
BIOGRAPHICAL SKETCH

NAME: Holtrop, Jodi

eRA COMMONS USER NAME: MSUHoltrop

POSITION TITLE: Associate Professor and Associate Vice Chair for Research

EDUCATION/TRAINING

INSTITUTION AND LOCATION	DEGREE	Completion Date	FIELD OF STUDY
Central Michigan University, Mt Pleasant, Michigan	BA	12/1987	Public Health Education
Ball State University, Muncie, Indiana	MA	05/1989	Community Health Education
University of Toledo, Toledo, Ohio	PHD	12/1996	Health Education

A. Personal Statement

I am the Vice Chair for Research and an Associate Professor at the University of Colorado Department of Family Medicine and a Senior Implementation Scientist with the Adult and Child Consortium for Outcomes Research and Delivery Science (ACCORDS) at the University of Colorado Denver School of Medicine. I have extensive experience as an implementation scientist, qualitative and mixed methods researcher, health educator and practice-based research director. I teach a University of Colorado graduate level course on the application of designs and mixed methods for Dissemination and Implementation science research. I have over 10 years of experience as a practice-based research network director at the University of Colorado (SNOCAP) and Michigan State University (GRIN). I have participated in primary care research for over 20 years which includes serving as a Principal Investigator on NIH, AHRQ, and foundation grants.

Methodologically, I have expertise in the use of qualitative and mixed methods to inform research questions and am skilled in utilizing theoretical models as a lens to understand how implementation works and to produce generalizable findings regarding the how, why, who and what of interventions. I have directed large studies with extensive qualitative components incorporating both theoretical models as a guide as well as grounded theoretical approaches and am skilled in facilitating focus groups, depth and cognitive task analysis interviews, analyzing qualitative data utilizing atlas.ti, developing logic models and conducting analysis using qualitative comparative analysis. A large focus of my recent work has been studying the implementation of care management and the use of ancillary personnel to improve the prevention and management of chronic disease in primary care. I am a mentor on multiple K and CDA awards. Additionally, I do a large amount of junior faculty mentoring in the Department of Family Medicine and other School of Medicine Departments assisting our investigators with successfully securing grant funding, completing publications and progressing toward promotion. I have recently completed additional training in leadership and executive coaching and am currently in process to be a professionally certified leadership/executive coach. Finally, I am a master certified health education specialist (MCHES) with expertise in patient education and health behavior change, including motivational interviewing, which are applied to intervention development in programs and approaches in a variety of settings.

B. Positions and Honors

Positions and Employment

1989 - 1992	Supervisor, Health Education Risk Reduction, Mid-Michigan District Health Dept, St. Johns, MI
1990 - 2011	Certified Health Education Specialist, National Commission for Health Education Credentialing
1992 - 1994	Program Coordinator, Stay Well Health Management Systems, Inc., St Paul, MN
1994 - 1994	Adjunct Instructor, Department of Health Promotion, University of Toledo, Toledo, OH
1995 - 1995	Adjunct Instructor, Dept of Health, Physical Ed and Rec, Aquinas College, Grand Rapids, MI
1995 - 1996	Adjunct Instructor, Department of Health Studies, University of Michigan-Flint, Flint, MI
1995 - 1996	Specialist, Health Promotion Program, Michigan State University Extension, East Lansing, MI
1996 - 1998	Specialist, Div of Children, Youth, and Family, Michigan State Univ Extension, East Lansing, MI
1998 - 1999	Specialist, Michigan State University Department of Family Medicine, East Lansing, MI

1999 - 2006	Assistant Professor (fixed term) Michigan State Univ Dept of Family Medicine, East Lansing, MI
1999 - 2007	Director, Michigan State University Family Practice Residency Program Network
2006 - 2007	Associate Professor (fixed term), Michigan State University Department of Family Medicine
2007 - 2012	Assistant Professor (tenure track), Michigan State University Department of Family Medicine
2007 - 2013	Co-Director, Great Lakes Research into Practice Network (GRIN)
2011 -	Master Certified Health Education Specialist, National Commission for Health Education
2012 - 2013	Associate Professor with tenure, Michigan State Univ Dept of Family Medicine, E Lansing, MI
2013 - 2016	Co-Director, Colorado consortium of practice-based research networks (SNOCAP), Aurora, CO
2013 – 2019	Associate Professor and Associate Vice Chair for Research, University of Colorado Department of Family Medicine, Aurora, CO
2016 – 2016	Qualitative Core Lead (Interim), Adult and Child Consortium for Outcomes Research in Delivery Science (ACCORDS), University of Colorado School of Medicine
2016 –	Senior Implementation Scientist, ACCORDS and Center on Aging, University of Colorado School of Medicine
2019 -	Associate Professor and Vice Chair for Research, University of Colorado Department of Family Medicine, Aurora, CO

