



2011 Annual Report

Executive Vice President–COO's Report

Bringing the International Experience to Bear on the U.S. Health Reform Debate: The Commonwealth Fund's Harkness Fellowships Program



Robin Osborn, Vice President and Director
International Program in Health Policy and Innovation

Cover photos

Upper: 2011–12 Harkness Fellows in Health Care Policy and Practice—(center of photo, left to right) Matthew Inada-Kim (U.K.), Tom Frusher (U.K.), Rachael Addicott (U.K.), and Sarah Derrett (New Zealand)—met with U.K. Secretary of State for Health Andrew Lansley (far right) and health ministers of other countries at the Fund’s annual International Health Policy Symposium in Washington, D.C. The Nuffield Trust in the United Kingdom, of which Dr. Jennifer Dixon (far left) is director, is an important partner with the Fund in the international program, including the Harkness Fellowships in Health Care Policy and Practice.

Lower: Commonwealth Fund Vice President and Director Robin Osborn has led the Fund’s International Program in Health Policy and Innovation, including the Harkness Fellowships in Health Care Policy and Practice, since its launch in 1998.

(Both photos by John Troha.)

The Commonwealth Fund is a private foundation that promotes a high performance health care system providing better access, improved quality, and greater efficiency. The Fund’s work focuses particularly on society’s most vulnerable, including low-income people, the uninsured, minority Americans, young children, and elderly adults.

The Fund carries out this mandate by supporting independent research on health care issues and making grants to improve health care practice and policy. An international program in health policy is designed to stimulate innovative policies and practices in the United States and other industrialized countries.

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Bringing the International Experience to Bear on the U.S. Health Reform Debate: The Commonwealth Fund's Harkness Fellowships Program

Private foundations that seek to promote transformative change in the way key systems and institutions work typically pursue a number of complementary strategies. These include:

1. researching the causes of social problems and potential solutions;
2. investing in tests of promising innovations and promoting the spread of successful ones;
3. tracking progress against improvement benchmarks; and
4. communicating results to advance changes in public and private policy that will support innovations and system transformation.

All of these strategies boil down to investments in talented and creative people. Most of the time, foundations invest in experienced professionals through individual projects that advance particular strategies. But foundations also have a long history of investing in people more overtly, through programs that seek

to help launch or transform the careers of especially promising individuals. The payoff of such investments is generally expected to be long-term and not necessarily directly tied to a foundation's immediate program thrusts.

In the United States, well-known fellowship and scholars programs in the health care field include the Robert Wood Johnson Foundation's Clinical Scholars program, Health Policy Fellowships, and Executive Nurse Fellows program. Most recently, the Josiah Macy Jr. Foundation in 2010 established the Macy Faculty Scholars program to identify and nurture the careers of educational innovators in medicine and nursing. In addition to such "foundation-owned" programs, a number of foundations choose to invest in people through organizations with ongoing programs such as the National Medical Fellowships, which since 1948 has supported the training of minority physicians.

The Commonwealth Fund has a long history of investing in people through fellowship programs, beginning in 1925 with the Harkness Fellowships. In addition to this international program, the Fund has supported such individual career development activities as Commonwealth Fund Advanced Medical Fellowships (1937–70; precursor to the Robert Wood Johnson Clinical Scholars program), the Fellowship Program in Academic Medicine for Minority Students (1985–93), the Executive Nurse Fellowships program (1988–97), the Mongan Commonwealth Fund Fellowship Program (1996–present; formerly Commonwealth Fund/Harvard University Fellowship in Minority Health Policy); and the Association of Health Care Journalists Media Fellowships on Health Performance (2010–present).¹

This essay reports on a review of the Fund's international Harkness Fellowships in Health Care Policy and Practice program, which was undertaken in 2011 at the request of the foundation's board of directors. The findings, which draw on the foundation's long experience in conducting fellowship programs, are likely to be of interest to other organizations that support, or are considering supporting, such programs, as well as to stakeholders in fellowship programs.

ORIGINS OF THE HARKNESS FELLOWSHIPS²

Originally called “Commonwealth Fund Fellowships,” Harkness Fellowships were initiated in 1925, just seven years after the founding of the foundation. The program was envisioned as a “reverse Rhodes Scholarship,” and its goals were advancing international understanding and encouraging maintenance

of the “special relationship” between the U.S. and the United Kingdom. At first the program sponsored U.K. university graduates from any field, but in due course it was expanded to include most of the English-speaking countries and, from 1952 to 1977, a number of Western European countries as well. Its alumni are a distinguished group, including many civil servants and academics with quite distinguished careers, as well as journalists such as Alistair Cooke and business leaders such as Christopher Hogg, former CEO of the textile manufacturer Courtaulds and former chairman of Reuters Group, and Hugh Fletcher, former CEO of Fletcher Challenge, once New Zealand's largest company.

The Commonwealth Fund's financial setbacks arising from the stagflation of the 1970s forced a retrenchment in the Harkness Fellowships, limiting them to the United Kingdom, Australia, and New Zealand after 1977. Growing evidence that a general program was no longer needed to encourage promising young foreign professionals to undertake postgraduate study in the U.S., as well as concerns about the Fund's ability to add value to the work of fellows from many fields unrelated to the foundation's health care focus, led the board in 1988 to restructure the program. Now, Harkness Fellowships were to enable early- to midcareer professionals to undertake a yearlong sabbatical conducting research or other work involving social policy issues.

In 1996, continuing concerns about insufficient synergy between the Fund's international fellowship program and its domestic activities, combined with the intensified focus of the latter on health care reform, led to a further review of the program. The decision was made to use the fellowships to build an international network of policy researchers devoted

