With health care costs soaring, insurance coverage falling, and baby-boomers aging into retirement, policymakers and the public are clamoring for new answers to address our nation’s growing health care challenges. The need for research-based policy solutions has never been greater, and the opportunities for the field of health services research are vast. But are we ready?

In late 2007, AcademyHealth convened a high level invitational summit that brought together 50 educators, students, employers, and funders of HSR to consider three commissioned papers assessing trends in the size, composition and skills of the HSR workforce and to consider future workforce needs as they relate to the challenge of generating the evidence needed to improve the performance of the nation’s health care system.

The first paper, by Craig Thornton and Jonathan Brown, reviewed trends in the market demand for health services researchers. The second, by Jean Moore and Sandra McGinnis, examined the current stock of health services researchers, particularly the size and composition of the field. The third, by Tom Ricketts, examined current educational pathways to the field and identified historic trends and a set of challenges for future educators.

Size and Scope
Summit participants recognized that while there are many challenges in defining and measuring the HSR workforce, even conservative estimates indicate that in the last decade the field has more than doubled in size—from 5,000 in 1995 to about 13,000 today. Papers commissioned for the Summit also found minimal racial and ethnic diversity in the field with 84 percent being non-hispanic whites. And, despite a predominance (56 percent) of women in the field, women are paid less across all categories.

Educational Pathways
Ricketts’ paper found the number of HSR interdisciplinary programs has surged during the last decade. HSR is now the most common educational background for AcademyHealth members (14 percent of those with a Ph.D. were trained in HSR, as well as 6 percent of those holding a Masters), followed by economics, health policy and public policy. Ricketts research also indicates that a greater number of students graduating from HSR programs are going into jobs in the private, for-profit sector. Summit participants noted the need to better understand and train for the discreet needs of this sector.

Funding and Market Demand
Despite the growth in HSR workforce and an overall increase in organizations receiving HSR grants, Thornton and Brown—using data reported annually in the Coalition For Health Services Research’s report “Federal Funding for Health
Welcome to 2008, a year that promises to be an exciting one for AcademyHealth and its members. The celebration of the 25th Annual Research Meeting (ARM) in June marks a milestone for our field; we are stronger, larger and more important to the national health care reform debate than ever before. As your new board chair, I look forward to working with you on a series of initiatives to honor our past, take stock of our current challenges and chart a course for the future.

This issue of AcademyHealth Reports presents the new design for our quarterly member newsletter which provides an increased focus on the issues facing our field—starting with our lead article on the health services research workforce. Future editions will analyze such challenges as data needs and trends, debates on methods, problems with current academic promotion criteria, core competencies in Ph.D. and master’s programs, the role of the private sector in HSR, and lessons from abroad on research prioritization and funding vehicles. This is also an important year for the work of our Board of Directors. We have initiated a year-long strategic planning process that will look at how best to achieve our mission while growing the organization and making the most of our resources. Our intent is to identify strategies for growth that leverage and preserve the stability of AcademyHealth. Among other areas of interest, I am committed to broadening participation of minorities in our organization and we have several initiatives planned to further that aim. We will also be examining ways to advance the methods and data that are core to our work through a variety of strategies including seminars, web-based resources, and papers. We will also be reviewing the publishing needs of the field and exploring ways to expand access to journals.

Membership will play a key role in these deliberations and many of you will be called upon through focus groups and surveys to help guide this process. We invite you to begin thinking about ways our organization could expand or modify the ways that we advance the field.

We have an opportunity in 2008 to recognize those that played a key role in establishing this field. In June we will commemorate 25 years of outstanding research, professional development and networking opportunities provided by our ARM. This year’s meeting, June 8-10 in Washington, D.C., will honor the founders of the Association for Health Services Research, one of AcademyHealth’s two predecessor organizations.

Our ability to consolidate this field, to increase the visibility of our work, and to maximize our impact on policy and practice is due in large part to the support of our members. I look forward to seeing you at the Annual Research Meeting where we will celebrate our successes and discuss priorities for the future.

