

THE PATRICK AND CATHERINE
WELDON DONAGHUE
MEDICAL RESEARCH FOUNDATION



2019 ANNUAL REPORT
NUMBER 28

Vision Statement

We envision continual improvement in people's health as a result of research being converted to practical benefit.

Mission Statement

We will be an imaginative, collaborative and engaged participant in the process that begins with rigorous health research and ends in realized health benefits and by doing so give the vision of Ethel Donaghue its best expression.

Goals

1. Promote knowledge uptake of health research into the realms of healthcare delivery, practice, and policy.
2. Advance the Foundation's mission by collaborating with people and organizations that have the opportunity and responsibility to improve health.
3. Ensure that our grantmaking programs are structured to support rigorous research that more directly leads to a positive impact on health.
4. Identify and support researchers and organizations whose work encompasses the principles of knowledge uptake.
5. Build networks and collaborations to test innovative ideas related to grantmaking and health research.
6. Contribute to efforts, both internal and external to the research enterprise, that optimize the capacity of health research to address the needs of policymakers, practitioners, and consumers.

Values

Steadfast in our commitment
Principled and practical
Engaged to the point of effect
Respectful and reflective

from the TRUSTEES



Lynne Garner, PhD
President and
Trustee

The year 2019 was a different world before the COVID pandemic transformed the way we live and work and before the tragic death of George Floyd that sparked protests and discussions about racism and social injustice in all 50 states and around the globe. It would be remiss not to acknowledge the extraordinary changes in our current world, even as this particular letter is meant to address the work and efforts of the Donaghue Foundation in 2019.

Through our grant programs, we made 25 new and continuing awards that seek to improve the health of older adults in care facilities and improve value in our healthcare system.



Amy R. Lynch, JD
Bank of America, N.A.,
Trustee

We also completed significant non-grant activities. For example, Donaghue developed a strategic communication plan to help us more successfully communicate the foundation's mission and accomplishments. Writing this plan encouraged us to rethink the editorial perspective of the newsletter in order to focus on a few key messages, commit to being more engaged in social media, and to develop and use a blog to highlight grantees', colleagues' and advisers' perspectives.

As part of our review of the Another Look: Improving Health of Older Adults in Care Facilities program, we completed a landscape analysis of long term care services. We interviewed policy makers to ask their perspective on key research questions; consulted with other funders to understand their use of evidence in their grant making; and spoke with several grantees to get their ideas about the program. At the end of the review process, we decided that retaining the Another Look Grant Program with some of the modifications identified through our interviews was important.

A third, but critical piece, of our work during the year was our review of the unintended extension of health disparities in research that use data from systems that have inherent biases. As a result we are currently incorporating new questions in our application materials and have revised our program announcements so that we are more specific in welcoming research topics that seek to reduce disparities.

These accomplishments would not have been possible without the ongoing participation by our policy and science advisers and our colleagues.

Finally, readers of previous annual reports may notice that this year's report does not include the Donaghue Journal. In past years, we've hosted essays by leading researchers, practitioners, and policy makers on key topics such as open science, anchor mission institutions, healthcare acquired infections and on the race to preserve antibiotics. We now feature insightful essays on healthcare innovation, medical research and education, and the challenges of putting evidence into action on our new Soapbox blog found on Donaghue's website: <https://donaghue.org/soapbox/>



Lynne Garner, PhD
President and Trustee



Amy R. Lynch, JD
Bank of America, N.A., Trustee

LISTENING...

We've always been fortunate to have advisers, colleagues and friends who give us relevant perspectives and sound advice. That is why we believe an important part of our job is to listen to what they have to say about the work of the Donaghue Foundation.

Listening to our community was even more important this year as we developed a strategic communication plan that would help us define our audiences and key messages. We conducted a landscape analysis of long term care services for older adults as part of our assessment of the Another Look grant program. This past year we also solicited and received advice from our Policy Advisory Committee and our Greater Value Portfolio reviewers on how we might be more proactive in uncovering racial and gender bias in research and signaling our interest in making sure that our applicants and grantees address this issue.

In the next few pages, we share with you some of the perspectives and advice we heard and incorporated into our work. And although we didn't ask for compliments, we can't resist including some of the kind words that we also heard from them.



I am a practicing clinician providing direct patient care on a daily basis. I am able to contribute a practical view of how research may translate to healthcare delivery and provide feedback regarding current trends on the frontline. My public health training and experience also provides a population-based perspective.

Heather Crockett-Miller, DDS, MPH, Director of Dental Services, Equitas Health



My experience at the interface between provider organizations, physicians and health plans, and the improvement of care delivery aligns well with the Foundation's focus on moving new learning from research into practice. I hope that my experience in delivering primary care along with functioning at the delivery system and payer levels provides pertinent insights (and vice versa)!

Russell Munson, MD, FAAFP, Senior Medical Director, CarePartners of Connecticut



I was able to share with Donaghue the significant issues in the field of aging that our Leading Age members are facing, including workforce, culture change, continuous quality improvement and cultures of safety.

