Reports

ISSUE 27
JUNE 2007

From the White House to the State House, health reform is a hot topic and the buzz is growing. Whether this sudden swell of attention to health policy is a harbinger of national efforts to come, or merely a temporary spike prompted by pre-election campaigning, remains to be seen. Either way, the renewed attention could create new opportunities for the health services research field. What is driving this trend? How can researchers better translate findings to policymakers; and, what can the field do to prepare for the debates to come?

Building Momentum

There are multiple factors driving the renewed interest in health reform. Media coverage has focused primarily on the problem of the uninsured and increasing costs for health care. Meanwhile, purchasers and payers are growing more concerned about delivery system flaws. Successful bi-partisan reforms at the state level have raised hope that consensus may be possible.

“With the uninsured, you have a chronic problem that was not seen as a priority, and then Massachusetts and California step forward and say, ‘this is a solvable problem,’” says Bob Blendon, Sc.D., M.B.A., professor of Health Policy and Political Analysis at Harvard University. “That opens [health care reform] up for presidential candidates to take on as an issue.”

The upcoming election cycle has turned up the volume of health policy debates even further.

“There will be a lot of candidates putting positions together and they will rely on researchers to help them,” says David Blumenthal, M.D., M.P.P., director, Institute for Health Policy, Partners Healthcare System. “Once the plans are formed — and they will reflect each candidate’s philosophy and positioning to a degree — then there will also be a huge amount of policy work done to flesh out options,” he says.

Blumenthal and others foresee a number of opportunities to communicate with policymakers through committee meetings, hearings, policy briefings, and other workgroups. To be a part of the process, it will be important to find avenues for communicating the findings to policymakers and other stakeholders more effectively.

Mark Smith, M.D., M.B.A., president and CEO, California Healthcare Foundation, cautions that growing momentum for health coverage reforms should not be taken as a sign of the public’s commitment to comprehensive health reform. According to Smith, the debate in Washington is largely an effort to try to expand insurance coverage and shift costs, when in fact the more important challenge is improving the delivery system.

“In general, what we’re seeing right now is an attempt to address the financing of insurance premiums, not an attempt to more broadly address the care and delivery systems for which those premiums pay,” says Mark Smith. “One
In 2006, membership dues comprised 5 percent of total revenue. To ensure that AcademyHealth fulfills its mission, we must rely on a variety of other sources of revenue. [See Pie Chart 1 – Sources of Revenue for 2006]. Our work is largely funded through foundation and government grants and contracts, with meeting and exhibit fees, investments, and other contributions adding additional support. Our efforts to secure funding result in the development of programs that support our members, as well as a range of translational activities that heighten the visibility of health services research and facilitate exchange of knowledge between researchers and decision makers.

AcademyHealth grants and contracts tend to fall under two categories. First, we serve as a national program office for various foundation efforts such as the Robert Wood Johnson Foundation’s Changes in Health Care Financing and Organization (HCFO) and State Coverage Initiatives (SCI) programs. Second, AcademyHealth is a contractor for two government programs, the Agency for Healthcare Research and Quality (AHRQ) Knowledge Transfer initiative and the National Library of Medicine’s HSRProj database. In both cases, the funders largely direct the course of activities they support. Accordingly, less-restricted funds are also needed to support the organization’s core functions. By building on the convening and synthesis skills of our staff, AcademyHealth has been successful in securing funds for our mission elements in such substantive areas as health care coverage, health workforce, and quality of care. [See Pie Chart 2 – Sources of Revenue by Mission Category 2006]. While it is essential for AcademyHealth to secure the necessary funding to move research and policy into practice, we are careful not to compete with our members. The Board of Directors is responsible for reviewing strategic development plans to ensure that activities are closely aligned with our vision and mission and do not undercut our members, particularly in the area of investigator-initiated research.

The Board recognizes that both AcademyHealth and its members conduct research dissemination and translation through convening activities and research syntheses. However, there is general consensus that the field is in dire need of more work in this area, and that its future, at least in part, depends on developing greater demand for health services research. The Board believes that AcademyHealth should continue to provide leadership in this area.

