



# reports

## Contents

letter from leadership	2
coalition corner	4
members matter	7
dates to watch	8



*SCI Program Features  
HSR Faculty p. 3*



*ARM Call for Abstracts  
p. 6*



*New Fellows Rate  
Announced p. 7*

## Ensuring Credibility in a Field of Influence

Health services researchers are regularly challenged to maintain the independence and credibility of their research in the midst of a steep decline in investigator initiated research and unrestricted grant funding for their work. In fact, many AcademyHealth members report that securing funding to pursue their work often requires researchers to partner with sponsors who have a vested interest or ideological perspective on the outcome. While most sponsors maintain appropriate and ethical boundaries, the potential for a study to have significant political and policy implications can raise the stakes for researchers and sponsors alike. This is particularly true as health policy becomes a more central issue of the 2008 presidential debates and as more and more of our members step into the political arena. In the 2004 AcademyHealth report “Ethical Guidelines for Managing Conflicts of Interest in Health Services Research,” our Ethical Guidelines Committee summarized this challenge saying:

“[H]ealth services research findings are frequently relevant to political, legal and regulatory proceedings. Researchers and sponsors may themselves occupy the role of advocates in such public arenas, making it important but difficult to distinguish between research and advocacy roles. Thus, even if the individual scrupulously adheres to all the appropriate guidelines in

undertaking and publishing...research, those guidelines...may not be mandatory when the individual is involved in advocacy. Consequently, perceptions about potential conflicts of interest may arise.”

Because translating health services research into policy and practice requires that research be credible, applicable, and compelling to the policymakers and practitioners who will evaluate and implement the recommendations of that research, how can health services researchers ensure their research is based upon sound decision making and free of outside influence?

It is easy to agree in theory that protecting the confidentiality of individually identifiable health information, meeting requirements for the disclosure of financial conflicts of interest, assuring that we are using the best and most appropriate methods, and disclosing any restrictions that may be imposed on our reporting of results from those who fund our work are among the key ethical tenets for our field. But in reality achieving each of these ideals can be challenging, frustrating, and time-consuming.

To help the field of health services research face existing and evolving ethical dilemmas, AcademyHealth developed the following resources to assist researchers in evaluating, reporting, and avoiding potential conflicts.

Continued on page 5



# letter from leadership

Over the past few years, AcademyHealth has made significant progress in its commitment to continue building the infrastructure of our field, particularly in the areas of data access, methods and human resources. In 2007, many of these initiatives came to fruition.

In June, participants in the Annual Research Meeting had an opportunity to participate in new methods courses proposed and facilitated by the Methods Council, an expert group convened in 2006 to improve and expand our methods of offering. In addition, I am excited to announce the launch of a new methods Web site (see page 6), which provides an extensive glossary and other tools to assist researchers as they compare, evaluate, and explore different methodologies.

On November 30 AcademyHealth held the Health Services Researcher of 2020 Summit, the first in a series exploring solutions to the field's infrastructure challenges. This series continues

AcademyHealth's commitment to addressing the human resources needs of the field. We expect to share a summary of the meeting with you in the March issue of this newsletter.

In addition, I would like to recognize the Coalition for Health Services Research's efforts to promote the value of HSR among Capitol Hill policymakers. In keeping with the framework presented at the 2007 National Health Policy Conference (see [www.chsr.org/visionsummary.pdf](http://www.chsr.org/visionsummary.pdf)), the Coalition has laid the groundwork for future progress in advancing our policy priorities to strengthen the field's infrastructure—its researchers, data, and methods.

On an administrative note, I want to let you know that after seven years in our current location, AcademyHealth is moving. Starting Monday, December 31, 2007, AcademyHealth will operate from our new location at 1150 17th Street NW, Suite 600, Washington, DC 20036. The move, which

was precipitated by major renovations and dramatically increased lease rates at our current location, is scheduled over the weekend and we expect minimal disruptions to our normal business operations during the transition. Although our postal address is changing, our phone numbers and email addresses will remain the same. We look forward to serving you from our new space.