Katie Smith Sloan, MA, President & CEO, Leading Age



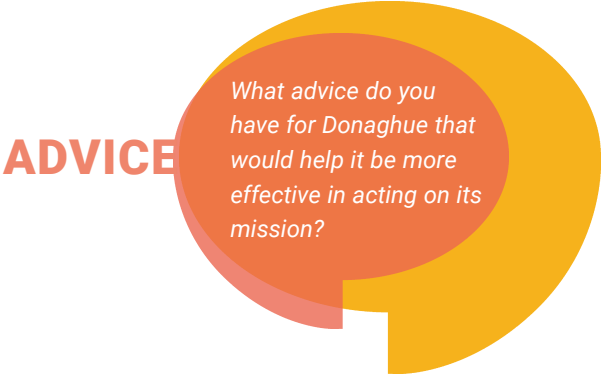
While not a pharmacist, I am on the faculty of a college of pharmacy and have spent my career evaluating the role of the pharmacist as a member of the healthcare team. I believe that I provide some context and perspective that others may not have.

**Donald Klepser, PhD, MBA, Associate Dean for Academic Affairs,
College of Pharmacy, University of Nebraska Medical Center**



As a health care benefits consultant and broker to employers and other payers, and someone who works on many collaborative efforts to reduce health care and insurance costs and improve quality and value, I help Donaghue stay informed and grounded so that the research they support has greater potential for addressing issues confronted by those paying for and delivering services.

Paul Grady, MBA, Principal, Alera Group



Unfortunately, there are widespread disparities in health and healthcare. I was delighted to hear this was a focus of one of our Policy Advisory Committee meetings. I agree that Donaghue should examine proposed research to ensure health disparities are not perpetuated and there is thoughtful consideration to how we can promote a positive impact on health for all.

Heather Crockett-Miller



Donaghue should focus more attention on learning about the outcomes of their grants to improve the quality of long term services and supports. They'll maximize the practical benefit of the research by tracking additional funding, publications, and practice or policy changes that might result and by devoting resources to disseminating this information so that it reaches interested leaders and policymakers.

Julie Robison, PhD, Professor, Center on Aging, UConn Health



I hope Donaghue continues to consistently demonstrate that your investments in research are grounded in a practical understanding of the complex drivers of value in healthcare.

Jennie Riley, MALD, Executive Director, Rx Foundation

LISTENING...

Your outreach to experts in the aging field is a great step. I would suggest a meeting or conference where researchers can share the results of their Donaghue-funded studies and discuss how findings were applied in practice (or not). Also, they could share their experiences around working with stakeholders.

Katie Smith Sloan

I would encourage Donaghue to continue to find ways to be part of broader efforts to understand and address problems in health care and to use its time and resources to forge closer connections between researchers and the policymakers and health systems who could benefit.

Paul Grady



I helped to underscore that Donaghue is sometimes incorrectly perceived as a state or regional funder and that it would be beneficial to develop a communication strategy to emphasize and bring greater awareness to its national scope.

Alycia Santilli, MSW, CARE Director, College of Health and Human Services, Southern Connecticut State University



One of Donaghue's strengths is their ability to leverage relationships and build networks for their grantees. They are committed to their grantees long after funding them. I always appreciate that staff keeps an eye out for CARE and connects us to opportunities that may be a fit for us.

Alycia Santilli

Donaghue is an excellent thought partner, sounding board, and connector. As a foundation that is focused on health but not disease-specific, you show an admirable breadth of knowledge, willingness to dig into a broad range of issues in healthcare access and delivery.

Jennie Riley

Prior to being asked to participate on Donaghue's grant review committee, I did not know much about the Donaghue Foundation, its work, or its people. I have been impressed with all three. The mission of the organization and its projects are top notch.

Donald Klepser

I really appreciate the Foundation. The work you do lives up to the goal of providing high value data to improve health care delivery.

Julie Robison

AWARDS

ANOTHER LOOK

NEW

Thomas Gallagher, MD

University of Washington
"Promoting Safety by Adapting
CANDOR to Eldercare Setting"

CONTINUING

Gayle Doll, PhD and

Maggie Syme, PhD, MPH

Kansas State University
"Resident and Institutional
Outcomes of Person-centered Care"

Lara Dhingra, PhD

MJHS Institute for Innovation in
Palliative Care
"Race, Ethnicity and Pressure Ulcers
in Nursing Homes"

Verena Cimarolli, PhD

New Jewish Home Research
Institute
"Evaluation of Geriatric Substance
Abuse Recovery Program"

Paula Carder, PhD

Portland State University
"Improving Care through Complaints
and Inspections Data"

Lindsay Peterson, PhD

University of South Florida
"Finding the Consumer's Voice:
Nursing Home Complaints"

GREATER VALUE PORTFOLIO

NEW

Laura Garabedian, PhD

Harvard Pilgrim Health Care
"Impact of an Innovative Joint
Venture on Health Care Value"
Partner Organization: Benevera
Health

Scott Regenbogen, MD

The Regents of the University of
Michigan
"Hospital Strategies for Success in
Episode Based Hospitals"
Partner Organization: Michigan
Value Collaborative

**Malini Nijagal, MD, MPH and
Courtney Lyles, PhD**

University of California San
Francisco Medical School
"The Use of Telemedicine to Achieve
Higher Value Pregnancy Care for
Low-income, Urban Women"
Partner Organization: San Francisco
Health Network

Mary E. Tinetti, MD

Yale University
"Reducing Unwanted Care and
Improving Outcomes"
Partner Organization: Cleveland
Clinic Center for Geriatric Medicine

