On the fourth floor of the Given Building at the Larner College of Medicine, Adam Atherly, Ph.D., surveys the space outside of his newly-painted office. Two adjacent doors open into rooms with empty desks. A common area includes space for a few more cubicles with top-notch views of the Green Mountains. In one corner, a coat rack hangs on otherwise empty walls. Outside the glass door, a sign reads: UVM Center for Health Services Research. Although the offices may be a work-in-progress, the mission for the new center is clear: Foster cutting-edge research that improves the delivery of healthcare, leading to better population health in Vermont and across the country.

As the first director of the Center for Health Services Research just a few months into the job, Atherly sees the space as brimming with possibility. Soon enough, the cubicles and offices will be filled with analysts and researchers. Faculty from across the university will be stopping in for statistics support and consultation on their work. Brown bag lunches hosted by the center will allow faculty from across disciplines to get to know each other and find new collaborators from across the university.

“We want to help researchers who’ve got clinically- and policy-relevant questions build good research design, work with data in appropriate ways, and publish their research in leading scientific journals,” says Atherly, who was hired in February of 2018 after a national search.

The time is right to focus on health services research, as Vermont is embarking on a bold experiment in healthcare reform. The state is one of two that has received a waiver from the federal government to create an all-payer system, shifting from fee-for-service to a value-based model over time. As the state’s sole medical school, the Larner College of Medicine has the opportunity to become a national leader in evaluating how the delivery of care affects health outcomes. What happens in Vermont could inform the country’s trajectory. This shift in state policy, combined with Vermont’s relatively small population, proximity to other rural populations in neighboring states, and unique access to data, make it a prime location for studies focused on health services.

Adam Atherly, Ph.D., founds the UVM Center for Health Services Research to identify new solutions for improving care.
Senior Associate Dean for Research Gordon A. Carson, M.D., Ph.D., sees the Center for Health Services Research as a catalyst for collaboration among investigators affiliated with UVM. He sees the college even more competitive for large extramural grants. “By bringing interdisciplinary skills together, we have greater strength,” he says. “I’m very optimistic about where we’re going. I think we’ll be able to compete for major funding opportunities that ultimately allow us to learn more about the health of Vermonters.”

Jensen’s vision extends to northern New England. With New Hampshire, Maine, Vermont, and northern New York all delivering healthcare to rural populations in different ways, the region “allows a beautiful model for looking at the impact of new, innovative health services and programs on outcomes,” Jensen says. “I’m very optimistic about where we’re going.”

Center for Health Services Research
Mission: The mission of the center is to facilitate and conduct rigorous quantitative health services research using secondary data. Our research is clinically and policy relevant and focused on the discovery of new knowledge to enhance quality, value, and satisfaction in the healthcare system. Our research draws lessons from healthcare reform in Vermont to healthcare reform efforts in other states at the national level and internationally.

Vision: To use secondary data to make causal inferences about how to change the healthcare system to improve the health of the population.

By providing clear evidence for intervention or policy change, says Stein, “we can leverage,” he says. “We can make it more visible, bring together people who are working separately. We’re building that infrastructure that can connect people.”

UVM Professor and Chair of Biosocial Psychiatry Gary Altenburg, M.D., Ph.D., director of the UVM Cancer Center, is one such leader. He’s a principal investigator for a five-year, $20 million NHL Clinical and Translational Research grant that is funding a joint program between UVM and Maine Medical Center. The program is aimed at developing a Clinical and Translational Research Network, which will build capacity and foster collaboration to address health problems endemic in northern New England, including addiction, cancer, and cardiovascular disease, as well as other health problems that compromise rural health care delivery.

Stein says the Center for Health Services Research could provide the breadth of data to provide important support to researchers. “What we really need to understand is how two factors interact,” he says. “How does health services research say, for example, that a medical center as a cancer center? As a cardiovascular center? As a pulmonary center?”

“We can use secondary data to make causal inferences about how to change the healthcare system to improve the health of the population,” Jensen says.

At the Colorado School of Public Health, Atherly was the founding chair of the Department of Health Systems, Management and Policy. His work recruiting leading investigators and building the infrastructure for a successful research program helped two decades, publishing important work on the management of chronic conditions like diabetes, asthma, obesity, and depression. He also trains PhD and master’s degree students in UVM’s Clinical and Translational Science Program.

“We teach students about large data sets, which are the backbone of health services research,” says Littenberg. “Our emphasis is on how to learn from humans and populations about how best to take care of individuals and populations. There’s a whole range of outcomes that research can explore.”

“A Strength of the College”
In his new role at UVM, Atherly is quick to point out that he joins colleagues who are already leading the way in the field. “We’re starting a center, but we’re not starting health services research. The Dean’s Office believes about three-quarters of all the research in the college is in health services research. So it’s already a strength of the college, but it’s a hidden strength. We want to bring this strength to the surface, make it more visible, bring together people who are working separately. We’re building that infrastructure that can connect people.”

In his first month at UVM, he’s met with as many researchers as possible from across the University, sharing the broad goals for the center. He’s gotten input on mission and vision. Atherly points out that the vision statement that has emerged — “to use secondary data to make causal inferences about how to change the healthcare system to improve the health of the population” — is much more focused than the open action. The inclusion of “causation” was intentional. The goal is to show how an action leads to an outcome, providing clear evidence for intervention or policy change.

“If we can share the investment and share our resources,” he says, “we can get more capacity in certain areas? We’ll have more capacity in certain areas? We’ll be able to learn about quality of care; do we need more capacity in certain areas? We’ll be able to learn about quality of care.”

In Vermont, she’s looking forward to being able to collaborate with local social services agencies to help people to pursue research and learning more about the health of Vermonters. “It’s a really great environment.”

**Healing Communities**
The Larner College of Medicine continues to focus on research related to health services and population health, under the leadership of Chief Population Health and Quality Officer Steve Leffler, M.D., who is partnering with local social services agencies to offer programs that address non-medicinal problems to improve health and preventable disease.

For example, Housing as Healthcare helps provide housing and support services for individuals experiencing chronic homelessness or living in unsafe conditions that inhibit their recovery. The Community Health Investment Fund supports programs that address non-medicinal problems, such as food and housing, as well as initiatives that improve systems for complex problems like opioid addiction.

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