

“She ... has a strong internal moral and ethical compass and sets priorities for spending her time not by how her choices might appear to the outside world, but by how she feels she can make the greatest contribution to the public good.” - Lisa I. Iezzoni, Harvard Medical School

# *Statisticians in His*

## **Arlene Sandra Ash**

Valerie Snider, ASA Publications Coordinator



**A**rlene Ash is a research professor of medicine at the Boston University School of Medicine and a research professor of epidemiology and biostatistics at its School of Public Health. She also is the senior health services research methodologist in BU's Health Care Research Unit. However, before Ash earned those titles, there were her parents, who, according to Ash, “taught me to care about social justice.” This is why throughout her years of formal education, Ash spent much of her time in the roles of teacher and public servant.

Ash worked as a mathematics instructor in the Peace Corps from 1967–1969. Also, committed to eliminating gender-based barriers to professional careers, she helped found two community-based women's self-help health centers in Chicago in the early 1970s. Since 1978, she has been involved as an expert witness in public policy issues, including the environmental impact of a nuclear power plant and equity in pay for women teachers.

Even with these accomplishments, many would say Ash's opus is the first version of Diagnostic Cost Groups (DCG), which she helped develop and which spurred the Centers for Medicare and Medicaid Services to introduce risk adjustment in setting capitated payment rates for managed care organizations participating in Medicare.

She also has taken DCG risk adjustment models into public and private arenas, where they have been used to improve the



A recent picture of Arlene Ash in Budapest, Hungary

fairness of case-based reimbursement. Ash cofounded DxCG, Inc., a company that conducts research targeting the needs of public and private health insurers and purchasers and promotes “fair and efficient health care” via predictive software. DxCG is perhaps best known for RiskSmart, software that analyzes demographic, medical, and pharmacy claims information against benchmark data to predict the range and implications of medical problems for a given population. Ash continues to work at DxCG one day a week as a senior scientist.

DCG risk adjustment models are beginning to be used in other countries and settings. DxCG has worked with the German government to produce a classification system that meets the distinctive needs of Germany’s diagnostic coding system and its policy objectives. DCG risk adjustment methodology also is used for payment in the Netherlands.

Ash’s most recent endeavors include testifying in the absentee ballot fraud case regarding the presidential election in Martin County, Florida, in December 2000 and working on electoral reform as chair of the Subcommittee on Electoral Integrity of the ASA’s Scientific and Public Affairs Committee. “We have recently worked with ASA leadership to publish several articles and letters and to submit congressional testimony on election auditing,” she said.

Ash’s other interests include women’s health and gender, age, and racial disparities. She is incredibly involved in Fenway, her neighborhood in Boston. She has served on the board of directors for both the Fenway Community Health Center and Fenway Community Development Corporation. Ash is a member of the American Statistical Association, AcademyHealth, American Public Health Association, Caucus for Women in Statistics, Massachusetts Public Health Association, Institute for Mathematical Statistics, American Women in Mathematics, Federation of American Scientists, and Health Care for All.

“During my years working with Dr. Ash, I remember being impressed and humbled by the equal energy she devoted to these

‘causes,’ reaching outside her own specific self-interests,” said Lisa I. Iezzoni, a professor of medicine at Harvard Medical School. “She made amply clear that ensuring the well-being of her beloved Fenway neighborhood of Boston was equally as important to her—if not more so—than preparing yet another research manuscript.” ■

**Arlene Ash has had a fulfilling career, publishing more than 130 papers in professional journals and testifying for or speaking at an abundance of panels and conferences. Below are a few of her achievements:**

(2004). Risk Adjustment of Medicare Capitation Payments Using the CMS-HCC Model. *Health Care Financing Review*, 25(4):119–141.

(2000). Principal Inpatient Diagnostic Cost Group Model for Medicare Risk Adjustment. *Health Care Financing Review*, 21(3):93–118.

(2000). Using Diagnoses To Describe Populations and Predict Costs. *Health Care Financing Review*, 21(3):7–28.

Robert Wood Johnson Alpha Center invitee, Conference on Risk Differences and Health Plan Payments, 1996

(1996). Diagnosis-Based Risk Adjustment for Medicare Capitation Payments. *Health Care Financing Review*, 17(3):101–128.

Invited testimony for the Physician Payment Review Commission, 1993

Invited testimony for the Prospective Payment Assessment Commission, 1993

Invited panelist for the White House Health Reform Task Force, 1993

Methods review of a major study of severity adjustment systems for the U.S. Health Care Financing Administration, 1991

Testimony before the Subcommittee on Health, U.S. House of Representatives Committee on Ways and Means, 1990

(1989). Adjusting Medicare Capitation Payments Using Prior Hospitalization Data. *Health Care Financing Review*, 10(4):17–29.

Recipient of the Administrator’s Citation, the Health Care Financing Administration’s highest award, for research on HMO payment models, 1988

Advisory panelist for the Health Care Financing Administration, 1985