Of the $787 billion appropriated in the American Recovery and Reinvestment Act (ARRA) of 2009 (Public Law 111-5), $19 billion represents a down payment on the Obama administration’s commitment to invest $50 billion over five years to encourage the widespread adoption of health information technology (HIT) in the United States.

ARRA adopts a multi-pronged approach to expanding the use of HIT. It codifies, funds, and expands the responsibilities of the Office of the National Coordinator for Health Information Technology (ONC), a function created by presidential executive order in 2004. The law also expands the privacy and security requirements for information sharing by extending the applicability of HIPAA rules to additional parties, requiring that patients be notified if the security of their personal health information is compromised, and limiting the commercial use of patient information contained in HIT systems. Finally, it supports the acquisition, implementation, and “meaningful use” of HIT through:

- Financial incentives and penalties for Medicare and Medicaid providers;
- Grants to support the creation of regional extension centers to provide hands-on technical assistance; and
- Grant programs to foster health information exchange within and across regions.

The term “meaningful use” has yet to be defined by the secretary of health and human services, but the legislation requires that it include quality reporting, electronic prescribing, and health information exchange.

Most policymakers support the rapid proliferation of HIT—viewing it as a means to improve the safety, quality, and efficiency of health care. Implicit in this assumption is the notion that better capturing and appropriate sharing of clinical information will improve care. But, if it is to do so systematically, and also deliver efficiency and quality gains in the system, then health services research will have to play a role.

What Does ARRA Mean for Health Services Researchers?

With Medicare and Medicaid incentive payments to providers who make “meaningful use” of “certified EHRs” scheduled to begin in 2011, implementation activities have already begun. In addition to developing the infrastructure and interoperability standards necessary for providers to benefit from the financial incentives, ONC must develop operational definitions for the terms “certified EHR” and “meaningful use.”

As a first step in helping ONC define “meaningful use,” the U.S. Department of Health and Human Services’ National Committee on Vital and Health Statistics (NCVHS) invited testimony from a diverse array of health care experts and stakeholders during hearings held April 29-30, 2009.

In written comments provided to NCVHS, AcademyHealth President and CEO, David Helms, Ph.D., described how policymakers will not be able to know if HIT has achieved its goals “. . . unless the ‘meaningful use’ of HIT also creates a path forward—from the outset—for research.” Dr. Helms added:

“. . . To date, most of the discussions surrounding ‘meaningful use’ have focused on improving clinical
Letter from Leadership

This is an exciting year for our community of health services research, policy, and practice as the United States considers major changes in health care. We are thrilled to see many of our members actively contributing to the Obama administration and Congress as they wrestle with the difficult issues associated with health reform.

Like many of our members, AcademyHealth is working to become more efficient and effective in response to the economic downturn. But even as we tighten our belts, we are stepping up our commitment to help the field of health services research (HSR) prepare for the opportunities presented by the significant federal increases in funding for HSR and especially for comparative effectiveness research.

A few highlights from our recent work to expand educational and research opportunities give rise to my optimism about the future. For example, we are now offering new resources for students, including new scholarships, free registration to Interest Group meetings at ARM, and student chapter access to training webinars. In addition, our recently completed summit on data and methods has set a path for improving the infrastructure that will be needed for HSR to have the desired impacts on policy and practice.

To help us better serve our members and key constituents, many new resources are now posted on our redesigned Web site, www.academyhealth.org, including a new catalog of online skill-building and methods training opportunities, a number of which are offered for free or at deeply discounted rates for members. Additionally, HSRMethods.org, which launched in 2008, provides researchers and users of research with information on the methods and data that distinguish our field.

Our advocacy affiliate, the Coalition for Health Services Research, has been working tirelessly to communicate the important contributions comparative effectiveness research can make in improving the quality and efficiency of the health care. With the active support of the Coalition Board, Congress appropriated $13 million last year for a new investigator-initiated research program at AHRQ to spur innovation and ingenuity.

