



2004 Annual Report

GRANTS APPROVED, 2003 – 2004

For more information about a Fund-supported project listed here, please contact the grantee organization.

IMPROVING HEALTH INSURANCE COVERAGE AND ACCESS TO CARE

TASK FORCE ON THE FUTURE OF HEALTH INSURANCE

Actors' Fund of America

\$208,201

Creating Web-Based Information on Health Insurance and Policy Initiatives

In 2000, The Commonwealth Fund supported the redesign of the Actors' Fund of America's health insurance website to make it more complete and more useful to all people—not just entertainment professionals—seeking insurance information. About 700 visitors use the site each day. Information is currently most comprehensive in the two markets where the majority of entertainment professionals live, New York and California. Detailed information needs to be provided for the other 48 states, however, where workers without health insurance face many of the same barriers as these professionals do. This project will enable the Actors' Fund to engage six graduate students and their mentors, each based at a different U.S. university, to compile information on private and public health insurance options for eight states in their respective geographic regions. The students and mentors will also help raise awareness about the uninsured and the resources available through the website by holding campus forums and writing articles for their student newspapers and for online outlets. The website will be renamed to signal that it serves a broader audience. Cofunding is being sought from local foundations in the communities where the universities are located.

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Center for Health Policy Development

\$159,857

Support for Implementation of Maine's Dirigo Health Plan

Maine recently enacted comprehensive health reform that addresses insurance coverage, health care costs, and quality of care in the state. The goal of this initiative is to achieve universal access to health care within five years through the creation of the Dirigo Health Plan. The legislation includes a series of steps in the first year that will require new information and guidance for the state's Office of Health Policy and Finance, which is charged with implementing the initiative. This grant will fund essential analysis to help the state move from legislation to action. In addition, it will help set the stage for an evaluation that will determine if Maine's efforts could be a model for the country. Maine has received funding from the U.S. Health Resources and Services Administration and is seeking cofunding from two other foundations.

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Center for Health Policy Development

\$219,654

Using Evidence-Based Medicine to Control Pharmaceutical Program costs, Phase 1 of 2

By making better use of available scientific evidence regarding the relative efficacy of prescription drugs, some states believe they can save money on their pharmaceutical assistance programs while ensuring the quality of care provided to enrollees. The Drug Effectiveness Review Project, a multistate collaborative effort initiated by former Oregon state officials, is attempting to use evidence-based research to help states design their pharmaceutical programs. In Phase 1 of this two-phase project, investigators will examine how participating states incorporate evidence-based research into their drug purchasing strategies and measure the preliminary impact on costs and utilization. If the first phase is successful, in the second phase the project team will examine the impact of a full

year of evidence-based purchasing on costs, drug utilization, and quality of care. Project findings will inform all states about the benefits and challenges of using evidence-based research to control the costs of their prescription drug benefits.

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Columbia University

\$197,393

Commonwealth Fund Task Force on the Future of Health Insurance: Data Analysis and Technical Assistance

The Fund's Task Force on the Future of Health Insurance is exploring ways to extend health insurance coverage to uninsured working Americans and their families. This core grant to Columbia University funds analysis of data and policy options, as well as technical support for Task Force staff and grantees. In the past year, the Columbia team, led by Sherry Glied, has examined trends in insurance coverage related to income level and employer size and analyzed policy options for insuring Hispanics and young adults. In the year ahead, the team will assess the impact of policy options across states and continue to track coverage trends, with a focus on the erosion and instability of coverage for middle-income families. The grant also will support analysis for Task Force staff and grantees. Together, these activities will yield new information for policymakers about the future course of health coverage in the United States.

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Economic and Social Research Institute

\$149,015

Leveraging State Dollars to Strengthen Health Coverage in an Economic Downturn

States that have implemented health insurance coverage expansions over the past few years have developed creative strategies for using a portion of state money to leverage private, federal, and additional state dollars to cover the uninsured. While these are smart strategies for any economy, they are critical now that states are cutting programs to help

close deficits. This project will examine lessons gained from these innovations, with the goal of helping states stretch limited dollars in order to maintain or expand coverage, or to enhance the cost-effectiveness of care. Three categories of innovation will be studied: 1) new state premium assistance programs that help low-wage workers buy into job-based or Medicaid coverage; 2) the use of uncompensated care funds, for example, to enable patients to visit primary care doctors rather than rely on emergency rooms; and 3) new state purchasing and care delivery strategies to foster cost-effective delivery of high-quality services. Project staff will develop up to 10 state profiles and four in-depth case studies that will provide state and federal policymakers with ideas about viable models of coverage as they weather the economic downturn.

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Economic and Social Research Institute

\$107,156

Trade Act Health Coverage Project

Some policymakers have proposed federal income tax credits to help uninsured workers purchase health coverage. Analysis of such proposals can now benefit from real-world experience following enactment of the Trade Act of 2002, which created a tax credit to pay 65 percent of health insurance premiums for roughly 300,000 early retirees and unemployed workers. For this project, the Economic and Social Research Institute will: 1) describe early state plans for implementing Trade Act coverage; 2) identify key concerns with initial federal implementation; and 3) identify and assess Trade Act issues that are relevant to broader coverage expansions. In addition to producing three state case studies, project staff will prepare a policy report to articulate findings pertinent to future decisions about the use of tax credits to cover large numbers of uninsured workers and their families. Cofunding is expected to be provided by the Nathan Cummings Foundation.

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Georgia State University Research Foundation, Inc.

\$146,088

Assessing the Strategic Role of Community Safety Net Networks

In dozens of U.S. localities, community leaders and health care providers have organized a system of free or discounted health care services for people who cannot get private coverage because they are too sick or work for an employer that does not offer it, or because their modest incomes disqualify them from public programs. A key feature of these safety net initiatives is that they enroll people in case management programs and reduce future need for urgent care. For this grant, the investigators will examine: 1) the importance of leveraging state or federal funding in sustaining such community efforts, and 2) community approaches to delivering cost-effective care on tight budgets. The project team will conduct case studies in three communities where financing—whether through Medicaid disproportionate share hospital payments, employer contributions, or a reinsurance mechanism—has been most innovative. The findings will be disseminated to the hundreds of health care access projects around the country to help them achieve sustainability, as well as to states and localities that may, over the longer term, find these programs beneficial for covering more of the uninsured.

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Health Research and Educational Trust

\$172,802

Assessing the Implications of Patient Cost-Sharing and Care Patterns for Benefit Design, Phase 1

With the retreat from managed care, employers and health insurance plans are turning more and more to patient cost-sharing as a way to control rising health care expenses. In some cases, patients are put at such financial risk that it may be limiting their ability to adhere to recommended care. For this project, the investigators will examine the claims database of a large private health insurance carrier to assess the impact of various cost-sharing models, focusing on patients who have high-cost chronic conditions or low income. The grant, which will cofund the first 15 months of a two-year project, will help inform the design of public and private health insurance that meets the financial needs of vulnerable populations.

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New York Academy of Medicine

\$71,384

Investigation of the Extent of Churning and the Costs of Re-enrollment

For this project, a research team at the New York Academy of Medicine will analyze data from selected states on the cycling of children on and off Medicaid coverage. The investigation will focus on the frequency and duration of gaps in coverage and the amount spent by states and health plans to reenroll families who lost coverage due to administrative barriers.

Differences among states' coverage eligibility rules will enable project staff to compare the effects of various policies, such as income verification and six-month versus 12-month eligibility periods. This project complements a Georgetown University grant (see above) to analyze the causes and consequences of churning and develop solutions.

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The President and Directors of Georgetown College

\$128,648

Examining the Causes and Consequences of Unstable Insurance Coverage and Identifying Solutions

Instability in health insurance coverage is a chronic concern for low-income families and often creates problems for the providers trying to serve them. Many states have attempted to help families and individuals remain enrolled in coverage for which they qualify by ensuring continuous coverage for children, simplifying eligibility renewal processes, and other reforms. State budget pressures, however, have stalled or reversed progress in many cases. This project, together with a complementary study by the New York Academy of Medicine (see below), seeks to gain a better understanding of how turnover, or churning, in insurance coverage affects families and health systems. Using data obtained from program administrators, health plans, and providers, Georgetown University researchers will analyze the causes and consequences of churning in public programs serving low-income families with children. These data, along with findings from interviews, roundtables, and site visits, will help project staff develop a set of policy recommendations for state and federal policymakers to help stabilize public coverage.

