abt Associates, Inc.
- Agency for Healthcare Research and Quality
- **AHIMA Foundation**
- **Alliance of Community Health Plans**
- **Altarum Institute**
- American Academy of Actuaries
- American Academy of Pediatrics
- American Association of Nurse Anesthetists
- American College of Healthcare Executives
- American Institutes for Research

- American Medical Association
- American Osteopathic Association
- American Physical Therapy Association
- **Association of Public Data Users**
- Association of State and Territorial Health Officials
- Baylor Health Care System
- Billings Clinic
- Blue Cross Blue Shield of Massachusetts
- Blue Cross Blue Shield of Michigan Foundation
- Brandeis University
- Brown University School of Medicine
- California HealthCare Foundation
- Case Western Reserve University
- Center for Health Outcomes, Policy and Evaluation
- Center for Mississippi Health Policy
- Center for Studying Health System Change
- **Children's Hospital of Philadelphia**
- Cincinnati Children's Hospital Medical Center

- CNA Corporation
- College of William & Mary
- Colorado Health Institute
- Columbia University
- Columbia University School of Nursing
- Consumer Healthcare Products Association
- Creighton University
- Dartmouth Institute for Health Policy and Clinical Practice
- Duke University Fuqua School of Business
- Federation of American Hospitals
- George Washington University
- Georgetown University
- Georgia Health Policy Center
- Group Health Cooperative
- Harvard Medical School
- Harvard University
- Health Management Associates
- Health Research and Educational Trust
- **Healthcare Association of New York State**
- HealthPartners Research Foundation
- Henry Ford Health System
- **HSC Foundation**
- Hunter College of CUNY
- Illinois Department of Public Health
- Institute for Health, Health Care Policy, and Aging Research, Rutgers, The State University of New Jersey
- **Jefferson School of Population Health**
- Jewish Healthcare Foundation
- John Snow, Inc.
- Johns Hopkins University, Bloomberg School of Public Health
- Johns Hopkins University, Health Services Research and Development Center
- Kansas Health Institute
- Kentucky Cabinet for Health and Family Service
- **Macro International, Inc.**
- Massachusetts General Hospital
- Mathematica Policy Research, Inc.
- Mayo Clinic
- **Medical Industry Leadership Institute**
- Medicare Payment Advisory Commission (MedPAC)
- Minnesota Department of Health
- National Academy of Social Insurance
- National Association for Public Health Statistics and Information Systems
- National Association of Children's Hospitals and Related Institutions (NACHRI)
- **National Cancer Institute**
- National Coalition on Health Care
- National Hospice and Palliative Care Organization
- **National Library of Medicine**
- National Pharmaceutical Council
- New York Academy of Medicine
- Oklahoma University Health Science Center
- Old Dominion University
- **Optimal Solutions Group**
- **Palo Alto Medical Foundation Research Institute**
- Park Nicollet Health Services
- Pennsylvania Department of Health
- Pennsylvania State University
- PhRMA
- RAND
- **Reform Research Trust**
- Regenstrief Institute, Inc.
- Research!America
- Robert Wood Johnson Foundation Center for Health Policy at the University of New Mexico
- Rollins School of Public Health of Emory University
- RTI International
- Sanofi-Aventis
- Simmons College School of Health Sciences
- Social and Scientific Systems, Inc.
- The Hilltop Institute, University of Maryland, Baltimore County
- The Joint Commission
- The Lewin Group, Inc.
- The MayaTech Corporation
- Thomson Reuters
- **Tulane University, Department of Health Systems Management**
- United Hospital Fund of New York
- University of Alabama at Birmingham
- University of Arkansas for Medical Sciences
- **University of California Irvine, Paul Merage School of Business**
- University of California, Los Angeles
- University of California, San Francisco, Philip R. Lee Institute for Health Policy Studies
- University of Florida
- University of Kentucky
- University of Massachusetts Medical School, Center for Health Policy and Research
- University of Michigan
- University of Minnesota, Division of Health Policy and Management
- University of Missouri, Columbia
- University of Nebraska Medical Center, College of Public Health
- University of North Carolina at Charlotte
- University of North Carolina, Chapel Hill
- University of North Texas Health Science Center School of Public Health
- University of Pennsylvania
- **University of Pittsburgh**
- University of Rhode Island
- University of South Carolina
- University of Southern Maine, Muskie School of Public Service
- University of Washington, Department of Health Services, School of Public Health
- Urban Institute
- VA Information Resource Center (VIREC)
- Virginia Commonwealth University
- W.K. Kellogg Foundation
- West Virginia University

List current as of February 27, 2009

Members Matter

IG Chairs Make the Interest Groups Work for You

While AcademyHealth strives to provide a broad range of services and resources for health services researchers, policy professionals, and practitioners, we also recognize the need for individuals to interact around specific topics. Interest Groups offer members an opportunity to exchange knowledge, disseminate research findings, inform policy and clinical decision-making, and build research skills. Through Web-based discussion forums and in-person meetings, members can connect with and learn from their colleagues across the country. Interest Group Chairs, volunteers from the membership, direct these activities and more, and are an invaluable resource to AcademyHealth and the membership as a whole.

