



Robin I. Osborn

## 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.

### 2002 INTERNATIONAL SYMPOSIUM

For the past five years, the Fund has hosted an annual international symposium in health care policy on a topic of common concern to the United States and other industrialized nations. This year's symposium, held in Washington, D.C., in October 2002, brought together leading policy thinkers to consider the theme "Reconciling Rising Health Care Costs with Getting Value for Money." Participants included health ministers or their designates from Australia, Canada, Italy, Mexico, New Zealand, the United Kingdom, and the United States, other experts from each country, and leading U.S. policymakers and researchers.

At an opening dinner at historic Blair House, U.S. Secretary of Health and Human Services Tommy G. Thompson recalled the events of September 11, 2001, and underscored the need for international collaboration and partnership in combating bioterrorism, while also using health as a bridge to encourage peace

among countries, sharing innovations, and making improvements in quality of care and patient safety. In the opening keynote address, U.K. Secretary of State for Health Alan Milburn, M.P., outlined major reforms under way in the National Health Service to improve quality, reduce waiting times, empower clinicians on the front lines, and make the health care system more patient-driven, in order to ensure best practice and maintain the values of fairness and compassion that have been the hallmarks of the U.K. health care system.

In subsequent plenary sessions, David Lawrence, M.D., chairman emeritus of Kaiser Foundation Health Plan, presented a U.S. perspective on quality improvement and compelling evidence for change in health care delivery systems and models, and Roy Romanow, Q.C., head of Canada's Commission on the Future of Health Care, outlined efforts to reconcile cost and quality concerns in Canada and the prospects for major health reform. A highlight of the meeting was a briefing on the threat of bioterrorism by Donald A. Henderson, M.D., advisor to the U.S. Secretary of Health and Human Services, and the dynamic exchange between health ministers that followed.

The symposium was also the occasion for previewing the results of the Fund's 2002 International Health Policy Survey. This year's survey elicited the

views of sicker adults—respondents who said they were in fair or poor health, had a serious illness, or had recently undergone surgery or been hospitalized—to probe the experiences of those who have the most contact with the health care system and are most vulnerable. Nationally representative samples of sicker adults that included 700 or more respondents each in Australia, Canada, New Zealand, the United Kingdom, and the United States were asked about their overall views of the health care system, the quality of patient care, and their experiences with the health care system.

Findings from the Fund's 2002 Multinational Comparisons of Health Systems Data, which compares health care system performance across the 30-member Organization for Economic Cooperation and Development (OECD) countries, were also presented at the symposium. An accompanying chartbook focused on eight countries—Australia, Canada, France, Germany, Japan, New Zealand, the United Kingdom, and the United States—and highlighted considerable variation in health insurance coverage; spending on and utilization of hospital services, physicians, and pharmaceuticals; the supply of physicians and nurses; availability and use of sophisticated technology; and health status and outcomes. The data raised important questions about whether countries are receiving value for the money they spend.

In a roundtable discussion, Secretary of State Alan Milburn (United Kingdom), Deputy Minister Ian Green (Canada), Minister J. Julio Frenk, M.D. (Mexico), Minister Girolamo Sirchia, M.D. (Italy), Secretary Jane Halton (Australia), and Principal Medical Adviser Robert Buist, M.D. (New Zealand) joined Secretary Thompson in a candid exchange of views on national issues, including health care quality, waiting times, health system sustainability and priorities, and consumer expectations. Scholars then introduced

case studies illustrating country approaches to controlling pharmaceutical costs and ensuring access; balancing rising hospital costs with the need to invest in quality improvement, information technology, and nursing; and getting the right mix of public and private insurance.

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 submitted for publication in May 2003 in a special international issue of *Health Affairs*.

#### **U.S.–U.K. MEETING ON HEALTH CARE QUALITY**

In July 2002, 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, 2002,” the fourth in a series of meetings for senior policymakers and quality experts. Held at Pennyhill Park in Bagshot, England, the meeting addressed three priority topics for the two countries: patient safety and reducing medical errors, information technology in the health sector, and the impact of reporting on quality performance.

During the conference, Carolyn Clancy, M.D., acting director of the U.S. Agency for Healthcare Research and Quality, and Sir Liam Donaldson, M.D., chief medical officer of the Department of Health in England, reported on the progress of the U.S.–U.K. collaboration developed through earlier meetings and formalized in October 2001. Initially focused on three areas—medical error reporting and patient safety, information technology, and national reporting on quality—the collaboration has since been expanded to include quality monitoring of targeted conditions, the health system workforce, patient decision making and consumer choice, financial and nonfinancial incentives, and collaboratives for health systems improvement.

