UK CENTER FOR HEALTH SERVICES RESEARCH

The Center for Health Services aims to transform health care delivery through research, education and quality improvement. This 2015 - 2016 Annual Report details the Center's strategies, investments, and commitments to capacity building, professional education, and research engagement that connects diverse stakeholders and improves patient care.

This Annual Report documents:

• Development of the Center including guidance from Internal and External Advisory Boards, faculty recruitment, and building the Office for Value & Innovation in Healthcare Delivery (OVIHD) and DASC—Data, Analytics and Statistical Core;

• Connecting colleagues across the UK campus to advance health services research through scholarship and grants;

• Catalyzing collaborations and connections with key resources at UK to grow our membership;

• Accomplishments of Project ACHIEVE, a $15.5 million nationwide study;

• Transforming health care at UK to accelerate the discovery of health care delivery innovations that achieve sustainable change in healthcare systems; and,

• Fostering interprofessional education and practice by creating innovative coursework and supporting nationally recognized visiting professors, high quality educational seminars and training opportunities.

Vision

Become a national leader in health services research focusing on interprofessional team-based practice, education and research to advance the science of health and health care delivery.

Mission

Applying Research to Optimize Care©
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When I was a young teenager, my father assigned me the task of removing a large stand of bamboo at our family’s new home. I was told this needed to be done quickly or it would become a haven for rats, snakes, and wasp nests. Though much taller than me, the bamboo stalks did not seem too imposing and I set about my task with a rip saw, axe and shovel. While I did not encounter any rats or snakes (as any future zoology graduate might hope), careful removal of a number of wasp nests required some contemplation to eliminate potentially painful barriers to finishing the task. After many sweaty hours, I truly appreciated the strength of bamboo and how deep the roots seemed to grow.

While bamboo is known as the “fastest growing woody plant on earth,” any observer would think it grows slowly in its first couple years. Not true, as its growth is simply downward and outward below ground.

Initially, bamboo plants focus almost all their energy on building an extensive root system. They are not individual plants, but a colony with 80% of their biomass underground. These massive subterranean rhizomes store nutrients and support the colony for the explosive growth that can occur each Spring—up to 3 feet or more in a 24-hour period—after a couple years of building its foundation.

That weekend of clearing bamboo taught me how tasks can be far more complex than they initially appear, and may contain painful (wasp stings!) consequences if one is not thoughtful about addressing various barriers. Later in college, I learned about root systems in zoology classes and how essential a strong foundation is to subsequent growth. After 25 years of varied professional experiences ranging from charity and community hospitals to some of the best academic medical centers in the nation, I was eager to get to work upon my arrival at the University of Kentucky at the beginning of 2014. Growing the Center for Health Services Research in an environment I knew fostered collaboration was a dream come true. I recognized that I was embarking on a unique opportunity to collaborate with the breadth of expertise at UK and to think together with these great minds about potential solutions to the problems facing health care across Kentucky and beyond.

学而不思则罔，思而不学则殆 - 孔子

He who learns but does not think, is lost.
He who thinks but does not learn is in great danger.
- Confucius
Energized by my repeated experiences with the power of successful teamwork throughout my career, I believed that the Center’s mission of applying research to optimize care© would succeed at UK. The Center for Health Services Research (CHSR) now enters its third year optimistically looking toward remarkable growth after two productive years developing a solid foundation, and exceeding my original expectations. In the pages that follow, you will read about the Center’s success in improving health care delivery, pursuing research grants and contracts, publishing scholarship, collaborating with remarkable people across the university, and engaging with communities throughout the Commonwealth.

The pages of this annual report detail our team’s success through collaboration with faculty from colleges across the University of Kentucky campus and guidance from senior leaders and experts on our internal and external advisory boards. Our strategic planning process, with brilliant mentorship from the Toyota Executive in Residence, Bret Anderson, is designing a road map for the next five years. The CHSR foundation for achieving our mission will include 6 faculty, 7 research support staff, 2 statisticians, 6 data analysts, and 3 support staff by this Fall. The Office for Value & Innovation in Healthcare Delivery (OVIHD) serves as our translational arm, working to optimize care at UK and its affiliated hospitals. OVIHD’s approach of connecting clinicians with data analysts and experts in quality improvement and process engineering to form a Transformation Triangle is already catalyzing change and creating engaged teams eager to improve processes and patient care.

One successful example is the Interprofessional Team Innovation Model© (ITIM) developed here at UK. It represents a collaboration among nurses, pharmacists, case managers and physicians. ITIM is successfully implementing Project BOOST (Better Outcomes by Optimizing Safe Transitions) on medicine floors at UK hospitals. Initial analyses reveal reduced rates of readmission and lower costs.

I am especially proud of our increasing efforts focused on community engagement and collaboration external to UK. At the beginning of June, three of us from the Center attended the Shaping Our Appalachian Region (SOAR) Innovation Summit (www.soar-ky.org/articles/2016-soar-innovation-summit) and walked away saddened by the severity of hardships facing Appalachia, but impressed by the strong commitment to innovative actions to address the poverty, unemployment, substance abuse, and poor health status in the region. A nice summary of the meeting can be found at www.ket.org/public-affairs/soar-2016-innovation-summit/. One of CHSR’s collaborators, Fran Feltner, DNP, serves as Director of the Center of Excellence in Rural Health for the University of Kentucky and showed at the SOAR Summit some of the terrific accomplishments by UK in the region. The CHSR team plans to be working to help Appalachia through our proposed Kentucky Consortium for Accountable Health Communities (KC-AHC). We collaborated with David Bolt from the Kentucky Primary Care Association and Dr. Feltner on the Center’s recent proposal to CMS to address health-related social needs among the most vulnerable community-dwelling Medicaid and Medicare beneficiaries in the Commonwealth of Kentucky, including many counties in Appalachia. This project will examine the impact of a combined individual and community-level intervention strategy on improving health outcomes and reducing health care costs and unnecessary utilization among underserved patient populations across the region.

These initiatives demonstrate the CHSR’s strong foundation rooted in collaboration. I know our team will continue to connect, catalyze, and create innovative approaches to improve the health care and health of the citizens of the Commonwealth of Kentucky. Come join us!

