<table>
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<tr>
<th>Total Research Projects</th>
<th>$4,621,320</th>
<th>Center Associates</th>
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<tr>
<td>31</td>
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<td>16</td>
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<tr>
<td>Total Direct Annual Research Funding</td>
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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 & 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 2019 Annual Report!

The following pages list faculty, staff, and students who received funding through Center projects in 2019.
Center Associates

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.

Kanika Arora, PhD
Assistant Professor and MPH Faculty Advisor
Research interests: aging, long-term care, intergenerational relations, program evaluation

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

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

Dan Shane, PhD  
Associate Professor  
Research interests: health economics, health insurance, applied econometrics, healthcare reform evaluations, physician incentives and healthcare reform
Hari Sharma, PhD  
Assistant Professor  
Research interests: health economics, costs, quality, disparities, nursing homes

Tanya Uden-Holman, PhD  
Clinical Professor and Associate Provost for Undergraduate Education  
Research interests: public health workforce development, competency-based assessment, applying continuous quality improvement tools in health care organizations

Thomas Vaughn, PhD  
Associate Professor and Interim Associate Dean for Academic Affairs  
Research interests: health services organization and policy, leadership and quality, organizational factors associated with effectiveness

Marcia Ward, PhD  
Professor and Director of Center for Health Policy and Research  
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

Fred Wolinsky, PhD
Professor Emeritus 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
Associate 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 Affiliates

University of Iowa Faculty and Staff Partners

T. Renee Anthony, Occupational & Environmental Health
Knute Carter, Biostatistics
Marsha Cheyney, Occupational & Environmental Health
Jenna Gibbs, Occupational & Environmental Health
Karisa Harland, Emergency Medicine
Elaine Himadi, Emergency Medicine
Raymond Kuthy, Dentistry
Kate Duffus, Health Management and Policy
Kimberly Merchant, Health Management and Policy
Nicholas Mohr, Emergency Medicine
Jocelyn Richgels, Health Management and Policy/RUPRI
Diane Schaeffer, Health Management and Policy
Daniel Sewell, Biostatistics
Fred Ullrich, Health Management and Policy
Kelli Wallace, Emergency Medicine
Paula Weigel, Health Management and Policy
Kristi Yeggy, Health Management and Policy

Graduate Research Assistants

Gabrielle Abouassaly
Abdinasir Ali
Divya Bhagianadh
Redwan Bin Abdul Baten
Delaney Bounds
Emma Cole
J. Alton Croker
Dexter Golinghorst
Huang Huang
Chelsea Keenan
Courtney Klopfenstein
Haomin Li
Wei Lyu
Erin Mobley
Muska Nataliansyah
Onyinye Oyeka
Hannah Rochford
Abiodun Salako
Jason Semprini
Mina Shrestha
Stevland Sonnier
Morgan Swanson
Seamus Taylor
Winnie Uluocha
Tyler Ust
Jayamalathi Vakkalanka
Lili Xu
Organizational Partners, Subcontractors, and Consultants

Abby Barker, Washington University, St. Louis
Mandy Bell, Avera Health
Julie Bobitt, University of Illinois at Urbana Champaign
Amanda Burgess, University of Southern Maine
Paula Carder, Portland State
Diana Carpenter, Pennsylvania Rural Health Model
Victoria Cech, Montana Hospital Association
Jon Christanson, University of Minnesota
Andy Coburn, University of Southern Maine
Catherine Collinson, Transamerica Center for Retirement Studies
Dhaval Dave, Bentley University
Lisa Davis, Pennsylvania State University
Kevin Duff, University of Utah
Matt Fanin, Louisiana State University
Pam Ford-Taylor, University of Southern Maine
Kimberley Fox, University of Southern Maine
Brian Fuller, Consultant
Freddi Segal Gidan, University of Southern California

