

Cliff Gaus Interview

Cliff Gaus: My name is Cliff Gaus. Last name spelled G-A-U-S. And I'm currently president of Health Professor, Inc., which is a corporation that does elearning on the Internet.

Male Voice: [Inaudible] And we're rolling.

Jennifer Muldoon: Why did you choose to work in the field of health services research?

Cliff Gaus: To answer that I'd have to back a little bit in my life before health services research. I, out of college, my parents [audio glitch] be a physician. I enrolled in medical school. Lasted a year in medical school and decided I did not want to be a practicing physician, but I wanted to stay in healthcare.

Male Voice: [Inaudible] --on the wireless. And we're rolling.

Jennifer Muldoon: Why did you choose to work in the field of health services research?

Cliff Gaus: Well, for the introduction of why I worked in [audio glitch] health services research, I'd need to go back a little bit in time [audio glitch] --

Male Voice: Okay, let's try that again.

Jennifer Muldoon: Okay. Why did you choose to work in the field of health services research?

Cliff Gaus: Well, I chose the field of health services research after having started in several other venues earlier in my life. I entered medical school right out of college because my parents wanted me to be a physician, and I lasted about a year in medical school and decided I did not want to practice medicine but I wanted to stay in healthcare so I moved on to graduate school at the University of Michigan in Hospital Administration.

After that I became an assistant administrator in a hospital and really realized how little we knew about medical care and the management of it. That's when I went to Johns Hopkins. And my mentor there, Carl White, I wasn't too sure what I was really going to Hopkins for other than a Doctorate degree, and, basically, Carl White, who was one of the actual original founders of health services research in this country, was terrific inspiration and, essentially, I gained from my graduate work a real true love for getting to the bottom of facts, finding evidence that was objectively obtained and then applying that evidence to our healthcare problems. That just created, from that time on, I gradually grew sort of my love for health services research and, eventually, it was my life's work for a number of years.

Jennifer Muldoon: In your opinion, what are some of the significant [audio glitch] research?

Cliff Gaus: When I think about what are the contributions over some almost forty years now for me - I graduated in 1970 and began doing health services research actually earlier in '68 on my dissertation, so almost forty years - I think the greatest contributions have been in the area of quality of care. When I started my career, people did not believe we could measure quality and that the best judge of quality was what a physician said it was.

In my graduate work, one of our faculty members, John Williamson, was undertaking probably one of the largest international studies of quality of care, and when I think about in forty years - and actually it was a lot longer, probably within the last ten years where we really have confidence in how to measure quality of care and how to use those measures of quality of care to make various decisions in healthcare, and I take great pride in the fact that part of my career was spent as administrator of the Agency for Healthcare Policy and Research, which became ARC.

In those formative years of the middle '90s - '93 to '96 - we clearly set the agenda for quality measurement and using quality measures to drive decisions in healthcare. And so it was almost forty years of both basic research and applying that research to real world problems that, I think, stands out to me. There's obviously lots of other contributions in the health

economics and sociology worlds, as well as opportunities [indiscernible] research and many more, but clearly, to me, quality of care and the measurement of it will be viewed always as one of the major contributions of health services research.

Jennifer Muldoon: And now what are the biggest opportunities for the field?

Cliff Gaus: Well, I think part of our challenge is we've produced in my forty years of career a vast storehouse and library of knowledge, and I still think we lack both the political will, at times, but also the know-how to implement that knowledge and actually bring it to the hospital operating room, bring it to the physician's office, bring it to the patients and the patients' lives. So I think health services research just needs to really study more in-depth implementation methods - what works, what doesn't work - to disseminate that information out to the healthcare system. And more about what barriers there are to adoption of new knowledge and what should we be doing to encourage adoption of knowledge. Not to say we know everything now - we don't know everything now - but, clearly, I would focus much more in the adoption side.

