

July 2005

Annual report 2004-2005

David B. Nash

Jefferson Medical College, David.Nash@jefferson.edu

Follow this and additional works at: <https://jdc.jefferson.edu/hpreports>



Part of the [Medical Education Commons](#)

[Let us know how access to this document benefits you](#)

Recommended Citation

Nash, David B., "Annual report 2004-2005" (2005). *College of Population Health Annual Reports*. Paper 1.

<https://jdc.jefferson.edu/hpreports/1>

This Article is brought to you for free and open access by the Jefferson Digital Commons. The Jefferson Digital Commons is a service of Thomas Jefferson University's [Center for Teaching and Learning \(CTL\)](#). The Commons is a showcase for Jefferson books and journals, peer-reviewed scholarly publications, unique historical collections from the University archives, and teaching tools. The Jefferson Digital Commons allows researchers and interested readers anywhere in the world to learn about and keep up to date with Jefferson scholarship. This article has been accepted for inclusion in *College of Population Health Annual Reports* by an authorized administrator of the Jefferson Digital Commons. For more information, please contact: JeffersonDigitalCommons@jefferson.edu.

Jefferson Medical College Department of Health Policy

Annual Report 2004-2005

- Chair:** David B. Nash, MD, MBA
The Dr. Raymond C. and Doris N. Grandon
Professor of Health Policy
- Director of Education:** Barbara Bozarth, MSED
- Director of Research:** Neil I. Goldfarb (faculty appointment pending)
- Associate Director of Research:** Laura Pizzi, PharmD, MPH (faculty appointment pending)

Other Faculty Members:

- Albert Crawford, MBA, MSIS, PhD, Assistant Professor
- Christine Hartmann, MSS, PhD, Assistant Professor
- Jennifer Lofland, PharmD, MPH, PhD, Assistant Professor of Medicine (Health Policy appointment pending)
- Vittorio Maio, PharmD, MS, MSPH, Research Assistant Professor
- Christopher Sciamanna, MD, MPH, Associate Professor
- Kenneth D. Smith, PhD (appointment pending)

I. General Background

1) Main responsibilities

In January of 2004, with unanimous support from the Executive Council of JMC, the Board of Trustees of TJU approved the creation of the Department of Health Policy, building on the 14-year history of the Office of Health Policy and Clinical Outcomes. Jefferson now joins an elite handful of medical schools across the country with a bona fide Department of Health Policy. Jefferson is also one of only a half dozen medical schools in the United States with an endowed chair in this field.

The Department's principal responsibility is to serve as the locus for health policy activities across the Medical College. "Health Policy" is broadly defined to encompass quality measurement and improvement, traditional health services research to support health care delivery and financing decisions, pharmacoeconomics, and public health. The Department's mission statement is:

The Department of Health Policy of Jefferson Medical College is committed to conducting research and education programs which contribute to the quality, safety, and cost-effectiveness of health care. The Department's activities are meant to inform decisions made by government policy makers, providers, payers, and other health system stakeholders, about how best to deliver and finance care in order to improve the health of the public.

This mission is implemented through three main strategies -- education, research and policy consulting services – which are described further in this report.

2) Evaluating Departmental Performance

The Department's research and education activities emphasize the need for performance measurement and improvement, and the Department has established a set of performance indicators against which current and future performance can be judged. As an academic department, traditional quantifiable measures of performance include number and total amount of grants, ability to continue to be self-sustaining, number of publications in peer reviewed journals, number of presentations at scientific meetings, number of faculty and other research professionals, and number of educational programs and "students" exposed to these programs.

A critically important non-traditional, difficult to quantify, performance measure for a health policy department, is impact of research and education programs, as reflected by changes in local, state, and national policies, and changes in care processes and outcomes. National visibility and recognition as reflected in the media, requests to engage speakers, and invitations to participate on task forces and committees help to reflect this policy

impact factor. Ultimately, these aspects of performance should be reflected in some of the measures listed above (e.g. ability to attract grant funding and number of publications).

3) Present strengths and weaknesses

In the past year, since gaining departmental status, significant progress has been made in furthering the Department's mission. The Department has an excellent national reputation despite this short tenure as a department, and is recognized as a source of timely and high-quality research, outstanding educational offerings and excellent training, especially in the area of outcomes research.

a) Education

The Department has a strong team for designing, administering and evaluating education programs on all levels of student professional education. Department faculty remain committed to working with undergraduate and graduate medical education program directors to seek opportunities to incorporate principles of evidence-based medicine, performance measurement and improvement, care and disease management, and other "non-traditional" aspects of care delivery and practice administration into the curriculum. We are actively engaged in teaching the tenets of the two key ACGME competencies, namely, systems based practice and practice-based learning. As described further below, in the education section, at present, the Department's interaction with other educators and with Jefferson medical students and residents, is limited to a few small aspects of the overall curriculum.

b) Research

The Department has an active research program and is fully grant-supported. Historically, as an "Office" of health policy, the Department was not able to confer faculty status to non-clinician researchers, or attract researchers for a faculty career trajectory. The number of research grants therefore was limited by the need to involve the Chair as Principal Investigator on almost all new research activities, despite the presence of several highly-qualified research staff members. As these staff members seek and are approved for faculty positions, the scope and funding of the research program will continue to increase. This transformation has begun during the past academic year. The funding portfolio, which has relied more than 50% on industry-sponsored grants, should also increasingly include government and foundation sources of support.

c) Patient Care (not applicable)

4) Two year plan for changes and innovations

Efforts are underway to further strengthen the departmental faculty. Recruitment of at least two additional faculty members will be a priority for the 2005-2006 year, including

an additional Associate Director of Research. The Department's faculty also will continue to be bolstered by offering secondary appointments to Jefferson Medical College faculty in other departments who have an expressed and demonstrated interest in health policy research and education. In addition, the Department has now developed a "Senior Scholars" program for researchers and educators outside of the JMC community who would like to establish an affiliation with the Department. Criteria for the Senior Scholars program and application materials also have been developed, and over 45 applications have been approved. A list of current Senior Scholars may be found on the Department's web site, www.jefferson.edu/dhp.

This Senior Scholars program already has led to several new funding opportunities and educational program offerings, and it is expected to continue to serve as a vital resource for furthering the department's activities.

A related goal for development over the next two years is to identify, strengthen, and market areas of expertise within the Department, while maintaining our historical breadth of activity. The Department is recognized nationally for its health policy work; as we move forward, we will seek to be recognized as having in-depth expertise in select specialty areas as well. Examples of foci for activity include: development, implementation, and evaluation of ambulatory quality measures; employer strategies for quality, value and productivity improvement; economic evaluation of drugs and devices; improving patient-provider communications and the consumer's role in health care; and, evaluation of disease management programs and services.

5) Needed resources

Becoming a Department creates additional expectations of, and resource needs for Health Policy. In recognition of the administrative challenges associated with becoming a Department, a full-time Grants Manager was hired in late 2003, and in July of 2005, the Department added an appropriately qualified Departmental Administrator to the leadership team.

The Department historically has grown from a two-person to a 25 person operation, without relying on any additional core funds from the Medical College or Hospital. In order to implement plans for growth in both the research and education areas, the Department would ideally want to obtain some commitment of core support for recruitment of young faculty, to foster their ability to develop fundable research programs and areas of expertise, until they become fully self-sufficient. The Department also would benefit from access to additional grant seeking and writing support staff, to free senior faculty for more creative work and for mentoring of junior members of the department. Additional office space is the other resource need which will have to be addressed in the coming year. The Department's current space in the Curtis Building is at capacity, and the Department already is borrowing space from other centers on campus.

6) Plan for obtaining needed resources

Since the Department currently receives a minimal amount of core funding (as a percentage of overall operating budget), sources of philanthropic support need to be sought, in concert with Institutional Advancement. Unlike clinical departments, Health Policy has a lack of connectivity to grateful patients, and must seek other sources of philanthropy, such as alumni with a strong interest in the policy agenda, and corporate foundations.

The plan for obtaining additional resources also includes expanding relations with the dozens of funding sources already familiar with the activities of the Department. A broader public affairs related initiative to familiarize others with the Department's capabilities is underway. Recruiting for key open positions is also proceeding. Returning to funding sources for extensions of current contracts, and new program support, in both the research and educational spheres, is a key strategy for obtaining additional support.

