



# AcademyHealth REPORTS

## ➤ Researchers Play a Key Role in Shaping, Evaluating Open Data Initiatives

In our increasingly digital and networked world, each of us contributes to—and must make sense of—an ever-expanding sea of data, much of it health related. Recognizing the potential value of these data to new audiences, the federal government is releasing a raft of data, much of which has never been so freely offered or easy to access. These important steps to “democratize” access to health data offer extraordinary opportunities, yet also raise challenges for the field. Health services researchers must consider how the community can fully leverage the power of these data. For example, for critical work in dissemination and translation, what data and presentation formats are most useful to key audiences? With expanded access to data, how do we encourage appropriate stewardship of these important information resources?

“We are entering the industrial revolution of data,” said **Aman Bhandari**, speaking on behalf of the White House Office of Science and Technology Policy, during AcademyHealth’s November 2010 webcast Open Data Initiatives & Innovations for Population Health and Health Services. The fall webcasts explored emerging trends in sources and types of health data, and new strategies for data dissemination. During his presentation, Bhandari added, “It is my opinion that policy approaches such as open government...could have a widespread impact on the future of the work we all do.”

In both the public and private sectors, transforming the way we use and access data presents opportunities and challenges for the field of HSR. From government surveys to consumer-generated data, researchers now

have unprecedented access to information that can be used to improve health and health care. Facilitating access to new data streams makes it possible to perform innovative analyses more efficiently and cost effectively. Yet, this windfall of data creates challenges as well. We must determine what data are necessary and relevant to evaluate and prioritize policy questions, and also ensure that analytic tools and methods are appropriately applied.

According to Bhandari, the charge and opportunity for the field is clear. There is a “fundamental shift taking place in how we think about, collect, analyze and distribute data. The HSR community can benefit from this in terms of using the data to generate research questions, experimenting with partnerships with some of the innovators, but also in terms of making a major contribution in assessing the validity of insights and analytics that come out of [these data].”

### Data Innovations & Challenges

At present, the administration’s focus on “new data” refers mainly to government held data being released or made more widely available through open government initiatives, government data that has been coupled (or “mashed”) with private data to create new insights, and data collected using novel tools such as crowd sourcing, geolocation services and the like.

Data.gov and healthindicators.gov, the warehouse for the Department of Health and Human Services (HHS) community health data initiative, are two of the most prominent examples of newly released government data resources. The goal of Data.gov

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# Letter from Leadership



This month's cover story focuses on the federal government's open data initiative and the potential role for health services researchers in shaping the data into meaningful

information for health care consumers. One of the key points relates to evaluating whether the data available are likely to produce meaningful results – are the data capable of addressing the question being asked and are they of likely to produce sound information? In short, what is the value of all this new information?

As I assume a new role as director of the Kaiser Permanente Center for Effectiveness and Safety Research, I find myself thinking a lot about the value of health services research. What data do we need to assess new interventions, policies and procedures? What methods are appropriate for conducting these evaluations? And how do we deploy this new knowledge in a timely manner to improve the efficacy, safety and outcomes of the care being provided?

AcademyHealth is at the forefront of answering these crucial questions because YOU are at the forefront of answering these questions. With your input, AcademyHealth provides crucial research on the needs of the field, offers guidance and education on methodological innovations through live seminars and online

learning, and helps translate our findings to policy via direct technical assistance to policymakers.

In January, I spoke at the Patient-Centered Outcomes Research Institute Board of Governors meeting about the many ways the health services research community contributes innovative research that improves our ability to understand what works in health care. I talked about the breadth and depth of our membership and our ability to contribute meaningfully to patient-centered outcomes research. It is a message I was honored to share on your behalf.

As we enter 2011, we have much to be excited about – new leadership, unprecedented access to new data, exciting new learning opportunities and the ability to work with new partners to develop innovative, research-based solutions to improve health and health care.

It is a wonderful time to be a member of AcademyHealth, and for that, we can all be proud.

