## University of Minnesota

School of Public Health

Division of Health Policy & Management

Guiding change to improve lives and communities

#### DIVISION OF HEALTH POLICY & MANAGEMENT



Timothy J. Beebe, Ph.D.
Professor
Division Head

## Guiding change to improve lives and communities

Our division is poised to lead the transformation of U.S. health care by improving the health of communities, families, and individuals. Working with local, national and global partners, we produce the science that supports progressive policies and the design and implementation of innovative care delivery models. Our well-regarded expertise is unique in its breadth and is distributed across the critical fields necessary for this transformation. We attract the best students to advance the most influential scholarship. Through collective efforts and endeavors, we continue to influence policy and improve population health.

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## Influencing Policy

Leaders rely on faculty research to make informed policy decisions. Recent examples include:

#### Media Messages and Health Insurance Enrollment

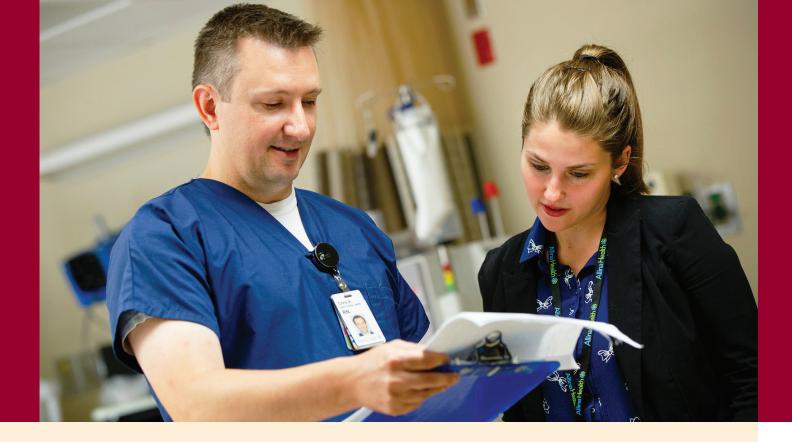
The impact of news media on health policy is a major research focus for Associate Professor Sarah Gollust. In a recent study, Gollust and a team of researchers tracked broadcast media attention to the Affordable Care Act (ACA) during the first open enrollment period between October 2013 and March 2014 to determine its impact on health insurance enrollment.

The two-year study, funded by the Robert Wood Johnson Foundation's SHARE Program, examined the volume of broadcast news coverage in multiple geographic regions as well as the volume of insurance and political ads referencing the ACA. Preliminary findings indicated that areas with higher exposure to health insurance ads experienced greater gains in health insurance enrollment. "The type of ads most related to insurance coverage gains were sponsored by state marketplaces," says Gollust. "From a policy perspective, this tells us that states' efforts in media outreach were likely a good investment."

#### **Competitive Pricing Promotes Entitlement Reform**

For Professor Bryan Dowd and his colleague, Professor Roger Feldman, research on entitlement payment strategies — primarily how to pay private "Medicare Advantage" health plans in the Medicare program — has been a major research focus for 25 years. Their current policy proposal, known as Competitive Pricing, was featured in the June 2016 MedPAC report to Congress, a bi-annual report sponsored by the federal government's Medicaid payment advisory commission.

According to Dowd, today's government-administered fee-for-service Medicare option enjoys a privileged position in the market because unlike Medicare Advantage plans, beneficiaries can enroll in fee-for-service Medicare by paying only the Part B premium, regardless of the plan's true cost. The Competitive Pricing approach would treat fee-for-service Medicare as another competing health plan, along with Medicare Advantage plans, and the government's contribution to premiums would be based on bids from all health plans — a novel approach. According to Dowd, Competitive Pricing could result in a substantial reduction in the government's cost of the Medicare program — a program that is consuming an ever-increasing share of the federal budget.



## **Conducting Innovative Research**

Our groundbreaking research solves problems and improves lives. Two examples include:

#### **Innovative Survey Yields New Information**

To gain more complete and accurate information on changing sexual function in women, Associate Professor Todd H. Rockwood constructed an innovative survey instrument to expand the traditional definition of what constitutes sexual activity. This new approach to psycho-social measurement was used in a study of 500 women over age 60 with urinary or fecal incontinence or pelvic organ prolapse.

