



Health Tracking

The Center for Studying Health System Change looks at a volatile health care environment

SUMMARY

Starting in 1995, the Center for Studying Health System Change, the core component of the Robert Wood Johnson Foundation (RWJF) *Health Tracking* initiative, tracked and analyzed changes in the nation's health care system, with a special focus on the host of market-driven changes that followed collapse of the proposed Clinton health reforms. *Health Tracking* focused on how health system change plays out in the real world of patients, providers, payers, policy-makers, and others in diverse markets where they live and work.

The Program

In April 1994, RWJF staff outlined a vision for a long-term initiative to monitor and track the changes in the health care system due to the demise of the Clinton health care reform initiative, the growth of managed care, the dramatic increase in health care costs, and other factors.

RWJF established *Health Tracking* in October 1994 to carry out this vision, and in 1995 created the Center for Studying Health System Change to carry out much of this work.¹

During this program, researchers at the Center:

- Interviewed stakeholders in 12 diverse communities during seven rounds of site visits about changes in financing and delivery of care and their impact on people in their communities. The communities were chosen through a random process to be representative of metropolitan areas with populations exceeding 200,000.
- Conducted six rounds of household surveys using a sample clustered in 60 nationally representative communities (including the 12) about access to and satisfaction with care, use of health services, insurance, and other issues

¹RWJF also awarded grants to the RAND Corporation; the University of California at Los Angeles; the University of California, San Francisco; Research Triangle Institute; and other institutions, the results of which are in separate Program Results Reports. This report focuses just on the work of the Center itself.

- Conducted five rounds of physician surveys using a sample clustered in the same 60 communities as the household surveys exploring their medical practice, use of information technology, ownership, provision of charity care, and other issues

Center staff also created and executed a comprehensive communications strategy targeted to the mainstream media and to policy-makers.

Program Results

The breadth of its communications activities, a number of awards, and comments from RWJF senior program staff indicate that the Center's body of work advanced knowledge and contributed significantly to the nation's response to changes in the health care system.

"The Center helped us understand how health care played out in the real world, how corporatization of health care plays out in the market," said James R. Knickman, PhD, former RWJF vice president for research & evaluation, now president and CEO of the New York State Health Foundation. "The Center developed a system of collecting data and information that shaped the way we think about health care markets."

Among the accomplishments:

- The Center's early focus on the proliferation of specialty hospitals generated extensive media attention and interest among leaders in the U.S. Senate. In 2003, the U.S. Congress issued a moratorium on specialty hospitals; in 2006, AcademyHealth awarded the Center its 2006 Health Services Impact Award based on this body of research.
- The Center's studies of access to care for low-income patients have been widely cited in a variety of media and helped to inform Congress's decision to increase Medicaid reimbursement rates to primary care physicians for certain patient evaluation and care management services during 2013 and 2014.
- Center studies on tracking health care costs and its drivers, the transparency of price and quality data, the role of payment incentives in driving care, and the power of providers to negotiate higher prices, among other topics, also helped to inform congressional staff and legislators.
- Center staff and consultants have produced a large body of diverse publications aimed at policy-makers, researchers, the media, and others. These include hundreds of peer-reviewed journal articles, research and issue briefs, research reports, and an array of technical documents. Most of the publications are readily available on the Center's website.

Program Management

The Center for Studying Health System Change is housed in the Washington offices of Mathematica Policy Research.² Paul B. Ginsburg, PhD, has directed the Center since its inception. Peter J. Cunningham, PhD, is senior health researcher and has been with the Center since its inception. Alwyn Cassil is the director of public affairs and has been with the Center since January 2001.

Funding

RWJF provided \$175 million for *Health Tracking* from 1994 through 2010. Some \$110 million of these funds were for activities conducted by the Center for Studying Health System Change and the surveys and data collection it used to help inform its work, the focus of this report.

CONTEXT

By the end of the 20th century, the nation's health care system was in flux and its future was uncertain. Robert G. Hughes, PhD, former RWJF vice president, said in 1994, "The pace of change in the structure of the health care system is currently more rapid than at any time since the initiation of the Medicare and Medicaid programs."

For example:

- The introduction and subsequent failure of President Clinton's national health reform agenda devolved health care decisions to market forces, private insurance companies, and state governments.
- The establishment and growth of managed care brought significant changes in how providers deliver care and how patients receive it.
- The dramatic growth of health care costs prompted steep increases in insurance premiums and led ultimately to more people without health insurance.

Yet there was little data to measure these profound changes or their effects on people, or to help determine what public policies would promote better care. No one was collecting timely information about market fluctuations, government studies were outdated and only national in scope, and corporate interests drove private industry reports.

In 1996, Hughes said, "The country is, in effect, flying blind in knowing where the anticipated changes in our health care system will lead; our existing radar screen provides a sketchy view of the past and is not capable of documenting important future trends."

² Mathematica Policy Research, headquartered in Princeton, N.J., helps to assess the effectiveness of policies and programs for public and private agencies.

RWJF's Interest in This Area

Knickman, who along with Hughes was one of the key architects of *Health Tracking*, said, "Clinton's reform didn't happen, but we realized there would be changes in the health care system anyway and there would be a need for an analytic enterprise to monitor and inform the direction of change."

In April 1994, RWJF program staff presented a concept paper to the board of trustees. In an *RWJF Anthology* chapter on Health Tracking, former RWJF Executive Vice President Lewis G. Sandy, PhD, is quoted as saying, "The sharing of information leads those in the system to new dialogues, understandings, and potential policy choices based on what's happening in the environment."³

Hughes said, "RWJF wanted to put in place the capacity to have a finger on the pulse of change in the market. We viewed this as a service to the country and also as a benefit for RWJF."

THE PROGRAM

Program Design

Health Tracking informed policy-makers about changes in the health care system and their effects on people.

Hughes described the program as follows: "The key focus of the initiative is on how people are affected by the changing health care system. Since health care delivery is local, we have emphasized looking at people and their health care in their communities."

By integrating data collected from diverse communities and collecting and analyzing nationally representative data, RWJF hoped the program would increase understanding and inform policy options at both levels.

Planning and Start-Up Phase

In October 1994, RWJF launched *Health Tracking* with an authorization of up to \$2.5 million for a series of planning and startup activities that would take place over 18 months. The authorization included an expectation that an additional \$28 million would be invested from 1996 to 2000.

