

Multi-Grantee Technical Assistance Meeting: Your AHRQ Grant Is Ending: What's Next?

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HEALTH IT

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1. Background

The Agency for Healthcare Research and Quality's (AHRQ's) Health Information Technology (IT) Portfolio provides ongoing technical assistance (TA) to grantees in the form of Webinars, peer-to-peer teleconferences, and one-on-one technical assistance through the National Resource Center for Health IT (NRC). These efforts provide opportunities for grantees to communicate shared experiences, address common challenges, become informed of proven successful research methods, and share other considerations in an open format. Webinars involve presentations made by subject matter experts typically brought in from outside the grantee portfolio, while peer-to-peer sessions are discussions led by grantees with relevant experience.

Many AHRQ health IT grantees are interested in continuing their research projects beyond the formal end dates of their projects. Some grantees have created valuable health IT applications, tools, and other types of outputs that have shown positive results; however, they are not aware of options available to them for dissemination, continued funding, and partnerships. This Webinar aimed to help grantees identify additional options to continue their work once funding from the AHRQ Health IT Portfolio ended.

This multi-grantee meeting titled "Your AHRQ Grant is Ending: What's Next?" was held on July 12, 2011, from 2 p.m. to 3:30 p.m., EST. Its purpose was to help grantees learn about—

- How the AHRQ Office of Communications and Knowledge Transfer (OCKT) can help grantees disseminate findings in traditional and nontraditional ways as their projects come to a close.
- Ways to think creatively about establishing partnerships beyond AHRQ for research dissemination and implementation as their projects end.
- Other organizations and funding sources that may fund ongoing research and support development of tools and other outputs.
- Experiences of other grantees who have identified additional funding or engaged in partnerships to continue their work.

The Webinar was facilitated by Barbara Lund, M.S.W., M.B.A., of the AHRQ Technical Assistance Team. Ms. Lund also gave a presentation during the webinar. Presenters for the Webinar were:

- Kristie Kiser, Strategic Planner for Health IT, OCKT, AHRQ
- Claire Gibbons, PhD, MPH, Senior Program Officer, Research and Evaluation, Robert Wood Johnson Foundation.
- Terry Field, D.Sc., Associate Director, Meyers Primary Care Institute, University of Massachusetts Medical School
- Edith Burns, MD, Medical College of Wisconsin
- Barbara Lund, MBA, MSW, AHRQ NRC TA Team, Massachusetts eHealth Collaborative

2. Meeting Summary

Presentations

The facilitator, Barbara Lund of the AHRQ Technical Assistance Team, provided a high-level introduction to the Webinar's topics, an outline of the event's objectives, and background information on each of the subject matter experts.

Presenter: Kristie Kiser—Strategic Planner for Health IT, OCKT, AHRQ

Ms. Kiser began by emphasizing the importance of communication and the purpose of the OCKT. She clarified that OCKT's job was to disseminate AHRQ researchers' findings to audiences, which was important not only in terms of informing the public and sharing lessons learned with research colleagues but also for generating increased support for AHRQ. While OCKT functions as the public relations agency for AHRQ, it can also support AHRQ grantees with their dissemination and marketing needs.

Media Preparation and Engagement

OCKT is available to help grantees prepare for interviews with the media and can conduct media training over the telephone. Ms. Kiser noted that OCKT could also assist in articulating stories and developing messages for grantees before they communicated with the media and stakeholder groups.

Ms. Kiser emphasized the importance of engaging the media and developing good relationships with reporters. In reaching out to the media, researchers get the story out that they want to get out there. She noted that the definition of media was changing because of the increase in social media and explained that news was now being reported almost in real time. It is important to remember that the information a researcher presents can be disseminated by various forms of media such as Twitter or Facebook during or immediately following a presentation or event.

OCKT conducts most of their outreach to trade publications such as *Modern Healthcare* and *Government Health IT*; however, daily newspapers, TV, and radio are not uncommon. OCKT also attends the Association of Health Care Journalists' annual meeting to establish relationships and conduct proactive outreach for AHRQ.

