<table>
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<tr>
<th>Total Research Projects:</th>
<th>$11,913,861</th>
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<tbody>
<tr>
<td>27</td>
<td>17</td>
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<tr>
<td>total research projects</td>
<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 Administration, and Liberal Arts and Sciences serve as investigators in a variety of studies. Staff plus master’s degree and doctoral students assist with ongoing research projects.

The Center houses numerous projects led by Center Associates. On average, 20-25 research projects are funded through the Center at any given time. 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 in order to bring leaders in health policy and research from around the country to the University of Iowa to present lectures and meet with faculty and students, in order to foster dialogue among and interact with the College of Public Health and greater UI community. Guest scholars of national and international repute discuss timely and timeless subjects. For example, this year, we were able to host Jonathan Oberlander, PhD, Professor of Social Medicine and Health Policy & Management at the University of North Carolina-Chapel Hill.

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 community.

Enjoy our 2013 Annual Report!

On average, 20-25 research projects are funded through the Center at any given time.
Center Associates

Christopher Atchison, MPA  
Clinical Professor

Research interests: health services, 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

Loreen Herwaldt, MD  
Professor of Internal Medicine - Infectious Diseases

Research interests: identifying risk factors for healthcare-associated adverse events and outcomes, studying and teaching clinician-patient communication, health policy
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 other psychiatric illness

Samuel Levey, PhD
Distinguished Professor

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

A. Clinton MacKinney, MD
Clinical Assistant 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 insurance, applied econometrics, health policy, health reform and physician incentives

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 outcomes, patient safety and quality, rural healthcare
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, health politics and policy

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>Abby Barker</td>
<td>Washington University, St. Louis</td>
</tr>
<tr>
<td>Barbara Braun</td>
<td>The Joint Commission</td>
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<tr>
<td>William Budelier</td>
<td>Epidemiology, The University of Iowa</td>
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<tr>
<td>Joseph Cavanaugh</td>
<td>Biostatistics, The University of Iowa</td>
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<tr>
<td>Jill Scott-Cawiezell</td>
<td>College of Nursing, The University of Iowa</td>
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<tr>
<td>Hsiu-Yin Chiang</td>
<td>Internal Medicine, The 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>Patty Dokken</td>
<td>Stratis Health</td>
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<tr>
<td>Kimberly Dukes</td>
<td>Consultant</td>
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<tr>
<td>Tatiana Formina</td>
<td>University of Bergen</td>
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<tr>
<td>Juan Gili</td>
<td>ECLAMC</td>
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<tr>
<td>Rhinda Goedken</td>
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<td>Joanne Hafner</td>
<td>The Joint Commission</td>
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<td>Jeff Hiris</td>
<td>Brown University</td>
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<td>Michael Jones</td>
<td>Biostatistics, The University of Iowa</td>
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<tr>
<td>Leah Kemper</td>
<td>Washington University, St. Louis</td>
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<td>Rolv Lie</td>
<td>University of Bergen</td>
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<tr>
<td>Jorge Lopez-Camelo</td>
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<tr>
<td>Jennifer Lundblad</td>
<td>Stratis Health</td>
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<tr>
<td>Michelle Martin</td>
<td>Health Management and Policy</td>
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<tr>
<td>Name</td>
<td>Institution</td>
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<tr>
<td>Timothy McBride</td>
<td>Washington University, St. Louis</td>
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<tr>
<td>Deb McKinley</td>
<td>Stratis Health</td>
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<tr>
<td>Kimberly Merchant</td>
<td>Health Management and Policy</td>
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<tr>
<td>Lina Moreno Uribe</td>
<td>College of Dentistry, The University of Iowa</td>
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<tr>
<td>Ron Munger</td>
<td>Utah State University</td>
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<tr>
<td>Nichole Nidey</td>
<td>Pediatrics, The University of Iowa</td>
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<td>Barb Olson</td>
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<tr>
<td>Mariela Pawluk</td>
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<tr>
<td>Dorthe Almind Pedersen</td>
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<td>Eli Perencevich</td>
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<td>Roxane Pfister</td>
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<td>Fernando Poletta</td>
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<td>Heather Reisinger</td>
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<td>Jocelyn Richgels</td>
<td>University of Missouri-Columbia</td>
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<tr>
<td>Chika Richter</td>
<td>College of Dentistry, The University of Iowa</td>
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<tr>
<td>Paul Romitti</td>
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<tr>
<td>Diane Schaeffer</td>
<td>Health Management and Policy</td>
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<tr>
<td>Marin Schweizer</td>
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<tr>
<td>Janelle Shearer</td>
<td>Stratis Health</td>
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<tr>
<td>Kelli Todd</td>
<td>Health Management and Policy</td>
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### Center Affiliates con’t.