AcademyHealth is committed to engaging both individual and organizational members in our development efforts. We view our Interest Groups as important vehicles for expanding participation and generating new AcademyHealth programs and services. The Interest Groups provide a mechanism for AcademyHealth and its members to seek funding to support specific initiatives, as has occurred with the Robert Wood Johnson Foundation support of Public Health Systems Research and the Commonwealth Fund support of the Long-Term Care Colloquium. We are excited that so many of you have joined Interest Groups and we look forward to continuing these activities as a way members can be more involved with AcademyHealth.

A key challenge of my tenure as your President has been to establish a more robust and stable funding base to meet our mission and thereby better serve AcademyHealth members and stakeholders. We look forward to seeing you in Orlando for this year’s Annual Research Meeting, where you will witness the vision and mission of AcademyHealth in action.

W. David Helms, Ph.D.
President & CEO
AcademyHealth
of the central questions then, is whether money spent on health care under the current system is a good value.”

Smith believes health services research has an opportunity and obligation to broaden the reform discussion to the issue of value in health care. He sees a need for more interdiscipli-

nary health services research that draws on the experience of the payer and the provider commu-
i nities and includes a focus on organizational behavior change.

Regardless of what topics of research should inform the emerging public policy debate, Uwe Reinhardt, Ph.D., James Madison Professor of Political Economics at Princeton University, stresses the need to translate research in a way that is meaningful to policymakers who judge find-
ing more than scientific rigor. “We researchers tend to come out with fairly clean proposals, but often don’t take into account the political realities,” he says. Policymakers on the other hand, are more likely to view find-
ings through a filter of ideology, constituent concerns, and party platform. Reinhardt believes it is important for health services researchers to acknowledge the political realities and to structure communication appropriately.

He offered the following tips for communicating research to policymakers:

- Use analogy and imagery to illustrate research findings in a way that is accessible to policymakers and cuts through ideological conflicts.
- Respect your ideological opponent and look for points of compromise on which you can build.
- Make the findings relevant. Consider a distributed analysis to illustrate how policy will impact an individual consumer.

“It is not my job to tell you what ethic you should have, but rather to look at the policy and predict the result you will have. Then the policymaker can make a decision understanding the potential outcome,” says Reinhart.

Timing is Crucial

Despite health policy’s current prominence in the campaign cycle, the possibility that any reform proposal will be implemented remains uncertain. “It is a mistake to assume that just because something is a campaign issue it will be addressed [post-election],” says Blendon. “But if health care is a serious issue into 2009, we could expect to see an increase in federal funding around how to make various plans work.”

Policymakers will need data and ideas quickly. Adds Blendon, “Whoever is elected will be looking for ideas in 11 months, so the challenge to the field is how do you get new ideas out there on a timeline that will be useful.”

While new research may be difficult to complete in this brief window of opportunity, Blumenthal believes that existing research can give rise to additional analysis that could be highly useful. Blumenthal says, “As a field, we can take the scientifically established, effective models of care delivery and think about how they might or might not work together. Are they compatible? What incentives would need to exist to get us there? I think policymakers would find this research incredibly valuable.”

Smith believes that informing the debate requires more integrated research systems that can quickly test different pilot initiatives. “We need a research infrastructure that is integrated with delivery system and runs on the same platform,” says Smith. “For health services research to be affordable, timely and effective it must ultimately be built on automated clinical information so that we don’t need to fund and build a separate research infrastructure to evaluate the system.”

Looking Ahead

The field of health services research is again at a crossroads, facing both the opportunity to move re-

search into policy, and the challenge of finding the appropriate channels and formats to achieve that goal. Increased interest in health reform clearly elevates the visibility of research, but it is the field’s responsibility to ensure that relevant research is available and that it is communicated to the right people at the right time and in the right place.

---

**Health Law Research Methods Workshop Offered**

AcademyHealth is offering a two-day workshop designed to introduce health services researchers to the role of law in health policy-related health services research. The course will be taught by leading re-

searcher Sara Rosenbaum, J.D., Hirsch Professor and Chair, Department of Health Policy, George Wash-

ington University School of Public Health and Health Services. Given that few health services research-

ers understand basic health law concepts, and even fewer have been exposed to legal research training, this methods workshop provides a unique professional development opportunity to master methods that can measure the impact of law on health and healthcare. Course faculty will draw upon leading United States Supreme Court decisions and the emerging trends in state courts to provide participants with the essential tools needed to understand the major domains and themes of health law. Participants will learn about the role of constitutions, statutes, administrative regulation and judge-made law in the legal framework, and how courts balance stakeholder interests in resolving major disputes.

