In a health care system where costs are spread over numerous payers, who bears the burden when one payer reduces their share? That may depend on how much market power a payer can bring to bear on the health care system, what market forces are in play, and a payer’s cost-shifting strategy.

AcademyHealth’s Changes in Health Care Financing and Organization (HCFO) program hosted a meeting on November 13, 2002, sponsored by The Robert Wood Johnson Foundation. The meeting, titled “When Public Payment Declines, Does Cost-Shifting Occur? Hospital and Physician Responses,” brought together leading economists, researchers, practitioners, and policymakers to discuss what is known about the cost-shifting dynamic, the real-world challenges posed by declining public payments, and the government’s role in containing health care costs.

What Is Cost-Shifting?

Not everyone agrees that cost-shifting between payers actually exists and, even among those who do, there is no consensus on how to define it. Paul Ginsburg, Ph.D., president of the Center for Studying Health System Change, offered his definition of cost-shifting as “the phenomenon in which changes in administered prices of one payer lead to compensating changes in prices charged to other payers for care.”

Lewin Group Senior Vice President Allen Dobson, Ph.D., presented a slightly different view, saying that cost shifting is an “implicit tax” on premium rates. Armed with considerable evidence, Dobson explained that, when public payments decline, hospitals seek to maintain a profit margin, cover bad debt and charity care, and pay for research and teaching by shifting costs to private payers. The result is higher insurance premiums.

Despite disagreement on how to define cost-shifting, proponents of its existence generally felt that it would be too simplistic to conclude that fluctuations in Medicare prices are solely responsible for pricing changes by other payers. Other factors, such as changes in the private insurance industry due to provider consolidation, variations in invest...
As my tenure as board chair ends, I believe that AcademyHealth is a more cohesive and dynamic organization than ever. Our recent name change and new logo and tagline strengthen our capacity to pursue our mission of bridging the research and policy worlds. And we are more committed than ever to the field of health services research. Our new identity highlights the powerful role that health services research plays in shaping health policy and, ultimately, improving people’s lives.

Membership has reached an all-time high, with more than 3,700 individual members and 125 organizational affiliates. In tandem with that growth, AcademyHealth has enhanced its professional development opportunities with more full-day and online methods seminars, the new health policy orientation, and, beginning next spring, workshops for researchers on compliance with the HIPAA privacy regulations. AcademyHealth also recently formed a committee to establish guidelines about how research and policy professionals should address ethical challenges facing their fields.

The Coalition for Health Services Research continues to work diligently to prevent the Administration’s proposed FY 2003 federal budget cuts. And we have undertaken, for the first time, a comprehensive effort to determine which, how, and to what extent federal agencies invest in health services research.

At this year’s Annual Research Meeting, I stated that, “As members of the Academy, we’re in the business of truth. We’re in it because we like the challenge of figuring out how things work and because we care not just about winning a political battle but about generating and using truth to make policy that will promote whatever values we hold dear.” AcademyHealth is an organization focused on meeting that challenge, and I am proud to have had the opportunity to serve as your leader this year.

Judy Feder, Ph.D.
Georgetown University

Workshop Offers Researchers Health Policy 101

AcademyHealth launched an intensive, four-day educational program in late September on health policy targeted to people participating in fellowships and training programs in health services research and health policy. Attended by 30 individuals, the program included an overview of the current policy environment in health care as well as the federal budget process, and highlighted critical issues for states, the federal government, and public and private health care purchasers.

Participants learned about the roles that each of the following entities play in shaping state and national health policy: Congress, the congressional agencies, the executive branch, think tanks, and the media. Participants met congressional staffers at a Hill reception, and visited the Agency for Healthcare Research and Quality, the Government Accounting Office, and the Institute of Medicine.

