

News

DIVISION

UNIVERSITY OF MINNESOTA
School of Public Health

M.S. Students Gain 'Real World' Experience Through New Program

HSRP's M.S. program prepares students for dynamic careers by offering them the opportunity to work in local health care organizations and State of Minnesota government agencies.

Recognizing that class work alone is not enough to make students top health care experts, HSRP faculty recently worked with leaders in the health care industry to redesign the Master of Science in Health Services Research, Policy and Administration. The newly designed program takes into consideration that many "facts" about today's health care system will be obsolete in five years and focuses on preparing students to solve the problems they will face as applied researchers, policy analysts, and administrators.

Playing a significant role in the new M.S. curriculum is the Health Services Research Training Program in which students work 12 or more hours a week at various health care organizations and state agencies. In addition to working with top Twin Cities researchers and analysts on "real world" projects, students earn about 30 percent of a full-time salary, plus fringe benefits. They also qualify to have 50 percent on their in-state tuition paid.



Dana Cruzen and Donovan Crew

This training program is especially advantageous considering that students gain firsthand knowledge of health care organizations and agencies recognized nationally for their innovation and leadership.

Following are profiles of four of the seven 2002-2003 Health Services Research Training Program participants.

Continued on page 6

From the Division Head
PAGE 2

Community Outreach
PAGE 3

Seminar Brief
PAGE 8

Notable Activities
PAGE 10

Publications & Grants
PAGE 11

Upcoming Events
PAGE 12

From the Division Head

In the last weeks of this year's election, Minnesotans lost Senator Paul Wellstone, along with his wife, daughter, three campaign staffers, and two pilots, in a small plane accident. We will miss Paul's commitment to public health and health policy issues in the U.S. Senate.

We look forward to working with our new senator, Norm Coleman, and others in the Minnesota delegation in Washington on health policy issues. We also have a new governor, Tim Pawlenty, who has inherited a serious budget deficit. Like all other states, Minnesota's deficit presents challenging issues for the new administration. As members of the University of Minnesota family, we will be watching Governor Pawlenty's decisions on the budget with great interest.

The Division faculty members hope to assist the new members of the Minnesota State Legislature and the governor in their understanding of the critical health policy issues the state faces. Working with the National Institute of Health Policy at the University of St. Thomas, we plan to participate in a briefing of the leg-

islators on key issues in January. This briefing will continue a long tradition of providing health services research and policy analysis to help policy makers understand and improve state and national policy. Our faculty's expertise and service include work on access, health disparities, the organization of delivery systems, insurance, long-term care quality and financing, medical technology and pharmaceutical policy, rural health, and Medicare reform. As costs continue to rise and concerns about quality and access intensify, we hope to play a part in improving health care in the state and the nation.

We are pleased that the Agency for Healthcare Research and Quality has designated us as a national Evidence Based Practice Center (EPC)—one of just 12 centers across the United States—marking a major milestone in coordinating the efforts of health care researchers and clinicians. The EPC is a joint program operated by HSRP's Clinical Outcomes Research Center, lead by professor Robert Kane, the Minneapolis VA's Center for Chronic Disease Outcomes Research, and UnitedHealth Group's Center for Health Care Policy and Evaluation.

As we begin a new semester and a new year, we hope that our research, teaching, and service continue to provide value in this time of increased concern about public health. Thanks to all of you for supporting our efforts. ■



—Susan Bartlett Foote, J.D., M.A.



Community Impact

Health Services Research to Benefit Minnesotans

To foster an understanding of health care issues and to help public and private organizations address the challenges they face, HSRP faculty regularly engage in public outreach and collaboration. Following are just a few of the Division's current community projects.

Robert and Rosalie Kane Improving Long-Term Care in Minnesota

DEVELOPING AFFORDABLE ASSISTED LIVING IN MINNESOTA

Robert and Rosalie Kane are working with the Minnesota Department of Human Services (DHS) to evaluate and improve the quality of assisted living facilities.