C. Contribution to Science

1. The study of implementation is an area that I have been involved with for about 10 years and I continually work to build my strengths as a methodologist. The studies I lead or are involved with focus on how to understand how evidence-based interventions can be made to work in “real world” care delivery settings. I am sought out as a dissemination and implementation science and qualitative and mixed methods expert and contribute to many others investigator’s research projects by developing the data collection and analytic plans for complex multi-method studies. My contribution is to test out new methods to determine their utility in getting the kinds of answers we need to move care delivery forward.
 - a. Holtrop JS, Fetters M, Green L, Potworowski G. Analysis of novel care management programs in primary care: An example of mixed methods in health services research. *J Mix Meth Res*. September 27, 2016 as doi:10.1177/1558689816668689.
 - b. Holtrop JS, Potworowski G, Fitzpatrick L, Kowalk A, Green LA. Effect of care management program structure on implementation: a normalization process theory analysis. *BMC Health Serv Res*. 2016 Aug 15;16(a):386. doi: 10.1186/s12913-016-1613-1. PMID: [27527614](#).
 - c. Holtrop J Summers, Hall T, Dickinson M, Glasgow R. What makes for successful registry implementation: A qualitative comparative analysis. *J Am Board Fam Med*. 2017;30(5). PMID: [28923818](#).
 - d. Holtrop J Summers, Rabin B, Glasgow RE. Qualitative approaches to use with the RE-AIM Framework: rationale and methods. *BMC Health Serv Res*. 2018 Mar 13;18(1):177. doi: 10.1186/s12913-018-2938-8. PMID: [29534729](#).

2. A key area in which I have been instrumental is conducting studies in primary care through practice-based research networks (PBRN). I have been the co-director of two PBRNs. First, GRIN in Michigan for 7 years and then SNOCAP (Colorado’s PBRN consortium) in Colorado, for 3 years. Prior to that, I had been involved in PBRN work as an investigator. As a participant in that work, I have learned to work alongside primary care providers and their staffs in creating research projects that have true meaning for them and the field; and our research is conducted in way that it is do-able. I am known as an investigator that has a high level of success in working to get research accomplished successfully in that setting. My contribution is to be a part of the overall field of primary care research so that research comes from the primary care environment to directly move it forward in accomplishing the triple aims (quality, cost, experience).
 - a. Bodenheimer T, Young DM, MacGregor K, Holtrop JS. Practice-based research in primary care: facilitator of, or barrier to, practice improvement?. *Ann Fam Med*. 2005 Jul-Aug;3 Suppl 2:S28-32. PubMed PMID: [16049078](#); PubMed Central PMCID: [PMC1466975](#).
 - b. Etz RS, Cohen DJ, Woolf SH, Holtrop JS, Donahue KE, Isaacson NF, Stange KC, Ferrer RL, Olson AL. Bridging primary care practices and communities to promote healthy behaviors. *Am J Prev Med*. 2008 Nov;35(5 Suppl):S390-7. PubMed PMID: [18929986](#).