Mark V. Williams, MD, FACP, MHM
Professor & Vice Chair, Department of Internal Medicine
Professor of Health Policy and Management
Director, Center for Health Services Research
University of Kentucky

Chief Transformation and Learning Officer
UK HealthCare
MARK V. WILLIAMS, MD serves as Director of the Center for Health Services Research with Jing Li, MD, MS as Administrative Director. Together they provide overall leadership and direction for the Center. They are joined by three experienced and successful University of Kentucky researchers – Drs. Ellen Hahn, Glen Mays and Jeff Talbert – as Associate Directors.

Ellen Hahn, PhD, RN, FAAN, is Marcia A. Drake Professor and Director of the Kentucky Center for Smoke-free Policy, UK College of Nursing. Glen Mays, PhD, MPH, is F. Douglas Scutchfield Professor in UK’s Department of Health Management and Policy. He directs the National Coordinating Center for Public Health Services and Systems Research funded by the Robert Wood Johnson Foundation and directs the Public Health Practice-Based Research Network Program. Jeff Talbert, PhD, is Professor in the Department of Pharmacy Practice and Science, UK College of Pharmacy, and Director of the Institute for Pharmaceutical Outcomes and Policy. This leadership team aims to expand the Center’s research and scholarly endeavors through creating, testing, and scaling next-generation solutions to improve the efficiency and effectiveness of health care delivery.

Overall, they hope to improve the health of the people of the Commonwealth of Kentucky. The Associate Directors also play a major role in faculty development efforts such as supporting the recruitment and retention of the highest quality faculty, expanding professional skills, nurturing and cultivating junior faculty to become the next generation of academic leaders, and developing structured mentoring programs.
Advisory Boards

CHSR moved forward in partnership with its External Advisory Board (EAB) in 2015. Led by Tim Carey, MD, MPH, Professor of Medicine and Social Medicine, and Director of the University of North Carolina’s Cecil G. Sheps Center for Health Services Research, the expert EAB panel’s charge is to provide strategic guidance, feedback, and recommendations to advance CHSR’s research, educational, and transformative health care delivery initiatives.

The first in-person meeting of the EAB was held at Keeneland, in Lexington, Kentucky, on May 11–12, 2015. The group was welcomed by UK’s President Eli Capilouto, Executive VP for HealthCare Mike Karpf, and Provost Tim Tracy. CHSR leadership reported on a variety of developmental activities, as well as ongoing progress in capacity building and research engagement. The EAB’s discussion generated numerous recommendations designed to advance the mission of the CHSR, with priorities that include:

- Undertaking a strategic planning process to guide future directions of CHSR and defining core metrics of success;
- Identifying signature areas of focus for CHSR’s research and educational initiatives;
- Connecting with local policy and research needs, and leveraging location to develop research collaborations;
- Developing a formal structure for intra-institutional connections, maintaining connections with different colleges and departments; forging collaborations with entities outside of UK, state of KY; and,
- Emphasizing interprofessional education and practice.

Established in 2014, the CHSR Internal Advisory Board (IAB) and Steering Committee (SC) are composed of Deans, Center Directors, multi-disciplinary faculty, and leaders from UK HealthCare. The IAB and SC continue to guide CHSR research and programmatic activities, advocate for CHSR across campus and UK HealthCare, and serve as bridges between CHSR and other academic units of the University.

Strategic Planning

With initial guidance from the EAB, in 2015 and 2016 the CHSR undertook strategic planning initiatives involving diverse stakeholders from our EAB, IAB, and Steering Committee. Consistent with CHSR’s primary goals and strategic aspirations, our focused efforts have involved engaging stakeholder communities and experts across the Commonwealth to grow research and improve care for complex patients, and to optimize care for patients adversely impacted by social determinants of health. As part of our intensive strategic planning process, CHSR worked closely with Mr. Bret Anderson, Toyota Executive Director of Lean Systems Program at UK’s College of Engineering. Mr. Anderson is engaged with CHSR to facilitate strategic planning activities among CHSR staff and leadership, the advisory boards, and steering committee members to elicit critical input in developing our five year strategic plan.

UK HSR Survey

CHSR recently conducted a campus wide survey of health services research (HSR) activities garnering input from twelve colleges’ faculty. Major goals were to gauge faculty involvement in HSR, to elicit perspectives on UK’s current strengths in HSR and areas needing more attention, to understand faculty needs for research support to enhance funding submissions, and to stimulate ideas on how CHSR might strengthen collaborations across the University community. Surveys were completed by 243 faculty-level respondents from 12 diverse colleges across UK. Interest in HSR was high among responding faculty, with patient-centered outcomes, population health, comparative effectiveness research, and access to care ranked as the top areas for HSR expansion at UK.

With regard to successful engagement in HSR, the most frequently mentioned needs among faculty included protected time, identification of faculty collaborators and mentors, and assistance with methodological expertise. These findings represent key opportunities for CHSR’s growing mission within the University, serving as a lead Center with needed expertise to support the campus-wide coordination of HSR efforts, to engage a broad spectrum of talented multi-disciplinary researchers in HSR, and to catalyze collaborations and connections with key resources internally and externally.
The Office for Value and Innovation in Healthcare Delivery (OVIHD) serves as the translational unit for CHSR to accelerate the discovery of new knowledge concerning the efficiency and effectiveness of health care delivery innovations and to scale next generation solutions for improving health systems and overall population health.

The health system operation engineers, analysts, and Quality Improvement (QI) specialists at OVIHD have specific expertise in improvement methodologies, and support UKHC’s priority organizational initiatives. The team has expertise in numerous quality improvement tools, including, but not limited to: Patient Flow, FOCUS-PDSA, Engagement, Lean, Six Sigma, Process Design, FMEA, Reflective Learning, and Statistical Process Control. This team supports cross-organizational priorities and teams who are engaged in improvement. Educational programs are offered to enable capacity building and bring performance/quality improvement to life within teams at all levels. The strength of encouraging teams to own their quality improvement processes manifests as ownership by frontline workers to embed QI in their daily activities instead of a top-down approach which may hinder engagement.

Faculty Recruitment

The CHSR is broadening its capacity and expertise by recruiting new research faculty members. These faculty additions will expand CHSR's capacity for research that bridges health care services and population health, and impacts underserved patients in both clinical and community settings across the Commonwealth. We are excited to welcome Jean Edward, RN, PhD, who comes to us from the College of Nursing and Health Sciences at the University of Massachusetts Boston. Dr. Edward’s academic training in Nursing, along with her research priorities in health literacy and health care access disparities in underserved communities, effectively complement CHSR’s expanding focus on social determinants of health and interprofessional education.

