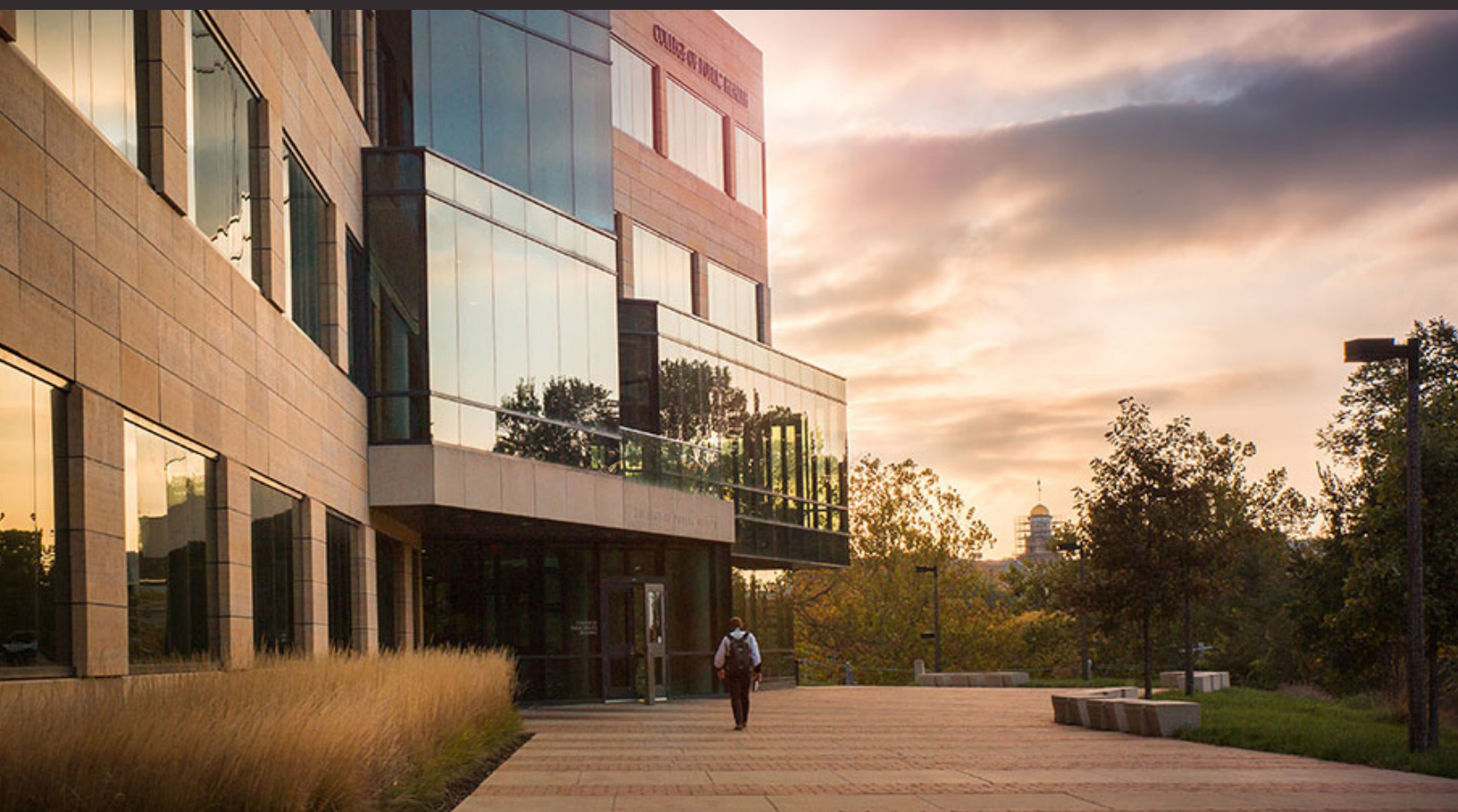


ANNUAL REPORT

2017

DEPARTMENT OF HEALTH MANAGEMENT AND POLICY
CENTER FOR HEALTH POLICY AND RESEARCH
COLLEGE OF PUBLIC HEALTH - UNIVERSITY OF IOWA



26

total research projects

\$14,781,575

total direct funding by research

18

Center Associates



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 collaborative. Faculty members from the Colleges of Public Health, Medicine, Dentistry, Pharmacy, Nursing, Business, and Liberal Arts and Sciences, and the Public Policy Center 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, 20 to 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), foundations, and private organizations.

The Rural Telehealth Research Center (RTRC) was established as a sub-unit of the Center for Health Policy and Research in 2015. RTRC is funded by the Federal Office of Rural Health Policy in HRSA to help build the evidence base supporting

rural telehealth. The Center for Health Policy and Research 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 present in order to have the opportunity to receive helpful critique and suggestions regarding their work.

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

We are delighted to bring you this 2017 Annual Report!

The following pages list faculty, staff, and students who received funding through Center projects in 2017, Friday Seminar Series presentations, research projects, publications and presentations by Center Associates and PhD students, plus highlights on several projects.

Center Associates



Kanika Arora, PhD

Assistant Professor and MPH Faculty Advisor

Research interests: aging, long-term care, intergenerational relations, program evaluation



Christopher Atchison, MPA

Clinical Professor and Director of the University of Iowa Hygienic Lab

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 Interim Provost

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 and President of the Rural Policy Research Institute

Research interests: rural policy, rural community and economic development



Dan Gentry, PhD, MHA

Clinical Professor and MHA Program Director

Research interests: health services and policy, quality and the patient experience, program evaluation, health professions education



Brian Kaskie, PhD

Associate Professor and MS in Health Policy Program Director

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



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 and EMHA Program Director

Research interests: developing a case-oriented text on medical practice administration



Keith Mueller, PhD

Gerhard Hartman Professor and Interim Dean

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, healthcare reform evaluations, physician incentives and healthcare reform



Tanya Uden-Holman, PhD

Clinical Professor and Associate Dean for Academic Affairs

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 and Interim Head

Research interests: health services, telehealth, patient safety and quality, rural healthcare delivery, healthcare utilization and outcomes



George Wehby, PhD

Professor and HMP Doctoral Program Director

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 healthcare, safety-net and primary care providers, Medicaid and Medicare, health politics and policy, health reform



Xi Zhu, PhD

Associate Professor

Research interests: organizational behavior, organization theory, healthcare 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