Mark Holmes, University of North Carolina Chapel Hill
Yvonne Jonk, University of Southern Maine
Robert Kaestner, University of Chicago
Leah Kemper, Washington University, St. Louis
Alana Knudson, University of Chicago
Jennifer Lundblad, Stratis Health
Luke Mack, Avera Health
Timothy McBride, Washington University, St. Louis
Vimal Mishra, Virginia Commonwealth University
Alan Morgan, National Rural Health Association
Susan Nardie, University of Nebraska Medical Center
Stephen North, Center for Rural Health Innovations
Mark Pals, Avera Health
David Palm, University of Nebraska Medical Center
Karen Pearson, University of Southern Maine
George Pink, University of North Carolina Chapel Hill
Randy Randolph, University of North Carolina Chapel Hill
Kristin Reiter, University of North Carolina Chapel Hill
Lindsay Sabik, University of Pittsburgh
George Shaler, University of Southern Maine
Christopher Shea, University of North Carolina Chapel Hill
Jean Talbot, University of Southern Maine
David Terrill, Ball State University
Kali S. Thomas, Brown University
Kristie Thompson, University of North Carolina Chapel Hill
Amal Trivedi, Brown University
Janice Walters, Pennsylvania Rural Health Model
Tanya Wanchek, University of Virginia
Kevin Wellen, CliftonLarsonAllen
Karla Weng, Stratis Health
Wesley Winkelman, University of North Carolina Chapel Hill
Amy Wittrock, Avera Health
Emily Wornell, Ball State University
Impact of the Medicare Disproportionate Share Hospital Payment Cap on Rural and Urban Hospitals

**Paula Weigel, PhD; Fred Ullrich, BA; Keith J. Mueller, PhD**

The Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985 created the Disproportionate Share Hospital (DSH) program as a means of helping hospitals offset some of the costs of providing care to indigent patients. Both Medicare and Medicaid have their own DSH programs using distinct mechanisms for finance and fund allocation. The Medicaid DSH program is a federal-state partnership providing states with flexibility to establish their own rules for making payments to hospitals. Alternately, Medicare DSH payments are made from the federal government directly to qualifying hospitals based on a number of factors including hospital size and location. DSH funds preserve access to care for Medicare and low-income populations by financially assisting the hospitals they use. A number of urban and rural hospitals are affected by a 12 percent cap on their payments from the Medicare DSH program and are impacted by lost revenue (defined as DSH payment amounts exceeding the 12 percent cap). The cap was established in the Medicare Prescription Drug, Improvement, and Modernization Act of 2003. Given that DSH payments are now (beginning in FY 2014) limited to 25 percent of the total DSH burden (per the 2010 Patient Protection and Affordable Care Act), revisiting the cap may be a way to help address the fiscal plight of rural hospitals with minimal cost to the Medicare program.

**Effects of the Patient Protection and Affordable Care Act on Coverage and Access to Care in Metropolitan vs. Non-Metropolitan Areas through 2016**

**George L. Wehby, PhD; Wei Lyu, MS; Dan M. Shane, PhD**

Access to health insurance coverage has changed significantly following changes in public and private insurance due to the Patient Protection and Affordable Care Act (ACA) which was implemented in 2014. Overall, uninsured rates have continuously fallen across the US through 2018, and access to care by various measures has improved.

Using national data through 2016, we found significant improvement in coverage rates, a notable increase in routine medical visits, and a decline in reporting cost as a barrier to seeking care among low-income individuals in non-metropolitan areas. From 2013 to 2016, the implementation of the ACA led to an overall increase in insurance coverage rates of nearly 13 and 11 percentage points in non-metropolitan and metropolitan areas, respectively. Among individuals below 138 percent federal poverty line, Medicaid expansion reduced the likelihood of reporting cost as a barrier to care by nearly 8 percentage points and increased the likelihood of having a routine visit in the past year by 6 percentage points, relative to 2013.

The effects on coverage and routine visits are larger in non-metropolitan areas than in metropolitan areas, suggesting shrinking rural-urban disparities in these outcomes among low-income individuals in states that expanded Medicaid.
Insurer Participation in Rural Health Insurance Marketplaces: Are Some Markets Intrinsically More Competitive Than Others?

Abigail R. Barker, PhD; Timothy D. McBride, PhD; Keith J. Mueller, PhD

Recent policies aiming to improve existing individual insurance markets have relied on market competition. However, the success of such an approach depends on the presence of at least a handful of insurers in each local market. This brief reports on analyses of insurer participation data in three market-based health insurance programs - the Federal Employees Health Benefits Program (FEHBP) Medicare Advantage (MA), and Health Insurance Marketplaces (HIMs) - to assess the extent to which participation in HIMs may be associated with prior levels of local market competition, holding constant other relevant factors such as population measures.

Years of evidence across three market-based health insurance programs clearly indicate that rural places are less competitive. Our findings suggest that while this is due in part to the limitations of small populations, low population density, and fewer available providers, other factors are also at work. Future research is needed to better understand the underlying issues that are driving these findings as well as their potential to be addressed through changes in State or Federal policy. It may be that the answers are different in different rural places, and a better understanding of this nuance is needed as well.

