RESEARCH INSTITUTE OF THE
AMERICAN COLLEGE OF CLINICAL PHARMACY

APPLICATION FOR FOCUSED INVESTIGATOR TRAINING (FIT) PROGRAM

Follow instructions carefully.
Type density must be not less than 10 point (15 characters per inch).

1. TITLE OF PROJECT
   Coordinating Care and Reducing Costs: A Hospital Medicare Population Before and After the Formation of a Healthcare System and Insurance Provider Partnership

2. FIT INVESTIGATOR
   Name (Last, first, middle) Lovett, Annesha
   Degree(s): PharmD, MS, PhD
   Position Title: Assistant Professor
   Department, Service, Laboratory, or Equivalent: Pharmacy Practice
   Major Subdivision: College of Pharmacy
   Telephone and Fax (Area code, number, and extension)
   Tel: 678-547-6134 Fax: 678-547-6384 E-mail: lovett_aw@mercer.edu
   Has the FIT Investigator received significant peer-reviewed extramural funding as a principal investigator?
   □ Yes. If yes, _____________________________ Granting Agency ___________________ $ Amount
   X No.
   Investigator Mailing Address (street, city, state, zip code):
   3001 Mercer University Drive, COP Office #138, Atlanta, GA 30341

3. PRINCIPAL MENTOR: Susan W. Miller Professor and Chair
   Name Title

4. TYPE OF AWARD SOUGHT ________ R01 ________ K CAREER DEVELOPMENT ________ OTHER

5. POSSIBLE FUNDING AGENCY __X__ NIH ____________ Other Please Specify _______________________
   Grant Number, Grant Name and Website where application materials are found
   PA-14-044 Mentored Research Scientist Development Award (Parent K01)

6. CATEGORY OF RESEARCH (Used for purposes of assigning investigators to small group and grant proposal groups) Check one.
   _______ BASIC _______ CLINICAL _______ TRANSLATIONAL T-1
   _______ TRANSLATIONAL T-2 _______ X _______ OTHER (SPECIFY Health Services Research)

7. RESEARCH DOMAIN (e.g.: Hematology, Infectious Disease, Pharmacogenetics, Health Outcomes etc)
   PLEASE SPECIFY:
   Health Outcomes

ASSURANCE OF COMPLIANCE

By signing below, I, my Immediate Supervisor/Chair, and Mentor indicate commitment and support for this program application, and acknowledge the resources necessary to fulfill the program requirements, if awarded.

Annesha Lovett
Annesha Lovett, Assistant Professor 3-28-14
Signature, Principal Investigator Print Name/Title Date

Susan W. Miller
Susan Miller, Department Chair 3-28-14
Signature, Immediate Supervisor/Chair Print Name/Title Date

Nader Moniri, Associate Dean for Research 3-25-14
Signature, Mentor Print Name/Title Date
PERSONAL STATEMENT (NOT TO EXCEED ONE PAGE)

The aim of the proposed research is to assess the quality of care provided to Medicare patients one year before and three years after the partnership of a health system and health insurer. A secondary objective is to determine the overall per patient cost of care before and after the partnership of a health system and health insurer. My background as an outcomes researcher has allowed me the opportunity to refine my skills as a contributor on a wide range of research projects, particularly economic and health services research related studies. I have experience working with large datasets, data collection, statistical analysis and application of the various methods of economic evaluation. I have presented seminars on Pharmacoconomics at the Government Accountability Office (GAO) and I have worked as a health care consultant at Florida Medicaid, Grady Hospital, and Atlanta Medical Center. In the past I worked on a project involving Florida Medicaid data which focused on patients with end stage renal disease. The study involved an exploration of cost and resource utilization as the population was comprised of one of Florida Medicaid’s most costly groups of patients. Results were presented at the American Society of Health Systems Pharmacists (ASHP) Annual Meeting. Furthermore, I collaborated on a study to examine the Florida Hospital Association’s dataset which was comprised of financial and utilization information for all licensed hospitals in Florida for fiscal years 2000 – 2004. Findings were presented at the AcademyHealth Annual Meeting and later published in the Journal of Healthcare Management.

Currently, I am the lead researcher on a heart failure related research project at Piedmont Heart Institute. The study involves an examination of patient data in urban and rural settings and includes clinician managed preventive services to patients aligning those services with Healthy People 2020 heart disease goals. My primary research interests are in the analysis of patient health outcomes emphasizing the importance of tracking patients over time. I have lectured in various courses including: Pharmaceutical Outcomes, Quantitative Methods in Pharmacy, and Pharmacy Health Care and Behavior. I also teach the Managed Care elective and Research Design course within the College.

Although I possess broad experience in conducting outcomes and economic studies, I have yet to receive substantial funding for my research. In 2009, I was a recipient of funding to support the completion of my dissertation from the Pharmaceutical Research and Manufacturers of America Foundation. The funding helped me to complete my project and matriculate on time. Once I finished graduate school, I began a career in academia with goals to apply my analytic and medical writing skills. I have written and submitted several grants that have not been funded. I carefully read reviewer comments and adjust my proposals for resubmission, but I cannot deny the value in receiving feedback from experienced senior researchers. Becoming a participant in the ACCP FIT Program will allow for an invaluable experience to learn and refine grant writing techniques. I am interested in learning the best way to address reviewer comments and make revisions to my proposal. I take constructive criticism well and work hard to improve proposals. I also feel that protected time plays an integral role in building a research platform. Specifically, my proposal involves a unique opportunity to examine the impact of a fairly new model. That is, a health system and health insurer partnership developed with an aim to improve care coordination among patients. I am proposing to follow these patients over three years to thoroughly examine the impact of the partnership. To accurately and appropriately track these patients, I will need to spend time linking the data, extracting the data, and analyzing the data. Findings will benefit patients, clinicians and health care decision makers. Furthermore, managed care organizations such as Medicare may benefit as they seek solutions to improve quality and decrease cost.

Applying for and receiving the Mentored Research Scientist Development Award K01 Award will allow me the protected time to focus on this research project, build a database to track patients over time and engage various health care professionals and decision makers in the process. The Award will also support a setting for mentor interaction and advisement, which will be key to the successful completion of my project. Drs. Hong Xiao, Susan Miller and Nader Moniri are key contributors in their respective fields of research/practice. My project cuts across several health disciplines and their input will serve as an excellent guide to my project. As a principal investigator in the completion of this research I am looking forward to participating in a great endeavor.
March 26, 2014

Dear FIT Program Review Committee:

This letter refers to Dr. Annesha Lovett, who is seeking acceptance to the ACCP Research Institute FIT Program July 10-14, 2014.

As Dean of the College of Pharmacy and Vice President for Health Sciences, I have followed Dr. Lovett’s research performance and other participation in teaching and service with care. She has been a strong, steady, and effective faculty member in our program. As required of all faculty in our program, she is pursuing extramural research funding to support her projects. Her proposed research is supported by mentors Dr. Susan Miller and Dr. Nader Moniri, highly regarded in the field of geriatrics and pharmaceutical sciences, respectively. They can be counted on to provide rigorous guidance. I have discussed Dr. Lovett’s proposed research directly with both Dr. Lovett and Drs. Miller and Moniri, and certainly find the inquiry to be meritorious.

It is not possible to predict the course of a research project with precision, but Dr. Lovett’s plan anticipates the work will be completed within the next three years. She has previously completed research according to projected timelines and met goals for presentation and publication of her findings, so this plan seems entirely reasonable.

The Department of Pharmacy Practice does not currently have many faculty with funded NIH grants, while the Department of Pharmaceutical Sciences has obtained several such grants. Our department has 28 full-time faculty members, including Annesha, and their research is supported by a combination of private grants, internal University grants and student training grants. The precise mix of these forms of support varies each year, and faculty are encouraged to pursue NIH grants.

In summary, I strongly advocate for Dr. Lovett’s application for your support. I fully anticipate strong and positive career development in which we will all end up taking some considerable pride. Please give me a call if I can answer specific questions or provide further details.

Sincerely,

H.W. “Ted” Matthews, Ph.D., RPh
Senior Vice President for Health Sciences and
Dean, College of Pharmacy
Mercer University
3001 Mercer University Dr
Atlanta, GA 30341
March 25, 2014

ACCP Research Institute
13000 West 87th St Parkway
Lenexa, KS  66215

Dear FIT Application Reviewers,

It is my pleasure to enthusiastically support Dr. Annesha Lovett’s application for the Focused Investigator Training (FIT) program. Dr. Lovett joined our College as a tenure-track Assistant Professor of Pharmacy Practice in October, 2010. Since that time, Dr. Lovett has contributed to fifteen research presentations and nine peer-reviewed publications. She has served as invited grant reviewer for the Patient Centered Outcomes Research Institute and as an invited manuscript reviewer for numerous journals, in addition to her service on four journal Editorial Boards.

Dr. Lovett’s FIT/K01 project aims to examine the effect that mergers between healthcare institutions and insurance companies have on patient care outcomes and overall costs. This project has the potential for significant results and high impact due to recent legislative efforts, specifically through the Affordable Care Act, which place greater emphasis on improved patient outcomes and reductions in healthcare costs by way of accountable care organizations.

As Associate Dean for Research at the College of Pharmacy, I mentor and work closely with our faculty to develop and procure funding for their research projects. In this capacity, I am excited to serve as a research mentor for Dr. Lovett through all facets of the FIT program, and the eventual submission and execution of her K01 grant. I will meet with Dr. Lovett throughout the program and provide appropriate feedback and necessary assistance towards her execution of the research project.

I am confident that Dr. Lovett will continue to make significant contributions to the College’s future research productivity, and I sincerely hope that she is afforded the opportunity to take part in FIT program. I will fully support her research efforts within and beyond the FIT program, and can provide significant mentorship to ensure that the aims of the grant are accomplished. Please let me know if there are any further questions that I may answer.

