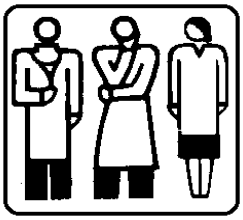

VA HSR&D Center of Excellence for the Study of Healthcare Provider Behavior

NEWSLETTER

Volume 9, Issue 1 Winter 2006

OVERVIEW OF CENTER ACTIVITIES CONTRIBUTING TO THE FIELD OF IMPLEMENTATION SCIENCE

The Center's mission statement reflects our commitment to improving veterans' health and healthcare through research and research-based improvement efforts. The scientific basis of this research includes a broad range of disciplines and fields, encompassing the clinical sciences, the behavioral and social sciences (psychology, sociology, economics, political science) and various interdisciplinary and applied fields (management science, education, policy sciences).

The label healthcare implementation science is increasingly used to describe the unique mix of scientific disciplines and fields comprising the study of processes, influences and strategies involved in implementing, or facilitating the implementation of, evidence-based clinical practices and other research findings and best practice recommendations. Labels such as knowledge utilization, technology transfer and quality improvement are among the many other labels in common use, covering similar, yet not completely identical issues and areas of inquiry.

The Center for the Study of Healthcare Provider Behavior, through its Implementation Core, conducts a diverse portfolio of research, education and technical assistance activities to strengthen our local investigators' implementation science skills and activities, and to strengthen the field more generally. This issue of our newsletter highlights many of these activities, including several major projects, our special implementation seminar series, an effort to develop a formal curriculum outline for the field of implementation science (requiring the development of an explicit list of fields and areas of inquiry considered central to the field), and others. The Center has made a significant commitment to the dual goals of (1) strengthening our own staff expertise and activities in this area, and (2) strengthening the broader field and the expertise and activities of researchers beyond our local area. The field of implementation science offers considerable potential to contribute to improvements in health and health-

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VA GREATER LOS ANGELES HEALTHCARE SYSTEM

A Division of VA Desert Pacific Healthcare Network

CENTER MISSION

TO PROMOTE BETTER HEALTH AND HEALTHCARE FOR VETERANS THROUGH BETTER UNDERSTANDING OF HEALTHCARE PROVIDER BEHAVIOR, THE FACTORS THAT INFLUENCE IT, AND THE HEALTH SYSTEMS INTERVENTIONS THAT WILL IMPROVE IT.

RESEARCH HIGHLIGHTS

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care throughout the VA, the US and internationally, and our Center hopes to contribute to realization of this potential through multiple lines of activity.

The launch of the new journal Implementation Science represents one of our major initiatives in this area. Numerous implementation researchers in the U.S. and abroad have recognized and discussed the need for this type of journal for several years; active discussions and early planning occurred at the 2004 VA HSR&D State-of-the-Art conference on implementation, as well as in many previous venues. Center staff and other VA HSR&D researchers were active members of the ad-hoc group convened to begin formal planning in December 2004, and the Center has continued to play an important role in the journal's development and launch at the beginning of 2006. The journal offers an important vehicle for increasing scientific exchange and interaction within the field, to help strengthen the quality and value – and increase the quantity – of implementation research conducted within and outside VA.

The Center's curriculum development effort offers similar potential for enhancing local and non-local skills in implementation science. The field continues to grow and evolve, without consensus regarding the specific skills and domains of knowledge critical to successful performance in the field. The local expert panel process we propose to use in developing a consensus list of core domains can be followed by a national process, or by similar processes conducted elsewhere. The resulting curricu-

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Center's Commitment to Education on Implementation Science

In keeping with the Center's commitment to training, and capitalizing on the Center's expertise in and experience with implementation science, Center staff have launched several efforts to educate researchers about the field of implementation science.

The Center's Implementation Work-In-Progress Seminar (I-WIPS) series, coordinated by the Center's Implementation Science Core Director, **Brian Mittman, PhD,** is a monthly series consisting of a mix of open discussion, where investigators can brainstorm solutions to research problems, and formal presentations of study findings. Open discussion topics have included overviews of the Center's implementation projects (see below), discussion of the Center's implementation science curriculum development effort, information on funding opportunities and implementation science conferences, and sharing "lessons learned" about the HSR&D grant review process. The formal presentations have included:

- Developing an Implementation Research Program for Tobacco Use Cessation: Foundations and Components (**Scott Sherman, MD, MPH** —see page 10 for more information)
- Evaluating Implementation—The HIV Screening Case Study (**Steven Asch, MD, MPH** and **Henry Anaya, PhD**—see page 10 for more information)
- Getting to Outcomes Framework (**Matthew Chinman, PhD**)

The Center's academic experts (see page 3) have also delivered several workshops and seminars. Upcoming I-WIPS dates are listed on page 12.

In addition to his work with the I-WIPS series, Dr. Mittman is working with **Lisa Rubenstein, MD, MSPH**, and Margaret Wang, PhD (RAND) to develop a formal training curriculum for the field of healthcare implementation science. The curriculum will provide Center fellows with an overview of implementation science/quality improvement research, and information about faculty members and resources available for implementation research. The curriculum development effort will also add to the body of knowledge regarding implementation science by cataloguing the full scope of implementation science's roots and explicitly listing the relevant domains of knowledge and research skills required for success as an implementation science researcher.

The curriculum development team has received VA locally-initiated project funding to convene an expert panel made up of local (VA Greater Los Angeles, RAND, and UCLA) implementation researchers to (1) develop a list of core domains and competencies in implementation science, and (2) measure the local researchers' knowledge and skill gaps to identify priority areas for new course(s) or other educational initiatives. Ultimately, the curriculum will include formal courses and seminars covering such topics as the definition of implementation science, its role in healthcare quality improvement, and research methods and theories.

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Academic Experts on Implementation Research

Investment in the Business Case for VA Quality Improvement

With the benefit of VA HSR&D supplemental funding for developing partnerships with academic experts in implementation research, the Center has spent the last 18 months working with three UCLA professors with expertise in management theory, financial management, health information systems, social marketing and performance measurement. Several projects are in progress, including the development of a business teaching case featuring VA's health care transformation as a public sector turnaround, the development and application of a business case model for estimating the demand and operational impacts resulting from broadening VA's HIV screening program, and development of marketing materials associated with the spread of the depression collaborative care model in 2nd and 3rd generation VA primary care practices as part of the Regional Expansion of TIDES (ReTIDES).

Uday Karmarkar, PhD
Los Angeles Times Mirror Professor of Management at the UCLA Anderson Graduate School of Management

Jeff Luck, PhD, MBA
Associate Professor of Health Services at the UCLA School of Public Health

Fred Hagigi, DrPH, MBA
Associate Professor of Health Services at the UCLA School of Public Health

Our academic experts have also delivered several workshops and seminars. This includes a well-attended workshop at last year's annual VA HSR&D meeting entitled *Building the VA Business Case for Quality Improvement* (including Drs. Luck and Hagigi, Drs. Yano and Rubenstein from the Center, and Dr. Chuan-Fen Liu from the VA Northwest Center for Outcomes Research), and seminars on Social Marketing (Dr. Hagigi) and Performance Measurement, Strategic Planning and Implementation (Dr. Karmarkar). For more information, you may contact Dr. Elizabeth Yano at Elizabeth.Yano@va.gov.

