As health care costs continue to climb and constrain federal, state, employer, and family budgets, policymakers are searching for new strategies to reduce health spending. Prevention and the promotion of population health have recently gained traction as strategies that can contribute to cost reductions. (See Return on Investments in Public Health at http://www.rwjf.org/files/research/20111129preventionroi.pdf). National initiatives (e.g., the National Priorities Partnership convened by the National Quality Forum and the National Prevention Strategy) have included this focus as have private sector organizations (e.g., employers, the Institute for Healthcare Improvement, and many health care delivery systems). Notably, the Affordable Care Act (ACA) included significant provisions to promote prevention (both clinical preventive services and community-based approaches), population health, and disparity reductions. The ACA also established an unprecedented Prevention and Public Health Trust Fund, providing $15 billion in mandatory funding over the next decade to support “transformative” public health initiatives designed to improve health and reduce health care spending through prevention.

At the same time, significant budget constraints at the state and local levels are affecting the ability of public health systems—made up of state and local health departments and non-governmental organizations—to maintain existing services. This combination of fiscal austerity together with a new interest from the traditional health care system and employers is creating new opportunities for innovation in how communities address the needs of their populations. Two traditionally separate systems—public health and health care—will increasingly intersect. These efforts at health system redesign present several opportunities and challenges for health services researchers and for policymakers.

Changing Roles in Population Health

Analysts have noted that a population orientation pervades the ACA, including the emphasis on payment reform and the coverage provisions. Accountable care organizations and medical homes initiatives are expected to take responsibility for entire populations. The new Center for Medicare and Medicaid Innovations (CMMI) at CMS also has a unit dedicated to population health. The most recent request for proposals from CMMI allocating $1 billion to delivery system innovation and workforce development emphasizes population health as an outcome. Another CMMI initiative expected soon will be specifically targeted to population health. Recent reports from the Institute of Medicine intended to inform the implementation of the ACA coverage provisions—one on women’s health benefits and another on the essential health benefits—include a preventive focus.

So what do we know about the likely impact of this new focus on population health? Which strategies can be effectively (and efficiently) provided by delivery systems and other actors in the private sector, and which should remain the purview of governmental public health agencies? How does that answer vary by community given the wide variation in the capacity...
As I prepare to turn the AcademyHealth board chair gavel over to Kate Baicker, my head is spinning at the changes that have occurred in health care and at AcademyHealth over the past two years. Two major pieces of legislation have been important for the field. The American Recovery and Reinvestment Act (ARRA) of 2009 provided funding for research and science infrastructure including $1.1B for comparative effectiveness research. ARRA also created new incentives for adoption of electronic health records—an investment that has the potential to significantly enhance the data available for research and practice. The Patient Protection and Affordable Care Act of 2010 (ACA) established the largest expansion in insurance coverage since the passage of Medicare. While the individual mandate contained in that legislation is being reviewed by the Supreme Court, other elements have already gone into effect and still others are in the planning stages. Our field provided critical analysis throughout the legislative debate and we can expect to continue to be involved in evaluating the implementation of the law nationally and in each of the states. Regardless of your political beliefs around these bills, they have offered an unprecedented opportunity for our field to demonstrate its utility in developing a wide range of policy options in health services and public health.

AcademyHealth has also undergone a successful change in leadership. In 2010 we bid a fond farewell to David Helms who had ably guided AcademyHealth from its founding to the present day; in 2011 we welcomed Lisa Simpson who hit the ground running and is actively shaping the organization’s future. AcademyHealth did not miss a beat during this transition which is a tribute to David and Lisa as well as an incredible staff. The work done by the search committee and the Board was also critical for making a smooth transition.

And yet, we cannot rest on our laurels. The field faces the challenge of substantial constraints on research funding as the nation struggles with a stagnant economy and budget deficits. Our analytic expertise and practical experience in the field will be needed to manage these challenges effectively. We may need to find ways to enhance the efficiency of research processes as well as care delivery.

AcademyHealth is expanding its membership base by offering new member benefits such as online learning, particularly around new data and methods. We are also employing social media tools, including the launch of the members-only social network my.academyhealth.org which will enable direct connections between members and offer a range of other valuable tools. Increased collaboration is valued by our funders and is essential if we are to develop solutions to our most critical problems. AcademyHealth remains committed to advocating for adequate funding for the field including in the areas of patient-centered outcomes research and public health. We are all being asked to demonstrate that our work is making a difference for the nation’s health and well-being, which means finding ways to move research into practice and from effective pilots to widespread adoption of innovations.

