On April 6th we received notification that the UK Center for Health Services Research was selected for a $4.5 million award in the Alignment Track of Accountable Health Communities (AHC). This initiative from the Center for Medicare & Medicaid Innovation (CMMI; http://innovation.cms.gov), aims to identify and address the health-related social needs of Medicare and Medicaid beneficiaries in underserved communities in Kentucky in order to impact health care costs and improve beneficiaries’ health outcomes. Drs. Jing Li and Hilary Surratt led this collaborative effort developing a successful proposal one year ago that yielded the recent award.

The Kentucky Consortium for Accountable Health Communities (KC-AHC) is designed to reach the most vulnerable community-dwelling Medicaid and Medicare beneficiaries in the Commonwealth of Kentucky by targeting a diverse range of economically distressed geographic areas. This includes Appalachia and sections of Louisville, which both suffer from high concentrations of citizens living in poverty. The KC-AHC will implement Track 3 (Alignment) of the AHC model, to determine whether a combination of community service referrals and navigation at the community-dwelling beneficiary level, as well as model participant alignment at the community level, impacts total health care costs, utilization, and health outcomes. A summary of the KC-AHC proposal and a map of the Commonwealth of Kentucky showing all the counties that will be participating in the project can be found on page 9 of this newsletter.

Our collaborative partners on this initiative include Kentucky Primary Care Association, Kentucky Homeplace at UK’s Center of Excellence in Rural Health, Community Action Kentucky, Norton Healthcare, Appalachian Regional Health, Area Development Districts, and Kentucky’s Department for Medicaid Services. Kudos to Drs. Li and Surratt for putting together the team and successful proposal. This exemplifies how our Center connects the remarkable resources across the Commonwealth to those at the University of Kentucky, and catalyzes projects that benefit the citizens of the Commonwealth to create high value care for the patients we serve.
Value of Innovation to Implementation (VI²P) Program Creation

The Value of Innovation to Implementation (VI²P) Program was created by the CHSR in conjunction with the University of Kentucky College of Medicine to provide new opportunities and resources to support innovative, collaborative research projects that will identify, develop, test, evaluate and/or refine strategies to disseminate and implement evidence-based practices (e.g., quality improvement programs; diagnostic, treatment and disease management interventions; behavioral interventions; prevention, and early detection) into clinical practice and community settings. The goal of VI²P is to foster trans-disciplinary collaboration among scientists and practitioners to form project teams. In addition, VI²P aims to support studies to advance dissemination and implementation research methods and measures, and studies of de-implementation of clinical or community practices that are wasteful or not evidence-based but widely adopted.

The initiative was announced on January 10, 2017 with a Letter of Intent (LOI) due on March 23, 2017. Dean DiPaola promoted the VI²P initiative within a number of his presentations, and this helped generate tremendous interest in the program. Before submitting an LOI, applicants were required to attend a training session on the purpose of the initiative and the type of research it is intended to fund. Over 100 researchers attended the two sessions, and twenty-seven LOIs were submitted. The applicants selected for funding will be announced on July 11, 2017.

VI²P aims to support studies to advance dissemination and implementation research methods and measures, and studies of de-implementation of clinical or community practices that are wasteful or not evidence-based but widely adopted.

DASC Supported Poster Received 2016 ATRN Impact Award

The Data, Analytics, and Statistical Core (DASC) worked with medical student Mark Rudy, and Drs. Alice Thornton, Moises Huaman, Javier Neyra, and Laura Fanucchi on a research project resulting in a poster at the 2016 Appalachian Translational Research Network Health Summit (ATRN) in Cincinnati. The ATRN is committed to addressing the significant health challenges and disparities specific to Appalachia by enhancing research collaborations to speed the translation of scientific discoveries to health improvements for this region.

The poster entitled “Inpatient Hospitalization Utilization by People Who Inject Drugs with Infective Endocarditis at a Major Referral Center for People from Appalachia,” won the Impact Award at the ATRN Summit based on poster reviews.