Publication Tracking

OCKT has a journal tracking team that coordinates with journals regarding release dates and other publicized information; Ms. Kiser emphasized that it was important for grantees to keep OCKT in the loop regarding all publications and to notify the journal tracking team when an article was *accepted* for publication. Grantees should notify the journal track team via email at journalpublishing@ahrq.hhs.gov. OCKT will respect all press embargoes. Please note: It is important to notify OCKT when the article is accepted, not published, in order to give OCKT staff ample time to assist with dissemination efforts.

In addition, OCKT analyzes articles to determine whether they are appropriate for electronic newsletters, trade media, or the listserv, GovDelivery, which currently has 35,000 subscribers.

Presenter: Claire Gibbons—Senior Program Officer, Research and Evaluation, Robert Wood Johnson Foundation
“Establishing Partnerships: How Partnerships are Established”

Ms. Gibbons began by presenting an overview of the work of the Robert Wood Johnson Foundation (RWJF). RWJF’s mission is to increase health care for all Americans, and it is working to achieve this mission through seven areas: quality and equality, coverage, human capital, public health, childhood obesity, pioneer, and vulnerable populations. All of RWJF’s funding is directed toward these strategies, so if a researcher has an important idea that does not fit within the RWJF strategic objectives, the foundation will not be able to fund it.

Quality and Equality Objective

This strategic objective, one of the seven areas, focuses on reducing racial and ethnic disparities in the health care setting. Ms. Gibbons explained that RWJF was working in 15 communities throughout the country to help provide high-quality, equitable, and patient-centered care in targeted settings through the Aligning Forces for Quality effort. The philosophy behind this objective is that no single person, group, or profession can improve health care throughout a community without the support of others. The program began in the ambulatory care setting, expanded in 2008 to include inpatient care, and most recently has increased its focus to include measuring and reducing the cost of care.

Ms. Gibbons noted that in her review of the work of the Webinar attendees, it was clear that many of them worked on quality measurement and using health IT to create measures. She suggested that those grantees interested in learning more or connecting with the communities involved in the RWJF programs visit the RWJF Web site (www.rwjf.org/qualityequality) for more information. She also directed grantees to the Foundation’s Facebook page, “Transformation Has Begun,” to connect with community members working to improve quality, including most Aligning Forces in Quality communities and grantees as well as those in the field. Ms. Gibbons noted that currently there were no open funding opportunities, but new opportunities will be available in the upcoming 6 to 12 months. She advised grantees to sign up for e-mail funding alerts at www.rwjf.org.

Other RWJF Teams and Objectives

Ms. Gibbons next touched on a few currently available funding opportunities. The Changes in Healthcare Financing and Organization program is an existing funding opportunity through that team, with rolling applications throughout the year. There is also a funding opportunity available concerning public health law research. The RWJF Public Health Team works to build strong public health systems, advance better laws, and strengthen public health departments. In addition, there are a number of scholar and fellow programs under the Human Capital objective for which AHRQ Health IT grantees may be eligible. This strategic objective focuses on improving and preparing health professionals for leadership as well as on increasing diversity in the health care workforce. The RWJF Pioneer team is the venture capital team. This team takes more risks on projects, and these projects have greater potential to break free from conventional thinking than projects on other RWJF teams. It is the only area within the Foundation that accepts proposals online throughout the year; researchers can log in and send a short proposal. More information concerning all of these opportunities, including examples of grantees, and recommendations and resources concerning dissemination and promoting one’s research, can be found online.

Ms. Gibbons recommended that grantees take advantage of the services offered by AHRQ OCKT. She explained that she was the Program Officer for the [Dartmouth Atlas of Healthcare](#), which uses Medicare data to provide information on variations in how medical resources are distributed across the United

States. The Atlas had very little media uptake in the 1990s and up through the 2000s; however, when RWJF began providing more support in the area of dissemination and communication, the media hits increased from approximately 28 in 2005 to 455 in 2009. While there may have been other contributing factors to this increase, an emphasis in the type of support being provided helped increase the attention received from the media. She emphasized that the AHRQ Health IT researchers' work looked fantastic and innovative; however, it might as well not exist if people were not aware of it. It is critical to focus on communication. The RWJF is an organization that researchers may wish to consider as grants end and as they look for ways to continue to promote their research.

