

**BIOGRAPHICAL SKETCH**

NAME: Kilgore, Meredith L.

eRA COMMONS USER NAME (credential, e.g., agency login): mkilgore

POSITION TITLE: Professor and Chair

**EDUCATION/TRAINING**

INSTITUTION AND LOCATION	DEGREE	Completion Date MM/YYYY	FIELD OF STUDY
University of Hawaii, Honolulu, HI	ASN	05/1982	Nursing
University of Hawaii, Honolulu, HI	BA	05/1992	Political Science
University of Alabama at Birmingham, AL	MSPH	04/1997	Outcomes Research
Pardee RAND Graduate School, Santa Monica, CA	PhD	06/2004	Policy Analysis

**A. Personal Statement**

I am Professor and Chair in the Department of Health Care Organization and Policy at UAB, Director of the Master of Science in Outcomes Research Program, and Co-Director of the Pharmacoepidemiology and Economics Research Group. I hold degrees in Nursing, Political Science, and Public Health as well as a Ph.D. in Policy analysis from the RAND Graduate School. I have over two decades of experience in outcomes research, policy analysis, and cost analysis where I used innovative statistical methods and novel techniques. I was specifically invited to UAB to teach cost-effectiveness analysis and to direct the Outcomes Research Training Program, where I have mentored many pre- and post-doctoral fellows in this capacity. In summary, my background and experience in devising statistical methodologies puts me in a position to contribute to the Center and its activities.

**B. Positions and Honors****Positions and Employment**

1978-1983 Registered Nurse; The Queens Medical Center; Honolulu, Hawaii  
1983-1994 Charge Nurse; Kaiser Permanente Medical Center, Critical Care Unit; Honolulu, Hawaii  
1992-1994 Medical Abstractor/Analyst; University of Hawaii, Department of Political Science, Crash Outcomes Data Evaluation System (CODES) Project  
1994-1996 Staff Nurse; University of Alabama Hospital (UAH)  
1995-1997 Cardiovascular Surgical Services Clinical Information Systems Administrator; UAH  
1996-1998 Clinical Database Manager; UAB Department of Pathology  
1997-1998 Research Associate, UAB Department of Pathology  
1998-2002 Doctoral Fellow/Research Assistant, RAND  
2002-2007 Assistant Professor, Health Care Organization & Policy, UAB School of Public Health  
2007-2011 Associate Professor, Health Care Organization & Policy, UAB School of Public Health  
2011-Present Professor, Health Care Organization & Policy, UAB School of Public Health  
2012-Present Chair, Health Care Organization & Policy, UAB School of Public Health  
2002-Present Senior Scholar, Lister Hill Center for Health Policy  
2003-Present Director, MSPH Program in Outcomes Research  
2003-Present Senior Scientist, UAB Center for Outcomes and Effectiveness Research and Education  
2004-Present Scientist, UAB Comprehensive Center for Healthy Aging  
2009-Present Scientist, UAB Comprehensive Cancer Center

## Honors

1991	Hamilton Scholarship; University of Hawaii
1992	Elie Wiesel Prize in Ethics
1997	Delta Omega, Public Health National Honor Society; UAB School of Public Health
2010-Present	Deputy Editor, <i>Medical Care</i>

## **C. Contribution to Science** (Underlining indicates that a co-author is a student or mentee)

<http://www.ncbi.nlm.nih.gov/sites/myncbi/1h7zcRM9okaAj/bibliographahy/44113152/public/?sort=date&direction=ascending>