CONTINUING

Nadine Jackson McCleary, MD, MPH

Dana Farber Cancer Institute
"Assessing Toxicity and Adherence
of Oral Cancer Therapies with
ePROs"

Sophia Jan, MD

Feinstein Institute for Medical
Research
"Long Term Care and Future
Planning for Adults with Intellectual
or Developmental Disabilities"

Kai Yeung, PhD

Kaiser Foundation Health Plan of
Washington
"Value-based Formulary Essentials:
Testing and Expanding on Value in
Prescription Drug Benefit Design"

Sapna Kudchadkar, MD, PhD

John Hopkins University
"Clinical Outcomes and ICU
Acquired Morbidities in Children"

Brian Dowd, PhD

University of Minnesota
"Incorporating Quality of Care
Information Into a Tiered Cost-
sharing Health Insurance Benefit"

**Amol Navathe, MD, PhD and
Mitesh S. Patel, MD, MBA**

University of Pennsylvania
"The REDUCE Trial: Randomized trial
of EHR Defaults and Using social
Comparison feedback to Effectively
decrease opioid prescription pill
burden"

Jennifer Raymond, MD, MCR

Children Hospital of Los Angeles
"CoYoT1 to California (CTC) –
Telemedicine to Engage Young
Adults with Diabetes"

Karen Sepucha, PhD

Massachusetts General Hospital
"Matching the Right Person to
the Right Treatment: Shared
decision making for high cost
elective procedures"

Peter Ubel, MD

Duke University
"Examining Best Practices
for Factoring Out-of-Pocket
Expenses into Patients' Health
Care Decisions"

FUNDING PARTNERSHIPS

NEW

Amanda Brewster, PhD

University of California, Berkeley
School of Health
"Effective Partnership Strategies
in High Performing Area
Agencies on Aging"

CONTINUING

Lisa Simpson, MB, BCh, MPH

AcademyHealth
"Fostering Collaboration to
Advance Evidence of Low Value
Care"

Mildred Z. Solomon, EdD

The Hastings Center
"Expanded Ethics Scholarship
and Engagement with Targeted
Publics"

R3

David O. Meltzer, MD

University of Chicago
"Longitudinal Effect of the
Comprehensive Care Physician
Program"

R3 – 2nd Opportunity

Ateev Mehrotra, MD, MPH

Harvard School of Medicine
"Just Google It: What is the
Impact of Health Care Price
Information More Accessible to
Consumers"

GREATER VALUE PORTFOLIO RESEARCH

REDUCING UNWANTED CARE AND IMPROVING OUTCOMES BY ALIGNING CARE WITH THE HEALTH PRIORITIES OF OLDER ADULTS WITH MULTIPLE CHRONIC CONDITIONS

Mary E. Tinetti, MD
Yale School of Medicine
Partner organization: Cleveland Clinic

Contribution to Improved Value

Test a model of care for older adults that may improve value by reducing burdensome and preference-discordant care and by promoting health goals that are important to the patient.

About this Project

Using a quasi-experimental design, four primary care sites within the Cleveland Clinic Shared Savings Accountable Care Organization will be used to test the Patient Priorities Care approach to clinical decision-making. Patient and clinician outcomes, and utilization (measured by the number of days each participant is in contact with the healthcare system) will be analyzed to compare the results of the participants cared for by the Patient Priorities Care clinic with those who receive their care at the usual care clinic.

The Problem

Most guidelines for treating chronic diseases have been developed from studies using younger adults or persons who have a single or few diseases. These studies use survival rates or clinical markers of that disease as outcomes. In contrast, most older adults have two or more chronic conditions, and longevity or the reduction of disease-specific events may not be the most important outcome of medical care. Treating multiple chronic conditions can be burdensome, too; older adults with multiple chronic conditions often spend significant amount of time traveling to and in healthcare appointments and with home health management tasks. By treating the multiple conditions without assessing what matters to the patient, the healthcare provided may be less helpful, more burdensome, and more expensive than needed.

Project Approach

Patient Priorities Care allows patients to identify their priorities so that clinicians can focus their treatment on the issues that are most important to each patient. In a pilot study, patients in the PPC group reported less treatment burden (i.e., medication management, efforts to access and coordinate care, lifestyle changes), were more likely to have medications stopped, and had fewer self-management tasks and diagnostic tests. Clinic visits that involved identifying and acting on patients' priorities required an additional 20 to 30 minutes spread out over the first two or three visits but were then no longer than usual care.

Training, workflow adjustment, and IT support will be provided for clinicians. Patients identify their health priorities (the outcomes they most desire given the health care they are willing and able to receive or do) with a member of the health care team. Primary clinicians and patients then work together to align care with these priorities.

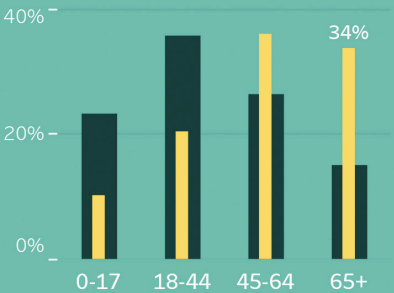
Translating Research to Practice

PPC aligns with the effort of several organizations to make U.S. healthcare more age-friendly and appropriate. Findings from this study will provide additional momentum to this work.