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Small Grants—Task Force on the Future of Health Insurance

AcademyHealth

\$5,000

2004 National Health Policy Conference

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Economic and Social Research Institute

\$28,272

Updating State Planning Grant Report

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Employee Benefit Research Institute Education and Research Fund

\$7,000

2004 Health Confidence Survey

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Employee Benefit Research Institute Education and Research Fund

\$28,500

Sustaining Membership for The Commonwealth Fund at The Employee Benefit Research Institute

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\$46,369

Discount Health Plans: A Recent Development In Health 'Coverage'

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Universal Health Care Action Network

\$25,615

State Perspectives on Federal Initiatives to Promote Universal Coverage

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HEALTH CARE IN NEW YORK CITY

Fund for the City of New York

\$221,110

Using Community Surveys to Identify Health and Access Disparities in New York City

In 2002 and 2003, the New York City Department of Health and Mental Hygiene collected data on residents' health behaviors, health conditions, and service use through their annual Community Health Surveys. The surveys, which allow comparison of results across 32 neighborhoods, help city officials establish more effective public health policies and programs while supporting the decision-making of private organizations concerned about health disparities. Through two small grants, the Fund supported production of a chartbook on health disparities from the 2002 survey, as well as the addition of questions on health care access to the 2003 survey. This new project will disseminate findings from the 2003 survey by producing two additional chartbooks, one on access to care and coverage and a second on women's health. Project staff also will supplement the 2004 survey by including questions about New Yorkers' access to primary care services and producing a third chartbook describing primary care access across New York's neighborhoods and racial/ethnic groups. Survey findings will help the Fund as it adds a new area of focus to the Health Care in New York City program. Findings also will aid city officials as they develop programs for underserved communities. The Department of Health and Mental Hygiene will provide cofunding.

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Mayor's Fund to Advance New York City

\$231,338

Increasing Access to Health Coverage and Care for New York City Students Commonwealth / Health Services Improvement Fund Grant

In 2001, about 246,000 children in New York City were eligible for, but not enrolled in, one of the public insurance programs offered by New York State. The Mayor's Office of Health Insurance Access and the Office of School Health will conduct a demonstration project in 23 schools to develop systems for covering uninsured children and connecting those most in need with a medical home. These schools, located in the city's poorest neighborhoods, are the sites for implementation of a new automated school health record that will allow the city to track information about student's insurance and overall health status. The project has three parts: 1) creating systems to track children's insurance and health status; 2) conducting outreach activities, enrolling children in coverage, connecting children with a medical home, and following up to see that needs are met; and 3) evaluating findings for possible citywide rollout. If successful, these new systems could improve the health of underserved schoolchildren in New York City.

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MetroPlus Health Plan, Inc.

\$166,682

Improving Asthma Management for Children in New York City: Evaluation of the Asthma Buddy Program

Asthma continues to be the leading cause of emergency department visits and hospitalizations for children and places serious limitations on normal childhood activities, including school attendance. With evidence showing that improved patient self-management is critical to better health outcomes, experts have devised a handheld computer that prompts patients to answer a series of questions and then reports this information to the doctor who helps manage their care. This new 'Asthma Buddy' technology was used recently to reduce

emergency visits and hospitalizations for a small group of children with asthma seen at Coney Island Hospital. For this project, the Asthma Buddy will be tested more widely for a sample of children seen in five hospitals run by the city's Health and Hospitals Corporation (HHC). MetroPlus Health Plan, HHC's managed care plan that primarily serves publicly insured New Yorkers, will conduct a scientific study to measure changes in health care use, asthma knowledge, symptoms, and quality of life, as well as the intervention's cost-effectiveness. These findings will help determine if systemwide implementation is warranted.

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Small Grants—Health Care in New York City

Coleman Associates

\$22,950

Medicaid Enrollment Process Redesign Project, Final Phase

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Greater New York Hospital Association

\$1,000

GNYHA -UHF Symposium Planning Committee

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Joan and Sanford I. Weill Medical College of Cornell University

\$15,000

David Rogers Health Policy Colloquium

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Primary Care Development Corporation

\$20,000

Learning Collaborative Planning Project

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MEDICARE'S FUTURE

International Communications Research

\$173,550

2004 Survey of Health Insurance Experiences of Older Adults Before and After Enrolling in Medicare

In late 1999, the Fund conducted a survey of older Americans, ages 50 to 70, to examine their health insurance experiences before and after enrolling in Medicare. A number of events have occurred since that survey: the economy has weakened, health care costs have risen, physicians have threatened to drop or not enroll new Medicare patients, and employer-based health insurance and retiree coverage have eroded. In the meantime, the absence of a Medicare prescription drug benefit remains a concern. A new survey will examine changes that have occurred since the earlier survey and explore emerging areas of policy concern. This information will inform legislative debate over the future of health insurance coverage for older Americans.

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National Academy of Social Insurance

\$199,978

Medicare/Medicaid Dual Eligibles: Reaching All Who Qualify

Most low-income Medicare beneficiaries are entitled to help from Medicaid or from Medicaid-administered Medicare Savings Programs to pay for some or all of their uncovered health care expenses. Despite their need for such assistance, only about 60 percent of eligible beneficiaries are enrolled. For this project, the National Academy of Social Insurance will examine options for strengthening the federal role in the identification and enrollment of eligible people in these programs. Possibilities include: 1) simplification of eligibility, for example, by implementing presumptive eligibility or removing asset tests; 2) increasing federal operating responsibility, such as requiring the Social Security

Administration to enroll eligible beneficiaries; and 3) increasing federal financing, for example, by making federal government fully responsible for Medicare Savings Programs. An advisory panel will assist project staff in identifying the issues, commissioning papers on the options, synthesizing conclusions, and evaluating their implications and feasibility.

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The National Council on the Aging, Inc.

\$250,041

BenefitsCheckUp: Helping Low-Income Seniors Receive Health Benefits, Phase 3

BenefitsCheckUp is a breakthrough Internet application that screens seniors for their eligibility for 1,200 public benefit programs, including those that help pay medical and prescription drug expenses. A multisite demonstration launched in 2001 by the National Council on the Aging (NCOA) is testing whether community-based groups can enhance the Web tool's usefulness by assisting the most vulnerable seniors with eligibility screening and follow-through to ensure enrollment. In the third and final project phase, the model communities will conduct an extensive outreach campaign to sign up as many seniors as possible for the new Medicare drug discount card. The effort's focus will be those low-income beneficiaries who are eligible for the \$600 Medicare drug subsidy. Through surveys and database analysis, project staff also will determine whether this community-based approach is more effective than the Web site alone in enrolling eligible people in public programs. Project cofunding will be provided by the U.S. Department of Commerce, Atlantic Philanthropies, and local foundations.

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The President and Directors of Georgetown College

\$307,711

Program Direction Grant for The Commonwealth Fund's Program on Medicare's Future

Changes to Medicare now under consideration could fundamentally alter the program's future role in insuring and financing the health care needs of the nation's elderly and disabled populations. While much of the discussion is focused

on federal or state budget costs, the Fund's Program on Medicare's Future provides independent analysis of reforms from the perspective of beneficiaries, particularly those who are vulnerable because of low income or poor health. Under the leadership of Barbara S. Cooper, this program direction grant will provide overall strategic direction, develop new projects, coordinate ongoing work, and direct efforts to disseminate findings of program-supported work to policy leaders and the public. The program director will also participate in the critical review of reports considered for Fund publication, prepare issue briefs and summaries of Fund work, and represent the program in public forums.

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The Urban Institute

\$86,400

Fostering Medicare-Private Collaboration in Value Based Purchasing

Medicare and private purchasers have both adopted innovations to constrain costs and ensure they are receiving good value for their health care dollar. Medicare, the nation's largest health care purchaser, uses electronic claims processing and prospective payment systems for most types of health care providers. Many private purchasers, meanwhile, have implemented disease and care management programs. But the two sectors have rarely tried to work together, learn from each other, and leverage one another's efforts. This project seeks to identify and foster value-based purchasing activities that could be implemented by Medicare and private purchasers. In advisory group meetings and interviews with a variety of experts, the investigators will focus primarily on three approaches: 1) provider-based information technology, to manage administrative and clinical information; 2) multipayer claims databases, to identify efficient, high-quality providers; and 3) paying for performance.

