reports

2006 Policy Priorities Take Center Stage at NHPC

Health services researchers and other health sector leaders joined representatives of the administration and Congress in Washington, February 4–6, for a broad discussion of the 2006 health policy agenda at the National Health Policy Conference sponsored by AcademyHealth and Health Affairs. In two days of presentations, participants raised important questions about America’s health care system, ideological policy differences, and political priorities.

The 2006 meeting immediately followed the President’s State of the Union address and coincided with the release of his proposed 2007 budget. Not surprisingly, the priorities and policies discussed in the meeting dovetailed closely with those presented by the President.

Health Savings Accounts (HSAs) and Medicare Part D implementation were clear priorities for representatives of the administration and hot topics for participants. Other priorities outlined in the discussion included Medicare physician payments for 2007 and other entitlement reforms; reauthorization of the Ryan White Care Act; the National Institutes of Health, and the Agency for Healthcare Research and Quality; and the need for transparent reporting of cost and quality data to empower consumer-directed health care efforts.

High-Risk Pools
The administration has proposed $500 million in annual funds to support demonstration projects in 10 states to build on existing high-risk pools or initiate other innovative designs to make insurance more affordable for the chronically ill. The grants will be awarded on a competitive basis.

Transparency and Pay for Performance
The need for reliable, timely, and actionable data on health care quality, the cost of services, and provider performance was an omnipresent theme throughout the conference. Representatives from both parties referenced the importance of quality and cost information to consumer-directed health care. Better information on cost and quality was also cited an essential pre requisite for pay for performance – which some participants believe will also help control Medicare and Medicaid spending.

Continued on page 3
As I begin my term as Board chair, I would like to recognize my predecessor, Sara Rosenbaum, the Board, and the staff of AcademyHealth for their hard work and success in 2005. Through their efforts and vision, 2005 saw meeting attendance, professional outreach, and Annual Research Meeting (ARM) abstract submissions all achieve new highs. In 2006, our priorities will build on previous successes and the expertise of our members and staff to support and grow the field, increase awareness of the importance and impact of health services research, and explore issues related to health services research and dissemination.

The upcoming reauthorization of the Agency for Healthcare Research and Quality (AHRQ) presents an excellent opportunity to strengthen the field of health services research by supporting and solidifying AHRQ’s role and funding. In 2005, the AcademyHealth report, “Placement, Coordination and Funding of Health Services Research within the Federal Government,” outlined key issues facing AHRQ, including the implementation of comparative effectiveness research specified by the Medicare Modernization Act. In 2006, we will advance the recommendations and guiding principles presented in the report (available at www.academyhealth.org) through our advocacy affiliate, the Coalition for Health Services Research.

This year our membership committee and staff will be focusing on the services we provide to students and our new members as we continue to support the strong participation in our Interest Groups. We will also be reviewing the results of our biennial member survey to see how we might strengthen our services and programs.

We also have new opportunities to recognize and promote the impact of health services research to policymakers, peers, and media through the promotion of the HSR Impact awards. This year’s winners, who were profiled in the December issue of AcademyHealth Reports, clearly illustrate the potential impact of health services research and we look forward to uncovering new examples through the 2006 awards process.

In response to member feedback, we have convened an exploratory committee to assess the impact of funders’ restrictions on publishing research. The committee will examine the extent to which problems of influence exist with respect to research sponsored by the federal government, foundations, and private entities, and the respective roles of funders and researchers in the publication of research. We will convene a special session on Monday, June 26, at AcademyHealth’s ARM in Seattle to solicit input from members and funders on how best to balance the expectations, rights, and obligations of funders and researchers in the context of grant-funded, contract-funded and advocacy research.

In closing, let me restate my enthusiasm about our prospects for the coming year. I look forward to seeing you in Seattle for what promises to be another stellar meeting.

