

Office of Research
UC Davis

Center for Healthcare Policy & Research

Annual Report
Fiscal Year 2019-20



UCDAVIS

Center for Healthcare
Policy and Research

Table of Contents

Profile & General Information	3
Mission Statement.....	4
Research Highlights	5
Education Highlights.....	11
Future Vision.....	12
SWOT Analysis	15
Personnel	16
Appendix 1: Strategic Plan.....	19
Appendix 2: Publications	21
Appendix 3: Outreach Activities	31
Appendix 4: Education.....	33
Appendix 5: Program Members.....	36
Appendix 6: CHPR Advisory Board.....	42
Appendix 7: Diversity, Equity & Inclusion.....	44
Appendix 8: Impact COVID-19	45
Appendix 9: OR Annual Report.....	47

Profile & General Information

Name: Center for Healthcare Policy and Research

Year Established: 1994

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Space: CHPR has occupied leased space in the aging Grange Building on the edge of the Medical school campus for roughly 20 years. However, upon the start of the COVID-19 pandemic, work-from-home was implemented for all staff. CHPR staff were able to quickly adapt and transition to maintain their productivity while working from home. In the post-pandemic world, we anticipate that many staff will return to work on-site part-time, with a substantially increased rate of telecommuting; hence, the CHPR square footage requirements are expected to decrease by 30-40%.

Significant Equipment/Instrumentation: CHPR uses high-performance computers to support statistical analysis on large datasets (e.g., Office of Statewide Health Planning and Development data, Healthcare Cost and Utilization Project databases, Medicare Provider Utilization and Payment Data, etc.). With the ongoing expansion in dataset size, computing capacity needs have also expanded. We are working to identify the best solution to this challenge.

Mission Statement

The mission of the Center for Healthcare Policy and Research is to facilitate research, promote education, and inform policy about health and healthcare.

The goal of CHPR is to improve the health of the public by contributing new knowledge about access, quality, costs, and outcomes.

The objectives of CHPR are to develop and support Mission-related interdisciplinary and collaborative research projects; to support education and career development for scholars interested in health services and health policy research; and to assist healthcare policy formulation and improve health services delivery through the synthesis, interpretation and dissemination of research findings.

We strive to achieve our goal and objectives through interdisciplinary, collaborative research, teaching and mentoring, and policy analysis.

Research Highlights

Research Highlights of CHPR faculty, fellows and staff

During fiscal year 2019-2020 CHPR implemented funded awards, including grants to support work in substance use research, improve healthcare quality measurement, and inform policy through both new research and rapid and systematic literature reviews. In addition, CHPR partnered with the UC Davis Behavioral Health Center of Excellence (BHCOE) and Center for Health and Technology (CHT) to conduct a pilot grant competition to support research on the impacts of COVID-19 on health outcomes, behavioral health and telehealth; funds supporting five pilot studies were awarded through this collaborative effort in June 2020. This included Federal funds, such as from the NIH on Opioid research, a QSCERT-PC HRSA training grant, IMPAQ International for the “Patient Safety Measures” project, and AHRQ for a project titled “Patient Safety Network”.

In 2019-2020, there were at least 39 CHPR-affiliated grant-supported academic personnel. The following sections briefly describe highlights achieved by CHPR-affiliated researchers in each of CHPR’s four primary research programs during fiscal year 2019-2020.

Evidence to Inform Clinical Care and Health Policy

The goal of CHPR’s work in evidence synthesis and policy analysis is to support the alignment of clinical practice, health policy, and healthcare reimbursement with evidence and value. To that end CHPR faculty conduct research and analysis designed to have relevance to clinical practice, specific healthcare policies, and healthcare costs. CHPR teams also conduct rapid evidence reviews as part of the California Health Benefits Review Program (CHBRP), which provides analyses to the California Legislature on the medical effectiveness, cost, utilization and public health impacts of introduced health insurance legislation within a 60-day turn-around time to meet the Legislature’s policy committee calendar; contributions to this program by CHPR have grown steadily over the past 10 years.

Highlights from this CHPR research program during the 2019-2020 fiscal year appear below.

- During his post-doctoral fellowship at CHPR with Dr. Hoch, Dr. Logan Trenaman [published a study](#) reviewing assessments carried out by the Institute for Clinical and Economic Review (ICER) and describing how cost-effectiveness, other benefits, and contextual considerations affect ICER Council members' assessments of value. Two case studies highlighted that factors beyond cost-effectiveness can lead to lower (e.g., tisagenlecleucel) or higher (e.g., voretigene neparvovec) assessments of a new drug’s value. Thus, council members' judgments about the value of interventions were influenced by other benefits or disadvantages and contextual considerations but anchored by economic evaluation.
- Bo Feng, Ph.D., a faculty affiliate with CHPR, and her colleagues in the UC Davis Department of Communication and in China, determined that social media posts about symptoms and diagnoses of COVID-19 from early in the current pandemic could be used to predict daily case counts of the illness up to seven days ahead of official statistics. In their working paper, “Reports of Own and Others' Symptoms and Diagnosis on Social Media Predict COVID-19 Case Counts in Mainland China” (Shen et al.), the authors state that “It is imperative that international organizations such as the World Health Organization integrate such data into their outbreak forecasting management practices, in order to mobilize and coordinate relief efforts to help combat COVID-19.”

- As part of the California Health Benefits Review Program (CHBRP), a UC-wide collaboration, CHPR faculty and staff, led by Director Melnikow, provided evidence-based analyses of five bills for the California State Legislature during 2019-2020: AB 1904 Pelvic Floor Physical Therapy Coverage (Boerner Horvath); AB 2242: Mental Health Services (Levine); AB 2258: Doula Care: Medi-Cal Pilot Program (Reyes, Bonta, Limon, McCarty); SB 854: Health Care Coverage: Substance Use Disorders (Beall); and SB 855: Health Coverage: Mental Health or Substance Abuse Disorders (Wiener).
- The Personalized Research for Monitoring Pain Treatment (PREEMPT) study, led by Dr. Kravitz and funded by the National Institute of Nursing Research and the National Center for Advancing Translational Sciences, developed a smartphone app to allow chronic pain patients and clinicians to run personalized experiments (n-of-1 trials) comparing two different pain treatments to support patient-clinician collaboration on identifying the best pain treatment. Results, published in January 2020, showed reductions in use of analgesics (less so with opioids) without concomitant increase in pain. These findings have implications for engaging patients directly to improve management of chronic pain.
- A team led by Dr. Melnikow published (in *Annals of Family Medicine*) the results of their study which used simulated patient calls to document significant differences in access to primary care for Medi-Cal beneficiaries between counties in the northern California region, despite standard statewide reimbursement rates; counties with more limited access to primary care, new patient appointments had higher ED use by Medi-Cal enrollees.
- In April of 2020, CHPR, the Center for Health and Technology (CHT), and the Behavioral Health Center of Excellence (BHCOE) announced a joint call for pilot projects to be conducted during 2020, and made five awards to support highly meritorious, rapid projects to study the impacts of COVID-19 on health services, access, outcomes and costs, and to generate preliminary data for future extramural funding applications. A list of the pilot grant awardees is given below in **Table 1**.

Table 1. CHPR/CHT/BHCOE Pilot Funding Awards in Support COVID-19 Studies

Award Recipient	Funder	Project Title	Department
<i>D. Miglioretti</i>	CHPR	Sacramento area breast imaging registry (SABIR): Impact of COVID-19 on breast cancer screening, surveillance, diagnosis, and treatment	Public Health Sciences
<i>C. Pereira</i>	CHT	Hand therapy app video visit optimized care (HAVOC) study	Surgery
<i>J. Rosenthal</i>	CHPR	Virtual family-centered rounds during COVID-19 in the neonatal intensive care unit	Pediatrics
<i>L. Abbeduto</i>	CHT BHCOE	The impacts of COVID-19 on the neurodevelopmental community	Psychiatry & Behavioral Sciences
<i>P. Hastings</i>	CHPR	Parenting during the COVID-19 pandemic: Implications for parent and child mental health and well-being	Psychology

Healthcare Quality and Safety Research

Healthcare quality and safety research is critical to improving effective and efficient delivery of healthcare services in the U.S.

- Patrick Romano, MD, MPH, a nationally renowned healthcare quality expert, has led the CHPR effort in quality and safety research over the last 15 years. During this reporting period, Dr. Romano was selected to serve on the National Quality Forum's Scientific Methods Panel (comprised of experts charged with evaluating tools and measures used for determining cost/resource use efficiency, or treatment outcomes—among other characteristics—of the U.S. healthcare system), for the NQF, an independent, nonpartisan, not-for-profit organization that brings together stakeholders with expertise in various health-related fields to identify and endorse strategies for improving patient care and reducing healthcare costs. During fiscal year 2019-2020, Dr. Romano was also appointed a new member of the National Advisory Council (NAC) of the Agency for Healthcare Research and Quality (AHRQ); the experts on the NAC advise AHRQ's director and the Secretary of the Department of Health and Human Services on setting priorities for its health services research agenda, which includes promoting improvements in the quality, outcomes, and cost-effectiveness of U.S. healthcare practices.
- The CHPR quality team is providing clinical and technical expertise to [AHRQ](#) and [Mathematica, Inc.](#) regarding the intent, implementation and interpretation of AHRQ quality indicators. This work will be used by public and private payers for contract design, and healthcare organizations for quality improvement.
- The CHPR quality team also works with IMPAQ International and the Centers for Medicare and Medicaid Services (CMS) to maintain the Patient Safety Indicator (PSI) 90-composite measure. Rigorous reliability and validity testing of the measure is conducted by Dr. Tancredi and his team of statisticians in preparation for seeking endorsement from the National Quality Forum (NQF).
- Dr. Romano and Dr. Debra Bakerjian, PhD, APRN, became the co-editors-in-chief of AHRQ's [Patient Safety Network](#) (PSNet), internationally regarded as an authoritative web-based resource for evidence on improving patient safety. Their UC Davis/CHPR editorial team curates 20 to 25 recently published studies, tools, news articles and upcoming events weekly, and provides expert commentary on cases describing medical errors and patient harms from hospitals across the U.S. ([WebM&Ms](#)). From October 2019 through the end of fiscal year 2019-2020, the team has published 23 commentaries written by UC Davis faculty, fellows, residents, students and staff from over thirteen School of Medicine Departments / Divisions, published [brief guides](#) on key patient safety topics, including healthcare team communication through [daily huddles](#) and [transitions of care](#). In the wake of the COVID-19 pandemic, the editorial team published three primers addressing key patient safety issues:
 - [COVID-19 and the Safety of Older Adults](#);
 - [Team and Human Factors to Improve Safety](#); and
 - [COVID-19 and Diagnostic Error](#).
- In partnership with the California Office of Statewide Health Planning and Development, Dr. Romano's teams developed and refined the methodology for a state-mandated annual public report card on cardiac bypass surgery adverse outcomes and mortality (2005-2019).
- In recognition of her contributions to improving the quality of health care for children, Dr. Ulfat Shaikh, M.D., M.P.H., M.S., was named the [2020 Paul V. Miles Fellow](#) by the American Board of Pediatrics (ABP). Dr. Shaikh is Director of Health Care Quality at UC Davis Health, Professor of Pediatrics at the UC Davis School of Medicine and a member of the UC Davis Center for Healthcare Policy and Research.