Through a Bush Foundation grant, DHS awarded contracts to seven entities throughout the state to establish affordable assisted living. The Kanes helped DHS review the contract proposals and now are conducting on-site evaluations of the services offered at each facility. They are also lending their expertise in data analysis to conduct and evaluate surveys of residents within these facilities. Through this three-year initiative, an affordable assisted living model will be developed.

IMPROVING LONG-TERM CARE SERVICES
Through two major initiatives, the Kanes are addressing the challenges the state faces in long-term care.

They are advising DHS on the technical aspects of improving the state's long-term care services. Included in these efforts is how to design reports assessing each county's current and projected long-term care needs, and how to measure quality of care.

They are also working with the DHS and Board on Aging to develop a structured way for individuals to make better decisions about long-term care.

ADDRESSING MINNESOTA'S HEALTH CARE WORKFORCE CRISIS

The Kanes served on an interdisciplinary group of University of Minnesota

faculty that addressed the state's workforce shortage in nursing homes, home health care, and assisted living sites.



Robert Kane's research deals with the health and long-term care of older persons; the relationship between acute and chronic care; and quality of care. Rosalie Kane's research addresses the quality of nursing home care and home-care, services allocation, evaluation of residential models that serve disabled elderly people, and studies of family caregivers of disabled elderly.

The group, led by Robert Kane, issued a report, *Peopling Long-Term Care: Assuring an Adequate Long-Term Care Workforce for Minnesota*. The group analyzed the crisis, noting the low prestige and discouragement that individuals in long-

Continued on next page

Community Outreach

Continued from page 3

term care experience working with elders in declining health.

The report recommends that the Minnesota Legislature establish a state commission on long-term care. This commission would develop the comprehensive, sustained effort needed to assure adequate staffing of nursing homes, home health care, and assisted living sites.

Judith Garrard

Making Minnesota Roads Safer

Judith Garrard is leading a research initiative in public health that will help keep impaired drivers off Minnesota roads. In January 2001, the Minnesota

State Patrol (MSP) contacted her to help analyze more than ten years of behavioral and toxicological assessments of people arrested for driving under the influence.

Garrard responded by assembling a research team of senior MSP officers and University of Minnesota faculty in health services research and policy, pharmacoepidemiology, biostatistics, pharmacy, toxicology, transportation studies, and criminal justice. She was awarded a grant from the Center for Urban and Regional Affairs that made it possible to code the data and convert it to electronic form.

A preliminary analysis is underway, which Garrard's team will soon share with policy makers, transportation safety professionals, and law enforcement officials. This pilot study is the basis for a larger, more intensive multidisciplinary study being developed in collaboration with the MSP and the Bureau of Criminal Apprehension (BCA).

Garrard's research will help the MSP systematically evaluate its Drug Recognition Expert (DRE) program, which is used in 35 states to determine drug impairment through one-on-one assessments of arrestees. Adopted by the MSP in 1991, the

"It is critical for HSRP faculty to be able to respond to requests from the community. The Minnesota State Patrol is working hard to create a better quality of life in Minnesota, and I very much want to be a part of that effort."

— Judith Garrard

DRE program trains and certifies law enforcement officers to conduct these assessments.

In analyzing DRE behavioral evaluations along with the BCA's toxicological assessments, Garrard is conducting the first research of its kind and providing the foundation for a three-year statewide study of substance abuse by DUI arrestees. This study, based on DRE data, will inform policy makers in the legislative and judicial systems about how to improve vehicular safety and reduce morbidity and mortality on Minnesota roads.

Donna McAlpine and Kathleen Thiede Call

Addressing Health Disparities

Although Minnesota has long been noted as one of the healthiest states in the nation, its minority populations tend to experience much worse health than Minnesotans in general, with some of these disparities among the worst in the nation.



Judith Garrard is a research psychologist with postgraduate training in epidemiology. Her research specialty is pharmacoepidemiology and patient outcomes.



Donna McAlpine is a medical sociologist whose research focuses on alcohol, drug and mental health care, the patient-physician relationship and managed health care.

