



# reports

## Contents

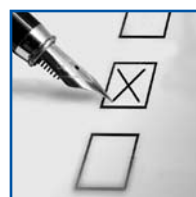
letter from leadership	2
dates to watch	2
coalition corner	4
members matter	7



*ARM Then and Now p. 3*



*PBS Series Spotlights Quality, Safety p. 3*



*Vote for your Leadership p. 6*

## Core Competencies: What Does It Take to be a Health Services Researcher?

**T**here are 127 graduate programs in the United States that report providing training in health services research (HSR). However, true to the multidisciplinary nature of the field, many of our professionals were originally trained in traditional disciplinary schools such as anthropology, economics, epidemiology, medicine, nursing, statistics, political science, psychology, and sociology. And, health services researchers often conduct their investigations in partnership and collaboration with experts from other fields. Given these requirements and challenges, many have begun to wonder how we ensure that doctorate level health services researchers have a common base of skills and knowledge for conducting, analyzing, and translating health services research.

To address these questions, and because an adequate training infrastructure and the ability to attract and retain qualified researchers are essential to improving access to high quality and cost-effective care, there is growing interest in defining core competencies and projected career paths for professionals in HSR.

### Defining Common Ground?

The HSR field relies largely on the self-identification of its professionals rather than a singularly defined career track with a standard graduate degree program and/or licensure and accreditation requirements. Yet many of the disciplines from which health services researchers are drawn do have standard expectations for competencies and training. The question being posed is: what

commonalities should exist across training programs, regardless of specialty, to ensure that health services researchers have the skills required to be successful?

The Agency for Healthcare Research and Quality (AHRQ) recently funded an effort led by Christopher Forrest, M.D., Ph.D., that aims to define core competencies and skills sets that translate across the many specialties involved in health services research.

“AHRQ’s efforts are grounded in training the next generation of health services researchers and preparing them for the field,” says Francis Chesley, M.D., director, Office of Extramural Research, Education, and Priority Populations. “Now, HSR has matured to a point where we can begin to define some core competencies on which programs can build.”

During a presentation at AcademyHealth’s 2006 Annual Research Meeting (ARM) Carolyn Clancy, director, AHRQ, outlined the agency’s workforce and training goal to continue to foster the growth, dissemination, and translation of the field and science of health services research to achieve AHRQ’s mission and address Department of Health and Human Services (DHHS) priorities geared toward the transformation of health care. This effort aims to “define the evolving field of health services research and bring identity to the profession in the 21st century.” The development of doctoral

*Continued on page 6*



# letter from leadership

**T**he Coalition for Health Services Research, with support from AcademyHealth members, lobbied Congress over the last year to increase federal funding for agencies that support health services research (HSR). In these times of competing priorities—war, natural disasters, increasing budget deficits—the appropriations process faced a number of significant challenges. Despite our best efforts, the agencies that support HSR and data will face another year of flat funding according to the appropriations bills that cleared the House and Senate committees before the August recess (see Coalition Corner, page 4). While less than ideal, flat funding is not a failure; in tight budgetary times, success can be holding funding levels stable. The unified voice of the Coalition and AcademyHealth members—who sent more letters to Congress this year than ever before—helped us achieve this important result.

With the appropriations bills having cleared the committees and moving toward inclusion in an omnibus bill later this fall, the Coalition is now turning its attention to the 110th Congress in preparation for the impending reauthorizations of the Agency for Healthcare Research and Quality (AHRQ), and possibly the National Institutes of Health (NIH). Reauthorizations of these agencies will provide a unique opportunity for the Coalition to encourage policymakers to strengthen the research infrastructure for HSR by increasing the availability of R-01s to support the next generation

of researchers and expanding AHRQ's targeted research portfolio to fund research across a broader array of topics. In these efforts, the Coalition will advance the five recommendations approved by the AcademyHealth Board of Directors regarding the placement, funding, and coordination of HSR (see June 2005 issue of *AcademyHealth Reports*, page 4). Included in this report is the recommendation to insulate AHRQ from the potential for political backlash as this agency does more comparative effectiveness research.

