

## **Division of Health Services Research & Policy**

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Donna D. McAlpine, Ph.D.  
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Robert L. Veninga, Ph.D.  
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Douglas R. Wholey, Ph.D., M.B.A.  
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### **Adjunct Faculty**

Jon B. Christianson, Ph.D.  
Robert A. Connor, Ph.D.  
David Feinwachs, J.D., M.H.A.  
Michael D. Finch, Ph.D.  
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Joseph T. Hanlon, Pharm.D., M.S.  
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Yvonne C.M. Jonk, Ph.D.  
Jeffrey P. Kahn, Ph.D.  
Nicole Lurie, M.D, M.S.P.H.  
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Marc Swiontkowski, M.D.  
Vernon E. Weckwerth, Ph.D.

### **Mission Statement**

The mission of the University of Minnesota Division of Health Services Research and Policy is to stimulate, coordinate, and conduct high-quality research focused on the organization, financing, and effectiveness of health services, and to provide a broad range of training programs for those interested in these issues.

Our purpose is to provide research-based information and educational programs that will enhance the provision of cost-effective health services to improve the quality of life.

## **Division of Health Services Research & Policy**

# ANNUAL Report

**Fiscal Year 2002-2003**

UNIVERSITY  
OF MINNESOTA  
**School of  
Public Health**

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# Education

**Our educational programs prepare students for leadership roles in health services research, policy analysis, university-level teaching, and public health administration. Following are brief descriptions of HSRP's three degree programs.**

## M.S.—Health Services Research, Policy and Administration

### Program Overview

The M.S. program prepares graduates for health services research, policy analysis, and outcomes research positions in public and private sector organizations such as state legislatures, public health agencies, managed care organizations, large multi-specialty medical group practices, and hospital/physician organizations.

The program equips students with the quantitative and analytic skills they will need in a rapidly changing industry. M.S. students are trained to formulate research questions, build conceptual models, identify testable hypotheses, critically review the literature, collect appropriate data, conduct sophisticated analyses, and interpret the results for a broad range of audiences.

In addition to ongoing interaction in classrooms, advisors' offices, and on research projects, M.S. students and faculty get together for intellectual and social activities, including luncheon seminars, student-run journal clubs, and lectures by national leaders in the health services research field.

### M.S. Curriculum

**Required coursework**—Students take two years of 46 to 50 required credits. They can tailor their interests through two areas of concentration: health services research and policy analysis or clinical outcomes research.

In the first year of the program, students acquire basic statistical, data management and data analysis skills and are introduced to the most common disciplinary paradigms in the field: economics, sociology, and epidemiology. In the second year, students apply their quantitative and disciplinary skills to the analysis of applied problems in health services research, policy analysis, and clinical outcomes research.

Coursework includes research design, statistics, data management, health economics, cost-effectiveness analysis, medical sociology, research ethics, policy analysis, measurement, and outcomes research. Elective courses are offered in the Division, the School of Public Health, and throughout the University.

**Work experience**—An important part of the curriculum is the work experience. HSRP's strong ties to the Twin Cities health services research community provide exciting opportunities for work experience placements. The work experience emphasizes experiential learning and practical application of newly acquired skills. Students acquire the "real world" experience they need to be effective applied researchers and policy analysts. The work experience is a paid internship that includes a partial tuition subsidy.

**Joint degree programs**—Students may combine M.S. study with either of two joint degree programs: law (M.S. with J.D.), offered jointly with the University of Minnesota Law School; or public policy (M.S. with M.P.P.), offered jointly with the Hubert H. Humphrey Institute of Public Affairs.

### Career Opportunities

Graduates of the M.S. program are in great demand as policy analysts, clinical outcomes researchers, and health care managers for public and private organizations, including managed care organizations, legislative bodies, large multi-specialty medical group practices, hospital/physician organizations, and public health agencies.

Employers of M.S. graduates include:

- American Medical Association
- Centers for Medicare and Medicaid Services
- Ingenix Pharmaceutical Services
- Kaiser Permanente
- Minnesota Department of Health
- RAND
- Stratis Health
- UnitedHealth Group

## Ph.D.—Health Services Research, Policy and Administration

### Program Overview

The Ph.D. program is designed primarily for students interested in academic careers or senior research positions in government or the private sector. The core of the curriculum is a multi-disciplinary examination of the social, political, and economic forces that affect the organization, financing, and delivery of health care services. Theory, modeling, and quantitative methods are emphasized. Working closely with faculty mentors, students learn to conduct empirical studies and to formulate policy options using a wide range of quantitative and qualitative analytic techniques. Students become sophisticated and productive researchers, appearing as first author or coauthor on many publications each year.

The program is sponsored by HSRP in the School of Public Health (SPH) and the Department of Healthcare Management in the Carlson School of Management at the University of Minnesota. Collaborative degree programs are available in medicine (Ph.D. with M.D.) and law (Ph.D. with J.D.).

### Ph.D. Curriculum

The Ph.D. curriculum combines multidisciplinary coursework with ongoing involvement in world-class faculty research projects linked to the public health field. Research seminars and doctoral colloquia offer further opportunities for student-faculty interchange.

**Required coursework**—Students take two years of carefully structured core courses, plus a minimum of 12 semester credits in a minor or supporting program. The core curriculum is 35 semester credits in five key health services areas:

- Health economics
- Medical & organizational sociology
- Health policy
- Statistics
- Research methods

**Supporting program**—Supporting programs or minors are tailored to students' interests and goals. Popular choices include health economics, medical sociology, political science, biomedical ethics, and aging.

**Ph.D. completion**—After taking preliminary written exams (covering health services research methods, health economics, medical sociology, and health policy), students will develop and write dissertations focused on their own research interests.

## Career Opportunities

Ph.D. graduates are highly sought after for faculty positions at top universities and senior research positions in government agencies and private-sector organizations.

Our doctoral graduates hold positions in distinguished institutions such as:

- Cornell University
- Emory University
- Harvard University
- University of Chicago
- University of Washington
- RAND
- Centers for Disease Control & Prevention
- Agency for Healthcare Research & Quality

## M.P.H.—Public Health Administration and Policy

### Program Overview

Combining a well-structured curriculum with strong faculty mentoring and applied learning, the Public Health Administration and Policy (PHAP) program prepares leaders who will influence health care policy, administer health improvement programs, and advocate for the public interest in addressing critical public health issues.

The program provides management and administration training with a strong public health emphasis and reflects a unique synergy between theory and applied learning. All students complete a research project and fieldwork experience in an area of interest.

### M.P.H. Curriculum

The program's curriculum includes theoretical and applied coursework plus fieldwork experiences to prepare students to become knowledgeable and innovative public health administrators in today's complex health care system.

**Accelerated program**—primarily for physicians and other professionals with advanced degrees or with extensive and progressively more responsible work experience in public health practice (subject to approval by faculty). Students can complete the required 36 credits in one year if enrolled full time. Students take courses in administration, and select one specialty area in either policy analysis or management, as well as courses in six core areas of public health: environmental health, epidemiology, biostatistics, behavioral science, ethics, and management. They also select a few elective courses and complete a master's project in an area of interest and a fieldwork experience.

**Standard program**—for students with baccalaureate degrees and limited or no public health experience. Students can complete the required 50 credits in 21 months if enrolled full time. Students take courses in administration, policy planning and implementation, evidence-based public health, and financial management with public sector emphasis. They also select one specialty area in either policy analysis or management, as well as six core areas of public health: environmental health, epidemiology, biostatistics, behavioral science, ethics and management. Students also complete several electives, which can be combined into another skills area such as finance, program evaluation, managed care, bioethics, maternal and child health, and long-term care.

**Joint degree programs**—Students may combine M.P.H. study with either of two joint degree programs: business administration (M.P.H. with M.B.A.), offered jointly with the Carlson School of Management; or nursing (M.P.H. with M.S.), offered jointly with the School of Nursing.

## **Career Opportunities**

M.P.H. graduates go on to state, national, and international leadership positions, including positions in state and local agencies, voluntary health organizations, human services agencies, long-term care agencies, international health organizations, managed care systems, community clinics, and other settings.

Positions held by recent M.P.H. graduates include:

- assistant commissioner of health, Midwestern state
- director, HIV/STD prevention program, national youth organization
- regional coordinator, breast/cervical cancer control program, state health department
- health services coordinator, large urban school district
- coordinator, family initiatives program, metropolitan county
- research project coordinator, tobacco reduction, health maintenance organization
- county health officer
- chief of immunization programs, state health department
- international health advisor, international health organization
- manager, population health, large managed care organization

## **HSRP Educational Hallmarks**

All HSRP degree programs are distinguished by:

- a policy/population orientation
- grounding in analytic methods
- close mentoring by faculty
- structure and flexibility
- small classes
- broad exposure to the field
- a research perspective

# Faculty

**Research excellence is the cornerstone of HSRP. Our interdisciplinary faculty members are committed to expanding knowledge of crucial health policy issues through high-quality research. Following is a list of our faculty, including a brief biography, courses taught, and selected publications.**

**Boris Bershadsky, Ph.D.**, has studied technology of data-driven decisions in health care for 15 years. His methodological and teaching interests concern the interpretation of results depending on methods of data collection, storage, and analysis. He specializes in the development of survey layout, multidimensional questionnaires, reconciliation of multiple sources of data (primary and secondary), and organization of ongoing studies. He studies outcomes in mental health and long-term care. His formal education includes degrees in biomedical engineering and applied higher mathematics and a Ph.D. in pharmacology and biostatistics.

**Teaches:** technology of data operations in health care studies.

**Selected publications:** Maruish, M.E., B. Bershadsky, & L. Goldstein (1998). "Validity of the SA-45: Further Evidence from a Primary Care Setting." *Assessment* 5(3):407-419.

Davison, M.L., B. Bershadsky, J. Bieber, D. Silversmith, M.E. Maruish, & R.L. Kane (1997). "Development of a Brief, Multidimensional, Self-Report Instrument for Treatment Outcomes Assessment in Psychiatric Settings: Preliminary Findings." *Assessment* 4(3):259-276.

Bershadsky, B., V.F. Chavpetsov, & V.M. Lifshitz (1995). "Methodology of Health Care Quality Control." In *Medical Insurance. Health Care Quality Control as a Component of Medical Insurance*. Moscow, 24-37.

Bower, R.H., F.B. Cerra, B. Bershadsky, J.J. Licari, D.B. Hoyt, G.L. Jensen, C.T. Van Buren, M.M. Rothkopf, J.M. Daly, & B.R. Adelsberg (1995). "Early Enteral Administration of a Formula (Impact) Supplemented with Marginine, Nucleotides, and Fish Oil in Intensive Care Unit Patients: Results of a Multicenter, Prospective, Randomized, Clinical Trial." *Critical Care Medicine* 23(3):436-449.

**Lynn A. Blewett, Ph.D.**, is the Principal Investigator for the State Health Access Data Assistance Center (SHADAC), a four-million-dollar initiative funded by the Robert Wood Johnson Foundation. SHADAC is a research and policy center that provides assistance to state analysts and policy makers across the country in the areas of survey design, data collection and policy development, as well as research on factors contributing to health care coverage and access in the United States. Her research is focused on studying factors affecting health care access, access to care for new Latino immigrants, state health policy and the changing role of the local health care safety net. She also continues to work in the area of Medicare policy including research on post-acute care, financing graduate medical education, and the role of the private sector in measuring quality. Lynn has a Ph.D. in health services research, policy and administration from the University of Minnesota and a Master's Degree in Public Affairs from the Hubert. H. Humphrey Institute of Public Policy. Dr. Blewett is also affiliated with the Minnesota Population Center in the College of Liberal Arts and currently serves on its Advisory Board.

**Teaches:** U.S. Health Care System and Public Health.

**Selected publications:** Blewett, L.A., G. Davidson, M.E. Brown, & R. Maude-Griffin (in press 2003). "Hospital Provision of Uncompensated Care and Public Program Enrollment." *Medical Care Research and Review*.

Blewett, L.A., M.E. Brown, & K.T. Call (in press 2003). "Monitoring the Uninsured: A State Policy Perspective." *Journal of Health Politics, Policy and Law*.

Blewett, L.A., & T.D. Beebe (in press 2003). "State Efforts to Measure the Health Care Safety Net." *Public Health Reports* 119(2).

Blewett, L.A., S. Parente, E. Peterson, & M.D. Finch (2003). "The Role of the Private Sector in Monitoring Health Care Quality." *The Joint Commission Journal on Quality and Patient Safety* 29(8):425-433.

Blewett, L.A., S.A. Smaida, C. Fuentes, & E. Ulrich (2003). "Health Care Needs of the Growing Latino Populations in Rural America." *Journal of Rural Health* 19(1):33-41.

**Lester E. Block, D.D.S., M.P.H.**, focuses his work in the areas of managed care, health care reform, health care rationing, competition and regulation in health care, legal bases for implementation of prevention programs, and regulation of health care providers. He received his D.D.S. from New York University and his M.P.H. in public health administration from the University of California, Los Angeles.

**Teaches:** public health administration; health care reform; public health policy; dental public health.

**Selected publications:** Block, L.E., & J.R. Freed (2003). "Dental Public Health: An Overview." In G.M. Gluck, and W.M. Morganstein *Jong's Community Dental Health*, 5th Edition, pp. 3-36.

Block L.E.(2003). "Organization of Health Related Activities at the Federal Level of Government." In G.M. Gluck, and W.M. Morganstein *Jong's Community Dental Health*, 5th Edition, pp. 489-500.

Block, L.E. (2001). "Health Policy Through the Looking Glass." In C. Harrington & C. L. Estes (eds), *Health Policy: Crisis and Reform in the U.S. Health Care Delivery System*. Sudbury, MA: Jones and Bartlett Publishers, 358-369.

Block, L.E. (1998). "Deconstructing Managed Care." In *Medical and Health Annual: Encyclopedia Britannica*, pp. 268-274.

Block, L.E. (1997). "Evolution, Growth and Status of Managed Care in the United States." *Public Health Reviews* 25(3, 4):193-244.

Block L.E., & J.R. Freed (1996). "A New Paradigm For Increasing Access To Dental Care: The Oregon Health Program." *Journal of American College of Dentists* 63(1):30-36.

**Kathleen Thiede Call, Ph.D.**, is a sociologist whose research interests revolve around issues of access to care and health status among vulnerable populations: poor, young, elderly, chronically ill, and rural populations. Dr. Call has completed several statewide surveys of Minnesotans documenting characteristics of people with different kinds of insurance contracts and barriers to insurance coverage among the young, low-income and minority populations, and has developed a stream of research concerning the complexities of estimating rates of insurance coverage. She is co-principal investigator (with Dr. Blewett) on the State Health Access Data Assistance Center (SHADAC) funded by the Robert Wood Johnson Foundation, which assists other states in monitoring rates of coverage and using data to improve access. Dr. Call has examined biased selection in Medicare risk HMOs and potential barriers to expansion of Medicare risk HMOs in rural markets, as well as burden among caregivers of elderly Medicare beneficiaries. In addition to her health services research interests, she continues to publish research on adolescent development. Dr. Call received her Ph.D. in sociology in 1994 and completed an NIA-funded post-doctoral fellowship in the Behavioral Neuroscience of Aging.

