

ANNUAL REPORT

2020

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



29

total research projects

\$4,941,518

total direct funding by research

14

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 2020 Annual Report!

The following pages list faculty, staff, and students who received funding through Center projects in 2020, Friday Seminar Series presentations, research projects, publications and presentations by Center Associates and PhD students, plus highlights on several projects.

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.



Ken Anderson, DO, MS

Clinical Associate Professor and EMHA Program Director

Research interests: provider leadership in health systems, healthcare quality and safety system design, healthcare innovation, health care value, impact of social and behavioral determinants of health



Kanika Arora, PhD

Assistant Professor

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



Brian Kaskie, PhD

Associate Professor

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



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: Affordable Care Act, delivery of healthcare in rural areas, rural health policy



Dan Shane, PhD

Associate Professor and Interim MHA Program Director

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



Hari Sharma, PhD

Assistant Professor

Research interests: health economics, costs, quality, disparities, nursing homes



Tanya Uden-Holman, PhD

Clinical Professor and UI Associate Provost for Undergraduate Education

Research interests: workforce development, quality improvement and patient safety



Thomas Vaughn, PhD

Associate Professor and Interim CPH 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 Center for Health Policy and Research Director

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



George Wehby, PhD

Professor, John W. Colloton Chair, and Academic 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 Emeritus

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



Xi Zhu, PhD

Associate Professor and Interim MHA Program Director

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

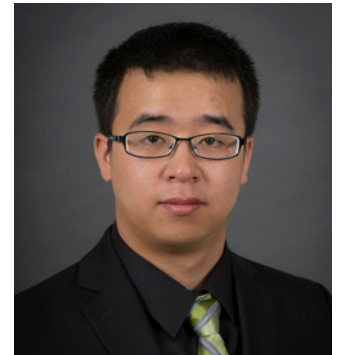
Article about mask-wearing by Lyu and Wehby is most read and highest scorer in 2020

Of all the articles published in Health Affairs in 2020, “Community Use of Face Masks and COVID-19 Evidence from a Natural Experiment of State Mandates in the US” by Wei Lyu and George Wehby placed first in Top 20 list of most read. Published in June, the article studies the effect of face cover mandates across states between April 1 and May 21, 2020.

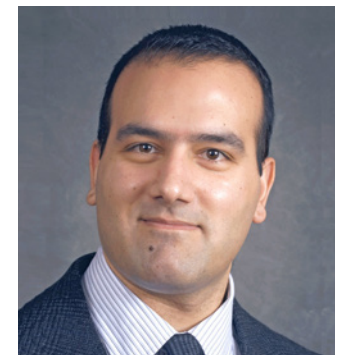
According to the authors, US states mandating the use of face masks in public had a greater decline in daily COVID-19 growth rates after issuing these mandates compared with states that did not issue mandates, which resulted in preventing as many as 230,000–450,000 US COVID-19 cases by May 22, 2020. Since its publication, the study has been repeatedly cited, both in the media and in a range of other sources and discussions about the benefits of face coverings.

Further, the article received the highest Altmetric Attention Score of all time since publication. The Altmetric Score for a research product provides an indicator of the amount of attention that it has garnered. At the end of 2020, Lyu and Wehby paper’s captured attention in nine countries. It was cited 137 times and tweeted more than 10,000 times with over 90 percent of tweets coming from the public.

In addition, Wehby and Lyu’s Health Affairs article, “Shelter-In-Place Orders Reduced COVID-19 Mortality and Reduced the Rate of Growth in Hospitalizations,” which was published in July, ranked 20th on the journal’s list of most read for 2020.



Wei Lyu



George Wehby

The article is available at <https://www.healthaffairs.org/doi/10.1377/hlthaff.2020.00818>



