



AcademyHealth

REPORTS

▶ PCORI: Building an Infrastructure to Support Patient-Centered Outcomes Research

The Patient Centered Outcomes Research Institute (PCORI) was established by Congress through the 2010 Patient Protection and Affordable Care Act to support the conduct of research that could help patients and their health care providers make more informed health decisions. PCORI's research is intended to give patients a better understanding of the prevention, treatment, and care options available, and the science that supports those options.

PCORI's first year has been defined by both the practical and visionary tasks of building an organization from scratch. From office location to executive leadership, defining its human resources needs to defining a mission and vision, PCORI has made steady and significant progress toward building the necessary foundation to meet its legislative charge.

Among its many accomplishments, three are of particular interest to the field of health services research:

1. The naming of its board, leadership, and methodology committee;
2. The release of a timeline and process for issuing Tier One grants; and
3. The development of a draft definition of "patient-centered outcomes research" for public comment.

Leadership

The first major news related to PCORI was the naming of its Board of Governors in September 2010. The esteemed panel selected to lead PCORI included four AcademyHealth members representing a diverse range of disciplines. AcademyHealth members also comprise a significant proportion of the PCORI methodology committee, named in February 2011, which is responsible for helping PCORI develop and update methodological standards and guidance for comparative clinical effectiveness research. (See sidebar, page 4.)

In May, the PCORI Board of Governors named Joe Selby, M.D., M.P.H., as its first executive director. Dr. Selby is a family practitioner, health services researcher, and former director of the Division of Research for Kaiser Permanente of Northern California.

The strong representation of health services researchers among the PCORI leadership acknowledges the important role of our field in developing, refining, and applying the methods and principles of comparative effectiveness research to improve health and health care. Their expertise will provide important context as PCORI sets priorities, determines infrastructure needs, evaluates a broad range of research questions, and solicits new research.

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Letter from Leadership



Three years and a political lifetime ago, health services research was riding an upswing in federal support for health-related programs. In November 2008, AcademyHealth and the Coalition were closely

watching and providing technical guidance for legislation proposing new funding for comparative effectiveness research. This culminated in a new private/nonprofit research institute that should pave new roads for informed decision making for patients and their physicians. Similarly, discretionary funding for agencies conducting health services research—including AHRQ, NIH, and CDC—had consistently and steadily increased. These policy initiatives were propelled by Congressional Budget Office and other analyses showing that Medicare cost growth was both accelerating and unsustainable under current law.

The country now faces a very different political and fiscal climate. As we predicted at the Annual Research Meeting in Seattle in June, the president signed the Budget Control Act on August 2, which raises the nation's debt ceiling through November 2012 and puts in motion some significant deficit reduction strategies. Both security and nonsecurity discretionary funding will be pinched if spending limits are triggered. If you are not already bracing yourselves, it would be prudent to plan at your institution for possible ongoing ripple effects across the board. Federal support for health services research may not be exempt from budget reductions, especially if the economy does not improve.

I have frequently characterized health services research to my students as a “teenage” field of study compared to all of the great sciences. As a teenage field, we have just been given the keys and the credit

card to drive the car. Now more than ever, we must be diligent, prove we can live up to our promised potential, and earn the trust we have been granted. It will not be enough to win the competitive grant, conduct the multi-year project and publish the results, and then complain if funding is cut. We must show how our research provides real value, especially as it affects costs or quality.

We have delivered results in the past, even though we do not always get credit for it. Think of your own research. In mine, our research improved beneficiary choice in Medicare and Medicaid Managed Care. These programs now contractually obligate nearly 25 percent of Medicare enrollment and over 70 percent of Medicaid enrollment to coordinated access to care, including older adults, the disabled, poor women, and children. What is your elevator story on how your research has delivered results?

