

**Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation**

2009

Department of the Treasury
Internal Revenue Service

Note The foundation may be able to use a copy of this return to satisfy state reporting requirements

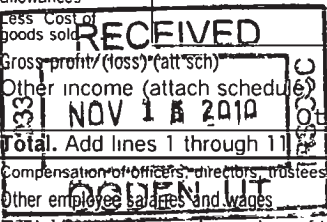
For calendar year 2009, or tax year beginning Jul 1, 2009, **and ending** Jun 30, 2010

G Check all that that apply: Initial return Initial Return of a former public charity Final return
 Amended return Address change Name change

Use the IRS label Otherwise, print or type See Specific Instructions.	Name of foundation The Commonwealth Fund		A Employer identification number 13-1635260
	Number and street (or P O box number if mail is not delivered to street address) Room/suite One East 75th Street		B Telephone number (see the instructions) (212) 606-3858
	City or town State ZIP code New York NY 10021		C If exemption application is pending, check here <input type="checkbox"/>
	H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		D 1 Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, column (c), line 16) \$ 604,222,668.	J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see the instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
REVENUE	1 Contributions, gifts, grants, etc. received (att sch)				
	2 Ck <input checked="" type="checkbox"/> if the foundn is not req to att Sch B				
	3 Interest on savings and temporary cash investments	333,387.	333,387.		
	4 Dividends and interest from securities	7,542,953.	7,542,953.		
	5a Gross rents				
	b Net rental income or (loss)		L-6a Stmt		
	6a Net gain/(loss) from sale of assets not on line 10	27,160,110.			
	b Gross sales price for all assets on line 6a	252,929,976.			
	7 Capital gain net income (from Part IV, line 2)		27,160,110.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit/(loss) (att sch)					
11 Other income (attach schedule) Other	43,645.				
12 Total. Add lines 1 through 11	35,080,095.	35,036,450.			
ADMINISTRATIVE EXPENSES	13 Compensation of officers, directors, trustees, etc	1,022,313.	214,797.		134,605.
	14 Other employee salaries and wages	4,940,394.			299,916.
	15 Pension plans, employee benefits	2,748,825.	65,533.		222,879.
	16a Legal fees (attach schedule)	535.			535.
	b Accounting fees (attach sch)	27,500.			27,500.
	c Other prof fees (attach sch) L-16c Stmt	3,218,709.	3,176,683.		
	17 Interest				
	18 Taxes (attach schedule)(see instr) See Line 18 Stmt	1,515,536.			
	19 Depreciation (attach sch) and depletion	286,236.			
	20 Occupancy	975,395.			510,763.
	21 Travel, conferences, and meetings	512,748.	70,445.		52,518.
22 Printing and publications	199,602.	24,600.		987.	
23 Other expenses (attach schedule) Other expenses	2,840,909.	46,388.		540,905.	
24 Total operating and administrative expenses. Add lines 13 through 23	18,288,702.	3,598,446.		1,790,608.	
25 Contributions, gifts, grants paid	23,175,471.			30,571,558.	
26 Total expenses and disbursements. Add lines 24 and 25	41,464,173.	3,598,446.		32,362,166.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	-6,384,078.				
b Net investment income (if negative, enter 0)		31,438,004.			
c Adjusted net income (if negative, enter -0-)					

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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)			
		Beginning of year	End of year		
		(a) Book Value	(b) Book Value	(c) Fair Market Value	
ASSETS	1	Cash – non-interest-bearing	57,381.	1,300,500.	1,300,500.
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions)			
	7	Other notes and loans receivable (attach sch) ▶			
		Less allowance for doubtful accounts ▶			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges	0.	324,088.	324,088.
	10a	Investments – U.S. and state government obligations (attach schedule) L-10a Stmt	12,548,877.	9,717,295.	9,717,295.
	b	Investments – corporate stock (attach schedule) L-10b Stmt	201,451,056.	185,077,121.	185,077,121.
	c	Investments – corporate bonds (attach schedule) L-10c Stmt	89,676,592.	94,489,324.	94,489,324.
	11	Investments – land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶				
12	Investments – mortgage loans				
13	Investments – other (attach schedule) L-13 Stmt	246,779,475.	307,851,186.	307,851,186.	
14	Land, buildings, and equipment basis ▶ 6,437,344.				
	Less accumulated depreciation (attach schedule) ▶ 1,848,540.	4,727,579.	4,588,804.	4,588,804.	
15	Other assets (describe ▶ L-15 Stmt)	2,515,606.	874,350.	874,350.	
16	Total assets (to be completed by all filers – see instructions Also, see page 1, item 1)	557,756,566.	604,222,668.	604,222,668.	
LIABILITIES	17	Accounts payable and accrued expenses.	245,275.	1,362,171.	
	18	Grants payable	19,321,512.	24,418,124.	
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, & other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶ I-22 Stmt)	3,501,646.	5,879,183.	
	23	Total liabilities (add lines 17 through 22)	23,068,433.	31,659,478.	
NET ASSETS OR FUND BALANCES	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. <input checked="" type="checkbox"/>				
	24	Unrestricted	534,688,133.	572,563,190.	
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. <input type="checkbox"/>				
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, building, and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
30	Total net assets or fund balances (see the instructions)	534,688,133.	572,563,190.		
31	Total liabilities and net assets/fund balances (see the instructions)	557,756,566.	604,222,668.		

Part III Analysis of Changes in Net Assets or Fund Balances		
1	Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1 534,688,133.
2	Enter amount from Part I, line 27a	2 -6,384,078.
3	Other increases not included in line 2 (itemize) ▶ <u>Change in unrealized appreciation</u>	3 44,259,135.
4	Add lines 1, 2, and 3	4 572,563,190.
5	Decreases not included in line 2 (itemize) ▶	5
6	Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30	6 572,563,190.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company)

	(b) How acquired P — Purchase D — Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1a Investment holdings	P	Various	Various
b			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 252,929,976.		225,769,866.	27,160,110.
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any	(l) Gains (Column (h) gain minus column (k), but not less than -0-) or Losses (from column (h))
a 0.	0.	0.	27,160,110.
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	- [If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7]	2	27,160,110.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)	[If gain, also enter in Part I, line 8, column (c) (see the instructions) If (loss), enter -0- in Part I, line 8]	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No

If 'Yes,' the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (column (b) divided by column (c))
2008	36,055,491.	572,343,579.	0.062996
2007	35,833,806.	758,293,679.	0.047256
2006	25,093,209.	699,637,338.	0.035866
2005	26,932,448.	637,966,001.	0.042216
2004	24,720,763.	576,218,052.	0.042902

2 Total of line 1, column (d)	2	0.231236
3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0.046247
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5	4	600,084,655.
5 Multiply line 4 by line 3	5	27,752,115.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	314,380.
7 Add lines 5 and 6	7	28,066,495.
8 Enter qualifying distributions from Part XII, line 4	8	32,509,627.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see the instructions)

1 a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter 'N/A' on line 1 Date of ruling or determination letter. _____ (attach copy of letter if necessary - see instr.)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	314,380.
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0.
3	Add lines 1 and 2	3	314,380.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5	314,380.
6	Credits/Payments		
a	2009 estimated tax pmts and 2008 overpayment credited to 2009	6a	1,010,000.
b	Exempt foreign organizations – tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments Add lines 6a through 6d	7	1,010,000.
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	695,620.
11	Enter the amount of line 10 to be. Credited to 2010 estimated tax 695,620. Refunded	11	

Part VII-A Statements Regarding Activities

	Yes	No
1 a		X
1 b		X
1 c		X
2		X
3		X
4 a	X	
4 b	X	
5		X
6	X	
7	X	
8 a		
8 b	X	
9		X
10		X

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Part VII-A Statements Regarding Activities Continued

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <u>www.cmwf.org</u>	13	X	
14	The books are in care of <u>Dr Jeffrey Haber, CPA, Controller</u> Telephone no <u>(212) 606-3858</u> Located at <u>1 East 75th Street, New York, NY</u> ZIP + 4 <u>10021</u>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year <u>15</u>			

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.

		Yes	No
1 a	During the year did the foundation (either directly or indirectly)		
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6)	Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
b	If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see the instructions)? Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/>	1 b	X
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?	1 c	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
a	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes,' list the years <u>20__ , 20__ , 20__ , 20__</u>		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement - see the instructions)	2 b	X
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here <u>20__ , 20__ , 20__ , 20__</u>		
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If 'Yes,' did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009)	3 b	
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4 b	X

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Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? Yes No

(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes No

(4) Provide a grant to an organization other than a charitable, etc, organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions) Yes No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? Yes No

b If any answer is 'Yes' to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Yes No

Organizations relying on a current notice regarding disaster assistance check here

c If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? Yes No

If 'Yes,' attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

If 'Yes' to 6b, file Form 8870

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See attachment				

2 Compensation of five highest-paid employees (other than those included on line 1— see instructions). If none, enter 'NONE.'

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Steve Schoenbaum, MD 1 East 75th St, NY, NY 10021	EVP for Programs 50.00	379,935.	71,000.	0.
Cathy Schoen 1 East 75th St, NY, NY 10021	SVP for Res & Eval 50.00	280,000.	56,000.	0.
Edward Schor, MD 1 East 75th St, NY, NY 10021	VP, Child Devel 50.00	260,000.	52,000.	0.
Barry Scholl 1 East 75th St, NY, NY 10021	VP - Communications 50.00	262,000.	52,400.	0.
Anne-Marie Audet, MD 1 East 75th St, NY, NY 10021	VP, Health Syst Qual 50.00	240,000.	48,000.	0.

Total number of other employees paid over \$50,000 ▶ 27

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services – (see instructions). If none, enter 'NONE.'

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
<u>The Investment Fund for Foundations</u> Four Tower Bridge, 200 Barr Harbor Drive, Suite 100 West Conshohocken PA 19428	Investment mgmt	374,272.
<u>Silchester</u> 780 Third Avenue New York NY 10017	Investment mgmt	403,482.
<u>Cambridge Associates</u> 100 Summer Street Boston, MA 02110	Investment advisory	405,879.
<u>Wellington Management</u> 75 State Street Boston, MA 02109	Investment mgmt	488,389.
<u>Axiom</u> 55 Railroad Avenue Greenwich CT 06830	Investment mgmt	416,398.
Total number of others receiving over \$50,000 for professional services		8

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
<u>1 Health System Quality and Efficiency</u> <u>see attached program descriptions</u>	6,286,972.
<u>2 Patient-Centered Coordinated Care</u> <u>see attached program descriptions</u>	3,950,398.
<u>3 International Health Policy and Innovation</u> <u>see attached program descriptions</u>	3,869,913.
<u>4 Communications</u> <u>see attached program descriptions</u>	2,775,943.

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
<u>1</u> ----- -----	
<u>2</u> ----- -----	
All other program-related investments See instructions	
<u>3</u> ----- -----	
Total. Add lines 1 through 3	

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Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes		
a	Average monthly fair market value of securities	1a	602,838,739.
b	Average of monthly cash balances	1b	688,727.
c	Fair market value of all other assets (see instructions)	1c	5,695,534.
d	Total (add lines 1a, b, and c)	1d	609,223,000.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets.	2	
3	Subtract line 2 from line 1d	3	609,223,000.
4	Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	9,138,345.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	600,084,655.
6	Minimum investment return. Enter 5% of line 5	6	30,004,233.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	30,004,233.
2a	Tax on investment income for 2009 from Part VI, line 5	2a	314,380.
b	Income tax for 2009 (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	314,380.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	29,689,853.
4	Recoveries of amounts treated as qualifying distributions	4	537,383.
5	Add lines 3 and 4	5	30,227,236.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	30,227,236.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes		
a	Expenses, contributions, gifts, etc – total from Part I, column (d), line 26	1a	32,362,166.
b	Program-related investments – total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	147,461.
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	32,509,627.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	314,380.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	32,195,247.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				30,227,236.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			9,135,927.	
b Total for prior years: 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2009				
a From 2004	0.			
b From 2005	0.			
c From 2006	0.			
d From 2007	0.			
e From 2008	0.			
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2009 from Part XII, line 4 ▶ \$ 32,509,627.				
a Applied to 2008, but not more than line 2a			9,135,927.	
b Applied to undistributed income of prior years (Election required – see instructions)				
c Treated as distributions out of corpus (Election required – see instructions)				
d Applied to 2009 distributable amount				23,373,700.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable amount – see instructions		0.		
e Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount – see instructions			0.	
f Undistributed income for 2009 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2010				6,853,536.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9				
a Excess from 2005	0.			
b Excess from 2006	0.			
c Excess from 2007	0.			
d Excess from 2008	0.			
e Excess from 2009	0.			

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling ▶

b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2009	(b) 2008	(c) 2007	(d) 2006	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test – enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test – enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test – enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year – see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))
None

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest
None

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs:

Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc, (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number of the person to whom applications should be addressed
Andrea Landes
The Commonwealth Fund 1 East 75th Street
New York NY 10021 (212) 606-3844

b The form in which applications should be submitted and information and materials they should include
See attachment

c Any submission deadlines
See attachment

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors
See attachment

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year See attached schedule of grants payments				30,571,558.
Total				▶ 3a 30,571,558.
b Approved for future payment See attached schedule of grants balances				24,542,600.
Total				▶ 3b 24,542,600.

Name The Commonwealth Fund	Employer Identification Number 13-1635260
--------------------------------------	---

Asset Information:

Description of Property <u>Investments</u>	
Date Acquired <u>Various</u>	How Acquired <u>Purchased</u>
Date Sold <u>Various</u>	Name of Buyer <u>Various</u>
Sales Price <u>252,929,976.</u>	Cost or other basis (do not reduce by depreciation) <u>225,769,866.</u>
Sales Expense _____	Valuation Method _____
Total Gain (Loss) <u>27,160,110.</u>	Accumulation Depreciation _____

Description of Property _____	
Date Acquired _____	How Acquired _____
Date Sold _____	Name of Buyer _____
Sales Price _____	Cost or other basis (do not reduce by depreciation) _____
Sales Expense _____	Valuation Method _____
Total Gain (Loss) _____	Accumulation Depreciation _____

Description of Property _____	
Date Acquired _____	How Acquired _____
Date Sold _____	Name of Buyer _____
Sales Price _____	Cost or other basis (do not reduce by depreciation) _____
Sales Expense _____	Valuation Method _____
Total Gain (Loss) _____	Accumulation Depreciation _____

Description of Property _____	
Date Acquired _____	How Acquired _____
Date Sold _____	Name of Buyer _____
Sales Price _____	Cost or other basis (do not reduce by depreciation) _____
Sales Expense _____	Valuation Method _____
Total Gain (Loss) _____	Accumulation Depreciation _____

Description of Property _____	
Date Acquired _____	How Acquired _____
Date Sold _____	Name of Buyer _____
Sales Price _____	Cost or other basis (do not reduce by depreciation) _____
Sales Expense _____	Valuation Method _____
Total Gain (Loss) _____	Accumulation Depreciation _____

Description of Property _____	
Date Acquired _____	How Acquired _____
Date Sold _____	Name of Buyer _____
Sales Price _____	Cost or other basis (do not reduce by depreciation) _____
Sales Expense _____	Valuation Method _____
Total Gain (Loss) _____	Accumulation Depreciation _____

Description of Property _____	
Date Acquired _____	How Acquired _____
Date Sold _____	Name of Buyer _____
Sales Price _____	Cost or other basis (do not reduce by depreciation) _____
Sales Expense _____	Valuation Method _____
Total Gain (Loss): _____	Accumulation Depreciation _____

Description of Property _____	
Date Acquired _____	How Acquired _____
Date Sold _____	Name of Buyer _____
Sales Price _____	Cost or other basis (do not reduce by depreciation) _____
Sales Expense _____	Valuation Method _____
Total Gain (Loss) _____	Accumulation Depreciation _____

Form 990-PF, Page 1, Part I, Line 18

Line 18 Stmt

Taxes (see the instructions)	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
Excise taxes - current	616,026.			
Excise taxes - deferred	898,010.			
State registration	1,500.			

Total 1,515,536.

Form 990-PF, Page 4, Part VII-A, Line 8a

States Registered In

NY - New York

DC - District of Columbia

Form 990-PF, Page 1, Part I

Line 16c - Other Professional Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Brandywine Global In	Investment Mgmt	49,753.	49,753.		
Cambridge Associates	Investment Mgmt	405,879.	405,879.		
Harris Associates	Investment Mgmt	143,979.	143,979.		
JPMorgan Chase	Custodial	183,067.	183,067.		
Mayo Investment Advi	Investment Mgmt	262,938.	262,938.		
Wellington Trust	Investment Mgmt	488,389.	488,389.		
Axiom	Investment Mgmt	416,398.	416,398.		
Convexity	Investment Mgmt	276,456.	276,456.		
Silchester	Investment Mgmt	403,482.	403,482.		
TIFF	Investment Mgmt	374,272.	374,272.		
Colchester	Investment Mgmt	84,010.	84,010.		
State Street	Investment Mgmt	9,683.	9,683.		
Loomis Sayles	Investment Mgmt	63,597.	63,597.		
Other	IT, etc	56,806.	14,780.		

Total 3,218,709. 3,176,683.

Form 990-PF, Page 2, Part II, Line 10a

L-10a Stmt

Line 10a - Investments - US and State Government Obligations:	End of Year		End of Year	
	State and Local Obligations Book Value	State and Local Obligations FMV	US Government Obligations Book Value	US Government Obligations FMV
TIPS			9,717,295.	9,717,295.
Total			<u>9,717,295.</u>	<u>9,717,295.</u>

Form 990-PF, Page 2, Part II, Line 10b

L-10b Stmt

Line 10b - Investments - Corporate Stock:	End of Year	
	Book Value	Fair Market Value
US Equity	80,387,617.	80,387,617.
International Equity	104,167,492.	104,167,492.
US Equity - Directly Held	522,012.	522,012.
Total	<u>185,077,121.</u>	<u>185,077,121.</u>

Form 990-PF, Page 2, Part II, Line 10c

L- 10c Stmt

Line 10c - Investments - Corporate Bonds:	End of Year	
	Book Value	Fair Market Value
Fixed Income Funds	94,489,324.	94,489,324.
Total	<u>94,489,324.</u>	<u>94,489,324.</u>

Form 990-PF, Page 2, Part II, Line 13

L-13 Stmt

Line 13 - Investments - Other:	End of Year	
	Book Value	Fair Market Value
Marketable Alternative Equity	134,247,901.	134,247,901.
Non-marketable Alternative Equity	61,307,334.	61,307,334.
Oil & Gas Partnerships	21,989,034.	21,989,034.
Real Estate Partnerships	13,088,535.	13,088,535.
Gold	13,283,806.	13,283,806.
Energy	20,389,092.	20,389,092.
Short-term	15,087,701.	15,087,701.
Inflation Hedges	28,457,783.	28,457,783.
Total	<u>307,851,186.</u>	<u>307,851,186.</u>

Form 990-PF, Page 2, Part II, Line 15

Other Assets Stmt

Line 15 - Other Assets:	Beginning Year Book Value	End of Year	
		Book Value	Fair Market Value
Other assets	2,515,606.	874,350.	874,350.
Total	<u>2,515,606.</u>	<u>874,350.</u>	<u>874,350.</u>

Form 990-PF, Page 2, Part II, Line 22

Other Liab Stmt

Line 22 - Other Liabilities:	Beginning Year Book Value	Ending Year Book Value
Deferred taxes	454,039.	1,339,221.
Post retirement health care liab	2,194,181.	4,539,962.
Taxes payable - net	0.	0.
Deferred compensation	853,426.	
Total	<u>3,501,646.</u>	<u>5,879,183.</u>

Supporting Statement of:

Form 990-PF, p2/Line 18(b)

Description	Amount
Grants payable	24,542,600.
Discount on grants payable	-124,476.
Total	<u>24,418,124.</u>

Supporting Statement of:

Form 990-T, p1/Line 5, Column (A)

Description	Amount
Ordinary loss	-561,035.
Net rental real estate income	20,266.
Other net rental income	66.
Interest income	18,522.
Ordinary dividends	29,191.
Royalty income	113.
Net short-term capital gain	3,120.
Net long-term capital gain	3,754.
Unrecaptured Section 1231 loss	-4,656.
Section 1231 loss	-7,220.
Other portfolio loss	-632.
Cancellation of debt	779.
Other loss	-130.
Total	<u>-497,862.</u>

The Commonwealth Fund
 13-1635260
 Depreciation Expense
 Fiscal Year End 6/30/10

Part I, Line 19, Column (a)

<u>Year</u> <u>Acquired</u>	<u>Total</u>	<u>Buildings</u>	<u>Furniture &</u> <u>Fixtures</u>	<u>Computer</u> <u>Equipment</u>
1991 - 1992	7,022.71	7,022.71	0.00	0.00
1992 - 1993	2,321.96	427.50	1,894.46	0.00
1993 - 1994	1,358.50	1,028.70	329.80	0.00
1994 - 1995	651.26	338.76	312.50	0.00
1995 - 1996	2,063.85	1,287.49	776.36	0.00
1996 - 1997	0.00	0.00	0.00	0.00
1997 - 1998	7,254.50	5,541.22	1,713.28	0.00
1998 - 1999	7,138.57	2,864.28	4,274.29	0.00
1999 - 2000	8,686.49	8,530.49	156.00	0.00
2000 - 2001	25,572.14	23,172.14	2,400.00	0.00
2001 - 2002	17,290.50	16,778.73	511.77	0.00
2002 - 2003	23,873.40	23,873.40	0.00	0.00
2003 - 2004	5,704.01	4,015.63	1,688.39	0.00
2004 - 2005	7,485.00	7,485.00	0.00	0.00
2005 - 2006	29,024.29	24,046.25	2,011.93	2,966.12
2006 - 2007	22,268.30	15,899.01	6,369.29	0.00
2007 - 2008	70,224.34	44,220.75	16,589.71	9,413.88
2008 - 2009	45,759.55	9,864.76	2,740.71	33,154.08
2009 - 2010	2,536.49	2,279.08	257.41	0.00
Total	286,235.87	198,675.89	42,025.90	45,534.08

The Commonwealth Fund
Attachment to Internal Revenue Service Form 990-PF
Part VII-B, Question 5c on page 6

Expenditure Responsibility Statement
For the year ending June 30, 2010

Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: Bailit Health Purchasing, LLC
56 Pickering Street
Needham, MA 02492

- (ii) Grant #: 20090215
Project Director and Purpose: Michael Bailit, M.B.A. 11/1/08-5/1/09. Insurance Standards and Policy Levers in Building a High Performance Health System
Date Approved: 11/2/2008
Grant Amount: \$23,440
Dates / Payments: 10/5/09 \$1,209

- (iii) Reports Received
Final Financial Report: 9/21/09; see section (iv) below.
Final Project Report: NA

Bailit Health Purchasing, LLC submitted full and complete financial reports of its expenditure of grant funds as well as a report on all activities under the grant.

- (iv) Total expenditures reported on Financial Report in section (iii): \$21,209

- (v) Diversions: To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.

- (vi) Verification: The Commonwealth Fund has no reason to doubt the accuracy or reliability of the report from the grantee; therefore, no independent verification of this report was made.

The Commonwealth Fund
Attachment to Internal Revenue Service Form 990-PF
Part VII-B, Question 5c on page 6

Expenditure Responsibility Statement
For the year ending June 30, 2010

Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: University of British Columbia
2329 West Mall
Vancouver, BC V6T 14
Canada

- (ii) Grant #: 20100610
Project Director and Purpose: Steve Morgan, Ph.D., M.A. 9/1/10-8/31/11.
Pharmaceutical Policy: Global Trends, Challenges, and
Innovations
Date Approved: 6/25/2010
Grant Amount: \$49,198
Dates / Payments: No payments were made during the fiscal year ending June
30, 2010.

- (iii) Reports Received
Financial and project reports were not due during the fiscal year ending 6/30/10

- (iv) Total expenditures reported on Financial Report in section (iii): NA

- (v) Diversions: To the knowledge of the Commonwealth Fund, no funds have been
diverted to any activity other than the activity for which the grant was originally
made.

- (vi) Verification: NA

The Commonwealth Fund
Attachment to Internal Revenue Service Form 990-PF
Part VII-B, Question 5c on page 6

Expenditure Responsibility Statement
For the year ending June 30, 2010

Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: Burness Communications
7910 Woodmont Avenue, Suite 700
Bethesda, MD 20814-3015
- (ii) Grant #: 20090589
Project Director and Purpose: Bethanne Fox. 7/1/09-6/30/10. Enhancing The Commonwealth Fund's Capacity to Reach Change Agents and Inform Public Discourse
- Date Approved: 7/14/2009
Grant Amount: \$230,000
Dates / Payments: 8/24/09 \$17,050.15
9/8/09 \$20,456.62
11/2/09 \$27,822.53
11/2/09 \$12,656.50
12/28/09 \$12,182.42
12/28/09 \$20,490.94
2/22/10 \$7,393.75
5/3/10 \$38,250.00
- (iii) Reports Received
Financial and project reports were not due during the fiscal year ending 6/30/10
- (iv) Total expenditures reported on Financial Report in section (iii): NA
- (v) Diversions: To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.
- (vi) Verification: NA

The Commonwealth Fund
Attachment to Internal Revenue Service Form 990-PF
Part VII-B, Question 5c on page 6

Expenditure Responsibility Statement
For the year ending June 30, 2010

Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: Center for Studying Health System Change
600 Maryland Avenue SW, Suite 550
Washington, DC 20024-5216

- (ii) Grant #: 20100295
Project Director and Purpose: Ann O'Malley, M.D., M.P.H. 6/1/10-11/30/11.
Examining Effective Practices and Policies for Facilitating
After-Hours Care
Date Approved: 4/13/2010
Grant Amount: \$163,970
Dates / Payments: 6/14/10 \$65,588

- (iii) Reports Received
Financial and project reports were not due during the fiscal year ending 6/30/10

- (iv) Total expenditures reported on Financial Report in section (iii): NA

- (v) Diversions: To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.

- (vi) Verification: NA

The Commonwealth Fund
Attachment to Internal Revenue Service Form 990-PF
Part VII-B, Question 5c on page 6

Expenditure Responsibility Statement
For the year ending June 30, 2010

Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: Center for Studying Health System Change
600 Maryland Avenue SW, Suite 550
Washington, DC 20024-5216

- (ii) Grant #: 20100070
Project Director and Purpose: Hoangmai Pham, M.D., M.P.H. 2/1/10-7/31/11.
Using Care Coordination Agreements in Primary Care
Date Approved: 11/10/2009
Grant Amount: \$179,897
Dates / Payments: 2/8/10 \$71,959

- (iii) Reports Received
Financial and project reports were not due during the fiscal year ending 6/30/10

- (iv) Total expenditures reported on Financial Report in section (iii): NA

- (v) Diversions: To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.

- (vi) Verification: NA

The Commonwealth Fund
Attachment to Internal Revenue Service Form 990-PF
Part VII-B, Question 5c on page 6

Expenditure Responsibility Statement
For the year ending June 30, 2010

Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: Center for Studying Health System Change
600 Maryland Avenue SW, Suite 550
Washington, DC 20024-5216
- (ii) Grant #: 20090500
Project Director and Purpose: James D. Reschovsky, Ph.D. 11/1/09-10/31/11.
Modeling Medicare Payment Rate Updates on Area-Specific Medicare Costs
Date Approved: 10/26/2009
Grant Amount: \$237,010
Dates / Payments: 11/16/10 \$20,000
2/22/10 \$86,654
4/19/10 \$53,327
- (iii) Reports Received
Financial and project reports were not due during the fiscal year ending 6/30/10
- (iv) Total expenditures reported on Financial Report in section (iii): NA
- (v) Diversions: To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.
- (vi) Verification: NA

The Commonwealth Fund
Attachment to Internal Revenue Service Form 990-PF
Part VII-B, Question 5c on page 6

Expenditure Responsibility Statement
For the year ending June 30, 2010

Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: Center for Studying Health System Change
600 Maryland Avenue SW, Suite 550
Washington, DC 20024-5216
- (ii) Grant #: 20070655
Project Director and Purpose: Peter Cunningham, Ph.D. 12/1/07-4/30/10. Trends
in the Financial Burden of Medical Care Costs and the
Effects on People with Chronic Conditions
Date Approved: 11/13/2007
Grant Amount: \$188,147
Dates / Payments: 6/28/10 \$18,579.25
- (iii) Reports Received
Final Financial Report: 6/14/10; see section (iv) below.
Final Project Report: 6/14/10
- Center for Studying Health System Change submitted full and complete financial reports of its expenditure of grant funds as well as a report on all activities under the grant.
- (iv) Total expenditures reported on Financial Report in section (iii): \$187,779.25
- (v) Diversions: To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.
- (vi) Verification: The Commonwealth Fund has no reason to doubt the accuracy or reliability of the report from the grantee; therefore, no independent verification of this report was made.

The Commonwealth Fund
Attachment to Internal Revenue Service Form 990-PF
Part VII-B, Question 5c on page 6

Expenditure Responsibility Statement
For the year ending June 30, 2010

Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: Center for Studying Health System Change
600 Maryland Avenue SW, Suite 550
Washington, DC 20024-5216
- (ii) Grant #: 20070618
Project Director and Purpose: Ann O'Malley, M.D., M.P.H. 12/1/07-4/30/10. The
Role of Information Technology in Facilitating Care
Coordination
Date Approved: 11/13/2007
Grant Amount: \$175,371
Dates / Payments: 6/14/10 \$35,071

- (iii) Reports Received
Final Financial Report: 5/27/10; see section (iv) below.
Final Project Report: 4/15/10

Center for Studying Health System Change submitted full and complete financial reports of its expenditure of grant funds as well as a report on all activities under the grant.

- (iv) Total expenditures reported on Financial Report in section (iii): \$175,371
- (v) Diversions: To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.
- (vi) Verification: The Commonwealth Fund has no reason to doubt the accuracy or reliability of the report from the grantee; therefore, no independent verification of this report was made.

The Commonwealth Fund
Attachment to Internal Revenue Service Form 990-PF
Part VII-B, Question 5c on page 6

Expenditure Responsibility Statement
For the year ending June 30, 2010

Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: University of Cologne
Albertus-Magnus-Platz
D - 50923
Cologne
Germany
- (ii) Grant #: 20070750
Project Director and Purpose: Karl Lauterbach. 8/1/07-12/31/07. Population-
Based Disease Management Programs in the German Health
Care System -- Are There Lessons to Be Learned?
Date Approved: 8/13/2007
Grant Amount: \$10,000
Dates / Payments: 6/28/10 \$2,000
- (iii) Reports Received
Final Financial Report: 5/14/2009
Final Project Report: 7/4/2008

University of Cologne submitted full and complete financial reports of its expenditure of grant funds as well as a report on all activities under the grant.

- (iv) Total expenditures reported on Financial Report in section (iii): \$10,000
- (v) Diversions: To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.
- (vi) Verification: The Commonwealth Fund has no reason to doubt the accuracy or reliability of the report from the grantee; therefore, no independent verification of this report was made.

The Commonwealth Fund
Attachment to Internal Revenue Service Form 990-PF
Part VII-B, Question 5c on page 6

Expenditure Responsibility Statement
For the year ending June 30, 2010

Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: University Hospital of Cologne
Schumacher Street 62
Cologne 50937
Germany

- (ii) Grant #: 20100550
Project Director and Purpose: Stephanie Stock, M.D., Ph.D. 9/1/10-8/31/11.
Patient-Related Outcomes Survey in German Disease
Management Programs
Date Approved: 5/22/2010
Grant Amount: \$50,000
Dates / Payments: No payments were made during the fiscal year ending
6/30/10.

- (iii) Reports Received
Financial and project reports were not due during the fiscal year ending 6/30/10

- (iv) Total expenditures reported on Financial Report in section (iii): NA

- (v) Diversions: NA

- (vi) Verification: NA

The Commonwealth Fund
Attachment to Internal Revenue Service Form 990-PF
Part VII-B, Question 5c on page 6

Expenditure Responsibility Statement
For the year ending June 30, 2010

Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: Council of Accountable Physician Practices
One Kaiser Plaza, 27th Floor
Oakland, CA 94612

- (ii) Grant #: 20090543
Project Director and Purpose: Nancy Taylor, M.B.A. 4/15/09-8/31/09.
Roundtable on Payment Reform
Date Approved: 4/17/2009
Grant Amount: \$25,357
Dates / Payments: No payments were made during the fiscal year ending 6/30/10.

- (iii) Reports Received
Final Financial Report: 9/15/10; see section (iv) below.
Final Project Report: 8/31/09

Council of Accountable Physician Practices submitted full and complete financial reports of its expenditure of grant funds as well as a report on all activities under the grant.

- (iv) Total expenditures reported on Financial Report in section (iii): \$19,158.
Grantee to refund \$1,199 of unexpended funds.

- (v) Diversions: To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.

- (vi) Verification: The Commonwealth Fund has no reason to doubt the accuracy or reliability of the report from the grantee; therefore, no independent verification of this report was made.

The Commonwealth Fund
Attachment to Internal Revenue Service Form 990-PF
Part VII-B, Question 5c on page 6

Expenditure Responsibility Statement
For the year ending June 30, 2010

Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: DataPipe, Inc.
10 Exchange Place, Suite 1200
Jersey City, NJ 07302
- (ii) Grant #: 20090633
Project Director and Purpose: Bill Dolan. 7/1/09-6/30/10. Enhancing The Commonwealth Fund's Capacity to Reach Change Agents and Inform Public Discourse
- Date Approved: 7/14/2009
Grant Amount: \$75,000
- | | | |
|--------------------------|----------|---------|
| <u>Dates / Payments:</u> | 8/10/09 | \$6,137 |
| | 8/24/09 | \$6,137 |
| | 10/19/09 | \$6,137 |
| | 11/2/09 | \$6,137 |
| | 11/16/09 | \$6,137 |
| | 12/14/09 | \$6,137 |
| | 1/21/10 | \$6,137 |
| | 2/22/10 | \$6,137 |
| | 3/22/10 | \$6,137 |
| | 4/19/10 | \$6,137 |
| | 5/17/10 | \$6,137 |
- (iii) Reports Received
Financial and project reports were not due during the fiscal year ending 6/30/10
- (iv) Total expenditures reported on Financial Report in section (iii): NA
- (v) Diversions: To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.
- (vi) Verification: NA

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Expenditure Responsibility Statement
For the year ending June 30, 2010

Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: DMA Health Strategies
9 Meriam Street, Suite 4
Lexington, MA 02420
- (ii) Grant #: 20090462
Project Director and Purpose: Wendy Holt, M.P.P. 4/1/09-6/30/09. "Just In Time"
Help for Primary Care Providers Managing Children's
Emotional Problems: A Case Study of a Statewide
Approach
Date Approved: 3/12/2009
Grant Amount: \$18,210
Dates / Payments: 2/8/10 \$4,210

- (iii) Reports Received
Final Financial Report: 1/15/10; see section (iv) below.
Final Project Report: 11/2/09

DMA Health Strategies submitted full and complete financial reports of its expenditure of grant funds as well as a report on all activities under the grant.

- (iv) Total expenditures reported on Financial Report in section (iii): \$18,210
- (v) Diversions: To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.
- (vi) Verification: The Commonwealth Fund has no reason to doubt the accuracy or reliability of the report from the grantee; therefore, no independent verification of this report was made.

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Expenditure Responsibility Statement
For the year ending June 30, 2010

Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: DMA Health Strategies
9 Meriam Street, Suite 4
Lexington, MA 02420

- (ii) Grant #: 20080292
Project Director and Purpose: D. Russell Lyman, Ph.D. 1/1/09-9/30/09. Case Study of State Strategies for Implementing Universal Early Childhood Developmental Screening
Date Approved: 11/2/2008
Grant Amount: \$35,500
Dates / Payments: 3/22/10 \$7,500

- (iii) Reports Received
Final Financial Report: 3/8/10; see section (iv) below.
Final Project Report: 11/3/09

DMA Health Strategies submitted full and complete financial reports of its expenditure of grant funds as well as a report on all activities under the grant.

- (iv) Total expenditures reported on Financial Report in section (iii): \$35,500

- (v) Diversions: To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.

- (vi) Verification: The Commonwealth Fund has no reason to doubt the accuracy or reliability of the report from the grantee; therefore, no independent verification of this report was made.

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Expenditure Responsibility Statement
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Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: Dobson DaVanzo & Associates, LLC
440 Maple Avenue East, Suite 203
Vienna, VA 22180
- (ii) Grant #: 20090497
Project Director and Purpose: Allen Dobson, Ph.D. 11/1/09-3/31/10. Determining the Impact of Alternative Payment Levels for Hospital Patients Who Are Currently Uninsured
Date Approved: 10/26/2009
Grant Amount: \$114,135
Dates / Payments: 1/11/10 \$51,360
6/28/10 \$51,360
- (iii) Reports Received
Interim Financial Report: 6/14/10; see section (iv) below.
Interim Project Report: NA
- (iv) Total expenditures through 5/31/10 reported on Financial Report in section (iii):
\$46,504
- (v) Diversions: To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.
- (vi) Verification: The Commonwealth Fund has no reason to doubt the accuracy or reliability of the report from the grantee; therefore, no independent verification of this report was made.

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Expenditure Responsibility Statement
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Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: Harbage Consulting
- (ii) Grant #: 20080271
Project Director and Purpose: Peter Harbage, M.P.P. 6/1/08-1/31/09. The 2009 Health Policy Debate: Getting to the Details
Date Approved: 5/20/2008
Grant Amount: \$45,000
Dates / Payments: 11/16/09 \$9,000
- (iii) Reports Received
Final Financial Report: 10/1/09; see section (iv) below.
Final Project Report: 8/1/09

Harbage Consulting submitted full and complete financial reports of its expenditure of grant funds as well as a report on all activities under the grant.
- (iv) Total expenditures reported on Financial Report in section (iii): \$45,000
- (v) Diversions: To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.
- (vi) Verification: The Commonwealth Fund has no reason to doubt the accuracy or reliability of the report from the grantee; therefore, no independent verification of this report was made.

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Expenditure Responsibility Statement
For the year ending June 30, 2010

Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: Harris Interactive, Inc.
60 Corporate Woods
Rochester, NY 14623

- (ii) Grant #: 20100064
Project Director and Purpose: Roz Pierson, Ph.D. 1/1/10-12/31/10. Health Care
Opinion Leaders Survey, Year 5
Date Approved: 11/10/2009
Grant Amount: \$67,000
Dates / Payments: 12/14/09 \$26,800

- (iii) Reports Received
Financial and project reports were not due during the fiscal year ending 6/30/10

- (iv) Total expenditures reported on Financial Report in section (iii): NA

- (v) Diversions: To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.

- (vi) Verification: NA

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Expenditure Responsibility Statement
For the year ending June 30, 2010

Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: Harris Interactive, Inc.
60 Corporate Woods
Rochester, NY 14623
- (ii) Grant #: 20090563
Project Director and Purpose: Roz Pierson, Ph.D. 8/1/09-11/31/10. International Health Policy Survey, 2010
Date Approved: 7/14/2009
Grant Amount: \$407,800
Dates / Payments: 10/15/09 \$125,000
3/22/10 \$125,000
- (iii) Reports Received
No financial reports were due during the fiscal year ending 6/30/10
Interim Project Report: 4/1/10
- (iv) Total expenditures reported on Financial Report in section (iii): NA
- (v) Diversions: To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.
- (vi) Verification: The Commonwealth Fund has no reason to doubt the accuracy or reliability of the report from the grantee; therefore, no independent verification of this report was made.

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Expenditure Responsibility Statement
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Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: Harris Interactive, Inc.
60 Corporate Woods
Rochester, NY 14623
- (ii) Grant #: 20090511
Project Director and Purpose: Roz Pierson, Ph.D. 3/15/09-12/31/09. Inclusion of Italy in 2009 Commonwealth Fund International Survey
Date Approved: 3/12/2009
Grant Amount: \$14,000
Dates / Payments: 1/11/10 \$3,000

- (iii) Reports Received
Final Financial Report: 12/11/09; see section (iv) below.
Final Project Report: 1/4/10

Harris Interactive, Inc. submitted full and complete financial reports of its expenditure of grant funds as well as a report on all activities under the grant.

- (iv) Total expenditures reported on Financial Report in section (iii): \$14,000
- (v) Diversions: To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.
- (vi) Verification: The Commonwealth Fund has no reason to doubt the accuracy or reliability of the report from the grantee; therefore, no independent verification of this report was made.

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Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: Harris Interactive, Inc.
60 Corporate Woods
Rochester, NY 14623
- (ii) Grant #: 20090382
Project Director and Purpose: Roz Pierson, Ph.D. 3/1/09-12/31/09. International Health Policy 2009: Expanded Sample and Survey of U.S. Pediatricians
Date Approved: 2/17/2009
Grant Amount: \$43,600
Dates / Payments: 1/11/10 \$8,600
- (iii) Reports Received
Final Financial Report: 12/11/09; see section (iv) below.
Final Project Report: 1/4/10
- Harris Interactive, Inc. submitted full and complete financial reports of its expenditure of grant funds as well as a report on all activities under the grant.
- (iv) Total expenditures reported on Financial Report in section (iii): \$43,600
- (v) Diversions: To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.
- (vi) Verification: The Commonwealth Fund has no reason to doubt the accuracy or reliability of the report from the grantee; therefore, no independent verification of this report was made.

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Expenditure Responsibility Statement
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Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: Harris Interactive, Inc.
60 Corporate Woods
Rochester, NY 14623
- (ii) Grant #: 20090080
Project Director and Purpose: Roz Pierson, Ph.D. 1/1/09-12/31/09. Health Care
Opinion Leaders Survey, Year 4
Date Approved: 11/11/2008
Grant Amount: \$55,000
Dates / Payments: 8/24/09 \$22,000
3/22/10 \$11,000
- (iii) Reports Received
Final Financial Report: 12/9/09; see section (iv) below.
Final Project Report: 3/4/10
- Harris Interactive, Inc. submitted full and complete financial reports of its expenditure of grant funds as well as a report on all activities under the grant.
- (iv) Total expenditures reported on Financial Report in section (iii): \$55,000
- (v) Diversions: To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.
- (vi) Verification: The Commonwealth Fund has no reason to doubt the accuracy or reliability of the report from the grantee; therefore, no independent verification of this report was made.

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Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: Harris Interactive, Inc.
60 Corporate Woods
Rochester, NY 14623
- (ii) Grant #: 20080389
Project Director and Purpose: Roz Pierson, Ph.D. 8/1/08-11/30/09. International Health Policy Survey, 2009
Date Approved: 7/15/2008
Grant Amount: \$470,100
Dates / Payments: 1/11/10 \$69,920
- (iii) Reports Received
Final Financial Report: 12/11/09; see section (iv) below.
Final Project Report: 1/4/10
- Harris Interactive, Inc. submitted full and complete financial reports of its expenditure of grant funds as well as a report on all activities under the grant.
- (iv) Total expenditures reported on Financial Report in section (iii): \$470,100
- (v) Diversions: To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.
- (vi) Verification: The Commonwealth Fund has no reason to doubt the accuracy or reliability of the report from the grantee; therefore, no independent verification of this report was made.

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Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: Harris Interactive, Inc.
60 Corporate Woods
Rochester, NY 14623
- (ii) Grant #: 20080154
Project Director and Purpose: Jordon Peugh, M.A. 7/1/08-6/30/09. Assessing
Community Health Centers' Capacity to Serve as Medical
Homes
Date Approved: 4/15/2008
Grant Amount: \$315,072
Dates / Payments: 8/10/09 \$25,000
3/22/10 \$24,169
- (iii) Reports Received
Final Financial Report: 12/8/09; see section (iv) below.
Final Project Report: 7/1/09
- Harris Interactive, Inc. submitted full and complete financial reports of its expenditure of grant funds as well as a report on all activities under the grant.
- (iv) Total expenditures reported on Financial Report in section (iii): \$293,201
- (v) Diversions: To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.
- (vi) Verification: The Commonwealth Fund has no reason to doubt the accuracy or reliability of the report from the grantee; therefore, no independent verification of this report was made.

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Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: Health Management Associates, Inc.
120 North Washington Square, Suite 705
Lansing, MI 48933

- (ii) Grant #: 20100280
Project Director and Purpose: Sharon Silow-Carroll, M.S.W., M.B.A. 5/1/10-4/30/11. States in Action Newsletter: Six Issues for 2010-11
Date Approved: 4/13/2010
Grant Amount: \$113,846
Dates / Payments: 6/1/10 \$50,000

- (iii) Reports Received
No financial or project reports were due during the fiscal year ending 6/30/10.

- (iv) Total expenditures reported on Financial Report in section (iii): NA

- (v) Diversions: To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.

- (vi) Verification: NA

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Expenditure Responsibility Statement
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Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: Health Management Associates, Inc.
120 North Washington Square, Suite 705
Lansing, MI 48933

- (ii) Grant #: 20100279
Project Director and Purpose: Sharon Silow-Carroll, M.S.W., M.B.A. 2/15/10-8/15/10. Analyzing "Systemness" in Low- and High-Performing States
Date Approved: 1/20/2010
Grant Amount: \$49,816
Dates / Payments: 3/8/10 \$40,000

- (iii) Reports Received
No financial or project reports were due during the fiscal year ending 6/30/10.

- (iv) Total expenditures reported on Financial Report in section (iii): NA

- (v) Diversions: To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.

- (vi) Verification: The Commonwealth Fund has no reason to doubt the accuracy or reliability of the report from the grantee; therefore, no independent verification of this report was made.

