GRANTWATCH OUTCOMES

Innovations In Health Care

THE FANNIE E. RIPPEL FOUNDATION has launched a new website, which highlights its efforts “to seed innovations in health,” according to an e-alert. To have a sustainable health system, three elements are needed, the funder says: better health, better care, and lower costs. Central to its efforts is its initiative called ReThink Health, which “brings together a highly diverse, dedicated and growing group of experienced leaders, thinkers and doers in an on-going dialogue and learning process,” Rippel’s website explains. The goal is to ensure that Rippel is a catalyst in the effort to increase understanding of how to improve health and health care in a cost-effective manner. ReThink Health has learned from its ongoing exploration of examples of change achieved outside the health care sector.

The Rippel Foundation’s website is at http://rippelfoundation.org. Please note that this funder does not accept unsolicited proposals.

“The New Role of Academia in Drug Development: New Thinking, New Competencies, New Results” is a white paper released from five organizational leaders in the field of medical innovation. It describes how government, nonprofits, and academic institutions “can define new models of working with the private sector to enhance drug development efforts and bring safer, more effective drugs to the market more efficiently.” A front-page article in the New York Times on January 22, 2011, reported on plans to create a new National Center for Advancing Translational Research, which would conduct enough research to attract private investment in the development of new drugs, medical devices, and other health-related advances.

The white paper, released by the Ewing Marion Kauffman Foundation in December 2010, focuses on cancer treatments, but it notes that an improved drug development process would also benefit patients affected by other diseases. The paper lists the key recommendations that resulted from a town-hall meeting hosted by the Kauffman Foundation (located in Kansas City, Missouri), Friends of Cancer Research, Kansas Bioscience Authority, University of Kansas Cancer Center, and Council for American Medical Innovation. Researchers across sectors (government, academia, and industry) “continue to make extraordinary scientific breakthroughs,” the paper says. However, it cites an astounding statistic: In any recent year, “only half as many new drugs are approved for patient use as were approved a half-century ago.” Lesa Mitchell, a Kauffman vice president, comments in a press release that the groups authoring the paper hope that US health care leaders and policy makers will study the paper’s insights and adopt its recommendations, because doing so can lead to “ground-breaking progress in how scientific discoveries translate to patient healthcare.”

Also, when testifying on Capitol Hill in June 2010, Mitchell mentioned the foundation’s five-year, $8.1 million grant to establish the Institute for Advancing Medical Innovation, at the University of Kansas. (The university’s endowment helps fund the institute.) It focuses on “education and research that advances medical innovations, ultimately accelerating the number and quality of new drugs, medical devices, and drug–medical device combinations from the bench to the bedside,” according to her prepared testimony. She added that the institute is “a national model for how philanthropy, industry, and universities can collaborate to advance university innovations in [the] life sciences.”


Health Information Technology (IT)

THE MARKLE SURVEY ON HEALTH IN A NETWORKED LIFE 2010 found that physicians and patients “overwhelmingly agree” on the key requirements for health IT to improve patient care and on core privacy protections, according to a January 31, 2011, Markle Foundation press release. About two-thirds of both groups said that “patients should be able to download their personal health information online.” Only 10 percent of patients surveyed said that they now have a personal electronic health record. That percentage, though, was up from 3 percent in a 2008 Markle survey.

Also, four out of five physicians and patients said it was important to protect patient privacy in online medical records. More than 72 percent of both groups polled said that “it will be important to measure progress on improving health care quality and safety” to make sure the public’s health IT investments are “well spent.” These high percentages in the survey show that “the public and physicians alike want investments in health IT to come with accountability,” Carol Diamond of Markle commented in the release.

Markle, located in New York City, funded this national survey, which was conducted by Knowledge Networks in August 2010. It occurred at the start of a new federal program “to help doctors and hospitals upgrade from paper to electronic health records,” the release explained. Interestingly, 85 percent of the public responding to the survey was “not very or not at all familiar” with the incentives program, which makes subsidies available to doctors and hospitals for increasing the “meaningful use” of health IT, the release noted.

