

Harkness Fellow from the UK Reflects on Jefferson Experiences



Louisa Baxter, (UK), MB, ChB is a 2009-2010 Commonwealth Fund Harkness Fellow in Health Care Policy and Practice who was placed at JSPH. This fellowship is designed for mid-career professionals, academic researchers, clinicians, managers, government policymakers, and journalists from over seven countries who spend up to 12 months working in the US with leading experts on health policy.

What motivated you to apply for the Harkness Fellowship? How did you hear about the Fellowship? What were your expectations of the Fellowship, before you arrived to the US?

LB: In the UK, I am a hospital-based general medic and gastroenterologist. I have always been interested in health policy and its intersection with the provision of health care and so have undertaken a masters' degree in health policy to explore this further. After becoming involved in a research project examining medical leadership and hospital outcomes for the National Health Service (NHS) Confederation (a leading policy body in the UK), I was encouraged to apply for a Harkness Fellowship. The Commonwealth Fund is very well known in both the UK and the US and the opportunity to work with them was an incredible one. I had expected

that I would be mainly office-based but, in fact, I have travelled all over the country meeting with and talking to people so that has been a real bonus of the fellowship.

Describe your medical education/training in the UK.

LB: In the UK you enter medical school straight after high school at the age of 18. Medical school is five years long, after which you become a house officer for two years before moving on to specialist training (which can take anywhere from 5 to 10 years, depending on your speciality). As I enjoyed telling my colleagues in the US, medical school tuition is very low (around \$5000 US a year) for UK med students. This makes it a far more affordable option for potential doctors.

How did your placement at the Jefferson School of Population Health affect your work and your goals?

LB: My placement at Jeff was instrumental to the success of the research project that Dr. Nash and I undertook. We were looking at the Patient-Centered Medical Home model of care and its implications for ambulatory care, and Pennsylvania is one of the vanguard states in adopting the model. In addition, Jefferson University Physicians are leading the pack in the integration of the model into their daily practice so it was fascinating to be in this environment. We also worked with investigators from Weill Cornell in NY and Berkeley in California, so we had a real body of expertise with us. Having Dean Nash as a mentor was hugely important. He is a real force in US health policy and with the new school alongside, I was able to meet a wide range of people and work with a number of different groups during the course of the project.

What was your impression of the Jefferson community at large?

LB: I loved my time at Jeff. The whole School of Population Health rallied around me. It was great to work with so many bright people

who were so generous with their time. The University itself seems like a really vibrant institution that really works as an integrated system; I had the opportunity to see this myself as I took a few class courses during my time here. My only disappointment was that I didn't make the dodge ball team, but I am thinking of introducing the sport to the UK and seeing how they find it back at home.

What was your primary project during the fellowship?

LB: My primary project was a study of how small primary care medical groups in the US can implement the patient-centered medical home model of care that has been introduced in the Health Care Reform bill. This research was both qualitative and quantitative, involving site visits, interviews and use of survey data. It was a great project, allowing me to travel the length of the country (I visited 12 different states) and engage health care providers in discussions about how they envision primary care transforming over the next few years.

As a Harkness Fellow you were privy to a wealth of experiences and opportunities. What were some of the highlights? Was there anything in particular that surprised you?

LB: Being a Harkness Fellow opens up a whole new world for you. I was very fortunate to have been able to meet so many people as I moved around the country. I have had some really great moments: sitting in Congress the night the bill was passed; being able to interview Senator Tom Daschle and the Surgeon General Regina Benjamin about their thoughts on health care reform; and an evening with former President Bill Clinton and Dr. Nash (two great speakers) on the subject of globalisation. There were also some tough times; being lost in NY on a rainy evening in November with no cab fare and watching the Phillies (my new favourite team) getting beaten in the 2009 World Series spring to mind.

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Now that you are home and you reflect back on your time in the US, are there any insights that can be applied to your work in the UK?

LB: The UK and US health care systems are very different, but what is interesting is that there seems to be the introduction of core elements of each into the other. For example, in the UK we have started to introduce independent providers and contractors into the system to take over work that has been for years considered to be the domain of the National Health Service alone. In the US, the new aim to cover everyone, getting as many people as possible under the umbrella of health insurance, is similar to one of our central tenets in the UK, which is universal access to health care, free at the point of delivery. I have been most struck by how much innovation takes place at a local level in the US; there is

a real sense of vibrancy that I hope we can match in the UK.

What are you doing now? What would you like to do in the future?

LB: At the moment, I have returned to my job as a hospital gastroenterologist. I had been away from it for a year so it is really nice to be back. I have become more interested in population health during my time over here and plan to start a PhD in public health next year. I might try to come back to the US at some point for further study.

What do you miss about Philadelphia?

LB: There is a lot to miss about Philly. What I was first struck by was the friendliness and approachability of Philadelphians and

then how clean and understandable Center City was. I will also miss all my colleagues at the JSPH (but then again there is always Facebook) and the people who were gracious enough around the US to patiently teach me about the US health care system. On a purely selfish note, the weather will be hard to beat now as it is 60 degrees and raining in the UK at the moment. ■

For more information on the Commonwealth Fund Harkness Fellowship visit:
<http://www.commonwealthfund.org/Fellowships/Harkness-Fellowships.aspx>