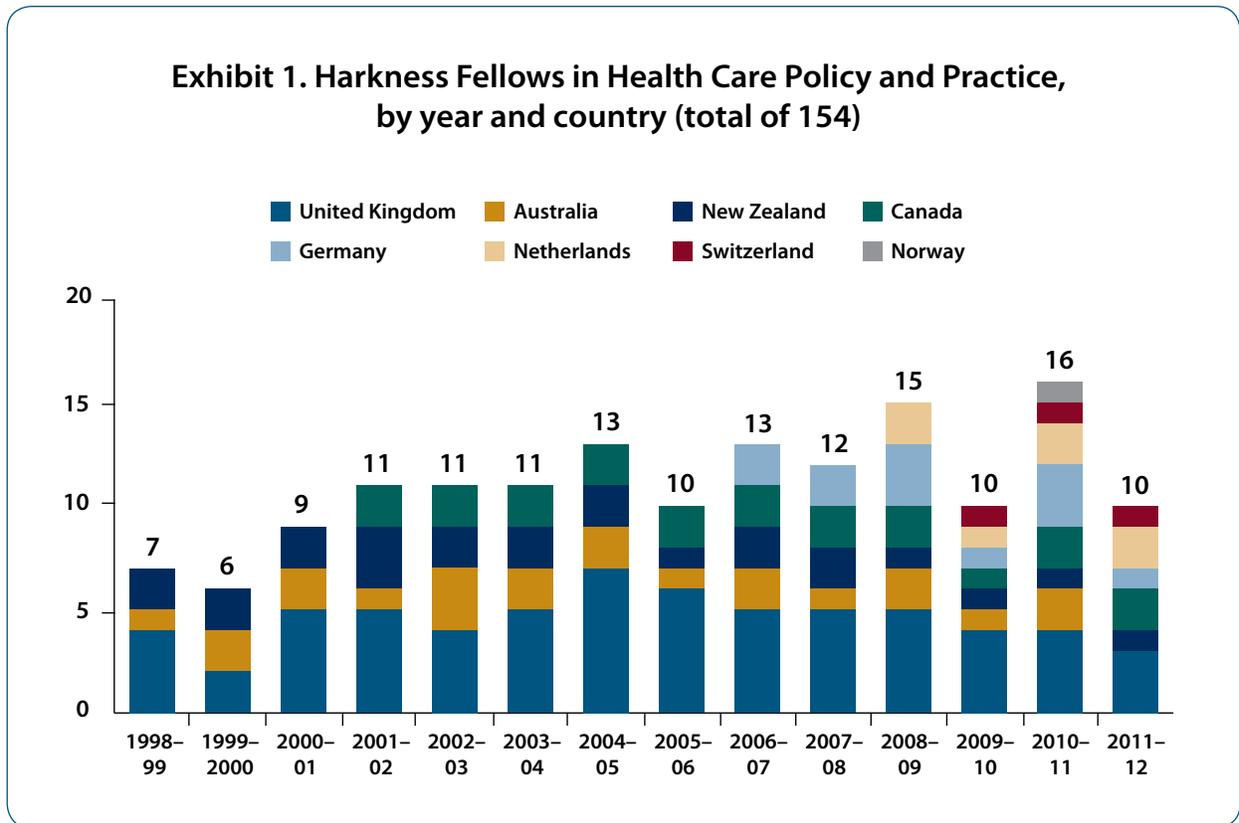
to improving the performance of health systems in industrialized countries. In refocusing Harkness Fellowships, the board simultaneously authorized expansion of the Fund’s international work to include an annual ministerial-level international health policy symposium in Washington, annual international surveys enabling comparisons of the performance of health systems, and other international comparative health policy and health services research activities.

GOALS AND STRUCTURE OF THE HARKNESS FELLOWSHIPS IN HEALTH CARE POLICY AND PRACTICE

The Harkness Fellowships in Health Care Policy and Practice began in 1998 as the centerpiece of The Commonwealth Fund’s new International Program in Health Policy and Innovation, whose mission is

to bring the international experience to bear on the U.S. health care reform debate and drive for delivery system improvement. The Harkness Fellowships program has been directed by Robin Osborn, vice president and director of the Fund’s international program, since the program was redesigned. With her innovative leadership, the program has been enriched and continually expanded.

The initial countries participating in Harkness Fellowships in Health Care Policy were the U.K., Australia, and New Zealand. Under Ms. Osborn, the program has been broadened to include nine countries, beginning with Canada in 2001 (through the Canadian Associates, who are not tenured in the U.S.) and, with the recruitment of international funding partners, Germany in 2006, the Netherlands in 2008, Switzerland in 2009, Norway in 2010, and Sweden in 2012. As shown in Exhibit 1, 154 fellows



have participated in the program through the 2011–12 fellowship year.

Harkness Fellowships in Health Care Policy and Practice provide a unique opportunity for midcareer health services researchers, practitioners, policymakers, and managers from participating countries to spend 12 months in the U.S., conducting original research and working with leading U.S. health policy experts. Specific objectives for fellows include the following:

- publishing in a peer-reviewed journal or producing a significant policy report from the fellowship experience and making continued contributions to the literature post-fellowship;
- becoming recognized leaders in their home country;
- influencing health policy, research, and health care delivery; and
- contributing to a robust network of international health policy experts for exchanging information on innovations and policy improvements.

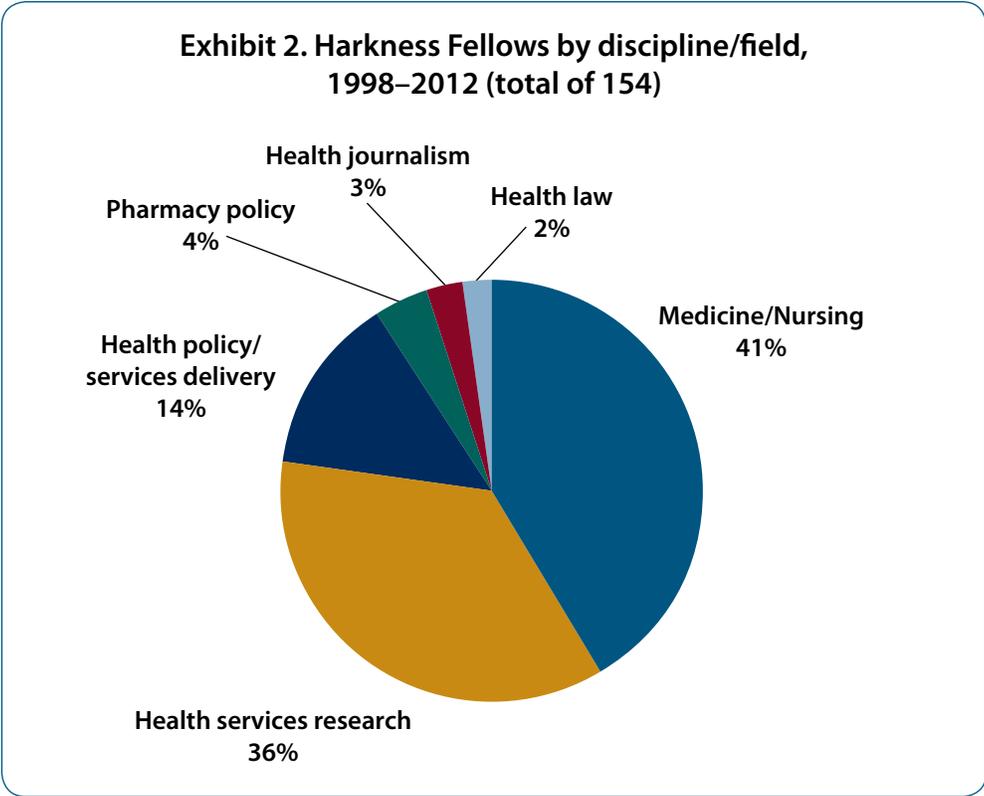
The program director and the fellowships senior advisor work with fellows to develop a substantial research project, with publishable deliverables, and place them with U.S. mentors, who are leading health policy researchers or policymakers.³ The Commonwealth Fund provides a strong Infrastructure for the program: fellows assemble every six to eight weeks for policy briefings, methodological seminars, and international symposiums; they also participate in site visits that expose them to Washington policymakers, innovations in U.S.

health care delivery and policy, and the Canadian health system.⁴

Fellows are selected competitively in each country by selection committees comprising leading health policy officials, researchers, and Commonwealth Fund management.⁵ The average age of fellows selected through 2011 was 37, with a range of 27 to 53, and 44 percent were women. At the time of selection, 41 percent of fellows were in medicine/nursing, 36 percent in health services research, 14 percent in health policy or management, 4 percent in pharmaceutical policy research, 3 percent in journalism; and 2 percent in law (Exhibit 2).

