

INVESTIGATOR AWARDS IN
**Health Policy
 Research**

Researchers Examine Health Policy Changes in America

The Robert Wood Johnson Foundation's (RWJF) Investigator Awards in Health Policy Research program has completed its selection of this year's award recipients. Fifteen scholars affiliated with leading universities across the country will receive a total of \$3.4 million to support 12 new research projects. The award recipients are:

- Michael D. Cohen, Ph.D. (University of Michigan)
- Julie A. Fairman, Ph.D., R.N. (University of Pennsylvania)
- Joseph J. Fins, M.D. (Weill Cornell Medical College)
- Co-principal investigators Dominick L. Frosch, Ph.D. (University of California, Los Angeles), and José A. Pagán, Ph.D. (University of Texas – Pan American)
- Co-principal investigators Sandro Galea, M.D., Dr.P.H., and George A. Kaplan, Ph.D. (University of Michigan)
- Haiden A. Huskamp, Ph.D. (Harvard University)
- Co-principal investigators John D. Lantos, M.D., and Diane S. Lauderdale, Ph.D. (University of Chicago)
- Julia F. Lynch, Ph.D. (University of Pennsylvania)
- Amy Dockser Marcus (*The Wall Street Journal* and Columbia University)
- Alejandro Portes, Ph.D. (Princeton University)
- Bhaven N. Sampat, Ph.D. (Columbia University)
- Gary J. Young, J.D., Ph.D. (Boston University)

The researchers will address many challenging policy issues facing America today, as well as wide-ranging concerns about the nation's health and health care system. Their topics include: pay-for-performance, direct-to-consumer drug advertising, federal funding of biomedical research, the value of psychotropic drugs, complex causes of population health, inequalities and fairness in health care, patient safety in hospitals, the role of nurse practitioners, immigration and the health care system, prenatal care, severe brain injury, and the care of patients with rare cancers.

This highly competitive program attracts investigators from a variety of disciplines, including medicine, nursing, public health, economics, sociology, political science, psychology, history, law, ethics, journalism, and public and social policy. Applications are reviewed by a National Advisory Committee of distinguished experts from fields similar to those of the investigators. Members of the 2006 National Advisory Committee included:

- Paul D. Cleary, Ph.D., Chair (Yale University)
- Marilyn P. Chow, R.N., D.N.Sc. (Kaiser Permanente)
- Nicholas Christakis, M.D., Ph.D. (Harvard University)
- Susan Dentzer (The NewsHour with Jim Lehrer on PBS)
- Judy Feder, Ph.D. (Georgetown University)
- Clark C. Havighurst, J.D. (Duke University)
- Sherman James, Ph.D. (Duke University)
- Bruce G. Link, Ph.D. (Columbia University)
- Catherine G. McLaughlin, Ph.D. (University of Michigan)
- Christina H. Paxson, Ph.D. (Princeton University)
- Mark A. Peterson, Ph.D. (University of California, Los Angeles)
- Mark J. Schlesinger, Ph.D. (Yale University and Rutgers)

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- Rosemary A. Stevens, Ph.D., M.P.H. (Weill Cornell Medical College)
- Alvin R. Tarlov, M.D. (University of Chicago)
- William A. Vega, Ph.D. (University of Medicine and Dentistry of New Jersey)
- Keith A. Wailoo, Ph.D. (Rutgers, The State University of New Jersey)

RWJF created the Investigator Awards in Health Policy Research in 1992 to support researchers whose cross-cutting and innovative ideas promise to contribute meaningfully to improving health and health care policy. The program provides one of the few funding opportunities in the United States for investigator-initiated projects that are broad in scope, innovative in approach, and have national policy relevance. Since 1992, the Foundation has supported 136 projects involving 171 investigators. According to Lori Melichar, Ph.D., economist and senior program officer in Research and Evaluation at RWJF, “one of the important criteria for selecting investigators is the likelihood that their work will inform health policy. Equally important to being selected is the promise of the investigator’s proposal to rejuvenate the field of health policy research by asking innovative questions, applying innovative frameworks, and using innovative methods.”

