ever since health services research (HSR) emerged as an applied research specialty in the 1960s, the field has grappled with how to ensure its relevance to decision making. In fact, over time, the interaction between research—including HSR and other types of scientific inquiry—and its practical application has become a line of investigation in its own right. There has been a surge of theoretical and practical initiatives around the world to assess how knowledge gained through research can be best transferred to those who make decisions about health care.

In September 2003, the 5th International Conference on the Scientific Basis of Health Services (ICSBHS) brought together a diverse group of international health services researchers, policy experts, and practitioners to explore the concept of “knowledge transfer” at the clinical, management, and policy levels. This year’s conference, which was held in the United States for the first time, was hosted by AcademyHealth and the Agency for Healthcare Research and Quality (AHRQ).

AHRQ Director Carolyn Clancy, M.D., set the tone by asserting that the problem the meeting was intended to address is not so much a dearth of knowledge in health care practice or policy, but that knowledge is not being applied. In the area of clinical practice, for example, a recent study by Elizabeth McGlynn, Ph.D., and colleagues indicates that U.S. doctors provide appropriate health care only about half the time. The study appeared in the June 26, 2003, New England Journal of Medicine.

According to Rene Amalberti, M.D., Ph.D., a leading expert on patient safety in France with experience in the civil aeronautics industry, in order to improve clinical research uptake, care must be standardized based on technical knowledge. “The goal is to move from a craftsmanship attitude to one of equivalent actors,” he says. In other words, health care professionals should look at themselves less like individual artisans, each of whom may have a different approach toward providing care, and more like technicians...
As 2003 draws to a close, I would like to reflect on AcademyHealth’s growth and accomplishments during my time as board chair. Like other organizations across the country, AcademyHealth has had to cope with some difficult financial realities this year. Fortunately, that hasn’t stopped the organization from continuing to find new and better ways of serving the fields of health services research and health policy. At year’s end, AcademyHealth has emerged stronger than it was when 2003 began.

One of AcademyHealth’s key accomplishments this year was to facilitate the exchange of research and experience among international investigators and policymakers. In collaboration with the Agency for Healthcare Research and Quality, AcademyHealth hosted the 5th International Conference on the Scientific Basis of Health Services in September, marking the first time the meeting was held in the United States. With more than 600 participants, the conference provided decision makers around the world the opportunity to discuss ways to improve the dissemination, synthesis, and translation of research.

Another way that AcademyHealth has helped health services researchers this year was through its workshops on the HIPAA privacy regulations. In April 2003, the organization held two all-day meetings designed to inform researchers about their new responsibilities under the privacy rule.

AcademyHealth’s ethical guidelines committee—which was established in late 2002—has also had a productive first year. Led by Ezekial Emanuel, M.D., Ph.D., of the National Institutes of Health, the committee has developed its first set of draft guidelines for the field. AcademyHealth’s board will review the recommendations this month, and the organization will release the final guidelines at the Annual Research Meeting in June 2004.

Finally, this year AcademyHealth learned more about the organization’s lifeblood: its members. After conducting an online member survey in March, AcademyHealth gained feedback that has helped it to develop new services and to improve those it already offers. Indeed, AcademyHealth has recently organized member interest groups—in which subsets of members share insights on a topic of interest—in response to members’ comments. (For more information, please see the article on p. 4 of this issue.)

I am pleased to have had the opportunity to serve as AcademyHealth’s board chair this year, and I look forward to working with the organization in the future.

Gail Wilensky, Ph.D.
Project HOPE
who are hired to apply a body of knowledge in a standardized way. Physicians may resist this idea, however, because it often requires them to “restrain their performance to the very core of their job, and risk losing their individual name,” Amalberti says.

Many experts believe that the problem of low research uptake is much broader than individual physicians’ behaviors. In fact, some have begun to question whether the traditional model of research and dissemination, in which a question leads to a hypothesis, then a study, then publication, and lastly to practical application, is truly an effective mode of knowledge transfer. After all, this model assumes that potential users of research—whether physicians, policymakers, or politicians—not only perceive the need for the information that researchers are supplying, but that they have the time and capacity to read scientific journals.

Indeed, in an article about knowledge production that was published in the October 2003 *Journal of Health Services Research and Policy*, the authors state, “Research does not speak for itself but neither do research findings sit and wait for someone to pick them up and use them.”

