



**Harkness Fellowships in Health Care
Policy and Practice**

**2007-08 Fellows' Project Abstracts
& Biographies**

KALIPSO CHALKIDOU, M.D., Ph.D. (United Kingdom)
Associate Director, Research and Development
National Institute for Health and Clinical Excellence, London

Project Title: *Paying for Value: Prospective Evidence Collection as a Requirement for Coverage of Healthcare Innovations.*

Placement: Johns Hopkins University Bloomberg School of Public Health, Baltimore, and the Center for Medical Technology Policy, San Francisco

Mentors: Gerard Anderson, Ph.D., and Sean Tunis, M.D.

Project Abstract

With increasing pressure on health systems to become early adopters of promising new technologies, how can decision-makers ensure they are “paying for value”? The focus of this research is on opportunities for balancing the rising costs of new technologies against demand for innovation. This topic will be explored through two separate but complementary research projects.

The objective of the first project is to assess the effectiveness of Medicare’s Coverage with Evidence Development (CED) policy as a tool to encourage good value innovation while ensuring safe early access to promising technologies for those with the greatest potential to benefit. Medicare’s CED policy is particularly salient because links, for the first time explicitly, reimbursement of a promising technology to patient participation in research so that information on the technology’s effectiveness, safety and cost implications can be generated. This approach is now actively considered by private payers in the United States, and by the United Kingdom’s National Institute for Health and Clinical Excellence (NICE). The history and evolution of CED policies in the United States will be studied in order to evaluate its early impact on health outcomes, efficiency and innovation, drawing on the NICE experience, with a view to explore whether CED-type policies can serve as a means for capturing “value” in healthcare. Finally, the policy’s applicability in the context of established practices with a weak evidence base, as a means for improving outcomes and reducing waste through better targeting of established diagnostic and therapeutic interventions will be investigated.

In a second project, the effect of drug prices on health care spending will be studied and current pricing and cost containment policies in the United States and the United Kingdom and their impact on costs will be described. The ways in which large public payers, such as Medicare in the United States and the NHS in the United Kingdom, can get better value for their investment in medicines and improve health outcomes for the populations they care for will also be explored. Particular attention will be given to pricing policies for Medicare Part D and the U.K. government’s interest in moving NHS drug pricing towards a value-based approach.

KALIPSO CHALKIDOU, M.D., Ph.D., a 2007-08 Commonwealth Fund Harkness Fellow in Health Care Policy and Practice, is associate director of research and development at NICE, where her work includes disinvestment guidance, evaluation of fast-tracking appraisals of technologies closer to licensing, and the review of social value judgments used by NICE committees. Previous positions include clinical research fellow at the University of Newcastle Medical School and surgical trainee in NHS hospitals in Newcastle and Cambridge. She has authored peer-reviewed articles in basic science, clinical medicine, and health policy, with publications in the *BMJ*, *Health Economics*, and *the Journal of the Royal Society of Medicine*, as well as a book chapter on economic evaluation in public health. Chalkidou graduated with distinction from the Athens Medical School in 2000 and holds a doctorate in prostate cancer from the University of Newcastle upon Tyne. She is an honorary lecturer in health policy at the London School of Hygiene and Tropical Medicine and was recently awarded a two-year grant from the Sasakawa

Foundation to study current applications of pharmacoeconomics in Japan.

ANDREAS GERBER, M.D., Ph.D. (Germany)
Assistant Professor
Institute for Health Economics and Clinical Epidemiology
University of Cologne

Project Title: *Quality Metrics in Pediatric Subspecialty Care – Pediatric Oncology*

Placement: Institute to Transform and Advance Children's Healthcare (iTACH), Children's Hospital of Philadelphia

Mentors: Christopher Forrest, M.D., Ph.D.

Project Abstract

Though significant strides have been made in improving the care of adults, quality improvements in pediatrics has lagged, largely because of deficiencies in measurement models and methods. Thus, there is a need for the development of specific quality indicators in pediatric care.

