



reports

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NIH Director Lays Out Opportunities, Challenges, and a Charge for HSR

Elias A. Zerhouni, M.D., Director of the National Institutes of Health (NIH), led the development of the NIH's "Roadmap" for medical research in the 21st century. Last month, AcademyHealth sat down with Dr. Zerhouni to learn more about what the Roadmap means for health services researchers.

Dr. Zerhouni stated the Roadmap is often misunderstood. "The Roadmap is not an initiative; it is a process," he said, adding that the Roadmap ensures NIH has an "intellectual venture fund" for supporting ideas at the edge of science that are emerging, or new ideas that need incubation. The Office of Portfolio Analysis and Strategic Initiatives (OPASI) is the institutionalization of that process. According to Dr. Zerhouni, OPASI is a fund for new ideas that enables new kinds of associations and networks.

He cited two examples of innovations identified in the process that address barriers at NIH that in the past prevented forward thinking. Both innovations have taken the form of pilots and are currently being evaluated.

The first regards the traditional grant-making structure and the obstacles it poses to interdisciplinary research. According to Dr. Zerhouni, the NIH recognized the challenges inherent to assembling multi-disciplinary teams under its previous structures. "We heard that from your community and from (the) social and behav-

ioral community," he said. As a result, the NIH has recently begun to allow multi-PI grants with the intent to enable peers from different disciplines to partner for work on a problem. "Multi-PI grants are something that is emerging from the Roadmap that will have a huge impact on your field," said Dr. Zerhouni.

A second innovation regards the peer review process. Dr. Zerhouni reported, "many talk about the peer review as being conservative; we don't fund the best ideas... Why don't we come up with a testable hypothesis with an experimental process?" The NIH Director's Pioneer Award (NDPA) Program was the proposed innovation. With funding for five years, its purpose is to support individuals who are pursuing new research directions that address major challenges in biomedical and behavioral research that are not already supported by other mechanisms. Nine awards were made in September 2004, and 13 awards each were made in 2005 and 2006.

The Role of Health Services Research

Consistent with Dr. Zerhouni's interest in research that anticipates the future, the NIH director offered a series of commentaries on health services research (HSR).

"Translational research," according to Dr. Zerhouni, is a cyclical process looking at the interaction between clinical protocol, policy, and practice. Health services research is one com-

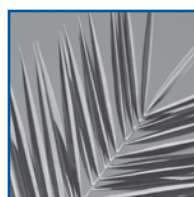
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letter from leadership

I am honored to serve as the 2007 Chair of AcademyHealth and direct the organization's efforts to strengthen the field of health services research.

During 2006, under the leadership of outgoing Board Chair Tom Rice, AcademyHealth expanded initiatives to bolster the field's infrastructure in key areas of data, methods, and human resources. We submitted comments supporting a proposed rule that would provide researchers access to Medicare Part D data (see www.chsr.org). An exploratory committee co-chaired by Sara Rosenbaum and Arnie Epstein assessed the impact of funders' restrictions on publications and issued a report on its findings. A new Methods Council, established under the leadership of Bryan Dowd, assessed how to strengthen our methods courses and made progress in generating new initiatives at the cutting edge of interdisciplinary research, such as a new HSR Methods Web site. Currently under development, the Methods Web site will include an extensive glossary and other tools to assist researchers. Finally, we initiated planning for a three-part summit series that will explore solutions to the field's infrastructure challenges, the first of which—The Health Services Researcher of 2020—is scheduled for fall 2007.

I'm pleased to report that in 2007, we will continue to build on these initiatives and, with the help of AcademyHealth's advocacy arm, the Coalition for Health Services Research, will ramp up our

efforts to promote the value of HSR among our Congressional champions and other policymakers. At this year's National Health Policy Conference (see page 3), which took place February 12-13 in Washington, D.C., AcademyHealth Board member and Coalition Board Chair Jeanne Lambrew reviewed our Vision, Objectives, and Policy Priorities for 2007. This framework, which is available at www.chsr.org/strengtheninghsr.htm, highlights the following five policy priorities of critical importance to the field:

- ◆ **Fair and Transparent Access to Information:** Public data sets should be made readily available to researchers and policy should prohibit the imposition of excessive prior restraints on the publication of research.
- ◆ **The Next Generation of Health Services Researchers:** Increased investments in the field's current and future researchers are needed. Failure to adequately support researchers may result in losing educators and early career researchers to research fields with more support.
- ◆ **Advancement of Scientific Discovery and Expansion of Knowledge:** Agencies funding HSR should spend at least as much on a responsive, investigator-initiated research agenda as on pre-specified, earmarked intramural HSR. To expand the knowledge base and discover new ways to improve the health system, we also will need to invest in new methods.

