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Meeting with Pew Health Policy Program 5/23/94

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THE PEW HEALTH POLICY PROGRAM

Sponsored by
THE PEW CHARITABLE TRUSTS

PHOTOCOPY
PRESERVATION

Pew Health Policy Program Annual Meeting
"Coping with Health Care Reform:
How Will It Affect How You Do Your Job?"

May 22-24, 1994
Key Bridge Marriott
1401 Lee Highway
Arlington, Virginia
(703) 524-6400

Agenda

Sunday, May 22

View Lounge, 14th Floor

6:00 p.m. - 7:00 p.m.

Welcome:

Reception

Marion Ein Lewin, Director
Pew Health Policy Program

7:00 p.m. - 9:00 p.m.

Keynote Address:

Dinner

Bruce C. Vladeck, Administrator
Health Care Financing Administration

Monday, May 23

Potomac Ballroom Salons A&B

Main Lobby Level

7:30 a.m. - 8:00 a.m.

Breakfast

8:00 a.m. - 8:15 a.m.

Welcome

William Weissert, Ph.D., Director
Michigan Pew Health Policy Program
Judy S. Ogden, M.P.S., J.D., Associate Director
Michigan Pew Health Policy Program

8:15 a.m. - 9:30 a.m.

Moderator:

Professional Schools

Joanne L. Lound, M.H.S.A., Assistant to the Vice Provost
for Medical Affairs

University of Michigan Medical Center

Speakers:

David Altman, M.D., Associate Vice President and Director
Office of Generalist Physician Programs

Association of American Medical Colleges

Marjorie C. Becker, Ph.D., Director of Allied Health
Professions Education, University of Michigan

Richard L. Hopping, O.D., President

Southern California College of Optometry

Elisabeth Pennington, R.N., Ed.D., Dean

College of Nursing, University of Massachusetts at Dartmouth

Panelists representing different professional schools and fields within health care will discuss significant trends and forces in health care delivery, how those will be affected by proposed health care reforms, and how professional schools might respond to those changes.

Monday, May 23, continued

9:45 a.m. - 11:00 a.m.

Practitioners

Moderator:

Charles Huntington, M.P.H., Director, Washington Office
American Academy of Family Physicians

Speakers:

John M. Eisenberg, M.D., Chairman and
Physician-in-Chief, Department of Medicine
Georgetown University Medical Center
Pamela Mittelstadt, R.N., M.P.H., Director of Medical Affairs
Group Health Association of America
Steven Rosenberg, President
Rosenberg and Associates
Point Richmond, CA

Panelists have been selected to represent three sectors of the provider community thought to be among those most affected by health system reform: academic health centers, managed care, and rural providers. Focusing at the level of individual practitioners, each panelist will be asked to project the impact of reform on their particular sector in relation to current trends. Additionally, each panelist will discuss the probable response of providers to the changed financial incentives of a reformed health care system.

11:15 a.m. - 12:30 p.m.

State Health Reforms

Moderator:

John E. McDonough, M.P.A., State Representative
Commonwealth of Massachusetts

Speakers:

Kathryn Duke, J.D., M.P.H., Assistant Research, Legal
and Policy Analyst
Institute for Health Policy Studies
University of California, San Francisco
Elizabeth Kilbreth, M.H.S., Research Associate
Center for Health Policy, Edmund Muskie Institute
University of South Maine
Kala Ladenheim, Senior Research Associate
Intergovernmental Health Policy Project
George Washington University

Ongoing and proposed state health reform efforts in a number of key states will be discussed to determine what insights they offer the health reform process.

12:30 p.m. - 2:00 p.m.

Lunch Potomac Ballroom Salons C&D

Speaker:

Kristine M. Gebbie, M.N., Dr.P.H.
National AIDS Policy Coordinator
Executive Office of the President

Monday, May 23, continued

Potomac Ballroom Salons A&B

Main Lobby Level

2:00 p.m. - 3:15 p.m.

Institutional Providers

Moderator:

Carmela Dyer, Senior Associate Director, Policy Development
American Hospital Association

Speakers:

James L. Scott, President
American Healthcare System Institute
Robert Deane, Ph.D., Chief Economist
American Health Care Association

Presentation/discussion by panel members addressing institutional changes already occurring in response to market forces and in anticipation of national legislative reform. Focus will be on consolidation/vertical integration activities underway and expected.

3:45 p.m. - 5:00 p.m.

Payers

Moderator:

William J. Lubin, M.B.A.
Head, Health Care Services Policies and Programs
Aetna Health Plans
Hartford, CT

Speakers:

Howard L. Bailit, D.M.D., Ph.D., Senior Vice President
Health Services Research
Aetna Health Plans
Hartford, CT
Carl J. Maleri, Jr., Senior Vice President
Health Delivery Systems
Blue Cross/Blue Shield of Connecticut
Ray Hanley
Former Chair
State Medicaid Directors Association
Little Rock, AK
Pamela A. Hymel, M.D., M.P.H., Corporate Director
Medical Services and Benefits
Hughes Aircraft Company
Los Angeles, CA

This panel will address pertinent issues of health reform as it impacts payers in the public and private sector.

5:00 p.m. - 5:30 p.m.

Wrap-Up of Day

William Weissert, Ph.D., Director
Michigan Pew Health Policy Program

6:15 p.m.

Meet in Hotel Lobby to Cab Pool to Dinner Cruise

6:30 p.m. - 10:00 p.m.

Dinner Cruise on the Potomac

Zero Prince St.

Olde Towne Alexandria

Tuesday, May 24

Potomac Ballroom Salons A&B

Main Lobby Level

8:00 a.m. - 8:30 a.m.

Breakfast

8:30 a.m. - 11:00 a.m.

Moderators:

The Agency Response: The Poor Under Health Reform

Patricia Butler, J.D., Health Policy Consultant
Boulder, CO

Joseph P. Iser, M.D., Director, Hepatitis Program
U.S. Public Health Service
San Francisco, CA

Speakers:

Jeffrey A. Buck, Ph.D., Acting Director
Office of Policy, Planning, and Legislation
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
Sally Richardson, Director, Medicaid Bureau
Health Care Financing Administration
William Robinson, M.D., M.P.H., Chief Medical Officer
Health Resources and Services Administration
Vernon K. Smith, Ph.D., Director, Medicaid Bureau
Michigan Department of Social Services

Representatives of selected federal and state agencies will discuss how their agencies and programs can best meet the needs of low income Americans under whichever approaches to health care reform appear to be likely at the time of the meeting.

11:00 a.m. - 12:30 p.m.

Breakout Sessions:

Research Presented by Pew Health Policy Fellows

Session A

Adams Room, Third Floor

Presenters:

Life After the Pew Program: Working in Washington on Health Care Reform

Kathleen M. Eyre, J.D., Senior Director, Policy and Research
National Institute of Health Care Management

Margaret C. McNamara, M.S.P.H., Senior Policy Analyst
Blue Cross and Blue Shield Association

Lisa Simpson, M.B., B.Ch., M.P.H., Senior Policy Analyst
Office of the Assistant Secretary for Health
U.S. Department of Health and Human Services

Panelists will discuss their work in Washington on health care reform and what it is like to operate in a world of policy and politics. Lisa Simpson will present the government position and what it is like to switch from a health services research focus. Kathy Eyre will talk about what it is like to set up a new policy/research entity in Washington. Peggy McNamara will provide the perspective of working for a large health care association/insurer.

Tuesday, May 24, continued

Session B
Lincoln Room, Third Floor
Presenters:

Quality Improvement: The Effects of Reimbursement Policy on Quality of Care

William M. Altman, J.D., Attorney
Proskauer, Rose, Goetz, and Mendelsohn
Washington, DC
Jennifer N. Edwards, M.H.S., Dr.P.H., Director
Bureau of Ambulatory Care
Massachusetts Rate Setting Commission

Bill Altman will look at this issue from the legal and legislative trends in defining "adequate reimbursement to provide a requisite level of care" (from the Bourne Amendment) in nursing homes. Jennifer Edwards will present ways of building quality improvement in the reimbursement mechanism for primary care providers.

Session C
Jefferson Room, Third Floor
Presenters:

Collaboration Between Clinicians and Ph.D.'s in Health Services Research

Denise Soffel, Ph.D., Health Services Researcher
Department of Quality and Resource Management
Beth Israel Medical Center
John M. Luce, M.D., Fellow
UCSF Pew Health Policy Program and
Professor of Medicine and Anesthesia
University of California, San Francisco
Division of Pulmonary and Critical Care Medicine
San Francisco General Hospital
Howard Pinderhughes, Ph.D., Fellow
UCSF Pew Health Policy Program
Institute for Health Policy Studies
University of California, San Francisco
Harold S. Luft, Ph.D., Acting Director
UCSF Pew Health Policy Program
Professor of Health Economics
Institute for Health Policy Studies

Physicians and Ph.D.'s who are involved in health services research will recount their personal experiences of what works well and what pitfalls to try to avoid with the goal of identifying some common threads across a variety of backgrounds to develop some useful strategies to minimize conflict and maximize the skills and contributions of all members of a research team.

12:30 p.m. - 2:00 p.m.

Lunch Francis Scott Key Room, Lower Level

Tuesday, May 24, continued

Potomac Ballroom Salons A&B

Main Lobby Level

2:00 p.m. - 3:30 p.m.

**Foundation Response: Research Needs
Under Health Care Reform**

Moderator:

Nora Maloy, M.H.S.A., Program Officer

Michigan Health Care Education and Research Foundation

Speakers:

Carolyn H. Asbury, Sc.M.P.H., Ph.D., Director

Health and Human Services

The Pew Charitable Trusts

C. Patrick Babcock, Program Director

W.K. Kellogg Foundation

*Dennis F. Beatrice, Vice President, Kaiser Family Foundation
and Chair, Grantmakers in Health*

Robert E. Eckardt, M.P.H., Dr.P.H., Senior Program Officer

The Cleveland Foundation

*Robert G. Hughes, Ph.D., Director of Program Research and
Senior Program Officer, Robert Wood Johnson Foundation*

Public and private funders of health policy and medical care research will discuss and receive input on the impact of reform on future funding agendas. How can private foundations best complement the role of the federal government in assessing the impact of reform? What effect will reform have on currently funded longitudinal studies? How can the formidable task of assessing the effectiveness of reform be shared among funders?

3:45 p.m. - 4:45 p.m.

**Research Funding Opportunities Under Health Care Reform:
Informal Roundtable Discussion**

Facilitator:

Nora Maloy, M.H.S.A., Program Officer

Michigan Health Care Education and Research Foundation

Presenters:

Carolyn H. Asbury, Sc.M.P.H., Ph.D., Director

Health and Human Services

The Pew Charitable Trusts

*Dennis F. Beatrice, Vice President, Kaiser Family Foundation
and Chair, Grantmakers in Health*

Alice S. Hersh, Executive Director

Association for Health Services Research

5:00 p.m. - 5:30 p.m.

