The United Kingdom’s (UK) health system is considered by many to be one of the best performing health systems among industrialized nations. In April, AcademyHealth led a group of twelve senior health policy experts, clinicians, and health services researchers from the United States, Germany, and Australia who traveled to London for an in-depth look at the UK’s National Health Service (NHS). The NHS Confederation, an independent membership body for NHS organizations, served as the tour’s host and Nigel Edwards, Director of Policy for the NHS Confederation, and David Helms, Ph.D., President and CEO of AcademyHealth, facilitated. The week-long health study tour provided a fascinating look into major systems reform. Tour participants enjoyed unprecedented access to UK policymakers and the opportunity to step away from their own health systems to develop new perspectives and reinvigorate their thinking on a variety of health policy issues. One participant described the tour as an “unbridled opportunity to see a lot in a short time” and another added, “the access we had to senior level officials and the depth we were able to go into with them was extraordinary.”

**NHS Reforms Teach Valuable Lessons**

The study tour was designed to highlight best practices from the UK and stimulate new ways of thinking about cross-cutting health policy challenges. Through a series of meetings and site visits, tour participants learned about the past six years of major NHS reforms, including lessons in decentralization, blending competition with government directives, and shifting more emphasis and responsibility to primary care providers for coordinating acute care.

- **Decentralization** – One of the major goals of recent NHS reforms has been to move away from top-down, “command and control” government directives toward bottom-up, decentralized approaches. This UK goal fits within a broader European trend in practice-based commissioning, which refers to moving from reimbursing for care on a fee-for-service basis to building capacity at the local primary care trust (PCT) level to “commission” (or contract) services to support an increasing emphasis on prevention and primary care. Striking the right balance between top-down and bottom-up is proving to be a major challenge in the UK, particularly given the general acknowledgement that some services, e.g., the establishment of data standards and evidence-based guidelines, need to be centrally-run.

- **Blending Competition with Government Directives** – A trademark of former Prime Minister Tony Blair’s leadership was an effort to inject increased competition into the tax-funded NHS. The hope was that blending public and private sector investments would lead to “contestable markets” and more innovation and efficiency in the long-run. This is partly in response to a concern about the sustainability of the tax-based systems, particularly with a projected decrease
In the rate of public sector funding for health care in upcoming years. Despite the potential advantages of increasing the private sector role in the NHS, there is some concern that increasing competition may ultimately reduce universal access to care.

- Realizing Incentives Toward Primary Care – An important component of NHS reforms is the integration of public health and primary care practice; physician pay increases and reduced work hours, and a generous pay-for-performance scheme, which in England is called the “pay more by results,” there isn’t much appetite among physicians for additional major reforms. Some posit that current physician disengagement and dissatisfaction with reform may be the result of unsuccessful government attempts at communicating a clear reform vision. Others are concerned that the new incentive scheme is having the unintended consequence of setting up general practitioners and PCPs against the secondary care/specialist system in an unproductive and potentially more costly and inefficient way. And still others posit that they may now be dealing with “reform fatigue” resulting from the many reforms that have been implemented in recent years.

- Despite some healthy skepticism about some of the major structural reforms underway in the NHS, the tour illuminated a number of other innovations and promising efforts that are also worth watching.

**Moral Compass Debate**

The Moral Compass is a series of debates on ethical issues that will be held in the NHS Confederation: The debates, entitled “The NHS in a Time of Troubled Trust, The NHS in a Time of Trouble?” looks at what should be done in a crisis such as a fly pandemic were what would happen in a crisis such as a flu pandemic were what would happen in a crisis such as a flu pandemic were...
Coalition Corner

FY 2008 Appropriations

On July 19, the House approved its Labor, Health and Human Services, Educa-
tion and Related Agencies (Labor-HHS) appropriations bill by a vote of 276-140, outlin-
ing their FY 2008 spending recommendations for the principle funders of HSR. The Senate Ap-
propriations Committee approved its Labor-HHS bill in late June; a floor vote is not scheduled giving the “looming presidential veto.” Both budget proposals reflect slight increases above last year’s funding levels (see table). For example, AHRQ would receive $329 million in FY 2008, including $50 million for CER. Within the Centers for Disease Control and Prevention (CDC) budget, the NCHS would receive $35 million in the House bill and $37 million under the Senate’s version of the bill; $1 million and $8 million increases over FY 2007, respectively. The appropriations process continues to evolve, with a temporary continuing resolution likely this fall to sustain government operations after September 30. For timely information on the status of FY 2008 appropriations please visit www.chsr.org.