"Most studies on sexual function in Western culture are centered on heterosexual activities, with sex defined as intercourse," says Rockwood. "We pushed the boundaries of what sex means to include psychological aspects such as desire and fantasy and that sex doesn't have to include another person. By being more inclusive in the definition of what sex is, we obtained a dramatically different and much more informative understanding of sexual life"

Two studies using the new approach were published in the *International Urogynecology Journal*. The survey instrument has since undergone 20 translations into other languages.

### Minority Nursing Home Residents Experience Lower Quality of Life

Assistant Professor **Tetyana Shippee's** research on racial disparities in quality of life for nursing home residents is breaking new ground and revealing surprising demographics changes in the population of nursing homes.

Her study, conducted in partnership with the Minnesota Department of Human Services and published in 2015, was the first of its kind to study racial disparities in quality of life, rather than quality of care. She found that nursing homes with a higher proportion of minority residents scored lower on overall quality of life, an outcome that will guide future studies.

"In the last 10 years, the proportion of minority nursing home residents has more than doubled," says Shippee. "Minorities are now over-represented in nursing homes relative to white residents. Yet we don't know much at all about the needs and preferences of minorities in these institutions because it's such a new phenomenon."



### **Our Research Centers**

The Division of Health Policy & Management is home to several national research centers. It's no coincidence that major public and private funders frequently select us to lead critical research, training and policy development projects.

We oversee six noted research centers. A multidisciplinary resource, the **Center on Aging** fosters basic and applied gerontological research and offers educational programs. The **Minnesota Area Geriatric Education Center** (**MAGEC**) strives to improve health care and social services for older people and to advance the quality and quantity of geriatric content in the health sciences. **Robert L. Kane** directs both centers. www.aging.umn.edu

## State Health Access Data Assistance Center (SHADAC)

conducts evaluations and research to inform state health reform implementation, works to increase the quality and accessibility of state-level health care data, and helps states use data to inform policy decisions related to health insurance coverage and access to care. Led by Lynn Blewett and Kathleen Thiede Call. www.shadac.org

Research Data Assistance Center (ResDAC) helps the Centers for Medicare and Medicaid (CMS) increase the number of new researchers skilled in accessing and using CMS data for studies that improve the Medicare and Medicaid programs and add value to current CMS activities. ResDAC provides free assistance to researchers interested in using Medicare and/or Medicaid data for their research. Directed by Beth Virnig. www.resdac.org

The Rural Health Research Center conducts research and disseminates information that helps policymakers better address the unique health care needs of rural America. Primary areas of research: health care quality, payment reform, and maternal and child health in rural areas. Directed by Ira Moscovice. www.rhrc.umn.edu

# The Center for Care Organization Research & Development (CCORD) is a

collaborative organization of HPM researchers and external partners. CCORD works to integrate research and practice, thus creating transformational knowledge about healthcare systems and care delivery. Douglas Wholey is CCORD's director. www.sphcenters.umn.edu/ccord

The Minnesota Evidence-based Practice Center, a collaborative venture between the University of Minnesota and the Minneapolis Veterans Administration (VA) Health Care System, is funded by the Agency for Healthcare Research and Quality (AHRQ) to conduct systematic literature reviews on health-related topics as a basis for guiding policy and practice. It also undertakes methodological projects. Robert Kane, Mary Butler and the VA's Timothy Wilt are co-directors. www.mnepc.org



## **Distinctive Education Programs**

Our diverse programs prepare future leaders and enhance mid-career professionals.

Master of Healthcare
Administration (MHA) Our
MHA program is highly ranked
by U.S. News & World Report.
We offer two paths: The twoyear, full-time path prepares
participants to become leaders
in healthcare delivery. The
executive studies path attracts
employed executives, physicians
and other health care professionals who want to expand
their management and
leadership capabilities.