Mental Health Research

Multiple CHPR faculty members, with support from federal and state agencies as well as foundations, conduct research related to mental health. Examples of CHPR work in this discipline include research on the role of primary care in reducing suicide risk, development of behavioral health measures, and the intersection of homelessness and behavioral health.

- Drs. Jerant, Kravitz, and Franks, with CHPR staff support, conducted a [randomized controlled trial](#) to promote discussion of recent active suicide thoughts among middle-aged men. They found that suicide discussion with physicians was more likely among intervention patients (those who used a tailored interactive computer program designed to encourage discussion of suicide with their physician) than those who received standard care.
- CHPR partners with the UC Davis Behavioral Health Center of Excellence to evaluate a state-funded program supporting county mental health crisis services for adult/ transitional age youth. Drs. Melnikow (PI), Carter (PI) and Niendam, along with CHPR staff, are working with a team at UCSF to conduct the evaluation, funded by the Mental Health Oversight and Accountability Commission (MHSOAC).
- Drs. Niendam and Melnikow collaborated with CHPR staff, funded by the MHSOAC, to evaluate California's early psychosis treatment programs. The [survey](#) of early psychosis program representatives yielded substantial variability in services, inclusion criteria, and data recorded. The findings highlight the need to harmonize program data collection methods.
- Based in part on previous work carried out in collaboration with Dr. Melnikow, Dr. Niendam was awarded funding by the National Institutes of Mental Health to create the California Collaborative Network to Promote Data-Driven Care and Improve Outcomes in Early Psychosis (EPI-CAL). This project involves evaluation of outcomes occurring in the recently developed California network of Early Psychosis clinics that are working collectively to improve their care through prospective collection and feedback of client-reported outcomes.
- CHPR faculty member, Dr. Glen Xiong, was first author on the publication of [expert consensus guidelines](#) for clinicians developing an algorithm to determine the need for ECG monitoring of the QTc for complex patients with medical and psychiatric comorbidities who are prescribed psychiatric medications.

Substance Use Research

Substance use and substance use disorders (SUD) take an enormous toll on our society through premature death, poor health outcomes, increased disparities, and unnecessary costs. CHPR researchers have made a substantial impact in the field through their work on tobacco cessation, prescription opioid overuse, and the impacts of prescription opioid tapering on patient health outcomes.

- **Tobacco Cessation:** Elisa Tong, MD, MS, has long been affiliated with CHPR, starting as a junior research mentee; her research on the impact of linking the California state tobacco quitline to the electronic health record has gained national recognition. Her work (carried out with her 6-person team of CHPR staff) has changed Medi-Cal tobacco policy and University of California and California Community College campus smoking policies for hundreds of thousands of students, staff, and faculty. Changes to these policies influence young adult behavior and have significant, positive, life-long health (and cost) effects. Dr. Tong and her team are conducting two large tobacco cessation research projects at CHPR (see descriptions below). The projects complement each other in their focus on multi-sector initiatives that implement and scale the integration of evidence-based treatments for tobacco dependence into safety-net clinics and hospitals to encourage tobacco cessation and mitigate health disparities. Additionally, Dr. Tong testified to the Sacramento City Council about the health risks of fruit- and menthol-flavored tobacco products which contributed to the City Council's decision to ban the sale of these products in Sacramento, which went into effect January 1, 2020.

- CA Quits Project: *This project comprises a partnership of 58 local health departments, 57 safety net hospitals, 23 Medi-Cal plans, and 169 public clinics that seek to reduce tobacco use through creating tobacco-topic “[learning collaboratives](#)” for safety-net clinic systems. Dr. Tong’s 6-person team engages clinic personnel in discussions about how they can assess tobacco use, integrate evidence-based tobacco treatment, and CHPR faculty members Ulfat Shaikh, Bimla Schwarz, and Patrick Romano are also part of the CA Quits team.*
- eConsult Cessation Services Project: In partnership with the Los Angeles County Department of Health Care Services, is a program delivered through the public/private clinic system to improve the reach, effectiveness and efficiencies in tobacco cessation services. Los Angeles County is the most populous county in the U.S. with the largest population of tobacco users in the state. The cumulative impact of this intervention research will extend beyond California.
- **Opioid Use/Addiction:** More than a dozen CHPR faculty and fellows have been producing impactful research related to opioid addiction over the last seven years. For instance, Dr. Stephen Henry, mentored by Drs. Kravitz and Jerant, has been awarded three NIH grants and one Department of Justice grant to conduct opioid research (see below). Examples of the research being conducted through CHPR on this important topic are given below.
 - Dr. Henry was originally awarded an NIH R01 grant in October 2017 to develop validated, patient-level risk prediction models for opioid-related overdose by linking statewide prescription, in-patient, and death certificate data in California. He and his team of CHPR staff are partnering with the California Department of Justice, and the California Department of Health Care Services and Department of Public Health to produce a clinical risk prediction model for incorporation into California’s Prescription Drug Monitoring Program (PDMP) to inform prescribing decisions at the point of care. Results from this California project will also be generalizable to the 48 other states that have PDMPs. Ultimately, this project advances a PDMP research program aimed at developing and evaluating tools that clinicians can use to make safer opioid prescribing decisions, and that researchers and policymakers can use to design and evaluate interventions
 - [Results](#) from another of Dr. Henry's NIH-funded research projects, one exploring patient experiences with opioid tapering, informed a national opioid prescribing guideline released in October 2019: [the HHS Guide for Clinicians on the Appropriate Dosage Reduction or Discontinuation of Long-Term Opioid Analgesics](#). This research filled knowledge gaps about patient experiences with opioid tapering in primary care. Dr. Henry and his CHPR team identified critical communication strategies for physicians to use to achieve productive, patient-centered discussions about opioid tapering. The [clinical recommendations](#) were [published](#) in the official journal of the American Pain Society. These strategies were used to design a stories-based opioid tapering intervention that will be tested in a future clinical trial.
 - A consensus panel report co-authored by CHPR faculty member, Dr. Richard Kravitz, [published in Pain Medicine](#), also informed the new HHS Guide for Clinicians on the Appropriate Dosage Reduction or Discontinuation of Long-Term Opioid Analgesics. The panel identified CDC guideline implementation challenges that included issues with application of dosage ceilings and prescription duration guidance, failure to appreciate the importance of patient involvement in decisions to taper or discontinue opioids, barriers to diagnosis and treatment of opioid use disorder, and lack of access to recommended comprehensive, multimodal pain care. The target audience for the guidelines includes leaders of regulatory agencies, legislators, public and private payers, and healthcare systems.
 - A team of CHPR faculty and staff (Drs. Fenton, Agnoli, Xing, Tancredi, Jerant, and Magnan) found a significant increase in rapid opioid tapering between 2008 (12.7%) and 2017 (23.1%) among patients with commercial and Medicare Advantage insurance who were using long-term opioids. This research, led by Drs. Fenton and Agnoli in collaboration with partners at [Optum Labs](#), identified a

- cohort of ~100,000 patients with commercial and Medicare Advantage insurance who had been prescribed long-term opioid therapy. The research team developed an algorithm for identifying opioid dose reduction among these long-term users using pharmacy claims. Tapering was significantly more likely among women and patients with higher baseline opioid doses, and 26.5% of patients undergoing tapering had a maximum dose reduction rate exceeding 10% per week, which exceeds recommended tapering guidelines for long-term opioid users. Initial results were published in [JAMA Network Open](#) in November 2019, and additional findings from the project are being prepared for publication. Future work by this research team will examine racial/ethnic and gender disparities in opioid tapering. The team has obtained funding to develop a quality indicator of safe opioid dose tapering and will start that project in the next reporting period, Fall 2020.
- Other substance use research studies, conducted by members of the Department of Family and Community Medicine research group working with CHPR (Drs. Jerant, Franks, and Agnoli), have examined key factors related to prescription opioids and opioid-related risks. These include studies [on satisfaction with care among opioid-prescribed patients](#), [cancer screening among women on opioids](#), the relationship between [opioid prescriptions and physical and mental health](#), and the association between [prescription opioids and short-term mortality](#). Each of these studies offered new insight into the complex risks and benefits associated with prescription opioids.

Looking forward, CHPR seeks to leverage the important substance use research accomplishments highlighted above through its recently established Substance Use Workgroup for Addiction Research (SUGAR) to lay the foundation for pursuing federal program and center grants. SUGAR is an interdisciplinary network of UC Davis faculty from 13 departments in Davis and Sacramento who meet regularly to share ideas and develop transdisciplinary research proposals to address the healthcare needs of people with substance use disorders. SUGAR offers UC Davis researchers with career interests in SUD research a unique home in which to collaborate, train, and support dissemination of research findings to improve health outcomes, reduce disparities, and curtail costs associated with SUD. Support from the School of Medicine to coordinate SUGAR has been reduced, so unless additional funds to support the administration of the group are appropriated, the goal of developing a sufficient investigator base to compete for large center grants may not be reached.

New Partnership with the Institute for Population Health Improvement

During 2019-2020, the researchers and projects from the UC Davis Institute for Population Health Improvement were integrated into CHPR. That integration has expanded our capacity, expertise, efficiency and reach in community engagement. This new partnership, like the integration of the independent, non-profit Center for Healthcare Decisions into CHPR before it (in 2017), is expected to enable CHPR to produce even more high-impact, meaningful research that will be useful to and used by stakeholders and policymakers.

Conclusion

The Research Highlights described in this chapter illustrate the unique role that CHPR plays in supporting and fostering interdisciplinary collaboration among researchers and stakeholders within the University, other academic institutions, the community, and other private and public entities. CHPR provides a nexus for investigators with a broad range of expertise to collaborate on impactful research that informs healthcare delivery, quality, outcomes and costs.

Education Highlights

- In 2019-2020, CHPR was home to seven postdoctoral fellows, five as part of CHPR's federally funded T32 research training program: QSCERT-PC (Quality, Safety, and Comparative Effectiveness Research Training in Primary Care). (See Appendix 6 Table 1 for a list of CHPR's postdoctoral fellows.) Most fellows completing these programs have gone on to fill academic research positions or health policy leadership roles at UC Davis or at other research and policy institutions in the U.S.
- A range of topics in health services and outcomes research as well as health policy topics were presented during the CHPR Seminar Series (EPI 291). The seminars converted to fully on line in 2020 due to COVID-19 requirements, but in the process have attracted a larger audience and reached more people on the Davis campus. A list of seminar speakers and topics presented during FY 2019-2020 can be found in Appendix 6.
- CHPR faculty have continued to offer the popular, interdisciplinary course: Principles and Methods of Comparative Effectiveness Research (CLH: 210Y). This traditionally hybrid course converted to fully online in the Spring quarter of 2020. The course introduces students to basic methods used in comparative effectiveness research and engages students in team science for final systematic review projects. In prior years, a number of students have gone on to publish these reviews after completing the course.
- CHPR faculty have continued to mentor undergraduate students, graduate students, medical students, postdoctoral fellows and junior faculty in research on health outcomes, quality, access and costs to inform health policy.
- CHPR hosted more than 100 attendees at the UC Center Sacramento on December 12, 2019 to share information CHPR staff and faculty had compiled for a report on the topic of "Homelessness, Health, and Integrating Care: Options for Integrating Behavioral Health, Medical Care, and Housing in Sacramento County."
- In the wake of George Floyd's murder, CHPR initiated a Center-wide examination of race, equity and inclusion in June 2020. A folder titled CHPR Addressing Systemic Racism-Resources was established in Microsoft Teams and monthly meetings led by Melissa Gosdin, Ph.D. in sociology, in which materials are presented and various issues related to diversity, equity and inclusion are discussed have been held since. CHPR faculty and staff are thus currently educating themselves on these issues, improving their ability to embrace diversity, practice inclusive excellence and strive for equity.

