




Making Research Relevant & Ready


Practically Speaking

The Donaghue Foundation Newsletter: Focused on research and knowledge uptake initiatives.

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Practically Speaking is published three times a year by the Donaghue Foundation to communicate its grantmaking and knowledge uptake activities. Readers are welcome to contact the Foundation office for more information about the work of the Donaghue Foundation by calling 860.521.9011 or by sending an email.

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2016 Another Look Awardees

Now in its fourth year, the *Another Look – Better Health for Elders in Care Facilities* program has recently awarded grants for five research projects for a total of \$771,000.

Another Look was established to provide funding for research projects that can improve the quality of care for the elderly population in nursing homes or other care facilities. Researchers must use data that already exists for their study. In addition, researchers applying for this grant must identify a stakeholder in the care delivery or policy arena with whom they will either consult or collaborate and who is willing to work with the researcher to develop a research product that may be readily used to improve care.

Letters of intent were reviewed in a manner that was blinded as to the principal investigator and his or her institution. Thirty-five LOIs were received and reviewed, and of those 18 full

applications were requested and then reviewed by the science review committee. At the science review phase, information about the applicants, their expertise and institutions is available to the reviewers.

Donaghue expects to have a fifth cycle of *Another Look* in 2017.

Donovan Maust, MD
University of Michigan
“Unintended Effects of Antipsychotic Reduction in Nursing Homes”

Stakeholder Organizations: Centers for Medicare and Medicaid; Michigan Great Lakes Chapter of the Alzheimer’s Association

While evidence suggests that the rate of antipsychotic use for the behavioral and psychological symptoms of dementia in long-term care has decreased, anecdotal evidence

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Lynne Garner, PhD, President and Trustee and Amy R. Lynch, JD, U.S. Trust, Bank of America, Trustee

Letter from the Trustees

Dear Friends,

The start of fall always seems like a time for change. With this issue of *Practically Speaking*, we'll be changing the way we distribute our newsletter of Donaghue's grantmaking and knowledge uptake activities.

In the past, we've mailed *Practically Speaking* and had pdf versions archived on our website. From time to time we've considered whether to change to an e-newsletter version. Most newsletters are sent electronically, and it makes it easier for readers to share items and links that they find interesting in the articles. The concern over sending *Practically Speaking* electronically is that people are inundated with emails, and an email version may get lost in our readers' inboxes. One advantage of using a full-color, oversized format in a printed edition is that it's hard to miss in your mailbox.

With this our 43rd issue, we feel it's time to ask our readers to express which way they prefer to receive the newsletter — email or print. So with this issue we'll still mail out the newsletter as before, but we'll also email a copy to everyone who has given us an email address. Perhaps not all the content of the printed version will be in the emailed version, but the main articles will be. We hope that you'll let us know what your preference is, and in the future you'll only receive that format.

This certainly isn't the first time that we've changed the look of *Practically Speaking*. When it first was published in 1998, it was a three-color, eight inch by eleven inch publication. The design was modified somewhat in 2001. We went to the full-color, large format in 2008, and in 2012 we brightened the color palette used throughout. How many of these versions have you received?

We do hope you'll let us know if you want to continue having us mail you a printed copy of this newsletter or if you prefer to only get the emailed one. There will be a link in the emailed newsletter that will be sent out in early October, or you can simply email Lynne at garner@donaghue.org.

Thanks for reading! And we look forward to hearing from you.

Amy R. Lynch, JD
U.S. Trust, Bank of America, Trustee

Lynne Garner, PhD
President and Trustee

“With this our 43rd issue, we feel it’s time to ask our readers to express which way they prefer to receive the newsletter — email or print.”



1998

2001

2007

2012

Hartford Foundation for Public Giving

hosts conversations on using research to improve policy

Donaghue is in its fourth year of supporting research done with existing data through its *Another Look: Better Health for Elders in Care Facilities* program.

Not all questions can be answered with existing data, but many important issues can be explored in this more cost-effective way. By the end of 2016, Donaghue will have awarded \$3 million for 26 projects that test better healthcare for elders. We estimate that we'd only have been able to fund half of those projects if they required new data to be collected for the analysis.

