Uninsured a Hot Issue at National Health Policy Conference

Federal and state officials, members of Congress, and industry leaders from across the country gathered in Washington, D.C., on January 22-23 to debate major health policy issues and preview the policy agenda for the year ahead. The 2003 National Health Policy Conference, co-hosted by AcademyHealth and Health Affairs, focused on finding solutions to current challenges on the health care horizon, including spiraling costs, the growing number of uninsured, the threat of terrorism, and the opportunity to improve quality by leveraging employers’ buying power.

Attended by more than 750 individuals, this year’s conference was the largest yet. Participants included more than 400 people from the public sector, 200 from the private sector, 75 students, and 75 members of the press. A common theme was a call for bold leadership over the next year in order to keep health care high on a national agenda dominated by war, homeland security, and the faltering economy.

“This is an absolutely critical year for health policy in this country,” said Mark McClellan, M.D., commissioner of the Food and Drug Administration, in the conference’s opening session. “I’m sure the ideas discussed at this conference will have an impact on the way we approach the many difficult issues that we’re facing.”

One of the most fertile topics for discussion throughout the meeting was the uninsured. According to recent U.S. Census data, more than 41 million Americans currently lack health coverage—the highest number in more than three decades. The conference highlighted a variety of policy proposals that have been advanced to address the issue, ranging from President Bush’s plan to fund tax credits for the purchase of health insurance to Democratic strategies to increase federal Medicaid matching rates and expand public programs. The meeting was also the forum at which a new proposal to reach universal health insurance coverage was unveiled. Senator John Breaux (D-La.) described “a new social contract” that

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By some accounts, 2003 may be one of the more challenging years of the past decade for health care decision-makers. Health care spending is increasing, the number of uninsured is on the rise, and the nation is facing economic uncertainty. However, challenges always pose opportunities. Thus, 2003 promises new chances for improvement. Health services researchers have the opportunity to inform decision-makers about some of the most pressing health care issues of the day, including the Medicare/prescription drug debate, improvements in patient safety, and recent proposals to achieve universal health insurance coverage.

As the new chair for the AcademyHealth board, I am pleased to share with you some of the ways that this organization is responding to the needs of health services researchers and policy professionals during these trying times. As part of our effort to engage our membership through market research, we will soon send out a survey by e-mail to assess the needs of our current and lapsed members, as well as other key constituents. We plan to use the results to refine our benefits and offerings to best serve you.

AcademyHealth is also focusing on raising its public profile and improving communication with and among its membership. Over the past year, AcademyHealth’s communications team has not only transitioned the organization to a sharp new identity through our recent name change, but has embarked on many efforts to educate decision-makers and the public about the value of health services research and its vital connection to health policy. For example, AcademyHealth has introduced “Connecting the Dots,” an educational campaign designed to inform decision-makers about the impact of health services research. The organization has also collaborated with The Robert Wood Johnson Foundation to produce research syntheses that provide decision-makers with succinct and easily understood summaries of policy-relevant findings on current health care issues based on health services research.

Finally, AcademyHealth is more committed than ever to building on the natural synergy that exists between the fields of health services research and health policy. This past January, we held our third annual National Health Policy Conference in Washington, D.C. This conference, co-hosted by Health Affairs, has emerged as the premier health policy forum in the United States and serves as the ideal complement to AcademyHealth’s Annual Research Meeting held each summer. While the latter conference is devoted to highlighting the latest health services research and identifying future health care information needs, the former provides an in-depth look at the policy agenda for the year ahead and generates ideas for how research can most effectively transform policy and practice.

There’s no doubt that 2003 will hold many challenges—and AcademyHealth is determined to focus on the opportunities they bring.

Gail Wilensky, Ph.D.
Project HOPE
For this month’s member profile, we feature a professional from the world of health policy. Kathleen Buto spent 18 years crafting Medicare and Medicaid policy at the Health Care Financing Administration (HCFA), now the Centers for Medicare and Medicaid Services. In September 2001, Ms. Buto became vice president for health policy in Johnson & Johnson’s government affairs division.