Sincerely,

Margarita Alegria, Ph.D.
Center for Multicultural Mental Health Research
Cambridge Health Alliance
Board of Directors – Officers Announced

At its December meeting, AcademyHealth’s Board of Directors elected the organization’s leadership for 2008. Margarita Alegria, Ph.D., who will serve as board chair, is director of the Center for Multicultural Mental Health Research at Cambridge Health Alliance. John Colmers, who previously served as treasurer, was elected vice chair. Colmers is secretary of health & mental hygiene for the State of Maryland. This year’s treasurer is Robert Reischauer, Ph.D., president at the Urban Institute. Mary K. Wakefield, Ph.D., R.N. will continue as the board secretary. Wakefield currently serves as associate dean for rural health and director at the Center for Rural Health in the School of Medicine and Health Sciences, University of North Dakota. Finally, Sara Rosenbaum, J.D., will serve as the Board’s past chair. Rosenbaum is the Harold & Jane Hirsh Professor of Health Policy and chair in the Department of Health Policy at The George Washington University.

This year’s officers bring a unique array of skills and expertise, both to the Board and to the larger organization. They will be working with their colleagues on the Board to guide AcademyHealth in developing new programs, products and tools to help build the infrastructure of our field and provide health policy and practice leaders with the information they need to meet health challenges.

You can learn more about this year’s officers and other Board members at http://www.academyhealth.org/about/board.htm

2008 HSR Impact Award Presented at NHPC

A body of work that brought risk adjustment to many users, including Medicare, was honored with the 2008 HSR Impact Award, presented on February 4, 2008 at the AcademyHealth National Health Policy Conference in Washington, D.C. Principal Investigator Dr. Arlene Ash and colleagues from DxCG accepted the award from presenter Lou Rossiter.

Through numerous peer-reviewed publications, national and international presentations, consulting and congressional testimony, Dr. Ash and her colleagues promoted and facilitated risk adjusted payments for protecting sick people and their providers. The research also provided the technical and practical tools that have helped to make risk adjustment integral to health care management and financing today.

Now in its third year, the AcademyHealth HSR Impact Award identifies outstanding examples of the positive impact of health services research on health policy or practice. The winner receives $2,000 and complimentary registration to the National Health Policy Conference where the award is presented.

The 2008 Call for Nominations is open through July 30. Members are encouraged to nominate exceptional cases of where health services research has made a positive impact on policy and practice for this important award that recognizes the work of our field and helps promote its value to policymakers and other stakeholders.

For more information, please visit our web site at www.academyhealth.org
Services Research”—reported an overall drop in inflation adjusted public dollars going into HSR and a nearly 50 percent decline in extra-mural grants from the major federal agency for HSR, the Agency for Healthcare Research and Quality.

Recommendations

After review of the research, Summit participants worked in small groups to develop recommendations for the future, which were then reviewed and evaluated by all participants. The resulting recommendations included:

**Improve the size and composition of the field**

There was strong a strong belief that the demographic composition of the field should better reflect society as a whole. In addition, the participants recognized the need to expand the marketing of HSR to students in a variety of disciplines and at varying points in their academic careers. Suggestions included developing leadership training and partnerships that create new opportunities for women, reaching out to general science programs and developing new scholarships and stipends for students, and promoting mentors and mentoring programs. In addition, the participants cited a need to conduct regular (every five years) monitoring of the field’s size and composition in order to establish benchmarks and evaluate progress.

**Understand the growth of HSR in the private sector**

The group focused on a newly recognized opportunity to reflect the needs of private sector employers in graduate and post-graduate training. Private employers anticipate a greater interest in HSR trainees, and many feel that master’s level training in HSR with a particular focus on quantitative skills is appropriate to their needs. At the same time, private sector employers require additional training in writing and presentation skills, project management and other “client-oriented” skills that may be less emphasized in traditional HSR programs. Employers also believe that greater exposure to medical knowledge and the businesses of health insurance and health care delivery organizations would be beneficial. The group suggested that the field investigate ways to meet these training needs and support master’s-level health services researchers. In addition, they saw opportunities to create linkages between academia and professional societies and to offer applied “real-world” fellowships in the private sector.

