During their national conventions, the Republican and Democratic parties promised to seek solutions to the problems of medical errors and to double biomedical research funding.

The Democratic platform, found online at http://www.dems2000.com/AboutTheConvention/03_partyplat.html, specifically states that they will double federal cancer research. It also states that “Gore will work with a wide range of stakeholders to develop a national strategy to reduce medical errors, including appropriate public reporting, analysis of root causes, and development of error prevention models.”

The Republican platform, found online at http://www.rnc.org/2000/2000platformcontents, states that “the Republican Congress… has already begun to fulfill its pledge to double funding for the National Institutes of Health.”

The Republican platform also states that they will “support scientific research to provide the public and health care providers with information about why [medical] errors occur and what can be done to prevent them.” The Republicans also indicate they will reform medical malpractice laws so that providers will be willing to report errors. Other health care planks are found in both platforms.
Member Involvement a High Priority

As the Academy moves ahead in developing its new identity and fulfilling its mission, one of our top priorities is to develop effective ways to obtain advice and input from you — our members. Through focus groups and other interactions we have learned what you value most about your membership and what we might do to make it more valuable. In response to your request for more frequent electronic communication from us, we have introduced two monthly electronic newsletters — the **Academy Member Update** and the **Legislative Update** — to keep you in the loop on the Academy and on the advocacy work of the Academy’s subsidiary, the Coalition for Health Services Research. We depend on your feedback to ensure these publications are useful. If you have suggestions or items you would like to see featured, please contact either Laurie Oseran (**Academy Member Update**) or Jonathan Lawniczak (**Legislative Update**).

The **Legislative Update** also offers opportunities to take action on behalf of the field of health services research. The Coalition for Health Services Research has established an advocacy committee and is developing a detailed action plan to advance the stature and funding of our field. The effectiveness of this committee will depend on your responsiveness to the Coalition’s calls to action through the **Legislative Update**. There will be letters to write and contacts to make to create grassroots campaigns and convince legislators of the broad constituency and value represented by the field of health services research. Again, if you know of issues and advocacy opportunities that we should know about, please contact us.

By establishing a board committee structure for both the Academy and the Coalition, we hope to provide more opportunities for members to interact with the board leadership on the all-important function of Membership, where we are developing new benefits and outreach initiatives, as well as on our key programs such as the Annual Meeting and the new National Health Policy Conference. At its June meeting the Board of Directors formally ratified the current committee structure, calling for three standing committees (Executive, Nominating, and Finance) and for four advisory committees (Membership, Strategic Planning, International, and Research Syntheses). In addition, we continue to use committees to oversee and guide our major conferences and seminars, including the Annual Meeting, the National Health Policy Conference, and Methods Seminars.

In the longer term, we hope to offer regional meetings on targeted issues and we will invite your participation in planning those meetings. Our updates and committees are only the beginning as we seek to maximize opportunities for your input and involvement. You represent our most important resource, and we need your participation to be able to achieve our vision of improving health and health care by generating new knowledge and moving knowledge into action. We are at an exciting launching point, and we look forward to working together with you to achieve the Academy’s fullest potential.

W. David Helms
AHSR 2000 Annual Meeting a Great Success!


SESSIONS INCLUDED CUTTING-EDGE RESEARCH PRESENTATIONS, LIVELY POLICY DEBATES, SKILL AND CAREER DEVELOPMENT WORKSHOPS, RESEARCH AGENDAS SHOWCASING CURRENT ACTIVITIES AND FUNDING PRIORITIES, AND RESEARCH RESOURCES SESSIONS OFFERING INFORMATION ON CURRENT AND FUTURE DATA SOURCES.

NEW FEATURES

NEW FEATURES AT THIS YEAR’S MEETING INCLUDED THE FOLLOWING:

- Expanded student outreach, with a student breakfast, interview opportunities and resume reviews;
- A lunch organized around the 10 major conference themes;
- Abstracts on CD-ROM with direct links to presenters;
- Best paper and article presentations; and
- A dissertation award.