Health Reform

AN INTERACTIVE HEALTH REFORM IMPLEMENTATION TIMELINE, which allows visitors to see when various provisions of the reform law go into effect, is available on the Kaiser Family Foundation’s Health Reform Source, an online gateway page. You can search to see which provisions take effect in 2011 or in a subsequent year. (Among the numerous provisions that have a 2011 start date are grants to help states launch health insurance exchanges; elimination of cost sharing for certain preventive services covered under Medicare; increased premiums for Medicare beneficiaries with higher incomes; and “disclosure of the nutritional content of standard menu items at chain restaurants and food sold from vending machines.”) Also, when searching, you can customize results by topic—such as Medicaid and the Children’s Health Insurance Program, medical malpractice, workforce issues, or fraud and abuse—to see in what year(s) related provisions take effect. If changes are made to the reform law, Kaiser staff expect that the timeline will be updated accordingly.


Substance Abuse

A RESEARCHER SUPPORTED by a Robert Wood Johnson Foundation (RWJF) national program found that providing methadone treatment for heroin addiction in a primary care office was feasible and could result in “healthy outcomes” for addicts who were stable on methadone. The researcher, Joseph Merrill, also found that it was difficult to obtain regulatory approval to provide such treatment in a primary care setting. Merrill’s discoveries are described in a chapter, “The Substance Abuse Policy Research Program,” in the new To Improve Health and Health Care: Volume XIV: The Robert Wood Johnson Foundation Anthology, published in January 2011. The authors, David G. Altman and other key staff members at the RWJF program, describe it and reflect on how it operated “and on what its policy research on tobacco, alcohol, and drugs accomplished,” Stephen L. Isaacs and David C. Colby, editors of the volume, say. The Substance Abuse Policy Research Program was a $72 million RWJF effort that lasted roughly fifteen years. Many of the funded projects, the authors assert, “have contributed” to the overall debate on substance abuse.

Some of the program’s projects answered requests from policy makers to research various approaches to reducing substance abuse; other projects “raised entirely new questions” on substance abuse and provided answers. Some projects were able to soften “the ideological rhetoric with evidence”; others were so-called game changers, whose research on an issue from multiple perspectives brought about “significant shifts in policy,” the authors state.

Ideological rhetoric sometimes occurs in this field because substance abuse often is connected with “other social issues such as poverty, race, housing, and welfare,” and there is stigma associated with substance abusers “who are not politically powerful,” the authors explain. One program grantee, researcher Mary Larimer, discovered that the Housing First initiative, which provided housing and support services for homeless alcoholics in the Seattle area, actually saved taxpayers more than $4 million in its first year of operation. This blunted the arguments of some groups that these alcoholics should be left on the streets instead of being provided with services that would “siphon money from other needed services.”

Among the broad lessons learned by the Substance Abuse Policy Research Program is that “policy impact requires a long-term view” and that “sustaining” the program’s work is “challenging but critical.” For example, it was hard to find other funders to supplement the RWJF’s funding or replace it after the foundation’s funding ended, the authors of the chapter concede. Several impediments affected the willingness of certain other funders to support the program. The authors maintain that “substance abuse tends to lack appeal for private foundations because of general stigma”; such foundations “do not generally fund research”; most “federal research agency or institute funding is devoted to bio-medical and clinical research”; and some policy research is “just too controversial [for government funders] to take on.”


Key Personnel News

LAURA BAILYN has been named senior director of health initiatives at the Markle Foundation. Bailyn, an attorney, most recently worked as a business consultant for Apple. Several years ago she worked for Markle as a program manager for its Internet Governance Project.

LESLIE K. BROWN has been appointed vice president for strategic partnerships and programs at the Fannie E. Rippel Foundation. Most recently, she worked for nonprofits as an independent management consultant. She has also worked for Caremark International, where her responsibilities included identifying and developing managed care business opportunities for the company in Europe, Latin America, and Asia, according to a press release.

JOE NAPOLITANO, a program officer at the Dorothy Rider Pool Health Care Trust and the Rider-Pool Foundation, in Allentown, Pennsylvania, has been elected chair of the Pennsylvania State Board of Nursing. Pennsylvania Gov. Edward G. Rendell (D) appointed him to the board in 2008.

JAMES E. SCHWAB has been elected director, president, and chief executive officer of the Health Foundation of Greater Cincinnati. He recently retired as the Cincinnati market president for US Bank. Schwab assumed his new post in January 2011 and succeeds Donald Hoffman, the foundation’s first president, who has retired. The foundation now “is in the process of updating its strategic plan to better reflect today’s health climate,” notes a December 2010 press release.