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<td>Center Associates</td>
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About the Center for Health Policy and Research

The Center for Health Policy and Research is the research arm of the Department of Health Management and Policy, and is a University-wide interdisciplinary research facility. Faculty members from the Colleges of Public Health, Medicine, Dentistry, Pharmacy, Nursing, Business, and Liberal Arts and Sciences serve as investigators in a variety of studies. Staff plus doctoral students, master’s degree students, and undergraduates assist with ongoing research projects.

The Center houses numerous projects led by Center Associates. On average, 25-30 research projects are funded through the Center at any given time. Remarkably, the Center houses this level of activity without any source of core funding to offset its operation. Primary project funding comes from the National Institutes of Health (NIH), the State of Iowa, the Agency for Healthcare Research and Quality (AHRQ), the Health Resources and Services Administration (HRSA), the Patient-Centered Outcomes Research Institute (PCORI), foundations, and private organizations.

The Center sponsors a number of educational activities. Our Friday Seminar Series showcases research updates from members of the Department, those around the University, as well as special visitors. Faculty are able to share their cutting-edge research with their Departmental and College colleagues, and doctoral students may present in order to have the opportunity to receive helpful critique and suggestions regarding their work. Our Visiting Scholar Series was established to bring leaders in health policy and research to the Center to present lectures and meet with faculty and students, as well as to foster dialogue among and interact with the College of Public Health and greater University of Iowa community. Guest scholars of national and international repute discuss timely and timeless subjects. For example, this year, we were able to host Christy Lemark, PhD, Associate Professor of Health Policy and Management at the University of Michigan.

The Center also promotes collaboration among health organizations through frequent exchanges with professional and provider associations, policy and planning groups, insurance organizations, Foundations, and private organizations, health delivery institutions, and other members of the health services research and policy community.

We are delighted to bring you this 2014 Annual Report!
Center Associates

Christopher Atchison, MPA
Clinical Professor

Research interests: health policy, public administration, public health, public health practice, public health systems research

Padmaja Ayyagari, PhD
Assistant Professor

Research interests: health economics, economics of aging, applied microeconomics

Sue Curry, PhD
Distinguished Professor and Dean

Research interests: health policy, implementation of evidence-based practice guidelines, behavioral risk factor modification, cancer prevention and control, community-based participatory research

Charles Fluharty, MDiv
Clinical Professor

Research interests: rural policy, rural community and economic development
Brian Kaskie, PhD
Associate Professor

Research interests: health policies pertaining to aging populations, policies and health services use by older persons, including persons with Alzheimer’s disease and psychiatric illnesses

Samuel Levey, PhD
Distinguished Professor

Research interests: organization and management of health care, health history and policy

A. Clinton MacKinney, MD, MS
Clinical Associate Professor

Research interests: rural health policy, physician and administration relationships, patient safety and quality improvement, population-based healthcare

Ian Montgomery, MA
Clinical Associate Professor

Research interests: developing a case-oriented text on medical practice administration
Keith Mueller, PhD
Gerhard Hartman Professor and Head

Research interests: implementation of the Affordable Care Act, delivery of healthcare in rural areas, rural health policy

Dan Shane, PhD
Assistant Professor

Research interests: health economics, health insurance, applied econometrics, health care reform evaluations, physician incentives and health care reform

Tanya Uden-Holman, PhD
Clinical Associate Professor

Research interests: workforce development, quality improvement and patient safety

Thomas Vaughn, PhD
Associate Professor

Research interests: health services organization and policy, leadership and quality, organizational factors associated with effectiveness

Marcia Ward, PhD
Professor

Research interests: health services, patient safety and quality, rural healthcare delivery, healthcare utilization and outcomes
George Wehby, PhD
Associate Professor

*Research interests*: health economics, applied econometrics, health services research, healthcare effectiveness, maternal and child health

Fredric Wolinsky, PhD
Professor and John W. Colloton Chair

*Research interests*: health-related quality of life, health and illness behavior among older adults, assessment of meaningful change in longitudinal modeling

Brad Wright, PhD
Assistant Professor

*Research interests*: access to healthcare for vulnerable populations, disparities in health and health care, safety-net and primary care providers, Medicaid and Medicare, health politics and policy, health reform

Xi Zhu, PhD
Assistant Professor

*Research interests*: organizational behavior, organization theory, health care policy and management, social network analysis, economic sociology

*Center Associates include faculty in the Department of Health Management and Policy and others who are principal investigators on research projects based in the Center for Health Policy and Research.*
## Center Affiliates