**Improve the graduate training of health services researchers, especially at the Master’s level**

In general, the growth of discrete, multidisciplinary HSR programs was seen by the group as beneficial, however they also saw trade-offs that relate to depth of training and methodological skills. Efforts to outline core competencies in HSR training for doctoral students were considered, and participants agreed that such efforts should be encouraged and expanded to the master’s level. Participants were clear, however, that HSR core competencies should not be viewed as a uniform curriculum, but rather, should serve to help build a common language and differentiate the contributions that are made by health services research as a field, and by the different programs that are available.

**Expand post-graduate training and continuing education opportunities**

In addition to formal HSR training programs, the group agreed upon the need for new models of training that incorporate research from the fields that contribute to HSR by providing applied training in analytic methods. Examples of programs that incorporate researchers trained in specific disciplines include the successful Robert Wood Johnson Foundation health policy scholars and clinical scholars programs, and internships and post-docs in organizations undertaking HSR. Additional activities, such as intensive training programs and traineeships and fellowships designed to encourage disciplinary researchers to undertake HSR projects have the potential to build bridges between the disciplines and encourage a focus on HSR questions.

**Increase awareness of the value of HSR**

This group emphasized that attracting and retaining the best HSR workforce requires promotion of the field among the research community, many of whom do HSR but do not view themselves as part of the field. In addition, increased understanding of the value of HSR among policymakers, federal agencies, foundations and the private sector was seen as necessary to ensure a stable funding stream for ongoing, investigator-initiated research. Stable funding is also essential to the recruitment and retention of top research talent, who may be lost to other fields if sufficient funding for their work is not readily available. To accomplish these goals, the group believed we must do a better job of identifying the information that policymakers and stakeholders need, framing the results in a manner the policymakers and stakeholders understand and can use, and illustrating the potential contribution of health services research.

**Next Steps**

Summit participants agreed that a mix of approaches will be needed to meet the research needs of the future. Based on the recommendations of the participants, a number of priority initiatives are being discussed to support HSR training programs, develop data-analysis training modules to orient students to the large health system datasets prominent in the private sector, and develop core competency sets and sample curricula for master’s level training. In addition, AcademyHealth will continue to address the overall infrastructure needs of the health services research field through the HSR Summit Series. The next summit, which is in development for fall 2008, will discuss methods and data needs.

Updates on these and other initiatives will be provided via the Member Update e-newsletter and on AcademyHealth.org.

**Endnotes**

1. The studies were commissioned with support from the Robert Wood Johnson Foundation (RWJF) and the Agency for Healthcare Research and Quality (AHRQ).
In the midst of a tense and at times heated presidential campaign, health policy advisors for the three frontrunners took time to highlight their candidate’s health care plans and answer questions at AcademyHealth’s National Health Policy Conference (NHPC). Chris Jennings, Hillary for President, Tom Miller, John McCain 2008, and Gregg Bloche, Obama for America debated the pros, cons, and sustainability of their respective candidates’ plans.

While the democratic candidates’ plans share certain common points—that health insurance is both an individual obligation and a social responsibility and should be affordable and available for all, and that people need to take personal responsibility for their health—they differ greatly on the importance of individual mandates. Bloche suggested taking small steps to see what works and doesn’t before going all in. He said, “Health care like the human body itself is a complex system. It responds to perturbations in unpredictable ways and so we need to be a little bit more modest about how it might respond to the large jolt that we’re going to give it with the kind of comprehensive reform that Chris and I are talking about.” Jennings stressed that it is not realistic to expect to cover everyone without mandates, saying “…we can argue about the individual requirement, but there is no one in this room of independent stature who would say that you could cover every American without an individual requirement.”

On the Republican side, Tom Miller called for providing a tax credit to help individuals buy coverage across state lines, saying that it would make the market more competitive and reduce costs. He also said mandating a standard form of coverage that people may or may not want to purchase will not necessarily improve the quality of care received. He added, “Rely instead on open health care markets, competition, and the decisions of American families to provide more affordable and sustainable choices that will improve and maintain their health.”

