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The Institute's Strategic Development Committee recently surveyed faculty members, asking them to write about what they regard as their greatest past contributions—to health policy, to health care, to the health of the public, or other contributions, during their tenure at IHPS, and what future contributions they would like to make. The faculty's responses together make up the story of what the IHPS has accomplished as an institution over more than thirty years, as well as what core faculty hope to accomplish at IHPS in the next ten years. Their stories tell in a compelling way the history of the Institute—and its future as well—and the vision and values of many of the people who are a part of the Institute. Each month the IHPS e-letter will profile a faculty member's story about his or her contributions, past and future tense. —**Claire Brindis**, Acting Director, IHPS and Associate Director for Strategic Planning and Development

Faculty Profile: James G. Kahn, MD, MPH

Professor of Health Policy and Epidemiology, Department of Epidemiology and Biostatistics and Institute for Health Policy Studies, School of Medicine

I think that my work falls into two categories:

- Assessing how well programs and policies work, in terms of health benefits and the best use of resources, mainly in the areas of HIV/AIDS prevention and care, as well as in reproductive health ; and
- Improving our understanding of health care reform by providing sophisticated analyses to rationally inform policy.

PAST CONTRIBUTIONS

Contributions to Improving the Health of the Public

HIV/AIDS Prevention

My research group assesses policy questions in HIV/AIDS, for example, how to best spend money on prevention and care. Many questions we've looked at are politically controversial, such as the role of needle exchange in HIV prevention, so we try to honestly scrutinize them from a technical standpoint. We collect all the available data, and then use computer models to estimate program effects. Sometimes our analyses influence policy, sometimes they don't, and sometimes we don't know.

In the early 1990s, I was part of a team that studied needle exchange for the Centers for Disease Control and Prevention (CDC). We found it to be an effective and extremely cost-effective (cost-saving, in fact) HIV prevention intervention. Our report became very well known and widely cited. It didn't change federal policy, but did help states move forward. My subsequent international HIV work was with Elliot Marseille. Our first project was on preventing mother-to-child HIV transmission. This study reportedly was key to convincing a drug company to offer the first major discount on antiretroviral drugs for Africa. In 2002, we showed the vastly more favorable cost-effectiveness of HIV prevention than treatment, and pleaded with policymakers not to forsake prevention in the rush to antiretroviral therapy. Our published article became a reference point for debate.

We're finishing a 230-program study of HIV prevention program costs, called PANCEA, in India, Mexico, Uganda, South Africa, and Russia. It's been great to work with teams all over the world. Check out: <http://hivinsite.ucsf.edu/InSite?page=pancea>

These days, we're finding that unpopular international HIV prevention strategies (e.g., risk-reduction in sex workers) appear far more effective and cost-effective than currently politically favored interventions (e.g., abstinence programs). We'll see how our analyses are used.

Contributions to Improving Health Care

Health Care Reform

I also do research on what would happen with health care reform. Everyone agrees that our health insurance system is a mess, but proposed solutions tend to be defended based on ideology rather than on rigorous analysis. So we try to do the analysis and then look at the evidence. Along with colleagues at other UC campuses, we've studied two factors that will largely determine the feasibility of universal coverage: 1) increases in health care use, and 2) health insurance-related administrative costs. We found that more than \$1 in \$5 is used just to administer private health insurance payments. The potential savings in administrative costs was greater than the cost of increased service use – good news for simple universal coverage. These analyses are cited in current universal coverage legislation in California. There has been no warm reception as yet at the federal level, nor recently at the Governor's level. I'm now expanding the administrative cost analyses, working with Hal Luft and others.

Surgical Techniques in Cerebral Aneurysm and Total Hip Replacement

I've studied total hip replacement with **Kevin Bozic** and brain surgery for cerebral aneurysm and found that less expensive and less invasive surgical techniques are often preferable in terms of patient outcomes and costs.

FUTURE CONTRIBUTIONS:

We are exploring several potential areas of growth, as part of the IHPS strategic development process.

Contributions to Improving the Health of the Public

Global Health Center on Economics and Policy

We are working with Dr. Haile Debas and others at UCSF Global Health Sciences to set up a Center on Economics and Policy (CEP). This center would address both developing and developed world health economics issues.