Comparing Rural and Urban Medicare Advantage Beneficiary Characteristics

Abigail Barker, PhD; Lindsey Nienstedt, BA; Leah Kemper, MPH; Timothy McBride, PhD; and Keith Mueller, PhD

The Medicare Advantage (MA) program allows Medicare beneficiaries to receive benefits from private plans rather than from traditional fee-for-service Medicare. Little is known about the rural and urban differences in the populations that enroll in the MA program, and these differences may be important for setting policy.

This analysis contributes to our understanding of the MA experience of rural beneficiaries, finding that in many ways there are not systematic differences between rural and urban MA beneficiaries in terms of their observed health characteristics. There is no evidence in Medicare advantage beneficiary characteristics data that issuers provide lower quality benefits in rural areas. Since we observed that issuers tend to avoid rural counties in general, but not on the basis of demographic characteristics, this suggests that other issues, such as the raw numbers of potential enrollees over whom to spread risk and/or issuers’ ability to form provider networks, may be more important factors.
Primary Care Clinician Participation in the CMS Quality Payment Program

A. Clinton MacKinney, MD, MS; Fred Ullrich, BA; Keith J. Mueller, PhD

On March 26, 2015, Congress passed the Medicare and CHIP Reauthorization Act (MACRA) of 2015 (H.R. 2) with considerable bipartisan support. As part of MACRA, the Quality Payment Program (QPP) established a new physician (and other clinical professionals) payment system within the Medicare Physician Fee Schedule, incorporating financial incentives and penalties based on performance. The Centers for Medicare and Medicaid Services reports that the goal of the QPP is to “improve health outcomes, promote smarter spending, minimize burden of participation, and provide fairness and transparency in operations.” However, to achieve these goals, physicians (and other clinicians) must participate.

The analysis of the QPP Performance Year 2017 finds that while over 10 percent of primary care clinicians participate in an Advanced Alternative Payment Models (A-APM,) nearly 60 percent of primary care clinicians do not participate in either an A-APM or the Merit-based Incentive Payment System (MIPS). Of the 30 percent of primary care clinicians who participate in MIPS, approximately 70 percent are designated with a special status that requires alternative performance reporting. Thus, only 9.9 percent of primary care clinicians report the original MIPS performance measures. Our results suggest that new, risk-bearing primary care models are less available in non-metropolitan areas and this information can be used to identify opportunities to extend the QPP to more clinicians serving non-metropolitan populations.

Medicare Advantage Enrollment Update 2018

Onyinye Oyeka, MPH; Fred Ullrich, BA; and Keith Mueller, PhD

In March 2018, more than 20.5 million Medicare beneficiaries (34.3 percent of eligible beneficiaries) were enrolled in Medicare Advantage (MA) plans. The national rate of enrollment growth moderated in 2018, 2.4 percent from 2017, in comparison to 5.0 percent the year before. The nonmetropolitan rate of MA enrollment was lower than the national rate (24.6 percent, 2.64 million beneficiaries), but growth in the nonmetropolitan enrollment rate in MA plans was higher than the national rate in 2018 at 4.7 percent. Between March 2017 and March 2018, the total number of beneficiaries enrolled in MA plans—both overall and in nonmetropolitan counties—increased in every state except one.

Continuing the trends seen in previous years, 2018 saw a slight increase in the proportion of rural MA enrollees in local Preferred Provider Organizations (PPOs) and a slight decrease in the proportion of enrollees in regional PPOs. This trend was seen in both metropolitan and in nonmetropolitan areas. However, the nonmetropolitan pattern shows an initial high percent enrollment in private fee-for-service plans shifting largely to PPOs, and most dramatically to local PPOs, which now account for over 40 percent of nonmetropolitan enrollment.
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
Annual Direct Funds: $536,901 | Funding Period: 2010 - 2020

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.

Rural Health Value Program
US Department of Health & Human Services, Health Resources & Services Administration
Principal W: Keith Mueller
Co-Investigators: A. Clinton MacKinney, Thomas Vaughn, Xi Zhu
Annual Direct Funds: $373,492 | Funding Period: 2012 - 2019

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
Annual Direct Funds: $70,120 | Funding Period: 2014 - 2020
The Montana Health Education and Research Foundation, in partnership with the Rural Policy Research Institute, works 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.