Presenter: Terry Field, D.Sc.—Associate Director, Meyers Primary Care Institute, University of Massachusetts Medical School
“Establishing Partnerships: Beyond AHRQ Grants – Experiences in Partnering to Continue Dissemination and Implementation of Health IT Research”

Dr. Terry Field, a current AHRQ Health IT Portfolio-funded grantee, began by giving some background on the Meyers Research Institute, a nonprofit research institute that has been in existence for 15 years. Over those years, the institute has conducted significant research on patient safety, particularly as it pertains to medication use. She noted that she would outline some of the paths the institute had taken to followup on its research to ensure its implementation and/or dissemination.

Dr. Field explained that the institute followed up on observational studies with randomized interventional trials whenever possible because it was particularly concerned about improving patient safety, not just finding out more about what is wrong. She provided a few examples, such as an observational study of adverse drug effects in nursing homes, followed by a series of randomized trials in nursing homes and a study of adverse drug effects in the ambulatory setting, followed by a proactive production grant and three subsequent studies for health IT-based interventions.

She advised that grantees should look very closely at opportunities that open up at AHRQ, the National Institutes of Health, and RWJF, and to use imagination to determine how those opportunities align with what a grantee was preparing to do. Field provided an example of successfully disseminating materials developed during a “Strategic Program for Asthma Research” (SPAR) project, which the researchers had found to be effective in improving nursing home management. They wanted the materials to reach the appropriate audience (i.e., nursing home staff); however, they knew that publishing in a national journal would not be sufficient. One of their investigators was involved in another AHRQ project, a Centers for Education and Research on Therapeutics (CERTs) project, which was linked to a group that had a Web site—<http://www.chainonline.org>—and was able to work with them to develop additional materials to accompany the toolkit so that the CERTs project was able to issue continuing education credits (CECs) to nurses. The material has been online for more than a year and has received more than 9,500 views. As of April 2011, 1,683 CECs were issued and 20 other nursing-oriented Web sites had direct links to the materials. Dr. Field noted that this was a good example of thinking outside the box to find a dissemination opportunity.

Dr. Field emphasized that dissemination and implementation of new interventions in the health care system has finally begun receiving attention over the past 5 to 10 years. She stated that her group made sure that at least one of its investigators was involved in dissemination efforts and was up to date regarding approaches being used. Two Web sites her group has found particularly helpful are <http://cancercontrol.cancer.gov/IS/reaim/> and <http://research-practice.org/about.aspx>. Information on these Web sites can be found in Appendix 2.

In addition to disseminating one’s findings, it is also vital to make any inventions available to the people and places that can best use them. Dr. Field suggested researchers should reach out to new audiences for their inventions by identifying relevant journals, conferences, and meetings otherwise not on the researcher’s radar. In the case of her group, they participated in the Health Maintenance Organization (HMO) Research Network, a group of researchers that connected to nonprofit health insurance groups with ambulatory care settings with electronic medical records (EMRs). This was a good opportunity for her group to network with researchers who might be able to take what they had learned and directly implement it. Her group is also conducting a study using the EPIC system and has ensured that its colleagues have helped implement these systems and attended EPIC meetings to spread information.

Presenter: Edith Burns, M.D.—Associate Professor of Medicine, Division of Geriatrics, Associate Professor of Population Health in Epidemiology, Director of Ambulatory Geriatrics, Zemploky VA Medical Center, Medical College of Wisconsin

“Establishing Partnerships: Beyond AHRQ Grants – Experiences in Partnering to Continue Dissemination and Implementation of Health IT Research”

Dr. Edith Burns, another current AHRQ Health IT Portfolio-funded grantee, began by summarizing her group’s work, which it approaches from a change management angle. She noted that she currently trains residents in the outpatient setting, and one focus was communication with patients. Patients often manage their illness at home where things can go wrong, and providers often are unaware of what their patients are doing outside of the office setting. When her team works with patients who have chronic illnesses, it can focus on developing better ways to help guide patients to self-management skills. Dr. Burns emphasized the need for an integrated model of behavior for patients to use in a home setting as well as technology to assist them in acquiring the necessary skills for controlling their chronic conditions in that environment.