Tom Rice, Ph.D.  
University of California, Los Angeles

## Dates to Watch

<table>
<thead>
<tr>
<th>May</th>
<th>June</th>
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<tbody>
<tr>
<td>1</td>
<td>Annual Research Meeting (ARM) Early Registration Deadline</td>
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<tr>
<td>25</td>
<td>ARM Hotel Discount Cut-Off</td>
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<tr>
<td>31</td>
<td>ARM Pre-Registration Deadline</td>
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<td>27</td>
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<td>27</td>
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If you have questions or comments about AcademyHealth Reports, our quarterly newsletter, please contact Kristin Hackler at kristin.hackler@academyhealth.org.
Health Savings Accounts

HSAs were a hot topic throughout the meeting with advocates and critics each presenting their perspectives.

In the administration panel that led the first day of meetings, Roy Ramthun, special assistant to the President for economic policy, outlined the President’s proposal to increase the annual HSA contribution amount to allow individuals and families to contribute up to the maximum out-of-pocket allowed by their plan, to allow payroll deductions for HSAs via a tax credit, and to allow participants to use their HSA dollars to pay premiums on high-deductible health plans. The administration’s proposal also includes plans to assist employers in transitioning from health reimbursement accounts (HRAs) to HSAs and to allow employers to contribute a greater percentage to chronically ill employees (current restrictions require relatively equal contributions). According to Ramthun, the focus on HSAs reflects the President’s concern about the portability of health care and his desire to create more empowered and informed consumers.

In the same session, Mark McClellan, M.D., Ph.D., administrator of the Centers for Medicare and Medicaid Services, suggested that his agency expects HSA-type plans to become a part of Medicare and Medicaid at some point in the future. But Dr. McClellan pointed out that any effort to engender more consumer-directed care will require timely and accurate reporting on quality and cost of services.

Uwe Reinhardt, Ph.D., of Princeton University presented an alternate perspective during Monday’s luncheon presentation. Dr. Reinhardt’s presentation examined the degree to which HSA savings and tax credits would be realized by the average low- to middle-income consumer. Dr. Reinhardt is concerned that current policies are pricing low-income Americans out of health care and questions whether HSAs truly represent consumer-directed care. His presentation echoed Dr. McClellan’s call for timely and accurate reporting of quality and cost information, additionally pointing out that consumer-directed health care requires data specific to providers at the community level. He also suggested the need for behavioral research into whether HSAs would actually lead to cost-comparison, investment in prevention, and quality-based health care decision-making by consumers, as suggested by the administration.

Congressional Panel

Tuesday’s congressional panel featuring members of the Senate Finance and HELP committees, the House Committee on Ways and Means Subcommittee on Health, and House Committee on Energy and Commerce largely mirrored the positions of their respective parties. During the session, participants raised the physician payment issue as a pending challenge and indicated that standardized platforms to facilitate health care IT and reduce the reliance on paper medical records would be important priorities for their committee leadership. Speakers also reiterated both sides of the HSA discussion—including the need for useful, accurate, and actionable data on cost, and quality as well as the impact HSAs will have on access to care for uninsured and under insured.

Learn More

The National Health Policy Conference is always a unique and valuable opportunity to network with health care leaders from academia, industry, advocacy, and government. If you were unable to attend, free video and transcripts of the plenary sessions are available at www.kaisernetwork.org/health_cast/hcast_index.cfm.
President’s Budget Includes Cuts, Flat Funding for Agencies Conducting Health Services Research

For the third consecutive year, the President’s FY07 budget request proposes to freeze federal spending on health services research. While budgets for some agencies remain essentially flat, others, such as the Centers for Disease Control and Prevention (CDC), face significant cuts.

