



The Robert Graham Center Policy Studies in Family Medicine and Primary Care

2011-2012 Report



ROBERT
GRAHAM
CENTER

AAFP Center for Policy Studies

About the Robert Graham Center

The Robert Graham Center was created to improve individual and population health by enhancing the delivery of primary care. The Center aims to achieve this mission through the generation or synthesis of evidence that brings a family medicine and primary care perspective to health policy deliberations from the local to international levels. For more information, please visit www.graham-center.org.

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2011-2012 Highlights

Ten	Larry A. Green Visiting Scholars
Fifteen	<p>Manuscripts published in journals, including:</p> <ul style="list-style-type: none"> ▪ <i>Health Services Research</i> ▪ <i>Journal of the American Board of Family Medicine</i> ▪ <i>Annals of Family Medicine</i> ▪ <i>American Journal of Preventive Medicine</i> ▪ <i>American Journal of Public Health</i> ▪ <i>Academic Medicine</i>
Four	Policy Briefs published in <i>American Family Physician</i>
One	Editorial published in <i>Annals of Family Medicine</i>
Numerous	<p>Conference Presentations, including:</p> <ul style="list-style-type: none"> ▪ AcademyHealth ▪ North American Primary Care Research Group ▪ American Public Health Association ▪ Association of American Medical Colleges Physician Workforce Research Conference ▪ National Association of Community Health Centers Policy & Issues Forum ▪ American Association of Geographers ▪ ESRI International Users Conference ▪ ESRI Health GIS Conference ▪ Society of Teachers of Family Medicine
Numerous	<p>Committees/Service:</p> <ul style="list-style-type: none"> ▪ NAPCRG, Board, Committee on Advancing the Science of Family Medicine, Nominations Committee ▪ Institute of Medicine, Integration of Primary Care and Public Health ▪ National Business Group on Health, Evidence Based Benefit Design Committee/Primary Care Working Group ▪ EU Linneaus Patient Safety Collaborative Advisory Board ▪ Distributed Ambulatory Care Research Network (DARTNet) Oversight Committee and Advisory Board ▪ Capital Area Primary Care Research Network (CAPRICORN), Board of Directors ▪ Shoulder to Shoulder, Inc., Board of Directors ▪ American Board of Family Medicine, Young Leaders Group ▪ HRSA Health Workforce Information Center (HWIC) Advisory Board ▪ National Negotiated Rule-Making Committee on Shortage Designation ▪ International Medical Workforce Collaborative Steering Committee ▪ Advisory Panel, AHRQ Information Model for the Patient Centered Medical Home ▪ Health and Aging Policy Fellowship National Advisory Board



Letter from the Director(s)



The Robert Graham Center celebrates its 12th year with a number of successes and some important transitions. While continuing to be called upon and cited in federal efforts to implement the Affordable Care Act (ACA), the Center is increasingly a partner to states and communities seeking to understand the implications of the Act and how to ensure equitable and affordable care in its wake. Selected for its analytic expertise, the Graham Center provided important methods and data to the Department of Health and Human Services Negotiated Rule Making Committee for underservice and shortage redesignation, which concluded in late 2011. Ideas from Committee work and years of exploring primary care resource allocation methods and geographies and Social Deprivation Indices also surfaced in the July edition of *Health Services Research*. Both demonstrate the rigorous research that the Graham Center is able to translate for policy makers.

The Graham Center continues to work closely with AAFP partners, supporting the 2012 Physician Payment Task Force with data, analyses, and policy options. We modeled Medicare payment changes and their impact on the specialty to primary care physician income gap. Our task force efforts also included a creative retooling of the Primary Care Incentive Payment methodology to make it more congruent with the definition of primary care (promoting continuity, comprehensiveness, and continuity). The latter became policy of the AAFP and have been shared with the Center for Medicare & Medicaid Services, and the Department of Health and Human Services' Assistant Secretary for Planning and Evaluation.