As we continue to work with policymakers to support the field, identifying “heros”—supportive policymakers in the administration and Congress—to champion our field remains a critical component of our advocacy strategy. Many of our champions have left or will soon leave the Congress, including Senator Bill Frist (R-Tenn.), who will be retiring from the Senate this year. To add to the support of Senators Arlen Specter (R-Pa.) and Tom Harkin (D-Iowa), who are dedicated senior champions, we will be looking to, among others, Senator Jeff Bingaman (D-N.M.) and Representative Tom Allen (D-Maine), given their seats on important committees of jurisdiction. We also continue to reach out to other Members on both sides of the aisle, and welcome your help in identifying potential champions. If you have a close relationship with a Member of Congress, and/or would like to be involved in educating members about what we do and the value of HSR, please contact Emily Rowe,

our director of government relations, at [emily.rowe@academyhealth.org](mailto:emily.rowe@academyhealth.org).

Finally, we've made it easier for you to contact Members directly and speak out in support of our field by adding new features and organization to our Web site. The newly enhanced design responds to feedback from AcademyHealth's Member Survey and promises to offer greater value through regular policy updates and easy-to-use advocacy tools (see Coalition Corner).

We encourage you to turn to [www.chsr.org](http://www.chsr.org) for the latest information on the status of federal budget and appropriations, new legislation relative to the field of HSR, and ways in which you can be an effective advocate.

On behalf of the Coalition Board of Directors, I thank you for your support in advancing the field of HSR and communicating its importance to policymakers.

Sincerely,

Charles N. Kahn, III  
Chair, Coalition for Health Services Research

## Dates to Watch

### October

23–26 Health Policy Orientation: Behind the Scenes of Decision-Making in Washington (Washington, D.C.)

### November

6 Call for Abstracts issued: 2007 Annual Research Meeting

If you have questions or comments about *AcademyHealth Reports*, our quarterly newsletter, please contact Kristin Hackler at [kristin.hackler@academyhealth.org](mailto:kristin.hackler@academyhealth.org).

## ARM Grows with the Field: A look at the Annual Research Meeting Then and Now

In 1984, the first Annual Research Meeting (ARM), sponsored by the Association for Health Services Research (AHSR) and the Foundation for Health Services Research (FHSR), was held in Chicago. In the 23 years since that initial meeting, the ARM has grown and changed to reflect the maturing health services research field and the needs of its members in research, policy, and practice.

The 2006 ARM drew more than 2,100 professionals and students, a dramatic increase over its original 350 attendees. This year's meeting was held on three floors of the Seattle convention center to accommodate 14 concurrent breakout sessions, 3 plenary sessions, 2 poster sessions, and multiple networking events – quite a contrast to 1984.

In addition, the meeting has gone virtual, with select session content webcast through [kaisernetwork.org](http://kaisernetwork.org) and the majority of the PowerPoint presentations available on [www.academyhealth.org](http://www.academyhealth.org).

### The 2006 meeting featured:

- ◆ 142 sessions including 17 different themes and topic areas
- ◆ 557 speakers, 22 percent as first-time presenters
- ◆ 858 poster presentations
- ◆ Nearly 80 exhibitors

To date, the ARM has been held in nine different cities nationwide and hosted professionals from the United States and abroad. Originally a two-day conference, the ARM added sessions and seminars to round out its educational and knowledge sharing function. After adding methods seminars and adjunct meetings for the first time in 1997, the 2006 ARM has grown to offer 6 method seminars, 10 interest group meetings, and nearly 50 adjunct meeting options.

Poster presentations, which were added in 1989 to feature 20 posters, have grown dramatically. This year's session included more than 800 posters on more than 17 themes. These poster sessions provide networking and learning opportunities as noted by poster presenter Carol Hall Ellenbecker, who found it interesting to learn what others were presenting in her area of research.

In 1998, the ARM recognized the growing interest in global health care, adding an international HSR track. In recognition of how closely national and global health care issues are linked, as well as an increased interest in how different countries address similar problems, this year's ARM eliminated the distinct international track in favor of weaving international perspectives throughout the program.

Students continue to play an increasingly important role in the ARM and this year constituted 16 percent of total attendance. With the addition of a new “fel-

lows rate” this year, the number of fellows participating also increased, bringing the combined number of students and fellows to nearly 20 percent of total attendance.