- ◆ **Broad-Based and Adequate Funding for Comparative Effectiveness Research:** Congress should increase and expand the sources of funding for conducting and coordinating a wide spectrum of comparative effectiveness research, including systematic reviews of existing literature, analysis of administrative data and clinical registries, and pragmatic, prospective, head-to-head trials.
- ◆ **Accountability through a Coordinating Council for Health Services Research:** An advisory council comprised of federal sponsors of HSR, private foundations, researchers, business leaders, and consumer advocates should be created to develop a standard definition of HSR, document HSR being conducted by the federal government, and suggest an annual research agenda.

Over the next year, we will be interested to hear from our members about how AcademyHealth can best serve their needs. And, I look forward to sharing our progress on these and other initiatives at this year's Annual Research Meeting in Orlando, June 3-5.

Sincerely,

Carol S. Weisman, Ph.D.
Pennsylvania State University, College of Medicine

Dates to Watch

April

- 2 Annual Research Meeting (ARM) Early Registration Deadline
- 30 ARM Pre-Registration Deadline
- 30 ARM Hotel Discount Cut-Off

June

- 2 Seminars in HSR Methods (Orlando, Fla.)
- 2-5 Interest Group Meetings (Orlando, Fla.)
- 3-5 2007 ARM (Orlando, Fla.)
- 6 Seminars in HSR Methods (Orlando, Fla.)

If you have questions or comments about *AcademyHealth Reports*, our quarterly newsletter, please contact Kristin Rosengren at kristin.rosengren@academyhealth.org.

NIH Director from page 1

ponent of that process. “To me,” Dr. Zerhouni said, “health services research percolates different levels of research.”

He suggested that there may be three different types of HSR: the tactical, the strategic and the transformational. Tactical HSR may address issues such as effectiveness of interventions. Strategic research focuses on systems. But of most interest to Dr. Zerhouni was what he terms “transformational research.” He describes this as bold thinking that will help us “move from the curative paradigm to the pre-emptive, personalized, predictive, and participatory type of health care system.”

“There needs to be the creation of fundamental conceptual questions that can be tested,” he said. “Science advances because you have great questions, not because you have great solutions,” said Dr. Zerhouni. “Health services research...tends to call itself as a solution provider and I think it also needs to define the grand questions it is addressing.” He cited AcademyHealth’s proposed Council of Sponsors, with its emphasis on identifying fu-

ture research that will be needed for major health system changes and on improving the research methods to address future needs, as an important move in the right direction.

Dr. Zerhouni cited a number of “fundamental questions” that he said need to be addressed. Specifically, “How would you redesign a care delivery system in the context of personalized or preventive medicine?” and, “How do you take care of multi-factorial diseases...that are affecting an individual?”

He also encouraged health services researchers to study the impact of medical education and nursing education on health outcomes, calling it a topic researchers were “for some reason shy about.”

However, Dr. Zerhouni stopped short of accepting responsibility for leadership in this area. “I’ve always said the NIH does a lot more than it gets credit for but I think that [funding transformational research] is a lot more than what NIH can do. I think payers, CMS, everybody, has to have that question proposed,” said Dr.

Zerhouni; adding later, “You can’t have NIH pay a health care system pilot; we’re not Medicare.”

A Challenge to the Field

Dr. Zerhouni concluded the interview with a challenge for the field of HSR, an endorsement of its impact and an acknowledgement of funding challenges. He noted that, looking to the future, it will be important to combine forces to understand how to train the next generation of researchers, to enrich the field not just through dollars but through questions and problems that stretch its research, and to create examples of successful health services research.

“I think the greatest societal challenge for advanced societies in the 21st century is going to be the ability to sustain health at reasonable cost,” said Dr. Zerhouni. “Any field of science that contributes to that solution is a tremendously promising field of science - and clearly health services research is there.” He concluded, “Transforming health services research would be a fantastic contribution and direction for the future.” ◀

National Health Policy Conference: Speakers Focus on Policy Themes for 2007

Representatives of the Administration and Congress joined policymakers, health services researchers, and other industry leaders to discuss new priorities and proposals at the 2007 National Health Policy Conference (NHPC) sponsored by AcademyHealth and *Health Affairs*. The meeting marked a historic moment that many participants agreed offers opportunity for bipartisan action on health care reform.