University of Iowa Faculty and Staff Partners

T. Renee Anthony, Occupational & Environmental Health

Camden Bay, Epidemiology

Suzanne Bentler, Public Policy Center

Knute Carter, Biostatistics

Marsha Cheyney, Occupational & Environmental Health

Elizabeth Chrischilles, Epidemiology

Elizabeth Cook, Health Management and Policy

Jenna Gibbs, Occupational & Environmental Health

Karisa Harland, Emergency Medicine

Teresa Kittridge, Health Management and Policy/RUPRI

Kimberly Merchant, Health Management and Policy

Nicholas Mohr, Emergency Medicine

Lina Moreno Uribe, College of Dentistry

Edith Parker, Community and Behavioral Health

Jocelyn Richgels, Health Management and Policy/RUPRI

Chika Takeuchi Richter, College of Dentistry

Diane Schaeffer, Health Management and Policy

Fred Ullrich, Health Management and Policy

Paula Weigel, Health Management and Policy

Kristi Yeggy, Health Management and Policy

Tracy Young, Occupational & Environmental Health

Graduate Research Assistants

Jure Baloh

J. Alton Croker

Isaac Hooley

Aaron Horsfield

Nora Kopping

Megan La Suer

Wei Lyu

Erin Mobley

Nabil Natafgi

Muska Nataliansyah

Onyinye Oyeka

Abiodun Salako

Shabana Sidhu

George Tzanetakos

Winnie Uluocha

Ashlee Venema



Consultants, Partners, and Subcontractors

Charles Alfero, HMS Center for Health Innovation

Jon Christanson, University of Minnesota

Brian Fuller, Consultant

Amanda Martin, Center for Rural Health Innovations

Alan Morgan, National Rural Health Association

Susan Nardie, University of Nebraska Medical Center

Stephen North, Center for Rural Health Innovations

David Palm, University of Nebraska Medical Center

Andy Potter, California State University-Chico

Lindsay Sabik, University of Pittsburgh

Amal Trivedi, Brown University

Kelli Vellinga, Consultant

Tanya Wanchek, University of Virginia

Kevin Wellen, CliftonLarsonAllen, LLP

Organizational Partners and Subcontractors

Avera Health

Mandy Bell

Luke Mack

Amy Wittrock

Washington University, St. Louis

Abby Barker

Leah Kemper

Timothy McBride

University of North Carolina Chapel Hill

George Pink

Randy Randolph

Kristin Reiter

Christopher Shea

Kristie Thompson

Wesley Winkelman

Stratis Health

Jennifer Lundblad

Karla Weng

University of Southern Maine

Amanda Burgess

Andy Coburn

Pam Ford-Taylor

Kimberly Fox

Karen Pearson

George Shaler

Jean Talbot

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Rural Policy Briefs from the RUPRI Center for Rural Health Policy Analysis



Medicare Advantage Enrollment Update 2017

Fred Ullrich, BA; and Keith Mueller, PhD

The RUPRI Center for Rural Health Policy Analysis reports annually on rural beneficiary enrollment in Medicare Advantage (MA) plans, noting any trends or new developments evident in the data. Based on reports from March 2016 to March 2017, findings include that nationally, 1 in 3 Medicare beneficiaries is enrolled in an MA plan. In non-metropolitan areas, nearly 1 in 4 (23.5 percent) beneficiaries is enrolled in an MA plan. Enrollment in MA plans, measured either as an overall count or as a proportion of eligible Medicare beneficiaries, has increased in both metropolitan and non-metropolitan populations since 2004. Between 2015 and 2017, the proportion of non-metropolitan Medicare-eligible beneficiaries enrolled in local preferred provider organization (PPO), regional PPO, and “other” plans (including cost, healthcare pre-payment [HCPP], medical savings account [MSA] and demonstration plans) remained relatively steady. During the same period, the proportion of Medicare-eligible beneficiaries enrolled in health maintenance organization (HMO) plans increased slightly (from 28.5 percent in 2015 to 29.8 percent in 2017) while the proportion enrolled in private fee-for-service (PFFS) plans decreased slightly (from 5.6 percent in 2015 to 3.8 percent in 2017).

Telepharmacy Rules and Statutes: A 50-State Survey

George Tzanetakos, BA; Fred Ullrich, BA; and Keith Mueller, PhD

The purpose of this policy brief is to identify rules and laws enacted by states authorizing the use of community telepharmacy initiatives within their respective jurisdictions. A significant advantage of telepharmacy is the ability to provide pharmacists access to patients in remote areas where a pharmacist is not physically available. Therefore, the implications of telepharmacy on increasing access to care are significant, particularly to patients in under-served rural communities, though it is important to note that under-served populations do not exist exclusively in rural settings. Findings include (1) the use of telepharmacy is authorized, in varying capacities, in 23 states (46 percent); (2) pilot program development that could apply to telepharmacy initiatives is authorized by six states (12 percent); (3) waivers to administrative or legislative pharmacy practice requirements that could allow for telepharmacy initiatives are permitted in five states (10 percent); and (4) nearly one-third of the states (16, or 32 percent) do not authorize the use of telepharmacy, nor do they currently have the ability to pursue telepharmacy initiatives via pilot programs or waivers.



Rural-Urban Enrollment in Part D Prescription Drug Plans: June 2017 Update

Paula Weigel, PhD; Fred Ullrich, BA; and Keith Mueller, PhD

This analysis updates prior briefs on the rural-urban enrollment differential in Medicare Part D plans, and highlights state-to-state variation in prescription drug plan (PDP) and Medicare Advantage-Part D (MA-PD) enrollment by rural-urban residence. As of June 2017, more than 72 percent of eligible Medicare beneficiaries had prescription drug coverage through Medicare Part D plans, a significantly higher proportion than the 55.6 percent in December 2008. The percentage of rural enrollment in Part D plans still lags that of urban enrollment, despite growth in both rural and urban participation. Rural enrollees continue to have much higher enrollment in stand-alone PDPs than do urban enrollees, though rural participation in MA-PD plans has almost doubled since December 2008.



