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

2011

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 2011, or tax year beginning Jul 1, 2011, and ending Jun 30, 2012

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"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial Return of a former public charity		2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
<input type="checkbox"/> Final return <input type="checkbox"/> Amended return		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
<input type="checkbox"/> Address change <input type="checkbox"/> Name change		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>
H Check type of organization. <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation		
<input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		
I Fair market value of all assets at end of year (from Part II, column (c), line 16) \$ 644,465,359.		
J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____		
(Part I, column (d) must be on cash basis)		

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 instructions).)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
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	194,525.	194,525.		
4	Dividends and interest from securities	8,136,532.	8,136,532.		
5a	Gross rents				
b	Net rental income or (loss)		L-6a Stmt		
6a	Net gain/(loss) from sale of assets not on line 10	41,886,991.			
b	Gross sales price for all assets on line 6a	314,565,954.			
7	Capital gain net income (from Part IV, line 2)		41,886,991.		
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)		2,402.		
12	Total. Add lines 1 through 11	50,218,048.	50,220,450.		
13	Compensation of officers, directors, trustees, etc	1,026,322.	165,880.		134,897.
14	Other employee salaries and wages	4,792,200.	45,388.		312,313.
15	Pension plans, employee benefits	2,419,441.	82,415.		249,680.
16a	Legal fees (attach schedule)	2,503.			2,503.
b	Accounting fees (attach sch)	27,500.			27,500.
c	Other prof fees (attach sch) L-16c Stmt	4,621,010.	4,644,683.		
17	Interest				
18	Depreciation (attach schedule) (see instructions) See Line 18 Stmt	1,750.			
19	Depreciation (attach sch) and depletion	318,765.			
20	Occurrence	1,006,006.			544,806.
21	Travel, conferences, and meetings	563,046.	97,817.		58,948.
22	Printing and publications	477.			
23	Other expenses (attach schedule) See Line 23 Stmt	1,254,554.	130,549.		570,332.
24	Total operating and administrative expenses. Add lines 13 through 23	16,033,574.	5,166,732.		1,900,979.
25	Contributions, gifts, grants paid	19,839,561.			31,470,934.
26	Total expenses and disbursements. Add lines 24 and 25	35,873,135.	5,166,732.		33,371,913.
27	Subtract line 26 from line 12:				
a	Excess of revenue over expenses and disbursements	14,344,913.			
b	Net investment income (if negative, enter -0-)		45,053,718.		
c	Adjusted net income (if negative, enter -0-)				

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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
				(a) Book Value	(b) Book Value	(c) Fair Market Value
ASSETS	1	Cash — non-interest-bearing		1,286,376.	3,347,522.	3,347,522.
	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 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		311,622.	1,267,176.	1,267,176.
	10a	Investments — U.S. and state government obligations (attach schedule)		7,441,186.		
	b	Investments — corporate stock (attach schedule) L-10b Stmt		238,675,012.	224,348,634.	224,348,634.
	c	Investments — corporate bonds (attach schedule) L-10c Stmt		69,340,162.	58,096,954.	58,096,954.
	11	Investments — land, buildings, and equipment basis				
		Less: accumulated depreciation (attach schedule)				
	12	Investments — mortgage loans				
	13	Investments — other (attach schedule) L-13 Stmt		363,952,672.	345,915,660.	345,915,660.
	14	Land, buildings, and equipment basis	7,266,274.			
		Less: accumulated depreciation (attach schedule) L-14 Stmt	2,471,257.	4,937,659.	4,795,017.	4,795,017.
	15	Other assets (describe L-15 Stmt)		4,248,380.	6,694,396.	6,694,396.
	16	Total assets (to be completed by all filers — see the instructions. Also, see page 1, item I)		690,193,069.	644,465,359.	644,465,359.
LIABILITIES	17	Accounts payable and accrued expenses		2,041,355.	2,910,326.	
	18	Grants payable		20,308,399.	19,042,212.	
	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)		7,510,884.	6,141,867.	
	23	Total liabilities (add lines 17 through 22)		29,860,638.	28,094,405.	
NET FUND ASSETS OR 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		660,332,431.	616,370,954.	
	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 instructions)		660,332,431.	616,370,954.	
	31	Total liabilities and net assets/fund balances (see instructions)		690,193,069.	644,465,359.	

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	660,332,431.
2	Enter amount from Part I, line 27a	2	14,344,913.
3	Other increases not included in line 2 (itemize) <u>Change in unrealized appreciation</u>	3	-58,306,390.
4	Add lines 1, 2, and 3	4	616,370,954.
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	616,370,954.

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)	<div style="border: 1px solid black; padding: 2px;"> If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 </div>		2	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)	<div style="border: 1px solid black; padding: 2px;"> If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 </div>		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))
2010	36,964,939.	653,906,242.	0.056529
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

2 Total of line 1, column (d) . . .	2	0.256822
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	0.051364
4 Enter the net value of noncharitable-use assets for 2011 from Part X, line 5	4	644,737,814.
5 Multiply line 4 by line 3	5	33,116,313.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	450,537.
7 Add lines 5 and 6	7	33,566,850.
8 Enter qualifying distributions from Part XII, line 4	8	34,200,843.

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 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 instrs)			
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	450,537.
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	450,537.
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	450,537.
6 Credits/Payments			
a 2011 estimated tax pmts and 2010 overpayment credited to 2011	6a 1,154,058.		
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	1,154,058.	
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	703,521.	
11 Enter the amount of line 10 to be: Credited to 2012 estimated tax 703,521. Refunded	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 \$ _____ (2) On foundation managers \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$ _____		
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 instructions). <u>See States Registered In</u>		
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 General Instruction G? <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 2011 or the taxable year beginning in 2011 (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

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Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <u>www.commonwealthfund.org</u>	13	X	
14	The books are in care of <u>Dr. Jeffry 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 2011, 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	

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
1a 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 instructions)? Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/>	1b	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 2011?	1c	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 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011? If 'Yes,' list the years <u>20__</u> , <u>20__</u> , <u>20__</u> , <u>20__</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 instructions)	2b	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__</u> , <u>20__</u> , <u>20__</u> , <u>20__</u>		
3a 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 2011 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 2011)	3b	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	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 2011?	4b	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)?

5b

X

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

6b

X

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

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

7b

b If 'Yes,' did the foundation receive any proceeds or have any net income attributable to the transaction?**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1** List all officers, directors, trustees, foundation managers and their compensation (see instructions).

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

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

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Anthony Shih 1 East 75th St, NY, NY 10021	EVP, Programs 50.00	350,200.	70,040.	0.
Cathy Schoen 1 East 75th St, NY, NY 10021	SVP for Res & Eval 50.00	300,000.	60,000.	0.
Barry Scholl 1 East 75th St, NY, NY 10021	VP - Communications 50.00	269,860.	53,972.	0.
Anne-Marie Audet, MD 1 East 75th St, NY, NY 10021	VP, Health System Qual 50.00	247,200.	49,440.	0.
Diana Davenport 1 East 75th St, NY, NY 10021	VP, Administration 50.00	235,664.	47,133.	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
EnCap Investments 1100 Louisiana, Suite 4900 Houston TX 77002	Investment mgmt	675,876.
Wellington Management 75 State Street Boston MA 02109	Investment mgmt	495,142.
Convexity Capital Management 200 Clarendon Street Boston MA 02116	Investment mgmt	440,442.
ABRY 111 Huntington Avenue, 30th Floor Boston MA 02199	Investment mgmt	322,680.
Silchester International Investors 780 Third Avenue New York NY 10017	Investment mgmt	316,142.
Total number of others receiving over \$50,000 for professional services		22

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 Health System Quality and Efficiency see attached program descriptions	2,799,420.
2 Patient-Centered Coordinated Care see attached program descriptions	3,345,990.
3 International Health Policy and Innovation see attached program descriptions	3,643,451.
4 Communications see attached program descriptions	2,996,961.

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 IX 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	646,604,741.
b Average of monthly cash balances	1b	1,150,254.
c Fair market value of all other assets (see instructions)	1c	6,801,161.
d Total (add lines 1a, b, and c)	1d	654,556,156.
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	654,556,156.
4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	9,818,342.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	644,737,814.
6 Minimum investment return. Enter 5% of line 5	6	32,236,891.

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	32,236,891.
2a Tax on investment income for 2011 from Part VI, line 5	2a	450,537.
b Income tax for 2011 (This does not include the tax from Part VI.)	2b	
c Add lines 2a and 2b	2c	450,537.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	31,786,354.
4 Recoveries of amounts treated as qualifying distributions	4	81,431.
5 Add lines 3 and 4	5	31,867,785.
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	31,867,785.

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	33,371,913.
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	828,930.
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	34,200,843.
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	450,537.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	33,750,306.

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.

BAA

Form 990-PF (2011)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI, line 7				31,867,785.
2 Undistributed income, if any, as of the end of 2011:				
a Enter amount for 2010 only			1,589,149.	
b Total for prior years: 20__, 20__, 20__				
3 Excess distributions carryover, if any, to 2011:				
a From 2006	0.			
b From 2007	0.			
c From 2008	0.			
d From 2009	0.			
e From 2010	0.			
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2011 from Part XII, line 4: \$ 34,200,843.				
a Applied to 2010, but not more than line 2a			1,589,149.	
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 2011 distributable amount				31,867,785.
e Remaining amount distributed out of corpus	743,909.			
5 Excess distributions carryover applied to 2011 (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	743,909.			
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 2010. Subtract line 4a from line 2a. Taxable amount — see instructions			0.	
f Undistributed income for 2011. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2012				0.
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 2006 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a	743,909.			
10 Analysis of line 9				
a Excess from 2007	0.			
b Excess from 2008	0.			
c Excess from 2009	0.			
d Excess from 2010	0.			
e Excess from 2011	743,909.			

BAA

Form 990-PF (2011)

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year See attached schedule of grants payments				31,470,934.
Total			3a	31,470,934.
b Approved for future payment See attached schedule of grants balances				19,082,658.
Total			3b	19,082,658.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
		(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
1	Program service revenue.					
a						
b						
c						
d						
e						
f						
g	Fees and contracts from government agencies					
2	Membership dues and assessments					
3	Interest on savings and temporary cash investments			14	194,525.	
4	Dividends and interest from securities			14	8,136,532.	
5	Net rental income or (loss) from real estate.					
a	Debt-financed property					
b	Not debt-financed property					
6	Net rental income or (loss) from personal property					
7	Other investment income					
8	Gain or (loss) from sales of assets other than inventory	531390		18	41,886,991.	
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory					
11	Other revenue					
a	Miscellaneous			15		
b						
c						
d						
e						
12	Subtotal. Add columns (b), (d), and (e)				50,218,048.	
13	Total. Add line 12, columns (b), (d), and (e)				13	50,218,048.

(See worksheet in line 13 instructions to verify calculations)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

Form 990-PF
Part I, Line 6a

Net Gain or Loss From Sale of Assets

2011

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

Asset Information:

Description of Property: <u>Investment assets</u>	
Date Acquired: <u>Various</u>	How Acquired: <u>Purchased</u>
Date Sold: <u>Various</u>	Name of Buyer: <u>Various</u>
Sales Price: <u>314,565,954.</u>	Cost or other basis (do not reduce by depreciation): <u>272,678,963.</u>
Sales Expense: _____	Valuation Method: _____
Total Gain (Loss): <u>41,886,991.</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: _____

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

Line 18 Stmt

Taxes	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
Unrelated Business Inc	250.			
Excise taxes - deferred				
State registration	1,500.			
Total	1,750.			

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	1,157,186.	104,963.		498,550.
Subscriptions and publications	25,586.	25,586.		
Presidential Search	71,782.			71,782.
Total	1,254,554.	130,549.		570,332.

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

States Registered In

NY - New York

DC - District of Columbia

Form 990-PF, Page 1, Part I

Line 16c - Other Professional Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Cambridge Associates	Investment Mgmt	194,841.	194,841.		
Harris Associates	Investment Mgmt	142,571.	142,571.		
JPMorgan Chase	Custodial	192,293.	192,293.		
Mayo Investment Advl	Investment Mgmt	275,183.	275,186.		
Wellington Trust	Investment Mgmt	495,142.	495,142.		
Axiom	Investment Mgmt	246,389.	246,389.		
Convexity	Investment Mgmt	440,442.	440,442.		
Silchester	Investment Mgmt	316,142.	316,142.		
TIFF	Investment Mgmt	237,652.	237,652.		
Colchester	Investment Mgmt	86,416.	86,416.		
State Street	Investment Mgmt	15,824.	15,824.		
ABRY	Investment Mgmt	322,680.	322,680.		
Blackstone	Investment Mgmt	207,477.	207,477.		
Carlyle	Investment Mgmt	15,812.	15,812.		
Columbia	Invetment Mgmt	76,814.	76,814.		
EnCap	Investment Mgmt	675,876.	675,876.		
EnerVest	Investment Mgmt	79,027.	79,027.		
GMO	Investment Mgmt	45,651.	45,651.		
Lindsay Goldberg	Investment Mgmt	130,419.	130,419.		
Madison Int'l	Investment Mgmt	214,512.	214,512.		
ShoreView	Investment Mgmt	105,003.	105,003.		
Other	Investment Mgmt	104,844.	128,514.		
Total		4,621,010.	4,644,683.		

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
Harris separate account - see schedule for detail	21,460,848.	21,460,848.
Mayo separate account - see schedule for detail	37,275,289.	37,275,289.
Russell 1000 Index	18,010,607.	18,010,607.
Axiom	22,856,520.	22,856,520.
City of London	10,489,494.	10,489,494.
GMO Emerging Markets	11,189,531.	11,189,531.
Securities directly held	742,698.	742,698.
IVA	23,471,144.	23,471,144.
Varde	5,081,957.	5,081,957.
GMO Quality Fund	35,898,933.	35,898,933.
Investure Global Equity Fund	37,871,613.	37,871,613.
Total	224,348,634.	224,348,634.

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
Colchester	14,082,850.	14,082,850.
Convexity Class A	6,532,803.	6,532,803.
Convexity Class B	6,996,881.	6,996,881.
Convexity Class G	10,238,310.	10,238,310.
Lazard Emerging Income	5,937,879.	5,937,879.
Investure Fixed Income - Govt Bonds	14,308,231.	14,308,231.
Total	58,096,954.	58,096,954.

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

L-13 Stmt

Line 13 - Investments - Other:	End of Year	
	Book Value	Fair Market Value
ABRY Advanced Securities	3,920,691.	3,920,691.
ABRY Advanced Securities II	2,077,441.	2,077,441.
Blackstone Distressed	82,465.	82,465.
Farallon Trust	7,718,147.	7,718,147.
TIFF ARP II	108,116,830.	108,116,830.
Astoria	3,980,351.	3,980,351.
SPDR Gold	4,539,773.	4,539,773.
Van Eck Intl Investor Gold	5,164,195.	5,164,195.
Hedge fund residuals	35,781.	35,781.
Wellington Diversified Inflation Hedge	30,082,287.	30,082,287.
Wellington Energy	14,446,283.	14,446,283.
Abingworth IV	1,553,879.	1,553,879.
Abingworth V	2,705,571.	2,705,571.
ABRY Partners VI	4,532,666.	4,532,666.

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 Senior Equity Fund III	3,790,546.	3,790,546.
Alta V	23,759.	23,759.
Blackstone Capital Partners V	4,092,210.	4,092,210.
Blackstone Real Estate Partners Intl II	3,106,661.	3,106,661.
Blackstone Real Estate Partners Europe III	2,062,933.	2,062,933.
Blackstone Real Estate Partners V	5,532,798.	5,532,798.
Blackstone Real Estate Partners VI	5,754,542.	5,754,542.
Carlyle Partners IV	4,740,701.	4,740,701.
Columbia Capital Equity Partners IV	6,140,761.	6,140,761.
Columbia Capital Equity Partners V	2,836,308.	2,836,308.
Dover Street V	1,096,933.	1,096,933.
Dover Street VI	3,640,497.	3,640,497.
Dover Street VII	4,872,536.	4,872,536.
EnCap Energy V-B	745,645.	745,645.
EnCap Energy VI-B	1,654,875.	1,654,875.
EnCap Energy VII	3,644,976.	3,644,976.
EnCap Energy VIII	1,782,628.	1,782,628.
Enervest Energy X-B	3,021,452.	3,021,452.
Enervest Energy XI-B	7,213,805.	7,213,805.
Enervest Energy XII-C	1,434,702.	1,434,702.
Granite Ventures II	3,622,631.	3,622,631.
Inter-Asia Capital III Trust	609.	609.
Lubert-Adler Real Estate Fund V	614,170.	614,170.
Lubert-Adler Real Estate Fund VI	669,314.	669,314.
TIFF Partners II	246,334.	246,334.
Lindsay Goldberg & Bessemer	8,063,141.	8,063,141.
Madison International Real Estate Fund III	3,664,157.	3,664,157.
Madison International Real Estate Fund IV	4,548,642.	4,548,642.
Oak Investment Partners VI	5,020.	5,020.
Polaris Venture Partners V	4,795,093.	4,795,093.
Polaris Venture Partners VI	229,342.	229,342.
ProQuest Investments IV	562,601.	562,601.
Resource Capital Fund	2,733,554.	2,733,554.
Rho Ventures V	3,813,802.	3,813,802.
Rho Ventures VI	4,138,800.	4,138,800.
RMS Forest Growth	5,861,595.	5,861,595.
Shorenstein Realty 9	1,613,576.	1,613,576.
Shoreview Capital	1,029,125.	1,029,125.
Shoreview Capital II	2,141,158.	2,141,158.
Silverlake Partners II	2,603,601.	2,603,601.
Silverlake Partners III	2,957,906.	2,957,906.
Sofinnova Venture Partners VII	1,182,727.	1,182,727.
TA/Advent VIII	24,688.	24,688.
TA IX	351,590.	351,590.
TA X	3,155,389.	3,155,389.
TA XI	1,983,449.	1,983,449.
SC Fundamental	35,780.	35,780.
Permit Capital	3,047,387.	3,047,387.
Short term fund	26,074,851.	26,074,851.
Total	345,915,660.	345,915,660.

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	6,991,274.	2,471,257.	4,520,017.
Total	<u>7,266,274.</u>	<u>2,471,257.</u>	<u>4,795,017.</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
Receivable from security sales	3,493,372.	6,000,000.	6,000,000.
Taxes refundable	755,008.	694,396.	694,396.
Total	<u>4,248,380.</u>	<u>6,694,396.</u>	<u>6,694,396.</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	2,734,441.	1,539,655.
Post retirement health care liab	4,776,443.	4,602,212.
Total	<u>7,510,884.</u>	<u>6,141,867.</u>

Supporting Statement of:

Form 990-PF, p1/Line 11(b)-1

Description	Amount
Royalties	867.
Foreign Currency Exchange	-2,648.
Other	4,183.
Total	<u>2,402.</u>

Supporting Statement of:

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

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

Supporting Statement of:

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

Description	Amount
Grants payable per schedule	19,082,658.
Discount on grants payable	-40,446.
Total	<u>19,042,212.</u>

FD404
RECONCILIATION OF INCOME

THE COMMONWEALTH FUND-HARRIS ASSOCIATES LP

THROUGH
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JUNE 30, 2011
JUNE 30, 2012
PAGE 5

NET INTEREST

INTEREST RECEIVED
ACCRUED INTEREST AT END OF PERIOD
ACCRUED INTEREST AT BEGINNING OF PERIOD
TOTAL NET INTEREST

CURRENT PERIOD
104.49
5.91
(11.81)
98.59

YEAR-TO-DATE
104.49
5.91
(11.81)
98.59

TOTAL NET INTEREST EARNED

98.59

NET DIVIDENDS - COMMON STOCK

DIVIDENDS RECEIVED
ACCRUED DIVIDENDS AT END OF PERIOD
ACCRUED DIVIDENDS AT BEGINNING OF PERIOD

377,351.00
18,472.25
(18,126.00)

377,351.00
18,472.25
(18,126.00)

TOTAL NET DIVIDENDS EARNED - COMMON STOCK

377,697.25

377,697.25

TOTAL EARNED INCOME

377,795.84

377,795.84



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	<u>COST</u>	<u>MARKET VALUE</u>	<u>ACCRUED INCOME</u>	<u>%GAIN (LOSS)</u>	<u>%PORT</u>	<u>ESTIMATED ANNUAL INCOME</u>	<u>CURRENT YIELD</u>
SETTLED CASH	0.00	0.00	0.00	.0	.0	0.00	.00
RECEIVABLES	18,478.16	18,478.16		.0	.1		
NET CASH	18,478.16	18,478.16		.0	.1		
EQUITIES							
COMMON STOCK							
MISCELLANEOUS	6,721,533.45	6,946,247.00	0.00	3.3	32.4	109,873.00	1.58
CAPITAL EQUIPMENT	3,658,116.12	4,878,020.00	6,084.00	33.3	22.7	107,116.00	2.20
CONSUMER GOODS	1,303,389.89	2,148,276.00	0.00	64.8	10.0	8,650.00	.40
ENERGY	842,072.87	1,329,942.00	0.00	57.9	6.2	9,536.00	.72
FINANCE	2,381,899.67	3,134,326.00	2,241.00	31.6	14.6	70,380.00	2.25
MATERIALS	56,071.26	144,347.00	0.00	157.4	.7	3,128.00	2.17
SERVICES	1,711,666.20	1,977,540.00	10,147.25	15.5	9.2	38,797.90	1.96
COMMON STOCK	16,674,749.46	20,558,698.00	18,472.25	23.3	95.8	347,480.90	1.69
EQUITIES	16,674,749.46	20,558,698.00	18,472.25	23.3	95.8	347,480.90	1.69
CASH EQUIVALENTS							
STIF	883,677.89	883,677.89	5.91	.0	4.1	88.29	.01
CASH EQUIVALENTS	883,677.89	883,677.89	5.91	.0	4.1	88.29	.01
NET ASSETS	17,576,905.51	21,460,854.05	18,478.16	22.1	100.0	347,569.19	1.62

FD406
DETAIL STATEMENT OF
ASSETS AND LIABILITIES

THE COMMONWEALTH FUND-HARRIS ASSOCIATES LP

PAGE 7
P 56539

AS OF JUNE 30, 2012

* * SECURITIES * *	UNIT COST MARKET PRICE SHARES/PAR	COST	MARKET VALUE ACCRUED INCOME	UNREALIZED GAIN(LOSS)
EQUITIES				
COMMON STOCK				
APACHE CORP USD0.625 O37411105	61.1204 87.89 7,800	476,739.18	685,542.00 0.00	208,802.82
APPLIED MATERIALS INC COM STK USD0.01 O38222105	12.9102 11.46 103,600	1,337,499.39	1,187,256.00 0.00	(150,243.39)
BOEING CO COM STK USD5 O97023105	50.9567 74.30 15,700	800,020.69	1,166,510.00 0.00	366,489.31
CALPINE CORP COM STK USD0.001 WI 131347304	12.8926 16.51 27,900	359,702.36	460,629.00 0.00	100,926.64
CARMAX INC COM STK USD0.50 143130102	24.6933 25.94 28,000	691,413.60	726,320.00 0.00	34,906.40
CARNIVAL CORP COM STK USD0.01(PAIRED STO 143658300	40.1890 34.27 34,000	1,366,425.94	1,165,180.00 0.00	(201,245.94)
CATERPILLAR INC COM STK USD1 149123101	32.9831 84.91 1,700	56,071.26	144,347.00 0.00	88,275.74
COMCAST CORP(NEW) CLASS'A'COM USD1 SPECI 20030N200	22.5814 31.40 33,300	751,959.92	1,045,620.00 5,411.25	293,660.08
DELPHI AUTOMOTIVE PLC ORD USD0.01 G27823106	29.6314 25.50 34,300	1,016,357.34	874,650.00 0.00	(141,707.34)
DRESSER RAND GROUP COM STK USD0.01 261608103	45.5755 44.54 12,700	578,808.46	565,658.00 0.00	(13,150.46)
FRANKLIN RESOURCES INC COM STK USD0.10 354613101	58.1336 110.99 8,300	482,508.48	921,217.00 2,241.00	438,708.52

JPMorgan Chase Bank N.A.
270 Park Ave
New York, NY 10017

J.P.Morgan



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FD406
DETAIL STATEMENT OF
ASSETS AND LIABILITIES

THE COMMONWEALTH FUND-HARRIS ASSOCIATES LP

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AS OF JUNE 30, 2012

* * SECURITIES * *	UNIT COST MARKET PRICE SHARES/PAR	COST	MARKET VALUE ACCRUED INCOME	UNREALIZED GAIN(LOSS)
ILLINOIS TOOL WORKS INC COM STK NPV 452308109	31.7710 52.89 16,900	536,929.20	893,841.00 6,084.00	356,911.80
INTEL CORP COM STK USDO.001 458140100	20.1301 26.65 58,800	1,183,651.03	1,567,020.00 0.00	383,368.97
JPMORGAN CHASE & CO COM STK USD1 46625H100	29.9055 35.73 31,600	945,015.19	1,129,068.00 0.00	184,052.81
NATIONAL OILWELL VARCO INC COM STK USDO. 637071101	36.5334 64.44 10,000	365,333.69	644,400.00 0.00	279,066.31
ORACLE CORP USDO.01 68389X105	29.2411 29.70 26,600	777,812.84	790,020.00 0.00	12,207.16
PENN NATIONAL GAMING INC COM STK USDO.01 707569109	30.7432 44.59 27,600	848,512.58	1,230,684.00 0.00	382,171.42
ROBERT HALF INTERNATIONAL INC COM STK US 770323103	21.4960 28.57 22,100	475,061.46	631,397.00 0.00	156,335.54
STARWOOD HTLS WRLD PAIRED CERT CLASS'B'U 85590A401	26.2935 53.04 17,300	454,877.31	917,592.00 0.00	462,714.69
TIFFANY & CO COM STK USDO.01 886547108	54.5288 52.95 17,600	959,706.28	931,920.00 4,736.00	(27,786.28)
VISA INC USDO.0001 'A' 92826C839	74.8584 123.63 10,500	786,013.53	1,298,115.00 0.00	512,101.47
WELLS FARGO & CO COM STK USD1 2/3 949746101	30.1127 33.44 47,300	1,424,329.73	1,581,712.00 0.00	157,382.27

FD408
DETAIL STATEMENT OF
ASSETS AND LIABILITIES

THE COMMONWEALTH FUND-HARRIS ASSOCIATES LP

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AS OF JUNE 30, 2012

* * SECURITIES * *	UNIT COST MARKET PRICE SHARES/PAR	COST	MARKET VALUE ACCRUED INCOME	UNREALIZED GAIN/(LOSS)
TOTAL COMMON STOCK		16,674,749.46	20,558,698.00 18,472.25	3,883,948.54
TOTAL EQUITIES		16,674,749.46	20,558,698.00 18,472.25	3,883,948.54
CASH EQUIVALENTS				
STIF				
JPMORGAN PRIME MMKT - PREMIER SHR FUND 3 MONTHLY VARIABLE 12/31/2099 466995115	100.00 100.00 794,576.6900	794,576.69	794,576.69 5.31	0.00
JPMORGAN PRIME MMKT - PREMIER SHR FUND 3 MONTHLY VARIABLE 12/31/2049 928991884	100.00 100.00 89,101.2000	89,101.20	89,101.20 0.60	0.00
TOTAL STIF		883,677.89	883,677.89 5.91	0.00
TOTAL CASH EQUIVALENTS		883,677.89	883,677.89 5.91	0.00
TOTAL SECURITIES		17,558,427.35	21,442,375.89 18,478.16	3,883,948.54



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New York, NY 10017

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* * SUMMARY * *	COST	MARKET VALUE	UNREALIZED GAIN(LOSS)
SECURITIES	17,558,427.35	21,442,375.89	3,883,948.54
RECEIVABLES	18,478.16	18,478.16	0.00
TOTAL NET ASSETS	17,576,905.51	21,460,854.05	3,883,948.54

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SUMMARY STATEMENT
OF INVESTMENT HOLDINGS
BY SECURITY CATEGORIZATION

THE COMMONWEALTH-MAYO INVESTMENT ADVISERS LLC

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AS OF JUNE 30, 2012

	<u>COST</u>	<u>MARKET VALUE</u>	<u>ACCRUED INCOME</u>	<u>%GAIN (LOSS)</u>	<u>%PORT</u>	<u>ESTIMATED ANNUAL INCOME</u>	<u>CURRENT YIELD</u>
SETTLED CASH	0.00	0.00	0.00	.0	.0	0.00	.00
RECEIVABLES	43,023.56	43,023.56		.0	.1		
NET CASH	43,023.56	43,023.56		.0	.1		
EQUITIES							
COMMON STOCK							
MISCELLANEOUS	3,362,192.19	3,081,475.00	0.00	(8.3)	8.3	41,162.50	1.34
CAPITAL EQUIPMENT	2,755,272.28	2,665,779.00	0.00	(3.2)	7.2	22,850.00	.86
CONSUMER GOODS	5,808,169.70	7,174,405.00	2,362.50	23.5	19.2	155,825.00	2.17
ENERGY	2,908,602.00	2,805,325.00	6,800.00	(3.6)	7.5	44,340.00	1.58
FINANCE	1,513,873.00	1,622,425.00	0.00	7.2	4.4	24,725.00	1.52
GOLD MINES	1,802,210.45	1,939,415.00	0.00	7.6	5.2	36,612.50	1.89
MATERIALS	337,969.25	289,100.00	0.00	(14.5)	.8	10,500.00	3.63
SERVICES	6,775,173.30	8,499,885.00	9,750.00	25.5	22.8	285,810.00	3.36
COMMON STOCK	25,263,462.17	28,077,809.00	18,912.50	11.1	75.3	621,825.00	2.21
PREFERRED STOCK							
CONVERTIBLE PREFERRED	506,487.76	332,000.00	0.00	(34.5)	.9	0.00	.00
PREFERRED STOCK	506,487.76	332,000.00	0.00	(34.5)	.9	0.00	.00
ADR							
CAPITAL EQUIPMENT	0.00	0.00	4,973.45	.0	.0	0.00	.00
ENERGY	260,009.41	224,750.00	3,038.21	(13.6)	.6	14,850.00	6.61
ADR	260,009.41	224,750.00	8,011.66	(13.6)	.6	14,850.00	6.61
EQUITIES	26,029,959.34	28,634,559.00	26,924.16	10.0	76.8	636,675.00	2.22
FIXED INCOME							
CORPORATE BONDS							
NON-CONVERTIBLE	1,050,057.50	1,126,400.50	16,069.09	7.3	3.0	83,312.50	7.40
CORPORATE BONDS	1,050,057.50	1,126,400.50	16,069.09	7.3	3.0	83,312.50	7.40
FIXED INCOME	1,050,057.50	1,126,400.50	16,069.09	7.3	3.0	83,312.50	7.40

THE COMMONWEALTH-MAYO INVESTMENT ADVISERS LLC

AS OF JUNE 30, 2012

	<u>COST</u>	<u>MARKET VALUE</u>	<u>ACCRUED INCOME</u>	<u>%GAIN (LOSS)</u>	<u>%PORT</u>	<u>ESTIMATED ANNUAL INCOME</u>	<u>CURRENT YIELD</u>
CASH EQUIVALENTS							
STIF	4,058,809.05	4,058,809.05	30.31	.0	10.9	405.55	.01
	4,058,809.05	4,058,809.05	30.31	.0	10.9	405.55	.01
SHORT TERM INVESTMENTS							
TREASURY BILLS	2,641,184.67	2,641,598.08	0.00	.0	7.1	0.00	.00
	2,641,184.67	2,641,598.08	0.00	.0	7.1	0.00	.00
INVESTMENT COMPANIES							
MUTUAL FUNDS	444,397.00	775,950.00	0.00	74.6	2.1	0.00	.00
UNDEFINED SECTOR							
	444,397.00	775,950.00	0.00	74.6	2.1	0.00	.00
MUTUAL FUNDS	444,397.00	775,950.00	0.00	74.6	2.1	0.00	.00
INVESTMENT COMPANIES							
	444,397.00	775,950.00	0.00	74.6	2.1	0.00	.00
NET ASSETS	34,267,431.12	37,280,340.19	43,023.56	8.8	100.0	720,393.05	1.93

FD406
DETAIL STATEMENT OF
ASSETS AND LIABILITIES

THE COMMONWEALTH-MAYO INVESTMENT ADVISERS LLC

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AS OF JUNE 30, 2012

* * SECURITIES * *

EQUITIES

COMMON STOCK

ABBOTT LABS COM NPV
002824100

45.9397
64.47
19,000

872,854.20
1,224,930.00
0.00

352,075.80

ACME PACKET INC COM STK USDO.001
004764106

27.1458
18.65
5,000

135,729.00
93,250.00
0.00

(42,479.00)