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lum outline will benefit students and fellows who are still completing their formal studies in preparation for a research career in the field, as well as more experienced researchers who lack training and background in the full range of domains viewed as central to the field.

The Center's project portfolio represents another important contribution to the field of implementation science. This portfolio includes a diverse set of studies employing several types of implementation strategies and evaluation designs and methods. Many of these studies, such as the TIDES/WAVES series of depression projects and the EQUIP series of schizophrenia studies, represent path-breaking projects in terms of their scale, scope and approach. Methods, frameworks and findings from these studies will represent important foundations for future projects, and published reports and findings are already serving as important resources for the continued development of the implementation science field.

Center staff hope to continue to play leadership roles in refining and expanding the field of implementation science and its core theories, frameworks, methods and findings. We strongly support the HSR&D Service statement of purpose -- "Translating Research into Improved Patient Care" – and aim to continue to contribute to its achievement through or own efforts to achieve improvement and our efforts to support other researchers' and research centers' activities in the field of implementation research.

RESEARCH HIGHLIGHTS

Translating Initiatives for Depression into Effective Solutions (TIDES)

TIDES Regional Expansion

In 2004, **Lisa Rubenstein, MD, MSPH** and Edmund Chaney, PhD (HSR&D Northwest Center of Excellence, Seattle, WA) obtained funding for a regional expansion of the Translating Initiatives for Depression into Effective Solutions (TIDES) project (MNT 03-215), a quality enhancement project for depression care in primary care settings based on the Chronic Illness Care Model. The ReTIDES project will ultimately support as many as 8% to 10% of veterans nationally.

The ReTIDES evaluation will include a cost effectiveness analysis, impact analysis (clinician performance, knowledge, and attitudes), an analysis of the costs and characteristics of spread, and pilot data on changes to the TIDES model. The project's final product will be a national dissemination package that includes potential design choices for collaborative care as well as all necessary information, materials and methods.

Since initial funding, VISN leaders, with support from the research team, have designed and implemented TIDES in 9 outpatient clinics in four VISNs (10, 16, 22 and 23). Clinical outcomes of 500 patients referred to TIDES, including depression remission, are highly favorable. Approximately 70% of patients complete six months of care management, and 85% of those completing the program achieve resolution of their depressive symptoms.

TIDES Co-PI's: Lisa Rubenstein MD MSPH and Edmund Chaney PhD.

Surf, Sun, and Collaboration: TIDES Conference 2005

The TIDES Depression Care Manager & National Leaders Conference was held in Santa Monica, CA from September 27-29, 2005. For the first time since TIDES' inception, over 70 administrative and clinical leaders from across the nation gathered under one roof to learn about the TIDES collaborative care process, discuss local successes and challenges with TIDES 1st generation sites, and strategize on mechanisms to translate those learnings into practice as TIDES expands into 2nd generation sites under the ReTIDES project. The conference offered something for all interested in TIDES collaborative care. On September 27th, Depression Care Managers (DCMs) attended a Clinical Informatics Training Session, led by TIDES Intervention Manager **Susan Vivell, PhD**. During this session, DCMs were instructed as to effective use of the tools (such as CPRS and ScreenMan) that have been developed to support their role as care managers. September 28th was a celebration of TIDES implementation and strategic planning for ReTIDES. **Dr. Lisa Rubenstein** provided participants with a contextual framework for understanding TIDES implementation in the VA. Administrators and seasoned DCMs from VISNs 10, 16, 22, and 23 shared their experiences working within their local infrastructure to ensure that the veterans who would benefit the most from TIDES care are successfully educated about, engaged in, and seen through depression care that is evidence-based and well-coordinated between primary care and mental health. September 29th, centered on proficiencies in depression care management. The Depression Care Manager Training Session, jointly led by Drs. Rubenstein and Chaney (TIDES Co-PIs) was an opportunity for the DCMs to develop knowledge in the delivery of TIDES care, including conducting assessments, responding to acute situations (including suicidality and psychosis) and patient management across departments. To supplement the didactics, new and seasoned DCMs were assigned to small groups to engage in a series of valuable role-playing sessions as an introduction to front-line patient interaction. During the course of the six months following the training, care managers will participate in educational conference calls to receive mentorship and to refine their skills.

The highlight of the conference were presentations from two Veteran Representatives, Mr. Frank Baron (VISN 22) and Mr. Terry Williams (VISN 16), on September 28th. Mr. Baron spoke poignantly about the value of TIDES care from the perspective of Veteran clients. Mr. Williams, with many years of consultative experience in public office, offered an enlightening, compelling presentation on mechanisms through which TIDES leadership can effectively increase TIDES awareness among active-duty personnel, recent returnees, and their dependents.

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Improving the Quality of Care for Psychosis: The EQUIP Project

Schizophrenia is a debilitating and costly mental disorder, presenting significant challenges to patients and their families as well as to the healthcare organizations responsible for their care. The VA treats more than 100,000 people with schizophrenia annually, and this illness accounts for 12% of all VA healthcare costs.

Schizophrenia is treatable and outcomes can be substantially improved with the appropriate use of antipsychotic medication, caregiver education and counseling, vocational rehabilitation, and assertive treatment. Clinical practice guidelines on schizophrenia care have been promulgated. However, rates of appropriate care nationally (both within and outside of the VA) are moderate to low.

The President's New Freedom Commission and the VA Strategic Plan for Mental Health emphasize the importance of implementing evidence-based and recovery-oriented care: access to a range of services that improve outcomes, including vocational rehabilitation, caregiver support, wellness programs, clozapine, and peer support. This commitment places the VA in a leadership position nationally, but also creates challenges since moving to a recovery model will require identification of patients who would benefit from specific services, and reorganizing care to ensure that these services are implemented. **Alexander Young, MD, MSHS** was funded to lead the Enhancing Quality Utilization in Psychosis (EQUIP) project by HSR&D QUERI (CPI 99-383) to determine how proven principles of chronic illness care could be used to improve care for schizophrenia.

Psychiatrists at two VA medical centers were randomized to continue with usual care or to receive an intervention that included routine management of patient outcomes data; protocols for assertive, coordinated care; and evidence-based medication and family services. Patients were routinely assessed and a locally-developed informatics system provided these "psychiatric vital signs" to psychiatrists during the patient visit. The system interfaced with VA's CPRS, allowed communication between members of the treatment team, and provided feedback regarding the extent to which care was consistent with guidelines. Regular feedback to clinicians and managers facilitated reorganization of care.

Sixty-five psychiatrists and 398 patients participated, and the intervention was implemented for more than 15 months. The intervention was well received by patients, clinicians and managers. Psychiatrists stated that they learned important new information and that team communication improved. The intervention resulted in more assertive medical and mental health care. Rates of poor care for psychosis decreased significantly more under the intervention than in control patients (75% to 71% vs. 69% to 86%; p=.04). Wellness groups were established, improving the management of side-effects and weight. However, the intervention did not improve the use of clozapine or caregiver services.