Nader H. Moniri, Ph.D.
Associate Dean for Research &
Associate Professor
Mercer University, College of Pharmacy
3001 Mercer University Dr
Atlanta, GA 30341
March 25, 2014

Dear Reviewers,

I am pleased to write this letter of recommendation for Dr. Annesha Lovett, who is applying for the ACCP Focused Investigator Training Program. I have known Dr. Lovett for over 10 years. She was my student when she attended pharmacy school at FAMU and I served as a mentor for her during her completion of the FAMU Masters program in Pharmacoeconomics. After completing her degree she went on to pursue a PhD degree in Health Services Research and I continued to encourage and advise her throughout the program.

Over the last several years I have gained a real respect for Dr. Lovett’s capabilities and dedication to her research. During my interactions with Annesha, she has shown an excellent command of the research issues dealing with patient outcomes and health services research. Dr. Lovett’s dissertation compared Medicare Part D and the Federal Employees Health Benefits Program (FEHBP) with respect to prescription drug plans. The analysis focused on the consumer perspective by examining differences in formulary coverage and co-payments. The research had major policy implications for the design of prescription drug coverage under Medicare, particularly as Medicare rapidly depletes its financial reserves. Results were well written and she had two related manuscripts that were accepted for publication.

Additionally, Dr. Lovett provides insight on topics such as managed care and on a range of plans under Medicare Part D. I have been very impressed with her understanding of the complexities of health insurance programs and health systems. Dr. Lovett has a longstanding interest in outcomes research. She not only has taken several related courses, but now teaches related courses such as Managed Care, Pharmacoeconomics and Research Design. Her proposed research draws on a variety of disciplines and perspectives. It bears on a key health policy issue, and she is collecting important primary data. Moreover, her research reviews possible approaches to improving the quality of care for the Medicare population, a topic related to one of our most pressing public health issues, fragmented care.

With respect to other work, I collaborated with Dr. Lovett on a research project related to humanistic outcomes among students and on her thesis project, with her role being performing a literature review, data collection and cleaning, data analysis and presentation of the work at a conference. The research resulted in a paper entitled, The Economic Burden of End-Stage Renal Disease with Hyperphosphatemia: A Study of Florida Medicaid, which has been published in the journal Disease Management and Health Outcomes.

Dr. Lovett is qualified for the FIT Program. She is motivated and excited about her research. I have no doubt about her completing the research with excellence and then becoming a productive individual in the field of health services research. Although her research is worthwhile, Dr. Lovett has yet to obtain substantial funding to support her research. A strength of Dr. Lovett’s is that she continues to develop partnerships with local physicians and hospitals to facilitate research. The guidance that she may receive through the FIT program is much needed to refine her grant writing skills. I will also serve as a mentor to support her efforts. I will utilize my experiences in health services research and in achieving successful grant funding to provide advice. In summary, I strongly recommend Dr. Lovett for the program. Please let me know if I can provide any additional information. I can be reached by email at hong.xiao@famu.edu or phone at (850)599-3375.

Thank you for your consideration!

Sincerely,

Hong Xiao, PhD
Professor and Director
Division of Economic, Social and Administrative Pharmacy
Florida A&M University
Tallahassee, FL
LETTER OF SUPPORT FROM PRINCIPAL MENTOR (NOT TO EXCEED ONE PAGE)

March 26, 2014

Dear Reviewers,

I am pleased to write this letter of support for Annesha Lovett, Pharm.D, MS, PhD, who is applying for the ACCP Focused Investigator Training Program. Her proposed research project is titled, *Coordinating Care and Reducing Costs: A Hospital Medicare Population Before and After the Formation of a Healthcare System and Insurance Provider Partnership*. Dr. Lovett joined the Mercer faculty in October 2010 and has worked on several small research projects since that time. These projects were not funded, but provided a good foundation for her to refine her research skills. Dr. Lovett also provides lectures and assistance to pharmacy students, residents and hospital clinicians with regard to research design and statistics. Several physicians have commented on how they have benefitted by working with her. She spends time building relationships with various health professionals at local hospitals and helps them to reach their research goals.

Dr. Lovett is definitely capable in carrying out the plans of this project. She is very organized and has completed smaller projects with her research students in the past. She teaches our Research Design and Literature Evaluation course, provides an Advanced Pharmacy Practice Experience in outcomes research, and works with students who choose her Research Elective. Those projects have resulted in several poster presentations and publications. On one particular project *Geriatric Care Coordination*, I worked with Dr. Lovett and her research student. We developed a timeline for completion and met on a regular basis to move the project forward. The study is now published. My clinical experience is in the area of geriatrics and I can serve as a mentor for Dr. Lovett’s project from this aspect.

Dr. Lovett’s current proposal bears on a key issue for the U.S. health care system in that her project aims to examine the effect that mergers between healthcare institutions and insurance companies have on patient care outcomes and overall costs. With the current changes in the health care system and reimbursement issues, healthcare institutions are examining overall costs as well as care coordination and readmission rates.

As a tenure track faculty member, Dr. Lovett’s assigned workload is 50% research/scholarship, 25% teaching, and 25% service; however, the Department Chair can make adjustments in a faculty member’s workload if necessary when the faculty member achieves extramural funding for their research. If Dr. Lovett’s effort for this project requires greater than 50% of her workload, I am able to make adjustments so that she can successfully complete the project. I strongly support Dr. Lovett’s participation in the ACCP FIT Program and appreciate your consideration of her application.

Sincerely,

Susan W. Miller

Susan W. Miller, PharmD
Professor and Chair
Department of Pharmacy Practice
Mercer University College of Pharmacy
Nondisclosure Agreement

In order to fully participate in the Focused Investigator Training (FIT) Program, I will receive information ("Information") that is proprietary to investigator attendees and participants and should be considered confidential.

I agree to keep confidential the information that I will receive regarding the grant proposals, including, but not limited to any written or verbal communications, any written documents, or any other material that I will receive from ACCP or other attendees in conjunction to the FIT Program. This obligation of confidentiality does not include information which, at the time of disclosure to me, (a) is published, known publicly, or is already in the public domain; (b) is published or becomes known publicly through no fault of my own; (c) is already known by me as evidenced by written records; or (d) is disclosed to me by someone other than ACCP who is not under any obligation of confidentiality.

This agreement shall commence on the day it is executed by me and shall expire at the end of one year from the date of its execution.

Annesha Lovett

_____________________________________________________________________________________
Investigator's name

Annesha Lovett

_____________________________________________________________________________________
Investigator's signature

3-28-14

Date

Please sign and return electronically to:

Carla Scarborough
cscarborough@accp.com
FIT Program Application Checklist.

Investigators will submit applications electronically. Only electronic applications will be considered; paper submissions will not be accepted. Applications will not be considered until all of the components listed below are received in electronic format.

- Application for Focused Investigator Training (FIT) Program, with Signatures
- A personal statement explaining why you wish to participate in this FIT Program
- A letter of support from the investigator’s Immediate Supervisor/Chair in support of the application for this FIT Program
- A letter of support from principal local mentor
- Signed, Nondisclosure Agreement
- Project Summary & Relevance
- Budget
- Organizational Resources (optional for FIT application)
- Biographical Sketches: Investigator, Mentor, & other key personnel
- Research Plan for grant proposal you intend to work on during the FIT Program
- Supplemental Candidate Information for Career Development Award (K-Award) Applicants Only

Incomplete applications will not be accepted. The deadline for receipt of electronic applications is March 31, 2014.
PROJECT SUMMARY:
There has been a recent trend toward increasing merger and acquisition among hospitals and other organizations. Currently, there is controversy over whether the trend is good or bad. This research aims to explore patient outcomes related to this trend by examining patient hospital and health insurance data before and after the formation of a healthcare system and insurance provider partnership. Piedmont Healthcare has plans to partner with a health insurer in 2014 with goals to transition from “fee-based” to “value-based” care. This decision is aligned with the large number of newly developed accountable care organizations which are increasing in number and importance across the United States. An Accountable Care Organization (ACO) is a group of health care providers and/or suppliers of services (e.g., hospitals, doctors, clinicians, health care organizations, insurers) that work together to coordinate health care for their patients, and are envisioned to improve overall patient health and health care while reducing cost, producing a less fragmented, more streamlined method of health care delivery. As part of the Affordable Care Act, the Centers for Medicare & Medicaid Services (CMS) was authorized to develop new ways of partnering ACOs with care providers to improve the health of Medicare recipients via new payment models; one is the Medicare Shared Savings Program for Accountable Care Organizations (ACOs). This policy states that any reductions in cost will be shared with Medicare, depending on the quality of care delivered, as well as any losses.

Under the current system, providers are rewarded on a fee-for-service basis (i.e. the volume of tests run, visits made, or beds filled determine payment). Under the new voluntary Medicare Shared Savings Program, in addition to receiving fee-for-service payments, providers and suppliers of services can join an ACO network to furnish seamless care to their Original Medicare patients. Each ACO will have standards set by CMS, against which ACO performance is measured to determine if savings or losses should result. In exchange for keeping costs down and patient satisfaction/health up, a percentage of the savings will be shared with Medicare based on 33 measures of quality, categorized into four groups: patient experience, preventative health, care coordination and patient safety, and at-risk populations. Various models have been developed to encourage accountable care, decrease fragmentation and improve patient outcomes.

