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.

The article is available at https://www.healthaffairs.org/doi/10.1377/hlthaff.2020.00818
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
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Joel James
Chelsea Keenan
Courtney Klopfenstein

Haomin Li
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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 California
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 Winkelmann, University of North Carolina Chapel Hill
Douglas Wolf, Syracuse University
Emily Wornell, Ball State University
Brad Wright, University of North Carolina Chapel Hill
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.

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.
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 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.

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.

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.
Research Projects

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.
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/
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.
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 compliments 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.
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 Teleemergency 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**


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**


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**


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**


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


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


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


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


Seminar Series Presentations


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


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


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


Publications by PhD Students


## Presentations by PhD Students