Distribution of Disproportionate Share Hospital Payments to Rural and Critical Access Hospitals

Erin M. Mobley, MPH; Fred Ullrich, BA; and Keith Mueller, PhD

This policy brief provides data assessing effects of Medicaid Disproportionate Share Hospital (DSH) payment on rural hospitals in 47 states. While the allocation of DSH funds to the state is determined by federal legislation utilizing a formula developed by the Centers for Medicare & Medicaid Services, each state determines distribution to hospitals using an approved State Plan Amendment (SPA) that meets minimum federal requirements. Our findings suggest that distribution to rural hospitals, and critical access hospitals in particular, varies considerably across states. In fact, the percentage of rural hospitals in a state receiving any Medicaid DSH payment ranged from 0.0 percent to 100 percent. For rural hospitals receiving Medicaid DSH payments, the impact on total patient revenue ranged from less than 0.5 percent to 8.8 percent. Because of individual state rules, the impact of DSH Medicaid payments in urban hospitals is much more variable than in rural hospitals. Impact in urban hospitals ranges from 0.0 percent to 62.4 percent where that higher number reflects the payment to the single urban hospital in Indiana that receives DSH payment. Data presented in this document helps ground any changes to either federal requirements or to SPAs by showing the impact of DSH payment from the most recent data available.

Issues Confronting Rural Pharmacies after a Decade of Medicare Part D

Abiodun Salako, MPH; Fred Ullrich, BA; and Keith Mueller, PhD

The RUPRI Center for Rural Health Policy Analysis has been monitoring the status of rural independent pharmacies since the implementation of Medicare Part D in 2005. After a decade of Part D, we reassess in this brief the issues that concern rural pharmacies and may ultimately challenge their provision of services. This reassessment is based on survey responses from rural pharmacists, which indicate that two challenges—direct and indirect remuneration (DIR) fees, and delayed maximum allowable cost (MAC) adjustment—ranked highest on scales of both magnitude and immediacy. 79.8 percent of respondents reported DIR fees as a very large magnitude challenge, with 83.3 percent reporting this as a very immediate challenge. Seventy-eight percent of respondents reported MACs not being updated quickly enough to reflect changes in wholesale drug costs as a very large magnitude challenge, with 79.7 percent indicating it as a very immediate challenge. Medicare Part D continues to be a concern for rural pharmacies—58.8 percent of pharmacists said being an out-of-network pharmacy for Part D plans was a very large magnitude challenge (an additional 29 percent said large magnitude) and 60.5 percent said it was a very immediate challenge (an additional 28.1 percent said moderately immediate). Other issues such as pharmacy staffing, competition from pharmacy chains, and contracts for services for Medicaid patients were less likely to be reported as significant or immediate challenges.



Funded by the Federal Office of Rural Health Policy

www.ruralhealthresearch.org



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Studies Focused on Rural Health Policy

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, Xi Zhu

Direct Funds: \$3,759,383 | Funding Period: 2010 - 2020

The RUPRI Center for Rural Health Policy Analysis at the University of Iowa completes projects within this topic of concentration: the effects of payment and other policies on healthcare organizations and health plans in rural places. The Center continues to use the framework of the continuum of care when assessing how essential services are sustained locally and linked to services across the entire continuum, whether those services are local, regional, or national. Additionally, the framework developed by the RUPRI Rural Health Panel (“Pursuing High Performance in Rural Healthcare”) guides analysis of the impact of public policies on achieving a more desirable future for rural health services.

RUPRI Consulting on WE KAN Project with Washburn University

Washburn University

Principal Investigator: Keith Mueller

Co-Investigator: A. Clinton MacKinney

Direct Funds: \$33,618 | Funding Period: 2017 - 2019

RUPRI’s role is to provide a national perspective on methods to improve the health of individuals, families, and populations and analysis of the problems, issues, and alternatives in the design and delivery of healthcare services to the WE KAN project.

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

Co-Investigator: A. Clinton MacKinney

Direct Funds: \$472,885 | Funding Period: 2016 - 2019

This funding supports the work of the RUPRI Health Panel whose aim is to spur public dialogue and help policymakers understand the rural impacts of public policies and programs.

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: \$832,419 | Funding Period: 2010 - 2017

The RUPRI Center continues to update its database of Medicare Accountable Care Organizations (ACOs) as they are approved and as some withdraw from the program. First, we updated a Policy Brief published by the RUPRI Center in July 2013 reporting on the number of ACOs that included rural sites and a national map of their locations. That product is accompanied by state-specific maps on the RUPRI Center web site. Second, we produced a Policy Brief summarizing the characteristics of ACOs with rural presence, as gleaned from the Centers for Medicare and Medicaid Services data on metrics and characteristics.

Rural Health Value Program

US Department of Health & Human Services, Health Resources & Services Administration

Principal Investigator: Keith Mueller

Co-Investigators: A. Clinton MacKinney, Thomas Vaughn, Marcia Ward, Xi Zhu

Direct Funds: \$2,512,548 | Funding Period: 2012 - 2018

The purpose of the Rural Health Value Program (RHVP) is to inform key stakeholders regarding the impacts and implications of changes currently underway in healthcare finance and delivery. Equally important, the RHVP guides and accelerates appropriate rural-centric adaptation to, and leadership in, these changes by providing resources and technical assistance to rural providers and community stakeholders.

Frontier Community Health Integration Project Technical Assistance, Tracking, and Analysis

Montana Health Research and Education Foundation/US Department of Health & Human Services, Health Resources & Services Administration

Principal Investigator: Keith Mueller

Co-Investigators: A. Clinton MacKinney, Marcia Ward

Direct Funds: \$144,861 | Funding Period: 2014 - 2017

The Montana Health Education and Research Foundation, in partnership with the Rural Policy Research Institute, will work with the Federal Office of Rural Health Policy to develop appropriate and attainable evaluative structures to complement analysis conducted by the Centers for Medicare and Medicaid Services and to support inclusion of a rural, patient-centered perspective in the national policy discussion.

Rural Policy Analysis Program

US Department of Health & Human Services, Health Resources & Services Administration

Principal Investigator: Charles Fluharty

Direct Funds: \$149,193 | Funding Period: 2017 - 2021

This Cooperative Agreement supports the work of the RUPRI Rural Health Panel and human services support to the Federal Office of Rural Health Policy.

Studies Focused on Telehealth

Avera EB TNGP Evaluation

Avera Health/US Department of Health & Human Services, Health Resources & Services Administration

Principal Investigator: Marcia Ward

Co-Investigators: Nicholas Mohr, Dan Shane

Director Funds: \$192,486 | Funding Period 2016 – 2018

This project includes the Rural Telehealth Research Center as a research partner with Avera eCare to facilitate several research projects related to Avera's tele-emergency services.