As we gather for the 10th Annual Research Meeting since we became AcademyHealth, I’m excited by the bright future for our organization and the work we do together to advance health and health care. We will continue to be diligent and steadfast in our efforts to assure that your work will help this country as we undertake the critical tasks ahead in reforming our health system.

W. David Helms, Ph.D.
President and CEO
AcademyHealth
Training and Professional Resources Available Through New Online Learning Catalog

AcademyHealth’s new Professional Development Catalog offers online learning and training opportunities that support the community of health services researchers, policymakers, and practitioners. Methods, skills, and policy seminars are available as either on-demand or live webinars or special, in-person events. Seminar faculty members include HSR experts from organizations and training institutions at the forefront of the field, and each seminar provides an in-depth discussion of topics focused around key learning objectives. All online seminars are accompanied by suggested reading or discussion questions, as well as access to an online forum for discussing seminar topics.

Current methods seminars focus on key issues related to the methods of conducting comparative effectiveness research, including:

- Patient Registries and HSR;
- The GRACE Principles: Comparative Effectiveness and HSR; and
- Causality and HSR.

A series of professional skill presentations on topics related to preparing posters and presenting research for non-statistical audiences are also available.

The catalog includes a number of presentations that are free to members only, all others are offered to members at a reduced rate. Check out the Spotlight Resources on www.academyhealth.org/training to find highlighted seminars and special free previews of online webinars for AcademyHealth members.

New Research Insights Series to Provide Analysis of Key Policy Issues

AcademyHealth is developing a series of synthesis briefs on current issues in health policy. These “Research Insights” support our mission by translating evidence from meetings and research and communicating those findings to inform clinicians, policymakers, funders, and the research community. The briefs analyze an issue based on available research and provide an overview of the many perspectives on the topic and factors influencing actions associated with the topic.

The first brief focuses on comparative effectiveness research and efforts to incorporate cost into the discussion. The brief is based on the presentations and discussions from AcademyHealth’s National Health Policy Conference, Feb. 2-3, 2009, where a panel of five experts shared their insights on incorporating costs into comparative effectiveness research. The arguments addressed in the brief include best practices for incorporating cost into comparative effectiveness research, analysis of other countries’ experiences with the issue, alternatives to cost-effective analysis, and the perspectives from state policymakers.

Members can access “Research Insights” at academyhealth.org/publications.
facility-wide, intra-facility, and population-based research to complete the picture. It is encouraging, therefore, that ARRA lays out an expectation for health information exchange as a component of meaningful use, but that is only one step.

It has been assumed that the advent of EHRs would automatically yield rich clinical information that could be used in conjunction with administrative and survey data to enhance the knowledge base of health and health care. Yet experience to date has revealed a series of challenges that require attention before EHRs can be effectively leveraged for research purposes. Examples of these challenges, and their importance for further the research, include:

> **Lack of interoperability and standardization of data systems.** Without standardization of data elements across units, facilities, health systems and regions, the capacity for appropriate aggregation and analysis is limited.

> **Poorly coordinated data prioritization process.** Different types of data are more or less critical for research at different levels of aggregation. Who decides what data should be collected (e.g. physicians, the corporation that manages the facility, the local community, the Federal government)? Effective mechanisms for involving these essential players as well as researchers in setting data priorities will impact the extent to which data relevant for research purposes are available.

> **Limitations relating to the design of the EHR products.** Informaticians who design and manage HIT systems rarely consider research functions.

Forging an interdisciplinary approach to design that includes researchers could increase the value of products developed, and should be considered as part of the certification process.

> **Data capture challenges.** Providers still struggle with integrating EHRs into their practice workflows, and frequently skip or default on data fields and overly rely on the open text field (which is quickest way for them to write notes to themselves). Engaging providers in the research enterprise may be one key to expanding their appreciation for data collection efforts. Another possible solution would be to establish (either at the regional or national level, or some hybrid) a set of clinical priorities for which data must be reliably and consistently collected.

Including research as an essential component of “meaningful use” is one important opportunity to ensure that HIT investments under ARRA can be leveraged for research. AcademyHealth looks forward to continued, active conversation with its members and other stakeholders to ensure that HIT systems are implemented in a way that facilitates rather than impedes the availability of data for research to help improve patient safety, health care quality and efficiency.