In plenary sessions, the Administration and Democratic leaders offered contrasting visions of health care reform. Senator Max Baucus (D-Mont.) heralded “a new season in our nation’s health care debate,” describing five principles of reform including universal coverage and the creation of purchasing pools that would limit the burden on the employer-based system and the individual market. Despite a new energy in

Congress for moving forward, he cautioned that reform will take time. Representatives of the Administration used the meeting as an opportunity to highlight several of its health care reform proposals, including a proposal to give Americans who purchase their own health insurance policies outside of the workplace the same tax advantages as those with employer-sponsored coverage.

Prevention Strikes Chord

The 2007 NHPC focused on the themes of covering the uninsured, advancing public health, paying for quality, and strengthening the healthcare workforce. Yet the theme of prevention seemed to cross-cut the majority of sessions. Speakers from the Administration to Congress, and from cities and states, highlighted the need to focus policymaking efforts on prevention.



“We can either keep doing what we’re doing now, paying for inadequate outcomes, or we can start paying for better outcomes that in the long run makes sense for both our health and our pocketbooks. It’s clear to me what our choice should be. We should start paying for health care in ways that really improve our nation.”

— Mayor Michael R. Bloomberg

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coalition corner

Under the Wire: Congress Passes, and President Signs, Year-long Continuing Resolution

Congress passed a year-long continuing resolution (H.J. Res. 20) providing FY 2007 funding for 13 of 15 cabinet-level departments and all federally funded domestic programs. The measure funds the vast majority of programs at FY 2006 levels, but provides increases for some health, education, housing, and law enforcement activities, among others. For example:

- ◆ The Veterans Administration would receive \$3.6 billion more and defense health would get \$1.2 billion more to provide health care to the nation's military and veterans.
- ◆ The NIH would receive another \$620 million to "reverse a projected decline in new project awards" and support an additional 500 research project grants, 1,500 new investigator awards, and new high risk, high impact research.
- ◆ Community health centers would receive \$207 million more to fund existing centers and finance 300 new and expanded centers.

For most of the principal agencies funding health services research FY 2007 funding will be held flat at FY 2006 levels.

Before the Senate passed the measure without amendments on February 14, much of the federal government had been operating under a series of short-term continuing resolutions since the fiscal year began on October 1. The President signed the bill into law on February 15 just under the midnight deadline, narrowly avoiding a shutdown of most of the government.

For more information on the events leading up to the year-long continuing resolution, visit www.chsr.org/appropriationsarchives.htm.

President Unveils FY 2008 Budget

The president released his proposed FY 2008 budget on February 5. If Congress adopts the proposal as written, most of the principal agencies that support health services research will be flat funded—with the exception of the Agency for Healthcare Research and Quality (AHRQ), for which the President requests \$330 million. This is an increase of \$10.872 million over the FY 2007 level. AHRQ's FY 2008 budget includes:

- ◆ \$49 million for patient safety (an increase of \$15 million above the FY 2007 level) to be dedicated to a new Personalized Health Care Initiative
- ◆ \$55.3 million for Medical Expenditure Panel Survey (flat funded)
- ◆ \$44.8 million for research related to health information technology (a decrease of \$5 million from the FY 2007 level)
- ◆ \$15 million for comparative effectiveness research (flat funded)

The president's budget also requests:

- ◆ \$110 million for the Centers for Disease Control and Prevention's (CDC) National Center for Health Statistics—an increase of nearly \$1 million over the FY 2007 level—and flat funding of \$31 million for CDC's public health research program.
- ◆ \$28.8 billion for the NIH, of which we approximate \$950 million would be dedicated to health services and translational research (based on historic funding levels). This is an increase over the President's FY 2007 request, but less than the amount appropriated by Congress in its FY 2007 continuing resolution.

- ◆ \$34 million for the Centers for Medicare and Medicaid Services' (CMS) research, evaluation, and demonstration projects, which includes \$10 million for the Real Choice System Change Grant. In FY 2007, CMS received \$58 million for these research activities, including \$15 million for Real Choice System Change Grant. Under the president's proposal, CMS will see a significant cut in its R&D budget in FY 2008.