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<th>Name</th>
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<tr>
<td>Amal Trivedi</td>
<td>Brown University</td>
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<td>Fred Ullrich</td>
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<td>Smruti Vartak</td>
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<td>Kelli Vellinga</td>
<td>Telligen/Consultant</td>
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<td>Melissa Ward</td>
<td>Internal Medicine, The University of Iowa</td>
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<tr>
<td>Karla Weng</td>
<td>Stratis Health</td>
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<td>Kristi Yeggy</td>
<td>Health Management and Policy</td>
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<tr>
<td>Gideon Zamba</td>
<td>Biostatistics, The 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

**Health Management and Policy GRAs**

<table>
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<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Jure Baloh</td>
<td>Bryant Conkling</td>
</tr>
<tr>
<td>Anthony Eves</td>
<td>Nicholas Howald</td>
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<tr>
<td>Min Jee Lee</td>
<td>Erin Moen</td>
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<tr>
<td>Nabil Natafgi</td>
<td>Matthew Nattinger</td>
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<tr>
<td>Kwame Nyarko</td>
<td>Andrew Potter</td>
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<tr>
<td>Darcelle Skeete</td>
<td>Christopher Stamy</td>
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<td>Patience Ugwi</td>
<td>Paige Wallace</td>
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<tr>
<td>Paula Weigel</td>
<td>Katherine Westfall</td>
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<td>Shawn Zierke</td>
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**GRAs from outside Health Management and Policy**

<table>
<thead>
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<th>Name</th>
<th>Field</th>
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<tr>
<td>Matthew Andersson</td>
<td>Sociology</td>
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<tr>
<td>Colleen Kummet</td>
<td>Biostatistics</td>
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<tr>
<td>Yiyue Lou</td>
<td>Biostatistics</td>
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<tr>
<td>Kirstin Manges</td>
<td>College of Nursing</td>
</tr>
<tr>
<td>Mark Walker</td>
<td>Sociology</td>
</tr>
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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.*
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: $453,560 | Funding Period: 2010 - 2014
This subaward to the University of Iowa from the University of North Carolina involves two primary tasks. These tasks are to respond rapidly to requests for rural data analysis and to conduct issue-specific rural research studies within 9 to 12 months from the date of request for the study.

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: $148,344 | Funding Period: 2010 - 2017
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 web site and the reform web site of the DHHS.

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, Timothy McBride, Thomas Vaughn, Marcia Ward, Xi Zhu
Direct Funds: $1,677,100 | 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.

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: $183,228 | 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.
Updates from the RUPRI Center for Rural Health Policy Analysis

The RUPRI Center is in the second year of its current four-year cooperative agreement with the Federal Office of Rural Health Policy, which supports core capacity and four specific projects each year. Our collaborators at Washington University in St Louis have completed policy briefs tracking enrollment into Medicare Advantage (MA) plans, and analyses of rural-focused MA plan performance on a set of quality indicators being used in payment incentives to MA plans. They have also completed the first products from their analysis of health care marketplaces being developed with the implementation of the Patient Protection and Affordable Care Act (ACA). Investigators in the Center have completed a first round of research focused on the onset of Accountable Care Organizations as authorized by the ACA. Drs. MacKinney, Vaughn, Mueller, and Zhu, along with Fred Ullrich and graduate student analysts, have completed several papers and policy briefs from this work, and more are under review at ORHP. Dr. Ward has directed research related to the spread of telehealth, some of which is available through a policy brief and more will be published soon. Center products are available from its web site: www.ruprihealth.org.