The course will be held at the AcademyHealth offices in Washington, D.C., June 25-26. Certificates of completion will be provided. Space is limited, so visit the course web site for further details and registration information at www.academyhealth.org/healthlaw/.
Coalition Corner

Your Voice Matters: Making an Impact on Capitol Hill

A key component of the Coalition’s mission is to increase funding for federal agencies that support health services research (HSR) and health data. Each spring, the Coalition ramps up its advocacy activities in conjunction with the annual budget and appropriations process by meeting with key staff on the House and Senate Labor, Health and Human Services, Education and Related Agencies (LHHS) Subcommittees on Appropriations. An integral part of the Coalition’s advocacy strategy is mobilizing our grassroots community through “alerts,” urging you to contact your senators and representatives and ask that they increase funding for HSR. Last year, we asked 1,500 members living in key states and districts to contact their congressional appropriators, resulting in 367 messages sent by the members.

Letters from constituents do impact decision-making, so we encourage you to become more involved. To contact your senators and representatives simply visit our Web site (www.chsr.org), click on “alerts,” and follow the instructions for sending a message to your representative or senator. You’ll find that we have drafted a standard message for you, but you should edit this message to highlight how funding for health services research is critical to you and your work, as personalized messages are the most effective.

To maximize the impact of these messages, we often “target” our alerts so that only constituents of representatives and senators serving on the LHHS appropriations subcommittees will be asked to send letters. However, there are opportunities for the broader AcademyHealth membership to contact Congress as the appropriations bills move from the subcommittees to the committees in the spring and eventually to the House and Senate floors in the summer or early fall.

Please note that federal employees are not allowed to participate in these advocacy activities, so we make every effort to ensure that this segment of AcademyHealth members does not receive alerts. In addition, other institutions may not allow such participation by their employees. Please check with your employer if you are unsure as to whether or not you may take part in advocacy campaigns.

For more information on how you can become involved in the Coalition’s advocacy activities please contact Emily Rowe, Director of Government Relations, at emily.rowe@academyhealth.org.

Talk the Talk...
The Coalition’s legislative term of the quarter is: 302 (b) Allocation

“302(b) allocation” is budget talk for the amount of discretionary funds each of the appropriations subcommittees will have to work with as they draft their respective appropriations bills. They are the link between the budget resolution—through which Congress sets the overall federal spending limit—and the rest of the appropriations process. The House and Senate are not required to have the same 302(b) allocations for their respective appropriations subcommittees, but the grand total must meet the agreed-upon budget resolution level.

For the Record: Coalition Stresses Importance of HSR Funding

For the 10th year in a row, the Coalition submitted written testimony to the LHHS appropriations subcommittees regarding FY 2008 funding for agencies that support HSR and health data. In its statement, the Coalition emphasizes the importance of adequately funding our field and describes the consequences of not doing so. For a copy of the Coalition’s statement, please visit: www.chsr.org/testimony033007.pdf

For timely information on the FY 2008 budget resolution, the 302(b) allocations, and the status of appropriations process please visit www.chsr.org.
Increasing the Demand for HSR Through Learning Networks

There is a growing interest in learning networks as a knowledge translation strategy in health services research. In theory, peer exchange is the most common and effective way for practitioners to learn about innovations. Through networks, experiential knowledge is shared among colleagues and a fertile climate for discussing and applying research-based knowledge is created. Network facilitators then introduce research in a manner sensitive to the practitioners’ needs and interests. Ideally, networks create demand for health services research among decision makers that can apply it.

In practice, of course, there are significant differences in the way networks function. Through a series of different projects, AcademyHealth has learned about networks and how different types of groups use research. Our work spans three types of networks:

1. “Practice-based networks”
These networks link individuals with similar roles and responsibilities and take on different topics over time. The group is less structured than other types of networks. As contractor to AHRQ, AcademyHealth facilitates the AHRQ Medicaid Medical Directors’ Learning Network, a practice-based arrangement for physicians serving in senior leadership for their state Medicaid programs. This network is one of five networks in the AHRQ Knowledge Transfer Program.

