During the last 20 years, the field of health services research (HSR) has grown dramatically in resources, reputation, and influence. Today, the benefits of HSR are increasingly recognized by constituencies at multiple levels, from Congress to academia and private industry to physician practice. According to estimates by the Coalition for Health Services Research, public funding now totals approximately $1.5 billion, and the demand for more and better research is likely to continue to grow in the future. Improved data, the potential for combining electronic administrative and clinical data, and increasing empowerment of consumers and payers in our current health system all contribute to a likely surge in health services research in coming years.

As demand for HSR grows, so too does the potential for controversy over findings. With important economic interests at stake, it is critical that the methodological underpinnings of health services research be as solid as possible, and that there be clear and accessible resources that researchers, reviewers, and research users can use to verify scientific rigor.

Unlike biomedical research, which relies heavily on randomized clinical trials with clear methodological parameters, health services research tackles many questions that require observational and quasi-experimental designs. This includes determining the comparative effectiveness of interventions in a range of different settings, economic evaluations of different financing and organization decisions, and qualitative designs that help us understand the how and why of social interactions.

The interdisciplinary nature of the field greatly enriches the products of this research, but also creates a challenge for researchers working in interdisciplinary teams or reviewing research produced by specialists in another field. A simple example of this is that often the same terms have different meanings to different disciplines. There is currently no resource that will help researchers or research users cross-walk these different disciplinary definitions.

The HSR field is uniquely positioned to facilitate a discussion on research methods, precisely because it, “provides an interesting cauldron of perspectives from different disciplines working on similar problems,” according to Brian Dowd, professor and director of graduate studies, Division of Health Services Research and Policy, University of Minnesota. Furthermore, maintains Dowd, the time is right for this dialogue.

“Our level of methodological expertise continues to get better and better and the field is achieving a much higher profile,” says Dowd. “We are working in areas that are of great concern to people in government and the private sector. Take for example pay for performance – these are pocketbook issues of great interest where health services research can help inform policy decisions.”
It has been an honor to serve as chair of the AcademyHealth Board through the last year.

When I assumed this position last January, I set forth a set of priorities for 2006 that built on previous successes and the expertise of our members and staff. These included building the capacity of the field, increasing awareness of its importance, and identifying issues that constrain the impact of health services research. I’m pleased to report that we have made significant progress on all three fronts.

AcademyHealth has just published an important report, “Strengthening the Field of Health Services Research: A Needs Assessment of Key Producers and Users,” which can be found on our Web site at www.academyhealth.org/publications/COSreport.pdf.

This report has stimulated plans to convene a summit to assess the health services research workforce needs of the future. In addition, we have created a new Methods Council to guide AcademyHealth’s work in the area of professional training and methods development. Bryan Dowd of the University of Minnesota is chairing this group of 17 national experts who represent different disciplines within our field (See article, page 1).

In response to AcademyHealth members’ concerns, this past year the Board established the Exploratory Committee to Assess the Impact of Funders’ Restrictions on Publishing Research. Under the direction of co-chairs Arnie Epstein and Sara Rosenbaum, the committee examined the impact of funders’ restrictions on research publication in government contracts. Based on its review, the committee determined that restraints imposed by federal agencies during the contracting process can significantly limit researchers’ publication freedoms. The challenge now for the Board is to determine how AcademyHealth might proceed to promote greater transparency and independence in the publication process, while recognizing the objectives of both researchers and funders.

Our national conferences continue to grow in quality, content, and attendance. This year’s National Health Policy Conference and Annual Research Meeting were highlights of my tenure – offering outstanding opportunities to discuss the role of research in policy and learn from and with colleagues across the practice, policy, and research spectrum.

As I prepare to relinquish the chair position, I am also pleased to report that our organization is on firm financial footing, and that our reserves are being used to support new opportunities to ensure the growth to the field.

This is an exciting time for our field. I’m heartened and encouraged by the efforts of AcademyHealth, its members, and friends who are coming together to build an infrastructure of education, opportunity, and funding for health services research.