- ◆ \$411 million for the Veterans Health Administration's (VHA) medical and prosthetic research program, of which we approximate \$64 million would be dedicated to HSR (based on historic funding levels). This is a cut of nearly \$1 million compared to the \$412 million provided for clinical science, biomedical laboratory, rehabilitation, and HSR in the FY 2007 continuing resolution.

For more information on the president's budget and access to the budget summaries, please visit www.chsr.org/budgethighlights.htm.

Coalition's Funding Benchmarks

Each year, the Coalition prepares and updates a chart to track federal funding of HSR through the budget and appropriations cycle. The funding chart also includes information on the funding benchmarks sought by the Coalition. This year's chart is now available at www.chsr.org/fundingchart.htm.

New this year, the Coalition Board of Directors presents two desired funding levels. The Coalition's "minimum target" reflects what funding for HSR would be in FY 2008 if funding had kept up with inflation since FY 2005 and represents what agencies and programs need to sustain the current scope of work. The Coalition's "projected need" represents what programs and agencies need to expand their current scope of

Coalition Corner from page 4

work and address priorities of the field of health services research, such as greater investment in the next generation of researchers, methods development, data sets, and comparative effectiveness research.

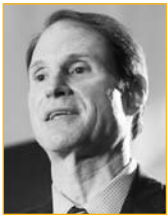
Be sure to visit our Web site regularly in FY 2008 for updated versions of the funding chart that reflect House and Senate, conference, and final funding levels.

Talk the Talk...

The Coalition's legislative term of the quarter is: "Function 550"

The Congressional budget process, as set forth in the Budget Act, requires Congress to annually establish the level of total spending and revenues and how total spending should be divided among each of 19 major "functions" of government, including defense, agriculture, and transportation. Function 550 refers to the level of funding for health programs, generally. Medicare has its own spending category: Function 570.

NHPC Conference from page 3



"I think there is a broad berth in which Democrats and Republicans can work together to try to make sure Americans have [health insurance] choices just like their members of Congress do."

— *Sen. Ron Wyden*

New York City Mayor Michael R. Bloomberg called for a pay-for-prevention system that rewards providers for avoiding unnecessary hospitalizations. Bloomberg urged standard implementation of electronic health records as a critical component of rebuilding the nation's preventive care system. "We need to make electronic health records as standard as stethoscopes," he said. Bloomberg decried the "snail's pace of change" today in implementing electronic health records. There is no more excuse for delay, he said, and challenged Medicare and Medicaid to adopt electronic records by 2012.

Admiral John O. Agwunobi, Assistant Secretary for Health, United States Department of Health and Human Services, also emphasized preventive care and spoke of the department's focus on personalized care and preventive interventions. He said the Food and Drug Administration and NIH are investing in a future where health care

is tailored to individuals' personalized needs and described the groundbreaking role of genomics in identifying those diseases that individuals are most likely to encounter in the future. Our current health care system is overly focused on treatment he said, noting that "we'll always be behind the eight ball if we do more treatment than prevention." In his remarks, Agwunobi said that the Medicare program is shifting gradually to paying more bills for preventive services.



"To make the right treatment decisions, policymakers, health plans, clinicians, patients and manufacturers alike need more evidence.

[AcademyHealth] has a thoughtful set of recommendations in this area.

I am considering them carefully. Funding for health services research is like buying a college education. It is an investment in the future."

— *Sen. Max Baucus*

Speaking from the state perspective, Kim Belshe, California State Secretary of Health and Human Services pointed out the key role of prevention in



"What are the consequences of the inefficient spending that we see today? Well we know that it drives government budgets up, but we also – through academic research done by many people in the room – know that it comes out of worker's wages."

— *Katherine Baicker*

the state's ambitious health reform plan, noting that elements of the plan that focus on prevention, "reflect the Governor's fundamental belief that if we are to promote a healthier California, and if we are to better manage our health care costs over the longer term, we really have to make health promotion, disease prevention, and wellness a priority."

