Health Services Research Funding Boosted In FY2000 Budget

Strong support from the House and Senate Appropriations Committees, coupled with the President’s own positive FY2000 budget recommendations, resulted in another year of substantial funding gains for federal health services research programs in an otherwise difficult appropriations year.

Eight continuing resolutions were required while Congress and the Administration mulled over the budget. In the end, the remaining appropriations bills, including the always contentious Labor, Health and Human Services (HHS) Appropriations bill, were passed in mid-November as a pre-negotiated package. The President signed the bill into law on November 29, 1999.

The final bill provides the newly named Agency for Healthcare Research and Quality (AHRQ), formerly the Agency for Health Care Policy and Research (AHCPR), with the highest percentage increase of any Public Health Service agency, a 20 percent increase over FY1999 for a total FY2000 budget of $205 million ($5 million of these funds are slated for bioterrorism efforts).

Congress also expanded funding for the National Center for Health Statistics by $10 million and, for the first time in many years, the Health Care Financing Administration’s Office of Strategic Planning, which received a $13 million increase.

Health services research programs within the National Institutes of Health continued to reap the benefits of the Institute’s overall 14.2 percent increase, while medical research within the Department of Veterans’ Affairs gained $5 million. (See accompanying chart for health services research funding for all programs.)

AHSR-Efforts Crucial to Congressional Support

AHSR developed a comprehensive budget and appropriations strategy in early 1999 that relied heavily on the Association’s efforts and the support of its members. AHSR worked with the Appropriations Committees, coupled with the President’s own positive FY2000 budget recommendations, to ensure a successful outcome.

AHSR-Alpha Center Merger Approved

New Name is Academy for Health Services Research and Health Policy

The Association for Health Services Research (AHSR) and the Alpha Center have officially merged and are on their way to operating as a single organization known as the Academy for Health Services Research and Health Policy. The Alpha Center and AHSR board meetings were held on December 7 and 16 respectively, and the final steps are now under way to launch the new Academy by the end of April.

Following the board action, W. David Helms, Ph.D., president of the Academy, underscored the potential for the new organization, saying: “The new Academy for Health Services Research and Health Policy will provide a true professional home for health services researchers and the health policy community by stimulating the development, understanding and use of the best available information, and bringing the research and policy worlds together to produce better and more accessible information to inform health decisions.”

The vision of the new Academy is to seek “to improve health and health care by generating new knowledge and moving knowledge into action.” The Academy further “aspires to be the preeminent source for stimulating the development, understanding and use of the best available health services research and health policy information by public and private decision makers.”

For further information about the Academy’s vision, mission and strategy, please refer to the AHSR website (www.ahsr.org).
AHSR’s Fall Methods Seminars in Demand

AHSR offered the second in a series of Fall Seminars in Health Services Research Methods this past October in response to the growing demand by the research community, managed care companies, payers and others for information about new methodologies and research tools. This year’s four seminars were held in Boston, MA. from October 26-29, 1999 at the Tremont Boston Hotel:

- **Risk Adjustment for Measuring Health Care Outcomes**
  Lisa Iezzoni, M.D., M.Sc., Arlene Ash, Ph.D., and Michael Shwartz, Ph.D.

- **Qualitative Methods: The Right Stuff**
  Shoshanna Sofaer, Dr.P.H., and Kelly Devers, Ph.D.

- **Advances in Methods for Monitoring and Improving Health Outcomes from the Patient Point of View**
  John Ware, Jr., Ph.D. and Martha Bayliss, M.Sc.

- **Survey Instrument Design**
  Floyd Jackson Fowler, Jr., Ph.D., and Carol Cosenza, M.S.W.

The small methods seminars are designed to promote intense learning and interaction between the faculty and participants. Participants in every class cited the knowledge and experience of the faculty as the most common strength of their respective courses. The small class sizes and diversity of attendees were also frequently mentioned. Other strengths included the first-hand insight on what’s happening in the field, the course materials and the class exercises.

Plans are already under way for the Fall 2000 Seminars to be held in Washington, DC. Because of the increased interest among researchers in accessing and using federal databases, AHSR plans to devote next year’s Fall Seminars entirely to this topic. More information about the date, location and content of the seminars will be available on the AHSR website (www.ahsr.org) this spring.

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Dear Members:

I am pleased to report that as a result of the action of both the AHSR and the Alpha Center Boards in December, we have now merged our organizations into the Academy for Health Services Research and Health Policy. With this action, we are seeking to build a strong and stable new organization to meet the growing challenges in the field of health services research. We hope the new academy will strengthen our ability to serve the AHSR membership, build broader support for the field, and bring together the worlds of health services research and health policy.

