



Changes in Health Care Financing and Organization

An RWJF national program

SUMMARY

Changes in Health Care Financing and Organization (HCFO) is a national program of the Robert Wood Johnson Foundation (RWJF). HCFO began in 1989 and is one of RWJF's main vehicles for funding health services research and policy analysis. It is also the nation's largest source of private funding for investigator-initiated health policy research on financing and organization.

HCFO has become one of the most significant resources available to researchers interested in examining and illuminating pressing issues regarding how public programs such as Medicare and Medicaid are financed and organized. It is also one of the only resources available to researchers interested in improving understanding of the private health care financing market.

HCFO serves as a bridge between researchers and policy-makers to provide useable and timely information on health care policy and market developments. Policy relevance is a clear funding criterion for projects.

HCFO solicits and funds policy analysis, research, and evaluation projects that examine major changes in the way health care is financed and organized and that have implications for health policy. The program also convenes working meetings and grantee briefings that allow researchers and policy-makers to discuss research findings and their implications for policy.

Key Results to Date

As of March 2011, HCFO encompassed approximately 325 current and completed projects at universities and institutes across the country funded at more than \$82.6 million. Each is directed by a principal investigator working alone or with a project team.

Some 18 of these projects are current and ongoing, and 307 have completed their work. HCFO funds between five and 20 projects each year.

The HCFO website provides access to:

- [Publications](#) by grantees and others
- [Awarded Grants](#) with links to published reports and findings
- [Research Topics](#) with information about grants and publications related to the topics
- [Findings Briefs](#) produced by the program office

The many studies already funded under HCFO have informed a wide variety of health care policies and provided a better understanding of issues such as:

- How economic conditions affect health care coverage and cost
- Economic and organizational factors related to care coordination
- How the individual insurance market operates
- Chronic and long-term care needs, organization of service delivery and costs

Researchers from many disciplines, including health services research, economics, sociology, political science, public policy, public health, public administration, law and business administration have conducted studies with HCFO funding. See [Results of Funded Projects](#) for descriptions of some projects that HCFO staff believe have had a "significant influence on policy and practice."

Program Management

HCFO operates under the direction of a national program office at AcademyHealth, a nonprofit health policy center located in Washington.

A hallmark feature of HCFO is the guidance and technical assistance it provides to applicants and funded researchers. HCFO has a rolling application process during which staff and external reviewers provide feedback to applicants regarding study topics, design and methodology. When projects are funded, HCFO staff continues to provide or arrange technical assistance as necessary. This includes:

- Convening briefings for project directors, during which they present their findings "off the record" to a small audience of experts and policy-makers, who provide feedback
- Assisting project directors in overcoming obstacles as they arise
- Encouraging and helping project directors disseminate findings through peer-reviewed journals and other dissemination vehicles that are accessible to policy-makers

This Report

The report describes the program and the results and findings of a selection of HCFO projects that have been completed starting in 1996. As of May 2011, some 57 project reports have been linked to this report via the [Project List](#). New reports on projects completing their work, or grantee profiles of investigators, are added on a regular basis. Projects that were completed prior to 1996 are not covered in project reports. However issue briefs on them, and on other projects funded through HCFO since that time are available on its [website](#).

Funding

RWJF's Board of Trustees first authorized HCFO in 1988, and has provided regular reauthorizations over the years since. In January 2011, the trustees authorized HCFO for up to an additional \$5 million, bringing the total authorization since 1989 to \$95.7 million.

CONTEXT

As health care costs continued rising throughout the 1980s, both the public and private sectors began experimenting with measures to contain costs. These included Medicare's Diagnosis-Related Groups (DRGs¹), increased emphasis on outpatient surgery and the rapid expansion of health maintenance and managed care organizations.

Health care has been a prominent policy issue ever since. Proposals for health care reform surfaced in the Nixon, Ford, Carter and Clinton administrations and reform was a major focus of the 2008 presidential campaign. In 2010, the Patient Protection and Affordable Care Act (ACA) passed under the Obama administration.

These efforts and others—which occurred simultaneously at national, regional and local levels—involved significant and fundamental changes in the health care system. Unfortunately, private and public payers had little capacity to evaluate the impact of their attempts at cost control.

RWJF Interest in the Area

In 1982, RWJF initiated its program, *Demonstration and Research on Health Care Costs*, which ran through 1987 and distributed \$10.6 million in grants. The program emphasized the development and evaluation of efforts to control health care costs.

In reviewing the program, RWJF staff determined that its focus on cost savings often failed to emphasize the most important implications of the changes under study. It

¹ Diagnostic Related Groups is a system implemented by the U.S. government for determining how much Medicare should reimburse hospitals for medical care. Definition from www.dictionary.reference.com.

generated studies that were rather narrowly focused on specific clinical or data system interventions that had little relevance to major policy issues.

In the late 1980s, both the nation and RWJF shifted gears away from costs and towards broader policy discussion and debate as to what the U.S. health care delivery system might look like.

In October 1988, RWJF's Board of Trustees authorized *Changes in Health Care Financing and Organization* (HCFO). With HCFO, RWJF sought to create a more innovative and broader-based program with the potential to generate findings of major policy significance—and the capacity to evaluate the impact of changes to the delivery system on quality, access and cost.

Because of the integral relationship between the *financing* of health care and the *organization* of the delivery system, HCFO was designed to stimulate research into new strategies for both.

Other RWJF Efforts in Health Policy

Since 1994, RWJF also has funded the [Center for Studying Health System Change](#), also located in Washington. The center has fielded five rounds of the Community Tracking Study (CTS) Household Survey, which provides the policy community with timely national estimates on important issues and tracks changes in insurance, access and family health care costs.

Over the years, RWJF has also funded numerous studies to inform health policy. This section of RWJF's [website](#) contains publications on coverage, quality, cost, public health policy and prevention.

THE PROGRAM

HCFO supports research, evaluations, and policy analyses with two aims in mind:

- To examine significant issues and interventions related to health care financing and organization and their effects on health care costs, quality and access; and
- To explore or test major new ways to finance and organize health care that have the potential to improve access to more affordable and higher quality health care services.

HCFO provides a vehicle through which RWJF can work with researchers and policy-makers and establish connections between these two communities. It has facilitated and accelerated research in fields that RWJF staff believes are relevant and interesting by:

- Convening researchers and policy-makers in large meetings and small workshops

- Drawing on the expertise of both fields in shaping future direction, reviewing proposals and other activities
- Stimulating and funding proposals from a wide variety of fields

A primary objective of HCFO is to provide policy leaders with timely information on health care policy and health care market developments, especially information relating to alternative approaches to the financing and organization of health care.

Toward that end, RWJF and program staff have been particularly interested in efforts that examine major changes occurring in the health care market and the implications of these changes for employers and consumers purchasing health care.

Projects under the HCFO initiative have explored, clarified and informed a wide variety of public policy issues. These include:

- How consumers use information to make health-related decisions and the impact of those decisions on costs
- Implications of changes in health insurance benefit designs on consumers, employers, health plans and providers
- Estimates of the impact of the Medicare Part D prescription drug benefit

Program Management

[AcademyHealth](#) serves as the national program office for HCFO. It is a Washington-based association that promotes interaction across the health research and policy arenas by bringing people together to share their perspectives, learn from each other and strengthen their working relationships.

