



## **INTERNATIONAL PROGRAM IN HEALTH POLICY & PRACTICE INNOVATIONS**

### **Suggested Project Themes for Harkness Fellowships in Health Care Policy**

The mission of The Commonwealth Fund is to promote a high performing health care system that achieves better access, improved quality, and greater efficiency, particularly for society's most vulnerable, including low-income people, the uninsured, minority Americans, young children, and elderly adults.

#### **Overview**

The United States provides some of the best medical care in the world, yet a growing body of evidence indicates the system falls short. Although national health spending is significantly higher than the average rate of other industrialized countries, the U.S. is the only such country that fails to guarantee universal health insurance. In addition, the quality of care is highly variable and delivered by a system that too often is poorly coordinated, driving up costs and putting patients at risk. With rising costs straining family, business, and public budgets, many people unable to access care because of financial barriers, and variable quality, improving health care performance is a matter of national urgency.

In March 2010, President Obama signed into law the Patient Protection and Affordable Care Act (ACA)—a comprehensive set of reforms to expand insurance coverage, reduce the cost of care, and improve delivery system performance. In the more than seven years since the enactment of the most significant health reform legislation in half a century, it is now clear that millions of Americans are benefiting from the insurance coverage expansions, premium and cost-sharing subsidies, consumer protections, and market reforms ushered in by the ACA. While these gains have fundamentally changed the U.S. health insurance system, longstanding problems with the system are far from a thing of the past. Reaching the millions of adults who still remain without coverage and health care security is one major challenge; another is ensuring that those who are insured, particularly people with low and moderate incomes, can afford their health plans and their health care. The Commonwealth Fund is dedicated to assisting health care providers, the federal and state governments, businesses, and patients to realize the full potential of reform to improve health system performance.

The Fund's work is grouped into four major programs:

- Health Care Coverage and Access
- Health Care Delivery System Reform
- International Health Policy and Practice Innovations
- Breakthrough Health Care Opportunities

A particular focus is placed on improving care for high-need, high-cost patients and vulnerable patients, including from low-income, minority, and immigrant populations.

The above programs are complemented by four special initiatives: Advancing Medicare, Controlling Health Care Costs, Tracking Health System Performance, and Engaging Federal and State Health Policymakers.

Through supporting independent research on health care issues and making grants to improve health care practice and policy, the Fund aims to promote a high performing U.S. health care system.

### **Suggested Project Themes**

Applicants are strongly encouraged to submit proposals based on original ideas that fall within the scope of the Commonwealth Fund's mission to support a high performing health care system. If data is readily available from their home country, applicants may also choose to undertake cross-national comparisons (although given the 12-month tenure for the Harkness Fellowships, it is often preferable for country comparisons to be done post-Fellowship). Proposed projects should fit within the Fund programs or special initiatives described above. Below are examples of Fund-supported projects and recent publications within each of these areas. Also included are examples of Harkness Fellows' projects in these areas. More information on each program can be found on the [Commonwealth Fund website](#).

## HEALTH CARE DELIVERY SYSTEM REFORM

The Commonwealth Fund's [Delivery System Reform](#) work promotes the broad delivery system changes necessary to improve patient outcomes and control costs, focusing primarily on two populations—those with complex conditions that account for high costs of care (high-need, high-cost patients) and low-income, racial/ethnic minority populations (vulnerable populations). In the United States, these two groups use our health system more frequently than others and experience its shortcomings more acutely.

Several strategies for improving care are prioritized in this work:

- Build an evidence base to improve understanding of high-need, high-cost patients and vulnerable populations and the health system's capacity to meet their needs.
  - *Assessing best practices for predicting, identifying and segmenting high-need, high-cost patients*
  - *Development of infrastructure, interdisciplinary care teams, interventions and incentives to improve performance of providers*
  - *Improve communication about in-common patients with providers and services outside of the primary care practice – specialists, hospitals, community-based services and nursing homes*
  - *Understanding practices to obtain data in real-time to improve patient care and practice performance*
- Identify and assess promising models, programs, and practices to improve care for high-need, high-cost patients and low-income individuals, with a particular focus on care systems that integrate medical care, behavioral health care, and non-medical services that affect health care outcomes, such as long-term support services, housing security and other community-based services.
  - *New, promising models to improve care*
  - *Environmental scans to identify models that work for complex, high-need populations or specific groups of vulnerable populations*
  - *Promising approaches to addressing non-medical needs in health care settings*
  - *Understand barriers and opportunities to integrate medical and non-medical health interventions, helping to “make the case” for better integration to U.S. health system leaders and payers*
  - *Identification of barriers and opportunities to improving measurement of high-need, high-cost patient outcomes for health systems, providers, and policymakers*
- Investigate payment and policy reforms that support delivery system reform for vulnerable and high-need, high-cost populations.
  - *Monitoring development of Accountable Care Organizations, including how they address low-income and complex patient populations, and informing new regulations and encouraging evidence-based refinement of existing regulations*
  - *Assess impact of value-based payment models*