RELEVANCE:
Using administrative claims data or clinical data separately to evaluate quality can be effective, but combining the two can strengthen results and decrease bias. In most hospital systems, questions and concerns surround the idea of moving from fragmented patient care to coordinated patient care. A health system and health insurer partnership provides a unique environment under which, these concerns can be addressed. The purpose of this project is to assess the quality of care provided to Medicare patients one year before and three years after the partnership of a health system and health insurer, which was developed based on an ACO model. A secondary objective is to determine the overall per patient cost.
Program Director/Principal Investigator (Last, First, Middle): Lovett, Annesha

DETAILED BUDGET FOR INITIAL BUDGET PERIOD
DIRECT COSTS ONLY

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<th>FROM</th>
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<td>07/01/18</td>
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List PERSONNEL (Applicant organization only)
Use Cal, Acad, or Summer to Enter Months Devoted to Project
Enter Dollar Amounts Requested (omit cents) for Salary Requested and Fringe Benefits

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<th>Acad. Mnths</th>
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<td>27</td>
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<td>$207,273</td>
<td>$31,407</td>
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SUBTOTALS

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<th>$207,273</th>
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<th>$238,680</th>
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CONSULTANT COSTS

EQUIPMENT (Itemize)

SUPPLIES (Itemize by category)

TRAVEL
Funding for travel is requested to make presentations at the ISPOR Annual Meeting and the AcademyHealth Annual Research Meeting. The amount requested takes into account fluctuations in the cost of flight, hotel, and conference registration.

$2,500

INPATIENT CARE COSTS

OUTPATIENT CARE COSTS

ALTERATIONS AND RENOVATIONS (Itemize by category)

OTHER EXPENSES (Itemize by category)

Piedmont Hospital Data Access Fee

$15,000

CONSORTIUM/CONTRACTUAL COSTS

DIRECT COSTS

SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD

$ 256,180
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<td>$276,674</td>
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Program Director/Principal Investigator (Last, First, Middle): Lovett, Annesha
ResOURCES (optional for FIT Applications)

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<tr>
<td>Annesha Lovett, Principal Investigator (PI): Salary and Fringe Benefit</td>
<td>3 years</td>
<td>$238,680</td>
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<tr>
<td>The PI plans to devote a minimum of 75% effort on this project. The PI may be involved in additional teaching or research for 25% of the time.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Project timeline: 3 years</td>
<td></td>
<td></td>
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<tr>
<td>Funding for travel is requested to make presentations at the ISPOR Annual Meeting and the AcademyHealth Annual Research Meeting. The amount requested takes into account fluctuations in the cost of flight, hotel, and conference registration.</td>
<td>$2,500</td>
<td>$2,500</td>
</tr>
<tr>
<td>Piedmont Hospital – Data Access/Administrative Fee</td>
<td>Fee for access to medical records</td>
<td>$15,000</td>
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<tr>
<td>This fee was verified through the Piedmont Institutional Review Board and covers the hospital’s administrative time to access patient medical records within the Piedmont Health System.</td>
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<tr>
<td>The Piedmont Health System consists of the Piedmont Heart Institute (PHI) and Piedmont Medical Care Corporation (PMCC). The dataset located at Piedmont Heart Institute includes electronic medical records. These records will be accessed through Sharon Nieb who facilitates the conduct of research between Mercer University and Piedmont Hospital. During previous meetings with Mrs. Nieb and hospital staff, it was determined that several variables needed for the analysis cannot be retrieved from the PHI electronic medical record as indicated on the data collection sheet. Those variables will need to be retrieved from the PMCC hospital records. To collect data Mrs. Nieb will coordinate a visit to PHI and to each of the four PMCC hospitals.</td>
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<td>Once we arrive at PHI and later at the 4 hospitals, an IT representative will meet with us to extract the data. In order to ensure adherence to HIPPA and patient privacy rights, the IT representative will de-identify the data so that the PI will not know the true identity of each patient. Previous meetings have been held with Mrs. Nieb and the IT representative to confirm participation in the data extraction process. The IT representative will use the inclusion criteria to select patients meeting the criteria. Once the patients have been selected, data will be gathered with regard to the variables listed on the data collection sheet. Before the data is transferred to the PI, a unique identifier will be assigned to each patient to ensure that the data is de-identified.</td>
<td></td>
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<td>Indirect Costs: Mercer University Overhead Fee 8%</td>
<td>F&amp;A Costs 8%</td>
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<tr>
<td>Computer: The Mercer University College of Pharmacy has a PC-based network with 1.3 gigabytes of memory and backup is performed on a routine basis.</td>
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<td>Office: There is an office available at all times on the campus of Mercer University to be used for meetings or for data collection purposes. The office is equipped with Windows XP program on two pentium computers.</td>
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<tr>
<td>Major Equipment: The Mercer University College of Pharmacy is completely equipped with information processing technology, including more than 100 microcomputers linked on a LAN network. Software including the latest MS Office Suite including MS Access and statistical software (e.g. SAS, SPSS) are available.</td>
<td></td>
<td></td>
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<tr>
<td>Total</td>
<td></td>
<td>$276,674</td>
</tr>
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BIOGRAPHICAL SKETCH

Provide the following information for yourself, your mentor, and other key investigators. Follow this format for each person. DO NOT EXCEED FOUR PAGES EACH.

NAME
Annesha White Lovett, PhD

POSITION TITLE
Assistant Professor

eRA COMMONS USER NAME (credential, e.g., agency login)
Whiteann

EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable.)

<table>
<thead>
<tr>
<th>INSTITUTION AND LOCATION</th>
<th>DEGREE</th>
<th>MM/YY</th>
<th>FIELD OF STUDY</th>
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<tr>
<td>Florida A&amp;M University</td>
<td>PharmD</td>
<td>2001</td>
<td>Pharmacy</td>
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<td>Florida A&amp;M University</td>
<td>MS</td>
<td>2003</td>
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<td>University of Florida</td>
<td>PhD</td>
<td>2010</td>
<td>Health Services Research</td>
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NOTE: The Each Biographical Sketch may not exceed four pages. Follow the formats and instructions below. A sample sketch may be reviewed at http://grants.nih.gov/grants/funding/phs398/phs398.html

A. Personal Statement
The aim of the proposed research is to assess the quality of care provided to Medicare patients one year before and three years after the partnership of a hospital and health insurer. A secondary objective is to determine the overall per patient cost of care before and after the partnership of a hospital and health insurer. My background as an outcomes researcher has allowed me the opportunity to refine my skills as a contributor on a wide range of research projects, particularly economic studies. I have experience working with large datasets, data collection, statistical analysis and application of the various methods of economic evaluation. I have presented seminars on Pharmacoeconomics at the Government Accountability Office (GAO) and I have worked as a health care consultant at Florida Medicaid, Grady Hospital, and Atlanta Medical Center. In the past I worked on a project involving Florida Medicaid data which focused on patients with cardiovascular disease. The study involved an exploration of the relationship between disparities in health care utilization and disparities in cardiac health outcomes. Results were presented at the American Society of Health Systems Pharmacists (ASHP) Annual Meeting. Currently, I am the lead researcher on a heart failure related research project at Piedmont Hospital. The study involves an examination of patient data in urban and rural settings and includes clinician managed preventive services to patients aligning those services with Healthy People 2020 heart disease related goals. My primary research interests are in the linkages between costs and outcomes. I believe the broad experience that I possess in conducting outcomes and economic studies has resulted in a great partnership with clinicians at Piedmont hospital. As a principal investigator in the completion of this research I am looking forward to participating in a great endeavor.

B. Positions and Honors

Positions
1999-2001 Intern, Walgreens, Tallahassee, FL
Summer 2001 Intern, Genzyme Pharmaceuticals/Agency for Healthcare Administration, Tallahassee, FL
2001-2003 Teaching Assistant, College of Pharmacy, Florida A&M University, Tallahassee, FL
2001-2003 Research Assistant, College of Pharmacy, Florida A&M University, Tallahassee, FL
Summer 2002 Health Policy Analyst, Government Accountability Office (GAO), Washington, DC
2003-2005 Teaching Assistant, College of Pharmacy, University of Florida, Gainesville, FL
Summer 2005 Intern, Wyeth Pharmaceuticals, Collegeville, PA
2004-2010 Research Assistant, College of Pharmacy/Public Health, University of Florida, Gainesville, FL
2010- Assistant Professor, College of Pharmacy, Mercer University, Atlanta, GA

Professional Memberships and Activities
1999- Member, American Society of Health-System Pharmacists
2000  Member, Florida Society of Health System Pharmacists Organizational Affairs Council
2001-  Member, International Society for Pharmacoeconomics and Outcomes Research (ISPOR)
2002-2000  President, Florida A&M University ISPOR
2002-2003  Member, Medication Compliance Committee ISPOR
2002-2003  Judge, Posters at the 7th and 8th ISPOR International Meeting
2002-2007  Editor, ISPOR Student Newsletter
2003-  Member, American Pharmacists Association
2003-  Peer Reviewer, Journal of Managed Care Pharmacy
2004-2005  Editor, Association of Black Health-System Pharmacists Newsletter
2005-2006  President, University of Florida ISPOR
2006-2007  Member, ISPOR Fellowship Standards Committee
2006-2007  Chair, ISPOR Student Network
2006-2007  Peer Reviewer, Abstracts for the ISPOR 12th Annual Meeting
2007-  Member, Academyhealth
2010-  Member of American Association of Colleges of Pharmacy
2011-  Judge, Academy of Managed Care Pharmacy Student Competition
2011-  Peer Reviewer of Abstracts for the AACP Annual Meetings
2011  Book Review Marie A. Chisholm-Burns et al, Pharmacy Management, Leadership, Marketing and Finance, Jones & Bartlett Learning
2012-  Advisor ISPOR Mercer Student Chapter
2012-  Peer Reviewer-American Health and Drug Benefits
2012-  Peer Reviewer-Jones & Bartlett Learning Textbooks
2013  Book Review Navarro R. Managed Care Pharmacy Practice, 2nd ed. Jones and Bartlett Publishers
2013  Grant Reviewer, Patient Centered Outcomes Research Institute (PCORI)
2013  Editorial Board Member Journal of Pharmaceutics and Pharmacology
2013  Editorial Board Member Universal Journal of Public Health, Horizon Research Publishing
2014  Peer Reviewer, Abstracts for the ISPOR 19th Annual Meeting
2014  Editorial Board Member Medicine

