



Pioneer Portfolio

Promoting fundamental breakthroughs in health and health care through innovative projects, including those from nontraditional sources and fields.

For more on RWJF's work in this area, see www.rwjf.org/pioneer

THE PIONEER PORTFOLIO promotes innovative projects that can lead to fundamental breakthroughs in health and health care. Similar to research and development investments in the for-profit sector, projects under this Portfolio are future-oriented and often look to nontraditional sources and fields to make significant improvements in health.

While the Foundation has always been interested in pursuing cutting-edge ideas to improve health and health care, establishing this Portfolio in 2003 marked the first time a discrete pool of funding had been set aside specifically for that purpose—to invest in high-risk ideas that could have major impact. The Pioneer Portfolio provides a distinct alternative to programming aimed at specific problems targeted by the Foundation.

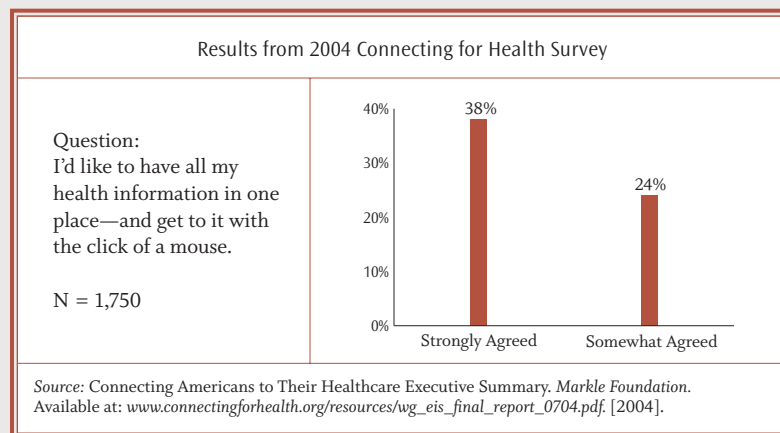
The Foundation’s approach to developing the Pioneer Portfolio has been to challenge the field to submit breakthrough ideas, and to invest across a wide range of topics and strategies, starting with exploratory grants and then making subsequent investments in the projects that show the most promise. Consistent with that approach, our investments in 2004 included a series of grants that are largely exploratory, such as:

- Creating a set of universal symbols to help patients—especially those with limited English proficiency—more easily navigate health care facilities;
- Exploring how the emerging discipline of complexity science—an interdisciplinary approach to understanding

how complex systems evolve—can inform health care quality and chronic illness management strategies;

- Examining the potential role of health impact assessments—akin to environmental impact statements—as a policy tool to improve health;
- Assessing the potential impact of advances in neuroscience on the delivery of nonprofit behavioral health services;
- Supporting and growing the community of developers and scientists who are seeking to use the medium of video games to improve health and health care;
- Convening and creating a loose network of innovative physicians who have created primary care practices based on a new model of care.

Progress on two topics—medical malpractice and information technology—could lead to long-term improvements in U.S. health care. In 2004 the Foundation invested in both areas. A joint grant to the Common Good Institute and the Harvard University School of Public Health is aimed at designing a prototype for a new medical injury compensation system that includes specialized administrative courts. A partnership with the Markle Foundation, the *Connecting for Health* initiative, seeks to lay the groundwork for an effective and secure national health information network that would make patients’ medical records available when they are needed, to those authorized to access them.



 **Pioneer**
2004 Grants and Contracts

Alliance for Children and Families Inc.

MILWAUKEE, WI

\$225,000—Assessing the impact of neuroscience advancements on the delivery of nonprofit behavioral health services (for 18 months). ID 50949

The Common Good Institute Inc.

NEW YORK, NY

\$715,710—Designing a reliable system of medical justice (for 2 years). ID 50659

Communications Projects

MULTIPLE CONTRACTORS

\$368,000—Conference, related research and dissemination aimed at designing the 21st century hospital (for 15 months). ID 51110

\$25,000—Workshop to advance the use of health impact assessments to determine the impact of policies and projects on health (for 3 months). ID 51172

Digitalmill, Inc.

PORTLAND, ME

\$250,000—Exploring the role of video and computer games as a medium for health and health care messaging (for 2 years). ID 51701

Echoing Green Foundation

NEW YORK, NY

\$23,105—Supporting the Echoing Green Fellows Conference for emerging social innovators (for 3 months). ID 51050

Harvard University School of Public Health

BOSTON, MA

\$760,540—Designing a reliable system of medical justice (for 2 years). ID 51549

Institute for Healthcare Improvement

CAMBRIDGE, MA

\$221,500—Shortening the lag time between published research and medical practice (for 18 months). ID 50951

Lake Snell Perry & Associates, Inc.

WASHINGTON, DC

\$148,000—Identification of factors that result in positive patient experiences in hospital settings (for 19 months). ID 51841

Massachusetts Health Data Consortium Inc.

