In December 2002, a study in the *Journal of the American Medical Association* showed that diuretics—a class of medications that has been used by heart patients for decades—were as good as, or in some cases better than, the newer, more expensive calcium-channel blockers at treating hypertension. Diuretics also performed as well or better than ACE inhibitors, a more recent and costlier drug class, in other secondary measures such as preventing stroke, heart failure, and chest pain.

"Thiazide-type diuretics are superior in preventing one or more major forms of cardiovascular disease and are less expensive," the authors state, which raises the question of why providers sometimes administer costly new medications when there are cheaper, safer, and more effective treatments available. In many cases, the answer may be that physicians don't have access to data comparing drug classes because there is no contributing research from public or private entities comparing the effectiveness of drugs within a class.

Now, for the first time, Congress has authorized $50 million to the Agency for Healthcare Research and Quality (AHRQ) to conduct studies on the comparative effectiveness of drugs, biologics, devices, and other services relevant to Medicare, Medicaid, and the State Children’s Health Insurance Program. The funds were authorized through a provision in the landmark Medicare Prescription Drug, Improvement, and Modernization Act (MMA) passed in 2003.

Yet it is far from clear whether—and when—Congress will appropriate the money to AHRQ, and if the funds will be sufficient to allow the agency to embark on such an ambitious undertaking. In any case, the prospect of comparative effectiveness research becoming part of AHRQ’s purview carries important implications for health services researchers. "There is an enormous amount of research needed not just on the comparative cost-effectiveness of alternative drug regimens, but comparing drug regimens to non-drug therapies," says David Blumenthal, M.D., AcademyHealth board chair and director of health policy for Partners HealthCare System.

Continued on page 3
It is my pleasure to update you on the achievements of the Coalition for Health Services Research over the past year. As the advocacy arm for AcademyHealth, the Coalition works to promote federal funding for health services research and policy.

First, I would like to thank all of the members of AcademyHealth who responded this year to our e-mail alerts and wrote to their congressperson to urge increased funding for health services research. Your letters play an integral role in our strategy of reminding Congress of the value of this field. While our staff watches over the legislative process and maintains close contact with key members of Congress, your letters are important reminders that people “back home” believe this is a crucial issue.

In 2004, an already difficult budget year was further complicated by the timing of the presidential election. Due to the war in Iraq and other domestic priorities, members of Congress did not provide for an increase in funding for many critical public health programs. Now, as they prepare for the election, they don’t have much time to complete action on complex bills that fund major departments of the U.S. government, including the Department of Health and Human Services, which includes most agencies that support health services research. Final action on these bills may not be completed until after the election.

This said, we have made some progress this year. The Coalition is especially pleased that our efforts have contributed to increased funding for the Centers for Disease Control and Prevention’s National Center for Health Statistics (CDC’s NCHS). Last fall, the Coalition created the Friends of CDC’s NCHS to advocate for the program, and, since then, more than 80 organizations have become members. In part because of the influence of this group, the President’s budget recommended bolstering spending for the NCHS by $22 million—a 17 percent increase. In early June, the House Appropriations Committee ratified this request, which would bring the total NCHS budget to $150 million if approved by the entire Congress. We are hopeful that the Senate will at least match that funding level.

For AHRQ this year, our Friends of AHRQ Coalition has advocated increased funding for the agency and for an additional $50 million to begin funding comparative effectiveness research, authorized by the Medicare Modernization Act.

As the appropriations process moves forward, we remain committed to increasing support for the field and its capacity to provide information needed by policymakers, providers, managers, and the public.

Donald Steinwachs, Ph.D.  
Chair, Coalition for Health Services Research

Dates to Watch

<table>
<thead>
<tr>
<th>October</th>
<th>December</th>
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<tbody>
<tr>
<td>November</td>
<td>17 Call for nominations for AcademyHealth awards issued</td>
</tr>
<tr>
<td>5 2005 Annual Research Meeting Call for Abstracts issued</td>
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NATIONAL HEALTH POLICY Conference 2005  
February 2 – 3 • Washington, D.C.

Mark your calendar for the 2005 NHPC at the Renaissance, Washington, D.C. Hotel. For more information: www.academyhealth.org/nhpc
Continued from page 1

Overseeing Comparative Effectiveness Research: The Government’s Role?
Currently, pharmaceutical companies conduct much of the available research related to the efficacy of drugs; they would not be expected to undertake the more comprehensive comparative effectiveness studies. In contrast, many stakeholders believe that the government is in the best position to support this research, which would be made widely available to payers, health plans, providers, and the public. Faced with fast-rising health care costs, and with the expected growth of the Medicare-eligible population, the government has a vested interest in promoting cost-effective solutions.

