



House Begins AHCPR Reauthorization

The House Commerce Subcommittee on Health and the Environment, chaired by Congressman Mike Bilirakis (R-FL), held a hearing on reauthorization for the Agency for Health Care Policy and Research (AHCPR) in late April. Chairman Bilirakis stated, "Working on a bipartisan basis, I am hopeful that we can pass legislation to reauthorize the agency this year." He and the subcommittee's ranking Democrat, Sherrod Brown (D-OH), plan to jointly introduce a reauthorization bill this summer.

AHCPR Administrator John Eisenberg, M.D., testified for the Administration. Reauthorization of AHCPR was supported in testimony by a panel of health organizations including the Health Insurance Association of America and Research!America. AHSR submitted a statement supporting reauthorization and is actively working with subcommittee and other House members to achieve passage of the reauthorization bill.

AHSR Responds to Proposed OMB Changes in Administration of Federal Research Grants

In early April, AHSR submitted written comments to the Office of Management and Budget (OMB) expressing strong concerns over proposed changes in the administrative requirements related to Federal grants for research.

In October 1998, Congress passed into law a provision requiring data generated under federally sponsored research awards to be made available to the public under the Freedom of Information Act (FOIA). Specifically, the provision directed OMB to revise its Circular A-110, *Uniform Administrative Requirements for Grants and Other Agreements with Institutions of Higher Education, Hospitals and Other Non-Profit Organizations*, to obligate Federal agencies to obtain data in response to FOIA requests.



David Helms

OMB published notice of proposed administrative revisions in February and requested public comment. In the notice, OMB would limit FOIA's applicability to data gathered using federal funds "relating to published research findings produced under an award that were used by the Federal government in develop-

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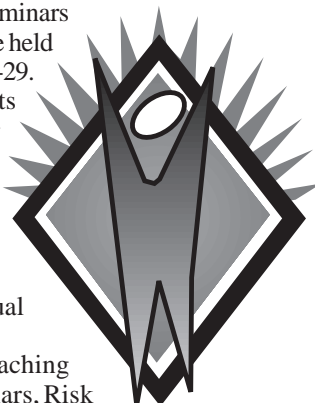
AHSR Announces Fall Methods Seminars in Boston

AHSR is pleased to announce that its fall Seminars in Health Services Research Methods will be held at the Tremont Hotel in Boston, October 26-29.

Registration is limited to 40 participants per seminar, so register early! This year you may register online through the AHSR website (www.ahsr.org) or send the registration form via fax or mail. Brochures were mailed to all AHSR members in late May, and additional copies will be available at the 16th AHSR Annual Meeting in Chicago, June 27-29.

A superb faculty of experts will be teaching four seminars this fall. The first two seminars, Risk Adjustment and Qualitative Methods, will be offered in Block I, October 26-27, and the second two seminars, Advances in Methods for Improving Health Outcomes and Survey Instrument Design, will be offered in Block II, October 28-29. Each seminar will last for the full two days of the block, so participants may attend a total of two seminars – one from Block I and one from Block II.

Seminar titles and faculty are listed on page 4.



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AHSR Holds First Focus Groups for Members

AHSR conducted, for the first time, a series of six focus groups of individual and organizational members during April and May in Los Angeles, Boston and Washington, all areas of high AHSR member concentration. Facilitated by Dr. David Helms, AHSR's CEO, these focus groups were held to ascertain the professional needs, interests and satisfaction levels of AHSR members. The findings from these focus groups will be used to reevaluate and retool the scope of member services offered by AHSR.

The focus groups provoked considerable discussion among participants about what members value about their membership as well as specific suggestions on how AHSR might better serve its individual members.

During the focus groups, participants were queried on the following:

- what they valued about AHSR membership;
- whether AHSR had met their expectations;
- whether AHSR had fallen short in any area;
- what additional services AHSR could provide; and
- their initial response to the proposed AHSR and Alpha Center linkage.

Participants were also asked about:

- their suggestions for new or expanded target audiences for AHSR membership; and
- how AHSR should allocate its dues revenue among different organization activities.

The findings were remarkably consistent across each of the focus groups. Focus group findings—including insights and observations shared during the sessions by the participants—will be presented at AHSR's membership meeting on June 28 from 4:30 to 5:45 p.m. during its Annual Meeting at the Chicago Hilton.

AHSR Annual Membership Meeting

Who:
AHSR Members

When:
June 28, 4:30 to 5:45 p.m.

Where:
AHSR's Annual Meeting
Chicago Hilton

Why:
Find out more about AHSR's membership focus group results and AHSR's plans for the upcoming year.

AHSR-Alpha Center Linkage Moving Ahead

In the March 1999 issue of *HSR Reports*, we reported on the formation of a Joint Management Committee (JMC) made up of representatives from the AHSR and Alpha Center boards. The purpose of the committee and the Joint Management Agreement under which it operates is to provide a common management mechanism to explore in detail the means by which the two organizations may permanently combine resources and consolidate activities in a new entity.

Since then, the JMC has met twice. On March 3-4 the committee met in San Francisco to review and discuss vision options for structure and governance, role and functions. The committee met again in Washington, DC on May 3-4 to discuss the results of individual member focus groups held in April (see article above) and to further refine the vision for a new entity and the new and existing functions to be carried out by a merged organization. Additional JMC meetings will be held in July and September.

As the JMC works through the issues relating to combining the strengths of both organizations, it has consistently reaffirmed the tremendous potential of the proposed new entity to meet the challenges and opportunities of the new century. The work of the JMC will be presented to both the AHSR and Alpha Center boards at their June meetings. In addition, AHSR CEO David Helms, incoming AHSR President Diane Rowland and JMC Co-chairs, Hal Luft and David Blumenthal will report on JMC activities and be available to respond to questions at the **Membership Meeting on June 28, from 4:30-5:45 p.m.**, at the AHSR Annual Meeting.

June 1999

Dear Members:

This is an exciting time for the field of health services research and for AHSR. Substantial increases for federal health services research programs were passed by Congress for FY 99, and there are positive signs that Congressional support for the field is strengthening.

As our efforts to grow the field take hold, it is especially important that AHSR be positioned to take full advantage of this growth potential. I am especially pleased to be working with new AHSR CEO, David Helms during my term as president, as he has an outstanding reputation as both a spokesman for the field and a clear thinker about the challenges and opportunities that await us as the new Century dawns.

For the first time under David's leadership, focus groups of AHSR individual members, organizational members and past-presidents were held in April and May, to take a close look at what members value about their membership and to learn how AHSR can better serve its membership (see article on page 2).

The Joint Management Committee, approved by the AHSR and Alpha Center boards in December 1998 (see article on page 2), has been diligently exploring the considerable potential that exists for merging the two organizations as early as January 2000! Current AHSR activities would be maintained and enhanced under a new organization, and our ability to link research and policy would increase substantially.

The Annual Meeting will continue to be a showcase for cutting-edge research and a place where public and private decision leaders can seek information to bolster their policy and practice decisions. In addition, new conferences and workshops are being explored as a way to bring researchers and users together around specific issues.

Under a new organization, information services would be expanded, including the potential for creating interactive distance learning programs and virtual forums to engage health services researchers and leaders in the health care industry and policy communities in ongoing dialogues about important issues in the field. The development of research syntheses around key health issues is another idea that would build stronger ties between the research and user communities. This is the tip of the iceberg. Specific activities will be clarified as we move closer to a true linkage between the two organizations.

In the interim, David and I, together with many AHSR board and staff members, will be presenting the work of the Joint Management Committee and findings from the focus groups at the Membership Meeting at this year's Annual Meeting. Please join us on Monday, June 28, from 4:30 – 5:45 p.m., in the Grand Ballroom. This will be an excellent opportunity to hear more about these important activities, as well as to ask questions about current and future activities.

Sincerely,

*Diane Rowland, Sc.D., M.P.A.
AHSR President*



AHSR President
Diane Rowland, Sc.D., M.P.A.

New Staff Member to Direct Membership

Laurie Oseran Wyden joined AHSR in April as a consultant for membership. She will be director of membership effective September 1, 1999. As director, Laurie will coordinate member recruitment and member services for AHSR.

Prior to joining AHSR, Laurie managed a Washington, DC consulting practice for several years and provided services in strategic communications, marketing, media relations, conference management and fund raising. With special expertise in the health arena, Laurie's clients have ranged from health trade associations and special interest groups to hospitals and managed care firms. Laurie has also held positions with Northern Energy Resources Co., the Oregon Department of Transportation and the California Medical Association.

Laurie holds a B.A. in English/ History from Boston University and a M.S. in Public Communications from the School of Public Communication at Boston University.

1999 AHSR Election Results Are In

Four members have been elected to the AHSR board of directors for three-year terms that begin with the annual meeting in June 1999. The organizational representative is:

Jim Knickman, Ph.D.
The Robert Wood Johnson Foundation

The individual member representatives are:

Karen Davis, Ph.D.
The Commonwealth Fund
(*re-elected to a second term*)

Paul Ginsburg, Ph.D.
Center for Studying Health System
Change
(*re-elected to a second term*)

Marsha Gold, Sc.D.
Mathematica Policy Research

Diane Rowland, Sc.D., M.P.A., who served as president-elect in 1998-1999, will assume the AHSR presidency at this time. The following officers were approved by the membership and will take office at the AHSR Annual Meeting:

President-elect: Arnie Epstein, M.D., M.A., Harvard School of Public Health

Secretary: James Tallon, Jr., United Hospital Fund (*re-elected to a second term*)

Methods Seminars

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■ Risk Adjustment for Measuring Health Care Outcomes (Introductory)

Faculty: Lisa Iezzoni, M.D., M.Sc., Harvard Medical School, and Arlene Ash, Ph.D., and Michael Schwartz, Ph.D., both from Boston University

■ Qualitative Methods: The Right Stuff (Introductory)

Faculty: Shoshanna Sofaer, Dr.P.H., Baruch College, and Kelly J. Devers, Ph.D., Agency for Health Care Policy and Research

■ Advances in Methods for Monitoring and Improving Health Outcomes from the Patient Point of View (Intermediate/Advanced)

Faculty: John E. Ware, Jr., Ph.D., QualityMetric, Inc.