Student or professional, the opportunity to network at the ARM is a big draw for many of the attendees, especially those new to the meeting. Building on existing networking events and social gatherings, the 2006 meet-the-experts student breakfast was an opportunity for students to network with experts in the field, allowing students to ask questions of leaders such as Carolyn Clancy, director of AHRQ, Karen Davis, president of The Commonwealth Fund, and Stephen Shortell, dean and professor, UC Berkley School of Public Health. Like many students, Maggie Holland from the University of Rochester, commented on how much she enjoyed the ample time provided for networking: “I like being able to talk to others in the field and learn their perspectives on where [the health services research field] is going in the future.”

Over the years, the ARM has established itself as the premier forum for health services research and continues to attract new professionals from our field. In fact, nearly a third of this year's participants were first-timers. These new participants and the continued presence of experts from the field ensure the meeting will continue to grow in new and exciting ways. Don't miss out; mark your calendars now for the 2007 Annual Research Meeting in Orlando, June 3–5. ▲

## PBS Series “Remaking American Medicine” Spotlights Quality, Patient Safety

AcademyHealth is one of 46 National Partners and hundreds of national and local groups that have participated in supporting and promoting an important new television series and related outreach campaign known as “Remaking American Medicine.”

“Remaking American Medicine™...Health Care for the 21st Century” examines critical health care issues, including patient safety, medical and medication errors, hospital-acquired infections, family-centered care, and effective management of chronic disease. Its goal is to inspire and empower viewers to join in efforts to transform American health care. The four, one-hour programs are scheduled to air on PBS on October 5, 12, 19, and 26 at 10 p.m. (check local listings).

The first program, “Silent Killer,” highlights the efforts of Sorrel King, whose 18-month-old daughter died at one of the most respected hospitals in the world. King has gone from grieving victim to engaged activist, partnering with the hospital to make safety a top priority at the institution.

Program Two, “First Do No Harm,” takes a critical look at the impact of medical errors and patient safety in two hospitals and follows the efforts of physicians who are challenging their colleagues to live up to their oath. In one Pittsburgh hospital, the chief of medicine is confronting an epidemic of hospital-acquired infections.

The third installment, “The Stealth Epidemic,” examines the human and economic costs of chronic conditions such as diabetes, heart disease, and other diseases that consume nearly 70 percent of all health care resources.

The final program, “Hand in Hand,” tells the story of patients and families who have formed a unique partnership with providers in a teaching hospital in Augusta, Georgia.

We encourage our members to view the series and support the campaign. Visit [www.ramcampaign.org](http://www.ramcampaign.org) for more information.

# coalition corner

## New Web site Provides Better Advocacy Tools

Based on your responses to AcademyHealth's Member Survey, we have redesigned the Coalition's Web site to better meet your needs and keep you informed about legislation that impacts the field of HSR. In addition to including information about the Coalition and its leadership, advocacy activities, and publications, the Web site now includes:

### ◆ Appropriations and Legislation Updates

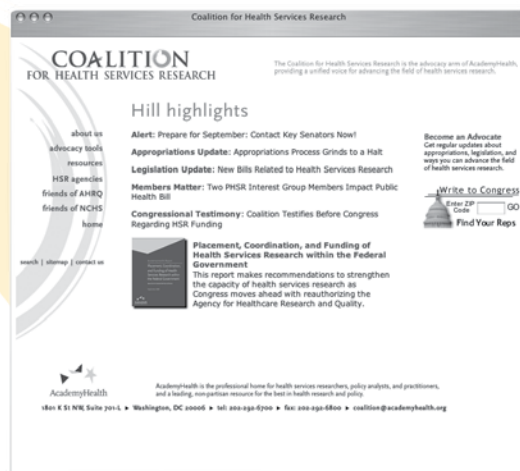
From the homepage, you can access up-to-date information about the budget and appropriations process as it unfolds during the fiscal year, as well as summaries of key bills introduced in Congress that have the potential to impact you and your work.