The Executive MHA program also delivers a degree program in partnership with King Fahad Medical City (KFMC) in Riyadh, Saudi Arabia.

www.sph.umn.edu/programs/
mha/full-time/
www.sph.umn.edu/programs/
mhaexec/

Public Health Administration and Policy (MPH) This program equips students to translate public health concepts and principles into the population health arena, whether as managers or as policy analysts. Training and mentored experiences expand participants' ability to work well in the public and private sectors with various cultures and communities worldwide. www.sph.umn.edu/programs/phap/

The Public Health Administration and Policy (MPH) program, in partnership with Arizona State University, offers a hybrid (online and on-campus) MPH degree program for students located in the Phoenix area. The Executive MPH in Public Health Administration and Policy is a distance program tailored to public health working professionals seeking leadership roles in their organizations.

www.sph.umn.edu/programs/ephap/

Public Health Informatics (MPH) is designed to prepare individuals for leadership positions that bridge information technology and public health. Graduates work in practice, research or academia implementing and managing health information systems to improve population health. www.sph.umn.edu/academics/programs/mph/informatics/

#### Health Services Research, Policy and Administration (MS)

This program explicitly fosters participants' analytical capabilities. Students acquire the knowledge and skills to be health analysts and researchers who develop the evidence used in research, clinical, business and policy environments. www.sph.umn.edu/academics/programs/ms/hsrpa/

Health Services Research,
Policy and Administration
(PhD) Our PhD program trains
select participants for influential positions as researchers,
teachers, policymakers and
high-level administrators.
www.sph.umn.edu/academics/
programs/phd/hsrpa/



**Dual degree programs** allow motivated students to combine their MHA or MPH with a law degree. A joint MHA/MBA program is also available.

Gerontology Minor for masters and doctoral students. This option provides a multi-disciplinary foundation in gerontology for masters students and a more intensive preparation in aging for PhD candidates.

www.sph.umn.edu/academics/minors/gerontology/

designed for working professionals, offers graduate-level studies in the multifaceted field of human aging.

Aging Studies Certificate,

field of human aging.
www.sph.umn.edu/academics/
certificate/aging/

Long-term care administrative licensure courses. Overseen by the Center for Aging Services Management, this is a premier training program for long-term care managers. www.sph.umn.edu/academics/certificate/ltcadmin/

## **Faculty**

Many of our senior faculty members have national reputations in their fields. Our junior faculty have diverse training and timely research interests. The resulting synergies lead to great research and excellent teaching.

# JUNIOR FACULTY SPOTLIGHT ON Nathan Shippee, Ph.D.

Nathan Shippee's background in sociology and health services research provides the foundation for his focus on patient complexity in chronic disease management, and his examination of both clinical and social factors that complicate people's care and outcomes. His recent work includes a comparative, mixed methods study



of the impact of Hennepin Health, a partnership of Hennepin County agencies operating as an Accountable Care Organization, for a complex population of low-income, childless adults, a group often plagued by high rates of homelessness and substance abuse. Through research, Shippee has found that some patients have too much health care to easily manage, while others have no access to care at all. Maintaining proper balance, suited to patients' circumstances, is the key to successful care. "Patient complexity is more than having a comorbid condition," says Shippee. "Complicating factors fall into different buckets: language, housing, medical conditions, others. My focus is to emphasize the functional links between those factors and people's care."

#### The division welcomes new assistant professor this year

## Rachel R. Hardeman, Ph.D. Assistant Professor

As a health inequities researcher, Rachel R. Hardeman examines the ways in which race (e.g. implicit and explicit bias, stereotyping, discrimination, institutional racism and the white racial frame) impact healthcare delivery and the clinician-patient encounter. Her training at the intersection of health services research and sociology allows her to use a Critical Race Theory framework as a lens by which to examine inequities in medical education, health care systems, and among clinicians and medical students. She has a particular interest and focus on maternal child health and prenatal care delivery. Hardeman is passionate about using Critical Race Theory to shift the conversation.

## **FULL-TIME HPM FACULTY**

Jean Abraham, Wegmiller Professor in Healthcare Administration. Director, MHA Program. Access and cost of employer-based health insurance for workers and families

**Timothy J. Beebe,** *Professor and Division Head.* Survey methodology, health measurement, health insurance, health care access for vulnerable populations, adolescent health, behavioral health

James W. Begun, James A. Hamilton Professor of Healthcare Management. Structure, strategy and performance of health care organizations

Lynn Blewett, Mayo Professor. Health insurance coverage, barriers to access to needed care, impact of health reform on health outcomes, state health policy, population health

Mary Butler, Assistant Professor. Research synthesis methods and quality of care involving complex interventions in disability, chronic care and behavioral medicine

Kathleen Thiede Call, Professor. Health disparities, access to health care and health insurance coverage, state health policy

Jon B. Christianson, Professor and James A. Hamilton Chair in Health Policy and Management. Competitive health care markets, financial incentives in health care, provider performance transparency

**Bryan Dowd,** *Professor.* Health economics, econometrics, evaluation, employment-based insurance, Medicare reform

Eva Enns, Assistant Professor.