Future Vision

The onset of 2020 brought with it the COVID-19 pandemic, which has required many adaptations to support ongoing research and education. Half way through the 20-21 academic year, the pandemic continues to rage across the United States. The pandemic has created many research needs and opportunities, widely recognized as a focus on basic science and clinical research. However, the pandemic has also highlighted the needs for research related to health services coordination, health communication and messaging, and the impact of disparities on health outcomes. These research challenges are entirely consistent with the mission and vision of CHPR. In addition, the economic impacts of the pandemic have complicated the budget situation of the state and the University, which will have impacts on CHPR.

Moving forward, CHPR sits on the brink of essential changes and adaptations that will insure its continued role as a unique resource at UC Davis, fostering interdisciplinary contributions to improving health and informing evidence-based health policy. Over the next five years, a new Director, selected through a competitive, national search, will lead CHPR in a post-pandemic time, as we relocate in 2023 to the newly constructed Aggie Square. This new, upgraded location will enhance CHPR's visibility to the local community, Sacramento policymakers, and students interested in health policy and health equity research. It will foster collaboration with co-located research centers. A stable model of core administrative support from the Office of Research and School of Medicine will enable CHPR to develop an expanded, diversified research and evaluation funding portfolio with support from federal research programs, state government, foundations, industry, and philanthropy. CHPR will continue to fill its essential and unique role in bringing together students and faculty from an array of disciplines to conduct collaborative research to improve health outcomes, quality, access, and healthcare costs.

Key goals and initiatives for CHPR over the next year will include:

- **Recruitment of a new Director:** The Office of Research and the School of Medicine will coordinate a national search starting in early 2021. Because of the interdisciplinary nature of CHPR, a number of departments are potential candidates for a new Director. Likely candidates include Emergency Medicine, Family and Community Medicine, Internal Medicine, Pediatrics, or Public Health Sciences. Sufficient resources will need to be identified for recruitment costs, including a start up package.
- **Space to house CHPR:** We continue to discuss and plan for CHPR's relocation to Aggie Square, but we have been informed that CHPR may need to be relocated as soon as April 2021, while Aggie Square will not be completed until Fall 2023. Adequate temporary space on or near the Sacramento campus must be identified, and the details of relocating CHPR to Aggie Square must be finalized. Identifying a home for CHPR is also an essential part of the recruitment of the new Director.
- **Promote Financial Sustainability:**
 - A stable model to support administrative and infrastructure costs must be developed. Indirect cost returns to CHPR have declined in spite of increasing total grant funding and indirect returns to the University. In addition, the new Funds Flow model developed in the School of Medicine incentivizes Departments to submit proposals and conduct research within the Department, but does not promote interdisciplinary, collaborative research. No clear funding plan related to the Funds Flow model has been developed for research centers. Further, a financial plan for CHPR will need to be developed to insure the successful recruitment of a qualified Director with a national reputation.
 - Research support through sustainable and diverse long-term sources of funding will be targeted by increasing submission of funding proposals to a variety of potential funders, including federal, state, foundations and industry sponsors. With the new national administration, new research funding opportunities are likely to develop. If able to overcome the obstacles posed by the new Funds Flow model noted above, CHPR should be poised to take advantage of new federal funding, and could readily submit proposals to study the impact of the pandemic on health care services, health care quality, health outcomes, and health disparities.
 - CHPR will continue to sponsor targeting pilot funding to provide initial support for researchers to generate pilot data needed to compete successfully for extramural support in CHPR focus areas.

- CHPR is pursuing philanthropy to promote sustainability. We continue to develop materials to support philanthropic giving to CHPR with a goal of generating contributions that will facilitate our relocation to Aggie Square. We are creating an undergraduate research internship program that targets philanthropic support to train the next generation of researchers to continue work on improving health outcomes.
- **Increase Visibility of CHPR as an Accelerator of Innovative Health Services and Health Policy Research**
Increase CHPR name recognition through marketing and communication across the university, state and nation.
 - Increase visibility
 - CHPR-sponsored seminars and special visiting speakers are now entirely virtual, and reach a broader audience across the causeway on the Davis campus and beyond. Expanded marketing to students and faculty on campus as well as other interested participants across the country can further increase awareness of CHPR.
 - Promotion of recent CHPR research through briefs, social media, and an expanded listserv of interested individuals and organizations.
 - Expand dissemination of CHPR Research results
 - Collaborate with Public Affairs on press releases on important CHPR publications.
 - Increase frequency of the creation and distribution of the CHPR newsletter from once every two months to monthly.
 - Broad promotion of work by CHPR researchers: publications, presentations, and efforts to inform health policy.
- **Build Collaborations to Accelerate Innovative Research and Reimagine Education**
 - Sustain capacity to attract graduate and post-graduate trainees
 - Support another T32 training grant.
 - Develop a more robust diversity recruitment plan for postdoctoral fellows.
 - Increase engagement of undergraduate students in CHPR research
 - Establish a paid research internship program to provide support for students interested in health outcomes and health policy research.
 - Increase engagement with graduate students.
 - Offer summer funding opportunities to engage graduate students in health services research.
 - Develop funding opportunities to engage faculty from multiple SOM and campus departments to collaborate on research into health outcomes, access, quality, costs and policy.
 - Develop additional targeted pilot grant initiatives to support feasibility and provide preliminary data for federal grant proposals.

Since its inception in 1994, CHPR has adapted to the changing landscape of healthcare, overcome challenges, and grown in membership and scope. CHPR research teams, with expertise in rigorous methods, have made substantial contributions to national healthcare quality metrics, evidence-based clinical guidelines, and state health policies. Understanding of physician-patient communication, pain and pain management, women’s healthcare, and effective mental health and substance use programs, to name just a few topics, has deepened due to CHPR-based research. As we move forward into our next chapter, CHPR sits on the brink of essential changes and adaptations that will ensure its continued role as a unique resource at UC Davis, fostering interdisciplinary contributions to improving health and informing evidence-based health policy.

CHPR Objectives

A new director, selected through a competitive, national search, will lead CHPR in a post-pandemic time. A new, upgraded location at Aggie Square will enhance CHPR’s visibility to the local community, Sacramento policymakers,

and students interested in health policy and health equity research. New collaborations will rise naturally from the co-location of research centers with related research missions and skillsets. An expanded, predictable core budget will support a strong, cross-trained administrative and grant development team, with sustained funding provided collaboratively by the School of Medicine and the Office of Research. CHPR mentoring, grants development and pilot project support will increase experience and funding for junior researchers, so that a cadre of funded researchers are able to compete successfully for extramural center and program-project grants. Known at the state and national levels for outstanding evidence reviews and economic analyses, CHPR research teams will be sought out to conduct policy analyses and evaluations of new and existing research and intervention programs. Federal and state efforts to ensure continuous improvement and re-evaluation of healthcare quality metrics will support CHPR's nationally recognized Healthcare Quality and Safety research group. The Population Health Group will strengthen ties to the community through its expanded portfolio in evaluation of community-based interventions to improve health. A growing focus on healthy aging will be supported not only by conventional government and foundation funders, but also by private developers with a commitment to creating evidence-based communities to support healthy aging.

Undergraduate and graduate students will work together with postdoctoral fellows and faculty on project teams to enrich the educational experience at all levels. A solidly funded undergraduate summer research internship program will support undergraduates from UC Davis and other universities in having engaging experiences conducting health outcomes research or policy analysis. A commitment to identifying and selecting diverse trainees at all levels will help to ensure diversity of the pipeline for future faculty and staff committed to health outcomes research and health policy analysis. In collaboration with the UC Sacramento Center, CHPR will sponsor a series of topical health policy seminars alternating at Aggie Square and Capitol locations to target audiences comprised of state government leadership and staff as well as faculty and students.

CHPR's expanded, diversified research and evaluation funding portfolio, with support from Federal research programs, state government, foundations, industry, and philanthropy, will smooth out variations stemming from temporal changes in one or another funding source. CHPR will continue to fill its essential and unique role in bringing together students and faculty from an array of disciplines to conduct collaborative research to improve healthcare outcomes, quality, access, and costs and to inform health policy.

In summary, CHPR plays an essential role as an Organized Research Unit for UC Davis, bridging departments and schools to inspire and support innovative, interdisciplinary research. Our work has had important impacts on healthcare and health policy. Support from the Office of Research and the School of Medicine will ensure that transitions to a new director and new location offer opportunities to increase that impact through enhanced visibility, increased educational impact, and expanded extramural funding.

SWOT Analysis

Strengths

- Strong recommendation for continuation by External Reviewers in our 15-year evaluation
- Recruitment of strong senior administrative personnel (e.g., our new CAO).
- Capacity to submit large multidisciplinary grants and attract diverse research funding
- Faculty with state-of-the-art expertise in research methods in an array of disciplines
- Capacity as a shared research services model to support administrative functions for smaller centers
- National recognition as a resource for systematic evidence reviews, efficient policy analysis and expertise in health economic analysis
- Lead team for California Health Benefits Review Program (CHBRP) for assessing medical effectiveness and public health impacts of proposed health insurance legislation
- Collaborations with the Behavioral Health Center of Excellence, the Clinical Translational Science Center, the Center for Health Technology, the Betty Irene School of Nursing, and the Comprehensive Cancer Center
- Experienced, skilled and committed research staff, from research assistants to PhD researchers, with expertise in an array of research methods including statistical analysis, health economics, health policy analysis, qualitative methods, survey research and simulated patient studies
- New focus on public engagement and community-engaged research via integration of the Institute for Population Health Improvement
- Well regarded research seminar with growing online audience.

Weaknesses

- Inadequate visibility and awareness of CHPR and its services to internal and external potential clients
- Large dataset analysis is slow and challenging with existing computing capacity.
- Current space is not sound and relocation of CHPR staff will be needed in 2021.

Opportunities

- Recruitment of a new Director with a national reputation
- Relocation to Aggie Square in 2023 with enhanced visibility and improved infrastructure
- Becoming an expanded resource for the campus, the health system, and other stakeholders and policymakers
- Expanding and diversifying funding sources
- Expanding computing capacity will enhance CHPR members' ability to compete for research support involving analysis of large health datasets.
- Opportunity to provide policy analysis and other analytic services to UC Davis Health
- Enhancing communication/marketing to increase CHPR visibility
- Establishing more cross-departmental collaborations for research training

Threats

- Potential decline in collaboration with SOM Departments, and decline in grant submissions due to altered incentives in SOM Funds Flow model.
- Potential decline in funding opportunities and increased competition for existing funding opportunities in the setting of economic decline resulting from the pandemic.
- University cuts may result in staff furloughs and reduced staff morale
- Reduced extramural funding may lead to loss of support for research staff
- Decreased staff promotional opportunities could result in turnover
- Temporary and permanent space needs for CHPR not yet confirmed.