During the planning period, RWJF developed what it initially called a "national resource center on monitoring health care reform" to shape the analytic activities and data

³ Carolyn Newberg's "Health Tracking Initiative" chapter in Volume VI published in 2003. Available [online](#).

collection components of the initiative, coordinate planning activities carried out by others, and organize dissemination and convening activities.

The national resource center became the [Center for Studying Health System Change](#) in 1995. The Foundation established the center to direct the pilot community snapshots and surveys as well as to prepare for *Health Tracking's* implementation phase. Hughes notes "We had a big vision. The challenge was deciding what to do to put that vision in place. We thought it was necessary to have a focal place for leadership of the program and established the Center to be that place."

RWJF also commissioned:

- Community snapshots in up to 15 communities to assess actual or likely changes in local health care systems
- In-depth monitoring studies in three pilot communities in order to determine best approaches to ongoing monitoring. Pilot studies focused on surveys of individuals, physicians, and providers as well as analyses of policy dynamics.

From 1995 to 2010, RWJF provided almost \$108 million to the Center for surveys, analyses, and administrative costs.

Center for Studying Health System Change

Paul B. Ginsburg, PhD, an economist, was tapped to direct the Center. Ginsburg had previously directed the Physician Payment Review Commission, which was created by Congress to provide nonpartisan advice about Medicare physician payment issues. He had also served as a deputy assistant director at the Congressional Budget Office and on the faculties of Michigan State University and Duke University. Professional staff at the Center include physicians, senior health researchers, policy analysts, and economists, many with doctoral and other advanced degrees.

An appointed advisory committee provided advice on what types of information decision-makers need related to health care costs, access, managed care, and other areas, and to share ideas about how the Center can best communicate with policy-makers. The group is no longer active, but its members are listed on the Center's [website](#).

Implementation Phase

Center staff employed a mix of quantitative and qualitative research, convening and dissemination activities to collect, integrate and analyze rigorous data of relevance to policy-makers. Nonpartisanship has been a core principle. The Center does not take policy positions but does discuss policy implications of its research findings. It avoids policy recommendations in order to be seen as a resource for decision-makers on all sides of the issues.

Community Tracking Study

Starting in 1996, the Center began conducting or overseeing regular surveys of communities, households, and physicians under the umbrella of the Community Tracking Study. According to Ginsburg, "We selected this name because health delivery takes place in communities, and we wanted to track changes over time in those communities." The Community Tracking Study involved:

- **Site visits to 12 communities.**⁴ Center staff conducted seven rounds of site visits from 1996 to 2010 in 12 communities that reflected a representative cross-section of metropolitan health care markets. Staff members interviewed from 40 to 100 employers, physicians, hospital executives, policy-makers, safety net providers, and insurers during each visit. The open-ended interviews explored how the organization, financing, and delivery of health care had been changing in the communities and the impact of those changes on individuals.

Staff prepared [Community Reports](#) based on each visit, followed by cross-site analyses of trends.

"This is the first time you have people who understand both policy and health care going out to communities year after year to write about the way policy works in those communities," said Ginsburg, who called it the most unique part of the Center's process.

- **Household surveys.** From 1996 to 2010, researchers conducted six telephone surveys of households in 60 communities to document interactions with the health care system. Between 25,000 and 33,000 households participated in the first four surveys, 9,400 participated in the fifth, and almost 9,200 in the sixth, the latter two using national rather than community samples.

The surveys asked respondents about their access to and satisfaction with health care, their use of health services, and their insurance coverage. Mathematica Policy Research staff conducted the survey under a subcontract from the Center.

Examples of questions include:

- Was there any time during the past 12 months when you put off or postponed getting medical care you thought you needed?
- During the past 12 months, did you look for or get information about a personal health concern on the Internet?

Because individuals are often unable to provide reliable information about their insurance plans, Center staff designed a *Followback Survey* to the 1997–1998 and 1998–1999 household surveys, following respondents back to the organization

⁴ Boston; Cleveland; Greenville, S.C.; Indianapolis; Lansing, Mich.; Little Rock, Ark.; Miami; northern New Jersey; Orange County, Calif.; Phoenix; Seattle; and Syracuse, N.Y.

administering their policies. Where households could name their insurance companies, researchers contacted them for data on the characteristics of coverage, including type of plan, gatekeeper requirements and extensiveness of the plan's network. They collected data on about 28,000 respondents to the 1996–1997 survey and 22,000 respondents to the 1998–1999 survey.

- **Physician surveys.** From 1996 to 2008, researchers conducted five surveys of physicians practicing in the same 60 communities covered by the household survey. The surveys documented changes in how physicians experience the health care system and examined how those changes affected their practices and the way they delivered care.

Working under subcontracts to the Center, the Gallup Organization conducted the first four surveys by telephone. Staff at Westat conducted the fifth survey by mail. Researchers modified this survey over time to reflect current issues, such as care management and coordination, quality reporting, malpractice concerns, ownership of hospitals and equipment, and information technology.

About 12,000 physicians participated in each of the first three surveys, 6,000 participated in the fourth survey, and 4,700 participated in the fifth.

Examples of items on the survey include:

- Does another physician group, hospital, or group of hospitals, insurance company/health plan/HMO, or other organization have an ownership interest in the practice in which you work?
 - Indicate whether your practice has access to computers or information technology to access patient notes, write prescriptions, obtain drug interaction information, or email patients.
- **Employer survey.** In 1996–1997, under the leadership of the RAND Corporation, Research Triangle Institute (RTI)⁵ interviewed 22,000 public and private employers about the health plans they offer, employee contributions, whether they participate in a purchasing alliance, and whether they provide high-quality information to their employees. RAND had conducted this survey before, but expanded the sample in the 60 Community Tracking Study communities. This survey was not repeated.

Along with fielding these national surveys, Center staff conducted studies using other survey and administrative data such as medical claims, Medicare and Medicaid data, and others.

Other Health Tracking Studies

RWJF also provided \$36.7 million for four large *Health Tracking* studies in addition to the Community Tracking Study described above. Organizations other than the Center

⁵ RWJF awarded a grant to RAND (ID# 031565) and to RTI (ID# 29533) for this work.

conducted these studies, although some relied on data generated by the Center through the Community Tracking Study. See [Appendix 1](#) for a short summary of these studies, which will be described in other Program Results Reports.

Other Funding

From 1995 until 2003, RWJF fully funded the Center's research and core operating costs. Starting in 2003, the Center began soliciting funds from other sources, and by 2007, was receiving about a third of its project funds from these other sources. See [Appendix 2](#) for a list of other funders.

Program Evolution

The Center and the Community Tracking Study evolved as staff gained more experience, in response to changes in the health care environment and in response to changes at RWJF.