WEBCAST SESSIONS

WITH SUPPORT FROM THE HENRY J. KAISER FAMILY FOUNDATION, FIVE SESSIONS WERE WEBCAST LIVE AND ARE AVAILABLE ON THE KAISER HEALTH INFORMATION NETWORK. TO VIEW THESE SPECIAL SESSIONS, INCLUDING THE OPENING KEYNOTE AND THE AHSR PRESIDENT’S ADDRESS, VISIT HTTP://WWW.KFF.ORG/KAINETWORK/AHSR.HTML.

KEYNOTE SPEAKER


PLENARIES

LED BY POPULAR POLLSTER ROBERT BLENDON, SC.D., PROFESSOR OF HEALTH POLICY AND POLITICAL ANALYSIS IN THE HARVARD SCHOOL OF PUBLIC HEALTH AND JOHN F. KENNEDY SCHOOL OF GOVERNMENT, THE CLOSING PANEL FEATURED DISCUSSIONS OF THE PRESIDENTIAL CANDIDATES’ PROPOSALS, FOCUSING ON THE CRITICAL HEALTH CARE ISSUES BEING DEBATED IN THE CAMPAIGN.

ONLINE SERVICES

THE EVALUATIONS SUBMITTED ONLINE WILL BE USED BY THE 2001 PLANNING COMMITTEE TO SHAPE NEXT YEAR’S AGENDA. THE CALL FOR ABSTRACTS BROCHURE LISTING THE NEW THEMES WILL BE MAILED AND POSTED ON THE ACADEMY WEB SITE IN EARLY NOVEMBER. SUBMISSIONS WILL BE ACCEPTED ONLINE ONLY. THE DEADLINE WILL BE MID-JANUARY.


Many thanks to the following organizations for contributing to the 2000 Annual Meeting

Federal Supporters
Agency for Healthcare Research and Quality Centers for Disease Control and Prevention, National Center for Health Statistics Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation Department of Veterans Affairs, Health Services Research and Development Service Health Care Financing Administration Health Resources and Services Administration National Institutes of Health National Cancer Institute National Institute on Alcohol Abuse and Alcoholism National Institute on Drug Abuse National Institute on Mental Health Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment

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**CAUGHT IN THE WEB**

@ Academy Web Site Up and Running

In the next several weeks, the Academy will launch its new Web site, combining information from the two previous organizations. Located at www.academyhealth.org, the new site will serve as a central source of information for and link to the Academy’s many programs and activities, including initiatives of The Robert Wood Johnson Foundation, the Annual Meeting, and member information. Some of the Academy’s programs have already launched sites to introduce themselves to the online community.

**Coalition for Health Services Research Web Site Operational (www.chsr.org)**
The Web site of the Academy’s advocacy arm — the Coalition for Health Services Research — went “live” mid-June. Building on the government relations pages of AHSR Web site, which provided information on federal funding levels of health services research, AHSR testimony, and “Friends of AHRQ” information, the new site also provides expanded resources and information to members of the Academy, and plays a critical role in informing the public about the field of health services research.

“We want the site to be the place where stakeholders can go to learn about what projects are being funded, what legislation is being proposed, and, most importantly, what our goals are,” says Coalition Director of Government Relations Jon Lawniczak. “Although still in its infancy, the site will bring to life the important work being done in health services research and communicate to many audiences — including the public and people on Capitol Hill — why our work is so important to the American health care system.”

Lawniczak adds that in the coming months, the Coalition will add several new features to the site, including information on funders, possible legislation, links to government agencies, and how to contact members of Congress.

**National Health Care Purchasing Institute Unveils New Web Site (www.nhcri.net)**
On August 1, 2000, the National Health Care Purchasing Institute unveiled its new Web site. The site both provides opportunities for networking and disseminating the Institute’s products, and offers an instant forum to present new findings by researchers and new experiences of health care purchasers.

