The transition from print-based to electronic journals has sparked heated discussion in the health services research community over the future of traditional print journals in an increasingly Web-reliant world. According to Cara Kaufman of the Kaufman-Wills Group, LLC—a medical publishing and communications company—health care publishers are seeing significant declines in personal subscriptions where online institutional access is available. Forty percent of libraries planned to drop print in favor of online journals in 2004, responding to the 75 percent of faculty and graduate students who state they prefer e-journals over print.

Last fall, AcademyHealth conducted an expert meeting sponsored by the Agency for Healthcare Research and Quality (AHRQ) to engage stakeholders from the research, funding, and publishing communities in a discussion about the challenges and opportunities related to Web publishing. “Recognizing the speed at which the health care publishing environment is changing, AHRQ believes it is critical to begin addressing the special challenges and needs facing the major journals publishing health services and policy research,” says Carolyn Clancy, AHRQ director.

While the Web presents opportunities for creativity and wider dissemination that could be used to better demonstrate the value of health services research, the e-publishing model has serious implications for the structure and financing of traditional print journals.

Rethinking the Business Model
Although specific pricing models are unique to each publisher, there are general business models for providing online access to institutions. They include bundled (print and online) or unbundled subscriptions, single institutional rates, and tiered pricing based on the size and type of institution. In 2004, subscriptions and licenses were overwhelmingly the largest revenue source for journals, which in many cases finances the peer-review process. Although peer-review time is donated, the “back office” process of facilitating it is costly.

Continued on page 3
June is a busy month at AcademyHealth as we put the finishing touches on the 22nd Annual Research Meeting (ARM) and gather in Boston to learn about and discuss with colleagues the year’s most significant health services research findings. I am especially pleased to report that we succeeded this year in increasing the number of theme-related call for papers sessions, and we have topped 800 poster presentations—the largest poster program ever!

We have experienced tremendous growth in AcademyHealth Interest Groups (IGs) in the past year, with 10 interest groups representing nearly 2,500 member and non-member participants (some belong to more than one IG). All 10 IGs are meeting at this year’s Annual Research Meeting, and most have planned either half- or full-day meetings focusing on topic-specific research.

Student participation in AcademyHealth is also at an all-time high. Three new student chapters—Case Western Reserve University, Johns Hopkins University, and the University of Michigan—have joined us this year, bringing the total number of chapters to five (UNC-Chapel Hill and the University of Washington were established in 2001). And speaking of UNC-Chapel Hill, the student chapter launched a “Pedal for Policy” fundraiser late last year to enable 15 UNC students to attend the AcademyHealth/Health Affairs 2005 National Health Policy Conference in Washington (see photo at right).

New at this year’s National Health Policy Conference was AcademyHealth’s first Health in Foreign Policy Forum designed to promote greater dialogue and understanding of the impact health policy has on foreign policy and vice versa. Nearly 200 participants attended the inaugural Forum, which acknowledged that more and more health policy challenges stretch across borders, and even powerful nations like the United States have found that they can no longer ensure the health of their citizens through national policies alone.

AcademyHealth’s Committee on the Placement, Coordination and Funding of Federal Health Services Research will be presenting its recommendations to the Meeting of AcademyHealth Members on Monday, June 27, during our Annual Research Meeting. The Coalition for Health Services Research will now begin its advocacy in support of these recommendations during the congressional hearings associated with the reauthorization of AHRQ later this year.

Finally, I am pleased to report that two national foundations have made major commitments to AcademyHealth for research and policy analysis for the next three-to-five years. The Robert Wood Johnson Foundation has reauthorized the Changes in Health Care Financing and Organization (HCFO) program through April 2008. This program is a significant source of investigator-initiated research in health care financing and delivery policy. The Commonwealth Fund recently announced that it will house two national programs at AcademyHealth—the Program on Medicare’s Future and the Commission on a High Performance Health System (see page 5 for more). Bringing these important programs under the AcademyHealth umbrella enables us to stay on top of critical health issues affecting our members and the fields of health services research and health policy.

