Institute for Health Policy
Annual Report
2001-2002

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About the Institute for Health Policy
Muskie School of Public Service

The Institute for Health Policy is one of three research Institutes in the Edmund S. Muskie School of Public Service. Created in 1981, the Institute conducts health services research and policy analysis on timely and relevant health and healthcare issues facing Maine and the nation. The Institute is also engaged in educating leaders in health policy and health services management through the School’s Graduate Program in Health Policy and Management.

The Institute’s mission is 1) to inform health policy and practice, 2) to educate health care leaders, and 3) to promote civic dialogue on current and sometimes controversial health policy issues.

Informing Health Policy and Practice

This Annual Report provides information on the wide range of research, educational and public service activities of the Institute. Many of these activities involve faculty and staff within the Institute as well as staff from our other Institutes within the Muskie School. Our research interests and activities fall into the following major areas:

- Children’s Health and Welfare
- Chronic Illness, Disability and Aging
- Health Care Access and Finance
- Mental Health
- Public Health
- Quality Management and Improvement
- Rural Health

The project descriptions in this annual report summarize our research activities for 2001-2002.

Educating Health Care Leaders

The Graduate Program in Health Policy and Management (HPM) offers a problem-focused, experiential curriculum designed to prepare students for a rapidly changing health policy and management environment. Students in the HPM program have access to many opportunities for student research and practicum experiences working on projects in the Institute for Health Policy. The Health Policy and Management Program maintains strong connections with the health care community in Maine through its Board of Visitors, who represent a broad range of leaders in the public and private health care sector.

Promoting Civic Dialogue

The Institute for Health Policy is committed to promoting and facilitating debate and discussions on health care issues. We conduct forums and conferences for the health care community, arrange and participate in educational sessions for public officials and civic leaders, and actively engage in public discussions and debates on health care.

The Edmund S. Muskie School of Public Service is home to a doctoral degree in public policy, three master’s degrees programs, and three research institutes. Over 300 faculty, researchers, staff and graduate assistants are involved in more than 150 externally funded projects in every county in Maine and every state in the nation. Annual research and technical assistance grants exceeding $22 million rank the School among the top public policy schools in the United States.
This past year, the Institute for Health Policy reached an important milestone – our 20th anniversary. Since 1981, we have continually sought to link research with policy development and practice in order to improve the quality, cost effectiveness, and accessibility of health care to all people – in Maine and the nation.

Looking back, I am pleased to report that we’ve been doing our job, but only with the help of many others. Our achievements are due in large part to our collaborative partnerships with community-based organizations, state agencies, other research organizations, and foundations. At the Institute, we rely on our partners in business, government, research and the community to identify important issues, to forge creative solutions to pressing healthcare problems, and to share the knowledge gained with wider audiences.

This year, our partnerships have continued to achieve impressive results. We’ve conducted $5 million in research and policy analysis in a wide range of program areas – health care access, finance, quality, children’s health and welfare, chronic illness, disability and aging, mental health, rural health and public health.

The health care issues facing policy makers, payers, businesses and the public are complex and often require multiple and sometimes conflicting solutions. We find that our ability to make a difference and improve the quality, efficiency and cost effectiveness of health care is significantly enhanced when many different perspectives are brought to the table and we are able to work in partnership with others.

We are especially proud of the fact that the Muskie School was selected as the National Program Office for a $26 million initiative of the Robert Wood Johnson Foundation, called Community Partnerships for Older Adults, to help communities develop and sustain comprehensive long term care services systems to meet the growing needs of vulnerable older adults.

It is through this kind of innovative approach to health care and health services research that we can make a difference. We extend these practices to many areas of our research activities.

Our Partnerships

State Agencies

The Institute has collaborated successfully with Maine state government for 20 years. This arrangement between the state and the university has provided unique opportunities to conduct applied health services research that provides practical and timely information to decision makers.

This year, for example, we have been working with the Maine Department of Human Services and a broad group of consumers and other community organizations on the Quality Choices Project – a project funded by the Centers for Medicare and Medicaid, through the Maine Department of Human Services, to improve the infrastructure, level of consumer involvement and quality of services available in the community for older adults and people with disabilities.

