Dear Friends:

In 2010, HPRF marked its 20th anniversary with a big celebration at the Wilder center in St. Paul. We’ve come a long way from our humble beginnings, with our researchers working on more than 200 studies on chronic disease, health behaviors, neurology and Alzheimer’s disease and oral health and dental care in 2010. With collaborators across the country and around the world, the researchers disseminated the results of their research in 151 articles, books and book chapters and 269 paper and poster presentations at national and international conferences.

Examples of the work we do can be found throughout this Healthy Outcomes booklet so you can see how your dollars are put to work.

We make patient care better through thoughtful, innovative studies. Our research is possible only through agency and industry funding and private donations like yours. Thank you to everyone who contributed in 2010.

Sincerely,

Andrew F. Nelson, MPH
Executive Director
New pediatric researcher focuses on adolescent health

HPRF clinician investigator Elyse Olshen Kharbanda’s public health research career began as an undergrad at the University of California-Berkeley, when she worked on a study on why serologic tests for Lyme disease are performed, who initiates the test requests and how the test results are used in a clinical setting. “It’s kind of funny, because there isn’t a lot of Lyme disease in California,” she says.

Kharbanda’s role in the study was reviewing charts at a Kaiser Northern California site. The study was published in JAMA in 1994 – an auspicious start that fueled her passion for research. The study found that only 19% of the serologic tests were being done because the physician suspected Lyme disease, and the authors concluded that the tests were being overused – at great expense and with little effect on treatment decisions.

Her next study, on the risk factors for Lyme disease, required her to make cold calls to people with Lyme disease and randomly chosen control subjects to conduct 25-minute phone surveys with no compensation of any kind for participants. “You learn a lot about human nature,” she says.

The results were published in 1995 in the American Journal of Epidemiology.

The study found that the observation of deer and lizards around the home, as well as a history of exposure to ticks, was correlated with Lyme disease. The only activity that was correlated was more than 5 hours per week of walking on maintained hiking trails in people who also reported participating in other outdoor activities.

Getting there

Kharbanda, a California native, didn’t initially plan on a career in research. “I was always interested in health and preventive medicine, but I didn’t always know how I was going to get there,” she says.
She earned her medical degree from Albert Einstein College of Medicine, New York City, in 1998. After her pediatric residency, she completed a fellowship in adolescent medicine at Children's Hospital Boston and Boston Medical Center. In 2004, Kharbanda earned a master of public health from the Mailman School of Public Health at Columbia University, also in New York City.

She went on to join the faculty of Columbia as an assistant professor of population and family health and assistant professor of clinical pediatrics, where she conducted research on adolescent suicidality, immunizations and post-exposure prophylaxis against HIV. The results of her work were published in journals such as the *Journal of Adolescent Health* and the *Archives of Pediatric and Adolescent Medicine*.

In 2010, her husband was recruited by the University of Minnesota, where he is now an assistant professor of pediatric emergency medicine, a staff physician and a research director. Having “had enough of city living,” Kharbanda thought that the Twin Cities, her husband’s hometown, would be a great place to raise their son and daughter.

**Her cold-calling skills come in handy**

Familiar with HealthPartners’ work on the Vaccine Safety Datalink project and recalling an article on adolescent immunization by HPRF researchers Leif Solberg, MD, and Jim Nordin, MD, Kharbanda decided to explore opportunities at HPRF. In February, she cold-called HPRF Executive Director Andrew Nelson and emailed Nordin and Solberg.

By September, she was in her new workspace in HPRF’s 8170 building offices, working on research that promotes pediatric and adolescent health. As she settled into life in Minneapolis, she starting working with Nordin on the Vaccine Safety Datalink, a surveillance project conducted by a group of large health maintenance organizations convened by the U.S. Centers for Disease Control and Prevention to monitor the adverse effects of vaccines. “There’s such a need for evidence that vaccines are safe,” she says.

Other projects include a study on observational comparativeness of asthma treatments with Nordin, the Harvard Pilgrim-based “Effectiveness in Asthma and Lung Diseases” study, and a child and adolescent hypertension study.
Kharbanda is interested in the use of text messaging and other interventions to promote adolescent immunization (particularly against the human papilloma virus [HPV]), the evaluation of immunization mandates and the relationship between vaccination and other preventive health services.

