

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

2010

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 2010, or tax year beginning Jul 1 , 2010, **and ending** Jun 30 , 2011

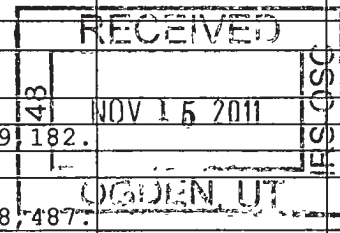
G Check all that apply Initial return Initial Return of a former public charity Final return
 Amended return Address change Name change

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) One East 75th Street		B Telephone number (see the instructions) (212) 606-3858
City or town New York		C If exemption application is pending, check here <input type="checkbox"/>
State ZIP code NY 10021		D 1 Foreign organizations, check here <input type="checkbox"/>
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation		2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
<input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, column (c), line 16) \$ 690,193,069.	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
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))				
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	213,118.	213,118.		
4 Dividends and interest from securities	8,140,542.	8,140,542.		
5a Gross rents				
b Net rental income or (loss)		L-6a Stmt		
6a Net gain/(loss) from sale of assets not on line 10	45,511,613.			
b Gross sales price for all assets on line 6a	258,910,665.			
7 Capital gain net income (from Part IV, line 2)		45,511,613.		
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	302,884.	6,042.		
12 Total. Add lines 1 through 11	54,168,157.	53,871,315.		
13 Compensation of officers, directors, trustees, etc	1,022,313.	165,880.		134,937.
14 Other employee salaries and wages	4,624,805.	71,876.		346,463.
15 Pension plans, employee benefits	2,322,841.	71,691.		201,700.
16a Legal fees (attach schedule)	24,063.			24,063.
b Accounting fees (attach sch)	27,500.			27,500.
c Other prof fees (attach sch) L-16c Stmt	3,304,212.	3,247,969.		
17 Interest				
18 Taxes (attach schedule)(see instr) See Line 18 Stmt	1,396,970.			
19 Depreciation (attach sch) and depletion	303,952.			
20 Occupancy	933,303.			495,334.
21 Travel, conferences, and meetings	646,335.	89,182.		53,237.
22 Printing and publications	3,594.			
23 Other expenses (attach schedule) See Line 23 Stmt	2,306,012.	68,487.		1,837,475.
24 Total operating and administrative expenses. Add lines 13 through 23	16,915,900.	3,715,085.		3,120,709.
25 Contributions, gifts, grants paid	19,244,003.			33,692,985.
26 Total expenses and disbursements. Add lines 24 and 25	36,159,903.	3,715,085.		36,813,694.
27 Subtract line 26 from line 12:				
a Excess of revenue over expenses and disbursements	18,008,254.			
b Net investment income (if negative, enter -0)		50,156,230.		
c Adjusted net income (if negative, enter -0)				

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ADMINISTRATIVE EXPENSES



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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		1,300,500.	1,286,376.	1,286,376.	
	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			324,088.	311,622.	311,622.
	10a	Investments – U S and state government obligations (attach schedule) L-10a Stmt			9,717,295.	7,441,186.	7,441,186.
	b	Investments – corporate stock (attach schedule) L-10b Stmt			194,770,556.	238,675,012.	238,675,012.
	c	Investments – corporate bonds (attach schedule) L-10c Stmt			90,200,545.	69,340,162.	69,340,162.
	11	Investments – land, buildings, and equipment basis ▶					
	Less: accumulated depreciation (attach schedule) ▶						
12	Investments – mortgage loans						
13	Investments – other (attach schedule) L-13 Stmt			302,446,530.	363,952,672.	363,952,672.	
14	Land, buildings, and equipment basis ▶ 7,090,151.						
	Less: accumulated depreciation (attach schedule) L-14 Stmt ▶ 2,152,492.			4,588,804.	4,937,659.	4,937,659.	
15	Other assets (describe ▶ L-15 Stmt)			874,350.	4,248,380.	4,248,380.	
16	Total assets (to be completed by all filers – see instructions Also, see page 1, item f)			604,222,668.	690,193,069.	690,193,069.	
LIABILITIES	17	Accounts payable and accrued expenses		1,362,171.	2,041,355.		
	18	Grants payable		24,418,124.	20,308,399.		
	19	Deferred revenue					
	20	Loans from officers, directors, trustees, & other disqualified persons					
	21	Mortgages and other notes payable (attach schedule)					
	22	Other liabilities (describe ▶ L-22 Stmt)			5,879,183.	7,510,884.	
	23	Total liabilities (add lines 17 through 22)			31,659,478.	29,860,638.	
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		572,563,190.	660,332,431.		
	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)			572,563,190.	660,332,431.		
31	Total liabilities and net assets/fund balances (see the instructions)			604,222,668.	690,193,069.		

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)	1 572,563,190.
2	Enter amount from Part I, line 27a	2 18,008,254.
3	Other increases not included in line 2 (itemize) ▶ <u>Change in unrealized appreciation</u>	3 69,760,987.
4	Add lines 1, 2, and 3	4 660,332,431.
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	6 660,332,431.

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)
1 a			
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			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Column (h) gain minus column (k), but not less than -0-) or Losses (from column (h))
(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	
a			
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	
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))
	2009	32,509,627.	600,084,655.	0.054175
	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

2 Total of line 1, column (d)	2	0.242509
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	0.048502
4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5	4	653,906,242.
5 Multiply line 4 by line 3	5	31,715,761.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	501,562.
7 Add lines 5 and 6	7	32,217,323.
8 Enter qualifying distributions from Part XII, line 4	8	37,466,501.

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	501,562.
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	501,562.
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	501,562.
6 Credits/Payments		
a 2010 estimated tax prmts and 2009 overpayment credited to 2010	6a	1,355,620.
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	1,355,620.
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	854,058.
11 Enter the amount of line 10 to be Credited to 2011 estimated tax <input checked="" type="checkbox"/> 854,058. Refunded <input type="checkbox"/>	11	

Part VII-A Statements Regarding Activities

	Yes	No
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)? <i>If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation <input type="checkbox"/> \$ _____ (2) On foundation managers <input type="checkbox"/> \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If 'Yes,' attach a detailed description of the activities</i>		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If 'Yes,' attach a conformed copy of the changes</i>		X
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	X	
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	X	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If 'Yes,' attach the statement required by General Instruction T</i>		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If 'Yes,' complete Part II, column (c), and Part XV</i>	X	
8 a Enter the states to which the foundation reports or with which it is registered (see the instructions) <input type="checkbox"/> See States Registered In _____		
b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? <i>If 'No,' attach explanation</i>	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? <i>If 'Yes,' complete Part XIV</i>		X
10 Did any persons become substantial contributors during the tax year? <i>If 'Yes,' attach a schedule listing their names and addresses</i>		X

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)			X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?			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>	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>			
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for Form TD F 90-22.1 If 'Yes,' enter the name of the foreign country <u>United Kingdom</u>	16	X	No

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 2010?	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 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010? <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 2010 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 2010.)	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 2010?	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? Yes No

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
Diana Davenport 1 East 75th St, NY, NY 10021	VP, Administration 50.00	217,360.	43,472.	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 29

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	448,026.
<u>Silchester</u> 780 Third Avenue New York NY 10017	Investment mgmt	394,735.
<u>Cambridge Associates</u> 100 Summer Street Boston, MA 02110	Investment advisory	397,944.
<u>Wellington Management</u> 75 State Street Boston, MA 02109	Investment mgmt	515,372.
<u>Axiom</u> 55 Railroad Avenue Greenwich CT 06830	Investment mgmt	346,770.
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
1 <u>Health System Quality and Efficiency</u> <u>see attached program descriptions</u>	4,868,432.
2 <u>Patient-Centered Coordinated Care</u> <u>see attached program descriptions</u>	3,386,454.
3 <u>International Health Policy and Innovation</u> <u>see attached program descriptions</u>	3,701,138.
4 <u>Communications</u> <u>see attached program descriptions</u>	2,909,805.

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
1 _____ _____	
2 _____ _____	
All other program-related investments See instructions	
3 _____ _____	
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	655,240,559.
b Average of monthly cash balances	1b	772,943.
c Fair market value of all other assets (see instructions)	1c	7,850,703.
d Total (add lines 1a, b, and c)	1d	663,864,205.
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	663,864,205.
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	9,957,963.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	653,906,242.
6 Minimum investment return. Enter 5% of line 5	6	32,695,312.

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	32,695,312.
2a Tax on investment income for 2010 from Part VI, line 5	2a	501,562.
b Income tax for 2010 (This does not include the tax from Part VI)	2b	
c Add lines 2a and 2b	2c	501,562.
3 Distributable amount before adjustments Subtract line 2c from line 1	3	32,193,750.
4 Recoveries of amounts treated as qualifying distributions	4	8,364.
5 Add lines 3 and 4	5	32,202,114.
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	32,202,114.

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	36,813,694.
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	652,807.
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	37,466,501.
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	501,562.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	36,964,939.

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 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI, line 7				32,202,114.
2 Undistributed income, if any, as of the end of 2010:				
a Enter amount for 2009 only			6,853,536.	
b Total for prior years. 20__, 20__, 20__				
3 Excess distributions carryover, if any, to 2010:				
a From 2005	0.			
b From 2006	0.			
c From 2007	0.			
d From 2008	0.			
e From 2009	0.			
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2010 from Part XII, line 4 ▶ \$ 37,466,501.				
a Applied to 2009, but not more than line 2a			6,853,536.	
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 2010 distributable amount				30,612,965.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2010 (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 2009. Subtract line 4a from line 2a. Taxable amount — see instructions			0.	
f Undistributed income for 2010. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2011				1,589,149.
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 2005 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2006	0.			
b Excess from 2007	0.			
c Excess from 2008	0.			
d Excess from 2009	0.			
e Excess from 2010	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 2010, 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) 2010	(b) 2009	(c) 2008	(d) 2007	
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
<p><i>a Paid during the year</i> See attached schedule of grants payments</p>				23,579,011.
Total				▶ 3a 23,579,011.
<p><i>b Approved for future payment</i> See attached schedule of grants balances</p>				20,380,729.
Total				▶ 3b 20,380,729.

**Schedule K-1
(Form 8865)**

2010

For calendar year 2010, or tax
year beginning _____, 2010
ending _____, 20

Department of the Treasury
Internal Revenue Service

**Partner's Share of Income, Deductions,
Credits, etc.**

▶ See back of form and separate instructions.

Name
The Commonwealth Fund

Employer Identification Number
13-1635260

Asset Information:

Description of Property	Investments
Date Acquired <u>Various</u>	How Acquired <u>Purchased</u>
Date Sold <u>Various</u>	Name of Buyer <u>Various</u>
Sales Price <u>258,910,665.</u>	Cost or other basis (do not reduce by depreciation) <u>213,399,052.</u>
Sales Expense _____	Valuation Method: _____
Total Gain (Loss) <u>45,511,613.</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
Unrelated Business Inc	250.			
Excise taxes - deferred	1,395,220.			
State registration	1,500.			

Total 1,396,970.

Form 990-PF, Page 1, Part I, Line 23

Line 23 Stmt

Other expenses:	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
Other expenses	1,174,507.	27,355.		1,837,475.
Subscriptions and publications	41,132.	41,132.		
Deferred Comp Valuation Adj	1,090,373.			

Total 2,306,012. 68,487. 1,837,475.

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

States Registered InNY - New YorkDC - 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
Cambridge Associates	Investment Mgmt	397,944.			
Harris Associates	Investment Mgmt	145,683.			
JPMorgan Chase	Custodial	250,564.			
Loomis Sayles	Investment Mgmt	39,474.			
Mayo Investment Advi	Investment Mgmt	217,298.			
Wellington Trust	Investment Mgmt	515,372.			
Axiom	Investment Mgmt	346,770.			
Convexity	Investment Mgmt	314,478.			
Silchester	Investment Mgmt	394,735.			
TIFF	Investment Mgmt	448,026.			
Colchester	Investment Mgmt	89,458.			
State Street	Investment Mgmt	29,337.			
Other	IT, etc	115,073.			

Total 3,304,212.

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			7,441,186.	7,441,186.
Total			<u>7,441,186.</u>	<u>7,441,186.</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
<u>Harris separate account - see schedule for detail</u>	23,534,729.	23,534,729.
<u>Mayo separate account - see schedule for detail</u>	41,402,544.	41,402,544.
<u>Russell 1000 Index</u>	19,843,475.	19,843,475.
<u>TIFF US Equities</u>	17,184,599.	17,184,599.
<u>Axiom</u>	32,660,002.	32,660,002.
<u>City of London</u>	14,537,565.	14,537,565.
<u>GMO</u>	8,761,592.	8,761,592.
<u>Silchester</u>	47,413,342.	47,413,342.
<u>Securities directly held</u>	662,923.	662,923.
<u>IVA</u>	27,627,281.	27,627,281.
<u>Varde</u>	5,046,960.	5,046,960.
Total	<u>238,675,012.</u>	<u>238,675,012.</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
<u>Colchester</u>	14,364,583.	14,364,583.
<u>Convexity Class A</u>	6,371,197.	6,371,197.
<u>Convexity Class B</u>	7,423,976.	7,423,976.
<u>Convexity Class G</u>	13,206,829.	13,206,829.
<u>Lazard Emerging Income</u>	6,116,449.	6,116,449.
<u>Government Bond Index</u>	21,857,128.	21,857,128.
Total	<u>69,340,162.</u>	<u>69,340,162.</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
<u>ABRY Advanced Securities</u>	4,580,472.	4,580,472.

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

Continued

L-13 Stmt

Line 13 - Investments - Other:	End of Year	
	Book Value	Fair Market Value
ABRY Advanced Securities II	502,513.	502,513.
Blackstone Distressed	252,828.	252,828.
Farallon Trust	33,927,232.	33,927,232.
TIFF ARP II	108,155,231.	108,155,231.
Astoria	7,693,162.	7,693,162.
SDPR GLD	8,504,996.	8,504,996.
Van Eck Intl Investor Gold	7,093,628.	7,093,628.
Hedge fund residuals	75,071.	75,071.
Wellington Diversified Inflation Hedge	39,488,392.	39,488,392.
Wellington Energy	20,429,396.	20,429,396.
Abingworth IV	2,005,772.	2,005,772.
Abingworth V	2,277,132.	2,277,132.
ABRY Partners VI	4,524,974.	4,524,974.
ABRY Senior Equity Fund III	1,550,296.	1,550,296.
Alta V	24,117.	24,117.
Blackstone Capital Partners V	4,134,854.	4,134,854.
Blackstone Real Estate Partners Intl II	3,594,861.	3,594,861.
Blackstone Real Estate Partners Europe III	689,504.	689,504.
Blackstone Real Estate Partners V	4,924,982.	4,924,982.
Blackstone Real Estate Partners VI	5,150,992.	5,150,992.
Carlyle Partners IV	4,567,308.	4,567,308.
Columbia Capital Equity Partners IV	4,996,618.	4,996,618.
Columbia Capital Equity Partners V	1,699,957.	1,699,957.
Dover Street V	1,608,083.	1,608,083.
Dover Street VI	4,041,418.	4,041,418.
Dover Street VII	3,525,457.	3,525,457.
EnCap Energy V-B	825,773.	825,773.
EnCap Energy VI-B	3,140,148.	3,140,148.
EnCap Energy VII	3,228,290.	3,228,290.
EnCap Energy VIII	268,444.	268,444.
Enervest Energy X-B	4,536,697.	4,536,697.
Enervest Energy XI-B	3,872,568.	3,872,568.
Enervest Energy XII-C	571,502.	571,502.
Granite Ventures II	2,874,683.	2,874,683.
Inter-Asia Capital III Trust	9,874.	9,874.
Lubert-Adler Real Estate Fund V	759,010.	759,010.
Lubert-Adler Real Estate Fund VI	637,553.	637,553.
TIFF Partners II	265,596.	265,596.
Lindsay Goldberg & Bessemer	6,470,887.	6,470,887.
Madison International Real Estate Fund III	4,778,935.	4,778,935.
Madison International Real Estate Fund IV	2,264,363.	2,264,363.
Oak Investment Partners VI	4,776.	4,776.
Polaris Venture Partners V	4,173,899.	4,173,899.
Polaris Venture Partners VI	30,000.	30,000.
ProQuest Investments IV	524,558.	524,558.
Resource Capital Fund	2,174,517.	2,174,517.
Rho Ventures V	4,605,357.	4,605,357.
Rho Ventures VI	3,070,136.	3,070,136.
RMS Forest Growth	6,361,623.	6,361,623.
Shorenstein Realty 9	1,110,846.	1,110,846.
Shoreview Capital	826,954.	826,954.
Shoreview Capital II	1,731,491.	1,731,491.
Silverlake Partners II	2,724,071.	2,724,071.

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

Continued

L-13 Stmt

Line 13 - Investments - Other:	End of Year	
	Book Value	Fair Market Value
Silverlake Partners III	2,786,254.	2,786,254.
Sofinnova Venture Partners VII	1,089,911.	1,089,911.
TA/Advent VIII	24,339.	24,339.
TA IX	696,479.	696,479.
TA X	3,473,572.	3,473,572.
TA XI	948,752.	948,752.
SC Fundamental	75,070.	75,070.
Short term	12,996,498.	12,996,498.
Total	<u>363,952,672.</u>	<u>363,952,672.</u>

Form 990-PF, Page 2, Part II, Line 14

L-14 Stmt

Line 14b - Description of Land, Buildings, and Equipment	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
Building	275,000.	0.	275,000.
Furniture, Fixtures, Equipment	6,815,151.	2,152,492.	4,662,659.
Total	<u>7,090,151.</u>	<u>2,152,492.</u>	<u>4,937,659.</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	874,350.	0.	0.
Receivable from security sales	0.	3,493,372.	3,493,372.
Taxes refundable	0.	755,008.	755,008.
Total	<u>874,350.</u>	<u>4,248,380.</u>	<u>4,248,380.</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	1,339,221.	2,734,441.
Post retirement health care liab	4,539,962.	4,776,443.
Total	<u>5,879,183.</u>	<u>7,510,884.</u>

Supporting Statement of:

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

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

Supporting Statement of:

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

Description	Amount
Grants payable	20,380,729.
Discount on grants payable	-72,330.
Total	<u>20,308,399.</u>

HARRIS ASSOCIATES L.P.
 CLIENT APPRAISAL
COMMONWEALTH FUND
 PF 2671-900825 ESL/MCM DSFIXE
 June 30, 2011

Reporting Currency: US Dollar

Quantity	Security	% of Assets	Unit Cost	Total Cost	Price	Mkt. Value	Annual Income	Yield
COMMON STOCKS								
7,800.00	Apache	4.1	61.12	476,739.18	123.39	962,442.00	4,680.00	0.5
95,500.00	Applied Materials	5.3	12.99	1,240,073.76	13.01	1,242,455.00	30,560.00	2.5
22,400.00	Baxter International	5.7	51.55	1,154,631.00	59.69	1,337,056.00	27,776.00	2.1
15,400.00	Boeing	4.8	50.72	781,132.63	73.93	1,138,522.00	25,872.00	2.3
44,500.00	Calpine	3.0	13.04	580,454.19	16.13	717,785.00	0.00	0.0
34,000.00	Carnival	5.4	40.19	1,366,425.94	37.63	1,279,420.00	34,000.00	2.7
1,700.00	Caterpillar	0.8	32.98	56,071.26	106.46	180,982.00	3,128.00	1.7
46,500.00	Comcast Special Cl A	4.8	22.64	1,052,991.49	24.23	1,126,695.00	20,925.00	1.9
13,600.00	Discover Financial	1.5	7.73	105,172.44	26.75	363,800.00	3,264.00	0.9
9,200.00	Franklin Resources	5.1	57.22	526,434.69	131.29	1,207,868.00	9,200.00	0.8
19,300.00	Illinois Tool Works	4.6	32.05	618,542.04	56.49	1,090,257.00	26,248.00	2.4
66,500.00	Intel	6.3	20.66	1,373,919.76	22.16	1,473,640.00	55,860.00	3.8
29,300.00	JPMorgan Chase	5.1	29.63	868,092.15	40.94	1,199,542.00	29,300.00	2.4
12,200.00	National Oilwell Varco	4.1	33.79	412,236.37	78.21	954,162.00	5,368.00	0.6
29,900.00	Penn National Gaming	5.1	30.55	913,489.75	40.34	1,206,166.00	0.00	0.0
14,900.00	Range Resources	3.5	45.58	679,149.19	55.50	826,950.00	2,384.00	0.3
25,200.00	Robert Half International	2.9	21.90	551,793.73	27.03	681,156.00	14,112.00	2.1
10,800.00	Starwood Hotels & Resorts	2.6	10.74	115,954.79	56.04	605,232.00	3,240.00	0.5
5,500.00	Tiffany	1.8	34.00	187,001.38	78.52	431,860.00	6,380.00	1.5
9,800.00	Transocean	2.7	77.72	761,639.47	64.56	632,688.00	30,968.00	4.9
14,600.00	Ultra Petroleum	2.8	47.18	688,772.40	45.80	668,680.00	0.00	0.0
16,300.00	Visa Cl A	5.8	74.87	1,220,389.40	84.26	1,373,438.00	9,780.00	0.7
48,200.00	Wells Fargo	5.7	30.11	1,451,246.57	28.06	1,352,492.00	23,136.00	1.7
	COMMON STOCKS	93.7		17,182,353.58		22,053,288.00	366,181.00	1.7
	Supervised Equities Total:	93.7		17,182,353.58		22,053,288.00	366,181.00	1.7
SHORT-TERM INVESTMENTS								
	Dividend Accruals	0.1		18,126.00		18,126.00	0.00	0.0
	JPM Prime MMF Prem Shs #3	6.2		1,463,314.53		1,463,314.53	146.33	0.0
	SHORT-TERM INVESTMENTS	6.3		1,481,440.53		1,481,440.53	146.33	0.0

HARRIS ASSOCIATES L.P.
 CLIENT APPRAISAL
COMMONWEALTH FUND
PF 2671-900825 ESL/MCM DSFIXE
 June 30, 2011

Reporting Currency: US Dollar

Quantity	Security	% of Assets	Unit Cost	Total Cost	Price	Mkt. Value	Annual Income	Yield
	Supervised Cash Equivalents Total:	6.3		1,481,440.53		1,481,440.53	146.33	0.0
	SUPERVISED TOTAL:	100.0		18,663,794.11		23,534,728.53	366,327.33	1.6

MAYO INVESTMENT ADVISERS LLC
 PORTVUE - COMF.LCW

PORTFOLIO VALUATION FOR
 COMMONWEALTH FUND

AS OF DATE: June 30, 2011

SECURITY DESCRIPTION	TOTAL COST	MARKET VALUE	ANNUAL INCOME	CURR. YIELD	% TOT
CASH AND CASH EQUIVALENTS	5,392,691	5,392,691			13.0
FIXED INCOME	2,522,972	2,638,135	110,813	4.2	6.4
EQUITY	28,533,075	33,344,885	718,916	2.2	80.6
TOTAL HOLDINGS	36,448,739	41,375,711	829,728	2.0	100.0
ACCRUED INTEREST		26,458			
SOLD INTEREST		375			
TOTAL HOLDINGS WITH INTEREST		41,402,544			

MAYO INVESTMENT ADVISERS LLC
 PORTVUE - COMP.LCW

PORTFOLIO VALUATION FOR
 COMMONWEALTH FUND

AS OF DATE: June 30, 2011

SECURITY DESCRIPTION	COST/ 06/30 SHARE PRICE	TOTAL COST	MARKET VALUE	ANNUAL INCOME	CURR. YIELD	% TOT
CASH AND CASH EQUIVALENTS		5,392,691	5,392,691			13.0
CASH						
FIXED INCOME						
GOVERNMENT OBLIGATIONS						
975,000 U S TREAS BILLS DTD 11/18/10	11/17/11 99.79 99.98	972,915	974,795			2.4
CORPORATE BONDS						
350,000 BANK OF AMERICA 7.375% 05/15/14	99.45 112.42	348,058	393,470	25,813	6.6	1.0
200,000 FRONTIER COMM 8.125% 10/01/18	101.00 108.63	202,000	217,250	16,250	7.5	0.5
500,000 FRONTIER COMM 8.25% 04/15/17	100.00 108.75	500,000	543,750	41,250	7.6	1.3
500,000 GENERAL ELEC CAP 5.500% 11/15/11	100.00 101.77	500,000	508,870	27,500	5.4	1.2
TOTAL		1,550,058	1,663,340	110,813	6.7	4.0
FIXED INCOME		2,522,972	2,638,135	110,813	4.2	6.4

MAYO INVESTMENT ADVISERS LLC
 PORTVUE - COMF.LCW

PORTFOLIO VALUATION FOR
 COMMONWEALTH FUND

AS OF DATE: June 30, 2011

SECURITY DESCRIPTION	JR	PFD	CNV	SRB	COST/ SHARE	06/30 PRICE	TOTAL COST	MARKET VALUE	ANNUAL INCOME	CURR. YIELD	% TOT
EQUITY											
CONVERTIBLE PREFERRED STOCKS											
12,500 GENERAL MTRS CO					50.66	48.74	633,272	609,250	29,688	4.9	1.5
COMMON STOCKS											
92,500 A T & T INC (NEW)					25.39	31.41	2,348,965	2,905,425	159,100	5.5	7.0
22,500 ABBOTT LABS					46.80	52.62	1,053,057	1,183,950	43,200	3.6	2.9
9,000 ANADARKO PETE CORP					44.67	76.76	402,043	690,840	3,240	0.5	1.7
37,500 ARCHER DANIELS MIDLAND					30.16	30.15	1,131,007	1,130,625	24,000	2.1	2.7
22,500 BANK OF AMERICA					11.59	10.96	260,672	246,600	900	0.4	0.6
10,000 BANK OF NEW YORK MELLON CORP	COM				27.10	25.62	270,965	256,200	5,200	2.0	0.6
35,000 BARRICK GOLD CORP	COM				35.13	45.29	1,229,435	1,585,150	16,800	1.1	3.8
10,000 CHEESAPEAKE ENERGY CORP	COM				43.53	29.69	435,272	514,200	3,500	1.2	0.7
5,000 CHEVRONTXACO CORPORATION					58.79	102.84	293,946	514,200	15,600	3.0	1.2
35,000 CISCO SYS INC					21.78	15.61	762,348	546,350	8,400	1.5	1.3
12,500 CITIGROUP INC					31.50	41.64	393,750	520,500	500	0.1	1.3
57,500 COMCAST CORP NEW COM	CL A				19.30	25.34	1,109,974	1,457,050	25,875	1.8	3.5
7,500 CONAGRA INC					15.47	25.81	116,004	193,575	6,900	3.6	0.5
12,500 CVS/CAREMARK CORP					34.90	37.58	469,750	469,750	6,250	1.3	1.1
12,500 E M C CORP MASS					12.02	27.55	344,375	344,375			0.8
7,500 ENCANA CORP					24.06	30.79	150,258	230,925	6,000	2.6	0.6
10,000 EOT CORP COM					63.21	52.52	180,453	525,200	8,800	1.7	1.3
85,000 FRONTIER COMMUNICATIONS CORP COM					7.96	18.07	632,067	685,950	63,750	9.3	1.7
40,000 GENERAL ELECTRIC					16.01	8.86	676,445	754,400	24,000	3.2	1.8
7,500 GENERAL MTRS CO	COM				33.04	30.36	247,781	227,700			0.6
10,000 GILEAD SCIENCES INC	COM				37.14	41.41	371,427	414,100			1.0
3,500 GOLDCORP INC NEW	COM				33.35	48.27	116,732	168,945	1,428	0.8	0.4

MAYO INVESTMENT ADVISERS LLC
 PORTVUE - COMF.LCW

PORTFOLIO VALUATION FOR
 COMMONWEALTH FUND

AS OF DATE: June 30, 2011

SECURITY DESCRIPTION	COST/SHARE	06/30 PRICE	TOTAL COST	MARKET VALUE	ANNUAL INCOME	CURR. YIELD	% TOT
10,000 HESS CORP	56.87	74.76	568,695	747,600	4,000	0.5	1.8
5,000 INTERNATIONAL BUSINESS MACHINES	130.08	171.55	650,383	857,750	15,000	1.7	2.1
5,000 J.P. MORGAN CHASE & CO	33.31	40.94	166,550	204,700	5,000	2.4	0.5
45,000 KROGER CO	21.39	24.80	962,626	1,116,000	18,900	1.7	2.7
10,000 MARSH & MCLENNAN COS INC	28.31	31.19	283,100	311,900	8,800	2.8	0.8
10,000 MICROSOFT CORP	25.69	26.00	1,798,597	1,820,000	44,800	2.5	4.4
15,000 MOSAIC COMPANY	62.78	67.73	1,041,694	1,015,950	3,000	0.3	2.5
32,500 MYLAN LABS INC	11.53	24.67	374,811	801,775	10,000	1.5	1.9
12,500 NEWMONT MNG CORP	43.34	53.97	541,801	674,625	10,000	1.5	1.6
12,500 NEWS CORP CL A	10.48	17.70	130,999	221,250	1,875	0.8	0.5
20,000 OMNICARE INC	25.33	31.89	506,683	637,800	3,200	0.5	1.5
72,500 PFIZER INC	18.79	20.60	1,362,402	1,493,500	58,000	3.9	3.6
127,500 SAIC INC	16.19	16.82	2,064,792	2,144,550			5.2
5,000 SPDR GOLD TRUST GOLD SHS	88.88	146.00	444,397	730,005	7,700	1.1	1.8
17,500 SUNCOR ENERGY INC	30.51	39.10	533,894	684,250	18,900	1.3	1.7
70,000 TALISMAN ENERGY INC	17.39	20.49	1,217,486	1,434,300	18,900	1.3	3.5
10,000 TIME WARNER INC COM	21.51	36.37	502,138	363,700	9,400	2.6	0.9
11,500 TRAVELERS COMPANIES INC	43.66	58.38	502,138	671,370	18,860	2.8	1.6
5,000 UNUM GROUP COM	19.77	25.48	98,858	127,400	1,850	1.5	0.3
25,000 WAL MART STORES INC	51.02	53.14	1,275,413	1,328,500	36,500	2.7	3.2
TOTAL COMMON STOCKS			27,899,804	32,735,635	689,228	2.1	79.1
EQUITY			28,533,075	33,344,885	718,916	2.2	80.6
TOTAL HOLDINGS		\$	36,448,739	41,375,711	829,728	2.0	100.0
ACCRUED INTEREST				26,458			

MAYO INVESTMENT ADVISERS LLC
 PORTVUE - COMF.LCW

PORTFOLIO VALUATION FOR
 COMMONWEALTH FUND

AS OF DATE: June 30, 2011

SECURITY DESCRIPTION	COST/ 06/30 SHARE PRICE	TOTAL COST	MARKET VALUE	ANNUAL INCOME	CURR. YIELD	% TOT
SOLD INTEREST			375			
TOTAL HOLDINGS WITH INTEREST			41,402,544			

The Commonwealth Fund
 13-1635260
 Depreciation Expense
 Fiscal Year End 6/30/11

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	7,023	7,023	0	0
1992 - 1993	2,322	428	1,894	0
1993 - 1994	1,359	1,029	330	0
1994 - 1995	651	339	313	0
1995 - 1996	2,064	1,287	776	0
1996 - 1997	0	0	0	0
1997 - 1998	7,255	5,541	1,713	0
1998 - 1999	7,139	2,864	4,274	0
1999 - 2000	8,686	8,530	156	0
2000 - 2001	25,572	23,172	2,400	0
2001 - 2002	18,184	16,779	1,405	0
2002 - 2003	23,873	23,873	0	0
2003 - 2004	4,016	4,016	0	0
2004 - 2005	7,485	7,485	0	0
2005 - 2006	26,157	23,411	2,012	734
2006 - 2007	22,268	15,899	6,369	0
2007 - 2008	70,224	44,221	16,590	9,414
2008 - 2009	45,760	9,865	2,741	33,154
2009 - 2010	8,634	7,400	1,234	0
2010 - 2011	15,281	8,612	6,669	0
Total	303,952	211,774	48,876	43,302

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, 2011

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 #: 20110246
Project Director and Purpose: Michael Bailit, M.B.A. 1/1/11-4/30/11. Current Experience with Shared Savings Payment Models
Date Approved: 12/17/2010
Grant Amount: \$38,000
Dates / Payments: 1/10/2011 \$30,400

- (iii) Reports Received
Final Financial Report: Overdue. Future payments to be made only when reporting requirements have been fulfilled.
Final Project Report: NA

- (iv) Total expenditures through 4/30/2011 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.

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, 2011

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

- (i) Grantee: Bundesgeschäftsstelle Qualitätssicherung gGmbH
Kanzlerstraße 4
Düsseldorf 40472
Germany

- (ii) Grant #: 20090275
Project Director and Purpose: Christof Veit, M.D. 1/1/09-12/31/09. Planning Grant for The Commonwealth Fund Initiative for Second Generation International Benchmarking in Health Care
Date Approved: 12/2/2008
Grant Amount: \$50,720
Dates / Payments: No payments were made during the fiscal year ending 6/30/2011.

- (iii) Reports Received
Final Financial and Project reports are overdue. Future payments to be made only when reporting requirements have been fulfilled.

- (iv) Total expenditures through 12/31/2009 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.

**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, 2011**

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:

7/12/2010	\$20,071.36
7/12/2010	\$17,794.71
7/26/2010	\$15,216.68
8/23/2010	\$16,648.73
9/20/2010	\$500

- (iii) Reports Received
Financial and project reports were not due during the fiscal year ending 6/30/11

- (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, 2011

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: 12/13/2010 \$30,000
3/21/2010 \$25,000

- (iii) Reports Received
Interim Financial Report: 3/9/2011; see section (iv) below.
Interim Project Report: 3/9/2011

- (iv) Total expenditures through 12/15/2010 reported on Financial Report in section (iii): \$205,372.08

- (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, 2011

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: Emily Carrier, M.D., M.Sc. 2/1/10-9/30/11. Using
Care Coordination Agreements in Primary Care
Date Approved: 11/10/2009
Grant Amount: \$179,897
Dates / Payments: 1/24/2011 \$71,959

- (iii) Reports Received
Interim Financial Report: 12/22/2010; see section (iv) below.
Interim Project Report: 9/23/2010

- (iv) Total expenditures through 8/31/2010 reported on Financial Report in section (iii): \$25,619

- (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, 2011

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: 2/21/2011 \$65,588

- (iii) Reports Received
Interim Financial Report: 1/31/2011; see section (iv) below.
Interim Project Report: 2/1/2011

- (iv) Total expenditures through 12/31/2010 reported on Financial Report in section (iii): \$24,039

- (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, 2011

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 #: 20110258
Project Director and Purpose: Peter Cunningham, Ph.D. 5/1/11-6/30/12. The
Affordability of Medical Care: Recent Trends at the
National and State Level and the Potential Effects of Health
Reform, Phase 1
Date Approved: 4/12/2011
Grant Amount: \$110,440
Dates / Payments: 6/27/2011 \$46,500

- (iii) Reports Received
Interim Financial Report: Not due until 11/30/2011
Final Project Report: Not due until 6/30/2012

- (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) 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, 2011**

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
Dates / Payments: 7/12/2010 \$6,137
9/20/2010 \$1,356

- (iii) Reports Received
Financial and project reports were not due during the fiscal year ending 6/30/11.

- (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, 2011

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. 11/1/09-9/30/11. 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: No payments were made during the fiscal year ending 6/30/2011

- (iii) Reports Received
Interim Financial Report: 5/10/2011; see section (iv) below.
Final Project Report: 3/29/2011

- (iv) Total expenditures through 3/31/2011 reported on Financial Report in section (iii): \$91,669

- (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, 2011

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: 4/4/2011 \$26,800
5/2/2011 \$13,400
- (iii) Reports Received
Final Financial Report: 3/9/2011; see section (iv) below.
Final Project Report: 4/27/2011
- 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 through 2/28/2011 reported on Financial Report in section (iii): \$67,000
- (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, 2011

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: 7/12/2010 \$100,000
1/10/2011 \$57,800
- (iii) Reports Received
Final Financial Report: 12/15/2010; see section (iv) below.
Final Project Report: NA
- 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 through 11/30/2010 reported on Financial Report in section (iii): \$407,800
- (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 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, 2011

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: No payments were made during the fiscal year ending
6/30/2011.

- (iii) Reports Received
Financial and project reports were not due during the fiscal year ending 6/30/11.

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): 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) 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, 2011

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 #: 20100469
Project Director and Purpose: Roz Pierson, Ph.D. 8/1/10-11/30/11. International Health Policy Survey, 2011
Date Approved: 7/13/2010
Grant Amount: \$435,000
Dates / Payments: 9/7/2010 \$150,000
5/31/2011 \$125,000

- (iii) Reports Received
Financial and project reports were not due during the fiscal year ending 6/30/2011.

- (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) 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, 2011

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 #: 20110220
Project Director and Purpose: Roz Pierson, Ph.D. 12/6/10-1/21/11. Public Views on Health System Performance
Date Approved: 12/7/2010
Grant Amount: \$27,500
Dates / Payments: 6/13/2011 \$15,500

- (iii) Reports Received
Final Financial Report: 6/9/2011; see section (iv) below.
Final Project Report: 2/28/2011

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 through 1/21/2011 reported on Financial Report in section (iii): \$27,500

- (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.

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, 2011

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 #: 20110070
Project Director and Purpose: Roz Pierson, Ph.D. 4/1/11-12/31/11. Health Care
Opinion Leaders Survey, Year 6
Date Approved: 11/9/2010
Grant Amount: \$53,000
Dates / Payments: 6/27/2011 \$21,200

- (iii) Reports Received
Financial and project reports were not due during the fiscal year ending
6/30/2011.

- (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) 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, 2011**

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 #: 20110451
Project Director and Purpose: Roz Pierson, Ph.D. 5/1/11-12/31/11. Inclusion of Germany in the 2011 Commonwealth Fund International Health Policy Survey
Date Approved: 4/21/2011
Grant Amount: \$30,100
Dates / Payments: 6/13/2011 \$24,000

- (iii) Reports Received
Financial and project reports were not due during the fiscal year ending 6/30/2011.

- (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) NA

The Commonwealth Fund
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Expenditure Responsibility Statement
For the year ending June 30, 2011

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 #: 20110035
Project Director and Purpose: Sharon Silow-Carroll, M.S.W., M.B.A. 1/1/11-
6/30/12. Case Studies of Innovation and High Performance
for WhyNotTheBest.org
Date Approved: 11/9/2010
Grant Amount: \$308,759
Dates / Payments: 12/27/2010 \$123,503

- (iii) Reports Received
Financial and project reports were not due during the fiscal year ending
6/30/2011.