“When Consumer Reports magazine reviews cars, they don’t compare the performance of a new car to walking. They compare it to other cars in its class. Why can’t we have the same type of information for the medications we take?”
— Sen. Hillary Rodham Clinton (D-N.Y.)

While the U.S. Food and Drug Administration (FDA) is responsible for authorizing new drugs to enter the market, it typically approves them on the basis of their safety and efficacy compared with placebo—not with other drugs in their class. In addition, the FDA does not evaluate medical devices and procedures, so there is no clear way to know how those treatments stack up against one another or pharmaceutical alternatives. The comparative effectiveness provision in the MMA may be the solution, since it enhances the role of the Centers for Medicare and Medicaid Services (CMS) to parallel that of the FDA’s drug testing, and authorizes AHRQ to oversee the research.

AHRQ cannot mandate standards, however—only guidelines and recommendations—and CMS may not use any data to withhold coverage of a drug.

According to John Rother, director of policy and strategy at AARP, Congress was motivated to add the provision by interest groups, as well as by payers and health plans. “To avoid direct price controls, Congress needed a policy to address cost-containment of pharmaceuticals,” says Rother. “Since comparative effectiveness is a way to promote a better functioning market, it was a good fit.”

The initiative was also intended to address the needs created by the new Medicare drug benefit, Rother says. The government can use the comparative information to encourage purchasers and doctors to look for the best value when buying or prescribing pharmaceuticals. Instituting a system to measure comparative effectiveness would also provide valuable information on the effectiveness and safety of non-FDA-regulated devices and procedures.

Challenges to HSR
“The health services research community will undoubtedly find this new commitment to comparative effectiveness research important and gratifying,” says Alan Garber, M.D., Ph.D., professor of medicine at Stanford University and Henry J. Kaiser, Jr. Professor. “This approach contrasts with placebo-controlled trials, which have limited relevance when the real question is which treatment to use, not whether to treat at all.”

While there is considerable enthusiasm for doing this work within the health services research field, the funds have yet to be appropriated. Congress did not include the $50 million in the Fiscal Year (FY) 2004 or FY 2005 federal budgets. Currently, AHRQ spends about $12 million on comparative effectiveness research.

Even if Congress ultimately appropriates the funds to AHRQ, experts are saying that the initiative is seriously underfunded. “The amount of money committed is not sufficient to support comparative effectiveness trials,” Garber says. “These trials typically would need to be larger than placebo-controlled trials, since presumably the difference in efficacy would be smaller, and the difference in effectiveness might be smaller still.” Achieving statistical significance would require larger numbers of patients or longer periods of follow-up, he feels.

Moreover, additional researchers would need to be trained to conduct comparative effectiveness studies. “We have enough researchers to make a start but we may need to train more if the commitment to comparative effectiveness research is to grow,” says Garber. Similarly, investigators would need to tailor their methods to the effort, says Blumenthal, although the methodologies needed to answer many critical questions are already in place.

Garber believes that, if appropriated, the authorized funds will be used initially to support studies that synthesize published work and perhaps clinical databases. “There are of course significant methodological challenges to drawing conclusions about comparative effectiveness from such data,” he says. “Nevertheless, this strategy is likely to produce much useful, practical information about alternative approaches to patient care.”

Most important, it would be a beginning. “This research is critical to public and private health care purchasers and would enable health plans and providers to understand which option among existing treatments is the most effective,” says David Helms, Ph.D., AcademyHealth president and CEO. “At a time when the population is aging, health care costs are rapidly increasing, and we have ever more uninsured, we should be renewing, not reducing, our commitment to health services research.”

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Over the past 21 years, the Annual Research Meeting (ARM) has evolved from being a forum solely for researchers into a conference where investigators, policymakers, practitioners, business decision makers, and others share ideas about how to move research into action. AcademyHealth’s 2004 ARM, held June 6 – 8 in San Diego, reflected the interests of its diverse attendees. It included a keynote speech on the growing role of the Internet in health care, a chair address about making research relevant to everyday practice, and breakout sessions on critical health policy issues, ranging from Medicare reform to consumer-based care to patient safety.

The meeting featured 50 pre- and post-ARM adjunct meetings and was the forum for the meetings of 10 new interest groups. The agenda included more than 120 sessions related to 14 themes, including child health, coverage and access, and long-term care. More than 700 individuals presented research in poster sessions.

