In March, the U.S. Department of Health and Human Services (HHS) proposed changes to the Health Insurance Portability and Accountability Act (HIPAA) privacy regulations that bring good news for health services researchers. The modifications would reduce confusing inconsistencies within the rule and increase the likelihood that health plans will be willing to share data. Moreover, HHS is considering developing a “mid-level” data set that would be available only to researchers. These data would include some identifiable health information—such as dates and geographic identifiers, which are valuable to researchers—but still protect patients’ privacy by removing the most personally revealing elements (e.g., name and Social Security number).

“The proposed changes will significantly reduce the administrative burdens on researchers and allow them to access needed health information more easily,” says Gail Wilensky, Ph.D., chair of the board of the Coalition for Health Services Research, which is the Academy’s advocacy arm. HHS accepted comments on the changes for 30 days and the Coalition responded with feedback on behalf of the field of health services research. HIPAA is scheduled to be implemented in April 2003, but it’s not clear when HHS will issue final rules based on the proposed changes.
This May, at the Agency for Healthcare Research and Quality’s (AHRQ) testimony before the House Subcommittee on Health, Labor, and Education, Representative Istook (R, OK) said that the Bush administration’s proposed funding cuts to AHRQ are one of the gravest areas of concern in the FY 2003 health care budget. I quite agree.

Ironically, at a time characterized by rising health care costs and increasing uninsured, the Bush administration is proposing significant cuts to the very agency charged with studying the dynamics of cost and access barriers. We should be increasing, not decreasing, our federal investment in the research needed to address these crucial challenges.

If the proposed FY 2003 budget were to be enacted, it would have a catastrophic effect on our field. The reductions would severely limit health services researchers’ ability to inform decision-makers on the critical health policy issues facing our nation, including patient safety, access to care among the underserved, and escalating health care costs. The extent of the cuts would force some research in progress to be cancelled before it could be completed, wasting the investments already made. The decreases would limit the effectiveness of the significant recent investments made in biomedical research as well. Without the all-important improvements in financing and delivery systems, biomedical discoveries cannot be translated effectively into better health care for all Americans.

The budget cuts serve as a reminder that we must do a better job of documenting the value of our field to policymakers and the public alike. To that end, the Academy has been working to raise awareness of the impact of health services research through its project “Broadening the Understanding and Support for the Field of Health Services Research.” We are now raising funds to support the third and final phase of this ongoing educational campaign, which we have recently coined “Connecting the Dots: Transforming Health Care through Research.” This campaign slogan is intended to demonstrate the powerful connections between the field of health services research and health policy and practice. This June, at our Annual Research Meeting, we will preview our educational materials to key health care decision-makers. You can help us by contributing concrete examples of how your research is helping to save lives, improve quality and access, and reduce costs. For more information on the campaign, see p. 1.

I’d like to thank all of you who signed up for the Coalition’s Lobby Day on Tuesday, June 25. These individuals have agreed to visit their Congressional representatives to advocate for our field while they are in Washington for the Annual Research Meeting. I also appreciate the efforts of those who responded to our earlier requests that you write letters to your delegations. Finally, for those of you who haven’t yet communicated with Congress, please consider doing so soon. We need you now more than ever to educate your representatives about your work and the detrimental effects that the proposed cuts would have on the agencies that fund it, including AHRQ, the Centers for Disease Control and Prevention, and the Centers for Medicare and Medicaid Services.

The appropriations process is likely to go down to the wire this year. The Coalition for Health Services Research’s board of directors and advocacy committee are guiding our advocacy work toward reversing the proposed budget reductions. During our Monday plenary session at the Annual Research Meeting, you will hear from Gail Wilensky—this year’s chair of the Coalition board—about the Coalition’s activities and its advocacy agenda. We are fortunate to have Gail’s leadership and that of our Coalition board at this critical moment for our field. Now, we need all of our colleagues from the research, policy, and practitioner worlds to heed their call and help show the rest of the country how we are transforming U.S. health care through research. Together, we can make real improvements in the health of our nation. But we cannot do it without you.

W. David Helms, Ph.D.
President and CEO
Research. He will work on pharmacoeconomics and health outcomes at the University of Michigan School of Public Health, where he was a B.A. from Cornell University. Administration. He received a Bachelor of Arts with Distinction from Cornell University.