Among the President’s budget requests:

**AHRQ**

Spending for the Agency for Healthcare Research and Quality (AHRQ) is held to $319 million in FY07, as it was in FY05 and FY06. This includes:

<table>
<thead>
<tr>
<th>Health Services Research Dollars</th>
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<tr>
<td>Spending</td>
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<tr>
<td>Health Information Technology</td>
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<td>Patient Safety</td>
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<td>Comparative Effectiveness Research</td>
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<td>Other Research</td>
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<td>Medical Expenditures Panel Survey</td>
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<tr>
<td>Program Support</td>
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<td><strong>Total</strong></td>
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The Coalition recommends that AHRQ funding be increased to $440 million to allow for more comparative effectiveness and patient safety research, as well as greater resources for translation and health information technology. This increase would allow the agency to expand its portfolio and provide grants in several areas that have recently been under-funded.

**CDC**

The CDC faces a cut of up to 2.1 percent of its total budget, yet funding for the National Center for Health Statistics (NCHS) could remain constant at $109 million. Given the importance of NCHS data to researchers, the Coalition recommends a funding level of $139 million to allow for increases in the frequency and scope of its surveys.

**NIH**

While overall spending at the National Institutes of Health is frozen, many agencies, including two of the largest funders of health services research, could be cut. The National Cancer Institute and the National Heart, Lung, and Blood Institute face proposed cuts of $40 million and $21 million respectively. In FY05, these two institutes funded more than $205 million worth of health services research.

**VHA**

After achieving significant growth last year, research for the Veterans Health Administration could be reduced by $14 million to $399 million.

The Coalition maintains that increased funding in health services research pays greater dividends through more effective payment mechanisms, better evidence to determine treatment protocols, and better information for providers and consumers. Your support is needed. Write your members of Congress to make them aware of the positive impact of your research and urge them to expand health services research to unlock the secrets of better health care.

Federal Funding for Health Services Research Programs
FY 2005, FY 2006, FY 2007 Administration request, Coalition recommendations

<table>
<thead>
<tr>
<th>Agency</th>
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<th>FY 2006</th>
<th>Bush FY 2007 Request</th>
<th>Coalition Recommendations</th>
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<td>Public Health Research – CDC</td>
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<td>$915 million(^2)</td>
<td>$961 million(^2)</td>
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<tr>
<td>Veterans Health Administration</td>
<td>$406 million</td>
<td>$412 million</td>
<td>$399 million</td>
<td>$460 million</td>
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\(^1\) Health services research dollars as reported by the NIH
\(^2\) If health services research receives current proportion of overall NIH funding
Audioconferences on Public Health Systems Research To Continue in 2006

For the first time this winter, AcademyHealth hosted two interactive audioconferences addressing pressing issues in the field of public health systems research. These 90-minute audioconferences, supported by The Robert Wood Johnson Foundation (RWJF), convened leading public health systems experts to discuss accreditation of public health agencies and build a public health evidence base with the Guide to Community Preventive Services.

With hundreds of researchers, practitioners, and students participating on both sessions, distinguished panelists shared real-world experiences, discussed policy implications, and suggested topics for future public health systems research. Participants were encouraged to access slide presentations and supplemental materials prior to the sessions and to ask questions of panelists during the audioconferences.

AcademyHealth estimates that approximately 150 audience members participated in the accreditation audioconference and nearly 700 participants dialed in for the session on the Guide to Community Preventive Services. Feedback on both sessions was very positive, with nearly all respondents indicating that they would participate in future audioconferences. Based on the overwhelming participation in, and positive responses to, the audioconferences during this inaugural year, AcademyHealth plans to continue these audioconferences in 2006 to advance the field of public health systems research.

For more information about the audioconferences, or to suggest topics for future sessions, contact phsraudioconference@academyhealth.org.

Health Workforce Migration Focus of Health in Foreign Policy Forum

On February 8, AcademyHealth’s second annual Health in Foreign Policy Forum focused on a growing crisis facing all nations that literally crosses borders: migration and the global shortage of health care professionals. As U.S. hospitals seek to meet their increasing workforce demands by recruiting health professionals from abroad, other countries, especially those responding to the HIV/AIDS epidemic, bear the brunt of the West’s recruitment efforts as they experience a “brain drain” of qualified professionals. Without a coherent policy on workforce issues, U.S. recruitment practices stand to undermine the delivery of care around the world and U.S. priorities abroad.