Changes Based on Program Experience

Becoming More Focused and Policy-Relevant

In response to an assessment commissioned by RWJF and directed by Joseph Newhouse, PhD, of Harvard University, the Center undertook a strategic planning process guided by an outside facilitator in 2000. Ginsburg and Cunningham, a senior health researcher at the Center, both considered this a milestone event.

"Too much of our research was based on whatever struck us as interesting, without enough thought given to whether a project fit within a larger vision or was within our unique niche," acknowledged Cunningham. After the strategic planning process, "we started honing our work so that it spoke more directly to policy-makers and policy issues," he said.

Ginsburg agreed. "The strategic planning process helped us become more deliberate in selecting topics for study and more explicit about linking findings to policy," he said. "We started a process in which a researcher proposing a study had to answer questions like "How would findings make a difference to policy-makers?"

Creating a Communications Strategy

RWJF originally intended to handle the Center's communications, but the Foundation's Board of Trustees determined that it should not be the voice of the Center or be too closely identified with potentially controversial findings.

In July 1996, RWJF's Board authorized up to \$1.6 million to the Center for communications. The Center's early publications were described as "wonky," too

technical for mainstream media and not tightly linked to policy options, according to Carolyn Newbergh in the *RWJF Anthology* chapter on Health Tracking. The Center responded to those criticisms by revising its strategy and hiring an in-house communications specialist to design a multifaceted public affairs approach.⁶

The Center shifted toward releasing short, easy-to-read reports of findings, often as substitutes for publication in journals. These and other briefs and bulletins gained the Center a reputation as a timely source of health policy data, according to Newbergh.

Revising the Surveys

Beginning in 2003, the Center increased the intervals between its household and physician surveys from two years to three years. This improved the chances of observing meaningful change between surveys, freed up researcher time so that more analyses could be conducted, and reduced costs.

"Changes in the health care system were not occurring as quickly as we had assumed, so we decided that three years between surveys made sense, even though this was longer than we first envisioned," observed Maureen L. Michael, *Health Tracking's* RWJF program officer at the time.

The Center also reduced the size of the survey samples, beginning with the 2007 household survey and the 2006 physician survey, primarily to reduce costs. With a smaller sample, the surveys continued to be nationally representative but they were no longer representative at the level of each community, and the Center stopped describing them as part of the Community Tracking Study.

Changes in the Health Care Environment

Ginsburg notes that the Center has always tried to balance continuity and change to accommodate the dynamic health environment. "We want to ask the same questions in multiple surveys over time in order to have a long-term perspective on health system change, and we want to probe for new topics in order to gather early information on important trends."

One striking change in the Center's focus, according to Ginsburg, has been the growing interest in health care quality. "Our research agenda—both qualitative and quantitative research—has substantially shifted in this direction."

To increase its expertise, the Center hired research staff with expertise in analyzing health care quality policies and allocated more of its communications resources to quality issues.

⁶ See Newbergh's "Health Tracking Initiative" chapter. It gives a full description of how the communications strategy evolved. Available [online](#).

More recently, the Center's priorities have focused on providing timely, relevant information about health reform. According to Cunningham, "Practically everything we do now or are thinking about doing is filtered through 'How is this research going to contribute to understanding the consequences of health reform or assist in implementing reform?'"

Changes at RWJF and the Center

In the early 2000s, according to Hughes, "RWJF's leadership and strategic framework changed, and not everything we were funding fit with the change. We created teams, and staff scrutinized every activity in terms of how it contributed to achieving the team's strategic objectives. The Center's agenda was broad and not necessarily directly aligned with any team's strategic objective."

At least in part because of the changes at RWJF, the Center further diversified its funding and agenda. In 2009, it affiliated with the [National Institute for Health Care Reform](#), a nonprofit organization created by the three major automobile companies and the United Auto Workers to conduct health care-focused policy research and analyses. This has supported the Center's development of a series of policy analyses. The Center serves as the research arm of the Institute and Ginsburg is its research director.

The major grants from RWJF ended in October, 2010, but limited funding continues for additional surveys, site visits, and smaller, specific studies. Research in partnership with the Institute is now much larger than that funded by RWJF. For further details, see [Afterward](#).

OVERALL PROGRAM RESULTS

On topics ranging from Medicare reform to quality improvement to local health care market competition, research conducted by Center staff helped inform the nation's response to health system changes by highlighting the trade-offs among the cost, quality and accessibility of care. The Center views its role as an "honest broker" of information for policy-makers, the news media, employers, health care providers, insurers, and the public.

"The Center's work helped us understand how health care played out in the real world, how corporatization of health care plays out in the market," said Knickman.

Added Cunningham, "I think we have made the most contribution in understanding how health care markets in communities work, not theoretically, but how they respond to developments in health policy and in the broader health care system."

Attributing tangible policy changes or results to an initiative dedicated to providing timely information is difficult, as specific studies, reports or papers can rarely be linked

directly to changes in policies. Nonetheless, comments from RWJF and program staff, a number of awards, the scope of peer-reviewed journal articles, and media attention highlight the Center's accomplishments and together suggest a broad impact.

"One of the strengths of the Center is the way it consistently asked policy-relevant questions in deciding its research priorities. Look at the titles of the Center's reports—the staff studies what is relevant," said Hughes.

Hughes also praised the quality of the Center's work. "The Center produced and still produces a body of work that is excellent, uniformly high-quality, methodologically well-respected, careful, measured and insightful in its conclusions."

Modern Healthcare named Project Director Ginsburg one of the country's 100 Most Influential People in Healthcare eight times.

Informing Policy

The Center's rigorous nonpartisan approach, a recruiting process that draws researchers who want to address policy issues, rather than advocate for a certain point of view, and an internal procedure for vetting proposed studies, generated "information and data that shaped the way we think about health care markets," said Knickman.

The goal is to influence people who make policy. "Our audience is legislators, staff, government officials, other think tanks—the thought leaders," said Cunningham.

Following are some examples in which Center analyses generated broad interest and were widely cited.

Specialty Hospitals

Center researchers were first struck by the emergence of specialty hospitals when they made a site visit to Indianapolis. "This is an example of how, through our community site visits, we were able to identify a trend that had important policy implications before it became widely known or understood," said Ginsburg.

Proponents of specialty hospitals, 70 percent of which are partly or fully owned by physicians, believed these hospitals could improve quality and reduce costs by increasing productivity. Skeptics worried that the hospitals and their physician investors would seek the most profitable patients, potentially pushing up costs and leading to overuse of specialty services, while threatening the quality of the care available at general hospitals (since they would have less experience with patients needing specialized care).