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

Don’t Miss the Chance to Present Your Research at the Annual Research Meeting

The AcademyHealth 2012 Annual Research Meeting (ARM) call for abstracts is now open. Abstracts for the conference, which will take place from June 24-26 in Orlando, are invited for four categories: (1) call for papers, (2) call for posters, (3) call for research panels, and (4) call for policy roundtables.

Improving the health care system and population health continue to be national priorities, and policymakers constantly seek evidence to help make better decisions. The ARM is the perfect opportunity for researchers to disseminate their work to health care decision makers with the goal of enhancing knowledge and encouraging conversation about improving health policy and practice.

This year’s ARM focuses on 18 themes in health research and policy, including delivery system innovations, comparative effectiveness research, child health, health information technology, methods, public health, prevention, population health improvement, and measurement of quality and value. Individual abstracts and research panel submissions will undergo blind peer review by committees convened by the theme chair. Roundtable submissions will not be blindly reviewed.

The deadline for submitting abstracts is January 12, 2012 at 5:00 p.m. EST. Comprehensive instructions for the submission process and eligibility requirements can be found at www.academyhealth.org/arm/abstracts.

Select ARM Abstracts also Considered for JAMA Publication Opportunity

In 2011, AcademyHealth partnered with the Journal of the American Medical Association (JAMA) to provide a publication opportunity for health services researchers in conjunction with the Annual Research Meeting. Due to the success of last year’s collaboration, the joint venture will be continued in 2012. Call for paper submissions will undergo multiple peer reviews, and those selected for podium presentation for which the authors can also submit a complete, unpublished manuscript to JAMA by March 7, 2012, will be considered for potential publication in this esteemed health journal. The unpublished papers submitted to JAMA will undergo editorial review by the journal’s staff and, if accepted, will be published during the week of the ARM in June. This opportunity extends the benefits to those researchers selected for presentation with an exciting competitive advantage to get their work published.

Last year’s partnership between AcademyHealth and JAMA resulted in the following three papers being selected for publication:


Both presentation and publication are important vehicles for research dissemination and translation, so members are encouraged to take advantage of these opportunities. Complete abstract and JAMA submission guidelines are available on the ARM website at www.academyhealth.org/arm/abstracts.

Dr. Edward Livingston, a contributing editor to the Journal of the American Medical Association and professor at University of Texas Southwestern School of Medicine, said that the acceptance rate of papers submitted through this collaboration was “well ahead of the curve” compared to JAMA’s typical rate. AcademyHealth believes this to be a testament to the quality of research always presented at the Annual Research Meeting.
of delivery systems and the historical roles of public health agencies? When clinical preventive services are covered through insurance, should they all be provided by health care organizations or should health departments retain their significant role (in many communities) in the delivery of such services as prenatal care, child immunizations, breast and cervical cancer screening, and testing for sexually transmitted diseases? How will the investments in health information exchange and electronic health records made through The Health Information Technology for Economic and Clinical Health (HITECH) Act and ACA affect the information flows between primary care providers, hospitals, and health departments? What are the legal and privacy ramifications of these changes? How will these shifting responsibilities address health and health care disparities? What population health needs may remain unmet? Will the public health workforce be affected? These are just a few of the many questions that the health services research and policy communities are confronting.

Although health services research—and its sibling public health services and systems research (PHSSR)—has begun to explore this “rebalancing” of our existing systems toward prevention and population health improvement, there is a substantial evidence gap in this area. Likewise, though some states have made great strides in re-focusing health care delivery and financing with a population health lens, knowledge of “what works” mostly eludes those implementing these approaches. Over the last year, the National Coordinating Center for PHSSR at the University of Kentucky has led a comprehensive and iterative process to establish a research agenda for the field of PHSSR (available at www.publichealthsystems.org/cphsr/Research/PHSSR_Research_Agenda).

**AcademyHealth’s Role in Supporting the Evidence Base and its Use**

AcademyHealth is working closely with the National Coordinating Center to turn this agenda into action and to proactively harvest the findings from the field so as to rapidly make them available to policymakers.

We are mobilizing our more than 2,300 stakeholders interested in PHSSR, leveraging our relationships with state leaders at the forefront of health policy, connecting our researchers and growing the field of PHSSR, and applying our expertise in convening key thought leaders.

Our public health research program advances evidence-based decision making in public health policy and practice by supporting researchers to improve the rigor of the science, enhancing its relevance to those in practice, and supporting its translation into usable information for decision makers.