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University of Maryland

\$278,757

Evaluation of the Effect of Medicare Drug Policy Decisions on Vulnerable Seniors

Whatever the outcome of Medicare prescription drug legislation in Congress, policymakers will want to know what the impact of the proposed benefit will be, particularly with respect to the poorest and sickest beneficiaries, as well as the pros and cons of alternative benefit designs. For this project, Bruce Stuart and colleagues at the University of Maryland School of Pharmacy will update their benefit impact simulation model and develop quick-response analyses as policy questions arise. They also will explore the role of improved drug formulary management in lowering costs and improving outcomes and examine the experiences of long-term care residents. The project team will assess the possible impact of alternative benefit designs on use and on out-of-pocket expenses, as well as the likely impact on vulnerable beneficiaries.

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Small Grants—Medicare’s Future

ARC of the United States

\$26,700

Advancing Policy Reforms That Can Improve the Health and Independence of Americans Living with Paralysis

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Medstat Group

\$49,816

Analysis of Employer-Sponsored Preferred Provider Organizations

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Rutgers, The State University of New Jersey

\$14,715

Conference on Evidence-based State Pharmacy Benefit Management and the Transition to a New Medicare Drug Benefit

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University of Texas at Austin

\$7,500

A Symposium on Big Choices: The Future of Health Care for Older Americans

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The Urban Institute

\$42,246

Assessing the Potential Impact of the Medicare Prescription Drug and Improvement Act of 2003 on Beneficiary Choices and Expenditures.

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Small Grants—Health Policy, Research, and Evaluation

Office for Oregon Health Policy & Research

\$40,000

Analyzing the Impact of Program Changes on Health Care for the Oregon Health Plan Standard Population

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IMPROVING THE QUALITY OF HEALTH CARE SERVICES

HEALTH CARE QUALITY IMPROVEMENT

A.A.R.P.

\$149,366

Feasibility of Developing a Model Physician Directory for Medicare Beneficiaries

AARP, in collaboration with the Centers for Medicare and Medicaid Services (CMS) and the National Committee for Quality Assurance (NCQA), will test the feasibility of assembling a physician directory that meets the standards recommended by a Fund-supported, NCQA-convened panel of experts. The directory will include information about physicians within a single market who care for Medicare beneficiaries in that community, whether through a Medicare preferred provider organization, health maintenance organization, or other setting. NCQA will provide technical assistance for the development and maintenance of the directory and a user guide, as well as conduct consumer testing. The AARP team will promote and disseminate the model directory. To create a blueprint for others to follow, the costs and process of developing and maintaining the online directory will be documented. CMS and AARP will supply cofunding for the project.

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Institute for Safe Medication Practices

\$285,211

Assessing Improvements in Medication Safety: A Follow-Up Survey of Safe Medication Practices in U.S. Hospitals

Frances Cooke Macgregor Grant

In 2000, the Institute for Safe Medication Practices, the Health Research and Educational Trust (HRET), and the American Hospital Association conducted a survey of medication safety practices among U.S. hospitals. Most of the nearly 1,500 responding organizations achieved a score of less than 50 percent on the use of nationally recommended safe practices for drug storage and distribution, medication labeling, communication of medication orders, and patient education. In the three intervening years, patient safety has been at the forefront of public debate about health care reform, and a Fund-supported HRET project developed tools to assist hospitals in improving medication safety. This project will re-survey U.S. hospitals and evaluate the current status of

medication safety practices. Results will indicate where and how progress has occurred, providing lessons and examples of activities required to realize further gains. Cofunding will be provided by HRET.

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Massachusetts General Hospital

\$302,552

The Commonwealth Fund Quality Improvement Colloquia, Series II

In 2002, The Commonwealth Fund began funding a series of Quality Improvement Colloquia to: 1) synthesize the work of Fund grantees and others on strategies for improving the quality of health care; 2) develop recommendations for public policy changes, institutional improvement strategies, and a future research agenda; and 3) establish a network of private and public sector leaders who would disseminate this work within their own professional circles and advise the Fund about program priorities. The first grant supported two colloquia, one in November 2002, 'The Business Case for Quality,' and another in May 2003, 'Accelerating the Adoption of Information Technology.' This second grant will support follow-up activities from the first two colloquia, a fall 2003 colloquium centered on overuse of health care services and the business case for quality, and a spring 2004 colloquium on the promises and pitfalls associated with the collection and use of performance data.

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Midwest Business Group on Health

\$91,599

Improving Online Physician Directories in Chicago

Thousands of physician directory websites have been developed by hospitals, physician groups, health plans, state medical boards, and other organizations. Previous Fund-supported work showed that most of these websites have missing or out-of-date information, as well as severely limited search capabilities. Recent Fund support enabled the National Committee for Quality Assurance (NCQA) to convene an advisory group to create standards for physician directories. Based on the advisors' recommendations, the Midwest

Business Group on Health will conduct a demonstration project in which a group of Chicago-based health plans, hospitals, and physician organizations will implement the recommended standards and evaluate the cost and value of doing so. This work should yield a blueprint for creating physician directories that meet NCQA-recommended standards.

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President and Fellows of Harvard College

\$252,844

Determining Whether Pay-for-Performance Incentives Improve Health Care Quality in Medical Groups

There is little empirical information to support the assumption that pay-for-performance incentives will lead to improved quality of care. This project will evaluate the impact of the PacifiCare Health System's Pay-for-Performance program, which was launched in January 2003 in more than 200 group practices in California. The study will examine whether aligning payment with standards of care can: 1) improve mean performance for 10 quality measures; 2) reduce variation in quality among physician groups; and 3) have a spillover effect on other measures of quality not directly linked to financial incentives. Project staff will compare changes in the performance of group practices in California with practices in Oregon and Washington that are not exposed to such incentives.

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The Regents of the University of California

\$278,019

Costs and Benefits of Implementing Electronic Medical Records in Solo/Small Group Practices

Electronic medical records (EMRs) can enhance the quality of patient care by minimizing errors and improving efficiency and coordination. Physicians' adoption of this technology has been slow, however, in part because the benefits and costs that doctors can expect should they invest in it have not been well documented. In visits to 15 doctors' offices across the country, project staff will document how EMRs affect workflow and

collect empirical data on their costs and benefits. The team will analyze accounting and other administrative data to estimate the overall financial impact, including the expenses of acquiring and maintaining EMRs and the revenue derived from changes in productivity. Barriers and facilitators to implementation will also be described. By addressing physicians' most frequent questions and concerns about EMRs, this study could contribute to the broader diffusion of a technology with great potential.

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Trustees of Dartmouth College

\$81,158

Disseminating a Community-Based Strategy to Improve Health and Health Care

Through its Small Grants Fund, the Fund has supported the Dartmouth COOP Clinical Improvement System in the development and validation of How's Your Health, a community-based approach to improving health. The model, which uses results from a patient-completed online survey to address specific health issues within a single city or region, is now ready to be implemented and diffused. This project will bring together five communities in a collaborative effort to implement How's Your Health. Each participant will commit to: 1) conducting a community assessment using the survey; 2) analyzing the results of the assessment; 3) conducting health interventions as appropriate; and 4) reporting on their impact through biweekly conference calls and online progress reports. Project staff will provide technical assistance to the communities, organize and moderate conference calls, and oversee online communications. A final report will describe the diffusion effort and its impact within the participating communities.

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Trustees of the University of Pennsylvania

\$275,627

Coordinating Care Between Hospital and Home: Translating Research into Practice, Phase 1

Discontinuity in care for patients discharged from hospitals significantly compromises quality of care. Elderly patients with multiple chronic conditions are particularly vulnerable. A multidisciplinary research team based at the University of Pennsylvania School of Nursing has developed and tested in controlled trials an innovative model of care coordination delivered by advanced practice nurses to high-risk older adults who are making the difficult transition from hospital to home. This project will translate the research into practice at a major health care insurer, Aetna. During Phase 1, the investigators will: 1) convert assessment tools and intervention protocols into Web-based modules that could be used by any insurer, including Medicare, to implement the model; 2) develop clinical information systems, marketing tools, and educational materials for insurers and providers; and 3) test and evaluate the model's effectiveness and economic feasibility in preparation for large-scale implementation in Phase 2. If the model is successful, it would generate cost savings for providers and insurers and enhance quality through better coordination of care.