**Teaches:** sociology of health and illness; research methods.

**Selected publications:** Davern, M., L.A. Blewett, B. Bershadsky, K.T. Call, & T. Rockwood (2003). "Variation in States' Proportion of the SCHIP Allocation Over Time: How Much Variation is There, What are its Sources, Can it be Reduced?" *Inquiry* 40(2):47-60.

Davern, M., T.J. Beebe, L.A. Blewett, & K.T. Call (in press 2003). "A Year in the Life of the Current Population Survey: Sample Expansion, Health Insurance Verification and State Health Insurance Coverage Estimates." *Public Opinion Quarterly*.

Taylor, P., L. Blewett, M. Brasure, K.T. Call, E. Larson, J. Gale, A. Hagopian, G. Hart, D. Hartley, P. House, M.K. James, & T. Ricketts (2003). "Small Town Health Care Safety Nets: Report on a Pilot Study." *Journal of Rural Health* 19(2):125-134.

Call, K.T., G. Davidson, A.S. Sommers, R. Feldman, P. Farseth, & T. Rockwood (2002). "Uncovering the Missing Medicaid Cases and Assessing Their Bias for Estimates of the Uninsured." *Inquiry* 38(4):396-408.

Call, K.T., A.A. Riedel, K. Hein, V. McLoyd, A. Petersen, & M. Kipke (2002). "Adolescent Health and Well-being in the 21<sup>st</sup> Century: A Global Perspective." *Journal of Research on Adolescence* 12(1):69-98.

Kelly, A., K.T. Call, B. Staub, B. Donald, C.L. Wisner, A.F. Nelson, & R.W. Blum (2002). "Children with Complex Chronic Medical Conditions and Special Needs Privately Insured through an HMO." *Family, Systems, and Health* 20(3):279-289.

**Bryan E. Dowd, Ph.D.**, focuses his work on markets for health insurance and health care services and application of econometric methods to health service research problems. His recent research includes studies of insurance theory, causal modeling, health plan choice, enrollment and disenrollment in Medicare HMOs, tax policy, Medicare reform, and the cost-impact of a disability prevention program. He has published over 80 articles in peer-reviewed journals and coauthored the book *Competitive Pricing for Medicare* with HSRP colleagues. He served for four years on the health services research grant review panel of the Agency for Healthcare Research and Quality (AHRQ); regularly reviews research proposals for AHRQ, CMS, and the Robert Wood Johnson Foundation; and is a referee for all the major health services journals. Dr. Dowd is the director of graduate studies for the M.S. and Ph.D. programs in health services research, policy and administration, and he served as interim division head in HSRP from 1998 to 1999. He received his Ph.D. in public policy analysis from the University of Pennsylvania, his M.S. in urban administration from Georgia State University and his Bachelor of Architecture from the Georgia Institute of Technology.

**Teaches:** health services research methods and the practice of health service research.

**Selected publications:** Dowd, B.E. & R. Feldman (2002). "Having it All: National Benefit Equity and Local Payment Parity in Medicare." *Health Affairs* 21(3):208-214.

Dowd, B.E. & R. Feldman (2001). "Some Observations About Risk Adjustment Research." *Inquiry* 38(3):315-318.

Dowd, B.E., R. Feldman, M. Maciejewski, & M.V. Pauly (2001). "The Effect of Tax-exempt Out-of-pocket Premiums on Health Plan Choice." *National Tax Journal* 54(4):741-756.

Dowd, B.E., R. Coulam, & R. Feldman (2000). "A Tale of Four Cities: Medicare Reform and Competitive Pricing." *Health Affairs* 19(5):9-29.

Feldman, R., & B.E. Dowd (2000). "Risk Segmentation: Goal or Problem?" *Journal of Health Economics* 19:499-512.

McGovern, P., B.E. Dowd, D. Gjerdingen, I. Moscovice, L. Kochevar, & S. Murphy (2000). "The Determinants of Time Off Work After Childbirth." *Journal of Health Politics, Policy and Law* 25(3):527-564.

**Roger D. Feldman, Ph.D.**, Blue Cross Professor of Health Insurance, focuses his research on competition among health care providers and mergers among hospitals and HMOs. He is currently collaborating with other investigators on a national evaluation of "consumer-driven" health plans. Recognized nationally as an expert on health care policy issues, he has served on the senior staff of the President's Council of Economic Advisers, where he was lead author of a chapter in the 1985 Economic Report of the President. He directed one of four national research centers sponsored by HCFA from 1988 to 1992. His paper, "Effect of HMOs on Premiums in Employment-Based Health Plans," was selected as the best article of 1993 by the Association for Health Services Research. In 1995 and 2000, he received the National Institute of Health Care Management's annual Research Award. The most recent of these awards was for "The Effects of Medical Group Practice and Physician Payment Methods on Costs of Care," with John Kralewski and others, which also won the AHSR best-paper award. Dr. Feldman was a Marshall Scholar at the London School of Economics and received his Ph.D. in economics from the University of Rochester.

**Teaches:** advanced health economics and health insurance.

**Selected publications:** Engberg, J., D. Wholey, R. Feldman, & J.B. Christianson (in press 2003). "The Effect of Merger on Health Maintenance Organization Costs." *Quarterly Review of Economics and Finance*.

Feldman, R. & J. Schultz (in press 2003). "The Demand for Guaranteed Renewability in Health Insurance." *Journal of Consumer Policy*.

Feldman, R., B. Dowd, & M. Wrobel (in press 2003). "Risk Selection and Benefits in the Medicare+Choice Program." *Health Care Financing Review*.

Pizer, S.D., A.B. Frakt, & R. Feldman (2003). "Payment Policy and Inefficient Benefits in the Medicare+Choice Program." *International Journal of Health Care Finance and Economics* 3(2):79-94.

Dowd, B., R. Feldman, & R. Coulam (2003). "The Effect of Health Plan Characteristics on Medicare+Choice Enrollment." *Health Services Research* 38(1, pt. 1):113-135.

Feldman, R., K.E. Thorpe, & B. Gray (2002). "Policy Watch: The Federal Employees Health Benefits Plan," *Journal of Economic Perspectives* 16(2):207-217.

**Susan Bartlett Foote, J.D., M.A.**, HSRP Division Head, has focused her research on the influences of public policies on health care services, with a particular emphasis on innovation in medical technology. She is the author of *Managing the Medical Arms Race: Innovation and Public Policy in the Medical Device Industry* as well as numerous articles on health policy and medical technology policy. Her current research includes Medicare coverage policy for new medical technologies. Prior to her arrival at Minnesota in 1999, she was a professor of business and public policy at the Haas School of Business at the University of California, Berkeley. From 1990-1994, she was a Robert Wood Johnson Health Policy Fellow and Senior Legislative Analyst in the office of Senator Dave Durenberger of Minnesota. She was a consultant on health policy issues in Washington, D.C. from 1995-1999. She serves on the boards of the Medical Technology Leadership Forum, the Park Nicollet Research Foundation, Banner Health, and Urologix, Inc., and is a member of the Medicare Coverage Advisory Committee (MCAC). She holds a J.D. degree from Boalt Hall, University of California, Berkeley.

**Teaches:** medical technology and public policy; fundamentals of health policy and law.

**Selected publications:** Foote, S.B. (2003). "Politics of Prevention: Expanding Prevention Benefits in the Medicare Program," *Journal of Public Health Policy* 24(1):26-40.

Foote, S.B. (2003). "Focus on Locus: The Evaluation of Medicare's Local Coverage Policy," *Health Affairs* 22(4):137-146.

Foote, S.B. (2002). "Why Medicare Can't Promulgate a National Coverage Rule: A Case of Regula Mortis." *Journal of Health Politics, Policy and Law*. 27:707-730.

Foote, S.B. & D.F. Durenberger (2001). "Changing the Way We Think About Medical Technology Policy." *Annals of Thoracic Surgery* 72:1113-1115.

Foote, S.B. (1997). "The Information Trading Process: The Case of Medicare Payment Equity." In Institute of Medicine (ed.), *Information Trading: How Information Influences the Health Policy Process*, Washington, DC: National Academy Press.

Foote, S.B. (1992). *Managing the Medical Arms Race: Innovation and Public Policy in the Medical Device Industry*. Berkeley: University of California Press.

**Judith M. Garrard, Ph.D.**, is a research psychologist with postgraduate training in epidemiology. Her research specialty is pharmacoepidemiology and patient outcomes. She teaches graduate courses in research methods, program evaluation, and epidemiological applications to health services research. Dr. Garrard is an experienced health services researcher with publications about prescription drug use by elderly people in the community, nursing homes, and assisted living facilities. Her past publications include papers on psychotropic drug use, including antipsychotics, antidepressants, and anti-anxiety drugs. Recently, she has expanded her work to include studies of complementary and alternative drugs in combination with prescription drugs. She is or has been principal investigator for projects funded by grants from the National Institute on Aging, AHRQ, HCFA (now CMS), and private foundations including the AARP-Andrus Foundation, Retirement Research Foundation, and the American Society for Consultant Pharmacists. In 1989, Dr. Garrard received the Leonard M. Schuman Excellence in Teaching Award, and in 1991 a Career Research Award in social and behavioral geriatrics from the National Institute on Aging, NIH. In 1999, her book, *Health Sciences Literature Review Made Easy: The Matrix Method*, was published by Aspen Publications, Inc.

**Teaches:** research methods; program evaluation of health and mental health programs; epidemiological applications to health services research.

**Selected publications:** Garrard, J., S. Harms, N. Hardie, L.E. Eberly, N. Nitz, P. Bland, C.R. Gross, & I.E. Leppik (2003). "Antiepileptic Drug Use in Nursing Home Admissions." *Annals of Neurology* 54(1):75-85.

Westermeyer, J., J.M. Canive, J. Garrard, E. Padilla, R. Crosby, & P. Thuras (2002). "Perceived Barriers to Mental Health Care for American Indian and Hispanic Veterans: Reports by 100 VA Staff." *Transcultural Psychiatry*.

Fischer, L.R., F. Wei, S.J. Rolnick, J.M. Jackson, W.A. Rush, J. Garrard, N.M. Nitz, & L. Luepke (2002). "Geriatric Depression, Antidepressant Treatment, and Health Care Utilization in a Health Maintenance Organization." *Journal of the American Geriatrics Society* 50:307-312.

Hanlon, J.T., G. C. Fillenbaum, M. Kuchibhatla, M. Artz, C. Boulton, C.R. Cross, J. Garrard, & K. Schmader (2002). "Impact of Inappropriate Drug Use on Mortality and Functional Status in Representative Community Dwellers." *Medical Care* 40(2):166-176.

Hanlon, J.T., K.E. Schmader, C. Boulton, C.R. Cross, C.G. Fillenbaum, C.M. Ruby, & J. Garrard (2002). "Use of Inappropriate Prescription Drugs by Older People." *Journal of the American Geriatric Society* 50:26-34.

Garrard, J., J. Hanlon, & S. Harms (2001). "Management and Prevention of Medication Errors in Managed Care Organizations." *Preventive Medicine in Managed Care* 2(2):61-73.

**Robert L. Kane, M.D.**, currently holds an endowed chair in Long-term Care and Aging, directs the Center on Aging and the Minnesota Geriatric Education Center and co-directs the University's Clinical Outcomes Research Center. He was the Dean of the University of Minnesota School of Public Health from 1985-1990. Dr. Kane has conducted numerous research studies on both the outcome of clinical care and the organization of care, with special attention to the care of older persons, especially those needing long-term care. He currently directs an Evidence-based Practice Center. He is the author or editor of more than 20 books and 250 journal articles and book chapters on health services research and geriatrics. He serves on the World Health Organization's Expert Committee on Aging. His current research addresses the outcomes of acute and long-term care, especially the effects of hospital and post-hospital care and better ways to deliver chronic care. He has received the President's Award from the American Society on Aging and the Polisher Award from the Gerontological Society of America.

**Teaches:** principles of health services research; quality of care; aging research.

**Selected publications:** Kane R.L., S. Flood, G. Keckhafer, B. Bershadsky, & Y-S Lum (2002). "Nursing Home Residents Covered by Medicare Risk Contracts: Early Findings from the EverCare Evaluation Project." *Journal of the American Geriatrics Society* 50(4):719-727.

Kane R.L., W-C Lin, & L.A. Blewett (2002). "Geographic Variation in the Use of Post-acute Care." *Health Services Research* 37(3):667-682.

Kane R.L., P. Homyak, B. Bershadsky, & Y-S Lum (2002). "Consumer Responses to the Wisconsin Partnership Program for Elderly Persons: A Variation on the PACE Model." *Journals of Gerontology: Medical Sciences* 57A(4):M250-M258.

Kane R.L. and R.A. Kane (eds) (2000). *Assessing Older Persons: Measures, Meaning, and Practical Applications*. New York: Oxford University Press.

Kane R.A., R.L. Kane, & R. Ladd (1998). *The Heart of Long-term Care*. New York: Oxford University Press, New York, 1998.

**Rosalie A. Kane, D.S.W.**, is a professor of public health who also serves on the faculty of the University of Minnesota's Center for Biomedical Ethics, School of Social Work, and Center on Aging. Her research is devoted to aspects of long-term care services, organization, policies, and financing. It ranges across varied settings, including nursing homes, assisted living, and home care, and concerns topics such as home care, case management, assessment, quality assurance, regulation, value conflicts in long-term care, and ethical dilemmas arising in long-term care, as well as the tensions between safety, on the one hand, and protection and freedom, on the other hand, for those using long-term care services. She serves on many national task forces and committees, is a prolific author of articles, books, and reports, and is past editor-in-chief of both *The Gerontologist* and *Health and Social Work*. She directs a national study on measurement and improvement of quality of life in nursing homes and a national study on service patterns in assisted living. In 1998, she received a Robert Wood Johnson Foundation Investigator Award in health policy research. Previously she was a social scientist at RAND in Santa Monica, Calif., and a faculty member at the University of California, Los Angeles. Before that, she was a faculty member at the University of Utah, where she also received her doctorate in social work.

**Teaches:** long-term care; seminar for predoctoral and postdoctoral fellows in aging.

**Selected publications:** Kane, R.L. & R.A. Kane (2000). *Assessing Older Persons: Measures, Meaning, and Practical Applications*. New York: Oxford University Press.

Kane, R.A, R.L. Kane, & R.C. Ladd (1998). *The Heart of Long-Term Care*. New York: Oxford University Press.

Kane, R.A, M.O. Baker, J. Salmon, & W. Veazie (1998). *Consumer Perspectives on Private Versus Shared Accommodations in Assisted Living Settings*. Washington, D.C.: American Association of Retired Persons.

Kane, R.A., & J.D. Penrod (1995). *Family Caregiving in an Aging Society: Policy Perspectives*. Newbury Park, CA: Sage.