**INTERNATIONAL WORKING GROUP ON  
QUALITY INDICATORS**

The Commonwealth Fund's International Working Group on Quality Indicators, directed by Gerard F. Anderson of Johns Hopkins University and Robin Osborn, 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 national health sector performs relative to those of other countries, and how policy and delivery system organization affect quality. An initial list of recommended indicators, including disease-specific measures for cancer, diabetes, cardiovascular disease, organ transplants, mental health, and asthma, will be presented in early 2003. Work on broader measures of system performance, such as responsiveness, will be undertaken as a next step.

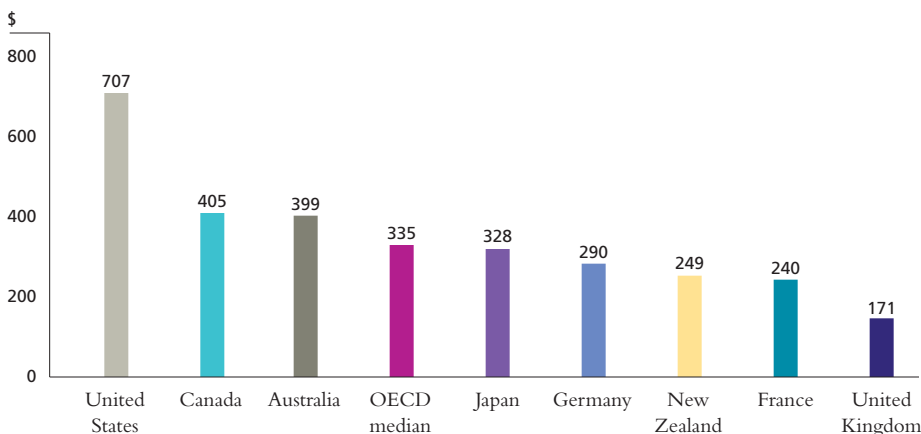
The countries represented are Australia, Canada, New Zealand, the United Kingdom, and the United States; also participating are representatives of the OECD and the World Health Organization. Beginning in 2003, the project will be expanded to include 17 countries as part of the OECD's International Healthcare Quality Indicators Project. Cosponsored by The Commonwealth Fund, the OECD project will be chaired by Arnold Epstein, M.D., of Harvard University School of Public Health, chair of the Fund's working group.

**PARTNERSHIP WITH THE BERTELSMANN FOUNDATION**

In September 2002, The Commonwealth Fund joined the Bertelsmann International Network for Health Policy and Reform, a 15-country collaboration aimed at sharing information on policy reforms, innovations, and best practice. Composed of independent experts from foundations and research institutions in Australia, Austria, Canada, Denmark, Finland, France, Germany, Japan, Netherlands, New Zealand, Singapore, Spain, Switzerland, the United Kingdom, and the United

Comparative national data can raise important questions about how countries spend their health care dollars and the value received in return for their investment. The United States, for example, spends more per capita on health care than other countries, yet its residents also incur significantly higher out-of-pocket costs.

Out-of-pocket health care spending per capita in selected OECD countries



Organization for Economic Cooperation and Development, 2002. Average annual spending, 2000, adjusted for cost of living (except Canada and Japan, 1999; Australia, 1998; and United Kingdom, 1996).

States, the network will describe, analyze, and report on a “real-time basis” on health sector reforms and trends in industrialized nations. Reports will be produced twice each year and disseminated to policymakers and, through the internet, a broader international policy audience. The first meeting was held in Gutersloh, Germany, in September, and the network’s initial report is scheduled for release in June 2003.

#### **HARKNESS FELLOWS IN HEALTH CARE POLICY**

Aimed at developing promising 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 innovative models of health care delivery, enhance methodological skills, and work with leading health policy experts. Selection committees in each country interview candidates and recommend fellows. Nicole Lurie, M.D., senior natural scientist and the Paul O’Neill Alcoa Professor of Health Policy at the Rand Corporation, was appointed in September 2002 as senior fellowships advisor. She succeeds Gerard F. Anderson, who provided valuable service in this capacity in the formative years of the fellowships program.

Harkness Fellows in Health Care Policy continue to generate articles based on their fellowship work. For example, an article by Australian fellow David Doolan, M.B., B.S. (2000–01), on health systems’ adoption of computerized physician order entry systems appeared in a recent issue of *Health Affairs*. Canadian Harkness Associate John Lavis, M.D. (2001–02), examined the role of health services research in public policymaking in an article in *The Milbank Quarterly*. An article coauthored by New Zealand fellow Cynthia Farquhar, M.D. (1999–2000), and senior policymakers at the Agency for Healthcare Research and Quality on

translating research into practice was published in the *International Journal for Quality in Health Care*.