Denys T. Lau, Ph.D. recently received his doctoral degree in health services research from the Johns Hopkins University Bloomberg School of Public Health. His academic achievements earned him several awards, including the Laurence G. Branch Doctoral Student Research Award conferred by the American Public Health Association’s Gerontological Health Section, the Delta Omega Public Health Honor Society Endowment Scholarship, and the Marilyn Bergner Award in Health Services Research from Johns Hopkins.

While completing his dissertation, Lau worked at the Center for Cost and Financing Studies at AHRQ, where he gained expertise developing analytical files using a national data set—the Medical Expenditure Panel Survey Nursing Home Component. Prior to his tenure at AHRQ, Lau interned at the HIV/AIDS Bureau of the Health Resources and Services Administration. He received a Bachelor of Arts with Distinction from Cornell University.

In July 2002, Dr. Lau will become a Pfizer Research Fellow at the University of Michigan School of Public Health, where he will work on pharmacoconomics and health outcomes research.

2002 Article-of-the-Year Awardee Darrell J. Gaskin, Ph.D.
Darrell J. Gaskin, Ph.D., received this award for his lead authorship on the paper, “Are Urban Safety-Net Hospitals Losing Low-Risk Medicaid Maternity Patients?,” which appeared in the April 2001 HSR. Gaskin is a research associate professor at Georgetown University in the Institute for Health Care Research and Policy. His primary research interests are the hospital safety net and health care access issues relating to minorities, low-income individuals, the uninsured, and other vulnerable populations. He is also interested in the effects of market forces and public policy on providers’ behavior, mental health economics, and the treatment decisions of terminally ill patients. Currently, Gaskin is studying the relationship between hospitals’ provision of services and the number of uninsured residents in an area. He has recently become interested in the determinants of racial and ethnic disparities. In particular, he has studied how racial and ethnic differences affect preventable hospital stays.

Gaskin is active in a number of professional organizations, including the Academy for Health Services Research and Health Policy, the American Economic Association, the National Economics Association, the International Health Economics Association, and the American Public Health Association. Gaskin earned his Ph.D. in health economics at the Johns Hopkins University Bloomberg School of Public Health. He holds a master’s degree in economics from the Massachusetts Institute of Technology and a bachelor’s degree from Brandeis University.

His research interests combine applied microeconomics and health economics—with a special interest in the economics of chronic disease. Goldman has published in leading medical, economic, statistics, and health policy journals. His recent work examines how new medical technology affects health disparities among the chronically ill. He is leading a multi-institutional effort sponsored by the National Cancer Institute, the National Institutes of Health, and the National Science Foundation to provide national estimates of the cost associated with conducting government-sponsored cancer trials. He received his Ph.D. in economics from Stanford University and a B.A. from Cornell University.

As director of the UCLA/RAND Health Services Research Postdoctoral Training Program and professor of economics in the RAND graduate school, he has served as a mentor for clinicians and social scientists interested in health services research.

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New Academy Fellowships and Learning Opportunities

This year, the Academy worked with the National Center for Health Statistics (NCHS) to make available a one-year fellowship designed to give researchers access to new data resources and strengthen their understanding of health policy. The Academy is also developing a fellowship aimed at increasing diversity in the health services research and policy communities. Through these opportunities, the Academy hopes to advance its mission of encouraging new health services research and translating that knowledge into enlightened policymaking.

Accessing vital data
The Academy and NCHS—which is part of the Centers for Disease Control and Prevention—announced the start of their joint health policy fellowship program last fall. NCHS is the country’s lead agency specializing in health statistics. For the fellowship, individuals work with the NCHS’s statistical experts—including a mentor who will provide assistance related to the fellow’s research—to access and analyze health data.

“We hope the fellowship will make our data more accessible to researchers who are studying critical health-systems issues such as the effects of managed care and other changes in health care financing or delivery,” says Edward Sondik, Ph.D., director of the NCHS. The fellowship takes place at NCHS in Hyattsville, Maryland, and is offered to doctoral students in their dissertation phase, postdoctoral students, and junior faculty.