II. Departmental Programs

A. Education

1. Medical Students

a. MP21

For the eleventh consecutive year, Daniel Z. Louis, MS, Managing Director of the Center for Research in Medical Education and Health Care and the Chairman of the Department of Health Policy, taught "An Introduction to the Health Care System", part of the JMC Medical Practice in the 21st Century course. Based on the course evaluations, these 15 contact hours proved to be extremely successful. Topics, as in previous years, included health care financing, organization of health services, and the varying structures of managed care systems.

b. Interclerkship Day

In January 2004, the Department organized and presented the 2nd JMC Interclerkship Day program, *Improving Patient Safety*. Featuring three nationally prominent experts, James P. Bagian (JMC '77), inaugural Director of the Veterans Administration National Center for Patient Safety (NCPS), Peter J. Pronovost, MD, PhD, Director of the Quality and Safety Research Group and the Medical Director for the Center for Innovations in Quality Patient Care at Johns Hopkins University, and David P. Stevens, MD, founding Director of the AAMC Institute for Improving Clinical Care, the program addressed many of the barriers to incorporating patient safety and quality improvement tools in the inpatient setting, prompted students to think of ways in which the culture could be changed at Jefferson to promote greater patient safety, and emphasized the need to utilize a systems

approach with full support from leadership, management, providers, and staff to comprehensively address and reduce problems and errors. Outcomes of the program are being organized for publication in a scholarly journal.

c. **Summer Internship**

The Department continued to serve as a training site for medical students who completed their freshman year and were selected to participate in the Dean's summer internship program. This year's (2004) recipient, Jeffrey Clough, researched topics in medical education and health policy, which culminated in two national presentations, two peer-reviewed publications, and a web-based teaching tool on the new ACGME competencies.

d. **Academic Year Internship**

The Department has gained a reputation as a training site for medical students who are completing requirements for the MBA program. This year, Jason Korenblit, contributed to multiple department projects while he finishes his coursework at Widener University. The Department also welcomed Ross Breitbart, a second year D.O./M.S. in health policy student at Philadelphia College of Osteopathic Medicine and the University of the Sciences in Philadelphia, as an academic intern.

e. **Policy Elective**

In March of the JMC senior year, the Chairman conducts a one-month graduate-style elective in health policy. The year students read *From Chaos to Care* by David Lawrence and *Managing Quality of Care in a Cost Focused Environment* co-edited by the Chair. These two books were critically reviewed by the students with the Chair's guidance. The Chair also continues to serve as the faculty advisor of the JMC student club, "Physicians of Tomorrow".

f. **MD/MBA Program**

It is widely acknowledged that physician training in management skills must improve. Indeed, a growing body of literature specific to the physician manager is available and is actively tracked and contributed to by the Department. Currently eight JMC students are enrolled in the unique five-year MD/MBA training program, co-directed by JMC through the Department of Health Policy and Widener University in Chester, Pennsylvania. This year saw the graduation of the sixth cohort of students from the combined degree program. Not surprisingly, the JMC MD/MBA students have proven to be academic standouts within both the undergraduate medical and graduate business curricula. The students, faculty, and administrators responsible for directing this program meet twice during the academic year to review progress and make plans for future enrollees.

2. **Graduate Students**

a. **GC515 - “Quality Measurement and Outcomes Analysis in Health Care”**

This course, cross-listed with University of the Sciences in Philadelphia, now in its fifth year, is led by Neil Goldfarb, Director of Research, and the Chair. Guest faculty are drawn from the Department, and the Jefferson and Delaware Valley communities.

b. **GC650 – “Economic Evaluation of Health Care Technologies”**

This course (formerly titled “Pharmacoeconomis”) is led by Laura Pizzi, PharmD, Associate Director of Research and Neil Goldfarb, Director of Research.

c. **PH706 – “Health Services Research Methodology”**

This course was introduced in the spring of 2004, under the leadership of Jennifer Lofland, PharmD, MPH, PhD. Many of the individual sessions are taught by members of the Department’s research staff and other guest faculty.

d. **Master of Science in Public Health (MSPH)**

During the past academic year, the Chair continued as the co-director of the Master of Science Program in Public Health (MSPH). The Chair shares these responsibilities with Richard Wender, MD, Alumni Professor and Chairman, Department of Family Medicine. The MSPH is a 40 credit program designed to meet the needs of working professionals. A thesis and field project are required. Currently, 50 students from a variety of backgrounds are enrolled. The first cohort of 4 students graduated in June 2005, including two members of the Department of Health Policy.

The co-directors created and chair the monthly MSPH Steering Committee, which provides overall strategic guidance for the MSPH program and is responsible for seeking formal national accreditation. This group is also responsible for organizing and continuously updating the curriculum and interfacing with the large number of community-based clerkship sites for the students. Jennifer Lofland, PharmD, MPH, PhD, a Department of Health Policy staff member, serves as the program manager for curriculum development.

The co-directors also organized an Advisory Group, which is composed of more than a dozen local leaders who volunteer their time in support of the field projects for students. The Advisory Group meets annually and hosts the annual Faculty-Student Open House. Laura Pizzi, PharmD, MPH, is a member of this Advisory Group.

3. **Research and Clinical Fellows**

A. **Outcomes Research Fellowship Programs**

The Department continues to serve as a training site for outcomes research fellowships. During 2004-2005, fellowships were sponsored by Janssen Pharmaceutica (now Ortho-McNeil Janssen Scientific Affairs, LLC) and GlaxoSmithKline. For the 2005-2006 an additional fellowship position has been funded by Cephalon. Fellows who participate in this program are PharmD or MD trained clinicians. Collaborations such as these have resulted in numerous published studies and posters for presentations at national meetings. In May 2005, the Chair hosted the Fifth Annual National Fellowship Advisory Council, a group of more than 28 former Department fellows, in Washington, DC. The National Advisory Council provides overall strategic direction for the fellowship program. Alumni of the fellowship program are often a source of research support for the Department.

B. **Centers for Medicare and Medicaid Services Scholar**

The Department served as a site for the nationally prestigious Centers for Medicare and Medicaid Services (CMS) Health Policy Scholars Program. Richard Stefanacci, DO, MGH, MBA, CMD, one of five national scholars, completed his experience with the Department in June 2004. Dr. Stefanacci subsequently went on to become the founding director of a nascent center for health policy at the University of the Sciences (USP) in Philadelphia.

4. **Residents**

A. **“From Residency to Reality”**

In September 2004, Pfizer, Inc. sponsored, *From Residency to Reality*, a one-day conference for medical residents in the Philadelphia area. The conference provided opportunities for residents and fellows to discuss issues that focused on physicians as employees. Keynote speakers included Timothy Brigham, PhD, Associate Dean, Organizational Development, Chief of Staff, Jefferson Medical College; Elizabeth Dow, President, LEADERSHIP, Inc.; Wiley Souba, MD, ScD, MBA, Chairman, Department of Surgery, Penn State College of Medicine. After presentations by the keynotes, residents had the opportunity to attend workshops on resilience training; effective job searching; maintaining the Osler tradition; avoiding professional liability; financial planning; and, teaching the teacher.

B. **Residency training**

The Chairman continues to be involved in clinical training through his outpatient practice activities and annual time spent on the teaching service at TJUH. Dr. Nash serves as an advisor to the Residency Program Directors in Internal Medicine as they plan their pay for

performance program. He also lectures several times during the residency noon conference program.

5. **Other Educational Programs and Audiences**

a. **Asthma**

1. The Department continued its work with Genentech in examining anti-IgE therapy for moderate to severe asthma patients. The focus of 2004-2005 was the completion of a series of three web casts targeted to physicians and featuring nationally recognized pulmonologists, allergists, and immunologists who addressed the clinical, managed care, and Medicaid issues. In addition, the Department assisted with the production of a clinical news brief that highlighted the January 2004 consensus panel recommendations and prepared a clinical monograph approved for continuing education.

2. Merck sales representatives and product managers completed a full day clinical practicum on asthma and allergic rhinitis. As part of this program, the participants toured the pulmonary lab, experienced pulmonary function tests, were exposed to laboratory specimens, and interacted with primary care physicians and specialists.

b. **The Medicare Modernization Act of 2003: the Stakeholders' Perspectives**

The 10th Annual Summer Seminar featured the leaders of the American Association of Retired Persons (AARP), Federation of American Hospitals (FAH), American Health Quality Association (AHQA), and Pharmacy Research and Manufacturer's Association (PhRMA) who presented the official position of their respective organizations. Following the presentations, a panel composed of representatives from Schering Plough Corporation, Bristol-Myers Squibb Company, AstraZeneca, and Aventis Pharmaceuticals asked questions, commented on specific points, and raised issues that stimulated thinking by the audience and speakers.

c. **Vaccines**

GlaxoSmithKline sales representatives practiced their detailing skills with a simulated medical office team composed of a family practitioner, nurse, office manager, and pediatrician. This experience provided the representatives with insight into the different roles and perspectives of the various members within an office setting.