Anne K. Gauthier, Ph.D., was the program director from 1991 to 2005. Sharon B. Arnold, Ph.D., directed the program from 2005 until July 2009. Deborah L. Rogal, M.P.P., was deputy director from 1993 to October 2008. Bonnie J. Austin, J.D., became deputy director in October 2008 and remains in that position. Since July 2009, there has been no program director as Arnold has not been replaced.

The national program office provides technical assistance and direction to HCFO grantees at universities and research centers across the country at all stages of the grantmaking process. Project staff at the grant sites typically includes a principal investigator working alone or with a team of researchers.

A national advisory committee comprised of leading researchers and policy-makers provides overall guidance to the program. For the last several years, the committee has been chaired by Robert D. Reischauer, Ph.D. See the HCFO [website](#) for a list of members.

A Unique Solicitation Process

HCFO and RWJF staff designed a process for selecting projects that they believe would best respond to the needs of researchers and demonstrate the program's unique aspects. Staff members at both organizations make themselves available to publicize and explain the program and to discuss potential proposals.

- Each year, the national program office releases a call for proposals (CFP). The CFP encourages applicants to develop sophisticated, timely projects. It does not specify funding limits and selection is based on a variety of factors. The 2011 CFP outlines the following selection criteria: policy significance; uniqueness of the project; quality and availability of data; and applicant experience and qualifications.
- The program operates on a rolling submission and funding cycle: proposals are solicited, received and funded on an ongoing basis. HCFO is the only RWJF-funded research program currently administered in this way.
- The program solicits large projects for grants of more than \$100,000 which are expected to take longer than 12 months, and smaller projects for grants up to \$100,000 which are projected to take 12 months or less to complete. Applicants for large grants first submit a brief proposal. National program office staff, consultants, and RWJF staff review brief proposals and invite some applicants to submit a full proposal.
- The national program office uses external researchers, policy-makers and practitioners with expertise in many different fields and disciplines—including economics, political science, insurance, managed care and clinical care, and a methodological consultant to review proposals.

Reviewers may help applicants develop their proposals and at times suggest areas of inquiry to the study. Other methodological and design experts are available to provide advice. This level of support allows RWJF to help researchers to develop more targeted and sophisticated projects.

Involving RWJF staff in the proposal process allows them to meet new health services researchers and draw upon these researchers for other work.

More information is available in the 2011 CFP in [Additional readings](#) (scroll to the bottom of the page to get to this tab).

Special Solicitations

Since 1994, HCFO has issued special requests for proposals in specific research areas. During 2009, HCFO conducted a special solicitation seeking studies on Medicare Part D, Medicare's prescription drug benefit program created through passage of the Medicare Modernization Act in 2003. Policy-makers have sought information on Part D's successes and challenges since it was implemented.

When the Centers for Medicare & Medicaid Services (CMS) announced it would release Part D claims and enrollment data, HCFO convened a small meeting to develop a research agenda. HCFO staff worked closely with CMS and RWJF staffs to develop a special solicitation for studies involving analyses of Part D data.

Medicare Part D Research

Not only has there been interest as policy-makers consider potential improvements to the benefit, but the responses of drug companies and beneficiaries may provide insight into potential impacts of health reform. This solicitation sought research that would contribute to an evidence base on the impact of Medicare Part D.

HCFO received 43 brief proposals in response to the solicitation and invited eight applicants to submit full proposals. Two applicants received grants:

- Jack F. Hoadley, Ph.D., Georgetown University, "Generic Substitution Within a Class of Drugs for Medicare Part D Plans." (ID# 067642)
- Cindy P. Thomas, Ph.D., M.S., Brandeis University, "Impact of State Policies Supporting Medicare Part D for the Dually Eligible." (ID# 067638)

See [Appendix 1](#) for information about prior special solicitations.

Funded Projects

The majority of HCFO-funded projects have been research, policy analysis or evaluation studies. Overall, universities make up more than half of the organizations awarded grants.

Of the seven projects funded in 2010, two were on value-based insurance design, two on Medicare Part D, two were related to health reform, and one was on the impact of retail clinics on utilization.

In 2009, the most popular topics were cost and cost containment and consumer behavior (each receiving 17% of the awarded grants). The legal and regulatory environment was the third most frequently funded category, at 11 percent of grants.

RESULTS

As of March 2011, HCFO encompassed about 325 current and completed projects at universities and institutes across the country, for total funding of more than \$82.6 million. Each is directed by a principal investigator working alone or with a project team. Some 18 of these projects are current and ongoing and 307 have completed their work. HCFO funds between five and 20 projects each year.

The HCFO website provides access to:

- **Awarded Grants.** This includes the title of the grant, name and affiliation of the principal investigator and grant period. When a grant closes, the program office replaces the grant description on the website with the policy-relevant findings. See Publications, below
- **Research Topics.** HCFO categorizes its grants into one or more of 25 topic areas. As of March 2011, the five most prevalent topic areas were:
 - Costs and Cost Containment
 - Organization and Delivery of Care
 - Provider Payment and Behavior
 - Legal and Regulatory Environment
 - Managed Care
- **Publications.** This section includes listings and texts of [findings briefs](#), [policy briefs](#), [newsletters](#), [hot topics](#), [reports](#) and journal publications.

Results of Funded Projects: 2005–10

When asked to identify the projects that have had the most "significant influence on, or relevance for, policy and practice" AcademyHealth staff identified the following based on grants made starting in 2005 (from most recent to oldest). See [Appendix 2](#) for summaries of some of the influential projects made prior to 2005.

- ***Workplace Clinics: A Sign of Growing Employer Interest in Wellness.*** Center for Studying Health System Change, Ha T. Tu, M.P.A., December 1, 2009, to December 31, 2010. (ID# 067089)
 - This study found workplace clinics are likely to achieve positive returns over the long term, but expecting them to be a "game changer" in health care costs may be unrealistic. These clinics have the potential to transform primary care delivery via a "trusted clinician model," but doing so depends on gaining employee trust and retaining the right clinicians. An issue brief is available [online](#).
- ***Measuring the Costs of Defensive Medicine.*** University of Southern Maine, J. William Thomas, Ph.D., June 1, 2008, to February 28, 2010. (ID# 064578)
 - This study measured the degree to which fears of medical malpractice litigation motivate physicians to practice defensive medicine, which includes ordering tests, procedures, and/or medications that have little or no clinical value. A summary is available [online](#); an article published in *Health Affairs* is linked from the bottom of the summary.