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University of Colorado Health Sciences Center

\$299,067

Improving Transitions in the Care of Older, Hospitalized Patients

Improving the coordination of post-hospital care for elderly, chronically ill patients has proved difficult. A major reason is the dearth of quality-of-care measures to help pinpoint problems that occur during the transition from one site of care to another. This project will refine and test the Care Transitions Measure, a tool that assesses problems in care coordination from the patient's perspective so that hospital systems can develop targeted solutions. An advisory committee representing organizations involved in furthering quality improvement at the health system and policy levels will provide guidance in the refinement and testing processes, and later will promote the measure's use by health care providers.

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University of North Carolina at Chapel Hill

\$101,418

Identifying Payment Policies to Improve the Business Case for Quality, Phase 1

A previous Fund-supported project showed that although quality-enhancing interventions may save health care dollars over the long run, from the providers' perspective the business case for these efforts is weak or nonexistent. In the first phase of this project, investigators will develop a process to identify categories of improvements undertaken by hospitals or health systems that are likely to yield financial payoffs for insurers, employers, or health care providers. They will also identify payment reforms, such as 'gain-sharing,' that could help eliminate barriers to adoption. If this work proceeds satisfactorily, support for a second phase of work would help project staff quantify the financial gap that must be closed to make it feasible for a health care delivery system to invest in the selected interventions. Phase 1 will yield a robust method for analyzing the business case for quality improvements, as well as a set of interventions appropriate for in-depth financial analyses in Phase 2.

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University of North Carolina at Chapel Hill

\$396,415

Investigating the Business Case for Quality in Medicaid, Phase 2

Payment policies often discourage health care providers from investing in quality-enhancing interventions. For this project, investigators will conduct in-depth financial analyses of six to eight Medicaid managed care organizations or state primary care case management programs to quantify the financial gap that must be closed to make certain health care interventions feasible. Project staff will select interventions that have been scientifically proven to be effective and are likely to yield financial payoffs for at least one party-the provider, the plan, or the state. This work will yield a robust method for analyzing the business case for quality improvement generally, as well as recommendations specifically for eliminating barriers to improvement in Medicaid.

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Small Grants—Quality Improvement

AcademyHealth

\$40,000

Experiences and Challenges in the Coordination of Chronic Care in the U.S. and Germany

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Bailit Health Purchasing, LLC

\$12,000

Beyond ROI: A Framework for Establishing a Business Case for Quality

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Bridges to Excellence

\$50,000

Developing Valid Measures of Hospital Efficiency

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Brigham and Women's Hospital

\$44,367

The Cost of a National Health Information Infrastructure

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\$14,427

Legal Implications of Individual Physician Clinical Performance Measurement

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\$15,000

Building Consensus to Develop, Test and Report Outpatient Measures of Quality - A Meeting of Key Stakeholders

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Health Tech Strategies, LLC

\$7,500

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Harris Interactive, Inc.

\$10,000

Strategic Health Perspectives

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The Massachusetts Health Quality Partners, Inc.

\$19,568

Achieving Effective Public Release of Health Quality Information in Massachusetts: A Conference to Understand the Issues and Build Consensus and Establish a Roadmap

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National Committee for Quality Assurance

\$48,220

*Performance Benchmarking of Physician Offices:
Establishing the Foundations*

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Pacific Business Group on Health

\$39,785

*Exploring the State-of-the-Art in Measuring and Improving
Physician Quality and Efficiency*

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**QUALITY OF CARE FOR UNDERSERVED
POPULATIONS**

**Joint Commission on Accreditation of Health Care
Organizations**

\$124,955

*Understanding Adverse Medical Events for Minority Patients
with Limited English Proficiency*

Adverse medical events related to miscommunication between patients and providers frequently occur in minority populations. This project seeks to determine the nature of communication-related errors experienced by minority patients with limited English proficiency. The investigators will: 1) describe and classify known process errors and preventable adverse events associated with communication problems in hospital settings; 2) analyze data collected from accredited hospitals in four different regions of the country to determine the relative rates of medical error in hospitals, patterns and predictors of error, and language factors associated with them; and 3) identify methods to prevent medical errors related to limited English proficiency. This work will aid in the development of strategies, standards, and policies intended to correct inequities in the provision of safe patient care to limited-English patients.

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Medical College of Wisconsin

\$169,046

Using Parent Mentors to Manage Asthma Care for Urban Minority Children, Phase 1

Asthma, the most prevalent chronic childhood illness, disproportionately affects minority children. This project will conduct a community-based trial to test whether minority parents trained as mentors could successfully coach other minority parents in managing their children's asthma. Activities in the first phase will include recruitment and training of parent mentors and recruitment of families. Funding for subsequent phases to evaluate outcomes and summarize the experiences of children, parents, mentors, and physicians would be requested if initial work proceeds satisfactorily. If this mentoring model is shown to be effective and is disseminated broadly, it could help to reduce hospitalizations and emergency room visits, lower costs for asthma care, reduce asthma morbidity, empower parents to manage their children's condition, and, ultimately, reduce racial and ethnic disparities in asthma care outcomes. The Medical College of Wisconsin and Robert Wood Johnson Foundation will provide cofunding for all project phases.

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National Council on Interpreting in Health Care

\$62,058

Establishing National Standards of Practice for Interpreters in Health Care

Lack of qualified interpreters is frequently cited as the greatest barrier to health care for patients who are not proficient in English. At present, there are no national standards defining the characteristics and competencies of a qualified medical interpreter. This project will implement a consensus-building process to develop a set of practice standards for interpreters working in health care settings. Project staff will: 1) examine other standards that have been developed in this country and abroad; 2) conduct focus groups with language interpreters to collect information on their roles; and 3) convene a committee of experts from the National Council on Interpreting in Health Care to review the data gathered and draft an initial set of standards. National standards will provide guideposts for improving the training of health care interpreters, which in turn could lead to a reduction in medical errors arising from miscommunication. The California Endowment will cofund this project.

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National Health Law Program

\$120,000

Improving Language Services in Small Physician Practices and Health Care Benefit Offices

An executive order issued in 2000 requires that federal agencies and entities that receive federal funding take 'reasonable steps' to ensure that clients with limited proficiency in English are able to access services. Building on its earlier Fund-supported work, the National Health Law Program (NHeLP) will identify and describe current models and best practices for providing patients with interpretation and other language assistance in a cost-effective manner. The effort will focus on solo or small group physician practices—where the majority of doctors practice and where language barriers are especially acute—as well as state and local enrollment offices for Medicaid and the State Children's Health Insurance Program. To obtain this information, NHeLP will rely on its listservs and extensive network of advocacy organizations. At the project's conclusion, health care providers will have a step-by-step framework to help them establish language assistance programs for their patients.

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New York Academy of Medicine

\$123,481

Examining Disparities in the Use of High-Volume Hospitals in New York City

For a number of medical procedures and conditions, patient outcomes are often better at hospitals that perform these procedures or treat these conditions at high rates. There is some evidence indicating that for certain procedures and conditions, white patients receive care at high-volume hospitals at greater rates than minority patients do. For this project, researchers will investigate the scope of these disparities and identify a range of policy solutions. The study will determine: 1) if racial disparities in the use of high-volume hospitals in fact exists; 2) whether such differences are lower among patients enrolled in managed care plans; 3) what the distinguishing characteristics of high-volume hospitals are;

and 4) whether disparities are less pronounced for those conditions for which designated 'centers of excellence' exist. The project team will share findings with patient advocates, hospital and managed care officials, purchasers, and others to encourage them to take action. This grant will supplement a new project being undertaken by the Agency for Healthcare Research and Quality.