Later in their training, the sales representatives were exposed to an immunization specialist from the Pennsylvania Department of Health who discussed how vaccines are used in the Philadelphia area from a public health perspective (child and adult schedules). Included in this program was an infectious disease specialist who presented case studies on the use of vaccines in the hospital.

d. **Anti-fungals**

Bayer pharmaceutical sales representatives experienced a one day clinical practicum on the appropriate use of anti-fungals. The day included presentations by experts in the study of urology, infectious diseases, microbiology, critical care, and emergency medicine.

e. **Atypical Anti-psychotics**

The Department serves as host and the Chairman as facilitator for the ongoing Atypical Anti-psychotics Advisory Board supported by Bristol Myers Squibb. The Board, composed of nationally recognized experts in the fields of psychiatry, Medicaid, and managed care, meet semi-annually to address new findings in the field.

f. **OTC Statins**

In its efforts to move Mevacor from a prescription to OTC statin, J&J Merck contracted with the Department to gather feedback on principle managed care challenges, specifically the operational challenges on making Mevacor OTC work in a managed care setting. The Managed Care Advisory Board, composed of twelve managed care organizations, discussed the tracking, financial, and physician education issues that would need attention if Mevacor were approved for OTC. A major article and interview with the chair appeared in *Managed Care*, November 2004.

g. **Technology Task Force**

GetWellNetwork, a provider of interactive patient care solutions, with the assistance of the Department of Health Policy, organized a task force of client users to identify common needs and goals and to establish a research agenda (see Research) that will help each institution fulfill its mission. The task force serves as the core for future advisory board users' meetings, where users will have the opportunity to exchange ideas and explore the potential uses of GWN.

h. **Adherence and Persistence**

The Department of Health Policy and GlaxoSmithKline founded The National Advisory Board on Adherence and Persistence, the purpose of which was to draft a list of recommendations regarding adherence and persistence in order to develop a consensus statement on future directions for related healthcare research and policy. Subsequent to The National Advisory Board meeting were five Special Issues Boards, regionally convened groups of employers who addressed the issues associated with adherence and persistence in their employee populations. The final product of the five board meetings is a one hour webcast, hosted by the Chair of the Department, featuring national policy experts in the area of adherence and persistence.

i. **Smoking Cessation**

a. The Department, as a subcontractor to Buckley Global Communications, organized a one-day program to educate physicians, nurse practitioner, physician assistants, pharmacists, and other healthcare professionals on their role in promoting smoking cessation among their patient populations. Funded by a grant from the American Cancer Society, Pennsylvania Division and Pennsylvania Department of Health, the program highlighted Jefferson physician and Chairman, Department of Family Medicine, Richard Wender, MD, President-elect of the American Cancer Society, as well as other nationally notable experts.

b. The Department, as a subcontractor to Buckley Global Communications, organized a web-based tool to educate physicians, nurse practitioner, physician assistants, pharmacists, and other healthcare professionals on their role in promoting smoking cessation among their patient populations. The website (www.mdhelpquit.org) is organized into three components: pre assessment, presentation of material, post assessment. The assessments are designed to examine the impact of this educational intervention on physician behavior. A number of Jefferson physicians are featured in this web-based activity.

j. **Grandon Lecture**

The Honorable Paul O'Neill, former Secretary of Treasury and founder of the Pittsburgh Regional Health Initiative, delivered the 14th Annual Raymond C. Grandon Lectureship this year. His focus was on "Aspiring to Be Perfect" by reducing error and improving the safety of health care.

k. **Demonstrating the Value of Data Warehouses**

Data warehouses, such as "Centricity" from GE Medical Systems, integrate and store clinical data and create a rich resource that allows healthcare providers and other industry interest groups to observe care trends, outcomes and practices. The need for data warehouses is underscored by the National Health Information Infrastructure (NHII), an initiative set forth by the United States government, which provides evidence of the recognized significance of information systems in the improvement of the delivery of health care. Over 80 interested healthcare professionals met to hear leaders in academia, clinical practice, and industry discuss examples of how a data set is utilized for quality improvement and safety studies and how data warehouses can be used in the future to promote evidence-based patient care, health outcomes research and pharmacovigilance.

l. **Jefferson Industry Advisory Council (JIAC)**

JIAC is an organization, founded by the Office of CME and the Department of Health Policy, of concerned physicians, biotechnology and pharmaceutical industry leaders, and research and continuing education directors. The mission of the organization is to promote

ethical standards of behavior within the medical-academic communities at Jefferson, specifically in our interactions with industry. This year, JIAC hosted two events. In November, Arnold S. Relman, MD, Editor-in-Chief Emeritus, *New England Journal of Medicine*, presented on the intrusion of commerce into medical professionalism and CME. Following Dr. Relman, James G. Sheehan, Esq., Chief, Civil Division, U.S. Department of Justice, U.S. Attorney, Eastern District, Pennsylvania discussed fraud and abuse issues within the healthcare industry including compliance and preventive measures for industry-academia interactions. In June 2005, JIAC hosted *Synergy through Collaboration*, featuring keynote, Paul T. Antony, MD, MPH, Chief Medical Officer, Pharmaceutical Research and Manufacturers of America (PhRMA) who addressed the topic, *Academia and the Pharmaceutical Industry Working Together*. A panel of industry leaders provided their perspective on how the pharmaceutical industry is reacting to the issue of collaboration and partnership in the academic medical community.

m. **Osteoporosis**

This program was designed for newly hired Merck sales representatives with no prior healthcare experience and who call on those primary care physicians who refer patients to rheumatology and/or gynecology. The goal was to prepare the sales representatives for the complex and dynamic healthcare environment by providing hands-on experience and gain understanding where products fit and how they are utilized. Participants were exposed to the hospital organization, the responsibilities of the key personnel within each division, and the interdisciplinary approaches to diagnosis of disease states.

n. **Disease Management Colloquium**

The Department of Health Policy once again hosted the Disease Management Colloquium, the only executive education course on the role of disease management in Medicare, Medicaid, healthcare cost efficiency, quality and medical errors reduction, on the Jefferson campus. Following Dr. Barchi's welcome to Jefferson to the 300 attendees, sixty national experts in disease management presented updates in the field. During the four day program, the Disease Management Editorial Board and the Biotechnology Editorial Boards met for their annual dinner and business meetings.

o. **Health Policy Forum**

The Department continued to conduct the Health Policy Forum, now in its fifteenth year. The Forum has become a fixture in the scholarly life of the University. It meets on the second Wednesday morning of every month (except August) and provides an opportunity for all Jeffersonians and area professionals interested in health policy to congregate and share their research experiences. This past year, the Department sponsored such guests as Barry Furrow, JD, Director, The Health Law Institute, Widener University School of Law, Maulik Joshi, DrPH, President and CEO, Delmarva Foundation for

Medical Care, and Steven Lawrence, Director of Research, The Foundation Center. Attendance at the Forum more than doubled in the past year.

p. **Enduring Materials**

In addition to overseeing the publications of the Department, which are addressed later in this report, the education team is responsible for preparing manuscripts. Supplements, newsletter articles, monographs, and journal articles serve as enduring materials for the proceedings of key meetings (e.g., The Health of Healthcare, McKesson Executive Summit, Disease Management, Winter 2004), clinical discussions of new treatments, and presentations of national policy issues. The Department has three medical writers who regularly attend local, regional, and national meetings to report on important issues and trends.

7. **National Role**

The Chair continues to serve as a member of the Robert Wood Johnson (RWJ)-sponsored Partnerships for Quality Education National Advisory Committee. This committee with members from AHIP, the NCQA, and other national bodies continues to provide oversight to the multi-year, \$12 million RWJ-funded program. The Chair led a site visit this year to one of the grantees at the University of Cincinnati School Of Medicine. The Chair also serves as a principal advisor to the Tufts Health Care Institute (THCI) in Boston, Massachusetts.

8. **American College of Physician Executives**

Other innovative curricular material included the further refinement of the American College of Physician Executives (Tampa, Florida) sponsored web-based course titled, "Interact". The Chair produced and filmed an updated two-CD course titled, "The Three Faces of Quality", for physician executives throughout the United States. It continues to be offered eight times per year in an asynchronous fashion through a secure web site with streaming video and simultaneous full printed text of the lectures. The online classroom experience is facilitated by the Chair and two additional nationally prominent faculty members. Comprehensive surveys indicate that this course is very well received. The Chair also completed five new online CME approved lectures for the Graduate Education Foundation (GEF) in Philadelphia. The lectures included material focused on quality measurement and improvement. Several of the GEF lectures are being marketed nationally to residency program directors in fulfillment of the ACGME competencies.