The Fund's Web site has a dedicated online forum designed to encourage policy exchanges among fellows and to promote continued collaborations upon their return home. With support from the Small Grants Fund, a number of research projects have been undertaken by returned fellows, with results featured at Alliance for Health Reform briefings on Capitol Hill and at the Fund's annual International Symposium on Health Care Policy, among other venues. The Commonwealth Fund also promotes articles published by fellows in peer-reviewed journals through the *In the Literature* publication series, e-alerts, and *Commonwealth Fund Connection* newsletter.

The first Harkness Alumni Washington Policy Forum, which took place in Washington, D.C., in May 2011, brought together 24 leading Harkness alumni from the U.K., Canada, Australia, Germany, Netherlands, and New Zealand to meet with U.S. policymakers. Participation was competitive, based on submitted research reports, most of which were prepared by teams of fellows. The aim of the forum



was to highlight health care policy and delivery system innovations that are under way in other countries and consider how they can inform U.S. health reform.⁶

Fellows typically bring their families with them to the U.S., and the total fellowship (including stipends, family allowances, travel, and research funds) is valued at about \$107,000 for individuals and \$144,000 for families. Under Robin Osborn’s leadership, funding partners for Harkness Fellowships have been recruited in all countries except Australia and New Zealand, and these partners currently bear 44 percent of the fellows’ cost.⁷ Since 2008, countries that enter the program must provide full funding for their fellows.

The International Program in Health Policy and Innovation takes up 8 percent of The

Commonwealth Fund’s total extramural budget, of which 55 percent is for the Harkness Fellowships. The fellowship is directly administered by the Fund’s international program staff (five staff members, including Ms. Osborn), with the aid of the fellowships senior advisor. The total annual cost of the Harkness Fellowships to the Fund is approximately \$2.1 million: \$1.2 million for fellowship awards; \$400,000 for conducting the seminars and other activities cited above; \$200,000 for fellowship recruitment, promotion, and selection; and \$300,000 for program staffing. Country partners provide an additional \$1.2 million in direct fellowship costs. All other non-fellowship costs related to program operations are borne by the Fund, although partnering organizations in the participating countries provide some direct support for fellow recruitment and returned fellows’ networking activities.

PREVIOUS EXTERNAL REVIEW OF THE HARKNESS FELLOWSHIPS IN HEALTH POLICY PROGRAM

At the request of The Commonwealth Fund's board and management team, David Blumenthal, M.D., of the Mongan Institute for Health Policy at Massachusetts General Hospital carried out an external review of the Fund's International Program in Health Policy and Innovation in the spring of 2004.⁸ Based on a survey of 160 key informants, including 44 Harkness Fellowship alumni and all mentors, and on interviews with senior U.S. and country policymakers, the review produced a highly positive assessment of the program and cited evidence that it was making progress toward achieving all of its stated goals. The review focused particularly on the Harkness Fellowships:

The Harkness Fellowships received the strongest endorsement of all program activities. During personal interviews with key informants, the Fellowships were described as integral to the international program. Harkness Fellows were themselves extremely supportive of the fellowship. When asked about their experience, Harkness Fellows responded that the program was an excellent investment and that it proved valuable to their professional development and advancement. Moreover, all Harkness Fellows rated the overall quality of the fellowship either moderately or very highly. The vast majority of Harkness mentors also rated the overall quality highly (93%). Finally, 97 percent of Fellows responded that they would recommend the Harkness Fellowship to others considering applying, and 100 percent of Harkness mentors would recommend the Fellowship for someone considering applying. Harkness mentors were also unanimous in their willingness to act as mentors again in the future and to recommend doing so to colleagues.

Personal interviews also reflected the high regard for the Harkness Fellowship. The opinion was that Harkness Fellowships were creating a cohort of young policymakers, and that the program had enormous personal benefits. The cohort of Harkness Fellows was described as "quite impressive."

The 2004 external review generated helpful recommendations for improving the Harkness Fellowships, including upgrading the Canadian Associate Fellowship to make it comparable to the full fellowship (with 12 months tenure in the U.S.), expansion of the program to include Germany, continued efforts to expand the pool of high-quality applicants in each country, and an increase in the fellowship stipend, which was considered inadequate by a substantial number of fellows. The reviewers also recommended development of an activity that would strengthen post-fellowship collaboration among fellows and their continued engagement with the international policy research community and The Commonwealth Fund.

As a result of this review, the Fund began expanding the roster of participating countries (as noted above, beginning with Germany in 2006), strengthened the Canadian Associate Fellowship by augmenting research funds for the fellowship project, increased the stipend, and conducted a policy conference for all alumni in 2005.

2011 REVIEW OF THE HARKNESS FELLOWSHIPS

By 2011, a substantial number of Harkness Fellows had resumed their careers in their home countries for an extended period, and The Commonwealth Fund's board felt that it was time to undertake a

more comprehensive assessment of the program's impact. Of particular interest was determining the extent to which the fellowship's apparent success was broad—reaching beyond those fellows who, because of their high-ranking positions in government or academia, are obvious stars. The review was confined to the first 10 classes of Harkness Fellows from the U.K., Australia, and New Zealand, and the first two classes of German fellows; fellows in the 2008–09 and later cohorts were not included, as it was too early to judge their career advancement.⁹

Criteria for judging the performance of the program were based on the extent to which specific program objectives were being met:

1. Harkness Fellows produce a peer-reviewed journal article (the stated deliverable) while on tenure, and they publish in top-tier journals—at least post-fellowship.
2. Returned fellows become nationally recognized leaders in their home countries and move into senior positions of influence in academia, policy, and health care delivery.

Harkness Fellows in Senior Academic Positions Are Having an Impact Through Research and Publications



Kieran Walshe (U.K.)
Professor and Chair,
University of Manchester

Regulation and quality: Walshe has published 51 peer-reviewed articles in *Health Affairs*, *BMJ*, *Milbank Quarterly*, and other journals. He is adviser to the House of Commons

Health Select Committee, and his work on regulation and patient safety has influenced the NHS Care Quality Commission and Department of Health. As director of the National Institute for Health Research/SDO Program, he has a strong influence on NHS-funded evaluations.



Russell Gruen (Australia)
Professor of Surgery,
University of Melbourne

Evidence-based policy, disparities, and professionalism: Gruen has published 48 peer-reviewed articles in *New England Journal of Medicine*, *JAMA*, *Lancet*, and other

journals. As director of the National Trauma Research Institute, he has a key role in integrating research into policy and practice and has further influence on policy and practice as a member of the Victorian Quality Council.



Peter Crampton (New Zealand)
Dean of the Faculty of Medicine,
University of Otago

Primary care: Crampton has published 45 peer-reviewed articles on primary care funding, use of teams, governance, and ownership of community-based clinics. His

research contributed to the major health resource allocation formulas in New Zealand. In addition to his academic influence as dean of the Otago Medical School, he has served on ministry advisory commissions on physician workforce, resource allocation, and primary health care.