Jonathan Lomas, executive director of the Canadian Health Services Research Foundation (CHSRF) and an AcademyHealth board member, stresses the need to involve users in the research process early on and educate them about how and when to use available information. Lomas maintains that research dissemination, or what he terms “the push,” is not enough. He and his colleagues designed a training program to strengthen decision makers’ capacity to access and understand research—in other words, to help them use research on the “pull” side.

Key to this transfer process is the translation of research into formats that are appropriate to different types of decision makers. Lomas believes that ensuring successful translation is not solely the researchers’ responsibility, but that of a group of intermediaries whom he calls “knowledge brokers.” The CHSRF defines the job of these brokers as developing and implementing “the formal and informal processes that establish relationships to facilitate the effective and timely transfer of knowledge.”

“Research does not speak for itself but neither do research findings sit and wait for someone to pick them up and use them.”

— Ewan Ferlie, Ph.D., and Martin Wood, Ph.D., in The Journal of Health Services Research and Policy

Pierre G. Forest, Ph.D., research director for the Romanow Commission, which was charged with making recommendations to the Canadian government on how to sustain a publicly funded, universal health care system, calls for the “democratization” of current knowledge transfer models by recognizing that policy is primarily driven by the perceptions of specific constituencies. That being the case, the Commission has made listening to constituencies across the country central to their operations, and the basis for their reform recommendations.

Many organizations around the world are trying to promote better uptake of clinical research by synthesizing it into more understandable and usable formats. The most notable example is the Cochrane Collaboration, which operates through thousands of volunteers who follow strict protocols for the synthesis of clinical research, usually from randomized controlled trials. Cochrane reports are posted on the Web for any practitioner, provider organization, or consumer to consult.

In addition to the Cochrane Collaboration, the 13 U.S. and Canadian centers that comprise AHRQ’s Evidence-Based Practice Centers program generate research syntheses in response to requests from medical professional societies, government agencies, and other public- and private-sector partners who use the syntheses as the foundation for practice guidelines, coverage policies, quality improvement tools, and other documents.

The International Network of Agencies for Health Technology Assessment also generates evidence reports to inform guidelines, coverage policies, and other decisions of national and regional governments. Finally, the World Health Organization’s (WHO) Health Evidence Network (HEN) creates syntheses of existing evidence reports and other sources in response to questions posed by high-level decision makers in the member countries of WHO’s European region.

These four groups provide a range of knowledge-transfer strategies designed to meet the needs of a variety of stakeholders. The Cochrane Collaboration, for example, takes an evidence-based approach based on peer-reviewed research findings, while the HEN is driven primarily by policy interests. “These groups are evolving into a complementary continuum of resources for the international community,” says Cliff Goodman, Ph.D., vice president of the Lewin Group and a member of the board of Health Technology Assessment International.

ICSBHS Co-Chair Don Berwick, M.D., pointed out that, to be effective, knowledge transfer models must not rely on traditional scientific evidence, but must also draw from information specific to different contexts and include lessons learned through taking action. “The cost of insisting on classical, summative, experimental evaluative design in a poorly understood system is to affirm the status quo,” he says. “When the status quo is harmful, the consequences are not theoretical; they are real and they are indecent.”
The Behavioral Health Services Interest Group includes researchers, practitioners, policy staff, advocates, consumers, and families who are interested in forming new partnerships to improve mental health, substance abuse, and alcohol services. The group sponsors issue forums that are intended to build research/practice coalitions to investigate behavioral health problems and disseminate effective solutions.

The Child Health Services Interest Group provides a forum for researchers, policymakers, practitioners, and trainees to discuss health issues related to children. The interest group provides opportunities to disseminate results, inform policy and clinical decision-making, build researchers’ skills, and create networking opportunities for those interested in child health services.

The Health Workforce Interest Group focuses on the relationship between workforce and health care access, quality, and cost; data collection and analysis; sources and quality of health workforce data; methods of measuring supply, demand, and need; distribution; diversity; and policy and program information.

The LTC Interest Group’s goals are: to foster the exchange of LTC research findings among researchers, policymakers, and organizational decision makers; to increase the impact and usefulness of LTC research on policy and practice; and to foster development of the next generation of LTC researchers.

The Nursing Interest Group is an interdisciplinary group interested in influencing development of health services research relevant to nursing practice and education.