And working 60% time at HPRF and 10% time at HealthPartners’ Woodbury clinic gives her time to explore the Twin Cities’ parks and recreational areas with her family. “Just in general, life is easier here,” she says.

New HPRF statistician a model researcher

When Gabriela “Gaby” Vazquez-Benitez accepted a researcher position at HPRF in 2010, she thought she would eventually return to her native country of Mexico. Now she isn’t so sure. “Once I started working here,” she says, “I thought, ‘I should stay here’.”

That’s a good thing, because Vazquez-Benitez fills an important role at HPRF, providing services such as helping other researchers secure grants, designing studies and writing. Because she’s not a “content expert” in that she doesn’t have a specific research area, she prefers to work on team projects to leading as a principal investigator (PI).

Vazquez-Benitez predicts that she has a higher likelihood of making a difference at HPRF than she might elsewhere. “You have better chances of what you are doing getting translated into practice,” she says.

Her current collaborations with other HPRF researchers include the studies “Nurse-Led Physician-Directed System for Providing Optimal Cardiac Care” with Tom Kottke, MD; the Vaccine Safety DataLink project with Jim Nordin, MD; and “E-Health Records to Improve Dental Care for Patients with Chronic Illnesses” with Jim Fricton, DDS. “That’s the beauty of statistics: I can work in any content area,” she says.
Early designs on research

From childhood, Vazquez-Benitez knew she wanted to be a researcher or a teacher in the social sciences. She earned a mathematics degree with a statistics minor from El Instituto Technologio Autonomo in Mexico City before getting a masters degree in demography at El Colegio de Mexico, also in Mexico City.

She worked for the Mexican Census and Population Council before joining the health and demographics team at El Colegio de la Frontera Norte in Tijuana. In 1998, she and her family moved to Minneapolis, where she earned a master of biostatistics degree at the University of Minnesota.

She started to pursue a PhD in biostatistics, too, but switched to epidemiology. “I just didn’t find a mentor who was interested in the same things I was,” she says of the switch. “Switching to epi was a hard decision, because I have always been funded in statistics but, reflecting on this decision years later, I think it was the correct decision. It brought together different skills needed to advance in applied health research.”

After earning her PhD in 2007, she conducted stroke research at the University of Minnesota Department of Neurology before she learned of her current position through her advisor in 2010.

Her skills are significant

Vazquez-Benitez brings robust skills in multilevel data analysis, meta-analysis, generalized linear models and epidemiologic study designs. She’s interested in social factors in health, obesity, stroke, quality of care and behavioral interventions. She also sees opportunities to contribute to the statistical content area of the HMO Research Network, a consortium of 16 health maintenance organizations (HMOs) that includes HPRF.

Vazquez-Benitez still would like to collaborate with researchers in Mexico someday, to pay her country back for the foundation it gave her. And, fortunately for HPRF, she can do that from here. ☛
Internal grant program: 
Partnership and Discovery grants

Partnership and Discovery grants fund research projects that benefit patient care, education and research. Funded by donations to HPRF through the annual Sharing at Work employee giving campaign and matches from HealthPartners, these $25,000 grants are awarded to any HealthPartners employee with a worthy research proposal. In 2010, HPRF awarded 10 Discovery Grants and no Partnership Grants.

Discovery Grants

- Allocate funds for small, innovative studies and pilot projects to promising new researchers
- Support research such as feasibility studies that test our capacity for intervention or the development of measurement tools
- Address clinical or organization problems
- Show promise for future external funding
- Support organizational and clinical learning to improve patient care or expand our ability to conduct meaningful research
- 2010 Discovery Grants
  - Michael Zwank, MD: “Agreement Between Physician and CT Scan in High-Energy Mechanism Stable Trauma Patients – A Pilot Study.”
  - Martin Lacey, MD: “Determining the Thickness of Breast Skin Flaps.”
  - Mary Carr, MD: “Identification of Therapeutic Blood and Urine Tetrahydrazoline Levels in Adults”
  - Pamala Pawloski, PharmD: “Primary Non-Adherence and Health Care Utilization”
  - Robin Whitebird, PhD, MSW: “Guided Imagery for Healthy Sleep”
  - Mary Anstadt, degree?: “The Effect of Completing Cardiac Rehabilitation Therapy on Hospital Readmission Rates and Patient Outcomes”
Thomas Flottemesch, PhD: “Determining VDW Sufficiency of Regions Tumor Registry Data”