RUPRI Consulting on WE KAN Project with Washburn University
Washburn University
Principal Investigator: Keith Mueller
Co-Investigator: A. Clinton MacKinney
Annual Direct Funds: $42,975 | 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.

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
Annual Direct Funds: $104,727 | Funding Period: 2010 - 2019
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.

Rural Policy Analysis Program
US Department of Health & Human Services, Health Resources & Services Administration
Principal Investigator: Keith Mueller
Annual Direct Funds: $188,177 | 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.
Pennsylvania Rural Health Model
US Department of Health and Health Services
Principal Investigator: Keith Mueller
Annual Direct Funds: $102,502 | Funding Period: 2019 - 2019

The Pennsylvania Rural Health Model seeks to test whether care delivery transformation in conjunction with hospital global budgets increase rural Pennsylvanians’ access to high-quality care and improve their health, while also reducing the growth of hospital expenditures across payers.

Developing a Request for Proposal to Establish the Rural Health System Innovation Center in Georgia
Georgia Department of Community Health
Principal Investigator: Keith Mueller
Annual Direct Funds: $3,891 | Funding Period: 2018 - 2019

This award supports the consultation and related services to assist the Georgia Department of Community Health in efforts to develop their own Rural Health System Innovation 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
Annual 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.

Pennsylvania Rural Health Model (PARHM)
US Department of Health and Health Services
Principal Investigator: Keith Mueller
Annual Direct Funds: $112,014 | Funding Period: 2019 - 2019

Rural Health Value aims to implement a technical assistance process for Pennsylvania Rural Health Model (PARHM) hospital transformation plan (TP) development, as well as support cohort hospitals in updating their TP plans and provide consultation as requested.

Support for Planning and Implementation for Rural Poverty Conference and Policy Network
Annie E. Casey Foundation
Principal Investigator: Jocelyn Richgels
Co-investigator: Charles Fluharty
Annual Direct Funds: $40,909 | Funding Period: 2017 - 2019

This grant supports the implementation of a rural poverty research conference in March 2018, Assessing Policy Innovations for Reducing Rural Poverty: A Research Conference Marking the 50th Anniversary of The People Left Behind, and to support a network of rural poverty researchers and policymakers.
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: Knute Carter, Nicholas Mohr, Dan Shane, Xi Zhu
Annual Direct Funds: $121,456 | Funding Period 2016 – 2019
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: Knute Carter, A. Clinton MacKinney, Nicholas Mohr, Keith Mueller, Xi Zhu
Annual Direct Funds: $781,116 | 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.

Avera and University of Iowa Helmsley Tele-Behavioral Health Grant
Avera Health/Leona M. and Harry B. Helmsley Charitable Trust
Principal Investigator: Marcia Ward
Co-Investigator: Nicholas Mohr
Annual Direct Funds: $98,361 | Funding Period 2018 – 2020
This project evaluates new models of tele-behavioral health delivered by Avera Health.
Studies Across the Lifespan

Dental Health and Academic Achievement Among Children in Medicaid

US Department of Health & Human Services, National Institutes of Health  
Principal Investigator: George Wehby  
Annual Direct Funds: $100,000 | Funding Period: 2017 - 2019

This project aims to identify the effects of dental problems and early access to preventive dental care and treatments on children’s educational achievement using unique linkages between the Iowa Medicaid data, birth certificate, academic achievement outcomes, and sibling and classmate comparisons.

Cannabis and Older Persons Study

Illinois Department of Public Health/University of Illinois at Urbana-Champaign  
Principal Investigator: Brian Kaskie  
Annual Direct Funds: $54,871 | Funding Period: 2017 - 2019

This study examines what is known about the intersection between cannabis and the aging American population, reviews trends concerning cannabis use, and applies the age–period–cohort paradigm to explicate varied pathways and outcomes.
**Effects of the Minimum Wage on Long-Term Child Health and Development**

Robert Wood Johnson Foundation  
Principal Investigator: George Wehby  
Annual Direct Funds: $113,577 | Funding Period: 2018 - 2020

This study evaluates the effects of the minimum wage on child development, including physical and mental health, socioemotional development, cognition, and standardized test scores in order to assess the effects of the minimum wage at different stages of childhood and examine both long- and short-term effects of minimum wage changes.