### Endnotes


A Strategic Vision for AcademyHealth

In 2008, AcademyHealth’s leadership embarked upon a strategic planning process to lay out a roadmap for advancing our mission over the next four years. The process took into account the current policy and economic environment, membership feedback, a benchmark analysis of trends in membership and professional organizations, as well as market research in which members and non members alike were queried about their views of the organization.

A two-day October Board Retreat led, first, to a reaffirmation of the organization’s three-part mission:

1) Support the development of more and better health services research;
2) Facilitate the use of the best available research and information through research translation and convening activities; and
3) Assist health policy and practice leaders in addressing major health challenges by providing high quality educational programs, gap analysis, and policy and technical assistance.

Of note was the market research finding that many members have contact with only one part of AcademyHealth, either through specific programs or one of our two national meetings, and that this fragments their view of the degree to which the organization was meeting all three elements of its mission. The Board concluded that going forward it was important to emphasize our unifying concept of advancing the knowledge base of health policy and practice. A key takeaway from the retreat was the need to better communicate this concept.

The resulting four-year strategic plan focuses on three overarching goals that reinforce the many ways we advance the knowledge base of health policy and practice:

→ Build a vibrant and diverse health services research community;
→ Strengthen the capacity of HSR producers and users; and
→ Consolidate and grow services, projects and programs that advance the knowledge base of health policy and practice.

Outlined below is an overview of our strategic approach.

AcademyHealth will also, of course, continue to pursue our longstanding goals of ensuring the long-term financial stability of the organization and continuing to build an outstanding staff that is capable of working with membership to advance these goals.

We look forward to working with our members to implement these strategies and welcome your feedback on how we can continue to grow and excel as a membership organization representing the broad community of health services researchers, policymakers, and practitioners who are committed to using research to improve health and health care.

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<tr>
<th>Goal</th>
<th>Strategic Direction</th>
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<tr>
<td>Build a vibrant and diverse health services research community</td>
<td>Grow and diversify membership (including diversity of disciplines and geography) while encouraging a more integrated community of research producers and users.</td>
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<td>Increase outreach to new and underserved audiences including junior faculty, the policy community, state policymakers and practitioners.</td>
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<td></td>
<td>Engage members in new ways, including the use of new partnerships and new technologies.</td>
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<tr>
<td>Strengthen the capacity of HSR producers and users</td>
<td>Expand professional development offerings to researchers and consumers of HSR; this focus includes the development of a new line of methods and skill-building opportunities that are offered online and in-person. (See article, page 3)</td>
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<td>Leverage AcademyHealth’s leadership and reputation to facilitate activities across key stakeholder groups.</td>
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<td>Continue to spearhead research on the HSR field that identifies gaps and infrastructure needs for the future.</td>
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<tr>
<td>Consolidate and grow programs</td>
<td>Build more research translation capabilities and services.</td>
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<td></td>
<td>Leverage AcademyHealth’s existing content and robust meetings to create new resources for new audiences. (See article, page 3)</td>
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<td>Maintain and grow our existing relationships and programs to continue to deliver outstanding resources and technical assistance.</td>
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Your Voice in the Nation’s Capital

In Washington, there is no shortage of special interests poised to impact the political process. Without strategic and coordinated advocacy outreach, a cause—regardless of its worth or merit—is likely to go unnoticed. The Coalition for Health Services Research is the voice for AcademyHealth members in Washington, advocating the field’s priorities on Capitol Hill and beyond. We also work to educate elected officials and other federal decision makers about the value of HSR in evidence-based policymaking. The Coalition’s efforts are possible because of the dues support of AcademyHealth members and organizational affiliates.

Why a Separate Advocacy Arm?

AcademyHealth’s principal funders require that AcademyHealth’s advocacy and lobbying activities be kept separate and distinct from the educational and programmatic activities. The Coalition was established in 2000 as a separate corporation to lobby and advocate on AcademyHealth’s behalf. Accordingly, the Coalition has its own Board of Directors and bylaws.