Dr. Brittany Smalls, PhD, MHSA will join CHSR from the Massachusetts College of Pharmacy and Health Sciences in Boston. Dr. Smalls brings doctoral training in Health and Rehabilitation Science to CHSR, and plans to pursue her broad research interests in diabetes, health disparities, and the impact of socio-environmental factors on health outcomes.

Dr. Hilary Surratt also joined CHSR’s faculty team in 2016 as an Associate Professor. Previously at the Center for Applied Research on Substance Use and Health Disparities at Nova Southeastern University, Dr. Surratt is a PhD Psychologist who brings broad research expertise in substance abuse, health disparities and behavioral health interventions to CHSR.

OVIHD Team. (Pictured from left to right) Christopher McLaughlin, Barbara Latham, Christopher Ross, and Jeremy Xu.
DASC provides analytical support to stakeholders across UK and UKHC for health services research and quality improvement data needs, optimizing the value of care by:

- Developing reporting capabilities;
- Generating visualizations and dashboards;
- Integrating standardized tools and other external data sources; and,
- Facilitating access to and enabling the use of data for decision making and quality improvement at UK.

DASC developed expanded capabilities and increased throughput this year. Zihan Zhu joined the team in July 2015 as a Data Management Analyst and Joseph Mueller joined in December 2015 as a Data Research Analyst. Jeremy Sams was hired as the Server Administrator and Programmer in February 2016 to oversee DASC’s new server system that was installed in the UKHC IT datacenter. This server is used for support software installation, custom software development, and to securely house datasets for research projects. Dan Cleland was promoted to Data Research Analyst Senior in December 2015 and manages the group. Andy Kelly serves as a Data Research Analyst and Jane Guo continues as a Statistician. The DASC team has extensive expertise in data collection and management, extraction of data from clinical data management systems, survey development, program evaluation, study design, methodology, statistical analysis, and dashboard design among other areas.

Research as well as Operations and Quality Improvement request fulfillment accelerated with the on-boarding of new staff members. On average this year, DASC completed 25 requests per month. Collaborative projects have been completed working with analysts from the Institute for Pharmacy Outcomes and Policy, Business Intelligence, Finance, Quality Reporting, the Institute for Biomedical Informatics, and various departments. Supported UKHC units include Hospital Medicine, Cardiology, Radiology, Pharmacy, Pediatrics, Neurology, Emergency Medicine, Surgery, KMSF, and the Office for Value Innovation in Healthcare Delivery. DASC supported projects related to health services research within the College of Arts and Sciences, the College of Health Sciences and multiple collaborative efforts are underway with Norton Healthcare.

Some notable supported projects this year include Project BOOST and Pedi-BOOST, Project ACHIEVE, Meds to Beds, Optimal Care Glycemic Control Task Force, and Antimicrobial
Stewardship. The range of products and services produced through DASC now includes data collection and management, data analysis, reporting, interactive dashboards, study design, statistical analysis, and survey development. Over 20 regular reports, dashboards, or datasets are currently sent out with intervals ranging from daily to monthly. DASC staff members have worked closely in the efforts to acquire, implement and utilize a new UKHC data warehouse which will become available in fall 2016. Several grant submissions have also been supported by DASC.

The DASC unit of CHSR is currently collaborating on a number of hospital-based research and quality improvement initiatives, utilizing analytic expertise to build and structure data that can broadly illuminate clinical observations, and provide longitudinal data views to capture operational patterns and identify opportunities for clinical intervention.

In mid-2015, DASC began a project with UKHC’s Medical ICU, directed by Dr. Peter Morris, Chief for the Division of Pulmonary, Critical Care and Sleep Medicine, and Trauma/Acute Care Surgery (TACS), led by Dr. Andrew Bernard, Endowed Chair in Trauma Surgery and Section Head, Acute Care Surgery, Trauma and Surgical Critical Care. This ongoing initiative compares patient trends across the MICU and TACS service lines on actual and predicted charges and spending, as well as clinical outcomes including ventilator days and mortality. The goal of the project going forward is to continue to add more clinical metrics to the regular reports to better understand the care being delivered to patients, and to convert the acquired knowledge into formal research publications.

CHSR DASC Team Wins Award

The CHSR Analytics Team attended the “Data! Fostering Health Innovation in Kentucky and Ohio 2015” conference in October. This event featured speakers such as Niall Brennan, Chief Data Officer at the Centers for Medicare and Medicaid Services (CMS); UK’s own Dr. Glen Mays; and a variety of public health innovators in government and non-profits from the area. The CHSR DASC Team won third place in the infographic poster competition for their poster “Changes in Affordable Care Act Opinions and Outcomes Across Kentucky – 2010-2014.”

The CHSR DAS Team’s poster can be viewed at: https://chsr.med.uky.edu/sites/default/files/Health_Infographic.pdf
ADVANCING HEALTH SERVICES RESEARCH AND SCHOLARSHIP

By the Numbers: Faculty Productivity

18 Peer-reviewed Publications

9 Conference Presentations

1 Book Chapter
Developed and submitted 13 grant proposals

CHSR was lead on 5 of these proposals

3 of the proposals have been funded

6 of the proposals are still in review as of June 15, 2016

CHSR has collaborated with researchers within and outside UK to request more than $33.9m in grant funding

CHSR has received more than $12.3m in grant funding

Funding agencies include PCORI, CMS, NIH and AHRQ

*Please see pages 28-29 for a full list of CHSR and Collaborative Proposals.

**Values shown above are a depiction of proposals completed from 2015-2016 and includes the values for ACHIEVE Phase 2.
CHSR COLLABORATIONS AND ENGAGEMENT

CHSR invests in cross-disciplinary collaborative efforts with researchers and organizations at the local and national levels to develop, submit, and implement proposals and projects to address priority issues in the field of health services, with the ultimate goal of improving health outcomes for individuals and populations. These collaborations are mutually beneficial for the Center and its collaborators, offering topic-specific research expertise, unique access to research resources, bridging clinical expertise and community connectedness, and expanding the Center’s reach, influence, recognition, and visibility across Kentucky and beyond. Through a variety of development initiatives in 2015, the Center established new partnerships with Mayo Clinic, Norton Healthcare, Virginia Commonwealth University, and Kentucky Primary Care Association. We also strengthened ongoing collaborations, either through direct partnerships or by connecting other UK researchers, with Telligen, Northwestern University, Westat, Boston Medical Center, University of Illinois at Chicago, the Society of Hospital Medicine, Massachusetts General Hospital, and others.