9. **Continuing Medical Education**

The Department continued to have an outstanding relationship with the Office of Continuing Medical Education. The Department continues to provide the second highest grossing CME activity within JHS. This year the Chair continued to support the

innovative Jefferson Advisory Council (JIAC), the activities of which are described above. The Chair has served as a voting member the JMC-CME Committee for the last eight years.

10. Continuing Pharmacy Education

The Department serves as an approved provider of continuing education for pharmacists. The Department is the only approved provider on campus and works closely with other departments to maximize their continuing education programs. The Department was successfully reaccredited to provide CE to pharmacists through the American Council on Pharmaceutical Education.

11. Future of Educational Programs

The Department will continue to offer a diverse range of programs across the medical education curriculum and to other regional and national audiences. Several opportunities for increased involvement and support of JMC's efforts exist and will continue to be explored.

On the undergraduate level, the Interclerkship Day on patient safety was extremely well received and the program is being revised for January 2006. We recognize that undergraduates would benefit from more exposure to non-traditional subjects such as health policy, quality improvement, error reduction, evidence-based practice, and public health. We will work with JMC leadership to explore other opportunities, such as assuming responsibility for an additional Interclerkship Day.

Opportunities also exist to expose residents to these same topics and issues on the graduate education level. The Department will seek opportunities to work with residency program directors to see that the new ACGME requirements are adequately addressed in the curriculum.

Finally, we will continue to support the Medical College's faculty development program by offering support for training programs on policy, performance measurement and improvement and other relevant topics.

B. Research

1) Current projects

The Department's research program covers a wide range of topics and methodologies. At any one time, an average of 25 active projects are being conducted by the Department's research staff, under the direction of Mr. Neil Goldfarb, Director of Research, and Laura Pizzi, PharmD, MPH, Associate Director of Research. In the 2004-2005 academic year,

active projects had direct cost budgets summing to \$2.6 million. The project funding profile during this time was approximately 20% government grants (up 5% from the previous year), 50% pharmaceutical industry-sponsored research, 10% foundation grants, and 20% other sources (biotech industry, managed care and insurance, etc.).

The Department has always sought to serve as a research partner and support for other investigators within the Jefferson community. In the 2004-2005 academic year, Department research staff worked on projects and proposals with faculty and research staff from Endocrinology, Infectious Disease, General Internal Medicine, Family Medicine, Psychiatry, Gastroenterology, Neurology, Emergency Medicine, and Cardiology. A summary of current projects (as of September 2005) is provided on the next page

Department of Health Policy, Summary of Current Research Grants, September 2005

Title	Investigators	Source of Support	Total Amount
College for the Advanced Management of Health Benefits (2005)	N. Goldfarb, C. Hartmann, D. Nash	HealthCare21 Business Coalition	\$60,000
Cost Identification Study for Complicated Inpatient Infections	C. Hartmann, V. Maio, N. Goldfarb, D. Horn (Infectious Disease)	Wyeth	\$136,561
Predictive Model Development for Pain Medication Utilization in Hospice Care	N. Goldfarb, L. Pizzi	ExcelleRx	\$47,550
Evaluation of Disease Management Interventions	D. Nash, N. Goldfarb, A. Crawford, J. Clarke	American Healthways	\$400,000
Evaluation of Patient-oriented Interventions to Improve Quality of Care	A. Crawford, N. Goldfarb, D. Nash	Horizon Blue Cross Blue Shield	\$109,157
Tailored Messages to Improve Cancer Prevention (K Award)	C. Sciamanna	NCI	\$213,854
Tailored Messages to Improve Physical Activity	C. Sciamanna	NHLBI	\$1,337,440
Evaluation of On-line Continuing Medical Education for Physicians	D. Nash, C. Sciamanna,	Graduate Education Foundation	\$102,000
Economic Analysis of Productivity Data from the Topamax Trial	L. Pizzi, J. Lofland, K. Smith	OrthoMcNeil Janssen	\$53,597
Development of a National Quality Measurement Set for Migraine	N. Goldfarb, D. Nash, J. Lofland, S. Silberstein (Neurology)	OrthoMcNeil Janssen	\$439,503
Cost Identification Study for Inpatient Candidal Infections	V. Maio. C. Hartmann, N. Goldfarb, D. Horn (ID)	MediMedia/Pfizer	\$87,908
Relationships between Changes in Glycemic Control and Changes in Pharmacotherapy for Diabetes	K. Smith, N. Goldfarb	GSK	\$108,589
Economic Impact of Breakthrough Pain	L. Pizzi, N. Goldfarb	Cephalon	\$192,849
Measurement of Productivity Loss Associated with Overactive Bladder	L. Pizzi, J. Lofland, K. Smith	Watson	\$119,983
Research Awards Program for the IAQ Instrument	L. Pizzi, N. Goldfarb	BMS	\$100,000
Evaluation of On-site Pharmacy Access for Community Health Centers	V. Maio, L. Pizzi, N. Goldfarb	Health Federation of Philadelphia	\$20,000
Economic Modeling of Iron Replacement Therapy for Dialysis Patients	L. Pizzi, N. Goldfarb	Watson Pharmaceutical	\$68,774

Title	Investigators	Source of Support	Total Amount
Economic Modeling Training Program and Evaluation	N. Goldfarb, L. Pizzi	AstraZeneca	\$128,250
Impact of Performance Improvement Modules in a Group Practice Plan	N. Goldfarb, A. Crawford, D. Nash	American Board of Internal Medicine	\$10,000
Impact of GetWellNetwork on Handwashing Behavior in Inpatient Care	C. Sciamanna, D. Nash	GetWellNetwork	\$ 75,000

Other projects, completed in the 2004-2005 academic year, included:

- Validation study for the Diabetes Management Evaluation Tool (DMET), an instrument for assessing patient experience with diabetes disease management programs
- Evaluation of the use of B-type Natriuretic Peptide (BNP) as a heart failure screening test in a primary care practice
- National employer survey regarding interest in and experience with value-based purchasing
- Case studies of 18 exemplary value-based purchasing programs
- Evaluation of the use of interactive voice recognition software to improve preventive care behaviors in a managed care population
- Economic analysis of the use of wireless capsule endoscopy in diagnosing Crohn's disease
- National survey of managed care medical directors regarding attitudes toward asthma diagnosis and treatment
- Policy analysis of alternative approaches to utilization management for pharmaceuticals for the elderly
- Policy analysis of access to atypical anti-psychotics in the Medicaid program
- Policy analysis of barriers to use of minimally-invasive surgical techniques
- Identification of the barriers to early insulin use in treating Type II diabetes
- Review of systems to improve access to care in the Pennsylvania Medicaid program for clients with physical disabilities
- Quality of life survey for patients with inflammatory bowel disease
- National survey of disease management programs for schizophrenia

2) Departmental publications

a. **P&T**

The Department completed its sixth full year as editor and continuing education provider of *P&T*, a nationally recognized peer-reviewed journal concerned with all aspects of pharmaceutical use and care. *P&T* has a national monthly circulation of nearly 60,000. The Editorial Board of the journal was continuously updated, bringing in persons from the pharmacoeconomic research world as well as from disease management firms. The Chair continues to write a monthly editorial for *P&T*. These editorials are often reprinted elsewhere and garner a nationwide e-mail response on a regular basis.

b. **Disease Management**

The Department also continued its editorial directorship for *Disease Management*, the only peer-reviewed journal in the disease management field. The journal continues to be recognized through acceptance in MEDLINE and Index Medicus. The Editorial Board consists of more than 65 persons across the United States in such fields as managed care, the pharmaceutical industry, the disease management industry, epidemiology, and public health. *Disease Management* increased its publication schedule, now publishing bimonthly and reaching a paid national circulation of over 1,200. *Disease Management* is the official journal for the Disease Management Association of America (DMAA), the leading national organization concerned with the public policy issues in disease management. The Chair is also a member of the Board of Directors of the DMAA, which has evolved to be the gold standard for research in this burgeoning field. The Editorial Board of the journal held its annual in person meeting during the DM Colloquium, hosted by the department.

c. **Biotechnology Healthcare**

The Department continued to serve as the editorial home for, *Biotechnology Healthcare*, a controlled circulation publication focused on the socioeconomic and political issues in the burgeoning field of biotechnology with an emphasis on the human genome. It has a circulation of 35,00 persons across the nation and is currently distributed quarterly. A 70-person Editorial Board was assembled by the Department and these individuals represent leaders from every sector within the biotechnology arena, including bioethics, law, the basic sciences, public policy, and the pharmaceutical industry. The Editorial Board of the journal held its annual in person meeting during BIO2005, a major national biotechnology conference in Philadelphia.

