

VA Targets Implementation of Evidence-Based Findings Into Practice

A clinical research study is conducted with the intention that what is learned will be put into clinical practice to improve patient care. In theory, this seems simple and clear-cut. However, over the years it has become apparent that translating research evidence or new knowledge into a healthcare system to improve practice is anything but simple and clear-cut. In its 2001 publication "Crossing the Quality Chasm," the Institute of Medicine reported that it takes an average of 17 years to incorporate knowledge discovered in clinical trials into practice. VA's Office of Research and Development (ORD) is working hard to substantially shorten that timeframe by placing a high priority on implementation research by augmenting existing programs and releasing a series of new solicitations that will be managed by HSR&D.

The Quality Enhancement Research Initiative (QUERI), overseen by HSR&D, applies an evidence-based framework to identify and diagnose quality and performance gaps in eight specific disease areas. Once gaps are identified, QUERI designs and implements programs to facilitate systematic, continuous improvements in quality and outcomes, thereby generating new knowledge and practical advice regarding strategies for implementing evidence-based clinical practices in routine health care delivery settings. Eight disease-specific QUERI Coordinating Centers continue to make great strides and much has been learned about the real world requirements of implementing evidence into practice, allowing for successful regional interventions that will soon be rolled out nationwide.

Complementing QUERI, a new Research Implementation Program has been established within HSR&D. This Program will be charged with

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HSR&D National Meeting

HSR&D's 2004 National Meeting is scheduled for March 9–11, 2004. This year's meeting theme is "Meeting the Changing Needs of Veterans: The Quality/Cost Equation."

For meeting details, visit the HSR&D web at www.hsr.d.research.va.gov/2004mtg

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VA Medicare Data Merge Initiative

In July 2002, a Memorandum of Understanding between the Department of Veterans Affairs and the Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) was signed allowing CMS to share Medicare claims data with VA for program administration and operational purposes. This also allows VA to share Medicare data with VA researchers and planners.

HSR&D's VA Information Resource Center (VIREC) has developed an infrastructure and mechanisms to support VA researchers' requests for Medicare data through funding provided by HSR&D and VA's Under Secretary for Health. VIREC has identified and is working with field experts to continue to refine this process. A Technical Advisory Board has been established to provide technical expertise. A Data Request Review Board will review the requests for the use of Medicare data submitted to VIREC.

VA *HSR&D Research Briefs* is a biannual publication of the Office of Research and Development's Health Services Research and Development Service. Each issue will provide summary information about recently completed research projects and publications, as well as descriptions of new initiatives, solicitations, newly funded studies and other items of interest to a broad VA audience. For more information or to provide us with your questions or suggestions, please contact:

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VIREC's specific aims are:

- Acquiring, merging, and warehousing VA and Medicare data at VIREC.
- Establishing a data request and review policy, while safeguarding patient privacy and data security.
- Creating linked VA-Medicare summary files to enable efficient data processing for research.
- Documenting and disseminating information on merged VA and Medicare data sets on an ongoing basis.
- Coordinating annual Medicare data requests with VHA's Office of Policy and Planning.
- Coordinating education and training efforts with the CMS Research Data Assistance Center (ResDAC).

What Data are Available

Researchers with approved projects may request veterans' Medicare enrollment and claims data from VIREC. Currently, VIREC has Medicare data for 1999 through 2001. Medicare data for future years will be available from VIREC as it is released by CMS. VIREC has created SAS datasets and developed linkages between the Medicare claims data and the VA healthcare utilization data in order to streamline and standardize the process of requesting, receiving, processing, and linking Medicare data, making it possible for more VA researchers to use Medicare data more efficiently.

The 1999 – 2001 Medicare data files that are currently available from VIREC include:

Enrollment Data

- Patient Information
 - Denominator
 - Vital Status (1999 only)
- Provider Information
 - Group Health File (1999 & 2000 only)
 - Provider of Service (2001 only)



Claims Data

- Summary File
 - MEDPAR (Inpatient, Longstay, SNF)
- Standard Analytic Files
 - Skilled Nursing Facilities
 - Outpatient
 - Hospice
 - Home Health Agency
 - Physician/Supplier (Carrier)
 - Durable Medical Equipment

Researchers needing Medicare claims data prior to 1999 should direct their requests to VIREC for consultation.