The first Academy/NCHS fellowship
With this issue of Academy Reports, the Academy is pleased to announce the first recipient of the NCHS/Academy Fellowship: Edward F. (Ted) Buckley, a doctoral candidate at the Wharton School of Business at the University of Pennsylvania. Mr. Buckley plans to use NCHS’s National Hospital Discharge Survey to further his dissertation research. His project examines whether increased managed care penetration leads to reduced nursing staff in hospitals, and if that in turn leads to higher mortality rates among patients who have had heart attacks.

“We are thrilled to be working with Ted,” says Linda Demlo, Ph.D., director of health care statistics at NCHS. “He has a special combination of skills in health policy, economic analysis, research methodology, and business.” Buckley will begin his fellowship in September.

Up to two fellowships will be awarded each year, so stay tuned for information about the 2002-2003 application cycle.

Learning the ropes
As part of the Academy/NCHS fellowship, individuals will take part in an intensive week-long educational program on health policy. The Academy, which developed the curriculum with support from NCHS, plans to offer the program to people participating in other fellowships and training programs as well. For example, the Agency for Healthcare Research and Quality is sending four of its fellows to the program. The first “health policy orientation” is scheduled to take place in the Academy’s Washington, D.C., office on September 30; about 20 individuals are expected to participate.

The program will include an overview of the current policy environment in health care, and sessions highlighting critical issues to states, the federal government, and public and private health care purchasers.

Broadening our reach
This spring, the Academy received a one-year planning grant from the W. K. Kellogg Foundation to begin developing a multi-year fellowship aimed at promoting diversity in health services research and health policy. Its goal is to add to the work force a steady stream of skilled researchers who will eventually become mentors to other minority individuals and leaders at the national, state, and local levels.

The Academy will use the funds to conduct student and expert interviews that will help them explore the feasibility and desirability of such a program.

Visit www.academyhealth.org for more information about fellowships at the Academy. ▲
The National Health Care Purchasing Institute (NHCPI)—an Academy-administered program geared toward health care purchasers—recently launched a new initiative for improving health care quality. “Rewarding Results” is an $8.8 million joint program of The Robert Wood Johnson Foundation and the California HealthCare Foundation designed to help employers, health plans, and state Medicaid agencies develop and implement incentives to reward providers for high-quality health care. NHCPI will administer the program.

“Numerous studies show that poor health care quality is a leading cause of death and injury in the United States,” says Kevin B. (Kip) Piper, NHCPI director and Academy vice president. “Poor quality also increases annual health care costs by $420 billion, and may cost employers $300 billion in lost productivity.”

Rewarding Results will provide three-year grants of up to $1 million each to help employers, health plans, and other organizations demonstrate that well-designed financial and non-financial provider incentives can enhance quality. “Incentives provide both the motivation and the resources for physicians and hospitals to improve care,” says Piper. Grant proposals were due May 31. Final award decisions are expected by August 2002.

Rewarding Results will also offer technical assistance—including workshops, consulting services, publications, and Web seminars—to grantees and others interested in implementing incentives.

For more information, see: www.nhcpi.net/rewardingresults/index.cfm.
Moving On and Moving Up

- Lisa D. Benton, M.D., M.P.H., attending general surgeon, Stanford University Hospital & Clinics, was elected president of the American Cancer Society, East-Bay Community Council, in Oakland, California, and secretary of the California Golden State Chapter of the National Medical Association.
- Christine K. Cassel, M.D., is now the Dean of the School of Medicine at the Oregon Health & Science University in Portland, Oregon.
- Christine Elnitsky, Ph.D., R.N., has been appointed Postdoctoral Fellow and Health Science Research Specialist in the Health Services Research and Development Division at the Veterans Administration San Diego Health System.
- Adam Falk joined the Alliance of Community Health Plans, an association of not-for-profit health plans. He was previously an attorney with the U.S. Department of Justice, Antitrust Division’s Health Care Task Force.
- Sue Ginsburg joined Abt Associates, Inc., in Cambridge, Massachusetts, as the managing vice president for Health Services Research and Evaluation in May.
- Heather Taffet Gold, Ph.D., received her doctorate in health services research and policy from the University of Rochester School of Medicine and Dentistry in May. She accepted a faculty position to start in July at the Cornell University Well Medical College in the Department of Public Health.
- Michele Kipke, Ph.D., formerly with the Institute of Medicine, is now a professor of pediatrics at the University of Southern California, and director of the Health Services and Community Health Research Program at Children’s Hospital in Los Angeles.
- David M. Krol, M.D., F.A.A.P., assistant professor in the Department of Pediatrics and a principal in the Center for Oral Health Policy in the School of Dental and Oral Surgery at Columbia University, has been named one of four recipients of the 2002 Soros Advocacy Fellowship for Physicians.
- Elizabeth A. Nelson, R.N., Ph.D., director of the Research Center of the American College of Physicians-American Society of Internal Medicine, was selected as a Robert Wood Johnson Executive Nurse Fellow.
- Christopher J. Panarites, Ph.D., recently accepted the position of director of Reimbursement Planning for Aventis Pharmaceuticals. Dr. Panarites is working with federal health agencies, such as the Centers for Medicare and Medicaid Services, to ensure appropriate coverage for Aventis products.

