Implications for the Field: What HSR Can Do to Inform the Health Care Reform Debate

What is the current evidence base of health services research (HSR)? Where is it lacking? What HSR and data will be needed to inform policies? How can we get evidence in policymakers' hands quickly?

Guests of a special roundtable at AcademyHealth's Annual Research Meeting tackled these questions and explored the ways in which HSR can inform policymakers as they undertake the difficult challenge of reforming America's health care system. The panel included Susan Dentzer, “The NewsHour with Jim Lehrer” and Health Affairs; Joe Antos, American Enterprise Institute; David Blumenthal, Partners HealthCare System; David Kendall, Progressive Policy Institute; and Jeanne Lambrew, The University of Texas at Austin.

The roundtable began by acknowledging the contributions of HSR in uncovering the problems in American health and health care, raising awareness about the shortcomings of the health care system, and making policymakers more open to health reform. The panel agreed, however, that much is still unknown about the proposed solutions—including the effects of incentives such as pay-for-performance and tax rebates on payers, providers, and the general public—and the benefits of health information technology (HIT). On this point, Blumenthal noted, “We instinctively believe that HIT will provide efficiencies in the system, but there isn’t much available beyond anecdotal evidence.”

Panelists cited the lack of a scientific evidence base on solutions as a major reason for the current state of health reform. There was a call for more macro-level research to evaluate what would happen if “we did everything at once,” i.e., HIT, pay-for-performance, and coverage for all. They also said that one of the major challenges for the field is and will be to broaden the scope of its inquiry to study the relationship between system redesign and insurance.

“I think we know a lot more than we did, but we do not know really enough to predict with certainty what is going to happen if we move major pieces around on the chess board.” —David Blumenthal

To help expand the evidence base in response to policymakers’ needs, panelists urged that the field of HSR produce quick-turnaround work that evaluates components of various reform proposals (e.g., pay for performance, bundled payment, comparative effectiveness and cost effectiveness research, medical homes). In addition, they...
Advocacy, like football, is a game of inches. “Hail Mary” passes that result in winning touchdowns are a rarity in the nation’s capital, if they happen at all. Instead, players rely on offensive blocks, running plays, and short forward passes to move down the field toward the goal line.

This analogy has never been truer than in the current Washington climate, where polarizing politics, mounting budget constraints, and competing national priorities have rendered forward progress on policy change a virtual impossibility. Despite the odds, the Coalition for Health Services Research (Coalition) has built on the momentum generated by our advocacy activities last year and is positioned to put points on the board as a new Congress and administration transition to power (see Coalition Corner, page 4):

► For the first time, appropriators in both the House and Senate have recognized the importance of innovation in HSR, providing targeted funding for the Agency for Healthcare Research and Quality (AHRQ) to support investigator-initiated research grants.

► The House and Senate have also expressed their concerns about the lack of investment in the next generation of health services researchers and have urged the Secretary of Health and Human Services to expand funding for training grants and investigator-initiated research in the fiscal 2010 budget.

► The Centers for Medicare and Medicaid Services has released its much anticipated rule making Medicare Part D data available for research purposes. While certain data elements remain restricted to protect beneficiary privacy and commercially sensitive health plan data, the Part D rule is the first step toward achieving AcademyHealth’s policy goal of fair and transparent access to information and data.

With your support, the Coalition has rushed persistently over the last several years to “move the chains”—educating policymakers about the value of HSR and the challenges facing our community. And to our benefit, the large and growing structural deficits fueled by health care spending have brought greater awareness of, and demand for, HSR among policymakers who are looking for answers to hard questions about health system change. This new appreciation for HSR has made them more receptive to our field’s priorities and needs.

Partisan politics and election year distractions will likely prevent any further legislative action in the remainder of this year (see Coalition Corner, page 4). Fiscal constraints and competing budget priorities mean that HSR is unlikely to see dramatic budget increases in the near term. Still, our research on the effectiveness, efficiency, affordability, and safety of health care has led to a paradigm shift in Washington, where policymakers of all political persuasions are now willing to discuss serious health reform. And if this year’s gains are any indication, they appear more open to the idea that increased investment in health services research will pay dividends in the long term.

As my time as the Coalition’s quarterback comes to an end this November, I hope you will continue to lend your support and enthusiasm to our advocacy efforts. It’s first down, and the game has just begun.

Sincerely,

Joseph R. Antos, Ph.D.
Chair, Coalition for Health Services Research

AcademyHealth Reports
Members Weigh In on Priorities for AcademyHealth

This year, AcademyHealth’s member survey focused on a series of issues related to the organization’s strategic plan (see article below). We are pleased to report that one-third of the membership responded to our online survey, which was sent to members in May 2008. The survey has provided us with useful feedback on AcademyHealth’s services, as well as members’ priorities for the organization. Over the next year, we plan to report on member perspectives that were shared as part of the survey.