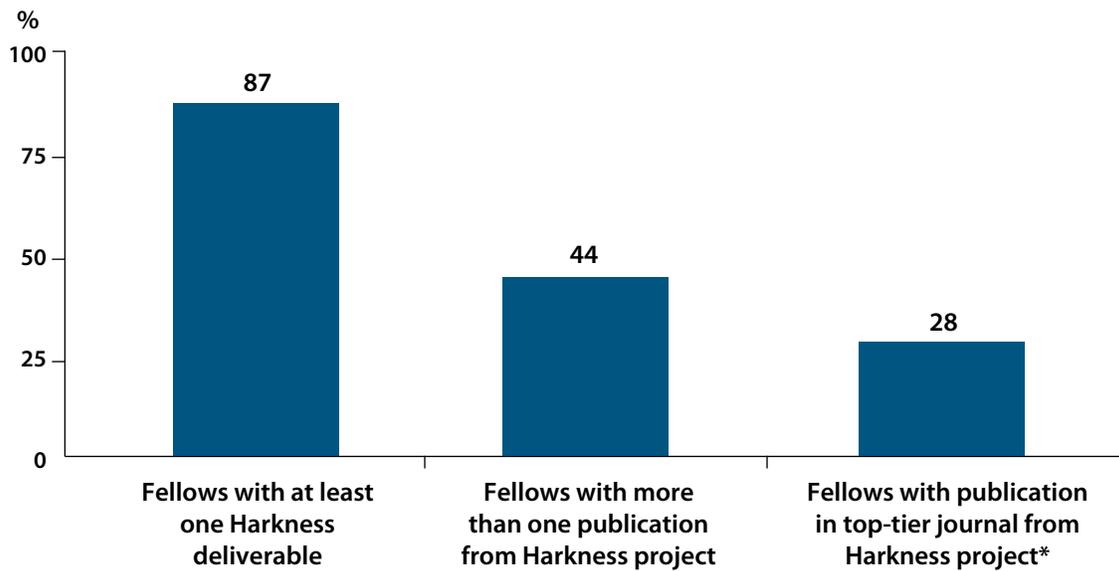


Jane Pirkis (Australia)
Professor and Director,
Centre for Health Policy and
Economics, University of
Melbourne

Mental health: Pirkis has published more than 85 peer-reviewed journal articles. Her work on improv-

ing mental health access and outcomes has influenced national and World Health Organization guidelines, and her evaluations of several large-scale programs have had an impact on their future direction, as evidenced by the introduction of caps on copayments for patients.

Exhibit 3. The great majority of Harkness Fellows meet the deliverables requirement of a peer-reviewed publication or report to their health minister



* Top-tier journals: *Health Affairs*, *Milbank Quarterly*, *New England Journal of Medicine*, *Journal of the American Medical Association*, *Annals of Internal Medicine*, *Archives of Internal Medicine*, *BMJ*, and *Lancet*.
Source: 2011 Impact Survey of Fellows and internal program files.

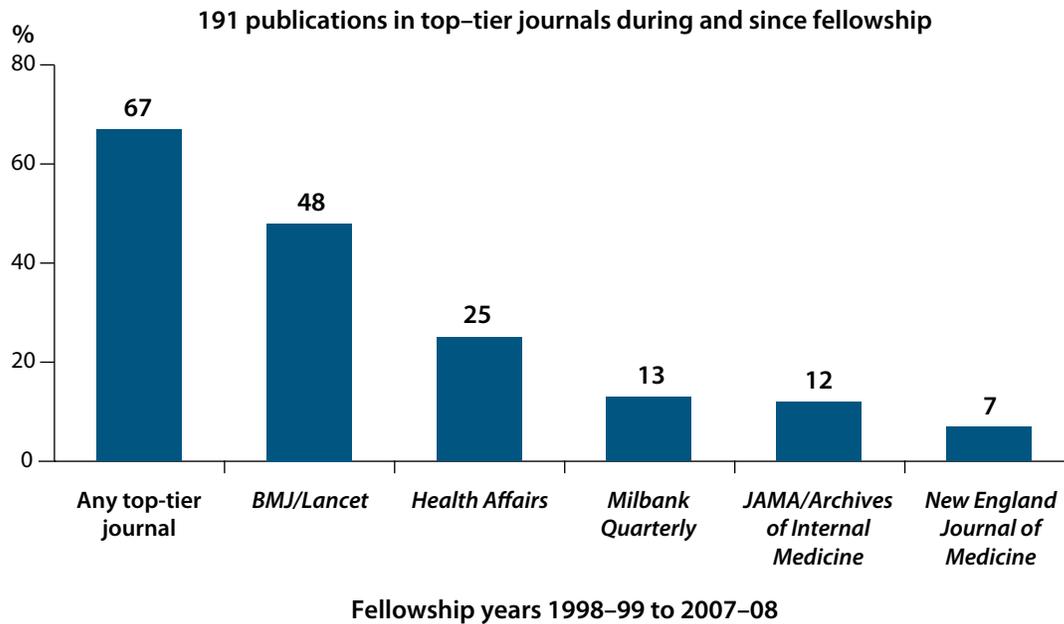
3. Returned fellows make a significant impact on policy, health services research and the knowledge base for health care reform, or on health care delivery system transformation.
4. The program develops a robust international network of health policy experts who are engaged in ongoing cross-national comparative research and collaborations.
5. Alumni rate the Harkness Fellowship as being very important to their careers.

The 2011 review, carried out by Fund management and program staff with substantial input from country experts, used the following methods. First, the 89 fellows in the 1998–99 through 2007–08 cohorts were surveyed about their careers post-fellowship, including the extent to which they hold senior policy roles and are influencing policy debates in their home country or in the U.S., and whether

their work is receiving media attention and their research and leadership is influencing practice. For the 1998–2008 alumni, the review team developed complete profiles and compiled a database containing survey responses with specific examples of fellows’ impact, updated CVs, and comprehensive lists of publications produced before, during, and following the fellowship. Second, using these dossiers, two members of the selection committee in each country, together with a Fund staff team including the president, executive vice president–chief operating officer, executive vice president for programs, senior vice president for research and evaluation, and international program director, were asked to rate the success of each fellow on five domains:

1. overall fellowship and career achievement;
2. contribution to the health services research and health policy literature;

Exhibit 4. Much of Harkness Fellows' work is being published in top-tier journals



Note: JAMA = Journal of the American Medical Association.
Source: 2011 Impact Survey of Fellows and internal program files.

3. impact on policy;
4. impact on delivery system improvement; and
5. overall leadership.

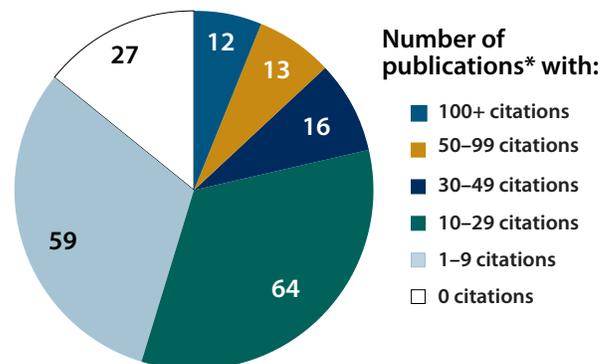
A Likert scale of 1 (disappointing performance) to 5 (very high performance) was used for this purpose, with country experts rating only fellows from their respective countries.¹⁰

Assessing Harkness Fellows' Productivity and Achievements: The Data

Looking first at the data on outcomes, the review found that the great majority (87%) of Harkness Fellows meet the deliverables requirement of a peer-reviewed publication or report to their health minister: indeed, 44 percent produce more than one publication from their fellowship project, and 28 percent publish their results in top-tier health policy journals (Exhibit 3).¹¹

Fellows' publications span the fields of health services and health policy research, with the most significant publications in the following areas: financing of health care, insurance coverage issues, health care regulation, quality improvement, child and

Exhibit 5. Harkness Fellows' publications in top-tier journals are also being cited by other researchers



* 191 publications in top-tier journals (includes articles during and post-fellowship)
Source: ISI Web of Knowledge (Thompson Reuters).