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Expenditure Responsibility Statement
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Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: Health Management Associates, Inc.
120 North Washington Square, Suite 705
Lansing, MI 48933

- (ii) Grant #: 20090629
Project Director and Purpose: Sharon Silow-Carroll, M.S.W., M.B.A. 5/18/09-9/30/09. State Scorecard Profiles & Overview Report
Date Approved: 5/26/2009
Grant Amount: \$45,000
Dates / Payments: 11/16/09 \$9,000

- (iii) Reports Received
Final Financial Report: 10/30/09, see section (iv) below.
Final Project Report: 10/30/09

Health Management Associates, Inc. submitted full and complete financial reports of its expenditure of grant funds as well as a report on all activities under the grant.

- (iv) Total expenditures reported on Financial Report in section (iii): \$47,525

- (v) Diversions: To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.

- (vi) Verification: The Commonwealth Fund has no reason to doubt the accuracy or reliability of the report from the grantee; therefore, no independent verification of this report was made.

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Expenditure Responsibility Statement
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Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: Health Management Associates, Inc.
120 North Washington Square, Suite 705
Lansing, MI 48933
- (ii) Grant #: 20090345
Project Director and Purpose: Sharon Silow-Carroll, M.S.W., M.B.A. 5/1/09-4/30/10. States in Action Newsletter: Six Issues for 2009-10
Date Approved: 4/14/2009
Grant Amount: \$96,080
Dates / Payments: 12/28/09 \$20,000
6/1/10 \$16,080
- (iii) Reports Received
Final Financial Report: 5/25/10; see section (iv) below.
Final Project Report: NA
- Health Management Associates, Inc. submitted full and complete financial reports of its expenditure of grant funds.
- (iv) Total expenditures reported on Financial Report in section (iii): \$96,080
- (v) Diversions: To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.
- (vi) Verification: The Commonwealth Fund has no reason to doubt the accuracy or reliability of the report from the grantee; therefore, no independent verification of this report was made.

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Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: Health Management Associates, Inc.
120 North Washington Square, Suite 705
Lansing, MI 48933

- (ii) Grant #: 20090322
Project Director and Purpose: Sharon Silow-Carroll, M.S.W., M.B.A. 5/1/09-10/31/10. Case Studies of Innovation and High Performance for WhyNotTheBest.org
Date Approved: 4/14/2009
Grant Amount: \$460,940
Dates / Payments: No payments were made during the fiscal year ending 6/30/10.

- (iii) Reports Received
Interim Financial Report: not due until 7/31/10
Interim Project Report: 5/24/10

- (iv) Total expenditures reported on Financial Report in section (iii): NA

- (v) Diversions: To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.

- (vi) Verification: NA

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Expenditure Responsibility Statement
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Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: Health Management Associates, Inc.
120 North Washington Square, Suite 705
Lansing, MI 48933

- (ii) Grant #: 20080335
Project Director and Purpose: Sharon Silow-Carroll, M.B.A., M.S.W. 8/1/08-1/31/10. Case Studies of Systems of Child Health Care Coordination for States
Date Approved: 7/15/2008
Grant Amount: \$107,610
Dates / Payments: 6/28/10 \$17,610

- (iii) Reports Received
Final Financial Report: 6/14/10; see section (iv) below.
Final Project Report: 4/2/10

Health Management Associates, Inc. submitted full and complete financial reports of its expenditure of grant funds as well as a report on all activities under the grant.

- (iv) Total expenditures reported on Financial Report in section (iii): \$107,610

- (v) Diversions: To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.

- (vi) Verification: The Commonwealth Fund has no reason to doubt the accuracy or reliability of the report from the grantee; therefore, no independent verification of this report was made.

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Expenditure Responsibility Statement
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Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: Health Management Associates, Inc.
120 North Washington Square, Suite 705
Lansing, MI 48933
- (ii) Grant #: 20070837
Project Director and Purpose: Sharon Silow-Carroll, M.S.W., M.B.A. 12/1/07-6/30/09. Case Studies of Innovation and High Performance
Date Approved: 11/13/2007
Grant Amount: \$351,421
Dates / Payments: 8/24/09 \$67,525

- (iii) Reports Received
Final Financial Report: 8/10/09; see section (iv) below.
Final Project Report: 8/10/09

Health Management Associates, Inc. submitted full and complete financial reports of its expenditure of grant funds as well as a report on all activities under the grant.

- (iv) Total expenditures reported on Financial Report in section (iii): \$348,665
- (v) Diversions: To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.
- (vi) Verification: The Commonwealth Fund has no reason to doubt the accuracy or reliability of the report from the grantee; therefore, no independent verification of this report was made.

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Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: Health Services Research Association of Australia & New Zealand
PO Box 123
Sydney, NSW 2007
Australia

- (ii) Grant #: 20100372
Project Director and Purpose: Jackie Cumming, Ph.D. 1/1/10-12/31/10. General Support
Date Approved: 4/13/2010
Grant Amount: \$1,500
Dates / Payments: 6/1/10 \$1,500

- (iii) Reports Received
Financial and project reports were not due during the fiscal year ending 6/30/10

- (iv) Total expenditures reported on Financial Report in section (iii): NA

- (v) Diversions: To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.

- (vi) Verification: NA

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Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

(i) Grantee: Health Services Research Association of Australia & New Zealand
PO Box 123
Sydney, NSW 2007
Australia

(ii) Grant #: 20090604
Project Director and Purpose: Jane Hall, Ph.D. 6/1/09-5/31/10. 6th Biennial
Health Services and Policy Research Conference
Date Approved: 5/14/2009
Grant Amount: \$5,135
Dates / Payments: 4/19/10 \$903.49

(iii) Reports Received
Financial Report: 4/1/10; see section (iv) below.
Final Project Report: 2/5/10

Health Services Research Association of Australia & New Zealand submitted full and complete financial reports of its expenditure of grant funds as well as a report on all activities under the grant.

- (iv) Total expenditures reported on Financial Report in section (iii): \$4,903.49
- (v) Diversions: To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.
- (vi) Verification: The Commonwealth Fund has no reason to doubt the accuracy or reliability of the report from the grantee; therefore, no independent verification of this report was made.

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Expenditure Responsibility Statement
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Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: International Communications Research, Inc.
53 West Baltimore Pike
Media, PA 19063-5698
- (ii) Grant #: 20080430
Project Director and Purpose: Melissa Herrmann, M.A. 8/1/08-7/31/09.
Commonwealth Fund Survey of Young Adults
Date Approved: 7/15/2008
Grant Amount: \$266,744
Dates / Payments: 11/16/09 \$26,744

- (iii) Reports Received
Final Financial Report: 8/25/09; see section (iv) below.
Final Project Report: 10/20/09

International Communications Research, Inc. submitted full and complete financial reports of its expenditure of grant funds as well as a report on all activities under the grant.

- (iv) Total expenditures reported on Financial Report in section (iii): \$266,744
- (v) Diversions: To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.
- (vi) Verification: The Commonwealth Fund has no reason to doubt the accuracy or reliability of the report from the grantee; therefore, no independent verification of this report was made.

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Expenditure Responsibility Statement
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Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: International Communications Research, Inc.
53 West Baltimore Pike
Media, PA 19063-5698

- (ii) Grant #: 20080224
Project Director and Purpose: Melissa Hermann. 5/1/08-4/30/09. Evaluating
Medical Homes in New Orleans: A Survey of Patients,
Phase I
Date Approved: 4/15/2008
Grant Amount: \$300,000
Dates / Payments: 9/8/09 \$50,000

- (iii) Reports Received
Final Financial Report: 9/2/09; see section (iv) below.
Final Project Report: 6/18/09

International Communications Research, Inc. submitted full and complete financial reports of its expenditure of grant funds as well as a report on all activities under the grant.

- (iv) Total expenditures reported on Financial Report in section (iii): \$300,000

- (v) Diversions: To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.

- (vi) Verification: The Commonwealth Fund has no reason to doubt the accuracy or reliability of the report from the grantee; therefore, no independent verification of this report was made.

The Commonwealth Fund
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Expenditure Responsibility Statement
For the year ending June 30, 2010

Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: International Society for Quality in Health Care, Inc.
2 Parnell Square East
Dublin 1
Ireland

- (ii) Grant #: 20100374
Project Director and Purpose: Roisin Boland, R.G.N., M.B.A. 1/1/10/ - 12/31/10.
General Support
Date Approved: 4/13/2010
Grant Amount: \$1,000
Dates / Payments: 5/3/10 \$1,000

- (iii) Reports Received
No financial or project reports were due during the fiscal year ending 6/30/10.

- (iv) Total expenditures reported on Financial Report in section (iii): NA

- (v) Diversions: To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.

- (vi) Verification: NA

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Expenditure Responsibility Statement
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Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: Issues Research, Inc.
P.O. Box 220
Durango, CO 81302

- (ii) Grant #: 20100276
Project Director and Purpose: Douglas McCarthy, M.B.A. and Debbie Chase,
M.P.A. 1/1/10-5/31/10. Analysis of Rhode Island Quality
Institute Model
Date Approved: 12/17/2009
Grant Amount: \$19,249
Dates / Payments: 1/21/10 \$16,000

- (iii) Reports Received
Interim Financial Report: 7/16/10; see section (iv) below.
Final Project Report: not due until 9/30/10

- (iv) Total expenditures through 6/30/10 reported on Financial Report in section (iii):
\$10,944

- (v) Diversions: To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.

- (vi) Verification: The Commonwealth Fund has no reason to doubt the accuracy or reliability of the report from the grantee; therefore, no independent verification of this report was made.

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Expenditure Responsibility Statement
For the year ending June 30, 2010

Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: Issues Research, Inc.
P.O. Box 220
Durango, CO 81302
- (ii) Grant #: 20100060
Project Director and Purpose: Douglas McCarthy, M.B.A. 1/1/10-12/31/10.
Research and Technical Assistance in Support of a High
Performance Health System, Year 4
Date Approved: 11/10/2009
Grant Amount: \$318,520
Dates / Payments:
- | | |
|---------|----------|
| 1/11/10 | \$20,000 |
| 2/8/10 | \$20,000 |
| 4/5/10 | \$40,000 |
| 5/3/10 | \$40,000 |
| 6/28/10 | \$40,000 |
- (iii) Reports Received
Interim Financial Report: 7/26/10; see section (iv) below.
Interim Project Report: NA
- (iv) Total expenditures through 6/30/10 reported on Financial Report in section (iii):
\$131,532
- (v) Diversions: To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.
- (vi) Verification: The Commonwealth Fund has no reason to doubt the accuracy or reliability of the report from the grantee; therefore, no independent verification of this report was made.

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Expenditure Responsibility Statement
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Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: Issues Research, Inc.
P.O. Box 220
Durango, CO 81302
- (ii) Grant #: 20090098
Project Director and Purpose: Douglas McCarthy, M.B.A. 1/1/09-3/31/10.
Maintaining the National and State Scorecards and
Developing Content for Case Studies, Newsletters, and
Online Resources, 2009
- Date Approved: 11/11/2008
Grant Amount: \$316,770
- Dates / Payments:
- | | |
|----------|----------|
| 8/10/09 | \$20,000 |
| 9/8/09 | \$20,000 |
| 10/5/09 | \$20,000 |
| 11/16/09 | \$20,000 |
| 12/14/09 | \$20,000 |
| 2/8/10 | \$10,522 |
| 5/3/10 | \$6,248 |
- (iii) Reports Received
Final Financial Report: 4/16/10; see section (iv) below.
Final Project Report: NA
- Issues Research, Inc. submitted full and complete financial reports of its expenditure of grant funds.
- (iv) Total expenditures reported on Financial Report in section (iii): \$256,770
- (v) Diversions: To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.
- (vi) Verification: The Commonwealth Fund has no reason to doubt the accuracy or reliability of the report from the grantee; therefore, no independent verification of this report was made.

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Expenditure Responsibility Statement
For the year ending June 30, 2010

Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: Issues Research, Inc.
P.O. Box 220
Durango, CO 81302

- (ii) Grant #: 20070732
Project Director and Purpose: Douglas McCarthy. 1/1/08-12/31/08. Maintaining the National and State Scorecards and Developing Content for Newsletters, Publications, and Research Tools, 2008
Date Approved: 11/13/2007
Grant Amount: \$317,167
Dates / Payments: No payments were made to Issues Research, Inc. during the fiscal year ending 6/30/10.

- (iii) Reports Received
No financial or project reports were due during the fiscal year ending 6/30/10.

- (iv) Total expenditures reported on Financial Report in section (iii): NA

- (v) Diversions: To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.

- (vi) Verification: NA

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Expenditure Responsibility Statement
For the year ending June 30, 2010

Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: James Graham Atkinson
1449 44th Street NW
Washington, DC 20007-2002
- (ii) Grant #: 20090178
Project Director and Purpose: J. Graham Atkinson, D.Phil. 11/1/08-8/1/09.
Lessons from Hospital Rate Setting
Date Approved: 11/13/2008
Grant Amount: \$10,000
Dates / Payments: 10/5/09 \$2,000
- (iii) Reports Received
Final Financial Report: 10/1/09; see section (iv) below.
Final Project Report: 10/1/09
- James Graham Atkinson submitted full and complete financial reports of his expenditure of grant funds as well as a report on all activities under the grant.
- (iv) Total expenditures reported on Financial Report in section (iii): \$10,000
- (v) Diversions: To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.
- (vi) Verification: The Commonwealth Fund has no reason to doubt the accuracy or reliability of the report from the grantee; therefore, no independent verification of this report was made.

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Expenditure Responsibility Statement
For the year ending June 30, 2010

Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: Johnson Group Consulting, Inc.
175 Red Pine Road
Hinesburg, VT 05461

- (ii) Grant #: 20100424
Project Director and Purpose: Kay Johnson, M.P.H., M.Ed. 5/1/10-4/30/11.
Helping States Address Women's Health Through Medicaid
Date Approved: 4/8/2010
Grant Amount: \$13,663
Dates / Payments: 5/3/10 \$11,000

- (iii) Reports Received
No financial or project reports were due during the fiscal year ending 6/30/10

- (iv) Total expenditures reported on Financial Report in section (iii): NA

- (v) Diversions: To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.

- (vi) Verification: NA

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Expenditure Responsibility Statement
For the year ending June 30, 2010

Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: Jonathan Gruber
83 Pleasant Street
Lexington, MA 02421

- (ii) Grant #: 20100318
Project Director and Purpose: Jonathan Gruber, Ph.D. 5/1/10-9/15/10. Modeling
Policy Options to Expand Health Insurance Coverage
Date Approved: 4/13/2010
Grant Amount: \$90,000
Dates / Payments: 5/17/10 \$45,000

- (iii) Reports Received
No financial or project reports were due during the fiscal year ending 6/30/10.

- (iv) Total expenditures reported on Financial Report in section (iii): NA

- (v) Diversions: To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.

- (vi) Verification: NA

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Expenditure Responsibility Statement
For the year ending June 30, 2010

Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: Knowledge Networks, Inc.
440 Park Avenue South, 6th Floor
New York, NY 10016

- (ii) Grant #: 20100627
Project Director and Purpose: Jordon Peugh, M.A. 7/1/10-6/30/11. Assessing the Spread of the Chronic Care "Model" and Patient-Centered Care: An On-Line Survey of Adults with Chronic Conditions
Date Approved: 6/25/2010
Grant Amount: \$50,000
Dates / Payments: No payments were made during the fiscal year ending 6/30/10.

- (iii) Reports Received
No financial or project reports were due during the fiscal year ending 6/30/10.

- (iv) Total expenditures reported on Financial Report in section (iii): NA

- (v) Diversions: NA

- (vi) Verification: NA

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Expenditure Responsibility Statement
For the year ending June 30, 2010

Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: Knowledge Networks, Inc.
440 Park Avenue South, 6th Floor
New York, NY 10016
- (ii) Grant #: 20100494
Project Director and Purpose: Jordon Peugh, M.A. 5/1/10-6/1/10. Conducting
U.S. General Population Experiment
Date Approved: 4/30/2010
Grant Amount: \$8,500
Dates / Payments: 6/1/10 \$7,650
- (iii) Reports Received
Final Financial Report: 7/7/10; see section (iv) below.
Final Project Report: 7/7/10
- Knowledge Networks, Inc. submitted full and complete financial reports of its expenditure of grant funds as well as a report on all activities under the grant.
- (iv) Total expenditures reported on Financial Report in section (iii): \$8,500
- (v) Diversions: To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.
- (vi) Verification: The Commonwealth Fund has no reason to doubt the accuracy or reliability of the report from the grantee; therefore, no independent verification of this report was made.

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Expenditure Responsibility Statement
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Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: The Lewin Group, Inc.
3130 Fairview Park Drive Suite 800
Falls Church, VA 22042

- (ii) Grant #: 20090610
Project Director and Purpose: John Sheils, M.S. 6/1/09-11/30/09. Analysis and Modeling of the Leading Health Reform Bills of the 111th Congress (2009-10)
Date Approved: 5/26/2009
Grant Amount: \$155,550
Dates / Payments: No payments were made during the fiscal year ending 6/30/10.

- (iii) Reports Received
This contract was rescinded and the full amount paid (\$60,000 on 6/15/2009) was refunded by The Lewin Group on 9/25/09.

- (iv) Total expenditures reported on Financial Report in section (iii): NA

- (v) Diversions: NA

- (vi) Verification: NA

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Expenditure Responsibility Statement
For the year ending June 30, 2010

Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: The Lewin Group, Inc.
3130 Fairview Park Drive Suite 800
Falls Church, VA 22042

- (ii) Grant #: 20090487
Project Director and Purpose: John Sheils. 3/1/09-3/31/09. Updating Cost Estimates for the Path to High Performance and Medicare Extra
Date Approved: 3/4/2009
Grant Amount: \$72,525
Dates / Payments: No payments were made during the fiscal year ending 6/30/10.

- (iii) Reports Received
Final Financial Report: 6/25/09; see section (iv) below.
Final Project Report: 5/15/09

The Lewin Group, Inc. submitted full and complete financial reports of its expenditure of grant funds as well as a report on all activities under the grant.

- (iv) Total expenditures through 6/25/09: \$22,510. Grantee refunded \$2,350 of unexpended funds on 7/23/09.

- (v) Diversions: To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.

- (vi) Verification: The Commonwealth Fund has no reason to doubt the accuracy or reliability of the report from the grantee; therefore, no independent verification of this report was made.

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Expenditure Responsibility Statement
For the year ending June 30, 2010

Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: London School of Economics and Political Science
Houghton Street
London, ENGLAND WC2A 2AE
United Kingdom

- (ii) Grant #: 20100576
Project Director and Purpose: Elias Mossialos, Ph.D. 9/1/10-3/31/11. Analysis of Prescription Drug Prices in the United States and Europe
Date Approved: 6/30/2010
Grant Amount: \$49,600
Dates / Payments: No payments were made during the fiscal year ending 6/30/10.

- (iii) Reports Received
No financial or project reports were due during the fiscal year ending 6/30/10.

- (iv) Total expenditures reported on Financial Report in section (iii): NA

- (v) Diversions: NA

- (vi) Verification: NA

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Expenditure Responsibility Statement
For the year ending June 30, 2010

Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: London School of Economics and Political Science
Houghton Street
London, ENGLAND WC2A 2AE
United Kingdom

- (ii) Grant #: 20100091
Project Director and Purpose: Elias Mossialos, Ph.D. 1/1/10-6/30/11.
International Lessons On Health Reform: Learning From the
Experiences of European Nations, Year 2
Date Approved: 11/10/2009
Grant Amount: \$199,650
Dates / Payments: 1/21/10 \$85,000

- (iii) Reports Received
Interim Financial Report: not due until 1/1/11
Interim Project Report: overdue. Future payments will be made only when
reporting requirements have been fulfilled.

- (iv) Total expenditures reported on Financial Report in section (iii): NA

- (v) Diversions: To the knowledge of the Commonwealth Fund, no funds have been
diverted to any activity other than the activity for which the grant was originally
made.

- (vi) Verification: The Commonwealth Fund has made a good faith effort to secure
required reports; all payments to the grantee organization are currently being
withheld pending receipt of overdue reports.

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Expenditure Responsibility Statement
For the year ending June 30, 2010

Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: London School of Economics and Political Science
Houghton Street
London, ENGLAND WC2A 2AE
United Kingdom

- (ii) Grant #: 20080200
Project Director and Purpose: Elias Mossialos, Ph.D. 5/1/08-4/30/09. Learning from Other Nations About Universal Coverage and Cost-Containment
Date Approved: 4/15/2008
Grant Amount: \$237,800
Dates / Payments: No payments were made during the fiscal year ending 6/30/10.

- (iii) Reports Received
Final Financial Report: 6/1/09; see section (iv) below.
Final Project Report: overdue. Future payments will be made only when reporting requirements have been fulfilled.

- (iv) Total expenditures reported on Financial Report in section (iii): \$237,800

- (v) Diversions: To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.

- (vi) Verification: The Commonwealth Fund has made a good faith effort to secure required reports; all payments to the grantee organization are currently being withheld pending receipt of overdue reports.

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Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: Mark Merlis
6278 Ingham Road
New Hope, PA 18938

- (ii) Grant #: 20070739
Project Director and Purpose: Mark Merlis. 8/31/07-12/31/07. Enhancing International Program Communications and Publications Capacity
Date Approved: 5/1/2007
Grant Amount: \$50,000
Dates / Payments: No payments were made during the fiscal year ending 6/30/10.

- (iii) Reports Received
Final Financial Report: 6/7/10; see section (iv) below.
Final Project Report: not received. This contract was rescinded and the unexpended balance was cancelled in July 2010.

- (iv) Total expenditures reported on Financial Report in section (iii): \$19,975.
Grantee refunded \$25 of unexpended funds on 6/14/10.

- (v) Diversions: To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.

- (vi) Verification: The Commonwealth Fund has no reason to doubt the accuracy or reliability of the report from the grantee; therefore, no independent verification of this report was made.

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Expenditure Responsibility Statement
For the year ending June 30, 2010

Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: Massachusetts Medical Society
Waltham Woods Corporate Center
860 Winter Street
Waltham, MA 02451-1411

- (ii) Grant #: 20100358
Project Director and Purpose: Elaine Kirshenbaum, M.P.H. and Therese Fitzgerald, Ph.D. 4/1/10-1/31/11. Toward a Shared Vision of Payment Reform
Date Approved: 4/8/2010
Grant Amount: \$38,300
Dates / Payments: 6/1/10 \$30,640

- (iii) Reports Received
No financial or project reports were due during the fiscal year ending 6/30/10.

- (iv) Total expenditures reported on Financial Report in section (iii): NA

- (v) Diversions: To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.

- (vi) Verification: NA

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Expenditure Responsibility Statement
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Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: McGill University Health Centre Research Institute
Room 536, James Administration Building, 845 Sherbrooke St. W
Montreal, Quebec HTA 2T5
Canada
- (ii) Grant #: 20100011
Project Director and Purpose: Robyn Tamblyn, Ph.D. 7/1/09-1/31/10. National Initiatives to Implement Electronic Health/Medical Records: A Case Study of the Canadian Experience in Contrast to the United States
- | | | |
|--------------------------|-----------|----------|
| <u>Date Approved:</u> | 6/30/2009 | |
| <u>Grant Amount:</u> | \$46,260 | |
| <u>Dates / Payments:</u> | 9/8/09 | \$25,000 |
| | 12/14/09 | \$15,000 |
- (iii) Reports Received
Final Financial and Project reports are overdue. Future payments will be made only when reporting requirements have been fulfilled.
- (iv) Total expenditures reported on Financial Report in section (iii): NA
- (v) Diversions: To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.
- (vi) Verification: The Commonwealth Fund has made a good faith effort to secure required reports; all payments to the grantee organization are currently being withheld pending receipt of overdue reports.

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Expenditure Responsibility Statement
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Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: Michael C. Barth
3818 Military Road NW
Washington, DC 20015

- (ii) Grant #: 20100224
Project Director and Purpose: Michael C. Barth, Ph.D. 12/1/09-7/31/10. An Examination of Self-Funded Healthy Steps Sites: How and Why They Continue
Date Approved: 12/1/2009
Grant Amount: \$40,000
Dates / Payments: 12/14/09 \$18,000
3/22/10 \$18,000

- (iii) Reports Received
Interim Financial Report: 3/11/10; see section (iv) below.
Interim Project Report: 3/11/10

- (iv) Total expenditures through 3/1/10 reported on Financial Report in section (iii):
\$24,643

- (v) Diversions: To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.

- (vi) Verification: The Commonwealth Fund has no reason to doubt the accuracy or reliability of the report from the grantee; therefore, no independent verification of this report was made.

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Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: National Academies of Practice
1511 K Street, N.W.
Suite 327
Washington, DC 2005-1401
- (ii) Grant #: 20090148
Project Director and Purpose: Mary Costanza, M.D. 9/1/08-6/30/09.
Transforming Healthcare: Models of Accountable
Interdisciplinary Care Coordination that Work
Date Approved: 9/12/2008
Grant Amount: \$5,000
Dates / Payments: 8/24/09 \$1,000
- (iii) Reports Received
Final Financial Report: 8/11/09; see section (iv) below.
Final Project Report: 6/29/09
- National Academies of Practice submitted full and complete financial reports of its expenditure of grant funds as well as a report on all activities under the grant.
- (iv) Total expenditures reported on Financial Report in section (iii): \$5,000
- (v) Diversions: To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.
- (vi) Verification: The Commonwealth Fund has no reason to doubt the accuracy or reliability of the report from the grantee; therefore, no independent verification of this report was made.

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Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: National Business Coalition on Health
1015 18th Street NW, Suite 730
Washington, DC 20036

- (ii) Grant #: 20100577
Project Director and Purpose: Andrew Webber. 7/1/10-6/30/11. "Purchasing High Performance" Newsletter
Date Approved: 6/10/2010
Grant Amount: \$49,257
Dates / Payments: No payments were made during the fiscal year ending 6/30/10.

- (iii) Reports Received
No financial or project reports were due during the fiscal year ending 6/30/10.

- (iv) Total expenditures reported on Financial Report in section (iii): NA

- (v) Diversions: NA

- (vi) Verification: NA

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Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: National Business Coalition on Health
1015 18th Street NW, Suite 730
Washington, DC 20036
- (ii) Grant #: 20090274
Project Director and Purpose: Andrew Webber. 1/1/09-12/31/09. "Purchasing High Performance" Newsletter
Date Approved: 12/2/2008
Grant Amount: \$49,847
Dates / Payments: 2/22/10 \$12,500
6/28/10 \$12,347
- (iii) Reports Received
Final Financial Report: 6/14/10; see section (iv) below.
Final Project Report: 6/14/10
- National Business Coalition on Health submitted full and complete financial reports of its expenditure of grant funds as well as a report on all activities under the grant.
- (iv) Total expenditures reported on Financial Report in section (iii): \$49,847
- (v) Diversions: To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.
- (vi) Verification: The Commonwealth Fund has no reason to doubt the accuracy or reliability of the report from the grantee; therefore, no independent verification of this report was made.

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Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: National Institute for Health and Clinical Excellence
MidCity Place
71 High Holborn
London WC1V 6NA
United Kingdom
- (ii) Grant #: 20080459
Project Director and Purpose: Kalipso Chalkidou, M.D., Ph.D. 7/1/08-1/31/09.
Evidence-Based Policy Making in Healthcare: Structures,
Values and Impact Based on Experience from the U.K.,
France, Germany, and Australia
Date Approved: 6/30/2008
Grant Amount: \$50,000
Dates / Payments: 7/13/09 \$9,664
- (iii) Reports Received
Final Financial Report: 7/9/09; see section (iv) below.
Final Project Report: 3/2/09
- National Institute for Health and Clinical Excellence submitted full and complete financial reports of its expenditure of grant funds as well as a report on all activities under the grant.
- (iv) Total expenditures reported on Financial Report in section (iii): \$49,664
- (v) Diversions: To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.
- (vi) Verification: The Commonwealth Fund has no reason to doubt the accuracy or reliability of the report from the grantee; therefore, no independent verification of this report was made.

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Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: The Nuffield Trust
59 New Cavendish Street
London W1G 7LP
United Kingdom

- (ii) Grant #: 20090077
Project Director and Purpose: Jennifer Dixon. 12/1/08-12/31/09. Commonwealth Fund/Nuffield Trust International Conference on Health Care Quality Improvement, 2009
Date Approved: 11/11/2008
Grant Amount: \$75,000
Dates / Payments: No payments were made to The Nuffield Trust during the fiscal year ending 6/30/10.

- (iii) Reports Received
Final Financial Report: 2/25/10; see section (iv) below.
Final Project Report: overdue. Future payments will be made only when reporting requirements have been fulfilled.

- (iv) Total expenditures reported on Financial Report in section (iii): \$90,349. The Nuffield Trust refunded \$1,415.39 of unexpended funds on 4/23/10

- (v) Diversions: To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.

- (vi) Verification: The Commonwealth Fund has made a good faith effort to secure required reports; all payments to the grantee organization are currently being withheld pending receipt of overdue reports.

The Commonwealth Fund
Attachment to Internal Revenue Service Form 990-PF
Part VII-B, Question 5c on page 6

Expenditure Responsibility Statement
For the year ending June 30, 2010

Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: Organisation for Economic Cooperation and Development
2 Rue Andre Pascal
Cedex 16
Paris 75775
France
- (ii) Grant #: 20070471
Project Director and Purpose: Niek Klazinga. 6/1/07-5/31/08. Experts Workshop on Responsiveness Indicators to Compare Health System Performance in Industrialized Countries
Date Approved: 5/25/2007
Grant Amount: \$32,000
Dates / Payments: No payments were made during the fiscal year ending 6/30/10.
- (iii) Reports Received
Final Financial Report: 2/27/09; see section (iv) below.
Final Project Report: NA
- Organisation for Economic Cooperation and Development (OECD) submitted full and complete financial reports of its expenditure of grant funds as well as a report on all activities under the grant.
- (iv) Total expenditures reported on Financial Report in section (iii): \$17,471
- (v) Diversions: To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.
- (vi) Verification: The Commonwealth Fund has no reason to doubt the accuracy or reliability of the report from the grantee; therefore, no independent verification of this report was made.

The Commonwealth Fund
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Part VII-B, Question 5c on page 6

Expenditure Responsibility Statement
For the year ending June 30, 2010

Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: Pear Tree Communications, Inc.
3035 Lincoln Boulevard
Cleveland Heights, OH 44118
- (ii) Grant #: 20100063
Project Director and Purpose: Martha Hostetter. 1/1/10-12/31/10.
WhyNotTheBest.org: A Web Resource for Quality
Improvement, Year 3
Date Approved: 11/10/2009
Grant Amount: \$165,000
Dates / Payments:
- | | |
|---------|---------|
| 1/11/10 | \$8,667 |
| 2/8/10 | \$8,667 |
| 3/8/10 | \$8,667 |
| 4/5/10 | \$8,667 |
| 5/3/10 | \$8,667 |
| 6/1/10 | \$9,639 |
- (iii) Reports Received
Interim Financial Report: 7/30/10; see section (iv) below.
Interim Project Report: NA
- (iv) Total expenditures through 6/30/10 reported on Financial Report in section (iii):
\$63,049
- (v) Diversions: To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.
- (vi) Verification: The Commonwealth Fund has no reason to doubt the accuracy or reliability of the report from the grantee; therefore, no independent verification of this report was made.

The Commonwealth Fund
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Part VII-B, Question 5c on page 6

Expenditure Responsibility Statement
For the year ending June 30, 2010

Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: Pear Tree Communications, Inc.
3035 Lincoln Boulevard
Cleveland Heights, OH 44118
- (ii) Grant #: 20090097
Project Director and Purpose: Martha Hostetter, M.F.A. 1/1/09-12/31/09.
WhyNotTheBest.org: A Web Resource for Quality Improvement
Date Approved: 11/11/2008
Grant Amount: \$175,389
Dates / Payments: 8/10/09 \$9,000
9/8/09 \$9,000
10/5/09 \$9,000
11/16/09 \$9,000
2/8/10 \$2,167
3/8/10 \$2,167
4/5/10 \$1,717
5/3/10 \$1,084
- (iii) Reports Received
Final Financial Report: 4/3/10; see section (iv) below.
Final Project Report: NA
- (iv) Total expenditures reported on Financial Report in section (iii): \$98,550
- (v) Diversions: To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.
- (vi) Verification: The Commonwealth Fund has no reason to doubt the accuracy or reliability of the report from the grantee; therefore, no independent verification of this report was made.

The Commonwealth Fund
Attachment to Internal Revenue Service Form 990-PF
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Expenditure Responsibility Statement
For the year ending June 30, 2010

Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: Princeton Survey Research Associates International
911 Commons Way
Princeton, NJ 08540

- (ii) Grant #: 20100609
Project Director and Purpose: Mary E. McIntosh, Ph.D. 7/1/10-12/31/10. The Commonwealth Fund 2010 Health Insurance Survey -- Additional Funding for Cell Phone Sampling
Date Approved: 6/25/2010
Grant Amount: \$36,400
Dates / Payments: No payments were made during the fiscal year ending 6/30/10

- (iii) Reports Received
No financial or project reports were due during the fiscal year ending 6/30/10.

- (iv) Total expenditures reported on Financial Report in section (iii): NA

- (v) Diversions: NA

- (vi) Verification: NA

The Commonwealth Fund
Attachment to Internal Revenue Service Form 990-PF
Part VII-B, Question 5c on page 6

Expenditure Responsibility Statement
For the year ending June 30, 2010

Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: Princeton Survey Research Associates International
911 Commons Way
Princeton, NJ 08540

- (ii) Grant #: 20090287
Project Director and Purpose: Mary McIntosh, Ph.D. 5/1/09-12/31/10. The Commonwealth Fund 2009 Biennial Health Insurance Survey
Date Approved: 4/14/2009
Grant Amount: \$485,270
Dates / Payments: No payments were made during the fiscal year ending 6/30/10.

- (iii) Reports Received
No financial or project reports were due during the fiscal year ending 6/30/10.

- (iv) Total expenditures reported on Financial Report in section (iii): NA

- (v) Diversions: To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.

- (vi) Verification: NA

The Commonwealth Fund
Attachment to Internal Revenue Service Form 990-PF
Part VII-B, Question 5c on page 6

Expenditure Responsibility Statement
For the year ending June 30, 2010

Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: RAND Europe Cambridge Limited
Westbrook Centre, Milton Road
Cambridge CB4 1YG
United Kingdom

- (ii) Grant #: 20100568
Project Director and Purpose: Ellen Nolte, Ph.D., M.P.H. 6/25/10-12/31/10.
Updating International Trends in Mortality Amenable,
2007-08
Date Approved: 6/25/2010
Grant Amount: \$17,020
Dates / Payments: No payments were made during the fiscal year ending
6/30/10.

- (iii) Reports Received
No financial or project reports were due during the fiscal year ending 6/30/10.

- (iv) Total expenditures reported on Financial Report in section (iii): NA

- (v) Diversions: NA

- (vi) Verification: NA

The Commonwealth Fund
Attachment to Internal Revenue Service Form 990-PF
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Expenditure Responsibility Statement
For the year ending June 30, 2010

Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: Robinow Consulting
5916 Lee Valley Road
Edina, MN 55439

- (ii) Grant #: 20090553
Project Director and Purpose: Ann Robinow. 6/1/09-10/31/09. The Voice of Experience: Lessons for Global Payment Models
Date Approved: 5/14/2009
Grant Amount: \$50,000
Dates / Payments: 12/28/09 \$18,146

- (iii) Reports Received
Final Financial Report: 12/16/09; see section (iv) below.
Final Project Report: 11/4/09

Robinow Consulting submitted full and complete financial reports of its expenditure of grant funds as well as a report on all activities under the grant.

- (iv) Total expenditures reported on Financial Report in section (iii): \$48,146

- (v) Diversions: To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.

- (vi) Verification: The Commonwealth Fund has no reason to doubt the accuracy or reliability of the report from the grantee; therefore, no independent verification of this report was made.

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Part VII-B, Question 5c on page 6

Expenditure Responsibility Statement
For the year ending June 30, 2010

Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: Rockefeller Archive Center
15 Dayton Avenue
Sleepy Hollow, NY 10591-1598
- (ii) Grant #: 20090628
Project Director and Purpose: Lee Hiltzik, Ph.D. 7/1/09-6/30/10. Transfer and Maintenance of The Commonwealth Fund's Archives, Year 14
Date Approved: 7/14/2009
Grant Amount: \$90,000
Dates / Payments: 9/8/09 \$40,500
5/3/10 \$40,500
- (iii) Reports Received
Final Financial Report: not due until 7/31/10; see section (iv) below.
Interim Project Report: 4/29/10
- (iv) Total expenditures reported on Financial Report in section (iii): NA
- (v) Diversions: To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.
- (vi) Verification: The Commonwealth Fund has no reason to doubt the accuracy or reliability of the report from the grantee; therefore, no independent verification of this report was made.

The Commonwealth Fund
Attachment to Internal Revenue Service Form 990-PF
Part VII-B, Question 5c on page 6

Expenditure Responsibility Statement
For the year ending June 30, 2010

Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: Rockefeller Archive Center
15 Dayton Avenue
Sleepy Hollow, NY 10591-1598
- (ii) Grant #: 20080353
Project Director and Purpose: Lee Hiltzik. 7/1/08-6/30/09. Transfer and Maintenance of The Commonwealth Fund's Archives, Part 13
Date Approved: 7/15/2008
Grant Amount: \$90,000
Dates / Payments: 7/26/10 \$9,000
- (iii) Reports Received
Final Financial Report: 9/24/09; see section (iv) below.
Final Project Report: 7/20/10
- Rockefeller Archive Center submitted full and complete financial reports of its expenditure of grant funds as well as a report on all activities under the grant.
- (iv) Total expenditures reported on Financial Report in section (iii): \$90,000
- (v) Diversions: To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.
- (vi) Verification: The Commonwealth Fund has no reason to doubt the accuracy or reliability of the report from the grantee; therefore, no independent verification of this report was made.

The Commonwealth Fund
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Part VII-B, Question 5c on page 6

Expenditure Responsibility Statement
For the year ending June 30, 2010

Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: Scientific Institute for Quality of Healthcare
Raboud University Nijmegen Medical Centre
P.O. Box 9101 114
Nijmegen 6500 HB
The Netherlands

- (ii) Grant #: 20100575
Project Director and Purpose: Richard Grol, Ph.D. 6/1/10-9/30/10. Dutch
Harkness Fellowships Marketing Event at IQ Healthcare
Annual Conference
Date Approved: 6/14/2010
Grant Amount: \$5,000
Dates / Payments: No payments were made during the fiscal year ending
6/30/10.

- (iii) Reports Received
No financial or project reports were due during the fiscal year ending 6/30/10.

- (iv) Total expenditures reported on Financial Report in section (iii): NA

- (v) Diversions: NA

- (vi) Verification: NA

The Commonwealth Fund
Attachment to Internal Revenue Service Form 990-PF
Part VII-B, Question 5c on page 6

Expenditure Responsibility Statement
For the year ending June 30, 2010

Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: Scientific Institute for Quality of Healthcare
Raboud University Nijmegen Medical Centre
P.O. Box 9101 114
Nijmegen 6500 HB
The Netherlands

- (ii) Grant #: 20100179
Project Director and Purpose: Richard Grol, Ph.D. 12/1/09-12/31/10. Expansion of 2010 Commonwealth Fund International Health Policy Survey to Include the Netherlands
Date Approved: 12/1/2009
Grant Amount: \$21,102
Dates / Payments: 2/22/10 \$16,880

- (iii) Reports Received
No financial or project reports were due during the fiscal year ending 6/30/10.

- (iv) Total expenditures reported on Financial Report in section (iii): NA

- (v) Diversions: To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.

- (vi) Verification: NA

The Commonwealth Fund
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Part VII-B, Question 5c on page 6

Expenditure Responsibility Statement
For the year ending June 30, 2010

Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: Scientific Institute for Quality of Healthcare
Raboud University Nijmegen Medical Centre
P.O. Box 9101 114
Nijmegen 6500 HB
The Netherlands
- (ii) Grant #: 20090224
Project Director and Purpose: Richard Grol, Ph.D. 12/1/08-12/31/09. Expansion of 2009 International Health Policy Survey to Include the Netherlands
Date Approved: 11/2/2008
Grant Amount: \$37,863
Dates / Payments: 11/30/09 \$10,000
- (iii) Reports Received
Final Financial Report: 10/23/09; see section (iv) below.
Final Project Report: 8/6/09
- Scientific Institute for Quality of Healthcare submitted full and complete financial reports of its expenditure of grant funds as well as a report on all activities under the grant.
- (iv) Total expenditures reported on Financial Report in section (iii): \$37,863
- (v) Diversions: To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.
- (vi) Verification: The Commonwealth Fund has no reason to doubt the accuracy or reliability of the report from the grantee; therefore, no independent verification of this report was made.

The Commonwealth Fund
Attachment to Internal Revenue Service Form 990-PF
Part VII-B, Question 5c on page 6

Expenditure Responsibility Statement
For the year ending June 30, 2010

Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: Scientific Institute for Quality of Healthcare
Raboud University Nijmegen Medical Centre
P.O. Box 9101 114
Nijmegen 6500 HB
The Netherlands
- (ii) Grant #: 20080201
Project Director and Purpose: Richard Grol, Ph.D. 5/1/08-3/15/10. Understanding Medical Homes: A Survey of Patients and Physicians in Primary Care Practices in Denmark, the Netherlands, and the United Kingdom
Date Approved: 4/15/2008
Grant Amount: \$136,530
Dates / Payments: 7/12/10 \$50,000
- (iii) Reports Received
Interim Financial Report: 7/1/10; see section (iv) below.
Interim Project Report: NA
- Scientific Institute for Quality of Healthcare submitted full and complete financial reports of its expenditure of grant funds as well as a report on all activities under the grant.
- (iv) Total expenditures through 10/31/08 reported on Financial Report in section (iii): \$22,993
- (v) Diversions: To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.
- (vi) Verification: The Commonwealth Fund has no reason to doubt the accuracy or reliability of the report from the grantee; therefore, no independent verification of this report was made.

The Commonwealth Fund
Attachment to Internal Revenue Service Form 990-PF
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Expenditure Responsibility Statement
For the year ending June 30, 2010

Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: Stoiber Health Policy, LLC
- (ii) Grant #: 20070836
Project Director and Purpose: Susanne Stoiber, M.P.P., M.Sc. 12/15/07-12/14/08.
Designing the Policy and Regulatory Infrastructure Needed to Achieve a High Performance Health System
Date Approved: 11/13/2007
Grant Amount: \$180,000
Dates / Payments: No payments were made during the fiscal year ending 6/30/10.

- (iii) Reports Received
Final Financial Report: 12/15/08; see section (iv) below.
Final Project Report: NA

Stoiber Health Policy, LLC submitted full and complete financial reports of its expenditure of grant funds as well as a report on all activities under the grant.

- (ii) Total expenditures reported on Financial Report in section (iii): \$145,707
- (iv) Diversions: To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.
- (v) Verification: The Commonwealth Fund has no reason to doubt the accuracy or reliability of the report from the grantee; therefore, no independent verification of this report was made.

The Commonwealth Fund
Attachment to Internal Revenue Service Form 990-PF
Part VII-B, Question 5c on page 6

Expenditure Responsibility Statement
For the year ending June 30, 2010

Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: Velir Studios, Inc.
212 Elm Street, Suite 401
Somerville, MA 02144
- (ii) Grant #: 20100077
Project Director and Purpose: Mark Gregor. 8/1/09-11/30/09. Creating State and International Data Centers for The Commonwealth Fund Web Site
Date Approved: 11/10/2009
Grant Amount: \$140,250
Dates / Payments: 8/27/09 \$46,750
9/29/09 \$46,750
11/16/09 \$46,750
- (iii) Reports Received
Final Financial Report: 11/9/09; see section (iv) below.
Final Project Report: NA

Velir Studios, Inc. submitted full and complete financial reports of its expenditure of grant funds as well as a report on all activities under the grant.

- (iv) Total expenditures reported on Financial Report in section (iii): \$140,250
- (v) Diversions: To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.
- (vi) Verification: The Commonwealth Fund has no reason to doubt the accuracy or reliability of the report from the grantee; therefore, no independent verification of this report was made.

The Commonwealth Fund
Attachment to Internal Revenue Service Form 990-PF
Part VII-B, Question 5c on page 6

Expenditure Responsibility Statement
For the year ending June 30, 2010

Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: Velir Studios, Inc.
212 Elm Street, Suite 401
Somerville, MA 02144
- (ii) Grant #: 20090632
Project Director and Purpose: Mark Gregor. 7/1/09-6/30/10. Enhancing The Commonwealth Fund's Capacity to Reach Change Agents and Inform Public Discourse
- Date Approved: 7/14/2009
Grant Amount: \$110,000
- Dates / Payments:
- | | |
|----------|-------------|
| 8/24/09 | \$13,275 |
| 9/21/09 | \$13,275 |
| 10/19/09 | \$6,375 |
| 11/16/09 | \$7,275 |
| 12/14/09 | \$9,825 |
| 2/22/10 | \$29,927.50 |
| 3/8/10 | \$9,067.50 |
| 3/22/10 | \$14,400 |
| 5/17/10 | \$2,325 |
| 6/1/10 | \$3,805 |
- (iii) Reports Received
Final Financial Report: 6/2/10; see section (iv) below.
Final Project Report: NA. Velir Studios, Inc. submitted full and complete financial reports of its expenditure of grant funds as well as a report on all activities under the grant.
- (iv) Total expenditures reported on Financial Report in section (iii): \$110,000
- (v) Diversions: To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.
- (vi) Verification: The Commonwealth Fund has no reason to doubt the accuracy or reliability of the report from the grantee; therefore, no independent verification of this report was made.

