

Grants Approved, 2005 – 2006

Commission on a High Performance Health System

AcademyHealth

\$477,791

Commission on a High Performance Health System: Program Direction

In April 2005, the Board approved the establishment of The Commonwealth Fund Commission on a High Performance Health System, which is charged with identifying public and private policies and practices that would lead to higher performance, with a focus on those in society who are vulnerable due to income, minority status, health, or age. In addition to holding three meetings per year, the 18-member commission will produce an annual policy report and performance scorecard. Its work will also be reflected in existing Fund-sponsored activities, including the Bipartisan Congressional Retreat, Congressional Staff Retreat, and Alliance for Health Reform briefings and roundtables. The Fund will provide grants to the Washington, D.C.-based AcademyHealth and Alliance for Health Reform to provide basic staff support for key Commission activities. A senior policy director based at AcademyHealth will work with the executive director on Commission meetings and all policy-related programs and products. Staff at the Alliance will be responsible for logistical support of the three annual Commission meetings.

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Alliance for Health Reform

\$326,021

Alliance for Health Reform

\$326,021

Commission on a High Performance Health System: Meetings

In April 2005, the Board approved the establishment of The Commonwealth Fund Commission on a High Performance Health System, which is charged with identifying public and private policies and practices that would lead to higher performance, with a focus on those in society who are vulnerable due to income, minority status, health, or age. In addition to holding three meetings per year, the 18-member commission will produce an annual policy report and performance scorecard. Its work will also be reflected in existing Fund-sponsored activities, including the Bipartisan Congressional Retreat, Congressional Staff Retreat, and Alliance for Health Reform briefings and roundtables. The Fund will provide grants to the Washington, D.C.-based AcademyHealth and Alliance for Health Reform to provide basic staff support for key Commission activities. A senior policy director based at AcademyHealth will work with the executive director on Commission meetings and all policy-related programs and products. Staff at the Alliance will be responsible for logistical support of the three annual Commission meetings.

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Alliance for Health Reform

\$431,703

Commonwealth Fund Bipartisan Congressional Retreat, 2006

Since 1999, key members of Congress and other policy experts have met for three days in January under the auspices of The Commonwealth Fund and Harvard University's John F. Kennedy School of Government to discuss emerging issues in health care policy. With the formation of the Commission on a High Performance Health System, it becomes possible to tie the program for these retreats to the

Commission's policy work. The program for the retreat will be finalized each year at the Commission's summer meeting. As in the past, the retreats will 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 2006, the sessions will most likely focus on issues around Medicare, health care spending trends, Medicaid, reinsurance and high-risk pools, pay-for-performance, and the efforts undertaken by other countries to improve health system performance.

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Alliance for Health Reform

\$155,426

Health Policy Seminars and Congressional Staff Retreat, 2006

Alliance for Health Reform briefings are 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 host a congressional staff retreat. Possible briefing topics include: implementation of the new Medicare drug benefit; pay-for-performance initiatives; medical errors and malpractice policy options; incremental steps toward broadening insurance coverage, including reinsurance; improving enrollment in public programs; and international issues.

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Small Grants — Commission Activities

Harris Interactive, Inc.

\$30,000

Public Views on Health System Performance: A Public Opinion Survey

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Johns Hopkins University

\$49,466

Analysis of Medicare Rates and Costs for the Commonwealth Fund Health System Scorecard

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Trustees of Dartmouth College

\$19,512

Benchmarks of Health System Excellence and Implication for Efficiency

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Program on the Future of Health Insurance**Center for Studying Health System Change**

\$184,981

Family Out-of-Pocket Medical Costs: Recent Trends and Implications for Health Care Access

Previous Fund-supported research has documented the growing burden of out-of-pocket medical expenditures and the resulting difficulties Americans face in accessing care and paying medical bills. This project will analyze Medical Expenditure Panel Survey data to measure the most recent changes in out-of-pocket spending and premium shares and to identify the factors causing these changes. In addition, project staff will analyze household and physician survey data from the Community Tracking Study to document variation in this cost burden across 60 U.S. communities and how it is affecting people's health care experiences. From these analyses, policymakers will learn how rising health care costs and cost-sharing are affecting families' financial stability and local health systems' capacity to care for the most vulnerable patients.

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Trustees of Columbia University in the City of New York

\$195,362

Examining Health Insurance Issues and Developing Policy Options to Expand and Stabilize Coverage, 2005-06

The Fund's Program on the Future of Health Insurance tracks changes in insurance coverage, documents the consequences of being uninsured or underinsured, and explores new policies to expand coverage for working families. This core grant to Columbia University supports these activities by providing the analytical basis for reports authored by the Columbia team and for work undertaken by Fund staff, grantees, and the Commission on a High Performance Health System. Over the next year, the team will focus on such research topics as: the impact of health expenditures on people's savings; how sick leave and health benefits combine to affect access to care; new policies to expand coverage for low-wage workers; the latest trends in coverage among minorities and young adults; and components of the Commission's Health System Indicators Scorecard.

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Education & Research Fund of the Employee Benefit Research Institute

\$126,157

Tracking the Evolution and Spread of Consumer-Driven Health Care Plans

Consumer-driven health plans (CDHPs), which include high-deductible health plans and tax-preferred

savings accounts for medical expenses, have gained currency among employers as a strategy to reduce premiums and promote cost-conscious health care behavior on the part of employees. The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 helped stimulate interest in such plans by introducing Health Savings Accounts, which allow people with high-deductible plans to save pretax dollars to cover expenses that their health plans do not. Little, however, is known about the extent to which CDHPs have proliferated or their effect on the health behavior of employees. The Employee Benefit Research Institute (EBRI) proposes to fill this research gap through an annual Consumerism in Health Care Survey.

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Regents of the University of Minnesota

\$176,991

Uninsured and Underinsured Workers in Small Businesses: Policy Implications

The proportion of U.S. companies offering health insurance coverage has fallen in the last five years, a decline driven primarily by small firms. Among those small firms that still offer coverage, an increasing number are offering plans with higher deductibles. Using national Medical Expenditure Panel Survey (MEPS) data for 1997-2003, this project will analyze differences in the extent and quality of insurance coverage among firms of different sizes, focusing on the relationship of coverage to wages and other benefits, such as pensions, paid sick leave, and paid vacation. The researchers will also develop new estimates of 'underinsurance' based on health status, income, firm size, and comprehensiveness of health coverage. These findings will enable the project team to assess the potential impact of new legislative proposals for covering uninsured workers.

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Analysis and Modeling of the Leading Health Care Reform Bills of the 109th Congress (2005-2006)

Through various bills introduced in 2005-06, members of Congress have tried to address rapidly rising health care costs and insurance premiums, the erosion of comprehensive and affordable coverage, and problems with the safety and quality of care. Yet there has been little systematic analysis of these proposals to gauge their relative potential for success, estimate their costs to the federal budget, and assess their potential for long-term savings. This project will analyze and compare leading congressional bills that are designed to expand health coverage, improve public insurance programs like Medicare and Medicaid, control health care costs and improve efficiency, improve the quality and safety of care, and develop more rational payment policies. The findings will enable policymakers and the public to understand how various proposals will affect health care access, cost, and quality.