A process evaluation identified provider barriers to quality improvement efforts. Twenty-one percent of psychiatrists indicated a high degree of job burnout, with 82% indicating a very low sense of personal accomplishment in their job. Fewer than 14% reported that treatment guidelines had any effect on their practice. Psychiatrists rarely referred patients for clozapine. Psychiatrists held a false belief that patients had little contact with families. Results from this project have been used to design EQUIP-2, a recently-funded QUERI project to implement improved care for schizophrenia in 3 VISNs.

The EQUIP team: Standing l-r: Alison Hamilton Brown PhD, Jennifer Pope BS, Alexander Young MD MSHS, Matthew Chinman PhD. Seated l-r: Amy Cohen PhD, Rebecca Shoai MPH MSW.

For more information, please contact: ***Alexander Young, MD, MSHS*** *(Ph: 310-268-3416, Email: ayoung@ucla.edu) or* ***Amy Cohen, PhD*** *(Ph: 310-478-3711 x40770, Email: ancohen@ucla.edu)*

Alexander Young, MD, MSHS and **Amy Cohen, PhD** contributed the main vignette in the informatics chapter of the Institute of Medicine's "Improving the Quality of Health Care for Mental and Substance-Use Conditions: Quality Chasm Series" report. The vignette describes how care for people with schizophrenia was enhanced by VA's CPRS–based informatics system developed for the Enhancing Quality Utilization in Psychosis (EQUIP) project. The link to the vignette is on page 242 of the report: **http://www.iom.edu/report.asp?id=30836**.

RESEARCH HIGHLIGHTS

VHA Clinical Practice Organizational Survey

A key observation in the Institute of Medicine's (IoM) "Crossing the Quality Chasm" is the need to address the improvement of quality of care through major changes in how health care is organized. The central tenet is that significant, sustained and innovative efforts to reorganize the health care system are needed to achieve substantive gains in quality of care and health outcomes. Since the report was released, research has indicated that structural differences in how care is organized may explain a greater proportion of the variance in performance than that explained by patient factors alone.

VA's reorganization of care presaged IoM's report by launching significant internal restructuring of the care delivery system, including changes in delivery models (e.g., primary care teams, service lines) and adoption of new technologies (e.g., CPRS) and management strategies (e.g., reminders, guideline implementation, performance audit/feedback). While these organizational changes in the aggregate have been found to be associated with substantial gains in VA quality over time and in comparison to Medicare, relatively little is known about the discrete organizational characteristics in VA facilities that have specifically contributed to these changes and which structural features will foster ongoing quality improvement.

Elizabeth Yano, PhD leads a new study (MRC 05-093) to collaboratively develop a VA clinical practice system assessment survey to meet the combined operational and research needs of the VA Office of Quality & Performance (OQP) and HSR&D investigators by measuring organizational traits of VA facilities that may be associated with performance, including fixed and mutable characteristics that will support the design and adaptation of future quality improvement (QI) policies, practices and interventions. Two key aims guide the organizational assessment: (1) the ability to benchmark VA health care organizational characteristics with those of non-VA health care settings, plans, and organizations, and (2) the ability to examine time trends in organizational change based on previous VA organizational survey data.

The study employs a participatory, multi-method approach. The study team will develop, pilot test, administer and analyze the results of a key informant survey measuring the organizational and practice system features of care at individual VA health care facilities. The unit of analysis will be each geographically distinct site of care, including all VA medical centers and large community-based outpatient clinics (e.g., those serving 4,000+ patients and delivering 20,000+ visits/year).

The study aims to understand structural variations and their links to quality of care, and its results will help inform the design of more effective QI policies and practices and enable improved "fit" of QI interventions to individual VA facilities. Ultimately, evaluation of the organizational influences on quality of care in VA settings will foster evidence-based practice changes that will have substantial potential for improving the quality of chronic disease and preventive care, as well as veterans' ratings of the quality of care they receive in VA.

Acknowledgments

Because of the implications for guiding further quality improvement, patient care initiatives and health services research inquiry, the study is being overseen by a national steering committee, which includes leaders of the *Office of Quality & Performance* (Barbara Fleming, MD, PhD; Tom Craig, MD; Steven Wright, PhD), the *Office of Patient Care Services* (Madhulika Agarwal, MD; Gerald Cross, MD), the *National Committee for Quality Assurance* (NCQA) (Greg Pawlson, MD; Sarah Scholle, DrPH), the *Kaiser Health Institute* (John Hsu, PhD), as well as several *senior VA HSR&D researchers* (Steven Asch, MD, MPH; Martin Charns, DBA; Brad Doebbeling, MD, MPH; Eve Kerr, MD, MPH).

Clinical Practice Survey Project team: (l-r)

Ismelda Canelo BA, Project Director , Lynn Soban PhD MPH RN, Post-Doctoral Fellow and Tracy Yee MPH, Research Assistant.

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Patterns of Research Progression within the VA Research and Development Program

VA's Office of Research and Development (ORD), the National Institutes of Health (NIH), the Food and Drug Administration (FDA), and the Institute of Medicine (through its Clinical Research Roundtable) have increasingly recognized the existence of shortcomings (labeled "translational roadblocks") in the health-related research-development-implementation pipeline. These include delays in the translation of promising basic science discoveries into effective, proven medical treatments, and delays in the widespread application of novel, effective treatments into routine clinical care.

The VA is unique in the US and internationally in combining the strengths of an integrated health research program (comprising considerable human resources, facilities, and internal funding mechanisms) with a very large healthcare delivery system, which offers a laboratory and context for implementation research and practice. As such, the VA has unique capabilities for pipeline-related contributions to the national health research program. **Brian Mittman, PhD** received funding to document patterns of research and development progression activity within VA's research pipeline in order to better understand and accelerate pipeline processes. The study will collect and analyze data to (1) understand whether, when, how, and why VA research activities are linked to comprise a continuous progression from basic science to clinical research to implementation, and from health services research to implementation, and (2) identify "points of leverage" and opportunities to accelerate and strengthen these links and the transitions from one research effort to the next.

During the study, pipeline patterns, barriers, and facilitators will be documented for a sample of VA research activities drawn cross-sectionally from each phase of the pipeline: basic/bench research, clinical trials (Phases I, II, and III), and health services and implementation research. In addition to the random samples of projects drawn cross-sectionally from each phase of the pipeline, the project will study longitudinal case series or case studies of specific lines of research, tracing the origins or precursors and all follow-up phases of effort for a second sample of projects.

Information regarding pipeline patterns will be obtained from project reports, published journal articles, and interviews with and surveys of researchers. Interviews and surveys will also provide information on pipeline barriers and facilitators. Project recommendations will identify programs, policies and resources needed to facilitate faster and more appropriate follow-up, including actions required from ORD, from NIH and other funders, from journal editors, and from other stakeholders. The study products will also include a series of refined and validated frameworks, concepts and terms. For example, the study will produce a set of research-development-implementation activity categories and definitions to allow researchers and others to fully characterize any given health-related research project and identify its placement within a broader sequence of research-development-implementation activities.