- (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) NA

The Commonwealth Fund
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Expenditure Responsibility Statement
For the year ending June 30, 2011

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: 12/27/2010 \$9,785.20

- (iii) Reports Received
Final Financial Report: 12/15/2010; see section (iv) below.
Final Project Report: 10/27/2010

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 through 12/31/2010 reported on Financial Report in section (iii): \$49,785

- (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, 2011

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: 12/13/2010 \$50,000
6/13/2011 \$13,846
- (iii) Reports Received
Final Financial Report: 6/7/2011; see section (iv) below.
Final Project Report: NA
- 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 through 5/31/2011 reported on Financial Report in section (iii): \$113,846
- (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 #: 20090322
Project Director and Purpose: Sharon Silow-Carroll, M.S.W., M.B.A. 5/1/09-3/31/11. Case Studies of Innovation and High Performance for WhyNotTheBest.org
Date Approved: 4/14/2009
Grant Amount: \$460,940
Dates / Payments: 10/4/2010 \$184,000
5/2/2011 \$92,940

- (iii) Reports Received
Final Financial Report: 4/22/2011; see section (iv) below.
Final Project Report: 4/27/2011

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 through 3/31/2011 reported on Financial Report in section (iii): \$460,940

- (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, 2011

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 #: 20110427
Project Director and Purpose: Jonathan Karnon, Ph.D. 6/1/11-12/31/11. 7th Australia-New Zealand Health Services and Policy Research Conference
Date Approved: 4/21/2011
Grant Amount: \$5,000
Dates / Payments: 5/31/2011 \$4,000

- (iii) Reports Received
Financial and project reports were not due under the fiscal year ending 6/30/2011.

- (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) NA

The Commonwealth Fund
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Expenditure Responsibility Statement
For the year ending June 30, 2011

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 #: 20110304
Project Director and Purpose: Roisin Boland, R.G.N., M.B.A. 1/1/11-12/31/11.
General Support
Date Approved: 4/12/2011
Grant Amount: \$1,300
Dates / Payments: 5/16/2011 \$1,300

- (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, 2011

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 #: 20110122
Project Director and Purpose: Sarah Klein. 10/1/10-3/31/11. Case Study of the Veterans Health Administration's Implementation of Medical Homes
Date Approved: 10/5/2010
Grant Amount: \$18,960
Dates / Payments: 11/1/2010 \$15,168

- (iii) Reports Received
Final Financial Report: 6/28/2011; see section (iv) below.
Final Project Report: 6/8/2011

Issues 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 through 6/30/2011 reported on Financial Report in section (iii): \$18,960

- (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, 2011

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: 8/23/2010 \$2,800
9/7/2010 \$992.60
- (iii) Reports Received
Final Financial Report: 4/16/2010; see section (iv) below.
Final Project Report: NA
- Issues 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 through 3/31/2010 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, 2011

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. 1/1/10-3/31/11. 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:
- | | |
|-----------|------------|
| 7/12/2010 | \$20,000 |
| 8/9/2010 | \$20,000 |
| 9/7/2010 | \$4,257.40 |
| 9/20/2010 | \$20,000 |
| 11/1/2010 | \$5,250 |
| 1/10/2011 | \$4,150 |
| 1/10/2011 | \$8,197.67 |
| 1/10/2011 | \$2,250 |
| 2/7/2011 | \$20,000 |
| 2/21/2011 | 10,000 |
| 3/7/2011 | \$5,750 |
| 4/18/2011 | \$4,370 |
| 5/2/2011 | \$5,250 |
| 5/16/2011 | \$2,250 |
| 6/27/2011 | \$5,750 |
- (iii) Reports Received
Final Financial Report: 4/4/2011; see section (iv) below.
Final Project Report: NA
Issues 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 through 3/31/11 reported on Financial Report in section (iii):
\$278,520
- (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, 2011

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. 1/1/10-12/31/10. Analysis of Rhode Island Quality Institute Model
Date Approved: 12/17/2009
Grant Amount: \$19,249
Dates / Payments: 1/10/2011 \$3,170

- (iii) Reports Received
Final Financial Report: 12/29/2010; see section (iv) below.
Final Project Report: NA

Issues 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 through 12/31/2010 reported on Financial Report in section (iii): \$19,170

- (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, 2011

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

- (i) Grantee: Jewish Healthcare Foundation of Pittsburgh
650 Smithfield Street, Suite 2330
Pittsburgh, PA 15222

- (ii) Grant #: 20100090
Project Director and Purpose: Harold Miller. 10/1/09-11/30/10. Supporting Co-Evolution of Payment & Delivery System Reforms
Date Approved: 9/16/2009
Grant Amount: \$22,733
Dates / Payments: No payments were made during the fiscal year ending 6/30/2011.

- (iii) Reports Received
Final Financial Report: Overdue. Future payment will be made only when reporting requirements have been fulfilled.
Draft paper received on 2/1/2011.

- (iv) Total expenditures 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, 2011

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. 5/1/10-5/3111.
Helping States Address Women's Health Through Medicaid
Date Approved: 4/8/2010
Grant Amount: \$13,663
Dates / Payments: No payments were made during the fiscal year ending 6/30/2011.

- (iii) Reports Received
Final Financial Report: Overdue. Future payments will be made only when reporting requirements have been fulfilled.
Interim Project Report: 2/1/2011

- (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) 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
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Expenditure Responsibility Statement
For the year ending June 30, 2011

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: 12/27/2010 \$45,000

- (iii) Reports Received
Final Financial Report: 10/28/2010; see section (iv) below.
Final Project Report: 10/28.2010

Jonathan Gruber 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 9/15/2010 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.

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Expenditure Responsibility Statement
For the year ending June 30, 2011

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 #: 20110287
Project Director and Purpose: Jonathan Gruber, Ph.D. 5/1/11-12/31/11. Modeling
Alternatives to the Affordable Care Act
Date Approved: 4/12/2011
Grant Amount: \$107,500
Dates / Payments: 5/16/2011 \$45,000

- (iii) Reports Received
Financial and project reports were not due during the fiscal year ending
6/30/2011.

- (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) 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: Jonathan Gruber
83 Pleasant Street
Lexington, MA 02421
- (ii) Grant #: 20100634
Project Director and Purpose: Jonathan Gruber, Ph.D. 8/1/10-10/31/10. Is Health Insurance Affordable Under the Affordable Care Act?
Date Approved: 7/21/2010
Grant Amount: \$82,500
Dates / Payments: 8/23/2010 \$66,000
4/4/2011 \$16,500
- (iii) Reports Received
Final Financial Report: 3/29/2011; see section (iv) below.
Final Project Report: NA
- Jonathan Gruber 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 9/1/2010 reported on Financial Report in section (iii): \$82,500
- (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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Pursuant to Regulation § 53.4945-5(d)(2), the Commonwealth Fund provides the following information:

- (i) Grantee: Keio University
2-15-45 Mita
Minato, Tokyo 108-8345
Japan

- (ii) Grant #: 20110362
Project Director and Purpose: Naoki Ikegami, M.D., Ph.D., M.A. 5/1/11-9/30/11.
Lessons Learned from Japan as a Model for Containing
Health Care Costs
Date Approved: 4/21/2011
Grant Amount: \$13,000
Dates / Payments: 5/31/2011 \$4,000
5/31/2011 \$6,000

- (iii) Reports Received
Financial and project reports were not due during the fiscal year ending
6/30/2011.

- (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) NA

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Expenditure Responsibility Statement
For the year ending June 30, 2011

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. 7/1/10-11/30/11. 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: 7/26/2010 \$24,500

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

- (ii) Grant #: 20110092
Project Director and Purpose: Jordon Peugh, M.A. 1/1/11-12/31/13. Tracking Health Reform's Impact on Insurance Coverage for Young Adults, Older Adults, and Low-Income Families
Date Approved: 11/9/2010
Grant Amount: \$363,900
Dates / Payments: 2/21/2011 \$58,550
5/16/2011 \$57,050

- (iii) Reports Received
Financial and project reports were not due during the fiscal year ending 6/30/2011.

- (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) 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: 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: 7/12/2010 \$850

- (iii) Reports Received
Final Financial Report: 7/8/2010; see section (iv) below.
Final Project Report: 7/7/2010

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 through 6/26/2010 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: 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: 5/31/2011 \$85,000

- (iii) Reports Received
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) 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: 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: 11/1/2010 \$10,100

- (iii) Reports Received
Final Financial Report: 6/10/2009; see section (iv) below.
Final Project Report: NA

- (iv) Total expenditures through 4/30/09 reported on Financial Report in section (iii):
\$205,100

- (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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Expenditure Responsibility Statement
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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:

11/15/2010	\$8,800
11/15/2010	\$12,000
4/18/2011	\$11,000
5/2/2011	\$8,000

- (iii) **Reports Received**
Financial and project reports are overdue. Future payments will be made only when reporting requirements are 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) **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: London School of Economics and Political Science
Houghton Street
London, ENGLAND WC2A 2AE
United Kingdom

- (ii) Grant #: 20110347
Project Director and Purpose: Elias Mossialos, Ph.D. 5/1/11-4/30/12.
International Lessons for Bending the Curve: Achieving a
High Performance Health Care System While Reducing
Growth in Health Expenditures
Date Approved: 4/12/2011
Grant Amount: \$201,630
Dates / Payments: 5/31/2011 \$85,000

- (iii) Reports Received
Financial and project reports were not due during the fiscal year ending
6/30/2011.

- (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) 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, 2011

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: 10/4/2010 \$4,000

- (iii) Reports Received
Final Financial Report: 8/5/2010; see section (iv) below.
Final Project Report: 8/5/2010

Michael C. Barth 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 6/30/2010 reported on Financial Report in section (iii): \$48,239

- (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, 2011

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

- (i) Grantee: Organisation for Economic Cooperation and Development (OECD)
2 Rue Andre Pascal
Cedex 16
Paris 75775
France

- (ii) Grant #: 20110544
Project Director and Purpose: Mark Pearson. 7/1/11-6/30/12. Initiating International Comparisons of Health IT Use
Date Approved: 6/22/2011
Grant Amount: \$49,982
Dates / Payments: No payments were made during the fiscal year ending 6/30/2011.

- (iii) Reports Received
Financial and project reports were not due during the fiscal year ending 6/30/2011.

- (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) 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, 2011

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 #: 20110093
Project Director and Purpose: Martha Hostetter. 1/1/11-12/31/11. Raising the Bar for Web Resources on Health Care Performance
Benchmarking and Improvement: Upgrades for WhyNotTheBest.org, Phase 3
- Date Approved: 11/9/2010
Grant Amount: \$168,120
Dates / Payments:
- | | |
|-----------|---------|
| 1/24/2011 | \$8,927 |
| 2/7/2011 | \$8,927 |
| 3/7/2011 | \$8,927 |
| 4/4/2011 | \$8,927 |
| 5/2/2011 | \$8,927 |
| 5/16/2011 | \$3,166 |
| 6/27/2011 | \$8,927 |
- (iii) Reports Received
Interim Financial Report: 4/29/2011; see section (iv) below.
Interim Project Report: NA
- (iv) Total expenditures through 3/31/11 reported on Financial Report in section (iii): \$29,897
- (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, 2011

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: 10/18/2010 \$6,565.54

- (iii) Reports Received
Final Financial Report: 2/3/2010; see section (iv) below.
Final Project Report: NA

Pear Tree Communications, 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 12/31/2009 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
Part VII-B, Question 5c on page 6

Expenditure Responsibility Statement
For the year ending June 30, 2011

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:
- | | |
|------------|------------|
| 7/12/2010 | \$8,667 |
| 8/9/2010 | \$2,940 |
| 8/9/2010 | \$8,667 |
| 9/20/2010 | \$8,667 |
| 10/4/2010 | \$8,667 |
| 10/18/2010 | \$2,246.96 |
| 11/1/2010 | \$8,667 |
| 11/15/2010 | \$2,322 |
| 11/15/2010 | \$6,363.75 |
| 12/13/2010 | \$3,247.50 |
| 12/13/2010 | \$8,667 |
| 1/10/2011 | \$1,987.50 |
| 1/24/2011 | \$1,234 |
| 1/19/2011 | \$133 |
| 2/7/2011 | \$4,702.50 |
| 3/21/2011 | \$4,695 |
| 3/31/2011 | \$9,708.04 |
- (iii) **Reports Received**
Final Financial Report: 1/12/2011 see section (iv) below.
Final Project Report: NA
Pear Tree Communications, 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 12/31/2010 reported on Financial Report in section (iii):**
\$119,807
- (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, 2011

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: 9/20/2010 \$100,000
2/7/2011 \$85,270

- (iii) Reports Received
Final Financial Report: 1/26/2011; see section (iv) below.
Final Project Report: NA

Princeton Survey Research Associates International 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 12/31/2010 reported on Financial Report in section (iii): \$485,270
- (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, 2011

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
- | | | |
|--------------------------|-----------|----------|
| <u>Date Approved:</u> | 6/25/2010 | |
| <u>Grant Amount:</u> | \$36,400 | |
| <u>Dates / Payments:</u> | 8/9/2010 | \$30,000 |
| | 2/7/2011 | \$6,400 |
- (iii) Reports Received
Final Financial Report: 1/26/2011; see section (iv) below.
Final Project Report: NA
- Princeton Survey Research Associates International 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 12/31/2010 reported on Financial Report in section (iii): \$36,400
- (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, 2011

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: 8/9/2010 \$13,600
3/7/2011 \$3,420
- (iii) Reports Received
Final Financial Report: 2/11/2011; see section (iv) below.
Final Project Report: 1/28/2011
- RAND Europe Cambridge Limited 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 12/31/2010 reported on Financial Report in section (iii): \$17,020
- (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, 2011

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: 7/26/2010 \$9,000

- (iii) Reports Received
Final Financial Report: 7/20/2010; see section (iv) below.
Final Project Report: 9/24/2009

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 through 6/30/2009 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
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, 2011

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: 10/18/2010 \$9,000

- (iii) Reports Received
Final Financial Report: 9/30/2010; see section (iv) below.
Final Project Report: 10/7/2010

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 through 6/30/2010 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
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, 2011

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: 7/12/2010 \$50,000
11/1/2010 \$26,530
- (iii) Reports Received
Final Financial Report: 10/26/2010; see section (iv) below.
Final 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 3/15/2010 reported on Financial Report in section (iii): \$140,670
- (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, 2011

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: 8/9/2010 \$4,000
11/29/2010 \$1,000
- (iii) Reports Received
Final Financial Report: 10/26/2010; see section (iv) below.
Final Project Report: 11/11/2010
- 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 9/30/2010 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.

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, 2011

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: 11/15/2010 \$4,222
- (iii) Reports Received
Final Financial Report: 10/27/2010; see section (iv) below.
Final Project Report: 11/12/2010
- 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 12/31/2010 reported on Financial Report in section (iii): \$23,968
- (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, 2011

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 #:** 20110364
Project Director and Purpose: Gert Westert, Ph.D. 3/1/11-12/31/11. Expansion of the 2011 Commonwealth Fund International Health Policy Survey to Include the Netherlands
Date Approved: 2/26/2011
Grant Amount: \$27,428
Dates / Payments: 6/13/2011 \$29,000

- (iii) **Reports Received**
Financial and project reports were not due during the fiscal year ending 6/30/2011.

- (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) 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, 2011

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

- (i) Grantee: Fluxx Labs, Inc.
301 Battery Street, 5th Floor
San Francisco, CA 94111

- (ii) Grant #: 20110371
Project Director and Purpose: Jason Ricci. 5/1/11-4/30/12. Grants Database
Implementation Support
Date Approved: 4/12/2011
Grant Amount: \$25,000
Dates / Payments: No payments were made during the fiscal year ending
6/30/2011.

- (iii) Reports Received
Financial and project reports were not due during the fiscal year ending
6/30/2011.

- (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) 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, 2011

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 #: 20110039
Project Director and Purpose: Jennifer Dixon, Ph.D. 12/1/10-12/31/11.
Commonwealth Fund/Nuffield Trust International
Conference on Health Care Quality Improvement, 2011
Date Approved: 11/9/2010
Grant Amount: \$75,000
Dates / Payments: No payments were made during the fiscal year ending
6/30/2011.

- (iii) Reports Received
Financial and project reports were not due during the fiscal year ending
6/30/2011.

- (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) 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, 2011

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

- (i) Grantee: Ulm University
Center for Healthcare Management
Philosophenweg 4
Hamburg 22763
Germany

- (ii) Grant #: 20110547
Project Director and Purpose: Katharina Janus, Ph.D., M.B.A. 7/1/11-10/31/11.
Forum on Health Policy Management: Harkness Fellowship
Marketing Lunch
Date Approved: 6/22/2011
Grant Amount: \$3,000
Dates / Payments: No payments were made during the fiscal year ending
6/30/2011.

- (iii) Reports Received
Financial and project reports were not due during the fiscal year ending
6/30/2011.

- (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) 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, 2011**

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: 9/20/2010 \$25,000

- (iii) Reports Received
Final Financial Report: Not due until 9/30/2011.
Interim Project Report: Project reports are overdue. Future payments will be made only when reporting requirements have been fulfilled. Interim Project Report received 7/18/2011.

- (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) 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, 2011

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: 8/9/2010 \$27,000
2/21/2011 \$15,000

- (iii) **Reports Received**
Final Financial Report: Not due until 9/30/2011 (received 8/2/2011).
Interim Project Report: 11/30/2010

- (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) NA

The Commonwealth Fund
 EIN 13-1635260

990PF
 FYE June 30, 2011
 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	92,854	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	89,531	None
William R Brody, MD, PhD	The Commonwealth Fund 1 East 75th Street New York, NY 10021	Director Average of 1 hour per week	None	None	None
Benjamin K Chu, MD	The Commonwealth Fund 1 East 75th Street New York, NY 10021	Director Average of 1 hour per week	None	None	None
Michael V Drake, MD	The Commonwealth Fund 1 East 75th Street New York, NY 10021	Director Average of 1 hour per week	None	None	None
Samuel Fleming	The Commonwealth Fund 1 East 75th Street New York, NY 10021	Director Average of 1 hour per week	None	None	None
Julio Frenk, MD	The Commonwealth Fund 1 East 75th Street New York, NY 10021	Director Average of 1 hour per week	None	None	None
Glenn Hackbarth, JD	The Commonwealth Fund 1 East 75th Street New York, NY 10021	Director Average of 1 hour per week	None	None	None
Jane E Henney, MD	The Commonwealth Fund 1 East 75th Street New York, NY 10021	Director Average of 1 hour per week	None	None	None
James J Mongan, MD	The Commonwealth Fund 1 East 75th Street New York, NY 10021	Director Average of 1 hour per week	None	None	None
Robert Pozen	The Commonwealth Fund 1 East 75th Street New York, NY 10021	Director Average of 1 hour per week	None	None	None
Cristine Russell	The Commonwealth Fund 1 East 75th Street New York, NY 10021	Director Average of 1 hour per week	None	None	None
James R Tallon, Jr	The Commonwealth Fund 1 East 75th Street New York, NY 10021	Director Average of 1 hour per week	None	None	None
William Y Yun	The Commonwealth Fund 1 East 75th Street New York, NY 10021	Director Average of 1 hour per week	None	None	None

990-PF for Fiscal Year Ending June 30, 2011

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:

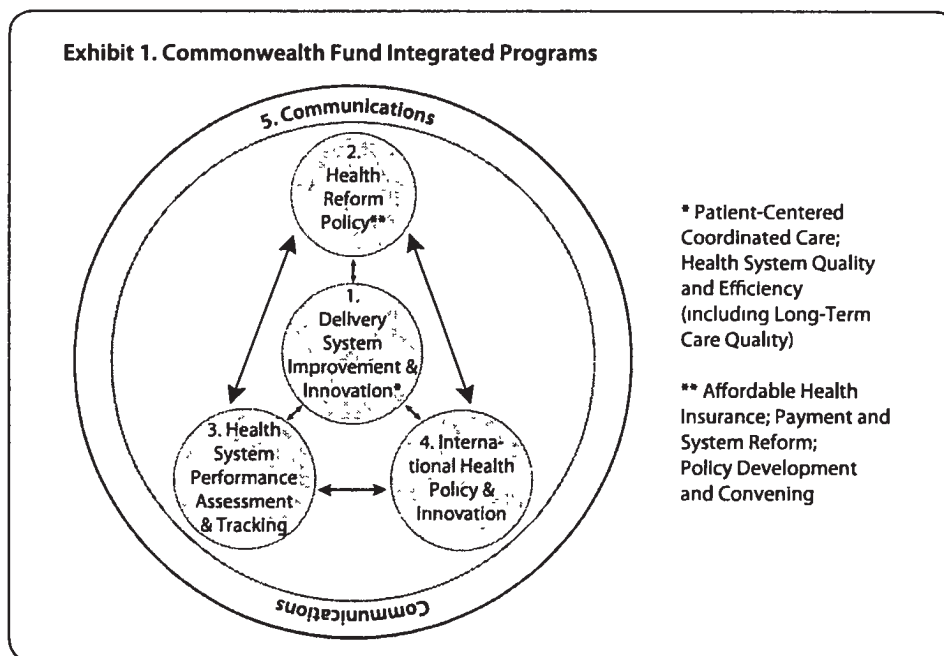
- 1. Achieve a high performance health system by 2020 that:**
 - focuses on population-based, high-quality patient-centered care and outcomes;
 - fosters integrated, well-coordinated care across a continuum;
 - ensures accessible and accountable systems of care for the entire population;
 - mitigates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

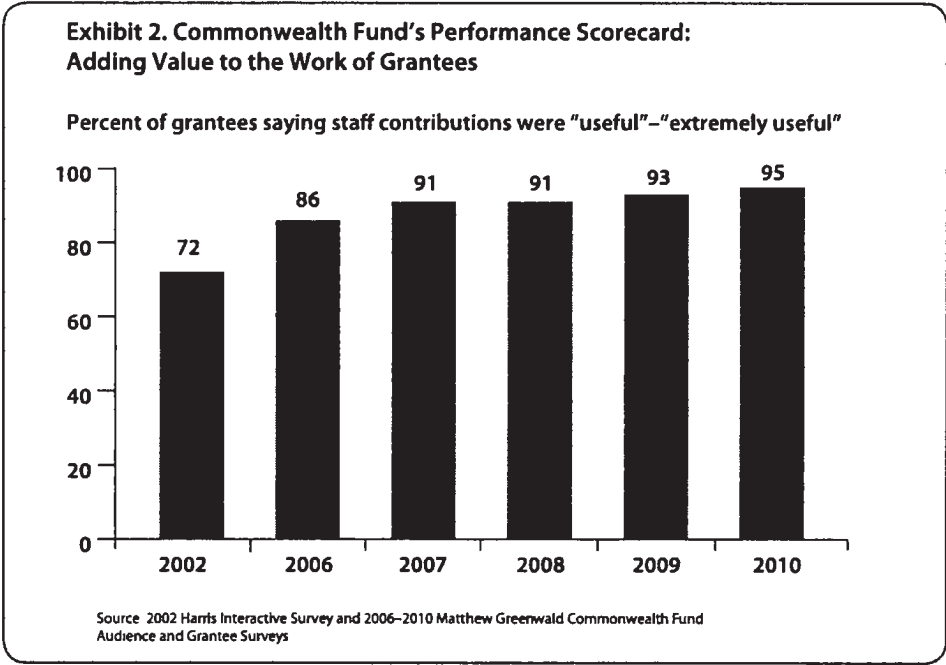
STRATEGIES

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.



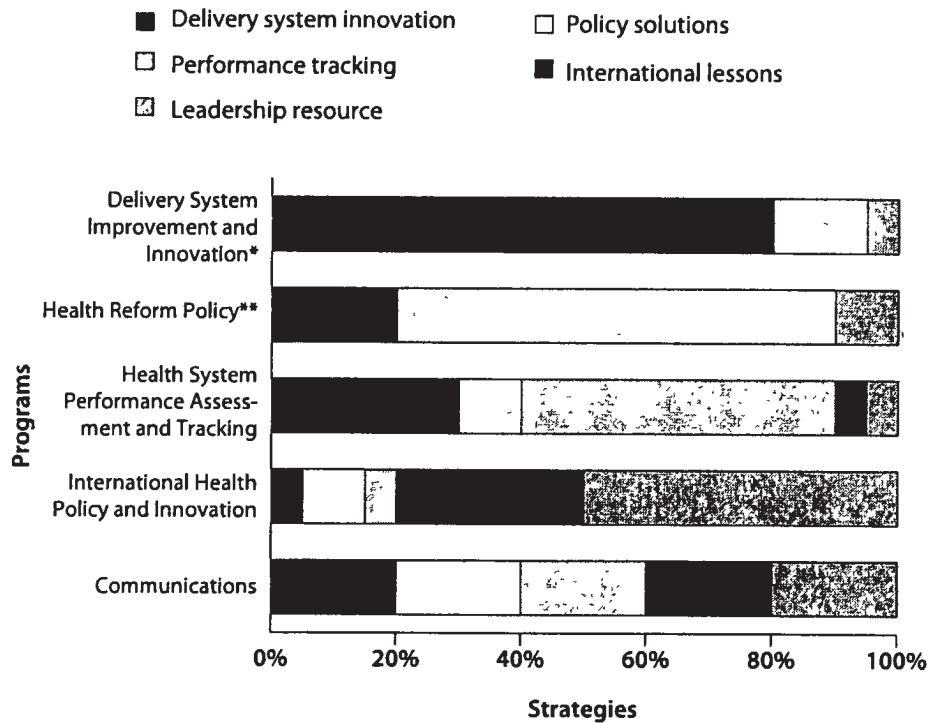
PROGRAMS

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 Improvement 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

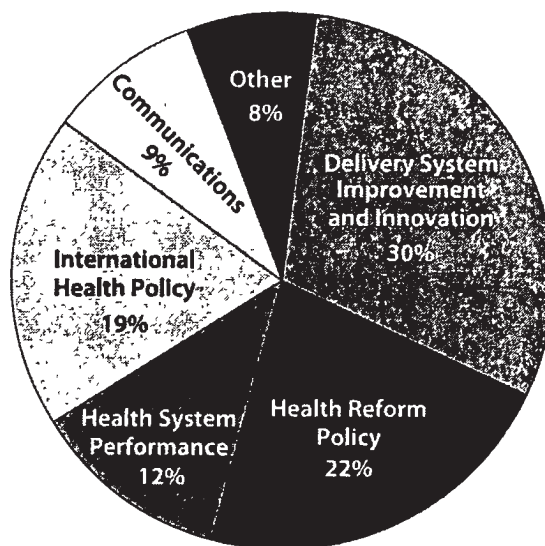
- effective leadership at the state and national levels, as well as collaboration among health system stakeholders, to achieve high performance health care.

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

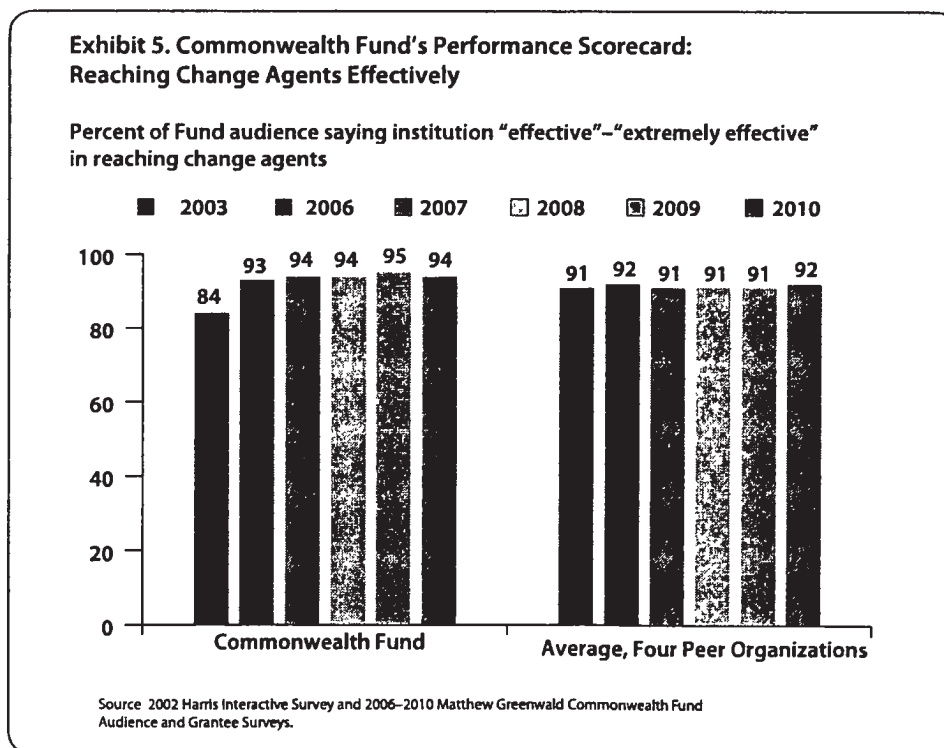


THE FOUNDATION’S PERFORMANCE

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.

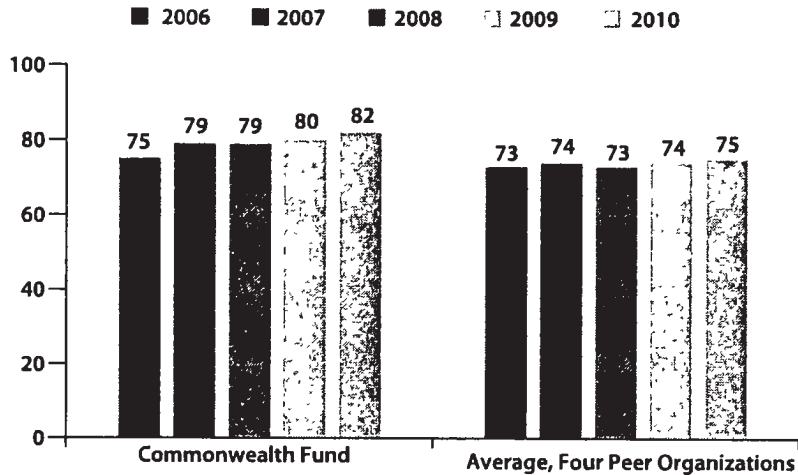
To help ensure a continued record of success and institutional vitality, the scorecard includes the objective of launching each year at least four new strategic initiatives that spur the foundation to take on new goals and strategies. The “stretch initiatives” for 2009–10 were as follows:

- 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.



**Exhibit 6. Commonwealth Fund's Performance Scorecard:
Improving Health Care Access, Payment System, Quality, and Efficiency**

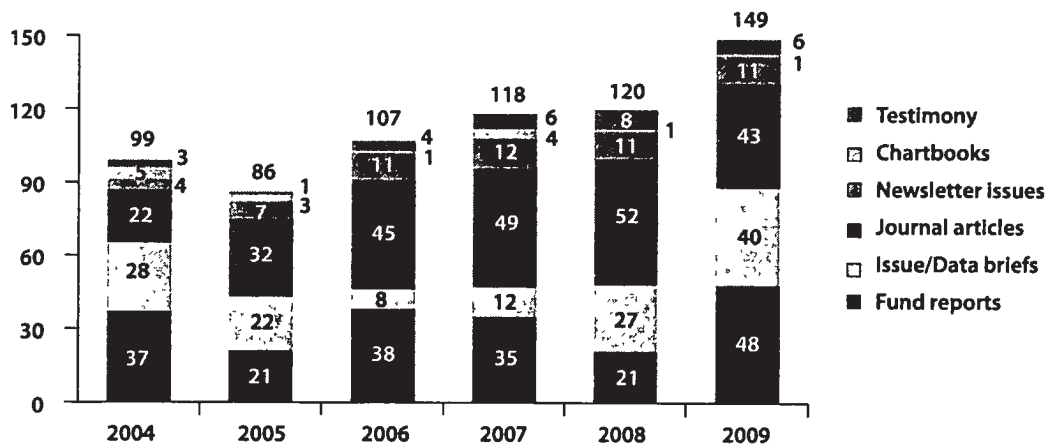
Percent of Fund audience saying institution "effective"–"extremely effective" in improving health care access, quality and efficiency, and payment system

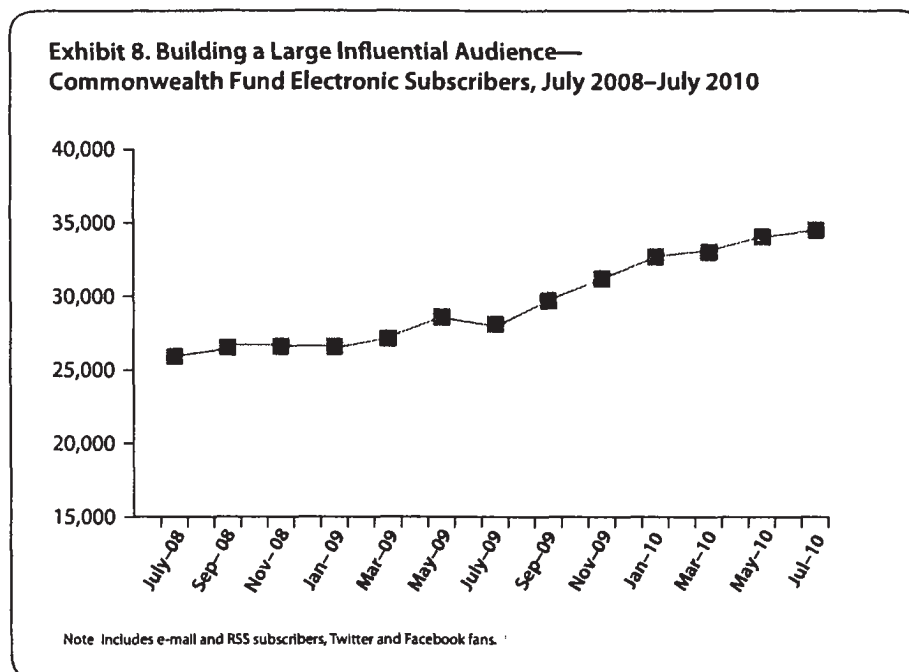


Note "Payment system" added to questions in 2010 survey
Source 2006–2010 Matthew Greenwald Commonwealth Fund Audience and Grantee Surveys.

**Exhibit 7. Commonwealth Fund's Performance Scorecard:
Harvesting the Results of Grants and Research to Assure a Strong
Flow of Information for Change Agents**

Number of Fund publications





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.

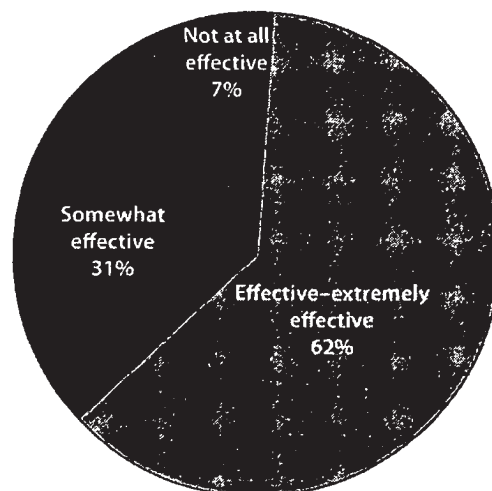
The Fund aims to be a learning organization, and consequently places a high value on assessments of its own performance. Each year, the Board of Directors commissions a thorough review of a major Fund program, with the goal of assessing its performance to date and drawing lessons to inform its future 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.

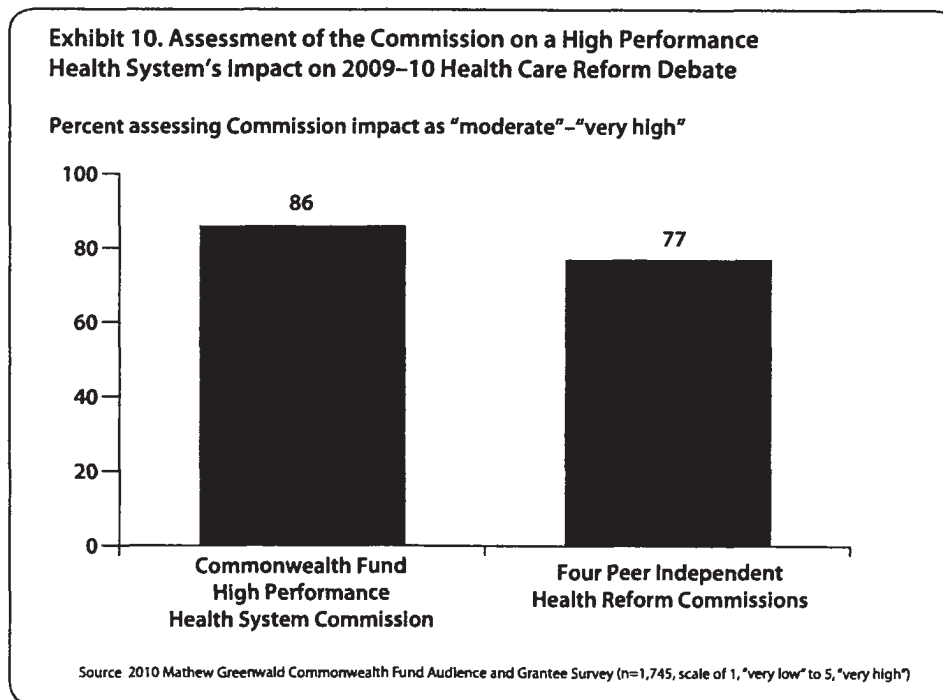
- Almost all respondents were familiar with The Commonwealth Fund as an important asset in American health care, supplying copious information and analyses directly pertinent to the improvement of care, the reduction of cost, and the shape of health care reform.

- 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.

Commonwealth Fund Programs, 2010-11

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 patients 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;
- inform the development of policies to encourage patient- and family-centered care in medical homes; and

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

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). To facilitate the spread of the Safety Net Medical Home Initiative, the project team will develop a Web-based national curriculum rooted in the lessons from the Initiative to help quality improvement coaches support the nation's 1,300 community health centers to become effective medical homes.

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 ten 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, co-chaired 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 core set of standardized measures in each of the key areas under investigation, such as utilization/cost-savings, clinical quality, patient experience and clinician/staff 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 utilization and costs in medical home evaluations. Information about the collaborative, and updates on their progress, can be found on the Fund's [web site](#).

Building Capacity for Delivering Patient-Centered Coordinated Care

The Commonwealth Fund also is supporting efforts to improve the measures by which primary care practices achieve recognition as medical homes, with a particular focus on making the measures more patient- and family-centered. 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 medical homes. As of July 2011, more than TK physicians in 2,388 practices have been recognized as patient-centered medical homes. Under a subsequent grant, Sarah Scholle, Dr.P.H., and her colleagues

at NCQA developed and tested 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 September 2011.