■ Survey Instrument Design (Intermediate)

Faculty: Floyd Jackson Fowler, Jr., Ph.D., University of Massachusetts, Boston

The selection of topics for the fall Seminars was determined by a planning committee after reviewing evaluations from last year's Seminars in San Diego in October. Input from AHSR members regarding the format and content of courses is always welcome. Please direct your comments and questions to Wendy Valentine at AHSR (wvalentine@ahsr.org).

HSR Reports Under Review; Member Suggestions Sought

AHSR is now reviewing *HSR Reports* to find out whether this quarterly publication meets the needs of the organization's diverse membership. This analysis has been prompted, in part, by the proposed linkage of AHSR with Alpha Center. During a series of six focus groups of AHSR members, conducted during April and May, member participants were queried about their opinions on a variety of member services, including *HSR Reports*. These findings will be used to reevaluate all of AHSR's publications.

AHSR is considering a variety of options to revamp this publication including adding new content areas, increasing its frequency and making it available online through AHSR's website. But these are just a few of the possible changes that are under consideration.

As a regular reader of *HSR Reports*, your insights and opinions about this publication are invaluable. The staff at *HSR Reports* encourages you to send us a note with your comments and suggestions to our AHSR office in Washington or an e-mail to lwyden@ahsr.org.

AHSR Exploring New Website Services

It will come as no surprise that AHSR's website is experiencing a record number of "hits" in 1999. In April of this year, it received 366,470 hits, 13 times the 27,737 hits received in April 1998. The great majority of AHSR members (80 percent) have e-mail addresses and log onto the website regularly to explore a variety of AHSR programs and opportunities.

The AHSR Board of Directors is committed to improving AHSR's information services, and AHSR staff are exploring new website services that could be expanded or developed later this year and early next year. Among these are an expanded career center, a searchable on-line membership directory, on-line registration for all AHSR conferences and seminars, audio and video clips from Annual Meeting plenary sessions, and distance learning for teaching research methods.

■ **Expanded Career Center.** In response to strong member interest in AHSR's career center, staff is exploring the addition of resumes to the career pages of the website. More information about this change will be available in the Career Center and the AHSR Booth at this year's Annual Meeting. Staff expect to offer this service as of September 1, 1999.

■ **On-line Membership Directory.** AHSR often receives questions about researchers with expertise in specific areas. In addition to member affiliations and e-mail addresses, which are currently available on the *members only* page, AHSR is considering expanding the directory to enable members to search by research interest. AHSR is currently querying members to elicit suggestions regarding this effort.

■ **On-line Registration.** For the first time, AHSR is providing on-line registration for both the Annual Meeting in June and the Fall Seminars in Health Services Research Methods. Approximately 20 percent of registrants for the Annual Meeting registered on-line, and staff expect the percentage to increase substantially in the future.

■ **Audio and Video Clips.** Next year's Annual Meeting web page may include audio or video clips of selected plenary presentations. The keynote address or the AHSR president's address may be excerpted and added to the website.

■ **Distance Learning.** Interactive distance learning is a well known among universities and offers many advantages to busy students and researchers. AHSR staff are beginning to explore the possibility of piloting a distance learning program to make methods seminars more broadly available to researchers. AHSR plans to seek outside funding for this project to offset development costs.

AHSR welcomes member suggestions regarding these proposed new and expanded services. Please contact Naomi Adelman, Director of Information Services (nadelman@ahsr.org) with questions or comments.

Attention Website Advertisers!

Placing ads on the website is quick and easy. Simply go to the form on the website, www.ahsr.org, fill in the billing information, paste in the text of your ad and submit. Ads will appear on the website within 24 hours of receipt. Ads will be billed at \$0.75 per word for AHSR organizational members and \$1.00 per word for non-members. For more information contact Leah Hill, tel 202/223-2477, e-mail info@ahsr.org.

AHSR Website Receives International "Hits"

AHSR has been tracking the number of "hits" on its website since January 1998, by both topic and location. Of a total of just over two million hits over a 15-month period, 157,000 (7.8 percent) have been logged from 60 countries other than the U.S. The number of hits from the 10 countries that most often log onto the AHSR website are displayed below:

This information will be especially helpful to the AHSR board and staff as it begins to explore the association's outreach to the international health services research community based on AHSR member interest.

International Hits January 1998-March 1999*	
Country	No. Hits
<i>Canada</i>	29,405
<i>United Kingdom</i>	23,927
<i>Australia</i>	17,698
<i>Germany</i>	6,248
<i>Israel</i>	5,903
<i>Italy</i>	5,354
<i>Netherlands</i>	4,416
<i>France</i>	4,305
<i>New Zealand</i>	3,773
<i>Spain</i>	2,792

*Top 10 out of 60 countries.

Enhancing our Investment in Health Services Research & Quality

by U.S. Senator Bill Frist

During last year's Annual Meeting, I announced the introduction of my legislation to reauthorize, rename and strengthen the Agency for Health Care Policy and Research (AHCPR). I have reintroduced the legislation (S. 580) in the 106th Congress — with a number of revisions that further improve the bill.

Many of you shared with me concerns that renaming the agency as the "Agency for Healthcare Quality" seemed to threaten its traditional mission of health services research and diminish that role in favor of quality. That was never my intent and my bill would have retained the Agency's statutory health services research mission. However, that constructive criticism was helpful as I revised the legislation before introducing this year.

This year's bill, S. 580, reauthorizes AHCPR and revises the name to become the Agency for Healthcare Research and Quality (AHRQ). I believe this name accurately embraces the Agency's historical mission to support and advance health services research, while also allowing the Agency to coordinate all federal quality improvement efforts.

Notably, in this year's bill, I increased the funding level for the Agency and extended the length of time it will be authorized. The authorized funding level is substantially increased to \$250 million for fiscal year 2000 and such sums as necessary thereafter. Efforts to double biomedical research have received much notice. However, to ensure that our investment in biomedical research is rapidly translated into improvements in the quality of patient care, there must be a corresponding investment in research on the most effective clinical and organizational strategies for use of these findings in daily practice. Therefore, the increased authorization levels provide for a proportionate increase in health care research as the United States' investment in biomedical research increases.

In addition, the bill authorizes the Agency for 7 years, through 2006 — significantly longer than most public health reauthorizations, which are typically 3 to 5 years. A longer authorization period will allow the Agency, and its grant recipients, greater stability and enhance efforts to achieve increased appropriations.

The Agency's statutory mission is to enhance the quality, appropriateness, and effectiveness of health care services, and access to such services, through the establishment of a broad base of scientific research and through the promotion of improvements in clinical and health system practices, including the prevention of diseases and other health conditions. S. 580 codifies many of the Agency's current activities, such as providing statutory authority for the Center for Primary Care Research; enhances current authority, including expanding the priority populations for research activities to include children and those with special health care needs and making the Centers for Education and Research on Therapeutics demonstration program permanent; and requiring that the Agency coordinate all Federal government activities related to health services research, quality measurement and quality improvement activities.

S. 580 enjoys bipartisan support in the Senate and was included in S. 300 and S. 326, the Patients' Bill of Rights Acts. S. 326 was favorably reported out of the Senate Committee on Health, Education, Labor and Pensions on March 18, 1999. This action clears the legislation for consideration by the full Senate.

In April, Representative Bilirakis, who chairs the House Subcommittee on Health for the Commerce Committee, chaired a hearing regarding AHCPR reauthorization. Representative Bilirakis intends to introduce the companion legislation to S. 580.

With your assistance, I'm certain the 106th Congress will enact this legislation.



Senator Frist

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The Robert Wood Johnson Foundation Awardee Media and Policy Briefing

The Robert Wood Johnson Foundation Investigator Awards Program in Health Policy Research recently completed two media and policy briefings at the National Press Club for four investigator awardees.

Race and Health

The first briefing was held February 22-23, in observance of Black History Month and in honor of the recent publications by David B. Smith, Ph.D., author of *Health Care Divided: Race and Healing a Nation*, and Rodrick Wallace, Ph.D., author of *A Plague on Your Houses: How New York Was Burned Down and National Public Health Crumbled*.

Marsha Lillie Blanton, Ph.D., Vice President in Health Policy, Kaiser Family Foundation; Jack Geiger, M.D., Arthur C. Logan Professor of Community Medicine Emeritus, City University of New York; and Gerald Thomson, M.D., Senior Associate Dean, Columbia University, were also panelists at this media briefing. Both events were attended by past and current members of the civil rights community, as well as the health policy community interested in health inequalities.

At the briefing, Dr. Smith examined the decisive role that race plays in our health care system. Dr. Wallace discussed how “inner-city problems” are not being, and cannot be, contained if basic health, social and infrastructure services to denuded urban areas are not restored. He also recommends intense organizing at the

community level to cure the “psychosocial disaster.”

Employee Health Insurance

The second briefing was held on March 17 on “What Are The Fundamental Problems – And Possible Solutions – For Employer-Based Health Insurance?” Mark V. Pauly, Ph.D., author of *Health Benefits at Work: An Economic and Political Analysis of Employment-Based Health Insurance*, and Sherry Glied, Ph.D., author of *Chronic Condition: Why Health Reform Fails*, were the featured investigators. Lynn Etheredge was also an invited expert panelist.

The afternoon reception was cosponsored by the University of Michigan Press, which has launched a new series of publications called “Studies in Health Economics and Policy”, with Mark V. Pauly, Martin Gaynor and Jack Hadley as editors. The first of these new publications will be available through the University of Michigan Press later this summer.

Dr. Pauly discussed what has led to the misperceptions and confusion about employer-based health insurance and shared his views about how employers must look at health insurance as part of a compensation package for employees. “My big fear,” he noted, “is that we will see employers say that they can’t afford benefits or cut back even more on coverage or turn to overly restrictive plans.”

Dr. Glied presented data showing

declining rates of coverage by employer-sponsored health insurance for all groups, but particularly for minority workers, workers with lower income and educational levels and young and near-old workers. Both speakers proposed some possible policy solutions.

Medicare and the Evolving American Social Contract

At another National Press Club Forum on May 21st, some of the nation’s leading Medicare experts — including two Robert Wood Johnson Foundation Awardees — discussed the program’s future as part of the American social contract. Awardee Rosemary Stevens joined awardees Lawrence Jacobs, Marilyn Moon, Abigail Trafford and John Iglehart in a discussion of the relationship between American values and Medicare’s long-term future.