Larry Lewin, executive consultant and former CEO of the Lewin Group, characterized the dramatic changes in the national health policy climate. Two years ago, for example, coverage expansion was high on the nation’s health policy agenda. Today, as the nation faces an estimated budget deficit of about $160 billion and most states report revenue shortfalls, interest in extending coverage has waned substantially. Most state and federal policy-makers are preoccupied with simply trying to maintain the gains made over the past decade and avoid having to cut people from public programs entirely in order to meet budgetary challenges.

To get out of this “paradigm stall,” Lewin suggested that health care systems and providers will have to find local solutions to their problems. In the long term, he sees the need to replace “managed care” with “managed health” by:

- Restoring population-based payment systems;
- Rewarding rather than penalizing providers for good outcomes;
- Replacing encounter-based payment, especially for chronic conditions;
- Standardizing and improving the use of telecommunications and information technologies to inform and empower patients; and
- Investing in health services research, evidence-based medicine, and research on the business case for change.
Coalition Prepares for Next Federal Budget Cycle

The past year has been an extremely active one for the Coalition for Health Services Research—the advocacy arm of AcademyHealth. Throughout the Fiscal Year (FY) 2003 budget cycle, which has been tumultuous for health services researchers, the Coalition actively promoted the field and provided a unified voice for enhanced federal support.

The Bush administration’s proposed FY2003 budget called for cuts to most agencies that fund and support health services research, including the Agency for Healthcare Research and Quality (AHRQ), the Centers for Medicare and Medicaid Services (CMS), and the Centers for Disease Control and Prevention (CDC). The bright spots were the proposed increases for the National Institutes of Health and Veterans Health Administration’s Health Services Research and Development Service. While it appeared as if Congress was prepared to, at a minimum, restore the funds, the budget process ground to a halt due to overall spending level differences between conservatives and moderates.

Throughout the year, the Coalition has consistently pushed Congress to increase the budget for the agencies that fund and support health services research.

In June, at AcademyHealth’s Annual Research Meeting, the Coalition coordinated a “lobby day” on Capitol Hill, during which AcademyHealth members visited their congressional representatives to advocate for our field. At the urging of the Coalition, many members also wrote or called their congressional representatives to educate them about members also wrote or called their congressional representatives to advocate for our field. At the urging of the Coalition, many members also wrote or called their congressional representatives to educate them about the detrimental effects that the Bush administration’s proposed cuts would have on health services researchers and their ability to inform decision-makers on critical health policy issues.

The Coalition, together with the Friends of AHRQ (a group of nearly 130 organizations dedicated to promoting the agency), held two congressional briefings in late September to inform Hill staff of how AHRQ research improves health care quality and saves money. Both briefings were well attended and helped highlight the critical role that AHRQ plays in translating health services research into practice.

Since the newly elected Republican-controlled Congress will likely focus its spending priorities on the war against terrorism and building defense capabilities, the Coalition is preparing to work even harder in the months ahead. Indeed, it appears as if the President’s FY2004 budget proposal will leave AHRQ short of its current funding level of $300 million. Along with pushing for increases in AHRQ funding, the Coalition will attempt to raise the budget levels of CMS and NCHS. The Coalition is hopeful that CMS will see an increase in its research budget, but given the probability of draconian cuts in FY2003, that agency is also playing catch-up. The National Center for Health Statistics, while not cut in FY2003, has had flat budgets for the past several years.

To help our members more easily and efficiently advocate for the field, the Coalition plans to launch a new and improved Web site (www.chsr.org) in January. The site will allow you to send letters and e-mails to your members of Congress directly from the Web, either by selecting paragraphs from prepared text or crafting your own messages.

Workshop Offered on New Privacy Rule

This spring, AcademyHealth will hold workshops in San Francisco and Washington, D.C., to inform health services researchers of their new responsibilities for maintaining the confidentiality of identifiable health information under the new health privacy regulation. Required by the Health Information Portability and Accountability Act (HIPAA) of 1996, the regulation becomes effective on April 14, 2003 (unless Congress intervenes, which is viewed as highly unlikely). The new rules will affect every aspect of how health services researchers request, obtain, and handle identifiable health information.

