
On June 23rd to 25th, health services researchers from around the world gathered in Washington, D.C., to offer their ideas for addressing the challenges that confront the health care delivery system at the AcademyHealth Annual Research Meeting. This year’s meeting brought together researchers, health care providers, and decision-makers under the theme “Health Services Research: From Knowledge to Action.”

The meeting was led by conference chair Elizabeth McGlynn, Ph.D., associate director of RAND Health.

The meeting gave health services researchers the opportunity to share their work with one another, learn from others, and network with old colleagues and new acquaintances. Keynote speaker Don Berwick, M.D., set the tone for a meeting dedicated to generating new knowledge and translating it to reflect the current needs of consumers and providers in his opening plenary speech.

The rich agenda covered a multitude of critical research issues relevant to the health care delivery system, including health insurance coverage in the consumer era, what’s next for managed care, identifying and eliminating racial disparities, evaluating long-term care, and strategies for quality improvement. For the first time, women’s health was a theme for the meeting. The conference also included sessions dealing with the increasing threat of bioterrorism and how health services researchers can best respond to it.

Overall, the meeting covered a broad array of themes in health care today by disseminating cutting-edge research and encouraging policy debates. The meeting also gave a diverse group of researchers the opportunity to present their findings. The varied formats included sessions for call for papers, invited papers, policy roundtables, methods workshops, and posters.

The more than 2,100 attendees included researchers, national and state policy makers, health care providers, industry executives, and...
Letter From Leadership

I am pleased to introduce you to AcademyHealth Reports. In light of our organization’s new name, we’ve taken a fresh direction with our quarterly publication as well. We’re making an effort to focus more on substantive articles that are relevant to your work, including a Q & A-style profile of members who have made notable research advances, and more short, timely articles covering research and policy issues.

I’d also like to note the fabulous campaign mounted by the Coalition for Health Services Research to mobilize the Friends of AHRQ and restore federal funding for health services research. Although the jury is still out, we’ve made much progress and will continue on this mission through the conclusion of the FY2003 appropriations process.

AcademyHealth’s expanded educational offerings are also in full bloom, with more methods and cyber seminars. As we go to press, we are welcoming our first fellows through the National Health Policy Orientation.

It’s been my pleasure to serve as your leader through this time of remarkable progress for our organization. I hope you feel as optimistic as I do about AcademyHealth’s future—and, by extension, your own. The best is truly yet to come.

W. David Helms, Ph.D.
President and CEO
AcademyHealth

Results of 2002 AcademyHealth Board Election

AcademyHealth is pleased to announce that Harold Luft, Neil Powe, and Sara Rosenbaum have been elected by membership to serve on the organization’s board of directors.

Hal Luft, Ph.D., is the Caldwell B. Esselstyn Professor of Health Policy and Health Economics and director for the Institute for Health Policy Studies at the University of California, San Francisco. Luft is a member of the Institute of Medicine and co-editor of the journal HSR. He currently serves on the AcademyHealth board; this election marks his second term. At the Johns Hopkins University, Neil Powe, Ph.D., is professor of medicine, health policy and management, and epidemiology at the School of Medicine and Bloomberg School of Public Health. Powe also serves as director of the Welch Center for Prevention, Epidemiology and Clinical Research. Sara Rosenbaum, Ph.D., is the Hirsch Professor of Health Law and Policy at the George Washington University School of Public Health and Health Services. She also directs the George Washington Center for Health Services Research and Policy.

These directors join the three others elected at the June 23, 2002 meeting: Charles Baker, president and CEO of Harvard Pilgrim Health Care, Inc.; Robert Reischauer, Ph.D., president of the Urban Institute; and Gail Wilensky, Ph.D., the John M. Olin Senior Fellow at Project HOPE. The six new directors will begin their three-year terms on December 19, 2002.

AcademyHealth had an excellent turnout for the election. More than 1,300 members—or 37.7 percent of the membership—placed a vote. From September 1 to 20, all AcademyHealth members active as of August 1, 2002 were invited to vote online or via a paper ballot. AcademyHealth hopes to transition to a completely electronic system by next year’s election.

The six candidates for this year’s member election were chosen by the AcademyHealth nominating committee. Chaired by the board’s past chair, Arnold Epstein, M.D., the committee comprises 13 individuals with a variety of backgrounds and expertise, seven of whom are currently serving on the board. In addition to developing the slates of candidates for election, the committee reviews the board and member-election processes and prepares the Annual Election Plan for board approval.