Learn More

The National Health Policy Conference offers a valuable opportunity to connect with leaders in the health policy field, whether from academia, industry, advocacy, or government. Free webcasts and transcripts of the plenary sessions are available at www.kaisernetwork.org/healthcast/nhpc/12feb07. ◀

HSR Impact Awards Demonstrate Value of the Field

On January 12, John Holahan, Ph.D. and Flaura Winston, M.D., Ph.D., received the 2007 AcademyHealth HSR Impact Award at the National Health Policy Conference. Dr. Holahan and his research team and Dr. Winston were recognized for work that helped frame the debate over health care reform in Massachusetts and that affected upgrades to multiple child restraint laws, respectively.

Dr. Holahan is director of the Health Policy Center at the Urban Institute. Along with colleagues from the Urban Institute and co-principle investigator Alan Weil of the National Academy for State Health Policy, Dr. Holahan made critical contributions to the Massachusetts debate, demonstrating that the health and economic benefits of expanding coverage far outweighed the additional spending needed to make it a reality. Findings of the research included an accurate count of uninsured in Massachusetts, an estimate of total health care

spending in the state devoted to care for the uninsured, and analysis of the resources necessary to finance coverage for the uninsured.

Dr. Winston is associate professor of pediatrics in at the University of Pennsylvania and principal investigator for Partners for Child Passenger Safety (PCPS). She received the award for research that underscores the need for improved public education campaigns to increase appropriate car seat use, particularly among those families at highest risk for crash injury. PCPS studies have demonstrated that using age- and size-appropriate child restraints can reduce the risk of injury to children resulting from a motor vehicular crash to less than one percent. Dr. Winston's research resulted in upgrades to child restraint laws in 33 states as well as two federal laws on child restraint systems.

Now in its second year, the AcademyHealth HSR Impact Award identifies outstanding ex-



David Helms and Louis Rossiter congratulate HSR Impact winner John Holahan.

amples of the positive impact of health services research on health policy or practice. Winners receive \$2,000 and complimentary registration to the NHPC, where the awards are presented each year. The 2008 Call for Nominations is open. Visit www.academyhealth.org/awards for more information. ◀

AcademyHealth Interest Groups Meetings

All meetings are held in conjunction with the Annual Research Meeting in Orlando, Fla., June 3-5.

Saturday, June 2

Building Bridges: Making a Difference in Long-Term Care 2007 Colloquium

8:00 a.m. – 4:00 p.m.

Child Health Services Research

9:00 a.m. – 5:00 p.m.

State Health Research and Policy

10:00 a.m. – 4:00 p.m.

Health Workforce

12:00 p.m. – 5:00 p.m.

Public Health Systems Research

12:00 p.m. – 6:00 p.m.

Gender and Health

12:15 p.m. – 6:30 p.m.

Health Economics

1:00 p.m. – 5:00 p.m.

Health Information Technology

3:00 p.m. – 6:00 p.m.

State Health Research and Policy Business Meeting

4:00 p.m. – 5:00 p.m.

Long-Term Care Next Generation Reception

4:30 p.m. – 5:30 p.m.

Child Health Services Research Business Meeting

5:00 p.m. – 6:00 p.m.

Health Economics Business Meeting

5:00 p.m. – 6:00 p.m.

Interdisciplinary Research Group on Nursing Issues

5:00 p.m. – 9:00 p.m.

Sunday, June 3

Gender and Health Business Meeting

7:30 a.m. – 8:30 a.m.

Health Information Technology Business Meeting

7:30 a.m. – 8:30 a.m.

Interdisciplinary Research Group on Nursing Issues Business Meeting

7:30 a.m. – 8:30 a.m.

Long-Term Care Business Meeting

7:30 a.m. – 8:30 a.m.

Tuesday, June 5

Quality

7:00 a.m. – 8:45 a.m.

Health Policy Communications

3:00 p.m. – 5:00 p.m.

Research Translation

3:00 p.m. – 5:00 p.m.

Disparities

3:00 p.m. – 6:00 p.m.

Behavioral Health Services Research

3:00 p.m. – 6:30 p.m.

Disability Research

3:00 p.m. – 7:00 p.m.

For more information on these meetings or to register, please visit www.academyhealth.org/membership/interestgroups.htm.

organizational affiliates

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 and datasets to support health services research. 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 (ARM) 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 *HSR* (print and online) and *The Milbank Quarterly* (online only).
- ◆ Advocacy through the Coalition for Health Services Research.

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

We salute and thank our organizational affiliates.
New affiliates are listed in bold face type.