A Historical Perspective
Today, people take for granted that health care is an integral part of U.S. policy and politics, and that health research often informs the government’s decisions. Surprisingly, however, this was not always the case. In a speech introducing the recipients of AcademyHealth’s 2004 distinguished investigator award, Bob Blendon, Ph.D., put the fields of health services research (HSR) and policy into a historical perspective.

“Twenty years ago, there was no field called health policy,” said Blendon, professor of health policy and policy analysis at the Harvard School of Public Health. “The idea that there would be a powerful field that people had to pay attention to did not exist.”

He attributes the emergence of HSR and health policy in large part to the pioneering work of the two distinguished investigators who were honored at the meeting—Stuart Altman, Ph.D., and Uwe Reinhardt, Ph.D. (Visit www.academyhealth.org/arm/awards for awardee bios.)

As a result of the vision and hard work of Stuart, Uwe, and other dedicated leaders, “this field grew, and members of Congress who had never stepped foot near health policy research said this was a very important thing for them to do,” said Blendon.

Brave New World
The role of computers and information technology (IT) in health care was a recurring topic of discussion at the meeting. Many breakout sessions discussed how adopting improved IT systems—which incorporate electronic prescribing or physician decision support, for example—will move our health care system toward a culture of patient safety that doesn’t currently exist.

“The development of computerized decision support for physicians to make the optimal use of imaging and other technologies should be the highest possible priority for health services research,” said David Blumenthal, M.D., AcademyHealth board chair and director of health policy for Partners HealthCare System.

Moving Forward
Now that HSR and health policy have become mature fields of inquiry, the next step for both disciplines is to develop a shared language.

“Health services research can make a stronger contribution in health care by placing a greater emphasis on synthesizing information and in translating it for decision makers and administrators,” said Bob Reischauer, Ph.D., AcademyHealth board member and president of The Urban Institute. “That is where AcademyHealth plays a critical role.”

ARM 2004 Spotlights Health Care Research, Technology, and Policy
Just 5 percent of the $34.3 billion that the federal government spent on health research in 2002 was devoted to health services research (HSR)—compared to 75 percent for biomedical research and 20 percent for clinical investigations, according to a report released this spring by the Coalition for Health Services Research. The report, titled Federal Funding for Health Services Research, is the Coalition’s second annual publication on the federal baseline funding for HSR; it is available at www.chsr.org/pdf/fundingreport.pdf.

Altogether, the government spent about $1.5 billion on HSR in 2002. (See table at right for the distribution among agencies.) That figure represents one-tenth of 1 percent of the total spent on health care ($1.55 trillion) that year.

In preparing the report, the Coalition noted several challenges. Without a standard definition or uniform categories to report HSR expenditures, it is difficult for Congress and other users of HSR to assess the extent to which the current investment addresses health care issues in this country.

To address this, the report recommends that the government adopt consistent definitions and standard categories across the agencies that support HSR. The Agency for Healthcare Research and Quality has already moved in this direction by breaking its budget down into 10 portfolios. The report also encourages the government to establish a mechanism to assess current federal investments and identify future needs. The Coalition requests that researchers, policymakers, and others be given opportunities to advise the government on research priorities, and that these priorities be used to inform budget allocations.

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<thead>
<tr>
<th>Agency</th>
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<tr>
<td>Agency for Healthcare Research and Quality</td>
<td>$309 million</td>
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<tr>
<td>Centers for Disease Control and Prevention</td>
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<td>- National Center for Health Statistics</td>
<td>$126 million</td>
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<td>- Extramural Prevention Research</td>
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<td>- Public Health Research</td>
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<td>Centers for Medicare and Medicaid Services</td>
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<tr>
<td>Department of Defense</td>
<td>$15 million</td>
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<tr>
<td>National Institutes of Health (all Institutes)</td>
<td>$873 million</td>
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<tr>
<td>Veterans Health Administration</td>
<td>$52 million</td>
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AcademyHealth and NCHS Name 2004 Health Policy Fellow

The Centers for Disease Control and Prevention’s National Center for Health Statistics (NCHS) and AcademyHealth are pleased to announce the selection of Hua Wang as the recipient of the 2004 – 2005 NCHS/AcademyHealth Health Policy Fellowship. In its third year, the fellowship provides researchers access to new data resources and strengthens their understanding of health policy. Fellows work in residence at the NCHS in Hyattsville, Md., on their proposed research projects, as well as on collaborative projects with NCHS staff.