*Current examples of Fund-supported work*

- [Adding a Measure of Patient Self-Management Capability to Risk Assessment Can Improve Prediction of High Costs](#)
- [Improving Population Health Management Strategies: Identifying Patients Who Are More Likely to Be Users of Avoidable Costly Care and Those More Likely to Develop a New Chronic Disease](#)
- [ACOs Serving High Proportions of Racial and Ethnic Minorities Lag in Quality Performance](#)
- [Hospitals Participating in Accountable Care Organizations Tend to Be Large and Urban, Allowing Access to Capital and Data](#)
- [Association Between Medicare Accountable Care Organization Implementation and Spending Among Clinically Vulnerable Beneficiaries](#)
- [Sustained Participation in a Pay-for-Value Program: Impact on High-Need Patients](#)
- [Outcomes for High-Needs Patients: Practices with a Higher Proportion of These Patients Have an Edge](#)
- [ACOs Serving High Proportions of Racial and Ethnic Minorities Lag in Quality Performance](#)

**Harkness Projects Related to Health Care Delivery System Reform**

- [Care Transitions in Accountable Care Organizations](#)
- [Comparison of Integrated Care Models to Support and Empower Vulnerable Patients in the U.S. and U.K.](#)
- [Requirements to Enabling Internal Performance Management](#)
- [Incentives Behind Overuse of Medical Services in the Context of the Choosing Wisely Initiative](#)
- [What Motivates Behaviors within Accountable Care Organizations to Improve Care and Reduce Costs for High-Need, High-Cost Patients?](#)
- [Policies and Models for Integrating Mental Health and Primary Care](#)
- [Chronic Disease Self Management Programs: Scope of Programs and What Works for Whom in the U.S.?](#)
- [Tackling Health Disparities in the U.S.: A Study of Health Care Organizational Strategies](#)
- [Comparison of Interventions to Reduce Hospital Admissions and Readmissions](#)
- [Improving Quality and Lowering Costs Through Health System Integration in Medi-Cal](#)

## HEALTH CARE COVERAGE AND ACCESS

The Commonwealth Fund's [Health Care Coverage and Access program](#) provides timely analysis to federal and state policymakers, consumer groups, the media, and other key stakeholders on the state of health coverage in the U.S. Activities include:

- Providing timely information about the ACA's reforms and the status of their implementation.
- Tracking enrollment and people's experiences with the new insurance options.
- Evaluating the effects of proposals to repeal and replace the ACA on the extent and quality of health coverage, access to health care, changes in employer-based coverage, affordability of premiums and out-of-pocket costs, health plan competition, innovation in insurance markets, and sustainability of the insurance marketplaces.
- Analyzing and developing national and state short-term policy solutions to address implementation issues as they arise.
- Identifying gaps in the ACA and replacement proposals that may leave some groups of people without coverage or adequate protection from costs.

### *Current examples of Fund-supported work*

- [How the Affordable Care Act Has Improved Americans' Ability to Buy Health Insurance on Their Own](#)
- [Medicaid's Future: What Might ACA Repeal Mean?](#)
- [Repealing Federal Health Reform: Economic and Employment Consequences for States](#)
- [Americans' Experiences with ACA Marketplace and Medicaid Coverage: Access to Care and Satisfaction](#)

### **Harkness Projects Related to Health Care Coverage and Access**

- [Determining Covered Benefits: Exploring States' Experiences in Using Evidence to Drive Policy](#)
- [Implementing State-Based Health Insurance Exchanges: Identifying Key Issues and Developing Evidence-Based Proposals](#)
- [Impact of Massachusetts Health Care Reform on Disparities](#)
- [Impact of Insurance Coverage and Deprivation on Health and Health Care Use](#)
- [Cost, Coverage and Access to Pharmaceuticals under Medicare Part D: Towards a Value-Based Drug Benefit](#)
- [Partnerships and Long-Term Care Insurance in Europe and the United States](#)
- [Designing a Value-Based Plan to Cover the Uninsured](#)

## **BREAKTHROUGH HEALTH CARE OPPORTUNITIES**

The Commonwealth Fund's [Breakthrough Health Care Opportunities program](#) aims to discover, develop, and test transformative ideas, strategies, and tools that can potentially lead to dramatically better health care access and quality, lower costs, and improved health outcomes.

