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Annual report, 2005-2006

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Jefferson Medical College Department of Health Policy

Annual Report 2005-2006

Chair:	David B. Nash, MD, MBA The Dr. Raymond C. and Doris N. Grandon Professor of Health Policy
Director of Education:	Alexandria Skoufalos, EdD Assistant Professor of Health Policy
Director of Research:	Neil I. Goldfarb Research Assistant Professor of Health Policy
Associate Director of Research:	Laura Pizzi, PharmD, MPH Research Associate Professor of Health Policy

Other Faculty Members:

- Thomas Bunz, PharmD, Research Instructor of Health Policy (appointment pending)
- Albert Crawford, MBA, MSIS, PhD, Assistant Professor of Health Policy
- Robert Enck, MD, Professor of Medicine (secondary appointment pending)
- Joseph Fuhr, Jr., PhD, Adjunct Professor of Health Policy
- Kathryn M. Kash, PhD, Associate Professor of Psychiatry (secondary appointment pending)
- Jennifer Lofland, PharmD, MPH, PhD, Research Associate Professor of Health Policy
- Vittorio Maio, PharmD, MS, MSPH, Research Assistant Professor of Health Policy
- Mona Sarfaty, MD, Research Assistant Professor of Health Policy, Clinical Assistant Professor of Family and Community Medicine
- Christopher Sciamanna, MD, MPH, Associate Professor of Health Policy
- Kenneth D. Smith, PhD, Adjunct Research Assistant Professor of Health Policy
- Elaine Yuen, PhD, Research Assistant Professor of Family and Community Medicine, (promotion and transfer of primary appointment to Health Policy pending)
- Edward Wang, PharmD, MBA, Adjunct Assistant Professor of Health Policy

I. GENERAL BACKGROUND

1) Main responsibilities

The Department of Health Policy (DHP) is proud to be celebrating its third anniversary, building on the 14-year history of the Office of Health Policy and Clinical Outcomes. 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 performance measure for a health policy department is the impact of research and education programs, as reflected by changes in local, state, and national policies, and changes in care processes and outcomes. This metric is outside the traditional realm and can be very difficult to quantify. However, indices such as national visibility and recognition as reflected in the media, requests to engage speakers, and invitations to participate on task forces and committees can help to gauge this policy impact factor. Ultimately, these aspects of performance should also be reflected in some of the more conventional measures listed above (e.g., ability to attract grant funding and number of publications).

3) Present strengths and weaknesses

In the past year, significant progress has been made in furthering the Department's mission. The staff and faculty have grown considerably, adding greater depth and diversity to the Department's resources. The Department has an excellent national reputation despite its short tenure as a department, and is recognized as a source of timely and high-quality research, outstanding educational offerings and excellent training.

a) Education

The Department has built a strong team for designing, administering and evaluating education programs at all levels of professional education. Department faculty remain committed to working with undergraduate and graduate medical education program directors to seek opportunities to incorporate into the curriculum principles of evidence-based medicine, performance measurement and improvement, care and disease management, and other "non-traditional" aspects of care delivery and practice administration.

b) Research

The Department has a very 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 many of these staff members have recently been approved for faculty positions, and additional faculty have been added, we expect that the scope and funding of the research program will only increase. This transformation has continued during the past academic year, and the department's funding portfolio has become more diversified, increasingly including 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 2006-2007 year, including an additional Associate Director of Research. The Department will continue to offer secondary appointments to Jefferson Medical College faculty in other departments who have an expressed and demonstrated interest in health policy research and education.

The Department's "Senior Scholars" program for researchers and educators outside of the JMC community who desire an affiliation with the Department has proven to be very successful. Over 100 individuals have been approved as Senior Scholars under the criteria established for the program last year. This program has already led to several new funding opportunities and educational program offerings, and several of the participants have offered to serve as mentors for students. We expect this program to continue to serve as a vital resource for furthering the department's activities, especially in the combined MD/MBA program and the Master of Science in Public Health. A list of current Senior Scholars may be found on the Department's web site, www.jefferson.edu/dhp.

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

Establishing itself as a solid JMC Department requires additional resources to meet the higher expectations that necessarily follow. The Department has grown to a 41-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, especially as the Department continues to grow and flourish. The Department's current space in the Curtis Building is at capacity, with the Education team currently sharing space with the Center for Research in Medical Education and Health Care.

6) Plan for obtaining needed resources

Because the Department currently receives a minimal amount of core funding (as a percentage of overall operating budget), sources of philanthropic support need to be

identified, in concert with the Jefferson Foundation. Unlike clinical departments, Health Policy lacks 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 is under way to familiarize others with the Department's capabilities. Recruitment for additional faculty and key open positions continues. Another strategy for obtaining additional support is to return to funding sources for extensions of current contracts and new program support.

II. DEPARTMENTAL PROGRAMS

A. EDUCATION

1. Medical Students

a. Interclerkship Day

In January 2006, the Department organized and presented the 3rd JMC Interclerkship Day program, *Improving Patient Safety*, featuring three nationally prominent experts: John J. Nance, JD, founding board member of the National Patient Safety Foundation (NPSF) and aviation safety expert; Judith A. Owens, MD, MPH, Director of the Pediatric Sleep Disorders Clinic at Hasbro Children's Hospital at Brown University School of Medicine and chair of the American Academy of Sleep Medicine's Sleep, Alertness and Fatigue Education in Residency (SAFER) Task Force; and Paul Barach, MD, MPH, Director of the Center for Patient Safety at the University of Miami Medical School. 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 at Jefferson could be changed 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.

b. 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 (2005) recipient, Eric Moskowitz, researched topics in medical education and health policy, which culminated in the creation of an annotated bibliography of the ACGME competencies related to "systems-based practice and practice-based learning." He also completed a special project on ambulatory safety.

c. Academic Year Internship

The Department has gained a reputation as a training site for medical students who are completing requirements for the MBA program. The Department welcomed Ross Breitbart, a second-year DO/MS student in health policy at Philadelphia College of Osteopathic Medicine and the University of the Sciences in Philadelphia, as an academic intern. Ross completed several projects, many of which were published.

d. Policy Electives

In March of the JMC senior year, the Chairman conducts a one-month graduate-style elective in health policy. This year students read *From Chaos to Care* by David Lawrence and *The Quality Solution*, 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."

A second fourth-year elective, HPOL 401 – Introduction to Health Policy, was offered for the first time in the spring of 2006. The one-month course is taught by Neil Goldfarb, Director of Research, and Laura Pizzi, Associate Director of Research. It provides an overview of current issues in health policy, including health care financing, access to care, quality and safety improvement, and technology assessment. The elective will continue to be offered in three tracks each year.

e. 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 11 JMC students are enrolled in the unique five-year MD/MBA training program, codirected by JMC through the Department of Health Policy and Widener University in Chester, Pennsylvania. This year saw the graduation of the seventh 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. A research agenda regarding a longitudinal study of their attitudes, knowledge, and beliefs is in the planning process.