Sponsored by the Agency for Healthcare Research and Quality, these one-day workshops will take place in San Francisco on March 19 and in Washington, D.C., on April 29. The workshop will focus specifically on how the privacy regulation will affect health services researchers, addressing such questions as:

- Why do health services researchers need to protect identifiable health information?
- What meets the legal requirements for personally identifiable health information?
- Why does de-identified information need to be protected?
- What are the “limited data sets” that will be available only to researchers and how can it be obtained?
- What suggested practices can researchers use to protect health information?
- How can health services researchers prepare for taking a proposal to an Institutional Review Board or Privacy Board?
- What are the consequences for failing to protect this information?

For more information or to register, contact Jon Lawmierczak, director of government relations, at 202.292.6700.
Board Announces New Dues Structure for 2003

AcademyHealth’s board of directors recently voted to accept a new membership pricing structure to balance the desire to offer members a more flexible benefits package with the need to ensure financial stability for member operations. As part of the revised structure, individual membership dues will increase beginning February 1, 2003. Although AcademyHealth is committed to keeping expenses as low as possible and maximizing efficiency within the organization, dues income does not currently cover membership operations and advocacy activities.

“We considered several options that would allow us to maintain first-rate benefits and services while generating a sufficient revenue stream for the organization,” says Judy Feder, AcademyHealth Chair. After surveying member preferences and evaluating the membership dues charged by similar professional societies, AcademyHealth chose a structure that allows members to choose which journals they receive and pay dues rates that are based on their choices. The new rates will remain in effect for at least two years, through 2004.

Individual members of AcademyHealth receive more than $550 in registration discounts to conferences and seminars. The complimentary journal subscriptions are valued at over $250 (for HSR, Health Affairs, and Milbank Quarterly). We will continue to introduce new membership benefits, such as the newly available Members-only section of the AcademyHealth Web site. Members-only provides timely information and resources at your fingertips; it is available at www.academyhealth.org/membership/member-soonly.htm.

For more information on the dues increase or rate structure, please visit www.academyhealth.org/membership/dues.htm.

AcademyHealth Calls for Abstracts

AcademyHealth is now accepting online abstract submissions for our upcoming Annual Research Meeting (ARM) and 4th International Conference on the Scientific Basis of Health Services.

Researchers are invited to submit abstracts for a paper, poster, or panel to be presented at the 2003 ARM, which will take place from Friday, June 27, to Sunday, June 29, in Nashville, Tenn. The submission deadline is January 15, 2003. The ARM planning committee recently increased the number of call-for-paper sessions—a move that will raise the acceptance rate of abstracts. Visit www.academyhealth.org/2003/abstracts for details and to submit your work.

AcademyHealth also announced a call for abstracts for the 4th International Conference on the Scientific Basis of Health Services, with a submission deadline of March 14, 2003. The conference is organized around five themes: national strategies for organizing health services research, using evidence to improve clinical practice, health services management, and policymaking, and using evidence to alleviate the burden of specific diseases. Each theme is led by one U.S. and one international expert. Co-hosted by AcademyHealth and the Agency for Healthcare Research and Quality, the conference will be held September 20-23, 2003, in Washington, D.C. For more information, visit www.ahrq.gov.

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AcademyHealth developed the curriculum for the program with support from the Centers for Disease Control and Prevention’s National Center for Health Statistics (NCHS) and in conjunction with the one-year health policy fellowship program sponsored by NCHS and AcademyHealth. To participate in next September’s health policy orientation, e-mail policy@academyhealth.org. For more information about the 2002 orientation, visit www.academyhealth.org/policy.
Health services researchers have spent decades documenting the problem of disparities between the health care provided to racial and ethnic minorities and that received by the majority in the United States. With a consensus reached that such inequities in treatment methods and outcomes exist, a new generation of investigators are looking to pinpoint the reasons why. Darrell J. Gaskin, Ph.D., is pursuing this promising line of investigation. Gaskin joined the faculty at the Johns Hopkins University School of Public Health in 2002 as deputy director of the newly created Center for Health Disparities Solutions.