Kane, R.A. & K.B. Wilson (1993). *Assisted Living in the United States: A New Paradigm for Residential Care for Frail Older Persons*. Washington, D.C.: American Association of Retired Persons.

Kane, R.A. & A.L. Caplan (eds) (1993). *Ethical Conflict in the Management of Home Care: The Case Manager's Dilemma*. New York: Springer.

**John E. Kralewski, Ph.D.**, William Wallace Professor of Health Services Research and Administration, focuses his research largely on the organizational factors affecting physician-directed use of resources. He is particularly interested in the structure of medical group practices and the organizational mechanisms used by these practices to influence resource use; he has published over 70 articles related to these issues. Dr. Kralewski is a member of the editorial board of *Health Care Management Review* and has served on study sections for NIH, ASPE, and AHRQ. He has been on the boards of directors for numerous health-related organizations, including the Association for Health Services Research and the Association of Graduate Programs in Health Administration. He is an honorary fellow in the American College of Physician Executives and was the director of the graduate program in health services administration at the University of Colorado School of Medicine before returning to Minnesota in 1979 to head the newly formed Center for Health Services Research. He received his doctoral degree in health services administration from the University of Minnesota.

**Teaches:** health services policy.

**Selected publications:** Johnson, C.E., J.E. Kralewski, C.H. Lemak, J.J. Cote, & J. Deane (2002). "The Adoption of Computer-Based Information Systems by Medical Groups in a Managed Care Environment." *The Journal of Ambulatory Care Management* 25(1):40-51.

Gault, K.A., E.C. Rich, J.E. Kralewski, P.D. Turner, T.S. Bernhardt, B. Dowd, R. Feldman, & A. de Vries (2001). "Group Practice Strategies to Manage Pharmaceutical Cost in an HMO Network." *American Journal of Managed Care* 7(11):1081-1090.

Kralewski, J.E., E.C. Rich, R. Feldman, B.E. Dowd, T. Bernhardt, C. Johnson, & W. Gold (2000). "The Effects of Medical Group Practice and Physician Payment Methods on Costs of Care." *Health Services Research*. 35(3):591-613.

Rich, E.C., J.E. Kralewski, R. Feldman, B. Dowd, & T. Bernhardt (1998). "Variations in the Management of Primary Care: Influence on Cost in an HMO Network." *Archives of Internal Medicine* 158:2363-2371.

Kralewski, J.E., E.C. Rich, T. Bernhardt, B. Dowd, R. Feldman, & C. Johnson (1998). "The Organizational Structure of Medical Group Practices in a Managed Care Environment." *Health Care Management Review* 23(2):76-93.

**Donna McAlpine, Ph.D.**, is a medical sociologist whose research focuses on alcohol, drug and mental health care, the patient-physician relationship, and managed health care. Her recent research has examined access to psychiatric care, utilization of services, treatment outcomes for persons with severe mental illnesses, and the impact of changes in the health system. Her work also examines the extent managed health care shapes dimensions of the patient-physician relationship such as time with patients and trust. She received a Ph.D. in sociology from Rutgers University.

**Selected publications:** McAlpine, D.D. & D. Mechanic (2002). "Data Points: Trends in Payer Source for Emergency Room Visits among Persons with Psychiatric Disorders." *Psychiatric Services* 53:14.

Mechanic, D. & D.D. McAlpine (2002). "The Influence of Social Factors on Mental Health." In J. R. M Copeland, M. T. Abou-Saleh, & D. G. Blazer (eds) *Principles and Practice of Geriatric Psychiatry*, New York: Wiley & Sons.

Mechanic, D. & D.D. McAlpine (2001). "Fifteen Minutes of Fame: Reflections on the Uses of Health Research, The Media, Pundits and the Spin." *Health Affairs* 20:211-215.

Mechanic, D., D.D. McAlpine, & M. Rosenthal (2001). "Are Patient-Physician Visits Getting Shorter?" *New England Journal of Medicine* 344:198-204.

Walkup, J.T., D.D. McAlpine, M. Olsson, L. Labay, C. Boyer, & S. Hansell (2001). "Is the Substance Abuse of Inpatients with Schizophrenia Overlooked?" *General Hospital Psychiatry* 26-30.

**A. Marshall McBean, M.D., M.Sc.**, is board certified in preventive medicine and has been active in public health programs, teaching, and research for more than 30 years. He directs the Research Data Assistance Center (ResDAC), the information focal point for researchers pursuing studies using Medicare and Medicaid administrative data. His current research also includes studies focused on differences by race in the use of health services, cancer, diabetes epidemiology and treatment; and infectious diseases of importance in the elderly, such as pneumonia, influenza and septicemia. For the 10 years prior to 1994, Dr. McBean worked in the Office of Research at HCFA, using HCFA data to demonstrate differences in the use of health services among different racial groups and to evaluate the use of health services. He also studied the impact of influenza on the elderly, and he was a major participant in the development of HCFA's initiatives in promoting and monitoring the use of the influenza vaccine. He received his M.D. from Harvard and his M.Sc. from the University of London.

**Teaches:** community health assessment.

**Selected publications:** Virnig, B.A., E.S. Fisher, A.M. McBean, & S. Kind (2001). "Hospice Use in Medicare Managed Care and Fee-For-Service Systems." *American Journal of Managed Care* 7:777-86.

Hebert, P.A., L.S. Geiss, E.F. Tierney, M.M. Engelgau, B.P. Yawn, & A.M. McBean (1999). "Identifying Persons With Diabetes Using Medicare Claims Data." *American Journal of Medical Quality* 14:2707.

McBean, A.M., C.F. Turner, L.K. Fitterman, K. Pate, et al. (1999). "Monitoring the Health Status and Impact of Treatment in Americans: The Medicare Beneficiary Health Status Registry." *Medical Care* 37:189-203.

Sisk, J.E., A.J. Moskowitz, W. Whang, J.D. Lin, D.S. Fedson, A.M. McBean, et al. (1997). "Cost Effectiveness of Vaccination Against Pneumococcal Bacteremia Among Elderly People." *JAMA*. 278:1333-9.

**Ira S. Moscovice, Ph.D.**, is director of the University of Minnesota Rural Health Research Center. He has written extensively on the use of health services research to improve health policy decision making in state government and is a nationally recognized expert in rural health policy analysis. His research interests include rural health care networks, technology diffusion in rural areas, the viability of rural hospitals, and the quality of rural health care. Currently, he is examining the expansion and impact of network development in rural environments and patient safety issues in rural hospitals. In 1992, he was the first recipient of the National Rural Health Association's Distinguished Researcher Award. In 2002, he received a Robert Wood Johnson Foundation Investigator Award in Health Policy Research. He received his Ph.D. in operations research from Yale University.

**Teaches:** health policy; health services research methods; practice of health services research.

**Selected publications:** Moscovice, I. & J. Stensland (2002). "Rural Hospitals: Trends, Challenges, and a Future Research and Policy Analysis Agenda." *Journal of Rural Health* 185:197-210.

Moscovice, I. & R. Rosenblatt (2000). "Quality of Care Challenges for Rural Health." *Journal of Rural Health* 16:168-177.

Moscovice, I. & A. Wellever (2000). "Rural Health Networks: An Organizational Strategy for Collaboration." In J. Geyman, T. Morris, & G. Hart (eds), *Textbook of Rural Medicine*. New York: McGraw Hill, pp. 261-274.

Moscovice, I., M. Casey, & S. Krein (1998). "Expanding Rural Managed Care: Enrollment Patterns and Prospects." *Health Affairs* 17:172-179.

**John A. Nyman, Ph.D.**, has research interests in the theory of insurance and health insurance; nursing home behavior and long-term care policy; cost-effectiveness and cost-utility analysis, especially of new health care technologies and drugs; and the behavior of physicians. His theoretical and empirical papers have appeared in almost all of the prominent health economics and health services research journals. Dr. Nyman received the 1988 Burlington-Northern Faculty Achievement Award at the University of Iowa for excellence in teaching and the 1993 Faculty Award for Excellence in Teaching from the Division of Health Management and Policy, University of Minnesota. He earned his Ph.D. in economics from the University of Wisconsin–Madison.

**Teaches:** economics of the health care system; health insurance; cost-benefit, cost-effectiveness, and decision analysis in health care; fundamentals of social/behavioral science.

**Selected publications:** Nyman, J.A. (2002). *The Theory of Demand for Health Insurance*. Stanford, CA: Stanford University Press.

Nyman, J.A., W.G. Manning, S. Samuels, & B.F. Morrey (1998). "Can Specialists Reduce Care Costs? The Case of Orthopaedic Surgeons." *Clinical Orthopaedics and Related Research* 350:257-267.

Nyman, J.A. & R.A. Connor (1994). "Do Case-Mix Adjusted Nursing Home Reimbursements Actually Reflect Costs? Minnesota's Experience." *Journal of Health Economics* 13(2):145-162.

Nyman, J.A. (1989). "The Private Demand for Nursing Home Care." *Journal of Health Economics* 8(2):209-231.

Nyman, J.A. (1985). "Prospective and 'Cost-Plus' Medicaid Reimbursement, Excess Demand, and the Quality of Nursing Home Care." *Journal of Health Economics* 4(3):237-259.

**William J. Riley, Ph.D.**, HSRP associate division head, has held the position of president and CEO of several health care organizations, including Pacific Medical Center, Seattle; an integrated health care delivery system; a large multi-specialty medical group in Minnesota; and a health plan joint venture. He has extensive experience leading health care organizations and working with medical groups, managed care, quality improvement, and outcomes assessment. He has administered multiple capitation programs for Medicare, long-term care, and commercial products, and has developed and implemented innovative financing mechanisms for hybrid capitation/FFS programs.

**Teaches:** management and health care finance.

**Selected publications:** Riley, W. & D. Yauch (1996). "Physicians Autonomy and Provider Accountability." In P. Boland (ed.), *The Capitation Sourcebook*. Berkeley: Boland Healthcare, pp. 44-59.

Riley, W. & M. Wagenfeld (1987). "Financial Aspects of Health Care." *Radiology Management*, Spring.

Riley, W. & M. Wagenfeld (1986). "The Structure and Function of U.S. Health Care System." *Radiology Management*, Fall.

Riley, W. & V. Schaefer (1984). "Nursing Operations as a Profit Center." *Nursing Management* 15(4):43-46.

Riley, W. & V. Schaefer (1984). "Costing Nursing Services." In L. Curtin & C. Zurlage (eds), *DRGs: The Reorganization of Health*. Chicago: S-N Publications, pp. 247-254.

**Todd H Rockwood, Ph.D.**, director of the HSRP survey center, focuses his health services research primarily on clinical outcomes. A sociologist, he uses a social science approach to the conceptualization and measurement of clinical outcomes. He studies the organization (structure/process) of health care delivery relative to patient outcomes, as well as issues related to measurement of health status. He earned his Ph.D. in sociology from Washington State University.

**Teaches:** research methods; measurement of health-related social factors.

**Selected publications:** Kane, R.L., B. Berhadsky, W-C Lin, T.H. Rockwood, & K. Wood (2002). "Efforts to Standardize the Reporting of Pain." *Journal of Clinical Epidemiology* 55:105-110.

Call, K.T., G. Davidson, A.S. Sommers, R. Feldman, P. Farseth, & T. Rockwood (2002). "Uncovering the Missing Medicaid Cases and Assessing Their Bias for Estimates of the Uninsured." *Inquiry* 38(4):396-408.

Yacavone, R.F., G.R. Locke, 3rd, C.J. Gostout, T.H. Rockwood, S. Thieling, & A.R. Zinsmeister (2001). "Factors Influencing Patient Satisfaction with GI Endoscopy." *Gastrointestinal Endoscopy* 53(7):703-10.

Shaw, M.J., N.J. Talley, T.J. Beebe, T.H. Rockwood, R. Carlson, S. Adlis, A.M. Fendrick, R. Jones, J. Dent, & P. Bytzer (2001). "Initial Validation of a Diagnostic Questionnaire for Gastroesophageal Reflux Disease." *American Journal of Gastroenterology* 96(1):52-7.

Agel, J., T.H. Rockwood, J.C. Mundt, J.H. Greist, & M. Swiontkowski (2001). "Comparison of Interactive Voice Response and Written Self-Administered Patient Surveys for Clinical Research." *Orthopedics* 24(1):1155-1157.

Rockwood, T.H., J.M. Church, J.W. Fleshman, R.L. Kane, C. Mavrantonis, A.G. Thorson, S.D. Wexner, D. Bliss, & A.C. Lowry (2000). "Fecal Incontinence Quality of Life Scale: Quality of Life Instrument for Patients with Fecal Incontinence." *Diseases of the Colon & Rectum* 43(1):9-16; discussion 16-7.

**Robert J. Town, Ph.D.**, has expertise in the areas of health economics, industrial organization, and applied econometrics. His research focuses on competition in the health care marketplace. Dr. Town has studied the impact of network formation in hospital competition, the role of competition in determining hospital quality and the appropriate antitrust policy in health care and health insurance markets. Prior to joining HSRP, he was an assistant professor in the Graduate School of Management at the University of California-Irvine and a staff economist in the Antitrust Division at the U.S. Department of Justice. He received a Ph.D. and M.S. in economics from the University of Wisconsin-Madison.

**Teaches:** health economics.

**Selected publications:** Town, R. & I. Currim (2002). "Hospital Advertising in California: 1991-1997." *Inquiry* 39(3):298-313.

Town, R., & G. Vistness (2001). "Hospital Competition in HMO Networks." *Journal of Health Economics*. 20(4):733-53.

Elvira, M., & R. Town (2001). "Employment Outcome Differentials and Performance for Employees in a Racially Diverse U.S. Firm." *Industrial Relations* 40(4):571-50.

Town, R. (2001). "The Welfare Effects of HMO Mergers." *Journal of Health Economics* 20(6), 967-90.

Gowrisankaran, G., & R. Town (1999). "Estimating the Quality of Care in Hospitals Using Instrumental Variables." *Journal of Health Economics* 18(6):747-767.

Gowrisankaran, G., & R. Town (1997). "Dynamic Equilibrium in the Hospital Industry." *Journal of Economics and Management Strategy* 6(1):45-74.

**Robert L. Veninga, Ph.D.**, is the author of four books and over 80 articles focusing on topics related to organizational change, career renewal and occupational stress. His publications have appeared in *Hospital and Health Services Administration*, *Journal of Nursing Administration*, *Journal of Environmental Health* and *Health Progress*. He was the first recipient of the Leonard M. Schuman Excellence in Teaching Award and is a member of the University of Minnesota Teaching Hall of Fame. Dr. Veninga is an adjunct professor in the University of Minnesota School of Nursing and is a Fellow in the World Federation of Productivity Science. He holds a Ph.D and M.A. degree in Speech Communication focusing on organizational and cross-cultural communication, and a B.D. degree from the North American Baptist Seminary in Sioux Falls, South Dakota.

**Teaches:** management, organizational behavior, management communications and leadership studies.

**Selected publications:** Veninga, R.L. (2002). "The Decisive Role of Leadership: Lessons from September 11, 2001." *Management Services* (February).