HealthLandscape, the Graham Center's joint venture with the Health Foundation of Greater Cincinnati continues to grow and thrive. Among its growing array of platforms, the federally-funded UDSMapper enters its third year of providing a more efficient and effective method for identifying holes in the health care safety net, and specifically where new community health centers are needed. The HealthLandscape team began 2012 by engaging stakeholders in North Carolina, Cincinnati and New Orleans to building data portals and mapping tools that turn clinical and population data sources into useful information for policy and planning.

In a critical time of examining health workforce issues, Graham Center analyses and studies continue to inform local, regional and national discussions. The Center is wrapping up a study with Drs. Fitzhugh Mullan and Candice Chen investigating the social accountability of residency training hospitals. This Graduate Medical Education (GME) Accountability, another important partnership with the Josiah Macy Jr. Foundation, follows on the heels of the Medical School Social Accountability study, but with greater implication for change given that the ACA and the President's recent budget proposal both open the door for such measures to affect how more than \$11 billion is spent annually on training. In the past year, the Agency for Healthcare Research and Quality began publishing healthcare workforce briefs produced by the Graham Center, and we are about to publish findings from a rural workforce study supported by the Office of Rural Health Policy. We are also on the verge of launching a new HealthLandscape-based site capable of producing data tables and maps about primary care workforce.

Other state partnerships include the completion of an evaluation of the Illinois Medicaid Patient Centered Medical Home initiative for the Commonwealth Fund. The Graham Center will also embark this fall on a year-long effort to help the state of Rhode Island understand its current landscape of underservice and need for health care, particularly in light of insurance expansion under the ACA. One of our goals is to create the capacity to support other states approach the same problem.

The success of the ACA and other efforts to achieve the nation's "Triple Aim" will hinge on better integration of primary care and public health, which has been a central focus of Graham Center work over the past year. Graham Center staff contributed to the Institute of Medicine (IOM) study on this topic and its landmark report in March of this year, and to a joint meeting between the IOM and Association of State and Territorial Health Officials to begin planning how to actualize the report's recommendations. We also participated in the American Board of Family Medicine's (ABFM) effort to revive prescient notions from Folsom's 1967 Report, "Health is a Community Affair," which helped launch the National Health Service Corps, community health centers, and the specialty of Family Medicine. The primary care/public health interface focus of this report was on Communities of Solution, and the ABFM writing team recently explained the contemporary relevance in the *Annals of Family Medicine*. One of several successful ABFM-Graham Center primary care fora this year convened speakers from the IOM and from the Communities of Solution group with the goal of translating these two publications for policy makers.

With such great success and momentum, the Graham Center is able to celebrate some important transition with confidence. This past spring we bid adieu to Rosi Sweeney, the AAFP Vice President who helped implement Bob Graham's dream to establish a policy research Center in Washington, DC. Her shepherding and careful protection of the Center's editorial independence were critical to its success. We enthusiastically welcome new Vice-President and partner Shawn Martin, who comes with a history of excellent leadership at the American Osteopathic Association, into Rosi's legacy of leadership and partnership. We congratulate several Graham Center stars for ascending to new academic heights, Ben Adler to University of Massachusetts School of Medicine, Dr. Meiying Han to a postdoctoral fellowship at UC-Santa Barbara, and Bridget Teevan Burke to the Johns Hopkins University School of Public Health's PhD program in Epidemiology. One of the longest tenured Graham Center staff, Bridget's rise from Office Administrator to Research Associate saw her leave an imprint and legacy on all aspects of Graham Center work, and we cannot convey the depth of her contributions to our success or our gratitude. Finally, after 12 years at the Graham Center, and nearly 8 years as Director, Bob stepped out of the Robert Graham Center on August 3rd and into an exciting new role with the American Board of Family Medicine, where he will serve as Vice President for Research & Policy. AAFP leadership honored Andrew with the opportunity to assume the role of Director – he enters with enormous shoes to fill, but an abundance of exciting work to fill the plates of an incredible remaining team, one sure to morph and grow between now and next year's report. With the ABFM's Washington office located adjacent to the Graham Center, we see only continuing and expanded opportunities to work together, hoping to inform and advance family medicine, primary care and the health of the public for many years to come.