Personnel

Headcount & FTEs

	22	20.43
Administrative - 99 non-exempt employees (e.g., “_” All-Supervisor up to Analyst Grade II, Programmer I-III, Prog Reps I-II)	18	13.7
	0	0
Research - employees covered by the RX bargaining unit. (SRA I-IV, museum scientist, Spectroscopist)	0	0
	0	0
Technical* - employees covered by the TX bargaining unit (e.g., computer resource specialist, artist, development technician II-V)	2	1.1
TOTAL Employees	40	34.13

*As of the Summer of 2020, both employees are no longer with the University. CHPR utilizes I.T. services from SOM instead of the .50 FTE for the I.T. Analyst.

From the prior year, CHPR’s headcount increased 33% (FTE’s increased 47%). This was due to the growth of awards funded. These figures do not include the four employees from the Population Health Improvement’s Obesity Prevention team joining CHPR in 2020-21.

Affiliated Count

The following table provides a count of all associated faculty and students involved in CHPR activities.

	Total Affiliated
Senate Faculty	80
Non-Senate Faculty	70
Postdoctoral Fellows	7
Graduate Students	0
Undergraduate Students	1

Academic Personnel

The following table provides a list of faculty members actively engaged in CHPR research or supervision.

Core Faculty Member	Title	Department
Heejung Bang, Ph.D.	Professor	Public Health Sciences-Division of Biostatistics
Janice Bell, Ph.D., M.P.H., M.N.	Professor	Betty Irene Moore School of Nursing
Diana Cassady, M.P.H., Ph.D.	Associate Professor	Public Health Sciences
David Cooke, M.D., F.A.C.S.	Associate Professor	Surgery
Joshua Fenton, M.D., M.P.H.	Professor	Family & Community Medicine
Stephen Henry, M.D., M.Sc.	Associate Professor	Internal Medicine
Jeffrey Hoch, Ph.D.	Associate Director Professor and Division Chief	Center for Healthcare Policy and Research Division of Health Policy and Management, Public Health Sciences
James Holmes, M.D., M.P.H.	Professor and Vice Chair for Research	Emergency Medicine
Anthony Jerant, M.D.	Professor and Chair	Family & Community Medicine
Richard Kravitz, M.D., M.S.P.H.	Professor	Internal Medicine
Joy Melnikow, M.D., M.P.H.	Director Professor	Center for Healthcare Policy and Research Family & Community Medicine
Diana Miglioretti, Ph.D.	Professor and Division Chief of Biostatistics	Public Health Sciences
Lisa Miller, Ph.D.	Professor	Human Development and Family Studies
Patrick Romano, M.D., M.P.H.	Professor	General Medicine and Pediatrics
Eleanor Schwarz, M.D.	Professor	Internal Medicine
Daniel J. Tancredi, Ph.D.	Professor	Pediatrics
Elisa Tong, M.D., M.A.	Associate Professor	Internal Medicine
Garth Utter, M.D., M.Sc.	Associate Professor	Surgery
Elaine Waetjen, M.D.	Professor	Obstetrics and Gynecology
Glen Xiong, M.D.	Health Sciences Associate Clinical Professor	Psychiatry and Behavioral Sciences

Postdoctoral Researchers, Graduate Students, Undergraduate Students

The following table provides a list of the names of undergraduate and graduate students and postdoctoral researchers directly contributing to CHPR who

- a. are on the CHPR payroll, and/or
- b. participate—through assistantships, fellowships, or traineeships, or who are otherwise involved— in CHPR work.

Postdoctoral Fellows	Classification	Home Department
Anne White	Post-Doctoral Fellow	Internal Medicine
Renata Abrahao	Post-Doctoral Fellow	Internal Medicine
Seonhwa Lee	Post-Doctoral Fellow	Human Ecology
Sarah Kahle	Post-Doctoral Fellow	Psychiatry
Erik Tseregounis	Post-Doctoral Fellow	CHPR
Adrienne Hoyt-Austin	Post-Doctoral Clinical Fellow	Pediatrics

Graduate Students	Home Department
Maneesha Muriki,	Public Health Sciences
Nicole Finney	Public Health Sciences
Alexandra Calderon	School of Medicine
Jacob Buckley	School of Medicine
Raj Manickam	Graduate Group in Epidemiology
Wyatt Graham	School of Medicine
Peter Torres	Linguistics
Cindy Valencia	Public Health Sciences

Undergraduate Students	Home Department
John Paulus Francia	Computer Science
Anderson Yang	Public Health Sciences
Sabrina Loureiro	Global Health Biology

Appendix 1: Strategic Plan

During FY 19-20 CHPR completed the following strategic planning tasks:

- 1) Modified and enhanced the CHPR Website
 - a. Hired a marketing/communications specialist
 - b. Marketing/communications specialist made substantial improvements to the CHPR website
- 2) Increased distribution of the CHPR newsletter to once every month
- 3) Provided support for grants development
 - a. Hired an interim and then permanent Chief Administrative Officer
 - b. Hired an interim and then permanent Research Administrator III
- 4) Expanded CHPR capacity, expertise, efficiency and reach in community engagement activities through integration of the UC Davis Institute for Population Health Improvement into CHPR. This new partnership enables CHPR to produce even more high-impact, meaningful research that will be useful to and used by community stakeholders as well as policymakers.

Our Strategic Plan for the near future is heavily influenced by the 15-year review conducted by external reviewers. The Review Committee identified key areas to ensure the ongoing success and growth of CHPR:

Director Recruitment

Most importantly, the national search for a new CHPR Director, given the end of my term as Director in June 2021, must be initiated as soon as possible. This search must be accompanied by a clear commitment of resources to support the new Director's vision and ongoing support of CHPR administrative infrastructure, with collaboration from the Office of Research, the School of Medicine, and consideration of support from UCD Health. The new Director will undertake a strategic planning process when appointed.

Support for CHPR Infrastructure and Administration

The use of indirect cost returns to support CHPR infrastructure has not been a consistent source of funding. The indirect cost returns to CHPR have declined despite the fact that the total indirect funds generated by CHPR research have increased. A new funding model for CHPR infrastructure is needed to support collaborative research efforts. The Committee also emphasized the importance of a strategic planning process to define the direction of CHPR under the new Director; this process will also require an investment of resources.

CHPR Space

Given the problematic nature of CHPR's current space, which fails to meet UC seismic requirements, the 15-year review Committee has strongly supported allocation of space for CHPR in Aggie Square, planned to open in fall of 2023. Our connection to policy and the community are a good fit with the Aggie Square vision. A firm commitment to space allocation for CHPR in Aggie Square will facilitate the Director recruitment and enhance the visibility of CHPR to the community as well as to faculty and students from the Davis campus who will be teaching and learning there.

CHPR Visibility

The Committee highlights the importance of increasing the visibility of CHPR both within and outside the University. We could not agree more on the importance of visibility, but note that until now our efforts to enhance CHPR's visibility have been limited by lack of sustained funding for staff to support the website, a social media presence, and

other potential opportunities for dissemination of CHPR research and services, such as briefs, blogs, and podcasts. All of these efforts require time and skill to produce and grant funding for such staff is not generally available. Therefore, addressing this critical issue will also require an investment of resources.

CHPR Commitments

- **Research:** CHPR has a high success rate for grants submission, a service which is open to any CHPR member for proposals consistent with our mission to expand knowledge on health outcomes, healthcare access, quality, and costs. As the Review Committee noted, the likelihood of extramural funding success is enhanced for CHPR members who submit proposals through CHPR. We will expand our work in research, including a new focus area on Population Health and Community Engagement. We continue collaborative research in mental health, substance use, healthcare quality measurement, and evidence synthesis to inform health policy.
- **Education:** Our research training efforts will continue to span the spectrum from undergraduate to postdoctoral research training, with plans to identify a T32 opportunity consistent with CHPR's areas of expertise. We expect our work with undergraduate students will expand considerably with a successful relocation to Aggie Square.
- **Public Service:** Our commitment to public service in support of evidence-based health policy continues, with many of our core faculty involved in significant efforts on state and federal panels and committees.

We look forward to the next five years of growth at CHPR, including the recruitment of a new Director and continuing our role as a generator for high impact health outcomes research, research synthesis, and research training. The successful recruitment of a new Director, a clear plan for ongoing infrastructure and staff support, and relocation of CHPR to Aggie Square are key elements that will facilitate ongoing success.

Appendix 2: Publications

2019-20 PUBLICATIONS

Appendix 3 List 1: CHPR Journal Articles July 2019-June 2020

The following papers were published by Core CHPR faculty during fiscal year 2019-2020. CHPR- affiliated researchers are highlighted in **bold** among the authors of the journal articles listed; * indicates present or previous CHPR postdoctoral fellows; ** indicates CHPR staff.