Organizational Affiliate News

The Association of American Medical Colleges announces publication of Module 1 of “The Successful Medical School Department Chair: A Guide to Good Institutional Practice.” This module, “Search, Selection, Appointment, Transition,” explores how institutional leaders can improve their search, selection, and appointment practices, as well as leadership transitions of medical school department chairs. To order, call 202-828-0416.

News from the Journals

HSR
HSR received two Emerald Golden Page Awards for 2002, for Originality & Research and Best Research Implications. The awards are presented annually to journals that produce excellent articles. Researchers Darrell Gaskin, Jack Hadley, and Victor Freeman received the Academy’s “Article-of-the-Year” award for their paper, “Are Urban Safety-Net Hospitals Losing Low-Risk Medicaid Maternity Patients?”, which appeared in the April 2001 HSR.

Health Affairs
The May/June Health Affairs explores HIV/AIDS in Africa, patients’ rights in New Zealand, and the makeover of national health care systems in Canada and the United Kingdom. The issue also includes articles spotlighting individual nations as they contend with new financing mechanisms and emerging diseases, the results from a five-nation poll of consumer satisfaction, and an examination of health spending in 30 countries.

Milbank Quarterly
The June issue features four articles based on information presented at an Agency for Healthcare Research and Quality conference on the status of health services research into disability-related issues. It also includes Mark Schlesinger’s paper on the decline of political legitimacy in the medical profession, a historical essay by Charles Rosenberg, and a report by Nancy Wilber and colleagues on findings from a longitudinal study on preventing secondary conditions among people with disabilities.
The Commonwealth Fund Supports Research on Health and Social Issues

In 1918, the wife of a successful New York City businessman founded a philanthropic enterprise to “do something for the welfare of mankind” with a gift of nearly $10 million. Today, that initiative has grown into one of the largest private foundations in the country: The Commonwealth Fund now has an endowment of more than $540 million and has awarded about $17 million in grants for FY 2001. True to its original mission, the Fund is broadly focused on enhancing the common good—by supporting efforts to help people live healthy and productive lives, assisting those with serious, neglected problems, and funding research on health and social issues. Karen Davis, Ph.D., a nationally recognized economist, has led the Fund since 1995.

The Fund is particularly interested in improving the health care of vulnerable populations, such as children, elderly people, low-income families, minority Americans, and the uninsured. It concentrates its efforts on two national program areas: 1) improving health insurance coverage and access to care, and 2) enhancing the quality of health care services. Under each of these umbrellas, the Fund supports independent health services research conducted through tax-exempt organizations and public agencies. In its own community of New York City, Commonwealth also makes grants to advance health care and develop public spaces and services.

Within its two main project areas, the Fund runs several specific programs, each of which sponsors relevant health services investigations. For example, the Task Force for the Future of Health Insurance—one of Commonwealth’s programs aimed at improving insurance coverage—was established in 1999 to help build a health insurance system that meets the needs of the 21st century workforce. Cathy Schoen, the Fund’s vice president, is the executive director. Since its inception, the program has sponsored grants ranging from $70,000 to $380,000 supporting more than 30 research projects or symposia.

The Fund made the grants to a variety of organizations, including the Academy for Health Services Research and Health Policy, Columbia University’s School of Public Health, the Economic and Social Research Institute, and Mathematica Policy Research, Inc. Some of the issues that recent grant projects under this program are exploring include the role of defined contribution in U.S. health care, Medicare coverage for disabled Americans, and barriers to care among Hispanic populations.