Telehealth-Focused Rural Health Research Center Cooperative Agreement

US Department of Health & Human Services, Health Resources & Services Administration

Principal Investigator: Marcia Ward

Co-Investigators: Elizabeth Chrischilles, A. Clinton MacKinney, Nicholas Mohr, Keith Mueller, Dan Shane

Direct Funds: \$1,155,253 | Funding Period: 2015 - 2019

The goal of this project is to conduct and disseminate research on rural telehealth that contributes to building a high performance health system in rural America.

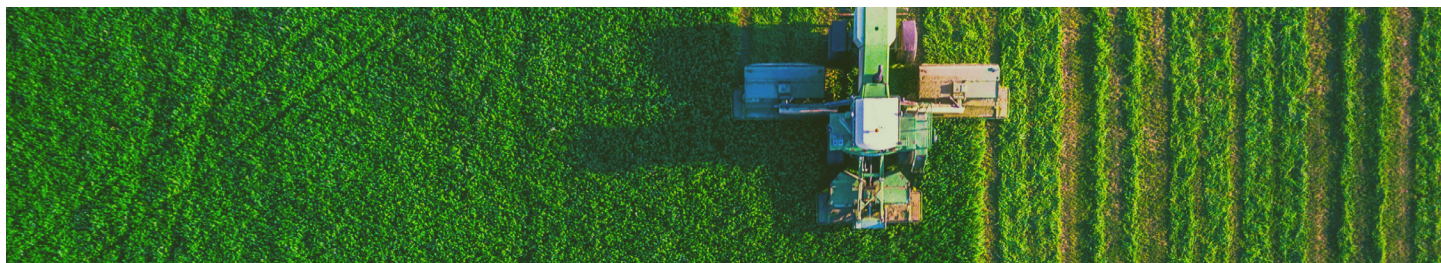


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Studies Focused on Communities and Workforce

Building a Local Culture of Health: The Roles of Rural Communities and Hospitals

Robert Wood Johnson Foundation

Principal Investigator: Xi Zhu

Co-Investigators: Keith Mueller, Thomas Vaughn, Marcia Ward

Direct Funds: \$358,969 | Funding Period: 2015 - 2018

The Rural Policy Research Institute (RUPRI) Center for Rural Health Policy Analysis is leading a special effort to research community and health-system characteristics that contribute to building and sustaining a local Culture of Health in rural communities. It explores the roles of rural communities and hospitals and the strategies they may use to lead the collaboration to create and sustain a local Culture of Health.

The Future Healthcare Workforce in Iowa: Analysis and Summit

Iowa Department of Public Health

Principal Investigator: Keith Mueller

Direct Funds: \$86,785 | Funding Period: 2017 - 2020

This analysis is gaining a better understanding of efforts to improve and support the healthcare workforce and to develop recommendations for a broader, more strategic healthcare workforce initiative in Iowa.

Ward co-chaired NQF Telehealth Committee charged with developing evaluation measures

After a year-long process, the National Quality Forum's (NQF's) Telehealth Multi-stakeholder Committee for the Telehealth Framework to Support Measure Development, co-chaired by Marcia Ward, presented its recommendations for a national framework for measuring telehealth.

"Telehealth is a vital resource, especially for people in rural areas seeking help from specialists, such as mental health providers," Dr. Ward said in an August 2017 release accompanying the 81-page report. "Telehealth is healthcare. It is critically important that we measure the quality of telehealth and identify areas for improvement just as we do for in-person care."



NQF identified four basic categories for program evaluation: patients' access to care, financial impact to patients and their care team, patient and clinician experience, and effectiveness of clinical and operational systems. Within these categories, the NQF multi-stakeholder group of 26 individuals identified six priority areas for measurement in telehealth: travel, timeliness of care, actionable information, added value of telehealth to provide evidence-based practices, patient empowerment, and care coordination.

According to Dr. Ward, there are many existing measures that capture quality. "We could have gone to those and pulled ones we thought were a good fit for telehealth," she said, "and to some extent we did. But while similar to face-to-face care, telehealth does have particular attributes that lend to a subset of measures that capture the uniqueness of telehealth."

The NQF report also noted three factors that will affect the success of telehealth: it must have a positive effect on quality health outcomes, processes, and cost; existing quality measures have to be widely adopted and impactful; and the definitions must be consistent in order to synthesize findings.

The report is available at http://www.qualityforum.org/Publications/2017/08/Creating_a_Framework_to_Support_Measure_Development_for_Telehealth.aspx



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Arora examines role of paid family leave in reducing nursing home use



A new study from the University of Iowa and Syracuse University suggests that a more inclusive paid family leave (PFL) policy could be effective in reducing nursing home use among older adults. Kanika Arora collaborated with Douglas Wolf, Professor of Public Administration and International Affairs at Syracuse University, to analyze data collected in all 50 states between 1999 and 2008.

The authors estimate that across alternative state comparison groups, the passage of PFL consistently reduced nursing home occupancy in California by 0.5 to 0.7 percentage points among those aged 65 and older. This represents an 11 percent relative decline in nursing home utilization.

According to Dr. Arora, this study is the first study to examine long-term care outcomes associated with a state-level policy on paid family leave and has demonstrated that the provision of this leave reduces nursing home use among older adults.

“While the current administration has proposed a federal paid family leave program, it is only focused on providing paid leave to families after the birth or adoption of a child,” Dr. Arora says. “The results of this study suggest that they should consider expanding the benefits of such a program to individuals with a seriously ill family member.”

The study was published in the Winter 2018 edition of the Journal of Policy Analysis and Management, and is available at <http://onlinelibrary.wiley.com/doi/10.1002/pam.22038/full#references>.



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Studies Across the Lifespan

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 - 2017

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 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 - 2017

This study evaluates differences in academic achievement by gestational age and metabolic markers and develops a model to predict gestational age based on metabolic markers using population-level data from Iowa.