The group aims to build a community of interdisciplinary individuals interested in advancing health services research issues (such as practice, education, and others) that are important to nurses. It would also like to facilitate development of nurses and others in the conduct of health services research and the use of health services research methods.

The Public Health Systems Interest Group focuses on research examining the organization, financing, and delivery of public health services and the impact of these activities on population health.

Interest group members share an interest in applying health services research methods to addressing public health policy, administration, and practice. Examples of such issues include public health infrastructure development, preparedness for bioterrorism and other emerging health threats, and workforce needs and characteristics.

The State Health Policy and Research Interest Group provides a forum for health policy analysts, researchers, and policymakers to interact and discuss state-level research, investigations related to state health policy, and health services research from a state health policy perspective. The group facilitates development of a network of researchers and analysts with a state-level health policy focus and fosters collaborations across state-level household surveys on coverage and access.

The Women’s Health Interest Group includes researchers, practitioners, policymakers, and trainees interested in exchanging knowledge, disseminating research findings, informing policy, and clinical decision-making, building researchers’ skills, and creating a networking opportunity for those sharing common goals in women’s health services research.

Its mission is to foster development of the field to improve the quality and outcomes of care of women across their life spans and independent of race, ethnicity, or socioeconomic position.

Other interest groups are in development. Several will have organizing meetings at the Annual Research Meeting in June 2004. These include health economics, health technology/e-health, and managed care research.
As 2003 draws to a close, Congress put the finishing touches on its spending projections for Fiscal Year (FY) 2004, which began October 1, 2003. At the time that *AcademyHealth Reports* went to press, Congress was completing action on the bill that funds most of the federal agencies that support health services research—the Departments of Labor, Health and Human Services, and Education appropriations bill.

In light of the large federal deficit and costs associated with the war in Iraq, Congress did not fund major increases for national priorities that are not directly related to defense and security. However, thanks in part to the efforts of the Coalition for Health Services Research, Congress did not, at least, make cuts in major agencies that fund health services research, including the Agency for Healthcare Research and Quality (AHRQ), which will be set at $304 million—a $25 million improvement over the president’s proposed budget of $279 million. It appeared that Congress preserved the Centers for Disease Control and Prevention’s (CDC) Extramural Prevention Research program, which had been slated for elimination in the president’s budget for the second consecutive year.

The Coalition has consistently advocated that Congress increase funding for the agencies that promote health services research, through letter-writing campaigns, educational briefings, and the May 2003 congressional testimony of Coalition Chair Don Steinwachs, Ph.D. In his remarks, Steinwachs called for enhanced financial support for AHRQ; the Centers for Medicare and Medicaid’s Office of Research, Development, and Information; and the CDC’s National Center for Health Statistics (see sidebar).

The Senate is also expected to pass the appropriations bill that funds the Veterans Administration (VA), which also conducts health services research. The appropriations committee for the VA bill has allotted $408 million on medical and prosthetic research, of which approximately 25 percent will be allocated to health services research.

For more information, please visit the Coalition Web site (www.chsr.org), or contact Jon Lawniczak, director of government relations, at 202.292.6700, or e-mail jonathan.lawniczak@academyhealth.org.

### NCHS Makes New “Friends”

In October, the Coalition for Health Services Research held the inaugural meeting of the Friends of the Centers for Disease Control and Prevention’s National Center for Health Statistics (NCHS).

The Friends of the CDC’s NCHS will come together to support the work of NCHS—an underfunded federal agency that develops much of the data on which health services and policy researchers depend. Representatives from more than 33 organizations attended the first meeting, and agreed to work together to advocate for increased NCHS funding. The group plans to hold congressional briefings, make visits to Capitol Hill, and ask their constituents to write letters to Congress to educate their representatives about the importance of NCHS.

This is the second “Friends” organization to be supported and staffed by AcademyHealth; The Friends of AHRQ is a group of nearly 130 organizations advocating for that agency.
HCFO, Commonwealth Meeting Explores Consumer-Driven Care

This fall, The Robert Wood Johnson Foundation’s Changes in Health Care Financing and Organization (HCFO) initiative and The Commonwealth Fund hosted a meeting to share new results about the implications of consumer-driven health plans (CDHPs) for risk selection in health insurance markets, health care costs, utilization of services, and employees’ perceptions of health benefits. Insurers, employers, and CDHP representatives shared their perspectives on the findings.