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New York University

\$235,089

Remote Simultaneous Medical Interpreting: Assessing Medical Outcomes, Phase 2

Recognizing that language barriers can seriously compromise the quality of patient care, health care providers and researchers are working to identify effective language interpretation practices. In Phase 1 of this project, the investigators initiated a trial to determine the comparative effectiveness and cost of remote simultaneous medical interpreting (RSMI), which allows doctors and their patients to communicate through wireless headsets. Preliminary results indicate that use of RSMI reduced interpreting errors by at least one-half compared with interpreting provided by family members, nurses, or office staff; its use also substantially reduced the length of physician visits. In Phase 2, the project team will compare the medical outcomes of patients provided with RSMI services to patients who relied on customary interpreting practices. The team will also complete a cost analysis of RSMI. Findings will be disseminated through the New York City Health and Hospitals Corporation. The California Endowment will provide cofunding.

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Summit Health Institute for Research and Education, Inc.

\$150,000

Informing Policymakers About Racial and Ethnic Disparities in Health Care

In the fall of 2003, the congressionally mandated National Healthcare Disparities Report will be published. For this

project, the Summit Health Institute for Research and Education, Inc., will inform key policymakers of the report's findings as well as findings from the Institute of Medicine's 2002 report, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, which stimulated little public discussion of solutions. The project will include dissemination of highlights from the two reports, press conferences, and a congressional briefing. The Summit Health Institute will also provide information and technical assistance to national advocacy organizations-expected to include the National Black Caucus of State Legislators, National Native American AIDS Prevention Center, Asian and Pacific Islanders American Health Forum, and National Hispanic Medical Association-which promote policies that address health disparities. These efforts will contribute to the development of concrete policy recommendations for the reduction of health care disparities in the United States.

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The National Quality Forum

\$125,000

Using Informed Consent to Improve the Safety of Care for Patients with Limited English Proficiency

To help ensure patients' safety and meaningful participation in health care decisions, it is critical that physicians obtain their fully informed consent. The National Quality Forum has recommended that health care providers ask patients to recount what they have agreed to as a way to confirm that informed consent has indeed been given. Implementing this practice is challenging, however, particularly for providers who serve patients with low literacy and limited English proficiency. Focusing on individuals undergoing invasive surgical procedures, this project will address obstacles to adoption of this practice and develop recommendations to surmount them. Activities will include: 1) self-assessments by providers who regularly obtain confirmation of informed consent, 2) interviews with providers who do not follow this practice; 3) a case study examining the experiences of providers following the practice; and 4) a workshop to discuss experiences of early adopters of the practice. Findings will be used to develop a guide to obtaining informed consent for dissemination to health plan administrators, hospital personnel, and outpatient surgery providers.

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University of South Florida Research Foundation

\$124,999

Hospital Care for Hispanic Children: Improving Parent-Provider Communication

Research has shown that patients who are not proficient in English receive inferior health care. Most studies, however, have focused on adult patients. This project will enable children's hospitals to measure and improve the quality and safety of care they provide for Hispanic children whose parents have limited English proficiency. Through focus groups, project investigators will identify communication problems between parents and physicians and assess their impact on care. This information will be used to develop a health care quality survey for parents that will help assess language-related problems and needs. Survey results will help hospitals design programs and procedures to improve care for Hispanic children. The survey and a technical guide will be distributed through the Children's Hospital Accountability Initiative and the National Association of Children's Hospitals and Related Institutions.

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Small Grants—Quality of Care for Underserved Populations

American College of Physicians

\$20,000

Third Annual National Health Communication Conference

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American Public Health Association

\$10,000

National Public Health Week 2004: Racial and Ethnic Disparities

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Association for Health Center Affiliated Health Plans

\$24,573

Recruiting and Retaining Specialty Physicians in Medicaid Managed Care and Community Health Centers, A Study of Challenges and Best Practices

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Foundation for Informed Medical Decision Making

\$24,868.79

Evaluation of a Decision Aid for Breast Cancer in an Underserved Population

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Research Foundation of State University of New York

\$25,000

The Fourth National Conference on Quality Health Care for Culturally Diverse Populations: Integrating Community Needs Into the National Health Agenda

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FELLOWSHIP IN MINORITY HEALTH POLICY

President and Fellows of Harvard College

\$800,000

The Commonwealth Fund/Harvard University Fellowship in Minority Health Policy: Support for Program Direction and Fellowships, 2004-05

Addressing pervasive racial and ethnic disparities in health and health care requires trained, dedicated physicians who can lead efforts to improve minority Americans' access to medical services and quality of care. The Fellowship in Minority Health Policy has played an important role in addressing these needs. Under the direction of Joan Reede, M.D., the program has

provided young physicians with an intensive year of coursework in health policy, public health, and management at the Harvard School of Public Health or John F. Kennedy School of Government, as well as special program activities-all with an emphasis on minority health issues. Since 1996, a total of 35 fellows have successfully completed the program and received a master's degree in public health or public administration. In the coming year, the program will select a ninth group of four fellows while providing current fellows with an enriched course of study, career development, and program evaluation.

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CHILD DEVELOPMENT AND PREVENTIVE CARE

American Academy of Pediatrics, Inc.

\$458,978

Training Office Staff to Improve Preventive and Developmental Services in Pediatric Practices

Improving the quality of preventive health care and developmental services for children will require substantial changes in how this care is provided, from revamped appointment systems to new screening procedures. To be successful, such an effort will require the involvement of the entire staff of pediatric practices, not only physicians. The American Academy of Pediatrics (AAP) has proposed a practice-based quality improvement program that will be developed and evaluated through a collaboration of teams of administrative and clinical staff from 12 practices within a single region. The program will use a modular curriculum and resource toolkit that is based on work completed by previous Fund grantees (e.g., the National Initiative for Children's Healthcare Quality). The final program, which will become part of the AAP's ongoing educational activities, will be widely disseminated through the federally funded, multidisciplinary Bright Futures initiative to promote a system of high-quality preventive care for children.

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Connecticut Children's Medical Center

\$239,868

Strengthening the Developmental Surveillance and Referral Practices of Child Health Care Providers

Young children with developmental problems, and children at significant risk for those problems, are not being identified and referred as early as possible to intervention programs by their health care providers. Consequently, many children begin school with problems that could have been prevented or ameliorated. This project will develop a training program for child health care providers in developmental surveillance and in the use of a new centralized referral and case management system for children in need of services. The system will be in effect throughout Connecticut and accessible by a toll-free number. A national training model and materials for replication are expected to be a result of this work.

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George Washington University

\$199,996

Determining How States Invest in Early Child Development Under Medicaid and CHIP

The Fund's work with George Washington University has provided states with valuable guidance on maximizing the potential of Medicaid and the State Children's Health Insurance Program (CHIP) to deliver a full range of preventive care and developmental services to young children from low-income families. This project will provide states with further guidance by analyzing how program investment and design can affect the delivery of these services. The George Washington team will first compare key components of each state's Medicaid and CHIP programs, including provider network specifications, compensation arrangements for preventive services, medical necessity definitions, and standards of care. If this first stage proceeds satisfactorily, project staff will then undertake a more in-depth review of five states to gauge the impact of their program choices on the pediatric care provided to low-income families. State Medicaid and CHIP administrators will be able to draw from the successful approaches highlighted by this work in their efforts to improve delivery of child developmental services.

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Mathematica Policy Research, Inc.

\$202,133

Partnering with External Quality Improvement Organizations to Enhance Preventive and Developmental Care for Low-Income Children

All state Medicaid programs that employ risk-based managed care plans must contract with an outside entity to monitor the quality of health care provided by the plans. These entities, called external quality improvement organizations (EQIOs), play an increasingly important role in assessing and improving the quality of care provided to low-income individuals. This project will identify ways that state Medicaid agencies can work effectively with EQIOs to enhance the quality of preventive and developmental services provided to young Medicaid-enrolled children. Recent EQIO reports to state Medicaid agencies will be analyzed to measure the extent and quality of EQIO work in this area, while information obtained from interviews with Medicaid and EQIO staff in five states will locate exemplary EQIO contributions to improving preventive and developmental care.

