

Major Goals for Social Sciences in Medical Area, July 1, 2008

The subcommittee* on social sciences met several times in the winter and spring and had many subsequent conversations by email. The following summarizes these deliberations.

Harvard has the opportunity to provide the academic leadership to improve the health of society both domestically and abroad. In support of this goal, we seek to be the premier applied health policy and health services research group in the country in terms of both research and education. Expertise in these areas requires collaboration of all of the relevant social sciences¹. Such research can inform care at the level of individual patients, health care providers and delivery systems, and health insurers and policy makers. It seeks to address pressing issues of health disparities, quality of care for individual patients, and rapidly rising costs of medical care, among others, that will allow our medical care system to cross the “quality chasm” identified by the IOM. Meeting these goals will require, among other things, multidisciplinary collaborations among academics, access to existing data, and the ability to obtain *new* data from hospitals, delivery systems, and insurers, both within and outside of Harvard.

We make several specific recommendations unique to this subcommittee.

Standing Committee: The committee recommends convening a standing university-wide committee to think about and foster social science collaboration across HMS, other schools at Harvard and the affiliated hospitals where possible. This committee will differ from HUSEC in that it will not make decisions about funding or hiring. However, it will help in the identification of “rising stars” in areas weak at Harvard and may serve in an advisory capacity to deans unfamiliar with recruitments in particular areas. Since the formulation of this recommendation the university has had two pre-planning committee meetings, chaired by Steve Hyman, in preparation for the possible creation of this Standing Committee. The HMS subcommittee recommends that this Standing Committee would be responsible for the following tasks; the pre-planning committee, mentioned above, concurs:

- Build the infrastructure necessary to move Harvard to the forefront in new *social science development and implementation* (i.e., ability to build huge merged datasets, to expand clinical trials to long-term, large, longitudinal trials, to conduct large-scale studies in domestic and global health). This infrastructure would also include building long-term partnerships with other institutions, including public-sector and private-sector organizations in the US and other countries
- Work with those in Allston planning to understand the pros/cons of moving various social science groups (those in Cambridge and those in the Medical Area) to Allston

¹ Social sciences should be interpreted broadly, i.e., including economics, epidemiology, biostatistics, health policy, health services research, political science, psychology, sociology, as well as the specific disciplinary areas represented in FAS.

- Oversee a professional staff which would have ongoing duties such as: sharing hiring and recruitment information; cataloguing social scientists at Harvard; working with CTSC to expand standardization of IRB processes from hospitals to all schools at Harvard; helping to advise on appropriate data collection approaches; developing subgroups to delineate hidden barriers to collaboration between schools at Harvard, and developing ways around these issues²
- Create general “norms” or expectations for social scientists at Harvard for example, around data sharing
- Work to create a large data warehouse at Harvard for access by the community at large. Health related data would include, among other things, claims data from CMS, including Part D data when available. In addition, the group recommends that we identify approaches to making data from Harvard hospitals, HPHC, and other practice groups available to those outside these particular groups.

Task Forces for Interdisciplinary Work: The committee believes that interdisciplinary work in the social sciences will become increasingly important but do not recommend the creation of *permanent* Interfaculty Initiatives. Instead, we recommend that question-based task forces be created to deal with specific and focused areas of interest; they may receive some seed money from the University but we expect that their long term funding will be from grant support or fundraising. Topics for task forces will come from “bottom up” approaches but will be vetted centrally. They will originate by faculty at HMS but should include representatives of other faculties. Several examples of Task Force issues were identified in the winter and since then, in collaboration with others in the quad, Aging has surfaced as a key issue. It will be discussed in greater detail below.