The research reached differing conclusions about whether CDHPs lead to the undesirable consequence of segmenting the risk pool into healthy and unhealthy populations. Early findings from research by Roger Feldman, Ph.D., and colleagues at the University of Minnesota indicate that CDHPs may not cause such adverse risk selection. In an examination of Humana’s CDHP, however, Laura Tollen of Kaiser Permanente noted that her preliminary results do suggest possible risk segmentation.

“Whether risk selection actually occurs in a particular context is highly situational,” said Steve Bandeian, M.D., J.D., of MAMSI Health Plans. “This question will not be answered until there are studies on many sites.”

Initial results from Stephen Parente, Ph.D., also did not provide a clear answer as to whether CDHPs lower cost and utilization. “Pharmacy cost and use were lower for CDHPs,” he said, “but this appears to be mostly due to selection.” Employers Roger Chizek (Medtronic, Inc.) and Peter Hayes (Hannaford Brothers Co.) relayed their companies’ positive experiences with CDHPs. “People liked the idea of having control over a portion of the money spent on their care,” said Chizek.

However, getting consumers interested in directing their own care can be a challenge, said Hayes. Participants wondered whether offering CDHPs may be the right tool to create awareness.

There appears to be modest interest in CDHPs right now, both among policymakers and the public. However, according to Karen Davis, Ph.D., president of The Commonwealth Fund, it is still too early to know whether they will serve as a major health care reform strategy.

For more information, please visit www.hcfo.net/consumer.htm. AcademyHealth is the national program office for the HCFO initiative.

Data Indicate Lack of Diversity in HSR and Policy

According to 2002 U.S. Census data, ethnic minority groups comprise nearly 29 percent of our country’s population. Yet data suggest that these groups—African Americans, Hispanics, Asians, American Indians/Alaska Natives—are disproportionately underrepresented in professional and managerial occupations in general, and in the fields of health services research (HSR) and policy in particular. If these fields do not adequately represent our country’s racial composition, decision makers cannot guide research agendas or devise policies that accurately reflect the needs of the U.S. population.

There are scarce data assessing the ethnic makeup of individuals who work in HSR and policy. To make an estimate, AcademyHealth examined information gleaned from its own membership and from people who attended the organization’s Annual Research Meeting (see table). Only 11 percent of AcademyHealth members reported that they were from a minority group, while 50 percent were white (the remainder did not report their ethnic background).

By contrast, 2000 U.S. Census data indicate that more than 18 percent of individuals aged 16 and older and employed in management, professional, and related occupations are minorities. AcademyHealth is committed to learning why more individuals from these minority groups are not entering HSR. The organization recently received a grant from the W.K. Kellogg Foundation to explore how to increase diversity in HSR. Under the grant, AcademyHealth will examine recruitment, retention, mentoring, and other procedures at selected HSR programs at institutions around the country.

Staff will contact center directors in the coming year, and will ultimately issue a report summarizing best practices, lessons learned, and unmet needs in late 2004.

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<th>Year of Meeting</th>
<th>Total Number of Attendees</th>
<th>Total Number of Respondents*</th>
<th>White</th>
<th>Minority**</th>
<th>% of Minority Respondents</th>
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<td>1,409</td>
<td>803</td>
<td>211</td>
<td>15%</td>
</tr>
</tbody>
</table>

* These data were self-reported by Annual Research Meeting attendees.

** Minority refers to African American (non-Hispanic), American Indian/Alaska Native (non-Hispanic), Asian (non-Hispanic), and Hispanic (any race).
members matter

Moving On and Moving Up
Keep in touch with friends and colleagues by sending your career news to membernews@academyhealth.org. Submissions of no more than 25 words will be printed on a first-come, first-served basis.

Peter Broadhead is now at the Australian Department of Health and Aging, Office of Aboriginal & Torres Strait Islander Health.

Paul Duncan, Ph.D., recently became the chair of the Department of Health Services Administration at the University of Florida, College of Health Professions.

Tegwyn Hughes, D.D.S., Ph.D., has accepted a position as assistant professor in Virginia Commonwealth University’s Department of Pediatric Dentistry.

Katherine Jones, R.N., Ph.D., is now professor at Yale University’s School of Nursing.

James Macinko, Ph.D., has joined New York University’s Department of Nutrition and Public Health as an assistant professor.