Enjoy the Annual Research Meeting and, as always, we appreciate your support of AcademyHealth!

W. David Helms, Ph.D.
President & CEO
AcademyHealth

If you have questions or comments about AcademyHealth Reports, our quarterly newsletter, please contact LeAnne DeFrancesco at leanne.defrancesco@academyhealth.org.
E-Publishing from page 1

The Web offers new ways to disseminate research, but peer review remains as critical to electronic dissemination as it is to print. With the need for new business models for Web dissemination, creative ways to fund peer review without subscription or advertising revenue remains a key concern. As a result, many publishers have been forced to examine the sustainability of their current publishing business models given the trend toward electronic journals and have identified alternatives to the traditional subscription, “user-pays” model.

“Recognizing the speed at which the health care publishing environment is changing, AHRQ believes it is critical to begin addressing the special challenges and needs facing the major journals publishing health services and policy research.”

— Carolyn Clancy

One alternative is to have authors “pay to play.” This model would have significant implications for producers of “unfunded” research (i.e., research not supported by external grant, contract, or other funding), as well as for small institutions and junior researchers, because the funds would need to come out-of-pocket. A second alternative would be to increase foundation or government support to journals; however, such resources are not guaranteed.

In contrast to a “user-pays” model, the “open access” model, used by publishers including BioMed Central and the Public Library of Science (PLoS), is not based on subscriptions but rather institutional membership dues, author fees for manuscript submission and publication, and grants. Open access refers to the practice of putting peer-reviewed scientific and scholarly literature on the Web and making it available free of charge and free of most copyright and licensing restrictions immediately upon publication.

Demonstrating Effectiveness

Both public and private funders are under pressure to show the effectiveness of the research they fund. This often results in the use of “push technology” to transfer information to users through Web sites and self publication of grantee reports. If subscriptions no longer cover the cost of peer review, editing, dissemination, and promotion of articles, one solution would be to add a line item for peer review into the grants awarded. Funders would then have to determine what costs would be allowable under various grants and contracts.

Researchers also have an interest in demonstrating importance and effectiveness of their work. Currently, a journal’s “impact factor” is measured and ranked based on the number of citations it received in the previous year. While the impact factor is recognized as an imperfect measure, it has strong implications for a journal’s reputation and, in turn, carries weight in the promotion and tenure process for academics. Web publishing could “impact the impact factor” by providing alternative tools (e.g., WebTrends and COUNTER – Counting Online Usage of Networked Electronic Resources) for measuring usage and effectiveness, although these Web counters measure the usage across the entire public and not just academic usage.

Next Steps

In May, AcademyHealth held a follow-up conference call with meeting participants and senior AHRQ staff to discuss possible next-steps in addressing issues related to health services research publishing. With the evolution of the publishing environment accelerating, continued discussion and collaboration will be necessary to assess how best to make a transition to a Web publishing world in a way that best serves the needs of all stakeholders and in a way that is economically viable. While Web publishing provides tremendous opportunity to get research findings into the hands of decision makers more quickly, AcademyHealth will monitor these publishing trends to ensure that this change does not adversely affect the journals that disseminate health services and policy research.

An electronic version of the meeting report can be found on the AcademyHealth Web site at www.academyhealth.org.
This spring, Congress began the process of reauthorizing the Agency for Healthcare Research and Quality (AHRQ). This is the first opportunity Congress will have to review AHRQ’s work and alter its direction since it created the agency by modifying the mission of the former Agency for Health Care Policy and Research (AHCPR) in 1999.

“AHRQ plays a critical role in developing the field of health services research, and as such, AcademyHealth members have a keen interest in any policy decisions regarding its future,” says David Abernethy, chair of the Coalition for Health Services Research. “The agency’s influence extends from providing grants to researchers to addressing policy questions from Congress to developing the health services research infrastructure through the dissemination of training grants and support for research centers.”