In July of 2002, the Maine Department of Human Services, working with the Muskie School’s Institute for Health Policy, was awarded a $1.28 million federal grant to study access to health care and potential solutions to the problem of health insurance coverage. The grant, awarded by the Health Resources and Services Administration (HRSA), allows the state to assess several reform initiatives. The Muskie School will provide technical support to assess the cost and feasibility of these initiatives. A task force comprised of public officials and community stakeholders will then evaluate the initiatives in the broader context of the state's health infrastructure.
The Business Community

The increase in health care costs is a significant problem for both the public and private sectors. Muskie School staff worked this year with a group of interested business and community leaders to create a purchasing alliance for small business owners. This alliance will contract with a single health program to offer options for health care coverage for the employees of small businesses. By harnessing the collective purchasing power of small companies, the alliance seeks to offer broader health care options at lower prices for small business owners.

Other Research Organizations

The Institute is often a sought-after partner with other organizations conducting research either in Maine or nationwide. This year, we continued work with Texas A & M’s School of Rural Public Health on a project funded by the Agency for Healthcare Research and Quality to develop quality measures for residential care. We also conducted a number of studies on the patterns of insurance coverage in rural areas — in collaboration with the Kaiser Family Foundation, Commission on Medicaid and the Uninsured and the Rural Policy Research Institute at The University of Missouri.

The Graduate Program in Health Policy and Management

The Institute for Health Policy provides students in our graduate program in Health Policy and Management with a learning laboratory and access to opportunities for practicum and internship experiences. In 2002, we graduated eight students from our Health Policy and Management Program, placed six students in internship field experience settings and provided research assistantships to six students within the Institute for Health Policy.

As the Institute continues to grow, we are committed to improving and expanding our efforts to share the results of our research and policy analysis with many audiences. This year we initiated an email update that provides a summary of our research activities and publications. Information on all our projects and publications are also on our website. Many projects have developed websites that are being used to provide information and resources that are specific to those projects.

For more information about the Institute for Health Policy and the Muskie School of Public Service, please see our website at www.muskie.usm.maine.edu. Please contact us if you would like to receive our publications or be included on our email distribution list.

—Andrew F. Coburn, Ph.D, Director

“"The business community has always been able to turn to the Muskie School to better understand and address the complex issues around providing and financing health care services in the greater Portland area. The Muskie School’s collaboration with the Chamber in presenting our popular “Policy Soundings” forums as well as providing high profile and unequalled leadership to the Chamber Health Alliance are two examples of this commitment."

—Godfrey Wood, CEO, Greater Portland Chambers of Commerce
In 2001, the Institute for Health Policy was selected by the Robert Wood Johnson Foundation to manage $26 million in grants and serve as the National Program Office for the *Community Partnerships for Older Adults* program. Through this initiative, the Foundation is encouraging a wide array of communities across the country to develop and implement community-wide plans to improve care and support for older adults through local public-private partnerships. Elise Bolda, professor of health policy and management at the Institute, heads the National Program Office and is responsible for overall coordination of the program’s technical assistance strategy.

A technical assistance consortium, including the Duke Long Term Care Resources Program and other experienced persons across the country, has been formed to assist grantees and other community agencies. A core feature of the technical assistance strategy is the creation of a web-based virtual community to be accessed by grantees and other collaborating community agencies. In August 2002, *Community Partnerships* announced its first round of development grants to 13 communities in 10 states. Selected from a pool of 535 applicants nationwide, these 18-month grants average $150,000 each and are being used to improve long-term care and supportive services for vulnerable adults and their caregivers. These first 13 projects are designed to build community awareness, encourage better support systems, improve access, and promote a better quality of life. Another round of grants will be awarded next summer.

The first round of grant recipients include community groups in Arkansas, California, Georgia, Hawaii, Massachusetts, Michigan, New York, Texas, Vermont and Wisconsin. The projects will focus on two groups of older Americans: those 60 years of age or older who are at increased risk of disability because of poverty, race or ethnicity, chronic illness, or advanced age; and older adults with physical or cognitive impairments who require long term care and supportive services.

*Community Partnerships* plans to award a second round of grants in the summer of 2003. More information is available on the Web at http://partnershipsforolderadults.org.