At HCFA, Buto headed Medicare’s policy apparatus. She set reimbursement rates and conditions for participation for hospitals, physicians, nursing homes, and health plans, and dealt with medical coverage and benefits issues. As deputy director for HCFA’s Center for Plans and Providers, Buto worked on policy and operational issues with Medicare contractors.

She says she has drawn heavily on her government background in her current position at Johnson & Johnson, as Medicare issues have been a large focus for the company recently. In an interview with AcademyHealth, Buto elaborated on how health services research has helped her reach policy decisions and how researchers can make themselves indispensable to policy professionals.

AcademyHealth: What are your main responsibilities at Johnson & Johnson?
Buto: They span federal, state, and international policy. I cover anything touching on policy, reimbursement, or coverage at the federal level, both legislatively and through government action, while also monitoring the U.S. Food and Drug Administration. On the state side, my staff works with Johnson & Johnson operating companies on their negotiations with state Medicaid agencies on rebates and pricing, negotiating preferred drug lists, and on disease management programs and coverage issues. At the international level, my group works with Johnson & Johnson’s international government affairs office to provide policy support.

AcademyHealth: How would you describe the contrasts between working in a private-sector setting and a public-sector, regulatory setting?
Buto: In a company, the focus is on the business, not what government is doing, whereas the aim of government is getting government to operate, and policymakers are very central to everything going on. At Johnson & Johnson, the policy area is important, but what’s central is business decision-making—the product development pipeline, business acquisitions, sales, and customers. The government’s actions can either enhance or detract from that, but they are not the central focus of private-sector companies.

AcademyHealth: How has health services research helped you as a policymaker?
Buto: Everything we did at HCFA, particularly in setting reimbursement rates, relied on some research. A lot of the early work on the DRG system and physician fee schedule was health services research, using Medicare data. Another big influence of health services research is all of the work on outcomes and quality. It’s had a big influence on what Medicare is doing in terms of figuring out how to provide the right incentive for health plans and providers in a way that improves rather than stifles quality.

AcademyHealth: How can health services researchers improve rather than detract from that, but rather enhance or detract from that, but they are not the central focus of private-sector companies.

AcademyHealth: Can you cite a current or recent example of health services research that has been effectively translated into policy?
Buto: Risk-adjustment research was critical in evaluating the Medicare+Choice program. There’s been some 10 years of research on this, and finally aspects of it have been implemented.

AcademyHealth: As a policy person, what advice would you give to health services researchers who are looking to conduct investigations that inform health policy?
Buto: It’s important for health services researchers to interact with policy people. Policy people are very different. They are extremely pragmatic and are trying to solve today’s problems. It’s important to understand where they are and to try to anticipate what kinds of health services research they’ll need for the future. Health services researchers almost need to forecast where policymakers are going to go. There needs to be more back and forth between policy people and health services researchers. Finally, health services researchers also need to be able to produce research quickly, rather than over two, three, or four years.

AcademyHealth: As a policymaker, what additional thoughts would you like to share?
Buto: One thing I discovered since coming to Johnson & Johnson is how great the mistrust is between public- and private-sector analysts. It goes both ways. It’s unfortunate. There needs to be a greater effort to build trust among stakeholders in order to really develop research and policy that has a core of support.
The Coalition for Health Services Research is encouraging Congress to enact legislation requiring an investigation into the adequacy of the current placement and coordination of health services research. The Coalition will advocate that Congress pass legislation similar to that introduced by Senator Bill Frist, M.D., (R-Tenn.) in the last Congress, which would require that the Agency for Healthcare Research and Quality (AHRQ) enter into a contract with the Institute of Medicine (IOM) to conduct the study.

AcademyHealth asked the Coalition to press for the study in order to inform Congress about the federal government’s existing investment in health services research and to ensure that the research being funded is coordinated and meeting current needs. By pushing for the study now, the Coalition hopes the results will influence Congress’s discussion about the placement of AHRQ when its authorization comes up for renewal in 2004.

As a small, independent agency within the Department of Health and Human Services, some perceive that AHRQ is vulnerable. Last year, those involved in the field became quite concerned when Bush administration proposals surfaced to break up the agency and move some of its major components to the Office of the Assistant Secretary for Planning and Evaluation. While the administration did not ultimately pursue this plan, it did propose that AHRQ’s budget be cut from $300 million to $250 million.