Elizabeth A. McGlynn, Ph.D.  
Director of Kaiser Permanente Center for Effectiveness & Safety Research

## AcademyHealth REPORTS

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# The Latest

## W. David Helms Receives Chair Award for Contributions to the Field



The AcademyHealth board of directors recognized W. David Helms, Ph.D., with the Chair Award during the National Health Policy Conference in Washington, D.C. The award honors a national leader who has significantly contributed to moving health services research into policy and practice. Dr. Helms received the award for his work to improve coverage and quality and reduce costs through leadership of knowledge-based, policy focused organizations at the forefront of our nation's health policy discussion.

The former president and CEO of AcademyHealth and founder and leader of the Alpha Center, a non-partisan, non-profit health policy center, Dr. Helms' career has been built around the nexus of research and policymaking.

The Chair Award is presented at the discretion of the chair of the AcademyHealth board of directors with approval from the executive committee.

## Annual State of the States Report Released

In spite of major budget challenges and rising demand for public health care programs, states undertook significant, wide-ranging efforts to lay a foundation for health reform, according to the 2011 *State of the States* report titled, *Laying the Foundation for Health Reform*.

*State of the States: Laying the Foundation for Health Reform* takes an in-depth look at state health policy efforts in 2010 and provides insights and lessons learned on:

- Establishing committees and task forces to study the impact of the Affordable Care Act and develop strategic plans for responding to its provisions;
- Implementing state-based pre-existing condition insurance plans;
- Working with insurance carriers and the public to implement insurance market reforms included in the ACA;
- Improving premium rate review processes and considering the impact of medical loss ratio requirements;
- Collecting data and planning for state-based health insurance exchanges;
- Reducing costs and improving outreach and enrollment efforts in Medicaid and the Children's Health Insurance Program; and
- Undertaking efforts to improve the health care delivery system and promote population health.



This report is a valuable guide for state policymakers—it highlights the efforts of states that have made early achievements in implementing the Affordable Care Act as well as the

accomplishments of innovators who have sought to control costs and improve the quality of health care for their residents.

Visit [www.statecoverage.org/](http://www.statecoverage.org/) for your free copy.

## New Program Looks at Challenges and Opportunities of Electronic Data Methods

AcademyHealth has received a three-year grant from AHRQ to convene the Electronic Data Methods (EDM) Forum. The purpose of the EDM Forum is to advance approaches developing the infrastructure and methodology for collecting and analyzing prospective data from electronic clinical databases for comparative effectiveness research. The EDM Forum will convene investigators working in 11 AHRQ-funded projects including the Prospective Outcome Systems using Patient-specific Electronic data to Compare Tests and therapies (PROSPECT)

studies; the Enhanced Registries for Quality Improvement and CER, and the Distributed Research Networks for CER. As CER stakeholders, experts in distributed research methods, clinical informatics, privacy and confidentiality, and patient and consumer perspectives will participate in order to help identify challenges to conducting comparative effectiveness research using prospective electronic clinical data.

AcademyHealth will convene stakeholder symposia, analyze researcher and stakeholder needs, conduct literature

reviews and produce issue briefs and commissioned papers that delve into specific scientific, clinical, organizational and data governance issues. In addition, this spring AcademyHealth will launch a public website for the EDM Forum. The site will build a social-networking platform to facilitate the exchange of ideas among producers and consumers of this research.

For more information, visit [www.academyhealth.org/edmforum](http://www.academyhealth.org/edmforum) or email [edmforum@academyhealth.org](mailto:edmforum@academyhealth.org).

is “to improve access to federal data and expand creative use of those data beyond the walls of government by encouraging innovative ideas (e.g., development of web applications).” Data.gov is a source of a wide variety of information from all federal agencies ranging from food safety to weather information and highway safety to water quality. Similarly, the Community Health Data Initiative is a public-private effort that aims to help Americans understand health and health care performance in their communities. The initiative provides the public with free access (via Web portal) to a wealth of easily accessible and standardized data on health, health care and health indicators. It includes pre-constructed national state and local level indicators including health people 2020, county health rankings, CHSI indicators, Medicare quality and utilization indicators as well as the ability to map chart and graph indicators, links to evidence based interventions, web services (i.e. APIs) and support for descriptive indicator definitions.