Copies of the *Health Care Divided*, *A Plague on Your Houses*, *Health Benefits at Work* and Stevens’ *American Medicine and the Public Interest* are available from the association’s website at www.ahsr.org/rwjf/orderform.htm. The video on Medicare and the Social Contract is available from C-SPAN archives at 1-800-CSPAN98.

AHSR is the national program office for The Robert Wood Johnson Foundation Investigator Awards in Health Policy Research. For information about this program, please check our website at www.ahsr.org/rwjf.

NIH Hosts Conference on Socioeconomic Status and Health in Industrial Nations

A scientific conference examining the impact of social and economic inequality on health, “Socioeconomic Status and Health in Industrial Nations: Social, Psychological and Biological Pathways,” sponsored by the New York Academy of Sciences, the John D. and Catherine T. MacArthur Foundation and The Robert Wood Johnson Foundation was held at the National Institutes of Health on May 11-12.

Highlights of the conference included presentations about 1) what is known and needs to be known about the impact of socioeconomic status on health; 2) an epidemiological view comparing determinants of health within

countries and between countries; 3) evidence about the biological embedding of early childhood experience on health across the lifespan; and 4) discussion of the social environment.

RWJF awardee Ichiro Kawachi, Ph.D., Harvard School of Public Health, presented data about income inequality, social capital and health. RWJF awardee David Williams, Ph.D., University of Michigan, discussed his findings on socioeconomic status and the added effects of racism and discrimination on health. Alvin Tarlov, M.D., national program director of the RWJF Awards program, offered a public policy framework for improving health in the United States.

AHSR Honors Outstanding Contributions to the Field

Each year at the AHSR Annual Meeting, AHSR presents achievement awards to individuals who have made significant contributions to the field of health services research.

Distinguished Investigator Award

Harold S. Luft

Winner of the 1999 AHSR Distinguished Investigator Award for outstanding achievement and contributions to the field of health services research is Harold S. Luft, Ph.D., a current board member of AHSR. Dr. Luft is Caldwell B. Esselstyn Professor of Health Policy and Health Economics and Director of the Institute for Health Policy Studies at the University of California, San Francisco.

Dr. Luft received his undergraduate and graduate training at Harvard University, majoring in economics with a specialization in health economics. Prior to coming to the University of California, San Francisco, in 1978, Dr. Luft was Assistant Professor in the Health Services Research Program at Stanford University. He is a member of the Institute of Medicine of the National Academy of Sciences and served six years on the IOM Council. He currently chairs AHCPR's National Advisory Council. He has also served as a consultant to the Health Care Financing Administration, the National Institute of Mental Health, the U.S. Committee on Civil Rights and the U.S. General Accounting Office.

Dr. Luft's research has covered a wide range of areas, including medical care utilization, health maintenance organizations, hospital market competition, quality and outcomes of hospital care, risk assessment and risk adjustment and health care market reforms. In addition to numerous articles in scientific journals, he has authored *Poverty and Health: Economic Causes and Consequences of Health Problems* (Ballinger, 1978); *Health Maintenance Organizations: Dimensions of Performance* (Wiley-Interscience, 1981; Transaction Books, 1988); *Hospital Volume, Physician Volume, and Patient Outcomes: Assessing the Evidence* (Health Administration Press, 1990); and *HMOs and the Elderly* (Health Administration Press, 1994).



Harold S. Luft, Ph.D.

Alice S. Hersh Young Investigator Award

The Alice S. Hersh Young Investigator Award, named in honor of AHSR's first CEO, honors Alice's dedication to training and professional development opportunities for researchers early in their careers. Two leading health services researchers have been tapped to receive this year's Award.

Michael Chernew

Dr. Chernew is Assistant Professor at the University of Michigan in the departments of Health Management and Policy, and Internal Medicine and Economics. He received a Ph.D. in economics from Stanford University, where his training focused on areas of applied microeconomics and econometrics. One major area of Dr. Chernew's research focuses on assessing the impact of managed care on the health care marketplace, utilization of medical services and health care cost growth. Another examines the determinants of health plan choice, with an emphasis on the role of quality in influencing plan choice. He has also worked extensively in the area of cost-effectiveness analysis. In 1998, he was awarded the John D. Thompson Prize for young investigators by the Association of University Programs in Public Health. This award recognizes overall contributions to the field of health services research. He is on the editorial boards of *Health Services Research*, *Medical Care Research and Review*, and *The American Journal of Managed Care*.



Michael Chernew, Ph.D.

Kevin Schulman

Kevin Schulman, M.D., M.B.A., is an Associate Professor of Medicine and Director of the Clinical Economics Research Unit at the Georgetown University School of Medicine and Fellowship Director for the Institute for Health Care Research and Policy. Dr. Schulman is a graduate of the New York University School of Medicine and completed his M.B.A. at the Wharton School prior to his residency training in internal medicine at the Hospital of the University of Pennsylvania. After his residency, he served as an Instructor of Medicine in the Department of Medicine, University of Pennsylvania School of Medicine. He joined the faculty at Georgetown University in 1992 as an Assistant Professor of Medicine and was promoted to Associate Professor of Medicine (tenured) in 1997.

Dr. Schulman's research focuses on economic evaluation of new medical technologies, access to care and clinical decisionmaking. His writings on these topics include articles in peer-reviewed



Kevin Schulman, M.D., M.B.A.

publications, book chapters and editorials. He serves on the editorial boards of several major journals including *Health Services Research*. He is the past recipient of trainee research awards from the Society for General Internal Medicine and the Society for Medical Decision Making and received the Henry Christian Memorial Award from the American Federation for Clinical Research. Dr. Schulman serves as an attending physician in general internal medicine.

Article-of-the-Year Award

The AHSR Article-of-the-Year Award recognizes the best scientific work the field has produced during the last calendar year. This year the selection committee felt two articles, both published in the journal, *Health Services Research*, were worthy of this honor. The 1999 AHSR awardees are “Single Women and the Dynamics of Medicaid,” by Pamela Farley Short, Ph.D., and Vicki A. Freedman, Ph.D., *HSR*, December 1998, pp. 1309-1336; and “Medicaid-Dependent Hospitals and Their Patients: How Have They Fared?” by David Dranove, Ph.D., and William D. White, Ph.D., *HSR*, June 1998, pp. 163-186.



David Dranove, Ph.D.

David Dranove

David Dranove, Ph.D., is the Richard Paget Distinguished Professor of Management and Strategy and Chair of the Department of Management and Strategy at Northwestern University’s Kellogg Graduate School of Management. He is also Professor of Health Services Management. He has a Ph.D. in Business Economics from Stanford University. Professor Dranove’s research and teaching focus on problems in industrial organization and business strategy with an emphasis on the health care industry. He has published over 50 research papers and monographs, has contributed to six books and is co-author of the textbook *The Economics of Strategy*. In recognition of his contributions to health services research, in 1993, AUPHA awarded him the John Thompson prize. He has also received the 1993 and 1996 Marriott Corporation Health Care Services Faculty Publication of the Year Award and the 1998 National Institute for Health Care Management Research Award.



William D. White, Ph.D.

William D. White

William D. White, Ph.D., is Associate Professor of Public Health and Head of the Health Management Program in the Department of Epidemiology and Public Health at the Yale University School of Medicine. He received his B.A. from Haverford College and his Ph.D. from Harvard University. His primary area of interest is health economics. The central focus of his research has been on the question of how competition is working in health care markets. His research includes analysis of the impact of managed care on hospital and physician markets and on patterns of growth in managed care. Other research interests include the design of reimbursement schemes, professional regulation and policy issues in health care reform and antitrust. He is a member of the editorial board of the *Journal of Health Politics, Policy and Law*.



Pamela Farley Short, Ph.D.

Pamela Farley Short

Pamela Farley Short, Ph.D., is a Professor of Health Policy and Administration and Director of the Center for Health Policy Research at Pennsylvania State University. Dr. Short is one of the principal investigators in the Consumer Assessment of Health Plans Study (CAHPS). Before joining the faculty of Penn State, Dr. Short was a Senior Economist in the Washington office of RAND. She was the Director of RAND’s Center for the Study of Employee Health Benefits. Dr. Short was also a senior manager in AHCPR’s intramural research program, where she helped to direct the design and analysis of the 1987 National Medical Expenditure Survey. Dr. Short has worked in the White House for the Council of Economic Advisers as the Senior Staff Economist for health care issues; on President Clinton’s Task Force on Health Care Reform; and with the Bush Administration on the design of its reform proposals. She obtained her Ph.D. in economics from Yale University in 1984.

Vicki A. Freedman

Vicki A. Freedman, Ph.D., is an Associate Social Scientist at RAND. Her research mainly focuses on the consequences of the aging population for public policy in the U.S., with an emphasis on disability and long-term care issues. Dr. Freedman was recently awarded a First Independent Research Support and Transition Award from the National Institute on Aging (NIH) to study health and care trajectories of older disabled Americans. She has also been awarded a small grant from NIA to investigate explanations for recent trends in disability among older Americans. She is currently Co-Principal Investigator on a three-year study funded by AHCPR to examine socioeconomic differences in health care utilization by Medicare managed care enrollees. In other work at RAND, Freedman has collaborated on studies of the dynamics of Medicaid for single women and the substitution of Medicaid for private insurance.



Vicki A. Freedman, Ph.D.

New Student Opportunities at AHSR Annual Meeting!

AHSR is re-evaluating its student member services, and we are pleased to announce that some new activities and discounts for students will be in place at this year's Annual Meeting. Also, we are delighted that beginning with the 2000 AHSR Annual Meeting AHSR has sought funding to partially subsidize student registrations. Next year's student member rate (early registration) will not exceed \$200, compared with the 1999 rate of \$235.

Please note that for the first time, we are designating "student" tables for the luncheon plenary on Monday, June 28, to provide students an additional opportunity to meet and network with other students. Also, we have identified the Congress Plaza Hotel, located a block from the Chicago Hilton, as an alternative hotel with somewhat lower rates than the Hilton.