During this day-long event, close to 200 Forum participants examined causes, consequences, and possible domestic and foreign policy responses to this international crisis. During the morning, a panel of experts—including academics and the CEO of one of the largest nurse recruitment firms—reviewed the current approaches for solving the U.S. health workforce shortage. In a “counter point” discussion, international experts analyzed the impact of emigration on the interests of developing nations and presented alternative U.S. foreign aid strategies.

In the face of more visible global health priorities such as infectious diseases and bioterrorism, the global workforce shortage rarely gets the attention of elected officials and policymakers. However, “even in the most committed disease-specific international programs, advocates are beginning to agree that weak health systems and an inadequate health workforce are fundamental barriers to success in global public health initiatives in the countries with the greatest need,” says Jo Ivy Boufford, professor at New York University.

The Forum convened myriad stakeholders, providing a unique opportunity for hospital leaders, nurse and physician associations, recruiting agencies, national and international researchers, policymakers, and USAID, World Bank, and Organisation for Economic Co-operation and Development officials to share divergent perspectives and openly engage in a collective dialogue about solutions.

The Web cast and transcript for this session are available through the Kaiser Network at www.kaisernetwork.org/health_cast/hcast_index.cfm.
Research Sheds Light on Impact of Consumer Direction in Long-Term Care

Policymakers and researchers came together February 8 for a dialogue about solutions for providing quality long-term care to America’s aging population as part of Building Bridges: Making a Difference in Long-Term Care, a multi-year strategic initiative supported by The Commonwealth Fund and managed by AcademyHealth.

Building Bridges: Making a Difference in Long-Term Care provides an opportunity for long-term care stakeholders to exchange information, identify and discuss the issues, seek solutions, and identify where additional research is needed. The series fosters development of a network of long-term care researchers, policy leaders, providers, consumer representatives, and funders through a series of annual colloquia, policy seminars, and ongoing workgroup discussions among conference participants and others. The February 8 policy seminar was the first of the Building Bridges initiative’s activities to be held in conjunction with the National Health Policy Conference.

During the filled-to-capacity, half-day session, a panel of experts presented perspectives on the weaknesses of the current long-term care system, discussed real-world evidence from consumer-directed initiatives in long-term care financing and delivery, and reviewed the potential implications of increased consumer direction for state and federal long-term care policy.

Judy Feder, Ph.D., professor and dean of Georgetown University’s Public Policy Institute charged the audience to focus on ways to improve the system now without losing sight of the future. “The fact is we have to build a long-term care system and we might as well build one that we can all be proud of and one that we will all want,” said Feder in her opening comments. She also encouraged the panel to “keep our eyes on the problem,” saying it was the job of researchers to use evidence to demonstrate ways we can improve the system and to speak truth to those in power while avoiding the pretense of easy solutions.

Randall Brown, Ph.D., Senior Fellow, Mathematica Policy Research, Inc., discussed the Cash and Counseling demonstration project, for which he was a lead researcher. Brown’s research indicated that Cash and Counseling improved access to home-based care, improved or maintained the quality of care, and improved satisfaction among consumers. His research also indicated that the costs of Cash and Counseling could be controlled through careful design of the program.

Following Brown’s presentation, panelists including Bard Hill, director of the Information and Data Unit at Vermont’s Department of Aging and Independent Living; William Scanlon, Ph.D., a consultant with Health Policy R&D and Georgetown’s Public Policy Institute; Lee Goldberg, policy manager at the Service Employees International Union’s Long-Term Care Division; and Nelda Barnett, a member of the AARP Board of Directors, offered their perspectives on consumer-directed care, Cash and Counseling programs, worker shortages, and health financing solutions.