Finally, I hope you'll join us at the National Health Policy Conference in February to discuss the prominent role health policy continues to play in the 2008 election debates, and to celebrate 25 years of the Annual Research Meeting when we gather in Washington, D.C. in June.

Sincerely,

W. David Helms, Ph.D.

## 2008 NCHS/AcademyHealth Health Policy Fellowship

Call for Applications due January 7, 2008

The Centers for Disease Control (CDC) and Prevention's National Center for Health Statistics (NCHS) and AcademyHealth are seeking applications for their 2008 Health Policy Fellowship. The fellowship allows visiting scholars to conduct new and innovative analyses and participate in developmental and health policy activities related to the design and content of future NCHS surveys and offers access to the data resources provided by the CDC.

Applicants may be at any stage in their career from doctoral students to senior investigators. Doctoral students must have completed course work and be at the dissertation phase of their program. They must also demonstrate training and/or experience in health services research and methodology, reflecting disciplines such as:

- Public Health
- Public Administration
- Economics
- Sociology
- Health Care Administration
- Behavioral Sciences

To learn more about the fellowship, how to apply, or to request more information, visit [www.academyhealth.org/nchs](http://www.academyhealth.org/nchs).

## Dates to Watch

### January

- 7 Early Registration Deadline for National Health Policy Conference
- 7 Application Deadline for NCHS Health Policy Fellowship
- 15 Submission Deadline for ARM 2008 Call for Abstracts

### February

- 4-5 2008 National Health Policy Conference (Washington, D.C.)
- 6 2008 Long-Term Care Policy Seminar (Washington, D.C.)

### March

- 3 Deadline for Nominations for 2008 AcademyHealth Awards
- 28 Abstract Notifications Issued for ARM 2008

### April

- 7 Early Registration Deadline for ARM 2008

## Health Services and Policy Researchers Take Center Stage in State Coverage Initiative's New Technical Assistance Program

**O**n September 26-28, State Coverage Initiatives (SCI) launched the Coverage Institute, a new technical assistance project funded by the Robert Wood Johnson Foundation. The Institute was designed to provide intensive technical assistance to states seriously considering substantial or comprehensive health care reform. Health services and policy researchers were featured faculty at the Institute's kick-off meeting, applying their expertise and perspective to the real world challenges faced by the participating states.

The two-and-a-half day kick-off meeting brought state teams together to discuss major issues of health care reform. The 14 states participating in the Coverage Institute are Arkansas, Colorado, Indiana, Kansas, Maryland, Minnesota, New Hampshire, New Jersey, New Mexico, Ohio, Oklahoma, Oregon, Texas, and Wisconsin.

Each state brought to the kick-off meeting a team of 8 to 12 high-level state policymakers and, in some cases, private sector stakeholders. During the meeting, 15 expert faculty from think tanks, academia, consulting firms, and state agencies currently implementing innovative reform strategies were on hand to provide one-on-one technical assistance to the states. In addition, each team had an opportunity to meet on their own or in small groups that encouraged discussion among states on a variety of broader issues related to health care reform including strategic planning and options development, consensus building, and communications strategies.

Expert faculty included:

- ◆ Lynn Blewett — Director, State Health Access Data Assistance Center
- ◆ Linda Blumberg — Principal Research Associate, The Urban Institute
- ◆ Patricia Butler — Health Policy Consultant and ERISA Expert
- ◆ Deborah Chollet — Senior Fellow, Mathematical Policy Research, Inc.
- ◆ Lisa Duchon — Senior Consultant, Health Management Associates
- ◆ Jonathan Gruber — Professor of Economics, Massachusetts Institute of Technology
- ◆ John Holahan — Director, Health Policy Research Center, The Urban Institute
- ◆ Jeanne Lambrew — Associate Professor, LBJ School of Public Affairs, The University of Texas at Austin
- ◆ Amy Lischko — Assistant Professor, Tufts University School of Medicine
- ◆ Patricia MacTaggart — Lead Research Scientist/Associate Professorial Lecturer, George Washington University
- ◆ Charles (Chuck) J. Milligan, Jr. — Executive Director, The Center for Health Program Development and Management, University of Maryland, Baltimore County
- ◆ Sharon Moffat — Commissioner, Vermont Department of Health