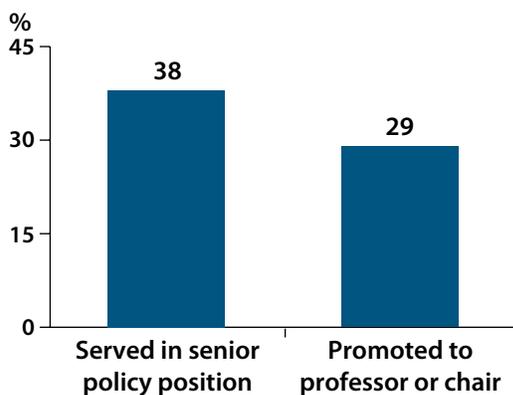
adolescent health, and pharmaceuticals policy. Since many fellows at the time of selection do not have significant records of publishing in the fields of health policy and health services research, their marked success in producing published papers while on fellowship, or shortly afterward, is noteworthy—and a sure indicator of the program’s success in developing a new cadre of international health care researchers.

Looking at fellows’ publications both during and after the fellowship year, the review found that two-thirds of fellows have published in a top-tier health policy journal—for example, almost half have published in *BMJ* or *Lancet*, and one-quarter have published in *Health Affairs* (Exhibit 4). Fellows’ publications are also being cited by other researchers: 12 of the 191 publications in top-tier journals, for example, have been cited 100 times or more, and another 13 have been cited from 50 to 99 times (Exhibit 5). Harkness Fellows, through their Commonwealth Fund publications, have also helped inform the U.S. health care reform debate.

Most returned fellows reported continuing engagement in cross-national health policy (83%), a finding confirmed by the 71 percent who reported being invited abroad to speak at a major conference or serve as a policy consultant or country expert. More than two-thirds of Harkness Fellows alumni also report post-fellowship collaborations with other fellows (71%), and their U.S. mentors or other U.S. experts (67%).

In terms of career advancement, more than one-third of Harkness Fellows have now served in senior policy positions post-fellowship, with nearly the same proportion advancing to professor or department chair (Exhibit 6). Others are leading health care delivery improvements or have leading roles in research organizations. While it is not possible to tie such rapid career advancement directly to the fellowship, an overwhelming majority of Harkness alumni themselves (91%) say that the fellowship was extremely or very valuable to their career achievements.

Exhibit 6. Nearly two of five Harkness Fellows have served in senior policy positions post-fellowship, and almost one-third have advanced to professor or department chair



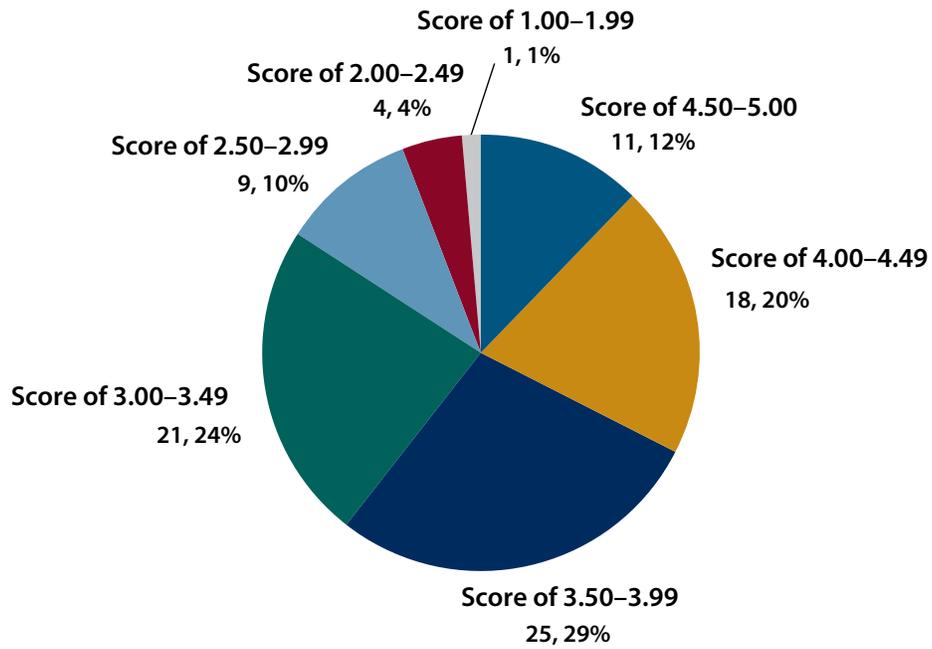
Source: 2011 Impact Survey of Fellows.

Expert Panels’ Assessment

Turning to the assessments of fellows by the expert panels, the 89 alumni received an overall performance score averaging 3.6 on the 1-to-5 scale, with a score of 3 itself signifying solid performance. Fellows’ performance was heavily tilted toward the upper end: 85 percent of fellows measured up to expectations or did substantially better than expected, with a score of 3 or higher (Exhibit 7). One of three fellows was rated between 4 and 5, the top ratings, and seen as a nationally recognized leader back home.

Interestingly, the U.S. raters generally gave fellows higher scores than did the home-country

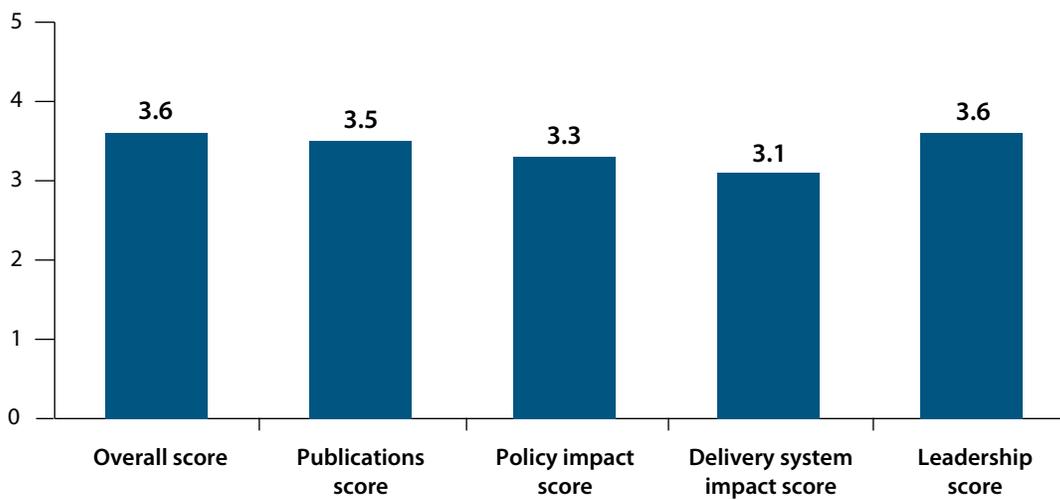
Exhibit 7. Reviewers' ratings of Harkness Fellows on overall performance indicate that the great majority have met or exceeded expectations



Source: 2011 Review Panel Ratings.