The next Building Bridges colloquium will be held in conjunction with AcademyHealth’s Annual Research Meeting in Seattle on June 24. Sessions will address transitions within and between long-term care settings, as well as technology and aging services.

More information about the Building Bridges initiative, workgroup activities, and future meetings is available at www.academyhealth.org/ltc.

AcademyHealth Forms Exploratory Committee on Publishing HSR

In December 2005, AcademyHealth’s Board of Directors approved the formation of an exploratory committee to examine the impact of funders’ restrictions on the publication of health services research. The action was taken in response to concerns that our members have expressed about funders exerting undue influence over the publication of their research. In the current environment in which the integrity of research findings is coming under increasing scrutiny, the Board determined that it was important for AcademyHealth to examine this issue.

The committee, co-chaired by Arnold Epstein, M.D. and Sara Rosenbaum, J.D., will assess the extent to which the problem of funders’ restrictions exists with respect to research sponsored by the government and foundations. In addition, the committee will assess the respective roles of funders and researchers in the publication of health services research. Supporting the co-chairs are committee members Robert Berenson, M.D.; Harold Luft, Ph.D.; Nicole Lurie, M.D.; Vince Mor, Ph.D.; Thomas Rice, Ph.D.; and Kevin Schulman, M.D.

Should the exploratory committee find that the problem warrants action, AcademyHealth will explore how we might promote greater transparency and independence in the publication process to assure the integrity of health services research.

In connection with the committee’s work, AcademyHealth’s Annual Research Meeting will include a session (June 26, 3:45 p.m.) titled “What Role (if any) for Sponsors in Research & Publication Decisions?” Participants in this roundtable discussion will explore the appropriate role of sponsors in research and publication decisions. The discussion will focus on how best to balance the expectations, rights, and obligations of sponsors and researchers in the context of contract-funded, grant-funded, and advocacy research.
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 organizations 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 Partners for organizational announcements, organizational visibility through links on AcademyHealth’s Web site, and annual listing in AcademyHealth Reports and the Annual Research Meeting Agenda Book.
- Discounts on registration fees for our conferences and seminars; advertising in the online Career Center, exhibit booths, and agenda books; and subscriptions to more than 30 journals and newsletters.
- Complimentary uses of AcademyHealth’s membership list.
- A complimentary subscription to Health Affairs, HSR, and The Milbank Quarterly.
- Advocacy through the Coalition for Health Services Research.

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

We salute and thank our organizational affiliates.

**Contributing Affiliates ($10,000)**
The Commonwealth Fund
The Missouri Foundation for Health
The Robert Wood Johnson Foundation
UnitedHealth Group
WellPoint Foundation

**Supporting Affiliates ($5,000)**
AARP
Association of American Medical Colleges
The Henry J. Kaiser Family Foundation
Johnson & Johnson
Kaiser Permanente Institute for Health Policy
The MayaTech Corporation
Mayo Clinic, Division of Health Care Policy & Research
Merck and Co., Inc.
National Health Council
Nemours Foundation
Novartis Pharmaceuticals Corporation
Pfizer, Inc. Public Health

**Affiliates ($2,000)**
Abt Associates, Inc.
Agency for Healthcare Research and Quality
American Academy of Actuaries
American Academy of Pediatrics
American Academy of Physician Assistants
American Association of Nurse Anesthetists
American College of Healthcare Executives
American Institutes for Research (AIR)
American Medical Association, Center for Health Policy Research
American Osteopathic Association
American Physical Therapy Association
America’s Health Insurance Plans
Battelle Memorial Institute
Baylor Health Care System, Center for Health Care Research
Blue Cross and Blue Shield Association
Blue Cross Blue Shield of Michigan Foundation
Brandeis University, Heller School for Social Policy and Management, Schneider Institute for Health Policy
Brown University, Brown Medical School, Center for Gerontology and Health Services Research
California HealthCare Foundation