Her group has been in contact with several community partners in Wisconsin, including the Department of Aging, which has family care initiatives focusing on low-income elderly as well as diabetes, and the Forest County Potawatomi Tribe in Milwaukee, which focuses on diabetes. In addition, Dr. Burns also discussed her group’s collaboration with a medical engineer in the private sector who was seeking an academic partner to implement a pilot stationary computer system in a clinical setting. The engineer was referred to Dr. Burns’ group by a contact in the Office of Research at the Milwaukee School of Engineering who thought that the technology might be applicable in the nursing home setting. This collaboration resulted in a Small Business Independent Research (SBIR) award from the National Institute on Aging focusing on diabetes prevention. The group created a home-based automated system that could be customized and helped patients focus on objective measures of their care such as reminders to measure blood glucose levels and reminders to take medications. Based on the results of this study, the group was able to apply for its AHRQ grant to conduct a randomized trial of its current system with a refined algorithm to better interpret the objective measurements the patients were asked to perform. Subjects for this trial were recruited through the Department of Aging as well as through the local Department of Veterans Affairs (VA) medical centers.

Dr. Burns concluded that, although there were technical challenges throughout the study, her group had good luck in forming partnerships and was able to create strong relationships with community organizations. The group contacted other AHRQ grantees working on similar projects and expanded ties with local experts. Through networking, the group was able to make contacts that helped access secure Web sites to access electronic health records (EHRs) and formed relationships with engineering schools to create educational collaboratives to develop mobile devices. The group worked with the University of Wisconsin to integrate exercise physiology into patient behavior. Other partnerships resulted in funding to create a smartphone application and a Web interface to translate into a flexible system. Dr. Burns’ group is also conducting focus groups with patients and case managers on leadership and issues surrounding depression. The group is currently looking to the VA for funding and is continuing to work with Native American foundations that provide support for diabetes research.

Presenter: Barbara Lund, M.B.A., M.S.W.—Project Director, Massachusetts eHealth Collaborative, AHRQ National Resource Center (NRC) Technical Assistance (TA) Lead “Partnerships, Dissemination and Funding Opportunities”

Ms. Lund was the final presenter, and on behalf of the AHRQ TA Team, she presented various approaches to ongoing partnerships for grantee consideration.

The first step is to identify potential partners and the target audience for research interventions. To find the right fit, it is essential to spend time researching the right media outlets and local organizations (e.g., health plans, nonprofit organizations) to determine whether there are current programs that match program objectives and may be willing to form a partnership. Use networks to identify the appropriate points of contact and create a simple, focused “elevator pitch” with a clear understanding of how to leverage the target organization’s mission and goals. Often efforts can result in a partnership without additional funding; however, sometimes funding will be available.

Dissemination

Ms. Lund noted that the TA team held a peer-to-peer dissemination teleconference a few weeks previously and shared some ideas that had resulted from that discussion. She emphasized the importance of thinking about dissemination from the beginning of the grant, and noted that, while many researchers might focus on publication, it was not the only option. Grantees can disseminate their work through talks at academic institutions, as well as at local and State medical society conferences. Poster sessions at conferences are another excellent way to promote research. One example is the New York eHealth Collaborative, which is conducting a digital health conference in December and currently soliciting applications. One simple yet effective and often overlooked way to get the word out about research is to simply talk to colleagues. During the teleconference, some grantees mentioned creating videos about their research and receiving assistance from their institution’s communications department. Grantees can proactively work with different media outlets, such as local radio and television stations; AHRQ OCKT can be a resource for help with media preparation and messaging.

Publication

Ms. Lund noted that it was important to think carefully about journal selection to make sure the journal is a good fit for the research. If the information is not generalizable enough, it may be rejected. It is imperative to carefully review all instructions to authors—do not forget to read the fine print. If an article was not accepted, the author could contact the editors with questions concerning what should be done to resubmit the work. In addition, many researchers overlook second-tier publications, which are always searching for articles and may be a good fit. Sometimes these journals present spotlight pieces on projects with interim findings as well. Ms. Lund reminded grantees to contact the AHRQ journal tracking team once an article was accepted for publication.