Responding to a question about how each candidate would actually bring about the changes they put forth in their proposals, all three referred to the general public’s demands for change and collaboration between the different stakeholders as being the major catalysts. Gregg Bloche summarized, “I think we’re going to see a message coming from the American people in November about how badly they want everybody in this town to work together to get this done. And that message is going to mobilize all those 535 folks who have to get elected for a living.”

“I think we’re going to see a message coming from the American people in November about how badly they want everybody in this town to work together to get this done.”

– Gregg Bloche

See the Webcasts and read the transcript of this and other sessions provided by the Kaiser Family Foundation at www.kaisernetwork.org/
On December 26, the president signed an 11-bill omnibus spending package for fiscal 2008 (H.R. 2764), which includes funding for the Veterans Health Administration and agencies within the Department of Health and Human Services, among others.

The Agency for Healthcare Research and Quality (AHRQ) is provided $334.6 million in fiscal 2008; the same level provided in the conference agreement that was vetoed by the president November 13. This includes $30 million for comparative effectiveness research (CER)—double AHRQ’s CER budget in each of the last three fiscal years. With this $15 million increase, AHRQ will, among other things, double the number of comparative effectiveness reviews and will fund at least one study analyzing the Center for Medicare & Medicaid Services’ needs for CER in making coverage determinations. With the remaining $15 million, AHRQ will make available approximately four career development awards to develop and enhance “individual scientist research and methodological capacities” for conducting CER in the future.

The National Center for Health Statistics (NHCS) is provided $113.6 million; approximately $3 million less than provided in the conference agreement, but still $3.6 million more than the president’s request, and $6.6 million more than FY 2007 actual levels. With this increase, NHCS will be able to sustain uninterrupted collection of vital statistics from states.

The bill also provides funding for the National Research Service Awards in primary medical care (administered by the Health Resources and Services Administration) and health services research (administered by AHRQ). The National Institutes of Health reauthorization bill that was signed into law January 2007 would have eliminated funding for this program.

For more information, please visit http://www.chsr.org/appropriations.htm.

President Unveils FY 2009 Budget

The president released his FY 2009 budget on February 4; most of the principal agencies that support health services research are flat funded or cut (see table). The president has already stated publicly that he will veto appropriations bills that exceed his request, setting the tone for a tumultuous budget season during a politically charged election year.

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

**Table: Funding (in millions)**

<table>
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<tr>
<th>Agency</th>
<th>FY2007 Actual</th>
<th>FINAL FY 2008</th>
<th>President FY 2009 Request</th>
<th>Coalition Minimum Target</th>
<th>Coalition Projected Need</th>
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<td>$325.6</td>
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<td>$31</td>
<td>$31</td>
<td>$33</td>
<td>$50</td>
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<td>$31</td>
<td>$31</td>
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<td>$8.7</td>
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<td>Veterans Health Administration</td>
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</table>

Sources: Federal Funding for Health Services Research, Coalition for Health Services Research (Feb. 2008), Budget of the United States Government, Office of Management and Budget (FY 2009), H.R. 2764 (FY 2008 omnibus).

Now Available: Federal Funding for Health Services Research 2007

This fifth annual baseline report documents health services research expenditures across the federal government. Please visit http://www.chsr.org/reports.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. University-based and private organizational affiliates also support the critical work of the Coalition for Health Services Research as it advocates for funding and datasets to support health services research. All our affiliates are essential partners in helping AcademyHealth fulfill its mission to facilitate 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 Meredith Davis, at 202.292.7789 or meredith.davis@academyhealth.org.

We thank and salute our organizational affiliates.

Contributing Affiliates
- The Commonwealth Fund
- Missouri Foundation for Health
- National Institute for Health Care Management Foundation
- Robert Wood Johnson Foundation
- WellPoint, Inc.