Photo: Lars Maxson

Center Affiliates

University of Iowa Faculty and Staff Partners

T. Renee Anthony, Occupational & Environmental Health

Delaney Bounds, Health Management and Policy

Knute Carter, Biostatistics

Marsha Cheyney, Occupational & Environmental Health

Kate Duffus, Health Management and Policy

Dan Gentry, Health Management and Policy

Karisa Harland, Emergency Medicine

Kimberly Merchant, Health Management and Policy

Erin Mobley, University of Florida

Nicholas Mohr, Emergency Medicine

Jocelyn Richgels, Health Management and Policy/RUPRI

Diane Schaeffer, Health Management and Policy

Daniel Sewell, Biostatistics

Denise Szescei, Mathematics

Fred Ullrich, Health Management and Policy

Kelli Wallace, Emergency Medicine

Kristi Yeggy, Health Management and Policy

Graduate Research Assistants

Gabriela Abouassaly

Abdinasir Ali

Divya Bhagianadh

Redwan Bin Abdul Baten

Joanne Constantin

J. Alton Croker

Amra Dolic

Khyathi Gadag

Venkataraman

Dexter Golinghorst

Huang Huang

Joel James

Chelsea Keenan

Courtney Klopfenstein

Haomin Li

Wei Lyu

Muska Nataliansyah

Onyinye Oyeka

Hannah Patrick

Hannah Rochford

Jason Semprini

Mina Shrestha

Stevland Sonnier

Morgan Swanson

Erin Taber

Seamus Taylor

Priyanka Vakkalaka

Lili Xu

Photo: Xavi Moll



Organizational Partners, Subcontractors, and Consultants

Abby Barker, Washington University, St. Louis

Mandy Bell, Avera Health

Julie Bobitt, University of Illinois at Chicago

Amanda Burgess, University of Southern Maine

Diana Carpenter, Pennsylvania Rural Health Model

Victoria Cech, Montana Hospital Association

Jon Christenson, 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

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

Laura Grangaard, Stratis Health

Candy Hanson, Stratis Health

Mark Holmes, University of North Carolina Chapel Hill

Yvonne Jonk, University of Southern Maine

Robert Kaestner, University of Chicago

Amy Kelley, Mount Sinai

Leah Kemper, Washington University, St. Louis

Alana Knudson, University of Chicago

Linda Li, Washington University, St. Louis

Jennifer Lundblad, Stratis Health

Luke Mack, Avera Health

Timothy McBride, Washington University, St. Louis

Deb McKinley, Stratis Health

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

David Palm, University of Nebraska Medical Center

Mark Pals, Avera Health

Seth Parsons, Avera Health

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

Heather Reisinger, U.S. Department of Veterans Affairs, Office of Rural Health

Lindsay Sabik, University of Pittsburgh

Susan Severson, Stratis Health

George Shaler, University of Southern Maine

Christopher Shea, University of North Carolina Chapel Hill

Bill Sonterre, Stratis Health

Jean Talbot, University of Southern Maine

David Terrill, Ball State University

Kali S. Thomas, Brown University

Kristie Thompson, University of North Carolina Chapel Hill

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

Douglas Wolf, Syracuse University

Emily Wornell, Ball State University

Brad Wright, University of North Carolina Chapel Hill

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



Xi Zhu

Rural Hospital Participation in Medicare Accountable Care Organizations

Xi Zhu, Fred Ullrich, Huang Huang, and Keith Mueller | April 2020

This policy brief summarizes national and regional rates of rural hospital participation in Medicare Shared Savings Program Accountable Care Organizations (ACOs) and identifies factors associated with ACO participation. In 2018, the Centers for Medicare & Medicaid Services reported that 1,517 prospective payment system hospitals and 421 Critical Access Hospitals participated in 561 Medicare Shared Savings Programs (SSP) Accountable Care Organizations (ACOs). However, most rural hospitals have not yet participated in ACOs or other value-based payment models. This project searched for factors influencing rural hospital participation in the SSP.

Health Care Professional Workforce Composition Before and After Rural Hospital Closure

Erin Mobley, Fred Ullrich, Redwan Bin Abdul Baten, Mina Shrestha, and Keith Mueller | April 2020

This policy brief examines the composition of the local healthcare workforce before and after rural hospital closure to reveal any associations with discontinuation of inpatient services in rural communities. The impact of the closure of a hospital in a rural community can be particularly severe. In addition to the loss of inpatient services, hospital closure also frequently triggers the loss of other community healthcare resources, including healthcare providers. National Provider Identifier data was used to examine changes in the local healthcare workforce prior to, and following, the closure of hospitals in 85 rural communities between 2010 and 2019.



Erin Mobley



Fred Ullrich

County-Level 14-Day COVID-19 Case Trajectories

Fred Ullrich and Keith Mueller | May 2020

Many locations in the U.S. are relaxing their community-level COVID-19 mitigation measures. But one of the key “gating” indicators for doing this is a downward trajectory of new cases during a 14-day period. This data brief uses data from USA Facts to look at the number of new confirmed cases in metropolitan, nonmetropolitan, and noncore counties from the two-week period May 3, 2020 – May 16, 2020. The rural data brief examines county-level 14-day trajectories for new confirmed COVID-19 case.

Photo: Michael Cragg

Access to Medicare Part D Plans: A Comparison of Metropolitan and Nonmetropolitan Areas

Muska Nataliansyah, Abiodun Salako, Fred Ullrich, and Keith Mueller | May 2020

This policy brief updates previous reports on rural activity in the Medicare Part D program (MA-PD). Comparisons are made across county type, within type of Part D plan (standalone and part of Medicare Advantage plans), and between the types of plans within county classifications. MA-PD plans were offered in lower numbers in noncore counties (compared to metropolitan and micropolitan counties), were found to have higher monthly premiums, and were less likely to offer enhanced benefits. Of most concern, the brief shows that 10.6% of noncore counties have no MA-PD plans available, and 8.7% have only one plan offered.



Muska Nataliansyah

Telepharmacy Rules and Statutes: A 3-Year Update for all 50 States

Jason Semprini, Fred Ullrich, and Keith Mueller | July 2020

This policy brief analyzed administrative rules and legislative statutes governing each state's pharmacy practice. Key features of telepharmacy regulations were investigated for comparative analysis. Twenty-one states currently authorize retail telepharmacy, but between these states the regulatory activity varies considerably. After investigating all administrative rules and legislative statutes governing each state's pharmacy practice, states were comparatively analyzed for the following telepharmacy regulatory features: geographic restrictions, permitted providers, staffing requirements, and inter-state accessibility.



Jason Semprini

Medicare Advantage Enrollment Update 2019

Abdinasir Ali, Fred Ullrich, and Keith Mueller | October 2020

This policy brief continues the RUPRI Center's annual series of Medicare Advantage (MA) enrollment updates. In addition to tracking overall and metropolitan/nonmetropolitan enrollment, this brief also reports on changes in enrollment in types of MA plans. The Center's ongoing line of inquiry also considers policy changes from previous years that may have impacted MA plan enrollment. permitted providers, staffing requirements, and inter-state accessibility.



Abdinasir Ali



Research Projects

Photo: Daria Nepria

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: \$496,485 | Funding Period: 2010 – 2024

This cooperative agreement funds the RUPRI Center for Rural Health Policy Analysis. The Center uses 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 guides analysis of the impact of public policies on achieving a more desirable future for rural health services.

VA's Office of Rural Health Center for the Evaluation of Enterprise-Wide Initiatives (CEEWI)

U.S. Department of Veterans Affairs, Office of Rural Health

Principal Investigator: Kanika Arora

Annual Direct Funds: \$27,000 | Funding Period: 2020 – 2021

This project is in partnership with the Office of Rural Health (ORH)-QUERI Partnered Evaluation Center (PEC). The goal of this project is to assess implementation evaluations conducted in the Enterprise Wide Initiative (EWI) Program and recommend revisions and improvements in the overall evaluation process. Findings from an analysis of evaluation reports will be incorporated into training sessions for the EWI evaluators.

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

US Department of Agriculture

Principal Investigator: Jocelyn Richgels

Annual Direct Funds: \$48,000 | Funding Period: 2018 – 2021

This award provides support for the development of a conference aimed at understanding the depth of rural cultural wealth and community needs to support rural culture.

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: \$477,274 | Funding Period: 2019 – 2022

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

Annual Direct Funds: \$125,728 | Funding Period: 2010 – 2021

The RUPRI Center for Rural Health Policy Analysis continues to update its database of Medicare Accountable Care Organizations (ACOs) as they are approved and as some withdraw from the program so that the dataset is available for rapid response analysis requests from the HRSA Federal Office of Rural Health Policy.