Health Policy R&D

\$59,500

Comparisons of Select Health Care Bills

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The Lewin Group, Inc.

\$90,500

Estimating the Cost and Coverage Impacts of Selected Coverage Expansion Proposals

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The Regents of the University of California

\$176,698

The Health and Cost Consequences of Interruptions in Medicaid Enrollment

Relatively little is known about how instability in health insurance coverage affects people's health, or what the cost consequences are for public insurance programs and the health system overall. For this project, researchers will examine California hospital discharge data to investigate whether interruptions in Medicaid coverage are associated with a higher rate of hospital admissions, deaths, or costs for medical conditions that could have been prevented with early primary care. The findings will help federal and state policymakers who are currently weighing policy options—including changes in Medicaid enrollment policy and higher premiums—to control the program's escalating costs.

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Small Grants — Program on the Future of Health Insurance

Altarum Institute

\$29,998

Retirees Under Age 65 at Risk of Losing Health Coverage: Scope of the Problem and Implications for the Health Care Sector

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Education & Research Fund of the Employee Benefit Research Institute

\$35,500

Sustaining Membership and Support of the EBRI Annual Health Confidence Survey

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Virginia Commonwealth University

\$33,483

Trade-offs Between Treatment and Work: The Case of Unemployed Women with Breast Cancer

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Medicare's Future

AcademyHealth

\$419,316

Medicare's Future: Program Direction Grant

Medicare is poised to implement its first-ever outpatient prescription drug benefit along with a major restructuring of the role played by private health plans. These changes raise numerous concerns about their impact on beneficiaries, particularly the most vulnerable—the frail, the sick, and the poor. Medicare officials, moreover, are considering ways to encourage quality improvement, increase provider efficiency, and improve care coordination. The Fund's Program on Medicare's Future provides independent analysis of these and other changes, identifies issues and directions that should be considered, and develops policy options for improving access to care. This grant will provide strategic direction for the program, develop new projects, coordinate ongoing work, and direct efforts to disseminate findings of work it supports to policymakers and the public. The program director also will participate in the critical review of Medicare-related reports submitted for Fund publication, prepare issue briefs and other materials, represent the Fund in public forums, and contribute to the activities of the new Commission on a High Performance Health System.

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National Opinion Research Center

\$215,623

Assessing Trends in Retiree Health Benefits and the Impact of Medicare Part D

The Medicare prescription drug benefit (Part D) to be implemented in January 2006 may significantly affect employers' choices regarding the drug coverage they will offer to their retirees. To counteract the potential incentive for employers to drop retiree drug benefits altogether, the Medicare Modernization Act provides for a tax-free payment to employers or unions that provide retirees with a qualified drug coverage plan. Building on their previous experience in surveying employers about health insurance decisions and benefit offerings, the investigators will survey mid-size employers about their retiree health benefits in fall 2005, prior to implementation of Part D, and then re-survey employers in fall 2006, following implementation. The information collected in these surveys will provide policymakers with direct evidence of the effect of the Medicare drug benefit on employers' retiree coverage.

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George Washington University

\$250,510

Expanding Medicare Plans: Issues for Beneficiaries

Through the Medicare Modernization Act of 2003, Congress has authorized major changes to the Medicare program, many of which take effect in 2006. It has expanded the role of private Medicare Advantage (MA) plans and increased plan payments; created a new prescription drug benefit available only through private plans; and introduced new types of plans. This project will examine these changes, particularly with regard to their impact on the benefits available to Medicare beneficiaries. One set of analyses will examine geographic variation in MA benefit packages, how benefits relate to traditional Medicare, and how they correspond to plan payment rates. A second set of analyses focusing on the new prescription drug plans, regional preferred provider organizations, special needs plans, and private fee-for-service plans will determine where these plans are operating, what they have to offer beneficiaries,

and what their impact might be. Findings will inform policymakers about the effects of these changes so they can develop refinements as needed.

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The President and Directors of Georgetown College

\$222,626

Improving the Medicare Part D Benefit for the Most Vulnerable Beneficiaries

This project will identify difficulties that Medicare beneficiaries are encountering with the new Part D prescription drug benefit and the accompanying low-income subsidy. The investigators will identify the Part D issues that most affect vulnerable beneficiaries-including those with low incomes or multiple chronic conditions-as well as possible structural and operational improvements for policymakers to consider. They also will survey and interview members of legal services and consumer organizations that work with Medicare beneficiaries, summarizing their findings and policy recommendations in a report for policymakers.

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University of Maryland, Baltimore

\$269,694

Benchmarking the Quality of Medication Use by Medicare Beneficiaries

As the January 2006 start date for Medicare outpatient drug coverage approaches, there is particular concern about how beneficiaries' access to the medications they currently use and need can be ensured under the complex Part D benefit structure. This concern stems in part from the lack of recognized benchmarks against which to evaluate patterns of drug utilization. For this project, the investigators will study the pharmacotherapeutic profiles of Medicare beneficiaries who have any of 10 priority health conditions singled out by federal officials for special attention. Data drawn from the Medicare Current Beneficiary Survey, including special Institutional Drug Administration files, will be used to examine drug utilization patterns of Medicare beneficiaries with the 10 priority conditions and assess the appropriateness of those patterns of use. The project will include a special focus on minority beneficiaries and beneficiaries in long-term care facilities, two groups that may be particularly vulnerable to the new changes.

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Massachusetts General Hospital

\$169,879

Improving Medicare Hospital Performance Measures and Payment Methods

There is considerable interest in using quality indicators to assess the performance of hospitals and develop pay-for-performance initiatives. So far, however, hospital quality indicators are based solely on aggregate hospital-level data. This project will depict the quality of acute care hospitals using newly available patient-level data collected through the Hospital Quality Alliance. With these data, the investigators will not only learn what proportion of patients receives recommended care, they will also be able to create new measures of patient care and simulate the impact of different pay-for-performance

scoring methods on hospital rankings-information that will be useful to the Centers for Medicare and Medicaid Services. In addition, project staff will examine the extent to which care varies by race, ethnicity, or insurance status within and across hospitals.

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Small Grants — Medicare's Future

American Health Quality Foundation

\$26,000

Improving Quality of Care in the New Medicare Drug Benefit

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Avalere Health LLC

\$49,850

Defining and Measuring Performance of Medicare Prescription Drug Plans' Formularies

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George Washington University

\$24,993

The Role of Palliative Care in Paying for Performance

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Research Foundation of the State University of New York

\$49,275

A Comparative Approach to Examine the Association Between Cost and Quality of Coronary Revascularization Procedures: The Use of Administrative Versus Clinical Data

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Research Triangle Institute

\$49,921

Physician Group Practice Demonstration Site Roundtable

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\$47,141

Chartbook on Medication Use by Aged and Disabled Medicare Beneficiaries Across the Spectrum of Morbidity

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Health Care Quality Improvement and Efficiency

Health Management Associates (grant originally awarded to the Economic and Social Research Institute)

\$233,863

U.S. Hospitals' Quality and Efficiency Profiles Over the Past Five Years

Although data on hospital quality and efficiency are now available, most of the information consists of a limited number of care measures taken at one point in time. The next challenge is to identify hospitals that demonstrate high performance consistently over time for a broad spectrum of measures—those that can 'guarantee' high quality to all patients and high efficiency to payors. This project will explore the dynamics of hospital performance and the factors that contribute to its sustainability. In addition, the investigators will assess the factors and interventions that have enabled four hospitals to attain a high level of performance.