For the developing world, the focus would be on supporting the current rapid scale-up of care and prevention initiatives in HIV/AIDS, TB, malaria, and other areas. In particular, we would: 1) use economic and policy analysis tools to help assess scale-up strategies; 2) estimate resources required for initial and sustainable large-scale programs; 3) evaluate the functioning and efficiency of operating programs; and 4) inform improvements over time. This initiative will build on impressive UCSF-wide experience and expertise in global health policy and economics.

For the developed world, the focus would be on studying key policy issues in health care systems functioning across nations, e.g., financing, provider payment, and access. The CEP would include rapid analyses (insulated from political pressure), pilot research, training, and conferences.

Why go broader than the Center on AIDS Economics and Policy described below? Because the allocation of health funds should consider a wide range of possible programs. It might make sense to pay for bed nets to prevent malaria before setting up a comprehensive HIV care program, or it may make the most sense to combine the two efforts.

A broad vision and set of skills would offer the technical flexibility to define and analyze problems in the way that is best for public health – that is to have a complete tool kit, not just a hammer looking for some nails.

Center on AIDS Economics and Policy

In the area of AIDS, an idea we are exploring is establishing a Center on AIDS Economics and Policy. One benefit is that we could rapidly develop and implement new and timely analyses. We've done some of this in the past (e.g., our prevention vs. treatment analysis), but we're often been constrained with the usual arrangement of identifying a project, seeking funding, and only then conducting the work. With an infrastructure in place, we could complete many analyses in months, rather than in years. This would put us earlier and more firmly into policy discussions, and increase the extent to which policymakers seek us out for assistance.

Stable support also would insulate us from political pressures. Our application of neutral technical methods to controversial policy issues is not always welcomed by key players in international AIDS, and some of those players use purse strings to influence science. The more independent our resources, the better we can stand above that.

We'd also use some of this structure for pilot research – doing the methodological groundwork to design and then seek funding for ambitious projects. Funders, of course, want solid evidence of feasibility before taking on major new projects, and we'd use new ongoing support for that purpose, thus leveraging it.

Finally, we'd use new support for training and conferences. In international AIDS, developing scientific capacity in heavily affected and poorer countries is critical. Thus, we'd provide courses, fellowship programs, and training workshops. We'd also sponsor conferences that would bring together policy makers and researchers.

Contributions to Improving Health Care

Translational Science

In this era of rapidly advancing medical science, a huge challenge is fostering effective translation from lab insights to clinical proof-of-concept to widespread clinical adoption. UCSF has established an ambitious campus-wide initiative to foster the key research links in this chain. IHPS is providing the policy core – examining what policy and economic factors affect these translations, and what researchers and policy-makers might do to enable smoother translation – e.g., aligning financial incentives with desired clinical directions.

Hal Luft and I are the principal IHPS faculty for the policy activity. (**Claire Brindis** is leading the initiative's evaluation effort, and **Jon Showstack** is responsible for leading the major IT effort.) Funding from NIH will get the policy activity going in the next year. We'll develop working relationships with other UCSF scientists, through consultations, workshops, and collaborations. We hope for spin-off research projects, in which we investigate policy issues as part of late-stage clinical trials or even in the clinical intervention design phase.

Decision and Cost-effectiveness Analysis in Orthopedics

Kevin Bozic and I are working on a program to expand our work (with Patti Katz and others at IHPS) on the analysis of orthopedic intervention devices, in particular. This is an under-studied area in health policy, decision analysis, and cost-effectiveness analysis, and Kevin (with my help) is forging important new ground. See more details in Kevin's future profile in this spot.

Health Care Reform

In the area of health care reform, we contemplate focusing on three areas:

First, we hope to greatly expand what we know about the administrative costs of health insurance. We'd work with health care providers of many types in many locations, to quantify their administrative burden over time and to better understand how that burden would change with health care reform. We already know that a lot is spent on insurance administration, but we need ongoing data collection to highlight that this issue does not go away with continuation of current insurance trends, and what kinds of reform might effectively reduce it.

Second, we are interested in studying how much time patients and families are spending on health insurance. We know it's frustrating to struggle through complex insurance arrangements, but nobody has measured and published just how many hours go into this process that could be saved with simpler insurance.

