BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM

I.4. Research, Economic Development, and Innovation Committee

Thursday, April 5, 2018
9:00 a.m. – 10:30 a.m.
Gordon Dining & Event Center
770 W. Dayton Street, 2nd Floor
Symphony Room
Madison, Wisconsin

a) Approval of the Minutes of the February 8, 2018 Meeting of the Research, Economic Development, and Innovation Committee

b) Approval of UW School of Medicine and Public Health Appointment to the Oversight and Advisory Committee of the Wisconsin Partnership Program. Led by Dr. Robert Golden, Dean of the UW School of Medicine.
[Resolution I.4.b]

c) Update on UW-Madison's Posse Program – An Initiative to Recognize Diverse, Extraordinary High School Scholars and to Support Their Academic Journeys at the University. Presentation led by Chancellor Rebecca Blank

d) Progress Report on Research to Update UW System Economic Impact – Presentation led by Jack McGovern, UW-Madison alumnus and former UW System intern, and Dr. David J. Ward, CEO of NorthStar Analytics.

e) Annual Report of the WiSys "Innovation Engine" Supporting Faculty and Student Undergraduate Research and Commercialization Efforts at UW System Comprehensive Campuses – Led by WiSys Board Chair David J. Ward and WiSys President Arjun Sanga.

April 6, 2018 Agenda Item 1.4.b

UW School of Medicine and Public Health
Wisconsin Partnership Program
Oversight and Advisory Committee Appointment

RESEARCH, ECONOMIC DEVELOPMENT, AND INNOVATION COMMITTEE

Resolution I.4.b:

That, upon recommendation of the President of the University of Wisconsin System and the Chancellor of the University of Wisconsin-Madison, the Board of Regents approves the appointment of Dr. Amy Kind to fill an unexpired term on the UW School of Medicine and Public Health Oversight and Advisory Committee of the Wisconsin Partnership Program effective immediately through October 31, 2018.

April 6, 2018 Agenda Item I.4.b

WISCONSIN PARTNERSHIP PROGRAM – NOMINATION OF DR. AMY KIND TO THE OVERSIGHT & ADVISORY COMMITTEE

BACKGROUND

The Wisconsin Insurance Commissioner's Order (Order) of March 2000 approved the conversion of Blue Cross and Blue Shield United of Wisconsin from a nonprofit service corporation to a stock insurance corporation and the distribution of the proceeds from the sale of stock to the University of Wisconsin School of Medicine and Public Health (SMPH) and the Medical College of Wisconsin to improve the health of the people of Wisconsin.

The Order required the UW System Board of Regents to create an Oversight and Advisory Committee (OAC) consisting of nine members appointed for four-year, renewable terms. Four public members (health advocates) and four SMPH representatives are appointed by the Regents upon recommendation of the Dean of the SMPH, and one member is appointed by the Insurance Commissioner. In accordance with the Order, the OAC is responsible for directing and approving the use of funds for public health initiatives. The committee also reviews, monitors, and reports to the Board of Regents on the funding of education and research initiatives through the Wisconsin Partnership Program's annual reports.

The SMPH, in collaboration with the OAC, developed the inaugural Five-Year Plan (2004–2009) describing the uses of the funds. The plan also called for the appointment of the Partnership Education and Research Committee (PERC) by the SMPH to be composed of a cross-section of the faculty, representatives of the OAC and leaders of the SMPH, to direct and approve the allocation for education and research. Following approval of the Five-Year Plan by the Board of Regents in April 2003, the plan was reviewed and subsequently approved by the Wisconsin United for Health Foundation, Inc. (WUHF) in March 2004. Immediately thereafter, WUHF transferred the funds to the UW Foundation for management and investment based on the Agreement between the UW Foundation, the Board of Regents, and WUHF (Agreement). Since March 2004, the OAC and the PERC, collectively known as the Wisconsin Partnership Program, have been engaged in seeking proposals from community organizations and faculty, respectively, and in making awards in accordance with the Order, the Agreement and the Five-Year Plan. The current Five-Year Plan (2014–2019) was presented to and approved by the Board of Regents in December 2013.

In alignment with the Wisconsin Idea, the Partnership Program reaches beyond the campus to improve health in Wisconsin through community-academic partnerships, innovative research and educational programs and community engagement.

Information on the Wisconsin Partnership Program's awards and related activities are presented to the Board of Regents annually.

REQUESTED ACTION

Approval of Resolution I.4.b, appointing Dr. Amy Kind to fill an unexpired term on the UW School of Medicine and Public Health Oversight and Advisory Committee of the Wisconsin Partnership Program effective immediately through October 31, 2018.

DISCUSSION

In accordance with the Insurance Commissioner's Order and the Bylaws of the Oversight and Advisory Committee, the BOR through the REDI committee has the following oversight responsibilities for the Wisconsin Partnership Program:

- Reviews annual reports
- Receives financial and programmatic audits, which are required at least every five years
- Approves five-year plans
- Appoints OAC members upon recommendation of the SMPH Dean

The Regents are being asked to appoint Dr. Amy Kind as one of the four UW School of Medicine and Public Health representatives to fill an unexpired term effective immediately through October 31, 2018.

Dr. Amy Kind, MD, PhD, is Associate Professor and Director of the Health Services and Care Research Program in the Department of Medicine at the UW School of Medicine and Public Health. She also holds leadership roles at the William S. Middleton Memorial Veterans Hospital as Associate Director-Clinical of the Geriatrics Research, Education and Clinical Center and Director of the Dementia and Cognitive Care Clinic.

Dr. Kind leads a robust research program focused on assessing and improving care for highly vulnerable and disadvantaged older adults, especially those with Alzheimer's disease and other dementias. Through innovative research in health policy and clinical programs, she strives to develop novel ways to eliminate health disparities.

Dr. Kind is a national leader in the field of neighborhood-level socioeconomic disparities, especially as they relate to brain health and Medicare policy. Furthermore, Dr. Kind designs, leads and assesses systems interventions that improve care for high-risk older adult patients, including those with dementia, and which are particularly applicable in low-resource settings. One such intervention, the Coordinated-Transitional Care (C-TraC) Program, a low-cost, mostly phone-based intervention designed to improve hospital-to-home transitions, has been disseminated to multiple U.S. hospitals.