Veninga, R.L. (2002). "Reclaiming Our Values: Lessons from a Tragedy." *Health Progress* (January).

Veninga, R.L. (2001). "Five Ways to Rebuild Trust." *Executive Excellence* (October).

Veninga, R.L. (2001). "The Importance of Trust: Creating Wealth in a Connective Economy." Conference Proceedings, XII World Productivity Congress, Hong Kong Productivity Council (November).

**Beth A. Virnig, Ph.D., M.P.H.**, is an epidemiologist who specializes in studies of health care utilization. She is the principal investigator for a grant from the Commonwealth Fund to study end-of-life care in the Medicare program and how it differs between managed care and fee-for-service settings. She is co-principal investigator of an NIH-funded grant to examine the utility of Medicare administrative data for cancer surveillance and studies of treatment patterns and outcomes. She earned her Ph.D. in epidemiology and biostatistics from the University of Minnesota.

**Teaches:** use of administrative data for public health research.

**Selected publications:** Virnig, B.A., J.L. Warren, G.S. Cooper, C.N. Klabunde, N. Schussler, & J.L. Freeman (2002). "Studying Radiation Therapy Using SEER-Medicare-Linked Data." *Medical Care* 40 (8, suppl.):IV49-IV54.

Cooper, G.S., B. Virnig, C.N. Klabunde, N. Schussler, J. Freeman, & J.L. Warren (2002). "Use of SEER Medicare Data for Measuring Cancer Surgery." *Medical Care* 40 (8, suppl.):IV43-IV48.

Virnig, B.A., A.M. McBean, S. Kind, & R. Dholakia (2002). "Hospice Use Prior to Death: Variability Across Cancer Diagnoses." *Medical Care* 40:73-78.

Virnig, B.A., E.S. Fisher, A.M. McBean, & S. Kind (2001). "Hospice Use in Medicare Managed Care and Fee-for-Service Systems." *American Journal of Managed Care* 7:777-786.

**Douglas R. Wholey, Ph.D.**, is an organizational sociologist who is recognized nationally as an expert on health care organization, particularly the evolution, performance, and structure of managed care markets, managed care

organizations, social service and health networks, and team organization and performance. His research includes studies of the diffusion of information technology among HMOs, HMO information technology organization, the HMO premium cycle, and physician evaluation of health plans. He has experience in information technology, both through experience as an information systems professional and directing an Information and Decision Systems Program for five years. Dr. Wholey holds M.B.A. and Ph.D. degrees from the Haas School of Business at the University of California, Berkeley. His Ph.D. is in organizational behavior and industrial relations, with a strong background in organizational sociology. In 1995, Dr. Wholey, Roger Feldman, and Jon Christianson were awarded the National Institute for HealthCare Management Research Award. In 1996, Dr. Wholey became a fellow of the Association for Health Services Research. He currently directs the public health administration and policy program in HSRP.

**Teaches:** organizational sociology; health care organization; public health administration; managing collaborative networks; information management in health care organizations.

**Selected publications:** Feldman, R., & D.R. Wholey (2001). "Do HMOs Have Monopsony Power?" *International Journal of Health Care Finance and Economics* 1(1):7-22.

Wholey, D.R., R. Padman, R. Hamer, & S. Schwartz (2001). "Determinants of Information Technology Outsourcing Among Health Maintenance Organizations." *Health Care Management Science* 4:229-239.

Wholey, D.R., R. Feldman, J. Christianson, & J. Engberg (1996). "Scale and Scope Economies Among HMOs." *Journal of Health Economics* 15:657-684.

Wholey, D.R., R. Feldman, & J. Christianson (1995). "The Effect of Market Structure on HMO Premiums." *Journal of Health Economics* 14:81-105.

Wholey, D.R., J.B. Christianson, & S. Sanchez (1993). "Professional Reorganization: The Effect of Physician and Corporate Interests on the Formation of Health Maintenance Organizations." *American Journal of Sociology* 99:175-211.

Wholey, D.R., J.B. Christianson, & S. Sanchez (1992). "Organizational Size and Failure Among Health Maintenance Organizations." *American Sociological Review* 57:829-842.

**Amy R. Wilson, Ph.D.**, has a background in operations research and is interested in using mathematical modeling to inform health policy and clinical decisions. Her research interests include prevention and screening, resource allocation for and cost-effectiveness of interventions, and patient safety. She received her Ph.D. and M.S. in industrial engineering and operations research from the University of California, Berkeley.

**Teaches:** decision making under uncertainty.

**Selected Publications:** McAlpine, D.D. & A.R. Wilson (in press 2003). "Screening for Depression in Primary Care: What Do We Still Need to Know?" *Depression and Anxiety*.

Wilson, A.R. & J.G. Kahn (2003). "Preventing HIV in Injection Drug Users: Choosing the Best Mix of Interventions for the Population." *Journal of Urban Health* 80:465-81.

Wilson, A.R. & J.G. Kahn (2003). "Preventing HIV in Injection Drug Users: Exploring the Tradeoffs Between Interventions." *Socio-Economic Planning Sciences* 37:269-88.

## Research

**HSRP research is empirically based, policy focused, and grounded in the highest standards of scientific rigor and academic integrity. The following list of projects, which were active during fiscal year 2002-2003, indicates the scope of the health services research conducted in the division.**

### Centers for Medicare and Medicaid Services

#### **Evaluation of Private Fee For Service Plans in the Medicare+Choice Program**

Bryan Dowd, Ph.D. (Abt Subcontract)

Purpose: Evaluate the new private fee-for-service (FFS) option available under the Medicare+Choice (M+C) program. The evaluation will use a combination of primary and secondary data sources to evaluate the effects of the option on beneficiaries and program costs. Primary data will be collected through site visits to participating plans and beneficiary surveys. 09/04/01-09/30/04; \$102,595 (665-6523)

#### **Medicare HMO Withdrawals and Modifications**

Rachel Halpern, doctoral student

Purpose: Gain a better understanding of HMOs' responses to changes in Medicare+Choice payment policy. The study uses profit maximization theory to model the decisions of HMOs as they decide whether, and how, to continue participating in the Medicare+Choice managed care program for another year. The decisions studied include: whether to pull out of a county, whether to change premiums, whether to change supplemental benefits, and whether to leave a geographic region entirely. This study uses secondary data from the Centers for Medicare and Medicaid Services, Interstudy, the Area Resource file, and the Bureau of Labor Statistics. 02/01/02-01/31/04; \$32,400 (665-6520)

#### **Multi-State Evaluation of Dual Eligibles Demonstrations**

Robert L. Kane, M.D.

Purpose: Evaluate four programs that provide managed care for services covered by Medicare and Medicaid. 10/1/97-12/31/03; \$3,311,708 (665-6455)

#### **Measurement, Indicators, and Improvement of the Quality of Life in Nursing Homes**

Rosalie A. Kane, D.S.W.

Purpose: Conduct an evaluation project designed to give additional knowledge and tools to contribute to the improvement of quality of life (QOL) for nursing home residents. The project is divided into three major topics: (1) measuring and developing indicators of QOL, (2) developing quality improvement programs for nursing home QOL, and (3) evaluating environmental design influences on QOL. 6/1/98-08/31/03; \$3,617,787 (665-6467)

#### **Relationships Between Nursing Staff and Residents' Quality of Care and Quality of Life**

Jiexin Liu, doctoral student

Purpose: Investigate how nurse staffing affects quality of life (QOL) and quality of care (QOC) for nursing home residents. This study will extend information about how nurse staff levels affect QOC, and will break new ground in measuring how nursing staff levels affect QOL, and how turnover and pool use affect either the QOL or QOC outcomes. 02/01/02-01/31/03; \$32,126 (665-6521)

#### **Exploring the Use of Claims Data to Assess Warfarin use for Atrial Fibrillation**

Iowa Foundation for Medical Care (CMS Prime)

A. Marshall McBean, M.D., M.Sc.

Purpose: Use Clinical Data Abstraction Centers (CDAC) chart data to investigate the possibility of using claims data to assess performance measures. There are two elements to the performance measure: determining which patients have an indication for warfarin and determining which patients receive warfarin. The performance measure is the ratio of the two. One of the sixth Scope of Work performance measures for the Iowa Pro was to improve warfarin use at discharge for the beneficiaries with atrial fibrillation for whom consensus guidelines indicated. The CDAC collect for CMS the baseline and remeasurement data on warfarin use by abstracting clinical information from the medical charts in the hospitals nationwide. It is time-consuming and expensive for CMS and for other providers interested in improving quality. 08/01/01-01/31/03; \$112,636 (665-9029)

### **ResDAC Renewal**

A. Marshall McBean, M.D., M.Sc.

Purpose: Facilitate and expedite the use of CMS data for research studies involving the Medicare and Medicaid programs by providing information to researchers through an assistance desk and Web site resources, conducting training workshops on CMS databases, conducting training and outreach activities at major health research conferences, and providing technical assistance to CMS staff as needed. 10/01/01-09/30/06; \$3,514,120 (665-9027)

## **Agency for Healthcare Research and Quality**

### **Quality Adjusted Cost Functions for HMOs**

Todd G. Caldis, doctoral student

Purpose: Study Health Maintenance Organizations (HMOs) as economic units, the goal of which is to determine if increasing the quality of HMO services measurably increases the cost of services to HMO members and, if so, by how much. This research goal will be pursued by estimating a quality adjusted HMO cost function using a national data set of HMO and HEDIS quality measures supplied by the National Committee for Quality Assurance. 09/01/01-02/29/04; \$32,400 (665-6511)

### **Selection Bias by Elderly Medicare Beneficiaries with Diabetes**

Bryan Dowd, Ph.D. (University of Washington Subcontract)

Purpose: Examine the effect of Medicare HMO enrollment on the mortality and cost of care for Medicare beneficiaries with diabetes between 1994 and 1998. 02/15/02-12/31/02; \$54,999 (665-6524)

### **Institutional Training Innovation Incentive Award Program**

Roger D. Feldman, Ph.D.

Purpose: Provide students in Health Services Research, Policy and Administration with a training experience that takes place inside a managed care organization or organized delivery system. It also will provide opportunities for mid-career professionals working in these environments to enhance their research skills. The work under the grant will be carried out in three stages. The first stage, lasting for one year, will be devoted to development of collaborative relationships, finalization of policies and procedures, and selection of student participants. In the second stage (years 2 and 3), the program will be piloted in partnership with Allina, a large managed care organization in the Twin Cities. In stage 3, the program will be implemented with two new partners, HealthSystem Minnesota and Sierra Health Plan, to test its portability. 9/1/98-8/31/02; \$221,917 (665-8025)

### **Evidence-based Practice Centers (EPCs)**

Robert L. Kane, M.D.

Purpose: Continue and expand the impact of the Evidence-based Practice Centers (EPCs) Program – a flagship program in AHRQ. The EPCs will provide a variety of services and products, including development of evidence reports and technology assessments. The reports and assessments are systematic reviews based upon rigorous, comprehensive syntheses and analyses of relevant scientific literature, emphasizing explicitly detailed documentation of methods, rationales, and assumptions. EPC reports may relate to clinical topics, focus on organizational and health care delivery matters or financing issues, or present findings and conclusions of cost effectiveness studies. 06/17/02-06/16/07; \$0 (665-6533)

## **Efficacy of Behavioral Interventions to Modify Physical Activity Behaviors**

Jeremy Holtzman, M.D.

Purpose: This task order proposal is part of the Evidenced Based Practice Centers II contract (665-6533). This topic was nominated by the National Cancer Institute, Division of Cancer Control and Population Sciences, National Institutes of Health (NCI/NIH). The objective of this review is to qualitatively and quantitatively synthesize the effect of physical activity behavioral interventions in modifying aerobic physical activity behavior and to determine the factors that moderate or mediate the success of these interventions. The review should target children, adults, and older adults who are cancer patients or survivors. 10/1/02-01/31/04; \$337,066 (665-6547)

## **Broad-Based Support for the EPC Program**

Robert L. Kane, M.D.

Purpose: This is a task order under the Evidenced Based Practice Centers master contract (665-6533). The EPC generalists will undertake a broad and varied range of assignments under this multi-year task order such as development of evidence reports on topics nominated by private-sector Partners; updating EPC reports; providing technical assistance to Partners; undertaking methods research and/ or special analyses, as requested. The AHRQ will issue Work Assignments to develop evidence reports, based on comprehensive reviews of the scientific literature, and other appropriate analysis. 09/20/02-09/19/04; \$571,945 (665-6543)

## **EPC Evidence Report on Total Knee Replacement**

Robert L. Kane, M.D.

Purpose: This task order proposal is part of the Evidenced Based Practice Centers II contract (665-6533). To increase the scientific rigor of the Consensus Development Conference process, and as an additional means of communicating evaluative summaries of the quality of the research evidence directly to the medical research community, the NIH Office of Medical Applications of Research (OMAR) seeks scholarly input from the EPCs relating to total knee replacement that will be addressed at NIH Consensus Development Conferences and State-of-the-Science Conferences. 10/01/02-01/31/04; \$200,000 (665-6546)

## **Patient Safety and Quality of Care**

Robert L. Kane, M.D.

Purpose: Examine patient safety and quality concerns in long term care facilities. This is a task order contract under "Accelerating the Cycle of Research through a Network of Integrated Delivery Systems." 10/1/01-09/30/03; \$294,759 (665-6513)

## **Accelerating the Cycle of Research Through a Network of Integrated Delivery Systems (IDSRNs)**

John E. Kralewski, Ph.D.

Purpose: Create a Minnesota Health Care Improvement Consortium to contract with AHRQ to conduct research related to the provision of cost effective, accessible high quality health care. Participating IDSs are Blue Cross and Blue Shield of Minnesota, Allina Health System, and the Institute for Research and Education at HealthSystem Minnesota. 9/1/00-8/31/05; \$0 (665-6499)

## **Establishing A National Network of Medical Group Practices**

John E. Kralewski, Ph.D.

Purpose: The purpose of this project is to create a national database on medical group practices and then recruit a representative sample of those practices for an ongoing research, development, and monitoring program. While there are very good data bases on hospitals and hospitalized patients, there are no comparable data for the medical group practice field. Consequently, the magnitude of the field is largely unknown and, while there is broad agreement that group practices are rapidly expanding and becoming the practice form of choice for physicians, there is a lack of data to confirm how or why this is occurring. This project is designed to address these issues by establishing a nationally representative sample of medical group practices that will contribute performance and structure data to an MGMA based data set, will provide a communication network, and will participate in R&D projects. 06/01/03-01/31/05; \$299,987 (665-6561)

## **Institutional Traineeship Health Services Research**

John E. Kralewski, Ph.D.

Purpose: Prepare teachers and researchers for the health services field. 9/30/89- 06/30/03; \$1,169,373 (665-8023)

## **Institutional Traineeship Health Services Research--NCCAM**

John E. Kralewski, Ph.D.

Purpose: Prepare CAM teachers and researchers for the health services field. 07/01/01-06/30/03; \$242,006 (665-8029)

## **The Effects of Financial Incentives in Medical Group Practices**

John Kralewski, Ph.D.