“The Institute and its site expose a new audience to the best available research and offers education and professional development for purchasers,” says Sarah Callahan, NHPCI associate and editor-in-chief of the site. “By sharing examples of innovation by leading practitioners, NHPCI helps show how research can be translated into action for decision makers.”

In the coming months, the Web site will feature a “Purchasing Practices Catalogue,” which will provide tips, information, and examples of innovative practices that have been tested and shown effective in leveraging market power to save lives, reward performance, and empower consumers. The program will also add a glossary of terms to the site, as well as offer new Institute publications, such as the Health Care Purchaser newsletter, executive briefs, and more.

**HOT OFF THE PRESS**

**Health Plan Data: A Rich Resource Ripe with Challenges**
by Carole C. Lee - Academy for Health Services Research and Health Policy, and Amy B. Bernstein - National Center for Health Statistics

Recent growth in managed care has meant that health plans have become the primary financial and administrative structures through which most patients, providers, and payers interact. Many health policy researchers have, therefore, found it necessary to turn to the various data sets that are developed, maintained, and used by the plans themselves in order to examine and understand health plans and their impact on the system. Although such data offer rich research potential, they are usually collected for the plans’ business purposes and do not exactly match the needs of researchers.

This report builds on a meeting sponsored in June 1999 by The Robert Wood Johnson Foundation (RWJF) through its Changes in Health Care Financing and Organization (HCFO) initiative, which addressed how health plan data can be more effectively used to produce policy-relevant findings. It discusses the potential of this valuable source of data to shed light on how patients, providers, and payers interact in a changing environment and examines plan data limitations and the challenges researchers face in working with the plan to obtain and study data.

**State Approaches to Expanding Family Coverage**
by Ben Wheatley - Academy for Health Services Research and Health Policy

Produced under the RWJF’s State Coverage Initiatives program, this issue brief outlines the three major vehicles states have used — or are considering using — to expand family coverage, including: 1) the State Children’s Health Insurance Program (SCHIP); 2) Medicaid (through Section 1115 Research and Demonstration Waivers and Section 1931 income disregards); and 3) state-only programs (funded without federal dollars). It also discusses new federal proposals to expand coverage, such as President Clinton’s provision in the FY2001 budget to extend SCHIP eligibility to parents of eligible children, and explores how this proposal, if passed, would affect previous state efforts to expand coverage.
News from Washington

Funding Levels In Doubt for VA Research
On June 21, 2000, the House of Representatives approved an expected $1.3 billion increase for Veterans Administration (VA) medical care. At the same time, the House approved two amendments that would increase VA health research, including their health services research, by $30 million for a total appropriation of $351 million. While the increase is a significant improvement over the Clinton administration’s request for no increase at all, it does fall short of the Coalition for Health Services Research’s recommended goal of $386 million for research funding.

The Senate Appropriations Subcommittee met in early September to determine what level of funding they would provide to the VA, including research funding. At press time, the Senate was expected to fall short of the $351 million provided by the House.

Medical Errors Heating Up
When the Senate passed its Labor-HHS spending bill in July, it included an amendment offered by Senator James Jeffords (R-VT) to provide for the establishment of a system of information collection, analysis, and dissemination on medical errors to enhance the knowledge base concerning patient safety. The amendment, similar to medical errors legislation introduced by Senators Jeffords and Bill Frist (R-TN), was not included in the conference agreement.

Last year, the Institute of Medicine released a report, “To Err is Human,” which estimated that medical mistakes cause between 44,000 and 98,000 deaths per year in the United States. The most common mistake and cause of inappropriate error is the prescription of the wrong medication, which results in more than 19,000 deaths a year. Because the report covers only deaths occurring in hospitals, it does not include possible deaths resulting from outpatient visits, nursing homes, ambulatory care, or home care, nor does it include possible deaths occurring in the patients’ homes after receiving inappropriate care in a hospital setting or through genuine medical malpractice.

Adding his voice to the discussion, former Speaker of the House Newt Gingrich (R-GA) stated in an op-ed in the August 2, 2000, Washington Post that “the time has come for Congress and the President to act. It is time to stop defending inefficiency and to drag health care into the 21st century by insisting on modern management and information systems.”