Dr. Kind is very knowledgeable about the work of the Wisconsin Partnership Program as a member of the Partnership Education and Research Committee (PERC), which is responsible for allocating resources for innovative education and research initiatives to build healthier communities. She joined PERC in August 2017 as a representative of the public health faculty.

In accordance with the nomination process followed by the SMPH, Dean Robert Golden identified Dr. Kind as an ideal nominee for a faculty position on the Oversight and Advisory

Committee. Dean Golden strongly endorses Dr. Kind's nomination and recommends her to the Board of Regents for appointment to the committee.

Dr. Kind's biographical information follows.

RELATED REGENT POLICIES

Not Applicable

BIOGRAPHICAL SKETCH

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

NAME
Kind, Amy Jo Haavisto

eRA COMMONS USER NAME
HAAVISTO

POSITION TITLE
Associate Professor (with Tenure), Geriatrics

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

INSTITUTION AND LOCATION	DEGREE *(if applicable)*	MM/YY	FIELD OF STUDY
University of Wisconsin, Madison, WI	BS	05/96	Molecular Biology (Honors)
University of Wisconsin School of Medicine	MD	05/01	Medicine
Massachusetts General Hospital, Boston, MA	Resident	06/04	Internal Medicine—Primary Care
University of Wisconsin, Madison, WI	Fellow	06/05	Geriatrics
Department of Veterans Affairs, Madison, WI	Fellow	06/07	Older Women's Health
University of Wisconsin School of Medicine and Public Health	PhD	05/11	Population Health Sciences

A. Personal Statement

I am an Associate Professor at the UW School of Medicine and Public Health, founding Director of the UW Department of Medicine Health Services and Care Research Program, Director of the Madison VA Dementia and Cognitive Care Clinic, and Associate Director-Clinical for the Madison VA GRECC. As a practicing geriatrician and a PhD health services/implementation scientist, I lead a robust research program focused on assessing and improving care for highly vulnerable and disadvantaged older adult populations, especially those with Alzheimer's Disease (AD) and other dementias. I strive to develop novel ways to *eliminate health disparities* through innovative research in health outcomes, health policy and clinical programs. I am a national leader in the field of *neighborhood-level socioeconomic contextual disparities*, especially as they relate to health outcomes and Medicare policy. Our updated neighborhood disadvantage metric---the Area Deprivation Index (ADI)---incorporates poverty, education, housing and employment indicators; predicts disparity-related health outcomes; and is employed by multiple US States and the Centers for Medicare and Medicaid Services (CMS) through our provision. CMS is now using our ADI as a novel eligibility criteria for one of its national disparities programs. I receive R01 funding to support this research from the NIH/NIMHD (PI: Kind), and I serve as a technical expert on these issues for CMS. I am also leading efforts to determine the impact of timing and dosage of neighborhood disadvantage exposure on Alzheimer's Disease, with particular interest in outcomes of AD-specific pathologic features, vascular burden and cognitive decline (NIH/NIA R01, PI: Kind; MPI: Bendlin). Furthermore, I design, lead and assess systems interventions which improve care for high-risk older adult patients with AD, and which are particularly applicable in low-resource and safety-net hospital settings. Some of these programs have disseminated widely. One of these, the Coordinated-Transitional Care (C-TraC) Program, is a low-cost, mostly phone-based intervention designed to improve hospital-to-home transitions, has disseminated to multiple US hospitals, and is the focus of a 5-year NIH/NIA-funded randomized controlled trial (PI: Kind) and a 2-year CMS pilot grant for dissemination to highly disadvantaged areas. I have a strong track record of mentoring junior faculty and have formal NIH-supported training in mentorship, especially for mentees from disadvantaged backgrounds.

a. Kind AJH, Jencks S, Brock J, Yu M, Bartels C, Ehlenbach W, Greenberg C & Smith M. (2014). Neighborhood Socioeconomic Disadvantage and 30 Day Rehospitalization: A Retrospective Cohort Study. *Annals of Internal Medicine*, 161(11), 765-774. PMCID: PMC4251560.
b. Kind AJH, Jensen L, Barczi S, Bridges A, Kordahl B, Smith M & Asthana S. (2012). Low-Cost Transitional Care With Nurse Managers Making Mostly Phone Contact with Patients Cut Rehospitalization at a VA Hospital. *Health Affairs*, 31(12), 2659-2668. PMCID: PMC3520606.
c. Kind AJH, Brenny-Fitzpatrick M, Leahy-Gross K, Mirr J, Chapman E, Frey B, Houlahan B. (2016) Harnessing Protocolized Adaptation in Dissemination: Successful Implementation and Sustainment of the VA

Coordinated-Transitional Care (C-TraC) Program in a Non-VA Hospital. *Journal of American Geriatrics Society,* 64(2), 409-16. PMCID: PMC4760859.

d. King B, Gilmore-Bykovskyi A, Roiland R, Polnaszek B, Bowers B & Kind AJH. (2013). The Consequences of Poor Communication During Transitions from Hospital to Skilled Nursing Facility: A Qualitative Study. *Journal of the American Geriatrics Society*, 61(7), 1095-1102. PMCID: PMC3714367.

B. Positions and Honors

Positions and Employment

2007- 2015	Clinical Instructor CHS (2007-2009), Assistant Professor CHS (2009-2010), Assistant Professor Tenure Track (2010-2015) University of Wisconsin School of Medicine and Public Health, Department of Medicine, Division of Geriatrics
2007-present	Clinical Duties: Director, VA Coordinated Transitional Care (C-TraC) Program; Director-Dementia and Cognitive Care Clinic and Attending Physician, Geriatric Inpatient Consult Service, William S Middleton VA Hospital, Madison, WI
2015-present	Associate Professor with Tenure, University of Wisconsin School of Medicine and Public Health, Department of Medicine, Division of Geriatrics
2016-present	Associate Director-Clinical, VA Geriatrics Research Education and Clinical Center (GRECC), Madison VA Hospital
2017-present	Director, UW Department of Medicine Health Services and Care Research Program