"We are very excited to be using the latest web-based technologies to facilitate inter-community communication, link technical experts with communities and host seminars and other meetings on topics of interest to our grantees,"

—Elise Bolda, Director, National Program Office Community Partnership for Older Adults
Research Activities

Children’s Health and Welfare

Chronic Illness, Disability and Aging

Health Care Access and Finance

Mental Health

Public Health

Quality Management and Improvement

Rural Health
MaineCare Surveys of Beneficiary Satisfaction

A study of program satisfaction among families with children enrolled in MaineCare.

**Activities**
- Survey 300 families with children newly enrolled in MaineCare.
- Survey 450 families with children recently disenrolled from MaineCare.
- Survey 1200 families with children enrolled in MaineCare for at least 9 months to identify program issues.

Quality Choices: Wraparound Services Coalition for Children and Adolescents

Development and evaluation of a coalition of community-based providers working with schools and families to address the behavioral and emotional needs of children and adolescents in the Portland school system.

**Activities**
- Conduct literature review on effectiveness of other wraparound coalitions.
- Support activities of the coalition by providing technical assistance for the development of informational brochures for parents and curriculum for teacher training.
- Conduct surveys and interviews with families, school personnel, and providers to determine effectiveness of coalition.
Alzheimer’s Research and Demonstration Project

Integration of dementia-specific services for persons with Alzheimer’s disease and their caregivers into Maine’s long term care system.

**Activities**
- Use a caregiver assessment to identify the needs of the caregiver for respite or other supportive services.
- Provide information and respite services to caregivers and families of persons with dementia.
- Demonstrate that rural primary health care practices are an effective point of early intervention for individuals who care for someone with a dementia.

CHOICES: Maine Medicaid Infrastructure Program

Improved access to competitive employment for people with disabilities through work incentives in MaineCare and related supports.

**Activities**
- Undertake a research and program development agenda through a partnership of state and federal agencies, consumers, disability organizations, service providers and researchers.
- Conduct consumer surveys, focus groups and key informant interviews; analyze program utilization data to determine ways to improve the current Medicaid buy-in program and increase access to coordinated employment supports.
- Participate actively in state-to-state technical assistance collaboration to share Maine’s progress, and to learn about program features for possible adaptation to Maine.

Healthy Maine Prescriptions Evaluation

Evaluation of the Healthy Maine Prescriptions program, which offers prescription drug discounts to older adults and adults with disabilities.

**Activities**
- Download claims, enrollment and survey data and construct linked analytic data files.
- Analyze linked data and prepare evaluation report for Year 1.
Home Health Assessment Tool (OASIS)

Support for Maine’s implementation, integration and system management of the federally-mandated Outcome and Assessment Information Set (OASIS) system for home care services.

**Activities**
- Assist Maine’s Department of Human Services with the operation of the OASIS system.
- Provide technical assistance to CMS data verification contract.

**Project Director**  Catherine McGuire
**Funder**  Maine Department of Human Services
**Annual Budget**  $28,836
**Duration**  11/1/2001 - 10/31/2002

Long Term Care Implementation Committee

Professional staff support for the Maine Legislature’s Long Term Care Implementation Committee.

**Activities**
- Organize committee meetings and document proceedings; prepare policy data for committee.
- Draft policy implementation progress reports.
- Correspond with committee members and interested parties.

**Project Director**  Sara Salley
**Funder**  Maine Department of Human Services
**Annual Budget**  $9,906
**Duration**  11/1/2001 - 10/31/2002

MECARE Analyses and Support

Enhancement of the Bureau of Elder and Adult Services’ (BEAS) long term care medical eligibility assessment process and the use of assessment data for policy analysis and program development.

**Activities**
- Construct analytic files for FY2001 MECARE data; conduct legislative report analyses and prepare graphics.
- Provide on-site programmatic support for MECARE system enhancements and assist with assessor and provider training.
- Conduct analyses and prepare reports on ad hoc analyses including a longitudinal analysis of care outcomes and a comparison of actual service use with authorized service levels.

**Project Director**  Sara Salley
**Funder**  Maine Department of Human Services
**Annual Budget**  $180,730
**Duration**  11/1/2001 - 10/31/2002
Medicaid Case Mix: Residential Care Facilities

Refinement and implementation of a case mix payment and quality assurance system for residential care facilities in Maine, including design and maintenance of a statewide data system to support the reporting and monitoring of quality and payment.

**Activities**
- Manage statewide assessment processing, payment and quality assurance system.
- Assist state in defining a multi-dimensional survey to monitor quality of care.
- Develop remote access to data system for state personnel.