In a presentation to the National Health Policy Conference in February 2011, **Todd Park**, chief technology officer for HHS, said the department’s open government goal is to create a self-sustaining ecosystem of health data supply and use that creates escalating benefits for health care. To achieve this, the department is re-writing internal processes to make government health care data public, and to require departments to revisit what data could be made available on a regular basis.

HHS has also solicited public input and nominations for the types of “non-federal health and health data indicator datasets and applications using them to improve health and health data” that should be included in healthdata.gov, a subset of data.gov focused on health data that launched in February 2011.

### Implications for HSR

The healthdata.gov solicitation points to a tremendous opportunity for the field of health services research to provide guidance on what data is most valuable to the field. As a significant population of potential consumers for these data, the HSR community can provide important insight into how these data are prioritized, collected, presented and organized.

In comments during AcademyHealth’s December webcast on data innovations, **Linda Bilheimer, Ph.D.**, the project lead for Community Health Data Indicators at the Centers for Disease Control and Prevention and a member

of the AcademyHealth Methods Council, suggested that health services researchers could also offer useful insight into the many indicators in the healthindicators.gov warehouse. According to Bilheimer, issues to consider include whether there are enough or too many indicators, whether the sources and quality of data going into the indicators are of sufficient quality for research purposes, and how one determines if an indicator is truly indicative of that which it is measuring.

“Health services researchers can really play a critically important role in thinking about what indicators for both health and health care are relevant for [research] and that we should be considering for the health data warehouse or other indicator initiatives,” said Bilheimer. “What are the appropriate policy questions we should be looking at with different apps types of tools? How can we work more effectively in a team with providers, policymakers and apps developers to... understand how to use indicators properly?”

**Want to know more? The two-session webinar series, Open Data Initiatives & Innovations for Population Health and Health Services I and II, is available free on our website.**

In response to leaders of the field who see an important role for HSR in considering innovations in health data, AcademyHealth and the Kaiser Permanente Institute for Health Policy convened a meeting in October 2010 to hear from experts in this area. The group explored a range of issues in the changing health data environment, including how to handle the increasing volume of health data now available, the diversity of concepts reflected by these data, and the growing complexity of transforming these data into actionable knowledge. With an explicit focus to stimulate ideas for engaging HSR to support a more rapid, rigorous and real-time “learning” health care system, the participants identified a number of major themes.

**First**, the democratization of data access and analytics presents potential challenges and opportunities for HSR. To fully explore and leverage new data resources, more analysts trained to work with, interpret, and share emerging data are needed.

**Second**, individual patients and consumers play an increasingly important role in the evidence generation process. They are contributing their own data—some integrated into more traditional streams and others not—but they also are looking for and finding opportunities to directly influence the types of questions being asked and data collected.

In all cases, people and organizations now have access to higher volumes of increasingly diverse health data, though its quality may or may not be sufficient to meet the demands of decision makers.

**Third**, an increasing number of applications aggregate health data to make this information easy to access and understand. These applications represent a potential boon to researchers, generating ideas and hypotheses for more rigorous testing, or a bane, generating faulty hypotheses that are accepted as fact.

**Fourth**, there is a concern that such technological shifts necessitate social change among data generators, custodians and users. For example, competitive entities will likely need to learn to collaborate (e.g., share data) to allow desired comparisons of their impact and products. However, with greater data sharing, a host of privacy and security concerns could prove increasingly challenging. As a field we will need to think more holistically about creating a useful data infrastructure that serves the needs of all stakeholders—including consumers, researchers, policy makers

### Looking Ahead

Though these changes in learning how to leverage the variety and quantity of health-related data will require major stakeholders to adapt and transition to use new analytic skills, participants in the October meeting perceived that better access to these data—along with better tools for adding context and making sense of them, such as developing useful applications—presents a great opportunity to accelerate improvements in health and health care.