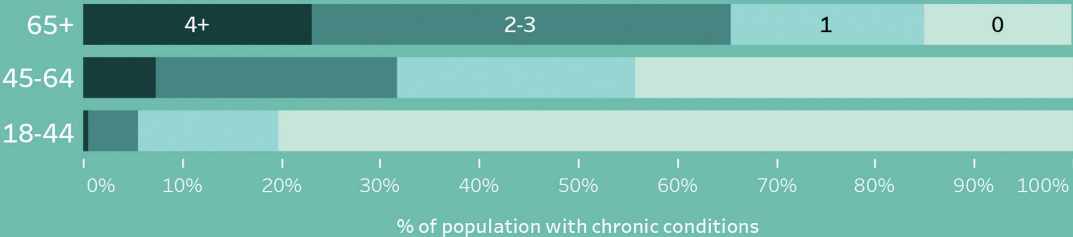
Prioritizing Treatment

among older patients

Older persons represent 15% of the population* but a much larger portion of **health expenditures** (34%).



67% of adults ages 65 and older have **2 or more** chronic conditions, which significantly increases healthcare costs.



Managing health-related activities (HRA) is burdensome for patients.

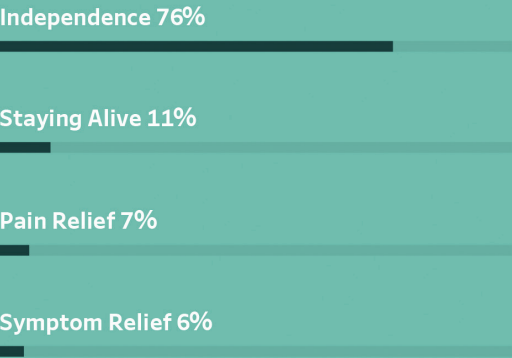


Medicare patients reported spending 2 hours a day on HRAs and 2.5 hours on designated days when seeking medical care.

Average minutes spent on tasks when seeking medical care on a "designated day"



Older persons rank "Independence" as their top health outcome priority.



Identifying patients' priorities can reduce unwanted and unhelpful utilization and improve outcomes.

*2014 U.S. population numbers

GREATER VALUE PORTFOLIO RESEARCH

THE USE OF TELEMEDICINE TO ACHIEVE HIGHER VALUE PREGNANCY CARE FOR LOW-INCOME, URBAN WOMEN

Malini Nijagal, MD and Courtney Lyles, PhD
University of California, San Francisco
Partner organization: San Francisco Health Network

Contribution to Improved Value

Test interventions geared to reducing racial and ethnic disparities through the provision of higher value healthcare.

About this Project

Changes in California’s Medicaid program that allows patients to participate in telemedicine consultations from their home present an opportunity to evaluate the impact of a new home-telemedicine option for prenatal patients in a network of safety-net clinics in San Francisco.

The Problem

There is a well-documented and unacceptable gap in maternal fetal outcomes in the U.S. with low-income and black women having higher rates of preterm birth, maternal mortality, and fetal mortality. The introduction of new medical technologies has the potential to reduce these disparities but only when women have appropriate access to care. Telemedicine consultations from home significantly reduce the barriers to accessing prenatal care such as lack of available transportation, the need to arrange childcare, and taking time off from work.

Project Approach

This study is using a hybrid type of analysis plan that concurrently assesses both clinical effectiveness and implementation by evaluating a newly established home telemedicine program for prenatal patients as an option to traditional in-person prenatal visits for publicly insured, urban women. One aim will determine if these telemedicine visits improves access to care. No-show rates will be compared between those using telemedicine and those choosing in-person visits. No-show rates are a clinically relevant measure because of the need for pregnant women to obtain timely prenatal visits. Particularly for high-need patients, any missed visit is a lost opportunity to improve outcomes. The second aim will assess the feasibility of scaling up the intervention by analyzing how many women choose the telemedicine option and what factors they considered in making their choice, how the women rate the acceptability of the telemedicine option, and how clinicians rate their experience in using telemedicine to treat their patients.

Translating Research to Practice

Because one of the aims of this study will assess feasibility, efforts to implement this modality more broadly among safety-net clinics is built into the project.

