

## Mitch Greenlick Interview

Elyse Morelli: Why did you choose to work in the field of health services research?

Mitch Greenlick: I was interested in understanding the way the health system worked. I came out of a pharmacy background and then worked on pharmacy insurance and on the utilization of drug products and I just understood that I needed to know a lot more about how the healthcare system worked, and going into health services research was a way to find out those things.

Elyse Morelli: With your pharmacy background, what have you focused on most during your career?

Mitch Greenlick: Not pharmacy [laughter]. I got my PhD in Medical Care Organization, so I've worked on issues of healthcare of the elderly. I've done a lot of clinical trials in health behavior. I've done work on demonstration projects and new ways to deliver healthcare services. I was involved in some of the early Medicare and the Medicaid demonstrations, and I've just been involved in a broad range of topics in the area.

Elyse Morelli: In your opinion, what are the most significant contributions to health services research?

Mitch Greenlick: Well, it's a multifaceted field, but we've done a lot of important theoretical things - why people use healthcare the way they do; why physicians behave the way they do. And we've done a lot of practical work in showing new

ways to deliver healthcare services. We've done manpower research that led to physician assistants and nurse practitioners. We've done a lot of work that have had public policy significance - the development of neighborhood health centers. Medicare, Medicaid have all come out of health services research.

Elyse Morelli: What are the biggest opportunities for the field?

Mitch Greenlick: Well, we still have to know how to provide access to healthcare for people. We need to know how to reduce the cost of the healthcare system. We need to know how to improve the quality of the healthcare system. And we need to figure out how to get the manpower to deliver services. We, right now, have about seventeen percent of the population in the United States without health insurance, and when we find a way to get them health insurance, we're going to have to find a way to deliver services differently in order to sustain whatever new programs we create.

Elyse Morelli: So, therefore, what advice would you give someone thinking of beginning a career in health services research?

Mitch Greenlick: I would say they need to be flexible. I've had my career - I was thirty-two years as director of research for Kaiser Permanente, I was ten years chairing a

department of preventive medicine in medical school, and now I'm going into my fourth term in the state legislature. I would never have been able to predict that kind of trajectory. And it's the same way with topics. You need to build your expertise in some areas, but you need to be open for new ways to explore the questions you're interested in.

Elyse Morelli: Why did you become involved in helping to form a new organization - The Association for Health Services Research?

Mitch Greenlick: Well, there were two different streams of influence in the forming of the Association. I represented the group that were interested in trying to create an association that would pay attention to the craft of health services research - one that would help researchers learn how to do research better. It was an equally lively group that wanted to create an organization for the consumers of health services research - for the policymakers. It turned out we were both right, that it's important to find a way to help researchers learn how to do their research better, understand their craft. And it's also important to have the interaction between the policymakers and the researchers that we've been able to do here.

Elyse Morelli: What were the founders' goals for AHSR when it was first created?

Mitch Greenlick: Well, I think our goals were pretty modest, although our first meeting we had about twenty-five people at, in the first formal meeting about three hundred. But we really did want to find a place where health services researchers could come and talk to each other, where health policy people could come talk to each other, and where the two groups could talk to each other. It succeeded beyond our wildest expectations, I think.

Elyse Morelli: Yeah, I know that those are definitely the goals that we're still striving towards today.

Mitch Greenlick: Still doing, yes.

Elyse Morelli: Twenty-five years later. How has your involvement with AHSR influenced your personal career?

Mitch Greenlick: Well, my career was pretty well along the way by the time - most of the people who were in the original founding board were well on the way to their careers - but my involvement with this and other associations at the time, like the American Public Health Association, really helped to create a network of folks who work together to this day. I was very excited to see some of my friends and colleagues who I've both trained and worked with over the now forty years in my career - I guess forty-four years since I left the graduate program.

Elyse Morelli: What was the original purpose of the AHSR annual research meeting?

Mitch Greenlick: It was to gather the tribe. It was calling the tribe together to get folks who had common interests and common worries and common aspirations to be able to talk to each other. The sort of networking piece of it was always important. It was also a place where other associations at the time - the Public Health Association, Economic, Sociology - you could present findings, but there weren't any places where you can really talk about how do you create research? How do you use research in a most effective way? And this association gave us an opportunity to present papers and to hear papers and to talk to each other about topics that no other association really allowed that to happen.

Elyse Morelli: What were the health services research issues at the early meetings?

Mitch Greenlick: Well, we were dealing with - aging was an important issue. We were dealing with how to improve the quality of medical care. We're talking about 1980, '83 where the Medicare demonstrations had just begun. We were talking about new ways to pay for Medicare services, new ways to deliver them. The whole question of how to care for the elderly - and it was very much on the agenda. In fact, at the same meeting I went to in Chicago where we were discussing the first AHSR meeting, we were also meeting trying to find ways to improve the long-term care research models as the same time in a separate

meeting. So they were hot. Quality medical care was always very hot at that time.

