



## Center for Health Policy Research and Ethics (CHPRE)

Director: Len Nichols, PhD

### Key Interests

Health Service Markets | Provider Payment Reform | Population Health | Health Equity | Drug Pricing | Social Determinants of Health | Health Reform | Insurance Market Reform

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### SELECT PUBLICATIONS

- L. M. Nichols *et al.*, Social Determinants as Public Goods: A New Approach to Financing Key Investments in Healthy Communities. *Health Affairs* 37(8), 1223-1230 (2018).
- S. D. Pearson *et al.*, Policy Strategies For Aligning Price And Value For Brand-Name Pharmaceuticals. *Health Affairs* (2018).
- A. E. Cuellar *et al.*, The CareFirst Patient Centered Medical Home Program: Cost and Utilization Effects in the First Three Years. *Journal of General Internal Medicine* 31(11), 1382-1388 (2016).
- L.M. Nichols. Health Reform in Virginia: The Commonwealth's Way. *Journal of Health Politics, Policy and Law* 37(11), 1133-39 (2012).
- L.M. Nichols. Government Intervention in Health Care Markets is Practical, Necessary, and Morally Sound. *Journal of Law, Medicine, and Ethics* 40(3), 547-57 (2012).

### Research Focus

The mission of the Center for Health Policy, Research and Ethics is to develop independent research and innovative thought leadership to improve health policy and its impact on people's lives. Topics in which CHPRE's leadership and affiliates have expertise include: insurance market performance and reforms, payment reform, incentive realignment and quality improvement in health service markets, health workforce, population health, patient and community engagement in health, equitable access to health resources, and transforming the US health system to become sustainable.

### CHPRE has many active projects and grants that address current societal issues.

- Drug pricing: US health policy has long tried to balance incentives to innovate with competition to keep affordability realistic. It is increasingly clear that the balance is unduly tilted away from affordability. CHPRE is leading policy research efforts to develop ways the balance can be redressed, through Medicare and FDA policy changes.
- Better care management of patients with chronic disease: CHPRE is leading an evaluation of techniques to improve the capacity of small primary care physician practices to better manage patients with heart conditions. These span data-driven workflow redesign and patient communication strategies.
- Social determinants of health: Research shows that social determinants of health (SDOH), including access to quality housing, nutrition and transportation, can improve health outcomes and reduce health care utilization for vulnerable populations. Nevertheless, adequate and sustainable SDOH financing has eluded most communities in the US. Our recent Health Affairs publication shows how this underinvestment is due to a "free rider" problem which a little known economic model can solve under certain conditions. We are now identifying communities to test this novel approach to a longstanding problem.
- Engagement with local providers: CHPRE is helping organize an effort to construct a data base that spans health and social service providers in Northern Virginia as they collaborate to improve health equity, population well-being and life chances.