The objective of this project is to create a novel set of quality metrics for pediatric oncology, test their reliability and validity, and disseminate findings. At the individual hospital level, quality metrics in pediatric oncology services may guide the allocation of resources and services, thereby improving healthcare. Specifically, this project aims to define pediatric oncology quality indicators that: are important in terms of impact on health status as well as cost of health care; can be measured in terms of policy relevance and the susceptibility of the problem to the intervention; are understandable by all involved including patients or their parents; and allow for change and improvement.

In defining these indicators, the following research questions will also be addressed:

- What is the current state of quality of care measurement for pediatric oncology?
- What dimensions of quality of health care should be measured in pediatric oncology? How should different dimensions (e.g. safety, timeliness, continuity) be weighted?
- How should these dimensions be used in developing quality metrics?
- Can quality indicators currently used in Germany be applied in the United States?

At the Children's Hospital of Philadelphia, concern with the quality of care delivered to chronically ill children has led to the development of quality indicators for asthma, cardiology, and other services. The development of quality indicators for oncology services will serve to enhance this initial work. The findings from this project will be relevant not only to hospitals in the United States, but to U.S. insurance companies and clinicians and policymakers in the United States and abroad.

ANDREAS GERBER, M.D, Ph.D., a 2007-08 Commonwealth Fund Harkness Fellow in Health Care Policy, is a pediatrician and assistant professor in health economics at the Medical School of the University of Cologne, where his research focuses on ethical and epistemological questions of evidence-based medicine, and pediatric health care, policy and financing. Gerber's work includes an assessment of pediatric telephone triage; a comparison of access under public and private health care funds; and an assessment of the effects of relocations of department and subspecialties on in-hospital care by means of DRGs. He has published in journals such as *Health Care Analysis*, *Medical Hypotheses*, *Journal of Medical Ethics* and the *European Journal of Health Economics*. In addition to his pediatrics license, Gerber holds a doctorate from the University of Hamburg, a master's degree in health economics from the University of Cologne, and a master's degree in religion from Temple University.

RICHARD GLEAVE, M.Sc. (United Kingdom)
Harkness/Health Foundation Fellow
Performance Director
Department of Health, London

Project Title: *Performance Improvement in Managed Care Organizations and Health Plans: Measuring and Delivering Added Value and Improved Care*

Placement: Kaiser Permanente, Oakland

Mentors: Robert Crane and Louise Liang, M.D.

Project Abstract

Across the United States there is a drive to provide better information and publish report cards on the performance of managed care organizations (MCOs) and health plans as insurers seek ways to improve the quality of health care provision for their members. While there is a wide body of literature on how hospitals measure performance, literature on how MCOs and health insurers measure performance is less extensive but growing. This project seeks to build on existing literature on how MCOs measure performance by contrasting the approaches used for incentivizing and contracting for improvement in a number of case studies. The case studies will also explore the interaction between the performance goals and financial targets to understand how the organization seeks to "add value" and what effect this has on the work of clinical care staff in delivering care and the services provided to patients.

The results of this project will not only enhance understanding of MCO performance measurement from a U.S. perspective, but will inform policymakers in England as well. In the English NHS there is current policy initiative to create "world class commissioning" capacity and capability in Primary Care Trusts, including adopting the most effective approaches developed by American MCOs and health plans. The project will help identify what approaches are most relevant to the English context and what features enable successful implementation within the NHS.

RICHARD GLEAVE, M.Sc., a 2007-08 Commonwealth Fund Harkness/Health Foundation Fellow in Health Care Policy and Practice, is Performance Director at the Department of Health in England, where he leads the performance management team responsible for the delivery of the key national performance priorities for the NHS. Previously, he was hospital manager for 17 years including holding board director posts in Sunderland and Bristol and was the trust Chief Executive in Bath. He also held a joint appointment with the NHS and Newcastle University, where he led a range of teaching, research and consultancy projects in health care management. He holds a master's degree in health economics and management from Sheffield University, and a first class degree from Oxford University.