“What we hope to do,” says Gaskin, “is to really try to understand why we see disparities, and to look at issues regarding patient/physician communication and cultural competency to see how that interaction contributes to minorities sometimes receiving less care.”

The Center, in conjunction with Morgan State University in Baltimore, will conduct a series of short-term projects as well as a long-term, population-based study that will follow a population in Baltimore over time to study utilization patterns among various ethnic groups. Gaskin hopes the research will help identify determinants of disparities and, ultimately, lead to the development of appropriate interventions to reduce or eliminate them.

Gaskin’s work at the Center—a six-year, $6-million initiative funded by the National Center on Minority Health and Health Disparities, a division of the National Institutes of Health—is a natural progression in his career growth. Much of his work to date has focused on the economic realities of poor and disadvantaged populations in the United States. His primary research interests are the hospital safety-net and health care access issues relating to minorities, low-income individuals, the uninsured, and other vulnerable populations.

Gaskin first became interested in health research while working in the human resources division of the General Accounting Office from 1987 to 1990. “I became involved in a project looking at the not-for-profit status of hospitals and how that affected their provision of care to uninsured patients,” he says. “That research piqued my interest in studying how the poor and uninsured obtain medical care.”

The tools that Gaskin acquired through his undergraduate studies at Brandeis University and his master’s work on health economics at MIT allow him to analyze health care markets. “The health care market is fascinating because there are so many agents—patients, payers, providers,” he said. “Unlike a typical market where consumers know what and how much they want of an item, in health care you have to rely on a provider to tell you what and how much you need.”

Gaskin’s findings in the paper selected as article-of-the-year suggest that competition for Medicaid patients increased from 1991 to 1994, as these hospitals lost low-risk maternity Medicaid patients while continuing to serve large concentrations of high-risk maternity Medicaid patients and self-pay/charity maternity patients. “This trend was also reported in the medical news media. So [co-authors] Jack Hadley and Victor Freeman and I started looking to see if we could develop a project that would document what we were hearing anecdotally.”

Although pleasantly surprised with the article-of-the-year award, Gaskin notes, “you don’t write articles to receive awards, you write them to share the findings of your research with the field, advance a body of knowledge, and answer pressing questions that policymakers and providers may have.”

For our profile in this issue of AcademyHealth Reports, we chose Darrell Gaskin, Ph.D., the recipient of AcademyHealth’s 2002 Article-of-the-Year Award. Gaskin won the award for his article, “Are Urban Safety-Net Hospitals Losing Low-Risk Medicaid Maternity Patients?,” which appeared in the April 2001 HSR. He received his master’s degree in economics from the Massachusetts Institute of Technology in 1987, and earned his Ph.D. in health economics from Johns Hopkins University in 1995.

Darrell Gaskin, Ph.D.
consumer earnings, increasing consumer demand for care, and medical and pharmaceutical technology all contribute to a complex interaction of market forces and dynamic revenue streams.

**Does Cost-Shifting Exist?**
The meeting prompted vigorous debate around the fundamental question of whether cost-shifting exists. Those who believe it occurs generally agree that the phenomenon is largely driven by unexploited market power, and that the leverage that providers bring to the table when negotiating with health plans varies over time and among markets.

Participants who were skeptical of the existence of cost-shifting, including economist Michael Morrissey, Ph.D., at the University of Alabama at Birmingham, questioned whether there is an explicit link between lowering public payments and increasing prices for private payers. If providers use their unexploited market power and raise prices for private payers, they argued, perhaps the public payer role is largely irrelevant. In other words, private-sector prices would increase regardless of what Medicare and Medicaid are doing, Morrissey said.