- ***Variation in Health Care Cost Growth.*** Harvard Medical School, Michael Chernew, Ph.D., March 1, 2008, to August 31, 2009. (ID# 064040)

 - Chernew investigated the factors associated with variation in cost growth in the Medicare and commercial sectors. A summary is available [online](#); abstracts of articles published in the *American Journal of Managed Care*, the *New England Journal of Medicine* and *Health Affairs*, and a policy brief are linked from the bottom of the summary.
- ***Can Disease Management Control Costs?*** Mathematica Policy Research, Inc., Randall Brown, Ph.D., and Deborah Peikes, Ph.D., March 1, 2008, to August 31, 2009. (ID# 063996)

 - Findings from this analysis provide insights into the implications of offering disease management and care coordination to Medicare beneficiaries, as well as chronically ill patients with commercial insurance and Medicaid and how to best to implement this intervention. A summary is available [online](#); an abstract of an article published in the *Journal of the American Medical Association* is linked from the bottom of the summary.
- ***Defining Affordability for the Uninsured and People with Chronic Conditions.*** The Urban Institute, Lisa Clemans-Cope, Ph.D., and Cynthia Perry, Ph.D., March 1, 2008, to October 31, 2009. (ID# 064001)

 - This study describes how different measures of affordability affect access to health insurance and helps to inform policies on increasing coverage and ensuring equitable financial burdens for those who acquire coverage. A summary is available [online](#); a paper describing the study is linked from the bottom of the summary.
- ***The Provision and Reporting of Community Benefits by Hospitals: Lessons From Maryland.*** The Urban Institute, Bradford Gray, Ph.D., November 1, 2007, to October 31, 2009. (ID# 063120)

 - With the advent of new community-benefit reporting requirements for nonprofit hospitals nationwide in 2010, Gray offers important lessons from the experiences of Maryland's nonprofit hospitals that began reporting community benefit expenditures in 2004. A summary is available [online](#); a findings brief and abstracts of articles published in *Inquiry* and *Health Affairs* are linked from the bottom of the summary.
- ***Economic Impact of Adverse Health Events on the Uninsured Near Elderly.*** Northwestern University, David Dranove, Ph.D., November 1, 2007, to October 31, 2009. (ID# 063309)

 - The researchers describe the economic consequences of illness, finding that uninsured, near-elderly individuals who suffer a new, major illness lose between one-third and one-half of their assets to medical expenses; they are one illness

away from financial catastrophe. A summary is available [online](#); a findings brief and an abstract of an article published in *Health Services Research* are linked from the bottom of the summary.

- ***Medical Spending and Health of the Elderly.*** George Mason University, Jack Hadley, Ph.D., October 1, 2007, to September 15, 2009. (ID# 063091, formerly ID# 059057)
 - The research team addressed what they see as a lack of information on reasons for regional differences in Medicare spending. Their analysis provides new insights into how differences in Medicare beneficiaries' health and personal characteristics can contribute to variation in spending. A summary is available [online](#); an abstract of an article published in the *New England Journal of Medicine* and a policy brief are linked from the bottom of the summary.
- ***Identifying Best Practices in the Coordination of Care.*** Center for Studying Health System Change, Ann S. O'Malley, M.D., October 1, 2007, to May 31, 2009. (ID# 063212)
 - O'Malley's study provides examples of best practices in physician offices that have developed care coordination processes and determined the financial implications of increased coordination. A summary is available [online](#); a research paper from the project is linked from the bottom of the summary.
- ***The Impact of Assisted Living Growth on the Market for Nursing Home Care.*** Harvard Medical School, David C. Grabowski, Ph.D., June 1, 2007, to May 31, 2009. (ID# 061511)
 - In this study, the researchers offer important lessons for policy-makers considering the long-term care needs of the population and the availability of assisted-living facilities. A summary is available [online](#); an abstract of an article published in *Health Affairs* is linked from the bottom of the summary.
- ***Hospital Pricing and the Uninsured.*** RAND, Glenn A. Melnick, Ph.D., February 1, 2006, to January 31, 2008. (ID# 056528)
 - Melnick's work provides key insights into the dynamics of hospital pricing. A summary is available [online](#); an abstract of an article published in *Health Affairs* is linked from the bottom of the summary. See also the [Grantee Profile](#) on Melnick.

National program office staff also reported the following impacts of select funded projects:

- ***Michael Chernew, Ph.D.*** presented findings from his 2008–09 study "Variation in Health Care Cost Growth" to staff from the Congressional Budget Office, the Medicare Payment Advisory Commission, other policy-makers and reporters. A summary is available [online](#).

- **Harold Luft, Ph.D.**'s 2008–09 project "Resource Use and Efficiency in Episodes of Care" was used by the Palo Alto Medical Foundation to assess how it should compensate primary care physicians. A summary is available [online](#); an abstract of an article published in *Clinical Orthopaedics and Related Research* is linked from the bottom of the summary.
- **Julia Prentice, Ph.D.** presented findings from her 2007–2009 study "Waiting for Outpatient Care and Choice in Financing" to the Veterans Administration Systems Redesign National Steering Committee and held continued discussions with officials at the Veterans Administration. A summary is available [online](#).

HCFO Invitational Working Meetings

HCFO's small meetings bring key players together to advance the field on a particular topic area or methodological issue. Sometimes the meetings diffuse policy-relevant research findings from HCFO projects and other work. Other meetings explore an important topic with an eye toward identifying gaps in research or to help inform ongoing or future policy discussions.

Between 2009 and April 2011, HCFO conducted four invitational working meetings:

- **The Impact of the Economy on Health Care.** June 12, 2009. HCFO grantee Michael Chernew, Ph.D., chaired a meeting of a diverse group of experts to discuss the interconnections among economic forces, health care access, costs and outcomes.

Participants explored areas where economic factors would most likely affect the health care sector, the extent to which existing literature provides evidence about the potential impact and additional research that would be helpful to policy-makers as they consider potential stimulus proposals or health care coverage options. The issue brief capturing the discussion, "Impact of the Economy on Health Care" is available [online](#).

- **Geographic Variation & Health Care Cost Growth: Research to Inform a Complex Diagnosis.** August 19, 2009. As policy-makers grappled with developing a structure for a reformed health care system, the subtext throughout was whether costs would be controlled. HCFO-funded studies are helping to answer this intractable question.

In 2009, HCFO sponsored a briefing that featured findings from six HCFO-funded grants focused on issues of geographic variation and increased costs. Robert Berenson, M.D., chaired the group of researchers and policy-makers, who considered the reasons for variation, whether variations are the same for all health care payers and whether marginal services are linked to improved health outcomes.

Participants also discussed the awareness that developing appropriate policy levers, such as blunt payment cuts or other incentives for decreasing variation in health care costs and reducing cost growth, remains a challenge.

The meeting discussion was captured in a policy brief, "Geographic Variation and Health Care Cost Growth: Research to Inform a Complex Diagnosis," available [online](#).

- **Recognizing Destabilization in the Individual Health Insurance Market.** June 3, 2010. HCFO convened an invitational meeting regarding health care market stability.

A group of industry analysts, insurers, state regulators, federal health policy experts and researchers discussed the medical loss ratio (how much of premiums actually pay for health care services and clinical quality) standard in the individual market and provisions within the Patient Protection and Affordable Care Act (ACA) for addressing potential market destabilization.

Participants identified warning signs of market destabilization that could inform policy-makers' determinations about market stability. They also discussed approaches that states had taken that might protect consumers.

John Bertko chaired the meeting. An issue brief capturing the discussion is available [online](#).

- **Pricing Insurance in the Current Health Care Environment.** April 19, 2011. HCFO convened an invitational meeting regarding pricing insurance products when various insurance features of the Affordable Care Act (ACA) are fully implemented in 2014.

Multiple provisions of the ACA will affect how insurers price their products. While there is some research to help predict each provision on its own, there is little evidence about how various provisions will interact to shape premiums. New individuals entering the market with no available risk profiles, such as those who currently choose to be uninsured, are not insurable or cannot afford insurance, will further complicate pricing decisions.