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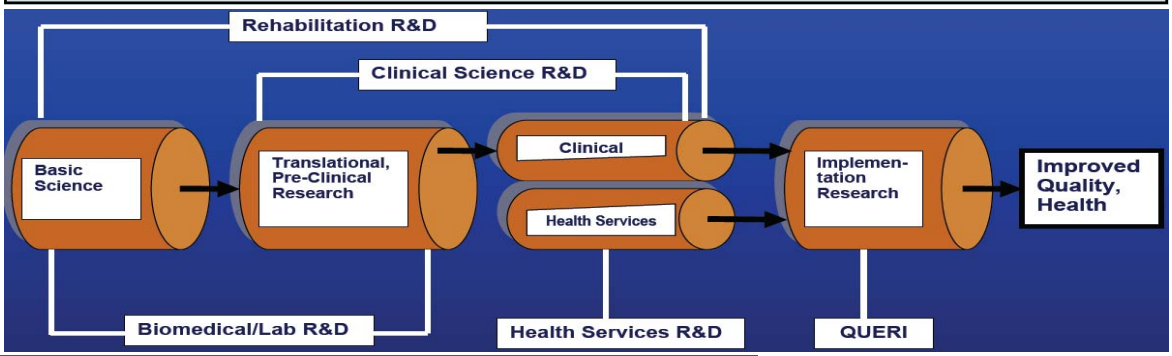
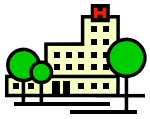
VA's Research-Development Implementation Pipeline



RESEARCH HIGHLIGHTS



VHA and Indian Health Services (IHS): Access for American Indian Veterans

Military experience is embraced by American Indian and Alaska Native communities and American Indian and Alaska Native veterans are simultaneously eligible for healthcare services from the VHA and the Indian Health Service (IHS). Care coordination between these two federal agencies is particularly important because American Indian and Alaska Native veterans have significantly more unmet medical needs than other veterans; however, effective care coordination is hampered by a lack of knowledge about the extent of IHS-VHA dual use and how these two agencies interact.

Center affiliated investigator **Josea Kramer, PhD** is conducting the first systematic study to assess access to VHA by American Indian and Alaska Native veterans and to analyze how VHA and IHS work together. The immediate objectives of the study are to a) describe dual utilization of VHA and IHS services among American Indian and Alaska Native veterans, including fragmentation or potential overlap of services; b) identify organizational and individual factors that impede or facilitate access to care; and c) generate explicit policy or practice recommendations to improve how VHA and IHS work together, including care coordination. The long-range objectives of the study are to improve access to covered services for a population that is characterized by healthcare disparities and to foster more efficient and coordinated publicly funded healthcare for veterans.

The study team has compiled a list of VHA-IHS dual user patients by linking IHS data files with VHA data files. The extent of dual use of VHA and IHS services by American Indian and Alaska Native veterans is now known. Among 64,746 users of VHA and/or IHS healthcare services in FY02 and FY03, 25% were dual users of VHA and IHS. The team was surprised to find that 28% of IHS-enrolled veterans used only VHA healthcare and did not visit an IHS facility in the study period. Furthermore, although a major provider of healthcare to this vulnerable population, VHA did not serve 48% of American Indian and Alaska Native veterans.

There were few demographic differences between American Indian and Alaska Native veterans who used the VHA only and those who were dual users with IHS. Both groups were in their mid-fifties. The majority served in wartime and nearly half the population served in the Vietnam Era. In both groups, 47% had service connected compensation and non-service connected pension and benefits, suggesting that the VHA is also a significant source in Indian communities.

While there are few demographic differences, medical needs appear to differ and may reflect differences in organizational resources and expertise. Dual users are more likely than VHA-only users to receive care at VHA for certain tracer medical conditions, such as diabetes, cardiovascular diseases and prostate cancer. VHA is more likely than IHS to provide diagnostic services, subspecialty care and metal health treatment to dual users, while IHS is more likely to provide them with primary care. IHS-only veterans had a lower mean number of outpatient visits than VHA-only and dual users, and were less likely to access sub-specialty care, mental health providers or rehabilitation services.

Neither VHA nor IHS has mechanisms in place to identify enrollees of the other healthcare system. However, IHS registry data includes enrollees' self-identification as veterans and this information is being used to inform planning processes. The analysis and interpretation of the results is assisted by the project's advisory committee, composed of leaders in IHS and VHA, who recently met to provide guidance to the project team. The next steps are a survey of selected facilities to better understand organizational factors that may predict dual use and interviews with selected providers and veterans about access to healthcare in the VHA and/or IHS.

IHS Team (l-r) Judith Harker PhD, David Govea AA, Emily Garcia MSW, Debra Saliba MD MPH, Josea Kramer PhD, Karen Josephson MPH, Laurence Rubenstein MD, MPH.

IHS Team: (l-r) Karen Josephson MPH, Jennifer Magnabosco PhD, Josea Kramer PhD, Judith Harker PhD, Mingming Wang MPH.

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Impact of Practice Structure on the Quality of Care for Women Veterans

U.S. women veterans now number nearly 1.7 million, and approximately 11.4% use VA health care facilities for some or all of their health care. Historically, the growing presence of women in VA highlighted gaps in women's VA access and quality of care. In response, Congressional eligibility reforms have profoundly changed the array of VA health care services to be made available to women veterans. There is, however, considerable debate within VA about how best to organize care for women veterans to address these legislative mandates. While VA facilities have adopted a variety of clinic models for delivering health care to women veterans, none dominates. Although women veterans are the fastest growing segment of new VA users, the quality and cost impact of the different VA care delivery models established to meet their needs is currently unknown.

To inform the ongoing debate about the best ways to organize care for women veterans and evaluate the quality of care and costs associated with the prevailing primary care delivery models in VA, **Elizabeth Yano, PhD** received HSR&D funding (IIR 04-036) to conduct the first study systematically evaluating the quality of care for women veterans in VA settings. The study fills a crucial gap in the VA's ability to reduce gender disparities and provides VA health care managers with an evidence base for adapting care arrangements that optimize the outcomes and satisfaction of women veterans.

Dr. Yano, along with Center investigators and Co-PI's **Donna Washington, MD, MPH**, and **Bevanne Bean-Mayberry, MD, MHS** recently convened an expert panel to develop an evidence-based organizational taxonomy of primary care delivery models for women veterans. The expert panelists included: Chloe E. Bird, PhD, Arlene Bradley, MD, FACP, Dwight Evans, MD, Chuan-Fen "Fen" Liu, PhD, Melissa "Missy" McNeil, MD, MPH, Margaret "Peggy" Mikelonis, ARNP-C, Scott Ransom, DO, MBA, MPH, FACPE, CPE, Carol Weisman, PhD, and Ellen F.T. Yee, MD, MPH. The project team is conducting statistical analyses of merged secondary data (EPRP, SHEP, NPCD) to evaluate the quality of care experienced by women veterans being seen in different care models and exposed to different care features. Another project team, led by Chuan-Fen Liu, PhD (Seattle) and Scott Ransom, MD, MBA (Ann Arbor) are exploring the costs associated with the two main care model variants recommended by the VA policy-namely, designated women's health providers in general primary care clinics (GEN/PC) and specialized women's health clinics that deliver primary care services (WHC/PC). The project builds on a strong foundation of preliminary studies in VA and non-VA settings and represents an area of significant policy and practice activity, but a dearth of evidence to support VA decision making.

