Access To Care
Lehigh Valley Hospital and Health Network (LVHHN), Department of Family Practice, Allentown, PA. This department aims, through primary care leadership, “to assure optimal, appropriate access to care for all” by 2010 in Pennsylvania’s Lehigh Valley, according to Dorothy Rider Pool Health Care Trust materials. The project has three strategic components. First, the department is creating “new pathways of access for communities in need,” by, for example, partnering with other groups to provide health services for inner-city teens and their families and by assuring “equal access to [high]-quality care for diverse populations” through reducing health disparities. Second, the department intends to improve recruitment through better promotion of its “premier” qualities and to add a leadership development component to make the department even more robust, Ron Dendas of the Pool Trust told Health Affairs. Third, the department is going to implement novel family medicine strategies. For example, along with two other LVHHN departments, it is developing EPICnet, “a practice-based research network—an innovative way to do family practice research and develop ‘best practice’ approaches.” EPICnet links the LVHHN with University of Medicine and Dentistry of New Jersey and Penn State/Hershey Medical School networks of physicians.

$1.2 million over three years. Funded by the Dorothy Rider Pool Health Care Trust.

End-Of-Life Care In Hospitals
Center to Advance Palliative Care (CAPC) National Program. This Robert Wood Johnson Foundation (RWJF) initiative aims “to increase the availability of palliative care in hospitals throughout the nation,” thus helping those with life-threatening illness, according to a press release from the funder. Palliative care treats the pain and suffering of such patients “to maximize [their] quality of life.” The six diverse grantees, called Palliative Care Leadership Centers because they have “exemplary palliative care programs,” include Massey Cancer Center of Virginia Commonwealth University Health System; Medical College of Wisconsin; and University of California, San Francisco (UCSF). Each center will offer “a site-visitor program for professionals from other health care institutions,” the RWJF said. This will benefit organizations that are starting a palliative care program, as well as those wanting to grow an existing program, Sarah DeFeo, CAPC project officer, explained. The visitors will get “hands-on, intensive training focused on the financial and operational aspects” of a palliative care program, according to the release. With such programs, hospitals can “increase patient satisfaction” and enhance their reputations “by providing a critically needed service.” The RWJF’s CAPC is based at Mount Sinai School of Medicine in New York City.

$4.5 million awarded to six centers over three years. Funded by the Robert Wood Johnson Foundation.

Hospitals And Health Systems
Community-Campus Partnerships for Health (CCPH), San Francisco, CA. This grant supports a project on “the role of health institutions as economic and community anchors,” according to an August 2003 press release. CCPH aims to encourage institutions “to develop a strategic approach” to such roles. The Annie E. Casey Foundation is interested in how health institutions’ resources are used “on behalf of their surrounding communities,” Paula Dressel, a Casey senior fellow, said in the release. “Our focus is understanding the economic decisions” that the institutions make as to “hiring, purchasing, contracting, and real estate development that are framed specifically to support the vitality” of surrounding neighborhoods and families. Also, Casey wants to learn about health institutions’ “thriving partnerships with local communities that build upon their talents and provide mutual bene-
fit,” she said. Such collaboration is needed “to create healthier communities and overcome today’s complex health problems,” Sarena Seifer, CCPH executive director and University of Washington faculty member, asserted in the release. The grantee will produce a report examining the various anchor roles available and profiling some health institutions that are “engaged” with the community. The project will provide more information “about how some model institutions are embracing their role as an economic anchor to develop and strengthen local communities,” Seifer said. The CCPH is also providing funding for the project.

$38,910 over one year. Funded by the Annie E. Casey Foundation.

Dana-Farber Cancer Institute, Boston, MA. “Hospitals and health systems can address the root causes of medical errors only if they have mechanisms in place that allow staff to identify potential problems in a systematic fashion,” according to Commonwealth Fund materials. A team of Dana-Farber researchers are evaluating “two promising team-based models for improving patient safety” in two outpatient chemotherapy clinics at the institute. If the models prove to be a success “in reducing and preventing errors,” the grantee will disseminate instructional materials about the models to hospitals that are interested in replicating them. These materials could aid others in complying “with new error-reduction requirements” put out in 2003 by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). According to its Web site, Dana-Farber—affiliated with Harvard Medical School and recently named by U.S. News and World Report as the fourth-best cancer hospital in the country—created its own Center for Patient Safety in 2002. Dana-Farber and the National Patient Safety Foundation are providing additional funding for this study.