The meeting brought together researchers, policy-makers, insurers, actuaries, analysts and others to discuss the question "How will insurers price their individual and small group products within the framework of the ACA?" The discussion was designed to help inform a regulatory framework for insurance plans that may participate in the new health exchanges established by ACA.

Donna Novak of NovaRest Actuarial Consulting facilitated the meeting. A policy brief capturing the discussion will be disseminated online later in 2011.

Activities to Examine the ACA

Activities Prior to Passage

During 2008–09, in the midst of the health reform debates, HCFO convened a meeting and two workgroup discussions around health reform. HCFO's efforts at that time

focused on building the evidence base around key topics emerging during the policy debate.

- **Insurance Choices: Behaviors of Firms and Their Workforces.** October 3, 2008. HCFO invited a small group of researchers, modelers and policy-makers to discuss how best to predict company and worker responses to future health care reform. Participants were asked to:
 - Identify key questions that policy-makers need to answer about the impact of reform on employer and employee behavior
 - Discuss the data needed or available to understand the potential employer and employee response
 - Develop a strategy for linking and collecting new data to inform these questions

The meeting discussion was captured in a brief "Insurance Choices: Behaviors of Firms and Their Workforces" available [online](#).

- **Workgroup Meeting: Benefit Design.** November 18, 2008. HCFO grantee John Bertko chaired a meeting of senior level policy-makers, researchers and health care experts who explored market innovations in benefit design, described how innovations were currently being implemented and discussed the potential for expansion. Participants also examined what organizations of varying sizes and sectors think about benefit design.

The following publications resulted from the meeting:

- "Health Care Benefits—Creating the Optimal Design," Sharon Arnold and Bonnie Austin (HCFO), issue brief available [online](#).
- "An Analysis of the Distribution of Cost-Sharing Levels in Individual and Small-Group Coverage," John Bertko (consultant), Hannah Yoo (AHIP) and Jeff Lemieux (AHIP), policy report available [online](#).
- Neumann PJ et al. "Low-Value Services in Value-Based Insurance Design," *The American Journal of Managed Care*, 16(4): 280–286, 2010, available [online](#).
- Choudhry NK, Rosenthal MB and Milstein A. "Assessing the Evidence for Value-Based Insurance Design," *Health Affairs*, 29(11): 1988-1994, 2010. Abstract available [online](#).

HCFO subsequently funded two research projects as a result of this meeting:

- The Patient and System Benefits of Value-Based Insurance Design (ID# 067461)
- Factors Influencing the Success of Value-Based Insurance Programs (ID# 067459)

- **Workgroup Meeting: Implications of the Supply and Organization of the Delivery System on Health Care Reform.** January 23, 2009. HCFO assembled senior policy-makers, researchers and health care experts to examine the implications of proposed reforms on expanding coverage and access to care within the current supply and organization of the health care delivery system. Robert Berenson, M.D., and HCFO-funded researcher Harold Luft, Ph.D., co-chaired this workgroup.

Four papers provided a framework for its first meeting:

- "Legal and Regulatory Barriers to Health Care Integration" by Thomas (Tim) Greaney (St. Louis University), Sandra Johnson (St. Louis University) and Timothy Jost (Washington & Lee University).
- "Viewing Health Care Consolidation through the Lens of the Economics of Strategy" by David Dranove (Northwestern University), available [online](#).
- "Will the United States Have a Shortage of Physicians in 10 Years?" by Sean Nicholson (Cornell University), available [online](#).
- "Public Perspectives on Health Delivery System Reforms," Report and Issue Brief by Jill Bernstein (Consultant), available [online](#).

Activities Subsequent to Passage

In addition to the April 19, 2011, meeting described above, since the ACA passed in March 2010, HCFO staff members have been meeting with legislative staff and other policy-makers. According to Austin "We have been meeting with policy-makers to ask them what information they need and what we might be able to do to help, particularly in the short term. One of the challenges for researchers is that policy-makers need information now—these decision makers can't wait for protracted studies. So, we are encouraging researchers to focus on topics that will yield timely findings."

Topics policy-makers have raised include:

- Managing Medicare costs and Medicare provider payment
- Designing health insurance exchanges
- Balancing efficiencies from provider concentration/integration with the potential for provider monopolies
- Developing insurance products that promote high-value services (those that deliver outcomes, patient satisfaction and reasonable cost), including providing effective incentives for consumers to select high value services
- Ensuring an adequate supply of primary care providers by 2014 when the individual mandate provision takes effect

Grantee Briefings

HCFO convenes regular grantee briefings where grantees present their findings "off the record" to a group of 15 to 20 participants with expertise in the issue being presented. This early feedback, which incorporates both research and policy perspectives, helps researchers tailor their dissemination efforts for wide effect and provides responders with information about emerging findings and results.

HCFO sponsored 13 grantee briefings between February 2009 and March 2011:

- Becky Briesacher, Ph.D., Impact of MMA Part D on Medicare Residents in Nursing Homes, February 10, 2009.
- Kathy Langwell, Ph.D., Financing American Indian Health Care: Impacts and Options for Improving Access and Quality of Care, February 26, 2009.
- Bruce Stuart, Ph.D., Medicare Spending, Disparities and Returns to Healthy Behavior, March 4, 2009.
- James Cardon, Ph.D., Health Savings Accounts, High Deductible Policies, and the Uninsured: Simulating the Effects of HSA Tax Policy Using Utility Maximizing Framework, March 13, 2009.
- Jim Reschovsky, Ph.D., and Jack Hadley, Ph.D., Physicians' Responses to Variations in Medicare Fees for Specific Services, March 27, 2009.
- Patricia Ketsche, Ph.D., and Kathleen Adams, Ph.D., Incidence of Financing National Health Expenditures, October 30, 2009.
- Alison Galbraith, M.D., Effects of High-Deductible Health Plans on Families with Chronic Conditions, November 4, 2009.
- J. William Thomas, Ph.D., Measuring the Costs of Defensive Medicine in the United States: Phase II, January 25, 2010.
- E. Kathleen Adams, Ph.D., Reducing Prenatal Smoking: What Role Can State Policies Play? May 14, 2010.
- Lan Zhao, Ph.D., Extent and Impact of the Use of Observation Services in the Medicare Program, October 7, 2010.
- Douglas Conrad, Ph.D., Paying Physician Group Practices for Quality—a Regional Experiment, October 21, 2010.
- Jean Abraham, Ph.D., Analyzing the Impact of the Medical Loss Ratio Under Health Reform on the Individual Market for Coverage in Each State, December 13, 2010.
- Jeffrey McCullough, Ph.D., The Effect of Health IT on Quality, March 11, 2011.

COMMUNICATIONS

A major thrust of the program is to generate policy-relevant findings that contribute to improved understanding of health care financing and organization. HCFO staff disseminates findings from studies via a range of products on its website and through meetings that engage funded researchers and others.

HCFO Website

The HCFO website features grantee publications that can be searched [online](#). They include:

- [Findings Briefs](#) and [Policy Briefs](#) highlight particular projects or topics of interest and are targeted to policy-makers.
- [Hot Topics](#) summarize key aspects of an issue prominent in the policy debate.
- The program also releases nontechnical [Reports](#) on a variety of topics based on research findings or meetings.