How to Request the Data

VA researchers wishing to request the Medicare data should complete the "Request for Patient Level Data" form available from VIREC at (708) 202-2413 and soon on the VIREC website. Requestors should submit a copy of the research proposal or protocol and a clear definition of the required data. A copy of the IRB approval letter must also be submitted to VIREC before any data can be released to the researcher.

What It Can Do For You

Maintaining resources at VIREC will assist VA researchers in utilizing Medicare data in their research by centralizing and streamlining the CMS data review process, centralizing the technical resources for large dataset management, and enriching the professional resources available across the country for understanding the best research uses of Medicare data.

Together these efforts will serve to enhance and improve the research tools available to evaluate, and ultimately improve, the quality of health care provided to our nation's veterans.

Key Staff

Principal Investigator: Denise M. Hynes, PhD, RN, MPH,
VIREC Director

Co-Principal Investigator: Min-Woong Sohn, PhD,
VIREC Associate Director

Technical Director: Linda Kok, MA

Project Manager: Carolyn O'Leary, RN, BS

Questions related to requests for Medicare claims data can be directed to:

virec@research.hines.med.va.gov

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coordinating with field-based researchers, clinicians, and administrative leadership, particularly around national rollouts. In addition, there are several new HSR&D solicitations. One solicitation will fund up to three new Centers of Excellence focusing on implementation research, and another will provide planning awards to fund partnerships between VISNs and investigators that encourage proposals to implement and evaluate evidence-based interventions. To facilitate these efforts, ORD will expand its implementation science capacity by recruiting and training investigators in this exciting new field, and will fund a solicitation for collaborations with academic partners that have expertise in implementation research.

To help identify further gaps in our knowledge about implementing research evidence into practice, HSR&D will conduct a state-of-the-art (SOTA) conference this summer entitled "Implementing the Evidence: Transforming Practices, Systems, and Organizations." This issue of *HSR&D Research Briefs* provides more information about the SOTA (see box on page 4), as well as these new programs and solicitations. For more details, please visit the ORD web site at www.va.gov/resdev and the HSR&D web site at www.hsr.d.research.va.gov.



New Research Solicitations

Since July, HSR&D has announced five new research solicitations. Investigators who hold a paid VA appointment of at least 5/8 time are eligible to apply. Following is a brief description of the new solicitations. A complete listing of HSR&D solicitations and instructions for submitting a proposal may be found on the HSR&D web site at www.hsr.d.research.va.gov/for_researchers/funding/solicitations. For information on R&D-wide solicitations, visit the Research and Development web site at: www.va.gov/resdev/fr/frfp/solicitations.cfm.

Implementing the Evidence: Transforming Practices, Systems, and Organizations

— A State of the Art Conference —

Planning is underway for a state of the art (SOTA) conference focusing on implementing evidence-based care into routine clinical practice. This invitation-only conference will identify what we know and what we need to know about successful implementation strategies, lessons learned about implementation, and resources, relationships, infrastructures, and policies needed to ensure successful implementation. Conference outcomes will assist VA and the larger health care community in transforming into organizations that systematically and continuously implement the evidence. The SOTA Planning Committee, chaired by Catarina Kiefe, MD, PhD, and Anne Sales, PhD, met on December 9 and 10, with the conference itself scheduled for 2004.

Supplements to Support Collaboration Between VA and Academic Experts in Implementation Research

This solicitation invites applications from currently funded HSR&D Centers (Centers of Excellence, Resource Centers, QUERI Coordinating Centers, REAPs, and TREPs) for supplemental funding to develop and enhance relationships with non-VA researchers who have expertise in the implementation of evidence-based clinical practice and the study of implementation processes. The supplements are designed to enhance collaboration of scientific leaders in implementation research and the broad array of related disciplines (at local universities and other research organizations) with VA researchers. Proposals should indicate an ability to strengthen capacity to study and improve implementation research methods and processes through planned activities such as consulting to develop and/or conduct VA research or implementation projects, mentoring/educating, participating in scientific review activities, and/or suggesting important new research emphases.