AMERICAN EXPRESS CO COM USDO.20
025816109

52.0958
58.21
7,500

390,718.50
436,575.00
0.00

45,856.50

ANADARKO PETROLEUM CORP COM STK USDO.10
032511107

45.4245
66.20
7,500

340,684.00
496,500.00
0.00

155,816.00

ARCHER DANIELS MIDLAND CO COM STK NPV
039483102

30.0135
29.52
30,000

900,404.00
885,600.00
0.00

(14,804.00)

AT&T INC COM STK USD1
00206R102

25.1690
35.66
72,500

1,824,752.75
2,585,350.00
0.00

760,597.25

BANK OF AMERICA CORP COM STK USDO.01
060505104

12.3581
8.18
15,000

185,371.50
122,700.00
0.00

(62,671.50)

BARRICK GOLD CORP COM NPV
067901108

35.9324
37.57
37,500

1,347,466.75
1,408,875.00
0.00

61,408.25

CENTURYLINK INC
156700106

34.4447
39.49
7,500

258,335.25
296,175.00
0.00

37,839.75

CHESAPEAKE ENERGY CORP COM STK USDO.01
165167107

45.8724
18.60
5,000

229,362.00
93,000.00
0.00

(136,362.00)

CHEVRON CORP COM STK USDO.75
166764100

60.4389
105.50
2,500

151,097.25
263,750.00
0.00

112,652.75

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DETAIL STATEMENT OF
ASSETS AND LIABILITIES

THE COMMONWEALTH-MAYO INVESTMENT ADVISERS LLC

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AS OF JUNE 30, 2012

* * SECURITIES * *	UNIT COST MARKET PRICE SHARES/PAR	COST	MARKET VALUE ACCRUED INCOME	UNREALIZED GAIN(LOSS)
CISCO SYSTEMS INC COM STK USDO.001 17275R102	19.2300 17.17 25,000	480,750.25	429,250.00 0.00	(51,500.25)
CITIGROUP INC USDO.01 172967424	31.50 27.41 12,500	393,750.00	342,625.00 0.00	(51,125.00)
COMCAST CORP COM CLS 'A' USD 0.01 20030N101	19.8633 31.97 60,000	1,191,799.25	1,918,200.00 9,750.00	726,400.75
CVS CAREMARK CORP COM STK USDO.01 126650100	36.5375 46.73 20,000	730,749.25	934,600.00 0.00	203,850.75
DELTA AIR LINES INC USDO.01 247361702	10.9078 10.95 40,000	436,313.68	438,000.00 0.00	1,686.32
EMC CORP COM STK USDO.01 268648102	17.2971 25.63 10,000	172,970.50	256,300.00 0.00	83,329.50
EQT CORP COM STK NPV 26884L109	61.9422 53.63 7,500	464,566.25	402,225.00 0.00	(62,341.25)
FRONTIER COMMUNICATIONS CORP CLASS'B'COM USDO.25 35906A108	7.3361 3.83 50,000	366,804.00	191,500.00 0.00	(175,304.00)
GENERAL ELECTRIC CO. COM STK USDO.06 369604103	15.6366 20.84 40,000	625,465.25	833,600.00 6,800.00	208,134.75
GILEAD SCIENCES INC COM STK USDO.001 375558103	45.3149 51.28 2,500	113,287.25	128,200.00 0.00	14,912.75
GOLDCORP INC COM NPV 380956409	31.7594 37.58 2,500	79,398.50	93,950.00 0.00	14,551.50
GOOGLE INC COM STK USDO.001 CLS A 38259P508	595.5177 580.07 700	416,862.39	406,049.00 0.00	(10,813.39)

* * SECURITIES * *	UNIT COST MARKET PRICE SHARES/PAR	COST	MARKET VALUE ACCRUED INCOME	UNREALIZED GAIN(LOSS)
HALLIBURTON CO COM STK USD2.50 406216101	35.7631 28.39 2,500	89,407.75	70,975.00 0.00	(18,432.75)
HESS CORP COM STK USD1 42809H107	56.8695 43.45 10,000	568,694.75	434,500.00 0.00	(134,194.75)
INTERMEC INC COM STK USD0.01 458786100	7.3755 6.20 22,500	165,948.75	139,500.00 0.00	(26,448.75)
INTERNATIONAL BUS MACH CORP COM STK USD0 459200101	131.0331 195.58 3,500	458,615.75	684,530.00 0.00	225,914.25
INTERNATIONAL PAPER CO COM STK USD1 460146103	33.7969 28.91 10,000	337,969.25	289,100.00 0.00	(48,869.25)
JPMORGAN CHASE & CO COM STK USD1 46625H100	33.31 35.73 5,000	166,550.00	178,650.00 0.00	12,100.00
KROGER CO COM STK USD1 501044101	21.8063 23.19 52,500	1,144,831.05	1,217,475.00 0.00	72,643.95
MARSH & MCLENNAN COS INC COM USD1 571748102	28.1267 32.23 7,500	210,950.00	241,725.00 0.00	30,775.00
MERCK & CO INC(NEW) COM STK USD0.50 58933Y105	0.00 0.00 0	0.00	0.00 1,050.00	0.00
METLIFE INC COM STK USD0.01 59156R108	36.3434 30.85 5,000	181,716.75	154,250.00 0.00	(27,466.75)
MICROSOFT CORP COM STK USD0.00000625 594918104	24.3253 30.59 55,000	1,337,891.00	1,682,450.00 0.00	344,559.00
MOAIC CO(TH) USD0.01 61945C103	60.1083 54.76 17,500	1,051,895.76	958,300.00 0.00	(93,595.76)

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AS OF JUNE 30, 2012

* * SECURITIES * *	UNIT COST MARKET PRICE SHARES/PAR	COST	MARKET VALUE ACCRUED INCOME	UNREALIZED GAIN/(LOSS)
MYLAN INC COM STK USDO.50 628530107	13.9300 21.37 37,500	522,376.25	801,375.00 0.00	278,998.75
NEWMONT MINING CORP COM STK USD1.60 651639106	41.7050 48.51 9,000	375,345.20	436,590.00 0.00	61,244.80
OMNICARE INC COM STK USD1 681904108	24.1385 31.23 10,000	241,384.50	312,300.00 0.00	70,915.50
ORACLE CORP USDO.01 68389X105	29.2538 29.70 2,500	73,134.50	74,250.00 0.00	1,115.50
PFIZER INC COM STK USDO.05 717081103	19.0543 23.00 65,000	1,238,531.25	1,495,000.00 0.00	256,468.75
SAFEMAY INC COM STK USDO.01 786514208	21.2675 18.15 7,500	159,506.00	136,125.00 1,312.50	(23,381.00)
SAIC INC COM STK USDO.0001 78390X101	15.7680 12.12 95,000	1,497,960.14	1,151,400.00 0.00	(346,560.14)
SOUTHWEST AIRLINES CO COM STK USD1 844741108	8.2661 9.22 10,000	82,661.00	92,200.00 0.00	9,539.00
SUNCOR ENERGY INC(NEW) NPV 867224107	30.5179 28.95 27,500	839,241.25	796,125.00 0.00	(43,116.25)
TALISMAN ENERGY INC COM NPV 87425E103	17.5588 11.46 62,500	1,097,427.25	716,250.00 0.00	(381,177.25)
TARGET CORP COM STK USDO.0833 87612E106	58.2325 58.19 1,500	87,348.75	87,285.00 0.00	(63.75)
TRAVELERS COS INC/THE 89417E109	44.4111 63.84 7,500	333,083.00	478,800.00 0.00	145,717.00

* * SECURITIES * *	UNIT COST MARKET PRICE SHARES/PAR	COST	MARKET VALUE ACCRUED INCOME	UNREALIZED GAIN(LOSS)
FRONTIER COMMUNICATIONS CORP 8.25% NTS 1	100.00			
SEMI-ANN. 8.250% 04/15/2017	107.50			
35906AAAF5	500,000	500,000.00	537,500.00 8,708.33	37,500.00
TOTAL CORPORATE BONDS		1,050,057.50	1,126,400.50 16,069.09	76,343.00
TOTAL FIXED INCOME		1,050,057.50	1,126,400.50 16,069.09	76,343.00
CASH EQUIVALENTS				
STIF				
UP MORGAN PRIME MMF PREMIER SHARES	100.00			
MONTHLY VARIABLE 12/31/2049	100.00			
928989458	4,058,809.0500	4,058,809.05	4,058,809.05 30.31	0.00
TOTAL STIF		4,058,809.05	4,058,809.05 30.31	0.00
TOTAL CASH EQUIVALENTS		4,058,809.05	4,058,809.05 30.31	0.00
SHORT TERM INVESTMENTS				
TREASURY BILLS				
UNITED STATES TREAS BILLS DT	99.9772			
0.000% 11/15/2012	99.957			
9127955L1	344,000	343,921.67	343,852.08 0.00	(69.59)
UNITED STATES TREAS BILLS DT	99.881			
MONTHLY 0.000% 02/07/2013	99.902			
9127955Z0	2,300,000	2,297,263.00	2,297,746.00 0.00	483.00
TOTAL TREASURY BILLS		2,641,184.67	2,641,598.08 0.00	413.41
TOTAL SHORT TERM INVESTMENTS		2,641,184.67	2,641,598.08 0.00	413.41

* * SECURITIES * *	UNIT COST MARKET PRICE SHARES/PAR	COST	MARKET VALUE ACCRUED INCOME	UNREALIZED GAIN(LOSS)
INVESTMENT COMPANIES				
MUTUAL FUNDS				
SPDR GOLD TRUST SHARES NPV 78463V107	88.8794 155.19 5,000	444,397.00	775,950.00 0.00	331,553.00
TOTAL MUTUAL FUNDS		444,397.00	775,950.00 0.00	331,553.00
TOTAL INVESTMENT COMPANIES		444,397.00	775,950.00 0.00	331,553.00
TOTAL SECURITIES		34,224,407.56	37,237,316.63 43,023.56	3,012,909.07



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FD406
 DETAIL STATEMENT OF
 ASSETS AND LIABILITIES

THE COMMONWEALTH-MAYO INVESTMENT ADVISERS LLC

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AS OF
 JUNE 30, 2012

* * SUMMARY * *

	COST	MARKET VALUE	UNREALIZED GAIN(LOSS)
SECURITIES	34,224,407.56	37,237,316.63	3,012,909.07
RECEIVABLES	43,023.56	43,023.56	0.00
TOTAL NET ASSETS	34,267,431.12	37,280,340.19	3,012,909.07

**FD408
SUMMARY STATEMENT OF NET
REALIZED GAINS AND (LOSSES)**

THE COMMONWEALTH-MAYO INVESTMENT ADVISERS LLC

THROUGH

*** SUMMARY ***	PROCEEDS COST	NET REALIZED GAIN/(LOSS)
SECURITIES	30,426,224.40 (29,941,104.55)	485,119.85
TOTAL ACCOUNT	<u>30,426,224.40</u> <u>(29,941,104.55)</u>	<u>485,119.85</u>

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

L-13 Stmt

Line 13 - Investments - Other:	End of Year	
	Book Value	Fair Market Value
ABRY Advanced Securities	3,920,691.	3,920,691.
ABRY Advanced Securities II	2,077,441.	2,077,441.
Blackstone Distressed	82,465.	82,465.
Farallon Trust	7,718,147.	7,718,147.
TIFF ARP II	108,116,830.	108,116,830.
Astoria	3,980,351.	3,980,351.
SPDR Gold	4,539,773.	4,539,773.
Van Eck Intl Investor Gold	5,164,195.	5,164,195.
Hedge fund residuals	35,781.	35,781.
Wellington Diversified Inflation Hedge	30,082,287.	30,082,287.
Wellington Energy	14,446,283.	14,446,283.
Abingworth IV	1,553,879.	1,553,879.
Abingworth V	2,705,571.	2,705,571.
ABRY Partners VI	4,532,666.	4,532,666.
ABRY Senior Equity Fund III	3,790,546.	3,790,546.
Alta V	23,759.	23,759.
Blackstone Capital Partners V	4,092,210.	4,092,210.
Blackstone Real Estate Partners Intl II	3,106,661.	3,106,661.
Blackstone Real Estate Partners Europe III	2,062,933.	2,062,933.
Blackstone Real Estate Partners V	5,532,798.	5,532,798.
Blackstone Real Estate Partners VI	5,754,542.	5,754,542.
Carlyle Partners IV	4,740,701.	4,740,701.
Columbia Capital Equity Partners IV	6,140,761.	6,140,761.
Columbia Capital Equity Partners V	2,836,308.	2,836,308.
Dover Street V	1,096,933.	1,096,933.
Dover Street VI	3,640,497.	3,640,497.
Dover Street VII	4,872,536.	4,872,536.
EnCap Energy V-B	745,645.	745,645.
EnCap Energy VI-B	1,654,875.	1,654,875.
EnCap Energy VII	3,644,976.	3,644,976.
EnCap Energy VIII	1,782,628.	1,782,628.
Enervest Energy X-B	3,021,452.	3,021,452.
Enervest Energy XI-B	7,213,805.	7,213,805.
Enervest Energy XII-C	1,434,702.	1,434,702.
Granite Ventures II	3,622,631.	3,622,631.
Inter-Asia Capital III Trust	609.	609.
Lubert-Adler Real Estate Fund V	614,170.	614,170.
Lubert-Adler Real Estate Fund VI	669,314.	669,314.
TIFF Partners II	246,334.	246,334.
Lindsay Goldberg & Bessemer	8,063,141.	8,063,141.
Madison International Real Estate Fund III	3,664,157.	3,664,157.
Madison International Real Estate Fund IV	4,548,642.	4,548,642.
Oak Investment Partners VI	5,020.	5,020.
Polaris Venture Partners V	4,795,093.	4,795,093.
Polaris Venture Partners VI	229,342.	229,342.
ProQuest Investments IV	562,601.	562,601.
Resource Capital Fund	2,733,554.	2,733,554.
Rho Ventures V	3,813,802.	3,813,802.
Rho Ventures VI	4,138,800.	4,138,800.
RMS Forest Growth	5,861,595.	5,861,595.
Shorenstein Realty 9	1,613,576.	1,613,576.
Shoreview Capital	1,029,125.	1,029,125.
Shoreview Capital II	2,141,158.	2,141,158.

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

Continued

Line 13 - Investments - Other:	End of Year	
	Book Value	Fair Market Value
Silverlake Partners II	2,603,601.	2,603,601.
Silverlake Partners III	2,957,906.	2,957,906.
Sofinnova Venture Partners VII	1,182,727.	1,182,727.
TA/Advent VIII	24,688.	24,688.
TA IX	351,590.	351,590.
TA X	3,155,389.	3,155,389.
TA XI	1,983,449.	1,983,449.
SC Fundamental	35,780.	35,780.
Permit Capital	3,047,387.	3,047,387.
Short term fund	26,074,851.	26,074,851.
Total	345,915,660.	345,915,660.

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	6,991,274.	2,471,257.	4,520,017.
Total	7,266,274.	2,471,257.	4,795,017.

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
Receivable from security sales	3,493,372.	6,049,001.	6,049,001.
Taxes refundable	755,008.	694,396.	694,396.
Total	4,248,380.	6,743,397.	6,743,397.

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	2,734,441.	1,536,089.
Post retirement health care liab	4,776,443.	4,602,212.
Total	7,510,884.	6,138,301.

Supporting Statement of:

Form 990-PF, pl/Line 11(b)-1

Description	Amount
Royalties	867.
Foreign Currency Exchange	-2,648.
Other	4,183.
Total	<u>2,402.</u>

Supporting Statement of:

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

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

Supporting Statement of:

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

Description	Amount
Ordinary loss	-1,250,740.
Net rental real estate loss	-7,647.
Other net rental income	7,304.
Interest income	6,730.
Ordinary dividends	10,246.
Royalty income	110.
Net short-term capital gain	9,007.
Net long-term capital gain	949.
Unrecaptured 1231 gain	4,749.
Section 1231 gain	144,723.
Other portfolio loss	-148.
Cancellation of debt	76,536.
Other income	74,450.
Section 129 deduction	-44.
Cash contributions - 50%	-301.
Cash contributions - 30%	-21.
Investment interest expense	-13,549.
Deductions - royalty income	-20.
Section 50(E)(2) expenditures	-23,036.
Deductions - portfolio (2% floor)	-17,593.
Deductions - portfolio (other)	-168.
Other deductions	-41,743.
Post-1986 depreciation adjustment	-1,115.
Adjusted loss	-274.
Depletion (other than oil & gas)	-49.
Abandonment of assets	-1.

Continued

Supporting Statement of:

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

Description	Amount
Nondeductible expenses	604.
Total	<u>-1,021,041.</u>

The Commonwealth Fund
13-1635260
Depreciation Expense
Fiscal Year End 6/30/12

Part I, Line 19, Column (a)

Year			Furniture &	Computer
<u>Acquired</u>	<u>Total</u>	<u>Buildings</u>	<u>Fixtures</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	16,182	16,779	-597	0
2002 - 2003	20,061	20,061	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	22,267	15,898	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	18,546	7,400	11,146	0
2010 - 2011	20,647	17,220	3,427	0
2011 - 2012	5,350	3,098	762	1,490
Total	318,765	219,666	54,306	44,792

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, 2012

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

- (i) Grantee: Actuarial Research Corporation
6928 Little River Turnpike
Annandale, VA 22003
United States
- (ii) Grant #: 20120510
- Project Director and Purpose: James Mays, M.A. (5/28/12-12/31/12) Modeling
the Impact of Health Care Payment, Financing,
and System Reforms
- Date Approved: May 21, 2012
- Grant Amount: \$250,000
- | Dates / Payments: | Date | Amount |
|-------------------|-----------|--------------|
| | 6/11/2012 | \$150,000.00 |
- (iii) Reports Received
Final Financial Report: not due until 10/5/12
Project Report: not due until 9/3/12
- (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, 2012

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
United States
- (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: December 17, 2010

Grant Amount: \$38,000

Dates / Payments:	Date	Amount
	6/25/2012	\$7,600.00

(iii) **Reports Received**

Final Financial Report: 6/12/12; see section (iv) below.

Interim/Final Project Report: various reports were received in the fiscal year ending 6/30/12.

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

- (iv) **Total expenditures through 4/30/11 reported on Financial Report in section (iii):** \$40,604.71
- (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, 2012**

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: December 2, 2008
Grant Amount: \$50,720
Dates / Payments: No payments were made during the fiscal year ending 6/30/12.
- (iii) **Reports Received**
Final Financial and Project Reports are overdue. Future payments will be made only when reporting requirements have been fulfilled.
- (iv) **Total expenditures reported on Financial Report in section (iii):** NA
- (v) **Diversions:** NA
- (vi) **Verification:** NA

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

Expenditure Responsibility Statement
For the year ending June 30, 2012

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

- (i) **Grantee:** Center for Studying Health System Change
1100 1st Street, NE, 12th Floor
Washington, DC 20002-4221
- (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: October 26, 2009
- Grant Amount: \$237,010
- | Dates / Payments: | Date | Amount |
|-------------------|------------|-------------|
| | 12/27/2011 | \$22,029.00 |
- (iii) **Reports Received**
Final Financial Report: 12/21/11; see section (iv) below.
Final Project Report: 12/15/11
- Center for Studying Health System Change submitted full and complete financial reports of its expenditure of grant funds as well as a report on all activities under the grant.
- (iv) Total expenditures through 10/31/11 reported on Financial Report in section (iii):
\$237,239.55
- (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, 2012

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

- (i) Grantee: Center for Studying Health System Change
1100 1st Street, NE, 12th Floor
Washington, DC 20002-4221
- (ii) Grant #: 20100070

Project Director and Purpose: Emily Carrier, M.D., M.Sc. 2/1/10-3/30/12.
Using Care Coordination Agreements in Primary Care

Date Approved: November 10, 2009
Grant Amount: \$179,897
Dates / Payments: No payments were made during the fiscal year ending 6/30/12.
- (iii) Reports Received
Final Financial Report: 5/3/12; see section (iv) below.
Final Project Report is overdue. Future payments will be made only when reporting requirements have been fulfilled.
- (iv) Total expenditures through 3/30/12 reported on Financial Report in section (iii):
\$113,507.26
- (v) Diversions: NA
- (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, 2012

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

- (i) **Grantee:** Center for Studying Health System Change
1100 1st Street, NE, 12th Floor
Washington, DC 20002-4221
- (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:** April 13, 2010
- Grant Amount:** \$163,970
- | Dates / Payments: | Date | Amount |
|--------------------------|-------------|---------------|
| | 1/17/2012 | \$32,053.06 |
- (iii) **Reports Received**
Final Financial Report: 12/23/11; see section (iv) below.
Final Project Report: 11/30/11
- Center for Studying Health System Change submitted full and complete financial reports of its expenditure of grant funds as well as a report on all activities under the grant.
- (iv) Total expenditures through 11/30/11 reported on Financial Report in section (iii): \$163,229.06
- (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, 2012

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

- (i) Grantee: Center for Studying Health System Change
1100 1st Street, NE, 12th Floor
Washington, DC 20002-4221
- (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: April 12, 2011

Grant Amount: \$110,440

<u>Dates / Payments:</u>	<u>Date</u>	<u>Amount</u>
	2/21/2012	\$46,500.00

(iii) Reports Received

Interim Financial Report: 11/17/11; see section (iv) below.

Project Report: various reports were received in the fiscal year ending 6/30/12.

- (iv) Total expenditures through 10/31/11 reported on Financial Report in section (iii): \$47,507.63
- (v) Diversions: To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.
- (vi) Verification: The Commonwealth Fund has no reason to doubt the accuracy or reliability of the report from the grantee; therefore, no independent verification of this report was made.

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

Expenditure Responsibility Statement
For the year ending June 30, 2012

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

- (i) **Grantee:** Center for Studying Health System Change
1100 1st Street, NE, 12th Floor
Washington, DC 20002-4221
- (ii) **Grant #:** 20110327
- Project Director and Purpose:** Laurie Felland, M.S. 8/1/11-9/30/12. Models of
Access to Specialty Services for Medicaid
Enrollees: Implications for Health Reform
- Date Approved:** July 12, 2011
- Grant Amount:** \$233,455
- | | | |
|--------------------------|-------------|---------------|
| Dates / Payments: | Date | Amount |
| | 8/22/2011 | \$90,000.00 |
| | 4/16/2012 | \$90,000.00 |
- (iii) **Reports Received**
Interim Financial Report: 3/30/12; see section (iv) below.
Interim Project Report: 3/30/12
- (iv) **Total expenditures through 1/31/12 reported on Financial Report in section (iii):**
\$73,600.39
- (v) **Diversions:** To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.
- (vi) **Verification:** The Commonwealth Fund has no reason to doubt the accuracy or reliability of the report from the grantee; therefore, no independent verification of this report was made.

The Commonwealth Fund
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Expenditure Responsibility Statement
For the year ending June 30, 2012

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

- (i) **Grantee:** Center for Studying Health System Change
1100 1st Street, NE, 12th Floor
Washington, DC 20002-4221
- (ii) **Grant #:** 20110470
- Project Director and Purpose:** Peter Cunningham, Ph.D. 8/1/11-12/31/12. The Affordability of Medical Care: Management of Chronic Conditions and the Potential Effects of Health Reform, Phase 2
- Date Approved:** July 12, 2011
- Grant Amount:** \$156,689
- | Dates / Payments: | Date | Amount |
|--------------------------|-------------|---------------|
| | 10/31/2011 | \$65,000.00 |
- (iii) **Reports Received**
Interim Financial Report: 3/23/12; see section (iv) below.
Project Reports are overdue. Future payments will be made only when reporting requirements have been fulfilled.
- (iv) **Total expenditures through 2/29/12 reported on Financial Report in section (iii):** \$10,106.28
- (v) **Diversions:** To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.
- (vi) **Verification:** The Commonwealth Fund has no reason to doubt the accuracy or reliability of the report from the grantee; therefore, no independent verification of this report was made.

The Commonwealth Fund
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Expenditure Responsibility Statement
For the year ending June 30, 2012

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
United States
- (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: October 26, 2009
Grant Amount: \$114,135
Dates / Payments: No payments were made in the fiscal year ending 6/30/12.
- (iii) **Reports Received**
Final Financial Report: 5/10/11; see section (iv) below.
Final Project Report: 3/29/11
- (iv) **Total expenditures through 3/31/11 reported on Financial Report in section (iii):**
\$91,669
- (v) **Diversions:** NA
- (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, 2012**

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
United States
- (ii) **Grant #:** 20110397

Project Director and Purpose: Allen Dobson, Ph.D. 10/1/11 - 3/31/12.
Understanding the Potential Impact of Medicare
Payment Bundling on Long Term Services and
Supports

Date Approved: August 15, 2011

Grant Amount: \$38,898

Dates / Payments:	Date	Amount
	10/3/2011	\$30,000.00

- (iii) **Reports Received**
Financial Report: overdue. Future payments will be made only when reporting requirements have been fulfilled.
Project Report: various reports were received in the fiscal year ending 6/30/12.
- (iv) **Total expenditures reported on Financial Report in section (iii):** NA
- (v) **Diversions:** To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.
- (vi) **Verification:** The Commonwealth Fund has no reason to doubt the accuracy or reliability of the report from the grantee; therefore, no independent verification of this report was made.

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

**Expenditure Responsibility Statement
For the year ending June 30, 2012**

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

- (i) **Grantee:** Dougherty Management Associates, Inc.
9 Meriam Street, Suite 4
Lexington, MA 2420
- (ii) **Grant #:** 20110473
- Project Director and Purpose:** Wendy Holt, M.P.H. 8/1/11-6/30/12. Role and Financing of Enabling Services for Vulnerable Populations
- Date Approved:** July 12, 2011
- Grant Amount:** \$76,865
- | | | |
|--------------------------|-------------|---------------|
| Dates / Payments: | Date | Amount |
| | 8/8/2011 | \$30,000.00 |
| | 4/2/2012 | \$30,000.00 |
- (iii) **Reports Received**
Interim Financial Report: 2/15/12; see section (iv) below.
Interim Project Report: 1/30/12
- (iv) **Total expenditures through 1/31/11 reported on Financial Report in section (iii):**
\$33,374
- (v) **Diversions:** To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.
- (vi) **Verification:** The Commonwealth Fund has no reason to doubt the accuracy or reliability of the report from the grantee; therefore, no independent verification of this report was made.

The Commonwealth Fund
Attachment to Internal Revenue Service Form 990-PF
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Expenditure Responsibility Statement
For the year ending June 30, 2012

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

- (i) **Grantee:** GfK Custom Research, LLC
440 Park Avenue South, 6th Floor
New York, NY 10016
- (ii) **Grant #:** 20100627

Project Director and Purpose: Jordon Peugh, M.A. 7/1/10-4/30/12. Assessing the Spread of the Chronic Care "Model" and Patient-Centered Care: An On-Line Survey of Adults with Chronic Conditions

Date Approved: June 25, 2010
Grant Amount: \$50,000
Dates / Payments: No payments were made during the fiscal year ending 6/30/12.
- (iii) **Reports Received**
Financial Report: While there were no reports submitted during the fiscal year, financial report was submitted on 9/18/12 and a payment was made which brings this contract up to date; see section (iv) below.
Project Report: 10/11/12
- (iv) **Total expenditures reported through 8/31/12 on Financial Report in section (iii):** \$49,000
- (v) **Diversions:** NA
- (vi) **Verification:** The Commonwealth Fund has no reason to doubt the accuracy or reliability of the report from the grantee; therefore, no independent verification of this report was made.

The Commonwealth Fund
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Expenditure Responsibility Statement
For the year ending June 30, 2012

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

- (i) **Grantee:** GfK Custom Research, LLC
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: November 9, 2010

Grant Amount: \$363,900

Dates / Payments:	Date	Amount
	9/6/2011	\$66,350.00
	5/14/2012	\$58,550.00

- (iii) **Reports Received**
Interim Financial Report: 4/30/12; see section (iv) below.
Project Report: various reports were received in the fiscal year ending 6/30/12.
- (iv) **Total expenditures through 12/31/11 reported on Financial Report in section (iii):** \$114,900
- (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, 2012**

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: July 13, 2010

Grant Amount: \$435,000

<u>Dates / Payments:</u>	<u>Date</u>	<u>Amount</u>
	7/11/2011	\$100,000.00
	2/21/2012	\$59,415.00

- (iii) Reports Received
Final Financial Report: 12/9/11; see section (iv) below.
Final Project Report: 8/26/11

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 through 5/27/11 reported on Financial Report in section (iii):
\$434,415
- (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, 2012

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: November 9, 2010

Grant Amount: \$53,000

Dates / Payments:	Date	Amount
	11/14/2011	\$21,200.00
	3/19/2012	\$10,600.00

- (iii) Reports Received
Final Financial Report: 3/13/12; see section (iv) below.
Final Project Report: 3/13/12

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 12/31/11 reported on Financial Report in section (iii): \$53,000
- (v) **Diversions:** To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.
- (vi) **Verification:** The Commonwealth Fund has no reason to doubt the accuracy or reliability of the report from the grantee; therefore, no independent verification of this report was made.

The Commonwealth Fund
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Expenditure Responsibility Statement
For the year ending June 30, 2012

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: April 21, 2011

Grant Amount: \$30,100

Dates / Payments:	Date	Amount
	2/21/2012	\$6,100.00

- (iii) Reports Received
Final Financial Report: 12/31/11; see section (iv) below.
Final Project Report: 8/26/11

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 through 6/23/11 reported on Financial Report in section (iii):
\$30,100
- (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.

The Commonwealth Fund
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Expenditure Responsibility Statement
For the year ending June 30, 2012

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 #: 20110474

Project Director and Purpose: Roz Pierson, Ph.D. 8/1/11-11/30/12.
International Health Policy Survey, 2012

Date Approved: July 12, 2011

Grant Amount: \$475,000

<u>Dates / Payments:</u>	<u>Date</u>	<u>Amount</u>
	10/17/2011	\$150,000.00
	4/16/2012	\$125,000.00

- (iii) Reports Received
Final Financial Report: not due until 12/31/12
Project Report: Various reports were received in the fiscal year ending 6/30/12.
- (ii) Total expenditures reported on Financial Report in section (iii): NA
- (iii) 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.
- (iv) Verification: The Commonwealth Fund has no reason to doubt the accuracy or reliability of the report from the grantee; therefore, no independent verification of this report was made.

**The Commonwealth Fund
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**Expenditure Responsibility Statement
For the year ending June 30, 2012**

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 #:** 20120388

Project Director and Purpose: Roz Pierson, Ph.D. 4/1/12-10/31/12. The Commonwealth Fund 2012 Health Policy Survey: Co- Funding for Germany, the Netherlands, and Sweden

Date Approved: March 30, 2012

Grant Amount: \$45,000

Dates / Payments:	Date	Amount
	5/14/2012	\$30,000.00

- (iii) **Reports Received**
Final Financial Report: not due until 9/15/12
Final Project Report: not due until 8/30/12
- (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, 2012

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 - 9/30/12. Case Studies of Innovation and High Performance for WhyNotTheBest.org
- Date Approved:** November 9, 2010
- Grant Amount:** \$308,759
- | Dates / Payments: | Date | Amount |
|--------------------------|-------------|---------------|
| | 12/27/2011 | \$123,503.00 |
- (iii) **Reports Received**
Interim Financial Report: 12/21/11; see section (iv) below.
Interim Project Report: various reports were received in the fiscal year ending 6/30/12.
- (iv) **Total expenditures through 11/30/11 reported on Financial Report in section (iii):**
\$155,669.50
- (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, 2012

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 #:** 20120061
- Project Director and Purpose:** Sharon Silow-Carroll, M.S.W., M.B.A. 12/1/11-11/30/12. Medicaid Managed Care Innovations to Improve Care for Vulnerable Populations
- Date Approved:** November 15, 2011
- Grant Amount:** \$178,729
- | Dates / Payments: | Date | Amount |
|--------------------------|-------------|---------------|
| | 12/27/2011 | \$70,000.00 |
- (iii) **Reports Received**
Interim Financial Report: 7/12/12; see section (iv) below.
Project Report: various reports were received in the fiscal year ending 6/30/12.
- (iv) **Total expenditures reported through 5/30/12 on Financial Report in section (iii):**
\$87,835
- (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, 2012

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 #:** 20120078
- Project Director and Purpose: Sharon Silow-Carroll, M.S.W., M.B.A. 12/1/11-11/30/12. Case Studies of State Innovations in Payment and Delivery System Reform
- Date Approved: November 15, 2011
- Grant Amount: \$179,491
- | Dates / Payments: | Date | Amount |
|-------------------|------------|-------------|
| | 12/12/2011 | \$75,000.00 |
- (iii) **Reports Received**
Interim Financial Report: 6/25/12; see section (iv) below.
Project Report: various reports were received in the fiscal year ending 6/30/12
- (iv) Total expenditures reported through 4/30/12 on Financial Report in section (iii): \$50,254
- (v) **Diversions:** To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.
- (vi) **Verification:** The Commonwealth Fund has no reason to doubt the accuracy or reliability of the report from the grantee; therefore, no independent verification of this report was made.