1. Adams CM, **Tancredi DJ**, Bell JF, Catz SL, **Romano PS**. [Associations between home injury falls and prior hospitalizations in community dwelling older adults: A population case-crossover study.](#) *Injury*. 2020 Feb;51(2):260-266.
2. **Agnoli A**, **Jerant A**, Becker W, **Franks P**. [Opioid Prescriptions and Short-Term Mortality: a U.S. National Study.](#) *J Gen Intern Med*. 2020 Mar;35(3):656-661.
3. **Agnoli A**, **Jerant A**, **Franks P**. [Cancer Screening Among Women Prescribed Opioids: A National Study.](#) *Ann Fam Med*. 2020 Jan;18(1):59-65.
4. **Agnoli A**, **Jerant A**, **Franks P**. [Prescription Opioids and Patient Sex: A National Cross-Sectional Study.](#) *J Womens Health (Larchmt)*. 2020 Jun 17. doi: 10.1089/jwh.2019.8234. Online ahead of print.
5. Alvarez EM, Malogolowkin M, **Hoch JS**, Li Q, Brunson A, Pollock BH, Muffly L, Wun T, Keegan THM. [Treatment Complications and Survival Among Children and Young Adults With Acute Lymphoblastic Leukemia.](#) *JCO Oncol Pract*. 2020 Jun 11:JOP1900572. doi: 10.1200/JOP.19.00572. Online ahead of print.
6. Backhus LM, Kpodonu J, Romano JC, Pelletier GJ, Preventza O, **Cooke DT**. [An Exploration of Myths, Barriers, and Strategies for Improving Diversity Among STS Members.](#) *Ann Thorac Surg*. 2019 Dec;108(6):1617-1624.
7. Backhus LM, Lui NS, **Cooke DT**, Bush EL, Enumah Z, Higgins R. [Unconscious Bias: Addressing the Hidden Impact on Surgical Education.](#) *Thorac Surg Clin*. 2019 Aug;29(3):259-267.
8. **Bang H**. [Biomarker Score in Risk Prediction: Beyond Scientific Evidence and Statistical Performance.](#) *Diabetes Metab J*. 2020 Apr;44(2):245-247.
9. **Batani SB**,* Gingrich AA, **Hoch JS**, Canter RJ, Bold RJ. [Defining Value for Pancreatic Surgery in Early-Stage Pancreatic Cancer.](#) *JAMA Surg*. 2019 Aug 21:e193019. doi: 10.1001/jamasurg.2019.3019. [Epub ahead of print]
10. **Batani SB**,* Gingrich AA, Jeon SY, **Hoch JS**, Thorpe SW, Kirane AR, Bold RJ, Canter RJ. [Clinical Outcomes and Costs Following Unplanned Excisions of Soft Tissue Sarcomas in the Elderly.](#) *J Surg Res*. 2019 Jul;239:125-135.
11. Beaman J, Prifti C, **Schwarz EB**, Sobota M. [Medication to Manage Abortion and Miscarriage.](#) *J Gen Intern Med*. 2020 May 14. doi: 10.1007/s11606-020-05836-9. Online ahead of print.
12. Becker JC, Zakaluzny SA, Keller BA, Galante JM, **Utter GH**. [Clamping trials prior to thoracostomy tube removal and the need for subsequent invasive pleural drainage.](#) *Am J Surg*. 2020 Jan 8. pii: S0002-9610(20)30008-8. doi: 10.1016/j.amjsurg.2020.01.007. [Epub ahead of print]
13. **Bell JF**, Wu Y, Sollinger AB, Muthukattil RJ, Ferrara JM. [Comparing No-Show Rates of Neurology Outpatients with and without Parkinson's Disease: A Real-World Assessment of the Parkinsonian Personality Profile.](#) *J Parkinsons Dis*. 2019 Sep 25. doi: 10.3233/JPD-191651. [Epub ahead of print]
14. Bent RE, Wilson MD, Jacoby VL, Varon S, Parvataneni R, Saberi N, **Waetjen LE**. [Myoma Imaging by Gynecologic Surgeons Training in Intraoperative Ultrasound Technique.](#) *J Minim Invasive Gynecol*. 2019 Sep - Oct;26(6):1139-1143.
15. Bindman AB, **Romano PS**. [From the Editor's Desk.](#) *Health Serv Res*. 2020 Apr;55(2):151-152.
16. Bindman AB, **Romano PS**. [From the Editors' Desk: HSR's outstanding reviewers.](#) *Health Serv Res*. 2020 Jun;55(3):343.
17. Bowman JA, Jurkovich GJ, **Nishijima DK**, **Utter GH**. [Older Adults With Isolated Rib Fractures Do Not Require Routine Intensive Care Unit Admission.](#) *J Surg Res*. 2020 Jan;245:492-499.
18. Bowman JA, Jurkovich GJ, Nuño M, **Utter GH**. [Hospital-level intensive care unit admission for patients with isolated blunt abdominal solid organ injury.](#) *J Trauma Acute Care Surg*. 2020 Mar;88(3):408-415.
19. Bowman JA, **Utter GH**. [Evolving Strategies to Manage Clostridium difficile Colitis.](#) *J Gastrointest Surg*. 2020 Feb;24(2):484-491.

20. Brandt KR, Scott CG, **Miglioretti DL**, Jensen MR, Mahmoudzadeh AP, Hruska C, Ma L, Wu FF, Cummings SR, Norman AD, Engmann NJ, Shepherd JA, Winham SJ, Kerlikowske K, Vachon CM. **Automated volumetric breast density measures: differential change between breasts in women with and without breast cancer.** Breast Cancer Res. 2019 Oct 28;21(1):118.
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24. Buist DSM, Ichikawa L, Wernli KJ, Lee CI, Henderson LM, Kerlikowske K, Bowles EJA, **Miglioretti DL**, Specht J, Rauscher G, Sprague B, Onega T, Lee JM. **Facility Variability in Examination Indication Among Women With Prior Breast Cancer: Implications and the Need for Standardization.** J Am Coll Radiol. 2020 Jun;17(6):755-764.
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27. Cai S, **Bakerjian D**, **Bang H**, Mahajan SM, Ota D, Kiratli J. **Data acquisition process for VA and non-VA emergency department and hospital utilization by veterans with spinal cord injury and disorders in California using VA and state data.** J Spinal Cord Med. 2020 Jun 16:1-8. doi: 10.1080/10790268.2020.1773028. Online ahead of print. PMID: 32543354
28. **Cerdá M**, Ponicki WR, Smith N, Rivera-Aguirre A, Davis CS, Marshall BDL, Fink DS, **Henry SG**, Castillo-Carniglia A, Wintemute GJ, Gaidus A, Gruenewald PJ, Martins SS. **Measuring Relationships Between Proactive Reporting State-level Prescription Drug Monitoring Programs and County-level Fatal Prescription Opioid Overdoses.** Epidemiology. 2020 Jan;31(1):32-42.
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154. Yanagawa B, Iannacone EM, Kaneko T, Rubens F, **Cooke DT**. [Cardiothoracic Surgical Residency Programs: A Pandemic Playbook](#). *Innovations (Phila)*. 2020 Jun 30;1556984520937656. doi: 10.1177/1556984520937656. Online ahead of print.
155. Young HM, **Bell JF**, Whitney RL, **Ridberg RA**,* Reed SC, Vitaliano PP. [Social Determinants of Health: Underreported Heterogeneity in Systematic Reviews of Caregiver Interventions](#). *Gerontologist*. 2020 Feb 14;60(Suppl 1):S14-S28. doi: 10.1093/geront/gnz148.

Appendix 3 List 2: California Health Benefits Review Program (CHBRP) Reports to which CHPR Faculty Members or Staff (*) contributed in Fiscal Year 2019-2020**

1. *California Health Benefits Review Program (CHBRP). (2020). Analysis of California Assembly Bill 1904: Pelvic Floor Physical Therapy Coverage. Berkeley, CA. (Elizabeth Magnan, MD, PhD, and Meghan Soulsby Weyrich, ** MPH, prepared the medical effectiveness analysis; Elizabeth Magnan, MD, PhD, MPH, Marykate Miller, ** MS, and Dominique Ritley, ** MPH, prepared the public health impact analysis; Jeffrey Hoch, PhD, prepared the cost impact analysis. A subcommittee of CHBRP's National Advisory Council and members of the CHBRP Faculty Task Force, Janet Coffman, MA, MPP, PhD, Joy Melnikow, MD, MPH, and Nadereh Pourat, PhD, reviewed the analysis for its accuracy, completeness, clarity, and responsiveness to the Legislature's request.)*
2. *California Health Benefits Review Program (CHBRP). (2020). Analysis of California Assembly Bill 2242: Mental Health Services. Berkeley, CA. (Joy Melnikow, MD, MPH, and Shauna Durbin, ** MPH, prepared the public health impact analysis.)*
3. *California Health Benefits Review Program (CHBRP). (2020). Analysis of California Assembly Bill 2258: Doula Care: Medi-Cal Pilot Program. Berkeley, CA. (Shauna Durbin, ** MPH, and Elizabeth Magnan, MD, PhD,*

prepared the medical effectiveness analysis; **Elizabeth Magnan**, MD, PhD, **Marykate Miller**,** MS, and **Dominique Ritley**,** MPH, prepared the public health impact analysis. A subcommittee of CHBRP's National Advisory Council and members of the CHBRP Faculty Task Force, Sylvia Guendelman, PhD, LCSW, **Joy Melnikow**, MD, MPH, and Gerald Kominski, PhD, reviewed the analysis for its accuracy, completeness, clarity, and responsiveness to the Legislature's request.)

4. *California Health Benefits Review Program (CHBRP). (2020). Analysis of California Senate Bill 854: Health Care Coverage: Substance Use Disorders. Berkeley, CA. (Shauna Durbin,** MPH, Elizabeth Magnan, MD, PhD, and Meghan Soulsby Weyrich,** MPH, prepared the medical effectiveness analysis.)*
5. *California Health Benefits Review Program (CHBRP). (2020). Analysis of California Senate Bill 855: Health Coverage: Mental Health or Substance Abuse Disorders. Berkeley, CA. (Joy Melnikow, MD, MPH, and Dominique Ritley,** MPH, prepared the public health impact analysis.*

Appendix 3 List 3. Reports/Briefs Issued by CHPR during FY 2019-2020

1. Melnikow J, Ritley D, Evans E, Baiocchi A, Ciuffetelli R, Loureiro S, Curry S. Homelessness, Health and Integrating Care: Options for Integrating Behavioral Health, Medical Care, and Housing. University of California, Davis. Center for Healthcare Policy and Research. February 2020.
2. Melnikow J, Ritley D, Evans E, Baiocchi A, Ciuffetelli R, Loureiro S, Curry S. Integrating Care for People Experiencing Homelessness: A Focus on Sacramento County. University of California, Davis. Center for Healthcare Policy and Research. February 2020.
3. Hoch JS, Trenaman ML. Economic analysis of options for helping people experiencing homelessness in Sacramento. Center for Healthcare Policy and Research. Division of Health Policy and Management, Department of Public Health Sciences, University of California, Davis. Summer 2020.

Appendix 3: Outreach Activities

Notable Outreach Activities

- As voting members of the California Technology Assessment Forum (convened by ICER), Director Melnikow, Associate Director Hoch and Patricia Powers, a CHPR consultant, reviewed the available evidence and made recommendations in a national health technology assessment process.
- CHPR hosted more than 100 attendees at the UC Center Sacramento on December 12, 2019 to present synthesized information about and discuss the topic of "Homelessness, Health, and Integrating Care: Options for Integrating Behavioral Health, Medical Care, and Housing in Sacramento County."
- In partnership with the California Health Benefits Review Program, CHPR staff and Drs. Melnikow, Hoch, and Magnan contributed non-partisan, evidence-based analyses of effectiveness, public health impacts, and cost and utilization of proposed health insurance legislation to inform state lawmaker decisions. Five bills were analyzed in a 60-day time period, meeting the state legislature's policy committee timeline.
- The CHPR Seminar Series (see Appendix 6), always open to the public, went virtual in response to the pandemic; presentations were also posted and made available for later viewing.
- CHPR participated in the Office of Research's Research Expo as well as the UC Davis SOM's Research Expo in FY 2019-2020.
- CHPR newsletters distributed quarterly.
- CHPR's Marketing Specialist improved interactivity of the CHPR website and increased CHPR's social media presence, especially on Twitter:
 - #of tweets: 76
 - #of followers: 126
 - #of retweets: 14
 - # of mentions: 41

CHPR researchers (highlighted in **bold**) continue to disseminate their work at national and international meetings. * indicates present or previous CHPR post-doctoral fellows; ** indicates CHPR staff.

1. **Hoch J.** "Health economics lessons for the opioid epidemic ", presented at the UC Davis Science Café with Dr. Josh Elder, Sacramento, CA, July 2019.
2. **Hoch J.** "Making cost-effectiveness analysis more useful: Lessons from Canada," presented at the Eberhardt School of Business, University of the Pacific, Stockton, CA, September 2019.
3. **Hoch J.** "Introduction to the U.S. health care system", presented visiting senior health executives from Jilin, China, Sacramento, CA, September 2019.
4. **Jaime MCD***, **Gosdin M****, **Schwarz EB.** Perspectives on pregnancy, contraception, and abortion among young men involved in the juvenile justice system. Poster #0064 2019 Annual Meeting of the Society of Family Planning. Los Angeles, CA Oct 19-21 2019.
5. **Gariepy A**, **Lewis C**, **McDonald-Mosley R**, **Sonalkar S**, **Hathaway M**, **Nunez-Eddy C**, **Zuckerman D**, **Schwarz EB.** Real-world rates of contraceptive failure after publicly- funded sterilization or IUD placement in California (#0359), oral presentation at the 2019 Annual Meeting; abstract published in the October 2019 issue of Contraception. October 19-21, 2019. Los Angeles, CA.
6. **Jaime MCD***, **Gosdin M****, **Schwarz EB.** Perspectives on pregnancy, contraception, and abortion among young men involved in the juvenile justice system. Round Table Discussion. APHA November 2019.
7. **Hoch J.** "An introduction to net benefit regression for cost-effectiveness analysis: Surgical precision without all that blood and stuff", presented to the Outcomes Research Group, Department of Surgery, UC Davis, November 2019.