So we were interested to participate this summer with other Connecticut non-profit organizations in two meetings hosted by the Community Indicators Project of the Hartford Foundation for Public Giving about opportunities to use existing data sources and applied research to improve policy making. The Community Indicators Project works to share social and economic indicator data about life in the region, provide more targeted analysis of specific topics related to their grantmaking, and develop a supportive ecosystem for the use of data by many organizations to improve the work of the non-profit sector and municipal and state government. As one way of achieving these goals, they hosted two meetings that described the Collaborative RI and What Works CT. Each of these presentations highlights the challenges in using these data sources and the opportunities they pose for improving policy and practice.

Collaborative RI

The mission of the College and University Research Collaborative from Rhode Island, or Collaborative RI as it is known, is to increase the use of non-partisan academic research in policy making and thereby provide an evidence-based foundation for government decisions in Rhode Island. At the meeting hosted by the Community Indicator Project, Amber Caulkins, Program Director of the Collaborative RI, described its services and structure.

The Collaborative RI promotes research into action through a network of over 40 researchers at Rhode Island's 11 public and private colleges and universities. Its leadership council includes the presidents of the schools. Policy leaders from the governor's office and the legislature are responsible for identifying research topics. Researchers, both tenured and non-tenured faculty, receive stipends ranging from \$1,000 to \$10,000 and up to \$25,000 for larger projects.

Financial support for these stipends is shared by the state government and the participating colleges and universities, who each contribute about \$7,500 per campus. In-kind support is received from the Association of Independent Colleges and Universities of Rhode Island.

In addition, the Rhode Island Foundation is paying for the staff to organize the effort and its evaluation. About 20 research briefs were developed through Collaborative RI in the past year.

Caulkins said that representatives from other states, including Massachusetts, Pennsylvania, Indiana and Washington, have contacted Collaborative RI to seek information about replicating this structure in these states. More information about the work of the Collaborative RI can be found at <http://collaborativeri.org>.



Hartford Foundation

FOR PUBLIC GIVING

“The overall goal of What Works CT is to access, link, analyze and share data maintained by executive agencies and to respond to queries from state agencies or private organizations and individuals.”

What Works CT

The State of Connecticut's Office of Policy and Management is starting a statewide integrated data system that will link data across all agencies in the executive branch of Connecticut's government for use in policy analysis, program evaluation and research.

The overall goal of What Works CT is to access, link, analyze and share data maintained by executive agencies and to respond to queries from state agencies or private organizations and individuals. The Secretary of the Office of Policy and Management, who is responsible for implementing WWC, will give priority to queries that measure outcomes for state-funded programs or that may assist in the development of policies to promote the more effective

“A significant role for the Governance Committee will be to prioritize the policy challenges facing the State that could benefit from integrated data by gaining a deeper understanding of service use, whether and how to increase coordination across systems, or that could enable a focus on early intervention and prevention.”

and efficient use of state resources. Jamie L. Mills, Senior Advisor for Policy Analysis, and Tyler Kleykamp, Chief Data Officer from the Office of Policy and Management, described the development and potential use of the integrated data system at the meeting hosted by the Hartford Foundation's Community Indicators Project.

Although the integrated data system will be operated by OPM, it will be informed by a Governance Committee comprised of the Commissioners of the Departments of Correction, Labor, Education and Rehabilitation Services and the Secretary of OPM. A significant role for the Governance Committee will be to prioritize the policy challenges facing the State that could benefit from integrated data by gaining a deeper understanding of service use, whether and how to increase coordination across systems, or that could enable a focus on early intervention and prevention. The Governance Committee is also responsible for establishing an advisory board of applied researchers to collaborate with state policy makers in using the state's data to inform decisions about the improving ways to structure and deliver services.

Mills, the director of the project, explained that integrated data systems usually contain person-level or encounter-level information

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Donaghue Grant News



Another Look: Improving Health for Elders in Care Facilities

In this fourth year of the program, Donaghue received 35 letters

of intent, from which 18 applications were requested and five new research projects were awarded for \$771,000 (see article in this issue that describes these five studies). This will bring the total of funding for Another Look research projects to just over \$3 million. At this time, Donaghue is planning to offer this program again in early 2017.



Greater Value Portfolio

The foundation received a whopping 115 letters of intent for what is expected to be three grants awarded in the

second year in this program. Reviewers had the challenging job of whittling the number of LOIs to the 20 requested applications. Each GVP award can be up to \$600,000 for three, four or five years of research. This program will have its third cycle in 2017.