CHSR works closely with UK faculty and staff across diverse colleges and research Centers including the Colleges of Medicine, Nursing, Pharmacy, Public Health, Health Sciences, Dentistry, Engineering, Arts and Sciences, Communication and Information, Social Work, the Center for Clinical and Translational Sciences (CCTS), and the Center of Excellence in Rural Health. In 2015, several collaborative efforts by CHSR were focused on increasing our engagement in medically underserved areas of Kentucky to address longstanding health disparities and poor health outcomes among vulnerable patient populations.

UK Partners with Norton Healthcare

Norton Healthcare (NHC) in Louisville, Kentucky is a critical UK Healthcare partner. Norton HC clinicians guide a robust group of pharmaceutical and device studies. However, there has been growing interest in health services/outcome research at NHC over the past two years. The missing piece to growing this research stream at NHC is a data intensive team of partners. UK’s Center for Health Services Research has been instrumental in catalyzing and supporting this evolving research stream at NHC. Active collaborations with NHC Leatherman Spine and Dr. Gabriel Martz on a multisite health outcomes study focused on epilepsy are two recent examples.

F. Douglas Scutchfield, MD

“It has been a pleasure working with the CHSR on the Accountable Health Communities project with my colleague David Bolt and the staff of the Center. The collaboration between the Kentucky Primary Care Association (KPCA), their IPA and ACOs, the Area Development Districts, the state, hospitals and managed care organizations, and all of the other partners to pull this project together has been remarkable. I am sure that we would not have been able to pull off the proposal without the skill, knowledge and commitment of the CHSR staff. Funded or not we have made remarkable strides in collaboration across the medical care system. I believe that relationship, now developed, will continue to yield opportunities to make Kentucky’s medical care system better and benefit the residents of the Commonwealth.

Similarly, the development of a working relationship between Shaping Our Appalachian Region (SOAR) and its Health Committee Chair, Dr. Bill Hacker, and the federal CDC assignee to Pikeville and SOAR, Jenna Meyer, and the CHSR has the potential to benefit SOAR’s efforts to address the priority health problems that the organization has identified: drug abuse, obesity and diabetes. It is a real pleasure to have the opportunity to bring these two together, SOAR and CHSR; I think that there will be some great opportunities for joint activities between these important components of Kentucky’s infrastructure.”

-F. Douglas Scutchfield, MD,
Bosomworth Professor of Health Services Research and Policy, College of Public Health and Medicine.
David Bolt

David Bolt is one of the key contacts bridging communications between the University of Kentucky's Medical Center and primary care clinical sites across Kentucky. Bolt is focused on the operations and development of the Association’s Independent Practice Association, which serves over 16% of the Medicaid population in Kentucky, as well as the membership owned Advanced Investment Model ACO that was approved by CMS to begin operations in 2016.

“In 2014 KPCA entered into a Strategic Partnership with the University linking the 270+ clinical sites and over 1000 medical providers working in Community Health Centers, Rural Health Clinics and Licensed Primary Care Centers making up the Association’s membership. While the basis of the strategic relationship is rooted in helping the “Safety Net” provider network control costs and improve the quality of health care, the effort also focused on forging a relationship that would drive translational research for the clinics and providers serving the rural and inner-city underserved populations across the state. The strong belief is that research and demonstration projects, with a research component, drive improvement in service delivery and quality outcomes for the patients.”

-David Bolt
Deputy Director of the Kentucky Primary Care Association.

Roberto Cardarelli, DO

Dr. Cardarelli is a Professor and Chief of Community Medicine for the UK College of Medicine, Department of Family & Community Medicine. He directs the Kentucky Ambulatory Network (KAN), a primary care practice-based research network devoted to patient-centered, population health research. KAN is a collaborative effort involving primary care physicians, health care providers, scientists, and public health experts throughout Kentucky.

“The Division of Community Medicine and the Kentucky Ambulatory Network (KAN) have partnered and worked with the CHSR in several ways. The CHSR is actively working with our clinic and faculty in Hazard, KY to identify ways to improve workflow and clinical care. The CHSR also served as consultants on our $13 million PCORI Large Pragmatic Trial application studying the impact of transitional care management (TCM) visits on patient-centered outcomes. Drs. Williams and Li serve as co-investigators and the CHSR will lead practice facilitator training for the grant. We also partnered on other applications working with contract research organizations in the field of care transitions. We are fortunate to have the expertise among great colleagues at the CHSR.”

-Roberto Cardarelli, DO.
Division Chief, Community Medicine.

Mairead Moloney, PhD

Dr. Moloney is an Assistant Professor in the Department of Sociology, and a faculty member for the major in Health, Society, and Populations, in the College of Arts and Sciences at UK. Dr. Moloney’s research employs mixed methods quantitative and qualitative approaches to produce theoretically-grounded work that has real-life impact.

“Shortly after joining the Sociology faculty here at the University of Kentucky, I was fortunate to meet Mark Williams and Jing Li from CHSR. Together with Nora Warshawsky, we’re conducting a pilot project entitled “Exploring Interactions between Physicians, Nurses, and Patients in a Changing Healthcare Environment.” This study uses primarily qualitative methodologies to examine communication and collaboration of healthcare teams in a post-Affordable Care Act hospital setting. Although we’re interested in multiple dimensions of team interactions, we’re paying special attention to the interactions between nurses and hospitalists. Even at this preliminary stage, our pilot findings are compelling and we are preparing to apply for grant funding from both public and private agencies.”

-Mairead Moloney, PhD.
Assistant Professor, Department of Sociology.
CHSR MEMBERSHIP

As part of its efforts to engage UK faculty interested in health services research, CHSR continues to grow its membership. CHSR membership provides UK researchers with the opportunity to connect and participate in the Center’s many research activities. Applications are reviewed to ascertain applicants’ expertise, potential for funded research collaborations, and ability to contribute to the Center’s mission, vision, and goals.