Up to $100,000 over two years. Funded by the Commonwealth Fund.

Institute for Safe Medication Practices (ISMP), Huntingdon Valley, PA. Following up on a 2000 survey of 1,435 U.S. hospitals about medication safety practices that was conducted by the Health Research and Educational Trust (HRET), the American Hospital Association (AHA), and the grantee and partially funded by Commonwealth, this project will update the survey and send it in 2004 to all U.S. hospitals. The project will then “evaluate the current status” of such safety practices, according to fund materials. The 2000 survey found that most respondents scored less than 50 percent on the “use of nationally recommended safe medication practices.” These results stimulated Commonwealth to award a grant to the HRET in 2001 to develop tools to address problems that are identified (the tools are available at www.medpathways.info). Results of the 2004 anonymous survey will be shared with participating hospitals. The researchers’ analysis, for example, “will yield national scores on each major area of medication safety,” such as drug information and communication of medication orders. The analysis will also enable comparison with the 2000 survey. Commonwealth noted that the survey results “will inform accrediting and regulatory bodies as they consider safety standards and national priorities.” Mary Pittman, HRET president, predicted in an August 2003 ISMP press release, “We expect to see changes in the 2004 data” as a result of the “increased focus on medication safety by health care providers as well as policymakers.” The HRET is providing in-kind support for the current project.

Up to $285,211 over twenty months. Funded by the Commonwealth Fund.

Urgent Matters National Program. The aim of this RWJF program is “to help hospitals eliminate emergency department [ED] crowding and raise awareness in local communities about the challenges facing the health care safety net,” according to an RWJF press release. Ten hospital systems around the country were chosen to participate and received funding for technical assistance through a “collaborative learning network designed to streamline [ED] procedures and reduce overcrowding.” The foundation feels “confident” that the
grantees will find “innovative ways to improve their [ED] operations that will in turn raise the quality of health care being delivered,” Pamela Dickson of the RWJF said in the release. Each hospital applied to the program with a community partner that has received funding for its role in convening local stakeholders to discuss the area safety net and for communication activities. The community partner will receive and disseminate a report describing the “state of the safety net” in its community, the release said. Four of the ten hospital system grantees each received funding to undertake a demonstration project that will “implement specific innovations designed to improve patient flow through hospitals and EDs.” The strategies used will be “measurable and replicable,” according to the program's Web site. Among those grantees is the Regional Medical Center in Memphis. (Its community partner is the University of Tennessee Health Sciences Center.) This grantee is doing a demonstration project in which its ED will “collaborate with FedEx to install and integrate a comprehensive bar coding system to track and improve patient flow within the ED,” the release said. Among other items covered under the total amount below is funding for the Urgent Matters national program office, located at the George Washington University's School of Public Health and Health Services. Bruce Siegel is the program director.

$4.6 million total over eighteen months. Funded by the Robert Wood Johnson Foundation.

Hospital Ethics

American Society for Bioethics and Humanities (ASBH), Glenview, IL. Improvement of ethics consultations in hospitals is the focus of this funding. At a 2002 ASBH meeting, Ellen Fox, director of ethics for the Veterans Health Administration, presented estimates indicating that more than 35,000 people are doing ethics consults annually in hospitals. However, interestingly, less than 5 percent of these people “are reported to have completed a fellowship or degree program in bioethics,” Greenwall Foundation materials noted in summarizing this research. In 1998 two of three societies that later merged to form the ASBH published Core Competencies for Health Care Ethics Consultation, also funded by Greenwall, and this report received much attention. Under the current Greenwall grant, the ASBH is developing a model continuing-education curriculum based on the report. The grant will enable the society's Clinical Ethics Task Force to “define curriculum content [and] develop assessment tools” so the panel can see if “educational interventions” are effective. The funding also allows for updating the curriculum “over time.”

$59,125 over two years. Funded by the Greenwall Foundation.