Activities of special interest to students are listed below:

■ **Student and New Member Reception:** Meet AHSR board members and other students.
Sunday, June 27, 6:00 –7:00 p.m., Normandie Lounge

■ **Meet-the-Expert Sessions:** Meet leaders in the field of health services research in small group settings.
Monday, June 27, and Tuesday, June 28

■ **Pre- and Post-Doctoral Poster Program:** Students who will be presenting in the Pre- and Post-Doctoral Poster Program have been invited to participate in both Poster Sessions A and B to provide maximum exposure to their research. The pre- and post-doctoral poster award will be presented Monday during the luncheon plenary. From abstracts submitted to the call for pre- and post-doctoral abstracts, four have been selected for panel presentations at the meeting.
Sunday, June 27, 12:45-2:15 p.m. and Monday, June 28, 6-7:30 p.m., Exhibit Hall

■ **Reserved Student Seating:** Meet and network with other students at tables especially reserved for students.
Monday, June 28, 1:00-2:30 p.m., International Ballroom

■ **Career Center:** During Exhibit Hall hours, visit the AHSR Career Center to search for job opportunities and fellowship programs.

■ **Lower Hotel Rates:** Next year AHSR will again attempt to reserve a small block of rooms at a nearby hotel for participants wishing to have more modest alternative accommodations.

Research Presentations Are Centerpiece of Annual Meeting

The 1999 Annual Meeting will feature 19 call for papers sessions that include 62 paper presentations selected from the call for abstracts selection process. The number of presentations represents a 10 percent acceptance rate for abstracts submitted to the 10 themes. In addition, the Annual Meeting will include nine panels selected from 32 proposals. The acceptance rate for panels was 28 percent, or more than double the number accepted last year.

AHSR is committed to providing an opportunity for members to present cutting-edge research at the meeting, while maintaining a fair, but selective, peer review process that ensures high quality research presentations. The list of abstract reviewers, identified by theme, can be found in the Annual Meeting Agenda Book. There will be 15 invited papers sessions at the 1999 meeting. Invited papers topics and chairs were identified by the 1999 planning committee. The chairs were responsible for organizing the sessions and inviting the presenters.

Suggestions of Topics for the AHSR 2000 Annual Meeting

Plans for the June 25-27, 2000, Annual Meeting, to be held in Los Angeles, begin immediately following the 1999 Annual Meeting. Evaluation results are compiled and analyzed. The planning process begins in August, and the program is developed during the fall, based on evaluations and comments from the prior Annual Meeting and input received during the summer. If you have any ideas or suggestions to be considered by the 2000 Annual Meeting planning committee, send them in writing to: Arnold Epstein, M.D., Chair of the AHSR 2000 Annual Meeting, AHSR, 1130 Connecticut Avenue, N.W., Suite 700, Washington, DC 20036.

Research Highlights from Recent Issues of *HSR*

From the April 1999 issue of *Health Services Research*, the editorial team has selected two outstanding articles to be featured in this issue of *HSR Reports*. In the first of these two articles, "Analysis of the Rationale for, and Consequences of, Nonprofit and For-Profit Ownership Conversions," author Tami L. Mark seeks to examine precursors to private hospitals' conversion, both from nonprofit status to for-profit status and from for-profit to nonprofit status, as well as the effect of hospital conversions on hospital profitability, efficiency, staffing and the probability of closure. She concludes that the improvement in financial performance following hospital conversions may be a benefit to the community that policymakers want to consider when regulating hospital conversions.

Lead author Tami L. Mark, Ph.D., M.B.A., is Senior Research Economist at The MED-STAT Group. She believes the *HSR* paper shows that poor financial performance is strongly associated with the decision to convert ownership type, particularly in the case of private non-profit to for-profit conversions. After conversions, hospitals show a significant improvement in financial health. Improved financial health may allow hospitals to make needed capital investments in new equipment and services. Of course, these potential benefits need to be viewed in light of the specific circumstances facing each community and the particular terms of each conversion. Other important considerations may include the size and nature of the charity that might be created from the conversion, possible effects on staffing and

the level of community control retained following the conversion.

In the second article selected, "Access and Use of Medications in HIV Disease," authors Scott R. Smith and Duane M. Kirking seek to examine whether measures of access to medical care are associated with outpatient use of antiretroviral and pneumocystis carinii pneumonia (PCP) medications among a cohort of individuals with HIV disease. They conclude that sociodemographic differences exist in access and use of prescription drugs within the ACSUS cohort. The results suggest that women and those ages 15 to 24 years have poor access to some medications that improve survival in HIV disease.

Scott R. Smith, R.Ph., M.S.P.H., Ph.D., lead author, Assistant Professor, University of North Carolina School of Pharmacy, Investigator with the UNC-AIDS Clinical Trials Unit, and research fellow at Sheps Center for Health Services Research, believes that the issue of access to medications is increasingly important in the current era of highly active antiretroviral therapy. The interrelated factors of access and adherence to medication therapy are the key components to enabling individuals with HIV disease to live longer and suffer fewer complications. In addition to medical need, the findings from this study indicate that other factors are important determinants of whether individuals with HIV obtain and use life-saving medications. The results point to a need to reduce barriers to accessing medications for individuals with HIV disease, particularly women and youth.

Call for Papers on Instrumental Variable Analysis

The *HSR* Journal is seeking papers for a special issue that will concentrate on the application of the methods of instrumental variables to health services research. The Journal is especially interested in papers dealing with outcomes, although there also is interest in papers on costs, use and access. Joe NewHouse and Mark McClellan are the co-editors of this special issue, which is being supported by the Agency for Health Care Policy and Research (AHCPR).

The deadline for manuscript submission is **December 31, 1999**. For detailed information about the Call for Papers, please refer to the Career Center page on the AHSR website (www.ahsr.org).

HSR Journal Supplement for 1999 AHSR Annual Meeting

The deadline for papers for the special supplement of *Health Services Research*, to highlight selected papers presented at the AHSR 16th Annual Meeting is **August 1, 1999**. The Robert Wood Johnson Foundation has generously agreed to support the *Papers & Proceedings* for the 1998-2000 annual meetings. The supplement to *HSR* will likely be published in April 2000 and will again be dedicated to the memory of Alice S. Hersh, AHSR's founding CEO.

Any conference faculty member who is presenting a paper in the following types of sessions is eligible to submit the paper to the journal for consideration for the special supplement. The session types are Call for Papers Sessions, Invited Paper Sessions, Policy Roundtables and Methods Sessions.

All manuscripts submitted for review should include a brief structured abstract containing relevant information following *HSR*'s current format. Special review forms have been developed to evaluate the papers submitted from Policy Roundtables and Methods Sessions.

Submission forms, including the journal's "Instructions to Authors," will be available at the faculty registration line at the Annual Meeting. The form and instructions will also be on the AHSR website (www.ahsr.org) following the Annual Meeting.



The 1998 Annual Meeting supplement was published in April 1999.

IPRO

This year marks the 15th year of continuous operation for IPRO, a New York State-based, independent, not-for-profit health care peer review organization. From its origins in the Professional Standards Review Organization programs of the 1970s, IPRO is currently one of the largest and most experienced health care quality assessment and improvement companies in the U.S.

IPRO serves as the Medicare Peer Review Organization for New York State, and holds Medicaid oversight contracts with New York, Maine, Rhode Island and New Mexico. For the past two years, IPRO has been the sole contractor authorized by the Health Care Financing Administration (HCFA) to audit the Health Plan Employer Data and Information Set (HEDIS) quality performance information that managed care organizations across the nation must produce in order to participate in Medicare. It also provides services to clients in the private sector, including commercial insurers, unions, Fortune 500 companies, leading managed care organizations and business service/accounting firms.

Organization and Mission

IPRO has the organizational strength to participate in all areas of health care quality measurement and improvement. Its resources include:

- leadership provided by a Board of Directors made up of clinicians, managed care professionals, business leaders and consumers;
- technical expertise, including health care review, medical record review and abstraction, claims analysis, data management and reporting, study development, auditing and environment of care review; with a staff of nearly 250, IPRO employs physicians, nurses, physician-epidemiologists, clinical coordinators, data analysts, biostatisticians, medical records analysts and systems analysts and programmers;
- a review network of 1,000 Board-certified physicians, with representation from all medical specialties and sub-specialties (all reviews are specialty-matched); and
- state-of-the-art information systems to run contract-related application software, as well as a comprehensive office automation platform with strong networking and communication capabilities.

In addition to its core activities for the Medicare and Medicaid programs, IPRO conducts reviews of appeals of coverage decisions made by managed care organizations in Connecticut, New Jersey and Maryland. It is li-

censed by the National Committee for Quality Assurance to conduct audits of HEDIS data for states, businesses, health plans and others. With grant funding from the New York State Department of Health and the state legislature, IPRO is a co-sponsor with the New York Business Group on Health of the New York State Health Accountability Foundation, a not-for-profit corporation developing quality measurement strategies for leading New York businesses.

As IPRO has grown and expanded its business portfolio, it has maintained a consistent sense of its mission as an organization: IPRO is an independent not-for-profit corporation committed to assessing and improving the value of health care services received by consumers through the use of innovative methods and technologies. Throughout its history, IPRO has excelled at building partnerships with organizations seeking technically proficient, cost-effective evaluation of care and improved health outcomes.

Activities

Activities with its two largest partnerships, the New York State Departments of Health and Social Services and HCFA, are described below.

Medicare Peer Review Organization (PRO) for New York State.

In November 1989, after a competitive bidding process, IPRO was selected by HCFA to be the PRO for New York State. IPRO has had this contract renewed non-competitively based on excellence of performance through three three-year Scope of Work cycles, most recently in 1999. The last Medicare contract cycle has focused on Health Care Quality Improvement Program (HCQIP) activities and cooperative projects, designed to improve the quality of services received by consumers. IPRO's project on cardiac catheterization practices (see below) is illustrative both of its approach to quality improvement and its ability to achieve quantifiable results.

IPRO is responsible for conducting all Medicare reviews in New York State hospitals, including psychiatric centers. This includes monitoring services provided to beneficiaries enrolled in managed care organizations by addressing appropriateness of treatment, potential for underutilization of services, accessibility of services, potential for premature discharge and appropriateness of setting.

Utilization Review and Quality Assurance Agent for New York State.

As the Agent for New York State, IPRO is responsible for the oversight of 120,000 annual inpatient and ambulatory surgery Medicaid ad-

IPRO is an independent, not-for-profit corporation committed to assessing and improving the value of health care through the use of innovative methods and technologies.



Theodore O. Will, M.P.A.
Executive Vice President
IPRO

Mathematica Policy Research

Mathematica Policy Research is known nationwide for innovative research, surveys and analysis. The company was founded in 1968 to test one of the first programs providing work incentives for welfare recipients. Since then, it has played a leading role in major studies of existing and proposed social policies and programs in health care, welfare, education, nutrition, early childhood and other areas. Today, in its work for state and Federal governments, foundations, universities and the private sector, Mathematica continues to demonstrate a keen understanding of policy issues ranging from prenatal health care to education for disadvantaged youth to retirement security.

