

Robert Bosch **Stiftung**

German Harkness Fellowship Program in Health Care Policy and Practice

Die ehemaligen Harkness/Robert Bosch Stiftung Fellows

Das Harkness Fellowship lebt vor allem aus der Vernetzung der ehemaligen und neuen Fellows. Auf den folgenden Seiten möchten wir Ihnen die Harkness/Robert Bosch Stiftung Fellows der letzten Jahre vorstellen. Eine Gesamtübersicht aller Harkness Fellows finden Sie unter folgendem Link:

<http://www.commonwealthfund.org/Fellowships/Harkness-Fellowships/View-Fellows.aspx>

Harkness/Robert Bosch Stiftung Fellow 2009-10



Julia Kreis

Research Fellow

Institute for Quality and Efficiency in Health Care (IQWiG)

“Das Harkness/Robert Bosch Stiftung Fellowship eröffnete mir die einzigartige Möglichkeit, herausragende Forscher, die ich bereits aus der Fachliteratur seit geraumer Zeit kannte, nicht nur persönlich zu treffen, sondern mit ihnen sogar zusammenzuarbeiten. Auf das während des Fellowships entstandene, internationale Netzwerk kann ich nun auch von Deutschland aus zurückgreifen. Darüber hinaus erweiterte das Fellowship mein berufliches Portfolio, weil ich während meiner Zeit in den USA neue inhaltliche Schwerpunkte in meiner Arbeit setzen konnte – und das wird sich sicher auch auf meine weitere Berufslaufbahn in Deutschland auswirken.“

Project Title: Consumer Involvement in Comparative Effectiveness Research

Placement: Johns Hopkins Bloomberg School of Public Health

Mentors: Kay Dickersin, M.A., Ph.D., Johns Hopkins Bloomberg School of Public Health

Holger Schünemann, M.D., Ph.D., McMaster University

Milo Puhan, M.D., Ph.D., Johns Hopkins Bloomberg School of Public Health

Project Abstract: Comparative effectiveness research (CER) has been placed high on the political agenda in the United States: the American Recovery and Reinvestment Act of 2009 designates \$1.1 billion for CER activities. In June 2009, the Institute of Medicine published a report, “Initial National Priorities for Comparative Effectiveness Research,” that strongly recommended involving consumers in CER research and study dissemination. By contrast, current conceptualizations of consumer involvement are still in the early stages of development, and knowledge about the best ways to involve consumers in health research and about the impact of such involvement is scarce. The project aims to address these questions. First, it will document what is currently done in the United States to actively involve consumers in conducting systematic reviews in order to learn precisely how consumers are involved in the process of conducting systematic reviews and also what experiences with these processes can teach us about common facilitators and barriers for future recommendations in involving consumers in systematic reviews. To this end, websites of organizations carrying out systematic reviews will be searched and interviews with key informants will be held. Key international players (Cochrane Collaboration and Campbell Collaboration) will also be approached. The results of this study will then be used to identify specific areas of consumer involvement in CER that need further research. On that basis, research questions will be deduced that will be addressed in the second part of the Fellowship. The results on current strategies and lessons learned concerning consumer involvement in systematic reviews will inform the IOM Committee on Standards for Systematic Reviews of Clinical Effectiveness Research that is currently developing recommendations on systematic reviews.

Harkness/Robert Bosch Stiftung Fellow 2008-09



Claus Wendt, M.A., Ph.D.

Research Fellow and Project Director
Mannheimer Center for European Social Research
University of Mannheim

„Auch nach meiner Rückkehr aus Amerika konnte ich von dem Harkness/Robert Bosch Fellowship und dem hierbei entstandenen Netzwerk profitieren. Meine Erfahrungen und Kompetenzen aus dem Programm bilden eine wichtige Grundlage für meine Professur für Soziologie der Gesundheit und des Gesundheitssystems an der Universität Siegen. Als stellvertretender Herausgeber der Zeitschrift Health Policy, als Mitglied des Beirats des International Journal of Clinical Practice sowie im Vorstand der RC19, International Sociological Association, kann ich auf Kontakte und Erfahrungen aus meiner Zeit als Fellow zurückgreifen. Lehrangebote in Neuseeland, gemeinsame Publikationen und Projektkooperationen mit anderen ehemaligen Fellows gehören heute zu meinem wissenschaftlichen Alltag.“