Purpose: Assess the influence of physician financial incentives in medical group practices and their work environment on clinical errors. One hundred and thirty seven medical group practices will be studied. An important aspect of this study is the evaluation of financial incentives at both the group practice and physician levels. With the blended payment data and the documentation of per member per month (PMPM) costs of care in the group practices, a determination will be made, for the first time, regarding the achievement of low cost practices status at the expense of quality. Data for this study will be obtained from claims and patient demographic files from Blue Cross and Blue Shield of Minnesota and from a survey of the medical group practices serving Blue Cross enrollees. PMPM costs, group practice organization, and practice physician payment data sets have already been created from a previous AHRQ project. 10/01/01-10/31/03; \$242,358 (665-6514)

## **Impact of Payment Policies on Cost, Content, and Quality**

Robert J. Town, Ph.D.

Purpose: Outline an approach to the study of physician economic incentives at the enrollee, health plan, and health care provider levels, and their effect on the cost, quality, and type of services received by patients. 05/01/02-10/31/03; \$249,978 (665-6529)

## **Robert Wood Johnson Foundation**

### **State Health Access Data Assistance Center**

Lynn A. Blewett, Ph.D.

Purpose: Establish a State Health Access Data Assistance Center (SHADAC) at the University of Minnesota to: (1) translate existing data and research on state estimates of the uninsured in a way that is meaningful and relevant to state policy analysts and decision makers; (2) provide technical assistance to support states in these analytic data and information needs related to health care access; (3) increase the number of state analysts skilled in accessing and using data and information on the uninsured; (4) conduct policy analysis and timely research on access issues and state health policy; and (5) build an infrastructure and expertise in state data needs to provide technical liaison between states and national survey efforts. Data and information are key factors underlying a state's ability to evaluate past access initiatives, to monitor trends in the numbers and characteristics of the uninsured, and to move forward on new access initiatives. 9/1/00- 07/31/04; \$5,600,279 (665-6493)

### **Second Generation of Buyers Health Care Action Group Initiative**

Roger Feldman, Ph.D.

Purpose: Build on the recently completed evaluation of BHCAG focusing research on: 1) determining whether consumer awareness of quality differences among competing health care systems affects selection of providers, 2) assessing the opportunities and obstacles to transporting the BHCAG approach to other settings, and 3) analyzing the cost implications of BHCAG's decision to decentralize the design of its drug formularies. 10/01/01-09/30/03; \$411,485 (665-6512)

### **Evaluation of Medicare's LMRP for New Medical Technologies**

Susan B. Foote, J.D., M.A.

Purpose: Evaluate the variation of local medical review policies (LMRPs) by local carriers and intermediaries in the Medicare program. Over 90% of all coverage decisions for new technologies in Medicare are made by local carriers, but the process has not been evaluated in 16 years. The study will utilize a multi-method research design, including archival, ethnographic, and survey research methods. 5/1/01-12/31/03; \$555,921 (665-6503)

## **Balancing Long-Term Care**

Robert L. Kane, M.D.

Purpose: Conduct a national study to describe, compare, and disseminate state long-term care efforts using 1996 data to: 1) determine the extent to which states have committed resources towards home and community services as opposed to nursing home care; and 2) determine the extent which states have invested in various types of community care. 10/01/00-08/31/03; \$586,681 (665-6497)

## **Implementation of the First Green House for Long Term Care in Tupelo, Mississippi**

Center for Growing and Becoming (RWJ Prime)

Rosalie A. Kane, D.S.W.

Purpose: 1. Design a formative and outcome evaluation of the Greenhouse in Tupelo, Miss. and prepare a grant proposal to the Commonwealth Foundation to conduct that evaluation. 2. As part of 1, develop the individual resident, staff, and family measures to be used in the evaluation. 3. Collect the baseline data from residents, staff, and family who enter the Greenhouses and a comparison group who remain in the sponsoring nursing home (anticipated total sample of 80 residents, and close to 80 line staff and family members). 4. Collect Environmental data in the sponsoring nursing home before the Greenhouse opens. 02/15/03-05/15/03; \$20,000 (665-6554)

## **Making Long-Term Care (LTC) Systems Work for Consumers: Shifting the Policy Debate and Stimulating Genuine Change**

Rosalie A. Kane, D.S.W.

Purpose: Investigator scholar award; use multiple modalities (literature reviews, expert interviews, case studies, etc.) to reconceptualize goals of long-term care for older people and to develop, test and disseminate strategies to improve it. 6/1/99-08/31/03; \$249,939 (665-6483)

## **The Effectiveness and Value of Moving to an Integrated System for the Treatment of Depression in a Managed Care Health Plan**

Donna McAlpine, Ph.D.

Purpose: This study assesses changes in the identification, treatment, and health costs for the care of depression as behavioral health services are integrated into general health plan services for a managed care population. Using claims data, we focus on whether integration reduces barriers and improves the value of care provided in primary care settings. 04/01/03-03/31/04; \$99,999 (665-6556)

## **Tracking Changes in Alcohol, Drug, and Mental Health Care**

Rutgers University (RWJ Prime)

Donna McAlpine, Ph.D.

Purpose: Examine trends in alcohol, drug, and mental health care systems over recent years with a focus on how changes affect persons with the most severe illnesses. 10/01/01-09/30/03; \$36,470 (665-6516)

## **Monitoring the Transformation of Rural Health Care Delivery and Finance Phase II**

Ira S. Moscovice, Ph.D.

Purpose: Continue monitoring the major trends that are transforming rural health care delivery and financing in the United States in the 1990s. 2/1/98-07/31/03; \$1,700,398 (665-6463)

## **RWJF Investigator Awards in Health Policy (Rural Models)**

Ira S. Moscovice, Ph.D. (University of Washington Subcontract)

Purpose: Develop a method of identifying cost-effective rural health models through the review of previous research and available data, and complete a series of case studies from the perspective of rural strengths. 03/01/02-02/29/04; \$134,730 (665-6528)

## **National Institutes of Health**

### **Epilepsy Clinical Research Program, NIH**

Judith M. Garrard, Ph.D. (Project 4) (Ilo Leppik, main grant PI)

Purpose: Study antiepileptic drug metabolism using liver biopsy tissue from elderly using stable (nonradioactive) and labeled tracer drugs. A sophisticated computer system will be used to investigate patterns of antiepileptic drug metabolism and use from over 6,000 nursing home patients in the U.S. The risk factors for developing epilepsy in 16,000 African-Americans and Caucasians will also be studied. The elderly are the fastest growing group in the U.S., and recent research has shown that use of drugs for epilepsy is very common in this age group (10% of 45,000 nursing home residents). 7/15/97-09/30/02; \$956,972 (657-6071)

### **Epilepsy Clinical Research Program, NIH**

Judith M. Garrard, Ph.D.

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### **Training CAM Clinical Investigators**

Judith M. Garrard, Ph.D.

Purpose: Three major, established health institutions in the Twin Cities metropolitan area have been collaborating for several years in CAM and CAM research, and these institutions now offer a combined training program for post-doctoral fellows in clinical research in CAM. The lead organization is the internationally known Berman Center for Outcomes and Clinical Research, at the Minneapolis Medical Research Foundation, Hennepin Faculty Associates. Also from MMRF and HFA are the HFA Alternative Medicine Division and Clinic, and a P50 Alternative Medicine and Addictions Center for Research. The degree granting institution is the University of Minnesota, through which fellows may obtain an M.S. in Clinical Research in the Division of Epidemiology, School of Public Health, or an M.S. or Ph.D. in Health Services Research, Policy and Administration within the School of Public Health. In addition, all fellows will be required to obtain a minor in Complementary Therapies and Healing Practices, offered through the Center for Spirituality and Healing. The third collaborating institution is Northwestern Health Sciences University, a multi-program educational and research facility that has been a leader in Minnesota for almost six decades in complementary and alternative medicine. 09/15/02-08/31/07; \$52,378 (665-8032)

### **Alcohol Abuse Treatment Outcomes in Managed Care, NIAAA**

Robert L. Kane, M.D.

Purpose: Collect follow-up data on alcohol and substance abuse cases to determine the outcomes and related costs. 9/1/97-8/31/02; \$394,910 (665-6457)

### **Minnesota Training Grant in Aging, NIA**

Robert L. Kane, M.D.

Purpose: Renew and expand the aging training grant at the University of Minnesota. The goals of the expanded program are to train basic clinical and applied researchers who are conversant with the multi- and interdisciplinary approaches in the study of aging. This cycle of training takes advantage of the increased opportunities in aging training and research at the University. 8/15/97-4/30/03; \$2,078,202 (665-8019)

### **Nursing Effort and Quality in Long-Term Care Facilities**

Robert L. Kane, M.D.

Purpose: The purpose of this study is to examine the relationship between nursing effort and quality of care for nursing home residents. This study uses extant data from time studies of nursing staff in three states and MDS data on the nursing home residents who were cared for by nurses in the time study to address the relationship between nursing effort and quality of care. Nursing effort is measured by the amount of minutes per day provided to each resident by nursing staff type (RN, LPN, aide, and other direct care staff). The quality measures, which cover both care processes and outcomes, are derived from the MDS and they employ case-mix adjusted quality indicators that have been widely used in previous

studies but without the case mix adjustment. Multi-level analysis, HLM, will be used to address the nesting of effects where residents are clustered within nursing units. 06/01/03-05/31/05; \$270,723 (665-6559)

### **Cancer Surveillance Using Health Claims-Based Data**

National Cancer Institute

A. Marshall McBean, M.D., M.Sc.

Purpose: Determine the feasibility of establishing a national cancer surveillance system using the claims submitted to Medicare by physicians, hospitals and others. If this is possible, then national reports will be developed on cancer incidence in the elderly and analyses will be conducted on the treatment and outcomes of treatment for cancer. 6/16/97-05/31/03; \$490,176 (665-6480)

### **U.S. Renal Data Systems Coordinating Center**

(Minneapolis Medical Research Foundation Subcontract)

A. Marshall McBean, M.D., M.Sc.

Purpose: provide biostatistical, epidemiological, and clinical expertise to develop and implement innovative health policy studies using the United States Renal System (USRDS) databases. 08/16/01-08/15/04; \$47,157 (665-6526)

### **Risk Reduction for Young African American IDUs**

Louisiana State University (NIH Prime)

Amy R. Wilson, Ph.D.

Purpose: Evaluate the cost-effectiveness of three interventions to reduce HIV-related risk behaviors among young African-American injection drug users in New Orleans. This analysis will use outcome and cost data collected from the intervention trial. The analysis estimates various measures of program and cost-effectiveness using both observed outcome data and modeled outcome data. 09/01/01-05/31/04; \$45,965 (665-6515)

## **Health Resources and Services Administration**

### **Montana State Planning Grant**

Montana Department of Public Health and Human Services (HRSA Prime)

Timothy J. Beebe, Ph.D.

Purpose: This project is a subcontract with the state of Montana under the HRSA State Planning Grant Program. We will provide support on sample design and data collection, and assist the SPG personnel in developing sampling frames, weighting schemes, as well as a detailed analysis dissemination strategy. 07/01/02-01/31/04; \$99,332 (665-6548)

### **State Planning Grant-Indiana**

Indiana Family and Social Services Administration (HRSA Prime)

Timothy J. Beebe, Ph.D.

Purpose: The purpose of the project is to provide support on sample design and data collection, and assist the Indiana State Planning Grant personnel in developing sampling frames, weighting schemes, and a detailed analysis dissemination strategy. 07/15/02-06/30/03; \$97,103 (665-6550)

### **State Planning Grant-Virgin Islands**

Government of the Virgin Islands (HRSA Prime)

Timothy J. Beebe, Ph.D.

Purpose: We will work with the Virgin Islands in the implementation of their State Planning Grant from U.S. Health Resources and Services Administration to facilitate the analysis of data on the uninsured. We will assist SPG recipients with the multitude of decisions they must make concerning the design and implementation of their data collection strategy, as well as analysis and compilation of their findings. 09/07/02-06/30/03; \$99,484 (665-6540)

## **Adequacy of Coverage: An Assessment of Underinsurance**

Minnesota Department of Health (HRSA prime)

Lynn A. Blewett, Ph.D.

Purpose: Produce a report summarizing the conceptual and empirical approaches to measuring the adequacy of health insurance coverage. The report will include three main sections: 1) a review of the conceptual approaches to defining and measuring adequacy of coverage; 2) a review of the empirical work associated with each of the facets identified; and 3) the identification of possible sources for further research using data obtained through secondary and primary data sources.

05/15/02-08/31/02; \$28,000 (665-6530)

## **Report to the Secretary for the HRSA State Planning Grants**

AcademyHealth (HRSA Prime)

Lynn Blewett, PH.D.

Purpose: Collaborate with AcademyHealth to synthesize the state reports for providing access to affordable health insurance coverage to all their citizens according to the format prescribed by HRSA. 09/16/01-10/31/03; \$115,000 (665-6517)

## **State Planning Grant, Minnesota Department of Health (HRSA Prime)**

Kathleen Thiede Call, Ph.D.

Purpose: Have each grantee state develop a plan or propose options that ensure that every citizen in that state has access to affordable health insurance benefits similar in scope to the Federal Employees Health Benefit Plan, Medicaid, benefits to State employees or other similar quality benchmarks. 10/1/00-09/30/03; \$1,132,105 (665-6498)

## **Geriatric Education Center**

Robert L. Kane, M.D.

Purpose: Continue efforts to develop an interdisciplinary program to increase the quality and quantity of geriatric content in the Health Sciences. This program will work with multiple schools and departments within the University and will reinforce the network of regional geriatric education centers that link the University with other teaching and service organizations concerned about care of older persons. 07/01/00-06/30/05; \$992,248

## **Evidence Based Safety Standards for Rural Hospitals**

University of North Dakota (HRSA Prime)

Ira S. Moscovice, Ph.D.

Purpose: Scope of Work--Develop first draft of the protocol for the rural hospital phone survey; Develop sampling strategy for the phone survey; Select sample of rural hospitals for telephone survey. 01/01/03-08/15/03; \$35,000 (665-6552)

## **Medical Errors and Access to Capital Rural Health Research Center, ORHP**

Ira S. Moscovice, Ph.D.

Purpose: Identify two new projects for FY 2001 research work plan for the Rural Health Research Center. Preventing Errors in Rural Hospitals – This project will assess the implications of the recent Institute of Medicine (IOM) report, “To Error is Human: Building a Safer Health System,” for rural hospitals to help identify ways in which they can monitor and implement systems to prevent medical errors. The second – “Rural Hospitals’ Access to Capital” – will examine why rural hospitals borrow less and have older facilities. 5/10/01-8/31/03; \$170,286 (665-6504)

## **Rural Hospital Flexibility Program Review Office of Rural Health Policy, ORHP**

Ira S. Moscovice, Ph.D.