Program Wrap-Up

William Weissert, Ph.D., Director

Michigan Pew Health Policy Program

List of Participants
1994 Pew Health Policy Program Annual Meeting

Brandeis Fellows

Judith Bernstein, R.N., M.S.N.
Institute for Health Policy
Heller Graduate School
Brandeis University

Lori Cavanaugh, M.P.H.
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Heller Graduate School
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Philip Dunlap, D.O., M.P.H., M.S.
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Margaret Hughes, M.S.W.
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Hilda Pelonomi Taylor Khumoetsile, J.D.
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Beth Kilbreth, M.H.S.
Research Associate
Center for Health Policy
Edmund Muskie Institute
University of South Maine
Portland, ME

Jean Kinney, M.S.S.A.
Assistant Professor of Psychiatry
Dartmouth Medical School
Hanover, NH

Shirley Nichols, M.A.
Institute for Health Policy
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Sandra Ramos, M.P.A.
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Alexandra Shields, M.A.
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Jon A. Chilingirian, Ph.D.
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University of California, San Francisco

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University of California, San Francisco

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Professor of Medicine and Anesthesia
University of California, San Francisco
Division of Pulmonary and
Critical Care Medicine
San Francisco General Hospital

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University of California, San Francisco

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UCSF Pew Health Policy Program
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Director of Outreach Clinical Programs
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Fullerton, CA

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Director, Hepatitis Program
U.S. Public Health Service
San Francisco, CA

William J. Lubin, M.B.A.
Head
Health Care Services, Policies and Programs
Aetna Health Plans
Hartford, CT

Nora Maloy, M.H.S.A.
Program Officer
Michigan Health Care Education
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Detroit, MI

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Boston, MA

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Michigan Alumnus

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University of California, San Francisco
UCSF Alumna

Carmela Dyer, B.A.
Senior Associate Director for
Policy Development
American Hospital Association
Washington, DC
Michigan Alumna

Robert Eckardt, M.P.H., Dr.P.H.
Senior Program Officer
Cleveland Foundation
Michigan Alumnus

Jennifer Edwards, M.H.S., Dr.P.H.
Director, Bureau of Ambulatory Care
Massachusetts Rate Setting Commission
Michigan Alumna

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National Institute of Health
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Washington, DC
RAND/UCLA Alumna

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Executive Director-ACEHSA
Michigan Alumna

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American Academy of Family Physicians
Michigan Alumnus

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Michigan Alumnus

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The Kaiser Family Foundation
Executive Director
The Kaiser Commission on the
Future of Medicaid

Faith Mitchell, Ph.D.
Senior Populations Coordinator
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U.S. Department of State
and *UCSF Alumna*

The Pew Charitable Trusts

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Former Program Directors

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Lynn Lewis
Freelance Writer and Editor
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Washington, DC

John Tierney, Ph.D.
Adjunct Professor
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Management and Policy
School of Public Health
The University of Michigan

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Speakers' Biographies

David F. Altman is Associate Vice President for Educational Policy and Director of the Office of Generalist Physician Programs at the Association of American Medical Colleges (AAMC). Dr. Altman received his medical degree from the University of Pittsburgh and completed his training in internal medicine and gastroenterology at the University of California, San Francisco (UCSF). After joining the faculty at UCSF, he developed a special interest in undergraduate medical education, eventually serving as the school's Associate Dean for Student and Curricular Affairs. He was then Associate Dean and Director to the University's Fresno - Central San Joaquin Valley Medical Education Program, a project designed to develop training programs at the undergraduate and graduate levels to address chronic problems of physician undersupply for rural and urban underserved populations. He obtained the rank of Professor of Clinical Medicine at UCSF and, before joining the AAMC, served as Associate Director for Research at the UCSF Center for the Health Professions and for the Pew Health Professions Commission. Dr. Altman was as a Robert Wood Johnson Health Policy Fellow from 1992-1993. In this capacity he worked in the office of Senator John D. Rockefeller, IV (D-WV).

William M. Altman is an attorney with the Washington, D.C. firm of Proskauer, Rose, Goetz, and Mendelsohn. His expertise lies in legal and ethical aspects of health care decision-making, quality of care reimbursement, and Medicare/Medicaid reimbursement. Prior to his current job, Mr. Altman was a Consultant for Lewin-VHI, Inc., a nationally reputed health care consulting firm. He has also served as Director of Health Policy and Legal Counsel to the American Psychological Association. Mr. Altman is a former Fellow for the Agency for Health Care Policy and Research and was a Pew Fellowship recipient at the University of Michigan from 1990-1992.

Carolyn H. Asbury is Director of the Health and Human Services Program at The Pew Charitable Trusts. All activities of the program are designed to help the nation promote and protect the health and well-being of the public. She is responsible for directing and managing the program's local, national, and international initiatives and grants concerning the organization, financing, and delivery of health and human services. Dr. Asbury came to the Trusts in August

1991 as Deputy Director, and served as Acting Director for three months before assuming the Director's role in December 1992. Immediately prior to her appointment at the Trusts, she was a Senior Program Officer at The Robert Wood Johnson Foundation, responsible for a diverse array of programs in critical care, chronic care and substance abuse, and for addressing policy issues in malpractice and technology transfer. Her career has focused on health policy, as a researcher and consultant, as well as a grantmaker. Dr. Asbury's own research is on "orphan" (medically important but commercially unprofitable) drugs, and she served as a consultant to the House Subcommittee on Health and the Environment to develop the Orphan Drug Law. She has written extensively in medical, health policy, and public health journals, and is the author of the book, Orphan Drugs: Medical v. Market Value.

C. Patrick Babcock is a Program Director for the W.K. Kellogg Foundation. In this capacity he interacts with grantees and recommends projects for funding. He is also the Director of Comprehensive Community Health Models of Michigan, a Foundation-sponsored initiative to develop a partnership with three Michigan communities that want to reform their local health care systems. Mr. Babcock has had a long career of service with the state of Michigan, and has held several leadership positions with human services agencies. Before joining the Foundation, he directed the Michigan Department of Social Services. Prior to that, he headed the Michigan Department of Mental Health and the Michigan Department of Labor. His other roles with the state included advisor and administrator of programs related to aging services, substance abuse, and legislative affairs.

Howard L. Bailit is Senior Vice President for Health Services Research at Aetna Health Plans. From 1967 to 1983, Dr. Bailit was on the faculty of the University of Connecticut Health Center, where he served as Associate Dean and Professor, and Head of the Department of Behavioral Sciences and Community Health. From 1983 to 1986 he was Head of the Division of Health Administration at the School of Public Health, Columbia University. He was a consultant to the RAND Health Insurance Experiment and has served on many professional and governmental committees. Dr. Bailit is a member of the Institute of Medicine, National Academy of Sciences. He received his dental degree from Tufts and his Ph.D. from Harvard University.

Dennis F. Beatrice is Vice President at the Henry J. Kaiser Family Foundation where he directs the foundation's "Government and Health" program, which seeks new and creative ways to use the resources of a foundation to make government more responsive to the health needs of the American people. Priorities of the program are to help set new directions in major public sector programs, such as Medicare and Medicaid; to strengthen the role of the states in providing effective and efficient health care; and to help develop minority

leadership for the public sector in health. Prior to joining the Foundation in 1991, Mr. Beatrice oversaw grantmaking in the areas of health policy, the reform of health care institutions, and programs for vulnerable populations, particularly women and children in poverty, the elderly, and at-risk youth, at The Pew Charitable Trusts. Previously, he was Associate Commissioner of the New Jersey Department of Human Services, where he helped design and implement statewide welfare reform, restructure policies and programs for the homeless, and develop major school-based initiatives for children. Mr. Beatrice has served as the director of the Medicaid program for the Commonwealth of Massachusetts and was Associate Director of the Health Policy Center at the Heller School of Brandeis University. He has taught and published widely on health issues.

Marjorie C. Becker has been a clinician, educator and administrator with the academic health center of two major research universities. She began her career as a practicing physical therapist, first in pediatrics and later in geriatrics. This clinical foundation has provided valuable experience toward influencing the education of health professionals and the administration of educational programs across disciplines. Ms. Becker currently serves as Director of Allied Health Education and Administrator for graduate Medical Education at the University of Michigan Medical Center. She has been very active in state and national health professions educational accreditation and associated issues in licensure and regulation. Ms. Becker has a keen interest in methods to influence prudence in the use of resources available for health professions education across educational settings--from the community college to the academic health center of major research universities.

Jeffrey A. Buck is the Acting Director of the Office of Policy and Planning in the Center for Mental Health Services, where his work focuses on mental health finance issues. Previously, he worked in the Office of Research in the Health Care Financing Administration. Dr. Buck is a clinical psychologist with past experience in community mental health settings in California, Ohio, and West Virginia. His publications have addressed issues related to mental health financing and federal mental health programs, psychotropic drug utilization, and Medicaid policies. Recently, he served on the Mental Health and Substance Abuse Working Group of the President's Task Force on Health Care Reform.

Patricia Butler is a self-employed health policy consultant based in Boulder, Colorado. As a national expert on issues related to the delivery and financing of care to disadvantaged populations, she provides advice to numerous state governments and foundations. Ms. Butler is a current University of Michigan Pew Fellow and holds a Juris Doctor from Boalt Hall School of Law at the University of California, Berkeley.

Robert T. Deane is the Chief Economist for the American Health Care Association, a position he has held since 1986. In that capacity he provides technical assistance to the nursing home associations of the 50 states in the areas of Medicaid and Medicare reimbursement, the mechanics of rate setting, and the funding of Medicaid programs. He also provides a variety of policy analyses to the regulatory and legislative sections of the national association. Dr. Deane has participated directly in the design and modification of numerous Medicaid nursing home reimbursement systems among the states and has contributed to the modification of the federal Medicare reimbursement system for nursing homes. Before joining the American Health Care Association, he served in the Office of Management and Budget and was Vice President of Applied Management Sciences.

Kathryn Duke has spent a decade working on state health care issues in the executive and legislative branches of California government, where she has served as Assistant to the Director of the Department of Consumer Affairs--the licensing agency for physicians, nurses, dentists, and other health care providers--and as Senior Health Policy Staff Consultant at the Senate Office of Research. Since she came to the UCSF Institute for Health Policy Studies two years ago as a part-time Pew Postdoctoral Fellow, Ms. Duke has been involved with ongoing research projects on different aspects of state health care reform. These projects have included a state-level analysis of financing for California's indigent care programs and a legal analysis of indigent care requirements in California's cigarette tax initiative. She has recently become Project Director of a two-year study of the health care reforms being implemented in selected states.

Carmela S. Dyer is Senior Associate Director for Policy Development at the American Hospital Association (AHA). A member of the University of Michigan Pew Health Policy Program's 1990-1992 cohort, she is an expert on health care reform, Medicare payment policy, and health care economics. Before joining AHA, Ms. Dyer was a Policy Analyst for the Congressional Budget Office. She earned her undergraduate degree in economics from Carleton College.

Robert E. Eckardt is Senior Program Officer at The Cleveland Foundation, responsible for grants in health and aging. He joined the Foundation in 1982 as a Program Officer and was promoted to his current position in 1988. Dr. Eckardt moved to Cleveland in 1977 as a Planning Associate for the Federation for Community Planning. In this capacity, he worked on improved methods to meet the long-term care needs of greater Clevelanders. In addition to his work in Ohio, Dr. Eckardt serves on the boards of Grantmakers in Aging, Grantmakers in Health, and Funders Concerned About AIDS. He is a member of the American Public Health Association, as well as a fellow of the Gerontological Society of America. Dr. Eckardt received his Dr.P.H. from the University of Michigan's Pew Health Policy Program in 1990.

Jennifer N. Edwards directs the Bureau of Ambulatory Care for the Massachusetts Rate Setting Commission. A 1990-1992 University of Michigan Pew Fellow, she was awarded her Dr.P.H. last month. While participating in the Pew Health Policy Program, Dr. Edwards worked as a Research Associate in the Health Policy Research and Development Unit of Massachusetts General Hospital. She also has served as Deputy Director for the Harvard School of Public Health's Program on the Future of Health Care, and as Senior Health Policy Analyst for the Ford Motor Company.