**The Physician Story**
To date, very little research has examined the extent to which physicians may cost-shift, primarily because physician costs are difficult to quantify. Moreover, Ginsburg said, physician behavior does not fit the classical model of “maximizing” costs. Rather than exploiting pricing power and cost-shifting to private payers when public payments decline, physicians may change their payer mix by cutting prices to private payers in order to increase volume.

Reducions in Medicare payments can create an immediate response in physicians’ willingness to treat Medicare beneficiaries. Unlike hospitals, physicians can choose whether to see Medicare patients.

**The Consumer Story**
Several participants raised concern about the potential impact of cost-shifting on consumers, given recent trends indicating that consumers are assuming an increasing share of the burden for paying health care costs. For example, more employers are covering higher premiums by increasing employee cost-sharing, said consultant Joan Trauner, Ph.D. Ultimately, the health care consumer may make up the public payment shortfall.

**Should Medicare Payment Policy Be Strategic?**
The participants also discussed whether Medicare decision-makers have behaved strategically when they have lowered or raised payments. “Does Medicare know it can ‘free-ride’ on the private sector and set systematically lower payments?” asked economist Tom McGuire. In other words, he wondered whether those setting Medicare payment rates purposefully underpay in some circumstances.

Economist and former policymaker Stuart Altman, Ph.D., posed the opposite question——Does Medicare strategically overpay? Altman said that he does not believe that Medicare decision-makers engage in a strategy to overpay, but that they nevertheless set rates that pay beyond hospital margins in order to take care of Medicare beneficiaries. Although it may be fiscally optimal for Medicare to maintain a strategic cost-shifting policy, the participants concluded, it is not a socially palatable thing for them to do. Therefore, Medicare officials recognize that cost-shifting exists, and they simply live with it.

Until recently, the notion of worrying about Medicare vis-à-vis private payers was largely irrelevant, said Urban Institute President and MedPAC Vice-Chairman Robert Reischauer, Ph.D., who remains equivocal about whether cost-shifting exists. That’s because, in the late 1990s, Medicare was a cash cow that was milking for deficit reduction purposes; Congress believed that payments should be cut as long as access was not compromised. It has only been within the last few years, he said, that people became concerned about the implications of cost-shifting for private payers in light of the budget deficit, rising health care costs, the falling stock market, and technology improvements.

Former Health Care Financing Administration Administrator Nancy-Ann DeParle, J.D., agreed. “During the 1990s, cost-shifting was not something we thought about,” she said. “We did not consider cost-shifting and the actions of public payers relative to commercial payers explicitly because there were no data behind what we heard through anecdotes.”

**Are Medicare Payments Adequate?**
According to Federation of American Hospitals President Charles (Chip) Kahn III, the government’s administered payments to hospitals are not market prices by anyone’s definition. Medicare payments are “imposed” on providers and are largely determined by the “political market.” In general, providers face real problems maintaining fixed costs under the current system, Kahn said. “Hospitals are headed for a rocky sea.”

At the end of the meeting, the participants noted that there are still many unanswered questions that need to be explored. Should Medicare be responsible for paying more than allowable costs? Should Medicare depend on private payers to ensure adequate quality for its beneficiaries? However, the meeting made clear that Medicare policy decisions are very temporal and largely dependent on budget and political concerns. Ultimately, said Ginsburg, it may not matter whether Medicare develops strategic payment policies. It is not the magnitude of cost-shifting that will drive policy, he said, but rather the possibility that consumers will be without access to care or that providers will be at financial risk.
organizational affiliate news

The American Institute for Research (AIR) is pleased to announce that Dr. San Keller has joined its Health Services Research program as principal scientist.

The American Association of Health Plans, in collaboration with the Agency for Healthcare Research and Quality, the Centers for Disease Control and Prevention, and the Blue Cross Blue Shield Association, will host the ninth Building Bridges research conference April 30–May 2, 2003, in Atlanta. Professionals working in clinical or health services related research, managed care organizations, providers, policymakers, academicians, and the public health community are invited to attend. For more information, visit www.aahp.org/abstracts/bridgesandtobacco/bridges/default.cfm.