Honors and Awards
1999  Who’s Who Among Students in American Universities & Colleges
1999-2001  Golden Key Nat’l Honor Society
1999-2001  Alpha Kappa Mu Honor Society
2000  South Florida Society of Health-System Pharmacists Student Achievement Award
2000  Association of Black Health-System Pharmacists Student Achievement Award
2000  All American Academic Award
2000  Florida Society of Health-System Pharmacists Student Scholarship Award
2000  National Minority Leadership Award
2001  The National Dean’s List
2003  Florida A&M University Leadership Award
2003  ISPOR Distinguished Service Award
2003  Florida A&M University Graduate Student Teaching Award
2003  Florida A&M University Graduate Student Research Award
2006  ISPOR Distinguished Service Award
2003-06  University of Florida (UF) Alumni Fellowship
2007  ISPOR Distinguished Service Award
2008  Shands at University of Florida Auxiliary Scholarship
2008  UF Institute for Learning in Retirement Award for Graduate Aging Research
2009  PhRMA Foundation Pre-doctoral Fellowship in Health Outcomes
2011  Marquis Who’s Who in Medicine and Healthcare

C. Selected Peer-reviewed Publications


D. Research Support

**Ongoing Research Support**

<table>
<thead>
<tr>
<th>Baxter Healthcare Corporation</th>
<th>07/2012 – 03/2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Evaluation of Efficacy and Safety of Premixed Parenteral Nutrition versus Customized Parenteral Nutrition in a Large Teaching Hospital</em></td>
<td></td>
</tr>
<tr>
<td>The primary objective of this study was to examine whether commercial, premixed formulations are as safe and efficacious as compounded, customized PN solutions at a large, metropolitan, teaching hospital. The secondary objective was to examine the costs associated with customized PN solutions and formulations.</td>
<td></td>
</tr>
<tr>
<td>Role: Consultant</td>
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**Completed Research Support**

<table>
<thead>
<tr>
<th>Center for the Advancement of Teaching and Learning, Mercer University</th>
<th>07/2011 – 07/2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Using Film to Teach in Pharmacy Education</em></td>
<td></td>
</tr>
<tr>
<td>The objective of this study is to evaluate students' perceptions of the effectiveness of using films to teach in pharmacy education.</td>
<td></td>
</tr>
<tr>
<td>Role: Co-Investigator</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pharmaceutical Research and Manufacturers of America Foundation</th>
<th>08/2009 – 08/2010</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Comparing Prescription Drug Coverage between Medicare Part D and the Federal Employees Health Benefits Program</em></td>
<td></td>
</tr>
<tr>
<td>The objective of this study was to compare Medicare Part D and the Federal Employees Health Benefits program with respect to prescription drug plans. The analysis focused on the consumer perspective by examining differences in drug coverage and cost sharing.</td>
<td></td>
</tr>
<tr>
<td>Role: PI</td>
<td></td>
</tr>
</tbody>
</table>
BIOGRAPHICAL SKETCH

Provide the following information for the key personnel and other significant contributors. Follow this format for each person. DO NOT EXCEED FOUR PAGES.

<table>
<thead>
<tr>
<th>NAME</th>
<th>POSITION TITLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hong Xiao</td>
<td>Professor and Division Director</td>
</tr>
</tbody>
</table>

**eRA COMMONS USER NAME**

hongxiao

**EDUCATION/TRAINING** *(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)*

<table>
<thead>
<tr>
<th>INSTITUTION AND LOCATION</th>
<th>DEGREE (if applicable)</th>
<th>YEAR(S)</th>
<th>FIELD OF STUDY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peking University (formerly Beijing Medical University), China</td>
<td>BS Pharm</td>
<td>1985-1990</td>
<td>Pharmacy</td>
</tr>
<tr>
<td>University of Iowa, Iowa City, Iowa, USA</td>
<td>PhD</td>
<td>1993-1997</td>
<td>Pharmaceutical Socioeconomics</td>
</tr>
<tr>
<td>Environmental Systems Research Institute, Inc (ESRI), New York, NY (training site)</td>
<td>Certificate</td>
<td>May 10-14, 2004</td>
<td>ArcView GIS</td>
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<tr>
<td>Center for Research on Minority Health, MD Anderson, Houston, TX</td>
<td>Certificate</td>
<td>June 24-30, 2006</td>
<td>Health Disparity in America</td>
</tr>
<tr>
<td>TerraSeer, Inc. Ann Arbor, Michigan</td>
<td>Certificate</td>
<td>October 21-22, 2010</td>
<td>Space-Time Analysis of Health Data</td>
</tr>
<tr>
<td>Agency for Healthcare Research and Quality, Rockville MD</td>
<td>Certificate</td>
<td>September 20, 2011</td>
<td>Eliminating Health Disparities through Community-Based Research</td>
</tr>
<tr>
<td>Environmental Systems Research Institute, Inc (ESRI), Tallahassee, FL</td>
<td>Certificate</td>
<td>October 13, 2011</td>
<td>Extend the Reach of Your GIS</td>
</tr>
<tr>
<td>Environmental Systems Research Institute, Inc (ESRI), New York, NY</td>
<td>Certificate</td>
<td>March 19-23, 2012</td>
<td>ArcGIS I &amp; II</td>
</tr>
<tr>
<td>Measurement, Design and Analysis Methods for Health Outcomes Research</td>
<td>Certificate</td>
<td>August 19-21, 2013</td>
<td>Harvard School of Public Health</td>
</tr>
</tbody>
</table>

**A. Personal Statement**

I have been conducting independent research using GIS software since 2004 to analyze and interpret racial and geographical disparities in health outcomes related to prostate cancer. My current research funded by American Cancer Society (ACS) is to analyze geographical and temporal patterns of prostate cancer late-stage diagnosis and mortality as well as racial disparities in these outcomes using multilevel modeling and innovative geostatistical methods. As a mentor on this project, I will provide scientific, administrative, and fiscal leadership and advice on the management of the project. I will communicate regularly by email, phone and in-person with the research team who are located at other institutions. This team consists of the same members who have collaborated with me on previous projects. We successfully used research methods on communication and routine interactions and this established relationship will facilitate the conduct of the proposed project. I have 18 years of experience in large data base analysis. Databases used include Medicaid Claims Data, Medical Expenditure Panel Survey (MEPS), Nationwide Inpatient Sample (NIS), the Florida Hospital Discharge data and the Florida Cancer Registry data.
### B. Positions and Honors

#### Positions and Employment

<table>
<thead>
<tr>
<th>Date</th>
<th>Position</th>
<th>Institution</th>
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<tbody>
<tr>
<td>03/1990 --- 06/1990</td>
<td>Pharmacy Intern</td>
<td>Beijing Union Hospital, Department of Pharmacy</td>
</tr>
<tr>
<td>07/1990 --- 07/1992</td>
<td>Lecturer</td>
<td>Peking University College of Pharmacy</td>
</tr>
<tr>
<td>08/1992 --- 07/1993</td>
<td>Research Assistant</td>
<td>University of Illinois at Chicago College of Pharmacy</td>
</tr>
<tr>
<td>07/1993 --- 12/1997</td>
<td>Teaching Assistant</td>
<td>University of Iowa College of Pharmacy</td>
</tr>
<tr>
<td>01/1998 --- 07/2003</td>
<td>Assistant Professor</td>
<td>Florida A&amp;M University College of Pharmacy</td>
</tr>
<tr>
<td>08/2003 --- 08/2010</td>
<td>Associate Professor</td>
<td>Florida A&amp;M University College of Pharmacy</td>
</tr>
<tr>
<td>01/2004 --- 12/2007</td>
<td>Research Faculty</td>
<td>Center for Minority Prostate Cancer Training and Research, Florida A&amp;M University</td>
</tr>
<tr>
<td>01/2006 --- 12/2006</td>
<td>Acting Director</td>
<td>Division of Economic, Social and Admin Pharmacy, College of Pharmacy, Florida A&amp;M University</td>
</tr>
<tr>
<td>07/2008 --- 10/2009</td>
<td>Interim Director</td>
<td>Division of Economic, Social and Admin Pharmacy, College of Pharmacy, Florida A&amp;M University</td>
</tr>
<tr>
<td>10/2009 --- present</td>
<td>Director</td>
<td>Division of Economic, Social and Admin Pharmacy, College of Pharmacy, Florida A&amp;M University</td>
</tr>
<tr>
<td>08/2010 --- present</td>
<td>Professor</td>
<td>Division of Economic, Social and Admin Pharmacy, College of Pharmacy, Florida A&amp;M University</td>
</tr>
</tbody>
</table>

#### Honors and Professional Memberships
- Florida A&M University Research Excellence Award, 2012
- Florida A&M University and Harvard School of Public Health Project CHOICE Award, 2006-2007
- Faculty Research Award, 2002-2003
- AACR-HBCU Faculty Scholar Award, April 2002
- Member, American Association for Cancer Research
- Faculty Development Fund, Centers of Excellence and Eli Lilly Company
- 2001 Centers of Excellence Research Mentor Appreciation Award
- Teacher of the Year, Division of Economic, Social & Administrative Pharmacy, Florida A&M, 1999-2000; 2003-04
- Rho Chi Honor Society, The University of Iowa, 1994
- Member, American Association for Cancer Research
- Member, Health Academy
- Member, American Association of Colleges of Pharmacy
- Member, International Society for Pharmacoeconomics and Outcomes Research

### C. Selected Publications (in chronological order)

D. Research Support

Ongoing Research Support

- **American Cancer Society (ACS)**
  - **Research Scholar Grant RSGT-10-082-01-CPHPS**
  - **$600,000**
  - **01/01/2010-03/31/2014**
  - **3.6 calendar**
  - **Prostate Cancer: the where, when and why of racial disparities**

The research is to examine patterns of prostate cancer late-stage diagnosis and mortality across the State of Florida and over a 25 year period. Putative factors responsible for the geographic and ethnic disparities, as well as the temporal changes in cancer incidence will be investigated.