Congress is expected to return to the issue in the spring as both Senator Jeffords (who chairs the Senate Committee on Health, Education, Labor and Pensions) and Senator Edward Kennedy (D-MA – ranking Democrat on the Committee) are interested in the issue.

One reason the Jeffords medical errors legislation was not included in the final version of the Labor-HHS bill is that Senators Jeffords and Kennedy could not reach a bipartisan agreement on how prescriptive the bill should be. Senator Kennedy has introduced his own errors bill.

The Agency for Healthcare Research and Quality (AHRQ) would be responsible for enforcing any medical errors legislation. AHRQ already has limited authority to carry out many of the objectives laid out in both Senator Jeffords’ and Kennedy’s bills based on the directives provided by the Appropriations Committee in connection with the earmarked funding for reducing medical errors. Passage of either bill would permanently add these goals to AHRQ’s mission. The bills would also create a Center for Patient Safety within AHRQ.

The Republican platform includes provisions to:
- Provide “adequate government reimbursement” to academic medical centers;
- Continue the steps already taken “for protection of human embryos and against human cloning, the trafficking in fetal tissue organs, and related abuses”;
- Work with patients, providers, researchers, and insurers to develop health information privacy requirements;
- Increase oversight of patient safety and privacy in clinical research;
- Ensure that prescription drugs are affordable and available to every senior who needs them;
- Provide every Medicare beneficiary with a choice of health care options;
- Adopt a tax credit that will enable 27 million people to purchase private insurance;
- Eliminate all current limitations and restrictions that prevent the establishment of Medical Savings Accounts;
- Increase funding for community health centers;
- Eliminate regulations that stymie the effectiveness of the SCHIP program;
- Provide a patients’ bill of rights with the right to the following: a rapid appeals process; file suit as a last resort as long a businesses are not held liable for plan decisions; access to the nearest emergency care; and access to a specialist.

The Democratic platform includes provisions to:
- Invest in biomedical research including stem-cell research and wider access to clinical trials.
- Devote more support to eliminating disease disparities among racial and ethnic groups;
- Provide greater support for treating mental illness;
- Provide tax credits and grants to pay for rehabilitation and work-related expenses for people with disabilities;
- Guarantee access to affordable health care for every child in America as a next step toward universal coverage;
- Provide prescription drug benefits through the Medicare program;
- Allow those aged 55 – 65 to buy into the Medicare program;
- Provide a patients’ bill of rights with the right to see a specialist; appeal decisions to an outside board; sue when unfairly denied coverage; and access emergency room care.
Members Matter

In Members Matter, Academy members can keep up to date on career news of friends and colleagues. Please send your news to kroot@ahsrhp.org. Submissions are printed on a first-come, first-served basis.

- Jeffrey Alexander, Ph.D., University of Michigan, will assume the role of editor of Medical Care Research and Review beginning in 2001.
- Christy L. Beaudin, Ph.D., LCSW, CPHQ, was recently appointed to the Board of Examiners for the Baldrige National Quality Award, National Institute of Standards and Technology, U.S. Department of Commerce.
- Dr. David Bodycombe has accepted the post of vice president of analytics for Premier Inc., in Charlotte, N.C.
- Jamie F. Chriqui, Ph.D., M.H.S., has been appointed technical vice president and director of the Center for Alcohol and Drug Policy at the MayaTech Corporation.
- Alan B. Cohen, Sc.D., was recently elected to the National Academy of Social Insurance as one of 43 new inductees in 2000.
- Raymond T. Coward has been appointed dean of the College of Health and Human Development at Penn State and is the first incumbent of the Raymond and Erin Schultz Professorship.
- Don E. Detmer, M.D., Dennis Gillings Professor of Health Management and Director, Cambridge University Health, was recently named a trustee of the Nuffield Trust in London and a fellow of Clare Hall.
- Brian Kaskie recently accepted an assistant faculty position at the University of Iowa within the College of Public Health, department of health management and policy.
- Dr. Leighton Ku has accepted a new position as a senior fellow at the Center on Budget and Policy Priorities in Washington, D.C.
- Dennis McCarty has relocated to the department of public health and preventive medicine at Oregon Health Sciences University in Portland, OR.
- Rebecca McDermott has accepted the position of editor-in-chief at Focus Health, Inc. in Ann Arbor, MI.
- David M. Mirvis, M.D., has been appointed director of the newly formed Center for Health Services Research at the University of Tennessee Health Science Center, Memphis, TN.
- Harold Alan Pincus, M.D., has been appointed executive vice chairman and professor, department of psychiatry, University of Pittsburgh School of Medicine. He has also been appointed senior scientist at RAND and directs the RAND Health Program in Pittsburgh.
- Dennis Shea, Ph.D., has been promoted to full professor of Health Policy and Administration at Penn State.
- Margaret G. Stineman, M.D., associate professor in the department of rehabilitation medicine at the University of Pennsylvania was recently voted chair of the National Advisory Board on Medical Rehabilitation Research.