The Commonwealth Fund
 EIN 13-1635260

990PF
 FYE June 30, 2010

Part VIII, Line 1

Name	Address	Title & average hours per week devoted to position	Compensation	Contributions to employee benefit plan and deferred Compensation	Expense Account and Other Allowances
Karen Davis	The Commonwealth Fund 1 East 75th Street New York, NY 10021	President 50 hours per week	548,370	71,000	None
John E Craig, Jr	The Commonwealth Fund 1 East 75th Street New York, NY 10021	Executive Vice President and Chief Operating Officer 50 hours per week	473,943	71,000	None
William R Brody, MD, PhD	The Commonwealth Fund 1 East 75th Street New York, NY 10021	Director Board meets at least 3 times annually	None	None	None
Benjamin K Chu, MD	The Commonwealth Fund 1 East 75th Street New York, NY 10021	Director Board meets at least 3 times annually	None	None	None
Micnaei V Drake, MD	The Commonwealth Fund 1 East 75th Street New York, NY 10021	Director Board meets at least 3 times annually	None	None	None
Samuel Fleming	The Commonwealth Fund 1 East 75th Street New York, NY 10021	Director Board meets at least 3 times annually	None	None	None
Glenn Hackbarth, JD	The Commonwealth Fund 1 East 75th Street New York, NY 10021	Director Board meets at least 3 times annually	None	None	None
Jane E Henney, MD	The Commonwealth Fund 1 East 75th Street New York, NY 10021	Director Board meets at least 3 times annually	None	None	None
James J Mongan, MD	The Commonwealth Fund 1 East 75th Street New York, NY 10021	Director Board meets at least 3 times annually	None	None	None
Robert Pozen	The Commonwealth Fund 1 East 75th Street New York, NY 10021	Director Board meets at least 3 times annually	None	None	None
Crstine Russell	The Commonwealth Fund 1 East 75th Street New York, NY 10021	Director Board meets at least 3 times annually	None	None	None
James R Tallon, Jr	The Commonwealth Fund 1 East 75th Street New York, NY 10021	Director Board meets at least 3 times annually	None	None	None
William Y Yun	The Commonwealth Fund 1 East 75th Street New York, NY 10021	Director Board meets at least 3 times annually	None	None	None

990-PF for Fiscal Year Ending June 30, 2010

Part IX-A Summary of Direct Charitable Activities

The Commonwealth Fund

THE
COMMONWEALTH
FUND

2010 Annual Report

The Fund's Mission, Goals, and Strategy



The Fund's Board of Directors sets Fund strategy, monitors the foundation's performance, and contributes directly to its work in numerous ways. In November 2009, Chairman James Tallon (right) moderated a policy roundtable of Ministers of Health at the Fund's annual International Symposium in Washington, D.C. Jeanne Lambrew (left), director of the Office of Health Reform, U.S. Department of Health and Human Services, and Ab Klink (center), Minister of Health, Welfare and Sport, The Netherlands, were among those discussing the challenges all countries face in achieving high performance health systems and lessons from abroad from which the United States can benefit.

Photo by Paula Lerner



MISSION

The mission of The Commonwealth Fund is to promote a high-performing health care system that achieves better access, improved quality, and greater efficiency, particularly for 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 and practice is designed to stimulate innovative policies and practices in the United States and other industrialized countries.

GOALS

The Fund's Board of Directors has identified the following goals to be pursued by the Fund over the next several years:

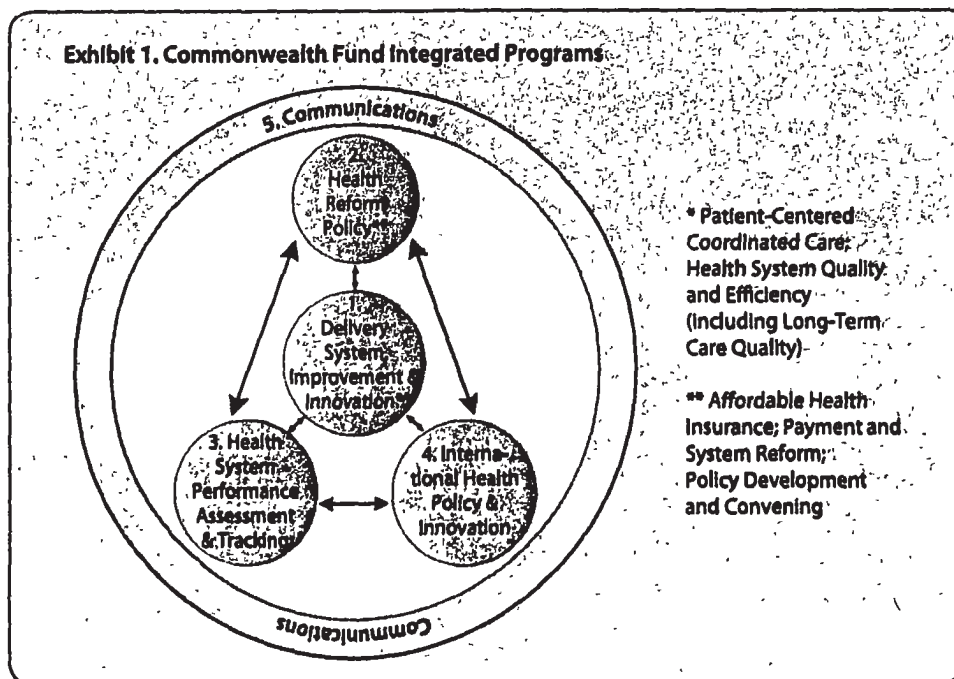
- 1. Achieve a high performance health system by 2020 that:**
 - focuses on population-based, high-quality patient-centered care and outcomes;
 - fosters integrated, well-coordinated care across a continuum;
 - ensures accessible and accountable systems of care for the entire population;
 - mitigates rising health care costs, increases efficiency, and enhances value; and
 - employs continuous improvement and innovation.

- 2. Accelerate the spread of high-performing community-oriented health systems, paying special attention to vulnerable populations.**

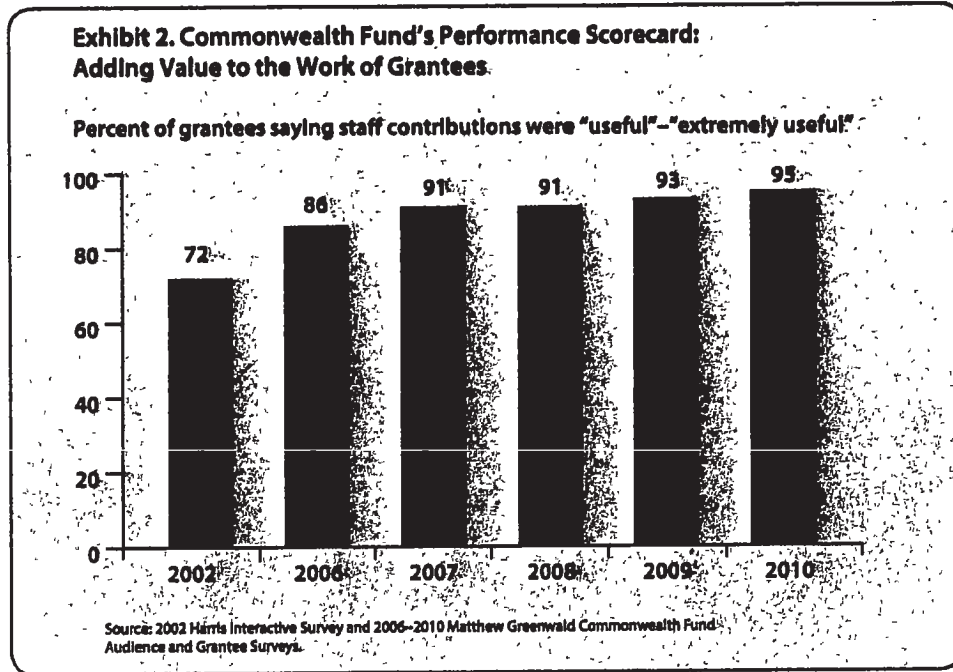
STRATEGIES

To achieve these goals, the Fund pursues five integrated program strategies:

1. Identify, describe, assess, and help spread promising models of health care delivery system change that provide population-based, patient-centered, high-quality, integrated care. This strategy cuts across the continuum of care, including primary care medical homes linked to other community providers; acute, post-acute, and long-term care; care systems for vulnerable and special-need populations; and integrated care systems and accountable and coordinated care organizations.
2. Identify, develop, evaluate, and spread policy solutions that will expand access to affordable, high-quality, and high-value care for all—with special attention placed on vulnerable populations—and foster solutions for bending the cost curve.
3. Assess and track progress toward a high performance health system in order to identify top performance benchmarks, high-performing organizations, and best practices and tools, and to stimulate action to improve performance.
4. Translate and disseminate lessons from the international experience, with the aim of facilitating the spread of health system innovations.
5. Maintain and enhance the Fund's role in serving as a key resource to health system leaders and policy officials on reform implementation issues, and effectively communicate and disseminate the results produced by the Fund's grants and its research programs.



The Fund's value-adding staff is central to executing these strategies successfully. The foundation combines the features of grantmaking and operating foundations—partnering closely with grantees to sponsor research and system innovations, but also conducting independent survey and health policy research and investing heavily in communicating the results of its work.



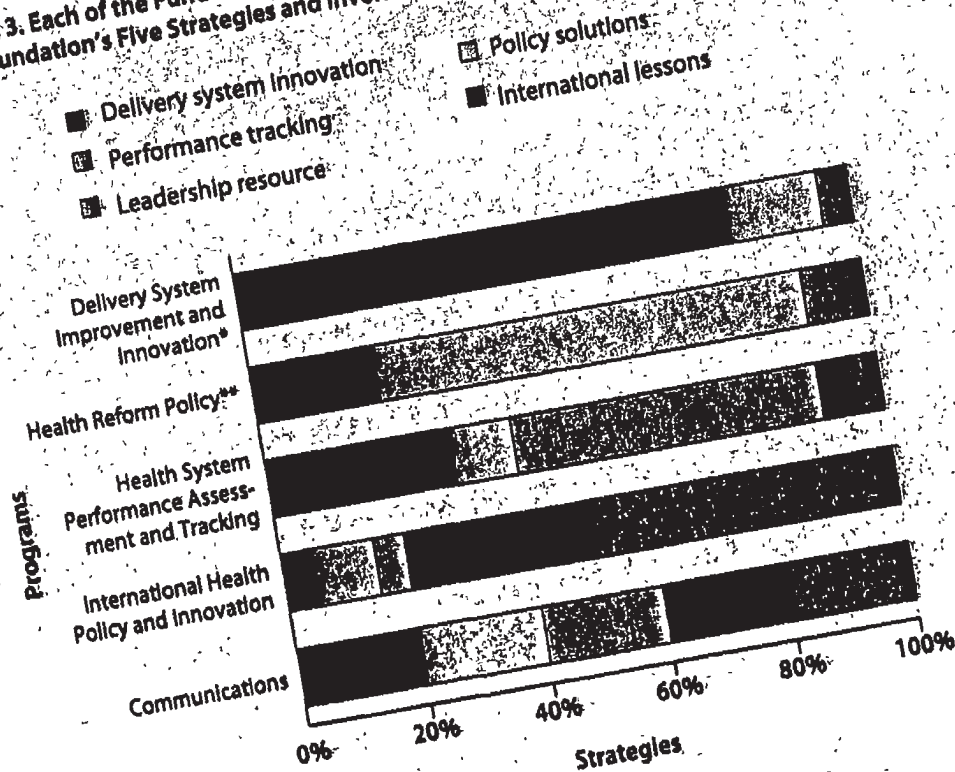
PROGRAMS

Each of the Fund's major programs contributes to the execution of the five strategies and involves inter-program collaborations.

The programs focusing on *Delivery System Improvements and Innovation* include:

- The **Health System Quality and Efficiency** program, the thrust of which is reducing hospital readmissions, through the State Action on Avoidable Rehospitalizations (STAAR) initiative and related work, and facilitating the development and spread of accountable coordinated care systems and measuring their performance. This program also continues the Fund's long-standing interest in improving the quality of nursing homes and long-term care services by supporting Advancing Excellence in America's Nursing Homes, a voluntary quality improvement collaborative, as well as Picker grants to support culture change in nursing homes and other long-term care service providers.
- The **Patient-Centered Coordinated Care** program, which includes a major safety-net medical home demonstration and evaluation involving community health centers and other clinics; evaluating primary care medical homes linked to other community providers; and facilitating spread of the medical home model of care. The program also supports the development of infrastructure, shared

Exhibit 3. Each of the Fund's Major Programs Contributes to the Execution of the Foundation's Five Strategies and Involves Inter-Program Collaborations.



* Patient-Centered Coordinated Care; Health System Quality and Efficiency (including Long-Term Care Quality).
 ** Affordable Health Insurance; Payment and System Reform; Policy Development and Convening.

resources, and services to enable independent providers to improve their performance and coordinate their patients' care. A new initiative of the program is **Community-Oriented Health Systems for Vulnerable Populations**, which aims to identify high-performing safety-net organizations, analyze the financial and quality performance of safety-net clinics and hospitals, and develop strategies for promoting integrated health care services for vulnerable populations.

Numerous activities in these programs are state-focused.

The programs focused on *Health Reform Policy* include:

- **The Commonwealth Fund Commission on a High Performance Health System**, which has been in operation since 2005 and aims to contribute to the development of policy solutions to:
 - bend the health care cost curve;
 - spread high-performing accountable and coordinated health systems;
 - work toward universal health insurance coverage and comprehensive, affordable coverage for families and employers—advanced by the **Affordable Health Insurance** program;
 - enhance meaningful choice among community-oriented health plans;
 - restructure and sustain safety-net health systems;
 - through the **Payment and System Reform** program, support the development and assessment of payment innovation pilots and demonstrations, with a priority on multipayer initiatives; and align private sector and public program payment methods and rates.
- Through the **Federal Health Policy** program, the Fund sponsors briefings and dialogues for members of Congress and congressional and administration staff. The **State Health Policy and Practices** program further enhances the foundation's role of convening, promoting exchange, and disseminating information on health reform policy—at the federal, state, and sometimes regional levels.
- The **Health System Performance** program produces unique national and state scorecards on health system performance and is currently helping to develop local performance scorecards as well as a long-term care scorecard. The program also undertakes local market analysis of health insurers and providers and contributes to the Fund's other Web site, WhyNotTheBest.org, which offers easy access to data on hospitals and, eventually, will have data on accountable and coordinated care systems, primary care practices, and community health centers. As the 2010 Affordable Care Act takes effect, a program objective will be assessing delivery system change and the determinants of system performance. This work includes surveys tracking payment innovation, adoption of information technology, and trends in the organization of care, as well as national and international surveys tracking coverage, access, quality, and efficiency.

- The **International Health Policy and Innovation** program convenes policy officials and experts to learn from international innovations in the field. The program's activities include the following: an annual international symposium attended by health ministers and top policy officials from the industrialized world; annual multinational health care surveys; and the **Harkness Fellowships in Health Care Policy and Practice** program, in which Australia, Canada, Germany, the Netherlands, New Zealand, Norway, Switzerland, and the United Kingdom participate. In addition, program staff and grantees produce a variety of publications, including issue briefs and case studies focused on innovative policies and practices identified through cross-national learning. Visitors to the Fund's International Health Policy Center, on www.commonwealthfund.org, can access a trove of international comparative data and analysis.
- The Fund's **Communications** program employs a variety of strategies—utilizing print, broadcast, online, and social media—to bring information on health reform and health system transformation to the attention of critical stakeholder groups, including policy officials and leaders in health care delivery. Recently, the Fund launched a new publications series analyzing the likely impact of health reform on key population groups and the health care delivery system, as well as a new media fellowship program, conducted by the Association of Health Care Journalists, to encourage in-depth reporting on issues related to health system performance and change.

MEASURING PROGRESS TOWARD A HIGH PERFORMANCE HEALTH SYSTEM

With the encouragement of its board, The Commonwealth Fund has identified measures that already exist or can be developed to track progress in achieving the objective of a high performance health system. These include evidence of the following:

- universal access to affordable, comprehensive insurance coverage;
- greater adoption of primary care medical homes as the standard of patient care;
- more patients receiving primary, acute, post-acute, and long-term care at benchmark-quality levels, and better coordination of these services across care settings;
- a greater proportion of physicians providing care in high-performing health systems, and a greater proportion of patients served by high-performing health systems;
- payment incentives that are aligned across payers and providers to enable and reward high-quality, coordinated care, and greater alignment of payment across public and private providers;
- health care spending growing at a rate equal to or below that of the gross domestic product (GDP) plus one percentage point;
- greater equity in access to high-quality care among population groups, and a narrowing of disparities in health and health care outcomes;
- a substantial and growing body of evidence for what constitutes and yields high performance, both within and across care settings; and

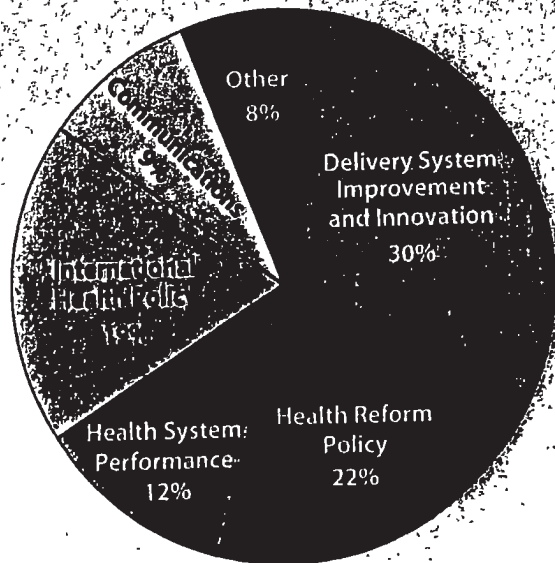
- effective leadership at the state and national levels, as well as collaboration among health system stakeholders, to achieve high performance health care.

RESOURCES AND THEIR MANAGEMENT

Over the five-year period 2010–15, the Fund expects to spend \$146.6 million, strategically allocated across programs, toward implementing strategies and achieving goals—subject to the availability of funds from the foundation’s endowment. The Fund’s human resources are as important as its financial ones. They include highly productive professional staff based in the Fund’s New York City headquarters and in its Washington, D.C., and Boston offices—as well as an outstanding constellation of advisors, including members of the Commission on a High Performance Health System, principal investigators on Fund grants, and members of the Fund’s own Board of Directors.

Reflecting the foundation’s value-added approach to grantmaking, approximately 37 percent of the total budget is devoted to intramural units engaged in research and program development, collaborations with grantees, and dissemination of program results to policymakers, health care leaders, researchers, and other influential audiences. The portion of the foundation’s total budget devoted to administration is 5 percent.

Exhibit 4: In the 2010–15 Five-Year Extramural Program Budget, Funds Are Allocated Across Programs Strategically, and All Programs Will Contribute to the Pursuit of the Five Strategies

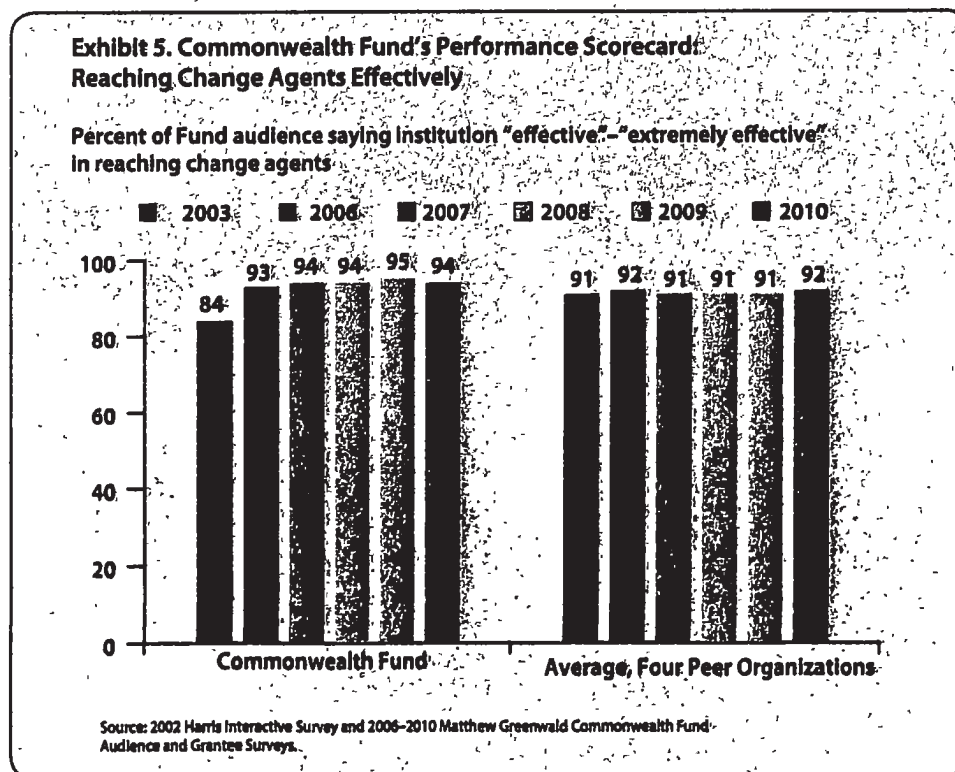


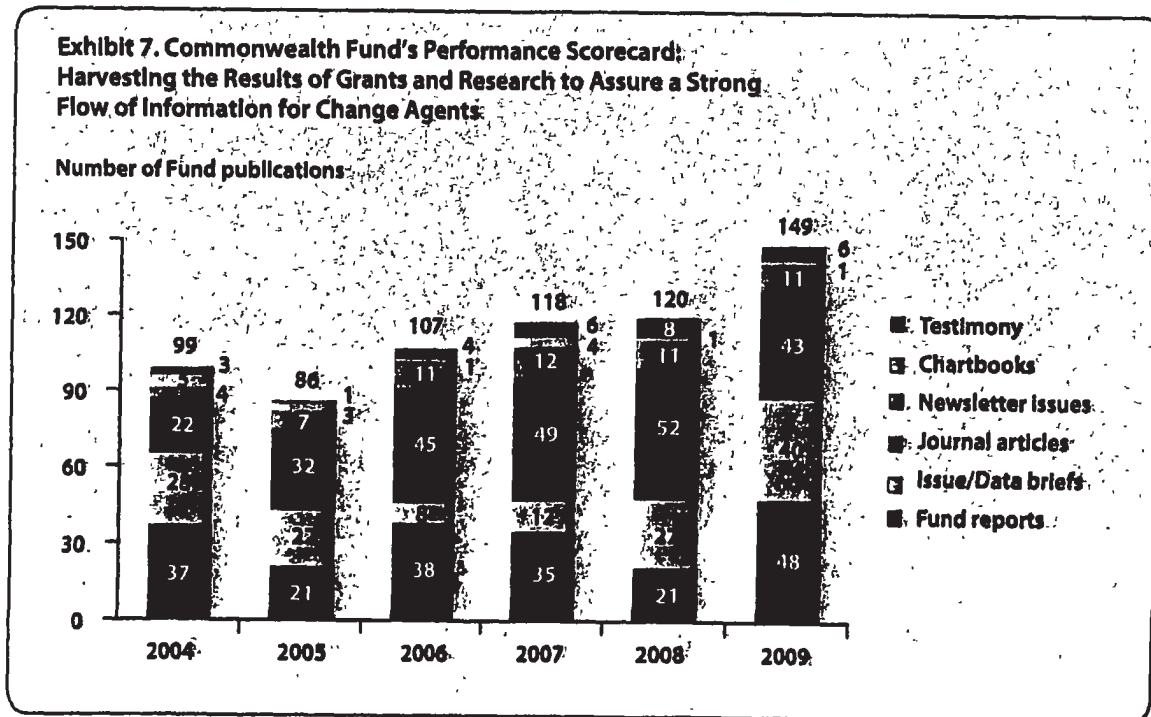
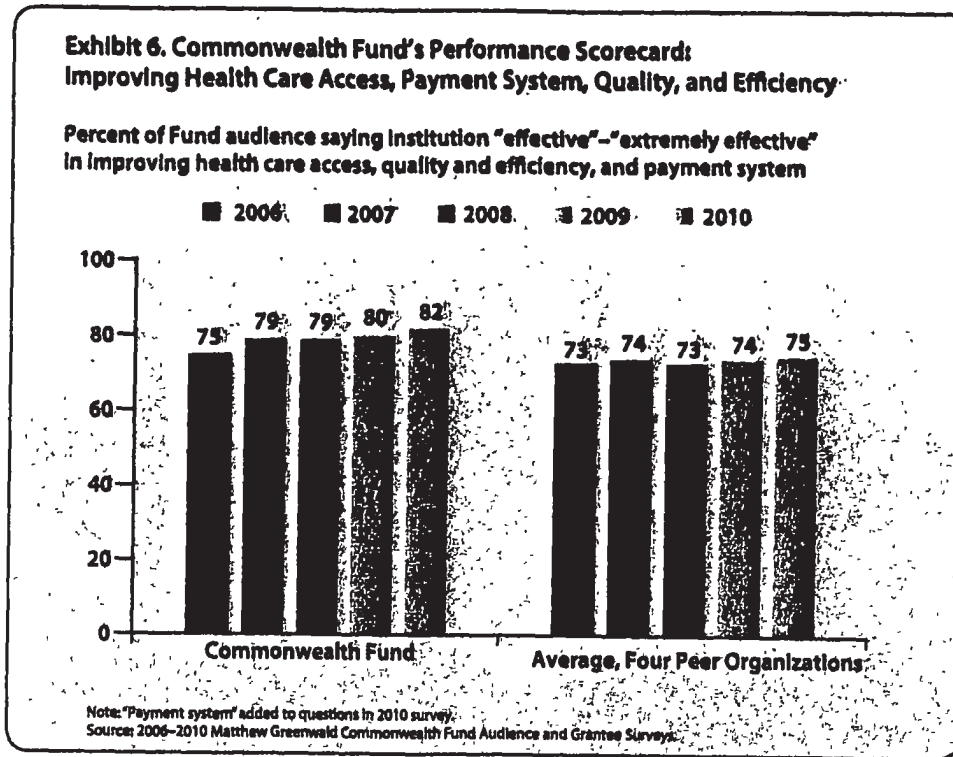
THE FOUNDATION'S PERFORMANCE

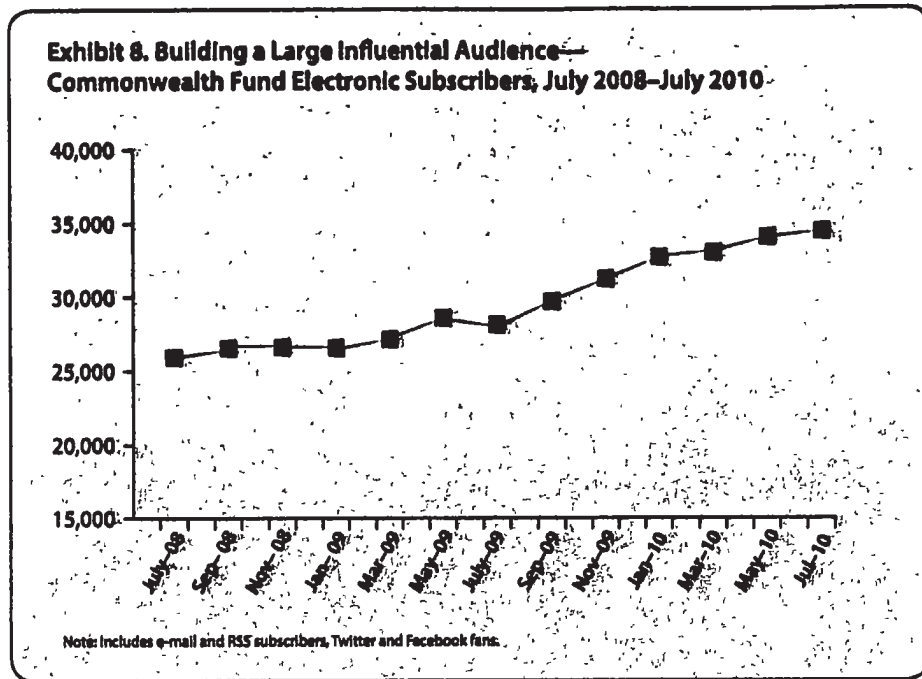
The Commonwealth Fund is one of only a handful of foundations that use a performance scorecard to provide their boards with a comprehensive annual assessment of the institution's overall performance and a means to spot weaknesses needing attention. The Fund's scorecard has 23 metrics, covering four dimensions: financial performance, audience impact, effectiveness of internal processes, and organizational capacities for learning and growth.

To help ensure a continued record of success and institutional vitality, the scorecard includes the objective of launching each year at least four new strategic initiatives that spur the foundation to take on new goals and strategies. The "stretch initiatives" for 2009–10 were as follows:

- assist the new administration and Congress in developing viable and effective health care reforms;
- expand the International Program in Health Policy and Innovation to additional European countries;
- partner with the National Business Coalition on Health on an electronic newsletter to aid employers committed to improving health care for their workforces;
- develop the capacity to estimate how payment reforms, including those involving the Medicare program, are likely to affect patients and the providers that serve them; and
- develop a strategy to assist states in advancing high performance health care.







The Fund has made good progress on the first four of these initiatives. In pursuit of the last objective, the foundation will continue to avail itself of opportunities to help states undertake needed health care reforms:

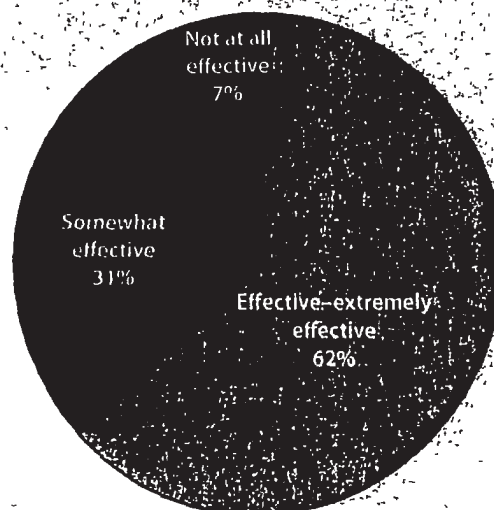
The Fund aims to be a learning organization, and consequently places a high value on assessments of its own performance. Each year, the Board of Directors commissions a thorough review of a major Fund program, with the goal of assessing its performance to date and drawing lessons to inform its future direction. In 2009–10, the Fund’s Commission on a High Performance Health System was examined by Sheila Burke of Harvard University’s Kennedy School of Government, Donald Berwick, M.D., former president of the Institute for Healthcare Improvement and current administrator of the Centers for Medicare and Medicaid Services, and journalist T.R. Reid.

The reviewers’ overall conclusion was that the “Commission should continue to exist for a term of several years.” Based on extensive interviews with health policy leaders, health system leaders, researchers, and journalists, they determined that “the information and analyses coming from the Commission process . . . provide American health care with an ongoing stream of publications and products that many influential leaders in American health care regard as valuable and unique.” Findings of the review, highlights from which are listed below, were embraced by the Fund’s Board in renewing the Commission’s mandate for at least another three years.

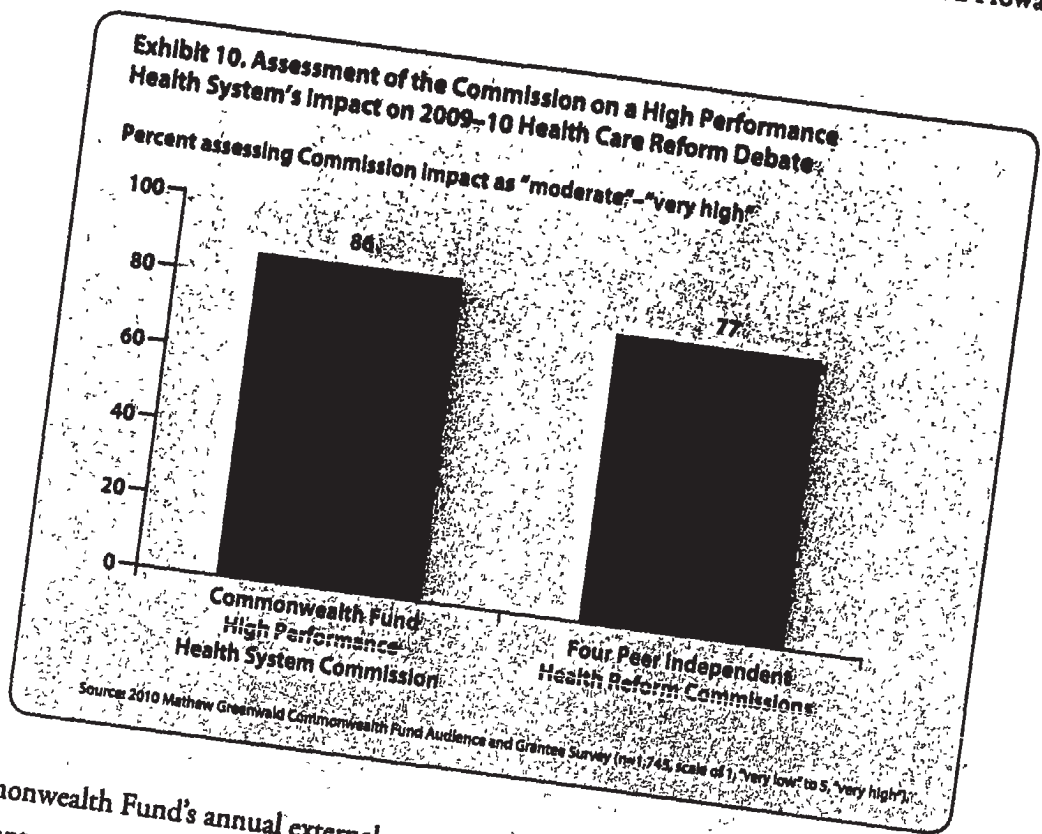
- Almost all respondents were familiar with The Commonwealth Fund as an important asset in American health care, supplying copious information and analyses directly pertinent to the improvement of care, the reduction of cost, and the shape of health care reform.

- Respondents viewed the Fund as especially strong in providing data, interpretive information, and policy guidance with respect to disparities, international comparisons, and possible options for reducing the increasing costs of health care.
- Overall, respondents most commonly mentioned the international comparative surveys and related reports from the Fund as the single most visible and helpful contribution. Close on its heels were the state report cards and a number of policy papers, especially *Bending the Curve: Options for Achieving Savings and Improving Value in U.S. Health Spending*.
- Health care executives repeatedly mentioned internal use of the Fund's performance reports to stimulate interest among their clinicians and staff in improving clinical care quality and efficiency. Health care journalists uniformly seemed to consider Fund data to be the gold standard for comparative analysis.
- Health care executives, managers, association leaders, and academicians stressed the usefulness of the Fund's reports in their own speaking and teaching, both within and outside their organizations. Several commented on the ease with which Fund products—especially charts and graphs—could be downloaded and used.
- 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, in specifically highlighting the importance of the Fund's international work, noted it was critical to the debate to point out that while the U.S. had much to be proud of, we spend twice what other advanced countries spend per capita, and much could be done to improve access and quality.

Exhibit 9. Effectiveness of Commission on a High Performance Health System in Bringing About Improvements in Health Care Payment and Delivery Systems



These findings were supported by those of the Fund's own 2010 Audience and Grantee Survey and by confidential interviews with members of Congress or their staff conducted by Edward Howard of the Alliance for Health Reform.



The Commonwealth Fund's annual external program reviews, annual reports to the Board on the performance of all grants completed during the year, annual audience and grantee surveys, annual confidential surveys of Fund Board members, and periodic surveys of Fund staff—all of which contribute to the Fund's own annual performance scorecard—help to ensure a high level of accountability and institutional learning.

Fund Staff's Publications, Public Speaking, Convening, and Board/Advisory Group Service Activities in 2009-10

	Number in 2009-10
Peer-reviewed journal articles published	10
Fund, other articles published	56
Congressional testimony	3
High level meetings organized	30
"New media" events organized (Webinars, E-forums, Podcasts, Videos)	10
External presentations	153
Media interviews	268
Membership on boards, advisory groups	67

**Publications and Presentations Resulting from Completed Grants
July 2009-June 2010**

	Fund Pubs.	Peer-Reviewed Pubs.	Books/Book Chapters	Other Pubs.	Congress./State Testimony	Meetings/Other Presentations	"New Media" (electronic) forums
Board-level projects	81	127	6	114	8	394	79
SGF projects	25	38	1	32	0	74	4
Total	106	167	7	146	8	468	83



Patient-Centered Coordinated Care

PATIENT-CENTERED COORDINATED CARE

Program Goals

In support of The Commonwealth Fund's efforts to promote delivery system improvement and innovation, the Program on Patient-Centered Coordinated Care sponsors activities aimed at improving the quality of primary health care in the United States, including efforts to make care more centered around the needs and preferences of patient and family. To achieve this mission, the program makes grants to:

- promote the collection and dissemination of information on patient-centered primary care, including patients' health care experience and physician office systems and practices associated with superior care experience, to facilitate quality improvement and strengthen primary care;
- facilitate the adoption of practices, models, and tools that can help primary care practices become more patient-centered and coordinate more closely with hospitals, specialists, and other public and private health care providers in their communities;



The program is led by Vice President
Melinda K. Abrams, M.S.

Cover: One of the goals of The Commonwealth Fund is to facilitate the adoption of practices, models, and tools that can help primary care practices coordinate their care more closely with hospitals, specialists, and other health care providers in their communities. Shown here are a nurse and patient at the Revere Family Health Center, a clinic in Revere, Massachusetts, that is striving to become a patient-centered medical home with the help of Qualls Health, a Seattle-based quality improvement organization that is leading the Fund's Safety-Net Medical Home Initiative.

Photo: Michael Malyszko



- inform the development of policies to encourage patient- and family-centered care in medical homes; and
- raise the performance of community health systems for vulnerable populations.

The Issues

As defined by the Institute of Medicine, patient-centered care is “health care that establishes a partnership among practitioners, patients, and their families . . . to ensure that decisions respect patients’ needs and preferences, and that patients have the education and support they need to make decisions and participate in their own care.”

There is substantial evidence that health systems built upon a strong foundation of primary health care deliver higher-quality care overall, and at lower costs and with greater equity. Research also shows that patient-centered primary care is best delivered in a medical home—a primary care practice or health center that partners with its patients in providing enhanced access to clinicians, coordinating health care services, and engaging in continuous quality improvement.

Recent Projects

Testing and Evaluating the Patient-Centered Medical Home

In April 2008, The Commonwealth Fund launched the five-year Safety Net Medical Home Initiative to support the transformation of primary care clinics serving low-income and uninsured patients into patient-centered medical homes. Led by Jonathan Sugarman, M.D., president and CEO of Qualis Health, a nonprofit quality improvement organization based in Seattle, and Ed Wagner, M.D., of the MacColl Institute for Healthcare Innovation, the initiative involves 65 clinics in five states—Colorado, Idaho, Massachusetts, Oregon, and Pennsylvania. The Qualis/MacColl team is providing technical assistance to local quality improvement organizations in the participating states that, in turn, are helping the clinics achieve benchmark levels of performance in quality and efficiency, patient experience, and clinical staff experience. Eight foundations have joined the Fund in support of the initiative (see table).

Under another Fund grant, Marshall Chin, M.D., and a team of researchers at the University of Chicago are evaluating whether the clinics participating in the effort do, in fact, become medical homes, how medical homes affect quality and efficiency, and what factors are associated with a clinic’s successful implementation of this care model. The evaluation of the Qualis initiative is one of eight medical home evaluations that the Fund is supporting (see table). Using a variety of methods, the research teams are looking into whether participating primary care sites are able to make the changes necessary to function as medical homes, and to what extent sites receiving technical assistance and a revised reimbursement structure improve their performance on measures of quality, efficiency, patient experience, and clinician or staff satisfaction.

With such a large number of medical home pilots and evaluations, the Fund established the Patient-Centered Medical Home Evaluators’ Collaborative, cochaired by Meredith Rosenthal, Ph.D., and Melinda Abrams, to align evaluation methods, share best practices, and exchange information on ways to improve evaluation designs. A key objective of the collaborative is to reach consensus on a standard, core set of outcome measures in each of the key areas under investigation, such as efficiency, clinical quality, and patient experience. In August 2010, Rosenthal and colleagues published an article in *Medical Care Research and Review* with their recommendations on how best to measure changes in efficiency in medical home evaluations.

Building Capacity for Delivering Patient-Centered Coordinated Care

The Commonwealth Fund also is supporting efforts to improve the process by which primary care practices gain recognition as medical homes. In 2006, the Fund supported the National Committee for Quality Assurance (NCQA) in its work with the nation’s leading primary care specialty societies to develop criteria for assessing and recognizing practices as patient-centered medical homes. Since the standards were released in 2008, more than 5,000 physicians in 1,000 practices have been recognized as patient-centered medical homes. Under a subsequent grant, Sarah Scholle, Dr.PH., and her colleagues at NCQA are developing and testing additional criteria for recognition based on patients’ experience, including the quality of patient–clinician communication, patient self-management, and care coordination. The new medical home standards will be released in January 2011.

Commonwealth Fund-Supported Evaluations of Medical Home Initiatives

	Emblem Health New York	Rhode Island	Safety Net Medical Home Initiative CO, ID, MA, OR, PA	New Orleans	Colorado; Ohio	Mid-Hudson Valley	Primary Care Global Fee Model Albany, N.Y.; Massachusetts	Pennsylvania Chronic Care Initiative
Number of practices	19	5	65	25	22-30	70	5	164
Number of physicians	71	28	492	150	100	1,200	37	800
Number of patients	28,000	27,000	554,570	103,000	60,000	1,000,000	62,500	625,000
Number of participating payers offering incentives	1	4	0	1	Colorado: 7 Ohio: 3	6	6	11/12
Medicaid participating as a payer?	Yes	Yes	No	No	Colorado: Yes Ohio: No	Yes	Yes	Yes
Safety-net clinics included?	Yes	Yes	Yes	Yes	Colorado: Yes Ohio: No	Yes	Yes	No
Payment model	Monthly, per-patient care management fee; fee-for-service; pay-for-performance.	Monthly per-patient care management fee and fee-for-service.	N/A	Bi-yearly grant award if access improves; pay-for-performance.	Monthly, per-patient care management fee; fee-for-service; pay-for-performance.	Annual pay-for-performance bonus only.	Risk-adjusted, comprehensive annual primary care fee.	2 different per-member, per-month management fee models; shared-savings model; and modest one-time grants to practices.
Distinguishing characteristics	Randomized controlled trial. Financial bonus incorporates performance on patient experience surveys.	Multiple payers cover 67% of enrollees in state. State Medicaid (fee-for-service and managed care) is participating.	Fund's demonstration project. Exclusively safety-net clinics. Largest national safety-net initiative.	Part of health care recovery effort, post-Hurricane Katrina. Only safety-net clinics participating.	Multistate project. Several national health insurers working together to test new payment.	1 million enrollees. Assessing incremental effects of EHRs, pay-for-performance, medical home.	Unique payment model. High-performing practices participating.	Most extensive multipayer medical home demonstration program in the nation. Will compare results with CO, RI, and OH.
Principal investigator	Judith Fifield/University of Connecticut	Meredith Rosenthal/Harvard University	Marshall Chin/University of Chicago	Diane Rittenhouse/University of California, San Francisco	Meredith Rosenthal/Harvard University	Lisa Kern/Cornell University	David Bates/Brighton and Women's Hospital	Mark Friedberg/RAND Corporation
Cofunding	Emblem Health paying for all data collection.	Participating payers supporting most data collection costs.	Eight cofunders: Colorado Health Foundation, Jewish Healthcare Foundation (Pittsburgh), Northwest Health Foundation (Portland, Ore.), Partners HealthCare (Boston), Blue Cross Blue Shield of Massachusetts Foundation, Blue Cross of Idaho, Boston Foundation, Beth Israel Deaconess Medical Center (Boston).	Federal grant supporting some data collection.	Colorado Trust	Grants from New York State Health Department (\$1.9 million) supporting data collection, data aggregation, some personnel costs.	None	Cofunding expected from the Jewish Healthcare Foundation.

Access to primary care after regular physician office hours—on evenings, weekends, or holidays—is one of the defining features of a medical home. Although evidence shows that having access to after-hours care is associated with lower emergency department use and fewer unnecessary hospitalizations, only 29 percent of U.S. primary care physicians have arrangements for providing their patients with after-hours care. Ann S. O'Malley, M.D., of the Center for Studying Health System Change (HSC) is preparing case studies of primary care sites that either directly provide effective, efficient after-hours primary care or arrange the provision of such care with a patient's usual provider. Her research team is focusing on policies and practice characteristics that could facilitate replication of effective models. Another HSC team, led by Emily Carrier, M.D., is exploring how independent primary care practices develop and implement agreements with specialists, hospitals, and nursing homes to coordinate care for the patients they share. The findings could benefit accountable care organizations and bundled-payment systems that rely on well-coordinated care.