To develop the election slates, the committee solicited suggestions from AcademyHealth members and discussed the broad criteria that should be used to choose nominees for vacant slots. The committee sought to strike a balance between individuals who had institutional knowledge and potential new leadership. To fulfill other criteria, including diversity and substantive expertise, the committee proposed six highly qualified individuals to run for election.
Earlier this year, AcademyHealth conducted the first national survey assessing the salaries of professionals working in the fields of health services research and health policy. A more complete analysis of the survey, which was administered by Hal Luft, Ph.D, and Jack Resneck, Ph.D., from the University of California, San Francisco, will be published in an upcoming issue of a peer-reviewed journal.

From April 18 to May 9, 2002, AcademyHealth members were invited by e-mail to complete the online survey. Forty-three percent of members with valid e-mail addresses responded; this translated to 1,140 people—comprising 34 percent of the total AcademyHealth membership at the time the survey was conducted. Forty-five percent of respondents were men. About 13 percent reported that they are members of a racial/ethnic minority group.

Fifty-six percent of respondents work in academic settings, 34 percent in the private-sector, and 10 percent in government. Sixty-two percent of individuals who chose a career in research or policy reported being very satisfied with their occupation. Those with academic positions earned an average salary—defined as median base plus bonus, excluding outside income—of $95,000. Private-sector professionals made $102,000, and government professionals $91,000. For all respondents, which included academics as well as professionals from the government and the private sector, median salaries ranged from about $83,000 in the East South Central region to $110,000 in the middle Atlantic states. Among academic individuals, the range was from $80,000 in the West North Central region to $108,000 in the Middle Atlantic states. (These figures are not adjusted for cost of living.)

The survey data suggest that there is a wide gender disparity in academic salaries—with men making an average of $108,000 and women $82,000. That gap, however, partly reflects the concentration of women in junior ranks, and is not as large for assistant and associate professors (a $3,000 to $4,000 difference between men and women’s earnings) as it is for full professors (a $17,000 gap).

The results shared here are just the tip of the iceberg. More information is available on the Members’ Only section of the AcademyHealth Web site (www.academyhealth.org/page_member_only.htm).
Conference Focuses on Long-Term Care Research

On June 17, researchers and long-term care stakeholders came together at a one-day meeting to assess the current body of health services research on long-term care, identify where more investigation is needed, and brainstorm ways to increase the visibility of existing research on this topic. The meeting was hosted by AcademyHealth and the Long-Term Care Research Initiative, a coalition of providers, researchers, and educators devoted to increasing support for research to advance long-term care. It was co-sponsored by AARP, the Agency for Healthcare Research and Quality (AHRQ), the Retirement Research Foundation, and The Robert Wood Johnson Foundation.

According to presenter Penny Hollander Feldman, Ph.D., vice president of the Visiting Nurse Association in New York, the keys to developing health services research that will lead to improvements in long-term care are enhanced communication between researchers and service delivery organizations, greater investments in applied and basic research, and additional resources devoted to translating research into practice. Feldman presented with Robert Kane, M.D., director of the University of Minnesota’s Center on Aging, about research tools that are already available to measure long-term care. These include the Resident Assessment Instrument (RAI) for nursing home residents and the Outcome and Assessment Information Set (OASIS) for home health care.

According to Peter Kemper, Ph.D., professor in the Department of Health Policy and Administration at Pennsylvania State University, the broad and complex nature of the long-term care system may prevent fund-
Dr. Jack Needleman

AcademyHealth: Were you surprised by the substantial amount of attention that was paid to your research in the New England Journal of Medicine?

Needleman: It wasn't surprising to me. To date, the issue of the difference that nurses can make in a hospital has been contentious, with hospitals arguing that tight staffing has no impact on patient care. Our research made more credible the argument that patients are harmed by staff shortages, and enabled people who have long believed that there are workforce problems with hospital nurses to advance that agenda. There were already data showing that there are nursing shortages; our research was the other shoe falling. Not only are there shortages, but the shortages harm patients.

AcademyHealth: Why do you think this research was so successful at demonstrating the importance of adequate nurse staffing?

Needleman: Although the existing research generally supports the notion that a larger proportion of RNs makes a positive impact on quality of care, there have been some conflicts in the findings—possibly due to differences in methods and data sources among studies. We tried to address those inconsistencies by using a large sample, a variety of methods, including risk adjustment and the inclusion of ancillary staff like nurses' aides, and examining a broad range of outcome measures. I think that effort helped us to ensure that the results were robust and credible. We could not have done this work without prior studies, which we drew on for many of our measures and ideas.