### ◆ Examples of Members' Impact

From the Coalition homepage, "Members Matter" will highlight AcademyHealth members' activities that have made an impact on legislation and the policymaking process, including members' congressional testimony and grassroots, letter-writing campaigns.

### ◆ Advocacy Tools

The "Advocacy Tools" page allows AcademyHealth members to send e-mails directly to elected officials and local and national media. You can access tips on communicating with policymakers and their staff, and learn more about the legislative process. In addition, this



page allows you to track voting records on issues important to you.

### ◆ Advocacy Resources

The "Resources" page includes Coalition and AcademyHealth publications, messaging materials to help you define and communicate the value of HSR, and links to Hill publications and news services, including the House and Senate committees of jurisdiction.

### ◆ Regular Advocacy Updates

The "Become an Advocate" icon found on the home page allows you to sign-up for regular advocacy updates from the Coalition.

For questions on how to get the most from the Coalition Web site, please contact Emily Rowe, director of government relations, at [emily.rowe@academyhealth.org](mailto:emily.rowe@academyhealth.org).

## Appropriations Process Grinds to a Halt

For the first time in three years, the President did not receive any spending bills to sign before Congress' August recess. The contentious Labor-HHS-Education spending bill—which includes funding for many agencies that support HSR and health data—is not expected to see floor action before the November elections and may be rolled into a post-election omnibus, as lawmakers remain concerned about the overall funding level provided for domestic programs. Under the current House and Senate versions of the bill, FY07 federal funding levels for HSR programs at AHRQ, Center for Disease Control and Prevention (CDC), Centers for Medicare and Medicaid Services, National Center for Health Statistics, and NIH are virtually the same as levels for FY 06.

For more information on the appropriations bills passed by the House and Senate appropriations committees, and funding levels recommended by Coalition, visit "Appropriations Update" on [www.chsr.org](http://www.chsr.org). ◀

### Talk the Talk...

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

An omnibus bill wraps several bills into one, or combines diverse subjects into a single bill. This year, it's likely that the Labor-HHS-Education appropriations bill will be packaged into an omnibus bill to help speed its passage after the November elections. The last omnibus spending package was in 2004.

## Legislative Update: New Bills Could Impact Health Services Research

A bill (H.R. 5975) introduced before the August recess by Reps. Allen (D-Maine) and Emerson (R-Mo.) would strengthen AHRQ's capacity to conduct comparative effectiveness research, which was initially authorized under Section 1013 of the Medicare Modernization Act (MMA). The bill would require AHRQ, in consultation with NIH, to conduct research and generate scientific evidence on the comparative clinical effectiveness, outcomes, and appropriateness of prescription drugs, medical devices, and procedures. The bill would authorize \$100 million for these activities—double the level AHRQ is authorized under the MMA. However, AHRQ has only received \$15 million for this function each year since the MMA was enacted, and the funding remains flat in the appropriation bills for FY07.

The Senate Health, Labor, Pensions and Education Committee passed a bill (S. 3678) on July 19 that would reauthorize a preparedness law set to expire this fall and bolster the capacity of the public health system. Among other things, the bill authorizes the Secretary of Health and Human Services (HHS) to identify the existing public health systems research (PHSR) knowledge base and establish a research agenda. Accredited public health schools established by the Secretary as "Centers of Public Health Preparedness" would conduct the PHSR and develop public health core competencies and curriculum. Centers would be authorized to receive \$31 million for these activities.

On July 27, the House passed the Health Information Technology Promotion Act (H.R. 4157), which establishes an office within HHS to oversee and guide the nationwide implementation of health IT. It also includes a provision that would increase the number of medical procedure codes from 24,000 to more than 200,000 by 2010. Procedure codes are used by public and private payers to facilitate payment and by health services researchers, among others, to monitor utilization and cost; measure quality, safety, and efficacy of care; and analyze outcomes of treatment options. The greater precision afforded by the proposed codes would facilitate the use of more specific data to analyze health care delivery.

For more information on these bills, including up-to-the-minute reporting on their status, please visit "Update Legislation" on [www.chsr.org](http://www.chsr.org).