National-Level Committees

2009- 2011	Member, Centers for Medicare and Medicaid Services (CMS) Care Transitions Measure Development Technical Expert Panel
2013	NIA/NIH Special Emphasis Review Panel for Secondary Analyses and Archiving of Social and Behavioral Datasets in Aging (R03)
2014	NIA/NIH Review Committee, GEMSSTAR (Grants for Early Medical/Surgical Specialists' Transition to Aging Research) (R03)
2014- 2015	Consultant on Socioeconomic Adjustment for Hospital Readmissions, State of Maryland
2014- 2015	Member, CMS/Medicare Technical Expert Panel (TEP), Excess Days in Acute Care after Hospitalization for Heart Failure, Pneumonia, and Acute Myocardial Infarction Measures
2014- 2016	Member, Department of Veterans Affairs Enhanced Discharge Planning Task Force, VA Central Office
2015	Advisory Board Member, Care Ecosystem Project, Centers for Medicare and Medicaid Services Innovation (CMMI) Award Project, University of California San Francisco and University of Nebraska, Bruce Miller (PI)
2015- 2016	Centers for Medicare and Medicaid Services (CMS)--Department of Veterans Affairs, National Outcomes Workgroup Committee, Member
2016	Member, CMS/Medicare Technical Expert Panel (TEP), Population Health Measures: Composite Measure of Social, Socioeconomic and Environmental Factors
2016	Member, Centers for Medicare and Medicaid Services (CMS)--Department of Veterans Affairs, Measurement of Long Term Services and Supports Workgroup Committee, Member
2016-present	NIA/NIH Review Committee, Clinical Aging Study Section, Ad Hoc Member
2016	Member – Cognition and Memory Team, White House Task Force on Research and Development for Technology to Support Aging Adults
2017	NIA/NIH Review Committee, Research Infrastructure Development for Interdisciplinary Aging Research R21/R33, PAR-16-367 Special Emphasis Panel

Board Certified- Internal Medicine, 2004, 2014; Geriatrics, 2005, 2015

C. Contribution to Science

1.) As an expert in implementation science, I design, pilot, assess and disseminate interventions to improve care fragmentation specifically for disadvantaged populations with the goal of eliminating US health disparities particularly for highly vulnerable and disadvantaged older adult populations, *especially those with AD* and other dementias. One of these interventions, the Coordinated-Transitional Care (C-TraC) Program, is a low-cost, nurse-led, mostly phone-based intervention designed to improve hospital-to-home transitions and to be

particularly applicable in low-resource, rural and safety-net hospital settings. Originally developed at Madison VA Hospital, C-TraC was named a "VA Best Practice", has disseminated to dozens of VA and non-VA hospitals, and is the focus of a 5-year NIA-funded randomized controlled trial for patients with dementia and a 2-year CMS pilot grant for dissemination to highly disadvantaged areas of Colorado. I lead multiple programs, research grants and other initiatives in this area. Our free C-TraC tool kit is available at http://www.hipxchange.org/C-TraC and has been downloaded more than 900 times.

a. Kind AJH, Jensen L, Barczi S, Bridges A, Kordahl B, Smith M & Asthana S. (2012). Low-Cost Transitional Care With Nurse Managers Making Mostly Phone Contact with Patients Cut Rehospitalization at a VA Hospital. *Health Affairs*, 31(12), 2659-2668. PMCID: PMC3520606.
b. Kind AJH, Jensen LL & Kennelty KA. (2014). Far Too Easy: Opioid Diversion During the Transitions from Hospital to Nursing Home. *Journal of American Geriatrics Society*, 62(11), 2229-2231. PMCID: PMC4765370.
c. Kind AJH, Brenny-Fitzpatrick M, Leahy-Gross K, Mirr J, Chapman E, Frey B, Houlahan B. (2016). Harnessing Protocolized Adaptation in Dissemination: Successful Implementation and Sustainment of the VA Coordinated-Transitional Care (C-TraC) Program in a Non-VA Hospital. *Journal of American Geriatrics Society,* 64(2), 409-16. PMCID: PMC4760859.
d. Dean S, Gilmore-Bykovskyi A, Buchanan J, Ehlenfeldt B, Kind AJH (2016). The Design and Hospital-Wide Implementation of a Standardized Discharge Summary in an Electronic Health Record. *The Joint Commission Journal on Quality and Patient Safety*. 42(12):555-561. PMCID: PMC5367268..

2.) As a health outcomes/health policy researcher, I perform studies to examine the role of neighborhood socioeconomic contextual disadvantage in the health of older adults. This work employs a composite US Census-based index, the Area Deprivation Index (ADI), originally developed by HRSA in 1990's for the county level and updated/refined by me and my team for more modern US Census/American Community Survey data at the more geographically discrete block-group (i.e., neighborhood) level. I evaluated the association between neighborhood disadvantage and 30-day rehospitalization, finding that residence within a disadvantaged US neighborhood by ADI is a rehospitalization predictor of magnitude similar to chronic pulmonary disease. We have made the 2000 ADI freely available to the public (http://www.hipxchange.org/ADI), and it has been downloaded more than 1600 times, including by multiple federal and state agencies and health systems. An updated 2013 version of the ADI is employed by the US State of Maryland and CMS through my provision. CMS is now using our metric as a novel eligibility pathway for one of its national disparities programs. An updated web platform and these updated ADI metrics with customized mapping is in development for a early 2018 release. I serve as a consultant on this topic of neighborhood disadvantage to the State of Maryland's Health Services and Cost Review Commission and to CMS, and have been awarded a 5-year R01 from the NIH/National Institute for Minority Health and Health Disparities to further this work. I am also leading efforts to determine the impact of timing and dosage of neighborhood disadvantage exposure on Alzheimer's Disease, with particular interest in outcomes of AD-specific pathologic features, vascular burden and cognitive decline (NIH/NIA R01, PI: Kind; MPI: Bendlin).