Now that both boards have approved the establishment of the Academy for Health Services Research and Health Policy, we are hopeful that by May 1, the merger will be officially complete, and the staffs of the two organizations will be co-located and open for business! In addition, the important advocacy activities of AHSR on behalf of the field of health services research will continue under an Academy affiliate called the Coalition for Health Services Research.

The 2000 AHSR Annual Meeting in Los Angeles will be the first in the new millennium, but the last official meeting for AHSR! However, be assured that the 2001 Annual Meeting of the Academy for Health Services Research and Health Policy will continue and improve on the wonderful traditions and opportunities embodied in our AHSR Annual Meetings.

With the launching of the new academy, we are seeking to broaden our activities, while maintaining the core functions of AHSR. The Seminars in Health Services Research Methods will continue to be offered at the annual meeting and in the fall of each year. The HSR Journal and discounts to countless other publications will be maintained. And in the coming year, we expect to unveil enhancements in web-based benefits, including new online publications and an expanded career center.

We welcome your comments and suggestions and urge you to visit the website (www.ahsr.org) often in the months ahead! We hope to see you in Los Angeles in June.

Sincerely,

Diane Rowland, Sc.D., M.P.A.
AHSR President
Federal Privacy Regulations Proposed

On November 3, 1999, the Secretary of the Department of Health and Human Services (DHHS) issued a proposed rule to protect the privacy of individually identifiable health information as required under the Health Insurance Portability and Accountability Act of 1996 (HIPAA, P.L. 104-91). HIPAA contained numerous administrative simplification measures to streamline the electronic transfer of health information. To protect patients, HIPAA also contained provisions on privacy standards for identifiable health information.

Under HIPAA, Congress was given three years — until August 21, 1999 — to pass privacy legislation but failed to meet this deadline. In the absence of congressional action, HIPAA gave the Secretary the authority to promulgate a rule. Based on this authority, DHHS issued its proposed privacy standards and has requested public comments on the rule. The deadline for receiving comments is February 17, 2000.

AHSR board member Hal Luft, Ph.D., is working with AHSR’s Government Relations Committee and Board of Directors to develop AHSR’s formal comment letter to DHHS on the proposed privacy standards. AHSR members have been solicited via e-mail to contribute drafting suggestions for development of AHSR’s formal comment letter. AHSR’s comment letter will be submitted to DHHS on or about February 17, 2000, and a copy of the letter will be sent to AHSR’s membership at that time.

While AHSR’s comment letter will represent the organization’s official position on DHHS’s proposed privacy standards, AHSR members are strongly encouraged to submit comments to DHHS on behalf of themselves or their organization. Comments may be submitted electronically to DHHS’s website: http://aspe.hhs.gov/admsimp/ or mailed (1 original, 3 copies, and, if possible, a floppy disk) to DHHS at: U.S. Department of Health and Human Services, Assistant Secretary for Planning and Evaluation, Attention: Privacy-P, Room G322A, Hubert H. Humphrey Building, 200 Independence Avenue S.W., Washington, D.C. 20201.


On November 29, 1999, the Institute of Medicine (IOM) issued a report on patient safety and medical errors, highlighting the need for a comprehensive systems approach to reducing and preventing errors in medicine. In the report, IOM indicates that “medical errors” are one of the nation’s leading causes of death and injury, and cites the findings of one major study that medical errors kill some 44,000 people in U.S. hospitals each year.

“These stunningly high rates of medical errors—resulting in deaths, permanent disability, and unnecessary suffering—are simply unacceptable in a medical system that promises first to ‘do no harm’,” said William Richardson, chair of the IOM committee that wrote the report and President and Chief Executive Officer of the W.K. Kellogg Foundation.

The report, which received significant national press attention and was the subject of a White House briefing, recommends that a center for patient safety be established within the Agency for Healthcare Research and Quality (AHRQ). The center would set national safety goals, track progress in improving safety and invest in research to learn more about preventing mistakes. The center would also serve as a national clearinghouse and objective source of the latest patient safety information. The IOM panel suggests that $30-35 million would be needed to start the program and that funding in the future for the center would need to grow to at least $100 million.”

For additional information on the report, please contact the Institute of Medicine at 202-334-2138 or access the IOM’s webpage at www.iom.edu. Copies of the report can be ordered from the National Academy Press at 1-800-624-6242.

Summary of Privacy Standards on AHSR Website

A brief summary of the proposed privacy standards is provided on AHSR’s website (www.ahsr.org/government/). The full text of the standards is available on the DHHS Administration Simplification webpage at http://aspe.hhs.gov/admsimp/.

