

Australian-American Health Policy Fellowship

Grantor: Commonwealth Fund/Australian Government Department of Health and Ageing

Closes: 8/15/2009

Maximum: \$44,455.00

2010-11 Australian-American Health Policy Fellowship Announcement

An Australian-American Health Policy Fellowship Program

On behalf of the Australian Government Department of Health and Ageing, The Commonwealth Fund is pleased to announce the 2010-11 Australian-American Health Policy Fellowship.

The Australian-American Health Policy Fellowship offers a unique opportunity for outstanding, mid-career U.S. professionals – academics, government officials, clinical leaders, decision makers in managed care and other private health care organizations, and journalists – to spend up to 10 months in Australia conducting research and working with leading Australian health policy experts on issues relevant to both countries. The Australian Government Department of Health and Ageing hopes to enrich health policy thinking as Australian-American Health Policy Fellows study how Australia approaches health policy issues, share lessons learned from the United States, and develop an international perspective and network of contacts to facilitate policy exchange and collaboration that extends beyond the fellowship experience.

The fellowship is structured around mutual areas of interest, for example: health care quality and safety, the private/public mix of insurance and providers, fiscal sustainability of health systems, management and efficiency of health care delivery, health care workforce, and investment in preventive care strategies. Proposals should address one of the program's areas of interest and clearly demonstrate: the intention to combine research and practical experience; the relevance to both the United States and Australia; achievable outcomes, given the duration of the placement; and the potential to advance policy in Australia and the United States. U.S. Citizenship is a requirement for eligibility.

The fellow will be placed at an academic institution, in a Commonwealth or State health department, or at another health agency. Leading policy experts will be assigned as mentors and will supervise the fellow's research, provide technical expertise and guidance, and facilitate access to data, colleagues, and organizations. In addition to undertaking original policy research, the fellow will participate in seminars and policy briefings, which include meetings with senior officials at the Commonwealth and State levels, Ministerial officers, service providers, academics, and other stakeholders in the public and private sectors. At the end of his/her tenure, the fellow will produce a report and present project findings to senior government officials and policy experts at a final reporting seminar.

The Australian-American Health Policy Fellowship is sponsored by the Australian Department of Health and Ageing. Administration of the program in the United States is provided by The Commonwealth Fund, a New York City-based private foundation that supports independent research on health and social issues and makes grants to improve health care practice and policy.

The Fellowship provides up to \$55,000 (AUD) for six to ten months in Australia. In addition, a supplemental allowance is provided to fellows accompanied by a spouse and/or children.

Eligibility

The Australian-American Health Policy Fellowships are designed for U.S. health policy researchers and practitioners who are committed to improving health care policy and practice. Successful candidates will demonstrate exceptional personal and intellectual qualities, a high standard of professional achievement, and significant potential to influence health policy in Australia and the United States. There are no formal age limits; however, the focus of the fellowships is on mid-career development, so successful candidates are likely to be in their late-20s to mid-40s. Candidates should propose research studies that respond to the 2009–10 Fellowship Areas of Interest.

All applicants must also meet the following criteria:

be a citizen of the United States;

be a mid-career health services researcher or practitioner (e.g., a physician, decision maker in a managed care organization or other private health care organization, government official or policy analyst, or journalist);

have a demonstrated expertise in health policy issues and track record of informing health policy through research, policy analysis, health services, or clinical leadership;

have completed a master's degree or doctorate (or the equivalent thereof) in health services research, health administration, health policy, or a related discipline, such as economics or political science; and

if academically based, be at a mid-career level (e.g., research fellow to associate professor).

Fellowships are not awarded to support basic research or study for an academic degree. Applications are welcome equally from men and women and members of any ethnic group, regardless of physical abilities.

Applicants will be invited to propose topics of interest to them that they believe will advance the policy agendas of the two countries.

Below are examples of suggested topics around which applicants are encouraged to structure a project proposal.

Reflecting the Australian Government Department of Health and Ageing's priorities, they offer opportunities to examine critical Australian health care issues, assess new approaches or innovative models, or compare aspects of Australian health care practice and experience with those of the United States.

Quality of Care:

What strategies have been successful in changing physician and organizational behavior to improve quality of care in Australia?

What strategies have been successful in changing physician and organizational behavior to improve patient safety and

reduce medical errors?

