GrantWatch Essay

Improving Lives Through Information

The Commonwealth Fund is trying to bridge the worlds of health services research and health policy, says its health economist president.

by Karen Davis

For eighty years the Commonwealth Fund has been committed to helping Americans live healthy and productive lives and to assisting specific groups with serious and neglected problems. Anna Harkness established the fund in 1918 to “do something for the welfare of mankind.” Investing in social progress, she believed, would permanently improve the lives of the disadvantaged—an idea that has shaped the fund’s work historically and continues to do so today. Today our niche is to generate information—useful to both public officials and leaders in the health care sector—on changes that can be made to improve the lives of those who are at greatest risk: the poor, the uninsured, frail elders, young children, and minority Americans. We try to make a difference by bridging the worlds of health services research and health policy—encouraging research that is relevant to timely policy issues and making sure that information reaches those who can effect change.

The fund continues to address many of the issues that dominated its agenda in the early years: helping children to realize their full potential, improving women’s health, promoting excellence in the provision of health services, and working to make health care accessible to all Americans. The challenges have changed over time, but the role of generating scientific information to identify needed changes and effective approaches and communicating information to public policy officials and health-sector leaders has been a constant.

Commonwealth Fund History

As the fourth-oldest foundation in the United States, the Commonwealth Fund is influenced, perhaps more than most other foundations, by its history. Fund staff endeavor to carry out the wishes of Anna Harkness and follow the traditions established by her son Edward S. Harkness, the fund’s first president, from 1918 until his death in 1940.

In establishing the fund’s original commitment, Edward Harkness engaged a knowledgeable team of advisers to assist in developing a focus that would magnify the impact of the fund’s work. After exploring a number of areas, including education and the law, the fund chose health care (broadly defined). Influenced by the Flexner report in 1910 and turn-of-the-century medical advances, Edward Harkness helped to form the first modern academic health center at Columbia-Presbyterian and served as the first chairman of that institution’s Joint Administrative Board. This historical involvement was a factor in establishing, in the 1980s, the Commonwealth Fund Task Force on Academic Health Centers, which looked at proposed changes in the financing of graduate medical education. A later task force established in 1995 is examining the implications of managed care for the nation’s leading medical centers.

The plight of women and children was of particular concern to Anna Harkness and was a major focus of the fund’s early programming. The fund helped to establish the child guidance movement in this country and played a leading role in the promotion of healthy child...
development and in efforts to prevent juvenile delinquency. In the 1930s a fund-supported study of maternal mortality influenced the enactment of legislation to improve standards of obstetrical care, an effort that helped to reduce maternal mortality in New York City by more than a third in three years. The Commonwealth Fund’s assistance to physician George Papanicolaou “at a moment when every hope had almost vanished” was critical to development of the Pap smear. In the 1990s the Commonwealth Fund’s Commission on Women’s Health identified ways of improving the use of preventive services by women and fostered understanding of current threats to women’s health, such as depression and domestic violence.

History plays a role in shaping not just what we do but how we do our work. From the beginning the fund saw the need to focus on specific programmatic areas. Our policy has been to systematically and scientifically assess what is known about a problem and then to examine and test promising approaches. We encourage partnerships, and projects are often cofunded, by either grantees or other foundations.

**Current Programmatic Priorities**

Succeeding generations of fund leadership have sought to identify the approach most suitable to the times for carrying out our mission. Our current national program areas aim to improve health services, better the health of minority Americans, advance the well-being of elderly persons, and develop the capacities of children and young persons. Although our public policy programs are perhaps better known, we commit equal funding to “action-oriented” projects aimed at helping private-sector health care leaders to improve care.