Soeren Mattke, M.D., D.Sc., recently became a scientist at RAND in Arlington, Virginia.

Tom Miller recently joined the Congressional Joint Economic Committee as a senior health economist.

Kaan Tunceli, Ph.D., has accepted a position as health services researcher at the Henry Ford Health System Center for Health Services Research.

David Vanness, Ph.D., is now assistant professor at the University of Wisconsin Medical School, Department of Population Health Sciences.

Fredric Wolinsky, Ph.D., recently became the John W. Colloton Chair in the Department of Health Management and Policy at the University of Iowa.

News from the Journals

For this issue of AcademyHealth Reports, we asked the editors of the journals that we offer with AcademyHealth membership to respond to the following question: How does your journal contribute to the transfer of knowledge between researchers and policymakers? Here’s how they responded:

HSR
HSR is undertaking several efforts to improve the transfer of research to policy. For example, the journal is publishing the proceedings from health policy roundtables that took place at AcademyHealth’s Annual Research Meeting. These sessions were intended to help researchers to communicate better with decision makers.

Health Affairs
Health Affairs works hard to understand what is relevant to policymakers and use this as a criterion for selecting and soliciting manuscripts. The journal ensures that the papers it publishes are subjected to external peer review. It also edits papers aggressively so that its articles focus on policy issues rather than methodological ones.

The Milbank Quarterly
The Milbank Quarterly is explicitly interested in knowledge transfer, having published recent articles examining how researchers move their findings into use by policymakers and practitioners. The journal has also published research syntheses that translate findings for policymakers, as well as case studies of collaborations between researchers and state programs.

Organizational Affiliate Announcements

The Health Research and Educational Trust (HRET) announces the redesign of its Web site—www.hret.org. This easy-to-navigate site offers more in-depth coverage of ongoing HRET initiatives, links to HRET-authored peer-reviewed articles and publications, and a comprehensive view of the organization’s history and continued contribution to improving health care and quality of life.

Several years ago, Medstat introduced the Medstat MarketScan Dissertation Support Program to provide Ph.D. candidates with no-cost access to the MarketScan research databases for use in completing their dissertations. Students interested in participating in the program must ask a faculty sponsor of their dissertation research to apply for the program and include a project description. We are pleased to announce that the first students to participate in their program have completed their dissertation research. They are: Sourav Chatterjee from the University of Florida, Gainesville; and Patrick Jehle, M.S., Virginia Commonwealth University, Richmond.
Upcoming Events and Distance Learning Opportunities

National Health Policy Conference
Research and policy experts can preview the 2004 national health policy agenda at the National Health Policy Conference, which is jointly sponsored by AcademyHealth and Health Affairs. This year’s meeting will address Medicare and prescription drugs, the presidential candidates’ health policy priorities, critical issues for states, and other relevant topics. The conference will take place January 28 – 29 at the Renaissance Washington, D.C. Hotel. To view the agenda or register, please visit www.academyhealth.org/nhpc.

Immediately following the NHPC, The Robert Wood Johnson Foundation’s State Coverage Initiatives (SCI) program will hold its national meeting for state officials (January 29 – 30). This forum brings officials together to explore how states are maintaining their coverage programs while still grappling with rising health care costs. Visit www.statecoverage.net/meetings.htm to register and for an agenda.

Cyber Seminars in Health Services Research Methods
Beginning in January 2004, AcademyHealth is hosting four new Web- and audio-based seminars in health services research methods. Two Cyber Seminars feature databases of the Agency for Healthcare Research and Quality: the Healthcare Cost and Utilization Project (HCUP) and the Medical Expenditure Panel Survey (MEPS). Geographic Information Systems (GIS) and assessing technical quality are the focus of the other two Cyber Seminars. Learn more at www.academyhealth.org/cyberseminars.

Behind the Scenes: Health Policymaking in Washington (audioconference series)
In response to the success of our three-and-a-half-day program, titled, “Health Policy and Politics: An Orientation to Decision-Making in Washington,” we have developed six, 90-minute audioconferences to allow more people access to the expertise and insights of Washington insiders. The audioconferences explore health policy, politics, and players, including the roles of the executive branch and the public, the workings of Congress, and federal budgeting. Each audioconference is independent of the next, so people can register for as many or as few as they want. Visit www.academyhealth.org/hpaudio for more information.