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## 2005 Annual Report

### International Program in Health Policy and Practice



At the Commonwealth Fund's 2005 International Symposium in Health Care Policy, leading government officials and experts from several industrialized nations, including Peter Sawicki (speaking), director of Germany's Institute for Quality and Efficiency in Health Care, described his nation's efforts to benchmark the quality of hospital care. Seated next to him is Sir Liam Donaldson, the United Kingdom's Chief Medical Officer.

Photo: John Troha/Redux Plus

The mission of the Fund's International Program in Health Policy and Practice is three-fold: building an international network of health care researchers devoted to policy, sparking creative thinking about health policy through international exchanges, and encouraging comparative research and collaboration among industrialized nations. As part of that work, the program conducts high-level international policy forums to promote the exchange of innovations targeting common problems.

### 2005 International Symposium

For the past eight years, the Fund has hosted an annual international symposium focusing on a health policy topic of mutual concern to the United States and other industrialized nations. This year's symposium, held November 2–4 in Washington, D.C., brought together policy experts to discuss issues surrounding patient choice, health system responsiveness, and ways that health care systems can implement patient-centered care concepts. Participants included health ministers or their designates from Australia,

Canada, New Zealand, the United Kingdom, and the United States, as well as senior government officials and leading researchers from each country. In addition, experts from Germany and the Netherlands were invited to share innovations under way in their country.

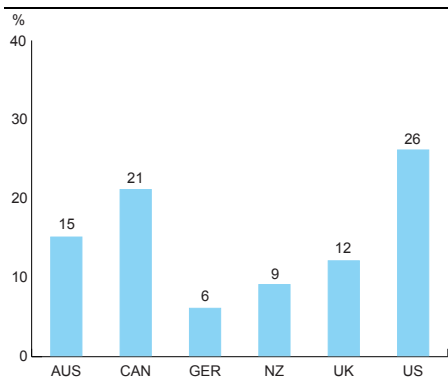
In the opening keynote address, U.S. Secretary of Health and Human Services Michael O. Leavitt spoke about his recent trip to Asia and concerns about the potentially devastating effects of an avian flu pandemic on world health and economic well-being—and the need for pandemic readiness, both in the U.S. and abroad. Secretary Leavitt stressed the importance of health information technology (IT), not just during times of natural disasters but in efforts to improve the overall quality of health care.

A further highlight of the meeting was the fourth John M. Eisenberg, M.D., International Lecture, delivered by Donald M. Berwick, M.D., president and CEO of the Institute for Healthcare Improvement. Berwick issued a challenge to policy leaders to control and rationalize health care financing, pursue integrated and population-based care, and improve the reliability and safety of care.

At the symposium, Fund senior vice president Cathy Schoen and vice president and International Program director Robin Osborn presented findings from the 2005 International Health Policy Survey. An article based on the findings was published as a *Health Affairs* Web Exclusive, which received extensive media coverage, including an article in the *Washington Post* and an op-ed in the *New York Times*. The six-nation survey focused on the experiences of adults with health problems, and for the first time included Germany, in addition to Australia, Canada, New Zealand, the U.K., and the U.S. The U.K.-based Health Foundation and Germany's Institute for Quality and Efficiency in Health Care provided cofunding for the survey.

People in the U.S. rely on emergency rooms for non-emergency care at a rate higher than in other industrialized countries.

**Percent of adults who went to the ER for a condition that could have been treated by a regular doctor, if available**



Source: C. Schoen, R. Osborn, P. T. Huynh et al., "Taking the Pulse of Health Care Systems: Experiences of Patients with Health Problems in Six Countries," *Health Affairs* Web Exclusive, Nov. 3, 2005.

The survey results reveal significant differences as well as strikingly similarities among the countries. Medical errors and failure to coordinate care, especially during transitions from one site of care to another, are problems shared by all six countries, as are missed opportunities to engage patients as partners in their care. Between one-fifth and one-third of adults across the six countries reported that a medical mistake, medication error, or lab test error had been made in their care in the past two years. Errors were reported most frequently in the U.S. and Canada, with the U.S. standing apart from the other nations for safety risks, inadequate coordination, inefficient care, financial burdens, and health care access or cost concerns.

Germany's comparatively strong showing in the survey suggests it is possible to provide universal health insurance coverage while simultaneously ensuring affordability of care and timely access to services.