Based on these two opinions, Center researchers analyzed market dynamics driving the proliferation of specialty hospitals, especially hospitals focused on cardiovascular and orthopedic procedures. The researchers:

- **Found that the relatively high profit margins of these select procedures and specialists' desire to increase control over the care environment and increase their income are among the key reasons for a specialty hospital building boom.**
- **Concluded that underlying distortions in Medicare, which made some services more profitable than others, were likely contributors to the proliferation of specialty hospitals.**
- **Publicized their findings in an Issue Brief, "[Specialty Hospitals: Focused Factories or Cream Skimmers?](#)," and convened a conference to promote discussion.** The study generated extensive media attention including the *New York Times* and interest among leaders in the U.S. Senate.

"I think we can say with a lot of confidence that our work was influential in Congress' 2003 decision to issue a moratorium on specialty hospitals and pursue additional research," said Cunningham.

Awards

In 2006, this work earned Ginsburg and his colleagues the inaugural Health Services Impact Award from AcademyHealth.⁷ The award recognizes research that has had a significant impact on health and health care.

Center researchers and consultants won the American College of Healthcare Executives 2008 Dean Conley award for their work on the struggle between hospitals and physicians for control over specialty services.⁸ Their work in this area was published in 2006 in *Health Affairs*.⁹

Safety Net

With Cunningham as principal investigator, Center researchers extensively examined access to care for low-income patients and the reasons physicians often do not provide care to Medicaid patients. For example, Cunningham:

- **Highlighted the role that low payment levels and high administrative burden play in influencing physician decisions not to treat Medicaid patients.** The physician surveys provided the data for this analysis.
- **Published findings in peer-reviewed journals, including several issues of *Health Affairs*, the *Milbank Quarterly*, and *Health Services Research*.** Cunningham's work has also been widely cited in a variety of media, and he testified before the Medicaid

⁷ AcademyHealth is a Washington-based organization dedicated to improving health and health care by generating new knowledge and moving knowledge to action.

⁸ Named for the organization's executive director from 1942 to 1965 and designed to encourage the writing and publication of articles, the annual award recognizes contributions to health care management literature.

⁹ Berenson RA, Bodenheimer T, and Pham HH. "Specialty-Service Lines: Salvos in the New Medical Arms Race." *Health Affairs*, 25(5): W337–2343, 2006. Available [online](#).

and CHIP Payment and Access Commission in Washington in September 2010. Cunningham said of this research: "I do think that what I did informed the health reform act provision that increases Medicaid reimbursement rates for two years"—2013 and 2014.

- **Continues to analyze Medicaid patients' access to primary care physicians under national health reform.** In a study released in March 2011, Cunningham underscores the bottom line: "Growth in Medicaid enrollment in much of the country will greatly outpace growth in the number of primary care physicians willing to treat [the increased number of] new Medicaid patients resulting from increased reimbursement."¹⁰

Awards

The National Institute of Health Care Management gave Cunningham and his colleague, Len Nichols, PhD, its Annual Research Award in 2006 for studying the effects of Medicaid reimbursement on access to care.

Price and Quality Transparency of Medical Services

Ginsburg and other Center staff analyzed the growing interest in the transparency of health care prices and quality measures, and published findings in an article published in *Health Affairs*,¹¹ two issue briefs,¹² a commentary, and other reports. Ginsburg also described the research in testimony before the U.S. House of Representatives Committee on Energy and Commerce Subcommittee on Health in 2009.¹³

Among the research conclusions:

- **Insured Americans face few incentives to consider price because they are typically charged the same for any in-network provider they choose.**
- **Few consumers believe that quality differs significantly across providers.** Most Americans choose providers based on recommendations from friends, families, and physicians. Raising consumer awareness about the existence of gaps

¹⁰ Cunningham PJ. "State variation in primary care physician supply: Implications for health reform Medicaid Expansions. Research Brief No. 19. March 2011. Available [online](#).

¹¹ Ginsburg, PB. "Shopping for Price in Medical Care." *Health Affairs*, 26(2): w208–w216, 2007.

¹² The two issues briefs were:

- Tu JT and Lauer J. "Designing Effective Health Care Quality Transparency Initiatives." Issue brief #126. July 2009. Available [online](#).
- Tu HT and Lauer J. "Impact of Health Care Price Transparency on Price Variation: The New Hampshire Experience." Issue brief #128. November 2009. Available [online](#).

¹³ The full text of Ginsburg's testimony is available [online](#).

in provider quality is a critical first step to helping consumers use information about quality when they are making choices.

- **The move toward greater transparency reflects two trends: (1) a belief that institutions of all kinds should conduct themselves more openly, and (2) a health care consumer movement.**
- **Policy-makers across the political spectrum believe that more information could lower costs and improve quality.** They sharply differ, however, about the magnitude of the near-term and longer-term potential of greater transparency on cost and quality.

How Payment Incentives Drive Care

Through three rounds of Community Tracking Study site visits, Ginsburg considered the systems used by public and private payers to pay for health care services and incentives embedded in those systems that either reduce or increase costs.

In an article published in *Health Affairs*, he concluded, "Under current payment mechanisms, the provision of some medical services is much more profitable than others for physicians, hospitals, and other health care providers."¹⁴

Ginsburg described some of the distortions that drive overpayment and increased use of expensive care, and offered policy options for addressing them:

- ***Distortion: Medicare and some other payers reimburse based on a prospective payment system for certain types of care.*** However, the data on which Medicare and other insurers base their reimbursement rarely provide accurate and current indicators of the relative costs of providing those services.
- ***Policy Options: Medicare should revise its prospective payment rates to reflect relative costs more accurately.*** As the largest payer, Medicare's reimbursement policies often shape those of private insurers and Medicaid, so changes in Medicare policies have widespread influence. Possible steps include:
 - Collecting provider cost data on a broad range of services more systematically
 - Improving the accuracy of the data, or the analyses based on them, using new technologies and other means
 - Finding ways to dampen provider's responses to the distortions that lead to overpayments

¹⁴ Ginsburg PB and Grossman JM. "When The Price isn't Right: How Inadvertent Payment Incentives Drive Medical Care." *Health Affairs*, August 9, 2005. Available [online](#).

Provider Power to Negotiate Higher-Than-Competitive Prices

Center researchers found that insurance payments to hospitals and physicians differed widely across and within local markets, with some providers able to negotiate much higher rates than others.