The list goes on. The breadth and depth of knowledge our field has generated would quickly impress most skeptics, for instance:

- Terri Tanielian accepted this year's HSR Impact Award on behalf of the RAND “Invisible Wounds of War” research project, the first and only large-scale, nongovernmental assessment of the psychological needs of Iraq and Afghanistan veterans. The project effectively tackled translation and dissemination of the results, and led to policy action by members of Congress, the Department of Defense, and Veterans Administration.
- Dr. Atul Gawande and a team of international experts from surgery, anesthesiology, and nursing developed a safety standards checklist that, in a multi-city, multi-national study, reduced the rate of inpatient complications and deaths by more than a third. To date more than 1,600 hospitals in 16 countries are

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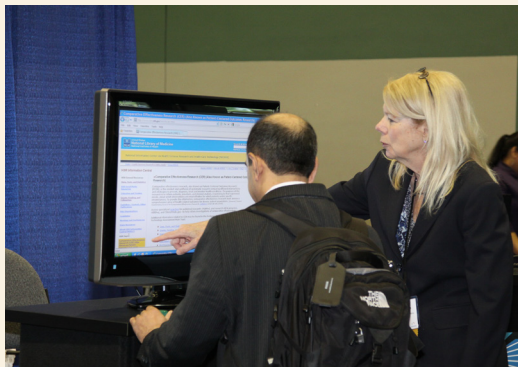
If you have questions or comments about
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kristin.rosengren@academyhealth.org.

The Latest

Role of Innovation and Technology in HSR Featured at 2011 Annual Research Meeting



More than 2,200 researchers, analysts, and providers gathered in Seattle for the 2011 AcademyHealth Annual Research Meeting (ARM). Throughout the conference, it was evident that technology and social media are becoming increasingly important to the health services research community. Presenters explored the theme of innovation in plenary and breakout sessions, and AcademyHealth addressed the theme with new resources for attendees.



Keynote speaker Molly Coye, chief innovation officer at the University of California, Los Angeles, discussed the role of new technology and the opportunities it creates for the research community. One focus of her address was technology's ability to support engagement by allowing patients, families, providers, and other stakeholders to participate in the research conversation. She encouraged attendees to explore new methods for using social media and emerging technologies to identify what to research and how to connect with users of research.



AcademyHealth and The Lewin Group were able to expand on Coye's call to action through the Innovation Station, a lounge where attendees could access and learn about new tools, mobile applications, and data resources. Experts provided live demonstrations on how to use PopMedNet, the Chronic Condition Data Warehouse, Medicare Claims Public Use Files, and Twitter to support health services research and research translation.

In the breakout sessions, many presenters shared their experiences with using new data sources coming out in the post-reform landscape. "There has never been a better time to be an innovator in health care," said panelist Aman Bhandari, senior advisor to the chief technology officer at the U.S. Department of Health and Human Services and senior researcher at the Centers for Medicare and Medicaid Innovation. He stated that policymakers are eager to work with innovative researchers, but aren't always sure how to find them.

Bhandari encouraged researchers to think outside the traditional ways to use data and get noticed through national competitions like the REACH (Relevant Evidence to Advance Care and Health) Challenge, which was formally announced during the ARM. The challenge—a partnership between AcademyHealth and Health 2.0—invites multidisciplinary teams to translate evidence and data into an app that provides useful information to improve health and health care. (Information is available at www.academyhealth.org/reachchallenge.)

The 2011 ARM served as a forum for new findings, a training ground for new methods, and an opportunity to connect with peers working to improve health care delivery through innovative research. Presentations and select recordings are available on the AcademyHealth website: www.academyhealth.org/arm.

AcademyHealth Members Who Sit on the PCORI Board of Governors

Arnold Epstein, M.D., M.P.H., The John H. Foster Professor and Chair of the Department of Health Policy and Management at the Harvard School of Public Health

Harlan Krumholz, M.D., Harold H. Hines, Jr. Professor of Medicine and Epidemiology and Public Health at Yale University School of Medicine

Sharon Levine, M.D., associate executive director for The Permanente Medical Group of Northern California

Grayson Norquist, M.D., MSPH, professor and chairman, Department of Psychiatry and Human Behavior, University of Mississippi Medical Center.

AcademyHealth Members Who Serve on the PCORI Methodology Committee:

Mark Helfand, M.D., M.P.H., M.S.*, professor of medicine, medical informatics, and clinical epidemiology at Oregon Health & Science University

Sharon-Lise Normand, Ph.D., M.Sc.*, professor of health care policy at Harvard Medical School and professor of biostatistics at Harvard School of Public Health

Naomi Aronson, Ph.D., executive director of Blue Cross and Blue Shield Association Technology Evaluation Center

Brian Mittman, Ph.D., director of the VA Center for Implementation Practice and Research

Robin Newhouse, Ph.D., R.N., assistant dean for the Doctor of Nursing Practice Program and associate professor of organizational systems and adult health at the University of Maryland School of Nursing

Mary Tinetti, M.D., professor of medicine, epidemiology, and public health, and director of the Program on Aging at Yale University School of Medicine.