The Value of Primary Care

At Alma Ata in 1978, global leaders asserted that primary care is the central function and main focus of any just society's health care system. Despite this, primary care in the United States is in a state of crisis, in part due to public confusion over its role within the health care system. Through its research efforts, the Robert Graham Center seeks to demonstrate the value of primary care and identify options for enhancing its value.

Calling all scholars to the Council of Academic Family Medicine Educational Research Alliance (CERA)

The mission of CERA is to set within family medicine a standard for medical education research that is rigorous and generalizable, to provide mentoring and education to junior researchers, to facilitate collaboration between medical education researchers, and to guide the specialty by providing leadership and vision in the arena of medical education research. Shokar N, Bergus G, Bazemore A, Clinch CR, Coco A, Jones B, Mainous AG 3rd, Seehusen D, Singh V. Calling all scholars to the Council of Academic Family Medicine Educational Research Alliance (CERA). *Ann Fam Med*. 2011;9(4):372-3.

The next phase of Title VII funding for training primary care physicians for America's health care needs

Congress should act on the Council on Graduate Medical Education's recommendation to increase funding for Title VII, Section 747 roughly 14-fold to \$560 million annually. This amount represents a small investment in light of the billions that Medicare currently spends to support graduate medical education, and both should be held to account for meeting physician workforce needs. Expansion of Title VII, Section 747 with the goal of improving access to primary care would be an important part of a needed, broader effort to counter the decline of primary care. Failure to launch such a national primary care workforce revitalization program will put the health and economic viability of our nation at risk. Phillips RL Jr, Turner BJ. The next phase of Title VII funding for training primary care physicians for America's health care needs. *Ann Fam Med*. 2012;10(2):163-8.

Communities of solution: The Folsom Report revisited

Efforts to address the current fragmented US health care structure, including controversial federal reform, cannot succeed without a reinvigoration of community-centered health systems. A blueprint for systematic implementation of community services exists in the 1967 Folsom Report—calling for “communities of solution.” We propose an updated vision of the Folsom Report for integrated and effective services, incorporating the principles of community-oriented primary care. The 21st century primary care physician must be a true public health professional, forming partnerships and assisting data sharing with community organizations to facilitate healthy changes. Current policy reform efforts should build upon Folsom Report's goal of transforming personal and population health. The Folsom Group. Communities of solution: The Folsom Report revisited. *Ann Fam Med*. 2012;10(3):250-60.

A re-emerging political space for linking person and community through primary health care

Current efforts to reform primary care are only intermediate steps toward a system with a greater focus on community and population health. Transformed and policy-enabled primary care is an essential link between personalized care and population health. Sweeney SA, Bazemore A, Phillips RL Jr, Etz RS, Stange KC. A re-emerging political space for linking person and community through primary health care. *Am J Prev Med*. 2012;42(6 Suppl 2):S184-90.



Health Access and Equity

Despite leading the world in health care expenditures, resources and technology, the United States lags behind other developed countries in most measures of population health. Overcoming this gap will require some fundamental level of access to all people in the United States. Through its research efforts, the Robert Graham Center seeks to inform policy that removes barriers to accessing health care and leads to a more equitable system of health care for all.

An international health track is associated with care for underserved US populations in subsequent clinical practice

Presence of an international health track (IHT) was associated with increased care of underserved populations. After the institution of an IHT track, this association was seen among IHT participants and nonparticipants and was not associated with increased long-term service abroad. Bazemore AW, Goldenhar LM, Lindsell CJ, Diller PM, Huntington MK. An international health track is associated with care for underserved US populations in subsequent clinical practice. *J Grad Med Educ.* 2011;3(2):130-7.

