

International Program in Health Policy and Practice

The Fund's International Program in Health Policy and Practice is building an international network of policy-oriented health care researchers. The program also conducts high-level policy forums for international exchange, aimed at fostering creative thinking about health care problems common to the United States and other industrialized countries.

2001 INTERNATIONAL SYMPOSIUM

For the past four years, the Fund has hosted an annual international symposium on health care policy on a topic of common concern in the United States and other industrialized nations. This year's symposium, held in Washington, D.C., in October 2001, brought together leading policy thinkers to consider the theme "Health Care System Reforms

and Strategies to Improve Access and Quality of Care for At-Risk Populations." Participants included health ministers or their designates from Australia, Canada, New Zealand, the United Kingdom, the United States, and (for the first time) Mexico, other experts from each country, and leading U.S. policymakers and researchers.

At an opening dinner at historic Blair House, the Presidential guest residence, U.S. Secretary of Health and Human Services Tommy G. Thompson delivered an inspiring keynote address, citing the terrible events of September 11 as proof of the need for international collaboration and partnership, not just in combating bioterrorism but also in sharing innovations and making improvements in areas such as HIV/AIDS and food safety. Taking up the themes of quality and equity in a subsequent symposium session, Mexico Secretary of Health J. Julio Frenk, M.D., offered a perspective that underscored the increasing globalization of health care and the importance of cross-national comparisons of health care systems performance. Ron J. Anderson, M.D., president and CEO of Parkland Memorial Hospital/Dallas County Hospital, delivered a plenary address in which he described the importance of outreach and culturally competent care in caring for at-risk populations.

A highlight of the symposium was the formal signing of the document “A Joint Statement of Intent on Collaboration in Improving the Quality of Health Care” by U.K. Secretary of State for Health Alan Milburn and Secretary Thompson. Representing a commitment to cross-national policy exchange and collaboration, the agreement is the product of a series of meetings of senior policymakers and leading experts in quality of care cosponsored by The Commonwealth Fund and the London-based Nuffield Trust.

The symposium was also the occasion for releasing the results of the Fund’s 2001 International Health Policy Survey, which elicited the views of a nationally representative sample of 1,400 people each in Australia, Canada, New Zealand, the United Kingdom, and the United States. Respondents were asked about the quality of patient care, their experiences with the health care system, and their concerns about the future. Although overall dissatisfaction with health care systems has generally declined since 1998, significant numbers reported long waiting times for elective surgery, difficulty in getting care in the evenings and on weekends, and poorly coordinated care. Respondents in all countries but the United Kingdom reported significant problems in paying for prescription drugs. Among the most striking findings

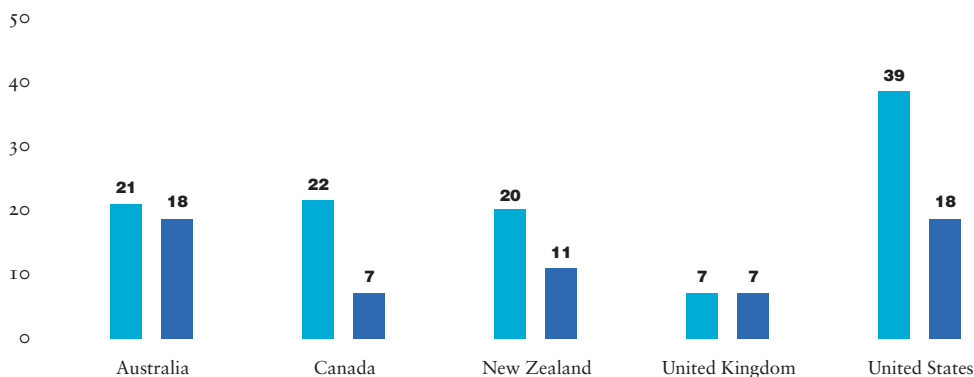
was that low-income adults in the United States were twice as likely as low-income residents of other countries to go without needed medical care. Even so, the majority in all five countries rated their physicians as excellent or very good, and only a small proportion reported being treated with disrespect because of their racial or ethnic background, medical history, or inability to speak English.

In a roundtable discussion, Minister Alan Milburn (United Kingdom), Minister Allan Rock (Canada), Secretary J. Julio Frenk, M.D. (Mexico), Acting Deputy Secretary Louise Morauta, M.D. (Australia), and Deputy Director-General for Maori Health Ria Earp (New Zealand) joined Secretary Thompson in a candid exchange of views on the policy challenges faced by their countries and public health infrastructures in responding to the threat of bioterrorism, as well as opportunities for cross-national collaboration. They also reviewed national issues in health care quality, patients’ rights, and rising health care costs. Scholars then introduced case studies highlighting recent health care system reforms and illustrating each country’s approach to reducing disparities

Paying for prescription medications is a serious problem for many low-income people in industrialized countries. In the United States, people with below-average incomes are nearly twice as likely as their counterparts in other countries to cite this financial barrier to high-quality health care.

