

## Ron Andersen Interview

Ron Andersen: Very important. A-N-D-E-R-S-E-N. Well, that's easy to do.

Jennifer Muldoon: So are we ready?

Male Voice: You're ready and rolling.

Jennifer Muldoon: Okay. So Doctor Andersen, why did you first choose to work in the field of health services research?

Ron Andersen: I chose health services research because as I graduated from college, I was looking to go to a doctoral program in sociology and I applied to a number of schools, including Purdue University that had a training program in something called medical sociology. And it was not only of interest to me, a health field generally, but they offered the best fellowship that I was offered. So I went there in medical sociology and learned about doing health surveys and other aspects that are associated with health services research, and that led me into the field.

Male Voice: Can you try to get a touch more background?

Jennifer Muldoon: In your opinion, what are some of the most significant challenges for health services research? I'm sorry, I said the question wrong. What are some of the most significant contributions of health services research?

Ron Andersen: To me, the most significant contributions have to do with conceptualization of what a health services

system is. I learned a lot from my second mentor after the training program and Robert Eichorn from Oden Anderson at the University of Chicago. And I think that's had a lot to do with the contributions that the field has made. And related is the idea that to understand health services use and the outcomes, we really have to spend a considerable amount of time thinking about and measuring and associating with outcomes the multiple determinates of service use. And we need a concept of a health services system to do that.

Jennifer Muldoon: What are some of the biggest opportunities for the field?

Ron Andersen: The biggest opportunities at this point, I think, have to do with what I consider to be effective and efficient measures of health services use and particularly access to care. We've gone past a point of being primarily concerned about getting care, although that's still extremely important, but now the issues are how much does that care contribute to the health of the population and the people receiving it, and how can we do it most efficiently, that is, to get the best care in terms of outcome at the least expenditure resources?

Jennifer Muldoon: Thinking back to when the Association for Health Services Research was first formed, why did you become involved in helping to form this new organization?

Ron Andersen: You're not going to ask about advice?

Jennifer Muldoon: Oh, I'm sorry, I'm sorry. [Laughter] Go ahead, go ahead. What advice would you give someone thinking of getting a career in health services research?

Ron Andersen: Talking to young people about beginning a career in health services research, I would suggest that it's very important for them to study the basic methods related to health services research and of a disciplinary perspective, which gives them some grounding for answering as well as asking important questions in the field. A second would be an interest and an understanding of the concept of the health services system and what that means and an ability and some experience in applying the discipline to the actual practical problems in the health services sector. And, finally, health services is an interdisciplinary field - to learn and to work with people from other basic backgrounds and disciplines to solve the important questions that were asked in health services research.

Jennifer Muldoon: Great. And, now, why did you become involved in helping to form a new organization - the Association for Health Services Research?

Ron Andersen: I was asked to join the board, and I had some questions about whether we needed another organization. It seemed to me that I was involved with many organizations and many meetings related to my field, and I wasn't sure that

another organization would be the best use of my time or the best use of the field. However, Bill Pierskalla called me and he said, "You and the University of Chicago need to be represented on this board." So, actually, that was why I went, initially.

And I can't say that this was a decision - and I changed my mind about, but fundamentally, I'm quite conservative. I don't mean about particular values, but I mean about change. A new organization is a commitment of resources and it took me a while to come around, but fortunately, maybe there's another question where you ask about the contributions of the field. I'm glad I did, given what's happened with the organization since.

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

Ron Andersen: The founders' goal, as I remember it, was to bring together multiple perspectives in the field. I answered an earlier question - I was involved with people with these multiple perspectives, but we or they were in different organizations at different times. What this organization did was to bring together these multiple perspectives in one setting to talk and interact, which made a lot of sense given that we've just discussed that this is an interdisciplinary field.

And to advance - a second objective - to advance the field that we were establishing and legitimizing, to improve the

methods and approaches and theoretical perspectives that might help us with perspectives. And a third, which I barely understood but learned more about, in part because of the field, was to try to support an effective lobby for the interest of what was then the National Center for Health Services Research and a general understanding and support of the government and other possible funders for the importance of the work and the provision of resources for it.