- c. Krist AH, Baumann LJ, Holtrop JS, Wasserman MR, Stange KC, Woo M. Evaluating Feasible and Referable Behavioral Counseling Interventions. *Am J Prev Med.* 2015 Sep;49(3 Suppl 2):S138-49. PubMed PMID: [26296548](#).
 - d. Holtrop J Summers, Ruland S, Morrato EH, Diaz S, Jones E. Using social network analysis to examine the effect of care management program structure on chronic disease management in primary care. *J Gen Intern Med.* 2018;33(5):612-20. Jan 8. doi: 10.1007/s11606-017-4247-z. [Epub ahead of print]
3. As a master certified health educator (MCHES), a driving focus of mine has always been promoting healthy behaviors and thus, studying health behavior change interventions. Since being a part of Family Medicine since 1998, a defining focus has been developing and implementing interventions that help patients learn about and effectively practice health-promoting behaviors in their lives. I have extensive training in health behavior change interventions including motivational interviewing, and utilize health behavior change approaches, theories and techniques to apply these perspectives in practice. Much of my earlier work was in the area of smoking cessation but has become more about broad approaches that help facilitate patient's improvement in many areas such as diet, physical activity, diabetes management, medication taking and more. I believe I have contributed to the field by supporting the understanding of how theory-based approaches can be effectively applied in health care settings.
- a. Woolf SH, Glasgow RE, Krist A, Bartz C, Flocke SA, Holtrop JS, Rothemich SF, Wald ER. Putting it together: finding success in behavior change through integration of services. *Ann Fam Med.* 2005 Jul-Aug;3 Suppl 2:S20-7. PubMed PMID: [16049077](#); PubMed Central PMCID: [PMC1466977](#).
 - b. Holtrop JS, Corser W, Jones G, Brooks G, Holmes-Rovner M, Stommel M. Health behavior goals of cardiac patients after hospitalization. *Am J Health Behav.* 2006 Jul-Aug;30(4):387-99. PubMed PMID: [16787129](#).
 - c. Ybarra ML, Holtrop JS, Prescott TL, Rahbar MH, Strong D. Pilot RCT results of stop my smoking USA: a text messaging-based smoking cessation program for young adults. *Nicotine Tob Res.* 2013 Aug;15(8):1388-99. PubMed PMID: [23348969](#); PubMed Central PMCID: [PMC3715389](#).
 - d. Ritchie ND, Carroll JK, Holtrop J Summers, Havranek EP. Effects of physical activity goal attainment on engagement and outcomes in the National Diabetes Prevention Program. *Transl Beh Health.* 2018; April 12. doi: 10.1093/tbm/ibx021.
4. I have focused much of my research effort on understanding the effective implementation of care management in primary care. This is due to several reasons. First, it grew from my expertise in health behavior change interventions with patients in primary care. A lot of care management is self-management support for behavior change. Care managers utilize many behavior change techniques such as motivational interviewing and goal setting to help patients make positive changes for improving their health. Second, care management is being utilized increasingly in primary care without a lot of solid evidence that it consistently produces good outcomes in terms of patient's clinical improvement or cost savings. From the research I have been conducting, it is apparent that there is tremendous variability to what care management is and how well it is being implemented. I have been the Principal Investigator on three studies so far (NIH R18DK067334, AHRQ R18H5020108 and AHRQ R18HS022690) that have investigated care management, with the goal of contributing to the field by illuminating what it takes to effectively implement care management and get good outcomes.
- a. Holtrop JS, Dosh SA, Torres T, Thum YM. The community health educator referral liaison (CHERL): a primary care practice role for promoting healthy behaviors. *Am J Prev Med.* 2008 Nov;35(5 Suppl):S365-72. PubMed PMID: [18929983](#).
 - b. Holtrop JS, Luo Z, Alexanders L. Inadequate reimbursement for care management to primary care offices. *J Am Board Fam Med.* 2015 Mar-Apr;28(2):271-9. PubMed PMID: [25748769](#).
 - c. Annis AM, Holtrop JS, Tao M, Chang HC, Luo Z. Comparison of provider and plan-based targeting strategies for disease management. *Am J Manag Care.* 2015 May;21(5):344-51. PubMed PMID: [26167701](#).
 - d. Holtrop JS, Potworowski G, Fitzpatrick L, Kowalk A, Green LA. Understanding effective care management implementation in primary care: a macrocognition perspective analysis. *Implement Sci.* 2015 Aug 21;10:122. PubMed PMID: [26292670](#); PubMed Central PMCID: [PMC4545994](#).

5. Use of user-centered design for the development of materials, resources and means of encouraging implementation of evidence-based interventions in practice. This is becoming increasingly important as the field of implementation science moves forward and an emphasis is placed on “designing for dissemination.”
 - a. Ybarra ML, Holtrop J Summers, Bosi TB, Emri S. Design considerations in developing a text messaging program aimed at smoking cessation. *Journal of Medical Internet Research*. 2012;14(4):e103.
 - b. Ybarra ML, Prescott T, **Holtrop J Summers**. Steps in tailoring a text messaging-based smoking cessation program for young adults. *J Health Commun*. 2014: DOI: 10.1080/10810730.2014.901441.
 - c. Holtrop J Summers, Fitzpatrick L, Staton E, Jortberg B, Clark R, Saffer K, Vos S. *Care Management Implementation Guide*. AHRQ publication. September, 2017.
 - d. Kwan B, Fernald D, Ferrarone P, Loskutova N, Holtrop J Summers, Staton E, Westfall JM. Implementation and evaluation of a laboratory safety process improvement toolkit. *J Am Board Fam Med*. 2019;32(2);136-45.