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\$307,287

Developing a Performance Measurement Tool for Pediatric Practices, Phase 2

Recent studies point to a gap between the kinds of preventive and developmental services parents want for their young children and the care they actually receive from pediatric practices. To highlight and quantify this gap, the Fund previously supported creation of the Promoting Healthy Development Survey (PHDS), a validated measure of care quality based on parents' reports. In a recent project, Christina Bethell developed a version of the PHDS that could be used to measure the quality of care at individual practices. The instrument was successfully pilot-tested at two practices in Vermont. The proposed project will test the revised PHDS in 10 additional practices to confirm the measure's psychometric properties and to establish norms against which practices can assess their performance-both of which are critical for national dissemination. Project staff also will develop templates for reporting results to pediatricians and health plan administrators.

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Stanford University

\$145,529

Achieving Consensus on Best Office Practices in Well Child Care

A number of unique approaches are available to improve particular aspects of well child care, but there is no comprehensive plan for providing developmental and other preventive services in an efficient and effective manner. This project will produce a practical, authoritative physician guide to best office practices in well child care, including research-based, technology-driven strategies to achieve them. The investigators will consolidate information on the latest health care innovations and consult with pediatric experts in order to generate key concepts and specific strategies. The resulting guide will be disseminated to pediatric practices through the meetings and publications of the American Academy of Pediatrics, the National Initiative for Child Health Quality, and other national organizations and agencies. Project staff also will collaborate with members of a national, practice-based pediatric research network to develop plans for implementing best practices in physician offices and testing their feasibility.

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Trustees of Dartmouth College

\$265,817

Addressing Maternal Depression: A Screening Project

Depression in mothers is associated with the occurrence of developmental problems in their young children, including impaired cognitive function, depression, and behavioral problems. Depression may also affect mothers' confidence and parenting skills. Addressing maternal depressive symptoms has been shown to improve behavioral outcomes for both mothers and children, and new guidelines emphasize that pediatricians should play a role in detecting depression. For this project, investigators will develop, implement, and evaluate the effectiveness of a model for screening and referral of mothers for depression in five primary pediatric practices. The feasibility and cost of implementation will also be assessed. If the evaluation demonstrates the model's value, project staff will prepare technical assistance materials for

providers and health plans to facilitate replication.

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University of Rochester

\$63,836

Evaluating the Receipt and Quality of Anticipatory Guidance Provided to Parents of Young Children

Anticipatory guidance provided during well-child care visits helps promote parents' awareness of their young child's developmental milestones and needs. Such counseling can lead to better health outcomes while increasing parents' satisfaction with their pediatric providers. More information is needed, however, to determine which topics are brought up when pediatricians talk to parents and whether parents view these interactions positively. For this project, investigators will analyze a special supplement to the national Medical Expenditure Panel Survey that focuses on children's preventive care services. They will examine parents' experiences with their child's primary pediatric clinician, their receipt of anticipatory guidance, and the relationship between the two. Dissemination of the findings is expected to draw national attention to variations in the quality of children's preventive services and inform efforts to improve care.

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ASSURING BETTER CHILD HEALTH AND DEVELOPMENT II (ABCD II)

Since March 2000, the Fund's Assuring Better Child Health and Development initiative has been implementing an ambitious strategy to help state Medicaid agencies promote and improve the delivery of developmental services for low-income children. The National Academy for State Health Policy launched a second consortium of four states, listed below, to enhance the healthy mental development of young low-income children. These grants were awarded during fiscal year 2003-04, with funds authorized during the prior fiscal year, 2002-03.

California Department of Health Services

\$50,000

Best-PCP-Behavioral, Developmental, Emotional Screening and Treatment by Primary Provider in Medi-Cal Managed Care

Stan Rosenstein
Deputy Director, Medical Care Services
Medi-Cal Managed Care Division
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srosenstein@dhs.ca.gov

Iowa Department of Human Services

\$55,000

Iowa's Care for Kids Healthy Mental Development Initiative

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Minnesota Department of Human Services

\$55,000

Great Start Minnesota

Glanace Ecklund Edwall, Ph.D.
Director of Children's Mental Health
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Utah Department of Health

\$53,455.42

Enhancing Utah's Capacity to Support Children's Healthy Mental Development

Michael J. Deily
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Small Grants—Child Development and Preventive Care

AcademyHealth

\$3,000

2004 Child Health Services Research Meeting

Wendy Valentine, M.H.A.

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Center for Health Care Strategies, Inc.

\$22,367

*Modernizing EPSDT: Developing an Operational Prototype
for a 21st Century Medicaid Program*

Stephen A. Somers, Ph.D.

President

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Lawrenceville, NJ 08648

Tel: (609) 895-8101

sasomers@chcs.org

Center for Health Care Strategies, Inc.

\$10,000

*Barriers and Solutions to Improve Developmental Services
through Early and Periodic Screening Diagnosis and
Treatment Program*

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President

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Center for Health Policy Development

\$16,800

*Pre-Conference on Quality in Children's Health at 17th Annual
State Health Policy Conference*

Neva Kaye

Interim Co-Executive Director/Program Director

National Academy for State Health Policy

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Center for Health Policy Development

\$20,132

*Assuring Better Child Health and Development Initiative
(ABCD II): Expanding the State Consortium to Include Illinois*

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Health Management Associates

\$36,400

State Opportunities to Improve Health Care Quality for Children

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Johns Hopkins University

\$12,963

Incorporating a Child Developmental Focus in State Title V Needs Assessments

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National Academy of Sciences

\$13,615

Conceptualizing of Child Health and Its Implications for Services

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National Initiative for Children's Healthcare Quality

\$7,500

3rd Annual Forum for Improving Children's Healthcare Quality

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Tufts-New England Medical Center

\$49,181

Office-Based Prevention of Child Behavior Problems: An Urban Extension Project

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**PICKER/COMMONWEALTH PROGRAM ON
QUALITY OF CARE FOR FRAIL ELDERERS**

AcademyHealth

\$102,077

*The Commonwealth Fund/AcademyHealth Long-Term Care
Colloquium*

Although demand for long-term care services continues to grow, this important health care sector has been a relatively low priority for both policymakers and health services researchers. In addition, meaningful communication between these groups and collaboration on work have been limited. This Picker Program Grant will plan the first in a series of colloquia on long-term care to be sponsored by the Fund and AcademyHealth over the next five years. The meetings' goals are to focus attention on critical long-term care issues and problems, foster discussion and consensus among state and local policymakers, practitioners, and researchers on potential solutions to those issues, and identify the information gaps and research needed to solve the problems. Proceedings, slides, and commissioned papers from the meetings will be posted on the AcademyHealth and Fund Web sites.

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Consumers Union of United States, Inc.

\$189,044

Drawing Lessons from the Nursing Home Watch List

With partial support from the Fund, Consumers Union published its Nursing Home Watch List in 2000, 2001, and 2002 to help consumers avoid the worst-performing facilities in their state. Many homes appeared on the list in more than one year, suggesting that the Centers for Medicare and Medicaid Services has not realized its goal of ensuring that facilities achieve compliance with federal quality standards. This Picker Program Grant will: 1) update the watch list; 2) investigate why some facilities appear on the list repeatedly; 3) examine the characteristics of poor-performing facilities and relate those findings to the state's use of the regulatory process; 4) sponsor a meeting with regulators to design strategies that states can use to help nursing homes achieve

and maintain better quality; and 5) determine whether low-performing homes on the watch list lose market share to high-performing homes. Findings and recommendations will be widely disseminated to consumers, policymakers, and regulators.

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liebtr@consumer.org

Manhattan Retirement Foundation

\$150,000

Developing Tools for Achieving Resident-Centered Care in Nursing Homes

Most nursing homes are regimented, medically oriented environments. To transform them into settings where the individual resident is the focus, nursing home executives and administrators need detailed guidance on creating and sustaining new clinical and management processes. This Picker Program Grant will develop a set of tools to effectuate change in nursing home culture. Employing a variety of information technology systems, they will include: a text on leadership development; specific operational policies, procedures, and programs; an integrated human resources system; and a comprehensive system of quality improvement. The tool set will be targeted to providers, administrators-in-training, nursing home consultants, and others seeking to improve the quality of life for residents in long-term care facilities. Cofunding will be provided by the Sunflower Foundation of Kansas and the Kansas Foundation for Medical Care; additional cofunding is being sought.

