

2021 Annual Research Meeting (ARM) Conference Themes

The 2021 ARM is organized around the following 21 themes in health services research and policy:

ADDRESSING CONSUMER AND PATIENTS' PREFERENCES AND NEEDS

This theme also welcomes submissions on the intersection of COVID-19 and the issues below.

- Strategies for engaging and empowering patients and communities in the design, delivery, and improvement of health care
- Development and communication of patient-centered measures of provider and health plan quality and cost, and the effects of these measures on consumer decision-making
- Relationships between health insurance features (e.g., benefit design, network breadth and quality, customer service), health plan choice, and utilization of services
- Influence of psychological factors (e.g., framing of information, cognitive biases, heuristics) on consumer decision-making about health care
- Understanding social determinants of patient preferences and health care decisions (e.g., past experiences of discrimination in health care settings)
- Innovative strategies to change consumer preferences and behaviors (e.g., behavioral economic approaches or nudges) and support patient decision-making (e.g., shared decision-making interventions)

AGING, DISABILITY, AND END-OF-LIFE

This theme encourages abstract submissions that address one or more of its three dimensions: aging, disability, and palliative and end-of-life care. Additionally, this theme also welcomes submissions on the intersection of COVID-19 and the issues below.

- Innovative strategies to improve access, quality, and coordination of services and/or reduce disparities within and across care settings (e.g., post-acute, long-term care, hospice)
- Alternative service delivery and payment models in long-term services and supports (LTSS) across the care spectrum
- Promoting patient- and family-centered care across the lifespan, including patient self-determination, advance care planning, chronic disease management, and caregiver support
- Addressing disability- and age-based discrimination by incorporating patient and caregiver preferences and needs in the design of health systems, services, and technology applications
- Social determinants of health and access to non-health supports and accommodations (e.g. food insecurities, housing, education, work, neighborhood, and transportation, addressing loneliness and social isolation), especially for individuals with complex care needs
- Optimizing function and quality of life for people with long-term disabilities and/or degenerative conditions such as dementia

CHILD AND FAMILY HEALTH

This theme also welcomes submissions on the intersection of COVID-19 and the issues below.

- Health care delivery innovations reducing inequities for vulnerable children and families (e.g., children with special health care needs, immigrant children, low-income families, those effected by climate change)
- Identification of protective factors, and policy and prevention strategies/efforts to study and eliminate global child maltreatment.
- Advances in the measurement of pediatric health care access, quality, safety, and costs
- Preventive health services (e.g. immunizations, oral health, screenings – developmental, autism, social determinants of health, violence, adolescent mental health) and their access, quality, coverage, utilization and unmet needs.
- Evaluation of home visiting and other early child/family services.
- Disproportionate access to technology, both overuse and underuse, and the impact on child health and education.

COVERAGE, ACCESS, AND MEDICAID

This theme also welcomes submissions on the intersection of COVID-19 and the issues below.

- Trends and subgroup variation in coverage (employer sponsored, Marketplace, other nongroup, Medicaid/CHIP, uninsured, and churning between programs) and the impacts of federal and state health policy, legal, and regulatory changes on coverage
- Trends and subgroup variation in access (coverage of different service types including non-medical benefits, geographic barriers, provider availability, telehealth, etc.) and impacts of federal and state health policy, legal, and regulatory changes on access
- Impacts of coverage and access—and related federal and state policy, legal, and regulatory changes—on health care utilization, health outcomes, and financial security
- Trends in health insurance benefit design, including provider networks, premiums, cost-sharing, deductibles, tiered benefits, and value-based insurance/payment design, and their impacts on coverage, access, use, quality, health outcomes, health equity, and cost
- Trends and variation in state Medicaid policy, related to premiums and other cost sharing, work requirements and other “personal responsibility provisions,” benefit design, provider networks, and payment and service delivery approaches and impacts on coverage, access, use, quality, health outcomes, health equity, and program cost
- Challenges related to coverage, access, and Medicaid policy in the COVID-19 era, including changes in private coverage, Medicaid enrollment, state finances, provider access, and use of telehealth, as well as lessons learned and promising approaches for addressing these challenges

DIGITAL TECHNOLOGIES, DATA, AND ANALYTICS

This theme also welcomes submissions on the intersection of COVID-19 and the issues below.