L-R: Bevanne Bean-Mayberry MD MHS, Donna Washington MD MPH, and Elizabeth Yano PhD

Updates to VA Women's Health Projects

VA Women's Health Research Agenda (PI: **Elizabeth Yano, PhD**): Chaired by Dr. Yano , the VA ORD Women's Health Research Planning Group recently submitted the group's final report proposing a new national VA women's health research agenda. The final report is under review in HSR&D and will soon be submitted to the CRADO, Dr. Joel Kupersmith, as well as the other ORD Service Chiefs. A manuscript summarizing the research agenda has been accepted for publication in the JGIM Special Issue on VA Women's Health Care as well (Yano, et al., in press) and will be published in March 2006, along with 13 other manuscripts focused on women veterans' health and health care. For more information, Dr. Yano can be contacted at *Elizabeth.Yano@va.gov*, 818-891-7711 x5483.

Women Veterans' Ambulatory Care Use: Patterns, Barriers, and Influences (PI: **Donna L. Washington, MD, MPH**): Telephone interviews with women veterans (50% VA users, 50% VA-non-users) found significant fragmentation in ambulatory care use by women veterans, with primary care and other women's health care being delivered by different providers for 41% of those surveyed. In addition, compared to male veteran VA users, women VA users were more likely to split their care across VA/non-VA systems of care (51% versus 43% being dual users). Factors that led some women veterans to go outside of the VA for their healthcare included lack of information about VA eligibility and services, limited availability of select services, concerns about the VA environment and quality of care, and inconvenient VA locations and hours. For more information, Dr. Washington can be contacted at *Donna.Washington@va.gov*, 310-478-3711 x49479.

CENTER HIGHLIGHTS

Updates to Projects Featured in Previous Center Newsletters

Telephone Care Coordination to Improve Smoking Cessation Counseling and Treatment (Tele-Quit) (PI: **Scott Sherman, MD, MPH**): We have now finished piloting this VISN/HSR&D Collaborative smoking cessation project at the 12 sites of the VA Greater Los Angeles Healthcare System. During this time (May - October 2005), we received 807 referrals. We "went live" at GLAHS in November, 2005 and the rate of referrals has continued to increase steadily. We are now rolling the intervention out to all 6 facilities in VISN 21 (already in pilot phase) and the VA Long Beach Healthcare System. Once the VISN 21 facilities (Northern California, Hawaii and the Pacific Island sites) have finished their pilot phase, we will begin discussing further roll-out to the remaining VISN 22 facilities (San Diego, Las Vegas, and Loma Linda). Our goal is make this the standard care for all sixty VA facilities in California, Nevada, and Hawaii. For more information, Dr. Sherman can be contacted at *Scott.Sherman@va.gov*, 212-686-7500 x7386.

Tele-Quit team: (l-r) Laura York MA, Lorena Barrios, Natalie Osling, Lorraine Anderson BS, Nancy Takahashi MPH, Jane Kim BS, and Scott Sherman MD.

Pain as a Vital Sign (PI: **Karl Lorenz, MD, MSHS**): With the participation and support of VA clinicians and staff throughout VISN 22, provider recruitment for the "Helping Veterans Experience Less Pain" (HELP-Vets) study began in November 2005 and is examining pain evaluation and treatment in the VA from the perspectives of nursing staff and treatment providers. The next phase of the project will survey treatment providers and veterans about how pain was evaluated and managed during actual patient visits, and will commence in early 2006. For more information, Dr. Lorenz can be contacted at *Karl.Lorenz@va.gov*, 310-478-3711 x43523.

Pain as a Vital Sign team: (l-r) Emily Hagenmaier BA, Karl Lorenz MD, and Angela Cohen PhD.

Project Lead: Henry Anaya PhD

HIV Rapid Testing (PI: **Steven Asch, MD, MPH**; Co-PI/Project Lead: **Henry Anaya, PhD**): The project has been actively recruiting since April 2005. The intervention was originally funded as a single-site study at the WLA Healthcare Center; however, the study team was able to add the downtown Los Angeles Ambulatory Care Center to the recruitment pool without incurring additional costs. Initial results suggest that more patients randomized to the streamlined counseling/rapid testing arm are not only being tested for HIV more often, but are also receiving their results more frequently than either the nurse-based counseling/traditional testing or control arms (usual care/having patients ask their doctor for an HIV test). For more information, Dr. Anaya can be contacted at *Henry.Anaya@va.gov*, 310-478-3711 x48488.

Validation of Changes to the Minimum Data Set (PI: **Debra Saliba, MD, MPH;** Project Director: **Debbie Gray, MPH**): Work continues on this effort to validate the new MDS version 3.0. Post-doctoral fellows **Patricia Housen, PhD** and **George Shannon, PhD** continue to contribute to the effort to develop and validate quality indicators for cognitive memory and quality of life among nursing home residents. For more information, Dr. Saliba can be reached at Debra_saliba@rand.org, *310-393-0411 x6268.*

Project PI: Debra Saliba MD MPH

End of Life Care (PI: **Kenneth Rosenfeld, MD**): The RCT began enrollment of patients in 2004. Those assigned to the intervention group received a chronic illness model-based palliative care intervention that utilizes prognosis-based palliative care evaluation and longitudinal nurse care management. Follow up interviews with patients and caregivers, well as after-death interviews with caregivers started in 2005. The next phase of the project involves chart reviews to assess processes of care, and administrative data to assess resource use and costs. For more information, Dr. Rosenfeld can be contacted at *Kenneth.Rosenfeld@va.gov*, 310-478-3711 x41250.

Project PI: Kenneth Rosenfeld MD

PDFs of past Center newsletters can be found on the Center website

Center Staff Updates

The Center welcomes our newest Associate Investigator, **Jacqueline Fickel, PhD**. Dr. Fickel, whose expertise is in healthcare policy, was previously a Postdoctoral Fellow with the VA Center for Mental Healthcare and Outcomes Research (Little Rock, AR). Her research interests center on organizational structures and their effect on quality of care. Her long-term goal is to be able to provide the VA with recommendations on policies that establish organizational characteristics that encourage better quality of care. She is currently working on the TIDES project. She worked on the COVES evaluation of TIDES in Little Rock, helped with the start-up of the University of Arkansas's Clinton School of Public Service, and has worked with a team conducting a pilot study of the continuum of care for incarcerated veterans in Dallas, TX.

The Center also welcomes **Peter Cody Hunt, PhD, MPH** a post-doctoral fellow whose expertise is in rehabilitation research. Before joining the Center, he conducted research at the University of Pittsburgh's Model Center on Spinal Cord Injury (UPMC-SCI). His previous experience also includes service as a special assistant to the Director of the National Institute on Disability and Rehabilitation Research, contributing to efforts to improve survey methodologies for the National Health Interview Survey (NHIS) to accommodate individuals with sensory and cognitive disabilities, and authorship of monographs educating rehabilitation professionals on cultural barriers and issues that affect access to health services in the US among individuals of foreign origins. His research interests center on reducing disparities in access to healthcare for people with disabilities. Dr. Cody is currently working on research identifying access barriers to VA care available for individuals with traumatic spinal cord injury.

