

## Lawrence Lewin Interview

Male Voice: Give your title and spell your name please.

Lawrence Lewin: Larry Lewin. L-E-W-I-N. Executive Consultant, founder of the Lewin Group.

Male Voice: [Inaudible]

Lawrence Lewin: Yeah. You're going to have to speak up because I'm a little hard of hearing, especially with the background noise.

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

Lawrence Lewin: Well, actually, I did not work, per se, in the field of health services research, but, rather, with it. I started a consulting firm, a health policy and management consulting firm, in 1970 and really tried to marry policy and management. It proved absolutely essential not only to hire people who were health services researchers, but also to avail ourselves and our clients of the results of health services research. But, in addition, my firm and I ran conferences - about thirty of them - for state and local officials, sponsored by the then National Center for Health Services Research, now ARC, on policymakers' use of health services research. So I got deeply embedded in the issues very, very quickly.

Jennifer Muldoon: What are some of the most significant contributions of health services research?

Lawrence Lewin: Well, I think there are many. In those days the most obvious one was the research that was done on DRGs, that is in terms of the direct impact on policy. But later on, as we began to try to anticipate or predict the effect of policy changes on programs like Medicaid and public insurance programs, we made use of a lot of the modeling - econometric modeling - much of which had to draw on the original Rand [sounds like] and other studies about people's use of insurance. And that became very important.

Later in my career, as I got more involved in the issues of health, the question of what really makes a difference in people's health and what doesn't - at the moment I'm involved in a study of the consequences of health insurance - not having health insurance - where health services research is the major evidence basis. People have become more and more concerned about the evidence base, not only for clinical practice, but also for policy.

Jennifer Muldoon: What do you think are some of the biggest opportunities for health services research?

Lawrence Lewin: For health services research or researchers?

Jennifer Muldoon: Either.

Lawrence Lewin: Either? Well, I think the field for researchers is better than it's ever been. I thought that

Marty's comments this morning about the future of implementation sciences - something I can particularly relate to because so much of my work was involved with helping people implement policy - and I think that's an area - and I agree with her completely - a very important talk, actually, because I think that's grossly underserved.

Very few people - Steve Chartel [phonetic] has done some research in this area, David Blumenthal has - but for the most part there are very few people looking at the interface between institutional behavior and policy. And I think health services researchers can make a contribution there.

But generally speaking, I think the whole field - particularly as we move more and more towards health reform, not just healthcare reform, but health reform - properly used, health services research will be critical. In the past, it hasn't always been used properly for exactly the reasons Marty was talking about this morning.

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

Lawrence Lewin: Get lots of methodology under your belt because you can't do much without a good methodological basis. Not just being able to interpret it, but to advance your career - particularly an academic career - you should be able to do research as well, and that's increasingly requiring a lot of

statistical and econometric rigor. But I think it's also important for researchers not to become too far removed from the real world of policy and practice - institutional practice, management.

So I think it's very important for at least part of their career to be in an organization where they're actually observing efforts to implement policy or practice, and that adds a sense of reality, which I think will become increasingly valued even in academic settings. David Blumenthal is a good example of that.

Jennifer Muldoon: Why did you become involved in forming a new organization, the Association for Health Services Researchers?

Lawrence Lewin: Oh, my favorite subject! Well, I had been involved in these user liaison conferences, and the big issue for us in those days was - and I think Marty talked about it this morning - the policymaker has a question, asks the researcher, the researcher modifies the question to deal with the data and methodology they have in hand, and when they're done, the policymaker still has an unanswered question. So bridging policy and research has always been a very important thing for me, and, I think, very important for the field.

When I was invited by Cliff and Stuart and the others to come together to talk about creating an organization, I not only

saw the need for such an organization, but I also felt - and I heard Stuart speak to this - how important it was that it not be just of researchers and for researchers; that we needed to have users, whether they be mostly policymakers - state and federal and local - but also people involved in institutional applications. So I argued - we had a real knock-down drag-out at the beginning of this organization about what it should be all about.

And I think it was fortuitous that we chose to make it an organization that embraced users and policymakers as well as researchers. And I think twenty-four hundred people at this morning's session was partial truth of that success. I think it's an organization that a lot of my friends were involved with, people I work with on a regular basis, and I felt the field and then NCHSR needed a voice to represent it with Congress, and I think people in the field needed a voice to get the sense that this was a profession and not just an academic activity.

Jennifer Muldoon: What were some of the important health services research issues of the early days?

Lawrence Lewin: I think translation. From my perspective, it was getting policymakers to use the research. What would happen is that at that time NCHSR, its method of dissemination was to send the reports - they would collect the reports, both

internal and external, and then send them to - I've forgotten the name of the - and they would publish them as federal documents. And that was considered dissemination. It's kind of like putting something on the stump and hoping somebody walks by and picks it up.

A lot of us felt that there was a need for better marketing. And the guy who really had this idea, Rob Fordham, I had been to an IBM seminar and learned that the way IBM marketed its products and its software was to train people in the use of information. And so we started doing that. We started training policymakers and what policymaking is all about and how research supports it. That was a very important issue because in those days most researchers didn't pay much attention to that.

Payment systems were very important. We were talking about DRGs, were a major innovation at the time, and there was a lot of questions about what you do about physicians. So those issues about what works, why things work the way they do, there have been seminal articles that came out on the research that really stimulated many of those policy changes were real issues in the early 1970s.

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

Lawrence Lewin: I suppose what always impressed me were two things - first of all, how many people were involved, how

quickly people in the field coalesced around the idea that this is a profession and not just a collection of academics running around doing research; and secondly, although I was one of the user advocates as opposed to the pure research advocates, one of the things that I recommended early on was that there be methodology workshops.

And I really got very excited - it's not my field - but I got very excited to see increasingly at these meetings, including the very first one, how many of the attendees really were enthusiastic about these methodology workshops. Those workshops from these meetings have probably done more for the field, I think, than almost anything else, other than the networking and the fact that people get jobs and get involved in each other's research. But I think those methodology workshops have really had a huge impact, and I'm very grateful that the leaders of this organization have really picked up on that.

Jennifer Muldoon: Where would you like to see the field in twenty-five year?

Lawrence Lewin: I would like to see I think what Marty talked about this morning was where I would like to see the field. I think that we're getting a lot better at building models and behavioral models to simulate take-up rates and people's use of health services, changing their own behaviors.

I think behavioral health is a very important new area.

Community health is an important area.

But I think the fundamental thing is to be able to understand behavior and then predict it in models because it's only when we simulate what a policy is likely to look like that we begin to have a real impact on people's thinking. Otherwise, it's just a lot of guesswork. So I've always been a great believer in modeling, and much of the Lewin Group's work was in that area.

I have one other comment I'd like to make. It's two parts. I thought this morning's ceremony was lovely, but there were two names that should have been mentioned. One of them was Alice Hirsch. Alice came in early. Cliff brought her in. She had been a student of Stuart's and she, as much as anybody, helped build this organization. She put in the sweat equity and the hard work and her loss was painful for all of us.

The other was Bob Landon. Bob was at RWJ at the time and when this idea began to hold and a number of us were advancing it - organizations like this don't get started just on sweat equity - we needed money. And, Bob, who is clearly a man of vision, not only now but also then, saw the potential and he made sure that RWJ came forth and provided support for this organization. And I think both of those people deserve to get a lot of credit. Thank you.



Jennifer Muldoon: Thank you very much.

Lawrence Lewin: Right, I enjoyed it.