Case Western Reserve University at MetroHealth Medical Center, Center for Healthcare Research and Policy
Center for Studying Health System Change
Center for Substance Abuse Treatment
Centers for Disease Control and Prevention, Division of Cancer Prevention and Control
Centers for Medicare and Medicaid Services
The CNA Corporation
The College of William & Mary, Schroeder Center for Healthcare Policy
Colorado Health Institute
Columbia University Mailman School of Public Health, Department of Health Policy and Management
Columbia University, School of Nursing, Center for Health Policy
Consumer Healthcare Products Association
Creighton University, Creighton Health Services Research Program
Dartmouth Medical School, The Center for Evaluative Clinical Sciences
Delmarva Foundation
Department of Veterans Affairs Health Services Research and Development Service
Duke University, Health Sector Management, The Fuqua School of Business
EDS
Emory University, Rollins School of Public Health, Department of Health Policy and Management
Federation of American Hospitals
Geisinger Health System
George Mason University, Center for Health Policy, Research and Ethics
The George Washington University, School of Public Health and Health Services, Department of Health Policy
Georgetown University, Georgetown Public Policy Institute
Georgia Health Policy Center, Andrew Young School of Policy Studies, Georgia State University
Group Health Cooperative’s Center for Health Studies
Harvard School of Public Health, Department of Health Policy and Management
Health Research and Educational Trust
HealthPartners Research Foundation
Henry Ford Health System, Center for Health Services Research
Illinois Department of Public Health
Jewish Healthcare Foundation
John Snow, Inc.
Johns Hopkins University, Bloomberg School of Public Health, Department of Health Policy and Management
Johns Hopkins University, Bloomberg School of Public Health, Health Services Research and Development Center
Joint Commission on Accreditation of Healthcare Organizations
Kansas Health Institute
The Lewin Group, Inc.
Massachusetts General Hospital and Partners HealthCare System, Institute for Health Policy
Mathematica Policy Research, Inc.
MedPAC
Minnesota Department of Health
National Academy of Social Insurance
National Center for Health Statistics, Centers for Disease Control and Prevention
National Coalition on Health Care
National Hospice and Palliative Care Organization
National Institute for Health Care Management Foundation
National Pharmaceutical Council
New York Medical College, School of Public Health
Northwestern University, Institute for Health Services Research and Policy Studies
Office of the Assistant Secretary of Defense (Health Affairs)
The Ohio State University, Center for Health Outcomes, Policy and Evaluation Studies (HOPES)
Old Dominion University, College of Health Sciences
Park Nicollet Institute
Pennsylvania Department of Health
The Pennsylvania State University, Center for Health Care and Policy Research
RAND Health
Regenstrief Institute, Inc., a support organization of the Indiana University School of Medicine
Research!America
RTI International
Rutgers, The State University of New Jersey, Institute for Health, Health Care Policy, and Aging Research
Simmons School for Health Studies, Center for Health Policy Research
Social and Scientific Systems, Inc.
Thomson Medstat
United Hospital Fund of New York
University of Alabama at Birmingham, Lister Hill Center for Health Policy
University of Arkansas for Medical Sciences, Fay W. Boozman College of Public Health, Department of Health Policy and Management
University of California, Berkeley, Center for Health Research
University of California, Los Angeles, School of Public Health, Department of Health Services
University of California, San Francisco, Institute for Health Policy Studies
University of Florida, Department of Health Services Research, Management and Policy
University of Iowa, College of Public Health, Department of Health Management and Policy, Center for Health Policy and Research
University of Maryland, Baltimore County, Center for Health Program Development and Management
University of Massachusetts Medical School, Commonwealth Medicine Center for Health Policy and Research
University of Michigan, School of Public Health, Department of Health Management and Policy
University of Minnesota, School of Public Health, Division of Health Policy and Management
University of Missouri, Columbia, Center for Health Policy
University of Nebraska Medical Center, Section on Health Services Research and Rural Health Policy
University of North Carolina at Charlotte, College of Health and Human Services
University of North Carolina, Chapel Hill, Cecil G. Sheps Center for Health Services Research
University of North Texas Health Science Center, Department of Health Management and Policy
University of Oklahoma College of Public Health, Department of Health Administration & Policy and Center for Health Policy
University of Pennsylvania, Leonard Davis Institute of Health Economics
University of Rhode Island, College of Pharmacy
University of Rochester, Department of Community and Preventive Medicine, Division of Health Services Research and Policy
University of South Carolina, Center for Health Services and Policy Research
University of South Florida, Louis de la Parte Florida Mental Health Institute
University of Southern Maine, Muskie School of Public Service, Institute for Health Policy
University of Washington, School of Public Health and Community Medicine, Department of Health Services
The Urban Institute Health Policy Center
VA Information Resource Center (VIREC)
Virginia Commonwealth University, Department of Health Administration
W.K. Kellogg Foundation
West Virginia University Institute for Health Policy Research
Yale University, Division of Health Policy and Administration

