Informing Policy: The Role of HSR in Health Care Reform

The 2010 Annual Research Meeting agenda featured a special session on the role health services research played in the development of federal legislation. Karen Davis of The Commonwealth Fund chaired the session, “How Health Services Research was Used in Health Care Reform,” and convened panelists from academia, policy research firms, and congressional committees to share their insights on how health services research was used in the formulation of the Patient Protection and Affordable Care Act (PPACA).

Davis began the session by congratulating those in attendance for their contributions. “This session is in some ways taking time to celebrate this achievement,” said Davis. “I think the field of health services research can be proud that our research played a significant role in informing the debate on health reform.”

Panelists then shared their own experiences, discussing specific studies cited in the PPACA legislation, advice for improving the relationships among researchers and policymakers, and next steps for the health services research community throughout the implementation process.

Which Research Was Used

According to Cathy Schoen of The Commonwealth Fund, some of the most influential research used in the health reform process was focused on delivery system reform. Schoen specifically discussed the Fund’s Commission for a High Performance Health System, which examined ways the health care system was underperforming, and looked at how those issues related to each other.

Through reports and scorecards, the Commission was able to show that there are multiple solutions to the issues plaguing the health care system, and by combining those different policy changes, improvements can be made in the areas of access, outcomes, and cost containment. It was that whole-system approach of policy change on multiple levels that Schoen said Congress took on as their framework.

“None of this…would’ve happened in reform if we hadn’t had evidence that some of this works,” said Schoen, citing specific examples from Geisinger Health.

HSR Tells Policymakers How to Design Reform

“This community did its job”

– Jack Ebeler

Panelists Liz Fowler, of the Senate Finance Committee, and Jack Ebeler, of Health Policy Alternatives (formerly with the Committee on Energy and Commerce), provided the policymakers’ perspectives.

“This community did its job and it informed this debate in a very helpful manner,” said Ebeler, explaining that the evidence provided by researchers helped policymakers answer the hard questions of how to design the plan. He continued by saying that researchers will play an increasingly important role as the implementation process moves forward, specifically in the area of interpreting research findings.

Continued on page 4 →
The Coalition for Health Services Research brings together our interests to educate policymakers about the issues that matter most to you—and these are great things.

We have seen remarkable success in recent years:

- Helping to secure significant and sustained funding increases for the agencies that fund HSR;
- Working with allies to secure $1.1 billion for CER through the American Recovery and Reinvestment Act (ARRA);
- Establishing ongoing mandatory funding for CER the Patient Protection and Affordable Care Act (PPACA);
- Educating policymakers to protect investigator-initiated research grants in spending bills;
- Fighting for publication rights and data access; and
- Advocating for new and emerging disciplines.

Looking forward, our priorities will be heavily influenced by PPACA implementation and the regulatory and political maneuvering to define the details of this important legislation. We know that in the coming months the Coalition will work to shape the new Patient-Centered Outcomes Research Institute (PCORI) to support and disseminate comparative effectiveness research. We are currently working very hard to ensure prominent members of AcademyHealth are placed on the Governing Board and the Methodology Committee. In the future we will work to ensure the PCORI’s research agenda includes opportunities for our field, prioritizing systems research and a wide-range of methods.

We are working to ensure the newly authorized Public Health System and Services Research (PHSSR) initiative receives funding. We do this by partnering with allies in the public health community to present our funding recommendations to the administration and appropriators on the Hill. This also means cultivating congressional champions who are willing to make funding PHSSR a priority. Copies of these letters are available on the Coalition’s website at www.chsr.org.

“Great things are not done by impulse, but by a series of small things brought together.”

– Vincent Van Gogh, 1853-1890, Dutch Painter

In FY 2011 we will continue to work to influence the annual budget and appropriations process to increase the federal investment in health services research. We will advocate that agencies distribute funding through investigator-initiated research grants. Where agencies rely on contracts to finance funding opportunities, we will work to ensure that restrictive prior restraint clauses are not unnecessarily placed on the publication of federally funded research.