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Regents of the University of Minnesota

\$259,997

Evaluation of Small Group Homes for Nursing Home Residents

The physical structures of virtually all of today's nursing homes will be obsolete by the time baby boomers start to turn 85 in 2032. Recognizing the need to move away from the institutional model that prevails today, the investigators on this Picker Program Grant will test the feasibility of establishing small group homes for the elderly that are designed to foster more resident-centered care. Focusing on

the Mississippi-based Green House Project, which has so far established four group homes of 10 residents each, the evaluation will examine the operational, financial, and regulatory issues associated with the small group design and assess its impact on staff and residents. Lessons learned from the evaluation will be used to enhance and refine the prototype, develop templates for replication and self-evaluation, and establish the business case for this new way of caring for frail elders.

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Spragens and Associates, LLC

\$200,000

Wellspring Innovative Solutions: Replicating the Model

Many nursing homes are looking for evidence-based models to improve the care they provide to their frail elderly residents. Wellspring is one such model. But if replication of this model is to proceed, Wellspring Innovative Solutions will require support to build its capacity to recruit nursing homes and serve new and existing members. This Picker Program Grant will provide the crucial support needed to attract an able leader for the dissemination effort, develop professional education and training capabilities, establish a formal mentoring program for new alliance leaders, and develop marketing capacities. If the project is successful, a program-related investment will be contemplated for next year to help the organization reach a goal of 18 alliances, of about 10 nursing homes each, by 2005. This level of activity will enable Wellspring to function as a financially independent, nonprofit service business in the field of nursing home quality improvement. Cofunding is being sought.

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The Regents of the University of California

\$281,484

Enhancing Performance of the Long Term Care Ombudsman Program

The Long Term Care Ombudsman Program, authorized under the Older Americans Act, is charged with protecting and

representing the interests of nursing home residents. Ombudsmen visit nursing homes to resolve complaints and quality problems. In many cases, however, the program is not fulfilling its mandate. Focusing on local programs in California and New York, this Picker Program Grant will identify factors that affect program performance by interviewing ombudsmen, selected state officials, and federal experts, and by examining data from the National Ombudsman Reporting System. A set of recommendations and a toolkit for states will be developed and shared with state policymakers, local program officials, and other critical audiences to stimulate adoption of best practices.

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University of North Texas

\$167,654

Empowering in Nursing Home Staff: Measuring the Impact of Self-Managed Work Teams, Phase 2

Improving the quality of nursing home care is heavily dependent on raising the performance of nurses' aides, the employees who interact with residents most frequently. Self-managed work teams have emerged as a potential remedy for the rampant absenteeism and turnover plaguing nursing homes. This Picker Program Grant is the second phase of a project to measure the impact of staff empowerment on job satisfaction and retention. Self-managed work teams were implemented in five nursing homes in Phase 1. Continued data collection in the five experimental homes and in five other facilities where work teams are not in use will allow project staff to compare levels of employee satisfaction and retention. If the work teams are shown to have a positive effect on nursing home staff, project staff will develop training modules and a 'how-to' manual for dissemination to nursing home administrators and long-term care educators.

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Small Grants—Picker/Commonwealth Program on Quality of Care for Frail Elders

American Association of Nurse Assessment Coordinators

\$10,617

Scannable Resident Assessment Protocol (RAP) Survey of Nurse Assessment Coordinators

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American Health Quality Foundation

\$25,000

Helping QIO Staff Facilitate Culture Change

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Friends and Relatives of Institutionalized Aged, Inc.

\$25,000

Family Council Manual Project 2003

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Grantmakers in Aging, Inc.

\$3,000

2003 GIA Annual Conference

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cfarquhar@giaging.org

Regents of the University of Minnesota

\$30,350

Optimizing Leadership to Achieve Resident-Directed Staff Behaviors: Linking Wellspring to Culture Change

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National Governors Association

\$36,278

*National Public Forum: Confronting Long-Term Care
Challenges in America*

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Yale University

\$33,051

*The Hospital Elder Life Program (HELP) Spreading
Innovation Project*

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**INTERNATIONAL PROGRAM IN HEALTH
POLICY AND PRACTICE**

Harris Interactive, Inc.

\$344,000

The 2004 International Health Policy Survey

The 2004 International Health Policy Survey, the seventh in an annual series of surveys commissioned by the Fund, will assess health care system performance and responsiveness from the perspective of the consumer. Conducted in Australia, Canada, New Zealand, the United Kingdom, and the United States, the survey will explore the public's views on and experiences with their health care system, focusing on primary and preventive care. It will consider timeliness of health care access, medical errors, doctor-patient communication, patient involvement in decision-making, prescription drug use, and patient choice. Survey findings, which are scheduled for presentation at the Fund's 2004 International Symposium, will highlight the impact of different health care delivery system approaches, and should generate substantial interest among health ministers, policymakers, researchers, and the media. Project staff will submit a paper discussing survey results to the

journal Health Affairs for Web publication.

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Johns Hopkins University

\$75,000

Cross-National Comparisons of Health Systems Quality Data, 2004

Comparisons between the U.S. health care system and health systems of other industrialized countries reveal striking differences in spending, availability and use of services, and health outcomes. This project will prepare a seventh paper in an annual series of analyses of key health data for the 30 member countries of the Organization for Economic Cooperation and Development (OECD). It will provide an update of overall trends in health systems' performance, with an emphasis on spending, coverage, hospital capacity and utilization, pharmaceutical costs, use of technology, trends in the supply and incomes of health professionals, and quality of care. In comparing health system data, the study will illustrate the impact of different national policies on system efficiency. Findings will be presented at the Fund's 2004 International Symposium on Health Care Policy and submitted to the journal Health Affairs for Web publication. An accompanying chartpack with core components from the OECD database will be posted on the Fund's website and updated annually.

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Johns Hopkins University

\$126,861

International Working Group on Quality Indicators, 2004

The International Working Group on Quality Indicators, initially convened by the Fund in March 1999, aims to improve the measures available for cross-national comparisons of health care quality. In early 2004, the group will release a report to health ministers recommending a minimum set of quality indicators for collecting health system data in Australia, Canada, New Zealand, the United Kingdom, and the United States. Two additional meetings will be held in April and September 2004 to address operational issues related to

data collection and implementation in the five countries, and to expand the core set of indicators to include responsiveness and equity. Participation in the meetings by the Organization for Economic Cooperation and Development (OECD) has resulted in a Fund collaboration with the OECD to expand the number of industrialized countries in which quality data are collected to 19, as well as to widen the scope of the indicator set. The work conducted in this phase is expected to be completed by the end of 2004, when the project will be transferred to the OECD.

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Massachusetts General Hospital

\$54,000

Five-Year Evaluation of the Fund's International Program in Health Policy and Practice

Under the direction of David Blumenthal, M.D., the Institute for Health Policy at Massachusetts General Hospital will conduct an assessment of the Fund's International Program, last evaluated in 1996. The evaluation team will examine how well the program is meeting its mission, what its major accomplishments have been over the past five years, how it has evolved, and how the program and its individual components could be improved. Activities will include: a review of program activities, publications, and data supplied by the Fund; an online survey of 60 key individuals, supplemented by telephone interviews; and an online survey of Harkness Fellows and their U.S. mentors.

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The Nuffield Trust

\$60,000

The Commonwealth/Nuffield Trust International Conference on Health Care Quality Improvement, 2004

Since 1999, the Fund and the Nuffield Trust have sponsored a series of annual symposia for U.S. and U.K. government officials, health researchers, and practitioners to promote the exchange of ideas on quality improvement policies and

strategies. These transatlantic meetings have focused on such critical issues as patient safety, changing physician and organizational behavior, use of information technology, disparities in health care, and public reporting of provider performance data. A product of the series is an agenda for U.S.-U.K. collaboration on efforts to improve quality, formalized in an agreement signed by the two countries in 2001. Participants at the sixth quality improvement conference, which has been expanded to include Australian representation, will: 1) review the progress of the collaboration and recommend an agenda for the coming year; 2) explore which quality improvement strategies work and which do not; and 3) compare case studies of learning collaboratives in different countries to gauge their impact and sustainability.