[What's New With HCFO?](#), the program's e-newsletter, contains information on new grants awarded, interim project findings and meeting summaries.²

The HCFO website also includes a [News & Events](#) section that contains news about grantees, presentations and testimony, awards and appointments, and HCFO and RWJF news releases and events.

PROGRAM EVALUATIONS AND THEIR FINDINGS

HCFO has been evaluated three times. The Barents Group (ID# 027137) conducted the first evaluation, covering the first six years of HCFO before the program's reauthorization by RWJF's Board of Trustees in October 1995.

In February 2002, John F. Hoadley, Ph.D., at the Institute for Health Care Research and Policy at Georgetown University conducted a second assessment to inform the program's reauthorization in July 2002.

RWJF modified HCFO based on both evaluations. For details about these modifications, see [Appendix 3](#).

In summer 2010, Hoadley conducted another assessment to inform the program's reauthorization in January 2011. He interviewed funded researchers, legislative and executive agency policy-makers, who constitute an important audience for HCFO's studies, and HCFO staff and national advisory board members.

² HCFO also published a print newsletter, "HCFO News and Progress," twice a year through 2009.

Findings From the 2010 Evaluation

Hoadley notes three themes that dominated the responses: "The importance of HCFO for the field of health policy research, the high regard in which the program is generally held, and its effectiveness in supporting research and contributing to policy discussions."

Hoadley also notes a more direct benefit that HCFO creates for RWJF: "They [respondents] also indicate that HCFO helps to enhance the Foundation's reputation as an honest broker at the frontier of health policy research." He adds "HCFO is seen as less ideological relative to other private foundation funding sources, including some of the RWJF initiatives."

Hoadley reported other findings from the interviews:

- Findings from HCFO projects are viewed as timely, relevant and nonpartisan.
- Both researchers and policy staff value HCFO's focus on policy.
- Respondents offered examples of how HCFO projects contributed to recent policy debates:
 - A study on geographic variations in health spending moved the debate on that issue in helpful new directions.
 - Two studies advanced understanding of the relationships between health insurance plans and health care providers.
- Respondents praised the application process, including open solicitation, the quick-turn-around for proposals and assistance received from HCFO staff during proposal review.
- There was considerable support for the special solicitations, which respondents viewed as focusing attention on neglected areas or evolving disciplines. Yet, there was concern that special solicitations not crowd-out investigator-initiated projects.
- Several respondents stressed the importance of continuing the focus on the baseline topics of the program: methods to ensure an adequate supply of primary care providers, health care administrative costs, the effects of disease management and wellness programs, and others.

They also offered suggestions for new areas of focus:

- Implementation of health care reform
- "Putting the 'O' back in HCFO" by studying issues such as the organization of physician practices, and other market structures

- Respondents valued HCFO's grantee briefings the most of HCFO's dissemination strategies, citing the unique opportunity for researchers and policy-makers to talk about findings and their implications.
- Policy staff noted that HCFO does not have a distinct identity to policy-makers. They receive HCFO findings but may never recognize the studies as supported by HCFO. Respondents offered ideas for increasing awareness among this audience: e-mail alerts targeted to new findings or emerging topics; health policy blogs; and grouping related findings together.
- Respondents found HCFO staff to be responsive, efficient and willing to help. They also offered suggestions for augmenting staff skills, including drawing from the national advisory committee to help with quick reviews or strategic thinking.

LESSONS LEARNED

Challenges

Both Austin and Hoadley note that HCFO has encountered challenges in demonstrating the impact of HCFO-funded research on policy decisions. This has made it difficult for the program to describe its relevance to RWJF and others. Austin says "Although policy-makers may not identify HCFO as the funder of the research, they do know the research. Our researchers get calls directly from policy-makers."

She also notes that navigating the economic downturn starting in 2008 has been a challenge. Newly available federal stimulus funds, accompanied by tight deadlines and specific requirements, became a priority for researchers. In addition, "there were fewer funders able to support large projects. With less funding available elsewhere, researchers were limited in their ability to secure funding for large studies."

Lessons

Several lessons emerge from the program.

1. **Work with RWJF communications staff and contractors to increase visibility of program products.** Informing RWJF and its media consultants about forthcoming publications from research and forthcoming meetings helps findings reach a wider audience. (Deputy Director Austin)
2. **Document policy-maker interest in research products.** Early in 2009, HCFO developed a system in which funded researchers notify program staff when they receive inquiries from policy-makers. Tracking these requests will help the program demonstrate how its work is useful in policy decisions. (Deputy Director Austin).
Examples of inquiries include:

- Medicare Payment Advisory Commission (MedPAC) requested consultation related to HCFO-funded research on Physician' Responses to Variations in Medicare Fees for Specific Services in preparing its report to Congress.
 - The Government Accountability Office (GAO) requested a report from a HCFO-funded Pilot Study of Variations in Medicare Spending per Beneficiary.
 - The Center for Medicare & Medicaid Services (CMS) requested papers from a HCFO meeting on geographic variation in health care to help assess policy implications of provisions in health care reform bills.
 - Palo Alto Medical Foundation Research Institute used HCFO-funded research regarding Resource Use and Efficiency in Episodes of Care to assess the way it should compensate primary care physicians.
3. **Ask policy-makers what they need in terms of research, keep researchers informed about timely areas of interest and then use convening and dissemination strategies to get the research to appropriate audiences.** HCFO's practice of providing feedback and assistance to researchers while they are developing their proposals increases the chances that the findings will be useful to policy-makers. Researchers also value this feedback. (Deputy Director Austin, RWJF Program Officer Barrand)
 4. **Develop grant review processes that are efficient and yield the best possible proposals.** HCFO's system of requiring brief proposals first, providing feedback and assistance during the application process and using substantive experts to review requests has resulted in high quality proposals and is appreciated by applicants. (Deputy Director Austin, RWJF Program Officer Barrand, RWJF Program Officer Quinn)
 5. **Consider using open solicitations for proposals.** Researchers may apply for HCFO funding at any time rather than responding to a specified submission deadline. This frees researchers to propose ideas when they are most timely rather than when a funder is willing to accept them. (RWJF Program Officer Barrand)
 6. **Create structured, comfortable venues for researchers and policy-makers to discuss research findings and their implications.** HCFO's grantee briefings allow policy-makers freedom to ask questions about research they might not ask in large public settings, and they allow researchers to explore inferences from their findings that they might not publish in a peer-reviewed journal. (Deputy Director Austin, RWJF Program Officer Barrand, RWJF Program Officer Quinn)

GOING FORWARD

RWJF reauthorized HCFO in January 2011 for up to three years. "During this period, we will consider how our investments in research will help inform implementation of health

reform," said Austin. HCFO will continue soliciting research projects; the current call for proposals was released in April 2011.

HCFO also will continue to convene working meetings and grantee briefings on topics of importance to health policy-makers.

The program is exploring using visiting scholars as program directors. Under this model, experts in identified areas of health policy and research would provide overall direction to the program for specified periods of time.

Prepared by: Mary Nakashian, Deborah Rogal and Karin Gillespie

Reviewed by: Molly McKaughan

Program officers: Nancy Barrand and Brian Quinn

Program area: Coverage

APPENDIX 1

Special Solicitations 2005–07

HCFO released the following Special Solicitations from 2005 to 2007:

- Administrative Simplification
- Use of Consumer Information Under the New Paradigm of Consumer-Directed Health Care
- Health Care Costs: Research to Inform Policy

Administrative Simplification

HCFO issued this solicitation jointly with the Commonwealth Fund in February 2005. It was sent to a small group of researchers and proposals were accepted by invitation only.