HSR&D/VISN Implementation Collaborative: Innovations to Implement Evidence-Based Clinical Practice

This solicitation invites collaboration between health services researchers and VISN directors or senior network officers. Collaborations are intended to help improve clinical services locally within participating VISNs and provide templates for expanding successful changes nationwide. Applications will focus on implementing and evaluating an evidence-based intervention or undergoing and evaluating an organizational or structural change to transform the VISN into a “learning organization” that can efficiently implement evidence-based practices. Each applicant team will be responsible for ensuring that progress or findings in its network can be generalized and transformed into useful guidance for other VISNs.



Two phases of funding will be awarded. In Phase 1, successful planning proposals will be awarded funding for up to six months of planning and application writing activities. In Phase 2, final proposals will be submitted, reviewed, and funded according to standard merit review guidelines.

Implementation of Research into Practice

This special solicitation for service-directed projects (SDP) is co-sponsored by HSR&D and the Office of Quality and Performance (OQP). It seeks to enhance the rapid and systematic implementation of clinical research findings and recommendations into routine practice by expanding the knowledge of quality enhancement and research implementation processes, barriers, and facilitators. Proposals responsive to this solicitation will address any of the following:

- Implement and evaluate specific programs and strategies to enhance VHA health care quality and outcomes through implementation of research findings and guidelines into routine practice.
- Develop evidence and insights regarding quality enhancement and practice improvement processes, barriers, and facilitators within VHA.
- Facilitate development of infrastructure and mechanisms within VHA health care facilities, VISNs, and Central Office to support ongoing improvement in health care practices, quality, and outcomes.

Investigators responding to this solicitation are encouraged to integrate their work with the established goals of the Quality Enhancement Research Initiative (QUERI) and to coordinate projects with ongoing QUERI initiatives and strategic plans.

Applications for Health Services Research and Development Centers of Excellence

HSR&D Centers of Excellence (COEs) conduct research in selected priority area(s) and support the integration of research and practice, linking the clinical aspects of patient care and organizational/management needs. With this solicitation for new COEs, applications are encouraged to advance the science in areas such as enhancing organization, management, and leadership; integration of evidence-based practices into routine clinical and administrative operations; and/or the development, implementation, and evaluation of processes and structures designed to improve patient and provider decisions.

Sensory Disorders and Loss

This solicitation will support research focused on improving the capacity of the VHA to address sensory loss common in veterans. Proposed studies will produce new knowledge for improving the effectiveness and cost-effectiveness of care delivery for patients with sensory disorders, such as hearing and vision loss, and disorders of taste and smell. Studies will address both system and patient-level outcomes of sensory disorders services. System-level topics include studies that will help explain and guide improvements in the design, administration, and/or management of sensory impairment services, examining outcomes such as quality of care, cost, access, and efficient provision of aids for sensory impairment. Patient-level topics include studies that will help explain outcomes that most directly concern patients and their families, such as functional status, independence, health status, symptoms and symptom management strategies, prognosis, quality of life, and satisfaction with care.



Research Enhancement Award Program

The goal of the Research Enhancement Award Program (REAP) is to increase HSR&D capacity by assisting VA sites that already show promise, as demonstrated by a history of HSR&D peer reviewed research and career development funding. Groups of investigators who are eligible for funding are those located at VA medical centers that do not contain and are not affiliated with an HSR&D Center of Excellence. HSR&D currently funds REAPs in Tampa, Cleveland, Iowa City, Indianapolis, San Diego, and San Francisco.

Following is a description of the newest sites to receive HSR&D REAP funding. For more information on this program, visit the HSR&D web site at www.hsr.d.research.va.gov/for_researchers/professional_development/center_development/.

Center for Healthcare Knowledge Management Research

Leonard Pogach, MD, MBA
East Orange VAMC

The research focus of this REAP will examine three phases of knowledge management: Knowledge Production – developing innovative methods for inputting and extracting information from large health information databases; Knowledge Validation – using established health services methodology to ensure the validity and reliability of the information;

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and Knowledge Integration – translating that information into relevant and actionable knowledge based upon informatics, decision support, and risk communication methodologies. Researchers will strengthen existing expertise in large data sets and CPRS, and develop health services methodological capacity in the theory and application of decision-making and risk communication, including human factors, numeracy, and psychosocial evaluation.