2. Graduate Students

a. Courses

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

This course, cross-listed with University of the Sciences in Philadelphia, now in its sixth 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.

- **GC650 – “Economic Evaluation of Health Care Technologies”**

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

- **GC660 – “Introduction to Biostatistics”**

This course was offered in the fall of 2005 and the spring of 2006, under the leadership of Albert Crawford, Assistant Professor, assisted by Howard Chapman, Research Analyst.

- **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.

In addition, a new course on international policy has been developed by DHP’s Vittorio Maio in collaboration with Daniel Louis of the Center for Research in Medical Education and Health Care. It will be offered for the first time in Spring 2007.

b. Master of Science in Public Health (MSPH)

During the past academic year, the Chair continued as the co-director of the Master of Science in Public Health (MSPH) Program. The Chair shares these responsibilities with Richard Wender, MD, Alumni Professor and Chairman, Department of Family and Community Medicine. The MSPH is a 40-credit program designed to meet the needs of working professionals. A thesis and a field project are required. Currently, 52 students from a variety of backgrounds are enrolled.

The codirectors created and chair the monthly MSPH Program Steering Committee, which provides overall strategic guidance for the MSPH program. 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 DHP staff member, served as the program manager for curriculum development and has transitioned this responsibility to Mona Sarfaty, MD, a new DHP faculty member. We are proud to report that the program has successfully achieved provisional national accreditation through the Council on Education for Public Health (CEPH).

The codirectors also organized an Advisory Group, composed of nearly two dozen local leaders who volunteer their time in support of the students' field projects. The group held a retreat in late April to assist the Steering Committee with its plans to enhance and expand the program. 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 2005-2006, fellowships were sponsored by Ortho-McNeil Janssen Scientific Affairs, LLC, GlaxoSmithKline and 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 presentation at national meetings. In May 2006, the Chair hosted the Sixth Annual National Fellowship Advisory Council, a group of more than 28 former Department fellows, in Philadelphia, PA. 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. Delaware Valley Schweitzer Fellows Program

In the Spring of 2006, the Department was approached by the national program office of the Albert Schweitzer Fellows Program to explore interest in starting a Philadelphia-region program. This prestigious program provides stipend support to students in degree-conferring programs who have an interest in community service. The Delaware Valley Schweitzer Fellows Program will be administered by the Department of Health Policy, and open to students from academic programs in Philadelphia and its suburbs, Southern New Jersey, and Delaware. More information on the Schweitzer Program is available at www.schweitzerfellowship.org.

4. Residents

a. Residency training

The Chair 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 and other Department faculty have been featured speakers during several of the Family Medicine and Internal Medicine residency noon conference programs.

5. Other Educational Programs and Audiences

a. Asthma

- As a product of its work with Genentech in examining anti-IgE therapy for asthma patients, the Department collaborated with members of a medical advisory board to develop an article for continuing education credit. “National Guidelines for a Novel Therapy: Update on Clinical Trials and Experience Using Consensus Panel Recommendations for Incorporating Omalizumab into Asthma Management” appeared in the May 2006 issue of *Pharmacy & Therapeutics*. The article also appears on the P&T Community web site.
- 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 shown laboratory specimens, and interacted with primary care physicians and specialists. This program has been offered multiple times during the past academic year, and is scheduled to be given regularly through 2006. Additional dates are planned for 2007.

b. Facilitating Opportunities to Collaborate for Universal Success (FOCUS)

The 11th Annual Summer Seminar served as a retreat for the Department’s Senior Scholars. Over 125 participants (including some key clients and the Department staff) came together to discuss relevant health policy topics, and to explore opportunities to collaborate with the department on research projects, to mentor students, or produce scholarly articles. The highlight of the program was the roundtable discussion on health care in 2020, which featured five Senior Scholars providing their insights on such issues as cost-sharing, value-based purchasing, consumer-driven health care, universal coverage, and the impact of health information technology. The panel discussion was moderated by the Chair and has been preserved in the form of a podcast (available for download from the DHP web site).

c. Vaccines Update

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.

During the second phase of their training, the sales representatives met with 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). An infectious disease specialist presented case studies on the use of vaccines in the hospital.

This combination of programs was offered on a quarterly basis in the 2005-2006 academic year, and is scheduled to continue in 2007.

d. Atypical Antipsychotics

The Department serves as host, and the Chair 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, met for the 5th time in October 2005 to address new findings in the field.

e. Diabetes

Merck sales representatives and product managers completed a full-day clinical practicum on diabetes. As part of this program, the participants were shown laboratory specimens and interacted with primary care physicians, specialists, and related health professionals. The program placed special emphasis on the team approach to management and treatment. This program has been offered several times during the past academic year, and is scheduled to be given regularly through 2006. Additional dates are planned for 2007.

f. Migraine

Merck sales representatives and product managers completed a full-day clinical practicum on migraine. The participants toured the headache center and interacted with primary care physicians and a variety of specialists (i.e., neurologist, emergency medicine, OB/GYN, and psychiatrist) who treat patients with migraine. The program has been offered regularly during the year, and is scheduled to be continued in 2006 and 2007.

g. Technology Task Force

GetWellNetwork (GWN), a privately held provider of interactive patient care solutions headquartered in Bethesda, MD, 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 health care 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 CD, hosted by the Chair, featuring national policy experts in the area of adherence and persistence. The Chair was also the featured speaker at a press conference held on the steps of the State Capital Building in Columbus, OH.

i. Smoking Cessation

The Department, as a subcontractor to Buckley Global Communications, organized a web-based tool to educate physicians, nurse practitioners, physician assistants, pharmacists, and other health care professionals on their role in promoting smoking cessation among their patient populations. The web site (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

Margaret E. O'Kane, President and Founder of the National Committee for Quality Assurance, delivered the 15th Annual Raymond C. Grandon Lecture this year. Her focus was on "Managing the Quality of Ambulatory Care" through performance measurement and health care quality assessment using standardized measures.

The Jefferson community had specialized access to Ms. O'Kane for the entire day of her visit. The morning began with an invitation-only Managed Care Breakfast Summit, where Ms. O'Kane was featured at a roundtable discussion focused on "Holding Healthcare Accountable: Putting Ideals into Action." Following the summit, she met with the Jefferson University Physicians Clinical Care Committee (JUP-CCC), and provided advice and guidance on specific JUP-CCC quality initiatives based on questions from the committee members. After the consultation, she delivered the Grandon Lecture, and answered questions from the audience and the members of the Jefferson reactor panel.