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upon strong message points, an expanded AHSR advocacy network, and strengthened relationships with congressional members and staff to expand federal funding for health services research programs. Instrumental to this strategy was the active participation of the AHSR Board and AHSR members’ grassroots efforts in contacting congressional members to stress the importance of funding health services research programs.

Congress Reauthorizes And Renames AHCPR

As one of its final actions before adjournment, the House passed by unanimous consent S. 580, the Healthcare Research and Quality Act sponsored by Senator Frist (R-TN), to reauthorize and rename the Agency for Health Care Policy and Research (AHCPR), clearing the way for the legislation to be sent to the President for enactment. The Senate had passed an amended S. 580 on November 3, 1999, incorporating changes made during House passage of companion legislation (H.R. 2506) on September 28, 1999. President Clinton signed the bill into law on December 6, 1999.

Under the reauthorization legislation, the new name of the agency will be the Agency for Healthcare Research and Quality (AHRQ), reflecting the increasingly important role of the agency as a “science partner” with the public and private health care sectors in improving health care quality. The legislation refocuses and refines current law and better reflects the agency’s efforts over the last few years to develop the evidence-based information needed by consumers, providers, health plans and policymakers to improve health care decisionmaking. The legislation recommends agency funding of $250 million for FY2000 and reauthorizes the agency through 2005. A summary of the agency’s new mission and authorities, as well as links to the reauthorizing legislation, is available on AHSR’s website (www.ahsr.org).

AHSR Strongly Supported Reauthorization

AHSR was actively involved in the reauthorization legislation, supporting the efforts of Senator Frist and House Commerce Health Subcommittee Chairman Mike Bilirakis (R-FL) to achieve passage of the bill in this session of Congress. AHSR’s then-President, David A. Kindig, M.D., Ph.D., testified before the Senate Labor and Human Resources Subcommittee on Public Health and Safety when it first considered agency reauthorization during the 105th Congress. Throughout this year, AHSR coordinated support for reauthorization through the Friends of AHCPR, a coalition of more than 80 health organizations.

### FY2000 HSR Federal Funding

<table>
<thead>
<tr>
<th>Agency</th>
<th>FY99 Funding (in millions)</th>
<th>FY2000 Funding (in millions)</th>
<th>Increase Over FY99</th>
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* NIAAA, NIDA, and NIMH are required to allocate 15 percent of their budget to health services research and information dissemination activities. The funding for health services research is noted in the parentheses.

OMB Issues Final Notice on Requirements for Federal Research Grants

The Office of Management and Budget (OMB) issued its final notice of revision to Circular A-110, Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals, and Other Non-Profit Organizations, on October 8, 1999. The revisions require data generated under federal research grants to be made available to the public through the Freedom of Information Act. OMB issued this notice of revision to implement a provision of P.L. 105-277, the FY1999 omnibus appropriations bill.

The final notice addresses many of the concerns raised previously by AHSR and other research organizations during the comment period following OMB’s initial announcement of the proposed regulations. In its final notice OMB expanded the scope of the new law’s impact from “research used by the federal government in developing a regulation” to “research used by the federal government in developing an agency action that has the force and effect of law.”

The original report language included in last year’s omnibus appropriations bill referred to research used by the federal government in developing policy or rules. AHSR had supported the more narrow definition and will closely monitor the impact of the new requirements as federal agencies begin to incorporate them into their funding agreements. All federal agencies are required to have implemented the changes within one year.

A copy of OMB’s final notice is available on AHSR’s web site at www.ahsr.org.
More Online Services on Drawing Board for Members

The Internet is no longer a communications frontier for the few. It’s increasingly becoming the medium of choice for membership organizations like AHSR that want to connect with their members. AHSR already offers a number of online member services—Member Directory, Career Center, Annual Meeting and Methods Seminars updates—and is in the process of implementing many more, including Internet publications, discussion forums and venues for organizations to describe their latest research.

Please contact Laurie Oseran, Membership Director, at loseran@ahsr.org with specific membership suggestions or ideas for the AHSR website.

- **Research Interests Added to Online Member Directory.** This directory will be a searchable database of member profile data, which will enable AHSR members to search by research interest to find a collaborator for their next research project or even a speaker for a seminar series. The target date for this directory is late spring/early summer 2000. By filling out the online data form (www.ahsr.org/directory), every AHSR member can help to make this database successful.

- **Career Matches Made Online.** Shortcut a lengthy and expensive search for the perfect position or talented professional by clicking on www.ahsr.org/career – AHSR’s online Career Center.

  For an employer who would like to place a job advertisement on AHSR’s online Career Center, a 300-word ad is just $300, far below the standard headhunter fee. AHSR’s organizational members receive a 25 percent discount off the standard advertising rate. To place an ad on the AHSR Career Center, go to www.ahsr.org/career/ad_form.