International Health Care

CDC Foundation, Atlanta, GA. This grant supports an effort “to help rebuild the health care infrastructure” for women and children in

GrantWatch on September 6, 2017 by HW Team

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Afghanistan, according to a CDC Foundation press release. Because of twenty-three years of war, Afghanistan's health care system is "in tatters," the grantee remarked. Maternal and child medical services, especially, simply do not exist in many rural areas. A CDC/United Nations Children's Fund (UNICEF) survey, for example, showed that Afghan women "suffer the highest levels of maternal mortality in the world." With this grant, Centers for Disease Control and Prevention (CDC) scientists will start to set up "community-based maternal and perinatal health care surveillance systems." Data generated by these systems will help clinicians to improve care and also will foster "appropriate training" in emergency obstetrical care and newborn medicine. Diarrheal illnesses in Afghan babies are a big concern, so this grant will also allow CDC scientists to distribute "a low-cost technology" to produce safe drinking water for clinics and families. Training in "proper hand-washing techniques" will be provided.

$1 million over one year for the maternal/child health component and over two years for the safe water component. Funded by the Bill and Melinda Gates Foundation.

World Health Organization (WHO), Geneva, Switzerland. “Given the disruption of public health communication networks and delivery systems during the Iraq conflict,” there is an “urgent” need to “restart and reconnect” the human capacity within the Iraqi health system with coalition-managed teams and delivery systems to re-establish, enhance, and then maintain the delivery of public health services throughout Iraq,” according to a United Nations Foundation explanation of this grant, awarded in July 2003. (In a May 2003 press release on Iraq, WHO had noted "the damage done to the Iraqi health system by years of underinvestment [and] economic sanctions and most acutely by weeks of conflict." In addition, there was widespread looting after the 2003 war, a WHO staffer commented.) UN Foundation materials said that WHO, with its contacts in Iraq and its ability to "connect with coalition health teams, provides a logical entry point for this effort." The agency's background allows it to "promote dialogue and reconciliation" while supporting "activities for health system repair and rehabilitation." Of course, the sooner services are "back in place and accessible, the less the negative health impact" on Iraq's communities and people. "It is imperative to act quickly before the situation deteriorates further and while it may be possible to save components of [Iraq's] public health capacity," the foundation noted. "Security permitting," project activities were scheduled to begin in October 2003, a WHO spokesperson told Health Affairs.

$800,000 over one year. Funded by the United Nations Foundation.

Women's Health Policy
Brigham and Women's Hospital, Boston, MA. This grant provides support for a new hospital program, Women's Health Policy and Advocacy, which was launched 16 September 2003 with a briefing for Massachusetts legislative leaders, Tracey Hyams of the hospital told Health Affairs. Rachel Wilson has been named executive director. Working at the institutional, local, and national levels, the program aims "to influence vital current and emerging policy issues" so that "the highest standard of health and health care for all women" is reached, according to a grantee summary. The program builds on the hospital's strengths, such as being "a pioneer of research in women's health." The program will endeavor to raise awareness of "critical issues" relating to women "among health system stakeholders and key policymakers." Other activities will include participation in policy debates affecting the health of women.

$500,000 over three years. Funded by the Fannie E. Rippel Foundation, located in Basking Ridge, NJ. Although this funder "does not impose geographic limits" on projects that it funds, it has "tended to concentrate" its giving in New Jersey and northeastern and middle Atlantic states, according to its Web site.
**Grant Outcomes**

**The Criminal Justice/Mental Health Consensus Project**, which has received funding from the van Ameringen and John D. and Catherine T. MacArthur Foundations, the RWJF, the Melville Charitable Trust, the Open Society Institute, the federal government, and two pharmaceutical companies, now has a searchable database on its Web site. The project is an “unprecedented national effort coordinated by the Council of State Governments (CSG) to help local, state, and federal policymakers and criminal justice and mental health professionals improve the response to people with mental illness who become involved in, or are at risk of involvement in, the criminal justice system,” according to the site. The new database “identifies and describes programs and other initiatives” that are working in this area. However, the Consensus Project notes that it is not promoting these efforts as best practices or models and “cannot guarantee that the information...is completely current.”

For more information, go to consensusproject.org/programs.