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 health care 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 that provides evidence of the recognized significance of information systems in the improvement of the delivery of health care. Over 80 interested health care 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)

Founded by the Office of CME and the Department of Health Policy, JIAC is an organization 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 the pharmaceutical industry. 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 perspectives on how the industry is reacting to the issue of collaboration and partnership with the academic medical community.

m. Osteoporosis

This program was designed for newly hired Merck sales representatives who have no prior health care experience and who call on those primary care physicians referring patients to rheumatology and/or gynecology. The goal was to prepare the sales representatives for the complex and dynamic health care environment by providing hands-on experience and helping them to 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. The program was held several times during the academic year, and is scheduled to continue on a regular basis in 2006 and 2007.

n. Disease Management Colloquium

The Department of Health Policy hosted the *Third Annual Disease Management Colloquium*, the only executive education course on the role of disease management in Medicare, Medicaid, health care cost efficiency, quality and medical errors reduction. This

year the program outgrew the Jefferson campus' capacity and was held at the Hyatt Penns Landing Hotel. Sixty national experts in disease management presented updates in the field. During the three-day program, the *Disease Management* Editorial Board met for its annual dinner and business meeting.

o. Cardiovascular

This is another in a series of full-day clinical practicum training programs for Merck sales representatives and product managers. Participants receive a combination of didactic and experiential training (including demonstrations in the cardiac catheterization lab and ultrasound), and have the opportunity to interact with primary care physicians and specialists, and are afforded a question and answer period. The program familiarizes the participants with the diagnosis, treatment and management of cardiovascular disease. It was offered several times during the academic year, and is scheduled to continue in 2006 and 2007.

p. Radiology Utilization

This program was developed for MedSolutions to help educate providers in the State of Delaware on appropriate ordering of a variety of radiologic examinations. Based on information gathered by Coventry Health, many providers were ordering studies that were not in conformance with guidelines, resulting in delays, denials and, in some cases, needless patient exposure to radiation. This continuing education activity was held three times over two days in order to cover the entire state. A follow-up survey is scheduled for November to determine whether or not provider practices have changed as a result of the educational program.

q. Health Policy Forum

The Department continued to conduct the Health Policy Forum, now in its 16th 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 July and 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 Stanley Music, MD, Safety Surveillance Physician at J&J; Katherine Klein, PhD, Professor of Management at Wharton; David St. Clair, President and CEO, MEDecision; Michael Peterson, EdD, Associate Professor at University of Delaware; Gus Geraci, MD, AccessPlus Medical Director; and David Levin, MD of JMC's Department of Radiology. Total attendance at the Forum exceeded 500 participants in the past year.

r. 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., e-Health Initiative Update: Proceedings From the e-Health Technology Summit, *American Journal of Medical Quality*, November/December 2005 and Electronic Personal Health Records Come of Age, InterComponentWare Advisory Board Meeting, *American Journal of Medical Quality*, May/June 2006), 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.

s. Evidence-Based Medicine

An educational program was designed for a variety of special audiences for Ortho-McNeil Janssen Scientific Affairs and other affiliated departments of Johnson & Johnson (J&J) on the topic of evidence-based medicine. Johnson & Johnson has recognized that the changing health care landscape has a tremendous impact on its business model, and wanted to ensure that its employees, especially those working in clinical trials and pharmaceutical marketing, have a good understanding of how it works. Over 100 participants attended a full day educational program that featured the Chair, along with Richard Wender, MD, Chairman of Jefferson's Department of Family and Community Medicine, and Paul Keckley, PhD, Executive Director of the Vanderbilt Center for Evidence-based Medicine. Employees from various J&J locations around the country were flown to the Raritan, NJ campus to attend the event. Portions from *The Quality Solution* and *Economic Evaluation in US Health Care: Principles and Applications*, two DHP-edited texts, were used as required reading for pre-program preparation.

t. American College of Physician Executives (ACPE – Tampa, FL)

Other innovative curricular material included the further refinement of "Interact," the web-based course sponsored by the American College of Physician Executives (Tampa, FL). 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 six 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 continued to update five 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, as the content will help to fulfill requirements surrounding the ACGME competencies.

u. Continuing Medical Education

The Department continued its outstanding collaborative 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 Industry 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. Further, in keeping with the new initiative to provide CME credit for quality improvement efforts, the Department is helping to introduce this effort within JUP-CCC.

v. Continuing Pharmacy Education

The Department serves as an approved provider of continuing education for pharmacists through the American Council on Pharmaceutical Education (ACPE). 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.

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 2007. 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, as well as a Pre-clerkship day.

Opportunities also exist to expose residents to these same topics and issues on the graduate education level. Under the auspices of the Dean, the Department has organized the first annual Jefferson conference on Medical Education in 2020. This national conference is bringing together key leaders in all areas of academic medicine to explore opportunities to improve education at all levels to better prepare physicians for the coming changes in health care.

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

The Department of Health Policy has continued to expand its research faculty and grant-supported avenues of research over the past year. In June of 2006, the Research division was reorganized into four thematic subgroups that reflect the major areas of engagement: Quality of Care Research; Health Policy and Population Health Research; Pharmacoeconomics and Outcomes Research; and Research on Patient-Centered Care. The Department project portfolio reflects a diverse range of funding sources and areas of interest, and demonstrates widespread collaboration with other Jefferson investigators.

1. Current Funded Research Projects

Title	Investigators	Source of Support	Total Amount
College for the Advanced Management of Health Benefits (2006)	N. Goldfarb, D. Nash	HealthCare21 Business Coalition	\$ 90,000
Predictive Model Evaluation Using the Medicare Current Beneficiary Survey (MCBS)	N. Goldfarb, V. Maio, J. Diamond (Family and Community Med), K. Novielli (Assoc Dean)	ExcelleRx	\$ 47,550
Evaluation of Disease Management Interventions	D. Nash, N. Goldfarb, A. Crawford, J. Clarke	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
Evaluation of Online 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	Ortho-McNeil Janssen	\$95,256
Development of a National Quality Measurement Set for Migraine	N. Goldfarb, D. Nash, J. Lofland, S. Silberstein (Neurology)	Ortho-McNeil Janssen	\$439,503
Cost Identification Study for Inpatient Candidal Infections	V. Maio, C. Hartmann, N. Goldfarb, D. Horn (Infectious Dis)	MediMedia/Pfizer	\$201,000
Relationships between Changes in Glycemic Control and Changes in Pharmacotherapy for Diabetes	N. Goldfarb, B. Goldberg (Endocrin.)	GSK	\$ 98,410
Economic Impact of Breakthrough Pain	L. Pizzi	Cephalon	\$198,621
Measurement of Productivity Loss Associated with Overactive Bladder	L. Pizzi, J. Lofland	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	\$ 52,374
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	\$ 70,000
Efficacy of Web-based Feedback to Improve Blood Pressure Control	C. Sciamanna B. Falkner C. Daskalakis, D. Nash	NHLBI	\$2,058,756
Computerized Physical Activity Promotion in Primary Care	C. Sciamanna, B. Marcus, A. Crawford	NHLBI	\$1,337,441
Computer-Assisted Cancer Risk Behavior Counseling	C. Sciamanna, A. Crawford	NCI	\$278,714
Preventing Medical Errors in Child Care Centers that Care for Children Less than 6 Years in Age	J. Lofland, P. Campbell	Jefferson Intramural Award	\$ 13,000
Physician Profiling and Appropriateness of Prescribing for the Elderly in Italy	V. Maio	Azienda Italy	\$ 74,351
Policy Implications of Non-adherence to guidelines and prescriptions	D. Nash	GSK	\$ 61,550
Evaluation of the Impact of Soarian Workflow Management on Inpatient Operations	N. Goldfarb, A. Crawford, D. Nash	Siemens	\$ 60,000
Economic Evaluation of a Stress Management Program	N. Goldfarb	Johnson & Johnson	\$100,000