<table>
<thead>
<tr>
<th>Name</th>
<th>Affiliation</th>
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<tbody>
<tr>
<td>Lionness Ayres</td>
<td>College of Nursing, University of Iowa</td>
</tr>
<tr>
<td>Abby Barker</td>
<td>Washington University, St. Louis</td>
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<tr>
<td>Savannah Barrett</td>
<td>Art of the Rural</td>
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<tr>
<td>Barbara Braun</td>
<td>The Joint Commission</td>
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<tr>
<td>William Budelier</td>
<td>Epidemiology, University of Iowa</td>
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<tr>
<td>Katie Carleton</td>
<td>Stratis Health</td>
</tr>
<tr>
<td>Jill Scott-Cawiezell</td>
<td>College of Nursing, University of Iowa</td>
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<tr>
<td>Kaare Christensen</td>
<td>University of Southern Denmark</td>
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<tr>
<td>Jon Christianson</td>
<td>University of Minnesota</td>
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<tr>
<td>Andy Coburn</td>
<td>University of Southern Maine</td>
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<tr>
<td>Chance Finegan</td>
<td>Health Management and Policy</td>
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<tr>
<td>Jim Fitzpatrick</td>
<td>Mercy Medical Center, Sioux City</td>
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<tr>
<td>Tatiana Formina</td>
<td>University of Bergen</td>
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<tr>
<td>Laura Grangaard</td>
<td>Stratis Health</td>
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<tr>
<td>Jeff Hiris</td>
<td>Brown University</td>
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<tr>
<td>Michael Jones</td>
<td>Biostatistics, University of Iowa</td>
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<tr>
<td>Leah Kemper</td>
<td>Washington University, St. Louis</td>
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<tr>
<td>Teresa Kittridge</td>
<td>Health Management and Policy/RUPRI</td>
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<td>Colleen Kummet</td>
<td>Biostatistics, University of Iowa</td>
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<td>Rolv Lie</td>
<td>University of Bergen</td>
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<tr>
<td>Jorge Lopez-Camelo</td>
<td>ECLAMC</td>
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<tr>
<td>Name</td>
<td>Institution</td>
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<tr>
<td>Jennifer Lundblad</td>
<td>Stratis Health</td>
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<td>Michelle Martin</td>
<td>Health Management and Policy</td>
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<td>Timothy McBride</td>
<td>Washington University, St. Louis</td>
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<td>Deb McKinley</td>
<td>Stratis Health</td>
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<td>Kimberly Merchant</td>
<td>Health Management and Policy</td>
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<tr>
<td>Vince Mor</td>
<td>Brown University</td>
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<tr>
<td>Lina Moreno Uribe</td>
<td>College of Dentistry, University of Iowa</td>
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<tr>
<td>Alan Morgan</td>
<td>National Rural Health Association</td>
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<tr>
<td>Ron Munger</td>
<td>Utah State University</td>
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<tr>
<td>Sue Nardie</td>
<td>University of Nebraska Medical Center</td>
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<tr>
<td>Nichole Nidey</td>
<td>Pediatrics, University of Iowa</td>
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<td>David Palm</td>
<td>University of Nebraska Medical Center</td>
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<td>Mariela Pawluk</td>
<td>ECLAMC</td>
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<td>Dorthe Almind Pedersen</td>
<td>University of Southern Denmark</td>
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<td>Roxane Pfister</td>
<td>Utah State University</td>
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<tr>
<td>Lisa Pollack</td>
<td>Washington University, St. Louis</td>
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<td>Momotazur Rahman</td>
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<td>Jocelyn Richgels</td>
<td>Health Management and Policy/RUPRI</td>
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<td>Chika Richter</td>
<td>College of Dentistry, University of Iowa</td>
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<td>Paul Romitti</td>
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<td>Diane Schaeffer</td>
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<tr>
<td>Greg Stewart</td>
<td>Tippie College of Business, University of Iowa</td>
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<td>Amal Trivedi</td>
<td>Brown University</td>
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<tr>
<td>Fred Ullrich</td>
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<tr>
<td>Smruti Vartak</td>
<td>Health Management and Policy</td>
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<td>Kelli Vellinga</td>
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<td>Sidney Watson</td>
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<td>Paula Weigel</td>
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<td>Kevin Wellen</td>
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<td>Tamara Wilde</td>
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<td>Kristi Yeggy</td>
<td>Health Management and Policy/RUPRI</td>
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<tr>
<td>Gideon Zamba</td>
<td>Biostatistics, University of Iowa</td>
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*Center Affiliates include faculty and staff who receive a portion of salary support from research projects based in the Center for Health Policy and Research.*
## Center Graduate Research Assistants

<table>
<thead>
<tr>
<th>Health Management and Policy GRAs</th>
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<tbody>
<tr>
<td>Jure Baloh</td>
<td>Bryant Conkling</td>
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<tr>
<td>Aaron Horsfield</td>
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<tr>
<td>Min Jee Lee</td>
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<td>Stephanie Kraft Sheeley</td>
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<td>Nabil Natafgi</td>
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<td>Kwame Nyarko</td>
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<tr>
<td>Matthew Andersson</td>
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<tr>
<td>Isaac Hooley</td>
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<tr>
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<td>Kevin Matthews</td>
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<td>Mark Walker</td>
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</table>