AcademyHealth: Your research obviously has major policy implications. Do you have plans to make policy recommendations based on it?

Needleman: In our study, we make recommendations on how studying these outcomes can be used to improve patient care and how state data systems can be strengthened to support these efforts. Peter Buerhaus and I also have a paper in the September/October issue of Health Affairs, in which we put forward some policy recommendations on strengthening hospital nursing.

AcademyHealth: How does the nursing research relate to your other research?

Needleman: My research has focused on how the changing health care market influences providers, and how that in turn impacts access to and quality of care. The nursing research, for example, looks at the relationship between staffing and outcomes. In later phases we will look at what effect market forces have on nurse staffing levels. I’m also doing research on quality of care for diabetes in Medicaid, access to inpatient psychiatric care for Medicaid and uninsured populations, and the future of public hospitals, each of which involves the interaction of financing, access, and quality.

AcademyHealth: What prompted your return to academia from health care consulting?

Needleman: I made the decision to get a mid-career doctorate in 1990. Although I loved consulting, I realized that I was being pulled further away from working with data, the part of the job that I most enjoyed. I needed to go back to school if I was going to move to an environment where senior people were able to stay close to analysis. I am very happy I did.
students. They were treated to more than 400 speeches in 112 sessions illuminating some of the biggest issues facing health care today. In evaluations, many participants applauded the wide mix of subjects, as well as the opportunity to network.

Many attendees arrived before the start of the meeting or delayed their departure to attend some of the many affiliate meetings associated with the Annual Research Meeting. For the first time this year, a meeting for public health services researchers was convened jointly by AcademyHealth and the Centers for Disease Control and Prevention. More than 200 participants attended the Fourth Annual Child Health Services Research Meeting to learn about the latest research and policy issues focused on children. Five methods seminars held before and after the meeting gave participants an opportunity to learn new research techniques.

As in past years, a detailed list of meeting abstracts is available at www.academyhealth.org/2002/abstracts. Presentations from this year’s meeting are available at www.academyhealth.org/2002/presentations.

Opening Plenary

The American health care system should be one where people have information that is readily learned and accessible, said Don Berwick during his opening plenary. Unfortunately, the system we have today is built around complex and sometimes hard to remember information that doctors and skilled medical personnel are expected to recall as needed.

“Fundamentally, we’ve got problems,” Berwick said. “The knowledge to action problem is very serious, and in its current form, the health care system in the United States is incapable of closing that gap.” Berwick is President and CEO of the Institute for Healthcare Improvement, a Boston-based non-profit group dedicated to improving the quality of health care. As a key contributor to the Institute of Medicine’s recent reports on medical errors and quality, Berwick helped lead the drive to enhance the quality with which health care services are delivered in this country.

Berwick’s talk centered on the biggest issues researchers will face as they work on improving health care quality in the next decade. He urged the adoption of “action research”—learning through doing to create new outcomes for health care. To achieve that goal, health services researchers must learn to go beyond the standard variables of age, gender, race, and diagnosis.

Berwick recognized the contributions of health services researchers in identifying quality gaps in the health care system and urged the field to go in new directions to fix the problems.

“Health services researchers found the quality chasm,” he said. “Now we must take the vision of what the system ought to be doing; health services research must tell us what to do better in health care.”

The redesign of research methods for medicine in the 21st century must use a unified system of checks and balances to reduce mistakes, rearrange elective procedures to make room for true emergencies, and include new medical records and new places of treatment.

Frank Caro, Ph.D., director of the Gerontology Institute at the University of Massachusetts, Boston, presented the results of an informal survey of participants that cited health services research projects that have improved long-term care. He cited research that led to the creation of OASIS, development of the Program of All-Inclusive Care for the Elderly (PACE), and S/HMO (Social HMO) demonstration projects. Respondents said that future long-term care research should address strengthening the workforce; developing improved quality standards; creating public and private roles for delivering and financing care; allocating balanced resources between health care and long-term care; and addressing consumer choice.
James F. Burris, M.D., was recently named the VA’s acting chief research and development officer. He replaces Jack Feussner, M.D., who retired in August.

Shirley Girouard, Ph.D., associate professor at Southern Connecticut State University, is presently assisting with the evaluation of the Connecticut Commission on Children’s initiative to increase parent civic involvement to improve children’s health, safety, and learning.