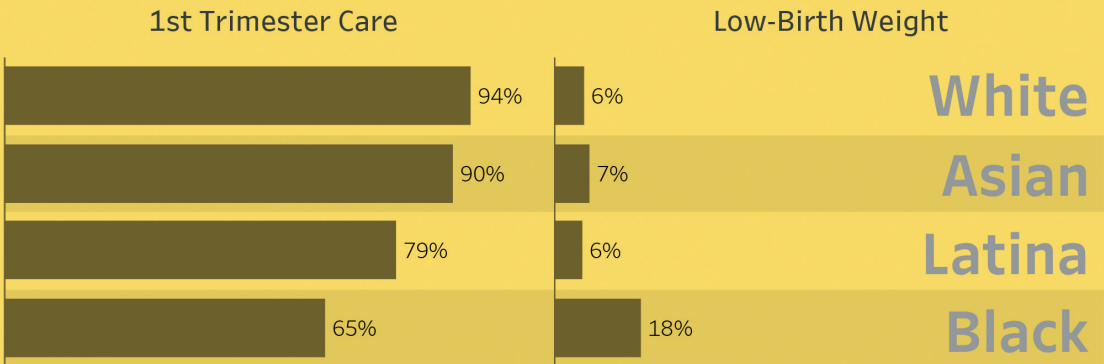
Maternal Telemedicine

to reduce disparities and increase
access to care

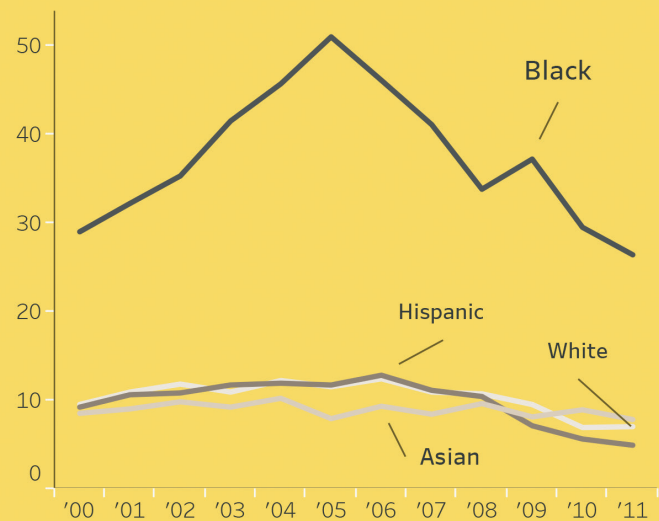
TELEMEDICINE
a low-cost care modality
permitting two-way,
real-time communication
between a patient and
provider.



There is a large, and unacceptable gap, with low-income and black women having lower rates of receiving early prenatal care, higher rates of preterm birth (low-birth weight), and higher maternal mortality.



Maternal Mortality Rate*
in California



71%

of the lowest income Americans
own a smartphone.

A study showed that virtual
obstetric patients were

SIGNIFICANTLY

more satisfied than
non-virtual patients.

Connecting patients
virtually to prenatal
care increases access.



*3 year rolling average

GREATER VALUE PORTFOLIO RESEARCH

HOSPITAL STRATEGIES FOR SUCCESS IN EPISODE-BASED REIMBURSEMENT

Scott E. Regenboden, MD, MPH
University of Michigan
Partner organization: Michigan Value Collaborative

Contribution to Improved Value

Test models of care, coverage, or system change to improve value around hospitalizations by addressing one or more of the sources of low value care.

About this Project

Uses a natural experiment to learn how some hospitals achieve improved outcomes under an episode-based payment incentive system and then seeks to expand those better practices to other hospitals within a statewide value collaborative. Total episode payments include all allowable acute and post-acute expenses for care during and after hospitalization. Providers share in any loss or savings that result from reductions in the cost of care around hospital episodes.

The Problem

There is evidence that episode-based bundled payments improve value in Medicare. However, commercial healthcare payers are different from Medicare in that they have younger, healthier patients and different policy requirements, contracting and network relationships. Thus, it's unclear if a bundled payment programs will have a similar impact on value within commercial markets. Although some commercial payers have implemented a bundled payment system, there hasn't been significant opportunity to analyze the results of these efforts.

Project Approach

Blue Cross Blue Shield of Michigan has a pay-for-performance program open to all Michigan hospitals. Results of this program will be used to identify high and low performing hospitals. Semi-structured interviews with hospital leaders from eight hospitals will be used to identify factors and strategies that lead to more successful results in cost and clinical outcomes. Based on the findings from these interviews, a customizable strategy that aims to improve episode efficiency will be developed. An expert panel will guide the development and ensure the strategy is feasible, acceptable to all stakeholders, likely to improve value and clinical outcomes, and can identify potential unintended consequences.

Translating Research into Practice

The insights into hospitals' responsiveness to shared savings will directly influence reimbursement design in Michigan through the work of the Michigan Value Collaborative. The customizable strategies can be disseminated nationally through multi-payer collaborations and national value-based and bundled payment consortia.

Improving Value

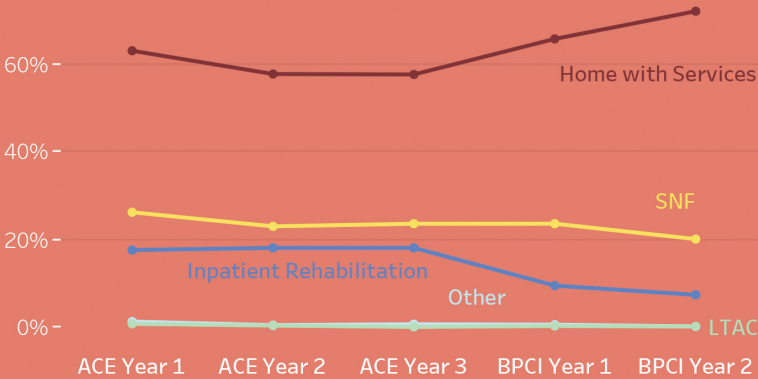
with bundled
episode-based payments

From 1994 to 2009, the per-episode Medicare post-acute care costs sky-rocketed.

% change in cost



Medicare payments for post-acute care, particularly inpatient rehabilitation and skills nursing (SNF) have grown faster than inpatient spending. Addressing the rising costs of hospitalization require attention to complete episodes of care.