We attempt to achieve these goals by supporting research, evaluation, and data analysis pertinent to current policy issues and challenges facing private-sector health care leaders. We pick new programs based on an assessment of which issues will be most critical in the next three to five years. For example, the transformation of the health sector by the managed care movement led us to support work on quality and managed care beginning in July 1994. We supported the first systematic surveys of quality of care experienced by patients in managed care organizations and supported efforts by the National Committee for Quality Assurance (NCQA) to measure and disseminate information on quality. Fiscal concerns about Medicare led in November 1995 to establishment of the Program on Medicare’s Future. The view that incremental health insurance expansion is again timely led to the authorization of the new Task Force on Health Insurance for Working Families in July 1998. The attention to child health reflected by Congress’s enactment of children’s health insurance coverage in 1997 plus the fund’s long-standing interest in child development led to a new program approved in April 1998 concerned with financing child development services in programs serving low-income families.

**PROGRAM MANAGEMENT.** Just as critical as identifying the need for a major new programmatic initiative is finding the right person to head the effort. Typically we look to persons with both health services research and health policy experience. Marilyn Moon of the Urban Institute heads up the Program on Medicare’s Future. Her extensive research career, service as a Medicare trustee, and knowledge of the federal health policy process make her ideal to carry out a portion of the research funded in this area. David Blumenthal of Massachusetts General Hospital is executive director of the fund’s Task Force on Academic Health Centers and brings prior policy experience on the staff of the Senate Labor and Human Resources Committee. Judith Feder at Georgetown University heads the Picker/Commonwealth Program on Frail Elders. A distinguished researcher, she also has served as deputy assistant secretary for planning and evaluation at the U.S. Department of Health and Human Services (HHS). Similarly, Peter Budetti of Northwestern University was engaged to head the new Pediatric Developmental Services Program because he is a prolific researcher on child health and has served on the staff of the House Energy and Commerce Committee.
Subcommittee on Health and Environment.

Some programs are directed by a Commonwealth Fund staff member, such as our programs on international health policy, minority health, and managed care. Fund staff, including Brian Biles, senior vice-president; Cathy Schoen, vice-president for research and evaluation; and myself, have served in governmental health policy positions and apply that background to identifying upcoming policy issues and policy research. What is key is anticipating issues six to eighteen months ahead, so that in-depth analytic work can be set in motion in time to generate reports that will be useful to the policy process.

HEALTH INSURANCE. The Commission on Women’s Health, established in November 1992, concluded its work in late 1998. With this work ending, the board recently authorized the creation of a Task Force on Health Insurance for Working Families, chaired by James Mongan, president of Massachusetts General Hospital. The task force will pursue three interrelated goals: understanding trends in the erosion of health insurance coverage for working families, identifying public policies and private-sector solutions that could reverse the decline in employment-based coverage, and examining strategies for improving both the affordability and the quality of health insurance and the choice of health plans.

QUALITY OF CARE. Another major focus of our work is assessing and improving the quality of health care in managed care plans. This work grew out of the Picker/Commonwealth Patient-Centered Care Program, which was made possible by the fund’s being given the assets of the James Picker Foundation in 1986. The Picker/Commonwealth Program on Health Care Quality and Managed Care is investigating best practices contributing to high-quality care. Through program-related loans from the fund to the Picker Institute in Boston and the NCQA, data are being collected and disseminated on clinical quality and patient-centered care. Picker Europe, a joint venture of the Picker Institute and the Swedish firm BURE, carries out patient-centered care surveys of British hospitals for the National Health Service as well as of a number of providers in continental Europe.

MINORITY HEALTH. Minority health and the training of minority physicians for health policy leadership positions are also current and long-standing priorities. The effect of Medicaid managed care on safety-net providers serving minority communities is the current focus of grant making in this area. Our fellowship program with Harvard University provides masters of public health training for five physicians per year in minority health policy.