John M. Eisenberg is Chairman of the Department of Medicine, Physician-in Chief, and Anton and Margaret Fuisz Professor of Medicine at Georgetown University Medical Center. He served as Chief of the Division of General Internal Medicine at the University of Pennsylvania from 1978-1992 and was Sol Katz Professor of General Internal Medicine. Dr. Eisenberg has been a Commissioner of the Physician Payment Review Commission since 1986 and was named Chairman of the Commission in 1993. He has been elected President of the Society for General Internal Medicine, and Vice President of the Society of Medical Decision Making. He was the first physician to be elected President of the Association for Health Services Research, and also served as President of the Foundation for Health Services Research. Dr. Eisenberg is a member of the Institute of Medicine, National Academy of Sciences, and served as a member of the Board of Regents of the American College of Physicians. In 1993, Dr. Eisenberg was named Distinguished Internist of the Year by the American Society of Internal Medicine. Since 1992, Dr. Eisenberg has been Program Director of The Robert Wood Johnson Foundation's Generalists Physician Faculty Scholars Program. Dr. Eisenberg has published over 180 articles and chapters on topics such as physician's practices, test use and efficacy, medical education and clinical economics.

Kathleen M. Eyre joined the National Institute for Health Care Management (NIHCM) in November 1993 as Senior Director of Policy and Research. Prior to joining NIHCM, she was Director of Health Policy and Advocacy for Blue Cross of California where she supervised legislative and public policy development and research for the company on the State and Federal level. Prior to joining Blue Cross, Ms. Eyre served as a Research Consultant for the RAND Corporation. Previously, she was an Associate for Sidley & Austin with offices in Washington, D.C. and Los Angeles, CA; and served as Trial Attorney for the Department of Justice, Antitrust Division in Washington, D.C., prosecuting health care antitrust cases. She received her J.D. from the University of California, Hastings College of the Law, where she was Symposium Editor of the Hastings Law Journal. Ms. Eyre is a former RAND/UCLA Pew Fellow.

Kristine M. Gebbie is President Clinton's National AIDS Policy Coordinator, overseeing the nation's HIV and AIDS agenda in research, services, and prevention. Prior to her appointment, Dr. Gebbie served as Secretary of the Department of Health for the State of Washington. She was a member of the Presidential Commission on AIDS which was the first national body to make comprehensive recommendations for the national response to HIV and AIDS. Dr. Gebbie has a lengthy career in the health field and public policy. She has served as the Public Health Administrator in the State of Oregon, and was the Coordinator of Ambulatory Care for St. Louis University Hospitals. She has taught health courses at the University of Washington, the Oregon Health Sciences University, the University of California at Los Angeles, and St. Louis University. Dr. Gebbie is active in many professional organizations, and has served as a member of the Executive Board of the American Public Health Association. She is a Member of the Institute of Medicine, National Academy of Sciences. In April, Dr. Gebbie was awarded her Dr.P.H. from the University of Michigan's Pew Health Policy Program.

Ray Hanley is Medicaid Director for the state of Arkansas, a position he has held since 1986. A career employee of the Arkansas Department of Human Services, Mr. Hanley has held a variety of posts including those of Food Stamps Coordinator, Foster Care Supervisor, and the Assistant Administrator for the Crippled Children's Program. For the past four years, he has held the elected position of Chairman of the State Medicaid Directors' Association. Mr. Hanley co-chairs the U.S. Department of Health and Human Service's Health Care Reform Implementation Task Force and is a consultant to the Arkansas Governor's Health Care Reform Task Force. He also serves as a consultant to the National Vaccine Advisory Commission. Mr. Hanley is the creator, owner and co-producer of "Arkansas Postcard Past," one of the most popular daily features of the *Arkansas Democrat-Gazette*.

Alice S. Hersh was the founding Executive Director of the Association for Health Services Research (AHSR) and the Foundation for Health Services Research (FHSR). AHSR and FHSR were created in 1981 to promote and strengthen the field of health services research and to improve communications between researchers and users. Ms. Hersh was promoted to Executive Vice President and Chief Executive Officer in 1993. She is responsible for the overall program and fiscal management of AHSR and FHSR. She oversees all the educational and professional programs, and the public information and lobbying activities, and fundraising and membership development. Before coming to AHSR and FHSR, Ms. Hersh was Director of Health Programs at the National Rural Health Center. Prior to that, she was Coordinator of Field Programs and Assistant to the Director of the National Health Policy Forum. Ms. Hersh holds a master's degree in human services management from Brandeis University's Heller School.

Richard L. Hopping is President of the Southern California College of Optometry, a position he has held since 1973. He is the past President of both the American Optometric Association and the Association of Schools and Colleges of Optometry, one of two persons ever to have held both positions. Dr. Hopping was named Optometrist of the Year by both the Ohio and California Optometric Associations, and the American Optometric Association selected him as Optometrist of the Year in 1988. Last year he received the AOA's Distinguished Service Award and currently he serves as Chair of the AOA Industry Relations Committee and Chair of the Summit on Optometric Education Conferences.

Robert G. Hughes is Director for Program Research and a Senior Program Officer with The Robert Wood Johnson Foundation. Prior to joining the foundation, Dr. Hughes held teaching positions at Arizona State University and the University of Washington School of Public Health and Community Medicine. He holds memberships in several organizations including the American Association for the Advancement of Science, the American Political Science Association, the American Public Health Association, and the Association for Health Services Research. He received his doctorate from the Johns Hopkins School of Hygiene and Public Health and is a 1986 alum of the Pew Health Policy Program at the University of California, San Francisco.

Charles Huntington is Director of the Washington office for the American Academy of Family Physicians. Mr. Huntington began at the Academy as a Policy Analyst and assumed the post of Assistant Director before being named to his current position. A 1988-1990 University of Michigan Pew Fellow, his expertise is in physician reimbursement and rural health care. Mr. Huntington also is a former Health Policy Fellow for the American Academy of Physician Assistants and earned his P.A. certificate at the Bowman Gray School of Medicine. He was awarded his master's in public health from The George Washington University.

Pamela Ann Hymel is Corporate Director of Medical Services and Benefits at Hughes Aircraft Company. Dr. Hymel joined Hughes Aircraft in 1987, working her way through several positions culminating in her current job. Since 1985 she has augmented her corporate responsibilities with work in two urgent care clinics. A native Louisianan, she received her M.D. from Louisiana State University and her M.P.H. from Tulane University School of Public Health. Dr. Hymel is board certified in internal medicine and occupational medicine.

Joseph Iser is Director of the U.S. Public Health Service's Hepatitis Program in Region IX, based in San Francisco. Dr. Iser comes to this post following a successful tour as Associate Bureau Director for Clinical Affairs in the Public Health Service's Rockville, Maryland office. He has an M.D. from the

University of Kansas and is board certified in internal medicine. He has held an appointment as Assistant Professor at the Uniformed Services University of the Health Sciences. A current University of Michigan Pew Fellow, Dr. Iser's areas of expertise are: hepatitis; health care management and policy; and community-based health care.

Beth Kilbreth, a current Pew Fellow in the Brandeis University program, is a Research Associate at the Center for Health Policy at the Edmund Muskie Institute of Management and Public Affairs of the University of Southern Maine. Her research interests encompass state health policy with a focus on insurance regulation, access, and Medicaid program reform. Ms. Kilbreth is coprincipal investigator of a study, funded by The Robert Wood Johnson Foundation, to examine health service utilization of the previously uninsured, and the relationships of their utilization experience to sociodemographic factors, health status, and insurance coverage history. Before joining the Muskie Institute, she served as a Research Associate at Trial Lawyers for Public Justice, and as Associate Director for Ambulatory Services for the Group Health Association in Washington, D.C.

Kala Ladenheim is Senior Research Associate in the Intergovernmental Health Policy Project (IHPP) at George Washington University specializing in access issues, tracking the development of state policies regarding health care for the uninsured, small group insurance reform, and comprehensive access reforms. She monitors, assesses and disseminates information on state legislation and commissions dealing with access, reviewing policy documents and communicating with contacts in the 50 states. She has written and spoken extensively on health policy development, access and the uninsured.

Joanne L. Lound is Assistant to the Vice Provost for Medical Affairs at the University of Michigan Medical Center. Ms. Lound is a Dr.P.H. candidate in the University of Michigan's Pew Health Policy Program. Her dissertation topic is the sources of variation in the distribution of interdependent costs in academic medical centers. Ms. Lound's expertise lies in health care finance management. Before coming to the University of Michigan she was a Lecturer at Wayne State University and a volunteer with the Mission Hospitals in India.

William Lubin is Head of Health Care Services Policies and Programs for Aetna Health Plans in Hartford, Connecticut. With a long and distinguished career in the insurance industry, Mr. Lubin has served as Division Vice President for The Travelers Companies in Hartford, as Vice President and Director for Lincoln National Life Insurance Company in Fort Wayne, Indiana, and as a Product Manager for Blue Cross and Blue Shield of Connecticut. A current University of Michigan Pew Fellow, he is a graduate of the Physician Associate

Program at Albany Medical College in New York and has an M.B.A. from the University of Connecticut.

John M. Luce is Professor of Medicine and Anesthesia in the University of California, San Francisco's Division of Pulmonary and Critical Care Medicine. An expert in critical care medicine, medical ethics, and quality management, he is a current UCSF Pew Postdoctoral Fellow. Dr. Luce is past Medical Director for Quality and Risk Management at San Francisco General Hospital and also the hospital's former Associate Director of the Medical-Surgical Intensive Care Unit. He was awarded his M.D. from the University of California, San Francisco.

Harold S. Luft is Acting Director of the Institute for Health Policy Studies, University of California, San Francisco where he also holds an appointment as Professor of Health Economics. Dr. Luft chairs the Finance Committee of the Institute of Medicine Council and serves on the Health Advisory Committee of the U.S. General Accounting Office. He sits on the editorial boards of several journals and publications, is a prolific writer, and is highly in demand as a speaker. His fields of research are health economics and policy implementation. Dr. Luft received his master's and doctoral degrees in economics from Harvard University.

Carl J. Maleri, Jr. is Senior Vice President of Health Delivery Systems at Blue Cross and Blue Shield of Connecticut and President and Chief Executive Officer of Community Health Care Plan, Inc. Mr. Maleri has been with Blue Cross and Blue Shield of Connecticut for over 23 years. In 1992, Governor Lowell Weicker, Jr. appointed Mr. Maleri to a four year term on the Connecticut Health Care Payer Advisory Board. He is also a member of the New London County Health Care Task Force. Mr. Maleri is a member of the Group Health Association of America and past President of the Association of Connecticut HMOs. He received his M.B.A. in 1977 from the University of New Haven.

Nora Maloy is Program Officer for the Michigan Health Care Education and Research Foundation, located in Detroit, Michigan. She received her master's of health services administration at the University of Michigan School of Public Health. Ms. Maloy has experience across the health care field. Before joining the Foundation, she worked as a Project Analyst for Blue Cross and Blue Shield of Michigan, and as an Administrative Intern for the Veterans Administration Medical Center in Chicago. Ms. Maloy is a current University of Michigan Pew Fellow. Her dissertation topic is an assessment of nursing home length of stay.

John McDonough is a State Representative from the Boston area who chaired the Special Commission on Health Care Financing and Delivery Reform of the Massachusetts House of Representatives. Always active in local politics, Mr. McDonough has served as Associate Director of the Massachusetts Tenants

Organization, as an organizer for the Clothing and Textile Workers in Boston, and as a Tenant Information Officer for the Cambridge Housing Authority. He is a current Pew Fellow at the University of Michigan, exploring the topic of hospital rate setting and HMO development. He has a master's degree in public administration from the John F. Kennedy School of Government at Harvard University.