Insurance Coverage Policies and Outcomes of Children with Oral Clefts

US Department of Health & Human Services, National Institutes of Health

Principal Investigator: George Wehby

Direct Funds: \$251,465 | Funding Period: 2016 - 2018

This study assesses how the generosity of state laws mandating coverage of services needed to treat oral clefts and their complications in private insurance plans and Medicaid programs matters in utilization of care. The study is examining the effects of specific policies that are highly relevant to the healthcare needs of children with oral clefts on use of specific services that are likely to be impacted by these policies capturing both timeliness and frequency of use.

National Expansion of Dental Insurance Among Young Adults: A Natural Experiment

US Department of Health & Human Services, National Institutes of Health

Principal Investigator: Dan Shane

Direct Funds: \$150,000 | Funding Period: 2016 - 2018

This study identifies the impacts of private dental coverage utilization of preventive and curative dental services as well as dental spending.

Increasing Awareness of and Access to Clinical Trials for Adolescents and Young Adults with Cancer in Iowa

Iowa Cancer Consortium

Principal Investigator: Erin Mobley

Direct Funds: \$10,484 | Funding Period: 2017 - 2018

The two primary aims of this study are to identify barriers to clinical trial enrollment for Adolescents and Young Adults (AYAs) and to test whether clinical trial enrollment changed as a result of various initiatives implemented. Using the structure of three overarching objectives, this project is able to increase awareness and access to clinical trials for AYAs in Iowa. First, a multidisciplinary clinical approach is used to determine if a clinical trial is appropriate for a patient. Second, regulatory mechanisms are addressed by evaluating barriers to enrollment on a clinical trial. Third, work is being done to enhance patient and provider awareness and understanding of clinical trials using a patient-centered approach to education and readily available information regarding clinical trials for providers and the public.

Cognitive Training and Practice Effects in MCI

University of Utah/US Department of Health & Human Services, National Institutes of Health

Principal Investigator: Fredric Wolinsky

Direct Funds: \$56,765 | Funding Period: 2014 - 2017

Dr. Wolinsky has a primary role in all aspects of planning, design, management, execution, and oversight of this randomized controlled trial. He is also involved as a co-author for production of all manuscripts.

Older Coloradoans and Marijuana: A Public Health Problem or Policy Alternative

Colorado Department of Public Health and Environment

Principal Investigator: Brian Kaskie

Co-Investigator: Kanika Arora

Direct Funds: \$29,565 | Funding Period: 2017 - 2018

The primary aim of this project is to empirically illuminate the rapidly growing intersection between Colorado's aging population and marijuana use. With the support of a CDPHE Marijuana Public Health Research Pilot Grant, 32 focus groups are being conducted across the state of Colorado and use primary data to meet three objectives. Specifically, this project proposes to: 1) provide an initial description of the population of older Coloradans who use marijuana, in terms of motives, behaviors, and other key characteristics such as age, education, gender; contrast these older adults with those who do not use marijuana; 2) explicate both positive and negative outcomes associated with marijuana use among older Coloradans and conduct initial hypothesis testing about factors contributing to these outcomes; 3) devise an efficient strategy to field a large, representative population survey of older Coloradans that facilitates statistical analyses in which individual outcomes are evaluated over time and in consideration of an exhaustive set of explanatory variables.

Illuminating the Intersection between Older Persons and Medical Cannabis

Retirement Research Foundation

Principal Investigator: Brian Kaskie

Co-Investigators: Kanika Arora

Direct Funds: \$109,358 | Funding Period: 2017 - 2018

The purpose of this research project is to close the gaps in what is currently known about the use of cannabis among older persons, and specifically to learn more about older persons who take cannabis for medical reasons and how cannabis impacts their quality of life.

Health and Aging Policy Fellowship

The Atlantic Philanthropies

Principal Investigator: Brian Kaskie

Direct Funds: \$100,000 | Funding Period: 2016 - 2017

This fellowship allows participants to serve the US Senate Special Committee on Aging in the study of relevant issues.



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Studies of Healthcare Delivery and Use

Mercy DSM

Mercy Accountable Care Organization LLC/US Department of Health & Human Services, National Institutes of Health

Principal Investigator: Keith Mueller

Co-Investigator: Xi Zhu

Direct Funds: \$109,836 | Funding Period: 2015 - 2018

The goal of this project is to obtain, process, and analyze claims data for Mercy DSM.

Planning and Evaluation Core of Great Plains Center for Agricultural Health

US Department of Health & Human Services, Centers for Disease Control & Prevention

Principal Investigator: Kanika Arora

Direct Funds: \$99,365 | Funding Period: 2016 - 2021

The GPCAH evaluation plan has three key goals: 1) demonstrate the link between GPCAH activities and the expected short-, medium-, and long-term outcomes; 2) describe a structured method for assessing the quality, effectiveness, and impact of GPCAH activities; 3) describe the process for providing feedback to GPCAH management, investigators, and advisory committees to assist with continuous improvement efforts and planning.

Project ARCH Evaluation for the VA Rural Health Resource Center – Central Region

US Department of Veterans Affairs

Principal Investigator: Keith Mueller

Co-Investigators: A. Clint MacKinney, Jocelyn Richgels, Dan Shane, Fred Ullrich, Thomas Vaughn, Marcia Ward, Paula Weigel, Xi Zhu

Direct Funds: \$699,994 | Funding Period: 2015 - 2017

This study is providing research for the Iowa City VA Healthcare System: VA Rural Health Resource Center.

Pre-Training Intervention for Expedited TeamSTEPPS Implementation in Critical Access Hospitals

US Department of Health & Human Services, Agency for Healthcare Research & Quality

Principal Investigator: Xi Zhu

Co-Investigators: Thomas Vaughn, Marcia Ward

Direct Funds: \$64,899 | Funding Period: 2015 - 2018

The objective of this study is to develop a pre-training intervention specifically designed to assist Critical Access Hospitals (CAHs) to prepare for TeamSTEPPS. A pilot test is being done for intervention in four CAHs and prospectively examining how the intervention influences the process of implementing TeamSTEPPS in CAHs.

The Role of Health Centers in Reducing Disparities in Potentially Preventable Hospital-Based Care among Dual Eligibles

US Department of Health & Human Services, National Institutes of Health

Principal Investigator: Brad Wright

Co-Investigator: Fredric Wolinsky

Direct Funds: \$1,141,241 | Funding Period: 2017 - 2021

The goals of this study are to characterize and evaluate the role of Federally Qualified Health Centers in providing primary care that lowers rates of, and reduces racial/ethnic disparities in hospital care among dual-eligibles.