The company's mission is to improve public well-being by bringing the highest standards of quality, objectivity and excellence to bear on the provision of information collection and analysis to its clients. The core values that guide its work are uncompromising objectivity and quality, integrity in interactions with clients and employees and a supportive and collegial working environment. Its workforce of over 300 social scientists, computer systems professionals, support staff and administrators is committed to providing the policymaking community with the information upon which better social welfare programs are built.

Mathematica is headquartered in the Princeton, NJ, area and has offices in Washington, DC, and Cambridge, MA. It maintains survey operations centers in its New Jersey location and in Columbia, MD.

The Research Division: Helping to Assess Change

Mathematica's Research Division is known for its state-of-the-art policy studies. The division, located in the Princeton, Washington and Cambridge offices, designs program demonstrations, evaluates program effectiveness and prepares policy analyses. The projects range from national studies lasting nearly a decade to quick-turnaround projects providing rapid answers to pressing policy questions.

The division is well known for using existing data to address policy concerns. It specializes in econometric and statistical analyses of impacts, benefits and costs, quality and value of output. To predict the effects of proposed changes, it uses sophisticated microsimulation techniques to answer "what if" questions. To clarify how programs are implemented and operated, it draws on process analysis and case studies. It also provides technical assistance as well as programming and systems support.

The Research Division's workforce includes nationally recognized experts on health policy and research designs, including demographers,

economists, social psychologists, sociologists, statisticians and systems analysts.

The Surveys and Information Services Division: Meeting the Demand for Information

The Surveys and Information Services Division specializes in survey and sample design, data collection, information processing and analysis. The division, which develops and conducts policy-relevant health care surveys of general populations, special populations, patients and providers, is located in the Princeton and Washington offices. Its staff includes many nationally recognized experts in survey, questionnaire and sample design, including statisticians, survey methodologists and survey researchers.


One of Mathematica's largest surveys to date involves interviewing approximately 33,000 families every two years as part of the Community Tracking Study. Designed with the firm's research partner, Health System Change (funded by The Robert Wood Johnson Foundation), the study is tracking changes in 60 communities throughout the nation and helping to understand their effects on people's lives.

Health Services Research: A Sound Foundation for Decisions

Mathematica's studies provide policy makers with a sound foundation for making decisions about the nation's most pressing health policy issues, including:

Managed care and the changing system. The firm is conducting in-depth case studies of markets in transition and summarizing implications for policy, payment systems, providers and health plans. It is also looking at how change affects consumers and tracking the effects of change on access to health care, health care costs and perceived quality of care. Mathematica's research is helping to frame pressing policy concerns about those most vulnerable to change: the frail elderly, low-income women and children and people with disabilities.

Medicaid reform. Mathematica is measuring and monitoring access and quality, studying payment systems and interpreting the impact of Medicaid reform on beneficiaries, health plans, providers and purchasers. It is also helping states design and set up Medicaid managed care programs, looking at how welfare reform affects Medicaid enrollment and expenditures, and working with state and federal officials to design, develop, and evaluate CHIP programs. This work includes assessing the number of uninsured children, their family situation and how many are eligible for CHIP and Medicaid, as well as identifying factors that lead to suc-

 *athematica's mission is to improve public well-being by bringing the highest standards of quality, objectivity and excellence to bear on the provision of information collection and analysis to its clients.*



Charles E. Metcalf, Ph.D.
President and CEO
Mathematica

■ ACHE Facilitating Members' Research

Members of the American College of Healthcare Executives (ACHE) including faculty associates, student associates and practitioners have an enhanced opportunity to get the information they need efficiently and economically. Through its partnership in the National Information Center for Health Services Administration (NICHSA), ACHE members obtain free access to the American Hospital Association's Resource Center, the world's largest repository of books and journals in healthcare management. Members also get discounts on loans of books, photocopies of materials in the collection and professional research services conducted by expert librarians, as well as an information alerting service that sends e-mail notices about new titles that are of interest to members.

Other partners in this collaboration are the American College of Physician Executives, the American Health Information Management Association and the American Hospital Association. For more information about NICHSA's fees and services, visit ACHE's website at www.ache.org or the NICHSA website at www.nichsa.org or contact Peter Weil, Ph.D., FACHE Vice President, Research and Development at tel 312/424-9440.

■ Center for Health Care Quality Established at University of Missouri

As consumers of health care and their elected representatives struggle with the demands of the rapidly changing health care landscape, reliable information is crucial. The University of Missouri-Columbia School of Medicine has established the Center for Health Care Quality, under the direction of Andrew Balas, M.D., Ph.D., to meet this need. The center has two primary goals – to produce evidence-based recommendations to policymakers and provide the latest scientific information to consumers.

The Center's goal of transferring health services research results to consumers will help people to make informed decisions that can ultimately lead to better care. By informing both policy and consumer sides, the Center will help ensure affordable choice, solid health care value and better outcomes.

■ IPRO Projects Included in Recent Report

Over thirty projects conducted by Island Peer Review Organization (IPRO) to improve the quality of health care delivered to Medicare beneficiaries have been included in a new report released by the American Health Quality Association (AHQA). The report, entitled, "A Pillar of Quality: The Medicare Peer Review Organization/Quality Improvement Program," describes the impact of 498 projects nationwide in increasing access to care, reducing mortality

and frequently leading to reduced costs. As the Medicare Quality Improvement Organization (QIO) for New York State, IPRO has organized and led successful projects in such areas as prevention of pressure ulcers in hospitals, congestive heart failure patient education and diagnosis and treatment of community-acquired pneumonia. AHQA, the trade association for the nation's QIOs, is distributing its report throughout its website at www.ahqa.org.

■ Kerr L. White Institute Announces Upcoming Conference

The Kerr L. White Institute for Health Services Research (KLWI) announces an upcoming conference entitled *Off-Label Use of Pharmaceuticals - Issues and Challenges* that will be held on September 23-24, 1999, at the National Academy of Sciences in Washington, DC.

The purpose of this conference is to set a research and policy agenda on the important and complex subject of off-label use of pharmaceuticals. Specifically, this conference will explore the policy and research implications of the Food and Drug Administration's recent regulatory changes pertaining to the dissemination of information on off-label uses for marketed drugs.

For further information, please contact Joan Borchardt at KLWI, tel 404/778-7872, fax 404/778-5995, e-mail jborchardt@klwi.org or visit KLWI's website at www.klwi.org.

■ MayaTech Researchers Support CSAT Study

Researchers at The MayaTech Corporation have designed and are now analyzing the results of an important new study that is looking at the issue of substance abuse among college students — specifically among freshman students at the nation's Historically Black Colleges and Universities (HBCUs).

Under a contract with the Center for Substance Abuse Treatment (CSAT), MayaTech provided technical assistance to the National HBCU Substance Abuse Consortium in developing the survey instrument and methodology. The HBCU Consortium coordinated the actual field work at 21 HBCU campuses throughout the nation.

MayaTech is currently conducting the initial data analysis, which is focusing on 66 key variables. For further information, please contact Dr. Kimberly Jeffries Leonard, The MayaTech Corporation, 8737 Colesville Road, Silver Spring, MD 20910-3921; tel 301/587-1600; e-mail busdev@mayatech.com; or check out MayaTech's website at www.mayatech.com.

■ NIHCM Now Accepting Applications for Research Award

The National Institute for Health Care Management (NIHCM) is accepting applications for its Sixth Annual Health Care Research

Award recognizing outstanding work in health policy and management. The award will focus on excellence in original and creative research in the areas of managed care best practices and implementation of health care policy. The award includes a \$5,000 prize to the winning entry in each of two categories: general health care and maternal and child health care. All submitted entries should have appeared in a peer-reviewed journal or similar quality publication between September 1, 1998, and August 31, 1999.

All applications must be received by **September 30, 1999**. Please submit entries to the National Institute for Health Care Management, 1225 19th Street, N.W., Suite 710, Washington, DC, 20036. Entries are limited to two articles per author or joint authors, and should be accompanied by a \$10 entry fee, two (8 1/2 x 11) copies of the article(s), a brief biography of the author(s) and a 100-word or less description of the relevance of the research to the health care industry or the implementation of health care policy.

For an entry form, please visit the NIHCM website at www.NIHCM.org, or call 202/296-4426.

■ PAHO Division of Health Systems and Services Development Changes Focus

In the last several years, the Division of Health Systems and Services Development of the Pan American Health Organization (PAHO) has focused its technical cooperation in the Region of Latin America and the Caribbean on supporting the processes of health sector reform in member countries. Emphasis has been on developing tools that help ministries of health monitor the impact of these reforms, in particular in regard to equity in access to services and in the distribution of quality of care. With these activities in mind, the Division is reorienting its technical cooperation in the area of research in health systems and services.

The objective is to strengthen the quantity and quality of research in the Region linked to health sector reform analysis, and to facilitate the utilization of research results in policy-making. Forums will be facilitated in which research agendas can be negotiated, and the relevance of research results can be discussed among researchers, policymakers, funders and international agencies.

The division welcomes information on similar initiatives as well as proposals for inter-institutional collaboration. News on PAHO's activities, as well as ongoing research in the area of health sector reform analysis, will be available on its websites, www.paho.org/english/techinfo or www.americas.health-sector-reform.org/english/sinar.

For further information, contact Patricia Pittman, Division of Health Systems and Ser-

vices, Pan American Health Organization, 525 23rd St., N.W., Washington, DC; tel 202/974-3591; e-mail pittman@paho.org.

■ Pennsylvania State University Holds HSR at Penn State Day

John Eisenberg, M.D., M.B.A., Administrator of the Agency for Health Care Policy and Research of the U.S. Department of Health and Human Services, presented the second annual Stanley P. Mayers, Jr., Lecture on April 26. The lecture was held in conjunction with the second annual Health Services Research at Penn State Day, sponsored by the Department of Health Policy and Administration at Penn State and the Department of Health Evaluation Sciences in the College of Medicine. The lecture, "What is the Effect of Effectiveness Research? What are the Outcomes of Outcomes Research? What is the Evidence for Evidence Based Medicine?," focused on the role of health services research in the delivery of patient care and how well quality indicators of health plans measure the level of care provided to patients.