Contributing Affiliates (\$10,000)

The Commonwealth Fund
The Missouri Foundation for Health (MFH)
Robert Wood Johnson Foundation
UnitedHealth Group
WellPoint, Inc.

Supporting Affiliates (\$5,000)

AARP
America's Health Insurance Plans
Association of American Medical Colleges
Eli Lilly and Company
The Henry J. Kaiser Family Foundation
Johnson & Johnson
Mayo Clinic, Division of Health Care Policy & Research
Merck and Company, Inc.
National Health Council
Nemours Health and Prevention Services
Novartis Pharmaceuticals Corporation
Pfizer, Inc.

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, Economic and Health Policy Research
American Osteopathic Association
American Physical Therapy Association
Battelle Memorial Institute
Baylor Health Care System, Center for Health Care Analysis and Research
Blue Cross Blue Shield Association
Blue Cross Blue Shield of Michigan Foundation
Brandeis University, Heller School of Social Policy and Management, Schneider Institute for Health Policy
Brown University, Brown Medical School, Center for Gerontology and Health Care Research
California HealthCare Foundation
Case Western Reserve University at MetroHealth Medical Center, Center for Health Care Research and Policy

Center for Mississippi Health Policy
Center for Studying Health System Change
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 Management
Columbia University, School of Nursing, Center for Health Policy
Consumer Healthcare Products Association
Creighton University, Health Services Research Program
Dartmouth Medical School, The Center for Evaluative Clinical Sciences
Department of Veterans Affairs, Health Services Research and Development Service, Washington, DC
Duke University, Health Sector Management, The Duke MBA
EDS
Emory University, Rollins School of Public Health, Department of Health Policy and Management
Federation of American Hospitals
Geisinger Health System

George Mason University, College of Health and Human Services

Georgetown University, Georgetown Public Policy Institute

The George Washington University, School of Public Health and Health Services, Department of Health Policy

Georgia Health Policy Center, Andrew Young School of Policy Studies, Georgia State University

Group Health Center for Health Studies

Harvard School of Public Health, Department of Health Policy and Management

Health Management Associates

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

The Joint Commission

Kaiser Permanente Institute for Health Policy

Kansas Health Institute

Kentucky Cabinet for Health and Family Service Office of Health Policy

The Lewin Group, Inc.

Massachusetts General Hospital and Partners HealthCare System, Institute for Health Policy

Mathematica Policy Research, Inc.

The MayaTech Corporation

Medicare Payment Advisory Commission (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 Information Center on Health Services Research and Health Care Technology (NICHSR)

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

The Nuffield Trust for Research and Policy Studies in Health Services

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, Ph.D. Program in HSR

Park Nicollet Institute

Partnership for Prevention

Pennsylvania Department of Health

Pennsylvania State University, Center for Health Care and Policy Research

PhRMA

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 College School for Health Studies

Social and Scientific Systems, Inc.

Thomson Medstat

TMF Health Quality Institute

United Hospital Fund of New York

University of Alabama at Birmingham, List 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, 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, Department of Health Management and Policy

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 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 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

List current as of February 5, 2007

Official Journals: Providing a Platform for Health Services Research

For the March issue, we offered each of our official journals an opportunity to discuss their respective roles in the ongoing promotion and dissemination of health services research. As we continue to recognize the important part each plays in advancing the field and informing health policy, we also look to future innovations and new developments from our official journals.

Health Services Research

by José J. Escarce, co-editor in chief

At *Health Services Research*, we strive to provide researchers and policymakers with the latest research findings, methods, and concepts related to the financing, organization, delivery, and outcomes of health services. Our focus on the rigor, quality, and policy relevance of the articles we publish has made *HSR* one of the top health services research and policy journals and earned it a top-tier journal “impact factor” in health care sciences and services in addition to numerous awards. During the past ten years, eight articles published in *HSR* have won the AcademyHealth Article of the Year Award. *HSR* has also won five Emerald Golden Page Awards for outstanding management periodicals.

To make research findings available to research and policy audiences in timely fashion, *HSR* publishes accepted articles electronically, in advance of print publication, through OnlineEarly. These articles are fully published, may be cited, and are available to Academy Health members at www.academyhealth.org/membership/membersonly.htm.