- Aging.
- Rebuilding the FDA: How can the FDA be “rebuilt” taking into account new ways of collecting data in clinical trials, new ways of surveying patients, need for post marketing surveillance, etc
- Medicare redesign: How can Harvard faculty develop a proposal to “redesign” Medicare in 3– 5 years?
- Identification of financial incentives most likely to improve care management and patient outcomes and pilot study in this area. Lean heavily on behavior economics and partner with provider organization.
- How can individual-level and community-level interventions be optimized and coordinated to prevent and reduce rising rates of obesity?
- How can individual-level and community-level interventions be optimized and coordinated to prevent and reduce disparities in health?
- What are new statistical approaches to dealing with issues on surveys, observational data, and social networks?
- How can we design policies and templates to conduct cluster RCTs at different levels (e.g., hospital unit, delivery site, community)?

² The CTSC is already working on many of these barriers, and it is likely that the University itself will be as well.

More on Aging. Work in aging in the social sciences³ has several active areas at HMS. These should be expanded and new areas identified. A general taxonomy would include the following areas:

- Financing and quality of care including:
 - Medicare plans: design, payment, effect on consumer choice and outcomes
 - Medicare Part D plans for nursing home and non-nursing home residents including impact on adherence and access
 - Payment for post-acute care and impact on quality
 - External factors affecting access and care for elderly (e.g., litigation, ambulatory care sites)
- Nursing homes and long term care
 - Incentives to reduce hospitalization and improve quality
 - Elucidation of other factors relating to quality (work force, ownership)
 - Alternatives
 - Racial-ethnic disparities
- Hospice care and end of life: decision making, enrollment, utilization, satisfaction
- Cancer care in general

Social Sciences and Global Health. The subcommittee recommends that the social scientists at Harvard work with those in Global Health to help in the evaluation of various new approaches to financing and delivering care in both developed and developed countries.

Faculty recruitment: There is generally a dearth of faculty nationally in the social sciences particularly as related to health. This shortage occurred, in part, because of a decrease in training grants in the late 80s' and early 90s. Thus, we make two major recommendations:

- First, we recommend that the social science departments at HMS look for targets of opportunities in the social sciences at all levels so as to maintain our preeminent position and to guard against reductions in faculty size because of retirements or recruitment of current faculty by other institutions.
- In addition, we recommend that HMS consider identifying individuals in the following disciplines: political science, (health) psychology and organizational behavior. We know of one strong candidate in political science, who with the right offer might be enticed to Harvard. We have not searched in the field of (health) psychology. We in the medical area have searched in the field of organizational behavior and have not found a suitable candidate.⁴ Therefore, we recommend that we
 - Recruit a political scientist to HMS

³ Aging should be considered in three dimensions: basic science work, as currently performed in many sites, particularly under the auspices of the Glenn laboratories; clinical care and improvement as done in the hospital affiliates including Spaulding and Hebrew Rehab, and social sciences. This document relates only to the social sciences.

⁴ In general, individuals in those fields are attracted to FAS-type environments where the perceived need to get grants is less than that in the (or a) medical school.

- Discuss with HBS about possible joint recruitments in organizational behavior

In addition, we request that HMS work with Mass Hall to authorize the creation of non-tenure-track professional staff with known, formalized titles (e.g., “Research Scientist, Senior Research Scientist”). Funding sources will need to be developed because their skills will cover many projects and schools.

Education.

- **Graduate Education:** We recommend that there be an increase in the number of PhD students in the health policy program or other social science programs with an emphasis on health and that the number of MD/PhD students in the social sciences be increased substantially. The number of new MD/PhD students in this latter path should be no less than 3-5 per year.
- **Undergraduate (HMS) Education:** The committee initially felt that there should be additional social science and health policy offerings in the January block in year 1. Now that the required health policy course for HMS students will move from semester 1 of year 2 to the January block in year 1, more discussion on the feasibility and timing of electives is needed. In any case, however, we believe that such electives in the social sciences should be available and should, where possible, be collaboratively taught with faculty from other schools. Students should have wide access to social science courses in the university. Finally, an approach to identifying potential scholarly projects and appropriate mentors in these areas should be developed so as to produce high quality products.
- **Teaching:** Harvard University should identify ways to compensate HMS faculty who teach at other schools (e.g., at FAS) and vice versa.

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