Your participation in the Coalition is essential to our success. As the economy continues to drift and the political will to increase federal spending erodes, the Coalition will need your support more than ever to hold on to recent gains and ensure that health services research remains adequately funded for us to deliver on the promises that we all know our field can deliver. We will need both the financial support provided through your AcademyHealth membership and your voice as an advocate for the field.

We may call upon you to contact your elected officials, write letters and emails, and urge continued support for health services research. We know that when elected officials hear from their constituents, they listen.

I encourage you to develop a relationship with your members of Congress as I have with mine, to sign up for the Coalition’s email action alerts, and to share your opinion in email, district office visits, and town hall meetings. As a constituent, you are a powerful advocate for the field and an important part of the education effort around how health services research can help policymakers and practitioners make better decisions.

Louis F. Rossiter, Ph.D.
Senior Research Fellow
The College of William & Mary
The Latest

View the Best of ARM 2010 on AcademyHealth.org

Recordings of select sessions are now available online for those who attended AcademyHealth’s 2010 Annual Research Meeting (ARM), June 27-29 in Boston. The “Best of ARM” series includes some of the most popular presentations from the conference on the topics of health reform, research methods, health information technology, and comparative effectiveness research.

The series includes 10 sessions in flash video format. Members must log in to access the recorded presentations using their academyhealth.org account information. Visit www.academyhealth.org/bestofarm2010 to view the full list of sessions.

These recordings will be available to ARM attendees until September 19, 2010. For questions about the sessions or assistance with login information, please contact Anna LaFayette at anna.lafayette@academyhealth.org or call 202-292-6700.

AcademyHealth Board Approves New Interest Group and Consolidation of Two Others

At its June 29 meeting, the AcademyHealth Board of Directors approved a one-year provisional status to the newly formed Genomic Health and Personalized Medicine Interest Group (IG). The new IG is open to researchers, policymakers, practitioners, and others interested in the burgeoning field of genomic medicine.

The purpose of this group is to promote and educate members about the complex issues involved in genomic health at a time when the area is emerging from research into the mainstream. The IG provides a vehicle for communicating, sharing, and collaborating on genomics research, the effectiveness and quality of genomic health services, appropriate access and cost of care, and new ethical concerns.

Interest Group members will be available to work with colleagues on projects involving genomic factors in areas such as oncology, chronic disease prevention, drug interactions, and comparative effectiveness research. If you are interested in joining this IG, please contact IG Co-Chair Barbara Lerner at lerner@bu.edu or interest.group@academyhealth.org.

The Board also approved the consolidation of the Research Translation and the Health Policy and Communications IGs because of their similarity in focus and participation. The new name of the consolidated IG is the Translation and Communications IG, and individuals who were members of either of the previous IGs will be automatically transferred to the membership of the newly named IG. If you are interested in joining this Interest Group, please email membership@academyhealth.org.

New Health Reform Implementation Resources for States

AcademyHealth’s state coverage team has compiled and published a number of research-based resources for state policymakers on the website, www.statecoverage.org/health-reform-resources. This dynamic portal was created under the auspices of State Coverage Initiatives (SCI), a national program of the Robert Wood Johnson Foundation administered by AcademyHealth.

Recently added reports include:

State Implementation of National Health Reform: Harnessing Federal Resources to Meet State Policy Goals

This report, prepared by Stan Dorn of the Urban Institute, identifies and documents policy options in the Patient Protection and Affordable Care Act (PPACA) that could be important to accomplishing longstanding state objectives. The author takes the complex mass of health policy detail and organizes it into understandable policy directions that orient state officials and stakeholders to help chart a path forward. Rather than itemize the full range of decisions and actions that the law expects of states, the paper synthesizes the details of federal reform into several broad themes.