**Cognitive Training and Practice Effects in MCI**

University of Utah/US Department of Health & Human Services, National Institutes of Health  
Principal Investigator: Fredric Wolinsky  
Annual Direct Funds: $19,072 | Funding Period: 2014 - 2019

This project focuses on determining whether an active intervention group receiving 40 hours of advanced cognitive training focusing on processing speed and auditory memory vs. an attention control group receiving 40 hours of games that are not known to train cognitive function (e.g., crossword puzzles) can improve cognitive function in people with mild cognitive impairment, and whether that cognitive improvement will endure for at least one year.
Illuminating the Intersection between Older Persons and Medical Cannabis

Retirement Research Foundation
Principal Investigator: Brian Kaskie
Co-Investigators: Kanika Arora
Annual Direct Funds: $109,358 | Funding Period: 2017 - 2019

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.

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

Iowa Cancer Consortium
Principal Investigator: Erin Mobley
Annual Direct Funds: $10,484 | Funding Period: 2017 - 2019

The two primary aims of this study are to identify barriers to clinical trial enrollment for Adolescents and Young Adults and to test whether clinical trial enrollment changed as a result of various initiatives implemented.

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

Montana Health Research and Education Foundation, U.S. Health Resources & Services Administration
Principal Investigator: Keith Mueller
Co-Investigators: A. Clinton MacKinney
Annual Direct Funds: $70,120 | Funding Period: 2014 - 2020

The Montana Health Education and Research Foundation, in partnership with the Rural Policy Research Institute, works 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.

Insurance Coverage Policies and Outcomes of Children with Oral Clefts

US Department of Health & Human Services, National Institutes of Health
Principal Investigator: George Wehby
Annual Direct Funds: $118,304 | Funding Period: 2016 - 2019

The study examines 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 policies capturing both timeliness and frequency of use.

Do State Regulations Affect the Outcome of Assisted Living Residents with Dementia?

US Department of Health & Human Services, National Institutes of Health, Brown University
Principal Investigator: Brian Kaskie
Annual Direct Funds: $105,000 | Funding Period: 2018 - 2019

Over the past two decades, assisted living (AL) has rapidly emerged as a preferred residence for many older and disabled adults who require long-term care. This policy study analyzes states’ residential care and assisted living (RC/AL) regulations for dementia care requirements.
Studies of Healthcare Delivery and Use

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
Annual Direct Funds: $276,950 | 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.

Alabama Primary Health Care Association Exceptional Leadership Training

Alabama Primary Health Care Association (APHCA)
Principal Investigator: Dan Gentry
Annual Direct Funds: $13,000 | Funding Period: 2019

The project involved conducting four two-day trainings at the APHCA facilities on “Exceptional Leadership.”

Investigating the Effects of Mandating Pediatric Oral Health Services as Essential Health Benefits

National Institutes of Health
Principal Investigator: Dan Shane
Co-Investigators: George Wehby
Annual Direct Funds: $100,000 | Funding Period: 2019 - 2021

This project explores the relationship between dental coverage and dental services utilization with an analysis of a natural experiment of increasing private dental coverage stemming from the Affordable Care Act’s dependent coverage mandate.

Connected Cancer Care: EHR Communication Networks in Virtual Cancer Care Teams

Agency for Healthcare Research and Quality
Principal Investigator: Xi Zhu
Annual Direct Funds: $128,813 | Funding Period: 2019 - 2021

The overall research objective is to develop methods for measuring electronic health record (EHR) communication networks—defined as EHR-based information sharing connections among healthcare providers—in virtual care teams and to examine the relationship between EHR communication networks and care quality.
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  
Annual Direct Funds: $125,000 | 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.

The Impact of Recent Medicaid Expansions on Dental Services

US Department of Health & Human Services, National Institutes of Health  
Principal Investigator: George Wehby  
Annual Direct Funds: $100,000 | Funding Period: 2018 - 2019

This study examines the effects of the Affordable Care Act Medicaid expansions on use of dental services among low-income adults using nationally representative data and quasi-experimental designs.

The Role and Arts and Culture Capital in Rural Innovation and Entrepreneurship: A Research Action Plan

US Department of Agriculture  
Principal Investigator: Charles Fluharty  
Co-Investigator: Jocelyn Richgels  
Annual Direct Funds: $48,000 | Funding Period: 2018 - 2021

RUPRI is hosting a conference, with the support of USDA, to develop a research agenda for understanding the depth of rural cultural wealth and community needs to support rural culture.

Planning and Evaluation Core of Great Plains Center for Agricultural Health (GPCAH)

US Department of Health & Human Services, Centers for Disease Control & Prevention  
Principal Investigator: Kanika Arora  
Annual 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 outcomes; 2) describe a structured method for assessing GPCAH activities; 3) describe the process for providing feedback to assist with continuous improvement efforts and planning.