DASC Hosts Analytics Collaboration Meeting

DASC continues to host a UKHC Analytics Collaboration meeting twice per month, bringing together analysts from many departments to facilitate discussions, share knowledge, and build relationships among the data experts involved in operations, quality improvement and research. Attendees include staff from Business Intelligence, Cancer Research Informatics Shared Resource Facility, Center for Clinical and Translational Sciences (CCTS), UKHC Finance Decision Support, Enterprise Data Warehouse (EDW) Data Architecture, Institute for Bio-medical Informatics, Kentucky Medical Services Foundation, Radiology and Quality Reporting. Recent topics have included the EDW patient and provider dimensional data models now available, an introduction to Natural Language Processing (NLP) by guest speaker Dr. Ramakanth Kavuluru, the EPSI tool used by Finance Business Partners, and UKHC Tableau Server Dashboards which are now live. DASC is also expanding its expertise in new tools and techniques and working closely with UKHC IT and CCTS in the implementation of the new EDW.

The Analytics Collaboration meeting has brought me into a community of EDW users where we can learn from each other.

- Steven Roggenkamp, Biomedical Informatics
UKHC PARTICIPATES IN MARQUIS 2

In 2010, the Agency for Healthcare Research and Quality (AHRQ) awarded the Society of Hospital Medicine (SHM) a $1.5 million grant for a three-year Multi-Center Medication Reconciliation Quality Improvement Study (MARQUIS). The goal of MARQUIS is to develop better ways for medications to be prescribed, documented, and reconciled accurately and safely at times of care transitions when patients enter and leave the hospital. With his extensive experience and expertise in the field of hospital medicine and medication reconciliation, CHSR Director Mark V. Williams was a steering committee member for MARQUIS and is now a co-investigator on MARQUIS 2. He serves as a site mentor for the MARQUIS project at the University of Florida.

PROFESSIONAL DEVELOPMENT

The Center is continually striving to improve the competency and skills of our staff. Recognizing a desire from employees to learn specific technical skills on an as-needed basis the CHSR purchased several subscriptions to Lynda.com, an online platform that teaches business, software and creative skills. Providing this resource to our staff is a step toward fulfilling the Center’s Strategic Plan, which includes continual professional development and training.

CENTER GROWTH

Dr. Lisa Cassis, UK Vice President for Research, joined the CHSR Staff and Faculty’s January Center Meeting. She shared the University’s Strategic Plan for research and the role that the CHSR plays in that plan. In 2016, the CHSR ranked 5th in total funding awarded among Academic Units and Centers at UK. The Center’s award funding trajectory has grown markedly since its founding in 2014.

SMALLS SELECTED FOR ACADEMY HEALTH DISPARITIES INTEREST GROUP REVIEW COMMITTEE

Dr. Brittany Smalls was asked to be a member of the Academy Health Disparities Interest Group Review Committee for the Academy Health Annual Research Meeting in June 2017. This committee is responsible for selecting research presentations targeting health services, health outcomes, and health policy research focused on identifying and alleviating health disparities. Smalls also submitted an abstract to the Academy Health Annual Research meeting entitled, “Exploring the Role of Impaired Cognition in the Relationship Between Multimorbidity and Disease Burden in Older Adults”, that was selected for a poster presentation during the “Aging, Disability, and End-of-Life” session.

ENDOCARDITIS SUMMIT

The Commonwealth of Kentucky faces an epidemic of injection drug use and UK HealthCare provides care for numerous patients suffering the complications, especially endocarditis. Clinical services involved in the care of these patients collaborated in October 2016 to develop an evidence-based, standardized approach to optimize their care. Under the leadership of Susan Smyth, MD, PhD, this UKHC OptimalCare initiative convened an “Endocarditis Summit” to bring together the expertise needed to address all relevant issues. The summit endeavored to update all care teams on UKHC’s goals for managing the care of this challenging population.

VERMEULEN GUEST EDITS ACCP PUBLICATION

Lee Vermeulen collaborated with the University of Illinois’ Dr. Glen Schumock to guest edit the January 2017 edition of Pharmacotherapy—The Journal of Human Pharmacology and Drug Therapy. The two also penned an editorial for the issue on the causes of and solutions for the rising cost of prescription drugs. Both the editorial and the full issue of Pharmacotherapy are available online here.
Vermeulen Receives ASHP’s Donald E. Francke Medal

Lee Vermeulen, Director of the University of Kentucky Healthcare Office for Value and Innovation in Healthcare Delivery (OVIHD), was the recipient of the American Society of Hospital Pharmacy’s (ASHP) 2016 Donald E. Francke Medal. Mr. Vermeulen received his award and presented his lecture on December 5, 2016, at ASHP’s 51st Midyear Clinical Meeting and Exhibition in Las Vegas.