Ginsburg analyzed inpatient hospital payment rates in eight health care markets,¹⁵ publishing the findings in *Health Affairs*¹⁶ and a Center [Issue Brief](#). Among the findings:

- **The average inpatient hospital payment rates of four large national insurers ranged from 147 percent of the amount that Medicare pays (in Miami) to 210 percent of the Medicare payment (in San Francisco).** In extreme cases, some hospitals commanded almost five times the amount Medicare pays for inpatient services and more than seven times the amount it pays for outpatient care.
- **Variation within individual health care markets was also dramatic.** For example, in Los Angeles:
 - Private insurers offer lower reimbursement to less expensive hospitals and higher reimbursement to more expensive hospitals.

While the hospital with prices at the 25th percentile of all Los Angeles hospitals received 84 percent of Medicare rates for inpatient care, the hospital with prices at the 75th percentile received 184 percent of Medicare.
 - The highest-priced Los Angeles hospital received 418 percent of Medicare rates.
- **Physician payment rates also varied significantly within and across the markets, and by specialty, although these variations were not as pronounced as those found in hospitals.**

Ginsburg concluded that these variations are inconsistent with a highly competitive market, and identified two policy options for addressing the market power of some providers: Strengthening competitive forces or constraining payment rates through regulation.

Communications Results

The Center's [website](#) includes the full text of almost all Center products.

¹⁵ Cleveland; Indianapolis; Los Angeles; Miami; Milwaukee; Richmond, Va.; San Francisco; and rural Wisconsin.

¹⁶ Berenson RA, Ginsburg PB and Kemper N. "Unchecked Provider Clout in California Foreshadows Challenges to Health Reform." *Health Affairs*, February 2010. Abstract available [online](#).

Publications

Center staff, consultants, and contractors produced hundreds of publications—including 233 peer-reviewed journal articles—aimed at providing timely, clear information to legislators, executive branch administrators, policy organizations, mainstream press, and others. Through HSC Alerts, 16,000 subscribers, as of May 2011, receive email alerts when new research is available.

In addition, Ginsburg noted that many publications are used extensively in college course work. "We have trained a generation of health care students at both the undergraduate and master's level," he said.

During the funding period, the Center published:

- **Journal Articles** in the *New England Journal of Medicine*, *Archives of Internal Medicine*, *Health Services Research*, among others.

The Center's research published in *Health Affairs* continually makes the journal's list of most-read articles—for example, five articles written by Center staff landed in the top 25 most-read articles published in 2006 and one article was in the top 10 most-read articles in 2007.

- **Community Reports** that provide information and insights about developments in the 12 communities the Center has studied over time
- **Tracking Reports** that follow key health care trends over time
- **Issue Briefs** that provide short, analytical research results
- **Technical Publications** that comprise documentation and related material for the Center's studies
- **Research Reports, Research Briefs, Data Bulletins, Commentaries**, and other documents that offer analytical research results and observations about the health care system

See the [Bibliography](#) for details about Center publications.

Sharing Data and Knowledge

Center staff shared their expertise through conferences, presentations and testimony, responded to thousands of media inquiries, and made their data widely available to other researchers. During the funding period, the Center:

- **Convened 27 conferences as of June 2011.** These included 15 annual roundtables, entitled "Wall Street Comes to Washington," where equity and debt analysts and policy experts explored the implications of market developments and the political climate for health policy and health care companies.

Transcripts of the roundtables and other Center-sponsored conferences are available [online](#).

- **Presented research results to policy-makers and legislators.** For example, researchers:
 - Presented at conferences and meetings of the Federal Trade Commission, AcademyHealth, and the Association of Health Care Journalists. The presentations are available [online](#).
 - Gave testimony on 22 occasions, as of June 2011, at the invitation of the U.S. Senate, the House of Representatives, and federal agencies. Testimony is available [online](#).
- **Responded to media queries on health care topics, participating in some 1,000 media interviews each year.**
- **Made data available to outside researchers on a timely basis.** The Center offers an email helpline to answer technical questions from researchers and posts supplementary data, linked to specific publications, so researchers can access more detailed information.

Thousands of researchers have used Center survey data in their studies and doctoral dissertations. For example:

- Twenty grantees under RWJF's *Changes in Health Care Financing and Organization* national program conducted studies that drew on Community Tracking Study data.
- From January 2009 until April 2010, there were 2,272 unique researchers who accessed 25,531 of the Center's data files from the Inter-University Consortium for Political and Social Research (ICPSR) at the University of Michigan.¹⁷

SIGNIFICANCE OF THE PROGRAM

RWJF staff emphasized the Center's role in providing insights about how health care policies play out at the community level. Hughes observed, "Health care is delivered regionally or locally, and the Center is the only credible source of information about health care market dynamics and the interactions among key players in the market. No other group has integrated community-based visits with national surveys."

Knickman also highlighted what he saw as the Center's important overall contributions. "The Center developed a system of collecting data and information that shaped the way we think about health care markets," he said. "We had a better grasp of issues such as

¹⁷ The ICPSR is an international consortium of about 700 organizations, providing leadership and training in data access, curation, and analytical methods. It maintains a data archive of more than 500,000 files of research. RWJF requires researchers receiving grants to house their data at ICPSR.

consolidation of institutions, how hospitals negotiate with insurers and realms in which hospitals have power and those in which payers have power.

"The other insight we got from the Center was how these changes affected physicians, including how they related to the demise of primary care and the rise of specialty care."

LESSONS LEARNED

- 1. When the objective is to inform policy, inculcate an organizational philosophy and a research strategy that promote nonpartisanship and objectivity.** The Center's core mission was to pursue only research likely to make a difference in policy discussions. As researchers got better at pointing out the policy implications of their research, they generated high-quality work that responded to policy-makers' concerns and was trusted by people with contrasting political perspectives and affiliations.