Potential Partnership Opportunities

The AHRQ TA Team also created a list of potential partnership opportunities, which are provided in the accompanying slide presentation. Ms. Lund explained that these organizations were identified based on characteristics of grantees who had registered for the Webinar as of early July. The organizations are grouped by health IT applications, diseases and conditions, and general areas, including private and public organizations and government agencies, and mapped to different health IT applications and interventions that the AHRQ TA team is familiar with from grantee research.

Example of Dissemination Help Received from AHRQ

Dr. Alexander Krist, from Virginia Commonwealth University, shared his experience obtaining additional AHRQ funding with the group.

Dr. Krist explained that his first project through AHRQ consisted of creating a personal health record (PHR) for prevention; however, this required resources to integrate the PHRs into practices. The team conducted a randomized controlled trial to determine whether the PHR increased delivery of preventive services and produced positive results. The next challenge was to disseminate the PHRs into practices and increase their use. Dr. Krist's group searched for funding to determine whether it could disseminate and generalize the findings from a controlled setting to a typical, real-world practice. His group ultimately won a second and third AHRQ-funded project to disseminate their project further and explore whether the interactive PHR can be applied to different health care settings with different EHRs or extended to their total practice population of 82,000 patients.

3. Questions and Answers

Question 1: *Does OCKT have any interest in helping grantees disseminate peer-reviewed conference papers?*

OCKT asks that grantees submit all peer-reviewed articles and papers to ahrjournalpublishing@ahrq.hhs.gov when the articles are accepted. OCKT is continually looking for different ways to promote AHRQ grantees and is interested in seeing that type of paper because it is always interested in grantee deliverables.

Question 2: *Are there any AHRQ-funded grants that allow for broader distribution and, if so, could you provide some information about this? A grantee explained that, through attending several AHRQ conferences, he has been amazed at the wealth of background knowledge, experience, and software that has been developed. He noted that he has an opportunity to work with several health systems and, as he described some of the software, they ask how to integrate it into their system.*

OCKT uses a Knowledge Transfer contract mechanism to disseminate projects similar to the one described by the grantee. Under the Knowledge Transfer mechanism, there was a specific project designed to integrate AHRQ's Electronic Preventive Services Selector (ePSS) that identifies recommended preventative services from the U.S. Preventative Services Task Force. The purpose of the contract was to facilitate the implementation and dissemination of the ePSS technology. While the Knowledge Transfer vehicle may be a possibility for dissemination of some health IT projects, OCKT was not going to be funding any new projects until FY2013. OCKT considers knowledge transfer to be the next wave of dissemination that it is necessary to build awareness. Once this is complete, OCKT will look for projects to bring into the next phase, which is implementation, and to allow end users to actually use the systems and tools.

Question 3: *Is OCKT primarily interested in publications directly supported by AHRQ grants, or would you support publications that fall into AHRQ's purview?*

One of OCKT's roles is to promote AHRQ research, so AHRQ is primarily interested in hearing about the results of grants funded by AHRQ.

Question 4: *Does AHRQ have a list of recommended peer-reviewed journals for dissemination of findings?*

OCKT recommends that grantees work directly with OCKT and their Project Officer to determine the best matches for their particular project.

Question 5: *Are people who are chronically mentally ill considered "vulnerable populations" according to the Robert Wood Johnson Foundation?*

Ms. Gibbons of the RWJF replied that, from the foundation's perspective, chronic mental illness was categorized within the quality/equality program. There is a vulnerable population portfolio; however, their work focuses more on identifying models that have an impact on those vulnerable populations and moving those models to a public health perspective than a health care system perspective.