Ms. Wang will begin her fellowship in fall 2004. Using the NCHS National Health Interview Survey, she will evaluate the effects of the State Children’s Health Insurance Program (SCHIP) on children’s coverage, health outcomes, and access to and utilization of health services. Ms. Wang’s findings will add a quantitative, national analysis of SCHIP to existing state-based research.

Ms. Wang is a doctoral candidate in the department of health policy and administration, School of Public Health, at the University of North Carolina, Chapel Hill. Her research interests are in health economics, health insurance, and dental care.

The one-year NCHS/AcademyHealth Health Policy Fellowship is offered to up to two individuals who may be at any stage in their careers. For information on the 2005 – 2006 fellowship, visit www.academyhealth.org/fellowships.
Don’t Forget to Vote…for AcademyHealth’s Board

As Americans wait to cast their votes in the presidential election this November, we’d like to encourage our members to choose new leadership for AcademyHealth in its September board election. Members can cast their electronic votes between September 7 and 24. We sent instructions in early September via both e-mail and postal mail. AcademyHealth individual members who were active as of August 1, 2004, are eligible to participate.

AcademyHealth’s Nominating Committee chose four candidates; the two who receive the most votes will join AcademyHealth’s Board of Directors. They will serve four-year terms beginning December 7, 2004.

In selecting the candidates, the Nominating Committee’s goal was to bring diversity and expertise to the board and strike a balance between continuity and new leadership.

This year’s nominees are:

- **Marsha Lillie-Blanton**, vice president in health policy, Henry J. Kaiser Family Foundation;
- **Lou Rossiter, director**, Executive Fellowship Program for State Budget Officers, College of William and Mary;
- **Murray Ross, director**, health policy analysis and research, Kaiser Permanente Institute for Health Policy; and
- **Carol Weisman**, professor of health evaluation sciences and obstetrics and gynecology, Penn State College of Medicine.

Biographies and photos of the candidates are available at www.academyhealth.org/membership/memberelected.htm.

On June 8, the board participated in its own election, through which they selected three new directors to join AcademyHealth’s leadership:

**Nelson Ford**, deputy assistant secretary for health budgets and financial policy, Department of Defense; **John Colmers**, program officer, Milbank Memorial Fund; and, **Margarita Alegría**, director of the Center for Multicultural Mental Health Research, and Cambridge Health Alliance/Visiting Professor, Harvard University.

For more information on these individuals, please visit www.academyhealth.org/member ship/boardelected.htm. We encourage all members to participate in the September election; every vote can make a difference.

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AcademyHealth and AHRQ Strategize about Privacy Rule

In mid-June, AcademyHealth and the Agency for Healthcare Research and Quality held a meeting to discuss implementation of the health information privacy rule with senior health services researchers and stakeholders. The Washington, D.C., meeting was intended to identify research challenges posed by the rule, propose solutions, and determine strategies for informing researchers about how to maintain patient confidentiality without compromising their work.

The privacy rule, which is part of the federal Health Information Portability and Accountability Act, took effect in April 2003. It established standards for ensuring medical privacy that translated into new responsibilities for health services researchers. For example, the regulation requires investigators using identifiable health information to have their research approved by an institutional review board (IRB). It also includes ways that researchers can “de-identify” medical information, or strip out patients’ distinguishing information.

Moreover, the rule contains requirements for how health plans and other “covered entities” can handle and release identifiable information; this means that researchers must often cope with new procedures and delays in obtaining data. Indeed, one of the themes that emerged is that—in order to avoid these obstacles—researchers are likely to begin focusing on projects where information is more readily available. For example, they may frame questions that can be answered by collecting data from a single source that has experience with the rule, rather than from multiple sources that will require more time and effort.

Some researchers are already feeling pressure to use de-identified information, even though it may not meet their needs. Other researchers are confused by the vague language in the rule on how to de-identify data. Investigators are also concerned that covered entities are disinclined to allow review through an IRB residing outside the institution releasing relevant data—even though such reviews are allowable under the law and often appropriate.

These developments have troubling implications, as they could compromise the availability of researchers or the integrity of their work. The experts at the meeting proposed that the federal Office of Civil Rights (OCR) provide additional guidance about how researchers can conduct multi-site research and de-identify data more effectively. They also suggested that the OCR consider implementing a certification process for IRBs that would make covered entities more comfortable using external boards.

AcademyHealth remains committed to this issue and will hold another educational forum this fall to help health services researchers address the privacy rule. For more information, contact Jon Lawniczak, director of government relations, at 202.292.6700.
Moving On and Moving Up

Keep in touch with friends and colleagues by sending your career news to membernews@academyhealth.org. Submissions of no more than 25 words will be printed on a first-come, first-served basis.