As an interdisciplinary field of inquiry, health services research is uniquely situated to expand the cadre of experts who can evaluate, analyze, and produce useful insights into health and health care based on the raw data now available. In addition, the community can also engage in thoughtful discussions and advocate for best practices when conducting research based on new health data streams, including serving as experts who can assess the validity and rigor of new applications or analyses. ■

## National Health Policy Conference Examines Health Reform



The 2011 NHPC was the largest ever, with more than 800 participants.



Maryland's Lieutenant Governor Anthony G. Brown shared the state perspective on reform implementation.



Democratic and Republican staffers from the House and Senate discussed policy priorities for 2011.

The 2011 National Health Policy Conference, held February 7-8 in Washington, D.C., was our largest policy conference ever, with more than 800 participants joining in focused discussions about the challenges of implementing health care reform. Administration officials, policy analysts, state officials, and executives in the health care industry all came together to their perspectives on the health policy priorities for 2011.

**Don Berwick, M.D., M.P.P.**, opened the NHPC with a discussion of CMS's priorities for continuous improvement, operating values, and strategic aims. He shared his three-pronged approach to continuous improvement in health care: better care for individuals, better health for the population and lower cost through improvement. Later plenaries featured representatives of the Congress, a state's example

from **Maryland Lt. Governor Anthony G. Brown**, and an insurer's view offered by **Ronald Williams**, chairman and CEO of Aetna. Taken together, the complement of plenaries offered broad insights into key stakeholder positions and laid a foundation for future policy discussions.

Breakout sessions offered opportunities for attendees to explore hot topics in health reform and implementation of the Affordable Care Act in more detail. **Hal Luft, Ph.D.**, of the Palo Alto Medical Foundation Research Institute and **Robert Margolis, M.D.**, of HealthCare Partners outlined the keys to successful implementation of the accountable care organization (ACO) model, stressing the importance of defining and carefully targeting populations. Another hot issue was

health information technology (HIT). Panelists represented a range of stakeholders. National Coordinator for Health Information Technology **David Blumenthal, M.D., M.P.P.**, provided the federal perspective, with updates on the progress of meaningful use adoption. "We have entered a new era in the health care system... Meaningful use is no longer a theoretical program," he said, citing the nearly 18,000 providers who have registered to become meaningful users as of February 7. Other sessions focused on issues ranging from health insurance exchanges to innovation in the delivery of care to the impact of the ACA on Medicaid and CHIP and the ways to support patient-centered care. For a more detailed summary of select sessions, visit our blog at [blog.academyhealth.org](http://blog.academyhealth.org).

AcademyHealth also took the opportunity to present two prestigious awards at the NHPC. Board Chair **Elizabeth McGlynn, Ph.D.**, presented former AcademyHealth President and CEO **David Helms, Ph.D.** with the Chair Award for his numerous contributions to the field of health services research. The Chair Award is not an annual award, rather it is presented at the discretion of the Chair and Board to recognize leaders who have significantly contributed to moving health services research into policy and practice. In addition, **Terri Tanielian** accepted the 2011 HSR Impact Award, which recognizes outstanding research that has been successfully translated into health policy, management, or clinical practice, for research that she and her colleagues at RAND conducted that ultimately changed the way policymakers, providers, veterans and their families understand and treat behavioral health conditions among returning service members.