The Commonwealth Fund
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Expenditure Responsibility Statement
For the year ending June 30, 2012

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

- (i) Grantee: Health Vista LLC
P.O. Box 47141
Chicago, IL 47141-0141
- (ii) Grant #: 20110545

Project Director and Purpose: Sarah Klein. 7/1/11-12/31/11. Case Study of
State-Based Multi-Stakeholder Partnerships that
Improve the Quality of Pediatric Care

Date Approved: June 22, 2011

Grant Amount: \$17,996

Dates / Payments:	Date	Amount
	7/25/2011	\$10,000.00

- (iii) Reports Received
Final Financial Report: overdue. Future payments will be made only when reporting requirements have been fulfilled.
Project Report: various reports were received in the fiscal year ending 6/30/12.
- (iv) Total expenditures reported on Financial Report in section (iii): NA
- (v) Diversions: To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.
- (vi) Verification: The Commonwealth Fund has no reason to doubt the accuracy or reliability of the report from the grantee; therefore, no independent verification of this report was made.

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Expenditure Responsibility Statement
For the year ending June 30, 2012

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:** April 12, 2011
- Grant Amount:** \$1,300
- | Dates / Payments: | Date | Amount |
|--------------------------|-------------|---------------|
| | 3/5/2012 | \$1,300.00 |
- (iii) **Reports Received**
Financial Report: NA
Final Project Report: 3/17/12
- International Society for Quality in Health Care, 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) **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, 2012**

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 #:** 20120310
- Project Director and Purpose:** Roisin Boland, R.G.N., M.B.A. 1/1/12-12/31/12.
General Support
- Date Approved:** April 10, 2012
- Grant Amount:** \$1,300
- | | | |
|--------------------------|-------------|---------------|
| Dates / Payments: | Date | Amount |
| | 4/30/2012 | \$1,300.00 |
- (iii) **Reports Received**
Financial Report: NA
Project Report: not due until 3/1/13
- (iv) **Total expenditures reported on Financial Report in section (iii):** NA
- (v) **Diversions:** To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.
- (vi) **Verification:** NA

**The Commonwealth Fund
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**Expenditure Responsibility Statement
For the year ending June 30, 2012**

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: November 10, 2009

Grant Amount: \$318,520

Dates / Payments:	Date	Amount
	7/11/2011	\$1,044.93

- (iii) **Reports Received**
Final Financial Report: 4/4/11; see section (iv) below.
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, 2012

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:** October 5, 2010
- Grant Amount:** \$18,960
- | Dates / Payments: | Date | Amount |
|--------------------------|-------------|---------------|
| | 7/11/2011 | \$3,792.00 |
- (iii) **Reports Received**
Final Financial Report: 6/28/11; see section (iv) below.
Final Project Report: 8/17/11
- 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 6/28/12 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, 2012

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 #: 20090420

Project Director and Purpose: Harold Miller. 4/1/09-1/31/12. Analyzing State Policies to Improve Healthcare Cost and Improve Value

Date Approved: March 4, 2009
Grant Amount: \$49,302
Dates / Payments: No payments were made during the fiscal year ending 6/30/12.
- (iii) Reports Received
Final Financial Report: 8/21/12; see section (iv) below.
Project Report is overdue. Future payments to will be made only when reporting requirements have been fulfilled.
- (iv) Total expenditures through 1/31/12 reported on Financial Report in section (iii): \$12,074
- (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, 2012

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: September 16, 2009

Grant Amount: \$22,733

Dates / Payments:	Date	Amount
	2/6/2012	\$4,733.00

- (iii) Reports Received
Final Financial Report: 2/12/12; see section (iv) below.
Project Reports were not due during the fiscal year ending 6/30/12.

Jewish Healthcare Foundation of Pittsburgh 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 1/31/11 reported on Financial Report in section (iii): \$22,733
- (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, 2012**

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 5461
United States
- (ii) Grant #: 20100424

Project Director and Purpose: Kay Johnson, M.P.H., M.Ed. 5/1/10-10/31/11.
Helping States Address Women's Health
Through Medicaid

Date Approved: April 8, 2010

Grant Amount: \$13,663

<u>Dates / Payments:</u>	<u>Date</u>	<u>Amount</u>
	6/25/2012	\$2,663.00

(iii) Reports Received

Final Financial Report: 11/28/11; see section (iv) below.

Project Report: various reports were received in the fiscal year ending 6/30/12.

Johnson Group Consulting, 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 4/30/11 reported on Financial Report in section (iii):
\$13,958.04
- (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, 2012**

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

- (i) **Grantee:** Jonathan Gruber
83 Pleasant Street
Lexington, MA 2421
- (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: April 12, 2011

Grant Amount: \$107,500

Dates / Payments:	Date	Amount
	10/31/2011	\$45,000.00

- (iii) **Reports Received**
Interim Financial Report: 10/28/11; see section (iv) below.
Project Report: are overdue. Future payments will be made only when reporting requirements have been fulfilled.
- (iv) **Total expenditures through 7/31/11 reported on Financial Report in section (iii):**
\$26,000
- (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 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, 2012**

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

- (i) **Grantee:** Jonathan Gruber
83 Pleasant Street
Lexington, MA 2421
- (ii) **Grant #:** 20120483

Project Director and Purpose: Jonathan Gruber, Ph.D. 6/1/12-9/30/12.
Modeling the Alternatives for Health Care for
the 2012 Election

Date Approved: June 13, 2012
Grant Amount: \$75,000
Dates / Payments: No payments were made during the fiscal year ending
6/30/12.
- (iii) **Reports Received**
Financial Report: not due until 10/31/12
Project Report: NA
- (iv) Total expenditures reported on Financial Report in section (iii): NA
- (v) Diversions: NA
- (vi) Verification: NA

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Expenditure Responsibility Statement
For the year ending June 30, 2012

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: April 21, 2011
- Grant Amount: \$13,000
- | Dates / Payments: | Date | Amount |
|-------------------|----------|------------|
| | 4/2/2012 | \$2,000.00 |
- (iii) Reports Received
Final Financial Report: 3/20/12; see section (iv) below.
Final Project Report: 2/2/12
- Keio University 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 9/30/11 reported on Financial Report in section (iii): \$8,000
- (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, 2012**

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: November 10, 2009
Grant Amount: \$199,650
Dates / Payments: No payments were made in during the fiscal year ending
6/30/12.
- (iii) **Reports Received**
Final Financial Report: 1/30/12; see section (iv) below.
Project Reports are overdue. Future payments will be made only when reporting
requirements have been fulfilled.
- (iv) **Total expenditures through 12/15/11 reported on Financial Report in section (iii):**
\$199,650
- (v) **Diversions:** NA
- (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, 2012**

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:** June 30, 2010
- Grant Amount:** \$49,600
- | Dates / Payments: | Date | Amount |
|--------------------------|-------------|---------------|
| | 6/25/2012 | \$7,500.00 |
- (iii) **Reports Received**
Final Financial Report: 1/30/12; see section (iv) below.
Final Project Report is overdue. Future payments will be made only when reporting requirements have been fulfilled.
- (iv) **Total expenditures through 3/31/11 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.

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**Expenditure Responsibility Statement
For the year ending June 30, 2012**

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: April 12, 2011
Grant Amount: \$201,630
Dates / Payments: No payments were made during the fiscal year ending
6/30/12.
- (iii) **Reports Received**
Financial Report: overdue. Future payments will be made only when reporting
requirements have been fulfilled.
Project Report: various reports were received in the fiscal year ending 6/30/12.
- (iv) **Total expenditures reported on Financial Report in section (iii):** NA
- (v) **Diversions:** NA
- (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, 2012**

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 #: 20120306

Project Director and Purpose: Sarah Thomson, Ph.D., and Elias Mossialos,
M.D. 5/1/12-4/30/13. International Data
Tracking Project: Comparison of Health Care
Costs in the U.S. with Those in Selected
Countries

Date Approved: April 10, 2012
Grant Amount: \$164,890
Dates / Payments: No payments were made during the fiscal year ending
6/30/12.
- (iii) Reports Received
Interim Financial Report: not due until 1/31/13
Final Project Report: not due until 4/30/13
- (iv) Total expenditures reported on Financial Report in section (iii): NA
- (v) Diversions: NA
- (vi) Verification: NA

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**Expenditure Responsibility Statement
For the year ending June 30, 2012**

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 #: 20120330

Project Director and Purpose: Sarah Thomson, Ph.D., and Elias Mossialos,
M.D. 5/1/12-4/30/13. International Lessons for
the Financial Sustainability of Health System

Date Approved: April 10, 2012
Grant Amount: \$199,540
Dates / Payments: No payments were made during the fiscal year ending
6/30/12.
- (iii) Reports Received
Interim Financial Report: not due until 9/30/12
Final Project Report: not due until 1/15/13
- (iv) Total expenditures reported on Financial Report in section (iii): NA
- (v) Diversions: NA
- (vi) Verification: NA

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Expenditure Responsibility Statement
For the year ending June 30, 2012

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

- (i) Grantee: Manatt, Phelps, & Phillips, LLP
7 Times Square
New York, NY 10036
- (ii) Grant #: 20120057

Project Director and Purpose: Deborah Bachrach, J.D., 8/8/11-11/30/11.
Sustainable Funding for Safety Net Hospitals

Date Approved: August 3, 2011

Grant Amount: \$49,400

Dates / Payments:	Date	Amount
	8/22/2011	\$40,000.00
	2/21/2012	\$9,400.00

- (iii) Reports Received
Final Financial Report: 12/31/11; see section (iv) below.
Final Project Report: 12/13/11

Manatt, Phelps, & Phillips, LLP 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 11/30/11 reported on Financial Report in section (iii): \$49,400
- (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.

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**Expenditure Responsibility Statement
For the year ending June 30, 2012**

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

- (i) **Grantee:** Manatt, Phelps & Phillips, LLP
7 Times Square
New York, NY 10036
- (ii) **Grant #:** 20120225

Project Director and Purpose: Deborah Bachrach, J.D. 1/1/11-5/31/11.
Medicaid's Role in Payment and Delivery
System

Date Approved: December 20, 2011

Grant Amount: \$45,000

Dates / Payments:	Date	Amount
	2/6/2012	\$15,000.00
	4/30/2012	\$15,000.00

- (iii) **Reports Received**
Final Financial Report and Project Report are overdue. Future payments will be made only when reporting requirements have been fulfilled.
- (iv) **Total expenditures reported on Financial Report in section (iii):** NA
- (v) **Diversions:** To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.
- (vi) **Verification:** NA

**The Commonwealth Fund
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**Expenditure Responsibility Statement
For the year ending June 30, 2012**

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

- (i) **Grantee:** Mathematica Policy Research, Inc.
P.O. Box 2393
Princeton, NJ 08543-2393
- (ii) **Grant #:** 20120487
- Project Director and Purpose:** Marsha Gold, Sc.D. 7/1/12-9/30/12. Variation in Efficiency Medicare Advantage Plans Relative to Medicare Fee For Service
- Date Approved:** June 2, 2012
- Grant Amount:** \$24,975
- | Dates / Payments: | Date | Amount |
|--------------------------|-------------|---------------|
| | 6/25/2012 | \$20,000.00 |
- (iii) **Reports Received**
Final Financial Report: Not due until 10/31/12
Final Project Report: not due until 9/30/12
- (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, 2012

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: June 22, 2011

Grant Amount: \$49,982

Dates / Payments:	Date	Amount
	8/22/2011	\$15,000.00
	10/31/2011	\$10,000.00
	12/31/2011	\$1,610.07
	3/31/2012	\$150.50
	5/29/2012	\$15,000.00

- (iii) **Reports Received**
Final Financial Report: not due until 7/31/12
Project Report: various reports were received in the fiscal year ending 6/30/12.
- (iv) **Total expenditures reported on Financial Report in section (iii):** NA
- (v) **Diversions:** To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.
- (vi) **Verification:** The Commonwealth Fund has no reason to doubt the accuracy or reliability of the report from the grantee; therefore, no independent verification of this report was made.

The Commonwealth Fund
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Expenditure Responsibility Statement
For the year ending June 30, 2012

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: November 9, 2010

Grant Amount: \$168,120

<u>Dates / Payments:</u>	<u>Date</u>	<u>Amount</u>
	9/6/2011	\$736.00
	9/6/2011	\$8,927.00
	10/3/2011	\$8,927.00
	11/14/2011	\$8,927.00
	12/12/2011	\$542.00
	12/12/2011	\$8,927.00
	12/31/2011	\$538.00
	2/6/2012	\$1,277.00
	4/2/2012	\$24,431.40

- (iii) Reports Received
Final Financial Report: 1/15/12; see section (iv) below.
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. The unexpended balance will be applied to support ongoing work with Pear Tree Communications, Inc. within the FY2012-13 fiscal year.

- (iv) Total expenditures through 12/31/11 reported on Financial Report in section (iii):
\$112,795

- (iv) Diversions: To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.
- (v) Verification: The Commonwealth Fund has no reason to doubt the accuracy or reliability of the report from the grantee; therefore, no independent verification of this report was made.

**The Commonwealth Fund
Attachment to Internal Revenue Service Form 990-PF
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**Expenditure Responsibility Statement
For the year ending June 30, 2012**

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 #:** 20120105

Project Director and Purpose: Martha Hostetter. 1/1/12-12/31/12. Profiling the Performance of Health Care Organizations and Systems on WhyNotTheBest.org, Phase 4

Date Approved: November 15, 2011

Grant Amount: \$220,000

Dates / Payments:	Date	Amount
	1/9/2012	\$9,100.00
	2/6/2012	\$9,100.00
	3/5/2012	\$9,100.00
	4/16/2012	\$9,100.00
	4/30/2012	\$2,447.00
	5/14/2012	\$9,100.00
	6/11/2012	\$9,100.00

(iii) **Reports Received**

Interim Financial Report: 4/26/12; see section (iv) below.

Project Report: NA

- (iv) **Total expenditures through 3/31/12 reported on Financial Report in section (iii):**
\$ 29,747
- (v) **Diversions:** To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.
- (vi) **Verification:** The Commonwealth Fund has no reason to doubt the accuracy or reliability of the report from the grantee; therefore, no independent verification of this report was made.

**The Commonwealth Fund
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**Expenditure Responsibility Statement
For the year ending June 30, 2012**

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 8540
- (ii) **Grant #:** 20120106
- Project Director and Purpose:** Larry Hugick. 1/1/12-12/31/12. The
Commonwealth Fund Biennial Health Insurance
Survey, 2012
- Date Approved:** November 15, 2011
- Grant Amount:** \$398,300
- | Dates / Payments: | Date | Amount |
|--------------------------|-------------|---------------|
| | 12/27/2011 | \$240,000.00 |
- (iii) **Reports Received**
Interim Financial Report: not due until 7/31/12
Final Project Report: not due until 12/31/12
- (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, 2012

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 #: 20100552
- Project Director and Purpose: Lee Hiltzik, Ph.D. 7/1/10-6/30/11. Transfer and Maintenance of The Commonwealth Fund's Archives, Year 15
- Date Approved: July 13, 2010
- Grant Amount: \$90,000
- | Dates / Payments: | Date | Amount |
|-------------------|-----------|------------|
| | 8/22/2011 | \$8,500.00 |
- (iii) Reports Received
Final Financial Report: 8/17/11; see section (iv) below.
Final Project Report: 8/17/11
- 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 6/30/11 reported on Financial Report in section (iii): \$90,000
- (v) Diversions: To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.
- (vi) Verification: The Commonwealth Fund has no reason to doubt the accuracy or reliability of the report from the grantee; therefore, no independent verification of this report was made.

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

Expenditure Responsibility Statement
For the year ending June 30, 2012

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 #: 20110480

Project Director and Purpose: Jack Meyers, 7/1/11-6/30/12. Transfer and Maintenance of The Commonwealth Fund's Archives, Year 16

Date Approved: July 12, 2011

Grant Amount: \$85,000

Dates / Payments:	Date	Amount
	8/8/2011	\$38,250.00
	5/14/2012	\$38,250.00

- (iii) Reports Received
Interim Financial Report: 5/7/12; see section (iv) below.
Interim Project Report: 5/7/12
- (iv) Total expenditures through 12/31/12 reported on Financial Report in section (iii): \$43,750
- (v) Diversions: To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.
- (vi) Verification: The Commonwealth Fund has no reason to doubt the accuracy or reliability of the report from the grantee; therefore, no independent verification of this report was made.

**The Commonwealth Fund
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**Expenditure Responsibility Statement
For the year ending June 30, 2012**

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: February 26, 2011

Grant Amount: \$27,428

Dates / Payments:	Date	Amount
	10/31/2011	\$7,384.00

(iii) **Reports Received**

Final Financial Report: 10/27/11; see section (iv) below.

Project Report: various reports were received in the fiscal year ending 6/30/12

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 12/31/11 reported on Financial Report in section (iii):** \$37,115.90
- (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, 2012

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 #:** 20120378

Project Director and Purpose: Gert Westert, Ph.D. 4/1/12-12/31/12. Expansion
of 2012 Commonwealth Fund International
Health Policy Survey to Include the Netherlands

Date Approved: March 30, 2012

Grant Amount: \$28,736

Dates / Payments:	Date	Amount
	5/14/2012	\$20,000.00

- (iii) **Reports Received**
Financial Report: not due until 10/30/12
Project Report: not due until 10/30/12

- (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, 2012**

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

- (i) Grantee: The King's Fund
11-13 Cavendish Square
London W1M 0AN,
United Kingdom
- (ii) Grant #: 20120396

Project Director and Purpose: Anna Dixon, Ph.D. 5/1/12-12/31/12.
International Case Studies of Integrated Care for
Older People with Complex Needs

Date Approved: June 2, 2012
Grant Amount: \$49,995
Dates / Payments: No payments were made during the fiscal year ending
6/30/12.
- (iii) Reports Received
Interim Financial Report: not due until 11/15/12
Final Project Report: not due until 2/28/13
- (iv) Total expenditures reported on Financial Report in section (iii): NA
- (v) Diversions: NA
- (vi) Verification: NA

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Expenditure Responsibility Statement
For the year ending June 30, 2012

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: November 9, 2010

Grant Amount: \$75,000

Dates / Payments:	Date	Amount
	7/11/2011	\$32,500.00
	12/31/2011	\$27,044.20
	3/31/2012	\$286.57

(iii) **Reports Received**

Final Financial Report: 2/1/12; see section (iv) below.

Project Report: 7/12/11

The Nuffield Trust 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 12/31/11 reported on Financial Report in section (iii):**
\$109,990.57
- (v) **Diversions:** To the knowledge of the Commonwealth Fund, no funds have been diverted to any activity other than the activity for which the grant was originally made.
- (vi) **Verification:** The Commonwealth Fund has no reason to doubt the accuracy or reliability of the report from the grantee; therefore, no independent verification of this report was made.

**The Commonwealth Fund
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**Expenditure Responsibility Statement
For the year ending June 30, 2012**

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:** June 22, 2011
Grant Amount: \$3,000
- | Dates / Payments: | Date | Amount |
|--------------------------|-------------|---------------|
| | 9/6/2011 | \$3,000.00 |
- (iii) **Reports Received**
Final Financial Report: 11/9/11; see section (iv) below.
Project Report is overdue.
- (iv) **Total expenditures through 10/31/11 reported on Financial Report in section (iii):**
\$3,000
- (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, 2012

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: May 22, 2010
Grant Amount: \$50,000
Dates / Payments: No payments were made during the fiscal year ending
6/30/12.
- (iii) Reports Received
Final Financial Report is overdue. Future payments will be made only when
reporting requirements have been fulfilled.
Interim Project Report: 7/18/11
- (iv) Total expenditures reported on Financial Report in section (iii): NA
- (v) Diversions: NA
- (vi) Verification: The Commonwealth Fund has no reason to doubt the accuracy or
reliability of the report from the grantee; therefore, no independent verification of
this report was made.

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

**Expenditure Responsibility Statement
For the year ending June 30, 2012**

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: June 25, 2010
Grant Amount: \$49,198
Dates / Payments: Not payments were made during the fiscal year ending
6/30/12.
- (iii) **Reports Received**
Final Financial Report: 10/18/11; see section (iv) below.
Project Report: various reports were received in the fiscal year ending 6/30/12.

University of British Columbia 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 8/31/11 reported on Financial Report in section (iii):**
\$48,978
- (v) **Diversions:** NA
- (vi) **Verification:** The Commonwealth Fund has no reason to doubt the accuracy or
reliability of the report from the grantee; therefore, no independent verification of
this report was made.

The Commonwealth Fund
 EIN 13-1635260

990-PF
 FYE June 30, 2012
 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, PhD	The Commonwealth Fund 1 East 75th Street New York, NY 10021	President 60 hours per week	545,720	71,854	None
John E Craig, Jr	The Commonwealth Fund 1 East 75th Street New York, NY 10021	Executive Vice President and Chief Operating Officer 60 hours per week	480,602	68,531	None
Maureen Bisognano	The Commonwealth Fund 1 East 75th Street New York, NY 10021	Director Average of 2 hours per week	None	None	None
Benjamin K Chu, MD	The Commonwealth Fund 1 East 75th Street New York, NY 10021	Director Average of 3 hours per week	None	None	None
Michael V Drake, MD	The Commonwealth Fund 1 East 75th Street New York, NY 10021	Director Average of 3 hours per week	None	None	None
Samuel Fleming	The Commonwealth Fund 1 East 75th Street New York, NY 10021	Director Average of 4 hours per week	None	None	None
Julio Frenk, MD, PhD	The Commonwealth Fund 1 East 75th Street New York, NY 10021	Director Average of 2 hours per week	None	None	None
Glenn Hackbarth, JD	The Commonwealth Fund 1 East 75th Street New York, NY 10021	Director Average of 3 hours per week	None	None	None
Jane E Henney, MD	The Commonwealth Fund 1 East 75th Street New York, NY 10021	Director Average of 2 hours per week	None	None	None
Robert Pozen	The Commonwealth Fund 1 East 75th Street New York, NY 10021	Director Average of 2 hours per week	None	None	None
Cristine Russell	The Commonwealth Fund 1 East 75th Street New York, NY 10021	Director Average of 3 hours per week	None	None	None
James R Tallon, Jr	The Commonwealth Fund 1 East 75th Street New York, NY 10021	Director Average of 6 hours per week	None	None	None
William Y Yun	The Commonwealth Fund 1 East 75th Street New York, NY 10021	Director Average of 2 hours per week	None	None	None

PART IX CHARITABLE ACTIVITIES DESCRIPTION

The Fund's Mission, Goals, and Strategy

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 Commonwealth Fund's Board of Directors believes that the foundation will have been successful in achieving its mission if it is able to move the U.S. health care system measurably toward one that:

- provides access and equity for all
- delivers high-quality, patient-centered care
- is affordable and efficient
- promotes the health of the entire population
- continuously innovates and improves.

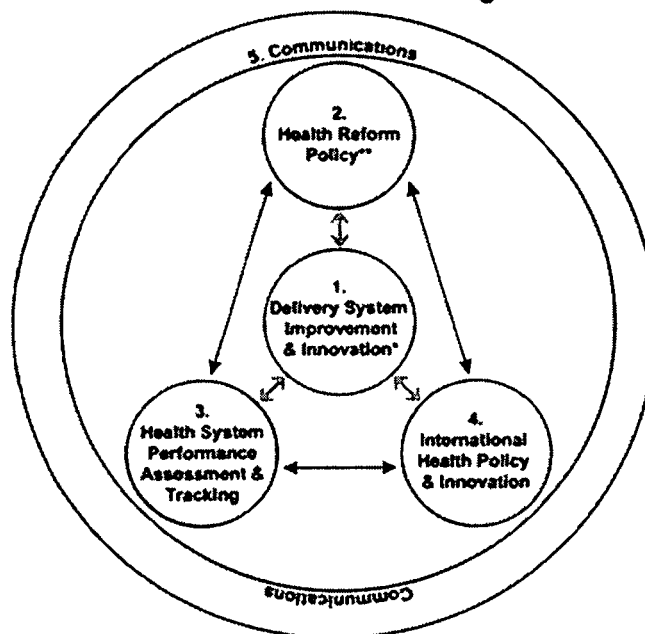
STRATEGIES

To achieve these goals, The Commonwealth 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-needs populations; and integrated health systems and accountable, 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.

Exhibit 1: Commonwealth Fund Integrated 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 results.

PROGRAMS

Each of The Commonwealth Fund's major programs contributes to the execution of the five strategies and involves collaboration across programs.

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

- The **Patient-Centered Coordinated Care** program, which 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 their families. The program makes grants to strengthen primary care by promoting the collection and dissemination of information on patients' health care experiences and on physician office systems and practices that are associated with high-quality, patient-centered care; assist primary care practices with the adoption of practices, models, and tools that can help them become more patient-centered and coordinate more closely with hospitals, specialists, and other public and private health care providers in their communities; and inform the development of policies to encourage patient- and family-centered care in medical homes.
- The **Health System Quality and Efficiency** program aims to improve the quality and efficiency of health care in the United States, with special emphasis on fostering greater coordination and accountability among all those involved in the delivery of health care. 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 to improve quality and efficiency in health care.
- The **Long-Term Care Quality Improvement** program aims to enable people to experience high quality, seamless care as they utilize long-term care services and supports. The program makes grants to stimulate person-centered long-term care through policy action, and supports interventions to improve care transitions and safely reduce hospitalizations for nursing home residents and other users of long-term supports and services. It also makes grants to improve the quality of care, reduce costs, and improve the experience of beneficiaries who are dually eligible for Medicare and Medicaid.
- The **Vulnerable Populations** program aims to ensure that low-income, uninsured, and racial and ethnic minority populations are able to obtain care from high-performing health systems capable of meeting their special needs. The program makes grants to identify policy levers that can advance equity in health care access and quality and address concerns faced by vulnerable populations across

the continuum of care; identify promising care delivery practices and models and develop and disseminate policy recommendations to support such innovations so that care systems can better serve vulnerable populations; encourages state and local planning efforts to achieve systems of care that meet the specific needs of vulnerable populations; and document and track health care utilization and quality for vulnerable populations at the state level. The **Mongan Commonwealth Fund Fellowship** program at Harvard aims to develop health care policy and delivery system leaders committed to and capable of transforming health care for vulnerable populations.

The programs focused on *Health Reform Policy* include the following:

- The program on **Affordable Health Insurance** works towards an equitable and efficient system of health coverage that makes comprehensive, continuous, and affordable coverage available to all Americans. The program supports activities to provide timely analysis of changes in employer-based health insurance, health plans offered in the individual market, and public insurance programs for people under age 65, and estimate the impact those changes will have on the number of people 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 Affordable Care Act and related federal regulations, along with their implications for people and employers; inform implementation of the reform law at the federal and state levels through tracking surveys of key population groups, Web-based interactive tools that monitor state progress, and analysis of key reform provisions and regulatory guidance; and analyze and develop new policy options for expanding and stabilizing health insurance coverage, making coverage more affordable, and optimizing administrative efficiency.
- The program on **Payment and System Reform** supports the development and analysis of options for reforming how health care is paid for, focusing on incentives to improve the effectiveness and efficiency of care delivery while curbing spending growth. Activities sponsored by the program include examining reforms that would align incentives with higher-quality health care and provide a base for more comprehensive payment reform; modeling the potential impact of alternative payment reform options within the Medicare program and throughout the health care system; studying how payment reform could stimulate new models of health care delivery that yield better, more coordinated care; and evaluating the potential for broader application of successful payment and delivery models.
- The **Commonwealth Fund Commission on a High Performance Health System**

played a significant role in informing the health care reform debate that led up to the enactment of the Patient Protection and Affordable Care Act of 2010. The Commission's current goals are to help 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; help health care leaders and the American public understand the new legislation and what it means for them; and lay the groundwork for future delivery system change and health policy action. The Commission, which has been active since 2005, continues to assess national and state health system performance and inform health policy at all levels.

- The **Federal and State Health Policy** program aims to identify, develop, evaluate, and spread 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; facilitating information exchange between federal and state policymakers, both to inform federal leaders of innovations in state health policy that have implications for national health reform implementation and to raise awareness among state leaders about federal policies that will affect state health reform strategies; producing written materials on timely issues relevant to federal and state policymakers and their staff, with particular emphasis on implementation of the Affordable Care Act; and fostering dialogue among policymakers, national stakeholders, and the research community on key health policy issues.
- The **Health System Performance and Tracking** program gathers and disseminates evidence of excellence in health care from across the country and the world. Work carried out by the program tracks and compares 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; assesses trends in health insurance coverage, affordability, access to care, and patient-reported quality of care; and monitors public- and private-sector actions to transform health care delivery, including payment innovations, health information technology adoption, and the organization of care.
- The **International Health Policy and Innovation** program promotes cross-national learning aimed at increasing health systems' performance by supporting work that sparks creative thinking about health policy among industrialized countries; encourages comparative research and collaboration on quality improvement and other reform initiatives among industrialized nations; builds an

international network of health care researchers devoted to improving health policy; and showcases international innovations in policy and practice that can inform U.S. health reform. The program's activities include: 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, Sweden, and the United Kingdom participate.

- The Fund's **Communications** program uses print, broadcast, online, and social media to bring information on health reform and health system transformation to the attention of critical stakeholder groups, especially policy officials and leaders in health care delivery. The foundation's *Realizing Health Reform's Potential* issue brief series enriches public understanding of how the Affordable Health Care Act will affect specific groups, including women, disabled persons, small businesses, persons with pre-existing conditions, older adults, and workers undergoing a change in employment status. A media fellowship program conducted by the Association of Health Care Journalists, encourages in-depth reporting on issues related to health system performance and change. *The Commonwealth Fund Blog* features topical analyses by staff, grantee, and external policy experts and is a major source for analysis of state health insurance exchange regulations and the status of states' progress on exchange implementation. The online Health Reform Resource Center provides a timeline of the Affordable Care Act's major provisions and an interactive tool for searching specific provisions by year of implementation, category, and stakeholder group.

MEASURING PROGRESS TOWARD A HIGH PERFORMANCE HEALTH SYSTEM

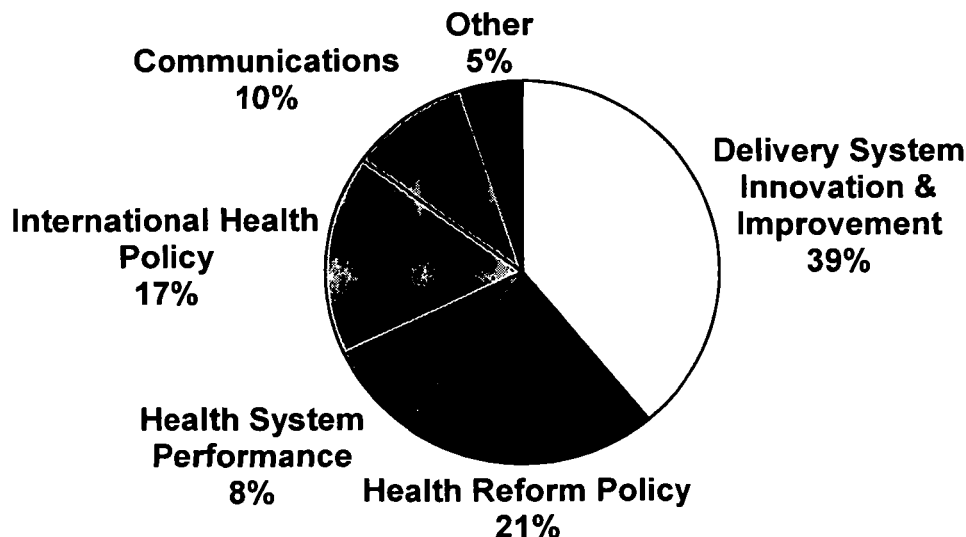
With the encouragement of its Board of Directors, The Commonwealth Fund has identified measures that already exist or can be developed to track progress in achieving the objective of a high performance health system. These include evidence of the following:

- 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.