Acknowledging the growth of HSR&D as over one-third of Greater Los Angeles's research funding, the Center's Associate Director of Education, **Steven Asch, MD, MPH**, now serves as VA Greater Los Angeles Healthcare System's Deputy Associate Chief of Staff/Research and Development in Health Services.

Implementation Science

Center Executive Committee Member and investigator **Brian Mittman, PhD** recently co-led an effort to launch a new journal, *Implementation Science*. He now serves as co-editor-in-chief. Center Director, **Lisa Rubenstein, MD, MSPH,** serves on the editorial board. The new journal is partially sponsored by the VA and is designed to provide a venue for a wide array of VA and non-VA implementation research manuscripts, including methodological pieces, editorials, and scientific dialogue on advancing the underlying science base and design and measurement standards for this field of research. For more information, please refer to the journal's flyer in this newsletter, or the journal website, **www.implementationscience.com.**

Center Executive Committee Member and Senior Investigator, **Scott Sherman, MD, MPH,** relocated to the Manhattan campus of the VA New York Harbor Healthcare System in September, 2005. He will lead an effort to establish a VA research center dedicated to translating research into improvements in preventive and primary care. He continues to lead the VISN/HSR&D Collaborative project Telephone Care Coordination to Improve Smoking Cessation Counseling (TeleQUIT) and remains co-investigator on the Translating Initiatives for Depression into Effective Solutions (TIDES) project. Dr. Sherman is also working with Center MREP recipient, **Melissa Farmer, PhD**, to evaluate the organizational factors associated with successful implementation of evidence-based smoking cessation treatment using centralized VA performance and pharmacy data.

Center investigator, **Ian Gralnek, MD,** also transitioned out of our Center. He relocated to Israel. His studies, which included a study on the Prevalence of Low Health Literacy Skills Among Veterans, were transferred to **Paul Shekelle, MD, PhD,** along with his mentoring relationships.

PROFESSIONAL DEVELOPMENT

New Career Development Awardees

The Center would like to welcome **Bevanne Bean-Mayberry, MD, MHS**, and **Denise Feil, MD, MPH**, our two newest Career Development Awardees.

Dr. Bean-Mayberry MD, MHS comes to our Center from VA HSR&D's Center for Health Equity Research and Promotion (CHERP) (Pittsburgh, PA). After completing her VA Women's Health Fellowship at the Pittsburgh VA, she became a minority health disparities scholar at the University of Pittsburgh's Graduate School of Public Health and was also an Assistant Professor at University of Pittsburgh's Department of Medicine. Her primary mentors are Michael Fine, MD (CHERP Co-Director) and **Elizabeth Yano, PhD** (our COE Deputy Director). Her research interests are in gender disparities in the quality of care for women and the organization of health care delivery to women. She is currently leading a project assessing VA preventive and chronic disease quality by gender and is working with **Elizabeth Yano, PhD** and **Donna Washington, MD, MPH** to develop an organizational taxonomy of primary care delivery for women veterans as co-PI in a VA HSR&D funded study. Her office is located on the Sepulveda campus.

Dr. Denise Feil, MD, MPH will focus her research on care processes for diabetic veterans with cognitive impairment. She completed a descriptive pilot study on this topic which showed worse diabetes self-care in cognitively impaired diabetics. Dr. Feil was previously co-PI of two NIH studies (PI: David Sultzer, MD, VA Greater LA Healthcare System and UCLA) on delusions, psychosis and agitation in Alzheimer's Disease. She is a Clinical Assistant Professor in UCLA's School of Medicine and has been the Associate Director of Academics and Training for UCLA's Geriatric Psychiatry Fellowship Program. Her mentors include **Cathy Alessi, MD** and **Barbara Vickrey, MD, MPH.**

VA Career Development Award Program

*For more information on the CDA program, please contact **Vera Snyder-Schwartz, MA** by e-mail (Vera.Snyder@va.gov) or by phone (818-891-7711 x5488).*

Application guidelines may be obtained on the VA HSR&D website
www.hsrd.research.va.gov/for_researchers/professional-development/

2006 I-WIPS dates

Please join us for the 2006 I-WIPS seminars. Seminars take place once a month at the Sepulveda campus.

Wednesday, January 18
Wednesday, February 22
Thursday, March 16
Wednesday, April 5
Thursday, May 11
Wednesday, June 14
Thursday, July 20
Wednesday, August 23
Thursday, September 20
Wednesday, October 18
Thursday, November 9
Wednesday, December 13

To be added to the I-WIPS e-mail list, please contact Ismelda Canelo, BA, by e-mail at Ismelda.Canelo@va.gov.

National Experts Contribute to Center Education

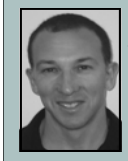
The Center strives to provide a rich learning environment for our faculty, fellows, and staff, and was honored to have several national experts present in our weekly Work-In-Progress (WIPS) Seminar Series.

- Dr. Carol Ashton (Director, HSR&D, Primary Care, VAMC Houston) provided an overview of her "Implementation of ALLHAT (Antihypertensive and Lipid-Lowering Treatment to Prevent Heart Attack Trial) Results" project, which tested an implementation model to encourage the use of thiazide-based antihypertensive regimens as a cost-effective way to prevent heart attacks.
- Dr. Nelda Wray (Chief, General Medicine, Houston VAMC) provided information on her work on a randomized controlled trial of sham surgery versus arthroscopic surgery for osteoarthritis of the knee.
- Dr. David J. Casarett (Assistant Professor of Medicine, Philadelphia VAMC; Fellow of the Institute on Aging) presented information on hospice enrollment.

Fellowship Program

Both Sepulveda and West Los Angeles have been approved VA post-doctoral training sites since 1994 and Associated Health fellowship sites since 2002. This year, the center is training 17 VA postdoctoral fellows (10 Ambulatory Care fellows, 3 Women's Health Fellows, and 4 Associated Health Fellows).

Ambulatory Care Fellows



First Year

Jay Gladstein, MD is an infectious disease specialist interested in HIV/AIDS quality of care concurrently doing a fellowship in infectious diseases at VAGLAHS. (Asch)

Joshua Pevnick, MD is a general internist who was a Health Policy Fellow at NCQA (Mentor pending).

Manan Trivedi, MD is an internist with an interest in deployment health. He is a former Battalion Surgeon in the 1st Marine Division in OIF. (Mentor pending)

Third Year

Sanae Inagami, MD's research focuses on the health of minority populations. (Asch)

Richard Mularski, MD, MPH is Co-PI of a randomized trial to improve the quality of life among advanced COPD and lung cancer patients (Asch/Lorenz)

Women's Health Fellows

First Year

Michelle Seelig, MD, MPH was a former primary care fellow who leads a study developing and refining a conceptual framework for evaluating generalist-specialist physician collaboration, with a focus on depression care. (Rubenstein/Yano)

Second Year

Susan Baldwin, MD, MPH is an obstetrician-gynecologist who is researching human trafficking and minority health issues. (Rubenstein/Washington)

For more information about our fellowship programs contact ***Ismelda Canelo, BA, Project Manager****. Telephone Number: 818-891-7711 x7500, E-mail: Ismelda.Canelo@va.gov*

Post Doctoral Fellows

First Year

Peter Cody Hunt, PhD, MPH (For bio, see page 11).