Fellows who have returned to their home countries are continuing to assume increasingly influential posts in health care policy. U.K. Secretary of State for Health Alan Milburn has noted that Harkness Fellows “have consistently brought critical new insights and strategies” to the U.K. health care system and made valuable contributions in “informing and advancing the work of the National Health Service.” In the United Kingdom, Elizabeth Murray, M.B., B.S. (2001–02), received the U.K. Primary Care Career Scientist Award; Kieran Walshe (2000–01) was promoted to reader and director of research at University of Manchester’s Centre for Healthcare Management; Timothy Wilson, B.M., B.S. (2000–01), was named director of the quality unit at the Royal College of General Practitioners; and David Melzer, M.B., B. Ch. (1998–99), received a 2001 National Public Health Career Scientist Award. In Australia, Sharon Willcox (1999–2000) was named director of health policy for the Victoria Department of Human Services; and, in New Zealand, Cynthia Farquhar, M.D. (1999–2000), was promoted to postgraduate chair, department of obstetrics and gynaecology, University of Auckland.

Fellows from past years increasingly assume important roles as senior policy experts. Ron Paterson, New Zealand Harkness fellow in 1998–99, delivered a plenary paper on patients’ rights at the Fund’s 2001 International Symposium on Health Policy, which was subsequently published in *Health Affairs*. U.K. fellows Martin Marshall, M.D., and Huw T. O. Davies (1998–99) were among the coauthors and presenters of a paper on quality reporting and improvement at the July 2002 U.S.–U.K. meeting on health care quality at Pennyhill Park.

The fourth class of fellows (2001–02) completed a productive year, ending with a final reporting seminar

in Washington, D.C., in June 2002. Their presentations covered trends in pharmaceutical costs and utilization, the impact of the internet on the doctor–patient relationship, public reporting on medical errors and performance, a cross-national comparison of challenges facing academic health centers, the changing role of nurse practitioners, and adolescent health behaviors and services utilization.

The year included several opportunities for fellows to meet with leading U.S. and international policy experts, including a Washington policy briefing in February that was attended, as well, by two U.S. journalists from the Kaiser Media Fellowships in Health. In a recent innovation to the program, the fellows traveled to Ottawa and Montreal for briefings with senior government officials and health care leaders and the opportunity to learn firsthand about the Canadian health care system. Two Canadian Harkness Associates, selected in collaboration with the Canadian Health Services Research Foundation, continue to participate throughout the year in the fellowship seminars, adding a valuable Canadian perspective to the program.

The 2002–03 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.

#### **AUSTRALIA–UNITED STATES HEALTH POLICY FELLOWSHIP**

Announced by Jane Halton, Secretary of the Australian Department for Health and Ageing, at the Fund's October 2002 International Symposium in Health Policy, the Australian government will sponsor

a new health policy fellowship that will enable two mid-career U.S. policy researchers or practitioners to spend up to 10 months in Australia. Fellows will conduct research projects and gain a firsthand understanding of the Australian health policy context and issues relevant to the United States. Administered in conjunction with The Commonwealth Fund and the Harkness Fellowships, this initiative will open further opportunities for cross-national health policy thinking, collaboration, and expansion of the Fund's growing international network of health policy experts.

#### **RESEARCH PROJECTS AND OTHER ACTIVITIES**

Building on the success of the first Australia–New Zealand Health Services Research Conference, held in August 1999, the Fund cosponsored a second conference in December 2001. Attended by 300 participants, the meeting was the occasion for launching the Australia–New Zealand Health Services Research Association, dedicated to building the field of health services research in both countries.

Through its President's Discretionary Fund, the Fund supported a range of projects aimed at learning from other countries' innovations. Projects included work by Canadian Harkness Associate Steven Morgan at the University of British Columbia to assess public benefit programs, including prescription drug coverage, for senior citizens in Canada. A grant to Neal Halfon, M.D., of University of California, Los Angeles, cofunded an international workshop on early childhood health and development programs for experts from Australia, Canada, the United Kingdom, and the United States. A grant to Robert Blum, M.D., and Harkness Fellow Simon Denny, both at the University of Minnesota, supported the development of a multimedia software product for conducting computerized surveys of children and adolescents.