Medicare-Medicaid Linked Data Research

Improved management of health care services for older adults and disabled individuals covered by MaineCare, including those dually eligible for MaineCare and Medicare.

**Activities**
- Study factors related to rates of preventable MaineCare and Medicare hospital stays in 1997-2000; report on the relationship between rates of preventable stays, hospital characteristics, and population-based health risks.

New England Dual Eligibility Coordination Center

Collaboration among six New England states to design and implement innovative health and long-term care programs for beneficiaries of Medicare and Medicaid who are elderly or have disabilities.

**Activities**
- Streamline Medicare and Medicaid service integration to improve health and function and promote cost effectiveness.
- Compile, evaluate, and share regional program data and policy analysis through ongoing interaction and Web-based resources.
- Collaborate on regional policy and program development and evaluation. Support demonstration projects in Maine, Massachusetts, Vermont, and Rhode Island, and program planning in Connecticut and New Hampshire.
Nursing Facility Minimum Data Set Accuracy and Verification

Provide the Centers for Medicare and Medicaid Services (CMS) with cost-effective methods to verify and improve the accuracy of the Minimum Data Set (MDS).

Activities
• Develop on-site and off-site methods of targeting nursing home providers at risk for MDS accuracy problems.
• Create a “reference standard” with experienced MDS nurses completing independent assessments on a sample of nursing facility residents.
• Develop and assess a series of accuracy protocols to capture MDS errors by comparing each protocol to the “reference standard.”

Nursing Facility Payment and Quality

Technical assistance with the integration and management of the Minimum Data Set (MDS) system for use in payment and quality initiatives at both the state and federal level.

Activities
• Manage the MDS data systems used for nursing home payment and quality assurance, and provide enhancements as required.
• Examine approaches to pricing methodology and develop options paper.
• Conduct ad hoc analysis as required to support MaineCare program.

Quality Choices: Development of Independent Service Organizations (ISOs)

Improved infrastructure support for consumers to exercise choice and control over personal assistance and other long term care services.

Activities
• Meet and discuss project activities with Technical Advisory Group.
• Conduct literature review.
• Issue RFP to independent service organizations to provide personal assistance and other long term care services.

Project Director Catherine McGuire
Funder Health Care Financing Administration through ABT Associates
Annual Budget $106,006
Duration 9/1/1998 - 6/1/2002

Project Director Catherine McGuire
Funder Maine Department of Human Services
Annual Budget $146,869
Duration 11/1/2001 - 10/31/2002

Project Director Paul Saucier
Funder Centers for Medicare & Medicaid Services through the Maine Department of Human Services
Annual Budget $39,542
Duration 10/1/2001 - 9/30/2004
Project Web Site http://qualitychoices.muskie.usm.maine.edu
Quality Choices: Information Access Project

Development of a website that provides persons with disabilities (and the people who support them) with information about funding and services to help them to live in the least restrictive setting.

Activities
- Assess current information available on Maine state agency and community websites.
- Develop links to federal, state, community and national sites that offer information related to eligibility determination, state and federal funding sources, and community-based resources.
- Develop roadmaps, guides, and glossaries for consumers and parents to assist them in understanding Maine’s service and funding system.

Project Director  Catherine Ormond
Funder  Centers for Medicare & Medicaid Services through the Maine Department of Human Services
Annual Budget  $65,925
Duration  10/1/2001 - 9/30/2004
Project Web Site  http://qualitychoices.muskie.usm.maine.edu

Quality Choices: Interdepartmental Data Integration

Specifications for developing the infrastructure to support integrated data across departments and programs.

Activities
- Convene stakeholder group to assist in identifying systems requirements.
- Identify systems requirements.
- Draft system design documents.

Project Director  Eileen Griffin
Funder  Centers for Medicare & Medicaid Services through the Maine Department of Human Services
Annual Budget  $259,549
Duration  10/1/2001 - 9/30/2002
Project Web Site  http://qualitychoices.muskie.usm.maine.edu/index.htm

Quality Choices: Personal Assistance Services (PAS) Policy

Greater consumer choice and control over personal assistance services (PAS) across all programs offered by the state.