Health Benefit Exchanges: An Implementation Timeline

The timeline is a valuable resource for states as they plan for exchanges under the Patient Protection and Affordable Care Act (PPACA). SCI worked with experts in the field to develop a timeline that breaks down the many tasks that will fall to states into an easy-to-digest list. Accompanying the timeline is a Gantt chart that visually highlights the major implementation tasks to be undertaken through 2014. The resource reflects the experience of Jon Kingsdale and Patrick Holland, who worked to implement the Health Connector in Massachusetts. It also incorporates guidance from PPACA, plus lessons from preliminary efforts in other states that have begun to plan for their exchanges.

For more information, please visit our website at www.academyhealth.org.
“The Congress is not always good at dealing with the products of health services research,” said Ebeler, citing the example of the political challenges that often arise with comparative effectiveness research outcomes. He stressed the need for continued education and training to help researchers, policymakers, and analysts translate research into policy and practice.

**Keys to Successfully Translating Research to Policy**

“If I pass this bill, what’s going to happen?”

– Jonathan Gruber

Panelists also offered suggestions for researchers who are looking to apply their work throughout the implementation of the reform provisions. Economist Jonathan Gruber of the Massachusetts Institute of Technology discussed the use of microsimulation modeling in the health care reform debate to determine outcomes of proposed policy changes. Gruber consulted with several congressional staff members through the legislation process, and found that politicians were most concerned with the effect policies would have on individuals, which is not something that is always a priority for academic researchers. He advised researchers to think about the eventual impact of their work.

“Politicians want to know, ‘If I pass this bill, what’s going to happen?’” explained Gruber. He suggested applying the research through microsimulation modeling to simulate the effects of implementation. By using that method, researchers can better determine how many people would be covered, the costs of the policy, etc.

Mark McClellan of the Brookings Institute also stressed the need for researchers to show the effects of implementing change, which those involved in the reform process often underestimated. “If you really want to get strong support for delivery reform in policy, you’ve got to show the health consequences in a compelling way,” said McClellan. He stated that the evidence needed to guide policy should help policymakers answer the questions of how changes in care delivery impact cost, behavior, and overall health.

**Challenges, Opportunities, and a Call to Action for Researchers**

“We’re at the beginning of a new era…this is a golden age for research”

– Cathy Schoen

Though the panelists praised the work researchers did to provide evidence to help shape the PPACA legislation, they each stressed the importance of the health services research community as the reform provisions are implemented.

Davis called for the research community to come together to focus on the future needs of policymakers and the public. “Whatever your particular area of interest and expertise is, we need to really be looking at what’s next,” she said. “[We need] research on tracking the impact of health reform … we may need new methodologies to really get fast info to help inform continuous learning and improvement.”

McClellan also offered insight on where researchers should focus in the future. He suggested that some of the unresolved issues for the field of HSR include mechanisms for developing comprehensive evidence quickly, synergies across policy reforms, and policy questions related to implementation of comparative effectiveness research.

Panelists were overwhelmingly optimistic about the future for the field of health services research, encouraging researchers to look at new challenges that arise from the reform provisions. “We’re at the beginning of a new era,” said Schoen. “This is a golden age for research.”

An audio recording of this presentation is available to Annual Research Meeting attendees at www.academyhealth.org/bestofarm2014.

The Coalition for Health Services Research prepared an analysis of the key provisions from the PPACA that will directly impact the HSR community. The report is available at http://www.chnr.org/CHSRReformSummary.pdf.
Student Membership Is Growing – and Membership Benefits are Too

The Membership Committee was pleased to report to the Board at its late June meeting that AcademyHealth student membership has grown to an all-time high of 979 members, which represents 23 percent of the total membership. Since July 2009, student membership has grown by 17 percent.

This exciting growth can be attributed to the addition of new membership benefits, discounted registration rates for AcademyHealth meetings, and the burgeoning opportunities that health care reform has opened for health services research (HSR) and health policy careers, making AcademyHealth an important resource and connection.

Student members represent the future of AcademyHealth and we continue to build programs and services to meet their professional and educational needs.