## Access NCHS Data Systems as an NCHS-AcademyHealth Fellow

NCHS and AcademyHealth seek applicants for the 2007 Health Policy Fellowship. This program brings visiting scholars in health services research-related disciplines to NCHS to use NCHS data systems and collaborate on studies of interest to policymakers and the health services research community.

Each year, up to two individuals are selected. Fellows conduct their research and work

collaboratively with NCHS staff on joint projects while in residence at NCHS in Hyattsville, Maryland. The duration of the full-time fellowship is 13–24 months.

Applicants should meet the following criteria:

- ◆ Have training or experience in fields related to health services research and methods

- ◆ Be at a career stage ranging from doctoral students at the dissertation phase to senior investigators

- ◆ Have U.S. citizenship, permanent residency, or ability to acquire a valid work authorization

The deadline for applications is January 8, 2007. ▲

## Core Competencies from page 1

training core competencies is among the grant-funded projects supporting this effort.

To begin building a consensus driven set of competencies, Dr. Forrest, in collaboration with Diane Martin, Ph.D. of the University of Washington and colleagues from the John Hopkins University School of Public Health, convened a panel of leaders in HSR from academia, government, and industry in September 2005. The goal of the meeting, titled “Health Services Research Doctoral Training Competencies Consensus Conference,” was to provide a forum “to explore the possibility of developing core competencies for the field” and “produce a consensus-derived set of knowledge-based and skills-based HSR doctoral training competencies and their content areas.” The two-day meeting looked at commonalities, required skill sets, and suggested learning objectives.

Dr. Forrest presented initial recommendations from the meeting during a panel on core competencies at the 2006 ARM. His presentation focused on 14 competencies emerging from the research and proceedings of the consensus conference. These 14 competencies represent knowledge or skills that doctoral programs graduates should achieve at varying levels of mastery, depending on the focus of the program. They are:

- ◆ Breadth of HSR theoretical and conceptual knowledge
- ◆ In-depth disciplinary knowledge and skills
- ◆ Application of HSR foundational knowledge to health policy problems
- ◆ Pose innovative HSR questions

- ◆ Interventional and observational study designs
- ◆ Primary data collection methods
- ◆ Secondary data acquisition methods
- ◆ Conceptual models and operational measures
- ◆ Implementation of research protocols
- ◆ Responsible conduct of research
- ◆ Multi-disciplinary teamwork
- ◆ Data analysis
- ◆ Scientific communication
- ◆ Stakeholder collaboration and knowledge translation

This presentation was a first step in the ongoing conversation about competencies. The research team plans to continue building consensus and disseminating this work via presentations and an upcoming manuscript.

“We are starting to try and identify the common denominators for this multidisciplinary field and the big advantage of all this activity is the stimulus it provides for us to improve the quality of what we do,” said Steve Shortell, Ph.D., University of California, Berkeley, who facilitated the ARM session on core competencies. “We walk a fine line between not being too prescriptive but also giving our best thinking to guidelines for our own set of competencies.”

### Looking Forward

Defining baseline knowledge and skills expected of health services researchers is expected to assist in defining the field, developing career paths for recent graduates, and ensuring that

health services researchers continue to lend their multidisciplinary expertise to challenges in health and health care.

“Articulating core competencies, setting forth ethical guidelines for conflicts of interest, and evaluating options to support researchers as they navigate issues such as funder’s restrictions on sponsored research are all activities that indicate the growth and maturation of the field,” says David Helms, Ph.D., president and CEO of AcademyHealth.

In response to the level of interest this topic has been generating, AcademyHealth will be looking at broader HSR workforce planning issues in the context of a changing health care environment. Papers will be commissioned and presented at a summit meeting now being planned for the fall of 2007 that will focus on the future needs of HSR employers, the current stock of health services researchers, and the educational challenges for the future.

“As the field of health services research grows, we can expect a greater demand for translating research into policy and practice,” concludes Helms. “As we continue to evolve as a profession, there is tremendous opportunity to build upon our common knowledge and embrace the myriad disciplines and specialties that keep our field robust.”