Peggy McNamara is Senior Legislative Analyst with the Blue Cross and Blue Shield Association's Office of Policy and Representation. Prior to coming on staff at the Blue Cross and Blue Shield Association, she was a Manager at the American Hospital Association. Other previous work experience included policy analysis with the New Jersey Department of Health on uncompensated care and health care for the uninsured; policy internships with the House Select Committee on Aging, North Carolina Medicaid Program, and the Catholic Health Association; and an administrative residency with the Hospital for Sick Children in Washington, D.C. Most of Ms. McNamara's writing has been related to strategies for improving access. She is a 1990-1992 Pew Fellow from the University of Michigan's Doctoral Program in Health Policy. Ms. McNamara is currently active in Women in Government Relations and the American Public Health Association, and is a member of the Association for Health Services Research.

Pamela C. Mittelstadt is the Director of the Medical Affairs Department at the Group Health Association of America (GHAA) in Washington, D.C. In this position she is responsible for developing and directing the activities of GHAA's Medical Management Council including: the clinical management issues of quality assurance; performance measurement; medical education; practice guidelines; and technology assessment. Prior to this position, Ms. Mittelstadt was the Associate Director of Governmental Affairs of the American Nurses Association (ANA). In this position she was responsible for regulations affecting nurses in Medicare and Medicaid. Her specialty areas were third party reimbursement, physician payment reform and nursing home reform. She has published and presented at national conferences in the areas of health care reform, payment reform for advanced practice nurse, managed care and the federal legislation process. Ms. Mittelstadt is a registered nurse and has had clinical experience in home health, reproductive health and public health, where she directed a Women, Infants and Children nutrition program. She is a member of the D.C. Nurses Association, the American Public Health Association, and Women in Government Relations.

Elisabeth A. Pennington is Dean and Professor of Nursing at the University of Massachusetts, Dartmouth. She earned her masters and doctoral degrees in nursing education from Teachers College, Columbia University. Dr. Pennington has held staff and administrative positions in nursing service. She has been a faculty member at City College of New York, and most recently at the University of Michigan where she served as Associate Dean of Academic Affairs.

Dr. Pennington is a former educational consultant to the National League for Nursing. She has published and presented numerous papers in the field of nursing education, especially focusing on curriculum design. Her research focuses on weight management in obese women.

Howard Lloyd Pinderhughes is a current Pew/AHCPR Postdoctoral Fellow at the University of California, San Francisco. His research focuses on violence as a public health problem. Dr. Pinderhughes was awarded his Ph.D. from the University of California at Berkeley. He is a former Research Associate for UC-Berkeley's Institute for the Study of Social Change, and past University of California President's Postdoctoral Fellow. Dr. Pinderhughes gained political perspective on his research while serving on the professional staff of the U.S. House of Representatives Select Committee on Children, Youth and Families.

Sally K. Richardson is Director of the Medicaid Bureau for the Health Care Financing Administration (HCFA). Her previous work experience has direct and immediate relevance for the integration of HCFA programs, including Medicaid, within the broader structures of health care reform. She recently simultaneously served as Director of West Virginia's Public Employees Insurance Agency and as Vice Chair of that state's Health Care Planning Commission. Ms. Richardson has significant experience in rural health care issues and has been a participant on rural health care issues with the Jackson Hole Group. As a long-time administrator in the West Virginia Department of Health and a member of the National Academy of State Health Policy, she possesses an in-depth understanding of the diverse needs of states as they interact with federal policy. Immediately before assuming her current post in the Clinton Administration, Ms. Richardson served on multiple working groups within the President's Health Care Task Force.

William A. Robinson is Acting Administrator of the Health Resources and Services Administration (HRSA). Prior to being named to this position in 1993, he was HRSA's Chief Medical Officer. Dr. Robinson has had a long and distinguished career in HRSA, beginning in 1975. At different periods he has served as Deputy Assistant Secretary for Minority Health and Director of the Office of Minority Health, Deputy Director of the Bureau of Health Professions, and Deputy Director of the Office of Health Resources Opportunity. In the early 1980s, Dr. Robinson worked part-time as a Health Consultant to the U.S. House of Representatives' Committee on Interior and Insular Affairs. A licensed physician, he is a member of numerous organizations such as the American Academy of Family Physicians, American Public Health Association, and Blacks in Government.

Steven Rosenberg, President of Rosenberg & Associates, has 20 years of experience in the provision of practice management consultation and strategic planning for rural hospitals and rural physicians. Active in the political realm, he recently co-organized the "Rural Health Summit" in Little Rock, Arkansas, sponsored by The Robert Wood Johnson Foundation and the Clinton Administration. Mr. Rosenberg facilitated the Republican Senatorial Health Care Reform Task Force, and designed the Health Care Reform Proposal for the state of West Virginia and the Vermont Hospital Association Health Care Reform Plan. He conceived and co-authored a "Monograph Series on Rural Health Networks" sponsored by The Robert Wood Johnson Foundation. Additionally, Mr. Rosenberg is a frequent contractor to the National Rural Health Association. He is a former Woodrow Wilson Fellow at the University of California, Berkeley.

James L. Scott has been President of the American Healthcare Systems (AmHS) Institute, the Washington, D.C.-based public policy center of AmHS, since 1988, after having served as its Vice President since 1985. He formerly was Acting Deputy Administrator of the Health Care Financing Administration (HCFA). His earlier assignments in the Department of Health and Human Services included HCFA Associate Administrator for Operations, Deputy Assistant Secretary for Health Legislation in DHHS, and Director of the Office of Legislation and Policy and Director of the Office of Intergovernmental Affairs, both in HCFA. Mr. Smith has served as a member of the U.S. Department of Health and Human Services' National Advisory Committee on Rural Health and was a member of the Department's Minority Health Task Force. He also served as Vice Chairman of Maryland Governor William Schaefer's Committee on Long-Term Care, and serves on the editorial board of Health Care Competition Week. Mr. Scott is listed in Faulkner and Gray's Health Care 500 and Who's Who.

Lisa Simpson currently works in the Office of the Assistant Secretary for Health, Department of Health and Human Services, as a Policy Advisor. Her expertise lies in maternal and child health, primary care, and the role of state governments in the provision of health care. A former Pew Postdoctoral Fellow at the University of California, San Francisco, Ms. Simpson is a career public servant. Prior to her Pew Fellowship, she worked for the Hawaii State Department of Health, first as the Chief of the Maternal and Child Health Branch, and ultimately as Acting Chief of the Family Health Services Division.

Vernon K. Smith is the Michigan Medicaid Director. Dr. Smith has served the state of Michigan for over 26 years as the Policy Director for Medicaid, the Budget Director for the Department of Social Services, and as an Economist with the Office of the Governor. Along with his current position, he holds adjunct teaching appointments at Michigan State University and Western Michigan University. Dr. Smith has focused, at both the state and national level, on maternal and child health care and health care for the indigent and uninsured.

He served as Chair of the Committee on the Uninsured and the Medically Indigent for the National Academy for State Health Policy, and is Chair of the Medicaid Maternal and Child Health Technical Advisory Group to the Health Care Financing Administration.

Denise Soffel is a Health Services Researcher in the Department of Quality and Resource Management at Beth Israel Medical Center in New York. In that capacity she designs and conducts evaluations of hospital initiatives in clinical practice. She also is involved in outcomes research on patients with congestive heart failure and patients undergoing gynecologic surgery. Dr. Soffel completed her Pew Fellowship at the University of California, San Francisco in August of 1993. She holds a Ph.D. from New York University where she worked on a study of families entering emergency shelters.

Bruce C. Vladeck is the Administrator of the Health Care Financing Administration (HCFA), Department of Health and Human Services. As HCFA Administrator, he directs the Medicare and Medicaid programs and serves as a key health policy advisor to the HHS Secretary and other top Administration officials. Mr. Vladeck came to HCFA from the United Hospital Fund of New York, where he had been President since 1983. He directed the Fund's involvement in grantmaking, health services, research and policy development in New York City's health care. He also served as a member of the Prospective Payment Assessment Commission, the New York State Council on Health Care Financing, and the New York State AIDS Advisory Council. Before joining United Hospital Fund, Mr. Vladeck was Assistant Vice President at The Robert Wood Johnson Foundation and New Jersey's Assistant Commissioner for Health Planning and Resources. He is a Member of the Institute of Medicine, National Academy of Sciences and immediate past Chair of the Pew Health Policy Program Advisory Board.

1994 Pew Health Policy Program Annual Meeting
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THE WHITE HOUSE

WASHINGTON

Comments of

Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator

before the

Pew Health Policy Program

9 months and 20 days, but who's counting?!

May 23, 1994

- I. A Job without a Description
 - A. The impact of 12 years of frustration
 - B. The implications of the term "Czar"
 - C. What does coordination mean to you?
 - D. Making something national, not federal
- II. The focus of HIV/AIDS Policy
 - A. The overall areas
 - 1. Research
 - 2. Services
 - 3. Prevention
 - B. The overriding areas
 - 1. discrimination
 - 2. homophobia
 - 3. avoidance of sexuality
- III. What's different from state level activities?
 - A. The scope of the bureaucracy
 - B. The sheer size of the constituency
 - C. the competition for air time/attention

INSTITUTE OF MEDICINE
NATIONAL ACADEMY OF SCIENCES
2101 CONSTITUTION AVENUE WASHINGTON, D.C. 20418



OFFICE OF HEALTH POLICY
FELLOWSHIP PROGRAMS

PHONE: 202/334-1506
FAX: 202/334-1694

May 11, 1994

*I'll need
preptime*

Kristine Gebbie, M.N., Dr.P.H.
National AIDS Policy Coordinator
Executive Office of the President
750 17th St., NW, Room 1060
Washington, DC 20503

Dear Kristine:

We are so pleased that you can participate in the upcoming annual meeting of the Pew Health Policy Program. An agenda for the May 22-24 conference is enclosed.

You are scheduled to address the conference participants at our luncheon on Monday, May 23, at 12:30 p.m. I know that the Pew Fellows (as well faculty) in attendance would be most interested in hearing your reflections on your year in Washington with a focus on improving policies/funding for AIDS. What have been the major lessons of working in Washington as opposed to the state/local level? How much are policies driven by facts/health services research and politics/interest groups leverage? These are just suggestions. Please feel free to focus on any area of particular relevance to your current assignment. Your remarks can be informal. If you can speak for about 20-25 minutes, that will leave time for questions and discussion.

Please call if you have any further questions. It will be a special treat to have you with us.

With best wishes,

Sincerely,

Marion Ein Lewin
Director, Program Office
Pew Health Policy Program

Enclosure

Pew Health Policy Program Annual Meeting
 "Coping with Health Care Reform:
 How Will It Affect How You Do Your Job?"

May 22-24, 1994

Key Bridge Marriott
 1401 Lee Highway
 Arlington, Virginia
 (703) 524-6400

Agenda

Sunday, May 22

View Lounge, 14th Floor

6:00 p.m. - 7:00 p.m.

Welcome:

Reception

Marion Ein Lewin, Director
 Pew Health Policy Program

7:00 p.m. - 9:00 p.m.

Keynote Address:

Dinner

Bruce C. Vladeck, Administrator
 Health Care Financing Administration

Monday, May 23

Potomac Ballroom Salons A&B

Main Lobby Level

7:30 a.m. - 8:00 a.m.

Breakfast

8:00 a.m. - 8:15 a.m.

Welcome

William Weissert, Ph.D., Director
 Michigan Pew Health Policy Program
Judy S. Ogden, M.P.S., J.D., Associate Director
 Michigan Pew Health Policy Program

8:15 a.m. - 9:30 a.m.

