



Stephen C. Schoenbaum, M.D.

Improving the Quality of Health Care Services

Generating new information on the quality of health care in the United States is an important priority for The Commonwealth Fund. A highlight of the past year was the publication of *Quality of Health Care in the United States: A Chartbook*, by Sheila Leatherman and Douglas McCarthy, which summarizes the published literature on quality of care and makes it accessible to the general public. As the chartbook illustrates, gaps in quality affect every sphere of care—chronic, acute, and preventive—and compromise the care received by patients of every age and background.

To learn more about quality from the patient's perspective, The Commonwealth Fund 2001 Health Care Quality Survey examined the views and experiences of almost 7,000 adult Americans. The results suggest that as many as 8 million United States residents have experienced at least one medical error, that nearly a fifth of patients have problems communicating with their physicians, and that many fail to receive care or procedures that are known to be effective in preventing illness or treating chronic conditions. Further, the survey indicates that quality problems are especially common among minority and low-income patients.

The survey findings have been issued in two Fund publications: *Room for Improvement* and *Diverse Communities, Common Concerns*.

Beyond raising awareness about quality problems, the Fund seeks to stimulate advances in the quality of health care services in the United States. For example, the new chartbook makes clear that quality improvements are possible in many areas: the challenge is to accelerate the pace of change to keep ahead of the increasing complexity of care and the growing demand for care for an aging American population.

The Fund's programs focus on finding and disseminating promising tools and methods and on stimulating action to improve the quality of care.

- The *Health Care Quality Improvement Program* is based on a model of change that emphasizes better information for the public and the health care industry about opportunities to improve care, stronger incentives to increase the quality of care, and assuring the capacity of the health care industry to improve coordination, teamwork, and transfer of information.

- The *Program on Quality of Care for Underserved Populations* promotes better systems for gathering data on quality and disparities in care, cultural competence among health care providers, and clinical innovations that strengthen the safety and effectiveness of care for racial and ethnic minorities and low-income populations. The *Commonwealth Fund/Harvard University Fellowship Program in Minority Health Policy* is developing a cadre of trained physicians who can lead change within the health care system to address the needs of vulnerable populations.
- The *Child Development and Preventive Care Program* fosters the healthy development of young children by improving medical services to children and parents. The program previously encompassed two distinct components: Healthy Steps for Young Children, a demonstration and evaluation project that piloted a model for providing child development services through pediatric practices; and Assuring Better Child Health and Development, which worked with state Medicaid agencies to enhance child development services to low-income children. Those components, along with other efforts focusing on well-child and preventive care, are now combined in an integrated program.
- The *Picker/Commonwealth Program on Quality of Care for Frail Elders* enhances quality of care and quality of life for elderly people living in nursing homes. The program focuses primarily on the three elements that define good nursing home care: an adequate and well-qualified staff, strong practices, and a supportive environment. In addition, the program supports the growth of positive external influences on nursing home practice, such as consumer knowledge, government policy, and market forces.
- The *Task Force on Academic Health Centers* is now preparing a final report on the future of academic health centers in the United States, their role in leading improvements in quality of care, and what they can do to sustain their historic missions of teaching, research, specialty care, and care for indigent patients.

Health Care Quality Improvement Program

The Health Care Quality Improvement Program strives to raise the quality of American health care by generating information that can support improvements and increase accountability and choice. The program also seeks to help the health care system build the capacity to make and sustain quality improvements and sponsors efforts to devise incentives that encourage quality.

Information is the key to enabling the health care system and its component institutions to identify problems and take appropriate actions to remedy them. Clear and accurate information can also help the system be accountable to the people it serves. With Fund support, the National Committee for Quality Assurance (NCQA) has been exploring what consumers want to know about their physicians and how that information can be integrated into current performance measurement activities. A survey by Massachusetts Health Quality Partners—a statewide coalition of providers, health plans, purchasers, and government—is gathering data on consumers' experiences with the care they receive from primary care physicians. Findings from the survey, expected by the end of 2002, will help resolve questions about the feasibility of measuring the performance of individual clinicians and reporting the information to physicians and the public on a more regular basis.