Marty Mertens, MD: “Association of Small LDL Particles with Rheumatoid Arthritis: A Possible Mechanism for Increased Atherogenesis”


**Partnership Grants**

- Allocate funds for research on clinical practice improvements
- Involve collaboration between researchers and practitioners
- Focus primarily on facilitating the evaluation of innovations and interventions at HealthPartners, HealthPartners Medical and Dental Group and Regions Hospital
**HPRF study: Preventive medicine is a good investment**

If more Americans used more preventive services, 2 million years of life and nearly $4 billion could be saved annually, according to a study by HPRF researchers produced by the National Commission on Prevention Priorities (NCPP) and published in the September 2010 issue of Health Affairs.

The article, “Greater Use of Preventive Services in U.S. Health Care Could Save Lives at Little or No Cost,” addressed the cost of adopting 20 proven preventive strategies versus the savings generated as a way to address the debate over the cost-effectiveness of preventive medicine.

If 90% of the population had used the services in 2006, $3.7 billion could have been saved. The most cost-effective services were daily aspirin use, stop-smoking programs, alcohol-abuse screening/counseling and colorectal cancer screening.

The HPRF authors were Michael Maciosek, PhD; Thomas Flottemesch, PhD; Nichol Edwards, MS; and Leif Solberg, MD; they co-authored the study with Ashley Coffield, MPA, formerly of the Partnership for Prevention, Washington, D.C.

The systematic analysis showed that preventive services have different value in terms of lives and money saved, says Eduardo Sanchez, NCPP chair. “Decision makers should use the information to help them identify and even prioritize the most health impactful and cost-effective services for improving health and reducing disparities,” he says.

The Partnership for Prevention is a national nonprofit organization that seeks to create a prevention culture in the United States. Established by the Partnership for Prevention, the NCPP is an advisory group that aims to provide information for policy makers on high-value, evidence-based preventive services.

This study was funded by the Centers for Disease Control and Prevention, the Robert Wood Johnson Foundation and the WellPoint Foundation.
HPRF study: Active CPR more effective than standard method

Active compression-decompression cardiopulmonary resuscitation (CPR) with a special device may contribute to better long-term survival and quality of life after cardiac arrest than standard CPR, according to a paper published in the Lancet by HPRF investigator Ralph Frascone, MD, and colleagues.

The randomized trial of 46 emergency medical services agencies across the United States assessed survival and brain function in patients with out-of-hospital cardiac arrest. Patients received either standard CPR or active compression-decompression CPR with an impedance threshold device (ITD). Active compression-decompression CPR involves use of a handheld suction device and a pressure gauge to ensure full compression and decompression of the chest wall during CPR. The ITD is attached to a facemask or breathing tube and prevents air from entering the lungs during CPR. These devices work together to lower internal chest pressure, which allows more blood to return to the heart to be oxygenated and pumped out of the heart to the brain and other vital organs.

The national average for survival to hospital discharge for out-of-hospital cardiac arrest is only 5%. Of the 840 patients in this study who received active compression-decompression CPR with an ITD, 75 (9%) survived to hospital discharge with good neurological function, compared with 47 of 813 (6%) who received standard CPR (53% relative improvement). The overall adverse event rate did not differ between groups, although more patients who received active CPR (94 of 840, or 11%) had pulmonary edema (fluid in the lungs) than those who received standard CPR (62 of 813, or 7%). The authors concluded that active compression decompression CPR with an ITD is effective and should be considered the gold standard for out-of-hospital cardiac arrest.