White River Junction REAP

William B. Weeks, MD, MBA
White River Junction VAM&ROC

This REAP will work to address a problem familiar to physicians but not yet widely understood by others – namely, that there can be harm from too much medical care. Researchers will focus on overuse in those clinical domains most relevant to veterans: heart disease, cancer, diabetes, and mental health, using a two-pronged approach. First, researchers must better understand the effects of the assumption that more testing and treatment is always good, and second, develop and test mechanisms to provide balanced and understandable information about medicine.

Tools Ensuring Consumer Healthcare Safety (TECHS)

Marta L. Render, MD
Cincinnati VAMC

Improving patient safety is a critical research focus in healthcare today. This REAP proposes to integrate patient safety research using human factors methodology along with more traditional health services research methods to develop and evaluate the effectiveness of new safety tools in improving healthcare outcomes and facilitating the transition to a safety culture. The primary research focus of the TECHS REAP is the evaluation and development of tools to promote patient safety, with a secondary



focus on intensive care unit (ICU) safety. Specific projects will examine the response of hospitals to a mandated change (resident hours) to understand safety culture, use a human factors framework for understanding communication across caregivers in a teaching ICU, and evaluate the usability of a computerized decision support tool developed at the University of Cincinnati for anticoagulation decisions in patients with non-valvular atrial fibrillation.

Targeted Research Enhancement Program

The primary goal of the Targeted Research Enhancement Program (TREP) is the development of VA HSR capacity, by building on the success of VA's university affiliates. The program assists VA sites affiliated with an academic institution having significant non-VA federal health services research funding (e.g. NIH, AHRQ), but which do not currently have significant VA HSR&D activity. Funds are provided for the creation of a core program of investigators, statisticians, economists, and other social scientists to support and facilitate the development of HSR&D projects and career development. HSR&D currently funds TREPs in Birmingham, Bronx, and Denver. For more information about TREP, contact Susan Schiffner, RN, BSM, CCM, at susan.schiffner@hq.med.va.gov.

Following is a description of the newest sites to receive TREP funding.

Center for Patient Healthcare Behavior

Theodore Speroff, PhD
Nashville VAMC

The goals of this site are to characterize the contribution that patient behavior has in shaping the organizational dynamics of care and the self-

management of chronic illness and to develop theories and frameworks for deployment of system-wide strategies that improve patients' healthcare behavioral patterns and bring about quality improvement in the organization. Initial areas of research will include patient behaviors contributing to chronic disease relapse, influence of perceived costs and benefits on self-care, and patient factors that contribute to the occurrence of adverse events as well as influence reporting of medical errors and adverse events.

Improving Therapeutic Outcomes and Safety

Neil Ampel, MD
Tucson VAMC

Understanding how to improve therapeutic outcomes and reduce adverse events will help to optimize clinical outcomes and cost effectiveness for veterans in VA care. The effect of social factors, health delivery models, processes and technologies, personal behaviors, utilization, and quality will be investigated, as will associations with economic, clinical, quality of life, and functional status outcomes of veterans in VA care. Three initial research areas at this site include: 1) Occurrence of Preventable Errors in NSAID Therapy; 2) Identifying Drug Interactions and Toxicities Involving HIV Antiretroviral Therapy; and 3) Androgen Ablation Induced Fractures in Men with Prostate Cancer.

Informatics, Decision-Enhancement, and Surveillance (IDEAS) Center

Matthew Samore, MD
Salt Lake City VAMC

The focus of this program is on the interface and connection between decision support and surveillance, which are viewed as complementary strategies to accomplish a variety of goals, including improved patient outcomes, enhanced public health, and increased efficiency of care. This TREP encompasses research in patient safety as well as other patient care domains, with a mission to build a preeminent



community of researchers who develop, implement, and evaluate tools and interventions that integrate surveillance and decision support. Using these tools and methodologies, researchers will add new knowledge and advance clinical care within the medical disciplines and organizational structures served.