Through support from the Robert Wood Johnson Foundation, AcademyHealth has grown the Public Health Systems Research Interest Group to 2,311 members—research producers and users who comprise a key network of experts who can translate lessons from their work to inform the shifting health landscape.

Our experience working in the states has resulted in relationships with the “boots on the ground”—individuals responsible for enacting the provisions of the ACA. These dedicated and innovative decision makers are invested in improving the health of their state’s populations and knowledgeable about the intrinsic challenges that exist in transforming the status quo. This key audience will both use the research and inform the research questions being asked.

AcademyHealth will also explore the changing role of public health in a special plenary session during the 2012 National Health Policy Conference in Washington, D.C. Panelists will discuss state, local, and carrier perspectives, and how the public health community must position itself to be an effective partner in health system transformation.

Existing evidence, and additional research needs, will be addressed during a breakfast meeting held in conjunction with the conference.

Finally, AcademyHealth’s advocacy arm, the Coalition for Health Services Research, continues to collaborate with our partners in the public health community in advocating for a greater federal investment in PHSSR. With more and better information about “what works” in public health, the federal government will see returns in its investments in this research by keeping people healthy through effective prevention strategies.

There are many unanswered questions that will arise as systems continue to advance in the implementation process. AcademyHealth and its members are poised to inform the transformation of the public health landscape and study its outcomes.

**AcademyHealth Reports Transitioning to Online-only Publication**

After more than a decade as a print publication, AcademyHealth is transitioning our quarterly member newsletter to an online only resource. The decision to transition to online only publications is driven by many factors. In an era where email far outstrips postal mail as a delivery mechanism, we’ve found that members are more likely to read our monthly member eNewsletter than an eight-page print publication. In addition, the introduction of the AcademyHealth blog and new design features for online newsletters mean we can more effectively include the substantive articles you’ve come to expect from *AcademyHealth Reports* in a digital medium at reduced cost to the organization. Finally, news happens more quickly than ever and the long production cycle for print newsletters means important information is out of date before the newsletter reaches you.

This issue is the final printed *AcademyHealth Reports*. Beginning in March of 2012, substantive articles of interest to the field will be included in the member eNewsletter and in special blog posts under the heading “AcademyHealth Reports.”

If you have questions or comments about the new format, we invite you to contact Kristin Rosengren, director of communications, at 202-292-6744 or kristin.rosengren@academyhealth.org.
Innovation Network Supports Beacon Communities in Evidence Generation and Dissemination

Across the country, there are communities at the forefront of leveraging health information technology (health IT) to support clinical transformation, delivery system reform, and health improvement. The Beacon Program Cooperative Agreement Program (Beacon Program) was designed to help bring additional resources and focus to these efforts. Funded by the federal Office of the National Coordinator for Health Information Technology (ONC), the Beacon Program provides funding to 17 communities across the United States that have already made significant progress developing electronic health records (EHR) and health information exchange capabilities to support clinical transformation, delivery system reform, and health improvement. The role of the Beacon Program is to support these communities as they build and strengthen their health IT infrastructure and exchange capabilities to meet the goals of improved care coordination, increased quality of care, and slowed growth of health care spending.1

To advance the path of transformation, roughly $12–15 million in funding (over a three-year period) has been provided to each Beacon Community to support three aims:

1. Build and strengthen the health IT infrastructure and exchange capabilities within these communities—positioning each community to pursue a new level of sustainable health care quality and efficiency over the coming years.
2. Leverage health IT in the short run to demonstrate improvements in cost, quality, and population health.
3. Test innovative approaches to performance measurement, technology integration, and care delivery to accelerate evidence generation for new approaches.

With support from The Commonwealth Fund, AcademyHealth is working with the Beacon communities through the Beacon Evidence and Innovation Network (BEIN), which is designed to support the Beacon communities in their efforts to generate more and better evidence on their impact.

Early in the project, AcademyHealth staff undertook a series of semi-structured interviews with Beacon community evaluation team members to learn about their proposed interventions and evaluation designs, and to identify potential areas where AcademyHealth and our members could offer targeted technical assistance. AcademyHealth also spoke with community and national level stakeholders to learn about their priorities for health and health care, and to better understand the level of evidence they would require to affect change relative to those priorities. These conversations resulted in two publications, each of which can be found on AcademyHealth’s website.

