A MEETING OF

MINDS

HOW
SYNERGY,
SYMBIOSIS
AND SERENDIPITY
ARE MAKING THE U-M
A POWERHOUSE OF
HEALTH POLICY AND
INNOVATION

BY IAN DEMSKY


EFFECTIVENESS
META ANALYSIS
INCENTIVES
INFRASTRUCTURE
MATRIX

BUILDING 16 OF U-M'S NORTH CAMPUS RESEARCH Complex, with its tasteful glass and steel façade, is unremarkable — just one of 28 clustered around the 174-acre property. Yet the 80,000-square-foot space is now the locus of one of the nation's largest communities of physicians, scientists and policy analysts dedicated to solving the country's thorniest heath care problems: the University of Michigan's newly formed Institute for Healthcare Policy and Innovation (IHPI). Linked by this hub, more than 400 researchers are tackling the nation's most challenging health care topics, ranging from heart disease to surgical care, mental health to pediatrics.

Along with individual members, the institute brings together more than 30 existing research groups, both physically and intellectually, in recognition of the increasing interrelation and interdependence among medical disciplines. The venture aims not only to chart new ground, but to accelerate the pace of discovery by promoting this literal meeting of the minds — a recognition of the critical role teamwork plays at a time when individual researchers are increasingly specialized and many journal articles have half a dozen or more authors. Even here at the institute's outset, its members constitute a formidable force; collectively, the U-M researchers alone are principal investigators of projects backed by more than $540 million in research funding.

The IHPI's focus on the minutiae of health care provision and their policy implications might make the whole enterprise seem dry and wonkish, but few areas of medicine can create such large and lasting benefits across so many different spheres. Often health services researchers' accomplishments go unsung beyond the pages of scholarly journals and the floors of academic conferences — even as the impact of their work is tallied in deaths prevented, serious complications averted and millions of dollars saved.

Setting aside the academic packaging, alphabet soup of affiliates and crescendo of buzzwords (such as "investigator-initiated collaborative ventures"), the institute's core mission is both lofty and straightforward: to improve the way health care is organized, financed and delivered across America and around the world.

Given the wide consensus about the many ills facing our health care system — a fractured financing and delivery system, unsustainable growth in spending, wide disparities in treatments and outcomes, and millions of citizens with inadequate coverage or no health insurance at all — the need for evidence-based approaches to inspire policy has never been greater. Institute-led interventions promise to improve quality and reduce costs within the U-M system, throughout the state of Michigan and beyond. They will also continue to build on successful partnerships, like the U-M's involvement in Blue Cross Blue Shield of Michigan's Collaborative Quality Initiatives — four of which alone saved more than $232 million over three years while lowering complications and mortality rates for thousands of patients.

"Most doctors go into medicine because they want to help people," says IHPI member John T. Wei, M.D., professor of urology. "That usually means treating one patient at a time, adding up to thousands over the course of a career. But by doing research that influences health care policy, with the sweep of the pen — or these days, the click of the computer — a doctor can potentially benefit a far greater number of people."

A UNIFYING FORCE

INSIDE BUILDING 16, THE PHYSICAL LAYOUT hints at the institute's guiding philosophy, which emphasizes synergy and symbiosis, while attempting to nudge serendipity along. Low cubicle walls define rather than enclose space. Tables and nooks are tucked just about everywhere, inviting more intimate interaction. Myriad "touch-down" zones allow researchers without permanent space in the building to have ample room to work. Even the conference rooms have glass walls, reinforcing a spirit of openness.

Recently, Harvard University physician and health policy research leader John Ayanian, M.D., was appointed director of IHPI. Interim Director Rodney Hayward, M.D., a professor of internal medicine, notes that while the U-M is already

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PREVIOUS PAGE: PHOTO-ILLUSTRATION BY ANN CUTTING

John Birkmeyer, Eve Kerr and Rodney Hayward

a national leader in health services research, the institute is a place where scholars can work with each other and with public and private partners in ways heretofore unlikely, if not impossible.

"Usually when we talk about a 'university without walls' it means that it would be easy for me to work with somebody across campus in the School of Nursing or Public Health. But here we mean it in a second way, too — a physical work environment organized around collaboration," he says. "Just walking through one of the floors, you can interact with more people than you might see in a year at an isolated lab or office."