Established in the 2001 legislative session, the Minnesota Department of Health's Eliminating Health Disparities Initiative (EHDI) seeks to eliminate disparities between whites and African Americans, Asian Americans, Hispanics/Latinos, and American Indians in specific areas: infant mortality, teenage pregnancy, immunizations, diabetes, cardiovascular disease, HIV/AIDS and STDs, and cancer screening.

Donna McAlpine and Kathleen Thiede Call are working with community leaders, members of the Minnesota Department of Health, and other faculty from the School of Public Health to develop a participatory research partnership (PRP). The PRP will use participatory research to review the outcomes of the EHDI, prioritize the outcomes to be measured as part of the EHDI, identify possible sources of data, develop measurement tools

(which may include both quantitative and qualitative methods), design a methodology for data collection, plan analyses, and disseminate results.

As a member of the Cover All Kids steering committee, Kathleen Thiede Call serves on a public-private coalition of more than 80 organizations interested in promoting the health of Minnesota's youth.

The 2001 Health Access Survey, which

HSRP conducted with MDH, found that more than 64,000 of Minnesotans age 18 and younger were without insurance. Cover All Kids is working to get all children and adolescents in Minnesota health care coverage and preventative services, with particular attention given to populations that experience the greatest health disparities.

The coalition was created in 2001 under the leadership of Governor Jesse Ventura, Commissioner of Health Jan Malcolm, and

Commissioner of Human Services Michael O'Keefe.

Call also served as co-chair of the Cover All Kids' Evaluation, Assessment and Research Work Group, which provides data for assessing the coalition's goals. This work group was instrumental to the coalition's efforts to add questions to the 2002 Behavioral Risk Factor Surveillance System (BRFSS) Child Supplement concerning access to insurance and preventative care. These questions provide the only data available to monitor the relationship between insurance coverage, or lack of coverage, and use of preventative services for all Minnesota children. ■



Kathleen Thiede Call 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.

Training Program

continued from cover

Ingenix

Donovan Crew is working in the Survey Research Studies department at Ingenix, one of the industry's largest private health care information and research companies.

His current projects include analyzing data from the 2002 Consumer Assessment of Health Plans Survey (CAHPS®) and reporting the results. The analysis will be used in health plan accreditation for UnitedHealthcare.

"Having Donovan on the Ingenix survey research team is a win-win situation," says Dana Cruzen, manager of Survey Research Studies. "We gain a knowledgeable, contributing member, and he's able to develop his skills in the arena of corporate health care research."

Crew, who has a B.A. in psychology from the University of Minnesota, says

working at Ingenix allows him to apply problem-solving skills to pressing issues in the health care industry. "Putting classroom concepts into practice reinforces what I'm learning both in school and at work," he says.

Minnesota Department of Health

"I'm new to the health care field so working for the Minnesota Department of Health is giving me firsthand knowledge of the state and county health care systems," says Xiang Ao, who came to the M.S. program with a Ph.D. in economics from the University of Nebraska.

Ao is working in the Health Economics Program, where he's currently analyzing hospital discharge data to determine geographic patterns of hospital use. The analysis will be used to determine whether the geographic distribution of hospitals is ade-



Scott Leitz and Xiang Ao

quately serving Minnesota's population.

"My real-life work experiences here, coupled with my university training, will give me an advantage in the job market," says Ao.

"It's great having someone dedicated to these important projects," says Scott Leitz, director of the Health Economics Program. "Xiang is helping to move this work along."

Stratis Health

Pooja Oberai, a physician from India, is working for Stratis Health, a non-profit quality improvement organization.

"I'm so happy to be working at Stratis Health," she says. "I'm learning how to effectively implement quality improvement techniques by addressing specific health care topics. The skills I'm learning now will play a crucial role in how I implement quality improvement strategies when I return to India."

Currently, she is researching content for Stratis' "quality resources tool kits," which give hospitals a compre-



Janice Kehler and Pooja Oberai

hensive but succinct description of a condition and the best practices for treating it. Topics include surgical infection prevention, community acquired pneumonia, myocardial infarction, and heart failure.