*Graduate Research Assistants are students in master’s and PhD programs who receive a portion of salary support from research projects based in the Center for Health Policy and Research.*
Medicare Accountable Care Organizations: Program Eligibility, Beneficiary Assignment, and Quality Measures
A. Clinton MacKinney, MD, MS; Keith J. Mueller, PhD; Xi Zhu, PhD; Thomas Vaughn, PhD
The Patient Protection and Affordable Care Act 2010 (ACA) established a Medicare Shared Savings Program (MSSP) and accompanying Medicare ACOs to “facilitate coordination and cooperation among providers to improve the quality of care for Medicare fee-for-service beneficiaries and reduce unnecessary costs.” This RUPRI Policy Brief describes how ACOs should review MSSP eligibility and participation requirements, beneficiary assignment processes, and quality measures.

Extent of Telehealth Use in Rural and Urban Hospitals
Marcia M. Ward, PhD; Fred Ullrich, BA; Keith Mueller, PhD
Using the 2013 HIMSS Analytics database, this RUPRI Policy Brief reports that 34.0% of rural hospitals and 32.0% of urban hospitals had at least one telehealth application currently in use. While rural and urban hospitals did not differ significantly in overall telehealth implementation rates, rural hospitals were more likely than urban hospitals to have implemented telehealth in radiology departments and in emergency/trauma care. Urban hospitals were more likely than rural hospitals to have implemented telehealth in cardiology/stroke/heart attack programs, neurology, and obstetrics/gynecology/NICU/pediatrics.

Trends in Hospital Network Participation and System Affiliation, 2007-2012
Xi Zhu, PhD; Fred Ullrich, BA; Keith J. Mueller, PhD, A. Clinton MacKinney, MD, MS; Thomas Vaughn, PhD
This RUPRI Policy Brief tracks trends in network participation and system affiliation among U.S. general community hospitals from 2007 to 2012. Network participation increased in larger hospitals, non-government not-for-profit hospitals, and metropolitan hospitals. While system affiliation generally increased in hospitals of all sizes and types, it was notably higher among midsized and large hospitals, investor-owned hospitals, and metropolitan hospitals.

Update: Independently Owned Pharmacy Closures in Rural America, 2003-2013
Fred Ullrich, BA; Keith J. Mueller, PhD
Pharmacists provide a range of health services and losing them can have serious implications for the provision of health care, especially in rural areas. Previous RUPRI Policy Briefs have documented the decline in the number of independently owned pharmacies in rural areas, especially between 2003 and 2010. This Brief shows the number of independently owned rural pharmacies has continued to slowly decline through 2013.
The Effect of Medicare Payment Policy Changes on Rural Primary Care Practice Revenue
Paula Weigel, PhD; A. Clinton MacKinney, MD, MS; Fred Ullrich, BA; Keith J. Mueller, PhD
This RUPRI Policy Brief describes the impact of recent Medicare payment updates to the Geographic Practice Cost Indices (GPCIs) portion of the Medicare Physician Fee Schedule on rural primary care providers’ practice revenue from Medicare. We developed a revenue model to derive estimates of Medicare-related average revenue in 2013 and change-in-average-revenue percentage due to the GPCI updates for 50 non-metropolitan localities. We found that changes to the GPCIs made between January 1, 2013 and March 31, 2014 resulted in an average 0.12% (median 0.18%) increase in Medicare-derived revenue to rural primary care practices.

Facilitating the Formation of Accountable Care Organizations in Rural Areas
Jure Baloh, MHA; Xi Zhu, PhD; Tom Vaughn, PhD; A. Clinton MacKinney, MD, MS; Keith J. Mueller, PhD; Fred Ullrich, BA; Matthew Nattinger, MS
This RUPRI Policy Brief presents characteristics contributing to the formation of four accountable care organizations (ACOs) that serve rural Medicare beneficiaries, one in each of the four census regions. Four organizational characteristics emerged as influential in the formation of these ACOs: 1) previous organizational integration experience; 2) experience in risk-sharing arrangements; 3) information technologies, especially shared electronic health records; and 4) developing partnerships with health and human services organizations in local and regional communities.