**Role:** PI

- **AHRQ**
  - **R24 HS019658 (PI: Huang)**
  - **$1,000,000**
  - **09/01/2010-09/30/2013**
  - **1.2 calendar**
  - **Expansion Research Capability to Study Comparative Effectiveness in Complex Patients**

The major goals of this project are to link statewide cancer registry with medical records in two major hospital systems to enhance cancer data and to increase the scope of research to reduce the morbidity and mortality due to cancer and other co-morbidities.

**Role:** Co-Investigator (Co-PI of pilot study using the linked dataset)

Completed Research Support

1. **DAMD17-PC03-CPA (PI: Odedina)**
   - Department of Defense
Pilot Study: Towards Understanding of the Disparity in Prostate Cancer among African-Americans: Racial/ethnic differences in risk and protective factors in the State of Florida
07/2004-12/2005
This study is to identify factors associated with prostate cancer incidence and mortality for Florida men using GIS and multilevel modeling.
Role: PI for pilot study

2. P20MD000501 (PI: Harris)
The Florida A&M University and Harvard School of Public Health received an award from the National Institutes of Health (NIH)-National Center for Minority Health and Health Disparities (NCMHD) to create the Center for Health Options and Innovative Community Empowerment (CHOICE)
Exploratory Study: Treatment patterns for localized prostate cancer in the State of Florida
09/2007-08/2008
To examine treatment patterns of localized prostate cancer in Florida during 1996-2005 using the Florida Cancer Registry Data.
Role: PI for exploratory study

3. Florida Department of Health: Training grant in epidemiological studies
01/2007-05/2008
To train graduate students in conducting epidemiological studies using secondary data
Role: PI

4. FAMU Faculty Research Award Program (FRAP)
07/2002-06/2003 Patient satisfaction and self-related health status using MEPS data
To examine the relationship between patient satisfaction with access to and quality of care and their self-reported health status.
Role: PI

5. American Association of Colleges of Pharmacy New Investigator
01/2001-12/2001
Organ Transplantation among various Racial/Ethnic Groups using HCUP-NIS data
To investigate heart, lung, kidney and liver transplantation in African American, Hispanic, Asian and Caucasian populations.
Role: PI
BIOGRAPHICAL SKETCH
Provide the following information for yourself, your mentor, and other key investigators.
Follow this format for each person. DO NOT EXCEED FOUR PAGES EACH.

NAME
Nader H. Moniri

POSITION TITLE
Associate Dean for Research and Associate Professor

eRA COMMONS USER NAME (credential, e.g., agency login)
NMONIRI

EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable.)

<table>
<thead>
<tr>
<th>INSTITUTION AND LOCATION</th>
<th>DEGREE (if applicable)</th>
<th>MM/YY</th>
<th>FIELD OF STUDY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Georgia State University, Atlanta, GA</td>
<td>B.S.</td>
<td>1997</td>
<td>Biology/Chemistry</td>
</tr>
<tr>
<td>University of North Carolina at Chapel Hill, Chapel Hill, NC</td>
<td>Ph.D.</td>
<td>2004</td>
<td>Pharmacology, Medicinal Chemistry</td>
</tr>
<tr>
<td>Duke University Medical Center, Durham, NC</td>
<td>Post-Doc.</td>
<td>2004-2005</td>
<td>Pharmacology</td>
</tr>
</tbody>
</table>

A. Personal Statement
My laboratory has two major projects, both of which focus on molecular pharmacology and biochemistry of G protein-coupled receptors (GPCRs). I have extensive training in biochemical pharmacology of GPCRs, including training in medicinal chemistry and development of novel pharmaceutical agents that target this family of receptors. This training has included studies on the histamine H1, β2-adrenergic, α1-adrenergic, as well as free fatty acid family of receptors. While I spend a significant amount of my time (ca. 40%) on teaching activities, I have an active research program with demonstrated record of independent accomplishment, and have trained numerous graduate as well as undergraduate and high school students. One area of focus of my lab centers on studying the mechanisms of regulation of the free fatty acid receptor-4 (FFAR4), also known as GPR120. This effort seeks to better understand the role that phosphorylation plays in modulating the antidiabetic and anti-inflammatory effects of FFAR4. The second area of focus of my lab centers on characterizing the role of reactive oxygen species (ROS) on the function of the β2-adrenergic receptor. This project seeks to shed light on the relatively recent paradigm of GPCR signaling to, and regulation by, ROS.

B. Positions and Honors

Employment
1996-1997 Teaching Assistant, Department of Biology, Georgia State University, Atlanta, GA.
1999-2004 Teaching Assistant, Division of Medicinal Chemistry, School of Pharmacy, University of North Carolina at Chapel Hill, Chapel Hill, NC.
2000-2004 Research Assistant, Division of Medicinal Chemistry, School of Pharmacy, University of North Carolina at Chapel Hill, Chapel Hill, NC.
2004-2005 Post-Doctoral Fellow, Departments of Surgery, Pharmacology and Cancer Biology, Duke University Medical Center, Durham, NC.
2005-2006 Senior Scientist, Department of Biochemistry and Molecular Pharmacology, Neurogen Corporation, Branford, CT.
7/2006-6/2012 Assistant Professor (tenure-track), Department of Pharmaceutical Sciences, College of Pharmacy and Health Sciences, Mercer University, Atlanta, GA.
7/2012- Present Associate Professor with tenure, Department of Pharmaceutical Sciences, College of Pharmacy, Mercer University, Atlanta, GA.
1/2014- Present Associate Dean for Research, College of Pharmacy, Mercer University, Atlanta, GA.

Honors
2005 Invited Lecturer, School of Pharmacy, University of North Carolina at Chapel Hill, Chapel Hill, NC.
2007 New Professor Recognition Award, 2006-2007, Rho Chi Honor Society, Mercer University Chapter
2008 Elected Graduation Marshall, Class of 2008, Mercer University College of Pharmacy and Health Sciences
2008 Teacher of the Year Award, 2007-2008, Rho Chi Honor Society, Mercer University Chapter
2009 Elected Graduation Hooder, Class of 2009, Mercer University College of Pharmacy and Health Sciences
C. Selected Peer-reviewed Publications


12. Burns RN and Moniri NH*. Agonism with the omega-3 fatty acids alpha-linolenic acid and docosahexaenoic acid mediates phosphorylation of both the short and long isoforms of the human GPR120 receptor. *Biochim Biophys Res Commun*, 396: 1030-1035, 2010. PMID: 20471368


**D. Research Support**

**Ongoing:**
NIH/NIDDK (1R15DK098730), 03/01/2013-02/29/2016
The role of phosphorylation in regulating the antidiabetic effects of O3FAR1.
The major goal of this project is to fully elucidate the involvement of receptor phosphorylation on regulation of the antidiabetic effects of O3FAR1.
Role: Principal Investigator
Priority score = 10

**Completed:**
Mercer University Seed Grant, 07/01/2012 – 06/30/2013
Omega-3 fatty acid receptor-1 expression and function in the lung.
The major goal of this proposal is to characterize O3FAR1 expression and function in human lung cells.
Role: Principal Investigator

Mercer University Seed Grant, 07/01/2011 – 06/30/2012
The role of ROS on β2-adrenergic receptor-mediated ERK1/2 activation.
The major goal of this proposal is to elucidate the role of ROS on β2-adrenergic receptor-mediated ERK1/2 signaling.
Role: Principal Investigator

Diabetes Action Research and Education Foundation, 01/01/2011 – 12/31/2011
Uncovering the molecular mechanisms involved in GPR120-mediated GLP-1 secretion.
The major goal of this study is to elucidate the signal transduction cascades involved in GPR120-mediated GLP-1 secretion.
Role: Principal Investigator

American Foundation for Pharmaceutical Education, 08/01/2010 – 07/31/2011
GPR120 intracellular signaling.
The major goal of this project is to assess intracellular signaling of GPR120.
Role: Principal Investigator, (Pre-doctoral fellowship awarded to Rebecca L. Burns, PharmD/PhD student)

Mercer University Seed Grant, 07/01/2010 – 06/30/2011
Localization of β2-Adrenergic receptor oxidation sites
The major goal of this proposal is to elucidate the sites of β2-adrenergic receptor oxidation.
Role: Principal Investigator

Diabetes Action Research and Education Foundation, 01/01/2010 – 12/31/2010
In vivo analysis of the role of omega-3 fatty acids in regulation of GPR120 expression.
The major goal of this study is to examine the role of various omega-3 fatty acids in expression of GPR120 protein in rats.
Role: Principal Investigator

American Foundation for Pharmaceutical Education, 08/01/2009 – 07/31/2010
GPR120 intracellular signaling.
The major goal of this project is to assess intracellular signaling of GPR120.
Role: Principal Investigator, (Pre-doctoral fellowship awarded to Rebecca L. Burns, PharmD/PhD student)

Mercer University Seed Grant, 07/01/2009 – 06/30/2010
GPR120-mediated ERK1/2 phosphorylation.
The major goal of this proposal is to elucidate free fatty acid efficacy and potency with respect to GPR120-mediated ERK1/2 activation.
Role: Principal Investigator