ASHP established the Francke Medal to honor individuals who have made significant contributions to international pharmacy practice. Francke, a key leader of ASHP in its formative years, was noted for his longtime service to American and international pharmacy. He served as editor of the American Journal of Hospital Pharmacy for 22 years and was the first American Vice President of the International Pharmaceutical Federation’s (FIP’s) Section of Hospital Pharmacists.

Mr. Vermeulen has served in several leadership roles within the Hospital Pharmacy Section of the FIP and as a member of the FIP Board of Pharmaceutical Practice. He is involved in the FIP Pharmabridge program, which seeks to improve pharmacy services in low-income and emerging countries. He has also contributed to the work of several other international organizations, including the International Society of Pharmacoeconomics and Outcomes Research, the International Society of Oncology Pharmacy Practitioners, and the European Association of Hospital Pharmacy (EAHP). More information about the ASHP Donald Francke Medal can be found here.

OVIHD Contribution Recognized in SCCM Award

When nurses in the intensive care units (ICU) at UKHC were having longer than desired lead times for delivery of medications and an excess of wasted medications in the ICU (~$1.2M annually), they enlisted the help of OVIHD to develop a better process to distribute medications to patients.

The role of a pharmacist has always been understood as adding value in the ICU, but utilizing a pharmacy technician has never been fully established. The project piloted a pharmacy tech inside of four ICUs for six weeks. The result was a 40% reduction in order-to-delivery lead time for medications, a 67% increase in nursing satisfaction with the pharmacy, a 32% decrease in missing medications, a 63% increase in medications successfully being transferred with the patient (in and out of the ICU), and a 98% drop in wasted medications.

Due to the success of the pilot, plans have been made to permanently establish pharmacy technicians throughout all of the ICUs, as well as the emergency department. In collaboration with Melissa Bastin, PharmD, OVIHD’s Chris McLaughlin helped to develop an abstract on this project that was selected as a recipient of the Society of Critical Care Medicine’s (SCCM) Star Research Award.
Andy Kelly Provides Data for 7 Abstract Sumissions

DASC’s Andy Kelly provided data from UK Healthcare’s Enterprise Data Warehouse to several members of the Medical ICU team for conference abstract submissions. Seven abstracts were submitted to the American Journal of Respiratory and Critical Care Medicine conference, and all seven were accepted. Kelly and other members of the DASC team plan additional collaborative work in the future that will lead to published manuscripts related to these abstracts.

Pedi-BOOST Selected for HCEA Conference

Pedi-BOOST’s abstract submission, entitled “Give me a (Pedi) BOOST: Better Outcomes by Optimizing Safe Transitions in Pediatric Acute Care”, has been accepted for a concurrent session for the Health Care Education Association conference in Salt Lake City, UT September 6-8, 2017. The presentation will highlight the success of adapting interprofessional patient centered rounding and utilizing Teach-Back skills.

Dotson & Manning’s Abstract Accepted at AONE

Sherri Dotson, BSN and Kim Manning, PharmD submitted an abstract, “Interprofessionally Rounding the Way to Patient Centered Care,” to the American Organization of Nurse Executives. Their abstract was accepted and the two were invited to present a poster at AONE 2017: 50 Years of Inspiring Leaders in Baltimore, Maryland. Dotson and Manning are members of OVIHD’s Interprofessional Teamwork Innovation Model team, a part of the BOOST initiative. On the seventh floor of Good Samaritan Hospital, Dotson is the Patient Care Manager and Manning is the Clinical Pharmacist. Collaborating with Preetham Talari, MD and Barb Latham, RN, the team has been central to the implementation of BOOST and its success at UK.
Lee C. Vermeulen, B.S. Pharm., M.S., FCCP, FFIP, is Director of the Office for Value & Innovation in Healthcare Delivery (OVIHD). Prior to coming to CHSR, he was Clinical Professor of Pharmacy at the University of Wisconsin-Madison School of Pharmacy, and served as the founding Director of the UW Health Center for Clinical Knowledge Management. His practice and research focuses on the development and implementation of evidence-based policies and clinical practice tools (particularly clinical decision support tools built into electronic health records) that guide the efficient delivery of high-quality health care. Mr. Vermeulen is the author of 70 peer-reviewed publications studying the value of clinical practice tools that improve patient outcomes, and he has been awarded Fellowship in the American College of Clinical Pharmacy and International Pharmaceutical Federation (FIP).