a. Kind AJH, Bendlin BB, Kim AJ, Koscik RL, Buckingham WR, Gleason CE, Blennow K, Zetterberg H, Carlsson CM, Johnson SC. Neighborhood Socioeconomic Contextual Disadvantage, Baseline Cognition and Alzheimer's Disease Biomarkers in the Wisconsin Registry for Alzheimer's Prevention (WRAP) Study. Oral Presentation at the Alzheimer's Association International Conference, July 2017, London, England
b. Kind AJH, Jencks S, Brock J, Yu M, Bartels C, Ehlenbach W, Greenberg C & Smith M. (2014). Neighborhood Socioeconomic Disadvantage and 30 Day Rehospitalization: A Retrospective Cohort Study. *Annals of Internal Medicine*, 161(11), 765-774. PMCID: PMC4251560.
c. Kind AJH, Bartels C, Mell M, Mullahy J & Smith M. (2010). For-Profit Hospital Status and Rehospitalizations to Different Hospitals: An Analysis of Medicare Data. *Annals of Internal Medicine*, 153(11):718-727. PMCID: PMC3058683.
d. Kind AJH, Smith M, Liou J, Pandhi N, Frytak J & Finch M. (2010). Discharge Destination's Effect on Bounce-Back Risk in Black, White and Hispanic Acute Ischemic Stroke Patients. *Archives of Physical Medicine and Rehabilitation*, 91(2), 189-195. PMCID: PMC2854650.

3.) I have employed mixed methods approaches to examine the predictors and impact of discharge and transitional care practices for cognitively impaired older adults transitioning from the hospital to the nursing home.

This vulnerable population relies almost entirely on system-to-system discharge communication and transitional care practice quality to convey care plans between settings. My work has influenced national discharge communication standards of practice, especially for hospital-to-nursing home transitions.

a. King B, Gilmore-Bykovskyi A, Roiland R, Polnaszek B, Bowers B & Kind AJH. (2013). The Consequences of Poor Communication During Transitions from Hospital to Skilled Nursing Facility: A Qualitative Study. *Journal of the American Geriatrics Society*, 61(7), 1095-1102. PMCID: PMC3714367.
b. Kind AJH, Thorpe C, Sattin J, Walz S & Smith M. (2012). Provider Characteristics, Clinical-Work Processes and Their Relationship to Discharge Summary Quality for Sub-Acute Care Patients. *Journal of General Internal Medicine*, 27(1), 78-84. PMCID: PMC3250552.
c. Gilmore-Bykovskyi A, Roberts T, King B, Kennelty K, Kind AJH (2016). Transitions from Hospitals to Skilled Nursing Facilities for Persons with Dementia: A Challenging Convergence of Patient and System-Level Needs. *The Gerontologist*. Epub ahead of Print. PMCID: PMC5634404.
d. Polnaszek B, Gilmore-Bykovskyi A, Ferguson P, Roiland R, Hovanes M, Brown R & Kind AJH. (2016). Overcoming the Challenges of Unstructured Data in Multisite, Electronic Medical Record-based Abstraction. *Medical Care,* 54(10), 65-72. PMCID: PMC5024721.

Complete List of Published Work in MyBibliography (55 total publications):
http://www.ncbi.nlm.nih.gov/sites/myncbi/16_PoMLvG-ckx/bibliography/42132179/public/?sort=date&direction=descending

Additional recent publications of importance to the field (in chronological order)

1. Sutovsky P, Hewitson L, Cimerly C, Tengowski M, Navara C, Haavisto A & Schatten G. (1996). Intracytoplasmic sperm injection for Rhesus monkey fertilization results in unusual chromatin, cytoskeletal, and membrane events, but eventually leads to pronuclear development and sperm aster assembly. Human Reproduction, 11(8),1703-1712.
2. Hewitson L, Simerly C, Tengowski M, Sutovsky P, Navara C, Haavisto A & Schatten G. (1996). Microtubule and Chromatin Configurations during Rhesus Intracytoplasmic Sperm Injection: Successes and Failures. Biology of Reproduction, 55(2):271-280.
3. Hewitson L, Haavisto A, Simerly C, Jones J & Schatten G. (1997). Microtubule Organization and Chromatin Configurations in Hamster Oocytes During Fertilization and Parthenogenetic Activation, and After Insemination with Human Sperm. Biology of Reproduction, 57(5), 967-975.
4. Ciske D, Haavisto A, Laxova A, Zeng L, Rock M & Farrell P. (2001). Genetic Counseling and Neonatal Screening for Cystic Fibrosis: An Assessment of the Communication Process. Pediatrics, 107(4), 699-705.
5. Haavisto Kind A, Zakowski L & McBride P. (2002). Rhabdomyolysis from the Combination of a Statin and Gemfibrozil: An Uncommon but Serious Adverse Reaction. Wisconsin Medical Journal, 101(7), 53-56.
6. Kind AJH, Smith M, Frytak J & Finch M. (2007). Bouncing-Back: Patterns and Predictors of Complicated Transitions Thirty Days after Hospitalization for Acute Ischemic Stroke. Journal of the American Geriatrics Society, 55(3), 365-373. PMCID: PMC2205986.
7. Kind AJH, Smith M, Pandhi N, Frytak J & Finch M. (2007). Bouncing-Back: Rehospitalization in Patients with Complicated Transitions in the First Thirty Days After Hospital Discharge for Acute Stroke. Home Health Services Quarterly- special transitional care edition, 26(4), 37-55. PMCID: PMC2205988.
8. Nelson M, Smith M, Martinson B, Kind AJH & Luepker R. (2008). Declining Patient Functioning and Caregiver Burden/Health: The Minnesota Stroke Survey—Quality of Life After Stroke Study. Gerontologist, 48:573-583. PMCID: PMC2586339.
9. Kind AJH, Smith M, Liou J, Pandhi N, Frytak J & Finch M. (2008). The Price of Bouncing-Back: One Year Mortality and Payments for Acute Stroke Patients with 30 Day Bounce-Backs. Journal of the American Geriatrics Society. 56(6), 999-1005. PMCID: PMC2736069.
10. Dupreez A, Smith M, Liou J, Frytak J, Finch M, Cleary J & Kind AJH. (2008). Predictors of Hospice Utilization Among Acute Stroke Patients Who Died Within Thirty Days. Journal of Palliative Care Medicine, 11(9), 1249-1257. PMCID: PMC2586984.
11. Pandhi N, Smith M, Kind AJH, Frytak J & Finch M. (2009). The Quality of Diabetes Care Following Hospitalization for Ischemic Stroke. Cerebrovascular Diseases, 27(3):235-240. PMCID: PMC2656421.
12. Ney D, Weiss J, Kind AJH & Robbins J. (2009). Senescent Swallowing: Impact, Strategies and Interventions. Nutrition and Clinical Practice, 24(3), 395-413. PMCID: PMC2832792.
13. Kind AJH, Smith M, Liou J, Pandhi N, Frytak J & Finch M. (2010). Discharge Destination's Effect on Bounce-Back Risk in Black, White and Hispanic Acute Ischemic Stroke Patients. Archives of Physical Medicine and Rehabilitation, 91(2), 189-195. PMCID: PMC2854650.
14. Kind AJH, Bartels C, Mell M, Mullahy J & Smith M. (2010). For-Profit Hospital Status and Rehospitalizations to Different Hospitals: An Analysis of Medicare Data. Annals of Internal Medicine, 153(11):718-727. PMCID: PMC3058683.
15. Kind AJH, Anderson P, Hind J, Robbins J & Smith M. (2011). Omission of Dysphagia Therapies in Hospital Discharge Communications. Dysphagia, 26(1), 49-61. PMCID: PMC2888892.
16. Walz S, Smith M, Cox E, Sattin J & Kind AJH. (2011). Pending Laboratory Tests and the Hospital Discharge Summary in Patients Discharged to Sub-Acute Care. Journal of General Internal Medicine, 26(4), 393-398. PMCID: PMC3055980.
17. Mell M, Kind AJH, Bartels C & Smith M. (2011). Failure to Rescue and Mortality After Reoperation for Abdominal Aortic Aneurysm (AAA) Repair. Journal of Vascular Surgery, 54(2), 346-351. PMCID: PMC3152588.
18. Bartels C, Kind AJH, Everett C, Mell M, McBride P & Smith M. (2011). Low Frequency of Primary Lipid Screening Among Medicare Patients with Rheumatoid Arthritis. Arthritis Rheum, 63(5), 1221-1230. PMCID: PMC3086993.
19. Kind AJH, Thorpe C, Sattin J, Walz S & Smith M. (2012). Provider Characteristics, Clinical-Work Processes and Their Relationship to Discharge Summary Quality for Sub-Acute Care Patients. Journal of General Internal Medicine, 27(1), 78-84. PMCID: PMC3250552.