Exhibit 2: In the 2012-17 Five-Year Extramural Program Budget, Funds Are Allocated Across Programs Strategically, and All Programs Will Contribute to the Pursuit of the Fund’s Five Strategies

Fund’s Total 5-Year Spending: \$162 Million



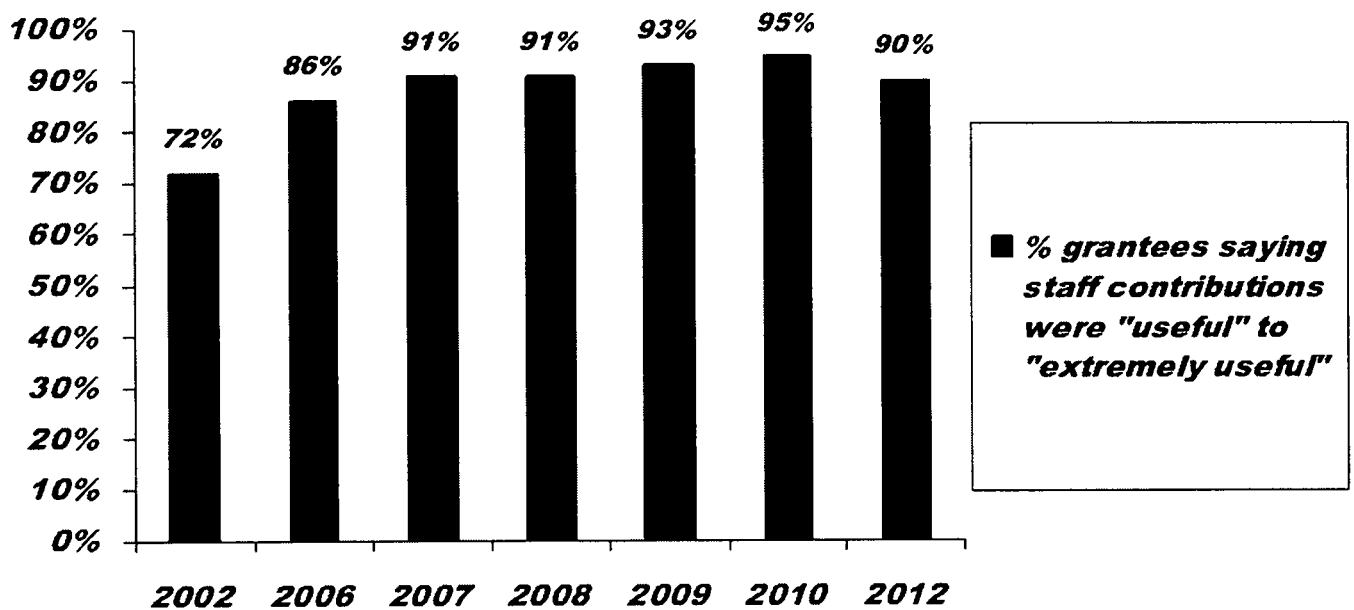
RESOURCES AND THEIR MANAGEMENT

Over the five-year period 2012–17, The Commonwealth Fund expects to spend \$162 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

advisers, 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.

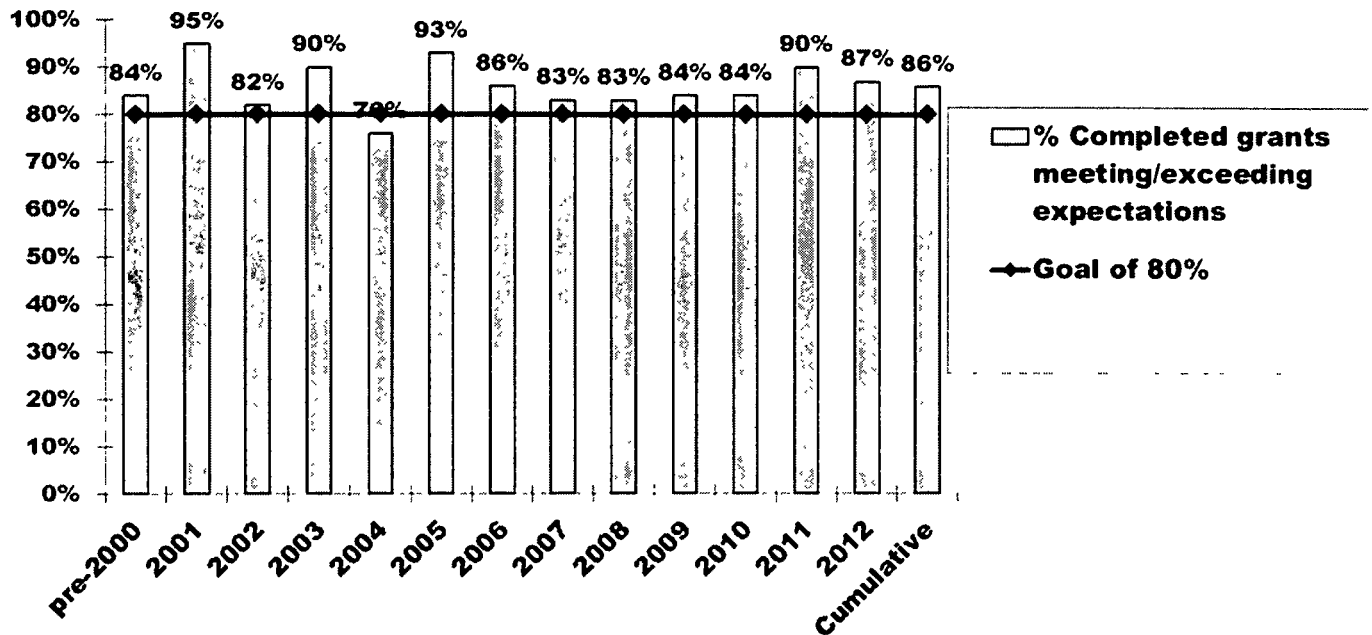
Reflecting the foundation's value-added approach to grantmaking, approximately 40 percent of the total budget is devoted to intramural units engaged in research and program development, collaborations with grantees, and dissemination of program results to policymakers, health care leaders, researchers, and other influential audiences. The portion of the foundation's total budget devoted to administration is 6 percent.

Exhibit 3: Commonwealth Fund's Performance Scorecard: Adding Value to the Work of Grantees



Source: 2002 Harris Interactive Survey of Fund Grantees and 2006-12 Mathew Greenwald Audience and Grantee Survey

Exhibit 4: 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 Reports

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 institutional 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 2011–12 were as follows:

- Setting out options for controlling health care costs, achieving federal budget savings, and reforming Medicare;
- Informing the Presidential election debate on health policy shaping the future of insurance coverage and payment/delivery system reform;

- Accelerating and spreading health care delivery innovation and performance improvement;
- Promoting understanding of the incoherence of health care prices in the private market and setting out options for payment reform across private and public payers; and
- Ensuring successful transition in the Fund's leadership.

The foundation has made significant progress on all of these initiatives.

The Fund aims to be a learning organization, and consequently places a high value on assessing its own performance. The foundation's annual external program reviews, annual reports to the Board on the performance of all grants completed during the year, semiannual 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.

Exhibit 5: Commonwealth Fund's Performance Scorecard: Reaching Change Agents Effectively

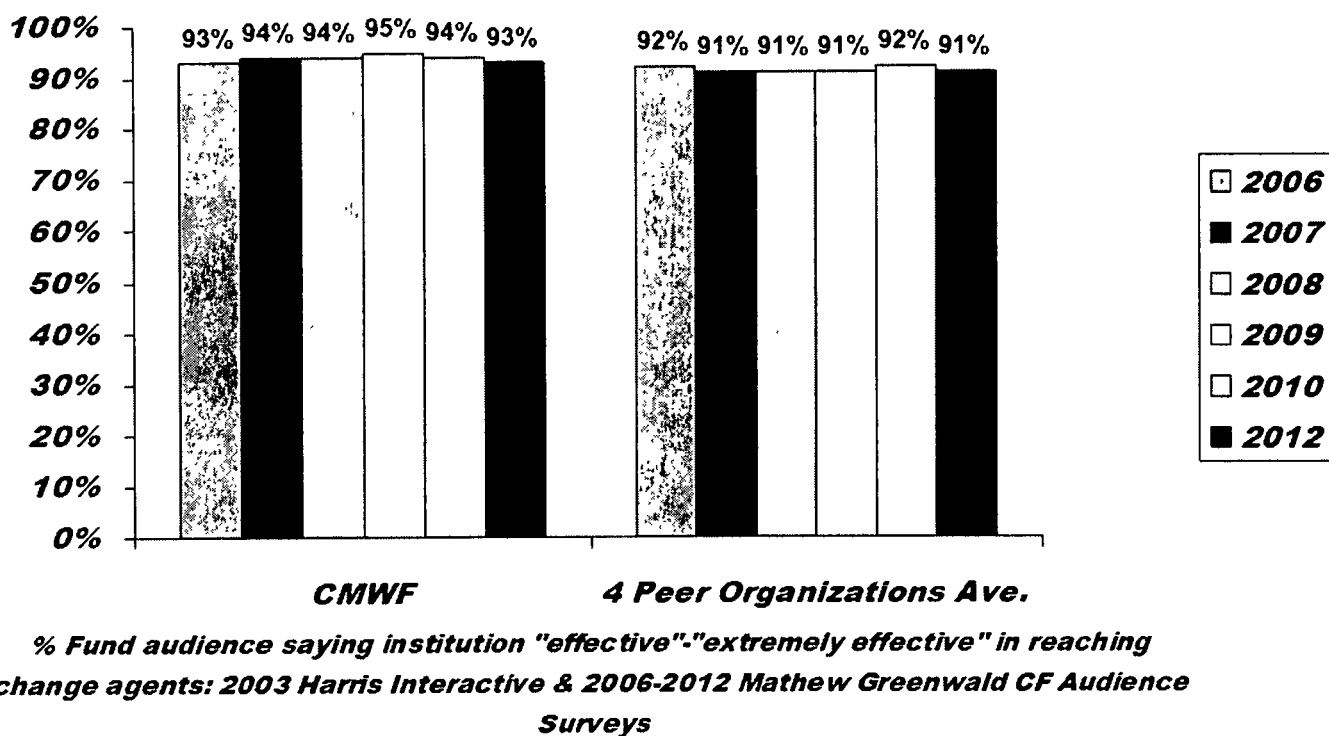
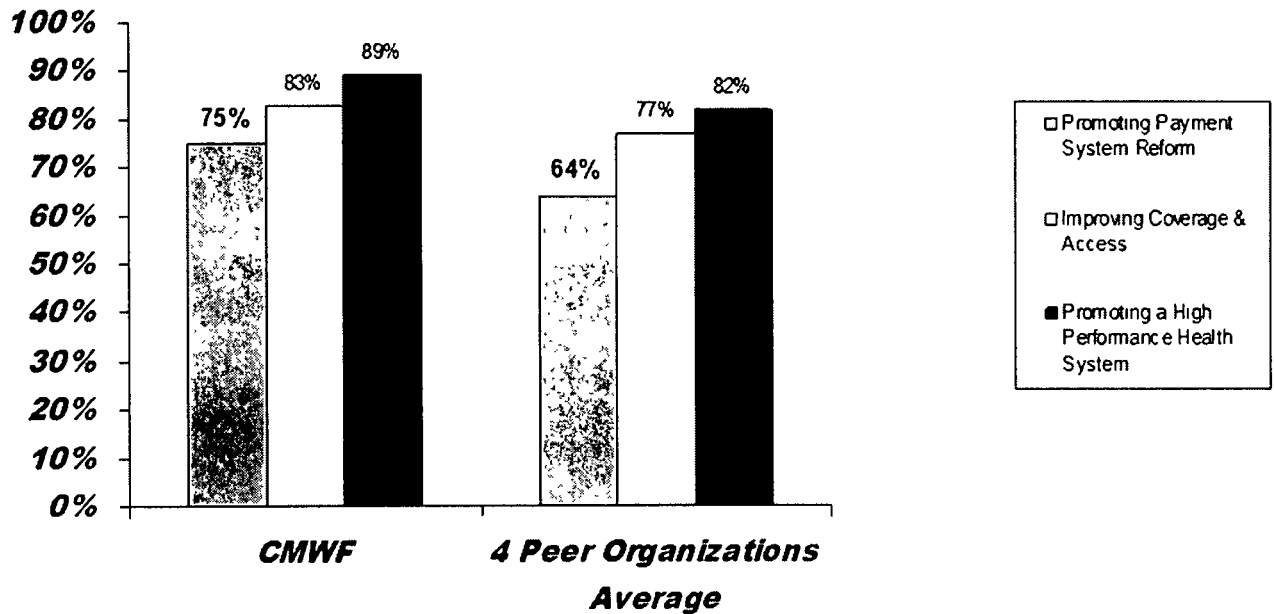


Exhibit 6: Commonwealth Fund's Performance Scorecard: Improving Health Care Access, Reforming Payment System, and Enhancing Delivery System Performance



% Fund audience saying institution "effective"-"extremely effective" in improving health care access, improving payment system, and advancing high performance system, 2012 Mathew Greenwald CF Audience Surveys

Exhibit 7: E-Mail & Social Media Subscriptions Continue to Climb

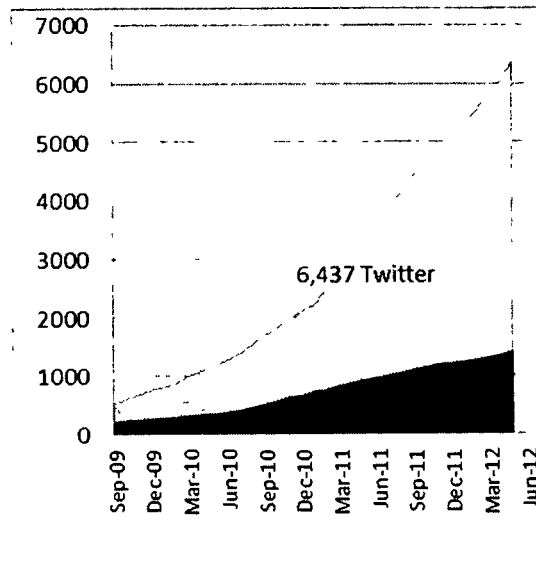
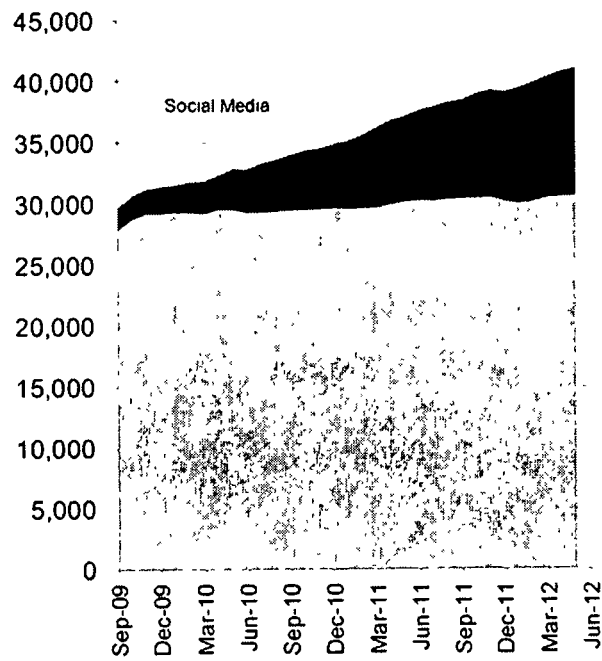


Exhibit 8: Fund Staff Output in FY 2011-12

Peer-reviewed journal articles published	24
Commonwealth Fund publications	102
Congressional testimony	2
High-level meetings organized	7
“New media” events organized (webinars, e-forums, podcasts, videos)	23
External meeting presentations	148
Media interviews	279
Membership in boards, advisory groups	79

Information on The Commonwealth Fund’s Major Programs

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 their families. To achieve this mission, the program makes grants to:

- strengthen primary care by promoting the collection and dissemination of information on patients’ health care experiences and on physician office systems and practices that are associated with high-quality, patient-centered care;
- assist primary care practices with the adoption of practices, models, and tools that can help them become more patient-centered and coordinate more closely with hospitals, specialists, and other public and private health care providers in their communities; and
- inform the development of policies to encourage patient- and family-centered care in medical homes.

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 that have a strong primary care foundation deliver higher-quality, lower-cost care overall and greater equity in health outcomes. Research also suggests 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

Promoting 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 people 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 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 Commonwealth Fund in support of the initiative.

To help extend the reach and impact of the demonstration, the project team is developing a Web-based national curriculum for quality improvement coaches to support the nation’s 1,300 community health centers in becoming effective medical homes. The Safety Net Medical Home Initiative has become the blueprint for the Center for Medicare and Medicaid Innovation’s medical home demonstration for federally qualified health centers, which is providing technical assistance and enhanced payment to over 500 health centers in 44 states over three years.

Under another Fund grant, Marshall Chin, M.D., and a team of researchers at the University of Chicago are evaluating whether clinics participating in the Qualis/MacColl initiative are in fact able to make the changes necessary to function as medical homes. The team is also assessing the extent to which sites receiving technical assistance and enhanced reimbursement for providing medical home services improve their performance on measures of quality, efficiency, patient experience, and clinician or staff satisfaction. While data on patient impact is not yet available, baseline results of physician and clinic staff surveys show that when a safety-net clinic has more core medical home features—systems for tracking patients with unmet needs, personnel to help patients manage their

chronic conditions, resources for quality improvement—the physician and clinic staff report higher morale and greater satisfaction with their jobs.

The Commonwealth Fund has supported 10 evaluations of medical home demonstrations. To align evaluation methods, share best practices, and exchange information on ways to improve evaluation designs, the Fund in 2008 established the Patient-Centered Medical Home Evaluators' Collaborative, co-chaired by Meredith Rosenthal, Ph.D., of the Harvard School of Public Health and the Fund's Melinda Abrams, M.S.. A key objective of the collaborative is to reach consensus on a core set of standardized measures in each of the main areas under investigation, such as care utilization, cost savings, clinical quality, patient experience, and clinic staff experience. In 2012, the evaluators' collaborative announced recommendations for core, standardized measures to assess cost, utilization, and technical quality outcomes in medical home evaluations. The Centers for Medicare and Medicaid Services has encouraged its prospective medical home evaluation contractors to use the metrics, which are described in a Commonwealth Fund issue brief, in their federally funded studies.

Building Capacity for Patient Centered Medical Home Implementation and Spread

The Commonwealth Fund is supporting a number of efforts to help guide implementation of the medical home model's defining features, including team-based care, care management for high-risk patients, availability of after-hours care, and care coordination. For example, Timothy Ferris, M.D., and Clemens Hong, M.D., of Massachusetts General Hospital are comparing primary care-based care management programs that have been shown to improve quality of care and health outcomes for high-risk patients. The study will compare the programs on operational features, such as training of care manager, panel size, patient eligibility criteria, and use of information technology to monitor care. The Fund also is supporting Lawrence Casalino, M.D., Ph.D., of Weill Cornell Medical College to assess the value of e-mail as a means of communication between patients and providers.

To gain a better understanding of what facilitates the spread of patient-centered medical homes, the Fund is supporting a team of researchers at Pennsylvania's Geisinger Health System to examine how its medical home program has reduced costly hospital admissions and readmissions. In particular, the study team is looking at ways to streamline and standardize the implementation of medical homes in primary care sites.

Helping Smaller Physician Practices Share Patient Care Resources

Because of their limited resources and capacity, small primary care practices often struggle to meet the functional requirements of a patient-centered medical home, from providing round-the-clock patient access to using a team approach to chronic disease management. Research has shown, however, that when primary care providers in the same community band together to share local resources or expertise—such as care coordinators or quality improvement coaches—they enhance their capacity to provide care and improve their performance.

With Commonwealth Fund support, the University of Montana's Stephen Seninger, Ph.D.,

is evaluating a statewide shared care management program where nurses working out of the local community health center provide support exclusively to high-risk Medicaid patients served by private, community-based physician practices in Montana. Dr. Seninger is examining the impact of the program on cost and quality of care as well as its viability in other rural states or communities. In addition, a team led by Tara Bishop, M.D., at Weill Cornell Medical College is evaluating a pilot program in New York City that enables safety-net practices to share the services of a patient-panel manager, who helps ensure that patients receive recommended routine services and chronic disease care.

Improving Policy and Financing to Promote Patient-Centered Care

Forty-two states are developing patient-centered medical home programs for their Medicaid and Children's Health Insurance Program enrollees. With Commonwealth Fund support, Neva Kaye and Mary Takach of the National Academy for State Health Policy (NASHP) have been working with state Medicaid officials and other key stakeholders to ensure that beneficiaries have access to a medical home. Since 2011, NASHP has worked with 23 states to strengthen, expand, and sustain medical home initiatives, providing guidance on payment models, evaluation metrics, and technical assistance approaches. In a July 2011 *Health Affairs* article, NASHP's Mary Takach noted the promising early results of recent state policies centered on medical home qualification and payment, including improved access to care, quality, and cost control. In November 2011, NASHP announced a new multistate collaborative to help Medicaid and other payers work together to develop robust, sustainable multipayer medical home initiatives. For more information about states' efforts to promote medical homes, view NASHP's interactive medical home map or download the Commonwealth Fund/NASHP report, *Building*

Medical Homes: Lessons from Eight States with Emerging Programs

To identify the most effective way to reimburse primary care providers that 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 a number of provisions intended to strengthen primary care in the United States. To aid successful implementation of these reform efforts, The Commonwealth Fund's Program on Patient-Centered Coordinated Care will support projects in a number of areas.

Making medical homes successful. To help the spread of medical homes, health system leaders, clinicians, and policymakers need information on the factors that lead to improved quality of care, greater efficiency, and lower costs. Future work will need to help providers implement the model in a way that is sustainable, economical, and patient-centered.

Resource-sharing. Owing to their limited resources, smaller independent physician practices typically are unable to deliver the breadth of services and engage in the range of quality improvement activities that are more common in larger practices. The Fund is supporting research into effective models for sharing clinical support services and health information systems that enable practices to provide coordinated care, after-hours appointments, and other services expected from medical homes

Policy implementation. As the Affordable Care Act's primary care provisions take effect, a Commonwealth Fund priority will be to share early lessons from the field with local, state, and federal policymakers to help ensure full advantage is being taken of the opportunities provided in the legislation. Understanding and synthesizing lessons from emerging and newly published multiple medical home evaluations for policy and practice will be an important activity over the next few years.

Integrating the medical home to the medical neighborhood. Commonwealth Fund support is aiding efforts to identify and assess promising models for improving information-sharing among primary care clinicians and specialists, hospitals, and community-based providers in both safety-net and commercial settings. More information is needed to understand how medical homes can integrate and partner with the other providers in their community to ensure high-quality, efficient care.

Health System Quality and Efficiency

Program Goals

The Program on Health System Quality and Efficiency is a major part of The Commonwealth Fund's focus on health care 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 those involved in the delivery of health care.

The program's work is rooted in the recognition that 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 the 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 to improve quality and efficiency in health care.

The Issues

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

patient-centeredness throughout the health care system.

According to The Commonwealth Fund's 2011 National Scorecard on U.S. Health System Performance, as many as 91,000 fewer premature deaths would occur if the United States were to reach the benchmark level of "mortality amenable to health care" achieved by the top-performing country. 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 U.S. Many of these are readmissions for conditions that could have been prevented had proper discharge planning, education, and postdischarge support been provided for patients. In 2009, the Institute for Healthcare Improvement (IHI), with Commonwealth Fund support, initiated the State Action on Avoidable Rehospitalizations (STAAR), a multipronged effort to help hospitals improve their processes for transitioning discharged patients to other care settings and assist state policymakers and other stakeholders with implementing systemic changes that will sustain improvements. According to an article in the journal *Health Affairs* (July 7, 2011) that presented early findings from the initiative, the most important rehospitalization-reduction strategies used so far are improving patient education, ensuring timely follow-up with patients after hospital discharge, creating cross continuum teams that include staff from hospitals, skilled nursing facilities, home health agencies, primary care practice, and using universal patient transfer or discharge forms. To date, more than 150 STAAR hospitals in three states have joined more than 500 community-based partners, including nursing homes, home health agencies, and physician practices, in the push to improve care transitions.

STAAR is also informing national efforts to reduce rehospitalizations, highlighting the value of collaboration among hospitals and community-based providers for improving care transitions and keeping discharged patients out of the hospital. The initiative has produced a number of how-to guides and other resources—all available online—to help providers implement best practices for good transitional care.

Nearly one-quarter of patients hospitalized with heart failure and one-third of patients hospitalized with acute myocardial infarction (AMI) are readmitted within 30 days of discharge, despite evidence that a substantial portion of readmissions may be preventable. While these and other readmissions increase Medicare costs by an estimated \$17 billion per year, little is known about the extent to which hospitals have employed recommended strategies to reduce readmission risk. As part of a Commonwealth Fund-supported study, Elizabeth Bradley, Ph.D., and her team at Yale University surveyed more than 500 U.S. hospitals enrolled in the American College of Cardiology and the Institute for Healthcare Improvement's "Hospital to Home" quality improvement initiative to determine their use of 10 practices associated with lower readmission rates.

The results, published in the *Journal of the American College of Cardiology* (July 2012), show that hospitals' use of recommended practices to reduce readmission rates varies significantly. On average, hospitals used five of 10 key practices, while only 3 percent of hospitals used all 10 practices. Such infrequent use of best practices may reflect insufficient resources, constraints on staff time, and the complexity of coordinating efforts among physicians, pharmacists, nurses, and other staff.

To help hospital leaders get started on a plan for reducing readmissions, a team of experts at the Health Research and Educational Trust (HRET) produced the *Health Care Leader Action Guide to Reduce Avoidable Readmissions*, with support from the John A. Hartford Foundation and The Commonwealth Fund. This resource outlines strategies for reducing unplanned readmissions and enables hospitals to estimate the level of effort required for them to implement those strategies.

Significant variability in 30-day readmission rates across U.S. hospitals suggests that some are more successful than others at providing safe, high-quality inpatient care and promoting smooth transitions to follow-up care. A Commonwealth Fund report by Sharon Silow-Carroll of Health Management Associates offers a synthesis of findings from case studies of four hospitals with exceptionally low readmission rates. The four are all part of integrated health systems, and each has responded effectively to local health care market conditions and the policy environment.

Douglas McCarthy, senior research adviser to The Commonwealth Fund, has also profiled health care organizations that have produced exemplary results in improving care transitions and reducing hospital readmissions. In a case study series slated for publication in November 2012, McCarthy highlights the efforts of UCSF Medical Center in San Francisco, part of the University of California system, which demonstrate what an organization can achieve in the absence of explicit financial incentives to reward desired behavior; Cincinnati Children's Hospital Medical Center, which is scaling up a program for children with asthma to the community level; and the Visiting Nurse Service of New York's CHOICE program, which is integrating health care services for Medicare/Medicaid dual eligibles.

Accountable Care Systems

As the nation moves toward health care delivery systems that are accountable for the health outcomes and costs of caring for their patient populations, The Commonwealth Fund is sponsoring efforts to ensure the success of this model for achieving coordinated, patient-centered, efficient care. With Fund support, Elliott Fisher, M.D., and his colleagues at the Dartmouth Institute for Health Policy and Clinical Practice and the Brookings Institution developed and pilot-tested a "starter set" of health care claims-based measures that could be used both to assess quality of care and to determine payments to accountable care organization (ACO) providers and the shared savings for which they are eligible. The team also recommended testing a more advanced set of measures, including clinical outcomes measures and patient-reported measures of care experience and health status.

In the project's second phase, the team developed a framework for evaluating ACOs and applied it to a series of case studies of four diverse health care organizations—from integrated health systems to a community hospital—that are collaborating with their private-payer partners to become accountable care providers. The cases detail how these institutions, which are all taking part in the Brookings–Dartmouth ACO Pilot Program, formed their ACO partnerships, how they are developing the capacity to manage population health, quality, and costs, and how they address issues of governance, patient attribution, payment, patient and provider engagement, and benefit design.

For ACOs to succeed, payment methods need to foster greater organizational accountability for patient care quality and cost. The Commonwealth Fund is supporting a multiyear evaluation to compare changes in spending and quality for providers participating in one such payment model: the Alternative Quality Contract (AQC), a global payment system developed by Blue Cross Blue Shield of Massachusetts (BCBS) to replace fee-for-service reimbursement and counter rising health care spending. Under the contract, Blue Cross Blue Shield makes a comprehensive payment to health care providers that covers the entire continuum of a patient's care for a specific illness—including inpatient, outpatient, rehabilitative, and long-term care services, as well as prescription drugs. Providers are eligible for a performance bonus if they meet certain quality targets. With Fund support, Harvard University's Michael Chernew, Ph.D., evaluated spending and quality improvement for patients whose primary care providers participated in the AQC and did the same for a control group of patients whose providers did not take part.

In a Health Affairs paper (July 2012) Song and colleagues reported that Massachusetts physician groups participating in the AQC were able to reduce the rate of increase in health care spending over two years by an average of 2.8 percent. The savings and improvements in quality appear to be sustained, and were even greater in year 2 compared with year 1. Savings accrued largely from reduced spending for procedures, imaging, and lab tests.

The ACO programs implemented by the Centers for Medicaid and Medicare Services (CMS)—the Shared Savings Program, the Pioneer Program, and the Advanced Payment Program—were intended to improve quality and slow cost growth. The ACO model was based on an earlier pilot, the Medicare Physician Group Practice Demonstration, in which 10 physician groups were eligible for up to 80 percent of any savings they generated if they were also able to demonstrate improvement on 32 quality measures. Although evidence indicates the groups in the demonstration improved quality, uncertainty remains about the impact on costs. Writing in the Journal of the American Medical Association (Sept. 12, 2012), Fisher, together with Carrie Colla, Ph.D., and colleagues, reported that nearly all the aggregate savings were concentrated among Medicare/Medicaid dual eligibles.

The Fund also supported the Hospital Research and Education Trust (HRET) to conduct the first national survey of hospital readiness to form ACOs. The survey asked leaders of nearly 1,700 hospitals about their care management, financial management, information

systems, and performance improvement practices. The HRET report, based on the results provides hospital leaders with a tool to gauge their organizations' relative preparedness for ACO participation.

Survey data was also the basis of a Commonwealth Fund issue brief that describes the start of the ACO adoption curve. The findings suggest that ACOs are embarking on a paradigm shift, moving away from an acute care focus and toward primary and preventive care. The authors, led by Fund vice president Anne-Marie J. Audet, M.D., also find that aspiring ACOs must develop the infrastructure to take on financial risk and manage population health.

In partnership with Stephen Shortell, Ph.D., of the University of California, San Francisco, the Dartmouth team is currently conducting the first national survey of ACOs to obtain information about the characteristics and circumstances that influence their formation, structure, contracts, and capabilities.

Meeting and Raising Benchmarks for Quality

Today, nearly 7,500 hospital executives, quality improvement professionals, medical directors, and others use The Commonwealth Fund's online resource for health care quality benchmarking, WhyNotTheBest.org, to compare their organization's performance against peers, learn from case studies of top performers, and access innovative improvement tools. With an array of custom benchmarks available, users can compare their organization's performance to the leaders and to national and state averages.

WhyNotTheBest profiles more than 8,000 hospitals and 400 hospital systems on measures of appropriate care processes and outcomes, patient experiences, readmission rates, mortality rates, patient safety and use of resources. The site also reports on the incidence of central line-associated bloodstream infections for more than 1,300 U.S. hospitals, and it serves as a unique source of all-payer data across 12 states. In the past year, the site added new functionalities so that users can compare performance by groups with various characteristics: for example, safety-net hospitals, rural or urban hospitals. Users can also compare quality by regions and examine aggregated hospital performance by state, county, or hospital referral region, as well as population health in communities around the nation. Additional efforts this year will focus on outreach to new audiences, such as business coalitions, employers, and health services researchers.

Resources such as WhyNotTheBest are essential for improving performance, by allowing providers to track their own performance and to compare themselves with the best achievable. Publicly available data can also drive change; in fact, "report cards" on physicians and hospitals have proliferated in recent years. While consumers seem to value them, the report cards can be difficult to understand and use, and so far they seem to have had little influence on people's health care provider choices. For a Fund-sponsored *Health Affairs* study (March 2012), researchers at the Harvard School of Public Health, led by Anna Sinaiko, Ph.D., and Meredith Rosenthal, Ph.D., synthesized the views of experts and stakeholders about what needs to be done to make provider report cards more useful. There was broad consensus that report cards should offer a

greater number of consumer-oriented measures, be more clear and accessible, and contain a wider range of data, including information on cost.