Vermeulen received a Bachelors Degree in pharmacy from the University of Buffalo, and a Masters in pharmacy administration from the University of Wisconsin-Madison. He completed residency training in pharmacy practice and pharmacy administration at the University of Wisconsin Hospital and Clinics, and served a fellowship in medical technology assessment at the University Healthsystem Consortium (now Vizient).

VERMEULEN NAMED PROGRAM DIRECTOR & EDITOR: PHARMACY FORECAST 2018

The ASHP Foundation has selected Lee C. Vermeulen, Jr., B.S.Pharm., M.S., FCCP, FFIP, to assume the critical role of Program Director and Editor for Pharmacy Forecast 2018. Mr. Vermeulen is professor of medicine and pharmacy at the University of Kentucky, and director of the Office of Value and Innovation in Healthcare Delivery (OVIHD) at UK Healthcare. He is primarily based at the UK Center for Health Services Research, where his work focuses on the improvement of healthcare delivery through streamlined dissemination of clinical knowledge into practice. Vermeulen assumes a role that was created by founding editor William A. Zellmer, under whose direction the report series gained significant recognition as an important tool to assist pharmacy practice leaders in advancing pharmacy practice and improving care and outcomes for patients.

For more information about the Pharmacy Forecast series, or to download a free copy of the 2018 report, visit www.ashpfoundation.org/pharmacyforecast.

Artist in Residence: Chris Ross

Since moving to Kentucky in 2015, OVIHD’s Chris Ross has acquired an unusual hobby: spray painting. In the spring of 2016, Ross submitted a piece to the UK Arts in Healthcare initiative. This program seeks to integrate various forms of art into the healthcare setting, building an environment that supports the physical, emotional, and mental recovery of patients. Several months after submission, his painting was selected to hang in Pavilion H of the Albert B. Chandler Hospital.
Publications


What We Are Reading

Since September 2015, the staff at the Center have carefully reviewed recent health services research publications and identified three important articles on a monthly basis. We then summarize these articles identifying key issues and findings. These summaries are widely distributed to CHSR members and colleagues, aiming to keep our audience up-to-date on publications that are relevant to health services researchers and health policymakers. These article summaries can be found here.
Williams Speaks at First International Conference of Hospital Medicine in Taiwan

During a recent trip to Taiwan, Dr. Mark V. Williams, director of the Center for Health Services Research (CHSR), had the opportunity to share his expertise as a hospitalist and researcher with colleagues in Taiwan. Williams was invited by Dr. Ming-Chin Yang, National Taiwan University’s Associate Dean of the College of Public Health, and Dr. Nin-Chieh Hsu, a practicing hospitalist in Taiwan, to speak at the Jan. 7 forum of hospital medicine at the first International Conference of Hospital Medicine. Williams focused his presentation on the evolution of hospital medicine and the roles hospitalists play now and in the future.

With the overall goal of inspiring the planning and implementation of hospital medicine in Taiwan, this conference focused on sharing knowledge from the U.S. and other Asian countries related to program development, and provided participants with a platform to broaden their knowledge, identify challenges, exchange ideas, and discover novel opportunities. “I appreciated the warm reception and eagerness to learn from UK’s internationally recognized experience in the specialty of hospital medicine, which includes over 50,000 physicians in the United States,” Williams said.

“This invitation to the first ever International Conference of Hospital Medicine in Taiwan exemplified an opportunity to share UK’s expertise with physicians and policy makers from countries across southeast Asia.”

Dr. Surratt Selected as Mentor for the 2017 CLIK

Dr. Hilary Surratt was selected as a mentor for the 2017 Community Leadership Institute of Kentucky (CLIK) program in Hazard, Kentucky. The CLIK is a year-long leadership development training program offered by the UK Center of Excellence in Rural Health, the Kentucky Office of Rural Health, and the UK Center for Clinical and Translational Science Community Engagement and Research Program. The Institute is designed to enhance community research and capacity-building competencies in community leaders, directors, and administrators.

The overall goal of the program is to assist community leaders associated with organizations that engage and empower communities to reduce health disparities, leverage funding, and learn how to use data to improve services and programs. Program participants receive training and mentorship in grant proposal writing, survey development, needs assessment, program evaluation and data analysis, budget design, and public speaking. CLIK projects tackle some of the highest priority health challenges in the Commonwealth, including cancer prevention, obesity, chronic disease prevention and management, and substance abuse prevention and treatment.