As part of ongoing efforts to promote collaborative health services research throughout The Pennsylvania State University, Health Services Research at Penn State Day provides a forum for health services researchers throughout Penn State and the Penn State Geisinger Health System to share current and developing research projects, present posters and develop or enhance collaborations through presentations on current collaborative research, roundtable discussions and a poster session.

■ Recent Announcements from the Muskie School of Public Service

The Edmund S. Muskie School of Public Service of the University of Southern Maine is pleased to announce the following:

Elizabeth Kilbreth is a co-investigator in the evaluation of the Making the Grade demonstration project, a Robert Wood Johnson Foundation initiative to promote the development of school-based health clinics.

The Muskie School has been selected as one of eight national sites to participate in a study of the effectiveness of consumer operated (self-help) mental health services. The four-year, \$2 million research project directed by Ruth Ralph and David Lambert is funded by the Substance Abuse and Mental Health Services Administration.

Leslie Nicoll and Paul Saucier are participating in a three-year Robert Wood Johnson End of Life grant awarded to the Maine Hospice Council. Muskie's role in the \$621,000 grant will be to work collaboratively with the Maine Consortium for Palliative Care and Hospice in its efforts to respond to a legislative directive to address issues of access, accountability and legislation that could improve care at the end of life.

■ **United Hospital Fund Launches New Initiative**

The United Hospital Fund has launched a multi-year initiative to improve the quality of managed long-term care for Medicaid home care patients. The new initiative seeks to improve care for frail, disabled and chronically ill patients who are cared for by paid caregivers compensated through the current Medicaid system. The Fund recently awarded a \$220,000 grant over two years to four New York City agencies that are members of the Managed Long Term Care Quality Consortium: Beth Abraham Health System, Independence Care System, Metropolitan Jewish Health System and the Visiting Nurse Service of New York. The agencies will use the funding to examine ways to provide coordinated, comprehensive care for this population. This grant from the Fund complements significant support from The Robert Wood Johnson Foundation.

■ **United Hospital Fund Announces July Conference**

On July 13, 1999, the United Hospital Fund will present its annual *Medicaid Managed Care Conference* at The Grand Hyatt Hotel in New York City. This all-day conference for health policymakers, administrators, providers, researchers, managed care plan representatives and others will examine issues critical to the redesign of the Medicaid program, including recent efforts to control expenditures, redefine eligibility requirements and promote better care management.

The keynote speaker will be Diane Rowland, Executive Director of the Kaiser Commission on the Future of Medicaid and the Uninsured, who will provide a national perspective and examine state experiences advancing Medicaid managed care.

The focus then will shift to New York, with a data-driven presentation on changes in Medicaid and Child Health Plus enrollment, and a discussion of the implications for plans, providers and patients. Other issues to be addressed by a distinguished faculty include declining Medicaid enrollments, the growing

number of the uninsured and the challenges confronting providers as the system moves toward a managed care model. For more information, call conference coordinator, Brenda Lamb at tel 212/494-0761.

■ **University of Washington's Edward Perrin Retires**

Edward B. Perrin, Ph.D., retired in December 1998 after 35 years of meritorious service at the University of Washington. In 1962, Dr. Perrin began his career at the University as an Assistant Professor in the Division of Biostatistics which at that time was in the School of Medicine. When the School of Public Health and Community Medicine was established in 1970, Dr. Perrin was appointed the first Chair of the department of biostatistics.

A substantive seminar highlighting Dr. Perrin's contributions to the field of public health was held in January 1999. Several people spoke in his honor including: Kathleen N. Lohr, Ph.D., Director of Health Services and Policy Research, Research Triangle Institute; Robert Day, M.D., Ph.D., M.P.H., former Dean of the School of Public Health and Community Medicine; and Michael Zubkoff, M.D., Professor of Community and Family Medicine, Dartmouth Medical School presented Dr. Perrin with a plaque for his contributions to the steering committee for the Medical Outcomes Study. Dr. Perrin was named Professor Emeritus of Health Services, University of Washington in January 1999.

■ **UW School of Nursing Appoints New Associate Dean**

Dr. Pamela Mitchell has been appointed Associate Dean for Research at the University of Washington School of Nursing. A member of the faculty since 1969, Mitchell is also Professor of Biobehavioral Nursing and Health Systems and the Elizabeth S. Soule Distinguished Professor of Health Promotion. She was named Acting Associate Dean last year, when her predecessor, Dr. Nancy F. Woods, was appointed Dean.

VA's ERICs Offer Summer Courses

VA's Epidemiologic Research and Information Centers (ERICs) are inaugurating the VA Summer Epidemiology Session to provide state-of-the-art epidemiology education to VA administrators, clinicians and researchers. Seven courses will be offered from Monday through Friday, June 21-25, 1999, on the University of Washington Campus, Seattle, WA. Additional information is available from the Seattle Epidemiology Research and Information Center (SERIC) website at www.washington.edu/uwired/outreach/seattle_eric/training/mini_courses.html.

VA HSR&D also has scheduled its 18th Annual Meeting The VA Health Services Research and Development Service's Eighteenth Annual Meeting will be held in Washington, DC, on March 22-24, 2000.

National Library of Medicine Initiatives

There are several new initiatives currently under way at the National Library of Medicine (NLM).

■ HSR Search

The National Library of Medicine is pleased to announce HSR Search, a search interface designed to give users who are looking for health services research information a single access point to the several databases with HSR-specific information that NLM offers. This new feature is accessible from the National Information Center on Health Services Research and Health Care Technology (NICHSR) website at www.nlm.nih.gov/nichsr/nichsr.html.

HSR Search allows users to enter one or more terms that are then ANDed together for them. HSR Search runs a query against the following NLM databases: HealthSTAR, HSRProj, DIRLINE, HSTAT and a prototype HSR Tools database. Users may select all or some of these when sending a query.

It is expected that in the future, HSR Search will be replaced by an NLM gateway that is currently being developed by staff of the Library. This gateway, which will be a much more sophisticated state-

of-the-art access mechanism, will provide access to NLM's databases beyond the HSR suite.

■ LOCATORplus

In April 1999, NLM unveiled the Library's new web-based catalog called LOCATORplus. LOCATORplus allows anyone with Internet access to find out what books, journals, audiovisuals, manuscripts and other items are contained in the NLM collections. LOCATORplus is found at www.nlm.nih.gov/locatorplus/. LOCATORplus also includes a health services research screen with links to HealthSTAR, HSRProj, HSTAT and the NICHSR home page. To reach this screen, click on the Search Other Resources button on the LOCATORplus home page, and then click on the Health Services Research button at the top of the screen.

■ Invitational Workshop

In the Fall of 1999, NLM and AHCPR are sponsoring an invited workshop involving interested parties from institutions with research training grants from either or both agencies and other relevant experts. The goal of the workshop

is to explore opportunities for productive educational and research collaboration among training programs in medical informatics, health services research and public health and between these training programs and the health care delivery system. Desirable long-term outcomes of such collaboration include:

- clinical information systems that are useful as sources of data for health services research and public health;
- investigators who are trained to mine large clinical databases for health services research and public health purposes or to translate health services research into practice; and
- more credible studies of the impact of information systems and technology on cost, quality and access to health care and on prevention efforts.

A shorter term goal is to increase the pool of individuals with the interest and expertise needed to make substantive contributions to the research and development necessary to achieve these outcomes.

NLM Announces Internet Grants and Contracts

The National Library of Medicine (NLM) has recently announced the following internet related grants and contracts:

■ Internet Connection Grants

The new announcement (RFA: LM-99-001) on NLM's Internet connection grant program can be found at www.nlm.nih.gov/ep/connect.html. U.S. public and private, non-profit institutions engaged in health administration, education, research and/or clinical care are eligible to apply. For a single institution, support is available up to \$30,000; a group of institutions may receive up to \$50,000. Letters of intent are due **June 14, 1999**, with proposals due **July 12, 1999**. For related information, see NLM's Partners in Information Access for Public Health Professionals program website at www.nlm.nih.gov/partners/. See www.nlm.nih.gov/partners/toolkit.html for guidance on how to prepare an application for this type of grant.

■ Next Generation Internet (NGI) Projects

In October 1998, NLM announced 24 new contracts to medical institutions and companies to develop innovative medical projects that demonstrate the use of the capabilities of

the NGI. Specifically, these awards focus on quality of service, medical data privacy and security, nomadic computing, network management and infrastructure technology for scientific collaboration.

Summaries for these Phase I project awards are available at www.nlm.nih.gov/research/ngisumphase1.html. These project plans represent the first of three phases. Some or all of these current projects will be implemented in local test-bed settings in Phase II. The request for proposals for Phase II projects, entitled Biomedical Applications of the Next Generation Internet, is found at www.nlm.nih.gov/oam/oam.html. Proposals are due **June 10, 1999**. Phase III will be a scale-up to the regional or national level of successful Phase II test-bed projects.

To assist in the development of an NGI that meets the nation's health requirements, in August 1998 NLM funded a study by the National Academy of Sciences. The Academy is considering issues of quality of service, security and other communications requirements related to health and biomedical applications of the NGI. A report on the current status of this 16-month study is available at www.nlm.nih.gov/research/ngiinit.html.

Clinical Practice Guidelines on Secondary Conditions of Multiple Sclerosis Published

Two new clinical practice guidelines (CPGs) on treating individuals with multiple sclerosis (MS) who experience fatigue and who experience urinary dysfunction are available from the Paralyzed Veterans of America (PVA) on the organization's website at www.pva.org. They are available free of charge to medical professionals.

The guidelines are titled, "Fatigue and Multiple Sclerosis: Evidence-Based Management Strategies for Fatigue in Multiple Sclerosis and Urinary Dysfunction" and "Multiple Sclerosis: Evidence-Based Management Strategies for Urinary Dysfunction in Multiple Sclerosis." These guidelines are intended to be used by healthcare professionals when making clinical decisions regarding the treatment of fatigue and urinary dysfunction in individuals with MS.

The CPGs are the first issued by the MS Council for Clinical Practice Guidelines, a group of 22 national and international health professional and payer organizations representing physicians, therapists, nurses, psychologists and social workers. The Council, which receives programmatic and financial support from PVA, uses available scientific evidence to develop and disseminate clinical practice guidelines for professionals and consumers.