AcademyHealth is currently compiling recordings, photographs and presentations from the meeting, some of which will be posted to our website later this month. You can also read daily summaries of the event on our new blog, [blog.academyhealth.org](http://blog.academyhealth.org), or review the event's twitter stream by searching #nhpc11 at [www.twitter.com](http://www.twitter.com). ■

# Coalition Corner

## Coalition Corner: HSR Faces Immediate and Unprecedented Threat

Health services research (HSR) is at great risk of losing the funding gains of recent years. The federal government is currently operating under a “continuing resolution” through March 4, holding funding flat at fiscal year (FY) 2010 levels. The House and Senate must finalize FY 2011 spending legislation before the continuing resolution expires.

The House leadership is pushing to significantly reduce federal funding for the remaining eight months of this fiscal year. Rep. Paul Ryan (R-WI), Chair of the House Committee on Budget, has proposed reducing the overall cap on FY 2011 “non-security discretionary spending” by \$43 billion, or 9.3 percent below current levels. Rep. Hal Rogers (R-KY), Chair of the House Committee on Appropriations, has similarly proposed reducing funding provided to agencies and program under the Departments of Education, Health and Human Services (HHS), and Labor by roughly 8 percent.

The specific details of the final FY 2011 spending legislation were not available at the time of this writing, but we can anticipate any number of scenarios that would reduce HSR funding. We could see significant funding reductions at the Agency for Healthcare Research and Quality (AHRQ) and other health agencies that support HSR and health data. We could also see rescissions of federal funding not yet spent, such as funding provided the new Patient Centered Outcomes Research Institute (PCORI) and the Prevention and Public Health Fund under the Affordable Care Act.

As the Coalition for Health Services Research joins the health community in battling to preserve federal funding in FY 2011 and beyond, we urge you to refer to our website for the latest information on the evolving budget landscape. We will also provide instructions on how and when to engage in these efforts at [www.chsr.org](http://www.chsr.org). ■

### Talk the Talk...

#### The Coalition’s legislative term of the quarter is: “Function 550”

The congressional budget process, as set forth in the Budget Act of 1974, requires Congress to annually establish the level of total spending and revenues and how total spending should be divided among each of 19 major “functions” of government, including defense, agriculture, and transportation. Function 550 refers to the level of funding for discretionary health programs, generally. Medicare has its own spending category: Function 570.

## Good News, Bad News for HSR in President’s Budget

On Monday, February 14 the president released his FY 2012 budget request, designed to “help America win the future.” As expected the budget includes cuts to health agencies—some more than others. HHS sought out opportunities for reductions program by program. According to Health and Human Services Secretary Kathleen Sebelius, the budget recognizes “we can’t build prosperity on a mountain of debt.” Added Sebelius, “We did cut programs that we would not otherwise have cut” under different fiscal circumstances.

Under the request, the National Institutes of Health would receive a \$1 billion increase, reflecting the president’s priority to “invest in America’s competitiveness through funding for biomedical research.” The president once again proposes a \$23 million increase for the National Center for Health Statistics, bringing total funding to \$162 million. HSR budgets at the Centers for Medicare and Medicaid and at the Centers for Disease Control and Prevention would be decreased slightly. The president’s budget does not include funding for

Public Health Services and Systems Research as authorized under the Affordable Care Act (ACA).

Base funding for the Agency for Healthcare Research and Quality (AHRQ) would decrease by 8 percent under the president’s proposed FY 2012 budget, from current level of \$397 million to \$366 million. However, a \$24 million transfer from the Patient Centered Outcomes Research Institute (PCORI) authorized by ACA would bring the total AHRQ FY 2012 budget to \$390.4 million. Specifically:

- Patient-Centered Outcomes Research would receive \$46 million—including the \$24 million PCORI transfer—to support dissemination and build research capacity.
- Health Information Technology would receive \$27 million with \$14 million to support 46 research and training grants and \$13 million in contracts to synthesize and disseminate evidence on meaningful use of health IT and to develop the tools and resources for stakeholders to implement best practices.