The Investigator Awards program is led by David Mechanic, Ph.D., and headquartered at the Institute for Health, Health Care Policy, and Aging Research at Rutgers, The State University of New Jersey. “This program brings together some of the nation’s most talented scholars addressing in depth the most vexing issues affecting health and health care in the United States,” Mechanic says.

A brief description of each new investigator and project follows.



Michael D. Cohen, Ph.D.

Despite significant attention and activity by U.S. hospitals, medical errors continue to pose serious challenges to patient safety. Although many aspects of patient care are vulnerable to error, **Michael D. Cohen**, Ph.D., William D. Hamilton Professor of Complex Systems, Information, and Public Policy at the University of Michigan, is concerned with a routine process that occurs several times a day in hospitals and can endanger patients. That process, known as a “handoff,” refers to the brief transfer between health professionals of information, control, and responsibility for a patient during a shift change on a nursing unit or when a patient is moved within the hospital—from the operating room to intensive care, for example. Cohen seeks to more fully understand the processes and risks of handoffs, the role they play in staff learning, and the potential they hold for improving the quality of hospital care. His project, *Handoffs in Hospitals, Research for the Design of Better Practices*, should help inform efforts to redesign handoffs in ways that better protect patients and enhance high-quality care.



Julie A. Fairman, Ph.D., R.N.

Over the past several decades, health care delivery in the United States has become increasingly specialized. So too has the practice of nursing. **Julie A. Fairman**, Ph.D., R.N., associate professor of nursing and director of the Barbara Bates Center for the Study of the History of Nursing at the University of Pennsylvania, uses the nurse practitioner movement to explore the public and private forces propelling the specialization of nursing in the United States. Her Investigator Award project, *Practice Politics: The History of Nurse Practitioners, 1975 to the Present*, takes a comprehensive look at nurse practitioners and their role in health care delivery, their aspirations for professional growth and autonomy, their education and professional certification, state regulation, reimbursement for their services, federal and philanthropic funding for nursing education, and the influences of nurse specialty organizations and the American Nurses Association. Fairman’s work should help reveal how the nursing profession has helped shape health care in America and responded to changes in the need and demand for health care services, while also promoting its own political and economic self-interests.



Joseph J. Fins, M.D.

The two very public court cases of Karen Ann Quinlan and Terri Schiavo have colored much of the debate about the persistent vegetative state and futile medical treatment. But another recent case, that of Terry Wallis, a man with severe brain damage who began to speak after spending 19 years in a nursing home in a minimally conscious state, provides a different example—one of possible improvement, although not full recovery.

Joseph J. Fins, M.D., professor of medicine and public health and chief of the division of medical ethics at Cornell University's Weill Medical College, tackles a host of thorny problems and policy issues raised by severe brain injury, a leading cause of disability among young people. These include obstacles to accurate diagnosis, coverage for life-long medical and rehabilitation services, research in subjects who lack decision-making capacity, impact of caregiving on families, and a general lack of scientific interest among medical professionals. Fins' project, *Minds Apart: Severe Brain Injury and Health Policy*, aims to provide information about the effects of brain injury, promote a public dialogue about the needs of these patients and their families, and explore options for improving care and broadening clinical research.



Dominick L. Frosch, Ph.D.

Direct-to-consumer advertising of prescription drugs, permitted only in the United States and New Zealand, has been shown to influence patients' requests for prescriptions from their doctors and to contribute to increased drug use and spending. Although the pharmaceutical industry spends billions each year on this highly controversial form of advertising, little is known about how it actually affects consumer health behaviors and whether those effects are positive, negative, or mixed. Co-investigators **Dominick L. Frosch, Ph.D.**, assistant professor of general internal medicine and health services research at UCLA's David Geffen School of Medicine, and **José A. Pagan, Ph.D.**, professor of economics at the University of Texas—Pan American, explore these questions in their project, *Direct-to-Consumer Advertising: Do Television Pharmaceutical Ads Prompt More Than Just Prescription Requests?* They also analyze whether television ads affect uninsured consumers differently than insured consumers, who have greater access to physicians and fewer concerns about the costs of medical care. Their study should help policymakers understand how advertising affects consumer health behaviors and inform the debate about whether more regulation of advertising is warranted.