What strategies have been successful in involving consumers in decision-making at a national level and to ensure that consumer feedback is used in improving quality at the service delivery level?

Why has information technology not been more widely adopted for quality improvement? What are the barriers and policy issues?

What innovative models have been developed for providing or coordinating acute and long-term care services for the elderly to increase service responsiveness? How effective have they been?

How effectively have initiatives promoted reliable care pathways between primary, acute, and long term care services?

Fiscal Sustainability of the Health Care System:

What are the key cost drivers in the Australian health system?

What are the main determinants of demand in the Australian system?

How can Australia improve the use of evidence derived from assessments of new and emerging technologies (including pharmaceuticals) to improve cost efficiency?

Do provider payment arrangements help or hinder the development of new approaches to care delivery in line with changing patient needs?

Is it feasible to expect medical practitioners to play a more active role in cost-containment and, if so, what approaches are likely to prove effective?

What are the key cost drivers influencing pharmaceutical prices? What strategies might be applied to contain growth in outlays on pharmaceuticals?

What are the implications of population aging for health care costs in Australia?

Are there better ways for the government to achieve the aims of the Life Saving Drugs program? (The program was created to allow some medicines to be subsidized that would not normally qualify for listing on the Australian Pharmaceutical Benefits Scheme).

Health Care Workforce:

How are demographic considerations affecting the supply of nurses, physicians and other health professionals (e.g., the aging workforce, changing workforce participation patterns, and technology)? What are the implications for recruitment and retention?

How effective are existing policy tools, financial incentives, and organizational arrangements for promoting the most efficient use of the physician and nursing workforces?

How can education and training programs be better aligned with workforce needs to ensure not only adequacy of supply but the right mix of skills?

How has workforce planning contributed to the development of an appropriate health workforce?

Are current regulatory and financing mechanisms appropriate in the context of growing workforce pressures?

What approaches could be adopted to align the distribution of medical practitioners more closely with patterns of need, especially in rural and remote communities?

What has been the impact of recent changes to allow patients of professionals other than doctors to access Medicare

benefits? What are the longer term implications for the cost and quality of health services of such steps towards workforce "substitution"?

Investing in Preventive Care Strategies:

What organizational arrangements can be made for physician services to better integrate prevention with curative care services? How could financial incentives be used to support such developments?

What is Australia doing to collect and analyze evidence of the impact of preventive health programs on health and health sector costs?

How is innovation in preventive care encouraged? What steps can be taken to develop and test new approaches to prevention?

What innovative prevention programs have targeted teenagers? How effective have they been?

Indigenous/Minority Health:

How effective are mainstream versus targeted services at addressing indigenous/minority health needs?

How can differential funding (level and approaches) for under-serviced population groups contribute to these populations' access to and quality of health care services?

How effective are existing policy tools, financial incentives, and organizational arrangements for promoting the development of health professionals from indigenous and non-English speaking backgrounds?

Health Care Service Delivery: Performance and Efficiency

What steps are state and territory governments taking to improve the efficiency of their public hospital services; and how successful are they proving to be?

What is the nature and cause of variations in performance (quality, efficiency etc) among public hospitals within and between state and territory Governments?

Is there scope to build aspects of "pay-for-performance" into current funding arrangements for primary and/or secondary health care in Australia?

How can the performance of primary care practices be assessed; and what approaches might be adopted to encourage widespread adoption of 'best practice'?

What are the barriers to further uptake of contemporary information and telecommunications technologies among health care providers in Australia; and how might they be overcome?

What lessons might Australia learn from recent successes (and failures) experienced in the United States with regard to managed care?

The deadline for receipt of applications for the 2010-11 fellowship is August 15, 2009.

For further information on the 2010-11 Australian-American Health Policy Fellowships and to obtain an application, please see <http://www.commonwealthfund.org/fellowships/>. For questions, contact Robin Osborn, The Commonwealth Fund (tel.: 212-606-3809; email: ro@cmwf.org)

Link: <http://www.commonwealthfund.org/Fellowships/Australian-American-Health-Policy-Fellowships.aspx>

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Audience: Academic, Allied Health Professional, Established Investigator, Health Care Administrator, Health Economist, Health Services Researcher, Medical School Faculty, Policy Analyst