PETER HOCKEY, M.B.B.Ch., M.D., F.R.C.P. (United Kingdom)
Harkness/Health Foundation Fellow
Consultant Physician in General Internal and Respiratory Medicine
Southampton University Hospitals NHS Trust, and
Medical Director
Hampshire Primary Care Trust (West)

Project Title: *The Effect of Organizational Culture on Patient Safety*

Placement: Brigham and Women's Hospital and Institute for Healthcare Improvement, Boston

Mentors: David Bates, M.D. and James Conway

Project Abstract

It is a paradox worth considering that although individual clinicians agree that a fundamental tenet of medical practice is to "first, do no harm," nearly one million patient safety incidents occurred in England's National Health Service (NHS) last year. Why, then, is there little evidence for the importance of patient safety being translated into practice in the United Kingdom? The purpose of this research project is to explore the interrelationship between patient safety and organizational culture. Specifically, this project aims to identify some key cultural/behavioral characteristics of U.S. organizations with good quality and safety records (from both within and outside of healthcare) which could be translated into the United Kingdom's NHS practice. The practical aim of this project is to develop a toolkit to enable U.K. organizations to implement some of the successful U.S. safety initiatives by adopting or modifying the initiatives, as well as to investigate whether some patient safety interventions can be implemented by centrally-determined Department of Health incentives. Case studies of a number of relevant organizations and semi-structured interviews with key stakeholders will be used to identify how organizational indicators are measured in order to enable U.K. organizations to deliver safer patient care.

PETER HOCKEY, M.B.B.Ch., M.D., F.R.C.P., a 2007-08 Commonwealth Fund Harkness/Health Foundation Fellow in Health Care Policy and Practice, is medical director of Hampshire Primary Care Trust (West) and consultant in Respiratory and General Medicine at Southampton University Hospitals Trust. He has a particular interest in patient safety and chairs his organization's Clinical Incident Review Group and Audit and Clinical Effectiveness Committee. In 2000, Hockey was appointed as consultant physician and reorganized the provision of care for patients in Southampton with Chronic Obstructive Pulmonary Disease working with a private sector provider to deliver intensive home care. More recently he was clinical lead for a unique whole-hospital scheme in the New Forest whereby a private sector provider was appointed to provide non-elective care to NHS patients. He is closely involved with the Wessex Institute in delivering a leadership and service improvement program to medical trainees and serves as an advisor to NHS London on the impact of new European Union legislation on healthcare in the U.K. He has published in journals such as the *European Respiratory Journal*, *Journal of Applied Physiology*, and *Respiratory Research*. Hockey holds a bachelor's of Medicine and Surgery from the University of the Witwatersand, Johannesburg, and a doctorate of medicine from the University of Southampton in 2003, and he recently completed the Harvard Business School Extensive Education Program in Health Care Delivery.

GERAINT HYWEL LEWIS, M.A. M.B., B.Chir., M.R.C.P., M.F.P.H. (United Kingdom)
Policy Advisor
Cabinet Office, London

Project Title: *Predictive Risk Modeling: Implications for Improving Access, Quality, and Cost-Effectiveness*

Placement: Robert F. Wagner Graduate School of Public Service, New York University

Mentors: John Billings, J.D., and David Olds, Ph.D.

Project Abstract

Predictive risk modeling has great potential to improve the targeting, access and quality of preventative care. This project will evaluate the current uses of predictive risk modeling in the United States for targeting preventative care, and will propose a potential new application.

In the first stage, this project will identify where risk predictive tools are being used in the United States to process routine administrative data for targeting preventative care, and assess the impact of the technique on cost-effectiveness, quality of care, access to services, and equity.