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Johns Hopkins University

\$266,731

Assessing the Functional Capabilities, Quality and Costs of Clinical Information Systems in Texas Hospitals

While use of clinical information technology (CIT) to improve quality and efficiency is on the rise, achieving the full promise of these tools remains a challenge. For this project, the investigators will survey about 6,000 physicians in 156 Texas hospitals to assess the structural and functional capabilities of their CIT systems and determine whether these capabilities translate into improved quality and lower costs. Project staff will examine the relationship between the performance of hospitals' information systems and their clinical and financial outcomes. Project results will be presented to executives of the hospitals involved in the study to help guide their decisions about investment in CIT infrastructure.

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Massachusetts Health Quality Partners, Inc.

\$322,832

Measuring and Reporting on the Quality and Resource Use of Physicians in Massachusetts

For this demonstration project in Massachusetts, a research team will create profiles of the state's physicians in order to assess the quality of the care they provide and their use of resources. The team will then test the utility of the profiles with focus groups and explore how the profiles might be used by health insurers to select plan doctors; by purchasers to develop pay-for-performance programs; and by physician practices and other health care providers to improve physician performance. The investigators will also establish a process for creating a statewide, all-payer data registry of all physician claims from commercial plans, Medicare, and Medicaid.

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Park Nicollet Institute

\$153,378

Developing, Evaluating, and Pilot-Testing Electronic Health Record-Based Quality Indicators for Ambulatory Care

By significantly enhancing the measurement and evaluation of medical care, electronic health records (EHRs) have the potential to improve care processes and patient outcomes. This project will address the need for standard methods of assessing performance through EHR-based data by developing a framework for EHR-based measures of quality. Through review of the professional literature and interviews with key informants, the investigators will identify a set of core quality indicators. A compendium of these measures will result, along with case examples comparing the utility of typical HEDIS quality indicators with that of the new EHR-based indicators. Throughout the project, investigators will work closely with national organizations engaged in quality measurement to disseminate project results to the public and private sectors.

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President and Fellows of Harvard College

\$253,719

Strategies to Improve the Value of Health Benefit Spending for Low-Wage Workers

Performance-based payment is attracting attention within both Medicare and the private health care sector as a means of improving the quality of physician care. At its April retreat, the Board recommended that the Fund devote resources to evaluating promising pay-for-performance models and disseminating findings to health care providers, purchasers, policymakers, and others. The proposed study will examine how a set of financial incentives targeting both physicians and patients affects cost and quality in a Preferred Provider Organization (PPO) model plan that insures low-wage workers in a single metropolitan area. The findings will be useful in developing policies to improve the quality and cost-efficiency of care in PPO arrangements and for low-income populations.

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The Regents of the University of California

\$249,936

Analysis of Physician Group Practices' Management of Chronic Illness

Results from the first National Survey of Physician Organizations in 2000 indicated that medical groups' use of care processes to manage chronic illness-although known to improve quality-was fairly low. They also showed that external incentives and information technology (IT) were associated with greater use of such processes. This project will resurvey large physician group practices to evaluate progress made toward improving the management of chronic illness, as well as the effectiveness of interventions and tools, such as payment incentives and IT. Data from this follow-up survey will be critical in evaluating incentive programs currently under way and in guiding future plans.

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The Urban Institute

\$245,564

Evaluating the New York State Medicaid Managed Care Quality Improvement Incentive Program

In 1997, the New York State Department of Health began enrolling an estimated 1.7 million Medicaid beneficiaries into fully capitated managed care plans. That initiative was linked to the Quality Improvement Incentive program, a pay-for-performance approach. The proposed project will evaluate the impact of two interventions within that program: 1) the automatic assignment of Medicaid beneficiaries to managed care plans, whereby plans with better performance receive a higher percentage of auto-assignees; and 2) the adjustment of capitation rates based on plans' performance on 10 quality-of-care measures and five consumer satisfaction measures. As the first study of its kind to evaluate the impact of pay-for-performance in the public sector, it will help guide the evolution of performance-based payment programs in the state, while also providing information to other states about the value of this approach.

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Trustees of Boston University

\$326,195

Survey to Assess the Current State and Impact of Quality Improvement Activities in U.S. Hospitals Frances Cooke Macgregor Grant

In a seminal 2001 report, the Institute of Medicine called for redesigning the U.S. health care system to make it better able to deliver care that is safe, effective, timely, patient-centered, efficient, and equitable to all. Numerous public and private organizations heeded this call by developing and supporting broad-based quality improvement and patient safety initiatives. Not much information is available, however, about the activities hospitals are undertaking. This project will survey 500 hospital CEOs and 3,000 physicians and nurses to determine the progression and breadth of change. Using quality-of-care data from the Centers for Medicare and Medicaid Services and the Joint Commission on Accreditation of Healthcare Organizations, project staff will analyze the relationship between quality improvement activities and quality of care.

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Small Grants — Health Care Quality Improvement and Efficiency

Harris Interactive, Inc.

\$15,000

Strategic Health Perspectives 2006

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Health Systems Research, Inc.

\$34,996

Colloquium on Aligning Payment Incentives with Quality: A Review of Current Programs and Evidence of Impact

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National Committee for Quality Assurance

\$25,650

Developing Measures of Ambulatory Care Efficiency: An Expert Working Group

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Society of General Internal Medicine

\$31,269

Initiative to Advance the State of the Art on Assessing Quality of Care for Patients with Multiple Complex Comorbidities

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\$44,350

Using Electronic Health Records to Improve Care for Underserved Populations: A Case-Study of the Institute for Urban Family Health

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Patient-Centered Primary Care Initiative

Trustees of Dartmouth College

\$249,937

Improving Primary Care in Response to Patient Feedback

How's Your Health is an Internet-based survey of patients' health and health care. Past Fund support enabled the creators of *How's Your Health* to validate the survey and diffuse it among communities and businesses, which have taken to it with enthusiasm. Physician practices, however, have been reluctant to integrate the technology into everyday practice. This project will seek to package the survey with other patient-centered technologies and, in collaboration with a Medicare Quality Improvement Organization, integrate them in up to two dozen primary care practices. The practices will be coached on how to use the patient feedback obtained from these tools to provide patient-centered care. In addition, the project team will conduct an evaluation of the dissemination model to gauge its impact on participating practices and patients.

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President and Fellows of Harvard College

\$285,963

Developing and Testing a Pediatric Patient-Centered Care Survey for Ambulatory Care

This project will help fill a gap in data on the quality of well-child care provided in ambulatory care settings. A team led by Harvard Medical School's Paul Cleary will enhance the ambulatory care version of the Consumer Assessment of Health Plans Survey (CAHPS)-the nation's most widely used and well-respected family of surveys measuring patients' experience with care-to include questions on the preventive and developmental services delivered to children and parents by group practices and individual clinicians. The Harvard team, which will work with the American Board of Pediatrics, the American Academy of Pediatrics, and other leading organizations, will develop and field the instrument in English and Spanish.