- 1. Training investigators in the conduct of outcomes research.** Probably the most important and lasting contribution I have made and continue to make relates to training investigators in outcomes research. I was recruited to UAB in 2002 specifically to teach cost-effectiveness analysis and outcomes research methods. Since 2003 I have been the Director of Outcomes Research Training in the Department of Health Care Organization and Policy. This program provides MSPH and DrPH degrees in outcomes research, and most of our students are post-doctoral trainees interested. I list 4 out of 20 papers first-authored by students or mentees during their training. Due to the diversity of specialties and disciplines of individuals in our program, the subject matter varies widely. The methodological commonalities include the use of decision analysis techniques that combine data from various sources to model outcomes. In the examples here, Dr. Blackburn was able to identify Alabama nursing home residents who would likely be able to transition into the community, given adequate support to do so. Dr. Jones was able to examine outcomes associated with medical errors among children with seizure disorders and Dr. Shannon estimated the costs associated with ventricular shunt failures. Dr. Brown conducted a cost-utility analysis for emergency thoracotomy in trauma patients, finding the expensive procedure rarely conferred any benefit.
  - Blackburn J, Locher JL, **Kilgore ML**. Estimating nursing home residents eligible for transition to home and community-based services. *Gerontologist*. 2013;(53):150-151.**
  - Jones C, Kaffka J, Missanelli M, Dure L, Ness J, Funkhouser E, **Kilgore M**, Yu F, Safford MM, Saag K. Seizure Occurrence Following Non-optimal Anticonvulsant Medication Management During the Transition Into the Hospital. *J Child Neurol*. 2012 Oct 3. [Epub ahead of print] PubMed PMID: 23034973.**
  - Shannon C, Simon T, Reed G, Franklin F, Kirby R, **Kilgore ML**, Wellons J. "The Economic Impact of Ventriculoperitoneal Shunt Failure." *J Neurosurg: Peds*, 2011;8(6):593-9.**
  - Brown T, Romanello M, **Kilgore ML**. "Cost-Utility Analysis of Emergency Department Thoracotomy for Trauma Victims." *Journal of Trauma* 2007;62:1180-85.**
- 2. Analyzing the cost and quality of laboratory testing modalities in tertiary care hospitals.** Prior to my doctoral training I was a Certified Critical Care Nurse and I became interested in health economics. I earned an MSPH in Outcome Research at UAB and transitioned from nursing to research in the Department of Laboratory Medicine. In a series of projects funded by the CDC and led by Dr. John A. Smith, I lead several studies analyzing laboratory testing procedure for time-urgent assays, such arterial blood gases and serum chemistries. These assays are needed in the management of life threatening events, require rapid and accurate information. The processes evaluated included point-of-care testing by nurses at the bedside, satellite laboratories attached to intensive care units, and stat testing through central laboratory facilities. Point-of-care testing incurs high marginal costs; satellite and central lab testing has low marginal costs but very high fixed costs. We found that point-of-care testing was less costly unless test volume was very high, but that extra effort in nurses' training was need to insure the quality of test results. These publications summarize our key findings.
  - Kilgore ML, Steindel SJ, Smith JA. "Estimating Costs and Turnaround Times: Presenting a User-Friendly Tool for Analyzing costs and Performance." *Clinical Laboratory Management Review*, Jul/Aug 1999:179-87.**
  - Kilgore ML, Steindel SJ, Smith JA. "Continuous Quality Improvement for Point-Of-Care Testing Using Background Monitoring of Duplicate Specimens." *Arch Pathol Lab Med*.1999;123:824-28.**
  - Kilgore ML, Steindel SJ, Smith JA. "Cost Analysis for Decision Support: Comparing Centralized versus Distributed Methods for Blood Gas Testing," *Journal of Healthcare Management* 1999;44(3):207-15.**
  - Kilgore ML, Steindel SJ, Smith JA. "Evaluating Stat Testing Options in an Academic Health Center: Therapeutic Turnaround Time and Customer Satisfaction," *Clinical Chemistry* 1998;44:1507-1603.**
- 3. Effects of the design and conduct of clinical trials on participation and costs.** During my doctoral training at RAND I had the opportunity to participate in the Cost of Cancer Treatment Study (CCTS) funded by NCI and led by Dr. Dana P. Goldman. This study was design to address concerns raised about the effects of clinical trial participation on the costs of cancer care. Some studies had estimated that these costs were

substantial, others that the incremental increase was modest. The CCTS was a national study designed to determine the economic effect of trial participation. We were also able to look the effects of protocol design on participation by elderly cancer patients. The primary finding was that clinical trial participation was associated with a roughly 10% increase in the costs of cancer care. We also found that the economic burden of trial participation on patients was negligible; we could not detect a significance difference in out-of-pocket spending. Finally we determined that low trial participation among older adults was directly related to comorbidity exclusions written into trial protocols. These publication report our results, the last remains the most cited paper of all my publications.