R3 – Making Research Relevant & Ready

will be reopened for applications later this year. R3 awards are

made to former Donaghue grantees so they can access expertise in implementing and scaling evidence-based health programs — resources that typically are not allowed to be used by most research grants.

We have terrific review committees for each program. Many thanks to our reviewers – we really couldn't do it without you!

Videos that describe the *Another Look* and *R3* grant programs are available at donaghue.org.

A Connecticut Public-Private Funding Partnership

Earlier this year, Donaghue joined with three other Connecticut-based health philanthropies and the State of Connecticut to fund a study on healthcare cost containment strategies used by other states and to recommend a cost containment strategy or set of strategies for Connecticut.

The Connecticut Health Foundation, the Universal Health Care Foundation of Connecticut, The Foundation for Community Health, and Donaghue contributed \$190,000 (Donaghue's share was \$15,000) to the total project cost of \$363,450.

The study was commissioned by Lieutenant Governor Nancy Wyman, chair of the Health Care Cabinet, to assist the Cabinet in making recommendations on cost containment as required by Public Act 15-146. Bailit Health, a healthcare consulting company based in Massachusetts, was awarded the contract for the study.

The study is focusing on successful practices in Oregon, Maryland, Vermont, Rhode Island, Washington and Massachusetts that monitor and control costs, enhance competition and increase the cost effectiveness of the healthcare market, improve the transparency of healthcare costs, and improve quality of care and health outcomes.

Donaghue decided to join with the other three health funders because the study is



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Connecticut Health
FOUNDATION

well-aligned with its major grant program, the Greater Value Portfolio. Over three years, Donaghue expects to commit \$5.4 million in research grants to test new approaches to achieving a higher value healthcare system.

Preliminary study reports have been made to the Health Care Cabinet throughout the year, with Bailit Health's "straw model" presented at the July meeting. (Presentation materials, agendas for future meetings, and meeting minutes are available at www.portal.ct.gov/hcc, and all meetings are open to the public.) A final report to the legislature will be made in December.



FOUNDATION
for
COMMUNITY
HEALTH

Prevention, Access, Collaboration

“The study was commissioned by Lieutenant Governor Nancy Wyman, chair of the Health Care Cabinet, to assist the Cabinet in making recommendations on cost containment as required by Public Act 15-146.”

Donaghue Staff on PCORI Advisory Panel

Nancy Yedlin, Donaghue Foundation Vice President, has been appointed by the Patient-Centered Outcomes Research Institute (PCORI) as a member of its Advisory Panel on Improving Healthcare Systems.

Yedlin will join other members of the panel in applying her experience and expertise to helping PCORI refine and prioritize research funding priorities and ensure that the research PCORI supports centers on the outcomes that matter to patients and other healthcare decision makers. PCORI is an independent, non-profit organization authorized by Congress to fund research that will provide patients, their caregivers, and clinicians with the evidence-based information needed to make better-informed healthcare decisions.

Yedlin was selected on the basis of her experience, expertise, and ability to contribute to the panel's tasks and responsibilities. Among other things, this includes her leadership on the Connecticut Choosing Wisely Collaborative, as well as her work with Donaghue's grant programs. Panel members represent a broad



Nancy Yedlin

range of healthcare stakeholder groups and perspectives, including patients, family caregivers, clinicians, drug and device makers, researchers, and research funders, among others.

"I've always been interested in PCORI's work, so I'm delighted to be a member of one of its advisory panels," said Yedlin. "I look forward to contributing what I've learned by leading the

"I've always been interested in PCORI's work, so I'm delighted to be a member of one of its advisory panels."

Connecticut Choosing Wisely Collaborative, my years at Donaghue, and my own experience navigating the healthcare system on behalf of family members who faced serious illnesses."

More information about the Advisory Panel on Improving Healthcare Systems, including its scope of work and a list of all members, is available on the PCORI website: <http://www.pcori.org/content/advisory-panel-improving-healthcare-systems>

The Foundation has had other opportunities to work with PCORI over the past few years. Lynne Garner, Donaghue President, has served as a reviewer for PCORI's grant program and Sue Sheridan, PCORI Director of Patient Engagement, was the keynote speaker for the Foundation's Fifth Annual Andrews Lecture Series on The Voice of the Patient.