American Association of Colleges of Pharmacy, New Investigators Award, 01/01/2009 – 12/31/2009
β2-receptor mediated ROS generation.
The major goal of this is to identify the NADPH oxidase isoforms expressed in HEK293 cells and to begin to assess their role in β2-receptor mediated ROS generation.
Role: Principal Investigator
The role of omega-3 fatty acids in regulation of GPR120 expression.
The major goal of this study is to examine the role of various omega-3 fatty acids in expression of GPR120 mRNA and protein.
Role: Principal Investigator

American Foundation for Pharmaceutical Education, 08/01/2008 – 07/31/2009
GPR120 intracellular signaling.
The major goal of this project is to assess intracellular signaling of GPR120.
Role: Principal Investigator, (Pre-doctoral fellowship awarded to Rebecca L. Burns, PharmD/PhD student)

Mercer University Seed Grant, 07/01/2008 – 06/30/2009
GPR120 desensitization.
The major goal of this proposal is to characterize free fatty acid mediated desensitization of GPR120.
Role: Principal Investigator

Mercer University Biomedical Scholars Training Initiative, 05/01/2008 – 08/31/2008
β2-receptor mediated ROS generation.
The major goal of this project is to begin to characterize molecular mechanisms of β2 adrenergic receptor mediated ROS generation.
Role: Principal Investigator

Solvay Pharmaceuticals Training Grant, 05/01/2008 – 08/31/2008
GPR120-mediated ERK1/2 signaling.
The major goal of this proposal is to elucidate free fatty acid efficacy and potency with respect to GPR120-mediated ERK1/2 activation.
Role: Principal Investigator

Mercer University Seed Grant, 07/01/2007 – 06/30/2008
GPR120-mediated GLP-1 secretion.
The major goal of this proposal is to elucidate free fatty acid efficacy and potency with respect to GPR120-mediated GLP-1 secretion.
Role: Principal Investigator

Solvay Pharmaceuticals Training Grant, 05/01/2007 – 08/31/2007
GPR120-mediated inositol phosphate formation.
The major goal of this proposal is to elucidate free fatty acid efficacy and potency with respect to GPR120-mediated inositol phosphate formation.
Role: Principal Investigator

E. Scholarly Service
Editorial Board Member, Journal of Diabetes Research and Clinical Metabolism
Editorial Board Member, World Journal of Pharmacology
Editorial Board Member, Journal of Pharmaceutics and Pharmacology
Editorial Board Member, Journal of Pharmacology and Clinical Toxicology
Peer Reviewer for Scholarly Journals (Ad hoc)
Currents in Pharmacy Teaching and Learning (since 2014)
American Journal of Pharmaceutical Education (since 2013)
Neuroscience Letters (since 2013)
Expert Opinion on Therapeutic Patents (since 2013)
Bioorganic and Medicinal Chemistry Letters (since 2013)
Pharmacological Research (since 2012)
European Journal of Medicinal Chemistry (since 2010)
Journal of Medicinal Chemistry (since 2009)
Journal of Pharmacology and Experimental Therapeutics (since 2007)
Drug Design, Development, and Therapy (since 2007)
Biochemical Pharmacology (since 2006)
Bioorganic and Medicinal Chemistry (since 2006)
BIOGRAPHICAL SKETCH

Provide the following information for yourself, your mentor, and other key investigators.
Follow this format for each person. DO NOT EXCEED FOUR PAGES EACH.

NAME
Susan W. Miller

POSITION TITLE
Professor and Chair, Department of Pharmacy Practice, Mercer University College of Pharmacy

eRA COMMONS USER NAME (credential, e.g., agency login)

EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable.)

<table>
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<th>FIELD OF STUDY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mercer University Southern School of Pharmacy Atlanta, GA</td>
<td>B.S.</td>
<td>1979</td>
<td>Pharmacy</td>
</tr>
<tr>
<td>Mercer University Southern School of Pharmacy Atlanta, GA</td>
<td>Pharm.D.</td>
<td>1983</td>
<td>Doctor of Pharmacy</td>
</tr>
<tr>
<td>Mercer University Southern School of Pharmacy Atlanta, GA</td>
<td>Certificate</td>
<td>1994</td>
<td>Geriatric Consultant Pharmacy</td>
</tr>
<tr>
<td>American Association of Colleges of Pharmacy, Alexandria, VA</td>
<td>Certificate</td>
<td>2008</td>
<td>Academic Leadership</td>
</tr>
</tbody>
</table>

A. Personal Statement

I am a tenured Professor in the Department of Pharmacy Practice in the College of Pharmacy of Mercer University and I also serve as the Chair for the Department of Pharmacy Practice. I teach and conduct research in the areas of the practice of pharmacy, geriatric pharmacotherapy, senior care pharmacy practice, and medical and professional ethics. I also conduct pedagogical research in areas relevant to pharmacy education. My previous administrative positions at Mercer include Vice-Chair of the Department of Pharmacy Practice for Curriculum, Associate Dean for Administration, Vice-Chair of the Department of Clinical and Administrative Sciences, and Chair of the Curriculum Committee. I am a member of the American Association of Colleges of Pharmacy (AACP), a graduate of the Academic Leadership Fellow Program of AACP, a Fellow in the American Society of Consultant Pharmacists and was among the first group to earn Geriatric Pharmacotherapy Certification by The Commission for Certification in Geriatric Pharmacy. I am also a member of The Rho Chi Society, Phi Lambda Sigma, and Phi Kappa Phi, Kappa Epsilon, the Georgia Pharmacy Association, and the American Society of Health-Systems Pharmacists.

I am frequent presenter at pharmacy and academic meetings and I have authored over 100 publications, including 19 book chapters, 33 original research articles, many poster presentations and numerous continuing education publications. I received over $45,000 in grants as primary investigator and $650,000 in grants as co-investigator. I have received several teaching awards including the Distinguished Educator Award in May, 2003 from the College of Pharmacy of Mercer University. I am a member of the Center for the Advancement of Teaching and Learning at the College of Pharmacy and am involved in mentoring faculty in teaching and learning strategies, as well as curriculum development, implementation, and assessment.

B. Positions and Honors

1994-Present  Professor Department of Pharmacy Practice Mercer University College of Pharmacy, Atlanta, GA

- American Association of Colleges of Pharmacy (AACP) Teacher of the Year – Mercer University College of Pharmacy and Health Sciences 2011
- Most Influential Professor Award-Class of 2005 – 2005 Mercer University Southern School of Pharmacy
- Rho Chi Honor Society Teacher of the Year 2003 – 2004 Mercer University Southern School of Pharmacy
- Distinguished Educator Award Mercer University Southern School of Pharmacy 2003
- Certificate of Contribution to Gerontology Education of Human Service Providers, by Division of Mental Health, Mental Retardation, and Substance Abuse and Georgia State University 1992
- Fellow, American Society of Consultant Pharmacists, 1992 - Present
• American Association of Colleges of Pharmacy (AACP) Teacher of the Year - Mercer University School of Pharmacy 1991
• Outstanding Young Women of America 1985
• Who’s Who in American College and Universities 1979

C. Selected Peer-reviewed Publications

Nykamp DN, Miller SW. Pharmacy student and preceptor perceptions for the first advanced pharmacy practice experience. Currents in Pharmacy Teaching and Learning. 3 (2011) 9-16.


D. Research Support


Miller SW, Walawander C. “Vancomycin Utilization and Costs Associated with Administration in Extended Care Nursing Facilities”, Pharmacia, October, 2000. $45,456, Funded


Research Plan

The **Research Plan** consists of the following items, as applicable. Begin each section of the Research Plan with a section header (e.g., Introduction, Specific Aims, Research Strategy, etc.).

**NOTE**: Specific grant programs may not require each of the following “research plan” sections. FIT investigators are encouraged to include as many as applicable to their specific grant application. Specific Aims, Research Strategy, and Bibliography / Progress Report Publication List are requested* for all FIT Applications.

<table>
<thead>
<tr>
<th>Section</th>
<th>Page #</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Introduction (NIH Resubmission or Revision Applications only, new NIH applications should not include an Introduction unless specified in the FOA)</td>
<td>---</td>
</tr>
<tr>
<td>2. Specific Aims *</td>
<td>28</td>
</tr>
<tr>
<td>3. Research Strategy (Significance, Innovation, and Approach) *</td>
<td>28-31</td>
</tr>
<tr>
<td>4. Inclusion Enrollment Report (Renewal or Revision applications only)</td>
<td>---</td>
</tr>
<tr>
<td>5. Bibliography and References Cited/Progress Report Publication List *</td>
<td>32-33</td>
</tr>
<tr>
<td>6. Protection of Human Subjects</td>
<td>---</td>
</tr>
<tr>
<td>7. Inclusion of Women and Minorities</td>
<td>---</td>
</tr>
<tr>
<td>8. Targeted/Planned Enrollment Table</td>
<td>---</td>
</tr>
<tr>
<td>9. Inclusion of Children</td>
<td>---</td>
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<tr>
<td>10. Vertebrate Animals</td>
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<tr>
<td>11. Select Agent Research</td>
<td>---</td>
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<tr>
<td>12. Multiple PD/PI Leadership Plan</td>
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</tr>
<tr>
<td>13. Consortium/Contractual Arrangements</td>
<td>---</td>
</tr>
<tr>
<td>14. Letters of Support (e.g., Consultants)</td>
<td>34</td>
</tr>
<tr>
<td>15. Resource Sharing Plan (s)</td>
<td>---</td>
</tr>
</tbody>
</table>

**Appendix**

As with NIH applications, applicants are prohibited from using the appendix to circumvent page limits in any section of the application for which a page limit applies.
Specific Aims

The aim of this project is to assess the quality of care provided to Medicare patients one year before and three years after the partnership of a hospital and health insurer. A secondary objective is to determine the overall per patient cost of care before and after the partnership of a hospital and health insurer.