20. Thorpe CT, Thorpe JM, Kind AJH, Bartels CM, Everett CM & Smith MA. (2012). Receipt of Monitoring of Diabetes Mellitus in Older Adults with Co-Morbid Dementia. Journal of the American Geriatrics Society. 60(4), 644-651. PMCID: PMC3325373.
21. Bartels C, Kind AJH, Thorpe C, Everett C, Cook R, McBride P & Smith M. (2012). Lipid Testing in Patients with Rheumatoid Arthritis and Key Cardiovascular Comorbidities: A Medicare Analysis. Seminars in Arthritis and Rheumatism, 42(1), 9-16. PMCID: PMC3404199.
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23. Greenblatt D, Greenberg C, Kind AJH, Mell M, Havlena J, Nelson M, Smith M & Kent C. (2012). Causes and Implications of Readmission After Abdominal Aortic Aneurysm Repair. Annals of Surgery, 256(4), 595-605. PMCID: PMC3444679.
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25. Kind AJH, Jensen L, Barczi S, Bridges A, Kordahl B, Smith M & Asthana S. (2012). Low-Cost Transitional Care With Nurse Managers Making Mostly Phone Contact with Patients Cut Rehospitalization at a VA Hospital. Health Affairs, 31(12), 2659-2668. PMCID: PMC3520606.
26. King B, Gilmore-Bykovskyi A, Roiland R, Polnaszek B, Bowers B & Kind AJH. (2013). The Consequences of Poor Communication During Transitions from Hospital to Skilled Nursing Facility: A Qualitative Study. Journal of the American Geriatrics Society, 61(7), 1095-1102. PMID: PMC3714367.
27. Gilmore-Bykovskyi A, Jensen L & Kind AJH. (2014). Reducing Preventable Re-hospitalizations Among At-Risk Older Veterans: The Madison VA Coordinated-Transitional Care (C-TraC) Program. Federal Practitioner, 2014. PMCID:PMC3954808.
28. Fischer B, Hoyt W, Maucieri L, Kind AJH, Hunt G, Swader T, Gangon R & Gleason C. (2014). Performance Based Assessment of Falls Risk in Older Veterans with Executive Dysfunction. Journal of Rehabilitation Research and Development, 51(2), 263-274. PMCID: PMC4330968.
29. Saunders R, Fernandes-Taylor S, Zhao Q, Havlena J, Kind AJH, Greenberg C, Smith M & Kent C. (2014). Rehospitalization to Primary Versus Different Facilities Following Abdominal Aortic Aneurysm Repair. Journal of Vascular Surgery, 59(6), 1502-1510. PMCID: PMC4028422.
30. Kind AJH, Jensen LL & Kennelty KA. (2014). Far Too Easy: Opioid Diversion During the Transitions from Hospital to Nursing Home. Journal of American Geriatrics Society, 62(11), 2229-2231. PMCID: PMC4765370.
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D. Additional Information: Research Support and/or Scholastic Performance

Ongoing Research Support

1RF1AG057784 (PI: Kind; MPI: Bendlin) 9/15/17-6/30/22
NIH/ National Institute on Aging (NIA)
(*Note: an 'RF1' is a mechanism used by NIA to provide all 5 years of an R01's funding in year 1 of the award*)
Project: Neighborhood Socioeconomic Contextual Disadvantage and Alzheimer's Disease
The goal of this study is to establish the necessary assessments, infrastructure and methods to allow for an examination of the impact, mediators and moderators of exposure to socioeconomic contextual disadvantage on the development of Alzheimer's Disease-specific pathologic features, vascular burden and cognitive decline.

1R01MD010243 (PI: Kind) 9/23/15-6/30/20
NIH/National Institute on Minority Health and Health Disparities Research
Project: Neighborhood Socioeconomic Disadvantage and Medicare's 30-Day Rehospitalization Policy: Eliminating Rehospitalization Disparities by Informing Policy Design and Implementation
This proposal updates and validates a novel method for measuring socioeconomic contextual disadvantage, the Area Deprivation Index (ADI), and examines its utility in adjusting for the impact of socioeconomic factors on Medicare's thirty-day rehospitalization penalties with the goal of informing policy.