- a. Goldman DP, Berry SH, McCabe M, **Kilgore ML**, Potosky AL, Schoenbaum ML, Schonlau M, Weeks JC, Kaplan R, Escarce JJ. "Incremental Treatment Costs in NCI-Sponsored Trials." *JAMA*, 2003;289:2970-2977.
- b. **Kilgore ML**, Goldman DP. "Clinical Trial Participation: Drug Costs and Out-of-Pocket Spending." *Contemporary Clin Trials* 2008;29:1-8. PubMed PMID: 17544339
- c. Lewis JH, **Kilgore ML**, Goldman DP, Hausman MG, Escarce JJ. "The Participation of Patients 65 Years of age or Older in Cancer Clinical Trials," *J Clin Oncol* Vol 21, Issue 7 (April), 2003: 1383-1389.

4. **Evaluation of procedures used in the treatment of gastroenterological disorders and head and neck cancers.** These procedures are invasive, expensive and require substantial skill to assure effective delivery. This is also an area where I have had opportunities to collaborate with students training in outcomes research. The work in this area is quite varied. A few studies can serve to highlight the types of questions we have addressed. We have found that various screening strategies for esophageal varices were equivalent in terms of cost and effectiveness and that less aggressive treatment for common bile duct stones is preferable in older adults. We have been able to describe the use of feeding tubes in patients with head and neck cancers and ongoing work is examining how these practices relate to outcomes. We have also found that the volume of procedures performed significantly influences the quality of care for invasive GI procedures.

- a. White C, **Kilgore ML**. "PillCam ESO vs. Esophagogastroduodenoscopy (EGD) In Esophageal Variceal Screening: A Decision Analysis." *J Clin Gastroenterol* 2009;43(10):975-81.
- b. Drake BB, Arguedas MR, **Kilgore ML**, Hawn MT, Wilcox CM. "Economical and Clinical Outcomes of Alternative Treatment Strategies in the Management of Common Bile Duct Stones in the Elderly: Wait and See or Surgery?" *Am J Gastroenterol* 2006;101:746-52.
- c. Locher JL, Bonner JA, Carroll WR, Caudell JJ, **Kilgore ML**, Ritchie CS, Roth DL, Tajeu G, Yuan Y, Allison JJ. Gastrostomy tube placement and use in head and neck cancer patients. *Head and Neck* 2012 Mar;34(3):422-8. Epub 2011 May 20. PubMed PMID: 21604317.
- d. Varadarajulu S, **Kilgore ML**, Eloubeidi M. "Relationship between Hospital ERCP Volume, Length of Stay and Technical Outcomes" *Gastrointest Endosc* 2006;64:338-47.

5. Osteoporosis burden of disease and effectiveness of fracture prevention interventions. I have led a variety of investigations focused on osteoporosis and fractures, and participated in many others. We have been able to extend estimates of the devastating effects of hip fractures beyond mortality to other outcomes of great concern to those affected. We did this by operationalizing debility as nursing home institutionalization and destitution as new Medicaid enrollment subject to fractures. We found that hip fractures are associated with twice the risk of death, four times the risk of institutionalization and twice the risk of financial destitution, even when cases of hip fracture were compared to very closely matched comparators. We have carefully estimated the costs of fracture treatment, both for the fracture itself and for adverse events that arose subsequent to fractures, such as pain, immobility, and loss of function. Finally, we conducted a randomized trial to evaluate an intervention to improve osteoporosis care among individuals receiving post-acute fracture care from home health providers and found that efforts to improve osteoporosis treatment are very difficult to achieve.

- a. Tajeu GS, Delzell E, Smith W, Arora T, Curtis JR, Saag KG, Morrisey MA, Yun H, **Kilgore ML**. Death, Debility, and Destitution Following Hip Fracture. *J Gerontol A Biol Sci Med Sci*. 2014 Mar;69(3):346-53. PMID: 23873945.
- b. **Kilgore ML**, Morrisey MA, Becker DJ, Gary LC, Curtis JR, Saag KG, Yun H, Matthews R, Smith W, Taylor A, Arora T, Delzell E. "Health Care Expenditures Associated with Skeletal Fractures Among Medicare Beneficiaries, 1999 – 2005" *J Bone and Mineral Res* 2009 Dec;24(12):2050-5.
- c. **Kilgore ML**, Curtis JR, Delzell E, Becker DJ, Arora T, Saag KG, Morrisey MA. A close examination of health care expenditures related to fractures. *J Bone Miner Res*. 2013 Apr;28(4):816-20. PMID: 23074090.
- d. **Kilgore ML**, Outman RC, Locher JL, Allison JJ, Mudano A, Kitchin B, Saag KG, Curtis JR. Multimodal Intervention to Improve Osteoporosis Care in Home Health Settings: Results from a Cluster