Insurance Coverage Effects on Access to Mental Health Services and Outcomes

US Department of Health & Human Services, National Institutes of Health

Principal Investigator: Dan Shane

Co-Investigator: George Wehby

Direct Funds: \$250,000 | Funding Period: 2017 - 2019

The proposed study is identifying the impacts of the Affordable Care Act-driven expansion in private health insurance coverage as well as the Medicaid expansion on multiple measures of mental health, encompassing a broad spectrum of potential mental health effects.



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The Rural Telehealth Research Center (RTRC) is focused on building the evidence base for telehealth, especially in rural settings. More specifically, RTRC is charged with advancing publicly available, high-quality, impartial, clinically informed, and policy-relevant research. Rigorous research is needed to identify telehealth models that are affordable and sustainable, enhance rural access, and maintain and improve quality. The goal of RTRC is to conduct and disseminate research on rural telehealth that contributes to building a high-performance system in rural America. RTRC is funded by the Federal Office of Rural Health Policy (FORHP) in the Health Resources & Services Administration (HRSA). RTRC is one of eight Rural Health Research Centers participating in cooperative agreements with FORHP.

Projects underway for 2017-2018

Collecting and analyzing data from the Evidence-Based Telehealth Network Grant Program (EB TNGP) grantees using the revised Tele-Emergency Performance Assessment Report Tool (T-PART)

Lead researcher: Marcia M. Ward, PhD

Project funded: September 2017

Anticipated completion date: August 2018

The primary purpose of this project is to collect and analyze data from the EB TNGP grantees using the revised T-PART on all their tele-ED cases and a matched sample of non-tele-ED cases to conduct comparative effectiveness analysis to help establish the evidence base for tele-ED.

Rates of telemental health use among rural Medicaid enrollees: Associations with telehealth policy and mental health access

Lead researcher: Andrew F. Coburn, PhD

Project funded: September 2017

Anticipated completion date: August 2018

This study examines telemental health use among rural and urban Medicaid beneficiaries with mental illness. Primary study goals are: 1) to compare rates and patterns of telemental health use among rural and urban enrollees; 2) to assess how rural telemental health use rates are associated with state-level Medicaid telehealth policies; and 3) to determine the extent to which telemental health provides access to care for rural beneficiaries who do not receive mental health services through other means.

Establishing data collection protocols on a common set of measures for the School-Based Telehealth Network Grant Program (SB TNGP) evaluation

Lead researcher: Marcia M. Ward, PhD

Project funded: September 2017

Anticipated completion date: August 2018

For this project, RTRC established data collection protocols on a set of measures that will be used for cross-grantee evaluation of the SB TNGP.

Publications

Harris Y, Gilman B, Ward M, Ladinsky J, Crowley J, Warren C, Caplan C. Building the evidence base for tele-emergency care: Efforts to identify a standardized set of outcome measures. *Telemedicine and e-Health*. 2017-7;23(7):561-566.

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Natafqi N, Shane D, Ullrich F, MacKinney AC, Bell A, Ward M. Using tele-emergency to avoid patient transfers in rural emergency departments: An assessment of costs and benefits. *Journal of Telemedicine and Telecare*. Epub ahead of print: March 7, 2017. <https://doi.org/10.1177/1357633X17696585>

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Shane studies young adult usage of dental benefits provided as a sidebar of ACA



In 2010, the Affordable Care Act (ACA) mandated that young adults up to age 26 be allowed to stay on their parents' health insurance policies. While dental coverage was not similarly mandated, post-2010 increases in dental coverage nearly mirrored that of medical coverage, suggesting employers offering both types of coverage did not differentiate coverage age limits between dental and medical. Dan Shane is studying the effects of the increased dental coverage, evaluating use of dental services before and after the mandate took effect among 25 year-olds that were beneficiaries of the mandate compared to a similar group of 27 year-olds that were unaffected.

"We know that the number of adults in that age group with dental coverage increased 18% after the ACA mandate was implemented," Dr. Shane said. "Now we want to know how or if that coverage was used."

To date, Dr. Shane has found that use of preventive services, such as cleanings, x-rays, and oral exams has not differed between those benefitting from the mandate and those who did not benefit. Dr. Shane and co-investigator George Wehby do find, however, an increase in the use of dental treatments such as crowns, extractions, root canals, and cavity fillings, among the group that was able to take advantage of the dependent coverage mandate.

"Oral health is vital to maintain overall health," he said. "Thus, if young adults are not getting needed preventive treatment services due to not having dental insurance coverage or if even those with coverage hesitate to get services due to high co-insurance or deductibles, we are concerned about higher costs for care to deal with acute needs in the future."

Dr. Shane is further exploring potential differences in the effects of the spillover gains in dental coverage across men and women and across racial and ethnic groups.

Funding for this project comes from US Department of Health & Human Services, National Institutes of Health.



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Presentations by CHPR Associates

Arora K, Ashida S, Mobley E. "Evaluating the Consolidation of Iowa's Area Agencies on Aging." Association for Public Policy Analysis and Management Annual Research Conference, Chicago, IL. (November 2017)

Baloh J, Vaughn T, Zhu X. "Differences in Perceptions of Quality Between Hospital Managers: Are They Associated with Quality Performance?" AcademyHealth Annual Research Meeting, New Orleans LA. (June 2017)

Baloh J, Zhu X, Ward MM. "Implementing Team Huddles in Small Rural Hospitals: How Does the Kotter Model of Change Apply?" AcademyHealth Annual Research Meeting, New Orleans LA. (June 2017)

Fluharty CW. "Adjacent-Possible Innovation, Collective Impact, and the Power of Owning a New Rural Narrative - Comprehensive Rural Wealth." Delta Leadership Institute, Delta Regional Authority, Potosi, MO. (October 2017)

Fluharty CW. Panelist. Americans for the Arts Delivering Effective Social Impact Data Convening, Washington, DC. (December 2017)

Fluharty CW. "Rural Creative Place-making and Rural Cultural Equity." Delta Regional Authority Creative Place-making Training. Delta Regional Authority, Clarksdale, MS. (February 2017)

Fluharty CW. "Some Thoughts about the Crossroads Opportunity." Museum on Main Street 2017 National Planning Meeting, Smithsonian Institute, Atlanta, GA. (September 2017)