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Massachusetts General Hospital

\$151,106

Case Studies of Patient-Centered Care Physician Practices

Primary care practices and administrators are searching for ways to deliver primary care that meets the needs of patients, families, and clinicians. Successful models of patient-centered primary care not only can demonstrate for physicians the feasibility of delivering such care, but can provide information that is useful in developing tools that improve patients' experiences. Moreover, they can also help purchasers establish pay-for-performance standards. This project will identify and document the experiences of 12 patient-centered primary care practices through in-depth case studies. After identifying top practices through patient survey data, the investigative team will assess how various aspects of each organization-from leadership style to use of technology to quality improvement methods-affect patients' experiences with physician care.

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New England Medical Center Hospitals, Inc.

\$101,378

Linking Patients' Experience with Health Care to Clinical Quality and Outcomes

To encourage widespread adoption of quality measurement and improvement activities designed to meet the needs of patients, health care leaders must learn more about the relationship between patient-centered care and improved clinical outcomes. This project will analyze the association between patient care experiences and clinical performance at both the individual physician and practice levels. As part of their work, the investigators will determine whether specific components of the patient experience, such as communication or trust, are more strongly associated with clinical quality, and whether the relationship between patient satisfaction and clinical performance sometimes depends on the level of patient adherence required for treatment. Results from these analyses could generate a greater commitment among health systems, purchasers, and policymakers to patient-centered care.

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State Innovations

AcademyHealth

\$223,450

State Innovations: Program Direction Grant

States have the potential for developing and implementing major improvements in health system performance over the next five years. Building on the attributes of a high performance health system identified by the Fund's Commission, the State Innovations program aims to assess the status of all 50 states on the major dimensions of a high performance health system, identify and support promising ideas and local champions, and encourage replication of successful state efforts in other states and nationally. This grant will provide strategic direction for the program, develop new projects, coordinate ongoing work, and direct efforts to disseminate findings to policymakers and the public. The program director also will participate in the critical review of State Innovations and other Commission-related reports submitted for Fund publication, prepare issue briefs and other materials, represent the Fund in public forums, and contribute more generally to the activities of the Commission.

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Center for Health Care Strategies, Inc.

National Academy for State Health Policy

\$189,860

Assisting States in the Design of Medicaid Pay-for-Performance Programs

Many states are eager to learn how they can adapt the pay-for-performance programs prevalent in the private sector to meet the specific needs and goals of their Medicaid programs. This project will help up to six states develop incentives for Medicaid providers to deliver high-quality care to their disproportionately minority, low-income, and chronically ill enrollees. In so doing, the project will help Medicaid become a leader in promoting high-performance health systems.

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Center for Health Policy Development

\$235,715

Promoting Promising State Initiatives in Pursuit of a High Performance Health System

State innovations in health policy and practice are often overlooked by other states and the federal government, due in large part to a lack of comparative information available on these initiatives. For this project, the investigators will collect and present information on initiatives each state is undertaking relative to the Commission on a High Performance Health System's goals. The team will produce a report and a Web-based tool allowing easy access to this information by topic and by state. These resources should help to encourage and facilitate adoption of promising state and federal policies that could improve health system performance.

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Health Management Associates (grant originally awarded to the Economic and Social Research Institute)

\$177,258

Value-Based Purchasing to Improve Health System Performance: Case Studies and Analysis

Years of escalating health care costs, mounting evidence of substandard care, and a rising number of uninsured Americans are pressuring states to seek efficiencies and improved quality within Medicaid and other public insurance programs, state employee coverage programs, and public and private health systems. Many states are adopting components of 'value-based' health care purchasing, but only a few appear to be taking a broad, comprehensive approach. Through four state case studies, this project will provide an objective source of information about state and public-private purchasing activities designed to improve effectiveness and efficiency in health care. The series of reports developed from this work will help state planners, administrators, and policymakers sort through a complex set of options for improving health system performance.

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Mathematica Policy Research, Inc.

\$234,529

Evaluation of Maine's Dirigo Health Reform Plan

Through its Dirigo health reform plan, Maine seeks to make quality, affordable health coverage available to every resident by 2009, while at the same time slowing growth in health costs. The plan's centerpiece is an insurance subsidy program, DirigoChoice, which offers affordable health insurance to small businesses and to families with low to moderate income. This project will measure the effects of the insurance subsidy on three groups: low- to moderate-income individuals, small employers, and public and private payers. The evaluation, which will cover the program's first two years, will provide state and federal policymakers with information on the impact and replicability of Maine's unique approach to broadening insurance coverage.

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Rutgers, The State University of New Jersey

\$160,007

Commonwealth Fund State Scorecard on Health Care System Performance, Part 2

The Fund's Commission on a High Performance Health System is developing a national scorecard that

highlights and tracks how well the U.S. health system is performing overall, relative to best achieved performance in the United States or in other nations. This project will expand on the national scorecard by developing a companion scorecard that assesses health system performance at the state level. With a small planning grant, the Rutgers Center for State Health Policy adapted national indicators for use at the state level, identified appropriate data sources, and explored opportunities to acquire the information needed for the scorecard. The proposed grant covers all data collection and analysis, writing, and graphic production necessary to assemble the state-level scorecard. Findings will be targeted to state and local governments to assist them in setting policy priorities.

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Small Grants — State Innovations

AcademyHealth

\$15,000

State Health Research and Policy Interest Group Meeting

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AcademyHealth

\$16,265

State Health Research and Policy Interest Group Breakfast Meeting at the 2006 National Health Policy Conference

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Center for Health Policy Development

\$24,585

Technical Assistance to Maine's Governor's Office of Health Policy and Finance in Implementing the Dirigo Health Reform

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Center for Health Policy Development

\$17,295

Assisting in the Implementation of Dirigo Health Plans

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DMA Health Strategies

\$24,365

Behavioral Health Purchasing and Quality Improvement Practices: Disseminating Promising Innovations

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Economic and Social Research Institute

\$45,986

Six-Month Continuation and Expansion of the States in Action Newsletter

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New England Healthcare Institute

\$19,620

Computerized Physician Order Entry: Blueprints for Success

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President and Fellows of Harvard College

\$25,016

Eastern Massachusetts Healthcare Initiative

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Rutgers, The State University of New Jersey

\$48,953

Analytic Support for the Commonwealth Fund State Scorecard on Health Care System Performance

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Special Populations

Quality of Care for Underserved Populations

Health Research and Educational Trust

\$150,000

Adding Race/Ethnicity Data to Chicago Community Health Center Clinical Performance Information System

Evidence shows that quality improvement efforts are more likely to reduce disparities in health care for minority populations when providers keep track of patients' race and ethnicity. For this project—a partnership among the Health Research and Educational Trust, American Medical Association (AMA), and Alliance of Community Health Services in Chicago—the investigators will collect patient demographic data, including race and ethnicity, from a consortium of community health centers and then integrate that data into electronic health record systems. Doing so will enable the researchers to link AMA-developed clinical performance measures with key patient characteristics to identify disparities in performance and inform quality improvement efforts.

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Johns Hopkins University

\$249,983

Disparities in the Quality of Hospital Care: Does Where You Go Matter?