2. “Problem-based networks”
Problem-based networks involve people in a variety of professional roles who focus on one particular policy or practice issue. These networks tend to be more temporary due to their targeted nature. They are usually highly structured, with some hierarchy among those in the group who are more or less advanced in the topic. Moreover, the role of the facilitator is more clearly designed to teach or to provide access to others who can teach. The Pilot Learning Network on Quality-based Purchasing, another AHRQ Knowledge Transfer network facilitated by AcademyHealth, is a problem-based network focused on implementing pay-for-performance and public-reporting initiatives.

3. “Knowledge networks”
These combine elements of practice- and problem-based networks, involving individuals with a variety of job titles and pursuing different topics over time. In these groups, shared identity is created through credentials and research contributions among members. These groups can be long term. AcademyHealth’s 15 Interest Groups are knowledge networks, each focused on a broad topic area such as public health, disparities, or long-term care.

Lessons from Learning Networks
Practice-based learning networks appear to be the most sustainable of the three models and may have the highest level of impact, as measured both by participant satisfaction and reports of research uptake. Their agenda is primarily self-defined and tends to vary greatly over time.

Jeffery Schiff, M.D., a learning network member and a Medicaid Medical Director in Minnesota, says, “The time to interact with our peers is extremely valuable. It is the development of these relationships that will create a social network for system change.”

While the medical directors use a Web forum to discuss specific technologies or coverage decisions, they take advantage of the large group meetings to address broader policy issues, such as the role of Medicaid in fostering the use of electronic medical records, defining “medical necessity,” or care management approaches.

Tom Kline, a member of the network from Iowa, commented, “It’s very helpful to not be working in a vacuum...With the Web forum, if one of us has already begun an analysis, the rest of us do not have to repeat the research, but can use the information gained or expand on the analysis.”

Problem-based networks provide an effective laboratory for developing and testing new evidence-based tools, as well as for disseminating findings to broader audiences. In addition, one of the unexpected benefits of the Pilot Learning Network on Quality-based Purchasing network has been the feedback loop from decisionmakers to researchers. Meredith Rosenthal, one of the researchers who was invited to be a resource for the learning network, said, “Participating in the AHRQ learning network has provided me with new insights into the practical challenges of quality-based purchasing and has helped shape my research to be more relevant and responsive to the concerns of purchasers. At the same time, I hope that our discussions have served to encourage and support evidence-based thinking on the part of network members.”

Knowledge networks, like AcademyHealth’s Interest Groups, require less administrative support and investment than other types of learning networks. In addition, because they utilize a mix of web-based discussion and in-person meetings, they appeal to both highly interactive group members who prefer to ‘drive’ discussion and more observation-inclined members who learn by monitoring the discussion. These interest groups rely on loose networks of professionals who self-identify and who, in a large part, drive their own agenda in order to share learning around a particular domain of public policy.

For example, the Health Economics Interest Group has convened researchers, policymakers, and practitioners to discuss topics ranging from efficient Medicare pricing to the impact of health savings accounts on consumer choices. Another example is the Health Workforce Interest Group which provides a forum for sharing research on current workforce issues.

Ultimately, each type of learning network has advantages, and each requires a different, albeit not insignificant, level of staff support. When considering or implementing a learning network, organizers should consider goals, participant needs, and available resources. According to Polly Pittman, project director for AcademyHealth’s Knowledge Transfer contract with AHRQ, while there is a need for ongoing staff support to maintain a vibrant learning community, the investment is rewarded by high levels of satisfaction among participants and significant learning taking place.

“There are clear examples in which research findings shared through the learning network have led to changes in organizational practices,” says Pittman. “This translation of knowledge into practice is what makes the effort worthwhile.”
News from the Journals

May/June 2007 Health Affairs
“Pursuing Medical Progress: Managing Benefits And Risks”

The activities of daily living provide plentiful opportunities to encounter risks and embrace-benefits, but only rarely does anyone stop to weigh the consequences. The May/June 2007 issue of Health Affairs addresses benefits and risks as they relate to health care. In this issue, leading thinkers grapple with the question of who is responsible for safeguarding our health and how much responsibility rests with the individual patient, physician, caregiver, insurer, or regulatory authority.

For example, John Graham, dean of the Pardee RAND Graduate School and onetime head of the Information and Regulatory Affairs Office, Office of Management and Budget, asks, “Who decides?” He examines what factors determine the balance of public regulation and individual decisions.