In the second stage of this project, a predictive tool to determine which families will benefit most from a preventative intervention called the *Nurse Family Partnership* (NFP) will be developed. The NFP is a program of prenatal and infancy home visiting for socially disadvantaged mothers bearing first children. Its aims are to improve prenatal health; increase the spacing among subsequent births; reduce child abuse, neglect, and injuries; improve children's school readiness; and reduce adolescent crime and substance abuse. Currently serving 20,000 families per year across the United States, it is now being introduced by other countries, including the United Kingdom. In a series of three randomized controlled trials, NFP has been found to improve long-term maternal and child health and development, but it is most cost-effective when it is offered to high-risk families. Therefore, developing a tool to assign objective risk scores to mothers early in pregnancy would ensure that the NFP is targeted more accurately to those who will benefit the most. Longitudinal data from the three NFP trials will be used to build this predictive algorithm for targeting the service according to risk.

GERAINT HYWEL LEWIS, M.A. M.B., B.Chir., M.R.C.P., M.F.P.H., a 2007-08 Commonwealth Fund Harkness Fellow in Health Care Policy and Practice, is a public health physician working as a policy advisor at the Cabinet Office and as a visiting fellow at the King's Fund. Lewis developed and implemented the *Virtual Wards* project (aimed at avoiding emergency hospital admissions), which won an unprecedented four categories at the *Health Service Journal* awards and is being adopted across the United Kingdom and internationally. His current interest is in novel applications of predictive risk modelling, such as predicting admissions to nursing homes and forecasting social exclusion. He has published several articles in journals such as the *BMJ*, *The Journal of Physiology*, and the *Health Service Journal*, and has co-authored a postgraduate textbook on public health. Lewis holds a primary medical qualification from Cambridge and a master's degree in public health from the London School of Hygiene & Tropical Medicine, as well as membership of the Royal College of Physicians of London and of the Faculty of Public Health.

NEIL J. MACKINNON, Ph.D., F.C.S.H.P. (Canada)
Associate Professor and Associate Director for Research
College of Pharmacy
Dalhousie University

Project Title: *Impact of Canadian Drug Policies on Quality and Safety*

Project Abstract

Pharmaceuticals are among the most commonly used and important healthcare treatment modalities in western medicine. In Canada, pharmaceuticals are now the second largest and fastest increasing healthcare expenditure. Both public and private payers use a variety of drug policies, such as formulary restrictions, reference-based pricing, prior authorization forms, and patient co-payments and deductibles, to balance the access to, expenditures on, and quality of, medications. At present, however, the evidence of the impact of these drug policies on these outcomes is mixed at best, and in many cases, these policies have shown to have had a negative impact on one or more of economic, clinical or humanistic outcomes. Still, there is substantial variation in the results of the published studies, but to date, there has never been a complete summary of all of these studies in Canada

The primary research objective is to determine the impact of drug policy tools in Canada on quality and safety. The model used to assess quality and safety will be the ECHO model: *economic* (drug costs and other medical costs such as emergency department visits and hospitalizations), *clinical* (both intended clinical effects and adverse events) and *humanistic* (quality of life and patient, physician, nurse and pharmacist satisfaction) outcomes. The methodology to be used is a systematic review, summarizing the results from the Canadian peer-reviewed literature. A secondary research objective is to compare the results from this Canadian systematic review to the impact of drug policies on quality and safety in the other countries which participate in the Harkness program. The methodology for this second research objective will be qualitative in nature using semi-structured interviews with key informants from those nations. A thematic analysis will be conducted and recommendations for healthcare decision makers and professionals will be generated.

NEIL J. MACKINNON, Ph.D., F.C.S.H.P., a 2007-08 Canadian Harkness Associate in Health Care Policy and Practice, is an associate professor and the Associate Director for Research in the College of Pharmacy at Dalhousie University, Nova Scotia. Dr. McKinnon also has faculty appointments in Dalhousie's School of Health Services Administration and Department of Community Health & Epidemiology, and is also a member of the Canadian Patient Safety Institute's research and evaluation committee, a faculty member of the *Safer Healthcare Now* campaign (medication reconciliation initiative) and a member of the Medication Advisory Panel for a private third party payer, Medavie Blue Cross. His primary research focus has been on the safety and quality of the medication-use system, and his current research interests include developing a brokerage function for linking Canadian researchers and decision makers in patient safety, and developing medication safety indicators. Dr. MacKinnon has co-authored over 35 peer-reviewed journal articles and has edited two books. MacKinnon holds a Ph.D. in pharmacy health care administration from the University of Florida, and a master's degree in hospital pharmacy from the University of Wisconsin.