Moderator:

Professional Schools

Joanne L. Lound, M.H.S.A., Assistant to the Vice Provost
 for Medical Affairs

Speakers:

University of Michigan Medical Center
David Altman, M.D., Associate Vice President and Director
 Office of Generalist Physician Programs
 Association of American Medical Colleges
Marjorie C. Becker, Ph.D., Director of Allied Health
 Professions Education, University of Michigan
Richard L. Hopping, O.D., D.O.S., Chief Executive Officer
 Southern California College of Optometry
Elisabeth Pennington, R.N., Ph.D., Dean
 College of Nursing, University of Massachusetts at Dartmouth

Panclists representing different professional schools and fields within health care will discuss significant trends and forces in health care delivery, how those will be affected by proposed health care reforms, and how professional schools might respond to those changes.

Monday, May 23, continued

9:45 a.m. - 11:00 a.m.

Practitioners

Moderator:

Charles Huntington, M.P.H., Director, Washington Office
American Academy of Family Physicians

Speakers:

John M. Eisenberg, M.D., Chairman and
Physician-in-Chief, Department of Medicine
Georgetown University Medical Center
Pam Mittelsadt, R.N., M.P.H., Director of Medical Affairs
Group Health Association of America
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Rosenberg and Associates
Point Richmond, CA

Panelists have been selected to represent three sectors of the provider community thought to be among those most affected by health system reform: academic health centers, managed care, and rural providers. Focusing at the level of individual practitioners, each panelist will be asked to project the impact of reform on their particular sector in relation to current trends. Additionally, each panelist will discuss the probable response of providers to the changed financial incentives of a reformed health care system.

11:15 a.m. - 12:30 p.m.

State Health Reforms

Moderator:

John E. McDonough, M.P.A., State Representative
Commonwealth of Massachusetts

Speakers:

Kathryn Duke, J.D., M.P.H., Assistant Research, Legal
and Policy Analyst
Institute for Health Policy Studies
University of California, San Francisco
Elizabeth Kilbreth, M.H.S., Research Associate
Center for Health Policy, Edmund Muskie Institute
University of South Maine
Richard E. Merritt, Director
Intergovernmental Health Policy Project
George Washington University
Daniel D. Rubin, M.P.P. (invited), Project Coordinator
Washington Initiatives in Health
Washington State Department of Health

Ongoing and proposed state health reform efforts in a number of key states will be discussed to determine what insights they offer the health reform process.

12:30 p.m. - 2:00 p.m.

Lunch Francis Scott Key Room, Lower Level

Speaker:

Kristine M. Gebbie, M.N., Dr.P.H.
National AIDS Policy Coordinator
Executive Office of the President

Monday, May 23, continued
Potomac Ballroom Salons A&B
Main Lobby Level

2:00 p.m. - 3:15 p.m.

Institutional Providers

Moderator:

Carmela Dyer, Senior Associate Director, Policy Development
 American Hospital Association

Speakers:

James L. Scott, President
 American Healthcare System Institute
Robert Deane, Ph.D., Chief Economist
 American Health Care Association

Presentation/discussion by panel members addressing institutional changes already occurring in response to market forces and in anticipation of national legislative reform. Focus will be on consolidation/vertical integration activities underway and expected.

3:45 p.m. - 5:00 p.m.

Payers

Moderator:

William J. Lubin, M.B.A.
 Head, Health Care Services Policies and Programs
 Aetna Health Plans
 Hartford, CT

Speakers:

Howard L. Bailit, D.M.D., Ph.D., Senior Vice President
 Health Services Research
 Aetna Health Plans
 Hartford, CT
Carl J. Maleri, Jr., Senior Vice President
 Health Delivery Systems
 Blue Cross/Blue Shield of Connecticut
Ray Hanley
 Director, Office of Medical Services
 Chairman of State Medicaid Association
 Little Rock, AK
Pamela A. Hymel, M.D., Director, Employee Health Programs
 Hughes Aircraft Company

This panel will address pertinent issues of health reform as it impacts payers in the public and private sector.

5:00 p.m. - 5:30 p.m.

Wrap-Up of Day

William Weissert, Ph.D., Director
 Michigan Pew Health Policy Program

6:15 p.m.

Meet in Hotel Lobby to Cab Pool to Dinner Cruise

6:30 p.m. - 10:00 p.m.

Dinner Cruise on the Potomac

Zero Prince St.

Olde Towne Alexandria

Tuesday, May 24

Potomac Ballroom Salons A&B

Main Lobby Level

8:00 a.m. - 8:30 a.m.

Breakfast

8:30 a.m. - 11:00 a.m.

Moderators:

The Agency Response: The Poor Under Health Reform

Patricia Butler, J.D., Health Policy Consultant

Boulder, CO

Joseph P. Iser, M.D., Director, Hepatitis Program

U.S. Public Health Service

San Francisco, CA

Speakers:

Jeffrey A. Buck, Ph.D., Acting Director

Office of Policy, Planning, and Legislation

Center for Mental Health Services

Substance Abuse and Mental Health Services Administration

Sally Richardson, Director, Medicaid Bureau

Health Care Financing Administration

William Robinson, M.D., M.P.H., Chief Medical Officer

Health Resources and Services Administration

Vernon K. Smith, Ph.D., Director, Medicaid Bureau

Michigan Department of Social Services

Representatives of selected federal and state agencies will discuss how their agencies and programs can best meet the needs of low income Americans under whichever approaches to health care reform appear to be likely at the time of the meeting.

11:00 a.m. - 12:30 p.m.

Breakout Sessions:

Research Presented by Pew Health Policy Fellows

Session A

Adams Room, Third Floor

Presenters:

Life After the Pew Program: Working in Washington on Health Care Reform

Kathleen M. Eyre, J.D., Senior Director, Policy and Research
National Institute of Health Care Management

Margaret C. McNamara, M.S.P.H., Senior Policy Analyst
Blue Cross and Blue Shield Association

Lisa Simpson, M.B., B.Ch., M.P.H., Senior Policy Analyst
Office of the Assistant Secretary for Health

U.S. Department of Health and Human Services

Panelists will discuss their work in Washington on health care reform and what it is like to operate in a world of policy and politics. Lisa Simpson will present the government position and what it is like to switch from a health services research focus. Kathy Eyre will talk about what it is like to set up a new policy/research entity in Washington. Peggy McNamara will provide the perspective of working for a large health care association/insurer.

Tuesday, May 24, continued

Session B
Lincoln Room, Third Floor
Presenters: **Quality Improvement: The Effects of Reimbursement Policy on Quality of Care**
William M. Altman, J.D., Attorney
 Proskauer, Rose, Goetz, and Mendelsohn
 Washington, DC
Jennifer N. Edwards, M.H.S., Dr.P.H., Director
 Bureau of Ambulatory Care
 Massachusetts Rate Setting Commission

Bill Altman will look at this issue from the legal and legislative trends in defining "adequate reimbursement to provide a requisite level of care" (from the Bourne Amendment) in nursing homes. Jennifer Edwards will present ways of building quality improvement in the reimbursement mechanism for primary care providers.

Session C
Jefferson Room, Third Floor
Coordinator: **Collaboration Between Clinicians and Ph.D.'s in Health Services Research**
Denise Soffel, Ph.D., Health Services Researcher
 Department of Quality and Resource Management
 Beth Israel Medical Center

Physicians and Ph.D.'s who are involved in health services research will recount their personal experiences of what works well and what pitfalls to try to avoid with the goal of identifying some common threads across a variety of backgrounds to develop some useful strategies to minimize conflict and maximize the skills and contributions of all members of a research team.

12:30 p.m. - 2:00 p.m. **Lunch Francis Scott Key Room, Lower Level**

Potomac Ballroom Salons A&B
Main Lobby Level

2:00 p.m. - 3:30 p.m. **Foundation Response: Research Needs Under Health Care Reform**
Moderator: *Nora Maloy, M.H.S.A., Program Officer*
 Michigan Health Care Education and Research Foundation
Speakers: *Carolyn H. Asbury, Sc.M.P.H., Ph.D., Director*
 Health and Human Services
 The Pew Charitable Trusts
C. Patrick Babcock, Program Director
 W.K. Kellogg Foundation
Dennis F. Beatrice, Vice President, Kaiser Family Foundation
 and Chair, Grantmakers in Health
Robert E. Eckhardt, M.P.H., Dr.P.H., Senior Program Officer
 The Cleveland Foundation
Robert G. Hughes, Ph.D., Director of Program Research and
 Senior Program Officer, Robert Wood Johnson Foundation

Public and private funders of health policy and medical care research will discuss and receive input on the impact of reform on future funding agendas. How can private foundations best complement the role of the federal government in assessing the impact of reform? What effect will reform have on currently funded longitudinal studies? How can the formidable task of assessing the effectiveness of reform be shared among funders?

Tuesday, May 24, continued

3:45 p.m. - 4:45 p.m.

**Research Funding Opportunities Under Health Care Reform:
Informal Roundtable Discussion**

Facilitator:

Nora Maloy, M.H.S.A., Program Officer

Michigan Health Care Education and Research Foundation

Presenters:

Carolyn H. Asbury, Sc.M.P.H., Ph.D., Director

Health and Human Services

The Pew Charitable Trusts

*Dennis F. Beatrice, Vice President, Kaiser Family Foundation
and Chair, Grantmakers in Health**Alice S. Hersh, Executive Director*

Association for Health Services Research

5:00 p.m. - 5:30 p.m.

Program Wrap-Up*William Weissert, Ph.D., Director*

Michigan Pew Health Policy Program

luncheon speech
5/123 C1213U



INSTITUTE OF MEDICINE

NATIONAL ACADEMY OF SCIENCES

2101 CONSTITUTION AVENUE WASHINGTON, D.C. 20418

FEB 28 1994



OFFICE OF HEALTH POLICY
FELLOWSHIP PROGRAMS

February 22, 1994

PHONE: 202/334-1506
FAX: 202/334-1694

MEMORANDUM

TO: Pew Health Policy Program Alumni

FROM: Karen Orlando, Program Associate *KO*

SUBJECT: Spring 1994 Pew Fellows News
1994 Pew Health Policy Program Directory of Fellows and Alumni
Spring 1994 Annual Meeting, May 22-25 in Washington, D.C.
AN IMMEDIATE RESPONSE FROM YOU IS REQUIRED

Have - I think they expect me to speak - do we have other info? add my recent publications to the form

It's that time of year again, and I need your help in updating the *Pew Health Policy Program Directory of Fellows and Alumni* and collecting news for the spring edition of the *Pew Fellows News*. To meet our deadline, please return the following information to me no later than Friday, March 11. A return address envelope is enclosed.

Pew Health Policy Program Directory of Fellows and Alumni

Enclosed is a printout of the most up-to-date information we have for you. Please review this printout and make all corrections directly on the page. If the information is correct, indicate that you do not have any changes, and then mail the page back to me.

Please note that we have added additional information to the directory. Please review this information for accuracy.

- ♦ We have noted the years that you were a Pew Fellow and the type of fellowship program in which you participated (i.e., 1991-1993 postdoctoral Fellow at UCSF; 1988-1989 mid-career Fellow at RAND).
- ♦ Second, we have added a section for dissertation titles/topics for those enrolled in doctoral programs. We would like the month and year of completion, if applicable. For midcareer, management, and postdoctoral participants, please include information on work projects or research subject areas you were involved with in conjunction with the program.
- ♦ Third, please include your fax and/or internet/bitnet numbers.
- ♦ Last, due to space constraints, we must limit your work experience to the three most relevant positions. These should be listed beginning with the most recent position first. As well, your areas of expertise must be confined to three listings. Please make sure these are the most up-to-date.

We would like to make this directory as user-friendly as possible. Any suggestions you have on improving it would be most welcome.