Because the many federal agencies that fund and support health services research use different definitions of what constitutes such research, it is difficult to determine exactly how much is being spent and what topics are being addressed. Without a doubt, there are gaps in the federal government’s investment in this field.

AcademyHealth will be establishing a new committee to review alternatives regarding the placement, funding requirements, and coordination of health services research functions within the federal government. The committee’s work will be used to advise Congress and would complement an IOM study, should it be funded.
their focus should be on expanding Medicaid and SCHIP to all low-income individuals without access to group coverage, and strengthening outreach efforts. Schaeffer also supported greater use of state high-risk pools, promoting innovation in developing benefits plans, and allowing state experiments.

Schaeffer touched on a growing national trend toward a more consumer-driven health insurance marketplace. Many employers are planning to shift more of their premium costs to employees in the next several years, and, with that change, some will also give consumers more responsibility to choose their own benefit plans. Innovative large employers are already experimenting with wellness initiatives and consumer-directed health plans as a means of managing their health insurance costs and possibly improving the quality of employer-sponsored health coverage.

Incrementalism: Not a Four-Letter Word

Although a call for bold action echoed through the conference, policymakers may need to focus on making small gains toward improving coverage until the economy improves. That was the message of a breakout session titled “Incremental Approaches to Expand Health Insurance,” during which a panel of experts highlighted the approaches that Congress, state legislators, and the Bush administration are considering.

President Bush’s recent proposal to broaden coverage calls for the federal government to provide a $1,000 refundable tax-credit for individuals earning under $15,000 annually and $3,000 for families making under $30,000. The plan would also provide partial subsidies to individuals and families earning up to $45,000 and $60,000, respectively. The Bush administration is also in favor of opening more community health centers and creating a prescription drug benefit for Medicare as a means of providing Americans with better access to affordable health care.

Ron Pollack of Families USA said that tax credits would not be sufficient to solve the problem of the uninsured. Given the high and rising cost of premiums in state insurance markets, he likened this strategy to “throwing people a 10-foot rope to get out of a 40-foot hole.”

For more information about this year’s conference, including speaker presentations, Webcasts, and a conference summary of selected sessions, visit www.academyhealth.org/nhpc/.

Growth in the Number of Uninsured—1953 – 2001

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State Coverage Initiatives National Meeting

On the heels of the National Health Policy Conference, the State Coverage Initiatives (SCI) program, administered by AcademyHealth, held a national meeting that brought together officials from 35 states to highlight their achievements in broadening health coverage and to prepare them for the tough year ahead. SCI is an initiative of The Robert Wood Johnson Foundation that helps states improve the availability and affordability of health insurance through grants, technical assistance, workshops, and written products.

SCI’s meeting complemented the policy conference particularly well, as rising health care costs and the growing number of uninsured were key topics of discussion at both. While the policy conference focused on broad approaches to addressing the uninsured, the SCI meeting highlighted strategies and mechanisms states can use to contain costs and preserve coverage, including innovative pharmacy programs, flexible Medicaid waiver strategies, and disease management programs.

For more information, visit www.statecoverage.net/0103description.htm. SCI also recently published its annual State of the States report, which summarizes state coverage efforts over the previous year. It is available at www.statecoverage.net/pdf/stateofstates2003.pdf.
Late last year, the AcademyHealth board of directors established a committee to develop ethical guidelines for the fields of health services research and health policy. The 12-member committee will focus its initial efforts on addressing financial and non-financial conflicts of interest. Eventually, the group hopes to confront a broad array of issues that affect research and policy, including confidentiality and standards of professionalism. The committee is chaired by Ezekiel J. Emanuel, M.D., Ph.D., director of the Department of Clinical Bioethics at the National Institutes of Health.

“Having helped develop similar guidelines for biomedical researchers, I am struck by how different the conflicts of interest they face are compared to those confronted by health services researchers and policymakers,” says Dr. Emanuel. For example, clinical researchers may be influenced by funding from pharmaceutical companies or other product manufacturers with a stake in their results, whereas health services researchers and policymakers are more likely to be biased by political agendas.