Evaluation of a Web-Based Training Program for Neurology Residents	D. Nash, K. Kash, A. Skoufalos	American Headache Society	\$195,098
Outcomes Evaluation of the Charite Artificial Disc	N. Goldfarb	Clinical Connexion	\$148,854
Impact of the Charite Artificial Disc on Indirect Costs	T. Bunz, N. Goldfarb, A. Vaccaro (OrthoSurg), J. Harrop (NeuroSurg)	DePuy Spine	\$ 25,000
Prevalence of and Attitudes toward GERD in Minority Populations	E. Yuen, N. Goldfarb	AstraZeneca	\$109,372
Colorectal Cancer Screening Capacity and Insurance Coverage in PA	R. Myers (Medicine), M. Sarfaty	Pennsylvania Legislative Budget Committee	\$116,736
Economic Impact of Pharmacotherapy for Chronic Disease	T. Bunz, N. Goldfarb, D. Nash	PhRMA	\$62,542
Total			\$6,795,268

2. Departmental Publications

The Department's publication output includes four peer-reviewed journals: *Disease Management* (the official journal of the Disease Management Association of America), *Pharmacy and Therapeutics*, *Biotechnology Healthcare*, and *The American Journal of Medical Quality* (official journal of the American College of Medical Quality). David B. Nash, MD, MBA, is Editor-in-Chief of all four journals. Four faculty members – Neil Goldfarb, Albert Crawford, Christopher Sciamanna, and Vittorio Maio, serve as Associate Editors of the *American Journal of Medical Quality*. The publication list below does not include the many editorials and columns resulting from these efforts. Details on each journal follow:

Disease Management

The Department continued its editorial directorship of *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* is published bimonthly and reaches a paid national circulation of over 1,200. The Chair is also a member of the Board of Directors of the Disease Management Association of America (DMAA), the leading national organization concerned with the public policy issues in disease management, 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.

Pharmacy and Therapeutics (P&T)

The Department completed its seventh 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.

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 national circulation of 35,000 and is distributed bimonthly. A 70-member Editorial Board was assembled by the Department and includes representative leaders from every sector within the biotechnology arena, including bioethics, law, the basic sciences, public policy, and the pharmaceutical industry.

American Journal of Medical Quality (AJMQ)

The Chair has completed two full years as editor for the 20-year-old, peer-reviewed *American Journal of Medical Quality*. 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, IL.

Other Publications:

Health Policy Newsletter

The Health Policy Newsletter is now in its 15th 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 worldwide and has been distributed at dozens of national medical meetings. Editorials from the newsletter are often reprinted in other publications. “Letters to the Editor” demonstrate 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.

Texts

Department faculty authored two books in the past year, aimed at graduate students in public health, and practitioners in the field:

- Pizzi LT and Lofland JL (eds). *Economic Evaluation in U.S. Healthcare: Principles and Applications*. Sudbury, MA: Jones and Bartlett, 2005.
- Nash DB and Goldfarb NI (eds). *The Quality Solution: The Stakeholder’s Guide to Improving Health Care*. Sudbury, MA: Jones and Bartlett, 2005.

These books have received positive reviews and have gone into a second printing. Portions of *The Quality Solution* are being translated into Spanish for publication in a similar text in South America. Both *The Quality Solution* and *Economic Evaluation in U.S. Health Care: Principles and Applications*, have served as core reference materials for two of the Department courses in the TJU-MSPH program, and as support material for educational programs for outside agencies.

In addition, the Department contracted with the American College of Physician Executives (ACPE) to edit *Practicing Medicine in the 21st Century* and several staff members are contributing chapters to the book. This multi-author text is designed as a primer to prepare

new physicians for practicing in a changing health care environment. Publication is scheduled to occur in fall 2006.

The Department also was honored to be asked to contribute to the Foundations of Internal Medicine section of MKSAP14, published by the American College of Physicians. Dr. Nash, Dr. Sciamanna, and Mr. Goldfarb contributed chapters to the compendium. They also authored prototypical test questions for the ABIM Certifying Exam.

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 web site (www.jefferson.edu/dhp) is continually updated and received nearly 2,000 hits per month. The Chair continued to serve on the editorial boards of nine peer-reviewed journals and as the Editor-in-Chief of *P&T*, *Disease Management*, *Biotechnology Healthcare*, and *American Journal of Medical Quality*.

Department of Health Policy Bibliography 2005-2006 Publications

[Department members' names are indicated in bold]

Baumel MJ, DuBuske L, Szeffler SJ, Rosenwasser L, **Nash DB**. National guidelines for a novel therapy: Update on clinical trials and experience using consensus panel recommendations for incorporating omalizumab into asthma management. *P & T*. 2006;31:276-82.

Blanch DC, **Sciamanna CN**, Lawless HK, Diaz JA. Effect of the Internet on the Doctor-Patient Relationship: A Review of the Literature. *Journal on Information Technology in Healthcare* 2005;3(3): 179-201.

Clarke J, Meiris D. Preventive Medicine: A "cure" for the healthcare crisis. *Disease Management*, Suppl; Nov-Dec 2006. In press.

Clarke J, Meiris D. Electronic personal health records come of Age. *American Journal of Medical Quality*, Suppl:5S-15S; May-June 2006.

Clarke JL, Meiris DC. E-Health Initiative Update: Proceedings from the e-Health Technology Summit. *American Journal of Medical Quality*, Suppl:6S-23S; Nov-Dec 2005.

Clough J, Crawford A, Nash DB. The Future of Economic Evaluation Within the United States. In: Lofland J and Pizzi L, Eds. *Economic Evaluation in U.S. Health Care: Principles and Applications*: 157-175. Boston: Jones & Bartlett Publishers, 2005.

Crawford AG, Fuhr JP Jr., **Clarke J**, and Hubbs B. “The Comparative Effectiveness of Total Population versus Disease-Specific Neural Network Models in Predicting Medical Expenses.” *Disease Management*, 2005;8:277-287.

Crawford AG and Sciamanna CN. “Introduction” to “Case Studies on Medication Reconciliation”; also editors of the collection of case studies. *American Journal of Medical Quality*, 2006;21,5(September/October).