At the symposium, a policy roundtable discussion among senior officials provided the opportunity for a candid exchange of views on pressing issues, including health care quality, health system sustainability, patient choice, and manpower priorities. Participating were Carolyn Clancy, M.D., director of the U.S. Agency for Healthcare Research and Quality; Pete Hodgson, New Zealand's minister of health; Sir Liam Donaldson, U.K. chief medical officer; Canada's Ian Shugart, senior assistant deputy minister; Philip Davies, deputy secretary of the Australian Department of Health and Ageing; and Peter T. Sawicki, M.D., director of Germany's Institute for Quality and Efficiency in Health Care.

On the last day of the symposium, participants discussed how the U.S. might learn from the policy and health care delivery innovations tried in other countries. Held on Capitol Hill in cooperation with the Alliance for Health Reform, the session highlighted national hospital quality benchmarking in

Germany, patient safety initiatives, and pay-for-performance strategies in the U.K.

Commissioned papers presented at the symposium will be submitted to *Health Affairs* as part of its series of international Web Exclusive articles. The symposium is cosponsored by *Health Affairs*, in collaboration with founding editor John Iglehart.

### **U.S.–U.K. Meeting on Health Care Quality**

In July 2005, the Fund and the London-based Nuffield Trust cosponsored the seventh in a series of meetings for senior U.S. and U.K. policymakers and quality experts. Entitled “Improving Quality of Health Care in the United States and United Kingdom: Strategies for Change and Action, 2005,” the gathering was further enriched by representatives from Australia and New Zealand. Held at Pennyhill Park in Bagshot, England, the meeting addressed four topics: how to get recommended care into practice all the time; how to use information technology to maximize clinical and patient engagement; how to foster professionalism and quality improvement; and what the media’s role is in health care quality.

A starting point for the dynamic exchange that followed was the presentation of Australian, U.K., and U.S. case studies of innovative approaches to improve care for chronically ill children. During the conference, participants received an update on the progress of the 2001 bilateral agreement between the U.K. and U.S. for collaboration on quality improvement, and an agenda for future collaboration was discussed.

### **International Working Group on Quality Indicators**

Since 1999, Gerard Anderson, Ph.D., of Johns Hopkins University and Robin Osborn have co-directed the International Working Group on Quality Indicators, a unique

collaboration that includes government officials from Australia, Canada, New Zealand, the U.K., and the U.S.; the Organization for Economic Cooperation and Development (OECD); the Nuffield Trust; the Institute of Medicine; and the Canadian Council of Health Services Accreditation. Chaired by Arnold Epstein, M.D., of the Harvard School of Public Health, the project produced in 2004 the first-ever set of quality indicators—30 in all—for benchmarking and comparing health care system performance across countries.

In collaboration with the Fund, the OECD is building on this work through its International Healthcare Quality Indicators Project, also chaired by Dr. Epstein. The OECD has expanded the project to include 23 countries and is further developing the scope and depth of the indicator set. The project, which was endorsed by health ministers at the OECD May 2004 Ministerial meeting, will by early 2006 produce data on participating countries from an initial set of 17 indicators. The objective is to expand the indicator set to include 50 internationally comparable quality measures.

### **Harkness Fellows in Health Care Policy**

Aimed at developing promising health care policy researchers and practitioners in the U.K., Australia, and New Zealand, the Harkness fellowships provide a unique opportunity for individuals to spend up to 12 months in the U.S. conducting a policy-oriented research study, gaining firsthand exposure to managed care and other models of health care delivery, enhancing methodological skills, and working with leading health policy experts. Two Canadian Harkness Associates, selected in collaboration with the Canadian Health Services Research Foundation, participate in the fellowship seminars, adding a valuable perspective to the program. Beginning with the 2006–07 class, the Fund will expand the Harkness Fellowships to include a fellow from Germany. Nicole Lurie,

M.D., senior natural scientist and professor of health policy at the RAND Corporation, serves as the Fund's senior fellowships advisor.

The seventh class of fellows (2004–05) completed a productive year, ending with a final reporting seminar in Boston, Massachusetts, in June 2005. In October, fellows attended the Fund's International Symposium on Health Care Policy and participated in a visit to the Agency for Healthcare Research and Quality. A Washington policy briefing in February gave the fellows exposure to the political process and the views of a wide range of senior policymakers and stakeholders. In May, the fellows traveled to Calgary and Vancouver for briefings with senior government officials and health care leaders and a closer look at the Canadian health care system.

In July, The Commonwealth Fund co-sponsored, with the Nuffield Trust and Health Foundation, the first Harkness Fellowships in Health Care Policy Alumni Health Policy Conference. The event, held in England, brought together the first seven classes of Harkness Fellows to exchange views on policy developments in their home countries and to stimulate cross-national research collaborations. The retreat reinforced the Harkness Fellowship network while strengthening the Fund's international network of health policy experts.