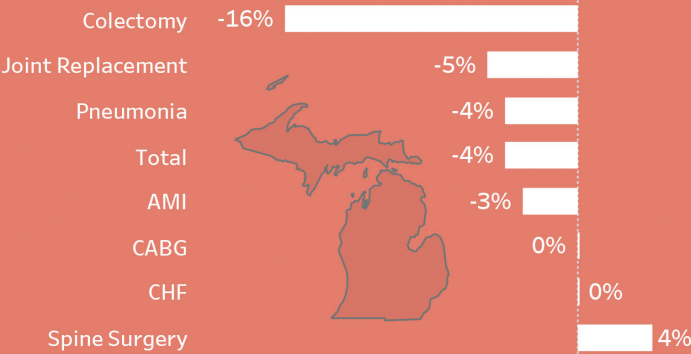


*Acute Care Episodes (ACE) bundled payment program occurred prior to the BPCI from 2009-2012.

During the Bundled Payments for Care Improvement (BPCI) Medicare program (2013-2015) there was a reduction in the percent of post-acute care, which dramatically reduced costs, all while also maintaining readmissions.

Pay-for-performance incentive program resulted in reduced spending.

Michigan hospitals have reduced inpatient post-acute care use by nearly 40%, with significant decrease in overall post-acute care spending and without any increase in readmissions or spending on ED visits.



GREATER VALUE PORTFOLIO RESEARCH

IMPACT OF AN INNOVATIVE PAYER-PROVIDER JOINT VENTURE ON HEALTH CARE VALUE

Laura Faden Garabedian, PhD, MPH
Harvard Pilgrim Healthcare Institute
Partner organization: Benevera Health

Contribution to Improved Value

Test a collaboration between an insurer and healthcare delivery system that seeks to improve quality of care and reduce costs with shared data, population health tools, care management, and value-based payments.

About This Project

This study will evaluate the impact of an innovative insurer and delivery system collaboration on health care utilization, quality, and costs. Benevera Health is a novel, payer-provider joint venture initiated in 2016 between Harvard Pilgrim Health Care, a non-profit health insurance organization, and four delivery systems in New Hampshire that aims to improve quality of care and reduce costs.

The Problem

Although there have been studies of value-based payment models in delivery systems, these studies have limitations. For example, in assessments of value-based payment programs by CMS (i.e., Medicare Accountable Care Organizations), and Blue Cross Blue Shield of Massachusetts, the provider groups all self-selected into the program and therefore created a bias towards success. And studies of another CMS value-based payment model — the Comprehensive Primary Care Initiative - found no improvement in value, likely because many of the practices in that program didn't hire staff for the work that supports increased value, such as care managers, health educators, behavioral health specialists and pharmacists. Benevera Health is unique in that it combines multiple strategies, not found in other models of value-based payment that support higher-value healthcare. For example, Benevera sends quality reports to providers that combine medical records plus claims data; usually quality reports from insurers are based on only claims data, which are incomplete and reduces providers' trust in them. Also, Benevera provides its own care management and population health management services to providers rather than relying on health systems to hire for these roles.

Project Approach

The project will examine the five-year impact of Benevera Health on health care utilization, quality and costs using robust quasi-experimental research that compares Harvard Pilgrim Health Care members who are in the Benevera joint venture with those who are in different systems. In addition, interviews with Harvard Pilgrim Health Care and Benevera leadership, Benevera board members, and leadership in the provider organizations will be conducted to better understand the contextual factors that facilitate or create barriers to a payer-provider collaboration like Benevera. This will be the first study to evaluate the impact of a payer-provider joint venture, a model which is being implemented in various forms across the United States, and it will provide actionable information for the partnering organizations.

Translating Research to Practice

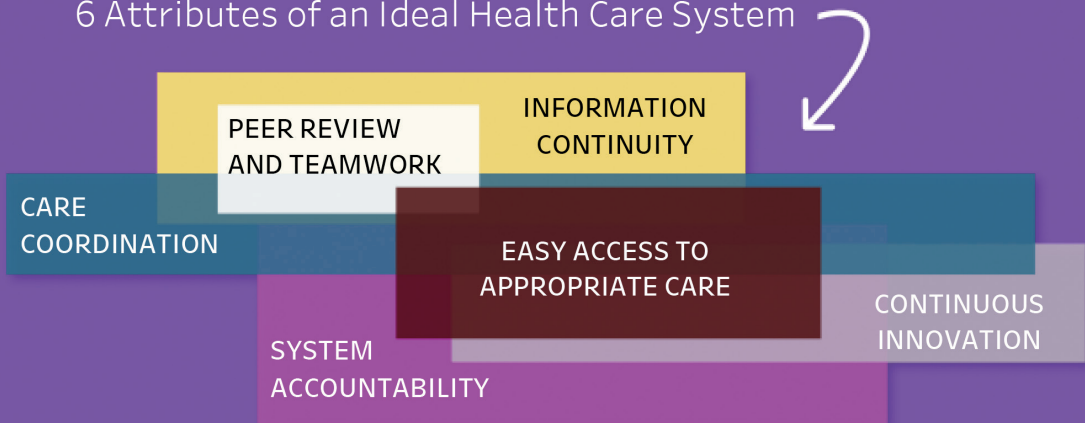
The findings will contribute to the understanding of how these novel, and potentially replicable, models will help providers and insurers work together to design value-based payment and delivery models providing high quality care that is accessible and affordable to their patients and less costly to the health system. This project will also provide valuable information for other payers and providers throughout the US who are currently engaged in, or developing, a joint venture with the goal to improve health care value.