The Audiology Foundation of America (AFA) is offering the Outstanding Doctor of Audiology (AuD) Scholarship Awards for the 2002-3 academic year. Full-time AuD students about to enter their third year may be nominated by their program director to compete. For more information, see info-afa@audfound.org.

The Centers for Disease Control and Prevention will hold its 17th National Conference on Chronic Disease Prevention and Control on February 19-21, 2003, in St. Louis, Mo. The conference is sponsored by the CDC, Chronic Disease Directors, and the Prevention Research Centers Program. For more information, visit www.cdc.gov/nccdphp/conference.

The Commonwealth Fund would like to announce several new staff members. They are Jennifer N. Edwards, Ph.D., senior program officer and director of the Health Policy, Research and Evaluation Department; Edward L. Schor, M.D., assistant vice president for the Child Development and Pediatric Care program; Mary Jane Koren, M.D., M.P.H., senior program officer for the Quality of Care for Frail Elders program; Peter Sawires, program officer for the International Program in Health Policy; Sara R. Collins, Ph.D., senior program officer in the Health Policy, Research and Evaluation Department; and Anne C. Beal, M.D., M.P.H., senior program officer for Quality of Care for Underserved Populations.

The Department of Health Administration at Virginia Commonwealth University launched its first, nine-month Executive Fellowship Program in Patient Safety in August 2002. For information on the next program cycle, visit www.had.vcu.edu.

Duke University Fuqua School of Business reports that William D. Gradison Jr., Ph.D., Health Sector Management Senior Scholar, has been selected to serve on the Accounting Board Oversight Committee, and J. Alexander McMahon, J.D., Health Sector Management Executive-in-Residence, was awarded the University Medal for Distinguished Meritorious Service—the University’s highest award—for his years of service.


The Institute for Health Policy and Health Services Research (IHPHSR) at the University of Cincinnati Medical Center welcomes Andrew W. Bazemore, M.D., as an assistant professor of Family Medicine. Stephen J. Page, Ph.D., has joined the Department of Physical Medicine and Rehabilitation at the University of Cincinnati as assistant professor. He holds a

AcademyHealth Calendar of Events

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<td>Registration deadline for the NHPC (via mail and fax)</td>
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<td>January</td>
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<td>Early February</td>
<td>Early registration begins for Annual Research Meeting</td>
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<td>March</td>
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<td>19</td>
<td>Workshop on HIPAA privacy regulations for health services researchers (San Francisco, CA)</td>
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position as faculty research fellow at the IHPHSR. Mark Wess, M.D., has been appointed a faculty research fellow of the IHPHSR. Dr. Wess holds an appointment as associate professor in the Department of Internal Medicine at UC and is the director of clinical information systems at UC.

The Kaiser Permanente Institute for Health Policy welcomed Murray N. Ross, Ph.D., in August.

The National Advisory Committee of the Kansas Health Institute in Topeka welcomes Paul W. Newacheck, Dr.P.H. Dr. Newacheck is professor in residence of pediatrics and health policy at the Institute for Health Policy Studies and the Department of Pediatrics, University of California, San Francisco.

The American College of Medical Quality Award's Committee selected the Outcomes Research and Management (ORM) department, U.S. Human Health Division of Merck & Co., Inc., to receive the 2003 Institutional Leadership in Quality Award.

The Muskie School of Public Service, Institute for Health Policy, at the University of Southern Maine, is studying options for expanding health insurance coverage in Maine under a $1.28 million grant awarded by the Health Resources and Services Administration (HRSA). The Institute has also produced two papers that synthesize cross-cutting lessons from state-level research and policy analysis on private-employer coverage expansions.

