

# The University of Michigan Department of Urology

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## What's New October 28, 2016

### Dow Division of Health Services Research Overview

#### Urology Department Faculty and Staff

#### 6 Items, 14 Minutes

In today's edition of What's New, we hear from the Department of Urology's Division of Health Services Research. While the HSR offices are mainly located out at the North Campus Research Complex, the talented people that comprise this group are frequently working and collaborating throughout the Health System. I'd like to thank everyone from HSR who contributed, as well as a special thanks to the HSR Chief, Dr. David Miller, who was very helpful in putting this edition of What's New together. Dr. Miller hopes this What's New "provides an introduction and update on the tremendous group of medical students and fellows training in, and contributing to, the Dow Division of Health Services Research."

-Eric Anderson

#### *Tudor Borza*

It's great to have the chance to contribute to "What's New" again. I am now in the second year of my fellowship and have completed the Masters of Science in Health and Health Services Research Program. The research program offered a unique opportunity to dedicate my time to learning new analytic methods and gaining a deeper understanding of the nuanced world of health policy. Using these tools, I've been working with Dr. Hollenbeck and Dr. Skolarus on several research projects evaluating recent policy changes. I've focused on two main areas of interest: policy effects on prostate cancer care and readmissions after major surgery. We've recently looked at the impact of PSA screening recommendations on rates of treatment in prostate cancer as well as the role accountable

care organizations play in affecting prostate cancer care. On the readmission side, we're currently evaluating how policies levying readmission penalties for hospitals with higher than expected readmission rates have changed outcomes for surgical patients. I've also had the chance, alongside Dr. Morgan, to partner with colleagues from the Department of Urology at Vanderbilt University and serve as a site investigator for a randomized clinical trial that will evaluate whether or not it is safe to delay treatment in low grade, superficial bladder cancer. Though these projects have kept me busy, my wife and I expanded our family in the spring by adding our new puppy, Aurora. She's been a fluffy ball of excitement for both of us and served as a nice warm-up for the next addition we're expecting in February. I'm sure that will lead to an exciting end for the research year and I'm looking forward to my clinical time beginning in July.



*Aurora helping with our baby announcement*

### ***Jonathan Li***

Hi! My name is Jonathan Li and I am a fourth year medical student from the University of Michigan Medical School. I am currently pursuing a Masters in Clinical Research through the School of Public Health as part of a dual degree program. Additionally, I am also involved in health services research under the mentorship of Drs. David Miller and Chad Ellimoottil. Currently, I am involved in a project investigating the use of alternative payment models for urological cancer. Specifically, I am looking at 90-day spending variation for prostatectomy, nephrectomy and cystectomy and trying to understand the advantages (and disadvantages) of using programs like episode-



based bundled payments to promote smarter spending. I am very excited to work with the Dow Division of HSR, and I look forward to interacting with all of you in the near future!

### *Courtney Shephard*

Thanks to the great patience and teaching skill of the pediatric urology team, I've now completed my clinical year and have started the two years of research. I am 20% clinical, with my first-ever "grown-up" clinic, operative time, and participation in pediatric call. The remainder of the time I am working on my masters in Health and Health Care Research and conducting research under the mentorship of Drs. Hollingsworth and Kraft. My research area of interest is transition of care for patients with spina bifida: how to keep patients engaged in their healthcare and prepare them for adulthood. The pediatric urology community has been encouraged to address sexual functioning and fertility with patients with spina bifida. However, little is known about pregnancy in women with spina bifida. I am currently comparing hospitalizations for deliveries between women with and without spina bifida. I am looking at differences in patient and hospital characteristics, mode of delivery, and post-delivery complications between the two groups. Additionally, I am looking at health care utilization amongst patients with spina bifida. These past few months have been a great learning experience and I am very thankful for my mentors and for this opportunity!

### *Deborah Kaye*

Hello! I am new to What's New, having started the Urologic Oncology/HSR fellowship in July. University of Michigan Urology is an incredible group of which to be a part and I'm thankful to be here. I am spending 2 years doing mostly health services research before starting my clinical year. Much of my time thus far has been taken up with the Clinician Scholars Master's Program - we just had our midterm today, and it's good to be finished with that. Other than the Masters' class, I have been working under the leadership of Dr. Miller and others to help quantify the cost of cancer care for 9 different cancers over all phases of care, including diagnosis, continuing, and end-of-life care. We are further defining costs in terms of integrated delivery networks and accountable care organizations. These analyses are exciting for me - I love data analysis and thinking about alternative payment models for health care and can't believe that I have the opportunity to work on these projects with such an expert team. In addition, I have been looking at CMS' recent hospital rating system, Hospital Compare, to determine if the rankings are relevant for short-term cancer surgery outcomes. This work involves my second main research interest, which is health care quality and quality indicators. Lastly, I am working under Dr. Dupree's guidance using MVC and MUSIC data, to analyze if routine home health care and pelvic floor rehab after prostatectomy is cost-effective. I can't believe that it is the end of October and that the bright beautiful leaves are already falling to the ground. Everyone in the department has been so welcoming, supportive, and helpful. I have learned a ton already and am looking forward to continuing to learn and discover.

### *Peter Kirk*

I am a fourth year medical student from the University of Michigan taking a research year through the UM School of Public Health to obtain a Masters in Clinical Research degree. In addition to my studies, I am working on a variety of health services research projects with Dr. Ted Skolarus as my mentor. We are collaborating with colleagues in Gastroenterology and Radiation Oncology to better understand the relationship between prostate cancer and inflammatory bowel disease with respect to treatment patterns and cancer control outcomes. We are also investigating the economic implications of variability in generic and brand name prescription patterns for common urological conditions among Medicare Part D beneficiaries.

### *Greg Auffenberg*

Hi everyone, great to check in again via What's New! Over the last 15 months I have become increasingly busy within the HSR division and am exceedingly thankful for the abundant opportunities and the mentorship of many. I completed the masters in health and health care research last spring, and now the majority of my work has been on prostate cancer in one way or another. I have been fortunate to work under the leadership of Dr. Miller and many others from both U of M and the MUSIC collaborative to explore Active Surveillance in a very detailed way. We have examined the MUSIC registry to understand management of low-risk prostate cancer across the state. We have used this knowledge to develop a statewide intervention designed to drive greater consistency in the application of Active Surveillance across practices. The foundation of this effort is a roadmap for management of men with low-risk prostate cancer that was introduced to the collaborative on October 14. The roadmap contains a multi-step pathway for identifying who is an appropriate patient for active surveillance, and subsequently provides guidance for how to perform surveillance longitudinally. I have also been fortunate to forge several multi-disciplinary collaborative relationships with faculty from the school of engineering and the department of Learning Health Sciences. Within this team of researchers, we have explored the world of predictive analytics to generate a biopsy risk calculator specific to patients in the MUSIC registry (available at: [ask.musicurology.com](http://ask.musicurology.com)), and we are also exploring other possibilities for unique data visualizations using registry data that will be added to the askMUSIC platform. To round things out, Tudor and I are also working on a self-designed project exploring post-operative utilization of pain medication within the Optum dataset. This project hopefully will be very fruitful for us, and we are fortunate for access to this data via IHPI and the generous support of the division to assist us with our analysis. Ultimately, I find it hard to believe how quickly my time as a research fellow in the Dow division is going, and I look forward to the next 9 months being very productive! The environment and opportunities to learn have been nothing short of phenomenal, and the experience is something for which I will be forever grateful.