Several related projects are encouraging the adoption of reliable assessment and reporting practices. Elliot Stone of the Massachusetts Health Data Consortium reviewed the current state of physician directories and published his findings and recommendations in a Fund report, *Assessing Physician Information on the Internet*. With support from the Fund, NCQA will take on the next phase of work and develop standards for physician directory websites. The Fund is also collaborating with the American Board of Internal Medicine Foundation to support a project by Sherrie Kaplan of Tufts University School of Medicine to assess an American Diabetes Association program that recognizes physicians who adhere to accepted standards of diabetes care. Audits indicate that physicians submit reliable

information to the program, thereby raising the prospect that self-report of auditable data could be a valid model for collecting information on quality of care. A next phase of work will use a similar database to develop comparative measures of physician performance.

To help policymakers and the public understand the significance of health care quality and what they can do to improve it, Sheila Leatherman, of the University of North Carolina School of Public Health, and Douglas McCarthy developed a comprehensive chart-book on the overall state of health care quality in the United States. Published this year by the Fund, *Quality of Health Care in the United States: A Chartbook* offers a first-of-its-kind portrait of the major indicators of quality. The Fund is supporting further work on two additional chartbooks, one focusing on quality of care for the elderly and one examining quality of care for children.

Advances in information technology will play an important role in improving health care quality. Fund-supported projects are investigating techniques for making the right information available to the right people at the right time and for facilitating the transfer of information among health care professionals and between providers and patients. For example, Stephen Ross, M.D., and Chen-Tan Lin, M.D., of the University of Colorado Hospital Authority are assessing the impact of giving patients access to their own electronic medical records, while Tejal Gandhi, M.D., and David Bates, M.D., of Brigham and Women's Hospital in Boston are developing a computerized referral process that could enhance coordination between primary care physicians and specialists.

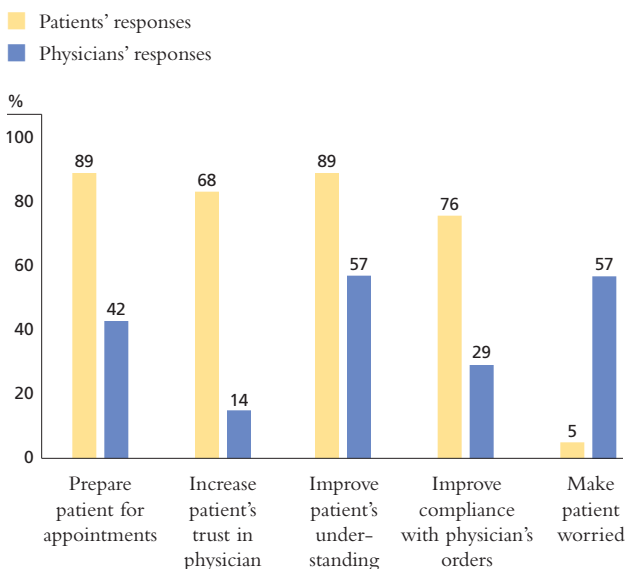


Tejal Gandhi, M.D.

An electronic referral system developed by Gandhi and colleagues will help coordinate patient care.

A survey of patients with congestive heart failure and interviews with their physicians showed dramatically different perceptions of how patients would be affected by reading the information in their electronic medical records.

Expected impact of giving patients access to electronic medical records



S. E. Ross et al., University of Colorado Health Sciences Center, "Providing Patients Access to Online Medical Records: A Comparison of Physician and Patient Expectations," 2002, based on analysis of questionnaires administered to 98 patients with congestive heart failure who expressed an interest in using patient-accessible electronic medical records and 7 physicians who cared for those patients.

Carol Ireson of the University of Kentucky Research Foundation has begun looking at the information needs of primary care physicians, specialists, and chronically ill patients over the course of a long-term relationship, as well as methods to improve the flow of information among them. The project will include a survey of patients' experiences with referrals, focusing especially on the quality and consistency of information conveyed by different providers.

Jack Scharf of Atlantic Health System in New Jersey will be developing tools to improve clinical care and reduce mistakes in hospitals. For example, an "operations control center," similar to real-time dashboard information used by pilots to monitor and correct their course, will allow clinicians and managers to monitor and react to critical demand-capacity variables that affect patient care and safety. An interactive "safe practice learning center" will also draw on techniques created by the airline industry to help teams of health care workers improve communications and enhance safety practices.

The increasing complexity of health care means that an individual patient almost certainly receives care from different clinicians with different expertise, working in different locations or affiliated with different institutions. Quality of care depends on coordination among those clinicians—especially when, for example, a patient moves from acute to rehabilitative to home care. Jody Hoffer Gittell of Brandeis University will be testing a model designed to encourage teamwork among independent providers and evaluating its impact on patients' outcomes and satisfaction with care.