Minority and low-income patients are more likely to use 'safety net' hospitals—primarily public hospitals and major teaching hospitals—than white and more affluent patients. Safety net hospital executives assert that because their staff have expertise in caring for these patients, they are able to provide them higher-quality care than other hospitals. For this project, researchers will use inpatient discharge data for 15 states to determine which hospitals provide the best care to minority and low-income patients, and which characteristics and best practices are associated with high-performing hospitals serving these populations. Findings will inform the development of policy options for improving hospital care in underserved communities.

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Mount Sinai School of Medicine

\$125,000

Improving the Delivery of Effective Care to Minorities
Commonwealth/Health Services Improvement Fund

This is the third and final phase of a project to investigate the underuse of effective medical services in minority communities and test interventions to improve the delivery of care. The investigators are targeting four major conditions: breast cancer, recurrent stroke, hypertension, and prematurity of newborns. In the first phase, project staff, working with experts in clinical medicine, developed evidence-based, consensus guidelines defining how effective treatments should be used and what constitutes underuse of care. Focusing on northern Manhattan, the project team in the second phase assessed the magnitude and causes of underuse for each condition and designed interventions to improve the delivery of appropriate care. In the third phase, the investigators will evaluate the impact their interventions have had in Harlem.

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Princeton Survey Research Associates International

\$404,250

Survey on Health System Performance: The Patient Perspective

The Fund's 2001 Health Care Quality Survey found that Americans face challenges in accessing high-quality, patient-centered care, and that obstacles are particularly problematic for minorities. A follow-up survey in 2006 will explore system performance from the patient's perspective, with a focus on care coordination, communication, safety, and the extent to which patients have timely access to primary and preventive care. The survey, which will over-sample minority and low-income adults, will explore how quality of care is affected by having, or not having, a 'medical home' and access to patient-centered care. In addition to informing leaders in health care and policy, findings will assist the Fund in its grantmaking and the Commission on a High Performance Health System in developing the Health System Indicators Scorecard.

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University of Florida

\$236,225

Impact of Cultural and Linguistic Standards on Patients' Experience with Inpatient Hospital Care

In an effort to reduce racial and ethnic disparities in patients' health care experiences, the U.S. Office of Minority Health has developed national standards of culturally and linguistically appropriate services (CLAS) for health care providers. No one has yet examined whether such standards have any beneficial impact. Using five data sources, including the Cultural Competency Assessment Tool of Hospitals developed by the grantee, project staff will examine whether patients in hospitals that adhere to CLAS standards have better experiences in terms of communication with doctors and nurses, staff responsiveness, pain control, and other measures. Information about best practices will assist other hospitals in delivering more appropriate care to all of their patients.

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Small Grants

Association of Clinicians for the Underserved

\$49,998

Assessment of Health Literacy Practices

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National Academy of Sciences

\$25,000

Roundtable on Health Disparities

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National Committee for Quality Assurance

\$49,654

Cultural Competence in Patient-Centered Care

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The Commonwealth Fund

\$14,000

Cultural Competency Expert Roundtable

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The National Association of Community Health Centers

\$10,000

Health Centers and the Medically Underserved: Building a Research Agenda

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Fellowship in Minority Health Care**President and Fellows of Harvard College**

\$800,000

The Commonwealth Fund/Harvard University Fellowship in Minority Health Policy: Support for Program Direction and Fellowships, 2006-07

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 quality medical services. The Fellowship in Minority Health Policy has played an important role in addressing these needs. During the year-long program, young physicians undertake intensive study in health policy, public health, and management, all with an emphasis on minority health issues, at the Harvard School of Public Health or John F. Kennedy School of Government. Fellows also participate in special program activities. Since 1996, 46 fellows have successfully completed the program and received a master's degree in public health or public administration. In the coming year, program staff will select an 11th group of four fellows, provide current fellows with an enriched course of study and career development, and conduct ongoing evaluation activities.

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Child Development and Preventive Care

All Children's Research Institute, Inc.

\$124,336

Sustaining and Promoting Developmental and Behavioral Pediatrics Online, Phase 2

Two years ago, the Fund supported the expansion of an existing Web site to provide children's primary care providers with ready access to screening tools, educational materials, and interactive support for adopting best screening practices in developmental and behavioral pediatrics. That expansion has been very successful; last year, www.dbpeds.org was ranked first for 'developmental screening' on both the Google and Yahoo search engines. This project will enhance the site, publicize it more extensively, and more closely engage the American Academy of Pediatrics in the site's long-term administration and governance. These activities will promote even greater use of the site and help ensure that it becomes self-sustaining.

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Case Western Reserve University

\$97,480

Rating Developmental Screening Instruments

Realizing that early identification of developmental delay in children requires reliable screening methods, child health care providers and policymakers are seeking help in selecting appropriate instruments. For this project, the investigators, in collaboration with leading authorities in developmental-behavioral pediatrics, will review existing screening tools for children age 3 and younger and develop recommendations for pediatric practices. Their work will include a comprehensive review of journal articles on developmental screening, discussions with key experts in the field to uncover unpublished data, and evaluation of each identified instrument's strengths and weaknesses. This research should promote the adoption of standardized approaches to providing developmental services in primary care.

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Center for Health Policy Development

\$341,212

ABCD II: Building State Medicaid Capacity to Support Children's Healthy Mental Development, 2005-06

In January 2004, the Fund launched the second phase of the Assuring Better Child Health and Development initiative (ABCD II) to help states promote the healthy mental development of low-income, young children under age 5. Medicaid agencies in California, Illinois, Iowa, Minnesota, and Utah are working to ensure that: young children at risk of developmental or behavioral delay are identified in primary pediatric settings and referred to specialists; parents at risk of depression are referred to mental

health professionals; billing and reimbursement policies facilitate use of these services; health care professionals have the training to provide developmental services; and new care models are tested in primary pediatric practice. The National Academy for State Health Policy continues to manage the collaborative to foster innovation, coordinate technical expertise, and disseminate results to all 50 states. This is the last year of funding for the four states supported by the Fund.

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Children's Hospital of Philadelphia (grant originally awarded to the Johns Hopkins University)

\$155,723

Matching Preventive Services to Child and Family Needs

To be most effective, preventive pediatric care should be tailored to meet the particular needs of individual children and their families. One method for providing more individualized care is to offer a limited number of different service packages based on an assessment of each child's and family's risk factors and strengths. This project will develop an instrument that can help guide primary care physicians in the delivery of such care. Project staff will develop the instrument by reviewing the literature to identify items for the assessment, testing these items, and conducting a preliminary assessment of the instrument's validity.

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Trustees of Columbia University in the City of New York

\$217,147

Intervention Services in Early Childhood: A State by State Picture

To be worthwhile, the screening of young children for developmental problems must be linked to follow-up assessments and early intervention services. States vary greatly in how well they identify and treat children with developmental problems, presumably because eligibility and service delivery differ. This project will catalogue for all 50 states existing policies, programs, services, and collaborations related to developmental services and early intervention for children from birth to age 5. The research team will highlight differences and promising approaches. Results will be directed toward policymakers to stimulate policy action that can improve children's developmental outcomes.