Purpose: Describe an overall strategy for an evaluation of the Medicare Rural Hospital Flexibility Program to be jointly conducted by the Rural Health Research Centers supported by the Federal Office of Rural Health Policy (ORHP). Each of the Research Centers will have lead responsibility for specific parts of the evaluation and will have specific roles in other parts of the evaluation. The University of Minnesota Rural Health Research Center (UMRHRC) will have lead responsibility for a statistical analysis of the financial impact conversion on all Critical Access Hospitals and on the Medicare program (Task 11) and will share lead responsibility with the WWAMI Rural Health Research Center for creating case studies of CAH Conversions and Community Impact (Task 6). The study has been developed in conjunction

with the other Rural Health Research Centers and describes UMRHRC involvement in each the part of the evaluation. 9/1/99-8/31/03; \$907,012 (665-6481)

### **Rural Health Research Center: Dental, ORHP**

Ira S. Moscovice, Ph.D.

Purpose: The purpose of this project is to describe the characteristics of rural populations that have the greatest problems with access to dental care and to identify strategies for improving access to dental care in rural areas. This project is the latest in a series of projects by UMRHCR for ORHP that have assessed the implications of health professional shortages (e.g. primary care doctors, pharmacists, nurse practitioners and physician assistants) for rural populations. 09/15/02-08/31/03; \$74,932 (665-6539)

### **Rural Health Research Center: Latino Population, ORHP**

Ira S. Moscovice, Ph.D.

Purpose: Provide an in-depth assessment of the response of local rural health care systems to the unique needs of a growing Latino population in four rural Midwest communities. 5/16/01-8/31/03; \$95,000 (665-6508)

### **Rural Health Research Center: Quality Indicators**

Ira S. Moscovice, Ph.D.

Purpose: Develop relevant quality indicators for rural hospitals by 1) evaluating existing quality indicators and performance measurement systems to assess their relevance for rural hospitals, and 2) convening an expert panel to make recommendations for quality indicators that are relevant for rural hospitals. 6/11/02-8/31/03; \$158,534 (665-6531)

### **Rural Health Research Center: Sustainability**

Ira S. Moscovice, Ph.D.

Purpose: Assess the impact and sustainability of rural health consortia/networks that received grant support under the federal Rural Health Outreach Grant Program (RHOGP) in FY97 and FY94. Specific attention will be given to the organizational best practices that have allowed grantees to continue in their collaborative efforts to meet the needs of rural communities. 6/11/02-8/31/03; \$2,414,319 (665-6532)

### **University of Minnesota Rural Health Research Center**

Ira S. Moscovice, Ph.D.

Purpose: Conduct policy relevant research and analysis of rural health issues of regional and national significance and disseminate information on these issues to local, state, and federal policymakers. It is our strong belief that relevant research can help shape rural health policy and the delivery and financing of rural health services, particularly if findings are disseminated to policymakers in an effective and timely manner. 9/30/96-8/31/03; \$2,386,293. (665-6441)

## **Other Granting Agencies**

### **Smith & Nephew Oxinium™ Head Study (SNOH) Study: A Multicenter Randomized Study Design**

Smith & Nephew

Boris Bershadsky, Ph.D.

Purpose: Over 170,000 total hip arthroplasties (THAs), or hip replacement surgeries, are performed in the U.S. every year. This number is increasing as the population ages, as has the number of THA revisions performed to replace failed or loosened components. Improved implant longevity and patient outcomes may be achieved with implants constructed of new materials possessing enhanced wear properties. To this end, we will investigate outcomes following THA procedures randomized to either Oxinium (a new alloy) or cobalt-chromium (the present standard of care) femoral heads, and to either conventional polyethylene vs. crosslinked polyethylene acetabular liners. Our primary outcome is the analysis of bearing surface wear over time, as measured by digitized X-rays. Secondary outcomes include the comparison of subject function as quantified by HRQL measures, the comparative rates of complications following THA, and the incidence and risk factors for THA failure. The University of Minnesota will coordinate this multicenter study, which will include ten sites in the U.S., as well as sites in Canada, England, Sweden, Belgium, and Germany. This initial phase of the study will

follow subjects for three years following surgery; successful NIH funding will provide a total of ten years of follow-up. 01/01/03-12/31/05; \$416,643 (661-9009)

### **Disparities in Minnesota Health Care Programs**

Stratis Health

Kathleen Thiede Call, Ph.D.

Purpose: The primary purpose of the proposed study is to understand barriers to preventive health care among Minnesota Health Care Program (MHCP) enrollees, with particular attention to disparities in preventive and health care utilization among racial/ethnic populations, as well as how these barriers differ by age (i.e., children versus adults) and health care delivery system (i.e., fee-for-service versus managed care). A second purpose of the study is to identify potential solutions to observed disparities with the goal of improving service delivery to populations of color and American Indians.

01/06/03-11/15/03; \$403,892 (665-6551)

### **Minnesota Compact for Prevention Grant**

Allina Foundation

Kathleen Thiede Call, Ph.D.

Purpose: This project seeks to develop partnerships among community groups, researchers from the University of Minnesota and the Minnesota Department of Health to address existing health disparities within the state. 10/01/02-02/29/04; \$257,715 (665-9034)

### **Consultation on Sampling for the Minnesota Adult Tobacco Survey**

Blue Cross and Blue Shield of Minnesota

Michael E. Davern, Ph.D.

Purpose: The purpose of this contract is to define survey questions to assess respondent insurance status, to design a sampling strategy, to assist in monitoring the implementation of the survey and analyzing data to detect and correct problems in the fielding of the survey, to construct survey weights, and to evaluate the weighting scheme of the Minnesota Adult Tobacco Survey. 09/20/02-6/3/04; \$67,000 (665-6544)

### **Coalition in the Health Care Industry in the Twin Cities**

Blue Cross and Blue Shield of Minnesota

Bryan E. Dowd, Ph.D.

Purpose: The purpose of the proposed research studies is to document the extent of consolidation in three sectors of the health care industry in Minnesota: health plans, hospitals, and physicians, particularly specialists and sub-specialists.

05/15/03-12/31/03; \$32,470 (665-6558)

### **Medication Use by Residents of Assisted Living Facilities**

Retirement Research Foundation

Judith M. Garrard, Ph.D.

Purpose: Establish an 18-month project consisting of two phases. The first includes the development of data collection methods and a training manual, and training of nurse interviewers who will gather the data. The second phase concentrates on data collection, using a standardized interview protocol, analysis, and preparation of reports, manuscripts describing the methodology and results to be submitted to peer reviewed journals, and the preparation of an NIH grant proposal. 11/1/00-10/30/02; \$297,764 (665-6501)

### **Minneapolis Hepatitis C Field-Based Resource Center (HCFRC)**

Veterans Administration Medical Center, Minneapolis

Judith M. Garrard, Ph.D.

Purpose: Optimize the number of patients with Hepatitis C who are able to receive comprehensive, safe, and effective care at VA Medical Centers. The HCFRC will define and help determine "best practice" for Hepatitis C and create tools and systems to implement this best practice in VA Medical Centers. 01/01/02-09/30/04; \$149,038 (665-6527)

## **Analyzing the Interface Between Formal and Informal Care of Alzheimer's Patients**

University of Kentucky (Alzheimer's Association Prime)  
Robert L. Kane, M.D.

Purpose: Conduct a secondary analysis of the Medicare Alzheimer's Disease Demonstration Evaluation (MADDE), a unique study of family caregivers of dementia patients. This analysis will determine predictors of early service use among caregiving families and whether early community-based service use is related to delayed institutionalization among dementia patients and reduced burden and depression among caregivers. 9/1/00-7/31/02; \$22,000 (665-6502)

## **Developing a Reimbursement & Quality Profile System for LTC**

Minnesota Department of Human Services  
Robert L. Kane, M.D.

Purpose: Contract with State of Minnesota to develop a new payment approach based on the RUGS time-motion study of nursing homes, estimate the need for regulations about nurse staffing levels, and develop a quality information system to help consumers choose the right type of LTC. 07/23/02-06/30/05; \$1,956,072 (665-9030/9033)

## **Nurse Del/TAC Study**

Rutgers University (State of New Jersey Prime)  
Rosalie A. Kane, D.S.W.

Purpose: This project is collaborating with Rutgers in a study of nurse delegation laws, regulations, and experiences in state boards of nurses in 50 states. The University of Minnesota is involved in developing the interview protocol; conducting one-half of the interviews, and interpreting the results. 06/01/02-08/31/02; \$8,663 (665-6541)

## **Practical Strategies to Transform Nursing Home Environments**

Retirement Research Foundation  
Rosalie A. Kane, D.S.W.

Purpose: Analyze secondary data and collect primary data through multiple post-occupancy evaluations of innovative environmental designs and innovative modifications of existing physical environments in nursing homes. Products, which include a self-assessment and how-to-do-it workbook and a more elaborate topically organized manual, will be iteratively field tested and evaluated before finalization. 01/01/02-12/31/03; \$199,839 (665-6519)

## **Real Choice for Systems Change**

Arkansas Department of Human Services  
Rosalie A. Kane, D.S.W.

Purpose: To conduct work to develop and implement an ongoing assessment process for people at risk and for those already institutionalized that will determine the least restrictive setting based on consumer preference and availability of services. 01/14/03-06/30/03; \$12,250 (665-6557)

## **Minnesota Center for Excellence in Health Statistics**

Minnesota Department of Health (CDC Prime)  
Todd H Rockwood, Ph.D. (Melanie Wall, main grant PI)

Purpose: Establish a long-term partnership with the University of Minnesota and the Minnesota Department of Health in developing more advanced statistical methodologies, which can be applied to high priority public health issues such as smoking and racial disparities in health status and outcomes. This project will develop and apply advanced statistical methodologies in the areas of tobacco use cessation and prevention, and health disparities by race/ethnicity. With Minnesota being one of four states to have negotiated a court settlement with the tobacco industry, there are significant opportunities and requirements to improve the assessment and evaluation of tobacco use in the state. Further analysis of major health indicators by race and ethnicity will require more sophisticated methods to assure valid comparisons and to clarify the critical public health issues associated with reducing such disparities. The center will also provide opportunities for research training, career development, and mentoring, especially for minority researchers and graduate students in public health and related fields. 4/10/00-01/31/03; \$ 186,826 (665-6489)

## **Minnesota Center for Excellence in Health Statistics**

Minnesota Department of Health (CDC Prime)

Todd H Rockwood, Ph.D. (Melanie Wall, main grant PI)

Purpose: The overall theme of the Center for Research in Health Statistics as a partnership with the Minnesota Department of Health and the University of Minnesota School of Public Health is on the assessment and evaluation of race/ethnicity disparities among the residents of Minnesota. This focus on race/ethnicity disparities in Minnesota builds upon the current work of the Center for Research in Health Statistics, as well as addresses a key need by public policy officials in the state regarding the collection and analysis of health statistics. Dr. Rockwood's portion of the Center grant will evaluate the sampling, administration, and data from the SHAPE II survey relative to improving survey methodology in the assessment of health disparities, as well as to work with the State of Minnesota Department of Health in planning the field work associated with the eliminating health disparities project.

12/27/02-09/29/04; \$71,922 (665-6549)

## **Health and Economic Consequences of Air Pollution in India-Field Research**

Minnesota Medical Foundation

Robert J. Town, Ph.D.

Purpose: The purpose of this proposal is to develop methods for measuring the impacts of air pollution on the health of Indian households and the economic consequences of those health impacts, which includes constructing a survey instrument and the appropriate economic and statistical framework to translate differences in health status into monetary equivalents. 03/01/03-02/29/04; \$25,000 (665-6553)

## **Colorectal Cancer Screening Assessment and Surveillance Data**

Minneapolis Veterans Administration Medical Center

Beth A. Virnig, Ph.D.

Purpose: This project will develop a datasytem to monitor colo-rectal cancer screening activities and their associated outcomes. The system will be piloted in five VAMC facilities and use existing VA databases including NED, the Austin data, VISTA, and MUMPS. The database will allow for tracking of CRC screening rates and the use of follow-up diagnostic services. The goal of this 30-month project is to successfully develop a prototype system that can be used for both monitoring quality of care and for research purposes. The fully developed system should be expandable to the entire VA system. 07/01/02-09/30/04; \$126,122 (665-6538)

## **Medicare+Choice and Minority Elderly**

Baylor College of Medicine (Veterans Administration Prime)

Beth A. Virnig, Ph.D.

Purpose: This study will provide a comprehensive examination of both system and individual level factors affecting minority use of the Medicare HMOs. It will also investigate the availability of Medicare HMOs and benefit packages for beneficiaries of differing race/ethnic classifications. 09/30/02-09/30/05; \$183,153 (665-6555)

# Publications

**Faculty publish their research findings in numerous books, articles, chapters, and reports. Listed here are the fiscal year 2002-2003 publications by HSRP faculty. Also listed are fiscal year 2002-2003 issues of Research Brief, a one-page summary of a recent HSRP publication. All previous issues are available on our Web site at [www.hsr.umn.edu](http://www.hsr.umn.edu). For reprints of any of our publications, fax your request to 612-624-2196.**

Andes, S., L.M. Metzger, **J. Kralewski**, & D. Gans (2002). Measuring Efficiency of Physician Practices Using Data Envelopment Analysis. *Managed Care*, pp. 48-56.

Atherly, A., **J. Kralewski**, C. Johnson, & M. Brasure (2003). Developing Rural Primary Health Care Service Areas: An Analysis of Patient Migration Patterns. *Health Care Management Review* 28(2):189-197.

Berenson, R. & **B. Dowd** (2002). The Future of Private Plan Contracting in Medicare. AARP. Available at: [http://research.aarp.org/health/2002\\_12\\_medicare.pdf](http://research.aarp.org/health/2002_12_medicare.pdf)

Bhatia, S., M.E. Jenney, M.K. Bogue, **T. Rockwood**, J.H. Feusner, D.L. Friedman, L.L. Robison, & **R.L. Kane** (2002). The Minneapolis-Manchester Quality of Life Instrument: Reliability and Validity of the Adolescent Form. *Journal of Clinical Oncology* 20(24):4692-8.

Bindman, A.B., **D.R. Wholey**, & J.B. Christianson (2003). Physicians' Reports of Their Experience with Health Plan Care Management Practices. *American Journal of Managed Care* 9(spec. no. 2):SP100-110.

**Blewett, L.A.**, S.A. Smaida, C. Fuentes, & E. Ulrich Zuehlke (2003). Health Care Needs of the Growing Latino Population in Rural America: Focus Group Findings in One Midwestern State. *The Journal of Rural Health* 19(1):33-41.

**Blewett, L.A.**, S.A. Smaida, C. Fuentes, & E. Ulrich (2003). Health Care Needs of the Growing Latino Populations in Rural America. *Journal of Rural Health* 19(1):33-41.

**Block, L.E.**, & J.R. Freed (2003). Dental Public Health: An Overview. In G.M. Gluck, and W.M. Morganstein, *Jong's Community Dental Health*, 5th Edition. St. Louis: Mosby, pp.3-36.

**Block, L.E.** (2003). Organization of Health Related Activities at The Federal Level of Government. In G.M. Gluck, and W.M. Morganstein, *Jong's Community Dental Health*, 5th Edition. St. Louis: Mosby, pp. 489-500.