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The Commonwealth Fund

\$207,000

International Symposium on Health Care Policy, Fall 2004

The Fund's seventh annual International Symposium on Health Care Policy will focus on improving health care from the patient's perspective, challenges in moving toward a patient-driven health care delivery system, and innovative approaches to addressing these challenges. In bringing together leading policymakers and researchers from Australia, Canada, New Zealand, the United Kingdom, the United States and potentially additional G-8 countries-the symposium will highlight how other health systems are: improving responsiveness and access in health care delivery systems; redefining the doctor-patient relationship; incorporating patients' and families' experiences with care into quality improvement initiatives; facilitating patient involvement in treatment decisions; using performance data to give patients choice of providers; and promoting culturally competent care for increasingly diverse populations. Presenters will highlight innovative policies, incentive structures, and health care delivery models that support these changes and improve quality in health care. Commissioned papers from the symposium will be submitted for publication as Health Affairs Web Exclusive articles.

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The Commonwealth Fund

\$1,158,338

Harkness Fellowships in Health Care Policy, 2005-06

Support for an eighth class of Harkness Fellows in Health Care Policy will allow the Fund to continue developing promising policy researchers and practitioners from Australia, New Zealand, and the United Kingdom. In January 2004, the first two Harkness/Health Foundation Fellows were selected, a product of a new partnership between the Fund and the U.K.-based Health Foundation to build policy leadership capacity in the U.K. National Health Service and Department of Health. In October 2003, the first two Packer Fellows in Health Policy were selected, the inaugural appointments in a 'reverse Harkness' program that enables U.S. health policy experts to undertake policy research in Australia.

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Small Grants—International Program in Health Policy and Practice

AcademyHealth

\$10,000

5th International Conference on the Scientific Basis of Health Services: Global Evidence for Local Decisions

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Ben-Gurion University of The Negev

\$44,000

The Emerging Paradigms in Health Systems

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University of Bristol

\$17,550

The Impact of PHARMAC

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The Commonwealth Fund

\$11,769

*International Health Services Research Funders' Network
Annual Meeting*

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University of British Columbia

\$31,992

International Approaches to Central Drug Review

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COMMUNICATIONS

Alliance for Health Reform

\$209,352

2004 Health Policy Seminars and Congressional Staff Retreat

Alliance for Health Reform briefings have served as a valuable resource for congressional staff and journalists seeking the latest information on key health policy issues. In the coming year, the Alliance will conduct eight briefings and roundtables and will host a retreat, to be cofunded by the Catholic Health Association of the United States, for senior congressional staff. Possible briefing topics include: the fifth anniversary of the Institute of Medicine's landmark study on medical errors; presidential candidates' health reform plans; nursing home care; results from the Fund's physician, health insurance, and prescription drug coverage surveys; and issues related to implementation of a Medicare drug benefit.

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President and Fellows of Harvard College

\$450,000

The Commonwealth Fund/John F. Kennedy School of Government Bipartisan Congressional Retreat, 2005

Each year since 1999, key members of Congress and other policy experts have met for three days in January under the auspices of the Fund and Harvard University's John F. Kennedy School of Government to discuss emerging issues in health care policy. These retreats provide an opportunity for lawmakers to spend time away from their day-to-day demands so they can openly discuss health policy issues in a private setting, obtain high-quality information and analysis on multiple facets of an issue, and enhance their ability to make the value and political judgments that lie ahead. In 2005, the sessions will most likely focus on topics related to Medicare, the uninsured, quality of care, and international health policy.

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Project HOPE/The People-to-People Health Foundation

\$200,000

A Strategic Web Publishing Partnership with 'Health Affairs'

The World Wide Web plays an increasingly important role in scholarly communication, especially when subject matter is particularly time-sensitive or when target audiences can be reached more effectively online than through traditional means. Recognizing this, the Fund provided a grant in 2002 to support expanded Web publishing by Health Affairs, the leading peer-reviewed health policy journal. Continued support will enable Health Affairs to pursue new online features and provide more sophisticated tracking of the impact of its Web publishing on audiences of interest to the journal and the Fund. Although the Fund will no longer support the annual international print issue of Health Affairs, it will provide further support for its Web publishing program to ensure electronic publication of articles with an international focus.

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Small Grants—Communications

Association of Health Care Journalists

\$10,000

5th National Annual Conference: Politics Patients and Products: Hotspots in 2004

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Harris Interactive, Inc.

\$8,500

Health Care Opinion Leaders Project

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Medscape Portals, Inc

\$25,000

Early Childhood Development Online CME Program

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National Public Radio

\$50,000

National Public Radio News Health Care Coverage

Melissa Gill

Director of Development

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WGBH Educational Foundation

\$45,000

Marketplace's Health Desk coverage

Marita Rivero

Vice President and General Manager for Radio

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ORGANIZATIONS WORKING WITH FOUNDATION

AcademyHealth

\$35,000

General Support

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Grantmakers in Aging, Inc.

\$6,000

General Support

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Grantmakers In Health

\$15,000

General Support

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Health Services Research Association of Australia & New Zealand

\$1,000

General Support

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New York Regional Association of Grantmakers

\$11,500

General Support

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Nonprofit Coordinating Committee of New York

\$35,000

General Support

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Rockefeller University

\$90,000

*Transfer and Maintenance of The Commonwealth Fund's
Archives, Part 8*

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Small Grants—Special Opportunities

Kaiser Family Foundation

\$5,000

*General Operating Support for the Barbara Jordan
Conference Center*

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Women's Prison Association and Home, Inc.

\$3,500

2004 Gala

Ann L. Jacobs
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Alfred E. Smith Memorial Foundation, Inc.

\$5,000

2003 Alfred E. Smith Memorial Foundation Dinner

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Archbishop of New York
Archdiocese of New York
1011 First Avenue
New York, NY 10022-4134
Tel: (212) 371-1000
communications@archny.org

National Medical Fellowships

\$6,000

2003 Annual Awards Gala

Vivian Manning Fox
President and CEO
5 Hanover Square, 15th Floor
New York, NY 10004
Tel: (212) 483-8880
natmed@worldnet.ett.net

New York Academy of Medicine

\$6,000

2004 Tenth Annual Gala

Jeremiah A. Barondess, M.D.
President
1216 5th Avenue Room 602
New York, NY 10029-5293
Tel: (212) 822-7201
jbarondess@nyam.org

United Hospital Fund of New York

\$8,500

2003 United Hospital Fund Gala, September 29, 2003

James R. Tallon, Jr.
President
350 Fifth Avenue, 23rd Floor
New York, NY 10118
Tel: (212) 494-0777
jtallon@uhfnyc.org

2004 Annual Report
SUMMATION OF PROGRAM
AUTHORIZATIONS

Year Ended June 30, 2004	Major Program Grants	Picker Program Grants	Small Grants Fund Grants	Total
Program Grants Approved				
Improving Insurance Coverage and Access to Care	\$ 3,475,765	—	\$ 363,183	\$ 3,838,948
Task Force on the Future of Health Insurance	1,560,198	—	163,256	1,723,454
Program on Medicare's Future	1,296,437	—	140,977	1,437,414
Health Care in New York City Program	619,130	—	58,950	678,080
Improving the Quality of Health Care Services	6,431,348	1,350,256	763,063	8,544,667
Health Care Quality Improvement	2,513,276	—	303,367	2,816,643
Quality of Care for Underserved Populations	1,234,628	—	104,442	1,339,070
Commonwealth Fund/Harvard University Fellowships in Minority Health Policy	800,000	—	—	800,000
Child Development and Preventive Care	1,883,444	—	191,958	2,075,402
Picker/Commonwealth Program on Frail Elders	—	1,350,256	163,296	1,513,552
International Health Care Policy and Practice	2,025,199	—	123,542	2,148,741
Communications	859,352	—	93,500	952,852
Health Policy, Research & Evaluation	—	—	40,000	40,000
Other Continuing Programs	193,500	—	70,269	263,769
Total Program Grants Approved	\$12,985,164	\$1,350,256	\$1,453,557	\$15,788,977
Grants Matching Gifts by Directors and Staff				\$441,311
Program Authorizations Cancelled or Refunded and Royalties Received				(\$1,088,959)
Total Program Authorizations				\$15,141,329