The 2005–06 Harkness Fellows in Health Care Policy arrived in the U.S. beginning in August, including two U.K. Harkness/Health Foundation Fellows. Under the guidance of distinguished U.S. and home country mentors, the fellows will conduct research projects, with a final paper or report for senior policymakers the expected end-product. Many of these projects will include cross-national comparisons.

The 2005–06 Harkness Fellows include:



- **Julia Abelson, Ph.D., M.Sc.** (Canadian Associate)  
Associate Professor, McMaster University  
*Project Title:* Informed and Becoming Informed: The Public and Canadian/U.S. Health Policy



- **Stirling Bryan, Ph.D., M.Sc.** (United Kingdom)  
Professor of Health Economics, University of Birmingham  
*Project Title:* The Use of Cost-Effectiveness Information in Coverage Policy Decisions in the US and the UK  
*Placement:* Center for Primary Care and Outcomes Research, Stanford University  
*Mentor:* Alan Garber, M.D., Ph.D.



- **Anna Dixon, M.Sc. (Econ)** (United Kingdom)  
Lecturer in European Health Policy, London School of Economics and Political Science  
*Project Title:* Informed Choices: What Use Do Patients Make of Quality Information When Deciding Who To Consult and Where to Get Treated?  
*Placement:* Department of Planning, Public Policy, and Management, University of Oregon  
*Mentor:* Judith Hibbard, Dr.P.H.



- **Nisha Dogra, Ph.D., B.M., MRCPsych, M.D.** (United Kingdom)  
Senior Lecturer, University of Leicester, and Honorary Consultant in Child and Adolescent Psychiatry, Greenwood Institute of Child Health  
*Project Title:* Case Studies to Compare Cultural Competency Training in Managed Care Organizations with Public Hospitals and Non-Health Businesses  
*Placement:* Institute for Health Policy, Harvard Medical School  
*Mentor:* Joseph Betancourt, M.D., M.P.H.



- **Derek Feeley** (Harkness/Health Foundation Fellow; United Kingdom)  
Head of National Planning, Scottish Executive Health Department  
*Project Title:* Developing Health Services fit for 2020 – Strategic Planning to Deliver Health Care for Older People with Long Term Conditions  
*Placement:* Kaiser Permanente  
*Mentors:* Robert Crane and Paul Wallace, M.D., and The Honorable Jonathan B. Perlin, M.D.,

Ph.D., Under Secretary for Health,  
Department of Veterans Affairs



- **Sonj Elizabeth Hall, Ph.D., R.N., M.P.H.** (Australia)  
Lecturer in Health Systems and Economics, School of Population Health, The University of Western Australia  
*Project Title:* The Impact of Policies in the U.S. and Australia on Improving Access and Quality of Care for People Diagnosed with Cancer in Disadvantaged Communities  
*Placement:* Agency for Healthcare Research and Quality (AHRQ)  
*Mentors:* Ernest Moy, M.D. and Carolyn Clancy, M.D.



- **Rhys Jones, M.B.Ch.B., M.P.H.** (New Zealand)  
Senior Lecturer, University of Auckland  
*Project Title:* Effectiveness of Interventions to Reduce Ethnic Disparities in Health Care: A Case Study Review  
*Placement:* Department of Health Care Policy, Harvard Medical School  
*Mentor:* John Ayanian, M.D.



- **James Mountford, B.M., B.Ch., M.A.**  
(Harkness/Health Foundation Fellow; United Kingdom)  
Engagement Manager, McKinsey and Company  
*Project Title:* The Impact of Incentives for Hospital Doctors on Organizational Performance, Quality, and Disparities Across Patient Groups  
*Placement:* Harvard School of Public Health and Institute for Healthcare Improvement  
*Mentors:* David Blumenthal, M.D., and Donald Berwick, M.D.



- **Adam Oliver, Ph.D., M.Sc.** (United Kingdom)  
Deputy Director of LSE Health and Social Care and Lecturer in Health Economics and Policy, London School of Economics  
*Project Title:* Policies and Institutions: A Comparative Analysis of the Goals and Policies of the UK National Health Service and the VA on Performance  
*Placement:* Columbia University, School of Public Health  
*Mentors:* Sherry Glied, Ph.D., and Lawrence Brown, Ph.D.