Rural Implications of the Blueprints for State-Based Health Insurance Marketplaces
Andy Potter, MA; Matt Nattinger, MS; Keith J. Mueller, PhD
This RUPRI Policy Report describes features of states’ Blueprints to operate state-based insurance Marketplaces that have particular relevance to rural areas. This paper presents different states’ approaches to service areas and rating areas, network adequacy requirements, rural consumer outreach, rural representation on the Marketplace governing board, certification and oversight of Qualified Health Plans, and design of the Small Business Health Options Program (SHOP).
Research Projects

Studies Focused on Rural Health Policy

Rapid Response to Requests for Rural Data Analysis and Issue Specific Rural Research Studies
University of North Carolina at Chapel Hill/US Department of Health & Human Services, Health Resources & Services Administration
Principal Investigator: Keith Mueller
Co-Investigator: A. Clinton MacKinney
Direct Funds: $571,771 | Funding Period: 2010 - 2015
The RUPRI Center will track enrollment into Medicare Advantage Plans, track availability of Part D Plan Options, track rural pharmacy closures, and provide analysis of Medicare physician payment policy

RAC Cooperative Agreement
University of North Dakota
Principal Investigator: Charles Fluharty
Direct Funds: $90,302 | Funding Period: 2014 - 2015
RUPRI will continue ongoing efforts from the original submission, while also increasing effort around new areas of emphasis for RAC. This work will include: human services research, indicators and data needs framework; information and technical outreach support; enhancing the rural understanding of social determinants of health.

Rural Health Research Center - Cooperative Agreement Program
US Department of Health & Human Services, Health Resources & Services Administration
Principal Investigator: Keith Mueller
Co-Investigators: A. Clinton MacKinney, Thomas Vaughn, Marcia Ward
Direct Funds: $3,244,552 | Funding Period: 2010 - 2016
The purpose of this award is to establish the Rural Health Research Center-Cooperative Agreement Program at the University of Iowa--RUPRI Center.

Rural Health System Analysis and Technical Assistance Cooperative Agreement
US Department of Health & Human Services, Health Resources & Services Administration
Principal Investigator: Keith Mueller
Co-Investigators: A. Clinton MacKinney, Thomas Vaughn, Xi Zhu
Direct Funds: $1,375,195 | Funding Period: 2012 - 2015
The purpose of this project is to analyze rural implications of changes in the organization, finance, and delivery of healthcare services in the US and to assist rural communities and providers transition to a high performance rural health system.

Rural Policy Analysis Cooperative Agreement
University of Missouri-Columbia/US Department of Health & Human Services, Health Resources & Services Administration
Principal Investigator: Keith Mueller
Co-Investigator: A. Clinton MacKinney
Direct Funds: $198,375 | Funding Period: 2012 - 2014
The RUPRI Health Panel will continue its analysis of proposals to reform health care delivery and finance in the US. Our work will produce brief analytical papers (ranging from quick analysis products to policy briefs) that the Office of Rural Health Policy will disseminate through its website and the reform website of the DHHS.
“Shaping Our Appalachian Region” (SOAR) Administrative/Consultant Support
Kentucky Office of the Governor, Department of Local Government
Principal Investigator: Charles Fluharty
Design, develop and conduct the 2015 SOAR Summit; develop SOAR as an organization; provide strategic leadership and also provide administrative services regarding executive committee and working group meetings; outreach for SOAR beneficiary communities; and develop and maintain the SOAR website.

Supporting the Policy Advisory Activities of the Health Panel, Rural Policy Research
The Leona M. and Harry B. Helmsley Charitable Trust
Principal Investigator: Keith Mueller
Direct Funds: $366,456 | Funding Period: 2012 - 2015
This funding supports the work of the RUPRI panel whose aim is to spur public dialogue and help policymakers understand the rural impacts of public policies and programs.

A high-performance rural health care system, incorporating principles of affordability, accessibility, community focus, high quality, and patient centeredness, could be built upon existing rural primary care services, according to a new policy paper from the Rural Policy Research Institute (RUPRI) Health Panel, chaired by Keith Mueller.

In the paper and accompanying brief, “Advancing the Transition to a High Performance Rural Health System,” the RUPRI Health Panel recommends a range of alternative approaches to achieve a high performance health care system, and builds on the panel’s earlier work that conceptually defined the core elements of such a model.

The panel categorizes approaches to achieve its goal of an improved health system into four basic groupings: community-appropriate health system development and workforce design; governance and integration approaches; flexibility in facility or program designation to care for patients in new ways; and financing models that promote investment in delivery system reform.

In addition, each of the four approaches includes a brief discussion of policy considerations and comments about demonstration ideas that can further these approaches. The RUPRI Health Panel was established in 1993 to provide unbiased analysis and information on the challenges, needs, and opportunities facing rural America. RUPRI’s aim is to spur public dialogue and help policymakers understand the rural impacts of public policies and programs. RUPRI’s reach is national and international and it is one of the world’s preeminent sources of expertise and perspective on policies impacting rural places and people.