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, Xi Zhu

Annual Direct Funds: \$381,680 | Funding Period: 2012 – 2023

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 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-Investigator: A. Clinton MacKinney

Annual Direct Funds: \$76,003 | Funding Period: 2017 – 2021

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



Rural Policy Analysis Program

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

Principal Investigator: Keith Mueller

Annual Direct Funds: \$149,374 | Funding Period: 2017 – 2021

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

Global Budgeting Training Seminar

National Rural Health Resource Center

Principal Investigator: A. Clint MacKinney

Annual Direct Funds: \$1,560 | Funding Period: 2020-2020

In this webinar, Dr. MacKinney discussed hospital global budgets as provided in the Maryland Total Cost of Care and Pennsylvania Rural Health Models. Unfettered by fee-for-service, hospital global budgets require new management priorities and allow attention to social determinants of health.

Pennsylvania Rural Health Model

Pennsylvania State University/US Department of Health & Health Services, Centers for Medicare & Medicaid Services

Principal Investigator: Keith Mueller

Co-Investigator: A. Clinton MacKinney

Annual Direct Funds: \$112,014 | Funding Period: 2019 – 2020

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.

Rural Health Information Hub (RHihub) for FORHP Cooperative Agreement

University of North Dakota/US Department of Health & Human Services, Health Resources & Services Administration

Principal Investigator: Jocelyn Richgels

Annual Direct Funds: \$24,000 | Funding Period: 2014 – 2021

This Cooperative Agreement supports the work of the Rural Health Information Hub, which is funded by the HRSA Federal Office of Rural Health Policy.

Arora evaluates delivery of home and community-based services to older adults



Kanika Arora

Kanika Arora and colleagues evaluated the 2013 consolidation of Iowa's Area Agencies on Aging (AAA) on the delivery of home and community-based services (HCBS) to older adults in the state. A mixed-methods approach combined a quasi-experimental design using longitudinal service delivery data with qualitative analyses of surveys and interviews with AAA staff and clients.

Overall, consolidation had no detectable effect on the proportion of older adults served by the AAAs. Subgroup analysis showed that consolidation increased the average proportion of older adults served in nonmetropolitan counties and the proportion served through congregate meals. AAA staff and clients described both positive and negative aspects of consolidation. Positive aspects included better collaboration across agencies and improved consistency in services. However, negative aspects included significant challenges with completing consolidation processes and challenges in serving expanded geographic areas. As the American population ages and budgetary allocations tighten, findings from this evaluation can inform other states considering similar restructuring efforts. This study's findings were published in 2020 in the *Journal of Applied Gerontology*.

The study was published in the Journal of Applied Gerontology, and is available at <https://pubmed.ncbi.nlm.nih.gov/30600748/>



Photo: Dominik Lange
Opposite: Mark Blass



Studies Focused on Telehealth

Rural Health Research Grant Program 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, Xi Zhu

Annual Direct Funds: \$635,908 | Funding Period: 2015 – 2020

The goal of this cooperative agreement is to work with the HRSA Federal Office of Rural Health Policy to contribute to the evidence base for telehealth. This agreement supports the Rural Telehealth Research Center which includes researchers at the University of Iowa, University of North Carolina-Chapel Hill, and University of Southern Maine. These researchers conduct four research or evaluation projects each year focused on a range of telehealth 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

Annual Direct Funds: \$716,226 | Funding Period: 2020 – 2024

This cooperative agreement is a refunding of the Rural Telehealth Research Center by the HRSA Federal Office of Rural Health Policy. Researchers conduct five projects each year that research novel telehealth applications or evaluate HRSA-funded telehealth network grant programs. The overall goal is to contribute to the evidence base for telehealth.

Avera and University of Iowa Helmsley Tele-Behavioral Health Grant

Avera Health/The Leona M. and Harry B. Helmsley Charitable Trust

Principal Investigator: Marcia Ward

Co-Investigator: Nicholas Mohr

Annual Direct Funds: \$231,694 | Funding Period 2018 – 2021

This project evaluates new models of tele-behavioral health delivered by Avera Health. One new model includes an expansion of Avera tele-behavioral health services to include psychiatric coverage of emergency departments, inpatient medical units, and inpatient psychiatric units in small rural hospitals. Another new model involves Avera tele-behavioral health services to sheriff and police departments throughout South Dakota to connect through mobile devices to assist them during service calls that involve mental health issues.

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 – 2021

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 certificates, academic achievement outcomes, and sibling and classmate comparisons.

Effects of the Minimum Wage on Long-Term Child Health and Development

Robert Wood Johnson Foundation

Principal Investigator: George Wehby

Annual Direct Funds: \$229,809 | Funding Period: 2018 – 2021

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.

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 – 2020

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.

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

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

Principal Investigator: Dan Shane

Co-Investigator: George Wehby

Annual Direct Funds: \$100,000 | Funding Period: 2019 – 2022

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.

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

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

Principal Investigator: Brian Kaskie

Annual Direct Funds: \$25,970 | Funding Period: 2018 – 2020

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.





Photo: Bofu Shaw

Expanding and Enhancing Employer Efforts to Address Colorado's Aging Workforce

NextFifty Initiative

Principal Investigator: Brian Kaskie

Annual Direct Funds: \$276,895 | Funding Period: 2018 – 2020

This study explores Colorado's changing demographics and employment landscape. It contemplates the needs and expectations of experienced employees and identifies their vital contribution to the state's economy as well as highlights key implications for employers and their employment practices.

Medicare Advantage and End of Life Care for Patients with Advanced Dementia

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

Principal Investigator: Kanika Arora

Annual Direct Funds: \$50,000 | Funding Period: 2020 – 2022

The goal of this study is to examine the relationship between Medicare Advantage enrollment and three categories of end-of-life outcomes – patterns of care (including site of death), out-of-pocket expenditures, and perceived quality of end-of-life care – among dementia decedents. It also accounts for longitudinal patterns of insurance coverage among dementia decedents.