Improving Policy and Financing to Promote Patient-Centered Care

Thirty-seven states are developing patient-centered medical home programs for enrollees in Medicaid and the Children's Health Insurance Program. With Fund support, Neva Kaye and Mary Takach of the National Academy for State Health Policy (NASHP) are working with state Medicaid officials to assess options for helping primary care sites obtain recognition as medical homes, reimbursement and financing, and assistance with office redesign, as well as evaluating progress made by these sites. In 2008, NASHP provided technical assistance to Medicaid and state officials from Colorado, Idaho, Louisiana, Minnesota, Oklahoma, Oregon, New Hampshire, and Washington. Eight new states were selected in 2009—Alabama, Iowa, Kansas, Maryland, Montana, Nebraska, Texas, and Virginia—to receive assistance on making the policy improvements necessary to implement medical homes for low-income beneficiaries. For more information about states' efforts to promote medical homes, use this interactive medical home map, or download this 2009 Commonwealth Fund/NASHP report.

To identify the most effective way to reimburse primary care providers who attain high performance, the Pennsylvania Chronic Care Initiative—the most extensive multipayer medical home demonstration program in the nation—is testing four different models for financially rewarding primary care sites that function as patient-centered medical homes. A Fund-supported team of RAND and Harvard University researchers headed by Mark W. Friedberg, M.D., is assessing the differential impact of these payment approaches—which range from per-member per-month care management fees to shared savings—on health care utilization, efficiency, cost, and quality of care.

In an article in *Health Affairs*, Katie Merrell of Social and Scientific Systems and Robert Berenson, M.D., of the Urban Institute examined the strengths and weaknesses of four medical home payment approaches: enhanced fee-for-service payments; the addition of codes for medical home activities within fee-for-service payments; per-patient-per-month medical home payments that augment fee-for-service; and comprehensive, risk-adjusted per-patient-per-month payments. The authors conclude that while there is no single best way to structure medical home payments, the many ongoing medical home evaluations will help policymakers understand the impact of different approaches.

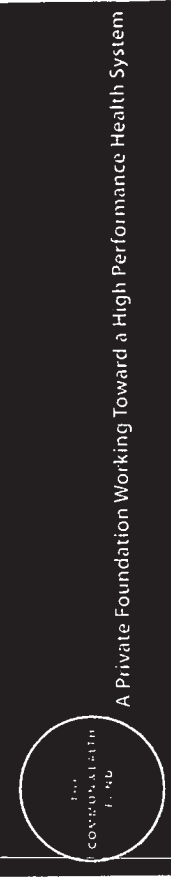
Future Directions

The Affordable Care Act includes multiple provisions intended to strengthen primary care. To ensure successful implementation of health care delivery reform, the Fund's Patient-Centered Coordinated Care program will support projects in a number of areas:

- *Making a medical home successful.* Analyses will determine which medical home components are most highly associated with improvements in health care quality and efficiency. Additional research will examine effective ways to streamline and standardize implementation of medical homes in primary care sites.
- *Resource-sharing.* Because most smaller, independent primary care practices have difficulty offering the entire range of medical home services, many experts have proposed that groups of practices band together to share resources and personnel. The Fund will support projects to identify and analyze various models for sharing resources to help smaller practices function as medical homes.

- *Policy implementation.* The Affordable Care Act includes a number of provisions intended to reestablish primary care as the foundation of health care delivery in the United States. A Fund priority will be to share early lessons from the field with local, state, and federal policymakers to help them advance primary care and take full advantage of opportunities in the health reform law.
- *Improving care coordination.* Fund-supported work will help identify and assess promising models for improving information-sharing among primary care clinicians and specialists, hospitals, and other providers in both safety-net and commercial settings.
- *Community health systems for vulnerable populations.* Nearly 20 percent of the U.S. population relies on publicly funded health care provided by private practices and safety-net providers, including clinics, public and nonprofit hospitals, and local health departments. Many of these providers are struggling to sustain their operation while ensuring access to high-quality care. The Fund's new initiative on community health systems for vulnerable populations addresses these issues by promoting greater organization and integration among these safety-net providers. Efforts are likely to focus on: promoting resource-sharing among safety-net providers to improve clinical care and practice efficiency; consolidating and integrating safety-net providers into community-oriented care organizations; and advancing the ability of these providers to participate in health reform activities.

To apply for a grant from The Commonwealth Fund's
**Patient-Centered
 Coordinated Care program,**
 visit ApplicantandGranteeResources.org.



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HEALTH SYSTEM QUALITY AND EFFICIENCY

Program Goals

The Program on Health System Quality and Efficiency is a key part of The Commonwealth Fund's focus on delivery system improvement and innovation. The program's mission is to improve the quality and efficiency of health care in the United States, with special emphasis on fostering greater coordination and accountability among all entities involved in the delivery of health care.

The program is rooted in a model of change whereby improvements are most likely to occur when the need for change is understood, measured, and publicly recognized; when providers have the capacity to initiate and sustain change; and when appropriate incentives are in place. To that end, the program supports projects that:

- assess the capacity of organizations to provide coordinated and efficient population-based care, and help expand that capacity where necessary;



The program is led by Vice President
Anne-Marie J. Audet, M.D.

Cover: Evidence is emerging that several new technologies, including remote patient monitoring devices, can significantly reduce the need for hospital readmissions and lower costs. One of the goals of the Program on Health System Quality and Efficiency is to generate information that will help providers and policymakers identify the best ways to incorporate these technologies into care redesign efforts, decide what to invest in, and implement the tools systemwide to reap their full benefit. Above, a Centura Health at Home staff member shows a patient how she can communicate with her caregivers any time of day by using a laptop and webcam.

Photo: Centura Health at Home

Health System
Quality and Efficiency



- foster the development and widespread adoption of standard measures for benchmarking the performance of health care organizations over time; and
- promote the use of incentives for improving quality and efficiency in health care.

The Issues

The quality and efficiency of American health care is not what it should be. While the basic skill and dedication of the nation's health care providers is not in question, there are nonetheless ample opportunities for improvement in quality, safety, coordination, and patient-centeredness throughout the health care system.

According to The Commonwealth Fund's 2008 National Scorecard on U.S. Health System Performance, up to 101,000 deaths could be prevented each year if the United States were able to raise standards of care to the benchmark levels achieved by the top-performing countries. The relatively poor performance of the U.S. health system, coupled with the nation's standing as the biggest spender on health care in the world, also suggests it is a highly inefficient one. Supporting efforts to increase the value obtained from our health care dollars is one of the Fund's chief goals.

Recent Projects

Redesigning Care for High Performance

Hospitalizations consume nearly one-third of the \$2 trillion spent on health care in the United States. Many of these are readmissions for conditions that could have been prevented had proper discharge planning, education, and post-discharge support been provided for patients.

In May 2009, the Institute for Healthcare Improvement (IHI), with Commonwealth Fund support, initiated the first phase of the State Action on Avoidable Rehospitalizations (STAAR), a multipronged effort to help hospitals improve their processes for transitioning discharged patients to other care settings. In addition to helping hospitals and other providers improve post-discharge support, multidisciplinary disease management, and patient education, STAAR is assisting state policymakers and other stakeholders in implementing systemic changes to sustain these improvements. These changes might take the form of requiring payers to track and report readmission rates, or trying out new

provider payment models that reward the coordination of patient services across the care continuum. Under the direction of IHI staff, the initiative has been launched in three states—Massachusetts, Michigan, and Washington.

A concurrent Fund-supported evaluation of STAAR by Pennsylvania State University's Dennis Scanlon, Ph.D., is assessing how well the interventions succeed in reducing hospital readmission rates. The results should hold interest for the Medicare program and other public and provider payers for whom reducing hospitalizations is a priority.

To help hospital leaders get started on a plan for reducing readmissions, a team of experts at the Health Research and Educational Trust (HRET) of the American Hospital Association produced the Health Care Leader Action Guide to Reduce Avoidable Readmissions. This easy-to-use resource outlines strategies that have been proven successful in reducing unplanned readmissions and helps hospitals estimate the level of effort required for them to implement the strategies. The guide was produced with support from both the John A. Hartford Foundation and The Commonwealth Fund.

Another major source of health care spending is the care provided to patients with chronic health conditions. Fund grantees Greg Pawlson, M.D., of the National Committee for Quality Assurance and Robert Berenson, M.D., of the Urban Institute conducted a survey of 31 health plans' organizational characteristics and activities to see how resource use in diabetes care corresponds with patient outcomes. Their findings, published in an article in the *American Journal of Medical Quality*, show that variation in the level of resources used to care for patients varied considerably more—by as much as three to five times—than the quality of care delivered. The findings suggest that efforts to make health care delivery more efficient do not require sacrificing the quality of patient care.

Meeting and Raising Benchmarks for Quality

At the end of 2008, the Fund launched a new benchmarking and quality improvement resource, the Web site *WhyNotTheBest.org*, which enables health care professionals to compare their organization's performance against a range of benchmarks and access case studies and improvement tools. This unique resource has since developed a wide following. Nearly 7,500 registrants—hospital executives, quality improvement professionals, medical directors, and others—now use the site to search for hospitals by name, region, and various

characteristics, choose from an array of performance benchmarks, and save reports for future visits. Here are just some of the performance data to be found on WhyNotTheBest.org:

- measures developed by the Hospital Quality Alliance to report how often hospitals follow recommended care processes for heart attack, heart failure, pneumonia, and surgical care improvement;
- findings from the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), which surveys recently discharged patients about important aspects of their hospital experience;
- Medicare data on heart attack, heart failure, and pneumonia patients who were readmitted to the hospital within 30 days of discharge, as well as risk-adjusted, 30-day mortality for these three conditions; and
- standardized rates for central line–associated bloodstream infections, an often deadly hospital-acquired complication.

WhyNotTheBest.org also has 38 case studies of high-performing hospitals and integrated delivery systems and 58 improvement tools. Site enhancements over the next year will add key measures obtained from new state all-patient data sources; these will include measures of prevention (e.g., follow-up for abnormal mammograms), measures related to safety (e.g., prevalence of deep-vein thrombosis), as well as sophisticated “maps” that provide a compelling overview of performance.

Assessing Providers’ Capacity to Improve Care

For the nation’s health care providers to attain performance benchmarks like those reported on WhyNotTheBest.org, they must have the capacity—the knowledge, infrastructure, and incentives—to do so. The first National Survey of Physician Organizations, conducted in 2000, found that most group practices were not taking advantage of evidence-based care management processes shown to improve treatment of patients with chronic illnesses—and that the lack of payment incentives and health information technology were partly to blame.

In 2006, Stephen Shortell, Ph.D., and his colleagues at the University of California, Berkeley, conducted in 2006 the second round of the survey to assess progress made in chronic disease management. Results from the Commonwealth Fund–supported study, which was supported by the Fund and the Robert Wood Johnson Foundation, indicate

that between 2000 and 2006, the use of 17 chronic disease management processes—disease registries, patient reminders and other attributes associated with the medical home model of care—increased by 23 percent. Practices that participated in quality improvement activities and received financial rewards linked to quality were among those achieving the greatest increase in use. The study produced a number of peer-reviewed papers, including a September 2008 *Health Affairs* article.

Hospitals also need to make quality improvement a more integral component of their culture. A Fund-supported study led by Alan B. Cohen, Sc.D., of Boston University and colleagues surveyed top quality officers at 470 U.S. hospitals in 2006 to examine the extent to which hospitals are embracing the principles and methods of quality improvement, or QI. Cohen and his colleagues found that hospital executives, managers, and nurses are far more engaged in QI activities than physicians—a finding consistent with studies citing the lack of doctors’ involvement in quality-focused activities as a barrier to improvement. Case studies of selected hospitals will shed light on what factors are driving variations in quality.

Disseminating Best Practices and Innovative Models

Accounting for more than half of all hospital admissions in the U.S., large multihospital systems play an important role in strengthening the quality and safety of patient care. With Fund support, a team led by HRET president and American Hospital Association senior vice president Maulik Joshi, Dr.P.H., identified the characteristics and practices of high-performing hospital systems and developed recommendations to help underperforming systems make necessary changes. The resulting publication, *A Guide to Achieving High Performance in Multi-Hospital Health Systems*, provides system leaders with nearly 20 best practices in four crucial areas: establishing a strategic plan, creating alignment between goals and incentives, leveraging data and measurement, and standardizing and spreading best practices across all member hospitals.

Conducting case studies of high-performing provider organizations is another way to educate health care stakeholders about best practices for managing chronic diseases, reducing hospitalizations, increasing patient satisfaction, and achieving other important performance goals. In addition to the case studies available on WhyNotTheBest.org, the Fund also has made available a series on organized delivery systems across the U.S. In a report synthesizing findings from the cases, Douglas McCarthy and colleagues explore

the attributes common to many of the standout organizations examined, including information continuity, a high level of patient engagement, an emphasis on coordinated care, team-oriented care delivery, continuous innovation and learning, and convenient access to care.

The Fund is also sponsoring two evaluations focusing on best practices in health care delivery. The first evaluation, led by Geoffrey Lamb, M.D., will examine the Wisconsin Collaborative for Healthcare Quality, one of the U.S. Department of Health and Human Services' designated Chartered Value Exchange Networks and a leader in public reporting and sharing of best practices. The other will study shared decision-making in primary care and specialty clinics that belong to the Group Health Cooperative's network in Washington State. Headed by David Arterburn, M.D., M.P.H., the project will assess the effectiveness of 12 patient-decision aids on the use of elective surgical procedures, total health care utilization, and total costs.

Future Directions

As the nation moves toward health care delivery systems that are accountable for the outcomes and health care costs of an assigned patient population, The Commonwealth Fund is sponsoring important work to realize this coordinated, patient-centered, efficient model of care. With Fund support, Elliott Fisher, M.D., and colleagues at the Dartmouth Institute and the Brookings Institution developed and piloted a "starter set" of health care claims-based measures that could be used to assess quality of care as well as determine payments to accountable care organization (ACO) providers and the shared savings for which they are eligible. In the project's second phase, the team will develop and test a more advanced set of measures with pilot sites, including clinical outcomes measures and patient-reported measures of care experience and health status.

Although the Affordable Care Act encourages the establishment of ACOs, it is not clear that health care providers are ready to participate in ACOs or will be able to develop the capabilities to do so. In the first study of its kind, researchers led by HRET's Maulik Joshi, Dr.P.H., will profile U.S. hospitals and health systems for their readiness to be accountable for the continuum of patient care, including their ability to manage financial risk, receive bundled payment, and calculate and distribute shared savings to providers. Meanwhile, Catherine DesRoches, Ph.D., of

Massachusetts General Hospital will lead a longitudinal national survey to learn about the organizational settings and local health care markets in which physicians practice, care coordination processes and relationships with other providers, forms of reimbursement, and use of health information technology to provide high-quality, coordinated, and efficient care.

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Long-Term Care Quality Improvement

LONG-TERM CARE QUALITY IMPROVEMENT

Program Goals

The Picker/Commonwealth Fund Program on Long-Term Care Quality Improvement, part of the foundation's efforts in the field of delivery system improvement and innovation, aims to improve the quality of post-acute and long-term care services and supports, create linkages among them, and integrate this care with other health care services to serve patients better.

Specifically, the program seeks to:

- identify, test, and spread measures, practices, models, and tools that will lead to person-centered, high-performing long-term care services;
- build strong networks among stakeholders to create a sense of common purpose and shared interest in improving performance;
- assess, track, and compare the elements of long-term care performance at the state and national levels; and
- ensure that long-term care is incorporated into payment, health information, and delivery system reforms.



The program is led by Vice President
Mary Jane Koren, M.D., M.P.H.

Cover: The quality of services provided by nursing homes, assisted-living facilities, home health agencies, and other long-term care providers is the chief concern of The Commonwealth Fund's Program on Long-Term Care Quality Improvement. As the nation's population continues to age, access to high-quality post-acute and long-term care services and supports is critical for patients trying to get well, stay well, and remain functional.

Photo: Visiting Nurse Service of New York



The Issues

As our population ages, an increasing number of people live with multiple chronic conditions, in addition to whatever acute conditions may arise. Advancing age can also take a toll on our ability to remain independent and often compromises our capacity to manage health care needs. Access to high-quality post-acute care and long-term care services and supports is therefore critical for patients trying to get well, stay well, and remain functional—especially for older adults who live alone.

Patients and their families know this, often from personal experience. Policymakers, on the other hand, have been slow to incorporate long-term care into plans for health system redesign. With the recent enactment of the Affordable Care Act, which included the Community Living Assistance Services and Supports (CLASS) Act, that seems to be changing. The Fund's Long-Term Care Quality Improvement program is poised to support efforts to implement successfully the long-term care reforms included in these laws and to assist nursing homes and other providers that are striving to improve their performance.

Recent Projects

Advancing Excellence in America's Nursing Homes

Advancing Excellence in America's Nursing Homes is a national, public-private quality improvement campaign begun in 2006 with support from The Commonwealth Fund and the Centers for Medicare and Medicaid Services (CMS) to help nursing homes become good places to live, work, and visit. Led by a steering committee representing all major organizations that have a stake in high-quality nursing home care, the campaign is unique in encouraging the participation of not only organizational providers but also the individuals who staff facilities and the consumers they serve. To participate, nursing homes must agree to work on at least three of eight quality-related issues, such as reducing staff turnover—a problem endemic within the industry—or improving pain management, and to set performance targets as well.

The campaign's Web site, www.nhqualitycampaign.org, is central to its work, providing a necessary tool for tracking improvement and comparing the performance of participating and nonparticipating facilities; serving as an efficient conduit for bringing evidence-based practices to the attention of nursing homes across the country; and giving consumers information they need to help them get good care in a nursing home.

Owing to its success in attracting participants—there are now more than 6,600 facilities, representing over 42 percent of all U.S. nursing homes—and in achieving measurable progress in meeting quality goals, the campaign has been extended beyond the original two-year commitment. In addition to updating the resources available on the Web site, in the past year new clinical goals have been added, such as improving advance care planning and staff satisfaction, and the metrics used to assess progress on organizational goals have been better defined.

Preserving Critical-Access Nursing Homes

The Commonwealth Fund's abiding interest in reducing disparities in health care for vulnerable populations has led to heightened attention on "safety net" health care providers. While the term typically refers to hospitals and primary care clinics, Brown University's Vincent Mor, Ph.D., and others have found a trend of nursing home closures in inner-city neighborhoods that points to the need to consider nursing homes as important elements of the safety-net system. Although the care provided by nursing homes in these communities is frequently of poor quality, these facilities are often the only source of post-acute and long-term care services that is accessible to residents.

With support from the Fund and CMS, a pilot project led by Carol Benner, national director of Advancing Excellence, is attempting to stabilize "critical access" nursing homes enough to forestall their closure and improve them sufficiently to warrant continued participation in the Medicare and Medicaid programs. The states of Georgia, Illinois, Indiana, and Ohio have been selected to test whether the Advancing Excellence campaign's state coalitions—know as Local Area Networks for Excellence, or LANEs—can build and sustain learning collaboratives among these nursing homes to improve organizational function, operational efficiency, and overall service delivery.

The Pioneer Network

In the vanguard of the nursing home "culture change" movement since 1997, the Pioneer Network reaches out to providers across the country that are seeking to become truly person-centered organizations. Pioneer, with support from The Commonwealth Fund, offers nursing homes training, practical tools, and access to a community of peers. Over the past year, CEO Bonnie Kantor, Sc.D., working closely with congressional staff and other federal policymakers, opened up exciting opportunities to spread person-centered care through the inclusion of specific language in the Affordable Care Act calling for a national demonstration of culture change projects. Other sections of the new law target workforce development, a critical concern for long-term care providers; allow for more creative use of civil monetary penalty funds; and encourage inclusion of incentives within payment reform efforts for delivering person-centered care.

In the coming year, the Pioneer Network will continue to work with policymakers to maximize the potential of these provisions to promote person-centered care in long-term care settings, as well as to address providers' concerns with the new changes.

Expanding Nursing Homes' Capacity to Improve Care

Just as health information technology (HIT) can improve the coordination of patient care in primary and acute care settings, it also has the potential to improve coordination in nursing homes, which increasingly serve patients that have been discharged from the hospital but are not yet ready to return home. Preliminary findings from a Fund-supported survey led by the University of Pittsburgh's Howard Degenholtz, Ph.D., suggest that nursing homes are considerably behind other health care sectors in the adoption of HIT systems, and that use is still largely confined to administrative functions like billing or submission of required resident assessment data to CMS. To help address this lag, a recently completed evaluation of New York State's nursing home HIT demonstration, jointly conducted by three separate research teams and cosponsored by the Fund and the

state legislature, has provided policymakers and providers with many insights about the process and timing of HIT implementation, incentives and costs, factors that facilitate or impede adoption, implications for nursing home staff, and outcomes for residents. A Fund case study by Shana Lieberman Klinger and Scott White discusses the findings in detail.

Fund support also enabled a team led by Joseph Ouslander, M.D., at Florida Atlantic University to develop INTERACT-II (Interventions to Reduce Acute Care Transfers), a set of clinical tools that assist nursing home staff in the early identification, assessment, communication, and documentation of acute changes in residents' health status. The goal is to help staff safely and appropriately manage acute illnesses in the nursing home, rather than automatically transferring residents to hospitals. The toolkit has been shared with the Institute for Healthcare Improvement's State Action on Avoidable Rehospitalizations (STAAR), an initiative sponsored by the Fund.

Long-Term Care Scorecard

The Affordable Care Act and CLASS Act will greatly expand the availability of Medicaid community-based long-term services and provide states with financial incentives intended to forge a better balance between nursing home care and home- and community-based services. As states embark on this new era in long-term care, they will need the means to assess progress in expanding access to a range of affordable, high-quality long-term care services. Following on the success of the Fund's national and state health system scorecards, Susan Reinhard, R.N., Ph.D., and her team from AARP are working with Fund staff and the SCAN Foundation to develop a state performance scorecard focused on long-term care. Over the coming year, a set of long-term care performance indicators will be finalized, and state policymakers will be surveyed to supplement information obtained from publically available data sets. The scorecard will be ready for public release in the summer of 2011.

Future Directions

In addition to finalizing the Fund's new state scorecard on long-term care performance and continuing its support of the Pioneer Network to foster person-centered long-term care, the Long-Term Care Quality Improvement program is supporting a number of other projects. For example, Harvard Medical School's David Grabowski, M.D., has begun to explore the promise of telemedicine as a safe, cost-effective way to reduce hospitalizations of nursing home residents—which occur frequently and are often associated with negative health outcomes. Telemedicine allows nursing home staff to consult with off-site physicians, who can then assess residents' need for hospital care and recommend treatments that the home might be able to provide at lower cost.

Another project, meanwhile, is seeking to improve coordination of care between hospitals and home health care settings and reduce costly hospital readmissions. A team led by Penny Hollander Feldman, Ph.D., of the Visiting Nurse Service of New York will determine whether home health care agencies can effectively use the Care Transitions Measure, a brief patient questionnaire that was developed by Eric Coleman, M.D., with earlier Fund support to assess the adequacy of instructions that hospitals provide their patients prior to discharge. The study will test whether home health agencies and other post-acute care providers can use the tool to assess how well a hospital prepares patients for home care, predict the level of resources new patients will require, tailor services to patients' individual needs, and provide hospitals with feedback on their transitional care. The project team will also develop a version of the Care Transitions Measure capable of assessing how well home health care agencies prepare their patients for discharge.

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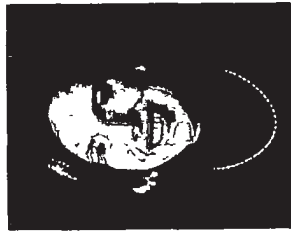


AFFORDABLE HEALTH INSURANCE

Program Goals

As part of The Commonwealth Fund's focus on health reform policy, the Program on Affordable Health Insurance envisions an equitable and efficient health insurance system that makes available to all Americans comprehensive, continuous, and affordable coverage.

- provide timely analysis of changes in private and public health insurance coverage for people under age 65 and the impact those changes will have on the number of people covered and the quality of coverage;
- document the consequences that being uninsured or underinsured has for people's health, finances, and productivity;
- inform policymakers and the media about the provisions of the Patient Protection and Affordable Care Act of 2010, including associated federal regulations as they are issued, and their implications for different groups of Americans and employers;



The program is led by Vice President
Sara R. Collins, Ph.D.

Cover: Small business owners and their employees are one of the many groups that stand to benefit from the Affordable Care Act once it is fully implemented. Over the coming months and years, The Commonwealth Fund's Program on Affordable Health Insurance will be tracking the impact of the new law's coverage provisions and identifying issues that may need to be addressed as implementation proceeds.

Photo: Roger Carr

Affordable Health Insurance



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- inform the implementation of health reform through analysis of the new law's key provisions for achieving affordable, comprehensive, and near-universal health insurance coverage; and
- analyze and develop new policy options to expand, stabilize, and improve the affordability of health insurance coverage, as well as optimize efficiency in its administration.

The Issues

The most recent Census Bureau data show that 50.7 million people lacked health insurance in 2009, an increase of 4.3 million over 2008. Moreover, in 2007 an additional 25 million nonelderly adults with health coverage had such high out-of-pocket costs relative to their income that they could be considered “underinsured”—an increase of 16 million people since 2003, according to Commonwealth Fund research. Both these trends have had serious consequences for U.S. families: an estimated 72 million adults under age 65, both with and without health care coverage, reported problems paying their medical bills in 2007, and 80 million reported a time when they did not get needed care because of the cost.

Fortunately, help is on the way. The Affordable Care Act (ACA) will in all likelihood significantly improve the affordability and comprehensiveness of nongroup health plans through new insurance market regulations, insurance exchanges, a new standard for health benefits, and sliding-scale premium and cost-sharing subsidies for families with low and moderate incomes, among other reforms. To ensure the law's effective implementation, policymakers will need information about the likely effects of the new reforms on the affordability and quality of coverage, and about aspects of the law that might require modification.

Recent Projects

Monitoring Health Insurance Reform

Beginning in 2007, The Commonwealth Fund published a series of reports on the health care reform proposals introduced in Congress, including a report examining in detail each bill's health insurance provisions. Authored by Fund staff, it provided information on the number of people who would likely gain health coverage under the proposals, the estimated insurance premium and out-of-pocket costs for families, the consequences for

employers, and the reforms' potential to stimulate price competition and lower costs. In 2008, the Fund published two reports that analyzed the health reform proposals of the presidential candidates. And in 2009–10, the Fund released a series of reports and tables comparing the provisions of the Senate and House health reform bills. After the ACA was signed into law by President Obama, the Fund released a set of timelines outlining the provisions of the new law and their expected implementation; the timelines are now part of the Fund's online interactive Health Reform Resource Center.

The Fund's Affordable Health Insurance program is now closely monitoring the implementation of the new legislation's provisions and their impact on coverage, affordability, and access to care (see Future Directions for projects).

In July 2010, the Fund released the report *Health Insurance Exchanges and the Affordable Care Act: Key Policy Issues*, by Timothy Jost, J.D., of the Washington and Lee University School of Law. The centerpiece of the new law's private health insurance reforms, state-based exchanges are expected to play a major role in the purchase and sale of health coverage once they become fully operational in 2014. Jost discusses critical issues that federal and state policymakers will need to consider to ensure the exchanges are successfully implemented. He also examines how the ACA attempts to address these issues and identifies policy options that the states and the federal government might wish to pursue.

Tracking the Uninsured and Underinsured

In an issue brief published each May since 2003, The Commonwealth Fund has documented the crisis in health insurance coverage among U.S. adults ages 19 to 29—the age group with the largest number of uninsured. In the 2010 update, *Rise of Passage: Young Adults and the Affordable Care Act of 2010*, the authors reported continuing deterioration of coverage, as the number of uninsured young adults climbed to 13.7 million in 2008, up from 10.9 million in 2000.

But the analysis also showed how the new health reform law will provide significant help to this group, which will benefit from changes enabling young men and women to remain under their parents' coverage until age 26, enroll in Medicaid if their income is at or below 133 percent of the federal poverty level, and buy subsidized private coverage through the insurance exchanges. The Fund will continue to monitor young men and women's health coverage, focusing especially on the impact of the new federal reforms and

additional measures taken by individual states to ensure health security for this vulnerable population.

Another recent Fund analysis, *Realizing Health Reform's Potential. Women and the Affordable Care Act of 2010*, concludes that health reform is likely to stabilize and reverse women's growing exposure to health care costs over the next decade. Up to 15 million adult women under age 65 could gain subsidized coverage under the law. In addition, 14.5 million women who are underinsured could benefit from provisions that improve coverage or reduce premiums. The publication is the first in a new series of Fund briefs examining the likely impact of the ACA on different groups of Americans—from young adults beginning their careers to older adults nearing retirement—as well as on employers and the health care system.

Another group of Americans for whom stable health coverage is rarely a guarantee is older adults in their 50s and 60s—those who are not yet eligible for Medicare. J. Michael McWilliams, M.D., Ph.D., and colleagues from Harvard Medical School have published several research papers in leading peer-reviewed journals on the use and costs of Medicare services; the health status of Medicare beneficiaries who were uninsured before gaining Medicare coverage at age 65; and the effects of Medicare coverage on disparities in controlling certain chronic diseases. Their most recent study, published in the *Annals of Internal Medicine* in October 2009, found that Medicare beneficiaries who were uninsured before gaining their benefits at age 65 cost the Medicare system substantially more—over \$1,000 per year—than beneficiaries who were previously insured. The findings suggest that the ACA, by making affordable insurance coverage available to uninsured adults in late-middle age, could improve health outcomes while also reducing health care use and spending in Medicare.

Assessing the Affordability of Health Coverage

Employer-provided health benefits form the backbone of health insurance coverage in America. But recent trends paint a troubling picture for many U.S. workers and their families. In a June 2009 *Health Affairs* article, Commonwealth Fund grantee Jon Gabel of the National Opinion Research Center and colleagues found that the out-of-pocket expenses of enrollees in employer-sponsored health plans grew by more than one-third between 2004 and 2007. The analysis of medical claims and health benefits survey data revealed that the percentage of people with incomes at or above 200 percent of poverty whose

expected out-of-pocket spending on premiums and medical services exceeded 10 percent of income—a measure of affordability—rose from 13 percent in 2004 to 18 percent in 2007. Those who were sicker and poorer were more often underinsured, the authors found.

Meanwhile, Commonwealth Fund researchers reported in a September 2009 issue brief that only 25 percent of workers in small firms had coverage through their own employers, compared with 74 percent of workers in large firms. Because there are few sources of affordable coverage outside the employer-based system, millions of employees in small businesses are uninsured or have inadequate health insurance.

Overall, the percentage of Americans facing a high burden of out-of-pocket health care expenses and insurance premiums continues to increase. Writing in *Health Affairs*, Fund grantee Peter J. Cunningham, Ph.D., of the Center for Studying Health System Change reported that in 2006, nearly one of five Americans—19 percent of the nonelderly population—lived in families spending more than 10 percent of before-tax income on health care, up from one of seven Americans in 2001. The study found that in all income brackets, people with private insurance experienced an increase in their health care–related financial burden between 2004 and 2006, with the greatest increase occurring among middle- and higher-income individuals. Cunningham also found substantial variation in out-of-pocket burdens across the states.

In a Fund issue brief published in 2009, Cunningham found that an alarmingly high proportion of adults with multiple chronic conditions had a high level of out-of-pocket expenses and premiums. Looking specifically at the nonelderly population, he found that for nearly 40 percent, such expenses exceeded 5 percent of their income for two consecutive years, compared with 14 percent of those who had no chronic conditions. Prescription drug spending accounted for more than half of the out-of-pocket spending by these individuals.

Examining Efficiency in Health Insurance

Administrative expenses are a major culprit in the growth of health care costs over the years. Physicians spend an average of 142 hours interacting with health insurance plans annually, at an estimated annual cost to physician practices of more than \$68,000 per physician per year, according to a Fund-supported study in *Health Affairs* led by Lawrence Casalino, M.D., Ph.D., of Weill Cornell Medical College. Meanwhile, the costs of billing

and insurance tasks in a large medical group practice consume more than \$85,000 per full-time equivalent physician, or 10 percent of operating revenue, as determined by Harold Luft, Ph.D., of the University of California, San Francisco, and colleagues in another *Health Affairs* study.

A Fund issue brief from July 2009 showed how insurance market reforms similar to those included in the new health reform law could substantially lower such costs. The Fund's Sara Collins, Ph.D., found that as much as \$265 billion could be saved over the period 2010 to 2020 if insurance companies reduced their marketing and underwriting, lowered the costs of claims administration, spent less time negotiating provider payment rates, and reduced or standardized commissions to insurance brokers.

High administrative costs are a central reason why the premiums and deductibles of health plans offered in the individual market are unaffordable for many adults. Fund researchers reported in *Failure to Protect: Why the Individual Insurance Market Is Not a Viable Option for Most U.S. Families* that between 2006 and 2009, nearly three-quarters of people who tried to buy coverage in the individual market never actually purchased a plan, either because they could not find one that fit their needs or they could afford, or because they were turned down because of a preexisting health condition—an insurance company practice now banned under health reform.

Future Directions

The Commonwealth Fund's Program on Affordable Health Insurance will monitor the impact of the Affordable Care Act on the nation's uninsured and underinsured and inform policymakers and federal officials about ways to ensure the reforms are as effective as they can be.

A number of projects are designed to inform policymakers and the public about health reform and to help ensure it accomplishes its goals. Timothy Jost, J.D., in collaboration with Mark Hall, J.D., of Wake Forest University, and Katherine Swartz, Ph.D., of the Harvard School of Public Health, will examine the creation of state insurance exchanges—which will allow individuals to shop for their health coverage—and inform state and federal officials, legislators, and regulators about ways to make them as effective as possible. The National Opinion Research Center's Jon Gabel, meanwhile, will be estimating the affordability of health plans that are offered through the exchanges, as well as the cost protection these plans provide. Gabel will also attempt to develop an efficient mechanism for taxing high-cost plans that provide rich benefits.

Using “micro-simulation modeling,” Harvard University's Jonathan Gruber, Ph.D., will analyze the cost and coverage implications of various policy options for helping states move forward on reform prior to 2014. The findings could aid the development of additional policies to provide relief for uninsured and underinsured families in the four-year period preceding full implementation of the Affordable Care Act. In addition, Gruber will gauge the level of affordability needed to achieve near-universal health coverage.

Pamela Farley Short, Ph.D., of Pennsylvania State University will estimate gaps in people's health coverage and the extent of churning in health plan enrollment over the 2004–2007 period; this research will yield baseline data for evaluating the capacity of health reform to address this problem. And Jean Hall, Ph.D., of the University of Kansas Center for Research will study the high-risk insurance pools created by the new law and offer recommendations to officials charged with their implementation.

Finally, throughout the implementation of the Affordable Care Act, The Commonwealth Fund will continue to report, through its *Realizing Health Reform's Potential* series, the law's impact on society, the economy, and the health care system.

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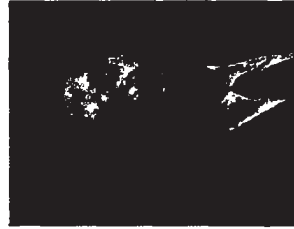
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PAYMENT AND SYSTEM REFORM

Program Goals

The Program on Payment and System Reform is a key component of The Commonwealth Fund's efforts to inform health reform policy. The program supports the analysis and development of payment policy options that include incentives to improve the effectiveness and efficiency of health care delivery while curbing growth in health spending. Activities sponsored by the program include:

- improving the existing payment structure to align incentives within payment systems and provide a base for more comprehensive payment reform;
- modeling the potential impact of alternative payment reform options in Medicare and throughout the health care system;
- using payment reform to encourage the development of new models of health care delivery that provide better, more coordinated care; and
- evaluating the potential of new health care payment and delivery models for broader application.



The program is led by Vice President
Stuart Guterman.

Cover: The Commonwealth Fund's Program on Payment and System Reform is supporting an evaluation by University of Michigan researchers to assess the impact of a physician group incentive program implemented by Blue Cross Blue Shield of Michigan to incentivize providers to take joint responsibility for their patients' care. Shown here are a doctor and patient at the Ann Arbor Family Practice, one of the participating practices.

Photo: Dwight Cendrowski

Prescription
Refills

Payment and System Reform

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The Issues

National spending on health care in the United States—which already has the most expensive health care system of any country in the world—is projected to almost double from \$2.6 trillion in 2010 to \$4.9 trillion, or 20 percent of the nation's gross domestic product, by 2020. Yet this high level of spending does not produce commensurate returns in health care access, outcomes, or value.

Critical to achieving an efficient, high-performing health system is payment reform. New approaches to paying for health care are needed so that health care providers are rewarded for providing high-value care rather than a high volume of services, and so that providers have incentives to work together to deliver more appropriate, coordinated, and effective care. In addition to its provisions for making health insurance coverage available to millions of uninsured Americans, the Affordable Care Act also establishes a foundation for identifying and developing new payment approaches. To aid this effort, policymakers will need information and analysis on the available alternatives, as well as their potential and actual impacts on health spending and quality.

Recent Projects

Developing and Evaluating New Payment Models

To compensate health care providers appropriately for the difficulty of managing the sickest and most challenging patients—and to avoid overcompensating for healthy ones—quality, cost, and other outcomes must be judged against appropriately risk-adjusted expectations that reflect the difficulty of achieving those outcomes. Under a grant to the University of Massachusetts Medical School, Arlene Ash, Ph.D., and colleagues are developing a practical and generalizable method for making risk-adjusted payments and for measuring and rewarding quality for groups of primary care providers that function as patient-centered medical homes. The project should also inform other efforts to distribute payments to groups of providers operating in a multipayer setting.

Having supported the evaluation of some of the first pay-for-performance programs in the nation, the Fund is turning to more sophisticated payment models, like the Alternative Quality Contract being implemented by Blue Cross Blue Shield of Massachusetts. Under this new system, the hospitals and physicians caring for a patient throughout the course of an illness are provided a monthly, risk-adjusted global payment that covers all services delivered; performance-based payments supplement the baseline payment. With Fund

support, Michael Chernew, Ph.D., of Harvard Medical School is assessing whether the new payment method improves the quality of patient care and controls costs.

Aligning financial incentives in health care was also the focus of a Fund-supported project led by Melanie Bella of the Center for Health Care Strategies, Inc. (CHCS). The researchers provided seven states with technical assistance in developing and implementing mechanisms to improve the alignment of conflicting incentives between Medicare and Medicaid in the treatment of “dual eligibles”—the more than 7 million Americans who are eligible for both programs owing to their costly and complex medical needs. Since the two programs were enacted in 1966, a lack of coordination between them has often hindered these individuals’ ability to access the full range of services they need. In addition to working with program staff in the seven states, the project has facilitated interaction across the states and among the relevant state and federal agencies. CHCS also produced a resource for states, Integrating Care for Dual Eligibles: An Online Toolkit, which is available on the CHCS Web site.

Modeling the Impact of New Reforms and Policy Options

Several Fund grants are modeling the potential impact of payment policy reforms. For example, Allen Dobson, Ph.D., of Dobson/DaVanzo & Associates is developing estimates of how hospital revenues in the post–health reform era could be affected by newly available payment from patients who previously had no insurance. The researchers are assessing the impact that different levels of payment have on total hospital revenues and net revenue margins for different types of hospitals across the country, and gauging the impact that alternative Medicare and Medicaid payments have on hospital margins. At the Center for Studying Health System Change, Fund support is helping a team led by James Reschovsky, Ph.D., in its effort to model the effects of proposals to change Medicare payment rates to encourage better care and slow cost growth.

The Affordable Care Act also contains several provisions designed to make private Medicare Advantage (MA) insurance plans more efficient and effective in providing Medicare beneficiaries with coordinated care. In addition to lowering reimbursement for MA plans so that per-beneficiary costs are more in line with traditional fee-for-service Medicare, it rewards plans that perform well on measures of quality and patient experience and strengthens protections for beneficiaries. Brian Biles, M.D., and his colleagues at The George Washington University’s School of Public Health and Health Services are

analyzing the impact that the new policies have on these plans and their enrollees, and using information from past experiences with the MA program to draw implications on broader issues in the context of health reform, including the impact performance-based payment has in determining enrollment patterns and the performance of private plans in managed markets.

The Urban Institute's Stephen Zuckerman, Ph.D., and colleagues are collaborating with Fund staff and the Fund's Commission on a High Performance Health System to develop policy options to complement and build upon the Affordable Care Act's provisions for increasing quality and value in health care. In updating the Fund's 2007 report *Bending the Curve*, the research team will estimate the policies' potential impact, both individually and in combination, on national health spending over the next 10 years. Payment reform, quality improvement and patient safety, insurance market efficiency, and public health and prevention are possible areas of focus.

Understanding Geographic Variation in Health Care Costs

While it is well known that Medicare utilization and spending vary from region to region of the United States, patterns of use and spending in commercial insurance markets are not as well understood. Harvard Medical School's Michael Chernew, Ph.D., is examining geographic variation in commercial spending, adjusted for price differences, and the correlation between commercial and Medicare spending across hospital referral regions. With a better understanding of the factors related to geographic variation in health care use and spending in both the public and private sectors, policymakers will be better equipped to develop policies that constrain health spending and align payment incentives across the entire health system.

To apply for a grant from The Commonwealth Fund's Payment and System Reform program,

visit Applicant and Grantee Resources.

Future Directions

In the coming year, the Program on Payment and System Reform will further develop capacity to model the potential impact of health care payment and delivery reforms, including those in the Affordable Care Act, at both the health system and provider levels. The projects it supports will also identify ways to improve the process of rapid-cycle development, testing, and implementation of payment and system improvements, with which the new Center for Medicare and Medicaid Innovation Center is charged, and evaluate local initiatives designed to restructure payment incentives and improve health care delivery. For example, University of Michigan researchers led by Christy Lemak, Ph.D., will be evaluating a physician group incentive program implemented by Blue Cross Blue Shield of Michigan, in cooperation with the Michigan State Medical Society, to incentivize providers to work together in assuming joint responsibility for their patients' care. Among other changes, the study will document the impact on utilization, costs, quality, and relationships between physicians and payers.



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COMMISSION ON A HIGH PERFORMANCE HEALTH SYSTEM

Commission Goals

In establishing the Commission on a High Performance Health System in 2005, The Commonwealth Fund's Board of Directors recognized the need for national leadership to revamp, revitalize, and retool the U.S. health care system. The Commission's 18 members, a distinguished group of experts and leaders representing every sector of health care, as well as the state and federal policy arena, the business sector, professional societies, and academia, are charged with promoting a high-performing health system that provides all Americans with affordable access to high-quality, safe care while maximizing efficiency in its delivery and administration. Of particular concern to the Commission are the most vulnerable groups in society, including low-income families, the uninsured, racial and ethnic minorities, the young and the aged, and people in poor health.

The Commission's principal accomplishments have been to highlight specific areas where health system performance falls short of what is achievable, and

Commission on a High Performance Health System

The Commission is chaired by James J. Mongan, M.D., a member of The Commonwealth Fund's Board of Directors. Fund staff members Stephen C. Schoenbaum, M.D., Cathy Schoen, and Rachel Nuzum serve as executive director, research director, and senior policy director, respectively.

Cover: Since 2005, the Commonwealth Fund Commission on a High Performance Health System has highlighted areas of health care performance that fall short of achievable benchmarks, while making the case for comprehensive reform to expand insurance coverage, access to care, and ensure more effective, efficient, and equitable care. In this photo, clinicians at Revere Family Health Center in Revere, Massachusetts, review a patient's care plan. The clinic is currently taking steps to become a patient-centered medical home.

Photo: Michael Malyszko



to recommend practical, evidence-informed strategies for transforming the system. Many of the major ideas in the Affordable Care Act—among them, new insurance market regulations, requiring everybody to have coverage, providing premium and cost-sharing subsidies to low- and moderate-income families, and payment and delivery system reforms—were advanced by the Commission through the reports and statements it has issued over the past half-decade.

The Issues

The United States provides some of the best medical care in the world, yet a growing body of evidence indicates that our health care system comes up short in comparisons with other industrialized nations. Although health spending in the U.S. is significantly higher than in other advanced countries, we are the only such country that fails to guarantee universal health insurance, and millions of our citizens lack affordable access to primary and acute care. Moreover, the care that is provided is highly variable in quality and often delivered in a poorly coordinated fashion—driving up costs and putting patients at risk.

The Affordable Care Act seeks to address these problems. Over the next several years, the Commission will dedicate itself to monitoring the law's implementation and impact, and to recommending modifications that would make the reforms more effective.

Recent Projects

Tracking Health System Performance

In its first report, *Framework for a High Performance Health System for the United States*, published in 2006, the Commission traced the critical sources of health system failures and outlined a vision of a uniquely American, high performance system. Since that initial report, the Commission has issued two national and two state-level scorecards for the U.S. health system. These reports take a broad look at how well the health care system is doing, where improvements are needed, and what examples of good care exist that could serve as models for the rest of the country. They look at specific issues: Do people have access to the health care they need? Are they getting the highest-quality care? Are we spending money and using health care resources efficiently?

The 2008 edition of *Why Not the Best? Results from the National Scorecard on U.S. Health System Performance* finds that in nearly every area of performance measured, the health system performed worse than it did in 2006, scoring just 65 out of 100 across 37 core

indicators—where 100 represents not necessarily what is ideal, but what has actually been achieved. Despite some good news in the report—for example, performance on a key measure of patient safety, hospital-standardized mortality ratios, saw significant improvement—the U.S. health system continues to operate far below the performance of leading nations, delivery systems, states, and regions.