In closing, I would like to take a moment to recognize the many volunteers and Board members who lend their time to guide and support this organization; to thank the speakers, committee members, and reviewers whose expertise ensures our programs continue to offer cutting edge research, exceptional networking opportunities, and valuable career development; and to recognize the leadership and staff at AcademyHealth who make it all possible.

Wishing you a healthy and happy New Year,

Thomas Rice
At the same time, methodological misunderstandings could have a significant impact on researchers in our field. Consider the following scenarios:

- A researcher submits a grant application that is denied because the reviewer has a limited or conflicting understanding of the proposed methods.
- An article reporting study results is rejected for publication by a leading journal because its peer-reviewers are not well versed in the data analysis methods employed.
- Policymakers question the veracity of findings due to a lack of confidence in the study methodology.

To initiate a discussion about methodological differences and encourage understanding across research fields, AcademyHealth has convened a distinguished Methods Council of 17 experts representing leaders in a range of different disciplines and research methodologies that is chaired by Dowd. The primary goals of the Methods Council are to:

- Assist AcademyHealth in constructing professional development programs in HSR methods that take into account current and anticipated member needs.
- Coordinate with those who are already working in HSR and/or conducting multidisciplinary training to promote dialogue and mutual understanding of HSR research methods.

The Council is currently working with staff to develop a methods-related minicourses at the upcoming National Health Policy Conference in Washington, D.C. (Feb. 12–13) and professional development offerings for the AcademyHealth Annual Research Meeting in Orlando, Florida (June 3–5).

Because professionals view methods through the lens of the field in which they are trained, one of the more substantial efforts of the Council is to oversee the development of a Web-based resource that will prompt discussion and provide direction in two areas:

1. Clarify and explain methodological terms for which there is a generally agreed upon answer or simple variation in vocabulary.

2. Where there is not a general agreement, or where there may be significant disagreement about a particular method, facilitate dialogue and understanding that supports interdisciplinary cooperation.

The new AcademyHealth HSR Methods Web site will enable researchers and research users to compare and cross-reference the language, study designs, and methods used by researchers in the variety of fields contributing to health services research. The Web site will be supported by a coalition of public and private partners that share an interest in strengthening HSR methods.

A glossary is the initial focus of the site design. These may range from the simple (the use of synonyms to describe the same concept) to confusing (the use of the same term to refer to different concepts) and from misunderstanding (the common, incorrect use of a term) to disagreement (the use of distinct and incompatible definitions for the same term among different fields).

The first phase of the Methods Web site will provide a glossary of more than 500 terms with examples, equations, and figures, as well as sections on data sources, ethical standards in research, and suggested readings.

The second phase of the design will focus on areas of agreement and disagreement in research design, use of data, and data analysis.

Dowd stresses that the Web resource is in its very initial stages and that the Council’s role is to realistically promote discussion and consensus building. Says Dowd, “an achievable goal is to work with those who are already working in HSR to facilitate discussion about areas of discrepancy.”

David Helms, President and CEO of AcademyHealth, agrees. “As the stakes get higher for health services research, with more and more decision makers turning to the field for answers, there is a clear need to begin a consensus building process on best practices in HSR methods,” says Helms. “The starting point is an agreed upon framework on the range of methods that are used in the field, and a glossary of terms that includes the ability to cross compare.”

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**AcademyHealth Methods Council**

Bryan Dowd, Ph.D. (Chair)  
University of Minnesota

Lu Ann Aday, Ph.D.  
University of Texas Health Science Center at Houston

Peter Buerhaus, Ph.D., R.N., F.A.A.N.  
Vanderbilt University School of Nursing

Steven Cohen, Ph.D.  
Agency for Healthcare Research and Quality

Kelly Devers, Ph.D.  
Virginia Commonwealth University

Mark Helfand, M.D., M.S., M.P.H.  
Oregon Health and Science University

Emmett Keeler, Ph.D.  
RAND

Richard Kronick, Ph.D.  
University of California San Diego

Timothy McBride, Ph.D.  
Saint Louis University

Barbara McNeil, M.D., Ph.D.  
Harvard Medical School

Sharon-Lise Normand, Ph.D., M.Sc.  
Harvard Medical School

Sara Rosenbaum, J.D.  
The George Washington University

Dana Safran, Ph.D., Sc.D.  
Tufts-New England Medical Center

Jean Slutsky, P.A., M.S.P.H.  
Agency for Healthcare Research and Quality

Edward Sondik, Ph.D.  
National Center for Health Statistics

John Ware, Jr., Ph.D.  
QualityMetric, Inc.