As part of the BEIN, AcademyHealth staff are currently providing interested Beacon communities with technical assistance designed to support their evaluation and dissemination objectives. In November 2011, AcademyHealth hosted two sessions at ONC’s all-grantee meeting: one on effective communication using data representation and visualization, and the other on engaging state policymakers to help sustain delivery system and community transformation goals.

In conjunction with the 2012 National Health Policy Conference, AcademyHealth—in partnership with ONC and The Commonwealth Fund—is also convening a workshop to help facilitate the Beacon Communities’ dissemination efforts. The workshop will bring together Beacon Community evaluation and communications team members with select health policy thought leaders and representatives from several national journals. The workshop will allow Beacon Community teams to propose, discuss, vet, and refine strategies for the dissemination of key findings—with a focus on those that could be ready for submission within the next six to eight months.

In addition to working directly with the Beacon Communities via targeted technical assistance, AcademyHealth staff are supporting the Beacon Community technical assistance team, (led by Booz Allen Hamilton, the Institute for Healthcare Improvement, and the Brookings Institution), by producing a number of issue briefs that explore key topics of interest related to the use of health IT to support community-wide transformation.

The first brief, “The Beacon Community Program: Three Pillars of Pursuit,” describes how the Beacon Community Program has been structured to move beyond “one-off” pilots that only address limited aspects of health care delivery to help communities generate a more robust, integrated, and generalizable body of knowledge. The second brief, “Realizing the Full Potential of Electronic Health Records,” provides an overview of past experiences and current efforts to use electronic health records beyond data capture at the point of care. It also focuses on the potential challenges that these efforts are likely to encounter along the way.

The remaining issue briefs will examine topics of import to the Beacon Community program, and other related efforts, such as the use of electronic health records for quality improvement, various sustainability strategies for Beacon Community interventions, and opportunities to engage patients more effectively in their health through the use of health IT. Each of these forthcoming briefs will be available on the AcademyHealth website.

The Beacon Communities are undertaking an aggressive timeline to implement new strategies for building and strengthening their health IT and health information exchange capabilities. AcademyHealth is excited to be working to support these efforts, and to ensure that robust evaluation designs are in place, which will allow for a broad dissemination of the lessons learned from this investment.

Endnotes

Super Committee Failure Creates Uncertainty for Research Funding

On Monday, November 21, co-chairs of the Joint Select Committee on Deficit Reduction Representative Jeb Hensarling (R-TX) and Senator Patty Murray (D-WA) announced two days before their deadline to identify $1.2 trillion in budget savings that they had "come to the conclusion today that it will not be possible to make any bipartisan agreement available to the public before the committee's deadline." The statement, released shortly after the market closed, brought months of intense lobbying and speculation to a close.

Commonly referred to as the “super committee,” the 12-member, bi-partisan congressional panel was established under the Budget Control Act (BCA) as part of a carefully negotiated compromise designed to offset an increase in the nation’s debt ceiling. The BCA, which was signed into law in August, required that the super committee reach consensus on a bi-partisan strategy to reduce the deficit by at least $1.2 trillion by November 23. Had they succeeded, the full Congress was required to approve the plan by December 23.

With the failure of the super committee, the BCA requires across-the-board cuts to federal spending known as sequestration, starting January 2013. Generally, all domestic and defense spending—both discretionary and mandatory spending—will be subject to the cuts under the sequester. A large number of mandatory programs are exempt from sequestration, including Social Security, Medicaid, federal retirement programs, and many programs that assist those with low incomes. The Congressional Budget Office (CBO) reports that the across-the-board cuts to nondefense discretionary spending—including health funding—will be 7.8 percent beginning in FY 2013. This is in addition to the cuts already established in the BCA through annual discretionary spending caps that take effect in FY 2012.

In testimony before the super committee, CBO Director Doug Elmendorf, stated that under sequestration, defense and domestic spending will not keep pace with inflation for the next decade. Elmendorf also told lawmakers the combined impact of current spending caps and automatic cuts would be $882 billion over the next decade.