Supporting Affiliates
- America’s Health Insurance Plans
- Association of American Medical Colleges
- Eli Lilly and Company
- Henry J. Kaiser Family Foundation
- Johnson & Johnson
- The Kaiser Permanente Institute for Health Policy
- Merck & Company, Inc.
- National Health Council
- Nemours Health and Prevention Services
- Novartis Pharmaceuticals Corporation
- Pfizer, Inc.
- UnitedHealth Group
- 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
- American Medical Association
- American Osteopathic Association
- American Physical Therapy Association
- Association of State and Territorial Health Officials
- Battelle Health and Life Sciences Division
- Baylor Health Care System Center for Analysis and Research
- Billings Clinic, Center for Clinical Translational Research
- Blue Cross Blue Shield Association
- Blue Cross Blue Shield of Michigan Foundation
- Brown University School of Medicine
- California HealthCare Foundation
- Case Western Reserve University
- Center for Health Outcomes, Policy and Evaluation Studies (HOPES), College of Public Health, Ohio State University
- Center for Health Policy, Columbia University School of Nursing
- Center for Mississippi Health Policy
- The Center for Public Health Systems and Services Research, University of Kentucky
- Center for Studying Health System Change
- Center for Substance Abuse Treatment
- Centers for Medicare and Medicaid Services
- Cincinnati Children’s Hospital Medical Center and the Department of Pediatrics, University of Cincinnati
- CNA Corporation
- College of William & Mary
→ Colorado Health Institute
→ Columbia University
→ Consumer Healthcare Products Association
→ Creighton University
→ Dartmouth Institute for Health Policy and Clinical Practice
→ Department of Health Services Research and Administration, College of Public Health, University of Nebraska Medical Center
→ Department of Health Services, School of Public Health and Community Medicine, University of Washington
→ Department of Veterans Affairs, Health Services Research & Development Service, Washington, D.C.
→ The Duke MBA, Health Sector Management Program
→ Federation of American Hospitals
→ Geisinger Health System
→ George Mason University, College of Health and Human Services, Department of Health Administration and Policy
→ The George Washington University School of Public Health and Health Services
→ Georgetown Public Policy Institute, Georgetown University
→ Georgia Health Policy Center
→ Group Health Cooperative
→ Harvard School of Public Health
→ Health Management Associates
→ Health Research & Educational Trust
→ HealthPartners Research Foundation
→ Henry Ford Health System
→ Illinois Department of Public Health
→ Institute for Health, Health Care Policy, and Aging Research, Rutgers, the State University of New Jersey
→ Jewish Healthcare Foundation of Pittsburgh
→ 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, Research and Development Center
→ The Joint Commission
→ Kansas Health Institute
→ Kentucky Cabinet for Health and Family Service
→ The Lewin Group, Inc.
→ Massachusetts General Hospital
→ Mathematica Policy Research, Inc.
→ The MayaTech Corporation
→ Mayo Clinic
→ MDRC
→ 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 Pharmaceutical Council
→ New York Academy of Medicine
→ Northwestern University
→ The Nuffield Trust for Research and Policy
→ Oklahoma University Health Science Center
→ Old Dominion University
→ Park Nicollet Health Services
→ Partnership for Prevention
→ Pennsylvania Department of Health
→ Pennsylvania State University
→ Philip R. Lee Institute for Health Policy Studies, University of California, San Francisco
→ PhRMA
→ RAND Health
→ Regenstrief Institute, Inc.
→ Research!America
→ Rollins School of Public Health of Emory University
→ RTI International
→ Sanofi-Aventis
→ Schneider Institutes for Health Policy, Brandeis University
→ Simmons College School for Health Studies
→ Social and Scientific Systems, Inc.
→ Thomson Healthcare
→ United Hospital Fund of New York
→ University of Alabama at Birmingham, Lister Hill Center for Health Policy
→ University of Arkansas for Medical Sciences
→ University of California, Los Angeles
→ 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
→ University of Michigan School of Public Health, Department of Health Management and Policy
→ University of Minnesota
→ University of Missouri, Columbia
→ University of North Carolina at Charlotte
→ University of North Carolina, Chapel Hill
→ University of Oklahoma College of Public Health, Department of Health Administration & Policy and Center for Health Policy
→ University of Pennsylvania
→ University of Rhode Island
→ University of South Carolina
→ University of Southern Maine, Muskie School of Public Service, Institute for Health Policy
→ Urban Institute
→ VA Information Resource Center (VIReC)
→ Virginia Commonwealth University
→ W.K. Kellogg Foundation
→ West Virginia University
→ Yale University