Increasing Graduate Medical Education (GME) in Critical Access Hospitals (CAH) could enhance physician recruitment and retention in rural America

Critical Access Hospitals (CAHs) are essential to a functioning health care safety net and are a potential partner of rural Graduate Medical Education (GME) which is associated with greater likelihood of service in rural and underserved areas. Currently, very little Medicare funding supports GME in the CAH setting, highlighting a missed opportunity to improve access to care in rural America. Xierali IM, Sweeney SA, Phillips RL Jr, Bazemore AW, Petterson SM. Increasing Graduate Medical Education (GME) in Critical Access Hospitals (CAH) could enhance physician recruitment and retention in rural America. *J Am Board Fam Med.* 2012;25(1):7-8.

Declining numbers of family physicians are caring for children

Despite continued growth of the primary care workforce, profound maldistribution persists among providers available for the care of children. Family physicians (FPs) spend, on average, approximately 10% of their total practice time caring for children; however, given that, among physician specialties, FPs are geographically distributed most evenly across the US population, the self-reported decline in the share of FPs caring for children should be disturbing to policymakers, especially with the looming insurance expansion in 2014. Bazemore AW, Makaroff LA, Puffer JC, Parhat P, Phillips RL, Xierali IM, Rinaldo J. Declining numbers of family physicians are caring for children. *J Am Board Fam Med.* 2012;25(2):139-40.

Medical school rural programs: A comparison with international medical graduates in addressing state-level rural family physician and primary care supply

Despite their relatively small size, RPs had a significant impact on rural family physician and primary care supply compared with the much larger cohort of IMGs. Wider adoption of the RP model would substantially increase access to care in rural areas compared with increasing reliance on IMGs or unfocused expansion of traditional medical schools. Rabinowitz HK, Petterson S, Boulger JG, Hunsaker ML, Diamond JJ, Markham FW, Bazemore A, Phillips RL. Medical school rural programs: a comparison with international medical graduates in addressing state-level rural family physician and primary care supply. *Acad Med.* 2012;87(4):488-492.

Measures of social deprivation that predict health care access and need within a rational area of primary care service delivery

The geographic index has utility for identifying areas in need of assistance and is timely for revision of 35-year-old provider shortage and geographic underservice designation criteria used to allocate federal resources. Butler DC, Petterson S, Phillips RL, Bazemore AW. Measures of social deprivation that predict health care access and need within a rational area of primary care service delivery. *Health Serv Res.* 2012 Jul 20. doi: 10.1111/j.1475-6773.2012.01449.x.



The Patient Centered Medical Home

The essential features of family medicine include its comprehensive scope, its continuity, and its emphasis on family and community health. The Future of Family Medicine Report calls for a medical home that has these features and can deliver a consistent set of services. Through its research, the Robert Graham Center seeks to clarify the functions of the medical home and how to support them.

The importance of time in treating mental health in primary care

Primary care plays a critical role in treating mental health conditions, but caring for patients with comorbid mental health and medical conditions increases visit length. Lack of appropriate reimbursement mechanisms and competing priorities make it difficult to integrate mental health into primary care. Caring for patients with mental health comorbidities requires time not now affordable in the primary care setting and demands a new payment policy to promote team-based, integrated care for mental and physical illness in a patient-centered medical home. Miller BF, Teevan B, Phillips RL Jr, Petterson SM, Bazemore AW. The importance of time in treating mental health in primary care. *Fam Syst Health*. 2011;29(2):144-5.

What services do family physicians provide in a time of primary care transition?

The Future of Family Medicine Report envisioned a new model of practice “committed to providing the full basket of clinical services offered by Family Medicine.” In actuality, variation in that basket is considerable and may influence patients’ access to care as much as supply and distribution of physicians does in the wake of health care reform. Bazemore AW, Petterson S, Johnson N, Xierali IM, Phillips RL, Rinaldo J, Puffer JC, Green LA. What services do family physicians provide in a time of primary care transition? *J Am Board Fam Med*. 2011;24(6):635-6.