"Pooja brings a fresh perspective to our projects," says Janice Kehler, project manager at Stratis. "Teaching her about what we do helps us identify and improve on our strengths."

HealthPartners Research Foundation

Becoming a student has opened doors for Deborah Mullen, a senior analyst with HealthPartners, who now serves

the organization as both employee and Health Services Research Training Program participant.

Mullen works in Health Services Analysis and Reporting (HSAR), where she focuses on specialty provider issues of quality, appropriate use of services, and utilization. As part of her training program experience, she sits on the Health Services Research Subcommittee (HSRS) of HealthPartners' Research Foundation.

"Observing the approval process of the HSRS allows me to better understand the spectrum of research and learn about up-and-coming research," says Mullen. "I wouldn't have had this opportunity if I hadn't become a student in the training program."

"Deborah's participation in the training program is beneficial to all of us," says Tammie Lindquist, vice president of Health Services Analysis and Reporting. "It's a great opportunity to leverage the relationship between health services research and health care operations." ■

The spring issue of Division News will include profiles of the remaining Health Services Research Training Program participants. These students work at:

- Children's Hospitals and Clinics
- The Minnesota Veteran's Administration
- Park Nicollet Institute

A report on how the work of HSRP faculty, staff, and students benefits

Minnesotans is available

in a new report,

Community Impact.



To request a copy, contact

stouffer@umn.edu or

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Tammie Lindquist and Deborah Mullen

Effects of Physician Experience on Costs and Outcomes on an Academic General Medicine Service

Results of a Trial of Hospitalists

The Health Services Research Seminar Series hosts national and international experts who discuss their work to promote dialogue on issues surrounding health services policy and research.

Recently, University of Chicago professor David Meltzer discussed the role of hospitalists in decreasing costs and improving outcomes.

In many countries, patients hospitalized with general medical problems are cared for by physicians who specialize in inpatient care. In the United States, primary care physicians have commonly served this role. However, in recent years, there has been a surge of interest in the care of inpatients by “hospitalists,” physicians who devote at least 25 percent of their time to the care of hospitalized patients.

Key to the growth of hospitalist medicine has been the belief that hospitalists will be better suited to contain costs and improve patient outcomes. But evidence to support this theory is limited and has not identified mechanisms for such effects.

To test this theory, David Meltzer conducted a two-year trial comparing hospitalist care to care by traditional academic internists on the general

medicine service at the University of Chicago, where a hospitalist service has existed since 1997. In addition to examining the effects of hospitalists on costs and outcomes, he examined the effects of overall experience and disease-specific experience.

“Hospitals have had to make decisions about hospitalists without a lot of information,” explains Meltzer. “Our pilot study has given us some useful information to understand when the hospitalist system works, and I hope it will help others as they start up their own hospitalist systems.”

In the study, patients admitted every fourth day were assigned to hospitalists caring for inpatients six months each year versus non-hospitalists caring for inpatients one to two months each year. A total of 6511 patients, admitted from 1997 to 1999, was studied. The hospitalists were not given any specific instructions or incentives to alter their practice patterns, but were aware that resource utilization, outcomes, and housestaff satisfaction were being studied.

Of the total patients admitted to the general medicine service, 75 percent were admitted to the non-hospitalist service and 25 percent to the hospitalist service. Patients admitted to these services were similar in demographic characteristics and mix of primary diagnoses. Patients were asked to consent to a 15-minute interview to



David Meltzer, M.D., Ph.D., is an associate professor in the Departments of Medicine and Economics and in the Harris School of Public Policy Studies at the University of Chicago, where he researches problems in health economics and public policy.

collect detailed health and socioeconomic information, and contact information for a follow-up telephone interview one month after discharge.

“The primary conclusions of our study are that hospitalists decreased resource use and short-term mortality and that improvements increased over time in association with increased disease-specific experience,” says Meltzer.



Meltzer's team found modest differences in year one of the study, but found that by year two the hospitalists reduced average adjusted length of stay by almost a half day, average adjusted costs by \$782, and adjusted mortality at 30 and 60 days by 37 percent and 28 percent, respectively. Other outcomes such as hospital readmission, emergency room visits, and self-reported health status, though not statistically significant, showed trends toward improvement.