- ◆ Ira S. Moscovice — Professor and Interim Head, University of Minnesota School of Health Policy and Management
- ◆ Alison Volz — Senior Vice President, GMMB
- ◆ Elliot Wicks — Senior Economist, Health Management Associates

Faculty areas of expertise and/or research include state reform evaluation, data collection and analysis, reinsurance, crowd-out, tax credits, insurance market reforms, health care reform modeling, ERISA, Medicaid and SCHIP program design and financing, purchasing pools and mechanisms, health information technology, chronic care health system reform, rural health care delivery and financing, and payment reform.

“This meeting really brought to life our vision to translate research into policy and practice,” said AcademyHealth Vice President and SCI Director Enrique Martinez-Vidal.

Bringing the researchers and policymakers together in real time, to address real challenges, was extremely beneficial to everyone involved and resulted in immediate state level action. In fact, Maryland Secretary of Health and Human Hygiene John Colmers reports the Governor's recent health reform proposal was a direct result of Maryland's participation in the Institute.

SCI will continue to work with the 14 states participating in the Institute and AcademyHealth is looking at opportunities to replicate the success of the Institute model in other areas of interest. ◀

### Support the Future of Health Services Research. Contribute to the Alice S. Hersh Memorial Fund

The Alice S. Hersh Memorial Fund, which endows the Alice Hersh New Investigator Award, helps AcademyHealth bring attention and recognition to health services researchers early in their careers who show exceptional promise for driving future efforts to improve health and health care. Your personal, tax-deductible donation to the Fund will help to ensure the future of this award and its important focus on the next generation of health services researchers.

To contribute, please complete the pledge card you received in the mail and return it to AcademyHealth or visit our secure Web site at [www.academyhealth.org/awards/fundcampaign.cfm](http://www.academyhealth.org/awards/fundcampaign.cfm).

# Coalition Corner

## Appropriations Showdown Continues

Continuing resolutions stand to become the norm as politics once again trump process in the federal budget cycle.

Because Congress did not provide any of the 12 appropriations bills to the President for his signature before the start of the new fiscal year, the federal government is currently operating under a continuing resolution to keep programs running through December 14 at fiscal 2007 levels. This is the second continuing resolution since October 1, and only the Defense appropriations bill has passed since then.

On November 13, President Bush made good on his repeated promises and vetoed the fiscal 2008 Labor, Health and Human Services, Education, and Related Agencies (Labor-HHS) appropriations bill. The bill provides modest overall increases for vital programs that support health services research and health data, most of which have experienced significant cuts, lost purchas-

ing power, or both over the past three years (see table).

A press release issued that morning by House Appropriations Chairman, David Obey (D-MI) noted, "The same President who is asking us to spend another \$200 billion on the misguided war in Iraq and is insisting on providing \$60 billion in tax cuts next year to folks who make over a million bucks a year, is now pretending to protect the deficit by refusing to provide a \$6 billion increase to crucial domestic investments in education, healthcare, medical research and worker protections that will make this country stronger."

Both the House and Senate versions of the Labor-HHS bills received broad, bipartisan support as reflected in the final passage vote results. Nevertheless, when the House attempted to override President Bush's veto on November 15, they fell short of the necessary two-thirds majority by just two votes (277-141).

Leaders in Congress are doing all they can to reach a compromise with the White House, pass the fiscal 2008 appropriations bills before December 14, and avoid another year-long continuing resolution. Democrats now propose "splitting the difference" with the President—trimming their proposed discretionary spending by half to just \$11 billion over the president's \$932.8 billion request.

The situation is reminiscent of last year, when Congress was unable to resolve its differences over appropriate funding levels amidst election year posturing. After months of back and forth, Congress eventually passed a year-long continuing resolution in lieu of fiscal 2007 spending bills.