What Issues Does the Coalition Advance?

The Coalition’s advocacy activities focus primarily on securing increased funding for federal agencies that support HSR and health data. In this capacity, the Coalition leads and coordinates activities on behalf of two organizational “Friends” alliances that lobby for increased funding for the Agency for Healthcare Research and Quality (AHRQ) and the National Center for Health Statistics (NCHS). The Coalition also participates in broad-based alliances that advocate for increased research funding at the Centers for Disease Control and Prevention (CDC), Health Services and Resources Administration (HRSA), National Institutes of Health (NIH), and Veterans Health Administration (VHA). By actively participating in those groups, the Coalition is able to demonstrate support for the principal federal funders of HSR.

The Coalition also seeks policy change to address a broad array of issues that impact the field of HSR, including access to data and information, investigator-initiated research, training programs to develop the next generation of health services researchers, comparative effectiveness research, and research coordination.

What Does the Coalition Do for Me?

On any given day, the Coalition meets with members of Congress and congressional staff, hosts congressional briefings, and submits congressional testimony and official comments on proposed regulations to communicate our message to policymakers and educate them about the challenges facing the field of HSR. As a result of our efforts, the Coalition has helped secure funding increases for several agencies that support HSR and health data. This last year, we secured a 10 percent budget increase for NCHS, which will help restore cuts to the National Health Interview Survey’s sample and prevent deeper cuts to other surveys. We helped secure an 11 percent budget increase for AHRQ, including $13 million for a new Innovations Research Portfolio to reinvigorate investigator-initiated research at the agency. And, we worked tirelessly behind the scenes to ensure that the final version of the American Recovery and Reinvestment Act (ARRA) included $1.1 billion for comparative effectiveness research. These efforts will translate into substantial new funding opportunities for AcademyHealth members and the field overall.

The Coalition also continues to advocate for access to data. Last year, we submitted comments on the release of Medicare Part D Data, the creation of a National Data Stewardship Entity, and the availability of vital statistics. In the context of health reform, the Coalition is urging policymakers to consider health data and HSR infrastructure improvements that will support health system change.

Talk the Talk...

This Coalition’s legislative term of the quarter is: “Budget Resolution.”

The budget or “annual concurrent resolution on the budget” sets budget policy and priorities for the next five fiscal years and establishes the framework within which Congress considers budget-related legislation during the year. The budget is a legislative blueprint; it is not submitted to the president for signature or veto, and similar to the president’s annual budget request, has no statutory effect.

How Can I Help?

The active engagement of AcademyHealth members is critical to the Coalition’s success. For example, the coordinated efforts of AcademyHealth members under the Coalition’s leadership played a crucial role in protecting comparative effectiveness research funding in ARRA. During the year, look for “calls to action” via email from the Coalition that will let you know how you can help. You may also contact the Coalition at coalition@academyhealth.org.

President’s Budget Includes Increases for HSR; Data

The president released his proposed FY 2010 budget request on May 7. The submission of the president’s budget to Congress sets the tone for the appropriations season, providing guidance to Congress as they use their constitutional authority to determine how resources are spent. If Congress adopts the proposal as written most of the principal agencies that support health services research will be flat funded, though NCHS will receive an increase of about $14 million or 11 percent more than the FY 2009 level.

With guidance from the administration, Congress will continue work to appropriate funding for federal agencies, with the goal of passing all 12 appropriations bills before the September 30 close of the fiscal year.

For more information on the president’s budget and funding for health services research and health data throughout the appropriations process, visit www.chsr.org.
AcademyHealth Awards Recognize Contributions to the Field

Each year, AcademyHealth honors health services research and health policy leaders with several prestigious awards presented during the Annual Research Meeting. AcademyHealth congratulates the 2009 award recipients.

**Distinguished Investigator Award**
Willard Manning, Ph.D., is the 2009 Distinguished Investigator. Dr. Manning is a professor in the Department of Health Studies, Division of the Biological Sciences, and the Harris School at the University of Chicago.