Ultimately, the Health Care Quality Improvement Program should expand the use of policies and practices that translate into better care for patients. To speed the diffusion of knowledge about quality improvement, the Fund will launch a new series of colloquia, directed

by David Blumenthal, M.D., in the coming year. Each session will bring together health care leaders and policy officials from the public and private sectors to discuss work supported by the Fund and others, make recommendations, and identify future research priorities. The first colloquium will focus on financial incentives for improving care and the relationships between quality improvement innovations and business and payment policies and practices.

Program on Quality of Care for Underserved Populations

The Program on Quality of Care for Underserved Populations focuses on improving health care for minority and low-income patients—groups whose health may be compromised by care that is not sufficiently responsive to their needs, concerns, and cultures. Priority areas for Fund-supported projects include assessing health care quality in minority populations and measuring disparities; enhancing cultural competence; and improving clinical care, particularly for patients affected by chronic disease.

A high point of the past year was the release of *Diverse Communities, Common Concerns: Assessing Health Care Quality for Minority Americans*, a report on the Fund's 2001 Health Care Quality Survey. The survey revealed that African Americans, Asian Americans, and Hispanics are more likely than whites to have trouble communicating with their physicians, to feel they have been treated disrespectfully when receiving care, and to believe they would receive better care if they were of a different race or ethnicity. Minority adults are also disproportionately likely to encounter barriers in getting care because of lack of

insurance or other problems. In addition, they reported more health conditions and worse health status than their white counterparts—a troubling finding in light of lower rates of receipt of preventive services and chronic disease care among minority adult respondents, particularly Hispanics and Asians.

The Fund is supporting projects that address many of the health care needs highlighted by the survey report. For example, Francesca Gany, M.D., at New York University, is evaluating remote simultaneous medical interpretation at Bellevue Hospital in New York City. A recent report by Mara Youdelman and Jane Perkins of the National Health Law Program described how several current medical language interpretation models operate and are paid for. Other projects are assessing best practices for improving cultural competence, evaluating medical school curriculum and residency training in cultural competence, and creating a documentary video on cross-cultural communication.

The survey findings also reinforce the importance of collecting health care data by race and ethnicity, a practice currently used in relatively few health care settings but essential for understanding and reducing disparities. Through a project led by David Nerenz of Michigan State University, eight health plans collected and analyzed measures of health care quality for patients from select racial and ethnic populations. As described in a recent Fund report, the project showed that each health plan was able to collect health care data by race and ethnicity, and that those data revealed meaningful disparities by race or ethnicity. Indeed, statistically significant differences or, in instances when significance could not be calculated, differences greater than 5 percentage points, were found in 77 of 148 possible comparative Health Plan Employer Data and Information Set (HEDIS) measures within individual

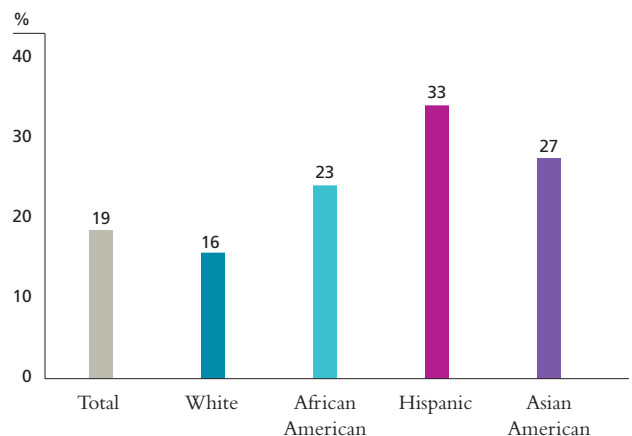
plans. A similar project, this time in hospitals, is now beginning under the direction of the Health Research and Educational Trust.

The Fund is also involved in making sure existing data collection programs yield accurate and practical information about the health and health care of minority populations. A project by Leo Morales, M.D., at the Rand Corporation, for example, will recommend methods for ensuring the validity of the Consumer Assessment of Health Plan Survey, a survey of patient experiences, for patients who speak limited English.