WALTHAM, MA

\$49,951—Evaluation of a pilot project to provide patient prescription and medication information to emergency department providers (for 18 months). ID 49569

One Economy Corporation

WASHINGTON, DC

\$50,000—Using technology as a tool to connect people to vital information and services (for 1 year). ID 51719

Plexus Institute Inc.

ALLENTOWN, NJ

\$214,440—Using complexity science concepts to enhance health care quality (for 2 years). ID 51504

Rand Corporation

SANTA MONICA, CA

\$75,000—Developing a patient-centered quality calculator (for 1 year). ID 49838

Renaissance Health LLC

ARLINGTON, MA

\$71,000—Conference aimed at defining a new model of primary care based on existing innovative practices (for 6 months). ID 51840

The Tomás Rivera Policy Institute

LOS ANGELES, CA

\$375,000—Developing universal symbols for health care facilities (for 18 months). ID 49836

 **Pioneer**
Grant Results Reporting

The Pioneer Portfolio made its first grants in late 2003. Given the relative youth of this Portfolio, Grant Results Reports are not yet available but will be in the future. To provide a sense of the Portfolio's innovative spirit, below are summaries of Grant Results Reports on some of RWJF's past exploratory grantmaking in genetics, now overseen by the Pioneer Portfolio. Visit the Foundation's Web site www.rwjf.org for more Grant Results Reports.

Health Professionals Learn to Unravel Genetics for Their Patients

Between 1997 and 2003 RWJF funded three grants for genetics education among health professionals which helped establish the National Coalition for Health Professional Education in Genetics. This interdisciplinary group of 135 organizations promotes health professional education in the area of genetics. The coalition became a clearinghouse for questions and assistance in genetics from health care professionals and the public. Project staff developed the *Core Competencies in Genetics Essential for All Health-Care Professionals*, a guide which defines the knowledge, skills and attitudes that health care professionals need to integrate genetics into their work. Staff also created a Web site, www.nchpeg.org, which includes information on continuing education for health professionals and a newsletter titled *Genetic Family History in Practice*, which helps educators and providers learn about the role of genetic family history in health care. See the Grant Results Report at www.rwjf.org/portfolios/resources/grantsreport.jsp?filename=043547.htm.

Web Tool for Gathering Family Health History Performs Better than Usual Methods

From 1998 through 2002, researchers at the University of Virginia Health Sciences Center developed and tested a Web-based tool for collecting family health history. Called Health Heritage, the tool guides individuals as they input family history information. Then it applies a set of 89 evidence-based rules to assess the individual's risk of developing certain conditions in five disease areas: oncology, cardiology, vascular disease, neurology and endocrinology. In live tests, the tool did better than the usual methods for gathering family health information, which include a chart review. It performed almost as well as an interview with a genetics counselor—considered the gold standard for getting pertinent family genetics information. The tool has the potential to enhance communication between primary care providers and individuals about their risks for common diseases with genetic components. See the Grant Results Report at www.rwjf.org/portfolios/resources/grantsreport.jsp?filename=040685.htm.



Pioneer Materials Available

RWJF produces *ADVANCES*®, a quarterly newsletter reporting on the Foundation's programs, priorities and people. To subscribe to *ADVANCES*, or to register to receive RWJF publications or e-mail alerts, visit www.rwjf.org/services.

Each year the Foundation and our grantees produce materials that reflect our philanthropic investments. Below is a sampling—books, book chapters, journal articles, reports, audiovisuals and newsletters—produced in 2004. Copies may not be available through the Foundation.

Markle Foundation. *Achieving Electronic Connectivity in Healthcare*. New York: Markle Foundation, 2004. Available at: http://connectingforhealth.org/resources/cfh_aech_roadmap_072004.pdf.

Emerging technologies offer an unprecedented ability to provide accurate and actionable medical information in a secure and private form when and where it is needed, whether by patients themselves or by the clinicians who care for them. This report provides recommendations for identifying and removing barriers to the growth of electronic connectivity in health care.

Markle Foundation. *Connecting Americans to Their Healthcare*. New York: Markle Foundation, 2004. Available at: http://connectingforhealth.org/resources/wg_eis_final_report_0704.pdf.

This report describes a framework for evaluating personal health records and provides a series of recommendations for critical next steps to advance the field of interoperable health information systems that permit significant patient access and control.

Markle Foundation. *Financial, Legal and Organizational Approaches to Achieving Electronic Connectivity in Healthcare*. New York: Markle Foundation, 2004. Available at: http://connectingforhealth.org/assets/reports/flo_sustain_healthcare_rpt.pdf.

To stimulate the adoption of much-needed IT systems in health care, the Connecting for Health Working Group on Financial, Organizational and Legal Sustainability of Health Information Exchange developed: (1) an analysis of the legal and organizational issues and barriers related to health information exchange, and (2) a high-level qualitative financial analysis of the business case for adoption of clinical information systems from the providers' perspective.