Jennifer Muldoon: How has your involvement with AHSR influenced your career?

Ron Andersen: I think it's influenced my career by helping me to see the importance of something I believed in but didn't always know how to contribute to and that was to work from multiple perspectives and with people from these different perspectives in a very supportive and collaborative way. And, generally, it provided a professional and social quorum for health services researchers, which I've valued a lot over the years.

Jennifer Muldoon: Now thinking to the original purpose of the annual meeting - what was the original purpose of the AHSR annual meeting?

Ron Andersen: I think to legitimize, in part, this professional organization. Professional organizations meet annually and come together to share their work and interests,

and so we did the same with this meeting. I don't know. I can't quite - basically, the idea, another idea for a professional organization is to legitimize to the outside world that this is really a meaningful organization that comes together, has the resources, will have the continuity, continue to build on its work and to interact with the significant stakeholders that might be interested in what that organization is doing.

Jennifer Muldoon: What were the pressing health services research topics, issues, at the early meetings?

Ron Andersen: Some of the important health services research issues at the early meeting fortunately, or unfortunately, are the same as they are today. We talked a lot because we're concerned with rising costs of medical care, the outcomes of health services use. I was interested in access, and then people began to say, "Access for what?" So we tried to think about linking this to outcomes and the modeling, the formal modeling, of health services use, which has been a continuing interest of mine for a long time, and fortunately shared in the Association at that time.

Jennifer Muldoon: What do you think attracted people to that first meeting?

Ron Andersen: A lot of the people at the first meeting were colleagues of people on the board. Just like Bill

Pierskalla called and asked me to be on the board. We certainly went to our colleagues and our students and said this is an important thing for you to do. And I think what was also appealing was that many of us were marginal in the sense that we worked in organizations where health services research was not foremost and you had to legitimize the work you were doing, and here was a place you could go and work and begin to establish ties without having to define and defend whether health services research was an appropriate endeavor.

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

Ron Andersen: Okay, my favorite memories. I think a continuing role of the agency was to link the related work and people of the past with the present and the future, and we were very fortunate to have a traditional cadre of contributors who were recognized at the very first meeting, and I'll always remember.

Jennifer Muldoon: Where do you see --

Ron Andersen: I'm not finished.

Jennifer Muldoon: Okay, go ahead, sorry.

Ron Andersen: They're all gone, you know. Sam Shapiro was in the first group and strong on epi [sounds like] and disciplinary approaches and methodology and design, and Abbidas Donabeatti [phonetic] I know was the guru of quality and

continues to be so. And the third person, actually he's listed as the second year as an investigator, but I remember introducing him at the very first meeting along with the other two - Oden Anderson - the person who, I believe, formulated and first coined the concept of health service system and linked that to national health surveys and the need for data to explain the system and, certainly, was foremost in developing international comparisons. He devoted his life to studying particular countries - England and Sweden and the U.S. - and so he was recognized for those. And all that happened at the first meeting, and that would certainly be my fondest memory of the meeting.

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

Ron Andersen: I wondered if you meant was it going to be in Peoria, Illinois [laughter]. I think we'll still be engaged in it - oh - what we'll be working on twenty-five years from now, I think we'll still be concerned with what I've described as efficient and effective access to health services. And the biggest challenges to us will still be measuring outcomes, understanding what the importance outcomes are, especially for the elder who are consuming more and more of the resources and we have to understand what's a reasonable approach to providing care, the resources necessary for the quality of life and the



appropriate outcomes for them and not breaking the bank to do so.

What can the Academy do to make this happen? Continue to make the case for the importance of objective health services research, strengthen the relationships with our interacting stakeholders, providers, the government, the insurance industry or what will be the insurance industry then, and helping us to understand of how we go about the business of asking, as well as answering the most important questions in health services research.

Jennifer Muldoon: Anything else?

Ron Andersen: No. [Laughter]