Students at the ARM

Students gathered for networking and professional development at special events throughout the ARM

More than 400 student registrants enjoyed the significantly discounted registration rate offered for students to attend the 2010 Annual Research Meeting (ARM), with more than 150 of them joining AcademyHealth as new members. Nearly 30 students attended ARM through scholarships offered by AcademyHealth. Student registrants also met informally with nationally known experts in health services research, policy, management, and clinical practice at the Meet-the-Experts Student Breakfast. Some students also took advantage of a “mentor match” for résumé review and career advice. AcademyHealth’s student chapters also played a prominent role at the conference. The AcademyHealth Boston University Student Chapter hosted a student social for student registrants during ARM; and student chapter leaders met with AcademyHealth staff to discuss AcademyHealth’s and the chapters’ expectations, challenges, successes, and visions for the future.

Training and Professional Development

Harold Cox, M.S.S.W., Boston University, offers career advice during the “Meet the Experts” Student Breakfast

Ongoing training is important to keep pace with the evolving fields of HSR and health policy. AcademyHealth provides educational opportunities for the community of health services researchers, policymakers, and practitioners through on-demand seminars, live webinars, and special events on methods, professional skill-building, and policy topics. Some are offered free to members while others require an enrollment fee. Student chapters can access on-demand seminars for free when used as chapter events.

AcademyHealth has compiled a comprehensive list of institutions that offer doctoral and post-doctoral training in health services research. The HSR training directory has recently been expanded to include the following information on each doctoral program: school address, degrees with hyperlinks to program websites, and phone and email addresses of the program director and academic program director. This expanded information is a new benefit for AcademyHealth members only.

Career Center

An important source for career advancement in the fields of HSR and health policy, AcademyHealth’s online Career Center offers access to professional training, job opportunities, and fellowships. Student internship opportunities are being added to the Career Center later this year. Also under development is an expanded student mentor program.

Leadership

Leadership opportunities for student members to build their résumés and networking circles are available in several ways: submitting an abstract for a student poster at ARM, co-chairing a session at the ARM, becoming involved with our 15 Interest Groups, and starting a student chapter at your university. Starting a student chapter is free, and easy to do – we have a chapter toolkit that provides everything you need to start a chapter. Students can learn more about AcademyHealth benefits, programs, and resources during our “virtual” Student Open House in the fall.

If you would like to become more involved in student programs and activities, have suggestions for new benefits, or have questions, please email AcademyHealth’s Membership Director, Jane Brookstein, at jane.brookstein@academyhealth.org or call her at 202.292.6754.

Call for Volunteers: 2011 Annual Research Meeting

The planning process is currently under way for the 2011 Annual Research Meeting (ARM), to be held June 12-14 at the Washington State Convention and Trade Center in Seattle. Laurence Baker of Stanford University is chair of the 2011 conference, which will feature research presentations, multiple career development and networking opportunities, and poster sessions. The ARM is a great way for members to be involved in the organization, and AcademyHealth is calling for abstract reviewers, career mentors, and many other volunteers to assist with the conference. If you would like to get involved, please email your name and interest to anna.lafayette@academyhealth.org.
Coalition Corner

Details on Future of HSR Funding Begin to Emerge

With growing anti-spending sentiment resonating in Washington and concerns about the impact of policymakers’ funding decisions on the November elections, the annual appropriations process has been riddled with delays and uncertainty. Nevertheless, the House and Senate made significant progress in July in a pre-recess push, as both chambers considered several bills including the Labor, Health and Human Services, Education and Related Agencies (Labor-HHS) appropriations package.

The House Subcommittee passed its Labor-HHS package on July 15, but full committee markup has not been scheduled. Per the tradition of the Committee, details of the spending bill are not released until full committee markup. In the meantime, top line, agency-level funding numbers are public. Most notably, the Agency for Healthcare Research and Quality (AHRQ) would receive $411 million in fiscal year (FY) 2011; the president had requested $611 million, much of which would’ve been invested in comparative effectiveness research (CER). In addition, the House would provide AHRQ $10 million from the newly authorized Prevention and Public Health Fund in the Affordable Care Act—a mandatory funding stream of $750 million in FY 2011 to support public health and prevention services and programs authorized by the Public Health Service Act. No other details on AHRQ’s appropriation are available at this time from the House.