In addition to Frascone, who is medical director of Regions Hospital Emergency Medical Services, the research team included Tom Aufderheide, MD, Medical College of Wisconsin, Milwaukee; Marvin Wayne, MD, St. Joseph Medical
Center, Bellingham, Wash.; Brian Mahoney, MD, and Keith Lurie, MD, Hennepin County Medical Center Emergency Medical Services, Minneapolis; Robert Swor, DO, William Beaumont Hospital, Royal Oak, Mich.; Robert Domeier, St. Joseph Mercy Hospital, Ann Arbor, Mich.; Michael Olinger, MD, Indiana University School of Medicine, Indianapolis; Richard Holcomb, PhD, Quintiles Consulting, Rockville, MD; and David Tupper, PhD, Demetris Yannopoulos, MD, (and K. Lurie), University of Minnesota.

The study was funded by the U.S. National Institutes of Health through a small business grant (R44-HLO65851-03, Advanced Circulatory Systems). The resulting paper, “Standard cardiopulmonary resuscitation versus active compression-decompression cardiopulmonary resuscitation with augmentation of negative intrathoracic pressure for out-of-hospital cardiac arrest: a randomized trial,” was published in the January issue of *Lancet*.

(continued from page 9)

In her Balance Study, researcher Robin Whitebird, PhD, MSW, studied how yoga and gentle stretching exercises relieved stress for caregivers of people with dementia.
HPRF study: Simulated cases help physicians better control patients’ diabetes

A personalized simulated-learning program for physicians improved type 2 diabetes control in their patients without increasing costs, according to a study by HPRF researchers and colleagues at the University of Minnesota and the University of California, San Diego.

In “Simulated Physician Learning Program Improves Glucose Control in Adults with Diabetes,” published in the August 2010 issue of Diabetes Care, the researchers called the improved control “modest but significant.” Validation of the tool is important because it is an inexpensive, standardized way to deliver medical education to primary care physicians, improving the health of their patients.

The HPRF research team included JoAnn Sperl-Hillen, MD; Patrick O’Connor, MD, MPH; William Rush, PhD; Stephen Asche, MA; and Heidi Ekstrom, MA. Sperl-Hillen was first author on the paper, and O’Connor was the principal investigator. The other researchers were Paul E. Johnson, PhD, and George Biltz, MD, of the University of Minnesota, Minneapolis, and Todd Gilmer, PhD, of the University of California, San Diego.

In the group-randomized trial at 11 Minnesota clinics, primary care physicians assigned to the intervention arm completed 12 brief simulated type 2 diabetes cases designed to address specific deficits identified in their practice patterns in the electronic medical record. Patient changes in hemoglobin A1c (measure of glucose control), blood pressure and low-density lipoprotein (LDL) cholesterol were measured at baseline and at 12 months, and related health care costs were tracked.

The results showed significantly improved glucose control at 12 months in patients of the physicians who completed the simulated-learning program.
Patients whose A1c level was at or higher than the recommended 7% goal experienced a mean .5% drop in A1c, .19% better than patients in the control group. Blood pressure and LDL cholesterol were unaffected.

Costs were $71 lower per patient in the clinics that used the simulated-learning program than in those that didn’t. In addition, physician satisfaction with the intervention was high. Of the 85% who responded, 88% said they would recommend the learning experience to other physicians, 82% indicated that it would help most doctors improve their diabetes care skills and 82% reported that they were more likely than before to intensify medication for their diabetic patients.

This project, which ran from October 2006 to May 2007, included 3,417 patients and 41 physicians at HealthPartners Medical Group. It was funded by the National Institute of Diabetes and Digestive and Kidney Diseases grant RO1DK068314.

### HPRF study: Support program helped older adults reap rewards of long-term physical activity

A support program consisting of phone counseling and motivational mailings was effective in helping active older adults stay active in both the short term and the long term, according to a study by HPRF researchers published in the July 2010 issue of Preventive Medicine.

“Maintaining physical activity among older adults: 24-month outcomes of the Keep Active Minnesota randomized controlled trial,” by Brian Martinson, PhD, and colleagues, was one of the first studies to focus on maintenance of physical activity in 50- to 70-year-olds who had recently increased their activity level.

This finding is very important because this age group is relatively sedentary, even though the benefits of exercise are well-documented — particularly for this population. Policymakers are seeking low-cost intervention strategies to produce long-term behavioral changes that can be used in a broad spectrum of the population.
Researchers recruited 1,049 members of the HealthPartners Health Plan who were 50 to 70 years old and reported that they recently increased their physical activity level to at least 2 days a week for 30 minutes at a time. Recruits were randomly assigned to receive either usual care or a 24-month interactive phone and mail-based support program. More subjects who received the support maintained their physical activity level at 6, 12 and 24 months than those who did not receive the intervention.