CHSR members enjoy several valuable benefits, including professional development (i.e., seminars, workshops, and training programs); access to a broad network of researchers, clinicians, educators, and industrial partners; mentor/mentee opportunities; access to resources and research support services; and the quarterly CHSR Newsletter that provides timely information on recent CHSR activities, new HSR publications, and news of the profession. Current CHSR members represent a broad range of disciplines and colleges including nursing, medicine, health sciences, health services, public health, social work, education, engineering and behavioral sciences.

UK Faculty and CHSR members from diverse colleges have engaged with CHSR’s DASC team to drive scholarship.

Dr. Michael Dobbs, Professor of Neurology in UK’s College of Medicine and the Kentucky Neuroscience Institute, worked with CHSR’s DASC unit on a journal publication examining UK HealthCare’s Stroke Care Network (SCN). The UK Comprehensive Stroke Center and Norton Healthcare have joined with area hospitals to develop the first community-based stroke program in the region, which allows patients to receive the best possible care during the early moments of a stroke, when diagnosis and rapid treatment are critical. Dr. Dobbs and his team developed a manuscript entitled, “Continuous quality improvement across a network provides evidence for the stroke care gap in Appalachian counties: Is disease specific certification the answer?” This manuscript is currently undergoing peer review for publication. Dr. Jane Guo from CHSR’s DASC unit provided analytic support for Dr. Dobbs’ group in manuscript preparation.

Dr. Joneen Lowman, Assistant Professor of Communication Sciences and Disorders in the College of Health Sciences, engaged in a study utilizing interactive shared reading techniques to teach vocabulary and instructional verbs to pre-school students. Dr. Lowman worked closely with the DASC team at CHSR to develop an appropriate analytic strategy for her study data. Her manuscript entitled, “Effects of Interactive Book Reading for Increasing At-Risk Pre-Kindergarten Children’s Knowledge of Instructional Verbs” was recently accepted for publication in the Journal of Communication Disorders Quarterly.
PROJECT ACHIEVE UPDATE
Achieving Patient-Centered Care and Optimized Health in Care Transitions by Evaluating the Value of Evidence

Project ACHIEVE Team. (Pictured from left to right) Robert Duff, Jessica Jones, Kristina Tucker, Jing Li, Megan McIntosh, and Mark Williams.

Project ACHIEVE is a national study of transitional care funded by the Patient Centered Outcomes Research Institute (PCORI). CHSR successfully completed the first phase of Project ACHIEVE in 2015, and recently received unconditional approval to proceed with Phase 2, extending the completion date to September 30, 2018, and increasing the total award to $15.5 million.

During the first phase of Project ACHIEVE, the research team engaged in a broad-based systematic qualitative inquiry to elicit key stakeholder perspectives on transitional care. Our team conducted 33 focus groups and 72 key informant interviews with patients and caregivers across participating sites to identify what matters most to them as they transition from the hospital to home or other care locations. In a parallel approach, 27 focus groups and key informant interviews with national healthcare providers were also undertaken in order to identify the critical barriers and facilitators of implementing transitional care efforts.

Additional Phase 1 research initiatives included complementary site visits to health systems where ACHIEVE investigators gathered information on adoption and implementation, contextual barriers and facilitators, and patient's and providers' perceptions of transitional care interventions. The Project ACHIEVE team completed 22 site visits to hospitals and community health centers across the United States to assess and evaluate a broad range of contextual factors that are likely to impact patient care transitions from hospital to the community.

From ACHIEVE Phase 1 activities the investigators have generated one peer-reviewed publication and additional publications are currently in preparation. Additionally, the research team participated in five regional and national conference presentations, and four invited lectures.

During the first phase of the study, the Project ACHIEVE team received insightful feedback and suggestions from patients, caregivers, ACHIEVE partners, the Scientific Advisory Committee and Stakeholder Advisory Group that allowed us to refine and improve our study design and research plan.

These rich findings were also integral to informing the development of survey instruments to be used in Project ACHIEVE’s Phase 2, which will evaluate the comparative effectiveness of multi-component care transitions programs occurring across the U.S.
One of the most exceptional innovations of Project ACHIEVE is the emphasis on genuine engagement of patients and caregivers to drive the research process. Our stakeholders describe their experience with Project ACHIEVE as unique.

“From the outset Project ACHIEVE has made an extraordinary commitment to include the voices of patients and family caregivers in all its activities. In my experience as a member of several advisory committees and research projects, this commitment is unique. It goes beyond listening to patients and family caregivers to the important step of acting on their suggestions in survey development, site visit protocols, transition strategies, and more. The research team has integrated the patient and family perspective so thoroughly that I often hear someone else say what I would say. That is indeed gratifying.”

-Carol Levine

As we enter Phase 2, we have commitments from approximately 50 hospitals nationwide to participate in this extensive survey effort that will include some 12,000 patients, 7,000 caregivers, and 1,000 healthcare providers. Combining information from these national surveys with data collected through ongoing site visits and data obtained from the Centers for Medicare and Medicaid Services, Project ACHIEVE will determine which evidence-based transitional care components or clusters most effectively yield desired patient and caregiver outcomes overall, and among diverse patient and caregiver populations in different types of care settings and communities.

Project ACHIEVE Collaborators

Independent Research Organizations
Westat
Kaiser Permanente

Patient Advocacy Organizations
United Hospital Fund
Caregiver Action Network
Project Patient Care

Professional Associations
Health Research & Educational Trust
Joint Commission Resources
Essential Hospitals Institute
National Association of Area Agencies on Aging

Academic Centers
University of Pennsylvania
University of Illinois at Chicago
Louisiana State University

Quality Improvement
Telligen
Office for Value Innovation in Healthcare Delivery (OVIHD)

OVIHD was established by UK HealthCare to coordinate quality improvement while developing population health approaches. OVIHD health systems engineers, analysts, and improvement specialists work diligently to design processes and systems improvements that translate to more efficient and better quality care for all patients at UK HealthCare. Driven by a passion for continuous improvement, OVIHD utilizes expert knowledge in quality and process improvement, problem solving and change management, and partnerships with clinicians and staff, to implement the right processes and systems at UK HealthCare to drive consistent top quality patient-centered care.
OVIHD’s Major Accomplishments