The program seeks alternatives to current approaches—including emerging technologies, innovative care processes, or new incentive programs—that are capable of positively and profoundly disrupting the status quo. Our task is to identify those that have this potential and to fund work that reduces the policy, cultural, business case, and technical barriers to their realization.

Currently, the program is funding two initiatives:

- The IT-enabled consumer: changing the physician/patient power dynamic and how patients manage their own care and engage with the health care system through the access and use of their health care data
- Incentives 2.0: testing the next generation of provider incentives grounded in economics, psychology, behavioral economics, sociology, and the management sciences

*Current examples of Fund-supported work*

- [Envisioning a Digital Health Advisor](#)
- [Developing a Framework for Evaluating the Patient Engagement, Quality, and Safety of Mobile Health Applications](#)
- [How a Digital Health Advisor Could Help High-Need, High-Cost Patients and Their Caregivers](#)
- [Many Mobile Health Apps Target High-Need, High-Cost populations, But Gaps Remain](#)
- [Usability of Commercially Available Mobile Applications for Diverse Patients](#)
- [Leveraging Health Information Technology to Achieve the Triple Aim](#)
- [Using Behavioral Economics to Design Physician Incentives That Deliver High-Value Care](#)
- [Into Practice: How Advocate Health System Uses Behavioral Economics to Motivate Physicians in Its Incentive Program](#)
- [Aligning Incentives for Value: The Internal Performance Framework at Partners HealthCare](#)
- [Baptist Health System: Succeeding in Bundled Payments Through Behavioral Principles](#)

### **Harkness Projects Related to Breakthrough Opportunities**

- [Patient-facing Digital Technology: What Can Healthcare Learn from Other Industries to Improve Patient Engagement and Adoption?](#)
- [Leveraging Health Information Technology to Realize the 'Triple Aims' of Health Care Reform](#)

## ADVANCING MEDICARE

For over five decades, Medicare has helped older adults and disabled people of all ages obtain the health care they need while protecting the most vulnerable from severe financial hardship. The Commonwealth Fund's [Advancing Medicare](#) initiative identifies ways in which this crucial program—the largest payer of health care services in the United States—can serve its beneficiaries more effectively and efficiently while helping to foster broader health system improvements.

Medicare has enormous capacity to leverage broader change in U.S. health care by playing a key role in the development, implementation, evaluation, and spread of innovative models of health care organization, delivery, and payment. However, the program faces some serious challenges. Chief among them are rising costs for both the federal budget and seniors covered by the program. The average beneficiary spends 15 percent of her income on health care, compared with just 5 percent for people under age 65. Additional challenges include the need for more comprehensive benefits, better financial protection for beneficiaries with low or modest incomes, and a reduction in the complexity of Medicare coverage. Strategies are also needed to serve the expanding number of enrollees with complex care needs and multiple chronic conditions.

The Commonwealth Fund is examining trends in Medicare and studying potential solutions to emerging issues. Fund-supported research is examining how Medicare can:

- Improve access to the benefits and care needed by aged and disabled beneficiaries.
- Assess and disseminate innovations in improving value throughout the program and the entire health system.
- Examine the private health plan program under Medicare Advantage to improve in meeting care needs, lowering program costs, and improving health outcomes.
- Improve coordination between Medicare and other public programs, like Medicaid.

### *Current examples of Fund-supported work*

- [Making Health Care Markets Work Better: The Role of Regulation](#)
- [Risks for Nursing Home Placement and Medicaid Entry Among Older Medicare Beneficiaries with Physical or Cognitive Impairment](#)
- [Improving Benefits and Integrating Care for Older Medicare Beneficiaries with Physical or Cognitive Impairment](#)
- [Better Patient Care At High-Quality Hospitals May Save Medicare Money And Bolster Episode-Based Payment Models](#)

## CONTROLLING HEALTH CARE COSTS

The United States by far spends the most on its health care system per person compared to the rest of the world. 18 percent of the nation's economy is devoted to health care—50 percent higher than the country with the second-highest proportion of health expenditures (the Netherlands) and nearly double what many other high-income countries spend.