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  
Annual Direct Funds: $50,000 | Funding Period: 2016 - 2019

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

Projects underway for 2019-2020

Continuing Data Collection on a Common Set of Measures for the School-Based TNGP Grantees

Lead researcher: Marcia M. Ward, PhD
Project funded: September 2019
Anticipated completion date: August 2020
The primary purpose of this project is to continue data collection from School-Based Telehealth Network Grant Program (SB TNGP) grantees to evaluate school-based telehealth using a common set of measures that will help build the evidence base and inform future policy changes and sustainability efforts.

Investigating Differences in School-Based Telehealth Implementation and Services in the School-Based TNGP Grantees

Lead researcher: Marcia M. Ward, PhD
Project funded: September 2019
Anticipated completion date: August 2020
The principal goal of this project is to gather contextual information from School-Based Telehealth Network Grant Program (SB TNGP) grantees regarding project design and implementation, and the practicalities of delivering telehealth services in school settings that will help explain the heterogeneity found in the data across the grantees.

Launching Data Collection on a Common Set of Measures for the EB THNP and SAT TNGP Grantees

Lead researcher: Marcia M. Ward, PhD
Project funded: September 2019
Anticipated completion date: August 2020
The primary purpose of this project is to launch data collection among Evidence-Based Tele-Behavioral Health Network Program (EB THNP) and Substance Abuse Treatment Telehealth Network Grant Program (SAT TNGP) grantees on a common set of measures.

Telehealth for Heart Attack and Stroke in Rural Hospitals

Lead researcher: Christopher M. Shea, PhD, MA, MPA
Project funded: September 2019
Anticipated completion date: August 2020
The primary purpose of this project is to examine telehealth for heart attack and stroke in national samples of hospitals by reviewing trends and factors in adoption of these telehealth services and implementation strategies across levels of rurality.
The Rural Telehealth Research Center brings together the expertise of researchers from three major universities, all with experience in rural healthcare services and environments.

Publications


Partners

The Rural Telehealth Research Center brings together the expertise of researchers from three major universities, all with experience in rural healthcare services and environments.
Publications by CHPR Associates


<table>
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<th>Reference</th>
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<td>Medicare Coverage on children's health coverage.</td>
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<td>Ward MM, Mohr NM. Telemedicine is associated with rapid transfer and</td>
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<td>fewer involuntary holds among patients presenting with suicidal ideation</td>
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<td>Vaughn T, Ullrich F, Nataliansyah M, Mueller KJ. Strategic choice in</td>
<td>Rural Policy Brief, RUPRI Center for Rural Health Policy Analysis. 2019</td>
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<td>developing telemedicine: Observations from three organizations.</td>
<td>Dec.</td>
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<td>Wehby GL, Lyu W, Shane D. Effects of the patient protection and Affordable</td>
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<td>Care Act on coverage and access to care in metropolitan vs. non-</td>
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<td>metropolitan areas through 2016.</td>
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<td>dental visits by dental coverage generosity and dentist supply.</td>
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<td>Laws S, Ward MM. Tele-emergency behavioral health in rural and underserved</td>
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<td>areas.</td>
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<td>JP, Ward MM. Pediatric tele-emergency care: A study of two delivery</td>
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<td>models.</td>
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<td>Weigel P, Ullrich F, Mueller, KJ. Impact of the Medicare disproportionate</td>
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<td>share hospital payment cap on rural and urban hospitals.</td>
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<td>electronic communication networks in virtual care teams using electronic</td>
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## Presentations by CHPR Associates

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Zhu X. Disagreement on expertise in interprofessional care teams: Why it matters and where it comes from. Department of Health Policy and Administration, Penn State University, University Park, PA. November 2019.


Seminar Series Presentations

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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 2019 are Divya Bhagianadh and Haobing Qian. These two students were especially commended for their progress on research and publications.

Divya Bhagianadh

Divya’s paper examined effects of dementia diagnosis on health behavior changes. She also has been engaged in several other projects simultaneously. Divya is examining effects of state legalization of marijuana on place of death for older adults.

Haobing Qian

Haobing’s paper is examining the causal effects of the earned income tax credit program on maternal health. Likewise, Haobing is developing additional work to projects outside of this scope. Haobing is examining effects of the earned income tax credit on access to health services and preventive care.
# Publications by PhD Students