LuAnn Aday, Ph.D., was awarded an honorary doctor of sciences degree from Purdue University in May.

Fevzi Akinci, Ph.D., is now assistant professor in Washington State University’s department of health policy and administration.

Onyebuchi A. Arah, D.Sc., has been appointed as scientist in health services research and public health at the academic medical center of the University of Amsterdam in the Netherlands.

Adam Falk, J.D., M.P.H., has joined the law firm of Feldesman Tucker Leifer Fidell LLP.

DeAnn Farr, Ph.D., has accepted a position with the United States Navy as medical/dental corps officer community manager.

Barbara Gormley, Ph.D., has accepted a position as assistant professor in the School of Education at the University of Miami.

Stephen Grossbart, Ph.D., is now the vice president for clinical performance measurement and improvement for Catholic Healthcare Partners.

Glen Mays, Ph.D., M.P.H., has joined the University of Arkansas for Medical Sciences as associate professor of health policy and director of health systems research.

Jennifer Prah Ruger, Ph.D., will join Yale University's department of epidemiology and public health as assistant professor on September 15.

Sarah Sampsel, M.P.H., has joined the University of Alabama, Birmingham as a CERTs program manager.

Alan Weil, J.D., M.P.P., has been named the new executive director of the National Academy for State Health Policy.

Leigh Ann White, Ph.D., has joined NORC as a senior research scientist in the Washington-based health survey and policy research group.

Gregory Wozniak, Ph.D., is now principal economist for the BlueCross BlueShield Association.

News from the Journals

Health Affairs

The September/October Health Affairs is a special theme issue on children’s health care. The thematic articles will explore coverage and access, generational equity, and disparities. The issue also contains annual health insurance premium statistics compiled by the Henry J. Kaiser Family Foundation and the Health Research and Educational Trust.

HSR

The December 2004 Health Services Research will be a special theme issue on global and international health. Its purpose is to provide a forum for presenting the latest research and policy analysis on international health to a broad audience of researchers, practitioners, and policymakers. It includes articles on cross-country comparisons, global issues in public health, reproductive health in today's world, and national lessons in health care financing.

Milbank Quarterly

The September Milbank Quarterly begins with an article by RAND researchers on preparedness for the emotional and behavioral consequences of bioterrorism. Other articles examine barriers to the development of electronic health records, the legal and ethical issues raised by cognition-enhancing drugs, and the implications of heavy alcohol consumption for the Social Security Trust Fund. Another piece describes an innovative state program for quality improvement in workers’ compensation.

AcademyHealth Expertise Directory: Be a Part of It

As a professional society, one of the most important services AcademyHealth can provide is building a community of members where information can be shared. To achieve this goal, we invite you to identify the areas of expertise in which you have worked or studied over time and about which you would be willing to share your knowledge and experience with other members. As part of our online membership directory, this information will be used to facilitate networking and advance collaboration among your fellow member researchers, policy analysts, and practitioners. Your participation is important so that we can build and grow the fields of health services research and policy.

To list your areas of expertise or to search the directory for other members, login to www.academyhealth.org/membership/membersonly.htm (you'll need your username and password) and click on membership directory.
For the first time, AcademyHealth will hold a “Health in Foreign Policy Forum” in Washington, D.C., on February 4, 2005, the day after its National Health Policy Conference. The forum will bring together experts from the health and foreign policy communities to provide an overview of three rapidly evolving health-related foreign policy topics: health care and free trade agreements; disease and national security; and health and international development.

Historically, the health and foreign policy worlds have had little interaction. Yet, in an increasingly global world, the intersection between these two fields has become a critically important area that experts from both fields need to better understand.

Trade issues affecting health policy include the re-importation of drugs, the exchange of genetically modified foods, and the use of free trade agreements to improve the access of U.S. health care and pharmaceutical industries to foreign markets. Disease and national security has also become an important priority due to the threat of bioterrorism and the global epidemic of emerging infectious diseases such as Severe Acute Respiratory Syndrome—which underscore the need for international regulations to ensure global security. The management and allocation of U.S. development aid is another area in the midst of a transformation, with multiple federal agencies playing new roles, including the Department of Defense.

The meeting will address each of these policy areas from a range of viewpoints.

For more information, visit www.academyhealth.org/nhpc/affiliateforeignpolicy.

www.academyhealth.org

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Massachusetts General Hospital
Staff: Christina Folz
Director of Communications
LeAnne DeFrancesco
Production Manager
If you have questions or comments about AcademyHealth Reports, e-mail christina.folz@academyhealth.org.

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