- Ethical, legal, and regulatory/policy issues surrounding digital technologies, including clinical informatics (e.g., EHRs, decision support, computerized provider order entry), consumer-oriented technologies (e.g., patient portals, telehealth, mHealth), administrative systems (e.g., insurance, scheduling), and ancillary systems (e.g., pharmacy, radiology, laboratory, long-term care, home care)
- Progress in the governance, adoption, implementation, interoperability, diffusion, and value-creation from digital technologies and digital data for clinical care, population health management, public health, and research
- Positive and negative impacts of digital technology use on patients, caregivers, clinical teams, clinical systems, and populations
- Emerging data sources (e.g., social media, social determinants, genomics), including patient-generated health data, (e.g., remote patient monitoring, electronic patient reported outcomes, mHealth, and wearables) and methods (e.g., big data analytics, data science) to accelerate discovery and inform policy and health system transformation
- Collecting, managing, analyzing, and interpreting data to generate timely and accurate real-world evidence to inform healthcare systems and to respond to public health emergencies (e.g., COVID-19, wildfires, hurricanes)
- Increase in the use of digital technology platforms during the COVID-19 pandemic: patient and provider perspectives, utilization trends (e.g., types of services, platforms/technology, users), impact on disparities, impact on health outcomes, implementation experience, policy implications of government and payer waivers

DISSEMINATION, IMPLEMENTATION, AND IMPACT

This theme also welcomes submissions on the intersection of COVID-19 and the issues below.

- Innovative approaches in designing communication, dissemination and implementation strategies and tactics via evidence-based methods that include stakeholder perspectives including health and digital literacy.
- Studies that address current gaps in the field related to patient, community and stakeholder engagement as well as studies (including comparative effectiveness trials) testing the effectiveness of dissemination or communication or implementation strategies to reduce health disparities and improve quality of care among rural, racial/ethnic and/or gender minorities, low literacy and numeracy, and other historically marginalized populations.

- Advances in methods and measures for assessing implementation determinants, processes/mechanisms, and outcomes that elucidate barriers and facilitators to implementation of evidence-based practices across domestic and global settings
- Cutting-edge research that moves the field beyond conceptual heuristic frameworks and towards causal theories of implementation with an eye towards targets and mechanisms
- Strategies to reduce the use of interventions or practices that are not evidence-based, have been prematurely and widely adopted, yield sub-optimal benefits for patients and/or inappropriate care, or are harmful or wasteful
- Strategies for engaging and partnering with hard-to-reach populations to advance dissemination and implementation science and practice including the use of telehealth for care delivery and how remote learning strategies can be used to train healthcare professionals and disseminate health services research and health policy in response to COVID-19

GLOBAL HEALTH AND POLICY RESEARCH

This theme encourages abstract submissions from a range of country contexts, from low, middle, and high-income settings. Additionally, this theme also welcomes submissions on the intersection of COVID-19 and the issues below.

- Translating evidence into practice or policy, within a single country or across borders
- Addressing emerging challenges in global health care, including non-communicable diseases, injuries, population and demographic transitions, conflict and fragile states, vaccine access, and climate change
- Tackling inequities in health and/or health care: political, organizational and technical responses also addressing socio-economic factors that impact health
- Applying implementation and health systems research in resource-constrained settings, including building research capacity and embedded research
- Building strong and resilient health systems: Addressing the quality gap, ensuring adequate and equitable financing, building human resources for health, and innovations in health services and systems
- Building capacity for health workers broadly and in specific implications for pandemic response

HEALTH WORKFORCE

This theme encourages submissions that advance the science of health workforce research. Additionally, this theme also welcomes submissions on the intersection of COVID-19 and the issues below.