Activities
- Conduct comparative analysis of PAS policies across state programs, identifying opportunities for expanding eligibility and eliminating inconsistencies.
- Identify necessary policy changes and legal impediments to implement identified changes.
- Assess effectiveness of implemented changes.

Project Director  Eileen Griffin
Funder  Centers for Medicare & Medicaid Services through the Maine Department of Human Services
Annual Budget  $53,789
Duration  10/1/2001 - 9/30/2004
Project Web Site  http://qualitychoices.muskie.usm.maine.edu
Quality Choices: Personal Assistance Worker’s Guild

Increased availability of qualified personal assistance workers.

Activities
- Conduct a literature review and national search to identify program models as well as existing associations in Maine.
- Develop and issue an RFP to develop a guild model in Maine.
- Implement the guild through a contractor and provide technical assistance to support the expansion of benefits for personal assistance workers.

Quality Choices: Planning and Advisory Groups

The development of an inter-departmental roadmap for Maine that achieves community integration for persons with disabilities in compliance with a federal Supreme Court ruling.

Activities
- Support consumer collaboration using listserves and websites.
- Provide assistance with meetings and other activities.

Quality Choices: Public Comment on Work Group Plan

Public input used to refine and improve Maine’s response to the Olmstead Supreme Court decision, which mandates services to people with disabilities in the most integrated and appropriate settings.

Activities
- Develop media and materials for soliciting community input.
- Distribute message to broad community of stakeholders.
- Receive input through targeted meetings with stakeholders.

Project Director: Elise Scala
Funder: Centers for Medicare & Medicaid Services through the Maine Department of Human Services
Annual Budget: $113,693
Duration: 10/1/2001 - 9/30/2003
Project Web Site: http://qualitychoices.muskie.usm.maine.edu

Project Director: Danny Westcott
Funder: Centers for Medicare & Medicaid Services through the Maine Department of Human Services
Annual Budget: $131,788
Duration: 10/1/2001 - 9/30/2002
Project Web Site: http://community.muskie.usm.maine.edu/index.htm

Project Director: Danny Westcott
Funder: Centers for Medicare & Medicaid Services through the Maine Department of Human Services
Annual Budget: $40,554
Duration: 10/1/2001 - 12/31/2002
Project Web Site: http://quality-choices.muskie.usm.maine.edu
Rink Link Evaluation

Report on the accomplishments, successes and challenges related to the Rink Link mission to make ice sports fully accessible to people with disabilities.

Activities
• Develop an evaluation plan, design information collection instruments, and analyze project data.
• Produce and deliver a final evaluation report to Rink Link project management at the conclusion of Rink Link Project, 2003.

Project Director  Mark Richards
Funder  Alpha One – Center for Independent Living
Annual Budget  $15,000
Duration  8/1/2000 - 11/1/2002
Hospital Reimbursement Design Project

Analysis of the financial impact of applying Medicare payment methodologies to hospitals under MaineCare.

Activities
- Group MaineCare hospital claims for hospital services, using Diagnosis Related Groups (DRGS) for inpatient care and an Ambulatory Patient Classification (APCs) Groups for outpatient services.
- Work with state and DHS work group to develop scenarios to analyze.
- Examine cost impact and prepare an option paper.

MaineCare Chronic Care Management Services

Pilot demonstration project of population-based activities to address chronic care management and coordination of care issues for MaineCare beneficiaries who are elderly or adults with disabilities.

Activities
- Contract with selected primary care practices to participate in quality improvement activities with MaineNET staff and consultants.
- Develop pharmacy utilization and quality indicator reports for primary care practices using linked Medicare and Medicaid data.
- Provide onsite consultation to primary care practices on pharmacy utilization and chronic care management.
- Develop management and coordination of care tools such as community resource guides, patient education, software and continuing medical education opportunities.

Maine State Health Planning Initiative

Expansion of health insurance coverage to all uninsured and under-insured citizens of Maine.

Activities
- Provide data and analytic resources to support a planning effort to expand health coverage.
- Analyze the costs, feasibility and acceptability of four or more proposed initiatives to expand health coverage.
- Develop a consensus for a coordinated and staged plan for addressing access problems in Maine.
Patterns of Individual Insurance Coverage

A national study analyzing the dynamics of individual health insurance coverage to improve federal and state policymakers' ability to enact insurance reform.

