

David Blumenthal Interview

Male Voice: Spell your full name and position that you hold - not spell your position, but spell your full name.

[Inaudible]

David Blumenthal: David Blumenthal - D-A-V-I-D B-L-U-M-E-N-T-H-A-L. Director of the Institute for Health Policy at Massachusetts General Hospital and Partners Health System.

Jennifer Muldoon: Doctor Blumenthal, why did you choose to work in the field of health services research?

David Blumenthal: I was interested in health policy and I was interested in academics, and I don't think I identified it as health services research, but I identified it as multi-method research related to health policy. So it was just where I ended up because of my interests. I think it was before - I got involved before the field had been defined as health services research.

Jennifer Muldoon: And in your opinion, what are some of the most significant contributions of the field of health services research?

David Blumenthal: I think we've made enormous contributions in all kinds of ways - related to measurement of hard to measure things like quality and safety and cost of care and evaluation methodologies, patient satisfaction, patient reports - tools that are now being widely used in trying to

create transparency and accountability in the health care system. I think we've also made a lot of contributions to understanding the dynamics of payment and how payment affects behavior.

And I think we've made a lot of contributions understanding the effects of insurance on behavior and lack of insurance on people's lives, their health, their well-being, their contentment with their lives. We've also, I think, defined a lot of conditions for change - what the politics of healthcare is about and what conditions permit or inhibit change in health systems. One could go on and on and on - lots of things.

Jennifer Muldoon: What are some of the opportunities for the future?

David Blumenthal: The opportunities for the future, I think, lie in many domains. We have a lot to learn about how to measure the performance of health systems so that we can reward them or punish them for poor performance. We have a lot to learn about how to implement new findings in an expeditious way. We have a lot to learn about how to design healthcare benefits so that we preserve the appropriate care and discourage inappropriate care. And, above all, we have a lot to learn about costs and how to change the trajectory of cost increases over time.

Jennifer Muldoon: Do you have any advice for someone considering a career in health services research?

David Blumenthal: I guess my advice would be that they need to be trained rigorously in methods. They need to understand how to do research and do it well, but they also should take the time to understand the clients for their research, whether those clients are practicing physicians or healthcare organizations or policymakers or managers because we are in a very applied field, for the most part, and the more one understands about the way systems actually operate, the more effective our research will be.

Now there's also, of course, room for research that's purely methodologic in nature, and that's very important too, but a relatively small number of people do that kind of work. I'd say the preponderance of people in our field study real health problems to try to solve them. And for that kind of work, having practical experience of some kind or deep understanding of the process of care and the process of policy development is important.

Jennifer Muldoon: How has your attendance at annual meetings and involvement with Academy Health influenced your career?

David Blumenthal: It's been enormously important for meeting the people I needed to meet in order to do the work that

I've done. I've learned a lot from the substantive sessions. I've learned about problems that are of interest and how to approach them. And I think it's given me a sense of community and motivated me in my work because there were role models I saw early in my career who I wanted to be like and I mostly met them here at this meeting.

Jennifer Muldoon: Twenty-five years ago when the annual meeting was just getting started, what were the important health policy and health services research issues at the time?

David Blumenthal: I think it was much less clear at that time how to structure improved coverage, though it's not to say that we've made a lot of progress since then. But I think the conceptual and the economic issues were less well understood and a lot of work has been done on that since that time. I think cost increases had been identified as important issue by then because of Medicare and Medicaid, and there was a lot of work done on it then. And technology and its uses were probably more clearly on the agenda than it is right now. And quality was a relatively unidentified issue. It had not yet emerged with the salience that it has right now and it wasn't heavily or effectively researched at that time.

Jennifer Muldoon: What are the issues for the future?

David Blumenthal: I think that how to organize systems to improve their performance is the really critical issue for the

future - how to eliminate waste, improve outcomes at the lowest possible cost. So I think we're getting to a point where we're not writing and talking as much how to cover uncovered people. We know how to do that; it's a matter of making the political, tough political, choices, but we are talking a lot about how to organize systems of care, which has always been on the agenda, but not with the same level of rigor or understanding that we have now.

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

David Blumenthal: That's a hard question - twenty-five years worth of memories to sort out. I guess I have memories of being in - feeling that I was becoming the colleague of some of the senior people that I had most respected - having the sense that they were getting to know me; that I was not just a junior person who was on the margins of the meeting, but someone who had a community here. So I think those kind of crystallized in receptions and parties and the annual big reception that's held. So I'd say most of my best memories are of those kinds of gatherings where one could talk intimately - not intimately, but seriously - with friends and colleagues.

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

David Blumenthal: I think it needs a whole lot more support, and I think it needs to be much more creative in identifying natural experiments to evaluate, and I think it needs to be much more driven by the concrete decisions that policymakers and managers need to make. That's not to say that it has to be all applied, but I think we always have to connect the findings, our findings, to a problem and understand the connection to what we might discover and how that problem might be remedied.

Jennifer Muldoon: What role should Academy Health play in achieving that?

David Blumenthal: Well, Academy Health is, I think, the glue that keeps the community together, and I think that if it keeps pushing on our investigators to perform that role - and I think it needs to keep making a case for this work for the public and for the government because this is a public good that can't be supported by private funds. It has enormous value and the government has to understand that if it's going to invest in this work.

Jennifer Muldoon: Is there anything you'd like to add?

David Blumenthal: No, no, I think I'm talked out.

Jennifer Muldoon: That's great!

David Blumenthal: Thank you.

Jennifer Muldoon: Thank you very much.

David Blumenthal: Sure.

Jennifer Muldoon: If you look at the annual meeting-