Assessing Providers' Capacity to Improve Care

Although deaths from heart attack have decreased significantly over the past decade, there is still substantial variation across U.S. hospitals in the number of patients who die within 30 days of hospitalization for acute myocardial infarction. Research has shown that certain variables—like medication adherence—can improve these rates, but less is known about strategic factors like communication and problem-solving. In a Fund-supported study, a team led by Yale's Elizabeth Bradley, Ph.D., surveyed more than 500 acute care hospitals to explore the associations between their strategies and mortality rates. In the *Annals of Internal Medicine* (May 2012), the researchers described five strategies that involve little risk and relatively few resources but together could lower risk-standardized mortality by more than 1 percent and save thousands of lives annually. These include: holding monthly meetings to review cases between hospital clinicians and staff who transported patients to the hospital; having cardiologists always on site; encouraging creative problem-solving among clinicians; not cross-training nurses from intensive care units for the cardiac catheterization laboratory; and having both physician and nurse champions.

Disseminating Best Practices and Innovative Models

Case studies and evaluations of high-performing provider organizations can be a highly effective way of educating health care stakeholders about best practices for managing chronic diseases, reducing hospitalizations, increasing patient satisfaction, and achieving other important performance goals. Recently, the Fund sponsored two evaluations focusing on best practices in health care delivery. The first one, led by Geoffrey Lamb, M.D., of the Medical College of Wisconsin, examined 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 the sharing of best practices. In a paper published in *Health Affairs* (March 2012), Lamb, along with lead author Maureen Smith, Ph.D., and colleagues, analyzed responses to public reporting on the quality of diabetes care in 409 primary care clinics within large multispecialty physician groups. The research team determined that a focus on publicly reported metrics, along with participation in large or externally sponsored projects, increased a clinic's implementation of diabetes improvement interventions.

The other evaluation is focused on shared decision-making in primary care and specialty clinics that are part of the Group Health Cooperative's network in Washington State. Little is known about how decision aids affect health care use when they are implemented outside of randomized controlled clinical trials. Headed by David Arterburn, M.D., the project conducted the first large-scale observational study to assess the effectiveness of 12 patient-decision aids on the use of elective surgical procedures, total health care use, and total costs. The impressive results, published in *Health Affairs* (Sept. 2012) show that the introduction of decision aids was associated with 26 percent fewer hip replacement surgeries, 38 percent fewer knee replacements, and 12 percent to 21 percent lower costs over six months.

Future Directions

Although the Affordable Care Act encourages the establishment of accountable care organizations, it is not clear how ready health care providers are to participate in them or if they will be able to develop the capabilities to do so. Karen Donelan, Sc.D., of Massachusetts General Hospital and Catherine DesRoches, Ph.D., of Mathematica Policy Research is fielding a longitudinal national survey to learn about the organizational settings and local health care markets in which physicians practice, as well as their care coordination processes and relationships with other providers, forms of reimbursement, and use of health information technology. Under a Fund grant to the University of Oregon, Jessica Greene, Ph.D., is evaluating the impact of provider payment reforms instituted by Fairview Health Services, an integrated health system in Minnesota that is discarding fee-for-service and replacing it with payment based on quality of care, productivity, patient experience, and cost.

The 17 U.S. communities chosen to participate in the federally authorized Beacon Community Cooperative Agreement Program are currently engaged in efforts to build and strengthen their health information technology infrastructure to achieve improvements in health care quality, cost-efficiency, and the management of community-level population health. With a combination of Commonwealth Fund and federal support, AcademyHealth has launched the Beacon Evaluation and Innovation Network to assist the Beacon Communities in accelerating the identification, documentation, and dissemination of lessons and results of their individual efforts. Two forthcoming Fund case studies will describe what selected Beacon Communities are learning, how they are evaluating their efforts, and what implications can be drawn from their experience for policy and practice. The first case study will describe a natural experiment in the spread of health information exchange capability in Colorado, while the second will examine how Beacon Communities in Bangor, Me., Cincinnati, Ohio, southeastern Minnesota, Rhode Island, and Tulsa, Okla., are measuring the impact of their efforts. The findings should help other communities make informed choices to ensure that evaluation capability is a key consideration rather than an afterthought in the design of a health information exchange.

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 racial and ethnic 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:

- Identify policy levers that can achieve equity in health care access and quality and address concerns faced by vulnerable populations across the continuum of care;
- Identify promising care delivery practices and models and develop and disseminate policy recommendations to support such innovations so that care systems can better

- serve vulnerable populations;
- Encourage state and local planning efforts to achieve systems of care that meet the specific needs of vulnerable populations; and
- Document and track health care utilization and quality for vulnerable populations at the state level.

The Issues

Equity is a core goal of a high performance health system. However, in the United States, vulnerable populations, including low-income people, the uninsured, and disadvantaged racial and ethnic minorities, have more difficulty obtaining health care, receive worse care, and experience poorer health outcomes than other groups. 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

Establishing a Policy Framework for Equity in Health Care

The Affordable Care Act contains a number of opportunities to improve the health of vulnerable populations, primarily by expanding insurance coverage and bolstering the health care systems that serve vulnerable Americans. Much work remains to be done, however, to ensure that these opportunities are fully realized. In October 2011, The Commonwealth Fund Commission on a High Performance Health System issued a report that offers a framework for achieving equity in health care and ensuring that vulnerable populations receive care from highly performing health systems. The report recommends three strategies: 1) ensure that health coverage provides adequate access and financial protection; 2) strengthen the care delivery systems serving vulnerable populations; and 3) coordinate medical care with other community-based services, including public health.

Promoting Sustainable Funding for Safety-Net Hospitals

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 other providers serving large numbers of low-income and uninsured patients play a central role in the health care delivery systems that treat vulnerable

populations. Several provisions in the Affordable Care Act—including the expansion of Medicaid and the reduction of disproportionate share hospital (DSH) payments, which help cover the costs of uncompensated care—will alter traditional revenue streams for safety-net hospitals. It will be critical to develop funding mechanisms that not only sustain the operations of safety-net facilities in a post-reform environment, but also promote delivery of high-performance health care.

Under the direction of Deborah Bachrach, J.D., Manatt Health Solutions analyzed current revenue streams of safety-net hospitals and how they are expected to change under health reform. The resulting report, issued by the Fund's Commission on a High Performance Health System, offers policy options that target existing funds so that hospitals serving the most vulnerable patients would continue to thrive once the Affordable Care Act is fully implemented.

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 Harvard University's Nancy Kane, D.B.A., researchers have collected audited financial statements from approximately 150 large, urban public hospitals to analyze their funding and financial sustainability, with the goal of setting a baseline for monitoring the viability of these institutions over the next decade as Affordable Care Act reforms take hold.

Examining the Role of Safety-Net Providers in Health Reform Implementation and Accountable Care

For safety-net providers, health reform implementation presents unique challenges, given the financial constraints and the complex needs of their low-income and uninsured patients. Under a Commonwealth Fund grant, Catherine Hess, M.S.W., of the National Academy for State Health Policy (NASHP) convened a workgroup of state and federal officials, safety-net providers, and health policy experts to examine the impact of health reform on safety net-providers and develop policy recommendations for including these providers in reform implementation plans and policies.

One area of focus for the workgroup was the role of safety-net providers in integrated health care delivery systems. Public hospitals and community health centers operating within integrated systems—which offer greater access to specialty services, more continuity in provider relationships, and better-coordinated care than smaller independent practices or hospitals typically do—appear best equipped to handle the needs of vulnerable patients efficiently, the participants agreed. An issue brief published jointly by NASHP and the Fund in August 2012 explores key considerations for incorporating safety-net providers into integrated delivery systems and discusses the roles of state and federal agencies in supporting and testing models of integrated care delivery.

Accountable care organizations (ACOs) represent a model of integrated care delivery with the potential to provide comprehensive, coordinated, and efficient care that meets the needs of vulnerable populations. There are concerns, however, that ACOs may

unintentionally exacerbate existing inequities in health and health care; for example, many safety-net providers may not have the resources needed to participate in these new organizations. Under the direction of Valerie Lewis, Ph.D., Commonwealth Fund–supported researchers at the Dartmouth Institute for Health Policy and Clinical Practice conducted an analysis of the particular challenges facing health care systems in creating ACOs for vulnerable populations and suggested policy options for overcoming these obstacles. The Dartmouth team will also assess the extent to which ACOs are forming in socioeconomically disadvantaged communities and conduct a case study of a safety-net ACO—work that will inform policy options to maximize the benefits and minimize the risks of ACO formation for these populations.

Future Directions

Monitoring and Tracking to Inform Planning and Policy. States have a large role to play in ensuring that vulnerable patients have access to high-performing health care systems. To understand the extent to which states are embracing this role—and how they are going about it—The Commonwealth Fund is developing a scorecard assessing state health system performance on health care access, utilization, and equity for vulnerable populations, as well as state policies, resources, and programs that address their needs.

Promoting High-Performing, Integrated Delivery Systems. The Affordable Care Act's expansion of Medicaid eligibility in 2014 for up to 17 million additional low-income Americans presents an opportunity for new accountable care organizations serving Medicaid patients to transform the way care is delivered to vulnerable populations. The Commonwealth Fund will make grants to advance the development of ACOs in Medicaid. For example, support to the Center for Health Care Strategies (CHCS) and Tricia McGinnis, M.P.P., will enable creation of a multistate Medicaid ACO learning collaborative. CHCS is currently assisting Medicaid agencies in seven states in the design and implementation of ACO models.

To promote care models which can facilitate the spread of ACOs among providers serving vulnerable populations, The Commonwealth Fund will support the development of models of care which serve as building blocks for ACO development among providers serving the highest-cost, highest-need patients. Another grant, to the Camden Coalition of Healthcare Providers, in Camden, N.J., will aid creation of a "hotspotting" toolkit for similar high-risk communities that seek to identify the highest users of emergency department and inpatient hospital care and devise targeted interventions to improve care coordination and quality and reduce costs.

Meeting the Varied Needs of Vulnerable Patients. Inadequate transportation, language interpretation, psychosocial, and outreach services are some of the many nonmedical causes of poor health outcomes in underserved communities. Over the next year, the Fund will support efforts to study and improve the coordination among medical care, behavioral health, and community-based social service providers that is so essential to effective health care for vulnerable populations.

Leveraging Medicaid's Role in Driving Delivery System Reform. Commonwealth Fund-supported projects will investigate ways that Medicaid can help drive transformation in the health care systems serving vulnerable populations. Under the direction of Deborah Bachrach, a grant to Manatt Health Solutions will examine how state Medicaid agencies might align with and build on the Medicare Shared Savings Program, which supports the development of ACOs for Medicare beneficiaries, to catalyze cost containment and quality improvement in their programs.

The Commonwealth Fund will also support an effort by Laura Summer and Jack Hoadley of the Georgetown Health Policy Institute to examine possible changes in care delivery spurred by Medicaid managed care plans, which states are increasingly turning to as a means of controlling public health care costs. The findings should inform policymakers, state Medicaid administrators, and plan sponsors about plan designs that are most likely to promote the delivery of high-value—not just low-cost—health care for vulnerable populations.

Mongan Commonwealth Fund Fellowship Program in Minority Health Policy

(formerly The Commonwealth Fund/Harvard University Fellowship in Minority Health Policy)

Achieving a high-performance health care system for all Americans requires trained, dedicated physician leaders capable of transforming health care delivery and promoting policies and practices that expand access to high-quality care and improve health outcomes for vulnerable populations, including racial and ethnic minorities and economically disadvantaged groups. As the provisions of the Affordable Care Act are implemented, it is more important than ever that the health and related social needs of vulnerable populations are fully addressed. Since 1996, the Mongan Commonwealth Fund Fellowship Program in Minority Health Policy (formerly the Commonwealth Fund/Harvard University Fellowship in Minority Health Policy) has played an important role in developing such physician leaders.

Based at Harvard Medical School under the direction of Joan Reede, M.D., M.P.H., M.B.A., Dean for Diversity and Community Partnership, the year-long fellowship offers intensive study in health policy, public health, and management for physicians committed to transforming delivery systems for vulnerable populations. Fellows also participate in leadership forums and seminars with nationally recognized leaders in health care delivery systems, minority health, and public policy. Under the program, fellows complete academic work leading to a master of public health degree at the Harvard School of Public Health, or a master of public administration degree at the Harvard Kennedy School of Government.

Beginning with the July 2012 class, the fellowship program will include an optional second year of practicum experience to supplement the fellows' academic and leadership development training. Fellows chosen for the practicum will spend one year in a health care delivery system setting, federal or state agency, or policy-oriented institution acquiring real-world experience in bringing high performance health care to vulnerable

populations.. The practicum is a competitive program open to first-year fellows, with a variable number of placements available per year.

For more information about the fellowship, including how to apply, visit the Mongan Commonwealth Fund Fellowship Program in Minority Health Policy page on www.commonwealthfund.org.

A total of 85 fellows have graduated from the program since it began. In 2012–13, four physicians were selected for the fellowship program.

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 postacute 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 also includes a related initiative on an especially vulnerable group of individuals enrolled in both the Medicare and Medicaid programs, often referred to as the "dual eligibles." The goal for this initiative is to improve quality, reduce costs, and improve the experience of those beneficiaries as they use services and transition between care settings.

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. Accessing 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 how integral long-term services and supports are 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 overall performance and ensure successful care transitions for patients.

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 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 two of nine quality-related issues, such as reducing staff turnover—a problem endemic within the industry and a barrier to high performance—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 8,700, representing over 55 percent of all U.S. nursing facilities—and in making measurable progress toward quality goals. Through the campaign's Web site, nhqualitycampaign.org, nursing homes can access free tools for tracking improvement and comparing facilities' performance, such as in safely reducing hospitalizations and addressing inappropriate use of antipsychotic medications in people with dementia. Nursing home leaders can also learn about evidence-based practices through training webinars. Consumers, meanwhile, can find information that will help them get good care.

The Fund's longstanding commitment to person-centered long-term care, particularly in nursing homes, is evident in a number of other recent grants. For example:

- Fund support to the Pioneer Network, a leading force behind culture change in nursing homes and the move to person-centered care, has allowed the coalition to advise state and federal agencies on nursing home payment and policy. For example, Pioneer leaders have been working with CMS to implement a provision of the Affordable Care Act designed to strengthen quality assurance and performance improvement efforts in nursing homes. They have also worked with officials in Kansas, Colorado and New Hampshire on pay-for-performance mechanisms that promote culture change.
- The University of Wisconsin's Barbara Bowers, Ph.D., investigated why the little research that has been done on consistent nurse assignment has not found strong evidence for its effectiveness, despite the acceptance of this practice as a key to person-centered care. Bowers concluded that previous studies of consistent

assignment failed to define the term objectively, lacked thoughtful conceptual frameworks, often selected inappropriate outcomes measures, and lacked quantifiable measures.

- The University of North Carolina's Sheryl Zimmerman, Ph.D., collaborated with the National Center for Assisted Living to convene 37 stakeholder organizations to recommend ways of optimizing the seven psychosocial components of the Minimum Data Set (MDS) 3.0, the nursing home resident assessment tool.
- Mathy Mezey, Ed.D., of the Hartford Center for Geriatric Nursing at New York University developed recommendations for academic nurse training programs to incorporate the principles of person-centered care into their curricula.
- The University of Massachusetts' Edward Miller, Ph.D. and Cynthia Rudder, Ph.D., of the Long-Term Care Community Coalition in New York conducted a case study of consumer participation in the formulation of Medicaid nursing home payment policies in New York and Minnesota. They also developed informational materials for consumers in other states.

Long-Term Services and Supports State Scorecard

With the rising number of people needing long-term care and continuing pressure on government budgets, states are being forced to do more with less. One solution is to forge a better balance between nursing home care and services delivered in the home or through community-based providers, such as adult day health care programs. As states embark on this new era in long-term care, they will need the means to assess progress in providing access to a range of affordable, high-quality long-term services and supports (LTSS).

Following on the success of The Commonwealth Fund's national and state health system scorecards, Susan Reinhard, R.N., Ph.D., and her team from AARP collaborated with the Fund and the SCAN Foundation to develop the first-ever state performance scorecard focused on long-term services and supports. The report, *Raising Expectations: A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers*, examined 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 assessed each state's performance overall as well as on 25 individual indicators. It found that all states have a long way to go to create a high-performing LTSS system, and that state Medicaid policies dramatically affect consumer choice and affordability. One of the most sobering findings was that the cost of LTSS, especially those provided in nursing homes, is unaffordable for many middle-income families. The scorecard, along with related state case studies, has served as a blueprint for action, and many states are now working to address problem areas.

The Dual Eligibles Initiative

About 9 million Americans are eligible for benefits from Medicare, the federal program that provides health coverage for older adults and younger people with severe disabilities, as well as Medicaid, the joint federal–state program that helps pay for both health care

and long-term services and supports for low-income individuals. Often referred to as “dual eligibles,” this group represents a relatively small share of Medicare and Medicaid beneficiaries (16 percent and 15 percent, respectively). However, because of their needs for a mix of medical care, behavioral health, and long-term care services, dual eligibles incur exceptionally high costs, accounting for 27 percent of Medicare spending and 39 percent of Medicaid spending. Some of the costs result not just from high use of services but also from inefficiencies caused by a lack of coordination in both payment and service delivery.

The Medicare–Medicaid Coordination Office within CMS, in conjunction with the new Center for Medicare and Medicaid Innovation, is authorized to study and address issues pertaining to dual eligibles. Its aim is to serve these beneficiaries better, assist health care providers, and help states develop an integrated approach to delivering and paying for the complex care needed by these patients.

The Commonwealth Fund has also launched an initiative to help dual eligibles, with the goals of improving quality of care and care experiences and reducing overall costs. Several projects are already under way. Under the leadership of Eric Carlson, J.D., the National Senior Citizens Law Center is studying states that received a waiver from the federal government to allow them to use Medicaid funds to pay for home- and community-based services for dual eligibles. Beneficiaries are able to receive care in settings that are much less institutionalized than nursing homes, while states and the federal government benefit from Medicaid assisted-living rates that are significantly lower than nursing home rates. There are, however, considerable downsides: consumer protections are slight, nursing home reform laws do not apply to assisted-living facilities, and quality-of-care standards are lacking. In an [article](#) in *ElderLaw Report* (Dec. 2011), Carlson outlines strategies that elder law attorneys can use to advocate for their assisted-living clients when their rights are compromised, such as when facilities require residents to pay the private-pay rate for a certain period before accepting Medicaid reimbursement—a violation of federal Medicaid law.

With support from The Commonwealth Fund and the SCAN Foundation, the Center for Health Care Strategies is continuing to provide technical assistance to 12 states as they develop plans for an integrated system of care for their dual-eligible beneficiaries and submit their plans for CMS approval. Through face-to-face meetings, conference calls, and Web-based educational sessions, state officials are able to share ideas, discuss common challenges, and learn about ways to deliver more seamless care.

A number of states are turning to capitated managed care as a way to contain costs and integrate care systems for dual eligibles. While the potential for better care coordination is significant, an already vulnerable population may be at risk if strong beneficiary protections for independence and choice of service setting are not built in. Recognizing the importance of getting consumer input, CMS requires states to include consumers as they implement their managed care programs. Fund grantee Kevin Prindeville, from the National Senior Citizens Law Center, has created a Web site to provide consumer groups with informational resources and concrete recommendations that will enable them to engage constructively with state governments to ensure adequate safeguards.

Future Directions

In addition to continuing its support for person-centered care and performance improvement in nursing homes, the Fund's Program on Long-Term Care Quality Improvement is supporting a number of projects aimed at improving care coordination and 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, David Casserett from the University of Pennsylvania is working with 14 hospices to identify best practices in the care of seriously ill nursing home residents. His goal is to pinpoint strategies and methods that strengthen the nursing home–hospice relationship and ensure that residents receive the highest care possible, without being transferred to a hospital.

Over the next year, the Fund will closely coordinate its work on dual eligibles with the Medicare–Medicaid Coordination Office, the Center for Medicare and Medicaid Innovation, and individual states in order to identify, evaluate, and spread innovations that improve care and lower costs—without putting beneficiaries in jeopardy. Attention will be given to a number of smaller providers that are recognized for delivering high-quality care. Keeping the essential features of these high-performing plans intact while they are brought to scale may offer the best promise of genuinely improving care and lowering costs for dual eligibles. Carol Raphael, M.P.A., former CEO of the Visiting Nurse Service of New York, and Penny Feldman, Ph.D., director of its Center for Home Care Policy, will form a learning collaborative for plan and provider leaders to address the organizational challenges that must be resolved for this to occur.

Affordable Health Insurance

Program Goals

As part of The Commonwealth Fund's efforts to inform health reform policy and implementation, 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 supports activities to:

- provide timely analysis of changes in employer-based health insurance, health plans offered in the individual market, and public insurance programs for people under age 65, and estimate the impact those changes will have on the number of people 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 Affordable Care Act and related federal regulations, along with their implications for people and employers;
- inform implementation of the reform law at the federal and state levels through tracking surveys of key population groups, Web-based interactive tools that monitor

state progress, and analysis of key reform provisions and regulatory guidance; and

- analyze and develop new policy options for expanding and stabilizing health insurance coverage, making coverage more affordable, and optimizing administrative efficiency.

The Issues

The most recent U.S. census data reveal that the number of people without health insurance in the United States climbed steadily over the last decade, rising from 36.6 million in 2000 to 50 million in 2010. In 2011, however, the number fell by 1.3 million to 48.6 million people, the largest one-year drop in the past decade. This was likely driven by increases in the number of insured young adults, as a result of the Affordable Care Act's provision allowing those under age 26 to enroll in a parent's health plan. The percentage of uninsured young adults ages 19 to 25 without health insurance declined to 27.7 percent down from 31.4 percent in 2009. This nearly four-percentage-point decline has reversed the rise in the uninsured rate for this age group over the past decade, and it foreshadows the expected gains in coverage once all of the law's provisions are rolled out over the next few years.

Trends in insurance coverage and consumer spending on health care underscore why these reforms are so important. Rising health care costs and sluggish income growth have made health insurance less protective for millions of Americans. Deductibles for employer-based plans doubled over the period from 2003 to 2010, while an estimated 29 million insured adults under age 65 had such high out-of-pocket costs relative to income that they were effectively underinsured in 2010, compared with 16 million people in 2003. Both these trends have had serious financial and health consequences for U.S. families.

By 2022, the Affordable Care Act reforms are expected to reduce the number of uninsured people from a projected 60 million, in the absence of the law, to 27.1 million. This will be achieved through a substantial expansion in Medicaid eligibility and premium and cost-sharing subsidies that will make it easier for small businesses and individuals to afford private plans purchased through new insurance exchanges. In addition, new regulations will ban insurers from charging people more based on health or gender, prohibit exclusions from coverage based on preexisting health conditions, and establish a new standard for essential health benefits—helping to protect against underinsurance. To ensure the law is implemented effectively, policymakers will need information about the 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, emerging federal regulations, and state activity, 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 to [*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, premium tax credits, the essential health benefit standard, medical loss ratio requirements for insurers, and state and federal review of premium increases in the individual and small-group markets.

The program continued to contribute to The Commonwealth Fund's *Realizing Health Reform's Potential* issue brief series, explaining how provisions of the Affordable Care Act may benefit different groups, as well as improve insurance coverage and overall health system performance. Among the topics covered in the past year were: the health care experiences of U.S. women compared with those in other industrialized countries; the loss health benefits among the newly unemployed; and the Pre-existing Condition Insurance Plan program for people with health conditions who are unable to find health coverage.

The Affordable Health Insurance program has also contributed to a new Commonwealth Fund publication series, *Tracking Trends in Health System Performance*. New briefs in the series highlighted results from the Fund's new online longitudinal health care tracking surveys of people with low and moderate incomes and young adults. They documented a substantial income-based divide in insurance and health care use, significant gaps in coverage that interfere with the ability of lower-income Americans to get timely health care, and the enrollment of millions of young adults into their parents' health plans shortly following enactment of the Affordable Care Act.

Analyzing Key Reform Implementation Issues

The centerpiece of the Affordable Care Act's private health insurance reforms—the new state-based insurance exchanges—are expected to provide coverage to more than 20 million individuals and small-business employees by 2022. By November 16, 2012, states must submit an “exchange blueprint” to the Department of Health and Human Services (HHS) that will lay out how they intend to operate their exchanges or whether they are electing to partner with the federal government on exchange implementation.

Based on research by grantee Sara Rosenbaum, J.D., of George Washington University, the Fund launched an interactive Web tool to allow side-by-side comparisons of insurance exchange laws and executive orders that are already in place in 13 states and the District of Columbia. Users can find information about each state's approach to governance and board membership, standards for certifying health plans to be sold through the exchanges, strategies for combatting adverse selection, and coordination with public insurance programs. The tool will be updated over time. In an [*issue brief*](#), Rosenbaum and colleagues note that although their laws vary, all states have accorded their exchanges flexibility in how they will operate. In general, the researchers find that the exchanges established thus far are publicly accountable entities with potential policymaking and market-shaping influence.

In another Commonwealth Fund issue brief, Wake Forest University School of Law professor Mark Hall, J.D., and Katherine Swartz, Ph.D., a professor of health economics at the Harvard School of Public Health, examine the activities of exchanges in California, Colorado, and Maryland, three states that have made significant progress but that now face a challenging set of decisions related to exchange financing and mitigating gaps in coverage and care among people who change their source of coverage.

In July 2012, Fund vice president Sara Collins co-moderated an Alliance for Health Reform Briefing on insurance exchanges and the Medicaid expansion in the wake of the Supreme Court decision on the Affordable Care Act. Panelists included Washington and Lee University School of Law professor Timothy Jost, Brian Webb of the National Association of Insurance Commissioners, Krista Drobac of the National Governors Association, and Mike Hash of the Center for Consumer Information and Insurance Oversight at HHS.

Earlier in the year, the Fund sponsored a special cluster of papers in the journal *Health Affairs* (Feb. 2012) on issues regarding implementation of the Small Business Health Options Program, more commonly known as the SHOP exchanges. Articles by Timothy Jost, Jon Kingsdale, formerly director of the Massachusetts Commonwealth Health Insurance Connector Authority, Terry Gardiner of the Small Business Majority, and William Kramer of the Pacific Business Group on Health, among others, examined the potential of SHOP exchanges to provide affordable options for small employers, which currently face high premiums and administrative costs when they insure their employees. A related Fund webinar moderated by Sara Collins drew an audience of more than 400 small and large employers, state policymakers, and industry stakeholders hear from the experts and ask questions.

On *The Commonwealth Fund Blog*, the Fund's Sara Collins and Tracy Garber continue to update states' progress in establishing exchanges.

Affordability and Cost Protection of Coverage Under Reform

For years, many U.S. households have faced sharp growth in health care costs and rising insurance premiums and deductibles in both employer and individual market insurance plans. Together with high unemployment and stagnant household incomes, many Americans have struggled to pay for health care. Even for those with health insurance coverage all year long, very high medical expenses relative to income can make them "underinsured." 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 to have problems paying medical bills. According to a Commonwealth Fund study published in *Health Affairs* (Sept. 2011), the number of underinsured adults rose by 80 percent between 2003 and 2010, from 16 million to 29 million.

Numerous health reform provisions, some of which have already gone into effect, are aimed at improving the comprehensiveness of health insurance and lowering premium growth. For example, insurance carriers selling policies in the individual and small-group

insurance markets are required to spend at least 80 percent of their premiums on medical care and quality improvement, as opposed to administration and profits; the threshold is 85 percent for those selling in the large-group market. Starting this year, health plans that do not meet these thresholds must pay rebates to enrollees. With Commonwealth Fund support, Mark Hall of the Wake Forest University School of Law and Michael McCue of Virginia Commonwealth University, estimated the amount of rebates expected in each state if the new rules had been in effect a year earlier. Nationally, consumers would have received almost \$2 billion of rebates if the new "medical loss ratio" rules had been in effect in 2010. Ultimately, many insurance carriers reduced spending on administrative costs in 2011, paying out a total of \$1 billion in rebates to policyholders across the country.

In addition, consumer protections that are part of the "Patient Bill of Rights" went into effect in 2010. Insurers may no longer impose lifetime limits on benefits, retroactively cancel, or rescind, coverage when an individual gets sick, or impose preexisting condition exclusions on children. In a March 2012 brief, Georgetown University's Kevin Lucia, J.D., M.H.P., and colleagues reported that in just over a year since the reforms were in place, 49 states and the District of Columbia had taken legislative or regulatory action to implement these provisions in their states.

Tracking the Uninsured and Underinsured

In 2011, the Affordable Health Insurance program launched a series of three longitudinal, nationally representative online surveys to follow randomly selected panels of adults over the next several years and track changes in health insurance coverage and health care experiences as health reform is implemented. The surveys draw respondents from KnowledgePanel, an online panel that is representative of the U.S. population and includes cell-phone only and low-income households—groups that are typically difficult to reach using traditional telephone surveys.

The first issue brief from the surveys, *The Income Divide in Health Care*, which drew on findings from the Commonwealth Fund Health Insurance Tracking Survey of U.S. Adults, focused on the health care experiences of adults with low incomes. According to the brief, nearly three of five adults in families earning less than \$30,000 for a family of four were uninsured for a time in 2011, and two of five were uninsured for one or more years. Low- and moderate-income adults who were uninsured during the year were much less likely to have a regular source of health care than people in the same income range who were insured all year. A second Fund brief based on data from the survey, *Gaps in Health Insurance* (April 2012), found that compared with adults who had continuous coverage, those who experienced gaps were less likely to have a regular doctor and less likely to be up-to-date with recommended preventive care tests. Losing or changing jobs was the primary reason people experienced a gap in coverage. Starting 2014, the Affordable Care Act will substantially narrow these inequities through affordable coverage options that will enable people to remain insured, even in the face of job changes and other life disruptions.

The Health Insurance Tracking Survey of Young Adults yielded a third issue brief:

Young, Uninsured, and in Debt (June 2012), which provided estimates of the effect of the Affordable Care Act's young adult provision, which allows children to stay on their parent's private insurance plans up to their 26th birthday. An estimated 13.7 million young adults between 19 and 25 remained on or newly joined their parents' health plans in 2011, including 6.6 million who likely would not have been able to do so prior to the passage of the law. Still, with nearly two of five young adults ages 19 to 29 lacking health insurance for all or part of 2011, there is clearly a need for the law's additional coverage expansions.

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 when employment status changes. A recent Commonwealth Fund-sponsored analysis led by Pamela Farley Short, Ph.D., of Pennsylvania State University found 89 million people—36.3 percent of Americans ages 4 to 64—were uninsured for at least one month between 2004 and 2007, including 23 million who lost coverage more than once. The Affordable Care Act will substantially reduce coverage gaps experienced by many people when their life circumstances change. But the authors also recommend that policymakers work to minimize potential disruptions in people's coverage and care when eligibility for different coverage options change, once the law is fully implemented in 2014.

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 populations and inform policymakers and federal officials about ways to ensure the reforms achieve their goals.

- Timothy Jost, in collaboration with Mark Hall and Katherine Swartz, Ph.D., will continue to examine the creation of state insurance exchanges in six key states. 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.
- States have considerable discretion in shaping the health plans qualified to be sold through the exchanges, in terms of how the plans meet the needs of their populations, the dynamics of insurance markets, and health system performance goals. To learn what health plans in the new state insurance exchanges will look like, Sara Rosenbaum and her team at George Washington University will analyze new state exchange legislative activity in 2012, state and federal requests-for-proposals for the qualified health plans that will be sold through the exchanges, and health plan contracts.
- Over the critical period leading up to 2014, when the reform law's main coverage provisions come online, Georgetown University's Kevin Lucia and his team will track and analyze how states are implementing their exchanges and planning to enforce compliance with the new rules through legislation, regulation, and guidance. These monitoring activities will inform federal efforts to ensure that the law is being

implemented consistently and with the best interests of consumers in mind.

- The Affordable Health Insurance program will continue to track trends in the affordability of health coverage. Using the federal Medical Expenditure Panel Survey, Peter Cunningham, Ph.D., of the Center for Health System Change is monitoring changes in the medical cost burden faced by Americans, including insurance premiums and out-of-pocket expenses.
- The Fund's Biennial Health Insurance Survey has been tracking trends in insurance coverage and quality for over a decade. The sixth biennial survey was fielded in 2012, and the results, including important data on trends in coverage and health care spending, will be published later in the year. At the same time, the Fund's new series of longitudinal tracking surveys will continue to provide timely data on the experiences of low-income adults, young adults, and older adults as health reform is implemented.
- At the University of Kansas Center for Research, Jean Hall, Ph.D., will continue to track state enrollment and patient experiences in the preexisting condition insurance plans during their final year of operation. The research team will offer recommendations to state and federal officials about how to ease the transition of people enrolled in the plans into the new insurance exchanges.
- The National Opinion Research Center's Jon Gabel will administer a survey to small employers about their experience in providing health insurance benefits and their needs and preferences regarding the purchase of coverage. Understanding the perspectives of small firms should aid policymakers as they set up the SHOP exchanges.