List current as of February 15, 2006.
members matter

Interest Group Activities at the 2006 National Health Policy Conference

Since their inception in 2004, AcademyHealth’s Interest Groups (IGs) have continued to develop networking opportunities and host events that foster discussion and provide a learning avenue for health services researchers and health policymakers. This year’s National Health Policy Conference and its adjunct meetings presented opportunities to delve into a number of IG-related topics. It also provided a forum for IG-related activities examining the correlation between existing health services research and future health policy.

For example, members of the Long-Term Care Interest Group joined researchers and key policymakers immediately after the conference for the inaugural Building Bridges: Making a Difference in Long-Term Care Policy Seminar sponsored by the Commonwealth Fund. (See article on page 6.)

During the conference, members of the State Health Research and Policy IG came together for a breakfast session, moderated by Jack Meyer of the Economic and Social Research Institute, which focused on ways to more effectively use research in the policymaking process. Through discussion of how researchers and policymakers interact, participants examined the critical timeframes within the phases of the policymaking process and considered the cyclical framework of understanding the scope and extent of the problem, developing options, implementing a solution, and evaluating the program and policy. This enabled participants to further explore the direct relationship between the timeliness and clarity with which researchers present their findings and the importance of policymakers actively calling upon the research community throughout the policymaking process. Panelists included Allyson Hall, Florida Center for Medicaid and the Uninsured; Richard Kronick, AcademyHealth/National Center for Health Statistics Fellow; and Scott Leitz, Health Policy Program, Minnesota Department of Health. A paper based on this meeting will be available later in the spring.

Interest Group Meetings

<table>
<thead>
<tr>
<th>Saturday, June 24</th>
<th>Tuesday, June 27</th>
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<tbody>
<tr>
<td>Building Bridges: Making a Difference in Long-Term Care 2006 Colloquium*</td>
<td>Health Workforce*</td>
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<tr>
<td>8 a.m. – 4 p.m.</td>
<td>1 p.m. – 5 p.m.</td>
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<tr>
<td>Child Health Services Research*</td>
<td>Gender &amp; Health*</td>
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<tr>
<td>8:30 a.m. – 5 p.m.</td>
<td>1 p.m. – 6 p.m.</td>
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<tr>
<td>State Health Research and Policy*</td>
<td>Interdisciplinary Research Group on Nursing Issues*</td>
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<tr>
<td>10 a.m. – 4 p.m.</td>
<td>5 p.m. – 9 p.m.</td>
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<tr>
<td>Health Economics*</td>
<td>Tuesday, June 27</td>
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<tr>
<td>1 p.m. – 5 p.m.</td>
<td>Public Health Systems Research*</td>
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<tr>
<td>Health Information Technology*</td>
<td>12 p.m. – 6 p.m.</td>
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<tr>
<td>1 p.m. – 5 p.m.</td>
<td>Behavioral Health Services Research</td>
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<td>* Registration required. For more information visit <a href="http://www.academyhealth.org/arm/adjunct/index.htm">www.academyhealth.org/arm/adjunct/index.htm</a>.</td>
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News from the Journals