* Denotes former or current members of AcademyHealth's Methods Council

Tier One Grants

Having conducted landscape reviews and established key structures, PCORI is now positioned to move forward on Tier One grants through late summer and early fall. In August, PCORI sought public comment on eight potential topics for Tier One Pilot Projects. The initial eight areas include:

- Developing, testing, and/or evaluating novel methods and approaches that can inform the process of establishing and updating national priorities for patient centered outcomes research (PCOR).
- Developing, testing, and/or evaluating methods for bringing together patients, caregivers, clinicians and non-traditional partners in all stages of a multi-stakeholder research process, from the generation and prioritization of research questions to the conduct and analysis of a study to dissemination of study results.

- Developing, testing, and/or evaluating novel processes for translating research findings into changes in health care practices.
- Developing, testing, and/or evaluating approaches that could systematically, without bias, identify gaps in evidence that most affect low-income populations; minorities; children; elderly; women; people with disabilities, multiple medical conditions, rare conditions, and other vulnerable populations.
- Identifying, testing, and evaluating novel predictive outcomes instruments of interest to patients.
- Identifying, testing, and evaluating novel methods for researching behaviors, lifestyles, and choices within patient control that may influence their outcomes.
- Identifying, testing, and evaluating novel methods for studying the patient-clinician interaction in situations where multiple options for prevention, diagnosis, or treatment exist.
- Identifying, testing, and evaluating methods to assess strategies that respect patient autonomy and promote informed decision-making, incorporating the best healthcare knowledge into the application of care.

The call for comments closed August 31. PCORI will consider public input to refine, update, and add to the request for applications (RFA) as needed or appropriate. The initial RFA is expected in September. According to the PCORI website, the pilot projects will:

- Assist PCORI in establishing national priorities for research;
- Support the development of novel methods or the collection of preliminary data that can be used to advance the field of patient-centered outcomes research (PCOR); and
- Inform the development of a future PCORI research agenda.

Worth noting is that comparative clinical effectiveness studies will not be included at this time. Rather, PCORI will focus on methodologies, translation strategies, and other approaches relevant to patient centered outcomes research. The Board expects to make \$13 million in grant commitments in the Tier One projects, with \$7 million coming in 2011 and the remainder in early 2012.

AcademyHealth and the Coalition for Health Services research will continue to monitor for the

Patient-Centered Outcomes Research (Working Definition as of August 29, 2011)

Patient-Centered Outcomes Research (PCOR) helps people make informed health care decisions and allows their voices to be heard in assessing the value of health care options. This research answers patient-focused questions:

“Given my personal characteristics, conditions and preferences, what should I expect will happen to me?”

“What are my options and what are the benefits and harms of those options?”

“What can I do to improve the outcomes that are most important to me?”

“How can the health care system improve my chances of achieving the outcomes I prefer?”

To answer these questions, PCOR:

- Assesses the benefits and harms of preventive, diagnostic, therapeutic, or health delivery system interventions to inform decision making, highlighting comparisons and outcomes that matter to people;
- Is inclusive of an individual's preferences, autonomy and needs, focusing on outcomes that people notice and care about such as survival, function, symptoms, and health-related quality of life;
- Incorporates a wide variety of settings and diversity of participants to address individual differences and barriers to implementation and dissemination; and
- Investigates (or may investigate) optimizing outcomes while addressing burden to individuals, resources, and other stakeholder perspectives.

release of the RFA and will share that information via our website and social media channels as soon as it becomes available.

Defining Patient Centeredness

Also this summer, PCORI released a call for comments on its initial draft definition of patient-centered outcomes research.

The 45-day comment period, which ended September 2, asked the public to consider four questions:

1. Does the definition place appropriate emphasis on, and convey the importance of, the “patient-centeredness” of the PCORI mission?
2. Is the definition consistent with the intent of the statute that established PCORI?
3. Is the definition broad enough to include the range of research that PCORI should fund?
4. Does the definition adequately convey the rationale outlined in the rationale document?