1R01AG050504 (PI: Shah; Co-I: Kind) 8/15/15-5/31/20
NIH/ National Institute on Aging (NIA)
Project: Paramedic Coached ED Care Transitions to Help Older Adults Maintain Their Health
The goal of the project is to test the hypothesis that community-based paramedic-coordinated ED-to-home CTI will improve community-dwelling older adults' post-ED health outcomes and reduce costs

2P50AG033514-P50 (PI: Asthana; Project PI: Kind) 4/1/14-3/31/19
NIH National Institute on Aging (NIA)
Wisconsin Alzheimer's Disease Research Center P50
Project: The Coordinated-Transitional Care (C-TraC) Program: A Randomized-Controlled Trial to Test a Low-Cost Intervention Designed to Improve Transitions for Patients with Dementia
The goal of the project is to conduct a prospective, randomized-controlled clinical trial to determine the extent to which C-TraC impacts transitional care quality, patient cognition/function, caregiver stress and 30-day rehospitalizations in patients with documented diagnoses of dementia discharged to the community.

1R01AG054059 (PI: Gleason; Co-I: Kind) 8/1/16-4/30/21
NIH/ National Institute on Aging (NIA)
Project: African Americans Fighting Alzheimer's in Midlife (AA-FAiM)
Recognizing that risk for Alzheimer's disease (AD) is multidimensional, the long-term goal of the AA-FAiM project (African Americans Fighting Alzheimer's in Midlife) is to identify modifiable targets for midlife intervention.

Collaborative Research Project 2 (Co-PI Kind, Thyrian) 10/1/2016-12/31/2018
UW-Madison / DZNE
Project: Development of a Multi-National Interventional Framework to Improve Alzheimer's Disease Care and Caregiver Support for Undersupplied Populations. This program provides funds for pilot collaborative research projects between the UW-Madison Division of Geriatrics and the German Center for Neurogenerative Diseases (DZNE) in improving care for patients with dementia.

Collaborative Health Equity Research Pilot Program PI: Gilmore-Bykovskyi; Co-I: Kind) 1/1-12/31/2018
UW Institute for Clinical and Translation Research
This project seeks to develop tailored recruitment strategies that can be initiated in acute care settings to facilitate improved research participation among disadvantaged individuals with Alzheimer's Disease and their caregivers.

VA Geriatrics and Extended Care Grant Program (PI: Driver Co-I: Kind) 10/1/17-9/30/18
Implementation of a Palliative Care Protocol for the VA Coordinated-Transitional Care (C-TraC) Program

ADRC Pilot Grant (PI: Gilmore-Bykovskyi; Co-I: Kind) 7/1/17-6/30/18
Wisconsin Alzheimer's Disease Research Center P50
Project: Pilot Testing of a Clinical Intervention for the Management of Neuropsychiatric Symptoms in Hospitalized
Patients with Alzheimer's Disease. The goal of the project is to determine the feasibility of a multi-component clinical intervention that builds upon the use of clinical decision-support tools to improve the care of hospitalized patients with AD displaying neuropsychiatric symptoms.

KL2 Scholars' Program (PI: Werner; Co- Mentor: Kind) 7/1/2017-6/30/2020

7/1/2017-6/30/2020

NIH/UW Institute for Clinical and Translational Research
Project: Design of a Web-Based Mobile Application to Support Distributed Informal Caregiving Networks
This project aims to develop an innovative mobile technology that holds great potential for achieving improved caregiver interconnectivity and overall caregiving experience.

KL2 Scholars' Program (PI: Bishop-Fitzpatrick; Co- Mentor: Kind) 7/1/2017-6/30/2020

7/1/2017-6/30/2020

NIH/UW Institute for Clinical and Translational Research
Project: Providing Tools to Reduce Distress in Middle Aged and Older Adults with Autism Spectrum Disorder
This project aims to examine heterogeneity in health and mental health outcomes in middle aged and older adults with autism spectrum disorder (ASD) in order to target the adaptation and piloting for middle aged and older adults with ASD of an intervention designed to reduce distress and improve health

NIA Diversity Supplement (PI: Gilmore-Bykovskyi; Co-Mentor: Kind) 4/1/2017-3/31/2019
Wisconsin Alzheimer's Disease Research Center P50
Project: Development and Validation of a Natural Language Processing Ontology to Improve Detection of Alzheimer's Disease using Electronic Health Records
The objective of this project is to develop and validate a NLP ontology using clinical data in the EHR of hospitalized dementia patients for use with machine learning applications to facilitate automated, real-time detection of cognitive impairment and potentially undetected.

CTSA TL1 Award (Awardee: Quinton Cotton; Primary Mentor: Kind) 9/1/16 - 8/31/18
Clinical and Translational Science TL1 Award
This program provides funds for the first 2 years of a doctoral training program for candidates pursuing the PhD or PhD minor in Clinical Investigation.

UW Comprehensive Cancer Center (PI: Weber; Co-I: Kind) 1/1/16-12/31/18
2015 Tim and MaryAnn McKenzie Chair of Surgical Oncology and the UWCCC Pancreas Cancer Research Task Force Investigator Initiated Project Award
University of Wisconsin School of Medicine and Public Health
Project: Improving Patient-Centered Transitional Care for Surgical Pancreas Cancer Patients

Pending Research Support
None

(Selected) Completed Research Support in Last Three Years

Commonwealth Fund (PI: DuGoff; Co-I: Kind) 1/1/17 – 12/31/17
Project: Understanding the High Need Populations in Medicare Advantage: Evidence to Improve Quality of Care
Using the Medicare Health Outcomes Survey, this research will provide new evidence on the types of high-need, high-cost subgroups in the Medicare Advantage program.