Finally, the Fund focuses on improving the effectiveness of clinical care for diseases that disproportionately affect minority populations. Mark Chassin, M.D., is leading a team at Mount Sinai School of Medicine in examining underuse of appropriate medical services by minority patients with hypertension, breast cancer,

Minority patients are more likely than whites to have trouble communicating with their doctors. The Fund supports several projects that aim to help physicians overcome language and cultural barriers that impede their ability to care for an increasingly diverse patient population.

Adult patients reporting problems communicating with their doctors



The Commonwealth Fund 2001 Health Care Quality Survey, based on responses of patients who had seen a doctor in the past two years. Problems include not understanding what the doctor said, feeling that the doctor did not listen, and having questions but not asking them.



Claude A. Allen

Allen, deputy secretary of HHS, shared insights with the Fund's Minority Health Policy Fellows.

recurrent stroke, and premature labor and birth, and developing practical interventions to improve care. Two other projects, by Dean Schillinger, M.D., of the University of San Francisco and Marsha Regenstein of the

National Public Health and Hospital Institute, are exploring ways to improve care for patients with diabetes.

Commonwealth Fund/ Harvard University Fellowship in Minority Health Policy

Improving the capacity of the health care system to address the health needs of minority and disadvantaged populations is the goal of the Commonwealth Fund/Harvard University Fellowship Program in Minority Health Policy. Established in 1996, the program offers a one-year, full-time program of study to future physician-leaders who intend to pursue careers in minority health and health policy. The program is directed by Joan Reede, M.D., dean for diversity and community partnership at Harvard Medical School. The fellowship combines an intensive year of training in health policy, public health, and management with special program activities focused on minority health issues. Participants in the program complete academic work for a master's degree in public health or public administration. The program usually awards five fellowships per year.

Since completing their fellowship years, the 29 alumni physician fellows have become actively engaged in health policy, research, and service delivery to minority communities. Most fellows hold appointments at schools of public health or medicine, and several have assumed leadership roles in departments of public health or community health centers. Alumni fellows also serve on numerous local and national

advisory committees related to minority health. The program continues to develop future opportunities for fellows; for example, an internship program established in collaboration with the federal Office of the Surgeon General and Office of Public Health and Science offers advanced training in health disparities, disease prevention, and minority health policy.

2002 FELLOWS IN MINORITY HEALTH POLICY

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Child Development and Preventive Care Program

In 2002, the Fund established the Child Development and Preventive Care Program, designed to promote changes to the health care system that enable it to do a better job of supporting parents in fostering the healthy development of their children. As findings from the Fund's earlier Healthy Steps for Young Children and Assuring Better Child Health and Development programs have shown, many parents need basic information about child development and lack access to resources that would help them support their children's optimal health and development. The new program combines and expands on the work of those previous programs. Its strategies include aiding in the adoption of new standards of pediatric care and measures of quality of care, supporting innovative professional education, developing models for restructuring well-child care, and devising policy options for federal and state governments, private insurers, and professional societies on reimbursement and other issues.

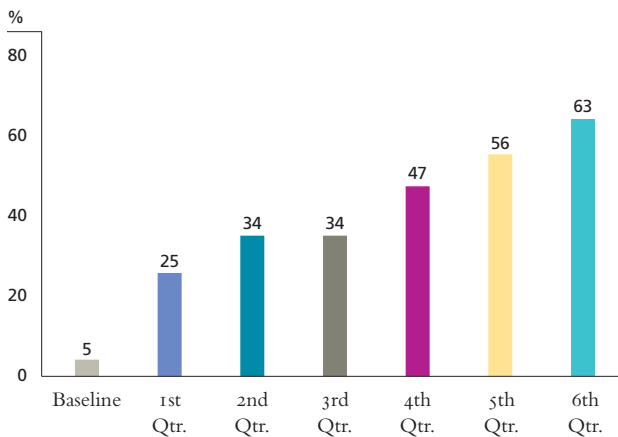
For nearly eight years, the Healthy Steps for Young Children Program has been the centerpiece of the Fund's efforts to improve the health and well-being of young children. The Healthy Steps approach emphasizes the importance of close relationships between health care professionals and parents in addressing the physical, emotional, and intellectual development of children during their early years. It seeks to increase the knowledge, skills, and confidence of mothers and fathers through the use of well-child care, parent groups, a telephone help line, written materials, home visits, and the services of a specialist in child development as an integral member of each pediatric practice. The program is directed by Michael C. Barth of ICF Incorporated and overseen by a national advisory committee chaired by Margaret E. Mahoney of MEM Associates, Inc.