  Check out AHSR’s *1999 Directory of Training Programs in Health Services Research*. Get vital information on over 200 training programs in this 400-page directory. Find out about the focus of each program, profile data on the faculty and application requirements. For a complete copy of the directory, go to www.ahsr.org/pubs/training.

- **FRONTLINES, FORUM Now Online.** The November issue of *FRONTLINES* explores current challenges surrounding alcohol treatment and the workplace, including successful treatment interventions and which occupations have the highest incidence of alcohol use. The November issue of *FORUM* examines how the Veterans Health Administration’s database is being mined to provide valuable information to improve the care of millions of its patients.

  For a complete copy of these publications, go to www.ahsr.org/members/.

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**AHSR Records Record Number of “Hits” in ’99**

The total number of “hits” to the AHSR website more than quadrupled in 1999 over the 1998 total. The total number of 1999 hits was 4,118,095, well over the 959,394 hits in 1998. This leap is attributed to the expansion of the site, including placing employment and fellowship ads on the Career Center page, the extensive Annual Meeting updates and the inclusion of full newsletter text. There has also been an increase in member activity on the web. A table of the most popular sites is below.

The number of international hits doubled in 1999, with Canada, the United Kingdom and Australia maintaining the highest numbers. There also are records of hits at the end of 1999 from countries that have not previously looked at the AHSR website, such as Djibouti and Guam, reaffirming the extraordinary reach of the Internet.

To see everything the AHSR website has to offer, check out www.ahsr.org.
Research Highlights from Recent Issues of HSR

The editorial team is pleased to feature two outstanding articles from the October 1999 issue of Health Services Research in this issue of HSR Reports.

In the first of these two articles, “Simulating the Effects of Employer Contributions on Adverse Selection and Health Plan Choice,” authors M. Susan Marquis and Joan L. Buchanan investigate the effect of alternative employer premium contribution policies on adverse selection and the viability of offering a multiple choice of plans. They conclude that a fixed dollar contribution, advocated by managed competition, can produce adverse selection that leads to a collapse of multiple choice situations. Other contribution policies, such as a fixed percentage of premium, mitigate selection but subsidize inefficiencies. The nature of the distribution of preferences for non-financial aspects of the plan can also reduce selection and allow multiple plans to coexist.

Authors M. Susan Marquis, Ph.D., and Joan L. Buchanan are, respectively, Senior Economist at RAND in Washington, D.C., and Senior Researcher at Department of Health Care Policy, Harvard Medical School in Boston, MA. They believe that the “results underscore the importance of good risk adjusters and consumer information to make the managed competition strategy work.”

In the second article, “Unequal Access to Cadaveric Kidney Transplantation in California Based on Insurance Status,” authors Mae Thamer, Scott C. Henderson, Nancy Fox Ray, Cheryl Rinehart, Joel W. Greer and Gabriel M. Danovitch seek to assess the impact of insurance status on access to kidney transplantation among California dialysis patients. They conclude that California dialysis patients excluded from Medicare coverage, who are disproportionately minority, female and poor, are much less likely to enter the U.S. transplant system. They hypothesize that patient concerns with potential subsequent loss of insurance coverage as well as cultural and educational barriers are possible explanatory factors. Once in the system, however, insurance status does not influence receipt of a cadaveric renal transplant.

Lead author Mae Thamer, Ph.D., Associate Scientist at Johns Hopkins School of Public Health in Baltimore, MD, thinks that “the more salient financial concern among the Medicaid-only population may be related to potential loss of insurance coverage immediately after transplantation. Medicaid-only patients who receive a transplant no longer have a qualifying disability and therefore cannot afford the cost of a life-long supply of expensive immunosuppressive drugs.”

“Under the Medicare program, these therapies are covered for 36 months after a transplant.” Thamer observes that “Medicaid-only patients haven’t qualified for the Medicare ESRD program because they tend to be poor immigrants, often with seasonal work, and others who have not qualified into the Social Security program throughout their employment.” Although the Institute of Medicine recommended including all legal residents with permanent renal failure in the Medicare program, Thamer notes “such an expansion of the Medicare ESRD program to include the Medicaid-only patients seems highly unlikely in the foreseeable future.”

HSR New Staff

Health Services Research recently named Catherine McLaughlin, Ph.D., as its newest senior associate editor.

Dr. McLaughlin is an associate professor in the department of health management and policy at the University of Michigan’s School of Public Health. She is also director of The Robert Wood Johnson Foundation’s Scholars in Health Policy Research Program at Michigan. Prior to joining the faculty at Michigan, Dr. McLaughlin was an assistant professor of economics at Tufts University. Her current research interests focus on HMOs, market competition, Medicaid managed care, the uninsured and employer and employee benefit choice.