The first of these segments presents information on the members’ priorities for the organization. Members were asked how AcademyHealth should prioritize the following four objectives:

1) advancing AcademyHealth members’ careers;
2) advancing the field of health services research and policy analysis;
3) advancing the broader knowledge base for health care decision-making; and
4) advancing the equity and efficiency of health care.

Fifty-seven percent of respondents selected “advancing HSR” as the highest priority, followed by 19 percent who felt “advancing the knowledge base for health care decision-making” was most important. Combining the top two priorities indicates that both are closely linked for members, with 79 and 64 percent of respondents ranking the two options as their No. 1 or No. 2 priorities for AcademyHealth, respectively. By comparison, only 22 percent of respondents ranked “advancing members’ careers” as one of their top two priorities.

These results indicate that AcademyHealth members continue to support core organizational objectives—to strengthen HSR, disseminate and translate research, and provide expert technical assistance.

AcademyHealth Strategic Plan to Address Challenge Areas

AcademyHealth is in the process of updating the organization’s current strategic plan, which was developed to define the organization’s goals and direction following the merger of the Academy for Health Services Research and the Alpha Center. With the merger behind us, the current strategic planning effort offers a unique and exciting opportunity to contemplate new programs and avenues for growth.

A key first step in this effort is collecting updated information on the field of health services research. AcademyHealth staff are collaborating with a committee of the Board of Directors to conduct a series of stakeholder interviews, focus groups, and a member survey to assess the experiences of AcademyHealth constituents. These data-collection activities focus on several strategic “challenge” areas identified by the Board, including new programs and professional development offerings, membership, and advocacy through the Coalition for Health Services Research.

Over the next few months, AcademyHealth staff will work with the Board to review data on each of these challenge areas and create recommendations for big ideas and future directions. Throughout this important and exciting process, we will provide updates to the membership and we welcome your feedback and suggestions.

We look forward to working with you to ensure that our current planning activities bolster AcademyHealth’s ability to meet the needs of the field today and in the future.

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

Coalition Corner

HSR’s Funding Gains Thwarted by Politics

House and Senate appropriators have proposed fiscal year (FY) 2009 funding increases for many agencies that support HSR and health data (see table). More important, for the first time appropriators in both chambers have proposed targeted funding to address priorities of our field, including investigator-initiated research grants and training grants for new researchers. Specifically, the House appropriators provide the Agency for Healthcare Research and Quality (AHRQ) $13 million for investigator-initiated research and training grants. While the Senate appropriators provide AHRQ flat funding overall, they target $6 million for investigator-initiated research.

The Senate Appropriations Committee approved its bill, but the House Appropriations Committee’s markup of the Health and Human Services bill and other spending bills abruptly adjourned June 26 over partisan disputes regarding the Interior Appropriations bill and Republicans’ attempts to address offshore oil drilling.

As a result, the House Appropriations Committee will not consider any of the remaining spending bills this year, and the Senate will suspend FY 2009 appropriations activities until after the November election, and a continuing resolution will be passed to sustain government operations at FY 2008 levels until early 2009.

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

A markup is a session where a congressional committee meets to “mark up” a bill; the language of an original measure is analyzed line by line or section by section, and then changed or amended. At the end of the amendment process, the chair of the committee entertains a motion to “report” the bill to the full chamber for a vote. If the committee agrees to report the measure, the bill is then “ordered reported” and the committee files its committee report—a written report to accompany the bill—in the full chamber for its consideration.

Walk the Walk...

On Wednesday, October 15, the Coalition will host its second Advocacy Webconference. This session will offer practical strategies and tactical tips for getting your research in front of policymakers. For more information, visit: www.chsr.org/events.htm.

For more information on these appropriations and authorizing bills, including up-to-the-minute reporting on their status, visit www.chsr.org.

CMS Releases Part D Data Rule

The Coalition has been working to secure public and private researchers access to Medicare Part D data as part of a broader organizational policy priority to ensure fair and transparent access to information. Last spring, the Centers for Medicare and Medicaid Services (CMS) issued its final rule to permit Medicare Part D claims data to be used for “programmatic monitoring, research, public health, care coordination, quality improvement, population of personal health records, and other purposes.” Under the final rule, external researchers have access to the “minimum necessary data for research purposes subject to additional protections such as the encryption of beneficiary, prescriber, and pharmacy identifiers unless needed to link to another data set. In addition, external entities will not have access to plan identifiers or disaggregated drug cost data that breaks out drug ingredient cost or dispensing fees.”

Resources to help you understand the implications of the rule are available on the Coalition’s Web site (www.chsr.org/regulations.htm).