Commonwealth Fund–Supported Evaluations of Medical Home Initiatives

To ensure that patients have a medical home, physician practices must meet a number of requirements, from round-the-clock access to a collaborative approach to managing chronic disease. Small and medium-sized independent practices often struggle to meet the functional requirements of medical homes due to limited resources and capacity. However, if primary care sites in a community banded together to share local resources, such as quality improvement coaches or care coordinators, they could enhance their capacity and improve their performance. This concept of “shared resources” is being explored by a number of projects. For example, Ann S. O'Malley, M.D., of the Center for Studying Health System Change (HSC) is identifying and preparing case studies of primary care sites that share effective, efficient after-hours coverage without sending patients to the emergency department. The 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 require well-coordinated care. Shared panel management, where a staff person identifies and reaches out to patients overdue for chronic diseases' visits as well as follows up with specialist, is being tested with Medicaid practices in New York City. An evaluation of this project is being led by Tara Bishop, M.D., and Lawrence Casalino, M.D. of Weill Cornell Medical College.

Improving Policy and Financing to Promote Patient-Centered Care

Thirty-nine 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 and implement policy improvements to promote medical homes for low-income beneficiaries. In 2009, NASHP provided technical assistance to eight states – Alabama, Iowa, Kansas, Maryland, Montana, Nebraska, Texas, and Virginia—to receive assistance on topics ranging from new incentives to encourage primary care sites obtain recognition as medical homes to new payment models to encourage transformation and sustainability of medical homes to measurement strategies to monitor and evaluate quality and cost outcomes across the state over time. In 2011, NASHP launched its third Medicaid Medical Home Consortium to help up to 17 states with established PCMH experience to strengthen, expand, and sustain their medical home initiatives. Additionally, they will develop a new policy curriculum to inform federal officials about the states' experiences. In July 2011, Mary Takach, director of PCMH activities at NASHP, published an [article](#) in *Health Affairs* discussing promising results from state innovations to qualify and pay for patient-centered medical homes. 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.

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 medical homes 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.* The Fund will support projects to identify and analyze various models for sharing resources -- such as care coordination or off-hours coverage -- to help small and medium-sized, independent 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.

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

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 advising payers on how 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. To date nearly 150 STAAR hospitals have joined more than 500 community-based partners, including nursing homes, home health agencies, and physician practices, to improve care transitions.

A recent report published in *Health Affairs* (A. E. Boutwell, M. B. Johnson, P. Rutherford et al., "An Early Look at a Four-State Initiative to Reduce Avoidable Hospital Readmissions," *Health Affairs*, July 2011 30(7):1272–80) describes the impact of STAAR in its first two years of operation. The most important strategies to reduce rehospitalizations include improving patient education, ensuring timely follow-up with patients after hospital discharge, and creating universal transfer or discharge forms. Valid data on rehospitalizations remain a ubiquitous challenge facing STAAR states. Lack of a standard definition for a rehospitalization and delayed access to claims data to track patients who are readmitted are barriers that need national attention. Other challenges include understanding the financial impact on hospitals, in order to develop appropriate payment incentives to improve care transitions. STAAR is informing national efforts to reduce rehospitalizations, by pointing to how collaboration among hospitals and community-based providers is essential for improving transitions between care settings and keeping discharged patients out of the hospital. Fostering partnerships among providers, payers, and health plans can help identify causes of avoidable rehospitalizations and align programs and resources to address them. The initiative is producing a number of resources such as monthly environmental scans, webinars, issue briefs, and a new STAAR Blog, all available on the STAAR website. In addition, three care transitions have been published by IHI and are updated each year: "How To Guides" (Creating an Ideal Transition Home; Creating an Ideal Transition to a Skilled Nursing Facility; Creating an Ideal Transition to a Clinical Office Practice). These tools provide detailed information on best practices, as well as case studies of organizations that have implemented them successfully.

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.

Accountable Care Systems

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 is developing and testing a more advanced set of measures with pilot sites, including clinical outcomes measures and patient-reported measures of care experience and health status. A series of case studies to be published by the Fund in the fall 2011 will examine the progress of four diverse provider groups and their private payer partner, as they actively implement the ACO model as part of the Brookings-Dartmouth ACO pilot program. The cases profile lessons learned and challenges on the path to ACO transformation - the origins and evolution of the ACO partnership, the organizational characteristics of the ACO partners, how existing infrastructure is leveraged, how the internal capacity to manage population health, quality and costs is developed, issues of governance, patient attribution, payment model, patient and provider engagement, and benefit design.

New payment models are being implemented to foster system and provider accountability for quality and cost of population. With Fund support, Michael Chernew evaluated the Alternative Quality Contract, a global payment system for providers developed by Blue Cross Blue Shield of Massachusetts to replace fee-for-service reimbursement. To contend with rising health care spending, in 2009 Blue Cross Blue Shield of Massachusetts (BCBS)—the state's largest commercial payer—implemented a global payment model called the Alternative Quality Contract (AQC). Under the AQC, BCBS pays health care providers a comprehensive, global payment rather than

reimbursing them on a fee-for-service basis. The global payment covers the entire continuum of a patient's care, including inpatient, outpatient, rehabilitation, long-term care, and prescription drugs. In addition, providers are eligible for a performance bonus if they meet certain quality targets. In this study, researchers looked at spending and quality improvement for BCBS patients whose primary care providers participated in the AQC and also for a control group of patients whose providers were not in the AQC. In a paper (Z. Song, D. G. Safran, B. E. Landon et al., "Health Care Spending and Quality in Year 1 of the Alternative Quality Contract," *New England Journal of Medicine*, published online July 13, 2011), the researchers found that the new payment contract was associated with modestly lower medical spending and improved quality of care in its first year. In an upcoming paper to be published in *Health Affairs*, Robert Mechanic discusses how medical groups have responded to the AQC, through a qualitative analysis of the motivations of a diverse set of organizations for signing a global payment contract, their strategic priorities, investments in management infrastructure and the importance of this initiative in driving organizational changes that could improve performance beyond the parameters of this contract.

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. WNTB has been cited as a resource on performance data by numerous organizations, including the HHS Chartered Value Exchange networks. Benchmarking has been identified as one of the strengths of the site: a recent study conducted for the Agency for Healthcare Research and Quality by Carol Cronin (Executive Director of the Informed Patient Institute) and Cheryl Damberg in which they reviewed all publicly available websites with quality data, researchers found that 50% of hospital sites (63/126) used a state level benchmark and 37% (46/126) used a national benchmark. WNTB includes a number of benchmarks in addition to state or national averages- top 1%, 10%, benchmarks according to various hospital characteristics such as safety net, rural or urban setting, that allow users to compare their organization to all or to others like them.

In addition to profiling 30 Quality Alliance measures, 10 measures from the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), WNTB reports standardized rates for central line-associated bloodstream infections for over 900 hospitals. Recently 12 states have agreed to report all-payer hospital inpatient discharge

data on the site: Arizona, New York, New Jersey, Florida, Texas, Rhode Island, Vermont, Washington, and Illinois. In the upcoming year, another 15 are exploring joining this first cohort of states. The availability of all-payer data creates a unique opportunity for WNTB to report on key performance measures not available on most public reporting sites: for example, the site now reports the Agency for Healthcare Research and Quality (AHRQ) Patient Safety Indicators (e.g. Postoperative Sepsis, Decubitus ulcers, Failure to rescue, Postoperative hip fracture, Postoperative pulmonary embolism or deep vein thrombosis). The AHRQ Prevention Quality Indicators such ambulatory care-sensitive admissions (e.g. admissions for diabetes, asthma, congestive heart failure) are community or system-level indicators that provide an index of the quality of care provided for a population, as opposed to organization-specific quality.

As the nation moves towards accountable care systems that are responsible for the quality and cost of care for a defined population, WNTB has added maps of performance at the county, Hospital Referral Region and state level. Over the next year these maps will be enhanced to identify "communities of care", such as Beacon Communities, Chartered Value Exchange Networks, integrated delivery systems and Accountable Care Organizations, and allow users to profile the performance of these "communities".

Other resources available on WhyNotTheBest.org include 47 case studies of high-performing hospitals and integrated delivery systems and 58 improvement tools. Upcoming cases will profile hospitals that have made significant improvements in care efficiency, readmissions and in the adoption of health information technology.

In order to improve performance, one must have access to valid, accurate, timely, and consistent measures. Current readmission measures all present significant limitations: studies have shown that different rehospitalization measures rank hospitals differently. This can be problematic if hospitals are financially penalized based on those rates. In fact, the measures most commonly used (Hospital compare (CMS), UHG/PacifiCare, PHC4 (Pennsylvania), NCQA, and PPR (3M) have at least three common problems: 1) failure of the measures to demonstrate convergent validity, 2) little evidence or consensus that one of them is more clinically valid than others, and 3) manifest clinical and statistical defects in each. Gerald Anderson and Steve Jencks are leading a project that will improve existing measurement methods. The goal is to define a readmission measure that will enable fairer comparisons among states, regions, and hospitals; will be clinically credible; will not create access barriers or harmful gaming if used as part of a payment scheme; will be stable (not require frequent, significant revisions); will be easily understood. This work is especially relevant as CMS and private payers develop payment incentives to reward and or penalize organizations based on the rate of readmissions.

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.

Betsy Bradley and her team at Yale conducted a study to identify organizational factors, such as senior management involvement and communications that are common among hospitals with low mortality rates. Mortality rates for patients with acute myocardial infarction (AMI)—commonly known as a heart attack—vary substantially across U.S. hospitals, even when researchers adjust for the severity of the condition or other factors like hospital volume, teaching status, and patients' socioeconomic status. In a paper published in the *Annals of Internal Medicine* (L. A. Curry, E. Spatz, E. Cherlin et al., "What Distinguishes Top-Performing Hospitals in Acute Myocardial Infarction Mortality Rates?" *Annals of Internal Medicine*, March 15, 2011 154(6):384–90), researchers found that in the absence of a supportive organizational culture that supports high-quality care, teamwork, and coordination, specific evidence-based clinical interventions may not be sufficient for improving care and reducing mortality rates for patients with AMI.

Access to measures of physicians' clinical quality remains a challenge. Commonly used measures include proxies of quality such as education, board certification, and malpractice history, with the tacit understanding that these characteristics are determinants of a physician's quality. However, the value of these characteristics as predictors of quality had not been established. With Fund support, Reid and colleagues used data from a large sample of physicians to examine the relationship between these types of physician characteristics and a range of performance measures. The results of the study published in the *Archives of Internal Medicine* (R. O. Reid, M. W. Friedberg, J. L. Adams et al., "Associations Between Physician Characteristics and Quality of Care," *Archives of Internal Medicine*, September 13, 2010 170(16):1442–49.) showed that proxy measures are not valid measures of clinical quality. The country needs to prioritize access and public reporting of physician quality data to provide more valuable assessment of performance.

Disseminating Best Practices and Innovative Models

Conducting case studies of high-performing provider organizations is an effective 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 that profile three organizations participating in the Institute for Healthcare Improvement's [Triple Aim initiative](#). The series sheds light on how they are partnering with providers and organizing care to improve the health of a population and patients' experience of care while lowering—or at least reducing the rate

of increase in—the per capita cost of care. The organizations—CareOregon, a nonprofit managed health care plan serving low-income Medicaid enrollees; Genesys Health System, a nonprofit integrated delivery system in Flint, Mich.; and QuadMed, a Wisconsin-based subsidiary of printer Quad/Graphics that develops and manages worksite health clinics and wellness programs—were selected to illustrate diverse approaches. Lessons from these organizations can guide others who wish to undertake or promote transformation in health care delivery (D. McCarthy and S. Klein, *The Triple Aim Journey: Improving Population Health and Patients' Experience of Care, While Reducing Costs*, The Commonwealth Fund, July 2010).

To keeping in line and inform national healthcare priorities, the Fund published a progress report on four early leaders in patient safety (D. McCarthy and S. Klein, *Keeping the Commitment: A Progress Report on Four Early Leaders in Patient Safety Improvement*, The Commonwealth Fund, Mar. 2011). Four case studies document the progress achieved in the past five years. The experience of these leaders reflects an expansion of interventions from individual hospital units to whole facilities and delivery systems, including new settings such as home health care. Approaches include developing practical methods for training, coaching, and motivating staff to engage in patient safety work; designing effective tools and systems to minimize error and maximize learning; and leading change by setting ambitious goals, measuring and holding units accountable for performance, and sharing stories to convey values. Results include advancements in safety practices, reductions in serious events of patient harm, improved organizational safety climate and morale, and declines in malpractice claims. Keeping the commitment to patient safety has required sustained focus on making safety a core organizational value, a willingness to innovate and adapt, and perseverance in pursuing goals. The four case-study sites are all multicampus, integrated health care delivery systems: Johns Hopkins Medicine (Johns Hopkins) in Maryland; OSF HealthCare, operated by the Sisters of the Third Order of St. Francis, in Illinois and Michigan; Sentara Healthcare in Virginia and North Carolina; and the U.S. Department of Veterans Affairs (VA), which operates facilities nationwide.

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

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.

Jessica Greene of University of Oregon will be examining how a health system uses an innovative physician compensation model to drive improvements in care delivery. Decoupling health care providers' income from the volume and intensity of services they deliver is critical to the success of health care reforms intended to tie payment more closely with patient outcomes. The study will examine the provider payment reforms instituted by Fairview Health Services, an integrated health system in Minnesota that is discarding fee-for-service and replacing it with performance-based payment focusing on quality, productivity, patient experience, and cost. Using qualitative and quantitative methods, the investigators will study how physicians respond to the new compensation system and assess the impact over time on clinician behavior, quality of care, and cost containment.

The Beacon Program, through the Health Information Technology for Economic and Clinical Health (HITECH) Act, provides support to 17 selected communities throughout the United States to build and strengthen their health information technology (health IT) infrastructure to drive improvements in health and health care. These incubators of health care delivery and innovation are testing new strategies to achieve improvements in three vital areas: health care quality, cost-efficiency, and the management and improvement of community-level population health. The Beacon Program can both facilitate and highlight positive examples of system change, and provide benchmarks toward which other communities could aspire.

With Fund and ONC support, AcademyHealth has launched the Beacon Evaluation and Innovation Network (BEIN) to assist the Beacon Communities in accelerating the identification, documentation and dissemination of the lessons and results of their individual efforts. The BEIN provides an unprecedented opportunity to increase the yield of evidence from Beacon Communities by coordinating and convening evaluators with external experts to address research challenges and maximize dissemination

opportunities. The BEIN will also bring together leaders and experts on topics such as reducing hospital readmissions, measuring provider performance using multiple data sources, and optimizing the use of electronic health records in physician practices. Rapid learning and dissemination of best practices will be accomplished via issue briefs, whitepapers, and case studies investigating otherwise unaddressed policy and evaluation challenges, and surfacing promising strategies and early trends.

VULNERABLE POPULATIONS

Program Goals

As part of The Commonwealth Fund's efforts to support delivery system improvement and innovation, the Program on Vulnerable Populations is designed to ensure that low-income, uninsured, and otherwise disadvantaged minority populations are able to obtain care from high-performing health systems capable of meeting their special needs. To achieve this mission, the program makes grants to:

- document and track health care access, utilization, and quality of health care among vulnerable populations
- encourage planning for state, regional, and local systems of care that address the health care requirements and related needs of vulnerable populations;
- identify promising care delivery practices and models, and develop and disseminate policy recommendations to support such innovations and improvements; and
- identify policy levers for improving equity in health care access and quality across the continuum of care.

The program is led by Pamela Riley, M.D., M.P.H.

The Issues

In the United States, vulnerable populations, including low-income people, the uninsured, and racial and ethnic minorities, have greater difficulty accessing health care, receive worse care overall, and experience poorer health outcomes than the general population. Members of vulnerable populations also have disproportionately high special needs arising from personal, social, and financial circumstances, any of which may negatively affect health and hamper efforts to obtain care. High-performing health systems for vulnerable populations must be equipped to address these needs.

While the traditional safety-net health system is critical for providing care to vulnerable populations, many members of vulnerable groups do not rely on it as their main source of care. That is why improvements in health care delivery must

be made not only within the safety net but across the broader health system as well. All patients should have access to high-performing health care systems capable of providing care that is patient-centered, population-based, comprehensive, high-quality, accountable, and integrated across the continuum of needed services.

Recent Projects

Promoting Integration of Safety-Net Systems

With continuing weakness in the economy, the number of people relying on publicly funded health care has grown, while the revenue states have available to support that care has shrunk. Simply put, safety-net providers are being forced to do more with less.

Public hospitals and community health centers that operate within integrated systems appear best equipped to handle the needs of vulnerable patients efficiently. Integrated health care systems offer vulnerable patient populations access to specialty services, continuity in relationships with providers, and better-coordinated care than smaller independent practices or hospitals typically do. Under the direction of Leighton Ku, Ph.D., George Washington University researchers have been examining the degree to which safety-net providers are part of larger systems of care, identifying examples of different approaches to integration, and analyzing policies that would facilitate greater integration of safety-net systems. In a Commonwealth Fund report laying out the keys to greater integration, Ku and his team note that success will require flexible strategies that accommodate variations in community and state needs.

The use of federal safety-net funding to encourage the spread of integrated care systems has the potential to lower health care costs and ensure the sustainability of the safety net. Under the leadership of Barbara Wynn at the RAND Corporation, project staff are researching the current and projected flow of federal safety-net funding to determine how those monies might be used to facilitate the integration of community health centers and hospitals. They will also

identify policy levers that could promote integration of the care systems serving vulnerable populations.

The integration of federally qualified health centers—a critical source of comprehensive health care services for vulnerable populations—with each other and with public and private community hospitals has the potential to improve the quality and efficiency of care in urban and rural communities across the nation. The laws and regulations guiding the structure and financing of these organizations, however, may impede integration—among them, health centers' legal obligation to serve all community residents, regardless of income, insurance status, or ability to pay, as well as limits on affiliation. Led by Sara Rosenbaum, J.D., at the George Washington University, Commonwealth Fund–sponsored researchers analyzed these legal barriers and demonstrated how successfully integrated safety-net providers overcame them, whether through co-location of services or umbrella affiliations in which health centers remain independent partners yet agree to act collaboratively to achieve specific goals. Their report, *Assessing and Addressing Legal Barriers to the Clinical Integration of Community Health Centers and Other Community Providers*, was published by the Fund in July 2011.

Identifying Shared Resources for Care Coordination and Delivery System Improvement

Federally qualified health centers are already experienced in providing a range of medical and support services to patients, many of which are required components of the medical home model. With the influx of \$11 billion in new funding for health centers under the health reform law, states will have an opportunity to leverage the capabilities of their health centers to improve care delivery for all residents, including those in other primary care settings.

Under the direction of Mary Takach and Neva Kaye at the National Academy for State Health Policy (NASHP), a Commonwealth Fund–supported project examined ways in which health centers can serve as community “utilities,” fostering connections with other Medicaid primary care providers to help

beneficiaries get the services they need to manage their health and reduce costly visits to the hospital. In a May 2011 report published by the Fund and NASHP, the team highlighted promising community utility models involving partnerships between states and health centers, as well as the policy options available at the state level to replicate these models. The authors note that such partnerships could help states accommodate the needs of the 20 million additional Medicaid beneficiaries expected after health reform is fully implemented.

At the Center for Health Care Strategies, Inc., Nikki Highsmith, M.P.A., under a Commonwealth Fund grant, documented how some states are supporting small independent physician practices that serve Medicaid patients by establishing networks of shared resources. By sharing such services as coverage for evening and weekend appointments, patient registry reports and panel management, and electronic systems for ordering and tracking tests, these typically underresourced providers are able to ensure their patients have access to a wide range of medical home services. The project identified the types of organized practice supports that are most needed by high-volume Medicaid practices and produced a set of design considerations for state Medicaid agencies. Read the March 2011 Fund report *Driving Value in Medicaid Primary Care: The Role of Shared Support Networks for Physician Practices* to learn more.

Future Directions

Monitoring and Tracking to Guide Planning and Policy

Responsibility for ensuring access to health care for vulnerable populations is largely a state role. To understand the extent to which states are meeting this responsibility—and how they are going about it—The Commonwealth Fund plans to develop a state scorecard assessing health care access, utilization, and equity among vulnerable populations, as well as state policies, resources, and programs that address their needs. The Fund will also likely support projects that identify sources of care for vulnerable populations as part of broader efforts to assess and improve their access to quality care.

Promoting Statewide Planning Efforts for Care of Vulnerable Populations

Many states have not undertaken a systematic review of their policies and programs for vulnerable populations, and as such may be ill-prepared to seize new opportunities in the Affordable Care Act for strengthening their health care safety net. But in Iowa, health care leaders are preparing for a comprehensive planning effort to identify strategies that they and policymakers in other states could follow to achieve a high performance health care system for their vulnerable populations. Under the leadership of the University of Iowa's Peter Damiano, D.D.S., M.P.H., this Commonwealth Fund–supported project will convene an advisory group of state officials and safety-net providers to determine the current funding, expenditures, and infrastructure of Iowa's safety net, and then develop strategies for improving its integration.

Establishing Sustainable Financing for Safety-Net Systems

Funded by a combination of patient care revenue, local and state taxes, and supplemental payments from disproportionate-share payment programs, public hospitals contend with wide fluctuations in their funding streams and near-constant financial uncertainty. Under the leadership of Nancy Kane at Harvard University, researchers will collect audited financial statements from approximately 150 large, urban public hospitals to analyze their funding streams and financial sustainability, with the goal of setting a baseline for monitoring their viability over the next decade as reforms in the Affordable Care Act take hold.

Identifying Promising Models and Opportunities for Delivery System Reform

For vulnerable populations, accessing specialty care services is at least as great a problem as accessing primary care. Under the direction of Anna Sommers at the Center for Studying Health System Change, a team will study existing and emerging models for financing specialty care for Medicaid enrollees—for example, using physician assistants to provide specialty care at lower cost—to identify those that are sustainable and to consider policy options for promoting their adoption.

Another Commonwealth Fund project, led by Wendy Holt at DMA Health Strategies, will focus on the “enabling services”—transportation, interpretation,

psychosocial support, and outreach, among others—that safety-net providers typically offer patients to overcome personal, social, geographic, financial, and environmental barriers to care. The DMA team will research current approaches to the financing and provision of enabling services and produce recommendations for ensuring that vulnerable individuals are able to take full advantage of their coverage, regardless of where they choose to seek care.

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.

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, seven physicians were selected as Minority Health Policy Fellows, including one who will be supported by a dedicated scholarship made possible through Harvard University.

Long-Term Care Quality Improvement

Program Goals

The Picker/Commonwealth Fund Program on Long-Term Care Quality Improvement, part of the foundation's efforts to improve the health care delivery system and spur innovation, aims to 1) raise the quality of post-acute and long-term care services and supports and 2) improve care transitions for patients by integrating these services with the other care that they receive. 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 and coordinating care;
- assess, track, and compare the performance of long-term services and supports at the state and national levels; and
- ensure that long-term services are part of an integrated system of patient care and are a component of provider payment, health information, and care delivery reforms.

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

The Issues

As our population ages, an increasing number of people live with multiple chronic conditions, compromised physical function, and sometimes dementia. These problems not only can complicate our ability to manage our health care needs, but they can also jeopardize our ability to remain independent. Access to high-quality post-acute care and long-term services and supports is therefore critical for patients trying to get well, stay well, and remain functional—especially older adults living alone.

Patients and their families know this, often from personal experience.

Policymakers, on the other hand, generally have been slow to recognize the importance of long-term care to health system redesign, in terms of reducing overall costs and creating a seamless care system for patients.

As implementation of the Affordable Care Act proceeds, The Commonwealth Fund's Program on Long-Term Care Quality Improvement is supporting efforts to help nursing homes and other providers improve their performance and ensure

successful transitions for patients as they move from one level of care to the next.

Recent Projects

Advancing Excellence in America's Nursing Homes

Advancing Excellence in America's Nursing Homes is a national, voluntary quality improvement campaign to help nursing homes become good places to live, work, and visit. Launched in 2006 with support from The Commonwealth Fund and the Centers for Medicare and Medicaid Services (CMS), Advancing Excellence was recently incorporated as a not-for-profit educational organization, led by a board representing all those with a major stake in high-quality nursing home care.

The campaign is unique in encouraging the participation of not only nursing home providers but also the individuals who staff facilities and the consumers they serve. To join, 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 the care planning process to address patients' goals for care. Nursing homes taking part must also set performance targets and measure change. The campaign works with state stakeholder coalitions called Local Area Networks for Excellence, or LANEs, which help keep nursing homes engaged and moving forward.

Advancing Excellence has achieved great success in attracting nursing homes—now more than 7,400, representing over 47 percent of all U.S. nursing facilities—and in making measurable progress toward quality goals. Through the campaign's Web site, www.nhqualitycampaign.org, nursing homes can access tools for tracking improvement and comparing facilities' performance, learn about evidence-based practices, and participate in free training webinars. Consumers, meanwhile, can find information that will help them get good care.

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. The recent trend of nursing home closures in inner-city neighborhoods, a phenomenon identified by Brown University's Vincent Mor, Ph.D., and others, points to the importance of nursing homes to the overall health care safety net. Although many of these facilities are of poor quality, they are often the only sources of post-acute and long-term care services easily accessible to residents.

With support from the Fund and CMS, a pilot project led by Carol Benner, national director of the Advancing Excellence campaign, is attempting to stabilize “critical access” nursing homes to forestall closure, and then improve them sufficiently to warrant their continued participation in the Medicare and Medicaid programs. The LANE members in Georgia, Illinois, Indiana, and Ohio worked with the management and frontline staff of 18 nursing homes on organizational development aimed at stabilizing staff and improving performance. Over the 10-month pilot, many of the homes reported decreases in staff turnover and improved morale.

The Pioneer Network

Since 1997, the Pioneer Network, has worked with a broad coalition of long-term care stakeholders to promote person-centered care in America’s nursing homes. Pioneer staff, with Commonwealth Fund support, have provided nursing homes that are pursuing culture change with training, practical tools, and access to a community of peers. In the past year, for example, staff compiled “Just in Time” toolkits to help homes implement person-centered improvements to resident dining, physical environment, and staffing and comply with federal regulations in those areas.

The Pioneer Network also plays an important policy role, helping federal officials dismantle barriers to culture change and promote improvement. Recently, Pioneer’s leadership, working closely with CMS officials, informed the development of revised regulations issued to guide states on the use of civil monetary penalty (CMP) funds collected from nursing homes in violation of quality standards. The final rule, which will take effect in 2012, stipulates that 90 percent of Medicare’s portion of penalty funds held in escrow during the appeals process may be used for activities that improve care for nursing home residents; formerly these funds were conveyed to the U.S. Treasury. In addition, Pioneer has begun collaborating with the Office for the Assistant Secretary for Planning and Evaluation on ways to advance culture change as a quality improvement strategy and evaluate its impact on nursing home residents. This work will support CMS in its effort to design the culture change demonstration projects called for in the Affordable Care Act.

Expanding Nursing Homes’ Capacity to Improve Care

Surprisingly, researchers in the past have been unable to find a clear association between staffing levels in nursing homes and quality of care. A recent study by the University of Pittsburgh’s Nicholas Castle, Ph.D., investigated this issue and

identified several staffing characteristics, such as turnover, use of agency staff, and mix of professional staff, that together with staffing levels, do in fact influence quality. To help senior-level managers in nursing homes see how changes to one or more of these characteristics can affect quality, Castle developed a Web-based staffing and quality simulation tool called Staff Assist (<https://www.crhc.pitt.edu/StaffAssist/>), which he has introduced to nursing home associations around the country.

A number of studies have shown that a sizable number of hospital admissions of nursing home residents could be avoided if nursing home staff were given the skills and tools necessary to provide safe care to residents. Recent Commonwealth Fund support enabled a team led by Joseph Ouslander, M.D., at Florida Atlantic University to refine and test INTERACT-II, a set of clinical tools he helped develop that assist nursing home staff in the early identification, assessment, communication, and documentation of acute changes in residents' health status. Of the 25 facilities across Florida, Massachusetts, and New York that took part in the six-month trial, there was a 17 percent overall reduction in hospitalizations, as reported in a April 2011 [article](#) in the *Journal of the American Geriatrics Society*. And while the average implementation cost per nursing home was \$7,700, the savings to Medicare for a typical 100-bed home are estimated at approximately \$125,000 per year. (The INTERACT-II tools can be found at <http://interact2.net>.)

Long-Term Care Scorecard

The Affordable Care Act will greatly expand the availability of Medicaid-funded community-based long-term services and provide states with financial incentives intended to forge a better balance between nursing home care and services delivered in the home or by community-based providers. 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 collaborated with The Commonwealth Fund and the SCAN Foundation to develop the first-ever state performance scorecard focused on long-term care. The report, *Raising Expectations: A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers*, examines four key dimensions of performance—affordability and access, choice of setting and provider, quality of life and quality of care, and support for family caregivers—and assesses each state's performance overall as well as on 25 individual indicators.

It finds that all states need to improve; even the top three states (Minnesota, Washington, and Oregon) have a long way to go to create a high-performing system of long-term services and supports.

According to the authors, areas for improvement include home care, assisted living, nursing home care, and supports for family caregivers.

Future Directions

In addition to continuing its support for person-centered care and quality improvement in nursing homes, the Commonwealth Fund's Program on Long-Term Care Quality Improvement is supporting a number of projects aimed at improving care transitions for patients. Barriers separating long-term care from the rest of the health care system fragment what should be a seamless continuum of care for the 10 million Americans with chronic illnesses or disabilities who rely on these services. This lack of integration harms quality of care and drives up costs. With Fund support, the Long-Term Quality Alliance, a broad-based coalition of leaders in health and long-term care, aging, policy, and consumer advocacy, will identify opportunities in the Affordable Care Act for achieving better care coordination and transitional care, develop options to overcome challenges to incorporating long-term care into state and national reform activities, and harvest examples of innovative person-centered transitional care practices. The Alliance is also developing the Innovative Communities Learning Program to promote community-level coordination across all service providers—health care, social services, transportation, and housing—with the goal of improving transitions between care settings and reducing rehospitalizations.

Under another Commonwealth Fund grant, 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 three-item patient questionnaire developed previously by Eric Coleman, M.D., with Fund support, to assess how well patients are prepared to manage their care prior to being sent home from the hospital. The study will test whether home health agencies are able to 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 discharge planning activities.

Additionally, Harvard Medical School researchers, led by David Grabowski, M.D., are working closely with a telemedicine vendor and 11 nursing homes in

Massachusetts to provide physician consultation and treatment recommendations to on-site staff during evenings and weekends. It is hoped that this intervention will be shown to provide a safe, cost-effective way to reduce hospitalizations, and rehospitalizations, of nursing home residents.

Affordable Health Insurance

Program Goals

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

- provide timely analysis of changes in employer-based health insurance, health plans offered in the individual market, and public health coverage for people under age 65, and estimate the impact those changes will have on the numbers covered and the quality of coverage;
- document how being uninsured, or underinsured, affects personal health, finances and job productivity;
- inform federal and state policymakers and the media about the provisions of the health reform law—the Patient Protection and Affordable Care Act—and related federal regulations, along with their implications for people and employers;
- inform implementation of the new law through analysis of its key provisions for achieving affordable, comprehensive, and near-universal insurance coverage; and
- analyze and develop new policy options for expanding and stabilizing health insurance coverage, making coverage more affordable, and optimizing administrative efficiency.

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

The Issues

The most recent census data reveal that 50.7 million people lacked health insurance in 2009, an increase of 4.3 million over 2008. Moreover, new Commonwealth Fund research published in *Health Affairs* shows that in 2010, an additional 29 million nonelderly adults with health coverage had such high out-of-pocket costs relative to their income that they could be considered “underinsured”; this represents an increase of 13 million people since 2003. Both trends have had serious consequences for U.S. families. An estimated 73 million adults under age 65, both with and without health care coverage, reported problems paying their medical bills in 2010, and 75 million reported a time when they did not get needed care because of the cost.

The Affordable Care Act will significantly expand health insurance in the United States. To achieve near-universal coverage beginning in 2014, the law expands Medicaid eligibility and provides premium and cost-sharing subsidies that will make it easier for business and individuals to afford private plans purchased through the new insurance exchanges. In addition, new regulations will limit underwriting by insurers, prohibit exclusions from coverage based on preexisting health conditions and establish a new

standard for comprehensive health benefits—helping to protect against underinsurance. To ensure the law is implemented effectively, policymakers will need information about the likely impact of the reforms on the affordability and quality of coverage, as well as aspects of the law that might require modification.

Recent Projects

Disseminating Information About Health Insurance Reform

The Commonwealth Fund's Program on Affordable Health Insurance has been closely monitoring implementation of the Affordable Care Act and emerging federal regulations, assessing their impact on coverage, affordability, and access to care, and informing policymakers of its findings.

Once President Obama signed the act into law, the Fund launched an online interactive timeline to guide policymakers, the press, and the public through the law's provisions and dates of implementation—one of many tools available in the Health Reform Resource Center on commonwealthfund.org. In posts on [The Commonwealth Fund Blog](#), Fund staff and grantees are also providing analysis of the federal regulations as they are issued, including rules governing health insurance exchanges, risk adjustment for health plans, preventive services for women, student health plans, and plan medical loss ratio requirements.

The new Commonwealth Fund publication series, *[Realizing Health Reform's Potential](#)*, explains how the Affordable Care Act may benefit different populations and groups, as well as improve insurance coverage and overall health system performance. Among the topics covered in the series are [young adults](#), [small businesses](#), [women](#), and [baby boomers](#) ages 50 to 64. Additional briefs in the series assessed the relative [affordability of health insurance](#) under reform, reviewed the law's essential benefit package and what it means for [people with disabilities](#), and reported on enrollment in the new [preexisting condition insurance plans](#).

As a complement to these briefs, Commonwealth Fund webinars on health reform provide a forum for state officials and other stakeholders to hash out implementation issues. Discussing the new state-based [health insurance exchanges](#), for example, were Timothy Jost, J.D., of the Washington and Lee University School of Law, Illinois Department of Insurance director Michael McRaith, and Sandra Shewry of the California Health and Human Services Agency. A webinar on the federal [Pre-Existing Condition Insurance Plan](#) (PCIP) program featured Jean Hall of the University of Kansas, PCIP program director Richard Popper, and Amie Goldman and Deborah Armstrong, who direct the PCIPs in Wisconsin and New Mexico, respectively.

Analyzing Key Reform Implementation Issues

Health Insurance Exchanges

The centerpiece of the Affordable Care Act's private health insurance reforms, new state-based insurance exchanges are expected to provide coverage to up to 30 million individuals and small-business employees by 2020. In the September 2010 Commonwealth Fund report *Health Insurance Exchanges and the Affordable Care Act: Eight Difficult Issues*, Washington and Lee University School of Law professor Timothy Stoltzfus Jost, J.D., took on the thorny questions that federal and state policymakers will need to resolve to ensure the exchanges will be up and running in time.

One of the risks to the exchanges is that they will disproportionately enroll people in poorer health, a situation that could lead to higher premiums for everyone purchasing plans through the exchanges. To guard against this outcome, the Affordable Care Act requires federal and state officials to construct a risk adjustment mechanism that protects health insurers that attract a disproportionate share of patients with high health care needs. In a Commonwealth Fund issue brief synthesizing the views of leading experts in risk adjustment, Wake Forest University's Mark Hall, J.D., explored the challenges regulators will face and compared the merits of different strategies. Among the recommendations offered in the brief: use diagnostic risk measures in addition to demographic ones, and phase in the issuance of risk transfer payments, to give insurers more time to predict and understand the full effects of risk adjustment.

In examining California's new health insurance exchange, the nation's first, the New America Foundation's Leif Haase and Micah Weinberg, Ph.D., found that state policymakers took advantage of flexibility in the reform law to ensure that the exchange will act as an active purchaser in the marketplace, as well as to combat adverse selection and allow Medicaid plans to be sold. Their study, supported by The Commonwealth Fund, was published in a May 2011 issue brief.

On The Commonwealth Blog, the Fund's Sara Collins and Tracy Garber are tracking states' progress in establishing exchanges.

Affordability and Cost Protection of Coverage Under Reform

Sharp growth in U.S. health care costs, rising premiums and deductibles in both employer and individual market insurance plans and stagnant household incomes have increased the number of people struggling with high health insurance and health care costs. In a March 2011 analysis of survey data, Fund staff reported that in 2010, nearly one-third of adults ages 19 to 64 spent 10 percent or more of their income on out-of-pocket costs and premiums, up from 21 percent in 2001. Since 2005, the share of people who reported having deductibles of \$1,000 or more has nearly doubled, rising from 10 percent to 18 percent.

Meanwhile, the number of U.S. adults who had health insurance all year but were still "underinsured"—with very high medical expenses relative to their incomes—rose by 80

percent between 2003 and 2010, from 16 million to 29 million, according to a Commonwealth Fund study published in *Health Affairs* (Sept. 2011). The Fund's Cathy Schoen and colleagues have found that people who are underinsured are nearly as likely as those who are uninsured to skip needed health care and prescriptions and have problems paying medical bills.

Through a major expansion of health insurance coverage providing essential health benefits as well as premium and cost-sharing subsidies, the Affordable Care Act should help diminish the medical cost burden faced by U.S. families. In a May 2011 Commonwealth Fund issue brief, Jonathan Gruber, Ph.D., professor of economics at the Massachusetts Institute of Technology, found that under the new law, fewer than 10 percent of families would not have room in their budgets for premiums and typical out-of-pocket costs. The individuals most likely to lack sufficient resources for health care costs, Gruber found, would be the sickest—those with the highest medical expenses.

As reform moves forward, it will be critical for state and federal policymakers to understand the medical cost burdens U.S. families are facing. Such information will be needed to help ensure that people can afford timely health care and are protected from catastrophic health care costs.

Tracking the Uninsured and Underinsured

The 2010 Commonwealth Fund Biennial Health Insurance, a nationally representative phone survey of 4,000 adults, enabled Fund researchers in the past year to examine the effects of the recent severe economic recession on insurance coverage, as well as to assess changes in coverage, access to care, and medical bill problems over a decade.

According to the Fund report *Help on the Horizon*, which drew from the survey findings, an estimated 9 million working-age adults in the last two years became uninsured after losing a job with health benefits. Most people who lost their jobs were unable to afford COBRA continuation coverage. And people who ventured into the individual market faced higher premiums or preexisting-condition exclusions; in fact, of all survey respondents who tried to buy health plans in the individual market during the last three years, 60 percent said it was very difficult or impossible to find affordable coverage. *Help on the Horizon* also described the significant increase in the prevalence of cost-related difficulties getting needed care and problems paying medical bills.

Commonwealth Fund researchers also used the Biennial Survey to explore the coverage and care experiences of working-age women, who have greater health care needs than men. Together with colleagues, Ruth Robertson, a senior research associate, found that over the last decade coverage became less affordable and health care more costly for women under 65. Less than half of women in the survey were up to date on recommended preventive care services like mammograms and colon cancer screenings.

Another issue brief, published in May 2011, examined the crisis in health insurance coverage among young adults ages 19 to 29—the age group with the largest number of uninsured. Fund authors Collins and Garber reported the number of uninsured young adults climbed to nearly 15 million in 2009, up from 13.7 million the year before, in a continuation of a decade-long trend that also saw 45 percent forgo needed care in 2010 because of the cost.