Milton Weinstein, Ph.D.  
Harvard University
Data Access Comes to Fore in the Administration and on Capitol Hill

Researchers often face difficulties in accessing Medicare’s current administrative data sets; in part because the data systems and processes were originally designed for payment purposes, not for research. In other cases, statutory ambiguities, legal opinions, and court settlements dictate that certain data may not be made available for research. This fall, both legislators and regulators have taken steps to remove the legal ambiguities that currently block researchers’ access to one dataset: Medicare Part D.

Under the Medicare Modernization Act (MMA), private plans administer Medicare’s prescription drug benefit and submit administrative and beneficiary level claims data to the Centers for Medicare and Medicaid Services (CMS) as a condition of participation and payment in the Part D program. The statutory section governing payment of Part D plans limits the data collected for the purposes of carrying out this specific condition. The Department of Health and Human Services (HHS) has interpreted this language to mean that the data may only be used for payment purposes. As a result, neither CMS nor other parts of HHS—and no external researchers—may access these claims data for research purposes.

In a seeming contradiction, other statutory provisions of MMA provide broad authority for CMS to collect these same claims data and use them for research and other purposes. Nevertheless, because the original regulations that implemented Part D cite the statutory section that states these data cannot be used for research, CMS must follow the rulemaking process to resolve this statutory ambiguity.

CMS Publishes Proposed Rule

On October 18, CMS released a Notice of Proposed Rule Making in the Federal Register that would allow HHS to use the claims data that are currently collected for Part D payment purposes for other research, analysis, reporting, and public health functions. The rule notes that these data are needed because the data currently available for research are not sufficient for overseeing the Medicare program, responding to congressional mandates, and protecting the public health.

The rule would allow CMS to share these prescription drug data with external entities, both HHS agencies and federal research organizations outside of the Department. In addition, CMS could share Part D data, linked to other Medicare claims files, with researchers at universities and other research centers. Data would be shared with entities on the same terms and under the same protocols that are currently used for Medicare Parts A and B data. These include releasing only the minimum data needed to complete the study, keeping beneficiary and provider identifiers confidential, and ensuring that the Part D claims data were used for “legitimate research purposes.”

The public has been invited to comment on the proposed rule until 5:00 p.m. on December 18, 2006. The AcademyHealth Executive Committee recommended at its October meeting that AcademyHealth develop draft comments on the proposed rule, which will be presented to the AcademyHealth Board of Directors for approval in early December. If approved, we will submit the comments and make them available on our Web site.

Legislators Introduce Part D Access Bill

Before Congress recessed for the mid-term elections, Senate Finance Committee Chair Chuck Grassley (R-Iowa) and Ranking Member Max Baucus (D-MT) tried to mitigate the same statutory ambiguities addressed by CMS’s new rule by introducing the “Medicare Data Access and Research Act” (S. 3897). As with the proposed rule, and with the appropriate protections for privacy, the bill would make Medicare’s Part D data available to many federal agencies. One major omission in the bill is that it explicitly authorizes many HHS agencies to access these data, but it provides no authority for CMS to use these data for its own research and evaluation needs. One official at CMS expressed his suspicion that CMS was not included in the bill because, “Senate Finance Committee staff is not aware that CMS is not able to use its own Part D data.”

The Grassley-Baucus bill also allows university-based research centers and “other research centers or organizations” to access these data, so long as data are used for the purposes of research on the “safety, effectiveness, and quality of, disparities in, and related aspects of health care.”