The percentage of family physicians attending to women’s gender-specific health needs is declining

As the largest and most widely distributed of primary care physicians, family physicians have an important role in providing women’s health care, especially in rural and underserved areas. The proportion of family physicians who are attending to women is declining. Policy intervention may be needed to help family physicians maintain the comprehensiveness of care necessary to address the wide range of medical problems of women they encounter within their practices. Xierali IM, Puffer JC, Tong ST, Bazemore AW, Green LA. The percentage of family physicians attending to women’s gender-specific health needs is declining. *J Am Board Fam Med*. 2012 Jul;25(4):406-7.



Health Care Quality and Safety

The United States must refocus on the delivery of safe, high quality health care, a lesson made clear in the Institute of Medicine reports, "To Err is Human" and "Crossing the Quality Chasm." Nowhere is this more critical than within the primary care setting, where most Americans receive the majority of their health care. Through its research, the Robert Graham Center seeks to reduce threats to patient safety and improve quality of health care.

Family physician participation in maintenance of certification

Large numbers of family physicians are participating in MOC. The significant association between practicing in underserved areas and lapsed board certification, however, warrants more research examining causes of differential participation. The penetrance of MOC engagement shows that MOC has the potential to convey substantial practice-relevant medical information to physicians. Thus, it offers a potential channel through which to improve health care knowledge and medical practice. Xierali IM, Rinaldo JCB, Green LA, Petterson SM, Phillips RL Jr, Bazemore AW, Newton WP, Puffer JC. Family physician participation in maintenance of certification. *Ann Fam Med*. 2011 May-Jun;9(3):203-10.

Rewarding family medicine while penalizing comprehensiveness? Primary care payment incentives and health reform: the Patient Protection and Affordable Care Act (PPACA)

Family physicians' scope of work is exceptionally broad, particularly with increasing rurality. Provisions for Medicare bonus payment specified in the health care reform bill (the Patient Protection and Affordable Care Act) used a narrow definition of primary care that inadvertently offers family physicians disincentives to delivering comprehensive primary care. Petterson S, Bazemore AW, Phillips RL, Xierali IM, Rinaldo J, Green LA, Puffer JC. Rewarding family medicine while penalizing comprehensiveness? Primary care payment incentives and health reform: the Patient Protection and Affordable Care Act (PPACA). *J Am Board Fam Med*. 2011;24(6):637-8.

Where the United States falls down and how we might stand up

The Commonwealth Fund and Rand Europe announced this week that the United States ranks last among developed countries in "mortality amenable to health care" — that is, deaths that are considered preventable with timely and effective health care. Preventable death rates declined during the last decade, but the rate of improvement in the United States was slower compared with other countries such that we continue to fall further behind. Compared with other countries, the United States also has much wider disparities in health status and outcomes. Phillips RL Jr. Where the United States falls down and how we might stand up. *Ann Fam Med*. 2011 Nov-Dec;9(6):483-5.



Graham Center Policy Briefs

Policy Briefs offer succinct summaries of research pertinent to family medicine advocacy. These documents are distributed to congressional staff, AAFP leaders and staff, and other family medicine leaders. These briefs are also published as 'One-Pagers' in *American Family Physician*.

American Family Physician - Graham Center Policy One-Pagers

Better integration of mental health care improves depression screening and treatment in primary care

Improving screening and treatment for depression in primary care will require better mental health care integration. Depression is common in primary care, yet screening for the condition remains low. Enhanced, coordinated financial support for the integration of mental health care into primary care could improve identification and treatment of depression. Phillips RL Jr, Miller BF, Petterson SM, Teevan B. Better integration of mental health care improves depression screening and treatment in primary care. *Am Fam Physician*. 2011 Nov 1;84(9):980.

EHR implementation without meaningful use can lead to worse health outcomes

Defying expectations, typical electronic health record (EHR) use in practices belonging to a primary care network has been associated with poorer diabetes care quality and outcomes. Current expansion of primary care EHR implementation must focus on use that improves care. Crosson JC, Bazemore AW, Phillips RL Jr. EHR implementation without meaningful use can lead to worse outcomes. *Am Fam Physician*. 2011 Dec 1;84(11):1220.