Newly Funded Research Projects

For more detail about these and other HSR&D research projects, please visit the HSR&D web site at: www.hsr.d.research.va.gov/research/studies/

AHRQ/VA COLLABORATION

Improving Antibiotic Use in Acute Care Settings

Josh Metlay, MD, PhD
Philadelphia VAMC

INVESTIGATOR-INITIATED RESEARCH

Evaluating a Bio-Terrorism Preparedness Campaign for Veterans

John Fotiades, MD, MPH
Bronx VAMC

Effect of Increased Co-Payments on Pharmacy Use in the VA

Kevin T. Stroupe, PhD
Hines VAMC

Improving the Management of Chronic Stable Angina

Stephan D. Fihn, MD
VA Puget Sound Health Care System

Quality Evaluation in Stroke and TIA (QUEST) Project

Dawn Bravata, MD
West Haven VAMC

Clinical Reminders in Test Reports to Improve Guideline Compliance

Paul A. Heidenreich, MD, MPH
VA Palo Alto Health Care System

Preventing Pressure Ulcers in Veterans with Spinal Cord Injury (SCI)

Susan L. Garber, MA, OTR
Houston VAMC

Causes and Consequences of Aggressive Behavior in Patients with Dementia

Mark Kunik, MD
Houston VAMC

VA Eligibility Reform and the Demand for VA Services by Elderly Veterans

Yvonne C. M. Jonk, PhD
Minneapolis VAMC

Evidence-Based Approaches to Primary Care Staffing: Job Analysis

Daniel J. Muraida, PhD
South Texas Veterans Health Care System

Does PTSD Service Connection Affect Disease Course and Functioning?

Maureen Murdoch, MD, MPH
Minneapolis VAMC

Improving Care for Veterans Through the Use of Consumers as Mental Health Providers

Matthew J. Chinman, PhD
VA Greater Los Angeles Healthcare System

The Impact of Health Literacy on Racial Differences in Cancer Stage at Presentation

Ahsan Arozullah, MD, MPH
Hines VAMC

Evaluation of Preventable Diabetes Hospitalizations in the VHA

Leonard Pogach, MD, MBA
East Orange VAMC

Use of VA Pharmacy Services by Medicare Enrolled Veterans

Robert O. Morgan, PhD
Houston VAMC

Impact of Diastolic Heart Failure on Healthcare Utilization and Outcomes

Anita Deswal, MD
Houston VAMC

**Development of Survival Prediction Models for Advanced Cancer Patients**

Shirley S. Hwang, MS, RN
East Orange VAMC

Risk-Adjusted Mortality Rates as an Indicator for Outpatient Quality

Alfredo Selim, MD, MPH
VA New England Health Care System

Aging Veterans Health Policy Model

Bruce Kinosian, MD
Philadelphia VAMC

End of Life Care: Medical Treatments and Costs by Age, Race, and Region

Wei Yu, PhD
VA Palo Alto Health Care System

Health Related Quality of Life in VA Patients with Intestinal Stomas

Robert S. Krouse, MD
Tucson VAMC

Improving the Quality of Communication for Patients with COPD

David H. Au, MD, MS
VA Puget Sound Health Care System

Outcomes of Veterans with Dual HCV-HIV Infection

Hashem El-Serag, MD, MPH
Houston VAMC

Psychiatric Advance Directives for Improved Mental Health Care

Marian I. Butterfield, MD, MPH
Durham VAMC

Honoring Treatment Preferences at the End of Life

Terri Fried, MD
West Haven VAMC

Telephone Care as a Substitute for Routine Psychiatric Medication Management

William B. Weeks, MD, MBA
White River Junction VAM&ROC

Internet-Based Diabetes Education and Case Management

Paul R. Conlin, MD
VA Boston Healthcare System

Do Practice Guidelines Improve Economic Efficiency Within the VA System?