And I have one other area I think we are going to, at some time still in my lifetime, experience health reform in a serious way and gain much more insurance coverage for the uninsured and, hopefully, help for the partially insured also. That is going

to be a great experiment for health services research to track, evaluate and feed back the results of big policy changes to both decisions makers in the political world and [audio glitch] makers in the healthcare system itself.

Jennifer Muldoon: What advice would you give someone entering a career in health services research?

Cliff Gaus: I think I'd personalize that a little bit. The advice that my mentors gave me was to stand tall on the science and don't let it be compromised [audio glitch] --

Male Voice: [Inaudible]

Cliff Gaus: I think I'd personalize that a little bit. The advice that my mentors gave me was to stand tall on the science and don't let it be compromised [audio glitch], but --

Male Voice: [Inaudible] And we're rolling.

Jennifer Muldoon: What advice would you give someone thinking of beginning a career in health services research?

Cliff Gaus: I would probably give them the same advice my mentors gave me some forty years ago and that was to believe in the science and stand tall on the science that you're working with, either whether producing the science or using it for dissemination, and do what you love to do. It was back forty years ago that the opportunities were immense in terms of what did we study, what did we think the serious problems were, and my most significant mentor, Carl White, said you need to love

what you do. And so I would say those two things are probably most important advice - stand tall on the science and do what you love to do.

Jennifer Muldoon: Why did you become involved in helping to form a new organization - the Association for Health Services Research?

Cliff Gaus: HSR was formed after about ten years into my career. I had been working in the federal government advising policymakers about health reform plans, in both the Nixon, Ford and the Carter Administration, and helping grow the field of health services research through the HICFA R&D program, which I directed. Our budget skyrocketed. From the early '70s to 1980, it grew in dramatic proportions to other spending in healthcare. And also, the National Center for Health Services Research, which was our partner organization, HEW at that time, also had grown.

And when I left my position in government I went to Georgetown University, and about that time, there was an awful lot - change of administrations, change of Congress and a lot of questions about were we getting our money's worth in health services research. So one of the main drivers of organizing the association was to try to communicate better our message - the message of the health services research field as to why we needed money and, essentially, tried to influence decision

makers about how much money to put into all the federal budgets for health services research.

The second reason, and probably the one that now has stood out as what encompasses this association more than lobbying for money is find a professional home for the thousands of researchers, many who entered the field as a part of a discipline - economic, sociology, operations research, physicians, clinicians - and yet we're doing work in what was defined at the time as health services research, but there was no home for them.

They went to their meetings - the Econometric Society meetings and the sociology meetings - and there just was not a central place anywhere in the United States for them to come and share their findings and network together to almost collaborate, an opportunity to merge their interests across the disciplines. There had been health services research centers that were formed in the '70s to do that within an institution, but there was no national place for everybody to come together. It was those two reasons that I started the rounds of my colleagues seeing whether there was interest in forming a national organization, and, of course, the answer was yes. And we then began to find the money to do it and put the organization together and eventually hire Alice Hirsch.

Jennifer Muldoon: What were the founders' goals for AHSR when it was first created?

Cliff Gaus: I would say that we all - there was unanimity around the budget - solving some of our concerns or the worries about federal budget cuts in health services research and this interdisciplinary home for professionals to network and collaborate on a national scale. There was some disagreement at the time about was it an organization just for researchers to do their collaboration and networking or was it also an organization that included users of health services research - management, insurance industry, people from government - and that debate didn't last too long, but in those early years - actually the first year of the organization - I can remember many board meetings where there was a pretty deep discussion about exactly which direction did we try to take the organization and who were going to be its members.

Jennifer Muldoon: What was the original purpose of the AHSR annual meeting?

Cliff Gaus: The annual meeting grew out of once we had a structure to the organization and we had an executive director who could do organization and carry out the massive logistics that come with an annual meeting, it was not hard to see that we needed that at least once a year - a central place. We had a variety of other communication mechanisms - smaller meetings,



sponsor symposia, and we had, of course, our board meetings and we had communications efforts - newsletters, et cetera - but there was, again, it was just a second stage of the development.