UKHC Focus-PDSA Training and CQI Storyboard

Since its establishment, the OVIHD team began developing a system-wide performance improvement (PI) capability program and an improvement project execution support infrastructure. The aim is to provide interactive, state-of-the-art training to foster alignment with UKHC’s 2020 Strategy with a focus on data-driven decision making and project selection. Internal stakeholder and staff feedback following the establishment of OVIHD highlighted the need for a highly structured and systematic approach to foster common-goal orientation (that is, using the same approach, same tools, same vocabulary everywhere to achieve organizational goals) and focus on data-driven decision making and project selection (that is, using objective means of evaluating progress and problem-solving quality). A key comment from stakeholders was to avoid using overly complex terminology, or jargon tied to a particular commercial approach, so that all employees, regardless of education level, could easily grasp and participate in improvement work. To this end, UKHC’s PI guiding principles maintain a Lean approach, and a FOCUS-PDSA project framework was adopted. The framework incorporates a data-driven problem-solving approach and project reviews between each project step to ensure that project goals are met. The UKHC FOCUS-PDSA CQI Storyboard lists strategies, techniques, and tools that are typically applied at each step of FOCUS-PDSA. The inclusion of a broad set of methods and tools, rather than only Lean or Six Sigma methods and tools, was driven by the best-in-breed guideline. We believed that the “toolbox” of solution approaches needed to be versatile and broadly applicable, to support, for example, waste elimination and/or variation reduction as needed. These techniques and tools will be updated/refined and new tools will be added while we develop the course curriculum and content.

Project Request Process

The OVIHD team established a standardized process for PI project requests. Anyone at UKHC can submit a request by email or through the OVIHD website. To ensure timely communication and support, we developed multiple internal processes and tools, such as new request review huddles, scoping documents, prioritization matrices, and project readiness checklists. The request process was made available in August 2015 and, by April 2016, the OVIHD team received 25 project requests from a diverse group, ranging from frontline staff, residents, physicians, patient experience, facilities, capacity command, to senior management.

Featured project results can be viewed at:

"The OVIHD team members have been a wonderful addition to our institution’s patient care delivery. They have been instrumental in leading this project to bring uniformity to a very complex and previously highly heterogeneous practice pattern. The presence of the OVIHD engineers within the MICU Quality improvement meetings has been welcomed by all of the medical professions within the MICU patient care paradigm."

-Peter Morris, MD
HEALTH CARE TRANSFORMATION

Improving Care Transitions: Project BOOST

In line with its goal of “Applying Research to Optimize Care,” the CHSR continued its collaboration with UKHC to implement and expand Project BOOST (Better Outcomes by Optimizing Safe Transitions) to improve interprofessional work environments, identify risk factors for poor transitions from the hospital, reduce hospital readmissions, and enhance patient and caregiver satisfaction. Project BOOST is an evidence-based care transitions model developed by a team led by Dr. Mark Williams, principal investigator for BOOST, and the Society of Hospital Medicine. BOOST includes a toolkit that has been implemented at nearly 200 hospitals across the U.S. to improve the hospital discharge process and patient outcomes, including reducing readmissions.

The 7th floor at Good Samaritan Hospital (GSH) was selected as the initial BOOST implementation unit. In 2015 the first BOOST interventions were implemented at GSH, including an innovative interdisciplinary rounding model, as well as systematic follow-up phone calls within 72 hours of discharge to check on patient status. Teach-Back was also implemented as a quality improvement intervention to enhance provider-patient communication and patient health literacy. Each of these interventions has contributed to better healthcare delivery and increased satisfaction in the BOOST unit.

Preliminary outcome data on BOOST indicate several key programmatic healthcare impacts. Among the BOOST sample, the all-cause 30-day hospital readmission rate was 1.8% lower than that of the patient control group, combined with a CMI-adjusted length of stay that was 0.13 fewer days in the BOOST group relative to controls. In terms of cost savings, outcome data demonstrate that the CMI-adjusted direct cost per patient was $866 lower in the BOOST sample compared to the Non-BOOST controls, which amounts to an overall cost savings of more than $850,000 in the initial BOOST trial period alone.

Seeing the progress and potential of BOOST, UK HealthCare leadership invited the team to expand the project to other hospital units, which now includes floors 9 and 10 of Chandler Hospital Pavilion A. Going forward in 2016, Good Samaritan Hospital’s 7th floor BOOST team and Chandler Hospital’s BOOST team will continue with mentored implementation of BOOST.

Pedi-BOOST

In the fall of 2015, UKHC Kentucky Children’s Hospital was selected as the first Pedi-BOOST pilot site in the United States. Pedi-BOOST is the pediatric adaptation of Project BOOST, aimed at improving patient- and family-centered outcomes. Pedi-BOOST employs Project BOOST’s evidence-based practices, while layering unique pediatric-specific elements to optimize care transitions by enhancing hospital discharge, promoting patient-centered care, and providing resources to engage family caregivers in their children’s medical decision-making.

Implementation planning for the Pedi-BOOST project at UKHC began in September 2015, involving key stakeholders from across Kentucky Children’s Hospital (KCH), OVIHD, and CHSR. UK HealthCare’s FOCUS Plan Do Study Act (PDSA) approach to quality improvement has grounded the planning processes for the Pedi-BOOST project. As an initial step, the Pedi-BOOST team examined all of the KCH internal processes and related data from patient admission through discharge. Through this process, the team pinpointed a need to implement interprofessional rounding, to focus on Plan of Care (POC), and to develop discharge checklists to improve instructions for child home care. Pedi-BOOST interventions involving these elements are slated for implementation in 2016 to examine the effects on patient- and family-centered outcomes. As an initial step, the Pedi-BOOST team selected POC as the first intervention to be piloted. The team will pilot a POC form as they work through the PDSA cycle to create a standardized approach to communication among the interprofessional team, while involving patients and families to ensure readiness for discharge.
ITIM
Interprofessional Teamwork Innovation Model

Continuing the commitment to enhance teamwork in patient care, UK HealthCare, the Division of Hospital Medicine and the CHSR supported ongoing interprofessional initiatives in the “incubator unit” on Good Samaritan Hospital’s 7th floor. Originally developed to encourage experimentation with best practices and outcome evaluations, the unit continues to demonstrate its value in fostering advancements in patient care. Building upon the initial success of interprofessional teamwork initiated through BOOST, and with strong support from Colleen Swartz, DNP, MBA, RN (Chief Nurse Executive for UK HealthCare), a team led by Lisa Thornsberry, MSN, RN, along with nurse and hospitalist champions, have worked steadily to cohort patients on general medical-surgical units and to implement the Interprofessional Teamwork Innovation Model (ITIM). The structured rounds include teams of bedside nurses, case managers, pharmacists, and hospitalists. This platform has provided a useful infrastructure for experimentation with multiple innovative care improvement initiatives.