Paid Family Leave and Work – Eldercare Tradeoffs

Retirement Research Foundation

Principal Investigator: Kanika Arora

Annual Direct Funds: \$46,612 | Funding Period: 2020 – 2021

This project seeks to understand how access to paid family leave influences the provision of eldercare and labor market outcomes among individuals in midlife and whether the effects vary by individual and care recipient characteristics.

Paid Family Leave and Work – Eldercare Tradeoffs

Washington Center for Equitable Growth

Principal Investigator: Kanika Arora

Annual Direct Funds: \$27,500 | Funding Period: 2020 – 2021

This project complements a similarly named project to examine the mechanisms through which various forms of paid leave, including sick leave, influence eldercare and labor market outcomes. In expanding previous work, it will examine the type of care provision (household help, personal care) that may be affected as well as differences in a variety of labor market outcomes, including any paid work, part-time work, and self-employment.

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: Fredric Wolinsky

Annual Direct Funds: \$10,721 | 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.

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

Agency for Healthcare Research and Quality

Principal Investigator: Xi Zhu

Annual Direct Funds: \$94,342 | 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 – 2020

This study identifies 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.



Medicaid Supplemental Payments and Nursing Home Quality - Case Study of Indiana

Agency for Healthcare Research and Quality

Principal Investigator: Hari Sharma

Annual Direct Funds: \$32,051 | Funding Period: 2020 – 2022

The study evaluates the effectiveness of Indiana's supplemental payments to non-state government owned (NSGO) nursing homes in increasing nursing home revenue and expenditures and improving nursing home staffing and patient safety.

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

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

Principal Investigator: Kanika Arora

Annual Direct Funds: \$101,368 | Funding Period: 2016 – 2021

The GPCAH evaluation plan has three key goals: demonstrate the link between GPCAH activities and the expected outcomes; describe a structured method for assessing GPCAH activities; and describe the process for providing feedback to assist with continuous improvement efforts and planning.

The Impact of the Recent Medicaid Expansions on Dental Services

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

Principal Investigator: George Wehby

Co-Investigator: Dan Shane

Annual Direct Funds: \$100,000 | Funding Period: 2018 – 2021

The goal in this study is to provide causal evidence on the effects of the recent Medicaid expansions in states offering extensive or limited dental coverage for the newly eligible low-income adults on use of dental preventive services and treatments over multiple years post the expansion.

Photo: Demian Tejeda-Benitez





The Rural Telehealth Research Center (RTRC) is funded by the Health Resources & Services Administration to advance the evidence base for telehealth, especially in rural settings. It is based at the University of Iowa and includes researchers at the University of North Carolina – Chapel Hill and the University of Southern Maine.

Projects underway for 2020-2021

Telehealth for Chronic Disease Management in the Veterans Health Administration

Lead researcher: Marcia M. Ward, PhD, University of Iowa

This project will capitalize on the aggressive adoption of telehealth within the Veterans Health Administration (VHA). The overall purpose of this jointly funded collaborative project is to better understand key factors impacting how VHA chronic disease management telehealth has reduced healthcare utilization outcomes and cost.

EB THNP/SAT TNGP, SB TNGP, and EB TNGP Measure and Data Activities

Lead researcher: Marcia M. Ward, PhD, University of Iowa

There are three components to this project: 1) continue data collection from Evidence Based Tele-Behavioral Health Network Program (EB THNP) and Substance Abuse Treatment Telehealth Network Grant Program (SAT TNGP) grantees to assess tele-behavioral health; 2) analyze School Based Telehealth Network Grant Program (SB TNGP) data and prepare publications to further the evidence base for telehealth; and 3) identify a set of candidate data elements for a new Evidence Based Telehealth Network Grant Program (EB TNGP) activity.

Evaluating the Role of Tele-Emergency Care in Healthcare Costs and Long-Term Outcomes for Rural Medicare Beneficiaries with Sepsis

Lead researcher: Nicholas M. Mohr, MD, MS, University of Iowa

Sepsis is a life-threatening emergency for which provider-to-provider telemedicine has been used to improve quality of care. The objective of this study is to measure the impact of rural tele-emergency consultation on long-term healthcare costs and outcomes, specifically through decreasing organ failure, hospital length-of-stay, and readmissions.

Telehealth Use among Children in Medicaid Managed Care and Fee-for-Service Programs

Lead researcher: Yvonne Jonk, PhD, University of Southern Maine

This project will assess differences in the use of telehealth services among rural and urban children by enrollment in state Medicaid managed care organizations (MCOs) and fee-for-service (FFS) programs using national administrative claims datasets.

Opportunities for Increasing Access to Maternal Telehealth Services

Lead researcher: Christopher M. Shea, PhD, University of North Carolina – Chapel Hill

Sepsis is a life-threatening emergency for which provider-to-provider telemedicine has been used to improve quality of care. The objective of this study is to measure the impact of rural tele-emergency consultation on long-term healthcare costs and outcomes, specifically through decreasing organ failure, hospital length-of-stay, and readmissions.

RTRC has significantly contributed to the evidence base

Through several projects, RTRC served as the data coordinating center to collect and analyze data from six emergency department telehealth (tele-ED) networks from the Evidence-Based Tele-emergency Network Grant Program. Health Resources & Services Administration funded grantees of this program to expand the delivery of tele-ED in rural hospitals across the U.S. Across the six grantees, RTRC collected data on 4,324 tele-ED cases over 26 months in 65 hospitals in 11 states. Below are descriptions of four of the journal articles resulting from this opportunity to study effects across tele-ED networks.



Averted Transfers in Rural Emergency Departments Using Telemedicine: Rates and Costs Across Six TeleED Networks

Ward MM, Carter KD, Ullrich F, Merchant KAS, Natafagi N, Zhu X, Weigel P, Heppner S, Mohr NM. Journal of Telemedicine and e-Health. 2020 Aug 24;10.1089/tmj.2020.0080.

In this cohort of tele-ED cases, 20% were averted transfers, and 43% of those were then routinely discharged rather than being transferred. Averted transfers saved on average \$2,673 in avoidable transport costs per patient, with 63.6% of these cost savings accruing to public insurance.