“We are delighted to have Catherine McLaughlin join our senior editorial team,” said Steve Shortell, Ph.D., editor-in-chief of the journal and a professor at University of California, Berkeley. “She brings considerable economic expertise across a wide range of issues relevant to health policy makers and practitioners alike.”

Dr. McLaughlin replaces Gloria Bazzoli, Ph.D., who recently finished her term. “We are very grateful for Gloria Bazzoli’s significant contributions during her terms as senior associate editor,” Dr. Shortell. “Fortunately, Gloria will continue to be involved as a member of the editorial board.”
AHSR 2000 Annual Meeting to Focus on the Future of Health Care

The heart of downtown Los Angeles is the perfect setting for the AHSR 2000 Annual Meeting! Research to Action: Shaping the Health System in the New Millennium will take place June 25-27 at the Westin Bonaventure Hotel. Join over 2,000 diverse participants for health services research updates, discussions and networking.

The planning committee is led by conference chair Arnold M. Epstein, M.D., John H. Foster Professor and Chairman, Department of Health Policy and Management, Harvard School of Public Health, and comprised of an interdisciplinary group of leaders from various research fields, federal agencies and private-sector professions. The committee incorporated suggestions from members and 1999 meeting participants, as well as examining their own views on the current issues facing producers and users of health services research.

The experienced committee has mapped out an exciting program including the following themes: Access/Social Determinants, Behavioral Health, Care for Children, Challenges for the New Millennium, Coverage and Insurance, Managed Care and Markets, Management/Organization, Medicare/Care for Elderly, Quality and Workforce.

Meeting highlights include:

- **Over 100 Sessions**
  The program will feature a variety of sessions organized by outstanding leaders in health services research and policy. Opportunities abound to learn about cutting-edge research studies, current policy issues, and new research methods.

- **Plenaries**
  The opening plenary, with keynote speaker Jeff Goldsmith, Ph.D., president of Health Futures, Inc., will set the stage for the meeting by focusing on the future of health care. The closing plenary, with popular moderator Bob Blendon, Sc.D., professor at Harvard School of Public Health, will feature a discussion on “Health Care in the 2000 Election.”

- **Popular and Growing Poster Program Provides Forum for Sharing Research**
  Poster presentations provide a forum for a variety of important research findings. Last year over 500 posters were presented! Two poster sessions will be held during a refreshment break and reception.

- **Student Benefits in 2000**
  Students have more reason than ever to attend this year’s meeting. Lower registration fees, lower hotel rates and an award for best dissertation are all designed to ensure students are able to participate in this event. The incentives include skill and career development workshops, networking with other students and leaders in the field, a pre- and post-doctoral poster program and a career center with job, resume and fellowship binders.

- **Abstracts Provided on CD-Rom**
  Due to overwhelming response, abstracts will be provided on CD-Rom rather than in book format, providing an easy way for participants to access information.

- **Growing Exhibit Program Offers Increased Visibility**
  Our highly popular exhibit program allows leading organizations to increase visibility and expand their market base by networking with over 2,100 of the industry’s current and future leaders. Each year, exhibitors share product information and exchange ideas with over 95 percent of conference participants. The exhibit program allows attendees to learn about public and private research funding initiatives, find out about educational and career opportunities and look at the latest publications, software programs and research consulting services. In addition to over 100 exhibitors, the exhibit hall features a career center and the meeting’s poster program.

- **Advertising Opportunities in the Agenda Book**
  Leave a lasting impression with an audience of over 2,000 active participants in the field of health services research by advertising in the Annual Meeting Agenda Book. Advertising enhances access to meeting participants. For more information, visit our website.

Visit our website, [www.ahsr.org](http://www.ahsr.org), for meeting, abstracts (from current and previous meetings), exhibits, advertising and awards information. The conference brochure will be available on the web in early February.
The Center concurs with the recent Institute of Medicine definition of primary care, which clarifies that primary care is an integrating function, addressing in the context of family and community a majority of the problems that people pose for the health care system. This is a complex enterprise, not well understood, and at risk because of systematic fragmentation, isolation of diseases into segregated programs and the proliferation of “carveouts.” The best primary care appears to be comprehensive, accomplished in systems by teams that vary in size. Indeed, there is evidence most health problems can and should be addressed at the level of primary care. The initial work of the Center includes analyses to determine current distributions of services by site, as well as workforce studies on the status of nurse practitioners and physicians. The Center is encouraging NCQA to adopt measurements of primary care as part of their accreditation and survey processes.