#### **D. Research Support**

##### **Ongoing Research Support**

**U19HS021110-02 (Saag)** 09/30/11– 08/31/16

AHRQ

##### **UAB Deep South Arthritis and Musculoskeletal CERTs**

The long-term goal of this grant is to sustain a center for education and research on therapeutic of musculoskeletal disorders.

**1U54TR001005-01 (Kimberly)** 05/01/14-08/31/15

NIH/National Center for Advancing Translational Sciences

UAB Center for Clinical and Translational Sciences- Methods Core

**20090522 (Delzell/Curtis)** 02/21/11-12/31/22

Amgen, Inc.

Denosumab Global Safety Assessment Among Women With Postmenopausal Osteoporosis (PMO) Using Multiple Observational Databases

**200709824 (Muntner)** 02/06/12-12/31/15

Amgen, Inc.

Cardiovascular Disease Prevention Treatment and Outcomes

**2001586406 (Judd)** 07/01/14– 06/30/15

NIH/NINDS/Johns Hopkins University

Caregiving and Health Care Utilization after Stroke among Medicare Beneficiaries

**C10114260B (Becker)** 01/01/15-12/31/15

Alabama Department of Public Health/ Children's Health Insurance Program

*All Kids Proposal for Special Projects*

**2P30AG031054-06 (Allman)** 09/30/07-06/30/17

NIH/National Institute on Aging

Deep South Resource Center for Minority Aging Research

**1U34AR062891-02 (Saag)** 04/15/13-06/30/15

NIH/NIASMD

Effectiveness of Discontinuing Bisphosphonates Study (EDGE)

**U01AG042140 (Shikany)** 08/01/2013- 07/31/2018

NIH/NIA

**Osteoporotic Fractures in Men (MrOS) Renewal – Birmingham**

##### **Completed Research Support (Either as PI or Relevant Work Relevant to This Proposal)**

**(Kilgore)** 01/31/14-01/30/15

Alabama Power Company

Quality Assessment of Alabama Hospitals for the Alabama Power Company

**200709824/PO 7100139196 (Kilgore)** 11/25/13-09/30/14

Amgen, Inc.

Estimating the Costs and Health Services Utilization Associated with Congestive Heart Failure

**U18 HS016956-01 (Saag)** 09/01/07 – 8/31/11

Deep South Musculoskeletal CERTs (DSMC),.

Principal Investigator, "Improving Osteoporosis Care in High-Risk Home Health Patients through a High-Intensity Intervention," funded under,

**RSGHP-09-004-01-CPHPS** (Locher) 01/01/09-12/31/11  
American Cancer Society  
Prophylactic PEG Tube Placement in Treatment for Head and Neck Cancer Patients  
Role: Co-investigator

200709824 (Kilgore) 10/01/08-12/31/11  
Amgen, Inc. (Task #2)  
**Health Resource Utilizations and Costs in Patients with bone metastases and Skeletal-Related Events Subsequent to Breast, Prostate, and Lung Tumors**

**1 R21 CA112668-01A1** (Kilgore) 07/01/05 – 06/30/07  
NIH/NCI  
The Balanced Budget Act of 1997 and Home Care for Cancer

**200622492** (Delzell) 10/24/06-12/31/07  
Amgen  
Osteoporosis and Related Fracture Among Older Americans  
Role: Co-PI

(Morrisey PI) 02/01/04 – 07/31/05  
Robert Wood Johnson Foundation  
The Effects of Tort Reforms on Medical Malpractice and Implications for Health Insurance.  
Role: Co-PI

(Kilgore) 04/01/04 – 03/31/05  
UAB Center for Aging  
Investigating Patterns of Home Care Use in Elderly Cancer Patients

**1 R01 HL073825-01A1** (Ho) 07/01/2003–06/30/05  
NIH/NHLBI  
Certificate of Need and Cardiac Outcomes  
Role: UAB PI