The Commonwealth Fund's core support for program administration, training, and evaluation has been augmented by several other national foundations, while nearly 80 local foundations have provided support to local practice sites. The model operated in 29 sites during 2001–02, including several pediatric training programs. Motivated by the program's success at the University of Kansas Medical School, the Kansas Health Foundation recently created a complementary statewide training program for clinicians. The Healthy Steps approach has also been adopted by a federally qualified community health center serving low-income families in the Chicago metropolitan area.

A formal evaluation of the first three years of Healthy Steps operations is being completed this year. Conducted by Bernard Guyer, M.D., and a team of researchers at the Johns Hopkins University Bloomberg School of Public Health, the evaluation is expected to yield definitive findings on the program's impact on the quality of pediatric care, parenting practices, and other activities related to children's development. Preliminary data show that children receiving Healthy Steps services are more likely to receive well-child care, immunizations, and developmental screening, and are less likely to experience severe physical discipline. Their parents are more likely to receive information about child development and community resources and to be more satisfied with care. The evaluators are now engaged in following the progress of 3,410 families as their children enter elementary school. Confirming the potential import of the work, the federal Agency for Healthcare Research and Quality recently made a grant to cofund the longitudinal study.

To ensure that young children get routine developmental screening as part of well-child care, Guilford Child Health Clinic, in North Carolina, introduced a developmental questionnaire for parents to complete while waiting to see the doctor. The physician discusses the responses with the parent during the visit, and an intervention specialist later reviews the record and follows up as needed with further evaluation.

Percent of children ages 3–48 months receiving developmental screening during well-child visits after introduction of screening intervention



Helen Pelletier and Melinda Abrams, *The North Carolina ABCD Project: A New Approach for Providing Developmental Services in Primary Care Practice*, National Academy for State Health Policy, 2002.

The Fund will phase out its major support for Healthy Steps in the coming year, as it seeks to ensure that information on the model will continue to be available to future funders and clinical sites. The Fund will continue to disseminate information about Healthy Steps and help sponsor meetings of local funders for several years. Most current sites plan to sustain their operations and are working with local funders, public health agencies, hospitals, and insurers to find ways to underwrite the associated costs.

The Assuring Better Child Health and Development Program (ABCD) provided grants to four state Medicaid programs to expand child development services. Now in their third year, the consortium members have made notable progress within their states. The North Carolina project has linked its activities with implementation of the Individuals with Disabilities Education Act (IDEA) and is now moving toward statewide adoption of a developmental screening and parent education toolkit for all child health care practices. Utah's targeted case management program for Medicaid newborns uses home visits by public health nurses to identify child and family factors that might influence child development and link families with appropriate community services. In Vermont, a single, integrated home visiting program for families with Medicaid-eligible children through age five includes intensive home visiting for at-risk children, a new assessment and referral form, alternative reimbursement strategies, and extensive training for providers and agency staff in the Touchpoints model, developed by T. Berry Brazelton, M.D. The project in Washington is enhancing links among existing child development services, improving outreach to families with eligible children, and promoting the use of developmental screening tools by health care providers.

The ABCD program is administered by Patricia Riley of the National Academy for State Health Policy. Riley and her staff have disseminated the results of the consortium's work to other states and made information on the state projects, tools to promote child development services, project reports, and related policy analyses available on the Academy's website.

Picker/Commonwealth Program on Quality of Care for Frail Elders

During the past year, the Picker/Commonwealth Program on Quality of Care for Frail Elders has continued its focus on nursing homes, a crucial component of the long-term care system and one whose role will continue to grow as the number of older adults rises. Among people age 65 and older today, 39 percent will be nursing home residents at some point in their lives. Among those 85 years of age or older, the share is 50 percent.

The Fund continues to make progress in identifying and strengthening models of high-quality nursing home care delivery. A recently completed evaluation of the Wellspring Program—a quality improvement model that relies on analysis of data, interdisciplinary team training, staff leadership, and collaboration among nursing homes—confirms that member facilities succeeded in meshing clinical improvement and organizational change, reducing staff turnover rates, and achieving excellent ratings on mandated annual inspections. These are especially impressive accomplishments in a model that demanded no net increase in resources. The evaluation did find, however, that some components could be refined to be more useful to new groups of nursing homes. Enhancing training modules, developing protocols to help staff put their learning into practice, and strengthening the data collection system will be major activities over the next year and a half. The evaluation was conducted by Robyn Stone of the American Association of Homes and Services of the Aging.