→ PCORI, Continued from page 4

AcademyHealth submitted comments on the draft definition that made three primary points. First, PCORI should define “patient-centered outcomes research” (PCOR) as research that generates evidence that improves each patient’s care in the eyes of each patient, as well as research that generates evidence for other stakeholders (such as care givers, physicians, and health system leaders) to use in enhancing patient care. Second, AcademyHealth emphasized the need for comparative evidence, per statutory directive, and recommended that PCORI revise the definition to make the emphasis on comparisons more explicit. Third, AcademyHealth recommended broadening the scope of PCOR to explicitly include systems-level research, public health systems research, subgroup considerations, and the cost dimensions of care options in PCOR. You can read a copy of our comments on our website.

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implementing the checklist, including 20 state-wide hospital associations in the United States.

→ Dr. Randall Brown and his team at Mathematica evaluated the Medicaid Cash and Counseling program and found that the program increased beneficiaries’ control over, satisfaction with, and outcomes of care and reduced family caregiver burden without incurring additional costs to the Medicaid program. Twelve more states have since adopted Cash and Counseling programs, and over half the remaining states have adopted or are developing related alternatives to traditional services.

AcademyHealth and PCORI

Because PCORI’s scope presents incredible opportunities for the field of health services research, AcademyHealth has been monitoring its development closely. We successfully recommended members for both the Board of Governors and Methodology Committee in 2010. In January, AcademyHealth board chair **Elizabeth McGlynn**, Ph.D., attended the Board of Governors meeting in Redondo Beach, Calif. and provided remarks highlighting the value of the HSR community in addressing PCORI’s many aims. At the June 2011 Annual Research Meeting, AcademyHealth President and CEO **Lisa Simpson**, M.B., B.Ch., M.P.H., joined AHRQ Director Carolyn Clancy and Methodology Committee member David Flum in a panel discussion of PCORI’s progress. Dr. Simpson then spoke at the July meeting of the Board of Governors, highlighting the need to provide consumers and

providers with comparative information, find ways to translate research results into forms and formats users need, and quickly demonstrate the value of the investment in patient-centered outcomes research. You can read a copy of Dr. Simpson’s remarks at <http://blog.academyhealth.org>.

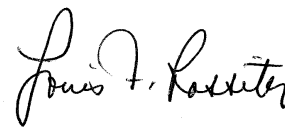
In addition, we have been working to assist the field in preparing for and understanding the methods and approaches used to conduct comparative effectiveness research, inventory current investments in CER and convene networks of stakeholders to share insights on the use of data generated in the process of care for CER studies.

To learn more about how AcademyHealth is working to advance the infrastructure for patient-centered outcomes research, visit our website at www.academyhealth.org.

→ Dr. Flora Koplin Winston and her team at Partners for Child Passenger Safety found that a child’s risk of injury is reduced by one-third when moved from the front to rear seat. The findings have increased understanding of the factors that contribute to inadequate or successful child restraint, and undoubtedly reduced the cost of care and injury to child passengers.

The value of this evidence is, unfortunately, not always self-evident to skeptical, or even to supportive, policymakers and decision makers. We need to redouble our efforts individually and as a field to show what we can do, that our work is timely, relevant, rigorous, and actionable. We must protect the architecture of the federal investment in health services research.

The Coalition is your voice in the nation’s capital, and we need your help to advocate effectively. Share with us your discoveries and achievements. Sign up to receive e-mail updates. The Coalition will also be engaging members in key states to help communicate with elected officials in the coming months. Together we must make each day—every dollar—and every conversation—show what we can do.



Louis Rossiter, Ph.D.
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The Thomas Jefferson Program in Public Policy
The College of William & Mary
Chair, Coalition for Health Services Research



Cast Your Vote in the Board Election Before September 30

Don’t forget to vote in the AcademyHealth Board of Directors member election. Voting will close at 5 p.m. EDT on September 30. All eligible AcademyHealth members should have received voting instructions by email.

If you don’t know the candidates personally, read their biographies and statement of interests. Then vote for the three candidates who you feel can best

provide leadership, insight, and guidance to the association.

Questions about the election process may be directed to Bonnie Austin, vice president, strategic planning and business development at bonnie.austin@academyhealth.org or 202.292.6756.

Coalition Corner

Debt Ceiling Raised; Health Funding Impact Remains Unclear

On August 2, the president signed the Budget Control Act, which raises the nation's debt ceiling through November 2012 and puts in motion some of the most significant deficit reduction strategies in decades.