The Coalition will continue to monitor and assess any issues you encounter in using these and other data in your research. Please contact Emily Holubowich, director of government relations at emily.holubowich@academyhealth.org, with questions or concerns.

### Funding (in millions)

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<tr>
<th>Agency</th>
<th>FY2008 (est.)</th>
<th>President FY 2009 Request</th>
<th>House Mark FY 2009</th>
<th>Senate Mark FY 2009</th>
<th>Coalition Minimum Target</th>
<th>Coalition Projected Need</th>
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<td>Agency for Healthcare Research and Quality</td>
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<td>$375</td>
<td>$334.6</td>
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<tr>
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<td>$124.7</td>
<td>$125</td>
<td>$175</td>
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<tr>
<td>CDC: Public Health Research</td>
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<td>$31</td>
<td>$31</td>
<td>$31</td>
<td>$33</td>
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<tr>
<td>Centers for Medicare and Medicaid Services</td>
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<tr>
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<td>$77.5</td>
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</table>

For more information on these appropriations and authorizing bills, including up-to-the-minute reporting on their status, visit www.chsr.org.
suggested that there needs to be a paradigm shift in the research community, where evidence is viewed as “good enough for policymaking” even if it is not considered ready for peer-reviewed publishing. While research can inform the process, policymaking at its core is “political, not scientific.”

Panelists agreed that the time is right for health reform. As Kendall noted, “The Democrats are pragmatic about what can and can’t be accomplished, and Republicans are actually campaigning on reform too.” This underscores the need for more and better HSR, particularly as the implementation of health system changes will leave a lot of discretion to agencies, states, and businesses—all of whom will need evidence. In addition, panelists agreed that the new health system will need to be adaptive and self-supportive, requiring a feedback loop for evidence to inform further system adaptations as it evolves.

To do this effectively, health reform proposals will need to include increased funding to strengthen the health services research infrastructure—workforce training, methods and data. Currently, the field of HSR is considerably underfunded, limiting the capacity of our researchers to provide the analysis needed for macro-level questions about health system change. In addition to the actual decline in funding in real dollars, more and more of the funding that is appropriated is targeted or earmarked for specific research priorities within agencies’ budgets. This practice results in fewer dollars available to support competitive extramural grants and investigator-initiated research.

In addition, panelists agreed that a functioning feedback loop will require better collaboration among the public and private funders of HSR in order to develop a coordinated research agenda, recommending that the Agency for Healthcare Research and Quality (AHRQ) be central in research coordination and priority setting. Lambrew noted that AcademyHealth through its advocacy arm, the Coalition for Health Services Research, is seeking legislation that would advance the idea of a coordinated research strategy.

While panelists universally agreed that there is a need for better coordination and a more strategic approach to research prioritization, Antos cautioned about the dangers associated with too much coordination. “There is a real risk in trying to identify gaps and duplication in federal research, because the Office of Management and Budget would look at this analysis and see places to cut funding, even if there really isn’t overlap and duplication of work across federal agencies.”

In summary, the roundtable presenters called upon the field of health services research to develop the types of research that will support an adaptive health care system with built-in feedback loops for evidence to continuously inform future system changes. For this to happen, the field would need to:

→ Develop a coordinated research strategy to generate evidence that is relevant, rigorous, and timely;
→ Secure more funding for HSR;
→ Cultivate a constituency that is vested in HSR; and
→ Provide opportunities for information exchange between researchers and practitioners through, for example, “embedded” research fellowships.

AcademyHealth Joins Leaders from Business, Labor, Education, and Advocacy to Encourage Ethical Conduct for the Recruitment of Foreign-Educated Nurses to the United States

On September 4, AcademyHealth, along with the MacArthur Foundation and a taskforce of diverse stakeholders, formally released the Voluntary Code of Ethical Conduct for the Recruitment of Foreign-Educated Nurses to the United States (The Code) and its Web site, www.FairInternationalRecruitment.org. The Task Force was composed of representatives of unions, health care organizations, educational and licensure bodies, and recruiters.

The Code provides voluntary guidelines that aim to ensure that the growing practice of recruiting foreign-educated nurses (FEN) is done in a responsible and ethical manner. It is designed to increase transparency and accountability throughout the process of international recruitment and ensure adequate orientation for FENs. It also provides guidance on ways to ensure recruitment is not harmful to source countries.

The Web site serves as a comprehensive resource and media center for information related to the background, development, and implementation of The Code, including FAQs, a list of endorsers, reading lists, Web casts, press releases, tool kits, and external resources.

This initiative was funded through a grant from the John D. and Catherine T. MacArthur Foundation. For more information see www.fairinternationalrecruitment.org.
Celebrating 25 Years of Health Services Research

The 25th Annual Research Meeting (ARM), held June 8–10 in Washington, D.C., broke attendance and participation records with more than 2,300 participants, more than 850 posters, and 150 sessions related to 22 themes, such as quality, disparities, and coverage and access.