Committee on Placement, Coordination, and Funding of HSR Plays Important Role
Because of AHRQ’s importance to the field, AcademyHealth and the Coalition have done extensive work to prepare for the reauthorization. A joint committee consisting of representatives of the AcademyHealth and Coalition Boards was established to provide policy guidance to both boards on the reauthorization issue. Members of this Committee on Placement, Coordination, and Funding of Health Services Research include: Sheila Burke (chair), David Abernethy, Michael Chernew, Jordan Cohen, Judy Feder, Jeanne Lambrew (co-chair), Hal Luft, Nicole Lurie, Don Steinwachs, and Gail Wilensky.

Throughout a two-year process, the committee worked with leading congressional staff and current agency executives, including Carolyn Clancy from AHRQ and Mark McClellan from the Centers for Medicare and Medicaid Services, to learn about their expectations for the lead agency for health services research going forward.

The AcademyHealth Board has endorsed in principle four recommendations on the lead agency, coordination, and funding (see box at right). The Placement Committee is now focusing on options for where to place the comparative-effectiveness research function within the federal government.

“We think it is very important in our recommendation to insulate the science-based agency from any political backlash that may come from controversial findings,” says Sheila Burke, deputy secretary and chief operating officer of the Smithsonian Institution and chair of the Placement Committee.

Placement Committee Recommendations
At press time, the Committee on Placement, Coordination, and Funding of Health Services Research within the Federal Government had adopted the following four recommendations:

1. Continue having an agency of the Department of Health and Human Services (DHHS) as the lead agency for health services research. AHRQ is now that agency.

2. Strengthen the coordination of health services research both within DHHS and the federal government with an emphasis on improved linkages between the DHHS health statistical and survey units and Quality Improvement Organizations (QIOs) and the lead agency for health services research.

3. Establish and fund a Council of Sponsors to provide a mechanism to conduct a comprehensive needs assessment for the entire field of health services research. This Council would consist of representatives of federal, state, and local governmental agencies; foundations; researchers; providers; health plans; patient groups; and other stakeholders to oversee the development of a strategic plan for the field of health services research.

4. Increase the total federal funding for health services research spending from $1.5 billion to $5 billion.
More Options for Membership Dues and Benefits

You asked for more flexibility in your membership benefits and we listened. Starting in September, we will offer a new “no journal” membership rate in addition to our standard option to select subscriptions to one or both of our official journals—Health Affairs and HSR. As a result, you will now have the opportunity to tailor your membership to fit your needs and your budget.

All your other member benefits remain the same. We will continue to offer significant registration discounts to our meetings and conferences as well as access to the members’ only section of the AcademyHealth Web site. We’ll continue to keep you informed of current activities and findings through our member publications: Member Update, Partners, and AcademyHealth Reports. And our networking opportunities will be stronger than ever through our growing Interest Groups.

We know budgets are tight, so the dues portion of your membership renewal will remain the same. In addition, we have negotiated significant discounts on individual member subscription rates for Health Affairs and HSR. AcademyHealth members will be eligible for exclusive member rates representing approximately a 40 percent discount off the regular rates for both journals (see box below for rates).

Both journals will continue to publish six issues each year plus supplements, Web exclusives, and other special issues at various times throughout the year. Your subscriptions will include both the print and online versions.

We are working closely with our official journals to provide you the latest research and policy findings in a variety of areas within health services research and health policy. In the coming year, Health Affairs will be adding more articles on global health issues and in-depth studies of various health issues facing the developing world and their implications for U.S. policymakers. HSR recently launched its “OnlineEarly” feature, which posts complete, peer-reviewed articles online up to several months in advance of the printed issue. This benefits subscribers by allowing them to access the latest research long before it is publicly available. It benefits authors by shortening the acceptance-to-publication time, enhancing the timeliness of their research.

You will now have four options when renewing your membership:

| Membership Dues Only | $150 |
| Membership Dues plus HSR | $210 |
| Membership Dues plus Health Affairs | $225 |
| Membership Dues plus HSR and Health Affairs | $285 |

We hope you agree that these changes provide you strong value for the dollar. Now more than ever you need tools and resources that help you excel in your work. Questions about your membership should be directed to Kristine Metter, director of membership, at kristine.metter@academyhealth.org or 202.292.6754.