Dr. Surratt serves as a mentor for three mentee projects in Appalachia with topic areas including tobacco cessation among high school students, and improving engagement in physical activity among college students and young families in the community.

CHSR Makes AHA Annual Survey Data Available to the University of Kentucky

Comprised of nearly 1,000 data fields, the American Hospital Association (AHA) Annual Survey is a great resource for health services research and offers facility-level data covering organizational structure, facilities and services, utilization, system affiliation, physician arrangements, staffing and other characteristics. In addition to the core survey, a financial module and an IT database supplement the data with topics such as revenues, expenses, adoption of computerized systems at various points in the hospital, EHR vendor and more.

The Center for Health Services Research (CHSR) purchased the 2015 AHA Annual Survey as well as the Finance and IT supplemental data for research purposes, and is making it available to UK researchers. If you would like to learn more about how you can use this data source, please contact the Manager of the CHSR Data, Analytics, and Statistical Core (DASC), Dan Cleland (dan.cleland@uky.edu), or submit an analytical support request.

To see what fields are available in the AHA Annual Survey and the supplemental IT files see the following links:

File Layout and Code Descriptions
Information Technology Supplement File Layout
CHSR Designs Kentucky Consortium for Accountable Health Communities

In response to the CMS Accountable Health Communities (AHC) funding opportunity, the University of Kentucky Center for Health Services Research (CHSR) designed the Kentucky Consortium for Accountable Health Communities (KC-AHC) to reach the most vulnerable community-dwelling beneficiaries in the Commonwealth of Kentucky. The KC-AHC targets a diverse range of economically depressed and medically underserved geographic areas in Kentucky including 27 counties in rural Appalachia and specific neighborhoods in Jefferson County/Louisville.

Our KC-AHC projects will address a number of important service gaps in Kentucky, including the absence of a standardized system to universally screen community-dwelling Medicare and Medicaid beneficiaries to identify health-related social needs that can be addressed by connecting beneficiaries to targeted services. We will implement Track 3 (Alignment) of the AHC model, to determine whether providing a combination of tailored community service referrals and navigation services at the individual beneficiary level, as well as clinical partner alignment at the community level, impacts patient outcomes, health care utilization and cost. This intervention incorporates structural supports and financial sustainability planning to foster community-wide realignment of resources to more effectively address health-related social needs for all community-dwelling beneficiaries.

KC-AHC will facilitate structured communications among clinical and community-level partners and other stakeholders to drive the processes of model implementation, gap analysis, and quality improvement through an Advisory Board mechanism. The mechanisms for decision-making in the KC-AHC model create ideal conditions for close collaboration between CHSR and its partner agencies. CHSR envisions the KC-AHC as an opportunity to move healthcare innovations into clinical practice to improve health outcomes and costs among our most vulnerable patients.

CMS Puts $120 Million Into Bridging Gaps

What happens after a patient leaves the doctor’s office is just as important, if not more so, as what takes place during the visit itself. But bridging that gap between the clinic and community is a major challenge for healthcare and community providers alike. In an effort to close the divide, the CMS Innovation Center said Thursday it will give up to $120 million to 32 organizations selected to participate in its Accountable Health Communities model. Over five years, the groups will serve as test hubs helping Medicare and Medicaid beneficiaries with health-related social needs including housing instability, food insecurity, domestic violence and transportation. The three-track model aims to reduce unnecessary healthcare utilization in order to drive down spending, while also improving outcomes and quality of care for patients. Model participants will work to improve community-clinical collaboration by screening beneficiaries for unmet social needs, referring them to the right services or helping them navigate and access those services.

Read more: www.modernhealthcare.com/article/20170406/NEWS/170409943
CHSR Invited Anne Sales to Give the Plenary Address at the CCTS Spring Conference

Over the past 15 years, the field of Dissemination and Implementation (D&I) research has experienced an “explosion” of progress in both quality and quantity, as illustrated by the proliferation of frameworks and models, a climbing number of empirical studies, and dedicated federal funding. D&I research applies theories and principles from diverse fields — economics, behavioral and social sciences, public health, marketing, public policy — and is inherently interdisciplinary.

To improve UK's capacity for D&I research, Dr. Jing Li at CHSR invited Anne Sales, PhD, RN, a nationally recognized D&I expert, to be a featured plenary speaker at the UK Center for Clinical and Translational Science (CCTS) Spring Conference. Dr. Li also coordinated and facilitated the “Implementation Science Research Roundtable with Anne Sales” at the conference. The roundtable aimed to be a forum for discussing the science of D&I and to grow the UK research base by bridging the gap between evidence, practice, and policy in health and medicine.