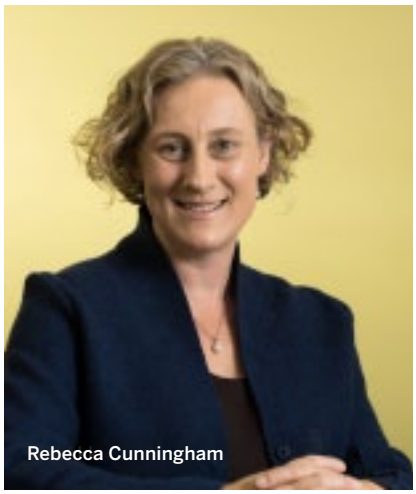
John D. Birkmeyer, M.D., the George D. Zuidema Professor of Surgery and co-chair of the committee that conceived the IHPI, agrees: "Ideas that arrive spontaneously, without prospective planning, are very different than what you get when you schedule a 30-minute, agenda-driven meeting."

As the first researchers moved into the newly remodeled space this summer, those types of interactions were already in the offing. "People who previously only communicated via e-mail or telephone are now bumping into each other in the hallway," one administrative manager notes. And an assistant professor of internal medicine found that after just a few weeks he was already starting to meet with colleagues in other specialties, saying, "For the purposes of fostering cross-silo discussions, the new space is perfect."

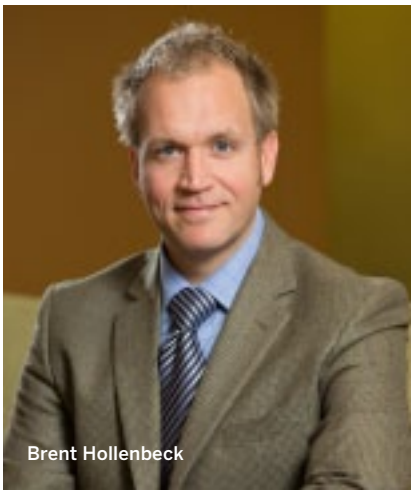
If the institute is thought of as the hub of a big wheel, its spokes would be numerous. Sixty percent of the 404 inaugural members have appointments in the U-M Medical School, with 20 percent from the School of Public Health, 5 percent from the School of Nursing, and the rest from nine other U-M schools and colleges, as well as external partners. Many members also hold joint appointments with organizations like the VA Ann Arbor Healthcare System, the Arbor Research Collaborative for Health, and the Center for Healthcare Research and Transformation (a partnership with Blue Cross Blue Shield of Michigan).

"The key vision for the institute is for it to be more than the sum of its parts," says Eve Kerr, M.D., M.P.H., professor of internal medicine and director of the VA Center for Clinical Management Research — the IHPI's largest public partner. "We have some of the best health services researchers in

STEVE KUZMA


Rebecca Cunningham


Amy Kilbourne


Brent Hollenbeck

the country doing extremely important work. The question is, how can we make that work even more impactful?"

One way, says Kerr, who chaired the foundational committee with Birkmeyer, is that the institute will act as a united and unifying voice: "It can be the arm that helps move the research from paper publication to having impact on practice and policy — because that doesn't just happen on its own.

"We, as researchers, and the institute infrastructure can help make it happen through effective communication, and through partnerships with state and national legislatures, community health programs and within the health care industry."

The model also has the potential to reduce the financial and logistical barriers to this data-intensive work, says Birkmeyer, who directs U-M's Center for Healthcare Outcomes and Policy, which is now under the institute's umbrella. "Until the formation of CHOP and co-location of researchers on North Campus, our specialty silos each had their own server in a closet," he says. "In order to manage large and complex datasets like national Medicare records, commercial insurance claims, or disease-specific clinical registries, each needed a data manager, a systems analyst, a statistician — making it very difficult for small groups to afford to do that type of work. But as with our group, the formation of the institute opens new possibilities for sharing data infrastructure and personnel."

FROM UROLOGIC CANCER TO MENTAL HEALTH CARE

HEALTH SERVICES RESEARCH IS A REMARKABLY heterogeneous field, notes Birkmeyer. "It's kind of like saying 'basic science,'" he says. And the institute reflects that diversity. One recent study by members examined the importance of federal matching funds to enrolling additional kids in state Medicaid programs and the Children's Health Insurance Program. Another group has been exploring how to best allocate the limited number of livers available for transplantation as the once-rare procedure becomes more common. A Cancer Center member from the School of Nursing is studying how the workload of nurses in outpatient clinics affects the quality of chemotherapy delivery. With so many investigators laboring across such a diversity of specialties, it is difficult fully to convey the scale and scope of the endeavor.