Third, to maximize the practical value of this work, we would consult with groups working on reform strategies. We already provide informal consultation, but our efforts are limited by lack of resources for this purpose. With funding, we'd use health policy networks to alert groups of our capabilities and availability in these areas. We'd set up and maintain a website with reports, links, reference tables, and interactive models for selected key analyses. And we'd conduct customized analyses for specific policy proposals and legislation.

Life outside my IHPS office



I work at my home office in Berkeley quite a bit. With DSL, email, VPN, and Skype, the barriers to telecommuting are largely history. My collaborators in six time zones spread around the globe appreciate the temporal flexibility regardless of where I sit.

When I'm not working (happens frequently!), I exercise (a Concept II rowing fan) and enjoy spending time with my family. My wife Rani is an epidemiologist and health services researcher with the San Francisco Department of Public Health, studying the quality of primary health care in city clinics. We have two boys: Eli is 7 years old, in 2nd grade, an enthusiast of bike and skateboard and all other sports (and math and reading). Zev is 5 years old, kindergarten, an avid performer with a great knack for spot-on renditions of dialogue from movies.

Announcements

Claire Brindis has been invited, and has enthusiastically agreed, to Chair the campus-wide Chancellor's Advisory Committee on the Status of Women (CACSW) for 2006-2007. The purpose of the CACSW is to examine the issues regarding the status of women on this campus; to analyze existing policies, procedures, and/or programs that affect those issues; to serve as a coordinating body for groups or individuals concerned with the status of women at UCSF; and to recommend to the Chancellor changes that will continue to afford women equal and fair access to campus programs and activities.

-Exciting news: An Update on the California Health Benefits Review Program: On September 29, 2006, Governor Schwarzenegger signed SB 1704, which extends the California Health Benefits Review Program (CHBRP) for five years through 2011. CHBRP was established in 2002 to provide the California State Legislature with independent analysis of the medical, cost, and public health impacts of proposed health insurance benefit mandates. The program's medical effectiveness team, which is based at UCSF, includes **Ed Yelin, Wade Aubry, Hal Luft, Pat Franks, and Janet Coffman** of IHPS. Further information about CHBRP is available on the program's web site: <http://www.chbrp.org/>

-IHPS website update from **Lena Libatique**: We've had several meetings with Beth Berrean in the School of Medicine's Information Services Unit (ISU) and have an outline of the main categories for our site that will follow a SoM design template. ISU staff will begin general construction of the site in mid-Oct, and we hope to have a basic site for review in mid-Nov. After everyone has a chance to provide feedback and we see what changes will be needed, we'll have a better fix on when we can go "live".

ARTISTS' CORNER

"I try not to wait for inspiration."

e-IHPS interviewed **Patrick Henderson** our featured artist this issue. Patrick works with **Joe Guldish**, the **Brindis Group**, and the Affiliated Faculty Committee. In his spare time, Patrick is a writer of fiction, fact, grandfather tales, travel tales, and plays.—A.Larson

Q: How long have you been writing? or when did you realize you wanted to write, or that you could write?

PH: I remember writing a humorous essay in fifth grade and reading it in front of the class and people laughed. I thought, "Wow, I can make things up and people kids will laugh." I've been seeking approval ever since.

Q: What is your creative process, ie., do you have a regular schedule when you write, time of day?

PH: I do my most productive writing in the morning before my mind becomes distracted by the details of daily life. I don't write everyday and that is a great obstacle to writing



Q: Is it about waiting for inspiration?

PH: I try not to wait for inspiration. Writing is a craft that must be practiced and it comes more easily the more it's done. And it's just hard work. I have spent my life trying to avoid hard work and to work smartly and efficiently, but writing makes you work hard for every word and then makes you go back and work again on the same words.

well. I struggle with my writing because I'd rather be walking through the city or playing with my grandson. Often I will write about either of those topics, although the cities vary.

I have a special affinity for the late Douglass Adams of the Hitchhiker's Guide to the Universe, and a great admiration for Theroux for his discipline to turn out a literary book every 18 months. But I read everything.

Q: Is there someone in your family or family of friends who encouraged you?

PH: I found most of my writing motivation came from the approval of friends. It began with poetry (pre-poetry slam era, post beatnik) and continued into essays and two partially completed books.

Q: Well, what does inspire you?