The Center supports the RUPRI Health Panel, which just released its analysis of implementation of the ACA, featured in a highly attended session (standing room only!) at the annual meeting of the National Rural Health Association. The “Second Look” document is available through the Center’s website (linked to the RUPRI web site). This work is funded by The Leona M. and Harry B. Helmsley Charitable Trust. The Helmsley Charitable Trust also funds evaluation work the Center has been doing for three years (project directed by Dr. Ward) of the implementation of hospital-based telehealth services, featured in an article published recently in Health Affairs and a presentation at special forum hosted by the journal in Washington DC, covered by C-SPAN.
STUDIES OF HEALTH CARE TEAMS

Evaluation of TeamSTEPPSTM 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, Xi Zhu
Direct Funds: $1,692,436 | Funding Period: 2010 - 2015
This study is designed to retrospectively and prospectively evaluate in community hospitals the elements of the TeamSTEPPS approach including organizational readiness, culture, training effectiveness, implementation strategies and fidelity, staff behaviors, burden/cost, and outcomes to identify the elements that are most important for success.

Telligen: Quality Improvement and Patient Safety Activities in Iowa’s Critical Access Hospitals
Iowa Department of Public Health
Principal Investigator: Marcia Ward
Direct Funds: $9,609 | Funding Period: 2012 - 2013
Project conducts the evaluations of all Iowa TeamSTEPPS-trained CAHs and develop a report of the outcomes, barriers, lessons learned, and successes. Present findings at QI Coordinator meeting.

Managing Team Boundary and Role Structure in a Multi-Team System to Improve Patient Safety
UI College of Public Health
Principal Investigator: Xi Zhu
Direct Funds: $10,000 | Funding Period: 2013
In the last decade, the health care community has devoted significant efforts to improving patient safety through interventions to improve teamwork and communication among care providers. However, evidence of current intervention effectiveness is relatively limited, and preventable adverse patient events remain common. One challenge that medical teams frequently face, but the current interventions fail to address, is how to manage “fuzzy” team boundaries and role structures in a dynamic clinical environment where multiple, sometimes overlapping, teams coexist (e.g., an emergency department). There is a critical need to investigate how medical teams function in multi-team environments and to develop strategies that can be used to assist care providers to manage team boundaries and role structures in such environments. This pilot project seeks to develop methods and collect preliminary data to study the impact of team boundary and role structure on medical team effectiveness and patient safety.
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 - 2013
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, Jeff Murray, Paul Romitti
Direct Funds: $1,953,992 | 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.

Identifying Determinants of Birth Outcomes in South America
US Department of Health & Human Services, National Institutes of Health
Principal Investigator: George Wehby
Direct Funds: $26,520 | Funding Period: 2010 - 2013
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: $18,788 | Funding Period: 2012 - 2013
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

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 - 2014
Our goal is to contribute to the development of a retirement readiness design process for institutions of higher education.

Methodologies to Adjust for Respondent Status Effects on Health Outcomes
Patient-Centered Outcomes Research Institute (PCORI)
Principal Investigator: Fredric Wolinsky
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.

Physical Frailties in Urban African Americans
Indiana University
Principal Investigator: Fredric Wolinsky
Direct Funds: $191,905 | Funding Period: 2004 - 2013
The objective of this study is to continue annual follow-ups of the 865 surviving members of the original random sample of 998 middle-aged African Americans living in two geographic areas of St. Louis, MO. The project focuses on three specific aims: 1) investigate further the timing, antecedents, sequence, and consequences of the disablement process; 2) study recovery from disablement; and 3) examine longitudinally the antecedents and consequences of sarcopenia.

Use of Health Services by Caregivers in an Older Biracial Population Sample
Rush University Medical Center/US Department of Health & Human Services, National Institutes of Health
Principal Investigator: Fredric Wolinsky
Direct Funds: $156,913 | Funding Period: 2009 - 2013
Informal caregivers are a vital part of the health care system and their importance will grow with the aging of the US population. The general hypothesis is that self-care is compromised among caregivers, especially those experiencing emotional strain, resulting in greater progression of treatable conditions, as shown by patterns of service use.
STUDIES OF HEALTHCARE DELIVERY SYSTEMS

Federally Qualified Health Center and Local Health Department Efforts to Integrate Primary Care and Public Health in Combating Chronic Disease

UI College of Public Health
Principal Investigator: Brad Wright
Direct Funds: $10,000 | Funding Period: 2013
The high prevalence of poorly managed chronic disease in the United States, especially among vulnerable populations, is a key driver of high health care expenditures and suboptimal population health outcomes. While the integration of primary care and public health has the potential to combat chronic disease effectively, the two fields have a long history of operating independently. This is particularly true of federally qualified health centers (FQHCs), which provide primary care, and local health departments (LHDs), which provide a variety of primary care and public health services. Both FQHCs and LHDs are critical components of the health care safety net, but little is known about how their respective functions vary based on the primary care and public health contexts of the communities in which they operate. The overall objective of this study is to understand how FQHCs and LHDs address their shared mission of improving population health.