However, like clinical research, health services research and policy analysis are increasingly becoming commercial endeavors that are conducted in a variety of settings and draw on multiple sources of public and private funding. For this reason, the AcademyHealth board recognized the need to develop recommendations to guide researchers and policymakers and reassure the public that neither financial nor non-financial interests will be permitted to compromise the integrity of their work.

The committee recognizes that the fields of health services research and health policy encompass a broad array of disciplines, and thus will develop inclusive guidelines to address a range of individuals and institutions. The committee will begin to develop its conflict-of-interest recommendations by studying cases that reflect the unique challenges that AcademyHealth members face in their work.

The committee will draw on their own experiences and consider regulations and guidelines developed by other public and private organizations. They will also seek input from the membership during a special session at AcademyHealth’s Annual Research Meeting in Nashville this June.

The committee urges members to join this important discussion, which will address:

- the influence by commercial sponsors on research findings;
- disputes over contract parameters; and
- the publication of negative findings or findings that are not consistent with the goals of a project’s funder.

Because AcademyHealth is a professional organization without enforcement authority, these guidelines will be recommendations rather than rules. Moreover, they are intended to complement, not replace, existing policies at institutions housing researchers and policymakers. As the committee develops the guidelines, it will look for publishing opportunities with relevant health services research and policy journals.

New Tool for Health Economists

At the request of the National Library of Medicine, AcademyHealth has created the Health Economics Core Library Project, which consists of lists of selected books, journals, Web sites, and bibliographic databases relating to health economics.

AcademyHealth staff worked with panels of academic experts and librarians to capture the full range of resources in the field. The majority of selected resources are from the United States, although some international titles are included. The module can be accessed at: www.academyhealth.org/publications/coremodules.htm.

For more information, please contact Virginia Van Horne at virginia.vanhorne@academyhealth.org.
Organizational affiliates are a vital part of AcademyHealth’s membership. We value these organizations for providing institutional support to our many programs and member services. Our university-based and private organizational affiliates also support the critical work of the Coalition for Health Services Research as it advocates for funding for the health services research field. Our affiliates are essential partners in helping AcademyHealth fulfill its mission of facilitating the translation of research into policy and practice.

Organizational affiliates receive a variety of benefits, including:

◆ Exclusive space in AcademyHealth Reports for organizational announcements; organizational visibility through links on AcademyHealth’s Web site; annual listing in AcademyHealth Reports and the Annual Research Meeting Agenda Book;

◆ Discounts on registration fees for the Annual Research Meeting, the National Health Policy Conference, and Cyber Seminars;

◆ Two complimentary uses of AcademyHealth’s membership list per year;

◆ A complimentary subscription to HSR, Health Affairs, and The Milbank Quarterly; and

◆ Advocacy through the Coalition for Health Services Research.

If you would like to become an organizational affiliate of AcademyHealth, please contact Kristine Metter, director of membership, at 202.292.6754 or kristine.metter@academyhealth.org.

We thank and salute our organizational affiliates.
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University of Southern Maine, Edmund S. Muskie School of Public Service, Institute for Health Policy
University of Tennessee Health Science Center
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The Urban Institute
VA Information Resource Center (VIReC)
Virginia Commonwealth University, Department of Health Administration
Virginia Health Information
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West Virginia University
Yale University, Division of Health Policy and Administration

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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 D. Benton, M.D., M.P.H., is now public health medical officer for the California Department of Health Services, Division of Environmental and Occupational Disease Control.

Arthur R. Williams, Ph.D., was named chair, Division of Health Care Policy and Research, Mayo Clinic. The Division (formerly Health Services Evaluation) will conduct clinical investigations and policy studies.

Nancy Hanrahan completed her doctorate from Boston College School of Nursing in October 2002. She will begin a postdoctoral position at the University of Pennsylvania Center for Health Outcomes and Policy Research in January 2003.

Debra Lipson was named deputy director of the Better Jobs Better Care program by The Institute for the Future of Aging Services (IFAS). The program is funded by The Robert Wood Johnson Foundation and The Atlantic Philanthropies.