Spring 1994 Edition of Pew Fellows News

Please let me know about any recent career or research milestones, or anything else that may be newsworthy. **You can use the back of this memo if you wish, but do not put this information on the page for the directory.** As usual, for the spring edition there will be a publication insert. Enclosed is a form for you to fill out if you had an article or book published in 1993 that did not appear in the last insert. Remember I will need all necessary publication facts in order for the citation to be included in the newsletter.

Commentary Column

Last edition we began a new commentary column and were so pleased with the responses we got, we decided to continue it. Each edition we'll pose a question and print some of the more interesting responses. We hope this will continue to be a provocative and stimulating forum in which you'll want to participate. Please limit your response to 250 words or less.

This edition's column will focus on the following scenario:
Some people contend that the current proposals for health care reform focus too much on the financial issues and not enough on improving the delivery of services, provisions for special populations and limits to medicine. What in your opinion are some of the most important issues that remain unaddressed and how do you propose more attention be drawn to them?

Pew/IOM Connections

The program office is continuing to track the number of Pew Fellows and alumni involved in any type of IOM studies or activities. If any of you currently fit into that category, please let me know.

Spring Annual Meeting

The spring annual meeting is being organized by the University of Michigan and will be held in Washington, D.C. at the Key Bridge Marriott from May 22 through 25. Enclosed is a preliminary agenda. Please let us know if you would be interested in participating in the meeting. We are especially eager to have the contribution of former Fellows with special expertise in the areas under discussion. We also welcome any suggestions you may have on topics and speakers. We have some (but limited) funds to help subsidize the travel/hotel costs associated with the meeting. If you are interested, please call me or Marion as soon as possible.

Memo to Pew Health Policy Program Alumni
February 22, 1994
Page Three

Breakout Sessions

Once again, we are in charge of coordinating the breakout sessions. These have been very successful sessions that have focused on career interests or skills development such as "getting through the dissertation," "networking," or "qualitative and quantitative methods to assess quality of care." Presentations on your current research or discussions of process issues, such as the one held in Cambridge last year on the tension between being an activist and a researcher, have also been very well received. This year the breakout sessions will be held from 11:00 a.m. to 12:30 p.m. on Tuesday, the 24th. Please note these are no longer early morning sessions over breakfast. This is your opportunity to get "prime time" during the conference. Anyone who is interested in coordinating, facilitating, or leading a session, let me know right away.

Site Visits

Lastly, this year the final day of the conference, Wednesday the 25th, will be an optional day. However, we will be coordinating "site visits" for small groups of current and former Fellows to meet with key policy and decisionmakers in the nation's capital. Please let us know what organizations or individuals you would be most interested in meeting with.

If you have any questions, please feel free to contact me at 202/334-1573. Remember I need your information **no later than Friday, March 11**. I look forward to hearing from you shortly.

Enclosures

Pew/IOM Spring 1994 Meeting

Draft - Friday, January 14, 1994

<u>Date/Time</u>	<u>Event</u>	<u>Coordinators</u>
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Sunday, May 22

6:00 P.M.	Cocktails	Marion Lewin - Welcome
7:00 P.M.	Dinner and Keynote	Speaker (TBA)

Monday, May 23

7:30-8:00	Breakfast	
8:00-8:15	Welcome	Bill Weissert(speaker)

Health Care Reform: From the perspective of the following groups-How will it change the way you do your job?

8:15-9:30	Professional Schools	Mel Shipp, Elizibeth Hoppe, Joanne Lound
9:45-11:00	Practitioners	Charlie Huntington
11:15-12:30	State Health Reforms	Dan Rubin, John McDonough
12:30-1:30	Lunch	
1:30-2:45	Institutional Providers	Jim Henderson
3:00-4:15	Payers	Bill Lubin
4:15-5:30	Wrap-up	Stan Wallack, Bill Weissert, Hal Luft (speakers)
6:00-7:00	Cocktails	
7:00-	Dinner	

Tuesday, May 24

7:30-8:00	Breakfast	
8:30-11:00	The Agency Response: The Poor under Health Care Reform	Pat Butler, Joe Iser
11:00-12:30	Breakout sessions: Research by Fellows	Marion Ein Lewin
12:30-2:00	Lunch	
2:00-3:30	Agency and Foundation Response: Research Needs under Health Care Reform	Nora Maloy
3:30-4:30	Funding Opportunity Breakouts	Nora Maloy
4:30-5:00	Program Wrap-up	Bill Weissert

Wednesday, May 25 Optional Day

IOM Staff

5/23c12:30



MAR - 8 1994

INSTITUTE OF MEDICINE

NATIONAL ACADEMY OF SCIENCES

2101 CONSTITUTION AVENUE WASHINGTON, D.C. 20418



OFFICE OF HEALTH POLICY
FELLOWSHIP PROGRAMS

March 4, 1994

PHONE: 202/334-1506
FAX: 202/334-1694

MEMORANDUM

TO: Local Alumni of the Pew Health Policy Program

FROM: Karen Orlando, Program Associate *KO*

RE: Networking Dinner and Invitation to Annual Meeting

Networking Dinner

(in Postcard)

We are pleased to extend an invitation for you to attend a reception and dinner get together for Washington-based Pews on Thursday, April 14. We want to celebrate Kate Korman's arrival at the IOM as well as to welcome a number of other newly arrived members of the Pew family. As part of the meeting, we also want to give you an update on the development of the curricula guide and related "legacy documents" for the program. The reception will begin at 6:30 p.m. in the Rotunda of the National Academy of Sciences. The dinner will begin at 7:00 p.m. in the Members Room. Please let us know whether you can join us by **Friday, April 1st**.

Invitation to Participate in the Annual Meeting

Also, by now you should have received our mailing regarding the Annual Meeting on "Coping with Health Care Reform" which will be held May 22 - 25 at the Key Bridge Marriott in Arlington. We hope you all will be able to join us. On the final day, we will be organizing some "site visits" to key policy and decision makers in the area. We thought it would be ideal to draw on the strengths and success of the program by setting up a number of small group sessions with Washington-based Pew alumni, advisory board members, and former faculty working on areas of special interest to the Fellows. Please let us know **no later than Friday, March 25** if you are interested and available to be participate in these "site visits."

Hope all is well and that we'll see you soon.

San Antonio, S.F.

I thought they had asked me to speak - who is working on the program?

Metro System Schedule and Fare Information

You need a farecard to ride Metrorail. Farecard machines, located in every station, accept nickels, dimes, quarters, \$1, \$5, \$10 and \$20 bills. There are no change machines in stations.

Fares are based on when and how far you travel. At each station mezzanine, you'll find large color-coded maps showing fares and travel times. If you are unsure about your route or fare, ask the Station Manager for help or call *Mr. or Ms. Metro* at 202-637-7000 (TT 202-638-3780).

Peak hour fares are in effect weekdays 5:30-9:30 a.m. and 3-7 p.m. Off-peak hour fares are in effect at all other times. Each person must have a farecard. Up to two children aged 4 and younger travel free with a paying customer.

For convenience, buy sufficient fare for a round trip. When you buy a farecard for \$10-\$19.95, you get 5% bonus value. Farecards for \$20 or more earn a 10% bonus. For example, buy a \$10 farecard and get one for \$10.50; buy a \$20 farecard and get \$22 worth of rail rides.

When traveling on Metrobus, the same rule applies — fares are based on when and how far you travel. On Metrobus, you must have *exact change* for the fare. Metrobus operators do not carry cash and cannot make change. The base fare for most trips is \$1. Traveling interstate costs more, and surcharges and transfer charges will increase your fare.

For a full day of Metrorail rides, buy the Metrorail \$5 One Day Pass. Ride from 9:30 a.m. until closing on weekdays, or all day on any Saturday, Sunday or federal holiday. The Metrorail \$5 One Day Pass is available at Metro Center, the Pentagon, Metro Headquarters, most Safeway, Giant, SuperFresh and Mail Boxes, Etc. Stores, Crystal City Commuter Center, Ballston Transit Store, White Flint Commuter Center, Travelers Aid at Union Station and through TicketMaster.

In addition to the \$5 Metrorail One Day Pass, other Metro passes are available — the \$65 Bus/Rail Super Pass, the \$50 Metrorail Fast Pass, the \$35 Metrorail Short Trip Pass, the \$100 28-Day Metrorail Pass and eight different Flash Passes for traveling on Metrobus. To get the facts about Metro passes — what's available and where you can buy the passes — call *Mr. or Ms. Metro* at 202-637-7000 (TT 202-638-3780). Help is available seven days a week, 6 a.m. until 11:30 p.m.

Metrorail Hours of Operation

Weekdays 5:30 a.m. until midnight
Weekends 8 a.m. until midnight
Last trains leave some stations prior to midnight. See last train times posted in stations.

Metro System Holiday Schedule

Holiday	Metrorail	Metrobus*
New Year's Day	8 a.m.-midnight	Sunday
MLKing's Day	5:30 a.m.-midnight	Saturday
President's Day	5:30 a.m.-midnight	Saturday
Memorial Day	8 a.m.-midnight	Sunday
July 4th	8 a.m.-midnight**	Saturday
Labor Day	8 a.m.-midnight	Sunday
Columbus Day	5:30 a.m.-midnight	Saturday
Veterans Day	5:30 a.m.-midnight	Saturday
Thanksgiving Day	8 a.m.-midnight	Sunday
Christmas Day	8 a.m.-midnight	Sunday

*Schedules vary depending on the route. Check the individual timetable or call Metro Information at 202-637-7000 (TT 202-638-3780). **System closes later to accommodate passengers attending fireworks display.

Helpful Metro Phone Numbers

<i>Mr. or Ms. Metro</i> Information Center — bus/rail schedules, timetables, parking and more (open daily, 6 a.m.-11:30 p.m.)		202-637-7000 TT 202-638-3780
Events Hotline		202-783-1070
Consumer Assistance		202-637-1328
Bike Lockers/Bike-On-Rail Permits		202-962-1116
ID Cards for Riders with Disabilities		202-962-1245 TT 202-628-8973
Lost & Found (open weekdays, 11 a.m.-3:30 p.m.)		202-962-1195
On-Call Metrobus Service		202-962-1825
Transit Police		202-962-2121 (12/93)

METRO SYSTEM POCKET GUIDE



Washington Metropolitan Area Transit Authority
600 Fifth Street, N.W., Washington, D.C. 20001

POINTS OF INTEREST

American University*	• Tenleytown-AU
Arlington House	• Arlington Cemetery
(Custis-Lee Mansion)	• Arlington Cemetery
Arlington Cemetery	• Arlington Cemetery
Visitors' Center	• Pentagon City
Arlington County	• McPherson Sq
Visitors' Center	• Federal Center SW
Bethune Museum Archives	• Smithsonian
Botanical Gardens	• Capitol South
Bureau of	• Union Station
Engraving & Printing	• Brookland-CUA
Capitol Building	• Gallery PI-Chinatown
Capitol Children's Museum	• Farragut West
Catholic University of America	• Metro Center
Chinatown	• Farragut West
Constitution Hall	• Stadium-Armory
Convention Center	• Metro Center
Corcoran Gallery	• Capitol South
D.C. Armory/Starplex	• Smithsonian
Federal Bureau	• Foggy Bottom-GWU
of Investigation	• L'Enfant Plaza
Folger Shakespeare Library	• Shaw-Howard Univ
Freer Gallery	• Metro Center
George Washington University	• Rosslyn
Hirshhorn Museum &	• Capitol South
Sculpture Garden	• Foggy Bottom-GWU
Howard University	• Foggy Bottom-GWU
House Where Lincoln Died	• Gallery PI-Chinatown
Two Jima Memorial	• Wheaton
Library of Congress	• King Street
Lincoln Memorial	• Foggy Bottom-GWU
Lisner Auditorium	• Foggy Bottom-GWU
Martin Luther King Jr.	• L'Enfant Plaza
Memorial Library	• Federal Triangle
Maryland College of Art &	• Archives-Navy Mem'l
Design/Gudelsky Gallery	• Judiciary Sq
Masonic Temple	• Archives-Navy Mem'l
National Academy of Sciences	• Farragut North
National Air & Space Museum	• Medical Center
National Aquarium	• Smithsonian
National Archives	• Gallery PI-Chinatown
National Building Museum	• Metro Center
National Gallery of Art	• Gallery PI-Chinatown
National Geographic Society	• Union Station
National Institutes of Health	• Tenleytown-AU
National Museum of	• Brookland-CUA
African Art	
National Museum of	
American Art	
National Museum of	
Women in Arts	
National Portrait Gallery	
National Postal Museum	
National Presbyterian Center	
National Shrine of the	
Immaculate Conception	