Beyond reporting grim data, each of these reports also shows how the health reform law will make a difference for each of these groups, whether by enabling young men and women to remain under their parents' coverage until age 26, enroll in Medicaid if their income is low, and buy subsidized private coverage through the insurance exchanges. Recent federal data shows, in fact, that the law may already be having an impact: for example, the Centers for Disease Control and Prevention recently estimated that in the first quarter of 2011 there were 900,000 fewer uninsured adults ages 19 to 25 than in 2010.

Closing Gaps in Insurance Coverage

Over the last several years, the Program on Affordable Health Insurance has examined gaps in Americans' coverage and the phenomenon of "churning" in plan enrollment, which occurs when people lose their source of coverage, as may happen through job loss, and transition to another source. A recent Commonwealth Fund–sponsored analysis led by Pamela Farley Short of Pennsylvania State University found that the Affordable Care Act will help limit the coverage gaps experienced by many people when their life circumstances change. To reduce gaps further, Short and her colleagues say policymakers will need to find ways to overcome four key challenges: 1) adjusting premium and cost-sharing subsidies when incomes change; 2) coordinating eligibility for insurance premium credits and public coverage; 3) facilitating continuous coverage; and 4) minimizing transitions between the individual and small-business insurance exchanges.

Redesigning Employer Benefits to Encourage Use of High-Value Treatments

Value-based insurance design (VBID) is a strategy that increasing numbers of employers and insurers are adopting to improve health care quality while controlling health spending. The basic idea is to promote use of services or treatments that provide high benefits relative to their cost and, alternatively, to discourage the use of services whose benefits do not justify their cost. To test whether VBID actually works, Commonwealth Fund grantee Nitesh Choudhry and colleagues at Brigham and Women's Hospital in Boston examined a program at Pitney Bowes that eliminated copayments for cholesterol-lowering statins and reduced them for clopidogrel, a blood clot inhibitor. Their findings suggest that by reducing or eliminating copayments, patient adherence to prescribed medications can indeed improve. While the gains in adherence were relatively modest, the researchers believe these could be augmented through

additional policies that address "suboptimal" use of health care services.

Future Directions

The Program on Affordable Health Insurance will continue to 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 achieve their goals.

- Timothy Jost, in collaboration with Mark Hall and Harvard University's Katherine Swartz, Ph.D., will monitor the creation of state insurance exchanges where individuals will be able to shop for their health coverage. Their work will provide recommendations to state and federal officials, legislators, and regulators for ensuring that these crucial components of health reform function as intended. Sara Rosenbaum, J.D., of George Washington University, meanwhile, will examine the structure and features of the different exchanges; her findings will be used to create an interactive tool on commonwealthfund.org to enable side-by-side comparisons.
- The Affordable Health Insurance program will also continue to track trends in the affordability of health coverage. With Fund support, the National Opinion Research Center's Jon Gabel will compare the affordability of health plans offered through the exchanges, and the cost protection these plans provide, with that of plans offered by employers and sold through the individual market. Using the federal Medical Expenditure Panel Survey, Peter Cunningham, Ph.D., of the Center for Health System Change is monitoring the medical cost burden faced by Americans, including insurance premiums and out-of-pocket expenses; in particular, he will be looking at the health care impact on people with diabetes and asthma.
- Year-to-year changes in personal income will affect eligibility for the Affordable Care Act's insurance premium tax credits, which will be offered on a sliding, income-based scale. A decrease in income could result in a higher tax credit, while an increase in income means that someone might have to return all or part of the tax credit. Jonathan Gruber, Ph.D., of the Massachusetts Institute of Technology will use a microsimulation model to project the potential frequency of such adjustments and examine how policy changes might reduce costs for individuals and the government.
- To inform state and federal policymakers about the importance of continuity in insurance enrollment, researches led by 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 period 2004 to 2007. The analysis will yield baseline data for evaluating the capacity of health reform to address the problem.
- At the University of Kansas Center for Research, Jean Hall, Ph.D., will continue to

track state by state enrollment and patient experiences in the high-risk insurance pools created by the new law and offer recommendations to officials charged with their implementation.

- A new series of online longitudinal surveys will track the effects of the Affordable Care Act over the next three years as it is implemented and establish baseline measures prior to 2014, when the major provisions of the law go into effect. Throughout this transformational period in U.S. health care, the new surveys will provide a flexible, policy-relevant survey tool to supplement the Fund's longstanding national Biennial Health Insurance Survey.

Health Care 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 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 \$4.6 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, developing, implementing, testing, and spreading 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.

The program is led by Vice President Stuart Guterman and Mark Zezza.

Recent Projects

Developing Alternative Approaches to Health Care Payment and Delivery

There is growing agreement that many of the cost and quality problems in health care

today are either caused or exacerbated by the way we pay for health care. Although a variety of payment reforms have been proposed to address these shortcomings, many of them are seen either as doing too little to address the problems caused by the current payment system or as changing payment too radically for providers to implement without great disruption. In "Transitioning to Accountable Care," Harold Miller, Ph.D., of the Center for Health Care Quality and Payment Reform argues the need for "middle ground" options--payment reforms that provide greater flexibility and accountability for care but avoid forcing providers to take on more financial risk than they can manage or take accountability for services that they cannot effectively control. He identifies and describes three types of payment changes that could help primary care and specialty physician practices transition toward more global payment structures, and the central issues that must be addressed in implementing these changes.

The passage of the Patient Protection and Affordable Care Act (ACA) in March 2010 is serving as a catalyst for the development of innovative approaches to measuring performance and value, increasing the use of health information technology, and reconsidering payment and care delivery models. One such innovation is the Medicare Shared Savings Program, which establishes and provides financial incentives for Accountable Care Organizations (ACOs) to provide coordinated, well integrated, and efficient care. Anticipation of the program has caused a flurry of activity among both providers and purchasers and payers. To achieve their full potential, providers and payers recognize that ACOs will require payment models beyond the traditional fee-for-service approach dominant today. As providers organize themselves into ACOs, payers are establishing shared savings and other payment models for these newly forming entities, with the intent to create financial incentives for high quality care. Payment models with an element of provider financial risk sharing may provide stronger incentives than models with shared savings only; and, the proposed rule for the Shared Savings Program includes a shared risk component. However, although many providers and payers are preparing to participate in ACOs, minimal evidence exists about the what it takes for ACOs to succeed, including the payment models—shared risk or otherwise—that will most appropriately support them. Suzanne Delbanco, Ph.D., of Catalyst for Payment Reform, along with colleagues from Booz Allen Hamilton, conducted research to identify and understand shared risk payment models in the private sector. The results are described in "Promising Payment Reform: Risk-sharing with Accountable Care Organizations."

In a complementary effort, Michael Bailit, M.B.A., and Christine Hughes, M.P.H., of Bailit Health Purchasing describe interviews with a number of payer and provider organizations and state agencies involved in shared-savings arrangements about their diverse approaches, including the populations and services covered, the assignment of providers, the use of risk adjustment, and the way savings are calculated and distributed. In "Key Design Elements of Shared Savings Arrangements," they identify issues payers and providers must resolve going forward, including determining whether

savings were achieved, equipping providers with necessary tools and technical advice, agreeing upon standard performance measures, and refining the model over time.

Models for Transforming the Health Care System

The Physician Group Incentive Program (PGIP) is a collection of practice transformation and quality improvement initiatives collaboratively developed by Michigan physicians, their physician organizations, and Blue Cross Blue Shield of Michigan (BCBSM), striving to significantly improve the quality of patient care across the state. Currently, the PGIP program includes more than 11,000 physicians in Michigan. Working within the existing fee-for-service payment system, PGIP supports, recognizes, and rewards physician practice performance and performance improvement. Incentive payments reward performance and improvement on key outcome measures, including evidence-based recommendations for care processes and population-based cost measures, and support physician organizations' efforts to build technical infrastructure and implement care processes of the Patient Centered Medical Home (PCMH) model. BCBSM has the largest such program in the country, with 1,800 primary care physicians in over 500 practices designated as PCMH providers. Recognizing that 'one size does not fit all', more than 30 PGIP initiatives have been developed by BCBSM in collaboration with providers, and participation in individual initiatives is voluntary; provider organizations select which initiatives they will participate in each year guided by awareness of their current capabilities, their opportunities for growth, and the aspects of system and performance improvement that they believe are most important. The Commonwealth Fund is supporting an evaluation of the PGIP by a team at the University of Michigan led by Christy Lemak, Ph.D., which will examine the initiatives developed as part of the program, the implementation of those initiatives, how providers have responded, and the impacts on quality and cost

The Premier Healthcare Alliance, which began as a hospital purchasing collaborative, has formed an Accountable Care Collaborative, which includes 25 health systems that are developing as ACO models and focusing on achieving the Triple Aim objectives of better health, better care, and lower costs. In order for ACOs to proliferate on a national level, healthcare organizations will need guidance on how to design and implement ACOs while achieving those objectives. Premier is conducting a project under the direction of Eugene Kroch, Ph.D., and Danielle Lloyd, M.P.H., that will assist providers in transforming care by describing ways in which the Premier Accountable Care Collaborative and its members have attempted to become ACOs, and the structures, measurement, payment mechanisms, data systems, performance improvement strategies, and other key aspects of delivery system transformation they have undertaken. An assessment of members' ACO readiness will also be performed, including an inventory of core capabilities among more than 60 candidate members. In addition, case studies of member organizations using alternative approaches to achieve the objectives of the ACO model will be performed, including interviews to determine the

reasoning behind those approaches as well as their results.

The State of Vermont enacted a law in May 2011 that mandated a single-payer health care financing system throughout the state--the first state to do so. The new system is intended to achieve universal coverage and allow for greater cost control. William Hsiao, Ph.D., of Harvard University led a team that conducted modeling of alternative health care financing options for the state legislature (with funding from the State Legislature and the Commonwealth Fund) and described "What Other States Can Learn from Vermont's Bold Experiment: Embracing a Single-Payer Health Care Financing System," which appeared in *Health Affairs* in July 2011. In this paper, Hsiao describes the political, legal, fiscal, and institutional hurdles that had to be surmounted, the strategies that were used to deal with them, and the circumstances that were key to the law's passage. He also discusses the results of his analyses of the potential impact of the new law and lessons that can be learned by other states that might attempt to pursue health care financing reform, whether they are interested in single-payer or other approaches.

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.

Future products also will examine how public and private initiatives can help reinforce each other. For example, the Affordable Care Act 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 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.

In addition, projects will investigate factors that drive health care cost increases. 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.

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 17 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, 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 very 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 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.

The Commission is chaired by David Blumenthal, M.D.. Fund staff members Stuart Guterman, Cathy Schoen, and Rachel Nuzum serve as executive director, research director, and senior policy director, respectively.

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 as a whole comes up short compared with what is achieved not only in other industrialized nations but also in some areas within the country. Although health spending in the U.S. is by far the highest in the world, we are the only industrialized nation 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.

Recent legislation provides policy tools that can be used to address many of these problems. In this context, the Commission will focus on reinforcing the principles and goals of a high performance health system, helping to realize the potential of health reform, and moving forward on the unfinished agenda to control costs, improve value, and ensure access to a high performance health system for all Americans.

Recent Projects

Defining and Laying Out a Framework for a High Performance Health System

In its first report, *Framework for a High Performance Health System for the United States*, released in August 2006, the Commission outlined a vision of a uniquely American, high performance system. That report established high performance as an achievable objective for the U.S. health system and defined the key strategies necessary to reach that objective.

In August 2008, the Commission released a report on *Organizing the U.S. Health Care Delivery System for High Performance*, which focused attention on the relationship between payment and delivery system reform and highlighted the importance of organization--and policies that support that organization--in achieving high performance. That report, 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, and the Commission recommends moving away from fee-for-service payments and toward more bundled payment systems that reward coordinated, high-value care. As reported in an accompanying 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.

Making the Case for Reform

In October 2007, the Commission released *A Roadmap to Health Insurance for All: Principles for Reform*, making 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 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 November 2007 report, *A High Performance Health System for the United States: An Ambitious Agenda for the Next President*, the Commission discussed 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.

Tracking Health System Performance

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, including: 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 July 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 reported in the September 2006 report, scoring just 65 out of 100 across 37 core indicators—where 100 represents not necessarily what is ideal, but what has actually been achieved by the best performers. 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, states, delivery systems, and hospitals.

The State Scorecard, first released in June 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*, released in October 2009, 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.

Developing Policy Options

The Commission's December 2007 report, *Bending the Curve: Options for Achieving Savings and Improving Value in U.S. Health Spending*, established that policies to improve health system performance could also reduce spending growth, by laying out and estimating the likely effects of a set of detailed policy options. The analysis presented in the report determined 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 access, quality, and health care outcomes.

As the national health reform debate began taking shape in February 2009, 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*. A specified set of comprehensive insurance, payment, and system reforms could provide 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 in the report are similar to those that later were included in the health

reform legislation.

Helping to Realize the Potential of Health Reform

One of the most important provisions in the health reform legislation is the creation of the Center for Medicare and Medicaid Innovation, which is tasked with developing, implementing, monitoring, and spreading new models of health care financing and delivery that will improve care and reduce cost growth. In the June 2010 report, *Developing Innovative Payment Approaches: Finding the Path to High Performance*, the Commission puts forward a set of principles for the new Innovation Center and for facilitating the innovation process while recognizing the need to maintain the fiscal integrity of the Medicare and Medicaid programs.

A model of health care financing and delivery reform that has attracted much attention is the accountable care organization (ACO), a group of providers who agree to collaborate to offer more accountable, effective, and efficient care. In the April 2011 report, *High Performance Accountable Care: Building on Success and Learning from Experience*, the Commission provides a set of recommendations for ensuring the successful implementation and spread of the ACO model to achieve the goals of a high performance health system.

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, as well as key Administration officials. Senior policy director Rachel Nuzum also serves as Vice President of Federal and State Health Policy for the Fund and provides federal and state policy makers in both the executive and legislative branches of government with information and technical assistance that draws on the work of the Commission as well as the Commonwealth Fund. Fund and Commission staff are frequently called upon for expert testimony and technical assistance from federal and state policymakers alike.

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: 1) inform implementation of the Affordable Care Act and assess its potential to move the U.S. on a path to a high performance health system; 2) help health care leaders and the American public understand the new legislation and what it means for them; and 3) lay the groundwork for future delivery system change and health policy action. In addition, the Commission will continue its efforts to assess national and state health system performance and to

inform health policy at all levels.

Federal and State Health Policy

Program Goals

The Commonwealth Fund's Program on Federal and State 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 policy process at both the state and federal level. 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:

- convening federal and state policymakers, in both the executive and legislative branches of government to discuss key health policy issues and to help identify policy solutions;
- producing written materials on timely issues relevant to federal and state policymakers and their staff, with particular emphasis on implementation of the health care reform legislation passed in 2010;
- facilitating a bi-directional flow of information to both inform federal policymakers on state innovations that could help inform implementation and policy action at the national level and to assist state policy makers understand the impact of federal health policy on state health policy activities;
- fostering dialogue among policymakers, national stakeholders, and the research community on key health policy issues; and

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

Recent Projects

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.

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.

Dialogues for Congressional and Administration Staff

A 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 national health policy issues. In 2011, federal officials together with state experts and congressional staff discussed topics related to the implementation of the Affordable Care Act, such as the establishment of pre-existing condition insurance plans and the creation of Accountable Care Organizations.

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.

Supporting Medicaid Directors during Health Reform Implementation

This project supports a series of conference calls related to Medicaid specific health reform implementation challenges and opportunities. Held in partnership with the Center for Health Care Strategies and the National Association of Medicaid Directors, the calls are focused on areas of most interest to both state and federal policymakers. The calls provide education, guidance and a forum to exchange experiences and lessons learned on key implementation issues

All-Payer Claims Data State Resource Center

In partnership with the National Association of Health Data Organizations, a comprehensive resource guide was published that tracks the current status of state-based all-payer claims databases (APCD) and provides technical guidance to states interested in developing APCDs. The project aided states in recognizing the importance and value of publicly available data. Both state and federal policymakers can utilize APCD's to improve quality of care and further examine and control rising health care costs.

Future Directions

The Federal and State Health Policy program is currently focusing on engaging federal and state policymakers on health reform issues and examining the intersection between federal and state health policy with respect to both implementation of the Affordable

Care Act and improvements in delivery systems of care. In the upcoming year, it will furnish guidance and technical assistance to federal and state policymakers, and congressional and administrative staff engaged in health reform implementation and delivery and payment system reform. The program will also provide federal and state 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.

The Federal and State Health Policy Program makes a limited number of small grants each year. To apply for a grant, visit the Applicant and Grantee Resources page.

Health System Performance Assessment and Tracking

To advance its goal of a high performance U.S. health care system, The Commonwealth Fund gathers and disseminates evidence of excellence in health care from across the country and the world. This work is intended to show what is possible to achieve, and to stimulate health care providers, policymakers, and stakeholders to take action to improve performance in all facets of care.

The Fund's capacity for Health System Performance Assessment and Tracking enables it to:

- track and compare health system performance, by identifying benchmarks for patient care experiences, health outcomes, and cost that states, health care providers, and others can use to set improvement targets;
- assess trends in health insurance coverage, access to care, and patient-reported quality of care; and
- monitor public and private actions to transform health care delivery, including payment innovations, health information technology adoption, and the organization of care.

The Fund's Health System Performance Assessment and Tracking activities are closely coordinated with Fund initiatives in Delivery System Innovation and Improvement, Health Reform Policy, and International Health Policy and Innovation.

Performance Assessment and Tracking Activities

Health system performance scorecards. Since 2006, The Commonwealth Fund and its Commission on a High Performance Health System have tracked the performance of U.S. health care through a series of national and state scorecards. The National Scorecard on U.S. Health System Performance (2006 and 2008, 2011), focuses on health care outcomes, quality, access, efficiency, and equity. The State Scorecard on Health System Performance (2007 and 2009) assesses states' performance on health care relative to achievable benchmarks for 38 indicators of access, quality, costs, and health outcomes. Two new reports were added to the scorecard series in 2011. The first, *Securing a Healthy Future: The State Scorecard on Child Health System Performance, 2011*, examines states' performance on 20 key indicators of children's health care access, affordability of care, prevention and treatment, the potential to lead healthy lives, and health system equity. The second, *Raising Expectations: A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers*, reports on care delivered by America's nursing homes, assisted-living facilities, home health agencies, and other long-term care providers. An upcoming "local" scorecard will focus on variations in health and health care delivery among smaller, sub-state communities.

WhyNotTheBest.org. The Fund's benchmarking and quality improvement Web site for health care providers, WhyNotTheBest.org enables users to compare hospitals within and among states, read case studies of top performers and innovative programs, and access a variety of quality improvement resources.

Surveys. The Fund conducts a wide range of surveys, both in the United States and abroad, to monitor trends in health care access and quality, explore public views on health care matters, and assess the policy perspectives of health care leaders. Recent and ongoing surveys include:

- Longitudinal surveys tracking the effect of health reform on coverage for young adults, low income and older adults (Commonwealth Fund Biennial Health Insurance Survey). Over the years, these surveys have produced a wealth of information about the extent and quality of health care coverage in the U.S. Specific topics covered in past surveys include: the stability and quality of adults' health insurance coverage, the underinsured, cost-related difficulties in accessing care, medical bill problems, and medical debt.
- Commonwealth Fund International Health Policy Survey (annual). Now including 11 industrialized countries, these annual surveys explore such topics as health system performance and responsiveness from the perspective of seriously ill adults and primary care physicians. Visit the Fund's online International Health Policy Center for more information.
- Commonwealth Fund Survey of Public Views of the U.S. Health Care System (2006 and 2008). The 2008 survey assessed the public's experiences and perspectives on the organization of the nation's health care system and ways to improve patient care.
- Commonwealth Fund/Modern Healthcare Health Care Opinion Leaders Survey (quarterly). Since 2004, these surveys have sampled key professional audiences about important health policy issues and options for addressing them. The four surveys in 2010 asked opinion leaders for their views on payment system reform, priorities for the Obama administration, slowing the growth of health care costs, and health reform legislation.
- Commonwealth Fund Survey of Young Adults (2009). Young adults ages 19 to 29 are one of the largest uninsured segments of the population. This nationally representative survey found that nearly half have gone without insurance at some time during the year.
- Commonwealth Fund National Survey of Federally Qualified Health Centers (2009). With the likely increase in demand for community health center services following enactment of health reform legislation, this survey explored these clinics' ability to provide access to care, coordinate care across settings, engage in quality improvement and reporting, adopt and use health information technology, and serve as patient-centered medical homes.

To access all Fund surveys, visit Surveys at commonwealthfund.org.

Multinational comparisons of health system data. Comparing the health care system in the United States with the systems of other industrialized countries reveals striking differences in spending, availability and use of services, and health outcomes. Each year, the Fund produces a chartbook depicting key health data for the 30 member nations of the Organization for Economic Cooperation and Development (OECD), as well as analyses based on those data. Visit the Fund's online International Health Policy Center for more information.

International 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..

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 on health care per capita than any other nation and yet receives less in return than most.

Recent Projects

2010 International Symposium on Health Care Policy

For the past 13 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 2010 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. This year's focus was on realizing the potential of health reform to achieve a high performance health system, and highlighted international innovations in payment reform, governance, insurance exchanges, and integration of services across the continuum of care. Keynote addresses were delivered by Simon

Burns, Minister of State for Health for England, and Robert A. Petzel, Under Secretary for Health for the U.S. Veterans Health Administration.

A highlight of the symposium was the presentation of findings from the 2010 Commonwealth Fund International Health Policy Survey, the 13th in a series of cross-national surveys, by the Fund's Cathy Schoen and Robin Osborn. The survey compared the health care and insurance experiences of adults in Australia, Canada, France, Germany, the Netherlands, New Zealand, Norway, Sweden, Switzerland, 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. One-third of U.S. adults went without recommended care, did not see a doctor when sick, or failed to fill prescriptions because of costs, compared with as few as 5 percent of adults in the United Kingdom and 6 percent in the Netherlands. U.S. adults also spent more time on claims disputes and paperwork and were more likely to report that insurance reimbursement was denied or less than expected than adults in any other country. Although experiences varied by income in several countries, overall the U.S. stands out for persistent and wide disparities by income, with more negative experiences for those with below average incomes.

Harkness Fellowship in Health Care Policy and Practice

Targeted toward promising health care policy researchers and practitioners in nine 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 2011, Sweden joined Australia, Canada, Germany, the Netherlands, New Zealand, Norway, 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:

- Geraint Lewis (U.K., 2007–08), Rhema Vaithianathan (U.K., 2007–08), Peter Hockey (U.K., 2007–08), and colleagues identified lessons from aviation safety that can be applied to efforts to improve patient safety in a feature article in *Milbank Quarterly*.
- In an article in *New England Journal of Medicine*, Adam Elshaug (Australia, 2010–11) and colleagues examined the budget impacts of reducing percutaneous vertebroplasty and kyphoplasty – two procedures which recent

comparative-effectiveness research suggests may be ineffective and raise safety concerns.

- In an article in *Health Affairs*, Stephanie Stock (Germany, 2007–08) reviewed successes of German Diabetes Management Programs in lowering mortality, complications and costs for diabetics.

The 2010–11 Harkness Fellows represent a diversity of policy experiences and research interests. They include:

RACHAEL ADDICOTT, Ph.D. (United Kingdom)

Senior Policy Research Fellow

The King's Fund

Placement: University of California, Berkeley

Mentor: Steven Shortell, University of California, Berkeley

Co-Mentor: Francis J. Crosson, Permanente Foundation

Proposed Project: "Physician Receptivity/Readiness to Participate in ACOs"

SARAH DERRETT, Ph.D. (New Zealand)

Senior Research Fellow

Department of Preventive and Social Medicine

University of Otago

Placement: University of Chicago

Mentor: Marshall Chin, University of Chicago

Proposed Project: "Complex Chronic Conditions: Patient Pathways, Processes and Engagement"

ATLE FRETHEIM, M.D. (Norway)

Research Director, International Health Care Unit

Norwegian Knowledge Centre for the Health Services

Associate Professor

University of Oslo

Placement: Harvard Medical School

Mentor: Stephen Soumerai, Harvard Medical School

Co-mentors: Meredith Rosenthal, Harvard School of Public Health; Dennis Ross-Degnan, Harvard Medical School

Proposed Project: "Alternative Methods for Evaluating Health System Innovations"

TOM FRUSHER (United Kingdom)

Policy Director

NHS Cooperation and Competition Panel (CCP)

Placement: University of Pennsylvania Wharton School of Business

Mentor: Lawton R. Burns, University of Pennsylvania Wharton School of Business

Co-Mentors: Sharis A. Pozen, U.S. Department of Justice

Proposed Project: "Competition Regulation and the Delivery of Health Reform: What are the Lessons to be Learned from the U.S. Experience for U.K. Policymakers?"

LARS HEMKENS, Dr.med. (Germany)

Research Fellow

German Institute for Quality and Efficiency in Health Care (IQWiG)

Placement: Stanford University

Mentor: John Ioannidis, Stanford University

Proposed Project: "The Reliability of Health Care Utilization Databases for Decision-Making to Improve Health of Priority Populations and Patient Safety"

MATTHEW INADA-KIM, M.B.B.S. (United Kingdom)

Lead Consultant in Acute Medicine

Emergency Medical Assessment Unit

Winchester Hospital

Placement: Harvard School of Public Health/Brigham and Women's Hospital

Mentors: David W. Bates, Harvard School of Public Health/Brigham and Women's Hospital;

Ashish Jha, Harvard School of Public Health

Proposed Project: "What Can Be Learned From Organizations That Have Improved Their 30-Day Readmission Rates?"

PHILIP VAN DER WEES, Ph.D. (Netherlands)

Manager, Quality Improvement Research Program

Radboud University Nijmegen Medical Center, Royal Dutch Society for Physical Therapy, and Maastricht University

Chair, Guidelines International Network (G-I-N)

Placement: Harvard Medical School

Mentor: John Ayanian, Harvard Medical School

Proposed Project: "Implications of Medicaid reforms on health care disparities: the example of health care reform in Massachusetts"

EWOUT VAN GINNEKEN, Ph.D. (Netherlands)

Senior Researcher

European Observatory/WHO Collaborating Centre for Health Systems Research and Management

Berlin University of Technology

Placement: Harvard School of Public Health

Mentor: Katherine Swartz, Harvard School of Public Health

Co-Mentors: Timothy Jost, Washington & Lee University

Proposed Project: "Implementing State-Based Health Insurance Exchanges: What are the Key Issues and the Evidence"

ROBERT FOWLER, M.D. (Canada)

Critical Care Physician

Associate Professor

Department of Medicine

University of Toronto

Proposed Project: "Comparison of Intensity of Care Received at the End of Life in the United States and Canada for Patients over Age 65"

WALTER WODCHIS, Ph.D. (Canada)

Associate Professor

Department of Health Policy, Management and Evaluation

University of Toronto

Adjunct Scientist

Institute for Clinical Evaluative Sciences

Proposed Project: "Managing Risk Among Older Adults with Medical and Home Care Needs"

In collaboration with the Australian Department of Health and Ageing, the Fund also offers the Australian–American Health Policy Fellowship, a "reverse Harkness Fellowship" is designed to enable mid-career 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 12th conference in this series, held in July 2011 at Pennyhill Park, England, compared country reform strategies for transforming the delivery system and bending the cost curve through accountable care organizations in the U.S. and clinical commissioning groups in the U.K. The Hon. Andrew Lansley, U.K. Secretary of State for Health, gave a plenary address on the current NHS reforms. Discussion centered around getting the balance right between competition, collaboration, and regulation to drive quality and integration; using institutional payment mechanisms as drivers of quality and accountability; and creating the policy environments that would allow delivery system "models of excellence" and innovation to thrive. 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, until 2011, in the U.K. by Sir Liam Donaldson, former chief medical officer for England's Department of Health.

Capitol Hill Briefings

In 2010, the Fund and the Alliance for Health Reform cosponsored a Capitol Hill briefing on international health reform, examining what lessons can be learned from other countries that have pursued national efforts to invest and improve health information technology. The briefing featured panelists from New Zealand, Denmark, and Sweden—countries with more advanced use of electronic medical records than the U.S.— as well as David Blumenthal, M.D., the national coordinator for health information technology at HHS, and was attended by over 200 congressional staff, policymakers,

and journalists. The panel provided a unique opportunity for comparing international experience in spreading electronic medical records and achieving meaningful use of HIT, addressing privacy concerns and developing interoperability, and stimulating innovation through public-private partnerships.

Harkness Alumni Policy Forum

A forum held in Washington D.C. in May 2011 brought together senior U.S. policymakers and Harkness Alumni from Australia, Canada, Germany, New Zealand, and the United Kingdom to share international innovations and lessons for health reform. Topics included individual financial incentives, shared services and networks for primary care, after-hours care arrangements, medical home models, mobile health interventions, mechanisms to support adoption of comparative effectiveness findings, and patient safety strategies in primary care. Participating U.S policymakers included: Donald M. Berwick , Director of the Centers for Medicare and Medicaid Services; the Hon. Sherry Glied, Assistant Secretary for Planning and Evaluation; Elizabeth Fowler, Special Assistant to the President for Healthcare and Economic Policy, National Economic Council; Jeanne Lambrew , Deputy Assistant to the President for Health Policy; David Blumenthal, former Director of the Office of the National Coordinator for Health Information Technology; Hoangmai Pham, Director of Accountable Care Organizations (CMS); and Carolyn Clancy, Director of the Agency for Healthcare Research and Quality.

Partnerships with International Foundations

The Fund has established more than 20 ongoing international partnerships with health ministries, research organizations, and health care foundations, whose co-funding and collaboration support the expansion of the Harkness Fellowships and the Fund's annual International Health Policy Survey and important cross-national comparative research to improve health system performance.

Country	Partner Organization: <i>International Survey</i>	Partner Organization: <i>Harkness Fellowships</i>
Australia	Bureau of Health Information	
	Health Council of Canada	
	Health Quality Council of Alberta Ontario Health Quality Council	
Canada	Québec's Commissioner of Health and Welfare	Canadian Health Services Research Foundation
	National Health Authority (HAS)	
France	National Fund for Health Insurance for Employees (CNAM)	
		B. Braun Foundation
Germany	German National Institute for Quality Measurement in Health Care (BQS)	Robert Bosch Foundation
	Ministry for Health, Welfare, and Sport	
Netherlands	Scientific Institute for Quality of Healthcare (IQ Healthcare)	Ministry for Health, Welfare, and Sport
Norway	Knowledge Centre for the Health Services	Research Council of Norway
Sweden	Ministry of Health and Social Affairs	
Switzerland	Federal Office of Public Health	Careum Foundation
		Nuffield Trust
United Kingdom	Health Foundation	NHS National Institute for Health Research/SDO

Future Directions

The 2011 International Health Policy Survey will assess health care system performance from the perspective of adults with complex care needs. 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 costs, access and coordination, patient-doctor relationship and communication, and patient engagement in care management for chronic conditions. Survey findings will be released at the Fund's 14th annual *International Symposium on Health Care Policy* in November 2011.

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 and utilization for pharmaceuticals, medical imaging, and medical devices.

To apply for a grant from The Commonwealth Fund's International Program in Health Policy and Innovation, visit the [Applicant and Grantee Resources](#) page.

Commonwealth Fund Communications Program

The Commonwealth Fund has a significant communications program for disseminating the results of the work of both its grantees and own professional staff.

Visit www.commonwealthfund.org for a complete overview of the Fund's communications output.

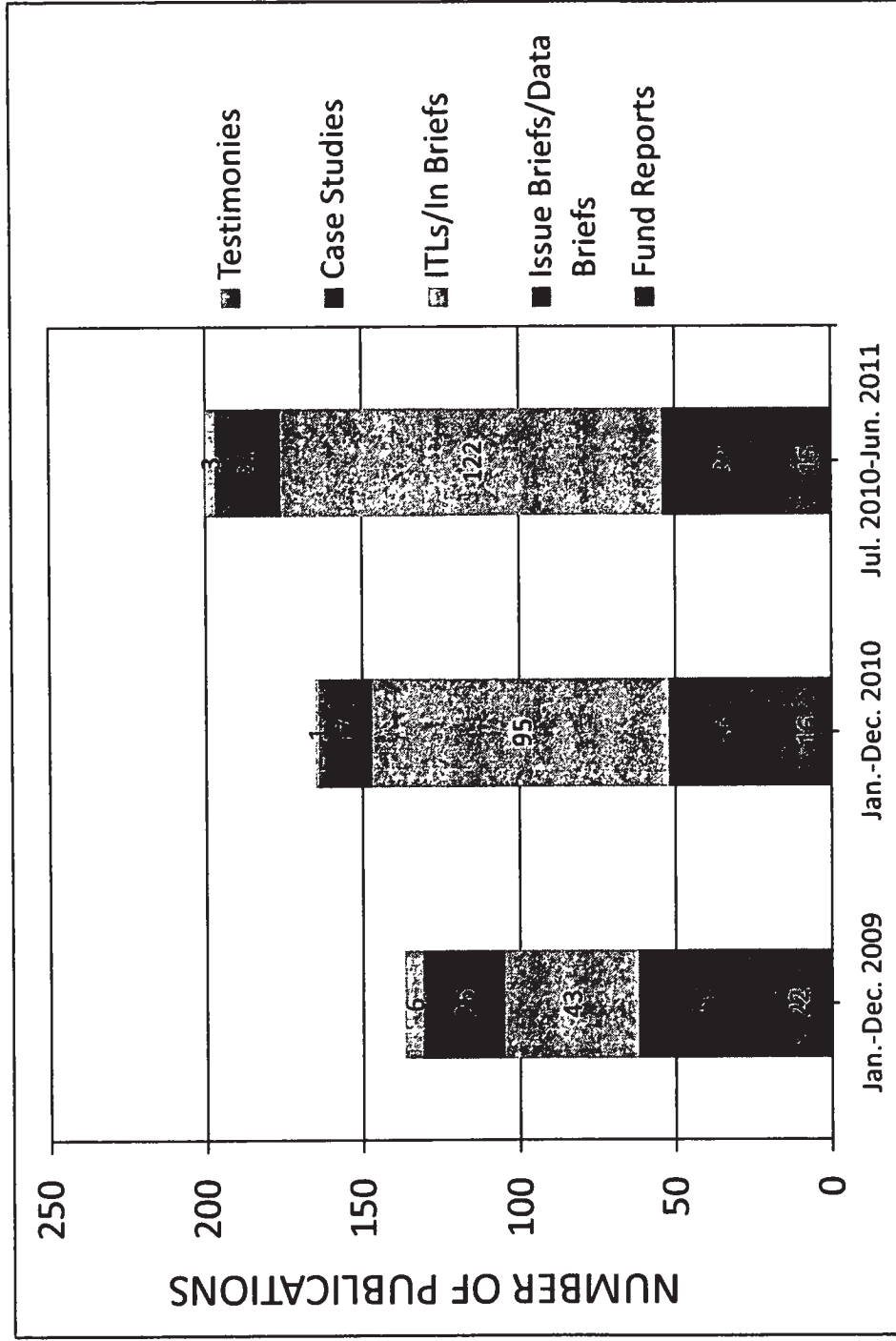
In addition to the main Web site, the Fund has developed and maintains www.WhyNotTheBest.org, a site that aggregates a large amount of comparative data on the performance of hospitals in the U.S. in order to facilitate benchmarking of individual organizations' performance. The site also has many resources 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.