For timely information on the status of fiscal 2008 appropriations, please visit [www.chsr.org/appropriations.htm](http://www.chsr.org/appropriations.htm). ◀

Agency	Funding (in millions)					
	FY2007 Estimated	President FY 2008 Request	House Final FY 2008	Senate Final FY 2008	Conference Agreement FY 2008	Coalition Minimum Target
AHRQ	\$319	\$329	\$329	\$329	\$334	\$350
CDC: NCHS	\$109	\$110	\$120	\$117	\$116.5	\$117
CDC: Public Health Research	\$31	\$31	\$31	\$31	\$31	\$33
CMS: ORDI	\$58	\$34	\$20	\$35	\$37	\$45
HRSA: Rural Health Research	\$8.7	\$8.7	\$9.5	\$9.5	\$9.5	--
NIH: HSR (est.)	\$921	\$950	\$978	\$987	\$978	\$ 1,000
VHA: HSR (est.)	\$61	\$64	\$74	\$77	\$74	\$68

Sources: Federal Funding for Health Services Research, Coalition for Health Services Research (Dec. 2006), H.J. Res. 20 (FY 2007), Budget of the United States Government, Office of Management and Budget (FY 2008), H.R. 3043 (FY 2008), S. 1710 (FY 2008)

Note: Coalition targets are established annually by the Coalition for Health Services Research Board of Directors. With the HRSA line added May 2007 at the direction of the Coalition Board, funded targets have not yet been established.

### Talk the Talk...

#### The Coalition's legislative term of the quarter is: "cloture"

Cloture is a formal procedure used in the Senate to end a filibuster, but it is often also used to limit debate and ban irrelevant or "non-germane" amendments. If cloture wins with the 60 required votes, 30 additional hours of debate are allowed prior to voting; if cloture fails, debate continues without limits.

### Save the Date! Member Advocacy Day

Want to help make the case for HSR to policymakers? Please join the Coalition for an Advocacy Day in conjunction with the AcademyHealth Annual Research Meeting on Tuesday, June 10, in Washington, D.C. More information to follow.

Health Reform from page 1

### **Ethical Guidelines for Managing Conflicts of Interest in Health Services Research and Curriculum Module**

[www.academyhealth.org/ethicalcurriculum/](http://www.academyhealth.org/ethicalcurriculum/)

This report is intended to serve as a resource for preventing and resolving conflicts of interest that arise in health services research and policy analysis. The guidelines provide a framework for addressing the unique needs of our field and are designed to generate dialogue among researchers, organizations, public and private funders of research, and journals. The tool is designed to foster an environment of consistently ethical behavior and to build consensus regarding the proper management of conflicts of interest in health services research. As a follow-on activity, AcademyHealth also developed and released an Ethical Guidelines Curriculum Module that can be used by individuals and institutions to evaluate their own behavior, update their policies, educate their students and trainees, and guide the management of difficult ethical situations. The module is designed to engage the user through a participatory group discussion and includes “ready to use” materials that can be modified for different classroom applications and degree program levels.

### **Exploratory Committee to Assess the Impact of Funders’ Restrictions on Publishing Research**

[www.academyhealth.org/tools/historicalanalysis.htm](http://www.academyhealth.org/tools/historicalanalysis.htm)

The Exploratory Committee to assess the impact of funders’ restrictions on publishing research grew from concerns raised by AcademyHealth members that funders, particularly federal agencies, were restricting their publication freedom, or otherwise influencing their dissemination activities. The committee assessed the factors that affect the publication and dissemination of federally funded health services research while recognizing the need to balance the expecta-

tions, rights, and obligations of both funders and researchers. AcademyHealth released a report documenting the efforts of this Exploratory Committee titled, “Historical Analysis of Ownership & Publication Rights in Government Contracts for Health Services Research.” This report describes the information gathering process conducted by the Committee and proposes follow-on activities that the Board has considered. It also serves as an important first step in promoting greater transparency and independence in the publication process.