AcademyHealth would like to take this opportunity to acknowledge and thank our Interest Group Chairs, who help make these groups such a success.

- **Behavioral Health Services Research** - Junius Gonzales, M.D., Abt Associates, Inc.
- **Child Health Services Research** - Karen Kuhlthau, Ph.D., Harvard Medical School
- **Disability Research** - Rene Jahiel, M.D., International Health Policy Research
- **Disparities** - Paul Hebert, Ph.D., Mount Sinai School of Medicine, and Ninez Ponce, Ph.D., University of California, Los Angeles
- **Gender and Health** - Kristen H. Kjerulff, Ph.D., Penn State College of Medicine
- **Health Economics** - Ming Tai-Seale, Ph.D., Texas A&M University
- **Health Information Technology** - Margo Edmunds, Ph.D., The Lewin Group, Inc.
- **Health Policy Communications** - Felicia Mebane, Ph.D., University of North Carolina
- **Health Workforce** - Tim Dall, M.S., The Lewin Group, Inc.
- **Interdisciplinary Research Group on Nursing Issues** - Eileen Lake, Ph.D., University of Pennsylvania
- **Long Term Care** - Vincent Mor, Ph.D., Brown University
- **Public Health Systems Research** - Peter Jacobson, J.D., University of Michigan
- **Quality** - Gerald Arnold, Ph.D., American Board of Internal Medicine, and James Burgess, Ph.D., Boston University
- **Research Translation** - Diane Flickinger, M.B.A., Eli Lilly and Company, and Lucy Savitz, Ph.D., Intermountain Healthcare
- **State Health Research and Policy** - Joel Cantor, Sc.D., Rutgers

We invite you to join one or more of our 15 Interest Groups. To join, please visit the Interest Group Web site at www.academyhealth.org/membership/interestgroups.htm. ■

News from the Journals

AcademyHealth's official journals, Health Affairs and Health Services Research, provide updates on recent issues. The current issues of these journals offer an in-depth look at health services research to expand coverage and access to care. 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 Services Research and the Agency for Healthcare Research and Quality Issue a Call for Papers on Payment Reform

As the country struggles to find a way out of the perfect storm of rising costs, falling access, and uncertain quality, there is widespread agreement that changes in the payment system must be part of the solution. Public and private payers have been experimenting for several years by tweaking the way they pay for care, but so far there has been little comparable evidence about the intended and unintended consequences of different approaches.

Health Services Research (HSR) and the Agency for Healthcare Research and Quality (AHRQ) have issued a call for papers for a special

thematic issue of *HSR* on payment reform. The theme issue is seeking to produce the best science possible to inform future payment initiatives. For information on deadlines and the types of manuscripts eligible for submission, please visit www.hsr.org/hsr/about/hsr/call-for-papers-payment-reform.jsp.

Health Affairs Thematic Issue Examines Chronic Disease

Consumers spent about 40 percent more out of pocket for health care in 2005 than in 1996, and an increase in chronic disease was a key factor, Kathryn Paez of the Center for Health Policy and Research, Social and Scientific Systems, and coauthors report in a thematic volume of *Health Affairs* on chronic illness. The issue also reports that national health care spending growth slowed to 6.1 percent in 2007—the lowest rate

in nearly a decade—largely as a result of slower spending growth for prescription drugs.

This thematic issue, “The Crisis In Chronic Disease,” addresses the many questions that flow from refocusing the health care system from acute to long-term conditions. Should efforts to prevent chronic illness be understood as a strategy to save money, or rather as an investment that—like many health care interventions—costs money yet produces better health? Can delivery system innovations, such as multidisciplinary teams and disease management programs, effectively combat chronic conditions? Articles in this issue examine those questions and others. For more information, visit the *Health Affairs* Web site at www.healthaffairs.org. ■

Participate, Learn, Network at the 2009 ARM



The Annual Research Meeting (ARM) offers a rich and exciting slate of invited and peer-reviewed research sessions, methods training workshops, and networking opportunities. With a

record 1,882 abstract submissions making up 50 percent of the program agenda, the 2009 ARM represents the best in emerging research in the field of health services research.

The 2009 ARM agenda is organized around 21 topic tracks which address the importance of applying research findings to inform decision-making. Keynote speaker Julio Frenk, of the Harvard School of Public Health, stresses the need to make connections between the research community and health policymakers with his speech, "Moving from Research to Policy in Health System Reform."

HSR Methods

Expand your professional skills with methods workshops and pre- and post-meeting training. The ARM offers skill-building sessions and hands-on learning for professionals at every stage of their career. Discounts for students apply.

Chicago is our kind of town

Chicago offers a rich mix of cultures, shopping and dining. The ARM hotel and meeting site is conveniently located on Michigan Avenue in the heart of the "cultural mile." Join us for a great meeting, in a great town. Early registration discounts are available. The preliminary agenda, travel details, and registration rates are available online at www.academyhealth.org/arm. ■



AcademyHealth

Reports

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