METRORAIL SYSTEM MAP



Legend



National Zoo	• Woodley Park-Zoo
Phillips Gallery	• Dupont Circle
Renwick Gallery	• Farragut West
RFK Stadium	• Stadium-Armory
Sackler Gallery	• Smithsonian
Smithsonian Castle	• Smithsonian

State Department	• Foggy Bottom-GWU
Supreme Court	• Capitol South
Techworld	• Gallery PI-Chinatown
University of the District of Columbia	
Van Ness Campus	• Van Ness-UDC
Mt Vernon Sq Campus	• Mt Vernon Sq-UDC

University of Maryland at	• College Park-U of Md
College Park*	
U.S. Holocaust Memorial	• Smithsonian
Museum	• Foggy Bottom-GWU
Vietnam Veterans Memorials	• Smithsonian
Washington Monument	• McPherson Sq
White House***	• Dupont Circle
Woodrow Wilson House	

SHOPPING

Ballston Common	• Ballston
Congressional Plaza	• Twinbrook
Connecticut Avenue	• Farragut North
Crystal City Underground	• Crystal City
Downtown	• Metro Center
Fashion Centre	• Pentagon City
L'Enfant Plaza	• L'Enfant Plaza
Mazza Gallerie/Chevy Chase	• Friendship Heights
Pavilion/Chevy Chase	• Friendship Heights
Pavilion at the Old Post Office	• Federal Triangle
Prince George's Plaza	• Prince George's Plaza
Shops at National Place	• Metro Center
Shops at Union Station	• Union Station
Waterside Mall	• Waterfront
Wheaton Plaza	• Wheaton
White Flint	• White Flint

THEATER DISTRICT

MetroStage	• King Street
Arena Stage	• Waterfront
Church Street Theatre	• Dupont Circle
Consenting Adults	
Theatre Company	• Dupont Circle
Dance Place	• Brookland-CUA
Discovery Theatre	• Smithsonian
Ford's Theatre	• Metro Center
Hartke Theatre	• Brookland-CUA
Kennedy Center	• Foggy Bottom-GWU
National Theater	• Metro Center
No Curtain Theatre	• Dupont Circle
Open Theatre	• Dupont Circle
Scena Theatre	• Dupont Circle
Shakespeare Theater	• Archives-Navy Mem'l
St. Mark's Players	• Capitol South
Source Theatre	• U Street-Cardozo
Takoma Players	• Takoma
Wolf Trap for the	
Performing Arts**	• West Falls Church
Woolly Mammoth	
Theatre Company	• U Street-Cardozo

Blue Line Station	• Red Line Station
Green Line Station	• Yellow Line Station
Orange Line Station	

(*University-operated shuttle between stations and campuses; **Wolf Trap shuttle between station and park; ***McPherson Sq station entrance nearest White House closed on weekends, alternate stations—Farragut West or Farragut North.)

KEY BRIDGE **Marriott.**

Location

- 10 minutes to National Airport.
- 45 minutes to Dulles International Airport.
- Located in Rosslyn business district and accessible to business centers in Northern Virginia, Washington, DC, and Maryland.
- Accessible by I-66, the George Washington Parkway, I-395, Rt. 1, and other major arteries.
- 15 minute walk to Georgetown.

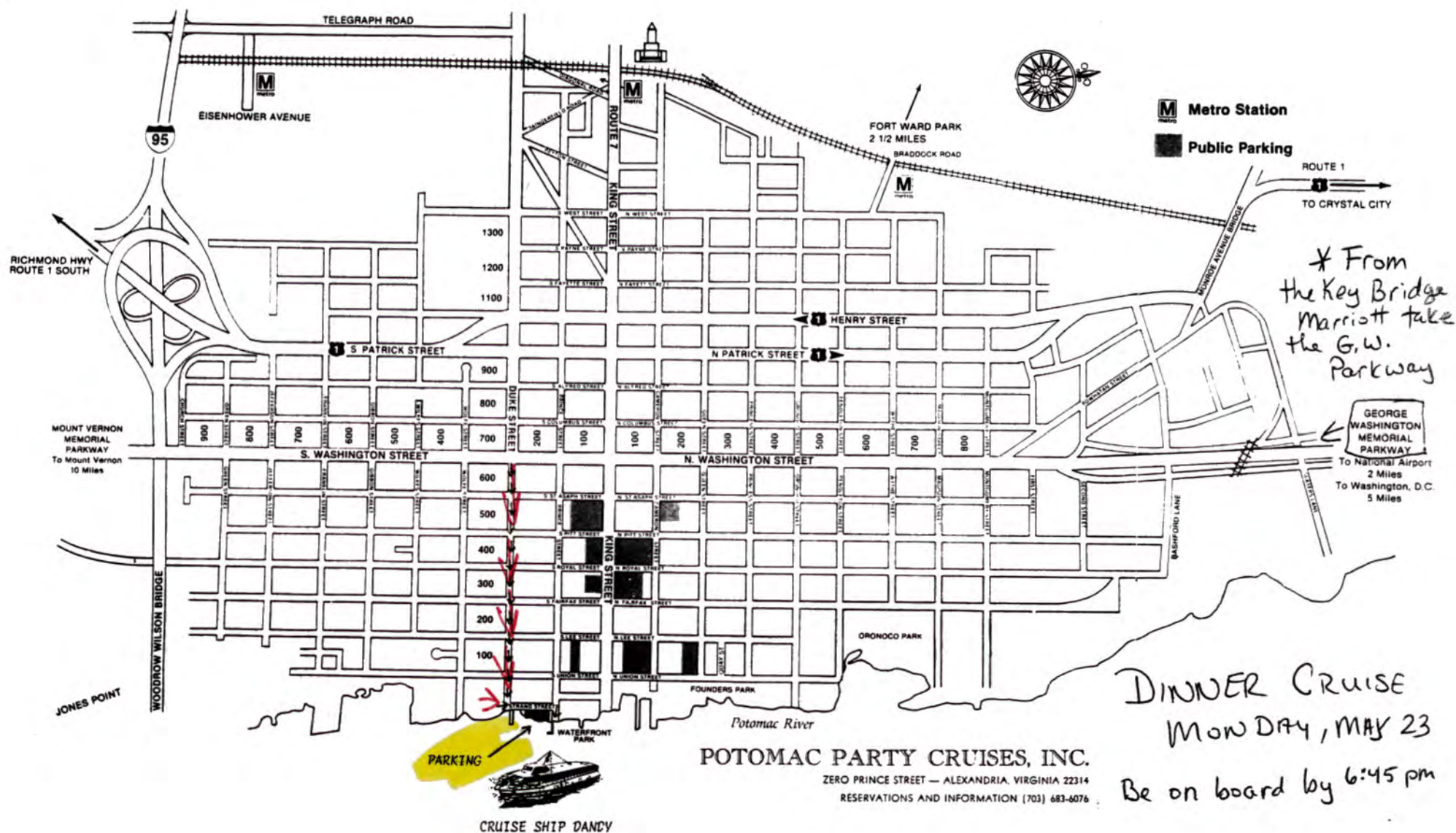
Facilities

- 585 Guest rooms, including 20 suites, the majority of rooms with a commanding view of DC, Georgetown, or Rosslyn.
- Nine-million dollar renovation completed.
- Accessible rooms for the disabled.
- Non-smoking floors.
- Video/Express Check-Out.
- Electronic Key Card System.
- Room Service.
- Concierge Level and Lounge.
- Full service health club offering Universal weight equipment, free weights, sauna, indoor and outdoor swimming pool, whirlpool.
- Hair Salon.
- Full Service Gift Shop.
- Shoe Shine and Repair Stand.
- Business services offered (fax, copies).
- Coin Laundry Room.
- Over 13,000 square feet of flexible meeting space.
- Complimentary Morning Coffee Service in the Lobby.
- *USA Today* Newspaper delivered to your door.
- Full-time Security Staff.
- Multi-lingual Staff and...
- AT&T Language Line Services - a translation service with over 140 languages represented - for the non-English speaking guest.
- Parking for over 500 cars.

Transportation

- Complimentary shuttle service to downtown Rosslyn and to Washington's Metro service.
- Adjacent to the Arlington Gateway Park, a 3-acre landscaped pedestrian park with skywalks linking the hotel to Rosslyn.

(Please see other side)



**PEW HEALTH POLICY PROGRAM ANNUAL MEETING
"COPING WITH HEALTH CARE REFORM:
HOW WILL IT AFFECT HOW YOU DO YOUR JOB?"
ARLINGTON, VIRGINIA
MAY 22-25, 1994**

COMMENTS ON THE CONFERENCE

1. Did you find the conference agenda interesting and useful? Did the presentations provide new information and/or insights?

2. What sessions were particularly informative and challenging? Which were less so?

3. What breakout session did you attend, and did you find it interesting?

4. Any comments on the meeting format? Was there a good balance between presentations and discussion afterward? Was there a good balance between plenary and small-group sessions?

OVER

5. Networking activities are an important component of this program. The newsletters and directory are designed to help networking efforts. Are these materials useful? How can they be improved, enhanced, or supplemented?

6. Do you have any further suggestions or comments?

Name _____ School _____

Please submit your comments at the end of the conference or send to: Valerie Tate Joepck,
Program Assistant, Institute of Medicine, 2101 Constitution Avenue, N.W., Washington, D.C.
20418

This upcoming JAMA article summarizes a recent IOM symposium on "The Role of States in Health Care Reform."

FROM THE INSTITUTE OF MEDICINE

State Roles in Health Care Reform: Since 1993, the Institute of Medicine has conducted a series of workshops on specific questions relating to health care reform (including basic benefits, *JAMA* 1993; 270:1674, and quality of care, *JAMA* 1993;270:1911). Much of the activity and innovative thinking about reform is occurring today at the state level, and the shape of federal reform legislation will have considerable but unpredictable effects on states. Thus, the IOM recently brought together a small group of distinguished panelists and participants for a day-long seminar on the following issues: (a) "boundary issues" and the viability of geographically defined alliances or purchasing cooperatives (see *JAMA* 1994; vvv: forthcoming); (b) "federal mandates" and their implications for the programs or plans of state, regional, or local jurisdictions; and (c) "lessons from the states" already carrying out elements of reform. The presentations and discussions brought out the following points.

First, prejudices about health reform and about state versus federal roles lead to tensions that muddle ideology with principles of federalism and confuse the political and the substantive discourse. Speakers cautioned that ideological beliefs must be separated from principles of federalism and accountability, if we are to reach a better understanding of what can and cannot be accomplished at the state level. The relative roles of the federal government and state governments -- and of the public and private sectors -- must be clarified in a pragmatic context. The difficulty of doing so is compounded by a significant lack of data on the costs or effectiveness of ways to implement reform. As one speaker commented: "the emotional issues are not saved by references to facts!"