Emergency Department Telemedicine Consults are Associated with Faster Time-to-ECG and Time-to-Fibrinolysis for Myocardial Infarction Patients

Swanson M, Miller A, Ward MM, Ullrich F, Merchant KAS, Mohr N. Journal of Telemedicine and Telecare. 2019 Nov 4;1357633X19877746.

Acute myocardial infarction (AMI) is a common, deadly emergency requiring rapid diagnosis and treatment. In this rural cohort, tele-ED was associated with improved timeliness of electrocardiogram and fibrinolysis. This study adds to evidence that telemedicine can improve timeliness of AMI care in rural hospitals.

Emergency Department Telemedicine Consults Decrease Time to Interpret Computed Tomography of the Head in a Multi-Network Cohort

Miller AC, Ward MM, Ullrich F, Merchant KAS, Swanson MB, Mohr NM. Journal of Telemedicine and e-Health. 2020 Dec;26(12):1440-1448.

Effective stroke care is dependent on accurate and timely diagnosis and treatment when indicated, in the ED. Tele-ED was associated with decreased time to diagnostic imaging interpretation and decreased time to thrombolytic medication.

Provider-to-Provider Telemedicine Improves Adherence to Sepsis Bundle Care in Community Emergency Departments

Mohr NM, Campbell KD, Swanson MB, Ullrich F, Merchant KAS, Ward MM. Journal of Telemedicine and Telecare. 2020 Jan 5;1357633X19896667.

Sepsis is a life-threatening emergency, and timely “bundled” care improves survival. In this rural cohort, tele-ED improved sepsis bundle adherence, including timely fluid resuscitation and antibiotic administration. Tele-ED may be a scalable intervention to improve sepsis emergency care in rural EDs.

Publications by CHPR Associates

Ali A, Ullrich F, **Mueller K**. Medicare Advantage Enrollment Update 2019, RUPRI Center for Rural Health Policy Analysis policy brief, October 2020.

Arora K, Ashida S, Mobley EM, Sample GJ. The Impact of Consolidating AAA on the Delivery of HCBS: Evidence from Iowa. *Journal of Applied Gerontology*. 2020; 39(7): 751-759.

Arora K, Cheyney M, Gerr F, Bhagianadh D, Gibbs J, Anthony TR. Assessing Health and Safety Concerns and Psychological Stressors among Agricultural Workers in the U.S. Midwest. *J Agric Saf Health*. 2020 Jan 20: 26(1):45-58.

Arora K, Qualls SH, Bobitt J, Lum HD, Milavetz G, Croker JA, **Kaskie B**. Measuring Attitudes Toward Medical and Recreational Cannabis Among Older Adults in Colorado. *Gerontologist*. 2020 May 15: 60(4): e232-e241.

Arora K, Rochford H, Todd K, **Kaskie B**. Medicaid Managed Care in Iowa: Experiences of Older Adults and People with Disabilities. *Disabil Health J*. 2021 Jan; 14(1):100975. Epub 2020 Jul 30.

Bishop MR, Diaz Perez KK, Sun M, Ho S, Chopra P, Mukhopadhyay N, Hetmanski JB, Taub MA, Moreno-Uribe LM, Valencia-Ramirez LC, Restrepo Muñeton CP, **Wehby G**, Hecht JT, Deleyiannis F, Weinberg SM, Wu-Chou YH, Chen PK, Brand H, Epstein MP, Ruczinski I, Murray JC, Beaty TH, Feingold E, Lipinski RJ, Cutler DJ, Marazita ML, Leslie EJ. Genome-Wide Enrichment of De Novo Coding Mutations in Orofacial Cleft Trios. *Am J Hum Genet*. 2020 Jul 2: 107(1):124-136. Epub 2020 Jun 22.

Bobitt J, Kang H, Croker JA, Quintero Silva L, **Kaskie B**. Use of Cannabis and Opioids for Chronic Pain by Older Adults: Distinguishing Clinical and Contextual Influences. *Drug Alcohol Rev*. 2020 Sep: 39(6):753-762.

Cifra CL, Westlund E, Ten Eyck P, **Ward MM**, Mohr NM, Katz DA. An Estimate of Missed Pediatric Sepsis in the Emergency Department. *Diagnosis (Berl)*. 2020 Mar 19. Epub ahead of print.

Croker JA, Bobitt J, **Arora K**, **Kaskie B**. Assessing Health Related Outcomes of Medical Cannabis Users in Older Adults: Findings from Illinois and Colorado. 2021. *Clin Gerontol*. 44(1):66–79.

Herzog MB, Fried JE, Liebers DT, **Mackinney AC**. Development of An All-Payer Quality Program for the Pennsylvania Rural Health Model. *J of Rural Health*. Rural Health Value 2020 Dec 4.

Lampman MA, Steffensmeier KRS, Reisinger HS, Sarrazin MV, Steffen MJA, Solimeo SL, Stewart GL, **Mueller KJ**. Patient Aligned Care Team (PACT) Performance in Urban and Rural VHA Primary Care Clinics: A Mixed Methods Study. *J Rural Health*. 2020 Jul 6. Epub ahead of print.

Lee HK, Kent JD, Wendel C, **Wolinsky FD**, Foster ED, Merzenich MM, Voss MW. Home-Based, Adaptive Cognitive Training for Cognitively Normal Older Adults: Initial Efficacy Trial. *J Gerontol B Psychol Sci Soc Sci*. 2020 Jun 2: 75(6):1144-1154.

Leira EC, Russman AN, Biller J, Brown DL, Cruz-Flores S, Elkind MSV, Fayad P, Froehler MT, Goldstein LB, Gonzales NR, **Kaskie B**, Khatri P, Livesay S, Worrall BB. Preserving Stroke Care During the COVID-19 Pandemic: Potential Issues and Solutions. *Neurology*. 2020 Jul 21:95(3): 124-133.

Lyu W, **Shane DM**, **Wehby GL**. Effects of the Recent Medicaid Expansions on Dental Preventive Services and Treatments. *Med Care*. 2020 Aug; 58(8): 749-755.

Lyu W, **Wehby GL**. Community Use of Face Masks and COVID-19: Evidence from a Natural Experiment of State Mandates in the US. *Health Aff (Millwood)*. 2020 Aug; 39(8): 1419-1425. Epub 2020 Jun 16.