RUTH MCDONALD, Ph.D. (United Kingdom)
Senior Research Fellow
National Primary Care Research and Development Centre
University of Manchester

Project Title: *Incentives for Quality in Primary Health Care*

Placement: University of California, Berkeley

Mentor: Steve Shortell, Ph.D.

Project Abstract

In recent years there has been a growth in the number of pay-for-performance programs providing financial incentives for quality in primary health care in the United States and abroad. To date, evaluations have primarily concentrated on large-scale quantitative studies, which provide information about inputs and outputs. However, financial incentives can have complex and unintended effects which the focus on inputs and outputs may leave largely unexplored. In addition, whilst a focus on inputs and outputs (a 'black box' approach to incentives) enables comparisons between high and low performers, it does little to shed light on the reasons for these variations in performance. This qualitative study aims to shine some light into this 'black box', by exploring the motivational drivers of doctors and staff in various practice settings, with reference to financial and other incentives. It also seeks to identify the ways in which the organizational and institutional context of physician organizations and the wider environment within which they operate impact responses to formal incentive schemes.

Qualitative in-depth methods (interviews and where possible, observation) will be used in case study sites in Northern California, representing four practice setting types from large prepaid multispecialty groups to small office settings. California has been chosen due to its wide coverage of pay for performance schemes, operating over a relatively long period of time. In addition, the data from this study will be linked to findings from related research examining incentives and motivation among British Primary Health Care Professionals to enable comparisons to be made across the two countries.

The results of this project will inform the design of incentive systems in the United States and will also be relevant to the U.K. context. Data comparisons between the United Kingdom and the United States will enable conclusions to be drawn about the similarities and differences of responses to incentives and the extent to which they are attributable to local contextual factors. Additionally, financial incentives and associated feedback mechanisms offered to U.S.-based PCPs often encourage cost containment. Understanding the ways in which PCPs respond to these are highly relevant to the U.K. context, where the development of Practice Based Commissioning (PBC) means that PCPs are likely to face increasing pressures to contain costs.

RUTH MCDONALD, Ph.D., a 2007-08 Commonwealth Fund Harkness Fellow in Health Care Policy and Practice, is a senior research fellow at the National Primary Care Research and Development Centre at the University of Manchester. Her previous posts include research fellow/associate at Universities of Liverpool and Leeds, and manager and hospital financial director in the NHS for 11 years. Her current and recent research grants include: the impact of incentives on the behavior and performance of primary care professionals, culture change in NHS organizations and threats to patient safety in the operating theatre. McDonald has published in journals such as *Sociology of Health and Illness*, *Quality and Safety in Health Care*, *Sociology*, and *Pharmacoeconomics*, and has authored two books and numerous book chapters on topics including: patient safety and/or complexity, doctors' and nurses' views of clinical guidelines, management of change in a primary care trust, rationing, and empowering patients as consumers in the NHS. McDonald holds a doctorate in policy ethnography from the University of

Liverpool and a master's degree in health economics from the University of York.

PETER MCNAIR, M.P.H. (Australia)
Senior Data and Policy Analyst
Department of Human Services, Victoria

Project Title: *Funding Incentives to Improve Patient Safety*

Placement: University of California, San Francisco

Mentors: Andy Bindman, M.D., and Harold S. Luft, Ph.D.

Project Abstract

Quality, funding and service planning need to be integrated to deliver a health system that has quality improvement embedded in its fabric. The puzzle involves articulating funding, service planning and monitoring of outcomes to drive quality improvement within the context of patient preferences for treatment. This project addresses two aspects of this triumvirate: funding and outcome monitoring.