Administrative burdens related to payer transactions and requirements affect all health care sectors, creating excess transaction costs, inefficiencies, duplication and waste. Given the increasing complexities of the health care system, these burdens are likely to increase unless systems are created to modernize and streamline the administration of health benefits and care.

Anecdotes abound about these administrative burdens and several site or sector-specific projects have sought to overcome administrative barriers. Yet, there has been little timely systematic evidence of the magnitude of the problem in each sector—or a systematic analysis of barriers to simplification and how they might be overcome.

Moving the health care system toward administrative simplification should begin with a careful documentation of the magnitude of the administrative burden and identification of existing barriers to change.

The intent of this solicitation was to generate projects examining the administrative complexities of then current health care insurance practices and payment systems and the associated costs of these complexities throughout the health care system. AcademyHealth managed the solicitation in its roles as a Commonwealth Fund grantee and as the national program office for HCFO.

Funds available under this solicitation totaled approximately \$300,000. There was no predetermined funding amount or grant period for each proposal.

HCFO received eight proposals in response to this solicitation. HCFO staff at AcademyHealth and RWJF and the Commonwealth Fund reviewed the proposals. Three projects were jointly funded under the solicitation:

- Gregg S. Meyer, M.D., M.Sc., Massachusetts General Physicians Organization, "Administrative Simplification Challenges and Opportunities: A Physician Organization Perspective." (ID# 053892)
- Harold S. Luft, Ph.D., University of California, San Francisco, "Costs and Benefits of Physicians' Interactions with Health Plans." (ID# 053894)
- Lawrence P. Casalino, M.D., Ph.D., M.P.H., University of Chicago, "Research on the Administrative Costs Associated With Third-Party Payment." (ID# 053893)

A fourth, from Paul B. Ginsburg, Ph.D., Center for Studying Health System Change, "Strategies to Reduce Health Care Providers' Administrative Burdens Related to Quality Performance Measurement and Reporting," was referred to the regular HCFO program and funded through it. (ID# 056466)

Use of Consumer Information Under the New Paradigm of Consumer-Directed Health Care

HCFO released this special solicitation in June 2005.

As the health care system becomes more complex, beneficiaries have more choices, but not necessarily the tools and information to make those choices.

Comparative information on quality performance for hospitals, nursing homes and home health agencies has recently been made publicly available. This information could enable beneficiaries to make choices among multiple providers if they understand how best to use the information and are willing to do so.

Additionally, patients face treatment choices, such as whether a surgical or medical treatment option is better for them when both may be medically appropriate. And, under the new paradigm of consumer-directed health care, consumers are expected to understand and use cost and quality data made available to them through a more transparent health care system to assist in making their own health care decisions.

The intent of this solicitation was to generate research projects addressing the complex topic of the use of consumer information in consumer-directed health plans.

Funds available under this solicitation totaled approximately \$400,000. There was no predetermined funding amount or grant period for each proposal.

HCFO received 18 letters of intent and 14 full proposals in response to this solicitation. HCFO made grants to three applicants:

- David Blumenthal, M.D., M.P.P., General Hospital Corp. dba Massachusetts General Hospital. "Involving Consumers in Physician Choice: Making the Data into Useable Information for Chronically Ill Patients in Consumer-Directed Health Plans." (ID# 056572)

- Jean M. Abraham, Ph.D., University of Minnesota, "Impact of Consumer Health Plan Decision Support Tools on Health Plan Choice and Quality." (ID# 056108)
- Meredith B. Rosenthal, Ph.D., Harvard University School of Public Health, "Update and Impact of Health Risk Appraisals." (ID# 056107)

Health Care Costs: Research to Inform Policy

HCFO released this special solicitation in June 2007.

Rising health care costs affect individuals, employers, providers, private insurers, the Medicare and Medicaid programs, and a host of other stakeholders. Unrestrained cost growth makes the search for new insurance products and benefit packages more pressing. Yet, no one knows how to accurately price products to increase take-up, or the impact of price on use and overall costs. Further, people do not fully understand how continued cost growth will affect the level of health insurance coverage throughout the country.

Policy-makers, researchers, providers and health plans have made various attempts to define and quantify the extent of the problem and its root causes. A multitude of public and private solutions have been proposed to address components of rising health care costs. However, there are a number of knowledge gaps that hinder the search for solutions.

The intent of this solicitation was to contribute to an evidence base that defines and addresses the complex causes and potential solutions to rising health care costs in support of the Foundation's activities to increase health care coverage.

The research questions were broken down into four major categories: cost controls, affordability, pricing and cost estimates.

HCFO developed and released a special topic solicitation in June 2007 titled, *Health Care Costs: Research to Inform Policy*. Funds available under this solicitation totaled approximately \$2 million. There was no pre-determined funding limit on proposals but time periods were restricted to 18 months or less. The solicitation, supported by RWJF's Coverage Portfolio, was developed with guidance from 21 experts who gathered in May 2007 to brainstorm about research gaps and questions. The solicitation was released in June 2007 and brief proposals were accepted until August 6, 2007, garnering 98 brief proposal submissions. The following projects were funded under this solicitation:

- Randall Brown, Ph.D., (and Deborah Peikes, Ph.D.) Mathematica Policy Research, "Can Disease Management Control Costs?" (ID# 063996)
- James D. Reschovsky, Ph.D., Center for Studying Health System Change, "Cost and Efficiency in Treating High-Cost Medicare Beneficiaries: The Role of Physician Practice and Health System Factors." (ID# 060518)

- Michael Chernew, Ph.D., Harvard Medical School, "Variations in Health Care Cost Growth." (ID# 064040)
- Lisa H. Clemans-Cope, Ph.D. and Cynthia Perry, Ph.D., The Urban Institute, "Defining Affordability for the Uninsured and People with Chronic Conditions." (ID# 064001)
- Eric C. Schneider, M.D., "How Does Fragmentation of Care Contribute to the Costs of Care?" (ID# 063998)
- Bruce Stuart, Ph.D., University of Maryland, "Medicare Spending, Disparities and Returns to Healthy Behaviors." (ID# 064004)
- Richard Kronick, Ph.D., University of California at San Diego, "Small Area Variation in Medicaid Utilization and Expenditures: Implications for Cost Containment and Quality of Care." (ID# 063995)
- Laurence C. Baker, Ph.D. (formerly M. Kate Bundorf, M.B.A., M.P.H., Ph.D.), Stanford University, "Sources of Health Care Cost Growth." (ID# 064000)

APPENDIX 2

Results of Funded Projects: 2004–05

- ***Medicare Health Plan Decisions: Will Regional Competitive Bidding Work?*** Boston University School of Public Health, Steven D. Pizer, Ph.D., July 1, 2004, to December 31, 2006. (ID# 051150)
 - Pizer has briefed Congressional staff and federal agency representatives on his early assessment of the new Part D plans, including his findings that uneven application of regional bidding requirements will place new PPOs at a competitive disadvantage relative to established health maintenance organizations (HMOs). A summary is available [online](#); abstracts of four articles published in *Health Affairs*, a report and a findings brief are linked from the bottom of the summary. See also [Program Results](#) on the project.
- ***How Valid Are the Assumptions Underlying Consumer-Driven Health Plans?*** University of Oregon, Judith Hibbard, Dr.P.H., May 1, 2004, to January 31, 2008. (ID# 050862).
 - A summary is available [online](#); a findings brief and abstracts of articles published in *Medical Care Research and Review* (two articles), *Health Affairs* (two articles), *Health Services Research* (two articles) and the *Journal of Consumer Policy*, are linked from the bottom of the summary.