Healthcare professionals may order a free copy of the CPGs by calling the PVA Distribution Center toll-free at tel 888/860-7244.

Mathematica Announces Recent Publications

"Washington State's Experience in Extending Medicaid Managed Care to the SSI Population: A Retrospective Analysis," by James Verdier. For copies, contact the Center for Health Care Strategies, Inc., at www.chcs.org.

"Effects of Medicaid Managed Care Demonstrations on Safety Net Providers in Hawaii, Rhode Island, Oklahoma, and Tennessee," by Sheila D. Hoag, Steve Norton and Shruti Rajan; published in February 1999 by Mathematica Policy Research, Inc. Available for \$6.00; use publication number 99-08.

"A Review of Recent Findings on Substance Abuse Treatment for Pregnant Women," by Embry M. Howell, Nancy Heiser and Mary Harrington; published in the *Journal of Substance Abuse Treatment* (vol. 16, no. 3, 1999). Use document number PP99-03.

"Mental Health/Medical Care Cost Offsets: Opportunities for Managed Care," by Mark Olfson, Merrile Sing and Herbert J.

Schlesinger; published in *Health Affairs* (vol. 18, no. 1., March/April 1999). Use document number PP99-02.

"The Changing U.S. Health Care System: Challenges for Responsible Public Policy," by Marsha Gold published in *The Milbank Quarterly* (vol. 77, no. 1, 1999).

For further information call Mathematica Publications at tel 609/275-2350.

Muskie School of Public Service Announces New Publications

In Their Own Words: Trauma Survivors and Professionals They Trust Tell What Hurts, What Helps, and What is Needed for Trauma Services, the 1997 Maine Trauma Advisory Groups Report co-authored by Ruth Ralph, was selected by the National Journal of Government Information as one of the most notable documents of the year. For a free copy of the report call tel 207/780-5073.

Now available from the Maine Rural Health Research Center at tel 207/780-4846 is *Best Practices in Rural Medicaid Managed Behavioral Health, A Series of Four Papers Addressing: Access, Infrastructure Development, Credentialing, and Consumer Issues*, edited by David Hartley.

Urban-Rural Differences in Employer-Based Health Insurance Coverage of Workers, a collaborative study conducted by Andrew Coburn and Elizabeth Kilbreth of the Muskie School and Stephen Long and M. Susan Marquis of the RAND Corporation, was funded by the Office of Rural Health Policy, the Health Resources and Services Administration and the Maine Department of Health and Human Services. Reprints of the article published in *Medical Care Research and Review* (55:4) are available through the Muskie School at tel 207/780-4846.

New Reports on Evidence-based Medicine

Research Triangle Institute has two new reports available about evidence-based medicine.

"Pharmacotherapy for Alcohol Dependence" (AHCPR99-E003) indicates that two new medications, naltrexone and acamprosate, show promise in treating alcoholism. An article based on the report appeared in the *Journal of the American Medical Association* on April 14.

A summary of the report can be accessed through the internet at www.ahcpr.gov/clinic/. The full report will be available at the same location by summer 1999.

The alcohol dependency findings result from analysis by Research Triangle Institute and

VA Publishes Special Supplement

The VA published "Developments in Cost Methodology: Lessons from VA Research," in a special supplement to *Medical Care* (Volume 37, Number 4). The papers in this volume grew out of a meeting convened by VA's Health Services Research and Development Service (HSR&D) about the state of the art in measuring costs and utilization using VA administrative databases. While the discussion focuses on measuring costs in VA, these papers offer insights for others studying health care costs.

UNC-Chapel Hill of the available scientific evidence on pharmaceutical agents — both traditional and newer. The RTI-UNC Evidence-Based Practice Center conducted the analysis.

A second report, a general review of health policy issues associated with evidence-based medicine, was published in *Health Policy*. "Review. Health Policy Issues and Applications for Evidence-based Medicine and Clinical Practice Guidelines," by K.N. Lohr, K. Eleazer and J. Mauskopf can be found in *Health Policy* (46:1-19, 1998). For reprints, send e-mail to tlv@rti.org.

■ United Hospital Fund Publishes Series of Papers

The United Hospital Fund has begun a new series of working papers designed to more rapidly disseminate research findings and policy analyses to the research and policy com-

munities. Three working papers have been published to date, including two completed this spring: *Proposals to Simplify, Equalize, and Expand Health Care Coverage for Uninsured Working New Yorkers*, by Anne Erickson and Ellen Yacknin of the Greater Upstate Law Project; and *Who Purchases Individual Insurance? A Comparison of New York State, Regional, and National Patterns, 1994-1997*, by Kenneth E. Thorpe, Ph.D., of Tulane University. Another working paper published earlier in the year, *Inside Medicaid Managed Care Contracts in New York City: An Analysis of Plan Contracts and Related Documents*, by Megan Toohey, Kathryn Haslanger and Alicia Fagan of the Fund, also is available. All three papers are accessible on the Fund's website at www.uhfnyc.org, or may be obtained by e-mail request to pbrooks@uhfnyc.org.

AHCPR Enhances Public Access to Two Hospital Databases

As part of the AHCPR's overall effort to facilitate public use of Agency databases, 1999 inaugurates new efforts to enhance access to two databases on hospital stays. Both databases are part of the Healthcare Cost and Utilization Project (HCUP), which is a family of administrative, longitudinal databases and related software that are developed and maintained by AHCPR in partnership with states and private data organizations.

HCUP data are used for research on hospital utilization, access, charges, quality and outcomes. The data are used to describe patterns of care for uncommon as well as common diseases, analyze hospital procedures, including those that are performed infrequently, and study the care of population subgroups such as minorities, children, women, senior citizens and the uninsured. Researchers and policymakers use HCUP data to identify, track, analyze and compare trends at the national, regional and state levels.

■ Facilitating Centralized Access to SID

The first set of data, the State Inpatient Databases (SID), is actually a collection of individual data sets from 19 participating states, each of which contains the universe of that state's hospital discharge abstracts. The data have been translated into a uniform format to facilitate cross-state comparisons. The SID represent more than half of all U.S. hospital discharges, and states' participation is growing. Beginning this sum-

mer, distribution of 1995 and 1996 SID will be centralized for some of the participating states.

■ Creating Online Access to NIS

The second database, the Nationwide Inpatient Sample (NIS), is a stratified probability sample of hospitals drawn from the SID. The NIS is designed to approximate a 20 percent sample of U.S. community hospitals, including roughly 6.5 million discharges from about 900 hospitals. NIS is the largest all-payer inpatient database in the U.S., and data are now available from 1988 to 1996. In addition to purchasing the NIS database, selected 1996 NIS data are now available in an interactive format on HCUPnet, which can be accessed at www.ahcpr.gov.

■ Which to Use – SID vs. NIS

The SID are particularly well suited for policy inquiries unique to a specific state, studies comparing two or more states, market area research, small area variation analyses and research using certain variables that are not uniformly represented in the NIS (e.g., race or managed care as expected payment source).

The strengths of the NIS complement the strengths of the SID. The NIS is ideal for developing national estimates, for analyzing national trends and for research that requires a large sample size (e.g., studying care patterns for septicemia, frequency and distribution of organ transplantations, hospitalizations for children).

■ Hardware and Software Requirements

The NIS and SID data sets can be run on desktop computers with a CD-ROM reader, and come in ASCII format for ease of use with various off-the-shelf software products, including SAS and SPSS. The NIS data set includes weights for producing national and regional estimates and comes with full documentation in Adobe Acrobat. SAS and SPSS users of the NIS are provided with programs for converting ASCII files.

Selected 1996 NIS data are now available in an interactive format on HCUPnet, which can be accessed at www.ahcpr.gov.

■ For More Information

More information about NIS, SID and companion software tools is available on AHCPR's website (www.ahcpr.gov). NIS may be purchased from the National Technical Information Service (NTIS), U.S. Department of Commerce, 5285 Port Royal Road, Springfield, VA 22161; tel 800/553-6847. Check the AHCPR website this summer for information on purchasing the SID. E-mail queries about any HCUP products can be sent to hcupnis@ahcpr.gov.



IPRO*continued from page 12*

missions, including preadmission/preprocedure reviews, retrospective and concurrent on-site and off-site activities, quality of care assessment, DRG validation, alternate level of care, discharge notice appeals and data profiling and analysis. As the New York State Commissioner of Health's designee, IPRO is often called upon to conduct sensitive and urgent quality of care studies, e.g., evaluation of hospital tuberculosis control policies and emergency room quality of care assessments.

External Quality Review Organization for the New York State Medicaid Managed Care Program.

Since 1989, IPRO has been the External Quality Review Organization for the New York State Medicaid Managed Care program. Working closely with the State Office of Managed Care, IPRO redesigned the Medicaid review program, focusing initially on specific clinical areas of interest affecting the managed care population and later on the implementation of quality improvement projects. In addition, IPRO validates managed care plan encounter data and conducts access and availability surveys.

AIDS Intervention Management System.

IPRO maintains a contract with the New York State AIDS Institute for the operation of this program. IPRO annually reviews 112 primary care centers, 44 treatment centers without AIDS-Designation and 21 residential health care facilities. IPRO has prepared numerous data profiles on AIDS patients. It also conducts assessments of the quality of HIV/AIDS care based on clinical algorithms developed with IPRO's assistance.

Preadmission Screening and Annual Resident Review (PASARR).

In fulfilling the Federal requirements for the screening and assessment of all nursing facility applicants to determine whether or not active psychiatric treatment is required, IPRO performs the comprehensive PASARR for patients in the community and at State psychiatric hospitals and nursing facilities. This process involves on-site, face-to-face assessments of patients, referrals and/or co-signature by a Board-certified psychiatrist.

Impact of an Educational Program on Bilateral Heart Catheterization Practice Patterns

This study targeted the performance of right heart catheterization on Medicare and Medic-

aid patients in 53 laboratories across New York State. Preliminary analyses of 1992 data on right heart catheterization for coronary artery disease revealed significant inter-hospital variations in the frequency of procedures. Ten laboratories were found to perform the procedure routinely in 70-100 percent of patients undergoing catheterization. By contrast, 34 laboratories did so in less than 20 percent of cases.