Quality improvement involves time and effort on the part of clinicians and health service administrators. A financial incentive is required that drives quality improvement although, to date, most of these initiatives have involved additional costs. As a priority, funding policy needs to be linked to quality outcomes to reduce unintended outcomes of care, while remaining cost-effective. While quality improvement initiatives are associated with additional costs, complications of care involve an avoidable expense to health services. The objective of the main project is to propose funding strategies that will concomitantly drive productive efficiency and reduce complications of care.

Victoria (Australia) has been modeling a Prospective Payment System that sets the average payment at the average level of the cost of complications across all discharges in a DRG by excluding complications of care from both the cost weight setting and payment processes. This system has the potential to reward health services with low levels of complications. Complications that are not preventable should occur at an average rate and hence be appropriately funded. In addition, Centers for Medicare and Medicaid Services have recently excluded a suite of avoidable complications from their Prospective Payment System for 2008. The options for implementing this modification will be explored and both models, among others, will be discussed with senior policy makers across the United States.

Quality improvement activities are enhanced by access to system wide, benchmarked, clinical outcome data. A supplementary project will investigate strategies that enhance the usefulness of administrative data for clinical outcome information and monitoring. Areas of investigation will include, but not be limited to 'present on admission' indicators, risk adjustment methodologies and reporting techniques.

PETER MCNAIR, M.P.H., a 2007-08 Commonwealth Fund Harkness Fellow in Health Care Policy and Practice, is senior policy analyst in the Funding Policy Unit in the Australian Department of Human Services, having previously worked in the Metropolitan Health Service Performance Management and Clinical Information Units. His work focuses on the development of funding and service planning policy and the implementation of innovative policy solutions to improve health care quality. In addition to reports published for the Victorian Department of Human Services, McNair has published in the *Australian and New Zealand Journal of Medicine* and *Australian Health Review*. McNair earned a master's of health science from Latrobe University, a master's of public health in clinical epidemiology from Monash University, and a bachelor's of nursing from Phillip Institute of Technology.

SHANE RETI (QSM), M.B.Ch.B., M.Med.Sci. (New Zealand)
Senior Lecturer
Department of General Practice and Primary Health Care
University of Auckland

Project Title: *Patient Access to Electronic Personal Health Records (ePHR)*

Placement: Harvard Medical School, Boston

Mentors: Charles Safran, M.D. and Henry Feldman, M.D.

Project Abstract

In recent years, health care has been evolving away from a disease-centered model toward a patient-centered model. The use of information technology in health care, such as automated patient reminders, smart homes and patient access to medical records are some of the tools toward achieving patient-centered care. PatientSite is a large, well-established patient management system, facilitating web-based electronic personal health record access (ePHR) to providers and patients at Beth Israel Deaconess Medical Centre, Boston. PatientSite is currently being redesigned and this project will contribute to that redesign by exploring the usage patterns of over 21 providers who use PatientSite. Analysis of the usage data will include examination of the varying inter-provider setup configurations and protocols for ePHR use, and the patient-side implications for each of these configurations. This project will also analyze NZ questionnaire data examining the views of 140 NZ diabetics as a high risk chronic care group, and their views on the ePHR features that a system like PatientSite provides in order to inform New Zealand's development of an initial strategy around ePHRs. In addition, structured interviews will be conducted with patients to ensure that the PatientSite redesign process reflects both the needs of patients and providers. The contribution of this project to U.S. health policy will evolve from an analysis of the effect of provider-side decision-making around ePHR utilization, and the patient side implications of those decisions. New Zealand health policy will be further informed by the first-ever analysis of consumer viewpoints on ePHRs in a chronic care group.