Subscription rates will be:

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Two Commonwealth Fund Programs Make Their Home at AcademyHealth

The Commonwealth Fund has placed two high-level programs at AcademyHealth: The Commission on a High Performance Health Care System and The Program on Medicare’s Future.

The Commission on a High Performance Health System aims to move the country toward a higher performing health care system that achieves better access, improved quality, and greater efficiency, focusing on the most vulnerable populations. The Commission identifies the characteristics of a high performing health system and recommends concrete steps for policy and practice to achieve a high performing health system. It will be led by Anne K. Gauthier, who will serve as senior policy director. Gauthier was most recently vice president of AcademyHealth where she led The Robert Wood Johnson Foundation’s Changes in Health Care Financing and Organization (HCFO) program.

The Program on Medicare’s Future is dedicated to understanding the experiences of Medicare beneficiaries. The current focus is on the low participation rates in Medicaid and other state-based supplemental programs for low-income Medicare beneficiaries, racial and ethnic disparities in access, and evidence of non-financial barriers to care. Stuart Guterman will lead the Program. Guterman was previously director, Office of Research, Development and Information at the Centers for Medicare and Medicaid Services.
2005 AcademyHealth Award Winners

Each year, AcademyHealth honors health services research and health policy leaders with several prestigious awards, which will be presented during the 2005 Annual Research Meeting, June 26–28 in Boston.

Distinguished Investigator Award
Linda H. Aiken, Ph.D., is director of the Center for Health Outcomes and Policy Research, The Claire M. Fagin Leadership Professor of Nursing, professor of sociology, and senior fellow at the Leonard Davis Institute of Health Economics at the University of Pennsylvania. She is the winner of the 2003 Individual Earnest A. Codman Award from the Joint Commission on Accreditation of Healthcare Organizations for her leadership using performance measures to demonstrate relationships between nursing care and patient outcomes. In 2003, AcademyHealth honored Dr. Aiken and her co-authors with the Article-of-the-Year Award for their paper in the Journal of the American Medical Association documenting the effect of nurse staffing on surgical mortality. Dr. Aiken founded and directs the International Hospital Outcomes Research Consortium in eight countries. She received bachelor’s and master’s degrees in nursing from the University of Florida, Gainesville, and a Ph.D. in sociology and demography from the University of Texas at Austin. She was a postdoctoral research fellow in medical sociology at the University of Wisconsin, Madison.

Alice S. Hersh New Investigator Award
Katrina Armstrong, M.D., M.S.C.E., is an assistant professor of medicine and epidemiology, senior fellow and director of research at the Leonard Davis Institute of Health Economics, and senior scholar in the Center for Clinical Epidemiology and Biostatistics at the University of Pennsylvania. She is also the program leader of the Cancer Control and Outcomes Program at the Abramson Cancer Center. Dr. Armstrong’s research seeks to elucidate the complex relationship among the social environment, use of cancer risk assessment, screening and treatment, and cancer outcomes. Her research findings have been published in the Journal of Clinical Oncology and the New England Journal of Medicine. In recent years, she has received the Robert C. Witt Research Award for the best paper published by the American Risk and Insurance Association, the Outstanding Lecturer Award from the School of Medicine, Class of 2004, the Leonard Berwick Memorial Teaching Award, and the Society of General Internal Medicine Outstanding Junior Investigator of the Year Award. She received a bachelor’s degree from Yale University, a medical degree from Johns Hopkins University, and an M.S.C.E. from the University of Pennsylvania.

Article-of-the-Year Award
Anthony T. Lo Sasso, Ph.D., received this award for his lead authorship on “The effect of the state children’s health insurance program on health insurance coverage,” which appeared in the September 2004 issue of the Journal of Health Economics. This article is co-authored by Thomas Buchmueller, Ph.D., University of California, Irvine.