PH: Inspiration comes from the memories of my grandchildren in my arms, their laughter and their tears. It comes from the belief my spouse has in me that this writing thing I do actually has merit. And it comes from solitary mornings riding the bicycle as the sun first breaks free from the Oakland Hills and illuminates San Francisco.

The biggest struggle is to balance working full-time days and the fatigue they produce and wanting to write but being too mentally tired to be able to find the creative inspiration. I still have not found that balance which is why I am still working for a living rather than being able to write for a living.

Q: Anything else you would like to say?

Peets coffee rules.



Above: Patrick & Noah
Left: Noah & Chanquise

Comings and Goings

In our last issue, we promised we would catch up with **Dr. Hal Luft** as he began his year long sabbatical. e-IHPS caught up with Hal recently. Here he shares with us what he really is doing while on sabbatical. –A Larson

Q: What are your goals for the coming sabbatical year?

HL: To complete some background research for a book and write the book.

Q: What are the main issues that you think your book will focus on?

HL: Re-orienting the American Health Care system to focus on providing high quality care more efficiently than we do now. Let's assume for a moment that we do have universal health care coverage. There will still be issues related to quality and delivery of care, how patients and providers interact with one another, and how the funds will flow. To be politically viable, any proposed alternative to what we have now, or don't have now, will require that all current players have a place at the table. My target audience? Not just academics. I hope to gain the attention of policy makers, providers, and the public.

Q: Just what are you going to do with all your extra time, normally spent commuting to IHPS?

HL: The project will take up almost all my time. There are going to be 13 chapters. So, I need to do more than one chapter a month. I will, however, keep IHPS on my radar screen and plan to focus some attention on an IHPS PH.D. program as well

Q: What is your writing schedule like?

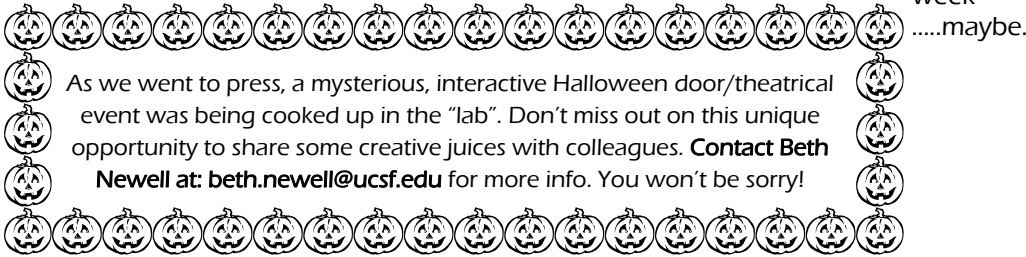
HL: Pretty much an 8-hour day. Since I will be at the Center for Advanced Study in the Behavioral Sciences, I will be surrounded by others also taking sabbaticals and working on writing projects. One of the great things about the Center is that interacting with other researchers is encouraged and fostered e.g., lunchtime discussions and Wednesday night seminars, that are much like our writing seminars where one person can share his or her work and get feedback from a very diverse set of colleagues.

Q: Who will be booking your book tour and Oprah Winfrey interview?

HL: Don't know yet.

Q: Anything else you would like to share?

HL: I will miss everyone at IHPS, but I won't be going far. (I don't plan on any trips to the South of France).. A personal goal is to bike to the Center from my home 3 or 4 days a weekmaybe.



As we went to press, a mysterious, interactive Halloween door/theatrical event was being cooked up in the "lab". Don't miss out on this unique opportunity to share some creative juices with colleagues. **Contact Beth Newell at: beth.newell@ucsf.edu** for more info. You won't be sorry!

We Want you!

- Please send in material for Issue #5 by November 15, 2006
- Feedback on our newsletter? We want your input!
- Writers for e-IHPS columns
- Please contact: annie.larson@ucsf.edu

October 2006

- ♣ Health Policy Seminars Mondays 12-1:30 PM
- ♦ IHPS Grand Rounds Monthly at Noon Room 263

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	* John Hsu, MD, MBA, MSCE	3	4	5	6	7
8	* Claire Brindis, Dr. PH	10	11	12	13	14
15	* Ruth McDonald, PhD	17	18	19	20	21
22	* Stephen Kaye, PhD	24	25	26	27	28
29	* Joanna Weinberg, JD, LLM	31				