See also by Hibbard:

- ***Assessing the Impact of a Public Report on Hospital Quality: A Controlled Experiment in the State of Wisconsin.*** University of Oregon, September 1, 2001, to May 31, 2000. (ID# 042881). A summary is available [online](#).
- ***Methods to Present Quality Information to Assist Consumers to Make Health Plan Decisions.*** University of Oregon, January 1, 1999, to March 31, 2000. (ID# 035643).
 - Hibbard is a highly regarded expert on the ways in which consumers evaluate and use information as part of their health care decision-making process. Findings from her study have been particularly useful for health plans as they develop consumer-based tools. A summary is available [online](#).
- ***The Role of Benefit Design in Enrollment, Use and Spending in State Prescription Drug Assistance Programs for Seniors—Lessons for Medicare.*** Brandeis University, Cindy Parks Thomas, Ph.D., March 1, 2004, to August 30, 2006. (ID# 050507)
 - Findings from this study offer guidance for states trying to decide how much wrap-around coverage (to Medicare Part D) to provide; and how to best provide it, while keeping costs low. In addition, Thomas' work was helpful to CMS staff as they considered a waiver (ultimately approved) to allow Wisconsin to continue its state *SeniorCare* program. A summary is available [online](#); a findings brief is linked from the bottom of the summary.
- ***Managed Care and Medicare Expenditures.*** University of Michigan, Michael E. Chernew, Ph.D., January 1, 2004, to December 31, 2004. (ID# 049623)
 - This study explored how Medicare+Choice (M+C) payment rates affect M+C and FFS utilization and expenditures. It revises the assumptions surrounding the impact of managed care on Medicare expenditures in order to assist policy-makers in assessing the financial health of the Medicare Trust Funds. Chernew has received a number of inquiries from policy-makers examining ways to reform the program, including Part D. A summary is available [online](#).
- ***Meeting the Future Long-Term Care Needs of the Baby Boomers: How the Changing Structure of Families Will Affect Paid Helpers and Institutions.*** The Urban Institute, Richard J. Johnson, Ph.D., December 1, 2003, to February 28, 2007. (ID# 049919)
 - Johnson has examined how competing social, demographic and economic trends combine to determine future demand for long-term care services. His findings have particular significance in light of the aging baby boomers. A summary is available [online](#); a findings brief is linked from the bottom of the summary.
- ***The Dynamics of Health Insurance Coverage: 1996 to 2000.*** The Urban Institute, Linda J. Blumberg, Ph.D., September 1, 2003, to October 31, 2005. (ID# 049257)

- Findings from this study have helped to inform the design of more effective strategies to maintain or increase insurance coverage and to better understand the determinants of participation and crowd-out that can be useful when considering coverage expansions. The findings also have helped to better predict the implications of reductions in coverage resulting from states' efforts to balance their budgets, particularly in during lean economic periods. A summary is available [online](#).
- See the [Grantee Profile](#) of Blumberg and Len M. Nichols, Ph.D. and their studies of the working uninsured and their dependents
- ***Private Insurance Markets: The Missing Link-Association Health Plans and Other Pooled Purchasing Arrangements.*** Georgetown University, Mila Kofman, J.D., April 1, 2003, to April 15, 2005. (ID# 048160)
 - Kofman's work has helped to inform policy-makers who continue to address the problem of the uninsured and to help small businesses with rising premiums by encouraging associations to offer coverage. A summary is available [online](#).
- ***Evaluation of Defined Contribution Plans on Health Insurance Choice and Medical Care Use.*** University of Minnesota, Stephen T. Parente, Ph.D., November 1, 2002, to April 1, 2005. (ID# 046975)
 - Parente has provided some of the earliest assessments of the successes and pitfalls of defined contribution/consumer-driven health plans. As these plans continue to evolve, Parente's publications and presentations to a variety of audiences are informing the decision-makers seeking ways to improve this model of care. A summary is available [online](#); abstracts of three articles published in *Health Services Research*, are linked from the bottom of the summary.
- ***Corporate Finance and Consolidation in Health Care.*** University of California, Berkeley, James C. Robinson, Ph.D., September 1, 2002, to August 31, 2005. (ID# 046649)
 - A prolific author, Robinson's work on the many facets of health care consolidation provides guidance to a wide range of stakeholders on implications for competition, resource allocation, profitability, capital investments and community benefits. A summary is available [online](#).
- ***Health Plan Selection Medicare Eligible Enrollees in the Federal Employees Health Benefits Program.*** Emory University, Curtis Florence, Ph.D., April 1, 2002, to February 29, 2004. (ID# 044875)
 - The Federal Employees Health Benefits Program (FEHBP) has been evaluated as a model to increase coverage and reduce growth in spending. Florence's findings address the implications for risk segmentation and subsidized premiums. In addition, his analysis of older enrollees who choose FEHBP health plans as their primary payer also has implications for Medicare program costs. A summary is

available [online](#); abstracts of articles published in *Health Services Research* and *Health Affairs* are linked from the bottom of the summary.

- ***The Effect of Price on Health Plan Choices of Retirees.*** University of California Irvine Graduate School of Management, Thomas C. Buchmueller, Ph.D., March 1, 2002, to February 28, 2003. (ID# 044874)
 - The objective of this study was to educate decision makers who develop Medicare reforms by providing credible estimates of the price sensitivity of Medicare beneficiaries. In addition, Buchmueller informed policy-makers on how retirees respond to financial incentives and the impact this response has on the allocation of insurance costs. A summary is available [online](#).

APPENDIX 3

HCFO Responses to Evaluation Findings

Program Modifications in Response to the Evaluations

RWJF has made modifications to HCFO based on both evaluations. In response to the Barents' evaluation:

- HCFO issued additional targeted solicitations to stimulate proposals addressing issues of particular importance at the time.
- HCFO placed greater emphasis on framing the policy implications of research findings and disseminating the findings to a broader audience.

As an outgrowth of the Barents evaluation:

- RWJF—working with the national program office at AcademyHealth—appointed a new national advisory committee that includes leading researchers across a range of disciplines as well as public and private policy leaders. The committee does not engage in proposal review, however, members provide strategic advice to the program on how it can better achieve its objectives.

In response to the Hoadley evaluation:

- HCFO revised its website to provide easier access to existing products and additional information on publications produced by researchers.
- HCFO began disseminating a monthly electronic newsletter, *HCFO News and Progress* to an audience of approximately 6,000 individuals. The newsletter contains information about new program activities and publications with hyperlinks to the HCFO website. It also includes Hot Topics, summarizing key aspects of an issue prominent in the current policy debate, and Grantee Spotlights (a section of newsletters), providing a biographical sketch of a selected grantee and outlining his or her area of research expertise.