d. **American Journal of Medical Quality**

The Chair has completed one full year as editor for the 20-year old peer-reviewed journal entitled, *American Journal of Medical Quality*, the official journal of the American College of Medical Quality (ACMQ) headquartered in Bethesda, Maryland. As the national conversation regarding the measurement and improvement of health care quality and patient safety evolves, it is clear that *AJMQ* is poised to play a leadership role. As such, the Chair, in his role as Editor-in-Chief, completely transformed the editorial board which now consists of over 95 leaders from around the country. *AJMQ* is also closely affiliated with the University Healthsystem Consortium (UHC) in Chicago, Illinois as the Chair recruited their leadership to host a monthly column in the journal. Works of constituent members within the UHC is regularly featured in *AJMQ*, such as the winning submissions in their annual quality contest.

e. **Health Policy Newsletter**

The HP Newsletter is now in its fourteenth year of publication, serving as an important part of the TJU commitment to disseminate information on health policy. The newsletter is sent on a complimentary basis to all physicians and senior administrators throughout the JHS and is delivered quarterly with the Jefferson Alumni Bulletin. In addition, the newsletter has more than 25,000 subscribers throughout the world and has been distributed at dozens of national medical meetings. Editorials from the newsletter are often reprinted in other publications. "Letters to the Editor" indicate widespread readership of the newsletter, especially among JMC alumni. Once again, the Department would gratefully like to acknowledge the support of Max Koppel, MD, MBA, MPH (JMC '57), who has generously continued to provide additional resources to help defray the cost of the newsletter's publication.

f. **Texts**

Scholarly publication in the Department is also focused on edited multi-authored texts. During this past year, the Department signed two new book contracts with Jones and Bartlett, a respected medical publisher. The two new texts include one focused on quality improvement and patient safety, while the other is focused on economic evaluation in healthcare. The two texts (published in the fall of 2005), *The Quality Solution* and *Economic Evaluation in US Health Care: Principles and Applications*, will serve as the core reference materials for two of the Department courses in the TJU-MSPH program.

g. **Additional notes**

DHP publications have appeared in numerous peer-reviewed journals, newspapers, magazines, videotapes, audiotapes, CDs, and web casts. These are all available for review in the Department. The DHP website (www.jefferson.edu/dhp) is continually updated and received nearly 2000 hits per month. The Chair continued to serve on the editorial boards of nine peer-reviewed journals as well as the Editor-in-Chief of *P&T*, *Disease Management*, *Biotechnology Healthcare*, and *American Journal of Medical Quality*.

**Department of Health Policy Bibliography
2004-2005 Publications**

Research Articles in the Peer-Reviewed Literature

Babor TF, Sciamanna CN, Pronk N. Assessing multiple risk behaviors in primary care: screening issues and related concepts. *American Journal of Preventive Medicine* 2004; 27 (suppl.):42-53.

Bennett D, Burton AW, Fishman S, Fortner B, McCarberg B, Miaskowski C *et al.* Consensus panel recommendations for the assessment and management of breakthrough pain Part 1 Assessment. *P&T* 2005; 30(5):296-301.

Blackstone EA, Fuhr JP. Health economics: Fundamentals and flow of funds. *Atlantic Economic Journal* 2004; 32(4):346-354.

Blanch DC, Sciamanna CN, Lawless HK, Diaz JA. Effect of the Internet on the doctor-patient relationship: A review of the literature. *J on Inform Tech in Hlthcare* 2005; 3:179-201.

Crawford AG, Fuhr JP, Rao B. Cost benefit analysis of chlorhexidine dressing in the treatment of catheter-related blood stream infections. *Infection Control and Hospital Epidemiology* 2004; 25(8):668-674.

Diaz JA, Sciamanna CN, Evangelos E, Stamp MJ, Ferguson T. e-Patients' expectations: What types of Internet guidance do e-patients' want from their physicians? *J Gen Intern Med* 2005;(20):683-685.

Goldfarb NI, Clarke JL, Patel NM. Promoting provider use of combination pediatric vaccinations: realizing the quality benefits of combination vaccines. *Managed Care*; 14(6) Suppl. June 2005

Goldfarb N, Weston C, Hartmann CW, Sikirica M, Crawford A, He H, Howell J, Maio V, Clarke J, Nuthulaganti B, Cobb C. Impact of Appropriate Pharmaceutical Therapy for Chronic Conditions on Direct Medical Costs and Workplace Productivity: A Review of the Literature. *Disease Management*, 2004; 7(1): 61-75.

Goldfarb NI, Pizzi LT, Fuhr JP Jr, et al. Diagnosing Crohn's disease: An economic analysis comparing wireless capsule endoscopy with traditional diagnostic procedures. *Disease Management* 2004; 7:292-304.

Gramling R, Irvin JE, Nash J, Sciamanna C, Culpepper L. Numeracy and Medicine: key family physician attitudes about communicating probability with patients. *American Board of Family Practice* 2004; 17(6):473.

- Kim SS, Finch MD, Nash DB, McCarberg BH, Schnoll SH, Seifeldin R. A systems approach to identifying inappropriate use of controlled substances: The need for balance. *Jt Comm Jrl on Qual & Pt Safety* 2005; 31(3):167-172.
- Lofland JH, Nash DB. Oral serotonin receptor agonists: A review of their cost effectiveness in Migraine. *Pharmacoeconomics* 2005; 23(3):259-274.
- Lofland JH, Pizzi L, Frick K. A review of health-related lost workplace productivity instruments. *Pharmacoeconomics* 2004; 22(3):1-9.
- Maio V, Lofland JH. Effectiveness of pharmacoeconomic and outcomes research Fellowship programs within the United States. *American Journal of Pharmaceutical Education* 2004; 68(3 Article 62).
- Maio V, Lofland JH, Dix SM ea. Pharmacoeconomic Fellowship Survey: An initiative of the International Society for Pharmacoeconomics and Outcomes Research (ISPOR) Fellowship Task Force. *Value in Health* 2004; 7:105-106.
- Maio V, Lofland JH. Outcomes measures for pharmaceutical education. *Pharmacoeconomics* 2004; 22(8):549-550.
- Maio V, Goldfarb NI, Keroack M, Browne RC, Nash DB. Outpatient quality improvement in academic faculty practice plans: does it exist? *American Journal of Medical Quality* 2004; 19(6):235-241.
- Maio V, Goldfarb NI, Hartmann CW. Pharmacists' job satisfaction: Variation by practice setting. *P & T* 2004; 29(3):1-9.
- Maio V, Pizzi L, Roumm AR, Clarke J, Goldfarb NI, Nash DB *et al.* Pharmacy utilization and the Medicare Modernization Act. *Milbank Quarterly* 2005; 83(1):99-128.
- Maio V, Hartmann CW, Goldfarb NI, Roumm AR, Nash DB. Are employers pursuing value-based purchasing? *Benefits Quarterly* 2005; Third Quarter 2005:20-29.
- Nash DB, Nash SA. Reclassification of Simvastatin to over-the-counter status in the United Kingdom: a primary prevention strategy. *American Journal of Cardiology* 2004; 94 (suppl.):35-39.
- Pizzi LT, Howell JB, Deshmukh A, Cohen H, Nash DB. Clinical information management systems: An emerging data technology for inpatient pharmacies. *American Journal of Health-Systems Pharmacy* 2004;(61):76-81.

Pizzi LT, Suh DC, Nash DB, and Barone J. Factors Related to Physicians' Adoption of Electronic Prescribing: Results of a National Survey. *American Journal of Medical Quality* 2005; 20(1):22-32.

Pizzi LT, Howell JB, Carter CC, Johnson NE, Vallow SM. Work Loss and Healthcare Utilization Among U.S. Employees With Chronic Non-Cancer Pain. *Disease Management and Health Outcomes* 2005; 13(3):201-8.

Robbins JM, Sciamanna CN, Webb DA. Prevalence and incidence of cardiovascular complications for public health clinic patients with diabetes: The urban diabetics study. *BMC Health Services Research* 2005; 5(1):15.

Sciamanna CN, Harrold LR et al. The effect of web-based, personalized, osteoarthritis quality improvement feedback on patient satisfaction with osteoarthritis care. *American Journal of Medical Quality* 2005; 20(3):127-137.

Sciamanna CN, Novak SP, Marcus BH. Effects of using a computer in a doctor's office on patient attitudes toward using computerized prompts in routine care. *Int J Med Inform* 2005; 74(5):357-365.

Sciamanna CN, Goldstein MG, Marcus BH, Lawrence K, Pinto BM. Accuracy of recall of exercise counseling among primary care patients. *Preventive Medicine* 2004; 39((6)):1063-1067.