Even more striking than the substantial cost savings are the large and statistically significant reductions in mortality found at 30 and 60 days in year two. Although the study's survival increases are present only over a modest time period following discharge, they are nevertheless important to both patients and their families. "To my knowledge," says Meltzer, "this is the first study without observable differences in the baseline characteristics of patients cared for by hospitalists and non-hospitalists to show statistically significant reductions in mortality."

The fact that hospitalists rapidly accumulated experience in disease-specific care can help researchers and providers understand the mechanisms by which hospitalists are effective. Meltzer's team found that resource savings increased over time in relation to disease-specific experience. The study also found a trend for the improvements in mortality over time for the hospitalists relative to the non-hospitalists to be associated with increased disease-specific experience.

Meltzer explains that because improvements in costs and outcomes

occurred primarily in the second year, hospitalist programs are most likely to be beneficial when staffed by experienced physicians: "This is an important concern because the recent rapid growth in the use of hospitalist physicians has created a relative shortage of experienced hospitalists." He says the problem is compounded by the fact that many such jobs are designed as to be transient.

“Hospitals have had to make decisions about hospitalists without a lot of information.”

"At our medical center," he says, "we have addressed this challenge by taking some of the financial savings generated by the hospitalists and using part of those savings to support protected time to promote the long-term career development of our hospitalists." Since his hospitalist service cares for about 800 patients per year and savings with experienced hospitalists are about \$780 per patient, he estimates that the annual savings from the hospitalist service is over \$600,000 annually.

Because the study is based on a small number of hospitalists at only one institution, Meltzer explains the importance of replicating these findings with larger numbers of clinicians and institutions. While these findings certainly support the potential for savings by hospitalists in the context of an academic general medicine service, he stresses that future work should also study hospitalists in community settings.

Although the study found statistically significant reductions in mortality at 30 and 60 days and trends toward improvement in most other outcomes measures, Meltzer says the relative infrequency of adverse outcomes leaves considerable uncertainty surrounding estimates of effects on outcomes. "The same is true of all the previous studies of hospitalists," he explains, "which again indicates the continuing need for larger studies evaluating the effects of hospitalists." ■

David Meltzer conducted this research with Willard Manning, Jeanette Morrison, Manish Shah, Lei Jin, Todd Guth, and Wendy Levinson. For more information about this research, contact dmeltzer@medicine.bsd.uchicago.edu.

**HEALTH SERVICES RESEARCH
SEMINAR SERIES**

Upcoming Speakers

**Thursday, February 27
3:30-5:00 p.m.**
Carlson School of Management,
room 2-206

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

Seminars are co-sponsored with the Center for the Study of Healthcare Management, Carlson School of Management at the University of Minnesota.

Seminars take place at the University of Minnesota and are free and open to the public.

For more HSRP events, see page 12.



Faculty and Staff

■ **Lynn Blewett**, assistant professor, and **Gestur Davidson**, SHADAC senior research associate, in December discussed their research-to-date on public program crowd-out. Twenty-five policy analysts and staff from Minnesota state agencies and the Minnesota Legislature attended the discussion. In December Blewett spoke on the role of state survey data in policy development at the annual meeting of the National Association of Health Data Organizations in Atlanta. She recently joined the Eligibility Policy Workgroup sponsored by the national Covering Kids and Families Initiative. The workgroup brings together national policy and research experts to identify data and information that can be used to monitor how states are providing health care coverage for uninsured children.