Researchers, evaluators and implementers/practitioners at UK and communities who are interested in identifying opportunities, challenges, and strategies for key stakeholders attended the session. In-depth approaches to advance dissemination and implementation science were presented by Tina Studts, PhD, LCSW (College of Public Health), Roberto Cardarelli, DO, MHA, MPH (College of Medicine), and Jill Kolesar, PharmD (College of Pharmacy, Markey Cancer Center) at the roundtable implementation and dissemination of research findings.

Proposal Submissions

CHSR-ALBERT EINSTEIN COLLEGE OF MEDICINE COLLABORATION ON NIH PREP

This pilot trial is the first step in a planned program of research to address the critical research question of how to effectively increase PrEP uptake, and, ultimately, PrEP use among female sex workers, a priority population for HIV prevention and treatment.

In December 2016, Hilary Surratt, PhD from the CHSR collaborated on an R34 proposal submission to the National Institutes of Health to adapt and test the preliminary efficacy, feasibility, and acceptability of a Peer Navigation intervention to promote uptake of Pre-exposure Prophylaxis (PrEP) among women at high risk for HIV. The proposal was led by investigators from the Montefiore Medical Center/Albert Einstein College of Medicine in New York, and involves a collaborative research partnership with faculty at CHSR and community based organizations in Harlem.

Despite PrEP’s documented efficacy and user controllability, uptake of this new intervention has been low in the U.S., especially among women. This study proposes to implement and test a Peer Navigation intervention approach to engage high risk women in comprehensive PrEP care. Peer Navigators conduct outreach, often to individuals from marginalized populations and assist with linkage to care and navigating health and social services. This pilot trial is the first step in a planned program of research to address the critical research question of how to effectively increase PrEP uptake, and, ultimately, PrEP use among female sex workers, a priority population for HIV prevention and treatment.

If found to be feasible and efficacious in improving PrEP uptake, widespread dissemination and adoption of the study intervention could have a positive impact on the current HIV epidemic. CHSR faculty will be involved in adapting and pilot testing the innovative study intervention and training in Peer Navigation approaches.

CHSR SUBMISSION TO PCORI ON UNSAFE OPIOID PRESCRIBING

The CHSR recently submitted a proposal to the Patient-Centered Outcomes Research Institute’s call for studies that compare two or more alternatives to prevent unsafe opioid prescribing in primary care among patients with acute or chronic non-cancer pain, while ensuring adequate or improved pain management.

The CHSR assembled a well-qualified multi-disciplinary team of researchers, expert clinicians, patients, providers, and community stakeholders to identify the most effective approaches to reduce unsafe opioid prescribing and improve patient pain and function in a unique population of patients that suffers from wide-ranging disparities in health outcomes. The long term objective of the proposed study is to improve the quality of evidence available to help providers and patients make informed decisions about pain management and opioid therapy and to broadly improve capacity to deliver appropriate and adequate pain care to underserved patients.
Progress Report: Project ACHIEVE

Project ACHIEVE enters into its third year with exciting news about our progress.

Based on 60+ focus groups and interviews, the Project ACHIEVE team developed patient, caregiver, and provider surveys to evaluate their experience of transitional care services and gather information on organization and community contextual factors. Patient and caregiver surveys are now being piloted at 5 different hospitals. Starting in June 2017, Project ACHIEVE will survey 15,000+ patients, caregivers and providers aiming to evaluate the comparative effectiveness of multi-component care transition programs occurring across the U.S. at 40+ hospitals.

Another key activity is team site visits to participating hospitals. In this second phase of Project ACHIEVE, the research team assesses a hospital’s implementation of care transition processes and readiness to implement change. We have completed 19 visits with others scheduled throughout the summer.

One noteworthy accomplishment in the past year was that the UK ACHIEVE team, collaborating with Telligen, submitted two presentation proposals to the Center for Medicare and Medicaid Services (CMS) 2016 QualityNet Conference. On December 13, 2016, we presented patient and caregiver focus group findings at the “What Matters Most?” session and co-presented with other Quality Improvement Organizations (QIOs) at the “Engaging patients, providers and key partners in quality improvement” workshop.
The Center for Health Services Research is a proud participant in the Gill Junior Researchers Program, a mentoring program for economically disadvantaged high school students who are interested in healthcare careers. The goals of this program are to provide opportunities for hands-on exposure to healthcare careers and to mentor students throughout their education so that they matriculate to medical school or to another advanced degree program in health sciences.