Project Title: Confidence in Receiving Medical Care in Seven Countries

Placement: Harvard School of Public Health

Mentor: Robert Blendon, Sc.D., Harvard School of Public Health

Project Abstract: A major accomplishment of modern health care systems is their promise of security against life risks. Since the availability of health services can be a matter of life and death, people need the security that necessary health care services will be provided in the case of serious illness or injury. Based on data from the 2007 Commonwealth Fund International Health Policy Survey, this project analyzed people's confidence that they would receive safe and quality medical care were they to fall seriously ill. The survey was carried out in seven countries (Australia, Canada, Germany, Netherlands, New Zealand, U.K., and U.S.) and included over 11,000 respondents. The analysis first investigated which factors impacted the lack of confidence in receiving future medical care, focusing on both socioeconomic characteristics as well as personal experiences with the health care system. A secondary analysis examined which population groups were particularly prone in the different countries to experience cost barriers to accessing the health system. The study found that between one-fourth and one-fifth of the population lacked confidence that they would receive medical care when in need in all countries except the Netherlands, where only five percent lacked confidence. Major disparities appeared across social groups, particularly among those who had reported not going to the doctor because of costs. Patients in the Netherlands, the United Kingdom, and Canada faced hardly any cost barriers when visiting a doctor, and in Germany, Australia, and New Zealand cost barriers were significantly reduced with supplementary private insurance. In the United States, Medicare recipients were the least likely to experience cost barriers while Medicaid recipients and the uninsured were the most likely. These findings indicated that the experience of cost barriers had a strong negative effect on the confidence of receiving quality and safe medical care and represent a major health policy issue.

Current Position: Professor of Sociology of Health and Health Systems, University of Siegen. (Updated August 2010)

Harkness/Robert Bosch Stiftung Fellow 2007-08



PD Dr. med. Stephanie Stock, Gesundheitsökonomin (ebs)
Institute für Gesundheitsökonomie und Klinische Epidemiologie
Klinikum der Universität zu Köln (AöR)

„Während meiner Zeit als Harkness/Robert Bosch Stiftung Fellow war es sehr beeindruckend, wie mir allein der Name ‚Harkness‘ sprichwörtlich Türen öffnete. Ich bekam z.B. die Gelegenheit, mich mit Professor Milton Weinstein, einem der Begründer der modernen Entscheidungsanalyse an der Harvard School of Public Health zu treffen – und wir haben eine äußerst interessante Diskussion geführt! Seit meiner Rückkehr nach Deutschland ermöglicht mir das Harkness Fellows Netzwerk auch weiterhin einzigartige, interdisziplinäre Kollaborationen. Ohne dieses Netzwerk hätte ich nie so viele gesundheitspolitische Experten aus den verschiedensten Bereichen und ihre verschiedenen Blickwinkel kennengelernt.“

Project Title: Improving Quality of Care in Home Health Care: What Can We Learn From Other Settings?

Placement: University of Pennsylvania School of Nursing

Mentor: Mary Naylor, Ph.D., FAAN, RN, University of Pennsylvania and New Courtland Center for Transitions and Health

Project Abstract: Pay-for-performance, collecting and reporting performance data, and a growing awareness of sub-optimal care have necessitated the identification of best practices to help reduce quality gaps. Home health care agencies frequently have turned to guidelines to promote best practices, though implementing new practices once they have been identified remains a significant challenge. This study aimed to summarize the available evidence on guideline implementation effectiveness research and to draw up practical recommendations for an industry-wide framework for a systematic approach to guideline implementation. A systematic review of the literature was carried out in three bodies of literature: guideline implementation/evidence-based medicine, organizational studies, and research in knowledge transfer. Semi-structured interviews were also conducted with CEOs of home healthcare agencies, researchers and experts in the field. These focused on six effective implementation strategies as identified from the literature, as well as to topics related to organizational and national health care policy measures. The study found that successful implementation of best practice is a product of the interaction of the strength of the evidence, the care provider's skills and the patient's preferences. It needs two components: a good evidence base and evidence-based management. There is no "one size fits all" approach, but rather implementation is a multi-level process involving complex interactions that occur over a long period of time. Nonetheless, six effective strategies for implementation were identified that were deemed feasible by CEOs, researchers and experts: distribution of educational materials, educational meetings, educational outreach visits, opinion leaders, audit and feedback, and reminders. Further research is necessary to identify which implementation strategies work best in which setting, how organizational and socio-political factors interact, and whether a multifaceted approach involving several implementation strategies will yield better results compared to single interventions.

Current Position: Senior Researcher, University of Cologne. (Updated August 2010)