Funding for this project was provided by The Leona M. and Harry B. Helmsley Charitable Trust.
Evaluation of TeamSTEPPS™ Implementation for Community Hospital Patient Safety
US Department of Health & Human Services, Agency for Healthcare Research & Quality
Principal Investigator: Marcia Ward
Co-Investigators: Jill Scott-Cawiezell, Greg Stewart, Thomas Vaughn, Gideon Zamba, Xi Zhu
Direct Funds: $1,688,098 | Funding Period: 2010 - 2015

This study is designed to retrospectively and prospectively evaluate the elements of the TeamSTEPPS approach including organizational readiness, culture, training effectiveness, implementation strategies and fidelity, staff behaviors, burden/cost, and outcomes in community hospitals to identify the elements that are most important for success.

New Faculty Research Award: Temporary Disruptions in Health Insurance and Emergency Department Utilization
UI College of Public Health
Principal Investigator: Dan Shane
Direct Funds: $10,000 | Funding Period: 2014

This project will investigate the impact of temporary gaps in health insurance coverage on emergency department utilization. We will examine whether temporary disruptions result in differing patterns of emergency department utilization as compared to continuously uninsured individuals and continuously insured individuals. We also classify emergency department contacts into emergency and non-emergency visits to further characterize the effect of temporary versus continuous lack of health insurance coverage.

Wright Studying Variations in Observation Care

Each year, about 1 million Medicare beneficiaries who visit the emergency room find themselves held for observation rather than being admitted to the hospital. Researchers have found the rate of observation care—a hospital-based outpatient service used to evaluate and treat acutely ill patients for extended periods—has increased nationally over the past decade, and it has become a common alternative to full hospitalization. This outpatient care saves hospitals money, but does it benefit the patient?

According to Brad Wright, UI, critics suggest observation care costs patients more and may result in reduced quality of care. Previous studies also point to racial and geographic variations in the use of observation care. In a national study funded by the National Institute on Aging, Wright and colleagues from Brown University and the University of Michigan will analyze Medicare claims data from 2007-2011 to determine the causes and consequences of racial and geographic disparities in observation care among Medicare patients.

Wright will also investigate whether observation care leads to better or worse health outcomes, examining mortality rates and how many patients return to the emergency department or get readmitted within 30 or 90 days.

Funding for this project was provided by US Department of Health & Human Services, NIH
Telligen: Quality Improvement and Patient Safety Activities in Iowa’s Critical Access Hospitals
Iowa Department of Public Health
Principal Investigator: Marcia Ward
Direct Funds: $9,191 | Funding Period: 2014
Project conducts the evaluations of all Iowa TeamSTEPPS-trained CAHs and develops a report of the outcomes, barriers, lessons learned, and successes, and presents findings at QI Coordinator meetings.

Understanding Racial and Geographic Disparities in Hospital Observation Care
US Department of Health & Human Services, National Institute of Health
Principal Investigator: Brad Wright
Direct Funds: $345,845 | Funding Period: 2014 - 2016
The overall objective of this longitudinal, claims-based study is to understand the causes of racial and geographic disparities in the use of observation care among Medicare fee-for-service beneficiaries and the implications of these disparities for patient-centered outcomes.

VA-IPA Wright
US Department of Veterans Affairs, Iowa City Veterans Affairs Medical Center
Principal Investigator: Brad Wright
Co-Investigator: Padmaja Ayyagari
Direct Funds: $113,457 | Funding Period: 2013 - 2014
Serve as Project Lead for two Veterans Rural Health Resource Center projects titled “FQHC Availability and Variation in VA Outpatient Care” and “Trends and Variation in Observation Care at VA Hospitals.”

Program Evaluation of AHA’s STEMI Program in South Dakota
American Heart Association, The Leona M. and Harry B. Helmsley Charitable Trust
Principal Investigator: Marcia Ward
Co-Investigator: A. Clinton MacKinney, Kimberly Merchant, Keith Mueller
Direct Funds: $137,082 | Funding Period: 2012 - 2014

Program Evaluation of AHA’s STEMI Program in North Dakota
American Heart Association, The Leona M. and Harry B. Helmsley Charitable Trust
Principal Investigator: Marcia Ward
Co-Investigator: A. Clinton MacKinney, Kimberly Merchant, Keith Mueller
Direct Funds: $100,000 | Funding Period: 2012 - 2014

Program Evaluation of AHA’s STEMI Program in Wyoming
American Heart Association, The Leona M. and Harry B. Helmsley Charitable Trust
Principal Investigator: Marcia Ward
Co-Investigator: A. Clinton MacKinney, Kimberly Merchant, Keith Mueller
Direct Funds: $118,181 | Funding Period: 2013 - 2015

Program Evaluation of AHA’s STEMI Program in Minnesota
American Heart Association, The Leona M. and Harry B. Helmsley Charitable Trust
Principal Investigator: Marcia Ward
Co-Investigator: A. Clinton MacKinney, Kimberly Merchant, Keith Mueller
Direct Funds: $154,544 | Funding Period: 2013 - 2016
The American Heart Association’s Mission: Lifeline is a national, community-based initiative. Its goals are to improve quality of care and outcomes in heart attack patients and improve healthcare system readiness and response. In particular, this initiative aims to increase the number of patients with timely access to reperfusion by addressing the continuum of care for ST-segment-elevation myocardial infarction (STEMI). These projects conduct a qualitative program evaluation of the progress toward implementation of this initiative throughout each of the states listed.
STUDIES ACROSS THE LIFESPAN - CHILDREN AND ADOLESCENTS