Lyu W, **Wehby GL**. Comparison of Estimated Rates of Coronavirus Disease 2019 (COVID-19) in Border Counties in Iowa Without a Stay-at-Home Order and Border Counties in Illinois With a Stay-at-Home Order. *JAMA Netw Open*. 2020 May 1; 3(5).

Lyu W, **Wehby GL**. Shelter-In-Place Orders Reduced COVID-19 Mortality and Reduced the Rate of Growth in Hospitalizations. *Health Aff (Millwood)*. 2020 Sep; 39(9):1615-1623. Epub 2020 Jul 9.

Miller AC, **Ward MM**, Ullrich F, Merchant KAS, Swanson MB, Mohr NM. Emergency Department Telemedicine Consults are Associated with Faster Time-to-Electrocardiogram and Time-to-Fibrinolysis for Myocardial Infarction Patients. *Telemed J E Health*. 2020 Dec; 26(12):1440-1448. Epub 2020 Feb 28.

Mobley E, Ullrich F, Bin Abdul Baten R, Shrestha M, **Mueller K**. Health Care Professional Workforce Composition Before and After Rural Hospital Closure, RUPRI Center for Rural Health Policy Analysis policy brief, April 2020.

Mohr NM, Campbell KD, Swanson MB, Ullrich F, Merchant KA, **Ward MM**. Provider-to-Provider Telemedicine Improves Adherence to Sepsis Bundle Care in Community Emergency Departments. *J Telemed Telecare*. 2020 Jan 5. Epub ahead of print.

Mueller K, Coburn AF, Knudson A, Lundblad JP, **MacKinney AC**, McBride TD. Considerations for Defining Rural Places in Health Policies and Programs. Rural Policy Research Institute. May 2020.

Mueller K, Rochford H. The Evolving Landscape of National Telehealth Policies during a Public Health Emergency: Responsiveness to Rural Needs. Rural Policy Research Institute. October 2020.

Mukhopadhyay N, Bishop M, Mortillo M, Chopra P, Hetmanski JB, Taub MA, Moreno LM, Valencia-Ramirez LC, Restrepo C, **Wehby GL**, Hecht JT, Deleyiannis F, Butali A, Weinberg SM, Beaty TH, Murray JC, Leslie EJ, Feingold E, Marazita ML. Whole Genome Sequencing of Orofacial Cleft Trios from the Gabriella Miller Kids First Pediatric Research Consortium. *Hum Genet*. 2020 Feb; 139(2):215-226. Epub 2019 Dec 17.

Nataliansyah M, Salako A, Ullrich F, **Mueller K**. Access to Medicare Part D Plans: A Comparison of Metropolitan and Nonmetropolitan Areas. RUPRI Center for Rural Health Policy Analysis policy brief, May 2020.

Natafagi N, Mohr NM, Wittrock A, Bell A, **Ward MM**. The Association Between Telemedicine and Emergency Department (ED) Disposition: A Stepped Wedge Design of an ED-Based Telemedicine Program in Critical Access Hospitals. *J Rural Health*. 36(3):360-370, Summer 2020.

Nidey N, Tabb KM, Carter KD, Bao W, Strathearn L, Rohlman DS, **Wehby G**, Ryckman K. Rurality and Risk of Perinatal Depression Among Women in the United States. *J Rural Health*. 2020 Jan; 36(1):9-16.

Semprini J, Lyu W, **Shane DM**, **Wehby GL**. The Effects of ACA Medicaid Expansions on Health After 5 Years. *Med Care Res Rev*. 2020 Nov 20. Epub ahead of print.

Semprini J, Ullrich F, **Mueller K**. Telepharmacy Rules and Statutes: A 3-Year Update for All 50 States, RUPRI Center for Rural Health Policy Analysis policy brief, July 2020.

Sharma H, Perrailon MC, Werner RM, Grabowski DC, Konetzka RT. Medicaid and Nursing Home Choice: Why Do Duals End Up in Low-Quality Facilities? *J Appl Gerontol*. 2020 Sep: 39(9):981-990. Epub 2019 Apr 8.

Thomas KS, Zhang W, Cornell PY, Smith L, **Kaskie B**, Carder PC. State Variability in the Prevalence and Healthcare Utilization of Assisted Living Residents with Dementia. *J Am Geriatr Soc*. 2020 Jul: 68(7):1504-1511.

Ullrich F, **Mueller K**. County-Level 14-Day COVID-19 Case Trajectories, RUPRI Center for Rural Health Policy Analysis policy brief, May 2020.

Ullrich F, **Mueller K**. Confirmed COVID-19 Cases, Metropolitan and Nonmetropolitan Counties, RUPRI Center for Rural Health Policy Analysis rural data brief, May 2020.

Ullrich F, **Mueller K**. COVID-19 Cases and Deaths, Metropolitan and Nonmetropolitan Counties Over Time, RUPRI Center for Rural Health Policy Analysis rural data brief, May 2020.

Ullrich F, **Mueller K**. Metropolitan/Nonmetropolitan COVID-19 Confirmed Cases and General and ICU Beds, RUPRI Center for Rural Health Policy Analysis policy brief, May 2020.

Ullrich F, **Mueller K**. Pharmacy Vaccination Service Availability in Nonmetropolitan Counties, RUPRI Center for Rural Health Policy Analysis rural data brief, Feb 2020.

Wanchek T, **Wehby G**. State-Mandated Coverage of Cleft Lip and Cleft Palate Treatment. *Cleft Palate Craniofac J*. 2020 Jun: 57(6):773-777. Epub 2020 Mar 16.

Ward MM, Carter KD, Ullrich F, Merchant KAS, Natafqi N, **Zhu X**, Weigel P, Heppner S, Mohr NM. Averted Transfers in Rural Emergency Departments Using Telemedicine: Rates and Costs Across Six Networks. *Telemed J E Health*. 2020 Aug 24. Epub ahead of print.

Ward MM, Fox K, Merchant K, Burgess A, Ullrich F, Parenteau L, Talbot J, Pearson K, Mackenzie J, Wiggins W, Miller S. Measure and data element identification for the HRSA Evidence-Based Tele-Behavioral Health Network Program and the HRSA Substance Abuse Treatment Telehealth Network Grant Program. *RTRC Research & Policy Brief*. April 2020.