**Activities**

- Analyze the 1996-2000 panel of the Survey of Income and Program Participation conducted by the U.S. Census Bureau.
- Measure the duration of individual insurance coverage among those who purchase individual health plans and explore the characteristics associated with length of time covered.
- Examine subjects' health insurance coverage status before and after a spell of individual insurance coverage during the four year study period.
- Determine what characteristics are associated with obtaining private group or public health insurance, or becoming uninsured.

Principal Investigator  Andrew Coburn  
Project Director  Erika Ziller  
Funder  Robert Wood Johnson  
Foundation  
Annual Budget  $100,000  

Policy Analysis and Technical Assistance

Legislative analysis, research and policy development for Maine’s Department of Human Services on a variety of MaineCare topics.

**Activities**

- Provide analysis and evaluation of policy questions using claims, eligibility and assessment data.

Project Director  Catherine McGuire  
Funder: Maine Department of Human Services  
Annual Budget  $68,387  
Duration  11/1/2001 - 10/31/2002

Quality Choices: Expanding Access to Housing

Increased access to housing for persons with disabilities.

**Activities**

- Design and implement two to three demonstration activities to increase access to housing.
- Assess the effectiveness of the demonstration activities.

Project Director  Eileen Griffin  
Funder  Centers for Medicare & Medicaid Services through the Maine Department of Human Services  
Annual Budget  $51,776  
Duration  10/1/2001 - 9/30/2004  
Project Web Site  http://qualitychoices.muskie.usm.maine.edu/
Quality Choices: Expanding Access to Recreation and Social/Cultural Activities

Expanded opportunities for integrated recreational and social/cultural activities in Maine for people with disabilities.

**Activities**
- Convene resource people to assist with project planning, implementation and sustainability.
- Develop and disseminate the Universal Access Guidelines Tool Kit and Technical Assistance information for recreational facilities.
- Create a database of programs and web-based information for recreational facilities; support a web-based resource for recreation, social and cultural activities; and facilitate the replication of Portland Connections, an online calendar of low-cost recreational events in three communities over three years.

Quality Choices: Expanding Access to Transportation

Improved access to transportation services for people with disabilities in Maine.

**Activities**
- Convene a transportation resource team to compile information and provide advice on development of demonstration projects.
- Review and inventory literature, resources, and experience related to consumer involvement with the transportation system.
- Design and implement two or three transportation demonstrations that address transportation access.

Quality Choices: Flexible Funding Demonstration

A flexible-funding model to demonstrate how consumers of state services might pool resources across programs in order to purchase the necessary services of their choice.

**Activities**
- Research, review, and assess existing and successful pooled/ flexible funding models.
- Develop model, identify target population and state agencies, and select geographic location.
- Launch demonstration project, evaluate success, and determine replicability.
Maine Evaluation of Consumer Operated Services

Study impact of Consumer Operated Services (COS) added to Traditional Services (TS).

**Activities**
- Recruit study participants from clients of mental health case management in Portland, ME (Years 2 + 3).
- Interview study participants from clients to appropriate (COS + TS) and central groups (TS alone).
- Interview study participants four times in a year about their housing, employment, use of services, satisfaction with services, empowerment and social inclusion.

Mental Health Technical Assistance Program

Provide funding and support to innovative projects for improving mental health services in Maine through the Mental Health Collaborative, which includes the Bingham Program, the Bureau of Behavioral and Developmental Services, the Betterment Fund and the Jane B. Cook 1992 Trust.

**Activities**
- Fund eight innovative programs or projects in Maine to implement mental health services to underserved populations.
- Provide technical assistance and grants management support to the grantees.
- Foster collaboration between the agencies and encourage the sharing of experience, information, and best practices between the grantees and the broader mental health community.
Health Behavior Analyses & Technical Assistance

Assistance to the Maine Bureau of Health with managing and analyzing Behavioral Risk Factor Surveillance System data to support the State’s public health initiatives.

Activities

• Construct analytic files for cardiovascular disease risk factors and other health behaviors, conduct analysis, and prepare legislative fact sheets; standardize variables from 1994-1999 BRFSS data; add 2000 BRFSS data to standardized data set; finalize topic-specific data modules and documentation.
• Construct analytic files for diabetes analysis; conduct bivariate and multivariate diabetes analysis; and prepare diabetes analysis report.
• Conduct ad hoc prevalence and health behavior analyses and prepare reports.

