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oklet, "Harkness Fellowships in Health Care Policy," 20 pages

HARKNESS

FELLOWSHIPS

IN HEALTH

CARE POLICY

INTERNATIONAL PROGRAM IN HEALTH POLICY

THE COMMONWEALTH FUND

ENHANCING THE COMMON GOOD SINCE 1918

INTERNATIONAL PROGRAM IN HEALTH POLICY

JOHN E. CRAIG, JR.
Executive Vice President and Treasurer

ROBIN OSBORN
Director

# Suggested Projects for Harkness Fellows in Health Care Policy

## 1998-99

Below are suggested topics around which applicants may choose to structure a project proposal. Reflecting the Fund's national program areas, they offer opportunities to examine critical U.S. health care issues, assess new approaches or innovative models, or compare aspects of U.S. health care practice and experience with that of the United Kingdom, Australia, and New Zealand. These are examples of the kinds of projects in which the Fund would be interested. Applicants may also submit proposals based on original ideas that fall within the scope of the Fund's national program areas.

## Improving Health Care Services

### *Managed Care*

1. How do health care organizations use financial incentives, administrative rules, and normative pressure to influence the behavior of physicians and other health care professionals, and what are the impacts on quality, costs, and utilization of services?

2. To what extent are physicians being put at risk financially and what are the ethical issues and conflicts confronting physicians who accept capitation payment? What is the evidence on financial incentives, and the over- and underprovision of care?

3. How are risks being shifted among payers, purchasers, providers, and consumers in the United States as compared to the United Kingdom, Australia, or New Zealand?

4. How is government attempting to regulate managed care to protect against under-treatment and ensure patients' access to needed services? How do U.S. approaches compare to strategies in the United Kingdom, Australia, or New Zealand?

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5. What are the commonalities between GP fundholding, total purchasing and locality commissioning in the United Kingdom, or COAG coordinated care trials in Australia, and health maintenance organization purchasing in the United States, including approaches to risk adjustment, risk-sharing, scope of services under capitation, and arrangements with other physicians?

6. How does the performance of a large American health maintenance organization compare to a U.K., Australian, or New Zealand health authority, in terms of utilization per capita, clinical quality, patient satisfaction, costs, and other measurable parameters?

7. How have hospitals, academic medical centers, or traditional not-for-profit health maintenance organizations like Kaiser Permanente had to change and adapt to respond to a more competitive health care environment, and what are the implications for market-oriented reforms in other countries?

8. Comparing a for-profit to a not-for profit managed care organization, what are the differences in ownership, governance, culture, accountability, behavior, and performance?

9. What types of financing and delivery systems within managed care are being developed for individuals with chronic illnesses and disabilities, and what is known about their cost-effectiveness?

10. What are the differences in coverage for preventive services in the United States as compared to the United Kingdom, Australia, or New Zealand?

11. How are health care services rationed in the United States versus the United Kingdom, Australia, or New Zealand? How are priorities set? What treatments and technologies are not available? Who decides who has access to which treatments?

***Role of General Practitioners***

12. What is the role of general practitioners, scope of responsibilities, their training, the method of payment, and referral practices, and how do they vary across countries?

13. How are patient responsibilities split between general practitioners and physicians covering patients when hospitalized? Who manages how the hospital and primary care interface?

***Quality***

14. How is quality of care, in terms of both process and patient outcomes, measured and monitored in managed care organizations in the United States, and what are the impacts? How do U.S. approaches differ from the United Kingdom, Australia, or New Zealand?

15. How is information on quality of care and health outcomes disseminated to enable informed decision-making and monitoring by payers and consumers?

16. How does evidence-based decision-making influence medical care in the United States versus the United Kingdom, Australia, or New Zealand?

17. What are the alternative strategies for disseminating clinical guidelines, the incentives for changing physician behavior, and mechanisms for monitoring compliance in the United States, as compared to the United Kingdom, Australia, or New Zealand?

18. How do health care organizations incorporate data on patient experiences to improve the quality of care?

19. In what ways are patients' rights articulated in the United States, through what mechanisms are they assured, and how does that differ from the United Kingdom, Australia, and New Zealand?