For more information on the core competencies and the findings of the consensus conference, please see Dr. Forrest’s ARM presentation slides at [www.academyhealth.org/2006/602/forrest.ppt](http://www.academyhealth.org/2006/602/forrest.ppt) or Dr. Clancy’s presentation at [www.academyhealth.org/2006/clancy1.ppt](http://www.academyhealth.org/2006/clancy1.ppt). ◀

## Don’t Forget to Vote for Your AcademyHealth Leadership

Don’t forget to vote in the member election for AcademyHealth’s Board of Directors. This is your opportunity to declare your support for two of the four candidates who will join the Board this December to begin a four year term as leaders of the organization.

The year’s candidates are:

- ◆ Joseph R. Betancourt, director, The Disparities Solutions Center and assistant professor of Medicine, Harvard Medical School

- ◆ Sherry Glied, professor and chair, Department of Health Policy and Management, Columbia University

- ◆ Glen P. Mays, associate professor, vice chair & director of research, Department of Health Policy and Management, University of Arkansas for Medical Sciences

- ◆ Lisa Simpson, endowed chair in child health policy and professor of pediatrics, nursing and public health, University of South Florida

Members active on August 1st may vote online from September 5–22. Voting instructions were sent by e-mail and postal mail on September 5. ▶

# members matter

## Interest Group Discussion Explores Health Insurance Issues

In July, the Health Economics Interest Group hosted a Web-based discussion moderated by John Nyman, Ph.D., University of Minnesota. The basis of the discussion was Nyman's recently published book, "The Theory of Demand for Health Insurance." Over the course of two weeks, 56 comments were posted and as of mid-August, the discussion had been viewed more than 2,000 times.

Nyman launched the discussion with a summary of the traditional theory that consumers purchase health insurance to better control and predict their expenses and that because insurance lowers medical costs, people are likely to purchase more care, called moral hazard, which is welfare decreasing. In contrast, Nyman's theory suggests that consumers purchase insurance in order to obtain a transfer of income when they become ill and that this transfer of income leads to the purchase of additional care which is welfare increasing. Counter to the traditional models, Nyman shows that not all moral

hazard is inefficient and that cost-sharing measures should be applied only to the portion of moral hazard that is inefficient, but not to that portion of moral hazard that is deemed efficient.

From this starting point, the discussion then took these same basic principles and applied them to health savings accounts (HSAs) and consumer directed health plans (CDHPs). One issue centers on the variations in price sensitivity across types of care and procedures and how that relates to moral hazard. In general, consumers on CDHPs have higher price sensitivity. Another issue relates to cost sharing when the healthier people leave mainstream health insurance pools, leaving a sicker portion of the population to share a smaller pool of available funds. It was agreed by many on the discussion that HSAs and CDHPs are not a one-size-fits-all solution to managing and improving health care. Rather, we will likely need a wide range

of products—including CDHPs, HMOs, and other tools such as pay for performance—to achieve the desired changes in health care consumption.

The discussion also explored the debate between reducing the quantity of care used and the need to maintain and improve quality all while keeping costs affordable. Should health policy be focusing on rationing the quantity of care consumer? Or, should pricing be the driver to reduce costs through increased transparency to the consumer?

To review the full discussion, visit [www.academyhealth.org/economicsIGtranscript](http://www.academyhealth.org/economicsIGtranscript).

We extend our great appreciation to the discussion's moderator, John Nyman, as well as our scheduled commentators, Steve Parente and Sherry Glied, and all the enthusiastic members who contributed to this robust discussion. ◀

## Official Journals Offer Broad Coverage at Significant Savings

AcademyHealth's two official journals, *Health Affairs* and *Health Services Research (HSR)*, are leaders in the field of health service research and health policy. These highly respected, peer-reviewed journals provide original, timely information on the latest research and analysis that affects and shapes the health care system from leading authorities, as well as AcademyHealth members.

Only AcademyHealth members can elect to receive one or both of these important journals at more than 40 percent off regular subscription rates. Don't miss out. Include the journals in your next membership (they can be added at any time) renewal.