List current as of February 19, 2008
Now composed of 13 official chapters, the AcademyHealth Student Chapter Program recently welcomed the University of Kentucky and the University of Minnesota.

The University of Kentucky AcademyHealth Student Chapter, founded by Laura Racster and supported by Julia F. Costich, Ph.D., J.D., was established to acquaint students with the fields of health services research and health policy, provide learning opportunities through interaction with health services research and health policy practitioners, and help expand chapter members’ career opportunities. During the first semester, the Chapter hosted organizing and recruitment meetings as well as a Journal Club discussion.

Lead by president Deborah Mullen and faculty advisor Bryan Dowd, Ph.D., the AcademyHealth University of Minnesota Student Chapter convenes students from the Division of Health Policy and Management monthly to discuss health services research topics, prepare and submit abstracts, and network with peers and leaders in the field at national conferences.

In addition to campus activities, the number of chapter members attending AcademyHealth’s annual conferences is growing, made possible by fundraising efforts and the support of AcademyHealth. Members of the Johns Hopkins Bloomberg School of Public Health, University of Michigan, University of Missouri, and The University of North Carolina at Chapel Hill chapters met informally at a reception during this year’s National Health Policy Conference, and plans for a similar event are well underway for the upcoming Annual Research Meeting in Washington, D.C.

If you would like more information about the AcademyHealth Student Chapter Program, please visit www.academyhealth.org/membership/studentchapters.htm or contact Meredith Davis at 202.292.6700 or meredith.davis@academyhealth.org.

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**Members Matter**

AcademyHealth’s Student Chapters Increase Their Presence on Campuses and at Annual Conferences

Members of The University of Kentucky AcademyHealth Student Chapter during its first meeting in September.

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**News from the Journals**

*Health Affairs January/February 2008 Issue*

**New Drug Benefit Fuels Fastest Medicare Spending Growth In 25 Years**

The new Medicare prescription drug benefit sparked an 18.7 percent increase in Medicare spending in 2006, the fastest rate of growth since 1981 and double the rise in 2005, said the Centers for Medicare and Medicaid Services' annual health spending report that leads the January/February 2008 issue of Health Affairs. Despite the growth in Medicare spending, overall health care spending in the United States grew 6.7 percent in 2006 to $2.1 trillion, or $7,026 per person -- a slight acceleration over the 6.5 percent rate in 2005, which marked the slowest growth since 1999. To learn more, view abstracts from this issue of Health Affairs online at www.healthaffairs.org.
Join us in celebrating AcademyHealth’s 25th Annual Research Meeting (ARM) in Washington, D.C., June 8-10. Since the first meeting in 1984, the ARM has grown to be the premier forum for health services researchers, policymakers, and practitioners to present cutting-edge research and engage in timely health policy discussions.

Through the years, the meeting has expanded to reflect the breadth and diversity of the field of health services research. At the first meeting, 300 attendees gathered to examine such issues as prospective payment, the development of alternative delivery systems, health care for the poor, long term care, and cost effectiveness. At this year’s meeting, over 2,000 attendees will discuss some of these same issues, as well as new topics, such as consumer engagement, health disparities, European health reforms, obesity prevention and treatment, paying for performance, patient care safety, and health information technology. The keynote address, “The Real Choices in Health Reform,” will be given by Drew Altman of the Kaiser Family Foundation.

Celebrate 25 years of advances in health services research and meet the original founders and other leaders in the field, as well as up and coming researchers. The agenda, registration information, and other meeting details are available online at www.academyhealth.org/arm.