UConn's TRIPP Center is Redesigned for Focus on Health Disparities

Started in 2006 with a nearly \$2 million award from Donaghue, the Ethel F. Donaghue Center for Translating Research into Practice and Policy was formed as a new center at University of Connecticut Health Center for the purpose of creating the infrastructure to support research on the best ways to move evidence into practice.

Led by Judith Fifield, PhD, Professor of Family Medicine, the TRIPP center was structured to support research in multiple departments at the medical school and from affiliated partners in the region. With its technical assistance and pre-award support, TRIPP helped to secure over \$18 million in external funding to support the work TRIPP scholars and partners. The Center was also designed so that the expertise provided by TRIPP scholars (such as consultation on study design, grant preparation, preliminary data analysis, database assistance, and project management) to other researchers could be paid for by their external funding; consequently the Center was able to provide \$6.5 million worth of services



Standing: Aubri Drake, Judith Fifield, Emil Coman, Victor Villagra
Sitting: Denise Patterson-Moss Solomon, Bhumika Parikh, Jeanette Goyzueta

that were paid back to the Center from other funded projects.

Some of the services and projects sponsored by TRIPP included pilot and planning grants to researchers at UConn and other organizations; a Center Affiliate program; Visiting Scholars; and pre- and post-award services that focused on research-to-practice expertise.

As of this year and as a part of the Bioscience Connecticut legislative mandate, the mission of the TRIPP Center will be changed

to focus its practice-oriented translational research onto the issue of health disparities. Although Donaghue is no longer providing financial assistance to the center now called the UConn Health Disparities Institute, it is delighted that many of the methods developed under the Donaghue-funded TRIPP center will remain the same with its new focus on health disparities. A national search for an executive director to lead the Center is underway.

2016 Another Look Awardees — continued from page 1

suggests that prescribers may have simply shifted to alternative but unmeasured agents such as valproic acid or benzodiazepines to help control the behaviors. Unfortunately, these antipsychotic alternatives have their own associated harms and even less evidence of benefit for the problematic behaviors. So, while antipsychotic use has dropped, the replacements may be even worse. This study will use Medicare data from 2008-2013 to examine whether the recent reduction in antipsychotic use among long-term care residents has been accompanied by increased use of alternative psychotropic medications. This information is critically important for policymakers so they can learn whether the strong emphasis on reducing antipsychotic use, when implemented in the absence of an equally strong strategy to improve non-pharmacological behavioral management, simply caused a shift in prescribing to even worse agents.

Helen Temkin-Greener, PhD
University of Rochester
“Improving the Quality of Mental Health in Nursing Homes”

Stakeholder Organization: Finger Lakes Health System Agency

Although nursing home residents are characterized by high and increasing prevalence of mental health disorders, the delivery of mental health services in nursing homes has been described as inadequate due to insufficiently trained staff, insufficient specialty psychiatric care resources, problematic practices such as inappropriate and often excessive use of antipsychotic and anti-depressive medications, and a high rate of hospitalizations among residents with dementia or mental health disorders. The overall goal of this study is to identify and develop process and outcome-based measures of care quality for nursing home residents with mental health and behavioral disorders and to explain variations in these measures across facilities and regions or states. Nationally, these findings will help fill knowledge gaps and provide research direction to help inform the near-term development of clinical and policy interventions for this population. Regionally, these findings will inform nursing home care by developing and disseminating benchmark performance measures for all Finger Lakes Performing Provider System nursing homes.



Kenneth Boockvar, MD
The New Jewish Home Research Institute on Aging
“Adverse Effects of Diuretics in Nursing Home Residents with Dementia”

Stakeholder Organization: Continuing Care Leadership Coalition/Greater New York Hospital Association

Nearly half of all nursing home residents with hypertension are prescribed diuretics, but diuretics’ adverse effects (e.g., water loss, urinary incontinence, and falls) may be especially problematic for these residents. The objective of this study is to examine the use and effects of diuretics in this population. Specifically, it will describe the prevalence of diuretic use in nursing home residents with hypertension and dementia; examine predictors of diuretic use including resident characteristics, prescriber characteristics, and organization characteristics; and determine the association between diuretic use and adverse outcomes including urinary incontinence, dehydration, falls, and hospital and emergency department use, as compared with use of other hypertension medications. This project will create knowledge that could improve health for nursing home residents with dementia and hypertension by helping providers make prescribing decisions according to symptoms and function, a key principal of geriatrics and palliative care.