Integrating Systems

between insurer and providers

A preliminary analysis from Benevera Health showed large decreases in utilization and costs among members who engaged in care management. The project will examine the five-year impact of this joint venture on health care utilization, quality, and costs for members who engaged in care management and members in those health systems overall.

6 Attributes of an Ideal Health Care System



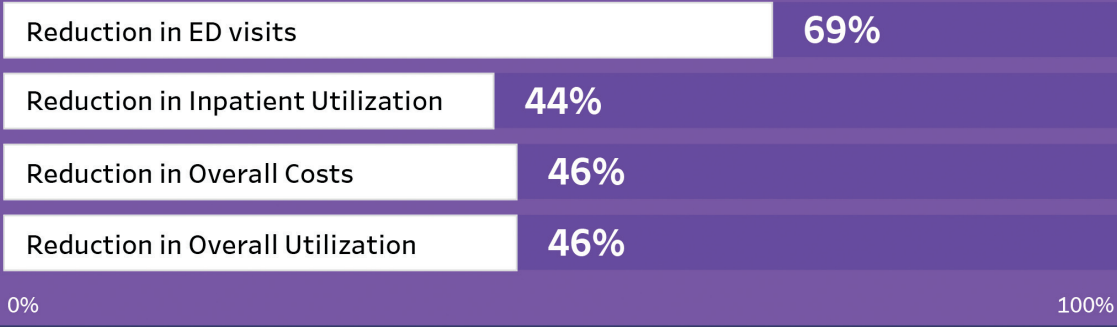
A Collaborative Payor/Provider Care Model



Payer: Harvard Pilgrim Health Care

Four Provider Groups in New Hampshire

A preliminary analysis from Benevera Health showed large decreases in utilization and costs. The project will examine the five-year impact on this payer-provider joint venture on health care utilization, quality, and costs.



Attributes of an ideal health care system are from "Organizing for Higher Performance: Case Studies of Organized Delivery Systems" by Douglas McCarthy, and Kimberly Mueller. The Commonwealth Fund, July 2009.

PARTNERSHIPS & ANOTHER LOOK

Funding Partnership Awards

Donaghue working with other funders to leverage its resources

“Effective Partnership Strategies in High Performing Area Agencies on Aging”

Amanda Brewster, PhD; University of California, Berkeley

Award was made in partnership with The Retirement Research Foundation

Donaghue is providing a two-year \$40,000 award to Amanda Brewster, PhD, Assistant Professor at the School of Public Health, University of California, Berkeley. This award is being made in conjunction with The Retirement Research Foundation, which is awarding an additional \$246,758 for the same research study on “Effective Partnership Strategies in High Performing Area Agencies on Aging.” The Retirement Research Foundation funds advocacy, direct service, professional education and training, and research that will provide innovative solutions that improve the quality of lives for older Americans. The two project objectives are to 1) understand how highly partnered AAAs in regions with low levels of avoidable health care utilization for older adults establish and maintain partners in health care and other sectors and 2) understand how such partnerships are catalyzed, developed and sustained.

The Donaghue component of this project is focused on supporting knowledge translation and practical dissemination activities, such as transforming project findings into action-oriented tools and resources for Area Agencies on Aging and other community based organizations and developing training curricula that will help these organizations take action and develop new or strengthen existing partnerships in their communities.

The study, based at the Global Health Leadership Initiative at the Yale School of Public Health, is a collaborative project among researchers from Yale, Berkeley and Miami University/Scripps Gerontology Center; the National Association of Area Agencies on Aging and its Aging and Disability Business Institute; and an expert advisory panel.

Another Look: Improving Health of Older Adults in Care Facilities

“Promoting Safety by Adopting CANDOR to Long Term Care Settings”

Thomas H. Gallagher, MD, Professor, Department of Medicine and Department of Bioethics and Humanities, University of Washington

Stakeholder organization: Arthur J. Gallagher & Co.

Healthcare institutions have struggled to respond to harm events. Fortunately, communication and resolution programs (CRPs) are being developed that offer a principled, comprehensive, and systematic response to adverse events. However, CRPs have not yet been adapted for nursing homes and other facilities providing long term care, settings that are fundamentally different from acute care in ways that can pose challenges to responding effectively when something goes wrong. Therefore, this study will examine existing data regarding patient safety from three facilities providing care to older adults and use the results to adapt the CRP approach to other similar facilities. We will then provide this specific CRP training to these three facilities, and prepare for widespread dissemination. The project involves a partnership between the Collaborative for Accountability and Improvement (CAI), a national organization of CRP experts, and Arthur J. Gallagher (no relation to the PI), one of the largest insurance brokers in the nation with over 100 eldercare facilities as clients.

R3 AWARDS



David O. Meltzer, MD

University of Chicago

The Institute for Comprehensive Care: A Not-for-Profit to Disseminate and Develop the Comprehensive Care Physician (CCP) Model

Consultant: Kaufmann Hall

The original Donaghue-funded project extended the follow-up assessment for a 2,000-person Center for Medicare and Medicaid Innovation-funded randomized control trial of the University of Chicago Comprehensive Care Physician (CCP) program. The study assessed the impact of the CCP program, in which patients receive care from the same physician in the clinic and in the hospital, on patients at increased risk of hospitalization. Two-year results showed large improvements in patient experience and mental health status and a 20% decrease in hospitalization that suggests savings of \$4,000 per patient per year.