- Patient Safety would receive \$65 million, more than half of which is targeted for projects that will prevent and reduce healthcare-associated infections.
- Prevention and Care Management would receive \$23 million for research to improve primary care and clinical outcomes, support clinical decision-making for preventive services, and implement activities that improve care through health system redesign.
- \$4 million would be invested in projects that improve the value of health care services.
- Cross-cutting activities would receive \$92 million, including \$33 million investigator-initiated research, of which \$3.2 million would support new grants. This funding will also support d core measurement activities related to HCUP and the National Healthcare Quality Report and the National Healthcare Disparities Report.
- The Medical Expenditure Panel Survey would receive flat funding of \$59 million. ■

# Organizational Affiliates

## Thanks to AcademyHealth Organizational Affiliate Members

We want to thank AcademyHealth's 165 organizational affiliate members for their participation, their support, and the diverse expertise they contribute to the field of health services research, health policy & health care delivery.

Organizational affiliates receive additional benefits beyond the individual member benefits. Benefits vary depending on affiliate's membership level, and include the following:

### → Save money with:

- Registration discounts for the Annual Research Meeting (ARM), and National Health Policy Conference (NHPC)

- A 50 percent discount on ARM exhibit space and a 25 percent discount on ARM and NHPC advertising

- Career Center discounts of 10-30 percent on position openings and free listings of internship positions

- Complimentary membership mailing lists (postal mail only)

- **Increase your institution's visibility with our members and constituents with a free listing and link our website, and listings in *AcademyHealth Reports* and the Annual Research Meeting agenda book.**

- Keep current with complimentary subscriptions to *HSR*, and *The Milbank Quarterly*.

- Support the field through the Coalition for Health Services Research – a unified voice for health services research and data.

If you have questions about any of your organizational affiliate membership benefits, please contact Jane Brookstein at 202.292.6754 or [jane.brookstein@academyhealth.org](mailto:jane.brookstein@academyhealth.org). ■

**Is your institution an organizational affiliate?**  
[www.academyhealth.org/membership](http://www.academyhealth.org/membership)

We thank and salute our organizational affiliates.

## Contributing Affiliates (\$10,000)

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- Johnson & Johnson
- Robert Wood Johnson Foundation
- The Commonwealth Fund
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- Novartis Pharmaceuticals Corporation
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- UnitedHealth Group
- Westat, Inc.

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- American Academy of Pediatrics
- American Association of Nurse Anesthetists (AANA)
- American Cancer Society
- American College of Healthcare Executives

- American Institutes for Research
- American Medical Association
- American Medical Group Association
- American Medical Informatics Association
- American Nurses Association
- American Osteopathic Association
- American Physical Therapy Association
- American Statistical Association
- Association of Public Data Users
- Association of State and Territorial Health Officials
- Baylor Health Care System
- Billings Clinic
- Blue Cross Blue Shield Association
- Blue Cross Blue Shield of Michigan Foundation
- Brandeis University, Florence Heller Graduate School
- Brown University School Program in Public Health, Center for Gerontology & Health Care Research
- California HealthCare Foundation
- Center for Mississippi Health Policy

- Centers for Disease Control and Prevention
- Cincinnati Children's Hospital Medical Center
- CNA Corporation
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- National Academy for State Health Policy
- National Association for Public Health Statistics and Information Systems
- National Association of Children's Hospitals and Related Institutions (NACHRI)
- National Association of Health Data Organizations
- National Cancer Institute
- National Center for Health Statistics
- National Hospice and Palliative Care Organization
- National Institute for Health Care Management Foundation
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- National Quality Forum
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- University of Wisconsin – School of Medicine
- Urban Institute
- VA Information Resource Center (VIREC)
- W.K. Kellogg Foundation
- WebMD/Medscape
- Workers Compensation Research Institute
- Yale University

# Members Matter

## Make a Donation to Support the Next Generation of Researchers



2011 Alice S. Hersh Scholarship recipients David Liss, M.A. Health Services Doctoral Student University of Washington and Signe Peterson Flieger, M.S.W. Doctoral Student/AHRQ Training Fellow, The Heller School for Social Policy and Management, Brandeis University.