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Guilford Child Health, Inc

\$143,413

Diffusion of the North Carolina ABCD Developmental Screening and Services Model

As a result of its Fund-supported Assuring Better Child Health and Development (ABCD) project, North Carolina Medicaid has produced a successful model for integrating standardized developmental screening into well-child care visits. In July 2004, the agency decided to expand the model statewide. Officials from around the country have requested guidance from North Carolina in replicating the model in their own states. This grant will enable the North Carolina ABCD team to assist pediatric practices and state health policy officials in five states and to revise resource materials for a national audience.

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Mathematica Policy Research, Inc.

\$136,648

Enhance Preventive and Developmental Services for Public/Action Low-Income Children, Phase 2
State Medicaid agencies, by law, must contract with external quality review organizations (EQROs) to monitor the quality of care provided to beneficiaries enrolled in managed care plans. But in a study released in June of this year, the investigators found that only a few states use EQROs to assess and improve children's preventive and developmental services delivered by Medicaid plans. To help them expand the role of EQROs in improving well-child care, states need guidance and practical tools. In the project's second phase, the investigative team will develop these resources, including model requests for proposals, detailed specifications for contracts with EQROs, and companion materials that explain how these tools can be used. An advisory committee will review the materials and provide guidance for their dissemination.

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Medscape, LLC

\$100,000

Continuing Medical Education Webcasts to Promote Better Developmental Services for Young Children
Checking for developmental problems in young children through use of standardized screening instruments is an integral part of comprehensive and efficient preventive care. But using these instruments, and acting on the information they provide, is a new skill for many clinicians. An effective way to reach large numbers of clinicians at minimal cost is through webcasts. This project will produce two new webcasts, one on behavioral screening and another on screening for maternal depression, that will be available to child health care providers at no cost. Viewers will also be eligible to receive continuing education credit. If past experience is any guide, substantial numbers of clinicians watching the webcasts are likely to introduce the depicted screening procedures into their practices.

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President and Fellows of Harvard College

\$285,963

Developing and Testing a Pediatric Patient-Centered Care Survey for Ambulatory Care

This project will help fill a gap in data on the quality of well-child care provided in ambulatory care settings. A team led by Harvard Medical School's Paul Cleary will enhance the ambulatory care version of the Consumer Assessment of Health Plans Survey (CAHPS)-the nation's most widely used and well-respected family of surveys measuring patients' experience with care-to include questions on the preventive and developmental services delivered to children and parents by group practices and individual clinicians. The Harvard team, which will work with the American Board of Pediatrics, the American Academy of Pediatrics, and other leading organizations, will develop and field the instrument in English and Spanish.

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The Commonwealth Fund

Authorization to Support the ABCD II Initiative for up to Four States

In January 2004, the Fund launched the second phase of the Assuring Better Child Health and Development initiative (ABCD II) to help states promote the healthy mental development of low-income, young children under age 5. Medicaid agencies in California, Illinois, Iowa, Minnesota, and Utah are working to ensure that: young children at risk of developmental or behavioral delay are identified in primary pediatric settings and referred to specialists; parents at risk of depression are referred to mental health professionals; billing and reimbursement policies facilitate use of these services; health care professionals have the training to provide developmental services; and new care models are tested in primary pediatric practice. The National Academy for State Health Policy continues to manage the collaborative to foster innovation, coordinate technical expertise, and disseminate results to all 50 states. This is the last year of funding for the four states supported by the Fund. In the coming year, a subsequent ABCD III initiative will be explored. Federal Medicaid matching grants are being provided for each of the ABCD II projects.

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State of California Department of Health Services

\$50,000

California's Behavioral, Developmental, and Emotional Screening and Treatment by Primary Care Providers in Medi-Cal Managed Care

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Iowa Department of Human Services

\$55,000

Iowa's Care for Kids Health Mental Development Initiative, Phase 3

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Minnesota Department of Human Services

\$55,000

Great Start Minnesota, Phase 3

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Utah Department of Health

\$52,979

Enhancing Utah's Capacity to Support Children's Health Mental Development, Phase 3

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Small Grants — Child Development and Preventive Care

Association of Maternal and Child Health Programs

\$16,924

Improving Early Childhood Systems in States

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Case Western Reserve University

\$7,990

Establishing the Case for Screening Young Children for Developmental Problems

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Johns Hopkins University

\$14,977

Enhancing Preventive Care for Children by Addressing Family Psychological Problems

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Johns Hopkins University

\$26,317

Healthy Steps at Ages 8-10: Cohort Maintenance

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National Initiative for Children's Healthcare Quality

\$25,000

Fifth Annual Forum for Improving Children's Health Care

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New England Medical Center Hospitals, Inc.

\$39,795

Evidence Standards for Child Health: Setting the Table for Discussion

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Oregon Health & Science University

\$34,475

Developing a Measure to Assess if Children Were Screened for Developmental Delays

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Society for Developmental and Behavioral Pediatrics

\$11,000

Society for Developmental and Behavioral Pediatrics Workshops

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Picker/Commonwealth Program on Quality of Care for Frail Elders

AcademyHealth

\$149,619

The Commonwealth Fund/AcademyHealth Long-Term Care Colloquium, Year 3

Picker Program Grant

The first Commonwealth Fund Long-Term Care Colloquium, held in 2004, explored ways to measure the quality of long-term care in the United States as well as issues surrounding care for people who are dually eligible for Medicare and Medicaid. The 2005 colloquium focused attention on consumer-directed care and on ways to link housing with long-term care services. Between meetings, follow-up workgroups helped to ensure that participants collaborated on actions to address the issues raised during the colloquia. The third colloquium, to be held in June 2006, will address two new topics to be determined, with workgroups following the meeting. In addition, project staff will convene a half-day, follow-through session on consumer-directed care for policymakers in February 2006.

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Senior Manager

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(202) 292-6700

deborah.rogal@academyhealth.org

Harris Interactive, Inc.

\$334,000

The Commonwealth Fund 2006 National Survey of Culture Change in Nursing Homes

Picker Program Grant

Awareness of the culture change movement in nursing home care has been growing, but the number of facilities that have implemented resident-centered practices is unknown. This project will prepare national estimates of the prevalence of resident-centered practices and indicators of culture change by surveying nursing home administrators and nursing directors. The findings will provide a first look at the reach of culture change in the United States and will enable researchers and policy experts to track changes in resident-centered nursing home care. In addition, survey results will inform the Fund's national health care performance scorecard; elucidate areas for further work by providers, researchers, and others; and help assess the effectiveness of dissemination activities under way by the Quality Improvement Organizations.

Jordon Peugh
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Health Research, Inc.

\$395,848

Using Incentives to Reduce Hospitalizations and Enhance Quality for Nursing Home Residents in New York State

Picker Program Grant

Preliminary research suggests that the uneven availability and quality of clinical services in many nursing facilities is a primary reason for high rates of hospitalization among residents. Many costly hospital stays could be avoided if appropriate clinical resources were in place. For this project, the New York State Department of Health proposes to: 1) further study the relationship among hospitalizations, availability of clinical resources in nursing homes, and costs; and 2) design a new payment model that rewards better management of at-risk or acutely ill patients. The study team will seek agreement by the Centers for Medicare and Medicaid Services (CMS) to test the payment model. Project results will be of interest not only to New York and CMS officials, but to the many other states struggling with hospitalization costs and poor medical care in nursing homes.