Second Year

Patricia Housen, PhD has an interest in improving cognitive memory and quality of life among nursing home residents. She also works on VA's Minimum Data Set (MDS 3.0) project (see page 10). (Saliba/Yano)

George Shannon, PhD is interested in home-based health care and intervention design and evaluation. He also works on VA's Minimum Data Set (MDS 3.0) project (see page 10). (Saliba/Yano)

Lynn Soban, PhD, MPH, RN continues to contribute to the work on the center's Clinical Organizational Survey (see page 6) and is designing a nursing process of care study. (Yano)

Graduated Fellows

Steven Bagley, MD (Ambulatory Care) took a faculty position at the Los Angeles County/UCLA Olive View Medical Center.

Keri Gardner, MD (Ambulatory Care) took a faculty position at VA Greater LA Healthcare System.

Fasiha Kanwal, MBBS, MSHS (Ambulatory Care) took faculty positions at VA St. Louis and St. Louis University

Carolyn Mendez-Luck, PhD (Post-doctoral) is now an Assistant Professor at the UCLA School of Public Health.

Diana Ramos, MD (Women's Health) is a medical director for the Los Angeles County, Maternal Health and Family Planning program

William Shrank, MD (Ambulatory Care) took a faculty position at Harvard Medical School, Brigham & Women's Hospital.

FELLOWSHIP PROGRAM

PUBLICATION HIGHLIGHTS

Center Publication Highlights

Center Investigator Focuses on the "Demedicalization" of Menopause

As a member of a National Institutes of Health (NIH) panel, Center investigator **Donna L. Washington, MD, MPH** helped draft the NIH State-of-the-Science Conference Statement "Management of Menopause-Related Symptoms." The independent panel stressed that many women go through menopause without any disabling symptoms and that it was important not to view menopause as a disease. The panel found that the "medicalization" of menopause could lead women and their healthcare providers to overuse potentially risky treatment approaches. The panel also found that for women whose quality of life is persistently and severely diminished by the vasomotor symptoms of menopause, nothing worked as well as estrogen therapy, but they urged further research into non-hormonal treatments. The Conference statement can be accessed via the NIH website (http://consensus.nih.gov) and the findings are discussed in the following journal article:

National Institutes of Health State-of-the-Science Conference Statement: Management of Menopause-Related Symptoms. Ann Int Med 2005; 142(12):1103-13.

Center Contributes to State of the Art Conference

Lisa Rubenstein, MD, MSPH and Jacqueline Pugh, MD (Veterans Evidence-Based Research Dissemination and Implementation Center) are among the authors who contributed to an upcoming special issue of the Journal of General Internal Medicine, which is dedicated to the proceedings of the VA's Seventh State of the Art Conference, Implementing the Evidence: Transforming Practices, Systems, and Organizations. Drs. Rubenstein and Pugh's paper was background reading for the conference, which brought together VA and non-VA policy makers, managers, clinicians, and researchers to discuss strategies for implementing evidence into routine healthcare practice and recommend "next steps" for advancing knowledge in this area. The paper introduces the field of implementation research; stresses the importance of a partnership between health researchers, healthcare organizations, and the public to proactively improve the quality of healthcare; and sets out goals and objectives for reorganizing health services research to maximize its impact on healthcare quality improvement efforts.

Rubenstein LV, Pugh J. Strategies for Promoting Organizational and Practice Change by Advancing Implementation Research. J Gen Intern Med 2006; 21:S106–112. ***In Press.***

Center Contributes to Quality Improvement Conference

Center investigators made various contributions to the AHRQ/CDC/NIH ODP/ NCI/ NHLBI/VA/RWJF conference "Expanding Research and Evaluation Designs to Improve the Science Base for Health Care and Public Health Quality Improvement" (September 13-15, 2005). This ground-breaking conference sought to expand study design options for Quality Improvement Interventions (QII). To help the sponsors develop clear and practical recommendations for strengthening methodologic rigor in QII research while enabling the variation in approaches necessary for success, **Lisa Rubenstein, MD, MSHS**, **Paul Shekelle, MD, PhD**, **Elizabeth Yano, PhD**, and **Melissa Farmer, PhD** helped develop a background paper that served as a basis for discussion for the research design experts, health services researchers, and representatives from research funding agencies who participated in the symposium. The background paper presented a framework of different types of QII research questions and goals, and their relationship to the appropriate characteristics of study designs and methods. Dr. Rubenstein also contributed to the planning of the symposium and, during the meeting, presented an overview of the Translating Initiatives into Effective Solutions* (TIDES) project as a QII case study. **Brian Mittman, PhD** and **Constance Fung, MD, MS** also participated in the conference. Dr. Mittman provided consultation to the symposium planning committee regarding his work assessing barriers and facilitators to quality improvement evaluations and Dr. Fung served as a discussant during the disparities work group.

* For more information, refer to page 4

Center Publications

This list of selected Center publications has been chosen from the over 75 peer-reviewed manuscripts published by our Center core and affiliated investigators during calendar year 2005.

1. Asch SM, Baker DW, Keesey JW, Broder M, Schonlau M, Rosen M, Wallace PL, Keeler EB. Does the collaborative model improve care for chronic heart failure?. Medical Care 2005; 43: 667-675.

2. Asch SM, McGlynn EA, Hiatt L, Adams J, Hicks J, DeCristofaro A, Chen R, Lapuerta P, Kerr EA. Quality of care for hypertension in the United States. BMC Cardiovascular Disorders [Electronic Resource] 2005; 5: 1.

3. Aspinall SL, Good CB, Glassman PA, Valentino MA. The evolving use of cost-effectiveness analysis in formulary management within the Department of Veterans Affairs. Medical Care 2005; 43: 20-26.

4. Chinman M, Hannah G, Wandersman A, Ebener P, Hunter SB, Imm P, Sheldon J. Developing a community science research agenda for building community capacity for effective preventive interventions. American Journal of Community Psychology 2005; 35: 143-157.

5. Chodosh J, Morton SC, Mojica W, Maglione M, Suttorp MJ, Hilton L, Rhodes S, Shekelle P. Meta-analysis: chronic disease self-management programs for older adults. Annals of Internal Medicine 2005; 143: 427-438.

6. Farmer MM, Ferraro KF. Are racial disparities in health conditional on socioeconomic status? Social Science and Medicine 2005; 60: 191-204.

7. Fung CH, Elliott MN, Hays RD, Kahn KL, Kanouse DE, McGlynn EA, Spranca MD, Shekelle PG. Patients' preferences for technical versus interpersonal quality when selecting a primary care physician. Health Services Research 2005; 40: 957-977.

8. Gabbay BB, Matsumura S, Etzioni S, Asch SM, Rosenfeld KE, Shiojiri T, Balingit PP, Lorenz KA. Negotiating end-of-life decision making: a comparison of Japanese and U.S. residents' approaches. Academic Medicine 2005; 80: 617-621.

9. Hayward RA, Asch SM, Hogan MM, Hofer TP, Kerr EA. Sins of omission: getting too little medical care may be the greatest threat to patient safety. Journal of General Internal Medicine 2005; 20:686-691.