Academic Achievement of Children and Adolescents with Oral Clefts
US Department of Health & Human Services, National Institutes of Health
Principal Investigator: George Wehby
Co-Investigator: Paul Romitti
Direct Funds: $210,220 | Funding Period: 2011 - 2015
This study will identify the impacts of NS cleft lip/palate on the educational achievement of children and adolescents with oral clefts and assess how these impacts vary by socioeconomic, demographic, and health backgrounds.

Genetic Instrumental Variable Studies of Maternal Risk Behaviors for Oral Clefts
US Department of Health & Human Services, National Institutes of Health
Principal Investigator: George Wehby
Co-Investigators: Lina Moreno Uribe, Paul Romitti
Direct Funds: $1,916,503 | Funding Period: 2010 - 2015
The objective of this study is to estimate the effects of maternal risk behaviors during pregnancy including smoking, obesity, alcohol, and caffeine use on cleft lip/palate risks using a genetic instrumental variable (IV) model that accounts for unobserved confounders.

Gestational Age, Metabolic Markers, and Academic Achievement
Bill and Melinda Gates Foundation
Principal Investigator: George Wehby
Direct Funds: $100,000 | Funding Period: 2014 - 2016
This study will evaluate differences in academic achievement by gestational age and metabolic markers and develop a model to predict gestational age based on metabolic markers using population-level data from Iowa.

Identifying Determinants of Birth Outcomes in South America
US Department of Health & Human Services, National Institutes of Health
Principal Investigator: George Wehby
Direct Funds: $102,227 | Funding Period: 2010 - 2015
This project aims at identifying determinants of adverse birth outcomes including low birth weight, preterm birth, and intrauterine growth restriction in several understudied South American populations. Study results are highly relevant for identifying prevention strategies not only for the included countries but also for others including the United States.

Improving Knowledge and Understanding of Appropriate Treatment of Orofacial Clefts
Operation Smile, Inc.
Principal Investigator: George Wehby
Direct Funds: $35,775 | Funding Period: 2012 - 2015
Investigate barriers of access to treatment and care for individuals with orofacial clefts in the United States by conducting a comprehensive review of available knowledge and publications to assist with the creating of effective strategies to improve access to health care services for children with orofacial clefts.
STUDIES ACROSS THE LIFESPAN - OLDER POPULATIONS

Evaluating the Impact of Social Security Benefits on Health Outcomes among the Elderly
Boston College, Social Security Administration
Principal Investigator: Padmaja Ayyagari
Direct Funds: $40,208 | Funding Period: 2014 - 2015
The purpose of this project is to determine the impact of Social Security benefits on a wide array of health outcomes including depression, disability, cardiovascular disease, and cognitive function. The project will also evaluate heterogeneity in the impact of income by education, race, ethnicity, and baseline health status.

Methodologies to Adjust for Respondent Status Effects on Health Outcomes
Patient-Centered Outcomes Research Institute (PCORI)
Principal Investigator: Fredric Wolinsky
Co-Investigator: Michael Jones, George Wehby
Direct Funds: $464,095 | Funding Period: 2012 - 2014
We propose to gain a better understanding of respondent status effects on the measurement of health and health outcomes of older adults and the identification of their risk factors.

The Iowa Study on Promoting Successful Aging within Academic Institutions: Phase III
Teachers Insurance & Annuity Association - College Retirement Equities Fund (TIAA-CREF)
Principal Investigator: Brian Kaskie
Direct Funds: $52,127 | Funding Period: 2013 - 2015
Our goal is to contribute to the development of a retirement-readiness design process for institutions of higher education.

Wehby and Colleagues Win Gates Foundation Grand Challenge Explorations Initiative

George Wehby will lead a project funded by the Bill and Melinda Gates Foundation to evaluate newborn metabolic biomarkers for their ability to predict gestational age, and identify associations between them and long-term academic achievement.

The project will analyze existing data on gestational age, newborn metabolic profiles and academic tests from the population of children born in Iowa over the past three decades and will identify the most predictive biomarkers of gestational age and academic achievement. The investigators will also evaluate how much metabolic markers explain differences in educational achievement by gestational age. In the future, they will expand their method to developing countries to help estimate gestational age and identify newborns at risk of neurodevelopmental impairments and poor academic achievement.

Other University of Iowa investigators and collaborators include Kelli Ryckman, assistant professor of epidemiology; the State Hygienic Laboratory at the University of Iowa; and Iowa Testing Programs, a research, development, and outreach unit in the University of Iowa College of Education.