Complete List of Published Work in My Bibliography:

<http://www.ncbi.nlm.nih.gov/myncbi/1nC9kLX0hzh5i/bibliography/48044349/public/?sort=date&direction=ascending>

D. Additional Information: Research Support and/or Scholastic Performance

Ongoing Research Support

2016/09/30-2019/09/29

1R01 HS024943, AHRQ Holtrop (PI)

Why is the use of the Medicare Intensive Behavioral Therapy for Obesity Benefit so low? Finding what works to promote wider dissemination

In November 2011, the Centers for Medicare and Medicaid Services (CMS) approved the use of a new Healthcare Common Procedure Coding System (HCPCS) code for payment in primary care for Intensive Behavioral Therapy (IBT) treatment for obese patients. Despite the widespread prevalence of obesity in primary care, the benefit has been underutilized. This study will add to the field by determining the use of this benefit, reasons for use or non-use, and identify potential strategies for effective implementation of IBT for obesity in primary care. Role: PI

2016/09/30-2019/09/29

1R18 HS025056, AHRQ Westfall (PI)

Implementing Technology and Medication Assisted Team Training and Treatment in Rural Colorado (IT MATTRs Colorado)

Opioid overdoses kill more than 40 Coloradans per month and 14 of the 24 counties in our rural network have higher drug overdose rates placing them among the worst in the nation. We will increase local community awareness and knowledge by completing a Boot Camp Translation, transforming the complex language and concepts of OUD and MAT into locally relevant, actionable messages and materials. We will provide up-to-date evidence-based education on OUD and MAT comparing onsite and online training models and implement Opisafe, a robust web-based opioid and MAT patient engagement and monitoring system. Role: Co-Investigator and Qualitative/Implementation Science Lead

2018/01/01-2021/12/31

HIS-1609-36322, PCORI Kwan (PI)

Comparing Patient-Centered Outcomes of Standardized vs Patient-Driven Diabetes Shared Medical Appointments

To compare effectiveness of standardized vs patient-driven diabetes SMAs, in terms of patient-centered outcomes (diabetes distress, autonomy support, quality of life, self-management behaviors, out of pocket cost), clinical outcomes (HbA1c, body mass index, blood pressure), and practice-level quality, perceived value and sustainability. Role: Co-Investigator and Qualitative Lead

2011/09/16 – 2021/07/31

P30 DK 092923-06, NIH/NIDDK Manson (PI)

Center for American Indian and Alaska Native Diabetes Translational Research

The renewal application for this Center grant seeks to: 1) sustain and expand a Research Base of funded faculty developed during the initial, five-year funding period; 2) institute and staff a Translational Research

Core, the components of which emphasize community engagement, cultural adaptations of intervention, health literacy, health technologies, dissemination and implementation science, and sustainability; and 3) establish a National Resource Core for other investigators in the U.S. seeking to work with AI/AN communities. Role: Co-Investigator

Recent Completed Research Support – partial list

2012/07/15-2018/06/30

1R18DK096387, NIDDK Dickinson, P (PI)

Comparing Strategies for Translating Self-management Support into Primary Care

This cluster randomized trial will examine the reach, effectiveness, adoption, implementation and maintenance (RE-AIM) of Connection to Health (CTH), a patient self-management system for patients with type 2 diabetes, in primary care practice settings. This study determine the incremental benefit of brief targeted practice coaching on the implementation of CTH in diverse primary care practices and identify key practice characteristics that impact CTH RE-AIM to inform dissemination of the CTH intervention. Role: Co-Investigator

2014/08/01-2017/06/30

R18HS022690, AHRQ

Holtrop, Jodi (PI)

Maximizing Care Management Effectiveness in Primary Care

Research has shown that care management services can improve chronic disease patient outcomes, however, in real-world implementation, results are mixed. Although practice-based care management seems promising, research is needed to inform how to effectively implement it and to maximize the benefit in practices that are struggling. This study will add to the field by providing practical and translatable information about what makes care management work and how practice facilitation may maximize the benefit of this new service in community-based primary care. Role: PI

2013/10/01-2016/12/31

ME-1303-5843, PCORI

Nease (PI)

Creating Locally Relevant Health Solutions with the Appreciative Inquiry and Boot Camp Translation Method

This study will conduct Appreciative Inquiry/Boot Camp Translation (AI/BCT) projects with rural and urban underserved Colorado communities to select priority health topics, identify factors that facilitate successful health outcomes related to the topic, and translate evidence-based recommendations into local solutions. Identify and describe the components of the AI/BCT model for engaging patients and community members in patient-centered research. Role: Co-investigator and Qualitative Lead

2013/10/01-2016/09/30

71732, Robert Wood Johnson Foundation

Glasgow (PI)

Understanding How Local Health Care Adaptions Affect Primary Care

A study on how primary care settings adapt evidence-based interventions to local circumstances. We will develop a conceptual model of adaptations relevant to primary care delivery and validate the model for primary care practices that implemented the interventions. Role: Co-Investigator and Qualitative Lead