SHANE RETI (QSM), M.B.Ch.B., M.Med.Sci., a 2007-08 Commonwealth Fund Harkness Fellow in Health Care Policy and Practice, is a primary care doctor and senior lecturer (Hon) in the Department of General Practice and Primary Health Care at the University of Auckland. He is a 3rd term ministerial appointment as a director of the Northland District Health Board and is a recipient of the Queens Service Medal (QSM) for Public Service for his contribution to medical research, health, and Maori education. He has published articles in journals such as the *New Zealand Medical Journal*, *New Zealand Family Physician*, and *American Journal of Diabetes*. Dr. Reti qualified as a physician, earned a diploma in professional ethics, and received his master's degree in medical sciences from Auckland University, and earned a diploma in dermatological science from Cardiff University.

CLAUDIA SANMARTIN, Ph.D. (Canada)
Senior Researcher
Health Information and Research Group
Statistics Canada, Ottawa

Project Title: *Non-need Determinants of Waiting Times*

Project Abstract

Timely access to health care services for all patients continues to be a key health policy issue both in Canada and internationally. To date, much of the research evidence on waiting times has focused on developing methods for documenting how long patients actually wait for care and estimating how long they ought to wait given varying levels of need for services. Less attention has been given to the potential role of non-need determinants (e.g. socio-economic status) associated with waiting for care. While Canadian governments at both the federal and provincial levels continue to seek solutions within the publicly-funded system, there is increasing support for the use of privately delivered services to reduce lengthy waits for care. This may have serious implications for universal access to care. As such, the focus has started to shift in Canada to the potential role of non-need factors on how long patients wait for care. Further evidence is required to assess if inequities exist in the process of accessing care and if so, to what extent.

This project involves two distinct yet complementary projects focusing on the experiences of patients within Canada and internationally. Using the comprehensive patient and waiting time information provided by Canada's Health Services Access Survey (HSAS), the first project will explore the relationship between socioeconomic factors and waiting times for specialist consultations and non-emergency surgery in Canada. In the second project, a similar analytic approach will be applied to the *Commonwealth Fund 2005 International Health Policy Survey of Sicker Adults* to assess the specific relationship between income and waiting times in six countries: Australia, Canada, Germany, New Zealand, the United Kingdom, and the United States. The results of this work will not only highlight the role of non-need determinants of access to care but will do so within the context of different models of health care delivery. Furthermore, the comparative nature of this work will provide the opportunity for key policy learnings for Canada on the issue of lengthy waiting times for care.

CLAUDIA SANMARTIN, Ph.D. is a senior research analyst in the Health Information and Research Group at Statistics Canada, where she plays an active role in conducting research and developing new data sources to meet emerging information needs in the area of health, healthcare, and health system performance. She is also an adjunct research professor in the Department of Community Health Science at the University of Calgary, where she is also a member of the Western Canada Waiting List Project. Her current research interests include access to healthcare services with a specific focus on waiting times and non-need determinants of access to care such as socio-economic status; development of benchmarks for waiting times; and non-need determinants of care and the identification of potential inequities. Dr. Sanmartin holds a doctorate in health services research from the University of British Columbia and a master's degree in health administration from the University of Toronto.

STEPHANIE STOCK, M.D., Ph.D. (Germany)

Harkness/Bosch Foundation Fellow

Research fellow and lecturer

Department of Health Economics and Clinical Epidemiology

University of Cologne

Project Title: *Impact of Organizational Characteristics on Selected Quality of Life Indicators in Long-Term Care Settings*

Placement: University of Pennsylvania School of Nursing

Mentor: Mary D. Naylor, Ph.D., RN

Project Abstract

As life expectancy and life spans of people with chronic diseases increases, the number of elderly patients dependent on Long Term Care (LTC) services also increases. For the majority of this population the goal of care is not to cure but to maintain them on their highest possible level of functioning, both physically and cognitively. This concept makes quality of life a key outcome to measure in quality of care for an elderly population dependent on LTC. Yet while previous studies point to variations of outcomes due to organizational factors, the impact of these factors on quality of life and the decline of cognitive and functional abilities is unclear.