Question 6: *A grantee asked Dr. Field who was responsible for referring the URL mentioned in her presentation (www.chainonline.org) to her group. Was this individual paid by the grant? Who funded the Web site development?*

Dr. Field replied that the Web site where her project posted materials was funded by AHRQ through a CERT grant. It is a specific CERT Web site called www.chainonline.org and is run by Baylor College of Medicine. The Web site handles CERT-related materials only, and because her group was related to the CERT, it offered the materials to the Web site. Dr. Field explained that her group was not required to develop any additional materials because the Web site was funded by AHRQ. The additional material developed was for the nursing CECs and was not funded by anyone.

Appendix A: Presenter Bios

Presenter: Kristie Kiser—Strategic Planner for Health IT, Office of Communications and Knowledge Transfer, Agency for Healthcare Research and Quality

Kristie Kiser is a strategic planner for health IT in AHRQ's Office of Communications and Knowledge Transfer (OCKT), where she has worked since 2001. OCKT promotes the communication of information to both internal and external customers. It designs, develops, implements, and manages programs for disseminating and implementing the results of Agency activities with the goal of changing audience behavior. Prior to her work with AHRQ's health IT portfolio, Ms. Kiser managed communication activities for AHRQ's Prevention and Care Management portfolio. Prior to joining AHRQ, she worked at VHA, Inc., Baylor Health System, and the American Cancer Society, where she directed strategic communication initiatives for those organizations.

Contact email: Kristie.Kiser@ahrq.hhs.gov

Presenter: Claire Gibbons, Ph.D., M.P.H.—Senior Program Officer, Research and Evaluation, Robert Wood Johnson Foundation

Claire Gibbons is a senior program officer, research and evaluation, at the Robert Wood Johnson Foundation (RWJF). Dr. Gibbons manages research and evaluation programs for the Foundation's efforts in improving health care quality and the work in its Pioneer Portfolio. Drawn by the Foundation's "commitment and passion to quality health and health care," she views RWJF's strong policies and programs for families and communities as closely aligning with her expertise in maternal and child health. Since joining the Foundation in 2007, Gibbons has primarily focused on research and evaluation of the Foundation's regional approach to improving the quality of health care for patients with chronic conditions such as diabetes, asthma, depression, and heart disease. She also serves as program officer for the evaluation of Aligning Forces for Quality, a national program to support community coalitions to work toward high quality, patient-centered, and equitable care.

Previously, Dr. Gibbons was project coordinator for an RWJF-funded study, Substance Abuse Needs and Services for Families Involved in the Child Welfare System, at the University of North Carolina at Chapel Hill, School of Social Work. She also served as research assistant for the National Survey of Child and Adolescent Well-Being. Dr. Gibbons also has held teaching assistant positions at the University of North Carolina at Chapel Hill, School of Public Health, and the University of Rochester, New York.

She has written and presented in the areas of child welfare services, substance abuse, child victimization, diabetes, and end-of-life care. Dr. Gibbons earned a Ph.D. from the School of Public Health, University of North Carolina at Chapel Hill, an M.P.H. from the University of Rochester, New York, and two B.A. degrees, in economics and in health and society, from the University of Rochester.

Contact email: cgibbons@rwjf.org

Presenter: Terry Field, D.Sc.—Associate Director, Meyers Primary Care Institute, University of Massachusetts Medical School

Terry S. Field, D.Sc. is an epidemiologist and health services researcher who serves as the associate director of the Meyers Primary Care Institute and an associate professor at the University of Massachusetts Medical School. Dr. Field's research focuses on provision of care to disabled and elderly patients in the ambulatory and long-term care settings. She has participated as a principal investigator or co-investigator on a series of grants from the National Institute on Aging (NIA) and AHRQ related to patient safety, including a number of randomized trials of health IT-based interventions to improve prescribing and monitoring of medications. Dr. Field's research interests also include provision of care to cancer patients with a special interest in survival deficits for patients at risk of receiving less than optimum care, including elderly patients and members of minority groups. She has been a member of the Steering Committee of the National Cancer Institute (NCI)-funded Health Maintenance Organization (HMO) Research Network's Cancer Research Network for 12 years and co-leads the Scientific and Data Resources Core.