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. It supports the development and analysis of options for reforming how health care is paid for, focusing on incentives to improve the effectiveness and efficiency of care delivery while curbing spending growth. Activities sponsored by the program include:

- examining reforms that would align incentives with higher-quality health care and provide a base for more comprehensive payment reform;
- modeling the potential impact of alternative payment reform options within the Medicare program and throughout the health care system;
- studying how payment reform could stimulate new models of health care delivery that yield better, more coordinated care; and
- evaluating the potential for broader application of successful payment and delivery models.

The Issues

National spending on health care in the United States—which already has the most expensive health system of any country—is projected to grow from \$2.7 trillion in 2011 to \$4.8 trillion, or 20 percent of the gross domestic product, by 2021. Yet the resources spent on health care have failed to produce commensurate returns in access, outcomes, or value. There is growing agreement that many of the cost and quality problems in our health system today are caused, or at least exacerbated, by the way we pay for care. It has become clear that new approaches to paying for health care are needed so that providers are rewarded for the high value of their care rather than simply the volume of services they deliver, and so that working together to deliver more appropriate, coordinated, and effective care is rewarded, rather than punished—as it often is in the current system.

In addition to its provisions for making health insurance coverage available to millions of uninsured Americans, the Affordable Care Act 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 the potential and actual impacts on health care utilization, spending, and quality.

Recent Projects

Exploring Alternative Payment and Delivery Models

The Affordable Care Act has been not only a source but also a catalyst for innovative approaches to payment reform and care delivery, as well as for new ways to measure performance and value and increase use of health information technology. One such innovation is the Medicare Shared Savings Program, which provides financial incentives for “accountable care organizations” (ACOs) to provide their patients with coordinated, well-integrated, and efficient care. Although many providers and payers are now preparing to participate in ACOs, little is known about what it takes for ACOs to succeed, including the payment models—from shared savings to shared risk—that will most appropriately support them. A July 2011 Commonwealth Fund report prepared by Catalyst for Payment Reform, in partnership with Booz Allen Hamilton, examined the formation of eight private accountable care organizations that use, or are planning to deploy, a shared payer–provider risk payment model. The study team, led by Suzanne Delbanco, Ph.D., emphasizes that continued experimentation with both shared-savings and shared-risk arrangements in the private sector will be critical in the search for successful ways to align incentives for high-value care.

In a complementary Fund-supported effort, Michael Bailit, M.B.A., and Christine Hughes, M.P.H., of Bailit Health Purchasing, interviewed payer and provider organizations and state agencies involved in shared-savings arrangements about their diverse approaches, including populations and services covered, assignment of providers, use of risk adjustment, and methods for calculating and distributing savings. In their issue brief, *Key Design Elements of Shared-Savings Payment Arrangements*, the authors identify the issues that payers and providers must still resolve, including how to determine whether savings were truly achieved, how to equip providers with the data, tools, and guidance they need, and what standard provider performance measures should be used. Their

follow-up study, *Shared-Savings Payment Arrangements in Health Care: Six Case Studies*, shows that even when early efforts fail to achieve savings, they are moving in the right direction. Over time, these programs will need to incorporate shared risk to be effective in the long term, the authors say.

The Premier health care alliance offers another model for health care organizations seeking to control costs and improve patient care. Premier, which began as a hospital purchasing coalition, has created a collaborative of 25 health systems that are forming accountable care organizations and pursuing the aims of better patient care, improved population health, and lower costs. For ACOs to flourish nationally, health care organizations will need guidance in designing and implementing ACOs while achieving those objectives. Under the direction of Eugene Kroch, Ph.D., and Danielle Lloyd, M.P.H., Premier is helping providers undergo the transformation by demonstrating how the more than 60 candidate members of its accountable care collaborative are seeking to acquire the infrastructure and capabilities of a successful ACO, including payment mechanisms, data systems, and performance measurement and improvement strategies. The project team is also performing an inventory of members' core capabilities as part of an assessment of ACO readiness.

Evaluating Payment and Delivery System Reform

The Physician Group Incentive Program (PGIP) is a collection of practice transformation and quality improvement initiatives in Michigan striving to improve the quality of patient care across the state. Developed collaboratively by Michigan physicians, their medical groups, and Blue Cross Blue Shield of Michigan, the PGIP works within the existing fee-for-service payment system to support, recognize, and reward practice performance and improvement among the more than 14,000 participating physicians. Incentive payments are tied to key outcome measures, including evidence-based recommendations for care processes and population-based cost measures, and support physician organizations' efforts to acquire patient-centered medical home capabilities. The Commonwealth Fund is supporting an evaluation of the PGIP by a team at the University of Michigan, led by Christy Lemak, Ph.D. The study is examining the initiatives developed as part of the program, the implementation of those initiatives, how providers are responding, and the impacts on the quality and costs of care.

In Massachusetts, meanwhile, Blue Cross Blue Shield—the state's largest commercial payer—is trying out a global payment model called the Alternative Quality Contract (AQC), which pays health care providers a comprehensive, global payment rather than reimbursing them on a fee-for-service basis. The payment covers the entire continuum of a patient's care, including inpatient, outpatient, rehabilitation, long-term care, and prescription drugs, and providers are eligible for a performance bonus if they meet certain quality targets. With Commonwealth Fund support, a team led by Michael Chernew, Ph.D., of Harvard Medical School is evaluating the AQC's impact on health care utilization, spending, and quality of care. Evaluation of the first two years of the program indicates somewhat lower medical spending and improvements in both chronic and pediatric care.

Informing Payment Reform Policies

Payment reform can also elevate the role of primary care as a driver of improvement in our health system. With Commonwealth Fund support, James Reschovsky, Ph.D., and colleagues from the Center for Studying Health System Change simulated the impact of turning the temporary 10 percent bump in Medicare fees for primary care services, a policy authorized by the Affordable Care Act, into a permanent increase. In a Fund issue brief, the authors demonstrate that the fee increase would raise both the number and cost of primary care visits. The cost increase, however, would be offset by lower Medicare costs for other services—mostly inpatient and postacute care—once the full effects on treatment patterns are realized. The researchers' findings suggest that, under reasonable assumptions, promoting primary care can help bend the Medicare cost curve.

Under a Fund grant to the University of Massachusetts Medical School, Arlene Ash, Ph.D., and Randall Ellis, Ph.D., developed a bundled payment model to account for the cost of all services that primary care practitioners provide. The intent is not only to promote the delivery of more efficient care but to support encourage use of appropriate primary care services. The model has already been adopted by the Capital District Physician's Health Plan, a nonprofit network-model health plan in New York State. Using national medical claims data, the researchers demonstrated the applicability of the approach to a variety of providers and populations. They also underscored the importance of a risk adjustment mechanism that accurately reflects the variation in treatment cost and complexity associated with a diverse patient population.

Future Directions

In the coming year, the Program on Payment and System Reform will further develop the capacity of researchers to model the potential provider- and system-level impact of changes to health care payment and delivery, including those called for in the Affordable Care Act. 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 is charged, and evaluate local initiatives to restructure payment incentives and improve health care delivery.

Commonwealth Fund-supported work also will examine how public and private initiatives can help reinforce each other. For example, the health reform law contains several provisions designed to make private Medicare Advantage insurance plans more efficient and effective in providing beneficiaries with coordinated care. In addition to lowering reimbursement for these plans so that per-beneficiary costs are more in line with traditional fee-for-service Medicare, the law 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.

Researchers also will investigate factors that drive increases in health care costs. While it is well known that care utilization and spending by Medicare beneficiaries vary from

region to region, patterns of use and spending in commercial insurance markets are not as well understood. Under a Commonwealth Fund grant, Harvard Medical School's Michael Chernew, Ph.D., is examining geographic variation in commercial spending and the correlation between commercial and Medicare spending across hospital referral regions.

Other projects will focus on modeling the impact of alternative payment system approaches, identifying examples of ACOs and similar organizations in practice, and examining public and private sector initiatives to support accountability in health care provision.

Commission on a High Performance Health System

The Commission's 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 16 members—distinguished experts and leaders representing every sector of health care, as well as the state and federal policy arenas, the business sector, and academia—are charged with promoting a high-performing health system that provides all Americans with affordable access to excellent 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 the need for improvement in health system performance, identify areas where improvements can be achieved, and 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, the requirement for everyone to have coverage, the availability of premium and cost-sharing subsidies for 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 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 U.S. Although the nation's health spending 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.

The Affordable Care Act and other recent legislation offer policy tools that can be used to address many of these problems. Much work remains, however, to refocus the health

system on achieving the goals of affordable, effective, and equitable access to health care for all. At the same time, we must address the fiscal pressures faced by government at all levels, and by businesses and households, because of rapidly rising health spending. In the coming year, the Commission will focus on reinforcing the principles and goals of a high performance health system, helping the nation realize the potential of health reform, and advancing the unfinished agenda to control costs, improve value, and ensure that all Americans have access to efficient, high-quality health care.

Commission 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* (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. Two years later, the report *Organizing the U.S. Health Care Delivery System for High Performance* highlighted the detrimental effects of the nation's fragmented health care delivery and payment systems and offered recommendations for establishing greater coordination across providers and care settings. Among other changes, the Commission favors moving away from fee-for-service payment and toward bundled-payment methods that reward coordinated, high-value care.

Making the Case for Reform

In 2007, the Commission on a High Performance Health System 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 its report *A High Performance Health System for the United States: An Ambitious Agenda for the Next President* (2007), 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 three national and two state-level scorecards for the U.S. health system, and in March 2012 released a new scorecard for health system performance at the local level. These reports take a broad look at how 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 such issues as: 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?

Rising to the Challenge. Results from a Scorecard on Local Health System Performance, the first-ever scorecard to focus on health system performance within the nation's hospital referral regions, provides U.S. communities with comparative data that they can use to assess the performance of their health care systems, establish priorities for improvement, and set achievement targets. The findings show clearly that when it comes to health care access and care experiences, where you live matters. On many of the key health system indicators measured, including insurance coverage, preventive care, mortality rates, potentially avoidable hospital use, and costs, the scorecard finds significant differences between leading and lagging localities, and wide disparities among major cities. An interactive map accompanying the report allows comparison of cities and communities across the U.S.

The 2011 edition of the *National Scorecard on U.S. Health System Performance* finds that despite pockets of improvement, the United States as a whole failed to improve when compared with the top 10 percent of U.S. states, regions, health plans, or health care providers, or the top-performing countries. The scorecard measures the health system across 42 key indicators of health care quality, access, efficiency, equity, and healthy lives. In particular, the report notes significant erosion in access to care and affordability of care, as health care costs have risen far faster than family incomes. The bright spots in U.S. performance have largely been in areas on which public reporting or collaborative improvement initiatives have focused, such as blood pressure control, hospital treatment of heart attack and pneumonia, and prevention of surgical complications, all of which have improved substantially across the country.

The Commission's State Scorecard on Health System Performance, meanwhile, offers a metric for evaluating individual states on access to care, 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 2009 along with an interactive map showing state-by-state comparisons, reports that the cost and quality of health care, as well as access to care and health outcomes, continue to vary widely.

Developing Policy Options

In its 2007 report, *Bending the Curve. Options for Achieving Savings and Improving Value in U.S. Health Spending*, the Commission showed how policies that are designed to improve health system performance can also help reduce spending growth. The report estimated the likely effects of a set of specific policy options, finding that if they were to be implemented along with universal health coverage, national health expenditures would fall by \$1.5 trillion over 10 years. At the same time, the nation would reap the benefits of improved access to health care, higher-quality care, and better health outcomes.

As the national health reform debate began taking shape in early 2009, the Commission unveiled an array of comprehensive insurance, payment, and system reforms that could

help make affordable health coverage widely available, lead to improved health outcomes, and slow the growth of health spending by \$3 trillion by the end of the next decade. Many of the policy options presented in *The Path to a High Performance U.S. Health System: A 2020 Vision and the Policies to Pave the Way* are similar to provisions later included in the Affordable Care Act.

Helping to Realize the Potential of Health Reform

One of the most important provisions in the health reform legislation was the creation of the Center for Medicare and Medicaid Innovation, which is tasked with developing and implementing new models of health care financing and delivery that will improve care and reduce cost growth. The Center will also monitor the impact of these models and help spread ones that demonstrate success. In the 2010 issue brief *Developing Innovative Payment Approaches: Finding the Path to High Performance*, the Commission proposed a set of principles to guide the new Innovation Center and facilitate innovation, 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 health care providers that agree to take responsibility for the quality and cost of care delivered to a population of patients. In the 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, which holds promise as an effective and efficient way to deliver care, especially to people with chronic or complex medical conditions.

A 2012 report from the Commission called on the federal government to develop a comprehensive, disciplined strategic plan to take full advantage of the new opportunities in recent health reform legislation. In *The Performance Improvement Imperative: Utilizing a Coordinated, Community-Based Approach to Enhance Care and Lower Costs for Chronically Ill Patients*, the Commission lays out a strategy for addressing one of the greatest health system challenges: improving the coordination care provided to people with multiple chronic health conditions. Five percent of the U.S. population accounts for 50 percent of all health care costs, and most in this group have chronic diseases like congestive heart failure, coronary artery disease, and diabetes. Using the array of tools that are now available, the nation should be able to achieve substantial improvements in care for these patients, while saving billions in health care costs, through coordinated community-based efforts that align incentives and improve coordination of health services.

Providing Access for Vulnerable Populations

The Commission also has released a series of reports focusing on the need to ensure access to a high performing health system for vulnerable populations: people without health insurance, with low incomes, or who are members of racial or ethnic minorities. In *Ensuring Equity: A Post-Reform Framework to Achieve High Performance Health Care for Vulnerable Populations*, the Commission examines the problems facing vulnerable populations and offers strategies to close the health care divide. In *Toward a High*

Performance Health System for Vulnerable Populations: Funding for Safety Net Hospitals, the Commission offers recommendations to help shore up safety net hospitals and ensure that they can continue to provide high-quality care to their patients.

Informing Policymakers

In addition to formulating options for improving health policy and recommendations for implementing reform, the Commission on a High Performance Health System engages and informs 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. Its senior policy director, Rachel Nuzum, also directs The Commonwealth Fund's Federal and State Health Policy program and provides policymakers in the executive and legislative branches with information and technical assistance that draw upon both Commission and Fund work. In addition, staff from the Fund and the Commission are frequently called upon by federal and state legislators to lend expert testimony and assistance.

Future Directions

Despite the gathering momentum for meaningful health system reform in both the private and public sectors, the work of the Commission on a High Performance Health System is far from complete. Over the coming months, the Commission seeks to: 1) inform implementation of the Affordable Care Act and assess its potential to move the U.S. along the path to a high performance health system; 2) help health care leaders and the American public understand the 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 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 policy processes at the federal and state levels. As a key component of the Fund's efforts around health reform, the program focuses on the

Recent Projects

Bipartisan Congressional Health Policy Conference for Members of Congress

Each year, members of the U.S. House of Representatives and Senate are invited to meet in an informal, off-the-record setting with leading health policy experts and health care practitioners from a variety of backgrounds. The 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 providing an opportunity to reach one of The Commonwealth Fund's most influential audiences, the meeting also fosters working relationships with members who can advance the Fund's mission to achieve a

high performance health system. Seventy-nine House and Senate members have attended the retreat since 1998, with strong bipartisan representation.

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.

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, held on Capitol Hill and open to the public, focus on timely health policy topics under discussion at the federal and state levels.

Medicaid as a Lever for Health System Reform

Passage of the Affordable Care Act strengthens Medicaid's position as both a platform for expanding insurance coverage and for initiating health care payment and delivery reforms. As state Medicaid agencies pursue reforms in this area, Commonwealth Fund support to the National Association of Medicaid Directors is providing opportunities for its members to learn from one another and become familiar with the broad range of policy options that are available. The project also facilitates dialogue between state and federal officials on key reform implementation activities.

Educating and Informing State Policymakers

State officials and legislators play a central role in implementing the Affordable Care Act, from passing laws that shape the health insurance exchanges to making health care budgeting decisions. To fulfill that role, state policymakers need tools and resources to understand policy options. Through a partnership with the Progressive States Network and the National Working Group of State Legislators for Health Reform, The Commonwealth Fund supports a series of meetings for state legislators, together with policy experts and federal officials. The meetings have focused on such areas as using Medicaid as a lever for payment and delivery system reform, Medicaid cost-containment options, and Medicaid programs' interaction with health insurance exchanges.

Future Directions

In the coming year, the Program on Federal and State Health Policy will continue to examine the intersection of federal and state health policy in the implementation of the Affordable Care Act, as well as in efforts to improve health care delivery in the United States. Program staff will furnish guidance and technical assistance to federal and state policymakers and to congressional and administrative staff who are engaged in the law's implementation and in delivery and payment system reform. In addition, program staff will inform federal and state policymakers about recent Commonwealth Fund research and analysis, policy recommendations from the Fund's Commission on a High

Performance Health System, and case studies of innovative policies and programs around the country.

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, affordability, access to care, and patient-reported quality of care; and
- monitor public- and private-sector 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, state, and, starting in 2012, local scorecards. The National Scorecard on U.S. Health System Performance (2006, 2008, and 2011), focuses on health care outcomes, quality, access, efficiency, and equity and compares U.S. average performance to benchmarks set within the U.S. and internationally. 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, avoidable hospital use/costs, and health outcomes, and the potential gain if each state reached levels of performance achieved by leading state. The Scorecard on Local Health System Performance (2012) examines performance of 306 local areas across 43 indicators related to access, prevention and treatment, potentially avoidable hospital use and cost, and healthy lives. This scorecard enables comparison of performance within and

across states. Profiles comparing each area to benchmarks set by top performing communities, and data are available on an interactive map on the Fund website.

The State Scorecard on Long-Term Services and Supports (2011) assesses performance of nursing homes, home health agencies, and state programs across four dimensions: access and affordability; choice of setting and provider; quality of life and quality of care; and support for family caregivers.

The State Scorecard on Child Health System Performance (2011) examines states' performance on 20 key indicators of children's health care access, health system equity, affordability of care, prevention and treatment, and the potential to lead healthy lives, and.

WhyNotTheBest.org. Nearly 7,500 hospital executives, quality improvement professionals, medical directors, and others use The Commonwealth Fund's online resource for health care quality benchmarking, WhyNotTheBest.org, to compare their organization's performance against peers, learn from case studies of top performers, and access innovative improvement tools. With an array of custom benchmarks available, users can compare their organization's performance to the leaders and to national and state averages.

Surveys. The Fund conducts a wide range of surveys, both in the United States and abroad, to monitor trends in health care access and affordability, the delivery of patient-centered coordinated care, and the spread of health information technology with information exchange in physician practices. Fund surveys also explore public views on health care matters, and assess the policy perspectives of health care leaders. Recent and ongoing surveys include:

- Commonwealth Fund Biennial Health Insurance Survey (2001, 2003, 2005, 2007, 2010, 2012). 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, affordability and quality of adults' health insurance coverage, cost-related difficulties in accessing care, experiences in the individual market, medical bill problems, and medical debt.
- The Commonwealth Fund Health Insurance Tracking Surveys of U.S. Adults. This series of online longitudinal surveys 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, these surveys will provide a flexible, policy-relevant survey tool to supplement the Fund's longstanding national Biennial Health Insurance Survey.
- Commonwealth Fund International Health Policy Survey (annual). Now including 11 industrialized countries, this rotating series of annual surveys explore such topics as health system performance, access, coordination, and responsiveness from the perspective of the general population, seriously or chronically ill adults, and primary care physicians. The 2012 survey focused on 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, 2008, 2011). The public views 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 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.
- Commonwealth Fund 2009 Survey of Clinic Patients in New Orleans. One of the many things Hurricane Katrina devastated when it hit New Orleans in 2005 was the city's health care system. To find out how well community clinics were serving their high-need populations, The Commonwealth Fund conducted interviews with patients at 27 clinics in 2009. The findings were encouraging.

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.

State Trends in Private Insurance Premium and Deductibles (2009, 2010, 2011, 2012). The Commonwealth Fund also produces an annual report that tracks employer-sponsored health insurance plan costs and benefits in each state. The report focuses on premiums, employee shares of premiums, and plan deductibles. The newest analysis (forthcoming Dec. 2012) covers the period 2003 to 2011.

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 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 bend the cost curve while providing access to expensive new drugs and medical technologies, improving the quality and safety of care, and ensuring 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

2012 International Symposium on Health Care Policy

For the past 15 years, The Commonwealth Fund has hosted an annual international health care policy symposium in Washington, D.C., organized in collaboration with the leading U.S. health policy journal, *Health Affairs*. The 2012 symposium, “International Lessons for the Financial Sustainability of Health Systems,” brought together health ministers and 65 leading policy thinkers from Australia, Canada, France, Germany, New Zealand, the Netherlands, Norway, Sweden, Switzerland, the United Kingdom, and the United States.

Edith Schippers, Dutch Minister of Health, Welfare and Sport, provided the opening keynote address, outlining her vision for a high-performing 21st-century health care system and the initiatives under way in managed competition, bundled payments, and chronic disease management to ensure quality and the financial stability of the health care system. In the annual John M. Eisenberg International Lecture, Karen Davis, Fund president, reflected on 15 years of cross-national learning and highlighted innovations in policy and practice that have had an impact and underpinned high performance in different country health care systems. International experts presented commissioned papers that compared the strategic choices countries make for containing health care costs, the ways that different health systems have responded to the current economic downturn; how countries use primary care as a driver of performance to achieve better care, higher quality, and lower costs; and, international lessons to be learned from “frugal innovations” in low-income countries. A closing session looked at how countries need to redefine their “business model” for health care to meet the demands of the future.

A highlight of the symposium was the presentation of findings from the 2012 Commonwealth Fund International Health Policy Survey of Primary Care Doctors, which was conducted in the U.S. and in 10 other high-income countries. According to the survey, primary care doctors increasingly use electronic medical records in their practice, particularly in the U.S. and Canada, which have both seen a 50 percent increase in uptake since 2009. However, majorities of doctors in all countries report failures and delays in communication with specialists and hospitals. The survey was conducted in Australia, Canada, France, Germany, the Netherlands, New Zealand, Norway, Sweden, Switzerland, the United Kingdom, and the United States. An article based on findings of the Fund's annual international survey is published each year in the journal *Health Affairs*.

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 United Kingdom as participants in the program.

Harkness alumni continue to generate important research based on their fellowship work. For example in August 2012, Harkness Fellows published perspectives in the *New England Journal of Medicine*. Philip Van der Wees (Netherlands, 2011–12) and his Harkness mentor John Ayanian, M.D., of Harvard Medical School described Massachusetts' ambitious efforts to limit the growth of health care spending and support delivery system reform towards accountable care organizations and patient-centered medical homes. Ewout van Ginneken (Netherlands, 2011–12) and his mentor Kathy Swartz, Ph.D., of the Harvard School of Public Health offered lessons for states from European countries' experiences with health insurance exchanges. In *Milbank Quarterly* (June 2011), Ruth Thorlby (U.K., 2008–09) and her Harkness mentors John Ayanian and Bruce Siegel, M.D., of the National Association of Public Hospitals and Health Systems examined how health care organizations are using patients' race and ethnicity to improve quality of care.

Returning to their home country, Harkness alumni continue to move into positions of influence. Based on a recent 10-year review of the Harkness Fellowships, one of three Harkness alumni was rated as a national leader within academia, government, or the health care delivery system in their home country. To learn more about the Harkness Fellowships and about alumni fellows, visit the [Harkness Fellowships page](#).

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

Expanding the OECD Health Systems Database

Since 2004, the Commonwealth Fund has provided support for the Organization for Economic Cooperation and Development (OECD) Health Care Quality Indicators project to enable policymakers to benchmark and compare country performance. Two current initiatives sponsored by the Fund are seeking to develop and pilot cross-national indicators to measure patient experiences as well as health systems' adoption and use of health information technology. Both projects aim for the measures to be routinely collected in all 34 OECD member countries and included in the OECD database of health indicators, providing a new window on how national health systems compare.

The organization's 2011 *OECD Health at a Glance* report included, for the first time, patient safety indicators developed by the Fund-supported Health Care Quality Indicators Project. The indicators are: obstetric trauma, foreign body left in during procedure, accidental puncture or laceration, postoperative pulmonary embolism or deep vein thrombosis, and postoperative sepsis.

Building a Go-To Online Resource for International Health System Comparisons

Over the past year, The Commonwealth Fund has expanded the online resources for learning about and comparing industrialized health systems. In addition to Fund-supported publications and chartpacks, information on the Harkness Fellowships and Alumni, and the International Health Policy Data Center—which allows users to generate their own graphs and tables—the Fund launched the new publication series *Issues in International Health Policy* to report on major health reform initiatives from around the world. Topics covered in 2012 include strengthening access to after-hours care, bundling payments, and using no-fault administrative systems, or health courts, for compensating injured patients. The Fund also re-launched a monthly online newsletter, *International Health News Briefing*, with summaries of health policy news in Canada, France, Australia, New Zealand, Netherlands, and the U.K.

To reach out to a global audience and showcase findings from the 2011 international survey, the Fund held a webinar in January 2012. Moderated by Robin Osborn, the webinar featured Fund senior vice president Cathy Schoen presenting the 2011 survey findings, followed by reactions from international experts.

Partnerships with International Foundations

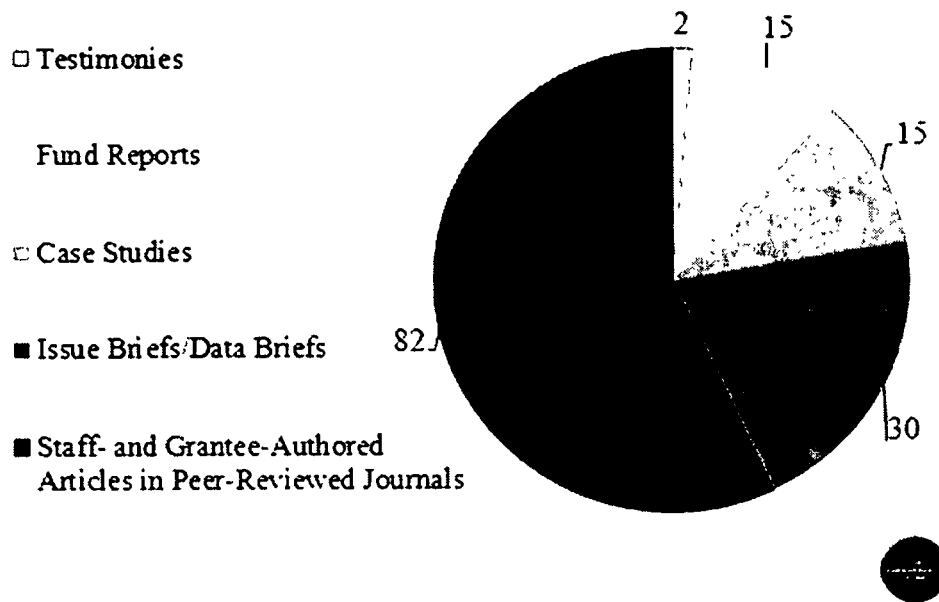
The Commonwealth Fund has more than 20 ongoing international partnerships with health ministries, research organizations, and health care foundations whose cofunding and collaboration support the expansion of the Harkness Fellowships and the Fund's annual International Health Policy Survey, in addition to important cross-national research on comparative health system performance (see table).

Communications

Visit www.commonwealthfund.org for a complete overview of the Fund's communications efforts and publications output. The Fund has also developed and maintains www.WhyNotTheBest.org, which aggregates a large amount of comparative

data on the performance of U.S. hospitals in order to facilitate benchmarking of individual organizations' performance. The site also has many resources to help institutions improve their performance.

Publications Output, FY2011–2012



**Top 10 Publications of FY2011-2012
by page views**

	TITLE	AUTHOR(S)	VIEWS
1	Why Not the Best? Results from the National Scorecard on U.S. Health System Performance, 2011 (10.18.2011)	Commission High Perf. Hlth. Sys	33,299
2	Mirror, Mirror on the Wall: How the Performance of the U.S. Health Care System Compares Internationally, 2010 (6.23.2010)	Davis, Schoen, Stremikis	30,049
3	Rising to the Challenge: Results from a Scorecard on Local Health System Performance, 2012 (3.14.2012)	Commission & Radley, How, Fryer, McCarthy, Schoen	17,569
4	International Profiles of Health Care Systems: Australia, Canada, Denmark, England, France, Germany, Italy, Japan, the Netherlands, New Zealand, Norway, Sweden, Switzerland, and the United States (11.9.2011)	Squires	13,432
5	Organizing the U.S. Health Care Delivery System for High Performance (8.7 2008)	Shih, Davis, et al	12,710
6	Mirror, Mirror on the Wall: An International Update on the Comparative Performance of American Health System, 2007 (5.15.2007)	Davis, Schoen, Schoenbaum, Doty, Holmgren, Kriss, Shea	11,289
7	New 2011 Survey of Patients with Complex Care Needs in Eleven Countries Finds That Care Is Often Poorly Coordinated (11.9.2011)	Schoen, Osborn, Squires, Doty, Pierson, Applebaum	11,220
8	Explaining High Health Care Spending in the United States: An International Comparison of Supply, Utilization, Prices, and Quality (5.3.2012)	Squires	10,447
9	Why Not the Best? Results from the National Scorecard on U.S. Health System Performance, 2008 (7.17.2008)	Commission High Perf. Hlth. Sys.	8,623
10	State Trends in Premiums and Deductibles, 2003–2010: The Need for Action to Address Rising Costs (11.17.2011)	Schoen, Fryer, Collins, Radley	8,187

**Top 10 Commonwealth Fund Blog Posts
by page views, FY2011-2012**

	TITLE	AUTHOR(S)	VIEWS
1	State Health Insurance Exchange Legislation: A Progress Report (5.30.2012)	Collins, Garber	12,108
2	Bending the Health Care Cost Curve: Focusing Only on Federal Budget Outlays Won't Solve the Problem (1.28.2011)	Davis, Schoen, Guterman	5,744
3	Measuring the Success of Medical Homes: Recommendations from the PCMH Evaluators' Collaborative (5.18.2012)	Rosenthal, Abrams, Bitton	4,147
4	Accountable Care Organization Final Regulations Give Health Care Providers More Flexibility (10.21.2011)	Zezza, Guterman	3,969
5	Grandfathered vs. Non-Grandfathered Health Plans Under the Affordable Care Act: Striking the Right Balance (6.22.2010)	Collins	3,703
6	The Bundled Payment for Care Improvement Initiative: Achieving High-Value Care with a Single Payment (1.7.2012)	Zezza, Guterman, Smith	3,044
7	The Innovation Center at One Year: Much Progress, More to Be Done (11.29.2011)	Zezza, Abrams, Guterman	2,546
8	The Care Coordination Imperative: Responding to the Needs of People with Chronic Diseases (2.21.2012)	Audet, Patel	2,399
9	Number of Uninsured in United States Grows to 49.9 Million; Young Adults Already Benefitting from the Affordable Care Act (9.13.2011)	Collins, Garber, Davis	2,309
10	ACOs: Making Sure We Learn from Experience (4.12.2012)	Fisher, Shortell	2,212

The Commonwealth Fund, 2011-12
Part XV, Grants and Contributions Paid
During the Year or Approved for Future Payment

Institution	Grant No.	Project Director and Description	Amount Paid	Ending Balance @ 6-30-12
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		\$ 7,603
AARP Foundation 601 E Street NW Washington, DC 20049	20100273	Susan Reinhard, R N , Ph.D 8/1/10-7/31/12 Producing a State Long-Term Care Scorecard, Phase 2		\$ 50,654
Academic Pediatric Association 6728 Old McLean Village Drive McLean, VA 22101	20090603	Cynthia Minkovitz, M.D., M.P.P 12/1/09-11/30/11. Promoting Delivery of Preventive Services to Children and Families. APA Young Investigator Awards, Phase 2	\$ 20,206	\$ -
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	\$ 38,257	\$ (0)
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		\$ 9,376
AcademyHealth 1150 17th Street NW, Suite 600 Washington, DC 20036	20100291	W David Helms, Ph D 7/1/10-6/30/11 Rent and Services	\$ 2,020	\$ 13,099
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	\$ 9,652	\$ -
AcademyHealth 1150 17th Street NW, Suite 600 Washington, DC 20036	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	\$ 5,000	\$ -