Sciamanna CN, Novak SP, Houston TK, Gramling R, Marcus BH. Visit satisfaction and tailored health behavior communications in primary care. *American Journal of Preventive Medicine* 2004; 26(5):426-430.

Sciamanna CN, Gifford DR, Smith RJ. Design and acceptability of patient-oriented computerized diabetes care reminders for use at the point of care. *Medical Informatics and the Internet in Medicine* 2004; 29:157-168.

Seidel RL, Nash DB. Paying for performance in diagnostic imaging: current challenges and future prospects. *American College of Radiology* 2004; 1:952-956.

Veloski J, Tai S, Evans AS, Nash DB. Vignette-based surveys: A tool for assessing physician practice variation. *American Journal of Medical Quality* 2005; 20(3):151-157.

Weston CM, O'Brien LA, Goldfarb NI, Roumm AR, Isele WP, Hirschfeld K. The NJ SEED project: Evaluation of an innovative initiative for ethics training in nursing homes. *Journal of the American Medical Directors Association* 2005; Jan/Feb 2005(6):68-75.

Books and Chapters

Nash DB and Goldfarb NI (eds). *The Quality Solution: The stakeholder's guide to improving healthcare*. Sudbury, MA: Jones and Bartlett, 2005.

Pizzi LT and Lofland JL, Elwood C (eds). *Economic Evaluation in U.S. Healthcare: Principles and Applications*. Sudbury, MA: Jones and Bartlett, 2005.

Johnson NE, Hirsch JD, Nash DB, Schrogie JJ. Pharmacoeconomics research in medical centers. In: Bootman JL, Townsend RJ, McGhan WF, eds. Cincinnati, OH: Harvey Whitney Books. 2004.

Other Publications

Clarke JL and Meiris DC. The health of American Healthcare 2004: Proceedings from McKesson Executive Summit for Payors. *Disease Management (Suppl)* Winter 2005.

Clarke JL, Meiris DV (Eds). The health of American health care 2004. Proceedings from the McKesson Executive Summit. *Pharmacy & Therapeutics* 2004; 29 (suppl.):1-17.

Crawford AG. Thoughts on Senator William H. Frist's "Health Care in the 21st Century". *American Journal of Medical Quality* 2005; 20(3):117-118.

Evans A. Review of the book Dr. David Sherer's Hospital Survival Guide: 100+ ways to make your hospital stay safe and comfortable. *P & T* 2004; 29:759.

Evans AS. Patient advocates call for greater responsibility and safety measures in hospitals: Medical errors still rampant. *Pharmacy & Therapeutics* 2004; 29(6):390.

Fleischut PM, Haas S. University technology transfer office: A status report. *Biotechnology Healthcare* 2005; 2(2):48-53.

Goldfarb NI, Maio V. Ensure appropriate pharmacotherapy for LTC. *Caring for the Ages* 2004; 5(12).

Maio V, Goldfarb NI, Sikirica V, Evans A, Roumm A, Nash DB. The need for choice of medicines in formularies for the elderly: A clinical review of three common therapeutic classes. 2004. Pharmaceutical Research and Manufacturing Association (PhRMA) White Paper.

Maio V. Letter to the editor. *Value in Health* 2004; 7(1):105-106.

Nash DB. Mirror, mirror (Editorial). *P&T* 2005; 30(1):11.

Nash DB. BIO 2005 Philadelphia. *Biotechnology Healthcare* 2005; 2(4):7.

Nash DB. Give PEACE a chance (editorial). *P & T* 2005; 30(4):197.

Nash DB. The leap to electronic prescribing (editorial). *Pharmacy & Therapeutics* 2005; 30(3):137.

Nash DB. Reviewing the reviews (Editorial). *Biotechnology Healthcare* 2005; 2(3):9.

Nash DB. Open-source science (editorial). *Biotechnology Healthcare* 2005; 2(2):8.

Nash DB. SEALD with a kiss (Editorial). *Biotechnology Healthcare* 2005; 2(1):9.

Nash DB. Happy anniversary! (Editorial). *P&T* 2005; 30(6):312.

Nash DB. Who will choose your medications? (Editorial). *Pharmacy & Therapeutics* 2005; 30(2):77.

Nash DB. pfizerdiabetes.com (Editorial). *Pharmacy & Therapeutics* 2004; 29:340.

Nash DB. Pharmacogenomics and "Pharmacocogenomics" (Editorial). *Biotechnology Healthcare* 2004; 1(3):7.

Nash DB. Second-Generation Antipsychotic Agents: A Classic P&T Committee Dilemma (Editorial). *Pharmacy & Therapeutics* 2004; 29(8):472.

Nash DB. Clinical trials and tribulations. *Pharmacy & Therapeutics* 2004; 29(9):531.

Nash DB. Washington Musings (Editorial). *Biotechnology Healthcare* 2004; 1(4):7.

Nash DB. Outpatient drug safety: The final frontier (Editorial). *Pharmacy & Therapeutics* 2004; 29:264-266.

Nash DB. The pulse of the nation (Editorial). *Pharmacy & Therapeutics* 2004; 29(7):406.

Nash DB. Strategic tools, strategic decisions (Editorial). *Pharmacy & Therapeutics* 2004; 29:672.

Nash DB. CRR of the IOM (Editorial). *Biotechnology Healthcare* 2004; 1:9.

Nash DB. An open letter to the disease management community (Editorial). *Disease Management (Winter 2004)* 2004; 7(4):265-266.

- Nash DB. Change is the only constant! (Editorial). *American Journal of Medical Quality* 2004; 19(6):233-234.
- Nash DB. Clinical trial redux (Editorial). *Biotechnology Healthcare* 2004; 1(6):7.
- Nash DB. 1 on 1 Health (Editorial). *P & T* 2004; 29:208 and 210.
- Nash DB. You should have been there (Editorial). *Biotechnology Healthcare* 2004; 1(2):8.
- Nash DB. Sculpting a new journal (Editorial). *Biotechnology Healthcare* 2004; 1(1):2.
- Nash DB. Countering counterfeiters (Editorial). *Pharmacy & Therapeutics* 2004; 29(1):10-11.
- Nash DB. Seeking middle ground (Editorial). *P & T* 2004; 29:66-67.
- Nash DB. Follow-ups (Editorial). *P & T* 2004; 29(3):128 and 133.
- Poston S, Goldfarb NI. Literature Review. *American Journal of Medical Quality* 2005; 20(3):167-169.
- Patel NM, Goldfarb NI. Literature Review. *American Journal of Medical Quality* 2005 20(4):222-4.
- Sciamanna CN. Will high-quality care be the norm by the time I need it? (Editorial). *American Journal of Medical Quality* 2005; 20(1):5-6.
- Sikirica V. The national Medicare prescription drug congress. *P & T* 2004; 29(4):223-226.
- Sikirica V. The National Prescription Drug Congress. *P & T* 2004; 29(4):223-226.

3) Scientific presentations

The work of the staff has continued to garner national press attention with more than three dozen stories and interviews appearing in such publications as *Modern Healthcare*, *The Philadelphia Inquirer*, *Modern Physician*, *Health Leaders*, *The Wall Street Journal*, *MGMA Connexion*, and *Disease Management News*. Scientific presentations made by Department faculty and staff in 2004-2005 include:

Crawford AG, Roco C, Riggio J, Valko G, Goldfarb NI, and Nash DB. "Patient Education and Adherence and Hypertension Control in Two Academic Medical Center Primary Care Practices." Poster presentation at the Tenth Annual Meeting of the International Society for Pharmaco-economics and Outcomes Research, May 16, 2005. Poster published as Crawford AG, Roco C, Riggio J, Valko G, Goldfarb NI, and Nash DB. "Patient Education and Adherence and Hypertension Control in Two Academic Medical Center Primary Care Practices." *Value Health* 2005;8.

Gelb Safran D, Thier SL, Wilson I, Bender W, Sommers T, Chang H, Rogers WE. Treatment Nihilism: Exploring Attitudinal Factors that may Contribute to Disparities in Health Care. Presented at 28th Annual Meeting of the Society of General Internal Medicine May 2005.

Gelb Safran D, Thier SL, Wilson I, Bender W, Sommers T, Chang H, Rogers WE. Treatment Nihilism: Exploring Attitudinal Factors that may Contribute to Disparities in Health Care. Presented at AcademyHealth Annual Research Meeting June 2005.

Goldfarb NI, Pizzi LT, Fuhr JP, Salvador C, Sikirica V, Kornbluth, A, and Lewis B. Role of Wireless Capsule Endoscopy in the Diagnosis of Crohn's Disease: An Economic Analysis. (Abstract No. 107314) Poster Presentation at Digestive Disease Week, New Orleans, Louisiana, May 2004.