The bill has been referred to the Senate Finance Committee; it is not clear when or if it will appear on the legislative calendar. Nevertheless, we encourage members to contact committee members about the importance of data in evaluating health system performance by sending a letter prepared by the Coalition. To e-mail your senator, visit http://capwiz.com/chsr/issues/alert/?alertid=9058976.

Talk the Talk...
The Coalition’s term of the quarter is: “Pass Back”

Every September, each executive branch agency sends its budget request to the Office of Management and Budget (OMB). A budget request states the agency’s budget needs and explains how resources will be used in the coming fiscal year. After reviewing an agency’s request, OMB passes the request back to the agency around Thanksgiving, with its determination for what the agency can and can’t have. The “passback” may limit the agency’s funds and/or specify that certain activities must be continued, regardless of funding levels.
Before the election recess, Congress adopted a continuing resolution to keep many federal agencies and programs operating through November 17, since only the Defense and Homeland Security appropriations bills were enacted before the end of fiscal year 2006. A continuing resolution provides budget authority for agencies and programs to sustain operations when appropriations are not enacted by the time a new fiscal year begins. This continuing resolution provides for funding at the lowest of either the House passed, Senate passed, or—in the case of the Department of Health and Human Services (HHS)—fiscal year 2006 levels, as the Labor-HHS-Education appropriations bill did not make it to the floor of either chamber for a vote. Check the Coalition’s Web site for timely appropriations updates.

Two days after reconvening on November 13, Congress cleared a continuing resolution that extends to December 8 temporary funding for domestic and foreign affairs programs not covered by the Defense and Homeland Security bills.

At the time of this writing, it appears that Republican leaders of the 109th Congress will not attempt to finish the remaining FY 2007 appropriations bills, including the Labor-HHS-Education bill, during the lame-duck session. Instead, Congress will pass another short-term continuing resolution when it returns December 4 to extend funding through January at the FY 2006 level.

Funding Pressures

Under pressure from the President last September, Congress returned to defense and homeland security $5.3 billion that Senate appropriators had hoped to use for domestic programs. As a result, the total amount will have to be taken out of appropriations—including the Labor-HHS-Education bill. The Center on Budget and Policy Priorities (CBPP) recently reported that this reduction may be achieved through an across the board cut, bringing funding levels to 1.1 percent less than the Senate had approved, on top of the $12 billion already cut from domestic programs over the past two years.

For a copy of the CBPP report, “Recent Action by Congress Sets up Larger Appropriations Cuts in Lame-Duck Session,” visit www.cbpp.org.

Appropriations Update

Coming Soon! International Health Study Tours

United Kingdom – April 28–May 4, 2007
Germany – October 13–19, 2007

AcademyHealth is offering a unique opportunity aimed at building collaborative relationships among health services researchers and policymakers from countries with shared health policy challenges. The health study tours are created to stimulate new ways to think about specific health policy issues by interacting with experts from other countries.

Partnering with the NHS Confederation in the United Kingdom and the Bertelsmann Foundation in Germany, the tours will enable participants to meet with leading experts and high-level policymakers who will address critical issues in each country and interact with tour participants. In addition, general briefing sessions, including overviews of the health systems and reforms currently in process in each country, will also be addressed. The facilitators for the tours are AcademyHealth President and CEO David Helms, Ph.D., (United Kingdom) and Princeton Economics Professor Uwe Reinhardt, Ph.D. (Germany).

The tours are open to health services researchers and policy professionals, health plan executives, administrators, and federal and state government officials.

View the Web site for more information on tour itineraries, registration, and cost at www.academyhealth.org/studytours.
In the last two issues of AcademyHealth Reports, editorial content has emphasized the development and support of the infrastructure for the field of health services research. Recognizing this theme, AcademyHealth’s official journals, Health Affairs and Health Services Research, provide the following related reading from their library of the latest research and analysis that affects and shapes the health care system.

Only AcademyHealth members can elect to receive one or both of these important journals at 40 percent or more off regular subscription rates. Don’t miss out. Include the journals in your membership.