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<th>Agency</th>
<th>FY 2007 Request</th>
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Note: Coalition targets are established annually by the Coalition for Health Services Research Board of Directors. With the HRSA line added May 2007 at the direction of the Coalition Board, targets have not yet been established.

2007 Annual Research Meeting Highlights

The 2007 Annual Research Meeting (ARM), held June 3-5 in Orlando, Fla., included research and policy presentations related to 21 themes in 143 break-out sessions, including universal health care, state innovations, consumer engagement, emerging technologies, and disparities. With approximately 2,000 participants including health services researchers, policymakers, and practitioners, the ARM continues to be the premier forum for health services research. Washington, D.C. will host the 25th Annual Research Meeting June 8-10.

AcademyHealth Award Winners Presented at the ARM

Distinguished Investigator Award:
Mark V. Pauly, Ph.D., University of Pennsylvania

Alice S. Hersh New Investigator Award:
Kevin Volpp, M.D., Ph.D., CHERP/University of Pennsylvania

Article-of-the-Year Award:
John Hsu, M.D., MBA, M.S.C.E., Kaiser Institute for Health Policy, University of California, San Francisco

Dissertation Award:
Benjamin Lé Cook, M.P.H., Ph.D., Mathematica Policy Research, Inc.

Best Student Poster Award:
Marguerite E. Burns, Ph.D. Candidate, Department of Population Health Sciences at the University of Wisconsin School of Medicine & Public Health

Legislative Update: Two New Bills Would Expand CER

Enhanced Health Care Value for All Act

In May, Representatives Tom Allen (D-ME) and Jo Ann Emerson (R-MO) introduced the “Enhanced Health Care Value for All Act of 2007” (H.R. 3162), designed to improve access to and expand funding for CER. The bill seeks to finance new research and comparative effectiveness of health care services. The bill creates a governing Comparative Effectiveness Research Commission to set priorities and ensure scientific rigor. Support for the work of the Commission would initially be funded through a Comparative Effectiveness Research Trust Fund that taps the Medicare trust fund. As in H.R. 2184, CHAMP includes language that would establish a Coordinating Council for Health Services Research.

For up-to-the-minute reporting on the status of these bills, please visit www.chsr.org.

The 2007 Annual Research Meeting Highlights

continued on page 4

2007 Annual Research Meeting Highlights

continued on page 4
Talk the Talk...
The Coalition’s legislative term of the quarter is “Must-Pass Bill”
A must-pass bill is a vitaly important measure that Congress is compelled to enact, such as annual appropriations bills or authorizing legislation that is set to expire. For example, reauthorization of the State Children’s Health Insurance Program (SCHIP) is “must pass” because without congressional action, the program will expire September 30 and enrollees will be forced to forgo health services. Because of the importance of their passage, must-pass bills often attract “riders” or unrelated policy provisions.

Interest Groups Play Important Role in Annual Research Meeting
More than 600 individuals participated in at least one of the fifteen Interest Groups that convened before and after the 2007 ARM. In formats ranging from research presentations to roundtable discussions, and from full day meetings to two-hour expert sessions, participants had an opportunity to network with peers in their preferred area of study. As reported in one participant’s evaluation, “Thanks for planning this interest group meeting. It’s a great addition to the ARM where I get to network with others working on my same issues and hear a diverse spectrum of ideas in a small group setting.” Many of the interest group meeting presentations are online at www.academyhealth.org/membership/interest-groups.htm.