John D. Schneider, PhD
Iowa City VAMC

Telephone Disease Management At-Risk Drinking (TDM II)

David W. Oslin, MD
Philadelphia VAMC

Addressing Barriers to Translation for Treatment of Hypertension

Eve Kerr, MD
VA Ann Arbor Healthcare System

Addressing Practice Variation in Long Term Care Referrals

Susan C. Hedrick, PhD
VA Puget Sound Health Care System

Quality and Cost of VA and Medicare Covered Care for Veterans with ESRD

Kevin T. Stroupe, PhD
Hines VAMC

Risk Factor Trajectory and Variability: Predictors of Vascular Disease?

Dawn Colleen Schwenke, PhD, MS
Phoenix VAMC

Assessing Mental Outcomes in the VHA

Susan V. Eisen, PhD
VA New England Healthcare System

Prospective Study of Functional Status in Veterans at Risk for Unexplained Illness

Karen S. Quigley, PhD
VA New Jersey Health Care System

Patient Preferences for Treatment of Hepatitis C

Liana Fraenkel, MD, MPH
VA Connecticut Health Care System

VA Prescription Drug Copayments and Veterans with Diabetes or Hypertension

Matthew L. Maciejewski, PhD
VA Puget Sound Health Care System



MANAGEMENT CONSULTATION

VA Nursing Quality Indicator Database

Anne Sales, MSN, PhD

VA Puget Sound Health Care System

Best Precedents in Human Subjects Protection for Health Services Research

Julie C. Lowery, PhD, MHSA

VA Ann Arbor Healthcare System

SERVICE-DIRECTED PROJECTS

Translation of Colorectal Cancer Guidelines

Mark Helfand, MD

Portland VAMC

Value and Cost of Translating Collaborative Care Models for Depression

JoAnn Kirchner, MD

Central Arkansas Veterans Health Care System

A Study of Strategies to Improve Schizophrenia Treatment

Richard Owen, MD

Central Arkansas Veterans Health Care System

Translating Depression Guidelines into Substance Abuse Treatment

Geoffrey Curran, PhD

Central Arkansas Veterans Health Care System

Group Visits to Improve Hypertension Management

Mary Goldstein, MD

VA Palo Alto Health Care System

Systematic Review and Tracking Database for CPG Implementation Research

Valerie A. Lawrence, MD

South Texas Veterans Health Care System

Human Factors and the Effectiveness of Computerized Clinical Reminders

Emily S. Patterson, PhD

VA Greater Los Angeles Health Care System

An Evaluation of a Coordinated Proactive Diabetes Eye Care Program

Steve Bernstein, MD, MPH

VA Ann Arbor Healthcare System

SERVICE-DIRECTED RESEARCH

VA Cancer Care Research and Surveillance (CanCORS)

Dawn Provenzale, MD

Durham VAMC

Veterans' Views of Privacy Protection and Health Services Research

Rodney Hayward, MD

VA Ann Arbor Healthcare System

VA MI-Plus: Web-Enhanced Guideline Implementation for Post MI CBOC Patients

John I. Kennedy, Jr., MD

Birmingham VAMC

VA-NDI Mortality Data Merge Project

Min-Woong Sohn, PhD

Hines VAMC

Validating MDS Data from VA Nursing Home Care Units

Steven D. Pizer, PhD

VA New England Healthcare System

New Career Development Awardees

HSR&D Career Development Awards provide VA clinician researchers with full salary support to enable them to pursue health services research training and experience, with minimal clinical responsibilities, under the guidance of an experienced mentor. Following are the most recent awardees, their locations, and areas of research interest to be pursued through their award. For more information on this program, visit the HSR&D web site at www.hsrd.research.va.gov/for_researchers/professional_development/.



RESEARCH CAREER DEVELOPMENT AWARDEES

Kenneth Boockvar, MD, MS

Bronx VAMC
Inter-Facility Communication and Adverse Events
During Patient Transfer

Ursula Braun, MD

Houston VAMC
Improving Decision-Making for End of Life Care

Vincent Fan, MD, MPH

VA Puget Sound Health Care System
Assessing Quality of Care for Patients with COPD

Steven Fu, MD, MSCE

Minneapolis VAMC
Improving Tobacco Treatment and Outcomes for
Minority Veterans

Michele Heisler, MD, MPA

VA Ann Arbor Healthcare System
Understanding and Strengthening Patient-Healthcare
Provider Partnerships to Enhance Patients' Chronic
Disease Management