In addition to Martinson, the study authors included Nancy Sherwood, PhD; Lauren Crain, PhD; Marcia Hayes, MPH, RD; Abby King, PhD (Stanford University School of Medicine, Palo Alto, Calif.); Nico Pronk, PhD (JourneyWell, Minneapolis, Minn.); and Patrick O’Connor, MD, MPH.

This study was supported by grant RO1 AG023410 from the National Institute on Aging.

Researcher Nancy Sherwood, PhD, studies ways to prevent childhood obesity and encourage healthy lifestyles in her “Healthy Homes, Healthy Kids” study.
Critical Care Research Center opens at Regions Hospital

A new practice-based research center based in Regions Hospital is conducting innovative projects that span the patient care continuum — from the 911 call to the day the patient leaves the hospital. The Critical Care Research Center (CCRC) focuses on understanding the work of clinicians in the critical care environment, identifying best practices and exploring innovations in care delivery.

The CCRC comprises research in five specialty areas, including Emergency Medical Services, the Emergency Medicine Department, Surgical Intensive Care Unit, the Burn Center and the Level I Adult and Pediatric Trauma Center.

“In a time of fiscal uncertainty, it is imperative to create a flexible and nimble research infrastructure able to adjust quickly to changing environments,” says Josh Salzman, MA, CCRC, director of the CCRC. “The Critical Care Research Center was created to meet in-patient clinical trials needs in a sustainable fashion.”

The CCRC was designed after the clinical research model developed in the Emergency Medical Services program under the leadership of R.J. Frascone, MD. While hospital and HealthPartners Research Foundation (HPRF) leadership agreed that this model should be expanded to other clinical areas, they proposed that related research resources be consolidated into one central research unit for efficiency and long-term sustainability.

Current projects that have been transitioned from other units include:

- The IMMEDIATE Trial: Immediate Myocardial Metabolic Enhancement During Initial Assessment and Treatment in Emergency Care (R.J. Frascone, MD; Funded by the National Heart, Lung, and Blood Institute)
- ProTECT III: Progesterone for the Treatment of Traumatic Brain Injury (Bruce Bennett, MD, and David Dries, MD; Funded by the National Institutes of Neurological Disorders and Stroke)
- Effect of Fire Fighter SCBA Use on Carboxyhemoglobin Values during the Overhaul Phase of Fire Fighting (R.J. Frascone, MD; Funded by the International Association of Fire Fighters Burn Foundation)
- Predictors of Successful Weaning from Mechanical Ventilation (David Dries, MD; Funded by HPRF)
• Training EMS Providers and RNs on the Use of Version 4 of the Emergency Severity Index (Won Chung, MD; Funded by HPRF)
• Can Paramedics Accurately Diagnose Sepsis and Severe Sepsis in the Prehospital Environment? (Autumn Erwin, MD; Funded by HPRF)
• Emergency Medicine Evaluation of Video Laryngoscopes in Simulation (Jessie Nelson, MD; Funded by HPRF)

Salzman directs the CCRC with the support of Sandi Wewerka, research coordinator, both of whom are trained clinical research professionals with experience in investigator-initiated and industry-sponsored clinical trials in the Emergency Medical Services program. Their work will be headquartered in the CCRC administrative offices on the ninth floor of the Central Section at Regions Hospital. Most of the center’s daily work will be conducted in the field, the Emergency Medicine Department, and in the burn, trauma and surgical intensive care units at the hospital.

An advisory council of medical directors from each specialty area and an executive committee of administrative leaders from Regions Hospital, HPRF and the HealthPartners Medical Group (HPMG) oversee the CCRC.