Project Director Sara Salley
Funder Maine Department of Human Services
Annual Budget $79,482
Duration 11/1/2001 - 10/31/2002
Quality Management and Improvement

Claims & Eligibility Data Management & Reports

Analysis of Medicaid and Medicare claims and eligibility information to improve state legislators’ understanding of service utilization, costs and trends.

**Activities**
- Management of data sets including linked Medicare and MaineCare information.
- Report to legislature on CubCare - Maine’s child health care program.
- Refinement of the MaineCare Trend Analysis Database Tool.

**Project Director**  Catherine McGuire
**Funder**  Maine Department of Human Services
**Annual Budget**  $141,890
**Duration**  11/1/2001 - 10/31/2002

Home and Community-Based Services Guide to States

A guide to quality improvement for care and services delivered under Medicaid-funded Home and Community-Based Services.

**Activities**
- Review the literature on advancements made in the field of quality measurement, management and improvement, and review effective practices and tools used by states in assessing and improving the quality of their HCBS services.
- Conduct key informant interviews with state policymakers and quality improvement experts to identify the challenges and opportunities for applying those advancements to HCBS programs.
- Compile the characteristics and elements of an effective quality management and improvement program that can be applied to a HCBS program in a technical assistance manual.

**Project Director**  Maureen Booth
**Funder**  Centers for Medicare & Medicaid Services through the Maine Department of Human Services
**Annual Budget**  $100,000
**Duration**  10/1/2001 - 9/30/2002

HMO Quality Oversight

Enhanced state oversight of commercial HMO quality management activities in Maine.

**Activities**
- Revise and update the state’s data collection tool to assess HMO’s internal quality management programs.
- Revise and update review process protocols and conduct reviewer training to implement changes.
- Review and report findings on periodic HMO quality reviews.

**Project Director**  Eileen Griffin
**Funder**  Maine Department of Human Services
**Annual Budget**  $46,341
**Duration**  11/1/2001 - 10/31/2002
MaineCare Policy Development for the Maine Department of Human Services

Technical assistance to the Department of Human Services to assure that MaineCare policies are consistent with federal requirements and reflect “best practices” of state Medicaid programs.

**Activities**
- Review existing policies and rules in selected priority areas.
- Research other state policies and programs for relevance to Maine-based initiatives.
- Conduct ongoing review of relevant federal rules and regulations in selected priority areas.

**Project Director** Maureen Booth  
**Funder** Maine Department of Human Services  
**Annual Budget** $4,487  
**Duration** 11/1/2001 - 10/31/2002

Maine Health Care Performance Council

Comprehensive inventory of cost, quality and access measures for the Maine Health Care Performance Council, a group formed to set a vision for the state health care system.

**Activities**
- Attend monthly Council and working committee meetings.
- Convene staff and students in weekly seminar format to review activities and invite guest lecturers to participate.
- Prepare, edit and research suggested performance measures.

**Project Director** Gino Nalli  
**Funder** Robert Wood Johnson Foundation  
**Annual Budget** $16,500  
**Duration** 2/27/2002 - 6/30/2002

Maine PrimeCare Quality Management & Improvement

Improved quality of care and outcomes for beneficiaries served under the MaineCare managed care program.

**Activities**
- Revise Physician Incentive Plan (PIP), including providing revised formats for reporting PC-PIP findings to group sites.
- Revise and document quality management activities, including special considerations for children with special health care needs; conduct analysis of claims to assess types and scope of referrals made to specialists by PrimeCare PCPs;
- Assist in the preparation of the MaineCare Managed Care Annual Report.

**Project Director** Maureen Booth  
**Funder** Maine Department of Human Services  
**Annual Budget** $148,162  
**Duration** 11/1/2001 - 10/31/2002
MDS Survey and Certification Technical Assistance

Technical assistance to Maine’s Department of Human Services for management of the federally required Minimum Data Set (MDS) for nursing homes, which provides information to the federal Medicaid and Medicare survey and certification process.

Activities
- Manage the MDS data system.
- Train state and facility staff.

Promoting Appropriate Use of Psychotropic Medications by Home Care Consumers

Improved quality of life for MaineCare home care consumers who use psychotropic medications.