In October 2006, *Health Services Research* cited the committee’s report when issuing a new policy on disclosure requirements that expanded its request for disclosures to include both the public stands taken by authors and the role of sponsors and supporters of research in the review and/or approval of study designs, results, and publication. The editor’s statements on the issue and disclosure policies can be found at [www.hret.org](http://www.hret.org).

### **Authorship and Disclosure Policies**

AcademyHealth has historically worked with journal editors to evaluate and advocate for disclosure policies that address who sponsored and financed research, the role of the sponsor, and any involvement of the sponsor in defining the study objectives, measures, endpoints, data sources, and other methodological considerations, and any restrictions imposed in these areas (see above).

In 2002, a leading group of health services research journal editors drafted and endorsed a “Common Statement on Prior Publication Policy Editors of Health Services and Health Policy Journals” that outlined guidelines for evaluating the impact of prior publication in the review of manuscripts. Journals currently using this statement include: *Health Affairs*, *Health Services*

*Research*, *Inquiry*, *Journal of Health Politics, Policy and Law*, *Journal of Health Services Research & Policy*, *Medical Care*, *The Milbank Quarterly*, and *Research in Healthcare Financial Management*. Their statement can be found on the AcademyHealth Web site at [www.academyhealth.org/publications/policy.pdf](http://www.academyhealth.org/publications/policy.pdf).

### **HSR Methods Web Site**

[www.hsrmethods.org](http://www.hsrmethods.org)

The HSR Methods Web site (see page 6) provides researchers and research users an overview of the language, study designs, and methods used by researchers in the variety of fields contributing to health services research, therefore reinforcing and supporting the peer review process for publication and presentation of research results. The Methods Web site is one effort of the AcademyHealth Methods Council, a distinguished group of experts representing leaders in a range of different disciplines and research methodologies. 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, and, to coordinate with those who are already working in HSR and/or conducting multidisciplinary training to promote dialogue and mutual understanding of HSR research methods.

As the field continues to mature and as the political stakes continue to rise around health and health care, new ethical challenges and ‘gray areas’ in between right and wrong are certain to arise. AcademyHealth will continue to work on behalf of the field to promote increased funding for investigator initiated research, evaluate and monitor new threats to independent, objective research and encourage adherence to existing ethical guidelines. ◀

## Submit Your Abstracts for the 25th Anniversary ARM

AcademyHealth is currently accepting online abstract submissions for the 25th Annual Research Meeting (ARM), which will be held June 8-10, at the Marriott Wardman Park in Washington, D.C. The ARM continues to be the premier forum for health services research, bringing together researchers, providers, and key decision makers to address the critical challenges confronting the health care delivery system.

Abstracts are invited for three categories: (1) call for papers, (2) call for posters, and (3) call for panels. Abstracts not selected for paper presentation will be automatically considered for poster presentation. Please do not submit abstracts to multiple categories.

There are 22 themes for the 2008 ARM, including two new themes, Military & Veterans Health Care and Obesity Prevention & Treatment. For a full list of themes, instructions for submitting an abstract

and other information about the meeting, please visit [www.academyhealth.org/arm/abstracts/](http://www.academyhealth.org/arm/abstracts/).

Don't miss this opportunity to present your work at this important meeting. Submit your abstract or panel proposal by January 15 to be considered for presentation. More than half of the program will feature peer-reviewed research. Abstracts selected for presentation at the meeting will be posted on the AcademyHealth Web site. ◀

## Member Lisa Cooper M.D., M.P.H., Named MacArthur Fellow



In September, AcademyHealth member Lisa Cooper, M.D., M.P.H., was named as one of 24 MacArthur Fellows for 2007. This prestigious award, sometimes referred to as "Genius Awards" in the

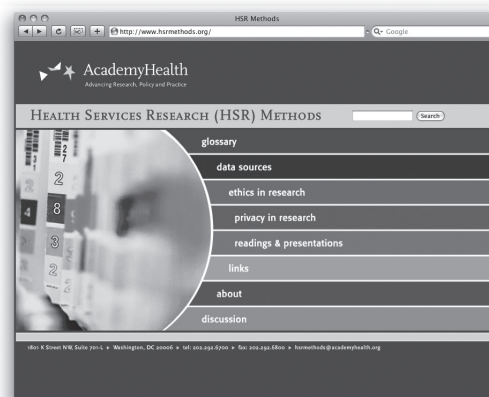
press, recognizes talented individuals for their "exceptional creativity, promise for important future advances based on a track record of significant accomplishment, and potential for the fellowship to facilitate subsequent creative work."