PWID Study
Linking Persons Who Inject Drugs (PWID) Hospitalized with Infections into Addiction Treatment:

Laura Fanucchi, MD, MPH, Assistant Professor at CHSR, was recently awarded pilot funding from the Dean’s Office in the College of Medicine, as well as from the UK Center for Drug and Alcohol Research (CDAR). With the support of her mentoring team, Drs. Sharon Walsh and Michelle Lofwall (CDAR), and Mark Williams (CHSR), Dr. Fanucchi is conducting a prospective study among PWID. In this study, PWID who require lengthy courses of IV antibiotic therapy for infective endocarditis (IE), are being enrolled into a new collaborative residential addiction treatment program while continuing to receive IV antibiotic treatment. This allows patients to be discharged from the hospital instead of remaining for prolonged stays and not receiving optimal treatment for their addiction. These patients will be compared to those who do not enroll in the new program on key outcomes including: healthcare costs and utilization, completion of antibiotic treatment, substance use severity, and treatment acceptance. Study recruitment is well underway, with more than 50% of the targeted sample already enrolled.
EDUCATION AND TRAINING
Promoting Health Services Research and Health System Transformation

CHSR Monthly Seminars

CHSR Monthly Seminars provide an opportunity for UK faculty and staff to learn from nationally recognized researchers and experts in health services research. The seminars enhance dialogue and exchange ideas to foster research collaborations, communicate future research directions, and advance educational and professional development opportunities at UK. On occasion, CHSR monthly seminars are combined with Internal Medicine Grand Rounds to expand exposure to the health system and colleges. In May 2015, CHSR welcomed Dr. Robert Wachter, Professor & Interim Chair, Department of Medicine, Lynne & Marc Benioff Endowed Chair in Hospital Medicine, Chief, Division of Hospital Medicine, Chief, Medical Service, University of California, San Francisco Medical Center, and New York Times Science Best Selling author, to UK, where he presented his prolific work on the interface of technology and medicine, and discussed technology’s transformative impact on healthcare delivery. Author of 250 articles and 6 books, Dr. Wachter is past president of the Society of Hospital Medicine, and the immediate past chair of the American Board of Internal Medicine.
Health Care Leadership Graduate Certificate Program: eLII Grant

The CHSR, in collaboration with the College of Public Health, received a $25,000 grant from the eLearning Innovation Initiative (eLII) to create a hybrid course that serves as an integral component of the Graduate Certificate in Improving Healthcare Value. The new course, The Role of Teamwork in Change, was initiated in the fall of 2015 and was co-taught by Drs. Sarah Wackerbarth and Mark Williams. The course was designed to provide graduate students and health professionals with the skills to successfully facilitate teamwork and achieve sustainable change in healthcare systems. The curriculum utilized both lectures and on-line components to introduce the foundations of change management, key features of successful teams and factors that lead to team failures, as well as specific behaviors and communications that enhance effective team interaction.

Students also undertook team-based projects at the Markey Cancer Center, Turland UK HealthCare Clinic, Kentucky Clinic and UK Chandler Hospital. As the semester progressed, the teams made a series of work-in-progress presentations and received technical support from OVIHD health systems engineers and quality improvement specialists. One team's project focused on analysis of transportation needs of Turland Clinic patients. The student team's efforts facilitated the relocation of a city bus stop to better meet patients' needs.

eLearning Module Development

The CHSR invested resources in software and staff to develop multiple eLearning modules for faculty and staff. These initiatives advance CHSR's goals of transforming learning experiences and enhancing the dissemination of leading edge educational materials. Initial projects include a hospitalist orientation manual, Teach-Back training, and the Lean model in health care. The eLearning hospitalist orientation manual is a series of 23 eLearning training modules that consist of 20-30 minute interactive presentations and offer a concise and convenient method for providing orientation to new hospitalists starting in the Division of Hospital Medicine at UK HealthCare.

Educational Series: What We Are Reading

In line with CHSR's mission to apply cutting-edge research to optimize care, the Center began a new educational initiative in 2015 aimed at disseminating innovative and transformative evidence-based strategies with the potential to influence health care services and systems. In this monthly series, three peer-reviewed articles are reviewed and summarized to share emerging research on a broad array of topics, including future trends in health care financing, upcoming changes to regulations affecting health care practice, and novel strategies for impacting population health. Articles are selected for their timeliness, novelty and relevance to health care professionals. Highlights and key messages are provided as well as links to the articles for further in-depth reading. From feedback the Center has received, providing this timely, relevant research has been very popular and useful to many professionals at the University of Kentucky.

Work in Progress (WIP) Sessions

CHSR created the Work In Progress (WIP) sessions to provide a forum for junior faculty to present their research and publication ideas, and receive feedback and mentorship from senior, research-active faculty. A variety of WIP sessions have been hosted to date, including faculty from UK's Colleges of Medicine, Public Health, Communication and Information, Nursing, Design, and Arts & Sciences. Some examples are:

- **Dr. Rachel Hogg**, UK, College of Health Sciences, “Hospitals, Public Health Networks, and Population Health.”
- **Dr. Youngseok Kim**, UK, College of Communication and Information, “Scientists' Data Sharing and Reuse Behaviors.”
- **Dr. Joseph Benitez**, University of Louisville, School of Public Health & Information Sciences, “What were the Effects of Kentucky’s Medicaid Expansion on Out of Pocket Medical Spending?”
- **Dr. Richard Ronan Murphy**, UK, Department of Neurology, Sanders Brown Center on Aging “Telemedicine in the Care of Patients Residing in Long Term Care and Skilled Nursing Facilities (SNF).”
- **Dr. Mandy Jones**, UK, College of Medicine, “Transforming Medical Disclosure Through Interprofessional Education.”
- **Dr. Christina Studts**, UK, College of Public Health, “Evidence-Based Behavioral Parent Training Interventions: Adaptations and Implementation in Health Care and Community Settings.”
- **Dr. Hefei Wen**, UK, College of Public Health, “Effect of Insurance for Low-Income Adults on Health Insurance Coverage and Access to Care among Adults with Behavioral Health Conditions.”
- **Dr. Amanda Fallin**, UK, College of Nursing, “Smoking Cessation for Pregnant Women with Substance Use Disorders.”
- **Dr. Lindsey Fay**, UK, College of Design, “Learning from Design: An Analysis of Environment, Processes, and Communication at UK Medical Center.”
- **Dr. Mairread Moloney**, UK, Department of Sociology, “Power and Professional Hierarchies: Exploring the Hospitalist-Nurse Interaction.”
EDUCATION AND TRAINING: Promoting Health Services Research and Health System Transformation

Visiting Professor Lectures occur as a part of the larger CHSR monthly seminar series. Over the past year, CHSR hosted several notable health services researchers and experts including David Ballard, Karl Bilimoria, Terry Davis, Victor Montori, and Robert Wachter.
Robert Wachter, MD.
Professor and Interim Chair of the Department of Medicine at the University of California, San Francisco, where he holds the Lynne and Marc Benioff Endowed Chair in Hospital Medicine. He is generally considered the academic leader of the hospitalist movement, the fastest growing specialty in the history of modern medicine. Dr. Watcher visited on May 13, 2015.

Terry Davis, PhD.
Professor of Medicine and Pediatrics, Louisiana State University at Shreveport is a pioneer in the field of Health Literacy, and has led an interdisciplinary team investigating the impact of patient literacy on health and healthcare. She visited UK on September 22, 2015.

David Ballard, MD, MSPH, PhD, FACP, CMM.
Chief Quality Officer for Baylor Scott & White Health, Baylor Health Care System, and President of the STEEEP Global Institute visited UK on January 8, 2016.

Karl Bilimoria, MD, MS.
The Vice Chair for Quality in the Department of Surgery, a surgical oncologist and a health services and quality improvement researcher at Northwestern University’s Feinberg School of Medicine. He visited in February 2015 and presented on “New approaches to improving quality of care – NSQIP to ISQIC.”

Victor Montori, MD.
Professor of Medicine and Director of Healthcare Delivery Research Program at Mayo Clinic, visited on April 29, 2016. His research at the Knowledge and Evaluation Research Unit at Mayo Clinic focuses on how knowledge is produced, disseminated and taken up in practice — and how this leads to optimal health care delivery and patient outcomes.

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APPENDICES

Publications with CHSR Faculty (2015-2016)

Peer-Reviewed Publications


Li J, Williams MV. Care Transitions: It’s the how, not just the what. J Gen Int Med 2015; May;30(5):539-40.


Zhang J, Gurvich I, Park E, Young RS, Williams MV. Hospital Readmissions Reduction Program: A Financial and Operational Analysis. Management Science; Published Online First: 3 February 2016. dx.doi.org/10.1287/mnsc.2015.2280

Presentations

“Leading Change with Teamwork” University of Kentucky HealthCare Leadership Course. Lexington, Kentucky. 3/11/2015


“Care Transitions: Leading Change” Society of Hospital Medicine Annual Meeting. Washington, DC 3/30/2015

“Innovative and Successful Approaches to Non-Teaching Services at Academic Hospitalist Programs” Society of Hospital Medicine Annual Meeting. Washington, DC 4/1/2015


Manuscripts in Review


Book Chapters


Abstracts and Posters


PROPOSALS LED BY CHSR: 2015-2016

**July 2015**
- **Hospitalist Engagement and Leadership in Primary Palliative Care (HELP-PC)**
  - Funding Agency: PCORI
  - Status: In Revision
  - Amount: $11,000,000

**Integrating Buprenorphine Treatment for Opioid Use Disorder in HIV Primary Care**
- Funding Agency: AIDS United
- Status: Funded
- Amount: $266,774

**May 2016**

**Employing the Inter-professional Teamwork Innovation Model (ITIM) to Facilitate Inter-Professional Team-Based Learning**
- Funding Agency: Department of Defense
- Status: Invited
- Amount: $1,250,000

**ColLABORATIVE PROPOSALS: 2015-2016**

**March 2015**
- **Illinois Surgical Quality Improvement Collaborative (ISQIC)**
  - Funding Agency: Blue Cross/Blue Shield of Illinois
  - Status: Funded
  - Amount: $77,656

**Charting Success: Learning from Bright Spot Communities in Appalachia**
- Funding Agency: RWJF & ARC
- Status: Not Funded
- Amount: $713,041

**June 2015**
- **Implementation of a Medication Reconciliation Toolkit to Improve Patient Safety**
  - Funding Agency: AHRQ
  - Status: Funded
  - Amount: $1,480,668

**Aug 2015**
- **The Re-engineered Visit (REV) for Primary Care**
  - Funding Agency: AHRQ
  - Status: Not Funded
  - Amount: $1,200,000

**Aug 2015**
- **Kentucky Consortium for Accountable Health Communities**
  - Funding Agency: CMS
  - Status: Pending
  - Amount: $4,500,000

**May 2016**
- **Evaluating ICAN-Supported Primary Care: A Novel Way to Care for Patients with Chronic Conditions**
  - Funding Agency: Gordon & Betty Moore Foundation
  - Status: Pending
  - Amount: $20,000

**May 2016**
- **Examining the Impact of Rapid Syringe Exchange Rollout for Opioid Injectors in Rural Kentucky**
  - Funding Agency: NIDA
  - Status: Pending
  - Amount: $403,630

**June 2016**
Kentucky Consortium for Accountable Health Communities
Funding Agency: CMS
Status: Pending
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Amount: $403,630

Dis-kynect-ing: A Successful State-Based Exchange Prepares to Go Federal
Funding Agency: RWJF
Status: Pending
Amount: $78,000

A Comparative Effectiveness Trial of Patient-Centered Interventions to Reduce Opioid
Funding Agency: PCORI
Status: Pending
Amount: $13,000,000

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