Do Federally Qualified Health Centers Reduce Hospital-Based Care of Ambulatory Care Sensitive Conditions among Medicaid-Medicare Dual Eligibles?

Retirement Research Foundation
Principal Investigator: Brad Wright
Direct Funds: $65,029 | Funding Period: 2013
America’s 9.7 million dual eligibles—low-income elderly and disabled persons covered by both Medicaid and Medicare—face significant barriers to accessing primary care. Consequently, they are more likely to visit the emergency room or be hospitalized for ambulatory care-sensitive conditions, which could have been prevented or managed with adequate primary care. Dual eligibles also represent a disproportionate share of health care spending, so finding better ways to care for them may yield both improved health outcomes and cost savings. Federally qualified health centers, which provide primary care regardless of ability to pay and offer a variety of non-clinical services to improve access to care, have been shown to effectively manage ambulatory care sensitive conditions. However, dual eligibles’ receipt of care at federally qualified health centers has not been studied. Therefore, the objective of this study is to determine, using Medicare claims data, whether dual eligibles who receive care at a federally qualified health center have lower rates of hospital-based care for ambulatory care-sensitive conditions.

Payment Reform Evaluation

Oregon Association of Hospitals and Health Systems
Principal Investigator: A. Clinton MacKinney
Co-Investigator: Keith Mueller
Direct Funds: $16,343 | Funding Period: 2012 - 2013
The Oregon Association of Hospitals and Health Systems (OAHHS) engaged the RUPRI Center for Rural Health Policy Analysis to assist Oregon’s rural hospitals understand national trends in rural health care payment and explore the implications of an as-yet-undefined Medicaid hospital financing system. The RUPRI Center assisted OAHHS review and select individual rural hospital financial performance metrics and community/population characteristics likely to place local health care providers at financial risk.

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: Jennifer Lundblad, A. Clinton MacKinney, Timothy McBride, Thomas Vaughn, Marcia Ward, Xi Zhu
Direct Funds: $1,363,178 | 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.
Studies of Healthcare Delivery Systems cont.

VA-IPA Wright
US Department of Veterans Affairs, Iowa City Veterans Affairs Medical Center
Principal Investigator: Brad Wright
Co-Investigator: Padmaja Ayyagari
Direct Funds: $89,843 | Funding Period: 2013
Dr Wright will support two Veterans Rural Health Resource Center-Central Region’s projects, “Trends and Variation in Observation Care at VA Hospitals,” and “FQHC Availability and Variation in VA Outpatient Care,” Peter Kaboli, MD, Center Director, and Brad Wright, PhD, Project Leader.

Studies Focused on Healthcare for Specific Diseases

Optimizing Pre-Operative Antibiotic Prophylaxis for Cardiac and Orthopedic Procedures
US Department of Health & Human Services, Agency for Healthcare Research & Quality
Principal Investigator: Loreen Herwaldt
Co-Investigators: Barbara Braun, Joe Cavanaugh, Eli Perencevich, Marcia Ward
Direct Funds: $1,541,787 | Funding Period: 2010 - 2013
This project includes creating a meta-analysis of the literature on pre-operative antibiotic prophylaxis to prevent surgical site infections and assembling existing practice algorithms on this topic. The second phase involves a multi-site trial of the algorithms in practice.

ASCO Study of Geographical Access to Oncology Care
American Society of Clinical Oncology
Principal Investigator: Marcia Ward
Co-Investigators: Charles Lynch, Gerard Rushton, Roger Tracy
Direct Funds: $204,093 | Funding Period: 2010 - 2013
The primary objective of the project is to analyze the supply and demand for oncology services in a specific geographic area.