Contact email: Terry.Field@umassmed.edu

Presenter: Edith Burns, M.D.—Associate Professor of Medicine, Division of Geriatrics, Associate Professor of Population Health in Epidemiology, Director of Ambulatory Geriatrics, Zembloky VA Medical Center, Medical College of Wisconsin

Edith Burns completed her B.S. at Wellesley College, Wellesley, Massachusetts; her M.D. at the University of Wisconsin School of Medicine, Madison, Wisconsin; a Behavioral Medicine Fellowship at Mount Sinai Medical Center, Milwaukee, Wisconsin; and a Geriatrics and Immunology Fellowship at the Medical College of Wisconsin (MCW). Dr. Burns was the program director of the Geriatrics Fellowship at MCW and designed and directed the combined Medicine-Geriatrics Residency Program from 1998 through 2006.

Dr. Burns' expertise is in the area of geriatrics and internal medicine, with a research focus on health behavior, illness beliefs, and perceptions about disease as these relate to chronic illness and self-management. For the past several years, her research team has been actively studying patients' common sense models of illness, self-management behaviors in type 2 diabetes, and how these beliefs and behaviors relate to disease control, adherence, functional status, and quality of life in older adults. Other studies are focusing on how community-based care providers (e.g., RN case managers) assess and advise patients in their home settings about self-management of chronic illness. Dr. Burns has also worked with the common sense model of illness in the study of dementia caregivers, and how perceptions and beliefs about the disease relate to caregiver stress. She has more than 50 peer-reviewed publications and chapters.

Contact email: eaburns@mcw.edu

Presenter: Barbara Lund, M.B.A., M.S.W.—Project Director, Massachusetts eHealth Collaborative, AHRQ NRC TA Lead

Barbara Lund was a project director at the Massachusetts eHealth Collaborative (MAeHC) at the time of the Webinar presentation. She served as a senior pilot executive, leading one of MAeHC's community pilot projects, overseeing community implementation of electronic health records (EHRs) and health information exchange (HIE). She was responsible for coordination of stakeholders and vendors, strategic planning, physician and community engagement, and project troubleshooting.

Ms. Lund was the technical lead for the AHRQ's health IT project, in conjunction with Booz Allen Hamilton. She was responsible for providing support to health IT research grantees nationally and designing and running numerous Webinars on health IT research topics for grantees. She also led the New York Regional Extension Center Program efforts for MAeHC and the New Hampshire HIE project.

Ms. Lund earned a master's degree in clinical social work from Smith College and an M.B.A. from Simmons School of Management. She has held positions with EHR and personal health record vendors and health care payer organizations, in medical practice management and clinical practice settings.

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Appendix B: Description of External Links

Web Site	Link	Description
Robert Wood Johnson Foundation – Quality/Equality Portfolio	http://www.rwjf.org/qualityequality/	Aims to help communities across the country set and achieve ambitious goals to improve the quality of health care in ways that matter to patients and their families.
Dartmouth Atlas of Health Care	http://www.dartmouthatlas.org/	Documents variations in how medical resources are distributed and used in the United States. Uses Medicare data to provide comprehensive information and analysis about national, regional, and local markets, as well as individual hospitals and their affiliated physicians.
Clinician-Consumer Health Advisory Information Network (CHAIN) presented by Centers for Education and Research on Therapeutics	http://www.chainonline.org/	An online educational, informational, and resource dissemination program operated as a collaborative effort of the Centers for Education and Research on Therapeutics (CERTs) Educational Consortium . Provides timely and practical information to health-care professionals, patients, family members, medical faculty, and others about emerging issues concerning the safe and effective use of drugs, devices, and biological products.
Implementation Science - Reach Effectiveness Adoption Implementation Maintenance (RE-AIM)	http://www.re-aim.org/about_re-aim/index.html	Encourages program planners, evaluators, readers of journal articles, funders, and policymakers to pay more attention to essential program elements including external validity that can improve the sustainable adoption and implementation of effective, generalizable, evidence-based interventions.
Center for Health Education Dissemination and Implementation Research (CHDIR)	http://www.research-practice.org/default.aspx	Founded to conduct applied health research to build the scientific basis for a field of translational studies.