Observers repeatedly underscored the Center's emphasis on objectivity:

- "The Center is the honest 'go-to' place about what is happening in the health care system." (RWJF Vice President for Research and Evaluation David C. Colby, PhD)
- "The Center is the 'go-to' place for insights on the health care market. It became a trusted voice on these issues." (Former RWJF Vice President Knickman)
- "People looked to the Center for insights about the health care system because they viewed its work as balanced. That isn't easy to do." (Former RWJF Program Officer Hunt)
- "We don't talk about being nonpartisan or objective, we just are. RWJF always emphasized that they wanted the Center to be nonpartisan, and that also reflects Paul's style. We understand that this is our niche." (Senior Researcher Cunningham)

- 2. Consider the pros and cons of contracting out for work, rather than doing it in-house.** The Center originally contracted with an outside organization to conduct the Community Tracking Study site visits. Starting with the 2000–2001 visits, the Center took over that function, in collaboration with an affiliate [Mathematica Policy Research](#). According to Ginsburg "That decision greatly improved our productivity. Our staff wanted to write papers about the visits, so the visits became more productive."
- 3. Use strategic planning processes to determine program focus and strategy.** The strategic planning process represented a milestone for the Center, leading staff to two key decisions that improved their effectiveness: Become more selective in choosing topics to pursue and more explicitly link findings to policy. (Program Director Ginsburg, Senior Researcher Cunningham)

- 4. Pay careful attention to recruiting researchers whose interests and priorities align with those of the organization.** Over time, the Center learned how to choose applicants who were most interested in policy-related research, rather than either research mostly of interest to academics or advocates.

Cunningham says "We do not seek researchers who are focused on getting tenure or on publishing quantitative studies in journals. We make sure everyone knows that we are about informing policy. It becomes a question of melding your professional interests with the interests of our organization."

- 5. Develop and implement strong management, recruiting, and budgeting capacity.** RWJF's Hughes said: "They were exemplary in their budgeting and resource use. Given the scale of what they were doing, that was a huge achievement. Paul was also an excellent recruiter, and staff that left the Center went on to do great work. The organizational component becomes a big problem when things go wrong but is hard to recognize when the organization works well. This is an unrecognized contribution Paul made to the field—this is the 'dog that didn't bark.'"
- 6. Allow adequate time to build an organization that has the capacity to do quality research and create relationships with policy-makers.** It takes time to build a successful research organization that will inform policy. Data collection needs to be carefully planned and executed, and research needs to be published for an organization to be able to recruit top-flight researchers, and gain a strong reputation. (Program Director Ginsburg)
- 7. Hire a communications director skilled at presenting findings in ways that interest policy-makers and mainstream media.** When it is important that study results and findings reach a broader audience, media relations expertise is essential. (Director of Public Affairs Alwyn Cassil) The communications director also needs the intellect to understand the research in enough depth—a key reason for Alwyn Cassil's success. (Program Director Ginsburg)
- 8. Self-administered surveys are probably the most feasible and inexpensive way to survey physicians, although there are tradeoffs in terms of the types of questions that can be asked.** Multiple mailings, telephone follow-up, a longer time in which to field the surveys, and higher incentive payments all contributed to greater cooperation. (Program Director Ginsburg)

AFTERWARD

Since passage of health reform legislation in 2010, the Center's analytic agenda has focused on understanding the implications of the legislation in health care markets and communities. According to Cunningham, "Practically everything we do or are thinking of doing uses health reform as a filter." The question we now ask is: "How is this research going to contribute to understanding the consequences of reform or assist in implementing reform?"

However, absent core support and funding to conduct the surveys and site visits, the Center's future is uncertain. Current rounds of surveys and site visits have been funded by RWJF, the Institute for Health Care Reform, and others, but there is no commitment of future support.

Cunningham says "There are not many funders with the money to fund all that we have done. If we aren't able to secure funds for the data collection activities that form the heart of what we do, we will have to make some changes."

Since 2003, Ginsburg and his staff have aggressively sought funds to complement and replace dwindling support from RWJF. Ginsburg says, "We have not had problems getting funds for analyses, but I am worried about support for the data collection we have done for so long. It is ironic how the Center was established to track change and its impact on people and has developed this to a high level; now that dramatic change is possible as health reform is being implemented, the Center might not be able to gather the resources to track these changes and their impact on people."

RWJF will continue to support the Center for specific studies. Brian C. Quinn, PhD, RWJF program officer, noted, "The Coverage Team is working with Paul on a qualitative study involving interviews with key stakeholders in states of priority to the team. We expect that project to evolve over the end of 2011 and into 2012."

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Grant ID: MHC

Program Area: Coverage, Quality/Equality

APPENDIX 1

Other Health Tracking Studies

These *Health Tracking* studies will be described in other RWJF Program Results Reports and are listed here for information only:

- **The Employer Survey**, conducted by RAND through a subcontract with Research Triangle Institute in 1996–1997.¹⁸ Researchers interviewed more than 22,000 employers by telephone, with nearly 14,000 of them conducted in the 60 communities participating in the Center's household and physician surveys. Subsequent *Health Tracking* grants to the National Center for Health Statistics and RAND supported studies tracking changes in employment-based health insurance.¹⁹
- **The Community Quality Index Study**, conducted by the RAND Corporation from 1997 to 2006.²⁰ Researchers analyzed medical records of 6,712 people living in the 12 communities that were part of the Center's Community Tracking Study to determine whether they received recommended medical care.
- **The National Study of Physician Organizations and the Management of Chronic Diseases**, conducted by the University of California at Berkeley starting in 1999.²¹ These ongoing studies examine how the organizational structure and process of physician practices affect care management for chronic diseases.
- **Studies examining changes in substance abuse and mental health services**, conducted by the University of California at Los Angeles, Rutgers University, the Treatment Research Institute, and Brandeis University.²²

APPENDIX 2

Other Funders

(Current as of the end date of the program; provided by the program's management which considers the funding amounts to be confidential; not verified by RWJF.)

- Agency for Healthcare Research and Quality
- American Board of Internal Medicine Foundation
- Ascension Health

¹⁸ ID# 029533.

¹⁹ ID#s 036279 (National Center for Health Statistics) 031565 and 039498 (RAND).

²⁰ (ID#s 032809, 033095, 034940, 040829.

²¹ ID#s 036275, 038690, 040097, 041540, 050789 and 051573.

²² ID#s 030407, 031212, 031194, 031280, 031313, 038273, 038923 and 040419.

- Blue Shield of California Foundation
- California Healthcare Foundation
- Catalyst for Payment Reform
- Centers for Disease Control and Prevention
- Commonwealth Fund
- Henry J. Kaiser Family Foundation
- National Institutes of Health–National Institute on Aging
- National Institutes of Health–National Cancer Institute
- Peterson Foundation
- RWJF–Changes in Health Care Financing and Organization program
- University of Iowa
- United Health Group
- U.S. Department of Health and Human Services–Assistant Secretary for Planning and Evaluation

BIBLIOGRAPHY

(Current as of date of the report; as provided by the grantee organization; not verified by RWJF; items not available from RWJF.)