**Health Affairs**
More information on the journal and these articles can be found at www.healthaffairs.org.

- Developing a Center for Comparative Effectiveness Information
  Gail R. Wilensky
  Health Affairs Web Exclusive, November 7, 2006

- Can a Center for Comparative Effectiveness Information Succeed? Perspectives From a Health Care Company
  Kathy Buto and Peter Juhn
  Health Affairs Web Exclusive, November 7, 2006

- Getting to ‘Smart’ Health Care
  Carolyn M. Clancy
  Health Affairs Web Exclusive, November 7, 2006

- The Public Health Enterprise: Examining Our Twenty-First-Century Policy Challenges
  Hugh Tilson and Bobbie Berkowitz
  Health Affairs, July/August 2006; 25(4): 900-910.

- Health Services Research in a Competitive Marketplace
  Health Affairs, January/February 1998; 17(1): 97

- Health Services Research in a Market-Oriented Health Care System
  J. M. Eisenberg

- Is Evidence-Based Medicine Patient-Centered and Is Patient-Centered Care Evidence-Based?
  Volume 41, February 2006

- What Do Consumers Want to Know about the Quality of Care in Hospitals?
  Shoshanna Sofaer, Christine Crofton, Elizabeth Goldstein, Elizabeth Hoy, Jenny Crabb
  Volume 40, December 2005

- Teamwork as an Essential Component of High-Reliability Organizations
  David P. Baker, Rachel Day, Eduardo Salas
  Volume 41, August 2006

- The 2030 Problem: Caring for Aging Baby Boomers
  James R. Knickman, Emily K. Snell
  Volume 37, August 2002

- The John Eisenberg Lecture: Health Services Research as a Citizen in Improvement
  Donald M. Berwick
  Volume 40, April 2005

- The Quantitative Measurement of Organizational Culture in Health Care: A Review of the Available Instruments
  Tim Scott, Russell Mannion, Huw Davies, Martin Marshall
  Volume 38, June 2003

**Annual Campaign Supports Alice S. Hersh Memorial Fund**

Alice Hersh, the founding executive director of the Association for Health Services Research (AHSR), was committed to fostering the future of health services research and the advancement of early-career researchers. The Alice S. Hersh Memorial Fund continues her commitment by endowing the Alice Hersh New Investigator Award, recognizing the contribution of new scholars to the field of health services research. Your personal, tax-deductible donation to the Fund helps highlight the next generations of researchers by ensuring the future of this important award. To make your contribution, please complete the pledge card you received in the mail and return it to AcademyHealth or visit our Web site at www.academyhealth.org/awards/fundcampaign.cfm.

**Coming Soon: Health Policy in Action! Fellows**

This summer, AcademyHealth received proposals from executive and legislative branch employees for Health Policy in Action!, a new “reverse fellowship” for federal health policy professionals. The program’s Advisory Committee is in the final stages of interviewing the finalists who, once selected, will have the opportunity to spend between one and three months in residence at state or local government agencies, community organizations, local health care providers, or other health care organizations in order to better understand and evaluate the effects of federal health policy and decision-making at the state, local, and community level.
members matter

New Academic Year, New Student Chapters

AcademyHealth is pleased to welcome the University of Missouri (MU) and The George Washington University (GWU) as the most recent additions to our student chapter program. AcademyHealth student chapters are established to enhance the learning and professional development experience for students in the health services research and health policy arenas through networking and mentoring opportunities among peers, health services researchers, and health policy professionals.

Already off to an impressive start, the MU student chapter recently held its first event of the 2006/2007 academic year—featuring presentations by AcademyHealth staff; Bonnie Wakefield, Ph.D., R.N., director, Health Services Research Program, Harry S. Truman Memorial Veterans Hospital; and Daniel Landon, vice president of governmental relations, Missouri Hospital Association. The MU student chapter is led by Angie Blanner and Kerry Massman, and faculty advisors Kristofer Hagglund, Ph.D., A.B.P.P, and Douglas Wakefield, Ph.D.