8. **Hoch J.** “Novel cancer immunotherapy through a health economics perspective: Designed for value or valued for design?” invited plenary presentation at the Canadian Cancer Research Conference, Ottawa, Ontario, Canada, November 2019.
9. **Hoch J.** “Context for health economics research in preventive interventions for depression in adolescents”, Opening plenary by the “Opponent” in the PhD Final Defense of Richard Sregonjas, Uppsala, Sweden, April 2020.
10. **Melnikow J.** “Systematic Review of the Effectiveness of Community-based Interventions to Facilitate Aging-in-Place” North American Primary Care Research Conference, Toronto, Canada, November 2019.
11. **Schwarz EB** “Just Care: Principles and evidence supporting reproductive justice as a social determinant of health” Special Symposium. Society of General Internal Medicine. May 7 2020. 1-2pm.; presented online due to COVID
12. **Schwarz EB** “Breastfeeding and Maternal Health” Columbia University, Grand Rounds Department of Obstetrics and Gynecology. June 4, 2020
13. **Schwarz EB.** Effectiveness of the Partywise Intervention on young women’s knowledge and consumption of alcohol; a randomized trial. Oral Abstract presented at the Society of General Internal Medicine Annual Meeting. May 8, 2020, Birmingham, AL. “SGIM on Demand” June 2020.
14. **Schwarz EB.** Safety and Effectiveness of Intrauterine Contraception compared to Laparoscopic Tubal Ligation for Pregnancy Prevention among California Medicaid clients. Poster presentation. Society of General Internal Medicine Annual Meeting. May 7, 2020, Birmingham, AL. “SGIM on Demand” June 2020.
15. **Magnan EM, Gosdin M, Henry SG,** “Discussing patient life context in clinic visits for chronic pain,” International Conference on Communication in Healthcare, San Diego, California, USA, October 30, 2019.
16. Gerwing J, **White AEC, Henry SG,** “Physician strategies for correcting patient misconceptions during clinic visits,” International Conference on Communication in Healthcare, San Diego, California, USA, October 30, 2019
17. **Feng B, Malloch YZ, Kravitz RL, Verba S, Iosif AM, Slavik G, Henry SG,** “Assessing the effectiveness of a narrative-based patient education video for promoting opioid tapering,” International Conference on Communication in Healthcare, San Diego, California, USA, October 30, 2019
18. **Henry SG, Feng B, Verba S, Kravitz RL, Iosif AM,** “Story versus the storyteller: factors associated with the effectiveness of patient stories for promoting opioid tapering” International Conference on Communication in Healthcare, San Diego, California, USA, October 30, 2019
19. Gerwing J, **Gosdin M, Henry SG, Hood-Medland EA, Kravitz RL, Magnan EM, White AEC,** “Greater than the sum of its parts: Leveraging interdisciplinary teams for analysis of video-recorded clinical encounters.” Symposium, International Conference on Communication in Healthcare, San Diego, California, USA, October 28, 2019
20. **Henry SG, Fenton JJ, Sullivan MD, et al.** Effects of a Physician Communication training intervention on processes and outcomes related to chronic pain in primary care: A randomized trial. Society for General Internal Medicine Annual Meeting Birmingham, Alabama (Virtual due to covid) April 2020
21. **Henry SG, Murphy E, Tseregounis IE et al.** Using data from prescription drug monitoring programs to identify patients’ risk of becoming long-term opioid users: A cohort study. Society for General Internal Medicine Annual Meeting Birmingham, Alabama (Virtual due to covid) April 2020
22. **Tong E.** “Change is in the Air: Engagement and Readiness to Support College Smoke and Tobacco Free Policies” American Public Health Association, Philadelphia, 11/2019

Appendix 4: Education

Appendix 5 Table 1. Current Postdoctoral Fellows Affiliated with CHPR

Fellow Name (Start Year)	Training Program	Department/ Affiliation	Mentor(s)	Project(s)
Katherine Glaser, MD, MPH (2020-present)	QSCERT-PC	TBD	TBD	Joined the QSCERT-PC fellowship August 2020
Adrienne Hoyt-Austin, DO (2019-present)	QSCERT-PC	Department of Pediatrics	Dr. Laura Kair Dr. Caroline Chantry	Conducting a randomized evaluation of Hybrid telesimulation with standardized patients for Breastfeeding Education of Pediatric and Family Medicine trainees
Renata Abrahão, MD, MSc, PhD (2019-present)	QSCERT-PC	Division of Hematology/ Oncology	Dr. Theresa Keegan	Developing health policies to enhance cancer outcomes and decrease health disparities, especially among pediatric, adolescent and young adult cancer survivors.
Anne Clark White, PhD (2017-present)	QSCERT-PC	Department of Internal Medicine	Dr. Stephen Henry; Dr. Richard Kravitz	Analyzing qualitative data from visits with patients using opiates to treat chronic pain to identify challenges and successes in establishing provider-patient therapeutic alliances
Logan Trenaman, PhD	Post-doctoral fellow	Department of Public Health Sciences	Dr. Jeffrey Hoch	Health economics research on net benefits of regression and applied use of cost-effectiveness by ICER
I. Erik Tseregounis, PhD	Post-doctoral fellow	Department of Internal Medicine	Dr. Stephen Henry	Risk-prediction analysis and model development for opioid-related harms
Gayatri Patel, MD, MPH	Post-doctoral fellow	Department of Internal Medicine	Dr. Ruby Shah	Medical expenditures in overweight and obese children in the U.S.

Appendix 5 Table 2. CHPR Seminars during FY 2019 – 2020

<i>Presenter</i>	<i>Title or Organization</i>	<i>Presentation</i>	<i>Year</i>
<i>Professor Raoh-Fang (Jasmine) Pwu</i>	Director, National Hepatitis C Program Office, Ministry of Health and Welfare Taiwan	Solutions to high drug costs: Lessons from Asia	2019
<i>Fatima T Malik, MPH</i>	School of Nursing, PhD Candidate, UC Davis, & Principal, Malik WCC	The Science of Science Communication: Informal Strategies for Public Engagement	2019
<i>Kermit Jones, JD, MD</i>	Internal Medicine Physician, Kaiser Permanente Medical Group	Prior Authorization: Political Lotions, Potions and Elixirs of the Healthcare system	2019
<i>Miriam Nuno, PhD</i>	Associate Professor, Dept., Public Health Sciences, UC Davis	Disparities in Neonatal Abstinence Syndrome in the United States: 2000-2016	2019
<i>David Panush</i>	President, California Health Policy Strategies, L.L.C.	An Exercise in the Art of Policy Trade-offs and Decision-Making	2019
<i>Julianne Penner, MS</i>	Computational and Data Science Research Specialist, UC Davis Health	Zero-Inflated Count Regression with Application to Lung Cancer Incidence	2019
<i>John Cullinan, BASF, MA, MSc, PhD</i>	Senior Lecturer in Economics, National University of Ireland, Galway	Population-based Mammography Screening, Socioeconomic Status and Breast Cancer Mortality– Evidence from a Natural Experiment in Ireland	2019
<i>Ted Calvert, MS</i>	Project Management Lead (Consultant), OSHPD Health Payments Data Program	Update on OSHPD’s Healthcare Payments Data Program: An All Payer Claims Database for California	2019
<i>Michael Valle, MA, MPA</i>	Chief Strategy Officer & Branch Chief, Information Services at OSHPD	Update on OSHPD’s Healthcare Payments Data Program: An All Payer Claims Database for California	2019
<i>Susan Stewart, PhD</i>	Adjunct Professor, Division of Biostats, Department of Public Health Sciences, UC Davis	Comparison of Record Linkage Software for De-duplicating Patient Identities in California’s Prescription Drug Monitoring Program	2019
<i>Lisceth Brazil-Cruz, PhD</i>	UC Davis ADVANCE Social Sciences Research Initiative Postdoctoral Scholar	Chicana/o/x and Latina/o/x Health Care Issues	2019
<i>Desiree Backman, DrPH, MS, RD</i>	Director, Whole Health Solutions Program	The Green Prescription: Improving Population Health through Environmental Interventions	2019
<i>Kathleen Clanon, MD</i>	Medical Director, Alameda County Care Connect	Alameda County Social - Health Information Exchange	2020
<i>Jeffrey Hoch, MA, PhD</i>	Associate Director, CHPR, Professor, Department of Public Health Science, UC Davis	Negative findings in cost-effectiveness analysis of mental health interventions: How often, how wrong and how about an alternative	2020
<i>Joshua Fenton, MD, MPH</i>	Professor, Department of Family and Community Medicine, UC Davis	Trends and Outcomes of Dose Tapering Among Patients on Long-Term Opioid Therapy, 2008-2017	2020

<i>Stephen Henry, MD, MSc</i>	Assistant Professor, Internal Medicine, UC Davis	Results from a randomized trial of a clinician communication training intervention to improve processes and outcomes of care related to chronic pain in primary care	2020
<i>Marj Plumb, MNA, DrPH</i>	Non-Profit Consultant and Trainer, Public Policy Advocacy and Non-Profit Organizational & Leadership Development	How to Influence the California Legislative Process as a Researcher	2020
<i>Laura Wherry, PhD</i>	Assistant Professor In-Residence, General Internal Medicine and Health Services Research, UCLA	Medicaid and Mortality: New Evidence from Linked Survey and Administrative Data	2020
<i>Renata Abrahão, MD, MSc, PhD</i>	QSCERT Fellow	Chronic Medical Conditions and Late Effects Following Non-Hodgkin Lymphoma in HIV-1 Uninfected and HIV-infected Adolescents and Young Adults: A Population-Based Study	2020

Appendix 5: Program Members

Currently, CHPR has nearly 150 members, an increase of 31 members since 2012. Members include faculty from the School of Medicine, the School of Nursing, and other UC Davis schools and departments, including Communication, Economics, Sociology, Human Development, and Law. Affiliate members from external organizations recognize the value of CHPR, and include faculty from other academic institutions, such as CSU Sacramento and the University of Toronto, University of the Pacific, Kaiser Permanente, and professional staff from the Department of Health Care Services, the California Public Employees Retirement System (CalPERS), and the Sacramento County Department of Health and Human Services. The current mix of Center membership is 66% from the School of Medicine, 25% from non-School of Medicine appointments, and 9% from external organizations.