Crawford AG, Sikirica V, **Goldfarb NI**, Popiel RG, Patel M, Wang C, Chu JB, and **Nash DB**. Interactive Voice Response Reminder Effects on Preventive Service Utilization. *American Journal of Medical Quality*, 2005,20,6(November/ December):329-336.

Diaz JA, **Sciamanna CN**, Evangelou E, Stamp MJ, Ferguson T. Brief report: What types of Internet guidance do patients want from their physicians? *Journal of General Internal Medicine* 2005;Aug;20(8):683-5.

Fuhr JP, Jr, He H, **Goldfarb N**, **Nash DB**. Use of chromium picolinate and biotin in the management of Type 2 diabetes: an economic analysis. *Disease Management* 2005;8:265-275.

Gagne JJ, **Goldfarb NI**. Paying the toll to cross the quality chasm. *Caring for the Ages*. 2005;6(10):14-15.

Gill JM, Fleischut P, Haas S, Pellini B, **Crawford A**, and **Nash DB**. Use of Antibiotics for Adult Upper Respiratory Infections in Outpatient Settings: a National Ambulatory Network Study. *Family Medicine*, 2006,38,5(May);349-354.

Hartmann CW, **Goldfarb NI**, **Maio V**, **Roumm AR**, **Nash DB**. [Improving Health Care Quality through Value-Based Purchasing: What Can the Pioneers Teach Us?](#) *Value-Based Purchasing* 2006;Vol.1.

Hartmann CW, **Maio V**, **Goldfarb NI**, **Cobb NM**, **Nash DB**. Asthma Management Programs in Managed Care Organizations. *Disease Management* 2005;8(6):339-345.

Hudson LR, Hamar GB, Orr P, Johnson JH, Neftzger A, Williams ML, Gandy WM, **Crawford A**, **Clarke J**, **Goldfarb NI**. Remote physiological monitoring: Clinical, financial and behavioral outcomes in a health failure population. *Disease Management*, Nov-Dec, 2005.

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. *Joint Commission Journal on Quality & Patient Safety*. 2005;31:167-72.

Lofland JH, **Nash DB**. Oral Serotonin Receptor Agonists: A Review of Their Cost Effectiveness in Migraine. *PharmacoEconomics* 2005;23(3):259-274.

Lofland JH, Frick KD. Effect of Health Insurance on Workplace Absenteeism in the US Workforce. *Journal of Occupational and Environmental Medicine* 2006;48(1):13-21.

Lofland JH, Frick KD. Workplace Absenteeism and Aspects of Access to Health Care for Individuals With Migraine Headache. *Headache* 2006;46(4):563-576.

Louis DZ, **Yuen EJ**, **Maio V**, Rabinowitz C, Robeson M, **Smith KD**, Gonnella JS. A Population-Based Longitudinal Healthcare Database in the Emilia-Romagna Region, Italy: A Resource for Planning and Research. *Health Policy Newsletter*. 2005;18(2):6.

Lowe RA, Localio AR, Schwarz DF, Williams S, Tuton LW, Maroney S, Nicklin D, **Goldfarb N**, et al. Association between primary care practice characteristics and emergency department use in a Medicaid managed care organization. *Medical Care* 2005;43:792-800.

Maio V, **Pizzi L**, **Roumm AR**, **Clarke J**, **Goldfarb NI**, **Nash DB**, and Chess D. Pharmacy Utilization and the Medicare Modernization Act. *The Milbank Quarterly* 2005;83(1):101-30.

Maio V, **Hartmann CW**, Poston S, Liu-Chen X, Arenson C, Diamond J. Inappropriate Prescribing for Elderly Patients in Two Outpatient Settings. *American Journal of Medical Quality* 2006;21(3):162-7.

Maio V, **Yuen EJ**, Brixner DI, Oderda GM, Asche CV, Smith DK, Morgan S. Multi-National Assessment of Outcomes Via Retrospective Databases. *ISPOR Connections* 2006:12(4).

Maio V, **Yuen EJ**, Rabinowitz C, Louis DZ, Jimbo M, Donatini A, Mall S, Taroni F. Using Pharmacy Data to Identify Those with Chronic Conditions in Emilia Romagna, Italy. *Journal of Health Services Research and Policy* 2005;10(4):232-238.

Maio V, **Hartmann CW**, **Goldfarb NI**, **Roumm A**, **Nash DB**. Are Employers Pursuing Value-Based Purchasing? *Benefits Quarterly* 2005;21(3):20-9.

Maio V, **Pizzi L**, **Roumm AR**, **Clarke J**, **Goldfarb NI**, **Nash DB**, Chess D. Pharmacy Utilization and the Medicare Modernization Act. *The Milbank Quarterly* 2005; 83(1):99-128.

Marcus BH, Napolitano MA, King AC, Lewis BA, Whiteley JA, Albrecht A, Parisi A, Bock B, Pinto B, **Sciamanna C**, Jakicic C, Papandonatos G. Telephone versus Print Delivery of an Individualized Motivationally-Tailored Physical Activity Intervention: Project STRIDE. In press, *Health Psychology*.

Meiris D, **Clark J**, **Nash DB**. Perspective: Culture change at the source: A medical school tackles patient safety. *American Journal of Medical Quality* 2006;21:9-12.

Napolitano MA, Whiteley JA, Papandonatos G, Dutton G, Farrell NC, Albrecht A, Bock B, Bazzarre T, **Sciamanna C**, Dunn A, Marcus BH. Outcomes from the Women's Wellness

Project: A Community-Focused Physical Activity Trial for Women. In Press, *Preventive Medicine*.

Napolitano MN, Albrecht A, **Sciamanna CN**, Marcus BH. Rationale, Design, and Baseline Data for Project STRIDE: An evaluation of the relative efficacy of telephone and print interventions for physical activity promotion. In press, *Contemporary Clinical Trials*.

Nash DB, Greene RA, Loeppke RR, McCall N, Moorhead T. Roundtable discussion. Insights from the 2006 Disease Management Colloquium. *Disease Management*. 6 A.D.;9:189-94.

Orr PM, McGinnis MA, Hudson LR, Coberley SS, **Crawford A, Clarke JL, and Goldfarb NI**. "A Focused Telephonic Nursing Intervention Delivers Improved Adherence to A1c Testing." *Disease Management*, 2006,9,5(October).

Pinto B, Goldstein M, Ashba J, **Sciamanna C**, Jette A. Physical Activity Counseling for Older Primary Care Patients. *American Journal of Preventive Medicine* 2005;29(4):247-255.

Pizzi LT, Weston CM, Howell JB, **Goldfarb NI, Cobb N**, Cohen S, Infantolino A, and DiMarino A. Impact of Chronic Conditions on Quality of Life in Patients with Inflammatory Bowel Disease. *Inflammatory Bowel Diseases* 2006;12(1):47-52.