Funding for this project was provided by The Gates Foundation Grand Challenges Explorations Initiative.
Studies Focused on Telehealth

Assessing the Impact of e-Health Services in Rural Settings
The Leona M. and Harry B. Helmsley Charitable Trust
Principal Investigator: Marcia Ward
Co-Investigators: Padmaja Ayyagari, A. Clinton MacKinney, Keith Mueller
Direct Funds: $900,013 | Funding Period: 2011 - 2014
This project determines the impacts of telehealth care in Avera Health hospitals on the delivery of services, patient satisfaction, provider use, and cost of care.

Evidence-Based Tele-emergency Network Grant Program - Developing Outcome Measures and Associated Data Elements for Emergency Medical Services Using Telehealth Technology
Mathematica Policy Research/US Department of Health & Human Services, Health Resources & Services Administration
Principal Investigator: Marcia Ward
Co-Investigator: A. Clinton MacKinney, Keith Mueller
Director Funds: $54,318 | Funding Period 2014 – 2015
Study evidence-based tele-emergency technology. Develop outcome measures and associated data elements for emergency medical services using telehealth technology.

Study Looks at Complexity of Cancer Treatment Decisions

Despite advances in the treatment of many cancers, a number of patients choose not to be treated. In Iowa, more than 12% of those who learn they have cancer don’t pursue treatment, according to research led by Marcia Ward in collaboration with Fred Ullrich and others.

The researchers originally were focused on identifying the location of cancer specialists across the state and whether there were gaps in patient access to cancer treatment. While analyzing data from the Iowa Cancer Registry, the team was surprised to find that so many Iowans did not pursue treatment within the first year after diagnosis.

Along with the expected factors of advanced age or advanced stage of cancer, rates of non-treatment were also higher in patients who visited non-accredited cancer facilities and those who saw physicians who were not cancer specialists. Individuals with certain types of cancers that are known to progress slowly were less likely to pursue treatment, including stage 2 prostate cancer and non-Hodgkin lymphoma. While distance to treatment facilities did not seem to be a factor, rural lowans were less likely to choose treatment.

Funding for this project was provided by The American Society of Clinical Oncology.
Presentations by CHPR Associates


Kaskie, B., “Patient Protection and Affordable Care Act,” Iowa Community Educators, Davenport, IA. (June 2014).

Kaskie, B., "Medicare and Medicaid Reform," UI Carver College of Medicine: Iowa Medical Society Student Chapter, Iowa City, IA. (September 2014).


MacKinney, A. C., "Medical Staff Roles in Accountable Care Organizations," Medical Staff Meeting, National Rural ACO, Sandusky, MI. (January 2014).

MacKinney, A. C., "Medical Staff Roles in Accountable Care Organizations," Medical Staff Meeting, National Rural ACO, Lincoln, MI. (January 2014).

MacKinney, A. C., "Medical Staff Roles in Accountable Care Organizations," Medical Staff Meeting, National Rural ACO, Lone Pine, CA. (January 2014).

MacKinney, A. C., "Medical Staff Roles in Accountable Care Organizations," Medical Staff Meeting, National Rural ACO, Ridgecrest, CA. (January 2014).

MacKinney, A. C., "Medical Staff Roles in Accountable Care Organizations," Medical Staff Meeting, National Rural ACO, Mammoth Lakes, CA. (January 2014).

MacKinney, A. C., "Medical Staff Roles in Accountable Care Organizations," Medical Staff Meeting, National Rural ACO, Bishop, CA. (January 2014).
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<tr>
<th>Author(s)</th>
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<tr>
<td>MacKinney, A. C.</td>
<td>&quot;Medical Staff Roles in Accountable Care Organizations,&quot;</td>
<td>Medical Staff Meeting, National Rural ACO, Batesville, IN. (February 2014).</td>
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<tr>
<td>MacKinney, A. C.</td>
<td>&quot;Medical Staff Roles in Accountable Care Organizations,&quot;</td>
<td>Medical Staff Meeting, National Rural ACO, Logansport, IN. (February 2014).</td>
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<tr>
<td>MacKinney, A. C.</td>
<td>&quot;Telehealth Evidence (reactor to presentations),&quot;</td>
<td>Telehealth and the Triple Aim, Center for Connected Health Policy, Sacramento, CA. (April 2014).</td>
</tr>
<tr>
<td>MacKinney, A. C.</td>
<td>&quot;The Times They Are a-Changin',&quot;</td>
<td>Lunch and Learn, Charles Cole Memorial, Coudersport, PA. (September 2014).</td>
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Mueller, K. J., "Panelist Comments: Form Follows Finance," Surgical Health Care Quality Forum Iowa, American College of Surgeons, Des Moines, IA. (June 2014).