Goldfarb NI. Economic Analysis for Video Capsule Endoscopy. International Conference on Capsule Endoscopy, Miami FL, March 2005

Goldfarb NI, Hartmann C. What Can We Learn from the Value-Based Purchasing Pioneers? Podium presentation at the National Business Coalition on Health Annual Conference, Atlanta GA, November 2004

Patel N, Goldfarb N, Hartmann CW, Maio V, Horn DL, and Pizzi L. Impact of complicated skin and soft tissue infections on inpatient costs for an academic medical center. Poster presentation at the 10th Annual Meeting of the International Society for Pharmacoeconomics and Outcomes Research, Washington DC, May 2005.

Pizzi LT, Gemmen E, Dahl NV. Characteristics Related To Productivity Loss In Patients With Overactive Bladder: Results From The MATRIX Study. Podium presentation accepted for the 8th Annual Congress of the International Society for Pharmacoeconomics and Outcomes Research, Florence, Italy, November 2005.

Salvador CG, Sikirica M, Evans A, Pizzi LT, Goldfarb NI. Clinical and Economic Outcomes of Patients with Prolonged Postoperative Ileus Undergoing Hysterectomy and Hemicolectomy at an Academic Medical Institution. Poster presentation at the American Society of Health-Systems Pharmacists Midyear Clinical Meeting, Orlando FL, December, 2004.

Sciamanna CN, Miller ER, Manocchia M, Mui S, Sciamanna AN. Internet-based, personalized, patient activation feedback to improve hypertension guideline adherence does not harm patient perceptions of care. Poster presentation at Academy Health, Boston, MA, June 2005.

Sciamanna CN, Nicholson RA, Lofland JH, Manocchia M, Mui S, Hartmann CW. Effects of a website designed to improve patient-provider interactions for the management of migraines. Poster presentation at Academy Health, Boston, MA, June 2005.

Weston C, Sikirica V, Pizzi L, Goldfarb N, Moretti D, Cobb N, Howell J, Infantolino A, DiMarino A, Cohen S. Work Loss and Activity Impairment Due to Inflammatory Bowel Disease. Podium presentation at the 9th Annual Meeting of the International Society for Pharmacoeconomics and Outcomes Research, Crystal City VA, May 2004.

Weston C, Poston S, Pizzi L, Goldfarb N, Sikirica V, Reifsnyder J, and Maxwell T. Opioid use in a large national hospice population: Examination of cancer versus non-cancer patients. Poster presentation at the 10th Annual Meeting of the International Society for Pharmacoeconomics and Outcomes Research, Washington DC, May 2005.

4) Research Faculty Strengths

The Department's research portfolio demonstrates diversity with regard to research methodologies, clinical areas, settings, perspectives, and relevance to local and national health policy. Among the specific strengths that have been identified by the Department's research faculty are:

- Performance (quality) measurement and improvement in health care
- The employer's role in health care/value-based purchasing
- Disease management program implementation and evaluation
- Patient-provider communications and behavior modification
- Economic analysis: cost identification, modeling, and pharmacoeconomics
- Outcomes measurement, including quality of life, and productivity
- Evaluation of health care technologies (drugs, devices, programs)
- Market research/development of marketing strategy
- Critical literature evaluation and evidence-based medicine
- Health policy research: description, analysis and evaluation of policy alternatives
- Evaluation of outcomes in specific clinical areas (e.g. diabetes, migraine, gastroenterology)
- Health informatics and the Internet in medicine

5) Areas for Faculty Development

As the Department continues to develop, faculty will be sought with skills in the following areas, to improve on the collective expertise and increase the ability to obtain external funding:

- Predictive modeling, artificial intelligence, and neural networks in health care
- Health economics
- Biostatistics and Epidemiology
- Survey research methodology
- Evidence based medicine methodology, e.g. meta-analysis
- AMCP formulary dossier development

6) Future Funding Potential

The Department has grown almost entirely through extramural grant support for research and education programs. Both for the short term and longer time horizon, we are projecting an increased ability to obtain funding, as we convert research staff to independent investigators and recruit additional faculty. As a generalist shop with expertise and experience in health policy, health services research, and pharmaceutical

outcomes research, we do not have a narrow range of research programs or lines of investigation. Some of the more promising avenues of research which are being nurtured currently include:

- Quality measurement and improvement in the ambulatory care setting (D. Nash, N. Goldfarb, A. Crawford)
- Improving physician-patient communications and overcoming cultural barriers (C. Sciamanna, C. Hartmann)
- Economic evaluation of health care technologies (drugs and devices) (L. Pizzi, N. Goldfarb, V. Maio, K. Smith)
- Measurement of workplace productivity (J. Lofland, L. Pizzi)
- Supporting the employer's role in quality improvement (N. Goldfarb, D. Nash, C. Hartmann)
- Appropriateness and cost-effectiveness of prescribing (V. Maio, L. Pizzi, C. Hartmann)
- Evaluation of electronic medical records and other e-health interventions (C. Sciamanna)

7) Plans for next two years

Our key research goal is to continue to build the number and size of grants, and diversify our portfolio, especially with regard to federal grants (which carry increased national recognition and greater indirect cost recovery). We have several objectives which will help to achieve this goal:

- Identify and build on track records of faculty and senior researchers in existing areas of expertise, e.g. pharmacoeconomic evaluation, methods for measuring and improving quality of care, measurement of productivity, fostering the employer and consumer roles in quality
- Encourage junior faculty (current research staff who are now seeking faculty appointments) to pursue federal training grants (e.g. K-awards) and other post-doctoral grant opportunities
- Recruit faculty with existing support and/or track record in obtaining research support from foundation and federal sources
- Return to current and previous sponsors to seek additional project funding and continue building a research trajectory
- Develop an expectation that all faculty apply for at least one federal grant per year

C. Patient Care

The Department of Health Policy does not have a clinical practice base. Drs. Nash and Sciamanna, the two physicians in the Department, both maintain their clinical skills through patient care in the Division of General Internal Medicine.

The Department also is leading Jefferson University Physicians' performance measurement and improvement efforts. Dr. Nash chairs the JUP Clinical Care Committee, and Neil Goldfarb was appointed JUP's Director of Ambulatory Care Performance Improvement in 2005. Additional Departmental staff working on JUP initiatives include Cecilia Roco, RN, CDE, (funded 100% by JUP), Al Crawford, PhD, MBA, MSIS (funded 50% by JUP), and Howard Chapman (funded 50% by JUP). Departmental outcomes research fellows also participate in JUP departmental initiatives. Performance measurement work is underway in almost all JUP departments. A "Celebrate the Gains" program was scheduled for September of 2005 to spotlight the Clinical Care Committee's work, and included presentations from six of the participating departments.

For the remainder of 2005-2006, the goal is to continue to foster each department's efforts to measure and improve performance for at least one key quality indicator. In addition, the JUP agenda is expanding to include an increased activity related to primary care quality measurement and aligning JUP's performance improvement activities with national initiatives including pay for performance programs. A collaborative project with the American Board of Internal Medicine will evaluate the use of the ABIM's Performance Improvement Module (PIM) project in academic group practice. JUP also will participate in the pilot test of the University HealthSystem Consortium (UHC) Ambulatory Care Measurement Set, beginning with an evaluation of quality of care for people with diabetes.

D. Affiliations

The department maintains a wide range of affiliations both within the Jefferson community and in the broader local, regional, and national health care systems.

Largely as a result of our multiple research projects and our work with the JUP-CCC, we have robust interdepartmental connections with nearly every clinical department on the campus. Staff from the Department of Health Policy work with faculty, and others, from every clinical department to support the quality measurement agenda for JUP. Through service as a data, analytic, and education resource, the Department provides value-added health care consulting to JMC and TJUH and, to some extent, the JHS. The Chair serves as a founding member of the Quality Council chaired by Stanton N. Smullens, MD, the CMO of JHS. Other aspects of the consulting mission are expressed through the Chair's service on the hospital's Pharmacy and Therapeutics Committee (a position he has held for 15 years) and on the JHS Pharmacy Task Force. In addition, he chairs the Quality Medication Subcommittee of the P&T Committee. The Chair also serves on the

TJUH Clinical Performance Improvement Committee. Also, he was appointed to the TJUH PEACE Committee (Pharmacoeconomics and Cost Effectiveness). Finally, the Chair was named to the Albert Einstein Health System Urban Health Policy Institute Advisory Board.