Virtually all Center publications are readily available from the [Publications](#) section of the Center's website. This bibliography provides links to each category of publication, along with representative examples of each category.

Articles

Journal Articles

The [Journal Articles](#) section of the Center's website provides titles, publication dates, name of journal, and access to text. The Center published 233 peer-reviewed journal articles as of June 2011. Following are a few examples:

- Berenson RA, Ginsburg PB and Kemper NM. "Unchecked Provider Clout in California Foreshadows Challenges to Health Reform." *Health Affairs Web First*, 29(4): February 1, 2010. Abstract available [online](#).
- Cunningham P and Nichols L. "The Effects of Medicaid Reimbursement on Access to Care of Medicaid Enrollees." *Medical Care Research and Review*, 62(6): December 2005. Abstract available [online](#).
- Ginsburg PB and Grossman JM. "When The Price isn't Right: How Inadvertent Payment Incentives Drive Medical Care." *Health Affairs Web Exclusive*, July–December(Suppl.): W5.376–384, 2005. Available [online](#).
- O'Malley AS. "Tapping the Unmet Potential of Health Information Technology." *New England Journal of Medicine*, 364:1090–1091, 2011. Available [online](#).

Commentaries

The [Commentary](#) section of the Center's website includes the title, date, document number, and text of each commentary. The Center produced 10 commentaries as of June 2011. Following are a few examples:

- Ginsburg PG. "Tax-free But of Little Account: Without Changes, Health Savings Plans Unlikely to Achieve Lofty Goals." Commentary, February 6, 2004. Available [online](#). (Note: This essay was originally published in *Modern Healthcare* on Feb. 16, 2004.)
- Ginsburg PG. "Efficiency and Quality: The Role of Controlling Health Care Cost Growth in Health Care Reform." Commentary, June 3, 2009. Available [online](#).
- Ginsburg PG and Kemper NM. "Health Care Quality Transparency: If You Build It, Will Patients Come?" Commentary No. 4, July 2009. Available [online](#).

- Ginsburg PB and Lesser CS. "A Decade of Tracking Health System Change." Commentary, No. 2, March 2006. Available [online](#).

Books or Chapters

Chapters

Ginsburg PG. "Provider Payment Incentives and Delivery System." In *The Health Care Delivery System: A Blueprint for Reform*. Washington: Center for American Progress, 2008. Summary of chapter and link to both the chapter and the book are available [online](#).

Ginsburg PG. "Private Payer Roles in Moving to More Efficient Health Spending." In *Restoring Fiscal Sanity 2007: The Health Spending Challenge*. Alice M. Rivlin and Joseph R. Antos (eds). Washington: Brookings Institution Press, 2007. A short summary of the chapter and a link to the book are available [online](#).

Reports

Community Reports

The [Community Reports](#) section of the Center's website lists the name of the community covered in the report, the title of the report, date issued, and full text. The Center produced 67 community reports as of June 2011. Following are a few examples:

- Christianson JB, Carrier E, Dowling MK, Hill I, Mayrell RC, and Yee T. *Little Rock Health Care Safety Net Stretched by Economic Downturn*. Washington: Center for Studying Health System Change, Community Report No. 5, January 2011. Available [online](#).
- Felland LE, Anglin G, Bond AM, Claxton G, O'Malley AS, and Quach CW. *Northern New Jersey Health Care Market Reflects Urban-Suburban Contrasts*. Washington: Center for Studying Health System Change, Community Report No. 4, December 2010. Available [online](#).
- O'Malley AS, Anglin G, Bond AM, Cunningham PJ, Stark LB, and Yee T. *Greenville & Spartanburg: Surging Hospital Employment of Physicians Poses Opportunities and Challenges*. Washington: Center for Studying Health System Change, Community Report No. 6, February 2011. Available [online](#).
- Tu HT, Anglin G, Cross D, Felland LE, Grossman JM, and Stark, LB. *Lansing's Dominant Hospital, Health Plan Strengthen Market Positions*. Washington: Center for Studying Health System Change, Community Report No. 7, March, 2011. Available [online](#).

Tracking Reports

The [Tracking Reports](#) section of the Center's website provides the title, date, document number, and text of each tracking report. The Center produced 24 Tracking Reports as of June 2011. Following are a few examples:

- Cunningham PJ and May JH. *Medicaid Patients Increasingly Concentrated Among Physicians*. Washington: Center for Studying Health System Change, Tracking Report No. 16, August 2006. Available [online](#)
- Liebhaber A and Grossman JM. *Physicians Moving to Mid-Sized, Single-Specialty Practices*. Washington: Center for Studying Health System Change, Tracking Report No. 18, August 2007. Available [online](#).
- O'Malley AS and Reschovsky JD. *No Exodus: Physicians and Managed Care Networks*. Washington: Center for Studying Health System Change, Tracking Report No. 14, May 2006. Available [online](#).
- Tu HT and Cohen GR. *Financial and Health Burdens of Chronic conditions Grow*. Washington: Center for Studying Health System Change, Tracking Report No. 24, April 2009. Available [online](#).

Research Reports

The [Research Reports](#) section of the Center's website provides titles, dates, document numbers, and text of research reports. The Center produced 11 Research Reports as of June 2011. Following are some examples:

- Cunningham PG. *Overburdened and Overwhelmed: The Struggles of Communities with High Medical Cost Burdens*. Washington: Center for Studying Health System Change, Research Report, November 2007. Available [online](#).
- Cunningham PG and Artiga S. *How Does Health Coverage and Access to Care for Immigrants Vary by Length of Time in the U.S.?* Washington: Center for Studying Health System Change, June 2009. Written in collaboration with the Kaiser Family Foundation. Available [online](#).
- Fahlman C, Felland LE, Banker MI, Liebhaber A, Chollet D, and Gimm G. *A Report on Medical Specialty Centers in Wyoming*. Washington: Center for Studying Health System Change, Research Report, November 2006. Available [online](#).
- Sommers A, Paradise J, and Miller C. *Physician Willingness and Resources to Serve More Medicaid Patients: Perspectives from Primary Care Physicians*. Washington: Center for Studying Health System Change, April 2011. Written in collaboration with the Kaiser Family Foundation. Available [online](#).

Data Bulletins

The [Data Bulletins](#) section of the Center's website provides the title, date, document number, and text of each data bulletin. The Center produced 36 Data Bulletins as of June 2011. Following are a few examples:

- Boukus ER, Cassil A, and O'Malley AS. *A Snapshot of U.S. Physicians: Key Findings from the 2008 Health Tracking Physician Survey*. Washington: Center for Studying Health System Change, Data Bulletin No. 35. Available [online](#).