- **Universal Coverage.** It is difficult to imagine achieving the full value of primary care when large segments of the population lack ready access to timely services. Consequently, universal coverage is a crucial component of robust, high-performance primary care. The initial work of the Center includes exploration of geographic information software as a tool to display relationships among populations, their problems and health care variables.

- **Activities**
  - **The Washington Primary Care Forum.** There are multiple agencies and organizations in Washington with an interest in primary care. In an effort to promote networking and collaboration, the Center is sponsoring a new Forum where ideas about primary care can be shared. At the first three of these gatherings, Dr. Robert Graham, Dr. John Eisenberg, and Dr. Mary Wakefield provided stimulating presentations.
  - **The One-Pager.** Every few weeks, the Center publishes a brief analysis of a particular issue and distributes it in Washington and via the web. The first of these reported the effect of accredited rural training tracks on physician practice location. This is intended to be a mechanism to stimulate discussion and consideration of specific issues important in primary care.

- **Teaching.** The Center’s staff participate in graduate education through an internship program, dissertation committees, precepting in the clinical setting and periodic lectures and presentations.

**For More Information**

The Center is located at 2023 Massachusetts Avenue, NW, Washington, D.C. 20036, tel 202/986-5708, fax 202/986-7034, e-mail policy@aafp.org.
Klemm Supports Centers for Disease Control and Prevention

Klemm Analysis Group, Inc. has recently been awarded a second multi-year task-order contract to serve public health researchers throughout CDC. Under the first six-year contract, Klemm completed over 100 tasks ranging from survey design to analysis of health surveillance and panel data. Particularly noteworthy is 1999 work that involved characterizing the accuracy of HIV assays in practice and longitudinal studies of both risk-reducing behaviors and natural histories of gynecological conditions among women with or at high risk for HIV.

New Projects from Mathematica Policy Research, Inc.

Mathematica is undertaking three new studies. The Survey and Evaluation of New Medicare Members of Medicare+Choice Plans will examine the impact of the National Medicare Education Program on the health plan decisions of new enrollees in Medicare managed care plans and examine the factors that influence the health plan decisions these beneficiaries make. HFCA is the client. Understanding Health Plan Accreditation and Its Potential to Promote the Consumer Bill of Rights and Responsibilities will provide policy and regulatory staff in the U.S. Department of Health and Human Services with an in-depth understanding of the aspects of the health plan accreditation process most closely related to the Consumer Bill of Rights and determine the extent to which health plan accreditation fosters implementation. ASPE is the client. Safety Net Provider Capacity for Care to Low Income Uninsured Patients will assess the impact of changes due to managed care and other forces on the capacity of the safety net to provide out-patient services to low-income people. The project will focus on programs operated by the Health Resources and Services Administration. HRSA is the client.

Translating Research into Practice

VA’s HSR&D Service is leading the VA Quality Enhancement Research Initiative (QUERI). QUERI, now in its second year, is an outcomes-based quality improvement program designed to translate research into better patient care and systems improvements. Fact sheets providing an overview, focus and summary of current/planned products have recently been posted on the web for each of the eight conditions QUERI targets: chronic heart failure, diabetes, HIV, ischemic heart disease, mental health, spinal cord injury, stroke and substance abuse. Fact sheets and other information about QUERI are available on the VA R&D website at http://www.va.gov/resdev/queri.

Kansas Health Institute Evaluates Children’s Health

A team of Kansas-based health researchers led by the Kansas Health Institute (KHI) has been selected to participate in a national research study and evaluation of the Children’s Health Insurance Programs (CHIP), known in Kansas as HealthWave. The Kansas research team is one of nine teams across the country chosen to participate in this study.

The U.S. Agency for Health Care Policy and Research (AHCPR), The David and Lucile Packard Foundation, and the U.S. Health Resources and Services Administration (HRSA) are funding this national study designed to improve the quality of, and access to, health care for low-income children.

KHI will receive over $1.2 million for three years to evaluate the effect the Kansas CHIP program has on reducing the number of uninsured children in Kansas and to examine the program’s effect on access and quality of care for these children. Of that amount, $550,000 comes from three local foundations: Kansas Health Foundation, United Methodist Health Ministry Fund and Prime Health Foundation. The project runs through September 2002.

Ian Axford Fellowships in Public Policy

The Commonwealth Fund of New York invites applicants for the 2001 Ian Axford (New Zealand) Fellowships in Public Policy. The deadline for the receipt of applications is March 15, 2000. The fellowships give outstanding American professionals at a mid-career level the opportunity to study, travel and gain practical experience in public policy in New Zealand, including first-hand knowledge of economic, social and political reforms and management of the government sector. The program aims to reinforce New Zealand/U.S. links, improve public policy development by the cross-fertilization of ideas continued on page 12

VA Creates Center for Health Economics

The HSR&D Health Economics Resource Center (HERC) is a national center dedicated to improving VA’s capacity to conduct high-quality health economics research and cost-effectiveness studies. HERC’s mission is to train and mentor VA researchers, develop and disseminate economic research methods, improve the usefulness of VA data and create and distribute new information products. The research supported by the Center will help VA make better informed decisions about whether new health care interventions are sufficiently cost-effective for use throughout the VA system, and evaluate the efficiency of VA programs and providers.