Nancy R. Barhydt
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nrbo1@health.state.ny.us

League 1199 SEIU Training and Upgrading Fund

\$179,763

Engaging Workers in Improving Nursing Home Care: A Case Study

Picker Program Grant

In 2003, Local 1199 of the Service Employees International Union forged a partnership with senior management at 40 New York City nursing homes to promote resident-centered care. Through data review, field work, and interviews with union and nursing home officials, the project investigators will study the impetus for this initiative, how the usual barriers to cooperation were addressed, and how the nursing homes implemented the plan for culture change. These findings will inform efforts to recruit other New York nursing homes to the partnership and will be disseminated nationally to other unions, associations representing direct-care workers, quality improvement organizations, and the Pioneer Network.

Deborah King
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Dking@1199etjisp.org

Pioneer Network

\$159,784

Supporting the Nursing Home Culture Change Movement

Picker Program Grant

Since its inception a decade ago, the Pioneer Network has spearheaded a grass-roots movement to bring “culture change” and resident-centered care to the nursing home industry. This grant will enable the organization to keep pace with the demand for resources and information on culture change from the Quality Improvement Organizations, Centers for Medicare and Medicaid Services, providers, researchers, and others. In the coming year, project staff will host a second summit meeting of key leaders; conduct a survey of past trainees to assess its effectiveness; develop a speakers’ bureau; and continue to upgrade the Pioneer Network Web site, an important resource and “home base” for far-flung practitioners.

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University of South Florida

\$222,343

Assessing Florida's Innovations to Improve Nurse Staffing and Quality of Care in Nursing Homes

Picker Program Grant

Nursing home residents and their families know that the quality of care a home provides depends greatly on the number and type of staff employed. Indeed, a report by the Centers for Medicare and Medicaid Services provided strong evidence of the link between very low staffing and poor quality outcomes, with Florida cited as a state where staffing inadequacies were particularly evident. This study will examine how nursing home providers in Florida responded to financial incentives and legislative mandates to increase nurse staffing. It will also assess the impact that these changes have had on quality outcomes. Not only will the findings give Florida legislators important feedback about the effectiveness of their intervention, they will help policymakers in other states considering similar reforms.

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khyer@cas.usf.edu

Small Grants — Quality of Care for Frail Elders**Health Policy Alternatives, Inc.**

\$16,400

Evaluation of the Picker/Commonwealth Program on Quality of Care for Frail Elders

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mh.hpa@sso.org

New York University

Health Care Professional Training in Nursing Homes

\$10,000

Mathy Mezey, Ed.D.
Director
2456 Greene Street, 606W
New York, NY 10003

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mathy.mezey@nyu.edu

Northwestern University

\$18,803

Patient-Centered Safety in Long-Term Care Facilities

Linda L. Emanuel, M.D.
Director and Buehler Professor of Geriatric Medicine
750 North Lake Shore Drive, Suite 601
Chicago, IL 60611-2611
(312) 503-2772
l-emanuel@northwestern.edu

Quality Partners of Rhode Island

\$27,674

Assessing the Impact of 'Improving Nursing Home Culture' Pilot

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Chief Medical Officer
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richard_besdine@brown.edu

Regents of the University of Minnesota

\$29,985

Full-Scale Implementation and Sustainability of Small Group Nursing Homes in Tupelo, MS: Lessons for Replication

Rosalie A. Kane, Ph.D.
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School of Public Health
420 Delaware St SE
D-527, MMC 197
Minneapolis, MN 55455-0381
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kanex002@umn.edu

The Regents of the University of California

\$36,592

Identifying Culture Change Nursing Homes

Dana B. Mukamel, Ph.D.
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dmukamel@uci.edu

International Health Care Policy and Practice

The Commonwealth Fund

\$1,286,768

Harkness Fellowships in Health Care Policy, 2007-08

As Harkness Fellows emerge as policy leaders and change agents in their home countries, the Fund can see the longer-term payoff from its investment. Seven classes of Harkness Fellows came together in July 2005 for the first Harkness Alumni Reunion, a two-day policy retreat cosponsored by the Fund and the U.K.-based Nuffield Trust and Health Foundation. Meanwhile, the Fund's announcement of the new German Harkness Fellowships elicited an outstanding pool of applicants, and two German Harkness

Fellows were chosen in January 2006. Support for a 10th fellowship class, to be selected by early 2007, will allow the Fund to continue to develop promising junior policy researchers and practitioners from Australia, New Zealand, the United Kingdom, and Germany.

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Vice President
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(212) 606-3809
ro@cmwf.org

The Commonwealth Fund

\$273,700

International Symposium on Health Care Policy, Fall 2006

The Fund's ninth annual International Symposium on Health Care Policy will focus on the efforts of industrialized countries to achieve a high performance health care system. In bringing together leading policymakers and researchers from Australia, Canada, Germany, New Zealand, the United Kingdom, and the United States—as well as other selected European countries—the symposium will highlight for U.S. policymakers the ways in which health systems are ensuring coverage, improving quality, and achieving greater efficiency. To reach a broad policy audience, the Fund will webcast a health ministers' roundtable discussion; in addition, the second day of the symposium will be held on Capitol Hill. Insights gained from these other nations will be valuable to the work of the Fund's Commission on a High Performance Health System. Commissioned papers from the symposium will be submitted for publication as Health Affairs Web Exclusives.

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Harris Interactive, Inc.

\$407,000

International Health Policy Survey, 2006

The 2006 International Health Policy Survey, the ninth in an annual series of surveys commissioned by the Fund, will assess health care system performance from the physician's perspective. Conducted in Australia, Canada, Germany, New Zealand, the United Kingdom, and the United States, the survey will explore how doctors perceive the quality of care in their countries and what factors they view as impeding or supporting high-quality, efficient, patient-centered care. The survey's findings, which will be released at the Fund's 2006 International Symposium, should generate substantial interest among health ministers, policymakers, researchers, and the media; they will also inform the work of the Commission on a High Performance Health System. Project staff will submit an analysis of survey results to Health Affairs for Web publication.

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Johns Hopkins University

\$60,000

Cross-National Comparisons of Health Systems Quality Data, 2006

Comparisons of the U.S. health care system and those of other industrialized countries reveal striking differences in spending, availability and use of services, and health outcomes. This project will produce the ninth paper in an annual series of analyses of key health data for the 30 member nations of the Organization for Economic Cooperation and Development (OECD). The authors will provide an update of overall trends in health systems' performance, with an emphasis on health spending, coverage, hospital capacity and utilization, pharmaceutical costs, availability and use of technology, trends in health manpower supply and demand, and quality of care. Findings from the analysis will be submitted to the journal Health Affairs for Web publication and used by the Fund's Commission on a High Performance

Health System. In addition, a chartpack featuring key data from the OECD database will be updated as a resource for journalists, policymakers, and researchers.

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Small Grants — International Health Care Policy and Practice

Brigham and Women's Hospital

\$35,000

The Adoption of Clinical Information Technology in Five Countries

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Boston, MA 02115
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Center for Quality of Care Research

\$32,600

Expansion of the 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians to Include the Netherlands

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Nijmegen, Netherlands 6500 HB
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Harris Interactive, Inc.