Ward MM, Fox K, Merchant K, Burgess A, Ullrich F, Pearson K, Shaler G, Shea C, North S, Mena C. Process of identifying measures and data elements for the HRSA School-Based Telehealth Network Grant Program. *RTRC Research & Policy Brief*. May 2020.

Ward MM, Ullrich F, Merchant KAS, Mohr NM, Weigel P, **MacKinney AC**, Heppner S. Identifying measures and data elements for the HRSA Evidence-Based Tele-Emergency Network Grant Program. *RTRC Research & Policy Brief*. March 2020.

Wolinsky FD, Jones MP, Dotson MM. Does Visual Speed of Processing Training Improve Health-Related Quality of Life in Assisted and Independent Living Communities? *A. Innov Aging*. 2020 Jul 31; 4(4). eCollection 2020.

Zhu X, Merchant KAS, Mohr NM, Wittrock AJ, Bell AL, **Ward MM**. Real-Time Learning Through Telemedicine Enhances Professional Training in Rural Emergency Departments. *Telemed J E Health*. 2020 Jun 17. Epub ahead of print.

Zhu X, Ullrich F, Huang H, **Mueller K**. Rural Hospital Participation in Medicare Accountable Organizations, RUPRI Center for Rural Health Policy Analysis policy brief, April 2020.

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 2020 are J. Alton Croker and Lili Xu. These two students were especially commended for their progress on research and publications.

J. Alton Croker

J. Alton Croker won this award for his work examining the effects of medical cannabis use on health outcomes among older adults and other work on connections of cannabis use with hospice care, palliative care, and supportive care.



Lili Xu

Lili Xu won this award for her work examining effects of the Medicaid expansions on the health insurance coverage and employment of nursing assistants in nursing homes and other work on nursing home finances.

Presentations by CHPR Associates

Bhagianadh D, **Arora K.** State Medical Marijuana Laws and Site of Death: Evidence from the National Vital Statistics Data. APPAM Fall Research Conference, November 2020.

Nataliansyah M, Merchant K, Ullrich F, **Zhu X**, Mohr N, **Ward M.** Managing Innovation: A Mixed Methods Study of Telehealth Implementation. Academy Health Virtual Annual Research Meeting, August 2020.

Nataliansyah M, **Zhu X**, **Vaughn T**, **Wehby G.** Self-Care and Caring for Others: The Influence of Caregiving on Caregiver's Health Behaviors. Academy Health Virtual Annual Research Meeting, August 2020.

MacKinney C. Rural Hospital Global Budgets. Technical Assistance and Services Center Webinar Series, National Rural Health Resource Center, March 2020.

MacKinney C. Value-Based Payment - A Primer. DRCHSD Hospital/Clinic Learning Collaborative, National Rural Health Resource Center, February 2020.

Mueller K. Confronting Rural America's Health Care Crisis: Bipartisan Policy Center Rural Health Task Force Recommendations. Roundtable on Population Health, National Academy of Medicine, June 2020.

Mueller K. Continuing on the Road to Value. SLC Agriculture Rural Development Committee, June 2020.

Mueller K. COVID 19: The Rural Experience. National Rural Health Association, June 2020.

Sharma H. Nursing Home and Pharmacy Closures in the U.S. 3rd Annual Rural Health Conference, National Rural Health Association, December 2020.

Sharma H. SNF-VBP Penalizes Skilled Nursing Facilities with Negative Profit Margins. Academy Health Annual Research Meeting, August 2020.

Shrestha M, Bin Abdul Baten R, Elliott H, Ullrich F, **Mueller K.** Impact of Hospital Closure in Rural Communities. Academy Health Virtual Annual Research Meeting, August 2020.

Ward M. Contributing to the Telehealth Evidence Base to Inform Policy. WWAMI, July 2020.

Ward M. ED Telehealth and Access: Research across Six Tele-ED Networks. Society for Academic Emergency Medicine Consensus Conference, September 2020.

Ward M. Quality Measures in Telehealth. Rural HIT Coalition, December 2020.

Seminar Series Presentations

Bin Abdul Baten R. Taking a Closer Look at College Student Health by Citizenship Status. January 2020.

Zhu X. Perceptions of Expertise in Interdisciplinary Care Teams. February 2020.

Kumar Shrestha A. Child Malnutrition in Nepal: A Physician's Experience. February 2020.

Croker JA. Abstract Review Session. February 2020.

Bhagianadh D and Nataliansyah M. School Based Telehealth Network: An Overview. February 2020.

Shane D. Medicaid Expansion Increases Emergency Department Visits for Less Urgent Care. March 2020.

Manouchehri Amoli M. The Effects of Medicaid Expansion on Diabetes Care. March 2020.

Bin Abdul Baten R. Differences in Medicaid Expansion Effects on Access by Scope of Practice Laws. April 2020.

Bhagianadh D. Medical Marijuana Laws and Site of Death- Evidence from the National Vital Statistics Data. September 2020.

Qian H. The Effects of State Level Earned Income Tax Credit Programs on Access to Health Care. September 2020.

Sharma H. Profit Margins and Infection Prevention and Control in Nursing Homes. September 2020.

Shrestha M. Journal Club. October 2020.

Huang H. MSSP Participation and Provider Behavior Change on Preventative Care Utilization. October 2020.

Nataliansyah M. The Rural Connection: A Qualitative Study on Delivering Telehealth Services in Rural Emergency Departments. October 2020.

Rochford H. Teen Dating Violence Policies: Summary of State Policy Element Variation. October 2020.

Arora K. Medicare Advantage and End-of-Life Care. October 2020.

Wehby G. Effects of Income on Child Achievement: Evidence from the Minimum Wage. November 2020.

Xu L. Effects of ACA Medicaid Expansion on Insurance Coverage and Labor Market Outcomes Among Nursing Assistants in Nursing Homes. November 2020.

Mueller K. What to Expect in the New Administration and 117th Congress. December 2020.

Publications by PhD Students

Ali A, Ullrich F, Mueller K. Medicare Advantage Enrollment Update 2019, RUPRI Center for Rural Health Policy Analysis policy brief, October 2020.