■ **Debra Caldwell**, ResDAC research fellow, coauthored two reports for CMS: “Risk Adjustment Models for Heart Failure” prepared by **Research Data Assistance Center (ResDAC)** and the Boston University School of Medicine. *Principal Investigator - Arlene Ash. Participating Investigators - Mark Moskowitz, Jeanne Speckman, Shakira Franco, Christine Chaisson, Michael Posner, Kellie Anderson, Andrew Yacht, Debra Caldwell, Mike Hadad;* “Risk Adjustment Models to Examine AMI Mortality Trend” prepared by Research Data Assistance Center and the Boston University School of Medicine. *Principal Investigator - Arlene Ash. Participating Investigators - Michael Posner, Christine Chaisson, Jeanne Speckman, Shakira Franco, Andrew Yacht, Debra Caldwell, Michael Hadad, Mark Moskowitz.*

■ **Roger Feldman**, professor, in October participated in a panel discussion, “Medicare’s Midlife Crisis,” in Minneapolis, sponsored by the Citizen’s Council on Health Care. Feldman and **Bryan Dowd**, professor, in December participated in a discussion “Politics, Policy and Progress in Health Care” in Washington, D.C., sponsored by the American Enterprise Institute.

■ **Susan Bartlett Foote**, associate professor and division head, in October chaired a session and presented research findings on Medicare coverage policy at the ECRI conference in Philadelphia. ECRI is a not-for-profit technology assessment organization. In November, she presented on health policy issues to policy fellows at the New York Institute of Technology.

■ The **Research Data Assistance Center (ResDAC)** in October presented a three-day workshop “CMS 101: Introduction to the Use of Medicare Data for Research,” at the Veterans Office of Information Field Office” in Silver Spring, Maryland. The conference was at the invitation of the Veteran’s Administration and General Accounting Office. Workshop presenters included professors **Marshall McBean** and **Beth Virnig**, and ResDAC research fellow **Sara Durham**.

■ The **State Health Access Data Assistance Center (SHADAC)** in September hosted its second annual State Health Insurance Survey Workshop at the University of Minnesota. SHADAC welcomed 25 analysts from 15 states to discuss issues related to conducting surveys of the uninsured. Presenters for the two-day conference included professors **Kathleen Thiede Call**, **Lynn Blewett**, and **Todd Rockwood**, and SHADAC research associates **Timothy Beebe**, **Gestur Davidson**, and **Michael Davern**.

A complete list of 2001-2002 publications and grants—plus faculty biographies, program curricula, graduate profiles, and financial information—is available in HSRP’s latest annual report.

To download an electronic copy, go to www.hsr.umn.edu.

To request a paper copy, contact stouffer@umn.edu or 612-624-4460.

Students

■ **Suying Li**, Ph.D. student, in November presented “Higher Hematocrit Values Under K/DOQI Guidelines are Associated with Lower Mortality in Incident Hemodialysis Patients” at the 35th Annual Meeting of American Society of Nephrology in Philadelphia. She also presented posters “Clinical Predictors of Improving Hematocrits in Hemodialysis Patients” and “Higher Hematocrit Values are Consistently Associated with Lower Morbidity Under NKF DOQI Guidelines in Incident Hemodialysis Patients.”

■ **Jason Liu**, Ph.D. student, in November defended his dissertation, “Assessing the Relationship Between Staffing Levels and Quality Outcomes in Nursing Facilities.”

■ **Elizabeth Trice**, Ph.D. student, in December defended her dissertation, “The Role of Medical Futility in Assignment of DNR Orders Among Stroke Patients.”

■ **Michelle Wernimont**, M.P.H. student, recently completed a field experience in the Managed Care Section of the Minnesota Department of Health.



Publications

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

Call, K.T., A.A. Riedel,* K. Hein, V. McLloyd, A. Petersen, & M. Kipke. (2002). **Adolescent Health and Well-Being in the Twenty-First Century: A Global Perspective.** *Journal of Research on Adolescence* 12(1):69-98.

Casey, M., A. Knott, & I. Moscovice. (2002). **Medicare Minus Choice: The Impact of HMO Withdrawals on Rural Medicare Beneficiaries.** *Health Affairs* 21(3):192-199.

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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.

Feldman, R. (2001). **An Economic Explanation for Fraud and Abuse in Public Medical Care Programs.** *Journal of Legal Studies* XXX(2, pt. 2):569-577.