**Deconstructing DSH**, a July 2003 Arizona policy primer released by St. Luke’s Health Initiatives, takes a look at this complex and frequently changing program. DSH is the acronym for disproportionate-share hospital payments. DSH payments are made to certain hospitals under both the Medicaid and Medicare programs, but this concise primer is limited to a discussion of Medicaid. St. Luke’s, a public foundation, says that it seeks “to illustrate the highly elaborate—and even overwrought—cat-and-mouse game the federal government, states and local government play in allocating resources and responsibility for providing health services” to America’s low-income people. The primer first discusses “the federal picture,” then gets to Arizona’s situation. Its conclusion includes a listing of future DSH policy choices.

For a copy of the primer, go to www.slhi.org/ahf/ahf/pp-DSH.pdf.

**“Employers Press Health Plans on Alcohol Screening and Treatment,”** a July 2003 issue brief, notes that “some of the nation’s largest businesses are raising expectations for their health plans’ approaches to problem drinking.” This concise publication was issued by the Pew Charitable Trusts–funded Ensuring Solutions to Alcohol Problems project. The brief says that General Motors and others are working with business health coalitions to assess the alcohol-related services provided by health plans. Responding to this “increased employer scrutiny,” some plans “are taking steps to expand and strengthen their alcohol identification and treatment services.” Ensuring Solutions mentions the National Business Coalition on Health’s (NBCH’s) 2003 survey of health plans, eValue8, which introduced a “new focus on the quality of alcohol screening and treatment.” Ensuring Solutions is working with the NBCH to analyze plan responses to the alcohol-related portions of the survey; results will be released in late 2003. An annual survey, eValue8 covers “a range of health concerns.”

For a copy of the brief, visit www.ensuringsolutions.org/pages/reisbr.html#ib6.

**A third of New York City’s nonprofit “general care hospitals and hospital systems face financial problems severe enough to place their continuing viability in doubt,” according to a United Hospital Fund press release. Jim Tallon, the fund’s president, says in the release that these data emphasize “the urgent need for a major re-evaluation of hospital financing” in the city. Using data from 1999, 2000, and 2001, Hospital Watch, a “quarterly update” of the fund, finds that these “in-jeopardy” hospitals are “predominantly smaller hospitals that provide a higher proportion of care to low-income patients.” Hospitals in general in New York City are burdened with “uncompensated costs” related to “providing safety net services and with disaster preparedness.” Many in-jeopardy and “at-risk” (the next worst financial...
rating) hospitals also have experienced declines in utilization, the analysis says. Laden with financial statistics, the analysis contains a glossary.

This July 2003 newsletter is available at www.uhfnyc.org/usr_doc/hwv14n3.pdf.

Two short documents on hospitals were funded by the California HealthCare Foundation. “California’s Emergency Departments: Do They Contribute to Hospital Profitability?” was released in July 2003. University of Southern California researchers Glenn Melnick and colleagues, who used a “new statistical accounting model that more accurately captures...overlooked costs and revenues,” developed “inflation-adjusted estimates of the cost per ED visit in 2002” for various kinds of EDs in California. Among their findings was that “even though EDs lose money on each visit, hospitals profit from the inpatient admissions generated by the ED.” The researchers conclude that “in the current economic environment, the ED is an essential department that few hospitals can do without,” while noting that this brief is a picture of an “average hospital,” not all hospitals.

“Who Receives Inpatient Charity Care in California?” an August 2003 policy analysis brief, was prepared by Project HOPE’s Center for Health Affairs. This study, third in a series, explains that private nonprofit hospitals, according to California law, must “‘earn’ their favorable tax status by conducting a needs assessment and developing a community benefit plan to respond to those needs.” However, the community benefits need not include charity care. Among study findings were that “few people, about 7,300 state residents, actually received charity care in 1997 and 1998 (the researchers note that because of data limitations, this number is an understatement) and that recipients of such care were “more likely to have been admitted on an emergency basis.” Janet Sutton directed the study.

For a copy of the ED issue brief, go to www.chcf.org and click “Hospitals.” The charity care brief is also on that site; click “Health Insurance.”

Publications

Health Care Reform Returns to the National Agenda: The 2004 Presidential Candidates’ Proposals was released in September 2003 by the Commonwealth Fund. The report summarizes seven candidates’ “existing proposals as of 8 September 2003.” Commonwealth notes that it will be providing updated analyses “as new plans emerge and as changes are made or more details become available.” Among the sources used by authors Sara Collins, Karen Davis, and Jeanne Lambrew for comparing the candidates’ “expansion proposals” as to coverage increases and costs were estimates by Ken Thorpe.