Scott Gottlieb of the American Enterprise Institute, a practicing internist and former deputy commissioner for medical and scientific affairs at the Food and Drug Administration, argues that the widespread imposition of “risk management” plans for new pharmaceuticals will put the government in the business of regulating the practice of medicine, while making it more difficult for many patients to get new medicines.

Ellen Peters, a senior research scientist at Decision Health, and colleagues reveal why many efforts to communicate risks and benefits typically engender confusion instead of understanding. Authors suggest ways that this vital information can be framed to foster productive dialogue and informed decisions in the future. www.healthaffairs.org

HSR Introduces Theme Issues

The new year at Health Services Research is the time we take stock of our accomplishments and plan for the year ahead. This year, we are pleased to announce a new feature whereby outstanding health services research on an important “theme” will be published in a theme issue of the Journal. Unlike regular issues, the editors of HSR will issue a call for papers on the selected theme and choose the best of those accepted to be gathered into a themebased issue. To ensure timely dissemination of important research, manuscripts chosen for the theme issue will be published electronically in OnlineEarly ahead of print publication. Accepted manuscripts that are not selected for the theme issue will appear in a regular issue of the journal. The theme chosen to introduce this feature is “Improving Efficiency and Value in Health Care.” This theme issue is sponsored by the Agency for Healthcare Research and Quality, which will assist HSR in publicizing and disseminating the findings of the selected studies. Look for the official “Call for Papers” on our Web page at www.hsr.org.

AcademyHealth Award Winners to be Recognized at the Annual Research Meeting

Each year, AcademyHealth honors health services research and health policy leaders with several prestigious awards, which are presented during the Annual Research Meeting. We congratulate this year’s winners.

The Distinguished Investigator Award recognizes investigators who have made significant and lasting contributions to the field of health services research through scholarship, teaching, advancement of science and methods, and leadership. Mark V. Pauly, Ph.D., Bendheim Professor in the Department of Health Care Systems at the Wharton School of the University of Pennsylvania, is the 2007 Distinguished Investigator Awardee. Dr. Pauly is professor of health care systems, insurance and risk management, and business and public policy at the Wharton School and professor of economics in the School of Arts and Sciences at the University of Pennsylvania. One of the nation’s leading health economists, Dr. Pauly has made significant contributions to the fields of medical economics and health insurance. His classic study on the economics of moral hazard was the first to point out how health insurance coverage may affect patients’ use of medical services. He is currently studying the effect of poor health on worker productivity.

The Alice S. Hersh New Investigator Award recognizes scholars early in their careers as health services researchers who show exceptional promise for future contributions to the field. This award commemorates the dedication of Alice Hersh, founding executive director of the Association for Health Services Research, to supporting the next generation of health services researchers. The 2007 Alice S. Hersh New Investigator awardee is Kevin Volpp, M.D., Ph.D. Dr. Volpp is a core faculty member of the Center for Health Equity Research and Promotion (CHERP) at the Philadelphia VA Medical Center, an assistant professor of Medicine at the University of Pennsylvania School of Medicine, and an assistant professor of Health Care Systems at the Wharton School.

Benjamin Lê Cook, M.P.H., Ph.D., a researcher at Mathematica Policy Research, Inc. in Cambridge, Mass., is the recipient of the 2007 Dissertation Award, which honors an outstanding scientific contribution from a doctoral thesis in health services research. Dr. Cook recently completed a Ph.D. in Health Policy at Harvard University, concentrating in Evaluative Science and Statistics.

Give Today!
Support the Alice S. Hersh New Investigator Award by contributing to the Alice S. Hersh Memorial Fund. Your tax-deductible donation enables AcademyHealth to recognize scholars early in their careers as health services researchers who show exceptional promise for future contributions.

Give today at www.academyhealth.org/awards/fundcampaign.cfm.
Members Matter

Make the Most of Your Membership

As a member of AcademyHealth you have access to a growing network of individuals committed to improving health and health care by developing the best health services research and moving research into policy and practice. In addition, you receive a bounty of resources to help you excel in your work. Make the most of your membership by taking advantage of the following member benefits.