RTI, an independent research institute in North Carolina, acquired Health Economics Research (HER) Inc., located in Waltham, Mass., in February 2002. The acquisition adds about 50 social scientists and programmers to RTI, which has a staff of 2,050 people. Janet B. Mitchell, Ph.D., who was vice president of HER, is now the senior division director for health economics research within RTI's Health, Social and Economics Research unit. The acquisition also gives RTI a new location in the Northeast, joining existing locations in seven U.S. states, the District of Columbia, and three overseas sites. Visit www.rti.org for more information.

Social & Scientific Systems, Inc. (SSS) recently received the Corporate Community Service Award in the large business category from the Corporate Volunteer Council of Montgomery County, largely in recognition of SSS’s efforts to support volunteer projects undertaken by employees. The award was presented at the Council’s annual meeting on October 18, 2002.

The University of Florida, Department of Health Services Administration has appointed four new faculty members: Aram Dobalian, J.D., Ph.D.; Pam Duncan, Ph.D.; director of the Brooks Center for Rehabilitation Studies; Neale Chumbler, Ph.D.; and Jeffrey Harman, Ph.D.

NCHS/AcademyHealth Fellowship Deadline Nears

Reminder! The deadline to apply for the Health Policy Fellowship sponsored by the National Center for Health Statistics and AcademyHealth is Friday, January 10, 2003. This program brings visiting scholars in health services research-related disciplines to NCHS to collaborate on studies of interest to policymakers and the health services research community using NCHS data systems.

For more information visit www.academyhealth.org/nchs or email AcademyHealth at nchs@academyhealth.org.

News from the Journals

HSR

The February issue of HSR includes articles on factors affecting choices with managed care plans; access to specialists within plans and patient outcomes; quality improvement in nursing homes; the effects of the Balanced Budget Act of 1997 on home health care; and the controversy over the health effects of income inequality.

Health Affairs

The January/February Health Affairs will focus on Medicaid’s role in the U.S. health care system. Featured articles spotlight the crisis faced by governors as they see decreased revenue and increased demands on the system; the evolution of Medicaid from a poverty program to a safety net for the middle-class afflicted with disabilities and mental illness; and states’ efforts to expand coverage by reducing some benefits. It also features an interview with Oregon Gov. John Kitzhaber.

New Publication Policy Provides Guidance for Authors

Editors from seven journals, including Health Affairs, Health Services Research, and Milbank Quarterly, have collaborated to produce a policy statement regarding the publication of original work that has not previously been published. The emergence of electronic publishing and the increasing number of reports and papers generated by organizations and agencies has resulted in the need to clarify what constitutes previous publication. For a copy of the “Common Statement on Prior Publication Policy” and a list of the journals using the statement, visit www.academyhealth.org/publications/policy.pdf.
Moving On and Moving Up

David W. Baker, M.D., has moved to the Feinberg School of Medicine of Northwestern University in Chicago to be the new division chief for general internal medicine.

Rachel Block recently left the Centers for Medicare and Medicaid Services (CMS) to join the Health Services Group at MAXIMUS.

Karen L. Brodsky, formerly vice president of programs for the Center for Health Care Strategies, Inc., recently opened HealthWorks Consulting, LLC, in Princeton Junction, N.J.

Derek DeLia, Ph.D., joined the faculty at the Rutgers Center for State Health Policy as an assistant professor/policy analyst in July 2002.

Leslie Goode, M.H.S., is now vice president for communications and public relations at the American Board of Internal Medicine in Philadelphia.

Mitch Greenlick, Ph.D., has been elected to the Oregon House of Representatives.

Stuart Guterman was named director of the Office of Research, Development, and Information at CMS.

Mark Hall, J.D., has been appointed the Fred D. and Elizabeth L. Turgeon Professor of Law and Public Health at Wake Forest University.

Jill G. Joseph, M.D., Ph.D., was installed on October 16, 2002, as the Richard L. Hudson Chair of Health Services and Community Research at Children’s National Medical Center, Washington, D.C.

David Kindig, M.D., Ph.D., is chairing the new Institute of Medicine Health Literacy Committee.