Comprehensive medical school rural programs produce rural family physicians

Health insurance expansion expected from the Affordable Care Act is likely to exacerbate the long-standing and critical shortage of rural and primary care physicians over the next decade. Comprehensive medical school rural programs, from which most graduates ultimately enter primary care disciplines and serve rural areas, offer policy makers an interesting potential solution. Rabinowitz HK, Petterson S, Boulger JG, Hunsaker ML, Markham FW, Diamond JJ, Bazemore A, Phillips RL, Jr. Comprehensive medical school rural programs produce rural family physicians. *Am Fam Physician*. 2011 Dec 15;84(12):1350.

Refocusing geriatricians' role in training to improve care for older adults

The current number of geriatricians cannot keep up with the health care needs of the growing number of older adults. To fill the gap, more geriatricians should focus on training primary care and other specialty physicians to care for older adults. Bragg EJ, Warshaw GA, Petterson SM, Xierali IM, Bazemore AW, Phillips RL, Jr. Refocusing geriatricians' role in training to improve care for older adults. *Am Fam Physician*. 2012 Jan 1;85(1):59.



Larry A. Green Visiting Scholars and Primary Care Health Policy Fellowship

The Robert Graham Center continues its visiting scholars and fellowship programs, which provide researchers an immersion experience in health policy while broadening and enriching Graham Center ideas and projects. The scholars and fellows programs are designed to seed primary care with leaders and researchers who experience and have an understanding of evidence-based policy development.



Visiting Scholars

The Center hosted ten Larry A. Green Scholars and one Australian Primary Health Care Research Institute (APHCRI)/Robert Graham Center Visiting Fellow, representing a broad array of skills and interests. Scholars work directly with staff on original research projects of interest to them, towards a goal of a national publication and dissemination. Since 2008, the scholars program has been sustained by the generous support of the Pisano Leadership Foundation, the philanthropic foundation of the American Board of Family Medicine.

- Sebastian Tong, Boston University—Medicare GME Dollars for Critical Access Hospitals
- Randi Sokol, UC Davis—Medical School Admission Committees and Their Relationship to Matriculation into Family Medicine Residencies
- Georga Cooke, University of Queensland (Australia)—Contextualizing Rural GP Shortage
- Jennifer Voorhees, Thomas Jefferson University—Improving Primary Care Physician Compensation
- Patricia Stoeck, Georgetown University—The Medical Home and Health Care Transition Counseling for Youth with Special Health Care Needs
- Erica Brode, University of California, San Francisco—Primary Care in the ACO
- Amy Marietta, University of North Carolina at Chapel Hill—Primary Care and Health Care Access in Western North Carolina
- Mark Stoltenberg, Loyola University Chicago—Evaluating Educational Health Centers
- Roxanne Richards, University of Virginia—Rhode Island: A Brief State of the State
- Joanne Wilkinson, Boston University—People Reporting Functional Disability in NHIS: Descriptors, Primary Care Utilization and ED Utilization
- Heather Bennett, University of California, San Francisco—Social Deprivation Indices and Health: Regional Comparisons

Policy Fellowship

Newly funded for five years by a HRSA Title VII Grant, the Graham Center continues its policy fellowship partnership with Georgetown University, and Dr. Laura Makaroff is currently serving as the ninth Primary Care Health Policy Fellow. At the Graham Center, Dr. Makaroff has co-authored two one-pagers on the subject of family physician scope of practice: “Proportion of family physicians providing maternity care continues to decline,” and “Declining numbers of family physicians are caring for children,” both of which were published in the *Journal of the American Board of Family Medicine*. In addition, she is also working on a full manuscript exploring the trends in primary care of children. Dr. Makaroff has contributed to a study evaluating the cost-savings of a Medicaid medical home model in Illinois, and has also contributed to the Primary Care Chartbook project commissioned by the Agency for Healthcare Research and Quality (AHRQ). In addition to her research at the Graham Center, Dr. Makaroff serves as an attending physician at Unity Health Care’s DC General Clinic and teaches residents and medical students in the Department of Family Medicine at Georgetown University.