The GWU student chapter, headed by Athena Abdullah, president, and Renee Carter, vice-president, recently began its series of journal discussions. Designed to educate participants about effective methodological approaches to reading, translating, and analyzing research, the student chapter welcomed Stuart Guterman, M.A. to address the group in November. Sara Rosenbaum, J.D., and Jeanne Lambrew, Ph.D., are the student chapter’s faculty advisors.

MU and GWU join fellow student chapters of AcademyHealth at Case Western Reserve University, The Johns Hopkins Bloomberg School of Public Health, the University of Michigan, the University of North Carolina-Chapel Hill, and the University of Washington.

“Student chapters are an exciting and growing part of our membership and we’re pleased to continue our support for the next generation of health services researchers,” said David Helms, Ph.D., president and CEO of AcademyHealth.

As an integral part of AcademyHealth’s dedication to promoting career development, we encourage students and faculty to consider establishing a chapter at their institution. For more information, please contact Meredith Davis at meredith.davis@academyhealth.org or 202.292.6789.

New Directors Elected to AcademyHealth Board

The AcademyHealth member election for two new directors was held from September 5–22 with nearly 33 percent of eligible members voting. In addition to the directors elected by the membership, the AcademyHealth Board elected three directors during its June meeting. The four-year terms for these five directors begin December 7 and are effective through December 2010. Please join us in welcoming the following individuals to the Board:

**Member-elected Directors**

Sherry Glied, Ph.D., Professor and Chair, Department of Health Policy and Management, Columbia University

Lisa Simpson, M.B. B.Ch., Endowed Chair in Child Health Policy, University of South Florida

Robert D. Reischauer, Ph.D., President, The Urban Institute

Martin Roland, B.M. B.Ch., D.M., Director, The National Care Research and Development Centre, University of Manchester, UK

**Board-elected Directors**

Lisa Rubenstein, M.D., Professor of Medicine, VA Greater Los Angeles and UCLA

Your input is an important part of the Board election process. In addition to your participation in the election of directors, we would like your help in identifying nominees for both board- and member-elected directors. Start thinking now about individuals who would be good representatives for the membership. Nominations will be accepted online beginning in January.
AcademyHealth and Health Affairs’ 2007 National Health Policy Conference (NHPC), held February 12–13, brings together leading experts from the Administration, Congress, academia, and the health care industry to share their insight into the key health care issues confronting policymakers and to provide in-depth analysis of health policy priorities for the year ahead.

This year’s conference introduces conversation topics facilitated by conversation leaders who will help provide insight on select core issues, in addition to the regular overview of the broad policy agenda. The four conversation topics and leaders for this year’s conference are:

- Driving for Quality—Robert Reischauer, president, Urban Institute
- Addressing Coverage Issues and Evolving Strategies—Len Nichols, director, Health Policy Program, New America Foundation
- Strengthening the Workforce—Kevin Sexton, President and CEO, Holy Cross Hospital
- Advancing Public Health—Stephanie Bailey, chief of public health practice, Office of the Director, CDC

Minicourses: Health Policy Tools & Techniques – February 14, 2007

These two minicourses, offered in conjunction with the NHPC, provide participants with new analytical tools to bolster their skill sets and contribute to career advancement. Modeling Policy Options, will explain modeling as a tool for examining the effects of various policy options. The second course, Understanding Research Articles, will provide a brief introduction to a range of methods and identify tools for assessing the evidence in health services research articles.

Building Bridges: Making a Difference in Long-Term Care Policy Seminar – February 14, 2007

The Long-Term Care Policy Seminar provides dialogue about important issues in long-term care delivery and financing. Mary Naylor, Ph.D., R.N., University of Pennsylvania School of Nursing, will open the discussion with a presentation on transitions in long-term care, identifying areas where public policy might serve to limit the number of transitions and make those that are necessary more transparent. Naylor’s presentation will be followed by a panel discussion among long-term care practitioners and policymakers.

For more information on the NHPC, adjunct meetings, registration, and hotel reservations please visit www.academyhealth.org/conference/nhpc.htm.

Visit www.academyhealth.org/nhpc to register for the 2007 National Health Policy Conference.