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.

Roumm AR, Sciamanna CN, Nash DB. Health care provider use of private sector internal error-reporting systems. *American Journal of Medical Quality* 2005 Nov-Dec;20(6):304-12.

Roumm A, Pizzi LT, Goldfarb NI, Cohn H. Minimally Invasive: Minimally Reimbursed? An Examination of Six Laparoscopic Surgical Procedures. *Surgical Innovation* 2005; 12(3):261-88.

Salvador CG, Sikirica M, Evans A, Pizzi L, and Goldfarb N. Clinical and Economic Outcomes of Prolonged Postoperative Ileus in Patients Undergoing Hysterectomy and Hemicolectomy. *P&T* 2005; 30(10): 590-5.

Sciamanna CN, Alvarez K, Miller J, Gary TL, Bowen M. Attitudes toward Nurse Practitioner-led chronic disease management to improve outpatient quality of care. In Press, *American Journal of Medical Quality*.

Sciamanna CN, Nicholson RA, **Lofland JH**, Manocchia M, Mui S, **Hartmann CW**. Effects of a website designed to improve the management of migraines. *Headache*. January 2006;46:92-100.

Sciamanna CN, Novak SP, Marcus BH, Goldstein MG. Effects of using a computer in a doctor's office on patient attitudes toward using computerized prompts in routine care. *International Journal of Medical Informatics*, 2005. 74(5): p. 357-65.

Smith KD, **Yuen EJ**, Donatini A, Louis DZ, Rabinowitz C, **Maio V**, Taroni F. Risk Adjustment in a Non-Market-Based System: The Case of Emilia Romagna, Italy. *International Journal of Healthcare Technology and Management* 2006;7(1/2):100-116.

Talati A, **Maio V**, **Hartmann CW**. Quality prescribing for the elderly. *Medicare Patient Management* May/June 2006:34-37.

Veloski J, Tai S, Evans AS, **Nash DB**. Vignette-based surveys: A tool for assessing physician practice variation. *American Journal of Medical Quality*. 2005;20:151-57.

Wood KE, **Nash DB**. Mandatory State-based error-reporting systems: Current and future prospects. *American Journal of Medical Quality* 2006;20:297-303.

3. Scientific Presentations

Crawford AG. "UHC's Clinical Quality Metrics Update and Quality Measure Pilot: Member Experiences" and "Member Quality Efforts in Ambulatory Care: Member Panel," Presented at the University HealthSystem Consortium Ambulatory Care and Group Practice Council Joint Meeting, San Francisco, February 2, 2006.

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;8:273.

Crossan L, **Lofland JH**, Robbins J, Plumb J. At risk and overweight adolescents in the Philadelphia Health Care Centers: Prevalence, risk factors, and comorbidities. Submitted to 134th Annual Meeting for the American Public Health Association, Boston, MA. November 4-8, 2006.

Gagne JJ, **Lofland JH**, Rupnow M, Smith KD, **Poston S**, and **Pizzi LT**. Impact Of Topiramate For Migraine Prophylaxis On Workplace Productivity: Results From Two U.S. Randomized, Double-Blind, Placebo-Controlled, Multicenter Trials. Podium presentation at the 11th Annual Meeting of the International Society for Pharmacoeconomics and Outcomes Research, Philadelphia, PA, May 2006.

Goldstein G, Spiegel J, Gaslin M, Keane W, Rosen M, Tereschuk D, **Roco C, Crawford AG, Chapman H.** “Smoking Cessation Practices for Patients with Head and Neck Cancer,” Presented at the 2005 American Academy of Otolaryngology Meeting.

Hartmann C, Sciamanna CN, Mui S. Qualitative Analysis of Patient Experiences with Asthma Care Web site (paper). Society of General Internal Medicine, Los Angeles, CA, May 2006.

Holtzer B, Johantgen M, Geiger-Brown J, and **Crawford A.** “Factors Influencing Care Coordination for CSHCN,” Presented at the AcademyHealth Child Health Services Research Meeting, Seattle, WA, June 24, 2006.

Lofland JH, Rupnow M, Gagne JJ, Smith KD, Poston S, Pizzi LT, Papadopoulos G. Impact of Topiramate for Migraine Prophylaxis on Workplace Productivity: Results from a U.S. Randomized, Double-Blind, Placebo-Controlled, Multicenter Trial. American Academy of Neurology Annual Meeting, San Diego, CA April 2006.

Maio V, Yuen EJ, Smith KD, Louis DZ. Prescribing patterns following publication of the Antihypertensive and Lipid-Lowering Treatment to Prevent Heart Attack Trial (ALLHAT) in Regione Emilia Romagna, Italy. AcademyHealth 2006 Annual Research Meeting, June 25, 2006, Seattle, WA.

Maio V, Yuen EJ, Smith KD, Louis DZ. Prescribing Patterns for Antihypertensive Drugs after the Publication of the Antihypertensive and Lipid-Lowering Treatment to Prevent Heart Attack Trial (ALLHAT) in Region Emilia Romagna, Italy. 11th Annual Meeting of the International Society Pharmacoeconomics and Outcomes Research, May 23, 2006, Philadelphia, PA.

Pizzi LT, Gagne JJ, Lofland JH, Rupnow M, Smith KD, Poston S. Effect of topiramate for migraine prophylaxis on workplace productivity: results from two U.S. randomized, double-blind, placebo-controlled, multicenter trials. Poster presented at the American Headache Society Annual Meeting, Los Angeles, CA, June 2006.

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

Roehl B, **Talati A, Maio V, Hartmann CW, Arenson C, Diamond J.** Why are Potentially Inappropriate Medications Prescribed for Elderly Patients? 39th Society of Teachers of Family Medicine Annual Spring Conference, April 26-30, 2006, San Francisco, CA

Sand PK, Kelleher C, **Pizzi LT, Dahl NV.** Effect of treatment for overactive bladder on work productivity: Results from the MATRIX study. Presented at the International Urogynecological Association 31st Annual Meeting, Athens, Greece, September 2006.

Sciamanna CN, Alvarez KL, Gary TL, Miller J, Bowen M. Attitudes toward nurse practitioner-led management of chronic diseases in primary care settings (poster). Society of General Internal Medicine, Los Angeles, CA, May 2006.

Singh M, Pizzi LT, Lofland JL, Higashi M, and Patel N. Economic Burden of Work Loss Among Sufferers of Lymphatic Filariasis: An Eradicable Global Health Problem. Podium presentation at the 11th Annual Meeting of the International Society for Pharmacoeconomics and Outcomes Research, Philadelphia, PA, May 2006.

Talati AR, Pizzi LT, Dahl N, and Gemmen E. Validation of the Work Productivity Questionnaire: Results of The MATRIX Study. Podium presentation at the 11th Annual Meeting of the International Society for Pharmacoeconomics and Outcomes Research, Philadelphia, PA, May 2006.