Boyle, R.G., L.I. Solberg, S. Magnan, **G. Davidson**, & N.L. Alesci (2002). Does Insurance Coverage for Drug Therapy Affect Smoking Cessation? *Health Affairs* 21(6):162-168.

Calico, F.W., C.D. Dillard, **I. Moscovice**, & M.K. Wakefield (2003). A Framework and Action Agenda for Quality Improvement in Rural Health Care. *The Journal of Rural Health* 19(3):226-232.

**Casey, M.M., J. Klingner, & I. Moscovice** (2002). Pharmacy Services in Rural Areas: Is the Problem Geographic Access or Financial Access? *Journal of Rural Health* 18(3):467-477.

Christianson, J.B., **D.R. Wholey**, L. Warrick, & P. Henning (2003). How Are Health Plans Supporting Physician Practice? The Physician Perspective. *Health Affairs* 22(1):181-189.

Cooper G.S., **B. Virnig**, C.N. Klabunde, N. Schussler, J. Freeman, & J.L. Warren (2002). Use of SEER-Medicare Data for Measuring Cancer Surgery. *Medical Care* 40 (8, suppl.):IV43-IV48.

**Davern, M., L.A. Blewett, B. Bershadsky, K.T. Call, & T. Rockwood** (2003). State Variation in SCHIP Allocations: How Much Is There, What Are Its Sources, and Can It Be Reduced? *Inquiry* 40(2):184-197.

**Davern, M., T.H. Rockwood**, R. Sherrod, & S. Campbell (2003). Prepaid Monetary Incentives and Data Quality in Face-to-Face Interviews: Data from the 1996 Survey of Income and Program Participation Incentive Experiment. *Public Opinion Quarterly* 67:129-147.

- DeVito, C.A., R.O. Morgan, M. Duque, E.A. Moty, & **B.A. Virnig** (2003). Physical Performance Effects of Low Intensity Exercise Among Clinically High-Risk Elders. *Gerontology* 49:146-154.
- Dowd, B.E.** (2002). Third Party Payors and the Patient-Professional Relationship. In K.W. Schaie, J. Leventhal, and S.L. Willis (eds) *Effective Health Behavior in Older Adults*. New York: Springer, 229-234.
- Dowd, B.E., R. Feldman,** & R. Coulam (2003). The Effect of Health Plan Characteristics on Medicare+Choice Enrollment. *Health Services Research* 38(1, part 1):111-136.
- Dowd, B. & R. Town** (2002). Does X Really Cause Y? Academic Health: Changes in Health Care Financing and Organization. Available at: <http://www.hcfo.net/pdf/xy.pdf>
- Feldman, P.H. & **R.L. Kane** (2003). Strengthening Research to Improve the Practice and Management of Long-Term Care. *The Milbank Quarterly* 81(2):179-220.
- Flynn, K.E., M.A. Smith, & **M.K. Davis** (2002). From Physician to Consumer: The Effectiveness of Strategies to Control Health Care Utilization. *Medical Care Research and Review* 59:455-481.
- Foote, S.B.** (2002). Why Medicare Can't Promulgate a National Coverage Rule: A Case of *Regula Mortis*. *Journal of Health Politics, Policy and Law* 27:707-730.
- Foote, S.B. & L.A. Blewett** (2003). Politics of Prevention: Expanding Prevention Benefits in the Medicare Program. *Journal of Public Health Policy* 24(1):26-40.
- Freeman, J.L., C.N. Klabunde, N. Schussler, J.L. Warren, **B.A. Virnig,** & G.S. Cooper (2002). Measuring Breast, Colorectal, and Prostate Cancer Screening with Medicare Claims Data. *Medical Care* 40(8, suppl.):IV-36-IV-44.
- Gaugler, J.E., **R.L. Kane, R.A. Kane,** T. Clay, and R. Newcomer (2003). Caregiving and Institutionalization of Cognitively Impaired Older People: Utilizing Dynamic Predictors of Change. *The Gerontologist* 43(2):219-229.
- Gilbertson, D.T., M. Unruh, **A.M. McBean,** J.J. Snyder, & A.J. Collins (2003). Influenza Vaccine Delivery and Effectiveness in End-Stage Renal Disease. *Kidney International* 63(2):738-744.
- Greene, B.R., **J.E. Kralewski,** D.N. Gans, & D.I. Klinkel (2002). A Comparison of the Performance of Hospital- and Physician-Owned Medical Group Practices. *Journal of Ambulatory Care Management* 25(4):26-36.
- Gregg, W. & I. Moscovice** (2003). The Evolution of Rural Health Networks: Implications for Health Care Managers. *Health Care Management Review* 28(2):161-177.
- Haines, S.J., N. Jordan, J.R. Boen, **J.A. Nyman,** N.B. Oldridge, & B.R. Lindgren (2002). Discectomy Strategies for Lumbar Disc Herniation: Study Design and Implications for Clinical Research. *Journal of Clinical Neuroscience* 9(4):440-446.
- Haines, S.J., N. Jordan, J.R. Boen, **J.A. Nyman,** N.B. Oldridge, & B.R. Lindgren (2002). Discectomy Strategies for Lumbar Disc Herniation: Results of the LAPDOG Trial. *Journal of Clinical Neuroscience* 9(4):411-417.
- Harris, K., **R. Feldman,** J. Schultz, & J. Christianson (2002). Consumer Perspectives of Quality Differences Among Competing Health Care Systems. In R. Herzlinger (ed) *Consumer-Driven Care*. San Francisco: Jossey-Bass.
- Holtzman, J., K. Saleh, & **R.L. Kane** (2002). Effect of Baseline Functional Status and Pain on Outcomes of Total Hip Arthroplasty. *Journal of Bone & Joint Surgery* 84A (11):1942-1948.
- Jun, D.B., S.K. Kim, Y.S. Park, & **A.R. Wilson** (2002). Forecasting Telecommunication Service Subscribers in Substitutive and Competitive Environments. *International Journal of Forecasting* 18:561-581.
- Kaissi, A., **J. Kralewski,** & J. Silversmith (2002). Medical Group Practices: How Computerized Are They? *Minnesota Physician* XVI(6):20-21.
- Kane, R.A.** (2003). Definition, Measurement, and Correlates of Quality of Life in Nursing Homes: Towards a Reasonable Practice, Research, and Policy Agenda. *The Gerontologist* 43 (special edition II):28-36.

- Kane, R.A.** (2003). Human Resources for Long-Term Care: Lessons from the United States Experience. In J. Brodsky, J. Habib, and M. Hirschfeld (eds) *Key Policy Issues in Long-Term Care*. Geneva: World Health Organization ([http://www.who.int/ncd/long\\_term\\_care/index.htm](http://www.who.int/ncd/long_term_care/index.htm)).
- Kane, R.A.** (2003). Social Assessment of Geriatric Patients. In R. Tallis and H. Fittit (eds), *Brocklehurst's Textbook of Geriatric Medicine and Gerontology*, Sixth Edition. London, England: Churchill Livingstone, pp. 311-318.
- Kane, R.A., K.C. Kling, B. Bershadsky, R.L. Kane, K. Giles, H.B. Degenholtz, J. Liu, & L.J. Cutler** (2003). Quality of Life Measures for Nursing Home Residents. *Journal of Gerontology: Medical Sciences* 58A(3):240-248.
- Kane, R.L.** (2002). The Future History of Geriatrics: Geriatrics at the Crossroads. *Journal of Gerontology: Medical Sciences* 57A(12):M803-M805.
- Kane, R.L.** (2002). Clinical Challenges in the Care of Frail Older Persons. *Aging Clinical and Experimental Research* 14(4):300-306.
- Kane, R.L.** (2002). Geriatrics as a Paradigm for Good Chronic Care (commentary). *Age and Ageing* 31:331-332.
- Kane, R.L.** (2002). The Long and the Short of Long-Term Care. In C.K., R.M. Leipzig, H.J. Cohen, E.B. Larson, and D.E. Meier (eds) *Geriatric Medicine: An Evidence-Based Approach* (4th Edition), New York: Springer, pp 99-111.
- Kane, R.L.** (2003). The Interface of LTC and Other Components of the Health and Social Services Systems in North America. In J. Brodsky, J. Habib, and M. Hirschfeld (eds) *Key Policy Issues in Long-Term Care*. Geneva: World Health Organization ([http://www.who.int/ncd/long\\_term\\_care/index.htm](http://www.who.int/ncd/long_term_care/index.htm)).
- Kane, R.L., P. Homyak, B. Bershadsky, Y-S Lum, & M.S. Siadaty** (2003). Outcomes of Managed Care of Dually Eligible Older Persons. *The Gerontologist* 43(2):165-174.
- Kelly, A., **K.T. Call**, B. Straub, D. Brooks, C. Wisner, A.F. Nelson, & R.W. Blum (2002). Children with Complex Chronic Medical Conditions and Special Needs Privately Insured Through an HMO. *Family, Systems, and Health* 20(3):279-289.
- Kralewski, J.E.** (2003). Introduction to The Forum. *Health Care Management Review* 28(2):155-159.
- McAlpine, D.D.** (2003). Patterns of Care for Persons Aged 65 and Older with Schizophrenia. In C.I. Cohen (ed) *Schizophrenia into Later Life*. Washington, DC: American Psychiatric Press.
- Mechanic, D., & **D.D. McAlpine** (2002). The Influence of Social Factors on Mental Health. In J.R. M Copeland, M.T. Abou-Saleh, and D.G. Blazer (eds) *Principles and Practice of Geriatric Psychiatry*. New York: Wiley & Sons.
- Mechanic, D., S. Bilder, & **D.D. McAlpine** (2002). Employing Persons with Serious Mental Illness. *Health Affairs* 21(5):242-253.
- Moscovice, I.**, & J. Stensland (2002). Rural Hospitals: Trends, Challenges, and a Future Research and Policy Analysis Agenda. *Journal of Rural Health* 185:197-210.
- Newcomer, R., C. Harrington, & **R.L. Kane** (2002). Challenges and Accomplishments of the Second-Generation Social Health Maintenance Organization. *The Gerontologist* 42(6):843-852.
- Nyman, J.A.** (2002). *The Theory of Demand for Health Insurance*. Stanford, CA: Stanford University Press.
- Pizer, S.D., A.B. Frakt, & **R. Feldman** (2003). Payment Policy and Inefficient Benefits in the Medicare+Choice Program. *International Journal of Health Care Finance and Economics* 3(2):79-93.
- Radcliff, T.A., M. Brasure, **I.S. Moscovice**, & J.T. Stensland (2003). Understanding Rural Hospital Bypass Behavior. *The Journal of Rural Health* 19(3):252-259.
- Reinardy, J.R., & **R.A. Kane** (2003). Anatomy of a Choice: Deciding on Assisted Living or Nursing Home Care in Oregon. *Journal of Applied Gerontology* 22(1):152-174.
- Resig, S., K.J. Saleh, & **B. Bershadsky** (2002). The Outcome of Perioperative Wound Infection After Total Hip and Knee Arthroplasty. *International Orthopaedics* 26(4):257.

- Saleh, K., M. Olson, S. Resig, **B. Bershadsky**, M. Kuskowski, T. Giou, H. Robinson, R. Schmidt, & E. McElfresh (2002). Predictors of Wound Infection in Hip and Knee Joint Replacement: Results from a 20 Year Surveillance Program. *Journal of Orthopaedic Research* 20(3):506-515.
- Solberg, L.I., **G. Davidson**, N.L. Alesci, R.G. Boyle, & S. Magnan (2002). Physician Smoking-Cessation Actions: Are They Dependent on Insurance Coverage or on Patients? *American Journal of Preventive Medicine* 23(3):160-165.
- Steindel, S.J., S. Granade, J. Lee, **G. Avery**, L.M. Clarke, R.W. Jenny, & K. M. LaBeau (2002). Practice Patterns of Testing Waived Under the Clinical Laboratory Improvement Amendments. *Archives of Pathology and Laboratory Medicine* 126:1471-1479.
- Stensland, J., **I. Moscovice**, & J. Christianson (2002). Future Financial Viability of Rural Hospitals. *Health Care Financing Review* 23(4):175-188.
- Taylor, P., **L. Blewett**, M. Brasure, **K.T. Call**, E. Larson, J. Gale, A. Hagopian, L.G. Hart, D. Hartley, P. House, M.K. James, & T. Ricketts (2003). Small Town Health Care Safety Nets: Report on a Pilot Study. *The Journal of Rural Health* 19(2):125-134.
- Town, R.** & I. Currim (2002). Hospital Advertising in California: 1991-1997. *Inquiry* 39(3):298-313.
- Veninga, R.L.** (2002). Values Matter. *Personal Excellence*.
- Virnig B.A.**, W.J., Cooper G., Klabunde C., N. Schussler, & J. Freeman (2002). Studying Radiation Therapy Using SEER/Medicare Linked Data. *Medical Care* 40(suppl.):IV49-IV54.
- Virnig, B.A.**, N. Lurie, S. Huang, D. Musgrave, **A.M. McBean**, & **B. Dowd** (2002). Racial Variation in Quality of Care Among Medicare+Choice Enrollees. *Health Affairs* 21(6):224-230.
- Virnig, B.A.**, & R.O. Morgan (2002). Assessing Capacity for Clinical Decisions and Research for Persons with Low English Proficiency: Ethical and Practical Challenges. *Healthcare Ethics Committee Forum* 14:235-240.
- Warren, J.L., L.C. Harlan, A. Fahey, **B.A. Virnig**, J.L. Freeman, C.N. Klabunde, G.S. Cooper, & K.B. Knopf (2002). Utility of the SEER-Medicare Data to Identify Chemotherapy Use. *Medical Care* 40 (8, suppl.):IV55-IV61.
- Westermeyer, J., J. M. Canive, **J. Garrard**, E. Padilla, R. Crosby, & P. Thuras (2002). Perceived Barriers to Mental Health Care for American Indian and Hispanic Veterans: Reports by 100 VA Staff. *Transcultural Psychiatry* 39(4):517-532.
- Wholey, D.R.**, & L.R. Burns (2003). Understanding Health Care Markets: Actors, Products, and Relations. In S.S. Mick & M.E. Wyttenbach (eds) *Advances in Health Care Organization Theory*. San Francisco: Jossey-Bass, 99-140.
- Wholey, D.R.**, J.B. Christianson, K.F. Jones, & M. Finch (2003). What Do Physician Recommendations of Health Plans Mean? *American Journal of Managed Care* 9(spec.no.2):SP88-99.
- Wholey, D.R.**, J.B. Christianson, M. Finch, D. Knutson, **T. Rockwood**, & L. Warrick (2003). Evaluating Health Plan Quality. 1: A Conceptual Model. *American Journal of Managed Care* 9(spec.no.2):SP53-64.
- Wholey, D.R.**, J.B. Christianson, M. Finch, D. Knutson, **T. Rockwood**, & L. Warrick (2003). Evaluating Health Plan Quality. 2: Survey Design Principles for Measuring Health Plan Quality. *American Journal of Managed Care* 9(spec.no.2):SP65-75.
- Wholey, D.R.**, M. Finch, J.B. Christianson, D. Knutson, **T. Rockwood**, & L. Warrick (2003). Evaluating Health Plan Quality. 3: Survey Measurement Properties. *American Journal of Managed Care* 9(spec.no.2):SP76-87.