Mathematical modeling of infectious disease, analysis of disease transmission network structures and dynamics, and cost-effectiveness analysis

Roger Feldman, Blue Cross Professor of Health Insurance. Competition and mergers among hospitals and HMOs, health economics and health insurance

Ezra Golberstein, Associate Professor. Health economics, mental health services and policy, public health insurance, health and human capital Sarah Gollust, Associate Professor. Media, public opinion, and the politics of public health

Leslie A. Grant, Associate Professor and Director of the Center for Aging Services Management. Environmental design for seniors, financing, organization and delivery of long-term care

Rachel R. Hardeman, Assistant Professor. Health inequities, maternal and child health, equity and quality of health care encounters, conceptualization and measurement of race, critical race theory

Peter Huckfeldt, Assistant Professor. Health policy and management, diabetes, health insurance, health care organization, health insurance benefit design

Robert L. Kane, Professor and Minnesota Chair in Long-Term Care and Aging. Outcomes of acute and long-term care, epidemiology of aging, long-term care policy, evidence-based practice

Rosalie A. Kane, *Professor*. Long term services and supports for seniors and the disabled; aging services and policy; assessment, care coordination, quality and management of nursing homes; physical environment's impact on well-being of seniors

Pinar Karaca-Mandic, Associαte Professor. Health economics, healthcare regulations and markets, pharmaceuticals, medical technologies

Katy B. Kozhimannil, Associate Professor. Maternal health, rural health, Medicaid, policy evaluation, quality of care, equity/ disparities, children's health, women's health Karen Kuntz, Professor. Director, Graduate Programs in Health Services Research, Policy and Administration. Use of simulation modeling to evaluate clinical and public health strategies

Donna McAlpine, Associate Professor. Alcohol, drug and mental health care, racial and ethnic disparities in health care

A. Marshall McBean, Professor. Use of CMS data for health policy research, access to care and quality of care, particularly among the elderly

Ira Moscovice, Mayo Professor. Quality of rural health care, payment reform in the rural context, viability of rural hospitals, technology diffusion and use in rural provider settings

John A. Nyman, *Professor*. Theory of health insurance, cost-effectiveness analysis, health promotion programs in the workplace, nursing home behavior, and long-term care policy

Sandra J. Potthoff, Associate Professor. Quality improvement and productivity in health care, scheduling and patient flow, systems analysis, outcomes evaluation, community performance excellence

Richard Priore, Associate Professor.

Physician-hospital engagement, alignment and integration; health system and hospital operating margin improvement

Todd H. Rockwood, Associate Professor. Survey methodology, health disparities research, research design, outcomes research, measurement and scale development Sripriya Rajamani, Assistant Professor. Public health informatics, e-Health, standards and interoperability, clinical decision support in public health

Nathan D. Shippee, Assistant Professor. Care for chronic conditions and complex patients, mental health, access and disparities, outcomes research

**Tetyana P. Shippee**, Assistant Professor. Social gerontology, medical sociology, disparities, quality of life in nursing homes

Beth A. Virnig, Professor and Senior Associate Dean. Comparative effectiveness and outcomes research with a focus on cancer, linkages between Medicare and other data sources, global health

Katie M. White, Assistant Professor. Healthcare management, evaluation of health system innovations, incentives and effects in health systems, and mixed methods study designs

Douglas R. Wholey, Professor and Director, Health Services Research, Policy and Administration Program (MS) and Public Health Informatics Program (MPH). Health care management, care teams and care organization, medical homes, organizational sociology

Rebecca Wurtz, Associate Professor and Director, Program in Public Health Administration and Policy (MPH) and Executive Program in Public Health Administration and Policy (E-PHAP). Immunization barriers, electronic laboratory reporting, population health data standards, "data exhaust" and open health data

We have a strong track record of educating outstanding leaders in health policy, management and research.

HPM faculty. Left to right: Rachel Hardeman, Ezra Golberstein, Katy Kozhimannil, John Nyman, Sripriya Rajamani, Jon Christianson, Rebecca Wurtz



## University of Minnesota

## School of Public Health

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