To commemorate the 25th anniversary of the ARM, the agenda featured three sessions that both honored the past and looked to the future of the field. The 25th Anniversary Founders Panel brought together 10 of the 15 original founders and board members of the Association for Health Services Research (AHSR, one of the predecessor organizations of AcademyHealth). The panel titled “Reflections on the Field of HSR: Where We’ve Been & What Questions We Left Unanswered” offered reflections from seasoned practitioners on the achievements of HSR over the past several decades and the many challenges remaining for succeeding cohorts of health services researchers. “Questions & Challenges for the Next Generation of Health Services Researchers” provided insights from a group of younger scholars on what they see as the big issues and directions for research, policy, and practice in the future.

Highlights from the 2008 ARM including presentations, abstracts, and conference summary are available online at www.academyhealth.org.arm.

As always, networking was an important part of the meeting. Thomas McGuire, Harvard Medical School, shares a laugh with AcademyHealth board members José Escarce, UCLA and RAND, and Margarita Alegría, Cambridge Health Alliance.

The keynote address by Drew Altman of the Henry J. Kaiser Family Foundation addressed the choices for health care reform in the coming years.
The member election for AcademyHealth’s Board of Directors is open from Tuesday, September 2 to Friday, September 19. This is your opportunity to have input on AcademyHealth’s leadership. Members active on August 1 may vote online for three of the following six candidates:

→ Katherine Baicker, professor, Harvard School of Public Health
→ Lynn A. Blochett, associate professor, University of Minnesota School of Public Health
→ Timothy S. Carey, professor, University of North Carolina at Chapel Hill
→ Catherine Hoffman, senior researcher and associate director, Kaiser Commission on Medicaid and the Uninsured
→ Vincent Mor, professor and chair, Department of Community Health, Brown University
→ Paul J. Wallace, medical director, Kaiser Permanente

News from the Journals
Updates on Recent Issues from AcademyHealth’s Official Journals, Health Affairs and HSR

*Health Affairs Examines Health Reform in the Emerging Economies of China and India*

The July/August issue of *Health Affairs*, titled “China & India: Reform Goes Global”, provides an in-depth look at international health reform. Starting with reform and financing concerns, this issue also looks at the biotech industry, pharmaceutical policies, and insurance systems. Other article highlights include an interview with the Minister of Health for China and papers on tackling HIV/AIDS. To find out more about the July/August 2008 issue, including the full table of contents, visit the *Health Affairs* Web site at www.healthaffairs.org.

*Health Services Research Highlights Research on Hospital Governing Boards*

The August issue of *Health Services Research (HSR)* features new research on the roles filled by hospital governing boards and a framework for governing boards themselves to identify areas for improvement and directions for change. Data comes from a survey of CEOs about hospital governance to identify five distinct types of boards. The issue also features articles on quality and safety, including publication of quality report cards in nursing homes, policy articles assessing the impact of Medicare coverage on health care utilization, and articles looking at racial/ethnic disparities. More information about this recent issue can be found on the *HSR* Web site at www.hsr.org.

**2009 Health Policy Fellowship Deadline: Monday, January 5, 2009**

The National Center for Health Statistics (NCHS) and AcademyHealth are seeking applications for their 2009 Health Policy Fellowship. The aim of the fellowship is to foster collaboration between NCHS staff and visiting scholars on a wide range of topics of mutual concern. The fellowship allows visiting scholars to conduct new and innovative analyses and participate in developmental and health policy activities related to the design and content of future NCHS surveys. It also offers access to the data resources provided by the CDC.

For more information on the fellowship and to download an application, visit www.academyhealth.org/nchs.
The 2009 National Health Policy Conference (NHPC), co-sponsored by AcademyHealth and Health Affairs, will take a first look at the plans for health care reform as the nation welcomes new and returning administrators and policymakers. Leading experts including government officials, academics, policy analysts, and researchers will convene February 2–3 at the J.W. Marriott Hotel in Washington, D.C., to provide their perspectives on what the key health policy issues will be for the nation in 2009. This first gathering of the new policy players will offer a comprehensive look at what changes are on the horizon for health policy in Washington.

With health care reform continuing to be a prominent issue, conference participants will hear expert insight on current policy challenges, areas for improvement, and policymakers’ plans. Attendees will have the opportunity to shape the reform discussion in breakout sessions highlighting reform’s impact on the public and private sector, the tools needed for change, and the benefits for consumers.

Registration for the conference opens Wednesday, October 1. For more information on the agenda and full registration details, visit the NHPC Web site at www.academyhealth.org/nhpc.