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: $901,469 | Funding Period: 2011 - 2013
This project determines the impacts of tele-health care in Avera Health hospitals on the delivery of services, patient satisfaction, provider use, and cost of care.
Program Evaluation of AHA’s STEMI Program in South Dakota
American Heart Association
Principal Investigator: Marcia Ward
Direct Funds: $150,000 | Funding Period: 2012 - 2014

Program Evaluation of AHA’s STEMI Program in North Dakota
American Heart Association
Principal Investigator: Marcia Ward
Direct Funds: $110,000 | Funding Period: 2012 - 2014

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
Direct Funds: $154,544 | Funding Period: 2013 - 2016

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
Direct Funds: $58,738 | Funding Period: 2013 - 2015

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.
Over the last decade, observation care—a hospital-based outpatient service used to evaluate and treat acutely ill patients for extended periods—has become an increasingly common, but controversial, alternative to full hospitalization. Proponents argue that observation care represents an alternative to short-stay hospitalization (<48 hours) and a net cost savings to the health care system, while critics argue that observation care shifts the cost burden of expensive inpatient care onto patients and may compromise the quality of care.

There is also significant variation in observation care use—including racial and geographic disparities. It is unclear both what drives these disparities and whether observation care results in better or worse patient-centered outcomes than short-stay hospitalizations.

The topic of observation care is receiving considerable attention among the Medicare population, but has not been widely studied in VA hospitals. While there are considerable differences in payment policy that distinguish the two contexts, Veterans are subject to higher copayments for inpatient admissions versus outpatient observation stays, which has financial implications for both individuals and hospitals. Thus, the overall objective of this project is to document trends in the use of observation care at VA hospitals, understand the causes of geographic (i.e., rural) disparities in the use of observation care among Veterans, and examine the implications of these disparities for patient-centered outcomes.

**Funding Period: 2013**

**Funding Source:**
**US Department of Veterans Affairs**

**Investigator:** Brad Wright  
**Co-Investigator:** Padmaja Ayyagari
### Presentations by CHPR Associates

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<tr>
<th>Speaker</th>
<th>Title</th>
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<td>“State Hygienic Laboratory Report,”</td>
<td>State Board of Health Meeting, State of Iowa, Des Moines, IA. (March 2013).</td>
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<td>“Community Engagement,”</td>
<td>Integrated Health Care Models and Multi-Payer Delivery Systems Study Committee (SIM), The Iowa Legislature, Des Moines, IA. (November 19, 2013).</td>
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<td>“Understanding the Evolution of the Health Care Delivery System,”</td>
<td>Integrated Health Care Models and Multi-Payer Delivery Systems Study Committee (SIM), The Iowa Legislature, Des Moines, IA. (November 19, 2013).</td>
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<td>“Workforce and Delivery Strategies to Ensure Access,”</td>
<td>Integrated Health Care Models and Multi-Payer Delivery Systems Study Committee (SIM), The Iowa Legislature, Des Moines, IA. (November 20, 2013).</td>
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<td>“The Role of the Medicaid Program in the Integrated System: Member Health Engagement,”</td>
<td>Integrated Health Care Models and Multi-Payer Delivery Systems Study Committee (SIM), The Iowa Legislature, Des Moines, IA. (November 20, 2013).</td>
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<td>“The Rural ED as a Flagship Service for the Hospital, Hospital System and Community,”</td>
<td>Comprehensive Advanced Live Support (CALS), Minneapolis, MN. (April 26, 2013).</td>
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MacKinney, A. C., “Health Reform, Transferring Risk, and the Road to Value,” 2013 THA Rural and Community Hospital Symposium, Texas Hospital Association, Dallas, TX. (September 18, 2013).


MacKinney, A. C., “Rural Hospital Strategies for a Value Based Future,” St. Croix Falls Regional Medical Center Board meeting, St. Croix Falls, WI. (December 3, 2013).


Ward, M. M. “Geographic Access to Oncology Care,” National School of Public Health, New University of Lisbon, Lisbon PT. (February 2013).


Navigating the Affordable Care Act in Iowa

The contentious passage of the Affordable Care Act and the problematic rollout of the Federal online insurance exchange resulted in a challenging environment for Iowa consumers and businesses making decisions about health insurance. To help understand Iowans’ views about the law and health care reform more broadly, Dan Shane worked with Pete Damiano and Suzanne Bentler at the UI Public Policy Center and in collaboration with the Iowa Department of Public Health to survey Iowa consumers and businesses about the Affordable Care Act (ACA). They designed survey questions to understand how well Iowans understand the new law, evaluate support for specific provisions of the law, and gauge how comfortable consumers and businesses would be in using an online system to obtain health insurance.