Fluharty CW. "The Critical Role of Creative Place-making in Economic and Community Development." Delta Regional Authority Quorum Meeting. Delta Regional Authority, Washington, DC. (February 2017)

Fluharty CW. "Thinking Bigger about Smaller Places: Adjacent-Possible Innovation, Collective Impact Investing, and the Power of Owning a New Rural Narrative, Based in Comprehensive Rural Wealth." Arkansas Community Development Society Annual Conference, Conway, AR. (October 2017)

Fluharty CW. "Why this DRA Initiative is So Critical: Rural Creative Place-making and Cultural Equity." Delta Regional Authority Creative Place-making Workshops. Paducah, KY, Wilson, AR, Greenville, MS, Vicksburg, MS, Tuskegee, AL, Arnaudville, LA, (June-July 2017)

Gentry D, Abraham J, Nolan C. "Beyond Health Systems Walls: Competencies and Curriculum for Population Health Management." AUPHA Annual Meeting, Long Beach, CA. (June 2017)

Kaskie B. "Health Reform and Long-Term Care." College of Law, University of Georgia, Athens, GA. (April 2017)

Kaskie B. "The Intersection between Cannabis and Older Persons." International Association of Gerontology and Geriatrics, San Francisco, CA. (July 2017)

MacKinney AC. "Chasing Zero: Rural Hospital Journey to High Reliability." Nebraska CAH Conference on Quality, Nebraska Hospital Association, Kearney, NE. (November 2017)

MacKinney AC. "The Enduring Shift to Value." Board of Trustees Retreat, Central Peninsula Hospital, Soldotna, AK; Physician and Trustee Conference, HealthtechS3, Palm Spring, CA. (April, May 2017)

MacKinney AC. "Understanding and Facilitating Rural Health Transformation." Center for Rural Health Annual Meeting, Georgia Hospital Association, St. Simon Island, GA. (August 2017)

Montgomery I. "Bringing the Healthcare Administration Perspective to Inter-professional Education: Challenges, Opportunities, and Best Practices." AUPHA Annual Meeting, Long Beach, CA. (June 2017)

Montgomery I. "Leading Effective Change." Iowa Medical Society Annual Conference, Des Moines, IA. (April 2017)

Mueller KJ. "Accessing Behavioral Health in Rural Communities." Workshop on Achieving Health Equity Promoting Cognitive, Affective, and Behavioral Health Equity for Children, Families, and Communities, National Academies, Washington DC. (November 2017)

Mueller KJ. "Accountable Care Organization Participation as a Platform for Transformation." State Innovation Model Learning Community Learning Conference, Ankeny, IA. (July 2017)

Mueller KJ. "Current Issues and Considerations for Healthcare Services in Iowa and Iowa Communities." Advancing Rural Primary Care II: A National Conference on the Effective Utilization of Physician Assistants, University of Nebraska Medical Center, Omaha, NE. (March 2017)

Mueller KJ. "Current Issues and Considerations for Healthcare Services in Iowa and Iowa Communities." Iowa Association of Business and Industry Quarterly Meeting, Iowa City, IA. (March 2017)

Mueller KJ. "Health Insurance Marketplaces: A Future?" Council of State Governments Annual Meeting - Midwest, Des Moines, IA. (July 2017)

Mueller KJ. "Leveraging Policy Changes to Improve Rural Health." National Organization of State Offices of Rural Health Annual Meeting, Savannah, GA. (September 2017)

Mueller KJ. "Pathway to the Future: Locally-Based Integrated Healthcare." Nebraska Rural Health Association Annual Conference, Kearney, NE. (September 2017)

Mueller KJ. "Pathways to Locally-Based Integrated Healthcare." 5th Annual Western Region Flex Conference, Western States Flex Programs, Waikoloa, HI. (June 2017)

Mueller KJ. "The Road to Value-based care: Where Are We?" Rural Hospital Innovation Summit, National Rural Health Association, San Diego, CA. (May 2017)

Mueller KJ. "Rural Healthcare and Accessibility." Iowa Ideas Symposium, Cedar Rapids Gazette, Cedar Rapids, IA. (June 17)

Natafqi N, Zhu X, Baloh J, Vellinga K, Vaughn T, Ward MM. "Critical Access Hospital Use of TeamSTEPS to Implement Shift-Change Hand-off Communication." AcademyHealth Annual Research Meeting, New Orleans LA. (June 2017)

Shane DM. "The Impact of the ACA Dependent Coverage Mandate on Use of Dental Treatments and Preventative Services." AcademyHealth Annual Research Meeting, New Orleans, LA. (June 2017)

Ward MM. "Assessing Quality in Telehealth Initiatives." MATRC Summit 2017, Lansdowne, VA. (April 2017)

Ward MM. "Telehealth in the Emergency Department: Applications, Utilization, and Effects." Health Systems Research Seminar Series, University of Ottawa, Ottawa, Canada. (March 2017)

Ward MM. "Telehealth in the Emergency Department (TeleED): Services and Issues." Iowa Rural Health and Primary Care Advisory Committee, Iowa City, IA. (May 2017)

Ward MM. "Telehealth in the Rural Emergency Department: Using Mixed Methods to Explore Benefits." Distinguished Faculty Lecture, College of Public Health, Iowa City, IA. (August 2017)

Wright B. "Strategies for Engaging Under-served Communities." National Network of Libraries of Medicine webinar. (May 2017)

Wright B. "Who's In and Who's Out? Racial and Geographic Disparities in Observation Care." Leonard Davis Institute Research Seminar, University of Pennsylvania, Philadelphia, PA. (December 2017)

Zhu X, Baloh J, Weigel P, Ullrich F, Ward MM, Vaughn T, Mueller K. "Types of Rural Counties and Their County Health Rankings Measures." National Rural Health Association Annual Conference, San Diego, CA. (May 2017)

Zhu X, Mueller K, Huang H, Ullrich F. "Factors Associated with Quality Performance of Medicare Accountable Care Organizations." AcademyHealth Annual Research Meeting, New Orleans LA. (June 2017)

Zhu X, Sewell D, Tu SP, Hall L, Mishra V, Dow A, Banas C, Yao N. "Measuring Communication Networks in Virtual Healthcare Teams Using EHR Access-Log Data." International Network for Social Network Analysis Annual Conference, Beijing, China. (June 2017)

Health Affairs lists Wright's article in Top 10 for 2017

On its own merit, “Iowa’s Medicaid Expansion Promoted Healthy Behaviors But Was Challenging to Implement and Attracted Few Participants” authored by Natoshia Askelson, Brad Wright, Suzanne Bentler, Elizabeth Momany, and Peter Damiano was published in the May 2017 issue of Health Affairs. Then, as Health Affairs Editor-in-Chief Alan Weil reviewed all the journal’s published articles for the year, he selected the article again – this time, as one of his top 10 Editor’s Picks for 2017.