- Research that advances workforce diversity, representation, inclusion, and equity.
- Emerging health workforce interventions to address disparities and social determinants of health (e.g., community health workers)
- Impact of innovations in health professions education (e.g., curriculum, clinical education), including effects on specialty choice, practice location, and provision of care to underserved populations
- Impact of regulatory and practice environments on deployment of the health workforce (e.g., scope of practice)
- Patient, population, and workforce outcomes associated with emerging care delivery and payment models (e.g., telehealth, value-based payment)
- Provider well-being (e.g. satisfaction, burnout)

HIGH COST, HIGH NEED POPULATIONS

This theme also welcomes submissions on the intersection of COVID-19 and the issues below.

- Identifying and defining high cost, high need populations using existing and novel data sources
- Understanding the intersection of complex social, behavioral, and medical care needs
- Understanding high cost, high need populations across the lifespan and across care settings (e.g. pediatric care, primary care, long-term care, hospice care)
- Measuring care quality, outcomes and value for high cost, high need populations
- Improving care quality, outcomes, and value for high cost, high need populations through clinical innovations or innovations in payment models and finance
- Understanding the effect of community interventions or programs on quality and costs of care for high-need, high-cost populations

IMPROVING SAFETY, QUALITY, AND VALUE

This theme also welcomes submissions on the intersection of COVID-19 and the issues below.

- Studies focused on building effective and equitable improvement and learning capacities within health and health care systems
- Studies focused on novel policy and system approaches to improve and make equitable the quality, safety or value of care. These can include policies, payment strategies, care delivery models at the federal, state, local, and institutional levels
- Research on increasing patient, community, and key stakeholder partnerships and engagement in improving quality, safety and/or value. Including approaches to addressing diversity and inclusion in all stages of research.
- Studies describing interventions or delivery models that address the impacts of systemic disenfranchisement and discrimination on the safety, quality or value of health care. These can focus on disparities related to race/ethnicity, gender and gender identity, sexual orientation, disability status, and age, among others.
- Studies describing efforts to keep health care providers (in any setting), patients, families, and the public at large safe in the setting of COVID-19.
- Interventions at any level to improve the safety, quality, and value of care in the setting of the COVID-19 pandemic

MEASURING SAFETY, QUALITY, AND VALUE

This theme also welcomes submissions on the intersection of COVID-19 and the issues below.

- Measures and methods to support value-based care models including population health measures and measures focused on family and patient-reported outcomes or factors that matter to the patient
- Methods (quantitative, qualitative, and mixed methods) to measure high-reliability, safety culture, harm reduction, quality, value, and equity of health services
- Newer methods, data, and tools to support use of measurement data to improve safety, quality, and value, including precision health methods
- Measuring disparities in quality, safety, and value of health outcomes
- New approaches to measuring digital health safety, quality and value (including new data, standards (eg FHIR), methodologies etc.)
- COVID-19 and measuring telehealth quality of care and safety

MEDICARE

This theme also welcomes submissions on the intersection of COVID-19 and the issues below.

- Impacts of Medicare Advantage, MIPS and alternative payment models such as ACOs, bundled payments, and Comprehensive Primary Care Plus, including those for specialized populations (e.g., end stage renal disease)
- Consumer choice, benefit design, and coverage under Medicare Parts A, B, C (Medicare Advantage), and D
- Health care and Part-D related pricing policies and reforms at state, community, or organization levels
- Interactions between Medicare and other payers (e.g. Medicaid or Commercial insurers)
- Market competition and Medicare's role in and response to provider consolidation
- Health disparities in Medicare and the accounting for social determinants of health in Medicare payment

MENTAL HEALTH AND SUBSTANCE USE

This theme also welcomes submissions on the intersection of COVID-19 and the issues below.

- Evaluating the implementation and effects of policy and financing changes (e.g., Medicaid and ACA behavioral health benefit expansions, ACOs/shared savings models) on health services utilization, cost, and outcomes, and equity
- Factors contributing to the under-utilization of evidence-based treatments (including stigma), and disparities in service utilization
- Development, testing, and implementation of behavioral health services (e.g., integrated care models, payment models, community-based models) and innovations (e.g., telemedicine) to improve access, quality, and equity of care

- Behavioral health interventions addressing the prevention of suicide, overdose, and violence
- Addressing the influences of conditions, such as isolation and social distancing, on mental health and/or substance use, and factors that may buffer these adverse outcomes.
- Considering challenges of engaging and supporting vulnerable groups in treatment, including people experiencing homelessness, sexual minority populations, formerly incarcerated individuals, and veterans

METHODS RESEARCH

This theme also welcomes submissions on the intersection of COVID-19 and the issues below.