Connections throughout the Country
AcademyHealth members can network and consult with peer groups through 15 topic-specific Interest Groups, at the Annual Research Meeting and the National Health Policy Conference, or through volunteer committees. Your membership also provides a variety of opportunities to connect with a wide range of professionals and students. In addition, the online directory of members can help you find potential collaborators with just the expertise you are seeking.

Cost Savings
Staying current with the latest research doesn’t have to cost you a bundle. AcademyHealth members receive discount on an assortment of items ranging from journal subscriptions to conference registration fees and recently published books. Subscriptions to our two official journals, Health Affairs and HSR, are offered to members at 40 percent off the regular price.

Educational Programs
In settings small and large, members gather to hone their methodological skills, hear the latest research and policy findings, look behind the scenes at Washington policymaking, travel overseas to see how other countries manage their health care, or just talk with one another to gain fresh perspectives. Whether in-person, online, or over the phone, AcademyHealth’s meetings and seminars provide an avenue for staying current with the latest techniques and trends in research and policy.

Community News
AcademyHealth helps you connect with your community of fellow members through three newsletters. This publication, AcademyHealth Reports, includes in-depth features on current topics in the field, legislative news and analysis, funding trends, professional development opportunities, and more. Our monthly Member Update, sent electronically, provides a snapshot of upcoming events and activities. Written in a quick-read format, this newsletter keeps you current on key deadlines and activities. And Partners, also sent electronically, brings you news from our Organizational Affiliates, including new publications, organizational changes, calls for nominations, and new resources.

AcademyHealth Student Chapter Program Announcements

AcademyHealth congratulates and welcomes its four new student chapters at Boston University, the Purdue University School of Nursing, the University of Florida, and the University of Wisconsin-Madison (UW-Madison).

The AcademyHealth Student Chapter at Boston University held its inaugural meeting and recruitment event in April, at which students and faculty were acquainted with the chapter leadership and members and learned about the mission and upcoming activities of the next academic year. The chapter was founded by students Barbara Lerner and Tony Waddimba and is supported by faculty advisor James Burgess.

The Purdue AcademyHealth Student Chapter, lead by Deborah Koester and faculty advisor Julie Novak, hosted the first of a series of speaker luncheons by welcoming Sheila Klinker of the Indiana House of Representatives and Cathy Weaver, the director of public health and medicine partnerships in the Office of the State Health Commissioner. Representative Klinker provided an update regarding pending state legislation as well as insight into current legislative measures and their effects at the local levels. Dr. Weaver presented an in-depth analysis of current health policy issues, examining the local, state, national, and international perspectives. The next speaker luncheon will focus on nursing history and ethics.

Lead by President Alex Laberge and faculty advisor Paul Duncan, the student chapter of the University of Florida is serving as the host chapter at this year’s Annual Research Meeting. Chapter members are providing assistance to AcademyHealth as room monitors during many of the breakout sessions. In addition, the chapter is hosting a networking event for the other chapters as well as student attendees interested in the program.

The AcademyHealth UW-Madison Student Chapter is the most recent addition to the student chapter program. Established to promote dialog across an array of disciplines to foster health policy and health services research, the chapter will concentrate on areas such as medicine, nursing, engineering, population health, sociology, and economics. Jenya Antonova, who initiated the chapter, coined a new term saying, “Our chapter is unique in its ‘inter-disciplinarity’ theme.” Theresa Hoeft, Kerry McGuire, and Jessica Schumacher join Antonova in leading the chapter.

To learn more about the current student chapters or obtain more information about the AcademyHealth Student Chapter Program, please visit www.academyhealth.org/membership/studentchapters.htm.

Advocacy through the Coalition for Health Services Research
The Coalition, which advocates on behalf of AcademyHealth and the field of health services research, provides a unified voice for members as it strives to secure funding for research and available datasets. The Coalition also tracks legislation, reports development and periodically takes action to address policies that may impact health services researchers as you conduct your work.

Special Services for Students
As the next generation of researchers and policy professionals, student members of AcademyHealth have access to special services designed just for them. Chapters provide a mechanism to help you excel in your work. Make the most of your membership by taking advantage of the following benefits:

Advocacy through the Coalition for Health Services Research
The Coalition, which advocates on behalf of AcademyHealth and the field of health services research, provides a unified voice for members as it strives to secure funding for research and available datasets. The Coalition also tracks legislation, reports development and periodically takes action to address policies that may impact health services researchers as you conduct your work.