- Liebhaber A and Grossman JM. *Physicians Slow to Adopt Patient E-mail*. Washington: Center for Studying Health System Change, Data Bulletin No. 32, September 2006. Available [online](#).
- Reschovsky JR, Cassil A, and Pham HH. *Physician Ownership of Medical Equipment*. Washington: Center for Studying Health System Change Data Bulletin No. 36, December 2010. Available [online](#).
- Tu HT and Hargraves L. *High Cost of Medical Care Prompts Consumers to Seek Alternatives*. Washington: Center for Studying Health System Change Data Bulletin No. 28, December 2004. Available [online](#).

Issue Briefs

The [Issue Briefs](#) section of the Center's website provides titles, dates, Issue Brief numbers, and text of each brief. The Center published 135 Issue Briefs as of June 2011. Following are a few examples:

- Tu HT and Lauer J. *Designing Effective Health Care Quality Transparency Initiatives*. Center for Studying Health System Change, Issue Brief No. 126, July 2009. Available [online](#).
- Cassil A. *Innovations in Preventing and Managing Chronic Conditions: What's Working in the Real World?* Center for Studying Health System Change, Issue Brief No. 132, June 2010. Available [online](#).
- Felland LE, Grossman JM, and Tu HT. *Key Findings from HSC's 2010 Site Visits: Health Care Markets Weather Economic Downturn, Brace for Health Reform.*, Center for Studying Health System Change, Issue Brief No. 135, May 2011. Available [online](#).
- Devers K, Brewster LR, and Ginsburg PB. *Specialty Hospitals: Focused Factories or Cream Skimmers*. Center for Studying Health System Change, Issue Brief No. 62, April 2003. Available [online](#).

Research Briefs

The [Research Briefs](#) section of the Center's website provides the title, date, document number, and text of the research briefs. The Center produced 25 Research Briefs as of June 2011. Following are a few examples:

- Cunningham PJ. *State Variation in Primary Care Physician Supply: Implications for Health Reform Medicaid Expansions*. Washington: Center for Studying Health System Change, Research Brief No. 19, March 2011. Available [online](#).
- Draper DA, Hurley RE, and Lauer J. *Public Health Workforce Shortages Imperil Nation's Health*. Washington: Center for Studying Health System Change, Research Brief No. 4. Available [online](#).

- Grossman JM, Boukus ER, Cross D, and Cohen GR. *Physician Practices, E-Prescribing and Accessing Information to Improve Prescribing Decisions*. Washington: Center for Studying Health System Change, Research Brief No. 20, May 2011. Available [online](#).
- O'Malley AS, Tynan A, Cohen GR, Kemper NM, and Davis MM. *Coordination of Care by Primary Care Practices: Strategies, Lessons and Implications*. Washington: Center for Studying Health System Change, Research Brief No. 12, April 2009. Available [online](#).

Technical Publications

The [Technical Publications](#) section of the Center's website includes titles, dates, document number, and text of technical publications. The Center produced 82 Technical Publications as of June 2011. Following are a few examples from the 2008 *Health Tracking Physician Survey*:

- *2008 Health Tracking Physician Survey Restricted Use File: Codebook*. Washington: Center for Studying Health System Change, Technical Publication No. 81, January 2010. Available [online](#).
- *2008 Health Tracking Physician Survey Restricted Use File: User's Guide*. Washington: Center for Studying Health System Change Technical Publication No. 80, January 2010. Available [online](#).
- *2008 Health Tracking Physician Survey Public Use Files: Codebook*. Washington: Center for Studying Health System Change, Technical Publication No. 79, January 2010. Available [online](#).
- *2008 Health Tracking Physician Survey Public Use File: User's Guide*. Washington: Center for Studying Health System Change Technical Publication 78, January 2010. Available [online](#).
- *2008 Health Tracking Physician Survey Methodology Report*. Washington: Center for Studying Health System Change Technical Publication No. 77. Available [online](#).

Meetings or Conferences

The [Conferences](#) section of the Center's website includes media advisories and transcripts of 27 Center-sponsored conferences. Following are a few examples:

Proceedings

- "Health Care Cost and Access Challenges Persist: Initial Findings from HSC's 2007 Site Visits," Washington, October 4, 2007. Panel presentations included "Physicians & Hospital Trends," "Employer & Health Plan Trends," and "Safety Net Trends." Transcripts are available [online](#).

- "Dollars and Sense of Prevention: A Primer for Health Policy Makers," June 8, 2009. Washington. Panel presentations included a keynote speaker and a panel presentation entitled "Prevention 101." Transcripts of the keynote and panel presentations are available [online](#).
- "HSC's 15th Annual Wall Street Comes to Washington Conference," September 28, 2010, Washington. Panel presentations included "Health Insurance Market Trends" and "Hospital and Physician Trends." Transcripts of the proceedings and panel presentations are available [online](#).

Testimony

The [HSC Testimony](#) section of the Center's website provides the title, date, and text of testimony. All testimony by Center staff was in response to invitations from the sponsoring agency or committee. Center staff testified on 22 occasions as of June 2011. Following are some examples of testimony:

- Paul B. Ginsburg, "Senate Finance Committee Testimony on Health Care Costs," to the U.S. Senate Committee on Finance, June 3, 2008, Washington. Available [online](#).
- Paul B. Ginsburg, "Price and Quality Transparency of Medical Services," to the U.S. House of Representatives Committee on Energy and Commerce Subcommittee on Health, April 2, 2009, Washington. Available [online](#).
- Ann S. O'Malley, "Care Coordination Among Specialists, Primary Care, Care Management and Patients," to the U.S. Department of Health and Human Services, Office of the National Coordinator for Health Information Technology, May 12, 2011, Washington. Available [online](#).
- Len M. Nichols, "Myths About The Uninsured," to the U.S. House of Representatives Committee on Ways and Means Health Subcommittee Hearing on the Uninsured, March 9, 2004. Available [online](#).

Communications or Promotions

Grantee Website

www.hschange.org. The Center's website describes the Center's history, goals, and research principles. It also includes text of almost all publications produced by the Center, including access to survey instruments and data and transcripts of invited testimony.

PROJECT LIST

- [Health Care for Communities](#) (March 2012)
- [The First National Snapshot of Health Care Quality in the United States](#) (March 2012)

SIDEBAR LIST

- [Breaking Through the Denial About Health Care Quality in the United States \(March 2012\)](#)