Talati A, Roehl B, Maio V, Hartmann CW, Arenson C, Diamond J. Appropriate Medication Prescribing for the Elderly: Physician Confidence and Knowledge. 11th Annual Meeting of the International Society Pharmacoeconomics and Outcomes Research, May 22, 2006, Philadelphia, PA.

Yetman SJ, Sciamanna CN, Marcus BH, Goldstein MG. Effect of Computerized Patient-Tailored Feedback Report on Health Behavior Counseling (poster). Society of Behavioral Medicine Annual Meeting, San Francisco, CA, March 2006.

Yuen EJ, Maio V, Smith KD, Louis DZ. Costs of Chronic Conditions in Regione Emilia Romagna, Italy. AcademyHealth 2006 Annual Research Meeting, June 25, 2006, Seattle, WA.

Yuen EJ, Maio V, Louis DZ, Rabinowitz C, Robeson M, Smith KD. Using an Italian Population Database to Profile Prevalence and Costs of Chronic Conditions. 8th Annual European Congress of the International Society Pharmacoeconomics and Outcomes Research, November 8, 2005, Florence, Italy.

Yuen EJ, Smith KD, Maio V, Donatini A, Robeson M, Rabinowitz C, Louis DZ. Combining Pharmacy and Hospital Data in a Risk Adjustment Model. 8th Annual European Congress of the International Society Pharmacoeconomics and Outcomes Research, November 8, 2005, Florence, Italy.

4. Current Strengths

The Department's faculty represents a broad range of disciplines and areas of expertise, including the following:

- Health policy
- Public health
- Work productivity measurement
- Pharmacoeconomics
- Survey development and administration
- Risk-adjustment methods using medication claims data
- Health services research
- Health care quality and safety measurement and improvement
- Minority health and care for the underserved
- Cancer prevention and control
- Health behavior change
- Health information technology
- Patient centered care/consumerism
- Value-based purchasing of health care benefits

One additional area of experience and expertise is the analysis of large datasets to answer important policy questions. Databases which Department faculty and research staff have used in the past year include: the Medical Expenditure Panel Survey (MEPS), the Medicare Current Beneficiary Survey (MCBS), regional data from the Italian health care system, the Pennsylvania Health Care Cost Containment Council inpatient dataset, and Vermont Medicaid and Medicare data, and the University HealthSystem Consortium database. The Department also has expertise in the variety of administrative (claims, billing, registration, etc) databases available on the Jefferson campus.

The Department prides itself on fostering a team atmosphere conducive to high quality research, and to supporting ongoing professional development. Many of the Department's faculty are nationally recognized for their work, as evidenced by participation in conferences, invited lectureships, scientific grant review panels, and other activities. The scope of the Department's expertise and recognition also is reflected in the broad range of research customers and collaborators, including other academic institutions, pharmaceutical and biotechnology industries, health insurers, national employers and business coalitions, and all levels of government.

5. Current Weaknesses

The Department's research faculty meet at least monthly to discuss overall research strategy, management, and opportunities for improvement. One of the items that is frequently discussed is how best to diversify the funding portfolio, decreasing the Department's reliance on corporately sponsored research (and, commensurately, increasing the solicitation of investigator-initiated government and foundation grants). Faculty have been encouraged to attend Faculty Development programs on grant-writing and funding sources, and to more proactively scan RFPs and funding source information to identify new opportunities.

Another limitation related to fostering interdisciplinary research is inherent in Thomas Jefferson University's traditional focus on health care provision and education. Jefferson's campus has a limited faculty of health services researchers, health economists, epidemiologists, health care management professionals, social service researchers, etc., who could greatly enhance the Department of Health Policy's mission. The Department continues to develop its internal interdisciplinary resources through recruitment of a diverse faculty. Current staffing priorities include seeking individuals with strengths in biostatistics, epidemiology, and qualitative methods. In addition, the Department has put significant effort into developing its network of Senior Scholars, health care professionals in a wide range of academic and industrial organizations, who support the Department's mission and are willing to collaborate on grant-seeking and research activities.

The Department also recognizes the need to continue to seek opportunities for collaboration on the Jefferson campus. Efforts are being made to make researchers and clinicians across the campus more aware of the Department's capabilities, especially in the areas of health services research and economic evaluation. Department faculty continue to join JMC, TJUH, and JUP committees to create these new linkages, while serving the Jefferson community.

Despite the impressive list of Departmental publications, additional efforts need to go into seeking more diversity in disseminating the Department's work through publication in peer-reviewed journals. Journals edited by the Department, most notably *Disease Management* and the *American Journal of Medical Quality*, often become the homes for manuscripts written by Departmental faculty (however, these manuscripts go through the same peer-review process as do manuscripts from non-Jefferson authors). Similarly, Departmental faculty are being encouraged to seek publication in high-impact journals and to seek outlets for their work that will reach new audiences.

One additional area for development in 2006-2007 will be seeking to increase ties to policy makers at the local, state, and federal government levels. The goal is to create a more direct line of communication between researchers and policy makers, thereby more directly influencing policy. As an example of efforts underway on the federal level, the Department entered a strategic partnership with CNA Corporation in 2006, and successfully competed for a place in the "AHRQ ACTION" research network. On the State level, the Department collaborated with the Department of Medicine on a colorectal cancer screening policy project initiated by the Pennsylvania Legislative and Budget Committee, and continued its longstanding relationship with the Pennsylvania Health Care Cost Containment Council. Locally, the Department is working with the Health Federation of Philadelphia, Philadelphia Health Management Corporation (National Nursing Centers Consortium), and the City's Department of Public Health.

The final "weakness" needing to be addressed in 2007 is a critical shortage of space. Most Department faculty already are paired in offices, and the maximum capacity for housing new faculty or support staff has been reached. The Department has begun to consider how to meet the challenges of continued growth and success.

6. Anticipated Future Extramural Support

The Department anticipates that the trajectory of growth in grant support will continue unabated throughout the coming academic year. Expansion of the Department's faculty, increased collaborative ties on and off the Jefferson campus, and increasing emphasis on diversifying the research portfolio all are expected to further fuel the trend experienced since the Department was established. Among the specific research programs which we expect will attract significant research dollars in 2006-2007 are:

- Research and training on value-based purchasing of health benefits (led by Neil Goldfarb), through the Department's collaboration regarding the College for Advanced Management of Health Benefits (a partnership with the National Business Coalition on Health and the HealthCare21 Business Coalition)
- Design and evaluation of web-based patient self-management systems (led by Christopher Sciamanna)
- Development and pilot-testing of ambulatory quality measures for implementation on a national level (led by David Nash, Al Crawford and Neil Goldfarb)
- Development of guidelines for appropriate prescribing of pharmaceuticals and investigation of current patterns of inappropriate prescribing (led by Vittorio Maio)
- Economic evaluation of drugs and devices (led by Laura Pizzi)
- Examining and improving safety in child care facilities (led by Jennifer Lofland)

In addition, the Department recently convened the following Health Policy research interest groups, composed of Departmental faculty and staff, with the goal of keeping abreast of developments in their topical areas, and seeking new funding opportunities:

- Economic evaluation and outcomes research for oncology care
- Research in employer benefit design and impact on direct and indirect costs
- Evaluation of health information technology
- Safety and management of pharmacotherapy for the elderly

7. Two-Year Plan for Research Development

Creating a faculty cadre of independent investigators continues to be a priority for the Department. In their annual performance reviews, each faculty member has identified a research mentor, a plan for grant submissions for 2006-2007, and one or more thematic areas for research development. The Chair and Director of Research will continue to track each faculty member's progress in reaching these stated goals.