MEDICARE. The quality of life of older Americans has also been a recurrent theme in our work. In the 1980s, while on the faculty at Johns Hopkins University, I headed the Commonwealth Fund Commission on Elderly People Living Alone, which examined the needs of a highly vulnerable and poorly understood population of elderly Americans. Enactment of the Qualified Medicare Beneficiary (QMB) program was a major commission policy recommendation that was put into federal legislation.4

The Program on Medicare’s Future supported more than a dozen policy studies in 1996 and 1997 that were influential in shaping the Balanced Budget Act (BBA) of 1997’s changes to Medicare. One report, for example, analyzed policy options to expand subsidies to low-income Medicare beneficiaries and laid the groundwork for creating the QMB program to provide Part B premium subsidies for beneficiaries with incomes up to 135 percent of poverty.5 Action-oriented funding is supporting the development of Medicare report cards to help beneficiaries make informed choices among managed care plans. The Picker/Commonwealth Program on Frail Elders is monitoring states’ responses to the repeal of the Boren amendment on nursing home payment. Action-oriented work includes testing an intervention to reduce severe confusion in patients at Yale-New Haven Hospital, with the goal of reducing repeat hospitalizations and nursing home placements.6

CHILD HEALTH. The fund’s child health focus is improving child development informa-
tion and services to parents of children up to age three by expanding pediatric care. The foundation’s largest action-oriented program is a national demonstration, the Healthy Steps for Young Children Program, which adds nurses and child development specialists to twenty-four pediatric practices to provide home visits, enhanced well-baby care, and information to parents on child health and development. The impact of these expanded services is being evaluated. This program is paired with the new policy-oriented Pediatric Developmental Services Program, concerned with financing these services under Medicaid and other programs serving low-income families.

INTERNATIONAL HEALTH POLICY. Our International Program in Health Policy seeks to build a network of policy-oriented health care researchers whose multinational experience and outlook stimulate innovative policies and practices throughout the world. Although the fund is primarily concerned with U.S. health care, since 1925 it has committed approximately 10 percent of its resources to international work.

Approach To Grant Making

We establish programs as a framework for grant making rather than supporting isolated, unrelated projects. For example, our Task Force on Academic Health Centers issues policy reports on financing the social missions of academic health centers and also conducts research studies helpful to centers’ medical leaders in restructuring to meet the challenges of a managed care marketplace.

We seek to achieve synergy among a set of projects within each program that build toward a body of results over a sustained period of time—typically a minimum of five to six years. The Commonwealth Fund Women’s Health Program and its commission, for example, addressed the particular needs of vulnerable subgroups of women, including the elderly, the poor, the uninsured, and minority groups. Through a variety of projects conducted over the past five years, we played a strong role in drawing attention to women’s health issues and providing important information to key constituencies with an ongoing commitment to women’s health. Although the program has now ended, we will continue to contribute new information on women’s health, especially as findings emerge from the recently completed 1998 Commonwealth Fund Survey of Women’s Health.

We also look for opportunities to link programs—as we did recently in shifting our international funding effort, from an array of international disciplines to one focused on health policy. Our International Program in Health Policy will now reinforce our national program efforts.

COFUNDED PROJECTS. Our scale is modest. With an endowment of approximately $500 million, we fund about sixty projects per year and make smaller discretionary grants to explore new areas, enhance ongoing projects, and disseminate results to key audiences. The board has established a goal that at least 25 percent of all funding be for cofunded projects, a goal that provides motivation to reach out to others, keep abreast of priorities throughout the philanthropic community, and forge partnerships. Our senior program staff regularly meet with staff at other foundations to explore opportunities for joint funding.

The most extensive current partnership is the Healthy Steps for Young Children Program. More than sixty cofounders have worked together to shape the program, select sites, and support a scientific evaluation of the impact of child development services provided to more than 4,200 families with newborns at twenty-four pediatric practice settings across the country. An undertaking this complex is rare for the Commonwealth Fund but was necessitated by the resources required to test such an approach. It was facilitated by the agreement of Margaret Mahoney, past president of the fund, to spearhead the partnership effort by reaching out to her numerous contacts in the foundation world to enlist them in the effort. More than $24 million has been committed to the effort to date, including $7.5 million from the fund. A Local Funders’ Network was established, with a rotating chair, to represent the funders. Funders are full partners in designing the initiative, overseeing
the evaluation, and monitoring implementation. Not surprisingly for a partnered undertaking, conflicts occur. For example, funders and participating health plans want early information about the impact of Healthy Steps to decide whether to sustain the intervention, while researchers prefer to wait until longer-term effects can be evaluated for the full sample. Compromises struck include generating preliminary results—for internal distribution—on the first 1,000 families enrolled in the fifteen national evaluation sites and on 1,000 comparison families.