***Surveys and Data***

20. How do health surveys influence health policy, what data are collected, how are they used, and what impact do they have?

***Women's Health Care***

21. What are the different models for delivering women's health care, and do they vary in organization and scope of services, costs, quality, and patient satisfaction?

22. What is the role of the primary care practitioner versus that of the specialist in the treatment of specific illnesses, such as depression, in the United States, the United Kingdom, Australia, and New Zealand? What are the strategies for improving quality of care, training, screening tools, etc?

23. What are the best models and practices in providing clinical preventive services to women?

24. What initiatives have been developed to respond to domestic violence, how do they train health care providers, and how do they interface with the legal system ?

*Vulnerable Populations*

25. What are the barriers to health care for the most disadvantaged and what strategies can be used to reduce inequalities in health?

26. How can health and social services be integrated to better meet the needs of at-risk populations, and what are the policy issues?

27. What are models for providing care to the seriously mentally ill, who provides it, and how are services coordinated among different government sectors in the United States, the United Kingdom, Australia, and New Zealand?

**Bettering the Health of Minorities and Indigenous Peoples**

28. What are the models for delivering culturally appropriate care in different minority and indigenous communities, how are providers trained, and what are the impacts on health outcomes and patient satisfaction?

29. How can physician assistants and nurse practitioners be used to increase minority representation in the health professions and improve health care and outcomes for minority and indigenous populations in the United Kingdom, Australia, and New Zealand?

30. What are the most effective strategies in working through schools and communities to change health-related behaviors in minority and indigenous populations?

31. To what extent are changes in the health care systems in the United States, United Kingdom, Australia, and New Zealand disproportionately affecting low income urban minority and indigenous communities, and what strategies ensure access to care and quality care?

**Developing the Capacities of Children and Young People**

32. What strategies, such as The Commonwealth Fund's Healthy Steps for Young Children Program (an expanded approach to child health care and parental support), are used in either the United Kingdom, Australia, or New Zealand to help parents foster the healthy growth and development of their children from birth to age three? What are the impacts of these programs on child and family health, parent and provider satisfaction, and cost-effectiveness? Can the Healthy Steps program be adapted to other countries?

33. How are prenatal, child and adolescent health services defined, delivered, and assessed in the United States in comparison with the United Kingdom, Australia, or New Zealand? What are the strategies?

34. What are the different models for linking health care with the home and school in the United States, United Kingdom, Australia, and New Zealand? What is known about their impacts on health and their cost-effectiveness?

35. What are the health implications of children witnessing and experiencing violence within families, and what can be learned from a cross-national perspective?

36. What are the patterns of youth suicide, and how can health-based strategies reduce the incidence?

37. How can parents who are more at risk for child abuse or neglect be identified, and what health-based strategies can be used to help them?

**Advancing the Well-Being of Elderly People**

38. What special problems do the low income elderly have, and what are their barriers to care?

39. To what extent can the health care needs and expenditures of the elderly be predicted and addressed through risk-adjustment methodologies?

40. In what ways do social attitudes toward death affect health care resource allocation in the United States as compared to the United Kingdom, Australia, or New Zealand? How do approaches to caring for patients at end of life in the United States differ from the United Kingdom, Australia, or New Zealand?

41. What are specific strategies that have been adopted for coordinating acute and long-term care services for the elderly?

42. How cost-effective is it to move the elderly out of hospitals and into skilled nursing facilities or home care following an acute episode of care, comparing the United States to the United Kingdom, Australia, or New Zealand?


I'm pleased to share with you the 1997 Commonwealth Fund *Annual Report*. This year, the President's Message examines options for incremental reform in the area of health insurance. By engaging leading experts and partnering with organizations sharing common concerns, the Fund is weighing practical strategies to assure that all Americans are able to obtain the health care they need.