\$25,000

Commonwealth Fund International Health Policy Survey of Primary Care Physicians, Expansion to Include the Netherlands: Data Processing Supplement

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Northwestern University

\$22,015

National Patient Safety Education Project

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l-emanuel@northwestern.edu

The King's Fund

\$38,000

King's Fund-Commonwealth Fund Meeting on Strategies to Improve Quality and Cost Effectiveness of Care for Patients with Chronic Conditions

Jennifer Dixon
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j.dixon@kingsfund.org.uk

The Office of the New Zealand Health and Disability Commissioner

\$12,275

Patient Motives for Medico-legal Action

Ronald J. Paterson
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Auckland, New Zealand
011-64-9-373-1071
rpaterson@hdc.org.nz

The Regents of the University of California

\$50,000

Second International Meeting on Developing Early Childhood Comprehensive Systems

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Communications**Harris Interactive, Inc.**

\$65,500

Health Care Opinion Leaders Survey, Year 2

The Fund recently completed the first year of a bimonthly series of online surveys of health care opinion leaders. The surveys, conducted by Harris Interactive, ask about a range of key health policy issues and options for addressing them. Results are posted on the Fund's Web site, along with original commentaries written by top policy experts. Building on the success of the first year, the Fund will support an additional year of surveys, shifting to a quarterly schedule to allow more in-depth analysis of major issues, closer alignment of the initiative with the work of the Fund's Commission on a High Performance Health System, and likely collaboration with Modern Healthcare, a publishing partnership that should help the Fund reach a broader audience.

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Project HOPE/The People-to-People Health Foundation

\$209,000

A Web Publishing Alliance with Health Affairs

The Fund has had an online publishing partnership with the policy journal Health Affairs since 2003, a collaboration that has provided opportunities to publish Fund-supported research more often and faster than traditional means allow, while raising the Fund's professional and public profile. This grant will provide Health Affairs with an additional year's funding for both general Web operations and for development of papers on international policy issues.

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jiglehart@projecthope.org

Small Grants — Communications

American Society on Aging

\$5,000

Journalists Reception and Dinner

Paul Kleyman
Editor, Aging Today
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(415) 974-9619
paulk@asaging.org

Center for Excellence In Health Care Journalism

\$10,000

Association of Healthcare Journalists Annual Conference 2005

Len Bruzzese
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Harris Interactive, Inc.

\$26,000

Health Care Opinion Leaders Project

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Teachers College of Columbia University

\$25,000

The Open Mind Online Digital Archive

Joseph Brosnan, Ed.D.
Vice President for Strategic Initiatives and External Affairs
525 West 120 Street, Box 306
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jsb57@columbia.edu

Organizations Working with Foundations

AcademyHealth

\$33,000

General Support

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Foundation Center

\$15,000

General Support

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Grantmakers for Children, Youth, and Families, Inc.

\$2,500

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

Jane Hall
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C/-CHERE

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Independent Sector

\$12,500

General Support

Diana Aviv
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New York Regional Association of Grantmakers

\$13,000

General Support

Michael Seltzer
President
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mseltzer@nyrag.org

Nonprofit Coordinating Committee of New York

\$35,000

General Support

Michael E. Clark
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mclark@npcny.org

Rockefeller University

\$90,000

Transfer and Maintenance of The Commonwealth Fund's Archives, Part 10

This grant will support the transfer, processing, and storage of additional Commonwealth Fund materials at the Rockefeller Archive Center, which has housed the Fund's archives since 1985. One of the finest archival institutions in the country, the Rockefeller Archive Center houses the archives of the Rockefeller family, The Rockefeller University, the Rockefeller Brothers Fund, the Russell Sage Foundation, the John and Mary Markle Foundation, the Culpeper Foundation (now merged with Rockefeller Brothers Fund), as well as other organizations whose programs are related to Rockefeller philanthropic interests. In addition to processing and storing documents, the archive center provides research facilities and small research grants for scholars and conducts conferences designed to encourage use of the archives.

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Rockefeller Archive Center
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stapled@mail.rockefeller.edu

Other Continuing Grants

Greater New York Hospital Association

\$1,000

2006 Annual Health Services Research Symposium

Tim Johnson
Executive Director
555 West 57th Street, 15th Floor
New York, NY 10019
(212) 506-5420
tjohnson@gnyha.org

National Academy of Social Insurance

\$5,000

National Academy of Social Insurance Forum Event

Pamela J. Larson
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National Medical Fellowships

\$7,000

National Medical Fellowships Gala 2006

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

New York Academy of Medicine

\$6,000

New York Academy of Medicine Annual Gala 2006

Jeremiah A. Barondess, M.D.
President
1216 5th Avenue Room 602
New York, NY 10029-5293
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jbarondess@nyam.org

Research America

\$500

Research America Advocacy Awards 2006

Mary Woolley
President
1101 King Street, Suite 520
Alexandria, VA 22314
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Research Foundation of the City University of New York

\$1,800

New York Health Policy Group Meetings

Christa Altenstetter, Ph.D.
Professor of Political Science.
Political Science PhD/MA Program

CUNY Graduate Center
The City University of New York
365 Fifth Avenue
New York NY 10016-4309
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United Hospital Fund of New York

\$8,500

United Hospital Fund Gala 2005

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United Methodist Senior Services of Mississippi, Inc.

\$30,000

Hurricane Katrina Disaster Relief

Stephen L. McAlilly
President and CEO
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Post Office Box 2514
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Women's Prison Association and Home, Inc.

\$4,000

Women's Prison Association 2006 Benefit Dinner

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2006 Annual Report
SUMMATION OF PROGRAM AUTHORIZATIONS

Year Ended June 30, 2006	Major Program Grants	Picker Program Grants	Small Grants Fund Grants	Total
Program Grants Approved				
High Performance Health System	\$8,010,199		\$745,436	\$8,755,635
Commission Activities	\$1,390,941		\$98,978	\$1,489,919
Future of Health Insurance	\$1,010,189		\$106,481	\$1,116,670
Medicare's Future	\$1,547,648		\$208,080	\$1,755,728
Health Care Quality Improvement and Efficiency	\$2,052,218		\$143,765	\$2,195,983
Patient-Centered Primary Care Initiative	\$788,384			\$788,384
State Innovations	\$1,220,819		\$188,132	\$1,408,951
Special Populations	\$3,787,380	\$1,441,257	\$489,584	\$5,718,221
Quality of Care for Underserved Populations	\$1,165,458		\$148,652	\$1,314,110
Commonwealth Fund / Harvard University Fellowships in Minority Health Policy	\$800,000			\$800,000
Child Development and Preventive Care	\$1,821,922		\$201,478	\$2,023,400
Picker / Commonwealth Program on Frail Elders		\$1,441,257	139454	1580711
International Health Care Policy and Practice	\$2,027,468		\$189,890	\$2,217,358
Communications	\$274,500		\$66,000	\$340,500
Other Continuing Programs	\$223,000		\$63,800	\$286,800
Total Program Grants Approved	\$14,322,547	\$1,441,257	\$1,554,710	\$17,318,514
Grants Matching Gifts by Directors and Staff				\$535,106
Program Authorizations Cancelled or Refunded and Royalties Received				(\$1,253,731)
Total Program Authorizations				\$16,599,889