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Kaissi, A.,** **J. Kralewski**, & J. Silversmith. (2002). **Medical Group Practices: How Computerized Are They?** *Minnesota Physician* XVI(6):20-21.

Kane, R.L. (2002). **Geriatrics as a Paradigm for Good Chronic Care** (commentary). *Age and Ageing* 31:331-332.

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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, prepared by the RHRC.

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.

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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.

*alumni **student
HSRP faculty and staff shown in bold.

Grants

PI: Kathleen Thiede Call
Co-PIs: Donna McAlpine and Rhonda Jones-Webb
Building Community-University Partnerships to Address Health Disparities in Minnesota
Allina Foundation
09/01/02 - 2/28/04.

PI: Robert Kane
Broad-Based Support for the EPC Program
Agency for Healthcare Research and Quality
9/20/02 - 9/19/07

PI: Rosalie Kane
Nurse Del/TAC Study
Rutgers University
(Centers for Medicare & Medicaid Services)
6/1/02 - 8/31/02

PI: Principal Investigator

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A. Marshall McBean, M.D., M.Sc.
Ira S. Moscovice, Ph.D.
John A. Nyman, Ph.D.
William J. Riley, Ph.D.
Todd H Rockwood, Ph.D.
Robert J. Town, Ph.D.
Robert L. Veninga, Ph.D.
Beth A. Virnig, Ph.D., M.P.H.
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Amy R. Wilson, Ph.D.

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Richard Anderson, John Finnegan, Tim Rummelhoff

Mission Statement

The mission of the University of Minnesota's 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.

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Upcoming
Events

HEALTH SERVICES RESEARCH SEMINAR SERIES

Thursday, February 27, 2003, 3:30-5:00 p.m.

Carlson School of Management, room 2-206

Peter Neumann, Sc.D., assistant professor in Policy and Decision Sciences and deputy director of the Program on Economic Evaluation of Medical Technology, Department of Health Policy and Management, Harvard University

Free and open to the public. For more information, contact Jessica Haupt at 612-626-8795 or jhaupt@csom.umn.edu.

INFORMATION SESSION FOR PROSPECTIVE STUDENTS

Monday, February 10, 2003, 6:30-8:30 p.m. • Mayo Building, room C-381

- Learn about our three graduate degree programs:
 - M.P.H. in Public Health Administration
 - M.S. in Health Services Research, Policy and Administration
 - Ph.D in Health Services Research, Policy and Administration
- Discover scholarships and other funding opportunities
- Meet students and faculty

For more information or to RSVP, contact Maureen Andrew at 612-624-9432 or andre031@tc.umn.edu.

SEVENTH ANNUAL MINNESOTA HEALTH SERVICES RESEARCH CONFERENCE

Tuesday, March 4, 2003 • Four Points Hotel, Minneapolis

Keynote: "Finance and Incentives in the United Kingdom National Health Services: Some Emerging Issues"



Peter C. Smith, Ph.D., professor of economics, Centre for Health Economics, University of York, United Kingdom.

Dr. Smith's principal research and teaching interests are public finance and health services research. He has led a series of studies that have developed national capitalization formulae, now in use in UK health care and the broader public sector. His work has influenced the the UK National Health Service's performance measurement and reporting initiatives. He is the UK lead on the US/UK intergovernmental research initiative on incentives for quality in health care. He has acted as advisor to numerous national and international agencies, including the World Health Organization, the Organisation for Economic Cooperation and Development, and the World Bank.

Sponsoring Organizations

Blue Cross Blue Shield of Minnesota • Center for Health Care Policy and Evaluation/UnitedHealth Group • Fairview Health Services • HealthPartners Research Foundation • Mayo Clinic • Minnesota Department of Health • Minnesota Department of Human Services • Mpls. VA Center for Chronic Disease Outcomes Research • National Institute of Health Policy • Park Nicollet Institute • St. Mary's/ Duluth Clinic Health System • Stratis Health • U of M Center for the Study of Healthcare Management

Registration materials are available for download at www.hsr.umn.edu. For more information, contact Ann Reilly at 612-626-0969 or areilly@umn.edu.

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