Correction: Harold S. Luft, Ph.D., is a member (not a director) of the Committee on the National Quality Report on Health Care Delivery, as reported in the June 2000 issue.

News from the HSR Journal

Annual Meeting Special Supplement Issue
Efforts are being made to accelerate dissemination of selected papers from this year’s annual meeting through electronic publication. If the process is implemented, the editorial staff hopes to have the electronic issue out in December - a full four months earlier than the usual April publication date. This special supplement in honor of Alice Hersh continues to be supported by The Robert Wood Johnson Foundation. Sherry Glied, Ph.D., a member of the HSR editorial board, will serve as senior editor for this supplement. The electronic publication of this issue is an experiment and HSR welcomes reader feedback.

Upcoming Special Issues
This year’s special issues include The Use of Instrumental Variables in Studies of Health Care Outcomes, Data Needs for Study of Competition in Market Areas, and Research on Consumer Assessment of Health Plans.

New Web Site Address and Features
HSR has a new Web site address with several new features. The new site - located at www.hsr.org - includes access to all past issues of HSR between 1990 and 1999 and an author manuscript tracking system. Click on “Information for Authors” and then “Authors’ Article Status page” to see the date that your manuscript was sent out for review and whether the reviews have been completed. The system is also used by the senior associate editors to track the status of all manuscripts to help encourage a more timely review process.

Electronic Submission of Manuscripts
All authors are strongly encouraged to submit their manuscripts electronically. They should be sent to alices@uclink4.berkeley.edu with the usual cover letter indicating that the paper is an original contribution that has not been submitted or published elsewhere, etc. Attachments should be in WORD format and tables and figures in WORD or Excel.
Politics, once again, holds sway over finalizing the Fiscal Year 2001 spending bill for the U.S. Departments of Labor, Health and Human Services, and Education, referred to as the Labor-HHS bill. This legislation will determine the fiscal year 2001 budgets for several agencies that fund health services research (see below).

The House and Senate appropriators met in July in a conference committee to iron out the differences between the House and Senate versions of the bill. Disagreements quickly arose, however, among Congressional Republicans and Democrats and the White House. While all parties agree on the levels of overall funding that have been provided, the White House and the Democrats believe that their policy objectives, such as increased funding for school construction and projects designed to reduce classroom size, are not being met.

Republicans were able to craft a conference agreement just prior to the August recess, but, because of the disagreements, were unable to garner the votes of any of the committee Democrats. It is almost certain that if the current version of the bill is sent to President Clinton, he will veto it. The issues in dispute do not directly involve the agencies that provide federal funding for health services research.

Under the conference agreement, AHRQ would receive $270 million in FY2001, a $66 million increase over current year spending. Of this increase, $50 million would be earmarked for research and demonstration projects to reduce medical errors. It is also anticipated that AHRQ would be able to use some of the new funds to increase the number of investigator-initiated grants.