As demonstrated above, the Department has a proven track record of obtaining funding to support its research mission, with minimal core support from the University. The two-year plan for research development can be summarized as follows:

- Encourage and provide protected time for faculty to develop as independent investigators
- Increase scanning of funding source databases to identify potential foundation and federal grant opportunities, and disseminate this information to faculty
- Increase attention to maintaining relationships with current and previous funders and explore new research ideas and funding opportunities with them
- Develop thematic research interest groups within the Department (discussed above) to stimulate research project development
- Continue outreach to JMC clinical departments to explore avenues for collaborative research and incorporation of outcomes measurement and economic evaluation into clinical research projects
- Develop a Departmental agenda on public health and population health research, in concert with faculty members for the MSPH program and program advisors
- Continue developing network of Senior Scholars and seeking collaborative research opportunities

C. PATIENT CARE

The Department of Health Policy does not have a clinical practice base. Drs. Nash and Sciamanna, two of the 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 is the Director of Ambulatory Care Performance Improvement for JUP. Additional Departmental staff working on JUP initiatives include Jeannette Koran, 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.

For the remainder of 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 17 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 100 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). He has chaired the TAG for a decade. The PHC4 has continued to publish statewide outcomes reports on coronary artery bypass graft surgery, the care of persons with diabetes mellitus, and the quality of care in HMOs throughout Pennsylvania. 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 sixth year of a strategic planning project with GE Medical Systems. The Chair also leads the GE-Medical Quality Improvement Consortium (MQIC), a national group of 12,000 physician electronic medical record users.

In addition, the Chair consulted with firms such as MEDecisions 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. He was also

named to the board of InforMedix in Rockville, MD. These private sector initiatives provide important additional sources of external support as well as relevant databases for the research mission of the Department. 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 12th 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 (TAP) 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.
- Continued membership on the Board of Directors of the Disease Management Association of America (DMAA) – the major national group representing the disease management industry in Washington, DC.
- The Chair was appointed to the Medical Leadership Council (MLC) of the University Health System Consortium (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, DMAA, 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 11th

Anniversary and the Department was recognized as an ISPOR Annual Meeting sponsor for 11 consecutive years. ISPOR continues to be an important venue for research related to pharmacoeconomics and outcomes research.

E. INTERDEPARTMENTAL PROGRAMS

Leadership of the JUP Clinical Care Committee has opened new avenues for collaboration between the Department of Health Policy and the clinical Departments providing outpatient care. JUP supports two FTE's, housed in the Department – a full-time quality review nurse, and two half-time analysts. The Department's Chair also chairs the CCC, and the Director of Research has a second appointment as JUP's Director of Ambulatory Care Performance Improvement. Their time, and the time of other Department research staff, fellows, and visiting scholars, is contributed to JUP as in-kind support for this important interdepartmental performance measurement and improvement effort. Despite the limited core funding, the JUP CCC team has been successful in launching at least one performance improvement activity in each JUP practice. Continued emphasis is being placed on developing true interdepartmental work. For example, building on work initiated by the Otolaryngology Department, the JUP team is now seeking to develop a campus-wide smoking cessation campaign, focused on screening all patients seen in JUP ambulatory practices for smoking history, and appropriately referring current smokers to cessation programs.

The research project portfolio for the Department also reflects a commitment to developing opportunities for interdepartmental collaboration. Examples of current collaborations include:

- The federally-funded Computerized Health Promotion in Primary Care (CHIP) project, being conducted with the Department of Family and Community Medicine.
- A project seeking to develop a national migraine quality measurement set, in collaboration with the Department of Neurology's Headache Center.
- Assessment of incidence of breakthrough pain, including patients recruited from Jefferson's Pain Center, Headache Center, Department of Neurology, Sickle Cell Clinic, and Division of Rheumatology.
- Measurement of patterns of pharmacotherapy for insured patients with diabetes, in collaboration with the Division of Endocrinology.
- Development of a research database for screening of the Korean population for Hepatitis B, in collaboration with the Division of Gastroenterology.
- Economic evaluation of candidemia in the inpatient setting, in collaboration with the Division of Infectious Diseases.
- Economic evaluation of the Charite artificial disc, in collaboration with the Departments of Neurosurgery and Orthopedic Surgery.

The education activities of the department also provide opportunities for interdepartmental collaboration, as evidenced by the following examples:

- Co-direction of the MSPH program with the Department of Family and Community Medicine.
- Publication of the quarterly *Health Policy Newsletter*, whose editorial board consists of members from the Dean's office; the Jefferson Foundation; the College of Health Professions; Department of Medicine; the Department of Family and Community Medicine; the Center for Research in Medical Education; and also includes representatives from across the Jefferson Health System (Einstein, Frankford, Main Line Health, and Christiana).
- Clinical and hospital orientation training for pharmaceutical representatives, in collaboration with the Hospital Pharmacy.
- Clinical training in diabetes diagnosis and management, in collaboration with the Department of Family and Community Medicine, Department of Pathology and Department of Endocrinology.
- Clinical training regarding asthma and allergic rhinitis, in collaboration with the Department of Family and Community Medicine, Department of Pulmonology, Department of Pathology and Department of Pediatrics.
- Clinical training regarding migraine, in collaboration with the Department of Family and Community Medicine, the Headache Center, Department of Neurology, Department of Psychiatry, Department of Obstetrics and Gynecology, and Emergency Medicine.
- Clinical training in cardiovascular disease, in collaboration with the Department of Cardiology, and the Department of Family and Community Medicine.

F. FACULTY

As discussed above, the new Department has made significant inroads in its efforts 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 June of 2006, the Department Chair and Director of Research met individually with each faculty member for an annual performance review, and setting of goals for 2006-2007. 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 2007.

G. DEPARTMENTAL ADMINISTRATION

The hiring of David Glatter, MBA, as Departmental Administrator, in July of 2005, helped the Department meet its growing administrative and grants management responsibilities. The administrative team for the Department also includes a Grants Administrator, 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 Department Administrator, 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.

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.

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 our research and educational activities in the years ahead.