VA Geriatrics and Extended Care Grant Program (PI: Driver; Co-I: Kind) 10/1/16-9/30/17
US Department of Veterans Affairs
Project: Develop a Palliative Care Protocol for the VA Coordinated-Transitional Care (C-TraC) Program at Boston VA Hospital

CMS Special Innovation Project for Innovations that Advance Efforts for Better Care at Lower Costs (Contract: Telligen; Sub-Contract PI/Implementation Mentor: Kind) 10/1/15-9/30/17
US Centers for Medicare and Medicaid Services (CMS)
Project: C-TraC Model. The goal of this project is to disseminate the C-TraC program in rural Colorado settings to reduce readmissions.

ADRC Pilot Grant (PI: Pulia; Co-I/Mentor: Kind) 7/1/16-6/30/17
Wisconsin Alzheimer's Disease Research Center P50
Project:Development of Novel Therapeutic Interventions for Patients with Alzheimer's Disease and Comorbid Dysphagia
The goal of the project is to test the impact and feasibility of novel interventions to enact physiologic change in swallowing in patients with AD with the goal of pneumonia prevention.

ADRC Pilot Grant (PI: Werner; Collaborator/Mentor: Kind) 7/1/16-6/30/17
Wisconsin Alzheimer's Disease Research Center P50
Project: HelpCareConnect: Design of a Web-Based Mobile App for Distributed Informal Caregiving
The goal of the project is to apply Human Factors Engineering methods to elicit specific design requirements for the development of a web-based tool that informal caregivers can use to track, communicate, and manage key information related to neuropsychiatric symptom management.

VA VISN 12 Innovation Grant Program (PI: Kennelty; Primary Mentor: Kind) 10/1/15-3/31/17
US Department of Veterans Affairs
Project: Dissemination of the Preventing Opioid prescription Theft and Ensuring seCure Transfer of Personal Health Information (PROTECT PHI) Intervention. The goal of the PROTECT PHI intervention is to ensure delivery of opioid prescriptions and prevent unauthorized access to PHI when patients transition from the hospital and into a nursing home. Originally developed at Madison VA Hospital, this grant enables PROTECT PHI to be disseminated to the six other hospitals within the VA VISN 12.

John A Hartford Foundation (Co-I: Asthana, Barczi; Primary Mentor: Kind) 7/1/15-12/31/16
"Hartford Center of Excellence in Geriatrics Medicine and Education"
This program provides funds for junior faculty in geriatric medicine to support research training activities in geriatrics. The goal of this program is to interest junior faculty in pursuing an academic career in geriatric medicine in an effort to address the serious geriatrics manpower shortage in the United States.
Project: End of Life Care Transitions
Awardee/Trainee: Tim Holden, MD, MS

John A Hartford Foundation (PI: Kennelty; Co-I/Primary Mentor: Kind) 1/1/16-12/31/16
Change AGEnts Action Award
Project: Preventing Opioid Prescription Theft and Ensuring seCure Transfer of Personal Health Information (PROTECT PHI) when Patients Transition from the Hospital and into a Nursing Home

VA Geriatrics and Extended Care Grant Program (PI: Driver; Co-I/Implementation Mentor: Kind) 10/1/15-9/30/16
US Department of Veterans Affairs
Project: Dissemination of the VA Coordinated-Transitional Care (C-TraC) Program to Boston VA Hospital

K18 PCORI Mentored Career Enhancement Award (PI: Weber; Consultant: Kind) 8/1/14-7/31/16
AHRQ
Reducing Readmission Following Complex Cancer Surgery: Human Factors and Systems Engineering Approach

John A Hartford Foundation (Co-I: Asthana, Barczi; Primary Mentor: Kind) 7/1/15-6/30/16

"Hartford Center of Excellence in Geriatrics Medicine and Education"
This program provides funds for junior faculty in geriatric medicine to support research training activities in geriatrics. The goal of this program is to interest junior faculty in pursuing an academic career in geriatric medicine in an effort to address the serious geriatrics manpower shortage in the United States.
Project: Managing Mult-morbidity in High-Utilizing Patients
Awardee/Trainee: Melissa Dattalo, MD, MPH

Claire M. Fagin Postdoctoral Fellow Award/Mayday Fund Supplement (PI: Gilmore-Bykovskyi; Co-Mentor: Kind)
7/1/14-6/30/16
National Hartford Centers of Gerontological Nursing Excellence, John A Hartford Foundation
The goal of this award is to support the early career development of Dr. Gilmore-Bykovskyi and to examine discharge communication regarding dementia-related care needs during hospital-to-nursing home transitions.

Wisconsin Partnership Program New Investigator Award (PI: Kind) 1/1/13-6/30/16
University of Wisconsin School of Medicine and Public Health
Project: Discharge Order Completeness and 30-Day Rehospitalizations in Rural Wisconsin Nursing Home Patients: A Four Hospital Mixed-Methods Study

VA Office of Rural Health Grant Program (PI: Kind) 10/1/13-9/30/15
US Department of Veterans Affairs
Project: Dissemination of the VA Coordinated Transitional Care (C-TraC) Program
The goal of this award is to disseminate the C-TraC program to Iron Mountain, MI and Tomah, WI VA Hospitals by harnessing a mentored dissemination approach.

ICTR Community and Clinical Outcomes Research Pilot Program (PI: Kennelty; Primary Mentor: Kind)
9/1/14-8/31/15
UW Institute for Clinical and Translational Research
Project: Community Pharmacists' Perspectives on Medication Reconciliation Processes for Recently Discharged Patients

April 5, 2018 Agenda Item I.4.c

UW-MADISON'S POSSE PROGRAM – AN INITIATIVE TO RECOGNIZE DIVERSE EXTRAORDINARY HIGH SCHOOL SCHOLARS AND TO SUPPORT THEIR ACADEMIC JOURNEYS AT THE UNIVERSITY

BACKGROUND

For 28 years, colleges and universities across the U.S. have welcomed scholars onto their campuses recruited through the Posse initiative. Collectively, Posse Partner colleges and universities have awarded over $1 billion in merit leadership scholarships. Posse Partner institutions realize success not only through the development of diverse leaders on campus, but also through students' persistence and graduation rates. Posse Partner institutions are investing time, energy, and resources in the promotion of equity in education and social justice. The Posse program reflects a belief in and commitment to the intelligence, talents, and dreams of young people whose potential may not necessarily be showcased through the traditional admissions processes, but who, when given an opportunity, are poised to excel.