The Fund’s Program on Medicare’s Future funds a similar array of research projects to various organizations throughout the country. It focuses on Medicare reform, prescription drugs, low-income and seriously ill beneficiaries, and Medicare+Choice.

The Fund also operates a number of programs dedicated to improving the quality of health care services, all overseen by Commonwealth’s senior vice president, Stephen Schoenbaum, M.D. They include Health Care Quality Improvement, Child Development and Pediatric Care, Quality of Care for Underserved Populations, and the Picker/Commonwealth Program on Quality of Care for Frail Elders. The former program is focused on creating financial and non-financial incentives to improve quality, building the delivery system’s capacity for improving care, and providing the health care industry and public with better information. Other programs in this area address quality-of-care issues related to specific populations.

In addition to promoting U.S. research, The Commonwealth Fund fosters an international exchange of ideas, with the goal of sparking innovative policy thinking and encouraging cross-national comparative research and collaboration. Through its International Program in Health Policy and Practice, the Fund has sponsored about 20 projects and conferences since 1997, the most recent of which is a June 2002 meeting focused on improving health care quality in the United Kingdom and the United States. This program’s cornerstone activity is an annual symposium attended by health ministers and experts from Australia, Canada, New Zealand, the United Kingdom, and the United States.

Commonwealth also guides the professional development of those pursuing careers in research and policy through several fellowship programs. The Ian Axford Fellowship in Public Policy gives mid-career Americans a chance to travel to New Zealand to learn about that country’s economic, social, and government systems. Up to two fellowships are awarded per year for three to six months in New Zealand.

The Harkness Fellowship in Health Care Policy offers mid-career individuals from New Zealand, Australia, and the United Kingdom a chance to spend up to a year in the United States. Fellows conduct original research and work with U.S. health policy experts to enhance their methodological skills and gain an in-depth understanding of the American health care system. Up to nine fellows are selected annually.

The Commonwealth Fund/Harvard University Fellowship in Minority Health Policy is a one-year, full-time program designed to create physician leaders who will pursue careers in minority health and health policy. Based at Harvard Medical School, the fellowship combines training in health policy, public health, and management with special program activities on minority health issues. In previous years, the Fund has awarded this fellowship to three to six individuals annually.

To learn more about Commonwealth, please visit www.cmwf.org. Specific information about grants can be found at www.cmwf.org/grantmakers, and fellowship opportunities are listed at www.cmwf.org/fellowships. Letters of inquiry should be sent to:

Andrea Landes
Director of Grants Management
The Commonwealth Fund
One East 75th Street
New York, NY 10021.
Members-Only Section Returns to Academy Web Site

After a brief hiatus, the members-only section is back on the Academy’s Web site. It is available at www.academyhealth.org/membership/membersonly.htm to current individual members of the Academy and the official representatives for organizational affiliates.

The members-only section features selected information and publications, including electronic access to *HSR Journal* and *Milbank Quarterly* and a link to the *Health Affairs* site. The Academy will also post electronic versions of its newsletters *Academy Reports*, *Connection*, *Forum*, and *FrontLines*, and a report from this year’s salary survey of Academy members. To access the members-only section, you will need to enter your user name and member number.

Coming in late 2002, the Academy will add more Web-based member services, including a member directory and other features to enhance your membership experience. If you have questions about the members-only section or have forgotten your user name and member number, please contact the member services team at membership@ahsrhp.org or call 202-292-6700.

Register Now for Cyber Seminar Archives

The Academy is pleased to announce the release of its archived Cyber Seminars in Health Services Research Methods. Now you can view the Web-based seminars (which ran in real time earlier this year) anywhere you want, any time you want. Session topics included in the first round of archived seminars are: Qualitative Methods, Risk Adjustment, and Instrumental Variables. The seminars are valuable educational tools for groups and university classes.

Stay tuned for our next live series this fall. These six seminars will cover Hierarchical Modeling, Quality Measures, Cost-Effectiveness, and specific topics within Qualitative Methods (Focus Groups, Interviews, and Data Analysis). Visit http://www.academyhealth.org/cyberseminars for course descriptions, technology hints, registration information, and pricing for both the live and archived series.