Research Strategy

Significance

There has been a recent trend toward increasing merger and acquisition among hospitals and other organizations. Currently, there is controversy over whether the trend is good or bad. This research aims to explore views and patient outcomes related to this trend by examining patient hospital and health insurance data before and after the formation of a healthcare system and insurance provider partnership. Using administrative claims data or clinical data separately to evaluate quality can be effective, but combining the two can strengthen results and decrease bias. In most hospital systems, questions and concerns surround the idea of moving from fragmented patient care to coordinated patient care. A hospital and health insurer partnership provides a unique environment under which, these concerns can be addressed.

Innovation

Piedmont Healthcare and WellStar Health System, two leaders in the metro-Atlanta healthcare market, have developed a partnership to create the Georgia Health Collaborative, a first of its kind in the state. The new Collaborative will establish services and initiatives focusing on the development of innovative healthcare delivery models, economically aligned physician relationships and the creation of service line cost savings. This partnership is unique in combining health care services provided under a hospital and a health insurer.

The formation of the Collaborative is aligned with the recent surge in the formation of accountable care organizations across the country. An Accountable Care Organization (ACO) is a group of health care providers and/or suppliers of services (e.g., hospitals, doctors, clinicians, health care organizations, insurers) that work together to coordinate health care for their patients, and are envisioned to improve overall patient health and health care while reducing cost, producing a less fragmented, more streamlined method of health care delivery. As part of the Affordable Care Act, the Centers for Medicare & Medicaid Services (CMS) was authorized to develop new ways of partnering ACOs with care providers to improve the health of Medicare recipients via new payment models; one is the Medicare Shared Savings Program for Accountable Care Organizations (ACOs). This policy states that any reductions in cost will be shared with Medicare, depending on the quality of care delivered, as well as any losses. Under the current system, providers are rewarded on a fee-for-service basis (i.e. the volume of tests run, visits made, or beds filled determine payment). Under the new voluntary Medicare Shared Savings Program, in addition to receiving fee-for-service payments, providers and suppliers of services can join an ACO network to furnish seamless care to their Original Medicare patients. Each ACO will have standards set by CMS, against which ACO performance is measured to determine if savings or losses should result. In exchange for keeping costs down and patient satisfaction/health up, a percentage of the savings will be shared with Medicare based on 33 measures of quality, categorized into four groups: patient experience, preventative health, care coordination and patient safety, and at-risk populations. Various models have been developed to encourage accountable care, decrease fragmentation and improve patient outcomes.

The partnership between Piedmont and WellStar allows for the sharing of intellectual knowledge concerning clinical care and cost reductions through economies of scale. The two not-for-profit health systems will through the Collaborative, serve a primary service area population of more than three million across north Georgia. With a combined 2,393 hospital beds, 10 hospitals, seven urgent care centers and more than 700 physicians in the Piedmont Physicians Group, Piedmont Heart Institute, and the WellStar Medical Group, the Collaborative is projected to have a profound impact on the delivery of healthcare services.

Approach

This research will involve the use of existing data from Piedmont Hospital and Wellstar. Medicare patients at Piedmont Hospital enrolled in the health plan who were eligible for the plan at least one year (1 year continuously enrolled will be selected for the dataset). Secondary data on their outcomes will be extracted and a unique identifier will be given to each patient that will not be linked to their true identity. The data will be extracted by the IT Manager at Piedmont Hospital who has already agreed to participate in this study by extracting the data before and after the partnership. The patient
information will be reviewed by only those persons with normal access (the primary investigator), and no patient specific identifiers or linked data will be used in analysis, presentation, or publication of the findings. This study has been approved by both Piedmont Hospital and Mercer University Institutional Review Board.

This study will utilize a pretest-posttest study design to compare patients and measure the degree of change occurring before and after the partnership. During the timeframe of June 30, 2013 to June 30, 2017 the following information will be extracted: patients’ ratings of doctors, patient appointment times, patient use of specialists, readmissions for patients with heart failure, pneumonia, stroke, COPD and all-condition, patient use of medication reconciliation, patient type and number of screenings/immunizations/vaccinations, and patient use of tobacco cessation agents. The quality measures identified in this project are defined by the Medicare Shared Savings Program consisting of the domains: patient caregiver experience, care coordination and preventive health (See Exhibit 1 below).

**Research Questions**

1. Did the partnership result in better patients’ ratings of doctors?
2. Did the partnership result in the patient making more timely appointments?
3. Did the partnership result in greater use of specialists?
4. Did the partnership result in increased medication reconciliation?
5. Did the partnership result in increased screenings?
6. Did the partnership result in increased vaccinations?
7. Did the partnership result in increased use of tobacco cessation agents?
8. Did the partnership result in decreased readmissions for patients with heart failure, pneumonia, stroke, COPD and all-condition readmissions?

**Data Analysis**

Descriptive statistics will be computed for continuous variables expressed as mean, median, standard deviation, and ranges. Discrete variables will be expressed as frequencies and percentages. To compare the baseline characteristics between patients pre and post partnership the χ² will be used for categorical variables (i.e. gender, race, age, income status, geographic location). The exact Fisher test will be used in 2 x 2 tables where the expected frequencies are lower than 5) and the paired t test will be used for quantitative variables. Non parametric tests will be used for those variables that exhibit a non normal distribution. The data will be entered into SPSS 21.0 to analyze to determine whether there are statistically significant differences between Medicare patients before and after the partnership.

To further address the specific aims of this research a binomial distribution will be assumed to examine the outcome of a reduction in the number of readmissions. While results of the bivariate analysis provide a direct comparison of patients before and after the partnership, the possibility remains that there are other variables that may affect the difference in
means. To address this concern, a negative binomial regression analysis will be performed in which the dependent variable is the number of readmissions and the independent variables are gender, race, age, income status, geographic location, education, supplemental insurance status, and partnership status (i.e. pre or post). The independent variables represent factors that may affect the number of readmissions. The number of readmissions per patient at 30 and 60 days in each group will be compared. The incidence rate ratio (IRR) with the corresponding 95% confidence intervals will be calculated to take into account readmissions and adjust for the individual follow-up time of the study. Results with a p value less than .05 will be considered statistically significant.

**Model**

Number of readmissions = f [gender, race, age, income status, geographic location, education, supplemental insurance status, partnership status]

NR = α1G + α2R + α3A + α4IS + α5GL + α6E + α7SI + β1PS + ... + β2PS2 + μ

where (NR) is the number of readmissions, (G) is gender, (R) is race, (A) is age, (IS) is the income status, (GL) is the geographic location, (E) is education, (SI) is supplemental insurance, (PS) is partnership status and (μ) is the error term.

Negative binomial regression was chosen as an appropriate method because the dependent variable is a count of the number of readmissions in a given period of time. Traditional linear regression approaches (OLS) assume a normally distributed outcome variable with equal variances over the range of predictor variables, and may not be optimal for modeling count outcomes. Furthermore, when trying to estimate using OLS, the homoskedasticity assumption may be violated and results may provide negative predictions with biased coefficients.

To examine the second outcome on cost, a cost analysis will be performed to compare the direct costs among patients before and after the partnership between the health system and the health insurer. Actual hospital cost data is not available for analysis, therefore, hospital charges will be used to represent financial burden. Financial charge data for each hospitalization will be obtained from the hospital medical record database. The charge data will be converted into cost data using the cost to charge ratios obtained from the Centers for Medicare and Medicaid Services Acute Inpatient Prospective Payment System. For each hospitalization, the hospital’s total charge will be multiplied by the overall cost-to-charge ratio for the fiscal year in which the hospitalization occurred.