I don't think it came as an afterthought. I think it always was there that we would eventually move to a level of, really, a national forum for our members and, for that matter, anybody else in healthcare that wanted to experience the results of research and the discussions about dissemination of that research. That annual meeting was just a logical progression, I think, of the development of the organization of HSR.

Jennifer Muldoon: The first annual meeting had three hundred attendees, a surprisingly high number for a first meeting. What do you think attracted participants?

Cliff Gaus: Well, I've got to be honest with you. I think we all, the board at that time and there was a bigger community than the board who really helped bring this organization together. The founding board clearly played a major role, but we all networked with our colleagues in other research organizations throughout the country and when we decided to hold the annual meeting we felt it was important, very important, to make sure we had enough people attend that we had a critical mass.

Looking back on those days, three hundred was a huge success. We were elated with the fact that we had three hundred

people come, and we were unprepared for it. There are stories about how unprepared we really were for that meeting. And we didn't know exactly how many were going to come. There was preregistration, but there was also a lot of last minute decisions, so we were elated that we had three hundred. We kept setting our goals higher, of course, to now where we are - at twenty-five hundred almost.

But in those days, it was a great success that we had three hundred and we networked extensively to get that three hundred there. So the directors of the centers that were a part of our organization, they talked to their staff and encouraged staff to come. And I'm not sure we did any advertising - I don't remember whether we - I'm sure our newsletter did. Anyway, the real important thing is three hundred was a great success at that time.

Jennifer Muldoon: What are some of your favorite memories at the annual meeting?

Cliff Gaus: My best memory - it's almost one of the most comical memories - is the first meeting we really were not well prepared, and we had thought we would gather together a small group of our board and maybe a few people from the meeting who wanted to attend a cocktail reception. We had no money to pay the hotel to provide us with a room, let alone pay for the

liquor and all the other associated hors d'oeuvres at hotel prices.

And so we, literally, as we arrived in Chicago and started thinking about how we were going to pull this off, I think it was Stuart Altman, who was the president at that time - I think I was, I'm not sure, president of maybe the foundation for health services research - and Alice, somehow, there was a suite that the hotel had given us because we had booked a number of rooms, and we said well, let's use our suite. We'll open the doors between the different rooms.

And I had a rental car, at that time, and we drove away from the hotel - I don't know how many blocks we drove - until we found the first liquor store. We filled my trunk with boxes of liquor and beer and we might have even forgot the ice and had to go back. But, anyway, we knew we couldn't bring the refreshments through the front of the hotel because they would stop us and say, where is all that going? And so we, literally, hauled it up the stairway, the fire escape. I don't know how many floors we carried it, but we lugged it up.

And Gordon DeFriese, Stuart Altman and Alice Hirsh - I think it was the four of us - we set up the party in our room and lo and behold, word got around and everybody - almost three hundred people - showed up. And so we were crammed in - there was hardly any space for anybody to move - but the hotel didn't

catch us. We got away with it. We vowed that at the next meeting we were going to raise enough money that we could have a real formal cocktail party for everybody [laughter].

Jennifer Muldoon: Anything else you'd like to add?

Cliff Gaus: I think that over the years, I believe that the keynote speakers were almost the most important. In the early first few years, they were, in my view, the most important part of the meeting because what we attempted to do was to connect the research community with the policy people who were making decisions. And that's why Bob Glyndon and Stuart Altman were the first two keynote speakers. It was an effort to bring them together. Thank goodness both of their talks were absolutely stellar and the organization really began to get a sense that there was more to it than just meeting as researchers, that we had a bigger role and that there were people out there who wanted their work to be used. That's the kind of memory, when I think back, that was what we succeeded in doing was connecting that research world to people who were in the decision making side of our healthcare system and were thirsty for as much information as they could get. I can't think of anything else.

Jennifer Muldoon: That's great!