David C. Grabowski, PhD
Harvard Medical School
“The Impact of Enhanced Primary Care in Nursing Homes”

Stakeholder Organization: OptumCare

Many long-stay nursing home residents have very poor access to primary care, which often leads to unnecessary health care utilization and poor health outcomes. The Evercare Model,

offered by UnitedHealthCare as a Medicare Advantage plan to nursing home residents, provides a treat-in-place model of care for enrollees through the use of nurse practitioners. The objective of this study is to understand the impact of the Evercare Model on outcomes for long-stay nursing home residents, including emergency department and acute care inpatient utilization, rates of readmission, as well as the amount Medicare spends on care. This study will provide the first large-scale evaluation of whether a Medicare Advantage plan with an increased clinical presence can improve outcomes, which may have a profound impact on the delivery of services to the nearly one-million long-stay nursing home residents in this country.

Carrie H. Colla, PhD
Geisel Medical School at Dartmouth College
“Transforming Nursing Home Care Under the ACO Model”

Stakeholder Organization: Federal Coordinated Health Care Office

Nursing home residents require complex care coordination across a range of settings, providers, benefit plans, and payment models. As a result, nursing home residents are particularly susceptible to fragmented care that can be high in cost and low in quality. Accountable care organizations (ACO) present a payment and delivery model with the potential to improve quality and reduce costs for nursing home residents through an enhanced focus on care coordination and provider integration. With an aging population increasing the national demand for high quality nursing home services, there is an urgent need for research to determine the impact of the ACO model on this unique population. Medicare claims data will be linked to Minimum Data Set assessments to evaluate the performance of ACOs in managing nursing home residents across measures of spending, utilization, outcomes, and quality, as well as examine how treatment patterns for nursing home residents, including the types of physicians and settings from which they seek care, affect attribution to ACOs. This research will provide nursing facilities, ACOs, and policymakers with timely, actionable information on innovative care coordination strategies and characteristics of successful ACO-nursing home relationships to directly improve the health of nursing home residents.

Moving Research **Beyond Journals**

By Leslie Curry, PhD

We recently ran across a blog post by Leslie Curry, PhD, Senior Research Scientist, Yale Global Health Leadership Institute and a reviewer for Donaghue’s *Another Look* grant program. With Dr. Curry’s permission, we’re reprinting her post that makes the case for all of us to think **#beyondjournals**.

Well-intentioned and smart scientists devote their careers to generating new knowledge they hope will benefit the health and well-being of the population, and ultimately, save lives. The discouraging reality is that only a small fraction (14%) of original research findings are published in scientific journals, and those findings take an average of 17 years to integrate into health care practice and policy.

Scientists are growing impatient with the gap between research and practice, and have begun to question whether traditional journals are the best way to accomplish this goal, especially in an era of rapid information dissemination through online and social media outlets. Long publication processes can render findings obsolete before they are even known, the narrow readership of journals consists mostly of like-minded scientists and the static, one-way medium prevents constructive critique and debate that is essential for good science.



Leslie Curry, PhD

What can be done to reach appropriate and wider audiences with research findings in a timely manner? The good news is that, in addition to journals reinventing themselves, there are alternatives. First, digital communication provides extraordinary opportunities to reach large diverse audiences through dynamic formats such as social media, websites, blogs and online platforms like Tumblr and YouTube.

In addition, the emerging scientific disciplines of knowledge translation and implementation science focus on how to move science out

“Scientists are growing impatient with the gap between research and practice, and have begun to question whether traditional journals are the best way to accomplish this goal, especially in an era of rapid information dissemination through online and social media outlets.”

of the lab and into the world. Finally, where advocacy has historically been forbidden among scientists, many are mobilizing to bring pressure for research to be more transparent and widely accessible. As a research community, it is our responsibility to leverage these three trends — digital communication, the field of implementation science, and advocacy — to shrink the gap between research and practice and make our research matter.