Shou-Yih Daniel Lee, Ph.D., received the 2002 John D. Thompson Prize for Young Investigators from the Association of University Programs in Health Administration.

Kathleen Lohr, Ph.D., chief scientist at RTI International, was recently named research professor in the Department of Health Policy and Administration, School of Public Health, at the University of North Carolina at Chapel Hill.

Joanne Lynn, M.D., is director of the new Washington Home Center for Palliative Care Studies, in collaboration with RAND Health and the Institute for Healthcare Improvement.

Eileen O’Connell, Ph.D., R.N.C., has been named an Albert Schweitzer Fellow for 2002-2003.

Winnie W.S. Mak, Ph.D., is now an assistant professor at the Department of Psychology of the Chinese University of Hong Kong.

Ann Marshall, M.P.S.H., has accepted a full-time position as analyst at the Medicare Payment Advisory Commission.

Michael A. Rodriguez, M.A., M.P.H., was awarded a tenured associate professor position at the UCLA Department of Family Medicine.

Carlos Martínez Sagasta, M.D., was awarded the Ramón Carrillo-Arturo Onativia Scholarship by the Ministry of Health in Argentina.

Neil Solomon, M.D., Ph.D., was reappointed Chairman, International Council Caring Communities, Health Advisory Council Board.

Chevell Thomas was accepted into the International Center for Health Leadership Development’s 2002-2004 class of Health Partners Fellows.

Marti Trudeu, R.N., M.P.A., recently accepted the position of assistant director at the Philadelphia VA Center for Health Equity Research and Promotion.

Robert Valdez, Ph.D., recently joined the RAND Washington office to help develop the International and Domestic Center on Security and Health.

Leah Vriesman, Ph.D., M.B.A., is president of Excel Research, LLC, in Boulder, Colo.

Walter P. Wodchis, Ph.D., has accepted a postdoctoral position at the Toronto Rehabilitation Institute in Toronto, Canada.

Scott Young, M.D., will join CMS as senior clinical advisor in the Office of Clinical Standards and Quality.

Keep in touch with friends and colleagues by sending your career news to membernews@academy-health.org. Submissions of no more than 30 words will be printed on a first-come, first-served basis.
On January 22-23, AcademyHealth and Health Affairs will co-sponsor the annual National Health Policy Conference at the J.W. Marriott in Washington, D.C. The meeting gives more than 700 researchers and policy professionals an in-depth look at the Bush administration’s 2003 health policy agenda and Congress’ policy plans for the year ahead, as well as a review of 2002. This year’s conference will include sessions on recent incremental efforts to expand health insurance coverage, how policymakers can organize to confront terrorism, and mechanisms to control Medicaid pharmaceutical spending, among other topics.

The conference features leading health care authorities from state and federal government, industry, and academia, including Senator Max Baucus, (D-MT) newly appointed FDA commissioner Mark McClellan, Leonard Schaeffer, the CEO of Wellpoint (one of the nation’s largest publicly traded health care companies), and health economist Uwe Reinhardt.

Commentators Norm Ornstein and Thomas Mann will present an insider’s look at the impact of the November elections on health policy, and a panel of congressional staff will examine the key health policy issues facing the new Congress. The conference will also feature 12 breakout sessions; some featured topics include promoting healthy lifestyles, modernizing Medicare, and improving recruitment and retention in the health care workplace. To learn more about speakers, this year’s agenda, or hotel and travel information, visit www.academyhealth.org/nhpc.

On January 23-24, The Robert Wood Johnson Foundation’s State Coverage Initiatives program, which is administered by AcademyHealth, will also hold its national meeting at the J.W. Marriott. This meeting, which is open only to state officials, will assess the impact of greater federal flexibility on state programs, particularly with regard to the new Health Insurance Flexibility and Accountability initiative and Pharmacy Plus waivers. For more information, visit www.statecoverage.net/meetings.htm, or contact Emily Muller at 202.292.6700.

2003 National Health Policy Conference Offers Glimpse at Year Ahead

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