Visit Commonwealth’s Web site, www.cmwf.org, and click “Health Insurance, the Uninsured” to download this report and future updates.

Improving Cancer Tracking Today Saves Lives Tomorrow: Do States Make the Grade?, funded by the Pew Charitable Trusts and the RWJF, was released 24 September 2003 by Trust for America’s Health (TFAH). The report’s executive summary says that although “most states perform very well at maintaining high quality data about cancer rates,” they are missing “important opportunities to reduce cancer rates.” The report grades thirty-four states and the District of Columbia—Mississippi was the only state to be awarded an “F.” Among the findings of authors Shelley Hearne and colleagues are that “most states do not adequately connect cancer tracking data with other sources of health information, such as occupational, environmental and behavioral studies.” Linking these data could, for example, improve prevention and “target populations where intervention would be beneficial.” Recommendations include making data “available to the public while protecting confidentiality” and having the Institute of Medicine “conduct a study on the federal role in cancer registries.” Citing CDC data, the report notes that “cancer illness and deaths annually cost the nation more than $180 billion in health care spending and lost productivity.”

For a copy of the report, go to www.healthyamericans.org and click “Research & Resources.”
States Respond to Fiscal Pressure: State Medicaid Spending Growth and Cost Containment in Fiscal Years 2003 and 2004: Results from a Fifty-State Survey was released 22 September 2003 by the Kaiser Commission on Medicaid and the Uninsured (KCMU), an initiative of the Henry J. Kaiser Family Foundation. Vern Smith and colleagues at Health Management Associates and a commission staffer prepared the report based on this June 2003 survey, which included the District. The report says that Medicaid's “total average spending growth in fiscal year 2003 was 9.3 percent.” Although Medicaid remained “one of the fastest growing parts of state budgets,” its growth rate “declined substantially in FY 2003” from a rate of 12.8 percent in FY 2002. The report notes that this “slowing growth rate” is an important “departure from trends in private health insurance.” What were the most popular cost containment strategies that states planned to use for FY 2004? Almost every state was going to freeze or reduce payments to providers, and forty-four states planned to control prescription drug costs.

For a copy of the report, go to www.kff.org/content/2003/20030922. This site contains two related KCMU reports that were released in September 2003.

Unintended Consequences: How Federal Regulations and Hospital Policies Can Leave Patients in Debt, a Commonwealth Fund report, was prepared by researchers who are all affiliated in some way with the Heller School for Social Policy and Management at Brandeis University. What with the current economic picture for health care in the United States, “problems related to medical debt will inevitably worsen for both the insured and uninsured,” the authors warn. Among the June 2003 report’s key findings are that complex federal rules and the “difficulty in interpreting them” may lead some health care providers “to standardize their fee-setting and [bill] collection practices across all payer groups, to the unintended detriment of the uninsured,” and that most hospitals did not have formal “procedures for identifying and negotiating discounts with patients who are ineligible for public insurance programs” but are not likely to be able to pay their entire bill. The authors’ recommendations include offering “low-income, uninsured people the discounts that are provided to private and public insurers—for example, the rate paid by Medicaid.”

The report is available online at www.cmwf.org/programs/insurance/pryor_unintendedconsequences_653pdf.

Key Personnel Changes

The California Endowment has appointed Kim Belshé to the new position of executive vice-president. Belshé, who previously was a program director at the James Irvine Foundation, is a former director of the California Department of Health Services. According to a September 2003 endowment press release, Belshé “was instrumental in the development and implementation of [California’s] Healthy Families’ program.

Also, the endowment elected Fernando Torres-Gil, a former assistant secretary for aging in the U.S. Department of Health and Human Services, to its board of directors. Torres-Gil is now associate dean for academic affairs at the School of Public Policy and Social Research at the University of California, Los Angeles (UCLA). His fields of expertise include long-term care and disability.

The Hogg Foundation for Mental Health announced that associate director Ralph Culler retired. He had served in various capacities at the foundation for twenty-seven years. He is now an independent consultant.

The United Nations Foundation’s president, Tim Wirth, announced that Kathy Bushkin has been named the funder’s new executive vice-president and chief operating officer. Bushkin, who was to start there on 15 October 2003, was senior vice-president, corporate relations, at Time Warner and president of that company’s foundation.