CCRC Advisory Council
• R.J. Frascone, MD – Medical Director, Emergency Medical Services
• Kurt Isenberger, MD – Chair, Emergency Medicine Department
• Bruce Bennett, MD – Medical Director, Surgical Intensive Care Unit
• William Mohr, MD – Medical Director, Burn Center
• Michael McGonigal, MD – Medial Director, Adult Trauma Program
• David Dries, MD – Assistant Medical Director, Surgical Care, HPMG
• Josh Salzman, MA, CCRC – Director, CCRC

CCRC Executive Committee
• Andy Nelson, MPH – Executive Director, HPRF
• Gretchen Leiterman, MHA – Senior Vice President, Regions Hospital
• J. Daniel Nelson, MD – Associate Medical Director, HPMG
• Karen Margolis, MD, MPH – Director of Clinical Research, HPRF
Cracking the code: a primer to grant development shorthand

Most professions have their own language that is unique to what they do. It’s just easier, for example, to say “PI” rather than “principal investigator” or “CV” instead of “curriculum vitae.” It’s no different for HPRF’s Development and Planning group, which manages grants throughout their lifecycle, including:

- Working with funding agencies
- Helping investigators research, develop and write the grant proposal
- Editing and submitting the related manuscripts to medical and science journals
- Cataloguing the published articles

The members of the Development and Planning team are Kate Rardin-Leahy, MPH, senior manager for planning and development; Barb Olson-Bullis, MA, librarian; Jenilee Christy, MPH, research development associate II; and Mary Van Beusekom, research communications associate.

In overseeing grants throughout their lifecycle, the team tends to toss around a lot of initialisms of terms related to funding agencies, grant types, research, library science and publishing that bear some explaining. For example, in the research planning and development world, ATM doesn’t refer to a place to withdraw cash but to “automatic term mapping,” which has to do with searching biomedical literature. Here’s a glossary of other common initialisms you might hear around the Development and Planning water cooler:

**Funding agency acronyms**

- ADA: American Diabetes Association
- AHRQ: Agency for Healthcare Research and Quality
- NCI: National Cancer Institute
- NIDCR: National Institute of Dental and Craniofacial Research
- NIH: National Institutes of Health
Sometimes, there are even multiple acronyms for the same thing: in this case, terms for when a funding agency wants a response from research organizations

- FOA: Federal opportunity announcement
- RFA: Request for applications
- RFP: Request for proposals

**Federal grant types**

- K23: Mentored patient-oriented research career development award.
- RO1: The original and oldest NIH grant mechanism. The R01 provides support for health-related research and development. R01s can be investigator-initiated or in response to a program announcement or request for application.
- RO3: Small research projects that can be carried out in a short time with limited resources.
- R18: Research demonstration and dissemination grant to support research designed to develop, test and evaluate health service activities and to foster the application of existing knowledge for the control of categorical diseases.
- U19: Research demonstration-cooperative agreement to support testing, through research design, of the effectiveness of the transfer and application of techniques or interventions derived from a research base for the control of diseases or disorders or the promotion of health.

**Library terms**

- MeSH: Medical subject headings
- MNCAT: University of Minnesota Libraries Web catalog
- NLM: National Library of Medicine
- PMC: PubMed Central
- PubTrack: HPRF publications tracking database

**Manuscript-related terms**

- AMA style: Writing guidelines from the *American Medical Association Manual of Style*
- AU: Author
- FIG: Figure
- MS: Manuscript
- TOC: Table of contents

There are many more, but we’re OOS (out of space). 

HEALTHY OUTCOMES 2010
### Statement of activities

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<td>Total expenses</td>
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### Assets

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### Net assets

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**Expenses**

- Externally funded research projects (69.9%)
- Internally funded research projects (0.9%)
- Administration and program support (29.2%)

**Operating revenues**

- Government-sponsored projects (63.6%)
- HPRF-sponsored projects (1.6%)
- HealthPartners general support (6.6%)
- Industry-sponsored projects (7.8%)
- Contributions (12.9%)
- Other (7.5%)
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<td>Quirk, Rosemary A</td>
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<td>Rabinovitch, Mark D</td>
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<td>Radosевич, Steven G</td>
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<td>Rafferty, Kathleen A</td>
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Donors (continued)

Schneider, Crystal L
Schneider, Theresa J
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Schoenleber, Michael D
Schoonover, Cynthia A
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Schrupp, Ann R
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Zwank, Michael D
Mission

To discover and accelerate the use of knowledge to improve the health and health care of our members, patients and community.

Vision

To be the premier practice-based research organization for facilitating the transformation of health care and its impact on health.

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