MacArthur Fellows come from a wide variety of fields and disciplines, from arts and humanities to public affairs and the sciences. Dr. Cooper was recognized for her work to improve medical outcomes by analyzing and developing new approaches to patient-physician communications. ◀

## Member Preview – HSR Methods Web Site is Now Live

AcademyHealth is pleased to present [www.HSRmethods.org](http://www.HSRmethods.org), a new online resource for health services researchers. HSRmethods.org provides current information on research methods and key resources in HSR, and aims to encourage dialogue about analytic methods among health services researchers trained in the variety of disciplines that comprise HSR.

During December, AcademyHealth members are offered a sneak peak at this exciting new resource, which is slated for launch in January 2008. The Web site includes several modules including a large glossary of terms with synonyms, related terms, recommended reading, figures, and examples; recommended readings, pre-



sentations and relevant training opportunities; links to online resources including databases, online tutorials, and working papers; a guide to the HIPAA Privacy rule, including sample authorization and data use agreements; a

training module on ethics in research; and a discussion forum. The site is a launching pad for future methods offerings designed to improve understanding of HSR across disciplines, and support ongoing development and refinement of HSR methods in general. The intent is for HSRmethods.org to be interactive, and suggestions of new content are encouraged.

HSRmethods.org is overseen by the AcademyHealth Methods Council, an esteemed group of researchers recognized for their contributions to methods in the field. AcademyHealth gratefully acknowledges contributions from the Agency for Healthcare Research and Quality (AHRQ); Astra-Zeneca; and PhRMA for supporting this work. ◀

# Members Matter

## New Dues Rate Established for Post-Doctoral and Clinical Fellows

In response to requests from the membership and in an effort to attract more members in this stage of their career, AcademyHealth has established a new dues rate for post-doctoral and clinical fellows. The “Fellows” rate is half the regular registration rate of \$150, or \$75. The new rate applies to renewals and new member

applications received after November 1, 2007. Individuals participating in a clinical or post-doctoral trainee program granting a stipend and allowing for advanced study or research at an academic or training institution are eligible for the Fellows rate. Fellows do not include faculty or regular job appointments.

If you know someone eligible for this new category and they are not yet an AcademyHealth member, please invite them to join online at [www.academyhealth.org/membership/join.htm](http://www.academyhealth.org/membership/join.htm) or contact Member Services at 202.292.6700 for an application.

## AcademyHealth Welcomes Five New Directors to Board

Nearly 32 percent of members eligible to vote participated in this year’s AcademyHealth member election, which was held September 4–21. Members elected three new directors who will begin their terms on December 12. Terms are effective through December 2011. Please join us in welcoming the following member-elected individuals to the Board:



Anne Beal, M.D., senior program officer, Quality of Care for Underserved Populations, The Commonwealth Fund



Jose J. Escarce, M.D., Ph.D., professor of medicine, UCLA School of Medicine



Elizabeth A. McGlynn, Ph.D., associate director, RAND Health, RAND Corporation

In addition, the following individuals were elected by the Board this past June. They will also join the Board in December:



Michelle M. Mello, J.D., Ph.D., C. Boyden Gray Associate Professor of Health Policy and Law, Department of Health Policy and Management, Harvard School of Public Health



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

Thank you to everyone who participated in the nomination and/or election process this year. We will begin accepting nominations for the 2008 elections in January so start thinking now about individuals who would be good Board representatives. Instructions will be sent in January for submitting nominations online.

## News From the Journals

### Health Affairs Marks 25th Anniversary

*Health Affairs* offers special content in the November-December issue to mark the journal’s 25th anniversary. It includes reflections from more than a dozen longtime *Health Affairs* contributors, including a commentary by Uwe E. Reinhardt on changes in health care over the past 25 years, related policy debates, advice for those who want to reform the health care system, and predictions about health care issues in the next 25 years.