Mueller, K. J., "Rural Health Policies," Rural Health and Primary Care, Center for Rural Health and Primary Care Advisory Committee of Iowa, Des Moines, IA. (August 2014).

Mueller, K. J., "The Enhanced Role of Primary Care in a Transformed Health Care System," Advancing Rural Primary Care, University of Nebraska Medical Center, Omaha, NE. (September 2014).

Mueller, K. J., "Advancing the Effective Use of Telehealth in Rural Health," Meeting of the National Advisory Committee on Rural Health and Human Services, US Department of Health and Human Services, Office of Rural Health Policy, Sioux Falls, SD. (September 2014).

Mueller, K. J., "Rural Health Strategies for a Value-Based Future," Critical Access Hospital and Rural Health Clinic Conference, WIPFLi CPAs and Consultants, Spokane, WA. (September 2014).


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<tr>
<td>Shane, D.</td>
<td>&quot;Incorporating Cost-Effectiveness Analysis into Research,&quot; College of Nursing Research Forum, Iowa City, IA. (November 2014).</td>
</tr>
<tr>
<td>Uden-Holman, T. M., Hawley, S.</td>
<td>&quot;HSRA Midwestern Public Health Training Center (MPHTC) and Kansas,&quot; Spring 2015 Kansas Public Health Grand Rounds Series, University of Kansas Medical Center, Lawrence, KS. (February 2014).</td>
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<td>Author</td>
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<tr>
<td>Wehby, G. L.</td>
<td>&quot;Racial Disparities in Birth Outcomes in Multiple South American Countries,&quot;</td>
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<tr>
<td>Wright, D. B.</td>
<td>&quot;Health Centers: A Strategy for Reducing Potentially Preventable Hospital-Based Care Among Dual Eligibles,&quot;</td>
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<tr>
<td>Wright, D. B.</td>
<td>&quot;What We Know, What We Don't Know, and What We Think We Know About the Affordable Care Act,&quot;</td>
</tr>
<tr>
<td>Zhu, X.</td>
<td>&quot;Delineating Cognitive Maps,&quot; Sociology Theory Workshop, Dept of Sociology, University of Iowa, Iowa City, IA. (February 2014).</td>
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Presentations by Invited Speakers

Mary Schroeder, PhD
Assistant Professor of Health Services Research, College of Pharmacy, University of Iowa

“Heart Attacks and Subsequent Medication Choices: The Effect of Medicare Part D Benefit Phase and Time of Year”

Laurie Walkner, MA, RN
Director of Education and Training, Institute for Public Health Practice

“Competency-Based Workforce Development”

Christy Harris Lemark, PhD
Associate Professor, Department of Health Management and Policy, University of Michigan

“Mixed Methods Evaluation: My Experience Evaluating a Large Physician Incentive Program in Michigan”

Linnea Polgreen, PhD
Assistant Professor, Pharmacy Practice & Science, College of Pharmacy, University of Iowa

“Blood Pressure Monitoring Using Text Messages”

Mary Vaughan-Sarrazin, PhD
Associate Professor, Department of Internal Medicine, College of Medicine, University of Iowa

“Racial Differences in Health Care Delivery: Theories and Evidence”
Publications by CHPR Associates


Feng, Z., Jung, H. Y., Wright, D. B., Mor, V. (2014). The Origin and Disposition of Medicare Observation Stays. Medical Care, 52(9), 796-800.


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<tr>
<th>Author(s)</th>
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<tr>
<td>Shane, D. M., Ayyagari, P.</td>
<td>Spillover effects of the Affordable Care Act? Exploring the impact on young adult dental insurance coverage</td>
<td>Health Services Research. [Epub ahead of print]</td>
</tr>
<tr>
<td>Shane, D. M., Ayyagari, P.</td>
<td>Will health care reform reduce disparities in insurance coverage? Evidence from the dependent coverage mandate</td>
<td>Medical Care, 52(6), 528-534.</td>
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<tr>
<td>Shane, D., Damiano, P., Momany, E., Bentler, S.</td>
<td>Post-enrollment challenges for vulnerable consumers and the role for the safety net</td>
<td>Iowa Public Policy Center Policy Brief.</td>
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Forthcoming Publications
by CHPR Associates


Bentler, S. E., Morgan, R. A., Virnig, B. A., Wolinsky, F. Do claims-based continuity of care measures reflect the patient perspective? Medical Care Research and Review.


Wakefield Award

The Bonnie J. and Douglas S. Wakefield Award is presented to recognize HMP Doctoral students who best exemplify the mission of the HMP Ph.D. Program in terms of excellence or promise of excellence in health services and policy research.

The winners for 2014 are Andrew Potter and Mehwish Qasim. These two students were especially commended for their first-author publications referenced below.

**Congratulations, Andy and Mehwish!**


Publications by PhD Students