The State Scorecard, first published in 2007, offers a metric for evaluating individual states' health care systems on access, prevention and treatment quality, avoidable hospital use and costs, health outcomes, and equity—with the goal of spurring policymakers and private stakeholders to undertake efforts to improve their performance to benchmark levels and beyond. The second edition of *Aiming Higher: Results from a State Scorecard on Health System Performance* reports that the cost and quality of health care, as well as access to care and health outcomes, continue to vary widely among states. An interactive map that accompanies the report provides state-by-state comparisons, as well as estimates of lives and dollars saved if performance were brought up to benchmark levels.

Making the Case for Reform

The Commission believes that while ensuring that all Americans have health insurance is essential, doing so is alone not enough to drive the kind of reform our health system needs. In the 2007 report, *A High Performance Health System for the United States: An Ambitious Agenda for the Next President*, the Commission discusses concrete goals—and the strategies for achieving them—that should be on the national health care agenda, including: guaranteeing affordable health insurance for all; containing growth in health care costs and reforming provider payment; fostering greater organization and integration of care delivery; speeding adoption of health IT, evidence-based medicine, and other infrastructure; and setting and meeting national goals through strong national leadership.

Later in 2007, in *A Roadmap to Health Insurance for All: Principles for Reform*, the Commission makes the case for achieving universal coverage by building on the current mix of private group plans and public programs—a course of action that would retain the best features of our current system while minimizing dislocation for Americans who currently have good insurance coverage.

The Commission also has issued a number of policy reports with specific recommendations for achieving higher system performance. The 2008 report, *Organizing the U.S. Health Care*

Delivery System for High Performance, points out the detrimental effects of fragmentation in the current system and offers recommendations for establishing greater coordination across health care providers and care settings. For example, the report recommends moving away from fee-for-service payments and toward bundled payment systems that reward coordinated, high-value care. As reported in a Commission data brief, eight of 10 U.S. adults believe the health system needs fundamental change or complete rebuilding, and most want their health care to be more patient-centered and integrated than it currently is.

Developing Policy Options

Certainly one of the most important reports published by the Commission is *Bending the Curve: Options for Achieving Savings and Improving Value in U.S. Health Spending*, which lays out in detail federal options for both short- and long-term savings within the health care system. The Lewin Group modeled the likely effects of each option and estimated the five- and 10-year cumulative impact on total national health spending, as well as the effects across federal and state budgets, employers, and households. The analysis determines that if implemented along with universal health coverage, selected policy options could save \$1.5 trillion in national health expenditures over 10 years, while also improving the value of care in terms of access, quality, and health care outcomes.

As the national health reform debate began taking shape in February 2008, the Commission released another groundbreaking report, *The Path to a High Performance U.S. Health System: A 2020 Vision and the Policies to Pave the Way*. The comprehensive insurance, payment, and system reforms described in the paper would guarantee affordable health insurance coverage, improve health outcomes, and slow the growth of health spending by \$3 trillion by the end of the next decade, according to projections. Many of the policy options presented are similar to those included in the new health reform legislation.

Informing Policymakers

In addition to formulating policy improvement options and recommendations for health reform implementation, the Commission on a High Performance Health System works to engage and inform policymakers in the executive and legislative branches and key health care stakeholders. The Commission sponsors bipartisan briefings and meetings for members of Congress and their staff. Senior policy director Rachel Nuzum also provides legislators and government officials with testimony and technical assistance as requested.

The Washington-based Alliance for Health Reform receives support from the Fund to conduct the briefings and roundtable discussions, as well as an annual bipartisan congressional retreat and congressional staff retreat, which give members of Congress and their senior staff a unique opportunity for off-the-record discussion of pressing health policy issues.

Future Directions

Even with the passage of comprehensive health care reform, the work of the Commission on a High Performance Health System is far from complete. Over the coming months and years the Commission will closely monitor implementation of the reform package, report on areas of concern, and issue recommendations for policy modifications as necessary. Additional, complementary health system reforms also will be studied. Finally, the Commission will continue its efforts to assess national and state health system performance as well as inform health policy at all levels.



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Federal Health Policy

FEDERAL HEALTH POLICY

Program Goals

The Commonwealth Fund's Program on Federal Health Policy is designed to strengthen the link between the work of the foundation, including the Commission on a High Performance Health System, and the federal policy process. As a key component of the Fund's efforts around health reform, the program focuses on the identification, development, evaluation, and spread of policies that expand access to affordable, high-quality, and efficient care—particularly for vulnerable populations—while reducing health spending growth. Specific activities include:

- producing written materials on timely issues relevant to federal policymakers and their staff, with particular emphasis on implementation of the health care reform legislation passed in 2010;
- fostering dialogue among policymakers, national stakeholders, and the research community on key health policy issues;
- convening federal policymakers and their staff, in both the executive and legislative branches, to discuss health policy concerns; and
- providing technical assistance and expert testimony on health policy, as requested by policymakers and their staff.



The program is led by Assistant Vice President
Rachel Nuzum, M.P.H.

Cover: One of the first health reform provisions to be implemented was the rule permitting young adults to remain on their parents' health plan until age 26. The Commonwealth Fund's extensive research into health coverage for this disproportionately uninsured group played a key role in the eventual adoption of the reform. As other parts of the Affordable Care Act are implemented, the Fund will continue to provide analysis, recommendations, and technical assistance to federal policymakers to ensure the goals of affordable, high-quality, and efficient care remain at the fore.

Photo: Blend Images



Recent Projects

Dialogues for Congressional and Administration Staff

A new Commonwealth Fund-sponsored series of off-the-record, invitation-only discussions provides a forum for senior congressional and administration staff to engage in dialogue with their peers and receive technical assistance from outside experts on key policy issues. In 2010, these events focus on topics related to the implementation of the Affordable Care Act, such as the establishment of the new Center for Medicare and Medicaid Innovation and the creation of federal regulations for implementing the new health insurance exchanges, which are required to be in operation by 2014.

Bipartisan Congressional Health Policy Conference for Members of Congress

A select group of members of the U.S. House of Representatives and Senate are invited each year to meet in an informal, off-the-record setting with a group of academics and health care practitioners from a variety of backgrounds to learn about and discuss health policy issues. The annual Bipartisan Congressional Health Policy Conference gives members of Congress the opportunity to learn about timely health policy issues and engage in substantive discussion, all in an environment free from partisan politics and media pressures. In addition to serving as an opportunity to reach one of the Fund's most influential audiences, it also helps build working relationships with members of Congress who can advance the Fund's mission to achieve a high performance health system.

Alliance for Health Reform Briefings and Roundtables

The health policy briefings and roundtables conducted jointly by the Alliance for Health Reform and The Commonwealth Fund are a valuable resource for congressional and agency staff, representatives of national organizations, the media, and other key stakeholders looking to stay abreast of the latest developments in health care policy. The briefings, which are held on Capitol Hill and open to the public, focus on timely health policy topics under discussion at the federal and state levels.

Bipartisan Health Policy Retreat for Senior Congressional Staff

At this annual conference, invited senior congressional staff and senior staff from congressional support agencies meet in an informal setting with leading academics and health care practitioners to learn about pertinent health policy issues, engage in open and off-the-record debate, and discover opportunities for bipartisan collaboration.

Future Directions

The Federal Health Policy program is currently focusing on issues surrounding implementation of the Affordable Care Act. In the coming months and years, it will furnish guidance and technical assistance to policymakers and congressional and administrative staff engaged in implementation, as well as identify areas that may require corrective action. The program will also provide federal policymakers with summaries of relevant research and analyses from the Fund, policy recommendations from the Commission on a High Performance Health System, and case studies of innovative policies and programs around the country.

To apply for a grant from The Commonwealth Fund's Federal Health Policy Program program,

visit Applicant and Grantee Resources.



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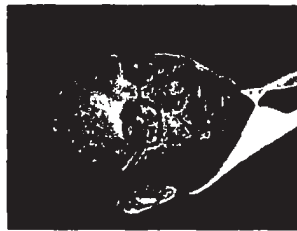
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STATE HEALTH POLICY AND PRACTICES

Program Goals

As a component of The Commonwealth Fund's efforts on health reform policy, the Program on State Health Policy and Practices assists states that are seeking to implement policies and programs that help ensure access to affordable, accountable, high performance health systems. The program does this by:

- working with state-initiated public-private partnerships to develop the policies and infrastructure necessary to improve quality of care and ensure greater accountability for patient outcomes;
- fostering discussion among stakeholders and policymakers about ways to strengthen the health care safety net in vulnerable communities; and
- nationally disseminating lessons from states as they implement health care reform.



The program is led by Vice President
Edward L. Schor, M.D.

Cover: A physician with her young patient at Clearwater Valley Hospital in Orofino, Idaho, which is participating in a Commonwealth Fund initiative to transform community health centers in five states into patient-centered medical homes. The Fund's State Health Policy and Practices program was established to assist states with developing the infrastructure needed to improve health system performance, particularly for vulnerable populations. Photo courtesy of Clearwater Valley Hospital, Qualis Health

State Health Policy and Practices

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The Issues

The passage of federal health reform legislation creates a host of opportunities for states to expand access to care, improve quality, and achieve greater efficiency in their health care systems. At the same time, today's difficult economic environment makes it more challenging for state leaders to find the resources to pursue their efforts. The Fund's State Health Policy and Practices program was established to assist states with developing the infrastructure needed to improve health system performance, as well as to help state leaders share information on the policy and practice innovations they are undertaking.

Recent Projects

Working with Public-Private Partnerships Providing Technical Assistance for Quality Improvement

In 2008, The Commonwealth Fund and AcademyHealth launched the State Quality Improvement Institute (SQII) to help states address some of the shortcomings in performance highlighted by the Fund's State Scorecard on Health System Performance. Nine states—Colorado, Kansas, Massachusetts, Minnesota, New Mexico, Ohio, Oregon, Vermont, and Washington—were selected to participate in an intensive planning process and work with leading experts to improve care in three priority areas: delivery and financing system reform, chronic care and population health improvement, and data integration and transparency. SQII states have now begun the process of implementing action plans around specific evidence-based improvement strategies, among them: the implementation of medical homes and care coordination strategies, new community-based health initiatives for reducing chronic illness, chronic disease management programs to improve patient outcomes and avoid hospitalizations, and public reporting of health care quality data. A progress report covering the institute's first year is available on the AcademyHealth Web site.

Improving Care Coordination, Case Management, and Linkages to Community Services

The Assuring Better Child Health and Development (ABCD) initiative, supported by The Commonwealth Fund and led by the National Academy for State Health Policy (NASHP), has helped 25 states launch projects to promote the use of structured developmental screening by physician practices. As practitioners have stepped up their identification of young children with developmental concerns, however, they have been presented with a

new challenge: referring families to appropriate intervention services and coordinating their care with other developmental service providers. To address these issues, ABCD is currently engaging five states—Arkansas, Illinois, Minnesota, Oklahoma, and Oregon—in efforts to change their policies, develop programs, and work with physician practices to create the systemic changes needed for effective coordination and referral networks. NASHP is also continuing to support states' efforts to sustain their gains in developmental screening rates.

In an April 2009 NASHP/Commonwealth Fund report, authors Kay Johnson and Jill Rosenthal show how states can foster greater integration of services delivered by physician practices and community agencies. *One of the strategies they describe is offering medical home providers financial incentives and other support for care planning and case management, electronic medical record systems, and individualized, patient-centered care plans.*

Helping to Implement Reforms in Physician Practices

To help physician practices make the changes needed to improve quality and efficiency, the Fund is supporting the development of statewide, multi-stakeholder collaborations called "improvement partnerships." The Vermont Child Health Improvement Program (VCHIP), the first of these initiatives, is assisting public-private partnerships in 19 states. An online guide available on the VCHIP Web site provides state leaders in child health with step-by-step instructions on developing sustainable collaborations of public and private partners. Along with the American Academy of Pediatrics and the National Initiative for Children's Healthcare Quality, the Fund sponsored a September 2009 webinar in which representatives from three improvement partnerships described how their initiatives have improved care and informed state policy.

Promoting State and Federal Dialogue

Successful implementation of health care reform will require committed, informed leadership within each state. With Fund support, the National Academy for State Health Policy is testing a model for fostering dialogue between state and federal leaders on issues related to health system performance. An October 2009 meeting of state and federal leaders in Washington, D.C., focused on patient safety and nonpayment for adverse medical events. (See this NASHP report for more information.)

Disseminating Lessons Learned

Circulated to some 15,000 policymakers, researchers, administrators, and providers, the Commonwealth Fund e-newsletter *States in Action: A Bimonthly Look at Innovations in Health Policy* tracks and reports on promising state initiatives to improve health system performance. The newsletter, coproduced by Sharon Silow-Carroll and her team at Health Management Associates and Fund staff, will be an even more valuable resource to states in light of new federal policies requiring them to create, test, and implement innovative ways to deliver high-quality health care.

In 2009, the National Governors Association launched a \$1.5 million national initiative, *Rx for Health Reform: Affordable, Accessible, Accountable*, to assist governors and other state leaders with developing the kind of coordinated, efficient health care systems envisioned by the *Affordable Care Act*. The Fund is providing support for a series of papers that analyze the law and its implications for states, informing state activities as the law's provisions are implemented. Paper topics include health insurance reform, changes to Medicaid, establishing state-based health insurance exchanges, and delivery system redesign.

While states have been regulating private health insurance companies and products for a century, state regulatory activity has not addressed insurers' obligations regarding health care affordability and cost-containment. A project undertaken by Michael Bailit of Bailit Health Purchasing, LLC, examined Rhode Island's innovative use of health insurance statutes and regulations to expand primary care capacity and change in the delivery of primary care services. A Fund issue brief provides details on the state's experience.

To apply for a grant from The Commonwealth Fund's State Health Policy and Practices program,

visit Applicant and Grantee Resources.

Future Directions

The State Health Policy and Practices program will continue to help states network practices and providers through shared resources and unified approaches to paying providers and improving quality of care. The program will also build on the Fund's experience with monitoring, evaluating, and reporting on health system innovation and performance. Grants will support projects that analyze states' capacity to adopt significant payment reform, integrate Medicaid into statewide reforms, and help state hospitals, physicians, and insurers work together. The program also will support technical assistance, such as case studies and meetings to inform state leaders about health care reform and help them share their experiences with federal policymakers.

For example, a grant led by Nikki Highsmith of the Center for Health Care Strategies is helping to advance primary care transformation in Medicaid. Already the nation's largest health coverage program, Medicaid will be greatly expanded by the new health reform law, and new ways are needed to improve the efficiency and effectiveness of the small primary care practices that provide much of the care for Medicaid patients, particularly in underserved areas. The project team has interviewed Medicaid leadership in several states to determine how they are supporting small practices and to identify funding strategies and potential partnerships.

The ABCD initiative, meanwhile, will continue to work with leaders from Arkansas, Illinois, Minnesota, Oklahoma, and Oregon to undertake policy reforms, develop programs, and collaborate with physician practices to create the systemic changes needed for effective coordination and referral networks for children with developmental problems.



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International Program in Health Policy and Innovation



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INTERNATIONAL PROGRAM IN HEALTH POLICY AND INNOVATION

Program Goals

Sponsoring activities ranging from high-level international policy forums to the Harkness Fellowships and an annual health policy survey, The Commonwealth Fund's International Program in Health Policy and Innovation promotes cross-national learning by:

- sparking high-level creative thinking about health policy among industrialized countries;
- encouraging comparative research and collaboration among industrialized nations;
- building an international network of health care researchers devoted to policy; and
- showcasing international innovations in policy and practice that can inform U.S. health reform.



The program is led by Vice President
Robin Osborn, M.B.A.

Cover: The Harkness Fellowships in Health Care Policy and Practice are helping to fulfill the International Program's goal to build a global network of health care researchers devoted to policy. During the orientation for the 2010-11 fellowship class, Axel Mühlbacher (speaking), professor of health economics and health care management at Germany's University of Applied Sciences Neubrandenburg, and Jonny Taitz, assistant director of clinical operations and staff specialist pediatrician at Sydney Children's Hospital in Sydney, Australia, provide an overview of their countries' health care insurance, delivery, and financing systems.

Cover and group photo: Roger Carr

The Issue

Across the industrialized world, health care policymakers face mounting pressure to provide access to expensive new drugs and medical technologies, improve the quality and safety of care, and ensure that the care patients receive is responsive to their needs and preferences. Learning about other countries' approaches to attaining a high performance health care system—one that provides comprehensive health insurance coverage and delivers cost-effective, timely, high-quality health services—is of particular benefit to the United States, which continues to spend far more on health care per capita than any other nation and yet receives less in return than most.

Recent Projects

2009 International Symposium on Health Care Policy

For the past 12 years, The Commonwealth Fund has hosted an annual international health care policy symposium organized in collaboration with the leading U.S. health policy journal, *Health Affairs*. The 2009 symposium, held in November in Washington, D.C., brought together over 100 policy experts, including health ministers, senior government officials, and leading researchers from Australia, Canada, France, Germany, the Netherlands, New Zealand, Norway, Sweden, Switzerland, the United Kingdom, and the United States. U.S. Secretary of Health and Human Services Kathleen G. Sebelius kicked off the conference, which focused on building the infrastructure needed for a high performance health care system, particularly ways to address shared challenges and set priorities for reform.

A highlight of the symposium was the presentation of findings from the 2009 Commonwealth Fund International Health Policy Survey, the 12th in a series of cross-national surveys, by the Fund's Cathy Schoen and Robin Osborn. The survey compared the experiences of primary care physicians in Australia, Canada, France, Germany, Italy, the Netherlands, New Zealand, Norway, Sweden, the U.K., and the U.S. Published in *Health Affairs*, the findings show the U.S. is an outlier on a number of key indicators. For example, U.S. physicians were the least likely to report having arrangements for patients to receive care after regular office hours, and among the least likely to use electronic health information technology or receive financial incentives for meeting care goals. U.S. physicians were also much more likely than their counterparts to report that the time they spend trying to get patients needed medications or treatment is a major problem, and that their patients have difficulty paying for care.

Harkness Fellowships in Health Care Policy and Practice

Targeted toward promising health care policy researchers and practitioners in eight countries, the Harkness Fellowships provide a unique opportunity to spend up to 12 months in the U.S. conducting a policy-oriented research study, gaining firsthand exposure to innovative models of health care delivery, and working with leading health policy experts. In 2009, Norway joined Australia, Canada, Germany, the Netherlands, New Zealand, Switzerland, and the U.K. as participants in the program.

To learn about the 2010–2011 Harkness Fellows, including their fellowship projects, visit <http://www.commonwealthfund.org/Fellowships/Harkness-Fellowships.aspx>.

Harkness alumni continue to generate important research based on their fellowship work and move into high-profile positions in their home countries. For example:

- Kalipso Chalkidou (U.K., 2007–08), Ruth Lopert (Australia, 2006–07), and colleagues identified international lessons for the U.S. in the field of comparative effectiveness research in a feature article in *Milbank Quarterly*.
- In an article in *Health Affairs*, Peter McNair (Australia, 2007–08) and colleagues studied the financial impact of the recently instituted Medicare policy of not paying to treat certain hospital-acquired conditions.
- In an article in *BMJ*, Harald Schmidt (U.K., 2009–10), Andreas Gerber (Germany, 2007–08), and Stephanie Stock (Germany, 2007–08) reviewed lessons from the German health system's financial incentives targeting individuals, which have been in place since 1989.

In collaboration with the Australian Department of Health and Ageing, the Fund also offers the Australian–American Health Policy Fellowship, a “reverse Harkness Fellowship” designed to enable midcareer U.S. policy researchers or practitioners to spend six to 10 months in Australia conducting research and gaining an understanding of that country's health care system.

International Meeting on Quality of Health Care

Since 1999, The Commonwealth Fund and The Nuffield Trust have sponsored annual symposia that brought together senior government officials, leading health researchers, and practitioners from the United States and the United Kingdom, for an exchange on quality improvement policies and strategies. The 10th conference in this series, held in July 2009 at Pennyhill Park, England, explored provider payment policies and care integration. Since its inception, this meeting has underpinned a cross-national collaboration on quality led in the U.S. by Carolyn Clancy, director of the Agency for Healthcare Research and Quality (AHRQ), and in the U.K. by Sir Liam Donaldson, former chief medical officer for England's Department of Health.

Capitol Hill Briefings

In 2009, the Fund and the Alliance for Health Reform cosponsored two Capitol Hill briefings on international health reform, attended by congressional staff, policymakers, and journalists. One examined the role of comparative effectiveness research in health care decision-making and featured the directors of national institutes for comparative effectiveness in England, Germany, France, and Australia. The second briefing highlighted actions taken by independent quasi-governmental authorities in Germany, the Netherlands and France to control costs and enhance value in health care.

Forum on Using Electronic Medical Record Databases for Outcomes Research

A forum held at the Institute of Medicine in March 2010 and cosponsored by the Fund and the Joseph H. Kanter Family Foundation examined experiences in the U.S. and abroad with using electronic medical records as a data source to conduct comparative effectiveness research. Attended by senior government officials and leading experts from the U.S., Denmark, Germany, Norway, and the U.K., the meeting was organized in collaboration with AHRQ and the federal Office of the National Coordinator for Health Information Technology.

Commonwealth Fund/Change Foundation Meeting on Primary Care

The first in a series of meetings with policymakers and leading experts from Canada and the U.S. took place in New York City in March 2010. Themes for the panels and discussion were assessing and comparing the current state of primary care in both countries, the obstacles to change, and strategies to achieve high-performing primary care systems, with a particular emphasis on information technology and care integration.

Partnerships with International Foundations

The Fund has established more than 20 partnerships with health ministries and outstanding international organizations working to improve health system performance. On its annual international survey, the Fund partners with: the Australian Quality and Safety Commission and Australia's Bureau of Health Information; the Health Council of Canada; the Ontario Health Quality Council; Québec's Commissioner of Health and Welfare; France's National Health Authority (HAS) and National Fund for Health Insurance for Employees (CNAM); Germany's Institute for Quality and Efficiency in Health Care (IQWiG); the Italian Association of Primary Care Doctors; the Dutch Ministry for Health, Welfare, and Sport; Netherlands' Scientific Institute for Quality of Healthcare (IQ Healthcare); the Norwegian Knowledge Centre for Health; the Swedish Ministry of Health and Social Affairs; the Swiss Federal Office of Public Health; and The Health Foundation (U.K.).

On the Harkness Fellowships, the Fund partners with: the Canadian Health Services Research Foundation; the B. Braun Foundation and Robert Bosch Foundation (Germany); the Dutch Ministry for Health, Welfare, and Sport; the Research Council of Norway; the Careum Foundation (Switzerland); The Nuffield Trust (U.K.); and the NHS National Institute for Health Research/SDO (U.K.).



To apply for a grant from The Commonwealth Fund's
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Future Directions

The 2010 International Health Policy Survey will assess health care system performance from the perspective of the general population. Conducted in Australia, Canada, France, Germany, the Netherlands, New Zealand, Norway, Sweden, Switzerland, the U.S., and the U.K., the study will include questions about health care access and coordination, care for chronic conditions, and inefficiencies in the health system. Survey findings will be released at the Fund's 13th annual International Symposium on Health Care Policy in November 2010.

Most of the International Program's unrestricted grant money is for small grants up to \$50,000 and for issue briefs and case studies. Topics of particular interest include health care delivery system integration; patient-centered primary care models; governance structures for ensuring quality, cost-containment, and competition; and comparative pricing utilization for pharmaceuticals, medical imaging, and medical devices.



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Fellowship in Minority Health Policy



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FELLOWSHIP IN MINORITY HEALTH POLICY

Program Goals

Moving toward a high-performance health care system requires trained, dedicated physician leaders who can promote policies and practices that improve minority Americans' access to high-quality care. With the passage of the Affordable Care Act, it is more important than ever that minority health care needs be represented by well-trained clinician leaders as policies in the new law are implemented. Since 1996, the Commonwealth Fund/Harvard University Fellowship in Minority Health Policy has played an important role in developing such leaders.



The program is led by Vice President
Joan Reede, M.D., M.P.H., M.S., M.B.A.

Cover: Since 1996, the Commonwealth Fund/Harvard University Fellowship in Minority Health Policy has contributed to the effort to reduce pervasive racial and ethnic disparities in the U.S. by building a cadre of dedicated physicians trained to lead efforts to improve minority Americans' access to quality medical care. Shown here at a Fund orientation session are 2010-11 fellows Roy Wade, Jr., M.D., Ali Thomas, M.D., Mary Fleming, M.D., and Kamillah Wood, M.D.

Cover, group photo, and portraits: Martin Dixon



2010-11 Minority Health Policy Fellows

Dustyn Baker, M.D.

Internal Medicine Resident, University of Chicago Medical Center, Chicago, Ill.

Dr. Baker is currently completing her residency in internal medicine at the University of Chicago Medical Center. Her interest in public health policy led her to create the Chicago BREATHE project, whose mission was to increase health literacy related to asthma and medical adherence among the largely black population of South Chicago. Dr. Baker interned at the Department of Health and Human Services in Washington, D.C., as a program analyst after the passage of the Medicare Modernization Act. During that time, she was also selected as a government relations intern for the American Medical Association. She has also served as student advisor to the Board of Trustees of the University of North Carolina at Chapel Hill. Dr. Baker received her medical degree from Duke University Medical School in 2007.



Based at Harvard Medical School under the direction of Joan Reede, M.D., M.P.H., M.S., M.B.A., the dean for diversity and community partnership, the year-long Fellowship offers intensive study in health policy, public health, and management for physicians with a commitment to changing the system to better serve vulnerable minority populations. Fellows also participate in leadership forums and seminars with nationally recognized leaders in minority health and public policy. Under the program, fellows complete academic work leading to a master's degree in public health at the Harvard School of Public Health.

As of July 2010, 92 Fellows have graduated since the program began. In 2010-11, six physicians were selected as Minority Health Policy Fellows, including one who will be supported by a dedicated scholarship made possible through Harvard University.

For more information about the fellowship, visit the Minority Health Policy Fellowship page at www.commonwealthfund.org.

Mary Fleming, M.D.

Post-Graduate Obstetrics and Gynecology Administrative Chief Resident, Meharry Medical College, Nashville, Tenn.

Currently the administrative chief resident in obstetrics and gynecology at Meharry Medical College, Dr. Fleming plans to pursue a career in public health. She was drawn to Meharry because of its unique Women's Center for Health Research, which is dedicated to eliminating health disparities. An externship at the Emma Goldman Clinic in Iowa City cemented her focus on women's health in the community. Dr. Fleming also participated in an epidemiology elective at the Centers for Disease Control and Prevention, working with staff to track the origin and spread of the avian flu, and she has held positions with the Student National Medical Association, Vanderbilt University Medical School Admission Committee, and the American College of Obstetrics and Gynecologists. Dr. Fleming received her medical degree from Vanderbilt University School of Medicine in 2006.





Ali Thomas, M.D.

Consultant in Internal Medicine, Group Health Permanente, Tacoma, Wash.

Dr. Thomas has been a consultant in internal medicine at Group Health Permanente since 2007. Previously, he was a resident at John H. Stroger, Jr., Hospital of Cook County in Chicago, and an intern in pediatrics and medicine at Rush University Medical Center, also in Chicago. His professional and volunteer endeavors have included work with the Health Care Disparities Solutions Support Group, the American College of Physicians, and the American Medical Students Association. Dr. Thomas received his medical degree from the University of Michigan in 2002, and completed his residency in internal medicine at Legacy Health Systems in Portland, Ore., in 2007.



Ashaunta Tumblyn, M.D.

Pediatric Resident, Baylor College of Medicine, Houston, Texas

Dr. Tumblyn is completing her pediatric residency at Baylor College of Medicine in Houston. She was a research fellow of the National Institutes of Health in 2005-06 and a Schweitzer Fellow at the Hospital of Dr. Albert Schweitzer in Lambaréné, Gabon, during the summer of 2006. It was this latter experience that solidified her commitment to clinical and research training geared toward informing policies that help meet the medical needs of minority populations. Through her ongoing work with the Student National Medical Association, she became involved with the Girls Achieving in Life Sciences (GALS) Program, partnering with a local community afterschool program to create a new GALS program for preadolescents. Dr. Tumblyn graduated cum laude from Harvard Medical School in 2007.

Roy Wade, Jr., M.D., Ph.D.

Pediatric Resident, University of Virginia, Charlottesville, Va.



Dr. Wade, who is completing his residency in pediatrics at the University of Virginia, is interested in the intersection of health policy and preventive health. He believes that effective policy can only be attained through the acquisition and interpretation of accurate data that elucidates the mechanisms leading to poor health outcomes. Dr. Wade has been a volunteer physician at the University of Virginia Health System, the Charlottesville-Albermarle Health Department, the Charlottesville Free Clinic, and at the Boys and Girls Club. Among his honors, Dr. Wade received the Dean of the College Award for Service, the Merck Manual Award, and an Albert Schweitzer Fellowship while at Dartmouth. Most recently, he received the Janet Jeffries Award from the University of Virginia Health System. He received his medical degree in 2007 from Dartmouth Medical School and in 2002 earned a doctorate in molecular microbiology from the Georgia Institute of Technology.

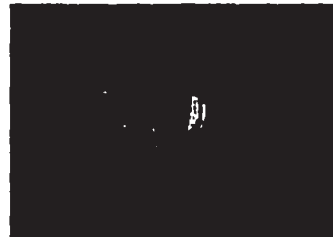
Kamillah Wood, M.D.

Chief Resident in Pediatrics, Children's Hospital of Philadelphia, Philadelphia, Pa.



Dr. Wood is completing her pediatric residency at Children's Hospital of Philadelphia. She is also an instructor of pediatrics at the University of Pennsylvania School of Medicine. As chief resident, Dr. Wood has been engaged in the residency recruitment process and is committed to helping to create a diverse workforce that is reflective of the community it serves; to that end, she serves as co-president of the Children's Hospital of Philadelphia Multicultural Physician's Alliance. Previously, as an intern with the Federal Office of the American Academy of Pediatrics (AAP), she worked with the lobbyist on the health reform reconciliation bill, helping to understand its implications on health care coverage for children. Most recently, she joined the "Back to Sleep" campaign, a task force of the AAP's Pennsylvania chapter, which addresses sudden infant death syndrome. Her combined interest in adolescent medicine and climbing HIV rates within the adolescent

population led Dr. Wood to the People's Emergency Shelter in Philadelphia, where she conducted a teen group as part of an afterschool program. Dr Wood received her medical degree in 2006 from the George Washington University School of Medicine and Health Sciences, where she was a New Century Scholar.



Kimberly Cauley Narain, M.D. (California Endowment Scholar in Health Policy)
Primary Care Internal Medicine Resident, University of California, San Francisco, Ca.

A native of California, Dr. Narain most recently completed her residency in Primary Care Internal Medicine at the University of California, San Francisco. Interested in the structural and behavioral determinants of health and the translation of health services research into policy, Dr. Narain conducted research in the UCSF Department of Psychiatry on the association of bipolar affective disorder with HIV progression in an urban HIV clinic. In the summer of 2004, Dr. Narain served as a Photovoice Fellow for the DeKalb County (Georgia) board of health. Her community service efforts include working for four years in the Teen Services Center of Atlanta's Grady Memorial Hospital, as a group facilitator and lecturer on such topics as sexual health and reproductive anatomy. Dr. Narain received her medical degree from Morehouse School of Medicine in Atlanta, Georgia, in 2007, graduating *summa cum laude*, with honors in community and health service. In 2007, she was honored with the Louis W. Sullivan Academic Achievement Award.

For more information on the
Fellowship in Minority Health Policy,
visit www.commonwealthfund.org.



A Private Foundation Working Toward a High Performance Health System

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

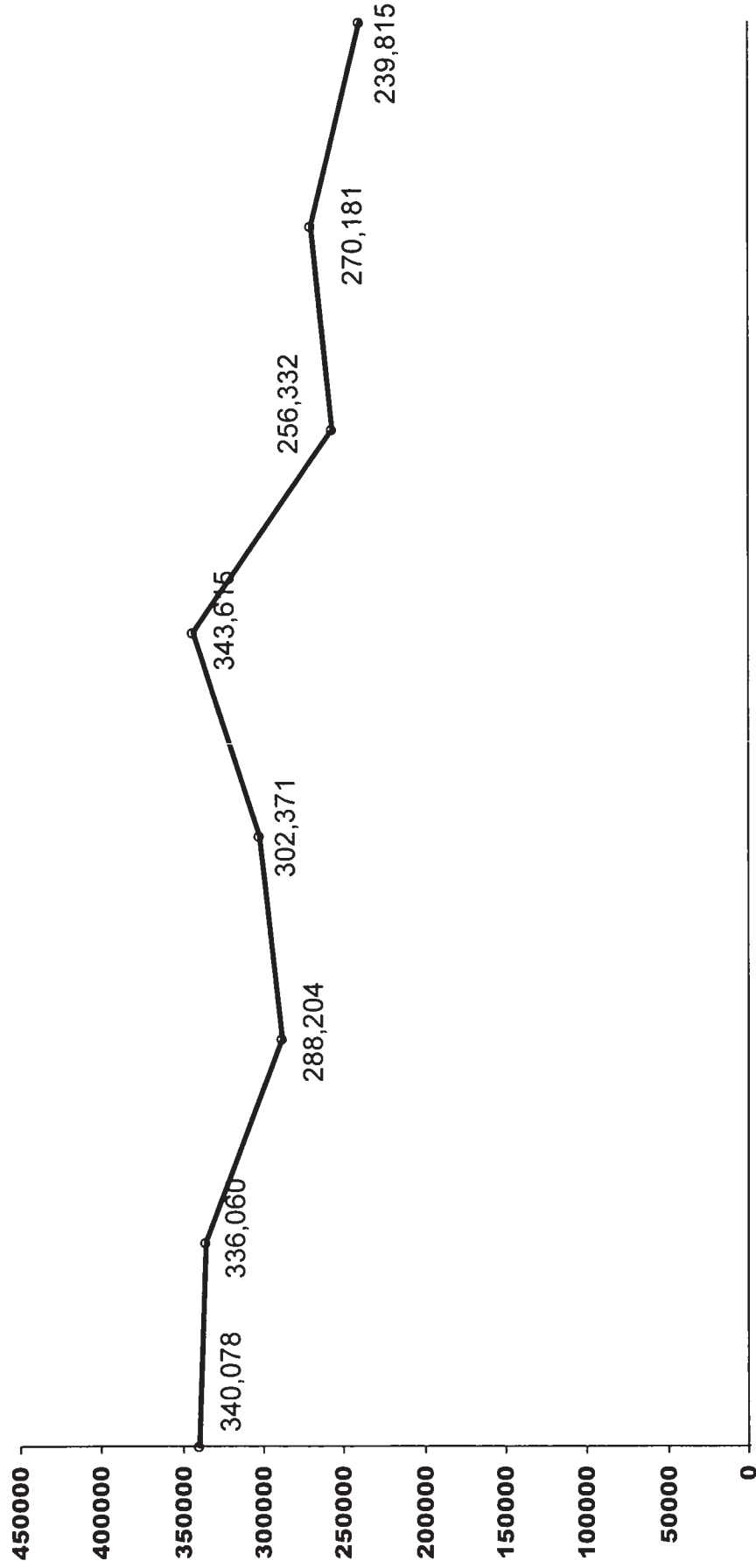
1150 17th Street NW
Suite 600
Washington, DC 20036
Tel: 202.292.6700

Commonwealth Fund Communications Program

- The Fund has a very large communications program for disseminating the results of the work of its grantees and own professional staff.
- Please go to the Fund's Web site cmwf.org for complete review of the Fund's communications output.
- In addition to cmwf.org, the Fund also has developed and maintains WhyNotTheBest.org, which assimilates a large amount of comparative data on the performance of hospitals and other health care providers in the U.S. and facilitates benchmarking of individual organization's performance. The site also has many resources to help institutions improve their performance.
- The following charts provide statistics on the output and use of Fund communications over the last year and earlier.

Commonwealth Fund Web site Quarterly Visits

Oct 2008 – Sep 2010



Total visits October 09 – September 10

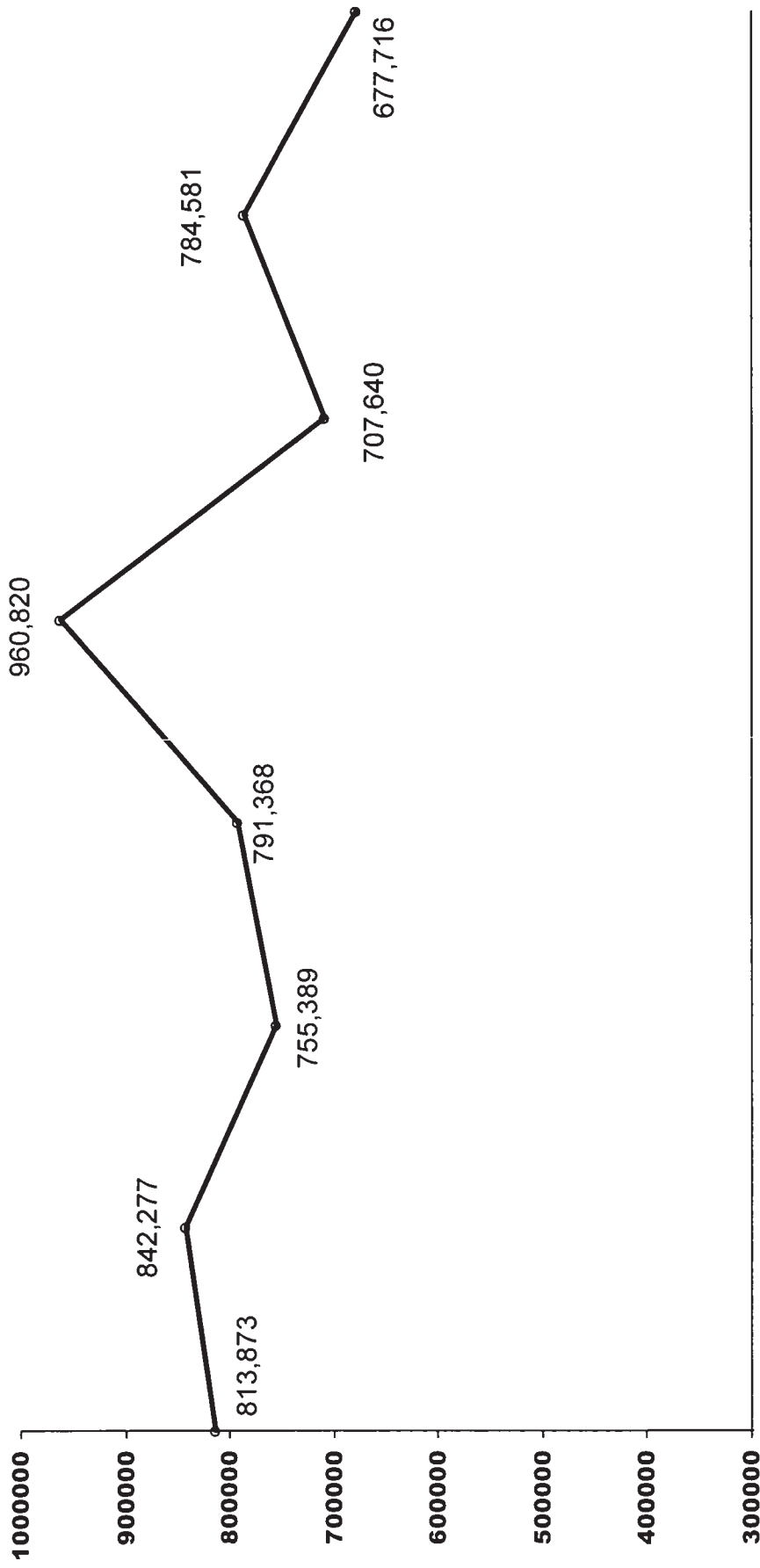
1,182,416

Total visits October 08 – September 09

1,270,733

Commonwealth Fund Quarterly Web site Page Views

Oct 2008 – Sep 2010



Quarter	Page Views
Oct-Dec 2008	813,873
Jan-Mar 2009	842,277
Apr-Jun 2009	755,389
Jul-Sep 2009	791,368
Oct-Dec 2009	960,820
Jan-Mar 2010	707,640
Apr-Jun 2010	784,581
Jul-Sep 2010	677,716

Average Monthly Page Views 2009

280,507

Average Monthly Page Views 2008

259,880

Top 10 Commonwealth Fund Publication Page Views*

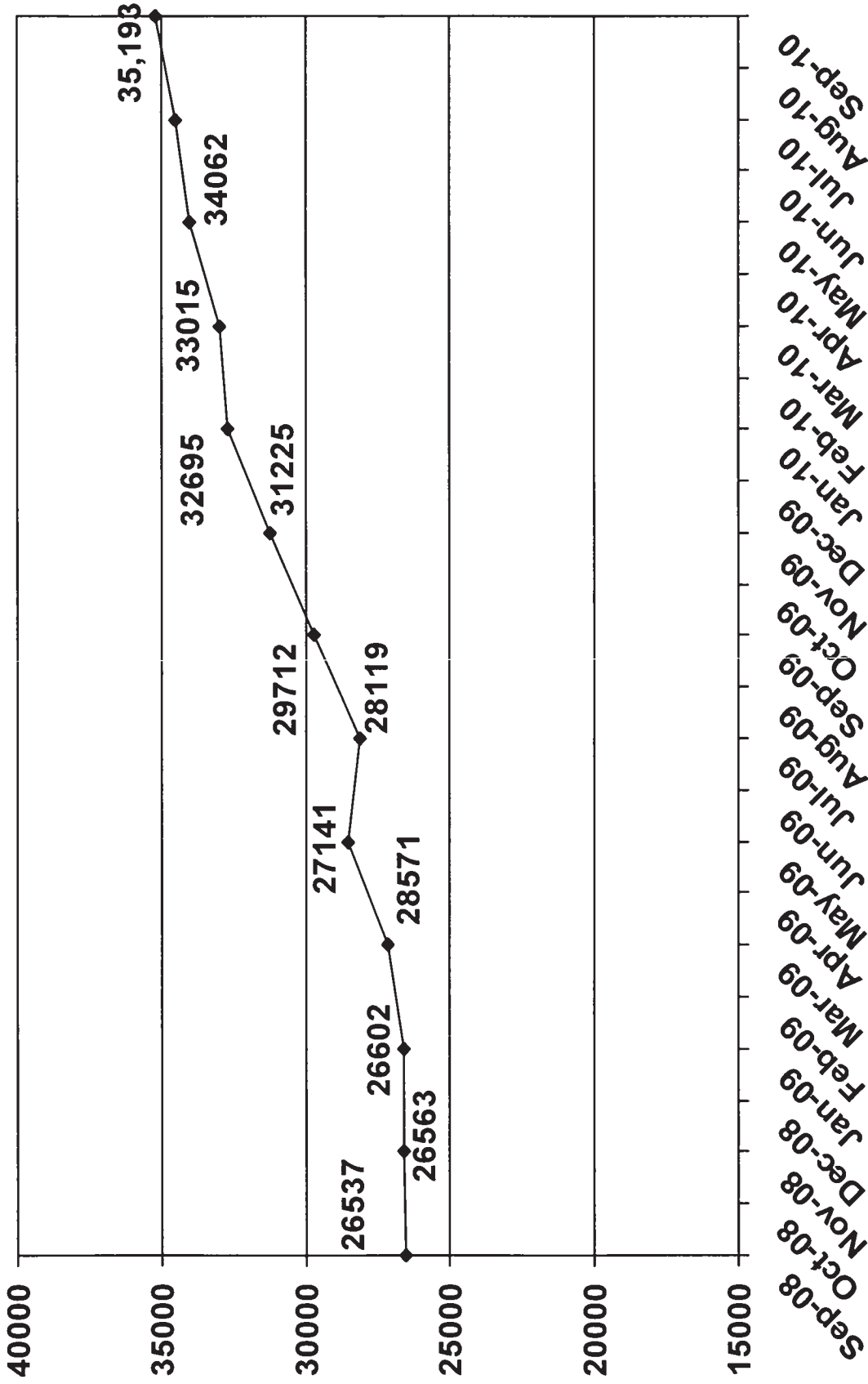
Jan 2008 – September 2010

Title	Views
• Mirror Mirror: An International Update Comparative Perf (Davis) 5-15-07	78,150
• Mirror, Mirror on the Wall: How the Performance of the U.S. Health Care System Compares Internationally 6-22-10	58,832
• Why Not the Best? Results from National Scorecard 2008 7-17-08	56,828
• Aiming Higher: State Scorecard on Health System Performance, 2009	41,529
• The Path to a High Performance U.S. Health System 2-19-09	35,564
• Organizing the U.S. Health Care Delivery System (Shih) 8-7-08	30,091
• The 2008 Presidential Candidates' Health Proposals (Collins) 10-2-08	28,105
• Gaps in Health Insurance: An All-American Prob. (Collins) 4-26-06	22,643
• How High Is Too High? Implications of High Deductible (Davis) 4-20-05	20,658
• How Many Are Underinsured? Trends Among Adults (Schoen) 6-10-08	20,322
Total page views October 09 – September 10	3,137,676
Total page views October 08 – September 09	3,210,160