Jeffrey Legg, Ph.D., received his doctorate in health-related sciences from Virginia Commonwealth University (VCU) in May.

Stephen Magnus, Ph.D., became an assistant professor in the Department of Health Policy and Management at the University of Kansas in January. He received his Ph.D. in Health Services Organization and Policy from the University of Michigan in April.

Myles Maxfield, Ph.D., was appointed associate director of health research for the Washington, D.C. office of Mathematica Policy Research, Inc.

David L. Nordstrom, Ph.D., joined the University of Wisconsin-Madison Department of Family Medicine to strengthen health services research among junior faculty and fellows.

Stephen M. Shortell, Ph.D., Blue Cross of California Distinguished Professor of Health Policy and Management, has been appointed dean of the School of Public Health at the University of California, Berkeley.

AcademyHealth Calendar of Events

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<td>Fall Seminars in Health Services Research Methods, featuring federal and state databases (in Washington D.C.)</td>
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<td>Cyber Seminar: Hierarchical Modeling</td>
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<td>January 23-24</td>
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In Members Matter, AcademyHealth members can keep up to date on the career news of friends and colleagues. Please send your news to membernews@academyhealth.org. Submissions of no more than 25 to 30 words will be printed on a first-come, first-serve basis.

Moving On and Moving Up

News from the Journals

Health Services Research
As of September 2002, HSR has two new co-editors: Ann Barry Flood, Ph.D., at Dartmouth and Harold S. Luft, Ph.D. at University of California at San Francisco (UCSF). Send all manuscripts to UCSF, Attn: Katherine Bonenti, the new managing editor. She can be reached at 415/502-0201 and by email at hsr@itsa.ucsf.edu. Consult the journal’s Web site at www.hsr.org for progress on the plans to change to an all-electronic submission and review process. According to a recent article in Medical Care Research and Review, HSR is ranked second only to the New England Journal of Medicine in perceived relevance.

Health Affairs
The November/December issue will address different aspects of public health in the United States following the terrorist attacks of 2001, including an article arguing for greater emphasis on risk communication, a piece on public health law reform, and a systematic defense of MSEHPA, which has been adopted all or in part by 19 states and the District of Columbia.

The Milbank Quarterly
The December issue will feature an article explaining why the predicted effects of proposed health insurance expansions often conflict, a case study of how patent law affects the translation of NIH-supported research into practice, an article linking race-based segregation and health disparities, and a study of consumers’ complaints to health plans.
Upcoming Conferences and Seminars

Cyber Seminars
Register now for one of our live Web- and audio-based seminars. Learn about cutting-edge research methods without leaving your home or office.
- Hierarchical Modeling (Alan Zaslavsky and Sharon-Lise Normand)—November 8
- The Quality Toolbox (Beth McGlynn)—December 5

We’re also offering a series on qualitative methods. The remaining two courses are:
- Using Focus Groups in Your Research: Basic Techniques, Challenging Issues, and Practical Tips (Joanne McGee)—November 14, and
- Qualitative Data Analysis as an Attractive Nuisance (Kelly Devers)—December 12.

All Cyber Seminars will be held live from 1:00-3:00 p.m. Eastern Time. Registrations accepted until 72 hours prior to event. Visit www.academyhealth.org/cyberseminars/live for registration information and course descriptions.

Full-day Seminars Feature Databases
Join us November 4 to 6 at the Westin Grand hotel in Washington, D.C. for our seminars in health services research methods on “Using Federal and State Databases.” This year’s seminars include full-day workshops on Healthcare Cost and Utilization Project, National Health Care Survey, National Health Interview Survey, Medical Expenditure Panel Survey, VA Databases in Health Services Research and the National Library of Medicine products and services.

The first day features workshops on health information privacy, use of integrated data systems (health, social services, education, and judicial data), and NCHS’s Trends in Health and Aging Data Warehouse. For more information, visit www.academyhealth.org/seminars/fall2002.

National Health Policy Conference: Save the Date
Join us in Washington for the third annual National Health Policy Conference, January 22-23, 2003. Sponsored by AcademyHealth and Health Affairs, this conference examines critical health policy issues with leaders in the field. Visit www.academyhealth.org/nhpc for an up-to-date agenda, registration and travel information, and more. On January 23-24, the State Coverage Initiatives program will host its national meeting for state officials.

AcademyHealth Reports

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