Exhibit 8. Harkness Fellows have performed beyond expectations on multiple dimensions

Average reviewer scores for all fellows
Scale of 1 (disappointing) to 5 (exceptional)



Source: 2011 Review Panel Ratings.

experts—a disparity possibly reflecting the latter’s more in-depth knowledge of fellows’ performance since their return. Country reviewers also appear to have been tougher in their scoring, while U.S. reviewers took greater account of fellows’ contributions to the U.S. health reform debate. In concert, the two sets of reviewers probably provide a balanced assessment.

As noted above, in addition to providing overall ratings of each fellow, reviewers were asked to rate fellows on their performance in four domains: publications both during and after the fellowship; impact on policy (home country and U.S.); ability to advance delivery system improvements; and

leadership and career advancement. As a group, the 89 fellows were regarded as successful in all four areas (Exhibit 8). They scored highest on leadership and career advancement (3.6) and publications (3.5), and also performed somewhat better than expected in influencing policy (3.3). Predictably, they have had less influence in improving delivery systems at this point in their careers (score of 3.1). Within three of the four domains, scores were again heavily weighted toward the upper end.

While several fellows who were older than average at the time of selection were regarded by the scorers as having been particularly strong performers, in general, age at selection has not greatly influenced

Harkness Fellows in Senior Policy Positions Have an Impact



**Ron Paterson
(New Zealand)**

New Zealand Health and Disability Commissioner (former): Paterson was charged with protecting patients’ rights in the New Zealand health system and had authority to recommend physician and hospital corrective action, a ministry investigation, or legal or disciplinary action. He established the patients’ complaints system and a policy on open disclosure and public reporting of adverse events, and put patient safety and quality firmly on the health policy agenda.



**Andreas Gerber
(Germany)**

Director of Economics, German Institute for Quality and Efficiency in Healthcare (IQWiG): Gerber is a senior decision-maker in the German agency charged with comparative and cost-effectiveness review. He has a strong influence on how health economic evaluations are performed on new drugs and technologies in Germany and on the requirements of the Federal Joint Committee, which assesses benefit in making coverage decisions.



**Martin Marshall
(U.K.)**

NHS Deputy Chief Medical Officer (former): Marshall oversaw quality and standards for the NHS, the National Patient Safety Agency, and the NHS quality regulator. He has written 69 peer-reviewed articles

(including one in *JAMA* cited over 300 times). His work on public disclosure of provider performance data has influenced policy in the U.K., France, Germany, and the Netherlands. In May 2011, Martin was invited to 10 Downing Street to advise Prime Minister David Cameron on health reform.



**Kalipso Chalkidou
(U.K.)**

Founding Director, International Program, National Institute for Health and Clinical Excellence (NICE): Chalkidou has been a leading voice on the use of evidence in improving health system performance, publishing frequently in the *Milbank Quarterly*, *Health Affairs*, and *JAMA*. In 2009, she founded NICE’s International Program, where she works with developing nations to establish institutions for comparative effectiveness research modeled after NICE.

fellows' performance. The selection process has paid particular attention to the often higher risks arising with both younger and older candidates—and, when necessary, particular attention has been given to the structure of these fellows' placement and projects.¹²

According to the reviewers' assessments, strong performance post-fellowship is not confined to the earliest classes of fellows who have had an extended period to capitalize on their fellowships experience: more recent cohorts of fellows are judged to be performing about as well as earlier alumni.

Ability to Attract Partners

In addition to the records of returned fellows, a further measure of the success of Harkness Fellowships in Health Care Policy and Practice is its history of attracting partners who see it as worthy of a substantial investment. As noted earlier, countries beyond the original group of the U.K., Australia, and New Zealand have sought participation in the program, and public and private funders in the U.K, Germany, Netherlands, Norway, and Sweden have committed substantial financial support.

Another set of key partners are fellows' mentors in the U.S., who make a major time investment in advising fellows while on tenure. The roster of mentors who have worked with multiple fellows over the last 14 years is quite distinguished, and includes the following: Donald Berwick, M.D., (Institute for Healthcare Improvement); Andrew Bindman, M.D. (University of California, San Francisco/San Francisco General Hospital); David Blumenthal, M.D. (Massachusetts General Hospital); Benjamin Chu, M.D., Murray Ross, Ph.D., and Robert Crane (Kaiser Permanente Southern California); Carolyn

Clancy, M.D. (Agency for Healthcare Research and Quality); Thomas Lee, M.D. (Partners Community Healthcare); Sherry Glied, Ph.D. (Mailman School of Public Health, Columbia University); Mary Naylor, Ph.D. (University of Pennsylvania); and Edward Wagner, M.D. (Group Health Cooperative of Puget Sound).

Ensuring Continued Success

The 2011 review identified four issues that require attention to ensure the continued success of the Harkness Fellowships:

1. Building strong applicant pools in each country.
2. Addressing the question of expansion to additional countries and choice of potential new country participants.
3. Integrating the fellowships more closely with the Fund's U.S. programs.
4. Strengthening the Harkness Fellows alumni network to ensure continued, career-long engagement in international health policy and systems improvement exchanges.

In all countries, applicant pools for Harkness Fellowships are limited. The challenges to attracting candidates include the stipend amounts (which were increased in 2008 and will be again in 2012); political and health system changes in countries that increase the risk of a year-long leave of absence; current professional and project commitments; the complexity of moving families (typically working spouses and children) for a single year abroad in the U.S.; and the short supply of health policy and services researchers in most countries, at least compared

with the U.S. Recruitment strategies to date include extensive rosters of country nominators; seminars for potential candidates, featuring reports by returned fellows; a Harkness Fellows Web site spotlighting returned fellows' work and illustrating the value of the fellowship; advertising in print and online; and in-country marketing by foundation and government partners. Also helping to strengthen applicant pools are webinars that further market the program and assist candidates in completing applications, as well as new online features providing fellows with practical tips and guidance on family relocation.

The success of Harkness Fellows in Health Care Policy and Practice makes the question of further expanding the program to additional countries a continuing one. Commonwealth Fund budget and staffing constraints, the labor-intensive nature of the program, and quality-of-experience goals of the fellowship have led to management's conclusion that total annual program capacity must be limited to 16 to 17 fellows. When deciding whether to bring an additional country into the fold, three criteria dominate: 1) the relevance of the proposed country's health system innovations to U.S. health care reform; 2) the availability of fellows who are fluent in English; and 3) the commitment of local sponsors to underwrite the new country's fellows. Given the overall capacity constraint, adding countries now requires reduction in the slots available for some existing countries—a further tradeoff that must be weighed.

The Fund's board has wrestled with the issue of incorporating fellows from Asia, Latin America, and other emerging markets but has determined that capacity constraints dictate keeping the focus on English-speaking and Western European

industrialized countries.¹³ Fortunately, the Fund's annual International Symposium on Health Care Policy provides an opportunity for other countries to participate in the exchange of information on health system innovations.

The Commonwealth Fund recognizes that greater integration of the Harkness Fellowships with the Fund's U.S. programs would be mutually beneficial. To this end, consideration will be given to linking Harkness Fellows' projects to the activities of Fund grantees, and pairing Harkness Fellows with members of the Fund's program staff to develop closer relationships and engage fellows in the Fund's programs and events.