At the Herbert H. and Grace A. Dow Division of Health Services Research, headed by IHPI member Brent K. Hollenbeck, M.D. (Residency 2003, Fellowships 2004 and 2005), researchers are working to improve quality in a number of areas. "Using a variety of data sources," says Hollenbeck, an associate professor of urology, "we're assessing the value of new technologies like intensity-modulated radiation therapy, identifying better practices for managing patients with urologic cancers, looking for opportunities to improve the quality of life among survivors, and comparing the effectiveness of specific cancer treatments."

Hollenbeck was recently awarded a grant from the federal Agency for Healthcare Research and Quality to study the consequences of the boom in physician-owned ambulatory surgery centers as outpatient procedures mushroom to more than 50 million per year — an increase of nearly 70 percent since the mid-1990s. "We don't know yet whether this is ultimately leading to improved quality and efficiency, or whether misaligned incentives might actually prompt overutilization and greater overall costs," he says. "Nor do we know the relative benefits of single- versus multispecialty centers. Our findings have potential relevance for several important policy

AUSTIN THOMASON AND SCOTT SODERBERG, MICHIGAN PHOTOGRAPHY

initiatives, including anti-self-referral legislation and payment reform for surgical care."

Meanwhile, one floor away, Amy M. Kilbourne, Ph.D., M.P.H., associate professor of psychiatry and associate director of the VA's National Serious Mental Illness Treatment Resource and Evaluation Center, has been studying the impacts of collaborative care models for mental health treatment. Individuals with serious mental illness die, on average, 25 years younger than the rest of the population — often a result of fragmented care, long-term health effects of psychiatric medications and the general toll that isolation, poverty and living with a disorder can take.

Along with colleagues in the VA and the U-M School of Social Work, Kilbourne recently co-authored the most inclusive analysis to-date on the effectiveness of these models; it delved into data from 57 clinical trials, finding collaborative care not only improved the mental and physical condition of patients, but also showed total costs were on par with traditional care.

"A follow-up study found only 1 percent of people with bipolar disorder are receiving services in a mental health program or practice that's large enough to support patient-centered medical homes or coordinated care," says Kilbourne, who this year received a Presidential Early Career Award for Scientists and Engineers, the highest honor bestowed by the U.S. government on researchers at the outset of their careers. The question is now how to best help bring these models of care, or successful aspects of them like self-management tools, to smaller practices and rural areas.

"For this research, being able to bring together clinical, policy and statistical expertise has been paramount," she adds, noting continuing related projects include several collaborative partnerships with the state of Michigan. "It's all about getting your research off the academic shelf and into community practice."

Down the road at Domino's Farms, institute member Rebecca M. Cunningham, M.D., directs the U-M Injury Center, which this year received a $4.2 million grant from the Centers for Disease Control and Prevention to become an Injury Control Research Center, one of just 11 in the nation.

The center's current projects range from developing best-practices for supporting parents teaching teens to drive safely, to evaluating state graduated driver's license laws; from reducing youth violence by providing one-on-one counseling sessions to at-risk teens during emergency room visits, to better understanding and ultimately finding ways to stem the rising tide of prescription drug abuse and resultant overdoses.

The ER intervention program, SafeERteens, is next scheduled to be tested at a Philadelphia hospital after first having been found effective in a National Institutes of Health trial at Flint's Hurley Medical Center. According to results published this spring in *Pediatrics*, a year after the intervention, teens who received it were less likely to have hurt their peers in a fight or to have been hurt by them.

"There are obvious policy and health care utilization implications to the work that the Injury Center has been doing for a number of years, and involvement with the institute can help us to further our efforts to educate constituents and policymakers about them," says Cunningham, an associate professor of emergency medicine in the Medical School and of health behavior and health education in the School of Public Health. "Tapping into the resources of the institute may also help us to better understand the implications of the broad injury trends that we're seeing and the impacts they may have on our health care system."

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Ultimately, the goal is for the institute to become a major independent voice within the national conversation about health care, similar to the RAND Corporation or Brookings Institution. "We have the strength," says Kerr. "This will help us to show it."

It's critical, however, that even as they unite under the aegis of the institute, investigators are allowed to maintain their independence, adds Interim Director Hayward. "The institute is not a new boss," he says. "The institute's job is to provide opportunities for very talented people to have the freedom and the resources to do the work that's going to make the biggest difference in advancing scholarship and improving the health of the public." [M]