As part of this mentoring program, CHSR selected high school student Jada Biggers as a Research Assistant. She has been part of the Junior Researchers program since her sophomore year. Jada is a Junior at Bryan Station High School with strong academic success, who also participates in a joint program between Fayette County Public School and BCTC, called Opportunity Middle College. Because Jada is such an outstanding student, she is graduating as a Junior and has been accepted to the University of Louisville; she has also been awarded the Woodford R Porter Scholarship. Her goal is to complete a dual degree in Mathematics and Biology with a track in Cellular/Physiology, or Psychology with a track in Natural Sciences. Although her primary focus is not currently medicine, Jada is committed to a career in the healthcare field so that she can have the opportunity to improve health in her community.

Currently in her position with the Center, Jada is working to expand her knowledge and understanding of health services research and its application to healthcare delivery. Through CHSR mentorship, Jada has had the opportunity to learn about health services and population health. She is working with faculty to learn how to perform structured literature searches using scientific publication databases, compile article summaries and literature reviews. She is also learning how to develop the methodological skills needed to conceptualize health-related research questions and understand basic research designs. Jada has been working with our Data, Analytics, and Statistical Core (DASC) team in learning the principles of survey development and research methods, which is helping her become more familiar with Microsoft Excel and its applications.

Jada is a delight to have here at the Center, and we are honored to be part of her professional growth. She will continue to work and be mentored by faculty and staff until she leaves to attend college in Fall 2017. In the remainder of her time at CHSR, Jada will continue her professional development activities. She is currently learning techniques for recruiting patients into research protocols, and with mentorship from our Health Systems Engineers, she is engaged in learning process improvement skills applicable to healthcare settings. We are excited to be involved in this fascinating program that will help to achieve equity in healthcare professions and enhance diversity in the workplace.

We are excited to be a part of this fascinating program that will help to achieve equity in healthcare professions and enhance diversity in the workplace.

The Center Welcomes Interns

Beginning in the Spring of 2017, the Center for Health Services Research (CHSR) will be accepting applications for internship positions from UK students who are interested in gaining professional work experience in the areas of interprofessional team-based research and health services research that advances the science of health care delivery. CHSR participated in the Just in Time Job and Internship Fair hosted by the University of Kentucky at the Hilary J. Boone Center in April 2017.

Interns will be provided with hands-on experience in facilitating and coordinating collaborative research aimed at identifying optimal methods to deliver high value healthcare, and improving health outcomes for individuals and populations. They will participate in a robust internship program, with exposure to key areas of health services research: Patient-Centered Outcomes, Comparative Effectiveness Research, Population Health, Health Informatics, Implementation Science, and Quality Improvement.

CHSR is excited about the prospect of working with interns during their collegiate career, and offers strong mentorship from faculty and senior staff to foster professional development. This internship program would be beneficial for students interested in working in the fields of public health, health management and policy, epidemiology, biostatistics, healthcare, health sciences, or other health-related fields. Positions are open to students who are currently obtaining their masters, doctorate, or professional degree, and are seeking to fulfill their College requirements with an internship experience.
Employee Recognition Awards

CHSR introduced Employee Recognition Awards in February, 2017, to acknowledge outstanding staff contributions to Center activities and work products. CHSR staff are nominated by their supervisors or peers for demonstrating excellence in teamwork, leadership, commitment, or performance that promotes a robust and rewarding professional environment. Recipients of the inaugural CHSR Employee Recognition Award were selected by CHSR faculty and announced March 1. We congratulate Annie Fugazzi, Angela Traugott, and Lorin Franklin on their well-deserved awards.

Left: From left to right, Annie Fugazzi, Angela Traugott, Lorin Franklin, and Hilary Suratt.

Staff and Faculty Holiday Celebrations

Above: A panel of judges for the Center’s Fall Chili Cookoff taste each entry. Left to right: Chris Ross, Dan Cleland, Kristina Tucker, and Shawna Greenwell.

Above: Megan McIntosh presents her winnings at the Center’s White Elephant Gift Exchange.

Above: Faculty and staff celebrate St. Patrick’s Day by bringing in a variety of breakfast foods for everyone to enjoy.