The deal—negotiated by House and Senate leadership from both parties—raises the debt ceiling in two phases. In Phase 1 of the deal, the bill immediately increases the debt limit by \$400 billion through September 2011, and allows the president to request another \$500 billion to raise the debt ceiling through the end of the year. To offset the \$900 billion increase, the package immediately establishes caps on federal, discretionary spending from fiscal 2012 through fiscal 2021. For fiscal 2012, discretionary spending is essentially frozen at its current level of \$1.043 trillion. Over the next nine years, the caps increase slightly each year with the rate of inflation.

In Phase 2 of the deal, the president may request another debt ceiling increase of up to \$1.5 billion to get through November 2012. To offset this third debt ceiling increase, a new Joint Select Committee on Deficit Reduction made up of

three Democrats and three Republicans from each chamber will be tasked with finding at least \$1.5 trillion in additional savings over nine years. Recently appointed members of the “super committee” include co-chairs Senator Patty Murray (D-WA) and Representative Jeb Hensarling (R-TX), Senators Max Baucus (D-MT), John Kerry (D-MA), Jon Kyl (R-AZ), Rob Portman (R-OR), and Pat Toomey (R-PA) and Reps. Xavier Becerra (D-CA), Dave Camp (R-MI), James Clyburn (D-SC), Fred Upton (R-MI), and Chris Van Hollen (D-MD).

The panel's recommendations would later this year be subject to up or down, simple majority votes. If Congress does not enact at least \$1.2 trillion in deficit reduction by December 23, 2011, as recommended by the super committee, a “sequestration” budget process would be triggered to cut the difference from the federal budget via across-the-board cuts in discretionary programs beginning January 2013.

With the discretionary caps for fiscal 2012 now established, Congress will continue work on the annual spending bills. What this means for

health programs remains to be seen. At the time of this writing, neither the House nor Senate had unveiled their proposals for health spending. One thing is certain: with the fiscal year ending September 30, at least one stop-gap funding measure—or continuing resolution—will be needed to keep the government operating after the end of fiscal 2011.

We Need Your Voice!

These past few weeks have shown us once again how important it is for us to demonstrate the value and impact of health services research, and the challenges we face in protecting the architecture of the federal investment in HSR. In order to effectively educate members of Congress and their staff about what HSR is and how it makes a difference in their own states, we need examples of how our work has improved care, or care delivery, or informed decisions in policy and practice. Please visit our website (www.chsr.org) to become an advocate and voice your support!

Joint Select Committee on Deficit Reduction Membership

Member Name	State	Party Affiliation	Chamber	Relevant Leadership, Committee Membership
Patty Murray (co-chair)	Washington	Democrat	Senate	<ul style="list-style-type: none"> Health, Education, Labor and Pension Appropriations (Labor, Health and Human Services, and Education Subcommittee) Budget
Jeb Hensarling (co-chair)	Texas	Republican	House	<ul style="list-style-type: none"> Financial Services President's National Commission on Fiscal Responsibility and Reform
Max Baucus	Montana	Democrat	Senate	<ul style="list-style-type: none"> Chair, Finance President's National Commission on Fiscal Responsibility and Reform
John Kerry	Massachusetts	Democrat	Senate	<ul style="list-style-type: none"> Finance (Health Care Subcommittee)
Jon Kyl	Arizona	Republican	Senate	<ul style="list-style-type: none"> Senate Minority Whip Finance (Health Care Subcommittee)
Rob Portman	Oregon	Republican	Senate	<ul style="list-style-type: none"> Budget
Pat Toomey	Pennsylvania	Republican	Senate	<ul style="list-style-type: none"> Budget
Xavier Becerra	California	Democrat	House	<ul style="list-style-type: none"> Ways and Means President's National Commission on Fiscal Responsibility and Reform
Dave Camp	Michigan	Republican	House	<ul style="list-style-type: none"> Chair, Ways and Means President's National Commission on Fiscal Responsibility and Reform
James Clyburn	South Carolina	Democrat	House	<ul style="list-style-type: none"> Assistant Democratic Leader
Fred Upton	Michigan	Republican	House	<ul style="list-style-type: none"> Chair, Energy and Commerce
Chris Van Hollen	Maryland	Democrat	House	<ul style="list-style-type: none"> Ranking Member, Budget

Members Matter

View the Best of ARM 2011: Members-Only Access Begins September 20

Recordings of select sessions are available online for those who attended AcademyHealth's 2011 Annual Research Meeting (ARM), June 12-14 in Seattle. 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, comparative effectiveness research, and charting your career in HSR.