From its inception, the Harkness Fellowship in Health Care Policy and Practice was envisioned as a career-long commitment to international exchange on health policy and delivery system innovations. The 2011 review underscored the need to develop multiple strategies for ensuring that returned fellows do not fall by the wayside because of a lack of opportunity for continued exchange. The foundation already uses its Small Grants Fund to support occasional research projects proposed by returned fellows, and many of these involve interaction with U.S. experts, including their fellowship mentors. Alumni fellows are also invited to participate in the Fund's annual International Symposium, Alliance for Health Reform briefings on Capitol Hill, and other Fund-sponsored events when they have unique expertise and experience to offer.

As a result of the 2011 program review, the foundation's board has approved repeating the highly successful May 2011 Harkness Alumni Policy Forum. As described above, this forum will bring together,

on a competitive basis, 20 to 25 former fellows with senior U.S. policymakers and will generate publishable papers on health care reform developments internationally. Additionally, alumni will be encouraged to participate in Harkness Alumni Network online forums and to submit blog posts on reform developments and innovation case studies. All country funding partners are also being asked to organize, on a regular basis, alumni events designed to promote continuing exchange among fellows and their U.S. colleagues.

LESSONS FROM THE HARKNESS FELLOWSHIPS IN HEALTH CARE POLICY AND PRACTICE

In undertaking program reviews like this year's examination of the Harkness Fellowships, The Commonwealth Fund seeks to draw lessons not only applicable to improvement of its own operations but also of use to other organizations that are involved in or contemplating similar activities. Seven principal insights emerge from the foundation's experience with the Harkness Fellowships in Health Care Policy and Practice.

1. Fellowship programs can be a highly effective way for foundations to build cadres of researchers and practitioners capable of advancing social improvements. Foundations are especially suited for making such long-term investments, owing to these institutions' typically long-range perspective and freedom to experiment with and back promising, but as yet unproven, talent and ideas.
2. In a global economy, U.S. foundations have much to gain by looking beyond our

shores for ways to address their missions. The Commonwealth Fund's 1996 decision to develop an international program, including the Harkness Fellowships, had far-reaching effects not only on the foundation's strategy, but ultimately on the U.S. health care reform debate of 2009–10. An external review of the Fund's Commission on a High Performance Health System in 2010, for example, concluded that:

Overall, respondents most commonly mentioned the international comparative surveys and related reports from the Fund as the most visible and helpful single contribution [to the health reform debate]. . . . The majority of respondents regarded the Fund as having substantial impact on the health care reform debate, in many cases behind the scenes, mainly as a supplier of data and analyses on coverage, cost, and quality of care. One respondent noted specifically the importance of the Fund's work examining and comparing the U.S. to other nations.¹⁴

3. While foundations often treat the fellowships they sponsor as a separate program activity only indirectly connected to their major programs, the Harkness Fellowships experience demonstrates the utility of such programs in directly advancing specific program strategies—in this case, bringing the international experience to bear on the U.S. health care reform debate.
4. The more closely a fellowship program is tied to a foundation's principal program strategies, and the greater the expectations for the fellowships in the short- to intermediate-term, the stronger the case is for the foundation to administer the

program directly, rather than delegating the responsibility to an external organization. Through its direct conduct of the Harkness Fellowships, the Fund ensures a strong voice in fellows' selection and placement with mentors and in the design of their research projects. Direct administration has also facilitated regular interactions with fellows that enrich staff's thinking on health reform issues and the Fund's domestic program strategy and lead to lasting professional relationships.

5. Programs like the Harkness Fellowships require substantial financial commitment and investment, which needs to grow over time to ensure that support is adequate to attract top candidates. As the Fund's experience indicates, with well-designed and -operated fellowship programs, foundations can leverage their infrastructure investments and expand the program's reach by seeking funding partners. In addition to the resources that partners provide, they add significant prestige, help promote the fellows and disseminate their work, and provide long-term career support.
6. Fellowship programs, as much as other foundation programs, benefit from periodic reviews.¹⁵ Foundation-backed fellowship programs are particularly at risk of not-so-benign neglect by their sponsor: their goals are long-term and not always clearly stated; success in achieving objectives is difficult to measure; and their conduct is usually delegated to external organizations, which can encourage foundation managers to place them low on their worry lists. Moreover, because fellowship programs (unlike most other foundation-sponsored

enterprises) have no natural endpoint, there is a heightened possibility they will continue past a useful life. And in contrast with most other foundation-sponsored programs, fellowships develop constituencies that can be resistant to change when it is needed. On the other side of the coin, in the absence of periodic reassessments, still-effective fellowship programs may be dropped—their current relevance underappreciated and their achievements unsung. Regular external program reviews can help guard against these risks, while generating insights for strengthening fellowship programs.

Throughout their histories, external reviews of fellowship programs sponsored by The Commonwealth Fund, the Robert Wood Johnson Foundation, and other philanthropies have contributed greatly to the programs' continued vitality—or in some cases, the decision to bring them to an end. As an example:

In 2002, as the Robert Wood Johnson Foundation considered the future of the [Clinical Scholars] program, the record of its graduates, and the changing environment in medicine and health care, a number of options emerged. One option was to “declare victory” and devote resources to other programs and challenges. Another option was to take an “if it isn't broken, don't fix it” position and continue the program with minor changes. What the Foundation ultimately decided, however, was to revamp the Clinical Scholars Program in a way that would continue its aims, while structuring it for the 21st century environment in academic medicine and society.¹⁶

7. Fellowship programs need leadership, innovation, and hands-on nurturing to achieve excellence and maintain their value. Value-adding foundations like The Commonwealth Fund—which maintain strong professional staffs to develop programs, work closely with grantees in designing and communicating the results of projects, and conduct research internally that enriches and capitalizes on grant-supported work—are sometimes charged with “spending money on themselves.” Fellowship programs like the Harkness Fellowships are a good example of why investment in inspired and experienced professional staff to carry out pathbreaking activities directly can be a very wise investment by the foundation.

The importance of strong leadership and vision are clearly evident in the growth and improvement of the Harkness Fellowships over the 15-year tenure of program director and Fund vice president Robin Osborn: The number of countries participating in the program over that time has tripled. Relationships with ministries and foundation partners have been established to enable returning fellows to productively leverage their U.S. experience. A rich program of briefings and site visits now brings fellows together throughout the year with a who’s who of U.S. policy. Influential U.S. policy thinkers regularly serve as mentors for the fellows, guiding their research to ensure maximum relevance and policy influence. And, through high-profile events like the Harkness Alumni Policy Forum, Harkness Fellows are showcased and collaborations extending well beyond the fellowship year

are promoted. Perhaps most telling, nine of 10 fellows now rate the Harkness Fellowships as critically important to their careers.

The 2011 review of The Commonwealth Fund’s Harkness Fellowships in Health Care Policy and Practice provided substantial reassurance to the Fund’s board and management that the program is making a unique contribution to international exchange on policies and innovations for improving the performance of health systems. Both during and after their fellowships, participants are making important contributions to the drive for improved system performance not only in their home countries, but also in the U.S. This cadre of leaders is likely to make a substantial mark over the long term.