Initially, HERC will focus on helping researchers determine the costs of VA health care. The Center will also offer training courses, publish handbooks, support micro-cost methods and provide cost estimates for VA hospital stays and outpatient visits.

Beginning in January 2000, HERC will operate an economics research consulting service. The consulting service will provide telephone and web-based assistance to train and mentor researchers in cost methods, represent the interests of economics researchers in the formulation of Veterans Health Administration data policy and keep research leaders informed on these policy developments. Additionally, it will create forums for economics research, help establish scientific standards and participate in scientific review.

HERC is located at the VA Palo Alto Health Care System in Menlo Park, CA, and is directed by Paul G. Barnett, Ph.D. More information is available from the HERC website at http://www.palo-alto.med.va.gov/herc. Additional inquiries may be directed to herc@mailsvr.icon.palo-alto.med.va.gov.
The RWJF Investigator Awards in Health Policy Research Announce Recent Publications

The RWJF Investigator Awards in Health Policy Research, for which AHSR serves as the national program office, is pleased to announce the following five publications.

The Society and Population Health Reader: Income Inequality and Health (Volume I)

The Society and Population Health Reader: A State and Community Perspective (Volume II)

In recent years, a whole new field of inquiry on the connections between society and health has arisen from the work of leading social scientists and medical researchers around the world. This pioneering two-volume reader collects the substance of their main findings: that life expectancy, illness and other health factors among nations are closely related to the structure of a given society and that variations of health within a population are primarily related to socio-structural factors. To order, contact: The New Press at 800/233-4830.

Pooling Health Insurance Risks
Mark Pauly, Ph.D., and Bradley Herring, Ph.D., The AEI Press

This book describes how insurance markets adjust premiums to risk, and the authors evaluate various proposals for regulating how premiums should vary with risk. They also disprove some common misperceptions about the working of insurance markets. They conclude that the problem with risk pooling in unregulated, private health insurance markets in the United States is less serious than many people think. To order, contact: AEI at 202/862-5800.

Healthy Markets? The New Competition in Health Care
Mark A. Peterson, Ph.D., Editor, Duke University Press

Mark A. Peterson, a leading scholar in health care issues, has joined forces with fourteen authorities on health policy to address the full context of health system change. They offer the most comprehensive and critical examination yet found of the economic, political and social implications of the market transformation of health care in the United States. To order, contact: Duke University Press at 888/651-0122.

The Corporate Practice of Medicine: Competition and Innovation in Health Care
James C. Robinson, Ph.D., University of California Press

James Robinson presents a provocative analysis of the transformation of American medicine from a system of professional dominance to an industry under corporate control. He examines the economic and political forces that have eroded the traditional medical system of solo practice and fee-for-service insurance, hindered governmental regulation and invited the market competition and organizational innovations that now are under way. To order, contact: AHSR at 202/223-2477 or download an order form from the AHSR website at www.ahsr.org/rwjf/orderform.htm.

American Medicine and the Public Interest: A History of Specialization
Rosemary Stevens, Ph.D., University of California Press

The reissue of Rosemary Stevens’ groundbreaking book on the growth of medical specialties offers a new opportunity to consider the state of the American health care system. Updated with an extensive new introduction and a new bibliography, Stevens’ book chronicles the development of the medical profession and shows how increasing emphasis on specialization has influenced medical education and public policy. To order, contact: University of California Press at 609/883-1759.
The RWJF Investigator Awards In Health Policy Research Media and Policy Briefing for Awardees

The RWJF Investigator Awards in Health Policy Research recently completed three media and policy briefings at the end of 1999 at the National Press Club for seven investigator awardees.

- **The Future of the Medical Profession**
  The first briefing was held October 14, launching the recent books of James Robinson, Ph.D., *The Corporate Practice of Medicine: Competition and Innovation in Health Care* and Rosemary Stevens, Ph.D., *American Medicine and the Public Interest: A History of Specialization*, reissued in 1999.