Second, the units to hold accountable for successful reform (beyond the federal level) will in the end likely have to be the states, not alliances or purchasing cooperatives. The immense changes now occurring at the state level ("laboratories of democracy") should not be denigrated out of hand, simply because of concerns about current capabilities or past performance.

Third, regardless of how we might feel about creative state experimentation and the lessons to be learned there, states cannot do some things. Rather, the federal government must: (a) mandate universal coverage, particularly if universality requires federal subsidies and coverage is to be portable; (b) implement cost controls, which may require federal legislation on spending caps; (c) amend the Employment Retirement Income Security Act (ERISA); (d) permit more flexibility for Medicaid programs; and (e) articulate more cohesive public policy goals.

Fourth, administrative capacity varies wildly across the states in, for instance, insurance offices and departments, licensing bureaus, health departments, and generally in the quality of the resources they can bring to bear on the problem. Even states with significant capacities, however, are not immune to political and bureaucratic divisiveness among departments (e.g., insurance regulation; health) involved in reform. Thus, better coordination across state agencies (e.g., in purchasing health care for Medicaid, mental health, and state employee insurance) will be needed. Contracting operational tasks to the private sector (premium collection, enrollment, marketing) may also have some merit.

States have grown measurably in recent years in the expertise they can bring to bear in state-level health policy; how some states deal with problems of the uninsured (e.g., risk pools, small business insurance) and Medicaid (e.g., eligibility determination, managed care plans) are cases in point. Certain pitfalls lie in wait for reformers, however, including antitrust concerns and the folly of keeping acute, chronic, and long-term care separate. Moreover, reform legislation borne of excessive political compromise probably cannot be implemented; programs that promise but do not guarantee cost control or that require higher spending rather than redirection of already available resources will likely fail; efforts to "do it all at one time" are also doomed because reform is an ongoing process; and reform legislation that does not give a wide array of groups valuable and tangible benefits in a very short time will likely not muster public support because it does not balance financial pain and gain or engage the active involvement of key stakeholders.

Fifth, some goals may be addressed better at the local level because "mandates roll downhill." All levels of government need to interact more productively and the entire range of health services needs to be better coordinated at the city and county level. As one speaker observed: "The safety net is local, traditional public health is local, providers of last resort are local, and all politics are local." Thus, reorienting where services are rendered parallels the issue of making the "national system" more cohesive and coherent. Reform is a bottom-up as well as a top-down issue.

Sixth, a paradigm shift is also afoot in the private sector: Hospitals and specialists are moving into primary care, and physicians into group practices, at a spectacular rate. Much of today's reform debate focuses on the public sector, but much of the action is in the private sector. Thus, the notion of public-private partnerships deserves closer examination irrespective of how the nation answers the federal-state-local organizational and accountability questions.

Finally, reform is just as badly needed today as it was a year or two ago: access is still not universal, cost increases are moderating but are hardly under control, and quality of care remains uneven. The nation appears to want a comprehensive framework for reform. However, the downsides of an approach that is too complex and tries to do too much at once must be weighed against the possibility of paralysis in the face of the enormity of the challenge. Colloquium participants appeared to favor sequencing critical changes so that mistakes, if made, are not fatal. Not undertaking meaningful reform would be the worst mistake of all. As one speaker summarized: "We must not allow the degree of difficulty erode our sense of optimism or our willingness to do something of singular importance in the nation's history."

-- by Walter J. McNerney, MHA, J.L. Kellogg Graduate School of Management, Northwestern University; Kathleen N. Lohr, PhD, Division of Health Care Services, Institute of Medicine; and Jerome H. Grossman, MD, The New England Medical Center.

This upcoming JAMA article is based on an IOM colloquia that was conducted earlier this year on the role (and limitations) of alliances as proposed in the Health Security Act.

FROM THE INSTITUTE OF MEDICINE

Boundary Issues in Health Care Reform: The Role of Alliances: For its third symposium on critical issues in health reform, the Institute of Medicine (IOM) recently convened a panel of experts and interested observers to examine the role of states in health care reform (*JAMA* 1994; vvv:ppp). One significant theme emerged: If reform at either the national or state level takes the route of managed competition, then the roles and responsibilities of alliances or purchasing cooperatives will be a very contentious issue. The "boundaries" of such entities, chiefly geographic, pose immense political and practical problems; the operational tasks have probably been underestimated; and the trade-offs between mandatory and voluntary alliances are not well understood. The day's discussions prompted more questions than they yielded definitive answers.

The theory of managed competition calls for alliances or purchasing groups chiefly to furnish a means of accomplishing universal insurance coverage by enabling groups or individuals to purchase adequate insurance coverage at an affordable price and secondarily to provide more muscle than small employers can muster in dealing with health plans. Such alliances are assumed to be defined by existing geopolitical borders (i.e., not to cross state boundaries) and individuals would belong to alliances in their state of residence.

Little practical attention has been given to how alliances would address the following problems: persons living permanently or temporarily in one state who receive regular health care or seek specialized health care in another state; persons traveling outside their home states who require health care; persons employed in one state who live in another, and perhaps receive health care in a third; and families with members in two or more states. Significant practical challenges arise for:

- employers -- what health alliances, in what states, must they deal with?
- health plans -- what alliances, in what states, might they need to belong to?
- providers -- can alliances outside their state of practice reach across state borders to control practice patterns?
- individuals -- can alliances in states other than where they live affect choice of plan, provider, or even personal behavior? and
- alliances themselves -- will insurance premium rates calculated on the basis of residence "work" if many residents obtain care outside the state?

According to one speaker (Steven Sieverts, an experienced insurance executive), more than 40 percent of Americans live in cities and counties that border on state lines, and in 25 states and the District of Columbia, half or more of the population are on a state boundary; thus, the boundary-crossing dilemmas are real. In fact, state boundaries are so porous, in terms of traditional health care delivery patterns, geography and topography, and even road systems, that certain areas, such as New England or Appalachia, might more properly be regarded as meta-states, and one has difficulty imagining how alliances might be organized within those "boundaries."

Furthermore, states vary immensely in administrative capacity, per-capita spending, and many other factors that complicate resolution of the above questions. In addition, state experience to date suggests that mandatory and voluntary alliances or purchasing groups face different implementation issues, bear different levels of financial risk, and thus operate quite differently; independently, the size of alliances and whether they operate in exclusive territories or can overlap also influence these factors. Thus, decisions at the state level as to whether, for example, alliances will or will not be mandatory (or large) may have unpredictable consequences for all the groups mentioned above.

Substate (i.e., regional) alliances simply multiply the issues, increase the problems of biased selection into plans, exponentiate interalliance variation, and intensify the practical and political complexities, while at the same time possibly diluting real accountability for successful reform. Conversely, however, many

discussants believed that broad health reform must occur at the local level. For instance, universal coverage will have to deal with undocumented persons; comprehensive health benefits will have to include mental health and substance abuse services; financing will have to take account of the existing public health infrastructure; and cost containment will have to consider the fact that localities are often the provider of last resort.

Appeals to theory and ideology--e.g., "health care markets can work efficiently" or "government regulatory controls are the only way to achieve health reform goals"--are not likely to provide sensible answers to these fundamental problems of reform. Analysis of diverse experiences in certain states, such as California, Texas, Florida, and Colorado, may yield insights of practical and political utility.

Analysis of the traditional tasks of insurers or the Federal Employees Health Benefit Plan (in effect, an alliance that crosses state boundaries) underscores the tremendous implementation challenges facing alliances, particularly large, mandatory collectives. They must (according to Stanley Jones, a well-known health policy consultant, and others): identify, select, contract with, and offer (and be prepared to drop) licensed health plans; arrange for, guarantee, and track enrollment of presently insured as well as hard-to-reach populations; collect premiums from employers and/or individuals as well as subsidies from the public sector; pay premiums out to plans; negotiate provider fees at least in fee-for-service plans; administer expenditure targets or caps; apply controls and adjusters for case mix and risk factors; monitor, validate, and enforce the data collection, analysis, and publication of "report cards" on costs and quality of care; and attend to myriad other fiscal, personnel, and regulatory matters. Whether housed in the public or the private sector, these tasks will call for large staffs or sizeable contracting arrangements. In short, alliances are not necessarily a solution to concerns about bureaucracy, efficiency, or equity, and they may work better in a strongly regulated than in a laissez-faire environment.

In the end, the colloquium participants arrived at no hard-and-fast conclusions about the viability of alliances as a means of achieving meaningful health reform, in part because essentially no empirical evidence exists on the matter and in part because broader questions about the goals of universal coverage, cost control, and quality protection and improvement loom large. The discussants emphasized that disagreements about the means should not tarnish the ends of reform. They also drew attention to questions that technical arguments typically obscure, such as maintaining core public health functions and meeting the needs of vulnerable populations. Future IOM colloquia will address these concerns in more depth.

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<u>Xenograft Transplantation: Ethical Issues and Public Policy</u>		
Senior Program Officer, Valerie Setlow	FO-3016	2351
<u>(IH) INTERNATIONAL HEALTH</u>		
✓ Director, Polly Harrison	FO-3076	2348
Associate Director, Christopher Howson	FO-3078	2348
Administrative Assistant, Sharon Scott-Brown	FO-3077	2348
Financial Associate, Susan Wyatt	FO-3096	2381
<u>Children's Vaccine Initiative: Achieving the Vision</u>		
Program Officer, Greg Pearson	FO-3080	2427
Project Assistant, Dee Sutton	FO-3079	2427
<u>Collaborative Activities of the IOM & ANM on Health Implications of Increasing Economic & Social Integration</u>		
Senior Program Officer, Polly Harrison	FO-3076	2348
<u>Female Morbidity and Mortality in Sub-Saharan Africa</u>		
Senior Program Officer, Christopher Howson	FO-3076	2348
Research Associate, Dana Hotra	FO-3036	1736
Project Assistant, Dee Sutton	FO-3079	2427
<u>New Opportunities for Public/Private-Sector Collaboration in Contraceptive Development</u>		
Senior Program Officer, Polly Harrison	FO-3076	2348
Administrative Assistant, Sharon Scott-Brown	FO-3077	2348
<u>North American Trade Agreement (NAFTA) and the Health Sector</u>		
Senior Program Officer, Polly Harrison	FO-3076	2348
Consultant, Phyllis Freeman	FO-3083	2348
Administrative Assistant, Sharon Scott-Brown	FO-3077	2348
<u>Regional Scientific Cooperation for Research on Infectious Diseases in the Middle East</u>		
Senior Program Officer, Michael Greene	FO-2060	2651
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	<u>Bldg-Rm#</u>	<u>Main No.</u>
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Senior Program Officer, Christopher Johnson	FO-3084	2825
Senior Program Officer, Diane Mundt	FO-3065	2825
Senior Program Officer, William Page	FO-3072	2825
Program Officer, Youn Shim	FO-3087	2825
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Research Associate, Amanda Hull	FO-3088	2825
Project Assistant, Carliss Parker-Smith	FO-3089	2825
Project Assistant, Pamela Ramey-McCray	FO-3057	2825
• Collaborative Cancer Studies: VA Claims Folders • Health Consequences of Service in the Persian Gulf Theater of Operations During the Persian Gulf War • Mortality Follow-up of Veterans with Occupational Exposure to Microwave Radiation (Pilot Study) • Mortality Follow-up Study of Participants at the CROSSROADS Nuclear Weapons 1946 Test, • Mortality of Military Personnel Present at Atmospheric Tests of Nuclear Weapons • Multiple Sclerosis and Other Demyelinating Diseases • NAS-NRC Veteran Twin Registry - Alcohol Consumption and Mortality - Alzheimer's Disease - Cancer Studies - Parkinson's Disease - Stroke Risk • Post Separation Follow-up of HIV-Positive Servicemen Separated from Active Military Duty		

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