Karen Davis

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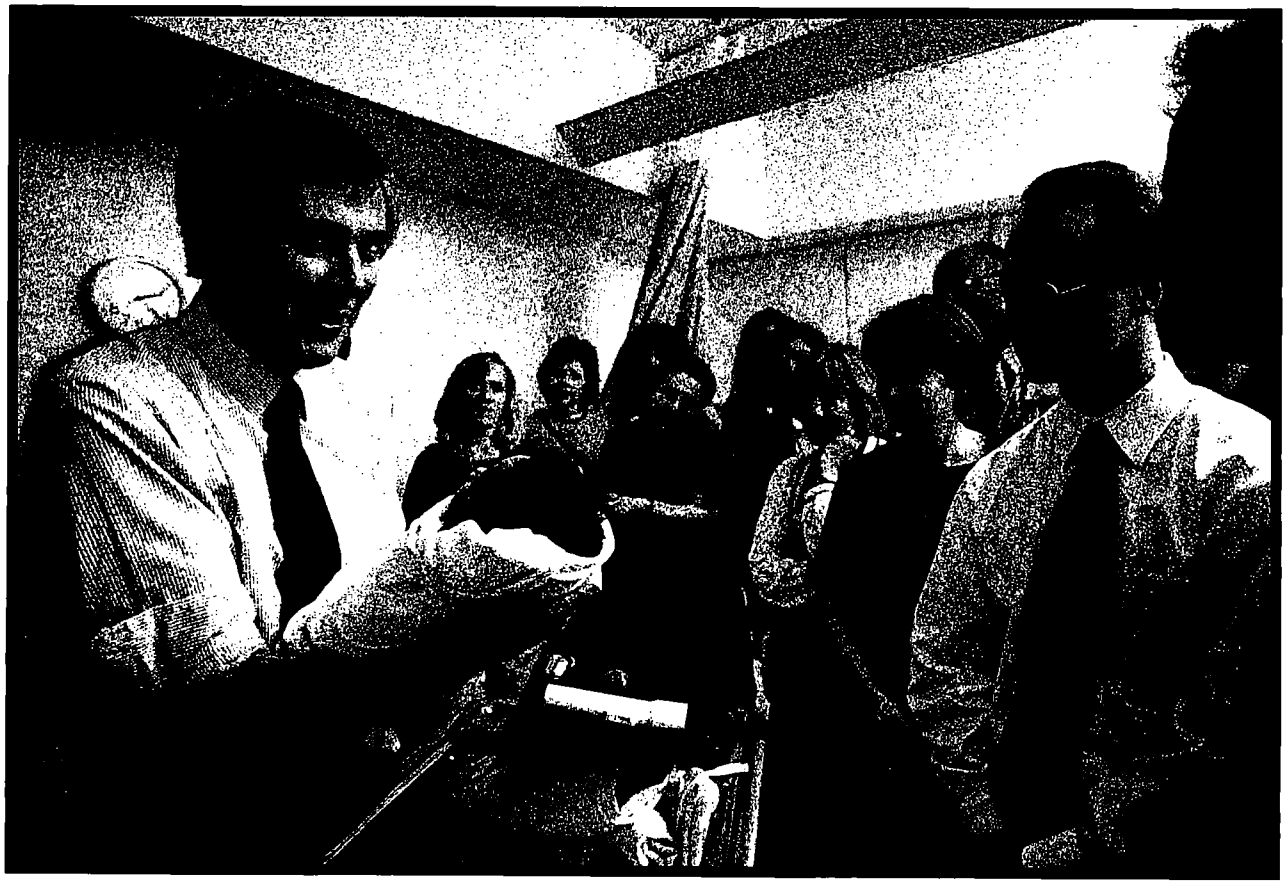

# The Commonwealth Fund

1997
Annual
Report

PROMISES + CHALLENGES

Biomedical
- GOOD:
- BAD

DEMOGRAPHICS: Baby Boom
- GOOD
- BAD

COSTS:
History -

Bad:

Even lower costs has NOT added to

CONFIDENT THAT WE CAN MEET THESE CHALLENGES.

POLICY - What we've Done
- MEDICARE
- ICDS
- INSURANCE
  NOT ALL: INCREMENT
- Should Do. PATIENT BILL OF RIGHTS. TOBACCO

PHYSICIAN VISION
- INTEGRATING SCIENCE
- MANAGEMENT / COSTS / M.C.

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