This year, *HSR* will implement a new policy on disclosure and authorship. The goals of the policy are to keep the research *HSR* publishes as free as possible from political or financial influences and to help researchers understand clearly what qualifies as authorship in our journal. *HSR*'s leadership in ensuring the scientific integrity of health services research is in keeping with the journal's long tradition of publishing research that meets the highest standards of quality and relevance.

Health Affairs

by John Iglehart, founding editor

As *Health Affairs* celebrates its 25th anniversary, it is an opportune time to assess its goal of serving as a bridge between health services research and policymaking. How does a journal measure its policy impact? One critical measure is how many times papers are cited in congressional testimony or reported on in major newspapers. In 2006, 27 papers published in *Health Affairs* were cited in congressional testimony, more policy research citations than either *JAMA* or *The New England Journal of Medicine*.

Research published in *Health Affairs* is regularly cited by such media as *The New York Times*, *The Wall Street Journal*, *The Washington Post*, and consistently earns a top-tier journal “impact factor” in health care sciences and services.

To expand research dissemination, *Health Affairs* has embraced Web publishing. All 25 years of content are online, and peer-reviewed Web Exclusive papers appear weekly online. Recently, *Health Affairs* launched a blog to further the policy debate and link readers to the research. www.healthaffairs.org/blog

Twenty-five years ago, Dr. William B. Walsh, founder of Project HOPE, recruited me to create *Health Affairs* with the understanding that the publication would not represent one viewpoint, but rather would be a journal of ideas relevant to a robust dialogue on ways to improve the U.S. health care system and, now, foreign systems. *Health Affairs* has remained true to this vision, and that has been one of its strengths, particularly in a political environment that has become very partisan on the future directions of the U.S. health care system. ◀

HCFO Issues Special Topic Solicitations in Public Health Systems Research

The Robert Wood Johnson Foundation's (RWJF) Changes in Health Care Financing and Organization (HCFO) Initiative bridges the health policy and health services research communities. The Initiative supports investigator-initiated research examining major changes in health care financing and organization, and their effects on cost, access, or quality. Periodically, HCFO issues Special Topic Solicitations designed to elicit research into a specific topic area. RWJF has made a significant commitment to Public Health Systems

Research, the field of inquiry that examines the organization, financing, and performance of public health systems and the impact on population health outcomes, and is utilizing HCFO to build the evidence base for enhancing the public health infrastructure.

In 2005, HCFO awarded four grants in PHSR, and nine new grants were awarded in 2006. The newly funded grants will investigate the structure and organization of health systems; training needs of practitioners; public health

partnerships; strategies to expand public health service delivery in an emergency; quality improvement strategies; workforce needs; and the connection between expenditures and health disparities.

The Foundation has made a commitment for additional research grants in 2007 and 2008, thus HCFO will be releasing a revised special topic solicitation this spring. ◀

Make Reservations Now for the 2007 Annual Research Meeting, June 3–5

Explore new horizons in the ever increasing health care policy debate at the ARM. Join us in Orlando for this once-a-year discussion on leading research and take advantage of this outstanding opportunity to network with colleagues and hear what other health services professionals from around the world are doing.

The AcademyHealth 2007 Annual Research Meeting (ARM,) will be held at the Walt Disney World Swan and Dolphin. Each year, the ARM provides a forum for health services researchers to present cutting-edge research and engage with top health policymakers and practitioners. The meeting features a selection of peer-reviewed research and panel discussions as well as invited presentations on 21 themes or topic areas. The keynote address will be given by David Cutler, Otto Eckstein Professor of Applied Economics and Dean for the Social Sciences at

Harvard University and author of *Your Money or Your Life: Strong Medicine for America's Health Care System*.

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

Seminars in Health Services Research Methods

Make the most of your trip by attending method seminars before and after the ARM.

Saturday, June 2 – 10:00 a.m. – 5:00 p.m.

- ◆ Introduction to Hierarchical Modeling for Health Services Research
- ◆ Introduction to Bayesian Methods
- ◆ Powerful Data, Meaningful Answers: Hands-On Training with HCUP Data

Wednesday, June 6 – 8:00 a.m. – 3:00 p.m.

- ◆ Estimation of Models with Endogenous Explanatory Variables
- ◆ Introduction to the National Health & Nutrition Examination Survey (NHANES) Data: Overview of the NHANES Web-Tutorial & NHANES III Linked Data Sets

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Register today for the 2007 Annual Research Meeting,
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