The National Institutes of Health would receive a $278 billion increase, $1.7 billion more than requested by the President. The Institutes that fund health services research would benefit greatly from the substantial increase.

In late September, with only a few legislative days remaining, Congress began packaging the nine remaining appropriations bills in hopes of expediting passage and enactment. Under this scenario, the Labor-HHS would likely be one of the last bills considered, as part of an omnibus package, before Congress adjourns and turns to the November elections.

The focus on funders.

Lead Federal Agencies Funding Health Services Research

The Agency for Healthcare Research and Quality (AHRQ, formerly known as the Agency for Health Care Policy and Research) provides evidence-based information on health care outcomes, quality, and cost, use, and access.

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) supports and conducts biomedical and behavioral research on the causes, consequences, treatment, and prevention of alcoholism and alcohol-related problems.

The National Institute on Aging (NIA), one of the 25 institutes and centers of the National Institutes of Health, leads a broad scientific effort to understand the nature of aging and to extend the healthy, active years of life. NIA provides leadership in aging research, training, health information dissemination, and other programs relevant to aging and older people.

The National Institute on Drug Abuse’s (NIDA) mission is to lead the nation in bringing the power of science to bear on drug abuse and addiction. This charge has two critical components: the strategic support and conduct of research across a broad range of disciplines; and to ensure the rapid and effective dissemination and use of the results of that research to significantly improve drug abuse and addiction prevention, treatment, and policy.

The mission of the National Institute of Mental Health (NIMH) is to diminish the burden of mental illness through research. To fulfill this public health mandate, NIMH must harness powerful scientific tools to achieve better understanding, treatment, and, eventually, prevention of mental illness.

The National Library of Medicine (NLM) - the world’s largest medical library - collects materials in all areas of biomedicine and health care, as well as works on biomedical aspects of technology, the humanities, and the physical, life, and social sciences.

The National Cancer Institute (NCI) leads the nation’s fight against cancer by supporting and conducting groundbreaking research in cancer biology, causation, prevention, detection, treatment, and survivorship.

The Health Care Financing Administration performs a number of quality-focused activities, including regulation of laboratory testing (CLIA), surveys and certification of health care facilities (including nursing homes, home health agencies, intermediate care facilities for the mentally retarded, and hospitals), development of coverage policies, and quality-of-care improvement.

The Centers for Disease Control and Prevention (CDC), is an agency of the Department of Health and Human Services. Its mission is to promote health and quality of life by preventing and controlling disease, injury, and disability.

The Office of Research and Development aspires to lead the Veterans Health Administration in providing unequalled health care value to veterans. That endeavor is made ever greater and challenged by the changing dynamics of healthcare, which is always evolving as consumers demand quality for their dollar, and medical technology leaps ahead of our capacity to manage it.
Outgoing AHSR Board Crafts New Definition

At its last official meeting in December 1999, the Board of Directors of the Association for Health Services Research (AHSR) formed an ad hoc committee to consider how best to define the field of health services research. The committee was co-chaired by Kathy Lohr and Don Steinwachs and included Ron Andersen, Mark Chassin, Karen Davis, Jack Hadley, David Kindig, and Ed Perrin.

The charge of the committee was to review the literature and develop a definition that, after review and approval by the AHSR Board, would be forwarded to the new board of the Academy for Health Services Research and Health Policy following the merger of AHSR and Alpha Center in June 2000. On June 24, the AHSR board approved the new description of the field and transmitted it to the new Academy Board of Directors. The definition is:

Health services research is the multidisciplinary field of scientific investigation that studies how social factors, financing systems, organizational structures and processes, health technologies, and personal behaviors affect access to health care, the quality and cost of health care, and ultimately our health and well-being. Its research domains are individuals, families, organizations, institutions, communities, and populations.

It was the sense of the outgoing AHSR Board that it would be important to publish the new description so it becomes part of the literature for the field of health services research. Further activities might include an article that expands on the new description in HSR, the Academy’s official journal, and in related publications.