*Totals are a combination of Hitbox and Google Analytics numbers

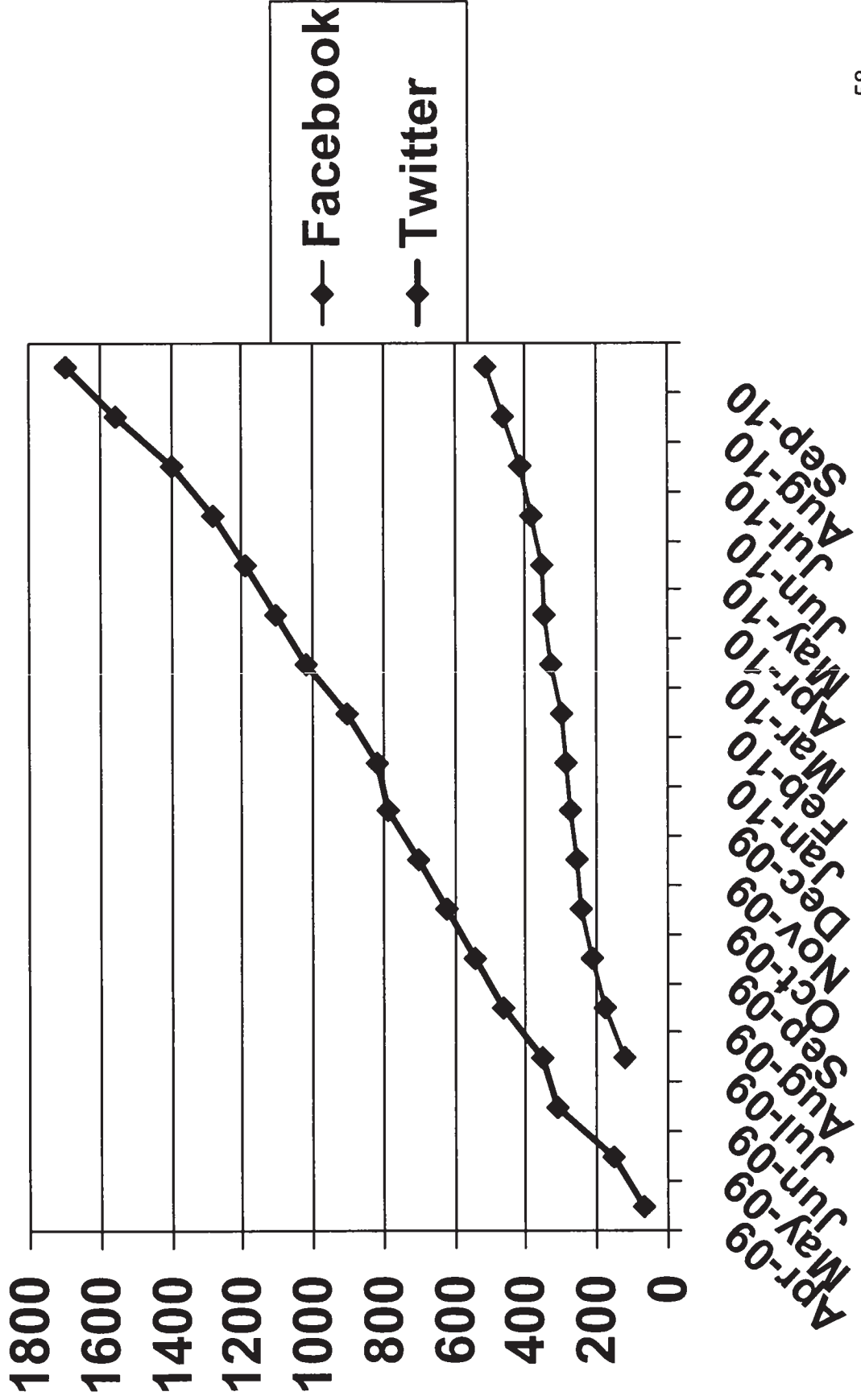
Total Commonwealth Fund Subscribed e-alert Audience

July 2008 – September 2010



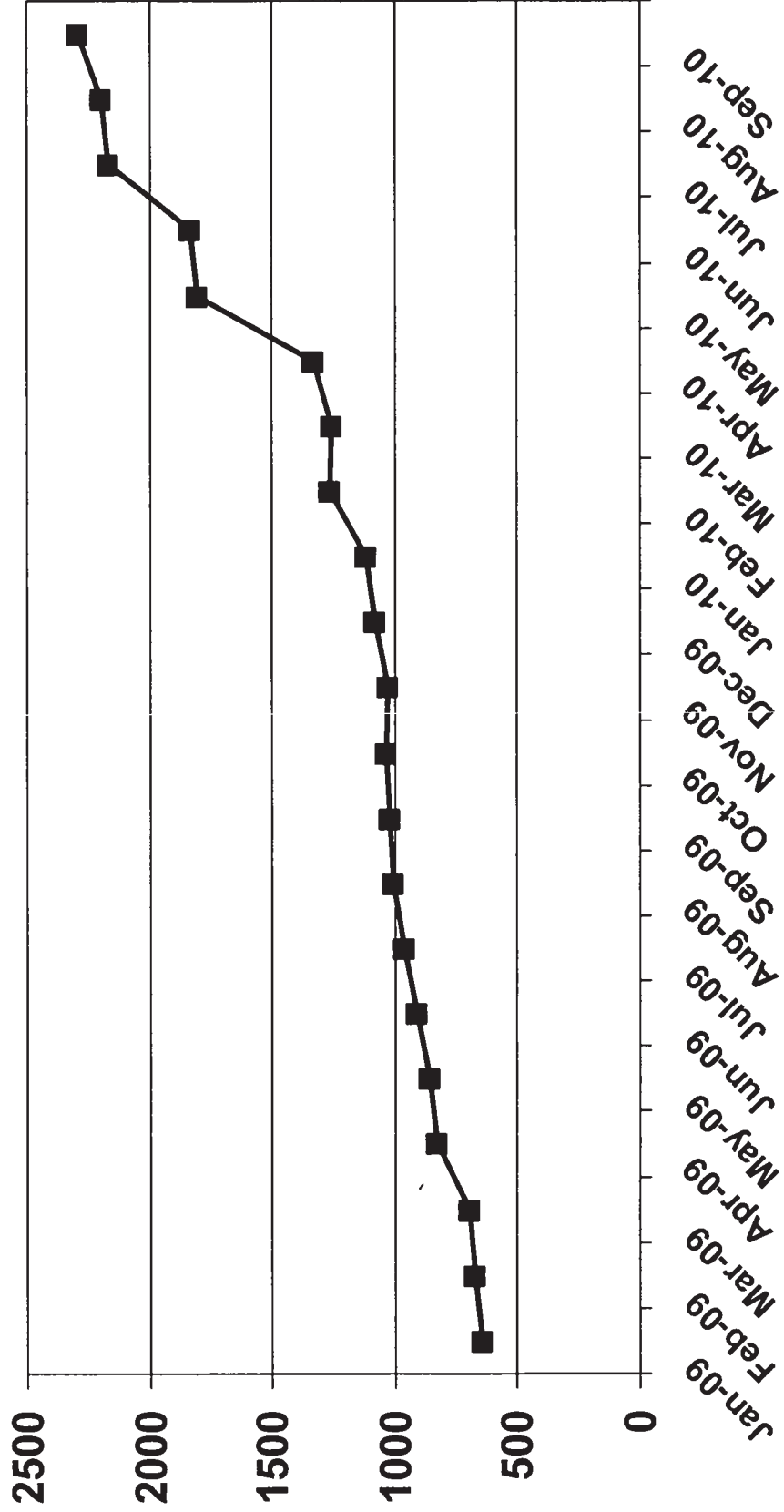
*Figures represent the combined total of all E-mail registrants, RSS subscribers, Twitter followers, and Facebook fans. 57

Commonwealth Fund Social Media Followers & Fans

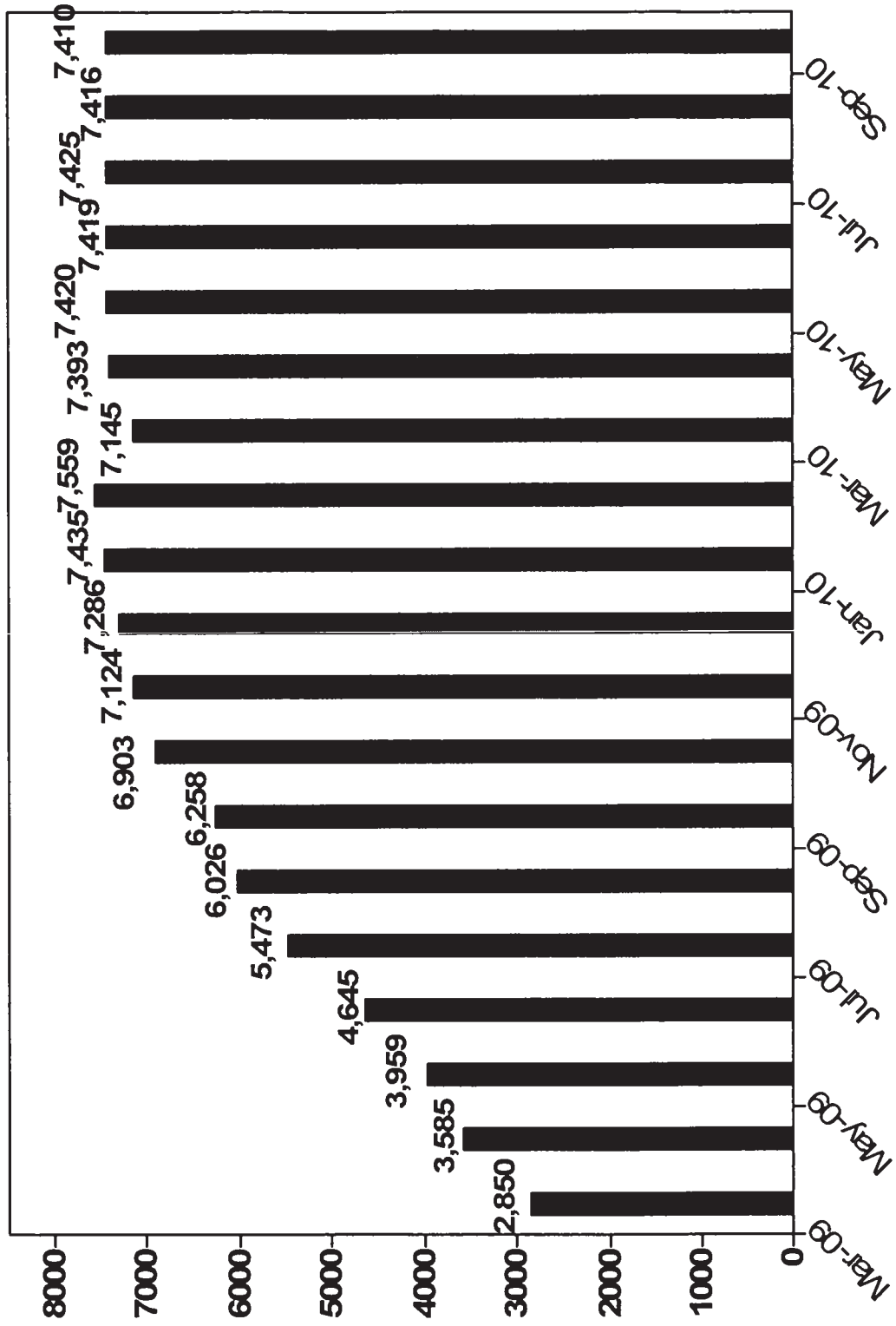


Commonwealth Fund RSS Subscribers

2009-2010



Commonwealth Fund WhyNottheBest.org Web site Registrants



The Commonwealth Fund

990 PF

13-1635260

FYE June 30, 2010

Part XV, Schedule 3, Line a, Grants Paid During the Year

Part XV, Schedule 3, Line b, Grants Approved for Future Payment

Line a

Line b

Appropriation Date	Fund	Institution	Grant No.	Project Director and Description	Amount Paid	Ending Balance @ 6-30-10
11/10/2009	2010	AARP Foundation 601 E Street NW Washington, DC 20049	20100068	Susan Reinhard, R.N., Ph.D. 12/1/09-7/31/10. The Commonwealth Fund State Long-Term Care Scorecard, Phase 1: Laying the Foundation	\$ 60,000	\$ 10,140
4/17/2009	2030	AARP Foundation 601 E Street NW Washington, DC 20049	20090552	Susan Reinhard, Ph D., R.N. 6/1/09-8/31/09. Feasibility of a State Long-Term Care Scorecard	\$ 2,032	\$ -
7/14/2009	2010	Academic Pediatric Association 6728 Old McLean Village Drive McLean, VA 22101	20090603	Cynthia Minkovitz, M.D., M P P. 12/1/09-11/30/11. Promoting Delivery of Preventive Services to Children and Families: APA Young Investigator Awards, Phase 2	\$ 70,000	\$ 90,206
	2010	AcademyHealth 1150 17th Street NW, Suite 600 Washington, DC 20036	20080352	W. David Helms, Ph D. 7/1/08-6/30/09 Partnering with AcademyHealth to Promote a High Performance Health System	\$ 26,423	\$ -
7/10/2007	2010	AcademyHealth 1150 17th Street NW, Suite 600 Washington, DC 20036	20070531	Anne Gauthier 8/1/07-7/31/08. Commission on a High Performance Health System: Program Direction	\$ 22,832	\$ 40,811
7/10/2007	2010	AcademyHealth 1150 17th Street NW, Suite 600 Washington, DC 20036	20070532	Stuart Guterman 8/1/07-7/31/08 Medicare's Future Support for Program Direction	\$ -	\$ -
7/10/2007	2010	AcademyHealth 1150 17th Street NW, Suite 600 Washington, DC 20036	20070533	Rachel Nuzum 8/1/07-7/31/08. State Innovations Support for Program Direction	\$ -	\$ -
7/10/2007	2010	AcademyHealth 1150 17th Street NW, Suite 600 Washington, DC 20036	20070548	Chapin White. 8/1/07-7/31/08 The Future of Health Insurance. Analytic and Program Support	\$ -	\$ -

Appropriation Date	Fund	Institution	Grant No.	Project Director and Description	Amount Paid	Ending Balance @ 6-30-10
11/13/2007	2010	AcademyHealth 1150 17th Street NW, Suite 600 Washington, DC 20036	20070766	Enrique Martinez-Vidal, M.P.P. 12/1/07-4/30/09 The State Quality Institute. Advancing Health Care Quality Improvement Through Technical Assistance	\$ 88,846	\$ -
11/13/2007	2010	AcademyHealth 1150 17th Street NW, Suite 600 Washington, DC 20036	20070770	Deborah Rogal, M.P.P. 1/1/08-12/31/08 The Commonwealth Fund/AcademyHealth Long-Term Care Colloquium, Year 5	\$ 21,815	\$ -
11/11/2008	2010	AcademyHealth 1150 17th Street NW, Suite 600 Washington, DC 20036	20090079	Deborah Rogal, M.P.P. 1/1/09-12/31/09. The Commonwealth Fund/AcademyHealth Long-Term Care Colloquium, Year 6	\$ 20,906	\$ -
4/14/2009	2010	AcademyHealth 1150 17th Street NW, Suite 600 Washington, DC 20036	20090378	Enrique Martinez-Vidal, M.P.P. 5/1/09-7/31/10. The State Quality Institute. Advancing Health Care Quality Improvement through Technical Assistance, Phase 2	\$	\$ 174,670
4/14/2009	2010	AcademyHealth 1150 17th Street NW, Suite 600 Washington, DC 20036	20090438	W. David Helms, Ph D. 1/1/09-12/31/09. General Support	\$ 4,500	\$ -
4/14/2009	2010	AcademyHealth 1150 17th Street NW, Suite 600 Washington, DC 20036	20090473	W. David Helms, Ph.D. 7/1/09-6/30/10. Partnering with AcademyHealth to Promote a High Performance Health System	\$	\$ 24,625
4/13/2010	2010	AcademyHealth 1150 17th Street NW, Suite 600 Washington, DC 20036	20100291	W. David Helms, Ph D. 7/1/10-6/30/11. Rent and Services	\$ 143,000	\$ 15,119
4/13/2010	2010	AcademyHealth 1150 17th Street NW, Suite 600 Washington, DC 20036	20100365	W. David Helms, Ph.D. 1/1/10-12/31/10. General Support	\$ 12,000	\$ 3,000
3/31/2008	2030	AcademyHealth 1150 17th Street NW, Suite 600 Washington, DC 20036	20080315	Enrique Martinez-Vidal. 12/1/07-4/30/09. Enhancing and Expanding the State Quality Improvement Institute	\$ 5,170	\$ -
12/2/2008	2030	AcademyHealth 1150 17th Street NW, Suite 600 Washington, DC 20036	20090260	Enrique Martinez-Vidal, M.P.P. 12/1/08-11/30/09 Support for the State Health Research and Policy Interest Group Meetings	\$ 5,000	\$ -
9/2/2009	2030	AcademyHealth 1150 17th Street NW, Suite 600 Washington, DC 20036	20100089	W. David Helms, Ph D 9/1/09-2/28/10. Colloquium on Group Employed Models in an Era of Healthcare Reform	\$ 45,000	\$ -
12/17/2009	2030	AcademyHealth 1150 17th Street NW, Suite 600 Washington, DC 20036	20100262	Enrique Martinez-Vidal, M.P.P. 1/1/10- 12/31/10. Support for the 2010 Activities of AcademyHealth's State Health Research and Policy Interest Group	\$ 20,000	\$ 5,000

Appropriation Date	Fund	Institution	Grant No.	Project Director and Description	Amount Paid	Ending Balance @ 6-30-10
6/25/2010	2030	AcademyHealth 1150 17th Street NW, Suite 600 Washington, DC 20036	20100513	W David Helms, Ph.D. 7/1/10-12/31/10. Developing New Methods for Designing and Evaluating Emerging Demonstration and Pilot Projects: Anticipating the Challenges	\$	48,257
11/8/2005	2010	All Children's Research Institute, Inc 801 6th Street South St Petersburg, FL 33701	20060128	Henry L. Shapiro, M.D. 12/1/05-11/30/06 Sustaining and Promoting Developmental and Behavioral Pediatrics Online, Phase 2	\$	5,072
7/15/2008	2010	Alliance for Health Reform 1444 Eye Street, NW, Suite 910 Washington, DC 20005-6573	20080339	Edward Howard, J.D. 7/15/08-9/30/09. Commission on a High Performance Health System: Meetings	\$ 47,660	(0)
7/15/2008	2010	Alliance for Health Reform 1444 Eye Street, NW, Suite 910 Washington, DC 20005-6573	20080340	Edward Howard, J.D. 7/15/08-9/30/09 Commonwealth Fund Bipartisan Congressional Retreat, 2009	\$ 8,066	39,224
7/15/2008	2010	Alliance for Health Reform 1444 Eye Street, NW, Suite 910 Washington, DC 20005-6573	20080341	Edward Howard, J.D. 7/15/08-9/30/09. Health Policy Seminars and Congressional Staff Retreat, 2008-09	\$ 11,608	16,357
7/14/2009	2010	Alliance for Health Reform 1444 Eye Street, NW, Suite 910 Washington, DC 20005-6573	20090558	Edward Howard, J.D. 7/15/09-7/14/10 Commonwealth Fund Bipartisan Congressional Retreat, 2010	\$ 295,993	42,285
7/14/2009	2010	Alliance for Health Reform 1444 Eye Street, NW, Suite 910 Washington, DC 20005-6573	20090559	Edward Howard, J.D. 7/15/09-8/31/10 Toward a High Performance Health System Informing Health Policy Leaders on Key Issues, 2009-10	\$ 302,738	77,926
7/14/2009	2030	Alliance for Health Reform 1444 Eye Street, NW, Suite 910 Washington, DC 20005-6573	20090581	Edward Howard, J.D. 4/15/09-7/15/09. Commonwealth Fund/Alliance International Roundtable on Comparative Effectiveness	\$ 7,285	5,478
11/13/2007	2010	Ambulatory Pediatric Association 6728 Old McLean Village Drive McLean, VA 22101	20070764	Cynthia Minkovitz, M.D. 12/01/07-11/30/09. Young Investigator Awards for Research in Child Development and Preventive Care	\$ 3,339	(0)
11/1/2003	2010	American Academy of Pediatrics, Inc. 141 Northwest Point Blvd Elk Grove, IL 60007	20040151	Darcy Steinberg, M.P.H. 11/04-12/31/07 Training Office Staff to Improve Preventive and Developmental Services in Pediatric Practices	\$ 68,846	-
4/22/2008	2030	American Academy of Pediatrics, Inc 141 Northwest Point Blvd. Elk Grove Village, IL 60007-1098	20080177	Judith Dolins. 7/1/08-6/30/2010 Promoting the Open Forum Concept - Grants to AAP Chapters	\$	3,243
7/23/2008	2030	American Academy of Pediatrics, Inc 141 Northwest Point Boulevard Elk Grove Village, IL 60007-1098	20090026	Regina Shaefer, M.P.H. 7/31/08-9/30/09. Starting Early: A Life Course Perspective on Child Health Disparities	\$ 10,000	-

Appropriation Date	Fund	Institution	Grant No.	Project Director and Description	Amount Paid	Ending Balance @ 6-30-10
11/10/2009 7/15/2008	2010	American Association of Homes and Services for the Aging 2519 Connecticut Avenue NW Washington, DC 20008-1520	20100076	William Minnix, Jr., D.Min. 12/1/09-11/30/11. Advancing Excellence in America's Nursing Homes, Year 3	\$ 400,000	\$ 497,969
	2010	American Association of Homes and Services for the Aging 2519 Connecticut Avenue, NW Washington, DC 20008-1520	20080355	William Minnix, Jr., D Min. 8/1/08-11/30/09 Advancing Excellence in America's Nursing Homes Using Coalitions to Accelerate Progress, Phase 2	\$ 39,449	\$ 34,658
4/17/2009	2030	American Board of Internal Medicine 510 Walnut Street, Suite 1700 Philadelphia, PA 19106	20090259	Bradley Gray, Ph.D., M.S. 6/1/09-12/31/09 Impact of Practice Infrastructure Supports on Patient Experience of Care	\$	\$ 4,846
6/23/2008	2030	American College of Health Care Administrators 12100 Sunset Hills Road, Suite 130 Reston, VA 20190	20080393	Marianna Gracheck 7/1/08-8/31/09. Achieving Staff Stability and Improving Performance: A Nursing Home Leaders Guide	\$	\$ 7,000
11/13/2007	2010	American College of Physicians Independence Mall West Sixth Street at Race Philadelphia, PA 19106-1572	20070791	Michael Barr, M.D., M.B.A. 12/1/07-11/30/08. What Does a Patient-Centered Medical Home Cost?	\$ 38,256	\$ -
1/22/2005	2030	American Health Quality Foundation 1155 21st Street NW, Suite 502 Washington, DC 20036	20060256	David Schulke 12/1/05-9/30/06. Improving Quality of Care in the New Medicare Drug Benefit	\$ 6,806	\$ (0)
10/1/2009 2/17/2009	2010 2030	Arkansas Department of Human Services 700 Main Street Little Rock, AR 72201 Association of Health Care Journalists Room 204 Murphy Hall University of Minnesota 206 Church St. SE Minneapolis, MN 55455-0418	20100155	Martha Hiett. 10/15/09-10/14/10. AR LINKS (Linkages Improve Networks and Knowledge of Services) Creating Efficient Systems Linkages to Support Healthy Child Development	\$ 20,000	\$ 39,986
	2030	Association of Maternal and Child Health Programs 2030 M Street NW, Suite 350 Washington, DC 20036	20090356	Len Bruzzese. 3/15/09-12/15/09. ACHJ Annual Conference, 'Covering Aging in the 21st Century' Workshop, and Talking Health Webcast Series	\$ 7,000	\$ -
12/19/2008	2030	Association of Maternal and Child Health Programs 2030 M Street NW, Suite 350 Washington, DC 20036	20090245	Michael Fraser, Ph.D. 1/1/09-5/31/09. Transforming our Public Health and Health Care Systems to Better Serve America's Women, Children, and Families: Plenary Session and Policy Report	\$ 1,455	\$ (0)
6/30/2010	2030	Association of Maternal and Child Health Programs 2030 M Street NW, Suite 350 Washington, DC 20036	20100594	Michelle Alletto, M.P.A. 7/15/10-7/14/11. Optimizing Health Care Reform to Advance Shared Resources Among Systems Serving Maternal and Child Health Populations	\$	\$ 25,000

Appropriation Date	Fund	Institution	Grant No.	Project Director and Description	Amount Paid	Ending Balance @ 6-30-10
11/2/2008	2030	Bailit Health Purchasing, LLC 56 Pickering Street Needham, MA 02492	20090215	Michael Bailit, M.B.A. 11/1/08-5/1/09. Insurance Standards and Policy Levers in Building a High Performance Health System	\$ 1,209	\$ -
3/25/2010	2030	Beth Israel Deaconess Medical Center, Inc. 330 Brookline Avenue Boston, MA 02215	20100345	Lachlan Farrow, M.D. 4/1/10-6/30/10. Commonwealth Fund Issue Brief: End of Life Care in MA State Health Reform: Lessons for National and State Health Reform Efforts	\$ 10,000	\$ 4,850
7/15/2008	2010	Boca Raton Community Hospital Foundation Inc 745 Meadows Road Boca Raton, FL 33486	20070773	Joseph Ouslander, M.D. 8/1/08-7/31/10 Reducing Avoidable Hospitalizations of Nursing Home Residents: Refinement and Evaluation of a Toolkit for Nursing Home Health Professionals	\$	\$ (0)
4/15/2008	2010	Boston Medical Center Corporation 818 Harrison Ave Roxbury, MA 02118	20080113	Laura Sices, M.D., M.S. 7/15/08-7/14/10. Communicating with Parents About Developmental Screening in Primary Care	\$	\$ 23,385
7/15/2008	2010	Boston Medical Center Corporation 818 Harrison Ave Roxbury, MA 02118	20080147	Robert Sege, M.D., Ph.D. 7/15/08-10/31/09. Recommending Content of Well-Child Care Testing a New Approach to Evaluating Evidence, Phase 3	\$ 16,737	\$ -
7/10/2007	2010	Boston University, Trustees of 145 Bay State Road Boston, MA 02216	20070209	Alan Cohen. 9/1/07-2/28/09. Examining Quality, Efficiency, and Patients' Experiences in U.S. Hospitals, Phase 2	\$ 69,691	\$ -
11/13/2007	2010	Brandeis University 415 South Street Waltham, MA 02454	20070467	Deborah Gurewicz, Ph.D. and Donald Shepard, Ph.D. 12/1/07-11/30/09. High-Performing Community Health Centers: What It Takes	\$	\$ 63,285
7/23/2007	2030	Brandeis University 415 South Street Waltham, MA 02454	20070617	Jon Chlingerian. 8/1/07-10/31/08. Examining Cardiac Surgery Efficiency Using Data Envelopment Analysis	\$	\$ 7,893
4/17/2009	2030	Brandeis University 415 South Street Waltham, MA 02454	20080365	Stuart Altman, Ph.D. 1/1/09-6/30/09 How Will We Meet the Health Service Needs of an Aging America - Princeton Conference 2009	\$ 2,000	\$ -
3/25/2010	2030	Brandeis University 415 South Street Waltham, MA 02454	20100384	Stuart Altman, Ph.D. 4/1/10-12/31/10. The XVII Princeton Conference: Examining End of Life Care -- Creating Sensible Public Policies for Patients, Providers and Payers	\$	\$ 15,000
6/25/2010	2030	Brandeis University 415 South Street Waltham, MA 02454	20100595	Claudia Jacobs, M.S.W 7/1/10-9/30/10 Foundations and Healthcare Reform	\$	\$ 22,000

Appropriation Date	Fund	Institution	Grant No.	Project Director and Description	Amount Paid	Ending Balance @ 6-30-10
7/15/2008	2010	Brigham and Women's Hospital Inc 75 Francis Street Boston, MA 02115	20080114	Niteesh Choudhry, M.D., Ph.D. 8/1/08-2/28/10. Assessing the Impact of Lower Prescription Drug Cost-Sharing on Medication Adherence, Clinical Outcomes and Health Care Costs	\$	\$ 31,366
11/11/2008	2010	Brigham and Women's Hospital Inc 75 Francis Street Boston, MA 02115	20080445	David Bates, MD, M.Sc. 1/1/09-6/30/10. Evaluating a Medical Home Plan Coupled with Innovative Payment Reform for Primary Care, Phase 1	\$ 130,000	\$ 93,439
4/14/2009	2010	Brigham and Women's Hospital Inc 75 Francis Street Boston, MA 02115	20090363	David Bates, M.D., M.Sc. 6/1/09-5/31/10 Evaluating the Impact of Computerized Physician Order Entry Systems on the Quality, Safety and Cost of Care in Massachusetts Community Hospitals	\$ 200,000	\$ 171,856
4/18/2008	2010	Brookings Institution, The 1775 Massachusetts Avenue, NW Washington, DC 20036-2188	20080223	Aaron McKethan, Ph D. 2/1/08-10/31/08 The Public Employee Health Plan Forum on Health Care Quality	\$ 10,364	\$ -
2/17/2009	2030	Brown University Center for Gerontology and Health Care Research 171 Meeting Street, G-B 215M Providence, RI 02912	20090426	Edward Alan Miller, Ph D., M.P.A. 3/1/09-2/28/10 Disseminating the Long-Term Care Opinion Leader Survey: A Special Journal Supplement	\$ 26,751	\$ -
4/30/2010	2030	Brown University Center for Gerontology and Health Care Research 171 Meeting Street, G-B 215M Providence, RI 02912	20100502	Vincent Mor, Ph.D. 5/1/10-10/31/10 Updating Nursing Home Hospitalization Scorecard Measures and Adding Selected Quality Indicators	\$ 25,000	\$ 16,683
12/2/2008	2030	Bundesgeschäftsstelle Qualitätssicherung gGmbH Kanzlerstraße 4 Düsseldorf 40472 Germany	20090275	Christof Veit, MD 1/1/09-12/31/09. Planning Grant for The Commonwealth Fund Initiative for Second Generation International Benchmarking in Health Care	\$	\$ 10,720
7/14/2009	2010	Burness Communications 7910 Woodmont Avenue, Suite 700 Bethesda, MD 20814-3015	20090589	Bethanne Fox 7/1/09-6/30/10. Enhancing The Commonwealth Fund's Capacity to Reach Change Agents and Inform Public Discourse	\$ 156,303	\$ 73,697
7/12/2005	2010	California, Regents of the University of 1111 Franklin Street 12th Floor Suite 12113 Oakland, CA 94609	20050334	Stephen M. Shortell, Ph.D. 08/01/05-03/31/08. Analysis of Physician Group Practices' Management of Chronic Illness	\$ 24,419	\$ -

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11/13/2007	2010	California, Regents of the University of 1111 Franklin Street 12th Floor Suite 12113 Oakland, CA 94614	20070413	Alicia Fernandez, M.D. 7/1/08-6/30/09. Examining the Link Between Diabetes Outcomes and Patient Experiences Within Vulnerable Populations		\$ 25,248
7/10/2007	2010	California, Regents of the University of 1111 Franklin Street 12th Floor Suite 12113 Oakland, CA 94615	20070495	Robert Miller. 8/1/07-1/31/09. Using Electronic Health Records for Quality Improvement in Community Health Centers		\$ 59,756
11/13/2007	2010	California, Regents of the University of 1111 Franklin Street 12th Floor Suite 12113 Oakland, CA 94616	20070761	Stephen Shortell, Ph.D. 1/1/08-9/30/09. Understanding Why Some Physician Organizations Excel at Chronic Disease Management		\$ 50,801
11/13/2007	2010	California, Regents of the University of 1111 Franklin Street 12th Floor Suite 12113 Oakland, CA 94617	20070769	James Kahn, M.D. 12/1/07-5/31/09. Assessing the Impact of Personal Health Records on Underserved Patients with Chronic Illness		\$ 59,682
			20100571	Melanie Nathanson, M.P.A. 6/1/10-5/31/12. Strategic Planning and Coordination for Health Reform Implementation		\$ 30,000
6/25/2010	2030	Center for American Progress 1333 H Street NW, 10th Floor Washington, DC 20005	20100352	Len Bruzzese. 5/1/10-4/30/12. Association of Health Care Journalists Media Fellowships in Health System Performance		\$ 200,000
4/13/2010	2010	Center for Excellence in Health Care Journalism 10 Neff Hall Columbia, MO 65211	20100287		\$ 25,000	\$ 5,000
12/17/2009	2030	Center for Excellence in Health Care Journalism 10 Neff Hall Columbia, MO 65211		Len Bruzzese. 3/15/10-12/14/10. Support for the Association of Health Care Journalists' Annual Conference and Rural Health Journalism Workshop		
7/10/2007	2010	Center for Health Care Strategies, Inc. 200 American Metro Boulevard, Suite 119 Hamilton, NJ 08619	20070345	Melanie Bella 7/1/07-12/31/09. The Business Case for Quality, Phase 2		\$ 15,559

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11/11/2008	2010	Center for Health Care Strategies, Inc. 200 American Metro Boulevard, Suite 119 Hamilton, NJ 08619	20090034	Melanie Bella, M.B.A 12/1/08-7/31/10. Promoting Integrated Delivery Systems for Medicare's Most Vulnerable Beneficiaries	\$ 85,000	\$ 45,157
6/27/2009	2030	Center for Health Care Strategies, Inc 200 American Metro Boulevard, Suite 119 Hamilton, NJ 08619	20090611	Kamala D. Allen, M.H.S. 7/1/09-9/30/10. A Multi-State Analysis of Medicaid-Financed Services for Children with Complex Needs	\$ 25,000	\$ 5,309
7/29/2009	2030	Center for Health Care Strategies, Inc. 200 American Metro Boulevard, Suite 119 Hamilton, NJ 08619	20100020	Melanie Bella, M.B.A 8/1/09-1/31/10. Analysis of Alternative Models to Integrate Care for Dual Eligibles	\$ 14,422	\$ -
9/16/2009	2030	Center for Health Care Strategies, Inc. 200 American Metro Boulevard, Suite 119 Hamilton, NJ 08619	20100066	Nikki Highsmith, M.P.A 10/1/09-6/30/10. Advancing Primary Care Transformation in Medicaid	\$ 40,000	\$ 9,713
4/30/2010	2030	Center for Health Care Strategies, Inc. 200 American Metro Boulevard, Suite 119 Hamilton, NJ 08619	20100470	Nikki Highsmith, M.P.A. and Stephen Somers, Ph.D 6/1/10-8/31/10 Providing Shared Practice Supports in Medicaid	\$ 41,685	\$ -
4/15/2008	2010	Center for Health Policy Development National Academy for State Health Policy 10 Free Street, 2nd Floor Portland, ME 04101	20070765	Jill Rosenthal, M.P.H 4/15/08-8/14/09. State Partnerships to Improve Quality: Understanding Critical Factors in Their Success	\$ 22,922	\$ -
11/13/2007	2010	Center for Health Policy Development National Academy for State Health Policy 10 Free Street, 2nd Floor Portland, ME 04101	20070767	Neva Kaye. 12/1/07-11/30/09 Improving Early Childhood Health and Developmental Services Through EPSDT Policy	\$ 85,000	\$ 27,679
4/14/2009	2010	Center for Health Policy Development National Academy for State Health Policy 10 Free Street, 2nd Floor Portland, ME 04101	20090112	Neva Kaye. 5/1/09-10/31/10. State Consortium to Advance Medical Homes for Medicaid and Children's Health Insurance Program Beneficiaries	\$ 85,000	\$ 27,679

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4/14/2009	2010	Center for Health Policy Development National Academy for State Health Policy 10 Free Street, 2nd Floor Portland, ME 04101	20090343	Neva Kaye. 5/1/09-4/30/10. ABCD III Improving Care Coordination, Case Management, and Linkages to Support Healthy Child Development, Year 1	\$ 117,481	\$ -
7/14/2009	2010	Center for Health Policy Development National Academy for State Health Policy 10 Free Street, 2nd Floor Portland, ME 04101	20090641	Anne Gauthier, M.S. 7/1/09-9/30/10. Advancing State Health System Performance: New State Roles	\$ 358,925	\$ 37,036
4/13/2010	2010	Center for Health Policy Development National Academy for State Health Policy 10 Free Street, 2nd Floor Portland, ME 04101	20100308	Neva Kaye. 6/1/10-5/31/11 ABCD III: Improving Care Coordination, Case Management and Linkages to Support Healthy Child Development, Year 2	\$ 150,000	\$ 223,174
6/27/2009	2030	Center for Health Policy Development National Academy for State Health Policy 10 Free Street, 2nd Floor Portland, ME 04101	20090686	Jill Rosenthal. 7/1/09-11/30/09. Creating State and Federal dialogue to advance quality improvement: Patient safety and non-payment for preventable conditions	\$ 48,425	\$ -
4/8/2010	2030	Center for Health Policy Development National Academy for State Health Policy 10 Free Street, 2nd Floor Portland, ME 04101	20100423	Neva Kaye and Kitty Purington, J D 5/1/10-4/30/11. Improving State Medicaid EPSDT Program Management and Policy	\$ 40,000	\$ 9,886
6/25/2010	2030	Center for Health Policy Development National Academy for State Health Policy 10 Free Street, 2nd Floor Portland, ME 04101	20100518	Neva Kaye. 7/1/10-1/31/11 State Strategies to Use Federally Qualified Health Centers as Community Utilities to Support Medical Homes for Vulnerable Populations	\$	\$ 48,594
10/26/2009	2010	Center for Studying Health System Change 600 Maryland Avenue SW, Suite 550 Washington, DC 20024-5216	20090500	James D Reschovsky, Ph D 11/1/09-12/31/10. Modeling Medicare Payment Rate Updates on Area-Specific Medicare Costs	\$ 159,981	\$ 77,029

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11/10/2009	2010	Center for Studying Health System Change 600 Maryland Avenue SW, Suite 550 Washington, DC 20024-5216	20100070	Hoangmai Pham, M.D., M.P.H 2/1/10-7/31/11. Using Care Coordination Agreements in Primary Care	\$ 71,959	\$ 107,938
4/13/2010	2010	Center for Studying Health System Change 600 Maryland Avenue SW, Suite 550 Washington, DC 20024-5216	20100295	Ann O'Malley, M.D., M.P.H 6/1/10-11/30/11 Examining Effective Practices and Policies for Facilitating After-Hours Care	\$ 65,588	\$ 98,382
11/13/2007	2010	Center for Studying Health System Change 600 Maryland Avenue, SW, Suite 550 Washington, DC 20024-5216	20070618	Ann O'Malley, M.D., M.P.H. 12/1/07-2/28/09. The Role of Information Technology in Facilitating Care Coordination	\$ 35,071	\$ -
11/13/2007	2010	Center for Studying Health System Change 600 Maryland Avenue, SW, Suite 550 Washington, DC 20024-5216	20070655	Peter Cunningham, Ph.D. 12/1/07-5/31/09 Trends in the Financial Burden of Medical Care Costs and the Effects on People with Chronic Conditions	\$ 18,579	\$ (0)
11/13/2007	2010	Chicago, University of 970 East 58th Street Chicago, IL 60637	20070716	James Heckman, Ph.D. 7/1/08-6/30/09. Cost-Benefit Analyses of Early Childhood Health Care Interventions	\$ 40,000	\$ 19,995
3/12/2009	2030	Children's Hospital Medical Center 3333 Burnet Avenue Cincinnati, OH 45229-3039	20090494	Lisa Simpson, M.B., B.Ch., M.P.H. 3/15/09-8/31/09. State Options to Implement the Children's Health Insurance Reauthorization Act of 2009	\$ 4,958	\$ -
7/15/2008	2010	Children's Hospital of Philadelphia Joseph Stokes, Jr. Research Institute 3615 Civic Center Boulevard Philadelphia, PA 19104-4318	20080320	Susmita Pati, M.D., M.P.H 8/1/08-7/31/10 Tailoring Pediatric Preventive Care to Individual Needs, Phase 2: Validating a New Instrument	\$ 110,000	\$ 27,016
12/17/2009	2030	Citizens Budget Commission, Inc One Penn Plaza, Suite 640 New York, NY 10119	20100294	Carol B Kellermann, J.D. 1/1/10-12/31/10 Citizens Budget Commission 2010 Annual Dinner	\$ 2,000	\$ -
4/11/2006	2010	Columbia University in the City of New York, Trustees of 630 West 168th Street New York, NY 10030	20060364	Jane Knitzer, Ed D 5/1/06-4/30/08. Intervention Services in Early Childhood: A State by State Picture	\$ 87,147	\$ -
11/13/2007	2010	Columbia University in the City of New York, Trustees of 630 West 168th Street New York, NY 10032	20070776	Sherry Glied, Ph.D. 12/1/07-11/30/08 Lessons for Health Insurance Reform. Learning from States and from Health Systems Abroad	\$ 18,733	\$ -

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12/27/2006	2030	Commonwealth Fund, The 1 East 75th Street New York, NY 10026	20070291	Edward L. Schor. 1/1/07-5/31/07. Child Development and Preventive Care Leadership Meeting	\$	0
1/24/2007	2030	Commonwealth Fund, The 1 East 75th Street New York, NY 10027	20070384	Robin Osborn. 2/1/07-8/1/07. International Session at AcademyHealth Annual Research Meeting: 'International Companions of Primary Care Policy and Practice: An Opportunity for Cross-National Learning'	\$	(0)
7/10/2007	2010	Commonwealth Fund, The 1 East 75th Street New York, NY 10030	20070535	Cathy Schoen. 8/1/07-7/31/08. Analytic Work for Developing and Updating the U.S. Health System Scorecard	\$ 7,000	-
7/10/2007	2010	Commonwealth Fund, The 1 East 75th Street New York, NY 10031	20070538	Robin Osborn. 7/15/07-7/14/08. Enhancing International Program Communications and Publications Capacity	\$ 15,500	45,736
11/13/2007	2010	Commonwealth Fund, The 1 East 75th Street New York, NY 10032	20070811	Robin Osborn 12/1/07-12/31/08. Commonwealth Fund/Nuffield Trust International Conference on Health Care Quality Improvement, 2008	\$	(0)
4/15/2008	2010	Connecticut Children's Medical Center 282 Washington Street Hartford, CT 06106	20080118	Paul Dworkin, M.D. 5/1/08-4/30/10 National Dissemination of Comprehensive, Coordinated Systems of Early Identification and Referral of Children at Risk for Developmental or Behavioral Problems, Phase 2	\$	40,709
11/13/2007	2010	Connecticut, University of 353 Mansfield Road Box U-48 Storrs, CT 06269	20070718	Judith Fifield, Ph D. 12/1/07-8/31/10. Evaluating a Medical Home Demonstration in Two Health Plans	\$	183,595
5/20/2008	2030	Cornell University G44 Martha Van Rensselaer Hall Ithaca, NY 14853	20080436	Rhoda Meador 6/1/08-12/31/08. Linking Technology Implementation to Culture Change and Resident Centered Care Phase Two	\$	-
4/17/2009	2030	Council of Accountable Physician Practices One Kaiser Plaza, 27th Floor Oakland, CA 94612	20090543	Nancy Taylor, M.B.A. 4/15/09-8/31/09. Roundtable on Payment Reform	\$	-
11/14/2006	2010	Dartmouth College, Trustees of Dartmouth Hitchcock Medical Center Department of Pediatrics Lebanon, NH 03757	20070129	Elliott Fisher, M.D., M.P.H. 1/1/07-4/30/08. Understanding the Quality and Performance of Medical Groups, Phase 1	\$ 54,304	-

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7/14/2009	2010	DataPipe, Inc. 10 Exchange Place, Suite 1200 Jersey City, NJ 07302	20090633	Bill Dolan 7/1/09-6/30/10. Enhancing The Commonwealth Fund's Capacity to Reach Change Agents and Inform Public Discourse	\$ 67,507	\$ 7,493
11/2/2008	2030	DMA Health Strategies 9 Menam Street, Suite 4 Lexington, MA 02420	20080292	D. Russell Lyman, Ph.D. 1/1/09-9/30/09. Case Study of State Strategies for Implementing Universal Early Childhood Developmental Screening	\$ 7,500	\$ -
3/12/2009	2030	DMA Health Strategies 9 Meriam Street, Suite 4 Lexington, MA 02420	20090462	Wendy Holt, M.P.P. 4/1/09-6/30/09. 'Just in Time' Help for Primary Care Providers Managing Children's Emotional Problems: A Case Study of a Statewide Approach	\$ 4,210	\$ -
10/26/2009	2010	Dobson DaVanzo & Associates, LLC 440 Maple Avenue East, Suite 203 Vienna, VA 22180	20090497	Allen Dobson, Ph.D 11/1/09-3/31/10. Determining the Impact of Alternative Payment Levels for Hospital Patients Who Are Currently Uninsured	\$ 105,720	\$ 8,415
8/14/2007	2030	Economic Policy Institute 1333 H Street, NW Suite 300, East Tower Washington, DC 20036	20070682	Elise Gould 1/1/08-6/30/08. Tracking Transitions: Health Insurance Coverage Across Time	\$ 8,841	\$ -
9/12/2008	2030	Education & Research Fund of the Employee Benefit Research Institute 1100 13th Street NW, Suite 878 Washington, DC 20005	20090027	Paul Fronstin, Ph.D 9/1/08-12/31/09. 2009 Sustaining Membership in the EBRI/ERF: Support of the Annual Health Confidence Survey and the Consumer Engagement in Health Care Survey	\$ 10,000	\$ -
7/13/2009	2030	Education & Research Fund of the Employee Benefit Research Institute 1100 13th Street NW, Suite 878 Washington, DC 20005	20100004	Paul Fronstin, Ph D 8/1/09-12/31/10 Sustaining Membership in the EBRI/ERF: Support for the Annual Health Confidence and Consumer Engagement in Health Care Surveys	\$ 36,000	\$ 10,000
6/10/2010	2030	Education & Research Fund of the Employee Benefit Research Institute 1100 13th Street NW, Suite 878 Washington, DC 20005	20100553	Paul Fronstin, Ph D 9/1/10-12/31/11. 2011 Sustaining Membership in the Employee Benefit Research Institute Education and Research Fund; Support of the Annual Health Confidence Survey and the Consumer Engagement in Health Care Survey	\$	\$ 46,000
9/18/2009	2010	Florida Atlantic University 777 Glades Road Boca Raton, FL 33431	20100120	Joseph Ouslander, M.D. 8/1/09-7/31/10. Reducing Avoidable Hospitalizations of Nursing Home Residents: Refinement and Evaluation of a Toolkit for Nursing Home Health Professionals	\$ 160,000	\$ 90,789