AcademyHealth honors Alice S. Hersh, founder and first executive director of the Association for Health Services Research (AHSR), through the Alice S. Hersh New Investigator Award which is presented each year during our Annual Research Meeting. This award, supported through the Alice S. Hersh Memorial Fund, recognizes outstanding work of new researchers and commemorates Alice Hersh's dedication to nurturing the next generation of health services researchers. The fund also supports six annual student scholarships to attend AcademyHealth conferences.

We hope that you will consider making a personal contribution to the fund this year to honor Alice and continue her legacy. Your tax-deductible donation will assist AcademyHealth in supporting our annual efforts to acknowledge and advance the careers and opportunities of new researchers.

To make a donation to support the next generation of researchers by contributing to the Alice S. Hersh Memorial Fund, please go to [www.academyhealth.org/hershfund](http://www.academyhealth.org/hershfund), or contact Jane Brookstein at 202.292.6754 or [jane.brookstein@academyhealth.org](mailto:jane.brookstein@academyhealth.org). ■

## New Benefit for Organizational Affiliates – Free Listing of Internships

Beginning in 2011, we are offering a new member benefit to our organizational affiliates – free listings of your internship opportunities on our online Career Center.

AcademyHealth's active Career Center already includes university-related faculty positions, non-faculty research

positions, health policy positions, and fellowships. Now we have added a section for internships. Approximately one-quarter of AcademyHealth individual members are students, and they are looking for opportunities to build their resumes and work experience.

To add your internship position to the Career Center, please go to [www.academyhealth.org/career](http://www.academyhealth.org/career), and fill out the online form under "For Employers." If you have questions, please contact Jane Brookstein at 202.292.6754 or [jane.brookstein@academyhealth.org](mailto:jane.brookstein@academyhealth.org). ■

## Meet the Experts: Students Get Career Advice at NHPC Breakfast



More than 70 student attendees at the National Health Policy Conference in Washington had the opportunity to meet informally with nationally known experts in health services research and health policy during the Meet-the-Experts Student Breakfast. The event is held annually and is open to all student registrants.

AcademyHealth will host a breakfast session for students at the 2011 Annual Research Meeting, June 12-14 in Seattle. If you are interested in joining the panel of experts, please contact [eric.kokuma@academyhealth.org](mailto:eric.kokuma@academyhealth.org). ■

## Learn and Network at the 2011 Annual Research Meeting



The AcademyHealth 2011 Annual Research Meeting (ARM), June 12-14 at the Washington State Convention Center in Seattle,

offers a rich slate of more than 150 invited and peer-reviewed sessions showcasing cutting-edge work from new and established researchers in the field of health services research.

The 2011 ARM offers sessions to meet the changing needs of producers and consumers of research in this evolving policy environment. Attendees can build

their professional skills with new methods workshops and career development sessions, while decision makers will learn how the latest research can impact health policy. The meeting will also include a special focus on social media, and how new technologies impact dissemination of research and collaboration among researchers.

With more than 2,200 attendees, the meeting provides an opportunity to connect with colleagues from around the world while hearing emerging research and learning new skill sets.

Registration is now open. For details, visit [www.academyhealth.org/arm](http://www.academyhealth.org/arm). ■

## Dates to Watch

### March

15 ARM Scholarship Application Deadlines: Alice S. Hersh Student Scholarships; AcademyHealth/Aetna Foundation Minority Scholarships; PHSR Student Scholarships

15 Nomination deadline: PHSR Article of the Year Award

18 Notifications sent for abstracts accepted for ARM 2011

### April

28 Early registration deadline for ARM 2011

### June

3 Standard registration deadline: ARM 2011

10-11 Seminars in HSR Methods, Seattle

11, 14 Interest Group Annual Meetings, Seattle

12-14 Annual Research Meeting (ARM), Seattle

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