The Commonwealth Fund, 2011-12
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AcademyHealth 1150 17th Street NW, Suite 600 Washington, DC 20036	20110250	Lisa Simpson, M.B. 1/1/11-4/30/11 Laying the Groundwork for a Beacon Innovation & Learning Network	\$ 10,000	\$ -
AcademyHealth 1150 17th Street NW, Suite 600 Washington, DC 20036	20110295	Lisa Simpson, M.B. 1/1/11-12/31/11 General Support	\$ 3,000	\$ 3,000
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	\$ 204,000
AcademyHealth 1150 17th Street NW, Suite 600 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	\$ 9,970	\$ -
AcademyHealth 1150 17th Street NW, Suite 600 Washington, DC 20036	20110512	Lisa Simpson, M.B., B Ch., M.P.H., F.A.A.P. 7/1/11-6/30/12. Partnering with Academy Health to Promote a High Performing Health System: Rent and Services	\$ 130,000	\$ 35,590
AcademyHealth 1150 17th Street NW, Suite 600 Washington, DC 20036	20120039	Lisa Simpson, M.B., B Ch., M.P.H., F.A.A.P. 11/1/11 - 4/30/12. Long-Term Care Interest Group 2012 Policy Seminar	\$ 22,820	\$ 410
AcademyHealth 1150 17th Street NW, Suite 600 Washington, DC 20036	20120049	Jane Brookstein. 11/1/11-10/31/12 2012 Disability Research Interest Group Meeting & Webinars	\$ 10,000	\$ 3,493
AcademyHealth 1150 17th Street NW, Suite 600 Washington, DC 20036	20120193	Enrique Martinez-Vidal, M.P.P. 12/1/11-9/01/11. Support for the 2012 Activities of AcademyHealth's State Health Research and Policy Interest Group	\$ 17,800	\$ 2,009

The Commonwealth Fund, 2011-12
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Institution	Grant No.	Project Director and Description	Amount Paid	Ending Balance @ 6-30-12
AcademyHealth 1150 17th Street NW, Suite 600 Washington, DC 20036	20120316	Lisa Simpson, M B , B.Ch., M.P.H , F.A A P 1/1/12-12/31/12 General Support	\$ 12,000	\$ 6,000
AcademyHealth 1150 17th Street NW, Suite 600 Washington, DC 20036	20120317	Lisa Simpson, M B , B.Ch., M.P.H , F.A.A.P 7/1/12-6/30/13. Rent and Services	\$ 125,000	\$ 20,590
Actuarial Research Corporation 6928 Little River Turnpike Annandale, VA 22003	20120510	James Mays, M A. (5/28/12-12/31/12) Modeling the Impact of Health Care Payment, Financing, and System Reforms	\$ 150,000	\$ 100,000
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	\$ 11,064	\$ 0
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	\$ 8,564	\$ (0)
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	\$ 22,952	\$ (0)
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
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	\$ 42,319	\$ -

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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	\$ 24,819	\$ 25,577
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	\$ 4,123	\$ 5,877
Alliance for Health Reform 1444 Eye Street, NW, Suite 910 Washington, DC 20005-6573	20110431	Edward Howard, J.D. 7/15/11-7/14/11 Commonwealth Fund Bipartisan Congressional Retreat, 2012	\$ 329,479	\$ 47,068
Alliance for Health Reform 1444 Eye Street, NW, Suite 910 Washington, DC 20005-6573	20110432	Edward Howard, J.D. 7/15/11-7/14/12 Health Policy Seminars and Roundtables, Staff Dialogues, and Congressional Staff/Support Agency Retreat, 2011-12	\$ 327,558	\$ 38,598
Altarum 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		\$ 3,816
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	\$ 77,334	\$ 19,334
American Academy of Family Physicians 11400 Tomahawk Creek Parkway Leawood, KS 66211	20110101	Robert Phillips, Jr., M.D., M.S.P.H. 2/1/11-1/31/12. International Learning on Increasing the Value and Effectiveness of Primary Care		\$ 10,000
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	\$ -

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Part XV, Grants and Contributions Paid
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Institution	Grant No.	Project Director and Description	Amount Paid	Ending Balance @ 6-30-12
American Health Care Association 1201 L Street N W Washington, D C 20005-4024	20120354	David Gifford, M.D , M.P.H. 3/1/12-2/28/13. Keeping Pace with National Priorities New Goals for Advancing Excellence	\$ 60,000	\$ 19,940
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	\$ 500	\$ (0)
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	\$ 40,000	\$ -
Arkansas Department of Human Services 700 Main Street Little Rock, AR 72201	20120187	Angela Littrell M.A. 11/1/11-10/30/12. AR LINKS (Linkages Improve Networks and Knowledge of Services): Creating Efficient Systems Linkages to Support Healthy Child Development, Year 3	\$ 40,000	\$ 20,000
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	\$ 3,313	\$ -
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	\$ 7,600	\$ -
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	\$ 1,000	\$ 3,850
The Board of Regents of the University of Wisconsin System 1220 Linden Drive, Room 1720 Madison, WI 53706	20100611	Douglas Olson, Ph D , M.B.A. 9/1/10-8/31/11 Development of a Practicum Site Quality Profile for Long-Term Care Administration Programs		\$ 8,544

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Part XV, Grants and Contributions Paid
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Institution	Grant No.	Project Director and Description	Amount Paid	Ending Balance @ 6-30-12
The Board of Regents of the University of Wisconsin System 1220 Linden Drive, Room 1720 Madison, WI 53706	20110148	Barbara Bowers, Ph D., M.S , R.N 7/1/11-6/30/12 Evidence for Consistent Assignment: A Critical Evaluation of the Literature and Current Practices	\$ 30,000	\$ 10,000
The Board of Trustees of the University of Alabama for the University of Alabama at Birmingham Birmingham, AL 35294-2010	20120012	Robert Weech-Maldonado, M B.A , Ph.D. 8/1/12-7/31/12. Dissemination of CAHPS Cultural Competency and Health Literacy Surveys	\$ 12,000	\$ 4,500
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
Brandeis University 415 South Street Waltham, MA 02454	20110123	Robert Mechanic, M.B.A. 1/1/11- 10/31/12. Survey of Capitation Contracting and Physician Compensation in Organized Delivery Systems		\$ 9,842
Brandeis University 415 South Street Waltham, MA 02454	20120070	Robert Mechanic, M B A 3/1/12- 2/28/13. Evaluating the Impact of the Alternative Quality Contract on Medical Groups' Capacity to Provide Accountable Care, Phase 2	\$ 32,000	\$ 47,437
Brandeis University 415 South Street Waltham, MA 02454	20120248	Stuart Altman, Ph.D. and Michael Doonan, Ph D 3/1/12-12/31/12. 19th Annual Princeton Conference States' Role in Healthcare Reform - Possibilities to Improve Access and Quality	\$ 11,000	\$ 4,000
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	\$ 2,992	\$ -
Brigham and Women's Hospital Inc 75 Francis Street Boston, MA 02115	20080445	David Bates, M D., M Sc 1/1/09- 4/30/12. Evaluating a Medical Home Plan Coupled with Innovative Payment Reform for Primary Care, Phase 1	\$ 70,000	\$ 23,439

The Commonwealth Fund, 2011-12
Part XV, Grants and Contributions Paid
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Institution	Grant No.	Project Director and Description	Amount Paid	Ending Balance @ 6-30-12
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	\$ 46,856	\$ -
Brigham and Women's Hospital Inc 75 Francis Street Boston, MA 02115	20110355	Niteesh K. Choudhry, M D , Ph D. 7/15/11-7/14/12. The Potential of Value- Based Insurance Design Evaluating the Effect of Eliminating Prescription Drug Copayments for Heart Attack Patients	\$ 110,000	\$ 22,083
Brigham and Women's Hospital Inc 75 Francis Street Boston, MA 02115	20120001	David Bates, M.D., M.Sc. 5/1/12- 9/30/13 Evaluating a Comprehensive Primary Care Medical Home Payment Model in Albany, N.Y., Phase 2	\$ 150,000	\$ 221,661
Brigham and Women's Hospital Inc 75 Francis Street Boston, MA 02115	20120359	Alexander Turchin, M D , M.S. 6/1/12- 5/30/13. Effect of Health Information Exchange on the Cost of Medical Tests	\$ 39,000	\$ 10,518
Brigham and Women's Hospital Inc 75 Francis Street Boston, MA 02115	20120280	Joel S. Weissman, Ph.D. 2/1/12- 6/30/12. The Promise and Perils of Shared Savings Programs		\$ 8,791
Brown University Center for Gerontology and Health Care Research 171 Meeting Street, G-B 215M Providence, RI 02912	20100502	Vincent Mor, Ph.D. 5/1/10-6/30/11 Updating Nursing Home Hospitalization Scorecard Measures and Adding Selected Quality Indicators		\$ 5,084
Brown University Center for Gerontology and Health Care Research 171 Meeting Street, G-B 215M Providence, RI 02912	20120525	Vincent Mor, Ph D. 6/1/12 - 12/31/12. Updating Nursing Home Hospitalization Scorecard Measures and Adding Selected Quality Indicators and Stratification by Income, With Updated Trends - State Scorecard 2012 and Vulnerable Population		\$ 60,092
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

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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		\$ 29,737
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	\$ 7,000	\$ -
Center for Excellence in Health Care Journalism 10 Neff Hall Columbia, MO 65211	20120326	Len Bruzzese. 4/1/12-3/31/12. Support for the Association of Health Care Journalists' Annual Conference, Rural and Regional Health Journalism Workshops, and Aging and Long-Term Care Online Learning Center	\$ 32,000	\$ 8,000
Center for Health Care Strategies, Inc 200 American Metro Boulevard, Suite 119 Hamilton, NJ 08619	20070345	Melanie Bella 7/1/07-6/30/10. The Business Case for Quality, Phase 2		\$ 5,559
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- 3/30/12 A Multi-State Analysis of Medicaid-Financed Services for Children with Complex Needs		\$ 5,309
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	\$ 5,541
Center for Health Care Strategies, Inc 200 American Metro Boulevard, Suite 119 Hamilton, NJ 08619	20110239	Nikki Highsmith, M P A 5/15/11- 1/31/13 Using Medicaid Rate Increases as a Lever for Reform of Primary Care Delivery and Payment	\$ 48,000	\$ 40,000
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		\$ 114,307

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Center for Health Care Strategies, Inc 200 American Metro Boulevard, Suite 119 Hamilton, NJ 08619	20120337	Patricia McGinnis, M P P., M P.H 4/1/12-8/31/12 Preparing Medicaid to Implement Accountable Care Organizations A Learning Collaborative for States, Health Plans, and Providers	\$ 38,000	\$ 11,888
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	\$ 27,679	\$ -
Center for Health Policy Development National Academy for State Health Policy 10 Free Street, 2nd Floor Portland, ME 04101	20100308	Neva Kaye. 6/1/10-5/31/11 ABCD III Improving Care Coordination, Case Management and Linkages to Support Healthy Child Development, Year 2	\$ 45,555	\$ -
Center for Health Policy Development National Academy for State Health Policy 10 Free Street, 2nd Floor Portland, ME 04101	20110046	Neva Kaye 12/1/10-5/31/12 Sustaining, Strengthening, and Expanding State Medical Home Initiatives, Phase 3	\$ 146,906	\$ 73,414
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	\$ 142,140	\$ 50,168
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. 5/15/11-7/31/12. A National Workgroup on Integrating a Safety Net into Health Reform Implementation	\$ 75,000	\$ 29,459
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	\$ 1,947	\$ -
Center for Health Policy Development National Academy for State Health Policy 10 Free Street, 2nd Floor Portland, ME 04101	20120257	Jill Rosenthal, M.P.H 6/1/12-2/28/13 ABCD III Distilling and Disseminating Lessons for Improving Care Coordination for Young Children	\$ 8,281	\$ 116,504

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Center for Health Policy Development National Academy for State Health Policy 10 Free Street, 2nd Floor Portland, ME 04101	20120351	Jill Rosenthal, M.P.H 3/1/12-5/31/13. Transforming Primary Care through State Initiatives: Adapting the North Carolina Experience	\$ 25,000	\$ 7,013
Center for Health Policy Development National Academy for State Health Policy 10 Free Street, 2nd Floor Portland, ME 04101	20120377	Mary Takach, M.P.H , R.N. 6/1/12-12/31/12. Developing a Central Resource to Track State Accountable Care Delivery System Models	\$ 39,000	\$ 10,101
Center for Studying Health System Change	20100295	Ann O'Malley, M.D., M.P.H. 6/1/10-11/30/11. Examining Effective Practices and Policies for Facilitating After-Hours Care	\$ 32,053	\$ (0)
Center for Studying Health System Change 600 Maryland Avenue SW, Suite 550 Washington, DC 20024-5216	20090500	James D. Reschovsky, Ph.D 11/1/09-10/31/11. Modeling Medicare Payment Rate Updates on Area-Specific Medicare Costs	\$ 22,029	\$ -
Center for Studying Health System Change 600 Maryland Avenue SW, Suite 550 Washington, DC 20024-5216	20100070	Emily Carrier, M.D , M.Sc. 2/1/10-3/30/12 Using Care Coordination Agreements in Primary Care		\$ 66,390
Center for Studying Health System Change 600 Maryland Avenue SW, Suite 550 Washington, DC 20024-5216	20110258	Peter Cunningham, Ph.D 5/1/11-12/31/12 The Affordability of Medical Care Recent Trends at the National and State Level and the Potential Effects of Health Reform, Phase 1	\$ 46,500	\$ 17,440
Center for Studying Health System Change 600 Maryland Avenue SW, Suite 550 Washington, DC 20024-5216	20110327	Laurie Felland, M.S., 8/1/11-11/30/12 Models of Access to Specialty Services for Medicaid Enrollees: Implications for Health Reform	\$ 180,000	\$ 53,455
Center for Studying Health System Change 600 Maryland Avenue SW, Suite 550 Washington, DC 20024-5216	20110470	Peter Cunningham, Ph.D 8/1/11-12/31/12. The Affordability of Medical Care: Management of Chronic Conditions and the Potential Effects of Health Reform, Phase 2	\$ 65,000	\$ 91,689

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The Center for Effective Philanthropy 675 Massachusetts Avenue, 7th Floor Cambridge, MA 02139	20120312	Phil Buchanan 1/1/12-12/31/12. General Support	\$ 10,000	\$ -
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	\$ 16,357	\$ (0)
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	\$ 2,407	\$ 1,666
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	\$ 29,861	\$ 33,722
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	\$ 4,942	\$ 5,015
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		\$ 4,500
The Commonwealth Fund 1 East 75th Street New York, NY 10021	20100309	Andrea Landes 1/1//11-12/31/12. Grantee, Audience, Staff, and Board Surveys to Support The Commonwealth Fund Performance Scorecard	\$ 6,575	\$ -
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	\$ 179,456	\$ (0)

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The Commonwealth Fund 1 East 75th Street New York, NY 10021	20100526	Stu Guterman. 9/1/10-8/31/11 Commonwealth Fund Commission on a High Performance Health System: Meetings	\$ 71,218	\$ (0)
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		\$ 8,096
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		\$ 17,908
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		\$ 2,039
The Commonwealth Fund 1 East 75th Street New York, NY 10021	20110366	Cathy Schoen 7/1/11-7/31/12 Authorization to Support Data Acquisition and Report Printing		\$ 213,575
The Commonwealth Fund 1 East 75th Street New York, NY 10021	20110443	Andrea Landes. 1/1/11-12/31/12 Performance Assessment and Grants Monitoring. Contracts to Support The Commonwealth Fund Performance Scorecard and Grants Monitoring Activities	\$ 19,625	\$ 13,325
The Commonwealth Fund 1 East 75th Street New York, NY 10021	20120150	Stuart Guterman. 12/1/11-11/30/12. Commonwealth Fund Commission on a High Performance Health System Meetings	\$ 45,555	\$ 104,293
The Commonwealth Fund 1 East 75th Street New York, NY 10021	20110481	Barry Scholl. 7/1/11-6/30/12. Supporting the Fund's Communications and Publishing Capacity to Reach Change Agents and Inform Public Discourse	\$ 710,380	\$ 341,559

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The Commonwealth Fund 1 East 75th Street New York, NY 10021	20120107	Robin Osborn. 12/1/11-12/31/12. Commonwealth Fund/Nuffield Trust International Conference on Quality Improvement and Delivery System Reform, 2012	\$ 7,485	\$ 67,515
The Commonwealth Fund 1 East 75th Street New York, NY 10021	20120298	Barry Scholl. 5/1/12-4/30/13. Online Resources for Educating Key Audiences About Policy and Delivery System Reforms		\$ 63,450
The Commonwealth Fund 1 East 75th Street New York, NY 10021	20120302	Barry Scholl. 5/1/12-4/30/14. Educating Key Audiences About How the U.S. Health System is Reforming		\$ 200,000
The Commonwealth Fund 1 East 75th Street New York, NY 10021	20120379	Robin Osborn. 4/1/12-10/31/12. International Session at AcademyHealth Annual Research Meeting "Insurance Exchange Implementation What Can We Learn Abroad?"		\$ 3,620
The Commonwealth Fund 1 East 75th Street New York, NY 10021	20110471	Sara Collins, Ph.D. 8/1/11-12/31/12. Analysis and Modeling of Health Care Reform and Implementation		\$ 20,828
The Commonwealth Fund 1 East 75th Street New York, NY 10031	20070538	Robin Osborn. 7/15/07-7/14/08 Enhancing International Program Communications and Publications Capacity		\$ 38,236
The Commonwealth Fund 1 East 75th Street New York, NY 10021	multiple grant numbers	Robin Osborn. Harkness Fellowships in Health Care Policy and Practice	\$ 3,094,426	\$ 4,820,651
The Commonwealth Fund 1 East 75th Street New York, NY 10022	multiple grant numbers	Robin Osborn, MBA International Symposiums on Health Care Policy	\$ 282,442	\$ 405,997

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The Communications Network 1755 Park Street, Suite 260 Naperville, IL 60563	20120309	Bruce Trachtenberg. 1/1/12-12/31/12. General Support	\$ 3,500	\$ -
Connecticut, University of 353 Mansfield Road Box U-48 Storrs, CT 06269	20070718	Judith Fifield, Ph D. 12/1/07-9/30/11. Evaluating a Medical Home Demonstration in Two Health Plans		\$ 45,899
CUNY TV Foundation 365 Fifth Avenue, Suite 1400 New York, NY 10016	20100598	Robert Isaacson. 9/1/10-8/31/11 "Talking Health" TV Series on CUNY TV		\$ 9,600
DMA Health Strategies 9 Meriam Street, Suite 4 Lexington, MA 02420	20110473	Wendy Holt, M.P.H 8/1/11-8/31/12. Role and Financing of Enabling Services for Vulnerable Populations	\$ 90,000	\$ 16,865
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
Dobson DaVanzo & Associates, LLC 440 Maple Avenue East, Suite 203 Vienna, VA 22180	20110397	Allen Dobson, Ph D 10/1/11 - 3/31/12 Understanding the Potential Impact of Medicare Payment Bundling on Long Term Services and Supports	\$ 30,000	\$ 8,898
Education & Research Fund of the Employee Benefit Research Institute 1100 13th Street NW, Suite 878 Washington, DC 20005	20120037	Paul Fronstin, Ph D. 08/01/11- 12/31/12. 2012 Support of the Employee Benefit Research Institute Education and Research Annual Consumer Engagement in Health Care Survey	\$ 20,000	\$ 2,500
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	\$ 10,000	\$ -

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Florida Atlantic University 777 Glades Road Boca Raton, FL 33431	20120276	Joseph Ouslander, M.D. 5/1/12-10/31/13 National Dissemination of a Program for Improving Management of Acute Conditions in Nursing Homes	\$ 110,000	\$ 150,000
Fluxx Labs, Inc. 301 Battery Street, 5th Floor San Francisco, CA 94111	20110371	Jason Ricci. 5/1/11-4/30/12 Grants Database Implementation Support	\$ 13,480	\$ 11,520
Foundation Center 79 Fifth Avenue New York, NY 10003	20110298	Bradford Smith 1/1/11-12/31/11. General Support	\$ 15,000	\$ -
Foundation Center 79 Fifth Avenue New York, NY 10003	20120313	Bradford K. Smith 1/1/12-12/31/12 General Support	\$ 25,000	\$ -
Friends of the Woodlawn Cemetery, Inc. 4199 Webster Avenue Bronx, NY 10470	20120132	Restoration of the Harkness Family Mausoleum at Woodlawn Cemetery	\$ 300,000	\$ 100,000
Geisinger Clinic 100 North Academy Avenue Danville, PA 17822	20120432	Thomas Graf, M.D., F.A.A.F.P. 6/1/12-5/31/13 Comparative Survey in Structured Diabetes Care		\$ 25,000
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	\$ 34,007
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	\$ 42,659	\$ 290

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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	\$ 25,495	\$ (0)
The George Washington University 44983 Knoll Square 251 Ashburn, VA 20147	20100551	Katie Horton, R.N., J.D., M.P.H. 6/1/10-10/31/10. Analysis of the Affordable Care Act of 2010	\$ 2,246	\$ 5,317
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	\$ 7,230	\$ -
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	\$ 8,080	\$ 0
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	\$ 10,000	\$ -
The George Washington University 44983 Knoll Square 251 Ashburn, VA 20147	20120219	Jane Thorpe. 12/15/11-06/15/12 Exploring the Opportunities in the ACA's Multi-State Plans	\$ 6,500	\$ 2,779
The George Washington University 44983 Knoll Square 251 Ashburn, VA 20147	20120090	Sara Rosenbaum, J.D. 9/1/11-8/31/12. Analysis of State Health Insurance Exchange Legislation and Implementation	\$ 130,000	\$ 44,959
The George Washington University 44983 Knoll Square 251 Ashburn, VA 20147	20100500	Brian Biles, M.D., M.P.H. 7/15/10-11/30/12. Medicare Private Plans in the Era of Health Care Reform	\$ 108,000	\$ 38,710

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Grantmakers in Aging, Inc. 2001 Jefferson Davis Highway, Suite 504 Arlington, VA 22202	20120311	John Feather, Ph D. 1/1/12-12/31/12 General Support	\$ 6,500	\$ -
Grantmakers in Health 1100 Connecticut Avenue, NW, Suite 1200 Washington, DC 20036	20120314	Lauren J. LeRoy, Ph.D 1/1/12- 12/31/12. General Support	\$ 15,000	\$ -
Grantmakers in Health 1100 Connecticut Avenue, NW, Suite 1200 Washington, DC 20036	20120440	Osula Rushing 5/2/12-4/30/13 Support for the Federal-State Implementation Project	\$ 24,000	\$ 6,000
Grants Managers Network 1666 K Street, NW, Suite 440 Washington, DC 20006	20120318	Michelle Greanias. 1/1/12-12/31/12. General Support	\$ 2,500	\$ -
Greater New York Hospital Association 555 West 57th Street, 15th Floor New York, NY 10019	20120289	Tim Johnson. 2/1/12-10/31/12. 23rd Annual Symposium on Health Care Services in New York Research and Practice	\$ 1,200	\$ -
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	\$ 50,000	\$ 33,929
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	\$ 30,702	\$ -
Group Health Cooperative 1730 Minor Ave Suite 1600 Seattle, WA 98101	20110467	Edward Wagner, M.D., M.P H 8/1/11- 1/31/13 Creating a National Medical Home Curriculum Diffusion of the Safety Net Medical Home Initiative	\$ 280,971	\$ 35,855

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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	\$ 159,415	\$ -
Harris Interactive, Inc. 60 Corporate Woods Rochester, NY 14623	20110070	Roz Pierson, Ph.D. 4/1/11-12/31/11. Health Care Opinion Leaders Survey, Year 6	\$ 31,800	\$ -
Harris Interactive, Inc. 60 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	\$ 6,100	\$ -
Harris Interactive, Inc 60 Corporate Woods Rochester, NY 14623	20110474	Roz Pierson, Ph.D. 8/1/11-11/30/12 International Health Policy Survey, 2012	\$ 275,000	\$ 195,609
Harris Interactive, Inc. 60 Corporate Woods Rochester, NY 14623	20120388	Roz Pierson, Ph.D. 4/1/12-10/31/12 The Commonwealth Fund 2012 Health Policy Survey: Co- Funding for Germany, the Netherlands, and Sweden	\$ 30,000	\$ 15,000
Harvard College, President and Fellows of 17 Quincy Street, Massachusetts Hall Cambridge, MA 02150	20070520	Joan Reede. 7/1/08-6/30/09 The Commonwealth Fund/Harvard University Fellowship in Minority Health Policy Support for Program Direction and Fellowships, 2008-09	\$ 100,000	\$ -
Harvard College, President and Fellows of 17 Quincy Street, Massachusetts Hall Cambridge, MA 02150	20120031	Richard Frank, Ph D., M.A. 5/1/12- 4/30/13. Helping Dually Eligible Beneficiaries with Mental Illness Receive Better Care Coordination		\$ 145,202
Harvard College, President and Fellows of 17 Quincy Street, Massachusetts Hall Cambridge, MA 02150	20120331	Arnold Epstein, M.D., M A and Ashish Jha, M.D., M.P H 7/1/12-12/31/13 Assessing the Characteristics and Performance of Accountable Care Organizations and Their Potential for Spread, Phase 1		\$ 363,260

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Harvard College, President and Fellows of 17 Quincy Street, Massachusetts Hall Cambridge, MA 02150	20120519	Richard Frank, Ph.D , M A. 8/1/12- 2/28/13 Organizing Coordinated Care for Medicaid: A Case Study		\$ 26,150
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	\$ -
Harvard College, President and Fellows of 17 Quincy Street, Massachusetts Hall Cambridge, MA 02155	20080136	Meredith Rosenthal, Ph.D. 5/1/08- 1/31/12 Building Patient-Centered Medical Homes An Evaluation of a Multipayer Demonstration in Rhode Island	\$ 50,465	\$ 41,175
Harvard Pilgrim Health Care Two Fenway Plaza Boston, MA 02215	20120504	Stephen Soumerai, Sc.D. 7/1/12- 6/30/13. Interpreting Results of Evaluations of Healthcare Interventions: Shedding Light on the Impact of Research Designs on Validity and Consequences for Recommendation Adoption and Spread		\$ 35,000
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	\$ -
Health Management Associates, Inc. 120 North Washington Square, Suite 705 Lansing, MI 48933	20110035	Sharon Silow-Carroll, M.S W , M B.A 1/1/11-6/30/12. Case Studies of Innovation and High Performance for WhyNotTheBest org	\$ 123,503	\$ 61,753
Health Management Associates, Inc 120 North Washington Square, Suite 705 Lansing, MI 48933	20120061	Sharon Silow-Carroll, M.S.W., M B.A 12/1/11-11/30/12. Medicaid Managed Care Innovations to Improve Care for Vulnerable Populations	\$ 70,000	\$ 109,729
Health Management Associates, Inc. 120 North Washington Square, Suite 705 Lansing, MI 48933	20120078	Sharon Silow-Carroll, M S.W., M B A 12/1/11-11/30/12. Case Studies of State Innovations in Payment and Delivery System Reform	\$ 75,000	\$ 104,491

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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		\$ 129,567
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	\$ 61,425	\$ -
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	\$ 9,996	\$ -
Health Services Research Association of Australia & New Zealand	20110427	Jonathan Karnon, Ph.D 6/1/11- 12/31/11 7th Australia-New Zealand Health Services and Policy Research Conference		\$ 1,000
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	\$ -
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	\$ 40,000	\$ -
Illinois Department of Healthcare and Family Services 201 South Grand Avenue East Springfield, IL 62763-0002	20120188	Julie Doetsch. M A 11/1/11-10/31/12. Illinois Healthy Beginnings II: Coordinating Medical Homes and Community Services, Year 3	\$ 40,000	\$ 20,000
Institute for Community Health 163 Gore Street Cambridge, MA 02141	20120260	Karen Hacker, M D., M.P.H. 5/1/12- 4/30/13 Examining a Safety-Net System's Transformation into an Accountable Care Organization	\$ 60,000	\$ 88,557

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Institute for Healthcare Improvement 20 University Road, 7th Floor Cambridge, MA 02138	20100391	Don Goldmann, M D 7/1/10-6/30/11. Support for a Research Unit to Update the Health System Scorecards and Analyze Local Variations in Performance	\$ 80,453	\$ 46,342
Institute for Healthcare Improvement 20 University Road, 7th Floor Cambridge, MA 02138	20100504	Karen Boudreau, M D 7/1/10-6/30/11 The State Action to Avoid Rehospitalizations (STAAR) Initiative, Phase 3	\$ 450,000	\$ -
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	\$ 53,756
Institute for Healthcare Improvement 20 University Road, 7th Floor Cambridge, MA 02138	20110267	Karen Boudreau, M.D 7/1/11-6/30/12 State Action on Avoidable Rehospitalizations (STAAR) Initiative, Phase 4	\$ 600,000	\$ 150,000
Institute for Healthcare Improvement 20 University Road, 7th Floor Cambridge, MA 02138	20110336	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	\$ 330,000	\$ 37,722
Institute for Safe Medication Practices 200 Lakeside Drive, Suite 200 Horsham, PA 19044	20100261	Allen Vaida, Pharm D 5/1/10-2/29/12 Assessing the State of Safe Medication Practices in U S Hospitals A Five- Year Follow-Up Survey		\$ 35,074
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	\$ -
International Society for Quality in Health Care, Inc. 2 Parnell Square East Dublin, Ireland	20120310	Roisin Boland, R G N , M B A 1/1/12- 12/31/12 General Support	\$ 1,300	\$ -

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Iowa, University of 101 Jessup Hall Iowa City, IA 52242	20080155	Thomas E Vaughn, Ph.D , M.H.S.A. 5/1/08-1/31/12 Improving Hospital Quality Through Leadership Assessment and Intervention		\$ 58,939
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	\$ 33,956	\$ 10,571
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	\$ 105,102
IPRO, Inc. 1979 Marcus Avenue, Suite 105 Lake Success, NY 11042- 1002	20120051	Jaz-Michael King 1/1/12-12/31/12 Profiling the Performance of Health Care Organizations and Systems on WhyNotTheBest.org, Phase 4	\$ 198,000	\$ 297,000
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	\$ 1,045	\$ (0)
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	\$ 3,792	\$ -
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
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	\$ -

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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. 1/1/09-12/31/12. Evaluating the Impact of Primary Care Practice Redesign on Quality, Cost, and Patient Experience		\$ 30,000
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 Patient-Panel Manager Program in New York City's Primary Care Information Project	\$ 200,000	\$ 23,881
Joan and Sanford I. Weill Medical College of Cornell University 425 East 61st Street New York, NY 10021	20120052	Lawrence Casalino, M.D., Ph.D. 12/1/11-5/31/13 Exploring How Small Physician Practices Can Achieve Higher-Quality, Lower-Cost Care	\$ 135,000	\$ 199,571
Joan and Sanford I. Weill Medical College of Cornell University 425 East 61st Street New York, NY 10021	20120214	Lawrence P. Casalino, M.D., Ph.D. 12/01/11-9/30/12 Transforming the Primary Care Provider Workday	\$ 40,000	\$ 9,931
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	\$ -
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	\$ 10,000	\$ -
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- 6/30/11 Exploring Approaches to Developing a Valid Standard Measure of Rehospitalizations	\$ 10,000	\$ -
Johns Hopkins University Office of the President 242 Garland Hall 3400 North Charles Street Baltimore, MD 21218	20110425	Gerard Anderson, Ph.D. 6/1/11- 11/30/11. Exploring Approaches to Developing a Valid Standard Measure of Rehospitalizations, Phase 2	\$ 25,000	\$ -

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Institution	Grant No.	Project Director and Description	Amount Paid	Ending Balance @ 6-30-12
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	\$ 2,663	\$ -
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	\$ 17,500
Jonathan Gruber 83 Pleasant Street Lexington, MA 02421	20120483	Jonathan Gruber, Ph.D. 6/1/12-9/30/12. Modeling the Alternatives for Health Care for the 2012 Election		\$ 75,000
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	\$ 2,993	\$ 0
The King's Fund 11-13 Cavendish Square London W1M 0AN UK	20120396	Anna Dixon, Ph D. 5/1/12-12/31/12. International Case Studies of Integrated Care for Older People with Complex Needs		\$ 49,995
Knowledge Networks, Inc. 440 Park Avenue South, 6th Floor New York, NY 10016	20100627	Jordon Peugh, M.A 7/1/10-4/30/12 Assessing the Spread of the Chronic Care "Model" and Patient-Centered Care: An On-Line Survey of Adults with Chronic Conditions		\$ 24,500
Knowledge Networks, Inc. 440 Park Avenue South, 6th 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	\$ 124,900	\$ 123,400
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	\$ 32,983	\$ -