- **Social Inequalities and Health**
  The second briefing was held on November 16 in honor of awardees and international guests in the field of social inequalities and health and their four new books: Ichiro Kawachi, M.D., Ph.D., Bruce Kennedy, Ed.D., and Richard Wilkinson, co-editors of *The Society and Population Health Reader: Income, Inequality and Health (Volume I)*; Alvin R. Tarlov, M.D., co-editor of *The Society and Population Health Reader: A State and Community Perspective (Volume II)*; Clyde Hertzman, M.D., M.Sc., co-editor of *Developmental Health and the Wealth of Nations: Social, Biological, and Education Dynamics*; and Michael Marmot, M.D., Ph.D., and Richard Wilkinson, co-editors of *Social Determinants of Health*.

- **Health Care Revolution and Managed Care Backlash**
  At another briefing on November 22, RWJF Investigator Awardees and leading health policy experts discussed the managed care backlash and the health care revolution. There were two panels at the briefing, both moderated by Mark A. Peterson, editor of *Healthy Markets? The New Competition in Health Care* and the *Journal of Health Policy, Politics and Law*, whose October 1999 issue features “The Managed Care Backlash.” The first panel, which was on the managed care backlash, included Uwe Reinhardt, Ph.D.; Marsha Gold, Sc.D.; Lawrence Jacobs, Ph.D.; David Hyman, M.D., J.D., University of Maryland School of Law; and Judy Feder, Ph.D., Georgetown University. The second panel, which covered managed care, markets and health care, consisted of Thomas Rice, Ph.D.; Mark Pauly, Ph.D.; and Theodore Marmor, Ph.D.

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**Sam Shapiro, Former AHSR Distinguished Investigator, Dies at 85**

Sam Shapiro, AHSR’s 1985 Distinguished Investigator, died recently in Baltimore at age 85. Shapiro was retired from Johns Hopkins School of Hygiene and Public Health, where he was a well-loved professor and researcher for 25 years, and he was director of the Health Services Research and Development Center from 1973 to 1984. He was widely recognized as one of the fathers of the health services research field.

Colleagues recalled that “Professor Shapiro” never earned a doctorate but was awarded an honorary one in 1998 by the Johns Hopkins University for always “opening the door to those who sought his knowing guidance and counsel.”

Donald M. Steinwachs, Ph.D., professor and chair of the Department of Health Policy and Management, School of Hygiene and Public Health at Johns Hopkins, and a former AHSR president, said, “For most of the senior faculty in the Center, including me, Sam was our mentor, whose gentle guidance helped build successful careers and brought the Center to national prominence. He will be greatly missed, both personally and professionally.”

As a researcher in the field of public health policy, Shapiro spent his career studying the effectiveness of medical treatments in large populations. Though trained as a mathematician, he became a nationally known biostatistician and epidemiologist. In 1988, Shapiro became the first non-physician to receive the Charles E. Kettering-General Motors Cancer Research Foundation Prize, a top medical honor, for his research on the early detection of breast cancer through the use of mammography.

Shapiro wrote or co-wrote more than 200 scientific articles, among them a 1968 study of childhood mortality, a 1969 study of coronary heart disease and a 1985 article on low birth weight. He was a member of many professional organizations, including AHSR, and was elected to the Institute of Medicine and the National Academy of Sciences.
and experience and build up a network of public policy experts on both sides of the Pacific.

Applicants must be U.S. citizens and submit a formal application. For information and an application, contact: Robin Osborn, The Commonwealth Fund, One East 75th Street, New York, NY 10021-2692 (tel: 212/606-3809, e-mail: ro@cmwf.org), or see the Commonwealth Fund’s webpage (http://www.cmwf.org).

**Muskie School of Public Service Announces New Faculty and Program**

Susan M.C. Payne has been appointed associate professor in the Institute for Health Policy. Her research focuses on home health care, managed care, risk adjustment methods and measures of severity of illness. At the Muskie school she will develop a research agenda on the dual eligible (Medicaid/Medicare) population, teach courses on policy and management issues related to health care quality and be involved in developing the new doctoral program.

**MEDSTAT Databases Selected by CDC and Others for Healthcare Research**

The Centers for Disease Control and Prevention (CDC) has extended its contract with The MEDSTAT Group to use MEDSTAT MarketScan® databases to support its research on disease prevention and control, injury and disability. CDC researchers will use the data to conduct cost-effectiveness, cost of illness, incidence rate and health care service utilization studies in the areas of chronic disease, environmental health, infectious disease, occupational safety and health, immunization programs, HIV, STD and tuberculosis. The MEDSTAT MarketScan Databases are made up of the inpatient and outpatient health care experience of millions of covered lives annually. These longitudinal databases link medical/surgical and drug data with provider information and health plan enrollment, benefit plan design and employer attendance data. Data are collected from MEDSTAT clients and represent privately insured employee populations and publicly insured individuals including Medicare and Medicaid.