The Senate Subcommittee passed its Labor-HHS bill on July 27, with full committee passage on July 29. From the detailed committee report now publicly available:

- AHRQ would receive $397 million in FY 2011; the same level as FY 2010. Within that total, the Senate provides $35 million for AHRQ’s CER portfolio and $40 million for investigator-initiated research (IIR)—with $3 million of this amount available for new and competing grants. The president’s budget included no funding for new IIR grants. The Senate would also preserve funding for several of AHRQ’s core programs that the president targeted for cuts. In addition to the base funding of $397 million, the Senate provides AHRQ $17 million from the Prevention and Public Health Fund to support the U.S. Preventive Services Task Force and clinical preventive services research.
- The National Center for Health Statistics (NCHS) would receive $162 million, consistent with the president’s request and nearly $24 million greater than FY 2010. In addition, the Senate would provide NCHS $34 million from the new Prevention and Public Health Fund.
- Public Health Research at the Centers for Disease Control and Prevention (CDC) would receive $31 million, plus $20 million from the new Prevention and Public Health Fund to support extramural grants on public health and prevention.
- As requested by the president, $110 million would be provided for a new Health Care Data Improvement Initiative at the Centers for Medicare & Medicaid Services (CMS).

History demonstrates that Congress rarely completes work on appropriations during election years—and this year is no different. We expect a continuing resolution to sustain federal funding through the election, with Congress likely to pass an omnibus spending package during the lame duck session. The election results will undoubtedly impact the completion of the appropriations process—both when the bills are finalized and how differences between the House and Senate funding levels are reconciled.

Please visit www.chsr.org for updates on the status of the appropriations process.

HHS Spend Plan for CER Recovery Act Funding Focuses on Infrastructure

The Office of the Secretary of HHS was allocated $400 million for CER by the American Recovery and Reinvestment Act (ARRA). The primary goal of these funds is to complement AHRQ’s $300 million and the National Institutes of Health’s (NIH) $400 million investments in CER, laying the “foundation for a robust, high-impact, and sustainable CER enterprise.” In developing its spending plan, HHS considered recommendations of the Federal Coordinating Council for CER, the Institute of Medicine (IOM), HHS’s ARRA departmental working group, and public stakeholders. Details of the spend plan continue to evolve, but in general:

- More than half of the funding will be invested in the data infrastructure needed to conduct CER, including longitudinal claims databases, distributed data networks, and patient registries ($210.5 million).
- Nearly one quarter of the secretary’s ARRA funds will be invested in research dissemination and translation ($89.5 million).
- A smaller but significant investment will be made in research itself, including studies on behavioral economics and change, delivery system improvements, emergency care delivery, and chronic disease prevention, among others ($71 million).
- $7.6 million will be invested in CER inventories and evaluations, since “the process of cataloguing CER activities and infrastructure…will be crucial to tracking investments in CER going forward.”
- $17.4 million has been reserved for future allocation, as HHS “expects that there will be gaps that become apparent as the spend plan is operationalized into specific funding announcements…this [funding] will enhance the ability of the portfolio to be balanced, coordinated, and address gaps to maximize impact.”