Dr. Lo Sasso is an associate professor and senior research scientist in the Health Policy and Administration Division at the School of Public Health at the University of Illinois at Chicago. He is an economist and applied econometrician whose research spans several dimensions of health and labor economics and health services research. He is currently in the final year of a five-year Independent Scientist Award from the Agency for Healthcare Research and Quality studying workplace health benefits and how they affect employee health. He has studied the impact of the State Children’s Health Insurance Program on uninsurance among children and the extent to which public coverage may have “crowded out” private coverage of children. He currently has a grant to study how community rating provisions in state non-group health insurance markets affect non-group health insurance coverage and uninsurance. Dr. Lo Sasso received a doctorate in economics from Indiana University, Bloomington.

Dissertation Award
Rachel M. Werner, M.D., Ph.D., is an assistant professor of medicine at the University of Pennsylvania and a staff physician at the Philadelphia VA Medical Center. She completed a Ph.D. in health economics at The Wharton School, University of Pennsylvania, and finished her dissertation, “Testing theories of discrimination in health care: Evidence from New York’s CABG report card” in 2004. Dr. Werner attended medical school and did a residency in internal medicine at the University of Pennsylvania. She holds a bachelor’s degree from Macalester College in St. Paul, Minn.

NCHS/AcademyHealth Fellowship

Call for Applications

Deadline: Monday, January 9, 2006
Information: www.academyhealth.org/nchs
Questions: nchs@academyhealth.org

The Centers for Disease Control and Prevention’s National Center for Health Statistics (NCHS) and AcademyHealth are seeking applicants for their 2006 Health Policy Fellowship. This 13–24 month fellowship program brings between one and two visiting scholars in health services research-related disciplines to NCHS each year to collaborate on studies of interest to policymakers and the health services research community using Center data systems.

Applications are welcomed from doctoral students through senior researchers/faculty. Doctoral students must have completed course work and be at the dissertation phase of their program. Applicants must be U.S. citizens or permanent residents. Visit www.academyhealth.org/nchs for details on the fellowship and the application.
members matter

Moving On and Moving Up
Keep in touch with friends and colleagues by sending your career news to membernews@academyhealth.org. Submissions of no more than 25 words will be printed on a first-come, first-served basis.

Lisa Benton, M.D., M.P.H., is now public health medical officer III and chief of the Bioterrorism Planning and Preparedness Section, Immunization Branch, of the California Department of Health Services.

James Garnham, M.S., Ph.D. (ABD), has accepted a position as director of actuarial services for the Greater Rochester IPA.

Xiaoxing He, M.D., M.P.H., has joined Independence Blue Cross as a research analyst.

Jonathan Ketcham, Ph.D., has joined the Arizona State University School of Health Management and Policy as assistant professor.

Tarek H. Khalil, M.D., M.Sc., M.P.H., is now a QI specialist at Providence Health Care in Vancouver, British Columbia.

Mary A. Laschober, Ph.D., has joined Mathematica Policy Research as a senior researcher.

David Lewis, Ph.D., is now director of evaluation and research at the Office of Applied Research Regional Geriatrics Program Central, housed at St. Peter’s Hospital in Hamilton, Ontario.

Sarah Sampsel, M.P.H., is now a senior health care analyst with the National Committee on Quality Assurance.

AcademyHealth’s 2004 Annual Report Now Available
Did you know that AcademyHealth operated a program on diversity in health services research? Are you familiar with our Ethical Guidelines? Can you remember who was honored as the Distinguished Investigator last year?

Check out the 2004 AcademyHealth Annual Report to find information on:

◆ how the Coalition for Health Services Research’s efforts paid tremendous dividends for federal agencies that support our field.

◆ the new membership e-publication, Partners.

◆ Ethical Guidelines for Managing Conflicts of Interest in Health Services Research—the result of a two-year, voluntary effort by a high-level committee of your peers.

◆ recommendations regarding the Placement, Funding, and Coordination of Federal Health Services Research.

◆ how AcademyHealth Interest Groups have grown. There may be one for you!