New in Publications: Developments

Publications Output



Top 10 Publications of FY2010-2011, by Page Views

comprising publications released anytime

	Title	Views	Author(s)	Release Date
1	Mirror, Mirror on the Wall: How the Performance of the U.S. Health Care System Compares Internationally	40,698	Davis, Schoen, Stremikis	6-22-10
2	Mirror Mirror: An International Update Comparative Perf	16,031	Davis, Schoen, Schoenbaum, Doty, Holmgren, Kriss, Shea	5-15-07
3	Securing a Healthy Future: The Commonwealth Fund State Scorecard on Child Health System Performance	13,907	How, Fryer, McCarthy, Schoen, Schor	2-2-11
4	Starting on the Path to a High Performance Health System: Analysis of Health System Reform Provisions of Reform Bills in the House of Representatives and Senate	12,875	Davis, Guterman, Collins, Stremikis, Rustgi, Nuzum	12-4-09
5	Organizing the U.S. Health Care Delivery System	12,474	Shih, Davis, Schoenbaum, Gauthier, Nuzum, McCarthy	8-7-08
6	How Health Insurance Design Affects Access to Care and Costs, by Income, in Eleven Countries	10,996	Schoen, Osborn, Squires, Doty, Pierson, Applebaum	11-18-10
7	Why Not the Best? Results from National Scorecard 2008	10,610	N/A	7-17-08
8	Health Insurance Exchanges and the Affordable Care Act: Eight Difficult Issues	10,390	Jost	9-30-10
9	Health Insurance Exchanges and the Affordable Care Act: Key Policy Issues	9,406	Jost	7-15-10
10	The Triple Aim Journey: Improving Population Health and Patients' Experience of Care, While Reducing Costs	9,187	McCarthy, Klein	7-22-10



Top Publication Page Views*

January 2008-August 2011

	Title	Views	Author(s)	Release Date
1	Mirror, Mirror: An International Update Comparative Perf	92,285	Davis	5-15-07
2	Mirror, Mirror on the Wall: How the Performance of the U.S. Health Care System Compares Internationally	82,203	Davis, Schoen, Stremikis	6-22-10
3	Why Not the Best? Results from National Scorecard	64,973	N/A	7-17-08
4	Aiming Higher: State Scorecard on Health System Performance	49,264	McCarthy, How, Schoen, Cantor, Belloff	2009
5	The Path to a High Performance U.S. Health System	39,682	Schoen	2-19-09
6	Organizing the U.S. Health Care Delivery System	39,600	Shih	8-7-08
7	The 2008 Presidential Candidates' Health Proposals	28,757	Collins	10-2-08
8	Gaps in Health Insurance: An All-American Prob.	26,316	Collins	4-26-06
9	U.S. Variations in Child Health System Per: Scorecard	26,005	N/A	5-28-08
10	How Many Are Underinsured? Trends Among Adults	24,865	Schoen	6-10-08

*Totals are a combination of Hitbox and Google Analytics numbers



A Private Foundation Working Toward a High Performance Health System

Top 10 Commonwealth Fund Blog Posts

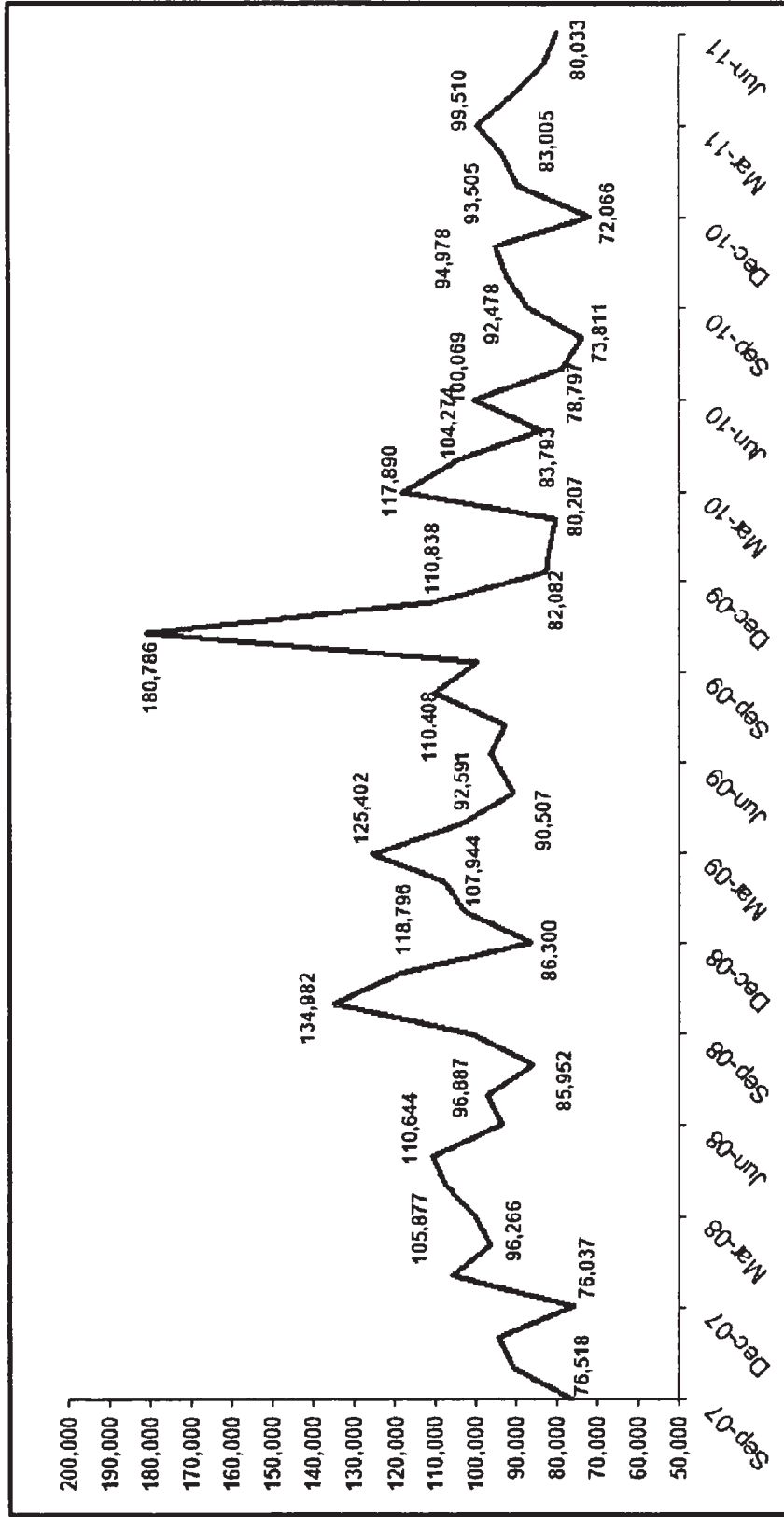
by page views

	Title	Views	Author(s)	Release Date
1	Grandfathered vs. Non-Grandfathered Health Plans Under the Affordable Care Act: Striking the Right Balance	5,288	Collins	6/22/2010
2	State Health Insurance Exchange Legislation: A Progress Report	4,117	Collins, Garber	6/7/2011 (Updated 9/12/11)
3	How Will the Health Care System Change Under Health Reform?	4,090	Davis	6/29/2010
4	Toward High-Performance Accountable Care: Promise and Pitfalls	3,828	Davis, Schoenbaum	9/14/2010
5	A New Era in American Health Care	2,818	Davis, Collins	3/22/2010
6	How the Affordable Care Act of 2010 Will Help Low- and Moderate-Income Families	2,679	Collins	7/13/2010
7	Health Insurance Exchanges: Overcoming Implementation Barriers	2,445	Jost	9/30/2010
8	A Call for Standardized Rehospitalization Measures and Information Systems	2,115	Audet	9/27/2010
9	How the Affordable Care Act is Helping Young Adults Stay Covered	2,039	Collins	5/26/2011
10	Bending the Health Care Cost Curve: Focusing Only on Federal Budget Outlays Won't Solve the Problem	1,828	Davis, Schoen, Guterman	1/28/2011



Monthly Visits

September 2007-June 2011



Total page visits Sept 07-June 11

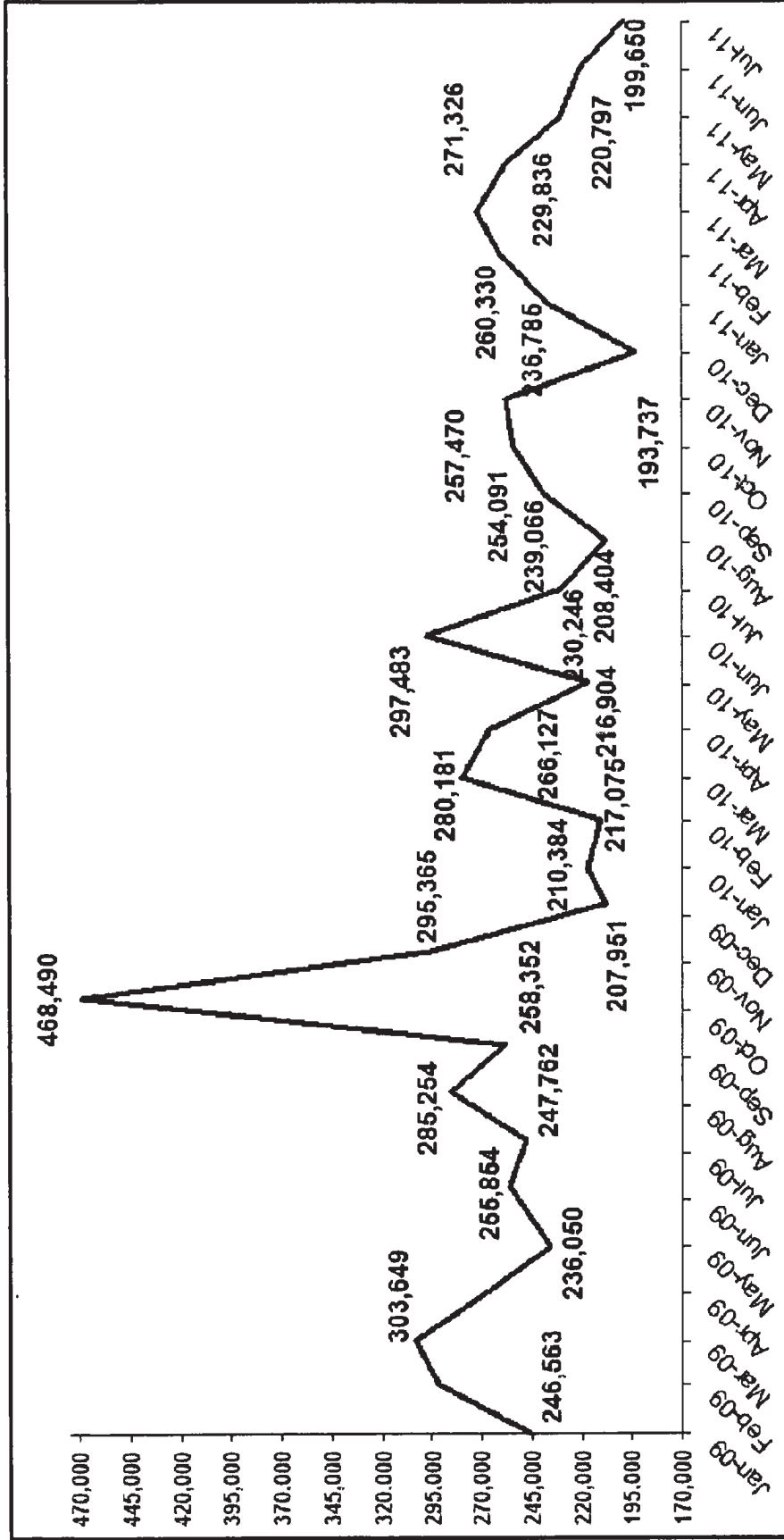
4,482,346



A Private Foundation Working Toward a High Performance Health System

Monthly Page Views

January 2009-July 2011



Total page views August 10-July 11 2,828,207

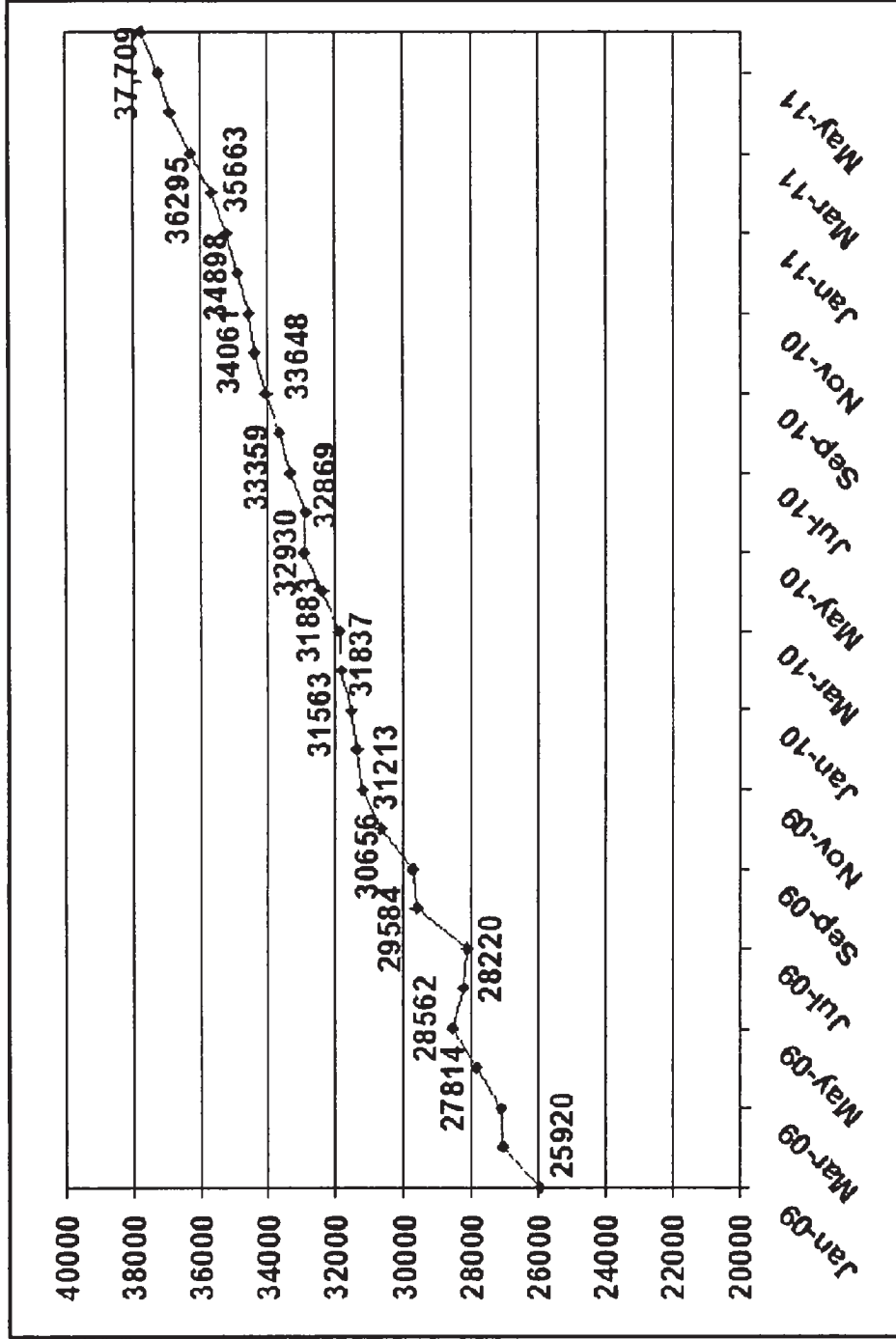
Total page views August 09-July 10 3,233,812



A Private Foundation Working Toward a High Performance Health System.

Total Subscribed Audience

January 2009 - July 2011



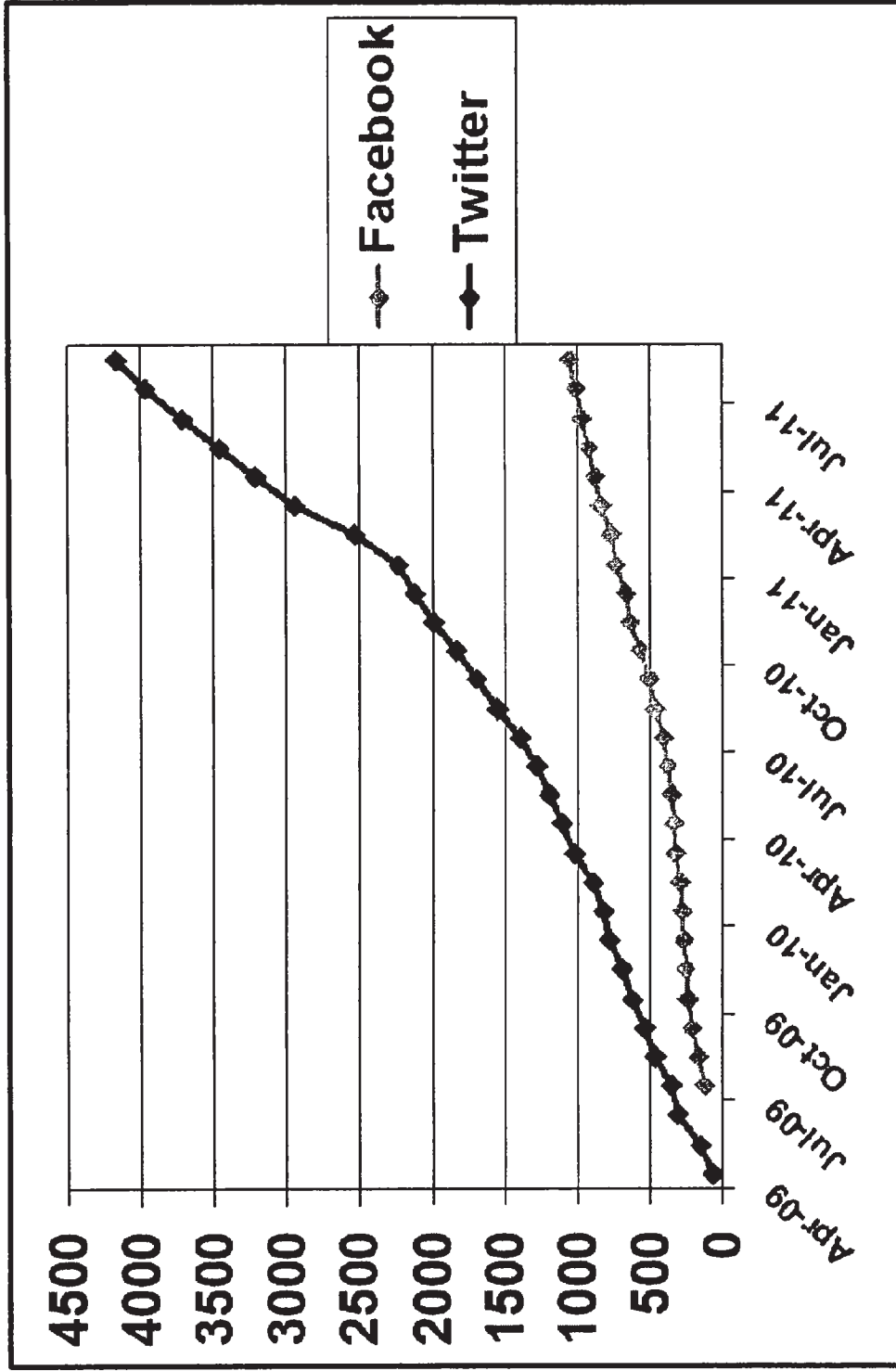
*Figures represent the combined total of all E-mail registrants, RSS subscribers, Twitter followers, and Facebook fans.



A Private Foundation Working Toward a High Performance Health System

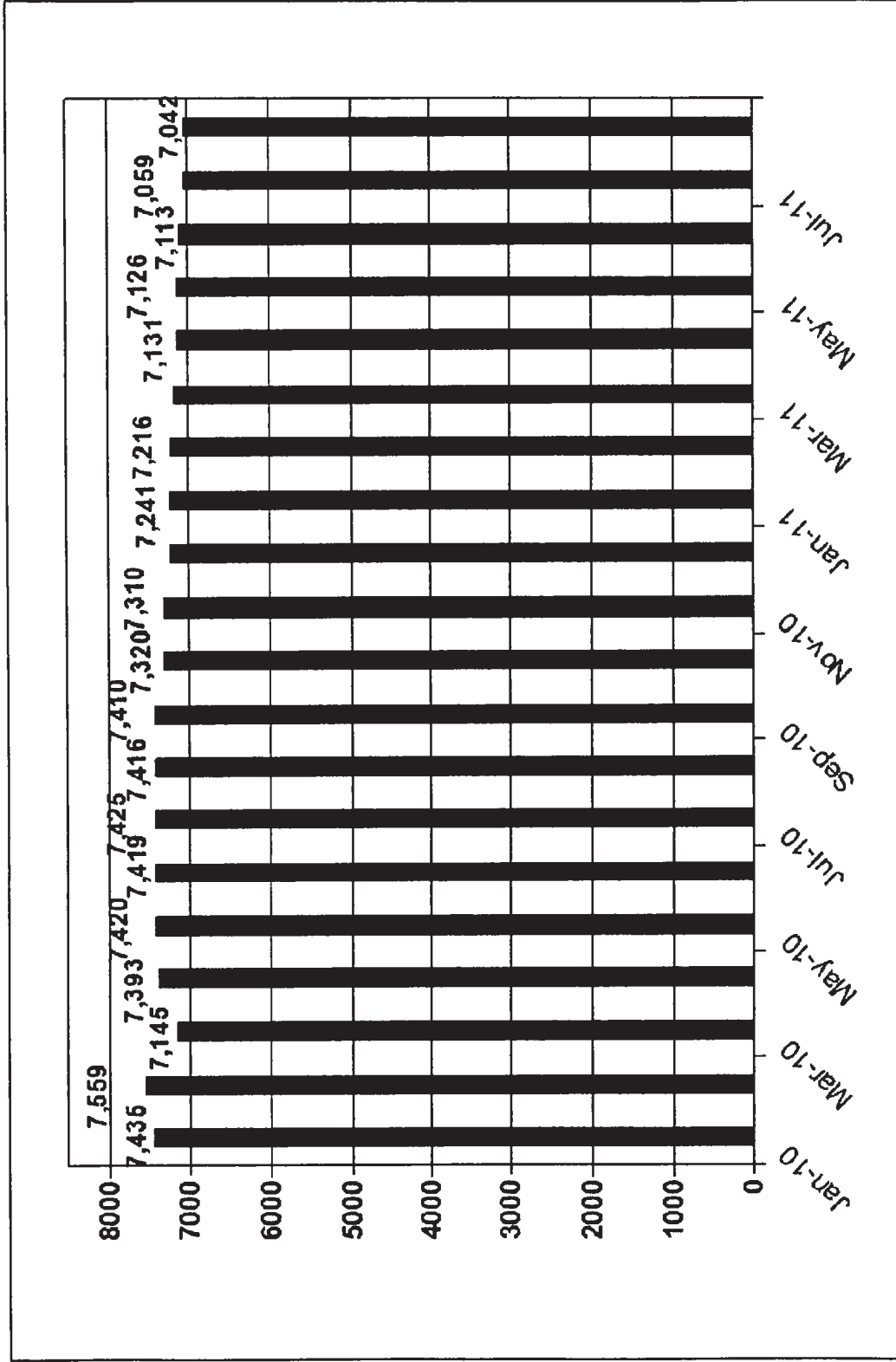
Social Media Follower Growth

April 2009-August 2011



A Private Foundation Working Toward a High Performance Health System

Why Not the Best? Subscribers



A Private Foundation Working Toward a High Performance Health System

Commonwealth Fund Output and Accomplishments, 2010-11

COMPLETED GRANTS REPORT

Annual Performance Review of Recently Completed Board-Level and Small Grants Fund Projects

John E. Craig, Jr., and Andrea Landes¹

This report summarizes staff assessments of Board-level and Small Grants Fund (SGF) awards completed between July 2010 and June 2011, as well as cumulative results since The Commonwealth Fund's system of rating grants on project performance and other measures was inaugurated. This group of grants highlights the significant role that the Fund's work is playing in implementation of many Affordable Care Act reforms, and in helping to bring to scale and promote the spread of delivery and payment system innovations.

The Study

This year's study covers 60 Board-level grants, totaling \$20.8 million, and 77 SGF projects, totaling \$2.6 million, which were completed between July 2010 and June 2011. With this round of completed projects, 891 Board-level grants with appropriations of \$225.4 million have undergone the assessment process since 1992, and 933 SGF grants with appropriations of \$23.1 million have undergone the process since 1995. In keeping with past practice, Board-level projects were scored on both the project's overall performance and the performance of the grantee, as well as on risk and level of Fund staff effort. SGF projects were scored only on project performance.²

¹ The Fund's program staff and president contributed substantially to this report, through preparation of memoranda on completed grants, scoring of projects, and comments on lessons learned.

² The scoring metric for project and grantee performance was the same as that for prior completed grant reviews: 1 = disappointing; 2 = below expectations; 3 = met expectations; 4 = above expectations; and 5 = exceptional. The scoring system for risk level was as follows: 1 = minimal; 2 = below normal; 3 = normal; 4 = above normal; and 5 = exceptional. The scoring for level of staff effort, similarly, was as follows: 1 = minimal (hands-off); 2 = below normal; 3 = normal; 4 = above normal; and 5 = intense.

Quantitative Assessments of Recently Completed Board-Level Grants

Overall, the 60 Board-level grants this year had a weighted average performance score of 3.8 for projects and grantees, an average risk score of 3.1, and an average staff effort score of 3.6 (Table 1). These scores are generally in line with those for earlier completed grants.

Table 1. Weighted Average Project Scores of Completed Board-Level Grants

	60 Completed Board-Level Grants, July 2010–June 2011	Cumulative for 891 Board-Level Projects Since 1992
Project Performance	3.8	3.7
Grantee Performance*	3.8	3.7
Risk	3.1	3.3
Staff Effort	3.6	3.7
Total Number of Grants	60	891
Total Dollars (millions)	\$20.8	\$225.4

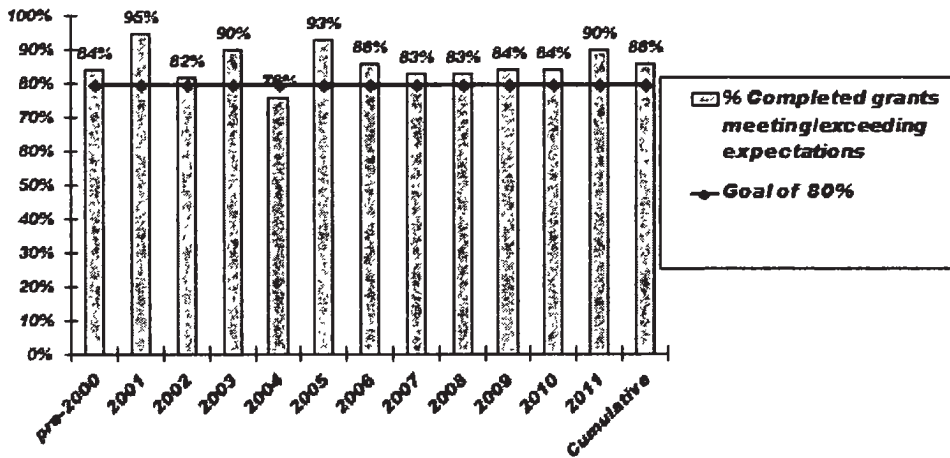
* Rating of grantee performance began with the 2000–01 group of Board-level grants.

Of the 60 recently completed grants, 90 percent of committed dollars went to projects that met or exceeded expectations, and 10 percent went to projects that fell below expectations (Tables 2 and 3). This year's group of completed Board-level grants had an unusually large share (53% of grant dollars) of projects with either exceptional or well-above-expectations performance.

Five Fund staff members with different perspectives on projects independently rated completed Board-level grants: the assigned program officer, the executive vice president for programs, the director of grants management, the senior vice president for policy, research and evaluation, and the president. SGF projects again were rated by the assigned program officer, the president, and the executive vice president for programs. The combined ratings were used to arrive at the quantitative assessments of project and grantee performance and of levels of risk and staff effort. All score averages for groups of grants were dollar-weighted, giving greater weight to the outcomes and characteristics of larger grants.

**Table 2. Performance of Completed Grants, 1992–2011
Compared with Fund Scorecard Goal of 80 Percent Success Rate**

Maintaining a high quality grants portfolio: The Fund has a strong record of selecting capable grantees and ensuring successful projects, strengthened by proposal reviews, project monitoring, and lessons drawn from completed grants.



Source: Commonwealth Fund Annual Completed Grants Report

Table 3. Distribution of Board-Level Project Performance Scores

Project Performance Level (Score)	Number of 2010–11 Projects	Percent of Total Grant Dollars	Avg. Staff Effort for 2010–11 Projects	Cumulative Number of Projects Since 1992	Percent of Total Grant Dollars
All projects	60	100%	3.6	891	100%
Exceptional project performance (5)	4	4%	4.3	47	7%
Performance well above expectations (4–4.99)	25	49%	4.5	309	39%
Performance met or exceeded expectations (3–3.99)	23	37%	3.2	378	40%
Performance somewhat below expectations (2–2.99)	6	8%	4.0	122	11%
Performance well below expectations (1.01–1.99)	1	1%	2.6	25	2%
Disappointing project performance	1	1%	3.0	10	1%

Projects with exceptionally high or disappointingly low performance are highlighted in the following discussion of how grants advance the Fund's strategies for achieving a high performance health system.

As proves to be the case in each annual set of completed grants, project and grantee performance were highly correlated. Project performance scores for more successful projects were often somewhat better than grantee performance scores, reflecting the role that Fund staff play in ensuring strong project implementation and communication of results. For less successful projects, principal investigators sometimes received higher performance scores than the project did, owing to the negative impact of unanticipated external events or inherent risks. In several instances, however, shortcomings of the investigator team lay at the heart of the project's less-than-satisfactory results.

Fund Strategies to Achieve a High Performance Health System

Since July 2010, the Fund's programs have been organized under five basic strategies to advance the goal of a high performance health system:

- Delivery System Innovation and Improvement, which encompasses the Patient-Centered Coordinated Care, Health System Quality and Efficiency, Vulnerable Populations (including the Minority Health Policy Fellowships), and Long-Term Care Quality Improvement programs;
- Health Reform Policy, which encompasses the Affordable Health Insurance and Payment and System Reform programs, and policy development and convening activities, including the Commission on a High Performance Health System, the Federal Health Policy program, and the State Health Policy program;
- Health System Performance Assessment and Tracking, which encompasses the national and state health system performance scorecards, as well as WhyNotTheBest.org and associated grants;
- International Health Policy and Innovation; and
- Communicating Results.

A number of these strategies cut across Fund programs, with the result that they are serving to integrate the foundation’s work to a far greater extent than was true earlier. The result is greater teamwork, increased synergy among programs, and greater program impact, both individually and in concert.

As shown in Table 4, in 2010–11, and cumulatively since 2006–07, all five strategies have produced at least the expected level of performance, as have all individual Fund programs. Particularly high-performing programs are International Health Policy, Federal Health Policy, Affordable Health Insurance, and Patient-Centered Coordinated Care.

Delivery System Innovation and Improvement—Patient-Centered Coordinated Care
(5 projects in 2010–11; 18 percent of 2010–11 completed grant funds; average performance score of 4.1)

Among the five Patient-Centered Coordinated Care grants completed in 2010–11, three achieved performance scores of 4 or higher. The Qualis Health demonstration to transform safety-net clinics into patient-centered medical homes (two grants, for the second and third years of the demonstration) is having broad impact beyond the 65 participating clinics, as the Federal Bureau of Primary Care is now interested in spreading the model to all community health centers. A grant to promote diffusion of the Community Care of North Carolina (CCNC) model for developing medical homes for

Table 4. Board-Level Project Performance Across Fund Strategies

	Number of 2010-11 Projects	2010–11 Percent of Total Grant Dollars	2010–11 Average Project Performance Score	Cumulative Number of Projects Since 2006	Cumulative Percent of Total Grant Dollars	Cumulative Average Project Performance Score
All Projects	60	100%	3.8	346	100%	3.7
Delivery System Innovation and Improvement	18	43%	3.8	133	45%	3.4
Patient-Centered Coordinated Care	5	18%	4.1	20	8%	3.9
Health System Quality and Efficiency	3	6%	3.7	44	15%	3.2
Vulnerable Populations	5	12%	3.5	33	12%	3.8
Long-Term Care Quality Improvement	5	7%	3.9	36	9%	3.6
Health Reform Policy	19	21%	3.7	104	23%	3.8

Affordable Health Insurance	8	6%	4.6	37	7%	4.1
Payment and System Reform	6	7%	3.2	28	7%	3.4
Policy Development and Convening						
Federal Health Policy	2	3%	4.6	16	4%	4.4
State Health Policy	3	5%	2.6	23	5%	3.2
Health System Performance Assessment and Tracking	7	12%	4.1	14	4%	4.1
International Health Policy and Innovation	6	13%	4.7	29	13%	4.6
Communications	2	2%	3.7	5	1%	4.0
Programs No Longer Making New Grants						
Child Development and Preventive Care	8	9%	3.5	61	13%	3.3

Medicaid beneficiaries has been successful in creating a toolkit with online modules for use in three states (Alabama, Oklahoma, and Virginia) that are adopting the CCNC model. A fourth noteworthy project, undertaken by Robert Weech-Maldonado at the University of Alabama, produced a valid instrument for patient assessment of providers' cultural competency. The Agency for Healthcare Research and Quality (AHRQ) has incorporated the instrument in the national Consumer Assessment of Healthcare Providers and Systems (CAHPS) family of surveys for measuring quality of care from the patient's perspective.

Delivery System Innovation and Improvement—Health System Quality and Efficiency (3 projects; 6 percent of 2010–11 completed grant funds; average performance score of 3.7)

The Fund is making a major investment in the Dartmouth research unit led by Elliott Fisher, M.D., that is helping to develop first-generation accountable care organizations (ACOs), promote their spread, and track the progress and performance of the movement. The initial grant to Dartmouth brought all the key players together at just the right time to

develop and achieve agreement on a core set of measures of ACO performance. While the initial measures set is fairly modest, it is an important step for ensuring that the ACO movement is itself accountable—and the Dartmouth team will likely be key in making it so.

Phase 3 of the State Action on Avoidable Rehospitalizations (STAAR) initiative is included in this round of completed grants assessments; the initiative is progressing well and is clearly influencing the national dialogue on the readmissions problem.

Delivery System Innovation and Improvement—Vulnerable Populations (5 projects; 12 percent of 2010–11 completed grant funds; average performance score of 3.5)

Although none of the projects in this area received a score higher than 3.8, two represent important foundational work for the Fund's new program to advance high performance health systems for vulnerable populations. A team at Harvard (Sara Singer and Nancy Morgan Kane) did painstaking research on the governance and management practices of safety-net hospitals. Among its findings were that directly operated public hospitals have better margins and better local government subsidies than do public hospitals set up as independent public benefit corporations; that low margins are associated with low quality; that having an ambulatory surgical facility improves margins; and that higher nurse ratios are associated with higher margins. The research, including case studies, is judged as promising, but it has yet to be published.

Two reviewed grants supported recent classes of Minority Health Policy Fellowships at Harvard. The fellowship program is clearly helping to prepare the minority health policy and practice leaders of the future, and alumni are already producing an impressive number of peer-reviewed publications. The just-completed external review of the program reveals a number of opportunities for strengthening it, including improving the curriculum and activities of the one-year fellowship, as well as adding a competitive optional second year to provide mentored placement in a safety-net delivery system or health policy environment. The Fund's Board will discuss the review at the November 15, 2011, meeting.

Delivery System Innovation and Improvement—Long-Term Care Quality Improvement (5 projects; 7 percent of 2010–11 completed grant funds; average performance score of 3.9)

A highly rated project (performance score of 4.8) conducted by Joseph Ouslander, M.D., at Florida Atlantic University developed a set of quality improvement tools that has helped produce a 17 percent reduction in hospitalizations at 25 participating nursing

homes after six months. Known as INTERACT,³ the toolkit is being adopted by many states; if its spread continues, the impact on cost and quality of care will be substantial.

The Pioneer Network in Culture Change nursing home initiative (year 5 of Fund support) continues to be a strongly producing investment for the Fund (score of 4.2) and is a primary force behind the person-centered care movement in long-term care. Another noteworthy project in this program was Howard Degenholtz's (University of Pittsburgh) groundbreaking survey and focus group work revealing the low penetration of health information technology in the nursing home sector.

Health Reform Policy—Affordable Health Insurance (8 projects; 6 percent of 2010–11 completed grant funds; average performance score of 4.6)

Four of the eight projects in this review cycle addressing health insurance affordability issues garnered a top performance rating of 5, and another two projects earned ratings very close to the top.

- Niteesh Choudhry, M.D., at Brigham and Women's Hospital, made a significant contribution to the value-based insurance design literature, demonstrating improvement in medication adherence by reducing prescription drug copayments. He has not as yet found cost savings resulting from value-based insurance, but a forthcoming paper showing a disproportionate benefit to black patients has the potential to be a blockbuster.
- Lynn Quincy at Consumers Union directly informed the development of the proposed new health insurance consumer disclosure forms under the Affordable Care Act, by testing the forms among consumers. This work influenced National Association of Insurance Commissioners guidelines for displaying plan choices and information for the new health insurance exchanges.
- As a result of her work evaluating high-risk pools as a health insurance option for people with preexisting conditions, new grantee Jean Hall at the University of Kansas is now among the few sources of information about pre-existing condition insurance plans. Should policy return to such pools as a "solution," her work showing that high-risk pools are not easy to implement will be all the more important.
- Katie Horton at George Washington University generated just-in-time analyses of the Affordable Care Act following its enactment, enabling the Fund, through staff work, to make the foundation the go-to place for understanding provisions of this landmark legislation.

³ INTERACT is an acronym for Interventions to Reduce Acute Care Transfers. The INTERACT program includes clinical and educational tools (available on the Web and including communication tools, care paths or clinical tools, and advance care planning tools) and strategies for use in everyday practice in long-term care facilities.

- The remaining top-ranked project in the Affordable Health Insurance program was the 2010 Biennial Health Insurance Survey: with reports produced by Fund staff, these surveys produce unique national estimates of the underinsured population and the prevalence of medical debt, and they are regularly cited and used to inform policy. In 2010, the survey for the first time included cell phones in addition to landlines—an innovation that is proving to be cost-saving.

One of the few disappointing projects in this review cycle (performance score of 2.0) was a grant at Washington University to assess the impact of employee cost-sharing on health care costs and outcomes. The challenges encountered highlight the significant risks associated with projects in which data availability (in this case, claims data from three employers) and intervention design are not well known ahead of time.

Health Reform Policy—Payment and System Reform (6 projects; 7 percent of 2010–11 completed grant funds; average performance score of 3.2)

The highest-scoring project in this group (4.6) was continued work by Brian Biles, M.D., at George Washington University to assess the value of Medicare Advantage plans to beneficiaries. Using county-level analyses, Biles demonstrated that Medicare Advantage plans are overpaid and thereby contributed to the recent major policy change in the way they are reimbursed. The other high-scoring (4.2) project in the Payment and System Reform program this year was work by Melanie Bella at the Center for Health Care Strategies to promote integrated delivery systems for Medicare’s most vulnerable beneficiaries. The project helped prepare Ms. Bella for a pivotal policy position as head of the “dual eligibles” office at the Centers for Medicare and Medicaid Services (CMS). It also helped position a number of states for applying for \$1 million dual-eligibles demonstration grants that are now being solicited by the Center for Medicare and Medicaid Innovation.

Across all programs, the lowest scored project in this cycle was modeling work at the Urban Institute (2009–10, performance score of 1.0) aimed at improving Medicare’s performance through reform of its benefit structure and provider payment system. A second grant to the Urban Institute to carry out modeling to be used in the Fund’s planned “Getting Ahead of the Curve” report was also rated disappointing on performance (2.4) and contributed to the delays on that report. This experience demonstrates the many challenges in finding modelers with the data and capacity for producing credible analyses of the impact of policies that break new ground.

Policy Development and Convening—Federal Health Policy (2 projects; 3 percent of 2010–11 completed grant funds; average performance score of 4.6)

Fund-supported Capitol Hill briefings on current health policy issues, jointly carried out with the Alliance for Health Reform, are an important contributor to the national health care reform debate and a major vehicle for disseminating the results of Fund-sponsored work to a key policy audience. The Fund Bipartisan Congressional Retreat in 2010 was once again highly productive in engaging members of Congress from both parties (and their key staff members) in policy discussions at a level of frankness and real discourse that is extremely rare in Washington.

Policy Development and Convening—State Health Policy (3 projects; 5 percent of 2010–11 completed grant funds; average performance score of 2.6)

All of the State Health Policy projects in this review cycle had disappointing performance scores of 2.7 or lower. A multiphase project at AcademyHealth, to advance health care quality improvement through technical assistance, engaged eight states in the following areas: payment reform; delivery system reform focused on care coordination, care transitions, chronic care management, and population health; and data integration and transparency. The project proved to be overly ambitious in seeking to provide technical assistance across so many areas and to so many clients, and the varying focus of improvement efforts worked against the development of synergies across sites—exacerbating any weakness within the technical assistance team. In hindsight, organizations like the National Academy for State Health Policy, with an established state leadership client base and long experience in providing technical assistance, are better positioned for this kind of work than the AcademyHealth team proved to be.

Review of the 2010–11 grant to support the Fund’s online *States in Action* newsletter revealed that, despite the high quality and timeliness of its content, this organ has not gained a wide audience. Resources now devoted to *States in Action* will be reallocated, as part of the overall reshaping of the Fund’s state program—gearing it to connecting state and federal health policy officials on key health care reform implementation issues.