The series includes 13 sessions in flash video format. ARM registrants must log in to access the recorded presentations using their academyhealth.org account information. In addition, three public health themed sessions sponsored by the Robert Wood Johnson Foundation are not restricted and are available for public viewing. Visit www.academyhealth.org/arm to view the full list of sessions.

These recordings will be available to ARM attendees only until September 19, 2011. **After that date, the recordings become a member benefit for all AcademyHealth members.** For questions about the sessions or assistance with log-in information, please contact Anna LaFayette at anna.lafayette@academyhealth.org or call 202-292-6700.

News from the Journals

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.

Health Affairs Issue Addresses the New Urgency to Lower Costs



The September issue of *Health Affairs* explores the third element of the famed Three-Part Aim for health care: namely, the objective of lowering costs. Topics include chronic disease costs and opportunities for savings through prevention; who bears the burden of health costs; the relationship between costs, prices and value; and approaches to cost-cutting through bundled payments.

Some of the authors and topics featured in the issue include:

- Kenneth Thorpe, Professor and Chair, Rollins School of Public Health, Emory University, on containing costs by preventing chronic disease, with a focus on diabetes.
- Charles Roehrig, Vice President, Health Care Economics, Altarum Institute, on the roles of disease prevention and cost.

- Patricia Ketsche, Associate Professor and Associate Director of Academic Programs, Institute of Health Administration, Georgia State University, on who finances national health spending.
- Miriam Laugesen, Assistant Professor of Health Policy Management, Mailman School of Health Policy, Columbia University, on physician payment and the cost of health care.
- Laurence Baker, Professor of Health Research and Policy, Stanford University, on coupling care management and telehealth to reduce costs.
- Neeraj Sood, Director of International Programs at the Leonard D. Schaeffer Center for Health Policy and Economics, University of Southern California, on the National Pilot Program on Payment Bundling.
- Mark Hall, Fred D. & Elizabeth L. Turnage Professor of Law, Wake Forest University, on the cost of safety nets for uninsured adults.
- Glenn Melnick, Professor, School of Policy Planning and Development, University of Southern California, on the effects of concentrated health plan markets on prices.

A briefing about the September issue was held on September 8 in Washington, D.C. To see a recording of that briefing and to read the articles, visit www.healthaffairs.org.

Award-Winning Articles and New Content in Health Services Research



The *Health Services Research (HSR)* article "Aggressive Treatment Style and Surgical Outcomes" by Dr. Jeffrey Silber and co-authors Robert Kaestner, Orit Even-Shoshan, Yanli Wang, and Laura J. Bressler, was recently selected as one of the 2011 AcademyHealth Articles-of-the-Year which recognizes the best scientific work that the fields of health services research and health policy have produced and published during the previous calendar year.

HSR also selected Dr. Andrew Ryan's article, "Has Pay-for-Performance Decreased Access for Minority Patients?" as its 2011 John M. Eisenberg Article-of-the-Year Award. The award recognizes excellent and original research among all articles published in the journal during the year prior to the award and is based on the overall quality of the article and its relevance to policy-relevant areas that Dr. Eisenberg had worked in or promoted during his tenure as director of the Agency for Healthcare Research and Quality.

The August issue includes a article selected by the co-editors, "Following the Money: Factors Associated with the Cost of Treating High-Cost Medicare Beneficiaries," as well as articles addressing the topics of Medicare and Medicaid, access to care, disparities, workforce, and cost and quality of chronic disease care.

2012 National Health Policy Conference: Facing the Complex Reality of Health Care



Rising costs, aging population, increasing demand, and looming deadlines are just a part of the complex reality of health care

in America. How will we face these challenges? Attend the 2012 National Health Policy Conference (NHPC) to learn about these and other critical issues on the nation's health care agenda and the people and ideas that will form the solutions.

Members can take advantage of discounted registration rates to attend the 2012 NHPC, your first opportunity to hear directly from government officials, academic experts, and health care leaders about their solutions for overcoming the complexity of health care and improving health.

The NHPC will take place February 13-14, 2012 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.

Dates to Watch

September

- 20 "Best of ARM" Recordings Available to All Members
- 30 Voting Deadline for AcademyHealth Board of Directors Election

October

- 3 National Health Policy Conference Registration Opens
- 24-27 Health Policy Orientation

November

- 1 Annual Research Meeting Call for Abstracts Opens
- 15 Application Deadline for Alice S. Hersh Scholarship to Attend NHPC 2012

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