- Artificial intelligence, precision medicine, predictive modeling, machine learning, deep learning, causal inference, and social network analysis
- Methods for measuring structural racism and for examining impact of structural racism and social determinants of health
- Methods for adapting and scaling up innovations towards complex settings including measuring and conceptualizing access to care in the context of multi-level policies
- Qualitative and quantitative methods for patient/stakeholder engagement or for collaborative partnerships
- Real-world evidence using compilation, linkage, and analysis of health data (e.g., claims, electronic health records, genomics, imaging, digital apps, patient registries, informatics tools, and pragmatic clinical trials)
- Ethical considerations, new questions emerging from innovative methodological approaches

ORGANIZATIONAL BEHAVIOR AND MANAGEMENT

This theme also welcomes submissions on the intersection of COVID-19 and the issues below.

- Organizational, cultural, and system factors driving cost, quality of care, patient care experiences, health equity and healthcare professionals' work experiences
- Approaches to defining, measuring, rewarding, implementing (or divesting), and improving team, organizational, interorganizational, and intersectoral performance in health care, and during rapid response to crises
- Role of clinicians, managers, embedded researchers, teams, boards, and consumers in leading and implementing strategies and initiatives to improve operational efficiency, clinician/staff engagement in change management, and innovative performance improvement approaches
- Organizational efforts to leverage digital technologies (e.g., artificial intelligence, machine learning, etc.) to improve patient care and organizational functioning
- Organizational and community-initiated efforts to improve healthcare professionals' well-being, reduce burnout and disengagement, and support healthcare professionals during crisis
- The dynamics of healthcare organizations, including mergers, acquisitions, closures, and partnerships.

PATIENT-CENTERED RESEARCH

This theme also welcomes submissions on the intersection of COVID-19 and the issues below.

- Share evidence on stakeholder engagement strategies to engage diverse and priority populations to appropriately conduct patient-centered outcomes research (PCOR) that address the full range of patient outcomes data
- Development of new PCOR/CER methodology, engagement strategies and measurement.
- Promote/increase PCOR influence on policy, national research directions and advancement of stakeholder research partnerships
- Reports on patient-centered interventions in clinical trials includes enrollment of non- traditional sub populations
- Design and testing of individually- tailored interventions in research
- Effective strategies for communicating real-world evidence and health data to support shared decision-making.

PAYMENT AND DELIVERY SYSTEMS INNOVATIONS

This theme also welcomes submissions on the intersection of COVID-19 and the issues below.

- Evidence about the impact of payment and delivery systems reforms on health outcomes, quality and the value of care particularly in Medicare Advantage and commercial health plans.
- Characteristics and practices of top-performing medical groups and delivery systems.
- Payment and delivery models that reduce the burden and improve the clinician experience and improve the viability of primary care and independent medical groups
- Delivery models that bring acute medical care to patients in their homes and their effectiveness in reducing avoidable healthcare utilization.
- Evidence of the impact of telemedicine and virtual care in improving the efficiency of care delivery models for patients with complex medical or social needs.
- Use of value-based payment models in state Medicaid programs and Medicaid managed care plans including the integration of social service interventions and their impact on spending, outcomes and access to care.

PUBLIC AND POPULATION HEALTH *(Name change: Formerly “Public and Oral Health”)*

This theme also welcomes submissions on the intersection of COVID-19 and the issues below.