These results have created interest by several other health systems to incorporate the CCP model for their patients who require frequent hospitalizations. CCP staff have developed and done pilot testing of a tool that focuses on six key domains for implementation of the CCP program. However, the current capacity of the staff doesn't allow for the level of engagement with expansion hospitals that is needed to successfully adopt this model.

Therefore, the CCP program used the R3 grant to begin launching a not-for-profit organization that will allow them to develop a team of consultants and partner closely with clients to implement CCP-like models. The Institute will have two key purposes: 1) advising health systems and payers on how to implement and evaluate the CCP model and collect data that draws on these experiences and 2) using the data collected in phase 1 to produce knowledge about how to manage high need patient populations.

R3 – 2ND OPPORTUNITY



Ateev Mehrotra, MD

Harvard Medical School

The Price is Your Right: A Design Challenge

Consultant: Freedman Health Care, LLC

The project team continues work from their previous R3 award that explores whether the healthcare price transparency challenge can be addressed via a National Weather Service model that splits the responsibility of data collection and data dissemination. To demonstrate the potential of this strategy, the team will provide concrete examples of the myriad ways price data can be creatively disseminated. Earlier this team implemented a data dissemination challenge in a unique partnership with the states of Massachusetts and New Hampshire. Contestants were asked to use the publicly available provider price data collected by these states and to design a mobile app or website that displays the data in a consumer-friendly manner. The resulting entries provided concrete illustrations of price information dissemination options with minimal resource investments and risk to stakeholder relationships. The design challenge results can be found at priceisyourright.org.

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*There are many individuals who
assist the Donaghue Foundation
with its review of letters of intent,
and we are very grateful for the
generous contribution of their
time and expertise.*

2019 DONAGHUE FINANCIAL INFORMATION

Investment in marketable securities as of December 31, 2018	\$78,428,556
Cash and cash equivalent	\$ 4,441
Other assets	\$ 8,929
Total assets and fund balance	\$68,964,715
Income	\$ 1,445,343
Expenditures	
Program	
Grants	
Another Look - Better Health for Elders in Care Facilities	\$ 399,315
Funding Partnerships	\$ 268,000
Greater Value Portfolio	\$ 1,477,280
R3 - Making Research Relevant & Ready	\$ 88,000
Subtotal	\$2,232,595
Program support and Foundation-administered projects	\$ 394,760
Management and General	\$ 503,693
Investment Management	\$ 196,276
Total Expenditures	\$ 3,327,324

Note: In addition to these expenditures, an estimated amount of up to \$1,811,521 has been committed for future spending in support of ongoing grants.

The figures listed above are unaudited. Fair market values are approximate.

RESEARCH GRANTS

Institution	New	Continuation	Total
AcademyHealth		1	1
Children's Hospital of Los Angeles		1	1
Dana Farber Cancer Institute		1	1
Duke University		1	1
The Feinstein Institute for Medical Research		1	1
Harvard Pilgrim Health Care	1		1
Harvard University	1		1
The Hastings Center		1	1
Health Research Alliance	1		1
Johns Hopkins University		1	1
Kaiser Permanente Washington Health Research Institute		1	1
Kansas State University		1	1
Massachusetts General Hospital		1	1
Metropolitan Jewish Health System		1	1
The New Jewish Home		1	1
Portland State University		1	1
University of California	1	1	2
University of Chicago	1		1
University of Michigan	1		1
University of Minnesota		1	1
University of Pennsylvania		1	1
University of South Florida		1	1
University of Washington	1		1
Yale University	1		1
Totals	8	17	25

FUNDS AWARDED BY GRANT PROGRAM

(Some awards received payment after December 31, 2019. Dollar amounts show 2019 distributions)

Another Look

New (1)	\$89,482
Continuing (5)	\$309,833

Funding Partnerships

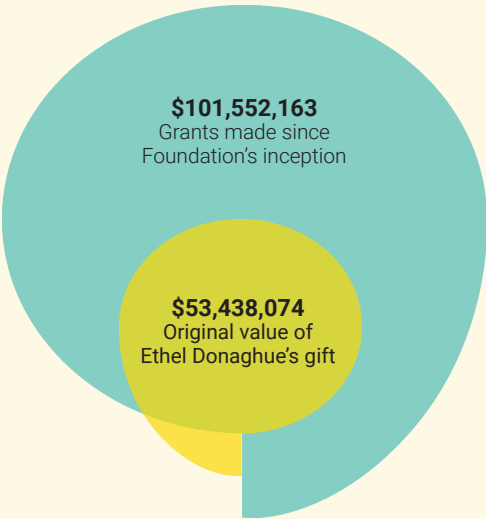
New (2)	\$43,000
Continuing (2)	\$225,000

Greater Value Portfolio

New (4)	\$607,223
Continuing (9)	\$870,057

R3 – Making Research Relevant & Ready

New (2)	\$88,000
Continuing (0)	



Farrell Design
Design

HealthDataViz
Research Spotlights & Data Visualizations

Marketing Solutions Unlimited
Printing

THE PATRICK AND CATHERINE
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