The issue also features an article on the effect of the new Medicare prescription drug benefit on the elderly, showing that it led to the consumption of an additional 158 million prescriptions in 2006 at a cost of \$32 billion to Medicare. The new benefit reduced the average amount paid by seniors per day of therapy by 18.4 percent, and increased the elderly’s prescription drug use by only 13 percent. Frank Lichtenberg of Columbia University and Shawn

Sun of Walgreens Health Services found that every seven prescriptions paid for by the government crowded out five prescriptions and resulted in only two additional prescriptions used. <http://content.healthaffairs.org/cgi/content/abstract/26/6/1735>

### Health Services Research

The December issue features policy-relevant articles on hospitals, quality improvement and evidence-based medicine, the individual health insurance market, and the relationship between physician supply and mortality.

In addition, December brings publication of the first in a two-volume Special Issue on State Health Research and Policy. (The second volume will appear in February 2008.) This Special Issue, edited by Guest Editor Lynn Blewett and *HSR* Senior Associate Editor Romana Hasnain-Wynia and sup-

ported by the Robert Wood Johnson Foundation, was based on a highly successful call for papers and will feature some of the best state-level research being conducted around the nation. Numerous states are enacting and implementing innovative health care reform initiatives that often aim to increase access to health insurance coverage for state residents, but differ widely in their targeted populations, approaches to minimizing crowd-out, methods of financing, and incorporation of mandates versus incentives for voluntary action. Varied state-level initiatives give rise to a natural learning laboratory, and the findings and implications of well-done studies can point the way for future reforms in other states or at the national level.

AcademyHealth *HSR* subscribers can access these articles at [www.academyhealth.org/membership/membersonly.htm](http://www.academyhealth.org/membership/membersonly.htm).

**Registration Open for the 2008 NHPC**

How will health policy challenges shape, and be shaped by, the 2008 elections? How can research inform policymaking and help identify new solutions to emerging issues? Get insight on these and other pressing questions at the 2008 National Health Policy Conference (NHPC), February 4-5, 2008 at the Capital Hilton in Washington, D.C.

The NHPC brings together leading researchers, advocates, and policymakers for a unique two-day conference built on expert plenary sessions, discussion panels, and networking.

In addition to the annual overview of the administration and congressional policy agendas, the

2008 National Health Policy Conference will feature three topic tracks:

- ◆ Ensuring Equitable Access
- ◆ Fostering Better Care with Better Value
- ◆ Managing System Stressors

Plenary sessions will provide perspectives on each of the theme areas, with insight from experts such as administration officials, senior congressional staff, state officials, executives from the health care industry, and political commentators. Breakout meetings, offered in three sets of concurrent sessions, will tackle topics in greater depth.

Don't miss your chance to experience this historic debate. Register today at [www.academyhealth.org/](http://www.academyhealth.org/)

nhpc. Registrations received by January 7 qualify for the early registration rate. The new Fellows rate (see page 7) is available for this meeting.

**AcademyHealth Reports**

**Chair:**  
Carol Weisman, Ph.D.  
Pennsylvania State  
University, College of  
Medicine

**President and CEO:**  
W. David Helms, Ph.D.  
AcademyHealth

**Staff:**  
Kristin Rosengren  
Director of Communications

Edward Brown  
Graphic Designer

If you have questions or comments about *AcademyHealthReports*, please e-mail [kristin.rosengren@academyhealth.org](mailto:kristin.rosengren@academyhealth.org).

[www.academyhealth.org](http://www.academyhealth.org)

AcademyHealth is moving! Beginning December 31, our new address is 1150 17th Street NW, Suite 600, Washington, DC 20036.

reports

1801 K Street, NW, Suite 701-L  
Washington, DC 20006

AcademyHealth



Nonprofit  
Organization  
U.S. Postage  
PAID  
Permit No. 3999  
Washington, DC