Special Services for Students
As the next generation of researchers and policy professionals, student members of AcademyHealth have access to special services designed just for them. Chapters provide a mechanism to help you excel in your work. Make the most of your membership by taking advantage of the following benefits:

Advocacy through the Coalition for Health Services Research
The Coalition, which advocates on behalf of AcademyHealth and the field of health services research, provides a unified voice for members as it strives to secure funding for research and available datasets. The Coalition also tracks legislation, reports development and periodically takes action to address policies that may impact health services researchers as you conduct your work.

Special Services for Students
As the next generation of researchers and policy professionals, student members of AcademyHealth have access to special services designed just for them. Chapters provide a mechanism to help you excel in your work. Make the most of your membership by taking advantage of the following benefits:

Advocacy through the Coalition for Health Services Research
The Coalition, which advocates on behalf of AcademyHealth and the field of health services research, provides a unified voice for members as it strives to secure funding for research and available datasets. The Coalition also tracks legislation, reports development and periodically takes action to address policies that may impact health services researchers as you conduct your work.

Special Services for Students
As the next generation of researchers and policy professionals, student members of AcademyHealth have access to special services designed just for them. Chapters provide a mechanism to help you excel in your work. Make the most of your membership by taking advantage of the following benefits:

Advocacy through the Coalition for Health Services Research
The Coalition, which advocates on behalf of AcademyHealth and the field of health services research, provides a unified voice for members as it strives to secure funding for research and available datasets. The Coalition also tracks legislation, reports development and periodically takes action to address policies that may impact health services researchers as you conduct your work.

Special Services for Students
As the next generation of researchers and policy professionals, student members of AcademyHealth have access to special services designed just for them. Chapters provide a mechanism to help you excel in your work. Make the most of your membership by taking advantage of the following benefits:

Advocacy through the Coalition for Health Services Research
The Coalition, which advocates on behalf of AcademyHealth and the field of health services research, provides a unified voice for members as it strives to secure funding for research and available datasets. The Coalition also tracks legislation, reports development and periodically takes action to address policies that may impact health services researchers as you conduct your work.

Special Services for Students
As the next generation of researchers and policy professionals, student members of AcademyHealth have access to special services designed just for them. Chapters provide a mechanism to help you excel in your work. Make the most of your membership by taking advantage of the following benefits:

Advocacy through the Coalition for Health Services Research
The Coalition, which advocates on behalf of AcademyHealth and the field of health services research, provides a unified voice for members as it strives to secure funding for research and available datasets. The Coalition also tracks legislation, reports development and periodically takes action to address policies that may impact health services researchers as you conduct your work.

Special Services for Students
As the next generation of researchers and policy professionals, student members of AcademyHealth have access to special services designed just for them. Chapters provide a mechanism to help you excel in your work. Make the most of your membership by taking advantage of the following benefits:

Advocacy through the Coalition for Health Services Research
The Coalition, which advocates on behalf of AcademyHealth and the field of health services research, provides a unified voice for members as it strives to secure funding for research and available datasets. The Coalition also tracks legislation, reports development and periodically takes action to address policies that may impact health services researchers as you conduct your work.

Special Services for Students
As the next generation of researchers and policy professionals, student members of AcademyHealth have access to special services designed just for them. Chapters provide a mechanism to help you excel in your work. Make the most of your membership by taking advantage of the following benefits:
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, in Congress, and at key health agencies and associations.

Organized with support from the CDC National Center for Health Statistics, the orientation will review the essentials of health policy, including how Congress works and the role of congressional agencies, the organization of the Administration, issues related to Medicare, and perspectives on critical policy issues.

The orientation is ideal for health policy fellows and analysts, public officials, federal or state government employees, private sector health care employees, consultants, and students.

Limited space is available. Register by September 28. For more information, visit www.academyhealth.org/orientation or call 202.292.6700.

Dates to Watch

| July 31 | Deadline to submit nominations for HSR Impacts |
| August 3 | Deadline to register for German International Health Study Tour |
| September 4-21 | Member Election for AcademyHealth Board of Directors |
| September 28 | Deadline to register for 2006 Health Policy Orientation |
| October 13-19 | International Health Study Tour: Germany |

www.academyhealth.org