■ Below-average income
■ Above-average income

Percent of respondents who did not fill a prescription in the past year due to cost



Source: The Commonwealth Fund 2001 International Health Policy Survey.

in health care, including policy levers available to improve quality and access for at-risk populations and delivery models targeted at low-income populations, minorities and indigenous people, recent immigrants, and the chronically ill.

The symposium is directed by Robin Osborn, assistant vice president and director of the Fund's International Program in Health Policy, and cosponsored by *Health Affairs*, in collaboration with founding editor John Iglehart. The expert papers prepared for the symposium will be published in 2002 in a special international issue of *Health Affairs*.

U.S.—U.K. MEETING ON HEALTH CARE QUALITY

In June, the Fund and the London-based Nuffield Trust cosponsored “Improving Quality of Health Care in the United States and United Kingdom: Strategies for Change and Action, 2001,” the third in a series of meetings for senior policy-makers and quality experts. Held at Pennyhill Park in Bagshot, England, this third transatlantic forum considered the challenges of developing physician leadership in the quality arena and changing provider and organizational behavior. Looking closely at the most promising

strategies — such as financial incentives, feedback on performance and patients' experiences, and collaborative learning — the group shared examples of best practice and explored how their countries can build on the more effective approaches.

During the conference, Gregg Meyer, M.D., of the U.S. Agency for Healthcare Research and Quality and Liam Donaldson, M.D., chief medical officer of the U.K. Department of Health, reported on the progress of the U.S.–U.K. collaboration on quality that developed out of earlier meetings in this series. Although the work initially focused on three areas — medical errors, information technology, and national reporting on quality — the recent signing of the U.S.–U.K. agreement on quality prompted an expansion of the agenda to include primary care, health systems disparities, quality monitoring of targeted conditions, cost-effectiveness, and the health care workforce.

INTERNATIONAL WORKING GROUP ON QUALITY

The Commonwealth Fund's International Working Group on Quality Indicators was organized in 1999 to develop a common set of minimum quality indicators for use in cross-national comparisons of health systems. Recognizing that national indicators such as life expectancy and infant mortality are greatly influenced by factors outside a country's health system, the working group seeks to

recommend measures that will provide greater insight into how a health sector performs relative to those of other nations, and how policies and delivery system organization affect quality.

A June 2001 meeting of the working group's technical committee produced an initial list of indicators, including disease-specific measures for cancer, diabetes, cardiovascular disease, asthma, and other conditions, and broader measures of system performance, such as safety, waiting times, and responsiveness, for consideration in early 2002. The five industrialized countries represented are Australia, Canada, New Zealand, the United Kingdom, and the United States; also participating are representatives of the Organization for Economic Cooperation and Development and the World Health Organization.

HARKNESS FELLOWS IN HEALTH CARE POLICY

Aimed at developing and encouraging promising junior health care policy researchers and practitioners in the United Kingdom, Australia, and New Zealand, the Harkness fellowships provide a unique opportunity to spend 6–12 months in the United States, conduct a policy-oriented research study, gain firsthand exposure to managed care and other innovative models of health care delivery,

enhance methodological skills, and work with leading health policy experts. Gerard F. Anderson, of Johns Hopkins University, serves as senior fellowships advisor. Selection committees in each country interview candidates and recommend fellows.

Harkness Fellows in Health Care Policy continue to generate articles based on their fellowship work. For example, a study of private health insurance in Australia by Sharon Willcox (1999-00) appeared in a recent issue of *Health Affairs*, and articles by Kieran Walshe (2000-01) on nursing home regulation and evidence-based management were published this year in *Health Affairs* and the *Milbank Quarterly*.

Fellows who have returned to their home countries are assuming increasingly influential posts in health care policy. Colin Tukuitonga, M.D. (2000-01), was named director of public health in New Zealand, and Sue Crengle (1999-00) was appointed Maori advisor to the New Zealand Ministry of Health's National Health Committee. Australian fellow Sharon Goldfeld, M.D. (1999-00), was named child health policy advisor to the Division of Public Health, Victoria Department of Human Services. In the United Kingdom, Martin Marshall, M.D. (1998-99), was appointed chair in general practice at the University of Manchester, and Huw T. O. Davies (1998-99) was promoted to chair of

health policy and management in the School of Social Science at the University of St. Andrews.