José A. Pagan, Ph.D.

Sandro Galea, M.D.,
Dr.P.H.

What really determines whether a population is healthy? Although our knowledge about biological processes, environmental conditions, and socioeconomic factors has expanded enormously, we are not yet able to put the pieces of the health puzzle together. For example, research on the rapid rise of obesity reveals a host of factors operating at many levels: our parents' weight, our income, the size of the food portions we eat, the availability of fresh produce in our neighborhoods, the advertisements we are exposed to, and so on. But what the research doesn't tell us is how much each factor contributes to the problem and which policy levers might work best to reverse specific diseases. Co-investigators at the University of Michigan, **Sandro Galea, M.D., Dr.P.H.**, associate professor of epidemiology, and **George A. Kaplan, Ph.D.**, Thomas Francis Collegiate Professor of Public Health, believe that new methods are needed to better understand population health and to produce scientific information that can be useful to policymakers. Their innovative project, *Understanding the Complex Causes of Population Health*, attempts to break new ground by using the theories and tools of complex systems to model how factors and conditions interact at many levels to produce health and disease.



George A. Kaplan, Ph.D.



Haiden H. Huskamp,
Ph.D.

New drugs for depression, anxiety, schizophrenia, and bipolar disorder have been introduced over the past 20 years, leading to better treatment options for patients and improved management of common mental illnesses. But the wide adoption of these drugs has also created rising public expenditures and large profits for the pharmaceutical industry. Many public and private payers, as well as policymakers, question whether the newer drugs are worth their costs, or whether we are paying higher prices for “me-too drugs,” reformulations, and expensive marketing and promotion campaigns to increase sales. **Haiden H. Huskamp**, Ph.D., associate professor of health economics at Harvard Medical School, contends that the key question in assessing the value of newer psychotropic drugs is how the social costs compare with the social benefits. Her project, *Has the Revolution Come and Gone? The Societal Value of New Psychotropic Drugs*, attempts to answer this question through a broad range of analyses that look at the benefits of the newer drugs versus older ones, how effective the newer drugs are when used in practice, and how factors like marketing and pharmacy benefits management affect their use. Huskamp’s findings will identify policy levers that could help increase the value of U.S. psychiatric drug spending.



John D. Lantos, M.D.

What exactly is prenatal care and why doesn’t it seem to work? After two decades of investment, advocacy, and research, more women are getting prenatal care than ever and rates of preterm birth continue to rise. Co-investigators at the University of Chicago, **John D. Lantos**, M.D., professor of pediatrics, and **Diane S. Lauderdale**, Ph.D., associate professor of health studies, reject the traditional view of prenatal care as a preventive intervention that prevents preterm birth. Instead, prenatal care may work primarily by detecting problems early in pregnancy, increasing the need for obstetrical intervention, and increasing the rate of preterm birth. Better neonatal care for preterm babies then allows better infant survival. In *Prenatal Care: Wise or Wasteful?*, Lantos and Lauderdale review the recent history of health policies aimed at pregnant women, analyze data on shifting risk factors, and reconsider the goals of prenatal care and their bioethical implications. Their study should help policymakers better understand what prenatal care can achieve and how it might be improved.



Diane S. Lauderdale,
Ph.D.

Many inequalities are evident in the health of Americans and in the U.S. health care system. Whites live longer than African Americans. People who earn lower incomes and work for small businesses are less likely to have health insurance coverage through their employer. Some people receive high-quality medical care while others don’t. Yet little is known about how Americans view these inequalities and the policies that might reduce them. **Julia F. Lynch**, Ph.D., assistant professor of political science at the University of Pennsylvania, seeks to fill this knowledge gap through public opinion surveys and interviews with policy elites and ordinary people. Her project, *What’s Fair in Health Care? Thinking with Americans about Health and Health Care Inequalities*, examines the frames that policy elites use to communicate ideas about inequalities, and how such frames interact with public beliefs about fairness to produce or hamper support for needed reforms. Lynch aims to produce information that can help policymakers and advocates better understand the complexity of public attitudes, and design policies that are most likely to generate support for change.



Julia F. Lynch, Ph.D.