INVOLVED STAFF. We also work as a partner with grantees. Early on the fund developed a professional staff who made their own scholarly contributions while working with talented investigators outside of the foundation. Staff are actively involved throughout the course of projects and meet regularly with program directors. Fund staff attempt to “add value” to what we fund—for example, through suggestions to add a job-placement component to a minority health policy fellowship program. Also, we try to fill a special niche at the nexus of health services research and health policy. We are active in the Association for Health Services Research (AHSR) and Grantmakers in Health (GIH).

We budget approximately 8 percent of our annual funding for surveys to fill information gaps on timely and important issues, and our staff are actively involved in the design of survey instruments, analysis, and dissemination of survey findings. Our four-person research and evaluation unit oversees our survey work, as well as the integrity of our externally funded research and evaluation projects.

FELLOWSHIPS. The fund also has a long tradition of contributing to the development of new talent, beginning in 1925 with Harkness Fellowships. More recently we have supported the Picker/Commonwealth Scholars in patient-centered care, the Beeson physician scholars in aging research, and the Commonwealth/Harvard physician fellowships in minority health policy. We also have a goal of committing at least 20 percent of our funding to unsolicited research proposals, often from junior investigators, and we monitor the share of funding to junior scholars.

Communications

A commitment to communicating the results of our work to audiences in a position to improve health care practice and policy has been one of the fund’s consistent distinguishing features. In 1927 the fund established a Division of Publications, which issued a series of respected books and a widely read quarterly newsletter summarizing fund-supported and fund staffers’ work.

We have devoted substantial effort in recent years to assuring that our communications activities keep pace with the times and achieve programmatic goals. Our publications unit works closely with research and evaluation staff to produce high-quality, scientifically sound publications. The initiation of this publications series—including research and survey reports, issue briefs, policy briefs, briefing notes, and fact sheets—also provides a mechanism for boiling down the essence of our work for policy and media audiences. Draft reports are put through a review process that includes critiques by fund staff, program directors, and relevant experts.

The research and evaluation unit also conducts research and publishes results—both in professional journals and in fund publications. Most of that work is analysis of surveys that we have supported; the questionnaires are typically designed by fund staff in collaboration with experts in the field and professional staff of survey firms. Quick dissemination of descriptive findings assures that new information is helpful to the policy process. More sophisticated statistical analyses typically follow in professional journals.

In addition, the Commonwealth Fund Quarterly, begun in early 1995, summarizes the results of fund-sponsored work. Senior staff brainstorming sessions about what to cover in each issue focus attention on what we have learned and what information our audiences will find valuable. Our annual report is a vehicle for summarizing funded work and showing how we have used our resources to carry out our mission.
Our public information unit plays a complementary role by disseminating publications to targeted mailing lists, meeting growing demands from the media for health policy information, and organizing forums of policy officials, experts, and representatives of health care organizations. I accept invitations to provide congressional testimony in areas of my own expertise and encourage grantees to provide invited testimony as well. Grantees and staff often speak before scholarly groups. In addition, we organize more than a half-dozen forums per year to present work on issues such as Medicare, international health policy, women’s health, and minority health to targeted audiences. Our key audiences include policy officials, primarily at the national level, and private-sector health care leaders. For example, we have funded the American Association of Health Plans (AAHP) to disseminate best-practices information to managed care clinical leaders, and the NCQA to develop and disseminate data on quality of care in managed care plans. In addition, we sponsor periodic forums in Washington, D.C., to present fund-supported work, and also support the Alliance for Health Reform to present briefings for congressional staff on health policy issues.

**Accountability**

As do most foundations, we put a high priority on being accountable for the use of the funds with which we have been entrusted. This accountability begins with an informed and engaged board of directors. The board takes responsibility for setting policy and program priorities and oversees their implementation by our officers and staff. Board members are recruited based on criteria that include interest in our mission, involvement in civic activities, engagement with current and challenging ideas, ability to listen and question effectively, positive peer recognition and wide respect, appreciation of the board role, and alertness to ethical issues.