Despite having the highest levels of spending, Americans' health outcomes are often worse in comparison to those of other advanced nations. Moreover, there is ample evidence of waste and inefficiency throughout the U.S. health system. Evidence also shows that U.S. prices are out of line with what others pay for the same medical services, devices, and pharmaceuticals—even those produced in the U.S. and sold on global markets. This level of spending is putting a strain on businesses, governments, and household budgets. It can lead to unfunded liabilities and debt, while at the same time diverting resources away from investments in jobs, education, and other social and economic needs.

The Commonwealth Fund's [Controlling Health Care Costs](#) initiative monitors and analyzes spending in both the public and private health care sectors. It seeks answers to two central questions:

- What is driving higher or lower costs and spending in health care markets across the country?
- What policy reforms, innovations in care delivery, and changes in provider payment have the potential to reduce costs while improving outcomes?

Patients with high needs and high costs—such as those with multiple chronic conditions or serious mental health problems—are a particular focus of the initiative. Other research examines the cost impact of new medical technologies and changing demographics, as well as the roles played by prices, market structure, treatment patterns, and resource use.

### *Current examples of Fund-supported work*

- [Economic Effects of Medicaid Expansion in Michigan](#)
- [On Medicare But At Risk: A State-Level Analysis of Beneficiaries Who Are Underinsured or Facing High Total Cost Burdens](#)
- [The Affordable Care Act and the U.S. Economy](#)
- [The Limits of Using Medicare Data to Evaluate U.S. Health Care Spending](#)
- [The Price Ain't Right? Hospital Prices and Health Spending on the Privately Insured](#)
- [Health Spending: The \\$2 Trillion Question – or Questions](#)



## TRACKING HEALTH SYSTEM PERFORMANCE

The Commonwealth Fund's [Tracking Health System Performance](#) program works to assess the extent to which the nation's investment in health insurance expansion and innovations in care delivery under the Affordable Care Act is yielding hoped-for gains, and the nation's progress toward achieving the "Triple Aim" of better care, better health, and lower costs. This work draws from multiple data sources to track key indicators of health care access, quality, use/costs, and healthy lives. Building on a series of health system scorecards begun in 2006, the team produces scorecards at the state, local, and special population level, as well as related reports, briefs, and interactive data products that provide performance benchmarks and improvement targets while helping to inform future action by policymakers and health care stakeholders.

[Commonwealth Fund Scorecards](#) and related reports draw primarily on publicly available data, such as federal surveys and vital statistic data. The Tracking team also has access to a number of data sources and metrics that describe the healthcare context (e.g. structural variables) that are not included in performance reports. Additionally, they construct a Public Use File (available for download from the Commonwealth Fund's online datacenter) containing all of the performance state and local area data used in each Scorecard. Any Harkness Fellow who is interested is welcome to reach out to Dave Radley ([dr@cmwf.org](mailto:dr@cmwf.org)) and Doug McCarthy ([dm@cmwf.org](mailto:dm@cmwf.org)) to discuss data availability.

The Tracking team conducts case studies and other qualitative research on delivery system reforms to identify how improvement occurs, factors that may promote or inhibit improvement, and lessons that could guide replication and spread of promising care models that have improved outcomes and reduced the costs of care.

### *Current examples of Fund-supported work*

- [Aiming Higher: Results from a Scorecard on State Health System Performance, 2017](#)
- [A Long Way in a Short Time: States' Progress on Health Care Coverage and Access, 2013–2015](#)
- [The Slowdown in Employer Insurance Cost Growth: Why Many Workers Still Feel the Pinch](#)
- [Case Studies of Care Models for High-Need, High-Cost Patients](#) (series)
- [High-Need, High-Cost Patients: Who Are They and How Do They Use Health Care?](#)
- [Health System Performance for the High-Need Patient: A Look at Access to Care and Patient Care Experiences](#)
- [Rising to the Challenge The Commonwealth Fund Scorecard on Local Health System Performance, 2016 Edition](#)
- [Health Care in the Two Americas: Findings from the Scorecard on State Health System Performance for Low-Income Populations, 2013](#)
- [Opportunity for Regional Improvement: Three Case Studies of Local Health System Performance](#)