### **Health Affairs September/October Issue Focuses On Biotech Issues**

*Health Affairs* September/October issue will be focusing on the policy issues surrounding today's biotechnology. These issues are taking on increasing importance as biotech company pipelines surge and products are approved by the Food and Drug Administration. Spending on biotech

products represents a small fraction of overall U.S. health care spending, but biotech's presence is growing rapidly: In 2005, biotech industry revenues totaled \$50.7 billion, an increase of 15.8 percent over the previous year, according to Ernst and Young. On the public policy front, the biotech industry—indeed, all of the pharmaceutical enterprise—faces greater scrutiny because government interest in it has expanded as a consequence of Medicare's new prescription drug benefit.

The biotech issue's lead paper examines the evolving strategies of private health insurers as more biotech products come to market and as physicians and their patients demand access to them. Other important papers of note include authors taking a closer look at Medicare policy in relation to biologic products. Also in recent years, CMS has unveiled a "coverage with evidence development" (CED) policy, a harbinger of how evidence will become an increasingly important factor in the decisions of public and private insurers alike.

### **HSR October Issue Focuses on Pressing Health Policy Issues**

*HSR*'s October issue will feature articles on health insurance, factors affecting supply and use of services—including family structure, market factors and practice characteristics—and methods articles relating to pay-for-performance programs, nurse staffing research, health care costs, and applying the IOM definition of disparities to mental health care.

Also included is an editorial from editors-in-chief, Harold Luft, Ph.D., Ann Barry Flood, Ph.D., and José Escarce, M.D., Ph.D., which discusses *HSR*'s new disclosure policy to ensure that the journal is providing the highest standards of science to the public and research community.

For questions about subscriptions, please contact AcademyHealth's member services team at 202.292.6700 or [membership@academyhealth.org](mailto:membership@academyhealth.org).

## AcademyHealth.org Offers Resources for Health Services Researchers, Practitioners and Policymakers

If you haven't visited the AcademyHealth Website lately, you may be missing out on useful tools ranging from course curricula to research databases and from communication tool kits to state coverage summaries.

The site offers tools including:

- ◆ Curriculum Module: Ethical Guidelines for Managing Conflicts of Interest in Health Services Research – this unique module consists of hypothetical case studies, discussion questions, and an evaluation designed to incorporate the lessons outlined in the Ethical Guidelines. The module was developed with support from the Association of American Medical Colleges and the DHHS Office of Research Integrity.
- ◆ HSRProj – a unique database containing nearly 7,000 descriptions of ongoing health services research projects funded by government agencies, foundations, and private organizations.

- ◆ Toolkit for Communicating the Value of HSR – In 2005, the National Health Council and AcademyHealth conducted a one-day roundtable for voluntary health agencies (VHAs) that provided an overview of health services research (HSR) and its value as a tool for making policy and practice decisions aimed at improving health and health care. You can download the conference materials as well as instructions for hosting your own meeting on the Web site.

Another resource is the recently added list of past AcademyHealth Article-of-the-Year award winners and the nominees from 2006. Academic leaders can use the articles as a tool for teaching and networking between faculty and students. For example, one of our members reports using the articles in a weekly seminar that brings together faculty, doctoral students, and post-doctoral professionals. Each week, the instructors assign one or more of these articles as the basis of a discussion and presentation. Each

participant reads the articles and the seminar group discusses the merits, research methods, and potential implications of the research.

Please note: AcademyHealth provides links to articles only where full permission has been previously granted. Please contact the original copyright holder prior to reprinting or distributing articles. ▲

### AcademyHealth Reports

**Chair:**

Tom Rice, Professor  
and Vice Chair  
University of California,  
Los Angeles

**President and CEO:**

W. David Helms, Ph.D.  
AcademyHealth

**Staff:**

Kristin Hackler                      Edward Brown  
Director of Communications      Graphic Designer

If you have questions or comments about *AcademyHealthReports*, please e-mail [kristin.hackler@academyhealth.org](mailto:kristin.hackler@academyhealth.org).

[www.academyhealth.org](http://www.academyhealth.org)

Registration for the 2007 National Health Policy Conference  
Opens October 1. Visit [www.academyhealth.org/nhpc](http://www.academyhealth.org/nhpc).

reports

AcademyHealth



1801 K Street, NW, Suite 701-L  
Washington, DC 20006

Nonprofit  
Organization  
U.S. Postage  
PAID  
Permit No. 3999  
Washington, DC