William Jones, MD

Indianapolis VAMC
Development and Clinical Implementation of a
Recurrent Stroke Risk Prediction Model

David Litaker, MD, PhD

Cleveland VAMC
Improving Cardiovascular Prevention in Clinical
Encounters

Jonathan Nebeker, MD, MS

Salt Lake City VAMC
Risk Stratification for Adverse Drug Events

Ann O'Hare, MD, MA

San Francisco VAMC
Surgical Management of Peripheral Vascular Disease
in Veterans with Renal Insufficiency

Kevin Volpp, MD, PhD

Philadelphia VAMC
Using Economic Tools to Understand and Improve
Health Among Veterans

William Yancy, MD, MHS

Durham VAMC
Improvement of Healthcare and Treatment of Obese
Persons

ADVANCED RESEARCH CAREER DEVELOPMENT AWARDEE

Rebecca Beyth, MD, MSc

Houston VAMC
Improving Decision-Making for Stroke Prevention

New Research Career Scientist Awardees

HSR&D Research Career Scientist awards are for established, non-clinician, independent investigators and initially provide up to five years of funding. Career Scientists at this level must have a minimum of six years of independent research support (VA or other), and must have current VA/HSR&D project support. Following are the most recent awardees, their locations, and areas of research interest. For more information on this program, visit the HSR&D web site at www.hsr.d.research.va.gov/for_researchers/professional_development/.

Colleen McHorney, PhD

Indianapolis VAMC
Key research areas: outcomes measurement,
developing a patient-centered health outcomes tool

John Piette, PhD

VA Ann Arbor Healthcare System
Key research areas: quality and accessibility of care
for patients with chronic illnesses

Frances Weaver, PhD

Hines VAMC
Key research areas: management and care of chronic
diseases, spinal cord injury, Parkinson's disease



New Merit Review Entry Program Awardees

HSR&D Merit Review Entry Program awards are intended to provide beginning doctoral-level non-clinicians (no more than 5 years beyond receipt of their PhD or last research training or fellowship) interested in health services research with an opportunity for a period of concentrated mentoring and research activities. The awards provide three years of research support designed to prepare awardees to enter the more competitive VA HSR&D Merit Review Program. Following are the most recent awardees, their locations, and areas of research interest to be pursued through their award. For more information on this program, visit the HSR&D web site at www.hsr.d.research.va.gov/for_researchers/professional_development/

Jessica Davila, PhD

Houston VAMC
Screening for Hepatocellular Carcinoma Among Veterans

Joan Griffin, PhD

Minneapolis VAMC
Health Literacy: Its Effect on Health Behaviors and Outcomes

Christopher Johnson, PhD

North Florida/South Georgia Veterans Health System, Gainesville
Stroke Rehabilitation Outcomes Variation for Veterans in Community Nursing Homes

Michael Johnson, PhD

Houston VAMC
Epidemiology and Economics of Pharmaceutical Use in the VA

Amy Kilbourne, PhD, MPH

VA Pittsburgh Healthcare System
Reducing the Burden of Bipolar Disorder Among Veterans

Megan Matoka, PhD

VA Pittsburgh Healthcare System
Understanding Problems of Quality and Equity in Pain Management: The Provider Role

Emily Patterson, PhD

Cincinnati VAMC
Human Factors and Effectiveness of Computerized Clinical Reminders

John Schneider, PhD

Iowa City VAMC
Integrating Cost Analysis and VA Organizational Research

Karen Steinhauer, PhD

Durham VAMC
Longitudinally Validating Measurement of Quality of Life of Seriously Ill Patients

Carl Stepnowsky, Jr., PhD

VA San Diego Healthcare System
Adherence with CPAP in Veterans with Sleep Apnea

Jodie Trafton, PhD

VA Palo Alto Health Care System
Modified Methadone Treatment for Opioid Dependent Patients

Susan Zickmund, PhD

Iowa City VAMC
Communication and Barriers to Care in Veterans with Hepatitis C

Recent Publications

Due to space constraints, we were unable to include a listing of recent publications. For a regularly updated list of new publications, visit the web at www.hsr.d.research.va.gov/publications/citations.