With letters from the organization’s leadership, descriptions of program and projects, and a full list of publications produced in 2004, the Annual Report is a must-read for any member seeking to learn how AcademyHealth grew over the last year.

The report can be accessed via PDF at www.academyhealth.org/annualreport/annualreport2004.pdf, or, scroll through an HTML version at www.academyhealth.org/annualreport/.

News from the Journals

Health Affairs
The May/June issue of Health Affairs is a special thematic edition on vaccines. Articles include a survey of insurance coverage for vaccines, a survey of public responses to the flu vaccine shortage, an international comparison of vaccine economics, and a variety of articles assessing vaccine financing and supply.

HSR
Health Services Research is pleased to announce the implementation of OnlineEarly as part of Blackwell Synergy. OnlineEarly allows HSR to regularly publish online any accepted manuscript as soon as it has completed all copyright/production steps. To view all the articles currently available, sign onto the AcademyHealth “members-only” page (www.academyhealth.org/membership/membersonly.htm) using your given username and password. Click on the link to HSR to view the “OnlineEarly” area in the list of issues available to view. This offers subscribers access to completed work two-to-three months before the printed copies arrive. Upon being printed in an issue of HSR, the article will be removed from the OnlineEarly area; it will still appear online in the relevant online issue.

The Milbank Quarterly
The summer issue of The Milbank Quarterly includes five articles. The article featured on the Milbank Fund’s Web site (www.milbank.org) explores how health plans can make decisions regarding coverage of new technologies based on formulating precedents from past coverage decisions. Also included in the issue are articles on the legal controversy about the scope of legislative authority in redirecting charitable assets monetarized by the conversion of health plans to profit status; how governmental power can be used to end the racial segregation that still exists in some health care institutions; the implications of the rising use of psychotropic drugs for access to, cost, and quality of mental health treatment; and how consulting can be used as a way to transfer knowledge between researchers and policy decision makers.
Health Policy Orientation: Behind the Scenes of Decision-Making in Washington

October 24–27, 2005 • Washington, D.C.

AcademyHealth’s Health Policy Orientation offers an in-depth introduction to formal and informal policymaking processes, and the players who shape health policy in Washington, D.C. The orientation includes presentations by leading experts, group discussion, hands-on tutorials, and a congressional site visit. Speakers are health policy insiders from both sides of the aisle with high-level experience at the White House, Congress, and key health agencies and associations.

Organized with support from the Centers for Disease Control and Prevention’s National Center for Health Statistics, the orientation reviews the essentials of health policy, including:

✦ federal budgeting.
✦ the role of each branch of government.
✦ critical issues for purchasers, providers, and states.
✦ the future of entitlement programs,
✦ the influence of advocates and the media.
✦ the role of think tanks and foundations.

Who Should Attend?
Each year, the orientation receives rave reviews from participants who cite the orientation’s strengths as speakers’ knowledge, ability of speakers to communicate complex processes clearly, and the small group format. On the evaluation of the 2004 orientation, 100 percent of respondents said they would recommend that colleagues attend the orientation. The orientation is ideal for health policy fellows and analysts; public officials; federal, state, and private sector health care leaders; consultants; and students.

Be sure to register by September 30 as space is limited. For more information, visit www.academyhealth.org/orientation or call 202.292.6700.


AcademyHealth’s New Home Page: Check It Out
In April, AcademyHealth launched a new and improved home page for its Web site—www.academyhealth.org. The goal of the redesign is to show, at a glance, the scope of work conducted by the organization, its members, and its partners; and to make relevant information and resources easily accessible to users.

The site now includes a list of “some issues we are working on,” which organizes by topic a wealth of relevant research and policy materials from AcademyHealth members and others, including publications, Annual Research Meeting abstracts, PowerPoint presentations, research, and policy analysis. This component will enable members and other constituents to see how AcademyHealth carries out its mission of moving health care knowledge into action.

As with any Web site, the new home page is a work in progress. AcademyHealth invites members to visit the site and send their feedback to leanne.defrancesco@academyhealth.org.