- **Denis A. Roy, M.D., M.P.H., M.Sc., FRCPC**  
(Canadian Associate)  
Director of Information and Knowledge Management,  
Monteregie Local Health and Social Services Network  
Development Agency  
*Project Title:* Development of a New Governance  
Structure Focused on Continuing  
Improvement of Performance in the  
Regional Healthcare System

### **Packer Policy Fellowships**

The Packer Policy Fellowships, a “reverse Harkness Fellowship” program established in 2002, are designed to enable two mid-career U.S. policy researchers or practitioners to spend up to 10 months in Australia conducting research and gaining an understanding of Australian health policy issues relevant to the U.S. Chaired by Andrew Bindman, M.D., the selection committee met in November 2005 and selected the third round of fellows.



- Thomas C. Buchmueller, professor of economics and public policy at the Paul Merage School of Business, University of California, Irvine



- Valerie A. Hepburn, associate director and assistant professor at the Institute of Public Health, Georgia State University.

### **Ian Axford Fellows, 2006**

The Fund administers the Ian Axford (New Zealand) Fellowships in Public Policy. Established by the New Zealand government in conjunction with the private sector, the program provides opportunities for outstanding U.S. professionals working in a range of public policy areas—including health care, education, criminal justice, race relations, the environment, and tax policy—to take six-month policy sabbaticals in New Zealand. The Ian Axford Fellowships

selection committee, chaired by Robert D. Reischauer, president of the Urban Institute, met in May and selected three 2006 fellows, who will begin their tenure in New Zealand in January 2006. They include:



- Linda Blumberg, senior research associate at The Urban Institute



- Susan Coopedge, assistant U.S. attorney in the Northern District of Georgia



- Saskia Kim, principal consultant in the Senate Office of Research, California State Legislature.

### **Partnerships with International Foundations**

The Commonwealth Fund continues to seek and nurture partnerships with international foundations in order to expand and enrich its current programs. In addition to expanding the Harkness Fellowships in Health Care Policy program to include two U.K. Harkness/Health Foundation Fellows, The Commonwealth Fund's partnership with the Health Foundation features other areas of collaboration. Beginning with the 2004 International Health Policy Survey, The Health Foundation has supported an expanded U.K. sample, making possible statistically significant comparisons among England, Scotland, Wales, and Northern Ireland.

Beginning with the 2005 International Health Policy Survey of Sicker Adults, Germany's Institute for Quality and Efficiency in Health Care provided support for the survey in Germany, expanding the survey to six countries.

Each year since 2001, two Canadian Harkness Associates have participated in the fellowships program as part of an ongoing collaboration between the Fund and the Canadian Health Services Research Foundation. The Fund continues to build on its longest-standing international partnership—that with the Nuffield Trust, with which the Fund has cosponsored an annual International Meeting on Health Care Quality since 1999.

In the fall of 2002, the Fund joined the Bertelsmann International Network for Health Policy and Reform in a 15-nation collaboration for sharing information on policy reforms, innovations, and best practices. The network—which includes independent experts from foundations and research institutions in Australia, Austria, Canada, Denmark, Finland, France, Germany, Japan, Netherlands, New Zealand, Singapore, Spain, Switzerland, the U.K. and the U.S.—provides “real-time” reports twice each year on health sector reforms and trends in industrialized nations.

### **Research Projects and Other Activities**

Through its Small Grants Program, the Fund supports efforts to learn from other countries’ experiences. Projects in 2004–05 included sponsorship of international sessions at the 2005 AcademyHealth Annual Research Meeting, which showcased innovative approaches to pharmaceutical coverage and costs, models for disease management and coordination of care for chronically ill patients, and broad-scale implementation of electronic health records. A grant to Karen Scott Collins, M.D., at the New York City Health and Hospitals Corporation, will support a cross-national exchange on quality improvement collaboratives for diabetes and depression in New York City’s public safety net hospitals and London-based National Health Service hospitals.

Fund support will also enable examination of the changing public/private mix of financing and health care delivery in seven countries. The project, which will be directed by Dov Chernichovsky of Israel's Ben Gurion University, should offer lessons to the United States regarding access, cost containment, and efficiency.

Finally, the Fund sponsored its first international policy briefing in April on Capitol Hill. Held in cooperation with the Alliance for Health Reform, the event—entitled “Weighing the Evidence: Conducting Reviews of Pharmaceuticals in Four Countries”—was attended by more than 200 congressional staff, Washington policymakers, and journalists. Participants learned about innovative policy approaches in the U.K., Canada, and Germany regarding pharmaceutical costs and coverage, as well as a parallel U.S. demonstration project to encourage evidence-based Medicaid drug policy.