Posse selects scholars with extraordinary academic achievement and leadership potential from public high schools. Students are afforded the opportunity to pursue personal and academic excellence by placing them in supportive, diverse teams of ten students, otherwise referred to as a "Posse." Participating partner colleges and universities award Posse Scholars four-year, full-tuition, merit-leadership scholarships. Once selected, Posse Scholars enroll in a 32-week training program during their senior year in high school in their respective Posse cities. They arrive on campus prepared and motivated to foster positive social change and engage in academic excellence.

The University of Wisconsin-Madison is the first major public research institution to form a quad-city partnership with Posse, forming the largest partnership in the nation and recruiting scholars from four different cities: Chicago, Los Angeles, Washington, D.C., and New York. Once on campus, Posse students are assigned graduate student mentors for their first two years as undergraduate scholars. Utilizing graduate students as mentors is a hallmark of the Posse program model UW-Madison pioneered. Other Posse partner institutions are now starting to adopt this approach. Through the years, UW-Madison Posse Scholars have achieved a 90+ percent graduation rate. Since the program's inception in 2002, the UW-Madison Posse Program has awarded more than 500 merit-leadership scholarships and currently has 277 alumni.

REQUESTED ACTION

Information only.

DISCUSSION

UW-Madison Chancellor Rebecca Blank will highlight the Posse Program's success and momentum and will introduce Patrick Sims, Vice Provost for Diversity and Climate and Chief Diversity Officer, and Posse Program Interim Director Emilie Hofacker.

Additional student presenters include:

- Stanley Kang, New York 1, graduated 2016, current Posse mentor, New York 7
- Brianna Young, New York 3, graduating May, 2018

RELATED REGENT POLICIES

Not Applicable.

April 5, 2018 Agenda Item I.4.d

PROGRESS UPDATE ON RESEARCH MEASURING UW SYSTEM'S ECONOMIC IMPACT TO THE STATE OF WISCONSIN

BACKGROUND

The UW System is widely recognized as one of the state's largest talent pipelines, with 35,000 of its students graduating into the workforce each year. The university also represents a significant economic force in propelling the Wisconsin economy forward. Since the 2012 inception of the Research, Economic Development, and Innovation (REDI) Committee of the Board of Regents, the university has accelerated its efforts to foster entrepreneurship and business partnerships.

Collectively, this initiative and other such efforts help to recognize and further encourage research expertise found within the academic community to shorten the pathways from discovery to product commercialization. One recent and wide-ranging initiative, UW Career Connect, for example, represents a statewide effort to connect employers with university talent for internships and employment. The program's strength and visibility come from six key statewide partners with an aggregate membership that exceeds 150,000 members and constituents.

Such concepts align with the "Wisconsin Idea," which holds that the boundaries of the university are the boundaries of the state. Higher education is expected to do more than produce well-educated, career-ready graduates. Today, expectations often include producing graduates in high-need areas, providing expertise to the private sector, engaging in university-business partnerships, technology transfer, and new business creation. Through its 2020FWD initiatives, the UW System is encouraging business-academic interactions that lead to internships and career pathways and which are becoming an integral element of the higher education experience for each student.

From time to time, UW campuses have updated their respective economic impact studies to highlight the results of these efforts. At the UW System level, it has been nearly 20 years since an overall, system-wide impact study was conducted. In 2017, the UW System Office of Economic Development began a peer-review study of economic impact studies to determine best practices in terms of methods and messaging to effectively convey the results in a meaningful fashion.

REQUESTED ACTION

Information only.

DISCUSSION

Last summer, UW System Office of Economic Development Intern Jack McGovern initiated the formal process to update the UW System Economic Impact survey. His research and discussions with economic development researchers and peer system organizations led to the development of a request for a quantitative and qualitative economic impact study to refresh the 2002-vintage UW System economic impact study into a new report to legislators, regional leaders, the media, and other key stakeholders on how the System influences the state's economy.

McGovern worked with NorthStar Analytics principal David J. Ward to outline project parameters and to develop project milestones and a timeline for completion. His recommendations were endorsed by President Ray Cross and the work began at NorthStar. Following graduation in Economics from UW-Madison last May, Jack began work at Epic Systems. He will discuss his summer internship experience and introduce the economic impact study, which represents a key area of interest of his undergraduate studies.

David Ward will preview the study's initial findings, which are scheduled to be finalized and released this spring. The current presentation is the initial report on the project. Dr. Russ Kashian and his student teams at the UW-Whitewater Fiscal and Economic Research Center assisted in developing the analytics for this project.

RELATED REGENT POLICIES

Not Applicable.

April 5, 2018 Agenda Item I.4.e

ANNUAL UPDATE – THE WISYS "INNOVATION ENGINE" SUPPORTS FACULTY AND UNDERGRADUATE STUDENT RESEARCH AND COMMERCIALIZATION EFFORTS AT UW SYSTEM COMPREHENSIVE CAMPUSES

BACKGROUND

The Wisconsin Alumni Research Foundation (WARF) created WiSys to extend WARF's mission, goals, and objectives to the UW System comprehensive universities and colleges. Since 2000, WiSys has provided significant support to advance research at UW System campuses and played a critical role in transforming technology into jobs.

As a key link between the campuses of the UW System and the statewide business community, WiSys remains committed to identifying and invigorating partnerships that will help address Wisconsin's critical educational and economic development challenges. WiSys has demonstrated leadership in advancing research and technology development across Wisconsin in a cost-effective manner by building strategic partnerships with innovative start-ups, high-tech companies, clinical organizations, and UW campuses.

WiSys has a mission of supporting the creation and transfer of innovations from the University of Wisconsin System to the marketplace. This past year, WiSys received a record 64 invention disclosures, had 12 new patents issued, and engaged over 750 students across the UW System in research, innovation and intellectual property development.

REQUESTED ACTION

For discussion only

DISCUSSION

WiSys Board Chair David Ward and WiSys President Arjun Sanga will provide an update on the foundation's programs and progress over the past year and will highlight several of the increasingly popular campus programs led by WiSys Regional Associates and by its WiSys Student Ambassadors who provide support across the UW System campus network.

RELATED REGENT POLICIES

Not Applicable.