This year, the Department's Health Policy Senior Scholars Program, which recognizes individuals who make a commitment to the Department to participate, in a modest way, in our ongoing research and educational activities, grew its membership to over 45 local, regional and national leaders in industry and academia.

On a state level, the Department has an ongoing research affiliation with the Pennsylvania Health Care Cost Containment Council (PHC4), and Dr. Nash also chairs the PHC4 Technical Advisory Group (TAG). The PHC4 has continued to publish statewide outcomes reports on coronary artery bypass graft surgery, the care of persons with diabetes mellitus, the quality of care in HMOs throughout Pennsylvania, and for the first time, a hospital and physician specific report on hip and knee surgery. Several front-page *Philadelphia Inquirer* and *Business Journal* stories have resulted from the efforts of PHC4 and the TAG.

The Chair maintained a large number of consultancies with firms in the private sector; especially those concerned with E-Health and E-Commerce. For example, the DHP completed the fifth year of a strategic planning project with GE Medical Systems. The Chair also leads the GE-MedicalLogic Quality Improvement Consortium (MQIC), a national group of 1,000 physician electronic medical record users.

In addition, the Chair consulted with firms such as Future Health, MedCases and GetWell Network. He was named to the Board of Directors of the Itrax Corporation (DMX: Amex), a disease management firm, and he also chairs the Board Nominating Committee. These private sector initiatives provide important additional sources of external support as well as relevant databases for the research mission of the Department. Finally, the Department continues as a part of the American Healthways (AMHWS) National Outcomes Verification program. AMHWS is the largest publicly held disease management company in the country. All relevant conflict of interest forms and confidentiality statements are on file with the Office of the University Counsel.

On a national policy level, the Department has greatly increased its participation in the debate surrounding quality measurement and management. This was achieved, in part, by the Chair's personal involvement with numerous professional societies in the following capacities:

- Continued membership (since 1995) on the Advisory Council on Performance

Measurement (ACOPM) of the Joint Commission on Accreditation of Health Care Organizations (JCAHO), which oversees the national ORYX measurement initiative.

- Continued 11th year as Chairman of the IMS (Plymouth Meeting, Pennsylvania) sponsored National Disease Therapeutic Index (NDTI). This is an internationally regarded, physician-specific, pharmacy-tracking program.
- Membership in the National Quality Forum (NQF) and the Council on Research and Quality Improvement. The Chair was also appointed to direct the NQF Technical Advisory Panel on guidelines for ambulatory pharmaceutical management.
- Continued membership on the Board of Trustees of Catholic Health Care Partners (CHP), the tenth largest non-profit integrated delivery system in the country, headquartered in Cincinnati, Ohio. The Chair continued as the Chairman of the CHP Board Committee on Quality and Safety. He is regularly invited to address quality-related issues for many of the constituent institutions of the CHP and he was a part of a CHP Board Retreat to Dublin, Ireland in October 2004.
- Membership on the University of Oregon RWJ-sponsored project on improving the Consumer Assessment of Health Plan Survey Tools (CAHPS).
- The Chair was appointed to the Medical Leadership Council (MLC) of the UHC and the MLC Executive Committee – a key group of physicians who help to set quality improvement strategies for the UHC.

Through membership in activities sponsored by such groups as the JCAHO, NDTI, NQF, CHP, and the UHC, the Department is at the center of major national programs involved in measuring and improving health care quality.

The Department also continues its involvement with the International Society for Pharmacoeconomics and Outcomes Research (ISPOR). This year, ISPOR marked its 10th Anniversary and the Department was recognized as an ISPOR Annual Meeting sponsor for 10 consecutive years. ISPOR continues to be an important venue for research related to pharmacoeconomics and outcomes research. Laura Pizzi served as a session moderator during the Annual Meeting and was recently invited to join the ISPOR Workgroup on patient registries.

Finally, the 11th annual DHP Summer Retreat was held on July 15, 2005, with a special focus on Payment for Performance (P4P). Nationally prominent individuals from the National Business Coalition on Health (NBCH), the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), CIGNA, and others participated in a full day program. The retreat attracted nearly 175 persons representing more than 50 different regional organizations. The Summer Retreat is offered as an educational service to the scores of research clients and professional colleagues in the Delaware Valley.

E. Interdepartmental Programs

The Department's research and education activities involve collaboration with a wide range of Jefferson departments, as discussed above. In brief, these collaborations have included:

- Performance measurement activities with **all** JUP Departments
- Co-direction of the MSPH program with the Department of Family Medicine
- Collaborative research projects with the Department of Family Medicine, the Division of Gastroenterology, the Division of Infectious Diseases, Department of Psychiatry, Department of Emergency Medicine, Department of Neurology, and Division of General Internal Medicine
- Collaborative education programs with: the Dean's Office; Departments of Anesthesiology, Dermatology, Emergency Medicine, Family Medicine, Internal Medicine, Neurology, Nursing, Nutrition and Dietetics, OB/GYN, Occupational Health, Pathology, Pharmacy, Psychiatry, Radiation Oncology, Radiology, Surgery, and Urology; Divisions of Cardiology, Gastroenterology, Hepatology, and Infectious Disease; the Kimmel Cancer Center; the Jefferson Pain Center; and, the Rothman Institute
- Participation in the TJU Strategic Planning Initiatives, with Departmental faculty serving as committee members to evaluate the possibility of a School of Public Health (J. Lofland, PhD and the Chairman), and School of Pharmacy (L. Pizzi), and to develop a service and operational excellence dashboard (N. Goldfarb). The Chair also served as a resource for many of the strategic planning committees and leadership.
- The DHP has been collaborating since 2001 with the Center for Research in Medical Education and Health Care in a major series of projects supported by the Regional Health Care Agency of the Emilia-Romagna Region of Italy. These projects address a wide range of issues in health care organization, financing, and quality improvement activities. Ongoing activities include: development of a longitudinal, population-based, health care utilization database including the four million residents of the region; refinement and validation of a method for assessing the timelines and appropriateness of acute hospitalization; risk adjustment models to assist in health care planning and financing at the local level; assessment of appropriateness of outpatient prescription use; and analysis of the impact of prescription drug co-payments on patterns of drug use and patient outcomes.

F. Faculty

As discussed above, the new Department is just beginning to develop a faculty, building both on current senior research staff, and recruitment of additional researchers. Strengths and weaknesses are identified above. We remain confident in our ability to create a core

group of research faculty who will help to propel us successfully into the future as a more mature Department of Health Policy amongst our national peer group. In July of 2005, the Department Chair and Director of Research met individually with each faculty member for an annual performance review, and setting of goals for 2005-2006. Departmental expectations of faculty were reviewed at these meetings, and each faculty member has developed an action agenda for meeting these expectations. Evaluation of the impact of these efforts will be conducted in the summer of 2006.

G. Departmental Administration

The hiring of David Glatter, MBA, as Departmental Administrator, in July of 2005, will help the Department meet its growing administrative and grants management responsibilities. The administrative team for the Department also includes a Grants Manager, an Office Manager, and two Administrative Assistants. This staff serves the administrative needs of the entire Department, including the Chair and faculty, and manages the portfolio of over 40 grants at any one time (including 25 research grants). The Department Chair meets monthly with the Directors of Research and Education, the Office Manager, and the Grants Administrator, to review financial reports and discuss administrative issues. The Department Chair, Departmental Administrator, and the Directors of Research and Education compose the Department's "Steering Committee" and meet weekly to discuss strategy, staffing, new business development, and project management issues.

H. College-level issues

From the Chair's perspective, the most important departmental issue at the college level is core support for young research faculty and the need for more office space. As we seek to recruit research faculty with partial support, we need a modest level of external resources to nurture them into the senior ranks of the faculty. In addition, we need appropriate office space for their activities including space for support staff such as research assistants, and the like.

Additional issues that need to be addressed at the college level include faculty status for non-clinical, non-basic science individuals who are devoted to a career in health services research. Most large medical schools have appropriate faculty level recognition for such individuals. This should be further codified at JMC.

Finally, the methodology used for interdepartmental billing and collection lacks adequate managerial controls. The current system is akin to giving one's personal credit card to a stranger and awaiting the ensuing bills. This lack of accountability and transparency makes it extremely difficult to adequately plan during each budgetary cycle. In addition, the relatively arcane accounting principals endorsed by TJU proper contribute to this lack of managerial control at the departmental level. Hopefully, pending changes in the rules recently promulgated by TJU proper will ameliorate this problem.

In **summary**, the Department of Health Policy has made significant strides in the past year to adapt its programs and strategies to the newly-conferred departmental status. We are excited about the progress already made, and our contributions to the Medical College's mission and the national policy debate. We look forward to expanding the scope of activities and their impact in the years ahead.