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LeadingAge, Inc. 2519 Connecticut Avenue NW Washington, DC 20008-1520	20100076	William Minnix, Jr., D.Min. 12/1/09-6/30/12. Advancing Excellence in America's Nursing Homes, Year 3		\$ 97,969
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	\$ 23,600	\$ -
LeadingAge, Inc. 2519 Connecticut Avenue NW Washington, DC 20008-1520	20110329	Mary Naylor, Ph.D., R.N., and Cheryl Phillips, M.D. 7/1/11-6/30/12. Promoting Effective Long-Term Care Transitions in Health Reform Implementation	\$ 25,000	\$ 23,094
LeadingAge, Inc. 2519 Connecticut Avenue NW Washington, DC 20008-1520	20120076	Carol Benner, Sc.M 12/1/11-9/30/12 Advancing Excellence in America's Nursing Homes: Accelerating Results Through Coalitions, Year 5	\$ 390,000	\$ 49,225
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		\$ 29,650
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	\$ 9,688	\$ 112
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		\$ 116,630
London School of Economics and Political Science Houghton Street London, ENGLAND WC2A 2AE United Kingdom	20120306	Sarah Thomson, Ph.D., and Elias Mossialos, M.D. 5/1/12-4/30/13. International Data Tracking Project: Comparison of Health Care Costs in the U.S. with Those in Selected Countries		\$ 189,750

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London School of Economics and Political Science Houghton Street London, ENGLAND WC2A 2AE United Kingdom	20120330	Sarah Thomson, Ph D , and Elias Mossialos, M.D. 5/1/12-4/30/13. International Lessons for the Financial Sustainability of Health System		\$ 199,540
Manatt, Phelps & Phillips, LLP 7 Times Square New York, NY 10036	20120225	Deborah Bachrach, J.D. 1/1/11- 5/31/11 Medicaid's Role in Payment and Delivery System	\$ 30,000	\$ 15,000
Manatt, Phelps & Phillips, LLP 7 Times Square New York, NY 10036	20120057	Deborah Bachrach, J.D., 8/8/11- 11/30/11 Sustainable Funding for Safety Net Hospitals	\$ 49,400	\$ -
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. 5/1/10-4/30/13. Developing and Testing a Set of Measures to Assess Safety in High- Risk Intensive Care Units	\$ 142,000	\$ 63,878
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		\$ 177,162
Massachusetts General Hospital 15 Parkman Street, WAC 812 Boston, MA 02114-3117	20110495	Timothy Ferris, M.D., M.P.H. 8/1/11- 7/31/12 Implementing Care Management for Complex Patients in Medical Homes. A Comparison of Models	\$ 125,009	\$ 13,890
Massachusetts General Hospital 15 Parkman Street, WAC 812 Boston, MA 02114-3117	20120300	Joseph Betancourt, M.D., M.P.H. 3/1/12-12/31/12. The Healthcare Quality and Equity Action Forum	\$ 15,000	\$ 4,875
Mathematica Policy Research, Inc P O Box 2393 Princeton, NJ 08543-2393	20120487	Marsha Gold, Sc.D. 7/1/12-9/30/12. Variation in Efficiency Medicare Advantage Plans Relative to Medicare Fee For Service	\$ 20,000	\$ 4,975

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Medical College of Wisconsin 8701 Watertown Plank Road Milwaukee, WI 53226-0509	20080467	Geoffrey Lamb, M.D. 1/1/09-1/31/11. Evaluating the Impact of Public Reporting on Quality of Care in Wisconsin	\$ 59,831	\$ -
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	\$ 4,325	\$ -
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	\$ 40,000	\$ -
Minnesota Department of Human Services P.O. Box 64998 St. Paul, MN 55164-0998	20120189	Susan Castellano. 11/1/11-10/31/12 Minnesota's Communities Coordinating for Healthy Development, Year 3	\$ 40,000	\$ 20,000
Mount Sinai School of Medicine of New York University Department of Health Policy One Gustave L. Levy Place, Box 1077 New York, NY 10020-6574	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	\$ -
National Academy of Sciences 500 5th Street NW, Keck 849 Washington, DC 20001	20120299	Jill Eden, M B A, M.P H 6/1/12-2/28/14. Developing New Approaches to Governance and Financing of Graduate Medical Education for the 21st Century		\$ 40,000
National Association of Health Data Organizations 448 East 400 South, Suite 301 Salt Lake City, UT 84111	20100310	Denise Love, M B.A., R.N. 6/1/10-7/31/11 Opportunities to Improve Cost Performance: A State Resource Center	\$ 20,534	\$ -
National Association of Medicaid Directors 444 North Capitol Street, #309 Washington, DC 20001	20120109	Kathleen Nolan, M P H 12/1/11-11/30/12. Working with State Medicaid Leaders to Promote Health Care Delivery and Payment Reforms	\$ 55,000	\$ 82,910

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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	\$ 12,027	\$ -
National Business Coalition on Health 1015 18th Street NW, Suite 730 Washington, DC 20036	20120208	Andrew Webber 1/1/12-12/31/12 "Purchasing High Performance" Newsletter	\$ 20,000	\$ 29,506
National Committee for Quality Assurance 1100 13th Street NW, Suite 1000 Washington, DC 2005	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	\$ -
National Medical Fellowships 347 Fifth Avenue, Suite 510 New York, NY 10016-5007	20120348	Esther Dyer, D L S., M.L S 3/1/12-2/28/12. National Medical Fellowships Annual Gala, 2012	\$ 15,000	\$ -
National Opinion Research Center 1155 E. 60th St Chicago, IL 60637	20100140	Jon Gabel, M.A. 5/1/10-12/31/11 Comparing Employer and Nongroup Health Plans Against the Health Reform Benefit Standard	\$ 130,000	\$ 65,912
National Opinion Research Center 1155 E. 60th 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?	\$ 10,005	\$ -
National Opinion Research Center 1155 E. 60th St. Chicago, IL 60637	20110556	Jon R. Gabel, M.A 11/15/11-11/15/12. Surveying Small Employers to Inform the Design of State Insurance Exchanges	\$ 61,000	\$ 85,119
National Partnership for Women & Families	20110036	Christine Bechtel, M A. 10/1/10-9/15/11 Assessing Trends in Patient Expectations and Understanding of Health Information Technologies		\$ 8,000

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National Senior Citizens Law Center 1444 Eye Street NW, Suite 1100 Washington, DC 20005	20120075	Kevin Prindiville, J D 12/1/11-11/30/12 Ensuring Consumer Engagement in State Planning for Integrated Dual-Eligible Care	\$ 47,500	\$ 62,500
Nebraska Press Association Foundation 845 S Street Lincoln, NE 68508	20120507	Allen Beermann. 9/1/12-5/31/12 Pilot Model for Creating a State Rural Health News Service		\$ 36,550
New America Foundation 1899 L Street NW, Suite 400 Washington, DC 20036	20110157	Leif Wellington Haase, M A., M.Phil. 11/15/10-2/15/11 Report on the California Health Benefit Exchange	\$ 3,500	\$ -
New York Academy of Medicine 1216 Fifth Avenue New York, NY 10029-5293	20120026	Jo Ivey Boufford, M.D 9/1/11-8/31/12. New York Academy of Medicine's 17th Annual Gala	\$ 2,000	\$ -
New York Academy of Medicine 1216 Fifth Avenue New York, NY 10029-5293	20120350	Jo Ivey Boufford, M D 2/29/12-2/27/22 The Margaret E. Mahoney Fellowship Program	\$ 26,500	\$ -
New York eHealth Collaborative 40 Worth Street, 5th Floor New York, NY 10013-2988	20120195	David Whitlinger 12/1/11-12/1/11 2011 NYeC Gala Sponsorship	\$ 2,500	\$ -
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	\$ 7,992	\$ (0)
New York University 70 Washington Square South New York, NY 10012	20120048	Tara Cortes, Ph.D 11/01/2011 - 10/31/2012 Promoting Spread of Patient Centered Models for Transitions between Acute to Long Term Care	\$ 40,000	\$ 9,971

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Nonprofit Coordinating Committee of New York 1350 Broadway, Suite 1801 New York, NY 10018-7802	20120308	Michael E. Clark. 1/1/12-12/31/12. General Support	\$ 35,000	\$ -
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	\$ 20,000	\$ -
Oklahoma Health Care Authority 4545 North Lincoln Boulevard, Suite 1241 Oklahoma City, OK 73105	20120185	Sue Robertson 11/1/11-10/31/12. Connecting the Docs: Improving Care Coordination and Delivery of Developmental Screening and Referral Services in Oklahoma, Year 3	\$ 40,000	\$ 20,000
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	\$ 20,000	\$ -
Oregon Health Authority Division of Medical Assistance Programs 500 Summer Street NE, E-35 Salem, OR 97301	20120186	Charles Gallia, Ph D. 11/1/11-10/31/12 ABCD for Oregon's Health Kids, Year 3	\$ 40,000	\$ 20,000
Organisation for Economic Cooperation and Development (OECD) 2 Rue Andre Pascal Cedex 16 Paris, FRANCE 75775	20110544	Mark Pearson. 7/1/11-6/30/12. Initiating International Comparisons of Health IT Use	\$ 41,761	\$ 8,221
Pacific Business Group on Health 221 Main Street, Suite 1500 San Francisco, CA 94105	20090667	Ted von Glahn. 7/1/09-12/31/09 Impact of Pay for Performance Incentives on Patient Experience Performance		\$ 3,600
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	\$ 8,600	\$ -

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Pacific Business Group on Health c/o PBGH 221 Main Street, Suite 1500 San Francisco, CA 94105	20120054	Suzanne Delbanco, Ph D. 1/1/12-3/31/14 Identifying, Describing, and Tracking Innovative Payment Initiatives	\$ 200,000	\$ 146,291
Parkland Health & Hospital System 5201 Harry Hines Boulevard Dallas, TX 75235	20100323	Ruben Amarasingham, M D , M B A 8/15/10-12/31/12 Developing a Clinical Decision Support Tool to Prospectively Identify Patients at High Risk for Hospital Readmission	\$ 158,414	\$ 79,209
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	\$ 63,232	\$ 48,210
Pear Tree Communications, Inc. 3035 Lincoln Boulevard Cleveland Heights, OH 44118	20120105	Martha Hostetter. 1/1/12-12/31/12 Profiling the Performance of Health Care Organizations and Systems on WhyNotTheBest org, Phase 4	\$ 57,047	\$ 162,286
Pennsylvania State University University Park, PA 16802	20090575	Dennis Scanlon, Ph.D. 8/1/09-4/30/12 Evaluating the State Action to Avoid Rehospitalizations Initiative, Phase 1		\$ 73,843
Pennsylvania State University University Park, PA 16802	20100333	Madhu Reddy, Ph.D. 8/15/10-2/15/13. Diffusing Health Information Technology in Rural Areas Through Hospital-to-Hospital Partnerships	\$ 100,000	\$ 40,754
Pennsylvania State University University Park, PA 16802	20100392	Pamela Farley Short, Ph.D. 6/1/10-5/31/12 Analyzing Policy Options for Improving the Stability of Health Insurance Coverage		\$ 72,338
Pennsylvania, Trustees of the University of 3400 Spruce Street Philadelphia, PA 19106	20070777	Lorin Hitt, Ph D 1/1/08-12/31/12. The Business Case for Health Information Technology in Nursing Homes		\$ 24,850

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Philanthropy New York 79 Fifth Avenue, Fourth Floor New York, NY 10003-3076	20120315	Ronna D. Brown, J.D. 1/1/12-12/31/12 General Support	\$ 18,100	\$ -
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	\$ 24,977	\$ -
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 Comparison of THE GREEN HOUSE MODEL® and Retrofitted Culture Change Environments	\$ 3,000	\$ -
Pittsburgh, University of 139 University Place Pittsburgh, PA 15260	20070353	Howard Degenholtz. 7/1/07-6/30/11 Improving Quality of Life in Nursing Homes Through Use of Structured Resident Interviews	\$ 44,322	\$ -
Pittsburgh, University of 139 University Place Pittsburgh, PA 15260	20120204	Nicholas Castle, Ph.D. 12/1/11-11/30/12 Improving Nursing Home Care in New York City: The Importance of Workforce Relationships and Staff Stability to Achieving Better Quality	\$ 32,000	\$ 6,816
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	\$ 9,864	\$ -
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	\$ 190,000	\$ 35,610
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	\$ 9,972	\$ 0

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President and Directors of Georgetown College for Georgetown University 2233 Wisconsin Avenue, NW, Suite 525 Washington, DC 20007	20120043	Mila Kofman, J.D. 09/01/11- 03/31/11. Implementation of the Affordable Care Act: Critical Issues About the Private Health Insurance Market, Entities, Products, and Implications For Successful Health Insurance Reforms and State Exchanges	\$ 35,000	\$ 14,098
President and Directors of Georgetown College for Georgetown University 2233 Wisconsin Avenue, NW, Suite 525 Washington, DC 20007	20110565	Kevin Lucia 10/1/11-9/30/12. Implementing the Affordable Care Act: Tracking and Analysis of State Implementation of Insurance Market Reforms Outside of the Exchanges	\$ 130,000	\$ 45,000
President and Directors of Georgetown College 2233 Wisconsin Avenue, NW, Suite 525 Washington, DC 20007	20100566	Ryung Suh, M.D., M.P.P., M.B.A., M.P.H. 12/1/10-11/30/12. Massachusetts Health Insurance Reform. Promise and Results		\$ 19,943
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
President and Fellows of Harvard College 17 Quincy Street, Massachusetts Hall Cambridge, MA 02138	20090056	Meredith Rosenthal, Ph.D. 1/1/09-6/30/13. Evaluating a Medical Home Demonstration in Colorado and Ohio		\$ 45,716
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	\$ -
President and Fellows of Harvard College 17 Quincy Street, Massachusetts Hall Cambridge, MA 02138	20090560	Joan Reede, M.D., M.P.H., M.S. 7/1/10-6/30/11. The Commonwealth Fund/Harvard University Fellowship in Minority Health Policy Support for Program Direction and Fellowships, 2010-11		\$ 50,000
President and Fellows of Harvard College 17 Quincy Street, Massachusetts Hall Cambridge, MA 02138	20100274	David Grabowski, Ph.D., M.A. 5/1/10-4/30/12. Evaluating the Potential of Telemedicine to Reduce Hospitalizations of Nursing Home Residents	\$ 82,500	\$ 21,131

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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. 7/1/11-6/30/12. The Commonwealth Fund/Harvard University Fellowship in Minority Health Policy: Support for Program Direction and Fellowships, 2011-12	\$ 100,000	\$ 50,000
President and Fellows of Harvard College 17 Quincy Street, Massachusetts Hall Cambridge, MA 02138	20100467	Michael Chernew, Ph.D. 8/1/10- 7/31/12 Understanding Geographic Variation in Health Care Costs for Privately Insured Patients and Medicare Beneficiaries		\$ 166,770
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.	\$ 30,480	\$ -
President and Fellows of Harvard College 17 Quincy Street, Massachusetts Hall Cambridge, MA 02138	20110170	Meredith Rosenthal, Ph.D. 12/1/10- 6/30/11. A Quarter Century of Public Reporting in Health Care What Have We Learned?	\$ 13,986	\$ -
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	\$ 80,000	\$ 17,630
President and Fellows of Harvard College 17 Quincy Street, Massachusetts Hall Cambridge, MA 02138	20110426	Joan Reede, M.D., M.P.H., M.B.A. 7/1/12-6/30/13. The Mongan Commonwealth Fund Fellowship in Minority Health Policy: Support for Program Direction and Fellowships, 2012-13	\$ 650,000	\$ 150,000
President and Fellows of Harvard College 17 Quincy Street, Massachusetts Hall Cambridge, MA 02138	20110391	Michael Chernew, Ph.D. 8/1/11- 1/31/13. Evaluating the Clinical and Economic Impact of the Alternative Quality Contract, Phase 2	\$ 127,000	\$ 171,667
Primary Care Development Corporation 22 Cortlandt Street, 12th Floor New York, NY 10007	20120349	Ronda Kotelchuck, M.R.P. 3/1/12- 2/28/13 Primary Care Development Corporation 2012 Annual Spring Gala	\$ 6,000	\$ -

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Princeton Survey Research Associates 911 Commons Way Princeton, NJ 08540	20120106	Larry Hugick. 1/1/12-12/31/12 The Commonwealth Fund Biennial Health Insurance Survey, 2012	\$ 240,000	\$ 159,300
Progressive States Network 82 Wall Street, Suite 200 New York, NY 10005	20120077	Ann Pratt. 9/15/11-12/31/11 Progressive States Network Legislative Pre-Conference	\$ 35,000	\$ -
Progressive States Network 82 Wall Street, Suite 200 New York, NY 10005	20120514	Ann Pratt 7/1/12-12/31/12. Progressive States Network Convening of State Legislators		\$ 50,000
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	\$ 5,000	\$ -
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	\$ 30,000
Project HOPE - The People-to-People Health Foundation, Inc 7500 Old Georgetown Road, Suite 600 Bethesda, MD 20814	20120297	Susan Dentzer, M.A. 5/1/12-4/30/13 Web Publishing Alliance with Health Affairs	\$ 90,000	\$ 110,000
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	\$ 97,000	\$ 13,000
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	\$ 54,000	\$ -

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Project HOPE/The People-to-People Health Foundation, Inc. 7500 Old Georgetown Road, Suite 600 Bethesda, MD 20814	20120511	Susan Dentzer, M.A. 7/1/12-6/30/13 International Publishing Alliance with Health Affairs		\$ 97,961
Public Health Institute 555 12th Street, 10th Floor Oakland, CA 94607	20100337	Carmen Nevarez, M.D., M P H 5/1/10- 8/31/12 Reducing Hospital Readmissions Through Innovative Technologies That Improve Care Coordination		\$ 60,093
Qualis Health 10700 Meridian Ave N, Suite 100 P.O. Box 33400 Seattle, WA 98133	20080066	Jonathan Sugarman, M.D., M.P.H. 5/1/08-12/31/10 Transforming Safety- Net Clinics into Patient-Centered Medical Homes, Phase 1		\$ 608
Qualis Health 10700 Meridian Ave N, Suite 100 P.O. Box 33400 Seattle, WA 98133	20090344	Jonathan Sugarman, M.D., M.P.H. 5/1/09-4/30/10 Transforming Safety- Net Clinics into Patient-Centered Medical Homes, Year 2	\$ 248,679	\$ -
Qualis Health 10700 Meridian Avenue N, Suite 100 Seattle, WA 98133	20100296	Jonathan Sugarman, M.D , M.P.H. 5/1/10-4/30/11 Transforming Safety- Net Clinics into Patient-Centered Medical Homes, Year 3	\$ 299,993	\$ -
Qualis Health 10700 Meridian Avenue N, Suite 100 Seattle, WA 98133	20110212	Jonathan Sugarman, M D., M.P.H. 4/1/11-4/30/12 Transforming Safety- Net Clinics into Patient-Centered Medical Homes, 2011-12	\$ 599,702	\$ 299,851
Qualis Health 10700 Meridian Avenue N, Suite 100 Seattle, WA 98133	20120296	Jonathan Sugarman, M D , M.P.H. 5/1/12-4/30/13 Transforming Safety- Net Clinics into Patient-Centered Medical Homes, 2012-13	\$ 700,000	\$ 920,000
RAND Corporation 1776 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	\$ 218,089	\$ 74,422

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RAND Corporation 1776 Main Street P.O. Box 2138 Santa Monica, CA 90407	20110223	Barbara Wynn, M.A. 5/1/11-10/31/12 Financial Levers to Promote Integrated Health Care Systems for Low-Income Populations	\$ 65,000	\$ 31,591
RAND Corporation 1776 Main Street P.O. Box 2138 Santa Monica, CA 90407	20110257	Christine Eibner, Ph.D. 4/15/11- 9/30/12. Current Health Benefits for Workers with Low and Moderate Incomes and Potential Effects of the Affordable Care Act	\$ 100,000	\$ 35,017
RAND Corporation 1776 Main Street P.O. Box 2138 Santa Monica, CA 90407	20120509	Mireille Jacobson, Ph.D. 8/1/12- 7/31/13. The Impact of Health Insurance on Financial Risk		\$ 50,000
Regents of the University of California 1111 Franklin Street, 12th Floor Oakland, CA 94607-5200	20080386	Drane Rittenhouse, M.D., M.P.H. 8/1/08-6/30/11. Assessing a New System of Primary Care in Greater New Orleans	\$ 163,417	\$ -
Regents of the University of California 1111 Franklin Street, 12th Floor Oakland, CA 94607-5200	20110486	Salomeh Keyhani, M.D., M.P.H. 7/1/11- 12/31/11 A Systematic Review of Overuse of Health Care Services in the U.S.	\$ 3,897	\$ -
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
Regents of the University of California 11 Shields Avenue Davis, CA 95616	20110552	Steven Wallace, Ph.D. 10/1/11- 9/30/12 Undocumented Immigrants and Health Care Reform	\$ 45,000	\$ 11,203
Regents of the University of Michigan 3003 South State Street, Ann Arbor, MI 48109	20100329	Christy Lemak, Ph.D. 5/1/10-3/31/13. Evaluating Blue Cross Blue Shield of Michigan's Physician Group Incentive Program		\$ 223,228

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Regents of the University of Michigan 3003 South State Street, 1020 Ann Arbor, MI 48109	20120488	Lauren Nicholas, Ph D. 8/1/12-7/31/13 Assessing the Impact of the Medicare Advantage Bid System: Market Structure, Plan Payment and Enrollment	\$ 18,000	\$ 11,501
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	\$ 36,057	\$ (0)
Rockefeller Archive Center 15 Dayton Avenue Sleepy Hollow, NY 10591-1598	20100552	Lee Hiltzik, Ph.D. 7/1/10-6/30/11 Transfer and Maintenance of The Commonwealth Fund's Archives, Year 15	\$ 8,500	\$ -
Rockefeller Archive Center 15 Dayton Avenue Sleepy Hollow, NY 10591-1598	20110480	Jack Meyers, 7/1/11-6/30/12. Transfer and Maintenance of The Commonwealth Fund's Archives, Year 16	\$ 76,500	\$ 8,500
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	\$ -
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	\$ 10,000	\$ 7,996
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	\$ 7,384	\$ -
Scientific Institute for Quality of Healthcare Raboud University Nijmegen Medical Centre P.O. Box 9101 114 Nijmegen 6500 HB The Netherlands	20120378	Gert Westert, Ph D 4/1/12-12/31/12. Expansion of 2012 Commonwealth Fund International Health Policy Survey to Include the Netherlands	\$ 20,000	\$ 8,736

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Scientific Institute for Quality of Healthcare Raboud University Nijmegen Medical Centre P.O Box 9101 114 Nijmegen 6500 HB The Netherlands	20120512	Gert Westert, Ph.D. 6/1/12-12/31/12. Dutch Harkness Fellowships Marketing Event at IQ Healthcare Annual Conference		\$ 5,500
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	\$ 16,829	\$ (0)
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	\$ 3,000	\$ -
Society of American Business Editors and Writers, Inc. University of Missouri-Columbia 385 McReynolds Hall Columbia, MO 65211	20120197	Warren Watson 10/14/11-10/31/12 The Society of American Business Editors and Writers' 2011 Annual Conference & Web-Based Trainings for Journalists	\$ 12,000	\$ 3,000
Society of American Business Editors and Writers, Inc University of Missouri-Columbia 385 McReynolds Hall Columbia, MO 65211	20120446	Warren Watson. 6/1/12-12/31/12. The Business of Health Care A Symposium	\$ 24,000	\$ 6,000
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	\$ 3,300	\$ -
Stanford University Stanford, CA 94305-2130	20090616	David Bergman. 8/1/09-4/30/10 Application of Dissemination and Implementation Science to the Spread of Evidence-Based Practice: A Conference Proposal	\$ 10,000	\$ -
Texas Health Institute 8501 N MoPac Expressway, Suite 300 Austin, TX 78759	20100354	Dennis Andrulis, Ph D., M P H 5/1/10-4/31/11. Seventh National Conference on Quality Health Care for Culturally Diverse Populations	\$ 3,000	\$ -

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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	\$ 59,831	\$ 19,691
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	\$ 2,956	\$ -
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	\$ -
Trustees of Columbia University in the City of New York 630 West 168th Street New York, NY 10027	20120023	Bhaven Sampat, Ph D. 11/1/11-10/31/12. Programming Support for Fund's Research Programs: Analysis of National Datasets on Health Reform Issues	\$ 30,000	\$ 13,090
Trustees of Dartmouth College 11 Rope Ferry Road, #6210 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	\$ 56,562	\$ -
Trustees of Dartmouth College 11 Rope Ferry Road, #6210 Hanover, NH 03755	20120069	Valerie Lewis, Ph D. 1/1/12-12/31/12. How Will Vulnerable Populations Fare in Accountable Care Organizations?	\$ 100,000	\$ 146,398
Trustees of Dartmouth College 11 Rope Ferry Road, #6210 Hanover, NH 03755	20120072	Elliott Fisher, M D , M P H 1/1/12-12/31/12 The Dartmouth Accountable Care Organization Tracking Project, Year 3: Assessing Implementation, Identifying Success Factors, and Supporting Spread	\$ 150,000	\$ 227,693
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. 6/1/11-11/30/12. The Commonwealth Fund's Child Development and Preventive Care Program, 1999-2011	\$ 9,000	\$ 4,731

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Trustees of the University of Pennsylvania Department of Family Practice and Community Medicine 2nd Floor Gates Building Philadelphia, PA 19104	20120393	David Casarett, M.D. 7/1/12-6/30/13 Identifying Best Practices in the Care of Seriously Ill Nursing Home Residents A Positive Deviance Approach		\$ 50,000
Trustees of Tufts College 169 Holland Street, Room 203 Somerville, MA 02144	20110524	Joshua Cohen, Ph.D. 12/1/11-8/31/12. International Lessons on Impact of Comparative Effectiveness Research Patient Access to New Cancer Drugs in U.S. and Europe	\$ 38,596	\$ 9,650
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	\$ -
Ulm University Center for Healthcare Management Philosophenweg 4 Hamburg, GERMANY 22763	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	\$ -
United Hospital Fund 439 Newman Springs Road Lincroft, NJ 07738-1328	20120027	James R. Tallon, Jr. 9/1/11-8/31/12 2011 United Hospital Fund Gala	\$ 10,000	\$ -
United Hospital Fund 439 Newman Springs Road Lincroft, NJ 07738-1328	20120524	James R. Tallon, Jr. 9/1/12-8/31/13 2012 United Hospital Fund Gala		\$ 25,000
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
University of British Columbia 2329 West Mall Vancouver, BC V6T 1A4 Canada	20100610	Steve Morgan, Ph.D., M.A. 9/1/10-8/31/11. Pharmaceutical Policy Global Trends, Challenges, and Innovations		\$ 7,198

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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		\$ 89,638
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	\$ 300,000	\$ 550,000
University of Chicago 5801 South Ellis Avenue Chicago, IL 60637	20120332	Marshall Chin, M.D., M.P.H., F.A.C.P. 3/1/12-2/28/13 Incorporating Medical Home Measures into National Reporting Systems for Federally Qualified Health Centers	\$ 40,000	\$ 9,869
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	\$ 29,766
University of Kansas Center for Research, Inc Youngberg Hall, 2385 Irving Hill Road Lawrence, KS 66045	20100361	Jean Hall, Ph.D. 5/1/10-6/30/11. Evaluating High-Risk Pools as a Health Insurance Option for People with Preexisting Conditions	\$ 17,158	\$ -
University of Kansas Center for Research, Inc. Youngberg Hall, 2385 Irving Hill Road Lawrence, KS 66045	20110469	Jean Hall, Ph.D. 8/1/11-7/31/12 Evaluation of the Pre-Existing Condition Insurance Plans Under the Affordable Care Act. Immediate and Long-Term Implications for Federal Health Policy	\$ 30,000	\$ 9,999
University of Kansas Center for Research, Inc. Youngberg Hall, 2385 Irving Hill Road Lawrence, KS 66045	20120508	Jean Hall, Ph.D. 8/1/12-7/31/13 Evaluation of Pre-Existing Condition Insurance Plans Under the Affordable Care Act		\$ 29,503
University of Maryland, Baltimore Department of Sociology 1000 Hilltop Circle Baltimore, MD 21250	20080306	Bruce Stuart, Ph.D. 8/1/08-6/30/10 Achieving Maximum Value from Prescription Drug Coverage of Chronically Ill Medicare Beneficiaries	\$ 253,844	\$ -

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University of Massachusetts Foundation Inc 225 Franklin Street, 33rd Floor Boston, MA 02110	20110033	Edward Alan Miller, Ph D , M.P A. 11/1/10-4/30/12 Increasing Consumer Involvement in Medicaid Nursing Home Reimbursement		\$ 9,995
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	\$ 59,008	\$ 0
University of Montana School of Journalism 32 Campus Dr. Missoula, MT 59812	20120259	Stephen Seninger, Ph D. 7/1/12- 6/30/13 Cost Analysis of a Nurse Care Management Program for High-Risk Medicaid Patients in Montana	\$ 65,000	\$ 90,488
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	\$ 44,189
University of North Carolina at Chapel Hill Chapel Hill, NC 27599	20100596	Sheryl Zimmerman, Ph.D 7/1/10- 6/30/11 Improving Psychosocial Care for Nursing Home Residents Optimizing the Utility of the New Minimum Data Set 3 0	\$ 9,230	\$ (0)
University of North Carolina at Chapel Hill Chapel Hill, NC 27599	20110457	Sheryl Zimmerman, Ph D. 6/1/11- 12/31/12. An Assisted Living Consensus Process Using Expert Collaboration to Inform Public Policy and Practices		\$ 5,491
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	\$ 32,914	\$ -
University of Oregon Office of Research and Administration 5219 University of Oregon Eugene, OR 97403-5219	20110458	Jessica Greene, Ph D. 9/16/11- 9/15/13 How a Health System Uses an Innovative Physician Compensation Model to Drive Improvements in Care Delivery	\$ 125,000	\$ 170,461

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University of Pittsburgh 139 University Place Pittsburgh, PA 15260	20120516	Yuting Zhang, Ph.D 7/1/12 - 11/30/13. Evaluating the Quality of Prescribing in Medicare		\$ 72,706
University of Washington 139 Gerberding Hall Box 351264 Seattle, WA 98195	20100058	Douglas Conrad, Ph.D , M B.A., M H A. 1/1/10-11/30/12. Assessing Organizational Characteristics for Effective Patient-Centered Health System Reform and Innovation		\$ 69,183
Urban Institute 2100 M Street NW Washington, DC 20037	20100378	Bradford Gray, Ph.D 6/15/10-8/30/11. Enhancing the International Program's Communications and Publications Capacity, Year 2		\$ 20,000
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		\$ 12,000
Urban Institute 2100 M Street NW Washington, DC 20037	20110310	Bradford Gray, Ph.D 6/15/11-6/14/12. Enhancing the International Program's Communications and Publications Capacity, Year 3	\$ 75,000	\$ 50,000
Urban Institute 2100 M Street NW Washington, DC 20037	20120301	Bradford Gray, Ph.D 6/15/12-6/14/13 Enhancing the International Program's Communications and Publications Capacity, Year 4	\$ 50,000	\$ 32,916
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	\$ 9,584	\$ -
Visiting Nurse Service of New York 1675 Broadway, 18th Floor New York, NY 10019	20100275	Penny Hollander Feldman, Ph.D 6/1/10-11/30/11 Using the Care Transitions Measure in Home Care Settings to Improve Outcomes and Reduce Hospital Readmissions	\$ 62,107	\$ -

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Visiting Nurse Service of New York 1675 Broadway, 18th Floor New York, NY 10019	20120277	Penny Feldman, Ph.D. and Carol Raphael, M.P.A 5/1/12-7/31/13 Promoting Integrated Care for Dual Eligibles, Phase 1	\$ 140,000	\$ 178,084
Wake Forest University Health Sciences Medical Center Blvd. Winston-Salem, NC 27157-1066	20110566	Mark Hall, J.D. 1/1/12-12/31/12 Using Medical Loss Ratio Data to Determine Insurers' Administrative Costs and Investments in Quality Improvement	\$ 55,000	\$ 80,232
Washington and Lee University 204 West Main Street Lexington, VA 24450	20100360	Timothy Jost, J.D. 6/1/10-6/30/13. Implementing Health Insurance Exchanges: What Are the Keys to Success?	\$ 60,000	\$ 59,539
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	\$ 31,185	\$ -
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	\$ 78,170
Yale University P O Box 2038 New Haven, CT 06520	20120050	Elizabeth Bradley, Ph D. 1/1/12-6/30/13. Spreading Effective Hospital Strategies for Reducing 30-Day Mortality for Heart Attack, Phase 1	\$ 78,000	\$ 116,931

Subtotal	\$ 22,473,721	\$ 19,082,658
Direct Charitable Activities	\$ 8,997,213	
TOTAL	\$ 31,470,934	