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Andrew Bazemore, MD, MPH

Director

Andrew Bazemore, MD, MPH, is Director of the Robert Graham Center for Policy Studies in Primary Care, where he directs research and projects related to access to care for underserved populations, health workforce, spatial analysis and health, and other topics. Dr. Bazemore remains an Associate Professor for the University of Cincinnati's Department of Family Medicine, where he also completed his residency training and faculty development fellowship. He serves on the faculty of the Department of Family Medicine at Georgetown University and in the Department of Health Policy at George Washington University School of Public Health. A member of the American Academy of Family Physicians, he practices and teaches students and residents weekly at VCU-Fairfax Family Medicine Residency program. Dr. Bazemore received his BA degree from Davidson College, his MD from the University of North Carolina, and his MPH from Harvard University.

Robert L. Phillips, Jr., MD, MSPH

Director, 2004-2012

Robert L. Phillips, Jr., MD, MSPH is a family physician and former Director of the Robert Graham Center: Policy Studies in Family Medicine and Primary Care in Washington, DC. He is now the Vice President for Research & Policy for the American Board of Family Medicine. Dr. Phillips is a graduate of the Missouri University for Science and Technology and the University of Florida College of Medicine, and did residency training at the University of Missouri-Columbia. He completed a two-year NRSA research fellowship and practiced in a federal housing Federally Qualified Health Center in Boone County, Missouri. He now practices part-time in a community-based residency program in Fairfax, Va. Dr. Phillips has faculty appointments at Georgetown University, George Washington University and Virginia Commonwealth University. He recently served as Vice-Chair of the U.S. Council on Graduate Medical Education, and was appointed by the Secretary of Health and Human Services to the Federal Negotiated Rule Making Committee on Health Workforce Shortage Re-designation. Dr. Phillips was elected to the Institute of Medicine in 2010.

Stephen Petterson, PhD

Research Director

Stephen Petterson is Research Director at the Robert Graham Center. Previously, he was on the faculty at the University of Virginia and a researcher at the Southeastern Rural Mental Health Research Center. His research interests are in national and state health policy, access to care and health insurance, the relationship between primary care and mental health treatment and global health. He has a particular interest in understanding the barriers faced by disadvantaged populations in the health care system. He earned his Ph.D. (1993, Sociology) from the University of Wisconsin and an undergraduate degree from Haverford College (1984, Sociology and Anthropology).

Imam Xierali, PhD

Health Geographer and Research Scientist

Imam Xierali is Health Geographer and Research Scientist at the Robert Graham Center. Previously, he was a Statistical Analyst at Georgia Division of Public Health. His research interests are in spatial disparities in health and health care, geospatial technologies for health applications, statistical modeling, and spatial statistics. He earned his Ph.D. in geography (2006) and M.A. in GIS (2004) from the University of Cincinnati. He also has an M.A. in political science (2003) from the University of Cincinnati. He is a member of Pi Sigma Alpha.

Robert Graham Center Staff

Jennifer Rankin, PhD, MPH, MS, MHA

UDS Project Manager and Health Geographer

Jennifer Rankin is UDS Project Manager and Health Geographer at the Robert Graham Center. Her career has focused on issues related to primary care and access to care, with a special interest in the geography of access to health care. She has worked with the HRSA Maternal and Child Health Bureau, the Texas Association of Community Health Centers, and the Association of State and Territorial Health Officials. Jennifer manages the Robert Graham Center's UDS Mapper project. Jennifer earned her Master of Health Administration from the Tulane School of Public Health and Tropical Medicine in 1997, as well as her Master of Science in Health Information Sciences (2005), Master of Public Health (2008) and PhD in Public Health Informatics (2008) from The University of Texas Health Science Center at Houston.

Meiying Han, PhD

Economist and Health Services Researcher

Meiying Han joined the Graham Center as Economist and Health Services Researcher in May 2011. Her general interests are in health economics, public health, and health services research. She has particular interests in health returns to medical spending, cost-benefit analysis, and racial/ethnic disparities in health care. Dr. Han earned a Ph.D. in Economics (2011) from the State University of New York at Stony Brook.