Members to Determine Three New Directors for Board
The membership election for AcademyHealth’s Board of Directors is open from September 4-21. This is your opportunity to have input on AcademyHealth’s leadership. Members active on August 1 may vote online for three of the fifteen Interest Groups that convened before and after the 2007 ARM. In formats ranging from research presentations to roundtable discussions, and from full day meetings to two-hour expert sessions, participants had an opportunity to network with peers in their preferred area of study. As reported in one participant’s evaluation, “Thanks for planning this interest group meeting. It’s a great addition to the ARM where I get to network with others working on my same issues and hear a diverse spectrum of ideas in a small group setting.” Many of the interest group meeting presentations are online at www.academyhealth.org/membership/interest-groups.htm.

Members Matter
Money Survey Shows Uneven Income Growth Among AcademyHealth Members
AcademyHealth conducted its second national salary survey this spring. In a follow-up to the 2002 survey, members were asked to provide data on income, hours worked, and job satisfaction. Analysis of the 2007 survey data has been conducted by AcademyHealth members Jean Moore and Sandra McGinnis of the Center for Health Workforce Studies at the University of Albany. Preliminary findings show an increase in earnings across all members with some sector facing better than others.

According to the U.S. Bureau of Labor Statistics, the median salary of all workers in the United States grew by 12 percent from 2002-2006. In comparison, AcademyHealth members in a government setting saw only six percent increase and those in academic settings saw a nine percent increase between 2002 and 2007. Those in the private sector faced much better with a 21 percent growth in income over the same time period.

Women’s salaries generally increased more than men’s in the last five years, however they still lag behind men overall. Women working in government settings earned 79 percent of men in 2002 and 50 percent of men in 2007. In the private sector, women did not close the gender gap, earning 57 percent of men in both 2002 and 2007. And in academic settings, women saw the highest gains, increasing earnings from 74 percent of men in 2002 to 84 percent of men in 2007.

A regression analysis of 2007 data predicts earnings per hour actually worked. In looking at the base earnings for a male, male, non-clinical doctorate just entering the profession in academia and doing no administration or health policy, he would earn $49.94 per hour. With all else being equal:

- Women earn $8.62 less
- Master’s degree earn $9.53 less
- Clinical doctorates earn $12.53 more
- Those in private settings earn $1.92 more
- Earnings increase by $1.06 for every year of experience
- For every additional 10 percent of one’s time spent in administration, earnings rise by $1.05
- For every additional 10 percent of one’s time spent doing health policy, earnings rise by $1.02.

A final report will be provided to Academy-Health members later this fall. Questions about the salary survey can be directed to Kristine Metter, vice president, at 202.292.6700 or kristine.metter@academyhealth.org.

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AcademyHealth’s 2008 National Health Policy Conference (NHPC), to be held February 4-5, brings together leading experts from the Administration, Congress, academia, and the health care industry to share their insight into the key health care issues confronting policymakers and to provide in-depth analysis of health policy priorities for the year ahead.

This year the conference will cover three select themes in addition to an overview of the broad policy agenda. The three themes for this year’s conference are:

- **Ensuring Equitable Access**: Experts will address topics related to filling gaps in health care coverage for mental health services, military personnel and veterans, and young adults. The program will also look at the latest in state health reform initiatives.

- **Fostering Better Care with Better Value**: Join in the discussion of innovations to improve health care such as management techniques from other sectors, comparative effectiveness, and health information technology.

- **Preparing for System Stressors**: Policymakers and researchers will share their thoughts on how to prepare for large-scale challenges confronting the health care system such as rising costs, the obesity epidemic, utilization of technology, and chronic conditions.

For a more detailed conference agenda and to register for the NHPC, visit www.academyhealth.org/nhpc.

**AcademyHealth Reports**

**Chair:** Carol Weisman, Ph.D.  Pennsylvania State University, College of Medicine

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

**Staff:**
Kristin Rosengren  Edward Brown  Director of Communications  Graphic Designer

If you have questions or comments about AcademyHealthReports, please e-mail kristin.rosengren@academyhealth.org.

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### Dates to Watch

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<tbody>
<tr>
<td>3</td>
<td>Registration Opens for 2008 National Health Policy Conference</td>
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