The third class of fellows (2000-01) completed a productive year, ending with a final reporting seminar in Atlanta in June 2001. Fellows' presentations covered a range of issues, including a comparison of state-of-the-art medical information systems in five academic health centers, the use of preventive services by minorities and low-income populations, the impact of incentives on integration of care for the elderly, a cross-national comparison of collaborative learning initiatives to improve quality, and the impact of regulation on the performance of health care organizations.

During the course of the year, fellows had the opportunity to meet with leading U.S. and international policy experts. A September orientation in New York City included an introduction to the Fund's work, informal meetings with program staff and grantees, and site visits to New York-Cornell Medical Center's Healthy Steps site and Harlem Hospital. In October, fellows attended the Fund's International Symposium on Health Care Policy. A Washington policy briefing was held in February to give the fellows exposure to the political process and current health and social policy issues.

Joining the Harkness fellows at the briefings were two U.S. journalists from the Kaiser Media Fellowships in Health.

Adding a new dimension to the program this year, the fellows also traveled to Ottawa and Montreal for a series of briefings with senior government officials and health care leaders and the opportunity to learn firsthand about the Canadian health care system. Also, beginning in September 2001, two Canadian Harkness associates, selected in collaboration with the Canadian Health Services Research Foundation, are participating throughout the year in the fellowship seminars, adding a valuable Canadian perspective to the program.

The 2001–02 Harkness Fellows in Health Care Policy arrived in the United States beginning in July to undertake research projects under the guidance of a distinguished roster of U.S. and home country mentors. Their topics are highly synergistic with the Fund's national program areas, and most include comparisons between the United States and the United Kingdom, Australia, or New Zealand. A publishable paper is the end-product expected for each fellowship.

2002 IAN AXFORD FELLOWS

A further dimension of the international program is the Fund's administration of the Ian Axford (New Zealand) Fellowships in Public Policy. Established by the New Zealand government in conjunction with the private sector, the program provides opportunities for outstanding U.S. professionals working in a range of public policy areas — including health care, education, welfare reform, criminal justice, employment, race relations, the environment, science and technology, and tax policy — to take policy sabbaticals in New Zealand. Complementary to the Harkness Fellowships in Health Care Policy, the program strengthens a growing network of international exchange on health and social policy issues. The Ian Axford Fellowships selection committee is chaired by Robert D. Reischauer, president of the Urban Institute.

RESEARCH PROJECTS AND OTHER ACTIVITIES

Recognizing that quality-of-care issues are driving the policy agendas of many industrialized countries, and that lessons can be learned from other countries' innovations, the Fund sponsored a session at the June 2001 annual meeting of the Academy for Health Services Research and Health Policy. The session, chaired by Uwe Reinhardt of Princeton

University and chair of the international program's coordinating committee, compared approaches to quality enhancement in the United States, the United Kingdom, Canada, and the Netherlands and brought an international perspective to the U.S. health services research community.

Through its President's Discretionary Fund, the Fund supported work by Stephen M. Shortell at University of California, Berkeley, and Paul Bate at University of Birmingham, United Kingdom, to assess the impact and sustainability of Breakthrough Collaboratives, a quality improvement methodology that is currently being implemented in the United States and the United Kingdom. A grant to Susan Dovey of the American Academy of Family Physicians is cofunding a six-country comparative study of the nature and prevalence of medical errors in primary care practice. A grant to Daniel Kessler and Kathryn McDonald at Stanford University and Louise Pilote, M.D., at McGill University in Montreal is supporting work by the Technological Change in Health Care Research Network (TECH), a collaboration of 16 industrialized countries that is examining

national differences in treatment and outcomes of patients hospitalized with acute myocardial infarction.

To follow up its *World Health Report 2000*, the World Health Organization received support from the Fund toward the U.S. component of a 191-country survey comparing health care systems' responsiveness to consumer needs and expectations. A grant to Linda Aiken of the University of Pennsylvania supported dissemination of findings from a study of 43,000 nurses in five countries that highlighted nursing shortages, high levels of job dissatisfaction, and uneven quality of hospital care. Building on the success of the first Australia-New Zealand Health Services Research Conference, held in August 1999 and cosponsored by The Commonwealth Fund, a grant was made to Charles Cangialose of Victoria University in Wellington to support a second conference in December 2001.