Health System Performance Assessment and Tracking (7 projects; 12 percent of 2010–11 completed grant funds; average performance score of 4.1)

These grants supported further development of WhyNotTheBest.org (performance score of 4.5), the planning phase of the AARP long-term services and support scorecard (4.0) that was published this summer, and the Fund’s scorecard research staff based at the Institute for Healthcare Improvement (IHI) in Boston. WhyNotTheBest.org continues to

be one of the nation's leading public reporting Web sites for hospitals. Although assessing its overall impact is difficult and its sustainability is an ongoing issue, the site is known to be influencing its high users. The long-term services and support scorecard grant produced a complex, first-of-its-kind product that is likely to have a lasting impact. The project team showed creativity in overcoming data gaps, including the use of AARP-sponsored state surveys on details of long-term care programs.

International Health Policy and Innovation (6 grants; 13 percent of 2010–11 completed grant funds; average performance score of 4.7)

The reviewed projects included the 2009–10 funding of the major arms of the Fund's international program: Harkness Fellowships in Health Care Policy and Practice, the International Health Policy Survey, and the International Symposium on Health Care Policy, with performance scores of 4.8, 4.7, and 4.5, respectively. The inaugural 2010 Harkness Fellowships Alumni Health Care Policy Forum, which brought together 25 alumni, chosen on a competitive basis, to a May 2011 Washington weekend conference featuring discussions with leaders in health reform implementation, was also judged to be quite successful (4.6 score). As this year's review of the first 10 classes of Harkness Fellows confirmed, the program greatly influences their careers; in addition, the fellows have a substantial impact on the thinking of their mentors in the United States, all of whom are significant figures in the development of U.S. health policy. The international survey continues to generate immense interest, and helps shape the national dialogue on health care.

Communications (2 grants; 2 percent of 2010–11 completed grant funds; average performance score of 3.7)

An annual grant to *Health Affairs* (Project Hope) serves the Fund well in helping to underwrite the premier health policy journal. The Fund's Health Care Opinion Leaders Survey contributed substantially to the health policy debate over the last seven years, but it is being discontinued, as attention has shifted to reform implementation issues.

Programs No Longer Making New Grants—Child Development and Preventive Care (8 projects; 9 percent of 2010–11 completed grant funds; average performance score of 3.5)

A highly rated (performance score of 4.8) project at the National Academy for State Health Policy developed a seven-state consortium to advance medical homes for Medicaid and Children's Health Insurance Program beneficiaries. This was a very successful "spread" initiative: it helped develop and shape the medical home policies of

participating states, a number of which are not the typical early adopters of delivery system innovations.⁴

Another example of a successful spread project is the University of Vermont–based Child Health Quality Improvement Partnerships to Promote Child Development, which received a total of \$1.3 million in Fund support over nine years. With 15 states having developed improvement partnerships and four more in development, this work has changed the nature of state agency and Medicaid provider relationships, getting both working toward a common goal of better care for children.

A grant to the National Committee for Quality Assurance (NCQA) developed a new approach to quality measurement for well-child care, looking at the cumulative impact of good care over time. The project filled a void in child health quality metrics, and the new measures have been endorsed by the National Quality Forum.

The reviewed child development and preventive care projects included unsuccessful work with a Nobel laureate at the University of Chicago to undertake cost-benefit analyses of early childhood health care interventions. The principal investigator proved to be uncommunicative; the published papers are unlikely to have much policy impact; and the project and principal investigator were a misfit with the Fund's aims and strategy.

Fund Risk-Taking

The Fund takes significant but appropriate risks in grantmaking (Table 5). An important role of staff is to identify risks and work with project directors in managing these risks to the extent possible. Project risk is predicted using an algorithm based on major risk factors identified from experience, and staff are generally able to predict project risk—although there is a tendency for predicted high-risk projects to turn out to be less risky than expected and low-risk projects to be more risky than expected.

⁴ The participating states are Alabama, Iowa, Kansas, Maryland, Montana, Nebraska, and Virginia. Texas started out as a consortium member, but cancelled its program because of state budget deficits.

Table 5. Distribution of Project Risk Scores

Project Risk Level (Score)	Number of 2010–11 Projects	Percent of Total 2010–11 Grant Dollars	Average 2010–11 Project Performance Score	Average 2010–11 Project Staff Effort Score	Cumulative Number of Projects Since 1992	Percent of Total Grant Dollars
All projects	60	100%	3.8	3.6	891	100%
Exceptional risk (5)	3	1%	2.3	2.8	41	5%
Above-normal or well-above-normal risk (4–4.99)	23	50%	3.8	4.1	239	31%
Normal or somewhat-above-normal risk (3–3.99)	13	22%	4.2	4.4	355	38%
Somewhat-below-normal risk (2–2.99)	7	11%	3.6	2.6	181	20%
Well-below-normal risk (1.01–1.99)	11	10%	4.4	3.6	47	3%
Minimal risk (1)	3	6%	4.1	4.7	28	3%

In addition to improving their design up front, Fund staff often are able to ensure the success of risky projects by taking an active role in project management, monitoring grantees' work closely, providing technical assistance, and polishing reports to make them accessible to influential audiences. A high-risk (score of 5) successful project in this cycle, where Fund staff played a key role, was the development of the AARP long-term care scorecard.

The nature of the risk of some projects may not be amenable to significant risk management beyond the project design stage—an example in this cycle being the disappointing Washington University project on the impact of employee cost-sharing on health care costs and outcomes, where data availability issues were beyond the reach of staff influence. And no amount of staff intervention produces results when there are serious unforeseen deficiencies concerning the principal investigator—the Fund's experience with the University of Chicago Nobel laureate, cited above, being a case in point.

Projects essentially led by Fund staff, or those in which staff participate as partners, entail extensive staff effort regardless of their risk. Many survey and convening projects are of this type. Examples of low-risk, high-staff-effort projects in this cycle include the 2010 Biennial Health Insurance Survey, the Katie Horton project analyzing provisions of the Affordable Care Act, and the 2010 Bipartisan Congressional Health Policy Retreat.

Thus, staff effort is often not proportionate to risk assessment, and staff effort varies widely with project performance, although on average, higher-risk projects do receive more staff attention (Tables 3 and 5).

Performance of Recently Completed Small Grants Fund Projects

The 77 Small Grants Fund projects completed between July 2010 and June 2011 earned an average performance score of 3.5, below the average score for the SGF projects rated in earlier reviews (Table 6). Only two of the SGF projects in this cycle were regarded as producing results well below expectations (performance score below 2.0), and 23 were seen as having produced very strong results (performance score of 4.0 or better).⁵

Cumulatively between July 1995 and June 2011, 87 percent of completed SGF projects have met or exceeded expectations, indicating that these projects perform about as well as Board-level projects.

SGF awards are used principally for the following purposes:

- Convening experts and policy officials to advance discussions of research, policy, and health reform implementation issues (25 percent of SGF dollars in this review cycle);
- Supporting targeted research to produce papers on key issues (20% of funds in 2010–11);
- Advancing the implementation of health reform measures (17% of funds in 2010–11);
- Promoting the spread of innovations such as medical homes and accountable care organizations (15% of 2010–11 funds);
- Generating data needed for surveys, scorecards, or other research (9%);
- Communicating the results of Fund work (5%);
- Bringing the international experience to bear on the U.S. health care reform effort (4%); and

⁵ The disappointing projects were for a National Library of Medicine conference on the use of personal electronic health records to transform health care, and a project intended to produce a set of papers on quality assurance for Medicare beneficiaries under the Medicare Part D prescription drug benefit. Fund staff was unable to provide input to the electronic health record conference, and the project failed to produce the expected issue brief. The second project failed to produce the expected finished papers, because of disruptions within the grantee organization.

- Synthesizing the findings of large bodies of research, identifying best practices, and developing quality performance measures (5%).

Table 6. Performance of Completed Small Grants Fund Projects

	SGF Projects Completed July 2010–June 2011		SGF Projects Completed July 1995–June 2011	
	Number	Weighted Average Performance Score	Number	Weighted Average Performance Score
All projects	77	3.5	933	3.7
	Number	% of Total Project Funds	Cumulative Number	% of Total Project Funds
All projects	77	100%	933	100%
Exceptional performance (score of 5)	1	2%	93	11%
Performance well above expectations (4–4.99)	22	31%	329	39%
Performance met or exceeded expectations (3–3.99)	40	50%	392	37%
Performance somewhat below expectations (2–2.99)	12	16%	100	12%
Performance well below expectations (1.01–1.99)	2	1%	8	1%
Disappointing performance (1)	0	0%	11	<1%

The following examples of highly ranked SGF-supported work in this review cycle illustrate the diverse uses to which the SGF is put and the dexterity it provides in advancing program strategies, particularly in periods of intense debate like that of 2009–10 and now, as major health reforms are being implemented (Table 7).

Table 7. Small Grants Fund Project Performance Across Fund Strategies

	Number of 2010–11 Projects	2010–11 Percent of Total Grant Dollars	2010–11 Average Project Performance Score
All Projects	77	100%	3.5
Delivery System Innovation and Improvement	31	41%	3.3
Patient-Centered Coordinated Care	10	13%	3.4
Health System Quality and Efficiency	16	22%	3.3
Vulnerable Populations	1	1%	3.7
Long-Term Care Quality Improvement	4	5%	3.1
Health Reform Policy	29	41%	3.7
Affordable Health Insurance	5	10%	3.9
Payment and System Reform	9	13%	3.7
Policy Development and Convening			
Federal Health Policy	0	0%	--
State Health Policy	12	15%	3.4
Health System Performance Assessment and Tracking	4	5%	4.1
International Health Policy and Innovation	5	4%	4.0
Communications	4	4%	4.2
Programs No Longer Making New Grants			
Child Development and Preventive Care	4	5%	2.9

Delivery System Innovation and Improvement—Patient-Centered Coordinated Care (10 projects; 13 percent of 2010–11 completed grant funds; average performance score of 3.4)

A grant to Meredith Rosenthal at Harvard underwrote the Patient-Centered Medical Home Evaluators Collaborative, which has informed the CMS Innovation Center's request for proposals for evaluations of its two medical home demonstrations. The Innovation Center encourages investigators to use the Collaborative's work identifying a core set of standardized measures of the effect medical homes have on quality and cost. The impact of this project is significant, as a consensus on measures is eagerly sought after by public and private payers alike.

In another very successful project, Robert Berenson at the Urban Institute highlighted the high variation in cost and quality of different medical home models. His work has been useful in demonstrating that medical homes are not necessarily more expensive than traditional primary care practices.

In 2010, the U.S. Veterans Health Administration (VA) embarked on an ambitious three-year plan to build patient-centered medical homes in more than 900 primary care clinics across the U.S. Working with the Fund's Melinda Abrams, Sarah Klein at Issues Research produced a timely case study of the VA's progress in implementing the nation's largest single patient-centered medical home initiative.

Delivery System Innovation and Improvement—Health System Quality and Efficiency (16 projects, 22 percent of 2010–11 completed grant funds, average performance score of 3.3)

With another small grant from the Fund, Meredith Rosenthal produced a paper synthesizing what has been learned from a quarter-century of public reporting in health care. The paper was foundational for a March 2011 AHRQ Summit on Public Reporting marking the 25th anniversary of the Health Care Financing Administration's first release of hospital mortality data.

Gerard Anderson at Johns Hopkins University tackled the technically difficult task of developing a standard rehospitalization measure. The project is informing CMS and private payers on valid approaches for measuring readmissions, and will likely be useful in their efforts to design payment systems that reward providers with low readmission rates and penalize those with high rates.

Delivery System Innovation and Improvement—Vulnerable Populations (1 project; 1 percent of 2010–11 completed grant funds; average performance score of 3.7)

At the request of the CMS Innovation Center, Catherine Hess at the National Academy for State Health Policy did early and timely background work on the feasibility of

developing safety-net accountable care organizations. This project will be useful to proposed work by Valerie Lewis at Dartmouth on how vulnerable populations will fare in ACOs, and was responsive to the Innovations Center's need to move rapidly on the issue.⁶

Delivery System Innovation and Improvement—Long-Term Care Quality Improvement
(4 projects; 5 percent of 2010–11 completed grant funds; average performance score of 3.1)

Low-income older adults who are eligible for both Medicare and Medicaid face many challenges in obtaining Medicaid coverage for high-quality assisted-living services. With a small grant, Eric Carlson at the National Senior Citizens Law Center reworked the products of a Board-level grant on federal and state policies for assisted-living coverage, making them more accessible to policymakers and consumers. This work is timely, given the current heightened focus at both the federal and state levels in developing systems of care for the “dual eligibles.”

Health Reform Policy—Affordable Health Insurance (5 projects; 10 percent of 2010–11 completed grant funds; average performance score of 3.9)

With SGF support, the 2010 Commonwealth Fund Biennial Health Insurance Survey for the first time added a cell phone sample. The experiment demonstrated that cell phone samples are not only valid, but can lower the overall cost of the survey (by reducing the number of follow-up calls needed) and enable larger sample sizes.

SGF funds were used to support a successful meeting (requested by the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services) with leading experts on risk adjustment. The project produced a well-written issue brief by Mark Hall, *Risk Adjustment Under the Affordable Care Act: A Guide for Federal and State Regulators*, that has proved to be timely in the implementation of the Affordable Care Act.

Also with SGF support, researchers at the New America Foundation developed an issue brief, *State-Based Coverage Solutions: The California Health Benefit Exchange*, that was featured on a Commonwealth Fund webinar on exchange implementation. The webinar attracted an audience of 550.

Health Reform Policy—Payment and System Reform (9 projects; 13 percent of 2010–11 completed grant funds; average performance score of 3.7)

⁶ *Report of the President and Staff to the Board of Directors*, Nov. 15, 2011, p. 31.

With SGF support, James Hester carried out financial modeling for Vermont's Accountable Care Organization Pilot—an integral part of the state's ambitious payment and delivery system reforms. Another grant to Hester underwrote modeling that enhanced the ability of Vermont to move toward a single-payer system—the first state in the nation with legislation to do so.

AcademyHealth leaders conducted a meeting with national policy experts and CMS staff on key issues in the development of the new Center for Medicare and Medicaid Innovation. The resulting paper has received much attention and is an important contribution to moving the field of health services research and data analysis forward.

In another successful SGF project, Suzanne Delbanco at the Catalyst for Payment Reform developed a paper identifying promising payment reform models. Her work on the spread of payment innovations will continue under a proposed Board-level grant on page 41 of the November 15, 2011, Board meeting agenda.

Policy Development and Convening—State Health Policy (12 projects; 15 percent of 2010–11 completed grant funds; average performance score of 3.4)

Work by Michael McCue at Virginia Commonwealth University analyzed how the quality of Medicaid managed care plans varies with their organizational form—most importantly, nonprofit versus for-profit. This work will contribute to further explorations of the relationship between health care providers' for-profit status and quality/cost.

With SGF support, Nikki Highsmith at the Center for Health Care Strategies convened thought leaders on shared practice supports under Medicaid and produced a Fund report that identified how some states are using shared resources to support small practices and increase their capacity to implement delivery system reforms.

Health System Performance Assessment and Tracking (4 projects; 5 percent of 2010–11 completed grant funds; average performance score of 4.1)

Under a highly rated grant, Ellen Nolte at RAND Europe Cambridge Limited updated international data on “mortality amenable to health care”—an important benchmark in the Fund's national health system scorecards, the most recent of which was published in October 2011.

The SGF was used to generate other key national scorecard data: Vincent Mor, M.D., at Brown University updated his nursing home admissions and readmissions analysis at the national, state, and hospital referral region levels; and Gerard Anderson at Johns Hopkins

University similarly updated his analyses of hospital admissions for ambulatory-care-sensitive conditions, hospital 30-day readmissions, and chronic disease groups cost data.

International Health Policy and Innovation (5 grants; 4 percent of 2010–11 completed grant funds; average performance score of 4.0)

The Small Grants Fund is an important source of flexible funds for The Commonwealth Fund's international program, the bulk of this program's funds being committed to the major activities of Harkness Fellowships, the annual International Symposium, and the annual International Health Policy Survey. In this review cycle, the SGF was used to expand the 2010 survey to include the Netherlands, a key comparison country; to underwrite an Alliance for Health Reform international briefing on electronic medical records, focused on lessons from abroad on implementation and meaningful use; and to support a case study series on international innovations in health policy and practice.

Communications and Publishing (4 grants; 4 percent of 2010–11 completed grant funds; average performance score of 4.2)

Communications SGF funds are used mainly to support important gatherings of health policy journalists, including the Association of Health Care Journalists' annual conference and rural health journalism workshop, and the Society of American Business Editors and Writers' annual conference and Web-based trainings for journalists.

Child Development and Preventive Care (4 grants; 5 percent of 2010–11 completed grant funds; average performance score of 2.9)

Among the wrap-up grants for this program, SGF dollars supported development of a report on the impact of the Fund's earlier Healthy Steps program, focused on how and why a number of Healthy Steps sites continue to operate.

Completed Grants Products

Nearly all grants produce publications and generate meetings intended to disseminate their results. In Table 8, the record of publications, meetings, testimony, and presentations resulting from this year's completed grants bears witness to the success of the Fund's grantmaking in this respect. To meet the time-sensitive needs of policy audiences, the Fund independently publishes papers arising from grantees' work. Even so, the number of peer-reviewed journal articles produced by grantees is impressive.

**Table 8. Publications and Presentations Resulting from Completed Grants
July 2010–June 2011**

	Fund Pubs.	Peer- Reviewed Pubs.	Books/ Book Chapters	Other Pubs.	Congress./ State Testimony	Meetings/ Other Presenta- tions	Podcasts/ Webinars
Board- Level Projects	67	147	10	118	3	313	55
SGF Projects	36	18	0	58	0	25	1
Total	103	165	10	176	3	338	56

Lessons Learned and Implications for Grantmaking

The reviewed grants exemplify how the Fund has gone about achieving a number of the goals approved by the Board for the president for the 2010–11 fiscal year:

- Advance development, testing, and spread of innovative provider payment methods, and track trends and identify policies to accelerate growth and spread of high-performing health care organizations;
- With the enactment of health reform, continue to be a leading resource for the Administration and Congress on implementation and the policies required to move along the path to a high performance health system;
- Continue to develop relationships with the Administration, and be responsive to requests for assistance from federal policy leaders;
- Be a recognized leader in the development and spread of promising models of improved care; and
- Help hospitals and other health care providers improve quality and efficiency through further development of the WhyNotTheBest.org site and dissemination of best practices.

In addressing these goals, the Fund has helped health care leaders and the American people understand the new health reform legislation and what it means for them; informed implementation of comprehensive reform and assessed its potential to move the U.S. on a path to a high performance health system; and laid the groundwork for future delivery system change and health policy action. The body of work in this group of grants indicates that the foundation’s mission and strategy are on target for contributing significantly to the resolution of one of the most significant problems that the nation

faces: per capita health care costs that are beyond the benchmarks of other wealthy countries, occurring simultaneously with serious shortfalls in quality, access, and coverage.

Many of the lessons to be drawn from this cycle of completed grants reaffirm those of earlier reviews, as synthesized in the “Lessons Learned from Grantmaking” report to the Board for its retreat in April 2006.⁷

Lessons of particular note emerging from this review cycle include the following:

- The worth of the Fund’s value-added operating model is indicated by the key role that staff play in carrying out and disseminating the results of many of the most successful projects. To illustrate, such projects in the 2010–11 review cycle included:
 - The Commonwealth Fund Biennial Health Insurance Surveys, which, rather than government surveys, are looked to for timely information on access and the financial burden of health care costs;
 - The Affordable Care Act timetable posted on the Fund’s Web site, the go-to source for many influential people for understanding what is in the law and the implementation process;
 - A very significant role in consumer testing of the insurance coverage disclosure forms required under the Affordable Care Act;
 - A number of projects making the Fund a leading player in the spread of the medical home model within safety-net organizations;
 - The 2010 International Health Policy Survey, unique in measuring the performance of the U.S. health system against that of other industrialized countries; and
 - The Commonwealth Fund Bipartisan Congressional Retreat, the only annual gathering of its kind, where congressional leaders in health care policy are able to learn from experts and discuss offline the big issues before them.

Other indicators of the key role of value-adding staff are publications, speaking engagements, and media activities throughout the year and staff participation on influential advisory boards (Table 9).

⁷ John E. Craig, Jr., “Foundation Performance Measurement: A Tool for Institutional Learning and Improvement,” *2005 Commonwealth Fund Annual Report*.

Table 9. Fund Staff Publications, Public Speaking, Convening, and Board/Advisory Group Service Activities in 2010–11

	Number in 2010–11
Peer-reviewed journal articles published	7
Fund, other articles published	95
Congressional testimony	5
High-level meetings organized	26
“New media” events organized (webinars, e-forums, podcasts, videos)	25
External presentations	142
Media interviews	293
Membership on boards, external advisory groups	66

- The Fund is well equipped and situated for helping bring promising delivery and payment system models to scale and ensuring their spread—as exemplified by its batteries of safety-net medical homes projects, the foundation’s Assuring Better Child Health and Development (ABCD) program, and its support of the spread of the Community Care of North Carolina model and the Child Health Quality Improvement Partnerships. Attention should be given to why some scale-up and spread activities are more successful than others—that is, what are the crucial ingredients to be looked for when backing of such efforts is under consideration? The following are likely to be high on the list:
 - Evidence that the model is already approaching the “proven” stage in more than a few unique settings, and, if evidence is not sufficient, then further development and testing of the model to ensure its soundness and aptitude for spread;
 - A national/regional environment that is not completely toxic to the reform, and indeed is trending toward support of it;
 - Financial and market incentives that are aligned with spread or are at least neutral: 1) there is a business case for a diverse set of providers to adopt the innovation; 2) the model does not rely only on mission-driven decisions, as important as they are; 3) the innovation is financially sustainable after the initial foundation/public investment in startup;
 - Enough flexibility to adapt the innovation to different settings or at different starting points;
 - A strategy for spread that emphasizes development of user groups and conferences promoting peer-to-peer exchanges for synergistic learning;

- Strong, experienced technical assistance teams able to develop and assist clients in using toolkits for implementing the model;
 - Fund program staff with the expertise, experience, and commitment able to play a major leadership role in the spread effort.
 - For a foundation the Fund's size, the availability of partners in the spread enterprise that value the skill sets of the foundation's staff and the leverage that its name can lend; and
 - Availability of adequate financial support over an extended multiyear period, if not from the Fund, then from other sources including government and private payers.
- In response to audience surveys, the Fund is shortening the length of its own reports and issue briefs, and taking advantage of grantees' success in publishing peer-reviewed journal articles to communicate the results of grants. More attention needs to be given to keeping informed about forthcoming journal articles and promoting them—when they are particularly timely—with press releases and e-mail alerts.
 - Projects reliant on access to new databases and data collection that is dependent on the cooperation of multiple parties (e.g., employers) require careful vetting, with attention to realistic timelines and budget contingencies, should insurmountable obstacles be encountered.
 - The Fund's policy is to be on the lookout for new principal investigators and to be open to working with organizations not already in its stable of grantees, and it has been successful in both respects. New principal investigators and new organizations, however, require an extra measure of due diligence in the proposal review process and close monitoring of their work, particularly in early stages where Fund staff can often add value.
 - The Fund's highly influential *Bending the Curve* and *Fork in the Road* reports were based on sophisticated modeling of reform options by a team at the Lewin Group, whose work was directed and closely supervised by Fund senior vice president for policy, research, and evaluation Cathy Schoen. Independence issues involving the ownership of the Lewin Group caused us to reach out to alternative modeling teams for further work on payment and delivery system reform options. Our recent experience provides significant lessons regarding the choice and management of modeling teams: 1) different teams typically have skills in particular areas, with the result that multiple teams may be needed for large projects; 2) to deliver results useful to the Fund, the specification of models needs to be clearly agreed between Fund staff

and the modeling team before work begins; and 3) all modeling work requires considerable interaction and close supervision by Fund staff.

- Large grants to distinguished scholars for general explorations of socioeconomic issues in health care are unlikely to produce the kind of timely, policy-relevant information that is the Fund's strength; experience indicates that they are also likely to be high risk, as principal investigators at this level are unaccustomed to the level of responsiveness on deliverables expected by the foundation of its grantees.
- The foundation uses its convening function to help advance health policy debates, spread learning on issues, and communicate the results of its work. A substantial share of its extramural grants funds therefore goes to funding conferences and forums. A Fund policy is that, with fairly rare exceptions, staff must have a substantial role in setting the agenda of any conference or forum funded and must participate in the event. Experience reveals this policy to be a sound one, as forums in which the Fund has a limited role are generally not as productive as those with considerable Fund staff involvement. The foundation needs to give particular attention to the question of whether to continue funding for longstanding annual conferences in which it has a relatively minor role; this question should be put clearly on the table for all such events when they come up for renewal.
- The Fund's processes for vetting proposals, monitoring work, and learning from experience are highly effective and benefit from continuing improvement:
 - The Board proposal review process through which large projects are vetted by a team of program staff and management is an important value-adding and due-diligence exercise. When a strong majority of reviewers expresses major reservations about a proposed project, that counsel should be heeded if the issues raised cannot be satisfactorily addressed by the principal investigator and sponsoring program officer.
 - Staff should be encouraged to share information on principal investigators who prove to be problematic—for example, unresponsive or uncommunicative, chronically and significantly delayed on deliverables, or resistant to well-reasoned guidance—and such information should be brought forward when needed in the proposal review process.
 - The Fund's use of algorithms for assessing the risk and reward of proposed Board-level projects (employed independently by a mix of program staff and management) is helpful in making final decisions on recommended projects and in assessing the level of staff effort to help ensure success. As the Fund's work has evolved in the health care reform era, with greater emphasis on

bringing innovations to scale and ensuring their spread, the risk algorithm needs to be reworked to better capture the issues that need attention.

- Completed grants memoranda prepared by program officers for every completed Board-level grant are an important discipline in the grantmaking business, as they ensure accountability on the part of both grantees and program officers, promote learning from experience, and provide an essential archival record. Memoranda on completed Small Grants Fund projects do not need to be as comprehensive as those for Board-level projects—several paragraphs summarizing expectations and accomplishments will be sufficient—but the Fund will benefit from instituting this practice for SGF projects as well.
- The foundation's practice of soliciting independent external reviews of major programs periodically, and the Board's use of them for an in-depth examination of program performance and strategy, is highly beneficial. Every external program review, including the Minority Health Policy Fellowship program review that the Board will discuss on November 15, has uncovered insights for performance and strategy issues that are not apparent in the annual completed grants reviews, which focus on individual projects. Both approaches are essential for ensuring that the Fund is a learning and accountable organization.

Conclusion

The Commonwealth Fund's practice of systematically examining all Board-level and Small Grants Fund projects completed in the course of a year, scoring them on performance and other measures, and preparing a report that draws out lessons learned provides valuable insights for program development, management, and communication and helps promote accountability throughout the Fund. This annual reporting mechanism is designed to help the Fund's Board assess the effectiveness of overall and specific program strategies, to enrich its discussions on Fund strategy, and to assist staff in selecting and monitoring grantees and adding value to their work.

Appropriation Date	Fund	Institution	Grant No.	Project Director and Description	Amount Paid	Ending Balance @ 6-30-11
7/12/2005	Board Grants	Regents of the University of California 11 Shields Avenue Davis, CA 95616	20050334	Stephen M Shortell, Ph D 08/01/05-12/31/09 Analysis of Physician Group Practices' Management of Chronic Illness		3,292
11/8/2005	Board Grants	League 1199 SEIU Training and Upgrading Fund PO Box 1016 New York, NY 10118	20060013	Deborah King and Christine Bishop, Ph D 1/1/2006-11/30/2008 Engaging Workers in Improving Nursing Home Care A Case Study	28,880	0
11/8/2005	Board Grants	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	0
7/11/2006	Board Grants	Harvard College, President and Fellows of 17 Quincy Street, Massachusetts Hall Cambridge, MA 02145	20060649	Joan Reede, M D , M P H , M S 7/1/07-6/30/10 The Commonwealth Fund/Harvard University Fellowship in Minority Health Policy Support for Program Direction and Fellowships, 2007-08	80,000	0
4/10/2007	Board Grants	The Board of Trustees of the University of Alabama for the University of Alabama at Birmingham	20060692	Robert Weech-Maldonado 9/01/07-2/28/09 Development and Testing of the Patient Assessments of Cultural Competency Survey	50,447	0
7/1/2008	Small Grants	Wisconsin System, The Board of Regents of the University of Milwaukee, WI 53201-0342	20060717	Gerald Weisman 8/1/07-5/31/08 DementiaDesign Info org A Lexicon for the Planning and Design of Dementia Care Environments	4,858	0
11/14/2006	Board Grants	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	0
11/14/2006	Board Grants	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		0
4/10/2007	Board Grants	Health Research and Educational Trust One North Franklin Street, Suite 2700 Chicago, IL 60606	20070222	Romana Hasnain-Wynia 7/1/07-5/31/10 Examining the Quality and Efficiency of Care in U S Safety Net Hospitals	50,403	0
7/10/2007	Board Grants	Center for Health Care Strategies, Inc 200 American Metro Boulevard, Suite 119 Hamilton, NJ 08819	20070345	Melanie Bella 7/1/07-6/30/10 The Business Case for Quality, Phase 2	10,000	5,559
4/10/2007	Board Grants	Pittsburgh, University of 139 University Place Pittsburgh, PA 15260	20070353	Howard Degenhoitz 7/1/07-6/30/11 Improving Quality of Life In Nursing Homes Through Use of Structured Resident Interviews		48,419
4/10/2007	Board Grants	Massachusetts Health Quality Partners, Inc 100 Talcott Avenue Watertown, MA 02472	20070379	Melinda Karp 8/1/07-9/30/09 Assessing How Health Plans and Providers Use Publicly Reported Information on Patients' Experiences	44,269	0
4/15/2008	Board Grants	Pittsburgh, University of 139 University Place Pittsburgh, PA 15261	20070403	Nicholas Castle, Ph D 5/1/08-11/30/10 A Web-Based Staffing and Quality Simulation Tool to Improve Nursing Home Care	52,504	0
11/13/2007	Board Grants	California, Regents of the University of 1111 Franklin Street 12th Floor Suite 12113 Oakland, CA 94614	20070413	Alicia Fernandez, M D 7/1/08-9/30/10 Examining the Link Between Diabetes Outcomes and Patient Experiences Within Vulnerable Populations	25,248	0
11/13/2007	Board Grants	Brandeis University 415 South Street Waltham, MA 02454	20070467	Deborah Gurewicz, Ph D. and Donald Shepard, Ph D 12/1/07-11/30/10 High-Performing Community Health Centers What It Takes	61,536	0

7/10/2007	Board Grants	California, Regents of the University of 1111 Franklin Street 12th Floor Suite 12113 Oakland, CA 94615	20070485	Robert Miller 8/1/07-8/31/09 Using Electronic Health Records for Quality Improvement in Community Health Centers	59,758	0
7/10/2007	Board Grants	National Committee for Quality Assurance 1100 13th Street, NW, Suite 1000 Washington, DC 2005	20070496	L Gregory Pawlson, M D , M P H 8/1/07-8/30/10, Pursuing Efficiency: Assessing Health Plan Characteristics and Practices That Affect Performance	99,998	0
7/10/2007	Board Grants	Harvard College, President and Fellows of 17 Quincy Street, Massachusetts Hall Cambridge, MA 02150	20070520	Joan Reede 7/1/08-8/30/09 The Commonwealth Fund/Harvard University Fellowship in Minority Health Policy Support for Program Direction and Fellowships, 2008-09		100,000
7/10/2007	Board Grants	AcademyHealth 1150 17th Street NW, Suite 600 Washington, DC 20036	20070531	W David Helms, Ph D 8/1/07-7/31/08 Commission on a High Performance Health System Program Direction	2,554	38,257
7/10/2007	Board Grants	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	7,500	38,238
7/23/2007	Small Grants	Brandeis University 415 South Street Waltham, MA 02454	20070617	Jon Chilingirian 8/1/07-10/31/08 Examining Cardiac Surgery Efficiency Using Data Envelopment Analysis		0
4/15/2008	Board Grants	Pennsylvania Health Law Project 801 Arch St Ste 610a Philadelphia, PA 19107	20070678	Ann Bacharach, 5/1/08-10/31/09 Spreading and Sustaining Developmental Screening in Pennsylvania		0
11/13/2007	Board Grants	Chicago, University of 970 East 58th Street Chicago, IL 60637	20070718	James Heckman, Ph D 7/1/08-8/30/10 Cost-Benefit Analyses of Early Childhood Health Care Interventions	19,995	0
11/13/2007	Board Grants	Connecticut, University of 353 Mansfield Road Box U-48 Storrs, CT 06269	20070718	Judith Frfield, Ph D 12/1/07-9/30/11 Evaluating a Medical Home Demonstration in Two Health Plans	137,698	45,899
11/13/2007	Board Grants	California, Regents of the University of 1111 Franklin Street 12th Floor Suite 12113 Oakland, CA 94618	20070781	Stephen Shortell, Ph D 1/1/08-9/30/09 Understanding Why Some Physician Organizations Excel at Chronic Disease Management		92,989
11/13/2007	Board Grants	California, Regents of the University of 1111 Franklin Street 12th Floor Suite 12113 Oakland, CA 94617	20070789	James Kahn, M D 12/1/07-5/31/10 Assessing the Impact of Personal Health Records on Underserved Patients with Chronic Illness	59,682	0
11/13/2007	Board Grants	Pittsburgh, University of 139 University Place Pittsburgh, PA 15262	20070774	Howard Degenholtz, Ph D. 1/1/08-12/31/10 Availability and Use of Health Information Technology in Nursing Homes	49,970	0
11/13/2007	Board Grants	Pennsylvania, Trustees of the University of 3400 Spruce Street Philadelphia, PA 19106	20070777	Lorin Hitt, Ph D 1/1/08-10/31/11 The Business Case for Health Information Technology in Nursing Homes		24,850
11/13/2007	Board Grants	Harvard College, President and Fellows of 17 Quincy Street, Massachusetts Hall Cambridge, MA 02152	20070779	Sachin Jain 1/1/08-12/31/11 ImproveHealthCare. Promoting Health Systems Literacy		25,730
11/13/2007	Board Grants	George Washington University Department of Health Services Management and Policy 2021 K Street NW, Suite 800 Washington, DC 20008	20070780	Brian Biles, M.D., M P H 1/1/08-7/31/10 Medicare Advantage Private Plans Assessing the Value for Elderly and Disabled Beneficiaries	47,478	0
4/15/2008	Board Grants	National Public Health and Hospital Institute 1301 Pennsylvania Avenue, N W , Suite 950 Washington, DC 20004	20080031	Linda Cummings, Ph D. 8/1/08-4/30/10 Safety Net Hospitals and Emergency Department Throughput Best Practices from High Performers	44,948	0
4/15/2008	Board Grants	Joint Commission, The One Renaissance Boulevard Oakbrook Terrace, IL 60181	20080055	Paul Schyve, M D 8/1/08-5/31/10 Developing Hospital Standards to Advance Culturally Competent Patient-Centered Care	89,450	0

4/15/2008	Board Grants	Qualia Health 10700 Meridian Ave N, Suite 100 P O Box 33400 Seattle, WA 98133	20080086	Jonathan Sugaman, M D , M P H 5/1/08-12/31/10. Transforming Safety- Net Clinics into Patient-Centered Medical Homes, Phase 1	21,008	608
4/15/2008	Board Grants	Boston Medical Center Corporation 818 Harrison Ave Roxbury, MA 02118	20080113	Laura Sices, M D , M S 7/15/08- 12/31/11 Communicating with Parents About Developmental Screening in Primary Care		23,385
7/15/2008	Board Grants	Brigham and Women's Hospital Inc 75 Francis Street Boston, MA 02115	20080114	Niteesh Choudhry, M D , Ph D 8/1/08- 10/31/10. Assessing the Impact of Lower Prescription Drug Cost-Sharing on Medication Adherence, Clinical Outcomes and Health Care Costs	31,368	0
4/15/2008	Board Grants	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	0
4/15/2008	Board Grants	Harvard College, President and Fellows of 17 Quincy Street, Massachusetts Hall Cambridge, MA 02154	20080127	Arnold Epstein, M D 4/1/08-2/28/10. Analyzing the Interrelationship of Patient Experience, Quality and Cost of Hospital Care, Phase 3	42,039	0
4/15/2008	Board Grants	Harvard College, President and Fellows of 17 Quincy Street, Massachusetts Hall Cambridge, MA 02155	20080138	Meredith Rosenthal, Ph D 5/1/08- 1/31/12 Building Patient-Centered Medical Homes An Evaluation of a Multipayer Demonstration in Rhode Island		91,640
7/15/2008	Board Grants	North Carolina Foundation for Advanced Health Programs, Inc P O. Box 10245 Raleigh, NC 27805	20080138	Torlen Wade, M P H 8/1/08-5/31/11 Diffusing the Community Care of North Carolina Model to Bring Medical Homes to Medicaid Beneficiaries	49,404	7,962
4/15/2008	Board Grants	Illinois Chapter of American Academy of Pediatrics 1358 W Randolph, Suite 2 East Chicago, IL 60607	20080148	Scott Allen, M S. 7/1/08-12/31/11 Overcoming Barriers to Referral and Care Coordination for Children Eligible for Early Intervention Services		52,438
4/15/2008	Board Grants	Kaiser Foundation Health Plan of Colorado 10350 E Dakota Avenue Denver, CO 80247	20080150	Ame 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	19,879	0
4/15/2008	Board Grants	Harris Interactive, Inc 60 Corporate Woods Rochester, NY 14623	20080154	Jordon Peugh, M.A. 7/1/08-8/30/09 Assessing Community Health Centers' Capacity to Serve as Medical Homes		21,871
4/15/2008	Board Grants	Iowa, University of 101 Jessup Hall Iowa City, IA 52242	20080155	Thomas E. Vaughn, Ph D , M H S.A 5/1/08-4/30/11 Improving Hospital Quality Through Leadership Assessment and Intervention		58,939
4/22/2008	Small Grants	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
4/15/2008	Board Grants	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	10,100	0
4/15/2008	Board Grants	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 Groi, 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	76,530	0