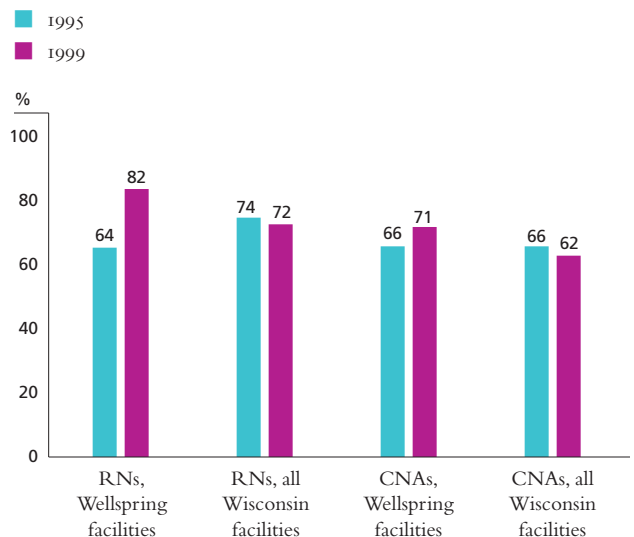
Another Fund-supported evaluation is being planned by Leslie Grant of the University of Minnesota, who intends to study a quality improvement effort being piloted in 30 facilities belonging to one of the largest

for-profit nursing home chains in the United States. A rigorous, methodologically sound evaluation of the initiative could lead to system-wide change within an industry dominated by for-profit providers and plagued by low performance.

Nursing home care has been called “high touch, not high tech” because of the large amount of time staff members spend working with residents. Nurses’ aides help residents perform the most intimate functions, such as bathing, toileting, and eating, and make a major contribution to quality of life through the social relationships they form with the residents in their care. Because the presence of sufficient, well-trained staff is an important consideration for consumers in selecting and evaluating nursing homes, the Fund supported work by the National Citizens’ Coalition for Nursing

A recent evaluation of the Wellspring quality improvement approach found that retention among registered nurses (RNs) and certified nursing assistants (CNAs) increased in Wisconsin nursing homes belonging to the Wellspring consortium, even as it declined in facilities statewide. In nursing homes, quality of care and staff satisfaction can be closely connected.

Annual nursing home staff retention rate



Robyn I. Stone et al., *Evaluation of the Wellspring Model for Improving Nursing Home Quality*, The Commonwealth Fund, August 2002.



Robyn Stone

Stone's evaluation of the Wellspring Program confirms the value of innovation in nursing home care.

Home Reform to develop a new publication, *The Nursing Home Staffing Consumer Information Guide*. The guide helps consumers, typically family members, identify signs of good and inadequate staffing and

provides guidance on issues such as federal staffing requirements, ratio of staff to residents, and actions to take if staffing is inadequate.

Nurses' aides provide more than 70 percent of hands-on care to residents yet are among the most poorly trained and paid employees in American nursing homes. These conditions contribute to extremely high staff turnover rates, which in turn lead to high costs associated with recruiting and training aides and to serious concerns about the quality of care. Reducing turnover has eluded most nursing homes. Self-managed work teams have given employees in other industries a sense of independence in decision making and increased their perception that their work is meaningful and important, leading to positive effects on performance and reductions in absenteeism and turnover. The Fund is supporting a quasi-experimental study by Dale Yeatts of the University of North Texas in Denton to test the feasibility of establishing self-managed work teams in nursing homes and measuring the impact on residents and staff.

The Hospital Elder Life Program (HELP), developed by Sharon Inouye, M.D., of Yale University School of Medicine, has been shown to prevent delirium in elderly hospitalized patients. With support from the Fund, the project expanded first to three tertiary care hospitals, where replication strategies were tested, and later to three additional hospitals. Finding that hospital administrators continue to be reluctant to approve a

new program despite its demonstrated ability to improve patient outcomes, the Fund made a supplemental grant to create a tool that enables potential new HELP programs to develop business plans. The tool was presented at the first annual HELP dissemination conference in April 2002 to representatives of 14 hospitals in 8 states, all actively considering the HELP program for their institutions. The business plan tool completes a package of replication materials, including implementation manuals and software for program management and data collection, that could become a model for aiding institutions in adopting the most worthwhile products of future Fund-supported efforts.

