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Heath Policy Centers:

An Analysis of Their Organization and Function by the Association of Academic Health Centers

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Heath Policy Centers: An Analysis of Their Organization and Function by the Association of Academic Health Centers

Academic health policy centers (HPCs) are a relatively new phenomenon, about which, collectively, little has been known. In 1996 the AHC (Association of Academic Health Centers) commissioned a landmark study to examine the structure, organization, scope, and work of HPCs, toward better understanding, first, their commonalities, and second, their considerable resource potential. It is anticipated that study results can thus help directors define and develop present and future roles for health policy centers, and their respective roles therein.

This article describes the results of this study, its genesis, and the implications for HPCs, which stand to play a greater, more pivotal role on behalf of academic health centers in the near future. Results of the study were presented at a meeting of HPC directors at the AHC in February 1998. A year later, a followup meeting was held, also at AHC. Highlights of this meeting will be addressed.

In 1996, the AHC convened for the first time the directors of academic health policy centers nationally, approximately 15, to provide a neutral forum for discussion and communication. Two mandates emerged from this groundbreaking meeting: more information regarding the structure, organization, and the activities of health policy centers was necessary, as was a mechanism for the exchange of information and the discussion of key issues which impact these centers. As a result, the AHC commissioned a research study entitled, "The Role of Health Policy Centers in Academic Health Centers: Meeting the New Challenge." Funded by the Josiah Macy, Jr. Foundation, and conducted by Jefferson Medical College's Department of Health Policy (DHP), this study responds to the many questions raised at the 1996 AHC meeting, and provides data to consider in developing and/or enhancing health policy centers.

The study consisted of a 61-item survey mailed to a convenience sample of HPCs affiliated with the AHC and provided by the AHC. (Response rate: 59%.) The survey results revealed a broad spectrum of research, service and educational activities being carried out by HPCs, including: 1) education of health professions students and faculty, legislators, and the public, 2) health services research, 3) policy research, analysis, and development, and 4) consultation for legislators, health care related private industry, and the AHC. The study indicated that the majority of faculty were in the primary care specialties and public health. Medical students and physicians were the major audience for educational activities. Survey results also indicated that, while most HPCs were founded as centers for policy analysis, research and education (or a combination thereof), academic health centers are engaging in a revision of their organizational structures and operational practices 1 to reflect the changes in the healthcare system and to demonstrate the value of HPCs. Importantly, the directors identified a need for a communication network which could foster the exchange of information, raise the importance of these centers in their parent institutions and geographic regions, and identify the key issues impacting these centers.

Among the conclusions arrived at as a result of the study: the AHC should consider creating a formal society of health policy centers (e.g., under the aegis of the AHC);

establishing methods for improved communication, such as a section in a peer reviewed journal, a web site, annual meetings; and increasing funded fellowships for training young faculty members.

On February 11, 1999, the AHC convened a third meeting of HPC directors. David Kindig, MD of the University of Wisconsin reported to the 40 directors in attendance on study results from the AHC's latest study, entitled, "Health Services Research Infrastructure: Survey on Future Needs for the Field." The conclusions reached by this survey validated the findings and conclusions of the predecessor study, i.e, HPCs are organized in many ways and provide services that are divided into: 1) service/clinical service, 2) education, and 3) research. Moreover, a need exists for some form of national organization, improved communication and securing the proper place in the AHC hierarchy for HPCs. Further discussion by the group included faculty appointments for HPC personnel, leadership issues, and the pros and cons of a generalist vs. a specialist approach. At this meeting, it was concluded that Jefferson Health System's HPC, the Department of Health Policy (DHP), may help the System find solutions for many health policy-related challenges. The work of the AHC and the directors of HPCs across the country mark the beginning of a concerted effort to create the kind of environment where the HPC can flourish and assume a rightful place in the new system. The results of the DHP study and the followup study confirm the need for AHCs to recognize the value of HPCs as a valuable resource present in almost all of these institutions. For example, HPCs, by virtue of their missions and multidisciplinary makeup, 2 are in a unique position to potentially overcome traditional departmental turf barriers inherent in managed care. The material presented at this latest meeting of the AHC validated the accomplishments of the DHP and its view of the future. A followup of the plans outlined above is being conducted by the AHC. The AHC is a national, nonprofit organization comprising more than 100 institutional members in the U.S. that are the health complexes of the major universities. For more information about the work of the AHC and this study, contact Peter Chodoff, MD, MPH at 215-955-0873.

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