Activities
- Review Medicaid claims data and Drug Utilization Review (DUR) data to establish baseline rates of potential medication errors across various sites of care.
- Review pharmacy data to detect potential medication-related problems and develop and test computer programs to review pharmacy data.
- Develop interventions and systems for tracking problems and providers’ responses.

Quality Choices: Collaborative Quality Improvement Projects

Demonstration of the feasibility and efficacy of interdepartmental collaboration on quality improvement for long-term services and supports.

Activities
- Establish criteria for, develop work plan and implement two collaborative Quality Improvement projects.
- Convene Quality Technical Advisory Group.
- Assess effectiveness of collaborative quality improvement process.
Quality Choices: Quality Indicators for Community Living

Development of indicators that measure important aspects of quality in a long term care system of support.

**Activities**
- Define quality indicators for major domains of quality.
- Inventory sources of data including claims data, assessment data, survey data, and provider records.
- Develop reports for key audiences (e.g. consumers, policymakers and providers).

**Project Director**  Julie Fralich  
**Funder**  Centers for Medicare & Medicaid Services through the Maine Department of Human Services  
**Annual Budget**  $166,816  
**Duration**  10/1/2001 - 9/30/2004  
**Project Web Site**  http://qualitychoices.muskie.usm.maine.edu

Quality Improvement and Evaluation System

Support for Maine’s integration and management of the federally mandated Automated Survey Processing Environment (ASPEN) system.

**Activities**
- Test, evaluate and implement ASPEN components for the state.
- Educate state and facility/agency staff.

**Project Director**  Catherine McGuire  
**Funder**  Maine Department of Human Services  
**Annual Budget**  $32,449  
**Duration**  11/1/2001 - 10/31/2002

Quality Measurement in Residential Care

A nationally funded initiative to develop quality measures for vulnerable individuals living in assisted living facilities (ALFs) and residential care facilities (RCFs) with Maine serving as the model.

**Activities**
- Refine and test quality improvement protocols.
- Develop prototype report cards and quality indicator reports.
- Develop case mix classification system.

**Project Director**  Julie Fralich  
**Funder**  Agency for Healthcare Research and Quality through the University of Texas A&M Health Science Center.  
**Annual Budget**  $99,932  
**Duration**  10/1/2001 - 9/30/2002
Assessment of the Southern Rural Access Program

Objective assessment of the Southern Rural Access Program to inform the Robert Wood Johnson Foundation’s decisions concerning future directions for the Program.

Activities
- Collect and review relevant program documents and materials.
- Conduct face to face and telephone interviews with Foundation and National Program Office staff, Program Advisory Committee members and key informants.
- Conduct site visits and interviews with lead agency staff, grantees and policy leaders in eight Southern Rural Access Program states.

Rural Health Research in Progress Database

Dissemination of information about rural health research projects currently being conducted in the United States.

Activities
- Maintain online database of rural health services research projects.
- Promote online database through brochures, annual Research in Progress book, and links with other pertinent websites.
- Produce and disseminate annual publication of ORHP-funded research.

Rural Hospital Flexibility Program

Tracking implementation of Medicare Rural Hospital Flexibility Program.

Activities
- Create a national database of critical access hospitals is maintained by the University of North Carolina as part of this project.
- Conduct case studies of twelve states and 24 CAHs were completed in the first year of the tracking project. Eight more states and 16 more hospitals will be visited in year two.
- Disseminate findings from the project.
The Rural Uninsured

Improved understanding of why rural residents are uninsured and the potential effects of their uninsurance.

**Activities**

- Conduct in-depth review of prior research.
- Analyze the Medical Expenditure Panel Survey for 1996, 1997 and 1998 using collapsed Urban Influence Codes to measure rural uninsurance.

Patterns of Individual Insurance Coverage Among Rural Residents

Improved understanding of the role of the individual insurance market in providing health insurance coverage to rural Americans in order to evaluate policy strategies related to individual plans.

**Activities**


Scope of Practice and Payment Effects on Rural Access to Mental Health Services

To develop an understanding of how state licensure laws for mental health professions may affect the supply of mental health practitioners in rural areas.

**Activities**

- Review the licensure rules and regulations for five core mental health professions in 40 states.
- Conduct key informant interviews with licensing board personnel to confirm findings and identify potential rural issues.
- Complete case studies of six rural states’ to determine the public and private third-party reimbursement policies for each of the core mental health professions.


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