Appendix 8 Table 1. Current CHPR Members

<i>Member Name</i>	<i>Title</i>	<i>Department</i>
<i>Aimee Moulin, M.D.</i>	Associate Clinical Professor	Emergency Medicine
<i>Alicia Agnoli, M.D., M.P.H., M.H.S.</i>	Assistant Professor	Family and Community Medicine, SOM
<i>Alvaro Medel-Herrero, Ph.D., M.B.A.</i>	Assistant Project Scientist	Center for Health and the Environment
<i>Ann H. Stevens, Ph.D.</i>	Professor	Economics
<i>Anthony F. Jerant, M.D.</i>	Professor and Chair	Family and Community Medicine
<i>Anthony J. Urquiza, Ph.D.</i>	Clinical Professor	Pediatrics
<i>Aubyn Stahmer, Ph.D.</i>	Professor	Psychiatry and Behavioral Sciences
<i>Bo Feng, Ph.D.</i>	Professor of Communication	Communication
<i>Bonnie Raingruber, R.N., Ph.D.</i>	Adjunct Professor	Hematology and Oncology
<i>Byung Kwang (Koo) Yoo, Ph.D.</i>	Associate Professor	Public Health Sciences
<i>Calvin H. Hirsch, M.D.</i>	Professor of Clinical Internal Medicine	Internal Medicine
<i>Christian Sandrock, M.D., M.P.H., F.C.C.P.</i>	Professor	Internal Medicine
<i>Christiana M. Drake, Ph.D.</i>	Professor	Statistics
<i>Colin Cameron, Ph.D.</i>	Professor	Economics
<i>Craig M. McDonald, M.D.</i>	Professor and Chair	Physical Med. & Rehabilitation
<i>Daniel J. Tancredi, Ph.D.</i>	Assistant Professor in Residence	Pediatrics

<i>Daniel Nishijima, M.D.</i>	Associate Professor	Emergency Medicine
<i>David M. Rocke, Ph.D.</i>	Distinguished Professor	Public Health Sciences
<i>David Tom Cooke, M.D.</i>	Associate Professor	Surgery
	Head and Program Director	Cardiothoracic Surgery Residency
<i>Debora A. Paterniti, Ph.D.</i>	Adjunct Professor	Internal Medicine and Sociology
<i>Debra Bakerjian, Ph.D., R.N., F.N.P.</i>	Clinical Professor	Betty Irene Moore School of Nursing, UC Davis
<i>Dennis M. Styne, M.D.</i>	Professor	Pediatrics
<i>Dian Baker, Ph.D., A.P.R.N.-B.C., P.N.P.</i>	Professor	Betty Irene Moore School of Nursing, UC Davis
<i>Diana L. Farmer, M.D.</i>	Chair and Pearl Stamps Stewart Professor	Surgery
<i>Diana Miglioretti, Ph.D.</i>	Dean's Professor	Public Health Sciences
<i>Donald A. Palmer, Ph.D.</i>	Professor	Graduate School of Management
<i>Drew Halfmann, Ph.D.</i>	Associate Professor	Sociology
<i>Edward J. Callahan, Ph.D.</i>	Associate Dean for Academic Personnel	Office of the Dean, School of Medicine
	Professor	Family and Community Medicine
<i>Eleanor Bimla Schwarz, M.D., M.S.</i>	Professor	Internal Medicine
<i>Elena O. Siegel, Ph.D., R.M</i>	Associate Professor	Betty Irene Moore School of Nursing, UC Davis
<i>Elisa Tong, M.D., M.A.</i>	Associate Professor	Internal Medicine
<i>Elizabeth David, M.D., F.A.C.S.</i>	Assistant Professor	Surgery
<i>Elizabeth Magnan, M.D., Ph.D.</i>	Assistant Professor	Family and Community Medicine
<i>Erik Fernandez y Garcia, M.D., M.P.H.</i>	Associate Professor of Clinical Pediatrics	Pediatrics
<i>Farzaneh Tabnak, Ph.D.</i>	Assistant CE Specialist in Agriculture Safety and Health	Biological and Agricultural Engineering
<i>Frederick J. Meyers, M.D.</i>	Professor	Internal Medicine and Pathology
<i>Garth H. Utter, M.D.</i>	Associate Professor of Surgery	Surgery

<i>George G. Roussas, Ph.D.</i>	Distinguished Professor Emeritus	Statistics
<i>Gerald Kayingo, Ph.D., P.A.-C.</i>	Assistant Clinical Professor	Betty Irene Moore School of Nursing, UC Davis
<i>Glen Xiong, M.D.</i>	Health Sciences Clinical Professor	Betty Irene Moore School of Medicine, UC Davis
<i>Hans-Georg Mueller, M.D., Ph.D.</i>	Distinguished Professor and Chair	Statistics
<i>Heather Young, Ph.D., R.N., G.N.P., F.A.A.N.</i>	Professor and Dean Emerita	Betty Irene Moore School of Medicine, UC Davis
<i>Heejung Bang, Ph.D.</i>	Professor	Public Health Science
<i>Helene Margolis, Ph.D., M.A.</i>	Assistant Adjunct Professor	Internal Medicine
<i>Hien Nguyen, M.D., M.A.S.</i>	Associate Health Sciences Clinical Professor of Medicine	Internal Medicine
<i>J. Paul Leigh, Ph.D.</i>	Professor	Public Health Sciences
<i>James Holmes, M.D., M.P.H.</i>	Professor and Vice Chair	Emergency Medicine
<i>James Nuovo, M.D.</i>	Professor	Family and Community Medicine
<i>James P. Marcin, M.D., M.P.H.</i>	Professor	Pediatrics
<i>Jane-Ling Wang, Ph.D.</i>	Distinguished Professor	Statistics
<i>Jann Murray-Garcia, M.D., M.P.H.</i>	Associate Clinical Professor	Betty Irene Moore School of Nursing, UC Davis
<i>Jean Wiedeman, M.D., Ph.D.</i>	Associate Professor	Pediatrics
<i>Jeanny K. Park, M.D.</i>	Associate Clinical Professor	Pediatrics
<i>Jeffrey Hoch, Ph.D.</i>	Associate Director	Center for Healthcare Policy and Research
	Professor	Public Health Sciences
<i>Jeffrey Sherman, Ph.D.</i>	Professor	Psychology
<i>Jennifer Rosenthal, M.D.</i>	Assistant Professor	Pediatrics
<i>Jill Joseph, M.D., Ph.D., M.P.H.</i>	Associate Dean for Research/Professor	Betty Irene Moore School of Nursing, UC Davis
<i>John Robbins, M.D., M.H.S.</i>	Professor Emeritus	Internal Medicine

<i>Jonathan M. Ducore, M.D., M.P.H.</i>	Professor	Pediatrics
<i>Jorge A. Garcia, M.D., M.S.</i>	Associate Clinical Professor	Internal Medicine
<i>Josh Elder, M.D., M.P.H., M.H.S.</i>	Staff Physician	Emergency Medicine
<i>Joshua Fenton, M.D., M.P.H.</i>	Professor	Family and Community Medicine
<i>Joy Melnikow, M.D., M.P.H.</i>	Director	Center for Healthcare Policy and Research
	Professor	Family and Community Medicine
<i>Judith Van de Water, Ph.D.</i>	Professor	Internal Medicine
<i>Julie Rainwater, Ph.D.</i>	Director	Clinical and Translational Science Center, UC Davis
<i>Julie Schweitzer, M.D.</i>	Professor	Psychiatry and Behavioral Sciences
<i>Katherine Kim, M.P.H.</i>	Assistant Professor	Betty Irene Moore School of Nursing,
<i>Kenneth W. Kizer, M.D., M.P.H.</i>	Professor	Emergency Medicine
<i>Klea Bertakis, M.D., M.P.H.</i>	Professor and Chair	Family and Community Medicine
<i>L. Elaine Waetjen, M.D.</i>	Professor	Obstetrics and Gynecology
<i>Ladson Hinton, M.D.</i>	Professor and Director	Psychiatry & Behavioral Sciences
<i>Laramie Taylor, Ph.D.</i>	Professor	Communication
<i>Larissa May, M.D., M.S.P.H., M.S.H.S.</i>	Associate Professor	Emergency Medicine
<i>Lars Berglund, M.D., Ph.D.</i>	Associate Vice Chancellor/Vice Dean for Research, Professor	Biomedical Research Internal Medicine
<i>Laura Kair, M.D.</i>	Assistant Professor of Clinical Pediatrics	Pediatrics
<i>Leonor Pabon Fernando, M.D.</i>	Director of Apheresis/MSP Staff Physician	Pathology and laboratory Medicine
<i>Lisa Brown, M.D., M.A.S.</i>	Assistant Professor of Thoracic Surgery	Surgery
<i>Lisa M. Soederberg, Ph.D.</i>	Associate Professor	Human Ecology
<i>Lorena Garcia, M.P.H., Ph.D.</i>	Professor	Public Health Sciences
<i>Lorien S. Dalrymple, M.D., M.P.H.</i>	Associate Professor	Internal Medicine
<i>Mark Fedyk, Ph.D.</i>	Associate Professor	Betty Irene Moore School of Nursing

<i>Marc B. Schenker, M.D., M.P.H.</i>	Distinguished Professor	Public Health Sciences
<i>Marjorie Solomon, Ph.D., M.B.A.</i>	Professor	Clinical Psychology
<i>Mary Lou de Leon Siantz, Ph.D., R.N., F.A.A.N.</i>	Professor Emeritus	Betty Irene Moore School of Nursing, UC Davis
<i>Michael S. Wilkes, M.D., Ph.D.</i>	Professor	Internal Medicine
<i>Michelle Ko, Ph.D., M.P.H.</i>	Assistant Professor	Public Health Sciences
<i>Ming-Cheng Lo, Ph.D.</i>	Professor	Sociology
<i>Miriam Nuno, Ph.D.</i>	Associate Professor	Public Health Science
<i>Misty Humphries, M.D., M.A.S., R.P.V.I., F.A.C.S.</i>	Assistant Professor	Surgery
<i>Naileshni Singh, M.D.</i>	Associate Clinical Professor	Anesthesiology and Pain Medicine
<i>Nasim Hedayati, M.D., M.S.</i>	Professor	Surgery
<i>Natalia Deeb-Sossa, Ph.D.</i>	Associate Professor	Sociology
<i>Nathan Kupperman, M.D., M.P.H.</i>	Professor and Chair	Emergency Medicine
<i>Nolan Zane, Ph.D.</i>	Professor Emeritus	Psychology
<i>Patrick M. Koga, M.D., M.P.H.</i>	Assistant Clinical Professor	Public Health Sciences
<i>Patrick S. Romano, M.D., M.P.H.</i>	Professor	Internal Medicine
<i>Penelope K. Knapp, M.D.</i>	Professor Emerita	Psychiatry, Pediatrics
<i>Peter Franks, M.D.</i>	Professor	Family and Community Medicine
<i>Rahman S. Azari, Ph.D.</i>	Lecturer Emeritus	Statistics
<i>Richard H. White, M.D.</i>	Professor of Medicine	Internal Medicine
<i>Richard J. Bold, M.D.</i>	Chief of Surgical Oncology	Surgery
<i>Richard L. Kravitz, M.D., M.S.P.H.</i>	Professor, Co-Vice Chair of Research	Internal Medicine
<i>Richard Pan, M.D., M.P.H.</i>	Pediatrician, Senator	California State Senator, District 6
<i>Rina E. Alcalay, Ph.D.</i>	Professor Emeritus	Communication