The Fund continues to administer New Zealand's Ian Axford Fellowships in Public Policy, which provides opportunities for outstanding U.S. professionals working in a range of public policy areas, including health care, to take policy sabbaticals in New Zealand. The Ian Axford Fellowships selection committee, chaired by Robert D. Reischauer, president of the Urban Institute, will select 2003 fellows in January 2003.

#### 2002 – 03 HARKNESS FELLOWS IN HEALTH CARE POLICY



Peter Broadhead

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 (Australia)  
 Assistant Secretary, Acute  
 and Coordinated Care,  
 Australia Commonwealth  
 Department of Health  
 and Ageing  
*Project: Managing  
 Market Competition  
 in Health Care*

*U.S. Mentor: Harold S. Luft, Ph.D., Institute for Health  
 Policy Studies, School of Medicine, University of  
 California, San Francisco*

ALAN CASS, M.B., B.S. (Australia)  
 Specialist Nephrologist, Menzies School  
 of Health Research

*Project: Cross-National Study of Racial Minorities'  
 Access to Renal Transplantation*  
*U.S. Mentor: John Z. Ayanian, M.D., M.P.P.,  
 Department of Health Care Policy,  
 Harvard Medical School*

PETER CRAMPTON, M.B., CH.B., PH.D.  
 (New Zealand)

Senior Lecturer, Department of Public Health,  
 Wellington School of Medicine  
*Project: The Role of Community Health Centers  
 in Providing Care for Vulnerable Populations*  
*U.S. Mentor: Barbara Starfield, M.D., M.P.H.,  
 Department of Health Policy and Management,  
 Bloomberg School of Public Health,  
 Johns Hopkins University*



Mark Exworthy

MARK EXWORTHY,  
 PH.D. (United Kingdom)  
 Senior Research Fellow,  
 Department of  
 Epidemiology and  
 Public Health, University  
 College London  
*Project: Tackling  
 Health Disparities in  
 the United States:*

*A Study of Organizational Strategies*  
*U.S. Mentor: A. Eugene Washington, M.D., M.P.H.,  
 M.Sc., Department of Obstetrics, Gynecology  
 and Reproductive Sciences and Department of  
 Epidemiology and Biostatistics, University of  
 California, San Francisco*

RONALD GRAY, M.B., CH.B., M.P.H.  
 (United Kingdom)

Specialist Registrar in Public Health Medicine,  
 Department of Public Health, Greater Glasgow  
 Health Board  
*Project: Improving Policy and Practice in Early  
 Childhood Intervention Projects: Lessons from a  
 Well-Evaluated Program in the United States*  
*U.S. Mentor: Marie McCormick, M.D., Sc.D.,  
 Department of Maternal/Child Health, Harvard  
 School of Public Health, Harvard Medical School*

RUSSELL GRUEN, M.B., B.S., DIP. EPID. BIOST.,  
 DIP. ANAT. (Australia)

Research Fellow in Surgery, Northern Territory  
 Clinical School, Menzies School of Health Research  
*Project:* Inequalities, Resource Constraints, and  
 Medical Professionalism: Challenges for Values,  
 Policy, and Practice

*U.S. Mentors:* Troyen A. Brennan, M.D., Department of  
 Medicine, Brigham and Women's Hospital/Harvard  
 Medical School, and David Blumenthal, M.D.,  
 Institute for Health Care Policy, Massachusetts General  
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 M.B.CH.B., PH.D.  
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 Practice and Primary  
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 of Auckland

*Project:* Assessing  
 Cultural Competency

in Caring for Older People in Nursing Homes  
 and Community Settings

*U.S. Mentors:* Edward Wagner, M.D., M.P.H., Center  
 for Health Studies, Group Health Cooperative of  
 Puget Sound, and James Logerfo, M.D., M.P.H.,  
 Medical Director, Harborview Medical Center

TIMOTHY SCOTT, PH.D. (United Kingdom)  
 Department of Health Studies, University of York  
*Project:* The Role of Organizational Culture in  
 Quality Improvement in the United States and the  
 United Kingdom

*U.S. Mentor:* Thomas Rundall, Ph.D., School of  
 Public Health, University of California, Berkeley

NICHOLAS STEEL, M.B., CH.B. (United Kingdom)  
 Department of Public Health and Primary Care,  
 Institute of Public Health, University of Cambridge  
*Project:* The Development of Measures of Technical  
 and Patient-Centered Quality of Health Care for  
 Use in Elderly Surveys

*U.S. Mentors:* Elizabeth A. McGlynn, Ph.D.,  
 Center for Research on Quality in Health Care,  
 Rand Corporation, and Paul G. Shekelle, M.D., Ph.D.,  
 Consultant in Health Services, Rand Corporation



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