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4/13/2010	2010	Foundation Center 79 Fifth Avenue New York, NY 10003-3076	20100368	Bradford K. Smith 1/1/10-12/31/10. General Support	\$ 15,000	\$ -
11/8/2009	2030	Foundation for the eHealth Initiative 818 Connecticut Avenue NW, Suite 500 Washington, DC 20006	20100173	Jennifer Covich Bordenick, M.S. 11/1/09-3/31/10. Creating a National Progress Report on eHealth Initiatives	\$ 50,000	\$ -
4/17/2009	2030	Friends of the National Library of Medicine 2801 M Street NW Washington, DC 20007	20090522	E. Andrew Balias, M.D., Ph.D. 5/1/09-3/31/10. Personal Electronic Health Records to Transform Health Care: A National Conference	\$ 5,000	\$ 5,000
6/27/2009	2030	George Mason University 4400 University Drive Fairfax, VA 22030	20090674	Robin Remsburg. 7/1/09-6/30/10. Spreading the Word: Documenting and Disseminating the Lessons and Successes of Advancing Excellence	\$ 38,000	\$ 7,002
11/13/2007	2010	George Washington University Department of Health Services Management and Policy 2021 K Street NW, Suite 800 Washington, DC 20006	20070780	Brian Biles, M.D., M.P.H. 1/1/08-6/30/09. Medicare Advantage Private Plans: Assessing the Value for Elderly and Disabled Beneficiaries	\$	\$ 47,511
4/14/2009	2010	Grantmakers for Children, Youth, and Families, Inc. 8757 Georgia Avenue, Suite 540 Silver Springs, MD 20910	20090441	Stephanie McGencey, Ph.D. 1/1/09-12/31/09 General Support	\$ 2,500	\$ -
4/13/2010	2010	Grantmakers in Aging, Inc. 7333 Paragon Rd., Ste 220 Dayton, OH 45459-4157	20100369	Carol Farquhar 1/1/10-12/13/10 General Support	\$ 6,500	\$ -
4/13/2010	2010	Grantmakers In Health 1100 Connecticut Avenue, NW, Suite 1200 Washington, DC 20036	20100370	Lauren LeRoy, Ph.D. 1/1/10-12/31/10 General Support	\$ 15,000	\$ -
4/30/2010	2030	Grantmakers In Health 1100 Connecticut Avenue, NW, Suite 1200 Washington, DC 20036	20100390	Lauren LeRoy, Ph.D. 5/1/10-4/30/11. The Grantmakers In Health Fall Forum on Women's Health	\$ 5,000	\$ -
4/13/2010	2010	Grants Managers Network, Inc 1101 14th Street NW, Suite 420 Washington, DC 20005	20100371	Michelle Greanias. 1/1/10-12/31/10. General Support	\$ 2,000	\$ -
5/14/2009	2030	Greater New York Hospital Association 555 West 57th Street, 15th Floor New York, NY 10019	20090526	Tim Johnson 7/1/09-6/30/10. 2009 Symposium on Health Care Services in New York. Research and Practice	\$ 1,200	\$ -

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5/22/2010	2030	Greater New York Hospital Association 555 West 57th Street, 15th Floor New York, NY 10019	20100549	Tim Johnson 7/1/10-6/30/11. 21st Annual Symposium on Health Care Services in New York: Research and Practice	\$ 1,200	\$ -
4/22/2008	2030	Greater Washington Educational Telecommunications Association 2775 South Quincy Street Arlington, VA 22206	20080226	Lee Crystal. 7/1/08-11/30/08. Special Program on the Presidential Candidates and Health Care	\$ 4,188	\$ -
11/11/2008	2010	Group Health Cooperative 1730 Minor Ave Suite 1600 Seattle, WA 98101	20080479	David Arterburn, M.D., M.P.H. 4/1/09-3/31/11 Assessing the Impact of Patient Decision Aids on Health Care Utilization and the Costs of Care	\$ 160,000	\$ 83,929
4/14/2009	2010	Group Health Cooperative 1730 Minor Ave Suite 1600 Seattle, WA 98101	20090425	Edward Wagner, M.D., M.P.H. 7/1/09-6/30/11. Achieving Best Practices for Patient Referral	\$	\$ 150,688
6/25/2010	2030	Group Health Cooperative 1730 Minor Ave Suite 1600 Seattle, WA 98101	20100574	Edward Wagner, M.D., M.P.H. 8/1/10-1/31/11. Identifying Best Practices for Efficient Electronic Consultation Between Primary and Specialty Care Providers	\$	\$ 35,709
5/20/2008	2030	Harbage Consulting P.O. Box 531785 Henderson, NV 89053	20080271	Peter Harbage. 6/1/08-1/31/09. The 2009 Health Policy Debate: Getting to the Details	\$ 18,000	\$ -
4/15/2008	2010	Harris Interactive, Inc 60 Corporate Woods Rochester, NY 14623	20080154	Jordan Peugh, M.A. 7/1/08-6/30/09 Assessing Community Health Centers' Capacity to Serve as Medical Homes	\$ 49,169	\$ 21,871
7/15/2008	2010	Harris Interactive, Inc 60 Corporate Woods Rochester, NY 14623	20080389	Jordan Peugh, M.A. 8/1/08-11/30/09 International Health Policy Survey, 2009	\$ 69,920	\$ (0)
11/11/2008	2010	Harris Interactive, Inc 60 Corporate Woods Rochester, NY 14623	20090080	Jordan Peugh, M.A. 1/1/09-12/31/09 Health Care Opinion Leaders Survey, Year 4	\$ 33,000	\$ -
7/14/2009	2010	Harris Interactive, Inc. 60 Corporate Woods Rochester, NY 14623	20090563	Roz Pierson, Ph.D 8/1/09-11/31/10 International Health Policy Survey, 2010	\$ 250,000	\$ 157,800
11/10/2009	2010	Harris Interactive, Inc. 60 Corporate Woods Rochester, NY 14623	20100064	Roz Pierson, Ph.D 1/1/10-12/31/10. Health Care Opinion Leaders Survey, Year 5	\$ 26,800	\$ 40,200
2/17/2009	2030	Harris Interactive, Inc. 60 Corporate Woods Rochester, NY 14623	20090382	Jordan Peugh, M.A. 3/1/09-12/31/09. International Health Policy 2009: Expanded Sample and Survey of U.S. Pediatricians	\$ 8,600	\$ -

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3/12/2009	2030	Harris Interactive, Inc. 60 Corporate Woods Rochester, NY 14623	20090511	Jordan Peugh. 3/15/09-12/31/09. Inclusion of Italy in 2009 Commonwealth Fund International Survey	\$ 3,000	\$ -
7/11/2006	2010	Harvard College, President and Fellows of 17 Quincy Street, Massachusetts Hall Cambridge, MA 02142	20060485	John Z. Ayanian, M.D., M.P.P. 9/1/06-2/28/08 Assessing the Long-Term Implications of Uninsured Older Adults to Medicare, Phase 1	\$ 10,466	\$ -
7/11/2006	2010	Harvard College, President and Fellows of 17 Quincy Street, Massachusetts Hall Cambridge, MA 02145	20060649	Joan Reede, M.D., M.P.H., M.S. The Commonwealth Fund/Harvard University Fellowship in Minority Health Policy: Support for Program Direction and Fellowships, 2007-08	\$	\$ 80,000
7/10/2007	2010	Harvard College, President and Fellows of 17 Quincy Street, Massachusetts Hall Cambridge, MA 02150	20070520	Joan Reede. 7/1/08-6/30/09. The Commonwealth Fund/Harvard University Fellowship in Minority Health Policy: Support for Program Direction and Fellowships, 2008-09	\$	\$ 100,000
11/13/2007	2010	Harvard College, President and Fellows of 17 Quincy Street, Massachusetts Hall Cambridge, MA 02151	20070775	John Z. Ayanian, M.D., M.P.P. 3/1/08-6/30/09 Assessing the Long-Term Implications of Uninsured Adults to Medicare, Phase 2	\$ 21,888	\$ -
11/13/2007	2010	Harvard College, President and Fellows of 17 Quincy Street, Massachusetts Hall Cambridge, MA 02152	20070779	Sachin Jain. 1/1/08-12/31/10 ImproveHealthCare. Promoting Health Systems Literacy	\$	\$ 25,730
4/15/2008	2010	Harvard College, President and Fellows of 17 Quincy Street, Massachusetts Hall Cambridge, MA 02154	20080127	Arnold Epstein, M.D. 4/1/08-6/30/09. Analyzing the Interrelationship of Patient Experience, Quality and Cost of Hospital Care, Phase 3	\$	\$ 42,039
4/15/2008	2010	Harvard College, President and Fellows of 17 Quincy Street, Massachusetts Hall Cambridge, MA 02155	20080136	Meredith Rosenthal, Ph.D. 5/1/08-4/30/11. Building Patient-Centered Medical Homes An Evaluation of a Multipayer Demonstration in Rhode Island	\$	\$ 91,640
11/13/2007	2010	Health Management Associates, Inc. 120 North Washington Square, Suite 705 Lansing, MI 48933	20070837	Sharon Silow-Carroll, M.S.W., M.B.A. 12/1/07-11/30/08. Case Studies of Innovation and High Performance	\$ 67,525	\$ -
7/15/2008	2010	Health Management Associates, Inc. 120 North Washington Square, Suite 705 Lansing, MI 48933	20080335	Sharon Silow-Carroll, M.B.A., M.S.W. 8/1/08-7/31/09. Case Studies of Systems of Child Health Care Coordination for States	\$ 17,610	\$ -

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4/14/2009	2010	Health Management Associates, Inc. 120 North Washington Square, Suite 705 Lansing, MI 48933	20090322	Sharon Silow-Carroll, M.S.W., M.B.A. 5/1/09-10/31/10. Case Studies of Innovation and High Performance for WhyNotTheBest.org	\$	276,940
4/14/2009	2010	Health Management Associates, Inc. 120 North Washington Square, Suite 705 Lansing, MI 48933	20090345	Sharon Silow-Carroll, M.S.W., M.B.A. 5/1/09-4/30/10. States in Action Newsletter: Six Issues for 2009-10	\$ 36,080	-
4/13/2010	2010	Health Management Associates, Inc. 120 North Washington Square, Suite 705 Lansing, MI 48933	20100280	Sharon Silow-Carroll, M.S.W., M.B.A. 5/1/10-4/30/11. States in Action Newsletter. Six Issues for 2010-11	\$ 50,000	63,846
5/26/2009	2030	Health Management Associates, Inc. 120 North Washington Square, Suite 705 Lansing, MI 48933	20090629	Sharon Silow-Carroll, M.S.W., M.B.A. 5/18/09-9/30/09. State Scorecard Profiles & Overview Report	\$ 9,000	-
1/20/2010	2030	Health Management Associates, Inc. 120 North Washington Square, Suite 705 Lansing, MI 48933	20100279	Sharon Silow-Carroll, M.S.W., M.B.A. 2/15/10-8/15/10. Analyzing 'Systemness' in Low- and High-Performing States	\$ 40,000	9,816
4/10/2007	2010	Health Research and Educational Trust One North Franklin Street, Suite 2700 Chicago, IL 60606	20070222	Romana Hasnain-Wynia. 7/1/07-6/30/09. Examining the Quality and Efficiency of Care in U.S. Safety Net Hospitals	\$	54,029
7/15/2008	2010	Health Research and Educational Trust One North Franklin Street, Suite 2800 Chicago, IL 60606	20080278	Megan McHugh, Ph.D. 9/1/08-10/31/09. Analyzing Medicare's Payment Policy for Hospital-Acquired Conditions and Its Impact on Safety-Net Hospitals	\$	24,966
11/11/2008	2010	Health Research and Educational Trust One North Franklin Street, Suite 2800 Chicago, IL 60606	20080465	Maulik Joshi, Dr.P.H. 1/15/09-1/14/10. Identifying Best Practices to Improve the Performance of Multi-Hospital Systems	\$ 59,694	-
7/13/2009	2030	Health Research and Educational Trust One North Franklin Street, Suite 2800 Chicago, IL 60606	20100001	Maulik Joshi, Dr.P.H. 7/15/09-2/15/10. Spreading and Scaling up Strategies to Reduce Rehospitalizations	\$ 43,468	-

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4/13/2010	2010	Health Services Research Association of Australia & New Zealand PO Box 123 Sydney, NSW 2007 Australia	20100372	Jackie Cumming, Ph.D 1/1/10-12/31/10. General Support	\$ 1,500	\$ -
5/14/2009	2030	Health Services Research Association of Australia & New Zealand PO Box 123 Sydney, NSW 2007 Australia	20090604	Jane Hill, Ph D 6/1/09-5/31/10. 6th Biennial Health Services and Policy Research Conference	\$ 903	\$ (0)
3/12/2009	2030	Healthcare Information and Management Systems Society Foundation 230 East Ohio Street, Suite 500 Chicago, IL 60611	20090258	Neal Neuberger. 4/1/09-3/31/10 2009/10 Capitol Hill 'Steering Committee on Telehealth and Healthcare Informatics' Series	\$ 3,000	\$ -
4/15/2008	2010	Illinois Chapter of American Academy of Pediatrics 1358 W. Randolph, Suite 2 East Chicago, IL 60607	20080148	Scott Allen, M.S 7/1/08-6/30/10. Overcoming Barriers to Referral and Care Coordination for Children Eligible for Early Intervention Services	\$	\$ 52,438
10/1/2009	2010	Illinois Department of Healthcare and Family Services 201 South Grand Avenue East Springfield, IL 62763-0002	20100156	Deborah Saunders, M.S.W 10/15/09-10/14/10. Illinois Healthy Beginnings II: Coordinating Medical Homes and Community Services	\$ 40,000	\$ 20,000
4/13/2010	2010	Independent Sector 1602 L Street NW, Suite 900 Washington, DC 20036	20100373	Diana Aviv. 1/1/10/12/31/10. General Support	\$ 12,500	\$ -
4/14/2009	2010	Institute for Healthcare Improvement 20 University Road, 7th Floor Cambridge, MA 02138	20090317	Amy Boutwell, M.D., M.P.P., Patricia Rutherford, R.N., M.S., and Donald Goldmann, M.D. 5/1/09-6/30/10. Reducing Rehospitalizations, Phase 2	\$ 605,000	\$ 210,000
4/13/2010	2010	Institute for Healthcare Improvement 20 University Road, 7th Floor Cambridge, MA 02138	20100391	Don Goldmann, M.D. 7/1/10-6/30/11. Support for a Research Unit to Update the Health System Scorecards and Analyze Local Variations in Performance	\$ 269,125	\$ 262,874
2/24/2010	2030	Institute for Healthcare Improvement 20 University Road, 7th Floor Cambridge, MA 02138	20100353	Joe McCannon. 3/1/10-9/30/10 A Conference to Advance the State of the Science and Practice on Scale-up and Spread of Effective Health Programs	\$ 32,000	\$ 11,087

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4/13/2010	2010	Institute for Safe Medication Practices 200 Lakeside Drive, Suite 200 Horsham, PA 19044	20100261	Allen Vaida, Pharm.D. 5/1/10-6/30/11. Assessing the State of Safe Medication Practices in U.S. Hospitals: A Five-Year Follow-Up Survey	\$ 80,000	\$ 115,074
7/11/2006	2010	Institute for Urban Family Health 16 East 16th Street New York, NY 10003	20060565	Neil Calman, M.D. 8/1/06-6/30/08 Using Electronic Health Records to Improve Quality and Reduce Disparities in Diabetes Care	\$ 26,182	\$ -
4/15/2008	2010	International Communications Research, Inc. 53 West Baltimore Pike Media, PA 19063-5698	20080224	Melissa Herrmann. 5/1/08-4/30/09 Evaluating Medical Homes in New Orleans: A Survey of Patients, Phase I	\$ 50,000	\$ -
7/15/2008	2010	International Communications Research, Inc. 53 West Baltimore Pike Media, PA 19063-5698	20080430	Melissa Herrmann, M.A. 8/1/08-7/31/09. Commonwealth Fund Survey of Young Adults	\$ 26,744	\$ -
4/13/2010	2010	International Society for Quality in Health Care, Inc. 2 Parnell Square East Dublin 1 Ireland	20100374	Roisin Boland, R.G.N., M.B.A. 1/1/10/12/31/10. General Support	\$ 1,000	\$ -
4/15/2008	2010	Iowa, University of 101 Jessup Hall Iowa City, IA 52242	20080155	Barry Greene, Ph.D. 5/1/08-4/30/10. Improving Hospital Quality Through Leadership Assessment and Intervention	\$ 58,939	\$ -
9/5/2008	2010	IPRO, Inc. 1979 Marcus Avenue Lake Success, NY 11042-1002	20090066	Jaz-Michael King 8/1/08-1/31/09. Constructing a Working Demonstration Model of a National Health Care Benchmarking Tool, Part 2	\$ 22,390	\$ -
11/10/2009	2010	IPRO, Inc. 1979 Marcus Avenue, Suite 105 Lake Success, NY 11042-1002	20100100	Jaz-Michael King & Anthony Shih, M.D. 1/1/10-12/31/10. WhyNotTheBest.org: A Web Resource for Quality Improvement, Year 3	\$ 186,000	\$ 279,000
4/13/2010	2010	IPRO, Inc. 1979 Marcus Avenue, Suite 105 Lake Success, NY 11042-1002	20100338	Jaz-Michael King and Anthony Shih, M.D. 4/15/10-1/14/11. Innovative Measurement and Performance Improvement Resources for WhyNotTheBest.org	\$ 149,960	\$ 257,792
11/11/2008	2010	Issues Research, Inc.	20090098	Douglas McCarthy, M.B.A. 1/1/09-12/31/09. Maintaining the National and State Scorecards and Developing Content for Case Studies, Newsletters, and Online Resources, 2009	\$ 159,745	\$ 3,793

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11/13/2007	2010	Issues Research, Inc. P.O. Box 220 Durango, CO 81303	20070732	Douglas McCarthy, 1/1/08-12/31/08. Maintaining the National and State Scorecards and Developing Content for Newsletters, Publications, and Research Tools, 2008	\$ 7,868	\$ (0)
11/10/2009	2010	Issues Research, Inc. P.O. Box 220 Durango, CO 81302	20100060	Douglas McCarthy, M.B.A. 1/1/10-12/31/10 Research and Technical Assistance in Support of a High Performance Health System, Year 4	\$ 160,000	\$ 158,520
12/17/2009	2030	Issues Research, Inc. P.O. Box 220 Durango, CO 81302	20100276	Douglas McCarthy, M.B.A. and Debbie Chase, M.P.A. 1/1/10-5/31/10. Analysis of Rhode Island Quality Institute Model	\$ 16,000	\$ 3,249
11/13/2008	2030	James Graham Atkinson 1449 44th Street NW Washington, DC 20007-2002	20090178	J. Graham Atkinson, D.Phil. 11/1/08-8/1/09. Lessons from Hospital Rate Setting	\$ 2,000	\$ -
3/4/2009	2030	Jewish Healthcare Foundation of Pittsburgh 650 Smithfield Street, Suite 2330 Pittsburgh, PA 15222	20090420	Harold Miller 4/1/09-9/30/09. Analyzing State Policies to Improve Healthcare Cost and Improve Value	\$	\$ 11,302
9/16/2009	2030	Jewish Healthcare Foundation of Pittsburgh 650 Smithfield Street, Suite 2330 Pittsburgh, PA 15222	20100090	Harold Miller. 10/1/09-12/31/09 Supporting Co-Evolution of Payment & Delivery System Reforms	\$ 18,000	\$ 4,733
9/16/2009	2030	Joan and Sanford I. Weill Medical College of Cornell University 425 East 61st Street New York, NY 10021	20100078	Oliver Fein, M.D. 10/1/09-9/30/10. 2009 David Rogers Health Policy Colloquium	\$ 5,000	\$ -
7/11/2006	2010	Joan and Sanford I. Weill Medical College of Cornell University 525 E 68th St. New York, NY 10021	20060550	Rainu Kaushal, M.D., M.P.H. 8/1/06-10/31/08 Evaluating the Impact on Quality and Costs of Regional Clinical Data Exchange Programs in New York State	\$ 72,270	\$ -
11/11/2008	2010	Joan and Sanford I. Weill Medical College of Cornell University 525 E 68th St. New York, NY 10021	20080473	Lisa Kern, M.D., M.P.H. and Rainu Kaushal, M.D., M.P.H. 1/1/09-12/31/11. Evaluating the Impact of Primary Care Practice Redesign on Quality, Cost, and Patient Experience	\$ 90,000	\$ 120,000
		Johns Hopkins University Baltimore, MD 21218	20060716	Gerard Anderson. 7/1/06-8/31/08. The Role of Pharmaceutical Data in Identifying Patients Who Could Benefit from Better Care Management	\$ 8,850	\$ (0)

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11/13/2007	2010	Johns Hopkins University Charles and 34th Streets Baltimore, MD 21218	20070664	Gerard Anderson, Ph.D. 1/1/08-8/31/09. Cross-National Comparisons of Health Systems Quality Data, 2008	\$ 7,000	\$ -
6/23/2008	2030	Johns Hopkins University Charles and 34th Streets Baltimore, MD 21218	20080460	Gerard Anderson. 7/1/08-12/31/08. 'Holding the Line'	\$ 9,572	\$ -
11/11/2008	2010	Johns Hopkins University Office of the President 242 Garland Hall 3400 North Charles Street Baltimore, MD 21218	20090078	Gerard Anderson, Ph.D. 1/1/09-8/31/10. Cross-National Comparisons of Health Systems Quality Data, 2009	\$	16,000
11/11/2008	2010	Johns Hopkins University Office of the President 242 Garland Hall 3400 North Charles Street Baltimore, MD 21218	20090102	Jonathan Weiner, Dr.P.H. 12/1/08-11/30/09. Improving Coordination of Care Through Electronic Health Record-Based Performance Measurement	\$ 57,837	\$ (0)
11/10/2009	2010	Johns Hopkins University Office of the President 242 Garland Hall 3400 North Charles Street Baltimore, MD 21218	20100074	Gerard Anderson, Ph D. 1/1/10-8/31/11 Cross-National Comparisons of Health Systems Quality Data, 2010	\$ 45,000	\$ 16,000
9/12/2008	2030	Johns Hopkins University Office of the President 242 Garland Hall 3400 North Charles Street Baltimore, MD 21218	20090083	Jeremy Sugarman, M.D., M.P.H., M.A. 11/1/08-10/31/09. Exploring the Appropriate Ethical Policies for Oversight of Quality Improvement Activities	\$ 9,772	\$ -
1/22/2009	2030	Johns Hopkins University Office of the President 242 Garland Hall 3400 North Charles Street Baltimore, MD 21218	20090389	Gerard Anderson, Ph.D. 1/1/09-12/31/09 Gathering Additional Data Elements for International Comparisons	\$	5,200
6/27/2009	2030	Johns Hopkins University Office of the President 242 Garland Hall 3400 North Charles Street Baltimore, MD 21218	20090678	Albert Wu, M.D. M.P.H. 7/1/09-3/31/10 Disclosing Adverse Outcomes to Patients: An International Conference to Advance Policy and Practice	\$ 20,800	\$ 5,200
6/10/2010	2030	Johns Hopkins University Office of the President 242 Garland Hall 3400 North Charles Street Baltimore, MD 21218	20100572	Gerard Anderson, Ph.D. 5/1/10-4/30/11 Updating Scorecard Data and Assessing Methods for Adjusting Medicare Costs and Defining Hospital Readmissions	\$	50,000

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4/8/2010	2030	Johnson Group Consulting, Inc. 175 Red Pine Road Hinesburg, VT 05461	20100424	Kay Johnson, M.P.H., M.Ed. 5/1/10-4/30/11 Helping States Address Women's Health Through Medicaid	\$ 11,000	\$ 2,663
4/15/2008	2010	Joint Commission, The One Renaissance Boulevard Oakbrook Terrace, IL 60181	20080055	Paul Schyve, M.D. 8/1/08-1/31/10. Developing Hospital Standards to Advance Culturally Competent Patient-Centered Care	\$ 28,000	\$ 69,450
4/13/2010	2010	Jonathan Gruber 83 Pleasant Street Lexington, MA 02421	20100318	Jonathan Gruber, Ph.D. 5/1/10-9/15/10 Modeling Policy Options to Expand Health Insurance Coverage	\$ 45,000	\$ 45,000
4/15/2008	2010	Kaiser Foundation Health Plan of Colorado 10350 E. Dakota Avenue Denver, CO 80247	20080150	Arne Beck, Ph.D. 5/1/08-4/30/10. Implementing and Evaluating a High-Performing System of Well-Child Care in a Large HMO, Phase 3	\$	\$ 19,679
11/13/2007	2010	Kaiser Foundation Research Institute Division of Research 2000 Broadway, 3rd Floor Oakland, CA 94612	20070551	John Hsu, M.D., M.B.A., M.S.C.E. 1/1/08-12/31/08. Implications of Benefit Design in Medicare Prescription Drug Plans	\$ 64,511	\$
4/30/2010	2030	Knowledge Networks, Inc. 440 Park Avenue South, 6th Floor New York, NY 10016	20100494	Jordan Peugh, M.A. 5/1/10-6/1/10 Conducting U.S. General Population Experiment	\$ 7,650	\$ 850
6/25/2010	2030	Knowledge Networks, Inc 440 Park Avenue South, 6th Floor New York, NY 10016	20100627	Jordan Peugh, M.A. 7/1/10-6/30/11. Assessing the Spread of the Chronic Care 'Model' and Patient-Centered Care. An On-Line Survey of Adults with Chronic Conditions	\$	\$ 50,000
11/8/2005	2010	League 1199 SEIU Training and Upgrading Fund PO Box 1016 New York, NY 10118	20060013	Deborah King and Christine Bishop. Ph.D. 1/1/2006-12/31/2007. Engaging Workers in Improving Nursing Home Care A Case Study	\$ 28,880	\$ (0)
4/15/2008	2010	London School of Economics and Political Science Houghton Street London, ENGLAND WC2A 2AE United Kingdom	20080200	Elias Mossialos, Ph.D. 5/1/08-4/30/09 Learning from Other Nations About Universal Coverage and Cost-Containment	\$	\$ 57,800
11/10/2009	2010	London School of Economics and Political Science Houghton Street London, ENGLAND WC2A 2AE United Kingdom	20100091	Elias Mossialos, Ph.D. 1/1/10-6/30/11 International Lessons On Health Reform Learning From the Experiences of European Nations, Year 2	\$ 85,000	\$ 114,650

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6/30/2010	2030	London School of Economics and Political Science Houghton Street London, ENGLAND WC2A 2AE United Kingdom	20100576	Elias Mossialos, Ph.D 9/1/10-3/31/11. Analysis of Prescription Drug Prices in the United States and Europe	\$	\$ 49,600
7/13/2009	2030	Long Term Care Community Coalition 242 West 30th Street, Suite 306 New York, NY 10001	20100006	Richard Mollot, J.D. 9/1/09-8/31/10. Increasing Consumer Involvement In and Changing State CMP Funding Practices: Technical Assistance to Two States	\$ 31,000	\$ 7,000
4/16/2009	2030	March of Dimes Foundation 1275 Mamaroneck Avenue White Plains, NY 10605	20090578	Alan Fleischman, M.D. 10/1/09-2/28/10 Symposium on Quality Improvement to Prevent Prematurity: Action and Dissemination Plan	\$ 15,000	\$ 10,000
5/1/2007	2010	Mark Merlis 6278 Ingham Road New Hope, PA 18938	20070739	Mark Merlis. 8/31/07-12/31/07. Enhancing International Program Communications and Publications Capacity	\$	-
5/22/2010	2030	Massachusetts Department of Public Health 250 Washington Street Boston, MA 02108-4619	20100525	Alice Bonner, Ph.D., R.N 9/1/10-9/30/11. Improving Care Transitions Among Skilled Nursing Facilities, Hospitals, and the Community: A State's Strategy	\$	\$ 47,500
4/11/2006	2010	Massachusetts General Hospital 15 Parkman Street, WAC 812 Boston, MA 02114-3117	20060398	Susan Edgman-Levitan, P.A. 5/1/06-8/31/07. Case Studies of Patient Centered Care Physician Practices.	\$ 29,566	\$ 0
4/11/2006	2010	Massachusetts General Hospital 15 Parkman Street, WAC 812 Boston, MA 02114-3117	20060408	Joel S Weissman, Ph D 9/1/06-2/28/07. Improving Medicare Hospital Performance Measures and Payment Methods	\$ 33,975	\$ -
4/10/2007	2010	Massachusetts General Hospital 15 Parkman Street, WAC 812 Boston, MA 02114-3117	20070334	David Blumenthal. 5/1/07-4/30/09. Developing Measures of Hospital Care Safety	\$	-
4/13/2010	2010	Massachusetts General Hospital 15 Parkman Street, WAC 812 Boston, MA 02114-3117	20100334	Elizabeth Martinez, M.D., M.H.S., Peter Pronovost, M.D., Ph D., and Lisa Iezzoni, M.D., M.Sc 5/1/10-4/30/12. Developing and Testing a Set of Measures to Assess Safety in High-Risk Intensive Care Units	\$	\$ 349,996
2/22/2008	2030	Massachusetts General Hospital 15 Parkman Street, WAC 812 Boston, MA 02114-3117	20080232	Paul Griner. 3/1/08-2/28/09. Henry J Kaiser Family Foundation Faculty Scholars in General Internal Medicine Reunion	\$	-
4/10/2007	2010	Massachusetts Health Quality Partners, Inc 100 Talcott Avenue Watertown, MA 02472	20070379	Melinda Karp. 8/1/07-1/31/09. Assessing How Health Plans and Providers Use Publicly Reported Information on Patients' Experiences	\$	\$ 46,435

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		Massachusetts Medical Society Waltham Woods Corporate Center 860 Winter Street Waltham, MA 02451-1411	20100358	Elaine Kirshenbaum, M.P.H. and Therese Fitzgerald, Ph.D. 4/1/10-1/31/11. Toward a Shared Vision of Payment Reform	\$ 30,640	\$ 7,660
4/8/2010	2030	Massachusetts Senior Care Foundation 2310 Washington Street, Suite 300 Newton Lower Falls, MA 02462	20090386	Alice Bonner, Ph.D., R.N. 5/1/09-10/31/10. New Goals, New Partnerships: Next Steps for a National Effort to Advance Excellence in Nursing Homes	\$ -	\$ 154,458
4/14/2009	2010	Massachusetts Senior Care Foundation 2310 Washington Street, Suite 300 Newton Lower Falls, MA 02462	20090266	Alice Bonner, Ph.D., R.N. 4/1/09-9/30/09. How Local Area Networks for Excellence (LANES) Can Strengthen the Ties Between Nursing Homes and Advancing Excellence A Small Pilot	\$ 8,936	\$ -
1/22/2009	2030	Massachusetts Senior Care Foundation 2310 Washington Street, Suite 300 Newton Lower Falls, MA 02462	20090266	Alice Bonner, Ph.D., R.N. 4/1/09-9/30/09. How Local Area Networks for Excellence (LANES) Can Strengthen the Ties Between Nursing Homes and Advancing Excellence A Small Pilot	\$ 8,936	\$ -
		Mayor's Fund to Advance New York City Office of Citywide Health Insurance Access Human Resources Administration 180 Water Street, 6th Floor New York, NY 10038	20040080	Majorie A. Cadogan, J.D. 1/1/04-4/30/08. Increasing Access to Health Coverage and Care for New York City Students	\$ 8,516	\$ 0
11/1/2003	2010	Mayor's Fund to Advance New York City Office of Citywide Health Insurance Access Human Resources Administration 180 Water Street, 6th Floor New York, NY 10038	20040080	Majorie A. Cadogan, J.D. 1/1/04-4/30/08. Increasing Access to Health Coverage and Care for New York City Students	\$ 8,516	\$ 0
7/13/2009	2030	McGill University Health Centre Research Institute Room 536, James Administration Building, 845 Sherbrooke Street West Montreal, Quebec HTA 2T5 Canada	20100011	Robyn Tamblin, Ph.D. 7/1/09-1/31/10 National Initiatives to Implement Electronic Health/Medical Records. A Case Study of the Canadian Experience in Contrast to the United States	\$ 40,000	\$ 6,260
11/1/2008	2010	Medical College of Wisconsin 8701 Watertown Plank Road Milwaukee, WI 53226-0509	20080467	Geoffrey Lamb, M.D. 1/1/09-1/31/11. Evaluating the Impact of Public Reporting on Quality of Care in Wisconsin	\$ 118,000	\$ 59,889
12/19/2008	2030	Medical University of South Carolina 135 Cannon Street, Suite 302K PO Box 250835 Charleston, SC 29425	20090162	William Pittard, M.D., Ph.D., M.P.H. 1/1/09-12/31/10. Infant Well-Child Care: Association with Readiness for First Grade Learning by Low-Income Children	\$ 15,000	\$ 3,970
8/13/2009	2030	Medicare Rights Center, Inc. 520 Eighth Avenue, North Wing, 3rd Floor New York, NY 10018	20100041	Joseph Baker, J.D. 9/1/09-8/31/10. Medicare Rights Center 20th Anniversary Gala	\$ 5,000	\$ -
11/11/2003	2010	MetroPlus Health Plan, Inc 11 West 42nd Street New York, NY 10036	20040160	Arnold Saperstein, M.D. 11/15/03-11/15/07 Improving Asthma Management for Children in New York City. Evaluation of the Asthma Buddy Program	\$ 54,675	\$ -

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12/1/2009	2030	Michael C. Barth 3818 Military Road NW Washington, DC 20015	20100224	Michael C Barth, Ph.D. 12/1/09-7/31/10. An Examination of Self-Funded Healthy Steps Sites: How and Why They Continue	\$ 36,000	\$ 4,000
10/1/2009	2010	Minnesota Department of Human Services P.O. Box 64998 St. Paul, MN 55164-0998	20100157	Susan Castellano 10/15/09-10/14/10 Minnesota's Communities Coordinating for Healthy Development	\$ 40,000	\$ 19,821
4/11/2006	2010	Minnesota, Regents of the University of 202 Morrill Hall 100 Church Street, S.E. Minneapolis, MN 55457	20050726	Jean M. Abraham, Ph D. 5/1/06-4/30/08. Uninsured and Underinsured Workers in Small Businesses: Policy Implications	\$ 26,591	\$ -
11/9/2004	2010	Montefiore Medical Center 111 East 210th Street Bronx, NY 10467-2490	20040852	Andrew Racine, M.D., Ph.D. 1/1/05-9/30/07 Linking Pediatric Emergency Departments to Primary Care	\$ 7,527	\$ -
5/14/2009	2030	Mount Sinai School of Medicine of New York University Department of Health Policy One Gustave L. Levy Place, Box 1077 New York, NY 10029-6574	20090602	Salomeh Keyhani, M.D., M.P.H. 7/1/09-6/30/10. A Systematic Review of Overuse of Health Care Services in the U.S.	\$ 39,000	\$ 9,686
9/12/2008	2030	National Academies of Practice 1511 K Street, N.W. Suite 327 Washington, DC 2005-1401	20090148	Mary Costanza, M.D. 9/1/08-6/30/09. Transforming Healthcare: Models of Accountable Interdisciplinary Care Coordination that Work	\$ 1,000	\$ -
9/16/2009	2030	National Academy of Sciences 500 5th Street NW, Keck 849 Washington, DC 20001	20100010	J. Michael McGinnis, M.D. M.P.P. 11/1/09-4/30/10. Commonwealth Fund/Joseph H. Kanter Family Foundation International Roundtable on Electronic Medical Records and Outcomes Research	\$ 56,126	\$ 11,868
10/23/2006	2030	National Academy of Sciences 500 5th Street, NW, Room 758 Washington, DC 20001	20070083	Jon Eisenberg. 10/1/06-8/15/2008 Engaging the Computer Science Research Community in Health Care Informatics	\$ 1,273	\$ -
4/8/2008	2030	National Academy of Sciences 500 5th Street, NW, Room 758 Washington, DC 20001	20080299	LeighAnne Olsen. 4/1/08-3/31/09 Learning What Works. Infrastructure Required to Learn What Care is Best	\$ 5,000	\$ -
4/13/2010	2010	National Association of Health Data Organizations 448 East 400 South, Suite 301 Salt Lake City, UT 84111	20100310	Denise Love, M.B.A., R.N. 6/1/10-5/31/11 Opportunities to Improve Cost Performance: A State Resource Center	\$ 146,034	\$ -

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8/17/2009	2030	National Association of Health Data Organizations 448 East 400 South, Suite 301 Salt Lake City, UT 84111	20090601	Denise Love, M.B.A. 10/1/09-3/31/10. Advancing State Health Care Data Reporting Initiatives: Hospital Readmissions Reporting and All Payer Claims Database Applications	\$ 40,000	\$ 9,999
12/2/2008	2030	National Business Coalition on Health 1015 18th Street NW, Suite 730 Washington, DC 20036	20090274	Andrew Webber 1/1/09-12/31/09. 'Purchasing High Performance' Newsletter	\$ 24,847	-
6/10/2010	2030	National Business Coalition on Health 1015 18th Street NW, Suite 730 Washington, DC 20036	20100577	Andrew Webber. 7/1/10-6/30/11. 'Purchasing High Performance' Newsletter		\$ 49,527
11/1/2008	2010	National Committee for Quality Assurance 1100 13th Street NW, Suite 1000 Washington, DC 2005	20090086	Sarah Hudson Scholle, Dr.P.H., M.P.H. 1/1/09-12/31/09. Developing New Measures of the Quality of Well-Child Care, Phase 2	\$	44,690
7/14/2009	2010	National Committee for Quality Assurance 1100 13th Street NW, Suite 1000 Washington, DC 2005	20090502	Sarah Hudson Scholle, Dr.P.H. 8/1/09-10/31/10. Using Patient Feedback in the Certification of Primary Care Practices as Medical Homes	\$ 238,410	\$ 59,601
7/14/2009	2010	National Committee for Quality Assurance 1100 13th Street NW, Suite 1000 Washington, DC 2005	20090608	Sarah Hudson Scholle, Dr.P.H. 8/1/09-7/31/10. Developing an Approach for Measuring and Monitoring Care Coordination for Vulnerable Children	\$ 150,000	\$ 28,649
7/13/2009	2030	National Committee for Quality Assurance 1100 13th Street NW, Suite 1000 Washington, DC 2005	20090698	Phyllis Torda and L. Gregory Pawlson, M.D., M.P.H. 7/1/09-12/31/09. What Defines an Effective Regional Extension Center?	\$ 49,913	\$
2/24/2010	2030	National Committee for Quality Assurance 1100 13th Street NW, Suite 1000 Washington, DC 2005	20100385	Margaret O'Kane, M.H.S. 3/1/10-2/28/11 NCQA's Health Quality Awards 2010	\$ 5,000	-
7/10/2007	2010	National Committee for Quality Assurance 1100 13th Street, NW, Suite 1000 Washington, DC 2005	20070496	L. Gregory Pawlson 8/1/07-7/31/09. Pursuing Efficiency: Assessing Health Plan Characteristics and Practices That Affect Performance	\$	\$ 99,998
11/13/2007	2010	National Conference of State Legislatures 7700 East 1st Place Denver, CO 80230	20070736	Martha King, M.P.A., M.S.W. 12/1/07-5/31/09 Educating State Legislators About Child Development	\$ 12,670	\$

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11/10/2009	2010	National Governors Association Center for Best Practices 444 North Capital Street, Suite 267 Washington, DC 20001-1512	20100047	Kathleen Nolan, M.P.H 12/1/09-6/30/10 Supporting the National Governors Association's Rx for Health Reform Initiative	\$ 160,000	\$ 40,000
		National Institute for Health and Clinical Excellence London WC1V 6NA U.K.	20080459	Kalipso Chalkidou, M.D., Ph.D. 7/1/08-1/31/09 Evidence-Based Policy Making in Healthcare: Structures, Values and Impact Based on Experience from the U.K., France, Germany, and Australia	\$ 9,664	\$ -
		National Medical Fellowships New York, NY 10004	20090639	Esther Dyer. 3/1/09-2/28/10. National Medical Fellowships Los Angeles Awards Gala, 2009	\$ 1,000	\$ -
11/13/2007	2010	National Opinion Research Center 1155 E. 60th St. Chicago, IL 60637	20070704	Jon Gabel, M.A. 12/1/07-11/30/08 Financial Protection and Value of Individual and Employer-Sponsored Health Insurance: A National Perspective	\$ 24,151	\$ -
4/13/2010	2010	National Opinion Research Center 1155 E. 60th St Chicago, IL 60637	20100140	Jon Gabel, M.A. 5/1/10-12/31/11 Comparing Employer and Nongroup Health Plans Against the Health Reform Benefit Standard	\$ 130,000	\$ 195,912
6/23/2008	2030	National Opinion Research Center 1155 E. 60th St. Chicago, IL 60637	20080455	Jon Gabel. 7/1/08-12/31/08. Comparing Financial Protection for a Medicare Benefit Package with Employer-Based Coverage	\$ 10,000	\$ -
5/14/2009	2030	National Opinion Research Center 1155 E. 60th St. Chicago, IL 60637	20090612	Jon Gabel, M.A. 5/15/09-10/31/09. Improving the Art of Estimating the Effects of Health Reform Legislation Learning from Past Experience	\$ 14,972	\$ -
4/15/2008	2010	National Public Health and Hospital Institute 1301 Pennsylvania Avenue, N.W., Suite 950 Washington, DC 20004	20080031	Linda Cummings, Ph.D. 6/1/08-12/31/09. Safety Net Hospitals and Emergency Department Throughput: Best Practices from High Performers	\$	\$ 55,060
4/10/2007	2010	National Quality Forum 601 13th Street, NW, Suite 500 North Washington, DC 20005	20070338	Karen Adams 4/15/07-1/14/08 Developing a Framework for Measuring Value Across Episodes of Care	\$ 9,914	\$ -
7/10/2007	2010	National Quality Forum 601 13th Street, NW, Suite 500 North Washington, DC 20005	20070543	Helen Burstin 8/1/07-10/31/08 National Voluntary Consensus Standards for Culturally Competent Care	\$	\$ -
7/10/2007	2010	National Senior Citizens Law Center 1101 14th Street, N.W., Suite 400 Washington, DC 20005	20070510	Eric Carlson 8/1/07-1/31/09. Medicaid Funding for Assisted-Living Care: How State Policies Affect Residents	\$ 36,225	\$ -

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6/30/2010	2030	National Senior Citizens Law Center 1444 Eye Street NW, Suite 1100 Washington, DC 20005	20100332	Eric Carlson, J.D. 8/1/10-4/30/10. Medicaid Assisted Living Study: A Communications Plan	\$	\$ 20,000
11/14/2006	2010	New England Medical Center Hospitals, Inc 750 Washington Street Boston, MA 02111	20070127	Julie Irish, Ph.D. 12/1/06-11/30/07. Evaluating the Effect of a Physician Communication Skills Training Program on Patients' Care Experiences	\$ 9,974	\$ -
2/24/2010	2030	New York Academy of Medicine 1216 Fifth Avenue New York, NY 10029-5293	20100409	Jo Ivey Boufford, M.D. 3/1/10-2/28/11. New York Academy of Medicine 2010 Gala	\$ 6,000	\$ -
11/9/2004	2010	New York City Health and Hospitals Corporation 1st Ave & 27th St Mn-21	20040868	Robert Hessler, M.D., Ph.D. 1/1/05-2/28/09. Using Emergency Department Coordinators to Link Adults to Primary Care Clinics	\$	\$ -
4/12/2005	2010	New York City Health and Hospitals Corporation 1st Ave & 27th St Mn-21	20050172	Rand David, M.D., and Debra Brennessel, M.D. 5/1/05-5/31/08. Comparing Diabetes Care Management Models to Improve Primary Care Access	\$ 12,500	\$ -
10/26/2007	2030	New York City Health and Hospitals Corporation 1st Ave & 27th St Mn-21	20080053	Robert Hessler. 12/1/07-2/28/09. Using Emergency Department Coordinators to Link Adults to Primary Care Clinics	\$	\$ -
7/13/2004	2010	New York University 70 Washington Square South New York, NY 10012	20040709	Michael Weitzman, M.D. 9/1/04-2/29/08. Developing a Manual for Pediatric Preventive Services Bright Futures in Practice	\$ 59,001	\$ -
4/22/2008	2030	New York University 70 Washington Square South New York, NY 10012	20080332	Mathy Mezey 9/1/08-2/28/09. Nurses' Involvement in Culture Change: Opportunity for Improving Resident Quality of Care and Quality of Life	\$ 8,000	\$ -
5/12/2009	2030	New York University 70 Washington Square South New York, NY 10012	20090293	Mathy Mezey, Ed D., R.N. 7/1/09-12/31/10. Nursing Homes as Clinical Training Sites: Recommendations to the Field	\$ 64,608	\$ 8,000
4/13/2010	2010	Nonprofit Coordinating Committee of New York 1350 Broadway, Suite 1801 New York, NY 10018-7802	20100376	Michael Clark. 1/1/10-12/31/10. General Support	\$ 35,000	\$ -