- New evidence on what works to increase the health of the populations (including oral health), including multi-sectoral approaches with public health organizations, public health policy, and community level initiatives
- System innovations that promote the efficiency of public health agencies, transform the delivery of population health services by health systems, employ financing approaches that allow for health care dollars to support community services, and/or promote connections between public health agencies and health care providers (including oral health). This includes, but is not limited to; new workforce models, reorganization of governmental public health services, care coordination, health promotion and disease prevention, disease management, patient safety, quality of care, and value-based payment reform
- Ethical dimensions of resource allocation and public policy affecting community health, including addressing disproportionate risk for SARS-CoV2 infection, severe consequences of COVID-19, and access to/financing of COVID-19 vaccines and therapeutics.
- Public and population health interventions and approaches (and public health infrastructure) for effectively addressing COVID-19 prevention, isolation and quarantine, contact tracing, communications and messaging
- Attention to other current public health epidemics, including; gun violence, deaths of despair, trauma and exploitation, climate change, wildfires
- Innovative approaches to measuring the impact of public health and population health approaches, including those that promote greater accountability to communities served by health systems and those that make the business case for community health (e.g., economic evaluations of evidence-based interventions to advance public and/or oral health)

SOCIAL DETERMINANTS AND SOCIAL NEEDS

Research submitted under this theme should reflect efforts to understand or intervene on social drivers of health (e.g., employment, education, housing, education, broadband access and food). Additionally, this theme also welcomes submissions on the intersection of COVID-19 and the issues below.

- Interventions including activities aiming to improve community level social conditions through policy and other structural changes as well as more downstream interventions directed at patients and consumers of health and social services.
- Efforts to improve social care provided in health care settings at patient and population levels fall under this theme, including efforts to increase social care activities offered through ACOs and other population management initiatives, value-based payment models, and integration of non-clinical services into clinical settings, such as medical-legal partnerships
- Assessments of health, health care utilization and cost effectiveness of initiatives undertaken to improve community level social conditions, including education, employment, broadband/technology, housing, food, legal resources, and income;

- Efforts to understand the implementation and impacts of patient-level social risk screening in clinical settings, whether undertaken by payers or health care delivery organizations;
- Assessments of health, health care utilization, and cost-effectiveness of initiatives to use social data in health care settings, including technology-facilitated approaches to health care-initiated social services referrals;
- Studies on how information on social conditions affects risk prediction/adjustment, including studies that examine both positive and negative consequences of adding social data to those calculations.

STRUCTURAL RACISM, DISPARITIES, AND EQUITY IN HEALTH

This theme welcomes interdisciplinary, quantitative, qualitative and mixed methods research on the issues below. Additionally, this theme also welcomes submissions on the intersection of COVID-19 and the issues below.

- Previously under- or un-investigated health and health care inequities that arise due to structural racism. Of particular interest is the intersectionality of multiple factors such as age, sexual orientation, gender identity, geography, immigration status, nativity, religion, language, and disability status, with racism, to impact health equity.
- The roles that structural factors, including historical, legal, and political, that support and maintain inequities in health outcomes, access to care, and the organization and delivery of care.
- The specific role of the criminal justice system, including law enforcement, incarceration on generating inequities in health and healthcare.
- Community-centered and community-led efforts to counter structural racism in healthcare
- Theoretical and applied alternatives to deficit-based approaches to research on racial health equity
- Process and outcome evaluations of policies, programs, and interventions designed to counter structural racism in health services and policy research

WOMEN'S HEALTH

This theme encourages abstracts that address the full continuum of women's health issues across the lifespan, which may affect cisgender, transgender, non-binary, and gender-nonconforming individuals. Additionally, this theme also welcomes submissions on the intersection of COVID-19 and the issues below.

- Preventive health services (e.g. breast and cervical cancer screening, HPV vaccination, chronic disease prevention)
- Reproductive health and maternal health (e.g. contraception, abortion, pre-pregnancy care, pregnancy and childbirth, maternal morbidity and mortality, breastfeeding, fertility)
- Conditions that are specific to or disproportionately affect women (e.g. gynecologic cancers, menopause, uterine fibroids, chronic pain, anxiety/depression, osteoporosis)
- Social determinants of health and related issues affecting women's health (e.g. disparities/inequities, access to care, intimate partner violence, caregiving roles, social needs, stress)
- Quality, delivery, and financing of women's health care (e.g. evidence-based practices, comparative effectiveness, quality measures, safety bundles, shared decision making, care coordination, telehealth, cost-effectiveness, value-based payment)
- Policies that affect women's health care access, outcomes, and disparities (e.g. restrictions on contraception, abortion care, Title X funding, Affordable Care Act, Medicaid expansion, insurance coverage)