In July 1995 the board adopted goals for the year 2000 and outlined specific objectives in eleven areas. A written report on progress toward programmatic goals is submitted to the board annually. One such goal is to “establish standards for measuring and monitoring the quality of care in managed care plans, and encouraging adoption of these standards.” We annually report to the board on dissemination and use of the NCQA Quality Compass, which we supported. For the goal of “informing changes in the Medicare program to assure that it continues to provide health security for a growing number of older people,” we reported to the board in April 1998 on the contribution of our work on Medicare to provisions included, or not included, in the BBA.

**LESSONS LEARNED.** As does any organization, we sometimes miss opportunities and fall short of expected results. But we attempt to learn lessons from the success or failure of programs and individual projects through a formal completed program and grants review process. A Program Monitoring Committee, chaired by Edward Brandt Jr., former assistant secretary for health at HHS, advises us on the development of new programs, quality of ongoing projects, and review of completed work. Consultants are retained to assess the effectiveness of completed programs and projects, including review of grant files and publications and telephone interviews with grantees, advisory committee members, and experts.

Reviews of completed programs are ideally suited to gleaning lessons applicable to current work. A review of the Picker/Commonwealth Patient-Centered Care Program illustrated how a foundation-supported initiative can be sustained—in that case, through creation of the Picker Institute to provide consulting and survey services to hospitals and other health care organizations concerned with patients’ experiences and quality of care. A review of the fellowships program supported by the Commonwealth Fund in the 1980s, which provided support to nurses obtaining dual degrees in business administration and nursing, on the other hand, showed that it is difficult to sustain an initiative when fellows attend a wide variety of programs and no single university has a strong commitment to continuing the program. By contrast, the current
Commonwealth Fund/Harvard University Fellowship in Minority Health Policy program is concentrated in a single site, which affords the opportunity of mounting a richer, more intensive program; promotes interaction among fellows; and builds momentum for a broader base of support within the institution.

During my earlier career as an academic researcher and government official, I viewed foundations as primarily consumed with reviewing grant proposals. In reality, foundations such as ours operate more like venture capitalists—looking for good ideas on the right issues at the right time and enlisting the right people to carry these ideas forward. In this spirit, we work in partnership with our grantees to think through the work, review products, and brainstorm ideas for further analysis or action.

We devote much energy and intellectual capital to getting the results of our sponsored work to the right audiences. Indeed, we see the fund’s principal role today as identifying the most serious gaps in health policy research, sponsoring work to fill them, and relaying findings to audiences able to act on them.

**BROADER RESPONSIBILITY.** We take seriously our responsibility to the broader philanthropic and nonprofit community and encourage staff to serve in a number of capacities with other foundations and nonprofit organizations. In addition to our participation in GIH, we helped to found Grantmakers Concerned with Care at the End of Life. We helped to launch the Investment Fund for Foundations (TIFF) and the Nonprofit Coordinating Committee of New York and belong to both the national Council on Foundations and the New York Regional Association of Grantmakers. We have undertaken work on issues arising from the conversion of hospitals and health plans from nonprofit to for-profit status, thereby helping to assure a focus on the public interest and the creation of accountable health care–oriented foundations. Through GIH we also sponsor forums for other health foundations on issues such as quality of care and managed care.

LONG TERM IN ITS ORIENTATION and accountable to its board and the public, a foundation does not need to make the compromises so often required in the world of public policy or to meet the short-term financial expectations of stockholders. It can invest its resources in informing change and contributing to social progress—a challenging and rewarding assignment.

Historically, the Commonwealth Fund has promoted the development of sound research on health care issues of the day, encouraged able professionals to undertake relevant research, and assisted them in translating findings into messages deemed actionable by policymakers and practitioners. Bridging the worlds of health care research and health policy remains a productive focus for us and, we think, for the nation today.

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**NOTES**


7. All publications may be read, downloaded, or ordered free of charge through our Web site (www.cmwf.org).