Task Force on Academic Health Centers

The Task Force on Academic Health Centers, now in its final year, continues to address the impact of a changing health care financing system on the traditional missions of academic health centers: educating future doctors, conducting medical research, pioneering new treatments, providing specialized and cutting-edge services, and caring for indigent patients who have nowhere else to turn. Samuel O. Thier, M.D., president and chief executive of Partners HealthCare System in Boston, has chaired the task force; the Honorable Bill Gradison, former congressman from Ohio and current senior public policy counselor at Patton Boggs LLP, has served as vice chair. David Blumenthal, M.D., professor of medicine at Harvard Medical School and director of the Institute for Health Policy at Massachusetts General Hospital, has been program director of the task force.

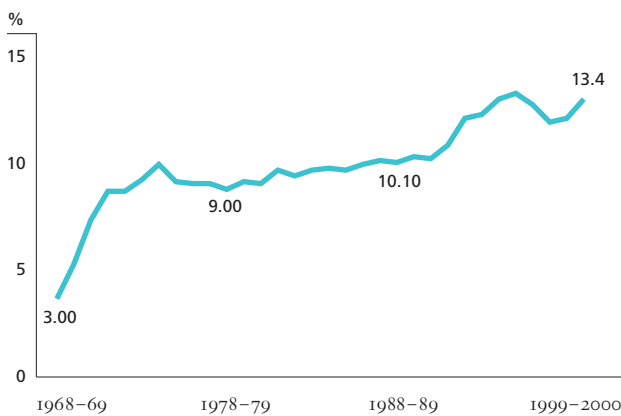
In a major new report, *Training Tomorrow's Doctors: The Medical Education Mission of Academic Health Centers*, released in April 2002, the task force reaffirmed the

central and critical role of academic health centers (AHCs) in training the next generation of health care professionals to serve the United States. The report articulates two guiding principles for the future: that AHCs should be held accountable for their performance in educating the nation's physicians, and that extra clinical costs associated with the educational mission of AHCs should be borne broadly and fairly by the beneficiaries of that endeavor.

The report also offers several policy recommendations in accordance with those principles. The task force argues, for example, that AHCs should make continuous improvement of medical education a top priority and increase their efforts to recruit underrepresented minorities and prepare young physicians to care for an increasingly diverse population. Accreditors and professional organizations are urged to assist AHCs

Together, African Americans, Native Americans, and Hispanics made up only 13.4 percent of first-year medical students in 1999–2000, far short of the combined representation of those groups—23 percent—in the American population. This is one of many challenges facing the nation's medical schools as they seek to prepare the next generation of physicians.

Underrepresented minorities as a share of first-year medical students



Task Force on Academic Health Centers, *Training Tomorrow's Doctors: The Medical Education Mission of Academic Health Centers*, The Commonwealth Fund, 2002. Data adapted from tables b6 and b8 in *AAMC Data Book 2000* and *JAMA Medical Education Issue*.

in developing methods to train physicians to be lifelong learners. The report closes with a call for a comprehensive public strategy to cover the added costs of clinical care that accompany medical education, one that would establish a stable source of funding for educational activities and allow AHCs to compete with other providers of health care services.

The task force has also commissioned ongoing summary analysis of the financial health of AHCs. A recent study by the Lewin Group of the status of AHCs from 1994 to 2000 indicates that the weak fiscal position of academic hospitals is putting their ability to fulfill their social missions at risk. Collectively, AHC hospitals recorded a surplus of only 1.7 percent in 2000, derived entirely from non-operating revenues, and operating losses of 1.4 percent. As a group, publicly owned AHC hospitals, which provide more uncompensated care and earn lower non-operating revenues than private AHC hospitals, are even less well off financially. AHC hospitals supply a high and growing level of uncompensated care, and their cost structure is also relatively high, a factor that appears to be related to their social missions. Even so, the Lewin Group analysis shows that AHC hospitals are only slightly less cost efficient than other hospitals. Clearly, the financial status of AHC hospitals needs close monitoring in view of the important roles they play in our society.

The task force is now preparing its final report, to be released in early 2003. In it, the task force will describe its conclusions regarding the likely evolution of AHCs through 2020, including the demands society will place on these important institutions, and make recommendations for how AHCs should grow and change to meet those demands.



Bill Gradison

A former congressman, Gradison has contributed to the work of the Task Force on Academic Health Centers.