Monica Hackett, M.H.S., recently joined the Outcomes Research group at Centocor, Inc., a biopharmaceutical company that is now part of Johnson & Johnson.

Organizational Affiliate Announcements
RAND has created a Center for Domestic and International Health Security. The Center is a multi-disciplinary collaboration that seeks to make health a key component of U.S. foreign policy, strengthen the preparedness of the health care system to terrorism, and prepare Americans to cope with the psychological effects of terrorism. More information is available at www.rand.org/health/healthsecurity.

The Agency for Healthcare Research and Quality has updated its Prevention Quality Indicators (QI) software with several new features; the software is available at www.qualityindicators.ahrq.gov. The Prevention QIs are measures that can be used with inpatient discharge data to identify ambulatory care-sensitive conditions.

Correction: In the December AcademyHealth Reports, we incorrectly stated that the Muskie School of Public Service, Institute for Health Policy at the University of Southern Maine has completed two papers when it should have stated that those papers are now being developed through a grant from the Commonwealth Fund. We regret the error. Stay tuned for papers that synthesize cross-cutting lessons from state-level research and policy analysis on private-employer coverage expansions.

News from the Journals

Health Affairs
The March/April Health Affairs spotlights health care quality and its implications in various sectors of the marketplace. Compiled in collaboration with the Agency for Healthcare Research and Quality, the journal features articles on chronic care management in Medicare, the business case for quality, and employer efforts to measure and improve hospital quality. It also contains results of a national survey on hospital disclosure practices and a call to action on patient safety and clinical failure.

HSR
Health Services Research was recognized with the Emerald Management Reviews’ Golden Page Awards for 2003 in three of the four areas for which awards are granted in health care management: Research Implications, Originality, and Readability of Research. The Emerald Management Reviews undertakes an extensive annual review of management-oriented periodicals in a range of fields. This is the second year in a row that HSR has been recognized for its achievements by Emerald. For more information about the awards, see www.emeraldinsight.com/reviews/awards/golden.htm.

The March Milbank Quarterly features articles about returns employers may gain from providing health benefits to employees, labor’s historical role in health policy, the mentally ill and the disability process, and the status and prospects of chiropractic. The issue also includes a comment on “Inside the Sausage Factory,” a December 2002 article about the budget-estimating process for insurance expansions.

In Memoriam

Eli Ginzberg, Professor and Presidential Advisor
Eli Ginzberg, Ph.D., an economist who taught at Columbia University for more than six decades, advised eight American presidents, and led pioneering research efforts in health care, died Thursday, December 12, 2002, at the age of 91. Dr. Ginzberg authored more than 100 books in the fields of human resources, urban studies, and health policy. He received the Association for Health Services Research’s Distinguished Investigator Award in 1990, which honors individuals for outstanding contributions in health services research.
Nashville Stage for 20th Annual Research Meeting

Join your colleagues in Nashville on June 27-29 for AcademyHealth’s 20th Annual Research Meeting. This year’s meeting is chaired by Tom Rice, Ph.D., of the University of California, Los Angeles. In addition to plenary sessions led by Senate Majority Leader Bill Frist, M.D., (R-Tenn.) and Jim Morone, Ph.D., of Boston University, there are more than 120 sessions covering a wide array of themes, including quality, access, disparities, chronic care, Medicare, and long-term care. A final program will be posted on the Web site in April, following the abstracts review process.

The ARM also hosts more than 50 affiliate meetings, including:

- Child Health Services Research Meeting: June 26, 10:00 a.m. – 6:00 p.m.
- Public Health Systems Research Meeting: June 26, 10:00 a.m. – 2:30 p.m.
- Health Services Research and Policy Center Directors Meeting: June 26, 3:00 – 6:00 p.m.
- Seminars in Health Services Research Methods: June 26, 10:00 a.m. – 5:00 p.m.
- Enhancing your Methodological Toolbox: An Introduction to Qualitative Research
- The Why and How of Risk Adjustment Analysis of Costs Using Patient Level Data from Randomized Designs
- Geographic Information Systems for Health Services Research
- Introduction to Statistical Methods for Profiling


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Register now for the 20th Annual Research Meeting