We were also interested in supporting the government agency that was funding health services research. The National Center for Health Services Research had gone through some tough times. The new generations of that were always under attack, and what we were really interested in at that time was creating a mass of folks who could work for supporting health services research in Congress. So there were political objectives at the same time there were craft objectives.

Elyse Morelli: The first AHSR annual meeting had three hundred attendees, a surprisingly high number for a first meeting. What do you think attracted the attendees?

Mitch Greenlick: Well, it was a unique opportunity for folks to get together. Even from the very beginning, we had a lot of students, a lot of graduate students at the meeting, and that was very exciting. A lot of the training programs had travel funds so that students could come to a meeting. But I think there was a thirst for the professional people who did and used health service research to be able to talk to each other. It grew very fast from that three hundred and we were at a thousand very quickly. And now, of course, we're over twenty-four hundred so it continues to grow.

Elyse Morelli: What are some of your favorite memories of the annual research meeting?

Mitch Greenlick: I think they all relate to getting together with people that I respect and admire and work with. I think the ability to get together once a year with people who really are our colleagues. It's only been very recently that, except in, perhaps, New York and Boston and L.A., there's a large group of health services researchers together. I think we now have it in many states, but, to some extent, it was a pretty lonely profession for the health services researchers. It was really, I think, almost all of the memories I have relate to being here with people being able to sit outside in the hall of the meetings and talk to folks about what we were doing. You've got the social support and the ideas and the stimulation from those interactions.

Elyse Morelli: Where do you see the annual research meeting twenty-five years from now?

Mitch Greenlick: Well, I think we'll still be here, and I think it will be much larger because I think we'll have made contributions. The field, I think, will be growing. I expect we'll have ten thousand people at that meeting twenty-five years from now, which means it will have to be in one of a very small number of cities. But I think we'll also be able to look back at some of the very major contributions we've made. I think we

will have a national health insurance system by then, although, it's hard to predict, but I think we will. I think it will have had some problems as it got implemented.

I think health services research will help get it on to course and then I think we'll be asking where do we go from here? I expect we'll be more internationally involved than we are right now. This association has been pretty much involved in domestic issues of health services research. I think we'll be, probably, much more internationally involved. We'll be learning from our colleagues in Europe who, in some ways, are pretty much ahead of us. But I expect Africa will be an issue. Latin America, I think, will be doing much more international research.

Elyse Morelli: Are there any challenges you see in the next twenty-five years?

Mitch Greenlick: There are enormous challenges because some of the fields have had centuries of history. For example, sending a ship to the moon was a pretty easy matter because we had astrology and then astronomy and then physics and we were standing on the shoulders of giants. In this field, to a certain extent, we've been standing on the shoulder of midgets and we really haven't had - we're just creating the body of knowledge, the underlying body of empirical information about



the how the healthcare system works so we can get better theoretical models and better experimental models.

So I think the challenge is to create more of the theoretical underpinnings of the field, and I suspect there will be some very significant focus on that, as well as how to use those theoretical understandings to make better decisions on health policy. As a legislator, where I have to vote on probably three hundred healthcare bills over a session, the extent to which we have a theoretical understanding that allows us to predict what's going to happen as a result of the bills we're passing makes it a lot easier to make those decisions, and I think we have a long way to go on that. So I hope there'll be this lending between theoretical development, the conceptual development in the field and our abilities to use that to make policy decisions.

Elyse Morelli: Is there anything Academy Health can do to make some of these goals a reality?

Mitch Greenlick: Well, I think they continue to do some important things. I think one thing they continue to do is to affect federal legislation and to make sure the funding for the fields stays strong. I think that's been a very important function of the Association. I think the Association's collaborating in very interesting research. For example, we've been involved at the state level in a project that's done

jointly by the Commonwealth Fund and the Academy of Health, and one done jointly by AHRQ and Academy Health. I think those kinds of fostering research down at the ground has been very, very important.

And I think the meetings themselves are very important. We heard today that there were something like three hundred people involved in the committees assessing and evaluating the papers and presentations. Well, those people learned a lot by that. I think sometimes you learn the most by being on those kinds of review committees, assessment committees. So I think the actual work of the Association for its members is very important to its members.

Elyse Morelli: Do you have any additional comments you would like to add?

Mitch Greenlick: No. It's just been a joy to watch the Association grow because it's really been a representation of how the field's grown. In the twenty-five years before we started in 1983, was really the primitive era from - that would be, say, from 1958, where there were probably six health services researchers doing work around the country, to where we grew to in 1983. And then I sort of watched that those were my mentors that were involved in that development. And then to see this extraordinary development in the field over the last

twenty-five years has been just marvelous. I'm very happy to be here to see it.

Elyse Morelli: I know that we're happy to have you as part of our group of founders and leading members in the field, so thanks so much for speaking with us today.

Mitch Greenlick: Thanks for asking. Do you want my badge? I'll put it on you then.

Male Voice: Name, rank and serial number please.

Mitch Greenlick: It's Mitch Greenlick. G-R-E-E-N-L-I-C-K. And I'm Chair of the healthcare committee of the Oregon House of Representatives as a member of the House of Representatives in Oregon.