Lawmakers on both sides of the aisle are vowing to continue to search for a meaningful deficit reduction strategy that will allow them to avoid the painful cuts required under a sequester. If recent history is any indicator, however, lawmakers face an uphill battle in this upcoming, presidential election year.
Members Matter

AcademyHealth Welcomes Directors to Board

AcademyHealth members elected two directors who will begin their second terms on December 14. Twenty-nine percent of members eligible to vote participated in this year’s AcademyHealth member election. Terms are effective through December 2015. Please join us in welcoming back the following member-elected individuals to the board:

José J. Escarce, M.D., Ph.D.
Professor of Medicine,
UCLA School of Public Health,
Senior Natural Scientist, RAND

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

The members also elected Anne C. Beal, M.D., for a second term. Beal was then named as chief operating officer of the Patient Centered Outcomes Research Institute (PCORI) and has stepped down from the AcademyHealth board. We are pleased to announce that her unexpired term will be filled by:

Paul Tang, M.D.
Vice President, Chief Innovation and Technology Officer, Palo Alto Medical Foundation

In addition to those selected in the member election, the board elected two directors:

Eduardo Sanchez, M.D., M.P.H.
Vice President and Chief Medical Officer, Blue Cross and Blue Shield of Texas

Joseph Thompson, M.D.
Arkansas Surgeon General, Professor, University of Arkansas for Medical Sciences

Sanchez will begin his first term on the board and Thompson will begin a second term.

We also welcome to the board:

Donald Goldmann, M.D.,
Senior Vice President,
Institute for Healthcare Improvement

Goldmann was elected to complete the term of Carmen Hooker Odom, who resigned from the board this year.

Thank you to everyone who participated in the nomination and/or election process this year. We will begin accepting nominations for the 2012 elections in January, so start thinking now about individuals who would be good board representatives. Instructions for submitting nominations online will be sent in January.

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. Members may subscribe to the journals at a discounted rate. For details, visit [www.academyhealth.org/membership](http://www.academyhealth.org/membership).

*Health Affairs* Examines Link Between Community Development and Health

The latest issue of *Health Affairs* examines the connections between the community development and public health sectors to improve health and well-being. The issue explores the growth of cross-sector collaborations to foster access to healthy food, safer homes, job training, and other community improvements to reach shared public health goals.

The community development sector is increasingly taking on the role of improving public health, and building healthier, more prosperous communities.

Articles in this issue, produced with support from the Robert Wood Johnson Foundation, suggest that new relationships will soon begin to make the kind of improvements in health that no one sector has been able to achieve in the past.

Also in the November issue are two papers on bundled payments:

- Data in a study by David Miller of the University of Michigan Medical School suggest that many hospitals have considerable room to improve their cost efficiency.
- Peter Hussey of the RAND Corporation and colleagues evaluated the initial “road test” of PROMETHEUS Payment. The pilot results suggest that reforms may take time and considerable effort to materialize.

To access the November issue, visit [www.healthaffairs.org](http://www.healthaffairs.org).

*Health Services Research* Introduces New Series on Methods

The February 2012 issue of *Health Services Research (HSR)* will feature the first article of an occasional series, “Methods Corner,” which *HSR* believes will be exceedingly valuable to health services researchers. This series, edited by Senior Associate Editor Bryan Dowd, will feature articles on challenges that researchers frequently encounter in the analysis of data.

The articles will have very different goals from the “Methods Articles” and “Methods Briefs” that *HSR* has always published. Specifically, the current Methods Articles and Briefs generally describe new methods or new applications of existing methods. By contrast, the new Methods Corner will feature articles about established methods or applications, but where actual research practice is often deficient, perhaps because the source articles are not known to many researchers or are difficult to access. Thus the new section will aim to improve current research practice, and the articles will have a decidedly didactic goal.

A detailed exposition of the criteria for Methods Corner articles will appear as an editorial in the February issue. *HSR* encourages readers to assist in improving research practice by suggesting methods and applications that might be appropriate for the new series.
Every day health care faces a new set of challenges that illustrate the complex realities of the field. Now, more than ever, we need innovative and lasting solutions as the health system confronts ACA implementation and delivery system reform while simultaneously managing rising cost and demand.

By attending the 2012 National Health Policy Conference (NHPC) you will learn about the most significant issues on the nation’s health care agenda from the minds that will help form their solutions, including health policymakers, practitioners, and researchers. Through panels focused on the role of agencies in ACA implementation, current trends and policies of the health care industry, and the ability of the system to meet the needs of returning soldiers, anyone with an interest in health care can benefit from the opportunities presented at the NHPC. The National Health Policy Conference is, above all, a forum where you can hear first-hand about any obstacles faced and progress made in the health care system over the past year, as well as what we should expect in the year ahead.

The NHPC will take place February 13-14, 2012, at the JW Marriott Hotel in Washington, D.C. Registration discounts are available for AcademyHealth members. For more information on the agenda and full registration details, visit the NHPC website at www.academyhealth.org/nhpc.