Beginning in 1993, IPRO conducted meetings and conferences with all laboratories to disseminate procedural guidelines established by the New York State chapter of the American College of Cardiology, the Committee on Cardiovascular Disease of the Medical Society of the State of New York and the State Department of Health Cardiac Advisory Council. Following this intervention, the percentage of catheterized Medicare patients undergoing RHC fell from 30.5 percent in 1992 to 17.4 percent in 1996. Among the ten laboratories that performed frequent right heart catheterizations at baseline, the percentage fell from a mean of 89 percent to 31.6 percent for Medicare, and from 92.8 percent to 32.7 percent for Medicaid patients.¹

Honors

In addition to publishing many of its studies in peer-reviewed scientific journals, IPRO has twice been recognized by HCFA for innovation and quality of service: first, for an interrelated medical and statistical study of laparoscopic cholecystectomy, and second, for leadership in the PRO program through their quality improvement project on the use of prophylactic antibiotics. After 15 years in operation, IPRO looks forward to continuing established partnerships, forming new ones and remaining a major architect of the nation's health care quality improvement agenda.

For More Information

Please contact Communications & Corporate Development, IPRO, 1979 Marcus Avenue, Lake Success, NY 11042; tel 516 326-7767, extension 588; www.ipro.org.

¹ Monte Malach, M.D., F.A.C.C.; Pascal James Imperato, M.D., M.P.H. & T.M.; Raphael P. Nenner, M.D.; Thomas Huang, M.S.; Marybeth Deary, B.A.; Impact of an Educational Program on Bilateral Heart Catheterization Practice Patterns. American Journal of Medical Quality Winter 1998, Vol. 13, No.4, pp.213-222; Medical Quality Management Sourcebook, 1999.



After 15 years in operation, IPRO looks forward to

continuing established partnerships, forming new ones and remaining a major architect of the nation's health care quality improvement agenda.

Mathematica*continued from page 13*

cess in designing and implementing programs.

Medicare initiatives. The Medicare program is in flux as more people enroll in managed care and new types of managed care become available. Mathematica is designing and evaluating Medicare managed care initiatives and monitoring the impacts of the Medicare+Choice program. It has also studied beneficiary satisfaction with HMOs and evaluated prospective payment for home health services.

Issues for mothers, infants and children. At the federal, state and community levels, Mathematica has studied programs for mothers, infants, and children, investigating programs for pregnant substance abusers, neonatal intensive care, infant mortality, school-based clinics, teen pregnancy, and the Special Supplemental Food Program for Women, Infants, and Children (WIC).

Care for people with chronic illness and disabilities. The firm's research is shedding light on how changes in the health care system affect disabled and chronically ill people with special health care needs, including those who are dually eligible for Medicaid and Medicare and low-income people with AIDS. Mathematica is also assessing the adequacy of care for people with mental illness, substance abuse problems and physical disabilities. For disabled people with long-term care needs, the company is analyzing how care changes when case management is replaced with more choices for managing their own care.

Public health and the safety net. Concern about the public health infrastructure has mounted with changes in health care markets and the move to managed care. To provide information to policymakers about what these changes mean, Mathematica is studying public health systems in selected communities across the nation. Its studies have examined delivery and financing of preventive care in school-based clinics, community health centers and other safety net settings.

Converting data into policy-relevant information. As delivery systems shift and the health system changes, health care data systems and data quality are critically important tools in assessing the implications of change. The company has assessed how states are linking health databases and communicating the information they collect to different audiences. It has also described states' experiences with developing data release policies, creating quick turn-around analyses, using performance measures, creating geographic information systems and linking data.

■ For More Information

This profile of Mathematica provides a snapshot of the firm's work. For more in-depth information, contact Embry Howell, 202/484-5277 (Washington, DC); Judith Wooldridge, 609/275-2370 (Princeton); or Margo Rosenbach, 617/491-7900 (Cambridge). For a publications list and ordering information, contact Publications, 609/275-2350, e-mail librarynj@mathematica-mpr.com, or visit the company's website at www.mathematica-mpr.com.

AHSR Future Annual Meeting Dates

June 25-27, 2000
Los Angeles Westin Bonaventure

June 10-12, 2001
Atlanta Hyatt Regency

June 23-25, 2002
Washington Hilton & Towers

June 27-29, 2003
Nashville Opryland Hotel

AHCPR*continued from page 1*

ing policy or rules.” The proposed revision would also rescind federal agencies’ existing option of waiving their rights of access to data produced under federally sponsored awards.

In a letter to OMB, AHSR stressed that the proposed revisions present a quagmire of administrative and confidentiality issues for health services researchers that will significantly affect both current and future research efforts. AHSR argued that without further clarification, the proposed revisions invite burdensome requests and litigation at a level that could be utilized to not only intimidate researchers and their institutions, but to seriously undermine the research and information our nation needs to answer pressing health policy issues. AHSR urged OMB to address several additional questions and concerns raised in its letter to ensure that any final revisions do not impede health research.

There has been widespread concern among AHSR’s membership and the entire research community about the implications of these proposed administrative revisions. There is growing congressional support for repealing the legislative language that required OMB to make the revisions. AHSR will continue to work with Congress and the Administration on this important issue.

A copy of AHSR’s comments on OMB’s proposed notice is available at www.ahsr.org.

■ **AHSR Calls for Tripling Federal Funding of Health Services Research**

AHSR CEO W. David Helms, Ph.D. testified before the House Appropriations Labor, Health and Human Services, Education and Related Agencies Subcommittee on April 21, and called on Congress to triple federal funding of health services research over the next five years. Dr. Helms made his remarks during testimony on the FY2000 funding recommendations for the Department of Health and Human Services (HHS).

He urged the subcommittee to increase HHS funding for several agen-

cies’ health services research programs for FY2000. He went on to state, “A major investment, along the lines of tripling funding for federal health services research programs over the next five years, is needed to make real differences in improving health status and health care.”

Dr. Helms stressed the contributions of health services research in improving our nation’s health care and the importance of continued strong congressional support for federal health services research programs. He noted that, “Without the funding support Congress has provided to the many federal programs that conduct, use, and disseminate health services research information, we would not have the knowledge needed to make critical health care decisions that affect us all.”

The House Appropriations Labor, Health and Human Services Subcommittee annually holds hearings on funding recommendations for the various health care-related agencies as a part of the appropriations process. This is the second year in a row that AHSR has been asked to testify.

A copy of AHSR’s testimony is available at www.ahsr.org

■ **Medical Records Privacy Legislation Begins to Move**

Congress has begun to move forward in meeting the medical records privacy requirements of the Health Insurance Portability and Accountability Act of 1996, which requires passage of privacy legislation by August 21, 1999. If Congress fails to meet or extend this deadline, the medical records privacy recommendations issued last year by the Secretary of Health and Human Services will take effect.

Three separate medical records privacy bills have been introduced in the Senate by Senators Jim Jeffords (R-VT), Patrick Leahy (D-VT) and Robert Bennett (R-UT). Each of these bills contains similar provisions related to patients’ rights to copy and amend their medical records, but differ on key research provisions, including preemption of State privacy laws.

Of the three bills, the legislation introduced by Senator Bennett has received the most support from the

health research community. AHSR has played an active role in the development of the Bennett bill, participating in a series of staff meetings to ensure the bill protected access to data needed for health services research.

Senator Jeffords, Chairman of the Senate Health, Education, Labor and Pensions (HELP) Committee, announced at the time this newsletter was going to press that the Committee would hold a mark-up of a privacy bill before June. He indicated that he planned to include provisions from all three of the key bills in crafting the Committee’s legislation.

While the House has been slower to move forward on the medical records privacy issue, several bills are likely to be introduced this summer. It is anticipated that Ways and Means Health Subcommittee Chairman Bill Thomas (R-CA) will take the lead in championing a medical records privacy bill similar to the legislation adopted by the Senate HELP Committee.

Background information on the data privacy legislation is available at www.ahsr.org

H S R R E P O R T S

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Career Binder Order Form

As a benefit to annual meeting participants, the AHSR Career Center (Booths 115, 117 and 119) will be located in the Exhibit Hall. The Career Center includes notebooks containing job descriptions and resumes. While at the meeting, participants who are seeking jobs or are job recruiting are invited to consult the notebooks. You may use the conference message boards (one is located in the Career Center and the other is in the registration area) to contact potential job candidates or employers.

After the annual meeting, copies of the notebooks will be available for purchase. Please use the form below to order. The order form will also be available on the AHSR website (www.ahsr.org).

Order Form

Please indicate the number and type of binder ordered and circle the correct price.

# Ordered	AHSR Member Price	Non-member Price
_____ Job Binder	\$25	\$50
_____ Resume Binder	\$25	\$50
Add extra fee for overnight delivery	\$20*	\$20*
Total Enclosed:	\$ _____	\$ _____

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AHSR and NAMI To Hold Joint Sessions To Coincide With Chicago-based Annual Meetings

The Annual Meeting of the Association for Health Services Research (AHSR) and the 20th Anniversary Convention of the National Alliance for the Mentally Ill (NAMI) will be held at the Chicago Hilton back-to-back the last week in June through the first week in July. The AHSR Annual Meeting is June 27-29, and the NAMI 20th Anniversary Convention is June 30-July 4. To capitalize on this opportunity, AHSR and NAMI are pleased to announce a program of joint sessions planned for Wednesday, June 30.

You are cordially invited to join us for two excellent sessions that will give researchers and advocates interested in mental health services an opportunity to network and to discuss current and future research needs. The sessions are:

Wednesday, June 30

10:30 a.m. - 12:30 p.m.

■ Session I: Using Mental Health Services Research to Effect Change

Moderator: P. Joseph Gibson, M.P.H., Ph.D.
Eli Lilly

Panel Members: Darrell Regier, M.D.
NIMH

Steven Shon, M.D.
Texas Dept, Mental Health &
Mental Retardation

Gary Bond, Ph.D.
Indiana University

Laura Lee Hall, Ph.D.
NAMI

Discussant: Michael Hogan, Ph.D.
Ohio Commissioner of
Mental Health

2:00 p.m. - 4:00 p.m.

■ Session II: Directions in Health Care Purchasing and Financing

Implications for Persons with Severe Mental Illness

Moderator: Michael Millenson
William M. Mercer, Inc.

Panel Members: Richard Frank, Ph.D.
Harvard University

David Mechanic, Ph.D.
Rutgers University

Donald Steinwachs, Ph.D.
Johns Hopkins University

Roland Sturm, Ph.D.
RAND Corporation