## Reports

- Gregg, W., A. Knott, & I. Moscovice.** (July 2002). *Rural Hospital Access to Capital: Issues and Recommendations*. Working Paper #41, prepared by the Rural Health Research Center (RHRC), Division of Health Services Research and Policy, University of Minnesota, Minneapolis, MN.
- Knott, A.** & K. Travers. (August 2002). *Implementing Quality Assessment and Performance Improvement Systems in Rural Health Clinics: Clinic and State Agency Responses*. Working Paper #42, RHRC.

**Rural Health Research Center.** (February 2003). *Rural Hospitals: New Millennium and New Challenges*. RHRC.

**Rural Health Research Center.** (June 2003). *Rural Health Networks: Evolving Organizational Forms & Functions*. RHRC.

## **Research Briefs**

A series of bimonthly, one-page summary reports on faculty research projects.

### **Volume 9, No. 4—August 2002**

Gender Differences in Functional Status and Pain in a Medicare Population Undergoing Effective Total Hip Arthroplasty  
Jeremy L. Holtzman

### **Volume 9, No. 5—October 2002**

Managed Care and Length of Visits with Physicians: The Reality and the Rhetoric  
Donna D. McAlpine

### **Volume 9, No. 6—December 2002**

Uncovering the Missing Medicaid Cases and Assessing their Bias for Estimates of the Uninsured  
Kathleen Thiede Call

### **Volume 10, No. 1—February 2003**

Why Medicare Cannot Promulgate a National Coverage Rule: A Case of *Regula Mortis*  
Susan Bartlett Foote

### **Volume 10, No. 2—April 2003**

Understanding Health Care Markets: Actors, Products, and Relations  
Douglas R. Wholey

### **Volume 10, No. 3—June 2003**

Premium Rebates for Medicare  
Roger Feldman and Bryan Dowd

# Graduates

**HSRP's three outstanding degree programs prepare students for influential positions in health care delivery, administration, government, and education, among other fields. Following are brief profiles of our fiscal year 2002-2003 graduates.**

## **M.S.—Health Services Research, Policy and Administration**

### **Noreen Arnold**

Came to the program with a background in auditing and systems management. Coursework in related fields outside the major included health informatics and decision analysis.

### **Nicole Edwards**

Came to the program with a background in psychology and math. Coursework outside the major included long-term and managed care.

### **Gabriel Gomez-Rey**

Came to the program with a background in economics. Coursework in related fields outside the major included health policy analysis and economics.

### **Vijj Kasemsup**

Came to the program as an M.D. from Thailand. Coursework outside of the major included health economics and health insurance. He has continued his education as a doctoral student in the department of Pharmacy.

### **Teresa McCarthy**

Came to the program with an M.D. degree. She received a Health Services Research Award. She continues to practice medicine.

### **Winnie Nelson**

Came to the program with a Doctor of Pharmacy degree. She pursued a Plan A Master's, which required a thesis. Her master's dissertation is "Drug Interactions in Elderly Nursing Home Residents." She had the highest GPA in the program during 2002 resulting in being inducted into the Delta Omega Honor Society.

## **Ph.D.—Health Services Research, Policy and Administration**

### **Lisa Griffin-Vincent**

Dissertation: "A Study of Adherence to HIV Antiviral Therapies and the Economic Impact in a Managed Care Organization." She came to the program with a background in nursing and kinesiology. Her supporting program was in Social Psychology.

### **Amer Kaissi**

Dissertation: "The Effect of Organizational Culture and Structure on Patient Safety in Medical Group Practices." He came to the program with a background in environmental health and public health administration. His supporting program was in Organizational Theory and Behavior. He was one of two students during 2003 who was inducted into the Delta Omega Honor Society.

### **Jason Liu**

Dissertation: "Assessing the Relationship Between Staffing Levels and Quality Outcomes in Nursing Facilities." He came to the program with a background in pharmacy and business administration. His supporting program was in Finance and Health Care Finance.

**Peter Veazie**

Dissertation: “A Cognitive Decision Theory with Application to Help Seeking Among the Elderly.” He came to the program with a background in environmental health and construction management. His supporting program was in Advanced Research Methodologies.

**M.P.H.—Public Health Administration and Policy****Kristin Bear**

Comes from a background in political science and law. Completed the accelerated program. Intends to practice in the field of health care regulation and policy. Completed a paper for the Master’s Project entitled “The ‘Hispanic Paradox’ in Infant Mortality.” Has worked in the area of health care law, patient rights, confidentiality of medical records, and patient dumping. Currently employed as Health Lawyer for Kaiser Permanente in Pasadena, Calif.

**Jared Erdmann**

Completed his undergraduate education in international relations. Followed up by two and one-half years of service in Honduras for the Peace Corps. Served as student representative for his class. His interest in health issues related to Hispanics is reflected in his Master’s Project, “Medical Interpreter Neutrality: Few Voices Outside of the Examining Room.” Currently employed by HACER (Hispanic Advocacy and Community Empowerment through Research).

**Sandra (Lin) Hsu**

Came to the program after completing her degree in child and family studies. Wrote her Master’s Project on organizational development. Combined her public health studies with the M.B.A. program at San Jose State University, earning M.P.H. and M.B.A. degrees. Employed as Business Program Manager for the Coordinated Homecare Program, Saddleback Hospital, Laguna Hills, Calif., working on financial assessments and managing their clinical systems implementations.

**Kristina Jones**

Completed an internship in Senator Russell Feingold’s Washington, D.C., office where she learned she loved health policy. Majored in political science. From PHAP received the Stauffer Scholarship and Delta Omega nomination (honorary public health society). Completed a Field Experience at the Tobacco Control and Surveillance Program, University of Wisconsin. Followed up with a Master’s Project entitled “Pediatricians and Smoking Cessation: A Review of the Literature.”

**Anil Kaul**

Received his medical training in India. Worked as Director of Obstetrics and Gynecology Research for the Minneapolis Medical Research Foundation and Hennepin County Medical Center. Interested in policy development to improve women’s health. Title of his Master’s Project is “Antimicrobial Resistance: A Public Health Nightmare.” Currently works as Associate Professor and Director of Research, Obstetrics and Gynecology, University of Oklahoma.

**Cleopatra Laicer**

Hails from Tanzania. Studied biology as an undergraduate. Joined PHAP to learn more about developing, planning, and shaping public health policies. Completed a Field Experience in the Minneapolis Department of Health and Family Support. Her Master’s Project is entitled “HIV/AIDS in Africa: Public Health Response and Challenges.” Is continuing her studies in medicine at the Philadelphia Osteopathic College of Medicine.

**Renee Leinbach-Whitehead**

Majored in chemistry and communications for her bachelor’s degree. Joined program to learn more about public health as it relates to clinical and economic outcomes. Completed a Field Experience in the adolescent health section of the St. Paul-Ramsey County Department of Health. Title of her Master’s Project is “Community Survey of Persons with Coronary Heart Disease: Risk Factor Management.” Returned to work in the Human Health Division at Merck & Co.

**Shelly Madigan**

Worked on research projects for 12 years for the Division of Epidemiology at the University of Minnesota before joining the Minnesota Department of Health in 1988, where she serves as Assistant Section Chief of the Cancer Control Section. Additionally serves as Director of the Minnesota Breast Cervical Cancer Control Program which provides free cancer screening services to about 14,000 women annually at over 330 Minnesota clinics. For her long, exemplary leadership to public health, PHAP faculty honored Shelly with the Barbara Ann Walton Spradley Leadership Award.

**Nicole Maglinao**

Hails from Hawaii. Completed an undergraduate major in psychology. Worked for the department of health for the city and county of San Francisco before starting her graduate studies. Completed an internship for the Community Health Department of Fairview-University Hospital System. Title of her Master's Project is "A Contrast and Comparison between Hawaii's and Minnesota's Healthcare System." Future goal is to become an administrator for a health-related organization working on policy issues.

**Taimur Malik**

Physician from Pakistan. Interested in improving the health of women and children. Completed two Field Experiences—at the United Nations, Department of Economic and Social Affairs, Division for Advancement of Women, and at the Minnesota Department of Health for the Maternal and Child Health section. Title of his Master's Project is "Healthcare Delivery System in Pakistan: Factors Affecting its Success." Started a residency in psychiatry in the Twin Cities.

**Alison Pence**

Comes from a background in psychology and family studies. Worked for two community-based outreach programs before coming to PHAP. Completed her Field Experience for the Cover-All Kids Campaign, Minnesota Council of Health Plans. Her Master's Project is entitled "Encouraging Enrollment: An Analysis of the Twin Cities' Public Health Insurance Outreach Programs." Started work in the Health Promotion Section of the Hennepin County Community Health Department.

**Christopher Steffen**

Majored in biology and interned at the University of Minnesota Life Sciences Summer Undergraduate Program. Worked as a lab technician at the University of Minnesota before starting his graduate studies. Completed a Field Experience at the Fairview Lakes Regional Health Care Center. Researched the literature on total quality management practices for his Master's Project. Accepted an administrative position at the St. Croix Regional Medical Center.

**Christine Taddy**

Worked on a community-wide tobacco education campaign for the Lake County, Ill., Health Department and Community Health Center. Completed a Field Experience at Park Nicollet Institute. Followed up with a Master's Project entitled "An Overview of the Healthy Young Workers Project—A Smoke-free Workplace Demonstration Project." Works at the Health Research Center of Park Nicollet Institute.

**Merry Jo Thoele**

Comes from a background of dental hygiene and extensive experience in tobacco prevention and smoking reduction efforts for the Division of Epidemiology and HealthPartners. She continued in this vein for her Field Experience interning at the Transdisciplinary Tobacco Use Research Center at the University of Minnesota and completing a Master's Project entitled "Tobacco Harm Reduction." Merry Jo accepted an administrative position at HealthPartners Research Foundation.

**Mike Yu**

Hails from California. Completed his undergraduate studies in animal physiology and neurosciences. Worked as emergency medical technician and volunteered at Tijuana Red Cross Hospital and a local church soup kitchen. Worked for the Health Research Training Program, New York City Department of Health, for his Field Experience. His Master's Project title is "Addressing Health Disparity." Works as Coordinator for the Office of Research and Medical Education at HealthEast.

## Conferences and Seminars

**To encourage dialogue and debate on health services issues, HSRP sponsors and cosponsors seminars and conferences throughout the year. Conferences and seminars sponsored during fiscal year 2002-2003 are listed here. To be notified of future seminars, call 612-624-6151.**

### Center on Aging Distinguished Lectures

The lecture series “Implications of Translating Research Into Practice for an Aging Society,” which was cosponsored by the Center on Aging (HSRP), featured national leaders in the area of geriatrics and was open to persons interested in aging and applied gerontology research.

**Making the Technology Work for Us: How to Really Change Staff (October 31, 2002)**

John Schnelle, Ph.D., A.B., Professor, Borun Center for Gerontological Research, University of California-Los Angeles

**Nursing in the Brave New World of Chronic Care (January 22, 2003)**

Mary Mundinger, R.N., Dr.P.H., Dean, School of Nursing, Columbia University

**Post-Acute Care Revisited: Lessons from the US & UK (April 29, 2003)**

Ian Philp, M.D., Head of Department and Marjorie Coote Professor, The University of Sheffield, United Kingdom

### Center on Aging and the Minnesota Chair in Long-Term Care and Aging

Presented in cooperation with the Minnesota Area Geriatric Education Center (MAGEC), University of Minnesota Medical School, Blue Cross Blue Shield of Minnesota, Evercare, Fairview Foundation and Medica

**Summer Institute 2003-Caring For Chronic Illness: Can It Be Done? (June 5, 2003)**

Keynote address presented by Edward Wagner, M.D., Senior Investigator and Director of the MacColl Institute for Healthcare Innovation at the Center for Health Studies, Group Health Cooperative of Puget Sound in Seattle.

### Health Services Research Seminar Series

The Health Services Research Seminar Series features leading policymakers and researchers from around the country. The seminars, which are free and open to the public, are cosponsored by HSRP and the Center for the Study of Healthcare Management in the Carlson School of Management.

**Do Cigarette Taxes Make Smokers Happier? (August 26, 2002)**

Jonathan Gruber, Professor of Economics, Massachusetts Institute of Technology, and Research Associate at the National Bureau of Economic Research

**Measuring the Health Impacts of Medical Innovation and Expenditure (October 21, 2002)**

Frank Lichtenberg, Ph.D., Courtney C. Brown Professor of Business, Columbia University, and Research Associate, National Bureau of Economic Research

**The Effects of Physician Experience on Costs and Outcomes: Results of a Study of Hospitalists (November 13, 2002)**

David O. Meltzer, M.D., Ph.D., Associate Professor, Departments of Medicine and Economics and the Harris School of Public Policy Studies, University of Chicago

**25 Years of Cost-Effectiveness Analysis in Health Care: What Have We Learned? (February 27, 2003)**

Peter Neumann, Sc.D., Associate Professor of Policy & Decision Sciences in the Department of Health Policy & Management, and Deputy Director of the Program on the Economic Evaluation of Medical Technology, Harvard School of Public Health

**Rural Hospital Linkages to Long-Term Care and Rehospitalization Rates (April 11, 2003)**

Mary L. Fennell, Ph.D., Professor of Sociology and Community Health and Dean of Faculty, Brown University

## Minnesota Health Services Research Conference

The Seventh Annual Minnesota Health Services Research Conference took place on March 4, 2003, at the Four Points Hotel Minneapolis. This annual event, which attracted approximately 300 attendees, provided an opportunity for Minnesota's health services research community to present their research, discuss findings, and share thoughts about the future of health care. The one-day conference included 16 topical sessions and symposia and a keynote address from Peter C. Smith, Centre for Health Economics, University of York, United Kingdom. The eighth annual conference will take place on Monday, January 26, 2004, at the Four Points Hotel Minneapolis.

## Quarterly Geriatric Conferences

Sponsored by the Center on Aging in Partnership with Regions Hospital, Hennepin County Medical Center and VA Medical Center

**The Role of Oxygen Kinetics in Impairments in Mobility & Function in Older Adults (October 2, 2002)**

Don Dengel, Ph.D., Associate Professor, School of Kinesiology, College of Education and Human Development, University of Minnesota

**Practical Perspectives on Evaluation and Management of Parkinson's Disease and Parkinsonism (March 20, 2003)**

Paul Tuite, M.D., Assistant Professor, Department of Neurology, Medical School, University of Minnesota

**Cognitive Impairment in Chronic Renal Disease: A Model for Vascular Dementia (June 10, 2003)**

Anne Murray, M.D., Assistant Professor, Medical School, University of Minnesota & Physician, Division of Geriatric Medicine, Hennepin County Medical Center