**Data Collection Sheet**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Male=0, female=1</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td>Caucasian=0, African American=1, Hispanic=2, other=3</td>
</tr>
<tr>
<td>Age</td>
<td>&lt;65=0, 65-74=1, 75-84=2, 85+=3</td>
</tr>
<tr>
<td>Income status</td>
<td>Below poverty=0, 100-125% of poverty=1, 125-200% of poverty=2, 200-400% of poverty=3, over 400% of poverty=4</td>
</tr>
<tr>
<td>Geographic location</td>
<td>Patient’s county of residence by zip code will be categorized into urban vs. rural according to definitions developed by the U.S. Department of Agriculture (Urban=0, Rural=1)</td>
</tr>
<tr>
<td>Education</td>
<td>Percentage of high school graduates in the patient’s zipcode area; United Sates Census data used for percentage of graduates</td>
</tr>
<tr>
<td>Supplemental insurance status</td>
<td>Medicare only=0, managed care=1, employer=2, medigap=3, medigap/employer=4, Medicaid=5, other=6</td>
</tr>
<tr>
<td>Total Medicare payments</td>
<td>Inpatient hospital, physician, outpatient hospital, home health, SNF, hospice, prescribed medication</td>
</tr>
<tr>
<td>Percent of beneficiaries using service</td>
<td>Inpatient hospital, physician, outpatient hospital, home health, SNF, hospice</td>
</tr>
<tr>
<td>In-hospital mortality</td>
<td>Esophageal resection, pancreatic resection, CHF, stroke, pneumonia, hip fracture, acute MI, aneurysm (No=0, Yes=1)</td>
</tr>
<tr>
<td>30 day post discharge mortality</td>
<td>Esophageal resection, pancreatic resection, CHF, stroke, pneumonia, hip fracture, acute MI, aneurysm (No=0, Yes=1)</td>
</tr>
<tr>
<td>Ambulatory care quality indicators</td>
<td>Anemia, CAD, cancer, CHF, COPD, depression, diabetes, hypertension, stroke (No=0, Yes=1)</td>
</tr>
<tr>
<td>Patient safety indicator</td>
<td>Postoperative PE or DVT, postoperative respiratory failure (No=0, Yes=1)</td>
</tr>
<tr>
<td>Spending on prescription drugs by premium, copay, coinsurance</td>
<td>Brand vs. generic</td>
</tr>
<tr>
<td>Ratings</td>
<td>Patients' ratings of doctors</td>
</tr>
<tr>
<td>-----------------</td>
<td>------------------------------</td>
</tr>
<tr>
<td>Appointments</td>
<td>Is the patient making timely appointments? (No=0, Yes=1)</td>
</tr>
<tr>
<td>Specialists</td>
<td>Patient use of specialists (type, number, date)</td>
</tr>
<tr>
<td>Readmissions1</td>
<td>Was the patient readmitted within the last year with heart failure? (No=0, Yes=1)</td>
</tr>
<tr>
<td>Readmissions2</td>
<td>Was the patient readmitted within the last year with pneumonia? (No=0, Yes=1)</td>
</tr>
<tr>
<td>Readmissions3</td>
<td>Was the patient readmitted within the last year with stroke? (No=0, Yes=1)</td>
</tr>
<tr>
<td>Readmissions4</td>
<td>Was the patient readmitted within the last year with COPD? (No=0, Yes=1)</td>
</tr>
<tr>
<td>Readmissions5</td>
<td>Was the patient readmitted within the last year? (No=0, Yes=1)</td>
</tr>
<tr>
<td>Screening</td>
<td>In the past year has the patient received any screenings? (No=0, Yes=1); Date and type of screening</td>
</tr>
<tr>
<td>Immunization</td>
<td>In the past year has the patient received any immunizations? (No=0, Yes=1); Date and type of immunization</td>
</tr>
<tr>
<td>Vaccination</td>
<td>In the past year has the patient received any vaccinations? (No=0, Yes=1); Date and type of vaccination</td>
</tr>
<tr>
<td>Tobacco</td>
<td>In the past year has the patient used any tobacco cessation agents? (No=0, Yes=1), Type and Date</td>
</tr>
<tr>
<td>MedRec</td>
<td>In the past year has the patient received medication reconciliation services? (No=0, Yes=1)</td>
</tr>
<tr>
<td>Plan</td>
<td>Health Plan Name</td>
</tr>
</tbody>
</table>
Bibliography and References Cited/Progress Report Publication List


March 26, 2014

Dear Review Committee,

I am pleased to support Dr. Lovett’s research proposal titled, Coordinating Care and Reducing Cost: A Hospital Medicare Population Before and After the Formation of a Healthcare System Owned Insurance Provider. As Executive Director of the Center for Health and Learning I have facilitated many meetings and developed collaborative ideas on how to improve patient care. Dr. Lovett’s research will play a role in helping to inform clinicians on the care of patients to whom they currently provide services. Through the Center for Health and Learning, Piedmont Healthcare and Mercer University are targeting areas for improvement such as, addressing physician, nursing and other allied health professional shortages, increasing quality while reducing cost, and utilizing joint faculty, student and health professional research and design teams to further innovation and learning. Piedmont Healthcare is non-profit system that includes five hospitals, a large outpatient practice system and a nationally recognized heart institute. The partnership between Piedmont Healthcare and Mercer University is led by the Presidents of both institutions.

Dr. Lovett’s proposal, which aims to assess physician treatment patterns and explore patient access and adherence as impacted by the partnership between Piedmont and Wellstar, is a good match for the objectives of the partnership between Piedmont Healthcare and Mercer University. The project will bring various clinicians together in the collection and dissemination of data. Studies that aim to improve patient outcomes are always welcomed and encouraged.

Dr. Lovett has already attended several preliminary meetings with physicians, and executive leadership that includes Ronnie Brownsworth, MD, Executive Vice President of Piedmont Healthcare and Chief Executive Officer of the Piedmont Clinic. She has also met with the IRB Sub Committee, to ensure their participation and support. After discussing the potential reports that Dr. Lovett will develop as a result of conducting research, clinicians agreed to review drafts of the proposal and assist in facilitation of data extraction. They are aware of the needs of such a study to closely examine their population and they are happy to comply with whatever is needed. Additionally, I have regular meetings with the executive leadership of both institutions and they too are eager about this proposal.

Dr. Lovett has exhibited her experience in working with large datasets, data collection, data analysis and application of the various methods of economic evaluation in several publications that she has shared with me. She is highly motivated and is excited about her research. I have confidence in her research abilities and her potential to become a leader in the field of health services research. The additional monetary support would be a great investment and I recommend her as a person deserving of this support. Please contact me if I can provide any additional information.

Sincerely,

Sharon Nieb
Executive Director of the
Center for Health and Learning
A Piedmont Healthcare and
Mercer University Partnership
Supplemental Information required for Career Development Award (only for K Series Applications)

FIT applicants pursuing K Series Awards should minimally include in the FIT Application a section on:

1) Candidate’s Background:

2) Career Goals and Objectives:

3) Candidate’s Plan for Career Development/ Training Activities During Award Period:
1) Candidate’s Background:

I graduated from Florida A & M University with a Doctor of Pharmacy Degree in April 2001. Realizing my passion for economics and outcomes research after taking related courses, I decided to pursue a Master of Science degree with a focus in Pharmacoeconomics, which I obtained in July 2003. As a graduate student I worked on various projects with the Florida Medicaid program including my thesis entitled, The Economic Burden of Hyperphosphatemia-Related End Stage Renal Disease in Florida Medicaid Patients. I also interned at the Government Accountability Office, which allowed me to contribute to a publication entitled Federal Employees’ Health Benefits: Effects of Using Pharmacy Benefit Managers on Health Plans, Enrollees, and Pharmacies. My desire for research grew as I watched results of research being translated into practice. In August 2003, I joined the PhD program at the University of Florida.

Soon after joining the program, I began taking classes in Economics and Health Services Research. Although I have a pharmacy background, I began to realize that I had a stronger interest in the health system as a whole. I began to understand the connection between the social, economic and cultural facets of the health care system. I also became very interested in the complexities of health insurance. I began to volunteer to assist with faculty research projects in the Department of Health Services Research.

I worked with various faculty members including Dr. Zhou Yang (Addressing Health Disparities in Pharmaceutical Care and Health Outcomes among Cardiovascular Disease in the Florida Medicaid Population), Dr. Allyson Hall (PACE and Medicare Part D: An Examination of Formularies, Cost Sharing and Prior Authorization) and Dr. Niccie McKay (Variations in Hospital Administrative Costs). I completed my dissertation, Comparing Prescription Drug Coverage between Medicare Part D and the Federal Employees Health Benefits Program, with $20,000 of funding support from the Pharmaceutical and Research Manufacturers of America Foundation. Upon graduation from the PhD program in 2010, I joined the faculty at Mercer University as an Assistant Professor in the Department of Pharmacy Practice, College of Pharmacy. Since then, I have partnered with faculty, students and clinicians to conduct and disseminate research. I truly believe that I can make a difference in today’s society through contributions in health services research.

2) Career Goals and Objectives:

My overall goal in conducting research is to make a difference in today’s society through contributions in health services research. I am particularly interested in examining methods to decrease cost without sacrificing quality in patient care. Partnering with my colleagues in this hospital setting will provide a solid foundation to explore additional research projects in the future. Hospitals in Georgia and throughout the United States are looking for ways to ensure a continuum of patient care to produce better outcomes. The results of this study will provide data to support an expansion of care coordination efforts. Findings will point to pitfalls, failures and success with regard to the partnership between a health system and a health insurer. There is currently lack of evidence in the literature on whether mergers such as these have a positive or negative impact on patient outcomes or perhaps no impact at all. Health systems across the country are searching for good examples of what works well and what does not. Furthermore, the recent passing of the Affordable Care Act legislation supports accountable care partnerships such as these, but few studies have examined the impact of these partnerships on patients.

Findings will be used to support an application for a Patient Centered Outcomes Research Institute grant (PCORI), an organization that addresses national research priorities for patient centered outcomes research. Other agencies that will be subsequently targeted for extramural funding include, the Agency for Healthcare Research and Quality (AHRQ) and the Robert Wood Johnson Foundation (RWJF).

3) Candidate’s Plan for Career Development/ Training Activities During Award Period:

In 2005, Mercer University and Piedmont Hospital formed a partnership for medical innovation and research with the establishment of the Center for Health and Learning. As a community health care system and a private university, creative and innovative solutions to health care delivery are the underlying foundations for the partnership. The partnership provides a unique environment where new opportunities have been created to advance health care delivery and health education.

The Piedmont system also serves as an educational training program for Mercer University College of Pharmacy and Health Sciences (PharmD, Physician Assistant’s (PA) Programs and Physical Therapy (PT) Programs) the Nursing School, School of Medicine and other allied health professions. Pharmacy, PA, PT, and nursing students have their clinical rotations at the PMCC, PHI clinics and its hospitals. This educational relationship serves as a basis for collaboration where a natural extension into research opportunities becomes the logical next step.

With regard to career development, I have developed a list of regularly scheduled meetings with key leaders at both institutions. The topics for discussion at these meetings focus on improving research skills, navigating the health care system and understanding the complexities of mergers.
The partnership between Mercer and Piedmont offer an ideal setting for the conduct of health services research. I am currently working on a heart failure related study at Piedmont Heart Institute and this project will be a second step in meeting the goal of building a research platform at Piedmont. Long term goals are to develop a database in which patients can be tracked over time, research questions can be addressed regularly and to enhance relationships in a way that clinicians will view me as a resource in the provision of evidence for informed decision making. Additionally, examination of this innovative partnership may provide useful information to other health systems and Piedmont may lead the way with regard to improved care coordination via health system partnerships.