Hartford Foundation for Public Giving Conversations — *continued from page 3*

about services provided by the state that are then linked across multiple, independent agency data systems. Mills shared one recent example of the successful use of an independent data system from Indiana, where the State wanted to better understand and address its high rate of infant mortality. A study linked data across five executive branch agencies and fifty data sets. The data revealed that the number of prenatal doctor visits was the single most significant factor in both infant mortality and low birth weight in Indiana, and this finding focused Indiana’s efforts on ensuring transportation to doctor’s visits, a problem that it had not previously understood.

What Works CT will review and approve requests for integrated data sets from agencies, non-governmental organizations or individuals. If approved, an agreement will be prepared and signed by each agency whose data is involved, as well the data user, to establish approved use of the data, data security, data confidentiality, and the named individuals granted access to the linked and de-identified data. Before the data is transferred to the requester, the data will be

“The data revealed that the number of prenatal doctor visits was the single most significant factor in both infant mortality and low birth weight in Indiana, and this finding focused Indiana’s efforts on ensuring transportation to doctor’s visits, a problem that it had not previously understood.”

reviewed for quality and to determine that the data has been sufficiently de-identified.

Although challenging, the technical requirements for this data integration are not as complex as many may think. Kleykamp explained that recent changes in the State’s data systems have reduced the number of independent databases, and the majority of the

information from executive branch agencies resides on three main database platforms. And although the first few data matches are expected to take several weeks to complete, de-identifying and matching algorithms are expected to be more efficient as programmers learn from previous requests.

For more information about What Works CT, contact Tyler Kleykamp at tyler.kleykamp@ct.gov.

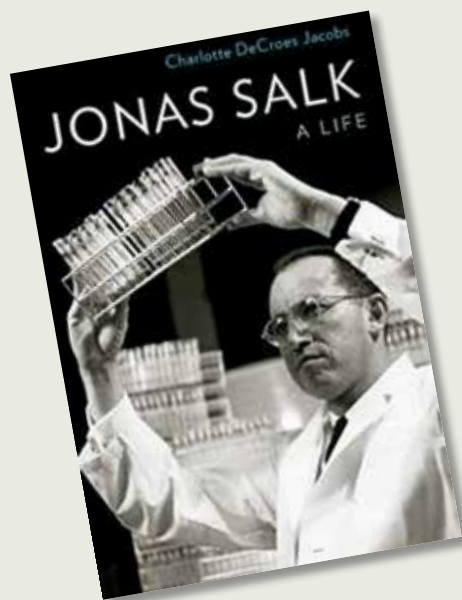


The Patrick and Catherine Weldon Donaghue Medical Research Foundation is a charitable trust created pursuant to the will of Ethel F. Donaghue, late of West Hartford, Connecticut. The Foundation, which began operations in 1991, is governed by Bank of America and Lynne Garner, Trustees. The Foundation is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1986, is a private foundation within the meaning of Code Section 509(a), and is subject to the jurisdiction of the Probate Court for the District of West Hartford.

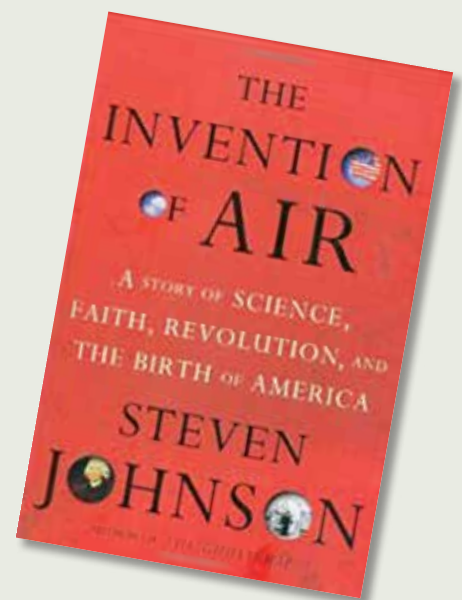
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What's Donaghue Reading These Days?

Here are a couple of books that Donaghue staff have on their "must read" list.



Earlier this spring we read *Jonas Salk: A Life* by Charlotte DeCrois Jacob. There are many fascinating stories in this biography of the man whose name is synonymous with the polio "cure." We were particularly taken with the description of the role of the National Polio Foundation — the forerunner to the March of Dimes — in specifying some of the research directions to be taken by their funded scientist.



Soon we'll be getting into *The Invention of Air: The Story of Science, Faith, Revolution, and the Birth of America* by Steven Johnson.

Do you have any suggestions of must-read books for us?