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5/22/2010	2030	Nonprofit Coordinating Committee of New York 1350 Broadway, Suite 1801 New York, NY 10018-7802	20100464	Michael Clark. 6/1/10-5/31/11 Nonprofit Coordinating Committee of New York's 25th Anniversary Awards Dinner	\$ 25,000	\$ -
7/15/2008	2010	North Carolina Foundation for Advanced Health Programs, Inc P.O. Box 10245 Raleigh, NC 27605	20080138	Torlen Wade, M.P.H. 8/1/08-12/31/09. Diffusing the Community Care of North Carolina Model to Bring Medical Homes to Medicaid Beneficiaries	\$	\$ 57,366
10/1/2009	2010	Oklahoma Health Care Authority 4545 North Lincoln Boulevard, Suite 124 Oklahoma City, OK 73105	20100158	Terrie Fritz, M.S.W., L.C.S.W. 10/15/09-10/14/10 Connecting the Docs. Improving Care Coordination and Delivery of Developmental Screening and Referral Services in Oklahoma	\$ 40,000	\$ 20,000
10/1/2009	2010	Oregon Department of Human Services Division of Health PO Box 14450 Portland, OR 97214-0450	20100154	Charles Gallia, Ph.D. 10/15/09-10/14/09. ABCD for Oregon's Healthy Kids	\$	\$ 40,000
7/11/2006	2010	Oregon Health & Science University 3181 S.W. Sam Jackson Park Road CSB-614 Portland, OR 97201-3098	20060568	Christina Bethell, Ph.D., M.B.A., M.P.H. 9/1/06-7/31/08. Expanding Use of the Promoting Healthy Development Survey	\$ 61,707	\$ -
5/25/2007	2030	Organisation for Economic Cooperation and Development (OECD) 2 Rue Andre Pascal Cedex 16 Paris 75775 France	20070471	Niek Klazinga 6/1/07-5/31/08. Experts Workshop on Responsiveness Indicators to Compare Health System Performance in Industrialized Countries	\$	\$ -
6/27/2009	2030	Pacific Business Group on Health 221 Main Street, Suite 1500 San Francisco, CA 94105	20090667	Ted von Glahn 7/1/09-12/31/09. Impact of Pay for Performance Incentives on Patient Experience Performance	\$ 14,000	\$ 3,600
1/22/2009	2030	Palo Alto Medical Foundation Research Institute 795 El Camino Real Palo Alto, CA 94301	20090169	Peter McNair, M.P.H., M.H.S. 2/1/09-1/31/10. Estimating the Cost Associated With Hospital Readmissions Related to Hospital Acquired Infections	\$ 6,594	\$ -
11/1/2008	2010	Partners HealthCare System, Inc 800 Boylston Street, Suite 1150 Boston, MA 02199	20090035	Douglas Johnston, M.T.S. 12/1/08-11/30/09. Exploring the Value of National Electronic Prescribing Systems	\$ 180,000	\$ 40,126
11/1/2008	2010	Pear Tree Communications, Inc	20090097	Martha Hostetter, M.F.A. 1/1/09-12/31/09. WhyNotTheBest.org: A Web Resource for Quality Improvement	\$ 77,052	\$ 6,566

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11/10/2009	2010	Pear Tree Communications, Inc. 3035 Lincoln Boulevard Cleveland Heights, OH 44118	20100063	Martha Hostetter, 1/1/10-12/31/10. WhyNotTheBest.org: A Web Resource for Quality Improvement, Year 3	\$ 73,378	\$ 91,622
4/15/2008	2010	Pennsylvania Health Law Project 801 Arch St Ste 610a Philadelphia, PA 19107	20070676	Ann Bacharach 5/1/08-10/31/09. Spreading and Sustaining Developmental Screening in Pennsylvania	\$ 6,152	\$ 25,509
7/14/2009	2010	Pennsylvania State University University Park, PA 16802	20090575	Dennis Scanlon, Ph.D. 8/1/09-7/31/11 Evaluating the State Action to Avoid Rehospitalizations Initiative, Phase 1	\$	\$ 523,843
4/13/2010	2010	Pennsylvania State University University Park, PA 16802	20100333	Madhu Reddy, Ph.D. 6/1/10-11/30/11. Diffusing Health Information Technology in Rural Areas Through Hospital-to-Hospital Partnerships	\$	\$ 240,754
			20100392	Pamela Farley Short, Ph.D. 6/1/10-11/30/11 Analyzing Policy Options for Improving the Stability of Health Insurance Coverage	\$	\$ 353,822
4/13/2010	2010	Pennsylvania State University University Park, PA 16802	20090108	Dennis Scanlon, Ph.D. 10/1/08-8/15/09 Evaluating the Impact of the IHI/CMWF Demonstration to Reduce Rehospitalizations	\$	-
9/12/2008	2030	Pennsylvania State University University Park, PA 16802	20050196	Julie Sochalski, Ph.D., RN 7/1/05-10/31/07 Improving Quality and Efficiency A Coordinated Care Benefit for Medicare Beneficiaries with Heart Failure	\$ 4,925	-
4/12/2005	2010	Pennsylvania, Trustees of the University of 3400 Spruce Street Philadelphia, PA 19104	20070777	Lonn Hitt, Ph.D. 1/1/08-8/31/10. The Business Case for Health Information Technology in Nursing Homes	\$	\$ 24,850
11/13/2007	2010	Pennsylvania, Trustees of the University of 3400 Spruce Street Philadelphia, PA 19106	20100375	Ronna Brown, J.D. 1/1/10-12/31/10. General Support	\$ 15,100	-
4/13/2010	2010	Philanthropy New York 79 Fifth Avenue, Fourth Floor New York, NY 10003-3076	20090566	Bonnie Kantor, Sc.D., M.A. 8/1/09-7/31/10. The Pioneer Network: Advancing Culture Change in Nursing Homes, Year 5	\$ 170,000	\$ 25,470
7/14/2009	2010	Pioneer Network in Culture Change 1900 South Clinton Avenue P.O. Box 18648 Rochester, New York 14618	20080354	Bonnie Kantor, Sc.D., M.A. 8/1/08-7/31/09. The Pioneer Network Initiative: Moving into the Second Decade, Year 4	\$ 64,923	\$
7/15/2008	2010	Pioneer Network 1900 South Clinton Avenue P.O. Box 18648 Rochester, New York 14618			\$	-

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4/10/2007	2010	Pittsburgh, University of 139 University Place Pittsburgh, PA 15260	20070353	Howard Degenholtz. 7/1/07-6/30/09. Improving Quality of Life in Nursing Homes Through Use of Structured Resident Interviews		\$ 48,419
4/15/2008	2010	Pittsburgh, University of 139 University Place Pittsburgh, PA 15261	20070403	Nicholas Castle, Ph.D. 5/1/08-4/30/10. A Web-Based Staffing and Quality Simulation Tool to Improve Nursing Home Care		\$ 52,644
11/13/2007	2010	Pittsburgh, University of 139 University Place Pittsburgh, PA 15262	20070774	Howard Degenholtz, Ph.D. 1/1/08-12/31/09. Availability and Use of Health Information Technology in Nursing Homes		\$ 50,229
6/25/2010	2030	Planetree, Inc 130 Division Street Derby, CT 06418	20100520	Heidi Gil 1/1/10-1/31/11 Developing Systems to Support Person-Centered Care: Optimizing Planetree's Continuing Care Designation Criteria and Measurement Strategies		\$ 49,864
		President and Directors of Georgetown College 2233 Wisconsin Avenue, NW, Suite 525 Washington, DC 20007	20100566	Ryung Suh, M.D., M.P.P., M.B.A., M.P.H. 12/1/10-1/30/11. Massachusetts Health Insurance Reform. Promise and Results		\$ 50,000
6/25/2010	2030	President and Fellows of Harvard College 17 Quincy Street, Massachusetts Hall Cambridge, MA 02138	20080261	Sara Singer, Ph.D., M.B.A. and Nancy Morgan Kane, D.B.A., M.B.A. 9/1/08-8/31/10. Learning from High-Performing Safety-Net Hospitals. Identifying Governance and Management Practices That Make a Difference		\$ 55,399
7/15/2008	2010	President and Fellows of Harvard College 17 Quincy Street, Massachusetts Hall Cambridge, MA 02138	20080381	Joan Reede, M.D., M.P.H., M.S. 7/1/09-6/30/10. The Commonwealth Fund/Harvard University Fellowship in Minority Health Policy: Support for Program Director and Fellowships, 2009-10	\$ 100,000	\$ 100,000
11/11/2008	2010	President and Fellows of Harvard College 17 Quincy Street, Massachusetts Hall Cambridge, MA 02138	20090056	Meredith Rosenthal, Ph.D. 1/1/09-6/30/11. Evaluating a Medical Home Demonstration in Colorado and Ohio	\$ 140,430	\$ 186,460
7/14/2009	2010	President and Fellows of Harvard College 17 Quincy Street, Massachusetts Hall Cambridge, MA 02138	20090560	Joan Reede, M.D., M.P.H., M.S. 7/1/10-6/30/11. The Commonwealth Fund/Harvard University Fellowship in Minority Health Policy Support for Program Director and Fellowships, 2010-11	\$ 650,000	\$ 150,000

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7/14/2009	2010	President and Fellows of Harvard College 17 Quincy Street, Massachusetts Hall Cambridge, MA 02138	20090562	Michael Chernew, Ph D. 8/1/09-7/31/11 Evaluating the Global Payment Model Developed by Blue Cross Blue Shield of Massachusetts	\$ 185,000	\$ 234,289
4/13/2010	2010	President and Fellows of Harvard College 17 Quincy Street, Massachusetts Hall Cambridge, MA 02138	20100274	David Grabowski, Ph.D., M.A. 5/1/10-4/30/11. Evaluating the Potential of Telemedicine to Reduce Hospitalizations of Nursing Home Residents	\$ 27,500	\$ 103,631
2/17/2009	2030	President and Fellows of Harvard College 17 Quincy Street, Massachusetts Hall Cambridge, MA 02138	20090406	Meredith Rosenthal, Ph.D. 3/1/09-8/31/09. Patient- centered Medical Home Evaluators Collaborative	\$	\$ 2,545
3/25/2010	2030	Primary Care Development Corporation 22 Cortlandt Street, 12th Floor New York, NY 10007	20100410	Ronda Kotelchuck. 4/1/10-3/31/11 Primary Care Development Corporation 2010 Spring Gala	\$ 6,000	\$ -
4/14/2009	2010	Princeton Survey Research Associates International 911 Commons Way Princeton, NJ 08540	20090287	Mary McIntosh, Ph D. 5/1/09-2/28/10. The Commonwealth Fund 2009 Biennial Health Insurance Survey	\$	\$ 185,270
6/25/2010	2030	Princeton Survey Research Associates International 911 Commons Way Princeton, NJ 08540	20100609	Mary E. McIntosh, Ph.D. 7/1/10-12/31/10 The Commonwealth Fund 2010 Health Insurance Survey -- Additional Funding for Cell Phone Sampling	\$	\$ 36,400
4/15/2008	2010	Project HOPE/The People-to-People Health Foundation, Inc. 7500 Old Georgetown Road, Suite 600 Bethesda, MD 20814	20080151	Susan Dentzer. 5/1/08-4/30/09 A Web Publishing Alliance with Health Affairs	\$ 37,200	\$ -
4/14/2009	2010	Project HOPE/The People-to-People Health Foundation, Inc. 7500 Old Georgetown Road, Suite 600 Bethesda, MD 20814	20090307	Susan Dentzer, M A. 5/1/09-4/30/11. Web Publishing Alliance with Health Affairs	\$	\$ 154,000
9/12/2008	2030	Project HOPE/The People-to-People Health Foundation, Inc. 7500 Old Georgetown Road, Suite 600 Bethesda, MD 20814	20080474	Susan Dentzer, M.A. 11/1/08-10/31/09 2009 'Cost Containment' Thematic Issue of Health Affairs	\$ 25,000	\$ -

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4/13/2010	2010	Public Health Institute 555 12th Street, 10th Floor Oakland, CA 94607	20100337	Carmen Nevarez, M.D., M.P.H. 5/1/10-4/30/12 Reducing Hospital Readmissions Through Innovative Technologies That Improve Care Coordination	\$	\$ 296,093
4/15/2008	2010	Qualis Health 10700 Meridian Ave N, Suite 100 P.O. Box 33400 Seattle, WA 98133	20080066	Jonathan Sugarman, M.D., M.P.H. 5/1/08-4/30/09. Transforming Safety-Net Clinics into Patient-Centered Medical Homes, Phase 1	\$ 78,381	\$ 21,616
4/14/2009	2010	Qualis Health 10700 Meridian Ave N, Suite 100 P.O. Box 33400 Seattle, WA 98133	20090344	Jonathan Sugarman, M.D., M.P.H. 5/1/09-4/30/10. Transforming Safety-Net Clinics into Patient-Centered Medical Homes, Year 2	\$ 500,000	\$ 248,679
4/13/2010	2010	Qualis Health 10700 Meridian Avenue N, Suite 100 Seattle, WA 98133	20100296	Jonathan Sugarman, M.D., M.P.H. 5/1/10-4/30/11. Transforming Safety-Net Clinics into Patient-Centered Medical Homes, Year 3	\$	\$ 1,499,965
4/13/2010	2010	RAND Corporation 1776 Main Street P.O. Box 2-138 Santa Monica, CA 90407	20100314	Mark Friedberg, M.D., M.P.P. 5/1/10-6/30/13. Evaluating Models of Medical Home Payment Within the Pennsylvania Chronic Care Initiative	\$ 140,580	\$ 355,582
4/13/2010	2010	Rand Corporation 1776 Main Street Santa Monica, CA 90401	20080206	Melinda Beeuwkes Buntin, Ph.D. 8/1/08-6/30/09. Implementing a National Insurance Connector	\$ 20,953	\$
7/15/2008	2010	Rand Corporation 1776 Main Street Santa Monica, CA 90401	20090668	Ateev Mehrotra, M.D., M.P.H., M.S. 7/1/09-12/31/09. The Relationship Between Quality and Costs Among Individual Physicians	\$ 49,636	\$
6/27/2009	2030	Rand Corporation 1776 Main Street Santa Monica, CA 90401	20100568	Ellen Nolte, Ph D., M.P.H. 6/25/10-12/31/10. Updating International Trends in Mortality Amenable, 2007-08	\$	\$ 17,020
6/25/2010	2030	Regents of the University of California 1111 Franklin Street, 12th Floor Oakland, CA 94607-5200	20080386	Diane Rittenhouse, M.D., M.P.H. 8/1/08-12/31/10. Assessing a New System of Primary Care in Greater New Orleans	\$	\$ 285,981
7/15/2008	2010	Regents of the University of California 1111 Franklin Street, 12th Floor Oakland, CA 94607-5200	20090577	Robert H. Miller, Ph.D. 9/1/09-9/30/10. Assessing Models for Health Information Technology Regional Extension Centers	\$ 116,000	\$ 143,756
7/14/2009	2010	Regents of the University of California 1111 Franklin Street, 12th Floor Oakland, CA 94607-5200	20100009	Diane Rittenhouse, M.D., M.P.H. 7/15/09-10/15/09. Role of Medical Homes in Accountable Care Organizations	\$ 14,040	\$
7/8/2009	2030	Regents of the University of California 1111 Franklin Street, 12th Floor Oakland, CA 94607-5200			\$	\$

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6/25/2010	2030	Regents of the University of California 1111 Franklin Street, 12th Floor Oakland, CA 94607-5200	20100473	Dean Schillinger, M.D. 6/1/10-5/31/11. A U.S. - U.K. Comparison of Trends in Quality and Disparities in Diabetes Management	\$	\$ 49,999
4/13/2010	2010	Regents of the University of Michigan ... Ann Arbor, MI	20100329	Christy Lemak, Ph.D. 5/1/10-10/31/12. Evaluating Blue Cross Blue Shield of Michigan's Physician Group Incentive Program	\$	\$ 405,868
2/17/2009	2030	Research Foundation of the City University of New York 230 West 41st Street, 7th Floor New York, NY 10036	20090238	Dana Weinberg, Ph.D. 3/1/09-3/31/10. Evaluating the Relationships Between Team Coordination and Quality of Care and Patient Outcomes	\$	\$ 10,000
5/14/2009	2030	Robinow Consulting 5916 Lee Valley Road Edina, MN 55439	20090553	Ann Robinow. 6/1/09-10/31/09. The Voice of Experience: Lessons for Global Payment Models	\$ 18,146	\$ -
12/3/2008	2030	Rochester Individual Practice Association 3540 Winton Place Rochester, NY 14623	20090186	Howard Beckman, M.D. 12/15/08-12/14/09. Engaging Physicians in Improving the Value of Care: Current Barriers and Recommendations to Solve Them	\$	\$ -
7/15/2008	2010	Rockefeller Archive Center 15 Dayton Avenue Sleepy Hollow, NY 10591-1598	20080353	Lee Hiltzik. 7/1/08-6/30/09. Transfer and Maintenance of The Commonwealth Fund's Archives, Part 13	\$	\$ 9,000
7/14/2009	2010	Rockefeller Archive Center 15 Dayton Avenue Sleepy Hollow, NY 10591-1598	20090628	Lee Hiltzik, Ph.D. 7/1/09-6/30/10. Transfer and Maintenance of The Commonwealth Fund's Archives, Year 14	\$ 81,000	\$ 4,000
7/11/2006	2010	Rockefeller University 1230 York Avenue New York, NY 10021-6399	20060640	Darwin H. Stapleton. 7/1/06-6/30/07. Transfer and Maintenance of The Commonwealth Fund's Archives, Part 11	\$ 9,000	\$ -
9/26/2009	2030	Rocky Mountain Public Broadcasting Network, Inc. 1089 Bannock Street Denver, CO 80204	20100103	Lisa Hartman. 4/1/10-11/30/10. 'Small Town, Big Surprise,' A One-Hour News Documentary Film	\$ 40,000	\$ 10,000
11/13/2007	2010	Rutgers, The State University of New Jersey College of Nursing, Ackerson Hall 180 University Avenue Newark, NJ 07102	20070733	Joel Cantor, Sc D 11/1/07-10/31/09. The Commonwealth Fund State Scorecard on Health System Performance, 2009	\$ 1,507	\$ 0

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1/20/2009	2030	San Francisco Department of Public Health Aids Office 25 Van Ness Ste 500 San Francisco, CA 94102-6033	20090200	Tangerine Brigham. 3/1/09-2/28/10. Healthy San Francisco Program Evaluation	\$ 40,000	\$ 10,000
4/15/2008	2010	Scientific Institute for Quality and Safety in Healthcare Raboud University Nijmegen Medical Centre P.O. Box 9101, 117 Nijmegen, THE NETHERLANDS 6500 HB	20080201	Richard Grol, Ph.D. 5/1/08-4/30/09. Understanding Medical Homes A Survey of Patients and Physicians in Primary Care Practices in Denmark, the Netherlands, and the United Kingdom	\$	\$ 76,530
11/2/2008	2030	Scientific Institute for Quality of Healthcare	20090224	Richard Grol, Ph D. 12/1/08-12/31/09. Expansion of 2009 International Health Policy Survey to Include the Netherlands	\$ 10,000	\$ -
12/1/2009	2030	Scientific Institute for Quality of Healthcare Raboud University Nijmegen Medical Centre P.O. Box 9101 114 Nijmegen 6500 HB The Netherlands	20100179	Richard Grol, Ph.D. 12/1/09-12/31/10. Expansion of 2010 Commonwealth Fund International Health Policy Survey to Include the Netherlands	\$ 16,880	\$ 4,222
6/14/2010	2030	Scientific Institute for Quality of Healthcare Raboud University Nijmegen Medical Centre P O. Box 9101 114 Nijmegen 6500 HB The Netherlands	20100575	Richard Grol, Ph.D. 6/1/10-9/30/10. Dutch Harkness Fellowships Marketing Event at IQ Healthcare Annual Conference	\$	\$ 5,000
3/12/2009	2030	Society of American Business Editors and Writers, Inc. University of Missouri-Columbia 385 McReynolds Hall Columbia, MO 65211	20090510	Dave Beal. 3/15/09-12/15/09. Society of American Business Editors and Writers' 2009 Annual Conference & Web-Based Trainings for Journalists	\$ 3,000	\$ -
6/25/2010	2030	Society of American Business Editors and Writers, Inc. University of Missouri-Columbia 385 McReynolds Hall Columbia, MO 65211	20100416	Warren Watson 5/1/10-4/30/11. The Society of American Business Editors and Writers' 2010 Annual Conference & Web-Based Trainings for Journalists	\$	\$ 15,000

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6/23/2008	2030	Society of General Internal Medicine 2501 M Street NW, Suite 575 Washington, DC 20037	20080371	Bruce Landon. 7/1/08-6/30/09. Establishing A Policy Relevant Research Agenda For The Patient Centered Medical Home: A Multi-Disciplinary Approach	\$	7,500
7/12/2005	2010	South Florida, University of 4202 E. Fowler Avenue Tampa, FL 22620	20050582	Kathryn Hyer, Ph D. 8/1/05-7/31/07. Assessing Florida's Innovations to Improve Nurse Staffing and Quality of Care in Nursing Homes	\$ 38,211	(0)
5/25/2007	2030	Southern Illinois University School of Medicine P.O. Box 19636 Springfield, IL 62794-9636	20070464	Marshall Kapp. 7/1/07-12/31/07. The Liability Environment for Physicians Providing Nursing Home Medical Care. Legal Apprehensions and Their Consequences for Residents' Quality of Care and Quality of Life	\$ 1,021	(0)
6/27/2009	2030	Stanford University Stanford, CA 94305-2130	20090616	David Bergman 8/1/09-4/30/10. Application of Dissemination and Implementation Science to the Spread of Evidence-Based Practice: A Conference Proposal	\$ 40,000	10,000
11/13/2007	2010	Stoiber Health Policy, LLC 2953 Arizona Avenue, NW Washington, DC 20016	20070836	Susanne Stoiber, M.P.P., M.Sc. 12/15/07-12/14/08 Designing the Policy and Regulatory Infrastructure Needed to Achieve a High Performance Health System	\$	-
4/30/2010	2030	Texas Health Institute 8501 N. MoPac Expressway, Suite 300 Austin, TX 78759	20100354	Dennis Andrulis, Ph D., M.P.H. 5/1/10-4/31/11. Seventh National Conference on Quality Health Care for Culturally Diverse Populations	\$ 12,000	3,000
11/14/2006	2010	Texas Health Science Center, University of 7703 Floyd Curl Drive (MSC 7791) San Antonio, TX 78229-3900	20070114	Carlos Jaen, M.D. 1/1/07-6/30/09 Evaluating the Effect of Primary Care Practice Transformation on Patient-Centered Care	\$ 47,770	-
4/10/2007	2010	Texas, University of Center for Research on Minority Health 1515 Holcombe Boulevard ? Box 536 Houston, TX 77030	20070335	Glenn Flores. 5/01/07-8/31/08. Using Parent Mentors to Improve Asthma Care for Urban Minority Children, Phase 3	\$	0
6/30/2010	2030	The Board of Regents of the University of Wisconsin System 1220 Linden Drive, Room 1720 Madison, WI 53706	20100611	Douglas Olson, Ph D., M.B.A. 9/1/10-8/31/11. Development of a Practicum Site Quality Profile for Long-Term Care Administration Programs	\$	42,344

Appropriation Date	Fund	Institution	Grant No.	Project Director and Description	Amount Paid	Ending Balance @ 6-30-10
4/17/2009	2030	The Brookings Institution 1775 Massachusetts Avenue NW Washington, DC 20036-2188	20090556	Aaron McKethan, Ph D. 5/1/09-10/31/09. Medicare and Accountability-Based Payment Reform Learning From Development and Implementation of the Medicare Health Care Quality Demonstration	\$	10,000
6/25/2010	2030	The Brookings Institution 1775 Massachusetts Avenue NW Washington, DC 20036-2188	20100608	Mark McClellan, M.D., Ph.D., M.P.A. 7/1/10-8/31/10. From Concept to Reality: Exploring Approaches to Legal, Contractual, Payment, Measurement Issues Required to Implement Accountable Care Organizations: A One-Day Roundtable Multi-Stakeholder Meeting	\$ 5,000	33,000
4/13/2010	2010	The Center for Effective Philanthropy 675 Massachusetts Avenue, 7th Floor Cambridge, MA 02139	20100366	Phil Buchanan. 1/1/10-12/31/10. General Support	\$	-
7/15/2008	2010	The Commonwealth Fund 1 East 75th Street New York, NY 10021	20080387	Cathy Schoen, M.S. 8/1/08-7/31/09 Analytic Work for Developing and Updating the Commission Scorecards on Health System Performance	\$ 40,516	42,040
7/15/2008	2010	The Commonwealth Fund 1 East 75th Street New York, NY 10021	20080400	Sara Collins, Ph D. 8/1/08-12/31/09. Presidential/Congressional Transition Year Opportunities	\$ 86,480	4,073
4/14/2009	2010	The Commonwealth Fund 1 East 75th Street New York, NY 10021	20090081	Sara Collins, Ph.D 5/1/09-4/30/10. Analysis and Modeling of the Leading Health Care Reform Bills of the 111th Congress (2009-10)	\$	-
4/14/2009	2010	The Commonwealth Fund 1 East 75th Street New York, NY 10021	20090368	Ed Schor. 10/1/09-9/30/10. Authorization to Support the Initiative for Up to Five States	\$	193
4/14/2009	2010	The Commonwealth Fund 1 East 75th Street New York, NY 10021	20090380	Robin Osborn. 5/1/09-10/31/10 Harkness Fellowships Alumni Health Care Policy Forum, 2010	\$	125,000
4/14/2009	2010	The Commonwealth Fund 1 East 75th Street New York, NY 10021	20090437	Stuart Guterman 6/1/09-11/30/10. Modeling the Impact of Changes to Medicare Payment Policy and Broader Payment Reforms	\$	48,855
11/10/2009	2010	The Commonwealth Fund 1 East 75th Street New York, NY 10021	20100075	Robin Osborn. 12/1/09-12/31/10. Commonwealth Fund/Nuffield Trust International Conference on Health Care Quality Improvement, 2010	\$ 10,460	64,540

Appropriation Date	Fund	Institution	Grant No.	Project Director and Description	Amount Paid	Ending Balance @ 6-30-10
4/13/2010	2010	The Commonwealth Fund 1 East 75th Street New York, NY 10021	20100315	Ed Schor. 10/1/10-9/30/11. Authorization to Support the Initiative in Five States		\$ 300,000
4/17/2009	2030	The Commonwealth Fund 1 East 75th Street New York, NY 10021	20090579	Robin Osborn. 4/15/09-12/31/09. Innovations in Health Policy and Practice: An International Case Study Series	\$ 10,000	\$ 11,000
4/17/2009	2030	The Commonwealth Fund 1 East 75th Street New York, NY 10021	20090580	Robin Osborn. 4/15/09-11/30/09 Packer Policy Roundtable		\$ 5,770
5/12/2009	2030	The Commonwealth Fund 1 East 75th Street New York, NY 10021	20090609	Robin Osborn. 6/1/09-5/31/10. Canada-U.S Forum on Innovations in Primary Care Policy and Delivery Systems	\$ 41,936	\$ 10,854
1/20/2010	2030	The Commonwealth Fund 1 East 75th Street New York, NY 10021	20100309	Grantee, Audience, Staff, and Board Surveys to Support The Commonwealth Fund Performance Scorecard	\$ 16,675	\$ 13,325
4/13/2010	2010	The Communications Network 1755 Park Street, Suite 260 Naperville, IL 60563	20100367	Bruce Trachtenberg. 1/1/10-12/31/10 General Support	\$ 3,500	\$ -
7/15/2008	2010	The George Washington University 44983 Knoll Square 251 Ashburn, VA 20147	20080334	Sara Rosenbaum, J.D. 8/1/08-6/30/09. Medicaid Case Management Policy Reform to Promote Healthy Child Development		\$ -
11/11/2008	2010	The George Washington University 44983 Knoll Square 251 Ashburn, VA 20147	20090041	Peter Shin, Ph D., M.P.H. and Leighton Ku, Ph D., M.P.H. 1/1/09-12/31/09. Identifying Payment and Financing Options to Promote High Performance Community Health Centers		\$ 32,343
11/11/2008	2010	The George Washington University 44983 Knoll Square 251 Ashburn, VA 20147	20090088	Christine Ferguson, J.D. 1/1/09-12/31/09 A Policy Leadership Forum in Early Childhood Health and Development, Phase 2		\$ -
4/13/2010	2010	The George Washington University 44983 Knoll Square 251 Ashburn, VA 20147	20100307	Leighton Ku, Ph.D. 5/1/10-4/30/11. Promoting High Performance Safety-Net Health Systems: Learning from Existing Models	\$ 121,500	\$ 164,449
6/10/2010	2010	The George Washington University 44983 Knoll Square 251 Ashburn, VA 20147	20100551	Katie Horton, R.N., J.D., M.P.H. 6/1/10-10/31/10 Analysis of the Affordable Care Act of 2010		\$ 115,000
6/30/2010	2030	The George Washington University 44983 Knoll Square 251 Ashburn, VA 20147	20100599	Sara Rosenbaum, J.D. 7/1/10-12/31/10 Assessing State Health Insurance Laws in the Context of the Essential Benefits Provision of the Patient Protection and Affordable Care Act		\$ 45,952

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3/4/2009	2010	The Lewin Group, Inc. 3130 Fairview Park Drive Suite 800 Falls Church, VA 22042	20090487	John Sheils. 3/1/09-3/31/09. Updating Cost Estimates for the Path to High Performance and Medicare Extra	\$	-
5/26/2009	2010	The Lewin Group, Inc 3130 Fairview Park Drive Suite 800 Falls Church, VA 22042	20090610	John Sheils, M.S. 6/1/09-11/30/09. Analysis and Modeling of the Leading Health Reform Bills of the 111th Congress (2009-10)	\$	-
11/11/2008	2010	The Nuffield Trust 59 New Cavendish Street London W1G 7LP United Kingdom	20090077	Jennifer Dixon. 12/1/08-12/31/09. Commonwealth Fund/Nuffield Trust International Conference on Health Care Quality Improvement, 2009	\$ 22,362	18,235
5/22/2010	2030	The Texas A&M University System Health Science Center Research Foundation 400 Harvey Mitchell Parkway South, Suite 100 College Station, TX 77845	20100186	Thomas Miller, Ph.D , M.B.A. 5/1/10-1/31/11. Evaluating the Impact of Expanding a Salary-Based Network of Physicians By Contracting With Fee-for-Service Out-of-Network Physicians The Scott & White Experience	\$	47,522
11/11/2008	2010	Trustees of Columbia University in the City of New York 630 West 168th Street New York, NY 10027	20090137	Sherry Glied, Ph.D. 12/1/08-11/30/09 Contributing to Health Care Reform. Analysis and Technical Assistance	\$	24,719
11/10/2009	2010	Trustees of Columbia University in the City of New York 630 West 168th Street New York, NY 10027	20100119	Bhaven Sampat, Ph.D. 12/1/09-11/30/10 Contributing to Health Care Reform: Analysis of National Data Sets	\$ 40,000	7,820
6/27/2009	2030	Trustees of Columbia University in the City of New York 630 West 168th Street New York, NY 10027	20090688	Louisa Kearney 7/1/09-9/30/09. 2009 Educational Insert in Columbia Journalism Review	\$ 36,000	-
3/25/2010	2030	Trustees of Columbia University in the City of New York 630 West 168th Street New York, NY 10027	20100435	Louisa Daniels Kearney. 4/1/10-6/30/10 2010 Educational Insert in Columbia Journalism Review	\$ 22,400	5,600
11/10/2009	2010	Trustees of Dartmouth College 11 Rope Ferry Road, #6210 Hanover, NH 03755	20100059	Elliott Fisher, M.D., M P H. 11/15/09-10/31/10. Developing and Piloting Standardized Measures to Assess the Performance of Accountable Care Organizations, Phase 1	\$ 240,000	69,257
11/11/2008	2010	Trustees of Tufts College 169 Holland Street, Room 203 Somerville, MA 02144	20090110	Amy Lischko, D.Sc., M.S.P.H. 11/15/08-10/14/09. The Massachusetts Health Insurance Connector: A Model for State and Federal Health Reform?	\$ 14,276	-

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11/1/2008	2010	Tufts Medical Center, Inc. 750 Washington Street Boston, MA 02111	20090084	Ellen Perrin, M.D. 2/1/09-7/31/10. Validating a Public-Domain Developmental Screening and Surveillance Instrument for Young Children, Phase 2	\$ 90,000	\$ 28,096
4/14/2009	2010	Tufts Medical Center, Inc. 750 Washington Street Boston, MA 02111	20090203	Peter Neumann, Sc.D. 6/1/09-11/30/10. Using Cost-Effectiveness Research to Improve Value in the Medicare Program	\$ 208,166	\$ 36,736
8/17/2009	2030	United Hospital Fund of New York 350 Fifth Avenue, 23rd Floor New York, NY 10118	20100056	James R. Tallon, Jr. 9/1/09-8/31/10 2009 United Hospital Fund Gala	\$ 8,500	\$ -
5/22/2010	2030	University Hospital of Cologne Schumacher Street 62 Cologne 50937 Germany	20100550	Stephanie Stock, M.D., Ph.D 6/1/10-5/31/11. Patient-Related Outcomes Survey in German Disease Management Programs	\$	\$ 50,000
4/10/2007	2010	University of Alabama, Birmingham	20060692	Robert Weech-Maldonado. 9/01/07-2/28/09. Development and Testing of the Patient Assessments of Cultural Competency Survey	\$	\$ 50,464
6/25/2010	2030	University of British Columbia 2329 West Mall Vancouver, BC V6T 14 Canada	20100610	Steve Morgan, Ph.D., M.A 9/1/10-8/31/11. Pharmaceutical Policy Global Trends, Challenges, and Innovations	\$	\$ 49,198
7/15/2008	2010	University of Chicago 5801 South Ellis Avenue Chicago, IL 60637	20080366	Marshall Chin, M.D., M.P.H. 8/1/08-1/31/10. Evaluation of The Commonwealth Fund's Medical Home Safety-Net Initiative, Phase I	\$	\$ 89,638
11/10/2009	2010	University of Chicago 5801 South Ellis Avenue Chicago, IL 60637	20100071	Marshall Chin, M.D., M.P.H. 2/1/10-10/31/13. Evaluation of The Commonwealth Fund's Safety-Net Medical Home Initiative, Phase 2	\$	\$ 1,500,000
		University of Cologne Cologne Germany	20070750	Karl Lauterbach. 8/1/07-12/31/07. Population-Based Disease Management Programs in the German Health Care System -- Are There Lessons to Be Learned?	\$ 4,000	\$ -
4/13/2010	2010	University of Kansas Center for Research, Inc. Youngberg Hall, 2385 Irving Hill Road Lawrence, KS 66045	20100361	Jean Hall, Ph.D. 5/1/10-4/30/11. Evaluating High-Risk Pools as a Health Insurance Option for People with Preexisting Conditions	\$ 40,000	\$ 59,704
7/15/2008	2010	University of Maryland, Baltimore Department of Sociology 1000 Hilltop Circle Baltimore, MD 21250	20080306	Bruce Stuart, Ph.D 8/1/08-6/30/10. Achieving Maximum Value from Prescription Drug Coverage of Chronically Ill Medicare Beneficiaries	\$ 100,000	\$ 253,844

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11/10/2009	2010	University of Massachusetts Medical School 55 Lake Avenue North Worcester, MA 01655	20100003	Arlene Ash, Ph.D. 12/1/09-11/30/11. Developing a Risk-Adjustment Model for Paying Patient-Centered Medical Home Practices	\$ 140,000	\$ 199,535
6/25/2010	2030	University of North Carolina at Chapel Hill Chapel Hill, NC 27599	20100596	Sheryl Zimmerman, Ph.D. 7/1/10-6/30/11 Improving Psychosocial Care for Nursing Home Residents: Optimizing the Utility of the New Minimum Data Set 3.0	\$	\$ 49,487
11/10/2009	2010	University of Oregon Office of Research and Administration 5219 University of Oregon Eugene, OR 97403-5219	20100044	Judith Hibbard, Dr.P.H. 1/1/10-6/30/11. Assessing the Role of Patient Self-Management in Improving Health Care Delivery	\$	\$ 172,914
2/17/2009	2030	University of Rochester Sponsored Programs Accounting Town House Suite 260, 1325 Mount Hope Avenue Rochester, NY 14620	20090289	Ronald Epstein, M.D. 3/1/09-8/31/09. Defining & Achieving Patient-Centered Care (PCC): The Role of Clinicians, Patients and Health Care Systems	\$ 1,496	\$ 0
6/27/2009	2030	University of Texas Health Science Center 7703 Floyd Curl Drive (MSC 7791) San Antonio, TX 78229-3900	20090673	Carlos Jaen. 8/15/09-2/15/10. Supplement to the Annals of Family Medicine to Publish Evaluation Results of the TransformMED Patient-Centered Medical Home National Demonstration Project	\$ 4,801	\$ 4,802
7/15/2008	2010	University of Utah Social Work Building Salt Lake City, UT 84112	20080342	Chuck Norlin, M.D. 7/15/08-11/14/09. Observing the Content of Care During Well-Child Visits	\$ 23,145	\$ (0)
11/11/2008	2010	University of Vermont 85 South Prospect Street, Room 222 Burlington, VT 05405	20090085	Judith Shaw, Ed.D., M.P.H., R.N. 4/1/09-9/30/10. Sustaining and Spreading Child Health Quality Improvement Partnerships to Promote Child Development Screening and Surveillance, Phase 3	\$ 110,000	\$ 32,143
11/10/2009	2010	University of Washington 139 Gerberding Hall Box 351264 Seattle, WA 98195	20100058	Douglas Conrad, Ph.D., M.B.A., M.H.A. 1/1/10-12/31/11. Assessing Organizational Characteristics for Effective Patient-Centered Health System Reform and Innovation	\$ 145,000	\$ 214,183
7/15/2008	2010	Urban Institute 2100 M Street NW Washington, DC 20037	20080227	Sharon Long, Ph.D. 7/1/08-9/30/09. Monitoring the Impact of Health Care Reform in Massachusetts, Phase 3	\$ 15,485	\$ -

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11/11/2008	2010	Urban Institute 2100 M Street NW Washington, DC 20037	20090093	Stephen Zuckerman, Ph.D. 3/1/09-2/28/10. Improving Medicare's Performance Through Reform of Its Benefit Structure and Provider Payment System	\$	\$ 124,809
4/14/2009	2010	Urban Institute 2100 M Street NW Washington, DC 20037	20090381	Bradford Gray, Ph.D. 4/15/09-3/14/10. Enhancing the International Program's Communications and Publications Capacity	\$ 30,000	\$ 16,914
4/28/2009	2010	Urban Institute 2100 M Street NW Washington, DC 20037	20090588	Len Burman, Ph D. 5/1/09-7/31/09. Options for Changing the Employer Benefit Tax Exemption	\$	-
4/13/2010	2010	Urban Institute 2100 M Street NW Washington, DC 20037	20100378	Bradford Gray, Ph D. 6/15/10-6/14/11. Enhancing the International Program's Communications and Publications Capacity, Year 2	\$ 75,000	\$ 50,000
4/13/2010	2010	Urban Institute 2100 M Street NW Washington, DC 20037	20100383	Stephen Zuckerman, Ph.D. 5/1/10-4/30/11. Updating The Commonwealth Fund's Bending the Curve Report	\$ 156,320	\$ 191,058
1/22/2009	2030	Urban Institute 2100 M Street NW Washington, DC 20037	20090195	Robert Berenson, M.D. 4/1/09-6/30-/09. What Does a Medical Home Cost? Additional Analysis and Papers	\$	\$ 7,622
6/27/2009	2030	Urban Institute 2100 M Street NW Washington, DC 20037	20090631	Stan Dom, J.D. 7/15/09-11/15/09. Insights for Health Reform from the New COBRA Subsidy Program	\$ 50,000	\$
12/17/2009	2030	Urban Institute 2100 M Street NW Washington, DC 20037	20100281	Stephen Zuckerman, Ph.D. 1/1/10-4/15/10. Preparing for a 2010 Update of the Bending the Curve Report	\$ 40,000	\$ 10,000
1/23/2008	2030	Urban Institute, The 2100 M Street, N.W. Washington, DC 20041	20080121	Randall Bovbjerg 2/1/08-8/31/08 Analysis and Dissemination of Results from Community Care of North Carolina.	\$ 12,952	\$
7/14/2009	2010	Velir Studios, Inc 212 Elm Street, Suite 401 Somerville, MA 02144	20090632	Mark Gregor. 7/1/09-6/30/10. Enhancing The Commonwealth Fund's Capacity to Reach Change Agents and Inform Public Discourse	\$ 110,000	\$
11/10/2009	2010	Velir Studios, Inc. 212 Elm Street, Suite 401 Somerville, MA 02144	20100077	Mark Gregor. 8/1/09-11/30/09. Creating State and International Data Centers for The Commonwealth Fund Web Site	\$ 140,250	\$
7/17/2009	2030	Vermont State Legislature	20090669	James Hester, Jr., Ph.D. 7/15/09-9/30/10. Financial Modeling for Vermont's Accountable Care Organization Pilot	\$ 37,550	\$ 9,000

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11/14/2006	2010	Vermont, University of 371 Pearl Street Burlington, VT 05402	20070065	Judith Shaw, R.N., M.P.H. 1/1/07-12/31/08. Fostering Partnerships Within States to Improve Children's Development and Preventive Services, Phase 2	\$	\$ 50,822
4/13/2010	2010	Visiting Nurse Service of New York 1675 Broadway, 18th Floor New York, NY 10019	20100275	Penny Hollander Feldman, Ph.D. 6/1/10-11/30/11. Using the Care Transitions Measure in Home Care Settings to Improve Outcomes and Reduce Hospital Readmissions	\$ 176,000	\$ 238,107
4/13/2010	2010	Washington and Lee University 204 West Main Street Lexington, VA 24450	20100360	Timothy Jost, J.D. 6/1/10-6/30/13. Implementing Health Insurance Exchanges: What Are the Keys to Success?	\$ 120,000	\$ 179,539
11/14/2006	2010	Washington University One Brookings Drive Campus Box 1192 St. Louis, MO 63130	20070068	Gautam Gowrisankaran, Ph.D. 1/1/07-12/31/07. Assessing the Impact of Employee Cost-Sharing on Health Care Costs and Outcomes	\$ 54,600	\$ 12,720
12/19/2008	2030	WGBH Educational Foundation One Guest Street Boston, MA 02135	20090273	David Fanning. 1/1/09-6/30/09. FRONTLINE's 'Sick Around America'	\$ 10,000	\$ -
7/1/2006	2030	Wisconsin System, The Board of Regents of the University of Milwaukee, WI 53201-0342	20060717	Gerald Weisman. 6/1/07-5/31/08. DementiaDesign Info org: A Lexicon for the Planning and Design of Dementia Care Environments	\$	\$ 4,858
7/10/2007	2010	Yale University Yale University School of Medicine New Haven, CT 06522	20070407	Elizabeth Bradley. 8/1/07-12/31/08. Identifying Strategies for Diffusion of Improvements in Hospital Care for Heart Attack Patients	\$ 52,163	\$ -
11/28/2007	2030	Yale University Yale University School of Medicine New Haven, CT 06523	20080041	Elizabeth Bradley and Harlan Krumholz. 1/1/08-12/31/08. Spill Over Effects of Quality Collaborative Efforts	\$ 5,515	\$ 0
7/14/2009	2010	Yale University P.O. Box 2038 New Haven, CT 06520	20090565	Elizabeth Bradley, Ph D. & Harlan Krumholz, M.D., S.M. 8/1/09-7/31/11. Identifying Evidence-Based Approaches to Reducing Mortality for Patients Hospitalized with Heart Attack	\$ 91,000	\$ 112,185
		The Commonwealth Fund 1 East 75th Street New York, NY 10021	Harkness Fellowship Grants	Robin Osborn. Harkness Fellowships in Health Care Policy and Practice	\$ 1,868,838	\$ 4,391,286

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		The Commonwealth Fund 1 East 75th Street New York, NY 10021	International Symposium Grants	Robin Osborn. International Symposium on Health Care Policy	\$ 272,552	\$ 433,444
		2009-10 Matching Gifts		2009-10 Matching Gifts Program for Commonwealth Fund Staff and Directors	\$ 467,367	
				Total Grant Payments	\$ 18,513,389	\$ 24,542,600
				DCA	\$ 12,058,169	
				Total Reported	\$ 30,571,558	\$ 24,542,600