**Article-of-the-Year Award**
The 2009 Article-of-the-Year is “Insurance Parity and the Use of Outpatient Mental Health Care Following a Psychiatric Hospitalization,” written by Amal Trivedi, M.D., M.P.H., in the December 24/31, 2008 edition of the *Journal of the American Medical Association*. Dr. Trivedi is an assistant professor of community health at the Warren Alpert Medical School of Brown University and research investigator at the Providence VA Medical Center. His article was coauthored by Shailender Swaminathan and Vincent Mor.

**Alice S. Hersh New Investigator Award**
The 2009 Alice S. Hersh New Investigators are Hongmai Pham, M.D., M.P.H., and Rachel Werner, M.D., Ph.D. Dr. Pham is a general internist and senior health researcher at the Center for Studying Health System Change. Dr. Werner is an assistant professor of medicine in the Division of General Internal Medicine at the University of Pennsylvania and core investigator with the VA HSR&D Center for Health Equity Research and Promotion.

**Dissertation Award**
Andrew Ryan, Ph.D., M.A., receives the 2009 Dissertation Award for his work, “The Design of Pay-for-Performance and Public Quality Reporting for Hospital Care in Medicare: Theory and Empirical Evidence.” Dr. Ryan is a post-doctoral fellow at the Heller School for Social Policy and Management at Brandeis University.

News from the Journals

*AcademyHealth*’s official journals, *Health Affairs* and *Health Services Research*, 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* Web site at www.academyhealth.org/membership.

**Health Affairs Examines Mental Health Trends**
Research shows that more people are using mental health services and U.S. mental health spending rose 65 percent in the past decade, but there is still a large gap between access to care and quality of care received. These are some of the findings discussed in the May/June issue of *Health Affairs*. The issue explores topics such as comparative effectiveness research in mental health treatment, barriers facing veterans in need of mental health services, and supported employment as a means of helping Social Security disability program recipients with psychiatric disabilities earn incomes. This thematic issue examines findings such as:

- More health care providers are prescribing psychotropic medications to their patients, particularly to seniors.
- About half of all Americans suffering from mental illnesses do not receive any treatment and another quarter do not get evidence-based treatment.
- Many military service members and veterans get inadequate care or no care at all for post-traumatic stress disorder and depression.
- A national program to help mentally ill people on Social Security disability programs find jobs could spur greater independence while saving the federal government $368 million annually.

Abstracts for this issue are available online at www.healthaffairs.org.

**HSR Seeks Papers for Theme Issue on Payment Reform**
As the country struggles to find a way out of the perfect storm of rising costs, falling access, and uncertain quality, there is widespread agreement that changes in the payment system must be part of the solution. Public and private payers have been experimenting for several years by tweaking the way they pay for care, but so far there has been little comparable evidence about the intended and unintended consequences of different approaches.

*Health Services Research (HSR)* is seeking the following types of submissions for a theme issue: research, evaluations or policy analyses; models, simulations, and related theoretical work; and comparative evidence. Sponsored by the Agency for Healthcare Research and Quality (AHRQ), the goal of this theme issue is to produce the best science possible to inform the future of payment reform.

Submissions are due June 23, 2009. For more information, visit the journal online at www.hsr.org/hsr/abouthsr/call-for-papers-payment-reform.jsp.
Health Policy Orientation: October 26-29, 2009

Go behind the scenes of health policymaking

The annual Health Policy Orientation continues to give participants an in-depth understanding of the formal and informal processes shaping the nation’s health policy agenda. With expert faculty members, group discussions, hands-on tutorials, and a congressional site visit, participants gain an understanding of the Washington health policy environment and master the fundamentals of policy development and implementation.

The Orientation is ideal for health policy fellows and analysts, public officials, federal or state government employees, private sector health care employees, consultants, and students.

The program features a review of the essentials of health policymaking, as well as diverse stakeholder perspectives on timely issues. Expert faculty members provide insight from their years of experience advising the president, staffing members of Congress, and administering federal health programs. The faculty also includes leading researchers, legal scholars, and public opinion experts.


This program is organized with support from the Centers for Disease Control and Prevention’s National Center for Health Statistics.