Bridget Teevan Burke, MPH, MS

Research Associate

Bridget Teevan Burke joined the Robert Graham Center in April 2007 following the completion of her master's degree. She has particular interests in global health policy and decision theory. Bridget earned a B.S. in Chemistry from Florida State University in 1997 and a master's degree in International Studies from North Carolina State University in 2006. She earned a Graduate Certificate in Epidemiology in 2008, and is a current MPH candidate at the University of North Carolina at Chapel Hill School of Public Health. She is a member of Phi Beta Kappa.

Sean Finnegan, MS

Research and GIS Data Manager

Sean Finnegan joined the Robert Graham Center in August of 2010 as the Research and GIS Data Manager. He earned a master's degree in Geographic and Cartographic Information Systems from George Mason University in 2012, and a bachelor's degree in Geography from the University of Missouri, Kansas City in 2005. He moved to Washington, DC for a National Geographic Geography Internship immediately after. Following three years of work for National Geographic and Discovery as a web producer he began work on mapping population and climate change for Population Action International. Sean's academic research has been broad in scope and includes mapping and public health.

Kim Epperson

Office Administrator

Kim Epperson joined the Robert Graham Center as Office Administrator in October 2009. Previously, Kim was Executive Assistant to the Vice President at a national non-profit. Prior to that, Kim worked 16 years at US Airways in a variety of positions, including Lead on the Sales Cultural Assessment Team. She was also a member of the Minority Professional Association and the Women's Professional Group. Kim volunteers for the Ben E. King "Stand By Me" Foundation at their annual golf tournament. Kim completed the Job Training Partnership Act Program at Forsyth Technical Community College and received a Certificate of Completion in Secretarial Science in 1984.

Anne Berry

Research Project Manager

Anne Berry joined the Robert Graham Center in August 2011. As a Research Project Manager, she guides the Center's multidisciplinary research teams in the planning, execution, and completion of policy studies in family medicine and primary care. She joined the Robert Graham Center from the Kansas Health Institute in Topeka, KS, an independent, nonprofit health policy and research organization, where she worked as a communications specialist. Prior to that, she worked in book publishing as an assistant editor at Random House, Inc., in New York, NY. Anne is a master of public policy candidate at George Washington University. She earned a bachelor's degree in English and a certificate in health policy from Duke University, and a certificate in editing from New York University.

Karen Payne, MA

Office and Research Manager

Karen Payne became the Graham Center's Office and Research Manager in August 2011. Ms. Payne has garnered 20 years of Federal government contract and health care administrative experience with a background in biomedical research. Her government contract experience included working as a contractor with various government agencies within DHHS. She developed social marketing campaigns for CSAT, FDA, NIHCC, NIDA and OMHRC. She served as project director for logistical support grant reviews contracts with CSAP, ARHQ, and the Office of Rural Health Policy. Prior to relocating to the Washington area, Ms. Payne served as senior hospital administrator for 10 years in a variety of teaching hospital settings overseeing ambulatory services, surgery departments, emergency trauma services as well as developing, implementing, and marketing wellness programs to the local business community. She began her career as a laboratory research assistant in cytology and genetics research. Born and raised in Chicago Illinois, Karen earned her BA degree from Northwestern University and two masters degree, one in Hospital and Health Administration from the University of Iowa and the second in Public Communications from American University. She spends her free time traveling, skiing, reading and volunteering.

Newton Cheng, MA

Research Associate

Newton Cheng joined the Robert Graham Center in July 2012 as a Research Associate. He earned a master's degree in statistics from Stony Brook University in 2010, and a bachelor's degree with a double major in applied math and statistics (AMS) and economics from Stony Brook University in 2009. Prior to joining the Graham Center, he worked as an information technology specialist at the Bureau of the Census. As a Research Associate, Newton conducts statistical analyses in support of Graham Center work on a range of topics, including access to care, primary care workforce, and physician compensation.



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