<i>Robert A. Bell, Ph.D.</i>	Professor Emeritus	Communication
<i>Robert Byrd, M.D., M.P.H.</i>	Professor of Clinical Pediatrics	Pediatrics
<i>Robert W. Derlet, M.D.</i>	Professor Emeritus	Emergency Medicine
<i>Robin L. Hansen, M.D.</i>	Professor	Pediatrics
<i>Rosemary D. Cress, Dr.P.H.</i>	Adjunct Associate Professor	Public Health Sciences
<i>Sergio Aguilar-Gaxiola, M.D., Ph.D.</i>	Professor	Internal Medicine
<i>Shin Ping Tu, M.D., M.P.H., F.A.C.P.</i>	Chief and Professor	Internal Medicine
<i>Shuai Chen, Ph.D.</i>	Assistant Professor Regular/In Residence, Step III	Public Health Sciences
<i>Stephanie Crossen, M.D., M.P.H.</i>	Assistant Professor	Pediatrics
<i>Stephen G. Henry, M.D., M.Sc.</i>	Assistant Professor	Internal Medicine
<i>Su-Ting Li, M.D.</i>	Associate Professor	Pediatrics
<i>Sunny Kim, Ph.D.</i>	Assistant Professor	Public Health Sciences
<i>Susan Denise Brown, Ph.D.</i>	Associate Professor	Internal Medicine
<i>Tara Niendam, Ph.D.</i>	Assistant Professor in Residence	Psychiatry & Behavioral Sciences
<i>Theresa Keegan, Ph.D., M.S.</i>	Associate Professor	Cancer Epidemiology
<i>Thomas S. Nesbitt, M.D., M.P.H.</i>	Professor	Family and Community Medicine
<i>Tonya Fancher, M.D., M.P.H.</i>	Associate Professor	Internal Medicine
<i>Ulfat Shaikh, M.D., M.P.H.</i>	Professor	Pediatrics

Appendix 6: CHPR Advisory Boards

Appendix 8 Table 1. CHPR Internal Advisory Board Members

<i>Board Member</i>	<i>Title</i>
<i>Theodore Wun, MD, FACP</i>	Interim Vice Dean for Research <i>UC Davis School of Medicine</i>
	Associated Dean for Research Director <i>UC Davis Clinical and Transitional Science Center</i>
	Chief <i>Division of Hematology and Oncology</i>
<i>Lisa Ikemoto J.D., LL.M.</i>	Martin Luther King Jr. Professor of Law <i>UC Davis School of Law</i>
	Bioethics Associate <i>UC Davis Health Bioethics Program</i>
<i>Benjamin Houlton, PhD</i>	Professor and Chancellor's Fellow & Director <i>UC Davis John Muir Institute of the Environment</i>
<i>James Marcin, MD, MPH</i>	Director <i>UC Davis Center for Health and Technology</i>
	Vice Chair for Pediatric Clinical Research and Professor <i>UC Davis Health Department of Pediatrics</i>
<i>Shin-Ping Tu, MD, MPH</i>	Chief <i>UC Davis Health Division of General Medicine, Geriatrics, and Bioethics</i>
<i>Richard Applegate, II, MD</i>	Professor and Chair <i>UC Davis Health Department of Anesthesiology and Pain Medicine</i>
<i>Diana Farmer, MD</i>	Chair and Pearl Stamp Stewart Professor <i>UC Davis Health Department of Surgery</i>

Appendix 8 Table 2. CHPR External Advisory Board Members

<i>Board Member</i>	<i>Title</i>
<i>Catrina Kiefe, PhD, MD</i>	Professor Population and Quantitative Health Sciences <i>University of Massachusetts Medical School</i>
<i>Lori Dangberg</i>	Vice President <i>Alliance of Catholic Health Care</i>
<i>Timothy Carey, MD, MPH</i>	Professor Department of Medicine and Social Medicine <i>University of North Carolina</i>
<i>Arden Morris, MD, MPH, FACS</i>	Professor of Surgery Stanford University Medical Center

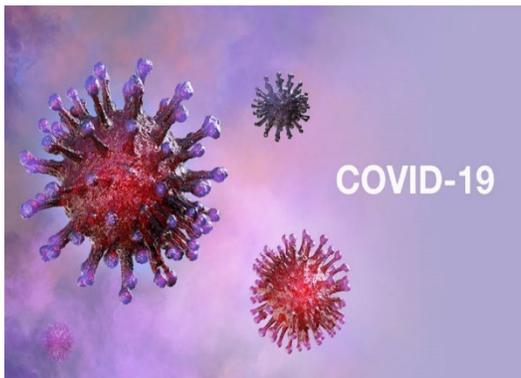
Appendix 7: Diversity, Equity & Inclusion

- CHPR initiated a center-wide examination of race, equity and inclusion in June 2020 when a folder titled CHPR Addressing Systemic Racism-Resources was established in Microsoft Teams. Monthly meetings led by Melissa Gosdin, Ph.D. in sociology, have been held since in which materials are presented and various issues related to diversity, equity and inclusion are discussed have been held since. CHPR faculty and staff are currently educating themselves on these issues, improving their ability to embrace diversity, practice inclusive excellence and strive for equity.
- CHPR's Dr. Melissa Gosdin also serves as a small group facilitator for health equity sessions in the UC Davis Schools of Nursing and Medicine. This is a course (MDS418 Health Equity Sessions) offered to medical and nursing students for the purpose of exploring how implicit biases impact patient care through a combination of hands-on activities and discussions.
- In 2019-2020 Melissa Gosdin mentored Swati Rao, an Assistant Clinical Professor in the Department of Psychiatry and Behavioral Sciences, and three pre-med students in analyzing qualitative data for the purpose of creating a trans health curriculum for the school of medicine. The research was presented during the department's grand rounds on February 22, 2019.
- Additionally, Drs. Joy Melnikow, Melissa Gosdin and Jeffrey Hoch act as research mentors to junior faculty, QSCERT-PC postdocs and students of underrepresented groups.
 - For example, CHPR was actively involved in internally funded research on diversity mentoring efforts at UC Davis. In 2019, the Faculty Development and Diversity office funded 13 Mentoring Innovation awards. CHPR was involved in two of the projects. The first is "The Perceived Importance of Concordant Mentoring in Underrepresented Racial Minority and LGBT+ Groups in Surgical Training." Before the data collection began, Dr. Hoch served as an informal research mentor to the Orthopaedic Hand Fellow working on the survey project. She was interested in seeing whether mentoring in minority groups (women, underrepresented minority race and LGBT+) is of particular importance within the surgical fields. She planned to survey all medical students, residents and surgical faculty at UC Davis. The research team made an in-depth modification of another published survey in a similar study in the medical student population. Dr. Hoch reviewed her survey draft, as well as descriptions of the project and the referenced articles. After CHPR's research consultations, the Orthopaedic Hand Fellow began the surveying. To date, the project has enjoyed good progress with > 350 responses (180 from medical students, 120 from residents/fellows and 50 from Attendings).
 - Another example involves the funded project called "First Class Mentoring". Dr. Hoch served as the PI for this second project which included Dr. Melisa Gosdin as a co-investigator. For this qualitative research, there is heavy representation of Hispanic and Female voices. The study will produce new knowledge that will directly benefit diverse or minority faculty and future faculty by listening to their voices about their needs and ideas for potential solutions.

Appendix 8: Impact of COVID-19

CHPR Administrative and Research Responses to COVID-19

The COVID-19 pandemic has had profound and diverse impacts on our society over the past 9 months. In mid-March, CHPR moved to conducting all work from home and meetings via Zoom, in accordance with University-



wide policies and Governor Newsom's orders. Fortunately, CHPR research being conducted at this time could be managed remotely or transitioned to the use of telephone and on-line interactions with research subjects. On June 1, CHPR progressed to limited re-opening in full compliance with policies from the Office of Research, including masks, frequent disinfection, and symptom screening. We have largely continued the model of staff and research faculty primarily working from home. CHPR staff have adapted well to this model and continued high levels of productivity. Additionally, CHPR faculty and staff have supported

and conducted research on the effects of the pandemic, and synthesized available information on several subjects related to COVID-19 for healthcare professionals and the lay public and posted it on the Agency for Healthcare Research and Quality (AHRQ) PSNet web resource (see details below).

Supporting Research on the Effects of the Pandemic

Research to better understand the impacts of COVID-19 on patients, providers, and health systems is critical to devising strategies to address them. CHPR faculty and staff quickly engaged in research and research synthesis to evaluate impact and improve outcomes from COVID-19. CHPR, the UC Davis Center for Health and Technology (CHT), and the UC Davis Behavioral Health Center of Excellence (BHCOE) announced a joint call for pilot projects to be conducted during 2020, and made five awards to support highly meritorious, short-term pilot projects to study the impacts of COVID-19 on health services, access, outcomes and costs, and to generate preliminary data to support applications for future extramural funding. A list of the pilot grant awardees is given above in **Table 1**.



Conducting Research on the Effects of the Pandemic

In the wake of the COVID-19 pandemic, Dr. Melnikow, Dr. Gosdin and a team of CHPR staff conducted a series of interviews, focus groups, and surveys to better understand the impact it has had on the professional and personal experiences of frontline physicians. Bridging patient care and healthcare systems, physician experiences illuminate the successes and challenges of national and local responses to the pandemic. These insights can inform the responses of healthcare organizations and policymakers in addressing the rapidly shifting landscape. A proposal to fund and extend this work and track the impacts of the pandemic on physicians over time is pending with AHRQ.

Synthesized and Posted COVID-19-related Information Relevant to Healthcare Professionals on PSNet

Dr. Romano and the CHPR team providing the content for PSNet, an online resource for patient safety-related information funded by AHRQ, published a Patient Safety Primer titled COVID-19: Team and Human Factors to Improve Safety. The CHPR team has published several other pieces related to COVID-19 on PSNet as well.

Summary

From an administrative perspective, the economic impacts of the pandemic on the University and School of Medicine budgets. Reductions in funding for research and evaluations have begun to reverberate through California State contract funding and may also affect national research funding opportunities in future years.

Appendix 11: OR Annual Report

CHPR FY 19-20 Highlights:

- CHPR collaborated with the Behavioral Health Center of Excellence and the Center for Health Technology to support **five pilot projects examining the impacts of COVID 19** on health care services, access, outcomes and costs and developing innovative approaches to care delivery.
- A consensus panel report co-authored by CHPR faculty member, Dr. Richard Kravitz, [published in Pain Medicine](#), informed the new HHS Guide for Clinicians on the Appropriate Dosage Reduction or Discontinuation of Long-Term Opioid Analgesics. [Results](#) from Dr. Henry's NIH-funded research projects exploring patient experiences with opioid tapering, informed a national opioid prescribing guideline released in October 2019: [the HHS Guide for Clinicians on the Appropriate Dosage Reduction or Discontinuation of Long-Term Opioid Analgesics](#). This research **filled knowledge gaps about patient experiences with opioid tapering** in primary care.
- CHPR extramural funding increased by 6.1% over 2018-19, and by 56% over 2017-18, despite challenges posed by the COVID-19 pandemic.