Amy Dockser Marcus

Recent statistics confirm that fewer Americans are dying of cancer. Yet major advances in diagnosing and treating cancer have not helped a large and growing number of patients—those with rare cancers. Although the numbers of people with specific types of rare cancer are small, when added together, they constitute a significant proportion of all newly diagnosed cancer cases in the United States. **Amy Dockser Marcus**, a *Wall Street Journal* reporter affiliated with the Columbia University Graduate School of Journalism, examines a range of possible barriers that have limited high-quality care for patients with rare cancers: gaps in scientific knowledge; insufficient transfer of advanced technology; limited availability of clinical trials; the need for more targeted advocacy efforts; and lack of interest by researchers, pharmaceutical companies, government, and private funding sources. Through a series of interviews and case studies of successes around other rare diseases, Marcus' project, *Improving the Cancer Experience for Rare Cancer Survivors*, identifies options for bringing the right mix of resources and stakeholders together to improve medical care and outcomes for patients with rare cancers.



Alejandro Portes, Ph.D.

Approximately one in nine U.S. residents is now foreign-born, and both immigrants and their children are significantly more likely to be uninsured than the native population. Health care facilities face challenges in coping with rapidly growing numbers of diverse immigrant patients who are poor, uninsured, and often unable to speak English. **Alejandro Portes**, Ph.D., Howard Harrison and Gabrielle Snyder Beck Professor of Sociology and Director of the Center for Migration and Development at Princeton University, examines how well health care organizations are meeting the needs of immigrant patients, and what accounts for performance differences. His project, *Immigration and the Health Care System: An Institutional Analysis*, focuses on 45 hospitals, community clinics, and health care centers in Miami, San Diego, and the Trenton-New Brunswick corridor in New Jersey to evaluate their capacity to cope with uninsured immigrants and overcome barriers to effective care. Portes' results should inform policy efforts to address the health needs of immigrants and help ensure that health care organizations respond effectively to an increasingly diverse society.



Bhaven N. Sampat, Ph.D.

The National Institutes of Health (NIH) is the single largest sponsor of biomedical research in the world. It also enjoys a high level of bipartisan political support that is perhaps unrivaled in the health policy arena. **Bhaven N. Sampat**, Ph.D., assistant professor in the department of health policy and management and the International Center for Health Outcomes and Innovation Research at Columbia University, is interested in how the NIH makes decisions about where to invest its funds and the effects of those decisions on the health of Americans. His project, *The Political Economy of the National Institutes of Health*, analyzes how the scientific community, disease interest groups, Congress, and the media interact to shape NIH allocation decisions. Sampat's research will provide a picture of NIH's funding patterns that should help broaden understanding of how research investment decisions are made, their results, and how they might be improved. His findings should interest an array of stakeholders in the nation's biomedical research enterprise, including scientists, academic institutions, private industry, policymakers, and the American public.



Gary J. Young, J.D., Ph.D.

Are pay-for-performance (P4P) programs, which provide financial incentives to health care providers for achieving quality targets, the silver bullet for improving health care quality or just another fad? While many health plans located throughout the United States, as well as the Centers for Medicare and Medicaid Services, are creating P4P programs, the ability of such programs to improve health care quality and reduce costs has not been established. **Gary J. Young**, J.D., Ph.D., professor and chair of the department of health policy and management at Boston University's School of Public Health, has evaluated several national demonstration projects of P4P and finds mixed results so far. His Investigator Award project, *Quality at a Price: Theory, Evidence and Policy Implications of a Pay-for-Performance Strategy*, assesses the value of P4P and challenges to its implementation. Young also examines the effects of P4P on clinicians' attitudes toward their work and sense of professionalism, and whether P4P programs can lead some providers to avoid sicker or less compliant patients. The results of his study should help guide policy decisions about investing, designing, and implementing P4P, and where it can be applied most effectively.

Stay Tuned

The results of these and other projects funded through the Investigator Awards program will appear in future issues of this publication. For more information about the program and its investigators and for past issues of this publication, please visit our web site at www.investigatorawards.org, or contact the National Program Office by email at depd@ifh.rutgers.edu.

Robert Wood Johnson Foundation

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