Arora K, Cheyney M, Gerr F, **Bhagianadh D**, Gibbs J, Anthony TR. Assessing Health and Safety Concerns and Psychological Stressors among Agricultural Workers in the U.S. Midwest. *J Agric Saf Health*. 2020 Jan 20; 26(1): 45-58.

Arora K, Qualls SH, Bobitt J, Lum HD, Milavetz G, **Croker JA**, Kaskie B. Measuring Attitudes Toward Medical and Recreational Cannabis Among Older Adults in Colorado. *Gerontologist*. 2020 May 15; 60(4): e232-e241.

Arora K, **Rochford H**, Todd K, Kaskie B. Medicaid Managed Care in Iowa: Experiences of Older Adults and People with Disabilities. *Disabil Health J*. 2021 Jan; 14(1):100975. Epub 2020 Jul

Bobitt J, Kang H, **Croker JA**, Quintero Silva L, Kaskie B. Use of Cannabis and Opioids for Chronic Pain by Older Adults: Distinguishing Clinical and Contextual Influences. *Drug Alcohol Rev*. 2020 Sep; 39(6):753-762.

Croker JA, Bobitt J, Arora K, Kaskie B. Assessing Health Related Outcomes of Medical Cannabis Users in Older Adults: Findings from Illinois and Colorado. 2021. *Clin Gerontol*. 44(1):66–79.

Lyu W, Shane DM, Wehby GL. Effects of the Recent Medicaid Expansions on Dental Preventive Services and Treatments. *Med Care*. 2020 Aug; 58(8):749-755.

Lyu W, Wehby GL. Community Use of Face Masks and COVID-19: Evidence from a Natural Experiment of State Mandates in the US. *Health Aff (Millwood)*. 2020 Aug; 39(8):1419-1425. Epub 2020 Jun 16.

Lyu W, Wehby GL. Comparison of Estimated Rates of Coronavirus Disease 2019 (COVID-19) in Border Counties in Iowa without a Stay-at-Home Order and Border Counties in Illinois with a Stay-at-Home Order. *JAMA Netw Open*. 2020 May 1; 3(5).

Lyu W, Wehby GL. Shelter-In-Place Orders Reduced COVID-19 Mortality and Reduced the Rate of Growth in Hospitalizations. *Health Aff (Millwood)*. 2020 Sep; 39(9):1615-1623. Epub 2020 Jul 9.

Mobley E, Ullrich F, **Bin Abdul Baten R**, **Shrestha M**, Mueller K. Health Care Professional Workforce Composition Before and After Rural Hospital Closure, Iowa City, IA: 1-7.

Mueller K, **Rochford H**. The Evolving Landscape of National Telehealth Policies during a Public Health Emergency: Responsiveness to Rural Needs. Rural Policy Research Institute. October 2020.

Nataliansyah M, **Salako A**, Ullrich F, Mueller K. Access to Medicare Part D Plans: A Comparison of Metropolitan and Nonmetropolitan Areas. RUPRI Rural Policy Brief. 2020.

Semprini J, **Lyu W**, Shane DM, Wehby GL. The Effects of ACA Medicaid Expansions on Health after 5 Years. *Med Care Res Rev*. 2020 Nov 20. Epub ahead of print.

Semprini J, Olopade O. Evaluating the Effect of Medicaid Expansion on Black/White Breast Cancer Mortality Disparities: A Difference-in-Difference Analysis. *JCO Glob Oncol*. 2020 Jul 6:1178-1183.

Semprini J, Ullrich F, Mueller K. Telepharmacy Rules and Statutes: A 3-Year Update for All 50 States, Iowa City, IA: RUPRI Center for Rural Health Policy Analysis 1-5. 2020.

Presentations by PhD Students

Bhagianadh D, Arora K. State Medical Marijuana Laws and Site of Death: Evidence from the National Vital Statistics Data. APPAM Fall Research Conference, November 2020.

Coleman L, Johnson N. A Public Health Perspective on Black Maternal Health. Black Women's Maternal Health Conference, August 2020.

Coleman L, Williams T, Standard V. Midwifery and Doula Workforce: Improving Outcomes. Black Women's Maternal Health Conference, August 2020.

Coleman L. Attitudes, Knowledge and Performance of Healthcare and Public Health Professionals on Black Maternal Health and Maternal Mortality in Iowa. American Public Health Association, October 2020.

Coleman L. Examining the Iceberg: Racism, Structures and Solutions for Disparate Maternal Outcomes. Iowa AWHONN Keynote, August 2020.

Coleman L. Racial Disparities in Maternal Substance Use Disorders. Iowa Perinatal Substance Use Conference, August 2020.

Coleman L. Breastfeeding Support Programs. University of Iowa College of Public Health Seminar, November 2020.

Coleman L. What You Need to Know About Black Maternal Health. University of Iowa Student National Medical Association, September 2020.

Nataliansyah M, Ma R. Patient Transfers and Referral Patterns: A Social Network Analysis. Academy Health Virtual Annual Research Meeting, August 2020

Nataliansyah M, Merchant K, Ullrich F, Zhu X, Mohr N, Ward M. Managing Innovation: A Mixed Methods Study of Telehealth Implementation. Academy Health Virtual Annual Research Meeting, August 2020.

Nataliansyah M, Zhu X, Vaughn T, Wehby G. Self-Care and Caring for Others: The Influence of Caregiving on Caregiver's Health Behaviors. Academy Health Virtual Annual Research Meeting, August 2020.

Semprini J. Breast Density Notification with Adjunctive Digital Breast Tomosynthesis (DBT): A Cost-Effectiveness Analysis. American Society of Clinical Oncologists Annual Meeting, May 2020.

Semprini J. Did Non-Metro Healthcare Organizations Disproportionately Benefit from the United States Paycheck Protection Program (PPP) During the Covid-19 Pandemic? Midwest Rural and Agriculture Health Conference, November 2020.

Shrestha M, Bin Abdul Baten R, Elliott H, Ullrich F, Mueller K. Impact of Hospital Closure in Rural Communities. Academy Health Virtual Annual Research Meeting, August 2020.

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