The funding will be distributed through AHRQ to many different federal agencies, including AHRQ, CDC, the Office of the Assistant Secretary for Planning and Evaluation, the Food and Drug Administration (FDA), CMS, the Health Resources and Services Administration, the Indian Health Service, and NIH, among others. It appears that in most cases the majority of HHS’s ARRA funds will be administered through task order contracts and cooperative agreements, though there are some targeted grant opportunities. Of the $700 million in CER funding provided to AHRQ and the Office of the Secretary, several hundred million is currently in the peer review and negotiation stages. The majority of the awards will be made at the end of July through September. NIH has obligated the $400 million it received for CER through ARRA.
AcademyHealth members elected two new directors who will begin their terms on December 15. New this year, AcademyHealth opened voting for the Board of Directors member election to coincide with the start of the Annual Research Meeting (ARM). Voting closed July 30, with 26 percent of members eligible to vote participating in this year’s AcademyHealth member election. Terms are effective through December 2014. Please join us in welcoming the following member-elected individuals to the board:

Romana Hasnain-Wynia, Ph.D.,
Director, Center for Healthcare Equity, and Associate Professor, Feinberg School of Medicine, Northwestern University

Len M. Nichols, Ph.D.,
Director, Center for Health Policy Research and Ethics, George Mason University

Carmen Hooker Odom, M.R.P.,
President, Milbank Memorial Fund

Craig V. Thornton, Ph.D.,
Managing Director for Health Research, Mathematica Policy Research, Inc.

Lisa Rubenstein, M.D.,
Professor of Medicine and Public Health, VA Greater Los Angeles and UCLA and Senior Natural Scientist at RAND

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

These directors begin their terms in December.

Thank you to everyone who participated in the nomination and/or election process this year. We will begin accepting nominations for the 2011 elections in January, so start thinking now about individuals who would be good representatives. Instructions will be sent in January for submitting nominations online.

AcademyHealth’s official journals, Health Affairs and Health Services Research (HSR), provide updates on recent issues in health services research and policy. AcademyHealth members may subscribe to the two journals at a discounted rate. For more information, visit the AcademyHealth website at www.academyhealth.org/membership.

Nurse Anesthetists Working Without Supervision By Doctors Provide Safe Care

Amid the safety debate about expanding roles for nonphysician health professionals, a new study in Health Affairs’ August 2010 issue shows that allowing nurse anesthetists to provide anesthesia services without supervision from a doctor does not put patients at risk. The new study confirms that certified registered nurse anesthetists who receive high-level training are able to provide the same level of services as anesthesiologists at potentially lower cost.

Researchers analyzed rates of death and complications from surgery in the 14 states that “opted-out” of the requirement that nurse anesthetists be supervised by physicians. The researchers found no increase in the odds of a patient dying or experiencing complications in the states that had opted out. They also found no significant differences when they compared patient outcomes across three scenarios: certified registered nurse anesthetists working without anesthesiologist supervision; anesthesiologists working alone; or the two types of provider working together on a case. Using nurse anesthetists more broadly could help save on health care costs because they typically earn less than anesthesiologists.

To access a full table of contents from this August 2010 issue, visit http://www.healthaffairs.org/Media/2010_aug_toc.pdf
Now that the Patient Protection and Affordable Care Act is the law of the land, policymakers, practitioners, and administrators are turning their attention to the intricate details of implementation. Figuring out how to put the bill into action and defining the roles for consumers, providers, payers, states, and the federal government will have far reaching impact, and also create opportunities for the health services research field.

You can learn more at the National Health Policy Conference (NHPC), your first opportunity to hear directly from the policymakers about their plans for overcoming challenges and implementing health care reform in 2011. Leading experts, including government officials, academics, policy analysts, and researchers, will recap the progress of reform at the federal and state levels and provide their perspectives on upcoming implementation challenges.

The NHPC will take place February 7-8, 2011 at the JW Marriott Hotel in Washington, D.C. Registration for the conference opens October 1. For more information on the agenda and full registration details, visit the NHPC website at [www.academyhealth.org/nhpc](http://www.academyhealth.org/nhpc).

### Dates to Watch

**September**
- 19: Last Day to Access “Best of ARM” Recordings

**October**
- 1: National Health Policy Conference Registration Opens
- 25-28: Health Policy Orientation

**November**
- 2: Annual Research Meeting Call for Abstracts Opens
- 15: Application Deadline for Alice S. Hersh Scholarship to Attend NHPC 2011