In addition to the surveys, Dr. Shane participated, along with Pete Damiano, in a series of interviews and Q&A sessions regarding the ACA on Ben Kieffer’s “River to River” program on Iowa Public Radio. In addition to reporting findings from their surveys, they discussed “hot” news topics and fielded listener queries about the importance of various aspects of the new law and the potential impact of the problematic rollout of the website on the law and health care reform going forward. They received excellent feedback from listeners and the host and felt that they were able to fill important gaps in information and help Iowans understand how the law will impact them.
Presentations by Outside Researchers

Gerard Rushton, PhD
Professor, Department of Geography, University of Iowa

“Spatial Analysis in Health: Recent Research Studies”

Senator Joe Bolkcom
Iowa State Senator, Assistant Majority Leader

Health Policy Seminar Series: “Contemporary Issues in Health Policy”

David Frisvold, PhD
Assistant Professor of Economics, Tippie College of Business, University of Iowa

“Soft Drink Taxes and Obesity”

Jonathan Oberlander, PhD
Professor of Social Medicine and Health Policy & Management
University of North Carolina-Chapel Hill

Visiting Scholar Series: “The Technocratic Wish: Congress, Medicare and the Politics of Expertise”
Tony LoSasso, PhD
Professor, Health Policy & Administration
University of Illinois at Chicago School of Public Health

“Does Seeing the Doctor More Often Keep You Out of the Hospital?”

Steven Jenison, MD
Public Health and Medical Care Consultant
Santa Fe, NM

Health Policy Seminar Series: “Medicinal Cannabis Debate”

Charlie Bruner, PhD
Executive Director, Child and Family Policy Center
Des Moines, IA

Health Policy Seminar Series: “Securing Iowa’s Future: The Importance of Child Policy”

Sara Rynes, PhD
John F. Murray Professor of Management, Tippie College of Business, University of Iowa

“Leading in the New Wave of Change”
Publications by CHPR Associates


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<th>Author(s)</th>
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<td>Qasim, M., Andrews, R.M.</td>
<td>Despite overall improvement in surgical outcomes since 2000, income-related disparities persist</td>
<td>Health Affairs, 32(10):1773-80</td>
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<td>Solimeo, S., Hein M., Paez, M., Ono, S., Lampman, M., Stewart, G.</td>
<td>Medical homes require more than an EMR and aligned incentives</td>
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<td>True, G., Stewart G.L., Lampman M., Pelak M., and Solimeo S.L.</td>
<td>Teamwork and delegation in medical homes: Primary care staff perspectives in the Veterans Health Administration</td>
<td>Journal of General Internal Medicine, in press</td>
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<td>Wehby, G.L., Nyarko, K.A, Lopez-Camelo, J.</td>
<td>Fetal health shocks and early inequalities in health capital accumulation</td>
<td>Health Econ</td>
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<td>Weigel, P.A., Hockenberry, J.M., Bentler, S.E., Wolinsky, F.D.</td>
<td>Chiropractic use and changes in health among older Medicare beneficiaries: A comparative effectiveness observational study</td>
<td>Journal of Manipulative and Physiological Therapeutics, 36(9): 572-584</td>
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<td>Weigel, P.A., Hockenberry, J.M., Bentler, S.E., Wolinsky, F.D.</td>
<td>The Comparative Effect of Episodes of Chiropractic and Medical Treatment on the Health of Older Adults</td>
<td>Journal of Manipulative and Physiological Therapeutics, in press</td>
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Forthcoming Publications by CHPR Associates


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 winner for 2013 is Kwame Nyarko. Congratulations, Kwame!

Kwame Nyarko is a PhD candidate expecting to graduate in the summer of 2014. Thus far, his research has been focused on the effectiveness of primary and secondary birth anomaly prevention strategies, disparities in early infant health capital, and the effects of national policies on maternal and infant health and childhood development. The first focus examines the effectiveness of various strategies for preventing neural tube defects and orofacial clefts. The second focus deals with inequalities in infant health outcomes. The third investigates various effects of the folic acid fortification mandate. Kwame’s current research interests include maternal and child health, infant health, public health, breastfeeding, nutrition, and health disparities.