According to Weil, his annual picks “focus on interesting and important questions” posed by authors, and he presents his list as another opportunity for readers to learn from the articles.

This publication co-authored by Dr. Wright describes a mixed-methods approach to studying the impact of the 2014 Healthy Behaviors Program, which was designed to waive monthly premiums for members in Iowa’s Medicaid expansion who complete specified healthy activities. Using claims data, review of program documents, and interviews with providers and plan members, the research team found low levels of awareness about the program’s existence, lack of knowledge about how it works, and barriers to completing the activities (completion occurred in less than 17% of participants). Consequently, many members were required to pay premiums, and many of those who failed to pay their premiums were at risk of disenrollment. Therefore, as federal and state governments consider reforming Medicaid by shifting responsibility for healthy behaviors onto plan members, the authors advise careful attention be given not only to the design of premiums, penalties, and incentives in such programs, but also to the communication of these program details to plan members.

This study was funded by the Iowa Department of Human Services as Evaluation of the Iowa Health and Wellness Plan.



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Alperin M, **Uden-Holman TM**. The Role of the U.S. Public Health Learning Network in Strengthening the Current and Future Public Health Workforce. *Pedagogy in Health Promotion*. 2017;3(1S):S5 - S7.

Andersson MA, Walker MH, **Kaskie BP**. Strapped for Time or Stressed Out? Predictors of Work Interruption and Unmet Need for Workplace Support Among Informal Elder Caregivers. *J Aging Health*. 2017 Nov 1:898264317744920. doi: 10.1177/0898264317744920. [Epub ahead of print] PubMed PMID: 29254439.

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Forthcoming Publications by CHPR Associates

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Seminar Series Presentations

Arora K. Evaluating the Consolidation of Iowa's Area Agencies on Aging. (April 2017)

Arora K. Older Adults' Attitudes Toward Cannabis. (December 2017)

Baloh J. What Does it Take to Sustain Facilitation Activities? A Fuzzy-Set Analysis of Organization- and Team-Level Factors. (May 2017)

Crocker J, Mobley E, Lyu W, Salako A. Beneficiary, Plan, and Market Factors that Affect Hip Fracture Prevention in MAOs. (April 2017)

Dexter F. 15 Years of Progress: Applying Ecological Modeling to Quantify the Diversity and Similarity of Surgical Procedures Among Hospitals. (November 2017)

Jung Y. The Impact of Public Health Insurance Coverage on Physicians' Working Hours Based on Different Levels of Concentration. (September 2017)

Lyu W, Wehby G. The Impact of the ACA Medicaid Expansions on Health Insurance Coverage through 2015 and Coverage Disparities by Age, Race/Ethnicity, and Gender. (February 2017)

Merchant K, Ward M. Effect of Tele-ED on Emergency Department Workforce. (February 2017)

Mobley E. Identifying & Understanding How to Address the Gaps in Care Experienced by Adolescent & Young Adult Cancer Patients at UIHC. (March 2017)

Mueller K. Critical Policy Choices Facing the Republican Champions of Repeal and Replace/Repair. (March 2017)

Mueller K. Future Directions in Health Reform and Need for Research. (October 2017)

Salako A. The Impact of State Scope-of-Practice Regulations on Nurse Practitioner Supply in Health Professional Shortage Areas. (December 2017)

Savelkoul E. An Introduction to Grant Writing. (November 2017)

Shane D. The Impact of the ACA Dependent Coverage Mandate on Use of Dental Treatments and Preventative Services. (April 2017)

Ullrich F. Geography 308: I Know Where I Am, But Where Are You? (February 2017)

Ullrich F. Ten Years of Medicare Part D and Rural Pharmacies. (September 2017)

Vaughn T, Nataliansyah M. Journal Club Discussion: Government Spending in Health and Non-Health Sectors Associated with Improvement in County Health Rankings. (September 2017)

Wehby G. Effects of the Minimum Wage on Long-Term Child Health. (November 2017)

Williams M. Relational Gist, Trust, and Communication: A Healthcare Perspective. (January 2017)

Wolinsky F. Cognitive Training and Depressive Symptoms in Assisted and Independent Senior Living Communities. (October 2017)

Wolinsky F. Cognitive Training and Processing Speed in Assisted and Independent Living: The Mood Study Randomized Control Trial. (September 2017)

Wright B. Personal Responsibility in Medicaid? An Evaluation of Iowa's Healthy Behaviors Program. (September 2017)

Zhu X. Dynamics of Change Agent Engagement: A Set-Theoretic Analysis. (April 2017)

Zhu X. The Journey to Better Quality and Lower Costs: Early Evidence from Medicare Accountable Care Organizations. (October 2017)

Wakefield Award

The Bonnie J. and Douglas S. Wakefield Award recognizes HMP Doctoral students who best exemplify the mission of the HMP PhD Program in terms of excellence or promise of excellence in health services and policy research. The winners for 2017 are Nabil Natafqi and Wei Lyu. These two students were especially commended for their progress on research and publications.

Congratulations, Nabil and Wei!



Nabil Natafqi

Nabil's dissertation examined quality of care and effectiveness of telehealth interventions in Critical Access Hospitals. He had three peer-reviewed publications before graduating in May 2017 which are listed on the following page. He is currently working as a post-doctoral fellow at the University of Maryland.

Wei Lyu

Wei's research focuses on analysis of the effect of minimum wage on infant and child health. He has already published a peer-reviewed publication in 2017, which is listed on the following page.



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Publications by PhD Students

Arora K, Ashida S, **Mobley E**. Evaluating the Consolidation of Iowa's Area Agencies on Aging. Poster paper, Association for Public Policy Analysis and Management Annual Research Conference, Chicago, IL. 2017. <https://appam.confex.com/appam/2017/webprogram/Paper23805.html>.

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