10. Higashi T, Shekelle PG, Adams JL, Kamberg CJ, Roth CP, Solomon DH, Reuben DB, Chiang L,MacLean CH, Chang JT, Young RT, Saliba DM, Wenger NS. Quality of care is associated withsurvival in vulnerable older patients. Annals of Internal Medicine 2005; 143: 274-281.

11. Hoge MA, Paris M, Adger H, Collins FL, Finn CV, Fricks L, Gill KJ, Haber J, Hansen M, Ida DJ, Kaplan L, Northey WF, O'Connell MJ, Rosen AL, Taintor Z, Tondora J, Young AS. Workforce competencies in behavioral health: an overview. Administration and Policy in Mental Health 2005; 32: 593-631.

12. Jackson GL, Yano EM, Edelman D, Krein SL, Ibrahim MA, Carey TS, Lee SY, Hartmann KE, Dudley TK, Weinberger M. Veterans Affairs primary care organizational characteristics associated with better diabetes control. American Journal of Managed Care 2005; 11: 225-237.

13. Jonk YC, Sherman SE, Fu SS, Hamlett-Berry KW, Geraci MC, Joseph AM. National trends in the provision of smoking cessation aids within the Veterans Health Administration. American Journal of Managed Care 2005; 11: 77-85.

14. Kanwal F, Gralnek IM, Hays RD, Dulai GS, Spiegel BM, Bozzette S, Asch S. Impact of chronic viral hepatitis on health-related quality of life in HIV: Results from a nationally representative sample. American Journal of Gastroenterology 2005; 100: 1984-1994.

15. Kanwal F, Gralnek IM, Martin P, Dulai GS, Farid M, Spiegel BM. Treatment alternatives for chronic hepatitis B virus infection: a cost-effectiveness analysis. Annals of Internal Medicine 2005; 142: 821-831.

16. Litwin MS, Saigal CS, Yano EM, Avila C, Geschwind SA, Hanley JM, Joyce GF, Madison R, Pace J, Polich SM, Wang M. Urologic diseases in America Project: analytical methods and principal findings. Journal of Urology 2005; 173: 933-937.

17. Lorenz KA, Hays RD, Shapiro MF, Cleary PD, Asch SM, Wenger NS. Religiousness and spirituality among HIV-infected Americans. Journal of Palliative Medicine 2005; 8: 774-781.

18. Lorenz KA, Asch SM, Yano EM, Wang M, Rubenstein LV. Comparing strategies for United States veterans' mortality ascertainment. Population Health Metrics [Electronic Resource] 2005; 3: 2.

19. Martin JL, Jeste DV, Ancoli-Israel S. Older schizophrenia patients have more disrupted sleep and circadian rhythms than age-matched comparison subjects. Journal of Psychiatric Research 2005; 39: 251-259.

20. Meredith LS, Yano EM, Hickey SC, Sherman SE. Primary care provider attitudes are associated with smoking cessation counseling and referral. Medical Care 2005; 43: 929-934.

21. Mularski RA, Heine CE, Osborne ML, Ganzini L, Curtis JR. Quality of Dying in the ICU: Ratings by Family Members. Chest 2005; 128: 280-287.

22. Patterson ES, Doebbeling BN, Fung CH, Militello L, Anders S, Asch SM. Identifying barriers to the effective use of clinical reminders: bootstrapping multiple methods. Journal of Biomedical Informatics 2005; 38: 189-199.

23. Sales MM, Cunningham FE, Glassman PA, Valentino MA, Good CB. Pharmacy benefits management in the Veterans Health Administration: 1995 to 2003. American Journal of Managed Care 2005; 11: 104-112.

24. Sangl J, Saliba D, Gifford DR, Hittle DF. Challenges in measuring nursing home and home health quality: lessons from the First National Healthcare Quality Report. Medical Care 2005; 43: I24-I32.

25. Shekelle PG, Morton SC, Suttorp MJ, Buscemi N, Friesen C. Challenges in systematic reviews of complementary and alternative medicine topics. Annals of Internal Medicine 2005; 142: 1042-1047.

26. Shekelle PG, Ortiz E, Newberry SJ, Rich MW, Rhodes SL, Brook RH, Goldman DP. Identifying Potential Health Care Innovations For The Future Elderly. Health Affairs Sep 26, 2005; Web Exclusive.

27. Sherman SE, Fu SS, Joseph AM, Lanto AB, Yano EM. Gender differences in smoking cessation services received among veterans. Women's Health Issues 2005; 15: 126-133.

28. Sherman SE, Yano EM, Lanto AB, Simon BF, Rubenstein LV. Smokers' interest in quitting and services received: using practice information to plan quality improvement and policy for smoking cessation. American Journal of Medical Quality 2005; 20: 33-39.

29. Shrank WH, Kutner JS, Richardson T, Mularski RA, Fischer S, Kagawa-Singer M. Focus group findings about the influence of culture on communication preferences in end-of-life care. Journal of General Internal Medicine 2005; 20: 703-709.

30. Shrank WH, Young HN, Ettner SL, Glassman P, Asch SM, Kravitz RL. Do the incentives in 3-tier pharmaceutical benefit plans operate as intended? Results from a physician leadership survey. American Journal of Managed Care 2005; 11: 16-22.

31. Soban LM, Yano EM. The impact of primary care resources on prevention practices. Journal of Ambulatory Care Management 2005; 28: 241-253.

32. Spiegel BM, Younossi ZM, Hays RD, Revicki D, Robbins S, Kanwal F. Impact of hepatitis C on health related quality of life: a systematic review and quantitative assessment. Hepatology 2005; 41: 790-800.

33. Spina JR, Glassman PA, Belperio P, Cader R, Asch S. Clinical relevance of automated drug alerts from the perspective of medical providers. American Journal of Medical Quality 2005; 20: 7-14.

34. Wells K, Sherbourne C, Duan N, Unutzer J, Miranda J, Schoenbaum M, Ettner SL, Meredith LS, Rubenstein L. Quality improvement for depression in primary care: do patients with subthreshold depression benefit in the long run? American Journal of Psychiatry 2005; 162: 1149-1157.

35. Young AS, Chinman M, Forquer SL, Knight EL, Vogel H, Miller A, Rowe M, Mintz J. Use of a consumer-led intervention to improve provider competencies. Psychiatric Services 2005; 56: 967-975.

36. Young AS, Sullivan G, Bogart LM, Koegel P, Kanouse DE. Needs for services reported by adults with severe mental illness and HIV. Psychiatric Services 2005; 56: 99-101.

CENTER PUBLICATIONS

CENTER INVESTIGATORS

Henry Anaya, PhD
Bevanne Bean-Mayberry, MD, MHS (CDA)
Joshua Chodosh, MD, MSHS (CDA)
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DEADLINES

Investigator Initiated Research (IIR)

- Applications — June 15 & Dec 15

QUERI SDPs

- Concept Papers — Ongoing
- Applications — June 15 & Dec 15

Career Development Awards (CDA)

- Letters of Intent — Apr 17 & Oct 16
- Applications — Jun 15 & Dec 15

For more information on Center activities, including any of the studies described in this newsletter, please visit our website:

Our website address is
http://www.providerbehavior.med.va.gov

VA intranet users should use:
http://172.16.1.97/hsrd

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