- HCFO added links to grants and publications under Research Topics on the program website.
- HCFO increased its emphasis on branding HCFO.

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Communication and Promotion

Grantee Website

www.hcfo.org. This website contains a [Publications](#) section that provides access to several types of publications produced by program staff and grantees:

- [Findings Briefs](#) provide summaries of findings and results from studies of significance to public and private decision-makers.
- [Policy Briefs](#) (sometimes entitled Issue Briefs) offer summaries of HCFO-sponsored meetings or funded studies of particular interest to policy-makers.
- [Hot Topics](#) papers identify current policy issues and describe how the work of HCFO researchers helps to inform policy discussions on those issues.

PROJECT LIST

Reports on the projects managed under this national program are listed below. Click on a project's title to see the complete report, which typically includes a summary, description of the project's objectives, its results or findings, post-grant activities and a list of key products.

Demonstrations

- [California Finds a Prescription to Make Health Insurance Premiums Equitable](#) (January 2001)
- [Examining the Impact of Global Budgets on Health Care Costs](#) (August 2003)
- [Large Employers Evaluate Risk-Adjustment Tools for Purchasing Health Insurance](#) (January 2001)
- [Nursing Home Patients Fare Better With On-Staff Primary Care Providers](#) (January 2001)
- [Washington State Develops and Tests New Predictor of Patient's Health Needs](#) (January 2001)

Evaluations

- [Abolition of State-Regulated Hospital Payment Rates Has Minor Impact](#) (January 2001)

- [Business Coalitions Face Challenges as Purchasers of Quality Low-Cost Health Care \(January 2001\)](#)
- [California's Shift to Medicaid Managed Care Doesn't Save Money or Improve Outcomes \(October 2005\)](#)
- [Case Studies of Five Regional Public Health Structures - How They Contribute to Public Health Preparedness \(May 2009\)](#)
- [Health Plans Try to Boost Their Grades on Plan Report Cards \(August 2003\)](#)
- [HMOs in California Decrease Use of Inpatient Care by Medicare Enrollees \(August 2008\)](#)
- [In Competitive Markets, Price, Not Quality, Guides Health Plans' Choices \(August 2003\)](#)
- [Increased Access to Medicaid Had Little Effect on Pregnancy Care or Outcome \(January 2001\)](#)
- [Insurance Premiums Decline in States Capping Malpractice Payouts, Alabama University Study Finds \(December 2007\)](#)
- [It's All in the Family: How Baby Boomers Will Meet Their Long-Term Care Needs \(July 2008\)](#)
- [Researchers Find that Physicians Provide the Same Level of Care Even After Their Compensation Method Changes \(August 2003\)](#)
- [Revised Medigap Policies Helped Consumers Purchase Insurance \(January 2001\)](#)
- [State Laws That Provide Parity for Mental Health Care Benefit Children and Ease Families' Financial Burden \(February 2008\)](#)
- [Study Looks at Factors That Determine Physician Participation in Medicaid \(January 2008\)](#)
- [Study of Federal Health Tax Credit Program Finds It Expensive and Complicated \(July 2008\)](#)
- [Study Shows Physician Gatekeeping May Help Lower Costs, But Questions Remain About Physician and Patient Satisfaction \(August 2003\)](#)
- [Study Shows Physician Profiling Software Can Rank the Cost-Effectiveness of Some Specialties \(December 2007\)](#)
- [Who Was Insured and How—1996-2000 \(July 2008\)](#)

Research

- [Contrary to Fears, the Newly Insured Did Not Use More Services Than Others](#) (January 2001)
- [Conversion of Hospitals from Nonprofit to For-Profit Can Offer Community Benefits](#) (January 2001)
- [Cost-Utility Analysis Has Potential to Measure the Value of Public Health Systems](#) (August 2008)
- [Doctors' Dilemma: How Health Care Financing Shapes Service](#) (August 2003)
- [Do State Health Insurance Risk Pools Make a Difference?](#) (January 2001)
- [Fine-Tuning Drugs to Match Our Genes—What Are the Implications for Health Care Costs and Treatments?](#) (July 2008)
- [Health Purchasing Coalitions Struggle to Gain Bargaining Clout: Small Size and Lack of Support From Health Plans Are Factors](#) (August 2003)
- [HMO Mergers Cut Premiums in Only Most Competitive Markets](#) (January 2001)
- [HMOs Make Good Bedfellows with Mid-Cost, Higher Quality Hospitals, but Not with Teaching or For-Profit Hospitals](#) (January 2001)
- [HMOs Surpass Traditional Insurance in Eliminating Some Disparities](#) (December 2006)
- [Hospital Expenditures Largest Culprit in Rising Health Care Costs](#) (January 2001)
- [Hospital Mergers Affect Consumers: Higher Premium Costs, More Uninsured](#) (July 2008)
- [Hospital Mergers Do Not Always Save Money or Reduce Inefficiencies](#) (August 2003)
- [Laws that Limit Providers and Limit Patient Choice May Have Limited Effects](#) (January 2001)
- [Managed Care Policies Limit the Diffusion of Medical Technology](#) (January 2001)
- [Market-Based Strategy Helps Charitable California Hospital Chain Reorganize and Reverse Financial Losses—While Maintaining Its Mission](#) (January 2008)
- [Measures of Access to Health Care Need for Hispanics to Reflect Cultural Differences](#) (August 2003)
- [Medical Directors Often Apply Different Definitions of "Medical Necessity"](#) (August 2003)

- [Most HMOs Use Drug Formularies to Influence Prescribing Behavior of Docs \(January 2001\)](#)
- [Most State Governments Offer Choice of Health Plans, but do not Standardize Benefit Packages Survey Finds \(January 2001\)](#)
- [New Jersey's 1993 Reform of Individual Insurance Market Gets High Marks \(January 2001\)](#)
- [No Quality Differences in Medicare Diabetes Care: Managed Care or Fee-for-Service \(October 2005\)](#)
- [Nurse Practitioners Can Expand Roles in Collaborative Care Units \(January 2001\)](#)
- [Physician Compensation Method Does Not Affect Patient Treatment \(July 2008\)](#)
- [Physicians Among the Chief Drivers of High Drug Costs \(January 2001\)](#)
- [Preferred Provider Organizations—Are They Better at Keeping Health Costs Down? \(January 2001\)](#)
- [Prescription Coverage Caps Leave Elderly Scrambling for Needed Meds \(August 2003\)](#)
- [Researchers Explore Patterns of Individual Health Insurance Coverage \(November 2007\)](#)
- [Researchers Find That Individual Rather Than Community-Level Factors Affect Minorities' Purchase of Health Insurance \(December 2006\)](#)
- [Researchers Statistically Analyze Market Entry and Costs of New Medicare Prescription \(March 2008\)](#)
- [Should Government Encourage Use of Market Forces in Spreading Health Insurance Risks? \(January 2001\)](#)
- [State-Run Rx Programs for Low-Income Seniors in Illinois and Wisconsin Show How Differences in Coverage Affect Enrollment, Rx Use and Spending \(March 2008\)](#)
- [With Hospitals, It's Survival of the Fattest, Not the Fittest \(January 2001\)](#)
- [Working as if One's Health Depended Upon It \(August 2003\)](#)

GRANTEE PROFILE LIST

A selection of grantees is listed below. Click on the name to view their profile.

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