NOTES

- ¹ Under the leadership of Margaret E. Mahoney (then a program officer at the Carnegie Corporation and later, from 1980 to 1995, president of The Commonwealth Fund), the Clinical Scholars Program was initially jointly sponsored by the Fund and the Carnegie Corporation in 1969. The Robert Wood Johnson Foundation assumed full responsibility for it in 1972, and it is still regarded as a flagship activity for that foundation. See Jonathan Showstack et al., “The Robert Wood Johnson Foundation Clinical Scholars Program,” in *To Improve Health and Health Care*, vol. VII (Robert Wood Johnson Foundation, 2004).

The Commonwealth Fund Fellowship Program in Academic Medicine for Minority Students was conducted by National Medical Fellowships. Bristol-Myers Squibb began cosponsoring the program in 1990 and was the sole sponsor from 1993 to 2003. The Fund’s Executive Nurse Fellowships program was conducted by a team at the University of Rochester School of Nursing.

In honor of the Fund’s late director James J. Mongan, M.D., the Minority Health Policy Fellowships program was renamed by the Fund’s board this year as the Mongan Commonwealth Fund Fellowship program and expanded to provide fellows with a competitive opportunity for a second year, during which they can obtain a practicum experience in health policy or delivery system improvement.
- ² John E. Craig, Jr., “History of the Harkness Fellowships Program of The Commonwealth Fund,” background paper for the Fund board’s July 1996 review of the Harkness Fellowships.
- ³ Senior fellowship advisors have included Gerard Anderson (1998–2002, professor at Johns Hopkins Bloomberg School of Hygiene and Public Health); Nicole Lurie (2002–06, senior scientist with Rand Corporation at time of fellowship service and currently Assistant Secretary for Preparedness and Response, U.S. Department of Health and Human Services); and Bradford Gray (2007–present, senior fellow at Urban Institute and editor of *Milbank Quarterly*).
- ⁴ Program activities throughout the year include: 1) five-day orientation at the Fund’s headquarters in New York (Sept.); 2) International Health Policy Symposium in Washington, D.C., including a meeting of each country’s fellows with the visiting health minister (Nov.); 3) Institute for Healthcare Improvement (IHI) seminar in Boston (Feb.); 4) Policy Week in Washington, D.C. (March); 5) Canada Policy Site Visit, Montreal and Toronto (May); 6) leadership seminars throughout the year; 7) qualitative methods training seminar; and 8) final reporting seminar (June).
- ⁵ The current selection committee chairs are: in the U.K., Julian Le Grand, former adviser to Prime Minister Tony Blair; in Australia, Philip Davies, professor of health systems and policy, University of Queensland; in Canada, Pierre-Gerlier Forest, president of the Pierre Trudeau Foundation; in Germany, Christof Veit, CEO, BQS German National Institute for Quality Measurement in Health Care; in New Zealand, Karen Poutasi, chief executive, New Zealand Qualifications Authority; in the Netherlands, Ab Klink, former Dutch Minister of Health, Welfare and Sport; in Norway, Magne Nylenna, M.D., chief executive, Norwegian Knowledge Centre for the Health Services, University of Oslo; and in Switzerland, Stefan Spycher, vice director, Federal Office of Public Health. Els Borst-Eilers, former Dutch Minister of Health, Welfare, and Sport, chaired the Netherlands selection committee through 2011; John-Arne Røttingen, until recently Director General of the Norwegian Knowledge Centre for the Health Services, University of Oslo, chaired the Norwegian selection committee through 2011. The makeup of the country selection committees is approximately two-thirds country experts and one-third Commonwealth Fund management.
- ⁶ Participating U.S. policymakers included Donald M. Berwick, M.D., director of the Centers for Medicare and Medicaid Services (CMS); Sherry Glied, Assistant Secretary for Planning and Evaluation (ASPE), U.S. Department of Health and Human Services; Elizabeth Fowler, Special Assistant to the President for Healthcare and Economic Policy, National Economic Council; Jeanne Lambrew, Deputy Assistant to the President for Health Policy (White House); David Blumenthal, M.D., former director of the Office of the National Coordinator for Health Information Technology (ONCHIT); Hoangmai Pham, M.D., director of Accountable Care Organization Programs, CMS; Carolyn Clancy, M.D., director of the Agency for Healthcare Research and Quality (AHRQ); and Melinda Buntin, senior adviser to ONCHIT.
- ⁷ Current and former funding partners include: in Canada, the Canadian Health Services Research Foundation (2001–present); in the U.K., The Health Foundation (2003–08), The Nuffield Trust (2009–present), and the National Institute for Health Research Service Delivery and Organization Programme (2010–present); in Germany, the Robert Bosch Foundation (2007–present) and B. Braun Foundation (2008–present); in the Netherlands, the

Ministry of Health, Welfare, and Sport (2008–present); in Switzerland, the Careum Foundation (2009–present); in Norway, the Research Council of Norway (2010–present); and in Sweden, the Ministry of Health and Social Affairs (2012).

⁸ David Blumenthal et al., *Evaluation of The Commonwealth Fund International Program in Health Policy and Practice*, Report to the Board of The Commonwealth Fund, March 26, 2004.

⁹ Canadian Associate Fellows were also excluded, because of the limited nature of their fellowship.

¹⁰ The country reviewers were: in the U.K., Julian Le Grande (professor of social policy, London School of Economics) and Chris Ham (CEO, the King’s Fund); in Australia, Jane Hall (director, Centre for Health Economics Research and Evaluation, University of Technology, Sydney) and Christopher Baggoley (CEO, Australian Commission on Safety and Quality in Healthcare); in New Zealand, Karen Poutasi (chief executive, New Zealand Qualifications Authority) and Toni Ashton (head, Health Systems Section, School of Population Health, University of Auckland); and in Germany, Christof Veit (CEO, German National Institute for Quality Measurement in Health Care) and Reinhard Busse (chair, Health Care Management Dept., Berlin Technical University).

¹¹ The top-tier health policy journals were identified as: *Health Affairs*, *Milbank Quarterly*, *New England Journal of Medicine*, *Journal of the American Medical Association*, *Annals of Internal Medicine*, *Archives of Internal Medicine*, *BMJ*, and *Lancet*.

¹² The absence of a long track record and limited health policy/services research experience makes younger fellows higher risk; among the challenges that older fellows can face is breaking out of their established comfort zone of research.

¹³ As a result of the 2011 review of the fellowships program, the Fund’s board approved converting the limited Canadian Associates fellowships (two slots) to a single, fully tenured fellowship identical to those from the other participating countries.

¹⁴ Donald Berwick, Sheila Burke, and T.R. Reid, *2010 External Review of The Commonwealth Fund’s Commission on a High Performance Health System*, report to The Commonwealth Fund Board of Directors.

¹⁵ Gregg Meyer, Jennifer Edwards, and David Blumenthal, “Experience of The Robert Wood Johnson Foundation Health Policy Fellowship,” *Health Affairs*, Spring (II), 1994:264–70.

¹⁶ Showstack et al., “The Robert Wood Johnson Foundation Clinical Scholars Program.” and A. McGehee Harvey, M.D., *For the Welfare of Mankind: The Commonwealth Fund and American Medicine* (Baltimore, Md.: Johns Hopkins University Press, 1986), 282–86.

New York City Headquarters
1 East 75th Street
New York, NY 10021
Tel: 212.606.3800



Washington Office
1150 17th Street NW
Suite 600
Washington, DC 20036
Tel: 202.292.6700

www.commonwealthfund.org