7/15/2008	Board Grants	President and Fellows of Harvard College 17 Quincy Street, Massachusetts Hall Cambridge, MA 02138	20080281	Sara Singer, Ph D , M B.A. and Nancy Morgan Kane, D B.A., M B.A. 9/1/08-12/31/10 Learning from High-Performing Safety-Net Hospitals Identifying Governance and Management Practices That Make a Difference	55,399	0
7/15/2008	Board Grants	Health Research and Educational Trust One North Franklin Street, Suite 2800 Chicago, IL 60606	20080278	Megan McHugh, Ph D 9/1/08-7/31/10 Analyzing Medicare's Payment Policy for Hospital-Acquired Conditions and Its Impact on Safety-Net Hospitals	24,968	0
7/15/2008	Board Grants	University of Maryland, Baltimore Department of Sociology 1000 Hilltop Circle Baltimore, MD 21250	20080308	Bruce Stuart, Ph D 8/1/08-8/30/10 Achieving Maximum Value from Prescription Drug Coverage of Chronically Ill Medicare Beneficiaries		253,844
7/15/2008	Board Grants	Children's Hospital of Philadelphia Joseph Stokes, Jr Research Institute 3615 Civic Center Boulevard Philadelphia, PA 19104-4318	20080320	Susmita Pat, M D , M P H 8/1/08-7/31/10 Tailoring Pediatric Preventive Care to Individual Needs, Phase 2: Validating a New Instrument		0
7/15/2008	Board Grants	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	28,160	11,064
7/15/2008	Board Grants	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	16,357	0
7/15/2008	Board Grants	University of Utah Social Work Building Salt Lake City, UT 84112	20080342	Chuck Norlin, M D. 7/15/08-2/28/10. Observing the Content of Care During Well-Child Visits		0
7/15/2008	Board Grants	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	0
7/15/2008	Board Grants	LeadingAge, Inc 2519 Connecticut Avenue NW Washington, DC 20008-1520	20080355	William Minnix, Jr, D Min 8/1/08-10/31/11. Advancing Excellence in America's Nursing Homes: Using Coalitions to Accelerate Progress, Phase 2	1,675	32,983
7/15/2008	Board Grants	University of Chicago 5801 South Ellis Avenue Chicago, IL 60637	20080366	Marshall Chin, M D , M P H 8/1/08-11/30/11. Evaluation of The Commonwealth Fund's Medical Home Safety-Net Initiative, Phase I		89,838
6/23/2008	Small Grants	Society of General Internal Medicine 2501 M Street NW, Suite 575 Washington, DC 20037	20080371	Bruce Landon, M D , M B.A. 7/1/08-6/30/09 Establishing A Policy Relevant Research Agenda For The Patient-Centered Medical Home: A Multi-Disciplinary Approach	7,500	0
7/15/2008	Board Grants	President and Fellows of Harvard College 17 Quincy Street, Massachusetts Hall Cambridge, MA 02138	20080381	Joan Reede, M D , M P H , M S. 7/1/09-6/30/12 The Commonwealth Fund/Harvard University Fellowship in Minority Health Policy Support for Program Direction and Fellowships, 2009-10		100,000
7/15/2008	Board Grants	Regents of the University of California 1111 Franklin Street, 12th Floor Oakland, CA 94607-5200	20080386	Diane Rittenhouse, M D , M P H 8/1/08-8/30/11 Assessing a New System of Primary Care in Greater New Orleans	122,564	163,417
7/15/2008	Board Grants	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	25,883	18,357
6/23/2008	Small Grants	American College of Health Care Administrators 12100 Sunset Hills Road, Suite 130 Reston, VA 20190	20080393	Marianna Gracheck, M S N 7/1/08-5/31/10 Achieving Staff Stability and Improving Performance A Nursing Home Leaders Guide	7,000	0
7/15/2008	Board Grants	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		4,073

11/11/2008	Board Grants	Brigham and Women's Hospital Inc 75 Francis Street Boston, MA 02115	20080445	David Bates, M D , M Sc 1/1/09-8/30/10 Evaluating a Medical Home Plan Coupled with Innovative Payment Reform for Primary Care, Phase 1		93,439
11/11/2008	Board Grants	Medical College of Wisconsin 8701 Watertown Plank Road Milwaukee, WI 53228-0509	20080487	Geoffrey Lamb, M D 1/1/09-1/31/11 Evaluating the Impact of Public Reporting on Quality of Care in Wisconsin		59,889
11/11/2008	Board Grants	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	30,000
11/11/2008	Board Grants	Group Health Cooperative 1730 Minor Ave Suite 1600 Seattle, WA 98101	20080479	David Arterburn, M D , M P H 4/1/09-3/31/12 Assessing the Impact of Patient Decision Aids on Health Care Utilization and the Costs of Care		83,929
11/11/2008	Board Grants	Center for Health Care Strategies, Inc. 200 American Metro Boulevard, Suite 119 Hamilton, NJ 08619	20090034	Melanie Bella, M.B.A. 12/1/08-12/31/10 Promoting Integrated Delivery Systems for Medicare's Most Vulnerable Beneficiaries	45,157	0
11/11/2008	Board Grants	Brigham and Women's Hospital Inc 75 Francis Street Boston, MA 02115	20090035	Douglas Johnston, M.T.S. 10/19/09-4/15/10 Assessing the Value of Meaningful Use of Electronic Prescribing Systems	40,128	0
11/11/2008	Board Grants	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 1/1/09-4/30/10. Identifying Payment and Financing Options to Promote High Performance Community Health Centers	30,480	0
11/11/2008	Board Grants	President and Fellows of Harvard College 17 Quincy Street, Massachusetts Hall Cambridge, MA 02138	20090056	Meredith Rosenthal, Ph D 1/1/09-8/30/12. Evaluating a Medical Home Demonstration in Colorado and Ohio	140,744	45,718
11/11/2008	Board Grants	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	10	18,225
11/11/2008	Board Grants	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	0
11/11/2008	Board Grants	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		28,096
11/11/2008	Board Grants	University of Vermont 85 South Prospect Street, Room 222 Burlington, VT 05405	20090085	Judith Shaw, Ed D., M P H , R N 4/1/09-2/28/11 Sustaining and Spreading Child Health Quality Improvement Partnerships to Promote Child Development Screening and Surveillance, Phase 3	30,043	0
11/11/2008	Board Grants	National Committee for Quality Assurance 1100 13th Street NW, Suite 1000 Washington, DC 2005	20090086	Sarah Hudson Scholle, Dr P H , M P H 1/1/09-10/31/10 Developing New Measures of the Quality of Well-Child Care, Phase 2	44,690	0
11/11/2008	Board Grants	Urban Institute 2100 M Street NW Washington, DC 20037	20090093	Stephen Zuckerman, Ph D 3/1/09-7/31/10. Improving Medicare's Performance Through Reform of Its Benefit Structure and Provider Payment System	124,041	768
11/11/2008	Board Grants	Pear Tree Communications, Inc	20090097	Martha Hostetter, M.F.A 1/1/09-12/31/09 WhyNotTheBest.org: A Web Resource for Quality Improvement	6,566	0

11/11/2008	Board Grants	Issues Research, Inc	20090098	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	3,793	0
4/14/2009	Board Grants	Center for Health Policy Development National Academy for State Health Policy 10 Free Street, 2nd Floor Portland, ME 04101	20090112	Neva Kaye 5/1/09-7/31/11 State Consortium to Advance Medical Homes for Medicaid and Children's Health Insurance Program Beneficiaries		27,879
11/11/2008	Board Grants	Trustees of Columbia University in the City of New York 630 West 168th Street New York, NY 10027	20090137	Sherry Giled, Ph D 12/1/08-5/31/10 Contributing to Health Care Reform Analysis and Technical Assistance	24,196	0
12/19/2008	Small Grants	Medical University of South Carolina 135 Cannon Street, Suite 302K PO Box 250835 Charleston, SC 29425	20090182	William Pittard, M D , Ph D , M P H 1/1/09-2/28/11 Infant Well-Child Care Association with Readiness for First Grade Learning by Low-Income Children	3,970	0
1/22/2009	Small Grants	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	1,818	0
1/20/2009	Small Grants	San Francisco Department of Public Health Aids Office 25 Van Ness Ste 500 San Francisco, CA 94102-6033	20090200	Tangerine Brigham, M P P 3/1/09-9/30/10. Healthy San Francisco Program Evaluation	10,000	0
4/14/2009	Board Grants	Tufts Medical Center, Inc 750 Washington Street Boston, MA 02111	20090203	Peter Neumann, Sc D 8/1/09-11/30/10. Using Cost-Effectiveness Research to Improve Value in the Medicare Program	36,738	0
2/17/2009	Small Grants	Research Foundation of the City University of New York 230 West 41st Street, 7th Floor New York, NY 10036	20090238	Dana Weinberg, Ph D 3/1/09-7/31/10 Evaluating the Relationships Between Team Coordination and Quality of Care and Patient Outcomes	10,000	0
4/17/2009	Small Grants	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	4,848	0
12/2/2008	Small Grants	Bundesgeschäftsstelle Qualitätssicherung gGmbH Kanzlerstraße 4 Düsseldorf 40472 Germany	20090275	Christof Veit, M D. 1/1/09-12/31/09 Planning Grant for The Commonwealth Fund Initiative for Second Generation International Benchmarking in Health Care		10,720
4/14/2009	Board Grants	Princeton Survey Research Associates International 911 Commons Way Princeton, NJ 08540	20090287	Mary McIntosh, Ph D 5/1/09-12/31/10 The Commonwealth Fund 2009 Biennial Health Insurance Survey	185,270	0
5/12/2009	Small Grants	New York University 70 Washington Square South New York, NY 10012	20090293	Mathy Mezey, Ed D , R N 7/1/09-12/31/11. Nursing Homes as Clinical Training Sites Recommendations to the Field		8,000
4/14/2009	Board Grants	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	100,000	54,000
4/14/2009	Board Grants	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	210,000	0
4/14/2009	Board Grants	Health Management Associates, Inc 120 North Washington Square, Suite 705 Lansing, MI 48933	20090322	Sharon Slow-Carroll, M S W , M B A 5/1/09-3/31/11 Case Studies of Innovation and High Performance for WhyNotTheBest.org	276,940	0
4/14/2009	Board Grants	Qualis Health 10700 Meridian Ave N, Suite 100 P O Box 33400 Seattle, WA 98133	20090344	Jonathan Sugaman, M D , M P H 5/1/09-4/30/10 Transforming Safety-Net Clinics into Patient-Centered Medical Homes, Year 2		248,679

4/14/2009	Board Grants	Brigham and Women's Hospital Inc 75 Francis Street Boston, MA 02115	20090363	David Bates, M D , M Sc. 11/1/09-7/31/11 Evaluating the Impact of Computerized Physician Order Entry Systems on the Quality, Safety and Cost of Care in Massachusetts Community Hospitals	125,000	48,856
4/14/2009	Board Grants	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		0
4/14/2009	Board Grants	AcademyHealth 1150 17th Street NW, Suite 600 Washington, DC 20036	20090378	Enrique Martinez-Vidal, M P P 5/1/09-12/31/10 The State Quality Institute Advancing Health Care Quality Improvement through Technical Assistance, Phase 2	224,340	0
4/14/2009	Board Grants	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	66,447	63,582
4/14/2009	Board Grants	Urban Institute 2100 M Street NW Washington, DC 20037	20090381	Bradford Gray, Ph D 4/15/09-12/31/10 Enhancing the International Program's Communications and Publications Capacity	18,914	0
4/14/2009	Board Grants	Massachusetts Senior Care Foundation 2310 Washington Street, Suite 300 Newton Lower Falls, MA 02462	20090388	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		0
1/22/2009	Small Grants	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	0
2/17/2009	Small Grants	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
3/4/2009	Small Grants	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
4/14/2009	Board Grants	Group Health Cooperative 1730 Minor Ave Suite 1600 Seattle, WA 98101	20090425	Edward Wagner, M D , M P H 7/1/09-10/31/11 Achieving Best Practices for Patient Referral	100,000	50,688
4/14/2009	Board Grants	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
4/14/2009	Board Grants	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	15,249	9,376
10/26/2009	Board Grants	Dobson DaVanzo & Associates, LLC 440 Maple Avenue East, Suite 203 Vienna, VA 22180	20090497	Allen Dobson, Ph D. 11/1/09-9/30/11 Determining the Impact of Alternative Payment Levels for Hospital Patients Who Are Currently Uninsured		8,415
10/26/2009	Board Grants	Center for Studying Health System Change 800 Maryland Avenue SW, Suite 550 Washington, DC 20024-5216	20090500	James D Reschovsky, Ph D. 11/1/09-10/31/11 Modeling Medicare Payment Rate Updates on Area-Specific Medicare Costs	55,000	22,029
7/14/2009	Board Grants	National Committee for Quality Assurance 1100 13th Street NW, Suite 1000 Washington, DC 20005	20090502	Sarah Hudson Scholle, Dr P H 8/1/09-9/30/11 Using Patient Feedback in the Certification of Primary Care Practices as Medical Homes		59,601
4/17/2009	Small Grants	Friends of the National Library of Medicine 2801 M Street NW Washington, DC 20007	20090522	E Andrew Balas, M D , Ph D 5/1/09-3/31/10 Personal Electronic Health Records to Transform Health Care. A National Conference		0

4/17/2009	Small Grants	The Brookings Institution 1775 Massachusetts Avenue NW Washington, DC 20038-2188	20090556	Aaron McKethan, Ph D 5/1/09-2/28/10 Medicare and Accountability-Based Payment Reform. Learning From Development and Implementation of the Medicare Health Care Quality Demonstration	10,000	0
7/14/2009	Board Grants	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	33,721	8,564
7/14/2009	Board Grants	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	56,762	22,952
7/14/2009	Board Grants	President and Fellows of Harvard College 17 Quincy Street, Massachusetts Hall Cambridge, MA 02138	20090560	Joan Reeds, 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 Direction and Fellowships, 2010-11	100,000	50,000
7/14/2009	Board Grants	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	170,000	64,289
7/14/2009	Board Grants	Harris Interactive, Inc 80 Corporate Woods Rochester, NY 14623	20090563	Roz Pierson, Ph D 8/1/09-11/31/10 International Health Policy Survey, 2010	157,800	0
7/14/2009	Board Grants	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	81,000	31,185
7/14/2009	Board Grants	Pioneer Network in Culture Change 1900 South Clinton Avenue P O Box 18648 Rochester, New York 14618	20090566	Bonnie Kantor, Sc D., M.A 8/1/09- 7/31/10 The Pioneer Network: Advancing Culture Change in Nursing Homes, Year 5	25,470	0
7/14/2009	Board Grants	Pennsylvania State University University Park, PA 16802	20090575	Dennis Scanlon, Ph D 8/1/09- 11/30/11 Evaluating the State Action to Avoid Rehospitalizations Initiative, Phase 1	450,000	73,843
7/14/2009	Board Grants	Regents of the University of California 1111 Franklin Street, 12th Floor Oakland, CA 94607-5200	20090577	Robert H Miller, Ph D 9/1/09-6/15/11 Assessing Models for Health Information Technology Regional Extension Centers	104,000	26,756
4/16/2009	Small Grants	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	10,000	0
4/17/2009	Small Grants	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	6,500	4,500
4/17/2009	Small Grants	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
4/17/2009	Small Grants	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		5,478
7/14/2009	Board Grants	Bumess Communications 7910 Woodmont Avenue, Suite 700 Bethesda, MD 20814-3015	20090589	Bethanne Fox 7/1/09-8/30/10 Enhancing The Commonwealth Fund's Capacity to Reach Change Agents and Inform Public Discourse	73,697	0

8/17/2009	Small Grants	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	9,999	0
5/14/2009	Small Grants	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		3,192
7/14/2009	Board Grants	Academic Pediatric Association 8728 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	20,208
7/14/2009	Board Grants	National Committee for Quality Assurance 1100 13th Street NW, Suite 1000 Washington, DC 20005	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	28,649	0
5/12/2009	Small Grants	The Commonwealth Fund 1 East 75th Street New York, NY 10021	20090609	Robin Osborn 8/1/09-5/31/10 Canada-U S Forum on Innovations in Primary Care Policy and Delivery Systems		10,854
6/27/2009	Small Grants	Center for Health Care Strategies, Inc. 200 American Metro Boulevard, Suite 119 Hamilton, NJ 08619	20090611	Kamala D Allen, M H S 7/1/09-6/30/11 A Multi-State Analysis of Medicaid-Financed Services for Children with Complex Needs		5,309
6/27/2009	Small Grants	Stanford University Stanford, CA 94305-2130	20090618	David Bergman. 8/1/09-4/30/10 Application of Dissemination and Implementation Science to the Spread of Evidence-Based Practice: A Conference Proposal		10,000
7/14/2009	Board Grants	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	9,000	0
7/14/2009	Board Grants	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	7,493	0
7/14/2009	Board Grants	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	37,038	0
6/27/2009	Small Grants	Pacific Business Group on Health 221 Main Street, Suite 1500 San Francisco, CA 94105	20090687	Ted von Glahn 7/1/09-12/31/09 Impact of Pay for Performance Incentives on Patient Experience Performance		3,600
7/17/2009	Small Grants	Vermont State Legislature	20090689	James Hester, Jr., Ph D 7/15/09-9/30/10 Financial Modeling for Vermont's Accountable Care Organization Pilot	8,754	0
6/27/2009	Small Grants	University of Texas Health Science Center 7703 Floyd Curl Drive (MSC 7791) San Antonio, TX 78229-3900	20090673	Carlos Jaen, M D , Ph D 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	4,802	0
6/27/2009	Small Grants	George Mason University 4400 University Drive Fairfax, VA 22030	20090674	Robin Rensburg 7/1/09-12/31/11 Spreading the Word Documenting and Disseminating the Lessons and Successes of Advancing Excellence		7,002
6/27/2009	Small Grants	Johns Hopkins University Office of the President 242 Garfield 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		5,200

11/10/2009	Board Grants	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	59,535
7/13/2009	Small Grants	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	20,000	0
7/13/2009	Small Grants	Long Term Care Community Coalition 242 West 30th Street, Suite 306 New York, NY 10001	20100006	Richard Mollot, J D 9/1/09-10/31/10 Increasing Consumer Involvement In and Changing State CMP Funding Practices: Technical Assistance to Two States	6,661	0
9/16/2009	Small Grants	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	1,014	10,854
7/13/2009	Small Grants	McGill University Health Centre Research Institute Room 536, James Administration Building, 845 Sherbrooke Street West Montreal, Quebec HTA 2T5 Canada	20100011	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	6,260	0
11/10/2009	Board Grants	University of Oregon Office of Research and Administration 5219 University of Oregon Eugene, OR 97403-5219	20100044	Judith Hibbard, Dr P H 1/1/10-9/15/11 Assessing the Role of Patient Self-Management in improving Health Care Delivery	140,000	32,914
11/10/2009	Board Grants	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	33,910	0
11/10/2009	Board Grants	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	69,183
11/10/2009	Board Grants	Trustees of Dartmouth College 11 Rope Ferry Road, #8210 Hanover, NH 03755	20100059	Elliott Fisher, M.D., M P H 11/15/09-12/31/10 Developing and Piloting Standardized Measures to Assess the Performance of Accountable Care Organizations, Phase 1	69,257	0
11/10/2009	Board Grants	Issues Research, Inc P O Box 220 Durango, CO 81302	20100060	Douglas McCarthy, M B A 1/1/10-3/31/11 Research and Technical Assistance in Support of a High Performance Health System, Year 4	157,475	1,045
11/10/2009	Board Grants	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	91,622	0
11/10/2009	Board Grants	Harris Interactive, Inc 80 Corporate Woods Rochester, NY 14623	20100064	Roz Pierson, Ph D 1/1/10-12/31/10. Health Care Opinion Leaders Survey, Year 5	40,200	0
9/16/2009	Small Grants	Center for Health Care Strategies, Inc 200 American Metro Boulevard, Suite 119 Hamilton, NJ 08619	20100068	Nikki Highsmith, M P A 10/1/09-6/30/10 Advancing Primary Care Transformation in Medicaid	9,713	0
11/10/2009	Board Grants	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	2,537	7,603

11/10/2009	Board Grants	Center for Studying Health System Change 600 Maryland Avenue SW, Suite 550 Washington, DC 20024-5218	20100070	Emily Carner, M D , M Sc 2/1/10-9/30/11 Using Care Coordination Agreements in Primary Care	71,959	35,979
11/10/2009	Board Grants	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	650,000	850,000
11/10/2009	Board Grants	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		16,000
11/10/2009	Board Grants	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	62,043	13,567
11/10/2009	Board Grants	LeadingAge, Inc. 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	97,969
9/18/2009	Small Grants	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		4,733
11/10/2009	Board Grants	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	29,850
11/10/2009	Board Grants	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	279,000	0
9/26/2009	Small Grants	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		10,000
11/10/2009	Board Grants	Trustees of Columbia University in the City of New York 630 West 168th Street New York, NY 10027	20100119	Bhaven Sampat, Ph D 12/1/09-8/31/11. Contributing to Health Care Reform Analysis of National Data Sets		7,820
9/18/2009	Board Grants	Florida Atlantic University 777 Glades Road Boca Raton, FL 33431	20100120	Joseph Ouslander, M D 8/1/09-12/31/10 Reducing Avoidable Hospitalizations of Nursing Home Residents Refinement and Evaluation of a Toolkit for Nursing Home Health Professionals	90,523	0
4/13/2010	Board Grants	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		195,912
10/1/2009	Board Grants	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	20,000	0
10/1/2009	Board Grants	Arkansas Department of Human Services 700 Main Street Little Rock, AR 72201	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	28,157	0
10/1/2009	Board Grants	Illinois Department of Healthcare and Family Services 201 South Grand Avenue East Springfield, IL 62763-0002	20100158	Deborah Saunders, M S W 10/15/09-10/14/10. Illinois Healthy Beginnings II. Coordinating Medical Homes and Community Services		0

10/1/2009	Board Grants	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			0
10/1/2009	Board Grants	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	20,000		0
12/1/2009	Small Grants	Scientific Institute for Quality of Healthcare Raboud University Nijmegen Medical Centre P O Box 9101 114 Nijmegen 6500 HB The Netherlands	20100179	Richard Grof, Ph D 12/1/09-12/31/10 Expansion of 2010 Commonwealth Fund International Health Policy Survey to Include the Netherlands	4,222		0
5/22/2010	Small Grants	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	42,781		0
12/1/2009	Small Grants	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	4,000		0
4/13/2010	Board Grants	Institute for Safe Medication Practices 200 Lakeside Drive, Suite 200 Horsham, PA 19044	20100261	Allen Vaida, Pham D 5/1/10-2/28/11. Assessing the State of Safe Medication Practices in U S Hospitals: A Five-Year Follow-Up Survey	80,000		35,074
12/17/2009	Small Grants	AcademyHealth 1150 17th Street NW, Suite 600 Washington, DC 20036	20100262	Ennque 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	5,000		0
7/13/2010	Board Grants	AARP Foundation 601 E Street NW Washington, DC 20049	20100273	Susan Reinhard, R N , Ph D 8/1/10-9/30/11 Producing a State Long-Term Care Scorecard, Phase 2	284,000		65,504
4/13/2010	Board Grants	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			103,631
4/13/2010	Board Grants	Visiting Nurse Service of New York 1675 Broadway, 18th Floor New York, NY 10019	20100275	Penny Hollander Feldman, Ph D 8/1/10-11/30/11 Using the Care Transitions Measure in Home Care Settings to Improve Outcomes and Reduce Hospital Readmissions	176,000		62,107
12/17/2009	Small Grants	Issues Research, Inc P.O Box 220 Durango, CO 81302	20100276	Douglas McCarthy, M B.A. and Debbie Chase, M P.A. 1/1/10-12/31/10 Analysis of Rhode Island Quality Institute Model	3,170		0
1/20/2010	Small Grants	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	9,785		0
4/13/2010	Board Grants	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	63,846		0
12/17/2009	Small Grants	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	10,000		0
12/17/2009	Small Grants	Center for Excellence in Health Care Journalism 10 Neff Hall Columbia, MO 65211	20100287	Len Bruzese 3/15/10-12/14/10 Support for the Association of Health Care Journalists' Annual Conference and Rural Health Journalism Workshop	5,000		0
4/13/2010	Board Grants	AcademyHealth 1150 17th Street NW, Suite 600 Washington, DC 20036	20100291	W David Helms, Ph D 7/1/10-8/30/11 Rent and Services			15,119

4/13/2010	Board Grants	Center for Studying Health System Change	20100295	Ann O'Malley, M D , M P H 8/1/10-11/30/11 Examining Effective Practices and Policies for Facilitating After-Hours Care	65,588	32,794
4/13/2010	Board Grants	Qualis Health 10700 Meridian Avenue N, Suite 100 Seattle, WA 98133	20100296	Jonathan Sugarmen, M D , M P H 5/1/10-4/30/11 Transforming Safety-Net Clinics into Patient-Centered Medical Homes, Year 3	1,199,972	299,993
4/13/2010	Board Grants	The George Washington University 44983 Knoll Square 251 Ashburn, VA 20147	20100307	Leighton Ku, Ph D 5/1/10-9/30/11 Promoting High Performance Safety-Net Health Systems. Learning from Existing Models	121,500	42,949
4/13/2010	Board Grants	Center for Health Policy Development National Academy for State Health Policy 10 Free Street, 2nd Floor Portland, ME 04101	20100308	Neva Kaye 8/1/10-5/31/11 ABCD III. Improving Care Coordination, Case Management and Linkages to Support Healthy Child Development, Year 2	177,819	45,555
1/20/2010	Small Grants	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	8,750	6,575
4/13/2010	Board Grants	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 8/1/10-7/31/11 Opportunities to Improve Cost Performance: A State Resource Center	125,500	20,534
4/13/2010	Board Grants	RAND Corporation 1778 Main Street P O Box 2138 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	63,071	292,511
4/13/2010	Board Grants	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		0
4/13/2010	Board Grants	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	0
7/13/2010	Board Grants	Parkland Health & Hospital System 5201 Harry Hines Boulevard Dallas, TX 75235	20100323	Ruben Amarasingham, M.D , M B.A. 8/15/10-8/14/12 Developing a Clinical Decision Support Tool to Prospectively Identify Patients at High Risk for Hospital Readmission	158,414	237,823
4/13/2010	Board Grants	Regents of the University of Michigan ... Ann Arbor, MI	20100329	Chnsty Lemak, Ph.D 5/1/10-10/31/12 Evaluating Blue Cross Blue Shield of Michigan's Physician Group Incentive Program	182,640	223,228
6/30/2010	Small Grants	National Senior Citizens Law Center 1444 Eye Street NW, Suite 1100 Washington, DC 20005	20100332	Eric Carlson, J.D. 8/1/10-4/30/11 Medicaid Assisted Living Study A Communications Plan	20,000	0
4/13/2010	Board Grants	Pennsylvania State University University Park, PA 16802	20100333	Madhu Reddy, Ph D 8/15/10-2/14/12 Diffusing Health Information Technology in Rural Areas Through Hospital-to-Hospital Partnerships	100,000	140,754
4/13/2010	Board Grants	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	142,000	207,996
4/13/2010	Board Grants	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	238,000	60,093
4/13/2010	Board Grants	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	213,265	44,528
3/25/2010	Small Grants	Beth Israel Deaconess Medical Center, Inc 330 Brookline Avenue Boston, MA 02215	20100345	Lachlan Forrow, 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		4,850

4/13/2010	Board Grants	Center for Excellence in Health Care Journalism 10 Neff Hall Columbia, MO 65211	20100352	Len Bruzzese 5/1/10-4/30/12 Association of Health Care Journalists Media Fellowships in Health System Performance	170,694	29,306
2/24/2010	Small Grants	Institute for Healthcare Improvement 20 University Road, 7th Floor Cambridge, MA 02138	20100353	Marie Schall, M.A. 3/1/10-8/30/10. A Conference to Advance the State of the Science and Practice on Scale-up and Spread of Effective Health Programs	11,087	0
4/30/2010	Small Grants	Texas Health Institute 8501 N MoPac Expressway, Suite 300 Austin, TX 78759	20100354	Dennis Andrus, Ph D , M P H 5/1/10- 4/31/11 Seventh National Conference on Quality Health Care for Culturally Diverse Populations		3,000
4/8/2010	Small Grants	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	5,903	0
4/13/2010	Board Grants	Washington and Lee University 204 West Main Street Lexington, VA 24450	20100360	Timothy Jost, J D 8/1/10-8/30/13. Implementing Health Insurance Exchanges: What Are the Keys to Success?	60,000	119,539
4/13/2010	Board Grants	University of Kansas Center for Research, Inc. Youngberg Hall, 2385 Irving Hill Road Lawrence, KS 68045	20100361	Jean Hall, Ph D 5/1/10-8/30/11 Evaluating High-Risk Pools as a Health Insurance Option for People with Preexisting Conditions	40,000	19,704
4/13/2010	Board Grants	AcademyHealth 1150 17th Street NW, Suite 600 Washington, DC 20036	20100365	W David Helms, Ph D 1/1/10- 12/31/10 General Support	3,000	0
4/13/2010	Board Grants	Urban Institute 2100 M Street NW Washington, DC 20037	20100378	Bradford Gray, Ph D 8/15/10-8/30/11 Enhancing the International Program's Communications and Publications Capacity, Year 2	30,000	20,000
4/13/2010	Board Grants	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	347,378	0
3/25/2010	Small Grants	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	14,992	0
4/13/2010	Board Grants	Institute for Healthcare Improvement 20 University Road, 7th Floor Cambridge, MA 02138	20100391	Don Goldmann, M D 7/1/10-8/30/11 Support for a Research Unit to Update the Health System Scorecards and Analyze Local Variations in Performance	3,281	259,593
4/13/2010	Board Grants	Pennsylvania State University University Park, PA 16802	20100392	Pamela Farley Short, Ph D 8/1/10- 11/30/11 Analyzing Policy Options for Improving the Stability of Health Insurance Coverage	280,000	73,822
6/25/2010	Small Grants	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	12,000	3,000
4/8/2010	Small Grants	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	9,888	0
4/8/2010	Small Grants	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		2,863
3/25/2010	Small Grants	Trustees of Columbia University in the City of New York 630 West 188th Street New York, NY 10027	20100435	Louisa Daniels Keamey 4/1/10- 8/30/10 2010 Educational Insert in Columbia Journalism Review	5,600	0

10/5/2010	Small Grants	Regents of the University of California 11 Shields Avenue Davis, CA 95616	20100443	Kevin Grumbach, M D., and Thomas Bodenheimer, M D 10/1/10-3/31/11 The History, Typology, and Landscape of Extension Service "Practice Coaching"	39,375	0
7/13/2010	Board Grants	The George Washington University 44983 Knoll Square 251 Ashburn, VA 20147	20100444	Sara Rosenbaum, J D 8/1/10-3/31/11 Assessing Legal Barriers to Clinical Integration Experienced by Health Centers and Public and Private Community Hospitals	110,000	27,309
7/13/2010	Board Grants	President and Fellows of Harvard College 17 Quincy Street, Massachusetts Hall Cambridge, MA 02138	20100463	Joan Reede, M D , M P H , M B A 7/1/11-8/30/12 The Commonwealth Fund/Harvard University Fellowship in Minority Health Policy Support for Program Direction and Fellowships, 2011-12	650,000	150,000
7/13/2010	Board Grants	President and Fellows of Harvard College 17 Quincy Street, Massachusetts Hall Cambridge, MA 02138	20100467	Michael Chemew, Ph D 8/1/10-7/31/11 Understanding Geographic Variation in Health Care Costs for Privately Insured Patients and Medicare Beneficiaries	123,500	166,770
7/13/2010	Board Grants	Harris Interactive, Inc 60 Corporate Woods Rochester, NY 14623	20100469	Roz Pierson, Ph D 8/1/10-11/30/11 International Health Policy Survey, 2011	275,000	160,000
4/30/2010	Small Grants	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 8/1/10-3/15/11 Providing Shared Practice Supports in Medicaid	24,000	5,756
6/25/2010	Small Grants	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		0
7/1/2010	Small Grants	Virginia Commonwealth University P O Box 842512 Richmond, VA 23284	20100486	Michael McCue, D B.A. 7/1/10-2/28/11 Financial and Quality Care Assessment of Medicaid Managed Care Plans	48,956	0
4/30/2010	Small Grants	Knowledge Networks, Inc. 440 Park Avenue South, 6th Floor New York, NY 10018	20100494	Jordon Peugh, M.A. 5/1/10-8/1/10 Conducting U.S. General Population Experiment	850	0
7/13/2010	Board Grants	Pioneer Network in Culture Change 1900 South Clinton Avenue P O Box 18648 Rochester, New York 14618	20100496	Bonnie Kantor, Sc D , M.A. 8/1/10-7/31/11 Seizing the Moment: Nursing Home Culture Change and Health Reform	125,000	24,977
7/13/2010	Board Grants	The George Washington University 44983 Knoll Square 251 Ashburn, VA 20147	20100500	Brian Blies, M D , M.P H 7/15/10-1/14/12 Medicare Private Plans in the Era of Health Care Reform	108,000	146,710
7/13/2010	Board Grants	Yale University P O Box 2038 New Haven, CT 06520	20100501	Elizabeth Bradley, Ph D 7/15/10-7/14/12 Identifying Hospital Practices That Help Prevent All-Cause Readmissions for Heart Failure Patients	156,340	234,510
4/30/2010	Small Grants	Brown University Center for Gerontology and Health Care Research 171 Meeting Street, G-B 215M Providence, RI 02912	20100502	Vincent Mor, Ph D 5/1/10-8/30/11 Updating Nursing Home Hospitalization Scorecard Measures and Adding Selected Quality Indicators	11,599	5,084
7/13/2010	Board Grants	Institute for Healthcare Improvement 20 University Road, 7th Floor Cambridge, MA 02138	20100504	Karen Boudreau, M D 7/1/10-8/30/11 The State Action to Avoid Rehospitalizations (STAAR) Initiative, Phase 3	300,000	450,000
6/25/2010	Small Grants	AcademyHealth 1150 17th Street NW, Suite 600 Washington, DC 20036	20100513	W David Helms, Ph D 7/1/10-3/31/11 Developing New Methods for Designing and Evaluating Emerging Demonstration and Pilot Projects Anticipating the Challenges	38,605	9,652

7/13/2010	Board Grants	Alliance for Health Reform 1444 Eye Street, NW, Suite 910 Washington, DC 20005-6573	20100515	Edward Howard, J D 7/15/10-7/14/11 Commonwealth Fund Bipartisan Congressional Retreat, 2011	296,160	42,319
7/13/2010	Board Grants	Alliance for Health Reform 1444 Eye Street, NW, Suite 910 Washington, DC 20005-6573	20100516	Edward Howard, J.D. 7/15/10-7/14/11 Health Policy Seminars, Roundtables, and a Retreat for Congressional and Support Agency Staff, 2010-11	248,833	50,398
6/25/2010	Small Grants	Center for Health Policy Development National Academy for State Health Policy 10 Free Street, 2nd Floor Portland, ME 04101	20100518	Neva Kaye 7/1/10-4/30/11 State Strategies to Use Federally Qualified Health Centers as Community Utilities to Support Medical Homes for Vulnerable Populations	48,594	0
6/25/2010	Small Grants	Planetree, Inc 130 Division Street Derby, CT 06418	20100520	Heidi Gil 8/1/10-1/31/11. Developing Systems to Support Person-Centered Care Optimizing Planetree's Continuing Care Designation Criteria and Measurement Strategies	40,000	9,884
7/13/2010	Board Grants	The Commonwealth Fund 1 East 75th Street New York, NY 10021	20100523	Barry Scholl 7/1/10-6/30/11 Supporting the Fund's Communications and Publishing Capacity to Reach Change Agents and Inform Public Discourse	805,544	179,458
5/22/2010	Small Grants	Massachusetts Department of Public Health 250 Washington Street Boston, MA 02108-4819	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	0
7/13/2010	Board Grants	The Commonwealth Fund 1 East 75th Street New York, NY 10021	20100528	Stu Guterman. 9/1/10-8/31/11. Commonwealth Fund Commission on a High Performance Health System: Meetings	51,738	70,682
5/22/2010	Small Grants	University Hospital of Cologne Schumacher Street 62 Cologne 50937 Germany	20100550	Stephanie Stock, M.D , Ph D. 9/1/10- 8/31/11 Patient-Related Outcomes Survey in German Disease Management Programs	25,000	25,000
6/10/2010	Board Grants	The George Washington University 44983 Knoll Square 251 Ashburn, VA 20147	20100551	Kate Horton, R N , J D., M P H 6/1/10- 10/31/10 Analysis of the Affordable Care Act of 2010	108,159	6,841
7/13/2010	Board Grants	Rockefeller Archive Center 15 Dayton Avenue Sleepy Hollow, NY 10591- 1588	20100552	Lee Hiltzik, Ph D 7/1/10-6/30/11 Transfer and Maintenance of The Commonwealth Fund's Archives, Year 15	88,500	3,500
6/10/2010	Small Grants	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	38,000	10,000
7/13/2010	Board Grants	LeadingAge, Inc 2519 Connecticut Avenue NW Washington, DC 20008-1520	20100554	Carol Benner, M Sc 6/1/10-11/30/11 New Goals, New Partnerships Next Steps for a National Effort to Advance Excellence in Nursing Homes	130,000	24,458
6/25/2010	Small Grants	President and Directors of Georgetown College 2233 Wisconsin Avenue, NW, Suite 525 Washington, DC 20007	20100568	Ryung Suh, M D , M P P , M B.A., M P H 12/1/10-11/30/11. Massachusetts Health Insurance Reform: Promise and Results	65,000	19,943
6/25/2010	Small Grants	RAND Europe Cambridge Limited Westbrook Centre, Milton Road Cambridge CB4 1YG United Kingdom	20100568	Ellen Nolte, Ph D , M P H. 6/25/10- 12/31/10 Updating International Trends in Mortality Amenable, 2007-08	17,020	0
6/25/2010	Small Grants	Center for American Progress 1333 H Street NW, 10th Floor Washington, DC 20005	20100571	Karen Davenport, M P.A 8/15/10- 8/14/11 Strategic Planning and Coordination for Health Reform Implementation	24,000	6,000

6/10/2010	Small Grants	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	40,000	10,000
6/25/2010	Small Grants	Group Health Cooperative 1730 Minor Ave Suite 1600 Seattle, WA 98101	20100574	Edward Wagner, M D , M P H 8/1/10-3/31/11 Identifying Best Practices for Efficient Electronic Consultation Between Primary and Specialty Care Providers	28,567	7,142
6/14/2010	Small Grants	Scientific Institute for Quality of Healthcare Raboud University Nijmegen Medical Centre P O Box 9101 114 Nijmegen 6500 HB The Netherlands	20100575	Richard Grof, Ph D 6/1/10-9/30/10 Dutch Harkness Fellowships Marketing Event at IQ Healthcare Annual Conference	5,000	0
6/30/2010	Small Grants	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	39,800	9,800
6/10/2010	Small Grants	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	37,500	12,027
6/30/2010	Small Grants	Association of Maternal and Child Health Programs 2030 M Street NW, Suite 350 Washington, DC 20036	20100594	Carolyn Mullen 7/15/10-9/30/11 Optimizing Health Care Reform to Advance Shared Resources Among Systems Serving Maternal and Child Health Populations	20,000	5,000
6/25/2010	Small Grants	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	0
6/25/2010	Small Grants	University of North Carolina at Chapel Hill Chapel Hill, NC 27599	20100598	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	40,000	9,487
8/18/2010	Small Grants	CUNY TV Foundation 365 Fifth Avenue, Suite 1400 New York, NY 10018	20100598	Robert Isaacson 9/1/10-8/31/11 "Talking Health" TV Series on CUNY TV	38,400	9,600
6/30/2010	Small Grants	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	45,890	0
7/1/2010	Small Grants	Board of Regents of the University of Oklahoma College of Public Health P O Box 26901, 801 Northeast 13th Street Oklahoma City, OK 73190	20100606	Monroe Nichols 8/1/10-12/31/10 Second Summit on Urban Health	18,000	4,411
6/25/2010	Small Grants	The Brookings Institution 1775 Massachusetts Avenue NW Washington, DC 20036-2188	20100608	Mark McClellan, M D , Ph D , M P A 7/1/10-10/31/10 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	33,000	0
6/25/2010	Small Grants	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	38,400	0
6/25/2010	Small Grants	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	42,000	7,198