2001–02 HARKNESS FELLOWS
IN HEALTH CARE POLICY

STEPHEN M. DAVIES, M.Sc. (United Kingdom)
Director, Information and Planning
Addenbrooke National Health Service Trust
Project: Does the Current Environment Support
the Mission of Academic Health Centers?
A U.S.–U.K. Comparison
U.S. Mentor: David Blumenthal, M.D., M.P.P.,
Institute for Health Policy, Massachusetts
General Hospital

NICOLA J. GRAY, PH.D., B.Sc. PHARMACY
(United Kingdom)
Research Associate, School of Pharmacy
and Pharmaceutical Sciences
University of Manchester
Project: Adolescent Information-Seeking on the
Internet Regarding Health and Medications
U.S. Mentor: Jonathan D. Klein, M.D.,
School of Medicine, University of Rochester

JOHN HOBBS, M.COMM. (New Zealand)
Policy Manager, Policy Directorate
New Zealand Ministry of Health
Project: Use of the Internet to Improve Access
for Disadvantaged Populations
U.S. Mentor: David W. Bates, M.D., M.Sc.,
Brigham and Women's Hospital/Harvard
Medical School

FRANCES A. HUGHES, R.N., M.A. (New Zealand)
Chief Advisor, Nursing
New Zealand Ministry of Health
Project: Advanced Nursing Practice and
Its Contribution to Effective, Accessible,
Affordable Health Care
U.S. Mentor: Linda H. Aiken, R.N., Ph.D.,
Center for Health Services and Policy Research,
University of Pennsylvania

PANOS KANAVOS, M.Sc. (United Kingdom)
Lecturer in International Health Policy
London School of Economics and Political Science
Project: Impact of Pharmaceutical Policies on
Physician Prescribing Behavior and Patients'
Access to Effective and Affordable Drugs
in the United States and United Kingdom
U.S. Mentor: Stephen B. Soumerai, Sc.D., Harvard
Medical School/Harvard Pilgrim HealthCare

RAE LAMB (New Zealand)
Senior Health Correspondent
Radio New Zealand
Project: An Evaluation of the Media's Role in
Reporting on Medical Errors
U.S. Mentors: Donald M. Berwick, M.D.,
Institute for Healthcare Improvement, and
Troyen A. Brennan, M.D., J.D., M.P.H., Brigham
and Women's Hospital/Harvard Medical School

ELIZABETH MURRAY, M.B., B.S., MRCP, DRCOG,
PH.D. (United Kingdom)
Senior Lecturer in Primary Care, Department of
Primary Care and Population Sciences
Royal Free and University College Medical School
Project: How Does Internet Access to Medical
Information Affect the Doctor–Patient Relationship?
U.S. Mentor: Bernard Lo, M.D., School of
Medicine, University of California, San Francisco

CIARAN O'NEILL, PH.D. (United Kingdom)
Reader in Health Economics and Policy,
School of Public Policy, Economics, and Law
University of Ulster at Jordanstown
Project: Defining and Rating Quality in
Long Term Care: A Comparison of U.S. and U.K.
Nursing Home Care
U.S. Mentor: Robert H. Brook, M.D., Sc.D.,
RAND Corporation

JANE PIRKIS, M.PSYCH., M.APP.EPID. (Australia)
Senior Research Fellow, Centre for Health
Program Evaluation, Department of
General Practice and Public Health
University of Melbourne
Project: Adolescent Health Survey Findings
and Their Influence on Policy in Australia
and the United States
U.S. Mentors: Claire D. Brindis, Dr.P.H.,
Institute for Health Policy Studies, and
Charles E. Irwin, Jr., M.D., School of Medicine,
University of California, San Francisco

JOHN N. LAVIS, M.D., PH.D. (Canadian
Harkness Associate)
Assistant Professor, Centre for
Health Economics and Policy Analysis
McMaster University

STEVEN G. MORGAN, PH.D. (Canadian
Harkness Associate)
Post-Doctoral Fellow in Health Economics,
Centre for Health Services and Policy Research
University of British Columbia

LAUREN L. QUAINANCE (New Zealand
Harkness Fellow)
Senior Writer
North & South Magazine
Project: Master's Degree in Journalism,
School of Journalism, Columbia University

2002 IAN AXFORD (NEW ZEALAND)
FELLOWS IN PUBLIC POLICY

MAUREEN A. McLAUGHLIN, M.A.
Deputy Assistant Secretary for Policy, Planning,
and Innovation, Office of Post-Secondary Education
U.S. Department of Education
Project: Reform Efforts in Tertiary Education
in New Zealand

PAUL J. SAUCIER, M.A.
Senior Policy Analyst, Muskie School of
Public Service
University of Southern Maine
Project: Promoting a National Vision for
People with Disabilities: Successful Policies and
Enduring Barriers