Health Affairs (January–February)

Health Affairs Surveys Challenges Facing Hospitals
How can hospitals adapt to today’s competitive marketplace while continuing to provide comprehensive health care to all? That’s one of the primary questions raised in “U.S. Hospitals: Mission vs. Market,” the January-February issue of Health Affairs. In the lead article, Stuart Altman, David Shactman, and Efrat Eilat warn: “U.S. hospitals could begin to resemble U.S. airlines: severely cutting costs, eliminating, services, and suffering financial instability.”

National Health Spending in 2004: Recent Slowdown Led By Prescription Drug Spending
National health care spending grew 7.9 percent in 2004, the lowest level of growth in four years, according to a report by actuaries at the Centers for Medicare and Medicaid Services. Prescription drug spending growth slowed to single digits for the first time in a decade, rising 8.2 percent.

Nurse Staffing in Hospitals: Is There a Business Case For Quality?
As the United States enters its ninth consecutive year of a nurse shortage, new research shows that if hospitals increased their use of registered nurses (RNs) and hours of nursing care per patient, more than 6,700 patient deaths and 4 million days of care in hospitals could be avoided each year.

Health Services Research

An editorial in the April issue from Mary Pittman, Dr.P.H., president, Health Research and Educational Trust and publisher of HSR, and professor Per-Gunnar Svensson, Ph.D., director general of the International Hospital Federation and publisher of World Hospitals and Health Services will announce a new collaboration to advance and facilitate the sharing of health services research across the globe. In the future, HSR aims to offer greater access to high-quality research for all subscribers with a special new focus on international perspectives in health services research. This goal is consistent with the increasing attention paid to international issues and authors by the journal over the last few years, and will enhance HSR’s ability to publish outstanding peer-reviewed research and reconfirm that many of the issues, problems, and innovative approaches in the delivery of health care services are relevant not only to individual countries, but also applicable globally. For more information, please contact Jennifer Shaw at jshaw@aha.org.
Join us in Seattle, Washington’s “Emerald City,” for the AcademyHealth 2006 Annual Research Meeting (ARM). This year’s meeting, held at the Washington State Convention & Trade Center, will provide a forum for health services researchers to present cutting-edge research and engage with top health policymakers and practitioners. The meeting agenda will feature 17 themes and more than 130 sessions covering a broad spectrum of health services research. With a record number of 1,646 total abstracts submitted (an 18 percent increase over 2005), the quality of this year’s sessions should be exceptional.

One exciting aspect of this year’s conference is the intermingling of new perspectives on international health policy. Keynote speaker Laurie Garrett, senior fellow for global health, Council of Foreign Relations, will discuss emerging diseases, public health, and their effects on foreign policy and national security. In addition, international topics and speakers will be woven throughout the program to reflect a greater focus on international experiences.

To view the preliminary agenda and learn more about registration and hotel information, visit www.academyhealth.org/arm.

Seminars in Health Services Research Methods
Don’t miss the opportunity to attend these full-day method seminars before and after the ARM.

Saturday, June 24
10:00 a.m. – 5:00 p.m.
◆ Introduction to Cost-Effectiveness Analysis
◆ Introduction to Hierarchical Modeling for Health Services Research
◆ Introduction to Bayesian Methods

Tuesday, June 27
1:00 p.m. – 7:30 p.m.
◆ Powerful Data, Meaningful Answers: Hands-On Training with HCUP Data
◆ Estimation of Models with Endogenous Explanatory Variables
◆ Economic Assessments in Randomized Trials