6/30/2010	Small Grants	The Board of Regents of the University of Wisconsin System 1220 Linden Drive, Room 1720 Madison, WI 53708	20100811	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	33,800	8,544
6/25/2010	Small Grants	Knowledge Networks, Inc. 440 Park Avenue South, 6th Floor New York, NY 10016	20100627	Jordon Peugh, M.A. 7/1/10-11/30/11 Assessing the Spread of the Chronic Care "Model" and Patient-Centered Care An On-Line Survey of Adults with Chronic Conditions	24,500	24,500
10/5/2010	Small Grants	Society of General Internal Medicine 2501 M Street NW, Suite 575 Washington, DC 20037	20100630	Christopher Sciamanna, M D , M P H and Mark Linzer, M D 10/1/10-4/1/11 Association of Chiefs and Leaders of General Internal Medicine Annual Leaders Summit	11,000	3,300
7/21/2010	Small Grants	The George Washington University 44983 Knoll Square 251 Ashburn, VA 20147	20110002	Anne Markus, J D , Ph D , M H S 8/1/10-7/31/11 State Policy Incentives to Promote Collaboration and Cooperation Among Hospitals and Other Community Providers	40,000	10,000
10/5/2010	Small Grants	University of Massachusetts Foundation Inc 225 Franklin Street, 33rd Floor Boston, MA 02110	20110033	Edward Alan Miller, Ph.D , M P A 11/1/10-10/31/11 Increasing Consumer Involvement in Medicaid Nursing Home Reimbursement	40,000	9,995
11/9/2010	Board Grants	Health Management Associates, Inc. 120 North Washington Square, Suite 705 Lansing, MI 48933	20110035	Sharon Silow-Carroll, M S W., M B.A. 1/1/11-8/30/12 Case Studies of Innovation and High Performance for WhyNotTheBest.org	123,503	185,256
10/5/2010	Small Grants	National Partnership for Women & Families	20110038	Christine Bechtel, M.A. 10/1/10-9/15/11 Assessing Trends in Patient Expectations and Understanding of Health Information Technologies	32,000	8,000
8/18/2010	Small Grants	United Hospital Fund of New York	20110037	James R Tallon, Jr 9/1/10-8/31/11 2010 United Hospital Fund Gala	15,000	0
11/9/2010	Board Grants	The Nuffield Trust 59 New Cavendish Street London, UK W1G 7LP	20110039	Jennifer Dixon, Ph.D 12/1/10-12/31/11 Commonwealth Fund/Nuffield Trust International Conference on Health Care Quality Improvement, 2011		75,000
11/9/2010	Board Grants	Center for Health Policy Development National Academy for State Health Policy 10 Free Street, 2nd Floor Portland, ME 04101	20110048	Neva Kaye 12/1/10-5/31/12 Sustaining, Strengthening, and Expanding State Medical Home Initiatives, Phase 3	148,908	220,320
12/7/2010	Small Grants	Health Care Without Harm 12355 Sunrise Valley Drive, Suite 680 Reston, VA 20191	20110047	Peter Orris, M D , M P H 1/1/11-12/31/11 Bending the Cost Curve Through Energy and Waste Reduction Lessons from the Healthier Hospitals Initiative		49,940
8/18/2010	Small Grants	The Commonwealth Fund 1 East 75th Street New York, NY 10021	20110054	Robin Osborn 9/1/10-12/31/10 Commonwealth Fund/Alliance for Health Reform International Briefing on Electronic Medical Records. Lessons from Abroad on Implementation and Meaningful Use	22,676	8,096
8/26/2010	Small Grants	The Commonwealth Fund 1 East 75th Street New York, NY 10021	20110063	Sara Collins, Ph D. 9/1/10-11/30/10. Conference on Risk-Adjustment Under the Affordable Care Act	22,142	0
12/7/2010	Small Grants	Pioneer Network in Culture Change 1900 South Clinton Avenue P O. Box 18648 Rochester, New York 14618	20110065	Amy Elliot, Ph D 1/1/11-8/31/11 Environments of Culture Change. A Companion of THE GREEN HOUSE MODEL® and Retrofitted Culture Change Environments	10,500	3,000
10/5/2010	Small Grants	Center for Health Care Strategies, Inc 200 American Metro Boulevard, Suite 119 Hamilton, NJ 08619	20110069	Nikki Highsmith, M P A , and Stephen Somers, Ph.D 10/1/10-3/31/11 Preparing Medicaid for Increasing Primary Care Rates	40,000	9,560

11/9/2010	Board Grants	Harris Interactive, Inc 80 Corporate Woods Rochester, NY 14623	20110070	Roz Pierson, Ph D 4/1/11-12/31/11 Health Care Opinion Leaders Survey, Year 6	21,200	31,800
11/9/2010	Board Grants	Joan and Sanford I Weill Medical College of Cornell University 525 E 68th St, □□□ New York, NY 10021	20110081	Tara Bishop, M D and Lawrence Casalino, Ph D 12/1/10-11/30/12 Evaluating a Shared Patent-Panel Manager Program in New York City's Primary Care Information Project	100,000	123,881
4/12/2011	Board Grants	University of New Mexico MSC05 3300 Scholes Hall Suite 144 1 University of New Mexico Albuquerque, NM 87131	20110082	Arthur Kaufman, M D 7/1/11-12/31/12. Spreading New Mexico's Model for Helping Primary Care Practices Become Medical Homes	88,378	132,567
11/9/2010	Board Grants	The Commonwealth Fund 1 East 75th Street New York, NY 10021	20110083	Edward Schor, M D 11/1/10-6/30/11 Seizing Opportunities to Facilitate State Health Care Reform		74,111
11/9/2010	Board Grants	Massachusetts General Hospital 15 Parkman Street, WAC 812 Boston, MA 02114-3117	20110087	Karen Donelan, Sc D 3/1/11-2/28/14 Surveying Physician Practices About Their Capacity to Provide Coordinated, Patient-Centered Care	140,000	177,162
11/9/2010	Board Grants	Health Research and Educational Trust 155 North Wacker Drive Chicago, IL 60606	20110088	Maulik Joshi, Dr P H 1/1/11-12/31/12 Tracking Progress in Health Care Integration and Adoption of Best Practices for High Performance: A Data Brief Series	86,377	129,567
11/9/2010	Board Grants	Health Research and Educational Trust 155 North Wacker Drive Chicago, IL 60606	20110089	Maulik Joshi, Dr P H. 1/1/11-12/31/11 Surveying Hospitals and Health Systems About Their Readiness to Be Accountable for the Continuum of Patient Care	45,000	81,425
11/9/2010	Board Grants	IPRO, Inc 1979 Marcus Avenue, Suite 105 Lake Success, NY 11042- 1002	20110090	Jaz-Michael King 1/1/11-12/31/11 Raising the Bar for Web Resources on Health Care Performance Benchmarking and Improvement Upgrades for WhyNotTheBest.org, Phase 3	209,800	314,902
11/9/2010	Board Grants	Trustees of Dartmouth College 11 Rope Ferry Road, #8210 Hanover, NH 03755	20110091	Elliot Fisher, M D , M P H 1/1/11- 12/31/11 Advancing Pilot Tests of Accountable Care Organizations, Phase 2	300,000	56,562
11/9/2010	Board Grants	Knowledge Networks, Inc 440 Park Avenue South, 8th Floor New York, NY 10016	20110092	Jordon Peugh, M.A. 1/1/11-12/31/13. Tracking Health Reform's Impact on Insurance Coverage for Young Adults, Older Adults, and Low-Income Families	115,600	248,300
11/9/2010	Board Grants	Pear Tree Communications, Inc. 3035 Lincoln Boulevard Cleveland Heights, OH 44118	20110093	Martha Hostetter 1/1/11-12/31/11 Raising the Bar for Web Resources on Health Care Performance Benchmarking and Improvement. Upgrades for WhyNotTheBest.org, Phase 3	58,678	111,442
1/20/2011	Small Grants	American Academy of Family Physicians 11400 Tomahawk Creek Parkway Leawood, KS 66211	20110101	Robert Phillips, Jr , M D , M.S P H. 2/1/11-7/31/11 International Learning on Increasing the Value and Effectiveness of Primary Care	39,984	10,000
10/5/2010	Small Grants	Vermont State Legislature 115 State Street Montpelier, VT 05633	20110108	James Hester, Jr , Ph D 10/1/10- 2/1/11 Enhanced Modeling of Baseline Federal Reform and Impact on Vermont Economy	38,418	9,604
3/29/2011	Small Grants	President and Fellows of Harvard College 17 Quincy Street, Massachusetts Hall Cambridge, MA 02138	20110109	William Hsiao, Ph D 4/15/11-10/14/11 Design of Three Options for Statewide Health Care Reform in Vermont Lessons Learned and Implications for Health Care Reform in the U S	24,384	6,096
10/5/2010	Small Grants	Issues Research, Inc. P O Box 220 Durango, CO 81302	20110122	Sarah Klein, 10/1/10-3/31/11. Case Study of the Veterans Health Administration's Implementation of Medical Homes	15,168	3,792
12/7/2010	Small Grants	Brandeis University 415 South Street Waltham, MA 02454	20110123	Robert Mechanic, M.B.A 1/1/11- 11/30/11 Survey of Capitation Contracting and Physician Compensation in Organized Delivery Systems	39,000	9,842

10/5/2010	Small Grants	AcademyHealth 1150 17th Street NW, Suite 600 Washington, DC 20036	20110124	Deborah Rogal, M P P 11/1/10-4/30/11 Building Bridges Making a Difference in Long-Term Care 2011 Policy Seminar	22,567	0
10/5/2010	Small Grants	Johns Hopkins University Office of the President 242 Garland Hall 3400 North Charles Street Baltimore, MD 21218	20110132	Gerard Anderson, Ph D 10/1/10-8/30/11 Exploring Approaches to Developing a Valid Standard Measure of Rehospitalizations	40,000	10,000
11/1/2010	Small Grants	Health Research and Educational Trust 155 North Wacker Drive Chicago, IL 60606	20110156	Maulik Joshi, Dr P H 11/1/10-4/30/11 Engaging Providers in the Design and Implementation of Innovative Demonstration Projects	39,981	9,996
11/22/2010	Small Grants	New America Foundation 1899 L Street NW, Suite 400 Washington, DC 20036	20110157	Lef Wellington Haase, M.A , M Phil 11/15/10-2/15/11 Report on the California Health Benefit Exchange	14,000	3,500
12/7/2010	Small Grants	Oregon Health & Science University 3181 S W Sam Jackson Park Road CSB-614 Portland, OR 97201-3098	20110159	Colleen Peck Reuland, M S. 9/1/10-4/30/11 Measure Stewardship for the CHIPRA Core Measure Focused on Standardized Screening	7,370	0
11/1/2010	Small Grants	President and Fellows of Harvard College 17 Quincy Street, Massachusetts Hall Cambridge, MA 02138	20110170	Meredith Rosenthal, Ph D. 12/1/10-8/30/11 A Quarter Century of Public Reporting in Health Care What Have We Learned?	27,900	6,993
12/7/2010	Board Grants (Funded from Authorization)	Oklahoma Health Care Authority 4545 North Lincoln Boulevard, Suite 1241 Oklahoma City, OK 73105	20110186	Terrie Fritz, M S W., L C S W 11/1/10-10/30/11 Connecting the Docs Improving Care Coordination and Delivery of Developmental Screening and Referral Services in Oklahoma, Year 2	40,000	20,000
12/7/2010	Board Grants (Funded from Authorization)	Oregon Department of Human Services Division of Health PO Box 14450 Portland, OR 97214-0450	20110187	Charles Gallia, Ph D 11/1/10-10/31/11 ABCD for Oregon's Health Kids, Year 2	40,000	20,000
12/7/2010	Board Grants (Funded from Authorization)	Arkansas Department of Human Services 700 Main Street Little Rock, AR 72201	20110188	Martha Hiett 11/1/10-10/31/11. AR LINKS (Linkages Improve Networks and Knowledge of Services) Creating Efficient Systems Linkages to Support Healthy Child Development, Year 2	20,000	40,000
12/7/2010	Board Grants (Funded from Authorization)	Illinois Department of Healthcare and Family Services 201 South Grand Avenue East Springfield, IL 62763-0002	20110189	Deborah Saunders, M S W 11/1/10-10/31/11 Illinois Healthy Beginnings II Coordinating Medical Homes and Community Services, Year 2	20,000	40,000
12/7/2010	Board Grants (Funded from Authorization)	Minnesota Department of Human Services P O. Box 64998 St. Paul, MN 55164-0998	20110190	Susan Castellano, 11/1/10-10/31/11. Minnesota's Communities Coordinating for Healthy Development, Year 2	20,000	40,000
11/3/2010	Small Grants	The George Washington University 44983 Knoll Square 251 Ashburn, VA 20147	20110193	Katie Horton, R N , J D , M P H 11/15/10-7/31/11 Analysis of Health Reform Implementation Issues Likely to be Revisited in the 112th Congress	40,000	10,000
12/7/2010	Small Grants	Center for Health Care Strategies, Inc. 200 American Metro Boulevard, Suite 119 Hamilton, NJ 08619	20110194	Sarah Barth, J D , 1/1/11-12/31/11 Supporting the National Association of Medicaid Directors' Health Reform Efforts	10,000	15,541
12/17/2010	Small Grants	National Opinion Research Center 1155 E 80th St Chicago, IL 60637	20110201	Jon Gabel, M.A 1/1/11-5/31/11 How Will 2010 Insurance Reforms Affect Health Insurance Premiums in 2011?	38,000	10,104

4/12/2011	Board Grants	Qualis Health 10700 Meridian Avenue N, Suite 100 Seattle, WA 98133	20110212	Jonathan Sugaman, M.D , M P H 4/1/11-4/30/12 Transforming Safety- Net Clinics into Patient-Centered Medical Homes, 2011-12	599,702	899,553
4/12/2011	Board Grants	Geisinger Clinic 100 North Academy Avenue Danville, PA 17822	20110214	Walter Stewart, Ph D , M P H , and Jove Graham, Ph D 5/1/11-4/30/12 What Makes Medical Homes Work: Lessons for Implementation and Spread	68,013	102,020
12/7/2010	Small Grants	Harns Interactive, Inc 80 Corporate Woods Rochester, NY 14623	20110220	Roz Pierson, Ph D 12/8/10-1/21/11 Public Views on Health System Performance	27,500	0
12/7/2010	Small Grants	San Antonio Area Foundation 110 Broadway, Suite 230 San Antonio, TX 78205	20110221	Reggie Williams. 12/1/10-11/30/11 Establishment of a Fund for Public Health in San Antonio	25,000	0
3/31/2011	Small Grants	Small Business Majority Foundation Inc 4000 Bridgeway, Suite 101 Sausalito, CA 94965	20110222	Terry Gardiner 4/15/11-8/31/11 Key Issues in Implementing the Consumer Operated and Oriented Plan (CO-OP) Program Under the Affordable Care Act	30,000	18,500
4/12/2011	Board Grants	RAND Corporation 1776 Main Street P O Box 2138 Santa Monica, CA 90407	20110223	Barbara Wynn, M.A 5/1/11-4/30/12 Financial Levers to Promote Integrated Health Care Systems for Low-Income Populations	65,000	96,591
12/7/2010	Small Grants	HHC Foundation of New York City, Inc. 348 Broadway, Suite 715 West New York, NY 10013	20110224	STAT! For New York City's Public Hospitals!	3,000	0
4/12/2011	Board Grants	Center for Health Care Strategies, Inc. 200 American Metro Boulevard, Suite 119 Hamilton, NJ 08619	20110239	Nikki Highsmith, M.P.A. 5/15/11- 5/14/12. Using Medicaid Rate Increases as a Lever for Reform of Primary Care Delivery and Payment	112,000	88,000
12/17/2010	Small Grants	AcademyHealth 1150 17th Street NW, Suite 600 Washington, DC 20038	20110240	Enrique Martinez-Vidal, M P P 1/1/11- 12/31/11 Support for the 2011 Activities of AcademyHealth's State Health Research and Policy Interest Group	20,000	5,000
12/17/2010	Small Grants	Bailit Health Purchasing, LLC 56 Pickering Street Needham, MA 02492	20110246	Michael Bailit, M B.A. 1/1/11-4/30/11 Current Experience with Shared Savings Payment Models	30,400	7,800
1/20/2011	Small Grants	Brandeis University 415 South Street Waltham, MA 02454	20110248	Stuart Altman, Ph D 2/1/11-6/30/11. Where Do We Go From Here? The Future of Health Care Reform	12,000	3,000
12/17/2010	Small Grants	AcademyHealth 1150 17th Street NW, Suite 600 Washington, DC 20038	20110250	Lisa Simpson, M B 1/1/11-4/30/11 Laying the Groundwork for a Beacon Innovation & Learning Network	40,000	10,000
12/17/2010	Small Grants	Project HOPE - The People-to- People Health Foundation, Inc 7500 Old Georgetown Road, Suite 600 Bethesda, MD 20814	20110251	Susan Dentzer, M.A. 1/1/11-6/30/11 Innovations Across the Nation Case Studies on Improving Health and the Delivery of Health Care While Reducing Costs	20,000	5,000
4/12/2011	Board Grants	American Academy of Family Physicians 11400 Tomahawk Creek Parkway Leawood, KS 66211	20110256	Robert Phillips, Jr , M D , M S P H 5/1/11-4/30/12 A Rapid Evaluation of Illinois's Medicaid Medical Home Program		96,668
4/12/2011	Board Grants	RAND Corporation 1776 Main Street P O Box 2138 Santa Monica, CA 90407	20110257	Christine Eibner, Ph D. 4/15/11- 4/14/12. Current Health Benefits for Workers with Low and Moderate Incomes and Potential Effects of the Affordable Care Act	100,000	135,017

4/12/2011	Board Grants	Center for Studying Health System Change 600 Maryland Avenue SW, Suite 550 Washington, DC 20024-5216	20110258	Peter Cunningham, Ph D 5/1/11-6/30/12 The Affordability of Medical Care Recent Trends at the National and State Level and the Potential Effects of Health Reform, Phase 1	48,500	63,940
7/12/2011	Board Grants	Institute for Healthcare Improvement 20 University Road, 7th Floor Cambridge, MA 02138	20110267	Karen Boudreau, M D 7/1/11-8/30/12 State Action on Avoidable Rehospitalizations (STAAR) Initiative, Phase 4		750,000
4/12/2011	Board Grants	Center for Health Policy Development National Academy for State Health Policy 10 Free Street, 2nd Floor Portland, ME 04101	20110278	Jill Rosenthal, M P H 6/1/11-5/31/12. ABCD III Improving Care Coordination, Case Management, and Linkages to Support Healthy Child Development, Year 3	89,892	192,308
1/20/2011	Small Grants	Pacific Business Group on Health 221 Main Street, Suite 1500 San Francisco, CA 94105	20110281	Suzanne Delbanco, Ph D 2/1/11-6/30/11 Identifying Promising Payment Reform Models	34,400	8,600
4/12/2011	Board Grants	President and Fellows of Harvard College 17 Quincy Street, Massachusetts Hall Cambridge, MA 02138	20110282	Nancy Kane, D B.A., M B.A. 5/1/11-4/30/11. Current Financial Status and Funding Sources of Major Urban Public Safety-Net Hospitals: Establishing a Baseline	40,000	57,630
4/12/2011	Board Grants	University of Iowa 101 Jessup Hall Iowa City, IA 52242	20110283	Peter Damiano, D D S, M P H 4/15/11-10/14/12. Strategies in Iowa for Improving Performance of the Health Care Safety Net in the Era of Health Reform	70,000	99,768
4/12/2011	Board Grants	Center for Health Policy Development National Academy for State Health Policy 10 Free Street, 2nd Floor Portland, ME 04101	20110285	Catherine Hess, M S W 5/15/11-5/31/12 A National Workgroup on Integrating a Safety Net into Health Reform Implementation	75,000	104,459
4/12/2011	Board Grants	Jonathan Gruber 83 Pleasant Street Lexington, MA 02421	20110287	Jonathan Gruber, Ph D 5/1/11-12/31/11 Modeling Alternatives to the Affordable Care Act	45,000	62,500
4/12/2011	Board Grants	Urban Institute 2100 M Street NW Washington, DC 20037	20110288	John Holahan, Ph D 5/1/11-12/31/11. Analyzing the Next Round of Health Reform Proposals	83,000	87,000
4/12/2011	Board Grants	The Commonwealth Fund 1 East 75th Street New York, NY 10021	20110289	Ed Schor, M D 10/1/11-9/30/12 Authorization to Support the Initiative in Five States		300,000
4/12/2011	Board Grants	AcademyHealth 1150 17th Street NW, Suite 600 Washington, DC 20036	20110295	Lisa Simpson, M B 1/1/11-12/31/11 General Support	12,000	8,000
4/12/2011	Board Grants	The Center for Effective Philanthropy 675 Massachusetts Avenue, 7th Floor Cambridge, MA 02139	20110298	Phil Buchanan 1/1/11-12/31/11 General Support	10,000	0
4/12/2011	Board Grants	The Communications Network 1755 Park Street, Suite 260 Naperville, IL 60563	20110297	Bruce Trachtenberg. 1/1/11-12/31/11 General Support	3,500	0
4/12/2011	Board Grants (OWF)	Foundation Center 79 Fifth Avenue New York, NY 10003	20110298	Bradford Smith. 1/1/11-12/31/11 General Support		15,000
4/12/2011	Board Grants	Grantmakers In Aging, Inc 7333 Paragon Road, Suite 220 Dayton, OH 45459	20110299	Carol Farquhar. 1/1/11-12/31/11 General Support	6,500	0
4/12/2011	Board Grants	Grantmakers In Health 1100 Connecticut Avenue, NW, Suite 1200 Washington, DC 20036	20110300	Lauren LeRoy, Ph D 1/1/11-12/31/11 General Support	15,000	0

4/12/2011	Board Grants	Grants Managers Network, Inc 1101 14th Street NW, Suite 420 Washington, DC 20005	20110301	Michelle Greanias. 1/1/11-12/31/11 General Support	2,000	0
4/12/2011	Board Grants	International Society for Quality in Health Care, Inc. 2 Parnell Square East Dublin, IRELAND	20110304	Roisin Boland, R G N , M B.A 1/1/11-12/31/11 General Support	1,300	0
4/12/2011	Board Grants	Nonprofit Coordinating Committee of New York 1350 Broadway, Suite 1801 New York, NY 10018-7802	20110305	Michael Clark. 1/1/11-12/31/11 General Support	35,000	0
4/12/2011	Board Grants	Philanthropy New York 79 Fifth Avenue, Fourth Floor New York, NY 10003-3078	20110306	Ronna Brown, J D 1/1/11-12/31/11 General Support	15,100	0
4/12/2011	Board Grants	Urban Institute 2100 M Street NW Washington, DC 20037	20110310	Bradford Gray, Ph D 8/15/11-8/14/12 Enhancing the International Program's Communications and Publications Capacity, Year 3		125,000
4/12/2011	Board Grants	Project HOPE - The People-to-People Health Foundation, Inc. 7500 Old Georgetown Road, Suite 600 Bethesda, MD 20814	20110311	Susan Dentzer, M.A 5/1/11-4/30/12 Web Publishing Alliance with Health Affairs	85,000	115,000
1/26/2011	Small Grants	American Legion Hospital 1305 Crowley Rayne Highway Crowley, LA 70526	20110319	Terry W Osborne, M B.A., C P.A 1/1/11-12/31/11 Gift to The American Legion Hospital in Memory of Ezra Breaux, Jr	2,896	104
2/26/2011	Small Grants	Medicare Rights Center, Inc 520 Eighth Avenue, North Wing, 3rd Floor New York, NY 10018	20110328	Ilene Stein, J D. 4/1/11-9/30/11 The Need for Seamlessness Ensuring Smooth Transitions from Health Insurance Exchanges to Medicare	10,000	4,325
4/12/2011	Board Grants	LeadingAge, Inc 2519 Connecticut Avenue NW Washington, DC 20008-1520	20110329	Mary Naylor, Ph D , R N , and Cheryl Phillips, M D 7/1/11-8/30/12 Promoting Effective Long-Term Care Transitions in Health Reform Implementation	75,000	48,094
4/12/2011	Board Grants	Center for Health Care Strategies, Inc 200 American Metro Boulevard, Suite 119 Hamilton, NJ 08619	20110330	Stephen Somers, Ph D 5/1/11-4/30/13 State Planning for a High Performance Health System for Medicare/Medicaid Dual Eligibles	120,515	114,307
4/12/2011	Board Grants	Premier Research Institute 13034 Ballantyne Corporate Place Charlotte, NC 28277	20110331	Eugene Kroch, Ph D , and Danielle Lloyd, M P H 5/1/11-12/31/11 Learning What It Takes to Form Successful Accountable Care Organizations		225,610
7/12/2011	Board Grants	Institute for Healthcare Improvement 20 University Road, 7th Floor Cambridge, MA 02138	20110338	David Radley, Ph D , M P H 7/1/11-7/31/12 Support for a Research Unit to Update Health System Scorecards and Analyze Local Variations in Performance, 2011-12		387,722
4/21/2011	Small Grants	The George Washington University 44983 Knoll Square 251 Ashburn, VA 20147	20110340	Sara Rosenbaum, J D 5/15/11-8/14/11 State Health Insurance Exchange Legislative Comparison Study Phase One Analytic Framework	40,000	10,000
4/12/2011	Board Grants	AcademyHealth 1150 17th Street NW, Suite 600 Washington, DC 20036	20110343	Lisa Simpson, M B 5/1/11-4/30/13 Establishing a New Beacon Community Learning Network to Accelerate Local Delivery System Redesign	68,000	272,000
4/12/2011	Board Grants	Institute for Healthcare Improvement 20 University Road, 7th Floor Cambridge, MA 02138	20110345	Douglas McCarthy, M B.A. 4/15/11-7/14/12 Examining the Potential of Statewide and Local Initiatives to Transform Health Care Delivery	107,512	181,288

2/26/2011	Small Grants	Center for Excellence in Health Care Journalism 10 Neff Hall Columbia, MO 65211	20110346	Len Bruzzese 1/1/11-12/31/11 Support for the Association of Health Care Journalists' Annual Conference and European Health Journalism Conference, and Support for a New Aging and Long-Term Care Online Learning Center	28,000	7,000
4/12/2011	Board Grants	London School of Economics and Political Science Houghton Street London, ENGLAND WC2A 2AE United Kingdom	20110347	Elias Mossialos, Ph D. 5/1/11-4/30/12. International Lessons for Bending the Curve: Achieving a High Performance Health Care System While Reducing Growth in Health Expenditures	85,000	116,830
4/12/2011	Board Grants	The Commonwealth Fund 1 East 75th Street New York, NY 10021	20110354	Barry Scholl 5/1/11-4/30/12 Authorization to Support Additional Publishing Projects		100,000
4/21/2011	Small Grants	Keio University 2-15-45 Mita Minato, Tokyo, JAPAN 108-8345	20110362	Naoki Ikegami, M D , Ph D , M.A. 5/1/11-9/30/11 Lessons Learned from Japan as a Model for Containing Health Care Costs	10,000	3,000
2/26/2011	Small Grants	Primary Care Development Corporation 22 Cortlandt Street, 12th Floor New York, NY 10007	20110363	Primary Care Development Corporation 2011 Annual Spring Gala	6,000	0
2/26/2011	Small Grants	Scientific Institute for Quality of Healthcare Raboud University Nijmegen Medical Centre P O Box 9101 114 Nijmegen 6500 HB The Netherlands	20110364	Gert Westert, Ph D 3/1/11-12/31/11 Expansion of the 2011 Commonwealth Fund International Health Policy Survey to Include the Netherlands	29,000	7,384
3/29/2011	Small Grants	Greater New York Hospital Association 555 West 57th Street, 15th Floor New York, NY 10019	20110365	Tim Johnson 2/1/11-10/31/11 22nd Annual Symposium on Health Care Services in New York: Research and Practice	1,200	0
7/12/2011	Board Grants	The Commonwealth Fund 1 East 75th Street New York, NY 10021	20110368	Cathy Schoen 7/1/11-7/31/12 Authorization to Support Data Acquisition and Report Printing		213,575
4/12/2011	Board Grants (OWF)	Flixx Labs, Inc 301 Battery Street, 5th Floor San Francisco, CA 94111	20110371	Jason Ricci 5/1/11-4/30/12. Grants Database Implementation Support		25,000
3/29/2011	Small Grants	National Medical Fellowships 347 Fifth Avenue, Suite 510 New York, NY 10018-5007	20110385	Esther Dyer, D L S , M L S 4/1/11-3/31/12 National Medical Fellowships 65th Anniversary New York Gala	6,000	0
3/16/2011	Board Grants	Research Foundation of State University of New York P O Box 9 Albany, NY 12201	20110390	Susmita Pati, M D , M P H 3/1/11-5/31/11 Tailoring Pediatric Preventive Care to Individual Needs, Phase 2 Validating a New Instrument		38,372
4/9/2011	Small Grants	Center for Health Policy Development National Academy for State Health Policy 10 Free Street, 2nd Floor Portland, ME 04101	20110420	Catherine Hess, M S W 4/1/11-5/14/11 Accountable Care Organizations and Safety Net Health Systems: Assessing Design Issues	8,000	1,947
4/21/2011	Small Grants	Health Services Research Association of Australia & New Zealand	20110427	Jonathan Karon, Ph D 6/1/11-12/31/11 7th Australia-New Zealand Health Services and Policy Research Conference	4,000	1,000
4/21/2011	Small Grants	Alliance for Health Reform 1444 Eye Street, NW, Suite 910 Washington, DC 20005-6573	20110436	Edward Howard, J D 2/1/11-7/14/11 Additional Costs for 2011 Bipartisan Congressional Health Policy Conference	30,000	10,000

4/21/2011	Board Grants (Funded from Authorization)	Project HOPE - The People-to- People Health Foundation, Inc P7500 Old Georgetown Road, Suite 600 Bethesda, MD 20814	20110441	Susan Dentzer, M.A. 5/1/11-4/30/12. Health Affairs Paper Cluster Key Implementation Issues for Employer Participation in the Insurance Exchanges		110,000
4/21/2011	Small Grants	Trustees of the University of Pennsylvania Department of Family Practice and Community Medicine 2nd Floor Gates Building Philadelphia, PA 19104	20110449	Cynthia Connolly, Ph D , R N 6/1/11- 5/31/12 The Commonwealth Fund's Child Development and Preventive Care Program, 1999-2011	9,000	13,731
4/21/2011	Small Grants	Harns Interactive, Inc 80 Corporate Woods Rochester, NY 14623	20110451	Roz Pierson, Ph D 5/1/11-12/31/11 Inclusion of Germany in the 2011 Commonwealth Fund International Health Policy Survey	24,000	6,100
4/21/2011	Small Grants	President and Directors of Georgetown College for Georgetown University 2233 Wisconsin Avenue, NW, Suite 525 Washington, DC 20007	20110455	Jack Hoadley, Ph D , and Laura Summer, M P H. 5/1/11-11/30/11 Assessing the Harvard Minority Health Policy Fellowship Program	40,000	10,000
5/15/2011	Small Grants	Altam Institute 3520 Green Court, Suite 300 Ann Arbor, MI 48105-1579	20110456	Joanne Lynn, M D , M.A., M.S , and Ani Turner 5/1/11-4/30/12 Web Content Delivery for Improving Care Transitions	13,500	3,818
4/21/2011	Small Grants	University of North Carolina at Chapel Hill Chapel Hill, NC 27599	20110457	Sheryl Zimmerman, Ph D 8/1/11- 5/31/12 An Assisted Living Consensus Process: Using Expert Collaboration to Inform Public Policy and Practices	22,000	5,491
5/4/2011	Board Grants (Funded from Authorization)	AcademyHealth 1150 17th Street NW, Suite 800 Washington, DC 20036	20110476	Lisa Simpson, M B 5/15/11-8/31/11 Health Plan Quality Improvement Reporting Requirements under the Patient Protection and Affordable Care Act. Issues and Options	40,000	9,970
5/26/2011	Small Grants	Addison County Home Health & Hospice Inc P O. Box 754 Middlebury, VT 05753	20110497	Larry Goetschius 6/1/11-5/31/12 Donation to Addison County Home Health & Hospice on Behalf of Governor James Douglas	2,500	0
5/26/2011	Small Grants	Trustees of Columbia University in the City of New York 630 West 168th Street New York, NY 10027	20110498	Louisa Daniels Kearney 6/15/11- 10/31/11 2011 Educational Insert in Columbia Journalism Review		28,000
6/22/2011	Small Grants	Organisation for Economic Cooperation and Development (OECD) 2 Rue Andre Pascal Cedex 16 Paris, FRANCE 75775	20110544	Initiating International Comparisons of Health IT Use		49,982
6/22/2011	Board Grants (Funded from Authorization)	Sarah Klein P O Box 47141 Chicago, IL 47141-0141	20110545	Sarah Klein 7/1/11-12/31/11 Case Study of State-Based Multi-Stakeholder Partnerships that Improve the Quality of Pediatric Care		17,998
6/22/2011	Small Grants	Ulm University Center for Healthcare Management Philosophenweg 4 Hamburg, GERMANY 22783	20110547	Katharina Janus, Ph D , M B.A. 7/1/11- 10/31/11 Forum on Health Policy Management Harkness Fellowship Marketing Lunch		3,000
7/13/2010	Board Grants	The Commonwealth Fund 1 East 75th Street New York, NY 10021	20100558	Sara Collins, Ph D 8/1/10-12/31/11. Analysis and Modeling of Health Care Reform and Implementation		0
9/2/2010	Board Grants (Funded from Authorization)	Consumers Union of United States, Inc 101 Truman Avenue Yonkers, NY 10703-1057	20110050	Lynn Quincy, M.A 9/1/10-11/30/10 Consumer Testing of Insurance Coverage Disclosure Forms Under the Affordable Care Act	75,000	0

7/21/2010	Board Grants (Funded from Authorization)	Jonathan Gruber 83 Pleasant Street Lexington, MA 02421	20100634	Jonathan Gruber, Ph D 8/1/10- 10/31/10 Is Health Insurance Affordable Under the Affordable Care Act?	82,500	0
	Harkness Fellowships	The Commonwealth Fund 1 East 75th St. New York, NY 10021		Robin Osborn Harkness Fellowships in Health Care Policy	1,552,986	4,805,004
	International Symposium	The Commonwealth Fund 1 East 75th St New York, NY 10021		Robin Osborn International Symposium, 2009 and 2010 grants	281,423	517,027
Subtotal					23,579,011	21,668,768
Direct Charitable Activities					<u>10,113,974</u>	
Total Grant Payments					33,692,985	
Grants with postponed funding						<u>-1,286,039</u>
Total Grants Balances						20,380,729

BLACKSTONE REAL ESTATE PARTNERS INTERNATIONAL II (AIV) L.P.
 98-0553010
 ECI AND FDAP ANALYSIS
 12/31/2010

THIS PARTNERSHIP HOLDS INVESTMENTS IN LOWER TIER PARTNERSHIPS AND LIMITED LIABILITY COMPANIES THAT MAY GENERATE INCOME FROM BOTH DOMESTIC AND FOREIGN SOURCES. YOUR SHARE OF EFFECTIVELY CONNECTED INCOME/(LOSS) AND FIXED, DETERMINABLE, ANNUAL, OR PERIODIC INCOME FROM DOMESTIC OPERATIONS IS SHOWN BELOW. THIS REPORT REPRESENTS TOTAL ECI & FDAP AND DOES NOT ACCOUNT FOR ANY EXCEPTIONS OR EXEMPTIONS THAT YOU MAY BE ENTITLED TO. PLEASE CONSULT WITH YOUR TAX ADVISOR FOR THE PROPER TREATMENT OF THE ITEMS BELOW.

THE COMMONWEALTH FUND
 13-1635260

DESCRIPTION	LINE ITEM	INCOME/ (LOSS) PER SCH. K-1	FOREIGN SOURCED INCOME/ (LOSS)	U.S. SOURCED INCOME/ (LOSS)	ECI	FDAP
ORDINARY BUSINESS INCOME (LOSS)	LINE 1	0	0	0	0	0
NET RENTAL REAL ESTATE INCOME (LOSS)	LINE 2	0	0	0	0	0
GUARANTEED PAYMENTS	LINE 4	0	0	0	0	0
INTEREST INCOME	LINE 5	129				
U S GOVERNMENT INTEREST INCOME		0	0	0	0	0
OTHER INTEREST INCOME		129	0	129	0	47
DIVIDEND INCOME	LINE 6a	0				
FROM REIT		0	0	0	0	0
FROM NON-REIT		0	0	0	0	0
ROYALTIES	LINE 7	0	0	0	0	0
SHORT-TERM CAPITAL GAIN (LOSS)	LINE 8	0	0	0	0	0
LONG-TERM CAPITAL GAIN (LOSS)	LINE 9a	(1,863)	0	(1,863)	0	0
UNRECAPTURED SECTION 1250 GAIN	LINE 9c	0	0	0	0	0
SECTION 1231 GAIN (LOSS)	LINE 10	0	0	0	0	0
OTHER PORTFOLIO INCOME (LOSS)	LINE 11 - A	0	0	0	0	0
CANCELLATION OF DEBT	LINE 11 - E	0	0	0	0	0
OTHER INCOME (LOSS)	LINE 11 - F	72				
ST SALE OF A PS INTEREST	LINE 11 - F (Detail)	0	0	0	0	0
LT SALE OF A PS INTEREST	LINE 11 - F (Detail)	0	0	0	0	0
AMOUNT RELEASED FROM ESCROW	LINE 11 - F (Detail)	0	0	0	0	0
LIQUIDATION OF A PS INTEREST	LINE 11 - F (Detail)	0	0	0	0	0
SEC 731 (a) ADJUSTMENT	LINE 11 - F (Detail)	0	0	0	0	0
FOREIGN EXCHANGE GAIN/ (LOSS)	LINE 11 - F (Detail)	0	0	0	0	0
INSURANCE PREMIUM REFUND	LINE 11 - F (Detail)	0	0	0	0	0
MISCELLANEOUS	LINE 11 - F (Detail)	72	0	72	0	0
DEFERRED COD INCOME RECOGNIZED IN THE CURRENT YEAR	LINE 11 - F (Detail)	0	0	0	0	0
TOTAL		(1,662)	0	(1,662)	0	47