The purpose of this study is to examine the influence of selected organizational characteristics, such as hours of nursing care, standards of care, registries, and training of nurses, in three different LTC service delivery settings (nursing homes, assisted living facilities, and home care) on the following health-related quality of life indicators:

- 1) use of psychotropic medication and physical restraints
- 2) incidence of falls or fall-related injuries
- 3) trajectory of changes in cognitive and physical function.

To examine the relationship between the organizational characteristics and quality of life indicators, an analysis will be conducted using data collected from a non-randomized controlled cohort of elderly patients who are newly enrolled in LTC. Data will be collected through medical record abstraction, interviews with the directors of the LTC sites, and interviews with the patients or their caregivers (if the patient is cognitively impaired). The results will be used to guide further research and to develop concepts to improve quality of life with respect to cognitive and physical abilities of elderly patients in LTC. The approaches will be adapted to both U.S. and German settings.

STEPHANIE STOCK, M.D., Ph.D., a 2007-08 Commonwealth Fund Harkness/Bosch

Foundation Fellow in Health Care Policy and Practice, is an assistant professor and research fellow in the Medical School of the University of Cologne, where her focus is on disease management, improvement of access to and quality of care for chronically ill, patient guidelines, health care financing, functioning and role of the risk compensation system in the statutory health insurance, cost-of-illness studies, and health care systems research. She has co-authored 6 books and written over 20 book chapters and over 30 peer-reviewed articles, published in journals such as *Health Affairs*, *Health Policy*, *Diabetic Management*, and *Disease Management and Health Outcomes*, 2006, and was the lead author in drafting the guidelines for the German Disease Management program introduced in 2003. Stock holds a degree in health economics from the European Business School at Oestrich-Winkel and a medical degree from Albert Einstein University at Ulm. Stock also spent a year studying at Tufts Medical School in Boston and time conducting research at the National Center for Quality Assurance in Washington D.C.

RHEMA VAITHIANATHAN, Ph.D. (New Zealand)
Senior Lecturer
Department of Economics
University of Auckland

Project Title: *Designing a Value-Based Plan to Cover the Uninsured*

Placement: Harvard Medical School

Mentors: Mike Chernew, Ph.D.

Project Abstract

While there is now a growing body of evidence that some drugs and prevention services offer good value in the management of chronic diseases and others do not, insurance plans tend to ignore this evidence, continuing to encourage patients to minimize total expenditure irrespective of value. An alternative approach is Value-Based Insurance Design (VBID), where insurance benefits are customized and steer the insured towards services expected to produce superior clinical outcomes for the same expenditure. The proposed project will utilize data from the 1996 – 2004 Medical Expenditure Panel Survey (MEPS) and build a statistical model to simulate the effect of different plan designs on the costs and health outcomes for uninsured Americans with chronic conditions. This model will then be used to explore how the principles of VBID could be used to craft a health plan which is both affordable and maximizes health outcomes. At a broader level, the results of the project will contribute to our understanding of how health plan design can be utilized to improve the benefit to cost ratio of health expenditure – an issue that is important to both the United States and New Zealand.

RHEMA VAITHIANATHAN, Ph.D., a 2006-07 Commonwealth Fund Harkness Fellow in Health Care Policy and Practice, is a health economist and senior lecturer at the University of Auckland. Previously, she was a research fellow at Australian National University, economic consultant to the New Zealand Health Funding Authority, and policy analyst at the New Zealand Treasury. Her interests lie in health care financing systems and policy on the international level. Vaithianathan's research on topics including adverse selection, rank dependent utility analysis, cost-sharing, and imperfect competition in health insurance markets, has been published in the *Journal of Health Economics*, *Journal of Health Services Research and Policy*, *Economic Theory*, and *Australian Economic Review*. She was awarded the University of Auckland's Business School Research Excellence Award and Prize for Best Doctoral Dissertation in Business/Economics. She earned both her doctorate in economics and master's of commerce from the University of Auckland.